Supplementary Online Content


eTable. Comparison of hospitals that completed the survey with hospitals that did not complete the survey

eFigure 1. Definition of the study cohort

eFigure 2. Study survey of resuscitation practices

This supplementary material has been provided by the authors to give readers additional information about their work.
**eTable.** Comparison of hospitals that completed the survey with hospitals that did not complete the survey*

There were no significant differences between hospitals which did and did not complete the survey on hospital resuscitation practices.

<table>
<thead>
<tr>
<th>Completed Study Survey</th>
<th>Yes</th>
<th>No</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>n = 150</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n = 42</td>
<td></td>
<td></td>
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</tbody>
</table>

**RISK-STANDARDIZED SURVIVAL RATE**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>0.92</th>
</tr>
</thead>
<tbody>
<tr>
<td>RISK-STANDARDIZED SURVIVAL RATE</td>
<td>24.1% ± 4.9%</td>
<td>24.2% ± 5.6%</td>
<td></td>
</tr>
</tbody>
</table>

**HOSPITAL CHARACTERISTICS**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed number, n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;200</td>
<td>21.6%</td>
<td>12.1%</td>
<td>0.49</td>
</tr>
<tr>
<td>200 to 499</td>
<td>53.9%</td>
<td>60.6%</td>
<td></td>
</tr>
<tr>
<td>≥ 500</td>
<td>24.5%</td>
<td>27.3%</td>
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</tr>
<tr>
<td>Academic status, n (%)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Major teaching hospital</td>
<td>31.4%</td>
<td>39.4%</td>
<td>0.06</td>
</tr>
<tr>
<td>Minor teaching hospital</td>
<td>34.3%</td>
<td>12.1%</td>
<td></td>
</tr>
<tr>
<td>Non-teaching hospital</td>
<td>34.3%</td>
<td>48.5%</td>
<td></td>
</tr>
<tr>
<td>Rural hospital, n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.8%</td>
<td>6.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>P value</th>
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</thead>
<tbody>
<tr>
<td>Geographical location, n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Mid-Atlantic</td>
<td>20.6%</td>
<td>15.2%</td>
<td></td>
</tr>
<tr>
<td>South Mid-Atlantic</td>
<td>22.5%</td>
<td>21.2%</td>
<td>0.71</td>
</tr>
<tr>
<td>North Central</td>
<td>16.7%</td>
<td>15.2%</td>
<td></td>
</tr>
<tr>
<td>South Central</td>
<td>18.6%</td>
<td>30.3%</td>
<td></td>
</tr>
<tr>
<td>Mountain Pacific</td>
<td>21.6%</td>
<td>18.2%</td>
<td></td>
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</table>

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>64.4% ± 10.5%</td>
<td>65.6% ± 4.3%</td>
<td>0.48</td>
</tr>
<tr>
<td>Male Sex, %</td>
<td>58.6% ± 13.9%</td>
<td>58.3% ± 10.3%</td>
<td>0.90</td>
</tr>
<tr>
<td>Black Race, %</td>
<td>19.8% ± 20.5%</td>
<td>19.9% ± 21.1%</td>
<td>0.96</td>
</tr>
</tbody>
</table>

**PRE-EXISTING CONDITIONS, %**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypotension</td>
<td>19.5% ± 16.2%</td>
<td>22.8% ± 14.1%</td>
<td>0.23</td>
</tr>
<tr>
<td>Sepsis</td>
<td>15.0% ± 10.8%</td>
<td>14.3% ± 7.5%</td>
<td>0.69</td>
</tr>
<tr>
<td>Metastatic Malignancy</td>
<td>10.8% ± 10.6%</td>
<td>10.2% ± 7.4%</td>
<td>0.75</td>
</tr>
<tr>
<td>Hepatic Insufficiency</td>
<td>6.7% ± 9.1%</td>
<td>6.8% ± 6.2%</td>
<td>0.93</td>
</tr>
</tbody>
</table>

