



SHOCK WAVES

Power and passion, saving lives

Community Service Major Element of 2011 SCAA Annual Meeting



Christine Lawless, MD,
MBA, FACC, FACS, CAQSM, ABCL

Local Residents to Hear from Medical Experts on SCA in Young Athletes and AEDs in Schools

As with many organizations, the SCAA Annual Meeting is a time for members to regroup and network once-a-year while developing new skills. In fact, delegates come from far and wide, and while at the meeting, often stimulate the local economy by participating in a variety of tourist activities – a “win-win” situation for attendees, hotels, restaurants and other public attractions.



Charles Lick, MD

But the local community can benefit so much more than from just the flow of dollars and cents. As a nonprofit organization, SCAA feels strongly that it’s our civic duty to leave residents with a long-lasting impact. So, new this year, the SCAA Annual Meeting opens its doors to members of the local community and residents of the greater Minneapolis area to become better educated about SCA and cardiovascular health.

Two community education events focusing on sudden cardiac arrest (SCA) in athletes and broader AED deployment in schools will take place on Saturday, September 24, and are offered as learning opportunities for parents, teachers, coaches, trainers, school nurses, administrators and anyone else dedicated to protecting the community from SCA. Led by highly regarded panelists including Dr. Christine Lawless, nationally recognized as a “return to play” expert for athletes with cardiac conditions, and Dr. Charles Lick, medical director of Buffalo Hospital’s emergency department and Allina Medical Transportation, the sessions will provide attendees with case-studies, logistical details, legal concerns and real-world examples of successfully-implemented programs across the country and elsewhere. Thanks to the generous support of the Minnesota Resuscitation Consortium, registration is only \$15 and includes breakfast and lunch.



From the **President:**



Lisa A. Levine, CAE
SCAA President

Four years ago, SCAA’s Annual Meeting started out simply as an opportunity to unite SCA survivors. In the short amount of time since then, the focus and offerings of the Annual Meeting have expanded to reach broader audiences, all of which can equally raise awareness of cardiac arrest. Today, we bring together patients, physicians, nurses, emergency responders and other community advocates – not just to educate them about

SCA in general – but more strategically, hone in on specific objectives within our cause so that we can maximize our strength to create a meaningful impact.

Things like improving emergency response, deploying publicly accessible AEDs, increasing access to preventive medical care and examining cutting-edge research and treatment findings are all subspecialties under the umbrella of raising awareness of SCA.

For chapter leaders and members, the meeting provides opportunities for professional skill development in the fields of member recruitment/retention, volunteer management and message development, among others. Social and networking opportunities abound as well when we honor survivors, responders and community programs at both the Survivor & Responder dinner reception and Awards Benefit and Dinner.

Nurses, physicians and EMTs – like so many other sectors within our economy – are professionally strained and strapped

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From the **Chairman of the Board:**



Jeffrey Micklos,
SCAA Chair

Leadership is an essential ingredient in the success of any organization or endeavor. As the Sudden Cardiac Arrest Association vigorously pursues its mission of eliminating preventable deaths from sudden cardiac arrest by 2020, strong and effective leadership in many areas will be critical to achieving this goal.

Our new President, Lisa Levine, has not even been with us a full year yet, but has set a great example of how strong leadership can take SCAA to new heights. Together with Jill Talley, Lisa has fortified our commitment to our chapters and affiliates and challenged them to work even harder toward our shared goals. Also, as a current Co-Chair of the Sudden Cardiac Arrest Coalition – a group of similar public interest organizations that focus on education, prevention and improving patient care in a variety of cardiac and vascular areas – Lisa has led SCAA's emergence as an authority figure and helped other groups see that there is a greater chance of success in areas of common interest when like-minded groups work together. In turn, she is raising the profile of SCAA with federal policymakers, and is helping further our reputation as a respected thought leader in the cardiovascular space.

