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Reducing Out of Unit Codes by Implementing an Interprofessional Skills Day Utilizing Simulation

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Objective Statement:

To reduce the number Medical Response Team (MRT) calls that progressed to out of unit codes (OOUC) by facilitating teamwork through interprofessional training utilizing simulation.

Significance & Background:

Positive outcomes during a Code Blue are often largely dependent on the synergy or high quality interrelated performance of the team during the code. Smooth and efficient collaboration throughout this stressful situation is essential to the survival of the patient. Sentara Leigh Hospital (SLH) uses Relationship Based Care to guide clinical practice. An integral part of this theory is the use of team relationships to deliver high quality care. As many disciplines respond to a Code Blue at SLH, it is essential that interprofessional collaboration be nurtured. Simulation provides an environment in which these disciplines can “practice” the skills of a code situation together and receive timely feedback on performance of key skills that will be essential when applied to real patients.

Purpose:

In January 2014, the SLH Education Team identified that SLH had experienced a rise in Out of Unit Codes (OOUC). Knowing that ultimately the prevention of progression from MRTs to OOUC relied largely on a high-functioning MRT team, an educational opportunity was created utilizing simulation for the ICU and Respiratory Therapy staff.

Intervention:

In February 2014, after identifying that the number of Out of Unit Codes were increasing, a Code Blue class was designed that was intended to be incorporated into SLH annual Skills Day, which every ICU registered nurse (RNs) and respiratory therapists (RTs) is required to attend. This provided an opportunity for those RNs and RTs to respond to MRTs in order to develop lifelong skills that would prevent MRTs from progressing to OOUCs. Skills day takes place in SLH’s Simulation Lab, which includes a high-fidelity mannequin and simulation technology that allow Educators to create real-life scenarios, while providing a safe place for RNs and RTs to practice care.

Intervention Continued:

The class began with the educator giving a handoff on the “patient” to participating RNs and RTs. Both disciplines were asked to perform various tasks, at which point the “patient” began to decompensate. A MRT was called, which had the potential to evolve into a Code Blue. ICU clinical nurses and respiratory therapists would work together towards the prevention of a Code Blue, or in the case of a Code Blue, resuscitation of the patient. After the simulation scenario, the Educators facilitated a debrief with the clinical nurses and respiratory therapists and collaboratively identified areas for improvement.

The ability to practice collaboration and communication with another discipline was invaluable, particularly as it is an essential skill during a MRT and Code Blue situation. Incorporating an interprofessional Code Blue simulation has reduced the number of MRTs that progressed to OOUCs at SLH. This intervention reinforced the development of team relationships, central to the SLH care delivery system.

Evaluation Strategy:

Ongoing monitoring of the monthly rate of MRTs that progressed to OOUCs.

Conclusion and Implications:

The redesign of Skills Day for ICU nurses and Respiratory Therapists was overwhelmingly positive. Incorporating an interprofessional Code Blue simulation has reduced the number of MRTs that progressed to OOUCs at SLH in 2014 from 6.7% in March 2014 (time of intervention) to 2.4% or less from April to December 2014.

