Award Application

1	**Project Title**	**Staying Alive: Utilizing technology to improve Resuscitation Quality**
2	Clinical or Operational Area	House wide
3	Healthcare System	Baptist Health
4	Hospital or Entity Name	Baptist Health Paducah
5	Applicant Name	Amy Osbron, BSN, RN, CPHQ
6	Applicant Title	Chest Pain – STEMI Program Coordinator
7	E-mail Address	Amy.osbron@bhsi.com
8	Telephone	270-415-7724
9	Mailing Address, City, State, Zip Code	2501 Kentucky Avenue
10	**Please list the names and titles/roles of the additional members of the project team:**	
	Name:	**Title/Role:**
	Joyce Woods, BSN, RN	Clinical Outcomes
11	Name of Senior Risk Management or Corporate Insurance Representative	Lynn Kolokowsky
12	Mailing Address, City, State, Zip Code	1901 Campus Place, Louisville, KY 40299

13. The best practice/improvement submitted for consideration is a: ***(Check all that apply)***

☒ Clinical Policy
☒ Performance Improvement Strategy *(Six Sigma, etc.)*
☐ Communication Strategy *(Briefing before surgical procedure, senior management rounds, etc.)*
☐ Other *(Please specify)*

Click or tap here to enter text.

14. Can the project be duplicated to support patient safety/risk mitigation strategies at other organizations? ☒Yes ☐No

15. Briefly describe the project: ***(two paragraphs maximum, please attach any supporting documentation)***

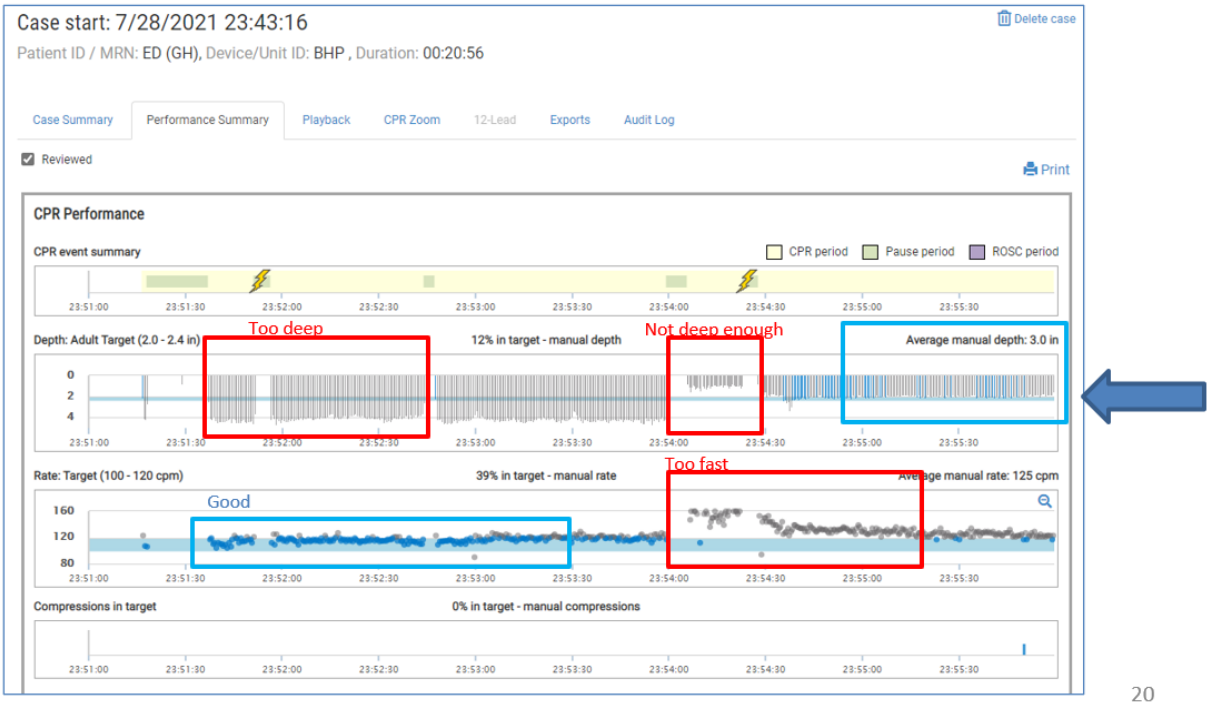
BHP experienced a decrease in survival to hospital discharge rates from 2020-2021. BHP's Resuscitation team took a multifaceted approach to improving CPR quality. We used the PDSA (plan, do, study, act) problem solving method to help us improve our process and implement our changes.

