

Building High-Performance Resuscitation Teams



Laerdal[®]
helping save lives

Welcome!

Your Session Leaders and Sponsors

ABC, EMS Sales Manager

Schedule

A series of hands-on experiences supported by
discussions and debriefings

Breaks as needed

Our Goals Today

To give you an introductory experience to how simulation can be used to develop high performance resuscitation teams.

To increase your interest in high performance resuscitation so that you will join us in our mission, along with many others who share the same vision, of helping save lives.

To keep things light, fast-paced, and safe.

This is the no-judgment zone!

Important Things to Remember Today

We will discuss information and conduct hands-on exercises that may be different from how your organization provides medical care. This information and the practice you will see and do today should not change or alter the way you are required to perform resuscitation when working under your medical direction, unless approved by the appropriate authorities.

Important Things to Remember Today

Please be sure to consult your medical protocol or contact your supervisor, administrator or medical director, if you have any questions about the practices within your organization.

Important Things to Remember Today

If you wish to look at making these types of changes within your organization, we will be glad to provide you with information and resources to help you achieve those goals.

Your Learning Objectives

Know how measurement and feedback is essential to any resuscitation simulation

Understand how to use simulation to maximize:

- Individual skills

- Team coordination and commitment

- Leadership

- Process efficiency

Your Learning Objectives

Know simulation's role in preparing for the unexpected, and developing adaptive behavior when things don't go as planned.

Adapt behaviors to clinical settings to improve outcome of patient scenarios.

Understanding how deliberate practice and debriefing can improve performance.

Who's confident in the BLS assessment they received?

How do you feel about BLS (and ACLS) training for the average professional responder or provider?

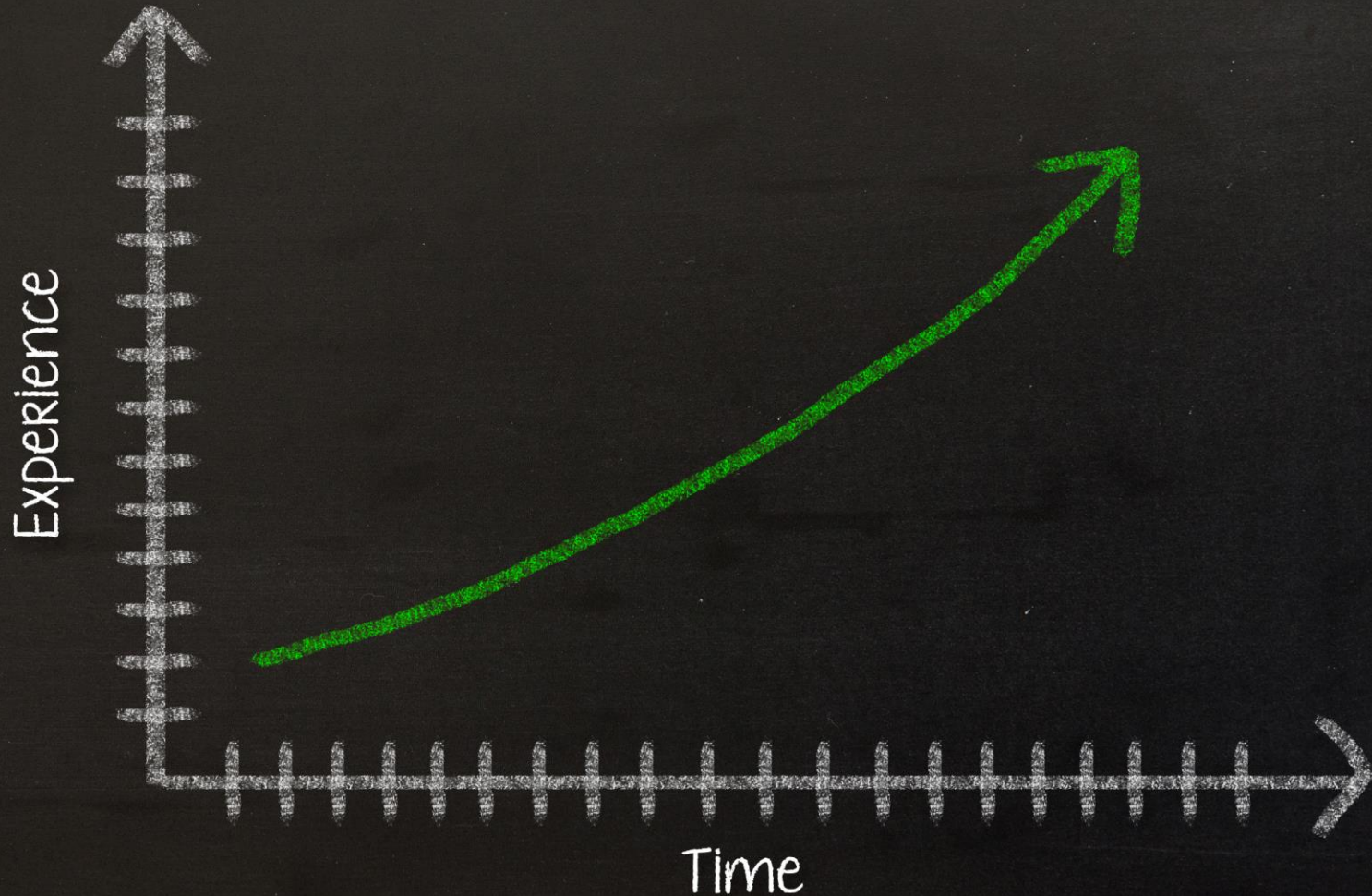
What do you think about compliance versus competency?

Do you think that non-measured performance without feedback leads to good patient outcomes?

Well, lets review how each of you did when you arrived today!

