

The recent article in the Los Angeles Times regarding a study finding problems with LAFD dispatchers and significantly delayed times to start CPR was forwarded to the International Academies of Emergency Dispatch (IAED) by a large number of its members. This article questioned the validity of the IAED's widely used Medical Priority Dispatch System (MPDS), specifically the vital process of starting CPR quickly when confronted with the sudden collapse of an adult. The article cites an internal study that "... raised concerns about time-consuming scripted questions dispatchers are required to ask..." and that "LAFD call handlers must work through a series of pre-written questions and responses before they can give CPR instructions..." In fact, the MPDS requires only minimal questioning for such cases. The delays associated with the audio example cited in the report are clearly related to calltaker non-compliance to the protocol, not the protocol itself. Specifically, a patient reported to be "gasping for air" is clearly defined in protocol as having agonal, ineffective breathing, which drives an immediate dispatch and Pre-Arrival Instructions for CPR.

The MPDS Protocol v12.2 directs the calltaker/dispatcher to proceed with chest compressions CPR immediately from Case Entry, where the address, phone number, and patient status are obtained. This direct link in the protocol is the newest method developed to even further reduce the time per the latest AHA recommendations to reduce the time from discovery of cardiac arrest to "hands on chest." Brett Patterson, IAED Academics and Standards, in a recent article stated "Academy research in conjunction with AHA research has shown that delays should be minimized throughout the entire resuscitation. The emphasis is to follow the directions of the calltaker/dispatcher and get the compressions started almost immediately after the call is made to 9-1-1 and the discovery of medical cardiac arrest."

Poor compliance to protocol and policy by some of the calltakers/dispatchers in the LAFD communication center most likely has led to the time delays reported by the Times. For example, in one of the cases cited, a simple ten-second breathing check – using an automated tool embedded in the software of our Medical Protocols, would have immediately verified ineffective breathing and prompted the 9-1-1 dispatcher to begin CPR instructions to the caller.

The problems mentioned by the Times are clearly not the result of the use of this protocol – a protocol that is used to process approximately 65 million calls a year worldwide and is used in almost 3,000 communication centers in 43 countries worldwide. Very recently the compliance problems were again acknowledged by medical control personnel of the department. I was told personally that the department's compliance to Pre-Arrival Instructions (which includes CPR) had sunk to an abysmal 13% accuracy level. The LAFD's published statements in regard to this issue inappropriately directing the blame toward only the protocol are wholly incorrect.

A very important cornerstone of correctly implementing and maintaining the Academy's award-winning (International City/County Management Association and Public Technology) dispatch improvement process involves the implementation and ongoing operation of a robust quality assurance/improvement process. Staffing the center with EMT/firefighters, instead of what is the current standard of practice, is part of the problem in this center. Using professionally trained "civilian" calltakers, appropriately

trained and certified as EMDs (similar to what is done at the LAPD), is the standard in over 95% of 9-1-1 centers in America, Canada, and the world today.

Another telltale sign of subpar compliance to protocol is the fact that LAFD has not gained or sought Accreditation by the IAED – an absolute necessity to any system that wants to truly improve its overall dispatch performance and, in particular, CPR performance. In addition, the department over the years has virtually never kept up with implementing updated and new versions of the protocol when issued by the Academy.

Regarding the time to get to the lifesaving process of CPR chest compressions, the recorded case example used on the LA Times website is very illustrative of extremely poor compliance to the protocol. We ran this very case through the automated MPDS system and got to an ECHO (the most urgent response possible) dispatch point at **42 seconds** and a time to start CPR compressions at **73 seconds** – and that included physical address and phone number verification as we recommend always be done initially.

The MPDS Protocol is constantly being evolved to the current standards of care and the Academy's international expert-based Council of Standards has most recently issued the newest version of the Medical Priority Dispatch System (Version 12.2):

"...The Academy announces the release of its newest version of the Medical Priority Dispatch System (MPDS) featuring the new fast-track pathway to Pre-Arrival Instructions (PAIs) and a modified CPR sequence to complement recommendations of the American Heart Association (AHA) for emergency cardiovascular care. These improvements greatly enhance the patient's chance of survival."

As we have done throughout the years with the LAFD, we offer our assistance and considerable expertise in assisting them to remedy this serious problem. The Academy's recommendations and most importantly the protocol itself must be followed to achieve the desired result and afford the expert level of Emergency Medical Dispatch service to the citizens of LA that they most assuredly deserve. If our input, recommendations, and most importantly the protocol itself are not followed, there is likely to be a predictable result and perhaps a poor outcome.

The protocol and its concurrent processes is much like the playing of music. If you play Mozart on a wobbly turntable, at the wrong speed, with a defective needle, you can't blame the composer when it doesn't sound good.

**Jeff Clawson, MD**  
**Medical Director and Co-Founder**  
**Research & Standards Division**  
**International Academies of Emergency Dispatch**