CASE STUDY

INITIATIVE AND MULTIMODAL LEARNING **DELIVER IMPRESSIVE PATIENT OUTCOMES**

As a clinical support manager for ZOLL® Medical, Stacie McCauley travels the country meeting with hospital clinicians. She and her team provide clinical assistance that helps partners and customers use ZOLL products to improve patient outcomes.

Recently she visited Froedtert Hospital in Milwaukee, Wisconsin, the academic medical center of the Froedtert and Medical College of Wisconsin Health Network. During her visit, she observed BLS-trained nurses practicing mock codes and achieving a time to first defibrillation in under a minute and a half, well below the AHA Guideline of two minutes.

Across the board, the team at Froedtert Hospital shined. Stacie witnessed a culture that was unique in its approach to learning and support. And Froedtert Hospital's data bears that out.

- Winner of silver and gold awards from AHA's Get with the Guidelines (GWTG) Resuscitation program from 2019 to 2023
- Achieved Cerebral Performance Category scores of 1 or 2 from 2017 to 2023
- Achieved a survival to discharge rate of 26.9% in 2022
- Ranked in the top 20% for survival
- Treats the 4th sickest of the sick in medical college-associated hospital systems

The Froedtert Hospital Team

Elliott Grassman
Assistant Nurse Manager and Leadership Support, Resuscitation Committee

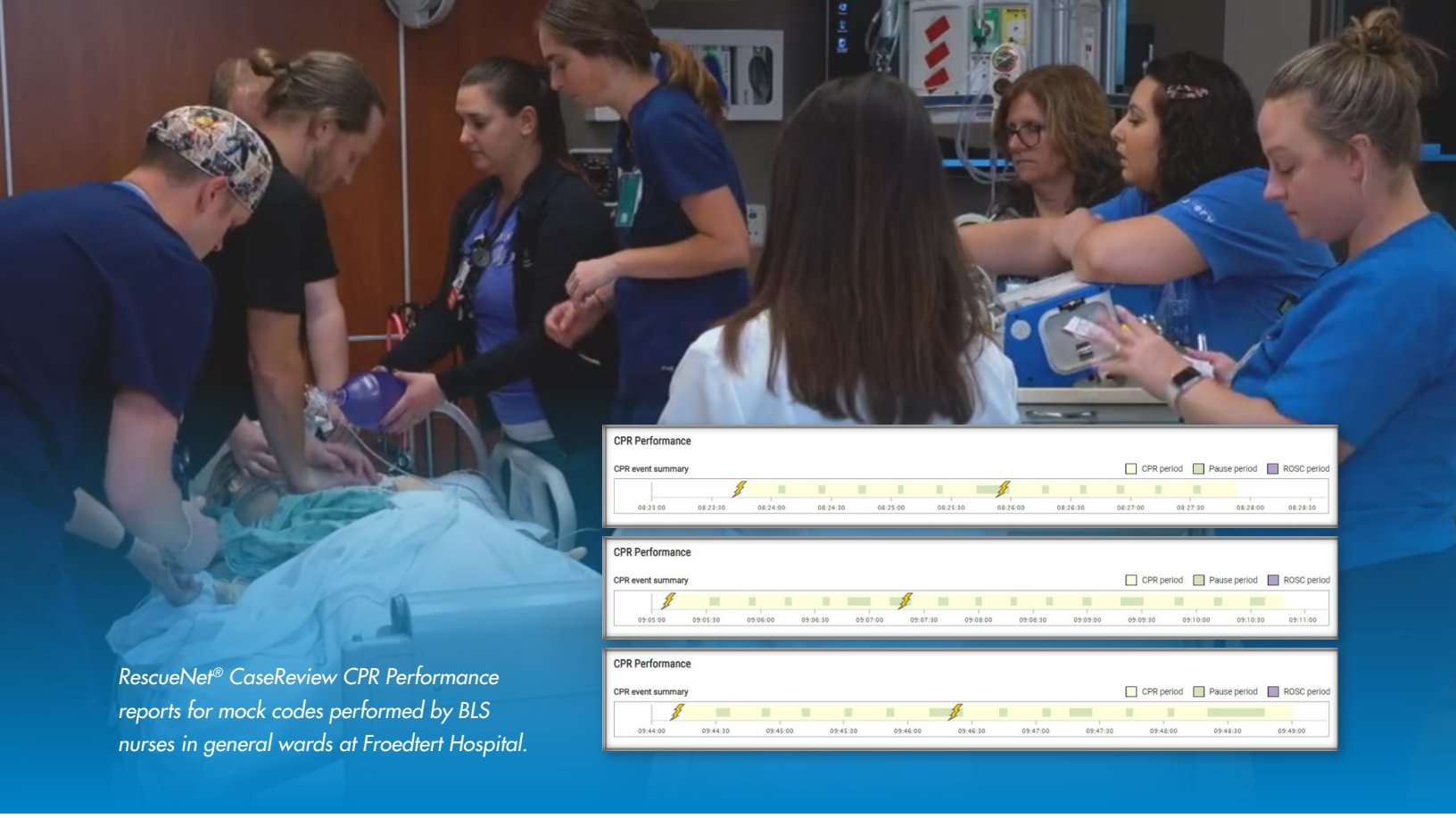
Kristina Voigtschild
Charge Nurse and Chair, Resuscitation Committee

