### Objectives

1. Evaluate the level of emergency preparedness at your center
2. Implement practices to improve staff training and preparation for patient emergencies at your center
3. Apply the use of easily assessable checklists to assist staff with essential duties during emergency situations

### Outpatient Surgery Center

- Emergency preparedness at all times
- Maintain a safe environment for patients, personnel, and visitors
- Determine resources available
- Train staff for all possible situations
- Conduct frequent drills and evaluate preparedness
Cardiopulmonary Arrest- CODE BLUE

• Confusing, chaotic, traumatic to all involved
• Did everything you could have?
• Can’t prevent situations from occurring, but you can learn from them
• How could this situation have been prevented, avoided, or had a better outcome
• Root Cause Analysis

Common Issues Identified during emergencies

• Code alarm not heard
• Confusion on roles/assignments
• Multiple people accessing crash cart
• Crash cart cluttered and overstocked
• Clocks and monitors have different times
• EMS not called promptly
• Equipment not applied promptly, or used correctly
• EKG strips/ vital signs not printed

Checklists (Emergency Manuals)

• Studies show rapid decline of ACLS skills after training
• The checklist concept has been used in aviation for 80 years and for anesthesia machine checks for 50 years
• Checklist can significantly improve performance in emergency situations
• “If I were having a procedure and experienced an emergency, I would want the checklist used.”
• “The results of this study suggest that hospitals and ambulatory surgical centers should consider implementation of checklists to increase the safety of surgical care.”
### Stanford Emergency Manual

- Emergency Manual
- CPU: 2017
- Stanford Emergency Manual
- Cognitive Aid for Perioperative Critical Events 2017

### Pediatric Emergency Critical Event Checklists

- Pediatric Crisis - Critical Events Cards
- Multi Eye GI

### Adult and Pedi Emergencies rated by Specialty

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<th>Specialty</th>
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<th>Pedi-Crisis</th>
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Emergency Training

- Not a Mega Code Inservice or scenario
- A realistic code scenario/discussion module
- Discuss scenarios and best actions to take for each
- Focus on roles and responsibilities
- Allow time to ask questions and discuss answers
- Group discussions to identify solutions for issues identified

Emergency Training

- Use realistic scenarios for your facility
- Incorporate education, open discussion, group planning to determine emergency procedures
- Focus on roles and responsibilities of all involved
- Allow time for staff to ask questions and discuss responses
- Encourage group discussions to identify solutions for issues identified

Discussion with Staff

- Identify staff who have the most experience in emergency situations
- Recognition of a patient in distress
  - Alarm parameters
  - Rapid Response Codes
- What do you do when an emergency occurs?
  - Front Office Staff
    - Call 911, move family, notify center director, page overhead, copy chart, wait outside for EMS
  - Admitting Staff
    - Assign staff for patients, send staff to assist with code
  - Procedure Room Staff
    - Complete only procedures already in progress, send staff to assist
    - Do not start new procedures until patient is transported out of center
Discussion with Staff

- Recovery Room Staff
  - Usually first responders, determine minimum required to stay in RR based on patients
- Scope Room/Sterile Processing Staff
  - Immediately become available to assist

- Circumstances to consider
  - Time of day (early am with few staff, no MD, CRNA)
  - Day of the week (Saturday)
  - Age of patient (pediatric)
  - Location (waiting room)

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Crash Cart Drawer Labeling

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Crash Cart Drawer Organization
Crash Cart Drawer Organization

- Review the list of roles and staff that can act in each role
- Identify how the roles will be determined quickly and efficiently
- Prioritize the roles in order of importance
- Encourage staff to cross-train to all areas
- All staff need to be familiar with the crash cart- the same person should not check the crash cart every month
- Each anesthesia cart should be the same
- Be flexible- each situation is unique and may have special circumstances

