

# TEXAS CARES



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# CARES Funding Partners

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- American Red Cross
- American Heart Association
- Emory University
- Medtronic Philanthropy
- Zoll Corporation
- CDC (2004-2012)

# CARES Mission Statement

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To help communities determine standardized outcome measures for out-of-hospital cardiac arrest allowing for quality improvement efforts and benchmarking capability to improve care and increase survival.

# CARES Vision Statement

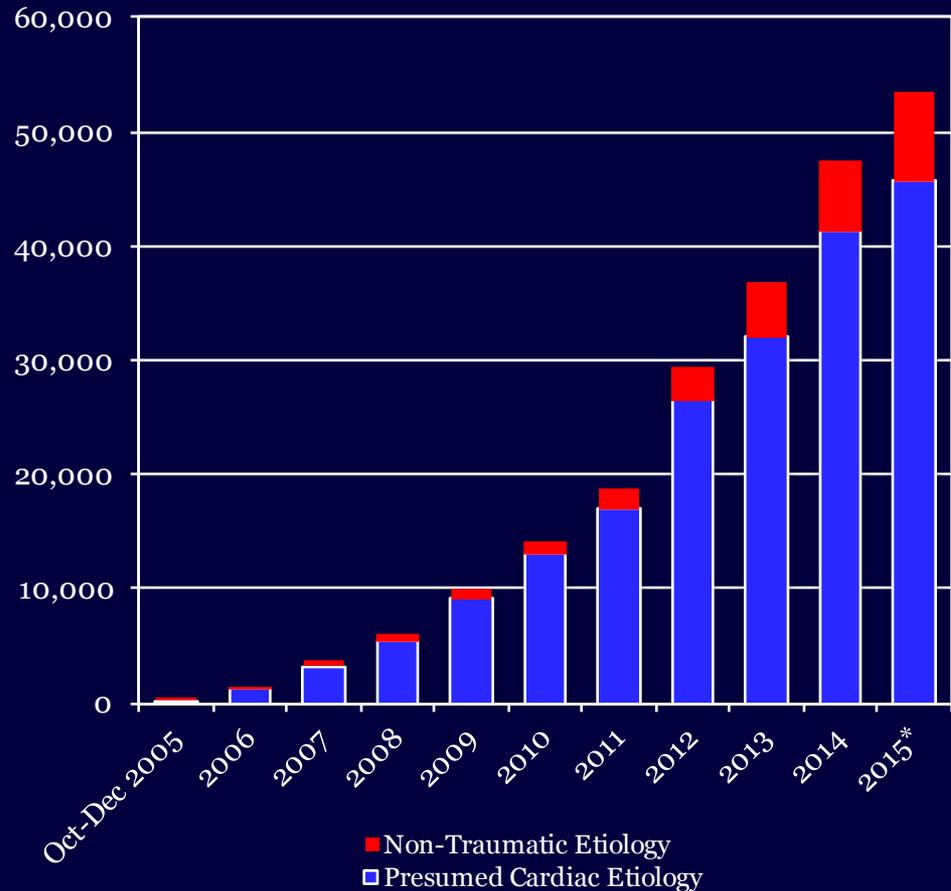
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To become the standard out-of-hospital cardiac arrest registry for the United States allowing for uniform data collection and quality improvement in each state and nationally.

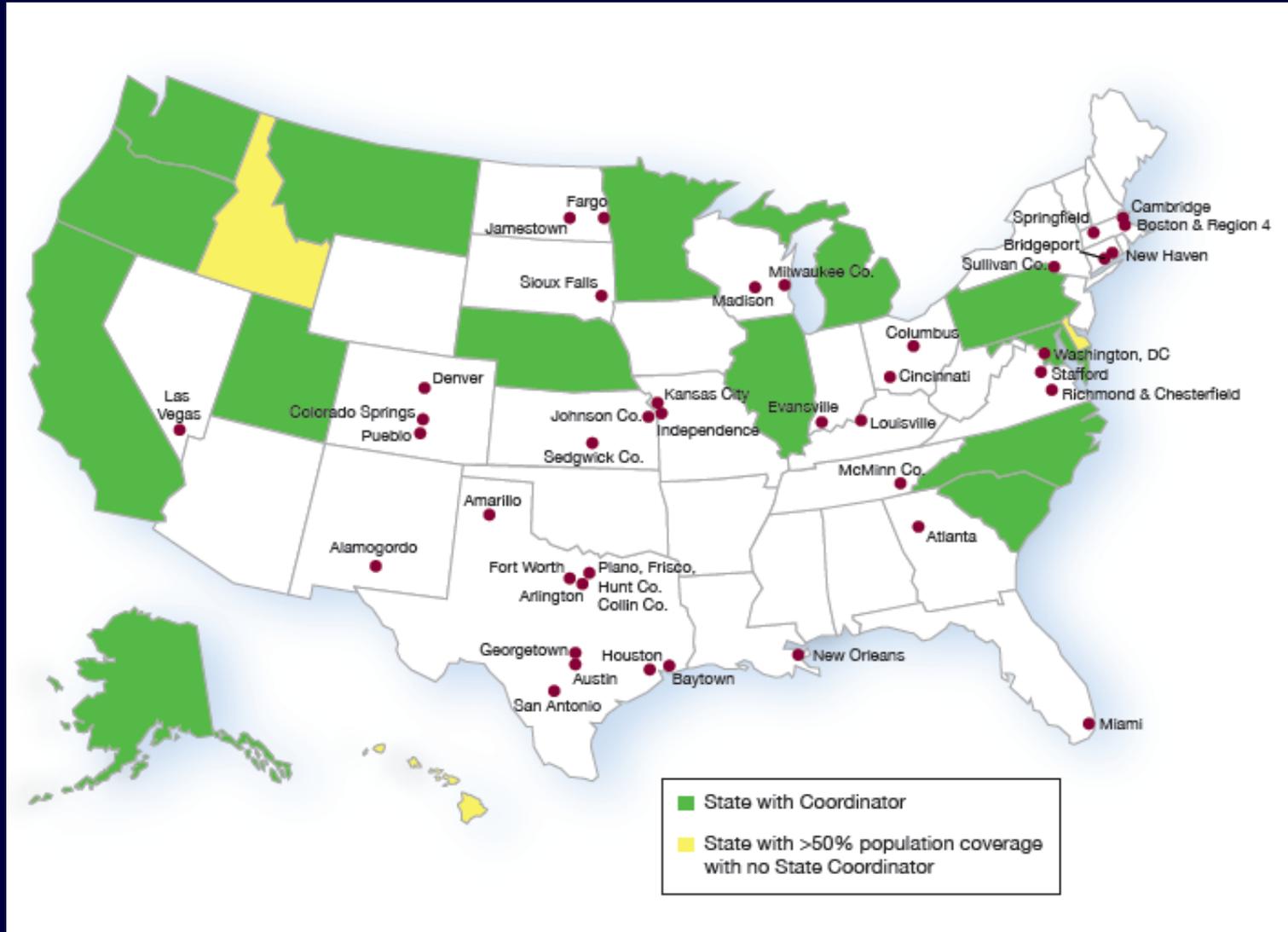
# 2015 Footprint

- Over 90 million
- 28.72% US population
- > 1,100 EMS Agencies
- > 1,500 Hospitals
- 50 communities in 22 states
- 15 statewide participants

