Survival from Sudden Cardiac Arrest (SCA) in San Diego



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Heart Disease = #1 Killer

• 300,000 people suffer sudden out-of-hospital cardiac arrest (OOH-CA) in the United States annually



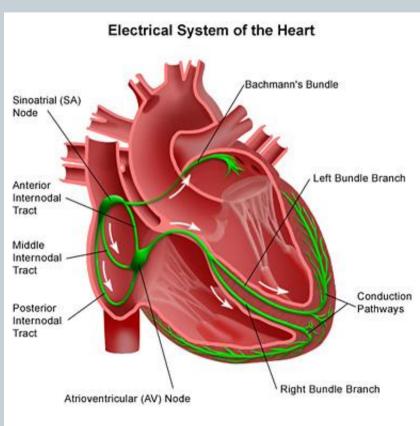
Sudden Cardiac Arrest



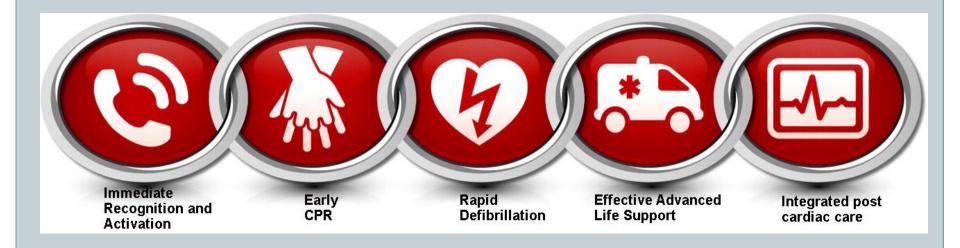
Normal sinus rhythm



Ventricular fibrillation



Chain of Survival



Patient collapses

Arrival@ hospital

Drugs administered

Defibrillation performed

EMS encounters patient

EMS arrives
@ scene

Recognition of arrest

Call to 9-1-1

Call answered
@ SDPD

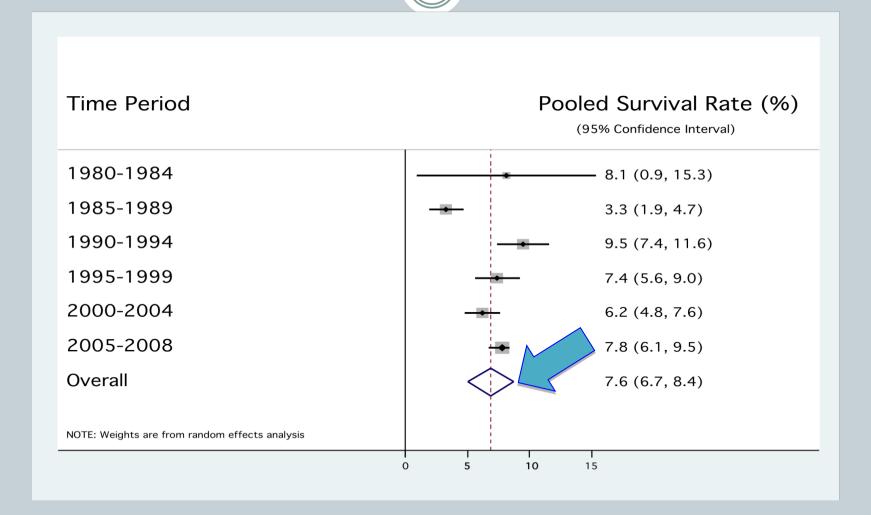
Call transferred to Fire Communications Center

Telephone CPR instructions provided

Background

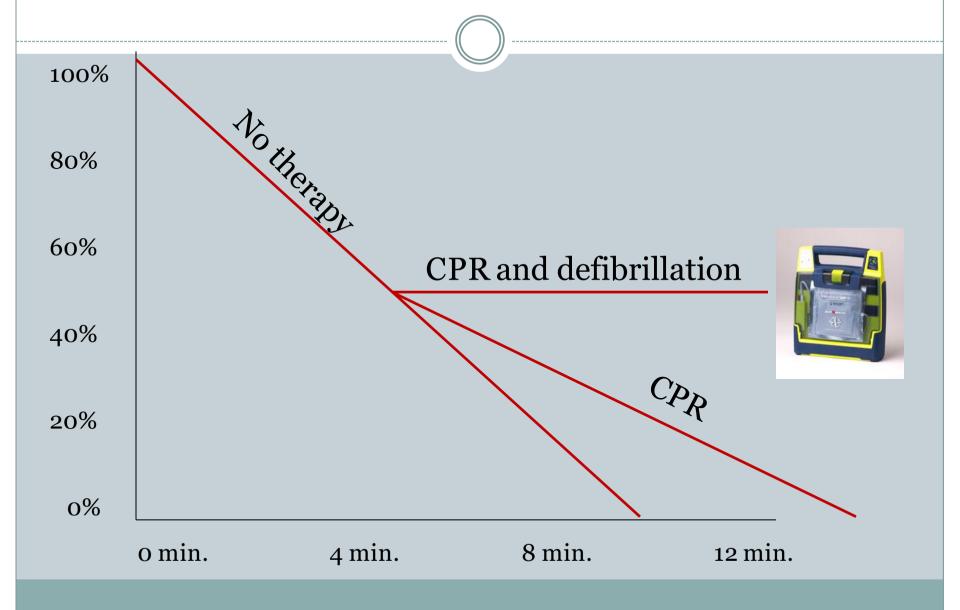
- Survival rates vary widelyamong locations but have been extremelylow in most environments
- Bystander CPR results in a doubling or tripling of survival from OHCA, yet BCPR rates across the countryremain unacceptably low (approx. 26%)

