From CAR to ES©

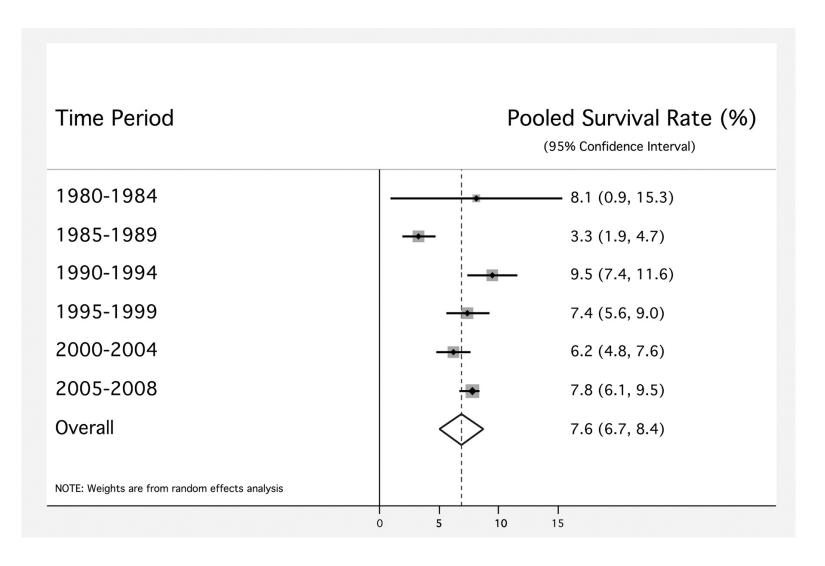
Angelo Salvucci, MD
Santa Barbara County and Ventura County EMS

Disclosures

None



OHCA Survival - USA - 1980-2008



Sasson C et al. Circ Cardiovasc Qual Outcomes 2010;3:63-81

Surviving Cardiac Arrest Location, Location, Location

- ROC: 12,000, OHCAs 10 systems
- Overall survival 3.0% 16.3%, median 8.4%
- VF survival 7.7% 39.9%, median 22.0%
- Increase from median max would prevent 15,000 deaths

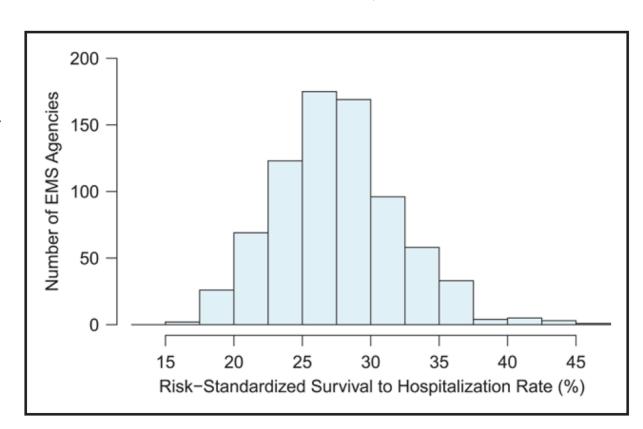
Nichol: JAMA. 2008;300(12):1423-1431.

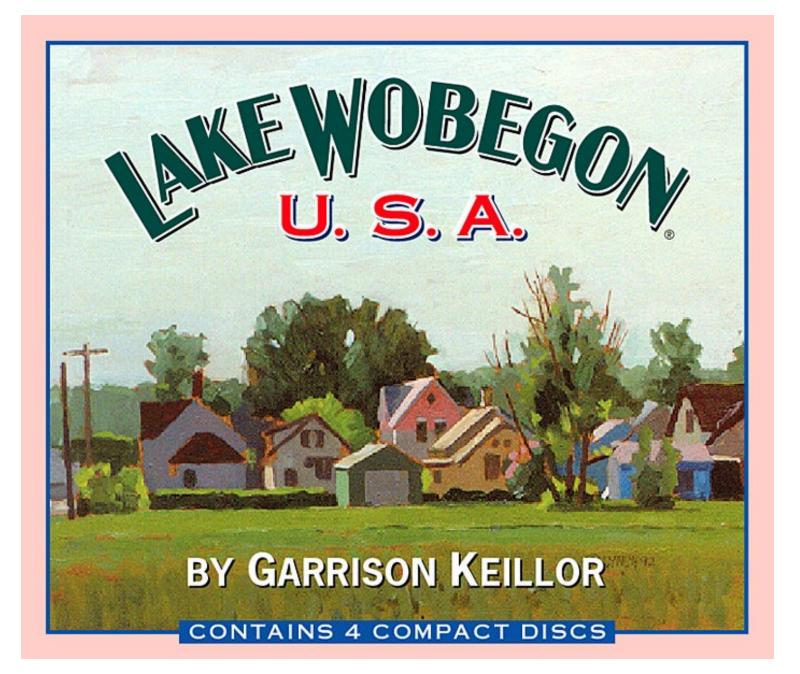
ORIGINAL ARTICLE

Variation in Out-of-Hospital Cardiac Arrest Survival Across Emergency Medical Service Agencies

