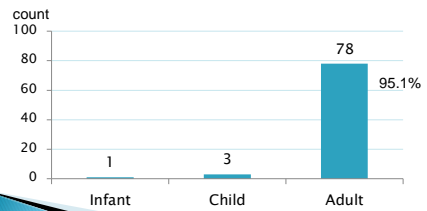


# FEEDBACK ON DISPATCHER-CPR MODULE : In Seoul

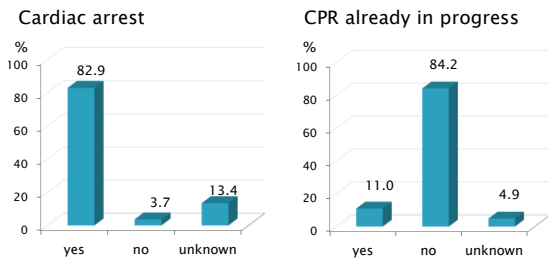
2013. 8.21  
Yu Jin Lee  
Seoul national university Hospital

## Seoul DA-CPR audit registry

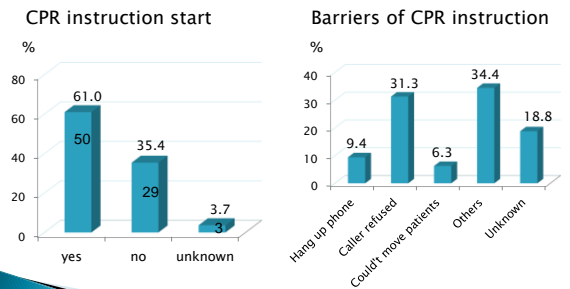
- ▶ 2013. 6.1 ~ 6.30
- ▶ Total 82 case insert in ePAROS data system
- ▶ Median Age of patient: 73.5 year old(IQR 32)



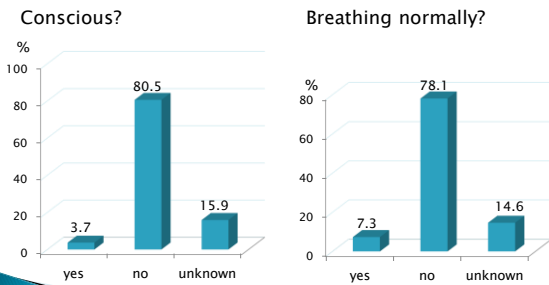
## Seoul DA-CPR audit registry



## Seoul DA-CPR audit registry



## Seoul DA-CPR audit registry



## Seoul DA-CPR audit registry

- ▶ Time interval about step 1
  - Mean 96.8sec(±76.2)
- ▶ Time interval about step 2
  - Recognition time(N=69)
    - Mean 53.8(±39.2)
  - CPR instruction start time(N=46)
    - Mean 88.7(±43.9)
  - First compression time(N=25)
    - Mean 130.8(±48.9)

## Issues/ Concerns with Variables

- ▶ Two step dispatch system
  - Time of call
  - Transfer call
- ▶ Additional variable
  - AED instruction
  - Bystander defibrillation

