



# Self-assessment Resuscitation system

EDITION  
2023

**In-hospital version**



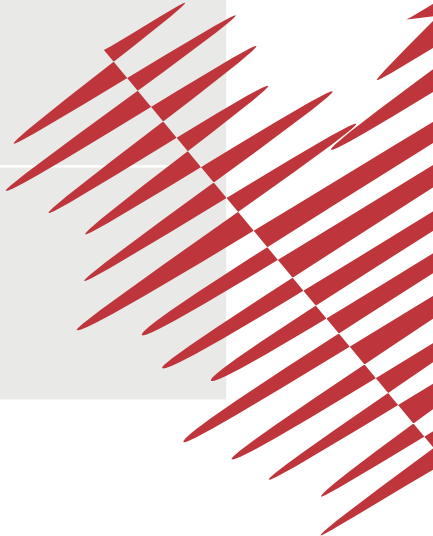
Swiss  
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# 1. INSTRUCTIONS

The self-assessment tool supports hospitals, emergency services and other organisations in determining the maturity of their resuscitation system and identifying any need for action. To this end, the objectives of the national survival strategy for cardiac arrest are made available in an assessment matrix. The result of the self-assessment can help the responsible management to prioritise the measures required to improve the chances of survival. The SRC welcomes feedback and suggestions for improvement via the homepage [www.resuscitation.ch](http://www.resuscitation.ch) or by e-mail to [info@resuscitation.ch](mailto:info@resuscitation.ch).

The assessment refers to the following documents:	
Summary of the assessment:	
Summary of the need for action	
The assessment was carried out by	
Place, date, signature	



## A. Prevention

In-hospital cardiac arrest (IHCA)	Measurement criteria	Degree of fulfilment 1 not fulfilled at all 5 fully fulfilled	Brief description Current status and gaps	Concrete measures	Priority 1 urgent 2 necessary 3 desirable
<p><b>A1)</b> Hospitals put in place systems for identifying critically ill patients in order to detect early signs of impending cardiac arrest.</p>	<ul style="list-style-type: none"> <li>• Incidence of risk factors in the population</li> <li>• Incidence of cardiac arrest</li> <li>• Incidence by cause</li> <li>• Incidence by age group</li> <li>• Proportion of hospitals with MET or RRT</li> </ul> <div style="background-color: #f2f2f2; padding: 2px; margin-top: 10px;"> <p><b>Measurement tools/data sources</b></p> <ul style="list-style-type: none"> <li>• SWISSRECA</li> <li>• FSO</li> <li>• SHF</li> </ul> </div>	<p>1   2   3   4   5</p> <p>not assessable</p>			<p>1   2   3  </p>

## B. Recognition

In-hospital cardiac arrest (IHCA)	Measurement criteria	Degree of fulfilment 1 not fulfilled at all 5 fully fulfilled	Brief description Current status and gaps	Concrete measures	Priority 1 urgent 2 necessary 3 desirable
<b>B1)</b> When early warning signs occur, observers alert the designated intervention unit.	<ul style="list-style-type: none"> <li>Interval from symptom onset to alarm</li> <li>Awareness of the 144 emergency number</li> <li>Awareness of the internal hospital emergency number</li> </ul> <p><b>Measurement tools/data sources</b></p> <ul style="list-style-type: none"> <li>SWISSRECA</li> <li>AMIS Plus</li> <li>Swiss Stroke Registry</li> </ul>	<p>1   2   3   4   5</p> <p>not assessable</p>			1   2   3
<b>B2)</b> Anyone observing a cardiac arrest immediately calls 2222 (or the alternative internal hospital emergency number if applicable) to alert the responsible intervention unit.	<ul style="list-style-type: none"> <li>Interval from symptom onset to alarm</li> </ul> <p><b>Measurement tools/data sources</b></p> <ul style="list-style-type: none"> <li>SWISSRECA</li> </ul>	<p>1   2   3   4   5</p> <p>not assessable</p>			1   2   3

