

A photograph of a person lying on their back on a paved surface, possibly a road. Another person's hands are visible, one near the person's head and another near their chest, suggesting a medical or emergency situation. The background shows a sunset or sunrise with a warm, orange glow. A dark blue semi-transparent rectangular box is overlaid on the center of the image, containing white text.

IN-HOUSE TRAINING PROGRAM and Quality Improvement  
RECOMMENDATIONS

# TRAIN YOUR TEAM

Wisconsin State Dispatcher Assisted CPR



# OBJECTIVES

TRAIN AND MAINTAIN  
AN IN-HOUSE  
PROGRAM

## Initial Training

Initial Training Slides

Instruction Slides

Hands-On Scenario Training

## Continuing Education

Keeping Skills Sharp

Creating Your Own CE In-House Program

## QI

QI and Recognition

CISM

# INITIAL TRAINING

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ON-BOARDING NEW  
EMPLOYEES



Review Initial Training Power-Points



Review State Instructions and Protocol



Practice being a caller and a call taker

Give Constructive and Coaching Feedback!!!

# 3 Key Components of Initial Training

## Early Identification

Because survival depends closely on the time from patient collapse to first chest compression, it is vital that telecommunicators identify **Out of Hospital Cardiac Arrest** (OHCA) as early as possible.

## Giving CPR Instructions

After recognition of a potential OHCA event, provide CPR instructions as soon as possible. Choose the correct script using the information provided by the caller/bystander.

## CPR Coaching

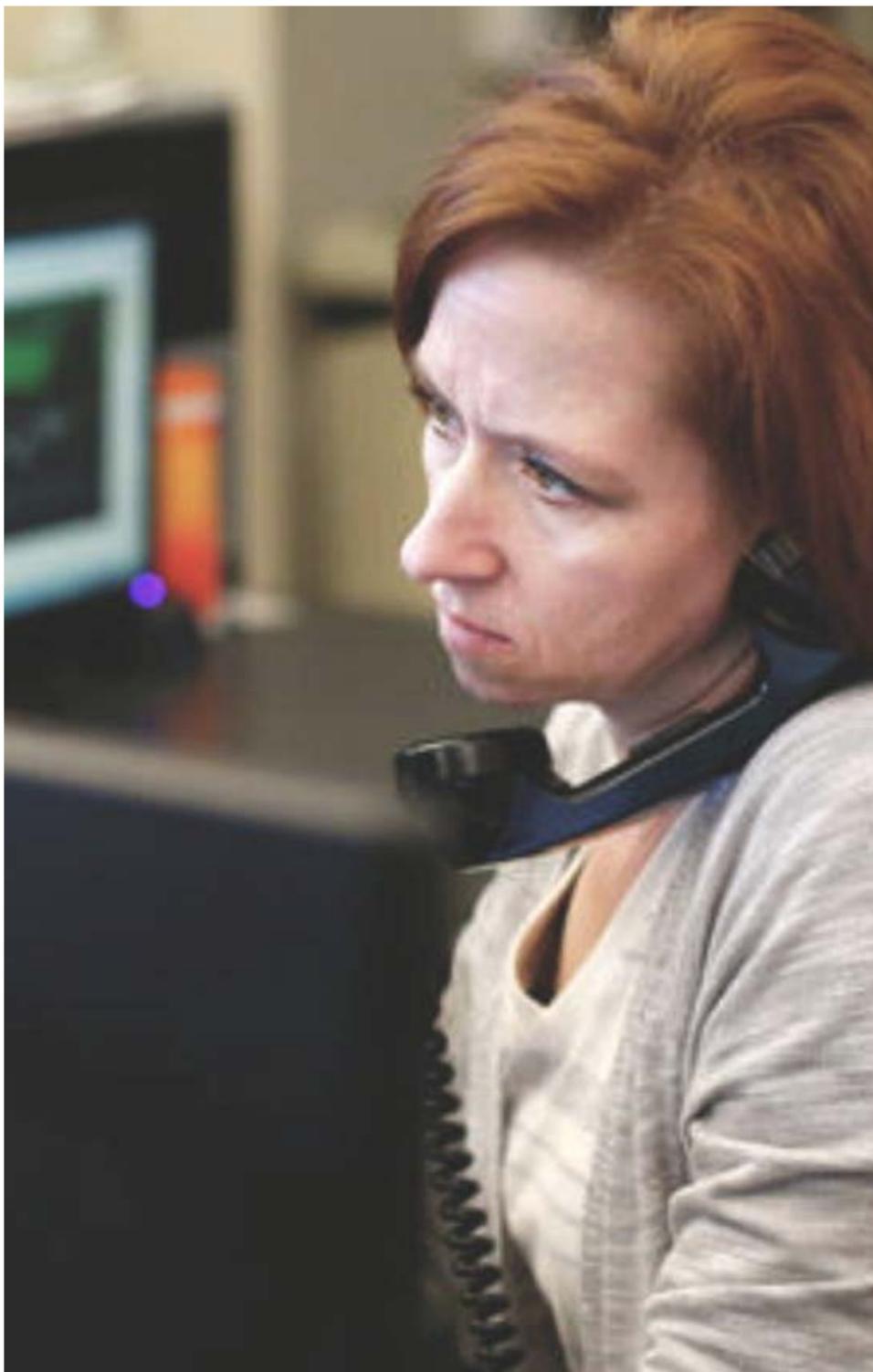
After CPR is started, stay on the line with callers to provide CPR coaching and psychological support until professional rescuers assume care. This function is essential: Proper coaching can minimize pauses to chest compressions and can help maintain good compression rate, depth, and recoil .

