

Appendix B: NCAL Medical Center Reports



Modesto Medical Center Simulation Lab

Background

Modesto Medical Center's (MMC) simulation lab's inception began with the announcement that MMC would be receiving a complete Sim Family. Leadership began looking for space and formed a steering committee to address the logistics involved with housing and maintaining the technology coming to MMC. The committee consisted of representatives from Education, IT, EVS, Materials Management, Administration, Engineering, and Clinical Technologies. Once space was identified, committee members worked diligently to ensure it was prepared and ready when the mannequins arrived in September of 2009. The MMC simulation lab is located in an area formerly occupied by Ambulatory Surgery, which meant it already had separate patient bays, medical gases, sinks, sharps containers, etc. Two procedure rooms have been converted as control rooms for the lab. In addition, there is a large open area with theater seating and a screen for didactic instruction.

Objective/Goals

The simulation lab activities are aimed at improving both individual and team skills and communication and individual technical skills.

MMS's goal is to continue to create new learning opportunities for staff and providers and create best practices based on facility and community needs. Ultimately, the goal is to use evidenced based practice to demonstrate improved outcomes for our members and their families.

Approach

The simulation center is used for many different modalities. The large theater seating area can be used for presentations on simulation related topics such as Human Factors and Critical Events Team Training. This area is also used for skills validation and Patient Care Services Orientation. The presence of an OR suite, allows this area to be used for perioperative simulations and scenarios involving, for instance, a maternal hemorrhage resulting in a hysterectomy.

Sim Man 3G provides the opportunity to enhance staff skills related to chemotherapy infusions, reactions, and spills, narcotic overdose, sepsis, and Code Blue. Sim Baby and Megacode Kid have "experienced" respiratory distress, Code Blue Pedi, cardiogenic shock, and diabetic ketoacidosis. Finally, Sim NewB has provided multidisciplinary team training opportunities for cardiopulmonary resuscitation, meconium aspiration, and hypovolemia secondary to placental abruption. Sim NewB has also been use in conjunction with Risk Management to reconstruct a clinical event that did not result in an optimal outcome to allow us to examine our processes and systems issues to prevent recurrence.

Status

Currently, the simulation lab is used on a weekly basis for skills days as well as multidisciplinary neonatal / pediatric scenarios aimed at improving both individual and team skills and communication.

The simulation lab and mannequins have been enthusiastically embraced by everyone they've touched.

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Redwood City Medical Center Simulation Center

Background

Redwood City Medical Center's (RWC) first experience with simulation was the launch of the Perinatal Patient Safety Project in 2003 with Critical Event Team Training. With the success of simulation with the perinatal unit, RWC was one of the first medical centers to host a multidisciplinary, multi-medical center Train-the-Trainer workshop for both RWC and South San Francisco. From the early beginning of simulation in NCAL, RWC's leadership has been early adopters and supporters of simulation efforts across all disciplines. In 2007, with the implementation of Rapid Response Teams (RRT), simulations were conducted to rehearse the new roles and responsibilities of the med-surg and ICN teams. In 2009, RWC sponsored a second Train-the-Trainer workshop to expand its capability with additional trainers to support their simulation efforts.

Objectives

The aim of the RWC simulation center is to provide simulation scenarios which include opportunities for all staff, new graduates, licensed and unlicensed clinical care givers and physicians to improve recognition and respond to patients having clinical deterioration.

Simulation is used to educate clinical caregivers about identification of early warning signs signaling a patient condition change, practice responses to the deteriorating patient, and the methods to contact responsible clinicians in a reasonable time period. RWC's Simulation Center increases opportunities for multiple clinical departments to conduct mandatory education and training of staff and stakeholders about emergency responses to the deteriorating patient.

Approach

RWC's goal is to continue moving from classroom lectures with cognitive testing to increasing the use of simulation experiences involving all domains: psychomotor (technical); critical thinking and interpersonal communication skills. RWC wants to maximize ways to promote realism in use of simulation technology and design educational interventions to accomplish training objectives congruent with best practices for care of a patient with specific emphasis on deterioration in clinical condition.

