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Relias Media
From Relias

OCTOBER 2020

Vol. 45, No. 10; p. 109-120

The Return of Onsite Surveys: Prepare with Tips, Best Practices

Healthcare accrediting bodies are resuming or planning to resume onsite surveys that were suspended during the height of the COVID-19 pandemic. Quality improvement leaders should act now to ensure their organizations are ready for these critical assessments.

Regardless of the accrediting body, onsite surveys require long-range planning for compliance and also a practical approach to the actual surveyor visit.

The Joint Commission (TJC) suspended survey and review activity from March 16 through May 31 because of the public health emergency, notes **Lisa DiBlasi Moorehead**, EdD, MSN, RN, CENP, CJCP, associate nurse executive with accreditation and certification operations at TJC.

After resuming onsite events, detailed criteria were put into place indicating those counties that were considered lower risk, she explains. Healthcare organizations in those lower-risk counties, with surveys and reviews pending, were contacted to determine if they could support a

survey or review. In addition to onsite events, a virtual survey option is in place for all programs, with the extent of available survey options dependent on CMS approval of these options for deemed programs, DiBlasi Moorehead notes.

As onsite visits resume, DiBlasi Moorehead says there will be some differences from how surveyors previously conducted their assessments. COVID-19 restrictions and requirements will be respected.

“During the public health emergency, and perhaps extending beyond it, surveyors and reviewers will work to maintain physical distancing while conducting the event and wear personal protective equipment [PPE] as required by the organization,” DiBlasi Moorehead says.

“Technology will be used, as appropriate, to facilitate such activities as record review and to expand participation while maintaining social distancing,” she continues. “Surveyors and reviewers will work with organizations to modify agendas, as needed. Otherwise, the survey/review

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Hospital Peer Review® (ISSN 0149-2632) is published monthly by Relias LLC, 1010 Sync Street, Suite 100, Morrisville, NC 27560-5468. Periodicals postage paid at Morrisville, NC, and additional mailing offices. **POSTMASTER:** Send address changes to *Hospital Peer Review*, Relias LLC, 1010 Sync Street, Suite 100, Morrisville, NC 27560-5468.

GST registration number: R128870672.

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1.25 ANCC contact hours will be awarded to participants who meet the criteria for successful completion

This activity is valid 36 months from the date of publication.

The target audience for *Hospital Peer Review®* is hospital-based quality professionals and accreditation specialists/coordinators.

Opinions expressed are not necessarily those of this publication. Mention of products or services does not constitute endorsement. Clinical, legal, tax, and other comments are offered for general guidance only; professional counsel should be sought for specific situations.

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will remain the same.” In addition to actual compliance issues that should be addressed on a continuous basis, quality leaders should consider how to organize the onsite event ahead of time, DiBlasi Moorehead says.

Healthcare organizations must prepare documents and performance improvement data to be made available for the survey. Review teams should be assembled ahead of the onsite event.

“Most healthcare organizations establish a process to record, gather, and regularly update survey documents so there is not a rush to pull the information when the team arrives,” DiBlasi Moorehead says.

“Survey application information is updated regularly and submitted well in advance of the survey due date,” she continues. “Once a tentative agenda is shared, most organizations begin to look at individuals they would like to participate in survey activities and review expectations for those activities.”

Use Tools to Assess Performance

Healthcare organizations can regularly evaluate their performance according to TJC standards using dashboards of publicly reported data and associated resources, often posted to organizations’ extranet sites, DiBlasi Moorehead notes.

TJC also provides Heads-Up Reports that include high-risk standards with compliance strategies.

The Focused Standards Assessment tool also is available for organizations to evaluate performance according to high risk and other standards.

“Becoming familiar with the Survey Activity Guide can help healthcare organizations prepare for a survey,”¹ DiBlasi Moorehead says.

“Establishing a relationship with the organization’s account executive is also a critical way to keep informed about survey process expectations,” she continues. “Staying current with issues featured in The Joint Commission’s publication, *Perspectives*, is helpful as well as contacting The Joint Commission’s Standards Interpretation Group for further clarification.”²

Using the Survey Activity Guide will help organizations prepare for each survey activity, DiBlasi Moorehead says.