**ARREST CHARACTERISTICS, %**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Cardiac Arrest Rhythm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulseless Electrical Activity</td>
<td>52.6% ± 14.1%</td>
<td>52.4% ± 10.5%</td>
<td>0.95</td>
</tr>
<tr>
<td>Asystole</td>
<td>30.0% ± 14.1%</td>
<td>29.7% ± 13.1%</td>
<td>0.90</td>
</tr>
<tr>
<td>Ventricular Fibrillation</td>
<td>10.3% ± 7.1%</td>
<td>10.7% ± 6.7%</td>
<td>0.73</td>
</tr>
<tr>
<td>Pulseless Ventricular Tachycardia</td>
<td>7.2% ± 5.8%</td>
<td>7.2% ± 4.0%</td>
<td>0.99</td>
</tr>
<tr>
<td>Hospital Location</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICU</td>
<td>49.1% ± 17.2%</td>
<td>46.0% ± 16.3%</td>
<td>0.29</td>
</tr>
</tbody>
</table>
Monitored unit  |  13.9% ± 12.6% |  17.3% ± 12.8% |  0.13  
Non-monitored unit |  15.3% ± 11.8% |  16.9% ± 13.1% |  0.43  
Emergency room |  12.6% ± 14.4% |  10.0% ± 9.1% |  0.27  
Procedural or surgical area |  6.5% ± 4.7% |  7.2% ± 6.2% |  0.39  
Other |  2.7% ± 8.5% |  2.6% ± 3.6% |  0.95  

**INTERVENTIONS IN PLACE PRIOR TO ARREST, %**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Monitored unit</th>
<th>Non-monitored unit</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanical ventilation</td>
<td>32.1% ± 17.1%</td>
<td>28.5% ± 15.4%</td>
<td>0.22</td>
</tr>
<tr>
<td>Intravenous Vasopressors</td>
<td>21.3% ± 13.4%</td>
<td>18.6% ± 9.1%</td>
<td>0.22</td>
</tr>
</tbody>
</table>

* For risk-standardized survival rate and age, the mean of the mean at each hospital is reported. Otherwise, for other patient variables, rates represent the mean (± standard deviation) prevalence rate in each group. Finally, for hospital variables, the prevalence for each hospital characteristics is reported for sites which did and did not complete the resuscitation survey.
**eFigure 1. Definition of the study cohort**

- 204 Hospitals Submitting Data to GWTG-Resuscitation during 2012-2013
  - 12 Pediatric hospitals excluded

- 192 Adult Hospitals Active Available for Survey
  - 42 Hospitals did not complete survey and 1 Survey not linked to GWTG-Resuscitation site
  - 19 Hospitals excluded due to low case volume (<20 cardiac arrests)

- 17,324 Patients from 130 Adult Hospitals in Final Study Sample
eFigure 2. Study survey of resuscitation practices

In the following pages, we reproduce the survey used in this study.

Thank you for enrolling in the Hospital Enhancement of Resuscitation Outcomes for IHCA (HEROIC) initiative. This baseline survey is being conducted to review your institution’s current experience with in-hospital cardiac arrests (not out-of-hospital cardiac arrests). Your feedback will help us better optimize care for patients who suffer in-hospital cardiac arrest. Feel free to consult colleagues, including members of your Code Blue and Quality Improvement committees, to identify answers that best describe your hospital’s practices.

It is critical that you are candid in your responses, as it will help us understand what factors may lead to better survival for patients with this condition. All information you provide is completely confidential, electronically secure, and only accessible to HEROIC investigators. We will not disclose the source of information given or report or publish data in a way that identifies you or your organization. If you have questions during the survey or need clarifications, please contact the HEROIC staff via email ______________________________ or phone ____________________.

