

Changes needed to improve in-hospital cardiac arrest care, survival

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Policy and practice changes by healthcare institutions, providers and others could greatly improve medical care and improve survival for people who have a sudden cardiac arrest in the hospital, according to an American Heart Association consensus statement in its journal, *Circulation*.

Each year, more than 200,000 adults and 6,000 children have in-hospital cardiac arrests, and survival has remained essentially unchanged for decades, statement authors said. According to the [American Heart Association](#), only 24.2 percent of in-hospital cardiac arrest patients survive to [hospital discharge](#).

Much more could be done to improve in-hospital cardiac arrest care by providers, institutions and the healthcare system, authors said.

A big obstacle to better care for in-hospital cardiac arrest is the inability to gather reliable data, said Laurie Morrison, M.D., M.Sc., statement lead author. "We must be able to count how many in-hospital cardiac arrests occur and report comparable outcomes across institutions—and apply the science to everyday care more quickly," said Morrison, also the Robert and Dorothy Pitts Chair in Acute Care & Emergency Medicine at St. Michael's Hospital in Toronto.

The statement's key recommendations include:

- Establishing competency of all hospital staff in recognizing a cardiac arrest, performing chest compressions and using an automated external defibrillator or AED.
- Ensuring that best practices are used in all stages of care for cardiac arrest.
- Requiring that all in-hospital cardiac arrests be reported, with survival data, using consistent definitions across hospitals. Definitions currently are not standardized, researchers said.
- Mandating that hospitals report rates per 1,000 admissions of do-not-attempt-to-resuscitate orders among patients before an arrest occurs. Variation in reporting and implementing these orders can dramatically skew data about patient outcomes.
- Modifying billing codes to allow collection of more specific and accurate data for in-hospital [cardiac arrest](#). The authors also suggest separate guidelines for in-hospital versus out-of-hospital cardiac arrests.

Provided by American Heart Association

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