### PROGRAM REVIEW:

# AMERICAN HEART ASSOCIATION AUTHORIZED TRAINING CENTER APRIL 2013

### **Executive Summary**

The Columbia Gorge Community College (CGCC) American Heart Association (AHA) Authorized Training Center (TC) is operated to serve the regional need for AHA oversight and support of instructors as well as the standardization of training for basic and advanced life saving skills. The TC has one Coordinator (the Director of Nursing & Health Occupations), three CGCC PT non-credit faculty (one of whom functions as the Lead TC faculty), and approximately 100 instructors in the region. As such, the TC serves as the principal resource for information, support, and quality control for all AHA Instructors aligned with the TC. Each class participant receives a course completion card; the CGCC AHA TC processes approximately 3,000 cards in a year's time. A 2011 survey of CGCC students revealed that 60% of those surveyed placed Health and Safety (First Aid/CPR) courses as the top non-credit course of interest.

### Section One: Mission and Goals

A. Describe the mission of the program.

In keeping with the mission of Columbia Gorge Community College the mission of the CGCC AHA Authorized Training Center is to provide a local Training Center (TC) for American Heart Association AHA instructors so that they may strengthen the surrounding communities by providing instruction at several levels of First Aid and Cardio Pulmonary Resuscitation (CPR).

- B. List the goals and objectives for the program.
- -Offer a local option to our rural region for AHA oversight and support, including offering a low cost option for supplies and course completion card processing. According to the AHA Program Administration Manual (see Appendix A), TCs are responsible for:
  - The proper administration and quality of the [Emergency Cardiovascular Care] ECC courses that they, their aligned instructors, and Training Sites (TSs) provide

- The day-to-day management of the TC, TSs, and instructors
- Providing aligned instructors and TSs with consistent and timely communication of any new or updated information about National, Regional, or TC policies, procedures, course content, or course administration that could potentially affect an instructor while carrying out his or her responsibilities
- Serving as the principal resource for information, support, and quality control for all AHA
   ECC Instructors aligned with the TC

-Offer quality AHA instruction at both the Hood River and The Dalles campuses in order to reach a wide range of students from the surrounding communities. Training is offered for students who need initial training and for those who need continuing education training as a job requirement or for personal enrichment. Courses currently taught are Heartsaver First Aid and CPR as well as the skills of Healthcare Provider (HCP) Basic Life Support (BLS). Training in many cases also meets the requirements for successful completion of certificate and degree programs. Twice a year, an AHA instructor and/or instructor recertification course is offered. A one credit First Aid and CPR/AED Professional Rescuers/Healthcare Providers (HE 113) is offered once a term.

-Offer AHA instructors who live in the economically depressed communities of The Gorge training center oversight and support. This includes instructors who teach courses at the BLS level and at the Advanced Cardiac Life Support (ACLS) level. As above, these instructors offer courses to students who need initial training and for those who need continuing education training as a job requirement.

### Section Two: Action and Previous Review's Recommendations

- A. Please summarize changes that have been made since the last review.
- We have implemented a bi-yearly review of all instructor files for completeness and compliance to both AHA requirements and the requirements of the CGCC training center.
- 2. All instructors of CGCC classes are required to have each student complete an Instructor Evaluation Form.

- The CGCC AHA TC has acquired mannequins with several skin tones that better represent the diverse communities served by CGCC. We also purchased new "faces" for our BLS mannequins which improve realism during CPR skills practice.
- 4. We have purchased Pocket Masks and have asked that all CGCC instructors provide one to their students during their classes. This enables an increased level of hands on real-life participation during the practical portions of the class. This also provides students with a means of providing self-protection during rescue breaths if they are called upon to utilize the skills they have acquired in the classroom.
- 5. Other purchases include a set of training materials in Spanish, which is an occasional request of local instructors, and keeping on hand a small variety of replacement parts, including "ribs", in order to repair the mannequins.
- This year two checklists were created: CGCC New Instructor Requirements and CGCC Renewal Instructor Requirements (See Appendix C). Both checklists have helped improve communication with instructors.
- 7. The equipment/teaching materials lending "library" were moved to The Dalles campus (prior to this both campuses had equipment/teaching materials for checkout). A review of said materials at the Hood River campus showed some were missing or in a state of disrepair. A storage closet and some sturdy shelves were moved into 3.301 and this room became the primary storage and teaching classroom for the AHA classes. It has worked extremely well to have the equipment stored in the same room as where it is primarily used.
- B. Were any of the changes made as a result of the last review? If so, please describe the rationale and result.

After performing an Administrative Self-Review (See Appendix D) in June of 2012 it was found that Instructor Evaluation forms were not being collected for all classes taught on the campuses of CGCC. This is a requirement of AHA and also allows CGCC to monitor the quality and effectiveness of the classes offered; therefore, each instructor was informed of the evaluation form requirement and all classes are now in compliance with this rule.

### Section Three: Describe, Assess & Analyze

Use data to analyze and evaluate the adequacy of the program's key functions and data elements:

### A. Faculty

- I. Quantity of faculty needed to meet the needs of the program:
  - Faculty needed to meet the needs of the program includes two part-time instructors, a backup part-time instructor, a Training Center Administrative Assistant and a portion of the department head's time. Community instructors number approximately 100 at any given time. Recently, a student worker was added to assist with course completion card production in order to facilitate timely service to regional instructors. The work of the TC continues to evolve so that there are times when staffing is adequate and other times when more assistance is needed. If demand for services continues to grow, then the TC Coordinator recommends the creation of a 1/4-time administrative position to handle day-to-day operations.
- II. Extent of the reliance upon part-time faculty:
  Classes and record maintenance is done solely through the utilization of part-time faculty and administrative staff. The TC Coordinator is full time but serves primarily in a supervisory role.
- III. Incorporation of instructional best practices:
  Updates from the AHA are included in the ECC Beat monthly e-newsletter which is distributed to aligned instructors in a timely manner. Statewide and regional training opportunities are made available by the AHA. This past year the lead TC Faculty monitored several instructors and provided a training course specifically for several instructors who needed to be updated in their teaching practices. This course was well received by the instructors.
- IV. Use of professional development opportunities to improve teaching and learning strategies:
  - Instructors are encouraged to update their skills and participate in regional meetings. Instructors are required to keep their AHA Instructor Certification current which includes the requirement of completing all required AHA updates and teaching a minimum of 3-4 classes every two years. Additionally, instructors

- are required to be monitored every two years by Training Center Faculty at which time feedback is given as part of the debriefing process.
- V. Faculty involvement in activities that support student success (examples may include the use of instructional technology, service learning, learning communities, and co-curricular activities, etc.):
  Instructors have access to high quality hands-on instructional equipment and the most current curriculum approved by the American Heart Association. Instructors use technology to introduce new information and to keep students engaged.
  Instruction normally takes place in a small group setting or in small groups where principles of cooperative learning are utilized.

### B. Curriculum

- I. Program alignment with professional and national standards
  - Course currency and relevancy.

All courses are taught in compliance with the curriculum outlined by the American Heart Association. The standards taught within the AHA curriculum are the only standards that are in alignment with local industry standards for Healthcare Providers.

- Evaluate the impact of the Advisory Committee on curriculum and instructional content methods, and/or outcomes (CTE programs only).
  - The AHA does not require that this Program have a local advisory committee. We are under a national AHA ECC Committee which has jurisdiction over all AHA ECC volunteer positions.
- Forecast future employment opportunities for students, including national or state forecasts if appropriate (CTE programs only).

A majority of the students attending the AHA classes offered at CGCC must receive certification every two years in order to comply with the requirements of their employment.

Students who are enrolled in the Emergency Medical Technician, Medical Assistant, Nursing Assistant and Nursing Programs, and in Early

Education & Family Studies are required to have a current BLS Healthcare Provider CPR card in order to participate in their respective program.

Degrees and certificates offered (CTE programs only)

N/A. Students successfully completing AHA courses receive course completion cards valid for 2 years.

### II. Student Learning Outcomes

- Course-Level Outcomes:
  - Identify and give examples of assessment-driven changes made to improve attainment of course-level student learning outcomes.

AHA course curriculum, training materials, skills testing sheets, and written posttests are strictly controlled by the AHA. Instructors may have options within the materials provided but, in general training that occurs in each type of course is standardized. To that end, the outcomes for each course are determined by the AHA and are not CGCC outcomes. An exception to this is our HE 113, 1 credit course; CGCC outcomes were developed, however, they are based on the AHA provided outcomes.

Instructors utilize AHA standardized skill sheets as a means to determine if students are able to perform the hands on portion of the class they are attending. The skills sheets are very specific as to the steps to be followed to successfully pass the skill.

Certain levels of CPR also require the completion of an AHA written test with a score of 84% or better in order to successfully pass the course.

Students must perform to the standard set forth by AHA in both the skills portion and the written portion of the curriculum. Students who are unable to meet these standards receive remediation and are then able to reattempt the skill and/or test.

Outside assessments completed by independent AHA Regional Faculty Members (see Appendix E) showed deficiencies in that one instructor was using an older version of the written test. The TC review revealed that instructors are to offer a course evaluation to all students in each class.

These deficiencies were addressed by providing a copy of the latest version of the written test to the instructor and making all instructors aware that the course evaluation is to be offered to all students in each class.

### Program-Level Outcomes:

 Describe the strategies that are used to determine whether students have met the outcomes of their program, degree or certificate.

N/A

o Summarize the results of the assessments of these outcomes.

N/A

 Identify and give examples of assessment-driven changes that have been made to improve students' attainment of program, degree and certificate outcomes.

N/A

### C. Enrollment

I. Enrollment data since the last review

Total Enrollment for 06/01/12 through 11/30/12 was 1400 people trained.

(ACLS instructor 1, ACLS Provider 98, BLS for Healthcare Provider 469, BLS Instructor 24, Heartsaver CPR AED only 72, Heartsaver First Aid CPR AED 676, Heartsaver First Aid only 90). This sampling is typical of a 6 month period.

II. Student retention in classes in the program, progression term-to-term and yearto-year, as well as graduation rates for the program

100% of the 1400 people who completed the course requirements received American Heart Association course completion cards good for two years.

III. Describe current and projected demand and enrollment patterns

Enrollment has continued to rise. It is expected that this trend will continue. It is not expected for enrollment to decline due to the fact that many students' employment is dependent on continued certification. Also, students who are enrolled in the Emergency Medical Technician, Medical Assistant, Nursing Assistant and Nursing Programs, and in Early Education & Family Studies are required to have a current BLS Healthcare Provider CPR card in order to participate in their respective program.

