APPENDIX

Appendix A

CARES EPOC Preliminary Survey

I. Introduction

Welcome to the CARES EPOC survey. This survey is being conducted by University of Michigan researchers as part of the National Heart, Lung, and Blood Institute (NHLBI)-funded project Enhancing Pre-Hospital Outcomes for Cardiac Arrest (EPOC). We are seeking to understand current Michigan CARES-participating EMS agency ‘best practices’ for out-of-hospital cardiac arrest (OHCA). Your agency has been selected for a potential site visit where we will be conducting a focus group and key informant interview. We would like to understand more about your agency prior to conducting a site visit. You have been identified as an expert in this area who would be the best person for us to ask these questions. Of course, we welcome you soliciting input from others in your organization if needed. Unless otherwise indicated, we are asking for your processes currently in place at this time. Your individual responses will not be shared with any entities outside of the study team. We appreciate your time and input into this important project.

II. Cardiac Arrest

Emergency medical dispatching.

1. Does the 9-1-1 emergency telephone number in your coverage area provide trained emergency medical dispatchers (EMD’s)?
   - [ ] Yes
   - [ ] No
   - [ ] Unknown

2. Do EMDs in your coverage area use a protocol (dispatch software) that contains systematized caller interrogation questions and pre-arrival instructions?
   - [ ] Yes
   - [ ] No
   - [ ] Unknown

3. Do EMD’s in your coverage area use dispatcher assisted cardiopulmonary resuscitation (CPR) instructions?
   - [ ] Yes
   - [ ] No
   - [ ] Unknown
4. Can dispatchers in your coverage area direct a caller to the closest 
Automated External Defibrillator (AED)?
- Yes
- No
- Unknown

5. Is there a quality assurance process that reviews emergency medical 
dispatcher assisted calls in your coverage area?
- Yes
- No
- Unknown

CPR quality.

1. Does your agency follow the current Michigan Cardiac Arrest protocol?
- Yes
- No
- Unknown

2. What electronic patient care reporting (ePCR) vendor, product, and software 
version does your agency use?

3. Does your agency have a Continuous Quality Improvement program (e.g., 
data collection and feedback) to measure CPR quality?
- Yes
- No
- Unknown

4. Does your agency use quantitative waveform capnography?
- Yes
- No
- Unknown

5. Does your agency use an automated CPR feedback device to measure 
chest compression quality (rate, depth, and chest recoil)?
(e.g., PocketCPR, MRX AED, TrueCPR, Q-CPR, etc.)
- Yes
- No
- Unknown

6. Does your agency use mechanical CPR devices?
- Yes
- No
- Unknown

7. Does your agency use ResQ CPR?
- Yes
- No
8. Does your agency use an impedance threshold device (ITD)?
   - Yes
   - No
   - Unknown

9. Does your agency use a supraglottic airway device?
   - Yes
   - No
   - Unknown

10. Does your agency use an alternate/blind insertion airway device?
    - Yes
    - No
    - Unknown

11. Do you have 12 lead electrocardiogram (ECG) in the pre-hospital setting?
    - Yes
    - No
    - Unknown

III. EMS Agency Demographics and Other Characteristics

1. EMS agency name and address
2. EMS agency contact person name, email address, and phone of person completing this survey
3. EMS Region and Medical Control Authority
4. What is your defined geographic catchment area (e.g., counties, cities, townships)?
5. What is your EMS agency's average monthly total and cardiac arrest call volume?
Appendix B

EPOC
Enhancing Prehospital Outcomes for Cardiac Arrest
Qualitative Guide for Key Informant Interviews and Focus Groups

INTERVIEWEE/PARTICIPANT NAME(S):

POSITION(S)/TITLE(S):

PRIMARY INTERVIEWER:

SECONDARY INTERVIEWER:

INTERVIEW LOCATION & TIME:

RECORDER #, FILE:

INTRODUCTION:

- This study is funded by the National Heart, Lung, and Blood Institute (NHLBI).
- Depending on which community a cardiac arrest occurs in Michigan, the likelihood of survival to hospital discharge varies between 2% and 15%.
- The EPOC study aims to close this survival gap through identifying system of care factors that are critical to successful response at the interface of the community, non-medical and medical first responders and hospitals.
- We are here to understand how you as the boots on the ground are able to provide cardiac arrest care that you do and the challenges you face.
Informed Consent

The University of Michigan Institutional Review Board has determined that this study (HUM00142906) is exempt from IRB oversight.

Participation in this focus group/interview is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time. You may choose not to answer questions for any reasons.

We will be making an audio recording in order to create a word-for-word copy of today’s discussion for analysis. Notes will also be taken during the focus group and one-on-one interview. You will not be quoted or referenced by name in the notes or transcriptions. We will make every effort to assure that you cannot be identified through the details that you share. The audio recordings will be destroyed after transcription. The results of this study could be published in an article, but would not include any information that would let others know who you are.

We believe the risks to you participating are minimal and that there may be benefits to your community and others like it.

Do you have any questions?

TURN ON THE RECORDER!
1. Recall the last challenging cardiac arrest that you were involved in. What went well? What went wrong or could have gone wrong? *(Reminder: Get the perspective of all participants)*

2. What are some challenges in interacting with dispatch during cardiac arrest response? *(Probe: How do you deal with these challenges?)*

3. What challenges arise in getting bystanders to do CPR? *(Probe: How do you deal with challenges?)*

4. What challenges arise when first-responders arrive on scene? *(Probe: How do you deal with challenges?)*

5. What challenges arise in care coordination and transitions between bystanders and first-responders? *(Probe: How do you deal with these challenges?)*
   a. Between police and non-transport Fire or EMS?
   b. Between non-transport Fire and EMS?
   c. Between EMS and hospitals?

6. What helps a smooth transition between these responding entities?

7. Who else in your community influences response to cardiac arrest?
   a. How is their influence helpful?
   b. In what ways might it not be helpful?

8. Within your organization, what changes could be made to improve cardiac arrest outcomes? *(Probe: Are there formal training programs or requirements targeted to cardiac arrest?)*

9. How does the culture of your organization influence how it responds to the cardiac arrests in the community?
   a. How about the culture of other organizations that respond to cardiac arrests in the community?

10. What characteristics in leadership within your organization are most conducive to fostering successful cardiac arrest response?

11. I want you to think about different policies for response of your organization and others in the community to cardiac arrest over the past 3-5 years. What policies have been helpful? What policies have been a hindrance?

12. How could changes to local and state policy improve cardiac arrest response?

13. What are three factors indispensable to effective cardiac arrest response in your community?
14. If you had a wish list to improve cardiac arrest response in your community, what three things would be on the list?

15. If you had to give three pieces of advice to a community looking to improve their cardiac arrest response rates, what would those be?

Notes: