



GLOBAL NETWORK
FOR SIMULATION
IN HEALTHCARE

"Shaping Simulation to Improve Healthcare"

What will it take to Improve Patient Safety?

IMSH Workshop – February 5, 2021

Presenters: Carol Durham, Lennox Huang, Lucas Huang,
Michael Seropian, Pam Jeffries



Objectives:

- ▶ Discuss efforts utilizing healthcare simulation to improve patient safety
- ▶ Describe the goals and intended outcomes of utilizing real patient stories in team training
- ▶ Discuss a novel high frequency, low dose model of team engagement



Founding Organizations



GNSH Collaborative



GNSH – Global Network for Simulation in Healthcare

- ▶ GNSH formed in 2010
- ▶ Membership from leading international organizations and corporations
- ▶ 2018 - Shaping Simulation to Improve Healthcare
 - ▶ Began developing simulation around challenging issues facing healthcare Systems
 - ▶ **Sepsis, Hospital Acquired Infections, Medication Errors**
- ▶ 2019 – Simulation transitioned to **Team Engagement**

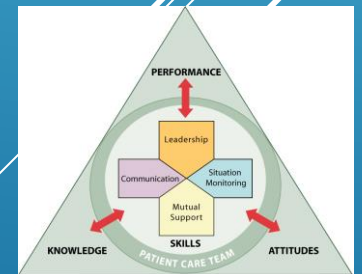
Remembrance for Chad Epps

- ▶ Chad was GNSH President ...
 - ▶ He passionately believed in our mission
 - ▶ He wanted to impact Healthcare Systems
 - ▶ Rethinking how we could advance the methodology of using simulation to help improve healthcare systems globally
- ▶ 30 seconds Silence to remember his impact for all of Simulation



Still Not Safe

- ▶ More than 2 decades since publishing To Err is Human and the call to action, healthcare is still not safe.
- ▶ Teamwork, communication and collaboration continue to be the key contributors to sentinel events and preventable harm
- ▶ How to make a substantial impact on patient care?
 - ▶ GNSH designed team engagements around real patient stories
- ▶ What is doable within current healthcare systems?
 - ▶ 30 minutes
 - ▶ Not enough time for full scale simulation
 - ▶ Focus on patient stories as springboard for team discussions



Training Solution Challenges in Healthcare Systems

- ▶ Limited Resources
 - ▶ Time (45 minutes is too much)
 - ▶ Money (who is going to pay for this)
 - ▶ Faculty (who can you get to facilitate)
- ▶ Solution tailored for your staff's needs
 - ▶ Proof that solutions will work ... staff buy-in
 - ▶ Too difficult to implement and manage
 - ▶ Solutions designed at xxx need to be localized



Goals of 30-Minute Weekly Team Engagement

- ▶ Create safe space for healthcare teams
- ▶ Use high frequency, loose dose model
- ▶ Learn from real stories to prevent similar healthcare errors
- ▶ Strengthen team communication and collaboration
 - ▶ Understand each others' roles & responsibilities
 - ▶ Recognize shared values and ethics
 - ▶ Identify systems issues

.....all within 30 minutes!

Freely available to every healthcare team around the world



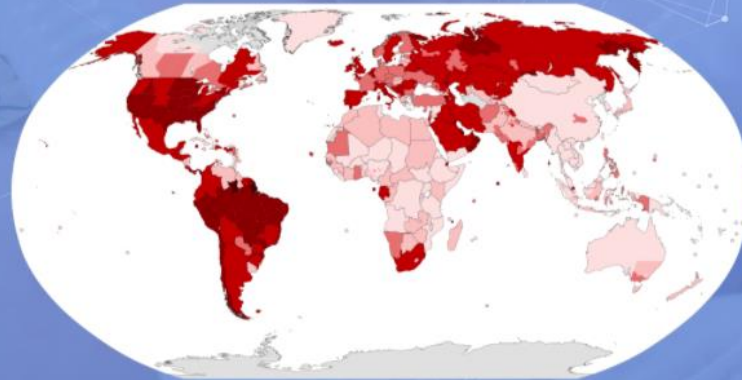
Improve patient outcomes and the culture of teamwork and collaboration

