Top Ten Things To Know about Implementation Strategies for Improving Survival After Out-of-Hospital Cardiac Arrest (OHCA) in the United States: Consensus Recommendations from the 2009 AHA Cardiac Arrest Summit

1. The estimated annual incidence of OHCA in the United States is between 235,000 to 325,000.

2. The median survival to hospital discharge after OHCA has at least a 5-fold regional survival variation in the US.

3. Optimizing implementation is the action most likely to result in widespread improvement in survival after OHCA.

4. Ongoing comprehensive surveillance of OHCA events and outcomes through hospital discharge is necessary to identify opportunities for improvement so that all communities can achieve higher rates of survival.

5. The most important barrier is the absence of a national system to continuously monitor and report OHCA incidence, process variables, and outcomes.

6. One solution proposed is to make OHCA a reportable event.

7. Culture change and novel training strategies are needed so that it becomes unacceptable for a patient with a witnessed cardiac arrest not to receive bystander CPR.

8. For EMS providers, modification of training to prioritize the most effective interventions and case-by-case feedback on process and outcome variables are likely to be most effective.

9. Optimized post–cardiac arrest care is resource-intensive and not feasible in every hospital that receives EMS patients.

10. A proposed solution is the development and certification of specialized cardiac resuscitation centers.