Plan – Create Resuscitation champions and get a voice of the customer. Champions will give their input, suggestions and review any barriers. Collect data through the Zoll Case Review program and share with staff.
Do- Educate staff and show them their performance post-code blue with the Zoll Case Review. Educate all areas of the hospital (inpatient, Emergency Department, Cancer center, Heart failure clinic, etc.) using the real time CPR feedback dashboard on the defibrillator and provide more hands-on education. Mock Code blue drills throughout the hospital; not just on inpatient floors to assist with staff communication between departments using all the equipment they would use in real code event.
Study- Create a benchmark for us as a hospital on CPR rate and depth. Continue to review with staff what CPR performance has looked like in codes at our facility. Review all Code Blue Case Reviews in Resuscitation and post the reviews on huddle boards. Give stars to staff to recognize a job well done in their CPR performance. Review cases where staff could have utilized palliative care conversations prior to a code event possible occurring.
Act- Review our policies, protocols, and need for education. Remediation with staff if their CPR performance does not meet our benchmark. Real time coaching during code events. Continue to follow up on barriers when applicable. Concurrent code blue reviews and real time interventions.

Our goal is to improve patient survival and discharge more patients home to their families. Our project will be so impactful for our hospital and community the more we make improvements. Staff will be more intentional with their efforts to consistently perform effective CPR. Code events do not have to be chaotic and unorganized. With practice, hands on simulations and consistent education, staff will be able to perform a difficult skill proficiently. I see staff in each department working together in simulations more and I see staff taking more ownership of their CPR skills.

BAPTIST HEALTH®

Case Review - ED



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BAPTIST HEALTH®

Zoll Feedback Review

14

Case start: 6/21/2023 12:46:50

Patient ID / MRN: ED (GB), Device/Unit ID: BHP , Duration: 00:20:55

Great CPR performance!

Case Summary | Performance Summary | Playback | CPR Zoom | 12-Lead | Exports | Audit Log

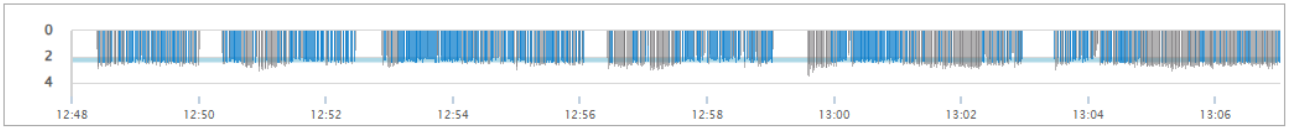
Reviewed

Print

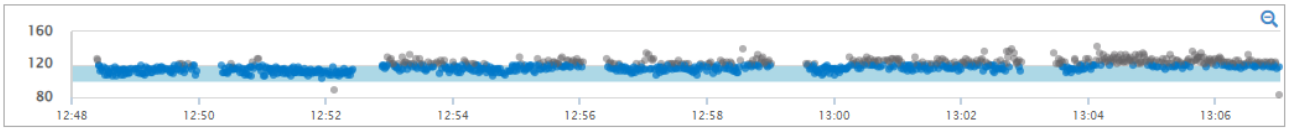
CPR Performance

CPR event summary — CPR period | Pause period | ROSC period

Depth: Adult Target (2.0 - 2.4 in) — 51% in target - manual depth — Average manual depth: 2.4 in

