# Chicago *CARES* about OHCA: 2018 Update



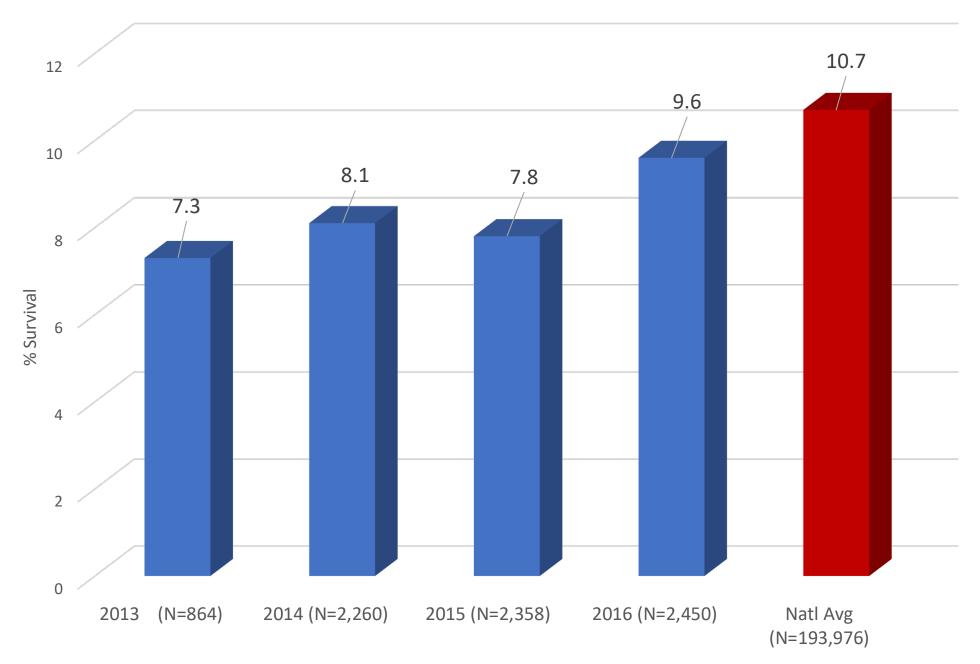
Joseph Weber, MD
EMS Medical Director
Chicago West EMS System
Associate Professor of Emergency Medicine
Cook County Hospital, Chicago IL





