Florida Resuscitation Center Committee
Regional Resuscitation Center
LETTER OF ATTESTATION

BACKGROUND

In February of 2020 a committee consisting of prehospital and cardiology leaders throughout the state was formed with the primary goal of establishing a system of care designed to improve efficiency of treatment and outcomes for patients experiencing cardiac arrest with return of spontaneous circulation (ROSC). Cardiac arrest is a leading cause of death in Florida, yet improvement in survival rates continues to lag behind improvements seen in other time sensitive diagnosis systems such as trauma, STEMI or stroke. Initial goals were developed and are listed below:

PURPOSE

- Create a facilitated **Resuscitation System of Care** similar to the current trauma system with performance improvement, data collection/analysis, and enhanced stakeholder engagement.
- Identify evidence-based educational interventions, treatments and protocols to improve the level of care offered to patients needing active resuscitation either in the prehospital, hospital, rehabilitation and post discharge care areas.
- Educate the community in cardiac risk reduction to decrease prevalence of disease.
- Empower and educate the community to respond to sudden cardiac arrest in a timely manner with a systems-based approach.
- Designate eligible hospitals as Resuscitation Centers and develop EMS transportation guidelines directing patients to these centers of excellence.
- Develop by consensus, a "bundle of care" for cardiac arrest and cardiogenic shock patients that can be used to develop EMS, Hospital and rehabilitation treatment guidelines.
- Create a network of support systems for survivors of cardiac arrest and their families to enhance their rehabilitation and promote post event wellness.

CRITERIA

Primary Resuscitation Center

HEALTHCARE FACILITIES AGREE TO ACHIEVE THE FOLLOWING CRITERIA IN TREATING RESUSCITATION PATIENTS TO BE RECOGNIZED AS "PRIMARY RESUSCITATION CENTERS."
Primary Resuscitation Centers shall have commitment from their senior administration as well as their medical staff**,** will submit data, participate in benchmarking, and participate in performance improvement (PI) review. This shall be signified by signatures on this Letter of Attestation (LOA) that each facility will complete prior to receiving OHCA patients as a **Primary Resuscitation Center**. The following tenets represent the core of this LOA for **Primary Resuscitation Centers**.

Primary Resuscitation Center Criteria:

1. Resuscitation Centers will use a Bundle of Care approach, with defined order sets, standing nursing orders, structured documentation, and will implement multidisciplinary care plans.
2. Evidence based protocol for termination of emergency department resuscitation efforts that includes (in addition to length of time of resuscitative efforts) at least some consideration of physiological parameters (such as end tidal CO2 monitoring, ultrasound, lactic acid level etc.)
3. Mandatory Interventional Cardiology evaluation with activation of cardiac cath lab with rapid response (within 60-90 minutes) for patients with cardiac arrest who have achieved ROSC with evidence of STEMI and/or probable cardiac cause of cardiac arrest with initial shockable rhythm. UNLESS patient has demonstrable and documented clinical features suggesting very high risk and/or futility.

4. Utilize comprehensive patient care guidelines, procedures and equipment to start evidence based targeted temperature management within 2 hours of arrival on patients who do not have purposeful response regardless of presenting rhythm post ROSC.
5. Care plans with aggressive avoidance of post ROSC hypotension.
6. Resuscitation Center patients should have at least daily, or as appropriate for patient condition, multidisciplinary rounds with appropriate team members for confirmation that Bundle of Care elements have been appropriately implemented and that an aggressive plan of care is in place.
7. Nutrition, PT/OT, Rehab and Spiritual Care aspects of care shall be addressed/implemented on admission.
8. Neurologic prognostication: Prognostication of survival should not be implemented for 3-7 days post recovery from therapeutic hypothermia unless overwhelming structural evidence of brain death is evident. Daily EEG monitoring of post cardiac arrest patients who undergo TTM is encouraged to monitor neurological status. Daily EEG at a minimum, but continuous if available.
9. Have guidelines and protocols to transfer appropriate resuscitation patients to a higher level of care when appropriate.
10. An evidence-based ICU termination of resuscitation protocol (including a 72-hour moratorium on termination of care for patients receiving TTM).
11. Resuscitation Centers shall have appropriate palliative care guidelines and resources available for patients and families. Protocol for organ donation with evidence of active participation with an organ procurement organization and tissue bank.
12. Data: Mandatory CARES (or equivalent database) participation and data entry. Timely completion of the data for EACH OHCA patient (NOT just cooled patients) including entry of information into database.
13. At least one hospital representative involved in cardiac care must attend the Regional Resuscitation Center meetings to share data and ensure all of our Resuscitation Centers operate and maintain their recognition in a consistent manner. These meetings will be held in conjunction with relevant state meetings (none scheduled at present but may be up to twice per year).
14. Will provide all Resuscitation Center patients and families cardiac risk reduction, smoking cessation, nutrition/ diabetic diet, and behavior modification education before discharge.
15. Provide all appropriate patients and their families with hands only CPR and choking education before discharge from the hospital.
16. Will provide all patients and their families with Survivor Support Education and referral to resources in the community to mitigate the psycho-social impacts of sudden cardiac arrest. Case managers will ensure screening for depression, anxiety and PTSI with referral to appropriate clinicians.

