North Carolina 911 Board
Education Committee Meeting Agenda
Via Simultaneous Communication
Microsoft Teams Meeting
Thursday, November 17, 2022
10:00 am to 12:00 pm

Tab	Topic	Presenter
1.	Chair Opening Remarks	Chuck Greene
2.	Welcome	Pokey Harris
3.	Roll Call	Angie Turbeville
4.	Conflict of Interest and Ethics Statement	Chuck Greene
5.	Approval of September Minutes – *Vote Required*	Chuck Greene
6.	Technology Update	Tom Rogers
7.	Legal Brief	Amanda Reeder
8.	Training Class Eligibility Requests: • Buncombe County: RQI Telecommunicator CPR Program -*Vote Required* • Haywood County 911: RAK Academy – Dispatch Response to Active Killers (D-RAK) – *Vote Required*	Angie Turbeville
9.	Recruitment Campaign - Public Service Announcement Presentation –*Vote Required*	Chuck Greene
10.	Associates in Applied Science in 911 Communications and Operations Program Update	Angie Turbeville
11.	NENA Center Manager Certification Program (CMCP) Update	Angie Turbeville
12.	Education Committee Goals and Meeting Dates for 2023 – *Vote Required*	Chuck Greene
13.	Adjourn	Chuck Greene

Next Meeting – January 19, 2023

Ethics Statement:

In accordance with G.S. 138A-15, it is the duty of every Committee member to avoid both conflicts of interest and potential conflicts of interest.

Does any member have any known conflict of interest or potential conflict of interest with respect to any matters coming before the Committee today? If so, please identify the actual or potential conflict and refrain from any undue participation in the particular matter involved.

North Carolina 911 Board
Education Committee Meeting
MINUTES
September 22, 2022
1:00 PM to 3:00 PM
Microsoft Teams, Raleigh, NC
Meeting was Conducted via the use of Simultaneous Communications

Members on Phone	**Staff on Phone**	**Others on Phone**
Chuck Greene	Greg Dotson	Scot Schiefelbein– Rutherford County
JD Hartman	Kristen Falco	
Jimmy Stewart	Tina Gardner	
Donna Wright	Pokey Harris	
	David Newberry	
	Amanda Reeder	
	Tom Rogers	
	Marsha Tapler	
	Sarah Templeton	
	Angie Turbeville	

1. **Chair's Opening Remarks** – Mr. Greene called the meeting to order at 1 PM, welcoming committee members and staff.

2. **Executive Directors Opening Remarks -** Ms. Harris welcomed and thanked committee members.

3. **Roll Call -** Ms. Turbeville proceeded to call the roll.

4. **Conflict of Interest and Ethics Statement -** Mr. Greene read the statement. Ms. Wright stated that she is a contractor for Richmond Community College and would have a conflict with item 10, Associates in Applied Science in 911 Communications and Operations Program. Mr. Greene stated since no actions would be taken by the Committee during item 10, there is no conflict of interest. Ms. Reeder agreed and thanked Ms. Wright for informing the committee.

5. **Approval of September 2022 Minutes (Vote Required) -** Ms. Wright made a motion to approve the minutes of the September 2022 meeting, and Mr. Stewart seconded the motion. The motion passed unanimously.

Approval of August 2022 Education Committee Minutes		
Committee Member	Vote to Approve	Vote to Not Approve
Chuck Greene	Y	
JD Hartman	Y	
Jimmy Stewart	Y	
Donna Wright	Y	

6. **Technology Update - Mr.** Rogers shared that currently there are 125 PSAPs (192 physical sites) now operational on the ESInet. Wilkes County cut over Tuesday, August 30 as ESInet Only site. There are only two more PSAPs left in the State to migrate to the ESInet - Northhampton County (planned cutover November 2) and Anson County (Date TBD). Currently, there are 54 PSAPs on hosted Vesta, 49 PSAPs on hosted Viper and 22 PSAPs are ESInet Only.

   All 110 jurisdictions have completed the GIS requirement for i3 call routing. AT&T will now start migrating the remainder of the RFAI PSAPs to i3. Intrado has been purchased by Stonepeak for $2.4 billion on September 16.

   The Cybersecurity Ad Hoc Committee recently met and is drafting a survey of disseminate to PSAPs to determine if there is an interest in financial assistance with multi factor authentication (MFA) implementation. The Ad Hoc Committee is planning a cybersecurity tabletop exercise for each region in the spring with CISA. Mr. Rogers reminded committee members of the N.C. Cybersecurity Awareness Symposium, October 4 – 5; this is open to all State and governments agencies.

   As of September 22, 2022, all PSAPs within scope now have access to RapidDeploy Eclipse and their online training academy.

   The SIP Admin Pilot Program continues with the addition of Perquimans County; all approved admin lines in the PSAP are now ported.

7. **Legal Update -** Ms. Reeder did not have any information to share during this portion and reserved her comments regarding the procurement of the PSA until discussion of that agenda item.

8. **Macon County Training Eligibility Request: Training 911 Heroes Telecommunicator Training Bundle - Online Subscription (Vote Required)** – Ms. Turbeville provided the Committee with a brief overview of the subscription service. The annual subscription service provides 2-hour online training courses that are self-paced for the telecommunicator. The courses were well developed to include a pre-test, curriculum, activities, videos, a final test, and a course completion certificate. There are a total of 45 courses in the subscription service and several training activities. Of the 45 courses, there are five courses that are not eligible for funding per legislation. The five courses that are not eligible are Bullying, Cultural Awareness, Ethics for ECPs, Implicit Bias, and Protective Orders. The staff recommendation was to approve the training at 90%. After discussion, Ms. Wright made a motion to approve the 911 4 Heroes Telecommunicator Training Bundle Online subscription at the current course list for the

subscription at 90%. The motion was seconded by Mr. Stewart. The motion passed unanimously.

Approval of the Training 911 Heroes Telecommunicator Training Bundle – Online Subscription		
Committee Member	Vote to Approve	Vote to Not Approve
Chuck Greene	Y	
JD Hartman	Y	
Jimmy Stewart	Y	
Donna Wright	Y	

9. **PSA Recruitment Campaign -** Mr. Greene shared that the procurement process is not finalized. He had hoped, there would be more to share at this meeting, unfortunately, there is no new information. Staff is working diligently to move this forward to bring a recommendation to the Committee at the next meeting.

