**Resuscitation Quality Improvement® Program**
**FREQUENTLY ASKED QUESTIONS**


Below are answers to frequently asked questions about the Resuscitation Quality Improvement (RQI) Program. If you have a question that is not addressed below or want to schedule a site assessment, please contact us at RQIQuestions@heart.org.

| Question | Answer |
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| **What is the RQI Program?** | • The RQI Program is a new subscription-based American Heart Association (AHA) solution to address the problem of rapid CPR skills decay after initial training.<br>• The program is a cloud-based, turnkey learning and training service from the AHA, with learning technology from Laerdal.<br>• The program includes cognitive components that are delivered online and psychomotor skills assessments that can be performed at mobile Simulation Stations. The stations are equipped with adult and infant manikins and a tablet computer that connects the student to the training material.<br>• The program also includes toll-free telephone support and management of hardware.<br>• The RQI Program allows for more patient care and less administrative paperwork.<br>• Participant completion cards never expire if students continue to participate in the program every 90 days. |
| **What is the evidence that CPR skills rapidly decay?** | • Several studies have demonstrated this rapid skills decay, with some studies showing deterioration as quickly as six months after training.<br>• An annotated bibliography on the RQI website (www.heart.org/rqi) provides references to these articles.<br>• Other key articles are referenced in both the *2010 AHA Guidelines for CPR and Emergency Cardiovascular Care* (ECC) and the 2013 AHA consensus statement, "Strategies for Improving Survival After In-Hospital Cardiac Arrest in the United States: 2013 Consensus Recommendations" (Morrison et al. Circulation. 2013;127:1538-1563). Copies of these publications are available through your AHA representative. |
| **How does the RQI Program address rapid skills decay?** | • The RQI Program provides cognitive learning modules in the form of educational videos, eSimulation patient cases and multiple-choice exam questions. After successful completion of the cognitive modules, students perform self-directed, quarterly skills drills that take an average of 10 minutes to complete.<br>• Simulation Stations are strategically placed in the facility so students can easily access them 24/7. |

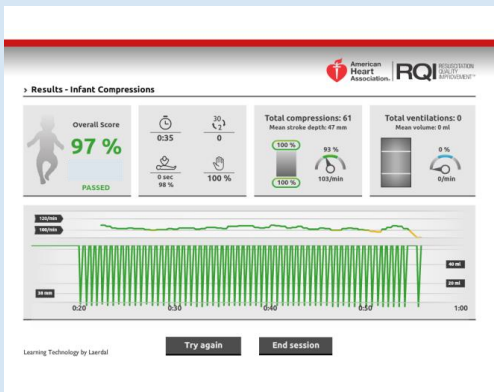| Question | Answer |
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| | • Through these quarterly drills, students' skills are assessed and reinforced to help healthcare providers achieve and maintain high-quality CPR performance.<br>• Due to RQI's reduced training time, there is more time for direct patient care/patient related duties.<br>• More frequent skills training keeps providers more prepared for emergencies and delivering CPR (resuscitation events). |
| **What are the AHA, Laerdal, & HealthStream's respective contributions to the RQI Program?** | • The complementary skills of the AHA, Laerdal and HealthStream make the RQI Program possible:<br>  o AHA's recognition as the leader in resuscitation science, education and training<br>  o Laerdal's innovative simulation technology<br>  o HealthStream's established Learning Management System |
| **What is the cost of the RQI Program?** | • The cost of the RQI Program is based upon the exact configuration of your institution, including the types of course completion cards required (Basic Life Support [BLS] and Advanced Cardiovascular Life Support [ACLS]), the number of students requiring cards, the number of Simulation Stations required and the number of years in the program contract. This information will be gathered by a program representative during a site assessment.<br>• When compared with Instructor-led training and conventional eLearning methods, the RQI Program may be more cost effective.<br>• Pricing is locked in for the duration of your contract and will not be affected by Guidelines updates until the contract period concludes.<br>• To determine potential cost savings, you must take into account the following:<br>  o The amount your organization currently spends on BLS and/or ACLS training, implementation and maintenance of your training system<br>  o The attrition rate of your employees who participate in training<br>  o Cost of conventional training versus time off the floor, time spent participating in training, cost of having employees participate in training, cost of paying for replacement employees during training, and additional costs related to the current two-year training cycle model.<br><br>Compare the current training costs to the estimates derived from the Quick Quote to reveal how cost differences are projected to affect your financial bottom line.<br>• Contact your RQI representative for a site assessment, a Quick Quote and a cost comparison for your institution. |
| **What are students in the** | • The RQI Program includes the same cognitive and skill modules as a conventional CPR training program. The difference is that the RQI |

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| **RQI Program required to do?** | Program delivers the full training content over a two-year time period rather than in one day every two years. <br>• Both the cognitive and skills modules are assigned to students, with deadlines for completion of the modules to keep their cards current. <br>• Cognitive modules may be completed on a computer with Internet access over the course of two years, with the adult content completed in the first year and the child/infant content completed in the second year. <br>• Students complete the skills modules on a quarterly basis at the Simulation Station, which provides helpful visual and audio feedback for compressions and ventilations, monitors the quality of performance and provides reinforcement or suggestions for improvement. <br>• Regular skills practice helps keep employees better prepared to administer CPR and contribute to improved patient outcomes. |
| **How do I know that the RQI Program works?** | • During the three-year development phase of the RQI Program, the AHA conducted pilot tests and site evaluations to gauge the functionality of the program and satisfaction of educators and students. <br>• The overall response from the pilot tests was positive, and users' suggestions for improvement were incorporated into the final RQI Program design. <br>• The RQI Skills Station is intended to be placed on the unit where quarterly assessments can be done on the manikin to maintain participants' course completion cards. <br>• The goal of the RQI Program is to provide a convenient, flexible option for staff to complete their quarterly CPR skills testing. |
| **What if a student encounters problems completing a skill assessment?** | • Feedback from the RQI Program is designed to reduce the likelihood that a student will not be able to complete the assigned skill module. <br>• In the event a student does experience problems, the student may contact the local administrator for help; or the local administrator may contact the student directly, based on student performance reports generated by the RQI Program. <br>• The RQI Program handles student remediation, and the program has the added benefit of centralized reporting to educators. <br>• RQI's subscription-based service offers a better customer experience because you never have to worry about maintenance, updates, or other logistical issues. <br>• The target turnaround time for support requests is 24 hours, allowing your organization to not have to devote any additional in-house resources to the RQI system. |
| **Do I need an LMS for the RQI Program?** | • No, the RQI Program is delivered using the SimManager Express online platform that includes core learning management features such as student administration and timed sequential learning events. For customers that utilize the HealthStream Learning Center (HLC) |

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| | as their LMS, the RQI Program is completely integrated and delivered through their existing site. |
| **What if I need advanced features such as scheduling of the Simulation Stations?** | • The RQI Program may be upgraded to the SimManager delivery system, which offers robust features, such as scheduling of simulation equipment and training rooms. |
| **Will the RQI Program integrate into my existing LMS?** | • The RQI Program will not integrate with an existing LMS.<br>• The RQI Program can export basic data in comma-separated values (CSV) format for import into an existing LMS system.<br>• Exported fields in the CSV file include student ID, student name, course card name, the name of the body issuing the course completion card, the card expiration date, card number, state/province, department, job title, student email, student status, supervisor name and supervisor email.<br>• HeartCode manikins operate with a different system than RQI, which is unique and proprietary to the specific program, and cannot be used with RQI.<br>• RQI includes both BLS and ACLS in one program, which is not the case in classroom or HeartCode programs. |
| **Does the RQI system come with child manikins?** | • No, the RQI program does not currently include child manikins. The RQI Skills Station comes equipped with adult and infant manikins.<br>• The adult RQI Skills Station manikin can be used for child CPR skills training, as the skillset for adults and children is equivalent. |
| **Is the RQI Program available 24/7?** | • The RQI Program is designed to be available for students at their convenience.<br>• The RQI Program requires monthly system maintenance and will not be available to users during this time. Typically, monthly maintenance is scheduled to begin in the evening and is usually completed overnight to minimize interruptions.<br>• If users log into the RQI Program during system maintenance, they will see a message that the site is unavailable because of maintenance. |
| **How do I get a quote for the RQI Program?** | • The first step in generating a quote for your institution is to complete a Preliminary Site Assessment.<br>• This assessment is conducted with your key stakeholders by an AHA representative and helps identify the number of students who need training, their location, the number of Simulation Stations required and other operational issues.<br>• Your AHA representative uses the completed Preliminary Site Assessment to construct an initial quote. |

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| | <ul><li>The use of a Quick Quote can provide an at-a-glance view of the breakdown and total costs involved with purchasing and implementing an RQI Program subscription.</li><li>If you decide to proceed with an order, a comprehensive process is followed to ensure that your institution is ready for an RQI Program installation, including creating your online account, importing student records and scheduling the initial training.</li></ul> |
| **What does the cognitive content of RQI BLS include?** | <ul><li>The cognitive portion of the RQI Program is designed to be self-directed and includes a tutorial on using the program. There are also educational videos on the *2010 AHA Guidelines for CPR and ECC*, 1- and 2-rescuer CPR for adults, children and infants and adult/child and infant choking; simulated patient cases in which students are required to assess and treat a patient (two adult, one child, two infant cases) using the BLS algorithms; and multiple-choice exam questions for each module.</li><li>Also included as part of the program are electronic AHA reference materials, such as the *BLS for Healthcare Providers Student Manual*, *2010 AHA Guidelines for CPR and ECC*, the BLS section of the *2010 Handbook of Emergency Cardiovascular Care for Healthcare Providers* and a printable copy of the BLS for Healthcare Providers Quick Reference Card. Students can also review additional BLS videos for more in-depth instruction on rescue breathing, AED use and other topics.</li><li>The BLS exam questions are presented in a dynamic format that gives immediate feedback on correct and incorrect answers and provides hyperlinks to the appropriate section in the *BLS for Healthcare Providers Student Manual*.</li></ul> |
| **What is the student experience during the eSimulations?** | <ul><li>The eSimulations test students' knowledge of the BLS algorithms. A quick overview describes the condition in which the patient was found. As the simulation loads, critical concepts of high-quality CPR are summarized on the screen. Once the simulation begins, the student controls the actions of a virtual healthcare provider. The case continues until the victim is resuscitated or a code team arrives to take over treatment of the patient.</li><li>After the eSimulation, the student receives an immediate debriefing, with a chronological listing of actions taken and feedback on correct and incorrect interventions.</li><li>The debriefing also contains hyperlinks that take the student to the appropriate section of the *BLS for Healthcare Providers Student Manual*. The student receives a "Passed" or "Not Passed" notification after submitting the case for assessment.</li></ul> |
| **What are the technical specifications necessary to** | <ul><li>The following technical specifications are recommended to complete cognitive exercises on a laptop or clinical workstation:</li><li>Internet Browser:  Internet Explorer 8.0 or above</li><li>Operating System:  Windows XP or above</li></ul> |

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| **complete the cognitive exercises on a laptop or clinical workstation?** | • <u>Popup Blocking</u>: Popup blocking disabled<br>• <u>Cookies</u>: Cookies enabled<br>• <u>Javascript</u>: Javascript enabled<br>• <u>Speed</u>: 256Kb/s (32 KB/s) or above<br>• <u>Screen Resolution</u>: 1024 x 768 or above<br>• <u>Adobe Flash</u>: 11.0 or above<br>• <u>Adobe Acrobat Reader</u>: 10.0 or above<br>• <u>SSL enabled</u>: SSL enabled |
| **If a participant leaves the program, can their subscription be filled by a replacement, or are subscriptions permanently assigned to individuals?** | • Yes, subscriptions can be filled by replacement participants – this is a benefit of RQI.<br>• If a participant leaves the program, the subscription can be transferred to the new employee, allowing your organization to maintain a consistent number of subscriptions. |
| **How much time does a potential participant need to have remaining on their BLS or ACLS course completion card card in order to enter the RQI Program?** | • Each participant must have a current course completion card to enter the RQI Program.<br>• A minimum of 90 days remaining until card expiration is required to enter RQI. |
| **How realistic are the eSimulation patient cases?** | • eSimulation is a computer-based modeling technology that allows healthcare providers to respond as they would in an actual medical emergency. Treatment will have the same effect as it would in real life. The student controls the actions of the healthcare providers, helping build critical thinking skills and reinforcing cognitive learning. |
| **Which skills are assessed?** | • Students must demonstrate competence by completing individual skills modules on a quarterly basis. These skills include adult compressions and ventilations, infant compressions and ventilations and CPR. |

