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Expanding the Campus-Wide Sudden Cardiac Arrest Safety Net

Mary McCormack DNP, APRN, FNP-C

Carole Zarcone DNP, APRN, ANP-C

Kendra Hoepper DNP, APRN, PNP-BC

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Expanding the Campus-Wide Sudden Cardiac Arrest Safety Net: Mary McCormack, DNP, APRN, FNP-C, Carole Zarcone, APRN, DNP, ANP-C & Kendra Hoepper, DNP, APRN, PNP-BC The Barbara H. Hagan School of Nursing & Health Science Molloy College

BACKGROUND/SIGNIFICANCE

- Nationally, approximately 326,000 episodes of out of hospital cardiac arrest (OHCA) occur annually
- < 6% of victims of OHCA survive to hospital discharge
- Rates of bystander CPR and automatic external defibrillator (AED) training have been reported at less than 3% annually in the United States; lowest training reports noted in minority population
- The risk of SCA is 3X greater in athletes

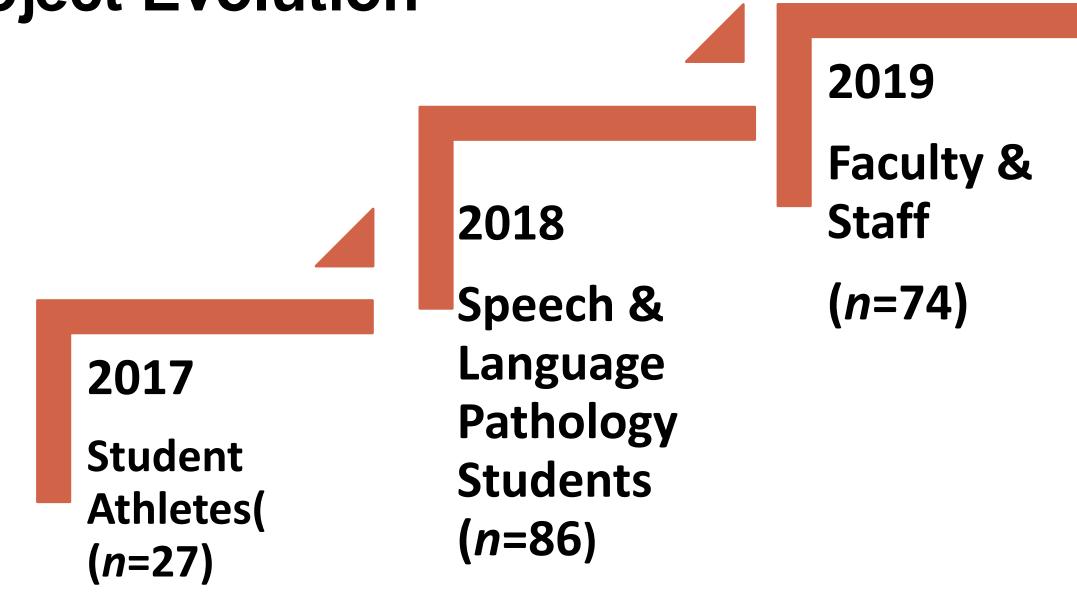


METHODS

- There was a significant improvement in the mean Interventional Pre/Post test design scores for the pre-test (M = 2.31, SD= 1.65) when Implementation of American Heart Association CPR compared to the post test (M = 5.58, SD= 0.52) p < .001 in Schools Program[©] Noted improvement in knowledge of AED locations on •Setting: Liberal Arts College, Nassau Co., NY campus •Multiple Sessions

- •Convenience sample (n = 74)

Project Evolution



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Rockville Centre, NY

PROBLEM STATEMENT

Relevance:

- Provision of bystander CPR for SCA in the community has been noted to increase survival rates two to threefold
- SCA costs the U.S. healthcare system \$33 billion dollars annually

Question:

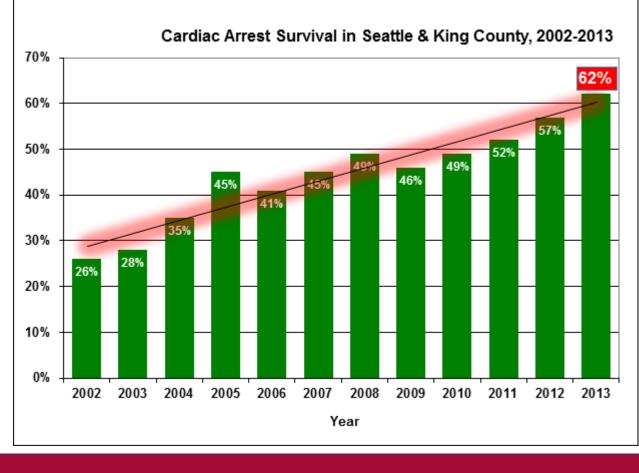
What is the knowledge level of college faculty and staff in CPR/AED use?

Will there be a change in the knowledge level of college faculty and staff in CPR/AED use after completion of the American Heart Association's (AHA) CPR in Schools Program[©]?

RESULTS

- Participants reported an increase in comfort level performing Hands Only CPR if they witnessed an OHCA on the post test
- These results support that implementation of the AHA CPR in Schools Program improves knowledge level of CPR and AED use in this group of college faculty and staff.

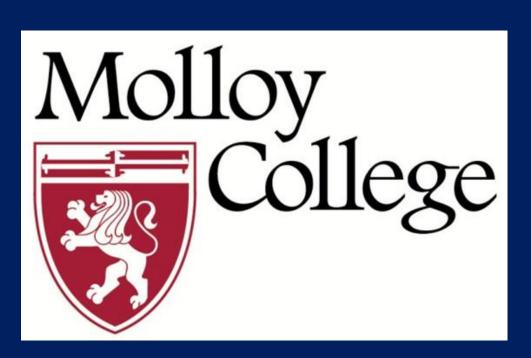
- defibrillation



- residence halls
- implementation
- "Heart Safe Community"

Anderson, M. L., Cox, M., Al-Khatib, S. M., Nichol, G., Thomas, K. L., Chan, P. S., ... Peterson, E. D. (2014). Cardiopulmonary Resuscitation Training Rates in the United States. JAMA Internal Medicine, 174(2), 194–201. http://doi.org/10.1001/jamainternmed.2013.11320 Institute of Medicine. (2015). Strategies to improve cardiac arrest survival: A time to act. Washington, DC: The National Academic Press. Maron, B., Haas, T., Murphy, C., Ahluwalia, A. & Rutten-Ramos, S. (2014). Incidence and causes of sudden death in U.S. college athletes. Journal of the America *College of Cardiology, 63*(16), 1636-1643. doi:10.1016/j.jacc.2014.01.041 Resuscitation Academy. (2014). Strategies to improve survival from cardiac arrest: An evidence-based analysis. Seattle, WA: Resuscitation Academy.





ROL/EVIDENCE

75% of the population in Kings Co., WA has received CPR training and reports the highest nation-wide survival rate from SCA due to ventricular fibrillation at 62%

• Most important factor affecting survival is early

• Survival and future neurologic status post SCA are directly dependent upon how quickly the victim receives emergency medical treatment

FUTURE PLANS

Presently collaborating with Public Safety to add additional AEDs in high traffic areas on campus Offering CPR in Schools sessions to all students in

Create Cardiac Emergency Response Protocol Grant applications submitted to support future

Submit application to Citizen CPR Foundation for

