



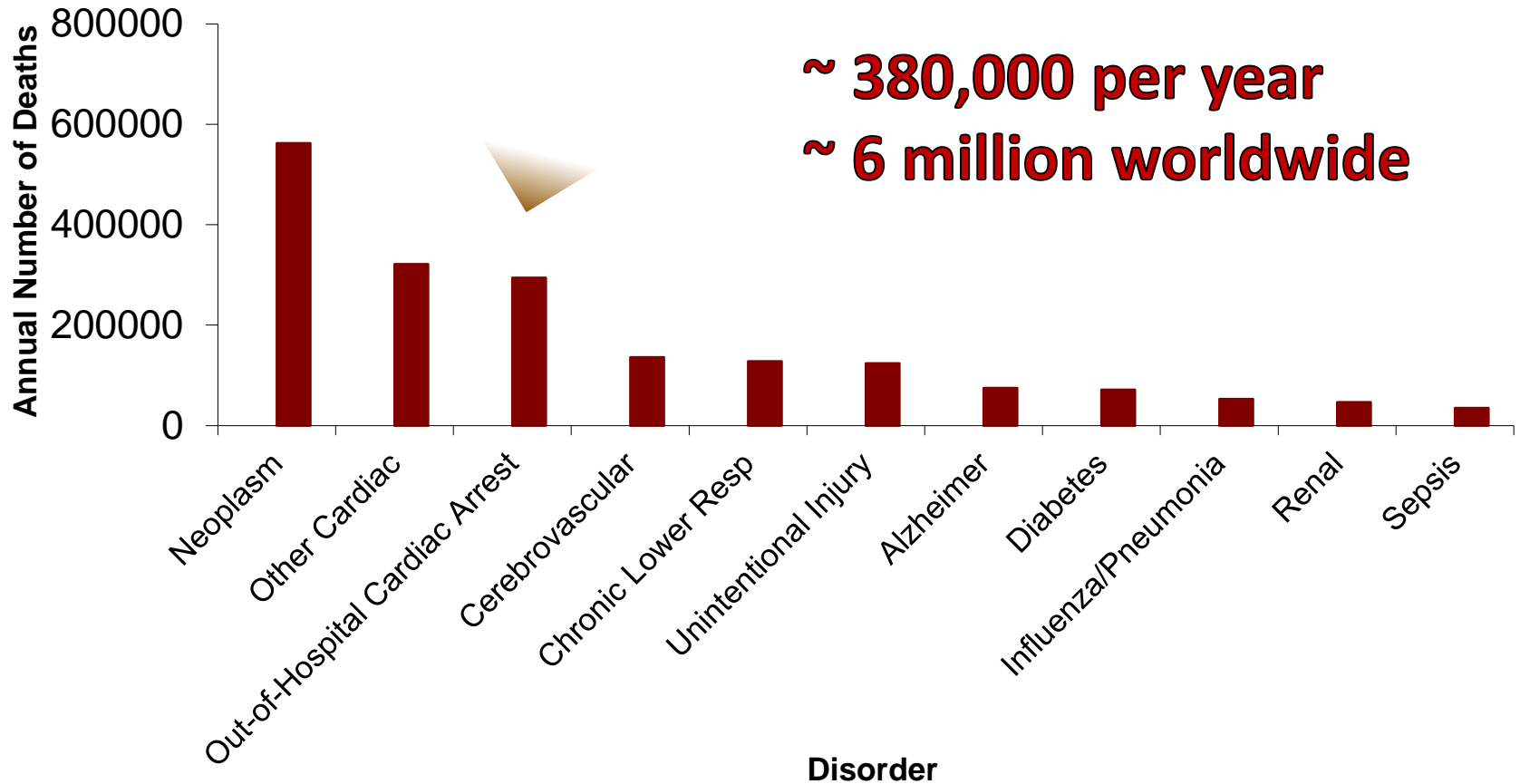
American Heart
Association



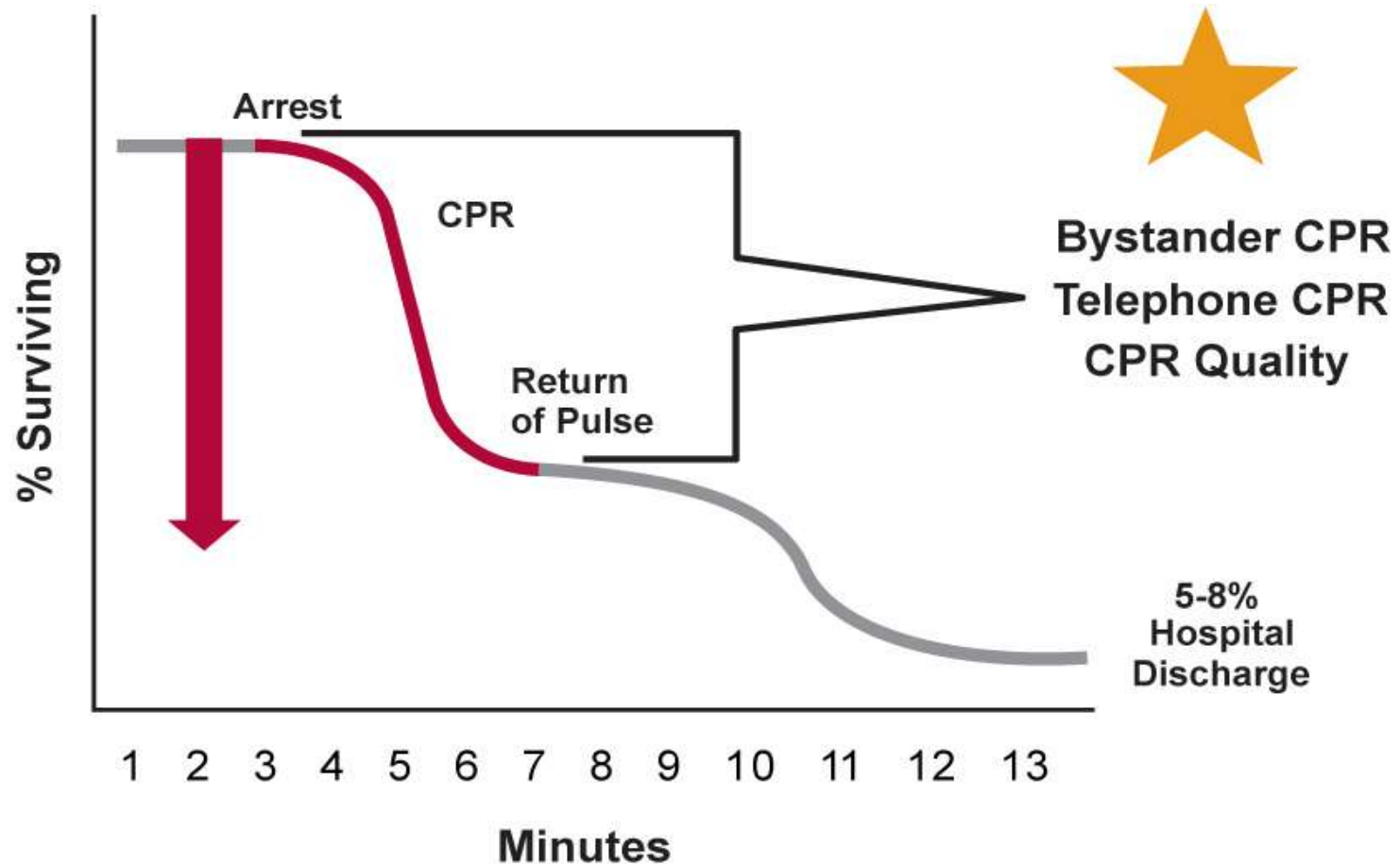
*Brad Bunney, MD FACEP
Associate Professor and Residency Director
Department of Emergency Medicine
University of Illinois at Chicago*