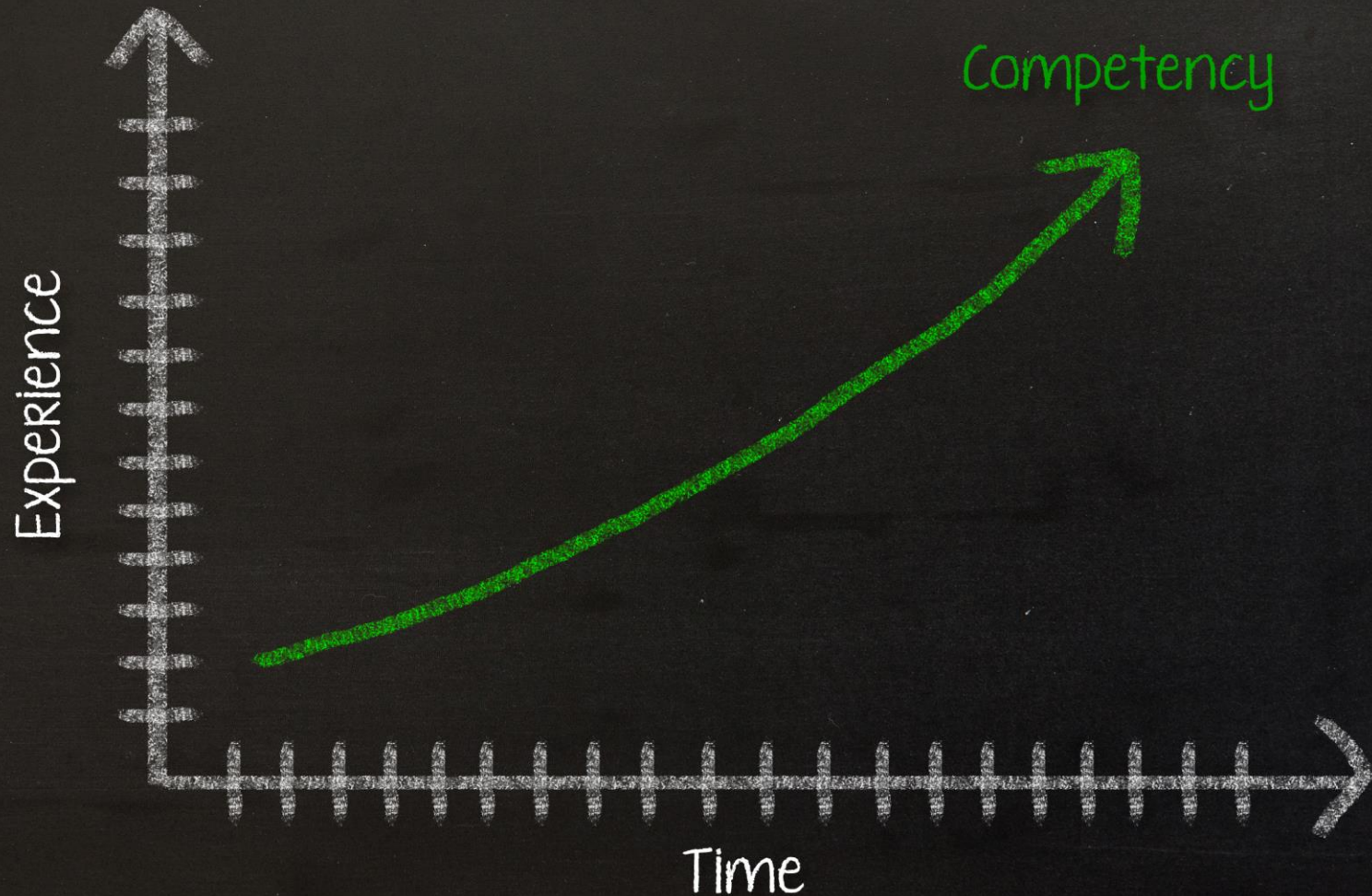
The Learning Curve

A Universal Problem



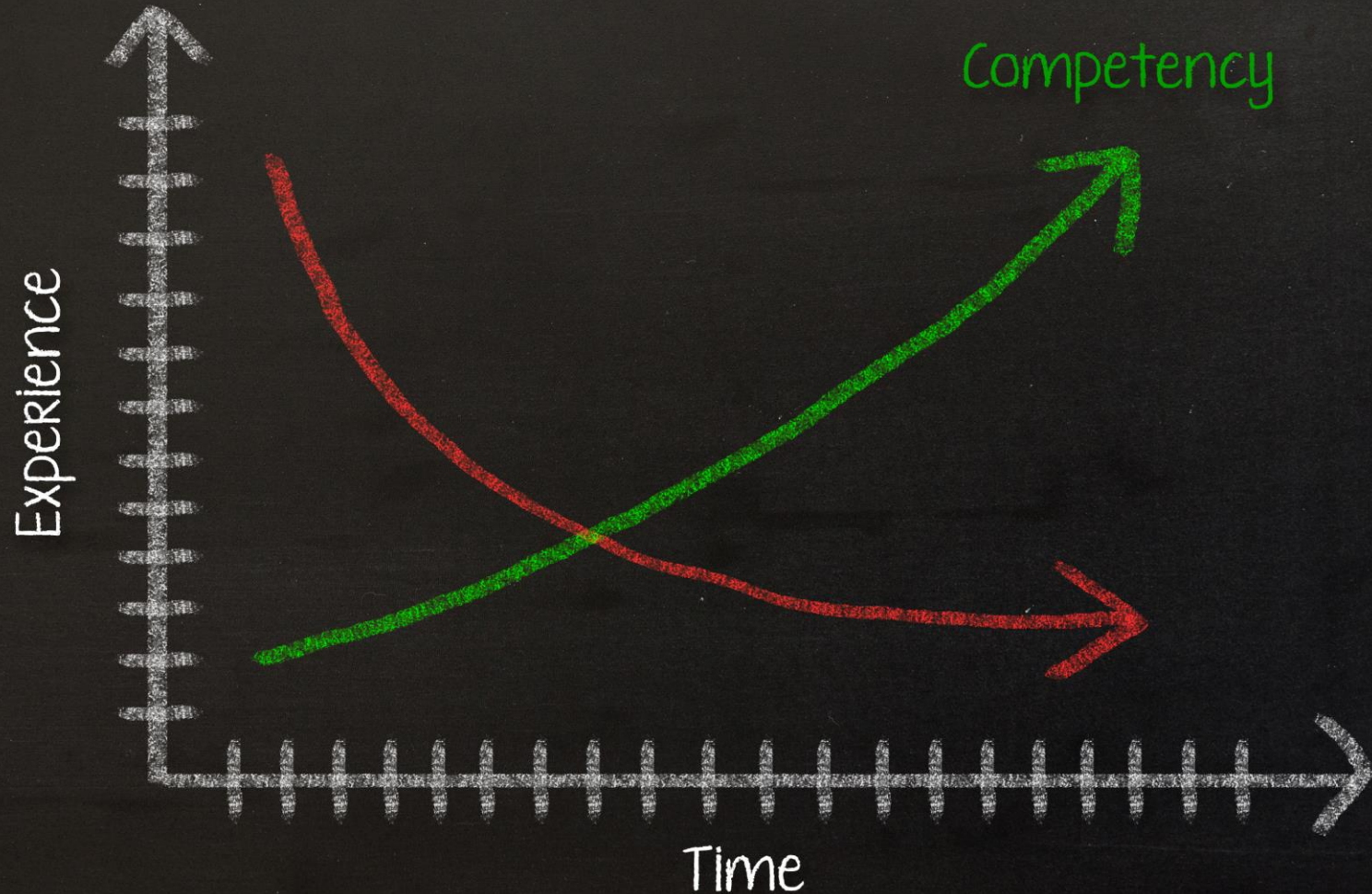
The Learning Curve

A Universal Problem



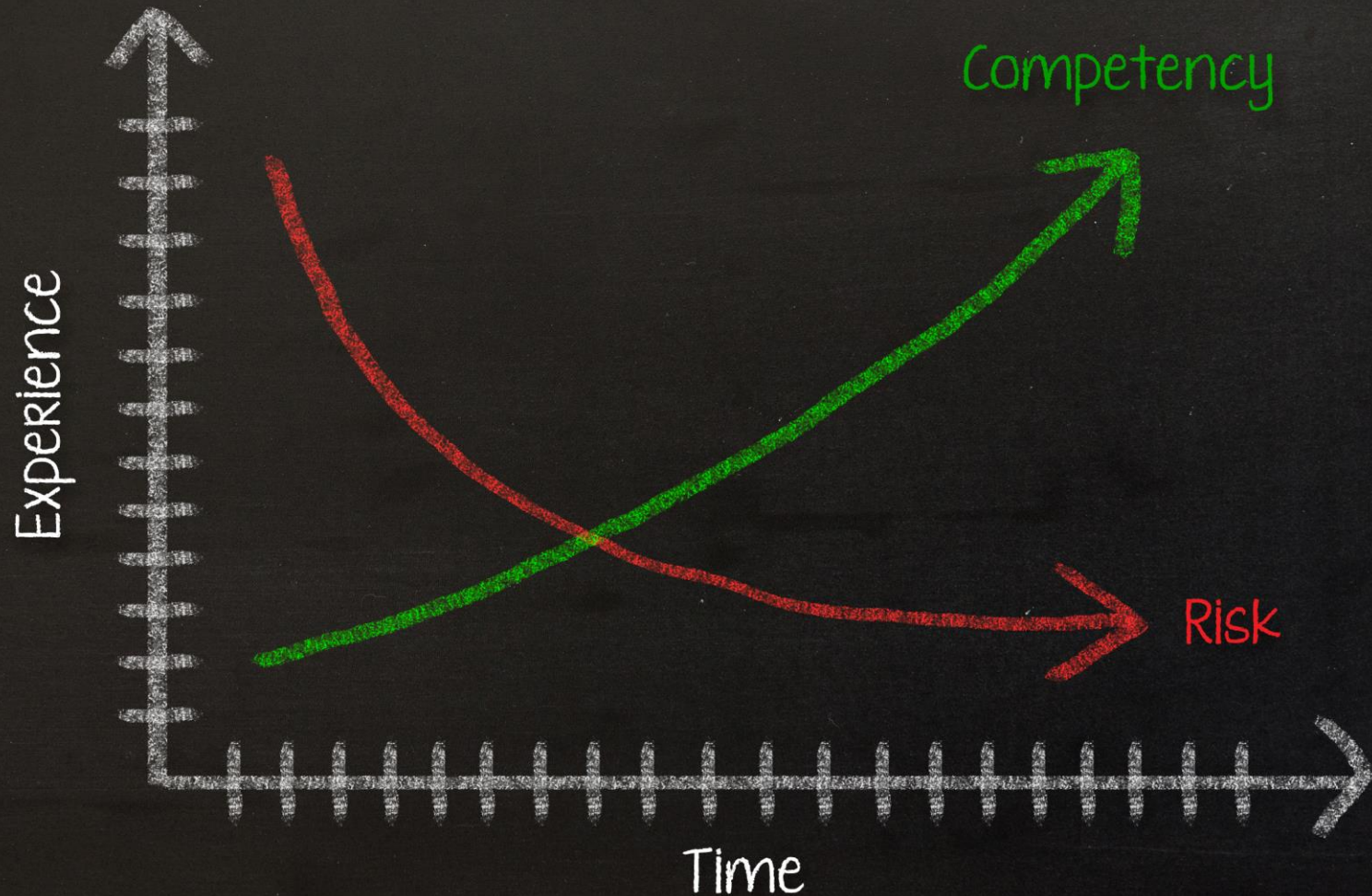
The Learning Curve

A Universal Problem

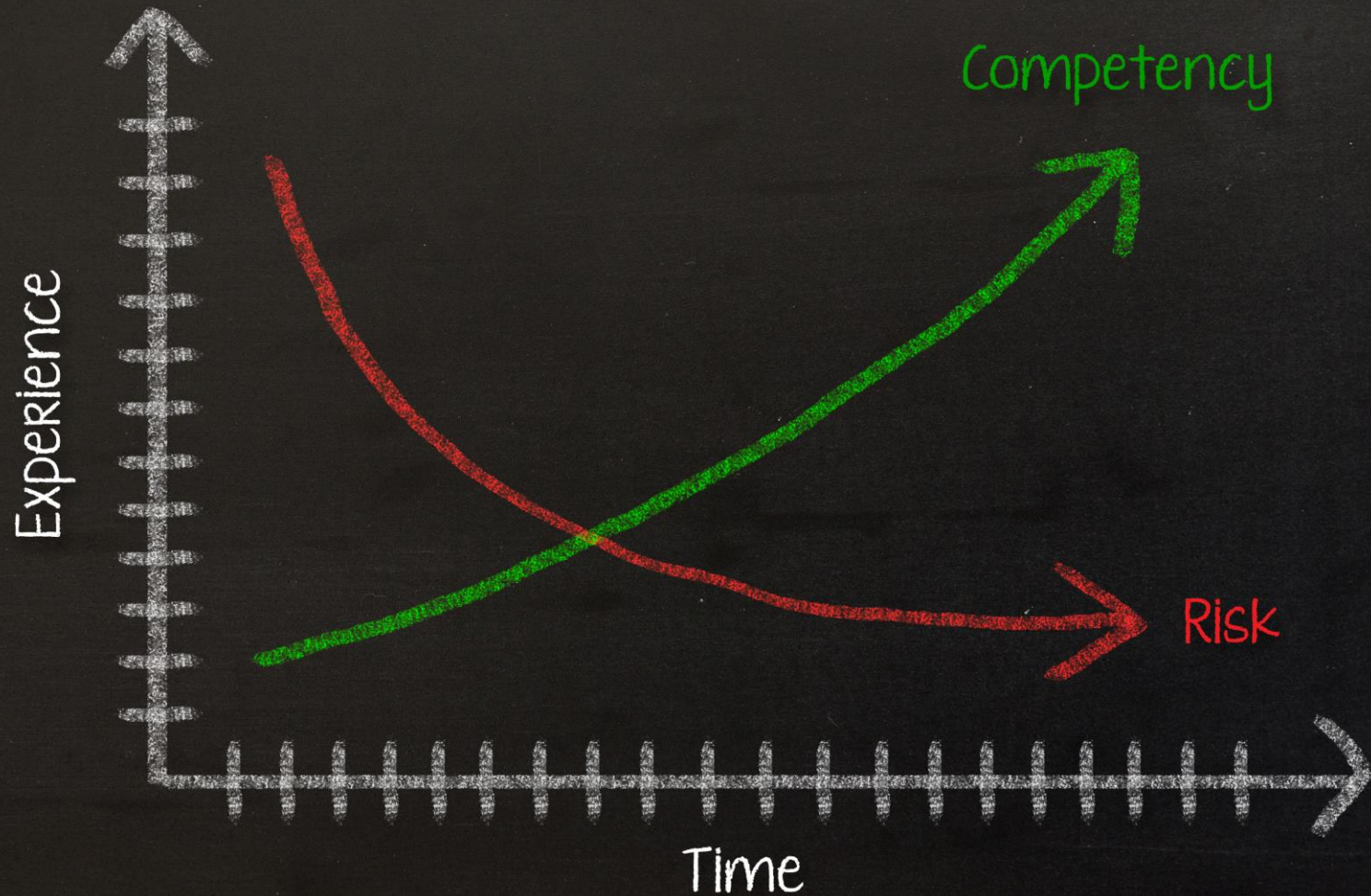


The Learning Curve

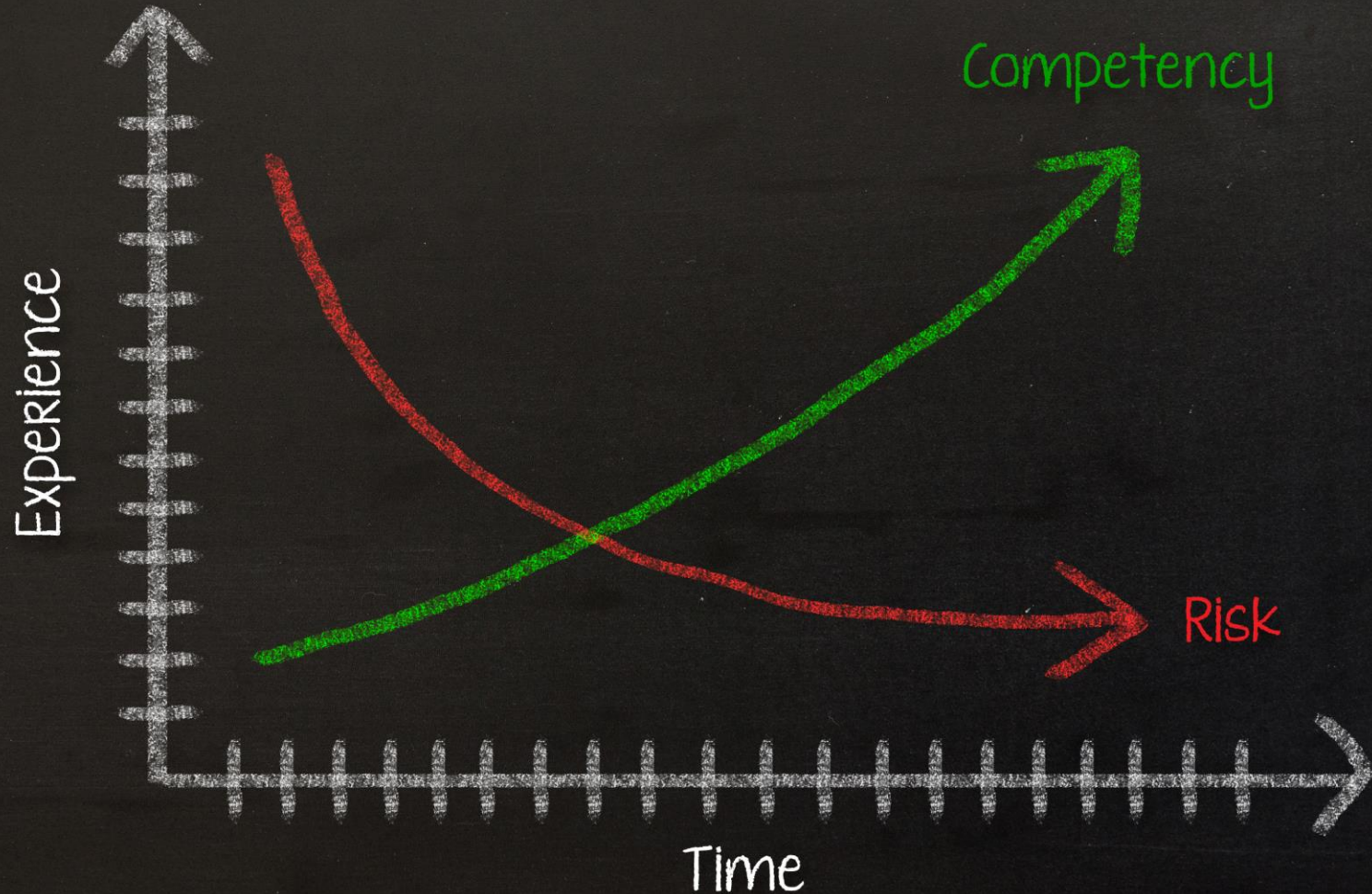
A Universal Problem



Each data point is a human life.



Each data point is a human life.
Simulation seeks to save those lives.





Who knows what this
number represents?

500,000



How about this number?

75,000



Of those 75,000 who survive,

85%

will suffer some form of neurological damage post resuscitation, due in part to the poor quality of care they received during and immediately after arrest.



And of those, only

5%

will return to their
original state of
neurological
function



Unfortunately, training is the (relatively) simple and straightforward component of HP-CPR.

The challenge comes in recognizing that change is needed, then making it stick.

Make the Most Impact



“Measure and Improve”



Measurement and Feedback

Activity #1

Activity

Experience measurement and feedback

Goal: To improve your skills using uniform objective criteria

Learning Objective: To help you understand how measurement and feedback improves performance

Two-Person CPR

Two people each, per manikin, will perform one minute of CPR

They will then rotate and do another minute of CPR

Teams will objectively certify themselves

Scores should be **80%** or better for a passing grade

What Do You Think?

Activity #1

Do you think measurement and feedback will give you a better trained and prepared professional than without?

Measurement and feedback is critical to skills training, but also team training.

Measurement and feedback will be the cornerstone for everything we learn for the remainder of the session.



Clinical Devices to Provide Feedback

Ideally, staff should have the capacity to receive feedback on the quality of CPR at the point of care.

This may include voice or visual cues on the quality of CPR (depth, interruptions or hands-off time, compression rate) that are measured and reported by the defibrillator, a handheld device, or alternative technology.

The American Heart Association's View

The AHA Consensus Statement on CPR Quality

How we learn CPR is not how we perform CPR.

Trained clinicians and teams do not deliver CPR even according to the basic guidelines.

