



# Claim CE credit by TEXTING the code after the activity.

What you need to do:  
Ensure your mobile number is  
linked to your profile.

A screenshot of the Advocate Health website's user interface. At the top, the logo 'ADVOCATE HEALTH' is displayed in a grey bar. To the right of the logo is a search bar with the placeholder text 'Find a course...' and a magnifying glass icon. Below the search bar are social media icons for Facebook, X, LinkedIn, and a share icon. A navigation menu below the search bar includes links for 'HOME', 'COURSES', 'GRAND ROUNDS/CASE CONFERENCES', 'RESOURCES', 'CE PRE PLANNING FORM', and 'CONTACT US'. Below the navigation menu is a dark blue header for the 'My Account' section. Underneath this header, there are five menu items: 'My Account' (with a person icon), 'My Pending Activities' (with a document and pencil icon), 'My Transcript' (with a document and plus icon), 'Edit My Profile' (with a person and gear icon), and 'Add/Edit Mobile Number' (with a smartphone icon). The 'Add/Edit Mobile Number' option is highlighted with a red rectangular border.

# Welcome to the February 2026 Nursing Grand Rounds

## *Elevating CPR Mastery Using RQI Approach*

### **This is a Microsoft Teams Meeting with Contact Hours**

- Focus is on the presenters with all participants muted
- Participants are encouraged to post questions/comments in the “Q&A” They will be addressed during the Q & A session at the end
- Details about evaluation and contact hours will be provided at the end
  - REMINDER – now a text code process – make sure your cell number is updated in the CE Learning platform in order to receive CEs
- Session is recorded and will be available as a digital self-learning module with continuing education credit on the CE Learning platform
- Please visit the Nursing Grand Rounds webpage for direct links.

# Disclosure:

None of the planners or presenters for this educational activity have relevant financial relationships to disclose with ineligible companies

## IPCE Designation and Accreditation



### Accreditation Statement

In support of improving patient care, Advocate Aurora Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

### Credit Statement(s)

#### American Nurses Credentialing Center (ANCC)

Advocate Aurora Health designates this live activity for a maximum of 1.0 ANCC contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

# Learner Objectives:

At the end of this session, learners should be able to:

1. Describe the Resuscitation Quality Improvement (RQI) program at Advocate Health
2. Relate how Advocate Health sites are applying the RQI approach to improve outcomes
3. Discuss 1-2 key take-aways for your own practice.





## AUDIENCE POLL

Which division and care environment are you attending from?



Advocate Health Care



Atrium Health



Aurora Health Care



Wake Forest University  
School of Medicine

Now part of  **ADVOCATE**HEALTH

# ***Elevating CPR Mastery Using Resuscitation Quality Improvement (RQI) Approach***

Kelley Sava, MS, APN, CPNP-PC

Julia Reynolds, MSN, RN, NE-BC

Steven Cuzmenco, MSN, RN, CCRN-CMC, NPD-BC

**Nursing Grand Rounds 02.19.2026**

# Heart Month Trivia



What year were external chest compressions formally discovered to restore circulation in humans? 1891, 1915, 1948, 1976

What percentage of patients in the peri-arrest period present with agonal breathing? <10%, 20-30%, 40-60%, >90%

Following in-hospital cardiac arrest, what is the national survival rate? 10%, 20%, 30%, 40%

What is the most common initial rhythm for in-hospital cardiac arrest events? PEA, VT, VF, Torsade's de Pointes

True or false? Hypoxia is the most frequent cause of adult & pediatric in-hospital cardiac arrest. True/False

How much do the chances of survival with good neurological outcome decrease in pediatric patient for every 5-second increment in chest compression pauses? <1%, 3%, 5%, 10%

# Why RQI?

- In-hospital cardiac arrest survival ~20%.
- High-quality CPR vital to survival.
- Variability in CPR quality/effectiveness.
- CPR skills/knowledge decay after 1-6 months post-training.
- **Completion → competence**



# Why RQI?

## Aligns with ILCOR and AHA resuscitation science and guidelines

- Evidence-based compression depth, rate, recoil, and ventilation targets
- Emphasis on minimizing interruptions and improving CPR consistency



# What Makes RQI Different?

## Aligns with AHA Education Science

- Low-dose, high-frequency practice
- Real-time feedback to correct technique instantly
- Focus on mastery, not memorization
- Supports psychological safety—practice without judgment
- Embedded into workflow, not separated from it
- Skills retention overtime

# What Makes RQI Different?

## Supports Resuscitation Quality Improvement

- High-quality CPR delivery
- Team readiness
- Reliable systems

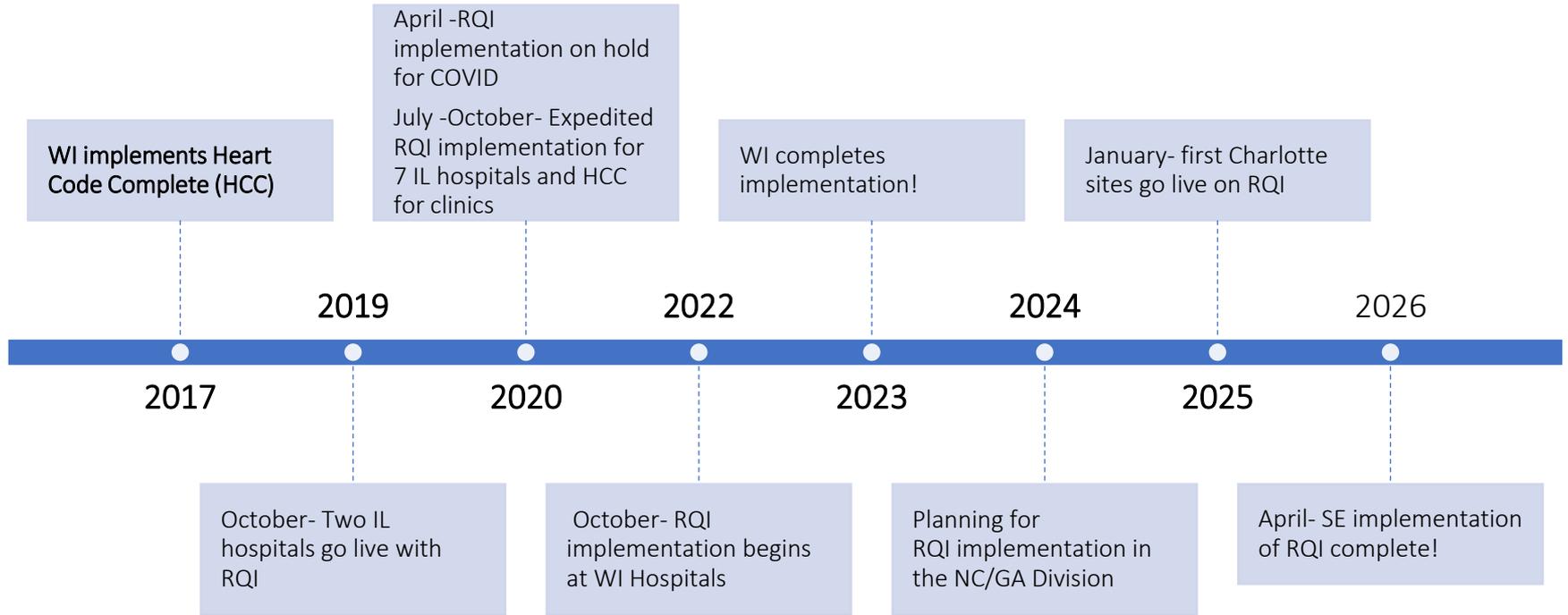
# Gold Standard



## RQI with Mock Code/Resuscitation Education Program

- Ensure team performance:
  - Role clarity and leadership
  - Communication and closed loop feedback
  - System readiness and team execution
  - Workflow, equipment access, system process

# Where We Started



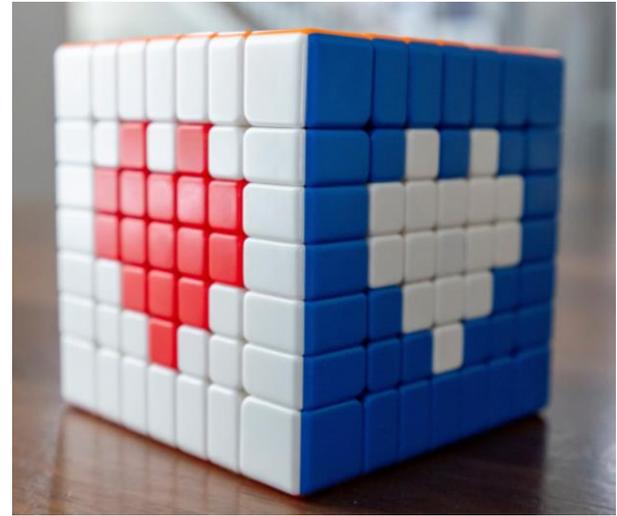
## How Advocate Health is Using RQI

- Enterprise-wide adoption in acute-care settings
- Foundations & Fundamentals course
- Ongoing mock code program



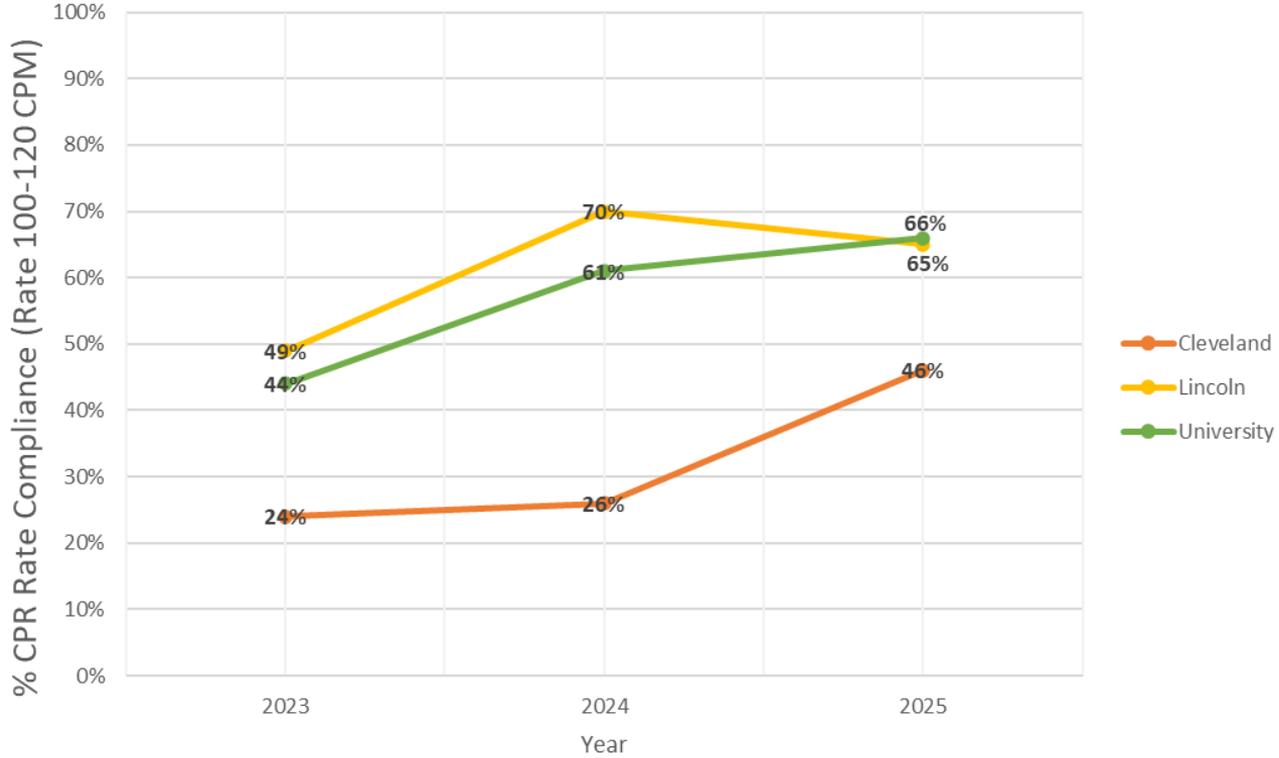
# Challenges and How We Overcame them

- Technology
  - Integration with WDL
  - Multifactor Authentication (MFA)
- Equipment
  - Malfunction
  - Vandalism
- Communication



# Early Wins and Real Impact

### Chest Compression Rate Compliance for Select GCM Facilities by Year



Favor higher

RQI Implemented Q1 2025

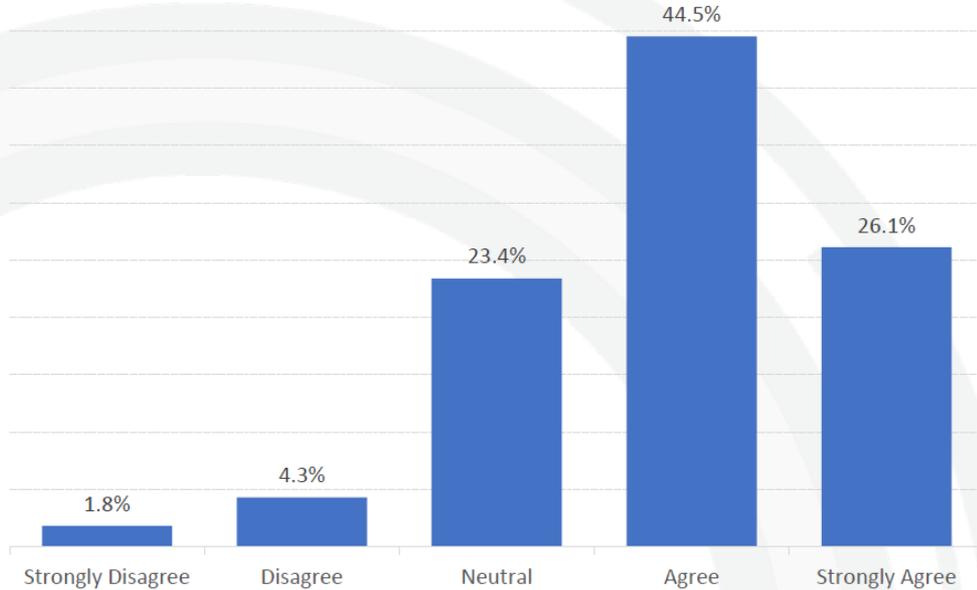
# Provider Improvement

I saw improvement of my CPR skills by practicing on the RQI manikin every 3 months

Total number of responses: 30,834

Date range: 7/1/2020 thru 9/30/2025

Filters: Only includes each providers first time taking the S4 questionnaire

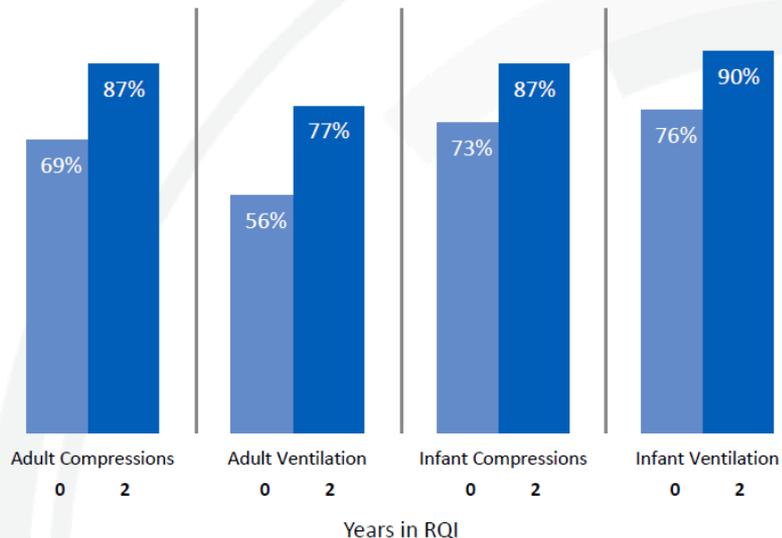


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# First Attempt Pass Rate

Percent of providers able to perform high-quality compressions and ventilations (with feedback) on their first attempt



The percent of Advocate Midwest providers able to perform high-quality CPR skills (with feedback) on their first attempt increased after 2 years in RQI

Activity	Percent Increase
Adult compressions	↑ 27%
Adult ventilations	↑ 38%
Infant compressions	↑ 20%
Infant ventilations	↑ 18%

Minimum sample size: 24,290 Providers

Date range: 9/9/2019 to 9/30/2025

Assessment type: Skills (with feedback)

Filters: Limited to learners who have completed at least 9 sessions of RQI Provider. Attempts resulting in timeouts are excluded.

# RQI Skill Performance Impact



**87 Million**

Advocate IL/WI Divisions have practiced 87,162,817 individual compressions at the RQI stations



**17.9 Million**

Advocate IL/WI Divisions have practiced 17,960,743 individual ventilations at the RQI stations

9/9/2019 to 9/30/2025

# RQI NC/GA Expansion



- 120 Super User training sessions
- 1500+ Super Users



30,000+  
teammates  
enrolled

1/2/2025 – 1/14/2026

# What's Next in Resuscitation

- Enhanced/standardized analytics dashboards
- Atrium Health Resuscitation Committee → Advocate Health Resuscitation Committee - Enterprise Conversation
- Expansion into specialty areas
- Continued alignment with national resuscitation science



## AUDIENCE POLL

What word best describes the value of RQI for our teams?

What word best describes the value of RQI for our teams?



72 responses

# What to Remember

- High quality CPR saves lives
- RQI elevates readiness through continuous practice
- Real-time feedback strengthens technique
- Teams that train together improve outcomes together
- Small, frequent efforts → major clinical impact

# Together We Elevate Resuscitation Performance

- Commit to frequent deliberate practice/increase mock code culture
- Support teammates as they learn
- Use RQI resources
- Bring ideas forward, your voice shapes our outcomes
- Thank you for investing in safer care and better survival

# Resources

- Policy: [Enterprise Resuscitation Quality Improvement \(RQI\) v.1](#)
- NC/GA RQI SharePoint: [Resuscitation Quality Improvement \(RQI\) – Home](#)
- IL/WI RQI SharePoint: [Life Support Training - Home](#)
- Atrium Health Resuscitation Committee SharePoint: [Atrium Health Resuscitation Committee - Home](#)

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## Claiming Credit

1. Text code **FUMKOY** to (414) 219-1219
2. You will also receive a reminder email within 24 hours with instructions on how to claim your credit
3. To fully claim credit, go to “MY ACTIVITIES/Pending Activities” tab to complete evaluation and/or assessment

**Texting the code alone will not give your credit. You will need to go online.**

Please direct any related IPCE questions to [cme@aah.org](mailto:cme@aah.org)

# Nursing Grand Rounds

March 19<sup>th</sup> 2026

3-4 pm Central  
4-5 pm Eastern

Sponsored by Enterprise NGR Committee & System Nursing Research

## ***Lifting Everyone Up . . . Using Safe Mobility Practices***

**Presenters:**

***Tricia Jaworski, OTR/L, CSPHP***

***Mary Hook, PhD, RN***

***Christa Oechler, MSN, RN, NPD-BC***

***Amanda D. Speck Malmberg, MSN Ed, RN, NPD-BC***



### **Overview:**

No one comes to the hospital expecting to leave with less function than they had when they came in. Researchers have shown that 30% - one out of every three patients experience a loss after being hospitalized. The decline prevalence rate has not changed despite shorter lengths of stay and improved discharge planning. This program will feature a discussion about best practices related to safe patient handling and mobility (SPHM) practices to optimize patient and care team outcomes.



Scan here to register and receive an email with calendar invite **or** join day of

Registration on the CE Learning Platform: [Click here to Register](#)