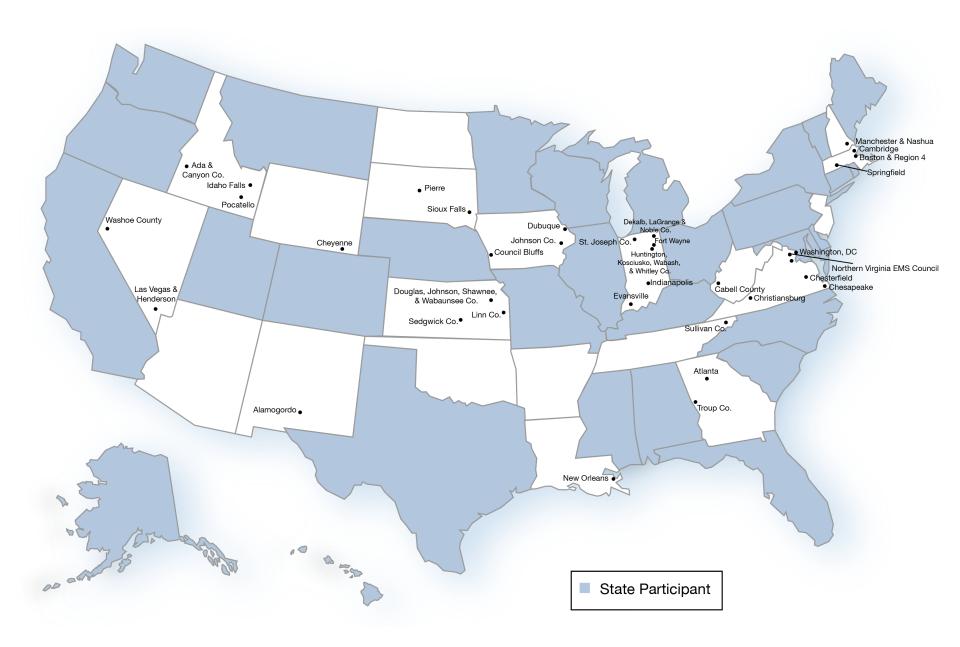
Raul A. Garcia[®], DO; Saket Girotra[®], MD, SM; Philip G. Jones[®], MS; Bryan McNally[®], MD, MPH; John A. Spertus[®], MD, MPH; Paul S. Chan[®], MD, MSc; on behalf of the CARES Surveillance Group

 Shorter response times and evidencebased TOR protocols associated with better outcomes

