



BOTSWANA NATIONAL HEALTH QUALITY STANDARDS FOR HOSPITALS

30. Resuscitation System

These forms are designed to be used by both hospital personnel and external surveyors. The following information must be provided after each survey, before submitting the completed survey forms.

1. NAME OF HOSPITAL/CLINIC/FACILITY: _____

2. BASELINE/INTERNAL SURVEY INFORMATION:

Title and name of person who completed this document: _____

Post and position held: _____

Date of survey: _____

3. EXTERNAL SURVEY INFORMATION:

Name of external surveyor: _____

Date of external survey: _____

GUIDE TO COMPLETION OF FORM

N.B. Hospital staff are please to use BLACK ink at all times. The external surveyors are requested to use RED ink at all times.

Please circle the rated compliance with the criterion, e.g. NA (Not applicable), NC (Non-compliant), PC (Partially compliant), C (Compliant).

The default category affected is designated on the form for each criterion as follows:

1. patient and staff safety
2. legality
3. patient care
4. efficiency
5. structure
6. basic management
7. basic process
8. evaluation

The seriousness of the default is designated on the form for each criterion as follows:

1. mild
2. moderate
3. serious
4. very serious

<u>Documents Checked</u>
Surveyor:
Surveyor:



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30. Resuscitation System



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30.1 Resuscitation Committee

30.1.1 Standard

A resuscitation committee coordinates the management of resuscitation equipment, procedures, training and audit systems.

Standard Intent: Resuscitation equipment and procedures need to be uniform throughout the organisation. This requires:

- coordination among those who provide and maintain the equipment
- training (initial and on-going) of personnel to carry out procedures and to use the equipment
- ensuring the availability of the required equipment
- maintaining and monitoring equipment, and
- ensuring that required drugs are available.

A competent individual who has the necessary knowledge and expertise with regard to resuscitation and the equipment required provides this coordination. The resuscitation coordinator should be a registered healthcare professional with at least Basic Life Support (BLS) or equivalent and have the necessary authority to be able to oversee and ensure the safe and efficient functioning of the resuscitation service throughout the institution.

Deficiencies in the system regarding equipment, its use and the knowledge and skills required by those who carry out resuscitation are identified, documented and acted upon. Each organisation identifies those members of personnel to be trained in emergency life-support, and the level of training (basic or advanced) appropriate to their role in the organisation.

The person(s) providing the training must be currently registered/accredited with a recognised body as a resuscitation trainer. Training in many instances can be outsourced.

	Criterion	Comments
		Recommendations
Criterion 30.1.1.1 Critical: .. Catg: Basic Management + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The organisation establishes a Resuscitation Committee to advise on the required resuscitation equipment and procedures.	
Criterion 30.1.1.2 Critical: .. Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Each committee member's responsibility for resuscitation is documented in a written job description.	



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Criterion 30.1.1.3 Critical: '' Catg: Basic Management + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	A suitably qualified and experienced health professional is appointed as the resuscitation coordinator.	
Criterion 30.1.1.4 Critical: '' Catg: Basic Management + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	The medical equipment coordinator is on the committee.	
Criterion 30.1.1.5 Critical: '' Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	A person designated to be a resuscitation coordinator provides information, instruction and training on resuscitation to the personnel of the organisation.	
Criterion 30.1.1.6 Critical: '' Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The committee checks and documents that systems for the provision of emergency power are regularly checked.	
Criterion 30.1.1.7 Critical: '' Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The committee checks and documents that the the supply of gases and vacuum are regularly checked.	



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Criterion 30.1.1.8 Critical: .. Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	A member of the resuscitation committee visits (at least monthly) all clinical departments where resuscitation equipment is used to monitor all aspects relating to resuscitation and equipment.	
Criterion 30.1.1.9 Critical: .. Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Records of these visits are kept, with reports on problems experienced, advice given and any remedial action taken.	
Criterion 30.1.1.10 Critical: .. Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Policies and procedures relating to the acquisition, maintenance and checking of resuscitation equipment are implemented.	



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30.2 Equipment and Medications

30.2.1 Standard

Essential resuscitation equipment and medications are available for each patient care area.

Standard Intent: The resuscitation committee ensures that the correct equipment is available for resuscitation. This requires agreeing to and listing those items of equipment deemed to be necessary for resuscitation.

A resuscitation trolley should be available within one minute of any patient. The resuscitation committee or equivalent ensures that each patient care area has access to a defibrillator or automated external defibrillator (AED) within three minutes of any collapsed patient.

Resuscitation equipment, with paediatric sizes where applicable, includes at least:

- A defibrillator with adult paddles/pads (and infant paddles/pads where applicable)
- An ECG monitor
- A CPR board (if required, e.g. not required for certain types of beds such as ICU or certain trauma beds)
- Suction apparatus (electrical and/or alternative) plus range of soft and hard suction catheters
- A bag-valve-mask manual ventilator
- Range of endotracheal tubes and two laryngoscopes with a range of straight and curved blades, spare batteries, spare globes, where applicable
- Introducer/stylet for endotracheal intubation
- Syringe to inflate ETT cuff
- Oropharyngeal tubes
- Equipment to perform an emergency cricothyroidotomy, either by needle or surgically.
- Appropriate facilities for intravenous therapy and drug administration (including paediatric sizes)
- Medication for cardiac arrest, coma, seizures, anaphylactic shock, etc. (including paediatric doses), and
- Intravenous fluids, including plasma expanders.