Name: _____________________________________________________________
Position or title: ______________________________________________________
Hospital Name: ______________________________________________________

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Part I: Tracking Cardiac Arrests in Your Institution

1. Does your hospital routinely collect information on in-hospital cardiac arrests?
   - Yes
   - No  \textit{\rightarrow} Go to Question 11

2. What committee has \textbf{primary} responsibility for collecting and reviewing data on cardiac arrests at your hospital (check one)?
   - Committee dedicated to resuscitation only (e.g. Code Blue or CPR team)
   - General quality improvement committee
   - Other – please specify: ________________________________

3. Are cardiac arrest cases documented in a formal hospital database?
   - Yes
   - No

4. Are the cardiac arrest data routinely reviewed by a hospital committee or in a conference?
   - Yes
   - No  \textit{\rightarrow} Go to Question 11

5. How often is the cardiac arrest data reviewed (check one)?
   - Within 24 to 72 hours
   - At least monthly
   - At least quarterly
   - At least semi-annually
   - At least annually
   - Other - please specify: ________________________________

6. In your hospital’s review of cardiac arrest data, does your hospital track its survival rate for in-hospital cardiac arrest compared with the prior year[s]?
   - Yes
   - No
   - Survival information not collected

7. In your hospital’s review of cardiac arrest data, does your hospital track its defibrillation time for shockable in-hospital cardiac arrest compared with the prior year[s]?  
   - Yes
   - No
   - Defibrillation information not collected

8. In your hospital’s review of cardiac arrest data, does your hospital track whether there are \textit{unnecessary} interruptions in chest compressions (i.e., not including actual time for defibrillation or pulse checks) during a resuscitation of a cardiac arrest?  
   - Yes
No
data on chest compression interruptions not collected

9. After review of the cardiac arrest data, is a summary provided to other hospital staff (check all that apply)?
- Yes, to hospital administration
- Yes, to hospital quality committee
- Yes, to hospital medical staff
- Yes, to hospital nursing staff
- Yes, to hospital respiratory therapy staff
- No
- Other - please specify: _______________________________________

10. Are cardiac arrest cases routinely reviewed in Morbidity and Mortality (M & M) conferences?
- Yes
- No
Part II: Hospital Staff Training in Cardiac Arrest Management

11. What, if any, current certification does your hospital require in general for responders?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>BLS or equivalent</th>
<th>ACLS or equivalent</th>
<th>NA – Not a Responder</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Attending-level physicians</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Mid-level providers (e.g. NP, PA)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Physician trainees (e.g. house officers, fellows)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Critical care nurses</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Telemetry nurses</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Medical surgery (non-telemetry) nurses</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Pharmacists</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. Respiratory therapists</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i. Other (e.g. EMT), Please specify:___________________</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

12. Are mock codes performed at your hospital?

☐ Yes
☐ No → Go to Question 14

13. How often is staff required to participate in mock codes (check one)?

☐ No set schedule
☐ At least monthly
☐ Every 2 to 3 months
☐ Every 6 months
☐ Annually
☐ Other – please specify: __________________________

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Part III: Hospital Triage, DNR, and Response Teams

14. Does your hospital use a standardized risk score to assess whether a patient requiring admission should receive a hospital bed with continuous telemetry or intensive care monitoring?
   □ Yes
   □ No

15. Does your hospital require that every person/surrogate have a discussion about code status (i.e. DNR orders) upon admission to the hospital?
   □ Yes
   □ No → Go to Question 17

16. Who typically conducts that discussion as the primary provider?
   □ Admitting physicians
   □ Emergency room physicians
   □ Resident physicians
   □ Consultant physicians (e.g. advanced directives or ethics team)
   □ Nurses
   □ Other – please specify: ________________________________

17. Does your hospital employ a rapid response team, also referred to as medical emergency team that differs from a Code Team, that only handles cardiac arrests?
   □ Yes
   □ No → Go to Question 20

18. What is the composition of the major members of this team (check all that apply)?
   □ Attending-level physicians
   □ Mid-level providers (e.g. NP, PA)
   □ Physician trainees (e.g. house officers, fellows)
   □ Critical care nurses
   □ Floor nurses
   □ Pharmacists
   □ Respiratory therapists
   □ Other – please specify: ________________________________

19. Who is allowed to activate this team (check all that apply)?
   □ Family members of patient
   □ Attending-level physicians
   □ Mid-level providers (e.g. NP, PA)
   □ Physician trainees (e.g. house officers, fellows)
   □ Critical care nurses
   □ Floor nurses
   □ Pharmacists
   □ Respiratory therapists
   □ Other – please specify: ________________________________

