Top Ten Things To Know
Regional Systems of Care for Out-of-Hospital Cardiac Arrest (OOHCA)

1. The annual incidence of OOHCA in the United States is approximately 295,000.
2. Survival for OOHCA has at least a 5-fold regional variation in the US.
3. This policy statement describes the rationale and essential elements for implementing an OOHCA regional system of care.
4. Although care during an arrest has been the primary focus of clinical research and resuscitation guidelines, more recent efforts have shown the impact of post–arrest care on outcomes.
5. Post arrest care treatments, such as therapeutic hypothermia, PCI, and ICDs, can improve post-arrest outcomes.
6. With low rates of OOHCA resuscitation in many communities, hospital providers often have limited experience treating post-arrest patients and limited opportunities to optimize treatment protocols or patient outcomes.
7. Post cardiac arrest care strategy should include these elements:
   a. Therapeutic hypothermia
   b. Coronary angiography and PCI
   c. Early stabilization of hemodynamics
   d. Ability to manage re-arrest
   e. Reliable prognosticating of patients (in era of therapeutic hypothermia)
   f. EP studies prior to discharge to assess and treat patients with lethal arrhythmias
8. In clinical practice there is a positive correlation between higher provider experience or procedural volume with improved outcomes.
9. The proposed essential elements of regional systems of care for OOHCA are
   g. Medical direction
   h. External certification
   i. Field triage of patients with return of spontaneous circulation
   j. Plan for and treatment of re-arrest
   k. Continuous quality improvement plan to monitor, report and set goals to improve outcomes
   l. Reimbursement plan for participation
10. There is insufficient evidence to recommend for or against pediatric OOHCA regional systems of care.

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http://circ.ahajournals.org/cgi/reprint/CIR.0b013e3181cdb7dbv1

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