



- a. The QI should be coordinated with local receiving hospitals to include hospital admission, discharge, and condition information. This EMS agency QI can be accomplished by participation in an organized cardiac arrest registry
- b. The QI should be coordinated with local PSAP/dispatch centers to review opportunities to assure optimal recognition of possible cardiac arrest cases and provision of dispatch-assisted CPR (including hands-only CPR when appropriate)

Quality Improvement

Associated NEMSIS Protocol(s) (eProtocol.01) (*for additional information, go to www.nemsis.org*)

- 9914011 – Cardiac Arrest - Asystole
- 9914013 – Cardiac Arrest - Hypothermia-Therapeutic
- 9914015 – Cardiac Arrest - Pulseless Electrical Activity
- 9914017 – Cardiac Arrest - Ventricular Fibrillation/Pulseless Ventricular Tachycardia)
- 9914055 – General - Cardiac Arrest
- 9914087 – Injury - Cardiac Arrest

Key Documentation Elements

- Should be tailored to any locally utilized data registry but may include as a minimum the following elements:
 - Resuscitation attempted and all interventions performed
 - Arrest witnessed
 - Location of arrest
 - First monitored rhythm
 - CPR before EMS arrival
 - Outcome
 - Any ROSC
 - Presumed etiology
 - Presumed cardiac
 - Trauma
 - Submersion
 - Respiratory
 - Other non-cardiac
 - Unknown

Performance Measures

- Time to scene
- Time to patient
- Time to first CPR
- Time to first shock
- Time of ROSC
- Review of CPR quality
 - Compression fraction
 - Average and longest peri-shock pause
 - Rate and depth of compressions