Simulation experiences will help to identify and develop personal caring values focused on individual growth, leadership responsibilities and ethical conduct. RWC simulation efforts will also focus on confident, proficient, and clinically competent reassessment and re-evaluation of outcomes associated with patient condition change.

RWC's Simulation Center makes use of the complete SimFamily which provides highly complex, state-of-the-art physiological models of human patients. Scenarios with these simulators have

shown to be useful in new staff development and promotion of ongoing essential behaviors and skill sets to manage critical emergencies. .

Measurement

The collection and analysis of information related to Simulation Center education serves to validate use of high fidelity technology and processes for improving care of patient deterioration.

These can include:

- Increase staff satisfactory completion of competency validation essential performance criteria for accurate recognition, appropriate response and notification of indicated team members in a timely manner
- Increase consistent utilization of appropriate chain of command for communication regarding patient deterioration in condition
- Increase RRT calls proportionately to monthly competency validation and remediation. Baseline: Inpatient. Education Laerdal Simulation Multidisciplinary San Mateo Area (RWC & SSF) Critical Event Team Training (CETT) for Trainers-Running Scenarios Using Simulators held September 22 through 24, 2009. Videotape of case scenarios illustrating deteriorating patient condition, progression to need for Rapid Response Team and later Code Blue; created CD-DVD Independent Study Program version for ongoing staff education and training (permission to duplicate pending KP NCAL Simulation Coordinators approval)
- Review of Participant Evaluations indicated benefits to assimilating concepts and transferring skills to real world clinical situations involving deteriorating patient condition.
- Heartfelt "Thank You" cards have been sent home of individual staff nurses who call an RRT to show appreciation.
- Decrease Code Blues proportionately to above through early recognition of patient deteriorating condition changes

Status

The simulation center has been used for several exercises to improved communication techniques and clinical skill training competency validation. Simulation validation included the deteriorating patient, dysrhythmia recognition, Rapid Response and Code Blue exercises to rehearse procedures and implement policies. Using the structured communication model of SBAR, teams work together to learn how to summarize the concerns of the patient's condition and situation. The Simulation Center has also been used for training on critical thinking, Inpatient Code Gray, recognition of stroke signs and symptoms and administration of t-Pa.

Future

RWC will continue to offer communication skill training so nurses can continue to effectively report information to medical and nursing staff. The use of KPHC has had some challenges for staff. Through simulation, scenarios can be run to test critical notification alerts to physicians and coach staff on how to use KPHC to chart patient care appropriately. The simulation center and program supports several domains in the medical center. The perioperative service department has used simulation to improve their briefing skills in the OR and have plans to train more with the simulation techniques. Maternal child health continues to run high fidelity scenarios with the newly purchased simulation equipment.

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Sacramento Simulation Center

Background

Sacramento Medical Center (SAC) has had an active simulation collaborative practice for several years, conducting simulation across many disciplines. While Critical Event Team Training (CETT) began in the perinatal area, it has spread throughout the hospital. When the perinatal services moved to the new Roseville medical center, some former NICU space was secured for a Simulation Center at the medical center.

Objective/Goal

To integrate Simulation Based Education (SBE) into as many educational offerings as we possibly can.

Approach

Several times a year, a full day class titled "Emergency Response Training" is offered using the KP Critical Events Team Training concepts, Crisis Resource Management skills (Dr. David Gaba, Stanford University), Advance Cardiac Life Support skills/knowledge (American Heart Association) and Emergency Team Training techniques (Dr. Michael DeVita, University of Pittsburgh/WISER-First 5 Minutes program published by Laerdal Medical). The goal of the class is to create a safe learning environment where staff can bridge the performance gap between what they "KNOW" and what they "DO" in an actual emergency. What makes this class so different is that 90% of the time is spent on doing emergency simulation and debriefing, or instructor guided self-analysis. The Sacramento simulation team believes this is the most effective way to learn by "hands-on" experiences and practice. The programs have been very successful and the staff enjoyed it.

