Preparing Surgical Services for Emergencies Using Simulations and Role Delineation
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Introduction: Our objectives were to simplify the emergency response activation and predefine role delineation to optimize communication and preparedness in pre-op, OR, and PACU. We followed the American Heart Association standards and guidelines for CPR and ACLS algorithms.

Identification of the problem: This past year, there has been an increase in medical emergencies in our surgical services department. After each debriefing, the staff indicated there needed to be improvements in communication and teamwork. Leading leadership to ask, "Would identifying role delineation and simulation mock codes increase staff confidence and improve patient outcomes?"

Methods: We held several mock medical emergency sessions throughout the year with specific scenarios, including a STEMI, a pediatric respiratory emergency, a robotic surgical emergency, a prone spinal surgical emergency, and a septic patient in Phase II recovery. Each team member was mandated to attend at least one session. Pre-mock code surveys were given using a Likert scale to collect data on staff comfort levels during code blue, medical emergencies, and role delineation.

Discussion: The staff was pre-briefed about each simulation's purpose and goals and assigned roles and responsibilities, and they were encouraged to treat it as a real emergency. The roles included team leader, primary RN, chest compressor for CPR, airway management, monitor/defib, IV/Medications (ACLS RN), recorder, runner/code assistant, facilitator (Nursing Supervisors/Director), and the roles of the surgeon/scrub tech in the OR.

Conclusion: A debriefing was held at the end of the scenarios, reviewing policy highlights, giving positive feedback, and clarifying reinforcement. These mock scenarios were meant to empower staff and increase confidence in identifying role delineation and proper communication during a medical emergency to improve patient outcomes.

Outcome: After an active code blue in the OR in early fall 2023, the team was debriefed, and it was reported that teamwork and communication had improved over the past year from the training received. The staff felt confident they understood how to identify each team member's role and anticipated each other's needs during the code.

Implications for Perioperative Nursing: There will be ongoing training and a pre-mock and post-mock survey to be completed during the 2024 year using a Likert scale to collect the data on staff comfort levels, medical emergencies, and role delineation after receiving ongoing training scenarios.