Danielle Wojtanowski
Rapid Response Nurse and Chair, Resuscitation Committee

Melissa Mark
Rapid Response Nurse and former Chair, Resuscitation Committee

Deborah Hallada-Haase
Senior Systems Education Coordinator

Froedtert Hospital is an adult level one trauma center in eastern Wisconsin that employs 9,000 BLS-trained direct patient care providers and 1,600 ACLS-trained critical care, rapid response, and respiratory therapy employees. Froedtert Hospital has 766 beds and treats an average of 240 cardiac arrest events annually.



RescueNet® CaseReview CPR Performance reports for mock codes performed by BLS nurses in general wards at Froedtert Hospital.

Froedtert Hospital's current survival-to-discharge rate has vastly improved over the past decade.

To learn how Froedtert Hospital has achieved so much in such a short time, Stacie spoke with members of the Resuscitation Committee, Organizational Learning, and Rapid Response Team about their journey to improved outcomes. The following are excerpts from their conversation.

Stacie: It was inspiring to watch your BLS-trained nurses work together in one mock code after another. I'm wondering how you got where you are today.

Kristina Voigtschild: "Back in 2018, we only had a Code Four Committee that would informally debrief codes, discuss quality issues, and suggest initiatives. It lacked a structure and support, and it didn't really provide a way for those at the bedside to elevate issues to improve care."

Prior to her joining Froedtert Hospital, the Code Four Committee began weekly formal debriefing and was eventually restructured into the Resuscitation Committee. This restructuring included nurses along with representatives from education, pharmacy, respiratory therapy, and other disciplines. Yet, it still didn't have a way for members to raise issues up to the formal debrief.

Then Froedtert Hospital created an overarching Medical Emergency Response Committee (MERC) of manager-level nurse leaders and directors.

Stacie: How did this committee structure change things?

"Froedtert Hospital is a magnet hospital very focused on shared governance and bedside-driven initiatives. It's also a teaching hospital whose culture encourages change and questioning. It's a safe space to learn on every level," says Kristina.

With this new committee structure in place, initiatives had a pathway to fruition. Most, if not all, of their initiatives to improve quality and patient outcomes have grown out of ideas from those attending code events or working at the patient bedside.

"While all of the initiatives we've done are from the

bedside and improve our quality measures, we wouldn't really be able to do them without executive level support," says Kristina.

"The engagement in our Resuscitation Committee supported by our Medical Emergency Response Committee has been vital to our quality outcomes. We developed many successful BLS and ACLS practices by giving key stakeholders a say in what their needs are," says Elliott Grassman, Assistant Nurse Manager and Leadership Support.