Budget

IV. Adequate to meet the needs of the program

Yes. The budget has been increased over the previous year in response to the need for purchase of newer training materials and to provide administrative support for the day-to-day operations of the TC.

### Section Four: Recommendations

Based on the analysis in Section Three:

- A. Provide recommendations for the next review cycle.
  - The training center is considering the implementation of rental fees for the
    equipment checked out to instructors who are aligned with CGCC in order to acquire
    funds for replacement and repair of that equipment. Currently, cost is covered by
    student lab fees which have been adequate to date.
  - 2. We will be researching the demand for the addition of a Blood Borne Pathogens class to the current AHA curriculums offered by CGCC.

- 3. A Policy and Procedure for the acceptance of students who have completed and an online AHA class and are in need of a "skills check off" will be written. This policy and procedure will allow students with limited time the ability to become or remain certified by the American Heart Association.
- 4. In addition to the policy and procedure regarding skills check offs, we will be considering the feasibility of CGCC offering the AHA didactic portion online.
- 5. If demand for services continues to grow, then the TC Coordinator recommends the creation of a 1/4-time administrative position to handle day-to-day operations.
- B. How will the program determine if it has made progress on its recommendations?
  - CGCC will assess a rental fee that will be sufficient to replace or repair loaner equipment if it is determined that this will not adversely affect the ability of instructors to provide the lifesaving training they are currently providing.
  - 2. CGCC will offer a Blood Borne Pathogens class if it is found that there is a demand.
  - 3. A Policy and Procedure for Skills Only Students will be written and implemented.
  - 4. A curriculum for a combination on-line and Skills Only class will be created if it is found that this option is in demand and feasible.
  - 5. Demand for services will continue to be audited by the TC Coordinator with a formal recommendation made to Dr. Toda if need warrants.

Submitted by:

Cindy Roden, Training Center Faculty

Doris R. Jepson, Training Center Coordinator

Director of Nursing & Health Occupations

### **Appendices**

### Appendix A

AHA Program Administration Manual

http://www.niacc.edu/ahatc/pdf/pam2012.pdf

### Appendix B

AHA Program Summary of Feedback by Interim CAO, Brian Greene

Response to Feedback from CAO

### Appendix C

Checklists created to assist instructors in meeting requirements

- New Instructor Requirements Checklist
- Renewal Instructor Requirements Checklist

### Appendix D

AHA Training Center Renewal Documentation, including

- Letter of TC Agreement Renewal, effective July 1, 2012 through July 1, 2014
- Training Center administrative Self-Review
- General Liability and Auto Liability Evidence of Insurance Certificate

### Appendix E

Course Evaluation by AHA Regional Faculty (required as part of TC Renewal Process)

- BLS Course Evaluation Survey Profile Report
- ACLS ACLS Course Evaluation Survey Profile Report

# Appendix B



building dreams, transforming lives

April 17<sup>th</sup>, 2013

### AHA Program:

Thank you for providing me with a copy of the 2013 American Heart Association (AHA) Authorized Training Center Program Review document and for inviting me to the in-service presentation. I have found the review to be readable and informative, and the presentation was an excellent opportunity to ask some clarifying questions. Per the <u>Instructional Program Review process and timeline</u>, I am providing a written summary of my feedback, which is to be included as an addendum or appendix to the review. You then have until May 31<sup>st</sup> to respond to the feedback, address any concerns and submit a final version of the review.

Generally speaking, I found the AHA review meets the letter and spirit of the requirements. In addition, I appreciate and support the noted recommendations and am willing to help make them a reality. With that said, I have specific feedback that I think would improve the review and benefit future readers:

- Prior to this review I did not realize how big and important the AHA program is. I suspect it also relatively unknown to others both inside and outside of the college. I encourage you to explore additional ways to emphasize the vital role the program plays in our region, including through this review. While many elements that come to mind are already in the review (e.g. numbers of participants and community instructors, mandated participation for some professions and CGCC programs, etc.), perhaps consider referencing some of that information in the initial section (one A), or consider adding a brief executive summary. I think there are several possible ways to proceed, including leaving the review as is. But repeating some of the most potent information up front may engage readers sooner.
- Section three, A.I and II discuss staffing. I gather from the review and the presentation that the current staffing levels and configuration are optimal. Consider adding some language that clearly states that no changes or additions are desired.
- Section three, B.II looks at student learning outcomes. Consider underscoring how the outcomes are not CGCC outcomes.
- Finally, combine all related materials into a single document, with supplementary items labeled as appendices. For large supplementary documents (e.g. the Program Administration Manual), consider linking to an online version. Refer to appendices within the portion of the review outlined in the template. Note that some items may not be necessary to include. For example, the certificate of insurance may not be needed.

Again, thank you for providing a thorough review of your program. I look forward to receiving the final version and taking it to the Board.

Sincerely,

Brian Greene Interim Chief Academic Officer Columbia Gorge Community College (541) 506-6080 bgreene@cgcc.cc.or.us

## Response to Feedback from CAO

- 1. An executive summary was added.
- 2. Discussion of staffing was added to Section 3.A.I.
- 3. Additional information about outcomes was added to Section 3.B.II.
- 4. All related material were combined into Appendices and put into a single document.

# Appendix C

### **COLUMBIA GORGE COMMUNITY COLLEGE**



400 EAST SCENIC DRIVE THE DALLES, OREGON 97058 (541) 506-6000 • www.cgcc.cc.or.us

# CGCC AMERICAN HEART ASSOCIATION TRAINING CENTER NEW INSTRUCTOR REQUIREMENTS

All paperwork must be received before issuing an instructor card

Instructor Course Paperwork
Date of Instructor Course: (must be monitored within 6 months of initial course)
☐ Instructor Candidate Application
☐ Copy of Current Provider Card (front and back)
☐ Core Instructor Course Completion Certificate
☐ Provider examination appropriate for the instruction level (with a score of 84% or higher)
☐ Provider skills testing sheets appropriate for the instruction level
☐ Registration initiated on ahainstructornetwork.org
After Course Paperwork (Office use only)
☐ Monitoring Form
☐ Copy of Instructor Card
☐ Copy of Provider Card (If new one is issued)
☐ Registration accepted on ahainstructornetwork.org
Please circle class this sheet pertains to:
ACLS BLS
Instructor's Name:

I:\SHARED\Nursing\Health Occupations\Program Review\AHA 2013\CGCC New Instructor Requirements.docx Last Modified 05/12

# COLUMBIA GORGE COMMUNITY COLLEGE 400 EAST SCENIC DRIVE THE DALLES, OREGON 97058 (541) 506-6000 • www.cgcc.cc.or.us

## CGCC AMERICAN HEART ASSOCIATION TRAINING CENTER RENEWAL INSTRUCTOR REQUIREMENTS

All paperwork must be received before issuing an instructor card

Instructor Renewal Paperwork
☐ Instructor Renewal Checklist
☐ Monitoring Form
☐ Provider examination appropriate for the instruction level (with a score of 84% or higher)
☐ Provider skills testing sheets appropriate for the instruction level
After Course Paperwork (Office use only)
☐ Copy of Instructor Card
☐ Copy of Provider Card (If new one is issued)
☐ Certificate of completion for any required updates
Please circle class this sheet pertains to:
ACLS BLS
Instructor's Name:

# Appendix D



7/1/2012

Columbia Gorge Comm College OR04460 Doris Jepson 400 E Scenic Dr The Dalles, OR 97058-3434

### Dear Doris Jepson:

The American Heart Association is pleased to renew your Training Center Agreement. Your current Training Center Agreement expired on **July 1, 2012** and we are renewing your Training Center Agreement for **24 months**; therefore your next renewal date will be **July 1, 2014**.

The Terms of the Agreement, paragraph 10.1, allow for the automatic renewal of your contract and signatures are not required. Please attach this letter to your Agreement. If you do not wish to extend or renew this Agreement, please advise us in writing. Although advanced notice is not required to decline the Renewal, kindly give your instructors as much advance notice as possible.

You are required to have a minimum of one course monitoring per discipline for *each* two year renewal period. As necessary, additional course monitoring(s) can be required.

For questions about your Training Center Agreement, TC Renewal or if you have not had a course monitor within the last two year renewal period, please contact your Training Network Specialist at (888) 277-5463 for further assistance.

Thank you again for being an American Heart Association Training Center. We are looking forward to the continued success and growth of your Training Network.

Sincerely,

Timothy Williams

National Director, Training Network

Emergency Cardiovascular Care Programs



### American Heart Association Emergency Cardiovascular Care Program Training Center—Administrative Self-Review

Training Center:

Location: LOK	ר (טשרףט	WE. SCENIC DITVE	Ine Dalles	OF 7	1000	
<b>Discipline:</b> Directions:  Note to reviewer:	Score 1 for every and <u>not</u> part of the Some convenient	ve review may be used for mor question with a "Yes" or "NA' e scoring guidelines throughou references are made to the BL anual (BIM, AIM, PIM, and P	" marked. Non-boldface t the document. S, ACLS, and PALS In	nstructor's Ma	anuals and Pi	
	ORGANIZA	SECTION ATION/ADMINISTRATI		NCTIONS		
1. Purposely omitte	ed.			BLS	ACLS	PALS
\$5,0 \$1,0 \$30	000,000 for National T 000,000 for ACLS/PAI 0,000 for BLS <b>C have a <u>current lett</u></b>			Y N	<u>Y</u> N	Y N
applicable : X Ha If stored e	boxes below.) rd copy X Electrolectronically, are files	ores records, including TCF/Ins onically backed-up on a regular basis?	Yes No	<u>X_Y</u> N	<u>X_Y</u> _N	Y N
b. Is there evi		s are maintained for a minimum	n of three years from	XY N	XY N	Y N
		tains the following documents? ent signed TC Agreement		YY N	Y N	Y N
b. Website ag	greement (if applicab)	le)	NA	Y N	Y N	Y N
	ation of any deficience rective action taken?	ies identified during a review		Y N NA		Y N NA
d. Current lis	et of Training Sites ar	nd contact information		Y N X NA	Y N NA	Y N NA
Can the TC distributing Does the TC Can the TC Can the TC correspond Can the TC	show evidence that to g national and region C have a process for to show documentation C document that the b dence was distributed	rom AHA: National and Region here is a process for reviewing/al correspondence, ie, filed by d timely distribution of information that the timeline was followed basic content of appropriate AH to TCF/Instructors?  In that appropriate AHA correspondence in that appropriate AHA correspondence.	ate? XY _N on? XY _N ? XY _N A XY _N	Y	<u>X</u> Y N	Y N
REVIEWER TAB	ULATION:	SECTION I Score summ	nary of Page 1	<b>8</b> of 8	<b>8</b> 0f 8	of 8

