QUALITY RESUSCITATION CARE AT A LOWER COST

PROVIDER STORY

Being a facility that does not experience frequent code events, Baylor Scott & White Surgical Hospital – Fort Worth turned to Resuscitation Quality Improvement® to transform their approach to resuscitation. As a result, they’ve experienced major cost savings while providing their patients the best care possible.

“The financial component of it was an easy sell in regard to the numbers of people that we were putting through these courses, the time away. That’s eight hours a day of pay while they’re gone, plus the course fees, plus now having to bring in replacement staff to cover them while they’re gone to a training.”

— Laura Sittler, Chief Operating Officer & Chief Nursing Officer at Baylor Scott & White Surgical Hospital - Fort Worth

CHALLENGE

Baylor Scott & White Surgical Hospital at Fort Worth is a small hospital, but also a busy one. “280 people is the head count,” Laura Sittler, Chief Nursing Officer and Chief Operating Officer at Baylor Surgical said in reference to their number of staff members. “And we have 30 beds, including four ICU beds. We are full all the time, so bed space is at a premium. We do an enormous amount of surgery. We do roughly 800 to 900 procedures a month. We’re very busy.”

Because of the high amount of traffic Baylor Surgical experiences every day, keeping staff CPR certifications compliant was proving to take a substantial toll on hospital leaders, both financially and in terms of man-hours. “Relieving people for eight, 10 hours a day to go to a course, and then of course it’s every month because somebody is going to be expiring all the time,” Sittler said. “We’re sending people out continuously through the year. They’re going for their CPR, next month they go for their ACLS. There was no rhyme or reason to how we could orchestrate it. It was basically reactionary. [We kept] trying to cover our tracks making sure nobody was going to expire.”

Additionally, Sittler and the rest of her staff looked to improve patients’ safety during their time at Baylor Surgical. “We want to keep our capabilities current because we have such a normally healthy population of patients that you’re not going to be practicing these skills on real live scenarios that frequently, which is a good thing,” Sittler said. “But on the event that it does occur, we have to have current competence.
AHA’s subscription-based RQI program:

• Is a cloud-based turnkey resuscitation quality improvement service from the AHA, with learning technology from Laerdal Medical Corporation.

• Delivers on-going resuscitation education and skills improvement, online and via simulation stations at the point-of-care.

• Includes an adult and infant manikin and a laptop at each station, providing real-time, high-fidelity audio and visual feedback on skills performance.

• Delivers cognitive learning modules which include educational videos, eSimulation patient cases and exam questions. As cognitive modules are successfully completed over the course of a two year period, students participate in self-directed, quarterly skills practice averaging 10 minutes each to sustain skills competency.

• Renews AHA course completion cards, allowing staff to obtain a perpetual card and continuously meet their credentialing requirements.

• Analytics for RQI track and measure CPR performance.

SOLUTION

To help manage the daunting task of managing their staff’s CPR compliance, Sittler looked toward the Resuscitation Quality Improvement (RQI) Program. “We looked at all the costs involved, not just sending the staff to a course that costs $150. That’s three courses every other year for 100 people plus the time off the unit.”

In addition to providing Baylor Surgical leaders some much-needed administrative and financial relief, RQI also addresses the need of improving patient safety in the event of a code. “Some of the clinical leaders were like, ‘We already have a solution. Why are we doing this?’” Sittler said. “The key to that was to bring the data up and show the decay in skills. Everybody bought in at that point. I think that was the turning point to say, ‘Oh. We are at risk because we don’t do this every day.’ It’d be different if you’re in a big tertiary hospital where you might have codes happening in the ER every day, but that’s not our scenario. To be prepared everybody started to think, ‘We need to do something different.’”

COST SAVINGS

Laura Sittler notes the cost savings that Baylor Surgical has experienced since implementing the RQI program at their facility. “Traditional costs for our staff were approximately $180.00 annually for BLS, ACLS, PALS for our clinical staff, that was for about 125 persons, which equated to $22,500.00 yearly, and if you take the cost per staff and project it to the 2 year renewals that would be approximately $45,000.00 every 2 year period to keep staff current with cards,” she said. “The cost of decaying skills is not measurable, … however one catastrophic occurrence would be potentially millions in lack of competency.”

“I think [a hospital will] look at RQI and say ‘Oh, my gosh, this is what the [cart] costs. No.’” Sittler said. “They don’t think about the other intangible costs that you’re not calculating, including the replacement cost, the administrative time, the risk. Let’s say you have an event and it goes poorly because you’re not properly trained. How much is that going to cost? The greater cost savings came with the competency of clinical staff, and the risk avoidance concerns.”