

Project Title

Improve Nurses' Confidence and Performance During Medical Emergency (Code Blue)

Project Lead and Members

- Lim Choon Chai
- Huang Na
- Nor Syamsul Nazly Bin Mohamed Said
- Sim Guan Hua Jonathan
- Teo Lee Hwa
- Sun Xia
- Sivaranjini Siva

Organisation(s) Involved

National Heart Centre Singapore

Aims

This project aims to improve nurses' preparedness and coordination skills to save lives in an event of medical emergency.

Background

See poster appended / below

Methods

See poster appended / below

Results

See poster appended / below

Conclusion

See poster appended / below



Additional Information

Singapore Healthcare Management (SHM) Conference 2021 – Merit Award (Operations Category)

Project Category

Healthcare Training & Education

Keywords

Healthcare Training & Education, Performance Management, Simulated Training, Manpower Saving, Cost Saving, Safe Care, Nursing, Healthcare Administration, National Heart Centre Singapore, Operations, Medical Emergency, Code Blue, Life-Saving Skills

Name and Email of Project Contact Person(s)

Name: Lim Choon Chai

Email: singaporehealthcaremanagement@singhealth.com.sg

If you're experiencing problems submitting your content, please contact the CHILD Administrator at CHILD@ttsh.com.sg

Improve Nurses' Confidence and **Performance During Medical Emergency (Code Blue)**

Singapore Healthcare

Management 2021

Lim Choon Chai, Huang Na, Nor Syamsul Nazly Bin Mohamed Said, Sim Guan Hua Jonathan, Teo Lee Hwa, Sun Xia, Sivaranjini Siva



National Heart Centre Singapore SingHealth

BACKGROUND

Life-saving skills and knowledge from life support courses for nurses are acquired through classroom trainings. However, as emergency activations in general ward are infrequent, these skills deteriorate at a fast rate - merely 6 months after completion of training. Nevertheless, it is essential to retain these life-saving skills and knowledge to ensure preparedness in an event of medical emergency.

RESULTS **Tangible Benefits Post-Implementation: Time Taken Pre-Implementation: Time Taken** to Complete Mock Code Blue to Complete Mock Code Blue 25

Based on past events, doctors feedbacked that there is room for improvement in nurses' preparedness and performance during an emergency activation. Nurses also voiced out that they lacked the confidence in responding to such emergencies. This project aims to improve nurses' preparedness and coordination skills to save lives in an event of medical emergency.

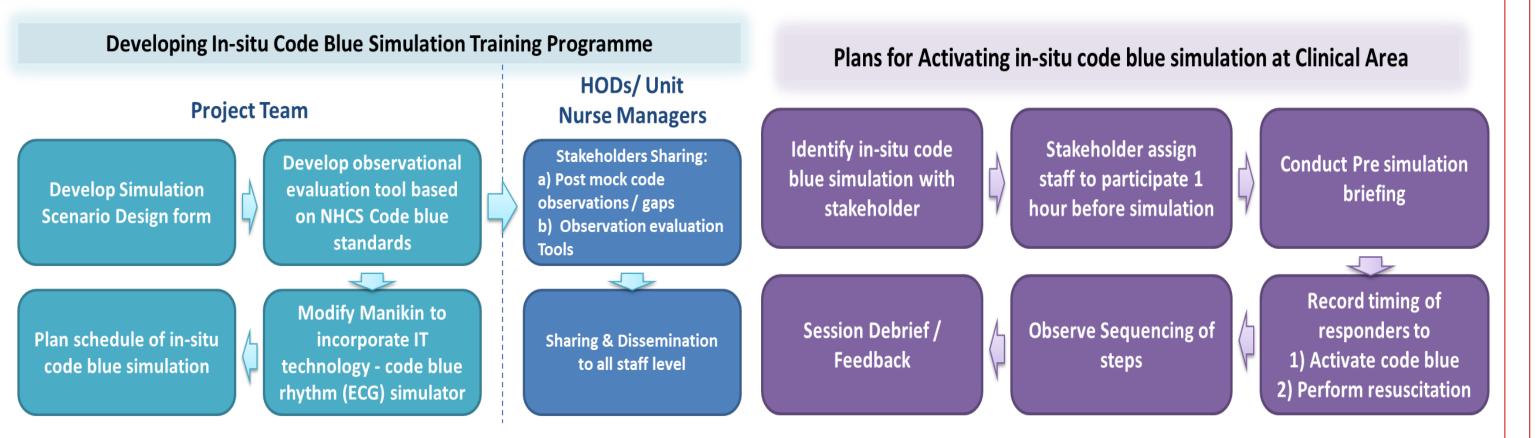
TARGET



To improve coordination skills for completion of emergency response task within **10 minutes**