## Hands - Only CPR (H-CPR)

Studies have shown this type of CPR to be as effective as CPR with rescue breaths. The instructions are also easier to deliver and easier for the lay rescuer to execute. In addition, callers are less likely to refuse to do compression-only CPR than they are to refuse CPR with rescue breaths.

**Push fast means  
push at a rate of  
100 beats per minute.**





# INITIAL TRAINING TIPS

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- Wisconsin EMS Association (WEMSA)  
LIBRARY

Power Points can be found at [www.wemsa.com/DispatchCPR](http://www.wemsa.com/DispatchCPR)

- RECORD ATTENDANCE

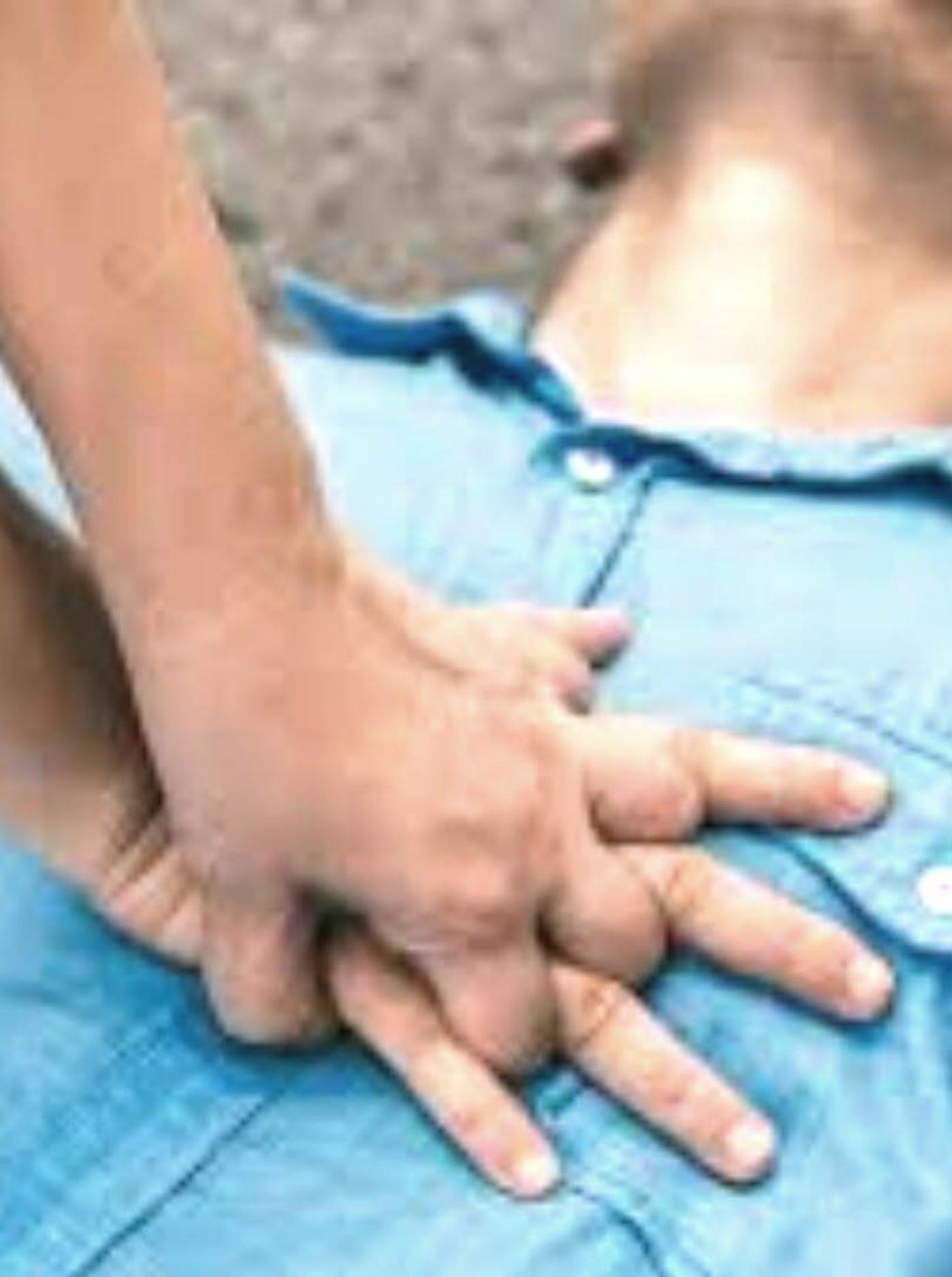
Keep training records. Date/Time In/Out.