For leadership to be most effective, it cannot exist in a vacuum; rather, it must take place at many levels. The SCAA Board and Staff will always be there to support local outreach, but the true difference that SCAA makes will be gauged on how effective our chapters and affiliates are in leading those efforts in their communities.

At our upcoming Annual Meeting in September, SCAA will be rolling out programs that will provide tools for our chapters and affiliates to make a bigger impact at the local level than ever before. We consider this collection of various community education/service products to be the "Pulse of Your Community." And as these resources and programs are rolled out, the call for strong and effective leadership will spread to our chapters and affiliates. They will take on more advanced leadership roles to implement these efforts at the local level. It is my sincere hope that the positive attributes of Pulse programs will further invigorate local chapters to make a big difference in lowering preventable cardiac deaths.

If you've ever heard a public speaker present a powerful presentation which moved you to take action, or were the beneficiary of a wise and articulate mentor who helped establish your career, then you've seen firsthand that strong and effective leadership can be inspiring and invigorating.

How we grow the SCAA and continue to move our mission forward will be affected greatly by how well our "Pulse of Your Community" programs are implemented. We are confident that within our ranks are many capable and energetic people ready, willing and able to help lead our organization at the local level to greater heights. In doing so, your leadership will likely inspire many more people around you to join us on our journey and take up the cause we all care about so deeply. Go forth and lead!



Jeffrey Micklos
SCAA Chair



From the **President:**

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when it comes to furthering education and training. The one-day comprehensive continuing education event allows them to obtain state-of-the-art training so they can return to their facilities fully prepared to implement new techniques and treatments to benefit patients.

Both of these groups will also benefit from our interactive discussion on the psychosocial impact of SCA, with experts from the psychological and cardiac rehabilitation fields. Life after SCA is a topic rarely addressed within the medical community and especially lacking in medical research and literature. We've found that many survivors and family members experience psychosocial challenges after a cardiac event and greatly benefit from educational tools and resources on coping with life after SCA.

But wait, there's more. As a nonprofit organization, we also feel a strong civic duty to provide learning opportunities for local residents in and around the host city. This year, we are conducting

an educational seminar just for members of the general public. For all the coaches, trainers, school nurses, parents, students, teachers and other caregivers in and around the Minneapolis area, this one's for you! Come learn about AED placement in schools and the risk and concern of SCA in young students and athletes.

In development of this year's agenda, our goal was to create a more inclusive and dynamic yet cost-effective event. We're excited that there truly is something for everyone. And though I realize not all of our members will be able to attend, I still want to extend a personal invitation to each of you who shares our passion for making a difference.



Lisa A. Levine, CAE
SCAA President



Survivor Story

Pamela Bonin | Age: 26 | Date of SCA: September 5, 2007 | Activity: attending a meeting

Pamela Bonin was the Special Events Manager at a winery in Indiana, gearing up for the most important and exciting event of 2007, when she experienced SCA. At age 26, Pamela was trying to find her way professionally and lead a balanced, healthy lifestyle. Having fun, working hard and running half-marathons were just a few activities that kept her busy. And with no family history of heart disease or SCA symptoms, there was little indication for what was about to occur.

While at a meeting on the morning of September 5, she collapsed in her chair. "Someone had just told a joke and my coworkers thought I was laughing, but then quickly realized something was wrong," says Pamela.

Without delay her coworkers began CPR and called 911. After 15 minutes of CPR, paramedics showed up with the AED. Fifteen minutes may seem like a long time to be down, but her coworkers and bystanders never gave up! "Although I lack any recollection of this time, I know for a fact that it was because of quick CPR and an AED that I survived."

The ER crew and nurses at Bloomington Hospital intubated her and replenished her electrolyte levels. Her family yearned for her to make some type of purposeful movement, so they would know that there was hope for recovery even though the outcome was looking bleak.

While many SCA survivors never receive an official diagnosis as to what

caused the cardiac event, Pamela actually did: she was diagnosed with Long QT, an arrhythmia disorder that can cause dangerously fast heart-rates and ventricular fibrillation.

