

VOLUNTEER RESPONDERS: INCREASING SURVIVAL RATES OF CARDIAC ARREST INCIDENTS

EENA WEBINAR NOVEMBER 8, 2023

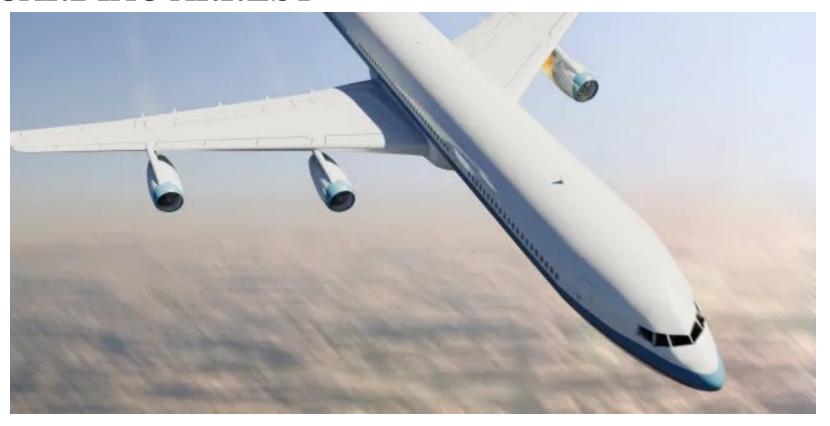
DAVID FREDMAN & MADS CHRISTIAN TOFTE GREGERS

CONFLICT OF INTEREST

- David Fredman RN, PhD
- Member of EENA Tech&Ops committee
- Member of the Swedish CPR council
- Co-founder and operations manager of Heartrunner Sweden

OUT OF HOSPITAL CARDIAC ARREST

- OHCA kills 1000
 people every day
 around the world
- Over 340 000 die every year in Europe



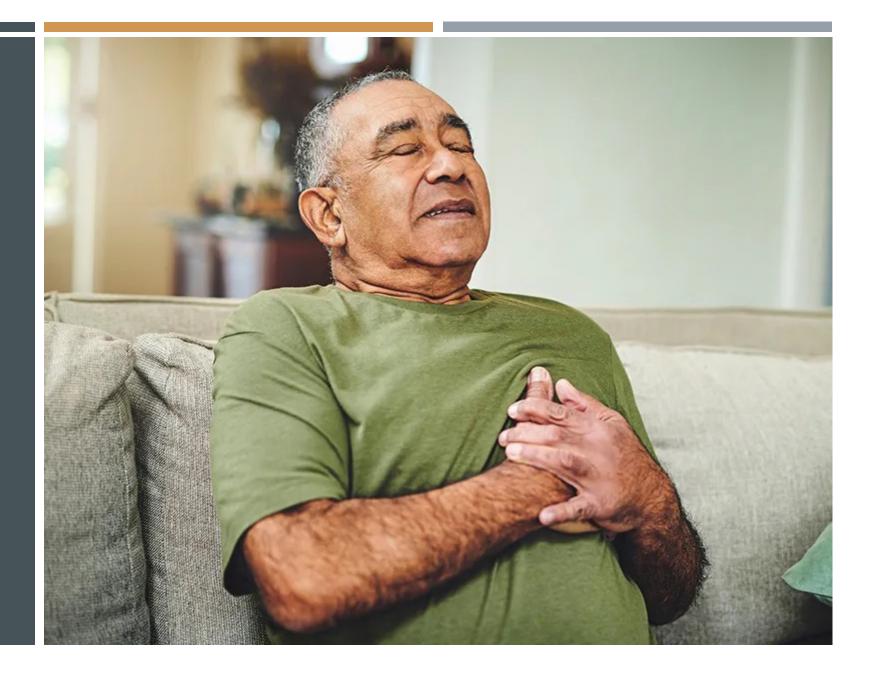
CARDIAC ARREST

- Common and Lethal
- The dramatic ones occur in public

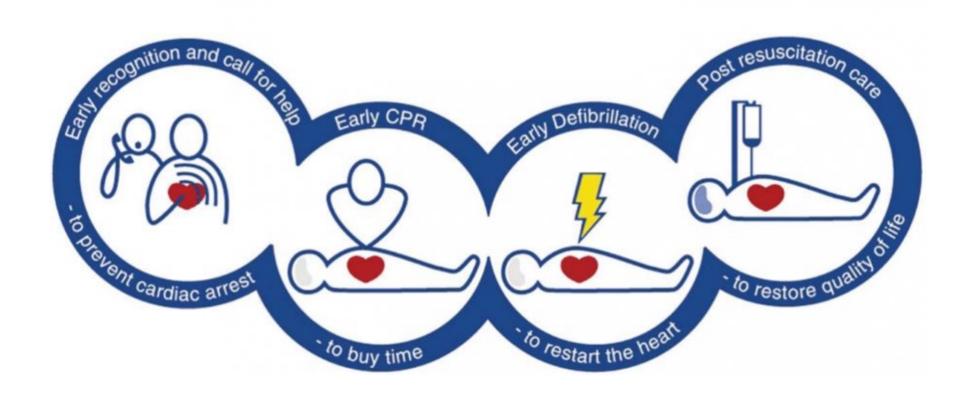


CARDIAC ARREST

- 65-80% happen at home
- Majority of victims are male
- Less than 10% survive
- Survival is dependent on early CPR and AED use