10. **Associates in Applied Science in 911 Communications and Operations Program**- Ms. Turbeville shared since the last committee meeting there has been much activity. Richmond Community College (RCC) President, Dr. McInnis and Vice President Kevin Parsons announced the associate degree program to all Board members and the PSAP community that attended the Board Meeting on August 26. The program was well received. A project timeline for the program was developed by RCC. The timeline included the community college's processes for the curriculum approval which includes RCC Board of Trustees approval, Impact Assessment, Program application to the NC Community College System, and final course build-out by December 16. It is a very aggressive timeline so the course can be offered Fall of 2023. Staff was asked to provide information to assist RCC with completing all the tasks which included: list of education requirements and mandated training for a 911 telecommunicator, a list of general education requirements/skills needed for a telecommunicator advancement was also asked for. The requirements or skills noted are technical writing, cybersecurity fundamentals, business accounting, and financial planning, basics of GIS, and principles and practices of administrative and personnel management to name just a few. A list of equipment and supplies needed for a telecommunicator lab was also provided. RCC reached out asking for two support letters for the program. One letter was provided by Ms. Harris on behalf of the Board and a second was provided by Christine Moore NC Chapter President of APCO.
On Monday, September 12, Mr. Greene, Ms. Wright, and Ms. Turbeville attended a work session at RCC which also included Dr. Miriam Huntley, Janet Simms, and other faculty that will play a role in the development of the program. The goal of the meeting was to plan the overall curriculum to include a course description, and general education requirements, choose core courses and other major courses to be offered in the program. The meeting was quite a success! We walked away not only with an associate degree program but also two certificate programs and one diploma. The difference between the programs is the number of semester hours. An associate degree program is typically 64-67 semester hours, a diploma 36-48 semester hours, and a certificate program is typically 12 semester hours. The certificate programs that are included in the degree program are a Human Resources and Public Administration Certificate. Adding a certificate and diploma to the program allows the student to obtain educational certificates in the event they are unable to complete the associate degree program.

There are three (3) required core courses that will need to be developed that are directly related to a 911 telecommunicator. The other courses in the program were selected based on the requirements/skills needed to advance a telecommunicator in the profession beyond the minimal requirements. RCC reached out after the initial meeting asking for the course description and student learning objectives for the three core courses. Last week an email went out to all PSAP managers from Dr. Miriam Huntley on behalf of Kevin Parsons, Vice President of RCC asking the 911 community to complete a brief study on employment opportunities for the program graduates by September 23. This information is needed to further substantiate the need for the program. All Board members, Committee members, and the Chapter Presidents of NC NENA and NC APCO received an invitation from RCC for the "Special Announcement" Program at Richmond Community College on October 4 at 2 PM. The Associates in Applied Science in 911 Communications and Operations will be announced publicly. The Governor, local and state representatives, and other dignitaries have been invited to the event. Secretary Weaver, Board members, Ms. Harris, and staff plan to be in attendance to further promote the Board's partnership with RCC.

11. **NENA Center Management Certification Program (CMCP) (Vote Required) -** Ms. Turbeville stated at the August Board Meeting, the Board would be hosting the CMCP course in partnership with Lumberton Emergency Communications in March 2023. The Board will pay for the registration fee for one manager or supervisor per PSAP until the class was filled. Registration opened on September 14 and the class was full in 24 hours. Currently, there is a waiting list. Due to the popularity and interest in the class, an inquiry was made to host a second class in N.C. Class registration is 23 students per class for a total of 52 students at $1,000 per student for a total of $52,000. For the first 30 students, with a cost of $30,000, the funding will be from the approved FY2023 training budget, and the remaining funds from the amount not used for the PSAP Manager's Meeting Conference budget. To add the second class, staff is requesting the committee to approve the additional CMCP course to include a budget amendment of $22,000 from the Board's Administrative Account. There are sufficient funds in the Administrative Account to cover the registration. Mr. Greene stated that he discussed this with Mr. Bone, Chair of the Funding Committee. Mr. Bone is in favor of moving forward with this budget amendment. Ms. Wright made a motion to approve a budget amendment from the Administrative Account in the amount of $22,000 to fund the course registration for a second NENA Center Manager Certification Program (CMCP) Course. Sheriff Hartman seconded the motion. The motion passed unanimously.

Approval Budget Amendment form the Administrative Account to fund CMCP Course		
Committee Member	Vote to Approve	Vote to Not Approve
Chuck Greene	Y	
JD Hartman	Y	
J D Hartman	Y	
Donna Wright	Y	

The meeting adjourned at 2:06 PM

RQI T-CPR Program
Instructional Overview

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Who We Are

[RQI Partners, LLC](#) is a partnership between the [American Heart Association](#) and [Laerdal Medical](#). Our company is focused on delivering innovative resuscitation solutions that support our vision to eliminate preventable and unexpected cardiac arrest deaths.

We are passionate about, and dedicated to, helping save lives through programs, products and solutions that are grounded in evidence-based science and educational principles. RQI Partners is committed to continuous learning and a passion for excellence, therefore, we are designing resuscitation quality improvement systems that will dramatically enhance patient outcomes across healthcare systems. We are creating a new standard of care that shifts resuscitation practice from course completion to everyday competence.

Program Overview

RQI Telecommunicator CPR (RQI T-CPR) is the American Heart Association's T-CPR program and is derived from the nationally recognized, evidence-based AHA Guidelines for CPR and Emergency Cardiovascular Care (ECC)[1], the official resuscitation guidelines used by all other training providers. It is the only T-CPR program that has been vetted by AHA scientists and educators and then regularly updated and improved using frequent expert reviews and the latest AHA Guidelines for CPR and ECC.

The programs in the American Heart Association Digital Resuscitation Portfolio, including RQI T-CPR, are rooted in the *True Adaptive™* learning design that delivers personalized instruction tailored to individual needs, knowledge, and confidence levels. The adaptive learning experience is powered by technology from Area9 Lyceum Rhapsode™ learning platform which uses artificial intelligence to deliver a customized, personalized, and efficient approach that is driven by an individual's specific knowledge level and unique needs.

Priority Dispatch users may receive 2 CDE hours annually through the IAED[2] for successful completion of the RQI T-CPR Responder program.

Accessibility

RQI Partners is committed to diversity and inclusion as a core value. We are committed to ensuring digital accessibility across all our programs and platforms as meaningful as possible, conforming to Section 508 of the U.S. Rehabilitation Act as amended and endeavors to conform to the W3C level of WCAG 2.1 AA standards.

Accessibility is a priority at RQI Partners, and we are committed to making it a core consideration from the earliest stages of program design through release and life cycle management. We are transparent in our accessibility efforts. We audit and verify our applications using third-party vendors who assess our accessibility compliance through automatic and manual testing with assistive technology devices and users with disabilities.

Program Delivery Method

The RQI T-CPR program is delivered digitally and is available to the telecommunicator 24/7. This removes the barriers often associated with instructor led classroom training, including overtime costs, backfill, and employee fatigue associated with shift adjusts.

Program Goal

As first responders, public safety telecommunicators are responsible for patient care until the first field provider arrives on scene and takes over.

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[1] 2020 American Heart Association Guidelines for CPR and ECC https://cpr.heart.org/en/resuscitation-science/cpr-and-ecc-guidelines
[2] IAED recognition of RQI Telecommunicator http://rqipartners.com/wp-content/uploads/iaed-priority-dispatch-2020-commitment-letter.pdf

Their ability to rapidly identify a patient in arrest and deliver high-quality CPR to the patient through the coaching of the lay rescuer is vital to saving lives and *eliminating preventable deaths* from out-of-hospital cardiac arrest (OHCA).