The guide also lists the individuals who should participate in each activity. The tool includes a designated leadership session that allows the survey team to discuss how the team leads the healthcare organization on its journey to high reliability.

Additionally, The Survey Activity Guide includes a list of documents each healthcare organization should make available to the survey team shortly after its arrival.

The document list contains policies and procedures, minutes from leadership committees, and performance improvement data.

“The form these documents take is up to the organization. Most healthcare organizations still use paper but some have uploaded documents to secure sites for the survey team to access,” DiBlasi Moorehead says.

“This document list is not all-inclusive, so other documents may be requested during the course of the survey or review,” she continues. “It is best to provide only the documents that will answer

the surveyor question or provide clarification.”

Do Not Provide Too Much Data

Providing too much information can backfire. Avoid dumping a lot of information on the surveyors in hopes of appearing especially thorough.

“If too much information is provided, and it is not clear how the information addresses the issue, a finding may unnecessarily result,” DiBlasi Moorehead cautions. “Indicating which part of a particular document answers the survey question may also be helpful.”

The most frequently cited standards vary from year to year, but DiBlasi Moorehead says there are some consistencies. For example, high-level disinfection and sterilization remain among the most commonly cited clinical standards. Providing a safe environment is a common non-clinical finding.

Lunch Is Nice, But Not Required

Hospital leaders may be uncertain about how much to interact with surveyors and how to be a proper host during the site visit. It is a

common practice for organizations to provide lunch for surveyors/reviewers as a matter of convenience, DiBlasi Moorehead says. However, surveyors can pay for their meals, and it is not expected to provide lunch.

Regardless of whether the facility provides food, surveyors typically engage in a working lunch that includes team discussion and recording survey activities, without facility representatives participating. During this time, the organization leaders can take a break from the surveyors and survey activity.

When deficiencies are cited, organizations should follow the established Evidence of Standards Compliance process and timeline to respond to requirements for improvement.³ The healthcare organization’s account executive is present during the survey and can assist the organization in submitting this information.

Assign Area Leaders

Compliance and site visits will be better if leaders assign specific employees as team leaders for special accreditation areas, suggests **Ajimol Lukose**, DNP, RN-BC, a surveyor with the Healthcare Facilities Accreditation Program (HFAP) in Chicago. She also is nursing director at Swedish Covenant Hospital in Chicago. For example, HFAP divides

accreditation into chapters. Lukose advises assigning a leader for each one. The leader compiles all necessary policies, contracts, and other dividers in a binder specific for that chapter.

“I see that sometimes when I ask if they have a policy, they go running around looking for it. Others can say, ‘yes, here it is in the binder,’” Lukose says. “I conduct surveys, but I also am at a hospital that gets surveyed, so I see both sides of it. When I am surveyed, I have all my binders and documents ready, and I am familiar with each standard in the manual.”

Restraints a Common Problem

Each leader also should prepare their department staff members to be familiar with quality targets and projects in that department, along with policies and the applicable standards.

“The deficiencies I often find in inpatient settings involve restraints, which is a heavily cited area. The leaders must review all the restraint charts,” Lukose says. “I can tell when I go to an organization, and the leader says ‘yes, we know this is an issue, and we’re working on it,’ vs. when I go to a hospital, and the leader is surprised at what we see when we look at the charts. Even if there is an issue with restraints, we



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want to see that you are aware of it and have an action plan to address it.”

Another common problem involves contracted services. Any contracted services, such as laundry, food service, or laboratory services, must undergo an annual evaluation.

“When I see the annual evaluation is missing, and I see that quality monitoring is not done for the contractor services, that is a problem,” Lukose says. “They are surprised when I ask if they have quality evaluations. In some quality organizations, the quality department will have all of the contractors on a spreadsheet showing all the contractor surveys, the date, and the quality indicators. That makes it so easy to review.”

At other organizations, Lukose asks for that information on the first day, but it may not have been provided until several days later because the hospital staff were scrambling to compile it.