Members of the committee ensure that regular equipment checks are carried out. Individuals in patient care areas are responsible for the checking of resuscitation equipment daily, or after each use, whichever comes first. Records of these tests are maintained. Documented policies and procedures detailing what these checks will encompass and who will be responsible for their implementation should be in place. Documented policy and procedures as well as evidence in the form of a visitation logbook or similar record system are required.

Proper checklists need to be available and should indicate both the recommended minimum quantities and the quantities actually present. These checks must also include expiry dates with regard to all limited lifespan items such as medication, ECG electrodes, tubes, catheters, etc.

Criterion	Comments
	Recommendations



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<p>Criterion 30.2.1.1</p> <p>Critical: ..</p> <p>Catg: Basic Management + Physical Struct</p> <p style="text-align: center;">Compliance</p> <p style="text-align: center;">NA NC PC C</p> <p>Default Severity for NC or PC = 4 Very Serious</p>	<p>The organisation has an updated list of equipment required for resuscitation in each area, including items as listed in the intent statement.</p>	
<p>Criterion 30.2.1.2</p> <p>Critical: 0</p> <p>Catg: Basic Process + Efficiency</p> <p style="text-align: center;">Compliance</p> <p style="text-align: center;">NA NC PC C</p> <p>Default Severity for NC or PC = 4 Very Serious</p>	<p>The committee ensures that resuscitation equipment is readily accessible to every patient care area in the organisation.</p>	
<p>Criterion 30.2.1.3</p> <p>Critical: ..</p> <p>Catg: Basic Process + Efficiency</p> <p style="text-align: center;">Compliance</p> <p style="text-align: center;">NA NC PC C</p> <p>Default Severity for NC or PC = 3 Serious</p>	<p>The committee checks and documents that resuscitation equipment and drugs are checked daily, or immediately after use, by persons identified to be responsible for this.</p>	



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30.3 Education and Training

30.3.1 Standard

All personnel are suitably trained and educated to provide resuscitation and competencies are regularly measured.

Standard Intent: It is the responsibility of the management to ensure that training and education needs for resuscitation are identified, that appropriate training and education are provided, and that personnel show proof of competence.

The standards do not specify levels of training as this will be decided on by management and included in the policy framework/continuing education strategy. Every person employed in a hospital should be trained in at least basic CPR and their on-going competence tested at intervals specified in facility policy.

Evidence of training of different levels of personnel is required to assess compliance. It is recommended that 80% of the clinical staff complement on duty in patient care units have been trained.

	Criterion	Comments
		Recommendations
Criterion 30.3.1.1 Critical: '' Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	The Resuscitation Committee develops a continuing education strategy to ensure that all personnel in the organisation are trained in cardio-pulmonary resuscitation.	
Criterion 30.3.1.2 Critical: '' Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	There is evidence that all members of the Resuscitation Committee, as well as relevant personnel, attend courses and seminars on resuscitation and that records of attendance are kept.	
Criterion 30.3.1.3 Critical: '' Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	New healthcare professionals employed in clinical wards/units are provided with resuscitation training within one month of appointment.	



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Criterion 30.3.1.4 Critical: .. Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The continuing education strategy ensures that resuscitation training of personnel is kept current.	
Criterion 30.3.1.5 Critical: .. Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Dated records are kept of attendance at in-service training programmes.	
Criterion 30.3.1.6 Critical: 0 Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	There is a mechanism whereby personnel show proficiency in resuscitation techniques.	



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30.4 Quality Improvement

30.4.1 Standard

A formalised proactive quality improvement approach is maintained in the resuscitation service.

Standard Intent: This refers to the implementation of organisational quality improvement processes (Service Element 8).

It is the responsibility of management of the organisation to ensure that standards are set throughout the organisation. Within each department or service, it is the responsibility of managers to ensure that standards are set for the particular department. This requires coordination with the organisation's central/management/coordinating quality improvement structures or systems. Departmental managers use available data and information to identify priority areas for quality monitoring and improvement.

Quality monitoring could include:

- Clinical audits on resuscitations performed and documented evidence of remedial actions undertaken
- Progress made in the number of staff members trained according to the education strategy
- Monitoring adherence to policies and procedures with regard to daily checking of the emergency trolleys
- Monitoring the frequency and causes of adverse events related to the operations of the resuscitation service
- Monitoring the frequency of resuscitations and why these patients were not identified pre-arrest, and
- The minimum requirement would be the evaluation of resuscitation events.

The following will be evaluated:

- problems identified in this service for which quality improvement activities were initiated
- the processes put in place to resolve the problems
- the identification of indicators to measure improvement
- the tool(s) used to evaluate these indicators
- the monitoring of these indicators and corrective steps taken when goals were not achieved, and
- graphed and/or tabled results, as appropriate.

	Criterion	Comments
		Recommendations
Criterion 30.4.1.1 Critical: .. Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	There are formalised quality improvement processes for the service that have been developed and agreed upon by the personnel of the service.	
Criterion 30.4.1.2 Critical: .. Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	Indicators of performance are identified to evaluate the quality of the service.	



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Criterion 30.4.1.3 Critical: .. Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The quality improvement cycle includes the monitoring and evaluation of the standards set and the remedial action implemented.	
Criterion 30.4.1.4 Critical: .. Catg: Evaluation + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	A documentation audit system is in place.	