

Prepublication Requirements

• Issued June 18, 2021 •



New and Revised Requirements for Resuscitation

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition*®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE HOSPITAL ACCREDITATION PROGRAM

Effective January 1, 2022

Provision of Care, Treatment, and Services (PC) Chapter

PC.02.01.11

~~Resuscitation~~ services are available throughout the hospital.

Resuscitative services are available throughout the hospital.

Element(s) of Performance for PC.02.01.11

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| 1. | Resuscitation services are provided to the patient according to the hospital's policies, procedures, or protocols. | <input type="checkbox"/> <input type="checkbox"/> |
| 1. | <u>Resuscitative</u> services are provided to the patient according to the hospital's policies, procedures, or protocols. | <input type="checkbox"/> <input type="checkbox"/> |

Key: **D** indicates that documentation is required;

R indicates an identified risk area;

4. An evidence-based training program(s) is used to train staff to recognize the need for and use of resuscitation equipment and techniques. ☐☐
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**
- Note 1: Topics may cover resuscitation procedures or protocols; use of cardiopulmonary resuscitation techniques, devices, or equipment; and the roles and responsibilities during resuscitation events.**
- Note 2: The format and content of education and training are determined by the hospital (for example, a skills day, a mock code).**
- (See also HR.01.01.01, EP 1; HR.01.05.03, EP 1)**

PC.02.01.20

The hospital implements processes for post-resuscitation care.

Element(s) of Performance for PC.02.01.20

1. The hospital develops and follows policies, procedures, or protocols based on current scientific literature for interdisciplinary post-cardiac arrest care. ☐ (D)
Note 1: Post-cardiac arrest care is aimed at identifying, treating, and mitigating acute pathophysiological processes after cardiac arrest and includes evaluation for targeted temperature management and other aspects of critical care management.
Note 2: This requirement does not apply to hospitals that do not provide post-cardiac arrest care.
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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. ☐ (D)
Note 1: Because any single method of neuroprognostication has an intrinsic error rate, current guidelines recommend that multiple testing modalities be incorporated into organizations' routine procedures and protocols to improve decision-making accuracy.
Note 2: This requirement does not apply to hospitals that do not provide post-cardiac arrest care.
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3. The hospital follows written criteria or a protocol for inter-facility transfers of patients for post-cardiac arrest care, when indicated. ☐ (D)

Key: (D) indicates that documentation is required; (R) indicates an identified risk area;

Performance Improvement (PI) Chapter

PI.01.01.01

The hospital collects data to monitor its performance.

Element(s) of Performance for PI.01.01.01

10. The hospital collects data on the following: ~~The results of resuscitation.~~ (See also LD.03.07.01, EP 2)

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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)
- Note: Return of spontaneous circulation (ROSC) is defined as return of spontaneous and sustained circulation for at least 20 consecutive minutes following resuscitation efforts.**
- Transfer to a higher level of care
- (See also LD.03.07.01, EP 2; PI.03.01.01, EP 22)

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Formerly standard PI.02.01.01, this standard is being moved to PI.03.01.01 as part of the revisions to the Performance Improvement standards, details for which can also be found on the Prepublication Standards page.

PI.03.01.01

The hospital compiles and analyzes data.

Element(s) of Performance for PI.03.01.01

22. An interdisciplinary committee reviews cases and data to identify and suggest practice and system improvements in resuscitation performance.
- Note 1: Examples of the review could include:**
- How often early warning signs of clinical deterioration were present prior to in-hospital cardiac arrest in patients in non-monitored or non-critical care units
 - Timeliness of staff's response to a cardiac arrest
 - The quality of cardiopulmonary resuscitation (CPR)
 - Post-cardiac arrest care processes
 - Outcomes following cardiac arrest
- Note 2: The review functions may be designated to an existing interdisciplinary committee.**
(See also PC.02.01.19, EPs 1 and 2; PC.02.01.20, EPs 1–3; PI.01.01.01, EP 10)

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