

This document is for example/sample purposes only. The TECB's intention for this document is to aid emergency communications districts in creation of or improvement of their QA/QC program. Although ECDs are required to have a T-CPR QA/QC Program, they are not required to have this specific T-CPR QA/QC Program.

T-CPR Quality Assurance/Quality Control Program for the _____ Emergency Communications District

I. Purpose

The purpose of the _____ Emergency Communications District ("ECD" or "District") Telecommunicator-Cardiopulmonary Resuscitation ("T-CPR") Quality Assurance/Quality Control Program (:QA/QC Program") is to ensure telecommunicator adherence to and continuously improve the provision of T-CPR training protocols for the safety and wellbeing of all 911 callers seeking assistance in an emergency.

II. Procedure

a. Training

- i. All telecommunicators employed by the District or by a Public Safety Answering Point (PSAP) within the District shall receive training on T-CPR during onboarding and prior to the receipt of an initial or transferred 911 call from the public in Tennessee.
- ii. In accordance with Tenn. R. & Reg. Rule 0780 -06-02-.06, at a minimum, T-CPR training taken by District telecommunicators shall:
 1. identify common barriers to assessing patient consciousness and breathing status during a call and provide strategies to overcome those barriers;
 2. define Out-of-Hospital Cardiac Arrest (OHCA), its signs and symptoms, and barriers to recognition; and
 3. ensure that telecommunicators can provide instructions for cardiac arrest victims via TTY/TDD and Next Generation 911 technologies, such as texting.
- iii. All District/_____ PSAP telecommunicators shall take a refresher T-CPR course annually/bi-annually/other: _____.
- iv. The District or PSAP that employs a telecommunicator shall maintain T-CPR training records for that telecommunicator.

b. Establishing Reviews

- i. The District/_____ PSAP QA Manager (Director, Training Coordinator, Supervisor, etc.) shall oversee the T-CPR instruction performance measurement process, including data collection, processing, review, remediation, and reporting.
- ii. A record of each call where a telecommunicator provided T-CPR instruction shall be sent to the QA manager for review. This information shall include:
 1. Name or employee ID number of telecommunicator who gave the T-CPR instruction;
 2. Date of call;

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3. CAD incident number;
 4. Start/end time of call;
 5. Time in seconds from call being received until OHCA identified;
and
 6. Time in seconds from call being received until compressions were initiated;
- iii. Records of calls where T-CPR instruction was provided shall be maintained for ___ years/in accordance with the ECD/PSAP records retention policy.
 - iv. At least one (1) audio recording of a call per month per telecommunicator shall be reviewed when that telecommunicator provided T-CPR instruction in full during that call.
 - v. Metrics to be evaluated include:
 1. Location verification;
 2. Patient age; and
 3. Proper TCPR instruction given based on patient age (i.e., adult, child, infant).
 - vi. The QA Manager shall provide/generate a report monthly/quarterly/_____ to the Director/District Board.
- c. Quality Assurance/Quality Control Feedback**
- i. The QA Manager shall provide each telecommunicator feedback regarding any TCPR calls reviewed in a one-on-one meeting when possible.
 - ii. The reviews, at a minimum shall:
 1. contain all positive and negative comments with regard to adherence to TCPR protocols and instruction provided in the reviewed call(s); and
 2. proscribe any training guidance or corrective actions to remediate any deficiencies in TCPR protocols and instruction provided in the reviewed call(s).
 - iii. The details of the review shall be memorialized in writing and provided to the telecommunicator.

III. Reporting to TECB

- a. In accordance with Tenn. R. & Reg. Rule 0780-06-02-.07, by April 1 each year, an annual T-CPR QA/QC report shall be compiled and submitted by the QA Manager to the TECB on the previous year's T-CPR calls administered by the District. The District T-CPR QA/QC report shall be comprised of statistical data on T-CPR calls and QA/QC results from the reviews of T-CPR calls for T-CPR protocol adherence and CPR instruction.
- b. The statistical report shall include the following:
 - i. Total number of T-CPR calls;
 - ii. Date of T-CPR call(s);
 - iii. CAD incident numbers;
 - iv. Time in seconds from each call being received until OHCA identified;
 - v. Time in seconds from each call being received until compressions initiated; and
 - vi. Average time OHCA identified and compressions initiated.

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- c. The QA/QC results report shall include the following:
 - i. The number of T-CPR calls reviewed;
 - ii. The number of T-CPR calls where T-CPR protocols and/or T-CPR instructions were not adhered to; and
 - iii. The types of corrective actions taken to improve the administration of T-CPR protocols and T-CPR instruction.
- d. The submitted T-CPR report may exclude calls based upon the following:
 - i. Language barrier(s);
 - ii. Dropped line(s)/hang up(s);
 - iii. Unwillingness to perform T-CPR;
 - iv. Unable to physically perform T-CPR;
 - v. Hysteria; and/or
 - vi. Arrival of emergency service provider(s) during T-CPR instruction.