

Implementation of Simulation-based Education In a Magnet Community Medical Center

- 
- Simulation Taskforce
 - Mock Rapid Response Team
 - Mock Code Blue
 - Simulation Education
 - Moulage and Disaster Drills
- In a Magnet Community Hospital

By John K. Edwards



Where to start ?

Simulation Task Force

Simulation Mock Codes



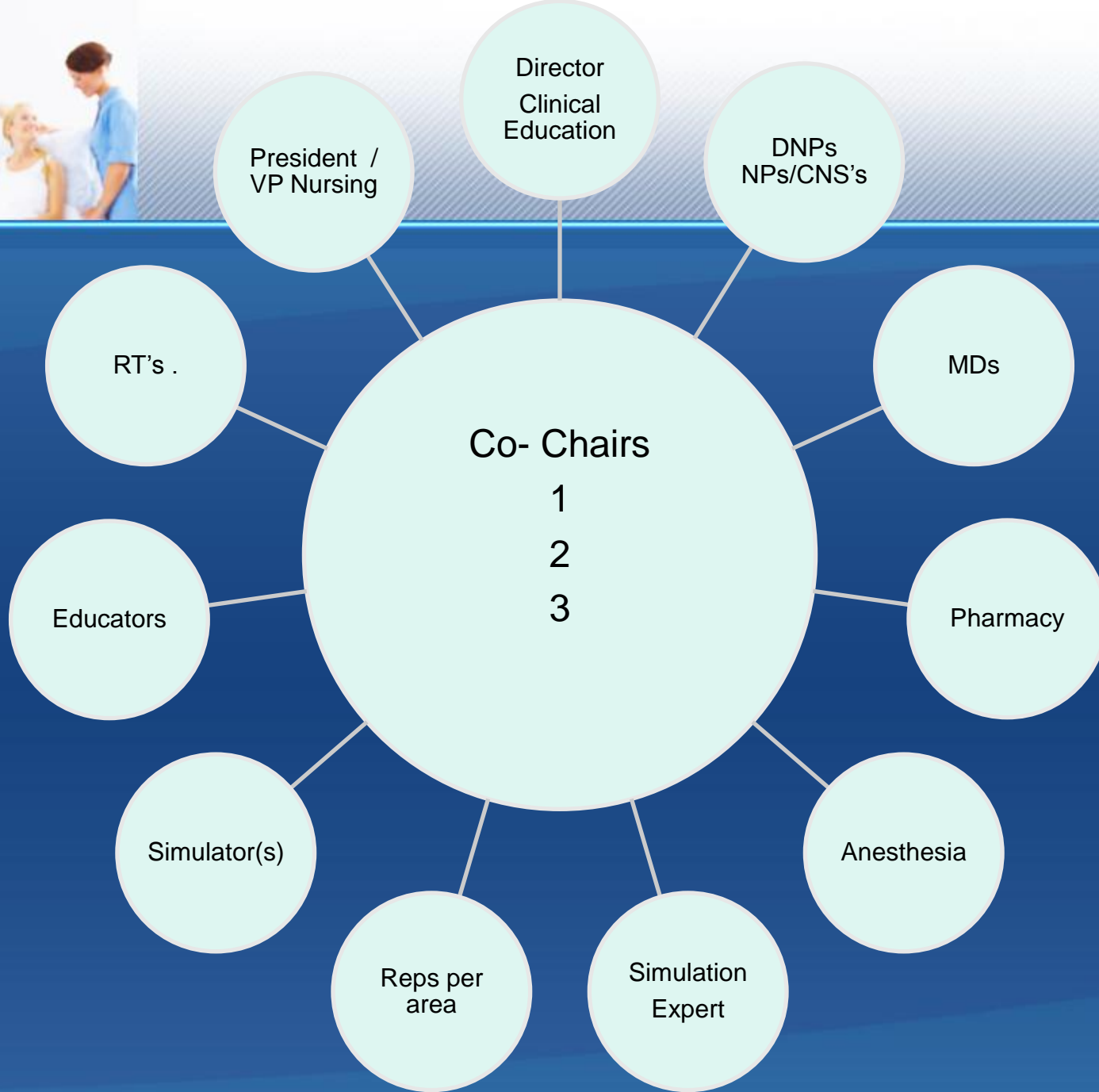
Mission and Goals

Mission:

- Establish safe, effective and efficient evidence-base care for emergent patients while allowing healthcare professionals to learn and evaluate skills without placing real patients at risk.