Temporal Trends in Survival from SCA



Sasson C. et. al. Circulation: Cardiovascular Quality and Outcomes, 2009

Determinants of Survival from OOH-CA



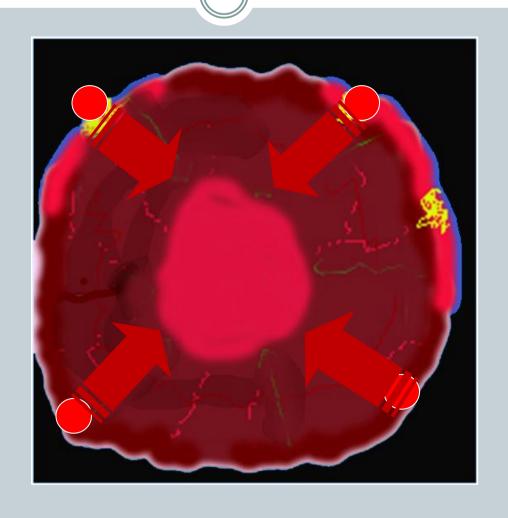


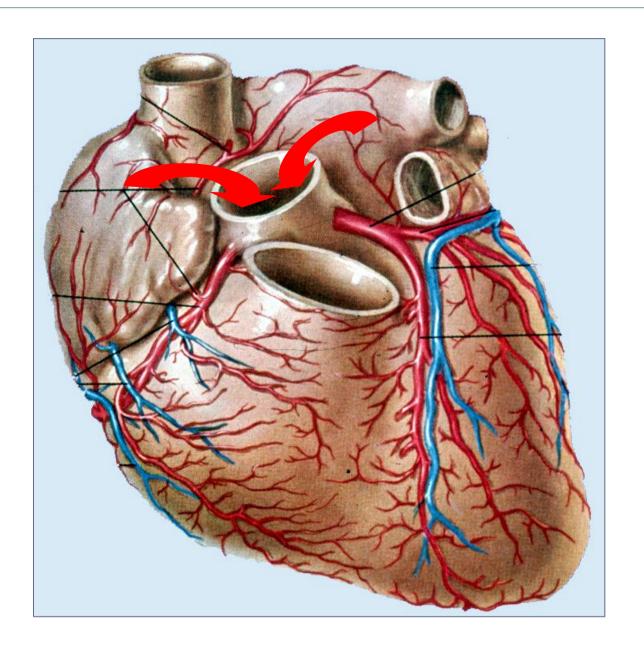
Compression-onlyCPR

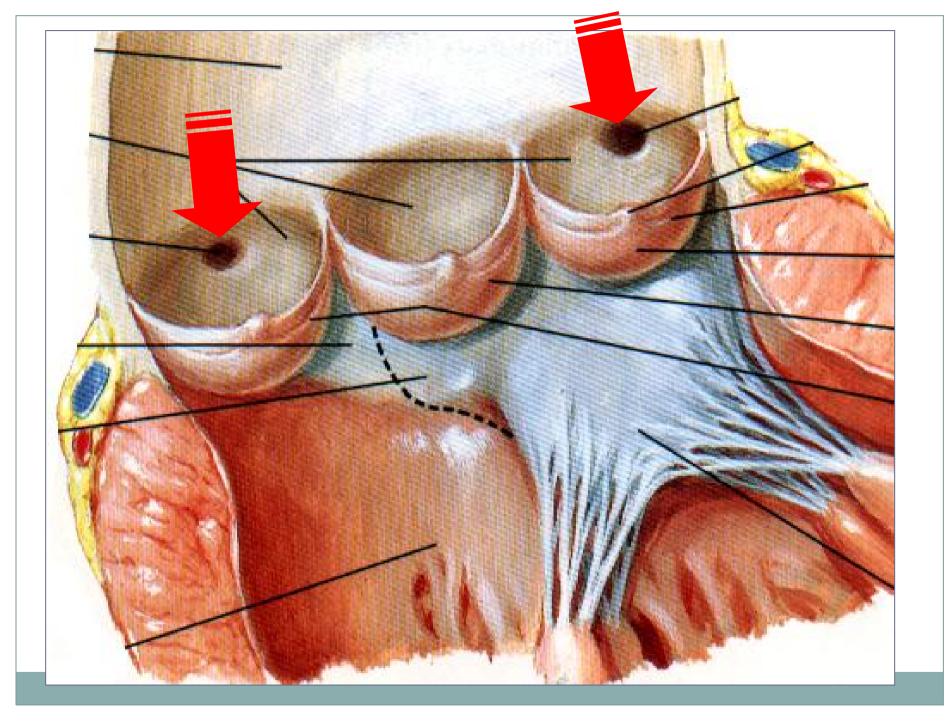
 In 2010, because of its simplicity and effectiveness, compression-only
 CPR became the official method to provide CPR to cardiac arrest victims



