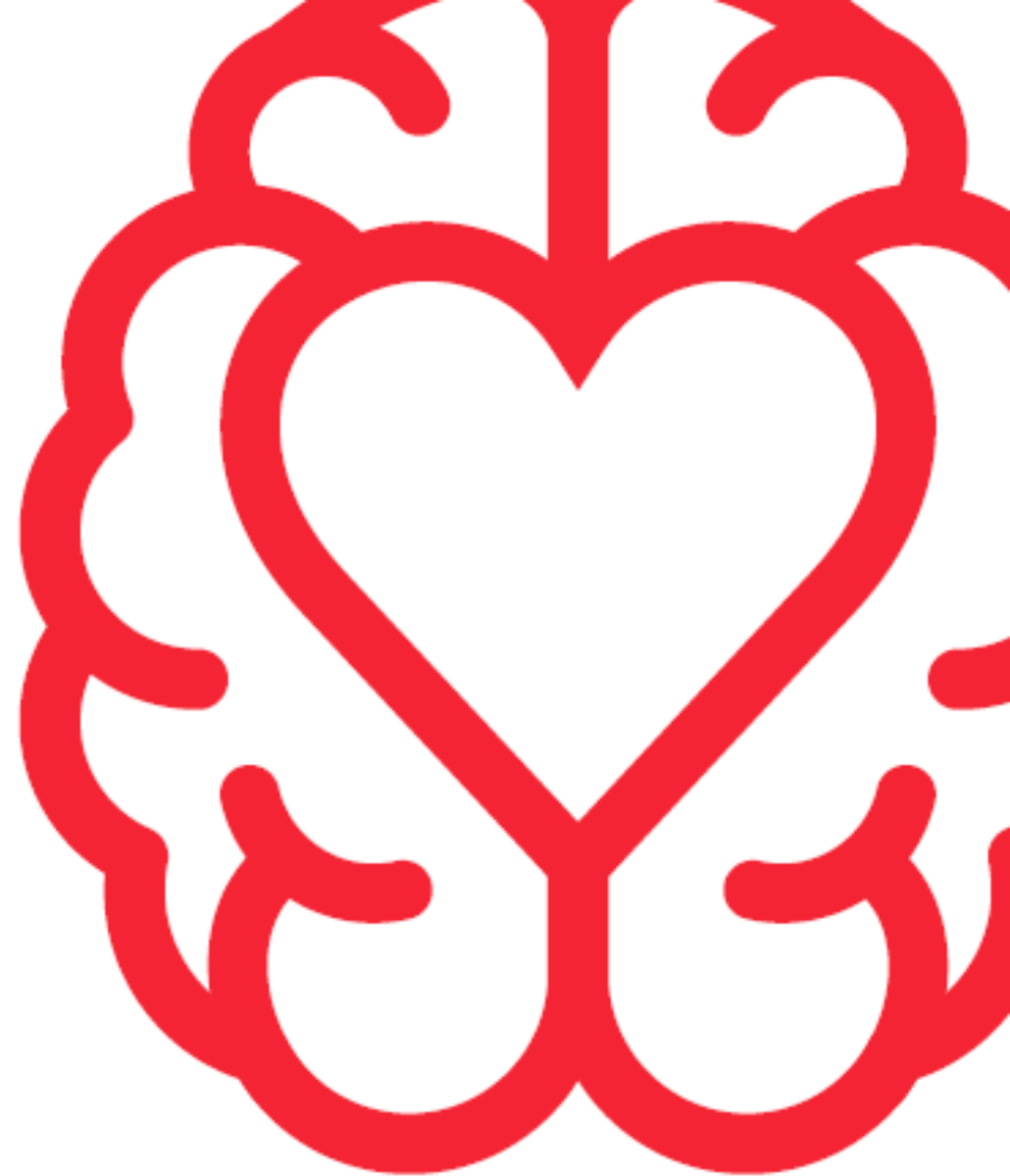
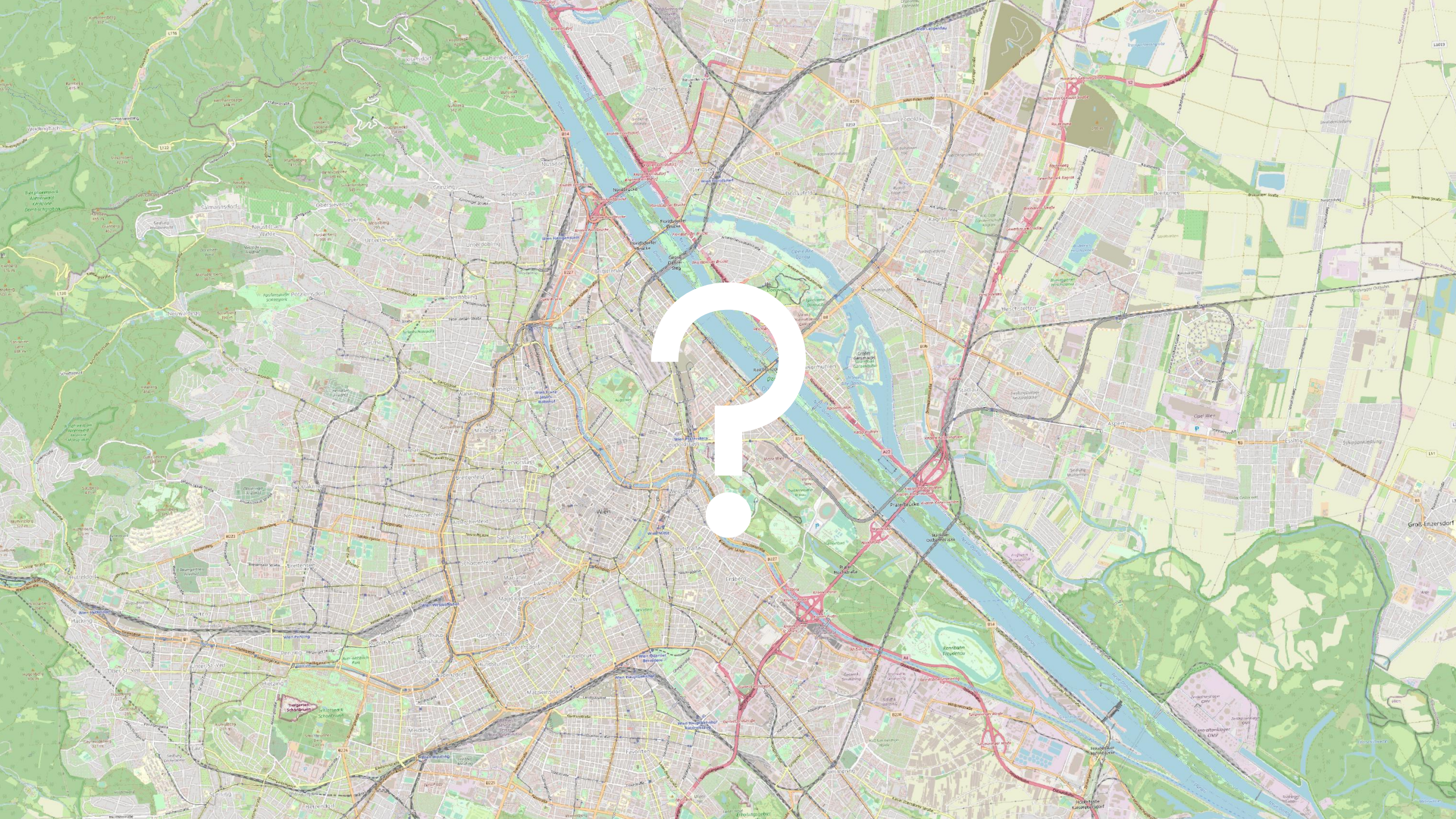


