UNC HOSPITAL RESUSCITATION COMMITTEE
ANNUAL REPORT FOR 2010 - 2011

The UNC Hospitals resuscitation committee is responsible for the oversight of cardiopulmonary resuscitation. The committee is composed of a multidisciplinary team of staff managers and physician leaders.
Committee objectives as per charter last updated September 2010: The committee is responsible for establishing and overseeing policy regarding resuscitation. These responsibilities will be met by assuring that personnel are current with cardiopulmonary resuscitation training and the performance of emergency medical response teams is optimal. These responsibilities will be achieved through resuscitation education, training and feedback to ensure maximum efficiency in resuscitation measures; & to act and advise on updates in resuscitation methods and equipment.

The UNC Hospitals Resuscitation Committee met on a monthly basis during 2010 under the leadership of chairman, Jeff Berman. In April 2011, leadership was transitioned to new co-chairs, Celeste Mayer and Lydia Chang. With the leadership transition, the committee was re-structured to include 3 working groups, each with a nominated leader. The full committee continues to meet monthly to address policy issues and review findings and recommendations of the working groups.

Working Groups
The working groups meet monthly in the week prior to the full committee meeting. The working groups are as follows:

-Event Review Working Group. Mission statement: The working group is responsible for providing the committee at large information regarding code blue occurrences at UNC Hospitals. These responsibilities include identifying and implementing best methods for obtaining accurate information regarding code blues. The working group will track monthly the comprehensiveness of the data set. The working group will also retrospectively review code blue records for specific metrics pertaining to performance and opportunities for further education and improvement. Working Group Leader: Loc Culp

-Facilities and Equipment Working Group. Mission Statement: The working group is responsible for advising the Resuscitation Committee at large on issues pertaining to hospital organization, infrastructure, facilities and equipment that may impact the effectiveness of medical emergency team response and performance. Working Group Leader: Jacci Harden

-Education Working Group. Mission Statement: The working group is responsible for advising the Resuscitation Committee at large on issues pertaining to training and performance of the hospital emergency response teams. Working Group Leader: Abigail Miller

Membership
Membership is largely unchanged. Please see attached list. Dr. Berman remains on the committee in the role of senior advisor.

Subcommittee structure
There are three subcommittees that meet independently, the Adult Rapid Response System Quality Improvement Committee, the Pediatric Rapid Response System Quality Improvement Committee, and the Brain Attack Team subcommittee. Their leadership report their findings every 3 to 6 months to the full resuscitation committee. These groups are comprised of additional and overlapping membership.

Current ongoing projects/accomplishments

- Review of the Obstetric and Neonatal Rapid Response System policy for approval by the membership prior to submission to the MSEC in June 2011
- Review and amendment of the Cardiopulmonary Resuscitation Policy for concordance with the Hospital Policy on the Treatment of Patients with Emergency Medical Conditions recently amended March 2011 to meet EMTALA standards.
- Development a plan for appropriate emergency medical response for events outside of the hospital but within the extended boundaries of hospital property in concordance with this policy change.
- Improved data acquisition and adoption of methods for obtaining reliable, comprehensive monthly identification of all code blues.
- Improvement of code documentation such that the record of cardiopulmonary resuscitation occurs in most identified events.
- Identification and review all cardiopulmonary arrests for opportunities for feedback, education and performance improvement
- Standardization of equipment in all code carts throughout the hospital and hospital based clinics
- Investigation of availability and distribution of monitoring equipment for transport of patients during and immediately after emergency event occurrence.
- Development of a notification tree to reach frontline providers regarding changes to the physical plant structure, equipment, and medications.
- ACLS recertification of all physician code team leaders for the academic year 2011 to 2012 by June 20th 2011
- Development of plan to maintain of ACLS certification of 100% physician code team leaders
- Development of plan for team training in the form of simulation to improve emergency response team performance, particularly in the realm of communication and clear identification of roles
- Development of plan to meet requests from nursing units for team training in the form of mock emergency events

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