## C. Cardiopulmonary resuscitation

In-hospital cardiac arrest (IHCA)	Measurement criteria	Degree of fulfilment 1 not fulfilled at all 5 fully fulfilled	Brief description Current status and gaps	Concrete measures	Priority 1 urgent 2 necessary 3 desirable
<p><b>C1)</b> Observers of a cardiac arrest carry out high-quality basic life support immediately after calling emergency services and until professional help arrives (HPCPR).</p>	<ul style="list-style-type: none"> <li>• Percentage of resuscitation by first-aiders</li> <li>• Interval from cardiac arrest to resuscitation by first-aiders</li> <li>• HPCPR parameters (rate, depth, pressure point, recoil, minimal interruption)</li> <li>• Ventilation for children</li> </ul> <div style="background-color: #f2f2f2; padding: 2px; margin-top: 10px;"><b>Measurement tools/data sources</b></div> <ul style="list-style-type: none"> <li>• SWISSRECA</li> <li>• AED data</li> </ul>	<p>1   2   3   4   5</p> <p>not assessable</p>			<p>1   2   3  </p>
<p><b>C2)</b> Where patients have no prospect of a good neurological outcome after cardiac arrest, DNAR status is decided on together with patients and relatives, communicated and, in the event of cardiac arrest, respected.</p>	<ul style="list-style-type: none"> <li>• Percentage of DNAR decisions</li> <li>• Pre-existing CPC vs resuscitation decision</li> <li>• Delta CPC (pre-existing vs outcome)</li> </ul> <div style="background-color: #f2f2f2; padding: 2px; margin-top: 10px;"><b>Measurement tools/data sources</b></div> <ul style="list-style-type: none"> <li>• SWISSRECA</li> <li>• QM processes</li> </ul>	<p>1   2   3   4   5</p> <p>not assessable</p>			<p>1   2   3  </p>

## C. Cardiopulmonary resuscitation

In-hospital cardiac arrest (IHCA)	Measurement criteria	Degree of fulfilment 1 not fulfilled at all 5 fully fulfilled	Brief description Current status and gaps	Concrete measures	Priority 1 urgent 2 necessary 3 desirable
<p><b>C3)</b> Hospital staff with patient contact attend a BLS-AED course at least every two years, receiving interim training on the principle of low volume/high frequency.</p>	<ul style="list-style-type: none"> <li>• Number of participants</li> <li>• Retention percentage</li> </ul> <p><b>Measurement tools/data sources</b></p> <ul style="list-style-type: none"> <li>• Participant statistics from SRC etc.</li> </ul>	<p>1   2   3   4   5</p> <p>not assessable</p>			<p>1   2   3  </p>
<p><b>C4)</b> Only exists as a goal outside hospital.</p>					
<p><b>C5)</b> Only exists as a goal outside hospital.</p>					

## D. Defibrillation

In-hospital cardiac arrest (IHCA)	Measurement criteria	Degree of fulfilment 1 not fulfilled at all 5 fully fulfilled	Brief description Current status and gaps	Concrete measures	Priority 1 urgent 2 necessary 3 desirable
<b>D1)</b> In cases of cardiac arrest, a defibrillator is used within 3 minutes.	<ul style="list-style-type: none"> <li>Interval from cardiac arrest until first defibrillation</li> <li>Interval from calling 144 until first defibrillation</li> <li>Distribution maps</li> <li>Discrepancy between availability and use (geolocation)</li> <li>Number of AEDs deployed</li> </ul> <p><b>Measurement tools/data sources</b></p> <ul style="list-style-type: none"> <li>SWISSRECA</li> </ul>	<p>1   2   3   4   5</p> <p>not assessable</p>			1   2   3
<b>D2)</b> AED data are systematically read and assessed and form part of the quality management system.	<ul style="list-style-type: none"> <li>Number of heart rhythms analysed</li> </ul> <p><b>Measurement tools/data sources</b></p> <ul style="list-style-type: none"> <li>SWISSRECA</li> </ul>	<p>1   2   3   4   5</p> <p>not assessable</p>			1   2   3