Målrettede interventioner

Boligområder med høj risiko for hjertestop og lav overlevelse

Anne Juul Grabmayr, læge og Ph.D.-studerende ved
Region Hovedstadens Akutberedskab





Målrettede interventioner

AHA SCIENTIFIC STATEMENT

Understanding the Importance of the Lay Responder Experience in Out-of-Hospital Cardiac Arrest: A Scientific Statement From the American Heart Association

Katie N. Dainty, PhD, Chair; Brianna Colquitt; Farhan Bhanji, MD, MSc (Ed); Elizabeth A. Hunt, MD, MPH, PhD; Tiffany Jenkins, PhD(c); Marion Leary, RN, MSN, MPH; Joseph P. Ornato, MD, FAHA; Robert A. Swor, DO; Ashish Panchal, MD, PhD, Vice Chair; on behalf of the Science Subcommittee of the American Heart Association Emergency Cardiovascular Care Committee

ABSTRACT: Bystander cardiopulmonary resuscitation (CPR) is critical to increasing survival from out-of-hospital cardiac arrest. However, the percentage of cases in which an individual receives bystander CPR is actually low, at only 35% to 40% globally. Preparing lay responders to recognize the signs of sudden cardiac arrest, call 9-1-1, and perform CPR in public and private locations is crucial to increasing survival from this public health problem. The objective of this scientific statement is to summarize the most recent published evidence about the lay responder experience of training, responding, and dealing with the residual impact of witnessing an out-of-hospital cardiac arrest. The scientific statement focuses on the experience-based literature of actual responders, which includes barriers to responding, experiences of doing CPR, use of an automated external defibrillator, the impact of dispatcher-assisted CPR, and the potential for postevent psychological sequelae. The large body of qualitative and observational studies identifies several gaps in crucial knowledge that, if targeted, could increase the likelihood that those who are trained in CPR will act. We suggest using the experience of actual responders to inform more contextualized training, including the implications of performing CPR on a family member, dispelling myths about harm, training and litigation, and recognition of the potential for psychologic sequelae after the event.

Målrettede interventioner

ILCOR SCIENTIFIC STATEMENT

Optimizing Outcomes After Out-of-Hospital Cardiac Arrest With Innovative Approaches to Public-Access Defibrillation: A Scientific Statement From the International Liaison Committee on Resuscitation

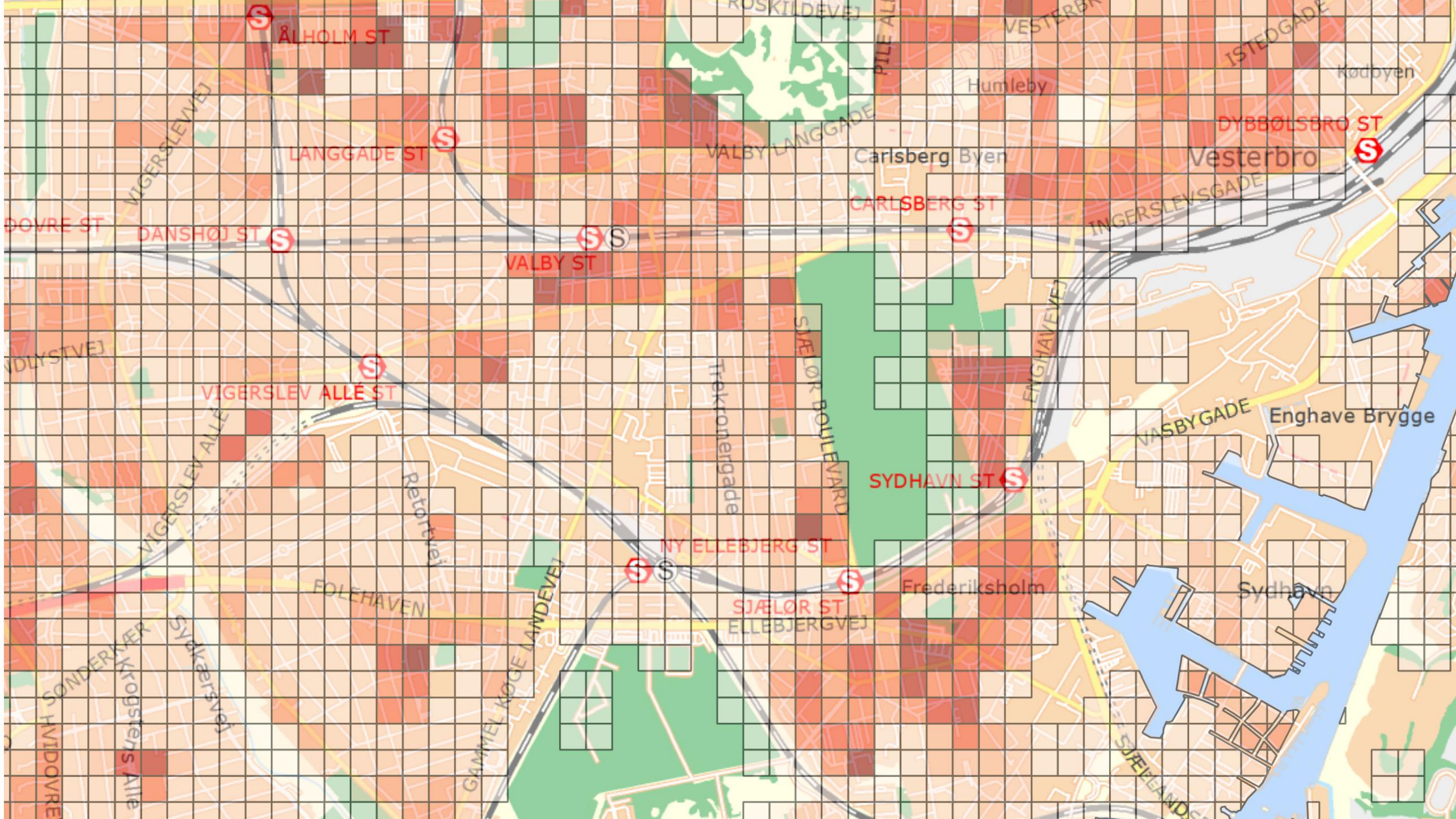
Steven C. Brooks, MD, MHSc, Co-Chair; Gareth R. Clegg, PhD, MRCP, Co-Chair; Janet Bray, RN, PhD, FAHA; Charles D. Deakin, MD; Gavin D. Perkins, MD; Mattias Ringh, MD, PhD; Christopher M. Smith, MD, PhD; Mark S. Link, MD, FAHA; Raina M. Merchant, MD, MSHP; Jaime Pezo-Morales, MD; Michael Parr, MBBS; Laurie J. Morrison, MD, MSc; Tzong-Luen Wang, MD, PhD, JM; Rudolph W. Koster, MD, PhD; Marcus E.H. Ong, MBBS, MPH; on behalf of the International Liaison Committee on Resuscitation

ABSTRACT: Out-of-hospital cardiac arrest is a global public health issue experienced by ≈3.8 million people annually. Only 8% to 12% survive to hospital discharge. Early defibrillation of shockable rhythms is associated with improved survival, but ensuring timely access to defibrillators has been a significant challenge. To date, the development of public-access defibrillation programs, involving the deployment of automated external defibrillators into the public space, has been the main strategy to address this challenge. Public-access defibrillator programs have been associated with improved outcomes for out-of-hospital cardiac arrest; however, the devices are used in <3% of episodes of out-of-hospital cardiac arrest. This scientific statement was commissioned by the International Liaison Committee on Resuscitation with 3 objectives: (1) identify known barriers to public-access defibrillator use and early defibrillation, (2) discuss established and novel strategies to address those barriers, and (3) identify high-priority knowledge gaps for future research to address. The writing group undertook systematic searches of the literature to inform this statement. Innovative strategies were identified that relate to enhanced public outreach, behavior change approaches, optimization of static public-access defibrillator deployment and housing, evolved automated external defibrillator technology and functionality, improved integration of public-access defibrillation with existing emergency dispatch protocols, and exploration of novel automated external defibrillator delivery vectors. We provide evidence- and consensus-based policy suggestions to enhance public-access defibrillation and guidance for future research in this area.