- CLASSROOM SETUP

2 Classrooms. One set up as a classroom with Projector/ Screen and Computer with Speakers so attendees can listen to audio files.

- ENGAGE YOUR CLASS

Encourage feedback, questions and interaction. Share "ContinuousCoaching Phrases" and any experience you may have with giving verbal instruction.



# REVIEW STATE INSTRUCTIONS AND PROTOCOLS

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- Review Power Point Slides on State Instructions.
- Print enough copies of the Instructions for all attendees.
- Create your own Flip Chart/ Bound Booklet
- Spend some time reviewing the Instructions and practicing reading Instructions out loud.
- Utilize instructions during Scenario Training
- Refer to Continuous Coaching Phrases to encourage Caller to perform CPR



# PRACTICE BEING A CALLER AND A CALL TAKER

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## PRACTICE SCENARIOS

Download Scenarios from the WEMSA Library. Create a Scenario training binder of your own.

## MANIKINS

Utilize CPR responsive manikins (if available) from your EMS/ Fire Department, or local Hospital for hands-on training.

## PHONES

From two different rooms use 2 cell phones, or a landline with "Speaker Phone" capabilities to practice with.

# CONTINUING EDUCATION

## CREATING YOUR OWN IN-HOUSE CE PROGRAM



Review Training Program Every Year



Utilize In-House Newsletters



Utilize Recorded CPR Calls for  
Review



Recognize your Staff on their  
performance



# YEARLY TRAINING

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## MUSCLE MEMORY

- Keep your staff sharp, schedule a yearly refresher training.
  - You can expand on the initial training
  - Incorporate CPR Calls to review together
  - Create your own Training Scenarios

## BE CREATIVE

- You have the ability to adapt this program to your agency's needs.
  - The sky's the limit
  - Utilize outside resources: AHA TCPR Kit,
  - The Resuscitation Academy's Training Materials
  - Google "Dispatcher Assisted CPR" and incorporate the videos



## Program Updates

We began providing dispatcher CPR to North Shore in late June; we have since added South Milwaukee and on November 2 Hales Corners will go live. Greenfield is giving instructions themselves and using EMSCom as a backup. Franklin and Greendale are currently training their dispatchers. We are in line for meeting our goal of having dispatcher CPR available to all Milwaukee County citizens by the end of 2015. We have not yet identified a survivor but we know several people have received more than 100 compressions prior to EMS arrival, thanks to your efforts. We have had a couple of bumps in the road but you are doing great work. Recent adjustments include: updating the CPR line hold message instructing the caller that help is on the way and we have updated the script slightly to include more options for victims who are likely not in cardiac arrest.

