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BEFORE FIRST TWO MINUTES: A QUALITY IMPROVEMENT PROJECT AIMED AT DECREASING THE TIME TO DEFIBRILLATION FOR IN-PATIENTS AT HIGH RISK OF HAVING A CARDIAC ARREST

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Introduction: The time from cardiac arrest to the administration of Cardiopulmonary resuscitation (CPR) and defibrillation greatly influence the outcome of in-patient cardiac arrest. Both the time to defibrillation and the start of CPR could be influenced by several factors. In order to cut down on these barriers to a successful code, we administered pre-code readiness training to the hospital staff with various backgrounds and level of responsibilities.

Aim: The goal of our program was to reduce the response time to in-hospital cardiac arrest by focusing on the factors which have been reported to increase the response time such as lack of a vascular access, equipment malfunction or even discrepancies in alerting hospital-wide resuscitation response.

Methods: Twelve questions were prepared to address the main aspects that could reduce the time to defibrillation and contribute to the success of a code. A total of 125 volunteers were trained. First they completed the 12 question questionnaire. Next, they completed training on how they could assist in preparing a deteriorating patient or a patient at high risk of having a cardiac arrest. Lastly, they were placed in a simulated patient room and a real life situation was simulated.

Results: Prior to the training, 968 answers to these questions were correct. After the training, 1484 answers were correct (Value is < 0.00001). The difference in the correct answers before and after the training was statistically significant for each of the questions.

Conclusions: Too much valuable time is wasted at the beginning of a code. The hypothesis is that recognizing a patient at a high risk of having a cardiac arrest and preparing the patient and his environment to a cardiac arrest may lead to a better outcome. This training program covered the most common aspects that could contribute to rapid intervention and consequently a successful code.

Biography

Joyce Akwe completed her Residency training and a Chief Resident Year at Morehouse School of Medicine in 2010. After that, she joined as Medical Staff at Atlanta VA Medical Center. She also joined as Faculty at Emory University School of Medicine in 2010. Currently, she is an Associate Professor of Medicine at the Emory University School of Medicine. She is the Assistant Chief of Hospital Medicine at the Atlanta VA Medical Center. Her interests are Quality Improvement in Medicine, Medical Education and Medical Simulation. She is the Lead for Simulation at the Atlanta VA Medical Center. She has completed and published more than 60 peer reviewed articles, abstracts or book chapters. She has created several evidence based order sets for the Atlanta VAMC. She is the Clerkship Director for Morehouse School of Medicine internal medicine clerkship rotation at the Atlanta VA Medical Center.

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