Measurement and Feedback are essential to performance.

AHA Consensus Statement

CPR Quality: Improving Cardiac Resuscitation Outcomes Both Inside and Outside the Hospital

A Consensus Statement From the American Heart Association

Endorsed by the American College of Emergency Physicians

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Mary E. Mancini, RN, PhD, NE-BC, FAHA; Jim Christenson, MD; Allan R. de Caen, MD;
Farhan Bhargji, MD, MSc, FAHA; Benjamin S. Abella, MD, MPhil, FAHA;
Monica E. Kleinman, MD; Dana P. Edelstein, MD, MS, FAHA; Robert A. Berg, MD, FAHA;
Tom P. Aufderheide, MD, FAHA; Venu Menon, MD, FAHA; Marion Leary, MSN, RN;
on behalf of the CPR Quality Summit Investigators, the American Heart Association Emergency
Cardiovascular Care Committee, and the Council on Cardiopulmonary, Critical Care,
Perioperative and Resuscitation

Abstract—The “2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care” increased the focus on methods to ensure that high-quality cardiopulmonary resuscitation (CPR) is performed in all resuscitation attempts. There are 5 critical components of high-quality CPR: minimize interruptions in chest compressions, provide compressions of adequate rate and depth, avoid leaving between compressions, and avoid excessive ventilation. Although it is clear that high-quality CPR is the primary component in influencing survival from cardiac arrest, there is considerable variation in monitoring, implementation, and quality improvement. As such, CPR quality varies widely between systems and locations. Victims often do not receive high-quality CPR because of provider ambiguity in prioritization of resuscitative efforts during an arrest. This ambiguity also impedes the development of optimal systems of care to increase survival from cardiac arrest. This consensus statement addresses the following key areas of CPR quality for the trained rescuer: metrics of CPR performance; monitoring, feedback, and integration of the patient's response to CPR; team-level logistics to ensure performance of high-quality CPR; and continuous quality improvement on provider, team, and system levels. Clear definitions of metrics and methods to consistently deliver and improve the quality of CPR will narrow the gap between resuscitation science and the victims, both in and out of the hospital, and lay the foundation for further improvements in the future. (*Circulation*. 2013;128:00-00.)

