Resuscitation Quality Improvement at Harrison Medical Center

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Purpose: To improve Cardiopulmonary Resuscitation (CPR) skills performance by staff and providers.

Background/Significance: The authors questioned staff’s level of CPR training. Occasional mock code drills as well as code team reports demonstrated staff’s low level of comfort with unresponsive patients.

Description: The authors conducted a study utilizing a convenience sample of Harrison Medical Center staff. Data on CPR skill performance was collected prior to initiating a Mock Code Blue program with the goal of comparing this data to post-program implementation.

Evaluation and Outcomes: The data demonstrated that there was a room for improvement. Average percent of correct ventilations: 25.0%
Average percent of correct compressions: 54.0%
There was no correlation between recency of BLS training and performance accuracy.
There was no significant performance difference between cardiac units (PCU, 2SE and Cath lab) and medical units (2West, 4West and Float) (50.49% vs. 49.57%)

Conclusion: BLS training had to change. Nurses and the Foundation collaborated in bringing the latest technology: Resuscitation Quality Improvement (RQI) program, mechanical compressor devices, Code Management and Code Stat systems.

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