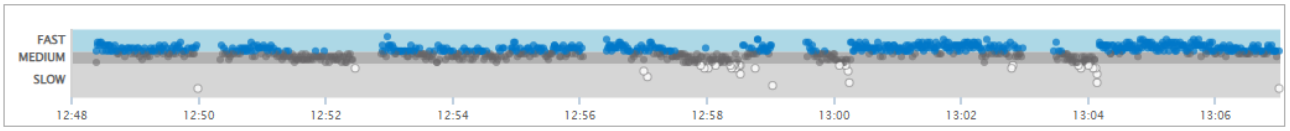


Rate: Target (100 - 120 cpm) — 64% in target - manual rate — Average manual rate: 117 cpm



Compressions in target — 34% in target - manual compressions

Release velocity trend: Target (400+ mm/s) — Average manual release velocity: 399 mm/s



Chest Compression Fraction - 88.04% Comp / 11.96% No comp

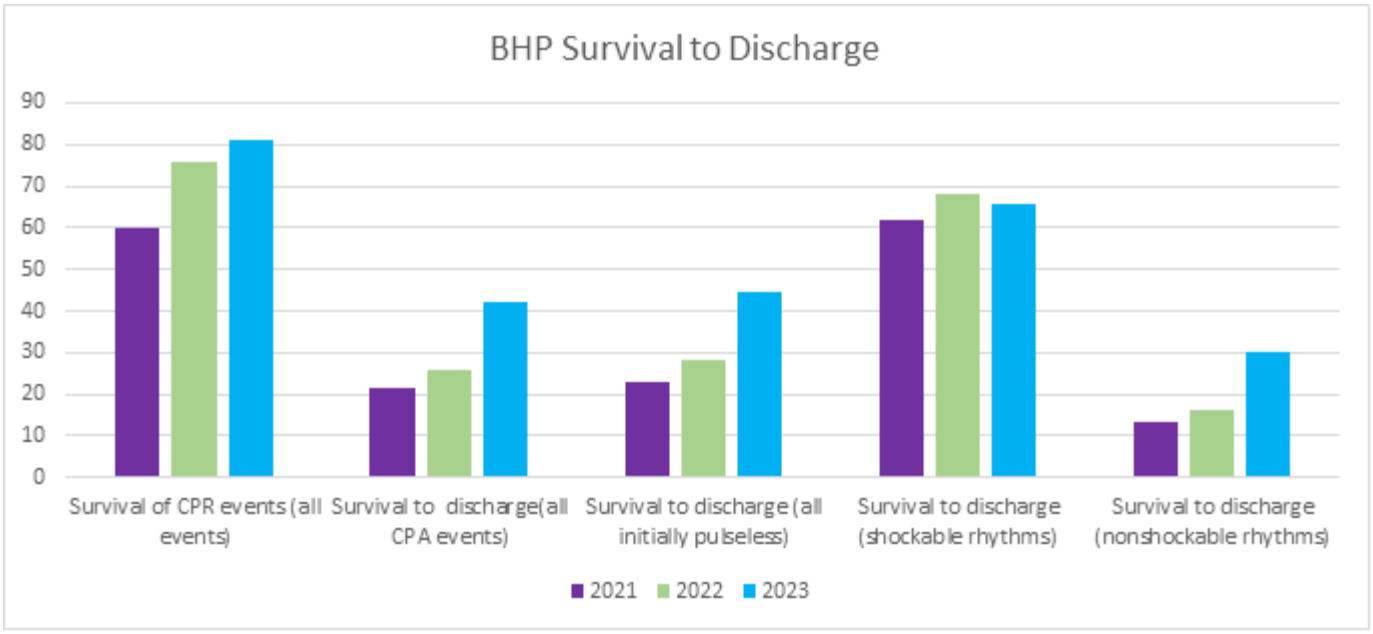
16. Describe how this project has reduced the potential for liability and improved patient safety. ***(one paragraph maximum)***

