



American Heart Association.

For higher quality, one southwest health system returned to evidence-based resuscitation training

PROVIDER STORY

One large, southwest health system made the switch from the American Heart Association (AHA) to another resuscitation training provider and realized the training quality was not the same. Within a short time, the health system returned to the AHA for the gold standard in CPR education and training.

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*— Clinical Education Coordinator
Southwest health system*



THE RIGHT FIT

The American Heart Association's resuscitation classes are the “right fit” for our organization, said the clinical education coordinator at a large southwestern health system. “I really enjoy teaching these classes. Most everyone is able to pass, and if they aren't, it's because they didn't prepare.”

Employees participate in a full Basic Life Support (BLS) class allowing instructors to rest easier knowing that everyone is practicing their BLS skills at least once every two years, in addition to participating in frequent mock codes.

The ability to add customization as necessary allows the health system to target both system and facility-based issues as part of the curriculum. “For example, if there's an epi shortage, we can work that in as far as how facilities are going to provide that epi dose on the crash carts,” said the clinical education coordinator.

Using manikins that provide feedback adds another layer to the in-depth education. “Our students really like seeing the feedback on the screen — it removes the subjectivity from the process. They know in real-time if they're not doing full recoil, for example,” she said.

According to the clinical education coordinator, the AHA offers one thing with which no educational entity can compete. “If your employees have an American Heart Association card, they can go anywhere,” she said. “If they have a card from another organization, it may not be accepted. We've previously had employees leave who then had to train in an American Heart Association program at their next hospital.”



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Learn more about resuscitation courses from the AHA at cpr.heart.org

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QUALITY IS EVERYTHING

When the health system opted for another training provider for BLS and ACLS (Advanced Cardiovascular Life Support), it didn’t take long to discover that the quality of their education, specifically BLS training, did not compare with the American Heart Association’s real patient video- and simulation-based training and practice-while-watching learning method, according to the health system’s clinical education coordinator. “Their BLS needed to be a lot stronger. If you could pass the hands-on skills and the written exam, you didn’t have to go through any of the classroom material or practice your skills. I would walk in and be done with my class in 15 minutes — once every two years,” she said. “In my opinion, everyone needs to practice BLS. It’s been proven time and again to be our weakest link. There was simply too much leeway.”

In the meantime, the AHA updated its resuscitation courses to include an emphasis on a team-based approach. Classes also became more flexible, allowing for more customization. Leadership in the health system’s simulation and training departments began to realize they were missing out on being part of the research process with the AHA. At the same time, they found the AHA’s updated curriculum to be much more appealing. “Our team recognized that the American Heart Association’s BLS program was much stronger, and that is where many of our errors occur,” the clinical education coordinator said.

The decision was made to return to the AHA for all of their resuscitation training. The health system’s education had transitioned to simulation-based — which is grounded in evidence-based practice. “The American Heart Association is the standard everyone recognizes when it comes to evidence-based practice and research, and that’s something we wanted to be a part of,” she said.

The health system’s simulation and training department leadership and staff are excited for what’s ahead as they continue to work alongside the AHA. “The American Heart Association’s evidence-based, standardized training is something that you may not get from another provider,” said the clinical education coordinator. “This move back to the American Heart Association made sense for everyone, and we’re planning on staying right where we’re at.”