

REVISED JOINT COMMISSION STANDARDS

ZOLL Solutions: We're Here to Help

Recently the Joint Commission updated its standards to include new and revised requirements related to resuscitation for Joint Commission-accredited hospitals and critical access hospitals. These revised standards take effect on January 1, 2022. Revisions include requirements to incorporate surveillance and data tracking, as well as reviewing cases to suggest improvements in resuscitation performance.

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Despite improvements in resuscitation outcomes nationally over the past two decades, survival after in-hospital cardiac arrest varies widely across and within hospitals. The revised standards on resuscitation care address several interlinked factors that have been cited as critical to resuscitation performance.^{1,2}

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COLLECT DATA TO MONITOR PERFORMANCE STANDARD PI.01.01.01

“...hospitals, at a minimum, must conduct regular surveillance of all cardiac arrest events and track data on cardiac arrest survival outcomes for the purposes of planning, training, and evaluation of current practices.”^{1,2}

TYPES OF DATA

- Number of cardiac arrests
- Location of cardiac arrests
- Outcomes, including:
 - ROSC
 - Survival to discharge



COMPILE AND ANALYZE DATA STANDARD PI.03.01.01


“An interdisciplinary committee reviews cases and data to identify and suggest practice and system improvements in resuscitation performance.”^{1,2}

TYPES OF DATA

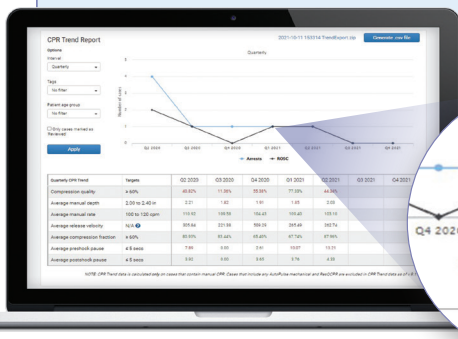
- Timeliness of staff's response
- Quality of CPR
- Post-cardiac arrest care processes
- Outcomes following cardiac arrest

TOOLS TO SUPPORT YOU: RescueNet CaseReview


To adhere to these new requirements, hospitals need software that compiles and analyzes data from every code that occurs across the hospital. It's very difficult to improve what you don't measure, so collecting and reviewing data is key to improving outcomes from sudden cardiac arrest. ZOLL's RescueNet® CaseReview software lets you collect, collate, aggregate, and manage code data to improve CPR accuracy and simplify debriefing.




COLLECT DATA TO MONITOR PERFORMANCE



The laptop screen shows a 'CPR Trend Report' for the period 2021-04-15 15:03:14. It includes a line graph showing trends for 'Arrests' and 'ROSC' from Q4 2020 to Q2 2021. Below the graph is a table with columns for 'Summary Item', 'Target', and data for quarters Q2 2020, Q3 2020, Q4 2020, Q1 2021, Q2 2021, Q3 2021, and Q4 2021. Metrics include Compression quality, Average manual depth, Average manual rate, Average release velocity, Average compression rate, Average chest depth, and Average chest rate.



COMPILE AND ANALYZE DATA



The tablet screen shows 'CPR Performance' with various metrics and waveforms. Two circular callouts provide detailed views of waveforms: one labeled '90% in target - manual depth' and another labeled '89% in target - manual compressions'.

Why Collecting Code Data Matters

Beyond staying compliant with new standards, collecting code data offers a variety of other benefits. Hospitals gain access to vital information, enabling them to identify trends in individual code events as well as events over time. Code data also helps drive clinical change and improve resuscitation performance through targeted education and training.

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The goal is to become a 'learning healthcare system' that uses data to continually improve preparedness and resuscitation outcomes.³

– 2020 American Heart Association Guidelines

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To learn more about how **RescueNet CaseReview** can help your hospital maintain compliance with The Joint Commission's updated resuscitation requirements, contact your ZOLL representative, visit zoll.com, or call us at 978-421-9712.

¹ The Joint Commission website, "R3 Report: Requirement, Rationale, Reference: Resuscitation Standards for Critical Access Hospitals," 2021 Jun 18, Issue 28, www.jointcommission.org. Accessed 25 Aug. 2021.

² The Joint Commission website, "R3 Report: Requirement, Rationale, Reference: Resuscitation Standards for Hospitals," 2021 Jun 18, Issue 29, www.jointcommission.org. Accessed 25 Aug. 2021. 1. 2020 AHA Guidelines, *Circulation*, 2020;142(suppl 2): S58" delete duplicate copy from ref. 3

³ 2020 AHA Guidelines, *Circulation*, 2020;142(suppl 2): S586.