PX Advisor

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The Road to RQI: Two Different Journeys – One Destination

THE CASE FOR RQI

If you have ever seen a one-act play, then you know that the playwright faces a huge challenge. He or she must tell a story that we care about and do it from beginning to end, in a relatively short period of time. Right now, healthcare educators may be experiencing the same dilemma as playwrights as they make decisions about how to implement Resuscitation Quality Improvement (RQI). How will they communicate the science that makes it clear there is a new, better way to conduct CPR training? Moreover, how do training schedules and budgets need to be adjusted so that organizations can implement on-going training at the recommended intervals? Finally, what is needed to accomplish the ambitious goal that the American Heart Association (AHA) has set for improving the Sudden Cardiac Arrest (SCA) survival-to-discharge rates?

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In 2010, the AHA recommended a move to more frequent training and assessment of CPR skills. Historically, the skill has been taught and evaluated every two years. However, recent research has shown that the psychomotor skills used in CPR actually begin to decay within three to six months. Because poor CPR skills can lead to episodes of preventable harm to patients, the AHA has set a goal of increasing SCA survival-to-discharge rates from 19% to 38% by 2020.

Given the rapid decay of CPR skills, hospitals are left with a significant challenge—how to preserve resuscitation skills and ensure that patients are receiving optimal care. The research suggests a need for much more frequent CPR training. What is the best way to insure that patient care providers are getting the recommended training at the recommended interval and how can hospitals adapt to the more frequent training requirements?

Recently HealthStream interviewed leaders from two different hospitals. Both have arrived at the same "destination," but they had very different reasons for their journey. Both Illinois Valley Community Hospital (IVCH) in Peru, Illinois, and St. Anthony Regional Hospital and Nursing Home in Carroll, Iowa, have recently partnered with the AHA, Laerdal, and HealthStream to implement RQI and shared their stories with HealthStream.

Both have adopted RQI and the Simulation Station to help meet the new recommended training requirements. The Simulation Station is a mobile cart that contains everything needed for quarterly training—adult and infant Voice-Assisted Manikins (VAMs), bag-valve masks, and a tablet computer.

Renee Rebholz, IVCH's Director of Education, recently shared her hospital's experience with the implementation

and introduction of RQI. Like most of her colleagues at small, rural hospitals, Rebholz works hard to insure that IVCH's 700 employees receive the training and certifications that they need. She shared with us that in the past "It was very hard to maintain competency and make sure that patient care staff had unexpired CPR cards. The size of the hospital staff made training difficult—it was a challenge to provide coverage on the nursing units and departments while trying to provide the training every two years. The necessity of providing it on a more frequent basis seemed a daunting task."

Rebholz offered that it was a struggle to get enough classes done at the right time and that it was difficult to find the time to do the training in addition to her other jobs. She frequently had to make time to do additional training for the hospital-owned physician office practices and other off-site organizations that are owned by the hospital. Additionally, one-on-one training was frequently necessary. More importantly, Rebholz also noticed something that the new AHA Guidelines and research have quantified—"our staff felt as if they weren't skilled enough because (with the exception of the ER and the ICU) they weren't using the skills often enough during the two year training intervals. There was a level of learning that we were losing, and we could see that as we conducted our training."

Katie Towers, Director, Education Services, and her colleague Mikala Landon, Clinical Resource Nurse, also shared their experiences with their recent implementation at St. Anthony. An effective solution for BLS and ACLS is essential for St. Anthony as both are work eligibility requirements for St. Anthony staff. The organization takes a hard line on this requirement but has also supported employees with regular access to classes (5 per month), instructors dedicated to CPR, and sessions of variable duration to accommodate students who need only competency validation versus those who need more in-depth instruction.

In short, St. Anthony had a robust program for BLS and ACLS with great instructors and a regular program of classes that made access easy and convenient for staff. Their original process was efficient, cost-effective and met their needs.

