SAVE MORE LIVES WITH MORE EFFECTIVE TELECOMMUNICATOR CPR

Immediate, high-quality CPR can be the difference between life and death—the science proves it.

In communities with higher rates of bystander CPR, more cardiac arrest victims survive. But how do you make sure your community is giving people the best chance? It starts with the 9-1-1 call. Your public safety telecommunicators must quickly identify cardiac arrest and deliver fast and precise CPR instruction to bystanders over the phone.

Make it your agency's goal to arm every telecommunicator with the ability to save more lives—with a comprehensive and evidence-based telecommunicator CPR (T-CPR) quality improvement, continuous learning and credentialing program.

This guide will support your efforts to improve T-CPR and increase survival rates in your community. Inside, you'll find helpful information and tools that will equip you to convene the right team and start making a difference right away. It's time for EMS and healthcare leaders, law enforcement personnel, city and county officials—and even communication center managers—to recognize and fully embrace the important role that telecommunicators play in saving lives.

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RQI RESUSCITATION QUALITY IMPROVEMENT®

An American Heart Association® and Laerdal® Program

The Need Is Real

More than 350,000 people experience out-of-hospital cardiac arrest (OHCA) in the U.S. each year. Across the country, only 10.8% of those victims leave the hospital alive.

We know we can do better, because we know early CPR, administered immediately after cardiac arrest, can double or triple a person's chances of survival. However, the American Heart Association states that only 46% of victims of witnessed OHCA get immediate help before first responders arrive on scene.

These numbers are bleak, and yet they are even lower in some parts of the country. Other communities, though, have shown us that a path to improvement exists. They have demonstrated that focusing on raising rates of bystander CPR can lead to better survival. And they have proven that one of the first steps along that path must be a T-CPR program.

Now more than ever, the need for T-CPR is dire and real. As the *first* first responders, telecommunicators own the first 600 seconds of an arrest. How they handle the call can greatly impact a patient's chance of survival.

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46% OF VICTIMS

of witnessed OHCA get immediate help before first responders arrive on scene. T-CPR can make a difference.

High-quality T-CPR is a three-step process where telecommunicators:

Work with 9-1-1 callers to properly identify cardiac arrest patients within seconds

Provide callers with fast and specific pre-arrival CPR instruction

Coach and encourage callers to perform high-quality CPR until EMS professionals assume care

What Do the Experts Say About T-CPR?

The consensus among cardiac arrest experts is clear. The critical importance of effective T-CPR cannot be overstated. Help the leaders in your EMS community understand the value of T-CPR by sharing these important endorsements from researchers and policymakers.

INSTITUTE OF MEDICINE (IOM)

EMS systems should take steps to enhance T-CPR and high-performance CPR to improve patient outcomes in their communities.[1]

RESUSCITATION ACADEMY

High performing telecommunicators who can rapidly identify a patient in arrest and quickly deliver telephone CPR instructions will increase the victim's chance of surviving a cardiac arrest event.[3]

THE AMERICAN HEART ASSOCIATION

Telecommunicators are the true first responders and a critical link in the cardiac arrest chain of survival. Every emergency dispatch center in the nation should be aware that providing T-CPR instruction for virtually all cardiac arrests is a standard of care. Meeting this standard requires training, ongoing training and continuous quality improvement. Meeting this standard saves lives. Not meeting this standard results in deaths that are preventable.[2]

Preparing the *First* First Responders

To support their shared goal of eliminating cardiac arrest deaths, the American Heart Association, Laerdal Medical and the Resuscitation Academy have joined forces to create the first of its kind training, quality improvement and credentialing program specifically for T-CPR. RQI Telecommunicator (RQI-T) leverages the combined expertise of these organizations to transform the way emergency communications centers think about and manage cardiac arrest calls.

"Poor quality CPR is a preventable harm. Timely delivery of high-quality CPR is the greatest determinant of survival from cardiac arrest."

The American Heart Association

"Providing T-CPR instruction is the single most effective method for improving bystander CPR rates."

The American Heart Association

Helping Your Team Understand T-CPR Training and Credentialing

It's clear that emergency communications centers must focus on T-CPR performance and effectiveness. Ultimately, saving lives requires transforming the way we think about preparing our telecommunicators. Here are some questions you might hear when trying to implement or improve a T-CPR program.

Why do I need to change anything if my PSAP already has a cardiac arrest protocol?

Most call centers have a protocol for cardiac arrest calls, but just having a protocol isn't enough. Even when protocols are followed, there's no assurance that the goal of immediate and effective bystander CPR is being achieved. Protocols and policies do not thoroughly deliver, measure and maintain T-CPR knowledge. RQI-T prepares telecommunicators to take ownership of what happens to cardiac arrest victims until EMS arrives, laying the foundation for a new standard of care based on American Heart Association guidelines.

