

DNP Scholarly Project: Implementation of a Campus-Wide Sudden,

Cardiac Arrest Safety Net Mary McCormack DNP, FNP-C

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BACKGROUND/SIGNIFICANCE

PROBLEM STATEMENT

ROL/EVIDENCE

- Estimated 326, 000 episodes of sudden cardiac arrest (SCA) occurring in communities nationwide annually
- < 6% of victims of outside hospital SCA survive to hospital discharge
- < 3% of U.S. citizens are trained in CPR/AED
- Sudden cardiac death (SCD) is the leading cause of death in athletes
- The risk of SCD is 3 times greater in athletic youths

Mandatory Cardiac screening Pre participation physical exam (PPE) athletes for all athletes (ECG/Echo)

Current Practice

offered to all student

Pilot Program Fall 2016

Implementation of AHA CPR in Schools program

Proposed Intervention

- •SCA costs the U.S. healthcare system \$33 billion dollars annually
- College male athletes are 6 times more likely to suffer an incident of SCA than female athletes
- African-American athletes are 5 times more likely to experience SCA than white athletes
- •African American, male, basketball players are at the greatest risk for SCD

Question:

What is the knowledge level of college student athletes in CPR/AED use?

Will there be a change in the knowledge level of student athletes in CPR/AED use after completion of the AHA CPR in schools program?

- Provision of bystander CPR for SCA in the community has been noted to increase survival rates two to three fold
- 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 defibrillation
- Survival and future neurologic status post SCA are directly dependent upon how quickly the victim receives emergency medical treatment
- 1866 incidences of SCD in young competitive athletes evaluated and found the majority of deaths occurred as a result of an underlying cardiac condition