## Dispatcher instruction registry

### Dispatcher Instruction Registry

		Sign		Chief of dispatch center	
Date	INCIDENT NUMBER			Incidence No	
Three-way Calling <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Failed <input type="checkbox"/> Other ( )					
Patient	Age	( ) yrs old	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
	<input type="checkbox"/> Infant(<1 yrs) <input type="checkbox"/> Pediatric(1-8 yrs old) <input type="checkbox"/> Adult(>9 yrs old) <input type="checkbox"/> Unknown				
CPR already in progress?	Conscious?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Breathing Normally?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	<input type="checkbox"/> Yes, Bystander CPR already in progress or <input type="checkbox"/> Yes, Bystander CPR not in progress <input type="checkbox"/> Unknown		<input type="checkbox"/> Bystander CPR <input type="checkbox"/> Compression only CPR <input type="checkbox"/> Conventional CPR with rescue breathing progress with <input type="checkbox"/> Unknown		
Caller	<input type="checkbox"/> Family or domestic <input type="checkbox"/> Colleague(Friend) <input type="checkbox"/> Layperson-passerby <input type="checkbox"/> Unknown				
	◆ First Responder( <input type="checkbox"/> Health Care Provider <input type="checkbox"/> EMT on duty <input type="checkbox"/> Police on duty)				
Pre-arrival instruction for	Age	( ) yrs old	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
	CPR trained <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Cause of	<input type="checkbox"/> Hanging <input type="checkbox"/> Strangulation <input type="checkbox"/> Asphyxia <input type="checkbox"/> Airway foreign body <input type="checkbox"/> Drowning <input type="checkbox"/> Cardiac Arrest without definite non-cardiac cause				
	<input type="checkbox"/> Hang up phone <input type="checkbox"/> Not able to converse to speaker phone <input type="checkbox"/> Caller refused <input type="checkbox"/> Family/Quarantine refused <input type="checkbox"/> Lack of understanding CPR instructions				
CPR	<input type="checkbox"/> No, cardiac arrest not suspected				

# Dispatcher Audit Registry

Dispatcher Audit Registry															
Incidence No.	Date	Connected Time	Dispatch Agency												
CPR Performer	<input type="checkbox"/> Family <input type="checkbox"/> Colleague/Friend <input type="checkbox"/> Passer by <input type="checkbox"/> Other( )														
	<input checked="" type="checkbox"/> First Responder ( <input type="checkbox"/> Health Care Provider <input type="checkbox"/> EMT on duty <input type="checkbox"/> Police on duty ) <input type="checkbox"/> Unknown														
	Age	( ) yrs	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown												
CPR trained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
Time Measures : Time elapsed from the start of the call to															
Time Dispatcher Recognizes need for CPR	MM:SS	Time CPR Instruction started	MM:SS												
Time of First Compression	MM:SS	Time of First Rescued Breathing	MM:SS												
Time CPR Instruction discontinued	MM:SS	Time Call Finished	MM:SS												
1. Patient's Age? <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric (1-8yrs) <input type="checkbox"/> Infant (<1 yrs) <input type="checkbox"/> Unknown															
2. Patient conscious? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
3. Patient breathing normally? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
4. Pre-arrival instruction needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
If 4a. Pre-arrival instruction is needed for <input type="checkbox"/> Hanging <input type="checkbox"/> Strangulation <input type="checkbox"/> Asphyxia <input type="checkbox"/> Drowning <input type="checkbox"/> Airway Foreign body															
If yes 4b. Pre-arrival instruction given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
5. Is this case Cardiac Arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
6. CPR already in progress before CPR instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
7. CPR instruction started? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
If 'No'	8. Cause of CPR instruction not started <table border="0"> <tr> <td><input type="checkbox"/> Hang up phone</td> <td><input type="checkbox"/> Couldn't move patient</td> </tr> <tr> <td><input type="checkbox"/> Not able to convert to speaker phone</td> <td><input type="checkbox"/> Too exhausted to proceed</td> </tr> <tr> <td><input type="checkbox"/> Caller refused</td> <td><input type="checkbox"/> Language barrier</td> </tr> <tr> <td><input type="checkbox"/> Family/Guardian refused</td> <td><input type="checkbox"/> Others( )</td> </tr> <tr> <td><input type="checkbox"/> Lack of understanding CPR instruction</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Overly distraught</td> <td></td> </tr> </table>			<input type="checkbox"/> Hang up phone	<input type="checkbox"/> Couldn't move patient	<input type="checkbox"/> Not able to convert to speaker phone	<input type="checkbox"/> Too exhausted to proceed	<input type="checkbox"/> Caller refused	<input type="checkbox"/> Language barrier	<input type="checkbox"/> Family/Guardian refused	<input type="checkbox"/> Others( )	<input type="checkbox"/> Lack of understanding CPR instruction	<input type="checkbox"/> Unknown	<input type="checkbox"/> Overly distraught	
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