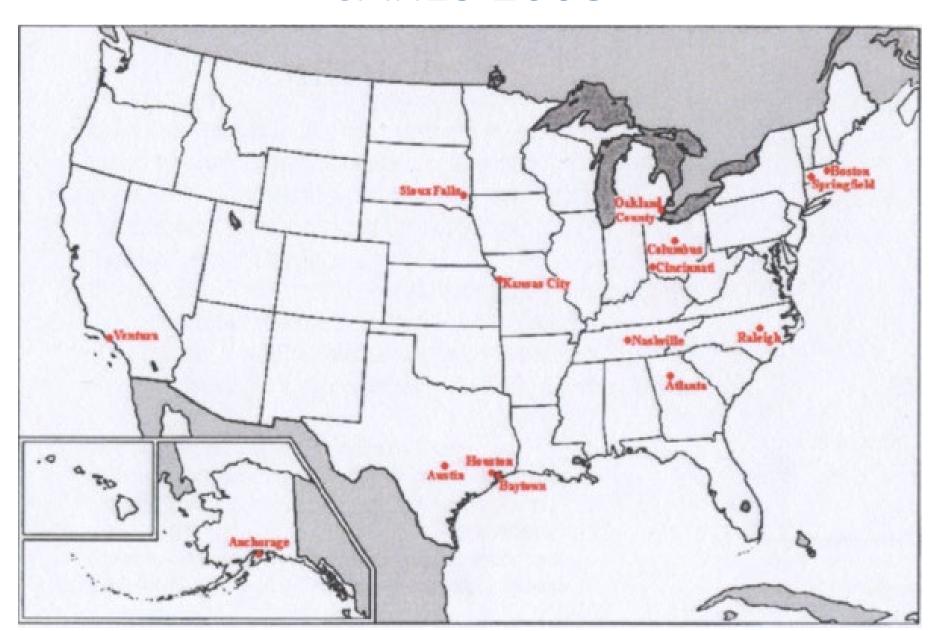




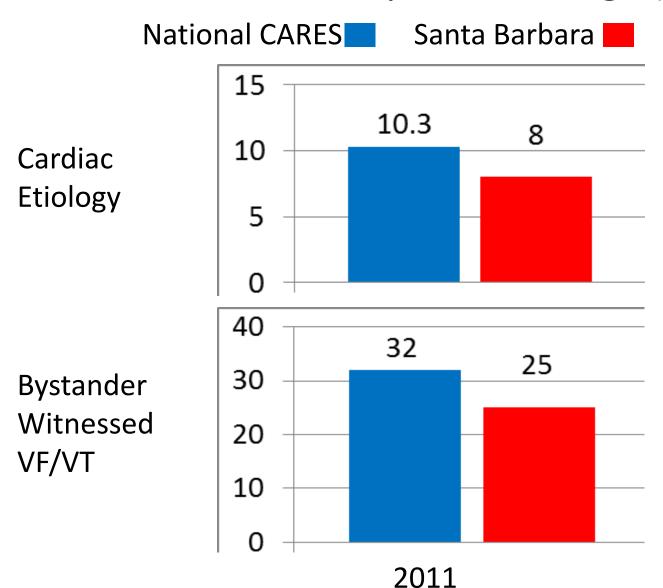
CARES 2022



CARES 2008



Santa Barbara County Survival to Hospital Discharge (%)

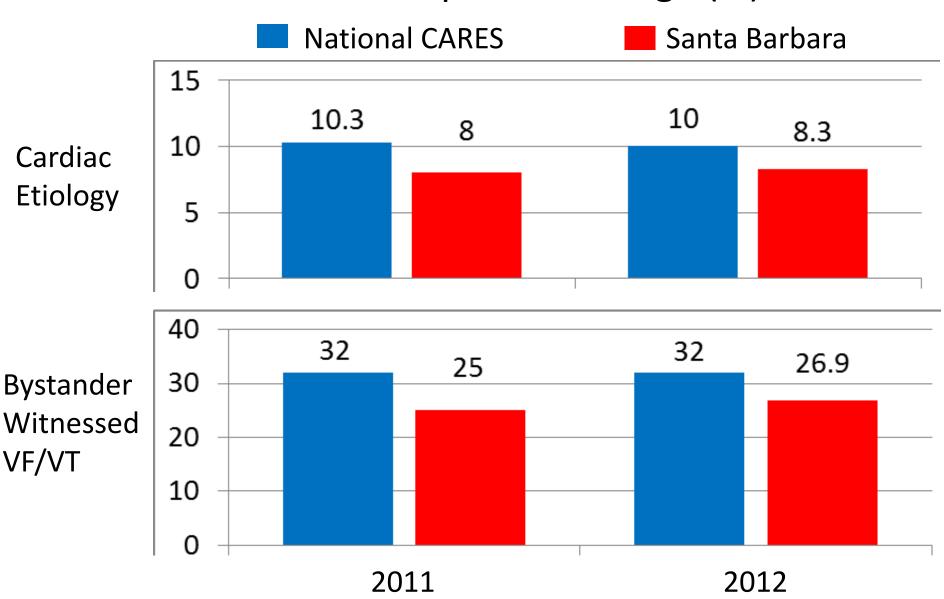


What vs. How

- Community Response
 - AED
 - CPR
 - Training
 - EMD
- Rapid assessment
- "High Quality" CC
 - Rate/Depth/Recoil
 - Continuous
- Airway

- Ventilation
- Defibrillation
- Vascular Access
 - Epinephrine
 - Antiarrhythmic
- ID ROSC
- Post-ROSC
- Transport

Santa Barbara County Survival to Hospital Discharge (%)



Cardiac Arrest Management

Objective

To determine if a comprehensive system of education, training, treatment protocols and quality improvement would affect survival of patients in sudden cardiac arrest.

CAM Components

System of care:

- Commitment of all participants
- Evidence-based treatment protocols
 - Continuous high-quality chest compressions
 - BLS airway preferred
 - 10:1 compression/ventilation
- Targeted, goal-directed education
 - 60 minutes didactic
 - Teamwork, Positioning, CPR (CC, BMV), ALS, ROSC
- Individual and team training: 120 minutes
 - Mandatory minimum proficiency thresholds
 - Organized explicit system of rescuer roles
- QI program with process and outcome measures

GOAL

To maximize the number of cardiac arrest patients that return home to their families neurologically intact

BACK TO BASICS

Cornerstones of treatment:

