WELCOME

EMS and 911 Experts Unite to Improve CPR
Today

- Cardiac arrest care and the need for change
- Life saving results from Bend, OR
- CPR LifeLinks Project
- Opportunities for you to get involved

Today’s Speakers

- Jon Krohmer, MD, Director
  - NHTSA Office of EMS

- Megan Craig, Training Coordinator
  - Deschutes County 911, Bend, Oregon

- Petar Hossick, EMS Training Officer
  - Bend Fire Department, Oregon

- Ben Bobrow, MD, FACEP, FAHA
  - University of Arizona College of Medicine, and Project Lead for CPR LifeLinks
“We would tear our department apart and rebuild it step by step, if we thought we were losing 4-6 citizens per year that should have been rescued from fires.

So when we know we can save 4 to 6 additional people every year from cardiac arrest— are we as an agency going to step up and put the same energy into saving these CPR patients?

To the family —dead is dead, and equally tragic, so why would we spend any less effort saving these patients?”

-Russ McCallion Assistant Chief East Pierce Fire and Rescue
Paradigm Shift

- Establish a baseline
- Identify challenges
  - It can’t be a siloed system
- Involve stakeholders

Where Can I Influence Change?

Dispatch pieces  In-house training
How We Did It

- Changed the way we trained
  - As agencies, we had to believe that people in cardiac arrest are savable
  - Science behind CPR
  - High Performance CPR
  - Ride Alongs / Sit Alongs

- Offered timely and relevant feedback
  - Call review
  - Conversations / updates on the dispatch floor
  - Acknowledge good work regardless of patient outcome
Celebrate! (Yes, even the small victories)

Know the “Why”
Ben Bobrow, MD, FACEP, FAHA
Professor of Emergency Medicine
University of Arizona College of Medicine, CPR LifeLinks Project Lead

Out-of-Hospital Cardiac Arrest

> 250,000 events per year

~ 6% national survival
Strategies to Improve Cardiac Arrest Survival: A Time to Act

Why Do We Need This?

Need for Immediate Provision of Care

- Time to first compressions and defibrillation are crucial and the best way to improve outcomes
- Any CPR or defibrillation by the public is better than no care
- Bystanders and family members are needed to activate emergency medical services and provide care
Unacceptable Variations in Care and Survival

“Benchmark communities and healthcare systems demonstrate that the ability to save more lives is possible.”
Major Report Themes

1. Cardiac arrest can strike anyone and affects hundreds of thousands of people each year
2. Cardiac arrest requires a system response
3. Speed and quality of EMS care matter
4. EMS leadership and accountability are key to improve system response and outcomes

Recommendation 3: Enhance the Capabilities and Performance of EMS Systems

NHTSA should coordinate with other federal agencies and representatives from private industry, states, professional organizations, first responders, EMS systems, and non-profit organizations to convene interested stakeholders:

- To develop standardized dispatcher-assisted CPR protocols and national educational standards for use by all PSAPs
- To establish a standardized definition and training curriculum for High-Performance CPR to be used in basic emergency medical technician training and certification
Telecommunicator CPR Training/Protocol/CQI

Examples of Dispatcher-Assisted CPR Performance Metrics

- Percentage of cardiac arrests recognized when dispatchers have a chance to assess patient consciousness and breathing
- Time from call receipt to recognition of cardiac arrest
- Percentage of cases that receive chest compressions when dispatchers have a chance to assess patient status and CPR is not already in progress
- Time from call receipt to first chest compressions

High-Performance CPR

“...the quality of EMS-provider CPR for both adult and pediatric cardiac arrest patients is frequently suboptimal.”

“...educating and training EMS providers to effectively use High-Performance CPR can help improve the quality of CPR and increase the likelihood of survival with good neurologic outcomes.”
Project Deliverables

- Develop:
  - Definitions for T-CPR & HP-CPR
  - Training and implementation strategies for T-CPR and HP-CPR
  - Protocols and best practice recommendations for T-CPR
  - T-CPR training and implementation national standards for PSAPs
  - HP-CPR training and implementation national standards for EMS

- Create widespread awareness/adoption around these operational tools

CPRLifeLinks Content

**PART 1: TELECOMMUNICATOR CPR (T-CPR)**
- Section 1: Overview
- Section 2: The Commitment to Act: Challenges and Perspectives
- Section 3: AHA T-CPR Program and Performance Recommendations
- Section 4: Protocols
- Section 5: Telecommunicator Training
- Section 6: Achieving a T-CPR Culture of Excellence

**PART 2: HIGH-PERFORMANCE CPR (HP-CPR)**
- Section 1: Overview
- Section 2: The Commitment to Act: Challenges and Perspectives
- Section 3: Performance Recommendations
- Section 4: Common CPR Quality Issues
- Section 5: Training
- Section 6: Achieving an HP-CPR Culture of Excellence
T-CPR: Challenges and Perspectives

Challenge #1 – Staffing

Challenge #2 – Lack of Medical Direction

Challenge #3 – Perceived Liability Concerns

Challenge #4 – Budget Constraints

Challenge #5 – Charter/Perceived Scope of Practice

Challenge #6 – Data Sharing

HP-CPR: Challenges and Perspectives

Challenge #1 – Leadership

Challenge #2 – Agency Culture

Challenge #3 – Operational Constraints
T-CPR and HP-CPR Training

Who’s Involved?
Your Input is Vital!

- Provide comment by October 1st
  - [https://www.911.gov/project_telecommunicatorassistedCPR.html](https://www.911.gov/project_telecommunicatorassistedCPR.html)

Materials: What Will be Available

- Toolkit to establish a CPR improvement program
- Training decks to support the toolkit
- Presentation decks for leaders and team members
Materials: Where to Find Them

- [https://www.911.gov/project_telecommunicatorassistedCPR.html](https://www.911.gov/project_telecommunicatorassistedCPR.html)

CPR LifeLinks

CPR LifeLinks is a national initiative to help communities save more lives through the implementation of CPR programs and the development of CPR guidelines. It aims to develop a community-strengthened, evidence-based CPR protocol for the community, a how-to guide will be developed for EMS and 911 agencies to implement programs to improve cardiac arrest survival rates.

Background

According to the American Heart Association, more than 350,000 out-of-hospital cardiac arrests occur in the United States each year, and only 4% of people who experience out-of-hospital cardiac arrest survive to hospital discharge.

You Can Start By...

- Building a relationship between your 911 center and EMS agency - start the CPR dialogue
- Promoting and disseminating CPR LifeLinks locally, regionally and nationally
- Implementing, measuring and saving lives!
Thank you for your dedication to saving lives!

Q/A

For more information about CPR LifeLinks, visit:
- https://www.911.gov/project_telecommunicatorassistedCPR.html

A recording of this webinar will be available on ems.gov/ems-focus.html
Q/A

Email questions and comments about this presentation to:

NHTSA National 911 Program, nhtsa.national911@dot.gov