Preparation for the Unknown: Simulation-Based Training in a New Procedural PACU Area to Increase Patient Safety

Kimberly A. Potts MSN, RN, CNOR, Staci Egula MSN, RN, CCRN & Mahroz Mohammed BSN, RN, CMSRN

Methodology

- Plan
- Do
- Study
- Act

Patient Check-in (arm bands)

- Procedure: Procedure Status
- Administered Medications
- Intra-Procedure Phase
- PACU Phase

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Post-Simulation Survey Results

- Do you feel confident the clinical teams can provide safe care to patients on the go-live date?
  - Yes
  - No

Simulation Process

- Technical Readiness
- Case Study Development
- Stakeholders
- Identifying needs and concerns
- Simulation debrief sessions facilitated by PACU nurse leadership
- Post-survey for simulation participants to evaluate effectiveness of simulation, assess confidence in clinical teams & team collaboration
- Identify critical issues that would impact go-live date

Implementation

- Pre-Simulation assessment survey distributed to all stakeholders to identify primary concerns and perception of simulation
- Provided education for staff on new equipment
- Developed detailed workflow covering the multiple roles impacting the patient’s visit
- Provided a walk-through of new procedure rooms and PACU area with nursing staff prior to simulation to assess supplies and an end-user equipment availability
- Reviewed simulation scenarios with nursing staff
- Scheduled three separate simulation dates
- Feedback forms were provided to participants during simulation to record specific patient safety concerns
- Included several anticipated workflow challenges in simulation (lab testing, specimen collection & chest x-rays)

Objectives

- Preparing for the unknown: simulation-based training for new procedural and PACU area to increase patient safety
- Identifying opportunities for corrective action
- Ensuring equipment safety
- Develop additional workflow covering the multiple roles impacting the patient’s visit
- Providing education for staff on new equipment
- Facilitating post-simulation debrief sessions
- Providing feedback forms to participants during simulation

Background

- Opening a new ambulatory procedural area and post anesthesia care unit (PACU) can present potential risk of adverse outcomes. An education need was identified to establish and test workflows for three new procedural areas to ensure patient safety measures. It was determined that Simulation-based training was needed for all interdisciplinary team members working in the new procedural area. Interdisciplinary team members included all roles that would be working in the new ambulatory setting.

Planning

- Prepare timeline for pre-simulation readiness
- Identify and notify critical stakeholders to participate in each simulation scenario
- Pre-survey to assess stakeholders’ primary safety concerns
- Identify supplies, equipment and technology needed to implement simulation
- Collaborate with informatics analysts to develop test patient and simulation scenarios for Interventional Radiology (IR), Endoscopy & Pulmonary patients
- Review and block nursing schedules for participation in simulation
- Prepare simulation guide for participants
- Develop a form for participant feedback post-simulation debrief

Statement of Successful Practice

- Post-simulation survey results revealed that 91% of participants felt confident and prepared; 76% felt safety concerns were addressed; 18% identified patient safety concerns and all participants felt that their learning needs were met. Simulation framework used to open an additional new ambulatory procedural center.

Pre-Simulation Survey Results

- Stakeholder primary concerns included:
  - Adverse events
  - Procedures for handling emergencies
  - Having a “real” patient for simulation
  - Including realistic scenarios
  - Electronic health record interface with procedural operations
  - Contingency plans
  - Developing consistent practices across different modalities

Post-Simulation Survey Results

- Was your primary concern regarding patient safety in a new procedural area addressed during the simulation?
  - Yes
  - No

References


Acknowledgements

Kimberly Hammer DNP, RN, OCN
Ananda Frantzi MS, PAC
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