

Cardiac Arrest Steering Committee Meeting Minutes



7 December 2022

Meeting started at 1300 hrs.

Attendees:

Kelly Derthick	Beth Philipson
Melanie Gertner	Luis M. Pinet-Peralta
Danielle Joy	Kevin Seaman – Chair
Matt Levy	Nisha Strobos
Alicia Mezu	Beverly Witmer
Karen O’Connell	Cyndy Wright-Johnson

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1. October minutes reviewed and approved
 2. PEMAC updates
 - a. Survival from OHCA improvement
 - b. Provider Experience: Kudos do Danielle and Rick
 - i. CHOP (Child Hospital in Philadelphia) implemented pediatric HP-CPR and T-CPR
 - c. Clarified BUS STOP CPR – teaching CPR at bus stops, Beth Phillipson would like to implement this concept in Maryland.
 3. Survival from OHCA presentation – Kevin Seaman
 - a. Some basic concepts on OHCA
 - i. Sociodemographic-driven
 - ii. Shockable rhythms most likely to survive
 - iii. Response times degrade shockable rhythms
 - b. Slope of death
 - i. Impacted by HP-CPR underperformance, rapid dispatch, T-CPR, early AED and shockable rhythms
 - ii. Circulation - [5 metrics of HP-CPR](#)
 - iii. ROC trial – CCM [chest compressions and OHCA survival](#) and Circulation [Optimal Chest Compression Depth](#)
 - c. Charles County high frequency simulations
 - i. Low-dose, high-frequency education (Gordon Graham typology)
 1. Improvement in performance metrics
 - a. Start to call – recognition
 - b. Start to call – T-CPR direct compressions
 - ii. AHA Educational strategies to improve CA survival
 - iii. Maryland Resuscitation Academy
 1. 600 seconds to save a life
 2. BLS owns CPR
 3. T-CPR performance metrics measurement and improvement
 4. Traditional vs. Spaced-learning training approaches

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5. Four stages of learning
 6. [RQI Go for EMS Clinicians video](#)
4. Pediatric implications
 - a. HP CPR implementation challenges and data collection
 - i. eMEDS narrative vs. eMEDS elements: can we have core data elements?
 - ii. Mandatory fields in eMEDS with pop-up windows
 - iii. Will bring this up with the eMEDS steering committee
 - b. How to translate the importance of emotional response and focus on objective steps?
 - i. Opportunity for small pilot implementations
 - c. Parental education
 - i. EMS needs to stay and play
 1. Consider having scripts and a time period
 - d. Expectations managing children and emotional decision-making
 - i. Challenges of working on the field, transport and TOR protocols (evidence-based)
 - ii. Protocol is not performance: we must get behind field observations/information
 - iii. Need a focus group to determine what we need to work pediatric cardiac arrest on the scene
 5. Implementation priorities
 - a. Citizen/public training
 - b. Clinicians
 - c. Jurisdictions (EMSOPs)
 - d. Youth training/schools

The committee agreed to change the schedule for 2023 to meet from 1400-1600 hrs.

Meeting ended at 1447.