THE CHAIN OF SURVIVAL



THE CHAIN OF SURVIVAL EARLY RECOGNITION AND CALL FOR HELP



EARLY RECOGNITION AND CALL FOR HELP

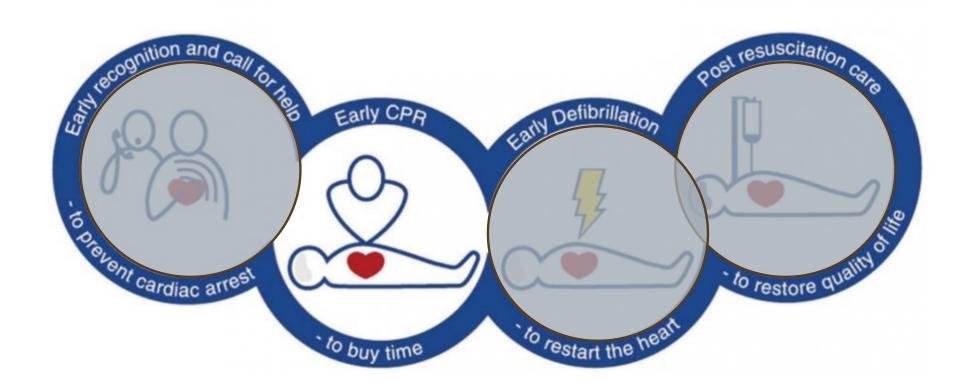
- Proper identification of symptoms of cardiac arrest grants for fast onset of resuscitation
- Two questions:
 - Is the person responding? Is the person breathing?

NO - NO - GO!

EARLY RECOGNITION AND CALL FOR HELP

- Proper identification of symptoms of cardiac arrest grants for fast onset of resuscitation
- Two questions:
 - Is the person responding? Is the person breathing
- NO NO GO!
- Always call 112 to start the process and get help!

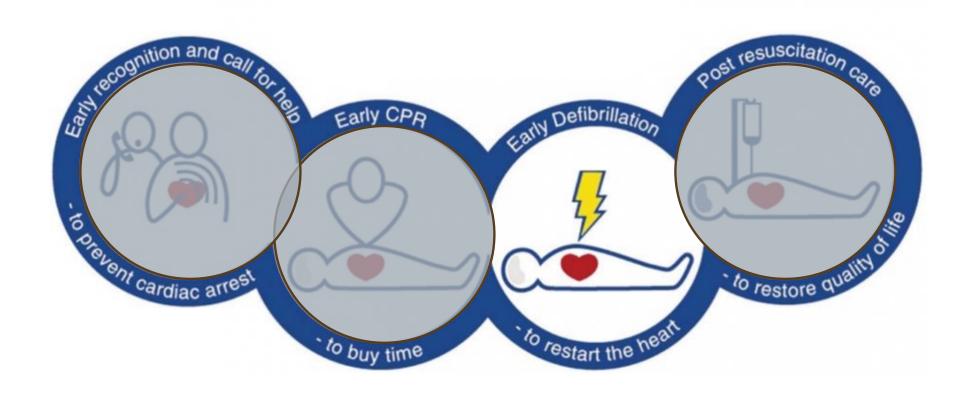
THE CHAIN OF SURVIVAL EARLY CPR – TO BUY TIME



EARLY CPR – TO BUY TIME

- CPR = cardiopulmonary resuscitation
- Assisted circulation through rhythmic compressions of the chest to circulate blood
 - prevents brain damage
 - keeps heart cells oxygenated to make them receptive to electrical shock
- Learn CPR to be better at it!
- Hands only or use the 30 compressions/2 rescue breaths technique
- Dispatchers can coach you in CPR