## Tips and Tricks

**Callers who ask about giving medications:** The script has been updated to include a phrase to use when the caller asks about giving a prescribed medication like narcan or epi. It is okay to allow callers to give these medications with a phrase like "your doctor prescribed that medication for you to use when this happens, you should follow your doctor's recommendation." This link gives a mother's perspective on how this helped her: <http://www.scarymommy.com/i-almost-killed-my-child/>

## Victims who are not in cardiac arrest:

There have been many of these calls. The PSAPs are reviewing every call and are working to decrease the number of these transfers. However, it is important to remember that these transfers are not always a wrong decision on the part of the PSAP and that they can not cancel the transfer once it's started. To ensure we don't miss any PNB cases there will always be cases that may not actually be in cardiac arrest. For instance, we had a recent caller who described a patient who was not awake and not breathing

## CPR Call Transfers (6/24-10/2)

Total Cardiac Arrests	41
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## CPR in the News

Check out these local and nationwide stories highlighting the importance of CPR and dispatcher assisted CPR for saving lives:

["Shovel It Forward" Dispatcher Saves Man's Life](#)

[Eight-Year-Old Girl Survives Cardiac Arrest](#)

[Wife, First Responders Save Statesville Man after Sudden Cardiac Arrest](#)

## Cardiac Arrest Practice Scenario

A 75-year-old wheelchair bound man is suspected to be in cardiac arrest at home with his wife. The wife states that she weighs 95 pounds and is too weak to move her husband to the floor

# In - House Newsletter

- Create an InHouse Newsletter for your staff to download and review monthly or quarterly.
- Include a call to review, a protocol to discuss and coaching phrases to utilize
- Dispatch Assisted CPR articles can be found by a simple Google search



## Review Recorded CPR Calls

If you come across a call that is worth sharing- share it with your team! Let them hear both a good instructional call and a poor instructional call.



# RECOGNITION



## CATCH THEM DOING IT RIGHT!

Positive feedback, and continuous coaching of your team goes a long way!