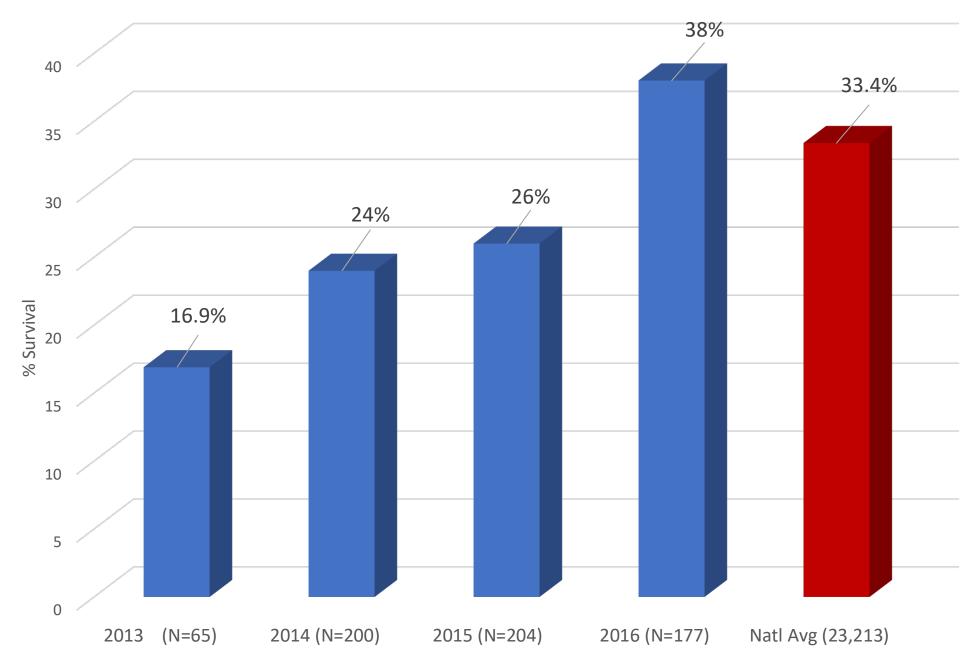


### **Overall Survival Rates**



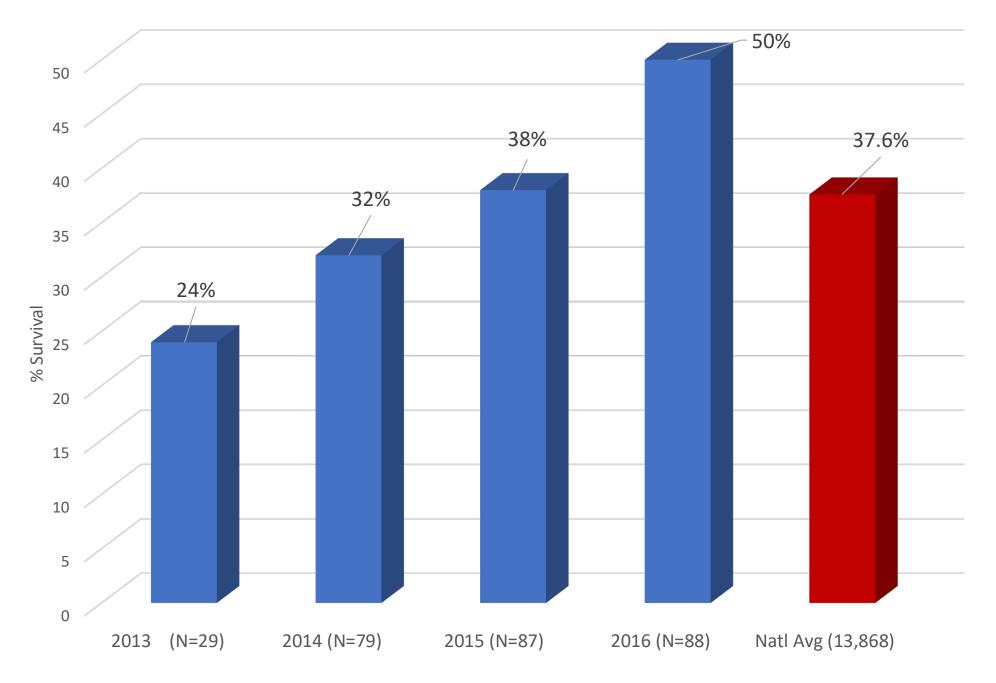


#### **Utstein Survival Rates**





## **Utstein-Bystander Survival Rates**





# Systematic Change

2011

Protocol Change 2013

CARES Registry 2015

Field
Termination
of
Resuscitation













2012

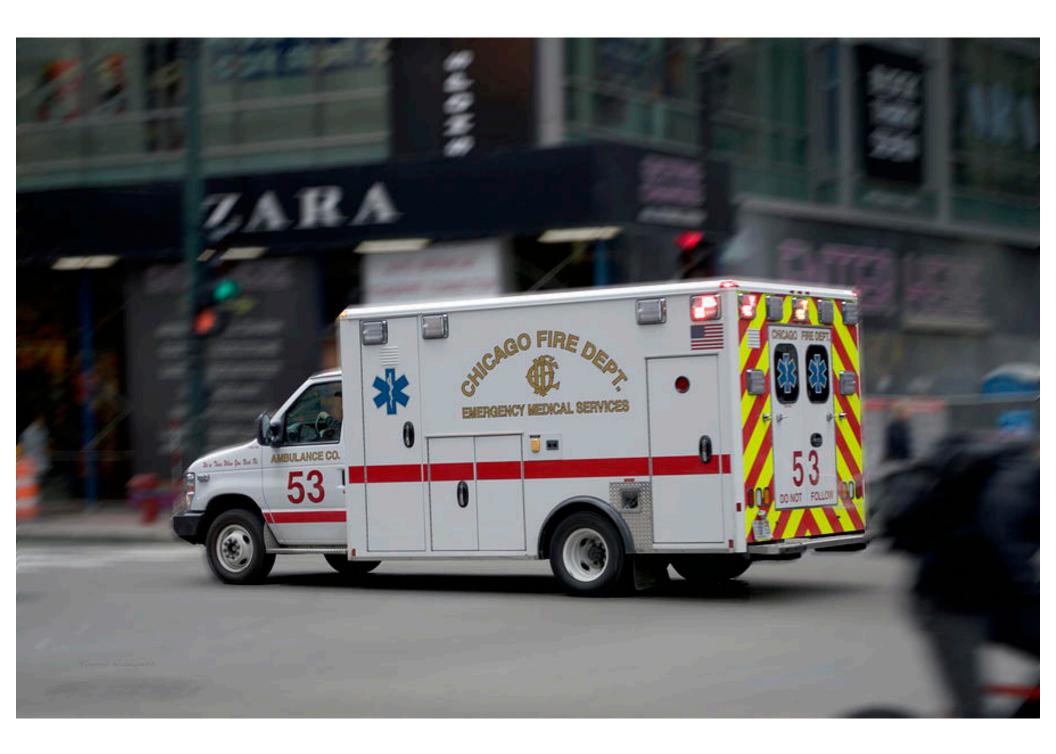
Simulation training

2014

Dispatch CPR 2016

Cardiac Arrest System of Care





# Feedback



ADVOCATE ILLINOIS MASONIC MEDICAL CENTER
JOHN H. STROGER JR. HOSPITAL OF COOK COUNTY
NORTHWESTERN MEMORIAL HOSPITAL
UNIVERSITY OF CHICAGO MEDICAL CENTER

Date: xxx

Paramedic/EMT xxx,

As part of our regular Continuous Quality Improvement (CQI) process, we have reviewed the cardiac arrest you participated in on xxxx as a member of (Ax, Ex, Tx). The Chicago Region XI EMS System is focused on providing excellent prehospital care and optimizing patient outcomes for out-of-hospital cardiac arrest. Our objective in providing feedback is to both 1) Highlight areas of high performance and 2) Identify opportunities for improvement. Based on the Lifepak cardiac monitor data you uploaded into CodeStat, we have compiled the attached quality improvement report on the resuscitation.

**Case summary:** 48 year old male witnessed arrest by family with bystander CPR. Initial rhythm ventricular fibrillation, shocked x 2 with ROSC and transport to University of Chicago

#### Performance Goals ("x" indicates successful completion):

Minimal CPR Interruptions	Correct Drug Use and Dose
