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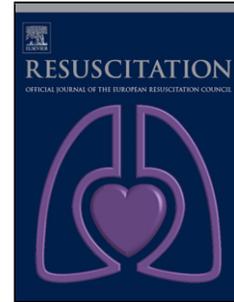
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Reduced critical care utilization: Another victory for effective bystander interventions in cardiac arrest

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The importance of effective bystander interventions for out-of-hospital cardiac arrest (OHCA) has become increasingly evident. Patients receiving timely bystander CPR and defibrillation have improved in-hospital and long-term outcomes compared to those who received delayed interventions, including improved survival over time among systems implementing these care processes¹⁻³. Patients who survive to hospital discharge have been found to have a relatively good prognosis^{4,5}, suggesting that the early pre- and-in-hospital risks do not persist, and supporting future efforts to improve early

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