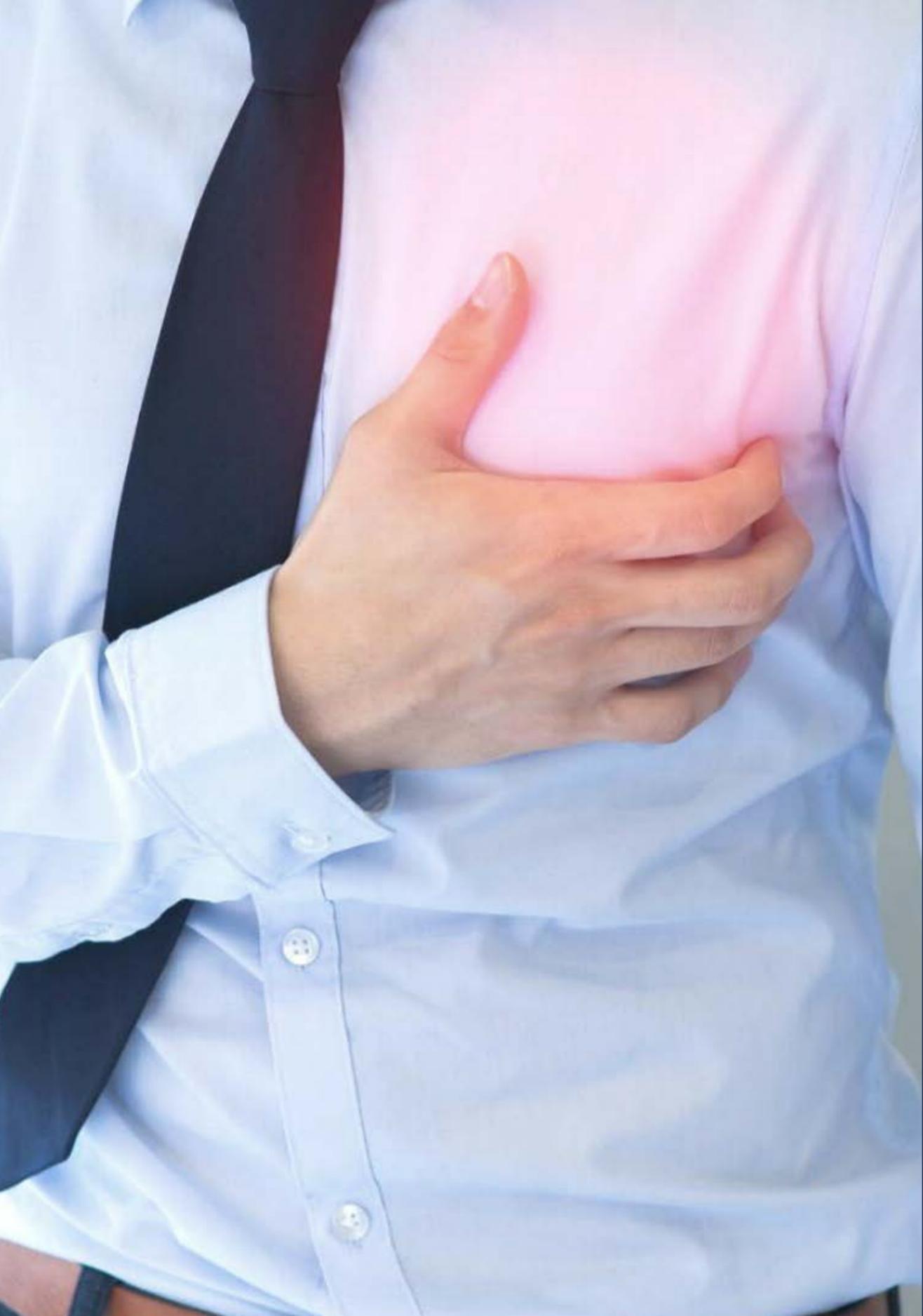
## CPR CALL OF THE YEAR AWARD

Create your own program of Dispatcher Awards. Recognize them in the Newsletter, at an office meeting.



## CERTIFICATION OF COMPLETION

Of Initial and Continuing Education on CPR Identification/ Instruction Delivery. This helps reinforces their confidence. Let them be PROUD of their accomplishments!



# IN-HOUSE QI/ QA PROGRAM

## SET THE STANDARD

- Review 100% of CPR Calls.
- Provide In-person Feedback.
- Give Constructive Feedback to your dispatcher.
- Catch them doing it right, re-educate and review areas that need it.
- Keep call QI Data forms.
- Keep training records and logs.

# QI/ QA Program Recommendations

## TIME INTERVALS

Evaluate time intervals using recordings' time stamps

## TIME TO FIRST COMPRESSION

Give averages of time of Treatment Steps.  
Compare those times to overall average.

## TREATMENT STEPS

Tell Caller what to do, walk through appropriate protocol.

## DIRECTION CONFLICTS

If Stopped advising compressions-  
WHY? Delays in Response from EMS? Reason for call placed on hold?

Call ID Number: \_\_\_\_\_

Date of Incident: \_\_\_/\_\_\_/\_\_\_  
(MO) (DAY) (YR)

Recording Available  
 Yes  No

Call Time: \_\_\_:\_\_\_:\_\_\_ (to the sec)  Cannot be determined

Communicator Number: \_\_\_\_\_

Transferring PSAP  
 Cudahy  Oak Creek  
 Franklin  South Milwaukee  
 Greendale  St. Francis  
 Greenfield  Wauwatosa  
 Hales Corners  West Allis  
 Milwaukee and West Milwaukee  Unknown  
 North Shore  No transfer; Greenfield assisted

Responding Agency(s) Select all that apply  
 Cudahy  North Shore  
 Franklin  Oak Creek  
 Greendale  South Milwaukee  
 Greenfield  St. Francis  
 Hales Corners  Wauwatosa  
 Milwaukee  West Allis  
 Unknown

Unit Number(s): \_\_\_\_\_  Unknown (note – if multiple units, separate with commas)

How was the patient's age determined?  
 From PSAP  Volunteered by caller  Communicator asked exact age  
 Communicator asked general age  Not determined

If stated, patient age: \_\_\_\_\_

If exact age not stated, was patient:  Adult  Child over 8  Child 1-8  Child less than 1  Neonate  Unknown

Were any special circumstances stated by the PSAP or the caller:  Yes  No  Unknown  
If yes, what: \_\_\_\_\_

Patient Gender  
 Male  Female  Unknown

Time caller told to move phone to patient: \_\_\_:\_\_\_:\_\_\_  Cannot be determined

Which script was used?  
 Adults; Page 2  Pregnant woman (3<sup>rd</sup> trimester); Page 8  
 Adults with ventilations; Page 3  Tracheostomy/Laryngectomy patients (stoma); Page 9  
 Children over 8 years; Page 4  Patients not in cardiac arrest; Page 10  
 Children 1-8 years; Page 5  Multiple, explain: \_\_\_\_\_  
 Infants 0-12 months; Page 6  Unknown; explain: \_\_\_\_\_  
 Neonate (newborn; associated field delivery); Page 7

Was it the correct script?  
 Yes  No  Unknown

If no, why? \_\_\_\_\_

Were Telephone CPR Instructions offered by the communicator?