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ÅLHOLM ST

LANGGADE ST

VALBY ST

VIGERSLEV ALLE ST

NY ELLEBJERG ST

SJÆLØR ST

SYDHAVN ST

DYBBØLSBRO ST

Vesterbro

Enghave Brygge

Sydhavn

Humbleby

Carlsberg Byen

Frederiksholm

Kødbyen

VALBY LANGGADE

CARLSBERG ST

TINGERSLEVSGADE

VASBYGADE

Trekronergade

SJÆLØR BOLLEVARDE

ENGHAVEVEJ

VIGERSLEVVEJ

DANSHØJ ST

VIGERSLEV ALLE

FOLEHAVEN

GAMMEL KØGE LANDEVEJ

Retortvej

Sønderkrogsvej
Sjøgade
Sjællandsgade

VESTERBRO

ISTEDGADE

ROSKILDEVEJ

PILE ALLE

VDLYSTVEJ

DOVRE ST

VDLYSTVEJ



Foto: Colourbox.dk/Jesper Frehr

Indhold

Del I: Forekomsten af hjertestop i almene boligforeninger

Del II: Et interventionsstudie målrettet almene boligforeninger

Del III: Barrierer for at søge hjælp

Del I

Genoplivningskonferencen 14. november 2022



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Formål

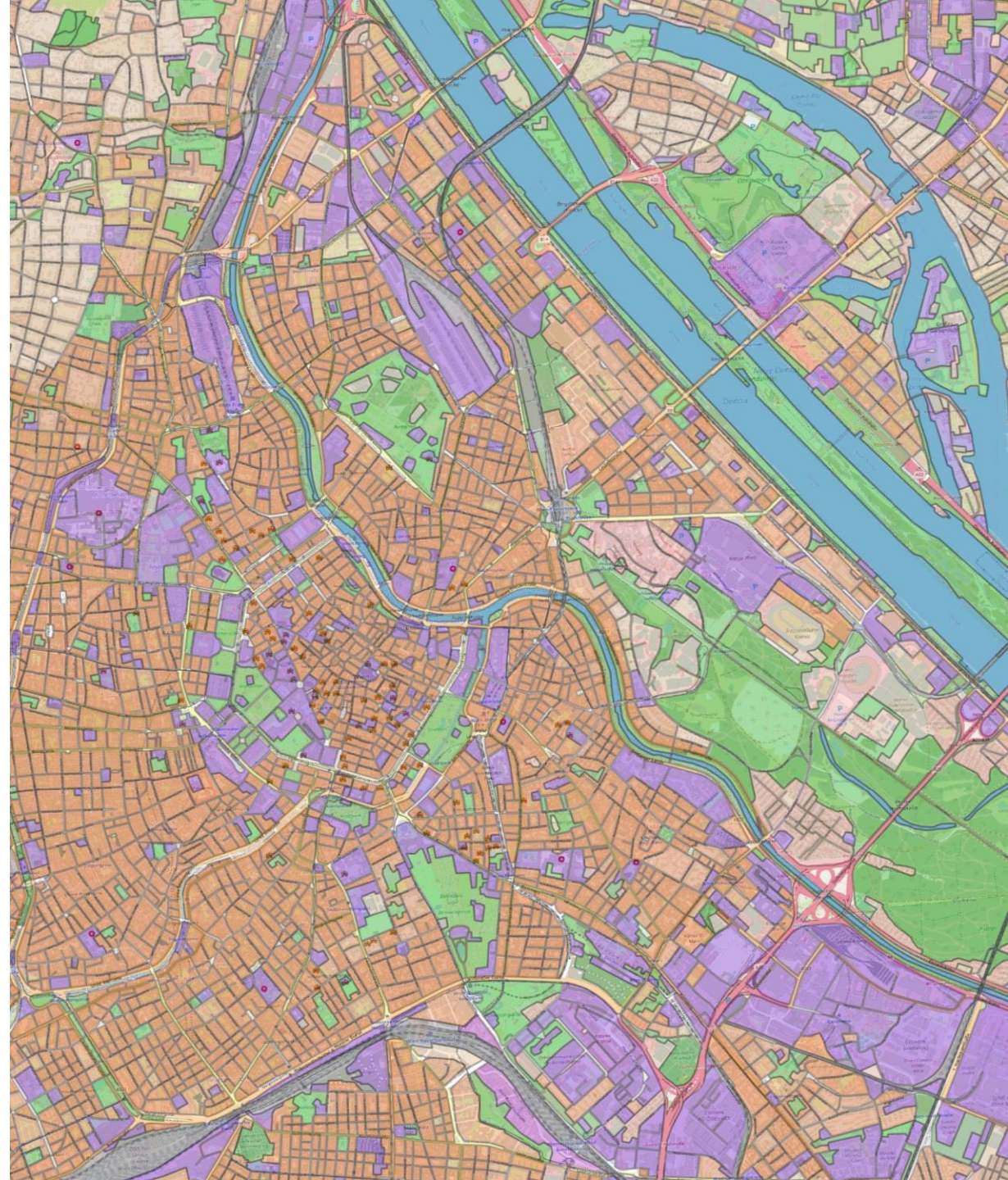
At undersøge forekomsten af hjertestop i almene boliger og sammenligne med andre boligområder