SECTION I: ORGANIZATION/ADMINISTRATION FUNCTIONS continued	BLS	ACLS	PALS
5. Does the TC have <u>policies and procedures</u> that address the following issues: a. Quality Assurance Plan (updated annually)?	<u>X</u> Y N	Y	Y N
b. Continuous Quality Improvement (Performance improvement-data, trends, and outcomes?)	X Y N	XY N	Y N
c. Equipment maintenance/decontamination? Does policies and procedures address cleaning of manikin and clothing if applicable?	Y N	XY N	Y N
d. Internal dispute resolution?  Has the TC had any internal disputes?YX_NNA  If yes, were the outcomes successful?YN X_NA	Y N	Y N	Y N
e. Management of TCF/Instructor communication/updates?	<u>X_Y</u> N	XY N	Y N
f. Training Site management/relations? (May have contract in lieu of policies and procedures)	— Y — N — NA		Y N NA
6. a. Is there evidence that the TC supports Chain of Survival initiatives? Mass training CPR, or	<u>X_Y</u> N	<u>X</u> Y N	Y N
<b>REVIEWER TIPS: Question 6:</b> TC must show evidence of participating in <u>one</u> of the above to obtain	in a Yes and a	positive score	e of 1.
7. a. Does the TC have administrative capability to support the functions of the Training  Network?  X Issuance of cards  X Maintenance of records  X Submission of training reports  X Maintenance of Instructor/TCF files	<u>X</u> Y N	Y N	Y N
REVIEWER TIP: Question 7: TC must meet all four components to obtain a Yes and a positive so	core of 1		
REVIEWER 111. Question 7. 10 must meet an four components to obtain a 1 es and a positive so	X Y	XY	Y
8. a. Is the AHA disclaimer clear on all marketing tools where a course fee is indicated?	N	N	N
b. Is the ECC provider logo used appropriately?		N NA	Y N NA
REVIEWER TIP: Question 8a: If law or policy prohibits TC from offering community courses an community courses, mark Yes for disclaimer use.  Question 8b: If TC does not use the ECC Provider logo, mark NA and score as		marketing ma	aterials or
9. a. Does the TC have access to a computer with Internet access?	Y <sub>N</sub>	XY N	Y N
b. Does the TC have access to a computer with external email?	Y N	Y N	Y N
<b>REVIEWER TIPS:</b> Question 9: If there are problems/issues with receiving AHA correspondence/exdownload Adobe Acrobat Reader.	kams, make su	re TC has the	free
10. a. Does the TC maintain an adequate number of TCF and Instructors to meet the needs of its customers? Please indicate total number of the following:	V	V	
BLS ACLS PALS Instructors 76 23 N/A TC Faculty 5 2 N/A	N	N	Y N
REVIEWER TIPS: Question 10: Suggested ratios-number of Instructors to meet largest class size o  BLS/ACLS/PALS 1 TCF and/or RF to 8 Instructors  1 Instructor to 8 students	ffered; sugges	ted 48 as larg	est.
11. a. Has the TC appointed TCF?	Y Y N	X_Y N	Y N
REVIEWER TABULATION: SECTION I Score summary of Page 2	<u>14</u> of 14	<u>14</u> of 14	of 14

SECTION I – ORGANIZATION/ADMINISTRATION FUNCTIONS continued	BLS	ACLS	PALS
12. a. Can the TC show evidence of updated Instructor/TCF aligned with TC?	YY	<u>X</u> Y	Y
	N	N	N
b. Does the TC identify Instructors who teach but are not aligned with the TC?	Y	Y	Y
	N	N	N
	X_NA	XNA	NA
c. Does the TC TCF/Instructor list include a minimum of the following information?  X Name* X Phone* Discipline(s) * X Instructor card renewal date * X Email (optional)  The items with an (*) must be included in each file reviewed to obtain a "Yes" score.	Y	<u>X</u> Y	Y
	N	N	N
13. a. Can the TC show evidence of Training Site (TS) administrative reviews?	N NA	¥_Y N NA	Y N NA
b. Can the TC show evidence of TS course reviews?			Y N NA
c. Can the TC show evidence of a current list of Training Sites?	Y	Y	Y
	N	N	N
		X NA	NA
d. Can the TC show evidence of conducting TS updates?	Y	Y	Y
	N	N	N
	X_NA		NA
14 a. Is there evidence that the TS complies with all AHA policies and procedures?	Y	Y	Y
	N	N	N
	X_NA	XNA	NA
b. Is there evidence that the TS complies with all TC policies and procedures?	Y	Y	Y
	N	N	N
	X NA	XNA	NA
15. a. Can the TC show evidence of documented QA activity?	<u>X_</u> Y	<u>X_Y</u>	Y
	N	N	N
b. Can the TC show any documentation of continuous quality improvement?	YY	<u>X</u> Y	Y
(Performance Improvement: data, trends, and outcomes)	N	N	N
REVIEWER TIPS: Question 15: Mark NA for new TC applicants and add a positive score of 1 for	or each.		
16. a. Does the TC have a current Program Administration Manual?	YY	<u>X</u> Y	Y
	N	N	N
b. Is it easily accessible (in a common location for use) for TCF/Instructors?	Y_Y	Y	Y
	N	N	N
<b>REVIEWER TIPS:</b> Question 16: The TC only needs one <i>PAM</i> ; however, manuals need to be access	essible for all	disciplines.	
17. a. Can the TC demonstrate that TCF/Instructors have the most current and appropriate textbooks and toolkits are made available to teach?  Does the TC purchase all textbooks for each Instructor/TCF member?  Do Instructors/TCF have to purchase their own textbooks?  Does the TC share the cost of textbooks with Instructors/TCF?	<u>X_Y</u>	<u>X</u> Y	Y N
19. a. Can the TC show evidence of submitting reports submitted by stated deadline?  Course/participant statistics	_X_Y	<u>X</u> Y	Y
	N	N	N
REVIEWER TABULATION: <u>SECTION I Total score</u> : Add scores of previous summaries and above questions.	<u>37</u> of 37	<u>37</u> of 37	of 37

PROGRAM ENHANCEMENT (NO SCORING)	BLS	ACLS	PALS
Does the TC use any AHA self-instructional learning system, for example, Heartcode?	Y_Y N	X_Y N	Y N
Does the TC offer contact hours?  X Training courses  X Retraining courses  X Nursing  Y Respiratory  Other; be specific: EMT's, Physicians, Pharmacists etc.	_ <u>X</u> Y N	XY N	Y N
Does the TC offer CME for physicians?Training coursesRetraining.courses	<u></u> XN	Y XN	Y N
Does the TC offer courses in a language other than English on a routine basis?	XN	Y N	Y N
Does the TC offer courses in a language other than English on special request?  X Spanish Sign Other, be specific  Other, be specific	<u>X</u> Y N	<u></u> YN	Y N
Does the TC subscribe to Currents? Is there a process in place for storing the publication Currents?Is there evidence that the TC encourages TCF/Instructors to subscribe to Currents?	X <sub>N</sub>	XN	Y N
It is recommended that each TC Coordinator maintain current Instructor status in at least one discipline. (See PAM, Chapter 5)  a. Is there evidence that the TC Coordinator maintain Instructor status in at least one discipline?	Y N	Y N	Y N
b. Is there evidence that the TC Coordinator attended <u>any</u> Instructor updates?	X_Y N	Y N	Y N
SECTION II COURSE-FOCUSED FUNCTIONS			
	BLS	ACLS	PALS
1. a. Is there evidence that the TC/TS offers classes to the community?	Y NA		Y N NA
<b>REVIEWER TIPS:</b> Question 1: If the TC is prohibited by law to open classes to the comm. Yes.	nunity, chec	k NA and c	ount as a
2. a. Does the TC have an agenda for each course taught?		Y N	Y N
b. If the agenda been adapted for the individual needs of the TC, does the agenda reflect required core content?	X_Y N NA	N NA	Y N NA
c. Do agendas for Instructor Courses reflect qualified faculty?		<u>X</u> Y N	Y N
<b>REVIEWER TIPS:</b> Question 2: Program agendas are used to allow both the Instructor and course taught within that TC.	student to	know the fo	rmat of the
REVIEWER TABULATION: SECTION II Score summary of Page 4	<u>U</u> of 4	<u>4</u> of 4	of 4

SE	CT	TION II: COURSE-FOCUSED FUNCTIONS continued	BLS	ACLS	PALS
3.	a.	Does TC use current AHA cards?	_ <u>X</u> Y N	YY N	Y N
	b.	Is there evidence of a process in place for securing cards?	Y N	Y N	Y N
	c.	Is there evidence of a process in place for issuing cards for a two-year period?	<u>X</u> Y N	<u>X</u> Y N	Y N
	d.	Can the TC show evidence of controlling the access of the security number for ordering cards?	<u>X</u> Y N	Y N	Y N
	e.	Can the TC demonstrate that it issues cards within 30 days of receipt of paperwork?	X_Y N	X_Y N	Y N
	f.	Can the TC show evidence that cards are completed correctly? (ie, date: month/year)	X_Y N	<u>X</u> _Y N	Y N
4.	Do	es the TC maintain the following in its course files?			
	a.	Agendas?	Y_Y N	<u>X</u> Y N	Y N
	b.	Completed roster?	Y N	YY N	Y N
	c.	Written exam for students who are "Incomplete"?	Y_Y N	<u>X</u> Y N	Y N
	d.	Psychomotor skills evaluations for students who are "not yet complete"?	Y N	Y N	Y N
	e.	Dispute resolutions if applicable? (attached to roster)	Y N 	Y N X_NA	Y N NA
	f.	Instructor Candidate Application? (Instructor Courses only)	_X_Y N NA		Y N NA
REV	/IEV	WER TIPS: Question 4: Review 10 or 5%, whichever is greater. If the section you are review that section scores a No. Due to the volume of courses, there <u>may</u> be a master ager course roster for BLS. This should be reviewed as appropriate.  Question 4f: If the TC has not held an Instructor Course, check NA and count as a	nda for the file	es and not one	
5.	a.	Can the TC produce the course/Instructor evaluation form?	Y N		Y N
	b.	Is there evidence that the TC uses this form for every class?  Instructors Keep these on Hie TC only does for TC classes	X <sub>N</sub>	Y _XN	Y N
	c.	Is there evidence that the course/Instructor evaluation tool is summarized?	X <sub>N</sub>	X <sub>N</sub>	Y
	d.	Is a summary of course/Instructor evaluations maintained in course files and individual evaluations maintained for those with potential issues/problems?	X_Y N	<u>X</u> Y N	Y N
	Ст	Are individual Instructors evaluated?  Is there evidence that the TC used the information on the course/Instructor evaluation tool for improvement?  Is there evidence that the overall TC program administration has been evaluated, ie, course structure, overall management, etc?	<u>X</u> Y N	Y N	Y N
RE	VIE	WER TIPS: Question 5e: Both items listed in e must be present for a Yes and a positive score.			
RI	EVI	EWER TABULATION: SECTION II Score summary of page 5	15of 17	<u>15</u> of 17	of 17

