Telephone-based Cardiopulmonary Resuscitation

The American Heart Association's Position

- An effective T-CPR program empowers telecommunicators to rapidly identify OHCA and provide just-in-time training for lay rescuer CPR.
- T-CPR programs should be available in every jurisdiction, and their performance should be measured and reported.
- Emergency communications center leadership and staff must commit to the provision of an effective T-CPR program and to measuring the program against goals.
- All emergency telecommunicators should receive formal T-CPR instruction and annual refreshers thereafter.
- Initial education of telecommunicators can often be accomplished in <4 hours and continuing education in <2 hours.
- All calls resulting in an attempt to resuscitate should be reviewed both for adherence to protocol and for measurement of key time intervals. Calls that did not result in an attempt to resuscitate but are later identified as cardiac arrest by first responders should also be reviewed.
- Effective T-CPR requires a systems approach with commitment from call-takers, dispatchers, and responders.
- Physician oversight is essential both to issue dispatch protocols for T-CPR and to ensure protocols are consistent with guidelines as they evolve. The medical director should review QI reports and can help set priorities for ongoing education.
- QI activities should also reveal those persons who perform at an exceptional level, both in recognition of arrest and in delivery of instruction.

Fast Facts:

1. Every year, more than 350,000 Americans suffer out-of-hospital cardiac arrest, most of whom do not receive life-saving, lay rescuer CPR.1
2. Early lay rescuer CPR is associated, on average, with an approximately 2-fold increase in the chances of survival after OHCA.2
3. Lay rescuer CPR can improve heart resuscitation and brain recovery and is associated with intact functional survival, better long-term prognosis, and favorable cost-effectiveness.3
4. The likelihood of lay rescuer CPR may vary within a given community based on neighborhood.4
5. T-CPR has the potential to increase incidence of lay rescuer CPR by 15%.5
6. Compared to no lay rescuer CPR, T-CPR is associated with a 51% greater likelihood of survival after OHCA.6

For more information and resources from the American Heart Association’s policy research department on stroke systems of care please visit: https://www.heart.org/en/about-us/policy-research.

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