Leading Causes of Death in U.S

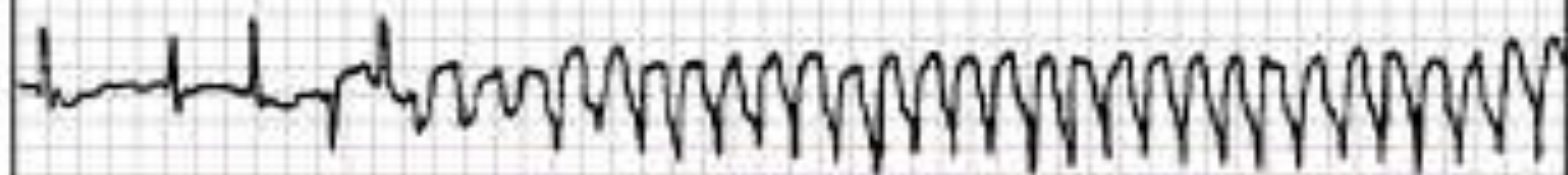
Extrapolated from <http://www.cdc.gov/nchs/fastats/lcod.htm> and Nichol JAMA 2008



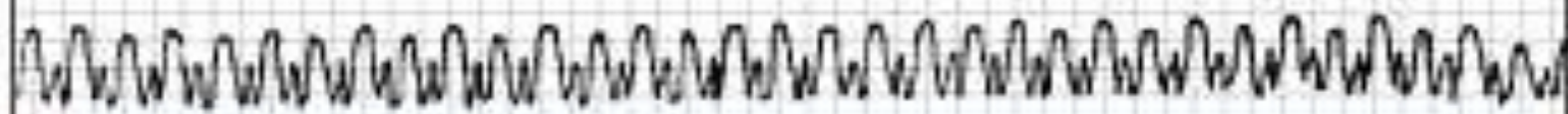
The Cardiac Arrest Problem



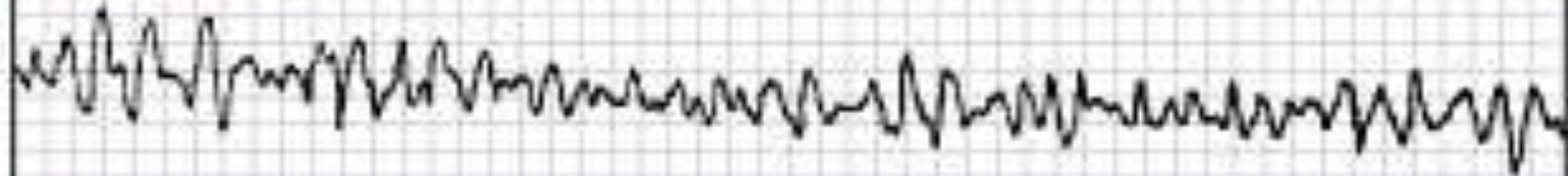
6:02 a.m.