SECTION II: COURSE-FOCUSED FUNCTIONS continued	BLS	ACLS	PALS
6. a. Does the TC use current exams?  **Is the precourse exam given before the course? (Only required in PALS.)	<u>X</u> Y	X_Y	Y
	N	N	N
b. Is there evidence of a process in place for securing exams?	XY	X_Y	Y
	N	N	N
c. Is there evidence of a process in place as to who has access to the exams?	Y <sub>N</sub>	Y N	Y N
d. Is there evidence of a process in place for distributing the exams to TCF/Instructors?	<u>X</u> Y	<u>X</u> Y	Y
	N	N	N
e. Is there evidence that course exams are issued to students and proctored?	Y	XY	Y
	N	N	N
7. a. Does the TC use rosters with AHA guidelines for all courses?	Y	_XY	Y
	N	N	N
b. Is there evidence that rosters are used for every class?	XY	Y_Y	Y
	N	N	N
c. Are all areas of the roster completed?	X Y	<u>X</u> Y	Y
	N	N	N
7-1. Whether an AHA roster is used or not, are all the following components included?  a. Name of organization? (TC and TS if applicable)	XY	<u>Y</u> Y	Y
	N	N	N
b. Type of course?	Y	<u>X</u> Y	Y
	N	N	N
c. Instructors listed and their status or position? Was a physician instructor available (ACLS/PALS only)?	Y	Y	Y
	N	N	N
d. Number of participants?	YY	Y	Y
	N	N	N
e. Number of participants remediated?	<u>X</u> Y	XY	Y
	N	N	N
f. Number of participants incomplete?	Y N	→Y <sub>N</sub>	Y N
g. Instructor-student-manikin ratio? (Determine from number of participants/Instructors listed)	_XY	X_Y	Y
	_N	N	N
h. Total hours of instruction? (Time of start and finish)	Y	XY	Y
	N	N	N
i. Signed and dated by Lead Instructor or Course Director?	Y N	X <sub>N</sub>	Y N
j. Test scores (optional) REVIEWER: Do not score this question.	Y	<u>X</u> Y	Y
	XN	N	N
8. a. Does the TC have adequate space to conduct courses?  Does the TC consistently use one facility? Yes No  Does the TC use multiple facilities? Yes No  If using multiple facilities, how does the TC ensure an atmosphere that is conducive to learning?			Y N
<b>REVIEWER TIPS</b> Question 8: Review rosters for average number of participants. Note criteria in questions are for information only.	BIM: Adult I	Learning. No	n-boldface
REVIEWER TABULATION: SECTION II Score summary of Page 6	<b>M</b> of 19	<u>19</u> of 19	of 19

SE	CTION II: COURSE-FOCUSED FUNCTIONS continued	BLS	ACLS	PALS
9.	Is there evidence that the TC provides access to textbooks:  a. Before the course? Qualable for purchase at bookstore	YY N	YY N	Y N
	b. During the course? loaner books available during class	X_Y N	Y_Y N	Y N
	c. After the course? available for purchase at bookstore	YY N	X_Y N	Y N
	d. Does the TC have an adequate supply of appropriate textbooks for courses offered?	X_Y N	YY N	Y N
DE	WIEWED TARIH ATION. CECTION H.T. 441	113.644	113 644	6.44
KŁ	VIEWER TABULATION: <u>SECTION II Total score</u> : Add scores of previous summaries and above questions.	42 <sub>of 44</sub>	<b>42</b> of 44	of 44

## SECTION III INSTRUCTOR-FOCUSED FUNCTIONS

	BLS	ACLS	PALS
<ul> <li>1-1. Each TC must maintain a current file on Instructors/TCF in all disciplines. (See PAM, Chapter 5; Appendix D; Extranet)</li> <li>a. Is there evidence of a file for each Instructor/TCF member?</li> </ul>	Y N	<u>X</u> Y	Y N
1-2. All files should be complete. Note the following criteria: a. Name	XY	<u>X</u> Y	Y
	N	N	N
b. Job status (ie, MD, RN, EMT-P, etc)	Y	XY	Y
	N	N	N
c. Mailing address?Email addresses optional	X_Y	_XY	Y
	N	N	N
d. Phone number?	XY	YY	Y
	N	N	N
e. Copy of card?	Y	X_Y	Y
	N	N	N
f. Initial recognition date?	Y	Y N	Y N
g. Renewal date?	X_Y	<u>X_</u> Y	Y
	N	N	N
h. Instructor/TCF Monitor Form every two years for renewal instructors and within 90 days of Instructor course for Instructor candidates?	YY	Y	Y
	N	N	N
i. Instructor/TCF Renewal Checklists:  X Written exam  Provider card (optional)		Y N	Y N
j. Instructor/TCF Teaching Activity Notice to Primary TC (if teaching outside primary TC)	Y_Y	<u>X</u> Y	Y
	N	N	N
k. Instructor Candidate letters of alignment with a TC on file?	XY	_X_Y	Y
	N	N	N
l. Instructor Course Completion Notice to Primary TC?		N NA	Y N NA
m. Instructor/TCF Records Transfer Requests? Within 30-day time frame?			Y N NA
REVIEWER TABULATION: SECTION III Score summary of Page 7	<u>14</u> of 14	<u> </u> Uof 14	_of 14

SE	CTION III: INSTRUCTOR-FOCUSED FUNCTIONS continued	BLS	ACLS	PALS
2.	a. Is there evidence of teaching activity for TCF/Instructors. Individual Instructor fileMaster listOr both	X_Y N		Y
3.	a. Is there evidence that the TC has conducted an adequate number of provider courses?	X_Y _N	Y N	Y N
	b. Is there evidence that the TC conducted any Instructor Courses?	YY N NA	X_Y N NA	Y N NA
4.	Is there evidence that the TC updated Instructors/TCF with the latest information on: a. AHA courses?	Y N	XY N	Y N
	b. Science guidelines?	XY N	X <sub>N</sub>	Y N
	c. Policies and procedures?	Y N	X Y N	Y N
	d. Training bulletins?	X_Y N	XY N	Y N
	e. Has the TC updated TS with the latest information?	Y N XNA	Y N 	Y N NA
RF	VIEWER TABULATION: SECTION III Total score: Add scores for all questions in this section.	<b>22</b> of 22	<b>22</b> of 22	of 22

### SECTION IV EQUIPMENT-FOCUSED FUNCTIONS

	BLS	ACLS	PALS		
1. a. Can TC produce a list of training equipment for courses taught?	YY N	<u>X</u> Y N	Y N		
b. Is there a sufficient amount of equipment available for each course?	Y N	Y N	Y N		
c. Is the equipment in good working order?	Y N	X YN	Y N		
2. a. Does the TC provide records that training equipment was cleaned?	Y N	X_Y N	Y N		
b. Are enough AED trainers available?	× <sub>N</sub>	Y N	Y N		
c. Has the TC inspected course equipment in its TS?	Y N XNA	Y N XNA	Y N NA		
REVIEWER TIPS:  Question 2: If the TC does not maintain Training Sites, "c" will have to be scored as an "NA." Count the "NA" as a "Yes."					
REVIEWER TABULATION: <u>SECTION IV Total score</u> : Add scores for all questions in this section.	Lof 6	<u></u> of 6	of 6		

NOTE: REVIEWER:	equipment requirements re	ecessary equipment, including but not limited, efer to the Instructor Manual in the appropriate a. There is <u>no</u> score for this section.		successful co	urse. For spe	cific
				BLS	ACLS	PALS
<b>Manikins:</b> Numb		essible for inspection? vailable, are they in good working order?	12 Infant	<u>X</u> Y N	X_Y N	Y N
	Number of AED trainers av	ailable.		XY N	XY	Y N
	imulators (ACLS/PALS): Number of defibrillators	Number of simulators  Provides definition	<b>S</b>	NAN N	XY N	Y N
Intubation equi	Number of masks Number of bag masks pment (ACLS/PALS): Number of handles/blades Combitubes (ACLS only)		•	<u>¥</u> _Y N	Y N	Y N
	PALS (ACLS optional): lumber of IO needles	Bones or simulations for IO access		NAN	NAN	Y N

TRAINING CENTER SCORING					
	BLS	ACLS	PALS /		
SECTION I	<u>37</u> of 37 = <u>100</u> % =	<u>37</u> of 37 = <u>100</u> % =	of 37 =		
Rating (1-4)					
SECTION II	<u>42</u> of 44 = <u>95</u> % =	<u>42</u> of 44 = <u>95</u> % =	of 44 =% =		
Rating (1-4)					
SECTION III	<u>22</u> of 22 = <u>\( \) \% = </u>	22 of 22 = 100 % =	of 22 \( \frac{1}{2} \)% =		
Rating (1-4)			$\land$		
SECTION IV			of_6 =% =		
Rating (1-4)					
TOTAL	108  of  110 = 98 % = 100  of  110 = 100	(08) of 110 = 98 % =	of 110 =% =		
Rating (1-4)	- \	1			

RATING	COMPLIANCE	REQUIREMENTS
<b>1</b> —(95% to 100%)	Assessment provides evidence of excellent compliance.	Compliant, no requirements, best practice for total score.
<b>2</b> —(80% to - 94%)	Assessment provides evidence of acceptable compliance.	Compliant, no requirements.
<b>3</b> —(70% to 79%)	Assessment does not provide evidence of acceptable compliance.	Noncompliant; additional documentation within 30 days.
4—(<70%)	Assessment does not provide evidence of acceptable compliance.	Noncompliant; additional documentation within 30 days and a focused administrative review within 90 days.

