Title

Take Care Of Yourself First: Pausing to Don Full PPE

Authors

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Background

In 2020, just as the coronavirus pandemic began, the American Heart Association changed Advanced Cardiac Life Support guidelines to focus upon reducing responder exposure, rather than directing immediate attention to the victim. The new guideline required health care workers to leave the newly discovered unresponsive, breathless and pulseless patient to don full personal protective equipment (PPE). This adjustment to focus upon hospital staff protection resulted in moral distress for many responders.

Purpose

This project sought to investigate how the short delay in beginning chest compression may have influenced the outcomes of in-hospital cardiopulmonary arrest patients.

Methods

1. Salem Health Institutional Review Board consulted and approved the plan as quality improvement project.
2. Process metric: Team members conducted a retrospective chart review of in-hospital cardiopulmonary arrests in 2019, 2020, 2021 and first two calendar quarters of 2022.
3. Outcome metric: Survival at first in-hospital event and Survival at discharge

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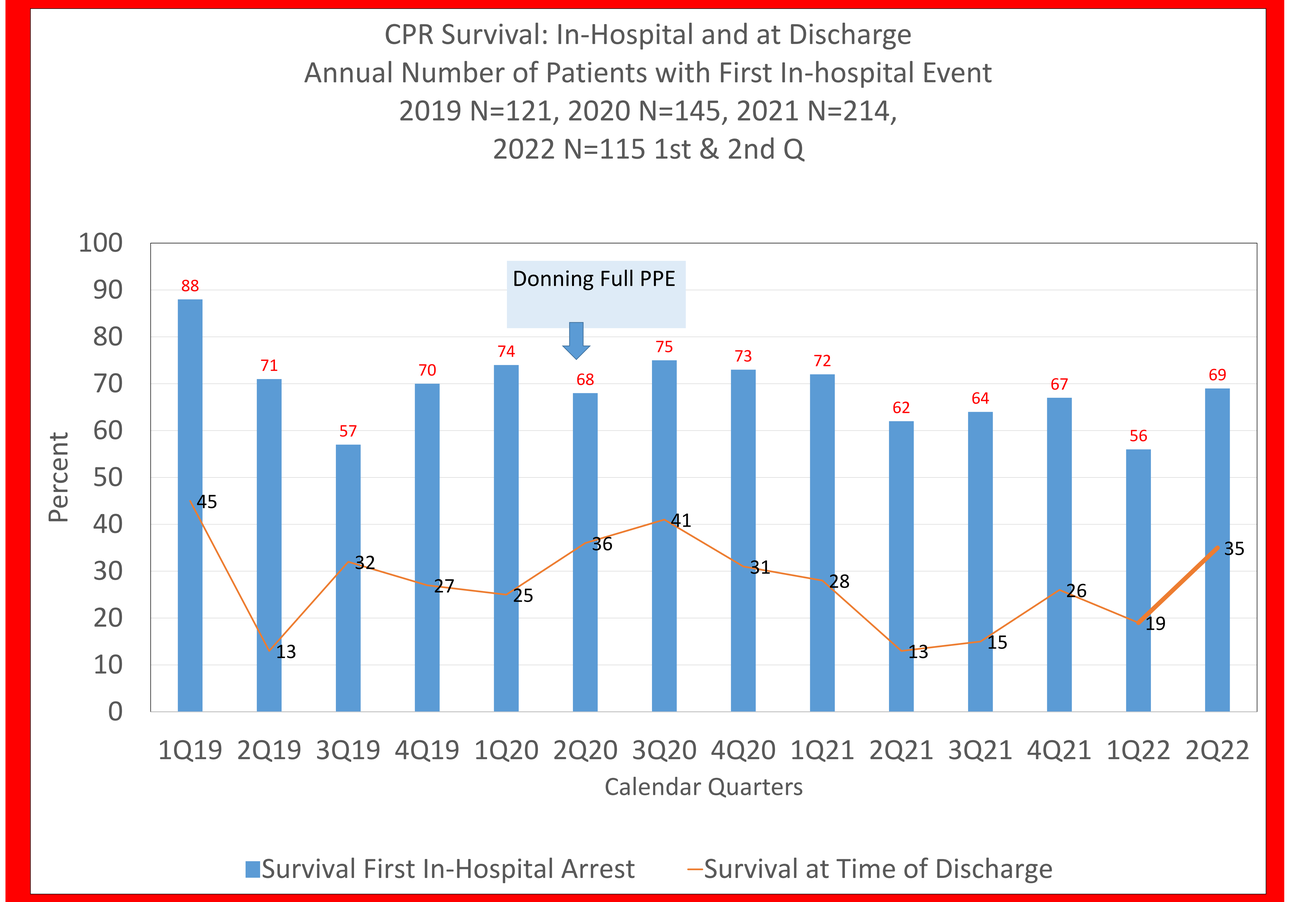
Take Care Of Yourself First: Pausing To Don Full PPE May Not Influence Patient Survival



Statistical significance using t-tests is absent in either survival of first event (0.32) or survival to hospital discharge (0.83).

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Results

- Survival at the first in-hospital event and survival at hospital discharge are shown in the chart for the year 2019 just prior to the pandemic.
- During the second calendar quarter of 2020 and beyond, resuscitation teams followed the new AHA guidelines to don full PPE.
- Both before and after the new guidelines and the outcome variation covers a wide range.
- Clinical staff experience moral distress while donning PPE
- Statistical significance using t-tests is absent in either survival of first event (0.32) or survival to hospital discharge (0.83).

Conclusions

Findings do not support a statistical significance in survival outcomes with the new practice of donning full PPE. However, due to the large variation in data points, more investigation is necessary with a larger sample to evaluate a common cause or special cause variation.

Implications for Clinical Practice

Protecting hospital staff during aerosolized generating procedures is vital, leaning more details about the influence of small delays prior to chest compression is important as well. For staff experiencing moral distress while donning full PPE, this information may be helpful. Finally, many factors beyond COVID19 influence in-hospital mortality: initial cardiac rhythm, chronic illnesses, advanced age and patient/family decisions to de-escalate care.

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