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Once upon a time...

• There was a wonderful place called University of Iowa Stead Family Children's Hospital

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Introduction

- Pediatric Specialty Clinic (PSC)
- 22 Pediatric Specialties
- 75,000 Patient Visits Annually
- Interdisciplinary Roles:
- Nurses, Nedical Assistants, Paramedics, Patient Care Technicians, Phlebotomists, Respiratory Therapists, Sonographers, Providers, Pharmacists, Clinical Technicians

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Chaos as Catalyst	
Rapid Response: July 2022 Premature, trach/vent dependent, apneic/b	oradycardic
Found Descriptions Patients had a regal responses in Patients Completing the wind comp	Palace within at 10 Sand This learning at 1

Rapid Response Event Review

- Staff discomfort with emergencies
- O Poor communication & role delegation
- O Unfamiliar with emergency equipment
- Wayfinding issues
- O Patient ID issues
- O Unclear handoff to Rapid Response Team
- Nadequate documentation
- Patient stabilized in PICU

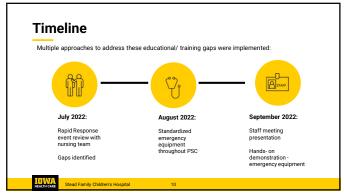


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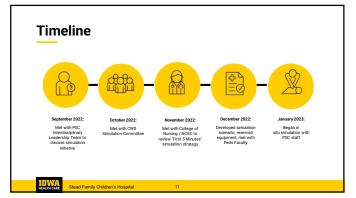
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Why Simulation?

- Ambulatory emergencies are high-risk, low frequency events
- Simulation= effective team training
- Evidence review on best practices for outpatient emergency preparedness

Evidence Review

- · Pediatric emergency preparedness in outpatient settings has historically been found to be suboptimal (Garrow et al, 2020)
- Simulation is an effective method to train resuscitation teams in the management of crisis scenarios and has the potential to improve team performance in the areas of communication, teamwork, and leadership (Murphy, Curtis, & McCloughen, 2016)
- Simulation is a widely used education strategy, yet not commonly used in the outpatient setting (Carr and Gormley, 2022)

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- · And finally! A simulation program was born...

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PSC Simulation: First 5 Minutes

- Focus on <u>recognizing</u> emergency, <u>activating</u> appropriate team, and basic care to provide before Code/Rapid Response team arrives: "First 5 Minutes"
- 30 minute in-situ exercise (pre-brief, scenario, de-brief)
 Partner with Simulation Specialist

 - High fidelity simulator (displays changes in symptoms and vital signs)
 Provide hands-on practice for patient care / use of equipment Discuss team dynamics/roles/communication strategy
- Documentation and handoff report reviewed at each
- Overall goal: repeated exposure and practice with emergency simulations will increase staff comfort and efficiency with patient emergencies

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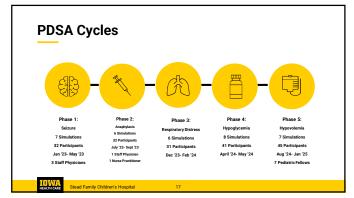
Additional work...

- Consistent learning from every event
 - October 2022 enhanced Rapid Response/ Code Blue event review process led by SFCH Quality and Patient Safety leaders
- Improved wayfinding for emergency response teams
 - Enhanced signage on main hallway staff entrances to PSC installed in June 2023

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PDSA Cycles Phase 6 (currently underway): SVT 6 simulations scheduled (5 have been completed) 30 participants have completed (7 more scheduled in last session) January 2025- May 2029 6 Pediatric Pellows

Simulation Pre/ Post Survey

- Simulation participants sent an electronic survey before and after participation in simulation
- Topics evaluated on a Likert scale:
 - Teamwork
 - Communication
 - Collaboration
 - Role delegation
 - Staff comfort
- · Subjective comments for strengths and opportunities for improvement in the program

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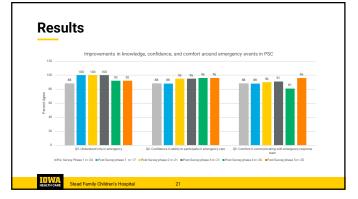
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- The team learned and practiced together, building on their skills and communication with each simulation and each Rapid Response event



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Staff Feedback:

What part of this program did you find valuable?

- · Discussion / learning after the simulation (debriefing)
- Hands on practice with simulator and emergency equipment
- Interdisciplinary communication
- Team roles and scope of practice
- Everything about the program was very valuable. The most recent simulation helped me out tremendously during an actual rapid response event. I was more confident in the roles that I needed to be apart of and was able to help delegate others to assist. I was very confident in knowing how a rapid response should be handled because of the simulation that done a week prior. Before this most recent rapid response I was not confident at all because I did not have the visualization and tools that I needed to understand my roles in a rapid response or how a rapid response should be handled.

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Feedback

"I have never been in a pediatric emergency prior to this, so having the experience of simulating a real emergency was very beneficial to my understanding of emergencies." -Nursing Assistant Participant

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Physician Feedback

"I would strongly encourage everyone who routinely practices in the PSC to take part in the PSC simulation events. I can attest that it was a very positive experience, and it was clear how much learning took place for everyone involved."

- Dr. Jason Misurac, Medical Director Pediatric Specialty Clinic

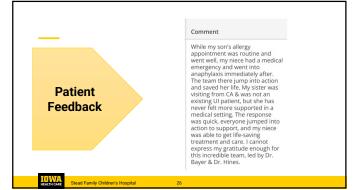


From chaos to coordination...

• An event in March 2024 highlighted how simulation and structured debriefing offered a real-life example of our shift from a reactive to proactive response...



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What we've learned in PSC...

- Frequency of emergency activations has increased
 - January 2023-March 2025: 25 Rapid Response or Code Blue events
- There are adult and pediatric emergencies in PSC
- 5 Adult Events, 20 Pediatric Events
- · Improvement as noted in pre/post survey
 - Teamwork
 - Communication
 - Collaboration Role delegation
 - Staff comfort
- The reliable, standardized interdisciplinary event reviews have been instrumental in identifying and addressing opportunities and successes



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- And finally! A simulation program was born
- The team learned and practiced together, building on their skills and communication with each simulation and each Rapid Response event
- And they lived happily ever after, supporting patients and saving lives...



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