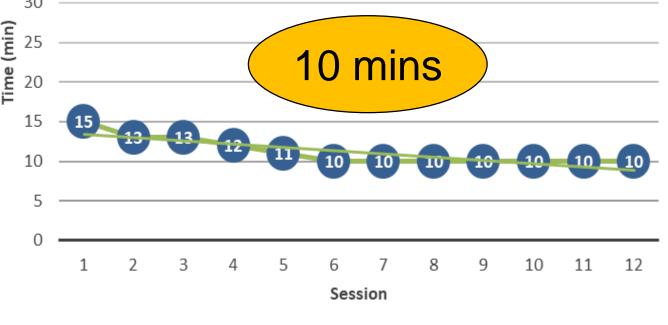
To increase staffs' confidence in responding to medical emergency situations from **51%** to **90%**

SOLUTION IMPLEMENTATION



In-situ simulated Code Blue Training Programme (Clinical Environment)



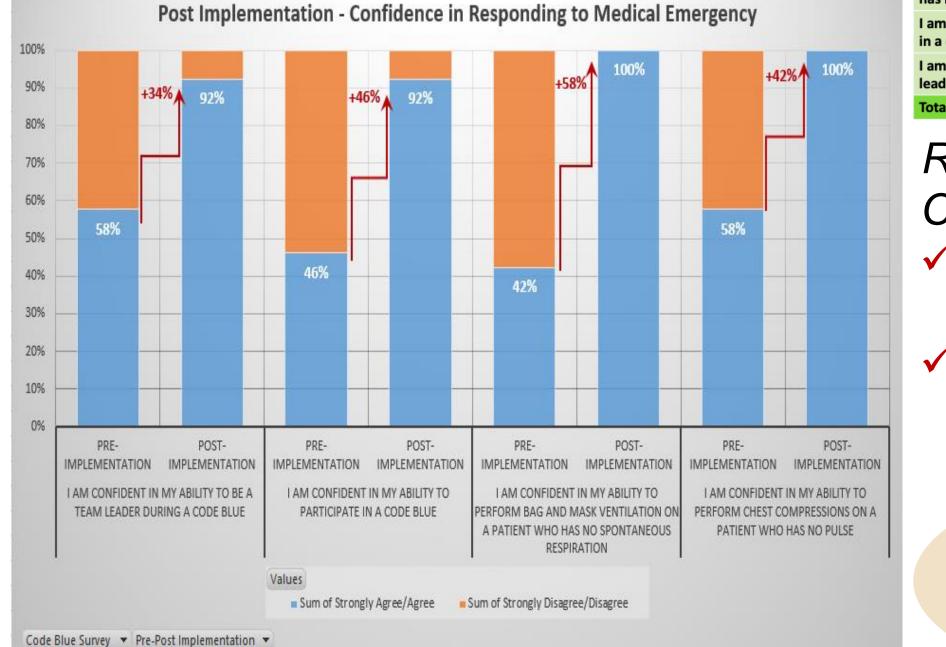


Average of 15 minutes faster for each Code Blue Activation!

 \checkmark Staff are more organised and confident in responding to emergency situation Identifiable leadership and clear communication of roles

Increase in Nurses Confidence Level when Responding to Emergencies

um of Strongly Agree/Agree Sum of Strongly Disagree/Disagr



Post Code Blue Survey Questions:	Strongly disagree	Disagree	Strongly agree	Agree
I am confident in my ability to perform chest compressions on a patient who has no pulse	0	0	20	6
I am confident in my ability to perform bag and mask ventilation on a patient who has no spontaneous respiration	0	0	21	5
I am confident in my ability to participate in a code blue	0	2	21	3
I am confident in my ability to be a team leader during a code blue	0	2	18	6
Total number	0(0%)	4(4%)	80(77%)	20(19%)

Results obtained from a post Code Blue survey revealed: ✓ **100%** Confidence in Skills & Knowledge

✓ 92% felt confident in leading or participating in Code Blue

T

- Interactive and scenario based training catered to staff learning needs ullet
- Leverage on IT technologies to simulate code blue
- Simulator equipment will simulate ECG rhythm at the clinical setting



Scenario 1: Patient collapsed at waiting room

Scenario 2: SSU patient bedside



Scenario 3: Patient collapsed during treadmill exercise

Standardization in code blue process

- By using an observational evaluation tool based on NHCS Code Blue standard to evaluate staff performance
- Simulated training is instructor led
- Instructor will offer critique and coaching during post session de-brief

S/N

Parameters

Staff Involved / Activation	Cost / Activation (Pre-teaching)	Cost / Activation (Post-teaching)
SSN	\$45	\$18
SN		
EN		
Total cost based on 109 activations/year	\$4095	\$1962

