



## How we calculate the scores

With the ranking poll, participants essentially give points to each option and the higher someone ranks an option, the more points it receives. Using an example of participants needing to rank 3 options, the option ranked first receives 3 points, the second gets 2 points and the third gets 1 point.

Once voting is over, we count up these points for each option and divide it by the number of people who participated in the ranking poll. This gives us an average, ranked score for each option and the option with the highest score is the most preferred one.

### Example:

- There are 3 people (A, B, C) participating in a poll that consists of three options (X, Y, Z)
- Person A submits the options in the following order: X, Y, Z
- Person B submits the options in the following order: Y, X, Z
- Person C submits the options in the following order: Y, X, Z
- Option X receives 7 points (3 + 2 + 2); Option Y receives 8 points (2 + 3 + 3); Option Z receives 3 points (1 + 1 + 1)
- Average for Option X is 2.3 (7 divided by 3); Average for Option Y is 2.7 (8 divided by 3); Average for Option Z is 1 (3 divided by 3)
- The final order of Options is the following: Y (2.7); X (2.3); Z (1)

In case a participant does not rank all the options, the one they did not pick automatically receives 0 points.

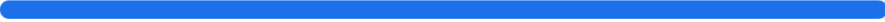







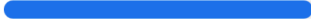

## Mobile AEDs: Knowledge Gaps (75 Votes)

1. Relative feasibility and efficacy of various mobile AED strategies for early defibrillation of OHCA the residential setting.	6.19
2. Relative feasibility and efficacy of various mobile AED strategies for early defibrillation of OHCA in urban, suburban, and rural settings.	5.44
3. Feasibility of deploying home/personal defibrillators and impact on outcomes from residential location OHCA.	5.21
4. New defibrillator technologies that can optimize mobile AED strategies by improving affordability, portability, and early access.	5.03
5. Impact of community responders carrying AEDs incorporated into the 9-1-1 response on OHCA outcomes.	4.92
6. Impact of drone delivery of AEDs on OHCA outcomes in the real world.	4.68
7. Cost-benefit of various models for mobile AED deployment including drones, community responders, workplace response systems, and transit system deployment?	4.20
8. How to empower non-medical emergency responders to want to use an AED	3.32
9. Impact of novel AED delivery systems on health inequities related to OHCA treatment and outcomes	2.89
10. The optimal configuration of a drone deployment system for AEDs (e.g., dispatch integration, drone type/specifications, bystander integration/human factors)?	2.03

## Mobile AEDs: Barriers to Translation (72 Votes)

1. The public lacks comfort and familiarity with CPR and AED use, such that any strategy relying on public engagement will face challenges with uptake & effectiveness	6.19
2. No single organization or entity is accountable for the component of OHCA response that occurs prior to the arrival of professional responders.	4.88
3. Regulatory issues including aviation regulations and medical device regulations may prevent the immediate implementation of strategies such as drone delivery of AEDs, implementation of novel defibrillator technology, and AED-equipped community responders.	4.29
4. The costs and funding requirements of various mobile AED strategies may prevent uptake and sustainability of various mobile AED strategies.	4.14
5. The public acceptance of novel strategies for access to early defibrillation is largely unknown	3.94
6. Liability and privacy issues cause hesitancy in decision-makers and organizations considering the implementation of various mobile AED strategies.	3.36
7. There is a paucity of real-world data supporting the effectiveness of novel strategies for early defibrillation across different types of communities.	3.21
8. The operational logistics of drone programs for AED delivery integrated with EMS response are complex (e.g., dispatch issues, weather, patient accessibility, maintenance).	2.36

## Mobile AEDs: Research Priorities (67 Votes)

1. Community Volunteers with AEDs: For people who experience OHCA (P), do community volunteer equipped with AEDs (I) compared to no community volunteer responders or community volunteers not equipped with AEDs (C), reduce time to shock, and OHCA outcomes (O)  
 7.34
2. Personal access defibrillators: For people who experience OHCA in a residential setting (P), what is the effect of small, personal defibrillators carried on the person or in the home (I) versus no personal defibrillators (C) on OHCA outcomes (O)?  
 5.84
3. AEDs on transportation: For people who experience OHCA (P), what is the effect of AEDs deployed on public modes of transport (e.g., ride-sharing systems like Uber) (I) versus no deployment on public modes of transportation (C) on OHCA outcomes (O)?  
 4.72
4. New AED tech: In pts who experience OHCA (P), what is the impact of next gen AEDs (I) compared with conventional AEDs (C), when integrated with other strategies for early defib (e.g., community responders) on OHCA outcomes and cost-effectiveness (O)?  
 4.67
5. AED Drone Delivery: For people who experience out-of-hospital cardiac arrest, (P) does AED drone delivery (I) compared to no AED drone delivery (C) reduce time to first shock, ROSC, survival with good neurologic outcome and quality of life (O).  
 4.51
6. Mobile AED strategies in marginalized communities: For people who experience OHCA in marginalized communities (P), can mobile AED strategies (I) versus no mobile AED strategies (C) improve OHCA outcomes O)?  
 4.36
7. Cost-effectiveness of mobile AED strategies: For people who experience out-of-hospital cardiac arrest (P), are mobile AED strategies (I) compared to no mobile AED strategies (C) cost-effective (O).  
 4.12
8. Working to understand the psychology and sociology of personal responsibility to respond  
 3.84
9. Integrated drones: Is AED delivery via a drone primarily used for other purposes (e.g., public safety) (I) compared with delivery of an AED by a dedicated AED drone or no drone AED delivery at all (C), feasible, acceptable, and cost-effective (O)?  
 2.51
10. How do we make AEDs more user-friendly? (Usability and technical specifications)  
 2.40
11. What is the efficacy/effectiveness of novel AED technology?  
 1.60