Key Words: AHA Scientific Statements ■ cardiac arrest ■ CPR ■ CPR quality ■ outcomes ■ resuscitation

Worldwide, there are >135 million cardiovascular deaths each year, and the prevalence of coronary heart disease is increasing.¹ Globally, the incidence of out-of-hospital cardiac arrest ranges from 20 to 140 per 100,000 people,

and survival ranges from 2% to 11%.² In the United States, >500,000 children and adults experience a cardiac arrest, and <15% survive.^{3,4} This establishes cardiac arrest as one of the most lethal public health problems in the United States,

The American Heart Association makes every effort to avoid any actual or potential conflicts of interest that may arise as a result of an outside relationship or a personal, professional, or business interest of a member of the writing panel. Specifically, all members of the writing group are required to complete and submit a Disclosure Questionnaire showing all such relationships that might be perceived as real or potential conflicts of interest.

This statement was approved by the American Heart Association Science Advisory and Coordinating Committee on May 1, 2013. A copy of the document is available at <http://www.heart.org/statement> by selecting either the “By Topic” link or the “By Publication Date” link. To purchase additional reprints, call 847-266-5555 or e-mail kelle.kennedy@heart.org.

The American Heart Association requests that this document be cited as follows: Meaney PA, Bobrow BJ, Mancini ME, Christenson J, de Caen AR, Bhargji F, Abella BS, Kleinman ME, Edelstein DP, Berg RA, Aufderheide TP, Menon V, Leary M, on behalf of the CPR Quality Summit Investigators, the American Heart Association Emergency Cardiovascular Care Committee, and the Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation. CPR quality: improving cardiac resuscitation outcomes both inside and outside the hospital: A consensus statement from the American Heart Association. *Circulation*. 2013;128:XXXX-XXXX.

Expert peer review of AHA Scientific Statements is conducted by the AHA Office of Science Operations. For more on AHA statements and guidelines development, visit <http://my.americanheart.org/statements> and select the “Publication Development” link.

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DOI: 10.1161/STATEMENT.128.000000

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2010 Guidelines vs. 2013 Consensus

The AHA's Consensus Statement on CPR Quality is not intended to contradict the 2010 AHA Guidelines for CPR and ECC.

The intent is to fill the gap between the existing scientific evidence surrounding resuscitation and the translation of the [2010 AHA] guidelines into routine clinical practice.¹

The 2010 Guidelines provide a proven baseline for CPR. The 2013 Consensus Statement provides a roadmap for optimizing delivery of CPR within the Guidelines.

¹Meaney PA, Bobrow BJ, Mancini ME, Christenson J, de Caen AR, Bhanji F, Abella BS, Kleinman ME, Edelson DP, Berg RA, Aufderheide P, Menon V, Leary M; on behalf of the CPR Quality Summit Investigators, the American Heart Association Emergency Cardiovascular Care Committee, and the Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation. CPR quality: improving cardiac resuscitation outcomes both inside and outside the hospital: a consensus statement from the American Heart Association. *Circulation*. 2013;128: Page 2


Five Key Metrics

- 1 Chest Compression Fraction: (CCF), i.e. Compression Time/Total Arrest Time > 80%.
- 2 Rate: chest compression rate of 100 to 120/min
- 3 Depth: Chest Compression Depth between 2-2 ½ inches in Adults and at Least One Third the Anterior-Posterior Dimension of the Chest in Infants and Children.
- 4 Recoil: Full Chest Recoil and No Residual Leaning
- 5 Ventilations: Avoid Excessive Ventilation- Rate <12 Breaths per Minute, Minimal Chest Rise






Top 5 Changes to CPR

**2015 AHA
Guideline
Highlights**

**Top 5 Changes to
CPR**



Read the complete 2015 AHA Guidelines at this link:
<https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/>

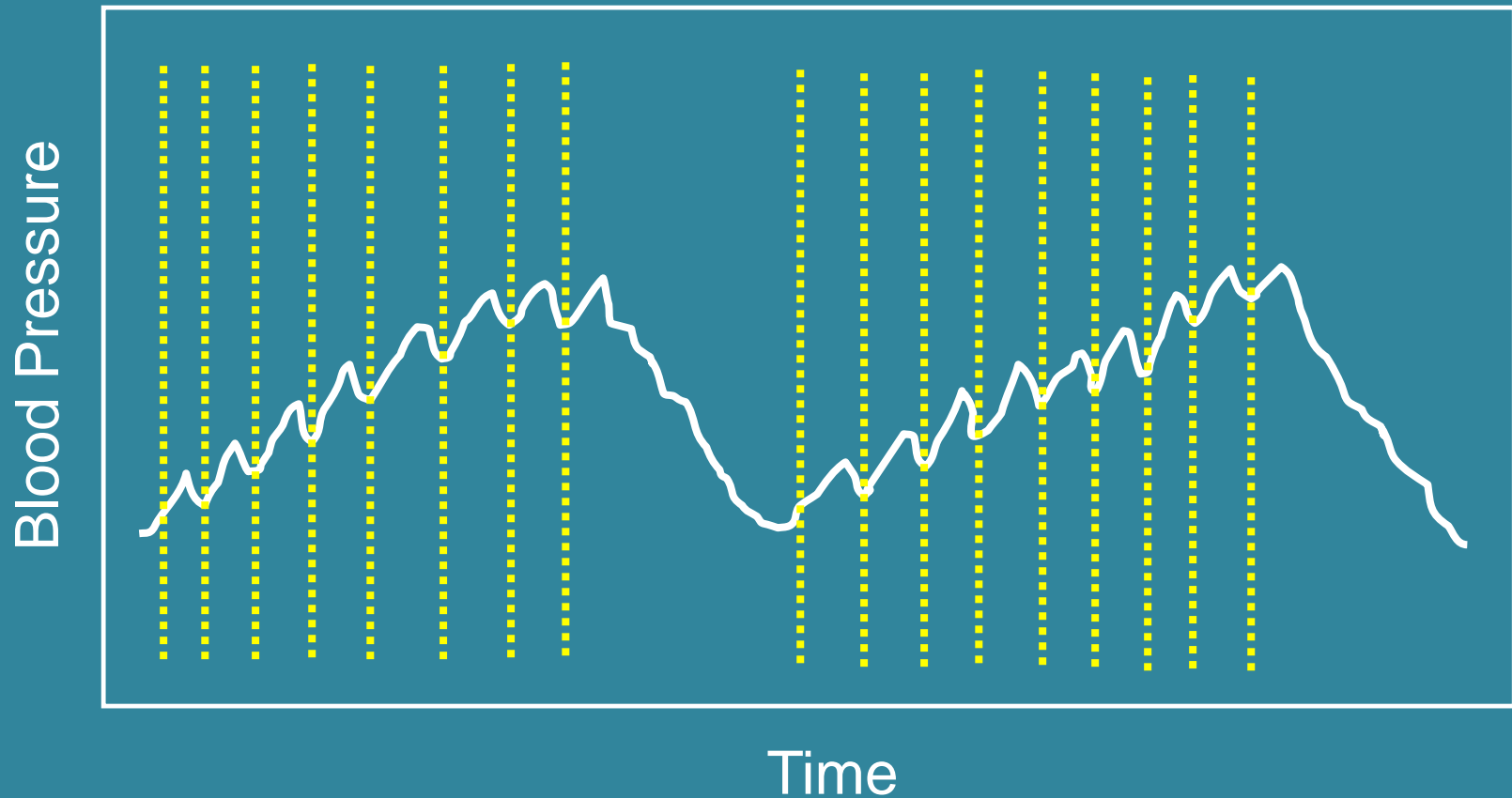
- 1**  **Compression rate: 100-120**
A higher upper rate limit was added as CPR as quality decreases with >120 compressions per minute.
- Maximize compression time**  **2**
Increased emphasis has been placed on minimizing the time without compressions to maximize coronary perfusion.
- 3**  **Deep, but not too deep**
An upper limit on the depth of chest compressions has been added. They should be between 5cm (2") and 6cm (2.5"). Deeper can be harmful.
- Directive dispatchers**  **4**
Callers can receive increased guidance from emergency dispatchers regarding when to begin CPR. Dispatchers can also utilize social media applications to direct nearby assistance.
- 5**  **Audiovisual feedback**
Feedback to lay-providers may improve CPR. When available, audiovisual devices may be used to optimize CPR quality.



**Chest Compression Fraction
has a proven correlation
to defibrillation success.**

Give your patient a chance!