THE CHAIN OF SURVIVAL EARLY DEFIBRILLATION - TO RESTART THE HEART

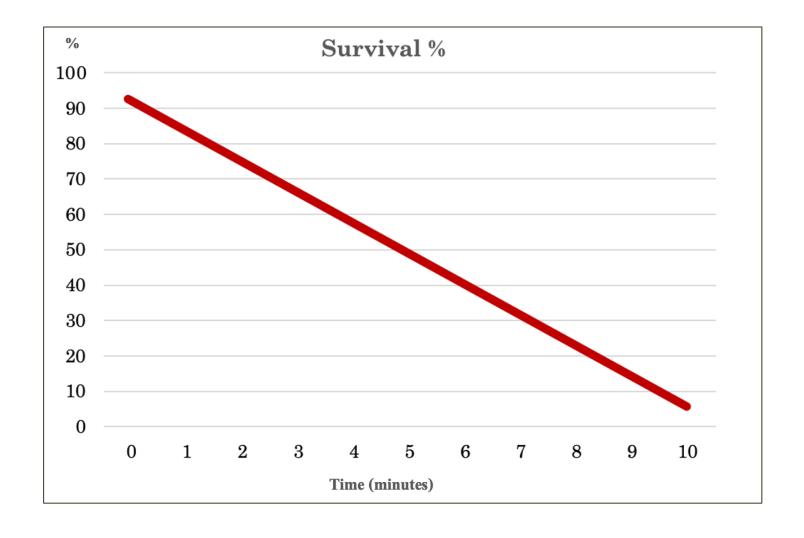


EARLY DEFIBRILLATION - TO RESTART THE HEART

- An AED (= Automated External Defibrillator) can restore the electric currents in the heart
- Only two rhythms are receptive for defibrillation VF (ventricular fibrillation) & pVT (pulseless ventricular tachycardia)
- Usually VF/pVT are present within the first minutes after collapse
- The faster the better!
- Studies show that 70 survival is obtainable if an AED is used in the first minutes
- Perform CPR until an AED is present the heart cells need oxygen to be receptive to the electric shock

TIME IS CRUCIAL

In cardiac arrest, every minute without CPR or use of an AED reduce the chance of survival by 7-10%



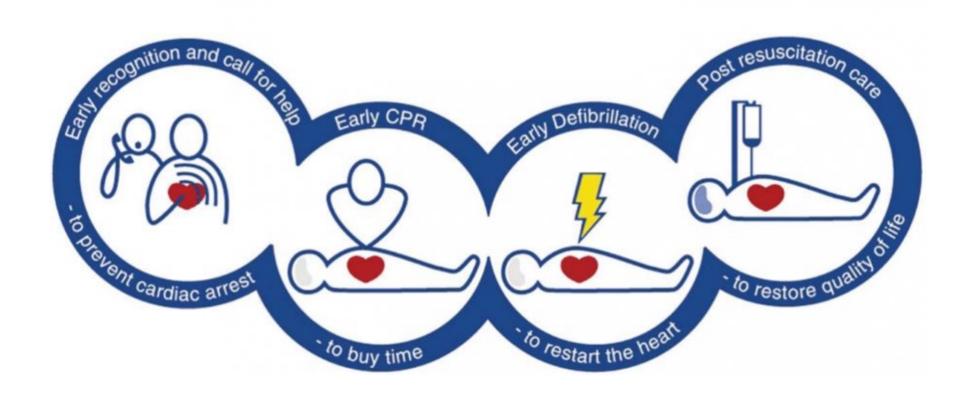
THE CHAIN OF SURVIVAL POST RESUSCITATION CARE - TO RESTORE QUALITY OF LIFE



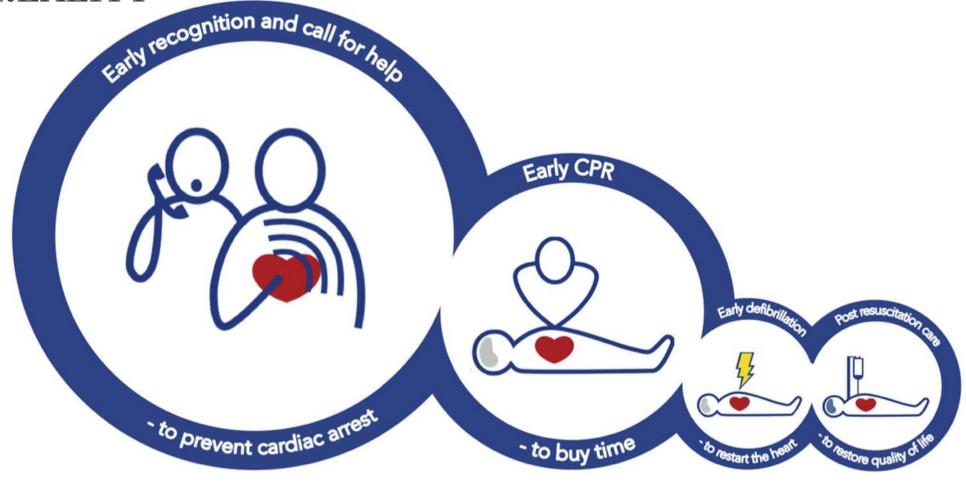
POST RESUSCITATION CARE - TO RESTORE QUALITY OF LIFE

- Treat the reason for the cardiac arrest
 - CAT lab/Angioplasty to restore oxygenation to the heart
- Intensive care
 - Induced hypothermia to prevent brain damage
- Consistent, effective and sustainable post-cardiac arrest care is important for survivors and their families
- Many survivors can go back to normal life