The creators of emergency medical dispatch protocols agree. For example, Priority Dispatch and the International Academies of Emergency Dispatch recognize RQI-T as the preferred solution to build and increase competence in rapid recognition of OHCA and initiation of high-quality T-CPR.

Doesn't my current quality improvement program ensure T-CPR performance?

Most QA/QI programs examine many issues, and while they may touch on T-CPR, it's often not sufficient. Most PSAPs do not have sufficient resources to tackle every aspect of performance and quality. Partnering with the team at RQI expands your QA and QI program and allows your agency to focus on what matters—making improvements.

With RQI-T, all OHCA calls identified by the telecommunicator are reviewed not only for adherence to protocols but also achievement of critical outcomes. In addition, calls that are initially not identified as cardiac arrest but where CPR is performed on scene by EMS are also reviewed. Data is regularly aggregated to identify trends and commonalities. Telecommunicators receive individual coaching and feedback from an RQI expert assigned specifically to your organization. That's a lot of detail not typically covered in a QI program.

My dispatchers received training when they were hired, and they keep up with their continuing education. Why do we need additional training?

Evidence shows that resuscitation skills and knowledge deteriorate after a few months without ongoing practice. That means the current requirement of one or two days of resuscitation training every 24 months doesn't allow learners to retain their skills in the long term. The shorter and more frequent sessions provided with the RQI-T program, combined with in-the-workplace training and consistent debriefing after real-life events, is much more effective.

Why do I need to credential my telecommunicators?

Would you put your EMTs and paramedics on the street without CPR or ACLS certification? Then why wouldn't you make sure your telecommunicators are credentialed to perform their most important role? Merely having a CPR card is not sufficient to meet the new standard of care recommended by the AHA. BLS CPR training only ensures telecommunicators know how to perform CPR, not how to recognize cardiac arrest over the phone and coach the caller to perform effective chest compressions.

Exclusively through the RQI-T program, telecommunicators earn a professional, competency-based American Heart Association resuscitation credential. Each quarter, dispatchers complete an assigned online cognitive learning and simulation exercise, demonstrating their ability to meet performance standards for rapidly recognizing cardiac arrest and initiating T-CPR instructions. The RQI-T credential shows families in your community that you are doing everything you can to keep their loved ones from dying unnecessarily.

How will RQI-T's comprehensive T-CPR training and credentialing impact my budget?

When you consider the magnitude of OHCA and the potential impact of T-CPR on saving lives, the investment is clearly worthwhile. The cost of RQI-T is based on the number of telecommunicators in your organization and how many cardiac arrest calls they receive. It's a small price to pay to save more lives and demonstrate to your community that you are providing the highest standard of care.

Compare that to the costs of providing quarterly training, compiling and analyzing data, and maintaining T-CPR credentials, and you see that RQI-T quickly pays for itself. RQI-T's innovative model, which includes self-paced, online modules as well as individual training with the RQI expert, actually reduces overtime costs while improving training. By partnering with the RQI team, call center management can focus on using the information they get from RQI-T to improve.

Your Partner in Saving Lives

At RQI Partners, we understand that your agency is focused on many goals, balancing various priorities and managing numerous budget constraints. We want to partner with you and your organization to advocate for an improved response to cardiac arrest in your community.

RQI-T uses a low-dose, high-frequency instruction model that is well suited to adult learning and effectively combats skill and knowledge decay.

But RQI-T provides much more than typical training programs—its focus on continuous learning and quality improvement have served as the foundation to help implement and enhance successful T-CPR programs in communities across the country. This makes it simple to get started. There is no need to develop a curriculum, training materials, templates or analytics software, as they are all built in to the program.

This provides a solid foundation, but it doesn't mean you're getting a cookie-cutter program. We work closely to tailor it to your organization's protocols and personnel. We assign one of our quality managers to your team to build relationships with your telecommunicators, focusing on improvement and education rather than checking boxes.