When she finally awakened, she quickly regained the ability to count and recall current events, and her first memory is waking up with an ICD. "That's when the real journey began," she recalls.

Her life goes on... but differently. Living with Long QT can be a challenge, and she takes medicine, watches stress levels, eats well and gets plenty of rest. On the bright side, family and friends



Pamela Bonin

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**Sudden
Cardiac Arrest
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Mission:

To prevent loss of life from Sudden Cardiac Arrest.

Vision:

By 2020 preventable deaths from Sudden Cardiac Arrest will be eliminated.

2011 Annual Meeting at a Glance – September 23-25

CME Program

Continuum of Care: Comprehensive Efforts in SCA Prevention, Treatment and Rehabilitation

This year's one-day continuing medical education program is a collaborative effort with the Heart Rhythm Society and SCAA.

Friday, September 23, 2011

- 8:00am – 8:15am Welcome
Vince Mosesso, MD, FACEP and Len Ganz, MD
- 8:15am – 9:00am State of the Science
Roger White, MD

Screening for Risk of SCA

- 9:00am – 9:30am Genetic Testing Related to SCA Risk
- 9:30am – 10:00am Use of Non-Invasive Risk Markers to Predict Sudden Cardiac Arrest
Dr. David Rosenbaum
- 10:00am – 10:30am Break with Exhibitors
- 10:30am – 11:30am Pre-participation Evaluation of Athletes and the Pros and Cons of Screening
Christine Lawless, MD and Barry J. Maron, MD
- 11:30am – 12:00pm Questions and Answers
- 12:00pm – 1:00pm Lunch with Exhibitors

Recovery and Rehabilitation for SCA Survivors and Their Families

- 1:00pm – 1:10pm Recovery and Rehabilitation Program Overview
Vince Mosesso, MD, FACEP
- 1:10pm – 1:30pm SCA from Survivor's Point of View
Dr. Cheri Olson, Survivor
- 1:30pm – 2:30pm Current Care and Unmet Needs
Quality of Life after SCA
Eva Serber, Ph.D.
- 2:30pm – 3:00pm Break with Exhibitors
- 3:00pm – 3:45pm Improving Psychosocial Outcomes in Survivors and Their Families
Kathleen K. Zarling, MS, RN, ACNS-BC, FFAVPR, FPCNA
- 3:45pm – 4:00pm Materials and Resources Available for Patients
Lisa A. Levine, CAE
- 4:00pm – 4:45pm Best Practice: Heart Rescue Program Update
- 4:45pm – 5:00pm Questions and Closing Remarks

SCAA Conference Program

Navigating a National Approach to SCA Survival

Friday, September 23, 2011

- 7:00am – 8:00am Breakfast with Exhibitors, Networking with Attendees and Equipment Demonstrations
- 8:00am – 5:00pm CME Course (see outline, previous page)
- 10:00am – 10:30am Break and Equipment Demos
- 10:30am – 12:00pm CPR/AED Train the Trainer Session – (For chapter leaders only)
- 12:00pm – 1:00pm Lunch with Exhibitors and Equipment Demonstrations
- 1:00pm – 2:30pm CPR/AED Train the Trainer – Continues
- 2:30pm – 3:00pm Break with Exhibitors and Equipment Demonstrations
- 3:00pm – 4:00pm (New) Chapter Leader Orientation
- 5:00pm All Sessions Adjourn
- 5:30pm Buses leave hotel for Survivor/Heroes Dinner Celebration
- 6:00pm – 8:30pm Survivor/Heroes Dinner Celebration
Sponsored by Medtronic
- After Hours Informal Networking 'round the Bar