The goal of this program is to help systems improve survival outcomes by improving the resuscitation competency and skills of public safety telecommunicators to:

- Increase the frequency of recognition of OHCA
- Decrease time to delivery of care
- Increase frequency of high-quality CPR delivery to the patient
- Mitigate barriers that delay, or prevent, care from being provided to the patient

Program Description

To meet the unique needs of ECCs, and to allow systems an iterative pathway to resuscitation quality improvement, RQI offers 3 tiers of T-CPR training, which include:

RQI T-CPR Essentials Program – Cognitive development program delivering an essential foundation of resuscitation and T-CPR training to public safety telecommunicators. Key features of the program include:

- **RQI Telecommunicator CPR course**
- AHA T-CPR course certificate of completion valid for 1 year
- Training delivered online, eliminating impacts to staffing and overtime
- Meets or exceeds state T-CPR training requirements
- 4 hours of T-CPR training annually

RQI T-CPR Challenger Program – Cognitive development program that includes quarterly continuing education. Key features of the program include:

- **RQI Telecommunicator CPR course**
- **Quarterly T-CPR continuing education**
- AHA T-CPR course certificate of completion valid for 2 years
- Training delivered online, eliminating impacts to staffing and overtime
- Meets or exceeds state T-CPR training requirements
- 6 hours of T-CPR training every 2 years

RQI T-CPR Responder Program – Comprehensive T-CPR cognitive and skills development and resuscitation quality improvement program. Key features of the program include:

- **RQI Telecommunicator CPR course**
- **Quarterly T-CPR continuing education**
- **Quarterly 1:1 simulation skills training**
- AHA T-CPR credential

RQI T-CPR Responder Program continued

- Training delivered online, eliminating impacts to staffing and overtime
- Meets or exceeds state T-CPR training requirements
- 10 hours of T-CPR training every 2 years

T-CPR Course Content and Learning Objectives

RQI T-CPR programs are administered through the RQI learning management system (LMS), 1Stop.

The RQI T-CPR course, which is the foundation of all RQI T-CPR programs, is modularized and delivered digitally, taking approximately **4 hours** to complete. In addition to the core resuscitation education curriculum, this course also includes:

- Demonstration videos
- Videos interviews with resuscitation subject matter experts
- 9-1-1 audio examples
- T-CPR and resuscitation research that reinforce curricula content

The following is an outline of the T-CPR course curriculum, which encompasses the 5 core competencies necessary for telecommunicators to master when delivering care to a patient in cardiac arrest in their role as a first responder.

Understanding the First 600 Seconds

Terminal Learning Objective:

- Describe the impact of time and delays in the delivery of CPR on patient outcomes.

Enabling Learning Objectives:

- Describe the importance of Telecommunicators in the Chain of Survival
- List the correct links and order of links in the Chain of Survival
- Describe the impact delays in CPR delivery have on patient survival
- Define the American Heart Association T-CPR time standard for recognition of cardiac arrest
- Define the American Heart Association T-CPR time standard for delivery of the first telecommunicator directed chest compression
- Identify barriers to achieving the American Heart Association T-CPR time interval standards

Topics Covered Include:

- Chain of survival
- Impact of time on survival
- Time interval standards
- Barriers to achieving time interval standards

Identifying Cardiac Arrest

Terminal Learning Objective:

- Describe the process for identifying a patient in cardiac arrest and methods for overcoming barriers to recognition.

Enabling Learning Objectives:

- Define cardiac arrest
- List the two questions that are asked to identify a patient in cardiac arrest
- List common barriers or delays to identification of cardiac arrest
- Identify techniques to overcome barriers to identification of cardiac arrest
- Recognize conditions when clarifying questions are appropriate to assess consciousness and breathing
- Describe the physical signs that may be confused with signs of life
- Identify the descriptions most commonly used by caller to describe agonal respirations

Topics Covered Include:

- Definition of cardiac arrest
- Initial assessment with examples
  - Consciousness assessment
  - Breathing assessment
- Barriers to identification of cardiac arrest
- Techniques to overcome barriers to identification of cardiac arrest
- Clarifying questions with examples
- Ineffective or agonal breathing with examples

Coaching High-Quality CPR

Terminal Learning Objective:

- Identify steps required to deliver high-quality CPR

Enabling Learning Objectives:

- Describe the American Heart Association Guidelines for CPR
- Describe how to coach a caller to perform CPR
- Identify proper positioning for the patient during delivery of CPR
- Identify techniques to mitigate barriers to positioning the patient during CPR
- Define high-quality CPR compression rate
- Describe methods to coach the caller to establish the correct compression rate
- Describe methods to coach the caller to correct the compression rate
- Define high-quality CPR compression depth
- Describe the role recoil plays in the delivery of high-quality CPR

- Identify conditions when delivery of ventilation instructions are recommended
- Identify the steps necessary to deliver CPR to pediatric patients
- Describe the impact interruptions have on the delivery of high-quality CPR
- Define ventricular fibrillation
- Define Adenosine Triphosphate and the role it has in resuscitation
- Explain the process for delivering high-quality CPR during AED retrieval and set-up
- Identify conditions when CPR should not be performed

Topics Covered Include:

- 2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care
- Coaching a caller to perform CPR
- Barriers to positioning the patient for CPR
- Compression rate
- Establishing and correcting the compression rate
- Correcting the compression rate
- Compression depth
- Recoil
- Ventilations
- Infant and child CPR
- Minimizing interruptions
- Arrhythmia: Ventricular Fibrillation (VF)
- Adenosine Triphosphate (ATP)
- AED
- Continuation of CPR
- Signs of life
- When CPR is not performed

Caller Management

Terminal Learning Objective:

- Describe de-escalation and caller management methods to gain caller's compliance to deliver CPR.

Enabling Learning Objectives:

- Recognize the impact the caller's emotional state has on their ability to think and comply with instructions
- Identify common emotional states that may delay or prevent the caller from being able to perform CPR
- Describe methods for and importance of building trust with callers

- Identify elements of active listening and effective communication skills that can de-escalate emotions.

Topics Covered Include:

- Building trust
- Active listening
- Empathy
- Taking control of the call
- Confirming compliance
- Using a calm but firm tone of voice
- Persistent repetition
- Providing encouragement

Special Circumstances in Resuscitation

Terminal Learning Objective:

- Identify additional interventions required for special circumstance resuscitations

Enabling Learning Objectives:

- Describe appropriate interventions for a pregnant patient in arrest
- Describe appropriate interventions when a suspected overdose is associated with an arrest
- Identify the condition in which a seizure may be associated with an arrest
- Describe appropriate interventions when a patient has a ventricular assist device (VAD)
- Describe the actions that should be taken when a do not resuscitate order is in place
- Identify signs of irreversible death

Topics Covered Include:

- Pregnancy
- Suspected opioid overdose
- Seizure
- Ventricular assist device (VAD)
- Do not attempt resuscitation (DNAR) orders
- Signs of irreversible death

T-CPR Course Summative Assessment

- Learners must demonstrate mastery of core competencies (ref: Learning Objectives).
- Learners must accurately demonstrate T-CPR knowledge via knowledge checks throughout the RQI T-CPR Course.
- **Knowledge checks within the course must be completed with a passing rate of 100%** as learners are provided with real-time feedback and unlimited attempts.
- Upon conclusion of the RQI T-CPR course, learners must complete the RQI T-CPR Exam consisting of 25 questions and no real-time feedback.
- **The minimum passing score on the RQI T-CPR Exam is 80%.** Learners have three attempts to achieve the passing score before Administrators are notified.