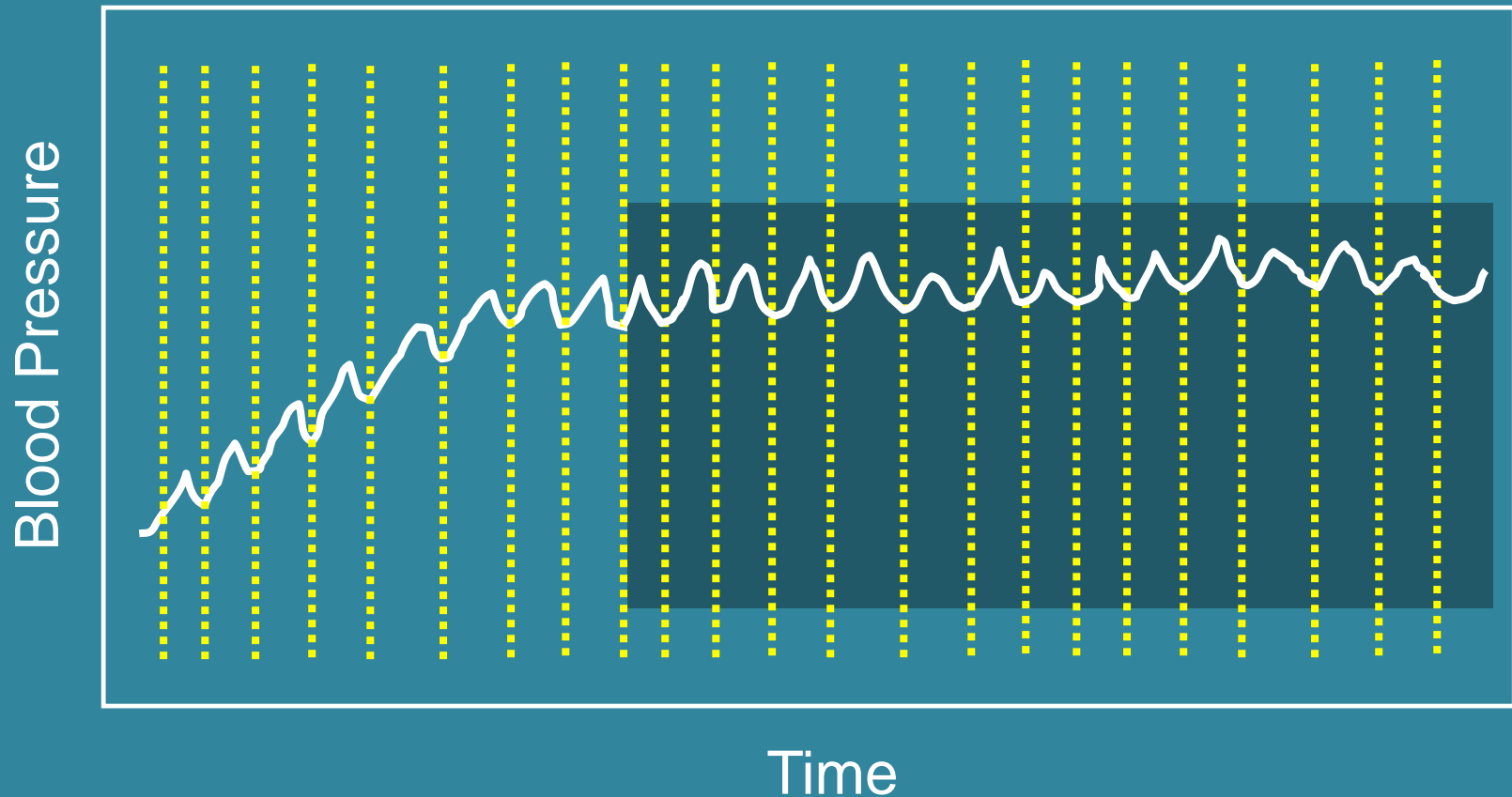
Standard CPR vs. CC Alone



..... = Chest Compression

Berg et al, 2001

Standard CPR vs. CC Alone



..... = Chest Compression

Berg et al, 2001



**Between 10 and 20 seconds
of hands-off time, defibrillation
success drops by 20% and
continues a downward spiral.**

Give your patient a chance!

Run and Examine a Basic Code

Activity #2

Activity

Experience how a code can be run when not pre-planned for maximum compression time.

Goal: Establish a baseline for where performance is today

Learning Objective: To understand that a code process needs to be mapped out and practice for maximized compression time.

Three-Person Code

Two people from Team 1 and Team 2, respectively, will be asked to begin CPR on the patient

A third from Team 1 and 2 will arrive with AEDs for their teams

We will run the code for five minutes

Run and Debrief a Basic Code

Activity #2

Activities

Those observing will note...

- Location of the compressor

- Compressor's activities

- Challenges faced by putting on the AED

- Any possible confusion about roles and responsibilities

- How performance shown on the monitor showed any possible loss in Chest Compression Fraction

Run the code for five minutes

What Can Simulation Teach Us?

Discussion

What if anything interfered with chest compression fraction and other key metrics?

How can we re-design the process better?

Where do we need to remediate?

- Individual skills?

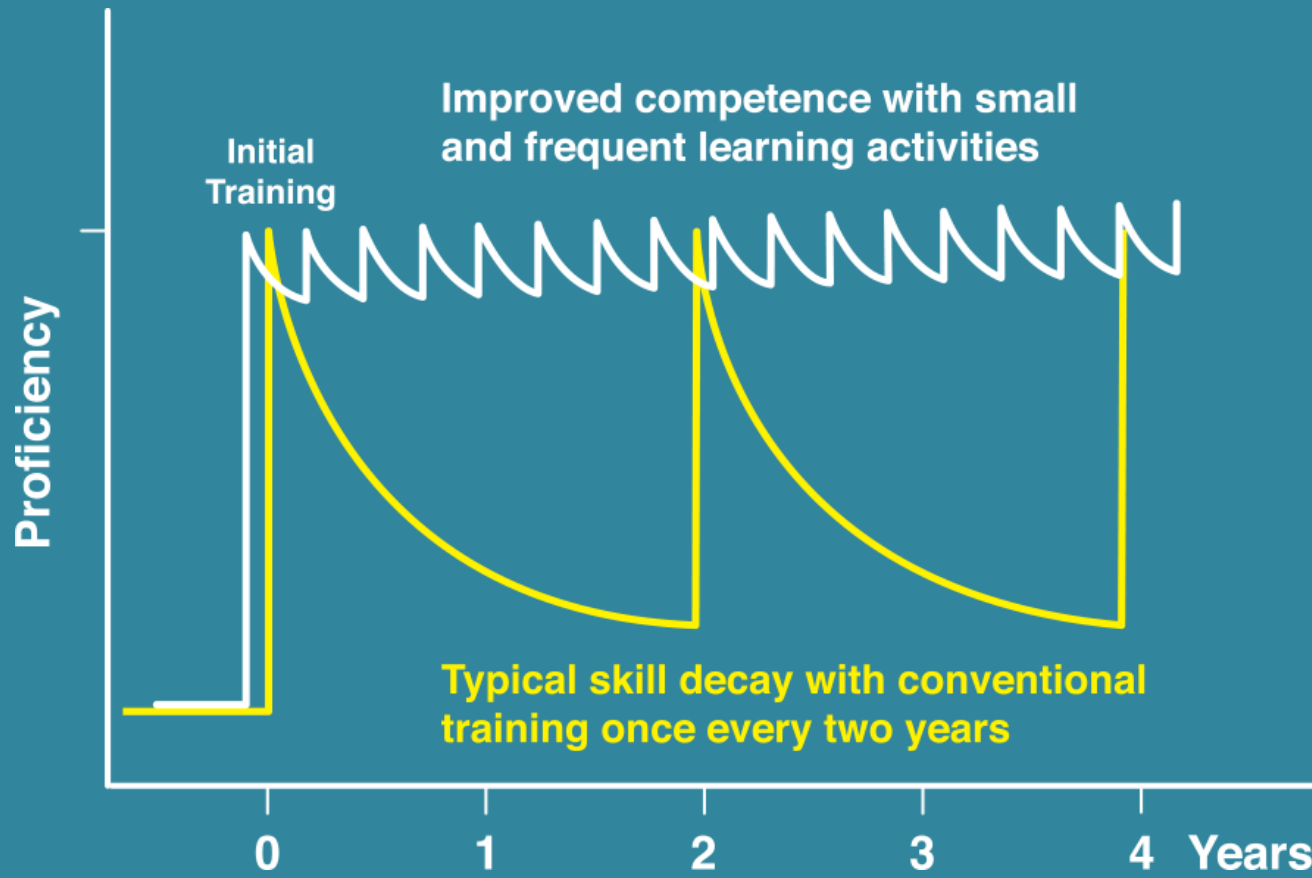
- Team coordination or communication?

- Leadership?

- Process or equipment issues?

Low-Dose High-Frequency Training

Improve Confidence and Competence



High-Performance CPR

High-Performance CPR is a concept that means each member of the team knows exactly what to do, when to do it, and how to do it.

Key elements include:

- Ensuring 360 degree access to the patient

- Communicating in a calm and concise manner

- Using a cardiac arrest checklist

- Identifying a team leader

- Adopting pre-defined roles and positions around the patient

High-Performance CPR

HP-CPR is about planning, measuring, training for continuously improved performance against the five metrics.

Any activity that can rob a patient of hands on time is either eliminated, minimized, or run in parallel.

