

Improving Resuscitation Outcomes at AnMed Health using the Resuscitation Quality Improvement (RQI) Program

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Background

- Estimated 209,000 in-hospital cardiac arrests (IHCA) each year
 - (4 per 1000 admissions – Chen 2013, JAMA Intern Med. – GWTG-R)
- Estimated IHCA Survival Rates
 - 23% Adult Survival (AHA 2020 Goal: 38%)
 - 35% Pediatric Survival (AHA 2020 Goal: 50%)
- High-quality CPR (HQ CPR) is the **primary** component in influencing survival from cardiac arrest
- Several studies indicate that traditional CPR training (attending a class once every 2 years) does not allow the learner to retain the skills necessary to perform high-quality CPR in an actual resuscitation event.
- Many studies demonstrate a rapid deterioration in knowledge and skills occurring as quickly as 6 months after a conventional class (Brooks, 2014).

Study Protocol

For this study, a quantitative chart review was conducted using Code 99 records from all resuscitation events, for adult and pediatric patients at AnMed Health. Code 99 records are generated by staff members during the resuscitation event. This document includes information related to the timeliness and result of each resuscitation event. The electronic medical record at AnMed Health can also be used to collect data as needed.

Timeline

- ✓ **December 2015** - RQI Improvement Project presented to the AnMed Health IRB
- ✓ **July – September 2016** - RQI System implemented and staff trained on use of the system
- ✓ **July 1, 2016** - AHA GET WITH THE GUIDELINES In-Hospital Resuscitation Event Data Collection began

Program Design

AnMed Health implemented the Resuscitation Quality Improvement (RQI) Program that offers brief, high-frequency CPR training aimed at improving CPR performance to a level that will be associated with better patient survival outcomes. The program includes cognitive components that are delivered online and psychomotor skill assessments that are performed at mobile simulation stations. The RQI Administrator* assesses and monitors staff compliance with completion of quarterly assigned activities for both BLS and ACLS certifications. Compliance with the RQI Program is considered a variable in in-hospital cardiac arrest (IHCA) survival rates.

* RQI Administrator is Nandel Smith (Nursing Staff Development)

Outcomes