# QI DATA FORMS

WWW.WEMSA.COM/DISPATCHERCPR

- Form can be edited to fit your Agency's needs
- Review CPR call while recording info onto this Document.
- Let your Staff see this document ahead of time so they have an idea on what they are being QI'd for.
- 100% of CPR Calls should be reviewed.

# QI DATA FORMS

WWW.WEMSA.COM/DISPATCHERCPR

- Document Tracks: Call date/time, Responding Agency, Patient's Age, Patient Gender, Which script was used and if it was the correct script
- Offering of CPR Instructions, If not offered- WHY?, Reason for Refusal, the Arrest Location, if Patient was Movable, Position of the Patient, Times, Caller Information, AED on Scene, Patient Transported to Hospital Info

## If not offered, why? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Caller hysterical                     | <input type="checkbox"/> Language barrier                               |
| <input type="checkbox"/> Caller knew CPR/CPR in progress       | <input type="checkbox"/> Obvious death                                  |
| <input type="checkbox"/> Caller left phone                     | <input type="checkbox"/> Patient reported as conscious and/or breathing |
| <input type="checkbox"/> Caller not at scene                   | <input type="checkbox"/> Second party relay                             |
| <input type="checkbox"/> Caller unable to move patient         | <input type="checkbox"/> Should have been offered                       |
| <input type="checkbox"/> Communicator too busy, explain: _____ | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> EMS arrived too fast                  | <input type="checkbox"/> Unknown  |
|  | <input type="checkbox"/> Not Applicable                                 |

## If yes, were instructions accepted?

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Yes         | <input type="checkbox"/> Unknown         |
| <input type="checkbox"/> Delayed Yes | <input type="checkbox"/> NA; Not offered |
| <input type="checkbox"/> No/Refused  |  |

## If instructions refused, reason for refusal: (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Aid arrived too fast                            | <input type="checkbox"/> Emotional distress                              |
| <input type="checkbox"/> Animal/pet disruption                           | <input type="checkbox"/> Fear of contracting communicable disease        |
| <input type="checkbox"/> Apathy/lack of interest or concern              | <input type="checkbox"/> Fear of hurting patient                         |
| <input type="checkbox"/> Believes aid will be there quickly              | <input type="checkbox"/> Health of patient (terminally ill, obese, etc.) |
| <input type="checkbox"/> Believes patient is alive (agonal, movement)    | <input type="checkbox"/> Ill themselves/recent surgery                   |
| <input type="checkbox"/> Believes patient is dead/cold/unknown down time | <input type="checkbox"/> Lack of strength/size difference                |
| <input type="checkbox"/> Caller knew CPR/CPR in progress                 | <input type="checkbox"/> Lack of training/skill                          |
| <input type="checkbox"/> Caller left phone                               | <input type="checkbox"/> Language barrier                                |
| <input type="checkbox"/> Caller not at scene                             | <input type="checkbox"/> No access to patient                            |
| <input type="checkbox"/> Caller unable to move patient                   | <input type="checkbox"/> Obvious death                                   |
| <input type="checkbox"/> Calling to report death only                    | <input type="checkbox"/> Others interfering/disrupting attempts          |
| <input type="checkbox"/> Can't hear or hear well                         | <input type="checkbox"/> Others who need care (child, elderly)           |
| <input type="checkbox"/> Confused  | <input type="checkbox"/> Patient has internal defibrillator              |
| <input type="checkbox"/> Dangerous environment                           | <input type="checkbox"/> Patient is stranger/unknown to caller           |
| <input type="checkbox"/> Denial of medical emergency                     | <input type="checkbox"/> Scared, afraid                                  |
| <input type="checkbox"/> Disabled/wheelchair bound                       | <input type="checkbox"/> Second party relay                              |
| <input type="checkbox"/> Distasteful characteristic                      | <input type="checkbox"/> Unable to access patient                        |
| <input type="checkbox"/> Distracted                                      | <input type="checkbox"/> Vision problems or blind                        |
| <input type="checkbox"/> DNR/living will (didn't know who else to call)  | <input type="checkbox"/> Other: _____                                    |
|  | <input type="checkbox"/> None  |
|  | <input type="checkbox"/> Not Applicable                                  |

## If yes, was communicator-assisted CPR begun?

- |   |                             |                                  |
|---|-----------------------------|----------------------------------|
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Not Applicable |                             |                                  |