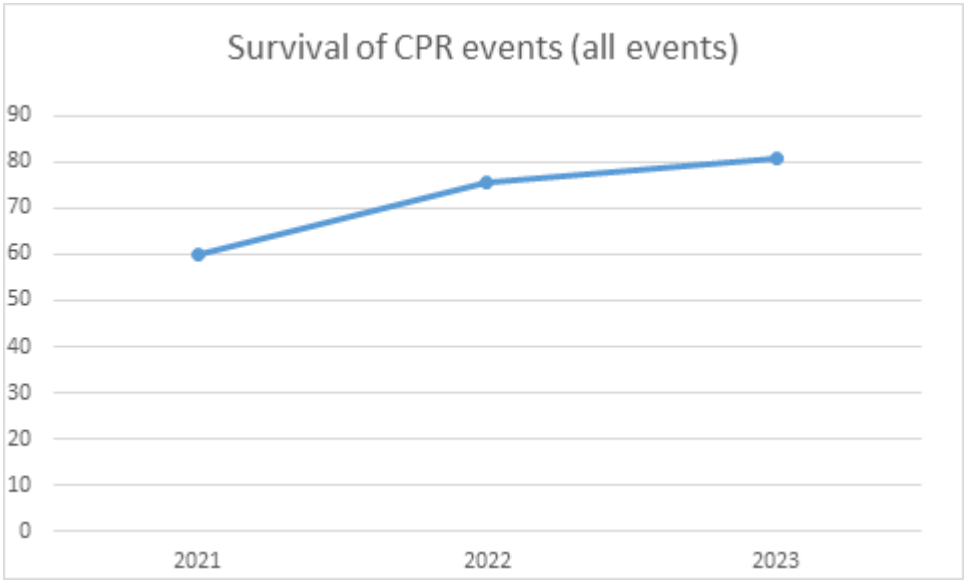
This project has improved quality starting with CPR performance and staff communication. Having staff see their performance in real time and post code on paper trended out has helped improve our performance. Staff are taking ownership of their skills and processes. Response times has improved and there is more awareness of improving patient safety. Hand off communication is improving between departments. When a code blue event happens, staff from different departments must quickly work together to save this patient's life and every minute counts from the moment the code blue team walks in the door. Staff that are not used to working together will communicate and give efficient hand off information within minutes. This also led to departments working together outside of mock code blue drills to learn each other's area and roles. For example, Labor and delivery (LDR) and Critical Care will have a simulation together. LDR Staff will perform tasks up until the moment they would recognize to call a code blue alert. Critical care staff can be present to watch how LDR staff perform and what equipment they are gathering before the code blue team arrives. Code team will see all the steps that are taken before they walk into the room. It gives a better insight of what staff are discussing and discussions that are happening that the code team would not normally see. Lots of communication with staff from each department and what expectations are needed from each other to quickly determine treatment. For example, if LDR calls a code blue and the code blue team arrives, Code team are going to ask about medications given. Code team is specifically wanting to know about Epinephrine and IV fluids. They do not necessarily need to know to know about Pitocin or LDR drugs at that moment.