GNSH.org



Shaping Simulation

to Improve Healthcare



30 Minute Team Engagement
Structured Patient Care stories to
challenge healthcare teams



GNSH Toolkit
Tools to help make the case for
simulation to decision makers

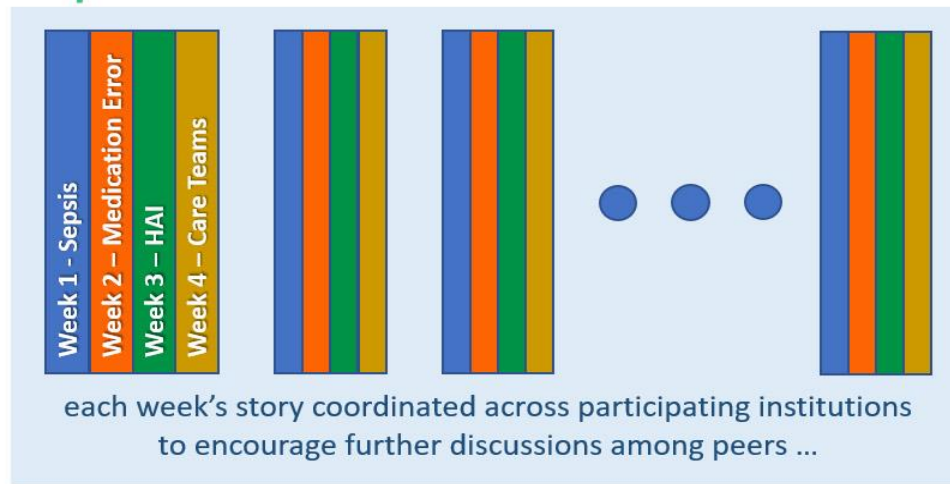
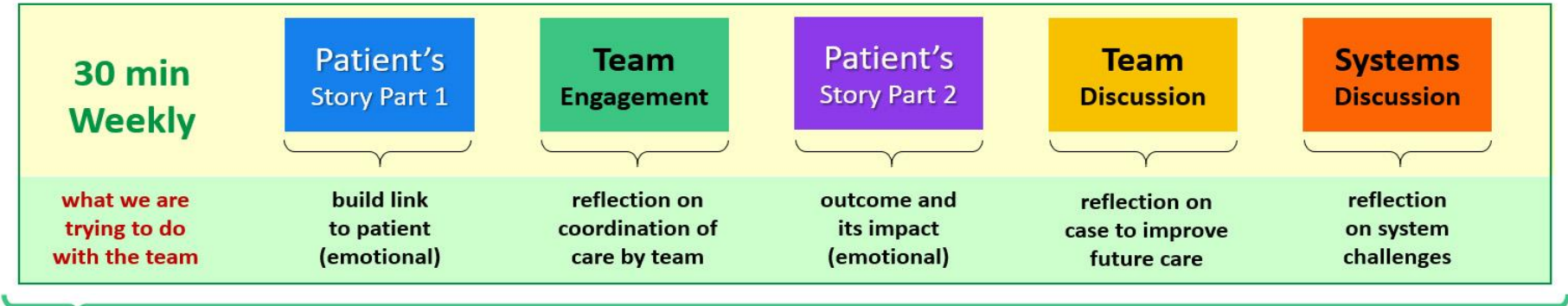


GNSH 2020 Summit
Virtual Conference: August 26 & 27
Summit Playback

30 Minute Weekly Overview

GNSH 30 Minute Weekly Initiative

(in collaboration with Patient Safety Organizations)



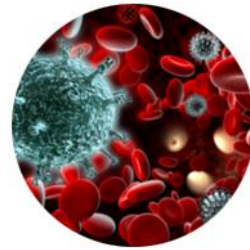
- each Trauma team
- each ED team
- each ICU team
- each OR team
- each LDR team
- each Sanitation team
- each Legal team
- each Admissions team
- each Lab team
- each Radiology team
- ...
- ...
- ...
- each XXX team

- each hospital in USA
- each hospital in Canada
- each hospital in UK
- each hospital in Australia
- each hospital in China
- each hospital in India
- ...
- ...
- ...
- each hospital in XXX



30 Minute Weekly Stories

- Sepsis
- Medication Errors
- HAI
- Care Teams



Sepsis



30 Minute – Nile Moss



30 Minute – Rory Staunton



30 Minute – Kate Hallisy



30 Minute – Sam Morrish



Medication Errors



30 Minute – John LaChance



30 Minute – Leah Coufal



30 Minute – Lewis Blackman



Healthcare Associated Infections (HAIs)



30 Minute – Nora Bostrom



30 Minute – Bill Aydt



30 Minute – Alyssa Hemmelgarn



30 Minute – Alicia Cole



Care Teams



30 Minute – Donna Penner



30 Minute – Gwen Cox



30 Minute – Annie



30 Minute – Karen

Solutions

- ▶ Case development – with engaging story related by patient, staff, or family to create early emotional buy-in (currently 15 stories)
- ▶ Guidance for facilitators
 - ▶ Principles of good facilitation
 - ▶ On screen prompts
 - ▶ Specific guidance for each case



30 Minute Weekly - example: Annie

Story from the perspective of the patient, the patient's family, or the provider



2 min



10 min



Clinical issues



5 min

Team performance issues



5 min

Systems issues



5 min

High Frequency / Low Dose ... Translation to Goals

- ▶ A 10-15 minute focused weekly team engagement (built around a specific clinical challenge) followed by 15- 20 minutes of structured debriefing
 - ▶ every team will have spent 25 hours team building (25 hours of potential CME for every team member)
 - ▶ each individual team member will have spent 4 hours reflecting on what they could have done better
 - ▶ each individual team member will have spent 4 hours understanding the patient impact (safety and compassion)
 - ▶ each individual team member will have spent 4 hours thinking and sharing of how the system could be better
- ▶ for a 250 bed hospital
 - ▶ 4000 hours focused on patient safety
 - ▶ 8000 hours on process improvement
 - ▶ 26,000 hours of team building



Engagement Utilization Data – since March 1



Pandemic Usage: Results

- ▶ Hospital pilot launch delayed due COVID-19
- ▶ Academic educators began using for educational requirements
- ▶ Pre-pilot evaluation survey developed to capture usability and outcomes
- ▶ 138 surveys → most frequent
 - ▶ Care Team: Karen 24 (17.4%) and Gwen 14 (10.1%)
 - ▶ Medication Errors: John 14 (10.1%) and Leah 14 (10.1%)



<https://is.gd/30minExample>

Pandemic Usage: Population & Setting

Organization setting:

- 72 (51.8%) Academic
- 2 (1.4%) Hospital
- U.S. and Canada



Populations:

- Nurse educators
- Students: Undergraduate & graduate students (65 (65.0%) Nursing)

Purpose:

- Teaching tool (50.9%)
 - Fulfilling clinical and didactic requirements
- Individual self-improvement (28.3%)
- Group/team [2-8 people] engagement (17.9%)

Pandemic Usage: Academic Institution Utilization

Cases:

- 66.3% used one case
- 10.8% One case used over multiple weeks varying from 4-19 weeks
- 2.9% used cases across 12 weeks – pilot design



Used as group learning:

- 37.7% had a designated leader
- 72.5% cases prompted discussion
- 4.3% reported interprofessional collaboration
- Most stated promoted interprofessional communication

Patient safety concerns discussed:

- sepsis
- medication errors
- hospital associated infections (HAIs)
- care team issues
- systems issues
- 93.5% discussed solutions to safety concerns

Pandemic Usage: Outcomes

Most were likely or very likely to:

- Use case content in future practice (mean = 4.4)
- Practice differently in the future (mean = 4.4)
- Recommend the cases to a colleague (mean = 4.4)

Learning themes (from open-text responses):

- Sepsis risks and protocols
- Medication safety and monitoring
- Infection control
- Patient advocacy
- Clarification of orders
- “Trusting your gut”

Exemplars (undergraduate & graduate students)

- ▶ Undergraduate & Graduate
- ▶ Capstone/Leadership courses
 - ▶ Students are on a risk management committee reviewing cases
 - ▶ Examine/contrast cases involving errors on a unit, across multiple units, system-wide
- ▶ Interprofessional experiences (Multi-school Collaborative)
 - ▶ Medicine, nursing, pharmacy students
 - ▶ Objectives from IPEC Competencies



Engagement Strategies (synchronous & asynchronous)

- ▶ Pre-assigned readings
- ▶ Unfold the case with synchronous discussions
- ▶ Small groups in breakout rooms discuss one aspect of case (clinical, team, systems); report back to large group
- ▶ Assume roles/perspectives of practitioners in the case
- ▶ Post-assignment: reflection papers
- ▶ After doing one case as a group..
 - ▶ students choose a case
 - ▶ work in small groups
 - ▶ post reflections/insights/learning points on discussion board
 - ▶ others review and comment



Testimonials

STUDENTS:

- ▶ “Provided good insight to what can happen when healthcare teams do not work together. The result is poor patient outcomes.” - DPM student
- ▶ “Helped me critically think about what can happen when we don't communicate or advocate for our patients.”. - Pharmacy student
- ▶ “The cases are both touching and powerful – brings home the importance of good team interprofessional communication.” – BSN nursing student

FACULTY:

- ▶ “Class went over time and no one complained!”
- ▶ “Many students went back to site and reviewed all cases.”



Cases in the Works ...

- ▶ Staff Resilience (Post Covid-19 Recovery)
 - ▶ Provider to Patients
 - ▶ Provider to Provider
 - ▶ System to Providers
 - ▶ HR to Providers



Interested in being a part of this important work??

- ▶ email – executive@gnsh.org
 - ▶ subject line: **Pilot Inquiry**
 - ▶ subject line: **Case Development**
 - ▶ subject line: **Share a Story**
 - ▶ subject line: **Toolkit**

Q & A



GNSH TOOLKIT

- Decision Makers**
Motivations and priorities of decision makers, their values and drivers.
- Making the Case**
How to identify the needs for your institution, discuss with decision makers.
- Case Repository**
Success Stories, Improvement Metrics to share with your decision makers.
- Sharing your Solution**
Share your success stories so others can benefit from lessons learned for success makers.