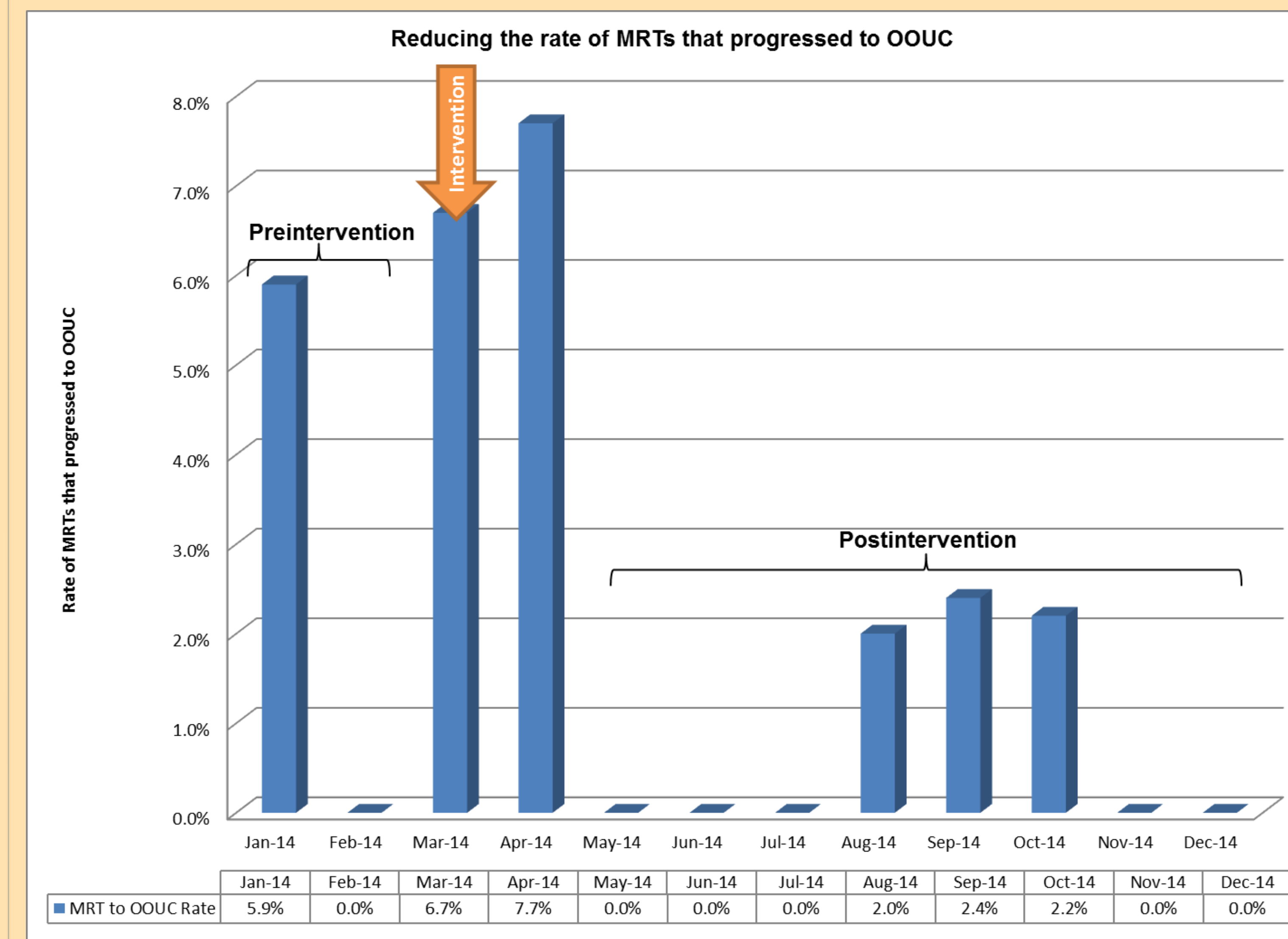
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References

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Findings:



SLH RNs and RTs debrief after a Code Blue Simulation



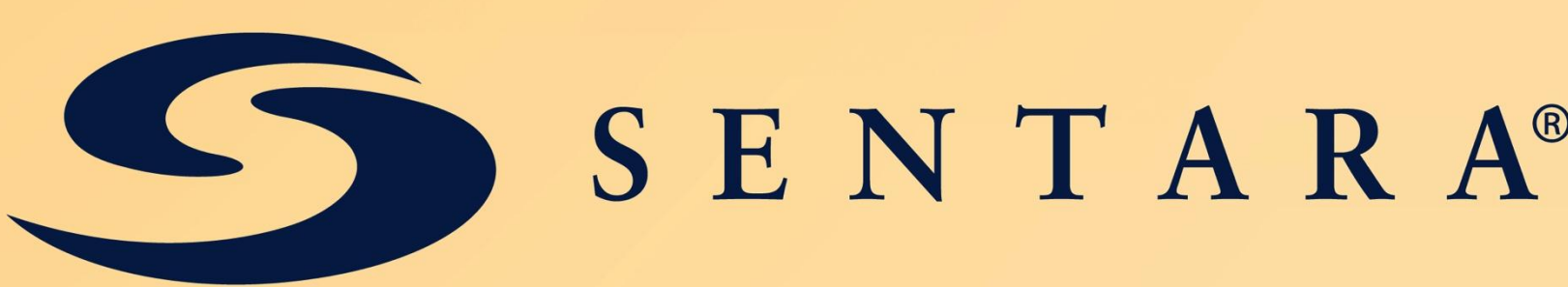
From left to right: Cindy Hurd, RN; Michele Quick, RT; Carla Settlemyer, RT; Celeste Perrin, RN; Marcia McNelly, RN; Armi Gonzales, RN (picture by Betsy Ryland, RT)

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