Preparing for the Unknown: Simulation-based Training in a New Procedural /PACU Area to Increase Patient Safety

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Background Information: Opening a new procedural area and post anesthesia care unit (PACU) can present potential risk of complications. An education need was identified to establish and test workflows for 3 new procedural areas to ensure patient safety measures. Simulation-based team training was developed for all interdisciplinary team members working in the new setting.

Objectives of Project: The goal of this training was to test new workflows to ensure efficiency and to establish patient safety measures in a new ambulatory procedural and PACU environment.

Process of Implementation: All interdisciplinary team members were surveyed prior to the simulation regarding their experience with simulation training and to assess primary patient safety concerns.

Nursing leadership and informatics analysts coordinated the simulation planning. A test patient was developed in the customized electronic health record (EHR) template for the procedural and PACU area. A detailed workflow was developed covering the multiple roles impacting the patient’s visit. Test patients were created with three separate scenarios for the different modalities. An additional scenario was included for the activation of the institutional Medical Emergency Rapid Intervention Team (MERIT).

A brief was provided prior to each simulation scenario and tasks were assigned based on roles. The scenarios followed the patient from check-in through discharge. Each simulation included several anticipated workflow challenges such as laboratory testing, specimen collection, chest X-rays and MERIT team activation.

At the completion of each simulation activity, a debrief session led by PACU nursing leadership was held to discuss identified areas of improvement, patient safety concerns, workflow challenges and team collaboration. Feedback forms were provided during the simulation to record specific patient safety concerns and barriers to providing safe care. A list was compiled to address critical needs prior to the scheduled go-live date.

A post-survey was provided to evaluate the effectiveness of the simulation activity.

Statement of Successful Practice: Post-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.

Implications for Advancing the Practice of Perianesthesia Nursing: Providing simulation training for multidisciplinary teams in a new procedural and PACU area could improve patient outcomes, establish cohesive workflows, and increase knowledge and confidence.