Quarterly Perpetual Course

The RQI resuscitation quality improvement model is built upon a longitudinal design of high-stakes assessments to validate a learner's ability to demonstrate both knowledge and skill.

Meaning, learners enrolled in the **Challenger and Responder program** complete ongoing, quarterly assessments that require a minimum passing standard to be met. This formative testing strategy, built on adult learning principles and objective feedback, is tailored for individual performance, increasing learner motivation to achieve proficiency.

Following the initial entry quarter of the Challenger and Responder program, learners who have completed the T-CPR course will enter the perpetual learning phase of the program. Each quarter learners will demonstrate their ability to recall cognitive knowledge learned in RQI T-CPR course.

When gaps in knowledge are identified, learners will receive immediate remedial training, or booster training, to bring performance back to passing standards.

Quarterly Perpetual Course Formative Assessment

- Learners must demonstrate ongoing mastery of core competencies (ref: Learning Objectives).
- **Perpetual course assessment must be completed with a passing rate of 100%** with no real-time feedback.
- At the conclusion of the assessment learners will receive immediate refresher training in areas where recall of knowledge was unsuccessful.
- Learners will be provided with additional attempts at reassessment.
- Learners have three attempts to achieve the passing score before Administrators are notified.

Quarterly Simulation Skills Formative Assessment (T-CPR Responder Program Only)

In a "traditional" CPR course, learners will demonstrate their ability to apply their cognitive knowledge by demonstrating CPR on a resuscitation manikin. However, this CPR skills assessment **is not contextual to how public safety telecommunicators perform their duties as first responders**.

Traditional CPR certification does not improve a telecommunicator's T-CPR resuscitation skills or competency, which are critical in eliminating preventable death from out-of-hospital cardiac arrest.

Each quarter, learners enrolled in the **Responder program** must successfully complete a T-CPR simulation skills assessment, demonstrating their ability to:

- Meet minimum passing threshold for assessment (80%)
- Meet key performance indicator times for recognition of arrest and delivery of the first T-CPR directed chest compression, as outlined in the AHA T-CPR Policy Statement, when possible
- Coach a lay rescuer in the delivery of high-quality CPR, including:
  - Compression rate between 100 and 120 compressions per minute
  - Coaching on compression depth and recoil
  - Minimization of interruptions to CPR
  - Ventilation instructions when appropriate
- Problem-solve barriers that may delay or prevent the delivery of CPR to the patient

Competency Based Certification and Credentialing

AHA T-CPR Course Completion Certificate

Available to learners enrolled in the **RQI T-CPR Essentials and Challenger program**.

The AHA T-CPR course completion certificate is awarded to learners who have demonstrated their resuscitation and T-CPR **cognitive competency**.

Certifications earned in the Essentials program are valid for 1 year from the date of issuance.

Because learners enrolled in the Challenger program must demonstrate their ongoing cognitive competency quarterly, certifications earned in this program are valid for 2 years from the date of issuance.

RQI T-CPR eCredential

Available to learners enrolled in the **RQI T-CPR Responder program**.

The AHA RQI T-CPR eCredential is awarded to learners who have demonstrated their verified resuscitation and T-CPR **cognitive and skills competency**.

eCredentials earned in the Responder program must be re-verify their T-CPR competency quarterly to maintain their credential.

RQI eCredentials are issued as part of the AHA's 2025 Program. RQI eCredentials have a unique design that represents the gold standard of quality for learners who have verified competence through active and ongoing participation in RQI 2025.

For more information about the RQI Telecommunicator CPR program, contact:

Julie Buckingham
Program Director, RQI T-CPR
Julie.Buckingham@RQIPartners.com

To access RQI T-CPR program resources and case studies, visit:
RQIPartners.com/TCPR
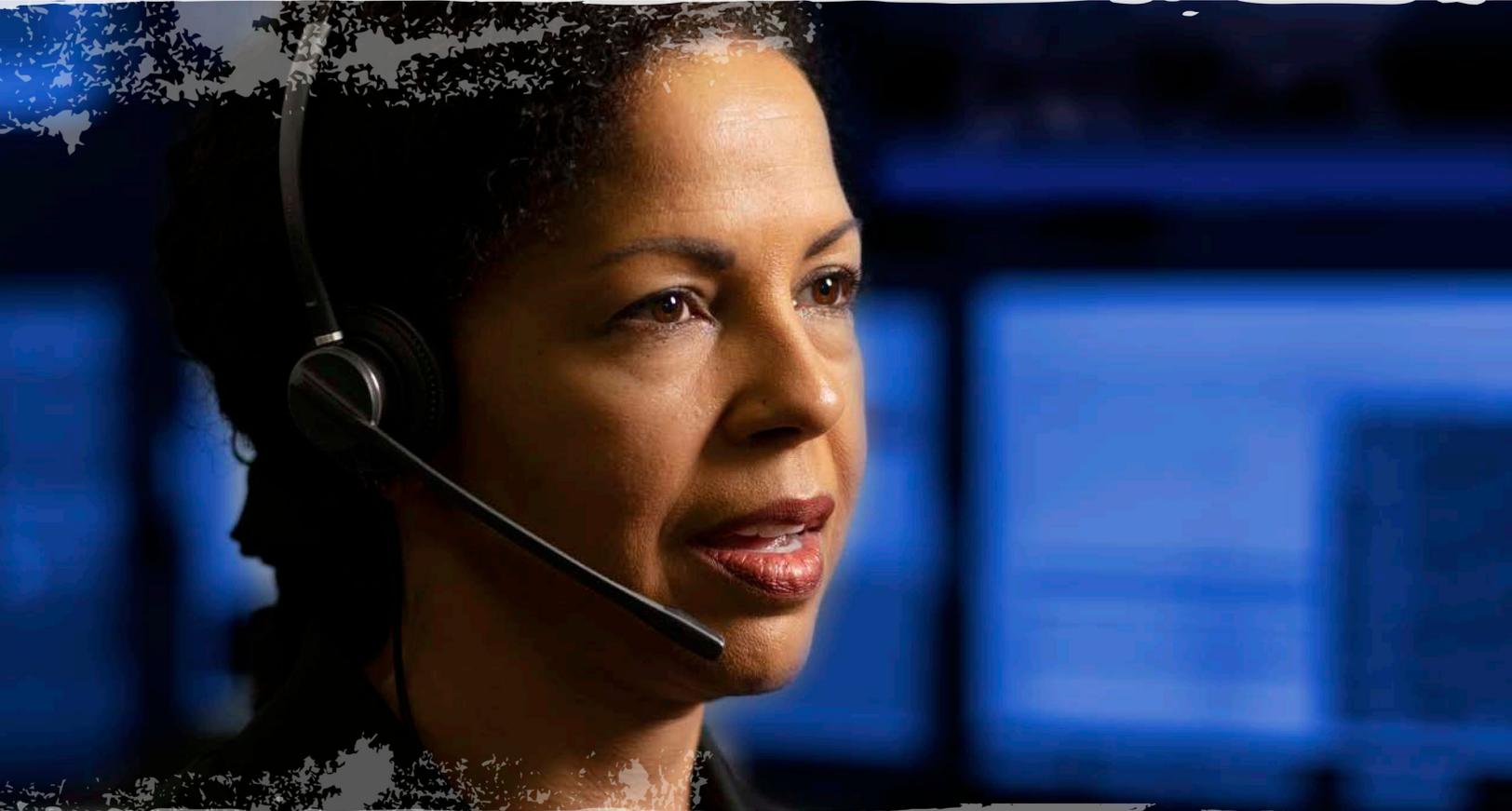
Saving Lives
Together

