

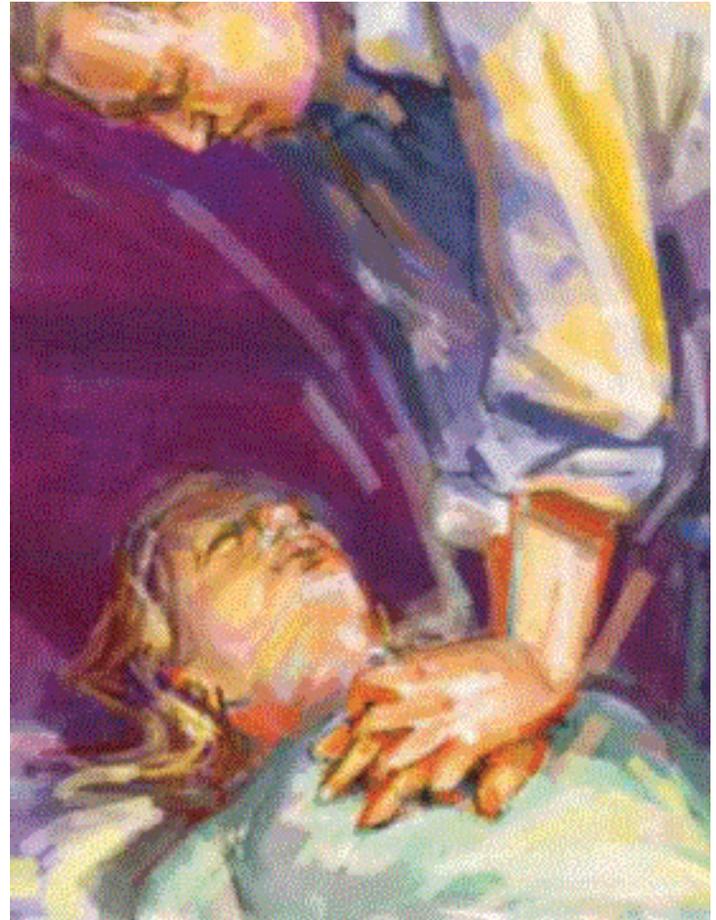
IMPROVE CARDIAC ARREST SURVIVAL

About 600,000 people in the United States experience cardiac arrest each year, and the National Academy of Medicine (NAM) recently released a report titled “Strategies to Improve Cardiac Arrest Survival: A Time to Act” that details cardiac arrest outcomes in the United States and provides recommendations for increasing cardiac arrest survival rates (<http://bit.ly/1HSyLOQ>). The NAM convened a committee of experts to conduct the study, sponsored by the American Heart Association, American Red Cross, American College of Cardiology, Centers for Disease Control and Prevention, National Institutes of Health, and US Department of Veterans Affairs. According to the report, current survival rates are less than 6% for individuals who experience cardiac arrest outside of the hospital and less than 24% for patients who experience cardiac arrest while hospitalized.

“Cardiac arrest survival rates are unacceptably low” said Robert Graham, MD, the study committee chair and director of the Robert Wood Johnson Foundation’s Aligning Forces for Quality program, in a statement. “Although breakthroughs in understanding and in treating cardiac arrest are promising, the ability to deliver timely interventions and high-quality care is inconsistent. Cardiac arrest treatment is a community issue, requiring a wide range of people to be prepared to act, including bystanders, family members, first responders, emergency medical personnel, and health care providers.”

Broader training in cardiopulmonary resuscitation (CPR) and the use of automated external defibrillators is one key recommendation. Only three percent of people in the United States receive annual CPR training, compared with 95% of people in Norway and 80% of people in Germany.

The report also recommends standardized training and performance evaluation of emergency medical



services (EMS) cardiac arrest care and establishment of a public national registry of cardiac arrest events and outcomes. Currently, data collection is not

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standardized as only very select emergency medical agencies and hospitals have registries, and their participation is voluntary.

In addition, the NAM report recommends that federal agencies, nonprofit organizations, and private industry collaborate on research into causes, outcomes, and treatments of cardiac arrest.