Using Systems Integration Simulation to Re-Assess Emergency Response TEAms

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Disclosure(s)

- There are no financial interests or other relationships with manufacturers of commercial products, suppliers of commercial services, or commercial supporters. This presentation does not involve the unlabeled use of a product or product under investigational use.

- There is no commercial support.
Learning Objectives

1. Identify the steps necessary to integrate simulation into the development and implementation of a new process
2. Identify methods to address issues that arise during this process
3. Develop a plan for ongoing systems and processing testing for any new process
Overview of Main Topics

- Background of kidSTAR Medical Education
- The “why” behind our project
- Process Development Phases
- Process Implementation Phases
- Ongoing Simulation Support
- Discussion and Questions
kidSTAR Medical Education Program

- kidSTAR Medical Education Program:
  - Interprofessional
  - Multi-disciplinary
- Primary goal is to improve the quality and safety of care for our patients through the use of innovative learning strategies
Background

9 story facility

23 story facility
Why?

• Free-standing Children’s Hospital
• Review of code calls revealed:
  – 80% were non-inpatient/non-pediatric calls
  – minor, non-critical events
Why?

- Non-patients sent to the ED
  - Employees/parents/visitors/siblings
  - Inconsistent triage process
  - Inconsistent disposition
  - Lack of documentation these patients
- New Facility
- Development of Non-Emergency Response Team
GOALS

• Activation & Response:
  – Correct team 80% of the time,
  – 100% availability and response of team members
  – 100% availability of emergency equipment

• Documentation:
  – All NEAR Team calls are entered into a Safety Event Reporting System so all (including refusals) are captured
  – All non-inpatients are offered additional ED assessment/screening
  – 100% compliance with Refusal of Care processes
NEAR Team

- All non-inpatients
- Who?
  - Adults
  - Siblings
  - Outpatients
- How?
  - Same as code call
  - Anyone can initiate
- Response Team?
  - Paramedics
  - Nurses
  - ED Attending
Phase I

• Identified pilot areas
  – Lab
  – Lobby
  – Radiology
• Identified pilot scenarios
  – Employee injury
  – Outpatient syncope after lab draw
  – Visitor not feeling well
• Education and simulation
  – Specific to those areas
  – low fidelity simulation
Simulation and Debriefing

- Standardized patient
  - Faculty
  - Child
- In view of staff and visitors
  - Safety is a priority
  - Active and Passive learning
  - Buy in from management
- Debriefing
  - What worked
  - What didn’t
  - Summarized and reviewed
Phase I

• Findings from piloted simulations
  – Existing departmental policies
  – Lacking clinical judgment to “make the call”
  – What the response team needs?

• Review and Revision
  – Investigated existing policies
  – Tweaked education
  – Surveyed Paramedics

• Resumed pilots
Orientation: Phase II

• House wide education launched
  – Computer based learning
  – Information at staff meetings
  – Ongoing simulations with just the NEAR response team

• Go-Live and Simulations Launched
Outcomes

• **Activation & Response:**
  – Activation of the correct team 90% of the time
  – 100% availability and response of team members
  – 100% availability of emergency equipment

• **Documentation:**
  – All NEAR Team calls are entered into a Safety Event Reporting System so all (including refusals) are captured
  – All non-inpatients are offered additional ED assessment/screening
  – 100% compliance with Refusal of Care processes.
Pre-Move Follow-Up

• New Hospital simulations
  – NEAR simulation scenarios added to orientation
  – Pre-Operational simulations tested “NEAR” response

• Findings
  – Areas that fell through the cracks
  – New areas that needed education
  – Expanding the education
    • Longer response time
    • Location
      – Response
      – Emergency Equipment
Post-Move Follow-Up

• NEAR Simulations - Part of Code Project
  – Inpatient areas
  – Public Areas
  – Outpatient Areas
  – Employee Only Areas

• Follow up:
  – By area
  – Reported to Emergency Response Committee
  – Tracked by Safety and Quality

• Unexpected:
  – Staff Buy In for Simulation
  – Recognition from Safety and Quality
Conclusion

• Effective way to introduces a new process, facilitates testing of new process prior to a house wide implementation,
• Provided safe learning environment for participants
• Debriefing allowed for questions related to the process
• Effectively provided education on new process that required fewer resources allowing for testing and reinforcement
References

