Resuscitation Council UK

Quality Standards: Introduction and overview

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Overview

Our quality standards for cardiopulmonary resuscitation practice and training are guides that healthcare organisations can use in order to provide a high-quality resuscitation service.

This introduction page outlines how these quality standards have been developed and why they're important.

1. Contributors

The following organisations have all contributed to our quality standards, including this introduction and overview:

- Resuscitation Council UK (AC, PC, PDC, MH)
- Royal College of Physicians of London (AC)
- Royal College of Anaesthetists (AC)
- Intensive Care Society (AC)
- College of Emergency Medicine (AC)
- Council for Professionals as Resuscitation Officers (AC)
- Faculty of Intensive Care Medicine (AC)
- Paediatric Intensive Care Society (AC)
- Royal College of General Practitioners (PC)
- Royal College of Nursing (AC)
- Royal College of Paediatrics and Child Health (AC)

- Royal College of Psychiatrists (MH)



- **Organisations who contributed to the Acute Care standards are indicated with the symbol (AC).**
- **Organisations who contributed to the Primary Care standards are indicated with the symbol (PC).**
- **Organisations who contributed to the Primary Dental Care standards are indicated with the symbol (PDC).**
- **Organisations who contributed to the Community Hospitals Care standards are indicated with the symbol (CHC).**
- **Organisations who contributed to the Mental Health standards are indicated with the symbol (MH).**

Resuscitation Council UK's Patient Advisory Group has advised on this document.

Working group members:

- Jasmeet Soar (Chair), Resuscitation Council UK

- Mick Colquhoun, Resuscitation Council UK
- Tracey Courtnell, Resuscitation Council UK
- Peter-Marc Fortune, Paediatric Intensive Care Society
- Jamie Fulton, Resuscitation Council UK
- David Gabbott, Royal College of Anaesthetists
- Matthew Griffiths, Royal College of Nursing
- Susan Hampshire, Council for Professionals as Resuscitation Officers
- Fiona Jewkes, Royal College of General Practitioners
- K-L Kong, Resuscitation Council UK
- Sarah Mitchell, Resuscitation Council UK
- Ian Maconochie, Royal College of Paediatrics and Child Health
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- Gavin Perkins, Faculty of Intensive Care Medicine
- David Pitcher, Royal College of Physicians, Resuscitation Council UK
- Steven Searle, College of Emergency Medicine
- Gary Smith, Royal College of Physicians, Intensive Care Society
- Richard Williams, Royal College of Psychiatrists

2. Introduction and scope

Healthcare organisations have an obligation to provide a high-quality resuscitation service, and to ensure that staff are trained and updated regularly and with appropriate frequency to a level of proficiency appropriate to each individual's expected role.

This document provides quality standards for cardiopulmonary resuscitation practice and training in the following settings:

1. Acute care - mainly acute hospitals
2. Primary care - general practice (including out-of-hours services)
3. Primary dental care - excluding conscious sedation for which there are existing standards
4. Mental health - inpatient care
5. Community hospitals care
6. CPR and AED training in the community

The aim of these standards is to:

1. Improve care and outcomes for patients who are deteriorating, or suffer cardiorespiratory arrest in a healthcare setting.
2. Update existing quality standards with a particular emphasis on simplification to improve implementation.
3. Provide new standards for community hospital care and mental health inpatient care.

Whenever possible, reference will be made to existing national guidance.

These standards update and replace:

1. Cardiopulmonary Resuscitation - Standards for clinical practice and training. A joint statement from The Royal College of Anaesthetists, The Royal College of Physicians of London, the Intensive Care Society and Resuscitation Council UK. October 2004. Revised June 2008.
2. Cardiopulmonary Resuscitation Guidance for clinical practice and training in Primary Care. Resuscitation Council UK. July 2001.
3. Medical Emergencies and Resuscitation - Standards for clinical practice and training for dental practitioners and dental care professionals in general dental practice. Resuscitation Council UK July 2006. Revised and updated February 2012.

There are numerous types of setting where clinical care is provided. This guidance does not provide standards for every possible setting or scenario. The standards in this document can be used to help guide development of standards in clinical settings that are not included in this document. Guidance relating to other settings may be added in the future.

3. Core Standards

The same core standards apply in all settings to ensure that:

1. The deteriorating patient is recognised early and there is an effective system to summon help in order to prevent cardiorespiratory arrest.
2. Cardiorespiratory arrest is recognised early and cardiopulmonary resuscitation (CPR) is started immediately.
3. Emergency assistance is summoned immediately, as soon as cardiorespiratory arrest is recognised, if help has not been summoned already.

4. Defibrillation, if appropriate, is attempted within 3 minutes of identifying cardiorespiratory arrest.*
5. Appropriate post-cardiorespiratory-arrest care is received by those who are resuscitated successfully. This includes safe transfer.
6. Implementation of standards is measured continually and processes are in place to deal with any problems identified.
7. Staff receive at least annual training and updates in CPR, based on their expected roles.
8. Staff have an understanding of decisions relating to CPR.
9. Appropriate equipment is available for resuscitation.

***Circumstances where this standard may not be achievable are included in the relevant section.**

4. Methods

A working group was set up by Resuscitation Council UK. Stakeholder organisations nominated individuals to the working group. Existing standards in each area were identified and, where needed, the existing standards were updated. Updates were based on consensus from working group members.

The evidence for specific aspects of resuscitation practice comes from Resuscitation Council UK's 2015 Guidelines. The process used by Resuscitation Council UK to produce the 2015 Resuscitation Guidelines was accredited by the National Institute for Health and Clinical Excellence (NICE).