Telecommunicator CPR Program

MASTERY LEARNING • CPR EXCELLENCE • VERIFIED COMPETENCE

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Resuscitation excellence

Knowledge + Skills + Analytics + Verified competence + Clinical data + Impact

HELPING SAVE MORE LIVES

38%

With the national average survival for witnessed out-of-hospital cardiac arrest at only 38%, we believe more can, and should, be done to improve survival.

Public Safety Telecommunicators are a vital link in the chain of survival, and critical to eliminating preventable deaths from OHCA.

Poor-quality CPR is devastating to patient outcomes and survival, and it is a preventable harm.

Life-Saving Opportunity

The Resuscitation Quality Improvement® Telecommunicator CPR (RQI® T-CPR) programs help systems and communities eliminate preventable death from out-of-hospital cardiac arrest (OHCA).
How? By improving the verified resuscitation competency and skills of public safety telecommunicators, the *first*, first responders to deliver care to a patient in cardiac arrest.

Rapid Implementation

Based on the American Heart Association (AHA) science, including the resuscitation education guidelines, RQI provides systems a turn-key solution that allows for the rapid implementation of the AHA's evidence-based RQI T-CPR program, eliminating the manpower and costs associated with internal program development, delivery, and maintenance.

Lower Costs and Staffing Impact

RQI T-CPR education eliminates the need to send telecommunicators to external training, removing costs typically associated with training, including the need for overtime and backfill.

Reduced Liability Exposure

By requiring telecommunicators to verify their resuscitation knowledge and skills competence, RQI T-CPR helps systems mitigate liability exposure caused by poor performance. When gaps in knowledge and skills are proactively identified, immediate refresher training is provided.

Measurable Outcomes

RQI T-CPR is a data-driven resuscitation quality improvement program, providing systems with comprehensive resuscitation quality data and analytics that deliver meaningful insights into key T-CPR performance metrics, including the quality of care delivered to the patient prior to the arrival of EMS.

SUDDEN CARDIAC ARREST IS A LEADING CAUSE OF DEATH IN THE U.S.

RQI T-CPR

RQI T-CPR is the performance improvement program from the American Heart Association that supports mastery of high-quality T-CPR skills. **RQI T-CPR is derived from the nationally recognized, evidence-based *2020 AHA Guidelines for CPR and Emergency Cardiovascular Care (ECC),* the official resuscitation guidelines used by all other training providers.**

RQI T-CPR is the only T-CPR program vetted by AHA scientists and educators. The program is regularly updated and improved using expert reviews and the latest AHA Guidelines for CPR and ECC.

The **RQI T-CPR** Responder program is recognized by the **IAED** as the preferred solution to build and increase competence in rapid recognition of OHCA and initiation of high-quality telephone CPR instructions. The IAED has participated in a comprehensive review of the RQI T-CPR program, including collaborating in the development of exclusive content for Priority Dispatch users.

The **RQI T-CPR** program has a solution to meet the needs of every system. Whether you need to fulfill a regulatory requirement for T-CPR training, or you are striving to eliminate preventable deaths from OHCA in your community, we offer a program to fit your needs and the needs of your community.

> " *CPR being delivered in the first minutes after cardiac arrest can drastically improve a patient's chance of survival.* "
>
> — Justin Northeim, DO, Best EMS

RQI Telecommunicator CPR
ESSENTIALS PROGRAM

RQI T-CPR Cognitive Course

RQI T-CPR Course

It's not enough for telecommunicators to know what to do in response to a cardiac emergency. They need to understand why they're doing it.

RQI T-CPR Essentials provides public safety telecommunicators with a foundation of knowledge in the science of resuscitation and T-CPR. This essential education improves your telecommunicator's confidence and ability to quickly identify cardiac arrest and deliver high-quality CPR to patients.

The RQI Telecommunicator CPR course is the most comprehensive T-CPR course available to public safety telecommunicators.

An Essential Foundation of Resuscitation Knowledge

Learners will complete the RQI T-CPR Course, which is the foundation of the RQI T-CPR programs. This modularized course is delivered online and can be completed on duty while at a console, eliminating impacts to staffing or overtime often associated with training.

RQI Telecommunicator CPR Essentials Program Features:

- **4 hours of T-CPR training annually***

- RQI Telecommunicator CPR Course

- AHA T-CPR course certificate of completion valid for 1 year

- Training delivered online, eliminating impacts to staffing and overtime

- Meets or exceeds state T-CPR training requirements

The RQI T-CPR curriculum focuses on the 5 core competencies telecommunicators must possess in their role as first responders in a cardiac arrest emergency:

1. Understanding the First 600 Seconds

2. Identifying Cardiac Arrest

3. Coaching High-Quality CPR

4. Caller Management

5. Special Circumstances in Resuscitation

*Adaptive Learning is coming! Training times will then vary depending on demonstrated level of knowledge.

RQI Telecommunicator CPR
Curriculum Overview

Understanding The First 600 Seconds

- Chain of survival
- Impact of time on survival
- Time interval standards
- Barriers to achieving time interval standards

Identifying Cardiac Arrest

- Definition of cardiac arrest
- Initial assessment with examples
- Consciousness assessment
- Breathing assessment
- Barriers to identification
- Clarifying questions
- Ineffective or agonal breathing

Coaching High-Quality CPR

- *2020 AHA Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care*
- Coaching a caller to perform CPR
- Positioning the patient for CPR
- Compression rate
- Establishing and correcting the compression rate
- Compression depth
- Recoil
- Ventilations
- Minimizing interruptions
- Continuation of CPR
- Signs of life
- Infant and child CPR
- AED

Caller Management

- Building trust
- Active listening
- Empathy
- Taking control of the call
- Persistent repetition
- Providing encouragement to maintain CPR quality
- Confirming compliance

Special Circumstances in Resuscitation

- Pregnancy
- Suspected opioid overdose
- Seizure
- Ventricular assist device (VAD)
- Do not attempt resuscitation (DNAR) orders
- Signs of irreversible death

RQI Telecommunicator CPR
CHALLENGER PROGRAM

RQI T-CPR Cognitive Course + Quarterly T-CPR Continuing Education

| RQI T-CPR Course | Quarterly T-CPR Continuing Education |

RQI T-CPR Challenger provides agencies with a pathway to further develop their telecommunicators T-CPR knowledge by providing ongoing quarterly learning opportunities.