6:05 a.m.



6:07 a.m.

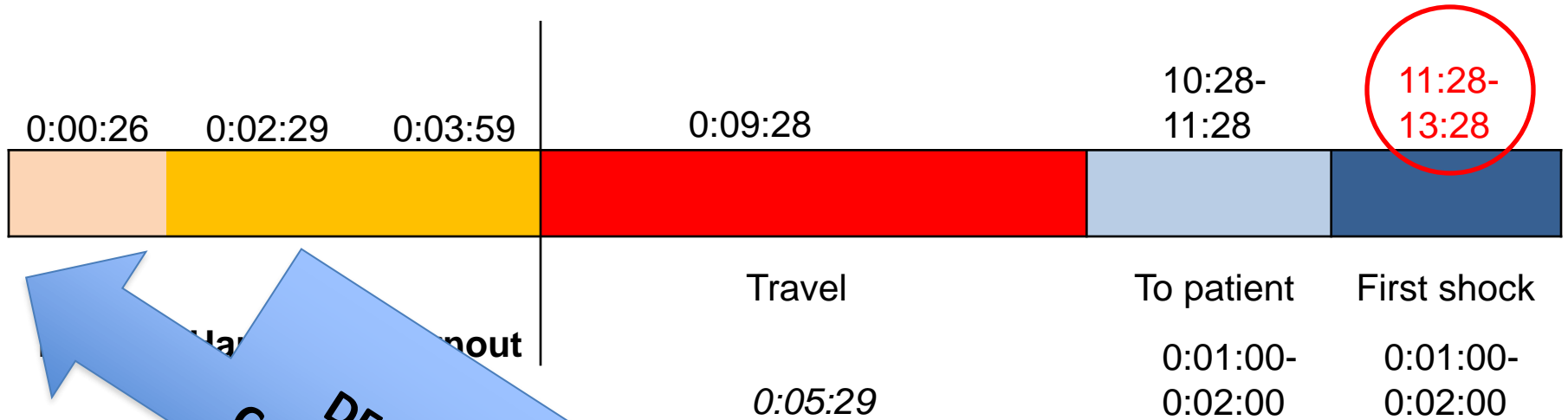


6:11 a.m.

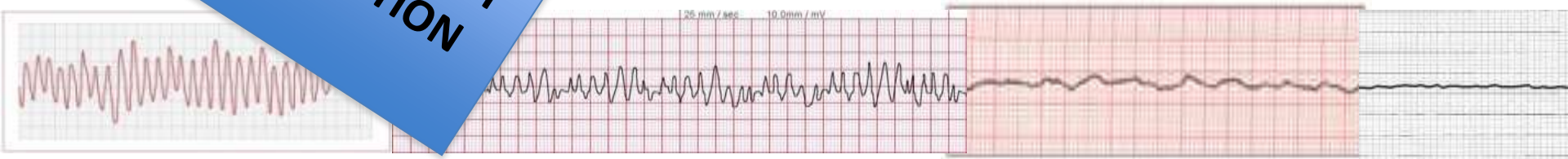


“The Reality”

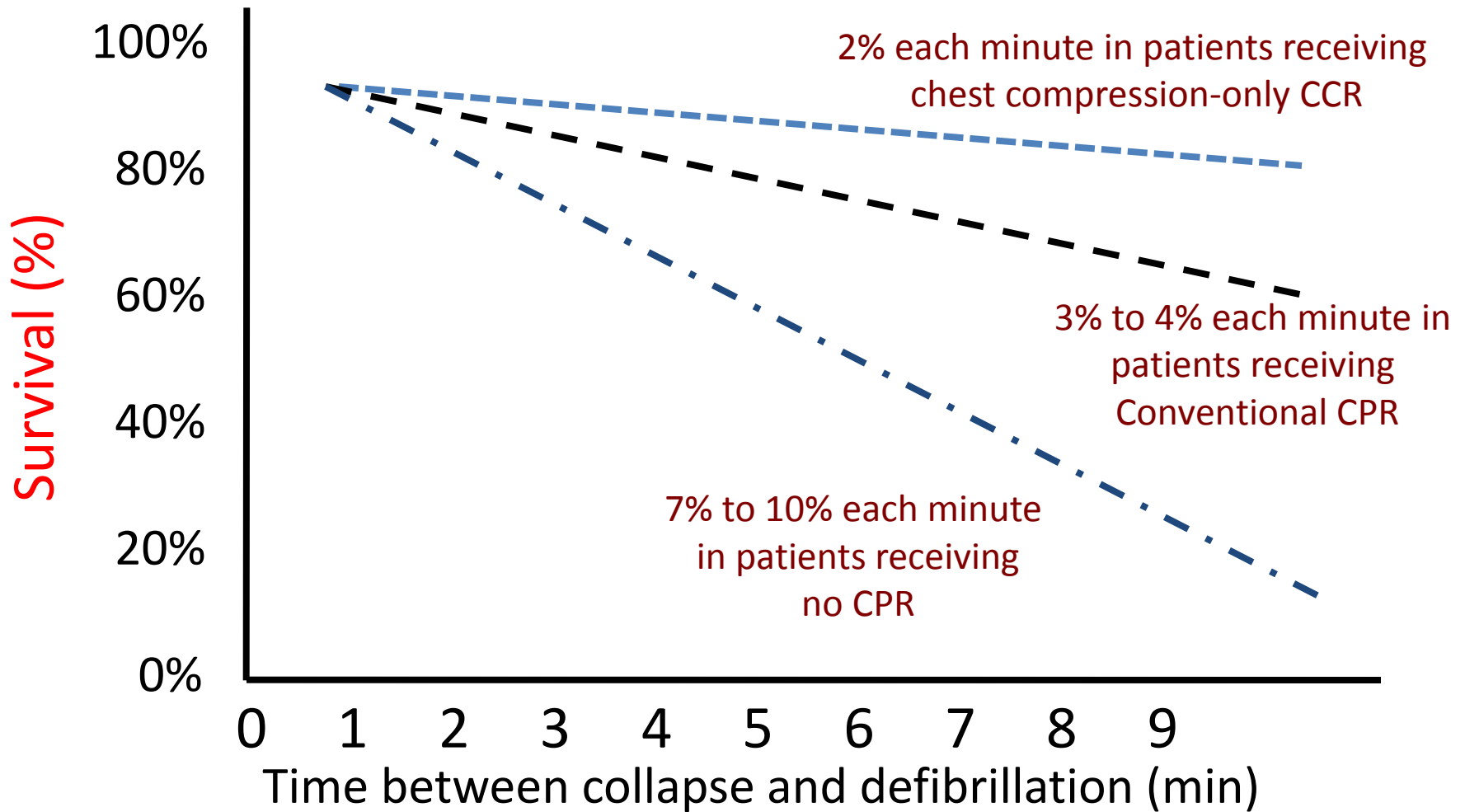
Cumulative Urban EMS Response (Min)



**DELAYED
CARDIAC ARREST
RECOGNITION**

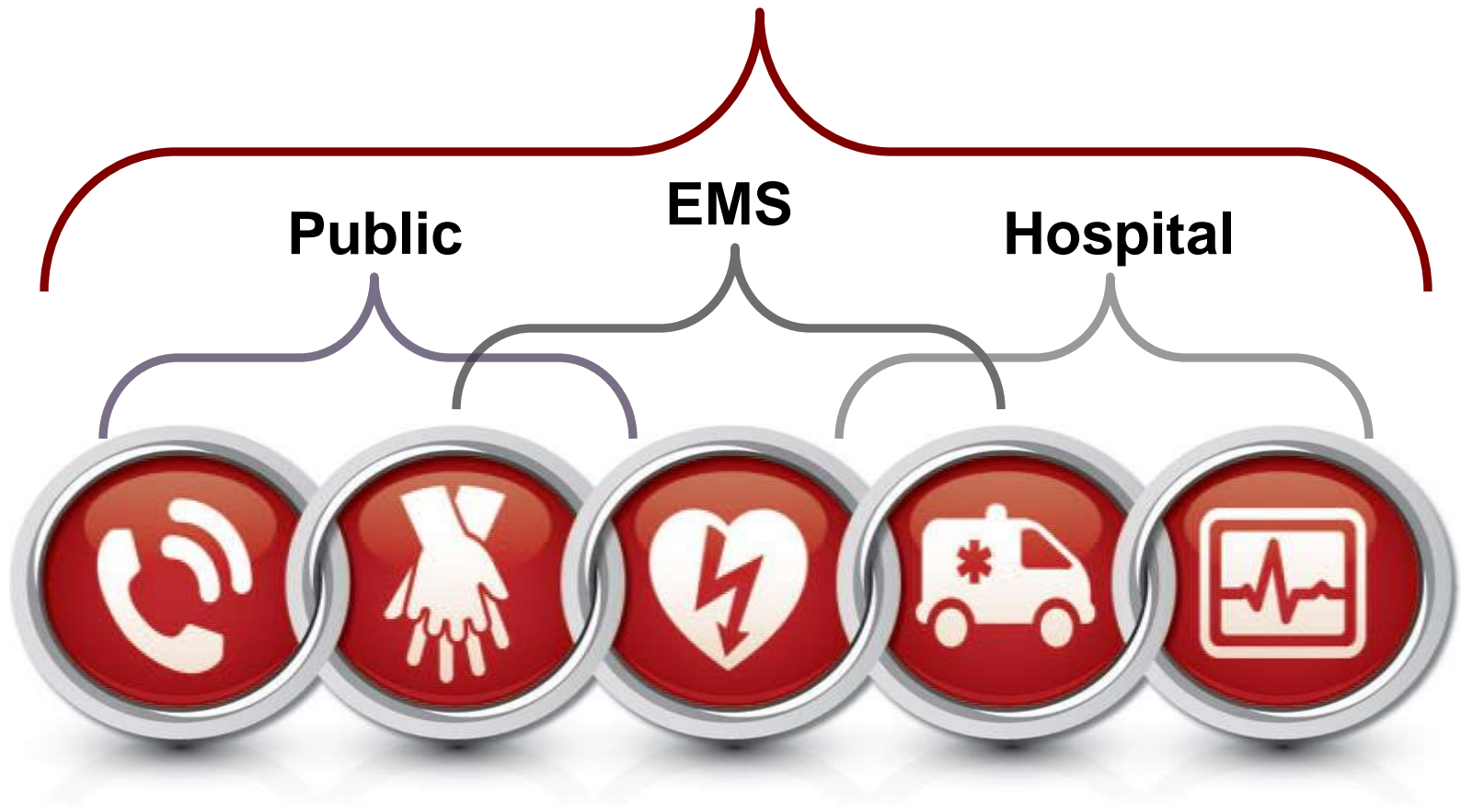


Bystander CPR Improves Chance of Survival

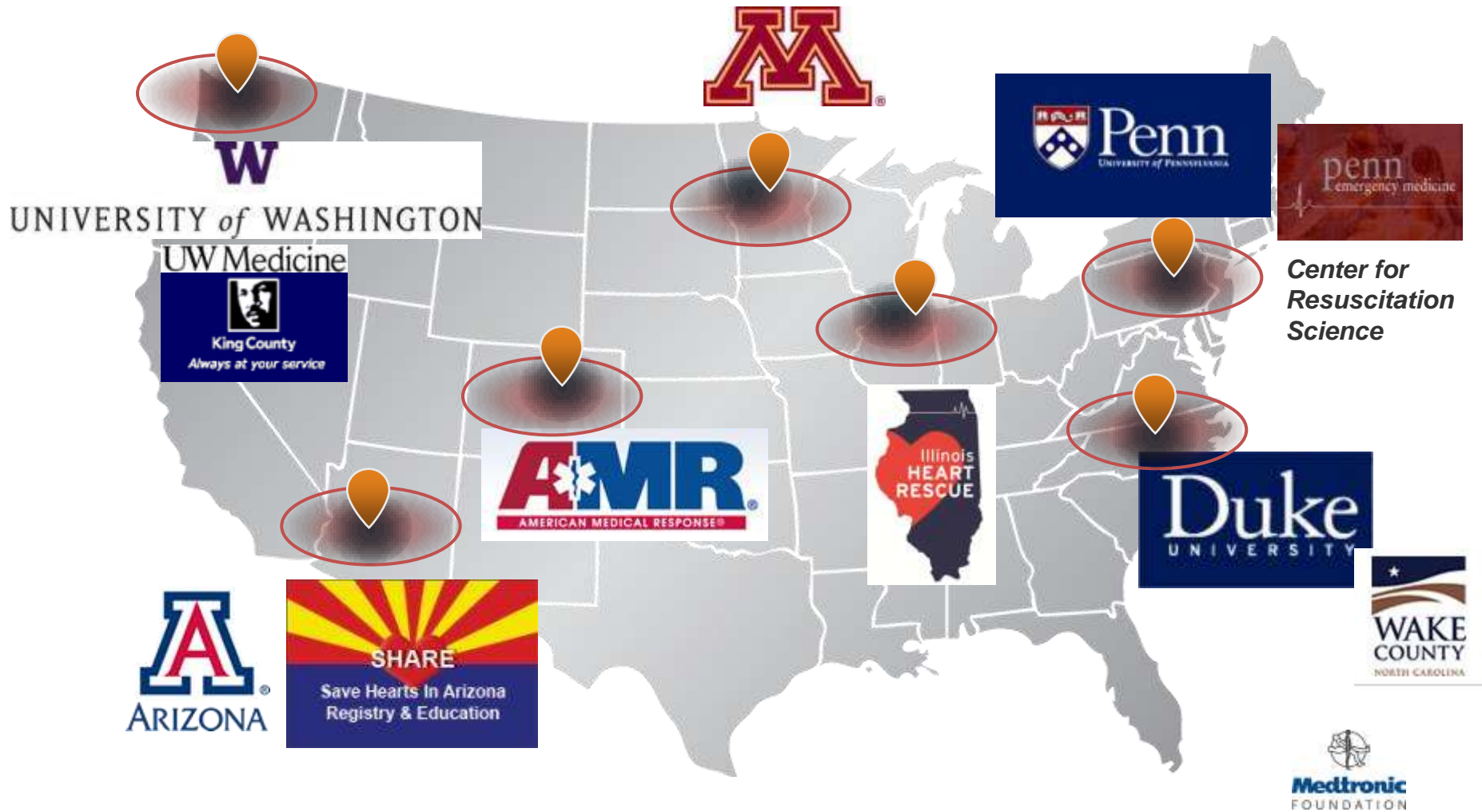


Opportunities to Strengthen the System of Care

Active Measurement



HeartRescue Partners



some of the Illinois Heart Rescue team

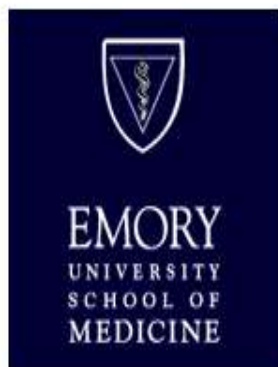




Welcome To:

Cardiac Arrest Registry to Enhance Survival (CARES)

Sponsored by:



Log In to myCaresTM

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[Current Cares Participants](#)

CARES

The Cardiac Arrest Registry to Enhance Survival (CARES) was initiated in October 2004 as a cooperative agreement between the Center for Disease Control and Prevention (CDC) and the Department of Emergency Medicine at Emory University School of Medicine to identify incidents of prehospital cardiac arrest. The CARES Program is designed to consolidate all essential data

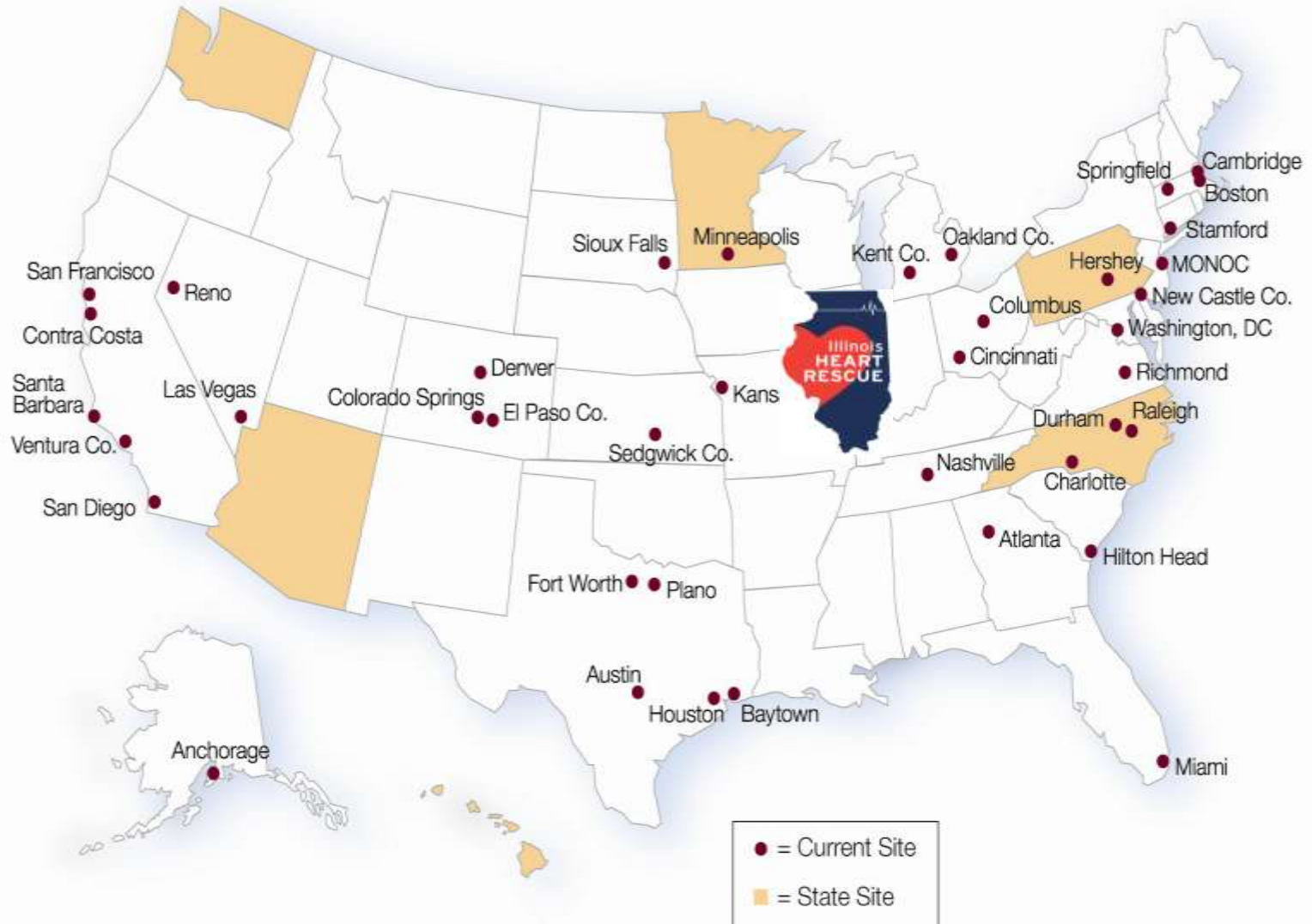
Goals of CARES

Create a model national cardiac arrest registry capable of identify and tracking all cases in a defined geographic area

Help communities identify:

- **Who** is affected
- **When** and **where** cardiac arrests occur
- **Which** link in the chain of survival are functioning well and those that are not
- **How** changes can be made to improve cardiac arrest outcomes

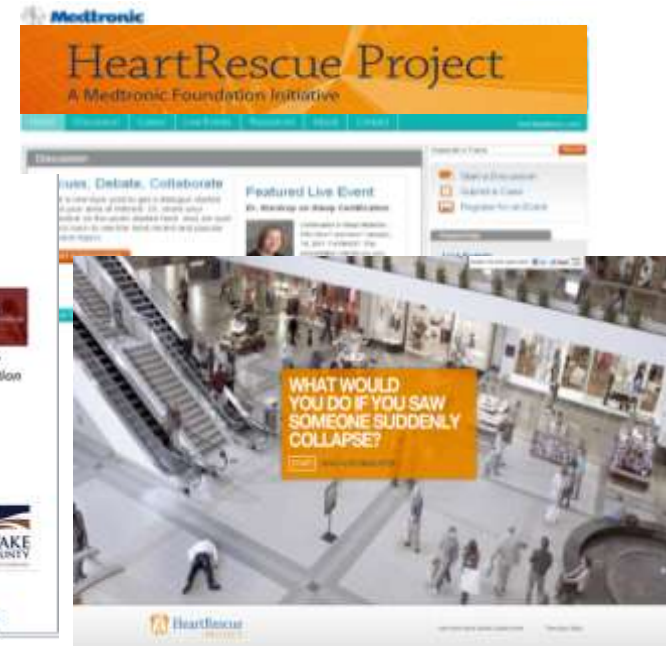
CARES Site Participant Map 2011





Illinois Hospital Association





Program Goals:

Goal 1: Improve Survival of Cardiac Arrest by 50% over 5 years in geographies we fund.