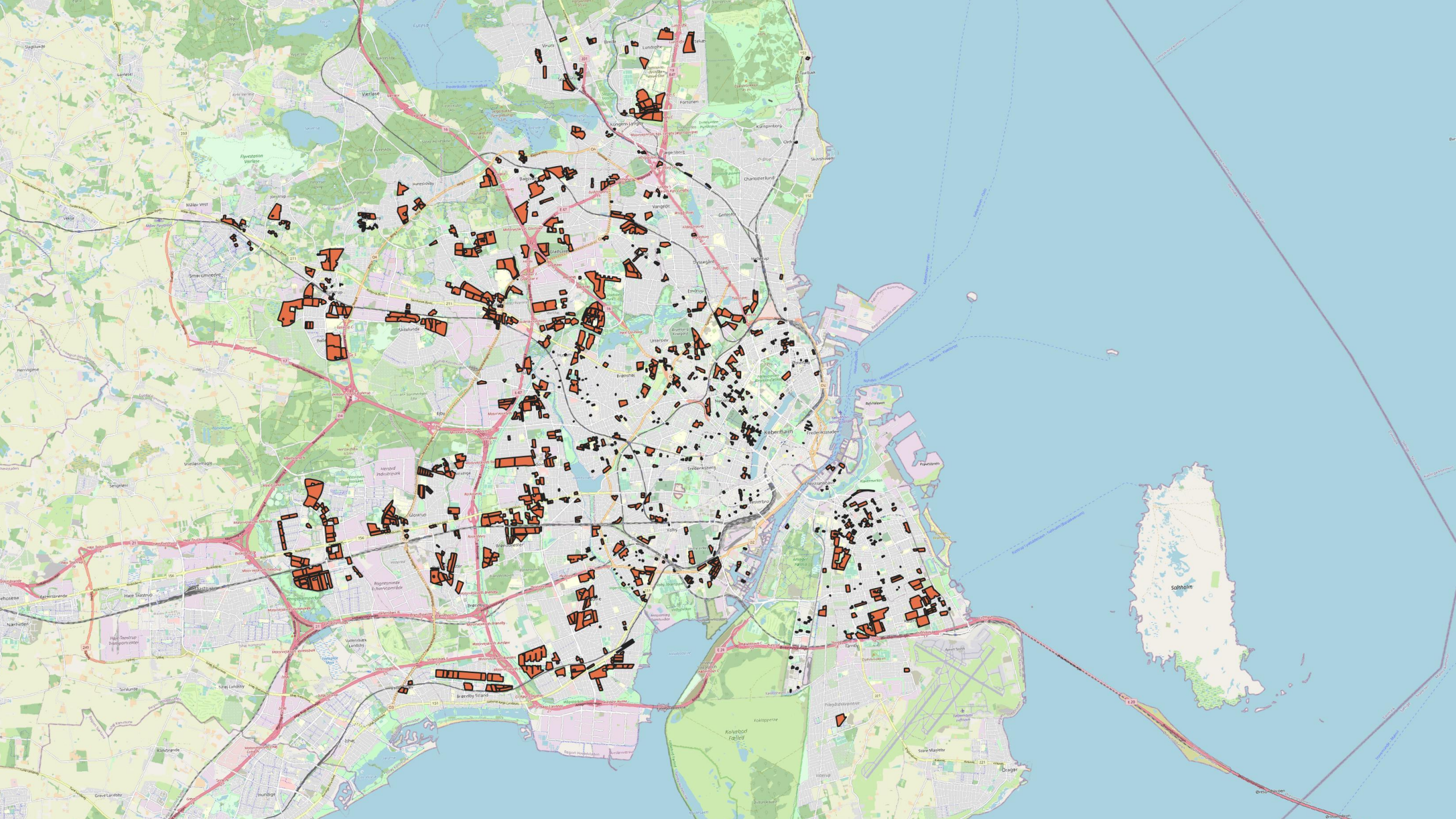
Metode

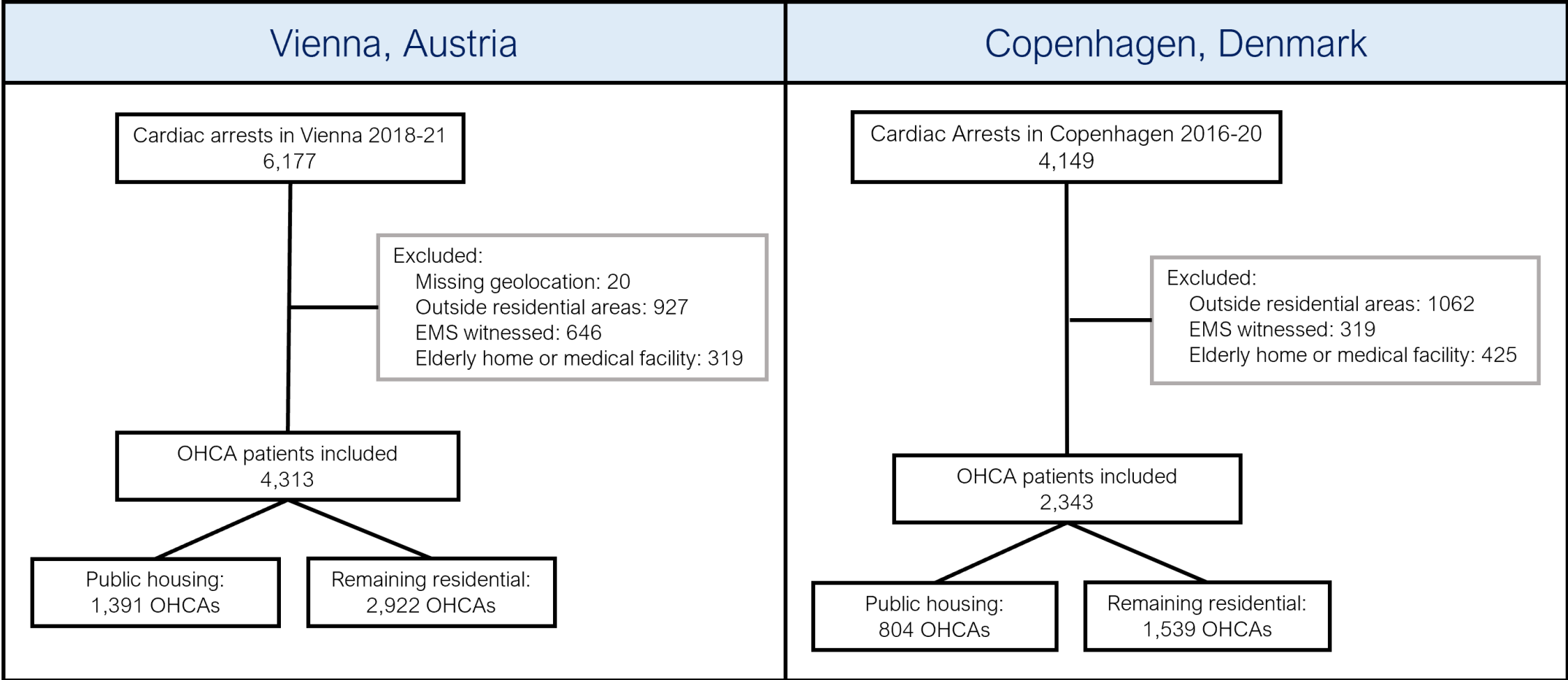
Hjertestops register

Urban Atlas

Almene boliger







Incidence and incidence rate of OHCA in public housing areas vs. remaining housing areas

	Vienna, Austria		Copenhagen, Denmark	
	Public housing	Remaining housing	Public housing	Remaining housing
OHCA, n (%)	1391 (32)	2922 (68)	804 (34)	1539 (66)
Area, km ² (%)	13.6 (12)	102.3 (88)	22 (15)	124 (85)
Population, 100,000, n (%)	4.9 (24)	15.8 (76)	2.8 (26)	8.0 (74)
OHCA/km ² /year	20.5	5.7	7.3	2.5
OHCA/100,000 inhabitants/year	56.5	36.9	57.4	38.5