## If no, reason not begun: (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Aid arrived  | <input type="checkbox"/> Caller left phone to check patient, at communicator request  |
| <input type="checkbox"/> Caller changed mind, now refusing  | <input type="checkbox"/> Caller left phone to confine animal  |
| <input type="checkbox"/> Caller distracted  | <input type="checkbox"/> Caller left phone to unlock door, turn on light, etc   |
| <input type="checkbox"/> Caller hard of hearing   | <input type="checkbox"/> Caller unable to move patient: confined workspace, weak rescuer; patient at risk of injury if moved, overweight patient/caller |
| <input type="checkbox"/> Caller having difficulty performing instructions (pinch nose, flat on floor, etc.) | <input type="checkbox"/> Communicator delay due to unnecessary questions  |
| <input type="checkbox"/> Caller having difficulty understanding instructions                                | <input type="checkbox"/> Communicator delay in starting instructions; unknown why   |
| <input type="checkbox"/> Caller hysterical (intermittent)   | <input type="checkbox"/> Communicator delay, single communicator center/staffing  |
| <input type="checkbox"/> Caller is afraid of hurting the patient  | <input type="checkbox"/> Communicator issue   |
| <input type="checkbox"/> Caller knew CPR/CPR in progress  | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Caller left phone for unknown reason, open line                                    | <input type="checkbox"/> Unknown  |
|   | <input type="checkbox"/> Not Applicable   |

# QI DATA FORMS

WWW.WEMSA.COM/DISPATCHERCPR

- Use this document to provide feedback to your Dispatcher, and for any State required reporting.
- Build a file to house and provide easy access to these documents

## If not offered, why? (Check all that apply)

- Caller hysterical
- Caller knew CPR/CPR in progress
- Caller left phone
- Caller not at scene
- Caller unable to move patient
- Communicator too busy, explain: \_\_\_\_\_
- EMS arrived too fast
- Language barrier
- Obvious death
- Patient reported as conscious and/or breathing
- Second party relay
- Should have been offered
- Other: \_\_\_\_\_
- Unknown
- Not Applicable

## If yes, were instructions accepted?

- Yes
- Delayed Yes
- No/Refused
- Unknown
- NA; Not offered

## If instructions refused, reason for refusal: (Check all that apply)

- Aid arrived too fast
- Animal/pet disruption
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- Believes aid will be there quickly
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- Denial of medical emergency
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- Patient has internal defibrillator
- Patient is stranger/unknown to caller
- Scared, afraid
- Second party relay
- Unable to access patient
- Vision problems or blind
- Other: \_\_\_\_\_
- None
- Not Applicable

## If yes, was communicator-assisted CPR begun?

- Yes
- No
- Unknown
- Not Applicable

## If no, reason not begun: (Check all that apply)

- Aid arrived
- Caller changed mind, now refusing
- Caller distracted
- Caller hard of hearing
- Caller having difficulty performing instructions (pinch nose, flat on floor, etc.)
- Caller having difficulty understanding instructions
- Caller hysterical (intermittent)
- Caller is afraid of hurting the patient
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- Caller left phone to confine animal
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- Caller unable to move patient: confined workspace, weak rescuer; patient at risk of injury if moved, overweight patient/caller
- Communicator delay due to unnecessary questions
- Communicator delay in starting instructions; unknown why
- Communicator delay, single communicator center/staffing
- Communicator issue
- Other: \_\_\_\_\_
- Unknown
- Not Applicable

# QI/ QA Program Recommendations

## Base Line Data

Knowing your base line survival data of Out of Hospital Cardiac Arrest and tracking all reports are fundamental to your program.

## CARES Registry

Cardiac Arrest Registry to Enhance Survival.

<https://mycares.net/>

Largest registry in the world.

## Collaborate

You do not have to be in a silo. You should form partnerships with EMS. Greater interaction benefits callers.

## Feedback

Beyond the normal QI process. Tele-communicators need to hear that giving the Patient every chance of survival is still doing the best job possible.

# MEET THE SURVIVORS

## The Ultimate Inspiration



Invite Telecommunicators to regular survivor celebrations, where they meet survivors, their family and friends, EMS Crews, Fire Crew, Law Enforcement who responded and the other bystanders who performed CPR.