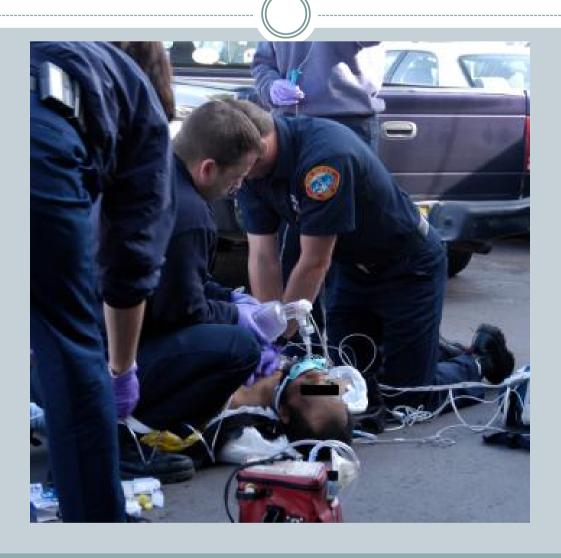
CoronaryPerfusion Pressure



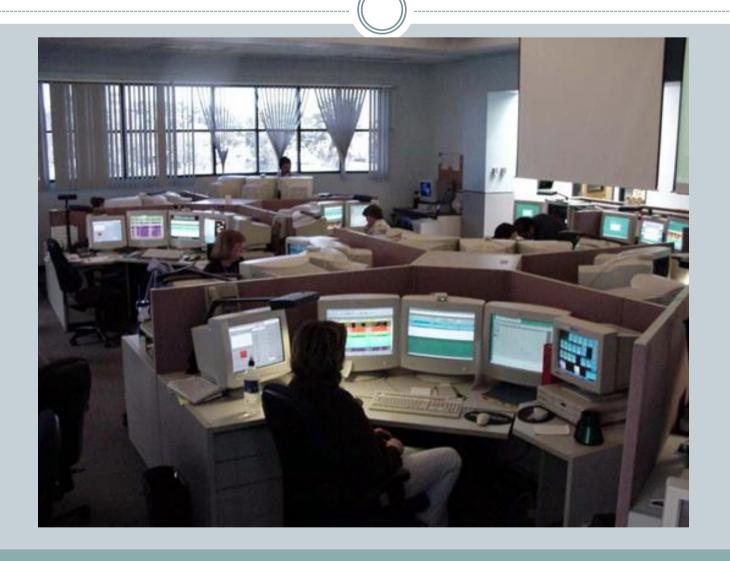




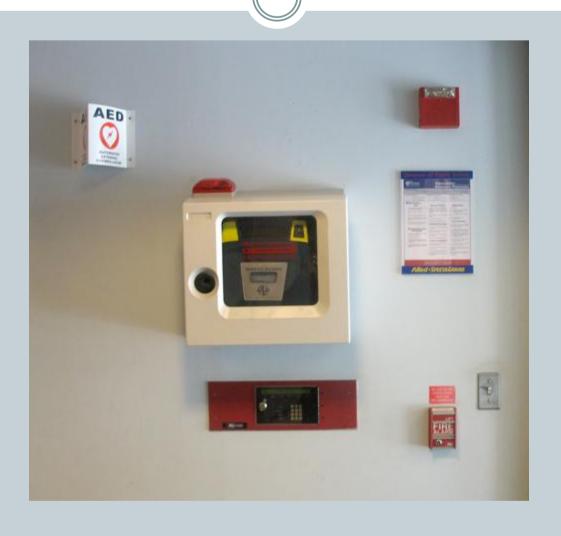
EMS sometimes too late



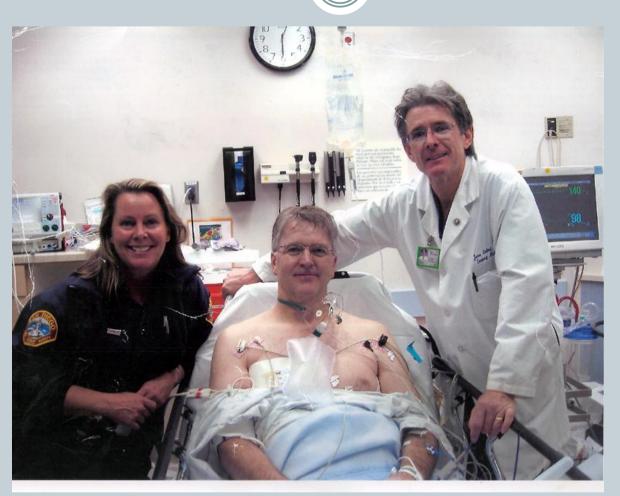
EmergencyMedical Dispatch Telephone CPR



San Diego Project Heartbeat



San Diego Project Heart Beat





MidwayMass CPR Training December 2010







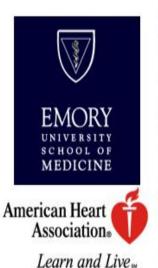


Welcome To:

Cardiac Arrest Registry to Enhance Survival (CARES)

Sponsored by:







Username:			
Password:		9	1
	Log In		

