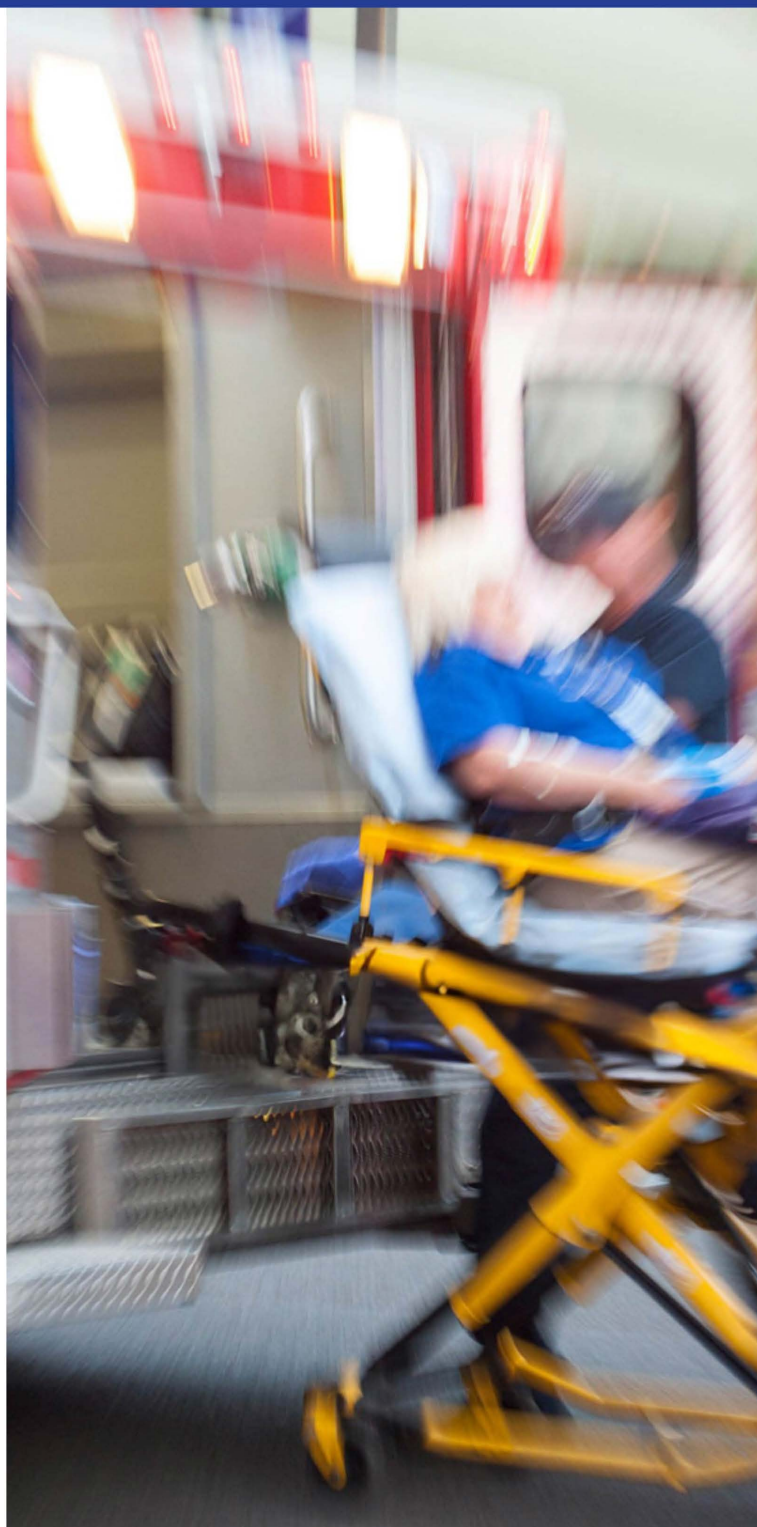
Criteria

Florida
Resuscitation
Center
Committee

LifeLine Resuscitation Center



Purpose

Establish a Resuscitation System of Care with performance improvement and data analysis, identify evidence-based interventions, designate hospitals as Resuscitation Centers, develop care guidelines, and create support networks for survivors and families.

> Resuscitation System of Care

- Create a facilitated Resuscitation System of Care like the current trauma system with performance improvement, data collection/analysis, and enhanced stakeholder engagement.
- Identify evidence-based educational interventions, treatments and protocols to improve the level of care offered to patients needing active resuscitation either in the prehospital, hospital, rehabilitation and post discharge care areas.
- Educate the community in cardiac risk reduction to decrease prevalence of disease.
- Empower and educate the community to respond to sudden cardiac arrest in a timely manner with a systems-based approach.
- Designate eligible hospitals as Resuscitation Centers and develop EMS transportation guidelines directing patients to these centers of excellence.
- Develop by consensus, a structured set of evidence-based practices for cardiac arrest and cardiogenic shock patients that can be used to develop EMS, Hospital and rehabilitation treatment guidelines.
- Create a network of support systems for survivors of cardiac arrest and their families to enhance their

Criteria

Florida's critical access and rural hospitals fill a unique role for our citizens and serve as a lifeline to saving lives in these areas. Healthcare facilities agree to achieve the following criteria in treating resuscitation patients to be recognized as "LifeLine Resuscitation Centers."

