ST. ANTHONY REGIONAL HOSPITAL AND NURSING HOME CUSTOMER SPOTLIGHT

Resuscitation Quality Improvement[®] (RQI) Program

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Healthcare's Leader in Workforce Development

IMPACT:

St. Anthony Regional Hospital and Nursing Home recently implemented Resuscitation Quality Improvement® (RQI), a groundbreaking new approach to competency-based CPR, and realized these benefits:

- •Enhanced staff CPR confidence
- •Improved CPR skills dramatically
- •Built a more time-efficient means of administering
- CPR certifications

- •Enabled 24/7 access to RQI training resources
- Created a team of unit-based RQI super-users to provide even more assistance for staff

BACKGROUND:

St. Anthony Regional Hospital and Nursing Home is a faithbased, community hospital located in Carroll, Iowa. They provide acute care, long-term care, and a wide variety of specialty services. St. Anthony has 685 employees and a medical staff of 30. The hospital has provided care to communities in West Central Iowa since its beginning in 1905, when the hospital was founded with the help of the Franciscan Sisters of Perpetual Adoration.

THE CHALLENGE:

Katie Towers, Director, Education Services, and Mikala Landon, Infection Preventionist, shared their experiences with the recent implementation of RQI via HealthStream. Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) certifications are work eligibility requirements for St. Anthony staff, and the organization takes a hard line on this requirement. The organization has supported employees with regular access to classes (5 per month), instructors dedicated to CPR, and sessions that could last up to two hours if a student needed extensive resuscitation instruction or much shorter sessions to simply validate competency.

Prior to instituting RQI, St. Anthony already had a strong program for BLS and ACLS certification, based on a structure of instructor-led classes that prepared staff for resuscitation emergencies. However, when they were introduced to the patient outcome-favoring value of the new RQI Program, they found the science to be far too compelling to ignore.

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– Katie Towers, BSN, RN, Director, Education Services

SOLUTION:

After learning about RQI, Ms. Towers understood how students really could develop motor memory in regards to resuscitation, and that this type of learning really changed practice and helped develop high-quality skills. Ms. Landon added that the Voice-Assisted Manikins (VAMs) provide accurate and immediate feedback. "That was huge for us." Ms. Landon points out that in their previous solution, an instructor visually watching compressions would not confirm that the speed and depth of compressions were truly correct.

Ms. Landon shared that some staff members were anxious about ACLS training and that they worried that the two year training interval was insufficient to really keep their skills fresh. It has been confirmed by studies that these skills actually begin to decay after just six months, well short of the historical two-year recommendation. With RQI, learners get more frequent assessments (quarterly) and are able to develop the confidence to know that they are performing high-quality CPR. "Without feedback, 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."

Ms. Towers emphasized that this is a rigorous program. "Learners feel a sense of accomplishment when the program is finished because they have quantifiable evidence of their competency. We feel more confident too because now we have a way to quantify this as well. We've seen dramatic and immediate results. You can see these 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."

Ms. Towers and Ms. Landon also shared their process for introducing RQI. They began by creating buy-in from nursing leadership. This collaboration helped them to introduce the new learning process without adding to their education budget. They trained a team of super-users to act as additional resources and advocates. These learning leaders are planning an even larger role for their superusers in the future and recommend that hospitals begin their communication process around this training early and plan for a lot of it. They also recommend promoting the use of super-users early in the process to share the responsibility for the rollout.

RESULTS:

St. Anthony implemented RQI in early 2016 and does not yet have metrics to help them quantify the clinical impact of the more rigorous training. However, as they continue to roll out RQI they will eventually be able to review and trend training performance data on a quarterly basis. They will also have the ability, through the Zoll CPR DashboardTM which is built into their CPR electrodes, to compare training outcomes with detailed CPR quality data.

Ms. Towers and Ms. Landon concluded by saying that in addition to the clinical education benefits provided by RQI, they believed that it would also be more efficient and require less hours of their education department.

WHAT IS AN RQI SUPER-USER?

An individual or team that receives advanced training in order to act as additional resources and advocates for RQI. RQI Super-Users are a valuable resource to:

- Moderate communication between students and administrators
- Facilitate the online portion and manikin skills
- Increase engagement and awareness
- Assist with troubleshooting
- Promote successes
- Reinforce training



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