More information on Cares

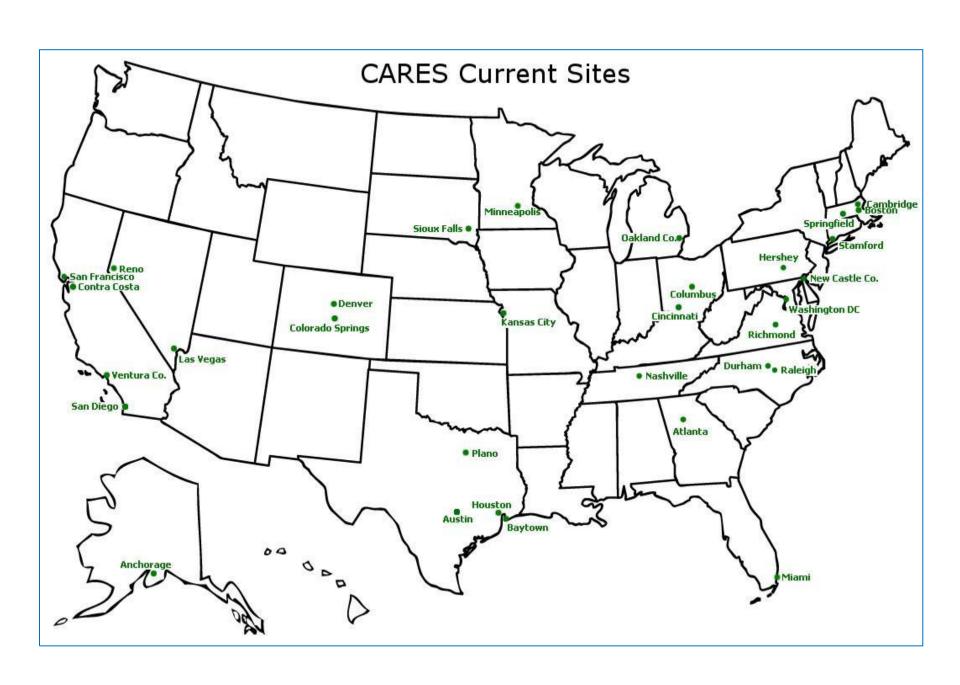
Press on Cares

Frequently Asked Questions

Current Cares Participants

CARES

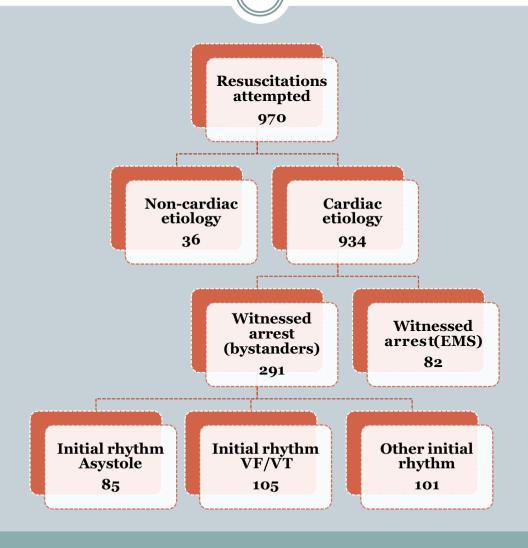
The Cardiac Arrest Registry to Enhance Survival (CARES) was initiated in October 2004 as a cooperative agreement between the Center for Disease Control and Prevention (CDC) and the Department of Emergency Medicine at Emory University School of Medicine to identify incidents of prehospital cardiac arrest.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