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| **How will new AHA Guidelines for CPR and ECC affect the RQI system?** | • The system will be updated to be Guidelines-compliant in a timely fashion after 2015 AHA Guidelines for CPR and ECC are published.<br>• The benefit of RQI is that it can be updated with a software application update if/when new Guidelines necessitate a change in the program. |
| **Can I use any computer to access the RQI Program?** | • The RQI Program's Simulation Station has a tablet computer, which is required to access content and to complete skills modules. Students may access the RQI Program's cognitive modules with a PC and an Internet browser (e.g., Intel or equivalent AMD processor running Microsoft Internet Explorer 8 or higher). Note: The use of non-PC hardware or other browsers may result in undesirable performance. |
| **How do I help ensure success of RQI Program implementation?** | • There is certain information that you must provide for implementation, and to do so in a timely fashion contributes greatly to successful implementation. The RQI Account Manager and implementation team will supply you with the information you need to allow for successful implementation.<br>• Providing a valid shipping address with a loading dock to move the RQI Program hardware into your facility is also critical in the program implementation process. |
| **What are RQI Complete Licenses?** | • Students must have a current AHA course completion card to participate in the RQI Program. RQI Complete Licenses allow students who do not have a current AHA course completion card to receive self-directed BLS, ACLS, and PALS training. Students who don't have a current card may also obtain a card through a classroom-based course or HeartCode.<br>• The cognitive portion of a Complete License may be completed by the student with a PC and an Internet browser.<br>• Students can complete the required skills component in one evaluation performed on the Simulation Station.<br>• RQI skills modules provide real-time visual feedback and a comprehensive overview of performance, including:<br>   o Adult Compressions<br>   o Adult Ventilations<br>   o Adult CPR<br>   o Infant Compressions<br>   o Infant Ventilations<br>   o Infant CPR<br> |

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| **What steps will be taken after implementation to help ensure a quality customer experience?** | • RQI Account Managers will actively follow-up with you post-implementation to help ensure:<br>    1. The RQI Program is working properly<br>    2. The RQI Program is being correctly used<br>    3. Your RQI Program subscription needs are fully met<br>• Additional subscription and implementation services will be available based on your needs. |
| **Since students who are being tested receive feedback when using a VAM or the RQI Program, why can't an Instructor coach student performance (provide feedback) during Instructor-led skills testing for BLS blended learning training?** | • The technology of the voice-assisted manikin (VAM) and RQI systems was designed to provide accurate, objective, and consistent feedback that allows for corrective information which encourages self-corrective action during practice and testing of CPR skills. Without the use of this technology, it is difficult for Instructors to provide objective and consistent feedback.<br>• The 2015 AHA Guidelines Update for CPR and ECC states, "Learners who used devices that provided corrective feedback during CPR training had improved compression rate, depth, and recoil compared with learners performing CPR without feedback devices."*<br>• Studies have shown that the use of instrumented directive feedback devices significantly improves CPR performance at the end of training. Studies have also suggested that the use of directive feedback devices has shortened the practice time to demonstration of competence. These devices have demonstrated more accurate and consistent feedback than Instructors have.*<br>• Additionally, the feedback provided by the VAM and in RQI skills activities is limited to the quality and accuracy of chest compressions and ventilations. The complete BLS sequence is tested in the online cognitive portion of the course (HeartCode BLS), where coaching is not provided.<br><br>*Bhanji F, Donoghue AJ, Wolff MS, et al. Part 14: education: 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation.* 2015;132(18 suppl 2):S561-S573. |