

Simulation Drills Team

Thank you Sim team:

- Ashley Cain
- Catherine Nadeau
- Cole Greves
- Danelle Ward
- Daniela Crousillat
- Elizabeth Salmeron
- Estefanny Reyes Martinez
- John Caravello
- Kylie Rowlands Perez
- Mandi Gross
- Margie Boyer
- Shelby Davenport
- Shivonne Lane
- Stephanie Cline

Global Aim: Improve maternal health through hospital-facilitated timely recognition and treatment of hypertensive disorders of pregnancy during pregnancy and the postpartum period.

Primary Key Driver

Recognition: Early identification and assessment

Secondary Drivers

Assess and document if patient presenting is pregnant or has been within the past year in all care settings

Ensure accurate blood pressure measurement and assessment

Provide verbal and written HTN education to patients and support persons*

Provide interdisciplinary clinician team training for early recognition and treatment of OB hypertensive emergencies (ED, OB, Cardiology, ICU, or other units)*

**Respectful care is a universal component of every driver and activity*

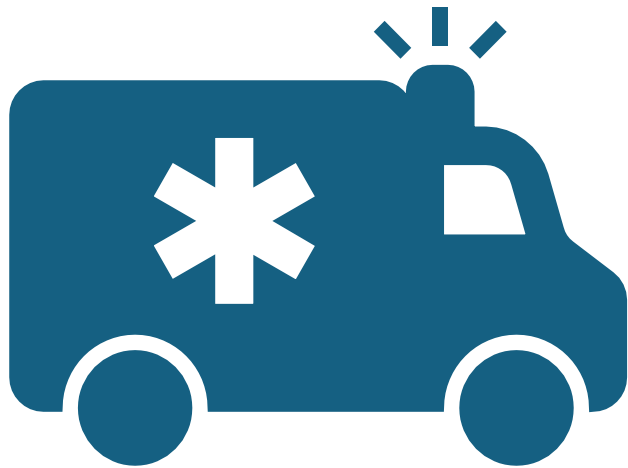


Interprofessional Simulation Team Training

- Improves patient outcomes (Bienstock & Heuer, 2022)
- Promotes clinical skills expertise in safe environment
- Improves teamwork and communication. Close looped communication is emphasized
- Builds teamwork
- Optimizes collaboration
- Provides opportunity to practice RMC

The Joint Commission (TJC) Maternal Safety Standards

- **Reduce the likelihood of harm related to maternal severe hypertension/preeclampsia (TJC PC.06.03.01)**
- **EP 3:** Provide **role specific education** to all staff and providers who treat pregnant/postpartum patients about the hospital's evidence-based severe HTN/preeclampsia procedure. At a minimum occurs at orientation, when changes occur, or every 2 years.
- **Note:** ED education is required regardless if hospital provides OB services.
- AIM Patient Safety Bundle Severe Htn in Pregnancy - Free Contact Hour: https://qrco.de/AIM_hypertension



TJC Maternal Safety Standards

- **EP 4:** Conduct **drills** at least annually to determine system issues as part of ongoing quality improvement efforts. Include a team debrief (TJC PC 06.03.01)
 - Interdisciplinary **in situ drills** provide opportunity to practice skills and identify any system issues
 - **All disciplines** who care for OB patients need to have representation during drills.
 - **Areas of opportunity must be shared among all disciplines (communicate findings)**

TJC Perinatal Safety Standards



TJC requires facilities to develop written evidence-based procedures that include the following:

- Identification of required response team members
- Their roles in the event of OB Emergencies
- How the response team and procedures are activated

Pit Crew Model

- Designed to improve teamwork during an emergent situation (Peltonen et al., 2022).
- Focus is on educating clinicians regarding their specific role and responsibilities when responding to an obstetric emergency.
- Pre-assign positions, roles and tasks.
- Team organizes themselves in 360° around the patient