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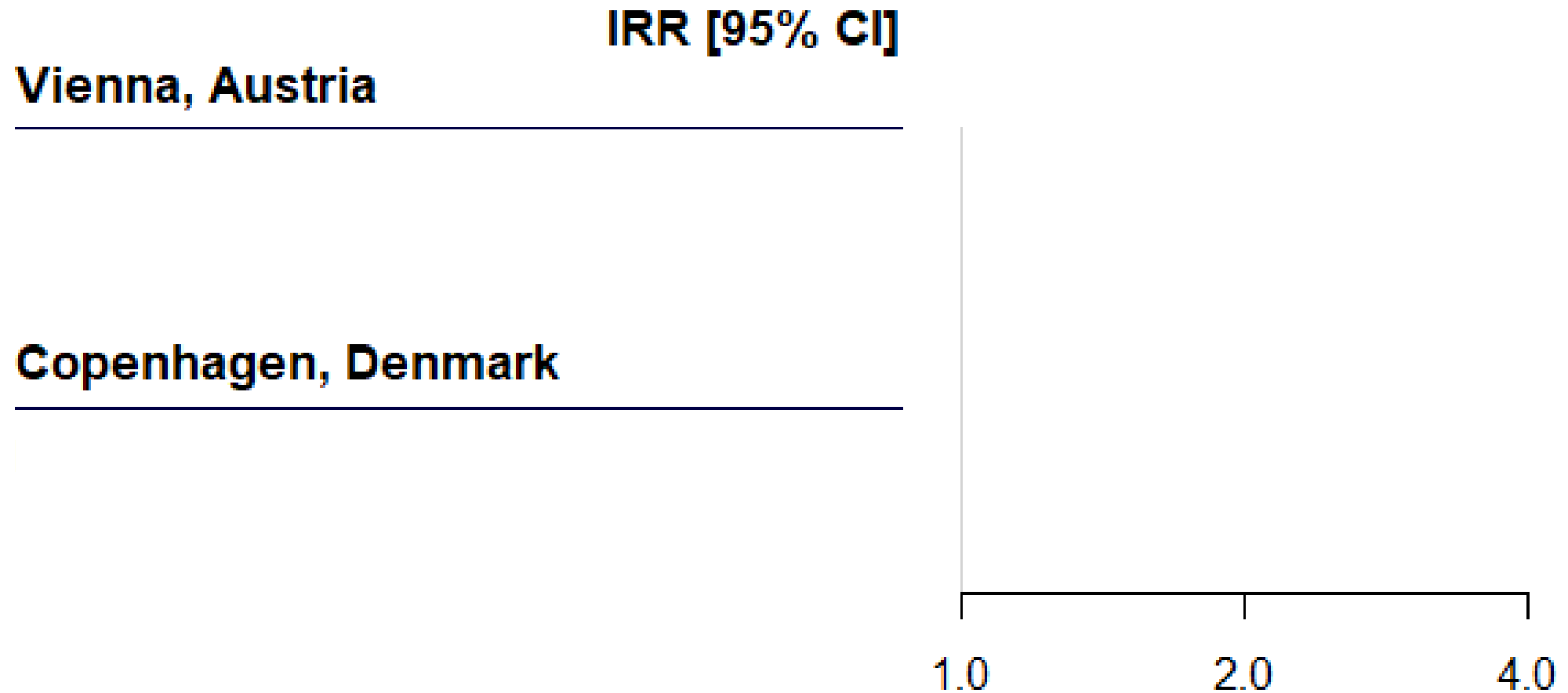
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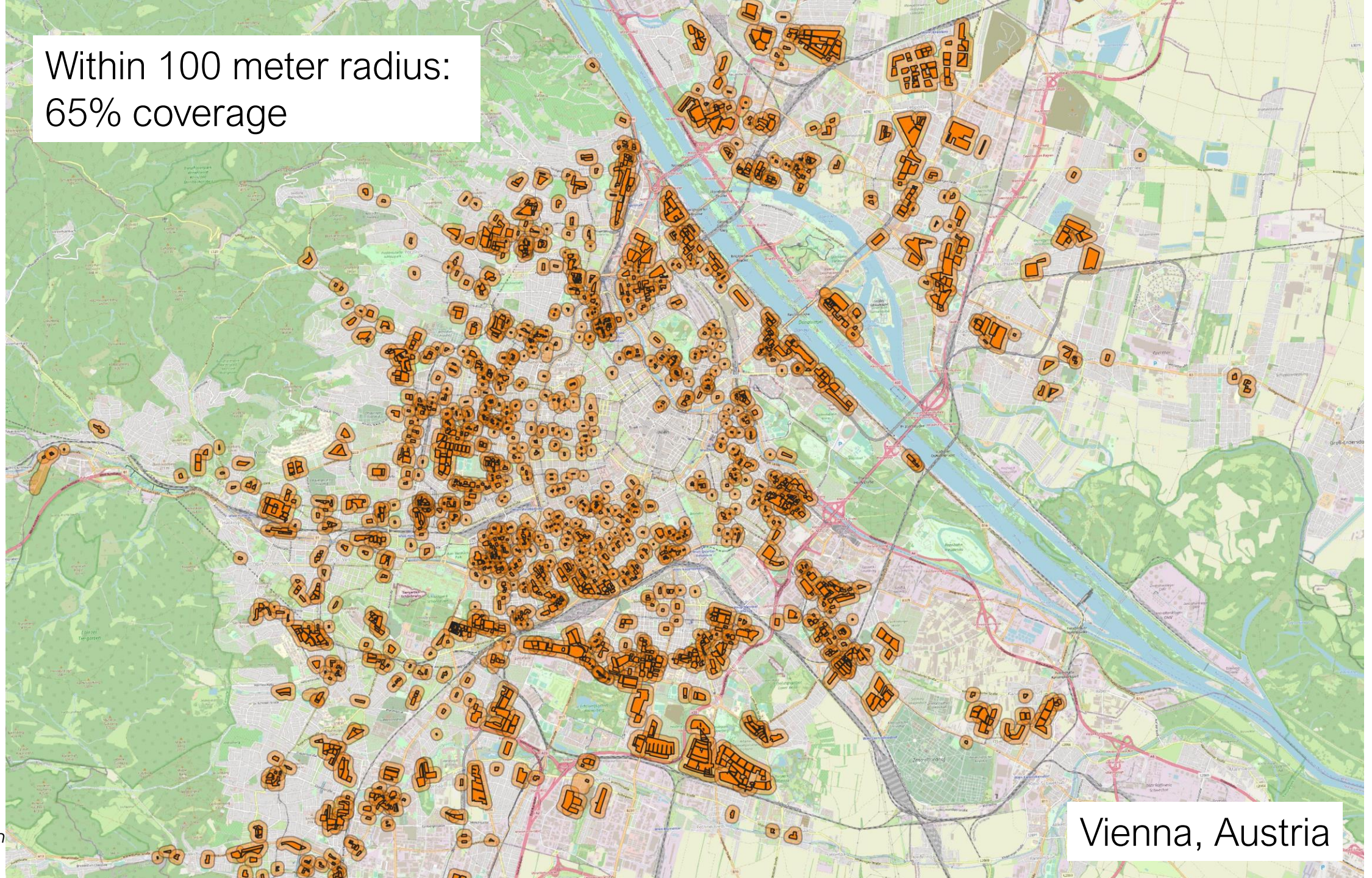
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Risk ratio in public housing vs. remaining residential areas