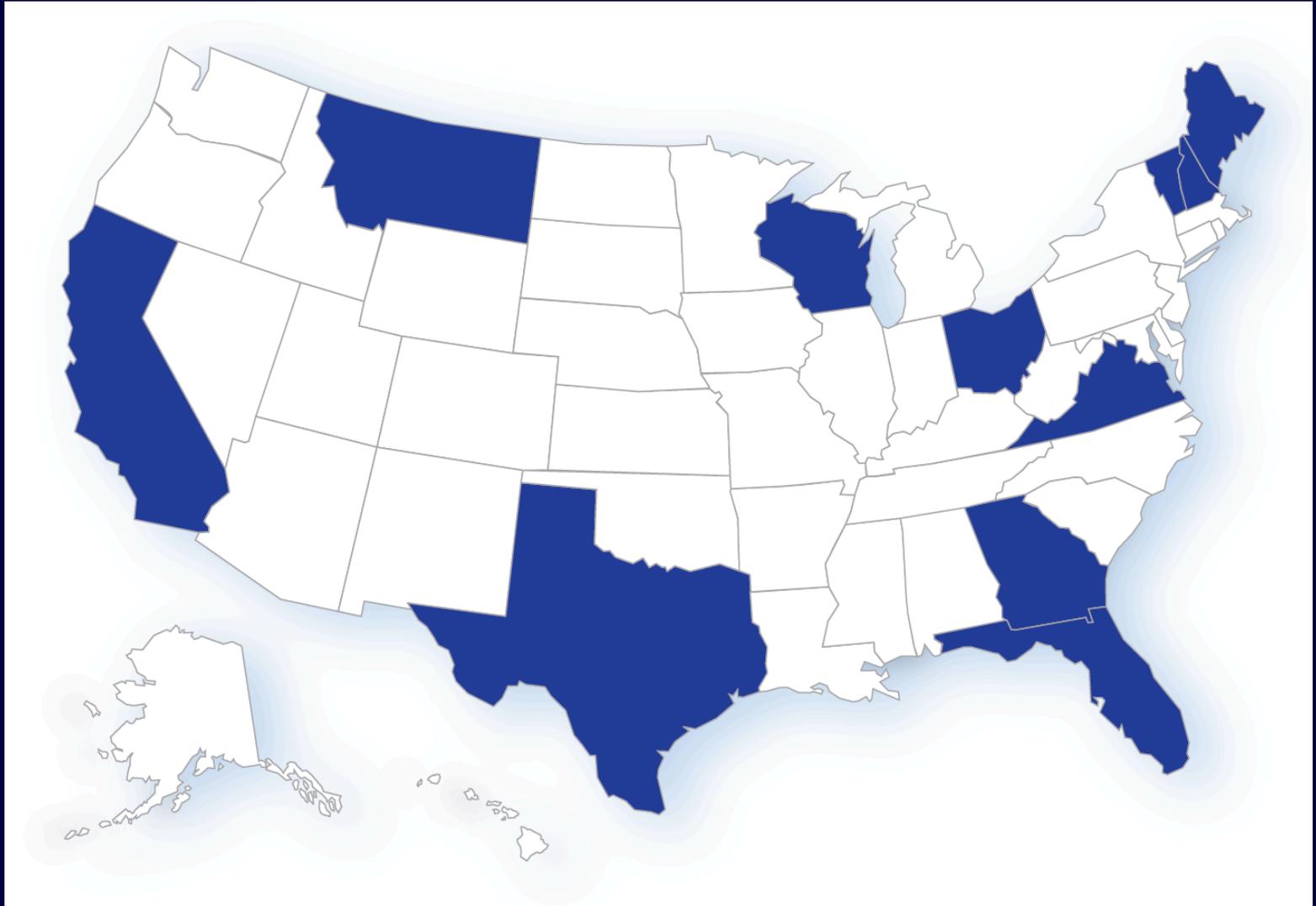
## CARES Annual Call Volume



# CARES Participant Map



# Focus States



# Building a National Registry

## Community

- Allows stakeholders to identify who, when & where of OHCA
- Provides measurement tool for quality improvement with minimal burden to local EMS agencies and hospitals



## State

- Allows for additional benchmarking opportunities
- Local support from CARES-supported & trained coordinator



