null
The compression part of the duty cycle was 42% instead of the recommended 50%. Chest compressions were not given 38% of the time.


The quality of CPR was inconsistent and often did not meet CPR Guidelines (2000), even when performed by well-trained hospital staff on patients in cardiac arrest. Chest compression rates were less, compression depth was too shallow, and ventilation rates were high.


Chest compression rates provided by trained healthcare providers in the hospital setting were below the AHA Guidelines (2000) recommended rate and suboptimal compression rates correlated with poor return of spontaneous circulation.