Saturday, September 24, 2011

- 7:00am – 8:00am Breakfast with Exhibitors, Networking and Equipment Demonstrations
Discussion topics at each of the breakfast tables with a moderator
Jeffrey G. Micklos, SCAA Chair
- General Session**
- 8:00am – 8:15am Welcome & Introductions
Jeffrey G. Micklos, SCAA Chair
- 8:15am – 8:30am State of the Association
Lisa A. Levine, CAE, SCAA President
- 8:30am – 8:45am Medical Advisory Board Update
Vince Mosesso, MD, FACEP, SCAA Medical Director
- 8:45am – 9:15am Advancements in Cardiac Care
Charles Lick, MD
- 9:15am – 9:45am Morning Networking and Exhibitor Equipment Demonstrations

Concurrent Sessions with Two Tracks:

Chapter Directors and Community Education

Community Education Track Sponsored by Minnesota Resuscitation Consortium

9:45am – 10:30am Chapter Directors

How to Run an Effective Chapter
Various Chapter Leaders

Community Education

Young Athletes – How to Keep Them Safe
Dr. Christine Lawless

Jody Redman, Anyone Can Save a Life Program Representative

Legislative

Pulse

10:40am – 11:30am **Chapter Directors**
 How to Find and Mobilize Members, Volunteers and Survivors
Mary Tappe, Colorado Affiliate Leader
Gene Johnson, Minnesota Affiliate Leader

Community Education

Overcoming Barriers to Placing AEDs in Schools and Public Places
Charles Lick, MD; Elliot Fisch

11:30am – 12:30pm Lunch with Exhibitors and Equipment Demonstrations
 Discussion topics at each of the tables with a moderator

General Session

12:30pm – 1:30pm How to Keep your Heart Healthy
 Examples of community programs and how to implement one in your own community
Barbara Ducharme, Senior Director Community Health, AHA Midwest Affiliate
 Hearts Beat Back, Heart of New Ulm Program Representative
Sue Howe, Active Living La Crescent, Project Manager

1:30pm – 3:15pm Recovery and Rehabilitation from an SCA
Eva Serber, PhD and Kathleen K. Zaring, MS, RN, ACNS-BC, FAAVPR, FPCNA

3:15pm – 3:45pm Afternoon Networking and Exhibitor Equipment Demonstrations
 Exhibitors break down

3:30pm – 4:30pm Heart Rescue Program and Presentation of Preliminary Data Findings

4:30pm Day's Wrap up

5:00pm – 6:30pm Networking round the hotel

6:30pm – 9:30pm Cocktail Reception and Benefit Dinner

Sunday, September 25, 2011

Chapter Directors Only

8:00am – 8:30am Breakfast – Discussion topics at each of the breakfast tables with a moderator

8:30am – 9:45am New Program Roll Outs and Chapter Kits
 1. Recovery and Rehabilitation Program
 2. Work with Your EMS – First Responder Toolkit

9:45am– 10:00am Break

10:00am – 11:00am Creating a Presence in the Community and Media Attention
Kim Hawkins, Allina Hospital
Vicki White, East-Valley-Phoenix Chapter
James Weber, Eastern Pennsylvania Chapter


11:00am– 12:00pm Closing Comments
"You can't build a reputation on what you are going to do"
 – Henry Ford
 Discussion on turning SCAA programs into action, questions and answers on how to implement what you have learned this weekend when you return to your chapters.

12:00pm Meeting Adjourn 

Pennsylvania state representative Mike Vereb introduced the Sudden Cardiac Arrest Prevention Act before the House of Representatives. Also known as HB 1610, the legislation calls for the removal of student athletes who exhibit signs or symptoms of SCA from athletic participation until written approval is granted by a healthcare professional. The bill also requires the state's health and education departments to provide athletes, parents and coaches with information on SCA.

Maine's governor Paul LePage vetoed LD 1139 "Resolve, To Promote Instruction in Cardiopulmonary Resuscitation and the Use of an Automated External Defibrillator." The resolve orders the state Center for Disease Control and Prevention and Department of Education to conduct studies on the presence of AEDs, especially in Maine schools. LePage argued that the resolve is "too broad," would create major costs and places a burden on already scant state resources.

In other government news...