## National

- Increased emphasis on OHCA data collection
- Need for a national registry



# IOM Recommendations

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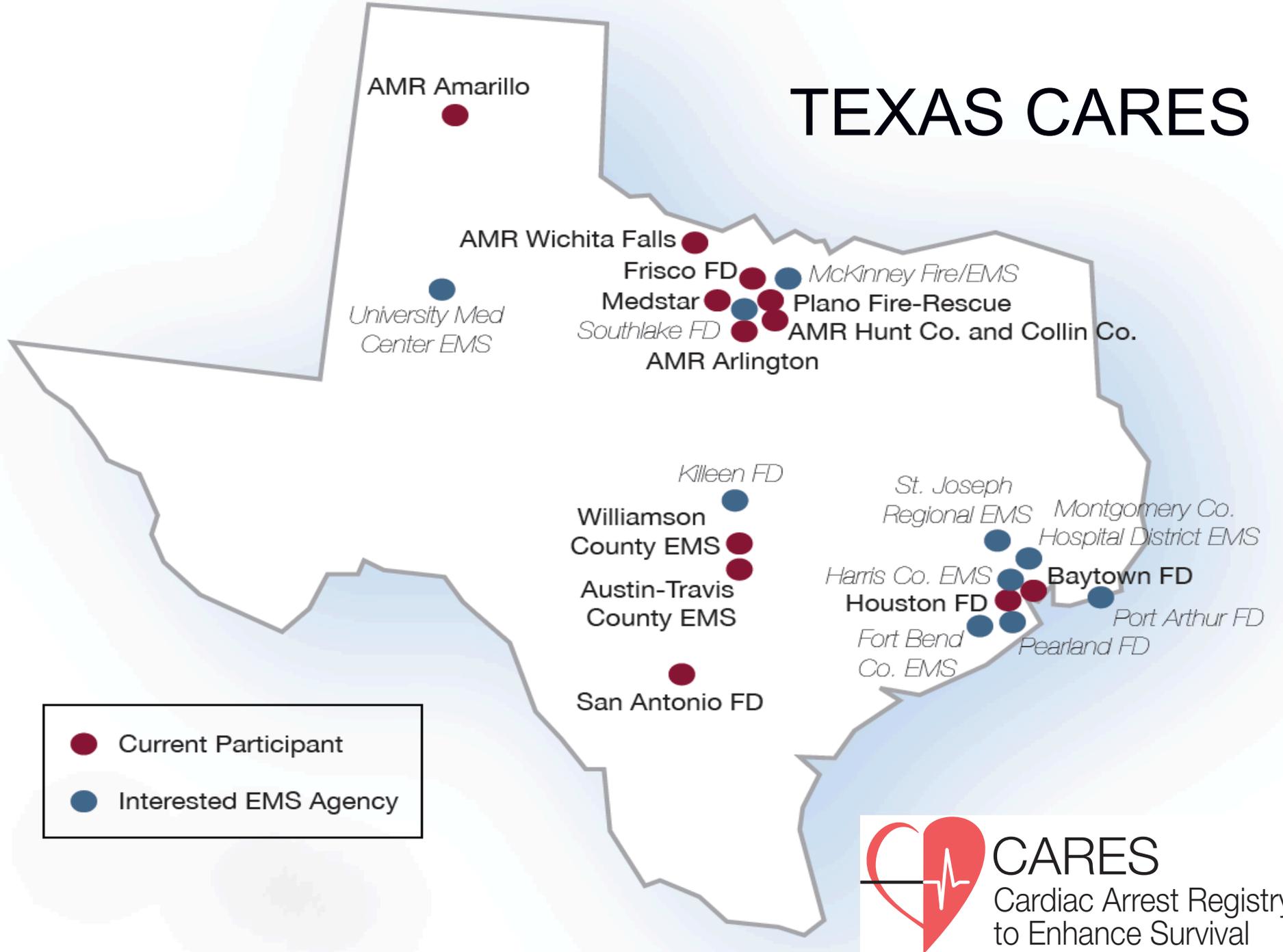
1. **Establish a National Cardiac Arrest Registry**
2. Foster a Culture of Action Through Public Awareness and Training
3. Enhance the Capabilities and Performance of Emergency Medical Services (EMS) Systems
4. Set National Accreditation Standards Related to Cardiac Arrest for Hospitals and Health Care Systems
5. Adopt Continuous Quality Improvement Programs.
6. Accelerate Research on Pathophysiology, New Therapies, and Translation of Science for Cardiac Arrest
7. Accelerate Research on the Evaluation and Adoption of Cardiac Arrest Therapies
8. Create a National Cardiac Arrest Collaborative

# **IOM Recommendation to Establish a National Registry**

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**“The Centers for Disease Control and Prevention (CDC)—in collaboration with state and local health departments—should expand and coordinate cardiac arrest data collection through a publicly reported and available national cardiac arrest registry, including both out-of-hospital cardiac arrest (OHCA) and in-hospital cardiac arrest (IHCA) data, to help increase federal and state accountability for current system performance and promote actions to improve cardiac arrest outcomes.”**

# TEXAS CARES



● Current Participant  
● Interested EMS Agency



**CARES**  
Cardiac Arrest Registry  
to Enhance Survival

# CARES 2015

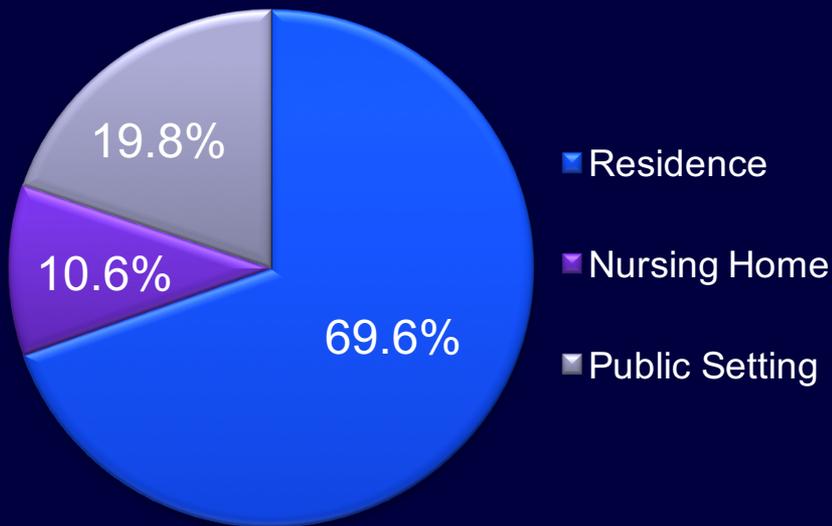
## Texas Report Summary

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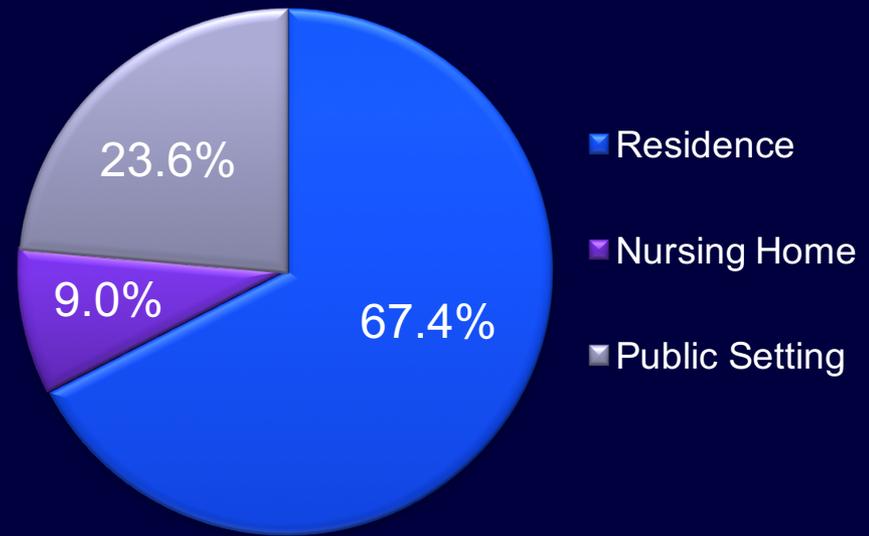
# Location of Arrest