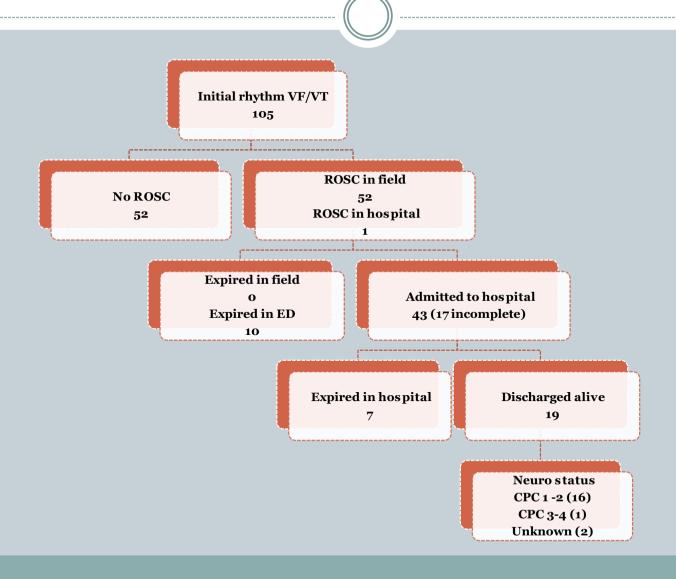
Cardiac Arrest Registryto Enhance Survival (CARES)

