
The American Red Cross Resuscitation Suite™ Programs Help Hospitals Address the New and Revised Standards for Resuscitation Training from The Joint Commission®

Executive Summary

The American Red Cross and HealthStream™ offer innovative and adaptive resuscitation training programs to equip hospitals and critical access hospitals with the latest, evidence-based information that align with the new and revised standards for resuscitation training from The Joint Commission. These exceptional programs are designed to help healthcare organizations ensure that their clinicians are educated and trained to the same high-quality standards with the goal of promoting optimal resuscitation outcomes.

Background

The recent new and revised resuscitation standards for hospitals and critical access hospitals from [The Joint Commission](#) emphasize the provision of efficient, high-quality cardiopulmonary resuscitation, evidence-based education and the need for initial and ongoing training. *The American Red Cross Resuscitation Suite* includes the *Basic Life Support* (BLS), *Advanced Life Support* (ALS) and *Pediatric Advanced Life Support* (PALS) programs that provide the education and tools that hospitals need to meet and exceed The Joint Commission standards for resuscitation training. Additionally, these programs include supporting tools, such as code cards and protocols, that are based on the latest science to help guide members of the resuscitation team to promote optimal resuscitation outcomes.

The American Red Cross is known to provide the best-in-class resuscitation education and certification that is overseen by a team of experts known as the American Red Cross Scientific Advisory Council (ARCSAC). This panel of nationally and internationally recognized experts are dedicated to ensuring that all Red Cross programs are based on the latest clinical and educational science. Additionally, the ARCSAC oversees the annual publication of the American Red Cross *Focused Updates and Guidelines* and *Guidelines Highlights*.

Meeting The Joint Commission New and Revised Resuscitation Standards

The education and tools included in *The American Red Cross Resuscitation Suite* can support or help healthcare organizations meet and exceed the following key new and revised Joint Commission resuscitation standards:

- Standard PC.02.01.11 (revised): Resuscitative services are available throughout the hospital
- Standard PC.02.01.20 (new): The hospital implements processes for post-resuscitation care
- Standard PI.01.01.01 (revised): The hospital collects data to monitor its performance
- Standard PI.03.01.01 (new): The hospital compiles and analyzes data



Standard PC.02.01.11: Resuscitative services are available throughout the hospital

Elements of Performance (EP) 4 of the revised Standard PC.02.01.11 states that the hospital provides education and training to staff involved in the provision of resuscitative services; that the hospital determines which staff complete this education and training based upon their job responsibilities and

hospital policies and procedures; and that the education and training are provided at the following intervals:

- At orientation
- A periodic basis, thereafter, as determined by the hospital
- When staff responsibilities change

The American Red Cross BLS, ALS and PALS programs and supporting tools help hospitals meet and exceed the specific Elements of Performance for this standard by providing standardized education and tools to efficiently and effectively educate *all* healthcare professionals involved in both the recognition of the need for resuscitation and in the hands-on resuscitation of patients. This includes training healthcare professionals throughout their career, including but not limited to, at orientation, when their responsibilities change, at various certification renewal periods and at other times determined by the hospital. Through blended-learning and instructor-led formats, the Red Cross resuscitation programs allow hospitals to implement the format that best meets their needs and help them ensure that resuscitative services are available throughout the organization, around the clock.

For Standard PC.02.01.11 EP 4, The Joint Commission suggests that topics may cover:

- Resuscitation procedures or protocols
- Use of cardiopulmonary resuscitation techniques, devices, or equipment
- Roles and responsibilities during resuscitation events

The Red Cross resuscitation programs cover all of these topics, including lectures, skill practices, skill stations, instructor demos, testing and more.