The patient care services leadership identified that during off-shifts our inpatient units did not have an adequate number of staff competent to use the ECG machines located on each unit. This competency gap could/did lead to a delay in patient care and therefore placing our members at risk. As a result of this finding, the ECG Department and Education department invited management teams and core staff to several trainings in the Simulation Lab to close this knowledge gap. One of the staff who took the training was able to teach the same content during one of our many Med/Surg classes. In addition, she was provided with the supplies and will now be teaching it during our shift huddles over the next few weeks.

On May 4th, 25 - 30 Emergency Room (ED) Physicians attend a 2 -3 hour skills session in the Simulation Center with the following skills stations.

- Simulation Scenario with a 6 month old (Sim Baby, Laerdal Medical) who arrive in the Emergency Department (ED) complaining of shortness of breath. The physician must

recognize/declare the emergency; communicate effectively to the team and save the child.

- Utilizing the Trauma Man System from Simulab the ED physicians were able to review and demonstrate different techniques for emergency airway access (cricothyrotomy). This techniques falls into the low frequency/high risk category of skill training.
- Ultrasound guided central line access using the Blue Phantom product. This is part of our Sepsis (Early Goal Directed Therapy) treatment and prevention program.
- Intubation and difficult airway access on an infant using SimNewB from Laerdal Medical
- EZ-IO Power Driver practice for adult and pediatric. The IO or intraosseous access technique has been used for many year on pediatric patients to provide a safe, reliable and rapid means of providing vital fluids and medications during an emergency situation. In the past few years it has become accepted as an alternative to intravenous access in adults a well. Though the EZ-IO makes insertion quick, safe and easy, it still requires practice to assure proper placement.
- As a result of this training the Emergency Department Chief's for Sacramento and Roseville Medical Center (Dr. David Berman, DO and Dr. John Wiesenfarth) have made the statement that they would like to see all ED physician receive this same training by the end of the year. We have scheduled the next class for September 10th 2010 and look forward to a great repeat performance.

A few times a year, the Simulation Center is converted into a mini Operating Room (OR) and recovery room (PACU/ASU) where, with the help of our Perioperative Educator and Nurse Anesthetists, the staff practice team work, communication, and emergency response skill in our simulation theater. This training has allowed the team to practice there response to a cardiac arrest during surgery, allergic reactions, and upper airway bleeding. The great thing about simulation, is we have the ability to schedule a crisis and work through any system errors the may arise. This is key to the prevention of patient harm.

* Our next trainings will be: Malignant Hyperthermia, a high risk/low frequency event. In addition, the PeriOp educator, ED Educators, Nurse Anesthetists and leadership will be working on work flows for emergent C-sections. The plan is to offer several sessions in the simulation center and then take the simulators out to the units to do a systems/workflow analysis.

Sacramento's work place safety team uses the simulation center on a regular basis to educate staff on proper body mechanics, safe patient handling techniques and how to use the equipment provided to them on each unit.

In 2010, over 50 people have been through training boosting up SimMan up in bed and transferring him from gurney to gurney use appropriate equipment

They also use the Simulation center as part of the root cause analysis process when staff gets injured on the job.

Status

Leadership, Human Resources, and Education have stood by the belief that if, after given several chances, an individual could not successfully perform required skills in the Simulation lab then they would not be allowed to do so with a patient. This was ground breaking for the Sacramento medical center and simulation in general. Sacramento's strong leadership team made this dedication to quality patient care and endorsement for the Simulation Center

In March 2010, in order to keep simulation viable, a one day introductory class on how to become a Simulation Instructor was offered. Participants were introduced to the simulation family and how to use simulation as a teaching tool. Those attendee's are continuing an apprentice path to becoming a recognized Simulation Instructor in the KP system. As Simulation Instructors, they will have access to the PI Center and any simulation equipment needed for their field of expertise. The Sacramento Simulation team believes a quality education event deserves a quality instructor.