## National



N=53,831

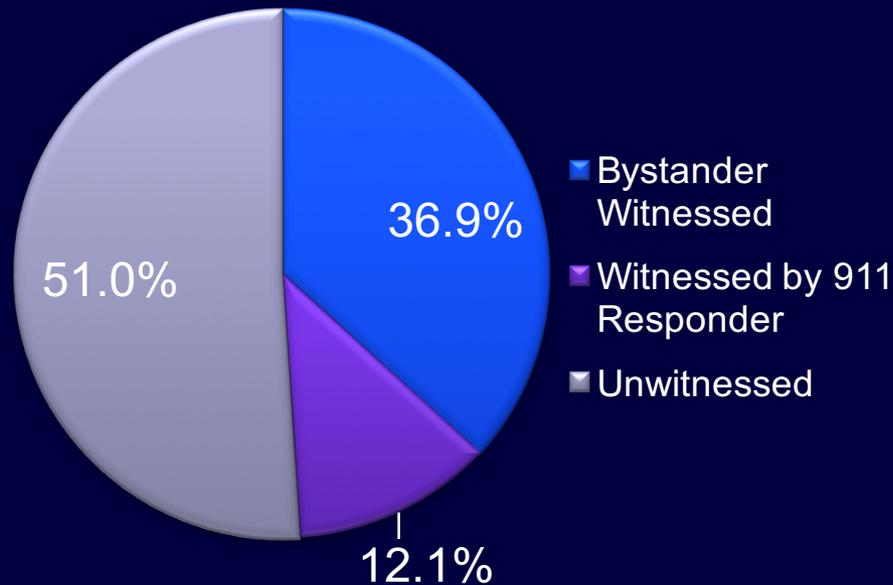
## Texas



N=4,699

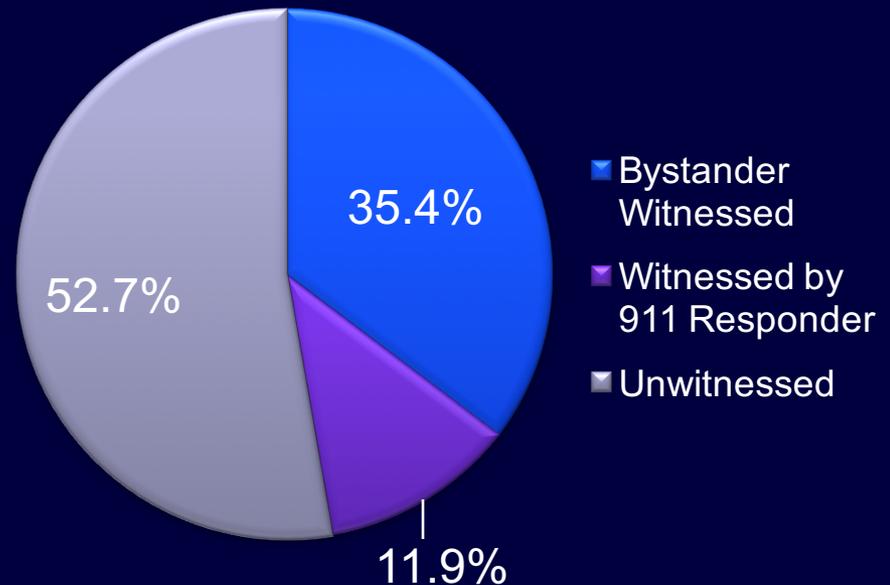
# Arrest Witnessed Status

## National



N=53,830

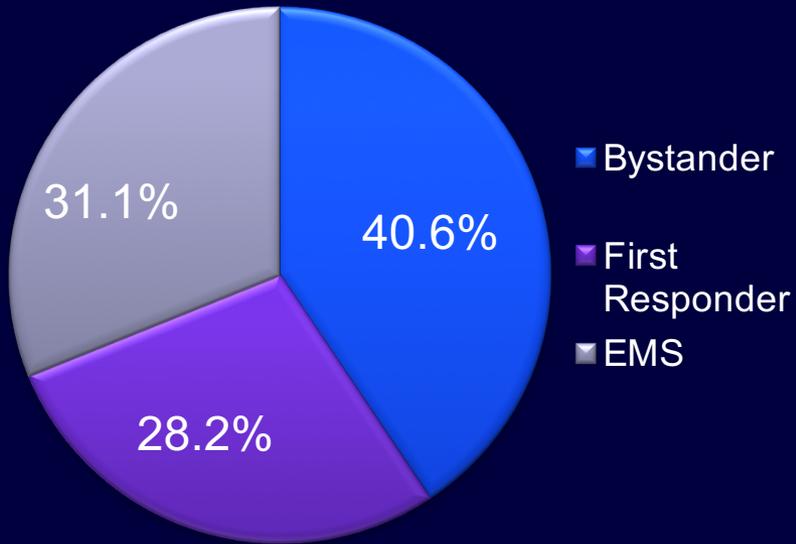
## Texas



N=4,699

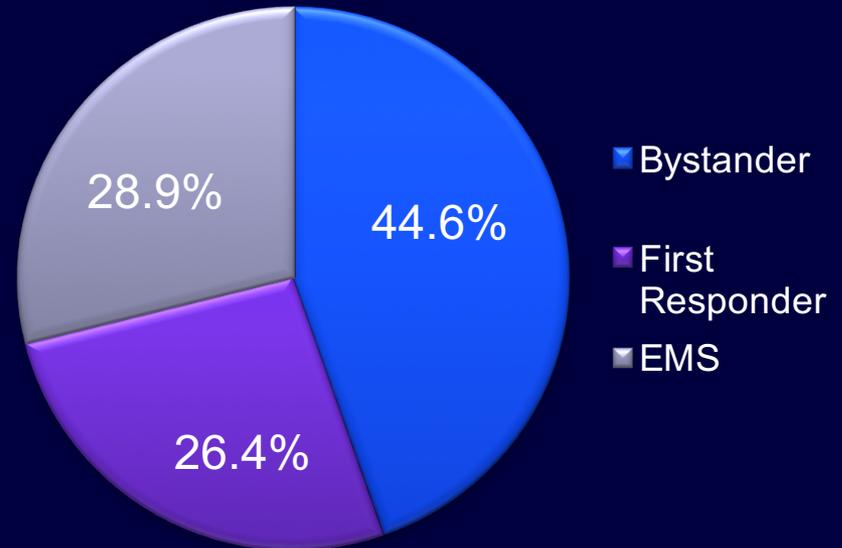
# Who Initiated CPR?

