



16 November 2021

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HB 445 – Proponent Testimony
Ohio House Transportation & Public Safety Committee

Good afternoon, and thank you Chair Baldrige, Vice Chair McClain, Ranking Member Sheehy and members of the House Transportation and Public Safety Committee for the opportunity to testify in support of HB 445, the Next Generation 9-1-1 bill. I am Shawn Koser, a Fire Deputy Chief for the Columbus Division of Fire. Throughout my career as an EMS provider in this community, I have seen firsthand how bystander CPR can help save lives. I am also here as an advocate for the American Heart Association. The American Heart Association is dedicated to ensuring equitable health in all communities; and through collaboration with numerous organizations, and powered by millions of volunteers, we fund innovative research, advocate for the public's health, and share lifesaving resources.

A high-quality telecommunicator CPR (T-CPR) program can save more lives from out-of-hospital cardiac arrest and strengthen the chain of survival. This legislation, through the standardization of Emergency Medical Dispatch requirements, provides that lifesaving program for all Ohioans in need of bystander CPR.

Each year in the United States, an estimated 350,000 people experience sudden cardiac arrest in out-of-hospital environments. Sudden cardiac arrest is the unexpected loss of heart function, breathing and consciousness and commonly the result of an electric disturbance in the heart. Only about 1 in 10 victims survives this dramatic event. Successful resuscitation of cardiac arrest victims requires immediate response to improve their chance of survival.

Telecommunicators, including dispatchers and emergency call-takers, are the true first responders and a critical link in the cardiac arrest chain of survival. Working with the 9-1-1 caller, telecommunicators have the first opportunity to identify a victim in cardiac arrest and provide initial care by delivering CPR instructions while quickly dispatching emergency medical services.

A telecommunicator who can effectively engage the caller, quickly identify cardiac arrest, and coach effective CPR could double or even triple the chances of survival from sudden cardiac arrest. Through these actions, the telecommunicator can make the difference between life and death.

Today, I hope that we have relayed the public health impact of out-of-hospital cardiac arrest, provided guidance and resources to construct and maintain a T-CPR program, outlined the minimal acceptable standards for timely and high-quality delivery of T-CPR instructions, and identified strategies to overcome common implementation barriers to T-CPR. The T-CPR process was previously described as dispatch CPR, dispatch-assisted CPR or telephone CPR.

We believe HB 445 will improve results from the use of T-CPR, such as an increase in lay-rescuer CPR and improved out-of-hospital cardiac arrest outcomes and outlines the components that are needed to implement a T-CPR program within a community.

An effective T-CPR program depends on several important operational commitments by an emergency response system, such as:

- Providing a high-quality program that includes measurement and performance goals,
- Providing initial and ongoing education in T-CPR for all telecommunicators,
- Conducting effective and continuous quality improvement (QI),
- Integrating QI with an emergency medical services agency,
- Designating a medical director, and
- Recognizing outstanding performance.

Effective T-CPR also depends on well-prepared professionals trained to elicit information quickly, interpret that information and provide direction. A QI process should be established with clear, objective data sets, and specific individuals should be identified who are accountable for conducting reviews under the guidance of a physician to drive quality care.

A program of T-CPR offers the safest, most cost-efficient, and most effective approach to substantially increase community lay rescuer CPR. Thousands of additional lives can be saved each year if we can achieve this goal.

This infographic (below) highlights the steps and time interval standards included within an effective T-CPR program.

Again, thank you for the chance to weigh in and I will now attempt to answer any questions you may have.



TELECOMMUNICATOR CPR



EMERGENCY CALL INITIATED				
STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Call connects to Primary Public Safety Answering Point (PSAP)	Call transferred if necessary & answered by EMS Agency Having Jurisdiction (AHJ)	Address acquisition	1st unit dispatched & Out-of-Hospital Cardiac Arrest (OHCA) recognition	Delivery of first CPR compression + Ongoing T-CPR support & lay-rescuer CPR until professional rescuer arrival
First connect of 911 to a call taker which typically begins with "What's your emergency?" for routing to the appropriate agency (PO, Fire, EMS, if applicable)	Secondary PSAP or EMS (AHJ) defined as the entity responsible for emergency medical dispatch for the municipality		Ideally, these two processes should occur simultaneously or in parallel during this interval	

*These recommended performance intervals should be as short as possible as described in the example "High Performance System" intervals provided are minimal acceptable performance.