A score of 70% to 79% (rating of 3) in any individual section will result in the TC supplying additional documentation within 30 days.

A score of <70% (rating of 4) in any individual section will result in additional documentation and a focus review within 90 days.

Comments:					
Re: Currents	Subscription	Ordered Ju	ly 2012	made	availab

de to instructors where equipment in checked out

Re: Instructor Evaluation Forms: all classes taught at the T.C. bocations are given evaluation forms and these are kept where the posters All other classes taught; it is the responsibility of the instructor to keep these evaluations for 3 years.

AHA Staff	Print	Signature	Date:
TC Coordinator	BORIS JEASON Print	Jous John Signature	Date: 4/27/12

#### STANDARDS AND REFERENCES

#### SECTION I: ORGANIZATION/ADMINISTRATION-FOCUSED FUNCTIONS

- 1. Purposely omitted.
- 2. Each TC must carry and maintain general liability insurance or waiver. For those TCs covered under a waiver, ie, sovereign immunity, a letter stating coverage must be initiated and maintained on file stating such. (See PAM, Chapter 5)
- 3. Each TC may store records either in hard copy or electronically. All electronic files must be backed up on a regular basis. All records and backed-up information must be maintained for at least three years from issue date. All electronic files must be capable of printing as a hard copy. TC records must be accessible during a TC review. (See PAM, Chapter 5)
- 4. Each TC must maintain the following documents: TC Agreement, general liability insurance or waiver, official AHA correspondence, list of Training Sites and contacts, website agreement, and policies and procedures. (See PAM, Chapter 5)
- 4.1 Can the TC demonstrate evidence that there is a process for reviewing/distributing national and regional correspondence? (See PAM, Chapter 5)
- 5. Each TC must have administrative <u>policies and procedures</u> (P&P) that address quality assurance, continuous quality (performance) improvement, internal dispute resolutions, equipment maintenance/decontamination, TS management/relations, management of Instructor/TCF communication/updates. (See PAM, Chapter 5)
- 6. Each TC will support the Chain of Survival initiatives within its resources, ie, mass training CPR, public access events, Operation Heartbeat/Operation Stroke initiatives through instructors, equipment, financial, manikins, or organizational support. (See PAM, Chapter 5)
- 7. Each TC will have administrative capability to support the functions of the Training Network, eg, issuance of cards, maintenance of records, submission of training reports, maintenance of Instructor/TCF files, etc. (See PAM, Chapter 5)
- 8. Each TC will use an AHA disclaimer on all marketing tools and use the ECC Logo appropriately. Each TC will offer courses to the community unless prohibited by law or policy. (See PAM, Chapter 5; Chapter 8)
- 9. Each TC will have a computer with Internet access to receive national and regional memos, exams, etc. (See PAM, Chapter 5)
- 10. Each TC must maintain an adequate number of Instructors/TCF to meet the needs of its customers. (See PAM, Chapter 5)
- 11. Each TC will appoint TCF to ensure the ability of the TC to conduct Instructor Courses. (See PAM, Chapter 5)
- 12. Each TC will have a current list of instructors. (See PAM, Chapter 5)
- 13. TCs are responsible for the overall activities of the Training Sites. (See PAM, Chapter 5)
- 14. Each Training Site will comply with all AHA and TC policies and procedures. (See PAM, Chapter 5)
- 15. Each TC's documentation must indicate that the QA plan is operational and monitors course quality, TCF/Instructor performance and TC administrative operations. (See PAM, Chapter 5)
- 16. Each TC will have available the PAM and it will be readily available for TCF/Instructors. (See PAM, Chapter 6; TC Agreement)
- 17. Each TC will ensure that TCF/Instructors will have a current textbook for each level of course taught within the TC. Toolkits are made available to Instructors/TCF to teach each level of course. (See PAM, Chapter 6)
- 18. Each TC will submit required reports by stated deadline. (See PAM, Chapter 5)

#### SECTION II: COURSE-FOCUSED FUNCTIONS

- 1. Each TC or its TS must offer classes open to the community unless prohibited by law or institutional policy. (See PAM, Chapter 5)
- 2. Each TC shall have an agenda for each course taught. (See BIM, Part 2, Chapter 5; AIM, Part 2, Chapter 5)
- 3. The TC conducting the course is responsible for card issuance and security. (See PAM, Chapter 5; Extranet)
- 4. Each TC must maintain course documents. (See PAM, Chapters 5, 6; Appendix C)
- 5. Each TC will use a course/instructor evaluation tool for every participant in each course taught. (See PAM, Chapter 6)
- 6. Each TC is responsible for providing the current exam to its TCF/Instructors, maintaining exam security, and communicating the importance of maintaining security to Instructors/TCF. (See PAM, Chapters 5, 6; PIM, Part 1, Chapter 3)
- 7. Each TC will use a roster meeting AHA guidelines at the close of the course and retain for a minimum of three years. (See PAM, Appendix A, TC Agreement; Appendix B)
- 8. Each TC will have adequate space for courses and an atmosphere that is conducive to learning. (See BIM, Part 2, Chapter 5)
- 9. Each TC will have a textbook available for each participant before, during, and after each course. (See PAM, Chapter 5)

#### SECTION III: INSTRUCTOR-FOCUSED FUNCTIONS

- 1. Each TC must maintain a current file on TCF/Instructors in all disciplines. (See PAM, Chapter 5; Appendix C; Extranet)
- Each TC will maintain documentation of TCF/Instructors' teaching activity (four courses in a two-year period) (See PAM, Chapter 5)
- 3. Each TC will ensure an adequate number of courses each year to allow all TCF/Instructors to maintain their status. (See PAM, Chapter 5)
- 4. Each TC will update TCF/Instructors with the latest information on AHA courses, science guidelines, policies and procedures, and training bulletins. (See PAM, Chapter 5)

### SECTION IV: EQUIPMENT-FOCUSED FUNCTIONS

- 1. Each TC is responsible for ensuring that appropriate equipment in sufficient quantity is available and in good working order at each course. (See PAM, Chapter 6)
- 2. Each TC is responsible for ensuring appropriate cleaning/decontamination of equipment. (See PAM, Chapters 5, 6)

	GENERAL LIABILITY and A	JTO LIABILITY EV	IDENCE OF INSU	RANCE CERTI	FICATE	Г	
AGENCY/	AGENCY/AGENT - ISSUING CERTIFICATE			Date: 6/27/2012 Print			
Western States Insurance-The Dalles P.O. Box 1940 The Dalles, OR 97058 Stacey Anderson (541) 296-2268			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE COVERAGE DOCUMENTS. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS LISTED HEREIN. THIS CERTIFICATE DOES NOT CONSTITUE A CONTRACT BETWEEN ANY OF THE FOLLOWING PARTIES: THE AGENCY, NAME PARTICIPANT, CERTIFICATE HOLDER AND/OR COMPANIES AFFORDING COVERAGE.				
NAMED P	ARTICIPANT/MEMBER - REQUESTING CER	TIFICATE		ORGANIZATIONS AFFORDING COVERAGE			
Columbia Gorge Community College		Company A - Property Casualty Coverage for Education (PACE)					
400 East Scenic Drive		Company B - Genesi	Company B - Genesis Insurance Company				
The Dalles, OR 97058-3456 Cindy Roden 541- 506-6000							
		COVERAG					
Coverage D	ertify that Coverage Documents listed herein have be it, term or condition of any contract or other docum bocuments listed herein is subject to all the terms, c sed by paid Claims, Suits or Actions. The titles refere limit or affect the provisions to which they relate.	BUT MICH LESPECT TO HUNCH E	7	-t- Assungate Lin	atte which are shown n	nav have	
OR/CO	Type of Coverage	Coverage Document	Effective Date				
	General Liability				General Aggregate	\$20,000,00	
	X Commercial General Liability						
	X Public Officials Liability	27P60253-414	7/1/2012				

OR/CO		Type of Coverage	Coverage Document	Effective Date	Date	Limits	
	General	Liability	27P60253-414	7/1/2012	7/1/2013	General Aggregate	\$20,000,000
	x	Commercial General Liability				Each Occurrence	
	х	Public Officials Liability					
A	х	Employment Practices					
В	×	Occurence					\$10,000,000
	Wrongful General I *\$5,000	ent Practices Deductible/SIR: \$0 : Acts Deductible/SIR: \$0 : Liability Deductible/SIR: \$0 Minimum deductible for terminations if PAG an employment termination.	CE or approved legal counsel is not consulted				
	Automo	obile Liability	27P60253-414 7/1/201		7/1/2013	General Aggregate	\$20,000,000
	х	Scheduled Autos		7/1/2012		Each Occurrence	
A B	х	Hired Autos & Non-Owned Autos					\$10,000,000
	×	Occurrence					
	х	Deductible/SIR: \$0			Security and published the second of the sec		

Remarks: Oregon Training Center

\*Information is provided as of the date this certificate was generated and issued and is subject to change.

Certificate Holder - Requesting Certificate American Heart Association National Service Center 1100 East Campbell Road Suite 100 Richardson, TX 75081 CANCELLATION: Should any of the Coverage Documents herein be cancelled before the expiration date thereof, PACE will endeavor to provide notice in accordance with the PACE General Liability Coverage Document provisions. Failure to mail such notice shall impose no obligation or liability of any kind upon PACE, its agents or representatives, or the issuer of this certificate.

Authorized Representative of Named Participant:

actionized Representative of Ramed Pe

Print

# Appendix E

# BON001 | AHA EVALUATION SURVEY Profile Report

Date Published: 03/19/2012

BLS

Response 183225970

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I. Training Center Information First Name
Last Name
Title
Training Center Name
Columbia Gorge Community College
Street Address
400 E Scenic Dr
Apt/Suite/Office
City
The Dalles
State
Or
Zip
97058-3456

Country

Email Address			
Phone Number			
Fax Number			
Mobile Phone			
URL			
2. Review Date (MM/DD/YYYY) 3/10/2012			
3. TC ID# OR04460			
4. Course Start Date 3/10/2012			
5. Course Start Time 8:00 am			
6. Course End Date 3/10/2012			
7. Course End Time 12:00 pm			
8. Type of ECC Course reviewed:			
9. Choose one:			

G\_L

## M\_P

10. Name of Training Center Coordinator

Doris Jepson

11. Name of Course Director / Lead Instructor

Cindy Roden

12. Number of assisting instructors

0

13. Number of students registered

2

### Q\_U

14. Reviewer's Name

Paul Burley Lora Burley

15. Arrival Time Day 1

7:40 am

16. Departure Time Day 1

12:30 pm

- 17. Arrival Time Day 2
- 18. Departure Time Day 2

### Q1.1\_Q1.2

19.
 1.1 Was facility accessible to persons with a disability?
 Notation: Score "No" ONLY if a student required access that was not available.
 In the United States, public facilities must be compliant with the Americans with Disabilities Act.Outside the United States, facilities must be compliant with national and local regulations

1

#### 20. 1.1.a) Reviewer's comments:

The CPR class was held on the Columbia Gorge Community College campus

21.1.2 Was there adequate floor and/or table space available to practice CPR?Skill scenarios may be practiced on either a table or the floor. Ideally, practice should occur in the setting that the student would most likely perform the skill.