Some of the initiatives the Resuscitation Committee and Organizational Learning implemented and continue to practice with this leadership support include:

- **Standardized Code Team Roles:** Pre-assigned designated roles and responsibilities allow nurses to develop mastery, increasing their confidence when responding to a code.
- **Code Team Timeout:** This brief reset occurs once all code team members arrive at the patient bedside. Members identify themselves and their roles aloud. The team lead asks for patient information from the primary nurse and doctor. Everyone other than the code team clears the room, reducing the noise level and creating a less chaotic environment.
- **Post-Arrest Pause:** A pause shortly after a patient expires acknowledges loss of life and marks their passing.
- **In-situ and formal simulation lab training:** Mock codes are practiced on the fly in a hallway or empty patient room as well as on a regular basis in the simulation lab to reinforce code event skills.
- **Life Support Champions:** This unique program trains top performing staff to serve as departmental educators who support BLS providers in their efforts to review and maintain CPR and defibrillator competency.
- **Annual refresher education:** In-person, hands-on training is delivered on a variety of topics related to code events, such as familiarity with the ZOLL R Series® defibrillator, PALS/ACLS and rhythm identification.

Code Timeout Script

When a patient codes, BLS nursing staff respond with CPR and early defibrillation with the ZOLL R Series defibrillator. The code team follows these steps when all members of the Medical Emergency Response Team have arrived at the patient bedside:

1. Pulse/Rhythm check
2. Resume CPR
3. Code Timeout Begins
   - Documenter states: "Now that everyone has arrived, let's do a timeout."
   - Documenter asks primary RN: What happened? Initial rhythm? Code status?
   - Documenter asks primary MD: Brief history and prognosis? (RN to sub for MD if not available)
   - Documenter recaps aloud to all: Initial rhythm, number of rounds of CPR, epi/meds given, number of shocks delivered.
   - Team members each state their name and role aloud to the group.
   - Remaining staff leaves the patient room to allow code team to treat patient.

"Prior to having strong (MERC) leader sponsors, nurses identified data driven resuscitative practice gaps and made initial and long-term recommendations for change to positively impact patient outcomes. However, because a practice approval system and implementation process did not exist, it ended at identification. Now, a collaborative partnership exists that engages multiple disciplines to efficiently bring these initiatives to life," says Deb Hallada-Haase, Senior Systems Education Coordinator.

Stacie: Where would you recommend other hospitals begin if they wanted to replicate Froedtert Hospital's positive trajectory?

Get leadership buy-in and support. Froedtert Hospital team members all agree that establishing the Medical Emergency Response Committee with executive leadership support was a turning point. "Before the MERC was established, all of our committees were operating in silos, doing their own thing," explains Kristina. Today, all individual committees come together under the MERC umbrella to share what they are working on and find the support they need.

Prioritize hands-on learning. Whether during a formal mock code in the simulation lab or an in-situ mock code, nursing staff gain confidence with hands-on practice. They are encouraged to ask questions and familiarize themselves with the equipment so they can develop mastery. "Our mantra is if we can make people feel even a little bit more comfortable, then that's going to help everyone," says Kristina.

Stacie: What do you envision for the next 5 years?

"It just depends on what comes through those debriefs," explains Kristina. Their team is committed to doing whatever is necessary to make code events run more smoothly and make both BLS and ACLS nurses feel supported and as comfortable as possible with the equipment they use during a code. "Because we're always trying to make things better."

"Froedtert Hospital believes that engagement and support are quintessential to the success of both BLS and ACLS nurses," says Elliott. "It's important to support their training, particularly for those first 5 minutes of a code when adrenaline is running high. We are also committed to supporting our ACLS nurses as subject matter experts and allowing them to run with new initiatives," she adds.

After speaking with the Froedtert Hospital team, I have no doubt that they will continue to develop innovative programs, support skill development and mastery, and thoughtfully roll out initiatives to help improve patient care. I'm excited to see what comes next.

To learn about ZOLL's clinical support programs and how they can support your efforts to help improve patient outcomes, visit zoll.com.

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