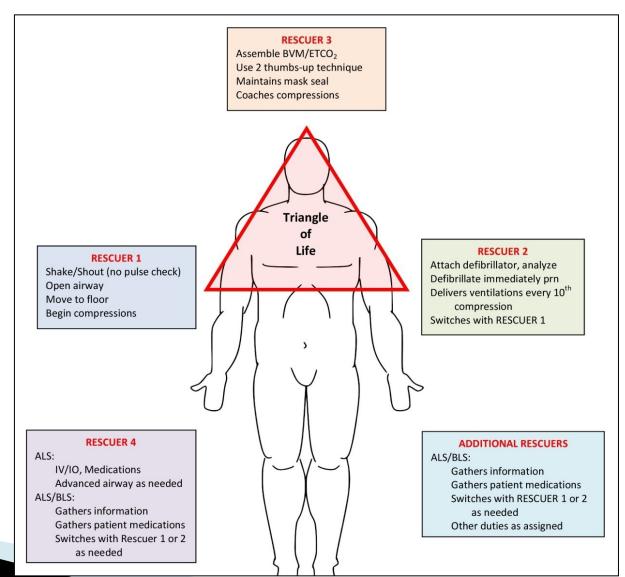
- Assessment
- Patient Positioning
- CPR
 - Continuous Chest Compressions
 - Airway/Ventilation/Oxygenation
- Defibrillation

Possible, but unproven value:

- Intubation
- Vascular access (IV/IO)
- Pressors (epinephrine)
- Antiarrhythmics (amiodarone)

STRATEGY 1: Assigned Roles

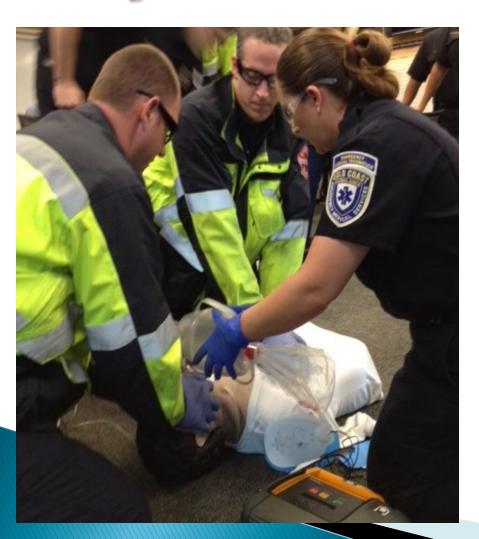
TRIANGLE OF LIFE



STRATEGY #4: Continuous High Quality Chest Compressions

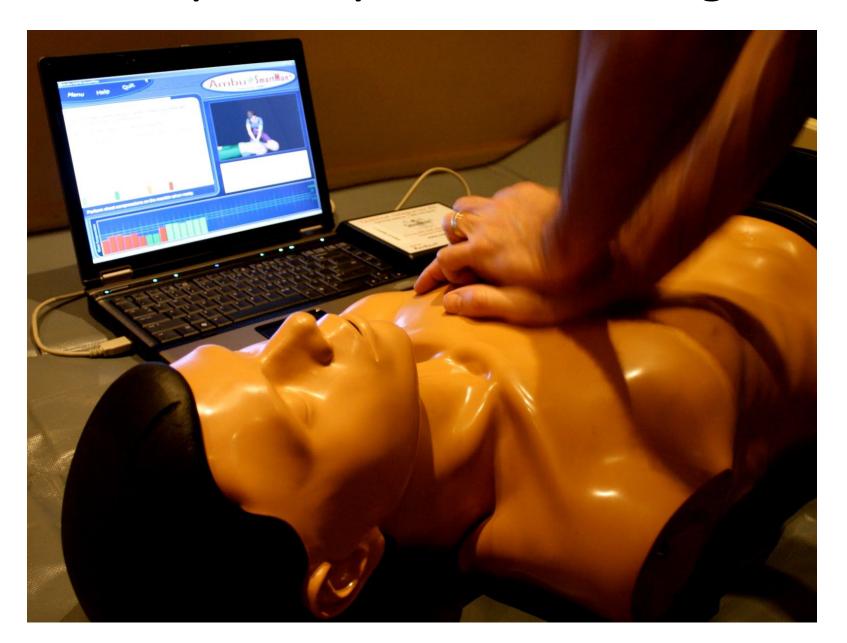
- Rate 100–120/Minute
- Depth 2+ Inches
- Full Recoil
- Increases likelihood of successful defibrillation
- Maintains brain viability

