



Primary Resuscitation Center Letter Of Attestation

Florida
Resuscitation
Center
Committee

**Regional
Resuscitation
Center**

Revision 4





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 similar to 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.
- Designate eligible hospitals as Resuscitation Centers and develop EMS transportation guidelines directing patients to these centers of excellence.
- Develop by consensus, a “bundle of care” 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 rehabilitation and promote post event wellness.

Healthcare facilities agree to achieve the following criteria in treating resuscitation patients to be recognized as “Primary Resuscitation Centers.”

Primary Resuscitation 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 **Primary Resuscitation Center**. The following tenets represent the core of this LOA for **Primary Resuscitation Centers**.

> Primary Resuscitation Center Criteria:

1. EMS collaboration to develop an aggressive system of care.
2. Resuscitation Centers will use a Bundle of Care approach, with defined order sets, standing nursing orders, structured documentation, and structured documentation.
3. Objective criteria 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 waveform end tidal CO₂ monitoring, point of care ultrasound, lactic acid level etc.).
4. In- house 24/7 PCI capability. Mandatory interventional cardiology emergency department consultation for all sustained ROSC patients.
5. Activation of cardiac cath lab with rapid response (within 60-90 minutes) for patients with cardiac arrest who have achieved ROSC with evidence of STEMI and/or probable cardiac cause of cardiac arrest with initial shockable rhythm. Unless patient has demonstrable and documented clinical features suggesting very high risk and/or futility.
6. Start evidence based targeted temperature management (TTM) within 2 hours of arrival on patients who do not have purposeful response regardless of presenting rhythm post ROSC utilizing comprehensive patient care guidelines, procedures, and equipment.
7. Care plans and order sets with aggressive avoidance of post ROSC hypotension.
8. Interfacility transfer guidelines to transfer appropriate resuscitation patients to a higher level of care.
9. Resuscitation Center patients should have at least daily, or as appropriate for patient condition, multidisciplinary rounds with appropriate team members for confirmation that Bundle of Care elements have been appropriately implemented and that an aggressive plan of care is in place.
10. Nutrition, PT/OT, Rehab and Spiritual Care aspects of care shall be addressed/implemented on admission.
11. Neurologic prognostication: Prognostication of survival should not be implemented for 72 hours post recovery from TTM unless overwhelming structural evidence of brain death is evident.
 - a. Daily EEG monitoring (continuous if available) of post cardiac arrest patients who undergo TTM is encouraged to monitor neurological status.
12. An evidence-based ICU termination of resuscitation protocol (including a 72-hour moratorium on termination of care for patients receiving hypothermia as part of their TTM).
13. Palliative care guidelines and resources available for patients and families.
14. Protocol for organ donation with evidence of active participation with an organ procurement organization and tissue bank.

CRITERIA

Primary Resuscitation Center

> Primary Resuscitation Center Criteria (Continued):

15. Mandatory CARES participation and data entry with timely completion for every OHCA patient
16. Provide all Resuscitation Center patients and families cardiac risk reduction, smoking cessation, nutrition/diabetic diet, and behavior modification education before discharge.
17. Provide all appropriate patients and their families with hands only CPR and choking education before discharge from the hospital.
18. Provide all 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. Ensure screening for depression, anxiety and PTSD with referral to appropriate clinicians.
19. Have a multi-disciplinary team that will manage patients who are post arrest and/or in cardiogenic shock. The following roles should be recognized:
 - a. Resuscitation Center (RC) Medical Director
 - b. Emergency department medical director
 - c. Intensive Care Unit Medical Director and/or Cardiac Care Unit Medical Director.
 - d. RC Program Nursing Director
 - e. RC Nurse Specialist/Educator
 - f. RC Program Registrar
 - g. RC Rehab Team Leader (PT/OT/Speech)
 - h. RC Spiritual Care/Ethics Champion
 - i. RC Cardiac Rehab/Home care/Clinic Nurse Case Manager
 - j. RC Pharmacy Liaison
 - k. RC Nutrition/Dietary Services Liaison
20. Shall have on-call medical specialty support in the following disciplines:
 - a. Interventional Cardiology
 - b. Pulmonary-Critical care
 - c. Neurology
 - d. Infectious Disease
 - e. Palliative Care/Hospice
21. It is recommended to have specialist support in the following disciplines:
 - a. Cardiac Electrophysiology
 - b. Vascular Surgery
 - c. Cardio-Thoracic Surgery
 - d. Gastroenterology
 - e. Nephrology
 - f. Otolaryngology
 - g. Physical Medicine and Rehabilitation
 - h. Neuro Radiology
 - i. Geriatrics
 - j. Behavioral Health



TERM

Florida Resuscitation Center Committee

This Letter of Attestation (LOA) is in effect on the date on which it is signed and remains in effect for a period of three (3) years. All parties reserve the right to terminate this LOA at any time, with or without cause.

Health Care Systems signing this LOA are attesting that their facility or facilities meets the criteria, and they will maintain the capabilities as specified in this LOA.

Designation: Primary Resuscitation Center

XXXXXX Healthcare System

XXXXXXXX EMS System



Florida Resuscitation
Center Committee
**Regional
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Approved: _____