**T-CPR Quality Assurance/Quality Control Program**

**for the**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Communications District**

1. **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.

1. **Procedure**
	1. **Training**
		1. 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.
		2. 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.
		3. All District/\_\_\_\_\_\_PSAP telecommunicators shall take a refresher T-CPR course annually/bi-annually/other:\_\_\_\_\_\_\_\_\_\_.
		4. The District or PSAP that employs a telecommunicator shall maintain T-CPR training records for that telecommunicator.
	2. **Establishing Reviews**
		1. 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.
		2. 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;
			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;
		3. Records of calls where T-CPR instruction was provided shall be maintained for \_\_\_ years/in accordance with the ECD/PSAP records retention policy.
		4. 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.
		5. 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).
		6. The QA Manager shall provide/generate a report monthly/quarterly/\_\_\_\_\_\_ to the Director/District Board.
	3. **Quality Assurance/Quality Control Feedback**
		1. The QA Manager shall provide each telecommunicator feedback regarding any TCPR calls reviewed in a one-on-one meeting when possible.
		2. 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).
		3. The details of the review shall be memorialized in writing and provided to the telecommunicator.
2. **Reporting to TECB**
	1. 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.
	2. The statistical report shall include the following:
		1. Total number of T-CPR calls;
		2. Date of T-CPR call(s);
		3. CAD incident numbers;
		4. Time in seconds from each call being received until OHCA identified;
		5. Time in seconds from each call being received until compressions initiated; and
		6. Average time OHCA identified and compressions initiated.
	3. The QA/QC results report shall include the following:
		1. The number of T-CPR calls reviewed;
		2. The number of T-CPR calls where T-CPR protocols and/or T-CPR instructions were not adhered to; and
		3. The types of corrective actions taken to improve the administration of T-CPR protocols and T-CPR instruction.
	4. The submitted T-CPR report may exclude calls based upon the following:
		1. Language barrier(s);
		2. Dropped line(s)/hang up(s);
		3. Unwillingness to perform T-CPR;
		4. Unable to physically perform T-CPR;
		5. Hysteria; and/or
		6. Arrival of emergency service provider(s) during T-CPR instruction.