Infection Control Cited Often

Infection control is another key area for an HFAP site survey. Lukose says many healthcare facilities fall short in this area, sometimes much to the surprise of quality leaders who thought they had instituted a good infection control program. The

supply storage room is a common problem area in infection control. Sterile items, expiration dates on supplies, and cleanliness issues often result in deficiencies.

“Many high-performing hospitals have a routine rounding by the unit manager, with their staff, once a week or once a month to check these areas. Include the staff so they know what to look for,” Lukose says. “A common problem I find is with the patient nourishment refrigerator, which may have outdated food, open containers without any dates, and staff food. We cite them for all those things.”

Crash carts also can be problematic, according to Lukose, with some not showing any documentation that they have been checked for several days.

Board Minutes, Patient Records

The patient care record is an important part of a review, and Lukose says hospital leaders should conduct random audits. The plan of care is a crucial part of the chart, along with the history and physical. Lukose says she sometimes finds staff members are surprised that charts do not include the history and physical. “Another area some hospitals fail is when the board minutes are not approved, or the quality report and plan are not submitted to the board.

There should be documentation that the board reviewed and approved the quality report and plan,” Lukose says. “Also, if they use agency nurses, the file on the nurses should be ready for review, including the orientation checklist and evaluations. Frequently missing is the periodic evaluation of the agency staff.”

On the day of the site visit, HFAP surveyors expect to be greeted, provided a workspace, and each surveyor should be accompanied by a contact person, ideally the chapter leader, who will take the surveyor from one department to another and make introductions, Lukose says. The contact person should provide the surveyor with a phone number in case information is needed when they are separated by breaks or meal times.

HFAP surveyors engage in working lunches, on their own, so they can discuss survey issues confidentially. “We want the organization leaders to know we are there to help them. Yes, we are there to monitor their practices, but we are also there informally to help them and provide onsite consultation,” Lukose says. “Sometimes, the staff see us and run away, but we are there to teach them and help them, too.”

Site Survey Is a Project

A site survey should be approached like any other project,

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with a written project plan that assigns particular duties and responsibilities to different people and departments, says **Michael W. Johnson**, MA, CAP, managing director for behavioral health with the Commission on Accreditation of Rehabilitation Facilities (CARF) in Tucson, AZ. There should be deadlines, expectations, and someone assigned to manage air traffic control over the whole operation.

“An original survey ratchets up the tension, and people get motivated, but if you’ve been accredited for some time, then people can get complacent. You may have systems in place that are adequate for getting accredited, but this is really an opportunity to take a deep dive into your organization and seek the avenues for performance improvement,” Johnson says. “This actually helps you as a leader in advancing your organization if you use this as an opportunity to advance and better care for the people you care for.”

Hospital leaders may scan through accreditation requirements and say, “yes, we do that,” Johnson notes. But proving that to a surveyor during a site visit is a completely different challenge.

“There is occasionally a disconnect from organizational leadership and what is happening on the ground. The organization leaders are confident they are doing everything we expect, but then those on the frontline have a hard time showing that,” Johnson says. “The pandemic has disrupted everything, so the additional strain and the accommodations that have been made with telemedicine and everything else can create problems. You might have configured that telemedicine plan in three days, because you had to, but you might

not have thought of everything required to ensure quality is not impacted.”

Consider how much variance there is in usual procedures to adapt to the “new normal” and be prepared to show how those changes are carefully structured to ensure patient safety and care quality.

Once the surveyors are on site, Johnson advises helping and responding — without smothering them. “Don’t hover. A lot of hand-wringing ratchets up the stress for you and the survey team, too, and you don’t want that,” Johnson says. “That’s not good for either party at the end of the day.”

Johnson notes healthcare organizations can benefit from asking one of their quality leaders to become an accreditation surveyor. “The investment by the organization is simply allowing that person to leave for a few days a year, but the return on that investment can be pretty significant in terms of thinking about how to prepare and develop strong systems,” Johnson says.

Virtual Surveys for Some

CARF and some other accreditation organizations are currently conducting virtual surveys. Most are expected to resume onsite surveys soon, says **Brent Snyder**, DNP, RN, CEN, NE-BC, regional vice president for clinical quality and compliance at Altus Houston (TX) Hospital. These virtual surveys are essentially video conferences with facility leadership and content experts regarding accreditation standards, he says. During these video conferences, surveyors review the organization’s documents and policies and discuss facility operations with the leadership.

