To enhance emergency response to sudden cardiac arrest victims and help reduce customer liability risk, Defibtech today introduced DefibtechMD - a comprehensive AED management and medical oversight program for the deployment of automated external defibrillators (AEDs) in workplaces, schools, medical and dental offices, police and fire/EMS organizations, and other public and commercial buildings.

Available solely through Defibtech’s worldwide network of distributors, DefibtechMD complements the value of a lifesaving AED with all of the services associated with any successful AED initiative, including medical direction, Web-based tracking, recommended maintenance, and AED/CPR training. "DefibtechMD is a full-service approach to AED program management," said Defibtech CEO Dr. Glenn W. Laub, who is also the chairman of cardiac surgery and director of the Heart Hospital at St. Francis Medical Center in Trenton, N.J. "It offers a system to help ensure that AEDs and trained personnel are ready to respond when an emergency strikes, and that AED programs comply with all regulations," he concluded.

DefibtechMD was developed in response to a market need for a turnkey approach that enhances emergency readiness and helps reduce the risk of customer liability, said Defibtech Vice President David Fritzsche, who is also director of DefibtechMD. He said one way the program improves readiness is through “closed-loop” data tracking, which links all AED program participants and serves as an automated system of checks and balances. This Web-enabled system keeps all program stakeholders up-to-date on AED status, maintenance and personnel training and holds them accountable to each other by issuing electronic reminders, alerts and delinquency reports. “What's more, DefibtechMD allows Defibtech distributors to serve as a ‘one-stop-shop’ solution provider to their customers. The system is customized with the distributor’s logo and re-order contact information so that customers always know who to contact when it is time to order AED equipment and supplies,” he said.

As AEDs become more commonplace, they are increasingly seen by communities as a required standard of care, Fritzsche continued. There have been high profile news stories and lawsuits against organizations when AEDs were not available in an emergency, when staff did not properly use AEDs due to a lack of training, and when AEDs did not function due to improper maintenance. “Readiness results in quick response, which saves lives,” he said. “Not having a full-service AED program has all too often resulted in death and potential liability.”

Earlier this month, the Massachusetts Bay Transportation Authority settled a wrongful-death lawsuit against it and Amtrak for $3.9 million, according to a report in the Boston Globe. A $25 million lawsuit was filed by a widow of a prominent scientist who died after suffering cardiac arrest on a commuter train. She claimed a delay of more than 20 minutes in bringing a defibrillator to his aid caused his death. According to the report, the claimant and her lawyers decided to settle because the MBTA improved its emergency plans, including placing defibrillators in subway stations, some commuter rail stations, and vehicles. The MBTA has deployed more than 60 Defibtech defibrillators throughout its system.

Diligent employers and public facility managers consider AED deployment an important aspect of a comprehensive health and safety program, especially because sudden cardiac arrest causes 13 percent of workplace fatalities, according to OSHA. A study of public-access defibrillation published by the New England Journal of Medicine in 2004 concluded that training persons in early defibrillation within a structured response system can increase the number of sudden cardiac arrest survivors. OSHA, the American Safety and Health Institute, the American College of Occupational and Environmental Medicine, the American Heart Association, the American Red Cross, and the National Safety Council all endorse AEDs in workplaces and public areas.

AEDs revive victims of sudden cardiac arrest caused by ventricular fibrillation. National health experts estimate that SCA kills over 400,000 people in the United States each year. Studies show that if victims are defibrillated within three minutes more than 70 percent survive. If defibrillation is delayed for more than 10 minutes, less than 5 percent survive, making immediate access to AEDs vital.

For more information, call DefibtechMD at 1-877-378-9772 or visit www.defibtechmd.com.