## E. Advanced resuscitation measures

In-hospital cardiac arrest (IHCA)	Measurement criteria	Degree of fulfilment 1 not fulfilled at all 5 fully fulfilled	Brief description Current status and gaps	Concrete measures	Priority 1 urgent 2 necessary 3 desirable
<b>E1)</b> Affected individuals receive advanced treatment from a resuscitation team within 5 minutes.	<ul style="list-style-type: none"> <li>Response times and intervals</li> </ul> <p><b>Measurement tools/data sources</b></p> <ul style="list-style-type: none"> <li>SWISSRECA</li> <li>Data QM processes</li> <li>IVR guidelines for validation of Emergency Medical Service</li> </ul>	1   2   3   4   5  not assessable			1   2   3
<b>E2)</b> Resuscitation team or MET provides HPCPR.	<ul style="list-style-type: none"> <li>HPCPR parameters</li> <li>Capnography</li> </ul> <p><b>Measurement tools/data sources</b></p> <ul style="list-style-type: none"> <li>Data QM processes</li> </ul>	1   2   3   4   5  not assessable			1   2   3
<b>E3)</b> Resuscitation teams or MET are guided by the current research and best practice evidence on resuscitation.	<ul style="list-style-type: none"> <li>Emergency Medical Service demonstrate how they ensure this as part of IVR validation</li> </ul> <p><b>Measurement tools/data sources</b></p> <ul style="list-style-type: none"> <li>Not currently defined</li> </ul>	1   2   3   4   5  not assessable			1   2   3



## E. Advanced resuscitation measures

In-hospital cardiac arrest (IHCA)	Measurement criteria	Degree of fulfilment 1 not fulfilled at all 5 fully fulfilled	Brief description Current status and gaps	Concrete measures	Priority 1 urgent 2 necessary 3 desirable
<b>E4)</b> People who have experienced cardiac arrest are transferred for further care to an appropriate department or specialist hospital.	<ul style="list-style-type: none"> <li>Causes of cardiac arrest</li> </ul>	1   2   3   4   5  not assessable			1   2   3
	<b>Measurement tools/data sources</b> <ul style="list-style-type: none"> <li>SWISSRECA</li> <li>Data QM processes</li> </ul>				
<b>E5)</b> ALS teams systematically check criteria for starting and continuing or stopping resuscitation.	<ul style="list-style-type: none"> <li>Data QM processes</li> <li>SWISSRECA</li> </ul>	1   2   3   4   5  not assessable			1   2   3

## F. Post-resuscitation care

In-hospital cardiac arrest (IHCA)	Measurement criteria	Degree of fulfilment 1 not fulfilled at all 5 fully fulfilled	Brief description Current status and gaps	Concrete measures	Priority 1 urgent 2 necessary 3 desirable
<b>F1)</b> Affected individuals receive standardised and structured intensive medical care following ROSC.	<ul style="list-style-type: none"> <li>• Ventilation parameters</li> <li>• Circulation parameters</li> <li>• TTM</li> <li>• 12-channel ECG (as surrogate parameter)</li> <li>• PCI</li> </ul> <p><b>Measurement tools/data sources</b></p> <ul style="list-style-type: none"> <li>• SWISSRECA</li> <li>• Data QM processes</li> </ul>	<p>1   2   3   4   5</p> <p>not assessable</p>			1   2   3
<b>F2)</b> Outcome parameters are systematically recorded in the event of successful resuscitation.	<ul style="list-style-type: none"> <li>• ROSC</li> <li>• Hospital discharge rates</li> <li>• Outcome scores</li> </ul> <p><b>Measurement tools/data sources</b></p> <ul style="list-style-type: none"> <li>• SWISSRECA</li> </ul>	<p>1   2   3   4   5</p> <p>not assessable</p>			1   2   3
<b>F3)</b> Where resuscitation is futile, the individual's suitability for organ donation is investigated.	<ul style="list-style-type: none"> <li>• Organ donation trends</li> </ul> <p><b>Measurement tools/data sources</b></p> <ul style="list-style-type: none"> <li>• Data capture in hospital</li> <li>• Swisstransplant statistics</li> </ul>	<p>1   2   3   4   5</p> <p>not assessable</p>			1   2   3