STRATEGY #5: Airway With Synchronized Ventilations



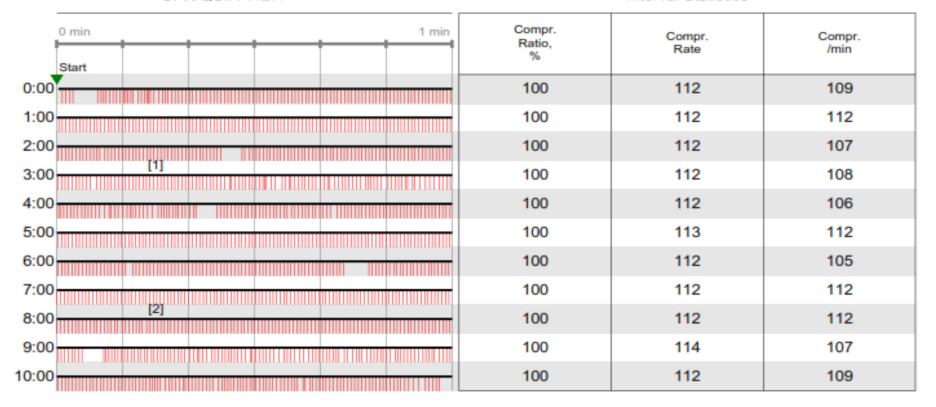
- ▶ 300 ml
 - 200 ml from "sucking" of chest recoil
 - 100 ml from positive pressure
- 0.3 sec (upstroke time)
 - 110 compressions in 60 seconds
- On the upstroke of the 10th compression

Competency-Based Training

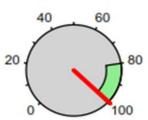


CPR QUIK-VIEW

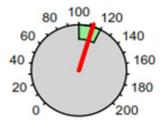
Interval Statistics



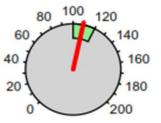
Compressions Ratio (/total time)



Compression Rate



Compressions/minute



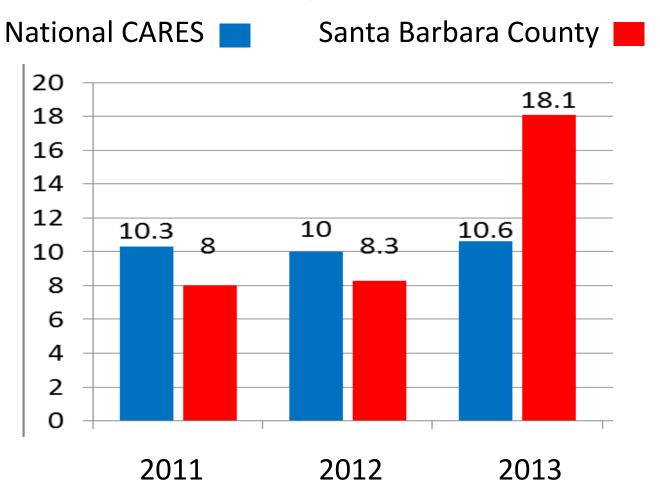
16:51 / 16:57 = 99 %

113/minute

109/minute

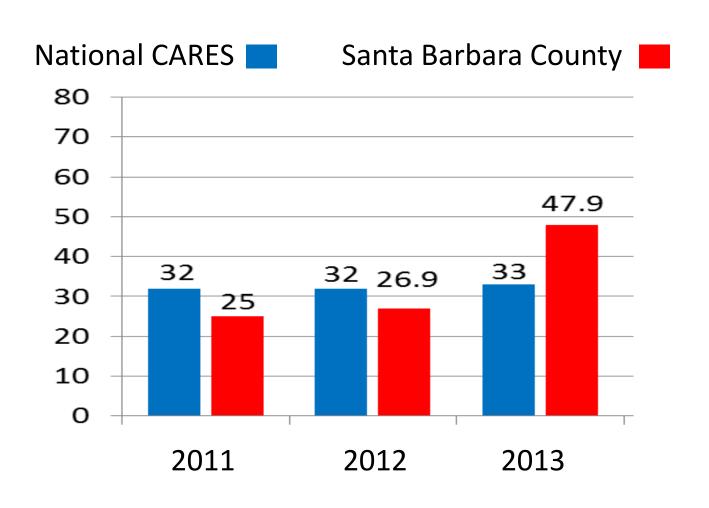
Santa Barbara County Survival to Hospital Discharge (%)

