

Dispatcher-Assisted Instructions and Community Engagement: Translating Evidence Into Impact in Out-of-Hospital Cardiac Arrest

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Introduction. Early bystander intervention is a key determinant of survival after out-of-hospital cardiac arrest (OHCA). Evidence shows that dispatcher-assisted cardiopulmonary resuscitation (DA-CPR) increases the likelihood that citizens initiate CPR. Translating this evidence into real impact requires integration between dispatch practice, training, and community engagement.

Methods. An improvement initiative was implemented in an emergency medical dispatch centre. The project included a structured review of emergency calls to analyse communication dynamics and lay descriptions of cardiac arrest, targeted training for dispatchers on pre-arrival instructions, and analysis of dispatch data. Community engagement activities were also promoted, including dissemination of positive stories involving rescuers and survivors to strengthen public awareness and advocacy.

Results. Between 2023 and 2025, dispatcher-assisted instructions for cardiac arrest increased from 180 to 376 cases (+109%). In parallel, patients with return of spontaneous circulation increased: code 2 (medium severity) +119%, and code 3 (critical) +144%. Call analysis improved recognition of cardiac arrest and supported clearer dispatcher communication strategies. Advocacy activities involving survivors and rescuers further reinforced community engagement.

Discussion. Integrating dispatcher training, structured call analysis and community advocacy may help translate evidence on DA-CPR into measurable system impact, strengthening early response and supporting improved outcomes in OHCA.

Keywords: Emergency Medical Communication Center, Emergency Nursing, Cardiac Arrest, Dispatcher-Assisted CPR

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