



RACING To SAVE Lives in NC

Lisa Monk MSN, RN, CPHQ



Every Second Counts. Every Action Matters.

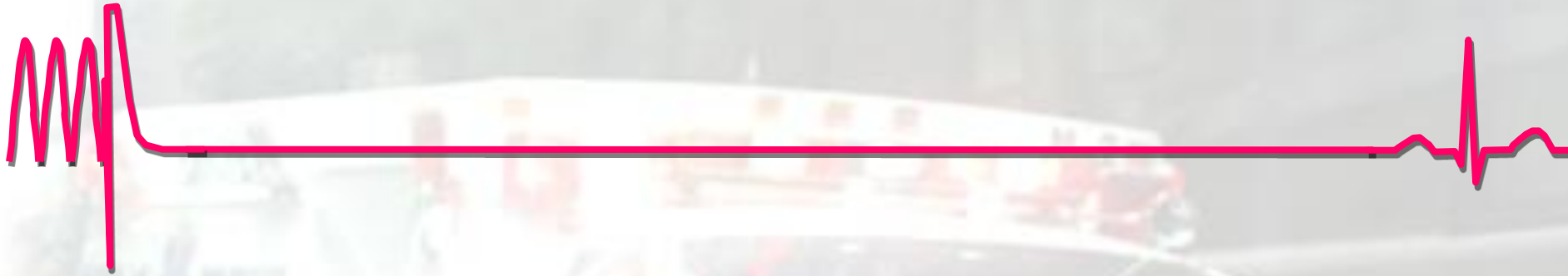


Cardiac Arrest Resuscitation System



Objectives:

- Discuss community efforts
- Review successful community programs



*“Where you live should
not determine
whether you live”*



Public Health Crisis:

- Have significant impacts on community health, loss of life, and on the economy
- Need transparency of data
- Creates accountability
- Can help leverage resources



North Carolina: RACE CARS



- Challenges
 - EMS response times vary from 4-10 minutes, rural communities even longer
 - Victim's need CPR started within 4 minutes or brain damage begins to occur
 - At 10 minutes, without CPR, survival is not likely
- You can help by learning:
 - Early recognition of SCA
 - Early Access – call 911
 - Early CPR



SO EASY A DOG CAN DO IT!





Community Plans:

Goal: Increase the rate of bystander CPR and AED use

- Coordination by hospitals
 - Survey to understand what resources exist today
- Certification vs Education
 - AHA/Red Cross
 - RACE CARS developed materials
- AED devices – funding and identification
- Train all hospital employees of some level of CPR
- Train all heart patients and families on discharge

EMS, First Responders, and Hospitals will work together to off community education

Community Updates:

- [House Bill 837](#) -passed
 - requires students to learn CPR
 - pass a test showing proficiency in order to graduate
 - Effective with the Class of 2015
- [House Bill 914](#) -passed
 - requires at least one AED in every state building
 - state workers must be trained to use them





HeartRescue Flagship Premier Partner Program:

1st Chain: Community Response

- i. Early SCA Recognition
- ii. Early 911
- iii. Early and effective bystander CPR or CCC
- iv. Early Public Access to AED

2nd Chain: Pre-Hospital Response

- i. Enhanced dispatch
- ii. Enhanced/high performance CPR or CCC
- iii. Defibrillation care (e.g. one shock therapy for VF patients)
- iv. Pre-hospital hypothermia
- v. Drug delivery (e.g. Intra-osseous drug delivery)

3rd Chain: Hospital Response

- i. Patient triage to Resuscitation Center of Excellence
- ii. Hypothermia as indicated by local protocol
- iii. 24/7 Cath Lab
- iv. Patient indicated therapies provided (e.g. ICD, PTCA, stent, CABG)
- v. Post survival patient and family education and support

Improving outcomes in cardiac arrest

Conclusions:

- Cardiac arrest is common and the third leading cause of death.
- Victims of out of hospital cardiac arrest are unlikely to survive
- Simple interventions in the chain of survival are likely to improve survival
- Community recognition and early 9-1-1 are the first link in the chain of survival

NC Events:

