



Resuscitation Center of Excellence Designation Process Assessment Tool

Friday, August 1, 2008

6:15 pm

Mr. Hayes is a 42 y/o male who is working out at an Austin area gym after a long day at work.

6:45 pm

Mr. Hayes collapses in the gym. He is unresponsive and breathing abnormally. A bystander begins CPR but an AED is not available. A staff member calls 911.

6:51 pm

The fire department arrives at the gym 6 minutes after Mr. Hayes became unresponsive. The fire department's AED delivers one defibrillatory shock to Mr. Hayes.

6:53 pm

EMS Paramedics arrive. They establish IV access, administer medications per ACLS guidelines, and place an endotracheal tube. Mr. Hayes has a very brief period of ROSC (return of spontaneous circulation). Mr. Hayes' significant past medical history is limited to hypertension.

7:17 pm

With the exception of the brief ROSC period, Mr. Hayes remains in ventricular fibrillation. His end tidal CO₂ has consistently been 30-40 mm Hg during CPR for the past 15 minutes. Due to a number of factors, the decision is made to transport to your Hospital as it is the nearest Resuscitation Center of Excellence.

7:19 pm

The EMS Paramedics call your Hospital's Emergency Department. They provide the above details. Their expected time of arrival to your facility is 10 minutes.

7:29 pm

EMS arrives at the entrance to your facility's Emergency Department with Mr. Hayes.

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Refer to the Resuscitation Center of Excellence Designation Process for detailed criteria

- 1. What has your facility done to prepare for this patient? Describe the past, recent and just in time preparations.**
[This should include those preparations directed toward ED, Cath lab, ICU, and other Hospital support staff. Preparations include the establishment of specific processes, designation of staff duties, staff education, and equipment acquisition.]
- 2. Beginning with the EMS notification at 7:19 pm, how will your facility initially care for this patient (describe the first 3 hours)?**
[What will occur in the ED? How will these decisions be made? How will the cath lab be integrated into the decision making process? What patients will go to the cath lab from the ED? When will therapeutic hypothermia be initiated? What processes are in place to ensure these things are done?]
- 3. How will your facility care for this patient over the next 48 hours?**
[What will occur after the ED and/or cath lab? Specifically, what will occur in the ICU with regard to hypothermia and rewarming?]
- 4. What additional services will be provided to Mr. Hayes and/or his family caregivers just prior to and after his discharge?**
[What services or referral to services will be provided to Mr. Hayes in the 48 hours prior to and at the time of discharge? Included in this discussion should be cardiac rehab, risk factor reduction, ACS symptom recognition, CPR training, Organ donation if the patient dies in the hospital]
- 5. How will your facility provide treatment and outcome data related to this patient?**
[Who will be designated as the lead contact person for your facility? How will this person or others in your facility gather the data and submit it to the OMD?]
- 6. What obstacles do you foresee in terms of caring for Mr. Hayes at your facility using resuscitation and post resuscitation approaches identified in current resuscitation literature?**