## National



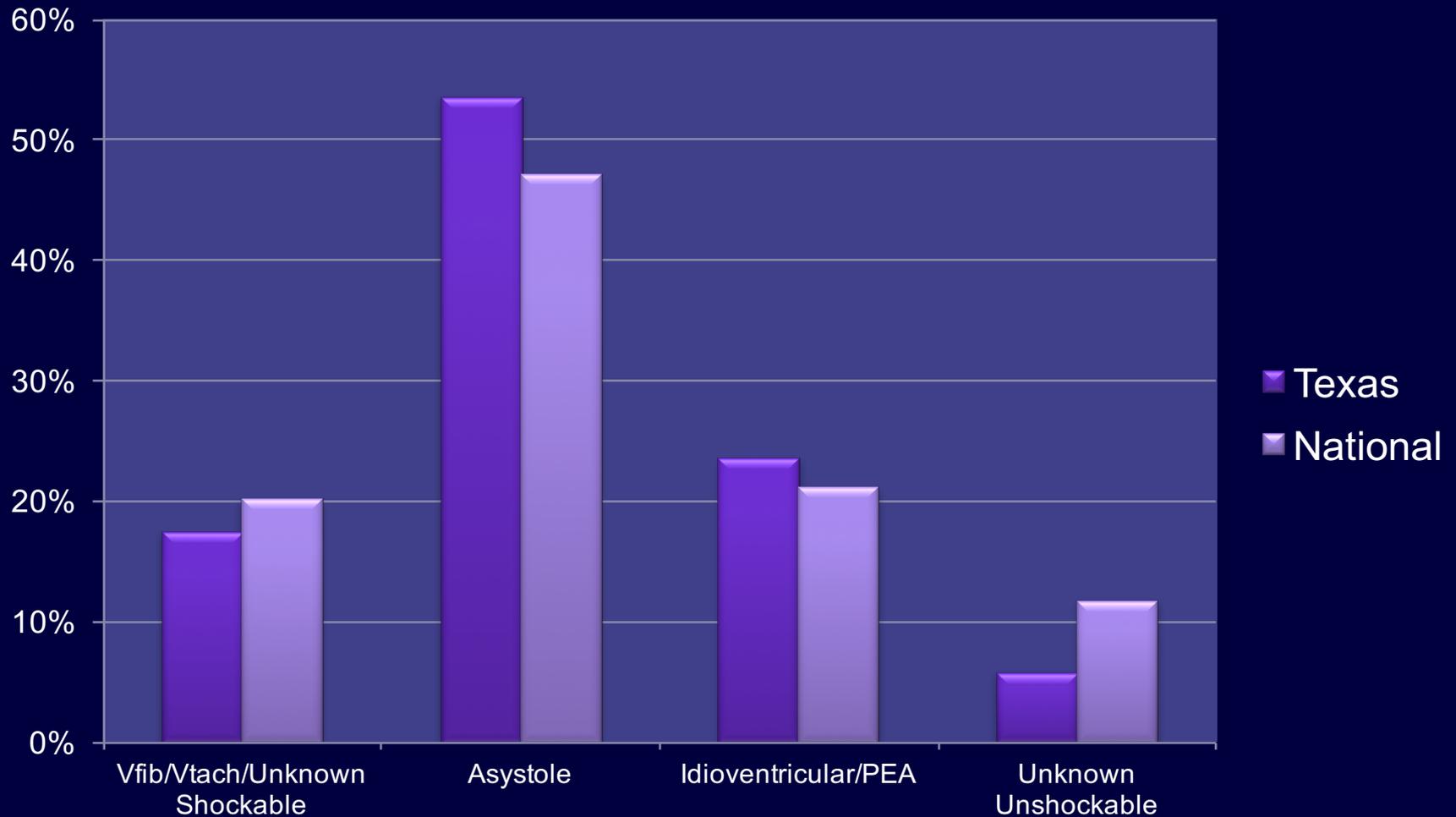
N=53,826

## Texas



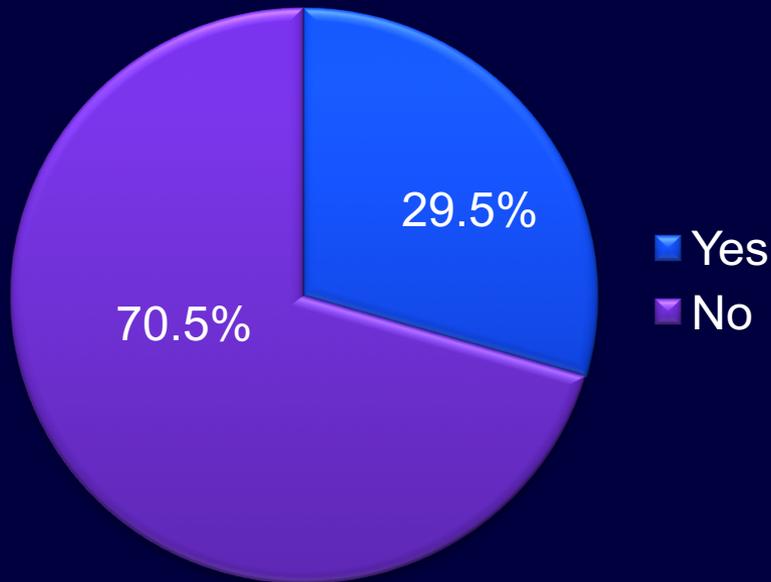
N=4,699

# First Arrest Rhythm



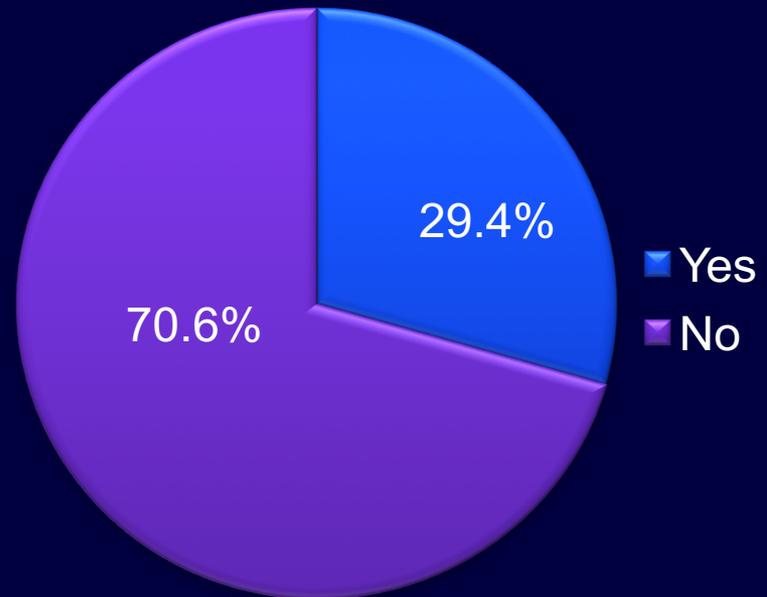
# Was an AED Applied Prior to EMS arrival?

