

Designing and Testing a Simulation Center's Response to Actual Medical Emergencies

ZIEL

ZAMIEROWSKI INSTITUTE
FOR EXPERIENTIAL LEARNING

IMSH 2021 | Virtual Presentation

Akiko Kubo, Amy Follmer, Bridget Van Gotten, Steve Tarver



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KANSAS HEALTH SYSTEM

KU MEDICAL
CENTER
The University of Kansas

Disclosures

No relevant financial disclosures. Any specific equipment, software, or other vendors mentioned are not endorsed by the presenters.



ZIEL by the Numbers

Utilization in FY2020



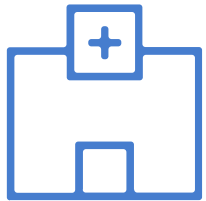
18,969

LEARNER HOURS



7,654

LEARNER ENCOUNTERS



11

SIMULATION ROOMS



28

FULL TIME STAFF



7

DEBRIEF ROOMS



50%

INTERPROFESSIONAL ACTIVITIES

Learning Objectives

1. List at least three tools to promote staff coordination, communication, and compliance to the medical emergency response procedure.
2. Describe the steps used for designing, testing and improving the simulation center's medical emergency and safety policy and procedure.
3. Weigh the cost and benefit of investing in an all-staff experiential learning program for medical emergency response.

Imagine if this happened in your sim center...





Policy Procedures Tools



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"Write a policy and
they will do it."

-No One Ever



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Challenges

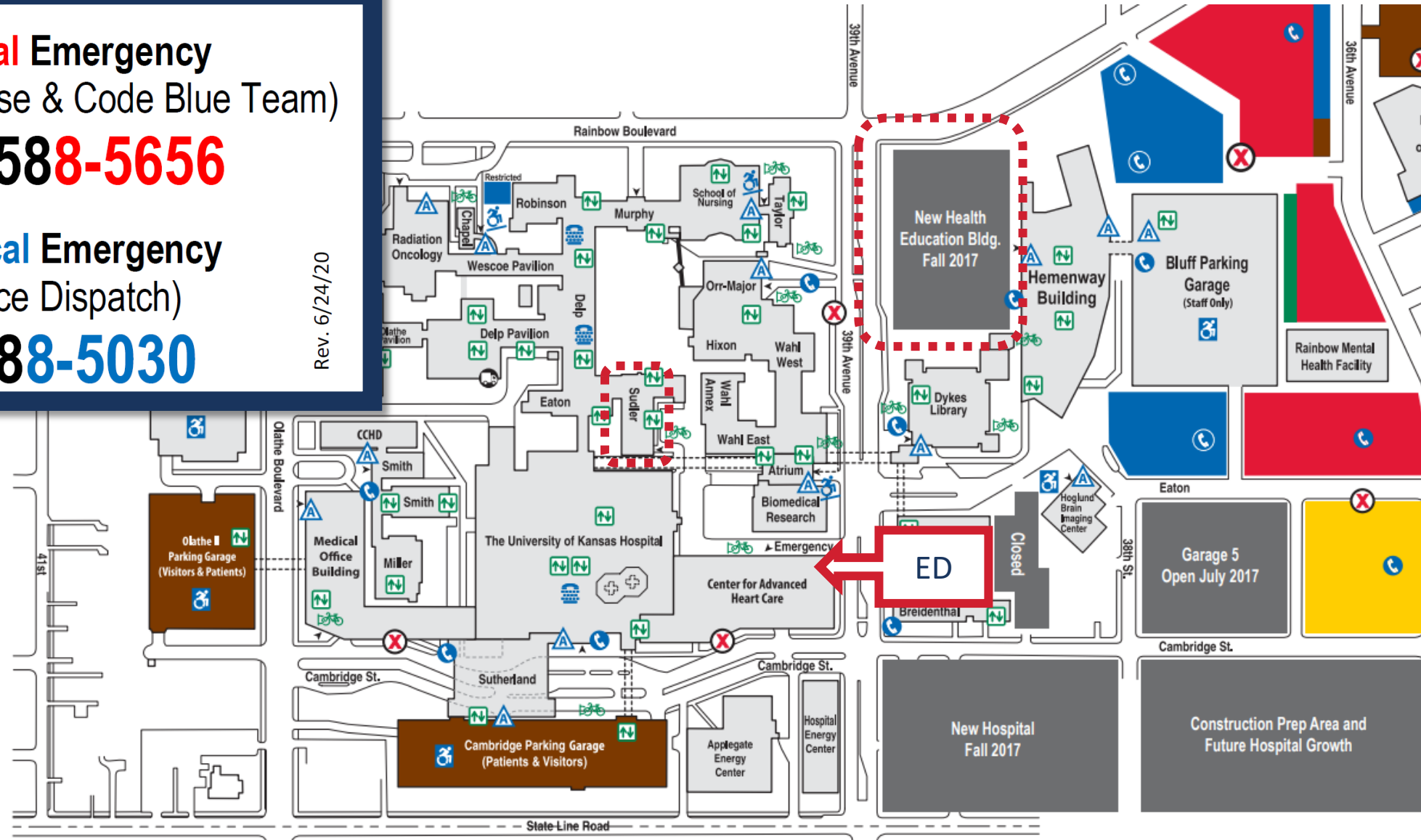
Medical Emergency
(Rapid Response & Code Blue Team)