THE CHAIN OF SURVIVAL

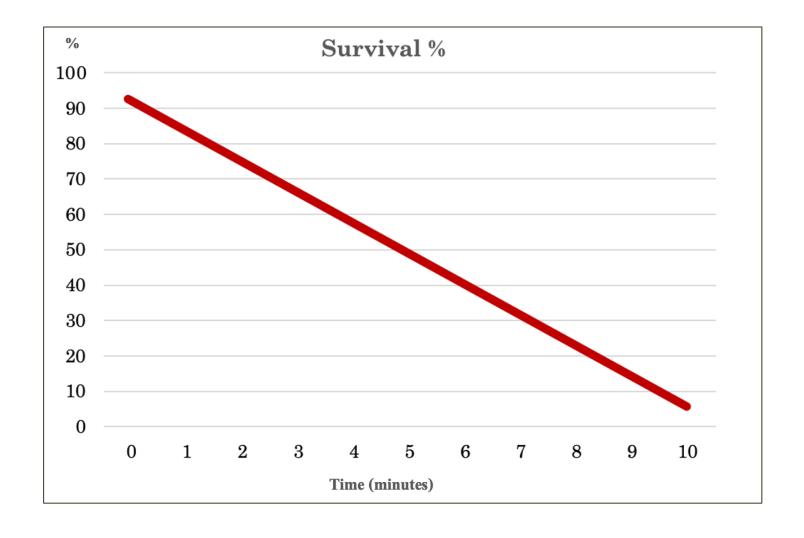


THE CHAIN OF SURVIVAL ...IN REALITY



TIME IS CRUCIAL

In cardiac arrest, every minute without CPR or use of an AED reduce the chance of survival by 7-10%



THIS CAN CHANGE! THIS MUST CHANGE!

EUROPEAN RESUSCITATION COUNCIL 2021 CPR GUIDELINES

SYSTEMS SAVING LIVES GL 2021

TOP MESSAGES



- RAISE AWARENESS ABOUT CPR AND DEFIBRILLATION
 - Train as many citizens as possible
 - Engage with World Restart a Heart Day
 - Develop new and innovative systems and policies that will save more lives
- 2 USE TECHNOLOGY TO ENGAGE COMMUNITIES
 - Implement technologies to alert first responders to cardiac arrests through smartphone apps / text messages
 - Develop communities of first responders to help save lives
 - Map and share the locations of public access defibrillators

... LONG AGO IN A LAND FAR AWAY

- An idea was born ...
- ... before smartphones and GPS technologies in every device

... LONG AGO IN A LAND FAR AWAY

What if it's possible to alert motivated and educated volunteers of a cardiac arrest nearby ...?

... LONG AGO IN A LAND FAR AWAY

- Many believed this was nuts!
- Research proved the benefits and perseverance paid off

RESEARCH PAVED THE WAY TO PROVE THE BENEFITS

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Mobile-Phone Dispatch of Laypersons for CPR in Out-of-Hospital Cardiac Arrest

Mattias Ringh, M.D., Mårten Rosenqvist, M.D., Ph.D., Jacob Hollenberg, M.D., Ph.D., Martin Jonsson, B.Sc., David Fredman, R.N., Per Nordberg, M.D., Hans Järnbert-Pettersson, Ph.D., Ingela Hasselqvist-Ax, R.N., Gabriel Riva, M.D., and Leif Svensson, M.D., Ph.D.



Resuscitation

Volume 152, July 2020, Pages 16-25



Journal of the American College of Cardi Volume 76, Issue 1, 7 July 2020, Pages 43-53

Original Investigation

Smartphone Activation of Citizen Responders to Facilitate Defibrillation Out-of-Hospital Cardiac Arrest

Linn Andelius MD ^a ္ 図 ⊕, <u>Carolina Malta Hansen MD</u>, P Lena Karlsson MD, PhD ab, Christian Torp-Pedersen MD, DSC <u>Lars Køber MD, DSci</u> ^f, <mark>Helle Collatz Christensen MD, PhD ^a, <u>Sti</u></mark> Gunnar H. Gislason MD, PhD b, Fredrik Folke MD, PhD ab

Enhancing citizens response to out-ofhospital cardiac arrest: A systematic review of mobile-phone systems to alert citizens as first responders

Tommaso Scquizzato a b 🍳 🖾 , Ottavia Pallanch a, Alessandro Belletti a, Antonio Frontera <u>Luca Cabrini</u> ^d, <u>Alberto Zangrillo</u> ^{a b}, <u>Giovanni Landoni</u> ^{a b}

https://doi.org/10.1002/14651858.CD012764.pub2 @



Resuscitation

Volume 85, Issue 11, November 2014, Pages 1444-1449

Local lay rescuers with AEDs, alerted by text messages, contribute to early defibrillation in a Dutch out-of-hospital cardiac arrest dispatch system 🖈

