Telephone CPR (T-CPR) Program Recommendations and Performance Measures

In 2017 the American Heart Association issued important recommendations on T-CPR including performance standards

http://cpr.heart.org/AHAECC/CPRAndECC/ResuscitationScience/UCM_477526_CPR-Emergency-Medical-Dispatcher-CPR-Instructions.jsp

Sudden cardiac arrest (SCA) is the sudden, unexpected loss of heart function, breathing and consciousness, and is commonly the result of an electrical disturbance in the heart. Each year an estimated 350,000 cardiac arrest events occur in the United States in an out-of-hospital environment. Almost all of these events result in a call for help to 911. Without quick intervention in the form of cardiopulmonary resuscitation (CPR) and defibrillation, death from SCA is certain.

Telecommunicators are the true, first responders and a critical link in the cardiac arrest chain of survival. It is the telecommunicator, in partnership with the caller, who has the opportunity to identify a patient in cardiac arrest, providing the initial level of care by delivering telephone CPR (T-CPR) instructions to the caller, and quickly dispatching the appropriate level of help. It is through these actions that the telecommunicator can make the difference between life and death. It is important to emphasize that the telecommunicator and the caller form a unique team in which the expertise of the telecommunicator and the willingness of the caller to provide T-CPR represents the best opportunity to improve survival from SCA.

The information below outlines the minimal acceptable standards for timely and high-quality delivery of T-CPR instructions by emergency telecommunicators. Where possible, these processes should occur in parallel, rather than in series, to minimize the overall time interval from 911 call to T-CPR as much as possible.

Every emergency dispatch center in the nation should be aware of the following:

• The provision of 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.

VACAR has also been used to support a large research program, including reducing the cost of clinical trials.