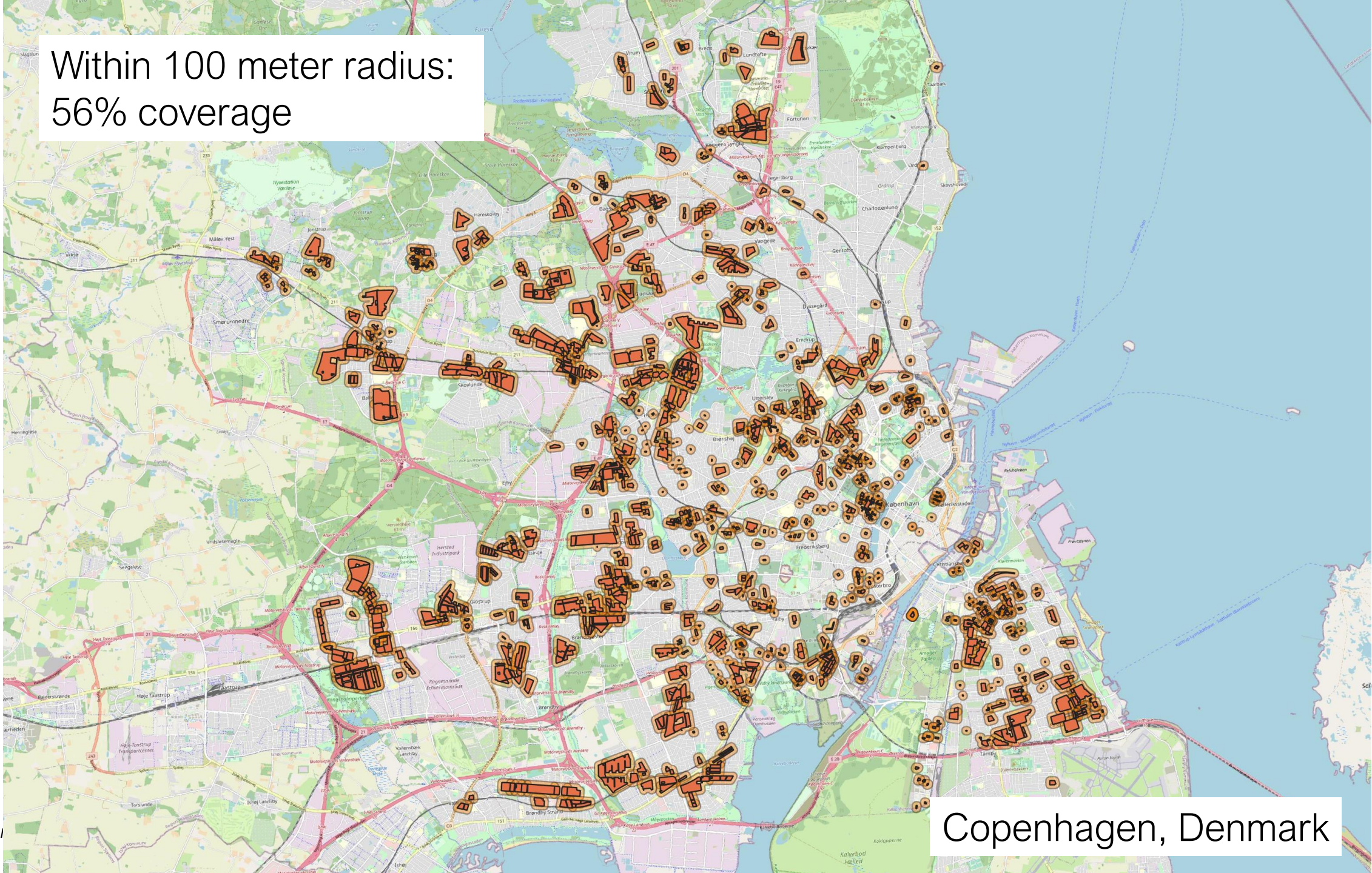


Within 100 meter radius:
65% coverage



Vienna, Austria

Within 100 meter radius:
56% coverage



Copenhagen, Denmark

Delkonklusion

Almene boliger:

- 1/3 af alle stop i boligområder
- Stop/km² x 3
- Stop/100.000 indbyggere x 1,5
- 100 meter radius: 50-60% af stop i boligområder