UTSTEIN SURVIVAL REPORT CITY OF SAN DIEGO V. NATION JULY 1, 2009 – JANUARY 31, 2011

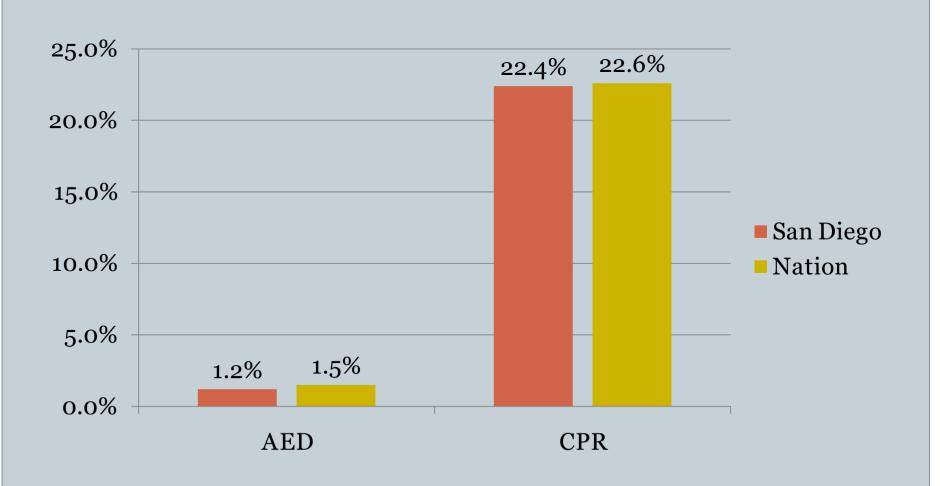
SCA: July 1, 2009 – January 31, 2011



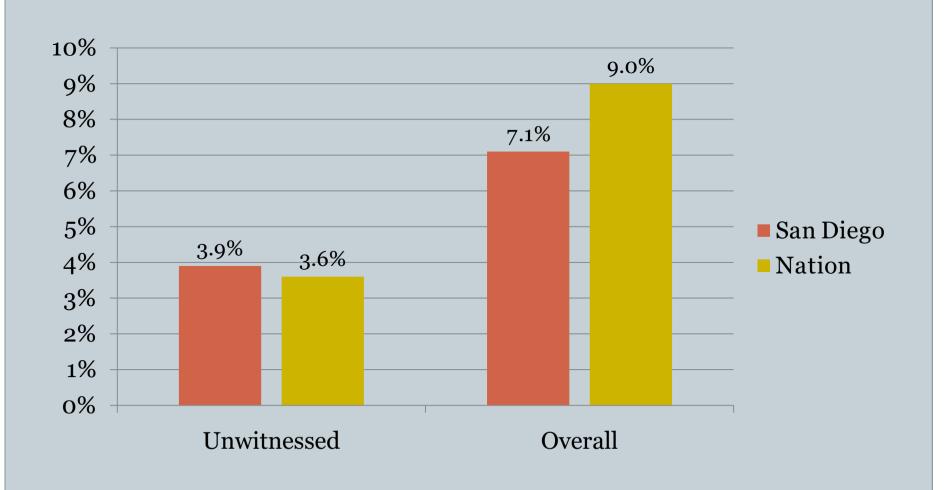
SCA: July 1, 2009 – January 31, 2011



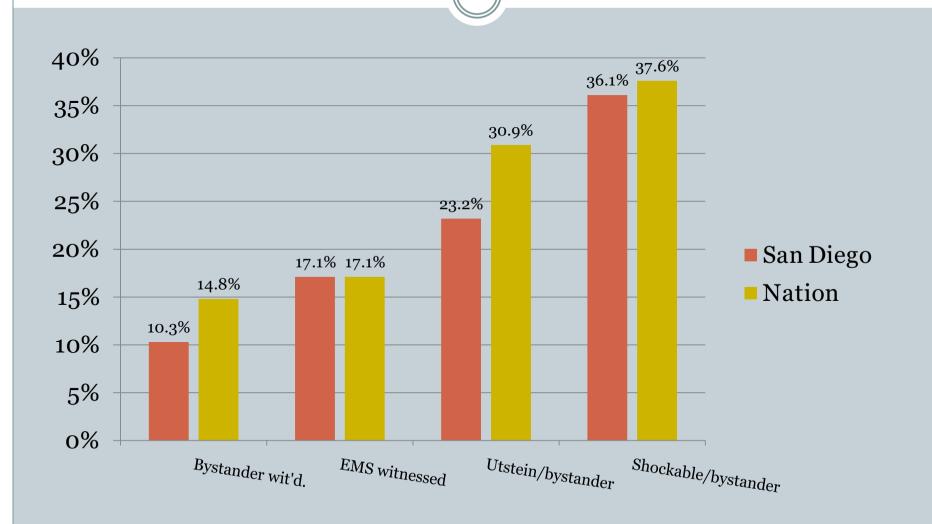
Bystander Interventions



Cardiac EtiologySurvival Rates



Cardiac Arrest Survival



Using GIS To Identify High-Risk Neighborhoods for Cardiac Arrest

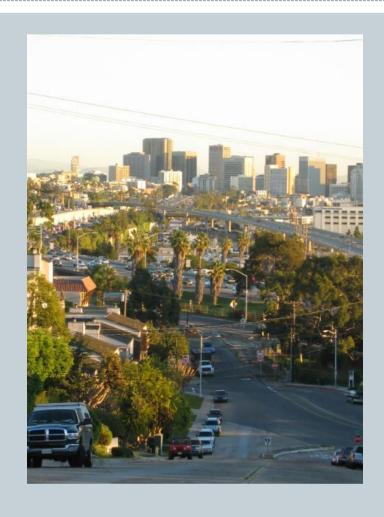
JOHN SERRA, MD

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UCSD DEPT. OF EMERGENCY MEDICINE

Traditional Approach to Impact of CPR

- Calculates benefit of CPR on individuals
- Does not take into account the impact of neighborhoods on outcome of OOH-CA

