Prepare your hospital for The Joint Commission's new resuscitation requirements

WITH REVITALPRO CODE BLUE IQ

The Joint Commission introduced new and revised resuscitation requirements for Joint Commission-accredited hospitals. These changes aim to improve resuscitation and post-resuscitation care by aligning the standards with present guidelines and evidence.

Take a look at how RevitalPro's documentation, guidance and analytics system can help your hospital comply.



1. Ongoing Education and Training for Hospital Staff

REVISED JOINT COMMISSION REQUIREMENT:

Standard PC.02.01.11:

EP 4: The hospital provides education and training to staff involved in the provision of resuscitative services. The hospital determines which staff complete this education and training based upon their job responsibilities and hospital policies and procedures. 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

WITH REVITALPRO, YOU CAN

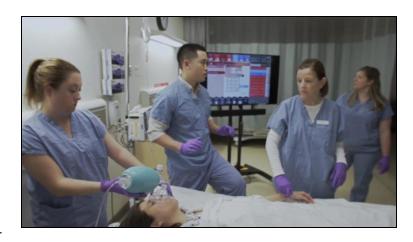
- Offer enhanced simulation training to code teams
- Enhance simulation training by projecting RevitalPro on monitor to increase situational awareness
- Able to customize resuscitation training based on evidence from Guideline Adherence in actual events

2. Adherence to evidence-based protocols for post-resuscitation care

NEW JOINT COMMISSION REQUIREMENT:

Standard PC.02.01.20:

EP 1: The hospital develops and follows policies, procedures, or protocols based on current scientific literature for interdisciplinary post-cardiac arrest care.



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- Retain 100% of code blue documentation and automatically transfer the comprehensive reports to the EHR
- Empower receiving care teams to be better informed as they provide follow-up care

3. Collecting and analyzing data to monitor the hospital's resuscitation performance

NEW AND REVISED JOINT COMMISSION REQUIREMENTS:

1. Standard Pl.01.01.01:

EP 10: 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.
- o Transfer to a higher level of care
- 2. **Standard PI.03.01.01: EP 22:** An interdisciplinary committee reviews cases and data to identify and suggest practice and system improvements in resuscitation performance. Note: 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

WITH REVITALPRO, YOU CAN

- Effectively manage the capturing, reporting, processing, and storing of clinical and non-clinical data and information
- Analyze undesirable patterns and trends in performance
- Make changes that improve performance and patient safety while reducing risk
- Monitor the performance of high-risk processes



2022 Joint Commission Resuscitation Standards for Hospitals	How RevitalPro helps hospitals meet the new resuscitation standards
Standard PC.02.01.11 EP 1: Resuscitative services are provided to the patient according to the hospital's policies, procedures, or protocols.	RevitalPro's timers, safety prompts, dosage calculators supports teams real-time in meeting protocols. The post-event data and analytics empowers teams to review where policies are not followed and provide evidence where policies are met. In a Stanford study comparing events ran using RevitalPro versus events managed without it, RevitalPro was shown to: 1. Improve overall chest compression fraction by 13%; 2. Improve the percent of compressions in the target rate and depth range by 17%; and, 3. Improve team dynamics by 33%.

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

The final set of vitals from the cardiac arrest event is critical in driving post-resuscitation care. Whereas documentation on paper can take 2 days to 2 weeks for transcription into the patient's record, RevitalPro makes this data immediately available for the receiving care team's use.

Standard PI.01.01.01: The hospital collects data to monitor its performance.

EP 10: 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)

Paper documentation of cardiac arrests results in missing, incomprehensible, or incomplete data. The aggregated data from RevitalPro is securely captured and available for instant retrieval and easy review, enabling the hospital to quickly demonstrate compliance with the data collection requirements.

Standard PI.03.01.01: The hospital compiles and analyzes data.

EP 22: An interdisciplinary committee reviews cases and data to identify and suggest practice and system improvements in resuscitation performance.

Data collected RevitalPro populates a dashboard of performance charts that allow a hospital to compare their performance against generally accepted guidelines across more than 20 critical factors (and additional ones can be customized from an average of over 200 data elements available per code event documented in RevitalPro). RevitalPro's reporting dashboard will quickly identify opportunities for resuscitation performance improvement and allow committees to make training recommendations.

RevitalPro is the *ONLY* in-hospital solution approved by the American Heart Association for reporting data to the *Get With The Guidelines Registry*.

RevitalPro is the documentation and data management solution needed to help your team navigate the complexity of cardiac arrest care and support your hospital in meeting The Joint Commission's resuscitation standards.



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