FRAMEWORK

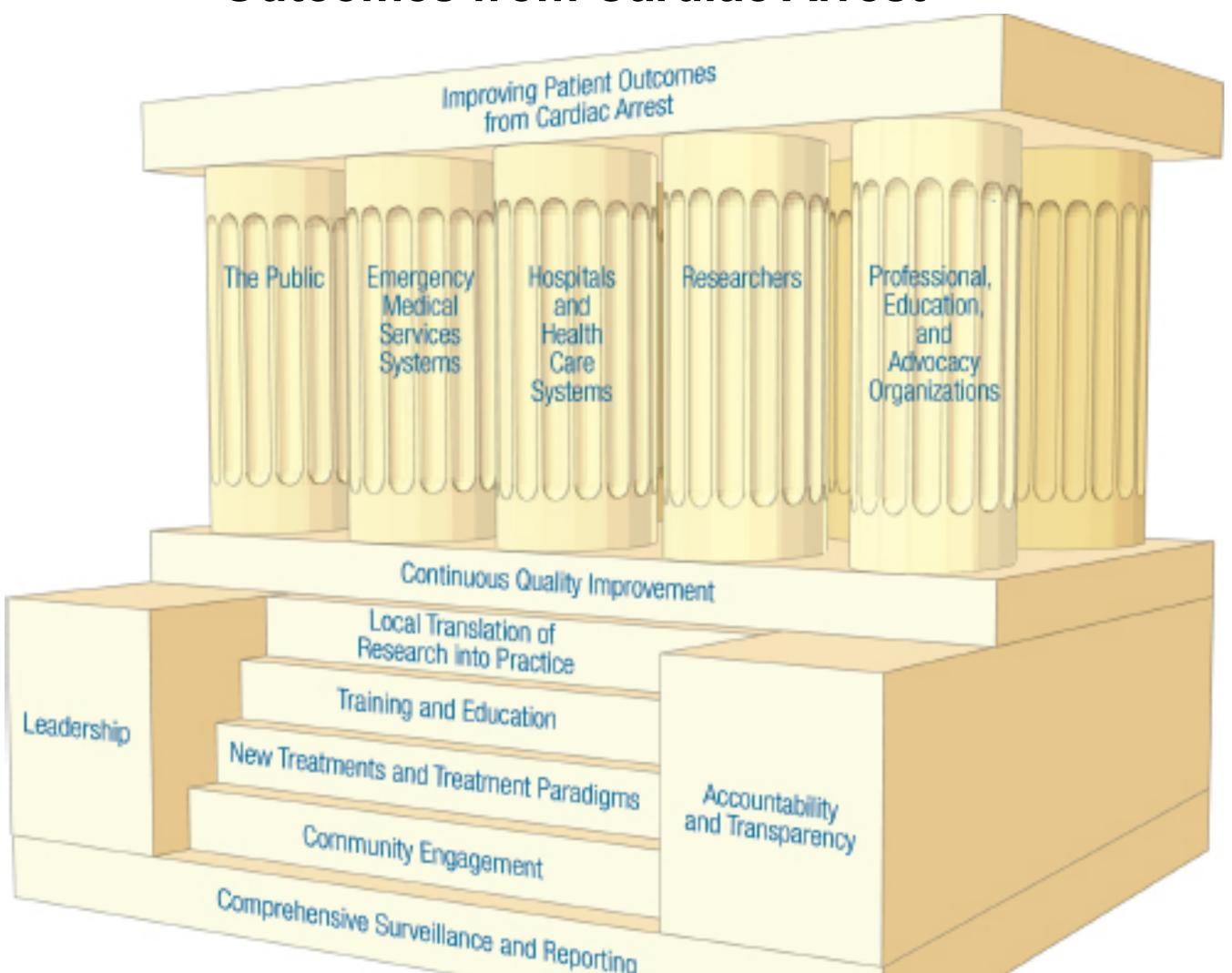
METHODS

RESULTS

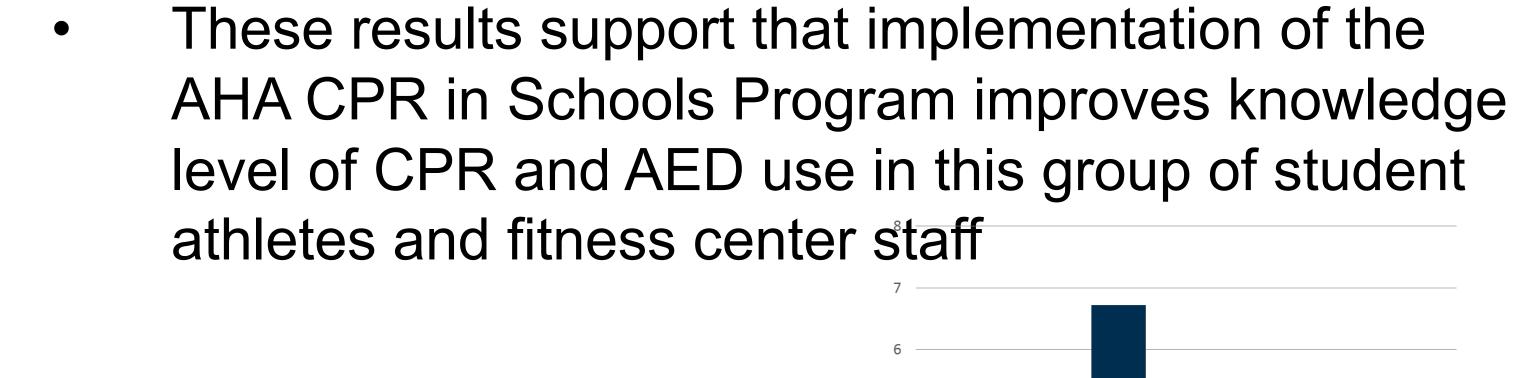
There was a significant difference in the mean scores

for the pre test (M = 2.72, SD = 2.03) and post test (M = 2.72, SD = 2.03)

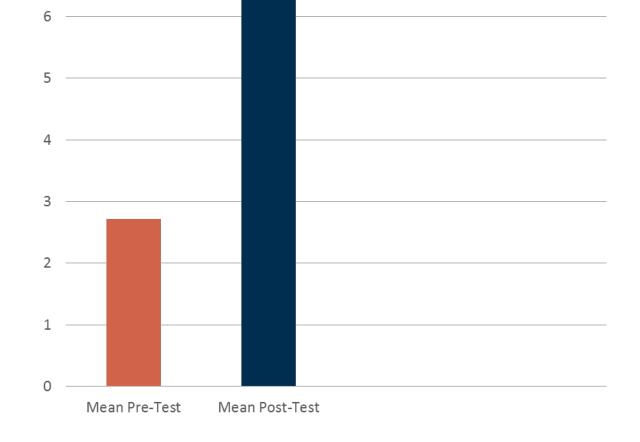
Unifying Framework for Improving Patient Outcomes from Cardiac Arrest



- Convenience sample (n = 25)
- Interventional Pre/Post test design
- Implementation of American Heart Association CPR in Schools Program
- Multiple Sessions







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 Americ College of Cardiology, 63(16), 1636-1643. doi:10.1016/j.jacc.2014.01.041

= 6.72, SD 0.54)

Resuscitation Academy. (2014). Strategies to improve survival from cardiac arrest: An evidence-based analysis. Seattle, WA: Resuscitation Academy.

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