

Chelan and South Douglas County EMS Resuscitation Mantras 2013-2014

At every Resuscitation Academy class put on by the folks at Harborview they set the stage at the beginning of the program with a few expressions or mantras that they say they hope to encapsulate a tiny bit of wisdom. They call them “Resuscitation Academy Mantras.”

We thought something along the same lines would be helpful in our setting, so we have come up with a few of our own. Several of them are take-offs from their program, with a little bit of tweaking for our system.

Mantra 1: Good should never be good enough – or as they put it “measure, improve, measure, improve……. Our goal every year should be to continue to improve. You do that by measuring how you are doing and then look for ways to improve. Even small changes can make a difference. Some changes will come from the data we produce and others will come from you, the boots on the ground, coming up with better or more efficient ways to do things. As you are aware there has been a dramatic improvement in our resuscitation outcomes, it is something everyone in our system should be proud of. But let’s not stop there. We need to continue to look for ways to improve so that more can survive cardiac arrest.

Mantra 2: Everyone in VF Survives – This is the mindset, an attitude, a culture or whatever you want to call it that we want all responders in our system to have when they go to a cardiac arrest call. Now of course not everyone in VF will survive an “out-of-hospital cardiac arrest”, but it should be our goal or expectation. It should be our mindset that we can save those folks and when it doesn’t happen, it should be something we pour over to find out why it didn’t happen.

Now this mantra is not something new and we can honestly say that since the roll out of the new protocols this has been the attitude that we have seen with almost all of our providers. You can see it by the urgency that you carry out your work all the way to how you do your compressions. It is unbelievably noticeable and you should be proud of the way you have performed.

Mantra 3: It’s not complicated, but it’s not easy – The science behind the steps to improve survival is not difficult to understand, but making it work in the field is not always easy. It all sounds good until you have eight people crammed in a trailer house bathroom the size of a broom closet trying to work a code, or you have 3 people in the middle of no-where doing the work of eight while they wait for reinforcements to arrive from thirty miles away. It has and will continue to take a lot of effort to make this thing work. By knowing, anticipating and mitigating problems that we know are out there we can continue to improve our performance which translates into more lives saved.

Mantra 4: Performance, not protocol – What counts during a resuscitation is not the protocol but the performance of the people that carry it out. It starts with the dispatcher and carries thru to the EMT’s and the paramedics who respond to the call. Unless we continue to train and expect providers to achieve letter perfect performance, the protocol will be just words on a piece of paper and nothing else. Regular practice of perfect compressions and choreography are critical to success in the field.

Mantra 5: If you’ve seen one of our EMS agencies, you’ve seen one of our EMS agencies – this is a take-off of their version, “If you’ve seen one EMS system, you’ve seen one EMS system. The point here is that we have many EMS providers in our system and each one is uniquely different and operates in drastically different circumstances. While in one area BLS and ALS responders arrive almost always in minutes of each other, in other areas BLS crews are often the people working the call for twenty or thirty minutes by themselves. Long responses, rural locations that are hard to access and limited responders all affect our success. What works for one group may be impossible for another. Each agency should know their strengths and weaknesses and constantly be looking for ways to improve their performance in responding to and dealing with cardiac arrest.

Mantra 6: It takes a “system” to save a victim – Given the predictable and catastrophic nature of cardiac arrest, not to mention the brief window of opportunity, it is amazing that we resuscitate anyone at all. With that said it takes everyone in our system, dispatchers, EMT’s, fireman, policemen, paramedics, chiefs, training officers, nurses, doctors and citizens all working together and performing well to make this thing work.

Training focuses –

- Continued focus on quality CPR with minimal interruptions.
- CPR fractions in the field that exceed 90%. There is no reason why we can’t as a system get to 95%.
- Emphasize coordination of CPR provider switch with ALS manual defibrillators.
- Airway managements proper place in resuscitation. Ventilations post intubation.

ALS CPR Evaluation

Scenario – Two ALS responders arrive first on scene to a cardiac arrest.

- CPR initiated and defibrillator attached.
- Once attached and turned on, 50 compressions are delivered while unit is being pre-charged.
- Shock is delivered after safety check.
- Providers switch positions, continue compressions and begin ventilations.
- Additional crews arrive.
- Preparations for intubation and IV started. Intubation performed without interrupting CPR.
- Next person for compressions identified. Time?
- Paddles pre-charged at appropriate time. Time?
- Shock delivered and rescuers switched.