Resuscitation Services

Standard COP.04.00

Resuscitation services are available throughout the hospital.

Intent of COP.04.00

The immediate initiation of chest compressions, respiratory support, and defibrillation when indicated impact patient outcomes, including preventing permanent injury, disability, or death. Therefore, resuscitation services must be available throughout the hospital to decrease response time and improve patient outcomes. Successful resuscitation of patients in cardiopulmonary arrest is dependent on critical interventions, such as early defibrillation and initiation of advanced life support. These services must be available to all patients, 24 hours a day, every day. Staff trained in resuscitation must have access to standardized medical equipment and medications for resuscitation.

Basic life support must be initiated immediately upon recognition of cardiac or respiratory arrest, and a process must be in place for providing advanced life support in fewer than 5 minutes. Although the requirement for COP.04.00, ME 3 is for a response under 5 minutes, the hospital should continually reevaluate its response times and make efforts to shorten the response time as much as possible. This may involve elements such as placement of emergency carts and equipment such as automated external defibrillators (AEDs) and assignment/location of staff who respond to resuscitation emergencies.

Resuscitation services, equipment, and staff training within the hospital must be based on clinical evidence and the population served (for example, if the hospital has a pediatric population, medical equipment for pediatric resuscitation must be available). The hospital performs internal reviews of previous emergency situations to evaluate response times and availability of appropriate equipment and identifies areas for improvement.

Note: *All areas of the hospital* includes all areas where treatment and services are provided, including treatment or diagnostic areas in separate buildings on the hospital campus. The hospital determines what resuscitation services, equipment, and training are provided based on its patient populations. These resources must be immediately available in all areas where specific patient populations receive services. For example, hospitals that treat children must have clinical staff trained in pediatric advanced life support, have standardized pediatric equipment and medications, and be able to appropriately select the size or dose of medication based on the child's weight or size.

Resuscitation equipment and medications are standardized throughout the hospital. Hospital leaders and clinical staff determine how to store and standardize equipment depending on the patient populations served, as in the following examples:

- Emergency departments that treat adults and children may have two separate resuscitation carts—one for adults and one for children—or one cart with designated drawers for adult and pediatric patients.
- Pediatric departments may have resuscitation carts that include weight-based equipment and medications appropriate for neonatal through young adult patients.
- Maternity wards may have resuscitation supplies for laboring patients in one resuscitation box and resuscitation supplies for newborns in a separate resuscitation box.

Advanced life support is provided in fewer than 5 minutes. Patient outcomes depend on high-quality cardiopulmonary resuscitation (CPR) and correct recognition of the causes and treatments for cardiopulmonary arrest. Therefore, at 5 minutes, an adequate amount of staff members trained in advanced life support must have arrived and initiated advanced life support protocols based on the patient's condition and clinical data. Adequate staff trained in advanced life support must remain present and available to support the resuscitation efforts until the event has concluded.

If the hospital has consistently initiated advanced life support in fewer than 5 minutes, quality data should be reviewed to determine how this time could be even shorter. An interdisciplinary committee can be formed to complete resuscitation services reviews. These reviews include resuscitation cases and data to identify and suggest practice and system improvements in resuscitation performance.

Measurable Elements of COP.04.00

1. Resuscitation services are available and provided to all patients 24 hours a day, every day, throughout all areas of the hospital.
2. Medical equipment for resuscitation and medications for basic and advanced life support are standardized and available for use based on the populations served. (*See also* MMU.03.01, ME 4)
3. In all areas of the hospital, basic life support is initiated immediately upon recognition of cardiac or respiratory arrest, and advanced life support is initiated in fewer than 5 minutes.
4. Ⓓ The hospital performs an internal review of all resuscitation events for effectiveness and makes efforts to improve identified areas for improvement, including the following at minimum:
   - How often early warning signs of clinical deterioration were present prior to in-hospital cardiac arrest in patients in unmonitored or noncritical care units
   - Timeliness of staff's response to a cardiac arrest
   - Timeliness of initiation of advanced cardiovascular life support (ACLS) to the shortest time possible
   - The quality of cardiopulmonary resuscitation (CPR)
   - Post–cardiac arrest care processes
   - Outcomes following cardiac arrest

Management of Patients at Risk of Suicide or Self-Harm

Standard COP.05.00

The hospital has a process to identify and protect patients at risk for suicide and self-harm.

Intent of COP.05.00

Suicide is considered a sentinel event. Patients being evaluated or treated for behavioral health conditions often have suicidal ideation. The hospital must implement screenings and assessments to identify patients at risk for suicide and self-harm to minimize the likelihood of a suicide or self-harm attempt.

Screening identifies those at risk or potentially in need of a further, more specialized assessment. An assessment is a systemic process done to evaluate needs that can then be fulfilled, or a plan made around them on how to meet those needs, thus the individual conducting the assessment should have an expertise or specialty in the field being assessed.

Validated screening tools are an effective way to identify individuals who require further assessment to determine risk for suicide. A validated screening tool is one that has been scientifically tested for reliability (the ability of the instrument to provide consistent results), validity (the degree to which the instrument is measuring the condition that it is designed to measure), sensitivity (the ability of the instrument to correctly identify individuals with the condition), and specificity (the ability of the instrument to correctly identify individuals without the condition). In addition, the hospital must select validated screening tools that are appropriate for the population (for example, age-appropriate).

When using validated screening tools, organizations should not change the wording of the questions because small changes can affect the accuracy of the tools.