June 2012 Vol. 15 No. 6

> Ideas Analysis Insight

PROVIDENCE DE LA CONTRACTÓRIA DE LA CONTRACTÍRIA DE LA CONTRACTÍRIA DE LA CONTRACTÍRIA DE LA CONTRACTICA DE LA CONTRACTÍRIA DE LA CONTRACTÍRIA DE LA CONTRACTÓRIA DE LA CONTRACTICA DE LA CONTRACTÍRIA DE LA CONTRACTICA DE

Las Vegas Dispatchers Help Improve SCA Survival Rates

Quick Look

David Slattery, M.D., the Las Vegas Fire & Rescue deputy chief and EMS medical director, has a mission to improve sudden cardiac arrest survival in his city. Toward that goal, he is automatically alerted whenever a cardiac arrest call is identified in dispatch. For each call, Slattery can immediately view the dispatcher's notes and determine whether the victim received dispatcher-assisted chest compressions.

"I think it's so important for our communications specialists to know what an absolutely pivotal role they play in improving cardiac arrest survival," he says. "Too often they are hounded in the call process—getting off the phone and moving on. What they have to get right 100 percent of the time is at least recognizing someone is in cardiac arrest or has abnormal breathing and being able to provide instructions to a bystander on starting chest compressions."

The automatic alerting is through a program called First-Watch, a real-time surveillance tool that is able to track all aspects of EMS response and activity in a given system using data from CAD and patient call reports.

Since deploying the alerts, Slattery says they've learned that their communications specialists have little problem giving instructions when a victim is clearly unconscious and not breathing. What they have more difficulty with is when a victim is agonal. "Callers are panicking," Slattery says. "When we ask, 'Are they breathing?' and the caller says, 'Uh, yeah. I think so' and gives an equivocal response, we found our communications specialists weren't necessarily recommending chest compressions."

Using the National Academies of Emergency Dispatch protocol via software that guides communications specialists through more detailed questions about the true state of respiration, dispatchers have gotten more consistent in knowing when to start giving instructions. "We teach our communications specialists that when there's doubt, err on the side of chest compressions," Slattery says.

Those measures have helped improve cardiac arrest survival in the Las Vegas area. For witnessed ventricular fibrillation, survival is about 35 percent, up from 5 percent in 2008.

"Every time I get that buzz on my Blackberry that I have a cardiac arrest, it keeps it at the forefront of my day," Slattery says. "I listen to every one. Our communications specialists are heroes. They are doing amazing work. Cardiac arrest is an area where we can do a little bit better."

— Jenifer Goodwin, associate editor

Subscribe to Best Practices in Emergency Services

Visit emergencybestpractices.com and subscribe today. Already a subscriber? Access *Best Practices* online and view searchable archives at your fingertips, including up-to-date monthly newsletters and quick access to all web links listed in each newsletter. Members of the National EMS Management Association automatically receive copies of *Best Practices* with membership. For more information, go to nemsma.org.