Del II

Genoplivningskonferencen 14. november 2022

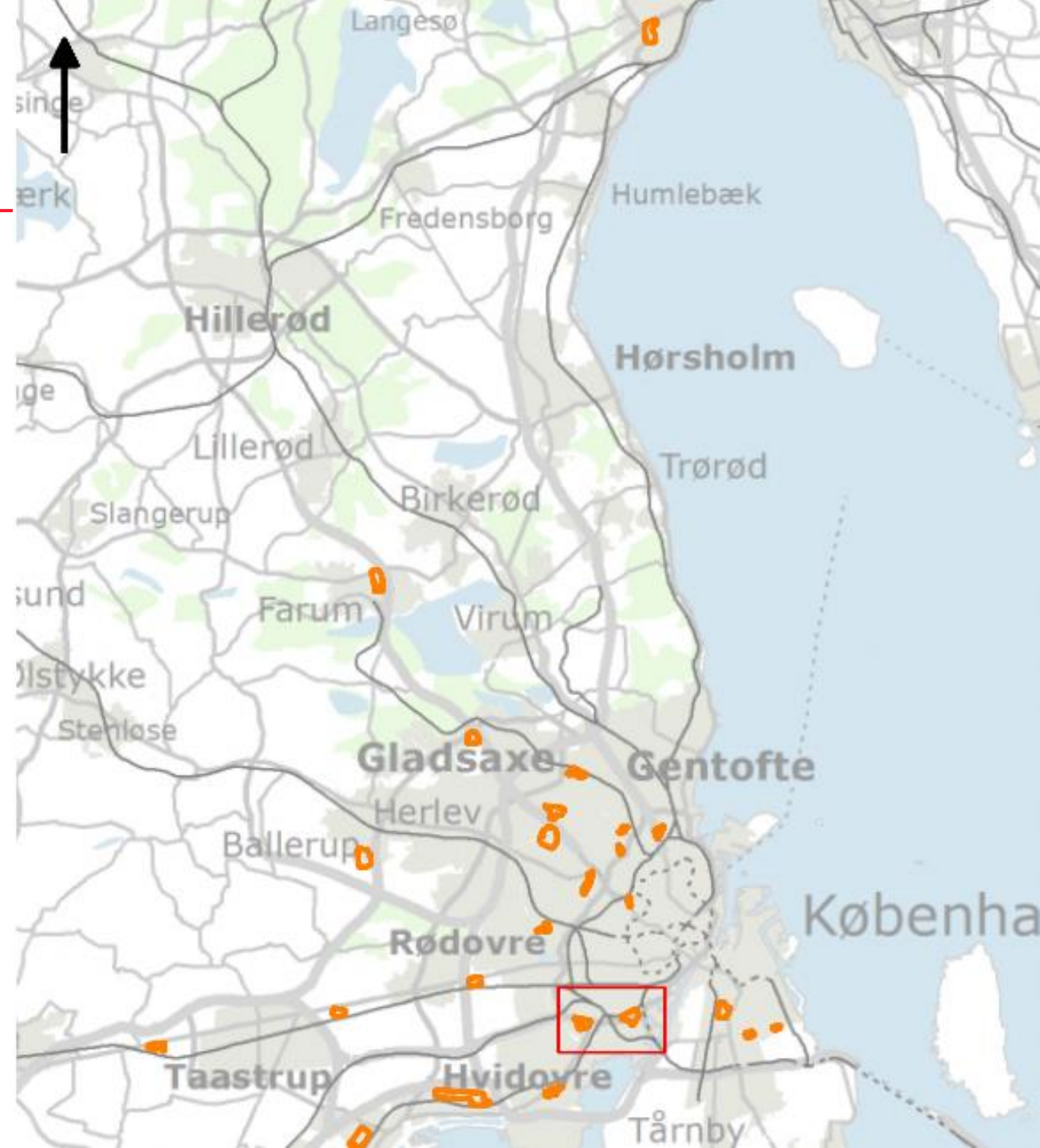


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CARAMBA

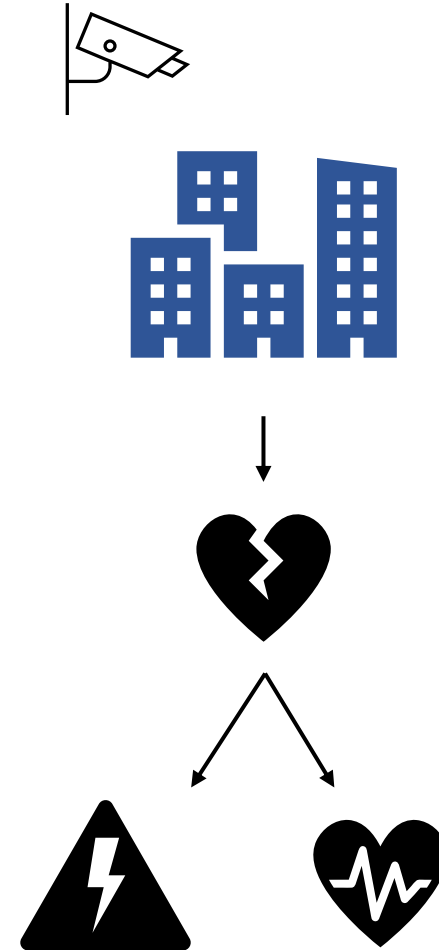
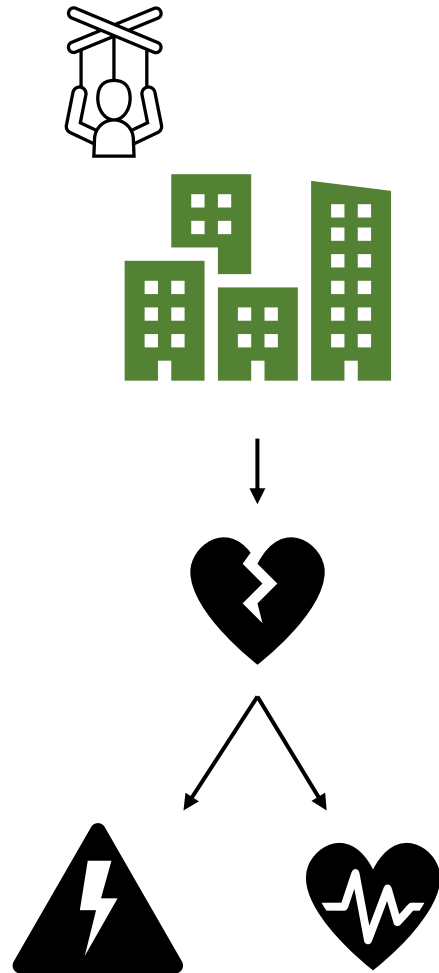
Intervention med hjertestarter, kurser i genoplivning og rekruttering af hjerteløbere kan øge andelen der får stød med en hjertestarter



