What’s in Your Simulation?
Panel Discussion of High Fidelity Simulation in the Acute Care Setting

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Tara Miltner, BA, EMT-B, CHSOS
Crystal Bencken, MSN, RN, CEN, CPEN, CHSE
Disclosures

Dawn Swiderski
• Relevant financial relationships
  – Receives honoraria for Certified Healthcare Simulation Educator readiness review courses
• Relevant nonfinancial relationships
  – Society for Simulation in Healthcare Accreditation Reviewer

Tara Miltner
• Relevant nonfinancial relationships
  – SSH Simulation Operations and Technology Section
  – Certified Healthcare Simulation Operations Specialist Readiness Review Committee

Crystal Bencken
• Nothing to disclose

Stacy Capel
• Nothing to disclose
Objectives

• Describe simulation projects occurring throughout two different hospital systems
• Discuss practice improvements and educational initiatives based on the project results
• Share challenges and successes for these simulation programs
• Participate in an open forum discussion on simulation in the acute care arena
Standards

- Collaborative
- Integrated
- Bi-directional
- Quality
- Risk Management
- Enhance patient safety
- Improve outcomes
Why do you want Systems Integration?

• Institute of Medicine’s (IOM) reports on patient safety
• Agency for Healthcare Research and Quality (AHRQ)
  – Patient Safety Indicators
• Joint Commission
  – National Patient Safety Goals
• Centers for Medicare and Medicaid Services (CMS)
  – Pay for performance clinical quality measures
  – Value based purchasing initiatives
    • Process
    • Patient experience
Where to Start

• Get involved with the system
  – Define stakeholders
  – Committee involvement
    • Patient Safety
    • Quality
    • Curriculum Development

• Ask for data on common themes /medical errors
  – Bi-directional feedback
    • Provide data from simulation back to system
  – Source of innovative ideas

• Align with strategic system initiatives
  – Process improvement
  – Systems testing
  – Competency assessment
  – Product Evaluation
  – Research
  – Team Training

• Bring the system to you
  – Simulation Steering Committee
  – Simulation Alliance
Simulation in the Novant Nation

Stacy Seay Capel, MSN, RN, CHSE
NOVANT HEALTH

23,807 Employees
530 Locations
13 Medical Centers
4 States
- North Carolina
- Greater Charlotte Market (GCM)
- 950 beds
- 4 Medical Centers
• Margaret Jean Norwood Culver ‘42
• Nursing Education Scholarship
• Nursing Education Lab
Why In situ?

• Partnership with a stationary simulation lab
• Space and funding concerns
• Population being served
• Duffy
• Knowles
In situ simulation life lessons

- Define your mission
- Choose your equipment wisely
- Start small
- Cultivate relationships
- Set boundaries, be flexible and go with it
- Plan your ingress and egress
Simulation Menu

- Code STeMI
- Code stroke
- Code blue (adult, pediatric neonate)
- Malignant hyperthermia
- Chemotherapy induction
- Retroperitoneal bleed
- Shoulder dystocia
- CRRT
- Prolapsed cord
- and more!
Intrapartum Maternal Code Blue
Code STeMI
Prolapsed Cord
Malignant Hyperthermia
Challenges

- Initial skepticism toward simulation
- Team member attitudes related to new equipment during economic downturn
- Revision of system’s educational model
- Not being a techie
- Changes in IT infrastructure
- Packing, loading, unloading, packing, loading...
Successes

• Powerful moment with NNP’s during first ever simulation

• Recent event after Code Stroke drills at a community hospital

• Received Nalle Clinic Foundation grant

• Certification

• Now being asked to initial planning meetings
What’s in Your Simulation?

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Carolinas HealthCare System

60,000 Employees
940 Care Locations
39 Hospitals
3 States
• Dually accredited by SSH and ACS
• System-wide resource
• Community outreach
• Over 28,000 total contact hours for 2016
• Mobile vehicle
• In 2 years over 60% increase in mobile hours
• 4 new mobile projects in 2016
What’s in Our Simulation?

• Project identification
• New User Group Form
• Curriculum development
• Planning
• Scenario Template
• Check-List
• Test Run
• Implementation
• Evaluation / Feedback
Obstetrical Hemorrhage
Pediatric Airway IPE
University ED Pediatrics
Lesson’s Learned

• Set your limits
• Set your expectations
• Avoid dropping the kids off at the pool
• Actually use your resources
• Plan for the unexpected
• Always bring extra supplies
References

Clapper, T. C. (2013). In Situ and mobile simulation: Lessons learned... authentic and resource intensive. Clinical Simulation in Nursing, 9(11), e551-e557.


Questions / Open Discussion

Please don’t forget to fill out your evaluation!

Evaluations may be completed online at http://www.caehealthcare.com/evaluation/ or visit the kiosks next to registration.