With RQI-T, you'll also get:

- **Foundation of Knowledge** Telecommunicators receive online education using a curriculum based on the American Heart Association's evidence-based guidelines and focusing on the core competencies for responding to a cardiac arrest.
- **Quarterly Skills Practice** Structured simulation sessions are based on real-life calls, with immediate debriefing and continuous measurement. This includes 30-minute calls with the RQI-T team to practice T-CPR and problem-solving skills.
- **AHA RQI for Telecommunicators Credential** Give your emergency telecommunicators the only credential specifically designed to ensure they are prepared to recognize a cardiac arrest quickly and provide effective CPR instructions.
- **Cardiac Arrest Case Review** Data driven communications centers are able to measure trends in patient care and use that information to improve performance.
- **Analytics** The program includes ongoing analytics, provided by our partners at FirstWatch, to assess progress toward performance goals and benchmarks.
- **Scheduling** All simulation sessions are scheduled easily using RQI's online booking software.
- **Administrative Reports** You'll receive timely, clear QI reporting and documentation on learner progress, which helps set accurate priorities for ongoing education.
- **Quarterly Resuscitation Quality Consultation** Each quarter you will meet with your RQI quality manager to review performance data and develop strategies to improve patient care.

"T-CPR has been linked to improved patient outcomes across the world and is extremely cost-effective, requiring almost no capital expense. The value in lives saved cannot be measured."[4]

CPR LifeLinks, a federal initiative that brought experts together to develop best practices in out-of-hospital resuscitation

What can RQI-T do for your community?

See how it is making a difference for a Texas communications center committed to saving more lives

Justin Northeim, DO, knew the telecommunicators he worked with in North Texas were following existing EMD protocols and doing a great job. But after attending a Resuscitation Academy led by some of the world's leaders in cardiac arrest care, he realized there was a lot he didn't know, too. Like just how quickly the telecommunicators at the North Texas Emergency Communications Center were identifying cardiac arrest and providing CPR instructions to the caller.

"We know that we will see more patients walking out of the hospital after cardiac arrest thanks to our partnership with RQI."
—Justin Northeim, DO

"CPR being delivered in the first minutes after cardiac arrest can drastically improve a patient's chance of survival. Before going to the Resuscitation Academy, we didn't focus on the time period before EMS arrives on scene," said Northeim, an emergency physician and medical director for several fire, EMS, law enforcement and emergency communications centers in Texas. "But in actuality, our fire crews will not arrive on average until eight to ten minutes after the cardiac arrest. In order to improve their hopes of survival, we needed to focus on what happens during the 9-1-1 call itself."

Northeim and the team at NTECC turned to RQI Telecommunicator to help ensure the best chances of survival for people in the communities it serves just outside Dallas.

"The RQI-T team has been a great partner and aligned with my goals as the system's medical director," he explained. "I really appreciate the close communication, the data dashboards and the focus on improvement."

Only a few months after implementing the RQI-T program, NTECC began to see a difference. Its telecommunicators were more confident, quickly identifying potential cardiac arrests and getting callers to begin chest compressions.

"We quickly became aware of where we could do better, and in less than a year improved across the board," Northeim said. "We know that we will see more patients walking out of the hospital after cardiac arrest thanks to our partnership with RQI. That's great for our patients, and also for our dedicated 9-1-1 telecommunicators who know they're making a real difference in people's lives."

Checklist for Implementing High-Quality T-CPR Continuous Improvement, Training and Credentialing

Follow these steps to arm your telecommunicators with the ability to save more lives:

- ☑ Look at what T-CPR metrics your agency currently tracks
- ☑ Meet with your community's EMS, 9-1-1 and other first responder leaders
- ☑ Share the information referenced in this guide, including American Heart Association guidelines
- ☑ Talk to other agencies using RQI-T
- ☑ Form a team of key supporters in your community to help enact change, including telecommunicators and cardiac arrest survivors
- ☑ Prepare a detailed plan for T-CPR improvement to share with local elected and appointed officials
- ☑ Work with RQI to establish and execute a plan for implementation
- ☑ Communicate progress within your agency and to the community
- ☑ Celebrate lives saved

Ready to Help Save More Lives?

Get started today by contacting our T-CPR experts at rqit@rqipartners.com or visiting RQIPartners.com/RQIT

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An American Heart Association® and Laerdal® Program

RESUSCITATION ACADEMY

RQI PREHOSPITAL SOLUTIONS RQI Telecommunicator is one of four programs offered through RQI specifically for organizations responding to out-of-hospital cardiac arrest and based on Resuscitation Academy expertise. The others include RQI BLS, ALS and PALS; RQI EMS Teams and RQI's Cardiac Arrest System Assessment. Learn more at rqipartners.com/solutions/prehospital-solutions.

RQI Partners, LLC is a joint venture partnership between the American Heart Association and Laerdal Medical, positioning the organizations to deliver innovative solutions that accelerate the impact of their lifesaving mission. The company blends the Association's leadership in science with Laerdal's expertise in technology and implementation to deliver impactful and innovative resuscitation quality improvement programs.

American Heart Association.

Laerdal® helping save lives

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