

CODE BLUE, Do You Know What to do?

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Background

- Lack of experience in code situations
- Necessity of code competence for better patient outcomes
- Improvement required to facilitate effective communication and teamwork in critical situations
- Necessity for increased proficiency with code cart and other code supplies

PICO

PICO Question – Could the implementation of mock codes increase staff confidence during code blues in acute care settings?

- P- ICU staff/ clinical staff
- I - Mock codes, evaluations, and debriefing
- C- Compared to no implementation of mock codes
- O- Increased confidence during code blue situations

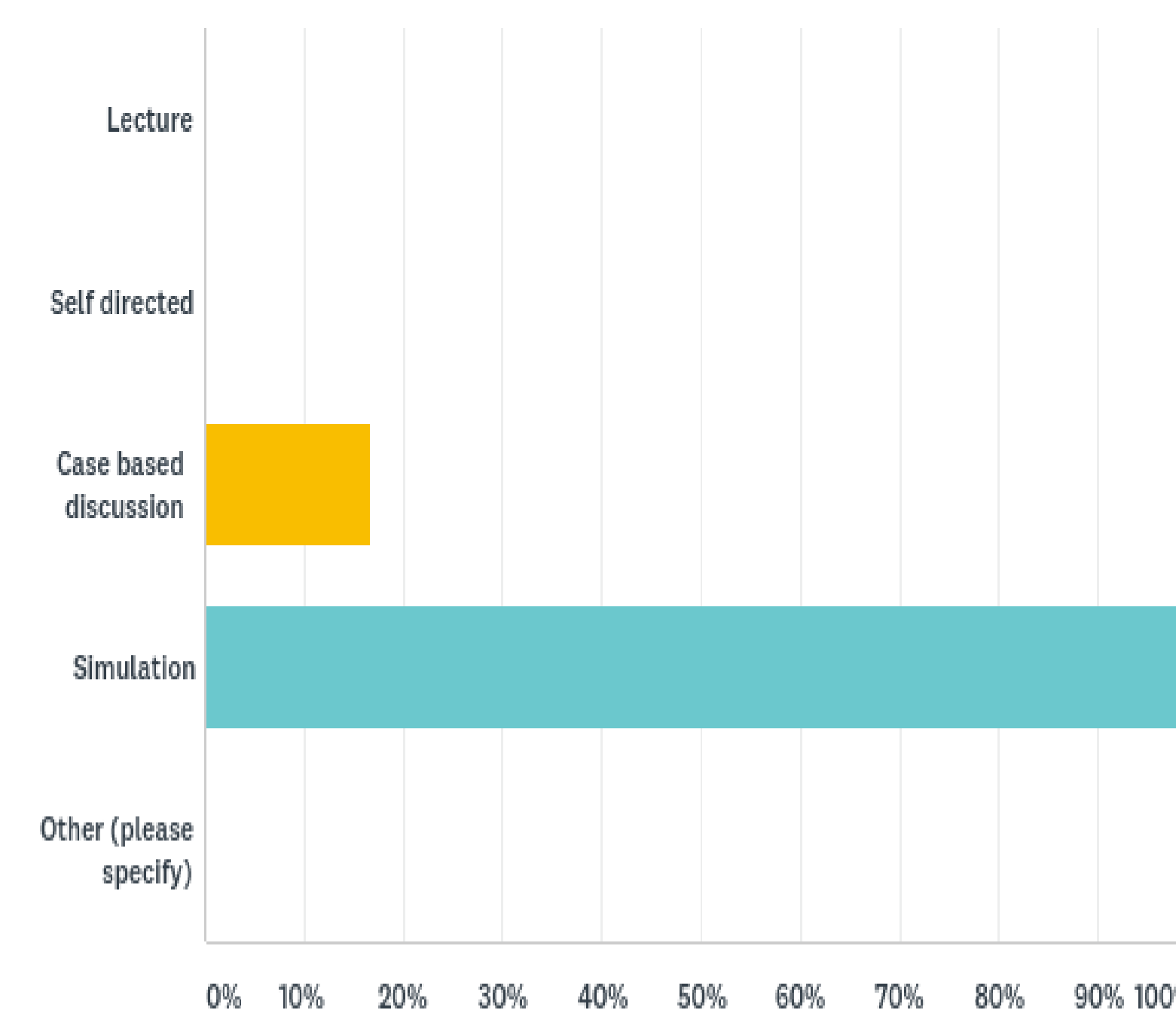
Implementation

- Healthcare Personnel Pre Survey
- Mock Code Blue Trials
 - Introduction to code documentation in Epic and LUCAS utilization
 - Patient case study & mock code
 - Debriefing on experience and follow-up education on LUCAS and Epic documentation
- Healthcare Personnel Post Survey
- Mock code blue experiences implemented into regular nursing practice

Results

- After implementation of mock code blues, 100% of involved staff agreed or strongly agreed that they felt confident participating in a code blue and had increased understanding of the roles & responsibilities. Staff also voted yes to implement mock codes as a required part of staff training.
- 16.67% of staff reported feeling “neutral” in regards to confidence administering medications & utilization of the LUCAS device.
- 16.67% of staff reported they did not feel confident documenting in Epic, while 33% were undecided.
- All staff were in agreeance that more Epic documentation education should be provided.

Q1 After participating in the mock code simulation, what do you believe is the best way to prepare for codes?



Scholarly Evidence

- Mock Code blue trials promote stress reduction, teamwork and collaboration among all health care personnel in critical care settings (Hill, Dickter, & Van Daalen, 2010).
- Mock simulations improve confidence in critical thinking and communication skills with other healthcare professionals. Additionally, simulations enable the development of their leadership and stress management skills in a safe learning environment (Kaddoura, 2010).
- Health care personnel are interested in the implementation of mock codes (Price, Applegarth, Vu, & Price, 2012).
- Students who practiced with the human patient simulators (HPS) in addition to their clinical training had significantly higher scores regarding the implementation of nursing skills (Radhakrishnan, Roche & Cunningham, 2007).
- Improvement upon code blue experiences require: organization, clearly identified roles, and frequent team practices in the form of mock code (Prince, Hines, Chyou & Heegeman, 2014).
- Mock code percentage scores were significantly higher with day shift than with night shift nurses. No other significant differences were found in mock code percentage scores by RN responder variables. When asked to rate their confidence in their ability to respond to an in-hospital resuscitation, 49.2% of RN responders indicated they were “confident” or “very confident” before the mock code. After participating in the mock code, 77.9% reported being “confident” or “very confident.” 41% participants indicated more confidence after the mock code, while 54% reported no change in confidence and 5.1% indicated less confidence after the mock code (Reece, 2016).

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