

# Emergency Department Cardiac Arrest and the Nurse Led Code

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**Key Findings:** Mortality rate for cardiac arrest patients who present to the University of Utah Emergency Department declines with the nurse led code due to improved compression fraction and reorganized teamwork.

## Background

AHA ACLS guidelines state: "every member of the team should know his or her role and responsibilities". (AHA, 2016)

Previous to 2016 roles and responsibilities when caring for cardiac arrest patients in the Emergency Department were unclear.

AHA ACLS guidelines state: "Try to limit interruptions in chest compressions to no longer than 10 seconds". (AHA, 2016) Previously, due to poor team dynamics and MD's performing advanced procedures in cardiac arrest, we had long pauses for pulse checks and procedures.

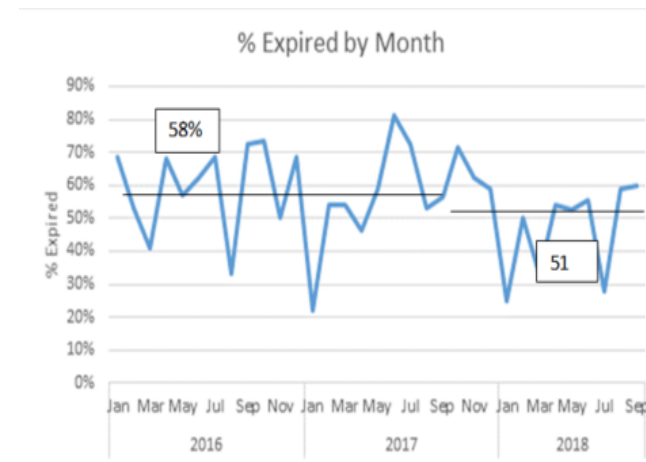
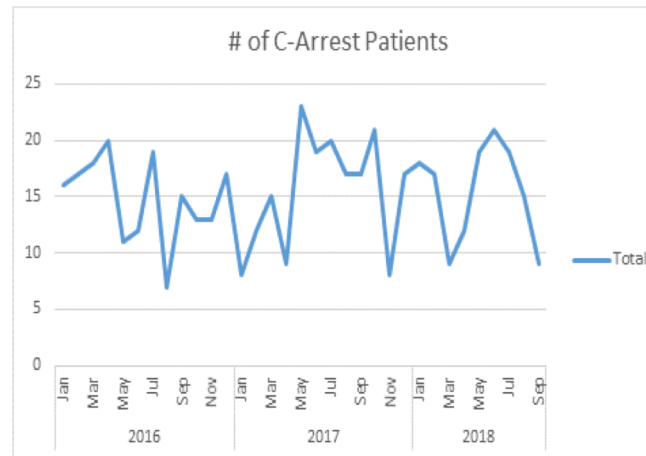
Many staff members stated that they did not feel like they were performing their best in cardiac arrest which leads to job dissatisfaction.

## Methods

An Emergency Department cardiac arrest committee was formed consisting of all interested parties: MD, RN, EMT, Paramedic and pharmacy.

Three objectives were created during these meetings: To improve quality process by increasing compression fraction in cardiac arrest to 80%, improve quality process by clarifying role assignments, and not to affect current mortality rate which was 58% for FY2016.

Roles for each job function were clearly identified during these meetings with MD approval every step of the way.

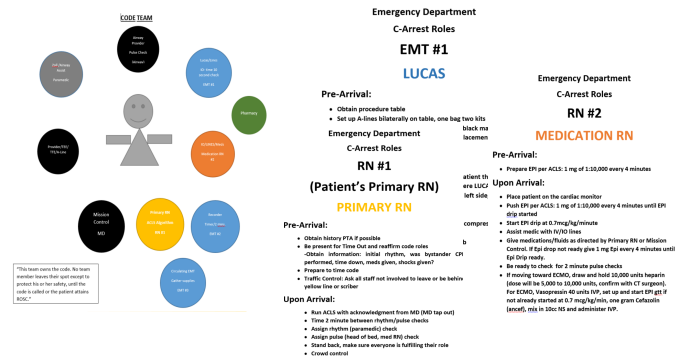


## Methods

Role assignment stickers were added as a visual cue to the change. Role cards were given in pocket form to the staff to carry in their pockets.

Cardiac arrest training and simulation took place over a period of 6 months for all existing staff. A plan to train all new staff coming into the department was initiated.

Compression fraction was calculated by watching videos and calculating entire code time/compression time.



## Conclusion

Mortality rate improved from FY2016 of 58% to 51% in FY2018. Mortality rate is calculated as survival to discharge.

Compression fraction improved to greater than 80% for all patients in cardiac arrest (n=8).

Anecdotally, staff have stated that they feel better about their roles and performance in cardiac arrest.