Preparation is key to success with any accreditation survey, whether virtual or onsite. Accreditation organizations usually will send a list of commonly reviewed documents ahead of the survey. Preparing all documents for presentation to surveyors will make the survey proceed much smoother and usually decreases the number of non-conformities.

“Best practice is to always be survey ready. At a minimum, the accreditation agency will give the organization a survey window, usually approximately 30 days,” Snyder says. “This window period is crunch time from many organizations.”

Some preparation is long-term, such as policy and procedure review, quality management, and environment of care preparation. These items should be worked on for months to years before the accreditation agency arrives. Other preparation can be handled in the short term, such as gathering documents, quizzing staff, and rounding on the units to make sure they are clean and organized.

Do Not Talk Too Much

Once the survey date arrives, remind everyone about the need to provide the information surveyors need but not more than requested. It is easy to create new avenues of inquiry that might not turn out well.

“The most common pitfall I have seen is giving too much information. Just try and answer the question the surveyor asks. Don’t elaborate into unrelated or unnecessary areas,” Snyder says. “This usually results in surveyors investigating issues that were not even on their radar.”

In the same vein, make the right people available to the surveyors,

but do not crowd them with top executives and too many people who might say the wrong thing. The surveyors mostly will want to talk with clinicians, not executives.

Preparation usually includes education on common survey questions. Surveyors like to ask the staff about high-risk/low frequency events, such as caring for suicidal patients, restraints, moderate sedation, and malignant hyperthermia.

“We usually quiz staff and provide education prior to arrival,” Snyder says. “We also remind staff to keep their departments clean and organized, keep clutter out of hallways, and remind them of other things surveyors commonly look at.”

Prepare Binder of Documents

The hospital should prepare the right documentation for surveyors and not scramble to obtain documents in response to their queries. Surveyors usually like to review policies and procedures, meeting minutes for required committees, organizational charts, proof of required education completion, employee performance evaluations, environment of care rounds, risk assessments, and patient charts.

“We usually prepare a binder with all requested or commonly reviewed documents. With documents that

are kept electronically, we usually just show them the electronic version,” Snyder says. “They do not usually require their own copies of documents; they prefer to see how the originals are kept and organized.”

Too much documentation is problematic if the documents are conflicting or unorganized. As long as the documentation relates to the accreditation issue at hand, surveyors will welcome a thorough explanation.

The most commonly cited issues are environment of care, such as firewall penetrations or some new National Fire Protection Association requirement that the organization was not aware of. Recently, accreditation organizations have been focusing on infection control standards during their surveys because of the COVID-19 pandemic.

After the survey is complete, the accreditation organization meets with site leadership to review the findings.

These findings are sent to the organization in writing within 10 days. The organization has 10 days to prepare its corrective action plan and send it to the accreditation agency.

“Surveys seem to proceed smoothest when the organization is clean and organized. Any organization who provides requested documents that meet surveyor standards in a quick and efficient manner seem to have good surveys,” Snyder says.

“Be prepared,” he adds. “Know the accreditation standards and have documented proof that you are meeting them.” ■

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Preparing for Survey with Response Plan

The Joint Commission’s (TJC) 2020 Survey Activity Guide notes most accreditation surveyors will arrive for site visits unannounced or with short notice.

TJC suggests putting a plan in place that can be enacted when surveyors arrive. Here are some specific tips from TJC regarding when surveyors arrive on site.

- Educate the staff members most commonly at the hospital entrance about the possibility of a TJC visit. These staff may include greeters, information desk staff,

and security guards. Explain what TJC is and require they confirm surveyors' identity with their picture identification badges.

- Establish a protocol for who these staff members should notify when surveyors arrive.
- Provide a list of names and phone numbers to contact, including alternatives if the primary contacts are unavailable.
- Ask surveyors to wait in the lobby until the necessary facility

contacts and leaders can come to greet surveyors.