Goal 2: Increase and improve measurement of Sudden Cardiac Arrest.

Goal 3: Expand and improve national and global impact of the HeartRescue Project.

Program Results FY12- Q1FY13:

1. Partner programs now covering 50% or more of state populations, and reported on baseline and 2011 survival outcomes. **900 survivors reported in 2011.**
2. New partners in FY12 (AMR), and FY13 (Illinois)
3. All partners hosted 25 Resuscitation Academies and eLearning webinars reaching 1,000+ EMS/Hospital leaders with best practice education
4. Partners presented to 1,200 EMS leaders at 8 events to date.
5. 3 million people saved a life virtually with Save-a-Life Simulator on HeartRescueNow.com

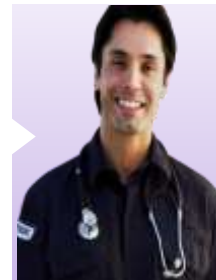
Illinois Heart Rescue Goals

Community partnerships and social media to increase health literacy about cardiac arrest and CPR

GOAL: Increase bystander CPR rates from less than 10% to over 30%

One of the nation's largest simulation training programs of fire fighters and 911 dispatchers will improve prehospital CPR quality and be offered to other Illinois rescuers at the Chicago Fire Department and University of Illinois/OSF Peoria simulation center

GOAL: Increase the number of cardiac arrest patients who are resuscitated in the field and reach the hospital to over 20%

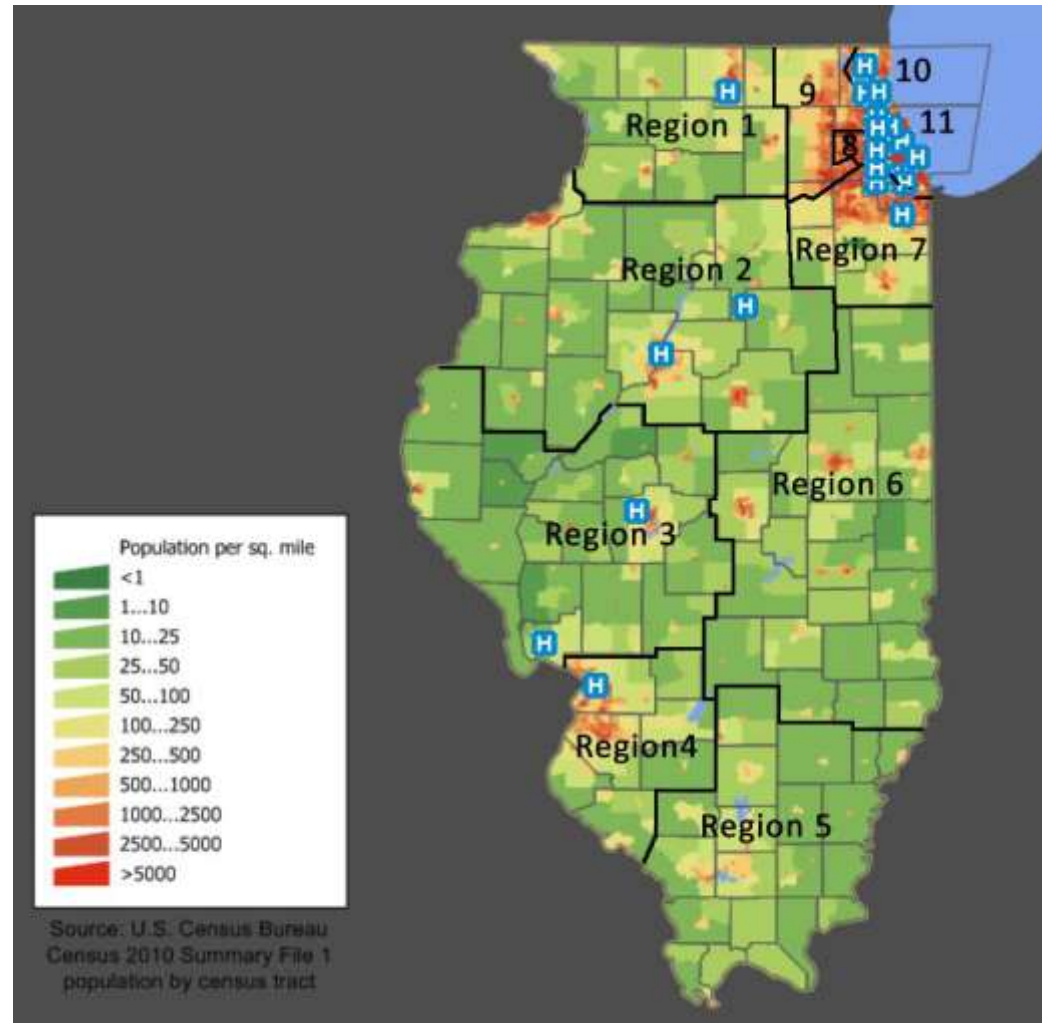


Illinois Heart Rescue Goals

Build an Illinois Hospital Collaborative that shares benchmarked data and best practices in post-cardiac arrest care to improve neurologically intact survival