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Part IV: Training of Resident Trainees

20. Does your hospital have any residency training programs?
   ☐ Yes
   ☐ No  ➔ Go to Question 24

21. Are the resident trainees required to be certified in Basic Life Support?
   ☐ Yes
   ☐ No

22. Are the resident trainees required to be certified in Advanced Cardiac Life Support?
   ☐ Yes
   ☐ No

23. Do the resident trainees participate in the hospital code teams?
   ☐ Yes
   ☐ No
Part V: Cardiac Arrest Resuscitation

24. How often are the Code Carts checked (check one)?
   - Every shift
   - Daily
   - Weekly
   - Other – please specify ________________________________

25. How are responders notified of a cardiac arrest (check all that apply)?
   - Hospital-wide alarm or public address announcement
   - Local alarm or announcement
   - Pager or cell phone notification to individual(s)
   - Other – please specify: ________________________________

26. Does your hospital have a dedicated Code Team?
   - Yes
   - No

27. Who usually responds to and leads responses to cardiac arrest in your hospital?

<table>
<thead>
<tr>
<th></th>
<th>Usually does not respond</th>
<th>Usually responds, never/rarely leads</th>
<th>Usually responds, sometimes leads</th>
<th>Usually responds, often leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Attending-level physicians</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Mid-level providers (e.g. NP, PA)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Physician trainees (e.g. house officers, fellows)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Critical care nurses</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Telemetry nurses</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Medical-Surgery (non-telemetry) nurses</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Pharmacists</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. Respiratory therapists</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i. Other (e.g. EMT), Please specify: ________________________________</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

28. Are the contents and organization of crash carts within your hospital consistent from one location to another?
   - Yes
   - No
29. Devices to assist CPR are used in a few hospitals. Please check all which are routinely used at your hospital.

☐ No CPR assist devices in routine use
☐ Metronome
☐ CPR process measure with audio and/or visual feedback (e.g. CPR sensing defibrillator)
☐ Capnography (continuous end-expiratory carbon dioxide values)
☐ Mechanical CPR device (e.g. Autopulse, LUCAS)
☐ Other – please specify: ______________________________

30. How often is an immediate code debriefing performed after each resuscitation event before team members leave?

☐ Always (100% of the time)
☐ Frequently (50% to 99% of the time)
☐ Occasionally (10% to 49% of the time)
☐ Rarely (1% to 9% of the time)
☐ Never (0% of the time)
Part VI: Defibrillation

31. What different types of defibrillators are used in the following hospital areas?

<table>
<thead>
<tr>
<th>Primarily manual/semi-automatic defibrillators</th>
<th>Primarily AEDs (automated external defibrillators)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. High acuity areas (e.g. ICU, procedure suites)</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>b. Low acuity inpatient areas (e.g. non-telemetry wards)</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>c. Outpatient areas</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>d. Public areas (e.g. cafeteria)</td>
<td>[ ] [ ]</td>
</tr>
</tbody>
</table>

32. In general, which of the following best describes the options at your hospital with respect to brands and models of defibrillators:

- [ ] Same brand and model throughout the hospital
- [ ] Same brand, different models throughout the hospital
- [ ] Different brands and models throughout the hospital

33. During a cardiac arrest due to a shockable rhythm (pulseless VT or VF) in a non-ICU unit, which hospital staff can defibrillate the patient in manual mode (i.e. not with AED) prior to the arrival of the Code Team (check all that apply)?