Allows everyone a chance to connect and see the impact of their collaboration

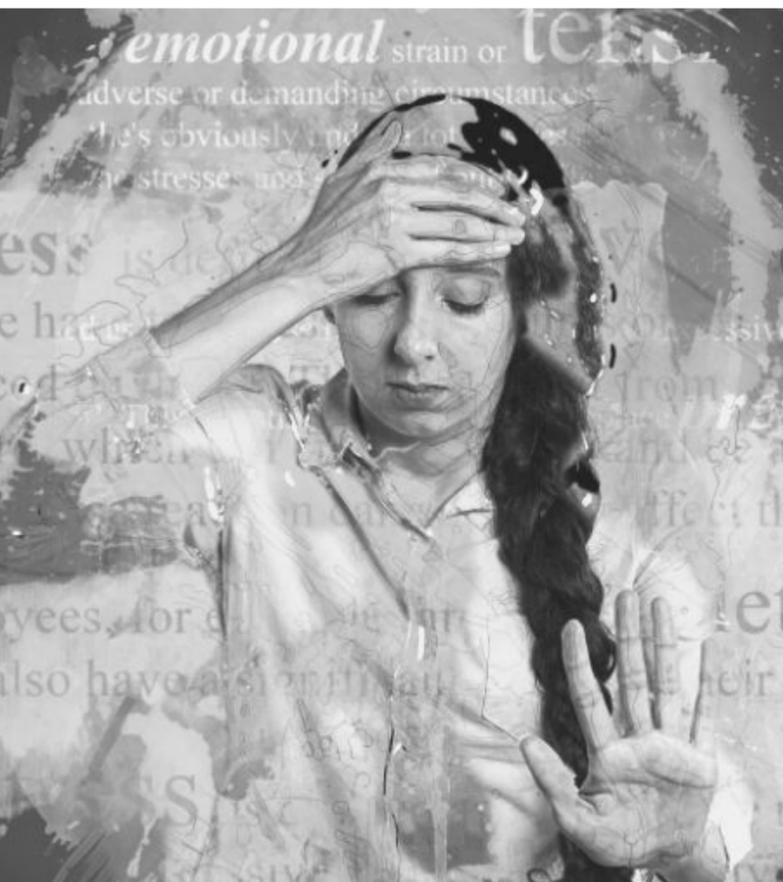


"What's Your Why" bulletin board. Fill it with notes and photos from survivors.

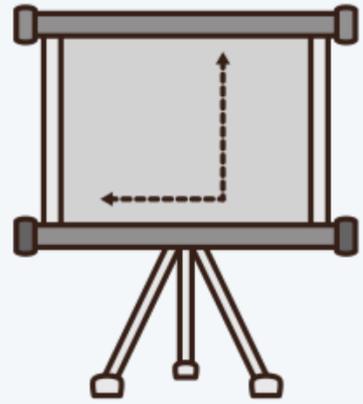


# Critical Stress Incident Management (CSIM)

- Dispatchers are routinely exposed to extraordinary stressful situations. The psychological impact of that acute and chronic stress increases throughout their careers.
- Agencies need to emphasize the importance of caring for their team's mental health.



# Critical Stress Incident Management (CSIM)



Offer Stress Management Training focused on removing the “suck-it-up” culture.

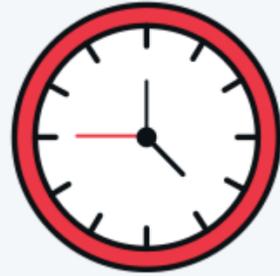


Provide all Team members with on-site educational materials that include info about local & online resources.



Create a EAP (*Employee Assistance Program*) to offer free confidential counseling with Clinicians who understand the stress of First Responders

# Critical Stress Incident Management (CSIM)



Can sometimes require immediate debriefing.



Treat your TEAM like they MATTER.



Debrief and close that feedback loop after every CPR call. Set the standard for your Center.



Become the driver of this program for your Center. If you cannot, choose the next best person.

# CISM Resources

- Stress and the 911 Dispatcher

[http://www.aacvfa.org/content/Chaplain/Stress and the Dispatcher.pdf](http://www.aacvfa.org/content/Chaplain/Stress%20and%20the%20Dispatcher.pdf)

- NENA Standard on 9111 Acute/ Traumatic and Chronic Stress Management

[https://cdn.ymaws.com/www.nena.org/resource/resmgr/Standards/NENA-STA-002.1-2013\\_9-1-1\\_Ac.pdf](https://cdn.ymaws.com/www.nena.org/resource/resmgr/Standards/NENA-STA-002.1-2013_9-1-1_Ac.pdf)

- Trauma takes its toll on EMS providers, 911 Telecommunicators

<https://www.ems1.com/ems-products/fitness-health/articles/104851048-Trauma-takes-its-toll-on-EMS-providers-911-telecommunicators/>

