Healthcare Organization Commitment

Contact Details

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APSS

What Patient Safety Challenge does your Commitment address?
Challenge 10 - Systematic prevention and resuscitation of in-hospital cardiac arrest

Commitment Name
Prevention and Resuscitation of In-hospital Cardiac Arrest - Update - 12.30.2019

How many hospitals are represented in this commitment?

Last Report	Current
1	

Did you download and use the APSS in tandem with your action plan?
Yes

If yes, was the APSS valuable?
Yes

Self Assessment Tool

Checklist for care systems

Convene an institutional multi-disciplinary Resuscitation Outcomes Steering Committee (ROSC), including physicians, nurses, respiratory therapists, and administrators who will have primary responsibility for the resuscitation program	Yes

Use data strategically

Create a formal mechanism for the use of input data (afferents) to influence output actions (efferents)	
Afferents should include external sources of information, such as guidelines and scientific literature, and internal (institutional) data	Yes
The ROSC should have input into the ways efferents respond to afferent data	Yes
Present efferent data to the hospital medical executive board on a regular basis, such as monthly or quarterly	Yes
Target the most prevalent causes of cardiac arrest	Yes
Consider available evidence, technology, and continuous quality improvement (CQI) data when developing resuscitation protocols	Yes

Improve prevention and care

Use technology and clinical data to develop an early warning system to recognize patients who are at risk of cardiac arrest:	Yes

Perfusion technologies, which include:	
Vital signs	Yes
Sphygmomanometry	Yes
ECG	Yes
Capnometry	Yes
Clinical assessment (mental status, capillary refill, pulse quality, extremity temperature)	Yes
Pulse oximetry, including:	
Related perfusion indices	Yes
Measures of acidosis (pH, base deficit, lactate, anion gap)	Yes
Newer modalities (near-infrared spectroscopy, orthogonal polarization, heart-rate variability)	Yes
Oxygenation technologies, which include:	
Vital signs	Yes
Pulse oximetry	Yes
Blood gas analysis	Yes
Near-infrared spectroscopy	Yes
Clinical assessment	Yes
Ventilation technologies, which include:	
Vital signs	Yes
Respiratory volumetrics (tidal volume, respiratory rate)	Yes

Blood gas analysis	Yes
Capnometry	Yes
Capnography, such as with Masimo, Medtronic (Oridion/Covidien), Nonin, Philips (Respironics), and Welch Allyn	Yes
Apnea monitoring, such as with Respiratory Motion ExSprion	Yes
Clinical assessment	Yes
Focus post-resuscitative care on:	
Delivery of optimal supportive critical care	Yes
Consideration of targeted temperature management and early coronary revascularization	Yes

Create a culture of safety

Engage individual providers and enhance their personal sense of ownership and accountability	Yes
Use patient stories, in written and video form, to identify gaps and inspire change in your staff	Yes

Checklist for cardiac arrest resuscitation training

Implement an evidence-based institutional cardiac arrest resuscitation training program, such as Advanced Resuscitation Training (ART)	Yes
Use provider training that ensures optimal prevention and resuscitation performance and is specific to provider roles, clinical units, and technology	Yes
Emphasize the importance of optimal cardiopulmonary resuscitation (CPR) to increase survival from cardiac arrest	Yes
Teach clinicians:	

The indications to initiate compressions	Yes
The proper compression rate, depth, and recoil	Yes
Integration of compressions and ventilations, per institutional standards	Yes
Train resuscitation leaders to recognize and maintain optimal CPR. This may involve the integration of available technology, including:	Yes
Use of sensors to measure compression rate, depth, and recoil, which are available but require additional training for effective implementation and use	Yes
Use of end-tidal carbon dioxide (EtCO2) as a surrogate for cardiac output during cardiac arrest. Absolute values as well as changes in EtCO2 provide information regarding chest compression performance and prognosis.	Yes
Use of mechanical chest compression devices to provide consistent compressions	No

Boxes Marked Yes:
40

Your Score:
97%

Commitment Details

Commitment Update
During this year, according to the commitment made, work has been carried out on the infrastructure regarding automatic defibrillators in the peripheral areas of the hospital, as well as on ensuring the competencies of all the personnel that make up the resuscitation teams, however one of the points that, due to a change in project leadership was not possible to advance according to what was established is the implementation of the rapid response teams. This will be the main strategy for next year that will consist in: 1. The implementation of rapid response teams that may allow the timely detection of patients prior to suffering cardiorespiratory arrest. 2. Determination of the conformation of rapid response teams through the definition of functions of each of the members 3. Monitorization through metrics to evaluate the effectiveness of the program.

Please describe any best practices your organization has learned through your commitment and share valuable lessons or challenges that were overcome.

- The importance of the coordination between resuscitation teams to provide effective care that may result in a more favorable prognosis for the patient. - To have mechanisms for the detection of signs of deterioration of the patient that allow the personnel to give a timely care. - The importance of having personnel with the necessary skills to provide resuscitation in the different areas of the hospital that allow adequate management.

Action Plan

Impact Details

Lives Saved

Predicted Lives Spared Harm

1.3000000000000005

For reporting purposes, the number has been rounded up to the nearest whole number. Predicted Lives Spared Harm

2

Acknowledgement

Yes, I acknowledge that this commitment may be used for external communication and publicly announced at the World Patient Safety, Science & Technology Summit. Furthermore, I agree that this commitment may appear on the website of The Patient Safety Movement Foundation or the Masimo Foundation. I also give permission for my commitment to be used in support of the promotion of the World Patient Safety, Science & Technology Summit as well as The Patient Safety Movement initiative.