



A member of the
**Global
Resuscitation
Alliance**



King County, Seattle, WA

Measure Professional Resuscitation

BRIEF BACKGROUND

Providing feedback following a resuscitation is a challenge

STEPS TAKEN

We established a secure online system of feedback with comprehensive review.

CHALLENGES

The time involved to gather all the components of a resuscitation including the dispatch recording as well as the time for a comprehensive review by the medical director.

RESULTS

One by one the glitches were solved so that the review reaches the dispatchers, EMTs, and paramedics in a timely fashion. The individuals receiving these reviews are extremely appreciative of the follow-up as well as the constructive comments.

OUTLOOK

We are committed to maintaining this QI program. Direct feedback from the medical director directly to the EMS providers and telecommunicators is a vital part of leadership.

CONTACT

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Summary CPR Performance

Overall CPR Fraction	Current Case	KC Average	Goal
Overall CPR Fraction	94%	86%	90%
Average Chest Compression Rate	112 cpm	111 cpm	100-120 cpm
Average Peri-Shock Pause	8 sec	10 sec	<15 sec

Case Summary
Click buttons below to play video at select points

- ▶ Play case from beginning
- ▶ 1 Cardiac Arrest Recognized
- ▶ 2 Dispatcher-Assisted CPR Initiated
- ▶ 3 EMS Arrival
- ▶ 4 Shock 1 chest compression interruptions
pre-shock = 8 seconds post-shock = 2 seconds total = 10 seconds
- ▶ 5 Medics on scene
- ▶ 6 Shock 2 chest compression interruptions
pre-shock = 3 seconds post-shock = 3 seconds total = 6 seconds
- ▶ 7 Shock 3 chest compression interruptions
pre-shock = 3 seconds post-shock = 2 seconds total = 5 seconds
- ▶ 8 Verbalized IV placement
- ▶ 9 Verbalized first medication administration
- ▶ 10 Verbalized intubation confirmation
- ▶ 11 ROSC
- ▶ 12 12-Lead Printout 1
- ▶ 13 Field MD Consult
- ▶ 14 Report to Receiving Hospital

Show Physician Comments

Show Training Officer Comments

Launch Performance Objectives

Patient Outcome:
Discharged Home

Patient was discharged on 1/19/19 with apparent full neurologic recovery.

This is a superb case and the entire team is to be congratulated.

First, the telecommunicator quickly recognized the cardiac arrest and provided telephone instructions. Second, the EMT team provided the initial shock with 8 seconds of chest compression interruptions. CPR fraction was an impressive 94%. Third, medics provided two additional shocks with the patient achieving a sustainable rhythm. There was good vocalization for IV placement and medication administration. I concur with the 12-lead ECG interpretation and need for cath lab activation. The patient was discharged with full neurological recovery. Nicely done, everyone.