## National



N=53,830

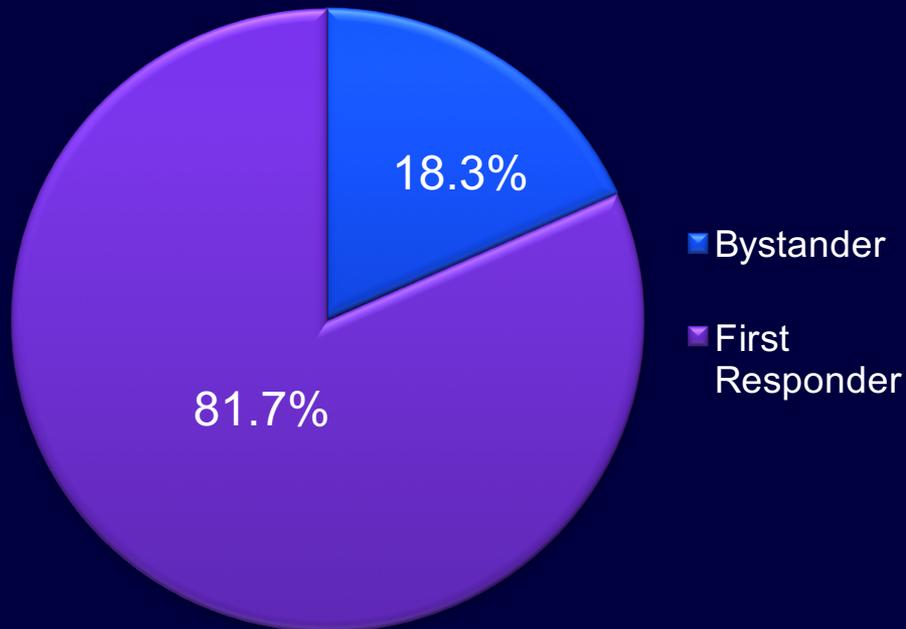
## Texas



N=4,699

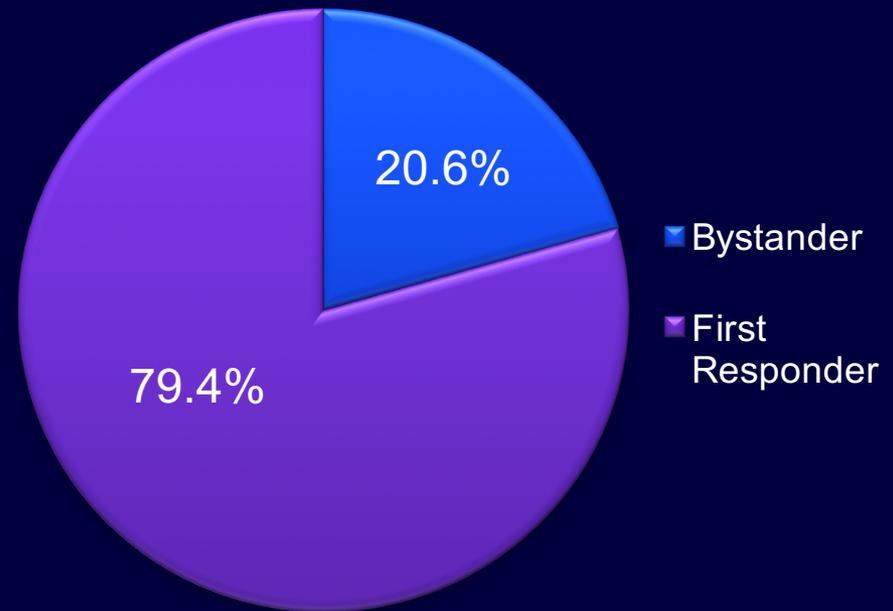
# Who First Applied AED?

## National



N=15,877

## Texas

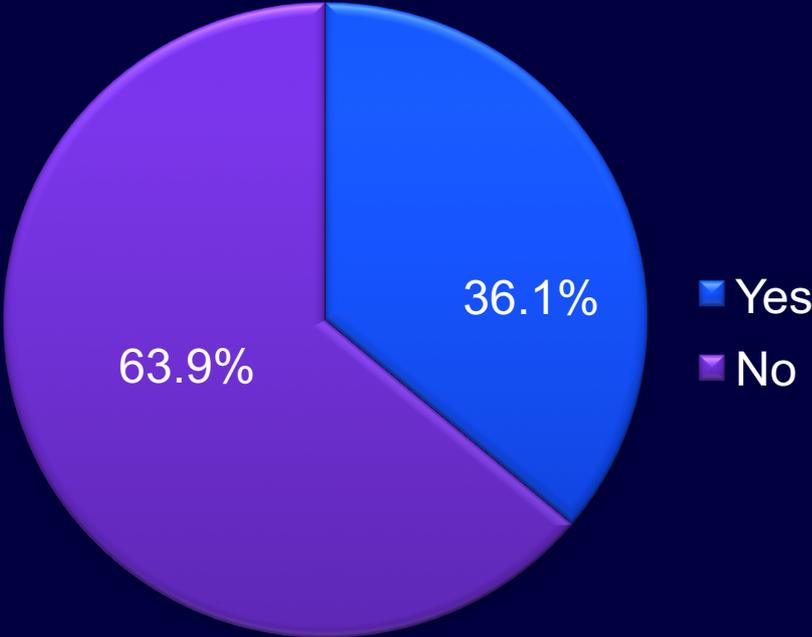
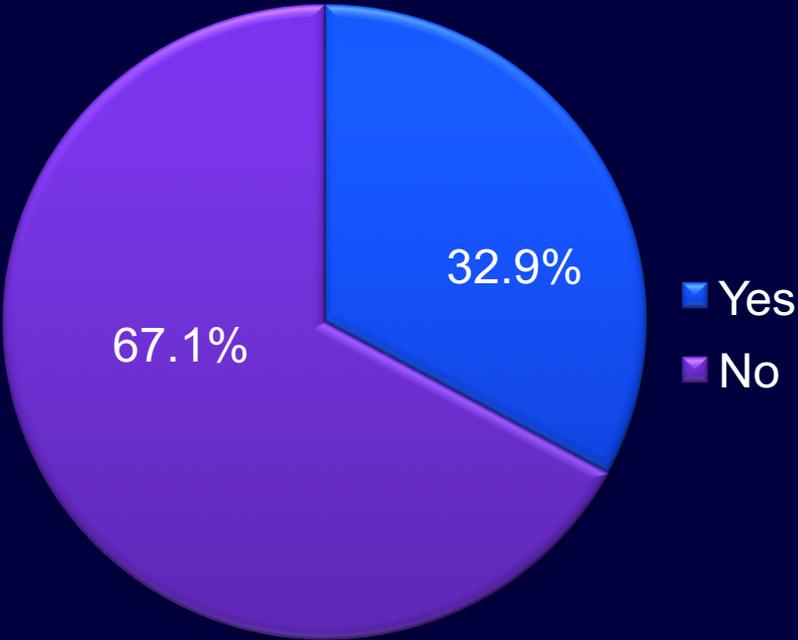