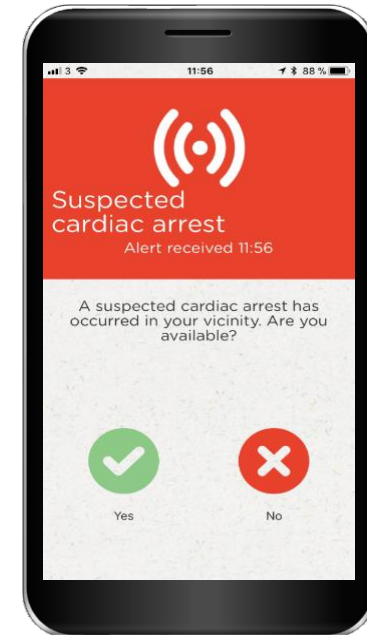
Med støtte fra
TrygFonden



Design



Interventionen



Status

Alle interventions områder rekrutteret og implementeret

75 hjertestartere opsat

Uddannet 11 instruktører

Afholde 49 kurser med 329 deltagere

Kurser afholdes halvårligt i alle boligforeninger

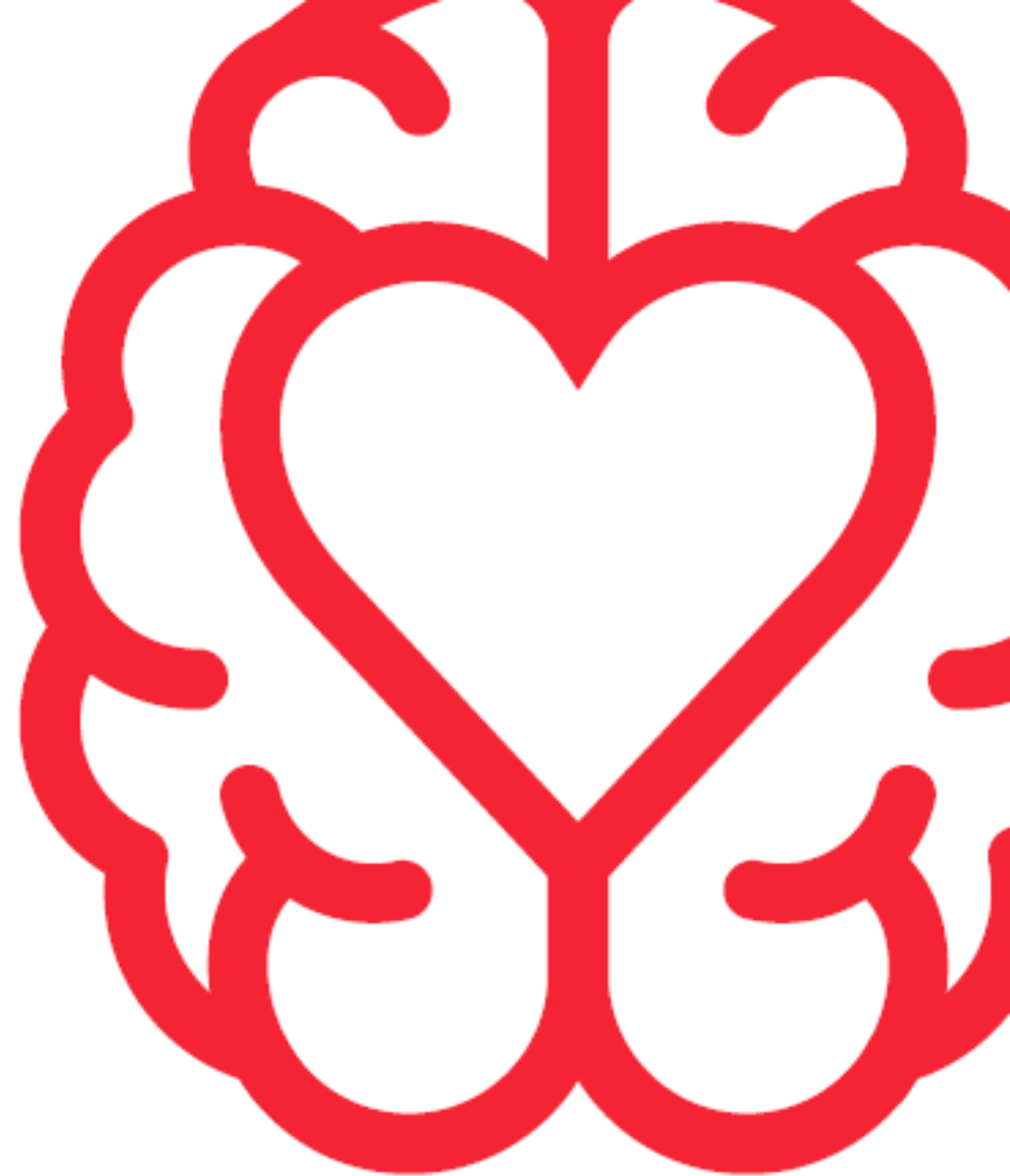
Del III

Genoplivningskonferencen 14. november 2022

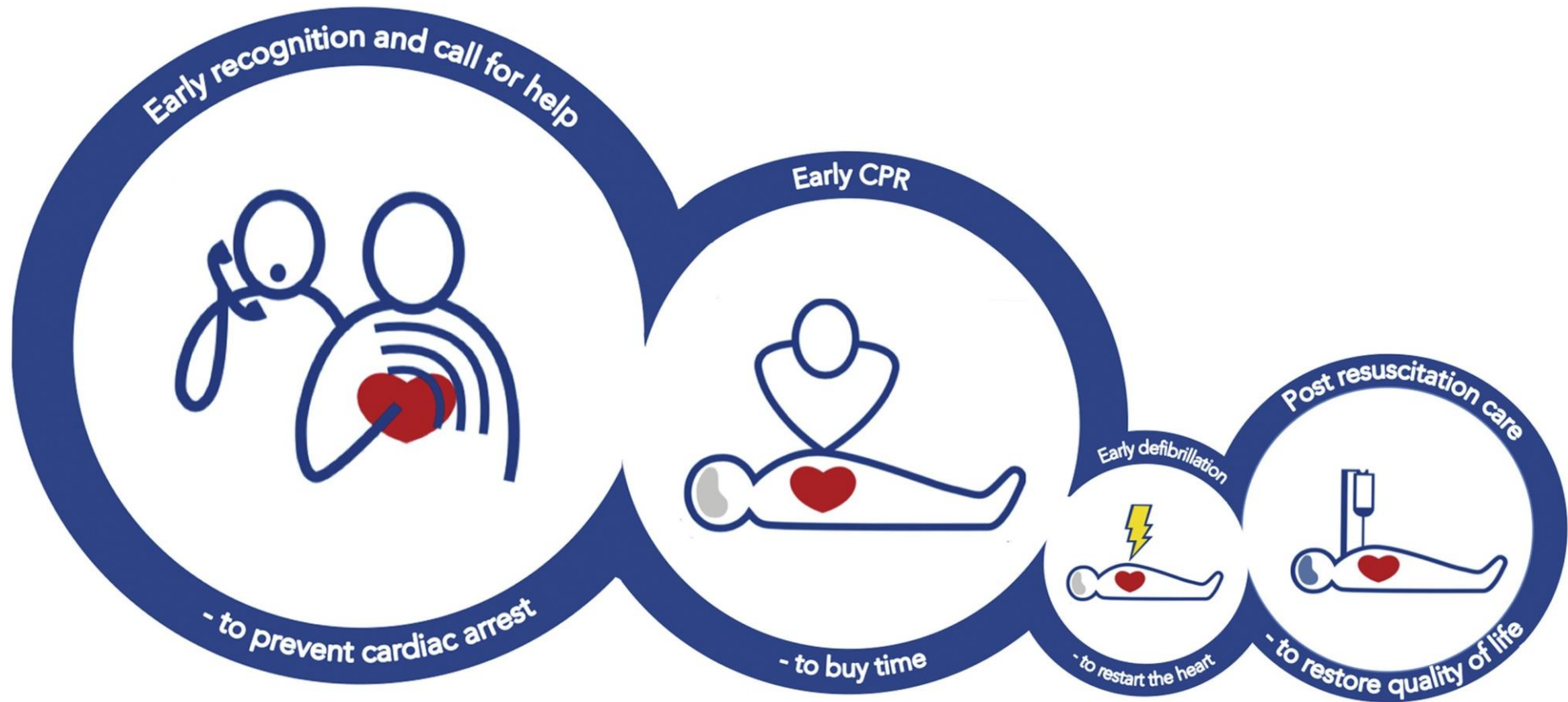


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Baggrund





Barriers to recognition of out-of-hospital cardiac arrest during emergency medical calls: a qualitative inductive thematic analysis

David Alfsen^{1*}, Thea Palsgaard Møller^{1,2}, Ingrid Egerod^{2,3} and Freddy K. Lippert^{1,2}

Abstract

Background: The chance of surviving out-of-hospital cardiac arrest (OHCA) depends on early and correct recognition of cardiac arrest by the emergency medical dispatcher during the emergency call. When cardiac arrest is identified, telephone guided cardiopulmonary resuscitation (CPR) and referral to an automated external defibrillator should be initiated. Previous studies have investigated barriers to recognition of OHCA, and found the caller's description of sign of life, the type of caller, caller's emotional state, an inadequate dialogue during the emergency call, and patient's agonal breathing as influential factors. Though many of these factors are included in the algorithms used by medical dispatchers, many OHCA still remain not recognised. Qualitative studies investigating the communication between the caller and dispatcher are very scarce. There is a lack of knowledge about what influences the dispatchers' recognition of OHCA, focusing on the communication during the emergency call.

The purpose of this study is to identify factors affecting medical dispatchers' recognition of OHCA during emergency calls in a qualitative analysis of calls.

Methods: An investigator triangulated inductive thematic analysis of recordings of out-of-hospital cardiac arrest emergency calls from December 2012. Participants were the callers (bystanders) and the emergency medical dispatchers. Data were analysed using a hermeneutic approach.

Results: Based on the concept of data saturation, 13 recordings of not recognised cardiac arrest and 8 recordings of recognised cardiac arrests were analysed. Three main themes, six subthemes and an embedded theme emerged from the analysis: caller's physical distance (caller near patient, caller not near patient), caller's emotional distance (keeping calm, losing control), caller is a healthcare professional (responsibility is handed over to the caller, caller assumes responsibility), and the embedded theme: caller assesses the patient.

Conclusion: The physical and emotional proximity of the caller (bystander) as well as the caller's professional background affect the dispatcher's chances of correct recognition and handling of cardiac arrest. The dispatcher should acknowledge the triple roles of conducting patient assessment, instructing the caller, and reassuring the emotionally affected caller.

Formål

At undersøge beboernes forståelse af og erfaringer med hjertestop og akut sygdom samt hvordan de vil søge hjælp

Metode



Forsinker opkald

Indringer er ikke tilstede ved hjertestoppet

Ringer til en bekendt som tager over til hjertestoppet før der ringes

Tøver at ringe

Barrierer

- Viden
- Sprog
- Mistillid til sundhedsvæsenet
- Manglende tiltro til egne evner

Kompenserer for manglende kompetencer via netværk

Socialt netværk

Anne: Og var din søn hjemme hos dig da det skete?

Miri: Ja han er hjemme. Jeg sagde ”hurtigt du skal vågne din far er...” men han sover. Jeg ringer hurtigt til min datter. Alle sover. Ingen tager telefonen. Også min store søn. Han tager ikke telefonen. Så jeg ringer til hans kone. Hun tager telefonen og jeg siger ”din svigerfar er meget syg du skal sige til din mand at han skal komme hurtigt”. Han ringer til ambulancen og så kommer der en læge.

Socialt netværk

Faraz: En gang jeg stod ved et busstoppestedet og jeg var på vej til computer kursus. Så en dame. Pakistansk dame hun spurgte mig, om jeg kunne hjælpe hende med at ringe til en ambulance. Hun kunne ikke trække vejret. Så ringer jeg efter en ambulance... De siger "du skal ikke gå fra hende du skal vente på ambulance kommer". Det tager lidt tid til den kommer. Jeg har ventet længe. Så bagefter jeg tænker hun kan ikke tale engelsk kun urdu. Hvordan kan hun forklarer til de ringer efter en tolk. Jeg kan hjælpe. Så jeg har mistet mit computerkursus så jeg kører sammen med hende i ambulance til hospitalet... Lige så snart vi kommer til hospitalet. Så siger han (redderen) til lægen "jeg kommer med en tolk". Fordi han fik at vide at jeg arbejder som medicinsk tolk ikke. Så siger han "nu kommer jeg med tolk også til jer ikke". Jeg har været tre timer sammen med hende. Bagefter kommer familien og overtager. Så tager jeg bussen hjem igen. Jeg har mistet mit kursus men jeg siger det er lige meget jeg har hjulpet en ikke...

Delkonklusion III

- Udfordringer i første led i overlevelseskæden
- Sårbarhed i mødet med det akutte sundhedsvæsen

Konklusion

Høj incidens af hjertestop i almene boliger

CARAMBA implementeret

Overlevelseskædens første led