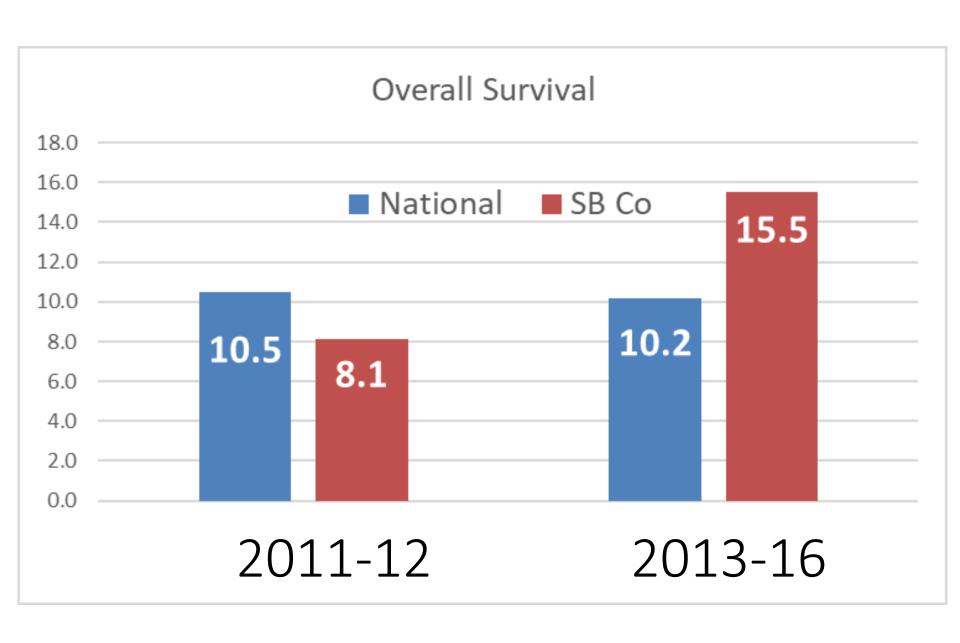
Cardiac Etiology – All Rhythms

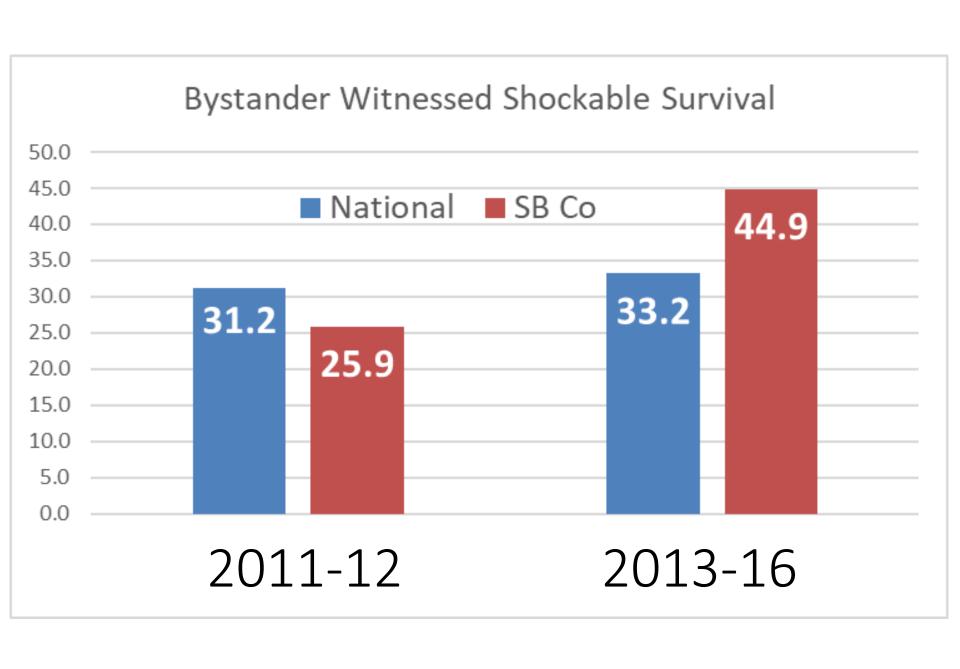


Santa Barbara County Survival to Hospital Discharge (%)

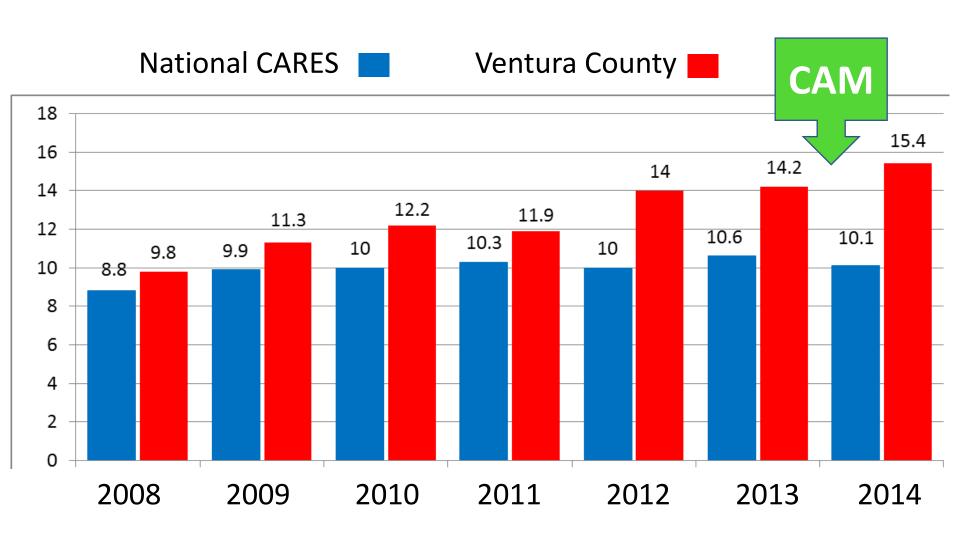
Bystander-Witnessed, Shockable 1st Rhythm