In August, the Centers for Medicare and Medicaid Services is expected to release new details on recently proposed covered services for cardiovascular disease. Earlier this year, CMS initiated a national coverage analysis (NCA) for Intensive Behavioral Therapy for Cardiovascular Disease and launched a public comment period. This treatment includes assessment and counseling regarding aspirin use to prevent cardiovascular disease; blood pressure measurement, counseling and intervention; and healthy diet counseling in the form of intensive behavioral counseling for patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic conditions. 

From the **Medical Director:**

By Vince Mosesso, MD, FACEP, SCAA Medical Director

Passion and Science Both Needed to Conquer SCA

The battlefield in the fight against sudden cardiac arrest (SCA) has been occupied by two camps—the passionate crusaders and the meticulous scientist-researchers. Both armies have the same goal—the elimination of unnecessary deaths from SCA—but sometimes have been at odds about the best battle plan and the attack strategies. Sometimes lots of time and resources have gone into attacking each other's approach rather than SCA.

But the only way we will win this battle against SCA is for both camps to charge forward. We do have some proven and effective therapies and strategies, including CPR, defibrillation and post-resuscitation support. We know the importance of early, or should I say very early, intervention, which requires rapid recognition, which requires prior awareness and understanding. Yet we also know that all too often these therapies and strategies are NOT implemented. Only about one-third of SCA victims receive bystander CPR and a measly two percent bystander defibrillation.

Consider this: a recent Dutch survey found that only 28% of persons were able to identify an AED, knew its purpose and were willing to use it. When asked what should be done when a person collapses:

- 67% of those surveyed answered to call for EMS
- 20% mentioned CPR
- 6% to use AED
- Among healthcare professionals and first responders, **25% did NOT know what an AED was or when to use it!**

This is why we need the passionate crusaders to press forward. There would be many less deaths from SCA if all victims received currently available therapies. There is still a dearth of awareness about SCA and even more so a lack of appreciation of the critical importance of IMMEDIATE BYSTANDER ACTION. Organizations like SCAA must find novel and effective ways to get this awareness into the consciousness of every person... these basic facts we know about SCA must become common knowledge. And we must find ways to make people willing and confident to perform CPR and use an AED on family, friends and strangers alike. This will take the passionate pleas of informed survivors and loved ones of those who did not survive. This will take finding novel strategies to effectively improve awareness and the willingness to act in persons of all ages.

Yet we know that even with our best efforts at implementing current treatments many will still die. So we need to continue to rigorously study SCA on all levels, the molecular, the clinical and implementation. This is where the scientists and researchers come to bear. Recent research has shown the importance of performing high-quality chest compressions continuously

Vincent N. Mosesso, Jr., MD, is a professor in the Department of Emergency Medicine at the University of Pittsburgh School of Medicine and medical director of pre-hospital care services for the University of Pittsburgh Medical Center. He is a co-founder of SCAA and serves on the national Basic Life Support subcommittee and Advanced Cardiac Life Support regional faculty for the American Heart Association.



throughout the resuscitation effort, and that even short pauses, such as waiting for a defibrillator to charge, can be detrimental. A new study just underway in San Francisco will do a complete assessment including autopsy of every SCA victim to help us better understand the underlying conditions and causes related to SCA and associated mortality. And due to increased NIH and other support for efforts such as the 10 center Research Outcomes Consortium, more large important studies are on the horizon. We need to better understand when best to defibrillate, which if any drugs are effective, and how to most effectively perform therapeutic hypothermia. We need to know how best to teach CPR and AED use, and how best to achieve awareness and understanding.

So, there are still big battles ahead and this is a war which, if we are to win, must be fought on multiple fronts. We need both the passionate crusaders and the meticulous scientists to be charging forward and making progress on their respective fronts.

Learning how to use an AED is quick and easy. For educational videos and quick training tips, visit the SCAA Multimedia page at www.suddencardiacarrest.org.