Goals:

- Strengthen staff code response skills
- Teach, reinforce and evaluate patient management during mock code blue resuscitation
- Promote Patient Safety
- Improve Patient Outcomes





Mock Code Blue Process

- Unit Selection Criteria
- Screen Saver
- Staff Expectations Guidelines
- Established Mock Code Blue Learning Objectives
- Expectations of Mock Code Blue Team Members
- Guidelines for Mock Code Blue Scenario Facilitator
- Debriefing & Evaluation



Day of a Mock Code Blue

Team meets for 30 min for final discussion re: scenario and roles

Team set's up in empty patient room for mock code blue

Sim task force member role plays to alert unit staff of an emergency in "patient room"

Unit staff member arrives to find pt in medical emergency

Group is led through a mock code blue through simulation

Task force provides debriefing/evaluation session for all involved



Competency Evaluation

Torrance Memorial Medical Center

Adult MOCK CODE BLUE COMPETENCY EVALUATIONS

Purpose: To evaluate the critical thinking and technical components of staff involved in recognition and management of a Code Blue situation.

Unit: TCU

Date: 7/27/12

Start time: 14:00

Stop time: 14:30

First responder (evaluator—Bev)	Time	Yes	No	Summarized Comments (not necessarily always column specific)
Assess unresponsiveness and for no breathing, or only gasping				No one listened directly to patient nor spoke with the patient as though he was real. RRT called at 14:05
Calls Code & shouts for help, stays with patient				Questions regarding chest pain seemed to be the only primary focus What about the other symptoms patient had regarding his allergic reaction to Dilaudid?
Lowers bed, removes pillows, clears room				Initial responding nurses Ren, RN & Ko, RN; later Sarah, RN
Determines pulselessness				No backboard was used in the code
Back board in place *(policy not til 2 nd respond w cart)*			X	O2 and IV started later into the response event. Nasal O2 used instead of face mask delivery
Landmark checked				Hallway of spectators should have been reduced. Only need active trained responders
Compress 2 inches		X		Lead, RN Susan present and recorded the Code along with House Supervisor
30 compressions/2 ventilation x 5 cycles (2min)		X		ED Tech maintained excellent compression technique
Rechecks Pulse				



Competency

- The competency check list is 7 pages long
- Includes all roles that need to respond to a code blue per policy PCE.46
- Provides objectives that need to be met by each team member per policy PCE. 46 and 2010 AHA Guidelines
- Each staff member is observed during the mock code blue by a sim task force member
- Staff also evaluates the Mock code blue process and task force members.





Participant Survey

POST MOCK CODE SURVEY

Please complete this survey and return to Alfie Ignacio

Date __12__ / __11__ / __12__

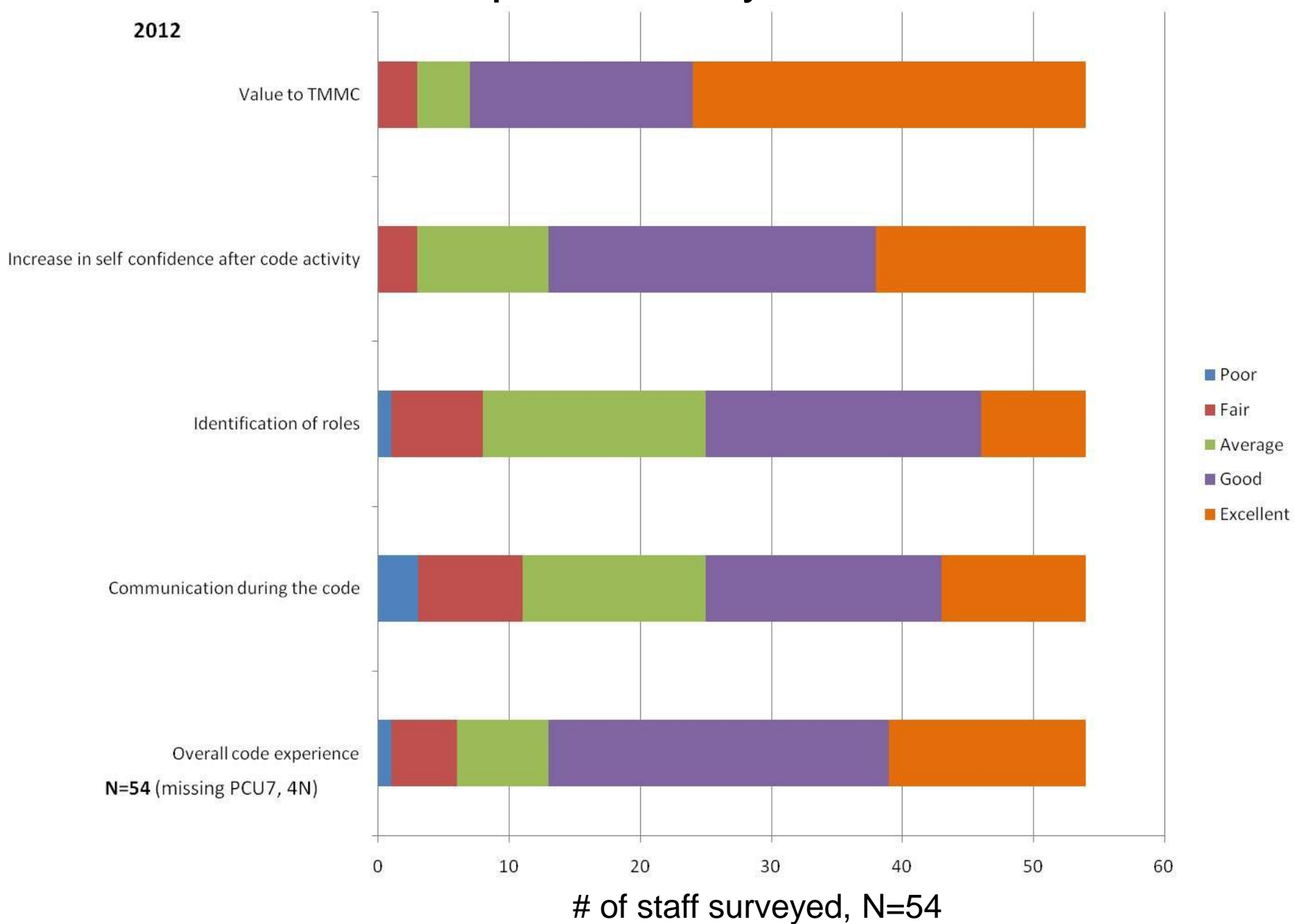
Please thoughtfully evaluate the mock code blue activity:

	<u>POOR</u>	<u>FAIR</u>	<u>AVERAGE</u>	<u>GOOD</u>	<u>EXCELLENT</u>
<u>OVERALL CODE EXPERIENCE</u>				55%	44%
<u>COMMUNICATION DURING THE CODE</u>			22%	55%	22%
<u>IDENTIFICATION OF ROLES</u>			33%	44%	22%
<u>INCREASE IN SELF CONFIDENCE AFTER CODE ACTIVITY</u>				44%	44%
<u>VALUE TO TMMC</u>			11%	44%	55%

COMMENTS:

Participant Survey & Staff Feedback

2012





Staff Testimonies

- I think we should continue to do this more often!! This is something good at different times of the day.
- Great practice! Continue with mock codes.
- Great experience- need to have these mock codes more often.
- I feel more comfortable with my role.
- Great way for us to practice our skills.



Mock Code Blue Findings



Finding	Action Plan	Status
No Peds Code White report print out	Simtask working with CI	Completed
No process for Peds emergency medication dosing guidelines being placed at BICU bedside	Implemented same standardized process as Peds unit	Completed
No peds transfer device on Code White carts; using stop cocks	Transfer pens placed in Code White Carts	Completed
EtCO2 tubing not available on crash cart	EtCO2 tubing will be taped to intubation tray	Completed
Code White not known to non-Peds staff	Staff education	Completed
Inconsistent monitoring and assessment of EtCO2 (2)	RCP and staff re-educated	Completed

Finding	Action Plan	Status
No intercom in OB physician lounge to hear code	Intercom placed	Completed
Team members not identifying themselves when entering room	Included in debriefing	Ongoing
RNs uncomfortable charting on Code Blue record (3), incomplete documentation	Ongoing education	Ongoing
US not printing Code Blue report and delivering to room (3)	Included in debriefing	Ongoing
Large number of RCPs reporting to codes	Streamlined process, lead RCP reassigns	Completed
Compressions not started in a timely manner (2)	Included in debriefing	Ongoing
Back board not placed (2)	Included in debriefing	Ongoing
MH process not standardized for all other areas outside of OB/PACU	Revise MH, staff education	Completed



Mock Code Blue Findings

- Staff:
 - Knowledge of ACLS algorithms
 - Knowledge of Code Blue initiation and process
 - Appropriate practice in accordance with AHA guidelines
 - Role identification during a code
 - Task delegation during a code
 - Knowledge of code blue report form
- Sim Task Force
 - Working on improving mock code blue process
 - Reducing number of task members present at mock code blue
 - Refining debriefing process
 - Improve on clear communication



OTHER SIMULATION

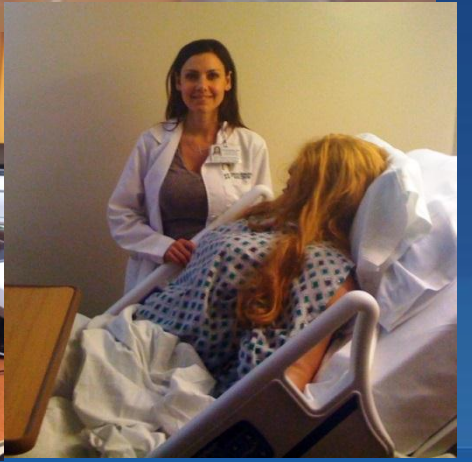
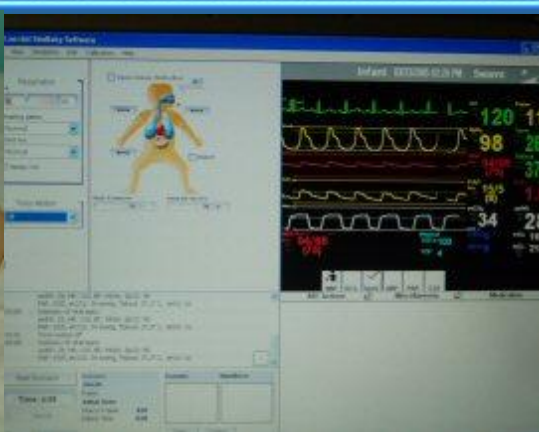
- * NRP**
- * ACLS**
- * OB ACLS**
- * PALS**
- * BLS**
- * EDUCATION IN SIM LAB**
- * IN-SITU EDUCATION**
- * DISASTER DRILLS / MOULAGE**

Moulage



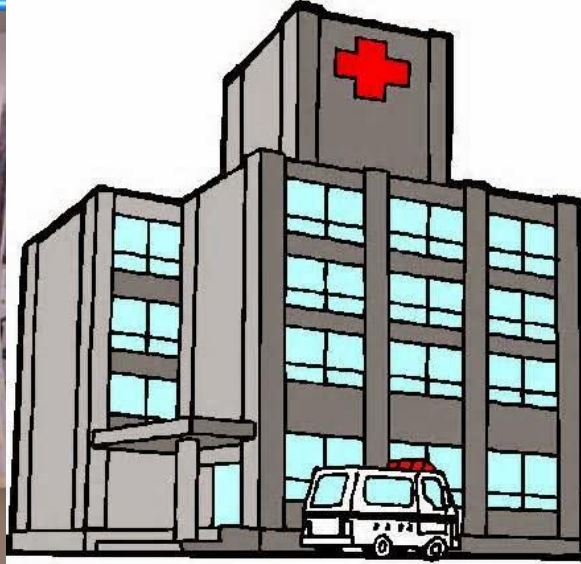
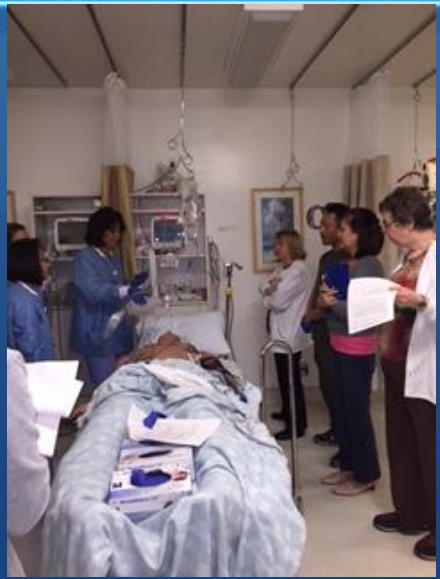


Simulation





A Day in the life





Questions? & Thank You

Saving a LIFE is PRICELESS!!!



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Education

* Clinical Education

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