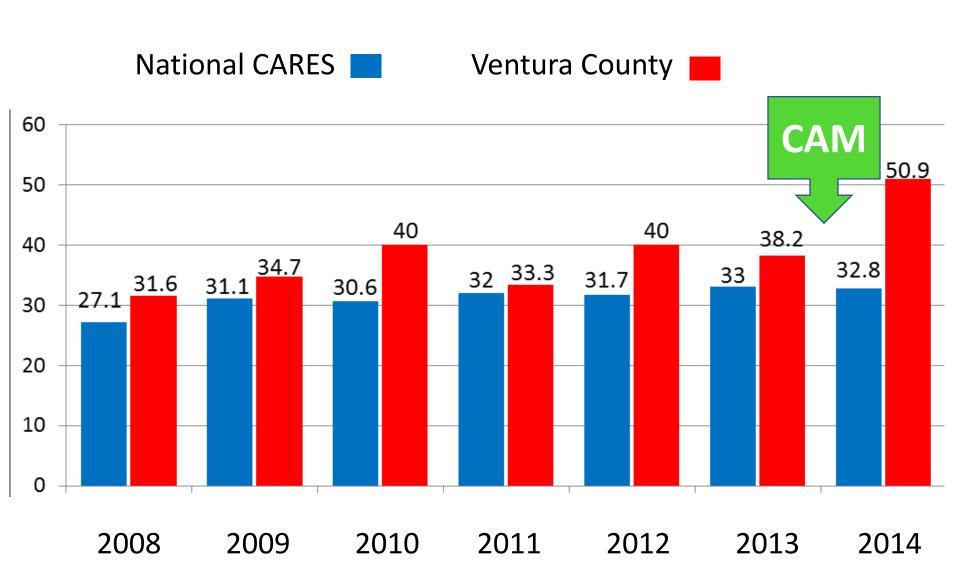




Cardiac Etiology — All Rhythms Survival to Hospital Discharge (%)



Bystander Witnessed, Shockable 1st Rhythm Survival to Hospital Discharge (%)



A Comprehensive System of Care Improves Neurologicallyfavorable Cardiac Arrest Survival



Angelo A. Salvucci,¹ Lynn J. White,² Raghav A Ravuri¹ Santa Barbara County Emergency Medical Services California, USA; ² Global Medical Response; HeartRescue Project, Colorado, USA.

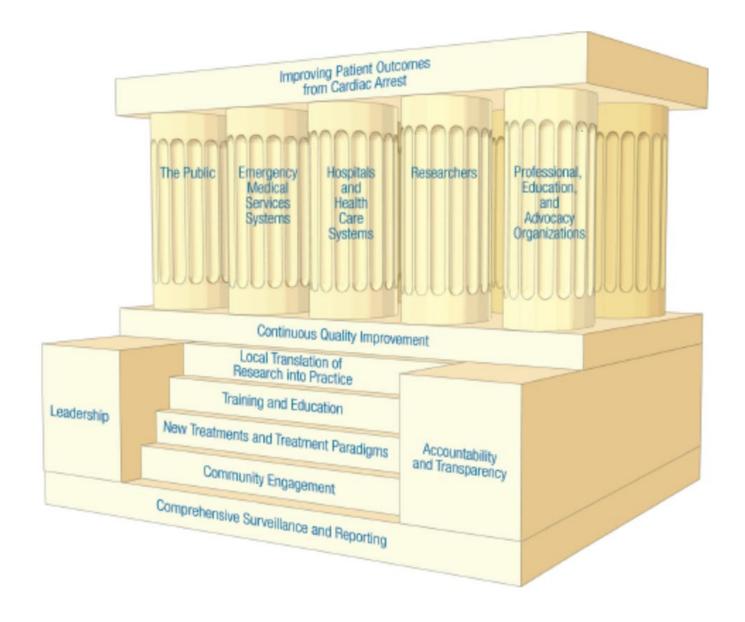




Objective: To evaluate the immediate and long-term results of introducing a comprehensive cardiac arrest management (CAM) system in a U.S. emergency medical services (EMS) jurisdiction according to structural description and outcome measures recommended by the U.S. Institute of Medicine.

Conclusion: Introduction of CAM involving the elements described in the IOM report resulted in an immediate and sustained improvement in percentage of neurologically-favorable survival after sudden cardiac arrest. This provides further evidence for, and a roadmap to achieve, improved cardiac arrest outcomes.

