



Quality of Care for In-Hospital Cardiac Arrest



According to a study published in *JAMA Cardiology*, there is significant variation among U.S. hospitals with respect to adherence to recommended care after an in-hospital cardiac arrest (IHCA). The study shows survival rates are much higher when hospitals adhere to these recommendations.

Approximately 200,000 patients are treated for IHCA annually in the U.S. Despite the fact that IHCA is associated with poor survival, there is great variation in the survival to discharge rates in U.S. hospitals. It is still unclear whether this variation is due to differences in IHCA care quality but it is already established that process-of-care measures results in better survival after IHCA.

During this study, researchers used data from the American Heart Association's Get With the Guidelines-Resuscitation (GWTG-R) programme and analysed 35,283 patients with IHCA treated at 261 U.S. hospitals. They calculated a hospital process composite performance score for IHCA using a five guideline-recommended process measure. Scores were calculated for all patients.

The findings showed that the IHCA hospital process composite performance was associated with risk-standardised hospital survival to discharge rates: 21 percent, 21 percent, 23 percent, and 23 percent from lowest to highest performance quartiles, respectively. Each 10 percent increase in the process composite performance was associated with a 22 percent higher odds of survival. In addition, the hospital process composite quality performance was associated with a favourable neurologic status at discharge.

According to the study researchers, if all hospitals operated at the level of the highest-performing hospital, an additional 22,990 to 24,200 lives could be saved per year. This indicates the importance of timely and high-quality care for IHCA.

“Significant opportunities remain for improving adherence to guideline-recommended care overall and with individual process-of-care measures. Of importance, enhancing process quality of care may improve outcomes for the many patients with IHCA.”

Source: [JAMA Cardiology](#)

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Published on : Fri, 26 Feb 2016