

Improving Survival from Sudden Cardiac Arrest in Central Ohio

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Objectives

- Describe current initiatives in Columbus, OH
- Describe future initiatives for Columbus and Central Ohio

Disclosures

- Research funding from American Heart Association
 - Scientist Development Grant #0835250N
- No financial conflicts to disclose

Survival from OHCA has increased since 2004

- Survival to Discharge 2004
 - 4%
- Survival to Discharge 2009
 - 10%

Take Heart Columbus

- Developed in 2004
 - Sayre, White
- Collaboration with 3 other sites
 - Austin, TX
 - St. Cloud, MN
 - Amoka County, MN
- Multifaceted approach
 - Public Education, Bystander CPR
 - AED Deployment
 - EMS Training, Quality Improvement
 - **Post-Resuscitation Care**

Post Resuscitation Care

- OSUMC
 - Initiated Therapeutic Hypothermia Protocol in 2007
- Initially for OHCA VF/Pulseless VT
 - Now encouraged to implement for ALL Cardiac Arrests with ROSC

TH by EMS

- Columbus Fire Department
 - Initiated Therapeutic Hypothermia Protocol in 2008
- Goal is to improve outcomes, increase the number of patients who receive TH
 - All receiving hospitals in Columbus now have TH capabilities and/or protocols

Unanswered Questions

- Use of TH for IHCA?
- Consistency of Eligible Patients receiving TH?
- Use of TH in smaller hospitals outside of city of Columbus?
- Use of TH Cost Effective?

Collaboration with OHA

- Central Ohio Quality Collaborative
 - Captures data on AMI, CHF, Pneumonia patients in 17 hospital in Central Ohio
- Capture data on OHCA and IHCA Patients
 - Use of TH as well as PCI in SCA patients

Proposed Project

- Assess the Variability in use of TH and PCI in IHCA and OHCA
- Describe the Outcomes of those who do and do not receive TH and PCI
- Test the cost effectiveness of TH and PCI in IHCA and OHCA

Goals

- Develop Clinical Best Practices to be shared across Central Ohio
- Develop a Statewide Cardiac Arrest Network
- Evidence Based Guidelines in Development of Resuscitation Centers

How does this impact Cardiologists and Cardiovascular Specialists?

- Ensure patients are receiving the most effective therapy consistently
- QA initiatives improve outcomes for other conditions
 - Likely will do the same for SCA
- Develop protocols and flow sheets to assist in standardizing care
 - Ease of application
 - Improve Outcomes



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