Compression Ratio > 80%	☐ Epinephrine every 3-5 minutes
Pre- and post-shock pause < 10 seconds each	☐ Amiodarone for refractory shockable rhythms
Quality Compressions	ETCO2 Waveform Analysis
Compression Rate 100-120/minute	Use of ETCO2
Use of Metronome	☐ Ventilation rate 10 breaths/minute (after airway placed)
Accurate Rhythm Analysis	ROSC Achieved? Yes ☐ No ☐ If Yes:
Identified shockable rhythm promptly	12 lead EKG obtained and transmitted
	Therapeutic hypothermia addressed
Defibrillation	Resuscitation Outcome
Within 1 minute of monitor on time	Field termination considered for appropriate patients
Every 2 minutes while in shockable rhythm	Transported to STEMI Receiving Center

Case Strengths: Early defibrillation, use of metronome

Case Opportunities: Some pauses in compressions likely due to attempts to intubate, recommend use of King Airway as initial attempt

These performance goals are key components to managing a cardiac arrest and improving survival. Your event summary is included to review details of the case.

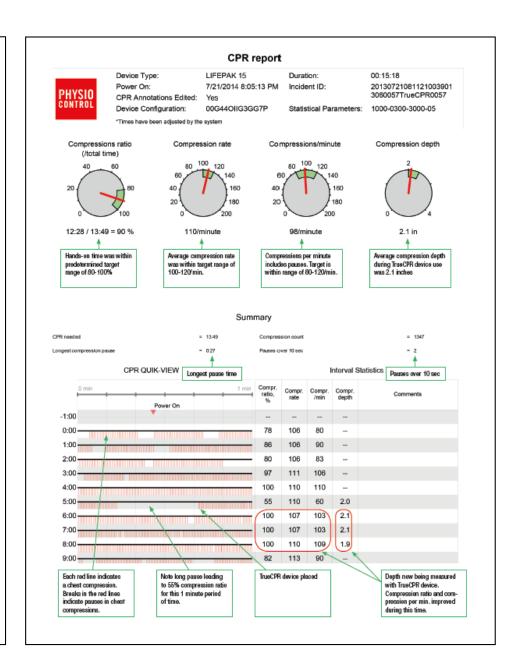
If you have any questions regarding this report, please contact Matt Strzalka, EMT-P (mstrzalka@cookcountyhhs.org).

Best regards,

Region XI EMS Medical Directors Consortium

Continuous Quality Improvement (CQI) Subcommittee

This information is for Quality Improvement and should remain confidential pursuant to the Illinois Medical Studies Act









# Thank you

jweber@cookcountyhhs.org