Implementing CARES in Maryland

**BRIEF BACKGROUND**

CARES was not deployed across the entire state of Maryland, making it difficult for the Maryland Institute for Emergency Medical Services System (MIEMSS) to capture statewide cardiac arrest outcomes and benchmark quality improvement efforts.

**STEPS TAKEN**

In 2016, the statewide CARES implementation process began in six different phases, until it was finally present in all EMS agencies and acute care hospitals in the state. By 2017, MIEMSS had gathered its first full year of publicly available data (available at http://www.miemss.org/home/documents).

**CHALLENGES**

First responder information on bystander CPR and AED use was not always accurately uploaded to CARES. In addition, the assessment of Cerebral Performance Category (CPC) for mild and moderate neurological deficits were not accurately and consistently assessed to reliably report the cardiac arrest patient outcome in CARES.
RESULTS

The 2017 data was used to drive QI projects and studies. MIEMSS studied the CARES data and reported on pediatric cardiac arrest in an abstract at the National Association of EMS Physicians (NAEMSP). The data was also used to support efforts to:

• Include a pediatric HP-CPR in their Maryland Medical Protocol http://www.miemss.org/home/ems-providers/protocols
• Innovate an efficient way of minimizing CPR interruptions by interspersing ventilations between the 29th and 30th compression
• Roll out pediatric HP-CPR at regional conferences across the state

OUTLOOK

MIEMSS plans to implement quality checks on data reported to CARES by reviewing 700-800 randomly selected cases (10%) completely, including the pre-hospital report and the hospital CARES data, to evaluate successes and identify opportunities for improvement.

CONTACT

Kevin Seaman: kseaman.maryland@gmail.com