Roger White Improved cardiac outcomes

In 1964 Minnesota's famed Mayo Clinic discontinued its ambulance service and contracted with a new local service, Gold Cross Ambulance, to continue coverage. The Rochester-based company was already making its name in the fledgling field of EMS as the state's first service to require its members to be certified in first aid and later trained in CPR. A young cardiologist at the clinic,



Roger White (Photo: Mayo Clinic)

Roger White, began working with Gold Cross in 1970 and helped drive some landmark advances.

At the state's request, White and Gold Cross developed training for rural ambulance attendants before the DOT's initial 1971 EMT-A course. He also trained providers in delivering IVs, making Gold Cross the first service in the Upper Midwest to establish those in the field. But he is most associated with helping the system improve outcomes from cardiac arrest, for which Rochester became and has remained a national leader.

White and colleagues chronicled their improvements in data. Among ventricular fibrillation OHCA patients, unadjusted survival in Rochester increased from 31.2% in the 1985–1990 period to 52.8% in the 2009–2015 period, and among VF patients with arrests witnessed by bystanders, it went from 35.7% to 63.5%.¹

Lots went into that, including high bystander CPR rates and optimized systems of care, but one unique factor was a longstanding culture of police involvement in rescue and medical assistance. Police operated Rochester's ambulance service from the 1930s until Gold Cross' arrival in '62, then stayed active in pre-9-1-1 medical dispatch and first response. Their involvement in early CPR boosted the city's survival rates significantly. White brought the first AEDs to patrol vehicles, and today all the city's police cars carry them.

Reference

1. Okubo M, Hess EP, Atkinson EJ, White RD. Abstract 14037: Improving Trend in Survival From Ventricular Fibrillation in Out-of-Hospital Cardiac Arrest in Rochester Minnesota. *Circulation.* 2016. Accessed March 4, 2022. www.ahajournals.org/doi/abs/10.1161/circ.134.suppl_1.14037?rss=1

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