RescueNet® CaseReview





ACCESSIBLE CPR QUALITY DATA

The chaos of the code is over. Have you captured the important data for the debriefing? The Performance Summary Report, included in RescueNet® CaseReview, provides at-a-glance CPR quality for individual codes. It can be accessed, downloaded as a PDF, and saved. The PDF can be printed or emailed in minutes; it can also be used with code teams immediately after a code to help facilitate hot debriefs of the resuscitation event.

"It is reasonable for in-hospital systems of care to implement performance-focused debriefing of rescuers after IHCA (in-hospital cardiac arrest) in both adults and children (Class IIa, LOE C-LD).1"

-American Heart Association

Simplified Data Collection

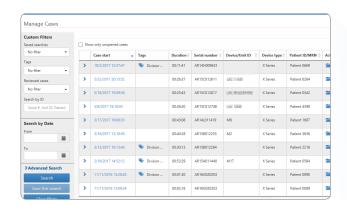
CaseReview collects, collates, and manages code data to improve accuracy and simplify debriefing. With the push of a button, you can send files from the R Series®, X Series® or ZOLL AED 3® BLS using the hospital's secure WiFi network. There's no need to attach cables or retrieve data cards. You can immediately access accurate, robust data that's needed to complete the performance-focused debriefing after every adult and pediatric cardiac arrest, as recommended by the American Heart Association (AHA) and European Resuscitation Council (ERC).

Trendsetter

CaseReview can also provide trend reports on resuscitation events. These reports can be created through customized tags to review trends by patient type (pediatric versus adult), co-morbidity, department where the code occurred, or even by the time of day or week that the event occurred.

Hot or Cold

Whether in a mock code as part of training or an actual code team response to a sudden cardiac arrest, CaseReview provides instant access to critical code data. This allows you to huddle with your team immediately after the event while it is still fresh in everyone's mind, and offer peace-of-mind that everyone performed to the best of their ability. Hot debriefing is as simple as clicking on the specific case from a list in your browser.









NO DATA CARDS
OR CABLES

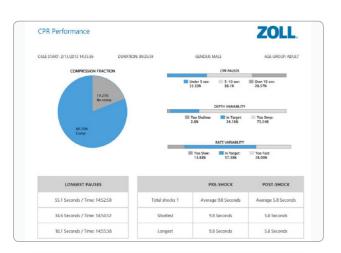


INSTANTANEOUS DEBRIEFING



CUSTOMIZED SUMMARIES

The code data—CPR quality, ECGs, EtCO₂ values, and more—is succinctly presented in intuitive, colorful graphics. CaseReview collects detailed CPR quality metrics directly from ZOLL's CPR electrodes, using Real CPR Help® technology. The rate and depth of each compression are recorded, as well as release velocity, how often pauses in compressions occurred, and how long they lasted. In addition to immediate information after a single event, historical data can be reviewed and parsed to determine areas in need of improvement.





"We recommend data-driven, performancefocused debriefing of rescuers after IHCA in both adults and children.²"

-ILCO

CPR Knowledge is CPR Power

Many factors influence survival from sudden cardiac arrest – comorbidities such as heart disease, renal insufficiencies, diabetes, and chronic obstructive pulmonary disease (COPD) are just some of the major factors.

Even when your code team performs at its very best, some factors are too great to overcome. Knowing where the team was successful during the code and where there was room for improvement leads to better patient care in the future.



POWERFUL TOOLS FOR QUANTITATIVE DEBRIEFING

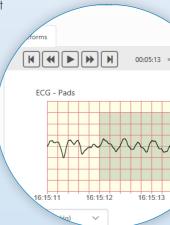
Play Back the Entire Code

Play the complete code back, including ECG rhythms, shocks, CPR quality, or the capnogram. You can pause and restart the playback at any time – just select the Playback tab.



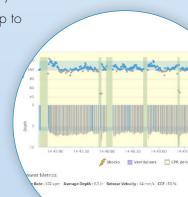
Edit Select Code Periods

The editing feature lets you select which periods of CPR you want to review – even down to the periods during pre-shock or post-shock.



Zoom Into Review CPR Performance

The CPR Zoom feature allows you to zoom in on and segment up to ten particular events during the code to review the CPR quality metrics during a specified period.



CaseReview makes it possible to answer questions such as:

- How does chest compression fraction differ in peak staffing periods versus off-hours (nights and weekends)?
- What is the quality of pre-shock CPR in the Emergency Department versus the ICU?
- What is the average pre-shock and post-shock pause time?
- What is the average compression depth for pediatric patients? Does it differ from adults?

Continuous Quality Improvement

Using CaseReview, administrators can gain insight into hospitalwide performance and recommend departmentspecific or hospitallevel improvements, such as staffing adjustments or



Through preconfigured and customized reports, management can view summaries of the full set of events to shed light on trends and processes. Reports

can be quickly generated, and progress can be

tracked over time.





POST-CODE REVIEW



CaseReview is easily installed inside the hospital firewall for secure data collection and review. A web-based interface allows anyone with login credentials to review case files and run trend reports. CaseReview is an easy-to-use yet advanced tool designed to facilitate training and process improvement, which can improve outcomes from sudden cardiac arrest. CaseReview is also available for your hospital using a secure, cloudbased system hosted on ZOLL's private network, ZOLL Online.

Enhancing the CQI Process







Hospital Server





Simplified Data Collection

- Immediately push a case file after cardiac arrest for hot debriefing
- No need to worry about missing data
- Distribute reports easily with a few clicks

Immediate Case Access

- Access through secure hospital WiFi
- Easily identify new cases
- View data from multiple ZOLL devices

Hospitalwide Views

- Create hospital-focused trend reports
- Review CPR quality over extended time periods
- Populate preconfigured reports
- Customize reports

ZOLL MEDICAL CORPORATION

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Robert W. Neumar, Part 1: Executive Summary 2015 AHA Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Circulation. 2015;132[suppl 2]:S334

²Farhan Bhanji, Part 8: Education, Implementation, and Teams 2015 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. Circulation. 2015;132[suppl 1]: S256

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