1

### 22. 1.2.a) Reviewer's comments:

Very nice classroom with plenty of space

### Q1.3 Q1.3c

23.

1.3 Did Student-Instructor ratio meet AHA guidelines?
The Student to Instructor ratio is given in the discipline-specific instructor manual. This ratio may not be exceeded for any reason unless additional time is added to the station as specified in the instructor manual.

1

24. 1.3.a) Number of Students per station:

2

25. 1.3.b) Number of Instructors per station:

1

26. 1.3.c) Reviewer's comments:

# Q1.4\_Q1.4e

27

1.4 Were students given the opportunity to evaluate the course?

A course evaluation is required for every AHA course. If the sample AHA course evaluation form is not used, at a minimum the form used must include the AHA items, including space to evaluate the facility, the course and the instructor. Directions for sending the form directly to the AHA must be included on the form.

3

28. 1.4.a) Reviewer's comments:

No evaluation was handed out, however the AHA phone number was on the blackboard

29. 1.4.b) Was the AHA course evaluation form used?

2

30. 1.4.c) Did the form give the student the opportunity to evaluate the instructor?

2

31. 1.4.d) Were directions given for sending form directly to AHA if desired?

2

32. 1.4.e) Reviewer's comments:

# Q1.5\_Q1.7a

33

1.5 Did all instructors have a current AHA Instructor Card? If all instructors have a card with them, then answer Yes. If all instructors do not have a card, but the Reviewer is reasonably certain that the instructors are current, then answer Yes, Requirements.

34. 1.5.a) Reviewer's comments:

35.

1.6 Was a course roster with all required information used and completed at the end of the course?

The roster must include all the information on the sample AHA Course Roster. Electronic rosters and course records are acceptable.

1

- 36. 1.6.a) Reviewer's comments:
- 37.

1.7 Please provide any additional comments about the Facility/Class Structure.

Very professional enviroment-optimal learning setting

38. 1.7.a) Reviewer's comments:

# Q2.1 Q2.2a

39

2.1 Was the AHA core course content completely covered? The course outline or agenda given in the instructor manual should be followed as much as possible. In the rare instance where deviation from the course outline or agenda is allowed, all core content must be completely covered.

1

### 40. 2.1.a) Reviewer's comments:

All material was covered with adequate question and answer time offered

41.

2.2 During the course, did the instructor use only AHA material? Customized material can be added before or after the course, but must be clearly identified as not part of curriculum, or being AHA developed. Additional material must not contradict AHA science guidelines or be used as substitutes for the required AHA material. An instructor may not add a customized PowerPoint or DVD presentation. Only the material as presented in the Lesson Maps may be used.

1

### 42. 2.2.a) Reviewer's comments:

# Q2.2b Q2.2f

43.

2.2.b) Was added content clearly identified as not being AHA approved?

44.

2.2.c) Added content was NOT presented during an AHA station.

45.

2.2.d) Pick one

46.

2.2.e) Describe the nature of the added content i.e. added scenarios, scope of practice specific, supplemental material, etc.

47. 2.2.f) Reviewer's comments:

# Q2.3 Q2.4a

48

2.3 Was the skills practice time adequate according to the requirements of the Lesson Maps?

The Lesson Maps provide exact timing for skills practice. BLS courses will follow the video and PWW will be done by all students as indicated. For an ALS example, the ACLS Vfib/Pulseless Vtach lesson map details that each student will be required to be the team leader at least once during the lesson. It gives 6 minutes of practice and 6 minutes of debriefing for each student. A "Yes" in this category would only be awarded if all students received a full 6 minutes of practice and a full debriefing. Additional practice time can be utilized freely as necessary.

1

### 49. 2.3.a) Reviewer's comments:

Plenty of practice time

50.

2.4 Were AHA scenarios used throughout the course?

AHA case scenarios given on the Lesson Maps for BLS courses and on the instructor CDs for ACLS and PALS courses are not optional. The AHA case scenarios are specifically designed to encompass all of the core learning content. When the case scenarios are used, all of the core teaching points will be made and also skills evaluations will be more consistent. Instructors may vary the patient age (adult ages for ACLS), gender, or location to provide a scenario within the student's scope of practice.

-

### 51. 2.4.a) Reviewer's comments:

## Q2.5 Q2.7a

52

2.5 Was high quality CPR actually performed as necessary throughout the course? The basis of the BLS, ACLS and PALS courses is high quality CPR. In a BLS course the students must take the practice seriously and perform to the best of their ability at all times. In ACLS and PALS courses, high quality CPR must be performed whenever CPR is required. Simulated CPR is not allowed except in environments that only have one of two students, such as skills tests for eLearning courses.

1

### 53. 2.5.a) Reviewer's comments:

Students very involved. Instructor made corrections to the students CPR skills practice as needed

54.

2.6 Did the Instructor refrain from "lecturing" during the practice stations except as outlined in the Lesson Maps?
Studies have shown that students learn better by practicing than by listening to lecture.

-

### 55. 2.6.a) Reviewer's comments:

Instructor succient in explaining CPR concepts

56

2.7 Did the instructor(s) or Course Director take corrective measures when students made mistakes during practice stations?

The corrective measures may be immediate, or during the debriefing as appropriate, but mistakes should be corrected during the learning or practice station debriefing time.

1

### 57. 2.7.a) Reviewer's comments:

Instructor took corrective measures immediately and encouraged repetition to ensure skill was enhanced

# Q3.1\_Q3.2a

58.

3.1 Were the AHA skills performance checklists used for skills evaluation? The AHA Skills Performance Checklists must be used for all skills evaluations. It is acceptable to document on a single "master list" for the entire class.

3

### 59. 3.1.a) Reviewer's comments:

The instructor did not use a skills performance checklist

60.

3.2 Did instructors AVOID prompting students during skills testing?
The instructor may not prompt any student in any way during skills testing. The instructor may only make remarks as listed on the Lesson Maps and skills performance checklists.

4

### 61. 3.2.a) Reviewer's comments:

I put " Not observed " because the Instructor did not use a skills performance checklist and used the skills practice time as her skills performance testing

# Q3.3\_Q3.4a

62

3.3 Did all instructors evaluate the students according to the critical skills descriptions? The critical skills descriptions provide the detail necessary to use the skills performance checklists. The skills performance checklists when used together with the critical skills descriptions will yield the best evaluation of skills performance.

2

### 63. 3.3.a) Reviewer's comments:

Skills checklist not used, however the Instructor covered all critical skills

64

3.4 Were all students who needed remediation according to the critical skills descriptions identified, remediated and reevaluated?

If the instructor passed any student who you would have recommended for remediation according to the skills performance checklists and the critical skills descriptions, this response should be marked "Yes, with required improvements" or "no". Reviewer's comments are required.

4

### 65. 3.4.a) Reviewer's comments:

No one needed remediation

# Q3.5 Q3.7a

66

3.5 Was sufficient skill evaluation and written exam remediation (for HCP, ACLS and PALs only) provided to students who needed it?
Sufficient remediation varies with circumstances and although ideally results in a successful completion for the student, there may be instances where a student needs more remediation than time allows. In such circumstances sufficient remediation may mean asking the student to remediate at another time or retake the course.

2

### 67. 3.5.a) Reviewer's comments:

No written exam remediation needed. No formal skills evaluation provided. CPR skills corrections provided during skills practice

68.

3.6 Were only the most recent and unaltered AHA written exams used?

Many AHA courses include written exams. The only authorized written exams are the most recent course-specific AHA written exams. The exams may not be altered in any way, including changing, adding or subtracting questions.

3

### 69. 3.6.a) Reviewer's comments:

Instructor still using version A exam

70

3.7 Was the written exam held in an area free of distraction? The written exam should be given in an area free of distraction.

1

### 71. 3.7.a) Reviewer's comments:

No distractions during written test

# Q3.7b\_Q3.7h

72. 3.7.b) Describe any material added before or after the course.

No material added before or after the class

73. 3.7.c) Reviewer's comments:

74. 3.7.c) How many students scored less than 84% on the initial written exam?

75.
3.7.d) How many students scored less than 84% after remediation?

0

76. 3.7.e) Describe how students were remediated on the skills evaluations.

No formal skills evaluation provided. Corrections made during skills practice sessions

77. 3.7.g) Reviewer's comments:

78. 3.7.f) How many students did not pass the course?

# Q3.7f\_Q3.7h

# Q4.1 Q4.2a

79.

4.2 Did instructors use Instructor Manual / Lesson Maps during the course? The Lesson Maps contain specific instructions and information that an instructor must reference during the course. The Instructor Manual and Lesson Maps must be in the instructor's possession and preferably open and ready to use.

2

### 80. 4.2.a) Reviewer's comments:

Instructor referred to the Instructor manual. Did not use lesson maps

### Q4.3 Q4.4a

81.

4.3 Were ALL appropriate AHA audiovisual materials used?
Studies have shown that video presentation is superior to lecture or demonstration. Use of the course DVDs is outlined in the Lesson Maps and is not optional. A "Yes" may be entered only if the course DVDs were used as outlined in the Lesson Maps and no DVD lessons were omitted.

-

### 82. 4.3.a) Reviewer's comments:

Instructor used course DVD and did not omit any lessons

83

4.4 Was ALL the required equipment available and in sufficient quantity as listed in the instructor manual?

A list of the required equipment is available in the instructor manual for each discipline. While it is nice to have extra equipment and the newest equipment available, only the minimum equipment in working condition is required. The reviewer must exercise caution to avoid personal prejudice against a training center that uses equipment that is different or older.