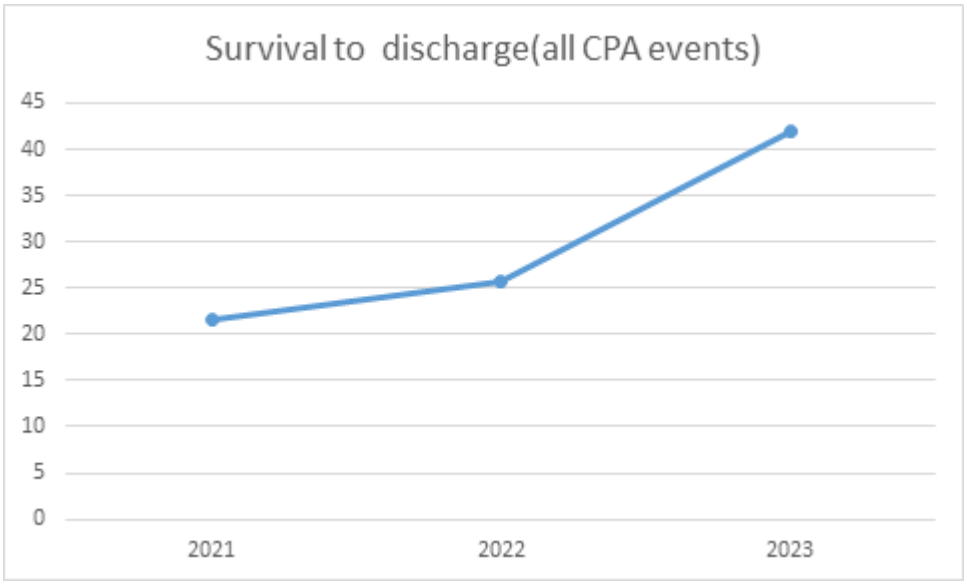
17. What metric(s) have been used to measure and/or sustain success? ***(one paragraph maximum)***

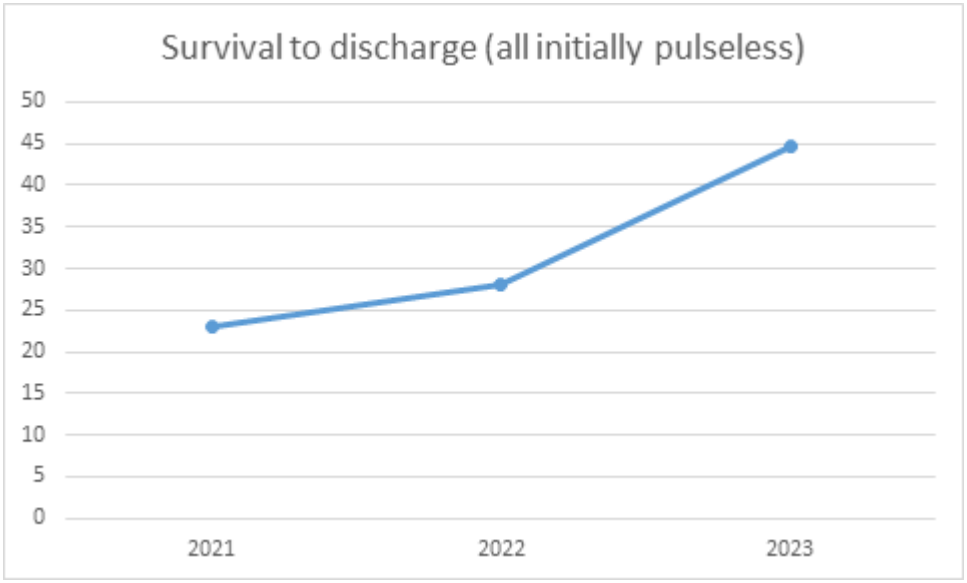
There are several metrics we look at with our Resuscitation team. We enter our data through American Heart Association's Get with the Guidelines registry. We use the data in this registry to review our data monthly with our team. Each team member is given the data in a presentation format and can share the data with staff. The meetings are open for bedside staff to attend to help them understand the data and the expectations. The specific measures we review are:

- Survival of CPA events (all event)
- Survival to discharge (all CPA events)
- Survival to discharge (shockable rhythms)
- Survival to discharge (non-shockable rhythms)
- Time to first shock is less than or equal to 2 minutes (vfib/pulseless vtach)
- Time to IV/IO epinephrine administered equal to 5 minutes or less (asystole/PEA)
- Zoll Case Review: CPR depth goal to hit 2.0-2.4 inches will be 50% or more for each code event
- Zoll Case Review: CPR rate goal to hit 100-120 compressions will be 75% or more for each code event.


