Breathing New Life into Certification Training

Drivers of Change

- Resource Management
- Financial Impact
- Competency Maintenance

Certification Options

- Heart Code
  - AHA/Health Stream Collaboration
  - Online portion + skills testing via VAM
  - Online portion + “On the side” skills testing
- Live Classes
  - At the hospital
  - In the community

Cost of Heart Code BLS

- $40 per person annually X 700 = $28,000
- Salary cost for online portion = $28,000
- Salary cost for skills testing = $7,000

$63,000 annually

Cost of Live BLS Classes

- 6-7 classes/mo = $6720 (salary)
- Instructor cost = $1120
- Consumables = $2600

$70,000 - 95,000 annually
Cost of Heart Code ACLS

- Heart Code Keys = $14,700
- Online + Skills Testing = $60,000

$74,700 annually

$Show Me the Money

RQI Proposal

- BLS cost for 500 staff members = $22,750
- BLS/ACLS cost for 200 staff members = $20,000
- Implementation fee = $10,700
- Staff salaries for BLS annual online = $15,000
- Staff salaries for ACLS annual online = $20,000

Total RQI BLS/ACLS Annually = $77,750 (+ $10,700 x 1)

Strategy Criteria

- Evidence based
- Reflect principles of adult learning
- Objective, real-time competency assessment
- Demonstrate/improve quality of CPR skills
- Measureable outcomes
- Scope to reach 850+ employees
- Increase efficiency
- Tracking capabilities
- Generate reportable data
- Benchmarking

Projected Savings

- BLS/ACLS Cost = $165,000
- RQI Cost = $86,000
- Projected Savings = $79,000

- Other savings = Admin cost of live classes (scheduling, flyers, advertising, HS class development, card processing, customer support)
- EMS continued to use Heart Code
  - True projected savings = $74,000
Staying Alive, Staying Alive...

https://www.youtube.com/watch?v=mHmvPr7mG0

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Rapid Skill Acquisition

- 10,000 hour rule ("world class," "elite") to succeed
- Rapid skill acquisition (low dose, high frequency)
- Can be proficient in 20 hours
  - Define a target level of performance
  - Deconstruct the skill into component parts (elements of performance)
  - Practice component parts individually and incrementally
  - Remove barriers to deliberate practice
  - Pre-commitment to make it through the training

RQI + Bonuses

- Level of performance is define
- Performance is a combination of skill & cognitive module
- Practice each skill incrementally
- Remove barriers to deliberate practice
- Pre-commit to complete the skills every 3 months and the cognitive modules annually
- Objective, voice activated feedback is given throughout the skills session*
- Visual summary/debriefing of the performance*

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Learner Considerations

- Understanding of the why, what, & when
- Multi-generational users
- Educational preparation
- Varying levels of technology proficiency
- Primary language
- Physical characteristics
  - Height
  - Upper body strength
  - Size of hands

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Blended Learning Approach

- Experiential method
  - Virtual simulation videos
  - "Hands on" with manikins
    - Compressions
    - Ventilations
    - 2 man (virtual partner)
  - "GO LIVE" - April 1, 2017
- On line learning
  - Cognitive model
  - videos

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“GO LIVE” - April 1, 2017

- Paradigm shift
- Culture change
- "Diffusion of innovation"
  - Innovators (2.5%)
  - Early adopters (13.5%)
  - Early majority (34%)
  - Late majority (34%)
  - Laggards (16%)
Implementation Strategies

- Announcement at Skills Day
- Go Live recognition day (outside the Café)
- Communication
  - Marketing
  - Electronic notification to learner
- Train the Trainer model (super-users)
- “Just in time” support
- Electronic reminders
- Policy Revision
- HR Support

Challenges

- Creating clean data base
- Ensuring up to date BLS (ACLS/PALS) cards and expiration dates
- Time inputting data
- Training and engagement of super-users
- Determining cart locations and logistics of rotations
- Staff buy-in (late majority & laggards)
- High need of just in time education/coaching

Implementation-to-date

- Staff have largely adopted RQI & perceive the relative advantages: “beats sitting in a class or coming in on your day off”
- RQI meets the adopters’ values, experiences, and professional needs in a quicker, more efficient way
- RQI is complex. Understanding the process and use is on going especially with new hires
- Triability of RQI was limited to a skills fair prior to implementing
- RQI provides tangible results with instant gratification

Outcomes – Resource Management

- Now hold 1 class per month
  - Max capacity 18 (12 with 6 reserved for new hires)
  - Class aligns with orientation week
  - Easier scheduling process

Outcomes – Financial Impact

- RQI Costs
  - Initial BLS/ACLS = $18,000
  - Additional BLS = $7,000
  - Additional ACLS = $1,000
  - Implementation = $10,700
- Staff Salary for RQI Cognitive
  - BLS (647) = $51,700
  - ACLS (216) = $34,600
- Live Class
  - BLS = $26,840
  - Heartcode ACLS = $30,800

Grand Total = $180,640

Actual Savings

- Pre RQI Costs: $207,700 annually
- First Year RQI Costs + Live Classes = $180,640
  - Includes implementation
- Actual Savings = $27,060
- Unexpected additional costs for RQI include 147 additional BLS seats and 16 additional ACLS seats
  - BLS = $19,000
  - ACLS = $3,500
- EMS & Licensed Providers continue to use Heart Code ACLS
Outcomes – Maintaining Competency

Lessons Learned

• Actual financial savings less than anticipated the first year
• Cart locations had to change due to environment of care standards
• “Borrowing the cart” process had to be implemented
• Number of RQI carts did not meet the need, added a cart
• Wear and tear on the manikins more than expected
• Quarterly manikin skill assignments were not uniform
• Importance of drafting a P & P related to mandatory education to be aligned with practice and adhered to
• Staff doing skills for each other
• Occupational health consults

Testimonials

• “I think it’s awesome! Everyone feels more confident now…they are more aware of the process...” (Tele RN)
• “Even outside the hospital, we are more confident” (Radiology Tech)
• “I’ve been here 7 years and have been involved in 2 codes...I now feel more confident I can compressions properly.” (Med Surg RN)
• “Less time and keeps skills up! It’s easy!” (Tele CAN)
• “Don’t ask me to get rid of it!” (Tele RN)

References

• Kaufman, J. The first 20 hours—how to learn anything. https://ed.ted.com/on/Imq14bHp