



ECCU 2017 CONFERENCE & EXHIBITION • A CALL TO ACTION...AND ALL THAT JAZZ!

Trip to Improving Outcomes: One Destination for Pilot, Crew, Passengers

Jonathan Howard BSN RN NR-P

Kostas Alibertis NR-P

ECCU2017 
Emergency Cardiovascular Care Update

 **CITIZEN CPR
FOUNDATION**
Helping citizens and communities save lives

Presenter Disclosure Information

Jonathan Howard

Trip to Improving Outcomes: One Destination
for Pilot, Crew, Passengers

FINANCIAL DISCLOSURE:

No relevant financial relationships exist.

UNLABELED/UNAPPROVED USES DISCLOSURE:

None.

Presenter Disclosure Information

Kostas Alibertis

Trip to Improving Outcomes: One Destination
for Pilot, Crew, Passengers

FINANCIAL DISCLOSURE:

No relevant financial relationships exist.

UNLABELED/UNAPPROVED USES DISCLOSURE:

None.

Objectives 1

By the end of this presentation, participants should be able to:

- Describe differentiated educational programs that can be used for different providers
- Describe interprofessional educational programs that bring different providers together
- Describe why interprofessional practice for resuscitation is useful

Objectives 2

By the end of this presentation, participants should be able to:

- Describe whole-system simulations that can provide real-life practice for the entire resuscitation team
- Describe the benefits of education and practice that involves multiple different learning styles

Airplane Analogy

- The “pilot” is the Team Lead who is leading the code
- The “crew” are the trained health care providers who perform the tasks
- The “passengers” are non-health care providers who may be part of the patient’s care
- The “destination” is caring for a person in cardiac arrest

How Should We Train for Resuscitation?

- Classes?
- Single-role training?
- Multi-role training?
- Simulations?

How Should We Train for Resuscitation?

- Classes
- Single-role training
- Multi-role training
- Simulations

Single-Role Education Programs

Nothing is truly single-role, but the following programs tend to have a majority of their providers from the same or similar roles

- BLS
- AMLS
- RSV
- ACLS
- FFM

BLS

Basic Life Support: CPR and initial, immediate response to cardiac arrest

- Every health-care provider should have it, and as many laypeople as possible

AMLS

Advanced Medical Life Support: an NAEMT class describing initial steps and differentials for the patient with a new complaint

- For EMS providers
- We also use it for RNs to help with managing the newly decompensating patient. The easiest way to treat a cardiac arrest is to prevent it

Registration/Security/Volunteers: a facility-specific brief course designed to help non-health-care providers recognize people who need medical help quickly

- Recognition of ACS, stroke, and altered level of consciousness
- What to do to bring help to the patient

ACLS

Advanced Cardiac Life Support: an AHA course to allow a provider to be the Team Leader in a cardiac arrest

- Aimed at the physicians and advanced EMS providers, but many nurses take it as well

FFM

First Five Minutes: a facility-specific brief course:

Code cart

Drug box

Initial steps

Get the basics done.

Interprofessional Educational Programs

Programs that bring multiple professions together:

- Resident Code 12 Training
 - Just-In-Time Training
 - Yearly ACLS classes

Just-In-Time Training

Before our residents go on our Cardiac Arrest team (Code 12 Team), they go through two hours of cardiac arrest simulations

- Physicians make lousy nurses, so...
- Nurses, Pharmacy, and Respiratory are all invited to participate
- Physicians get a chance to have a full team working with them on a cardiac arrest
- Team members get to practice cardiac arrest with the actual physicians who will respond

Yearly ACLS Classes

Residents who will be on the Cardiac Arrest team take ACLS every year. Course is modified with some additional simulations.

- Again, let's invite everyone to the simulation parts of the course

Whole-System Simulations

- In-House Adult/Pediatric Mock Code
- Neonatal Mock Code
- Emergency Department Adult Mock Code
- Emergency Department Pediatric Mock Code
- Inside/Outside STEMI Drill

In-House Adult Mock Code

No-look, no-warning mock code. We find a room, put a manikin in it, and bring a nurse in to check on the patient

- Cardiac Arrest team actually paged as real case
- 15 minutes of simulation
- 15 minutes of debriefing

Pediatric side similar (run by a different provider)

Neonatal Mock Code

No-look, no-warning mock code. Emergent birth on Labor & Delivery floor, with Pediatric ICU called to assist

- Crosses service line boundaries
- 15 minutes of simulation
- 15 minutes of debriefing

Emergency Department Adult/ Pediatric Mock Codes

No-look mock codes. Sometimes we give them warning (coming in by EMS), sometimes the patient drops in the waiting room

- 15 minutes of simulation
- 15 minutes of debriefing
- For EMS versions, we ask a local rescue squad for volunteers and borrow an ambulance
- For the no-warning ones, our RSV class comes into play, as Registration, Security, or Volunteers might be the first person to find the patient

Inside/Outside STEMI Drill

- Patient starts in an rescue squad building.
They respond, assess, treat, bring to hospital, continue to doors of Cath Lab
- Providers know this one is occurring.
 - Simulate then debrief

What Do We Find with Whole-System Simulations?

- Better initial floor response
- Improved handoff from floor to code team
- Better BLS/ACLS/critical thinking (Hs&Ts) by physicians
- Improved awareness of team roles
- System problems

What Do We Find with Whole-System Simulations?

- ED's “guess what happened a week later” syndrome

Back to the Analogy

- Each role may have a different training pathway
- We all come together to care for the patient in cardiac arrest

Questions?

Comments?

Thoughts?