BHP Survival to Discharge
90
80
70
60
50
40
30
20
10
0
Survival of CPR events (all events)
Survival to discharge(all CPA events)
Survival to discharge (all initially pulseless)
Survival to discharge (shockable rhythms)
Survival to discharge (nonshockable rhythms)
2021
2022
2023


Survival of CPR events (all events)
90
80
70
60
50
40
30
20
10
0
2021
2022
2023


Survival to discharge(all CPA events)
45
40
35
30
25
20
15
10
5
0
2021
2022
2023


Survival to discharge (all initially pulseless)
50
45
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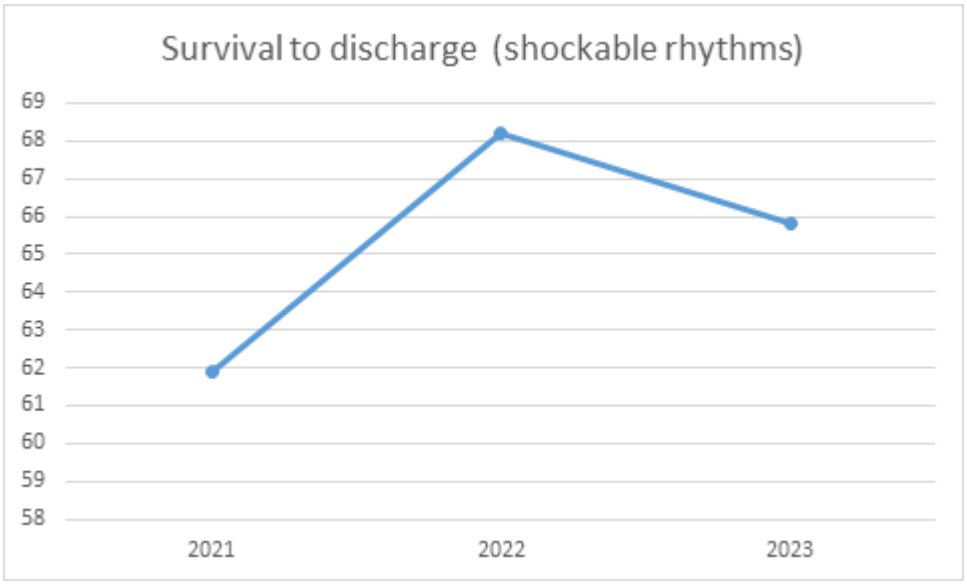
Survival to discharge (shockable rhythms)
69
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59
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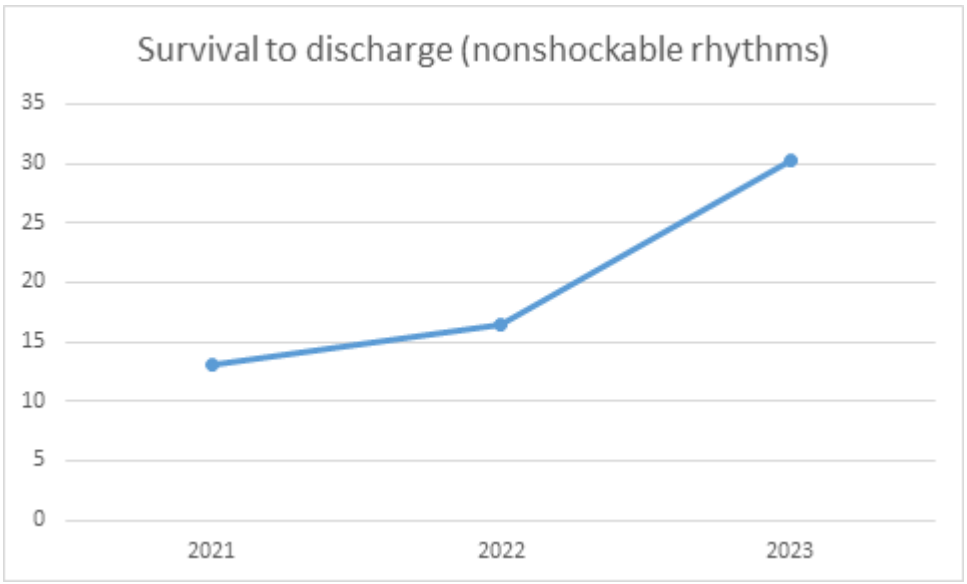
2021
2022
2023


