CORRESPONDENCE

Cardiac Arrest: Composition of Resuscitation Teams and Training Techniques

Results of a Hospital Survey in German-Speaking Countries

by Dr. med. Sylvia Siebig, Sven Kues, PD Dr. med. Frank Klebl,
Dr. med. Tanja Brännler, Dr. med. Felix Rockmann,
Prof. Dr. med. Jürgen Schölmerich, Dr. med. Julia Langgartner in volume 5/2009

Very Sobering Findings

It is unfortunate that the response rate from large hospitals was only 38%, as this means that it is hardly possible to reach conclusions about the situation in Germany! I think we can assume that the situation in the other hospitals will be no better than in the hospitals with the nerve to give a response! Very sobering in general, but at least 81% has realized after only four years (!) that two ventilations are followed by 30 chest compressions. But the up-date of the guideline is expected soon. What is more, not only hospitals with at least 300 beds are tackling the problem, even though the survey ignores this. In an 120-bed hospital in Lehnin, all employees involved in patient care are given training in small groups on the phantom produced by Laerdal with our own emergency cart, using the ERC algorithm, even in absence of the Department of Anesthetics. Everything is on an honorary basis, as the employees are very interested and enthusiastic. They want to reach the standards of the large hospitals.

DOI: 10.3238/arztebl.2009.0423a

REFERENCES

1. Siebig S, Kues S, Klebl F, Brännler T, Rockmann F, Schölmerich J, Langgartner J: Cardiac Arrest: Composition of Resuscitation Teams and Training Techniques—Results of a Hospital Survey in German-Speaking Countries. Dtsch Arztebl Int 2009; 106(5): 65–70

Dr. med. Michael Sachse
Evangelische Kliniken Lehnin
Klosterkirchplatz
14797 Kloster Lehnin, Germany
mich.sachse@web.de

In Reply:

The survival rate after resuscitation in hospital is still poor. If we are to improve this, we must implement repeated resuscitation training as part of the postgraduate training of all doctors—using a standardized program and with specially instructed trainers. We showed in our survey that most participating hospitals have a special emergency team and organize more or less regular resuscitation training for their medical employees. Our response rate of 38% for a blinded survey sent by post seems absolutely acceptable. We can, of course, assume that most of the responders were from hospitals in which training of this sort is already established. We agree with

Dr. Sachse that this emphasizes the importance of a consistent training concept of this sort; this certainly applies to smaller hospitals too. The practice he describes should be introduced for medical personnel. It should be obligatory and should not have to be specially emphasized. It may be possible in this way to implement the fundamental concepts of "basic life support"—such as the sequence of chest compression and ventilation he mentions—more rapidly into clinical practice.

DOI: 10.3238/arztebl.2009.0423b

REFERENCES

1. Siebig S, Kues S, Klebl F, Brännler T, Rockmann F, Schölmerich J, Langgartner J: Cardiac Arrest: Composition of Resuscitation Teams and Training Techniques—Results of a Hospital Survey in German-Speaking Countries. Dtsch Arztebl Int 2009; 106(5): 65–70

Dr. med. Sylvia Siebig
Universitätsklinikum Regensburg
Klinik für Innere Medizin I
Franz Josef Strauss Allee 11
93042 Regensburg, Germany
Sylvia.Siebig@klinik.uni-regensburg.de

Conflict of interest statement

The authors of both the letter and of the reply declare that there is no conflict of interests in the sense of the guidelines of the International Committee of Medical Journal Editors.