

UPDATED TJC RESUSCITATION STANDARDS

Resuscitation Education and Resources in Response to New TJC Requirements

Despite improvements in resuscitation outcomes nationally over the past two decades, survival after in-hospital cardiac arrest still varies widely across different hospitals. The revised JTC standards on resuscitation care address several factors that been cited as critical to performance, including the quality of personnel training, adherence to protocols, collection of data, and implementing internal quality control mechanisms. Avel recognizes the importance of these new JTC requirements and the impact they will have on your facility.

WHAT ARE THE NEW REQUIREMENTS?

Standard (S): Resuscitative services are available throughout the hospital.

- 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

(S) The hospital implements processes for post-resuscitation care

- EP 1: The hospital develops and follows policies, procedures, or protocols based on current scientific literature for interdisciplinary post-cardiac arrest care.
- EP 2: The hospital develops and follows policies, procedures, or protocols based on current scientific literature to determine the neurological prognosis for patients who remain comatose after cardiac arrest.
- EP 3: The hospital follows written criteria or a protocol for inter-facility transfers of patients for post-cardiac arrest care, when indicated.

(S) 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)

(S) 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.

[Click HERE for a link to the R3 Report.](#)

HOW AVEL CAN HELP

Transfer Assistance

- Standard PC.02.01.20: The hospital implements processes for post-resuscitation care.
- EP 3: The hospital follows written criteria or a protocol for inter-facility transfers of patients for post-cardiac arrest care, when indicated.

Recording of the Code starting at the time of arrival

- Standard PI.01.01.01: The hospital collects data to monitor its performance.
- EP 22: An interdisciplinary committee reviews cases and data to identify and suggest practice and system improvements in resuscitation performance.

Debriefing Assistance of the event

- Standard PI.01.01.01: The hospital collects data to monitor its performance.
- EP 22: An interdisciplinary committee reviews cases and data to identify and suggest practice and system improvements in resuscitation performance.