1

### 84. 4.4.a) Reviewer's comments:

Each student had their own manikin and required equipment

## Q4.5 Q4.6a

85

4.5 Please list missing/unavailable equipment:

86.

4.6 Was all equipment clean and in good working order?

The equipment that is used during the course must be clean and in good working order. Equipment that is not used in this course should not influence the outcome of this question.

1

### 87. 4.6.a) Reviewer's comments:

All equipment used was clean and in good working order

# Q4.7 Q4.8a

88.

4.7 Were instructors familiar with equipment and able to perform any necessary troubleshooting?

An instructor must be familiar with the equipment being used at his or her station. It is not necessary for every instructor to be familiar with all equipment if a type of equipment is not being used in his or her station. The Course Director should be familiar with all of the equipment being used in the course. Even with the best preparation, equipment can develop problems. If problems developed with the equipment during the course, was the instructor able to handle the situation with a minimum disruption in the course either by changing equipment or by solving the problem?

-

### 89. 4.7.a) Reviewer's comments:

Instructor very familiar with the equipment and would be able to perform any necessary troubleshooting

90

4.8 Were all students given the opportunity to use the AED?
AED usage is a requirement for all Healthcare Provider courses including BLS HCP, ACLS and PALS, as well as some Heartsaver courses.

1

### 91. 4.8.a) Reviewer's comments:

Each student used the AED

# Q5.1\_Q5.2a

92

5.1 Were all students given the opportunity to use the defibrillator?
Actual hands-on defibrillator usage is a requirement for all AHA ACLS and PALS courses.
Manikins or simulators that allow actual energy discharge are most realistic and are preferred, but not required. Every student should be allowed enough practice with the defibrillator to develop competency.

93. 5.1.a) Reviewer's comments:

94

5.2 Were team roles consistently assigned by the team leader? The Resuscitation Team Concept is an integral component in AHA ACLS and PALS courses. Each scenario should include the assignment of team roles very early in the scenario.

95. 5.2.a) Reviewer's comments:

# Q5.3 Q5.4a

96

5.3 Were all students engaged in each scenario? The student learns valuable skills not only when playing the role of team leader, but also as a team member. The student will not learn if he or she is not engaged. Therefore, all students must be engaged in each scenario.

97. 5.3.a) Reviewer's comments:

98

5.4 Did each student serve as team leader as required?
(ACLS requires 5 times, PALS requires 5 times)
The course design requires each student to take a turn as team leader, even if the student may not normally serve as a team leader in the clinical setting.
ACLS Lesson Maps: 8A, 10A, 11A, 13A and 15A
PALS Lesson Maps: 7E, 21A, 24A and 25A

99. 5.4.a) Reviewer's comments:

# Q5.6 Q5.8a

100.

5.6 Was debriefing performed as indicated in the Lesson Maps and consistently throughout the course?

Debriefing should occur for all scenarios and according to the time allotted in the Lesson Maps.

101. 5.6.a) Reviewer's comments:

102.

5.7 Were students provided with a course outline or agenda at the start of the course? (A copy may be sent to AHA.)
Send to:
ECC Customer Support Center
1100 East Campbell Road, Ste. 100
Richardson, TX 75081
888-CPR-LINE (888-277-5463)

103. 5.7.a) Reviewer's comments:

104.

5.8 Did each student complete pre-course assessments? Pre-course assessments are available for the ACLS and PALS courses. It is a requirement for the PALS course and is highly recommended for the ACLS course. The pre-course assessments are designed to be self-guided and self-corrected, so no course time is allotted for review of the pre-course assessment.

105. 5.8.a) Reviewer's comments:

### Q6.1 Q6.4

### 106. 6.1 Reviewer's overall comments:

The Instructor is very knowledgeable and proficient in her CPR skills. She did corrections immediately and reinforced the skills by having students repeat. She was able to answer the students questions and provide easy to understand explanations.

### 107. Reviewer's Overall Score:

3

# Q6.7\_Q6.12

108. Contact Information	
6.7 Reviewer's Name:	
Paul Burley	
Last Name	
Title	
Company Name	
Street Address	
Apt/Suite/Office	
City	
State	
Postal Code	
Country	
6.8 Reviewer's Email Address:	
6.9 Reviewer's Daytime Phone: 503-571-2270	
Fax Number	
Mobile Phone	
URL	
109. 6.8 Reviewer's Email Address:	

paul.w.burley@kp.org

110.		
6.10 Second Reviewer's Name:		
Lora Burley		
6.11 TC Coordinator Name:		
Title		
Company Name		
Street Address		
Apt/Suite/Office		
City		
State		
Postal Code		
Country		
6.12 TC Coordinator Email Address:		
6.9 Reviewer's Daytime Phone:		
Fax Number		
Mobile Phone		
URL		
111.		
6.10 Second Reviewer's Name:		
6.11 TC Coordinator Name:		
Doris Jepson		

Title
Company Name
Street Address
Apt/Suite/Office
City
State
Postal Code
Country
6.12 TC Coordinator Email Address:
djepson@cgcc.or.us
6.9 Reviewer's Daytime Phone:
Fax Number
Mobile Phone
URL

# Q6.13\_Q6.16

### 112. 6.13 Reviewer's Name:

Paul Burley

### 113. 6.14 Date:

3/16/2012

### 114. 6.15 Second Reviewer's Name:

Lora Burley

### 115. 6.16 Date:

3/16/2012

# BON001 | AHA EVALUATION SURVEY Profile Report ACLS

Date Published: 05/01/2012

Response 187423608

# A\_F

I. Training Center Information
First Name
Last Name
Title
Training Center Name  Mid Columbia Gorge Community College
Street Address 400 E Scenic Drive
Apt/Suite/Office
City
The Dalles
<b>State</b> Or
Zip
97058
Country

	Email Address
	Phone Number
	Fax Number
	Mobile Phone
	URL
2. l	Review Date M/DD/YYYY) 03/22/2012
3.	TC ID#  OR04460
4. (	Course Start Date 03/22/2012
5.	8:00 am
6.	03/22/2012
7.	Course End Time 6:00 pm
8.	Type of ECC Course reviewed:
	1
9.	Choose one:
	•

G\_L

# M\_P

10. Name of Training Center Coordinator

Doris Jepsen

11. Name of Course Director / Lead Instructor

Beth Callison

12. Number of assisting instructors

1

13. Number of students registered

7

# Q\_U

14. Reviewer's Name

Dawn Poetter

15. Arrival Time Day 1

7:45 am

16. Departure Time Day 1

6:00 pm

- 17. Arrival Time Day 2
- 18. Departure Time Day 2

# Q1.1\_Q1.2

19.
1.1 Was facility accessible to persons with a disability?
Notation: Score "No" ONLY if a student required access that was not available.
In the United States, public facilities must be compliant with the Americans with
Disabilities Act.Outside the United States, facilities must be compliant with national and
local regulations

1

### 20. 1.1.a) Reviewer's comments:

21.

1.2 Was there adequate floor and/or table space available to practice CPR? Skill scenarios may be practiced on either a table or the floor. Ideally, practice should occur in the setting that the student would most likely perform the skill.

1

### 22. 1.2.a) Reviewer's comments:

a good amount of space for size of class

# Q1.3\_Q1.3c

23.
1.3 Did Student-Instructor ratio meet AHA guidelines?
The Student to Instructor ratio is given in the discipline-specific instructor manual. This ratio may not be exceeded for any reason unless additional time is added to the station as specified in the instructor manual.

1

24. 1.3.a) Number of Students per station:

4

25. 1.3.b) Number of Instructors per station:

1

26. 1.3.c) Reviewer's comments:

3 to 4 students per station

# Q1.4\_Q1.4e

27

1.4 Were students given the opportunity to evaluate the course?

A course evaluation is required for every AHA course. If the sample AHA course evaluation form is not used, at a minimum the form used must include the AHA items, including space to evaluate the facility, the course and the instructor. Directions for sending the form directly to the AHA must be included on the form.

-

- 28. 1.4.a) Reviewer's comments:
- 29. 1.4.b) Was the AHA course evaluation form used?

1

30. 1.4.c) Did the form give the student the opportunity to evaluate the instructor?

1

31. 1.4.d) Were directions given for sending form directly to AHA if desired?

1

32. 1.4.e) Reviewer's comments:

### Q1.5 Q1.7a

33

1.5 Did all instructors have a current AHA Instructor Card?
If all instructors have a card with them, then answer Yes. If all instructors do not have a card, but the Reviewer is reasonably certain that the instructors are current, then answer Yes, Requirements.

34. 1.5.a) Reviewer's comments:

35

1.6 Was a course roster with all required information used and completed at the end of the course?

The roster must include all the information on the sample AHA Course Roster. Electronic rosters and course records are acceptable.

1

36. 1.6.a) Reviewer's comments:

37.
1.7 Please provide any additional comments about the Facility/Class Structure.

The two day class was done in a a one day format. Everything was thoroughly covered. It is done this way for cost effectiveness for the hospital.

38. 1.7.a) Reviewer's comments:

# Q2.1 Q2.2a

39.
2.1 Was the AHA core course content completely covered?
The course outline or agenda given in the instructor manual should be followed as much as possible. In the rare instance where deviation from the course outline or agenda is allowed, all core content must be completely covered.

1

- 40. 2.1.a) Reviewer's comments:
- 41.
  2.2 During the course, did the instructor use only AHA material?
  Customized material can be added before or after the course, but must be clearly identified as not part of curriculum, or being AHA developed. Additional material must not contradict AHA science guidelines or be used as substitutes for the required AHA material. An instructor may not add a customized PowerPoint or DVD presentation. Only the material as presented in the Lesson Maps may be used.

1

42. 2.2.a) Reviewer's comments:

# Q2.2b Q2.2f

- 43.
- 2.2.b) Was added content clearly identified as not being AHA approved?
- 44.
- 2.2.c) Added content was NOT presented during an AHA station.
- 45.
- 2.2.d) Pick one
- 46.
- 2.2.e) Describe the nature of the added content i.e. added scenarios, scope of practice specific, supplemental material, etc.
- 47. 2.2.f) Reviewer's comments:

# Q2.3\_Q2.4a

- 10
- 2.3 Was the skills practice time adequate according to the requirements of the Lesson Maps?

The Lesson Maps provide exact timing for skills practice. BLS courses will follow the video and PWW will be done by all students as indicated. For an ALS example, the ACLS Vfib/Pulseless Vtach lesson map details that each student will be required to be the team leader at least once during the lesson. It gives 6 minutes of practice and 6 minutes of debriefing for each student. A "Yes" in this category would only be awarded if all students received a full 6 minutes of practice and a full debriefing. Additional practice time can be utilized freely as necessary.

