



CalvertHealth is a small rural hospital with 1200 employees and 130 beds in the greater Washington D.C. metropolitan area. “Our hospital is actually a little over 100 years old,” said Wendy Cox, CalvertHealth’s CPR coordinator. “It was originally the only hospital in a very rural area with all dirt roads. We started out with just a handful of beds.” CalvertHealth has grown over the past century, both in terms of size and impact.

“I think it was just a couple years ago we were listed as number one in the Washington, D.C. metropolitan area in patient safety.”

As **CalvertHealth** has grown, it has recognized that it needed to rethink the way it approached CPR education for its staff. “One of the things that we really wanted to do our homework on was time-saving, because time is money, and keeping our people on the floors,” Wendy Cox said. “Because we are a small hospital, we don’t have an unlimited supply of people. So if you pull, let’s say, three nurses out of a department to come to a class where they’re going to be in a class for a couple hours, that’s a lot of cost... Because you got to have somebody that replaces them. You can’t just say, “Hey, you patients, don’t do anything silly for a couple hours. We’ll have your staff back in a few.” We’ve got to keep our staff on the floor. Sometimes we just don’t have the staff to replace [them], because we are small, so we don’t have that unlimited pool of employees to pull from all the time.”

After Wendy Cox learned about the Resuscitation Quality Improvement (RQI) program, she saw an opportunity to improve how her colleagues learned CPR.

“ I started reading more about RQI and the low-dose, high-frequency training. I was reading about it and had been in contact with the [American Heart Association]. And as soon as they started talking about [RQI], as an educator, I recognized that that really is the way to cement learning, ”

said Wendy Cox. “The more [frequently] we interact with something, the more it becomes ingrained in us and we can go into autopilot, if you will, in an emergency situation.”

As she looked deeper into how the RQI program might be able to fit in at CalvertHealth, Wendy Cox identified a few logistical obstacles that could hinder her ability to implement the program. “We’re a small facility. We don’t have a lot of training space. We don’t have a whole lot of physical space on our units for [an RQI Simulation Station],” Wendy Cox said. “So when [my RQI Partners Impact Manager] told me that there was a piece of luggage I could haul around instead, I was like, **“Oh, that sounds so much better. All I need is a little table, and I can find one of those, and I can put it wherever I want.”** Thus, Wendy Cox was introduced to the RQI-P GO Simulation Station, a new modular offering from RQI Partners and the American Heart Association.

CalvertHealth seemed to find a perfect solution for their needs with RQI-P GO. “It really resonated with me as a way to go, and that’s kind of where we want everyone to be,” Wendy Cox said. “I’m the person who looks at things that might be stumbling blocks and says, **‘How can we use them as stepping stones to get where we need to be?’ When we just came up with the idea to use RQI GO, I was ready to pounce on it.”**



In the month since CalvertHealth has adopted the program, Wendy Cox has noticed that the program is positively impacting how her staff view resuscitation education and training. “I’m pretty excited. I’ve heard a lot of comments from staff about how much they appreciate this program and how much easier it is and less time-consuming and everything else, which is a real satisfier for them,” she said. “I had someone come over this morning to complete [her] ACLS [Skills]. **It probably took her longer to go back and forth across the parking lot than it did to actually complete the program. It’s such a time-saver.**”

Of course, CalvertHealth’s experience with the RQI-P GO Simulation Station could have been marred by a rocky implementation. Fortunately, Wendy Cox had a positive experience debuting the program at her hospital. **“It seems like the whole process has been really seamless,”** she said about implementing the program. When speaking about her RQI Partners Impact Manager, a dedicated customer success representative provided to every single RQI Partners customer, Wendy Cox had this to say: **“She was really able to help me over**

some of the anxiety I had with some of the technological stuff. It really has been really pretty smooth. With a lot of things, you email somebody, and you expect to hear back from them in a week or so, and [our Impact Manager] was usually back with information the same day. Which is a satisfier for me because it’s a satisfier for my end user. They didn’t have to wait a long time to get the right answers. When [our Impact Manager] had to take it up to the next support level, she had answers for me generally within the same day or the very next business day. So, it’s really been pretty seamless in that regard.”

Now that **CalvertHealth** has begun educating its staff using the RQI-P GO Simulation Station, Wendy Cox has high hopes for how the program can benefit not only their patients, but also their community at large. “We really are about doing better care for our community. That’s part of our mission statement, is to improve the health and well-being of our community,” she said.

*“ We are really about the health of the community.
When we can improve resuscitation outcomes, that’s really what it’s all about. ”*

“I’m really working us toward doing the perpetual programs because I think that low-dose, high-frequency is so the way to go in improving outcomes because we get better response, better reaction time, if you will. **Instead of having to wait, and think about it, and respond, people can jump in and go on autopilot if they have those skills fresh in their mind all the time.**”

Looking forward to a future full of additional lives saved from sudden cardiac arrest both in her hospital and in her community, Wendy Cox summed up her attitude on this new resuscitation paradigm. **“If we can improve resuscitation outcomes with a device like this, then that’s where we need to be making it happen,”** she said. **“Because I think the program itself, it just makes so much sense in regard to improving resuscitation outcomes. It’s kind of a no-brainer to me.”**