





Objective, Real-Time, Directive Feedback



The Resuscitation Quality Improvement® (RQI®) programs feature objective, audiovisual feedback on key CPR performance metrics that is provided to the learner in real time during the programs' self-guided hands-on skills component at the Simulation Station. The evidence is clear. Real-time feedback during training and clinical practice improves CPR performance, and quality CPR saves lives.

"RQI is more objective because it's a computer-based assessment. I find that actual assessment rigor is better; it's less subjective and more objective. Observed CPR assessment without that objective feedback from a mannikin relies heavily on the skill of the person performing the assessment, but realistically there will be variable results."

~ Rick Peebles, Director of Clinical Education; Cabrini Health; Melbourne, Australia

THE SCIENCE IS CLEAR

Improved Performance with Resuscitation Quality Improvement Model

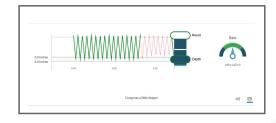
We know that high-quality CPR has a significant impact on survival outcomes.¹ To achieve high-quality CPR, providers must be able to improve upon and retain the technical skills of resuscitation.

When applied in a clinical setting, providers recently trained in basic life support (BLS) with an instructor were unable to meet the American Heart Association's guidelines for correct compressions and ventilation when measured

objectively at the RQI Simulation Station. After one RQI training session, overall compression scores increased by 81% and ventilation scores with bag-mask device increased from 19% to $70\%.^2$

In the RQI model, providers have increased their CPR skills confidence with an improved performance of compressions and ventilation skills and a decrease in the number of attempts to achieve high-quality CPR.³

With repeated practice and retention of CPR skills, providers are able to apply a level of automaticity for compressions and ventilation when not in the learning environment of the RQI Simulation Station. Meaning, the ability to demonstrate a skill in real-time with minimal cognitive effort, allowing providers to shift their focus to higher critical thinking tasks in a resuscitation event.





(1) Peter A.M., et al. Cardiopulmonary Resuscitation Quality: Improving Cardiac Resuscitation Outcomes Both Inside and Outside the Hospital. Circulation. 2013; 128(4): 417-435

(2) Kardong-Edgren et al., Baseline Cardiopulmonary Resuscitation Skill Performance of Nursing Students is Improved After One Resuscitation Quality Improvement Skill Refresher. Journal for Nurses in Professional Development. 2020: 36(2): 57-62

(3) Dudzik et al., Implementation of a Low-Dose, High-Frequency Cardiac Resuscitation Quality Improvement Program in a Community Hospital. The Joint Commission Journal on Quality and Patient Safety. 2019; 000: 1-9