Navigating the Learning & Simulation Center

Using Simulation to Improve and Enhance Patient Safety

May 25–27, 2011 • Gaylord National, Washington, DC

Cultivating Patient Safety
It’s In Our Hands: Sharing Accountability and Responsibility

Photo courtesy of The Center for Medical Simulation, Cambridge, MA

www.npsf.org
To illustrate the use of medical simulation as a patient safety tool, the National Patient Safety Foundation has created a series of simulated clinical settings in a fictional context called “Monument Regional Hospital.” As you explore and interact at each station throughout the NPSF Learning & Simulation Center, consider how these experiences at Monument Regional Hospital can be applied to your own organization as you strive for safer care.

The Learning & Simulation Center includes two core patient episodes, with each transitioning through the continuum of care.

Use this booklet as a navigation tool to guide you through Monument Regional Hospital’s simulated clinical settings. Each simulation experience will provide a unique opportunity for demonstration and discussion of pertinent patient safety issues. The center strives to enhance learning, create a standard of care, and implement patient safety principles.

As you visit the simulation scenarios you will find that our demonstrations are designed to include active participation from all Congress attendees. Your involvement will be an integral part of the learning experience.

_NPSF extends sincere thanks to the many individuals and organizations that have devoted their time and expertise to the design and development of this innovative simulation program, which would not have been possible without their insight, knowledge, and unwavering commitment to patient safety._
Patient Safety Solutions

As you navigate through Monument Regional Hospital you’ll notice that all of the simulation scenarios demonstrate real-world patient safety solutions. The practical solutions you will take away will be applicable to the following:

- Communication
- Medication Safety
- Healthcare Information Technology
- Care Bundles
- Hand-off Processes

Learning & Simulation Center Objectives

- Apply effective learning and teaching methods in diverse healthcare settings
- Develop skills for enhancing communication and teamwork education through the use of simulation scenarios
- Recognize how simulation and time for debriefing provide important task-training opportunities for clinicians and staff
- Gain familiarity with the use of simulation
- Recognize how simulation can be an effective tool for training clinicians and staff with effective disclosure techniques
The family of a 68-year-old male calls 911 and indicates he is having chest pain. Upon arrival, Emergency Medical Services (EMS) finds that the patient is responsive, diaphoretic, short of breath, and pale, and therefore decide to transport him. While being transported to the Emergency Department (ED), the patient becomes unresponsive and pulseless. ACLS with airway support is initiated in transport by EMS. Upon arrival at the ED, EMS provides a handoff to the ED providers, who assume care of the patient. During the course of treatment, ED staff determines the patient meets inclusion criteria for therapeutic hypothermia and begins goal-directed therapy following their checklist, including obtaining an EKG and calling for cardiology/CCU consult.

Participants are requested to follow the simulation team as the patient transitions from the Emergency Department to the Intensive Care Unit.

**TRANSITION SIMULATION 1**

**Therapeutic Hypothermia in the Intensive Care Unit**

**Booth 217**

After the patient is stabilized in the ED, admission orders are received, and the patient is transported to the Intensive Care Unit (ICU) for continuation of care. ED staff performs a handoff communication when the patient is transferred to ICU, and therapeutic hypothermia therapy is continued.
Facilitators:

**Haru Okuda, MD, FACEP**, National Medical Director, SimLEARN, Veterans Health Administration


**Alexis Battista**, George Mason University

**Lisa Jacobson, MD**, Attending Physician at Washington Hospital Center, Medstar Health

**Jared Kutzin, DNP, MPH, RN, EMT**, Director of Nursing & Clinical Simulation, Institute for Medical Simulation and Advanced Learning

**Paul Preston, MD**, Department of Anesthesia, San Francisco Medical Center, Physician Safety Educator, The Permanente Medical Group

**General Learning Objectives**

At the conclusion of these simulations, participants will be able to:

1. Utilize effective communication techniques during handoff
2. Identify and apply effective communicate techniques with patients and families
3. Demonstrate appropriate patient care interventions using a checklist or pre-approved care bundle

**Supplies and equipment for these simulations have been provided by:**

- B-Line Medical
- B. Braun
- Hill-Rom
- Hospira
- Laerdal
- Medline
- Medivance
- Ohio Medical
- Pocket Nurse
- Precision Dynamics
- Smiths Medical
Labor & Delivery Room/Operating Room

Simulation Times

Wednesday, May 25:
6:15–6:45 pm 7:00–7:30 pm
Thursday, May 26:
12:15–12:45 pm 1:00–1:30 pm
5:45–6:15 pm 6:30–7:00 pm
Friday, May 27:
12:45–1:15 pm 1:30–2:00 pm

CORE SIMULATION 2
Simulation-Based Team Training: Management of Level 1 Postpartum Hemorrhage in the Labor and Delivery Room
Booth 608

A young woman develops a Level 1 postpartum hemorrhage (>500 ml estimated blood loss) following the delivery of her third child. The scenario begins in the Labor and Delivery Room 40 minutes post delivery. Despite the team’s initial efforts, the PPH is unresolved, and the patient must be transferred to the operating room for continued care. Using simulation, the Labor and Delivery (L&D) team is practicing their technical and teamwork skills in the management of a postpartum hemorrhage (PPH). Participants are requested to follow the simulation team as the patient transitions from the Labor & Delivery Room to the Operating Room.

TRANSITION SIMULATION 2
Simulation-Based Team Training: Management of Unresolved Postpartum Hemorrhage in the Operating Room
Booth 614

In the Operating Room (OR) the team is successful in controlling the PPH. The patient is stabilized, and the scenario comes to an end. Immediately following the simulation scenario, the team will debrief the entire event using video review.
Facilitators:

Simulation Resource Team (SRT):

Marion Constable, RN, MSN, CNM, Director OB Collaborative Simulation Program, The Doctors Company

Dieter Zimmer, MHA, FAAMA, Regional Vice President for Patient Safety, The Doctors Company

Robin Wooten, PhD, MBA, RN, Executive Director, Society for Simulation in Healthcare

Julie Brightwell, BSN, JD, RN, CPHRM, Director of Patient Safety Programs, The Doctors Company

Roxane Gardner, MD, MPH, DSc, Co-Director, Labor and Delivery Program, Center for Medical Simulation, Cambridge, MA

David Hemmer, IT Director, North West Region, The Doctors Company

Darrell Ranum, JD, CPHRM, Regional Vice President for Patient Safety, The Doctors Company

Pamela Willis, BSN, JD, RN, Regional Patient Safety Risk Manager, The Doctors Company

Solution Providers:

William Callanen, Studio Code

Timothy Potts, Gaumard Scientific

General Learning Objectives:

At the conclusion of this simulation, participants will be able to:

1. Explain the rationale for simulation education
2. Describe the process of simulation-based team training
3. Evaluate the importance of teamwork in the management of obstetrical emergencies
4. Recognize how simulation and time for debriefing provide important task-training opportunities for clinicians and staff

Supplies and equipment for these simulations have been provided by:

Accutech
B-Line Medical
B. Braun
Gaumard Scientific
Hill-Rom
Hospira
Laerdal
Medline
Medivance
Ohio Medical
Pocket Nurse
Precision Dynamics

Smiths Medical
Sonosite Inc.
Stryker Medical
Studiocode
Learning & Simulation Center
EXHIBITION HALL A

Learning & Simulation Center Floor Plan