Increasing APLS, PLS and comparative course compliance,

”Does it improve outcomes ?”

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Purpose of the study

It has been established that training, education and simulation have impacted upon patient safety and conversely outcomes from cardiac arrests. This has been discussed within the Resuscitation Council UK 2015 Guidelines regarding the Immediate Life Support (ILS) course “Its implementation has been associated with a reduction in the number of in-hospital cardiac arrests and unsuccessful CPR attempts” *Spearpoint KG et al 2009*. However the level of training delivered and its related compliance is somewhat set by external review bodies. It is the intention of the author to undertake a comparative study of past training compliance, training course level and Cardiac Arrest outcomes within the trust that they work in.

Method

The author has compared numbers of cardiac arrest calls, actual cardiac arrests and there corresponding outcomes relate these figures to global APLS (Advanced Paediatric Life Support) and PLS (Paediatric Life Support) and specific local compliance figures within the trust.

Conclusions

As the authors trust has now attained the desired 90% compliance figures of APLS & PLS training requirements and in comparing the occurrence of 2222 calls and cardiac arrest there appears to be no significant reduction. Due to the small numbers in this study related to actual cardiac arrests it is difficult to surmise the direct impact in outcomes. The author now intends to analyse the correlation between compliance data and the early recognition and treatment by activation and utilisation of Paediatrics Early Warning (PEW) scores and if continued high compliance reduces event occurrence. This can then be compared to other centres and DGH environments.

References

Spearpoint KG, Gruber PC, Brett SJ. Impact of the Immediate Life Support course on the incidence and outcome of in-hospital cardiac arrest calls: an observational study over 6 years. *Resuscitation* 2009;80:638-43.