# PRIMARY VS. COMPREHENSIVE RESUSCITATION CENTER REQUIREMENTS

## Primary Resuscitation Centers

**Focus on foundational criteria to ensure high-quality care for resuscitation patients.**

*Hospitals and EMS systems that participate in the Cardiac Arrest Registry to Enhance Survival (CARES) meet Primary Resuscitation Center criteria.*

## Comprehensive Resuscitation Centers

**Build on primary requirements, incorporating advanced capabilities and additional services.**

*Must meet all primary resuscitation center criteria (including all recommended specialties).*

**Primary vs. Comprehensive Resuscitation Center Requirements**

| Criteria | Primary Resuscitation Center | Comprehensive Resuscitation Center |
|---|---|---|
| **Administrative Commitment**<br>*Signed attestation from senior administration and medical staff.* | ✓ | ✓ |
| **Bundle of Care**<br>*Use standardized care plans to ensure consistent, high-quality resuscitation care.* | ✓ | ✓ |
| **Evidence-Based Protocols**<br>*Include specific criteria for resuscitation termination and care.* | ✓ | ✓ |
| **Cardiology Consultation**<br>*Mandatory for sustained ROSC patients* | ✓ | ✓ |
| **Rapid Cardiac Cath Lab Activation**<br>*For eligible ROSC patients within 60-90 minutes.* | ✓ | ✓ |
| **Targeted Temperature Management (TTM)**<br>*Initiated within 2 hours for certain patients.* | ✓ | ✓ |
| **Post-ROSC Care Plans**<br>*Develop strategies to prevent hypotension after a patient regains circulation.* | ✓ | ✓ |
| **Transfer Guidelines**<br>*For higher-level care when needed.* | ✓ | ✓ |
| **Multidisciplinary Rounds**<br>*Regular reviews of care plans and implementation.* | ✓ | ✓ |
| **Comprehensive Patient Care**<br>*Address the patient's overall well-being, including nutrition, rehabilitation, and spiritual care, from admission.* | ✓ | ✓ |

# PRIMARY VS. COMPREHENSIVE RESUSCITATION CENTER REQUIREMENTS

| Primary vs. Comprehensive Resuscitation Center Requirements | | |
|---|---|---|
| **Criteria** | **Primary Resuscitation Center** | **Comprehensive Resuscitation Center** |
| **Organ Donation Protocol**<br>*Active participation with organ procurement organizations.* | ✓ | ✓ |
| **CARES Participation**<br>*Enter patient data into a national registry to provide EMS agencies feedback and improve cardiac arrest outcomes.* | ✓ | ✓ |
| **Patient Education**<br>*Cardiac risk reduction, CPR, and support services before discharge.* | ✓ | ✓ |
| **Multidisciplinary Team**<br>*Designated roles for resuscitation care.* | ✓ | ✓ |
| **Specialist Support**<br>*Ensure access to various medical experts, such as cardiologists, neurologists, and critical care specialists.* | ✓ | ✓ |
| **EMS Collaboration**<br>Work closely with emergency services to enhance the overall system of care for cardiac arrest. | ✓ | ✓ |
| **24/7 On-Site Critical Care**<br>Have pulmonary/critical care specialists and interventional cardiologists available at all times. | X | ✓ |
| **Mechanical Circulatory Support (MCS)**<br>*In-house advanced life-support machines like ECMO to support heart and lung functions in critical cases.* | X | ✓ |
| **Neurological Monitoring**<br>*Offer specialized neurological care with neuro-intensivists to monitor brain health during recovery.* | X | ✓ |
| **Research Involvement**<br>Engage in research activities to improve treatment strategies for cardiac arrest. | X | ✓ |
| **Community Outreach**<br>*Run programs to educate the public on heart health and reducing the risk of cardiac diseases.* | X | ✓ |
| **Bystander CPR Promotion**<br>*Organize community initiatives to teach CPR and recognize cardiac emergencies.* | X | ✓ |

**RESUSCITATE FLORIDA**
*Visit www.FAEMSMD.org/FRCE*

**THOMAS DIBERNARDO**
thomas.dibernardo@flhealth.gov

**MELISSA KEAHEY**
mkeahey@emlrc.org