- The hospital contacts should confirm the surveyors' identity with picture identification.
- As soon as the surveyors' identity is verified, provide the appropriate document for each program seeking accreditation.
- If that information is not immediately available, they will begin the survey with an individual tracer.

• Provide a base of operations for the surveyors. This area should be in a location that includes a desk or table, access to phones and the internet, and electrical outlets for plugging phone and laptop chargers.

- Identify the employee at the hospital who will assist the surveyors with their access to all the electronic records. (*Much more information about TJC's 2020 Survey Activity Guide is available online at this link: <https://bit.ly/2Enp9TH>.*) ■

Health System Improves Stroke-to-Treatment, Door-to-Groin Times

University of Michigan Health in Grand Rapids has dramatically improved metrics for stroke treatment, using communication tools to connect EMS teams with specialists in neurology, radiology, nursing, laboratory, and pharmacy.

The improved communication enables the hospital to activate the appropriate personnel in the ED before stroke patients arrive. Paramedics use a secure messaging app on their smartphones to send prearrival notifications with contextual patient information, such as name, age, medical record number, and state of health, to members of the hospital's stroke team.

The efforts have resulted in a 46% improvement in median door-to-groin time, a decrease from 114 minutes to 62 minutes. Door-to-needle time is down 46%, from 53 minutes to 28 minutes.

The American Heart Association and American Stroke Association urge prompt treatment for acute ischemic stroke care, particularly by reducing door-to-needle times for eligible patients treated with tPA.

Their guidelines recommend a door-to-needle time of 60 minutes or less, but research has shown that less than 30% of U.S. patients are treated that quickly. The goal for door-to-needle time is 45 minutes in at least half of stroke patients.¹

DOOR-TO-NEEDLE TIME IS DOWN 46%, FROM 53 MINUTES TO 28 MINUTES.

The health system had been looking at the adoption of a secure messaging app. Once leaders discovered a solution, it was piloted in the stroke center, says **Dillon Fassett**, process improvement coordinator for the Comprehensive Stroke Center at Metro Health, part of University of Michigan Health. (Metro Health uses a messaging product from Vocera in San Jose, CA. Many similar secure messaging

apps are available from other companies.)

The stroke program began by creating a roadmap of the process flow through the ED, determining how the messaging app could be used more effectively than the paging system in the EMR and other contact methods that were in use.

One benefit in the new app is the physician call schedule is embedded. The system automatically contacts the right doctor without someone in the ED first consulting a schedule to see who is available, Fassett explains.

"It streamlines the process of getting the right people in the room when we have a stroke patient come in," he says. "In the first month, we were around 50 minutes for door-to-needle. That was too high. The messaging helped us bring that time way down, as well as the door-to-recanalization type for tPA patients."

Fassett says the new technology streamlines the notification process. Previously, the ED staff would activate a button in the Epic system that would send a page to the clinician, who would then have to call the ED to find the patient's

history and other information. Now, paramedics in route to the hospital can use the app to bring up a template and fill out information about the patient. One click sends that information to all members of the stroke team currently on call.

“As soon as our stroke team receives that information, they are able to immediately assess the important data, such as last known well, age, [and] other inclusion and exclusion criteria for intervention,” Fassett says.

“We have our stroke team at the ED doors and waiting with all this information already, whereas otherwise it was kind of a game of phone tag getting medical history and other necessary information,” he continues. “It enables us to have a game plan when the patient arrives that we can execute right away.”

Introducing any new process or technology can be difficult, and there was some initial resistance to the Michigan plan. There was a window of about 60 days in which Metro

Health used both the old and new systems, partly because they were wary of cell coverage dead zones that might impair using the smartphone app.

There turned out to be no problems with dead zones or other impediments.

Metro Health found that in most cases the new messaging app was making contact with clinicians before the old version of paging.

“The overall process is smoother. There is a lot of communication and a lot of people involved,” Bassett says.

“Our stroke team, myself, and a few other members get the information, and then it’s a multidisciplinary group chat that goes on,” he continues. “They can get images and start discussing options while the patient is still on the way to the ED.”

