HARRISON MEDICAL CENTER

CHARGE NURSE ATTRIBUTES SAVING A PATIENT TO RQI TRAINING

American Heart Association®
life is why®

Harrison Medical Center, located in Bremerton, Wash., is part of CHI Franciscan Health, one of the largest health care systems in the Puget Sound, Washington region. The 260-bed facility has received an A+ grade from The Leapfrog Group for the past four years and includes comprehensive stroke and heart care (including open-heart surgery) and a level III trauma center.

PROVIDER STORY

Harrison Medical Center staff are improving their competence and confidence in CPR skills thanks to the immediate, objective feedback RQI manikins provide.

"Codes are so chaotic and stressful, but knowing that you're giving good compressions and ventilations really helps with that stress level."

— Heidi Dixon, RN
Charge Nurse, Post-Anesthesia Care Unit
Harrison Medical Center

CHALLENGE

Harrison Medical Center's education department had always sponsored basic life support (BLS) and advanced cardiovascular life support (ACLS) training classes, but an early 2015 quality improvement study using a local fire department's feedback manikin revealed that clinicians' skills could use improvement and additional consistency. The hospital needed a more effective, feedback-driven CPR training program.

SOLUTION

For Harrison Medical Center, the American Heart Association's Resuscitation Quality Improvement™ (**RQI**) program tackles two traditional CPR training challenges — infrequency of practice and lack of instant feedback on CPR quality. Performing CPR is not a part of many health care providers' regular practices. Some rarely perform it other than during their bi-annual training. Without practice, CPR compression and ventilation skills degrade and overall CPR effectiveness is reduced — often having a negative effect on patient outcomes.

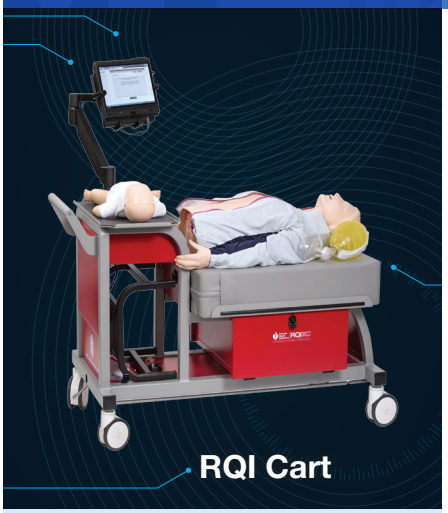
RQI manikins provide the direct feedback and regularity of practice employees need to improve and maintain high-quality CPR skills over time. RQI's **"low-dose/high-frequency"** training is required every three months, which can initially be seen as time-consuming but is easily proven otherwise. "During our initial launch we brought the RQI stations into the departments and approached it as a fun activity," said Heidi Dixon, RN, charge nurse, post-anesthesia care unit, and RQI champion. "Once everyone saw how quickly they could learn RQI, it really helped with that resistance."

CONTINUED ON BACK

For more information, contact us at
RQIquestions@heart.org

HARRISON MEDICAL CENTER

American Heart Association®
life is why®


RQI Cart

AHA's subscription-based RQI program:

- Is a cloud-based, turnkey learning and training service. Learning technology and support provided by AHA alliances, Laerdal Medical Corporation and HealthStream.
- Includes strategically placed RQI carts equipped with adult and infant manikins and a tablet computer connected to the training material accessible 24/7.
- Provides cognitive learning modules, including educational videos, eSimulation patient cases and exam questions. As cognitive modules are successfully completed over the course of the two years, students complete self-directed, quarterly skills drills averaging 10 minutes each.

For more information, contact us at **RQIquestions@heart.org**

SOLUTION (continued)

Implementation went smoothly. Yelena Watson, RN, MSN, CMSRN, CHSE, clinical education coordinator, proved on paper RQI's cost validity, ensuring leadership's full support. "We no longer pay employees to sit through four hours of BLS or two days of ACLS classes, pay instructors to teach the classes, or pay the administrative fees that support these instructor-led classes," said Watson.

RESULTS:
Increased Staff Competence and Confidence

With seven RQI carts stationed on hospital units, in emergency departments, in operating rooms and even a unit that travels among its clinic locations, the organization recently completed its first quarter of RQI training.

In addition to compression frequency and depth, Dixon learned that each person has an ideal position for performing CPR. "Knowing what position enables you to provide the best compressions makes a huge difference," she said. "Some employees I worked with had a hard time passing until we altered their stance even minutely — something we wouldn't have known without RQI's direct feedback."

While it's too soon for hard data, Watson and Dixon have heard encouraging feedback from employees, many of whom have newfound confidence in their CPR skills — including Dixon herself. ***She recently saved a patient's life who experienced cardiac arrest shortly after a colectomy.***

"I felt secure in the quality of my compressions, and I knew when I needed to switch out because my compressions weren't as good," said Dixon. "And I wasn't hyperventilating the patient with my rescue breathing because that's another piece of RQI feedback. Codes are so chaotic and stressful, but knowing that you're giving good compressions and ventilations really helps with that stress level."

The patient had an excellent outcome and was discharged home neurologically intact— direct proof that RQI saves lives. "To keep not only competence, but confidence, in your CPR skills you should be doing it much more often than every two years," said Watson.

Dixon added that without a feedback device, the CPR learning curve doesn't deliver the same results because it lacks immediate, objective feedback. "With RQI, you almost become entirely retrained on CPR because now you're doing it at the right rate and depth — it's like a whole new ball game."