Telecommunicators in the Challenger program will start by completing the RQI T- CPR course. Following this foundational cognitive education, every quarter they will be challenged to demonstrate their ability to recall what they learned in the initial quarter of the program. Why is this important?

Research makes clear that *without reviewing and reinforcing learning, our ability to retain information plummets – this is called the "forgetting curve."* RQI defends against this by delivering shorter, focused learning opportunities to telecommunicators. Quarterly cognitive assessment activities allow RQI to deliver immediate booster training customized for each telecommunicator. This ensures that the life-saving knowledge gained through the RQI Telecommunicator CPR course is not lost.

RQI Telecommunicator CPR Challenger Program Features:

- **6 hours** of T-CPR training every 2 years
- RQI Telecommunicator CPR course
- Quarterly T-CPR continuing education
- AHA T-CPR course certificate of completion valid for 2 years
- Training delivered online, eliminating impacts to staffing and overtime
- Meets or exceeds state T-CPR training requirements

Additional program features:

- T-CPR performance baseline assessment
- Resuscitation quality improvement planning

" I would say RQI is the biggest revolution in dispatch education and EMS education in my career. "

— Kevin Seaman, MD, Medical Director, Charles County Emergency Services

" Bystander CPR rates are highest in communities where public safety answering points (PSAPs) or dispatch centers, provide telephone CPR (T-CPR) instructions. "

— Michael Christopher Kurz, MD, MS-HES, FACEP, FAHA, Chair of American Heart Association T-CPR Task Force

RQI Telecommunicator CPR
RESPONDER PROGRAM

RQI T-CPR Cognitive Course + Quarterly T-CPR Continuing Education + Quarterly Simulation Skills Training

RQI T-CPR Course → **Quarterly T-CPR Continuing Education** → **Quarterly Simulation Skills Training**

RQI T-CPR Responder is the gold standard in T-CPR training. This is first responder level training and the most comprehensive T-CPR training program available.

The Responder program provides quarterly *scenario-based simulation skills training*, providing telecommunicators the opportunity to demonstrate and master their ability to rapidly identify cardiac arrest, deliver *high-quality T-CPR*, and problem solve through barriers and delays that can arise during a call for cardiac arrest.

Thirty-minute simulation skills assessments, conducted over Zoom, are delivered one on one by a RQI Quality Manager. Telecommunicators will participate in realistic scenarios delivered in a contextual environment, using the tools they use every day, including CAD and EMD protocols.

Upon successfully passing the assessment and verifying their T-CPR competence, including demonstrating the ability to meet cognitive and skills performance standards, telecommunicators participating in the Responder program will earn an *AHA RQI T-CPR Credential* which will be renewed quarterly.

RQI Telecommunicator CPR Responder Program Features:

- **10 hours** of T-CPR training every 2 years
- RQI Telecommunicator CPR course
- Quarterly T-CPR continuing education
- Quarterly 1:1 simulation skills training
- AHA T-CPR credential
- Training delivered online, eliminating impacts to staffing and overtime
- Meets or exceeds state T-CPR training requirements

Additional program features:

- T-CPR performance baseline assessment
- Quarterly resuscitation quality improvement planning
- FirstWatch T-CPR analytics platform
- Cardiac arrest case review program (optional)

Skills mastery can only be sustained through regular, measured practice and continual verification of competence. That's why RQI credentials must be renewed every quarter, and why RQI credentials are considered the gold standard for maintaining competence of cognitive knowledge and skills based on the AHA Guidelines for CPR and Emergency Cardiovascular Care (ECC).

RQI Telecommunicator CPR
Curriculum Overview Comparison

	ESSENTIALS PROGRAM	CHALLENGER PROGRAM	RESPONDER PROGRAM
RQI T-CPR Course: Comprehensive T-CPR cognitive course focusing on the core competencies of telecommunicators in their role as first responders in a cardiac arrest emergency.	X	X	X
Quarterly Continuing Education: Ongoing T-CPR learning to combat knowledge decay to maintain a high level of T-CPR cognitive competency.		X	X
Quarterly Simulation Skills Assessment & Practice: One-on-one simulation skills practice and training.			X
Quarterly Individual Simulation Skills Performance Summary Report			X
T-CPR Training Hours: Total program training time.	4 Hours	6 Hours Every 2 Years	10 Hours Every 2 Years
Certificate of Completion or AHA T-CPR Credential: Achieving AHA certifications demonstrates national training and performance standards have been met.	AHA Certificate	AHA Certificate	AHA T-CPR Credential
T-CPR Performance Baseline Assessment: Evaluation of high-stakes T-CPR performance metrics to identify greatest opportunity to improve SCA quality of care.		X	X
Resuscitation Quality Improvement Planning: Action plan to improve SCA quality of care.		One Time	Quarterly
Designated RQI Quality Manager: Dedicated T-CPR training & performance manager working 1:1 with agency leaders and learners.		X	X
RQI Learning Management System (LMS): RQI's proprietary LMS, 1Stop, providing access to assignments, course completion reports, & certification/credentialing completions.	X	X	X
FirstWatch® T-CPR Analytics: First in class T-CPR analytics platform.			X
Cardiac Arrest Case Review: Comprehensive assessment of quality of care delivered to patient during cardiac arrest response.			*Optional ($55 per Review)*
AHA Responder or Healthcare Provider CPR Training and Credentialing	*Optional (Additional Fee))*	*Optional (Additional Fee))*	*Optional (Additional Fee))*
Cost per Learner, per Year:	$55	$75	$175

RQI Telecommunicator CPR
Cardiac Arrest Case Review

You Can't Improve What You Don't Measure

To eliminate preventable deaths from out-of-hospital cardiac arrest, systems must know how each link in the chain of survival is performing during a cardiac arrest emergency.

Cardiac arrest case review is not protocol compliance QI. Protocol compliance QI measures the accuracy or quality of what was said. Cardiac arrest case review measures the quality of what was done. No other program can provide the level of performance detail that is delivered through the RQI Telecommunicator CPR cardiac arrest case review program.

RQI T-CPR is a data-driven program, delivering a first-in-class T-CPR analytics platform, powered by FirstWatch®. RQI removes the barriers often associated with data collection, and we do it in a way that is cost efficient for your system.

Cardiac arrest case review is an extension of the training program, assessing the real-world application of learning. Telecommunicators and administrators are provided a performance summary, which includes feedback and training, with each review.

