

Resuscitation Standards for Hospitals

Effective January 1, 2022, new and revised requirements related to resuscitation care will be applicable to Joint Commission accredited hospitals and critical access hospitals (CAHs). The requirements aim to strengthen resuscitation and post-resuscitation care processes in hospitals and CAHs by bringing the standards in closer alignment with contemporary guidelines and evidence.

Despite improvements in resuscitation outcomes nationally over the past two decades, survival after hospital cardiac arrest varies widely across and within hospitals. The revised standards on resuscitation care address several interlinked factors that have been cited as critical to resuscitation performance; namely, the quality of hospital personnel training, adherence to evidence-based protocols, collection of data, and the implementation of internal quality control and case review mechanisms. Overall, the revised standards are intended to reduce unnecessary variations in practice and encourage hospitals to adopt a more proactive and responsive approach to resuscitation and post-resuscitation care to maximize patient survival with the best possible neurological outcomes.

Engagement with stakeholders, customers, and experts

The Joint Commission obtained guidance from the following groups:

- [Technical Advisory Panel \(TAP\)](#) resuscitation experts from various health care and academic organizations, professional associations, and leading institutions
- [Standards Review Panel \(SRP\)](#) clinicians and administrators who provided a “boots on the ground” point of view and insights into the practical application of the proposed standards.
- American Heart Association (AHA) staff
- Stakeholders from accredited hospitals, government/regulatory agencies, and professional organizations

Provision of Care, Treatment, and Services

Standard PC.02.01.11: Resuscitative services are available throughout the hospital.

Requirement (existing)	EP 1: Resuscitative services are provided to the patient according to the hospital's policies, procedures, or protocols.
Requirement (existing)	EP 2 Resuscitation equipment is available for use based on the needs of the population served. Note: For example, if the hospital has a pediatric population, pediatric resuscitation equipment should be available. (See also EC.02.04.03, EP 2)
Requirement	

Standard PI.3.01.01: The hospital compiles and analyzes data.

**Requirement
(new)**

EP 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 nonmonitored or noncritical care units
- Timeliness of staff's response to a cardiac arrest
- The quality of cardiopulmonary resuscitation (CPR)
- Post-cardiac arrest care

Advisory Roster for Resuscitation Standards

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