Standard PC.02.01.20: The hospital implements processes for post-resuscitation care

EP 1 of the new Standard PC.02.01.20 states that the hospital develops and follows policies, procedures or protocols based on current scientific literature for interdisciplinary post-cardiac arrest care. *The American Red Cross Resuscitation Suite* and supporting tools, such as the *Focused Updates and Guidelines 2020 and 2021* and code cards, address the critical resuscitation of patients and the equally important post-resuscitation care. Hospitals can use the Red Cross resuscitation programs and supporting tools to provide ongoing post-resuscitation education and to develop related policies, procedures and protocols. This will help hospitals meet and exceed Standard PC.02.01.20 EP1.

The Joint Commission notes that post-cardiac arrest care is aimed at identifying, treating and mitigating acute pathophysiological processes after cardiac arrest and includes evaluation for targeted temperature management and other aspects of critical care management. These topics are covered throughout the resuscitation programs. For example, the ALS program covers:

- Terminating the Resuscitation Effort.
- Pathophysiologic Consequences of Cardiac Arrest.
- Approach to the Patient: Post–Cardiac Arrest.

EP 2 of the new Standard PC.02.01.20 states that the hospital develops and follows policies, procedures or protocols based on current scientific literature to determine the neurological prognosis for patients who remain comatose after cardiac arrest. A multi-topic section in the *Focused Updates and Guidelines 2020* is dedicated to post-cardiac arrest care. Hospitals can use this document to develop and formulate policies, procedures and protocols based on the latest scientific literature.

Specifically, the Neuroprognostication section is based on the ARCSAC and systematic reviews, as well as Consensus on Science and Treatment Recommendations (CoSTRs) from the International Liaison Committee on Resuscitation (ILCOR). The Neuroprognostication section defines four categories of predictors of neurological outcome after cardiac arrest with the return of spontaneous circulation (ROSC), including:

1. Clinical examination.
2. Biomarkers.
3. Electrophysiology.
4. Imaging.

Hospitals and critical access facilities can use this information to help develop their institution specific policies, guidelines and processes that will meet or exceed Standard PC.02.01.20 EP2.

EP 3 of the new Standard PC.02.01.20 states that the hospital follows written criteria or a protocol for inter-facility transfers of patients for post-cardiac arrest care when indicated. Hospitals can use the Red Cross resuscitation programs and supporting tools, including the *Focused Updates and Guidelines* and code cards, to educate staff, develop their policies, procedures and protocols (including protocols for transfer when indicated for post-resuscitative care) (Standard PC.02.01.20 EP3).



Standard PI.01.01.01 (revised) – The hospital collects data to monitor its performance

EP 10 of the revised Standard PI.01.01.01 states that the hospital collects data on the following:

- The number and location of cardiac arrests (for example, ambulatory area, telemetry unit, critical care unit).
- The outcomes of resuscitation (for example, return of spontaneous circulation (ROSC), survival to discharge). Note: Return of spontaneous circulation (ROSC) is defined as return of spontaneous and sustained circulation for at least 20 consecutive minutes following resuscitation efforts.
- Transfer to a higher level of care.



Standard PI.03.01.01 (new): The hospital compiles and analyzes data

EP 22 of Standard PI.03.01.01 states that an interdisciplinary committee reviews cases and data to identify and suggest practice and system improvements in resuscitation performance.

Note 1: Examples of the review could include:



- How often early warning signs of clinical deterioration were present prior to in-hospital cardiac arrest in patients in non-monitored or non-critical care units.
- Timeliness of staff's response to a cardiac arrest.
- The quality of cardiopulmonary resuscitation (CPR).
- Post-cardiac arrest care processes.
- Outcomes following cardiac arrest.

The Red Cross resuscitation programs support and promote the importance of evidence-based resuscitation, including post-resuscitation care, use of clinical decision tools and performance improvement, including compiling and analyzing data regarding resuscitation and post-resuscitation care. These programs with both their online and in-person integrative scenarios and evaluation serve as an important component of an institution's process for monitoring initial and on-going performance of their staff. The educational program and resources combined with the hospitals internal performance improvement program will allow hospitals to meet and exceed Standard PI.01.01.01 and Standard PI.03.01.01.