

# CPR, not 'scoop and run,' should be priority with cardiac arrest patients

January 24 2018, by Ellen Goldbaum

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A change in protocol for treating out-of-hospital cardiac arrest patients in Western New York has yielded striking results: twice as many patients now survive.

The change was implemented by physicians from the Department of Emergency Medicine in the Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo who serve as medical directors at American Medical Response (AMR), which provides ambulance service to the city of Buffalo and surrounding communities.

"When a patient collapses from cardiac arrest in the community, the chance they will survive is low to begin with," said Brian Clemency, DO, associate professor of [emergency](#) medicine in the Jacobs School, medical director at AMR and a physician with UBMD Emergency Medicine. "But their chances get even worse if [emergency medical services](#) (EMS) providers automatically try to take the patient to the [hospital](#), rather than maximizing their care on scene."

Instead of immediately transporting the patient to the hospital, often at high speeds in an ambulance, a procedure known as "scoop and run," the physicians found that [patients](#) are more likely to survive when first responders stay on the scene to focus on high-quality cardiac pulmonary resuscitation (CPR) and defibrillation.

With this change, first implemented in April, the UB physicians have seen the number of patients who eventually were discharged from the

hospital with favorable neurologic function increase from 1.3 per month to 3.0 per month.

AMR has tracked this progress through a national database that links ambulance care with outcomes from local hospitals. Eric Dievendorf, clinical manager at AMR, said, "We are thrilled with the results of our new program. Measurable gains like these inspire caregiver buy-in, which will continue to drive favorable patient outcomes."

"This is the value of academic medicine," added Clemency. "The mission of faculty at the Jacobs School is to conduct research and promote evidence-based [medicine](#) so that the community benefits."

He and his colleagues are now working with local EMS providers to promote treating [cardiac arrest](#) in the field instead of rushing patients to the hospital, where they are often pronounced dead. He also intends to launch a public information campaign that promotes CPR training among bystanders.

Thomas Maxian, AMR's regional director, commented, "We are fully committed to both the new program and to getting this potentially life-saving message out to our community."

"Taking the patient to the hospital right away robs precious time when that patient could have been getting CPR," Clemency said. "The message we've learned for EMTs is: 'Stay on the scene. Wherever we find you is where we'll work on you.'"

Clemency credits this improvement to the dedication of the men and women of AMR and their fire department partners who have embraced this new model of care.

It isn't the first time Clemency has questioned the status quo in

[emergency medicine](#). Last year, he was named one of the nation's Top 10 Innovators in Emergency Medical Services by the Journal of Emergency Medical Services for his work helping New York State to end the routine use of backboards for patients with back or neck injuries. Studies led by Clemency and his UB colleague Joseph Bart, DO, helped challenge this long-standing paradigm.

Provided by University at Buffalo

Citation: CPR, not 'scoop and run,' should be priority with cardiac arrest patients (2018, January 24) retrieved 4 May 2024 from <https://medicalxpress.com/news/2018-01-cpr-scoop-priority-cardiac-patients.html>

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