Roles

- Leaders
  - Leader of the Code/ Emergency: CRNA or MD- manages airway and medications
  - Leader of the Team: Charge Nurse or designee, assigns Code Team Roles
- Team
  - Airway assist, Ambu bag
  - Chest Compressions- 2 people: place back board, check pulses
  - Medications: 1-2 people: prepare and administer medications
  - Start 2nd IV, attach defibrillator AED
  - Crash Cart: stays at crash cart and hands out supplies/meds as called
- Documentation
  - Code Sheet, BP continuous, print VS, EKG
  - Transfer form, patient information, H&P
### Center Leader/ Administrator

- Ensure that code protocol has been initiated
- Verify that EMS has been activated and are in-route
- Move family to a private room/ area; update frequently
- Medical Record is copied for transfer
- ER is aware of transfer and patient condition
- Physician order for transfer
- Conduct staff debriefing immediately following incident

### AED/ Monitor Person

- 1st nurse to respond…get crash cart
- Print baseline EKG strip
- Run baseline B/P check
- Assist in placing backboard under patient
- Apply AED/ defibrillator
- Communicate EKG status to room…LOUDLY
- Continue communicating EKG status
- Continue EKG strips and B/P checks every minute

### Role Cards

- Can help identify team members
- Reminds each team member of their responsibilities
- Great for mock codes and practices
Role Cards (cont.)

Communication Tools

- **SBAR**
  - **Situation**: What is going on with the patient?
  - **Background**: What is the clinical background or context?
  - **Assessment**: What do I think the problem is?
  - **Recommendation or Request**: What would I do to correct it?

- **SBAR example for an emergency situation**
  - **Situation**: 68 yo male for colonoscopy, experienced hypoxemia during anesthesia, rapidly developed into hypotension, and respiratory arrest
  - **Background**: Cardiac history, hypertension, asthma, diabetes
  - **Assessment**: Possible cardiac or respiratory event?
  - **Recommendation or Request**: Stabilize patient, transport to hospital

Communication Tools

- **Call-Out**: Used to communicate important or critical information - informs all team members

  - Leader: “check femoral pulse”
  - Nurse: “no femoral pulse”
  - Leader: “Epinephrine 1 mg IV”
  - Nurse: “Epinephrine 1 mg IV at 2:08”
  - Leader: “Blood pressure”
  - Nurse: “BP is 87/46”
Communication Tools

**Check-Back**: Communication loop involving a sender initiating the message, a receiver accepting the message and providing feedback that the task had been completed:

- Physician asks: “Give Ephedrine 25 mg IV”
- Nurse confirms: “Give Ephedrine 25 mg IV”
- Physician **checks back**: “Correct”

Emergency Drill Evaluation

- **Most important part** of emergency preparedness training
- Opportunity for feedback, suggestions, decisions
- Encourage everyone to participate, ‘No idea is a bad idea’
- “What went right?”
- “What could have been done better?”
- Share and discuss all emergency drill evaluations with QAPI Committee, Governing Board

Code Blue De-Briefing

- Complete as soon as possible
- Include all staff if possible
- Include Medical and Anesthesia staff
- Discuss what happened, what worked and what didn’t
- Focus on the processes, not the people
- Discuss possible suggestions and improvements
- Review documentation
- Be supportive- no finger pointing
- The Center Leader can take notes, but others should not
Take Aways

- Use Emergency Manuals and checklists to assist staff with emergencies
- Educate staff on roles and responsibilities
- Frequent drills maintain staff preparedness
- Evaluate staff performance in emergency drills
- Listen to staff suggestions for improvements
- Include all staff in emergency drills—anesthesia, physicians, techs and front office staff

Regular Emergency Drills and Crash Cart Organization can:
- Educate staff of various roles and responsibilities
- Maintain staff preparedness for emergencies
- Improve patient outcomes
- Increase staff confidence
- Improve documentation
- Improve team participation in emergency situations
  Most importantly, they can save lives

Questions, Comments, Discussion?

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