Pit Crew Model

Anesthesia Provider (prn): airway

Reminders:

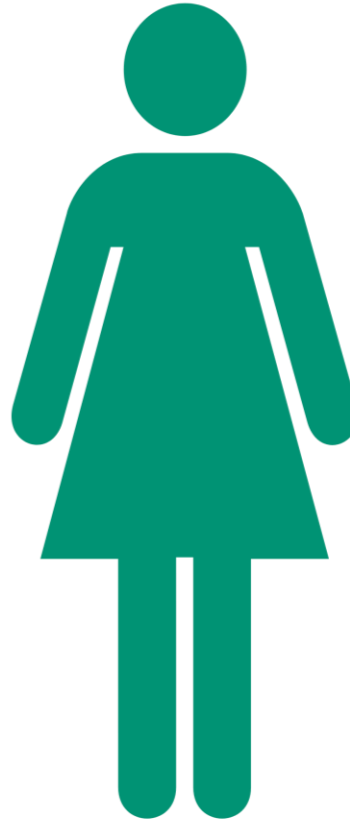
- Role Designation
- Closed loop communication

Support Person:

- Provides support, communicates with clinicians

Support RN:

- Equipment “Runner” (e.g., medications, equipment, supplies)



Primary RN:

- Provide report to team
- Lead role to Support RN until provider arrives
- Supports patient
- Communicates with family

Recorder:

- Document team arrivals, interventions, patient response
- Timekeeper

Provider:

- Consider causes
- Directs order of interventions
- Leads resuscitation

Peer Reviewers:

- Observe interventions, communication, teamwork



Simulation Pre-Brief

Each team member is assigned a role:

1. **Facilitator:** Designates roles, reads scenario, provides data as requested, conducts debrief with Team
2. **Primary RN:** Begins the scenario
3. **Patient:** (or high-fidelity simulator)
4. **Support person:** (family/doula)
5. **Support RN/clinician:** assists with various tasks
6. **Obstetric Care Provider:** Team Lead upon arrival
7. **Event Recorder:** documents events, interventions, medications
8. **Peer evaluator:** observes simulation, provides observations during debrief
9. **Other optional roles:** Additional support RN, Tech, Chaplain, Social Worker, Anesthesiologist, ED or ICU RN

Team Debrief

A retrospective analysis of an event used to identify essential elements related to individual and team performance.

Participants benefit from the retrospective review of their own actions, the actions of others, and feedback that is shared.

Facilitator leads: All can be trained to be a facilitator. Do not wait for Manager to lead.

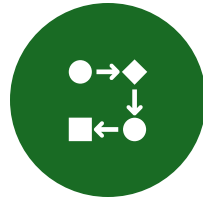
Numerous debrief forms are available. Customize for your hospital.

A focused team debrief immediately after an event is different from a more comprehensive peer review or an RCA.

Debrief Components



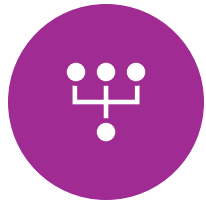
What went well-
always start here!



What might have been
done differently?



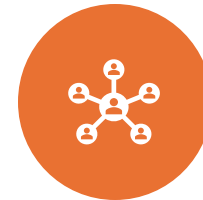
Any areas of
opportunity or
processes needing
improvement?



Any system,
environmental, or
equipment issues that
prevented you or the
team from performing
optimally?



Share key findings,
observations, personal
insights.



How was
communication with
the team, patient, and
family?



A plan can then be
created for future
follow-up of identified
issues.

Let's Begin our
Simulation!

PROMPT Simulation Objectives

1. Demonstrate how to recognize and treat postpartum preeclampsia PROMPTly.
2. Practice interprofessional collaboration and communication.
3. Demonstrate principles of trauma-informed care into the management of patient with preeclampsia to support the psychological well-being of patients.
4. Participate in a comprehensive simulation debrief.