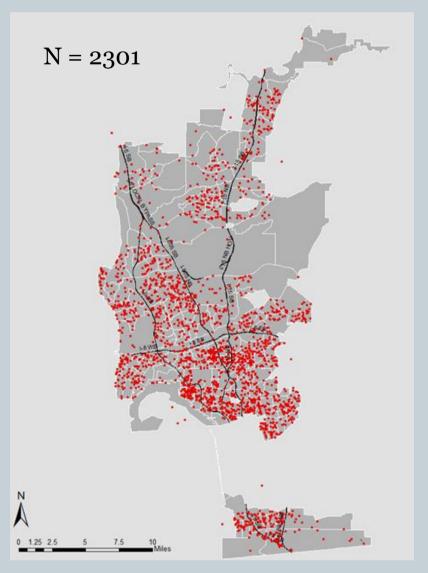


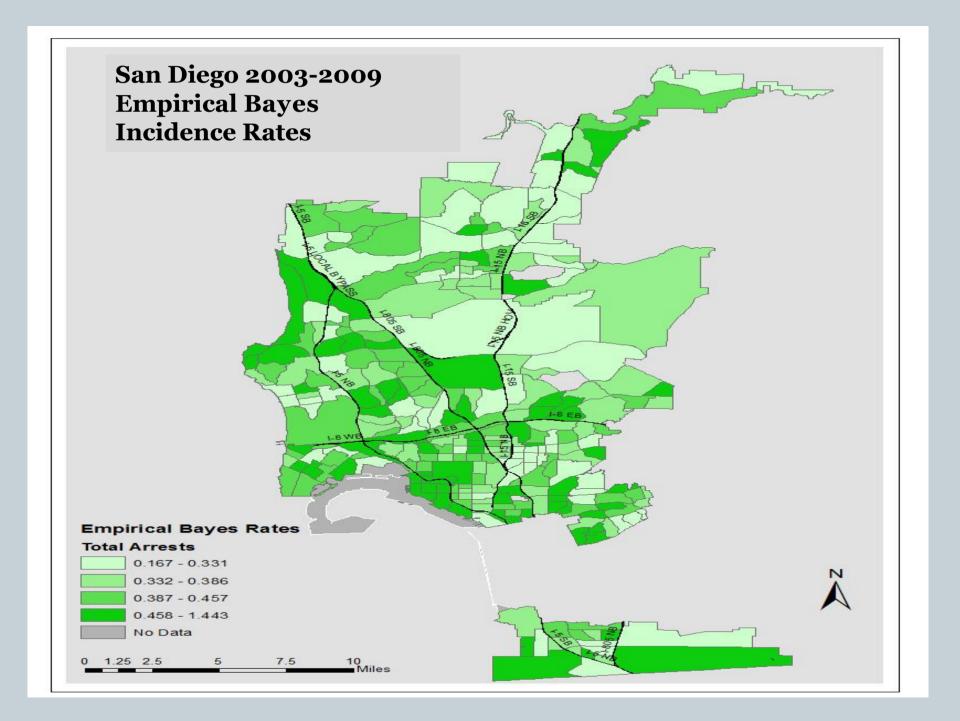
Neighborhoods Matter

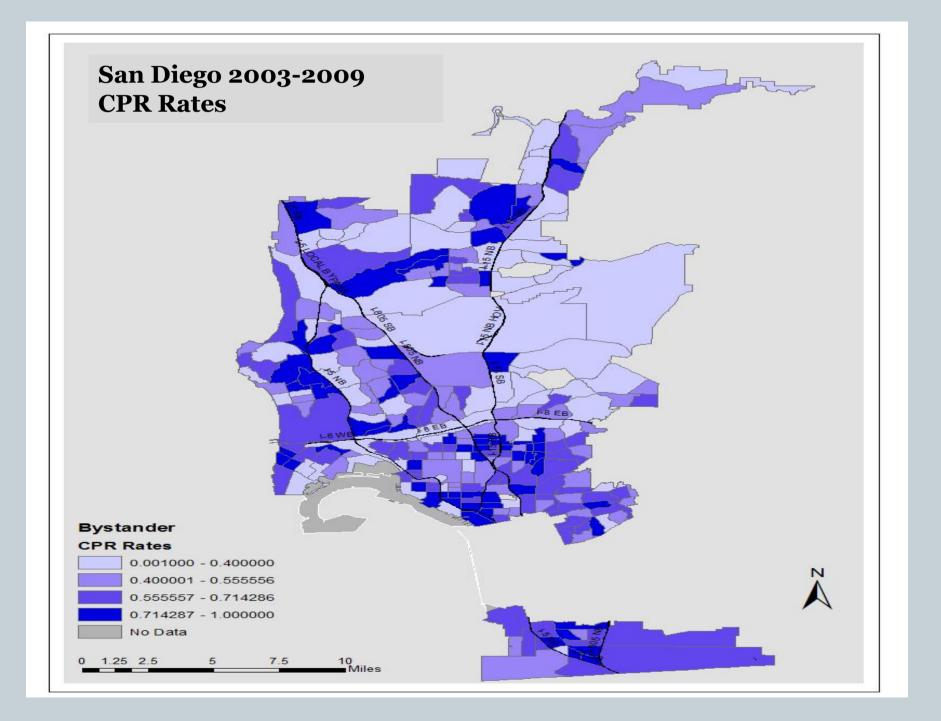
- Certain neighborhoods have 2-3 times the incidence of OOH-CA year after year¹
 - o and 1/5 the rate of bystander CPR
- Such "high-risk" areas are targets for focused intervention
 - Culturally focused training
 - PAD programs

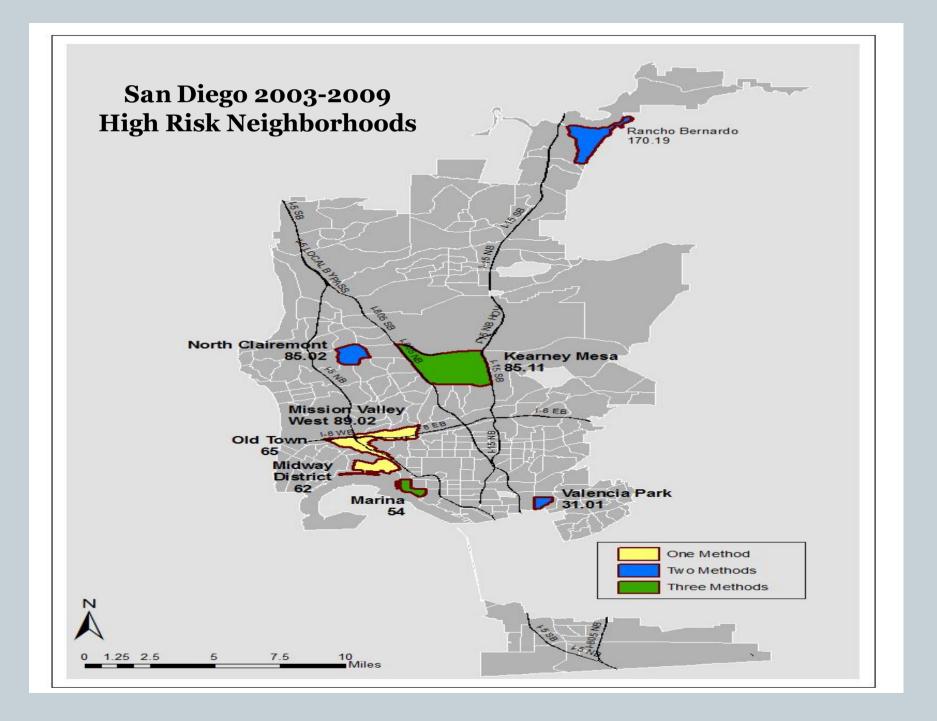
¹Sasson et. al. Annals of Internal Medicine 2010