913-588-5656

Non-Medical Emergency
(KU Police Dispatch)

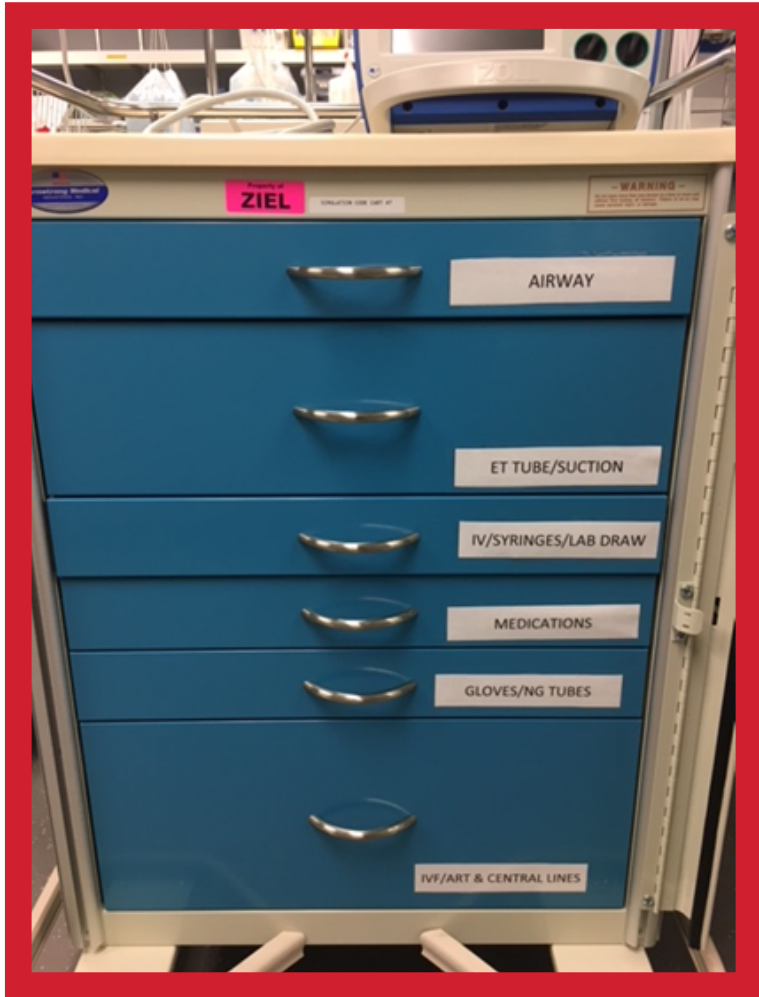
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Rev. 6/24/20



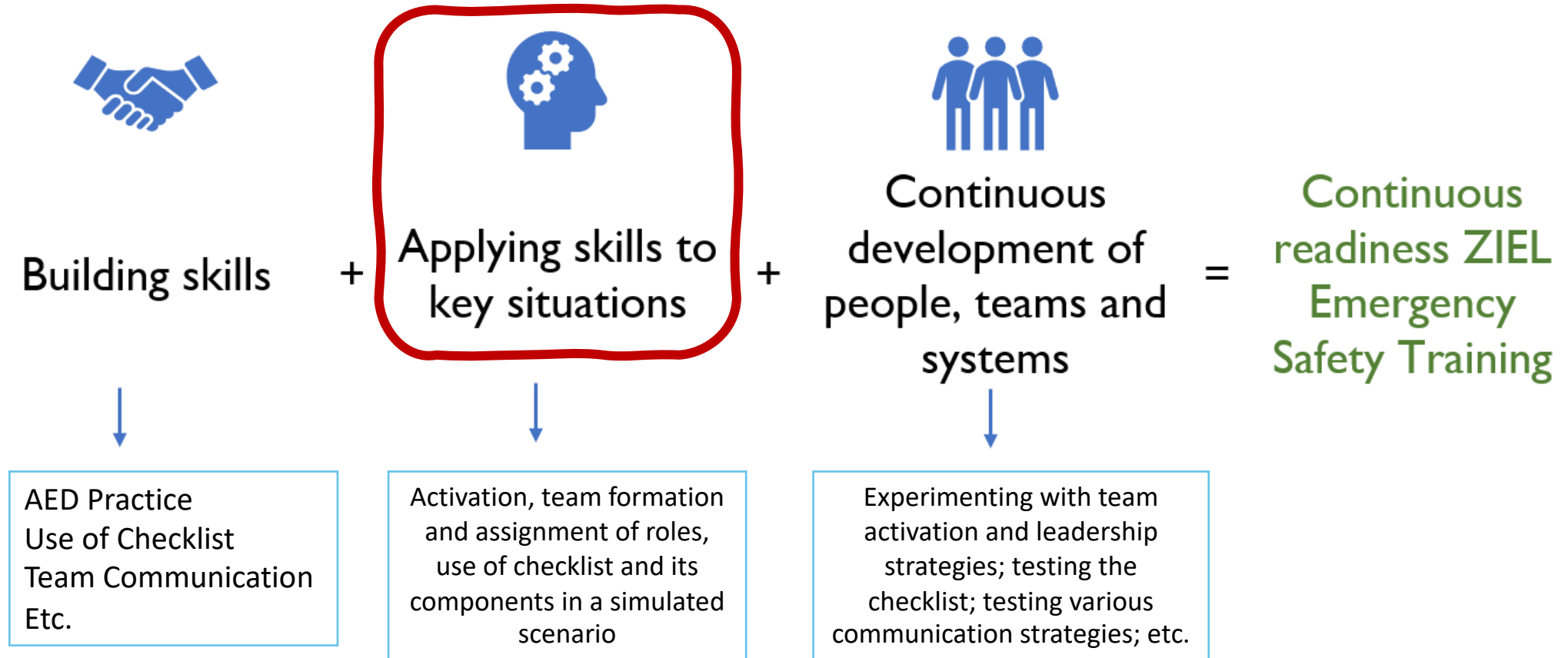
Challenges (Continued)

Medical Equipment Similar to Real Equipment --> Not Intended for Human Use



The Readiness Plan

The ZIEL Medical Emergency Safety Readiness Plan



¹Fey, M, Roussin CJ. (2020, June 17). "Road Map to Relevance: SimZones Curriculum for Preparing People, Teams and Systems." *Weekly Webinars: Connecting and Learning with CMS*. from Center for Medical Simulation [Video file]. Retrieved from <https://youtu.be/QUppdy9h95U>.

Tools



POLICY | 4 UPDATES
IN 18 MONTHS



CHECKLIST | 6
UPDATES IN 18
MONTHS



BADGE BUDDY | 2
UPDATES IN 6
MONTHS

ZIEL EMERGENCY AND SAFETY POLICY

Zamierowski Institute for Experiential Learning (ZIEL) further expands, clarifies, and/or replaces aspects of associated Emergency and Safety policies provided by the University of Kansas Medical Center (KUMC) and The University of Kansas Health System (TUKHS) occurring in ZIEL simulation center space, which include Simulation Education Building fourth and fifth floors. This policy excludes operational space.

1. PERSONAL SAFETY AND SECURITY

a. Entry and Check In

-
-

-

- Identify participant
Identify phone

ZIEL MEDICAL EMERGENCY CHECKLIST (pg. 2)

PATIENT CARE LEAD

- Stay with patient, provide reassurances, obtain basic information (name, symptoms, etc.)
- Continuously engage in conversation in order to monitor for changes
- Provide first aid/CPR per level of clinical scope, as needed
- Hand-off information to Rapid Response / Code Blue Team upon arrival

DEFIBRILLATOR

| |
|---|
| ZIEL Medical Emergency Badge Buddy 1of4 |
| EVENT LEAD & Crowd Controller |
| ANNOUNCE "This is not a simulation; this is a real emergency. Please stop all training." |
| YELL for help |
| DECLARE self as Event Lead |
| CALL 913-588-5656 RRT/Code Blue |
| RADIO "This is a ZIEL-ERT: responders reply and go to [Building/Room]. Event Lead is [Name]." |
| TEXT "ZIEL-ERT: Reply to text and go to [Bldg /Room/Lead Name]." |
| POSITION self at doorway of room |
| ~~Min 3 ZIEL Staff Members to Respond~~ |
| EVENT LEAD DELEGATES ROLES |
| Assign Communication Lead |
| Assign Patient Care Lead |
| Assign Defibrillator Lead |
| Assign Safety Lead |
| Assign Greeter |

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| Assign Safety Lead |
| Assign Greeter |

| |
|---|
| ZIEL Medical Emergency Badge Buddy 2of4 |
| COMMUNICATION LEAD & Crowd Controller |
| ACCEPT delegation from Event Lead |
| POSITION self by Event Lead as Co-Lead |
| VERIFY activation of RRT/Code Team |
| TEXT continuation of ZIEL-ERT: "Confirm if able to respond to [Bldg / Room]" |
| Or, RADIO continuation of ZIEL-ERT: "This is [Name]. [Event Lead Name] has activated a ZIEL-ERT in [Bldg/Room]. Please confirm with name if able to respond." |
| REPEAT Until min 3 ZIELers confirmed |
| ~~Min 3 ZIEL Staff Members to Respond~~ |
| ASK Patient Care Lead if additional clinicians needed |
| SOLICIT more clinical responders, as needed, via text or radio |
| CLOSE communication loop when ZIEL-ERT is concluded via text: "ZIEL-ERT resolved" |

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| CLOSE communication loop when ZIEL-ERT is concluded via text: "ZIEL-ERT resolved" |

ZIEL MEDICAL EMERGENCY CHECKLIST (pg. 1)

EVENT LEAD & CROWD CONTROLLER

- 1 Announce overhead (Voice of God): "This is not a simulation;

COMMUNICATION LEAD & CROWD CONTROLLER

- 1 Accept Communication Lead delegation from Event Lead

Text to Event Lead as Co-Lead (assist

Response or Code Blue Team with ZIEL-ERT: "Confirm if able to respond to [Building/Room]. Please confirm with [Name]. [Event Lead Name] has [Building/Room]. Please confirm with [Name]."

Until minimum 3 responders have

Y

additional clinicians needed. With receipt of staff member/responder solicitation. "If additional clinicians are needed", or "If additional clinicians available, please respond." "Close communication loop when the ZIEL-ERT is concluded via text: "ZIEL-ERT resolved"

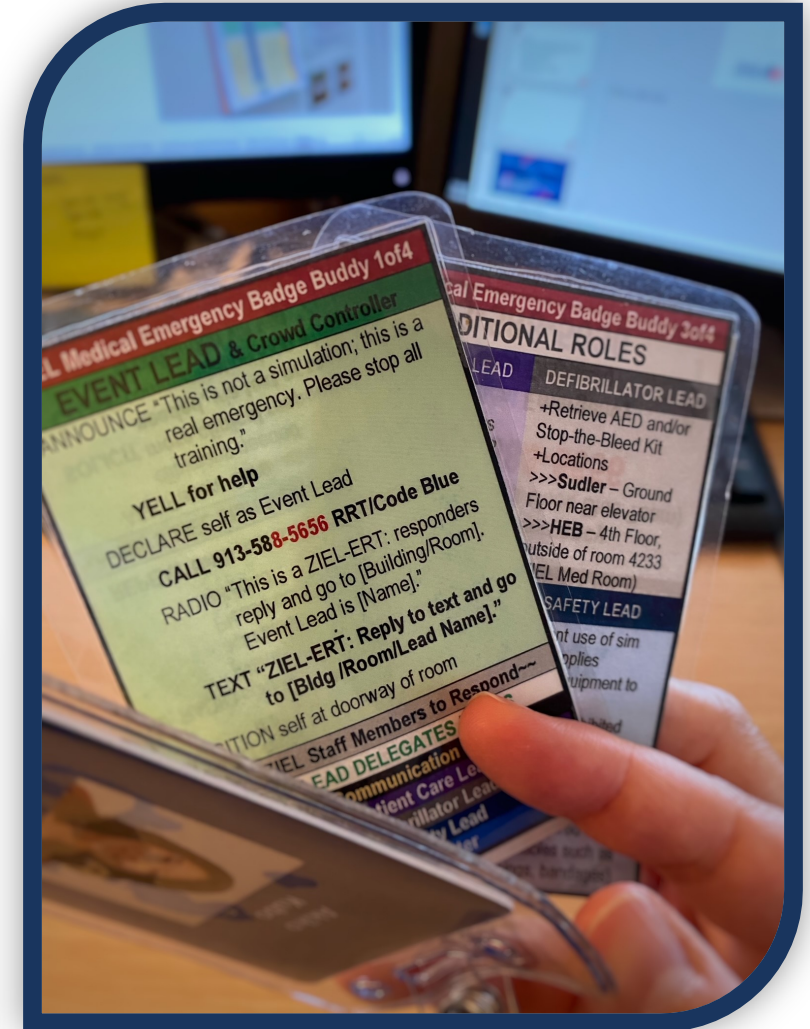
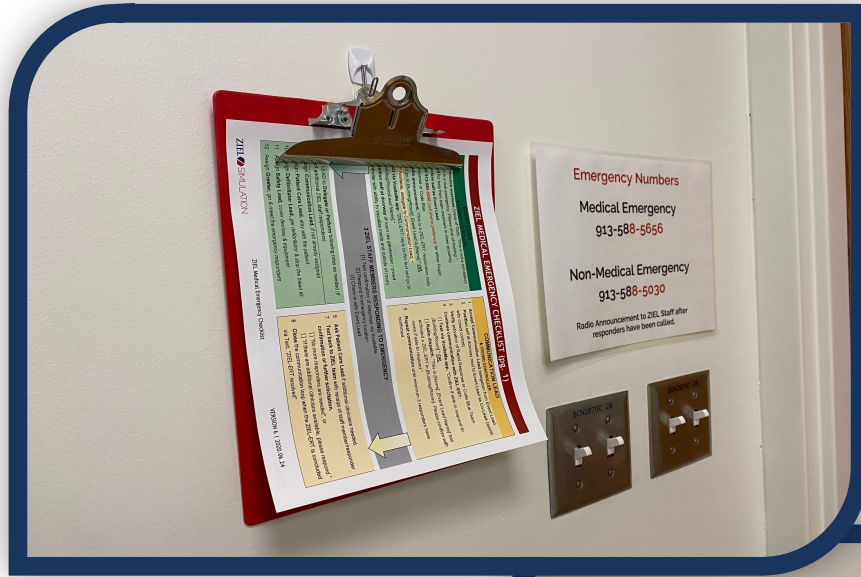
VERSION 6 | 2020.06.24

588-7375

VERSION 6 | 2020.06.24

7375

Tools (Continued)





Designing Testing Improving



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Planning Process Timeline

- First Sim Event Planning Meeting: 6/20/2019
- Held 3 Emergency Safety Event Management immersive simulation events for the full ZIEL team over a 1 year period



8/14/19 Pre-Learning Content



Simulation Safety
Article & Webinar



First Draft of
Emergency Checklist



Current Emergency
Safety Policy



Overview of AEDS
on Campus

8/26/19 Intro to Checklist and AED Introduction

Logistics:

- Review AED differences
- Tabletop Workshop Activity
 - Role play scenarios
 - Practice Checklist Usability



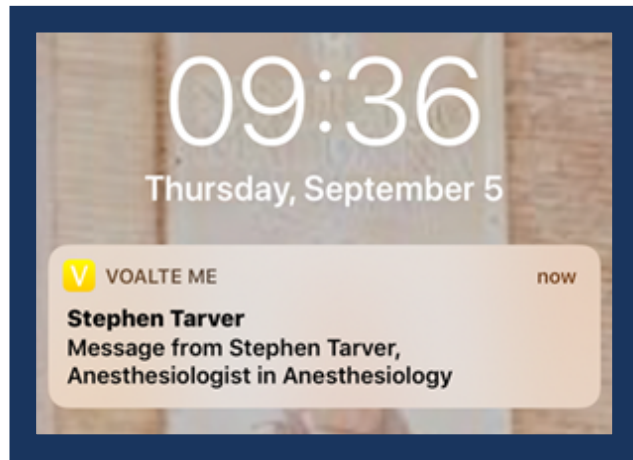
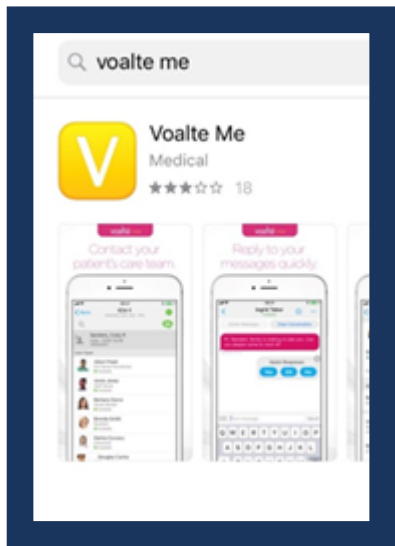
8/26/19 Intro to Checklist and AED Introduction

Gaps Uncovered

- Communication Plan

Team Solutions

- Voalte Me



9/6/19 Checklist Review & Tabletop Practice & AED Practice



- Updated Communication Plan
 - Group Messaging App (Voalte)
- Hands On AED Practice

9/11/19 Immersive Simulation Event #1- SP Chest Pain

Logistics

- Full team blocked for morning event
- Health System RRT Members on call

Case:

- Standardized Patient (SP) with chest pain
- Simulated cut suit skin on patient as safety measure to prevent AED use
- Safety Monitor for safety in communication and for SP

Agenda:

- 8am – 8:30am: Pre-brief
- 8:30am – 9:30am: Sudler x2
- 9:45am – 10:45am: HEB x2
- 11am – 12pm: Team Debrief and Lunch



9/11/19 Immersive Simulation Event #1- SP Chest Pain



ed

load on Leader was too much
the Lead Role identified
the event looked like the actual RRT

between buildings meant that
observers missed out observing

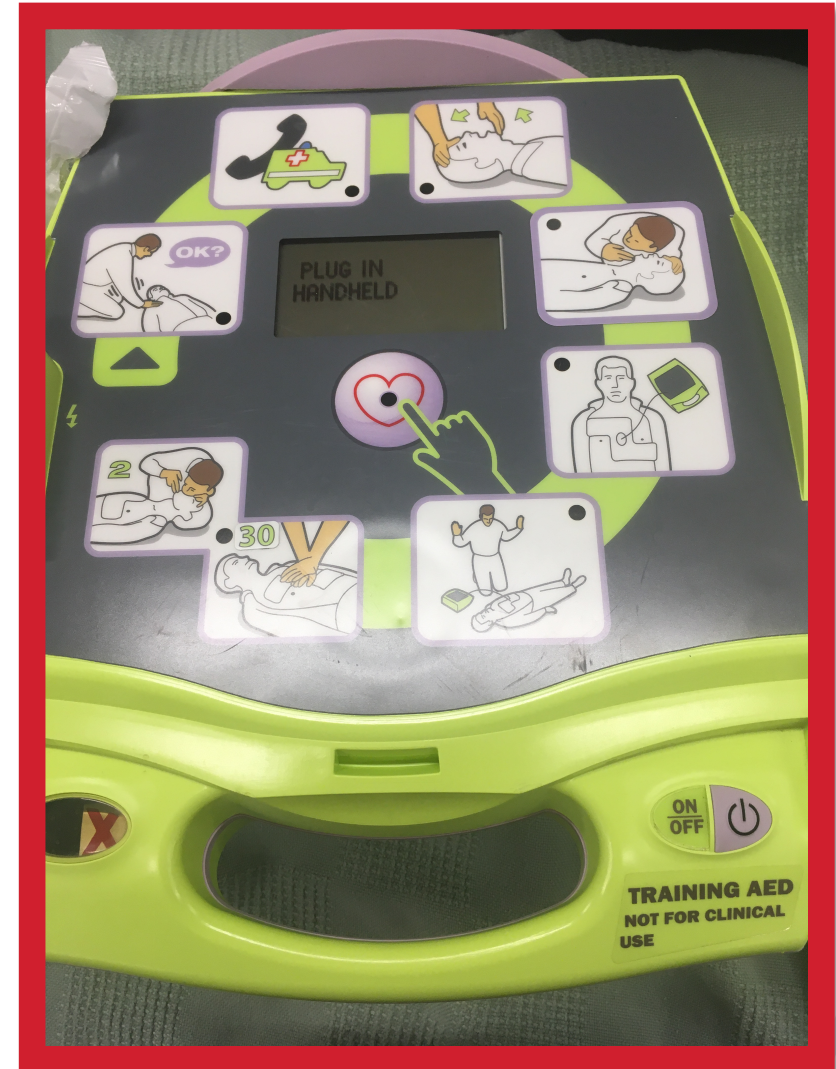
s

Simulation Role assigned to another
observer

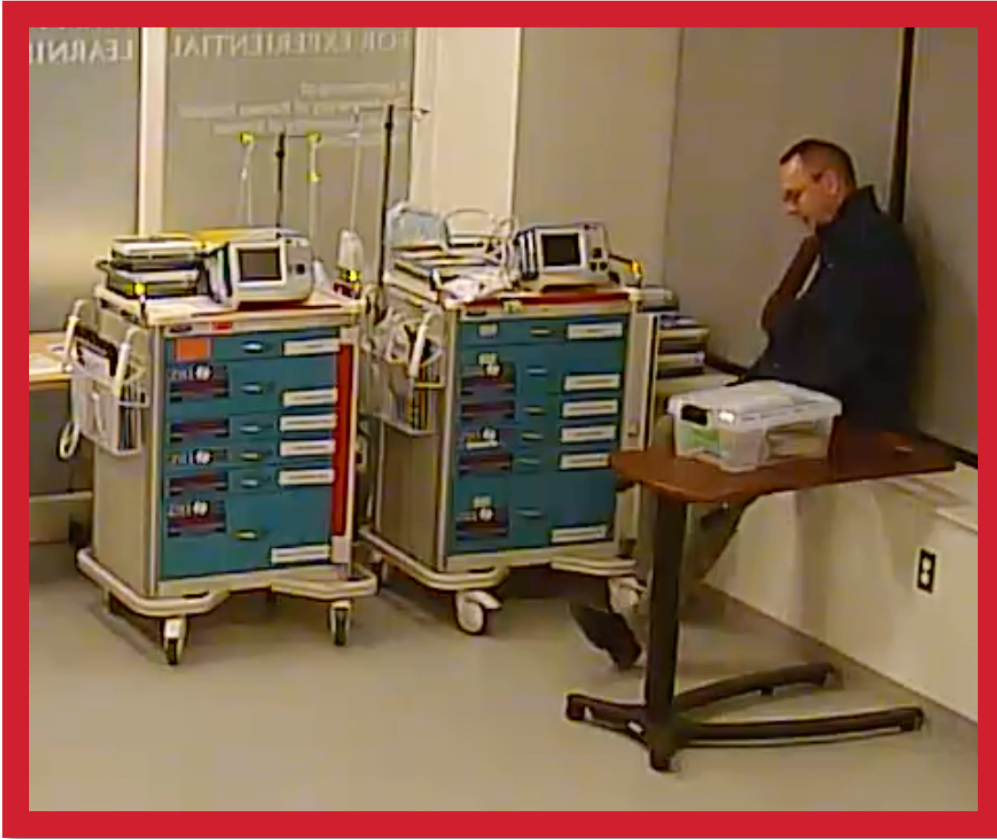
the Role didn't need to be clinical
observers to our equipment
the nature of the event to allow team
to observe without walking to the
equipment

1/27/2020 Optional AED Practice & Checklist Review

- Hands on practice with AED
- Workshop activity to practice checklist
 - Role play scenarios
- Experience using messaging app prior to next sim event



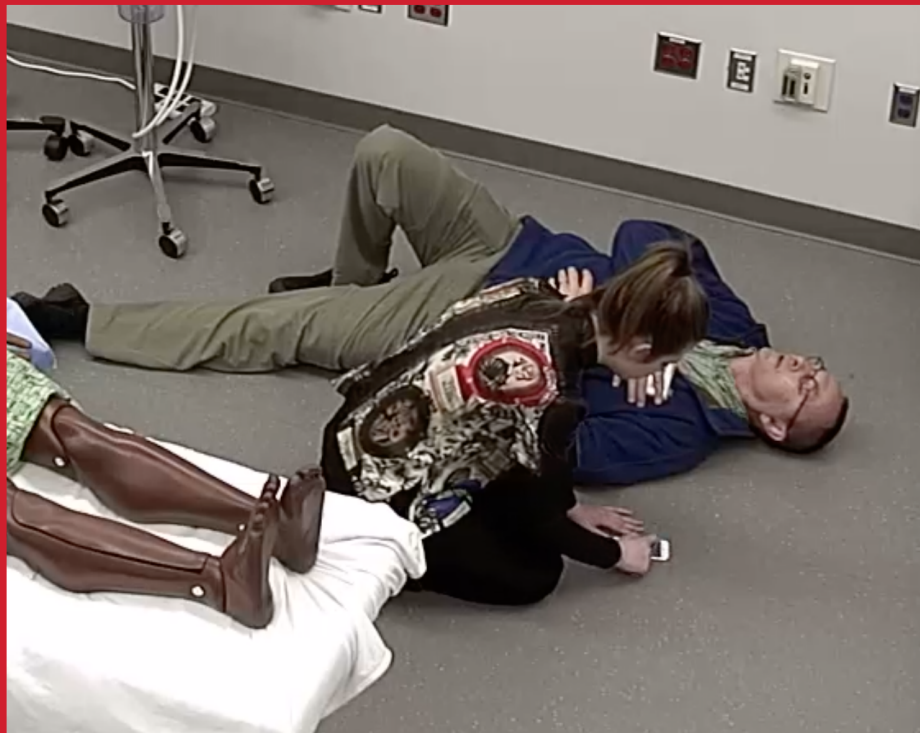
1/29/20 Immersive Simulation Event #2- SP Chest Pain



Logistics:

- Same case as 1st sim event
- Different standardized patient
- Only ZIEL team, not RRT Team
- Only 1 case per location, not 2
- Added video streaming viewing for sim observers

1/29/20 Immersive Simulation Event #2- SP Chest Pain



6/1/20 & 6/8/20 Deliberate Practice Sessions

Why

- Request from staff for opportunity to practice all roles
- Wanted a bleeding patient, needed content



How

- Stop the Bleed® Course
- Emergency Safety Checklist Practice
 - Small groups for activation/assigning roles activity



6/1/20 & 6/8/20 Deliberate Practice Sessions

ZIEL MEDICAL EMERGENCY CHECKLIST (pg. 2)

| | |
|-------------------------------------|--|
| PATIENT CARE LEAD | <ul style="list-style-type: none"> Do not move the patient [Non-Clinical] Stay with patient, provide reassurances, obtain basic information (name, symptoms, etc.) [Clinical] Provide first aid/CPR, as needed Hand-off information to Rapid Response / Code Blue Team upon arrival |
| DEFIBRILLATOR LEAD | <ul style="list-style-type: none"> Retrieve defibrillator (AED) and/or Stop-the-Bleed Kit <u>ZOLL AED Plus and Stop-the-Bleed Kit Locations</u> <input type="checkbox"/> Sudler - Ground Floor near elevator <input type="checkbox"/> HEB - 4th Floor, outside of room 4233 (ZIEL Medication Room) |
| SAFETY LEAD | <ul style="list-style-type: none"> Prevent use of simulation equipment & supplies with potential for further harm (e.g. defibrillation, invasive devices, modified or re-used supplies, simulated medications/flushes, etc.) Cover devices and equipment with blanket or sheet to prevent use Remind individuals, "Remember, this equipment or supply that you are about to use is used for simulated purposes." |
| GREETER and CROWD CONTROLLER | <ul style="list-style-type: none"> Meet emergency responders and direct them: <ul style="list-style-type: none"> <input type="checkbox"/> Sudler: in front of Simulation Prep South - G004 door <input type="checkbox"/> HEB: outside of elevators Obtain wheelchair and/or stretcher from ZIEL storage Maintain crowd control by minimizing bystanders |

DOUBLE-CHECK

- [1] Ensure ZIEL equipment and supplies do not leave ZIEL space
- [2] Check-in with available ZIEL Director in person or remotely
- [3] Notify Director of Business Operations for record keeping

ZIEL MEDICAL EMERGENCY CHECKLIST (pg. 2)

| | |
|---------------------------|--|
| PATIENT CARE LEAD | <ul style="list-style-type: none"> Stay with patient, provide reassurances, obtain basic information (name, symptoms, etc.) Continuously engage in conversation in order to monitor for changes Provide first aid/CPR per level of clinical scope, as needed Hand-off information to Rapid Response / Code Blue Team upon arrival |
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| SAFETY LEAD | <ul style="list-style-type: none"> Prevent use of simulation equipment & supplies with potential for further harm (e.g. defibrillation, invasive devices, modified or re-used supplies, simulated medications/flushes, etc.) Cover devices and equipment with blanket or sheet to prevent use For non-prohibited equipment or supplies, caution individuals, "Remember, this is used for simulated purposes." (e.g. oxygen delivery devices, expired consumables such as dressings, bandages) |
| GREETER | <ul style="list-style-type: none"> Meet emergency responders and direct them (they might come in waves): <ul style="list-style-type: none"> <input type="checkbox"/> Sudler: in front of Simulation Prep South - G004 door <input type="checkbox"/> HEB: outside of elevators Obtain wheelchair and/or stretcher from ZIEL storage |
| CROWD CONTROLLER | <ul style="list-style-type: none"> Maintain crowd control by minimizing bystanders Remove learners and additional people from the space, as needed |

DOUBLE-CHECK

- [1] Ensure ZIEL equipment and supplies do not leave ZIEL space
- [2] Check-in with available ZIEL Director in person or remotely
- [3] Notify Director of Business Operations for record keeping

6/10/20 Immersive Simulation Event #3- SP Bleeding

Logistics:

- Strategic placement of staff in sim spaces
- Advance notification to observers on viewing options/response

Case:

- SP with bleeding wound on arm
- Used wearable arm wound and blood pump
- Safety Monitor for safety in event

Agenda:

- 8am – 8:30am: Pre-brief (Zoom)
- 8:30am – 9:25am: HEB x1
- 9:40am – 11:00am: Sudler x1



6/10/20 Immersive Simulation Event #3- SP Bleeding

Gaps Uncovered

- Continued improvements needed for group messaging app
- Logistics and video streaming/Zoom worked well

Future Plans for Implementation

- Cancelled January 2021 event due to COVID surge
- Start the scenario with only non-clinicians present
- Inclusion of sim instructors in event as learners





Results Reflections

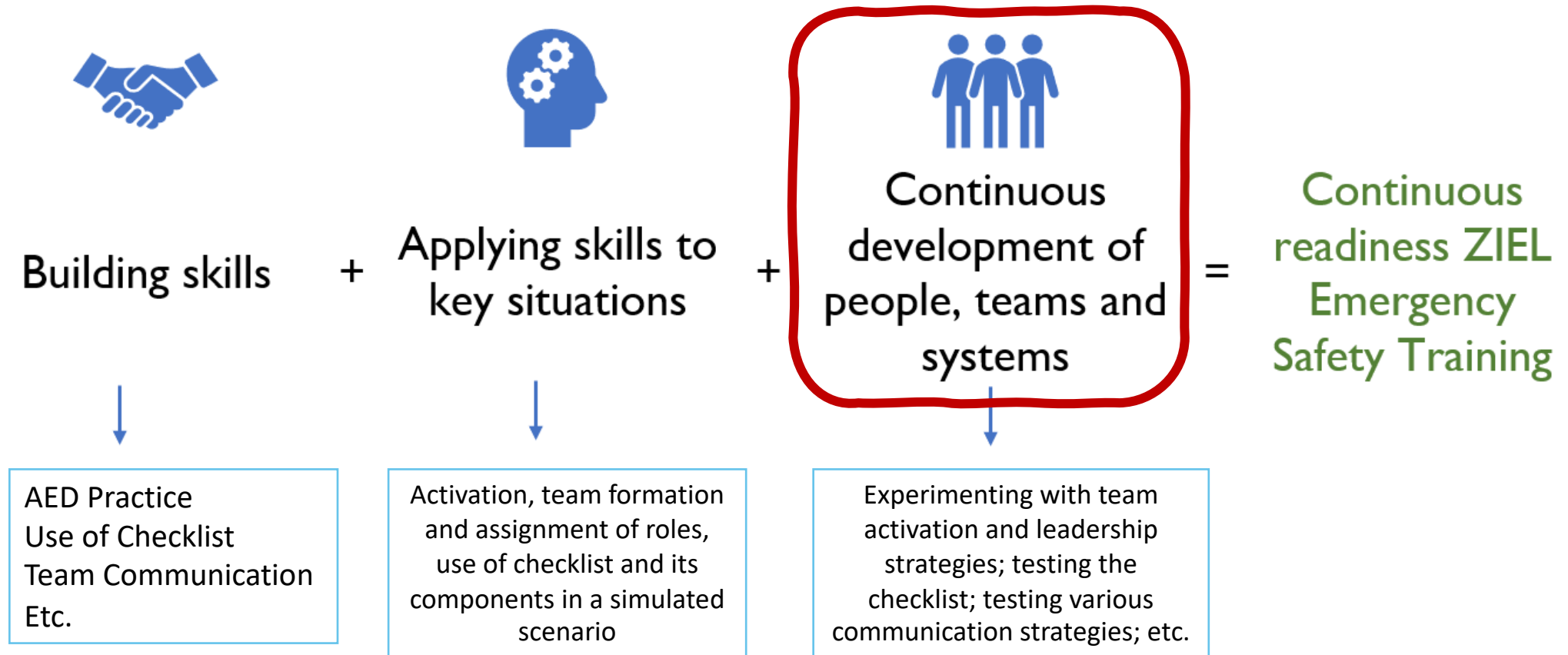


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Continuous Development Process

Post Event Survey Topics



Instructor performance



Session Content, structure, logistics



Self Assessment of the impact of training



Open ended Comments from learners

Post Event Survey

Results

Extremely/Very Confident I will apply what was practiced in an actual emergency after training.

1st Event 86%



2nd Event 57%



3rd Event 95%



16 participants completed the 1st event survey
21 participants completed the 2nd event survey
19 participants completed the 3rd event survey

Post Event Survey

Results

Training will contribute to improving quality and/or safety of care.

1st Event 87%



2nd Event 86%



3rd Event 79%



16 participants completed the 1st event survey
21 participants completed the 2nd event survey
19 participants completed the 3rd event survey

Post Event Survey

Open Ended Comment Themes.

Second Event



Advantage of Continuous Development approach

“I liked seeing the overall refinement of our safety processes. I think each time we work through this it helps in feeling more confident and prepared to implement what we are learning.”

“I also think our process has become much more refined, and I appreciate the iterative approach.”



Valued being a Participant in a Simulation

“Experiential part was vastly different from the tabletop exercise and understand why its important to go through the experience”

“I liked being able to actually experience being in an event rather than just hearing about it. I also think that I would be much more comfortable in the future if I am in this situation. “

Post Event Survey

Open Ended Comment Themes.

Third Event



Importance of Cognitive Aids in performance



Importance of Practicing all roles of the response team



Valued Specific event training content. Eg. Stop the Bleed training

Post Event Survey

All Events

Most cited Open Ended Improvement Comment



MORE PRACTICE

Specific Tasks such as AED, CPR, etc.

Different settings and types of emergency

Team practice of the process, all roles

The Real Question: What would happen if a participant experienced a Medical Emergency.



During a Covid Code Blue training session we found out!

Bare bones staff present due to Covid restrictions

Usual Emergency process thwarted due to Skelton staffing

Training halted, participant treated, Rapid Response responded and transferred to ED



Despite staffing challenges most aspects of the process happened

Communication for Rapid Response Team

Learner supported and handoff to RRT

Staff covering equipment/supplies

Staff grabbing the correct for-human-use defib, etc.

Key Takeaways

Benefit
vs Cost

Scalable to
Level of
Resources

Utilize
Shared
Templates

Continuous
Improvement
Process



Thank You.

Please do not hesitate to contact us if you have any questions.



Scan to Access Course Handouts

Or visit:

<https://bit.ly/3oxnexi>

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