Survival to discharge (nonshockable rhythms)
35
30
25
20
15
10
5
0
2021
2022
2023

18. Are you willing to share this project with other members of AEIX? ☒ Yes ☐ No

19. Was this project an original concept created by the project team? ☒ Yes ☐ No

20. Was this project based on successful practices evaluated from literature or other healthcare providers? ☒ Yes ☐ No

21. Is this project being implemented in your health system for the first time? ☒ Yes ☐ No

22. Do you have plans to publish the project results in a professional publication or networking forum? ☐ Yes ☒ No

23. Is there anything else you'd like to share about this project?

Our team works very closely to share the information with staff. We try to be as transparent with the data, policies, education and are constantly asking for feedback. Each code event has so many different variables. The variables can be location of the event and location of the patient (bed, floor, bathroom, etc.), type of patient or diagnosis, day shift vs. night shift, staff experience, and many more. We review each detail and learn from each code blue event.

Thank you for completing the application. Please follow these next steps.

- Please save this document in Word format and gather your supporting documentation.
- Forward the application and documentation to your senior risk management leader or corporate insurance representative. *They will need to complete and sign the Evaluation of Awards Application Form on the final page of the application before submitting it to American Excess Insurance by* ***Friday August 16, 2024****.*

Evaluation of Award Application

The evaluation must be completed and signed by the senior risk manager or corporate insurance representative. Please evaluate the Award Application by indicating the best answer to the question.

1. **How will this project improve safety and/or reduce liability?**

   ☐ Little effect on safety and liability (1)
   ☐ Some improvement but metrics are not defined and/or it is not clear that measurable effect can be sustained (2)
   ☐ Strong effect with clearly defined metrics (3)

2. **What is the potential to share this project or practice with other AEIX members?**

   ☐ Little potential – i.e. *implementation requires major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (1)

☐ Some potential but process may be hard for another organization to implement, and/or its application may be limited - *i.e. major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined (2)*
☐ Strong potential for producing best practices (3)

3. **What level of impact will this project or practice have on the severity of risk exposure?**

☐ Little chance of impacting severity of risk but could address other issues (1)
☐ Some potential to impact risk exposure (2)
☐ Strong ability to impact severe malpractice exposure caused by significant risk events (3)

4. **What level of innovation best describes this project?**

☐ Project/practice is new to this organization and is based primarily on firmly established best practices (1)
☐ Project/practice was created primarily by applicants with some assistance from an outside vendor and contains well-established best practices with additional innovative features (2)
☐ Project/practice was created solely by applicants and could be included in established literature or industry best practices (3)

5. **Share your comments or recommendations.**

Lynn Rikhoff Kolokowsky, VP Risk Management & Insurance		August 2, 2024
E-Signature	**Title**	**Date**
502.253.5979	**lynn.kolokowsky@bhsi.com**	
Phone	**Email**	

Send the completed application in Word format, supporting documentation, and signed evaluation to lana_taylor@premierinc.com *by **Friday August 16, 2024.***

Thank you for your submission. In continued pursuit of our mission and vision to partner with forward-thinking healthcare leaders, inspire innovation, and provide the leading pathway for managing risk, we may share your project with other members of American Excess. However, this project will not be shared outside of the American Excess Insurance membership without your prior consent.