17. Have a multi-disciplinary team that will manage patients who are post arrest and/or in cardiogenic shock. A Resuscitation Center service line to provide a system of care including the following roles:
    a. Resuscitation Center (RC) Medical Director
    b. Emergency Medicine Director
    c. Intensive Care Unit Medical Director, *and/or* Cardiac Care Unit Medical Director.
    d. RC Program Nursing Director
    e. RC Nurse Specialist/ Educator
    f. RC Program Registrar
    g. RC Rehab Team Leader (PT/OT/Speech)
    h. RC Spiritual Care/ Ethics Champion
    i. RC Cardiac Rehab/Home care/Clinic Nurse Case Manager
    j. RC Pharmacy Liaison
    k. RC Nutrition/ Dietary Services Liaison
18. Have on-call medical specialty support in the following disciplines:
    a. Interventional Cardiology
    b. Pulmonary-Critical care
    c. Neurology
    d. Infectious Disease
    e. Palliative Care/Hospice

    It is RECOMMEDED to have specialist support in the following disciplines:
    a. Cardiac Electrophysiology
    b. Vascular Surgery
    c. Cardio-Thoracic Surgery

d. Gastroenterology
e. Nephrology
f. Otolaryngology
g. Physical Medicine and Rehabilitation
h. Neuro Radiology
i. Geriatrics
j. Behavioral Health

Comprehensive Resuscitation Centers

HEALTHCARE FACILITIES AGREE TO ACHIEVE THE FOLLOWING CRITERIA IN TREATING RESUSCITATION PATIENTS TO BE RECOGNIZED AS "COMPREHENSIVE RESUSCITATION CENTERS."

Comprehensive Resuscitation Centers shall have commitment from their senior administration as well as their medical staff**,** will submit data, participate in benchmarking, and participate in Performance Improvement (PI) review. This shall be signified by signatures on this Letter of Attestation (LOA) that each facility will complete prior to being identified as a **Comprehensive Resuscitation Center**. The following tenets represent the core of this LOA for **Comprehensive Resuscitation Centers**.

Comprehensive Resuscitation Center Criteria:

1. Must meet all primary resuscitation center criteria. (Including all recommended specialties)

2. Have in-house 24/7 Pulmonary/Critical Care, and on-call 24/7 interventional cardiologists.
3. In house Mechanical Circulatory Support (MCS) capabilities (i.e. ECMO etc.) – by Q1 2023.
4. Neurological critical care monitoring with neuro-intensivist consultation services.
5. Preferably involved in research and advancement of the science of cardiac arrest care.
6. Outreach program to community organizations to promote health and lifestyle modifications to decrease the prevalence of cardiac disease.
7. EMS collaboration to develop an aggressive system of care. Promote and teach community efforts to increase bystander CPR and recognition of sudden cardiac arrest (pulsepoint, etc.)
8. A comprehensive medical program focused on primary prevention of cardiac arrest.

TERM

This Letter of Attestation (LOA) is in effect on the date on which it is signed and remains in effect for a period of three (3) years. All parties reserve the right to terminate this LOA at any time, with or without cause.

Health Care Systems signing this LOA are attesting that their facility or facilities meets the criteria, and they will maintain the capabilities as specified in this LOA.

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XXXXXX Healthcare System XXXXXXX EMS System