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

ON-BOARDING NEW EMPLOYEES

Review Initial Training PowerPoints

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

• Wisconsin EMS Association (W EMSA) LIBRARY
  Power Points can be found at 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

• 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

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

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
In-House Newsletter

- Create an In-House 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.

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/-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 but the patient did have a pulse.
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?
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<th>QI DATA FORMS</th>
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<td><a href="http://WWW.WEMSA.COM/DISPATCHERCPR">WWW.WEMSA.COM/DISPATCHERCPR</a></td>
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- 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
• 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
QI/ QA Program Recommendations

**Base Line Data**
Knowing your baseline 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/](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.
Can sometimes require immediate debriefing.

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.

Treat your TEAM like they MATTER.
CISM Resources

• Stress and the 911 Dispatcher
  http://www.aacvfa.org/content/Chaplain/Stress_and_the_Dispatcher.pdf

• NENA Standard on 911 Acute/ Traumatic and Chronic Stress Management

• Trauma takes its toll on EMS providers, 911 Telecommunicators