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Collaboration, Chaos, and Compliance: A Pilot Study Merging Clinical Practice and Academia

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Background

Outcomes of recent disasters have proven that United States healthcare organizations are not prepared to handle the challenges of disasters (Johnson, 2017). In accordance with The Centers for Medicare & Medicaid Services Emergency Preparedness Rule (CMS, 2017), a full scale active shooter in situ exercise was organized in July 2017 at a local home health/hospice organization in collaboration with an academic institution’s second degree, accelerated track, nursing, local emergency medical services, and law enforcement authorities. In situ simulation is a realistic, team-based strategy that takes place during the workday with on-duty administrative and clinical staff. It includes briefing of participants, a real-time scenario, debriefing, and identifying system issues. Principles of the Chaos theory were used in the development of the in situ exercise. Strategic planning, benefits of using in situ simulation, challenges, knowledge gaps, and lessons learned will be discussed during the presentation. In situ simulation has proven to be an innovative tool to increase knowledge and communication during a disaster exercise.

Methods

This study used a mixed methodology. Centers for Medicare and Medicaid Services (CMS) criteria Homeland Security Exercise and Evaluation Program (HSEEP) guiding principles for disaster exercises. Exercise Design and Conduct Participant Assessment and Feedback Forms were based upon HSEEP guidelines included seven Likert style questions, seven yes or no questions and three essay type questions.

Theory

In home health and hospice organizations, the norm is an orderly delivery of care. In a disaster these processes can be disrupted. A component of the Chaos Theory requires a relationship between chaos and order. The response to a disaster may appear chaotic, however without the response to the simulation experience the normal system boundaries cannot be tested (Sinclair, 2014).

Results

The National Preparedness target capabilities tested were planning, communications, risk management, community preparedness and participation, and training and testing. The results from the post exercise survey, Participant Assessment and Feedback Forms, included the following major strengths; training and testing (education), training and testing (practicing skills), emergency preparedness, communication, and realistic/realism (live actors). With regards to the communication theme, the Jung, Aga, and Burnett study illustrated the benefits of an in situ simulation to improve participant knowledge and communication during a disaster situation (2016).

Global Implications

Natural and manmade disasters have become more common and do not discriminate over geographic boundaries (Veneema, Andrews-Losinski, & Hilmi, 2016). This pilot study addresses the importance and
benefit of partnerships between clinical practice and academia and the benefit to vulnerable populations. These benefits translate from a local to a global perspective (Sinclair, 2014).

Conclusion

The experience and subsequent evaluation by the VNA and Hospice leadership team and employees provide a clear view and guidance for future exercises. The exercise was beneficial for the university and the organization. This pilot study provided an opportunity for both clinical practice and academia to merge in the participation, development, planning, execution, and evaluation of the CMS required exercise following the September 2016 rule. The addition of realism along with the nursing student participation tested the ability of the home health and hospice organization participants to come together in an orderly manner during the in situ disaster experience.

Title:
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Keywords:
disaster nursing, hospice and in situ

References:


Abstract Summary:
An in situ active shooter exercise was conducted with Baccalaureate nursing students and a home health and hospice organization in response to the new CMS Emergency Preparedness Rule. Tips for planning the exercise, participant feedback, and global implications will be discussed.

Content Outline:
Introductions

Overview of In Situ Exercise

- Description of key community stakeholders, accelerated nursing students
- VNA organizational Structure
- Mission of VNA and CMS Rule

Overview of CMS Emergency Preparedness Rule established on November 16, 2017

- 4 elements of the Emergency Preparedness Rule
  - Risk Assessment
  - Policy & Procedure
  - Communication Plan
  - Training & Testing

Chaos/Systems Theory Framework

Planning the exercise

- Costs—employee, administration, marketing, actors, students, moulage, signage, misc/supplies  FEMA HSEEP Guidelines

Results

- Participant feedback forms

Potential benefits of In Situ exercise

- Risk reduction, cost effective, community impact, compliance/accreditation, testing the plan

Global implications of disasters

Future exercises

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