Title: North Dakota Cardiac Ready Community Project

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Statement of the Problem: Each year, over 320,000 out of hospital cardiac arrests occur in the United States. Without immediate medical treatment, cardiac arrest can cause sudden death, and brain damage can occur in 4 to 6 minutes. In rural North Dakota, there can be time delays before first responders can arrive at the scene in time to help cardiac arrest patients.

Impact of the Problem: The patient’s odds of survival in a rural area depend on whether there is a bystander nearby and whether he/she can administer lifesaving CPR and obtain and operate an automated external defibrillator (AED) on the patient.

Solution: The state of North Dakota partnered with the American Heart Association to develop a set of guidelines to assist communities in becoming Cardiac Ready Community recognized. The North Dakota Cardiac Ready Community Designation has a set of minimum criteria a community must achieve in order to receive the status. The criteria support the American Heart Association Chain of Survival, which can improve the chances of survival and recovery for victims of heart attack, stroke, and other emergencies. Criteria include community leadership, an ongoing community awareness campaign, a community blood pressure control program, CPR & AED training, public access to AEDs, EMS dispatch, EMS and hospital treatment and transport plans, and program evaluation. The goal is for individuals to be able to recognize a cardiac emergency, know how to dial 9-1-1 to access first responders immediately, begin cardiopulmonary resuscitation (CPR), and have public access to Automated External Defibrillators (AEDs).

The community of Powers Lake was a pilot site for this program and became designated February 2016. Powers Lake has a population of 400 and has no hospital in the community. Through the project, 225 citizens have been trained in CPR and 29 AEDs are placed throughout the community. North Dakota Division of Emergency Medical Systems has received letters of intent from nineteen communities. Communities communicate with the Division of EMS and each other through written, teleconference, and in person communications.