Pre-Implementation: Resuscitation Process & Efforts

X **Overall confidence in** responding to medical emergencies increased from 51% to 96%

An average of 109 code blue activation per year

Estimated manpower savings: 82hrs/annum

Estimated cost savings: \$2943/annum

Post-Implementation: Resuscitation Process & Efforts

Based on *compression data* downloaded from Code Blue simulation:

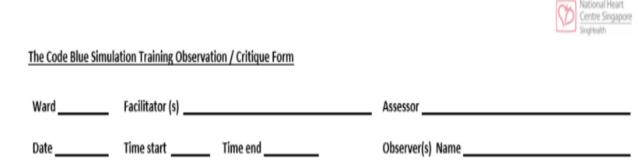
- Not enough compression depth (\mathbf{X}) Chest compression stops intermittently Inconsistent chest compressions
- 100% achieved quality chest
 - compression 100% achieved independence in
 - step of Resuscitation Process

Intangible Benefits



Staffs are comfortable with asking questions and learning from

Code Blue Simulation Training Observation Form



Indicate the performance of the following actions. Offer critique and coaching during post session de-brief. Offer prompts only if staff unable to progress. When finished, check E-trolley and equipment to unit location.

		Time	Correct Critical Actions	Incorrect Critical Actions Comments
1.	Assess patient/establish patient stability		Obtain history/report, if available Assess ABCs-primary & secondary assessment Assess vital signs Determine instability	No history/report obtained Only partial assessment of ABCs No vital signs assessed Does not recognize instability
2.	No Response Call for help/Get assistance	Start time	Call for help Activate Code Blue button for assistance Delegates staff for help (Shown Leadership)	Codes not recognize instability Leaves patient to get help or supplies Does not use established methods for emergency notification No delegation for assistance/supplies
3.	When mannequin becomes pulseless			
4.	Staff establish unresponsiveness		$\Box \leq 30$ seconds	Not done > 30 seconds
5.	Activate Code Blue Check breathing and Circulation		Press the Code Blue button Check rise and fall of chest wall Check for pulse	Does not press the Code Blue button Does not check rise and fall of chest wall Does not check for pulse
6.	Patient positioned/ Backboard		Remove headboard Patient in a flat and supine position (pull the Emergency CPR handles at the head of the bed) Backboard placed prior to chest compressions	Does not remove headboard Prompt required Patient not in a flat and supine position Backboard not placed during simulation
7.	Chest compressions started		No pause for BVM ventilation Compressions at rate at 100-120/min Compression depth @ 4-6 cm Compression hand positioning at the lower half of the sternum Recoil Performs 2 min uninterrupted CPR unless defib is present	Pauses or starts CPR after airway device Compression rate too slow Inadequate compression depth Hand positioning too high or low No recoil Stops CPR before 2 min (any reason)
8.	CPR Organization		Proper sequence (breathing, pulse check) ABC CAB	Out of sequence, disorganized Prompt required

Instructor Observations & Feedback

First Responder Team

Scenario 1: Clinic 4B Nurses

Scenario 2: SSU Nurses

Scenario 3: Cardiac Rehab nurses & Physiotherapist

- Gaps to enhan Collaborate with each others on the task, switch roles Team work To strengthen between members, to voice out when not familiar with task Communication and switch role Equipment Competency of equipment-need not connect ECG cables from LP 15 to patient, quick combo pad able to pick up ECG Not familiar with equipment-unable to set up suction apparatus, choose wrong wall outlet DRSABC to follow the sequent—did not check responsiveness Skills Chest compressor tiredness— ideally change every 2 minutes
 - Interruption of compression—stoppage of chest compression is too long
 - Incorrect mask cupping and no head tilt chin lift when bag & mask, did not look for rise and fall of chest wall
 - Delay in initial DC shock after applying the quick combo pad
 - ECG machine to remove from the scene to make space
- Leadership—need to be assertive and delegation of tasks by various Leadership members of the team
 - Need to aware of parameters—did not take parameters initially when c/o chest pain

their mistakes without experiencing any repercussions



Hands-on practice with equipment and clear guidelines at the actual environment is practical and leads to better efficiency in handling medical emergencies

Enhanced **Team work**

Shared responsibility in responding to medical emergencies will improve coordination and boost staffs' morale

Patient Experience

More holistic patient care can help to improve patients' health outcome

CONCLUSION There is lesser hesitation during Code Blue with clear defined roles. Identifiable leadership and clear communication of roles are key factors to good performance in resuscitation. With the implementation of these Mock Codes, providers of all levels will be able to familiarize themselves with the clear guidelines and ensure they are following the necessary steps to safe patients' lives.