N=1,382

# Sustained ROSC

National

Texas

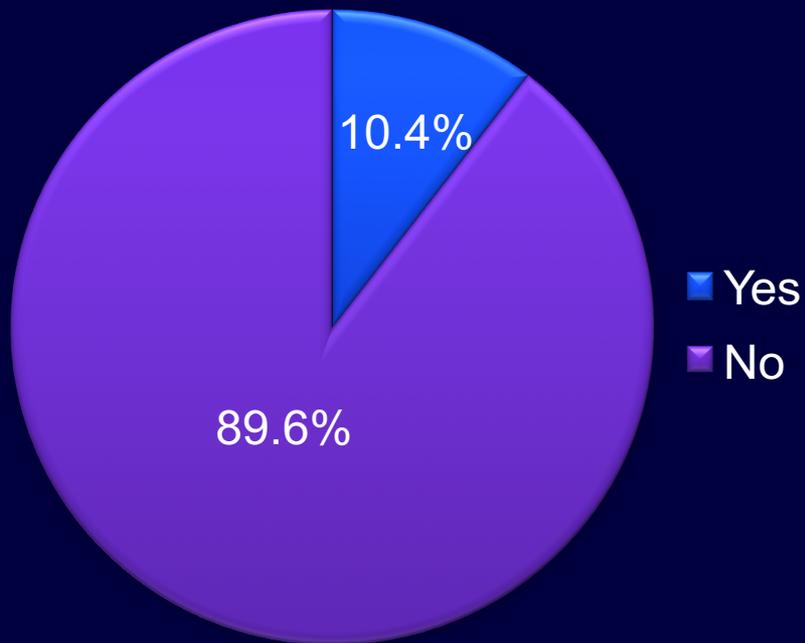


N=53,825

N=4,699

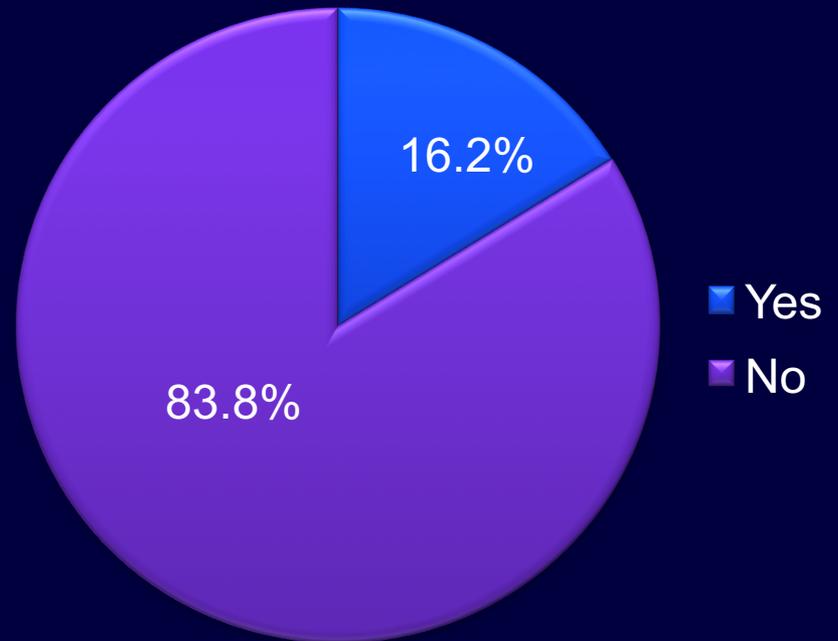
# Field Hypothermia

National



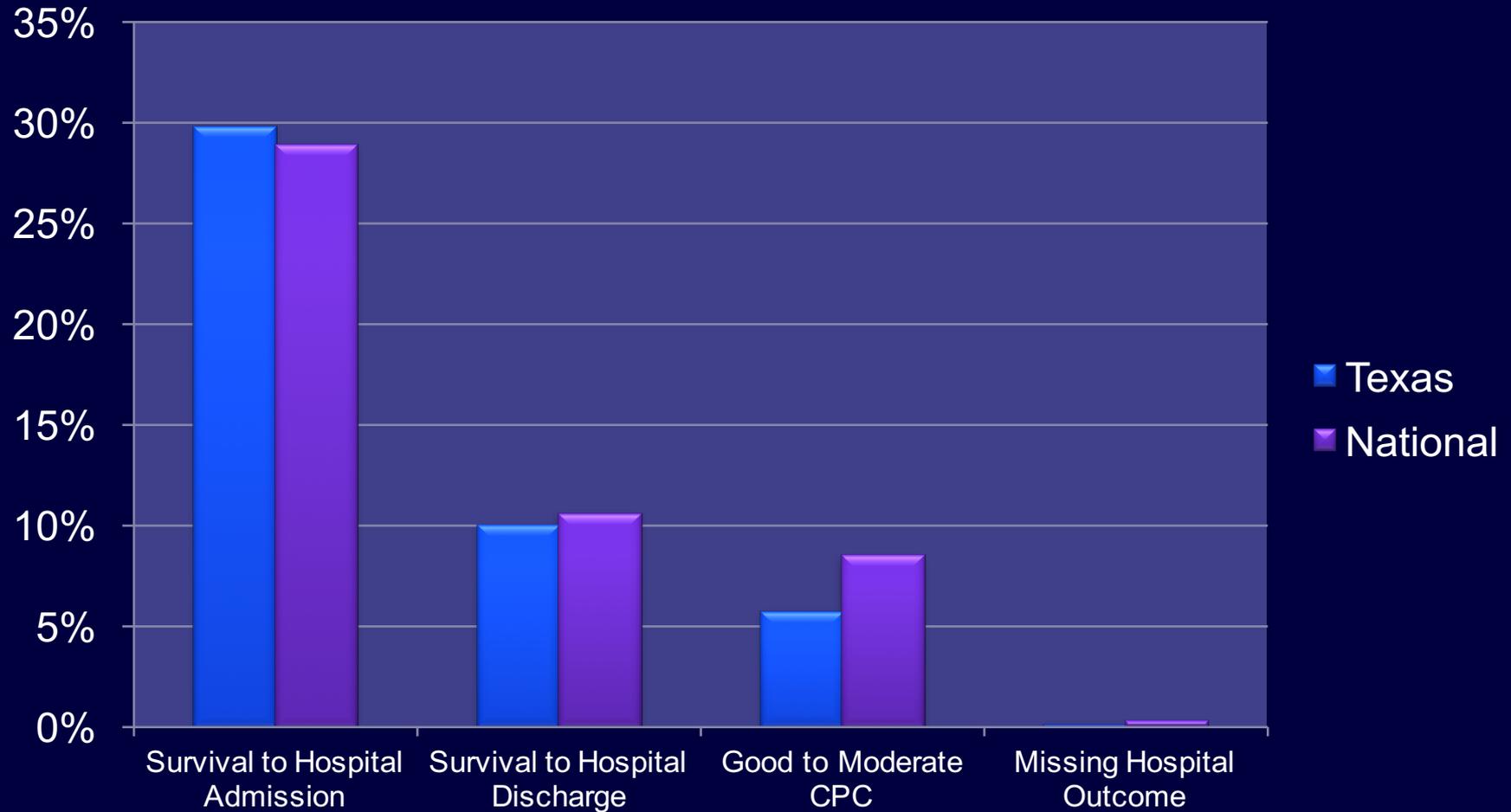
N=53,813

Texas

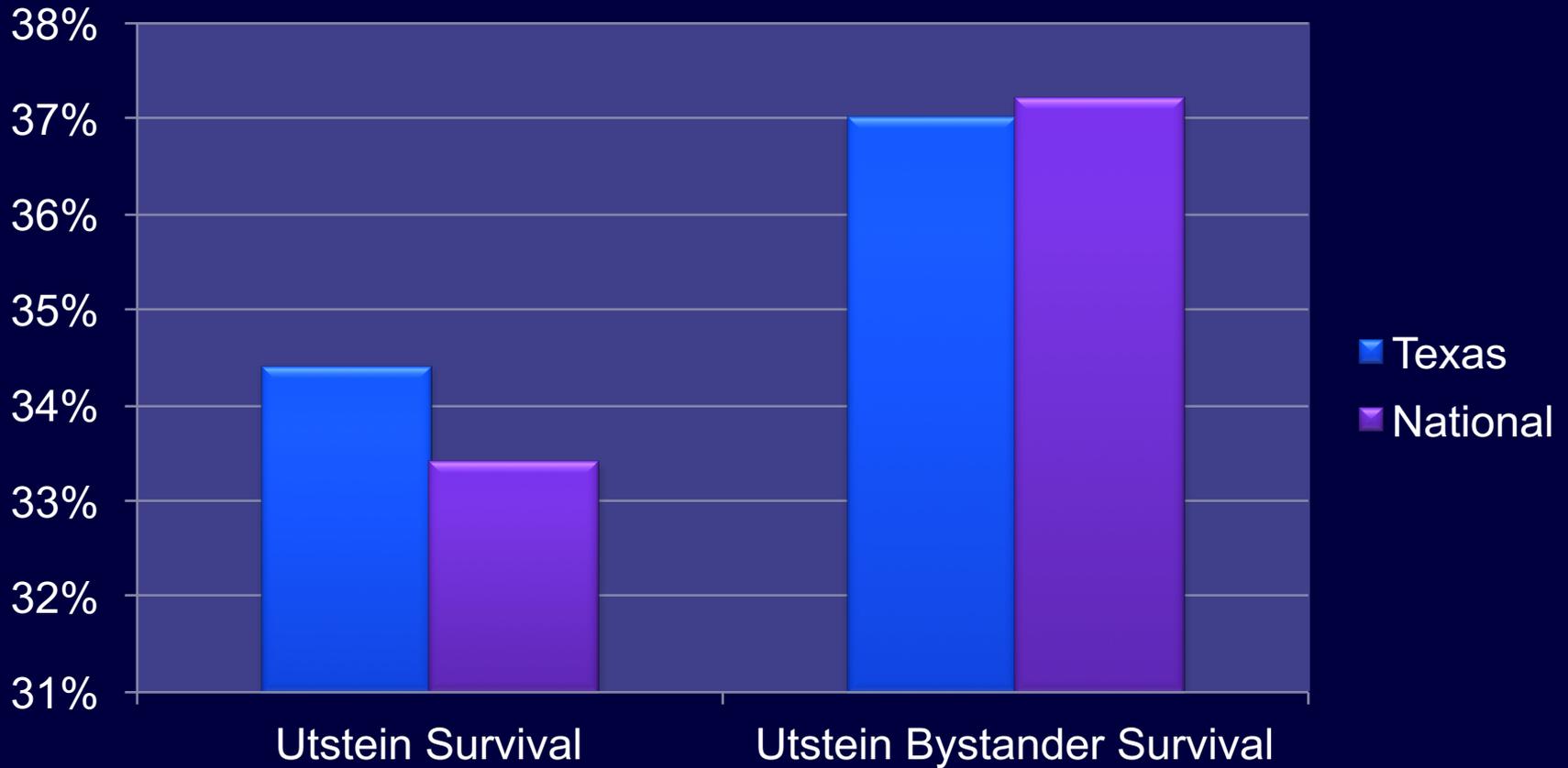


N=4,699

# Survival Rates: Overall Survival



# Survival Rates: Bystander Witnessed Shockable Rhythm



- *Utstein = Witnessed by bystander and found in a shockable rhythm*
- *Utstein Bystander = Witnessed by bystander, found in shockable rhythm, and received some bystander intervention (CPR by bystander and/or AED applied by bystander)*



<https://mycares.net>

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