Metro Health has since expanded use of the messaging app after its success in the stroke program. This allows staff to be alerted to a wide

range of incoming patients. For instance, clinicians can use the information to decide whether to accept a transfer long before the patient would have arrived at the hospital. “The app takes away a lot of chances for error that could interfere with the treatment process and slow down processes, like reading a call schedule wrong or typing in the wrong phone number,” Fassett says. “It’s a good avenue for enabling the entire multidisciplinary team to discuss the case without being in the same room, and as soon as the information is made available.” ■

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SOURCE

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IU Health Overhauls CPR Training for Frontline Staff

Indiana University (IU) Health is overhauling how it trains employees in CPR, significantly changing the process for 20,000 caregivers across the system.

Like many healthcare organizations, IU Health used to require employees to attend CPR courses every two years. Now, they are training every quarter with online simulations and hands-on practice.

The training includes computerized mannequins available in employee workplaces rather than only at

specific training sites. Employees can access the mannequins 24/7.

The program is called Resuscitation Quality Improvement (RQI) 2020, says **Greg Strine**, MA, RN, director of the Center for Physician Education and the Emergency Response Training Institute at Indiana University Health. RQI 2020 uses a simulation-based CPR learning platform, endorsed by the American Heart Association (AHA), that measures and verifies competence, Strine says. The program is subscription-

based, and IU Health is investing \$7 million in the project.

CPR Skills Degrade

Resuscitation skills can degrade quickly, according to Strine. The AHA reports only about 25% of patients survive an in-hospital cardiac arrest in the United States, not much better than the 12% who survive out-of-hospital cardiac arrest.¹ Other research has shown CPR skills can deteriorate as soon as six months after initial training.² “The old model

of going to CPR class every two years is what we had used for decades, but it wasn't working. It's a perishable skill," Strine says. "The RQI platform is based on research that shows reinforcement of that training on a more frequent basis helps maintain that knowledge and skill level. The research had studied various time intervals for reinforcement, and the RQI model landed on every three months as effective but without overwhelming people."

RQI 2020 provides more frequent training to address that risk, with the goal of improving patient outcomes and decreasing preventable deaths from cardiac arrests, Strine says. The program is designed to deliver "low-dose/high frequency" training in CPR skills.

Pilot Shows Promise

The program was piloted in the ED at IU Methodist Hospital in Indianapolis with about 200 nurses and technicians. The plan was to use a digital learning platform developed by RQI Partners, a partnership between the AHA and Laerdal Medical, for two years to evaluate whether it was effective in improving CPR skills. After a little more than a year, data indicated the program was successful in maintaining CPR skills, consistent with previous research that supported the program's effectiveness.

The ED staff at IU Methodist Hospital not only maintained their skills but showed incremental increases in the performance of chest compressions, Strine reports.

"We felt confident that we had a large number of participants demonstrating the platform was doing what it was designed to do. At that point, we presented the information to our leadership team in quality and safety and the executive leadership team. We got buy-in from all of them that we should do this across all of our system," Strine says. "Ultimately, this went to the education and research committee of our board of directors for a demonstration. We received support from them to move forward in implementing it across our entire health system."

IU Health deployed the program to 20,000 healthcare staff members across the system, using a three-phase rollout beginning in the last quarter of 2019. Three facilities in Indianapolis accounted for about half of the 20,000 participants. The other 10,000 were brought into the program over the first two quarters in 2020. Strine notes the entire approval and implementation process took about eight months. The RQI program provides cognitive learning modules that include educational videos, simulated patient cases, and multiple choice exam questions. After completing the learning module, the participant performs self-directed

skills drills that take about 10 minutes.

The RQI program delivers the same training as a conventional AHA CPR training program, Strine says, but the content is delivered over a two-year period instead of dumping it all on the participant in a one- or two-day class.

No Classroom Training

One of the biggest benefits is there is no classroom training. This means no dragging people away from their daily duties to attend a CPR class. Instead, IU Health provides "RQI carts" with the learning modules and CPR mannequins, positioned strategically throughout the facilities and available at all times. IU Health provides as many as 17 carts in one facility.

Everyone who is required to earn CPR certification can access the carts when it is most convenient for them. They are required to log in and maintain their training every three months, but they can do so at any time, including on weekends.