The first draft was sent to organisations for comment and approval. The drafts and final version were also reviewed and commented on by the Resuscitation Council UK Patient Advisory Group.

A draft of each standard was posted on the Resuscitation Council UK website for at least four weeks. Feedback was reviewed by the working group and consensus reached on responses to any issues raised. Final documents were approved by the working group.

5. Implementation

Where appropriate, each section contains links to implementation tools or examples of good practice. Each section also contains guidance on measures to

assess adherence to standards.

Terminology:

1. The term ‘MUST’ has been used when the consensus is that the standard promotes normal practice and is obligatory.
2. The term ‘SHOULD’ has been used when the consensus is that the standard promotes normal practice.
3. The term ‘RECOMMENDS’ is used when the consensus is that the standard promotes best practice.

6. Supporting information

1. Care Quality Commission. http://www.cqc.org.uk
2. European Resuscitation Council Guidelines. http://www.cprguidelines.eu
3. High Quality Care For All. NHS Next Stage Review Final Report. Department of Health. June 2008.
4. International Liaison Committee on Resuscitation. http://www.ilcor.org
5. Nolan J, Soar J, Eikeland H. The chain of survival. Resuscitation. 2006 Dec;71(3):270-1.
6. The NHS Constitution for England (2012 Edition)
7. Resuscitation Council UK. http://www.resus.org.uk
8. Resuscitation Council UK Guidelines 2015.

7. APPENDIX: Conflict of interest declaration

All information correct at time of original publication of the document.

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KL Kong	Consultant Anaesthetist, City Hospital, Dudley Road, Birmingham B18 7QH	Member, Sandwell and West Birmingham NHS Trust Resuscitation Committee

Name	Details	COI
Ian Maconochie	Consultant in Paediatric Emergency Medicine, St Mary’s Hospital, London W2 1NY	Royal College of Paediatrics: - Officer for Clinical Standards - Registrar - Member of the Clinical Standards Committee - Member of the Intercollegiate Fever DH study (demitted) College of Emergency Medicine, Member of the Clinical Standards Committee (demitted) European Resuscitation Council, National director for EPLS- WGG Children Action Prevention Trust (demitted), Trustee Trauma Care charity, Trustee Emergency Planning Clinical Advisory Group (DH) (EPCLAG) (disbanded), Member PAID: Medical advisor to a small company dealing with major incident equipment, approx. £1800 pa before tax Medical advisor to a newly founded small company to produce media material on national guidelines (non-remunerated to date) Work as an independent medical advisor to Youth Justice Board Honoraria for EMJ, ADC and BMJ in associate editorial roles

Name	Details	COI
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Jerry Nolan	Consultant in Anaesthesia and Intensive Care Medicine, Royal United Bath, Combe Park, Bath BA1 3NG	Editor-in-Chief, Resuscitation (paid Honorarium) Vice Chair, European Resuscitation Council (unpaid) Chair, National Cardiac Arrest Audit Steering Group (unpaid) Council Member, Royal College of Anaesthetists (unpaid) Council Member, College of Emergency Medicine (unpaid) Board member, Intercollegiate Board for Training in pre-hospital Emergency Medicine (unpaid) Co-editor, 2015 ILCOR Consensus on CPR Science (unpaid) Partner in Circle Health (minor share holding)
Gavin Perkins	Professor of Critical Care Medicine, University of Warwick, Warwick Medical School, Coventry, CV4 7AL Heart of England NHS Foundation Trust, Birmingham B9 5SS	Employer - University of Warwick Editor, Resuscitation Grant recipient from NIHR for studies on quality of CPR and mechanical chest compression devices Co-Director Research ICS Medical Advisor, Qualsafe Ltd Medical Advisor, RLSS (UK) (unpaid) ERC course committees

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David Pitcher	Consultant Cardiologist, University Hospitals Birmingham NHS Foundation Trust. Resuscitation Council UK, 5th Floor Tavistock House North, Tavistock Sq, London WC1H 9HR	Chairman, Resuscitation Council (UK) (unpaid) NHS Pathways Clinical Governance Group (unpaid)
Steven Searle	Consultant in Emergency Medicine, St Richards Hospital, Chichester, Sussex PO19 6SE	Member of the College of Emergency Medicine Audit & Standards Committee (unpaid) Member of the NICE Pneumonia working group (unpaid)

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Gary Smith	Consultant in Intensive Care Visiting Professor at Bournemouth University	Wife is a minority shareholder in The Learning Clinic (TLC) Ltd., which is the developer of VitalPAC, a clinical software system for identifying patient deterioration and escalating care. Professor Smith is an unpaid research advisor to TLC and has received reimbursement of travel expenses from TLC for attending symposia in the UK. Co-developer of the Acute Life-Threatening Events - Recognition and Treatment (ALERT) course, which is owned and run by Portsmouth Hospitals NHS Trust (PHT). PHT receives payment for sales of the courses and course materials to other healthcare institutions. Professor Smith was an employee of PHT until 31/03/2011. Past member of Royal College of Physicians of London’s National Early Warning Score Development and Implementation Group (NEWSDIG). Past member of the NICE, NPSA and DH committees that set standards for aspects of care related to prevention and response to patient deterioration. Paid external reviewer of Policy on Physiological Early Warning Score (PEWS) to Northern Ireland Northern Healthcare & Social Care Trust, 2010. Co-Director of the annual International Rapid Response Systems conference and organiser of 2013 conference in UK. Member of the Clinical Advisory Board of Cardiocity, an innovations company currently involved with

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