In June and July of 2010, the simulation center was taken over by the Sacramento ED Clinical Educators for RN skills days. Though the educators are not trained Simulation Instructors, they were able to use the simulation equipment and the simulation center in a low fidelity manner to accomplish their goals using simulation innovative thinking.

Measurements

During every class staff completes a pre-class survey using the Lickert scale (1-5) to assess confidence. After the first scenario, another survey is completed to assess competence and confidence. From the surveys, 90% of the time the learner who believed they were "good" at codes, does not continue this belief... At the end of the day staff take a post-class survey. Results constantly show a 1 – 2 point increase in confidence. Staff performance by the end of the day shows a marked improvement in competency as well. During all of the simulation classes, the importance of calling a Rapid Response Team first is stressed and to not let the patient's condition deteriorate to the point where a code is needed. As of June 2010, Sacramento's Med/Surg/Telemetry units have gone 3 months without a single code blue. This demonstrates improvement in patient care outcomes through simulations efforts.

Future

Many simulation trainings will continue to be offered at the Sacramento Simulation Center. Trainings for new simulation instructors have been planned. Currently, on a monthly basis the ED physicians use the simulation center as part of their event planning and Simulation Instructor Development program.

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San Jose's Center for Advanced Research and Education

Background

In 2004, simulation began with an idea and the purchase of mannequins in the box! San Jose physicians had wanted to train using simulation and convinced local leaders this was an excellent way to train staff without risk patients. Two Intensivists, who were trained in this teaching methodology, were the only staff using the mannequins which was infrequently. Nursing and allied health did not use these simulators.

San Jose Medical Center's (SJO) first experience with a Sim lab was in 2007 with an \$800K grant to partner with Evergreen San Jose Community College, for simulation opportunities for incumbent workers. The proposal focus was on medical errors and the use of simulation to improve the quality of patient care by RNs. The grant was to train 400 RNs using 16 hours of simulation training. Evergreen San Jose Community College District was charged to create a simulation lab as a community resource supporting medical simulation.

A great deal of work was done during this time. There was engagement of senior leadership and physicians through KP Steering Committee which was the advisory board and had the ability to approve finances to move simulation forward. The idea of having a local simulation lab was also on the forefront. The simulation steering committee met with leadership to come up with a location to house the simulation lab. The Assistant Administrator of Support Service was an RN, CNS who had a passion for education and found a storage area which needed retrofitting, but had the insight to convert this space into a simulation lab. The space designated for simulation was a shell for 2 ORs. The floor was cement, the walls had exposed studs, and the ceiling was exposed to pipes. With an architect and a budget of \$175,000, space was created that was user friendly and convertible. The SJP Sim Lab is a multi function simulation space with 2 areas for simulation, control room, debriefing/classroom space, ADA bathroom, storage space, and a computer lab. This process from start to finish took 18 months. This simulation lab houses the SimFamily mannequins for both in situ and classroom simulation.

April 2010, was the grand opening of SJO's Center for Advanced Research and Education (CARE) lab and have provided simulation training with Mock Codes/RRT with annual skills for our staff RNs in medical surgical area. Starting the first week of July, the center will be used for providing a simulation experience for RNs and OB Tech Scrubbing in collaboration with the OR to provide consistency with training.

Objectives/Goals

To reduce risk to our patients by practicing low volume, high risk skills through simulation both in situ and in the simulation center. To use CETT to improve staff skills in MCH emergencies, mock Codes/RRTs, in other areas including Pediatrics emergencies. Outcomes will improve the quality of care for our patient

population. For the pressure ulcer grant the objectives were to have RNs improved skills to assess darkly pigmented skin in the detection of pressure ulcers.