Time savings everywhere:

- Unnecessary pulse checks eliminated

- Ventilation time compressed

- AED pad placement done in parallel

- Minimized time returning to compressions after shock delivered

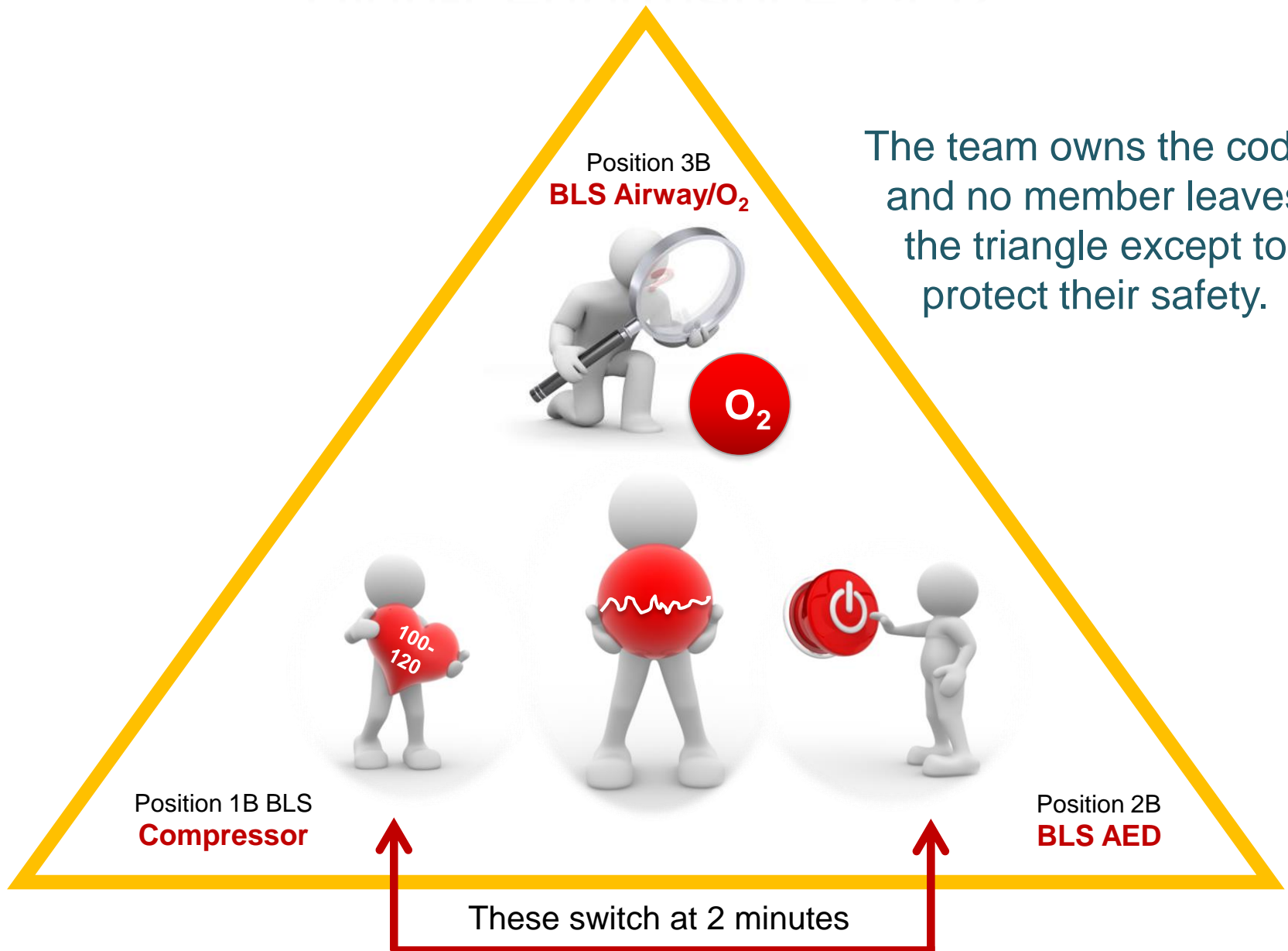
- Advance Airway run in parallel

- IV or IO established in parallel

- Equipment properly accessible and functional

High-Performance CPR

The team owns the code, and no member leaves the triangle except to protect their safety.



Team Roles



Position 1B BLS
Compressor

- Patient assessment – CAB
- Initiates 100 compressions
- Counts out loud
- Rotates clockwise while AED is analyzing



Position 2B
BLS AED

- Sets up and turns on AED
- Applies pads
- Coaches compressor and bagger
- Directs team when to remove hands
- Changes with 1B while AED is analyzing
- Can assist with airway



Position 3B
BLS Airway/O₂

- Maintains airway
- Applies BVM
- 2 x 1 second breaths at 30 compressions
- Rotates clockwise while AED is analyzing
- Inserts airway allowable airway

High-Performance CPR



Pit Crew Resuscitation Debrief Score Card




REPORT CARD
General Checklist

EVENT NUMBER / DATE _____

	NO	INTERMEDIATE	YES
Was the team leader clearly identified?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the scene orderly and quiet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the defibrillator applied quickly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was CPR started promptly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were pauses in CPR delivery minimized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was CPR of subjectively high quality?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were peri-shock pauses minimized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was an airway secured efficiently?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>






COMMENTS _____






REPORT CARD
CPR Quality Analysis

EVENT NUMBER / DATE _____

Compression fraction <i>Greater than 80%</i>	<input type="text"/> %	
Mean compression rate <i>100 to 120 compressions/min</i>	<input type="text"/> (compressions/min)	
Mean compression depth <i>ADULTS: at least 50 mm (2 inches)</i> <i>INFANTS and CHILDREN: at least 1/3 AP</i> <i>dimension of chest</i>	<input type="text"/> (mm)	
Compressions without leaning <i>Full chest recoil</i>	<input type="text"/> %	
Mean ventilation rate <i>Less than 12 breaths/min; minimal chest rise</i>	<input type="text"/> (breaths/min)	

COMMENTS _____



HP-CPR Tool Kit

The screenshot displays the HP-CPR Tool Kit website. At the top is a red banner with a checkered flag and the 'HIGH-QUALITY CPR' logo. Below the banner, the main content area is divided into several sections:

- 1 INTRODUCTION**: A large section featuring a collage of images related to CPR and a central button labeled 'View eLearning Tool'.
- Show Us Your Pit Crew Performance**: A section with a black and red circular graphic and a button labeled 'Submit your resuscitation team Videos'.
- Resuscitation Protocols**: A section with a red clipboard icon and a button labeled 'View and Share Protocols'.
- CPR Quality Consensus Statement**: A section with a red PDF icon and a button labeled 'Download CPR Statement'.
- CPR Quality Tools & Links**: A section with a red wrench and screwdriver icon and a button labeled 'Access Tools and Links'.

At the bottom, there are four smaller sections:

- GET WITH THE GUIDELINES. RESUSCITATION**: A section with a yellow circular icon.
- FULL CODE PRO APP**: A section with a smartphone icon and a button labeled 'LEARN MORE >>'.
- MISSION: LIFELINE**: A section with a red heart icon and a button labeled 'LEARN MORE >>'.
- FIND A COURSE**: A section with a red heart icon and a button labeled 'LEARN MORE >>'.

The website has a dark background with red and white accents.

Run a High-Performance CPR Team Scenario

Activity #3

Activity

Experience how a code can be run as a HP CPR crew exercise

Goal: Improve performance over previous exercise

Learning Objective: To know and experience the difference in using a pit crew style approach.

Three-Person Code

Two people from each team will be asked to begin CPR on the patient

A third from each team will arrive with an AEDs for their teams

We will let the code run for five minutes

Run a HP-CPR Exercise

Activity #3

Activities

Those observing will note:

- Location of the compressor

- Challenges faced by putting on the AED

- Any possible confusion about roles and responsibilities

- How performance shown on the monitor showed any possible loss in Chest Compression Fraction

Observers will use the score card this time to track performance

Participants will perform a two-minute walk through

Run the code for five minutes

What Can Simulation Teach Us?

Activity #3

Activity

Did HP-CPR Performance Improve Chest Compression Fraction and other key metrics

What could the teams have done even better?

Where do we need to remediate?

- Individual skills?

- Team coordination or communication?

- Leadership?

- Process or equipment issues?



The most
sobering
fact about
team failure?

The Crucial Dynamic



The leading cause of injury and preventable harm to patients is poor communication among the healthcare team

The Repercussions?

What's Next?

Who thinks cohesive teams are starting to develop?

We are going to test, disrupt, and strengthen the teams by introducing the following factors:

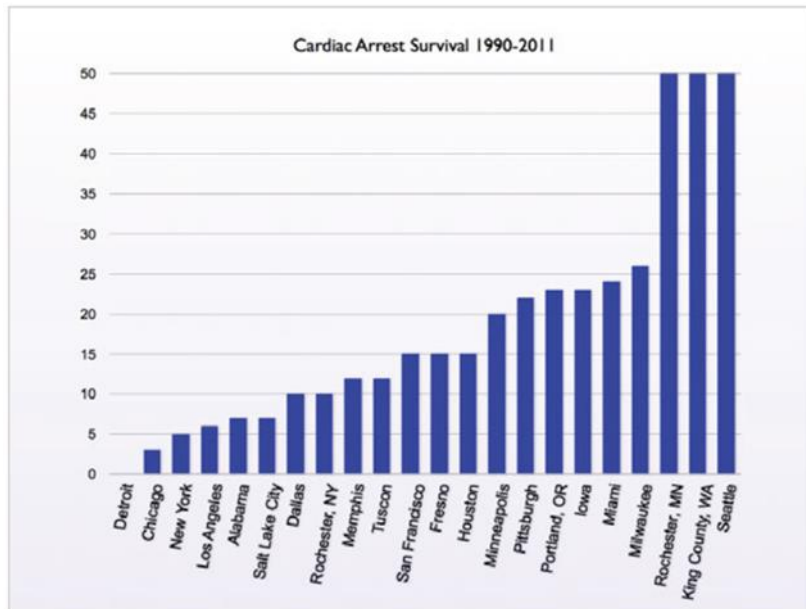
- Leadership

- The unexpected

- Changes in the environment

Watch how measurement and feedback keeps the teams focused.

What Does Success Look Like



The King County EMS Experience

Instituted protocol changes like those now advocated by the AHA Consensus Statement

Survival from sudden cardiac arrest rates increased from 33% in 2002-2004 to most recently 52%, according to King County Medic One



Introducing Team Leadership

The team owns the code, and no member leaves the triangle except to protect their safety.



