



Policy /Procedure Document	
Manual:	N/A
Origination Date:	01/08/2007
Last Review Date:	08/22/2018
Next Review Due:	08/2023
Policy Owner:	Medical Staff
Required Approvals:	
Committee:	Medical Executive Committee
Leadership/Board:	Board of Trustees

TITLE:	CARDIO-PULMONARY RESUSCITATION (CPR) COMPETENCE FOR THE MEDICAL STAFF
SCOPE:	This policy addresses the competence of individuals qualified to administer cardio-pulmonary resuscitation.
DOCUMENT TYPE:	N/A
PURPOSE:	To identify qualified individuals with cardio-pulmonary competence n Memorial Hospital.
PHILOSOPHY:	N/A
DEFINITIONS:	N/A
PROCEDURE:	

Procedure:

These Guidelines have been established to ensure that an Individual with CPR competence will be available any time a patient requires Cardiopulmonary Resuscitation in Memorial Hospital.

1. It is Memorial Hospital’s policy that a Code Blue is called and CPR initiated for anyone in the Hospital who experiences an actual or impending cardiac/respiratory arrest *unless* the person is identified as a patient with a “No Code Blue” order. When a Code Blue is called, the Code Blue Team, including an individual qualified in resuscitation, will be available to render that care.
2. Medical Staff Members and Privilege Holders who have direct patient care contact may on occasion encounter patients in cardio-pulmonary arrest or near cardio-pulmonary arrest. The nature of medicine is such that certain specialties such as anesthesiology, emergency medicine, and critical care more commonly encounter cardio-pulmonary arrest or near arrests. Some specialties, such as pathology, do not routinely involve direct patient contact, and therefore such specialists are not required to be competent in resuscitation practice.
3. Emergency physicians, anesthesiologists, and family medicine residents are present in the Hospital at all times and are all in a position to encounter patients in cardio-pulmonary arrest or near arrest.
4. Family Medicine Residents are required to maintain ACLS certification. Certain Family Medicine Residents are scheduled to be available in the Hospital on a 24 hour per day basis and are required to attend any Code Blue that occurs during their on-call time.
5. When a cardio-pulmonary arrest occurs in the surgical suites, an anesthesiologist would assume care. Anesthesiologists demonstrate their competency in resuscitation by sustaining an active practice in their specialty and by the very nature of the specialty.
6. Emergency physicians are required to be either board certified in Emergency Medicine or maintain current ACLS certification. It is the position of the American College of Emergency Physicians and the American Academy of Emergency Medicine that maintaining an active emergency medicine practice, along with board certification in emergency medicine infers competency in resuscitation. Those

CARDIO-PULMONARY RESUSCITATION COMPETENCE Policy /Procedure Document

emergency physicians who are not board certified in emergency medicine demonstrate their competency by maintaining ACLS certification.

7. Certain other Practitioners maintain competency in CPR and/or maintain ACLS certification, but this is not a requirement, unless resuscitation is specific to a Privilege requested. When present, any Practitioner may perform CPR and related resuscitation activities in conjunction with or instead of those qualified individuals listed above.
8. Ongoing Peer Review is an integral part of the quality review process at Memorial Hospital, and every Code Blue is evaluated for quality of care. Any Medical Staff Member or Privilege Holder or Hospital staff member may request a review of a particular Code Blue event through the Quality Management review process. If a Practitioner's resuscitation performance is deemed to be a quality concern, this would be addressed through the normal Peer Review process of the Medical Staff.

Document Revision History:		
Revision Date:	Review/Revised By:	Summary of Changes:
01/08/2007	Medical Staff	Original Document
10/15/2012	Medical Staff	
07/2015	Michael Blakesley, MD	Policy format and minor edits.
04/2018	Michael Blakesley, MD	Reviewed