Approach

Content Experts in Simulation was hired to support this grant while creating a robust timeline. Components of training included the following: train the trainer for Clinical Nurse Educators/Specialist, College Faculty, Staff RNs; Simulation Technologist for redeployed LVNs from Kaiser Permanente San Jose and San Jose City College with training of Staff RNs. A positive outcome was sharing the type of clinical education that is needed in the hospital with the college faculty thus improving nursing student education while in training. While scenarios were being developed, the simulation lab was being developed. Kaiser Permanente San Jose was able to contribute gently used equipment to the new simulation lab at San Jose City College. This afforded KP SJO the opportunity to have more scenarios developed. Originally 16 scenarios were going to be created, based on our contribution, we were able to increase the total number of scenarios increased to 20.

This training grant focused on two components: developing a community resource at the Workforce Institute at Evergreen San Jose Community College District and teaching and educating our staff about simulation. We developed total of 28, including: Clinical Nurse Educators, Clinical Nurse Specialist, Staff RN, (5) Simulation Technologists as well as College Faculty on the art of simulations, working RNs. In fact for this grant, we trained 351 working RNs in 16 hours of simulation totally 5,616 hours of simulation education. Post grant, we trained 109 RNs were trained with 8 hours of simulation totally 1,192 hours of training for a grand total of 6,808 hours of simulation training, which is the largest sample size internationally using this teaching methodology. In fact, based on the work on this grant Kaiser Permanente, San Jose carved out classroom space to develop a simulation lab on campus.

With this was a new training program, the labor representative was fully embraced to test out the scenarios and determine the validity of the sessions. After discussion with our union rep, we agreed to respectfully destroy the videotapes after each day since this material was not used in a punitive way rather to support growth and education of our RNs.

Feb and March 2010, with a \$25K Medline grant training was conducted to improve the identification of pressure ulcers on admission with ethnically diverse mannequins: Hispanic and African American. This study was intended to have the RN assess ethnically pigmented skin to detect pressure ulcers on bony prominences and under devices, especially on the face due to respiratory devices (endotracheal tubes, oxygen, trach ties, and tracheostomy).

Measurement

The Simulation partnership with Evergreen examined medication safety, workplace safety, pain (assessment/reassessment), early intervention, time out and double check, patient handoff, communication, safety, patient care management, culture competency, interdisciplinary teamwork, regulatory (national patient safety goals), scope of practice with accountability (policies and procedures) through the use of simulation with total of 20 specific high risk/low volume scenarios in specialty areas: Maternal Child Health, Medical Surgical, Critical Care (Telemetry, ICU and ED), & Periop Services (4 in each area) . Safety was measured by direct observation of the participants during the debriefing process and analyzed each of the RNs participation with each scenario. Direct of observation of training videos during debriefing by examining the following: cognitive, technical and behavioral skills.

In fact for this grant, 351 working RNs had 16 hours of simulation training totally 5,616 hours of simulation education. Post grant, an additional 109 RNs received 8 hours of simulation training, totally 1,192 hours of training for a grand total of 6,808 hours of simulation training, which is the biggest sample size internationally using this teaching methodology. Initially, we trained (351/460) 76.3% plus post grant trained 149 more RNs 23.6% which would bring us to 99.9% staff trained using simulation.

With the second grant received by San Jose for assessment of pressure ulcers in diverse patient population, a T Test; pre and post assessment after intervention of education was used. This study had to go through KP Research Department for IRB approval. Data is being evaluated by Kaiser Permanente Department of Research Statisticians. Raw data suggests that RNs were able to identify pressure ulcers in

bony prominences, but after education was done post evaluation; RNs were able to recognize that pressure ulcers occurred under devices among both ethnically diverse skin pigmentation.