- 1
- 49. 2.3.a) Reviewer's comments:
- 50
- 2.4 Were AHA scenarios used throughout the course?
  AHA case scenarios given on the Lesson Maps for BLS courses and on the instructor CDs

for ACLS and PALS courses are not optional. The AHA case scenarios are specifically designed to encompass all of the core learning content. When the case scenarios are used, all of the core teaching points will be made and also skills evaluations will be more consistent. Instructors may vary the patient age (adult ages for ACLS), gender, or location to provide a scenario within the student's scope of practice.

1

### 51. 2.4.a) Reviewer's comments:

## Q2.5\_Q2.7a

52

2.5 Was high quality CPR actually performed as necessary throughout the course? The basis of the BLS, ACLS and PALS courses is high quality CPR. In a BLS course the students must take the practice seriously and perform to the best of their ability at all times. In ACLS and PALS courses, high quality CPR must be performed whenever CPR is required. Simulated CPR is not allowed except in environments that only have one of two students, such as skills tests for eLearning courses.

1

### 53. 2.5.a) Reviewer's comments:

54

2.6 Did the Instructor refrain from "lecturing" during the practice stations except as outlined in the Lesson Maps?

Studies have shown that students learn better by practicing than by listening to lecture.

1

### 55. 2.6.a) Reviewer's comments:

56.

2.7 Did the instructor(s) or Course Director take corrective measures when students made mistakes during practice stations?

The corrective measures may be immediate, or during the debriefing as appropriate, but mistakes should be corrected during the learning or practice station debriefing time.

1

### 57. 2.7.a) Reviewer's comments:

# Q3.1\_Q3.2a

58.

3.1 Were the AHA skills performance checklists used for skills evaluation? The AHA Skills Performance Checklists must be used for all skills evaluations. It is acceptable to document on a single "master list" for the entire class.

-

59. 3.1.a) Reviewer's comments:

60

3.2 Did instructors AVOID prompting students during skills testing? The instructor may not prompt any student in any way during skills testing. The instructor may only make remarks as listed on the Lesson Maps and skills performance checklists.

1

61. 3.2.a) Reviewer's comments:

# Q3.3 Q3.4a

62.

3.3 Did all instructors evaluate the students according to the critical skills descriptions? The critical skills descriptions provide the detail necessary to use the skills performance checklists. The skills performance checklists when used together with the critical skills descriptions will yield the best evaluation of skills performance.

1

63. 3.3.a) Reviewer's comments:

64.

3.4 Were all students who needed remediation according to the critical skills descriptions identified, remediated and reevaluated?

If the instructor passed any student who you would have recommended for remediation according to the skills performance checklists and the critical skills descriptions, this response should be marked "Yes, with required improvements" or "no". Reviewer's comments are required.

1

65. 3.4.a) Reviewer's comments:

# Q3.5 Q3.7a

66.
3.5 Was sufficient skill evaluation and written exam remediation (for HCP, ACLS and PALs only) provided to students who needed it?
Sufficient remediation varies with circumstances and although ideally results in a successful completion for the student, there may be instances where a student needs more remediation than time allows. In such circumstances sufficient remediation may mean asking the student to remediate at another time or retake the course.

1

### 67. 3.5.a) Reviewer's comments:

68.
3.6 Were only the most recent and unaltered AHA written exams used?
Many AHA courses include written exams. The only authorized written exams are the most recent course-specific AHA written exams. The exams may not be altered in any way, including changing, adding or subtracting questions.

1

### 69. 3.6.a) Reviewer's comments:

70.
3.7 Was the written exam held in an area free of distraction?
The written exam should be given in an area free of distraction.

1

### 71. 3.7.a) Reviewer's comments:

In same room which was good for facilitation

# Q3.7b\_Q3.7h

72. 3.7.b) Describe any material added before or after the course.

none

73. 3.7.c) Reviewer's comments:

74. 3.7.c) How many students scored less than 84% on the initial written exam?

0

75. 3.7.d) How many students scored less than 84% after remediation?

0

76. 3.7.e) Describe how students were remediated on the skills evaluations.

Given another scenario if they did not pass

77. 3.7.g) Reviewer's comments:

78. 3.7.f) How many students did not pass the course?

0

# Q3.7f\_Q3.7h

# Q4.1\_Q4.2a

79.
4.2 Did instructors use Instructor Manual / Lesson Maps during the course?
The Lesson Maps contain specific instructions and information that an instructor must reference during the course. The Instructor Manual and Lesson Maps must be in the instructor's possession and preferably open and ready to use.

1

80. 4.2.a) Reviewer's comments:

They were available

### Q4.3 Q4.4a

81.

4.3 Were ALL appropriate AHA audiovisual materials used? Studies have shown that video presentation is superior to lecture or demonstration. Use of the course DVDs is outlined in the Lesson Maps and is not optional. A "Yes" may be entered only if the course DVDs were used as outlined in the Lesson Maps and no DVD lessons were omitted.

1

82. 4.3.a) Reviewer's comments:

83.

4.4 Was ALL the required equipment available and in sufficient quantity as listed in the instructor manual?

A list of the required equipment is available in the instructor manual for each discipline. While it is nice to have extra equipment and the newest equipment available, only the minimum equipment in working condition is required. The reviewer must exercise caution to avoid personal prejudice against a training center that uses equipment that is different or older.

1

84. 4.4.a) Reviewer's comments:

# Q4.5 Q4.6a

85

4.5 Please list missing/unavailable equipment:

86.

4.6 Was all equipment clean and in good working order?
The equipment that is used during the course must be clean and in good working order.
Equipment that is not used in this course should not influence the outcome of this question.

1

87. 4.6.a) Reviewer's comments:

### Q4.7 Q4.8a

88

4.7 Were instructors familiar with equipment and able to perform any necessary troubleshooting?

An instructor must be familiar with the equipment being used at his or her station. It is not necessary for every instructor to be familiar with all equipment if a type of equipment is not being used in his or her station. The Course Director should be familiar with all of the equipment being used in the course. Even with the best preparation, equipment can develop problems. If problems developed with the equipment during the course, was the instructor able to handle the situation with a minimum disruption in the course either by changing equipment or by solving the problem?

1

89. 4.7.a) Reviewer's comments:

Instructors very experienced at teaching the class

90.

4.8 Were all students given the opportunity to use the AED?
AED usage is a requirement for all Healthcare Provider courses including BLS HCP, ACLS and PALS, as well as some Heartsaver courses.

1

91. 4.8.a) Reviewer's comments:

# Q5.1 Q5.2a

92

5.1 Were all students given the opportunity to use the defibrillator?
Actual hands-on defibrillator usage is a requirement for all AHA ACLS and PALS courses.
Manikins or simulators that allow actual energy discharge are most realistic and are preferred, but not required. Every student should be allowed enough practice with the defibrillator to develop competency.

1

93. 5.1.a) Reviewer's comments:

94.

5.2 Were team roles consistently assigned by the team leader? The Resuscitation Team Concept is an integral component in AHA ACLS and PALS courses. Each scenario should include the assignment of team roles very early in the scenario.

1

95. 5.2.a) Reviewer's comments:

### Q5.3 Q5.4a

96.

5.3 Were all students engaged in each scenario? The student learns valuable skills not only when playing the role of team leader, but also as a team member. The student will not learn if he or she is not engaged. Therefore, all students must be engaged in each scenario.

1

97. 5.3.a) Reviewer's comments:

98

5.4 Did each student serve as team leader as required?
(ACLS requires 5 times, PALS requires 5 times)
The course design requires each student to take a turn as team leader, even if the student may not normally serve as a team leader in the clinical setting.
ACLS Lesson Maps: 8A, 10A, 11A, 13A and 15A
PALS Lesson Maps: 7E, 21A, 24A and 25A

1

99. 5.4.a) Reviewer's comments:

# Q5.6 Q5.8a

100.

5.6 Was debriefing performed as indicated in the Lesson Maps and consistently throughout the course?

Debriefing should occur for all scenarios and according to the time allotted in the Lesson Maps.

1

101. 5.6.a) Reviewer's comments:

102.
5.7 Were students provided with a course outline or agenda at the start of the course? (A copy may be sent to AHA.)
Send to:
ECC Customer Support Center
1100 East Campbell Road, Ste. 100
Richardson, TX 75081
888-CPR-LINE (888-277-5463)

1

103. 5.7.a) Reviewer's comments:

104.

5.8 Did each student complete pre-course assessments?

Pre-course assessments are available for the ACLS and PALS courses. It is a requirement for the PALS course and is highly recommended for the ACLS course. The pre-course assessments are designed to be self-guided and self-corrected, so no course time is allotted for review of the pre-course assessment.

1

105. 5.8.a) Reviewer's comments:

# Q6.1\_Q6.4

### 106. 6.1 Reviewer's overall comments:

They put on a good class very thorough and follow the guidelines.

### 107. Reviewer's Overall Score:

-

# Q6.7\_Q6.12

# 108. Contact Information

6.7 Reviewer's Name:

Dawn Poetter

**Last Name** 

Title

**Company Name** 

Street Address

Apt/Suite/Office

City

State

**Postal Code** 

Country

- 6.8 Reviewer's Email Address:
- 6.9 Reviewer's Daytime Phone:

503-693-3353

Fax Number
Mobile Phone
URL
109. 6.8 Reviewer's Email Address: mzmedic1980@yahoo.com
110.
6.10 Second Reviewer's Name:
6.11 TC Coordinator Name:
Title
Company Name
Street Address
Apt/Suite/Office
City
State
Postal Code
Country
6.12 TC Coordinator Email Address:
6.9 Reviewer's Daytime Phone:
Fax Number

**Mobile Phone** 

**URL** 111. 6.10 Second Reviewer's Name: 6.11 TC Coordinator Name: Doris Jepson Title **Company Name Street Address** Apt/Suite/Office City State **Postal Code** Country 6.12 TC Coordinator Email Address: djepson@cgcc.cc.or.us 6.9 Reviewer's Daytime Phone:

Fax Number

**Mobile Phone** 

URL

# Q6.13\_Q6.16

### 112. 6.13 Reviewer's Name:

Dawn Poetter

113. 6.14 Date:

04/30/2012

114. 6.15 Second Reviewer's Name:

115. 6.16 Date: