

The CARES Report



May 2017

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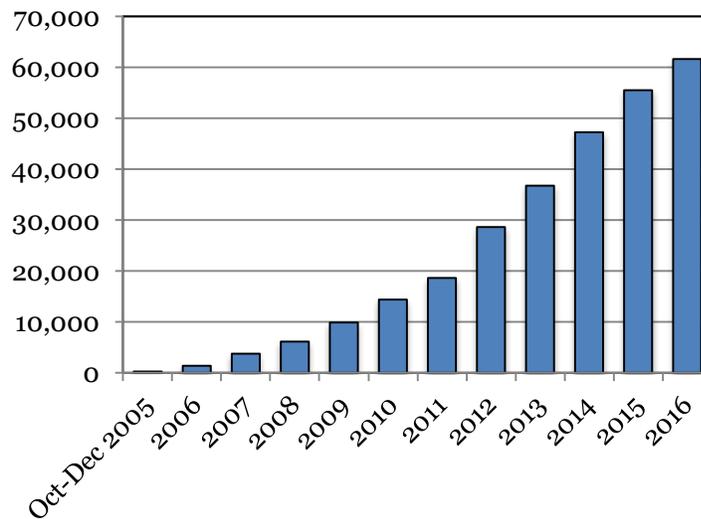
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Contact Us
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National Report Highlight

CARES would like to thank all participants for their hard work and effort toward the National Report this year. To date, CARES has a catchment area of 106 million or 33% of the US population, with more than 1,400 EMS agencies and 2,000 hospitals participating, including 64 communities in 23 states and 19 statewide participants. We are excited about the growth of the program and lives saved through measuring outcomes. Please see the updated annual call volume graph below and updated map.

CARES Annual Call Volume



Measure and Improve

Based on feedback from CARES participants and our partners, we created a “Measure & Improve” document that outlines resources for quality improvement opportunities. We hope this document assists in exploring potential tools to improve patient outcomes. Please talk to your CARES state coordinator or CARES national staff member for more details.



2016 Measure & Improve

OVERVIEW

By participating in CARES and measuring your community's response to cardiac arrest, you've taken an essential step toward quality improvement. Only through measurement can we make informed decisions and replicate best practices. The goal of this document is to supplement the CARES 2016 Annual Report by providing suggestions for evaluating your agency's performance and identifying potential areas for improvement. Below are two summary metrics to allow you to compare your community's bystander intervention rates against the national CARES rates.

	2016 National Average
Bystander CPR Rate	39.9%
Bystander PAD Rate	11.7%

GENERAL OHCA QUALITY IMPROVEMENT RESOURCES:

[Washington RA eBook: 10 Steps for Improving Survival from Sudden Cardiac Arrest](#)
[Washington Resuscitation Academy](#)
[HeartRescue Project](#)
[HeartRescue Sudden Cardiac Arrest Playbook](#)
[2015 CPR & ECC Guidelines](#)
[Institute for Healthcare Improvement: How to Improve](#)

THREE IMPROVEMENT STRATEGIES



Work with your dispatch center to implement Dispatcher-Assisted CPR

A dispatch center whose dispatchers assertively deliver CPR instructions over the telephone has the chain of survival firmly in its grasp, as this intervention can significantly raise bystander CPR rates in your community. Dispatchers should be trained to ask two critical screening questions: Is the patient conscious? Is the patient breathing normally? If the answer is no to both, the dispatcher should immediately begin CPR instructions.

In order to effectively measure dispatch performance, we recommend implementation of the CARES Dispatcher-Assisted CPR Module to educate and provide feedback to 911 communicators. The module collects the data elements below and includes a data export and standardized report.

- Was the need for CPR recognized?
- Were telephone-CPR instructions given?
- Were chest compressions started?
- Time to recognition of cardiac arrest, CPR instructions, and compressions

DA-CPR Resources:

[SHARE Telephone-Assisted CPR Training](#)
[Data Entry Training Webinar](#)
[Dispatchers & Call-Takers Resources](#)
[Telephone CPR Webinar](#)

World CPR Day

May 21-27 will be the 5th Annual American Medical Response (AMR) World CPR Challenge. During this week, volunteers will train bystanders in compression-only CPR and can report their numbers using <https://www.amr.net/cpr-training-results>. Since starting the challenge in 2013, AMR teams have trained nearly 235,000 people in compression-only CPR! Please visit www.amr.net for more information.

2017 Conferences

CARES staff had the pleasure of attending the South Carolina Resuscitation Academy, Metro Atlanta Conference, Summit Conference, and Monterey Resuscitation Symposium this year. A CARES program overview was presented to all audiences and allowed our staff to connect with participants across the country. We look forward to collaborating with additional EMS leadership conferences in the future and raising awareness about the program.

Latest News

CARES would like to know about any news stories, articles, or topics that are relevant to the CARES dataset, resuscitation science, or the EMS network occurring in your community or state. The “Latest News” section of the CARES website is used to highlight these stories and our participants. Please contact Julie Mayo, jsmayo@emory.edu, if you are interested in submitting a story.

Software Updates

CARES released a number of software updates in early April. Please see below for details about these enhancements:

Etiology update

In alignment with NEMESIS v3, CARES has updated our answer choices for Presumed Cardiac Arrest Etiology. We have added two new answer choices (Exsanguination/Hemorrhage and Drug Overdose) and made labeling changes to two existing choices (Drowning/Submersion and Respiratory/Asphyxia). We’ve made all appropriate downstream updates to the search pages, exports, “Non-Traumatic CARES Cases” filters, and hospital logic to ensure that all non-traumatic CARES cases are still sent to hospital users’ Dashboards for outcome entry. No action is required by ePCR vendors, as the new values match eArrest.02 in NEMESIS v3.

Location Type and Etiology Definitions have been added to the CARES form

PDFs of the Data Dictionary pages have been added below these two CARES data elements for easy reference during data entry or QA.

Utstein Report – Bystander AED use

The Bystander Intervention Rate box on the Utstein Report has been updated to reflect “**Public AED Use**” only. The report footnotes and CARES Reports User Guide have been updated accordingly.

Updates to audit algorithm

- Pediatric arrests that occur in a nursing home will be flagged for review/feedback.
 - Lay person AED use in Home/Residence will be flagged for review/feedback.
 - “Other” EMS Interventions (mechanical CPR, airway, ITD, drugs) will be flagged when the free text field is left blank.
 - Coronary angio date/time will be flagged if it is prior to the date/time of arrest.
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CARES Partners

