

Two new resuscitation alliances announce decisive goal to increase global cardiac arrest survival rates by 50 percent

September 2 2016, by Marie Manning

A cohort of international health organizations, resuscitation leaders, and emergency medical systems that includes the American Heart Association (AHA) – the world's leading voluntary health organization devoted to fighting cardiovascular disease – today announced the establishment of the Global Resuscitation Alliance, declaring a bold goal of increasing cardiac arrest survival rates by 50 percent.

To support these efforts in the United States, the AHA, the Seattle-based Resuscitation Academy Foundation (RAF) and Laerdal Medical announced the creation of the Resuscitation Academy Collaborative. The Collaborative will identify and disseminate best practices to combat and reverse the global public health crisis of poor outcomes from [cardiac arrest](#).

The AHA lends its recognized expertise as a world leader in resuscitation guidelines to both organizations. The U.S.-based Collaborative adds Laerdal's strength in medical simulation and educational product design and, the RAF's expertise in the practical implementation of programs within emergency medical services (EMS) systems.

"Survival from cardiac arrest is tragically and unacceptably low," said Mickey S. Eisenberg MD, PhD, Medical Quality Improvement, King County EMS, Seattle, WA and co-author of the paper that led to the

formation of the Global Resuscitation Alliance.

"One of the guiding principles of the Alliance is that communities can and must do better," continued Eisenberg. "With adherence to and implementation of best practices, communities can increase survival from cardiac arrest by 50 percent."

Eisenberg's own region of Seattle and surrounding King County reached an all-time high of 62 percent survival rates for bystander-witnessed cardiac arrest caused by ventricular fibrillation (VF). By comparison, the VF cardiac arrest survival rates in many other urban areas are in the single digits. Nationally, the survival rate for bystander-witnessed VF cardiac arrest is almost 40 percent.

The two new groups emerged from the EMS2016 Congress in Copenhagen, Denmark and constitute years of international effort by health professionals to combat cardiac arrest globally.

Cardiac arrest is a global public health problem, with an estimated one million fatalities annually in high-resource countries. In the United States, more than 350,000 people suffer out-of-hospital cardiac arrests annually, with just a 12 percent survival rate from all rhythms causing cardiac arrest.

"It takes a tremendous amount of coordination to shape systems of emergency care that perform optimally," said John J. Meiners, Chief of Mission Aligned Business at the AHA. "We've made good progress in the United States, and we hope to see continuous improvement in cardiac arrest survival rates as we share science and best practices around the world."

Cardiac arrest is a time-critical event that may be successfully countered with immediate cardiopulmonary resuscitation (CPR) and defibrillation

with the use of an automated external defibrillator (AED) when indicated. Each minute a patient remains in cardiac arrest without CPR means their chance of survival drops up to 10 percent.

The groups point to the wide disparities in how cardiac arrest is treated and the lack of trained bystanders in many communities as reasons that keep [survival rates](#) under 50 percent. They point to Seattle and King County as a leading example for how professional and layperson emergency response should operate.

The Alliance aims to educate EMS leaders about best practices and provide tools to help improve survival in their communities. To complement this global goal, the Collaborative has established four initial recommendations for communities within the United States that serve as foundational steps for the integrated systems of care approach recommended by the AHA:

- Dispatch first responders more rapidly. Process improvements may shave more than a minute in some emergency response dispatch centers.
- Standardize the practice of dispatcher-assisted CPR. Ensure that 911 call centers know how to telephonically identify cardiac arrest and provide CPR instructions to callers. Both Hands-Only CPR and conventional CPR can double or triple a cardiac response victim's chance of survival.
- Continue to improve high-quality CPR. Healthcare providers should conduct regular practice as individuals and a team to ensure high-quality CPR as outlined in the 2015 AHA Guidelines Update for CPR and Emergency Cardiovascular Care (ECC).
- Create a culture of leadership. Many of the improvements needed to strengthen the Chain of Survival require commitment from the community's leadership. The Alliance seeks to inform and inspire relevant leaders on how to adopt a continuous

improvement model of thinking.

"Every community can improve its response to cardiac arrest," said Ann M. Doll, Executive Director of the Resuscitation Academy Foundation. "If all communities follow the foundational steps, we can more effectively manage cardiac arrest outside of the hospital."

Provided by American Heart Association

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