One organization found it a constant challenge to maintain up-to-date CPR cards and felt as if the process was broken; the other had a well-oiled program that they felt worked well for their staff. Both were meeting the goal of keeping staff current on their resuscitation requirements. However, when they were introduced to the RQI program, leaders at both organizations found the recent science to be far too compelling to ignore.

Towers was stunned when she learned that students really could develop motor memory and that this type of learning changed their practice and helped develop high-quality CPR skills. Landon added that the Voice-Assisted Manikins (VAMs) provide accurate and immediate feedback. "That was huge for us." Landon also adds that an instructor visually watching compressions cannot necessarily confirm that the speed and depth of compressions is correct.

A Solution that Staff Will Embrace

At least one hospital's clinical staff intuitively knew what the AHA's research has since confirmed. Landon shared that some staff would be anxious about ACLS training and worried that the two year training interval was insufficient to keep their skills fresh—something that has since been confirmed by studies that show that resuscitation skills actually begin to decay after just three to six months.

Using RQI makes it easy to see that the training alone is not sufficient. The feedback provided by the VAM is a powerful tool. With RQI, students receive more frequent assessment (quarterly) and are able to develop the confidence to know that they are providing high-quality CPR. "Without feedback, the more frequent training still isn't enough. You need both the training and the feedback. We have seen some dramatic results. Initially a student might get a score of just 23% and then see that score increase to as high as 95%. They learn a lot more and are surprised to see how much they can improve simply by using the feedback."

Rebholz shared that many nurses were actually shocked to learn that they had been doing compressions incorrectly.

RQI Produces Results

While it is still too early to completely quantify clinical results (both hospitals began their programs in January 2016), IVCH has surveyed the program's participants in an attempt to measure program efficacy and acceptance of the new training modality. Acceptance for the program is extraordinarily high. Rebholz shared that many nurses were actually shocked to learn that they had been doing compressions incorrectly. The VAM provides specific audio and visual feedback on hand position, compression rate and depth, and ventilation rate that an alternative CPR manikin simply cannot provide.

Towers emphasizes that this is a rigorous program. "Staff feel a sense of accomplishment once they finish the program because they have quantifiable evidence of their competency. We feel more confident too, because we now have a way to quantify this as well. We've seen dramatic and immediate results. You can see results when you observe even one student during one session. You can see a change in their competency and practice. This is a differentiator for hospitals to provide this kind of training."

Implementation Lessons

Both organizations have advice for hospitals who are considering implementing RQI. Both hospitals trained a team of super-users that receive advanced training and act as additional resources and advocates. They are planning an even larger role for their super-users in the future and recommend that hospitals begin their communication process around this training early. They also recommend promoting the use of super-users early in the process to share the responsibility for the rollout.

The mobile nature of the cart and well-trained super-users combined with shorter training sessions for students has resulted in a more time-efficient means of administering CPR certifications with a broader range of support for students.

The Destination

While both hospitals are still in the early stages of their journey, both have already seen benefits from their trip:

- Improved staff confidence and skill in CPR
- High levels of staff acceptance of the new training modality thanks to the feedback provided by the VAMs and the compelling data from the AHA
- Improved ability to provide training across shifts and locations thanks to the mobile nature of the RQI tools
- Skilled teams of unit-based super-users to provide additional training resources to staff

It means a lot to the community too because they understand that strong resuscitation skills improve care–we are the only ones who have embraced RQI in our marketplace. It makes us stand out.

RQI Is a Differentiator

Lastly, RQI may also have some non-clinical benefits. Consumers want to know that their local hospital is providing superior care based on state-of-the-art medical science. IVCH included information on their RQI program in HealthScene, the hospital's community newsletter, and also supplied articles on the topic to the local newspaper. In addition, Rebholz shared that "RQI makes it easier to recruit high-quality staff because they understand the importance of embracing best practices. It means a lot to the community too because they understand that strong resuscitation skills improve care–we are the only ones who have embraced RQI in our marketplace. It makes us stand out."