Region Zealand

Quality Improvement program
for T-CPR -
with special focus on identifying
cardiac arrest.

Goal

- Cardiac arrest recognized within median one minute, in cases of suspected cardiac arrest.
- First compression started within median two minutes.

Background:

- T-CPR
- A highly motivated medical emergency dispatcher staff (nurses and paramedics)
- A standard form used in every case of suspected cardiac arrest
- A supervisor who collect cardiac arrest forms, and 'remind' the dispatchers if the form isn't present

Method

- The method to evaluate cases of suspected cardiac arrest, is listening to audiorecordings and register time to recognition of cardiac arrest and time to first compression

Activities

- November 2017 → February 2018:
  - Presentation of RA project and the importance of recognizing cardiac arrest
- February 2018:
  - Workshops for medical dispatchers
- June 2018 →:
  - Individual feedback

Workshops for medical dispatchers

- Background and importance of early recognition of cardiac arrest.
- Training T-CPR cases
- Presentation and discussion voicelogs - best standard.
- Presentation and discussion voicelogs - where recognition of cardiac arrest was challenging.
- Focus on agonal breating.
- Pitfalls, and how to overcome...

Results

	Recognition (sec.)	First compression (sec.)
1/12-13/12 (2016)	20 (10-43)	94 (00-150)
15/12-10/1 (2017-18)	15 (00-27)	54 (00-150)
1/3 – 6/3 (2018)	27(12-49)	119 (66-130)
1/5 – 17/5 (2018)	38 (22-53)	105 (62-166)

Median (25% – 75% percentil)

Future interventions for continous improvement

- Individual feedback from supervisor in all cases of suspected cardiac arrest.
- Data presentation – for continous motivation and improvement.

Limitations

- Dispatcher recognized cardiac arrest is not 100% of EMS treated cardiac arrest
- 112 initial handling of call
- A ‘new’ dispatch system (Camenta)