

RQI EMS Programs

RQI offers individuals and EMS teams tailored programs to verify competence and increase survival rates from sudden cardiac arrest. By focusing on mastery learning with verified skills competence, RQI EMS Provider helps reduce the overall cost of training while improving performance.

RQI EMS Provider shifts from a traditional two-year resuscitation training mindset to one of mastery learning with verified skills competence. The program's blended learning approach focuses on high-quality CPR to improve patient outcomes. Participants receive a verified BLS Provider eCredential and CME/CE.



Blended Learning

Low-dose, high-frequency



Ongoing practice

Convenient simulation stations



Recognition

AHA-backed verification of a learner's demonstrated competence

It takes a system to save a patient

When the process works seamlessly from end to end, an out-of-hospital cardiac arrest doesn't have to be a death sentence. To start improving your outcomes, ask yourself these six questions:

1. What is our community's Utstein survival percentage?
2. How frequently do bystanders perform CPR?
3. What is our time between 911 call and delivery of T-CPR?
4. What is our department's median compression fraction for CPR calls?
5. How do our telecommunicators and EMS personnel train for cardiac arrest?
6. How do we measure performance on cardiac arrest calls?

To learn more about building a measurably effective, cost-efficient and sustainable quality improvement initiative, visit RQIPartners.com/prehospital



Working together with the Resuscitation Academy to improve survival from sudden cardiac arrest

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IT TAKES A SYSTEM TO SAVE A VICTIM

A system of care approach to eliminating preventable death from out-of-hospital cardiac arrest

LIFE-SAVING INFORMATION FOR:
Public Safety Communications Directors • Medical Directors
Training Officers • EMS & Fire Chiefs • Police Chiefs



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Roughly 350,000 out-of-hospital cardiac arrests occur each year in the U.S. An estimated 70-90% of patients die before reaching a hospital.¹ This invisible epidemic is a public health crisis nearly 10 times bigger than opioid deaths, auto fatalities or gun violence.

Yet 245,000+ lives lost every year receive very little attention. That must change.

The “Chain of Survival” illustrates a systems approach to saving more lives:



So, instead of thinking “Which link am I in the chain?”, we must shift our thinking to “How do we all work together in a systems-based approach to saving more lives?”

But that’s tough to do when no single entity has accountability for every link in the chain.

RQI Partners’ Resuscitation Quality Improvement programs are designed to optimize each element in the Chain of Survival. Blending the education, training technology and simulation expertise of **Laerdal Medical**, the resuscitation science leadership of the **American Heart Association**, and the hands-on experience of the **Resuscitation Academy**, these programs are designed to challenge the status quo, foster new ways of thinking about out-of-hospital cardiac arrest, and send more patients home.

* Source: Heart Disease and Stroke Statistics—2018 Update: A Report from the American Heart Association

Immediate, high-quality CPR can be the difference between life and death— the science proves it.



In communities with higher rates of bystander CPR, more cardiac arrest victims survive. But how do you make sure your community is giving people the best chance? It starts with the 9-1-1 call. Your public safety telecommunicators must quickly identify cardiac arrest and deliver fast and precise CPR instruction to bystanders over the phone.

Make it your agency’s goal to arm every telecommunicator with the ability to save more lives—with a comprehensive and evidence-based telecommunicator CPR (T-CPR) quality improvement, continuous learning and credentialing program.



Foundation of Knowledge

Telecommunicators receive online education using a curriculum based on the American Heart Association’s evidence-based guidelines and focusing on the core competencies for responding to a cardiac arrest.



Quarterly Skills Practice

Structured simulation sessions are based on real-life calls, with immediate debriefing and continuous measurement. This includes 30-minute calls with the RQI-T team to practice T-CPR and problem-solving skills.



AHA RQI for Telecommunicators Credential

Telecommunicators Give your emergency telecommunicators the only credential specifically designed to ensure they are prepared to recognize a cardiac arrest quickly and provide effective CPR instructions.



Cardiac Arrest Case Review

Data driven communications centers are able to measure trends in patient care and use that information to improve performance.



Analytics

The program includes ongoing analytics, provided by our partners at FirstWatch, to assess progress toward performance goals and benchmarks.



Scheduling

All simulation sessions are scheduled easily using RQI’s online booking software.



Administrative Reports

You’ll receive timely, clear QI reporting and documentation on learner progress, which helps set accurate priorities for ongoing education.



Quarterly Resuscitation Quality Consultation

Each quarter you will meet with your RQI quality manager to review performance data and develop strategies to improve patient care.

“ I would say RQI is the biggest evolution in dispatch education and EMS education in my career. ”

—Kevin Seaman, MD, Medical Director, Charles County Emergency Services

“ We know that we will see more patients walking out of the hospital after cardiac arrest thanks to our partnership with RQI. ”

— Justin Norheim, DO, Medical Director, North Texas Emergency Communications Center