
E000255

CARDIOPULMONARY RESUSCITATION TRAINING PROJECTS IN REGIONAL MEDICAL PROGRAMS

The staff offers the following background material which was requested by the Council to assist them in recommending action on a number of projects of this kind and in considering the possibility of issuing a statement on the relative priority of such projects for RMP funding.

BACKGROUND

During the past several years, knowledge of cardiopulmonary resuscitation has developed to a point where an entirely new framework for the care of persons suffering from sudden and unexpected death has been provided. These advances have been the result of research and its application in clinical experience by the many medical disciplines. New techniques of airway management, the development of closed chest cardiac compression, and new devices such as defibrillators and pacemakers have come from industry and the medical profession. Recently, concerted efforts have been made to integrate this knowledge into one organized approach to the specific problems and giving proper recognition to the role and value of each technique. The methods have been outlined completely and are available in a variety of training materials published by the American Heart Association and approved by the U.S. Public Health Service. The American Heart Association has formed a CPR Committee to develop standards and techniques for physicians and paramedical personnel and others concerned with Cardiopulmonary Resuscitation. These sources of information concerning developments of this technique in this rapidly expanding field are readily available. A statement on heart-lung resuscitation by the Ad-Hoc Committee on cardiopulmonary resuscitation of the Division of Medical Sciences, National Academy of Sciences, and National Research Council can be obtained in the form of a reprint from the Journal of the American Medical Association, October 24, 1966. This statement has been updated and gives in detail the minimum standards recommended for the technique of heart-lung resuscitation. The recommendations of this Ad-Hoc Committee, the American Heart Association, and the U.S. Public Health Service should be the minimum guidelines for cardiopulmonary resuscitation proposals. Dr. Robert D. Huber, Attorney at Law and a member of the CPR Committee of the American Heart Association gives the medical-legal aspects of resuscitation. He states as follows:

> "Legal action in the field of resuscitation has largely been directed toward failure to perform resuscitation quickly and effectively when it is indicated. One case often cited concerns an ophthalmologist who failed to initiate internal or external cardiac massage because he felt unqualified to do so and sought the assistance of a surgical colleague. Cardiac resuscitation was attempted and residual brain damage resulted from the time delay and it was held that one undertaking to do surgery or any medical procedure should be trained in CPR. It would appear that medical practitioners and paramedical personnel have an obligation to prepare themselves to function effectively in the event of a cardiac emergency. HLR has reached the state such that medical, nursing, and hospital

associations should establish a position on heart-lung resuscitation. There is the possibility that future hospital accreditation include a clause requiring medical personnel working or staff physicians practicing in that facility be qualified in CPR. Each institution has the responsibility for medical care within its walls and it should establish a CPR plan for its staff and employees. Policies and statements should be realistic and once made adhered to or modified. No litigation has come to the attention of the AHA CPR Committee against trained persons who, in good faith, have attempted resuscitation properly."

The public is now aware that cardiac arrest need not mean death and lawsuits may occur for either action or nonaction on the part of the physicians.

REGIONAL MEDICAL PROGRAM INVOLVEMENT

Funded Projects

The Division is currently funding nine routine Cardiopulmonary Resuscitation Training Programs in separate regions. The following is a brief summary of the funded and committed levels of these projects.

	YEARS		
	01	02	03
Arkansas Project #5	$40,539	$32,085*	$32,085*
Georgia Project #10	69,556	113,658	54,000*
Hawaii Project #7	48,720	72,440*	75,385*
Intermountain Project #4	63,350	59,115	76,797*
Iowa Project #4	38,655	38,655*	38,655*
Maryland Project #8	38,240	38,240*	38,240*
New Jersey Project #4	43,396	65,000*	95,000*
North Carolina Project #13	60,861	70,169	70,056*
South Carolina Project #8	42,774	37,845	44,476*
TOTAL	$446,091	$527,207	$524,694

*Committee for future support

One of the projects (Intermountain) has slightly more than two years of experience and three have over one year. The nine projects requested a total of $1,008,665 for their first year which was reduced during the review process by 55.8% to a level of $446,091. Funding approval by Council varied from 17% to 100% of the amount requested. The total potential investment including both funded and committed dollars represents $1,497,992

Requested Projects

There are currently eight CPRT projects under consideration in the review process requesting total support of $1,065,690. Only two of the projects request less than three years support. The following is a brief summary of these requests and their status.

	Status	Request 01	02	03
Arizona Project #6	Approved July '69 Committee at requested level	$56,775 (56,775)	$44,323 (44,323)	$45,406 (45,406)
California Project #26	Approved Jan. '69 Committee as requested	10,634 (10,634)	2,292 (2,292)	---
California Project #36	Approved July '69 Committee	25,815 (25,815)	23,700 (23,700)	24,444 (24,444)
Mississippi Project #8	S.V. Team recommends approval for 2 years	72,842 (51,984)	63,378 (46,247)	65,665 ---
Tennessee Mid-South Project #41	Approved April '69 Committee as requested	30,396 (30,396)	26,540 (26,540)	27,390 (27,390)
Western Pennsylvania Project #4	Approved April '69 Committee as requested	126,842 (126,842)	102,946 (102,946)	--- ---
West Virginia Project #7	Disapproved July '69 Committee	69,172 (---)	64,890 (---)	68,956 (---)
Wisconsin Project #14	Disapproved July '69 Committee	31,308 (---)	36,988 (---)	44,988 (---)
TOTAL		$423,784 (302,446)	$365,057 (246,048)	$276,849 (97,240)

Note: Figures in parentheses represent approved funding.

Of the eight projects reviewed, two were disapproved. As a result, support of these projects will approximate a total of $645,734 for all years and $302,446 for the first year. This represents an average cost of $107,622 per project approved.

General Comments

The applicant agency for each of the funded and requested projects is the Heart Association of the respective regions. The largest item for both funded and requested is in the Personnel Category with Equipment the second largest. In only a few instances is the Heart Association or

local Health Department contributing monetary support.

The majority of the projects are operating within the guidelines of the American Heart Association, CPR Committee's recommendations for training. Most are working within the community hospital setting with the priority of training physicians and nurses first, and then lay groups. Within the hospital category are physicians, dentists, nurses, allied health personnel and ambulance personnel. The lay groups are represented by rescue squads, firemen, policemen, various community organizations, industry, life guards, schools, ski patrols, teachers, and industries.

The projects discuss varying degrees of evaluation mechanisms but most are concerned with pre- and post-testing of the trainees. All of the mechanisms reflect only general gathering of information. Few of the projects become involved in evaluating utilization of CPR in emergency situations and its success or failure. There is no uniform system of evaluation.

The projects in most cases are only generally described, making evaluation of the whole difficult. There is little indication of actual community support of the programs. Financial support from these areas is a necessity if the programs are to continue following termination of RMP support. Most of these programs had some degree of support by the local Heart Association prior to submission to DRMP.

In reviewing the site visit reports to the various regions, it is noted that this type of project fosters additional coordination and cooperation. However, very few of the applications and progress reports reflect this type of involvement.