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Engaging Nurses in Code Skills to Promote Interdisciplinary Teamwork

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Background

In our small community hospital we have developed a robust simulation program that engages interdisciplinary teams to participate in low volume, high risk simulated situations. It is important to involve the disciplines one would call on in an actual emergency in the simulation to promote psychological reality as well as allow the simulation to progress as close to real life as possible to identify areas of success and challenges. Teamwork in emergency situations can be challenging, especially with ad hoc interdisciplinary teams.

An identified weakness in our current program was that most code simulations were voluntary, scheduled simulations. While these have value in practicing technical skills and teamwork, the emotional urgency is difficult to induce. There are also challenges in getting the correct complement of emergency responders, as these mock codes tend to be unit based, or groups from the same discipline participate together. As a result, there is not the opportunity to practice in unfamiliar groups that would be present in an actual code situation. This initiative is to institute over head announced Code Blue that bring the actual ad hoc code team for that day to the simulation. Only on arrival will they become aware that it is not an actual patient emergency, yet they are still required to complete the simulation and debriefing.

Plan

A priority in the simulation program is emergency situations involving high risk/low volume events, which in our hospital includes codes in the medical surgical area. One way to achieve engagement and produce system outcomes is to develop scenarios that challenge the team to use their knowledge and teamwork skills. This will engage an interdisciplinary team to recognize an emergency situation and provide care, allowing the facilitators to observe the skills and team dynamics. The debriefings promote input on areas for quality improvement, policy review, equipment recommendations, and opportunities for promoting teamwork and collaboration.

This initiative comes from review of code situations and the desire to reinforce new protocols developed, including the identification of code leader by lanyard, minimize overcrowding, and standardize the expectation of a debriefing following the event. While stakeholders verbalize buy in, these are noted to not yet be fully consistent in the current culture.

The planning committee first obtained permission from senior leadership to utilize overhead paging for these simulations, to promote reality. We then reach out to the clinical supervisor on the day we plan a mock code. This is to assess if staffing and current situations in patient care areas will allow the code team to respond without any impact to actual patient care, as well as to secretly reserve a patient room to set up our simulator prior to calling the "code". We require an unoccupied room, ideally near the elevator or stairwell to allow undetected set up time. We also notify the emergency department, as at times there is only one provider on, and request they send the paramedic in place of the emergency room physician, which is the back up plan per our policy. This allows the hospitalist physician experience running the code, and the paramedics time to work with the code team outside of the ED. The team uses actual equipment from their area, to allow assessment of timing to obtain, and any issues with use. At times, if the code leader is someone from the planning team, we arrange to have them give an order that deviates from Advanced Cardiac Life Support protocol. If no one questions it, we then discuss the importance of giving input to the leader if they are deviating from established algorithms during the debriefing.

Results

To date these mock codes have been well received. Participants acknowledge initially feeling stressed, and vaguely annoyed to be called to a simulation. However, in the debriefing, there is overwhelming feedback that this was more psychologically engaging, and more realistic due to the interdisciplinary team make up and dynamics. There has also been positive feedback that a post code debriefing had previously seemed daunting, but the benefit became more clear after the simulated event. There is ongoing struggle with overcrowding, but keeping data on the number of respondents arriving, versus actually being needed, will be useful in follow up code team planning.

These simulations also give an opportunity to reinforce the newest American Heart Association guidelines on effective compressions using the mannequin feedback. We continue to monitor for any adverse effects of alarm fatigue from the paging, and strive to hold these often enough to allow various team member the opportunity to participate, without over taxing our resources.

Title:

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Keywords:

Code Response, Simulation and Teamwork

References:

Agency for Healthcare Research and Quality. www.ahrq.gov/teamstepps/instructor/index.html

American Heart Association. (2015). *Advanced Cardiovascular Life Support Instructor Manual*. Dallas, TX

Abstract Summary:

Code situations are stressful and require excellent teamwork skills. This presentation details our work to engage the nursing staff in trainings to improve their confidence and skills for real life emergencies, in a more controlled setting. A variety of methods were utilized to promote maximum experience and success.

Content Outline:

- I. Introduction
 1. American Heart Association guidelines are increasingly emphasizing good quality compressions and teamwork skills as primary means to improve cardiac arrest survival.
 2. This initiative at our facility builds on past initiatives to continue to improve our code response.
- II. Body
 1. Main Point #1 Teams need the opportunity to practice teamwork to reach and maintain excellence.
 1. Supporting point #1 In the past, clinical staff take periodic refresher classes for basic and advanced life support. They have been offered elective times to practice code skills in between these biannual classes.
 1. a) *These are not always well attended.*
 2. b) *They rarely have the appropriate team complement.*
 2. Supporting point #2 These practice opportunities often lack the emotional reality of an actual emergency situation.
 1. a) *Our simulation program strives for as much reality as possible, but achieving emotional realism is the most challenging aspect.*

2. Main Point #2 The introduction of surprise, announced mock codes will add an emotional response, mandate the involvement of all the code team members, and give the opportunity for real time constructive feedback.
 1. Supporting point #1
 1. a) *The responders will be random ad hoc members working the day of the drill, reflecting the reality of an actual code situation.*
 2. b) *The facilitators will ensure there is a debriefing, to reinforce the actual practice we are striving for.*
 3. c) *The responders will not be aware that the emergency they are responding to is not an actual patient event until arriving in the room. This is to ensure actual response times, team complement, and emotional response.*
 - 4.
 3. Main Point #3 This initiative is to promote patient safety and improve patient care.
 1. Supporting point #1 A team is overseeing the planning, and reviewing each drill, to be sure there are no unforeseen impacts to patient safety.
 1. a) *Monitoring for alarm fatigue from over head paging*
 2. b) *Collaborating with Clinical Supervisor to assess if daily census and workload allows key staff to be safely away from their work area.*
 3. c) *Identifying a location to use that will not stress other patients in the vicinity.*
 - 4.
- III. Conclusion: This initiative was designed to fill in identified gaps in Code response at our facility.
1. It builds on a successful framework and was designed by experts in simulation, teamwork, and ACLS.
 2. It involves oversight and review by our Code Committee to promote ongoing benefits.

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Professional Experience: Melissa has 31 years of nursing experience as a clinician and educator. She is active in educational roles in simulation and Team STEPPS. Melissa has also worked for the past 18 years as a Family and Geriatric nurse practitioner in primary care and the hospitalist role. She has served as nursing faculty at several universities. Melissa completed her Doctorate of Nursing Practice in Educational Leadership and is involved in research with simulation, team training and education development. Melissa has spoken regionally, nationally and internationally on a variety of topics including simulation, team training initiatives, quality improvement, cardiac and pharmacology. She currently chairs her hospital Nursing Research Committee, and serves on two national research committees for nursing organizations.

Author Summary: Melissa has 31 years of nursing experience as a clinician and educator. She is active in educational roles in simulation and Team STEPPS, and works as a Hospitalist NP. Melissa completed her Doctorate of Nursing Practice in Educational Leadership and is involved in research with simulation, team training and education development. Melissa has spoken regionally, nationally and internationally on a variety of topics including simulation, team training initiatives, quality improvement, cardiac and pharmacology.