"The program is designed to provide a high level of readiness among your staff. We know that high-quality CPR is the difference maker in achieving return to circulation and ultimately survival and discharge," Strine says. "We'd have people in our classes say they hadn't been in a code

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in two years, and the last time they practiced CPR was in the last class they attended two years ago. But they were fully aware that a cardiac arrest could happen at any time, on any shift, and they would be called on to do this.”

In addition to the more frequent training, staff members receive feedback and coaching on their skills while using the RQI carts for their quarterly training, Strine notes. The mannequins provide verbal feedback on the strength and frequency of compressions so staff can adjust their performance regularly.

“It’s not just a matter of having a mannequin to practice compressions and then walking away without knowing if you really did it correctly. You get the feedback the entire time you are doing it [right],” Strine says. “You’re learning if you are getting the right depth, the right rate, the right amount of recoil. We know that getting all those things is the premier factor in increasing the survival rate.”

The goal is to train the staff member to develop muscle memory and an ingrained sense of the right performance measures so that when the time comes, CPR is almost an automatic response.

IT Integration Challenging

The biggest challenges with implementing the program involved IT issues, Strine says. One example was the integration of the laptops provided by the RQI vendor to make them consistent with IU Health security and other standardization. “There were a lot of moving parts and various teams involved,” he says. “Integrating it into our own education system was something we chose to do so that

the users didn’t have to manage two different platforms for their ongoing education. That created more work for us, but we felt it was worth the effort to make this something people could utilize easily.” The logistics of deploying all the RQI carts to the IU Health System’s 17 hospitals

THE GOAL IS TO TRAIN THE STAFF MEMBER TO DEVELOP MUSCLE MEMORY AND AN INGRAINED SENSE OF THE RIGHT PERFORMANCE MEASURES.

was another challenge. The health system designated a team that was dedicated to traveling to each facility and installing the necessary number of carts, which included making sure the cart laptops were integrated into the facility’s IT network.

COVID-19 complicated the last phase of the RQI integration, necessitating some virtual sessions for the training of “super users” at facilities who would oversee the program, rather than the in-person sessions that had been conducted for earlier facilities, Strine reports. “One thing we learned was that beyond the ability to maintain our proficiency in things like chest compression and ventilation, our knowledge base, it was advantageous to have this platform during our COVID response. We didn’t have to bring our people together to maintain their CPR training,” Strine says. “Our staff was able

to maintain our training throughout that period, whereas we and a lot of other healthcare organizations had to put other training aside because the old traditional model of a lot of people in a classroom was not feasible.”

Strine says if he were to repeat the process, he would not be afraid to jump in with implementing the program across the entire health system rather than conducting a pilot program first. Since IU Health first tried the RQI program at one hospital ED, there have been reports of other experiences at hospitals and health systems demonstrating the program’s worth. “There is plenty of information out there that this is a good, alternative way to go to meet your training requirements and alleviate some of the barriers you run into with trying to get staff to class and still staff your clinical areas,” Strine says. “This certainly alleviates some of those problems, on top of all the quality enhancement you get with people training eight times over two years instead of once every two years. They’re developing that muscle memory and maintaining their competence in advanced life support skills.” ■

REFERENCES

1. American Heart Association. Cardiac arrest statistics. <https://bit.ly/31MDLEK>
2. American Heart Association. Resuscitation Quality Improvement program frequently asked questions. <https://bit.ly/32K7wFN>

SOURCE

- **Greg Strine**, MA, RN, Director, Center for Physician Education and the Emergency Response Training Institute, Indiana University Health, Indianapolis. Phone: (317) 962-8111. Email: gstrine@iuhealth.org.

Engage Staff When Training or Implementing New Programs

Quality improvement professionals often must train staff in new processes or initiatives, but the effectiveness of those sessions can depend on the approach. A simple meeting with a PowerPoint presentation may not be the best way to get good results.

The best results will come when the participants feel involved with the effort and want to help reach the desired goal, says **Camille Epps**, MM, director of learning for Vizient in Irving, TX.

“You have to engage them. You can still use PowerPoint presentations, but they need to include images that resonate and not just bullet points,” she says. “You also need to incorporate activities, scenarios/storytelling, and group discussions to help participants better understand the concepts and the expected behaviors. Keeping the learner engaged is the key to effective training.”