Performance data aggregated in the RQI T-CPR analytics platform provides system leaders insight into their T-CPR performance and quality of care being delivered to patients. Data may be reviewed for an individual telecommunicator, group of telecommunicators, or for the entire agency.

No other program provides the level of performance detail that is delivered through the RQI Telecommunicator CPR cardiac arrest case review program.

RQI Telecommunicator CPR Cardiac Arrest Case Review Features:

- Case Review on All EMS Confirmed Calls for OHCA
- Individual Performance Summary Report for Each Review
- Secure Audio File Transfer Platform
- FirstWatch T-CPR Analytics Subscription
- Quarterly Performance Report

Cardiac Arrest Case Review Assessment Metrics

RQI cardiac arrest case review enables systems to capture, analyze, and report on the speed and quality of care received by a patient in cardiac arrest, prior to EMS arrival.
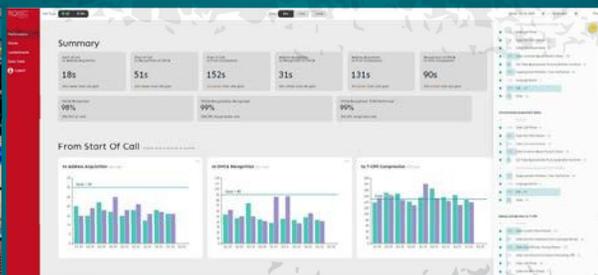
Data collected in each review:

- Time to recognition of arrest

  - Start of call to recognition of arrest*

  - Address acquisition to recognition of arrest

- Time to delivery of first T-CPR directed chest compression

  - Start of call to delivery of first T-CPR directed chest compression*

  - Address acquisition to delivery of first T-CPR directed chest compression

- Frequency of recognition*

- Frequency of CPR delivery*

- Quality of CPR provided, including:

  - Measurement of compression rate

  - Documentation of CPR instructions*, including depth and recoil instructions

  - Documentation of interruptions or pauses to CPR delivery

  - Assessment of appropriateness of instructions, including delivery of ventilations and AED set up

Additional data collected:

- Patient age*

- Patient gender

- Status of consciousness at time of call*

- Status of breathing at time of call*

- Number of rescuers

- Time of first CPR instruction*

- Patient in arrest prior to EMS arrival*

- CPR in progress prior to telecommunicator intervention*

- Barriers to the recognition of arrest

- Barriers to the delivery of CPR*

- Conditions requiring ventilations

- Presence and description of agonal breathing

- Did arrest occur prior to EMS arrival*
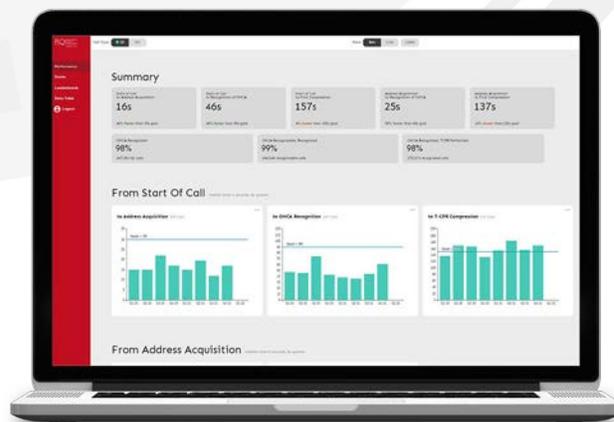
*CARES™ T-CPR module elements

American Heart Association — Add-on programs
BLS and Responder Education

American Heart Association credentials for **BLS and Hands-only CPR** is also available for your telecommunicators.

Through the RQI T-CPR programs, agencies have the option to enroll learners, and other first responders in their system, in two AHA courses – RQI Prehospital Healthcare Provider (BLS) and RQI Responder (for lay rescuers) program through the use of the mobile RQI-P GO CPR Simulation Station.

RQI's program curriculum delivers verified competence through bi-annual cognitive and skills simulation sessions. Completion of each course generates an AHA eCredential for the learner.
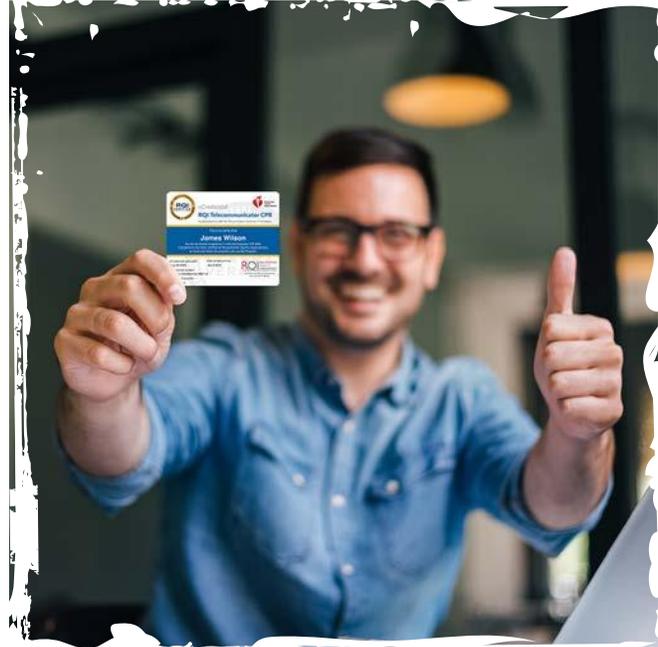
The RQI-P Go Simulation Station enables individual, convenient skills training at various locations with real-time audio-visual feedback and reporting metrics for all skills performed.

For more information about this option, please contact RQIT@RQIPartners.com

> *"Our telecommunicators are glad we have RQI T-CPR now. It has really helped them start to recognize some of these traps they could get caught in. If you ask them, they will definitely say they have improved."*

— Becky Neugent, 911 Communications Manager, Hilton Head Island Fire Rescue

Contact the RQI team for more information or to schedule a demonstration:
RQIT@RQIPartners.com

For more information about the RQI Telecommunicator CPR program,
including access to RQI T-CPR resources and case studies, visit:
RQIPartners.com/TCPR

Saving Lives Together

RQI Partners, LLC is a partnership between the American Heart Association and Laerdal Medical. Our company is focused on delivering innovative resuscitation solutions that support our vision to eliminate preventable and unexpected cardiac arrest deaths.

We are passionate about, and dedicated to, helping save lives through programs, products and solutions that are grounded in evidence-based science and educational principles. RQI Partners is committed to continuous learning and a passion for excellence, therefore, we are designing resuscitation quality improvement systems that will dramatically enhance patient outcomes across healthcare systems. We are creating a new standard of care that shifts resuscitation practice from course completion to everyday competence.