Jolande A. Zijlstra $^{a\,1}\,$ 2 \boxtimes , Remy Stieglis $^{a\,1}$, Frank Riedijk b , Martin Smeekes b , Wim E. van der Worp ^c, Rudolph W. Koster ^a



Resuscitation Plus

Volume 16, December 2023, 100486

Technology activated community first responders in Singapore: Real-world c delivery & outcome trends

Fahad Javaid Siddigui ^a, Stephanie Fook-Chong ^b, Nur Shahidah ^{b c}, Colin K Tan ^d, Ji Wei Ming Ng ^f, Dennis Quah ^g, Yih Yng Ng ^{h i}, Benjamin SH Leong ^j, Marcus EH On



Resuscitation

Volume 147, 1 February 2020, Pages 57-64

Clinical paper Mobile phone-based alerting of CPR-trained volunteers simultaneously with the ambulance can reduce the resuscitationfree interval and improve outcome after Cochrane Database of Systematic Reviews | Review - Intervention

Community first responders for out-of-hospital cardiac arrest in population-based cardiac arrest: A children

Picardo Segurado, Mary Codd, Ralf Stroop a1 Noralf Kernar b1 out-of-hospital cardiac arrest: A German,

 $Ralf Stroop^{a1} \boxtimes$, $\underline{Thoralf Kerner}^{b1} \boxtimes$, $\underline{Bernd Strickmann}^{c} \boxtimes$, $\underline{Mario Hensel}^{d} \supseteq \boxtimes$



Resuscitation

Volume 126, May 2018, Pages 160-165

ELSEVIER

A smartphone application for dispatch of lay responders to out-of-hospital cardiac arrests

Ellinor Berglund ^a, Andreas Claesson ^a, Per Nordberg ^a, Therese Djärv ^a, Peter Lundgren ^{b c}, Fredrik Folke ^d, Sune Forsberg ^{e f}, Gabriel Riva ^a, Mattias Ringh ^a 🙎 🖂



In July 2023, a publication with over 9 500 patients proved dramatically increases 30-day survival when volunteers
were alerted to cardiac arrest



Journal of the American College of Cardiology



Volume 82, Issue 3, 18 July 2023, Pages 200-210

Original Investigation

Dispatch of Volunteer Responders to Out-of-Hospital Cardiac Arrests

Martin Jonsson PhD ^{a *} A Martin Jonsson PhD ^{a *}, Ellinor Berglund PhD ^{a *}, Enrico Baldi MD, PhD ^{b c},

Maria Luce Caputo MD, PhD ^d, Angelo Auricchio MD, PhD ^d, Marieke T. Blom PhD ^{e f},

Hanno L. Tan MD, PhD ^e, Remy Stieglis MS ^e, Linn Andelius MD, PhD ^g, Fredrik Folke MD, PhD ^{g h i},

Jacob Hollenberg MD, PhD ^a, Leif Svensson MD, PhD ^j, Mattias Ringh MD, PhD ^a,

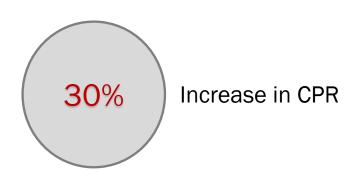
ESCAPE-NET Investigators

CENTRAL ILLUSTRATION Study Outcomes Bystander CPR Study Crude Risk Ratio (95% CI) Weighted Risk Ratio (95% CI) P Value # Stockholm 1.62 (1.47-1.79) 1.69 (1.52-1.88) < 0.0001 🐈 Västra Götaland 1.27 (1.21-1.33) 1.26 (1.19-1.34) < 0.0001 North Holland North 1.13 (1.05-1.22) 1.19 (1.09-1.31) 0.0001 7 Ticino 1.17 (1.08-1.28) 1.22 (1.11-1.35) < 0.0001 a Capital Region of Denmark 1.19 (1.13-1.25) 1.21 (1.15-1.27) < 0.0001 Random effect 1.30 (1.15-1.47) < 0.0001 τ^2 = 0.018 (95% CI: 0.005-0.175) I² = 88.5% (95% CI: 75.7%-94.5%) 0.7 1.0 1.5 2.0 3.0

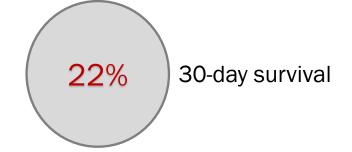
Bystander Defibrillation						
	Study	Crude Risk Ratio (95% CI)	Weighted Risk Ratio (95%	CI)	P Value	
#	Stockholm	2.33 (1.33-4.08)	2.82 (1.59-4.99)		0.0004	
*	Västra Götaland	2.72 (1.79-4.12)	2.93 (1.77-4.85)		<0.0001	
-	North Holland North	1.08 (0.74-1.59)	1.70 (1.13-2.57)		0.0116	
7	Ticino	1.68 (0.98-2.90)	1.68 (0.94-2.99)	-	0.0809	
1	Capital Region of Denmark	1.34 (1.04-1.71)	1.30 (1.01-1.67)		0.0410	
	Random effect		1.89 (1.36-2.63)	-	0.0001	
	τ ² = 0.086 (95% CI: 0.002-	-0.992)				
	I ² = 66.1% (95% CI: 11.6%-	87.0%)	_			
0.7 1.0 1.5 2.0 3.0 5.0						