Epps endorses the Analysis, Design, Development, Implementation, and Evaluation (ADDIE) model, and says it helps ensure the efforts are relevant to what is needed.¹

Vizient also has moved away from using the word “training” and emphasizes that these are “learning” events. Clear objectives help ensure the goal of the learning event is achieved.

“We also use ‘chunk learning,’ sometimes called microlearning, using adult learning principles, which show that they can only process information in short bursts. Another effective approach is to create YouTube-style videos and infographics to help emphasize the main points,” Epps says. “Lastly, you can design the training around

a story. Start the training session by telling a story and tie training concepts together at the end of the learning event.”

Epps cautions against these common mistakes:

- A data dump with too much information in one learning event. Learners will not retain all the information.
- Vague content that does not flow together.
- Not allowing time for questions or breaks.
- Not allowing time for hands-on interaction, discussions, and activities.
- Insufficient time to summarize what was presented.
- Not discussing next steps.

Surveys help evaluate if the training session was effective. Send surveys immediately after the learning event. The suggested time frame for completing a survey is three days after the learning event, while the learning experience is still fresh on the learner’s mind.

“Another way to evaluate training is to use the Kirkpatrick four levels of learning evaluation method [reaction, learning, behavior, and results].² Set the stage at the beginning of your learning event to ask what the learners’ expectations are so that you can adjust if needed or make plans to address expectations that are presented,” Epps says. “Set up a check-in/follow-up appointment with the participants a few weeks after the learning event. Use that time to analyze what learning has been applied or what may need to be reviewed at a later date.” ■

REFERENCES

1. InstructionalDesign.org. The ADDIE Model. <https://bit.ly/3bozys>
2. Training Industry. The Kirkpatrick Model. <https://bit.ly/3lFCM1i>

SOURCE

- **Camille Epps**, MM, Director of Learning, Vizient, Irving, TX. Phone: (844) 825-5842.

CE OBJECTIVES

After completing this activity, participants will be able to:

1. Identify a particular clinical, legal, or educational issue related to quality improvement and performance outcomes;
2. Describe how clinical, legal, or educational issues related to quality improvement and performance outcomes affect nurses, healthcare workers, hospitals, or the healthcare industry in general;
3. Cite solutions to the problems associated with quality improvement and performance outcomes based on guidelines from relevant authorities and/or independent recommendations from clinicians at individual institutions.

COMING IN FUTURE MONTHS

- Career paths in quality improvement
- COVID-19 updates
- How to prioritize quality measures
- Tips for handling difficult clinicians



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CE QUESTIONS

- 1. How did University of Michigan Health in Grand Rapids improve its stroke-to-treatment time?**
 - a. It increased the number of physicians and specialists on call.
 - b. It switched to a different treatment protocol, with a lower threshold for using tPA.
 - c. It used a smartphone app that delivers patient information more efficiently to stroke team members.
 - d. It used an improved protocol for diverting ambulances to dedicated stroke treatment centers.
- 2. What is one of the key benefits of the CPR training program implemented at Indiana University Health?**
 - a. The program is streamlined and eliminates much of the standard training elements.
 - b. The program is entirely classroom-based and does not require hands-on practice.
 - c. The program is conducted less frequently — only every three years.
 - d. The program involves no classroom training, and participants can use training carts at any convenient time.
- 3. How much information should an organization provide to surveyors?**
 - a. Provide only the documents that will answer the surveyor question or provide clarification.
 - b. Provide all documentation that might remotely address the surveyor's question.
 - c. Provide only the specific information requested before the surveyor's visit. The surveyor will not request additional information on the day of the visit.
 - d. Provide any information that promotes the organization in the best light, regardless of whether the surveyor requested it.
- 4. When it comes to accreditation surveys:**
 - a. make all top executives available to follow the surveyors throughout the day.
 - b. do not hover.
 - c. once the surveyors' identification is confirmed, leave them alone entirely while they are in the facility.
 - d. the CEO should accompany the surveyors at all times, but no one else should accompany them.