Dispatch Response to Active Killers (D-RAK)

2-Day Scenario-Based Training Course

On December 14th, 2012, twenty 1st graders and six staff members at the Sandy Hook Elementary School in Newtown, CT were tragically killed during an Active Shooter (now commonly referred to as an "Active Killer" event since weapons other than firearms are being used). Since then, the number of Active Killer events continue to rise and the number of victims also gets higher and higher, as the Killers learn from each event. Although tactical training for 1st Responders has also increased and numerous states now require annual practice of school emergency response plans, there often remains a significant gap of time before law enforcement arrives and the threat is located and stopped. It is critical that these valuable seconds be minimized, so therefore we must figure out how to *Shave Seconds to Save Lives*!©

Best intentions and increased effort, sadly is not enough when concerning Active Killer preparedness. For this reason, Dan Jewiss, who was the Lead Investigator for the Sandy Hook School shooting, founded the RAK Academy, to share best practices for Response to Active Killers on all levels – Dispatch, 1st Responders, Command Staff, Investigators and Civilians. Dan developed this 2-day D-RAK course to educate Dispatch personnel on the Lessons Learned from recent Active Killer events and the critical roles that Dispatch played in them. To do this, Dan draws on his years of dispatch experience as a Desk Trooper and his time teaching for the CT State Police Dispatch Training Academy. Dan shares his case study analysis of Active Killer events, including how some law enforcement response habits contradict critical actions most needed during an Active Killer event, to stop the threat. Dan incorporates scenario-based training to make Dispatch personnel more effective immediately upon their return to work.

Performance Objectives:

Day #1 of this 2-day course will be an in-depth analysis of law enforcement's response to the Sandy Hook School Shooting and other recent Active Killer events. This involves a critical, detailed analysis of the time taken to report, dispatch, respond to and stop the threat at these scenes. Dispatch personnel will also be taught the benefits of *Scriptwriting*, a critical skill necessary for *Shaving Seconds to Save Lives©* during an Active Killer event. Dispatch personnel will be challenged to use their training, experience and the *Lessons Learned* that are discussed in class to develop Active Killer Dispatch Scripts to take back to their own agencies.

Day #2 will build on the teaching points established during Day #1. Dispatch personnel will perform scenario-based training repetitions that are monitored, coached and evaluated using a progressive (Crawl-Walk-Run) blended-learning, performance model. Dispatch personnel will be expected to identify the critical priorities of the first 1st Responders on scene at an Active Killer event so that Dispatch personnel can provide effective and timely support to stopping the threat and saving lives. Dispatch personnel will be reminded to use this course information to augment their existing training and department policies. Lastly, Dispatch personnel will be presented with post-traumatic stress, personnel wellness challenges they may encounter in the wake of an Active Killer event.

Please contact Dan Jewiss at D.Jewiss@me.com or 203-704-0581
with any questions or to host this training.
www.TheRAKAcademy.com

Dispatchers will:

- Identify what Active Killer events are.
- Learn critical *Lessons Learned* from recent Active Killer events, including the 2012 Sandy Hook School Shooting, and the critical roles Dispatch played in each of them.
- Understand the importance of *scriptwriting*.
- Identify current training scripts for D-RAK.
- Identify current performance scripts for D-RAK.
- Identify ideal scripts for D-RAK to maximize the principles of *Shaving Seconds to Save Lives©.*
- Identify and clarify additional Dispatch task organization that should be addressed during an Active Killer event.
- Identify what the first priorities of 1ˢᵗ Responders are, so that Dispatch can properly support them.
- Learn how to integrate their agency's training and policies with the aforementioned teaching points.
- Discuss individual, post-traumatic stress concerns in the wake of an Active Killer event.

Methods of Presentation:

Interactive Lecture using a PowerPoint presentation.
Class discussion (Dispatchers are drawn into discussions throughout the training).
Workshop breakout, team sessions.
Practical exercises to reinforce teaching points.
Scenario-based training with realistic performance standards.

Practical Exercises: Several team exercises are utilized to reinforce the adult-learning training techniques.

Training Aids:

1. PowerPoint and related audio/visual equipment.
2. Ideal D-RAK script templates.
3. Mock Dispatch Operations Centers (established in conjunction with the host agency).

Time: 16 hours (2-days)

Evaluation Process: Pre-Test (taken individually) & Post-Test (taken as a class).
Scenario-based training checklists.

Issued Materials: Class Handouts: - Pre-Test
- Selected PowerPoint slides
- Initial Call Script

Please contact Dan Jewiss at D.Jewiss@me.com or 203-704-0581
with any questions or to host this training.
www.TheRAKAcademy.com

<u>Training Payment Options</u>

At The RAK Academy we offer three different ways for your agency to pay for your D-RAK training, including a viable option to train all of your Dispatch personnel for FREE.

Option A:

Host our D-RAK training, which means you agree to:

1.   Provide a suitable training venue (with room for two break-out sessions);
2.   Advertise our training to outside attendees using our training announcement;
3.   Facilitate registration; and
4.   Print out training materials, if necessary.

In return for hosting, your agency will receive two (2) FREE seats when 20 paid attendees are reached, and an additional two (2) FREE seats for each 6 paid seats thereafter. Our average D-RAK training class size is 30 attendees, which would include 4 FREE seats for your agency. All payments will still be paid directly to The RAK Academy.

Option B:

Dispatch personnel may attend any one of our D-RAK 2-day training sessions at the cost of $369.00 per attendee.

Option C:

Host a D-RAK training solely for your agency for a set fee. This will be determined by the expected number of attendees, your training venue capacity and your operational ability to send attendees to the 2-day training.

NOTE: All attendees, upon completion of the training, will receive a certificate and a copy of the sign-in rosters. Funding may be available to your agency through 911 accounts and/or federal or state grants. Let us know if you have questions pertaining to these.

COVID-19 PRECAUTIONS:

All attendees will be asked to self-report any symptoms of illness and to not attend or leave the training if feeling ill. In addition, temperature checks, social distancing, mask wearing and additional sanitation may be conducted depending on current CDC guidelines.

Please contact Dan Jewiss at D.Jewiss@me.com or 203-704-0581 with questions about any of our

RAK Training or to host this training.
www.TheRAKAcademy.com

2022 Education Committee Goals

1. Continue the information-sharing program to effectively communicate the Board and Staff's vision, initiatives, and responsibilities for NG911 and other state projects.
2. Explore the feasibility of creating a voluntary Telecommunicator training certificate and/or certification in collaboration with the Community College system.
3. Expand the Recruitment Public Service Announcement initiative based on data collected during the pilot program.
4. Explore additional methods for public outreach utilizing nontraditional media outlets.

Proposed - 2023 Education Committee Goals - Proposed

1. Continue the information-sharing program to effectively communicate the Board and Staff's vision, initiatives, and responsibilities for NG911 and other state projects.
2. Continue to develop a voluntary Telecommunicator training certificate and/or certification in collaboration with the Community College system.
3. Expand the Recruitment Public Service Announcement initiative based on data collected during the pilot program.
4. Explore additional methods for public outreach utilizing nontraditional media outlets.

2023 Education Committee Meeting Dates

All meetings are on Thursday from 1:00 pm to 3:00 pm unless otherwise announced

January 19

February 16

March 16

April 20

May 11

June 15

July 20

August 17

September 21

October 19

November 16

Physical or virtual meetings will be announced in advance.