30-Day Survival						
Study	Crude Risk Ratio (95% CI)	Weighted Risk Ratio (95% CI)	P Value			
	1.17 (0.89-1.52)	1.35 (1.03-1.78)	0.0321			
🊏 Västra Götaland	1.21 (0.93-1.57)	1.31 (0.95-1.81)	0.0935			
North Holland North	0.98 (0.73-1.31)	1.29 (0.94-1.78)	0.1148			
7 Ticino	0.79 (0.58-1.08)	0.91 (0.65-1.28)	0.6043			
a Capital Region of Denmark	1.23 (0.99-1.54)	1.21 (0.96-1.53)	0.1070			
Random effect		1.22 (1.07-1.39)	0.0026			
$\tau^2 = 0.000 \text{ (95\% CI: } 0.000 - 0.182)$						
I ² = 0.0% (95% CI: 0.0%-79.2%)						
0.7 1.0 1.5 2.0 3.0						
Jonsson M, et al. J Am Coll Cardiol. 2023;82(3):200-210.						

The figure illustrates the differences in risk ratios and 95% CIs for each study outcomes (bystander cardiopulmonary resuscitation [CPR], bystander defibrillation, and 30-day survival) and study site after inverse probability treatment weighting. Pooled random effect estimates for all study sites are presented as a **red diamond**. The **size of the circles** represents the weight from each study site.







VOLUNTEER RESPONDER SYSTEMS

- An estimation is that 50% of the countries in Europe have a system alerting volunteers in place at some level
- Generally, they rely on the same idea, alerting volunteers to increase engagement and survival in OHCA
- Denmark was to my knowledge the first European country to have a national unified system alerting volunteer responders in 2020
- Great success!