Survivor Story:

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rallied to her side to help her through the recovery process, and her employer, Oliver Winery, acquired an AED and trained its managers with CPR/AED certification. Better yet, she recently married her boyfriend who stood by her side throughout the entire ordeal, and she started running again – even returning to half-marathons.

“There is not a day that goes by that I don't think about how blessed I am and how lucky I am to have so many great heroes in my life. I get to have another chance,” says Pamela.

She is an active member of the Indy Chapter of SCAA, working to raise awareness for Long QT, SCA and the importance of CPR training and AED availability.



This just in...

Heart Beat from Around the World

Staying Cool Proven Again to be Effective for SCA Survival

Findings from patient data analysis at the Minneapolis Heart Institute have proven again that therapeutic hypothermia is an effective treatment for surviving SCA with positive neurological outcomes. Recently published in *Circulation*, the single-center study chronicles results from 140 patients who received therapeutic hypothermia between 2006 and 2009. Fifty-six percent of those patients survived to hospital discharge, and of that group, 92 percent came away with normal or near-normal neurological functioning.

Manufacturer Cited by Feds

AED manufacturer ZOLL received a warning letter from the Food and Drug Administration (FDA) for failing to validate the battery life of its AEDs. From September 2009 to January 2011, the FDA alleges ZOLL received 15 complaints of battery failure before expiration dates. The letter also alleges that ZOLL did not implement a life-cycle test plan, though one had been developed. In a posting on its Web site, ZOLL acknowledged receipt of the letter and agreed to provide additional data to the FDA.

Athletes with Cardiac Testing Abnormalities

Researchers from Saint Luke's Mid America Heart and Vascular Institute, Lawrence Memorial Hospital and the University of Kansas (Lawrence) collected electrocardiograms and echocardiograms of nearly 1,000 male and female varsity

athletes from a single university – the University of Kansas (Lawrence) – and discovered that distinct ECG abnormalities were found in 10% of the athletes and were more common in male and black athletes. The findings were recently published in the *American Journal of Medicine*.

Cause of Death to be Examined in San Francisco

Working with the Office of the Chief Medical Examiner for the City and County of San Francisco, researchers at the University of California, San Francisco Cardiac Electrophysiology Service are investigating each death attributed to a SCA event in San Francisco over the next three years. Researchers hope to identify SCA prevalence in certain demographic populations, and explain if SCA is too often inaccurately listed as a cause of death. The study is part of a \$1.9 million grant from the National Institutes of Health (NIH).

Study Hones in on Accurate Number of SCA Deaths

A study by the University of Pennsylvania Perelman School of Medicine quantifies that more than 200,000 people are treated for cardiac arrest inside American hospitals each year. Though SCA has been widely recognized as a main contributor to in-hospital deaths, a lack of uniform reporting measures over the years has not allowed medical experts to accurately account for the number of true incidents. Researchers believe they now have a roadmap to improve resource allocation in critically ill patients and expand ways to identify at-risk patients.



Chapter Spotlight

Members of SCAA's Seven Rivers Chapter (LaCrosse, Wisconsin) took to the road – literally – and raised close to \$700 just by wearing their SCAA t-shirts and carrying heart balloons. "We chose a busy intersection at rush hour, put a sign up and held out buckets for donations," notes Cheri Olson, MD, director of the Seven Rivers Chapter. "It was one of the easiest fundraisers ever!" Word of the effort quickly took off, and by the end of the day, coworkers of chapter members donated an extra \$1,300.



A member of the Seven Rivers Chapter collects donations from some kind-hearted motorcyclists during the group's impromptu drive-by fundraiser.



Calendar of Events

SAVE THE DATE

Don't miss your opportunity to attend the SCAA 2011 Annual Meeting September 23-25 in Minneapolis, Minnesota. Hear the latest information about community volunteerism, and efforts to prevent and treat SCA presented by top experts in the field. Visit

www.suddencardiacarrest.org

for more information and make your plans to attend the Annual Meeting now!



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