GOAL: Increase neurologically intact cardiac arrest survival to over 10%

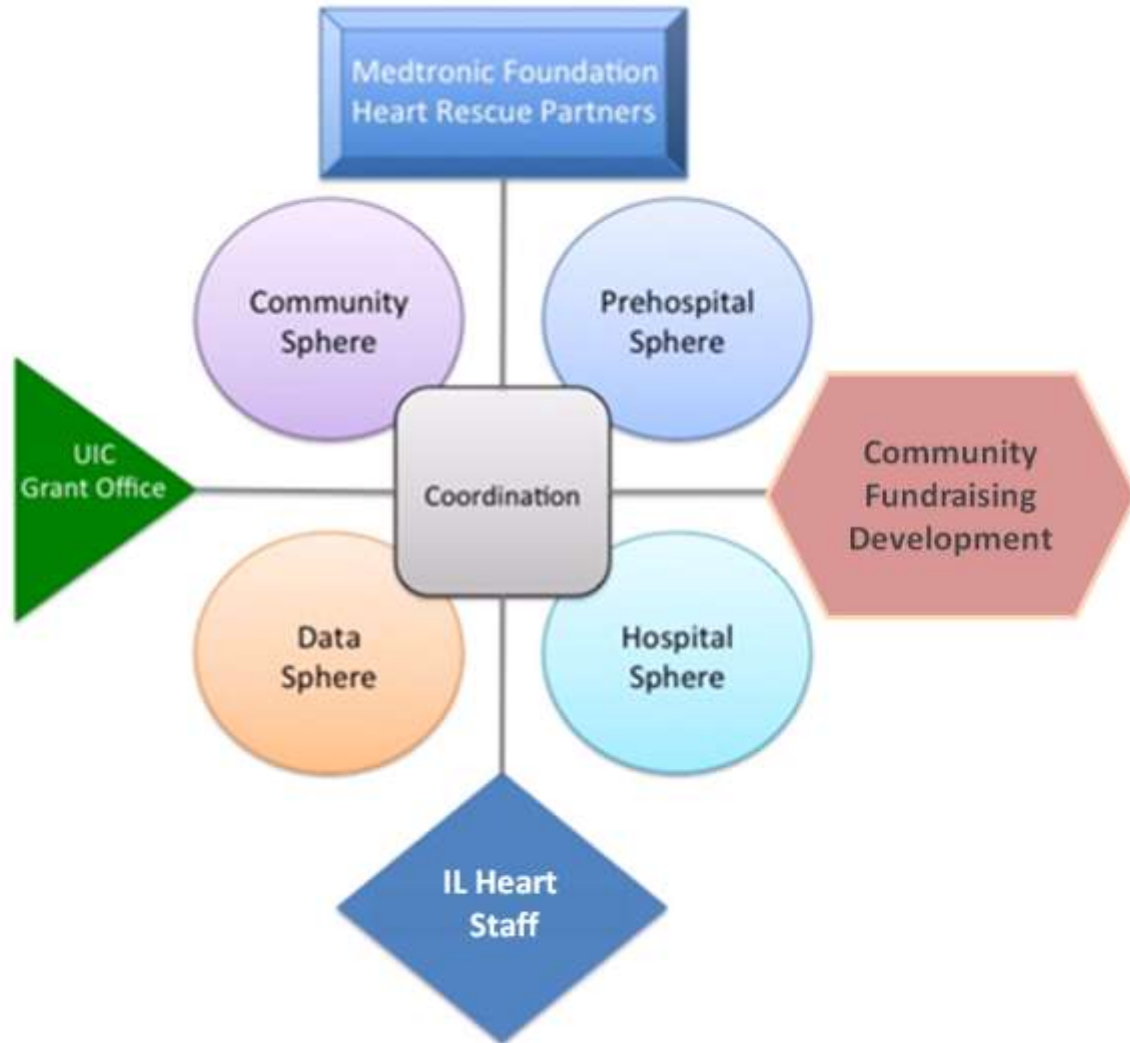
- 30 Illinois hospitals from 9 of the 11 Emergency Medical System regions have pledged support
- Additional 30 critical access hospitals have expressed interest
- IDPH interested in developing sustainable database



Illinois Heart Rescue



Grant
Admin
Office



Resident Opportunities

- Prehospital Sphere Priorities = Improve prehospital resuscitation
 - Simulation training
 - Dispatch training
 - Cardiac arrest center triage^e
 - Data coordination



Resident Opportunities

- Hospital Sphere Priorities = Optimize post arrest care
 - Therapeutic hypothermia
 - Does your hospital have a hypothermia committee
 - Get involved with your hospital's CPR committee
 - Neurology/Psychiatry involvement
 - Data coordination



Resident Opportunities

- Data Sphere Priorities = Provide measurement for OHCA
 - OHCA as reportable event in IL
 - Feedback loops to communities/stakeholders
 - GIS Mapping, hot spotting, targeting
 - Health Disparities focus



Resident Opportunities

- Community sphere priority = increase bystander CPR
 - Create culturally sensitive messaging
 - Mass training events
 - Cubs June 10th
 - Illinois State Fair Aug 8-18
 - Social media and video instruction
 - School based initiative
 - Targeting neighborhoods with low rates



ACGME Milestones

- From 6 core competencies to 21 milestones
- Patient safety and QI emphasized
- Can't just lecture about it, must participate
- ILHR is a QI project
- Join us





www.heartrescuenow.com