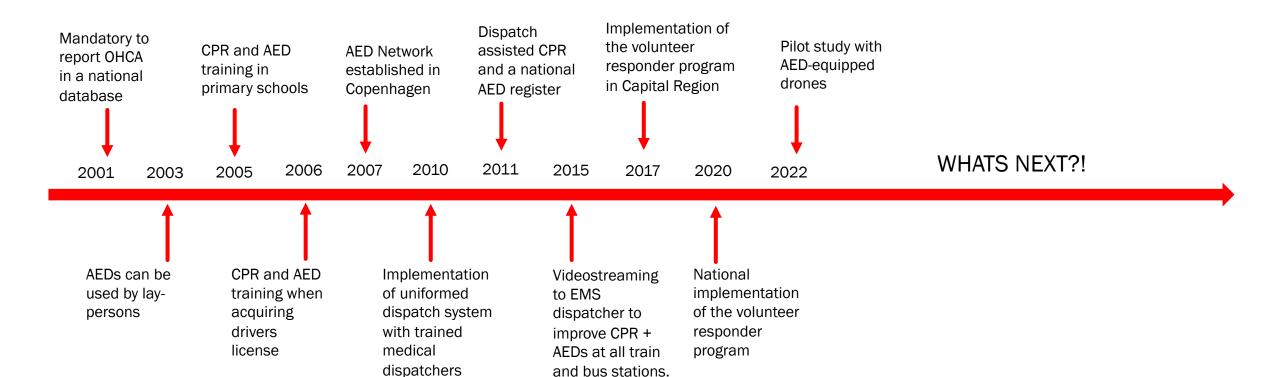


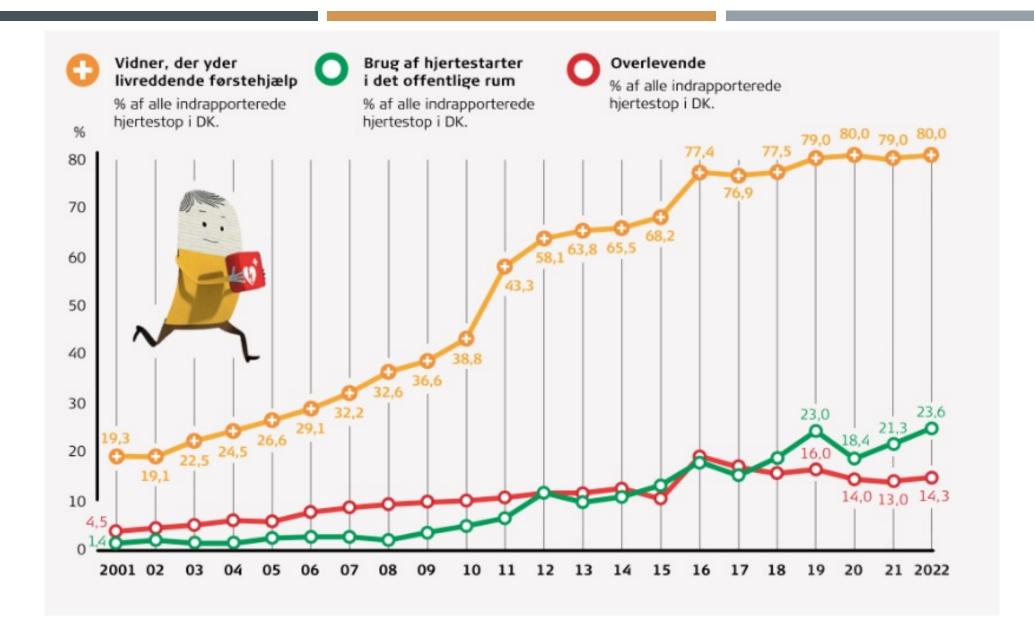
CONFLICT OF INTEREST

Mads Gregers M.D. Ph.D.

- Member of the Danish National Steering Committee of the Volunteer Responder Program
- Medical expert for Ooono Medical A/S

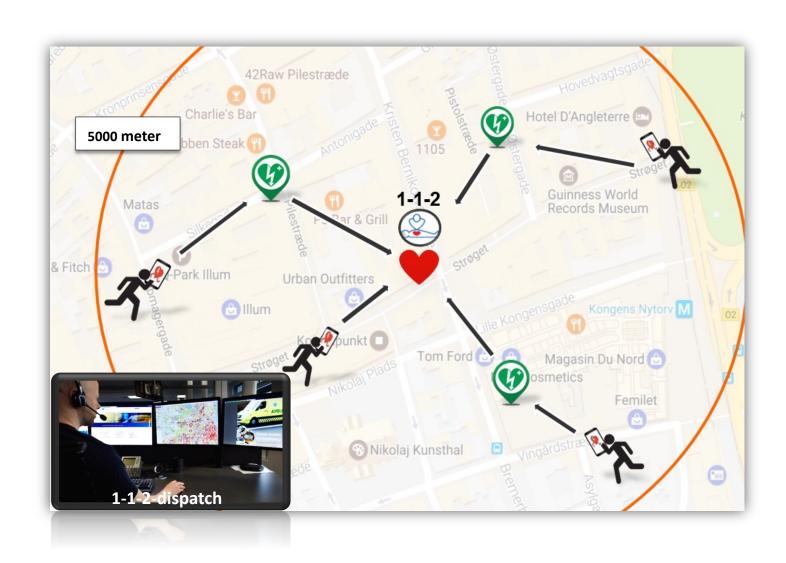
OUT-OF-HOSPITAL CARDIAC ARREST IN DENMARK







ACTIVATION OF VOLUNTEER RESPONDERS





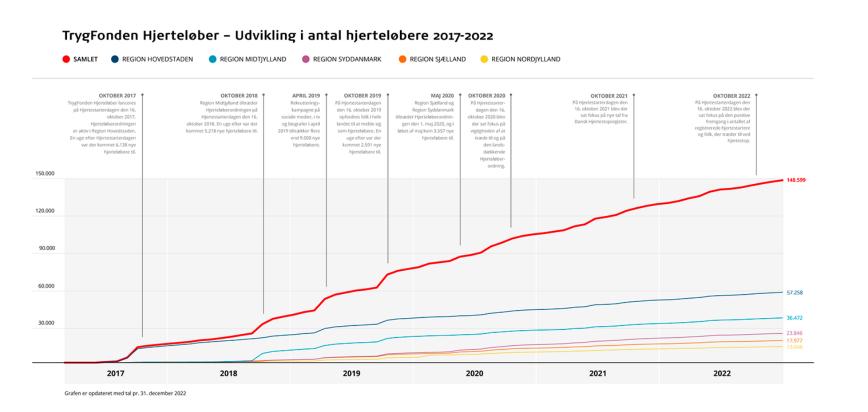


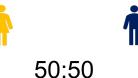




152,773 REGISTERED VOLUNTEER RESPONDERS

2,608 VOLUNTEERS /100,000 INHABITANTS







24% health care professionals



HOW TO RECRUIT VOLUNTEER RESPONDERS? Lad os løbe for hinandens liv, når et hjerte Bliv hjerteløber stopper TrygFonden