- [ ] Any nursing staff
- [ ] Limited number of nursing staff
- [ ] Physician staff
- [ ] Any hospital employee
- [ ] Only Code Team staff are able to defibrillate patients outside the ICU

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Part VII: Post-Resuscitation Care

34. Is therapeutic hypothermia available at your hospital?
   - Yes
   - No  ➔ Go to Question 36

35. How often is therapeutic hypothermia used for patients with an in-hospital cardiac arrest who have survived the code and who otherwise meet neurological criteria (check one)?
   - Always (100% of the time)
   - Frequently (50% to 99% of the time)
   - Occasionally (10% to 49% of the time)
   - Rarely (1% to 9% of the time)
   - Never (0% of the time)

36. Does your hospital perform percutaneous coronary interventions (i.e. angioplasties)?
   - Yes
   - No  ➔ Go to Question 38

37. What proportion of patients with an in-hospital cardiac arrest due to VT/VF and who have survived the code routinely proceed to emergent coronary angiography?
   - Almost all (>90%)
   - Most (50% to 90%)
   - Some (20 to 49%)
   - Few (<20%)

38. Who provides post-resuscitation care for patients with in-hospital cardiac arrests who survive the initial code (i.e. achieve return of spontaneous circulation) (check one)?
   - Routine ICU medical and nursing staff
   - Dedicated post-resuscitation intensive care team
   - Non-ICU medical team

39. Does your hospital use root cause analysis or some similar approach to investigate deaths after an in-hospital cardiac arrest?
   - Yes
   - No

40. Is there an intensive care unit (ICU) in your hospital (medical or surgical)?
   - Yes
   - No

41. Is a physician available on-site “24 hours a day/7 days a week” in the ICU where most cardiac arrest survivors would be admitted?
Yes, a board eligible/board certified intensivist
☐ Yes, but it is not a board eligible/board certified intensivist
☐ No, but we utilize a remote ICU staffing model ("eICU")
☐ No, we do not have on-site or remote coverage of the ICU 24/7

42. Which description best describes the model for your ICU where most cardiac arrest survivors would be admitted?
☐ Closed unit: only the ICU team assigned to the ICU manages the patients
☐ Open unit with mandatory consult: multiple physicians or teams, whether assigned to the ICU or not, are permitted to provide care, but a mandatory consult for an intensivist physician is required
☐ Open unit: multiple physicians or teams, whether assigned to the ICU or not, are permitted to provide care
☐ My hospital does not have an ICU

43. What is your typical nurse to patient ratio on general medical and surgical floors?
☐ 3 or fewer patients per nurse (≤ 1:3)
☐ 4 patients per nurse (1:4)
☐ 5 patients per nurse (1:5)
☐ 6 patients per nurse (1:6)
☐ 7 or more patients per nurse (≥ 1:7)
### Part VIII: Other

44. How much do you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree strongly</th>
<th>Disagree somewhat</th>
<th>Neutral</th>
<th>Agree somewhat</th>
<th>Agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My hospital has dramatically improved its performance with respect to resuscitation outcomes over the past 3 years</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. There is room for improvement in resuscitation practice at my hospital</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Resuscitation practice is over-scrutinized at my hospital</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Improved resuscitation practice at my hospital would translate into improved patient outcomes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>e. Changes in resuscitation practice at my hospital would be unlikely to yield different patient outcomes</td>
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<tr>
<td>f. My hospital’s leadership is driving us to be a safety-centered institution</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>g. I would feel safe being treated at my hospital as a patient</td>
<td>☐</td>
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</tr>
</tbody>
</table>

45. How much of a barrier to resuscitation quality at your hospital are the following?

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Not a barrier</th>
<th>Weak barrier</th>
<th>Moderate barrier</th>
<th>Serious barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Lack of direct feedback to code team</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Inadequate training of rescuers/team members</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>c. Outdated/insufficient equipment</td>
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<td>☐</td>
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<tr>
<td>d. Lack of support from senior administration</td>
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<td>☐</td>
</tr>
<tr>
<td>e. Lack of an appropriate resuscitation champion</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Current institution culture</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Other, Please specify:____________________________________________</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

46. If you could change one thing about resuscitation care at your hospital, what would it be?
47. What is the best thing your hospital does about resuscitation care?

48. Please provide any additional comments below.
Thank you so very much for participating in the HEROIC initiative.

We appreciate your time and interest.

Paul Chan, MD, MSc  Brahmajee Nallamothu, MD, MPH