Position 4B (ALS)
Leadership and Rx

Position 3B
BLS Airway/O₂



Position 1B BLS
Compressor



Position 2B
BLS AED

These switch at 2 minutes

HP Leadership Roles



Position 4B (ALS)

Leadership and Rx

Coaches to the metrics

Ensures team energy

Reinforces closed loop communications

IO Access

Epinephrine stat after 400 compression

Communicates with family/medical command

Leader remains out of the CPR Triangle

Leader should use language that everyone understands

Leader should monitor patient and every process being performed on the patient

Practicing Leadership Skills

Activity #4

Activity

Experience how a pit crew team can be run with a leader.

Goal: Improve performance over previous exercise

Learning Objective: To know and experience the importance of leadership on a pit crew team.

Four-Person Code

Each team chooses a leader.

The leader is replaced by one of the observers

Teams are already equipped with AEDs, but did not see patient code:

DO NOT SHOCK UNTIL ONE MINUTE OF CPR.

We will let the code run for five minutes.

The team will perform a one minute dress rehearsal first lead by the class leaders

How Does Leadership Change the Dynamic?

Activity #4

Activities

Those observing will note whether the leader...

- Coached to the metrics

- Ensured team energy

- Reinforces closed loop communications

- Supported and guided the new team member

Observers will use the score card to track performance

The team will perform a one minute dress rehearsal first
lead by the class leaders

Run the code for five minutes

What can simulation teach us?

Activity #4

Activity

Did leadership improve chest compression fraction and other key metrics?

What could the leader and his followers have done even better?

Where do we need to remediate?

- Individual skills?

- Team coordination or communication?

- Leadership?

- Process or equipment issues?



High-Performance CPR

High-performance CPR is a concept that means each member of the team knows exactly what to do, when to do it, and how to do it.

Key elements include:

- Ensuring 360 degree access to the patient
- Communicating in a calm, concise manner
- Using a cardiac arrest checklist
- Identifying a team leader
- Adopting pre-defined roles and positions around the patient

Buy-In

Research indicates that HP-CPR can save lives. In order to create an environment of sustained HP-CPR, everyone must be on board. EMTs first on scene must take responsibility or “own” the CPR portion of the resuscitation. When paramedics arrive, they will perform the advanced life support measures of the resuscitation and work in coordination with ongoing CPR. For systems in which an EMT/paramedic team arrives first at the scene, the EMT must assume responsibility for CPR, while the paramedic assumes responsibility for ALS. The goal is for additional resuscitation care, such as defibrillation, medication therapies, or airway management to compliment CPR. CPR should be the default action at all times.

In order to have effective HP-CPR, all involved must work as a team, not as separate entities. In order to achieve this goal, HP-CPR must start at the top and be endorsed by the EMS chief and medical director. The value of HP-CPR must be communicated to the men and women who actually perform the resuscitation.

10 Principles of HP-CPR



- 1 EMTs own CPR
- 2 Minimize interruptions in CPR at all times
- 3 Ensure proper depth of compressions (> 2 inches)
- 4 Ensure full chest recoil/decompression
- 5 Ensure proper chest compression rate (100-120/min)
- 6 Rotate compressors every 2 minutes
- 7 Hover hands over chest during shock administration and be ready to compress as soon as patient is cleared
- 8 Intubate or place advanced airway with ongoing CPR
- 9 Place IV or IO with ongoing CPR
- 10 Coordination and teamwork between EMTs and paramedics

Dealing with the Unexpected

Plans are nothing; planning is everything.

Individual skills, team coordination, efficient processes, and leadership are an essential cornerstone to dealing with the unexpected.

Simulation is an important means to test the strength of all of those in the face of the unexpected.

- Equipment failures

- Team member injury or no-show

- Environmental factors

- Anything Murphy can throw at us

A photograph of a person lying on a gurney, partially obscured by a teal-colored rectangular overlay. The person's arm is visible on the left, and their head is in the center. The overlay contains white and yellow text.

**Your team must live for
Chest Compression Fraction**

In a world where things go wrong...

Managing the Unexpected

Activity #5

Activity

Experience coping with environmental changes holding true to pit crew principles

Goal: Improve performance over previous exercise

Learning Objective: To know and understand how individual skills, team coordination, efficient processes, and leadership prevent environmental changes from hampering performance

Four-Person Code

Team is given an AED

Team is given a spare AED battery, a pocket mask, a flashlight, and other items

The team will perform five minutes of CPR

Managing the Unexpected

Activity #5

Activities

Those observing will note whether...

- The team members adapted and responded to unexpected obstacles

- The most logical person responded to a team member change

- The team leader and team members communicated openly

- The team maintained a cohesive can-do attitude

Observers will use the score card this time to track performance

Run the code for five minutes

What can simulation teach us?

Activity #5

Activity

Did everyone improvise, adapt, overcome to maintain chest compression fraction and other key metrics?

What could the leader and his followers have done even better?

Where do we need to remediate?

- Individual skills?

- Team coordination or communication?

- Leadership?

- Process or equipment issues?

Changes in the Environment

Discussion

Do you think we are developing a cohesive aggressive team?

Environmental changes can challenge a team like no other, because we tend to practice in routine or expected environments.

If environmental changes are not part of simulation training, you may be missing your greatest opportunity to build team cohesion, resilience, and aggressiveness.

In a moment: your graduation exercise!



**Good teams know not to
expect the expected.**

Environment: Change it



Your Learning Objectives

Know how measurement and feedback is essential to any resuscitation simulation

Understand how to use simulation to maximize:

- Individual skills

- Team coordination and commitment

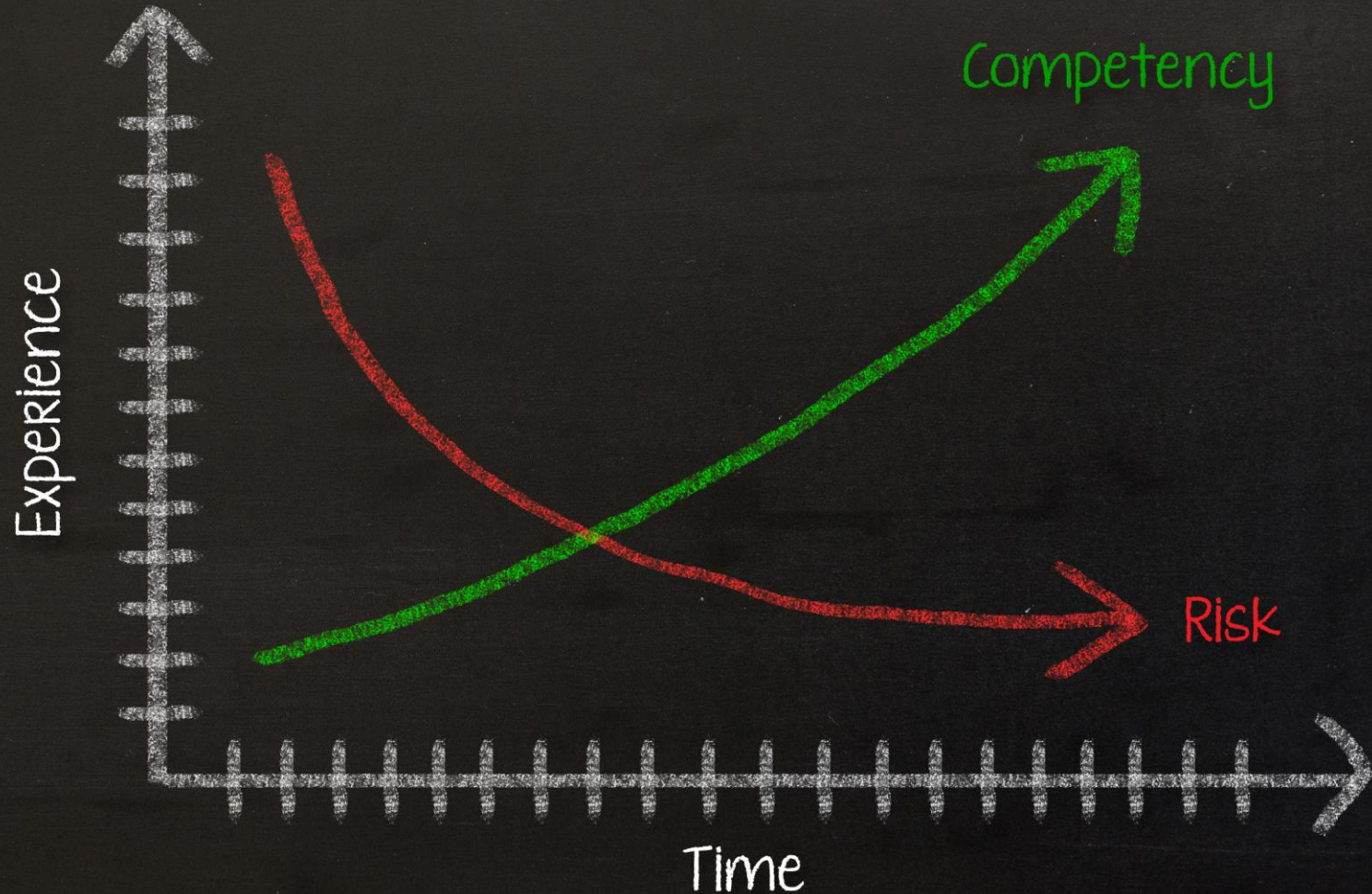
- Leadership

- Process efficiency

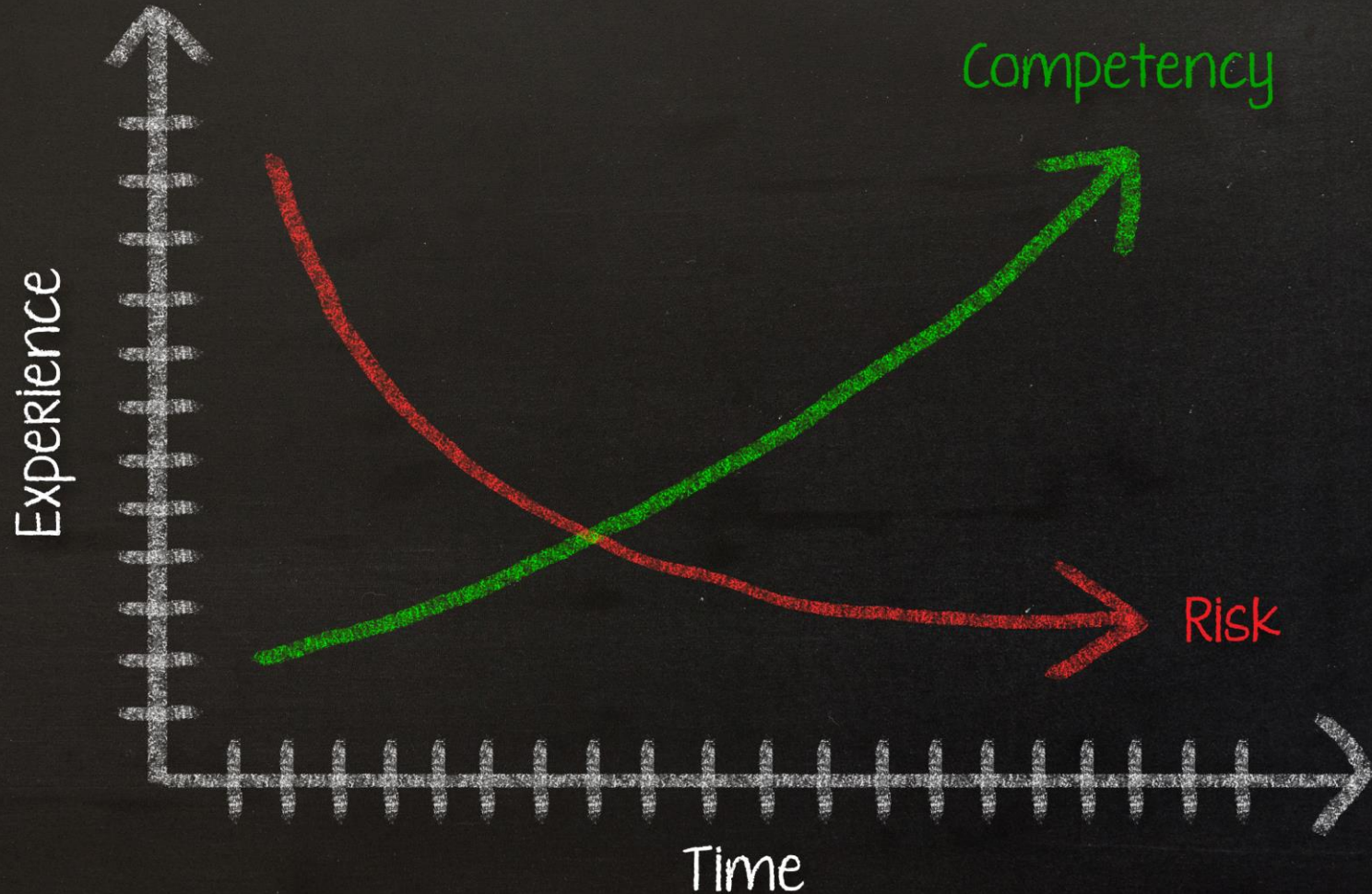
Know simulation's role in preparing for the unexpected, and developing adaptive behavior when things don't go as planned.

The Learning Curve

A Universal Problem

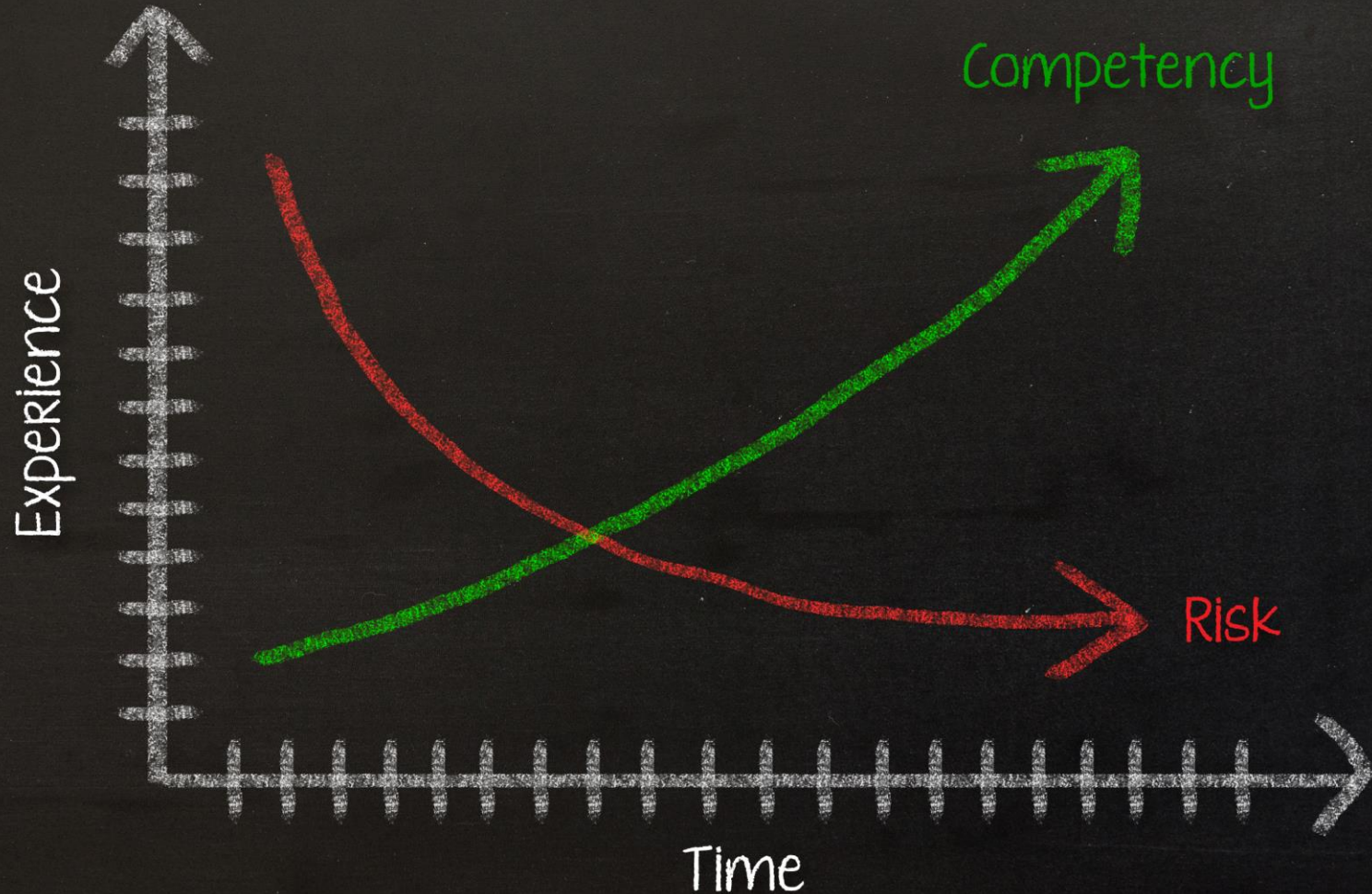


Each data point is a human life.
Simulation seeks to save those lives.



We Stand In The Gap

A Universal Problem



Compliance vs. Competence

*“Compliance is about what we must do;
ethics is about what we should do.”*

– Michael Josephson

Resources

- The Resuscitation Academy

<http://www.resuscitationacademy.org/>

- The American Heart Association

http://cpr.heart.org/AHA/ECC/CPRAndECC/ResuscitationScience/High-QualityCPR/UCM_473208_High-Quality-CPR.jsp

- The Minnesota Advanced Care Tool Kit

<https://www.dom.umn.edu/divisions/cardiovascular/division-sections/minnesota-resuscitation-consortium>

Improved Outcomes Start Today

“Past experience tends to guide future experience. Once teams train and practice their craft, as if they intend to save a life, and do, then success becomes the new normal.”

Start by asking yourself, your teammates and your organizational leaders, ‘How can we do better?’, and you’ll be on the way to a high-performance new normal.”

– The Resuscitation Academy

Debrief

How was this experience for you today?

Did we meet our learning objectives?

What are some of take-aways for you?

Debrief

When you go back to your organizations...

What would you like to change first?

What feedback would you want to get from your CPR Events?

Debrief

How will you maximize...

- Individual skills

- Team coordination and commitment

- Leadership

- Process efficiency

How will you prepare for the unexpected, and developing adaptive behavior when things don't go as planned?

Optional Slides

A group of people, including a healthcare professional, are gathered around a CPR training mannequin. The healthcare professional, wearing a white polo shirt with a heart rate monitor icon and a bandage on their arm, is demonstrating CPR techniques. The mannequin is lying on a blue mat. The background shows other people, including an older man, observing the demonstration. A teal banner with white text is overlaid on the image.

End-of-Day Challenge

Debriefing and Deliberate Practice

How does deliberate practice & debriefing work?

Jennifer McCarthy,
EMT-P

Paramedic

Science Program Director
Bergen Community College



Managing Change

How do people manage
the process of change?

Dr. Amar P. Patel

Director

Center for Innovative Learning
WakeMed Health & Hospitals



The Dave Foster Story