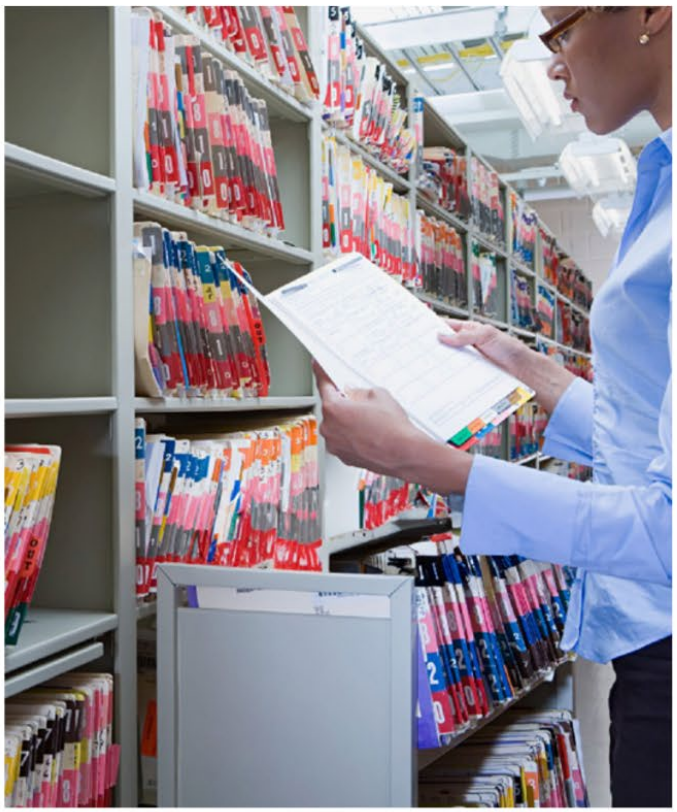
LifeLine Centers shall have commitment from their senior administration as well as their medical staff, will submit data, participate in benchmarking, and participate in performance improvement (PI) review. This shall be signified by signatures on this Letter of Attestation (LOA) that each facility will complete prior to receiving OHCA patients as a **LifeLine Resuscitation Center**. The following tenets represent the core of this LOA.

> LifeLine Resuscitation Center Criteria:

- ☐ Must be designated a "Critical Access Hospital" or "Rural Hospital" pursuant to current Fla. Stat. § 408.07.
- ☐ FRCE – Lifeline designated centers must have prearranged and established transfer agreements with a designated FRCE Primary Resuscitation Center, or Comprehensive Resuscitation Center.
- ☐ Lifeline Centers will use a structured set of evidence-based practices, with defined order sets, standing nursing orders, structured documentation.
- ☐ Evidence based protocol for termination of emergency department resuscitation efforts that includes (in addition to length of time of resuscitative efforts) at least some consideration of physiological parameters (such as end tidal CO2 monitoring, ultrasound, lactic acid level etc.)
- ☐ Pit crew style approach to cardiac arrest management in the Emergency Department.
- ☐ Lifeline centers will consider implementing telemedicine with the receiving facility's critical care or emergency department to assist with post-ROSC management.
- ☐ Post ROSC 12-lead interpretation to identify STEMI criteria.
- ☐ OHCA patients with sustained ROSC at designated Lifeline hospitals will be transferred to a designated FRCE Primary or Comprehensive center. UNLESS patient has demonstrable and documented clinical features suggesting very high risk and/or futility.
- ☐ OHCA patients with sustained ROSC designated for transfer must be "auto-accepted" at the Primary or Comprehensive center, with expedited transfer directly to an ICU/CCU bed, or, if none is immediately available, from ED to ED.
- ☐ Utilize comprehensive order sets, procedures and equipment to start evidence-based temperature control within 2 hours of arrival on patients who do not have purposeful response regardless of presenting rhythm post ROSC.
- ☐ Care plans and order sets with aggressive avoidance of post ROSC hypotension.
- ☐ Data: Mandatory CARES (or equivalent database) participation and data entry. Timely completion of the data for EACH OHCA patient including entry of information into database.
- ☐ Promote bystander CPR training through community initiatives focused on teaching CPR and recognizing cardiac emergencies.
- ☐ Provide all patients and their families with education on cardiac risk reduction, smoking cessation, nutrition/diabetic diet, and behavior modification.

> LifeLine Resuscitation Center Criteria (Continued):

- ☐ Collaboration with local EMS to implement bidirectional performance improvement programs to enhance the overall system of care for cardiac arrest.
- ☐ Will provide all OHCA patients and their families with Survivor Support Education and referral to resources in the community to mitigate the psycho-social impacts of sudden cardiac arrest.
- ☐ Establish a multidisciplinary team to review OHCA patients received at the facility and enhance local care and transfer processes.
- ☐ Identify a multi-disciplinary team that will establish an improvement process for OHCA patients who are post arrest and/or in cardiogenic shock. Including the following roles:
    - ☐ Resuscitation Center (RC) Medical Director
    - ☐ Emergency Medicine Director
    - ☐ RC Program Nursing Director
    - ☐ RC Nurse Specialist / Educator
    - ☐ RC Spiritual Care / Ethics Champion
    - ☐ Outreach and Education Leader
    - ☐ RC Pharmacy Liaison



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