Resuscitation Quality Improvement Mortality Rates

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Time: 9:30 a.m. to 10:30 a.m.
Place: Remote

Abstract
This project explores and answers the question: What is the impact of Resuscitation Quality Improvement (RQI) on survival at discharge rates after suffering an In-Hospital Cardiac Arrest (IHCA) when compared to every two-year Basic Life Support (BLS)/Advanced Cardiac Life Support (ACLS) training? Literature review found a lack of research on survival to discharge rates, when comparing resuscitation training methods, BLS/ACLS and RQI. The design was a descriptive comparative evaluation of BLS/ACLS and RQI survival to discharge rates. The setting of the study is the east region of a midwestern faith-based health care system, that includes four hospitals in one state including both urban and rural facilities. A retrospective chart review was conducted on data from the period prior to the initiation of RQI and after the initiation of RQI. Data analysis included descriptive statistics for the two groups and t-tests and chi-square to compare the two groups for gender, admitting diagnosis, prior efforts before initiation of CPR, outcome of CPR efforts and discharge status. The results of the overall data, not specific to individual sites, of BLS/ACLS and RQI and status at discharge observed significant, $x^2 (1) = 5.48$, and $p= 0.019$, with less than expected values for survival at discharge after the initiation of RQI. Site A had greater than expected values for survival at discharge, $x^2 (1) = 4.61$, $p= 0.032$. Site B had less than expected values for survival at discharge, $x^2 (1) = 4.68$, $p= 0.031$. Site C had less than expected values at discharge, $x^2 (1) = 4.18$, $p= 0.041$. Site D showed no significance, $x^2 (1) = 2.75$, $p= 0.097$. The findings show that overall survival to discharge didn’t improve with implementation of RQI and only Site A showed a significant improvement in survival to discharge. Patients who suffer an IHCA are critically ill and the skills of the providers during these situations is only one variable that will impact survival. With this, the continuous need to utilize and evaluate evidence-based practices for cardiac resuscitation is necessary to implement resuscitation training with the most positive outcome.