## G. Aftercare

In-hospital cardiac arrest (IHCA)	Measurement criteria	Degree of fulfilment 1 not fulfilled at all 5 fully fulfilled	Brief description Current status and gaps	Concrete measures	Priority 1 urgent 2 necessary 3 desirable
<b>G1)</b> Affected individuals and their relatives receive offer of support for psychological processing during and after resuscitation.	<ul style="list-style-type: none"> <li>Degree of utilisation</li> </ul> <p><b>Measurement tools/data sources</b></p> <ul style="list-style-type: none"> <li>Add question on offer and use of support to SWISSRECA</li> </ul>	1   2   3   4   5  not assessable			1   2   3
<b>G2)</b> Bystanders, first responders and professionals receive offer of support for psychological processing.	<ul style="list-style-type: none"> <li>Degree of utilisation</li> </ul> <p><b>Measurement tools/data sources</b></p> <ul style="list-style-type: none"> <li>In SWISSRECA, add question on supply and use of support</li> </ul>	1   2   3   4   5  not assessable			1   2   3

## H. Culture and context

In-hospital cardiac arrest (IHCA)	Measurement criteria	Degree of fulfilment 1 not fulfilled at all 5 fully fulfilled	Brief description Current status and gaps	Concrete measures	Priority 1 urgent 2 necessary 3 desirable
<b>H1)</b> The participating organisations support a continuous improvement approach (culture of excellence) to increase the chances of survival after cardiac arrest.	<ul style="list-style-type: none"> <li>• Overview of successful projects</li> </ul>	1   2   3   4   5  not assessable			1   2   3
<b>H2)</b> Local system managers record all relevant data in SWISSRECA and derive improvement measures from the results of analysis.	<ul style="list-style-type: none"> <li>• SWISSRECA participation</li> <li>• Completeness and quality</li> </ul> <div style="background-color: #f2f2f2; padding: 2px;"><b>Measurement tools/data sources</b></div> <ul style="list-style-type: none"> <li>• SWISSRECA</li> <li>• IVR validation procedure for Emergency Medical Service and EMCCs</li> </ul>	1   2   3   4   5  not assessable			1   2   3
<b>H3)</b> Results of national data collection are published regularly and measures derived from them. System comparability increases with the degree of transparency.	<ul style="list-style-type: none"> <li>• Publication frequency and reach</li> </ul>	1   2   3   4   5  not assessable			1   2   3

## H. Culture and context

In-hospital cardiac arrest (IHCA)	Measurement criteria	Degree of fulfilment 1 not fulfilled at all 5 fully fulfilled	Brief description Current status and gaps	Concrete measures	Priority 1 urgent 2 necessary 3 desirable
<b>H4)</b> All affected individuals are guaranteed access to resuscitation measures; disadvantages are reduced as much as possible. This requires solutions tailored to local and regional needs.	<ul style="list-style-type: none"> <li>Establish continuous national monitoring with the FSO</li> </ul>	1   2   3   4   5  not assessable			1   2   3
<b>H5)</b> There is clear political embedding of the topic of resuscitation.	<ul style="list-style-type: none"> <li>Not currently defined</li> </ul>	1   2   3   4   5  not assessable			1   2   3
<b>H6)</b> Collaboration with research institutions and industry partners to develop new solutions.	<ul style="list-style-type: none"> <li>Not currently defined</li> </ul>	1   2   3   4   5  not assessable			1   2   3