How to improve cardiac arrest survival in three easy steps

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Although survival rates for people who suffer cardiac arrest outside a hospital are extremely low in most places, emergency physicians propose three interventions to improve survival rates and functional outcomes in any community and urge additional federal funding for cardiac resuscitation research in an editorial published online last Wednesday in *Annals of Emergency Medicine* ("IOM Says Times to Act to Improve Cardiac Arrest Survival ... Here's How").

"As a nation, we are falling far short in our efforts to improve survival for this exquisitely time-sensitive medical emergency," said lead author Bentley J. Bobrow, MD, professor of emergency medicine atf the University of Arizona College of Medicine in Tucson and Medical Director for the Bureau of EMS and Trauma System in Arizona. "We can and must do far better. The tools to do so are available right now and emergency physicians are uniquely positioned to lead this effort."

Taking a cue from a recently issued set of recommendations by the Institute of Medicine for optimizing cardiac arrest care, Dr. Bobrow and his team propose three concrete steps communities and the nation can take to improve survival from out-of-hospital cardiac arrest (OHCA) above the current level of six percent:

1. Development of a national registry that accurately reports OHCA incidence and links process of care measures with patient outcomes in a standardized fashion;

2. Encouragement of bystander cardiopulmonary resuscitation (CPR) through education and training, along with training of 9-1-1 operators to guide bystanders through CPR with clear, standardized instructions while waiting for emergency medical services to arrive; and

3. Fostering high-performance CPR by medical professionals by measuring the quality of CPR during resuscitations and continuously improving it.

The paper also identifies gross disproportional research funding for cardiac resuscitation as a significant problem, blaming public underestimation of the dangers of cardiac arrest and the lack of financial incentive for improving survival rates.

"Between 1985 and 2009, federally-funded studies per 10,000 deaths per year were 294 for stroke but only eight for cardiac resuscitation," said Dr. Bobrow. "Before we say to families 'we did everything we could,' we need to make sure it is true. Funding for cardiac resuscitation research must be a national public health priority."

More information: www.annemergmed.com/article/S0 … (15)01474-2/fulltext

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