Current Status

In 2009, KP NCAL regional offices provided Laerdal equipment training for each medical center at the Garfield Center. SJO educators, hospital and clinic educators participated, along with two physician champions on simulation to further experiences with the simulation. March 2010, SJO was given the opportunity to have Critical Events Team Training at our local facility through our KP Northern California Regional Simulation Team. New simulator trainers included physicians, Respiratory Therapist, Staff RNs, Clinical Nurse Educators/Specialists, and Interventional Radiology Staff. For some staff, this was a review and for others this was a new teaching methodology. Since SJO, no longer has a pediatrics service, Pediatric emergency scenarios are needed to keep competencies. With simulation, pediatricians can receive this emergency training both in the Sim center and in situ. A new service area in our ED, the Clinical Decision Area (CDA) was tested to determine if staff would be able to manage coded patients in this area. Additional simulations occur in radiology, the MRI room to test which scenarios would warrant taking a patient out of the MRI machine for a code. In situ simulations were used with the actual crash cart in real patient's room to access if the staff on those units gained experience in Rapid Responses and Codes.

Critical Events Team Training (CETT) in the MCH is ongoing training twice a year with 20 staff attending since 2004. Thus 240 members of the multidisciplinary team have been trained MDs (Pediatricians, Anesthesiologist, and OB/GYN), RNs, and RTs. Mock Code and RRT Training occurs everywhere and 10 staff members participate. In 2010, we 10 mock codes/RRTs have been conducted with approximately 100 members of the interdisciplinary team.

Future

Multidisciplinary CETT is an ongoing process using high fidelity mannequins in the areas of Mock Codes, in ICU, Step-down, Pedi, Med Surg Floors, ED in the new Critical Decision Areas as well as high risk/low volume areas in Labor and Delivery. As we experience new ways to use simulation, we will have the opportunity to train especially since we now have a simulation space and will continue to come up with different ways to incorporate simulation to improve patient safety through our staff. As an ongoing process, SJO has moved from having difficulty in managing the mannequins, to streamlined training and education using simulation in a variety of ways.

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San Rafael Simulation Center

Background

Kaiser San Rafael has had a long relationship with the development of the Marin Simulation Center at the College of Marin. We have been fortunate to use this center for staff education built around simulation training. Prior to the shipment of the regional simulation equipment to our facility we have utilized low level simulation with ACLS, Mock Codes and Rapid Response calls. Simulation was also used when the Cardiac Catheterization Lab was opened to test for any system flaws and teamwork.

Kaiser San Rafael hospital is positioned on top of a hill which does not allow for space expansion. However, that did not stop us, we gathered our resources and came up with a great space, the library. We moved book shelves to simulate walls and constructed a simulation lab which accommodated the simulation environment. Once the regional simulation equipment arrived the simulation committee was identified and developed to begin simulation training in the lab. The lead simulation committee member gathered many of the supplies from the warehouse and old code blue carts from clinics. Often time's one department trash is another's jewel. For instance, a rack from dietary that was going to be in the trash developed into a great transporter for all the simulation supplies. This large rack can be wheeled to any floor or department to set up simulation in the practicing environment.

Objectives

The local simulation lab began identifying simulation leaders and training. Kaiser San Rafael started utilizing simulation with the Sepsis Early Goal Directed Therapy. The focus was on central line placement and team work to accomplish a central line in the Emergency Department within

the recommended time period. The simulators were used to develop a system approach between ED physicians, nurses and ED Techs.

Approach

The aseptic technique procedure of placing a central line in a patient was demonstrated with the use of simulation using two nurses, physician and technician. The simulation was recorded for staff that may have missed the meeting and/or may have been a new employee hire. They were repeated throughout all the shifts so staff had the opportunity to have the simulation experience. Approximately, 60 nurses were able to have the experience of the team dynamic training that is required to prepare the patient, supplies and process to safely place a central line in a patient.

Status

The results of the project concluded that staff learned to properly care for patients with severe sepsis. They were able to decrease mortality rates, saving patient lives over the past year. The staff in the Emergency Department have become stronger team members and now able to place central lines within the golden hour. This is an ongoing training for staff and quality is tracking the times and numbers associated with central line placement in the ED.