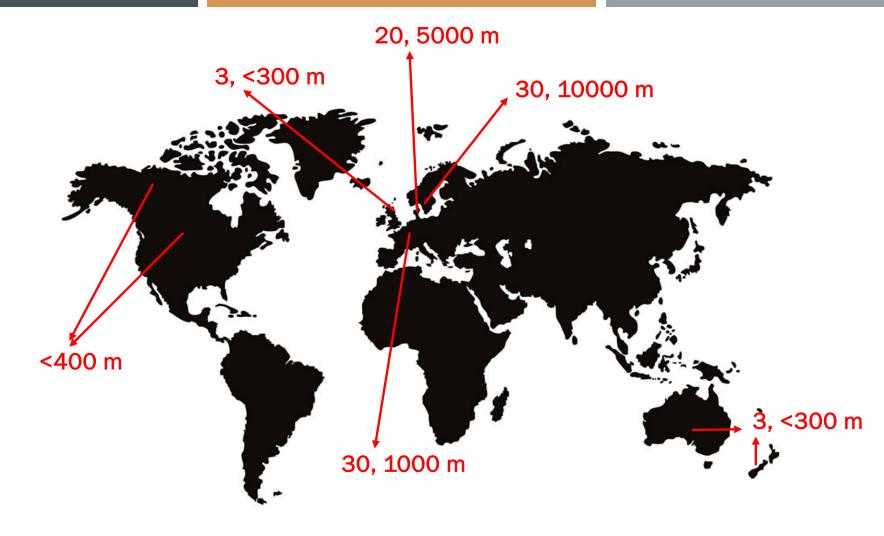
HOW TO IMPLEMENT A VOLUNTEER RESPONDER SYSTEM?



\$

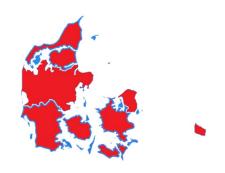
Many stakeholders!

Money...



Volunteer responder programs in the world

OUR RESULTS

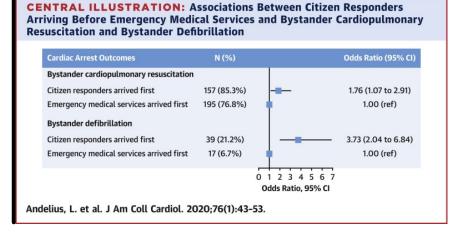


How many react to the alarm?





≈ 40-45% arrives before the ambulance!



DEFIBRILLATION TRIPLES!

OUR RESULTS CONTINUED

FIGURE 3 Association Between Number of VRs Arriving First and Interventions

	Bystander CPR			
VR Group %	(Events/Patients)	Unadjusted OR (95% CI)	Α	djusted OR (95% C
EMS arrived first	80 (300/376)	1.0 (ref.)	•	1.0 (ref.
1 VR arrived prior to EMS	92 (237/259)	2.73 (1.65-4.52)		2.40 (1.42-4.05
2 VRs arrived prior to EN	IS 94 (102/109)	3.69 (1.65-8.27)		3.18 (1.39-7.26
≥3 VRs arrived prior to E	MS 93 (151/162)	3.48 (1.79-6.74)		2.70 (1.32-5.52
			1248	

	Bystander Defibrillation			
VR Group	% (Events/Patients)	Unadjusted OR (95% CI)	Ad	djusted OR (95% C
EMS arrived first	6 (22/376)	1.0 (ref.)	+	1.0 (ref
1 VR arrived prior to EM	MS 14 (36/259)	2.60 (1.49-4.53)		1.97 (1.12-3.52
2 VRs arrived prior to E	MS 20 (22/109)	4.07 (2.15-7.68)		2.88 (1.48-5.58
≥3 VRs arrived prior to	EMS 27 (44/162)	6.00 (3.45-10.42)		3.85 (2.11-7.0)
			1248	

Forest plot illustrating both unadjusted and adjusted (for ambulance response time) logistic regression models of bystander interventions according to VRs arriving before the EMS. No corrections for multiple testing were applied. CPR — cardiopulmonary resuscitation; other abbreviations as in Figure

The number of volunteer responders arriving before the ambulance influences the proportion of patients that are defibrillated by an AED!



VOLUNTEER RESPONDER SYSTEMS

ORIGINAL RESEARCH

Open Access

Smartphone-based dispatch of community first responders to out-of-hospital cardiac arrest - statements from an international consensus conference



Camilla Metelmann^{1*†}, Bibiana Metelmann^{1†}, Dorothea Kohnen², Peter Brinkrolf¹, Linn Andelius³, Bernd W. Böttiger⁴, Roman Burkart⁵, Klaus Hahnenkamp¹, Mario Krammel^{6,7}, Tore Marks¹, Michael P. Müller⁸, Stefan Prasse⁹, Remy Stieglis¹⁰, Bernd Strickmann¹¹ and Karl Christian Thies^{1,12}

- Efforts are made to reach consensus on systematics, safety and data reporting from volunteer responder systems
- We need to understand more to perform better



THANK YOU!

- david@heartrunner.com
- mads.christian.tofte.gregers.01@regionh.dk
- https://eena.org/knowledge-hub/documents/citizen-response-to-cardiac-arrest/