



'Low-Dose/High-Frequency' Method Saving Approximately 33% Annually on CPR Training



Conway Regional Health System includes a 154-bed acute care medical center that provides patients with a variety of services, including heart health, cancer care, women's health, surgery and rehabilitation. The health system has more than 200 physicians on staff, more than 1,200 employees and approximately 100 volunteers.

PROVIDER STORY

New guidelines drove a change in CPR training methods at **Conway Regional Health System**. Just one year into the American Heart Association's new training program, the system is seeing higher-quality CPR and saving 33 percent of training costs.

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— C.J. Newton, MSN, RNDirector of Education & Magnet Program Director Conway Regional Health System



CHALLENGE

Conway Regional Health System had used both traditional and online learning for training, including Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS).

But when C.J. Newton, MSN, RN, director of education and Magnet program director, viewed the changes contained in the 2015 AHA courses, she knew her organization would need to alter its methods. "The amount of time mandated for us to do the ACLS and PALS, in the same manner, we had been doing them with the blended learning option was no longer going to be feasible for our organization," she said. "And schedule-wise, many employees—particularly night staff—were going to have to make more than one visit to our training center, and that would be a big dissatisfier.



SOLUTION

The American Heart Association's (AHA) Resuscitation Quality Improvement® (RQI®) program would prove to be the ideal solution. RQI addresses that CPR is not a part of many health care providers' regular practice. With a lack of use and practice, CPR compression and ventilation skills degrade and overall CPR effectiveness is reduced.

RQI's groundbreaking premise says that brief and regular practice—"low-dose/high-frequency" training—leads to higher-quality CPR skills.

Sarah Luyet, BS, Conway Regional's education program coordinator and American Heart Association training center coordinator, learned of RQI at an industry conference and brought the idea back to Conway Regional for consideration.

Newton was impressed when she witnessed RQI's capabilities. "I caught the bug if you will," she said. **"I remember thinking it would be great if we could make it happen."**

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RQI Cart

Resuscitation Quality Improvement:

- Provides a high-reliability platform for simulation-based mastery learning implemented through low-dose, high-frequency quality improvement sessions that measure and verify CPR competence and award a new AHA eCredential upon completion
- Supports mastery of High-Quality CPR skills through feedback-driven deliberate practice
- Skills sessions last approximately 5-10 minutes per quarter while cognitive learning activities last up to 35 minutes per quarter
- Administrators will have analytic data related to all activities performed. Tracking of performance and related continuous quality improvements initiatives related to resuscitation can be tracked and monitored.
- Simulation stations deployed at locations conveniently accessed 24/7 by students, allowing skills modules to be completed during the normal shift
- Comprehensively addresses the competence-based requirements for accreditation as established by The Joint Commission

SOLUTION CONTINUED

RQI's initial cost was a brief stumbling block for Newton, but not for long. "I did a quick estimate of what we were spending, then compared that to what we would be spending under the new guidelines, and that was probably the biggest selling factor for us," she said. **"The improved quality of CPR was certainly important to us, but in a very practical sense, the financial improvement that RQI offered sealed the deal."**



RESULTS

Conway Regional began using Resuscitation Quality Improvement (RQI) in October 2016. "Our employees were so excited," said Luyet. "They knew RQI was coming and they couldn't wait for us to roll it out. We had no pain points during implementation and we had all the help and services we needed."

Approximately 755 employees improve their CPR skills with RQI. Employees who do not complete their quarterly RQI assignments cannot work, but only about 10 employees quarterly show up on that list. Conway Regional also requires all employees who need CPR certification to participate in RQI. "It's easier for us to track that way, and it reinforces quality because we know all of our employees are practicing their skills quarterly," said Newton.

Employee feedback has been positive. One labor and delivery nurse with more than 30 years of experience reported "that she had always been afraid that people in the community would expect her to know exactly what to do when it comes to CPR because she is a nurse, and yet she only does CPR once every two years in a classroom," said Newton. "She said that for once, she feels confident in her skills."

Some of the more experienced emergency department and critical care staff members have complimented RQI's immediate visual and verbal feedback. "They've said things to me like, 'I didn't realize how fast I was doing compressions,'" said Newton.

RQI's real-time audio/visual feedback is "critical to the success of the program," said Luyet. "They feel more confident in their skills and what they're doing because they're receiving immediate feedback."

The health system is now spending approximately 33 percent less than it would have on its previous blended learning option. **"Financially, we feel like RQI did exactly what we anticipated, which has been extremely positive for our organization,"** said Newton.

Newton encourages health care organizations that may be trying to justify purchasing RQI to see the bigger picture. "To see RQI's financial impact in a positive way, you need to look at it from the entire organization's perspective—not just the education department's perspective," she said. "I couldn't just compare the education staff's salary dollars to the amount that we would spend on RQI. The real savings is in front-line employees' salary dollars for the time they're sitting in a classroom doing skills checks, plus their computer time."

Luyet wants her peers to know that RQI can become a reality. "It's not out of reach, financially or otherwise," she said. "I encourage everyone to consider the program in-depth before you say it can't be done."