To extend this project, the simulation committee has broadened their scope with simulation to include the care of the stroke patient, high risk respiratory distress and c-diff patients. The committee chair coordinator formed a multidisciplinary team to be trained in the Critical Events Team Training held by regional risk management simulation trainers. The team consists of 1 clinic RN, 2 Emergency RN, 2 Emergency Physicians, 1 ICU physician, 1 Hospital based physician, 1 Operative physician, 1 respiratory Therapist, and a cardiac catheterization lab nurse .Together simulations are being coordinated throughout the hospital. Last week, simulation was performed in the nuclear medicine department to follow up on a code that did not go smoothly the week before and in interventional radiology lab a high risk patient was practiced with the entire interventional radiologist team.

Future

The simulation team at San Rafael is working together to solve system problems and improve team work and communication throughout all departments. The committee has come a long way from dumpster diving for simulation equipment and constructing a mock wall for a simulation lab. Together the team is impacting patient care and improving staff skills by using simulation in the real environments rather than practicing on patients.

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Santa Rosa Simulation Center

Background

Kaiser Santa Rosa Medical Center's (SRO) introduction to the use of simulation as a training methodology began with Critical Event Team Training (CETT) through the regional PPSP project. Multidisciplinary team training was conducted with regional trainers and simulation equipment in labor and delivery for the purpose of improving teamwork, communication, and identification of system issues which could impact perinatal patient safety.

Regional Risk Management made the decision to expand CETT to other clinical areas outside obstetrics. CETT trainings were held in med/surg, postpartum, pediatrics, and the emergency department. After several CETT training sessions were held, two Train-the-Trainer sessions were facilitated by Regional Risk Management to train Santa Rosa clinicians to conduct CETT training without the assistance of regional trainers. This team of local trainers included physicians, nurses, nurse managers, nurse educators, and a respiratory therapist. Regional Risk Management obtained grant funding to buy SimMan and Noelle simulators for each facility. Regional Risk Management obtained funding so that each facility would have a total of 9 simulators. Seven SRO employees attended a 3 ½ day training for the use of the new simulators. Space was acquired to store simulators.

Objectives

Multidisciplinary team training is conducted for the purpose of improving teamwork, communication, and identification of system issues which could impact perinatal patient safety, this has seen expanded to include all departments. New nursing graduate simulations focus on development of communication skills (including SBAR), patient safety, teamwork, delegation, managing error, and providing constructive feedback on peers' performance

Approach

The Santa Rosa Continuing Medical Education Committee and the Graduate Medical Education Committee have identified simulation learning as a core strategic goal for CME. Simulation training also targets new nursing graduates to develop and practice skills in communication, teamwork, and delegation.

Status

In 2009, CETT (run by Santa Rosa trainers) were held in L&D, IMN, pediatrics, med/surg, and ED. In 2010, small pilot projects using simulation training were done with local family practice residents in the areas of managing pediatric emergencies and managing normal birth. Based on the success of these pilot projects, simulations will now be offered to the Family Practice (FP) residents once a month in the areas of pediatrics, obstetrics, and medicine. A poster about these small pilot projects was presented at the UCSF Family Practice Colloquium in the spring of 2010. A request has been made to initiate simulation training at some of the non-Kaiser ambulatory sites that the residents use for their training.

In 2010, a program for new graduate nurses on med/surg will be introduced which incorporates simulation. These simulations will focus on development of communication skills (including SBAR), patient safety, teamwork, delegation, managing error, and providing constructive feedback on peers' performance. A program for new graduates in the ED will be developed in 2010 and will follow a similar format.

Future

Kaiser Santa Rosa will be opening a new tower on October 10, 2010. Simulation will be used to test and refine new workflows with transition team nurses before the rest of the staff is trained. Once workflows are established, all staff members who work in the new tower will be trained using simulation on the new workflows. When the new tower opens and the ED moves into a larger space, one room will be dedicated for simulation in the new ED.