





Redefining the Future of Emergency Medicine

Implementation of 24/7 mobile life support for sudden cardiac arrest patients in the Minneapolis/St. Paul Area



THE CHALLENGE:

Cardiac resuscitation has been fundamentally unchanged over the last 50 years. But over the last decade, we are learned some fundamental core principles that, if implemented, hold potential to transform SCA outcomes. These include:

- I. Good CPR perfusion during resuscitation and transport
- 2. Early delivery to the hospital for complete circulatory support (ECLS)
- 3. Identifying and treating reversible causes
- 4. Specialized care to treat the metabolic effects of circulatory arrest

These principles provides a promising strategy to improve resuscitation.

THE RESPONSE:

The mobile ECMO project at the Center for Resuscitation Medicine (CRM) unifies these four principles. When a SCA patient cannot be delivered to an ECLS hospital site in a timely fashion, the ECLS capability is delivered to them: How It Worked:

- The program dynamically expedites ECLS delivery to patients by using advanced models that receive real-time input including:
 - Geographic location of the arrest
 - Emergency department availability
 - Advanced ambulance station location
 - Nearest ECMO-capable facility
 - Current road and traffic conditions
- By using a central dispatch, requests for ECMO services can activate the ECMO team (two physicians and a critical care paramedic or nurse) and notify the spoke hospital of an incoming patient. Patients are cannulated in the emergency department by the ECMO team supported by ED staff Successfully cannulated patients undergo cardiac catheterization and are subsequently transitioned to an ECMO-capable ICU unit.

As a result of successful program outcomes, a specialized ECMO truck will go into service in 2022, and cannulation will be performed in the truck.

Learn more about the Center for Resuscitation Medicine at the University of Minnesota here.