

Welcome!

Welcome to our Simulation Newsletter!

This month, we are going to discuss systems improvements that can come from simulations. You've been hearing a lot from us about this recently — and, to be honest, you'll likely contin-

ue to in the future — they're useful simulations!

This month's example is from the Battle Building, where they changed their emergency guidance sheet to clarify that non-patients can receive emergency care. Why did that happen

and how is the Battle Building broadcasting the changes?

Please send us your feedback! *Our contact information is in the top left corner of the second page.*

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Initial Problem

We've been doing simulations for many years. We occasionally hear of an area where the staff are told "We can't care for a non-patient. We just call Medic V." This has not been and is not true. The policy "Medical Emergency Response Medical Center Policy" makes it clear that we

can provide emergency care for visitors who are not registered as a patient. We can at least do what a bystander on a sidewalk would do.

We run mock code simulations on an ongoing scheduled basis with the Battle Building. We've had that question come up in

our simulations with them. We gave our answer but, recognizing that the question continued to come up, we passed it to the Battle Building leadership group.

System-Level Solution

Battle Building leadership had already been proactive by having an emergency reference sheet that was consistent with the Health System's Red Book but had more information specific to the Battle Building, including specific page groups with the page group numbers to be used when calling 4-2012.

Battle Building changed the sheet to clarify that we can provide emergency care for non-patients.

However, they did more than that — they completely restructured the reference sheet to have a "Patient" and "Non-patient" side. They also dove deep into the problem, talking with their staff and providers about the concerns they had in caring for someone who wasn't registered as a patient, and added additional resources to their Red Book such as the Downtime Form to allow a provider to write orders for the non-patient. This helped every-

one feel more comfortable and protected in providing care. As a secondary gain, the Downtime Form is easily copied for the Medic V response team so that they know what's been done already.

Steps of a Simulation:

- Goals
- Creation
- Preparation
- Running the Simulation
 - Briefing
 - Run
 - Debriefing
- Reset
- Assessment

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Pictures!



The Outpatient Surgery Center practices pediatric cases with our simulation group. The infant manikin is in the crib in the center of the photo.



This is the same simulation from farther back. OPSC had too many people to be in one simulation so we ran multiple sims. The people not actively involved in the simulation are still engaged, watching what the team is doing. They also participated in the debriefing. We can have more than a small group of people in a simulation!

Ensuring Everyone Knows

To be honest, we on the simulation side don't know exactly what the Battle Building did to broadcast out the change to the emergency reference sheet. We'd assume some combination of emails, staff meetings/huddles, and the other "usual suspects" of staff education.

Those are all things that need to happen. We, as the simulation side, were happy to help as well. In all of our simulations since the change, we show the revised emergency sheet and talk about it briefly. The participants can then practice exactly how their area responds to an emergency.

Simulations can have multiple roles in a process improvement.

System Improvements in General

This is not our only example of using simulation to help with system improvements, but it is a good example of simulation being involved in the whole process. Simulation helped to find the problem and helped broadcast out the resulting changes.

We can use simulation for more system improvements like this. Think of a complicated process in your area that you think could be improved. We can run simulations to see what your current state is, which is frequently similar to, but not the same, as what people think the current state is. We can run simulations to try out various solutions to see which one works the best. And then we can run simulations to help broadcast the chosen solution out to all staff.

Simulations aren't just "Let's practice a code" anymore. Simulations can actively help improve patient care processes.

Journal Article

This month's article discusses using in situ simulations to find and reduce errors in actual patient care.

The article is Guise, J.-M. and Mladenovic, J. (2013). In situ simulation: Identification of systems issues. *Seminars in Perinatology*, 37; 161-165.

We have a link for this that should work from any UVa computer: [In situ simulation_ Identification of systems issues](#).

Our Ongoing Opinion

Our article this month is from 2013. It references an AHRQ article from 2001. We've known that simulations are for more than just "Let's practice a code" for more than twenty years.

It's our firm belief that we are not using simulation for enough things yet. We can and should be testing new processes and new areas to see if they work as we expect. We should be testing our current processes to see if we are doing what we think we are and to see if we can improve them.

We should be using simulation much more than we are currently!