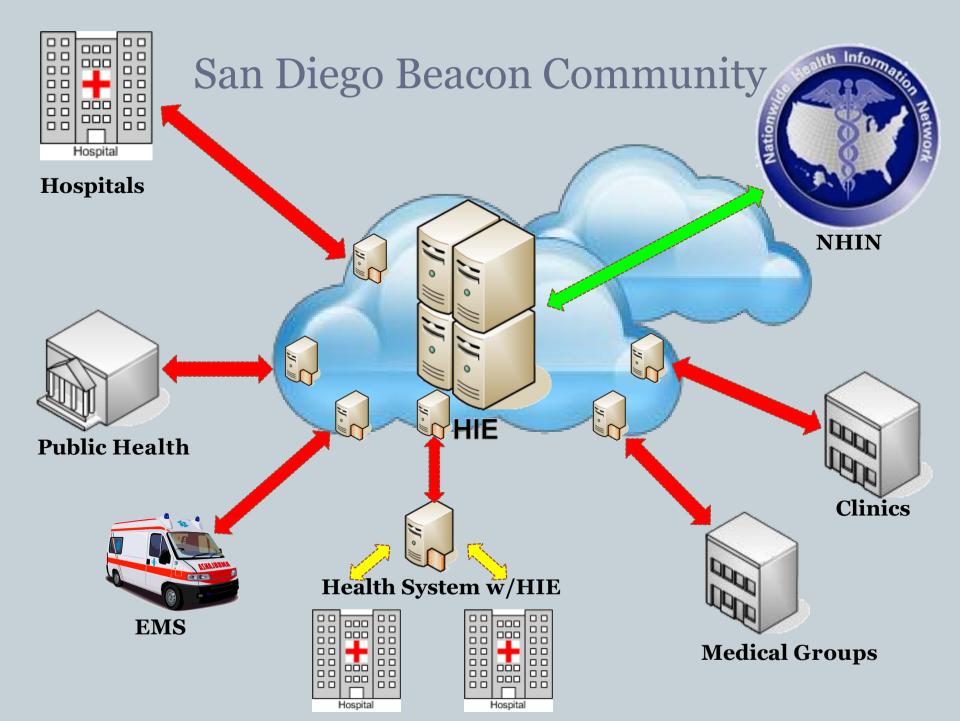
Sudden Cardiac Arrests 2003-2009

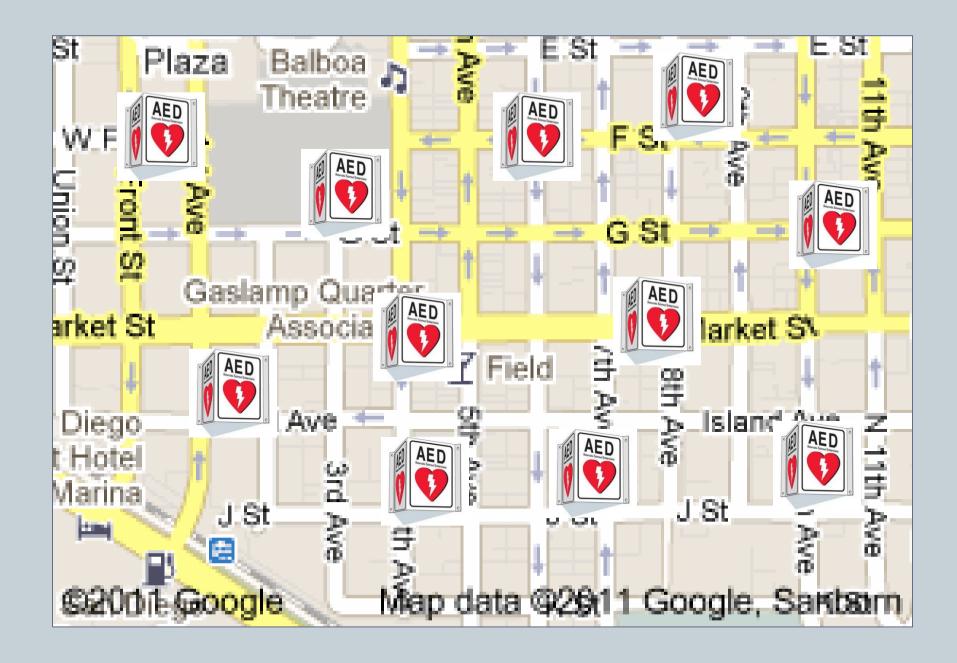














Proof of the Pudding