European Resuscitation Council September 2019

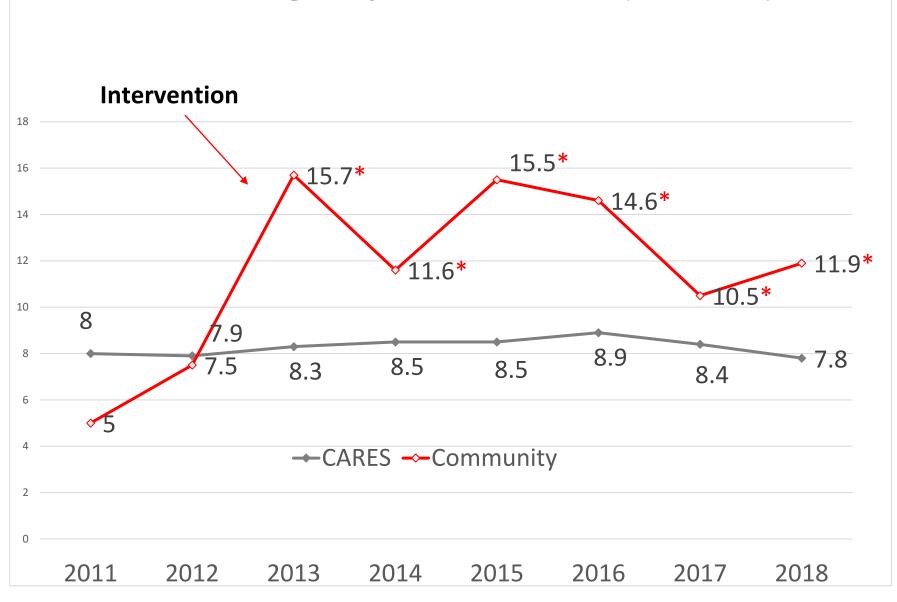


IOM 2015: Strategies to Improve Cardiac Arrest Survival:

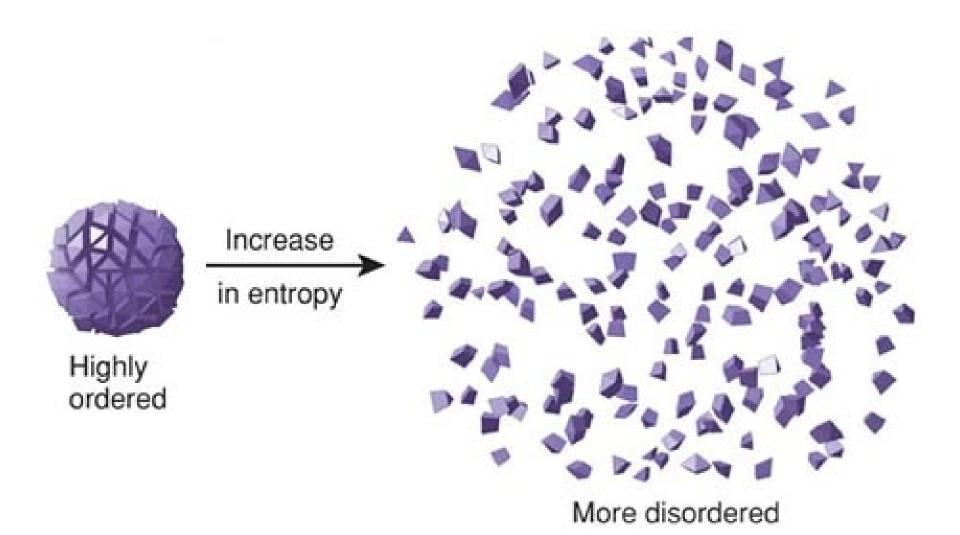
A Time to Act

IOM Bonout	Cardina Arrest Management (CARA)
IOM Report	Cardiac Arrest Management (CAM)
Comprehensive Surveillance and Reporting	CARES Registry
Community Engagement	Hands-Only CPR TrainingPublic Access AED Program
New Treatments and Treatment Paradigms	Continuous Chest CompressionsLow-Volume Bag-Mask Ventilations
Training and Education	 Feedback-Enhanced CPR Training & Testing Choreographed EMS Treatment Protocols
Local Translation of Research into Practice	Minimizing Pre/Post Defibrillation IntervalsPost-ROSC Protocols
Continuous Quality Improvement Programs	100% case reviewCPR quality metrics
Leadership	Coordinated System-wide oversightMulti-agency participation
Accountability and Transparency	 Presentation of results to oversight committee of all stakeholders









tl;dr (dl)

- OOHCA survival CAN improve.
- CARES provides information not answers.
- Engage entire system.
- Build interest success feeds on itself.
- Costs are modest.
- Maintain oversight.



