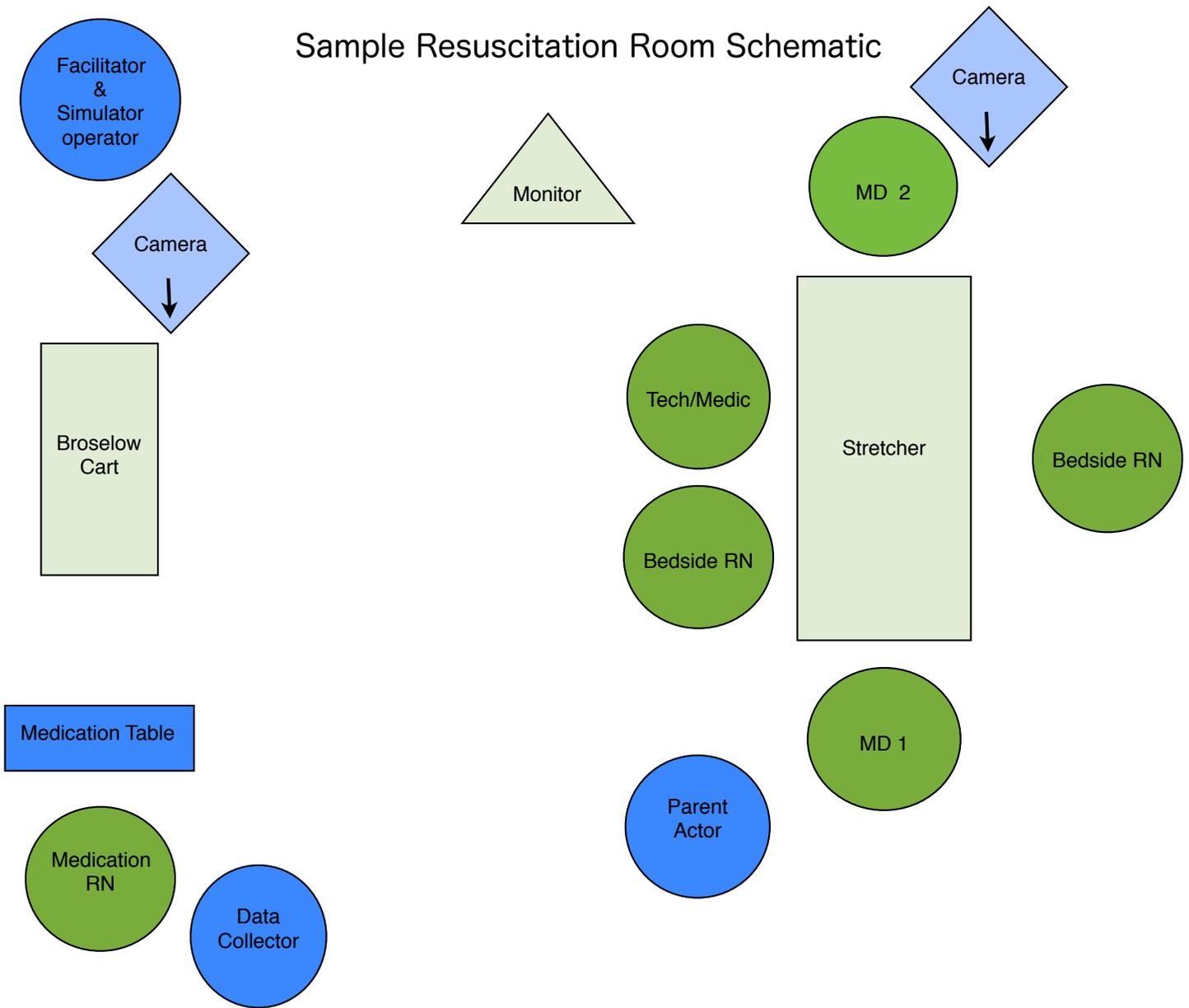


Details of in-situ simulation day:

- On the day of the simulation we will need you to arrange for two teams of providers to participate for approximately 2 hours in your departments' resuscitation bay. Each team will be composed of two medical providers (MD, PA, &/or APRN), three nurses, and two medical support staff members (medic, tech, &/or Respiratory Therapist). In many hospitals we have conducted these simulations in the mornings in the resuscitation bay. Team members sign up to attend this session outside of their normal work day (either before/after a shift or on a day off). Some hospitals have paid staff for their time and others have made this voluntary.
- In-situ simulations will be conducted on actual patient care units using equipment and resources from that unit and involving actual members of the healthcare team. High-fidelity simulators will present clinical findings (pulses, breath sounds, heart sounds), be connected to a monitor displaying vital signs and a computer displaying the electronic medical record (labs, imaging). Actors will portray family members. Scenarios will be programmed into a computer and the simulator's status will change over time and in response to interventions. Simulations mimic clinical care and facilitate training and assessment in ways that cannot be accomplished in real patient care safety efforts.
- Sims will provide a platform for valid and reliable measurement of the quality of care and identify the impact of both human and systems-based safety threats. For the duration of the simulations we will need one room in your department to hold simulations and debrief afterwards.
- Participants will reflect on their experiences immediately following each simulation. Trained experts will facilitate debriefings using the Army's after action review format to identify failure modes in the work environment and the systems of care. Debriefings will provide perspectives not readily apparent during clinical care and that would not be uncovered using traditional retrospective risk reduction techniques.
- Teams will care for a variety of simulated pediatric patients in a series of four scenarios. The structure, processes and outcomes of care will be evaluated for four identical infant patients with common life-threatening conditions: sepsis, hypoglycemic seizure, airway foreign body, and cardiac arrest/drowning. We will collect valid and reliable data through novel data capture from the simulator and videotape reviews (securely stored). We have completed identical sessions at ___ other Emergency Departments (8 PED and ___ General EDs) in the northeast. Our team will provide you with a detailed report that compares and contrasts your performance to other departments (de-identifying all departments).
- We will work with a designated "Pediatric Champion" at your hospital to provide specific feedback on performance and to develop "action plans" to improve the quality of care. Ex: refining pediatric sepsis algorithms, identification of latent safety threats, new pediatric medication dosing systems. We have a variety of resources and interventions that have been created through this program that your department will have access.

Sample Resuscitation Room Schematic



Please use this schematic to set-up your resuscitation room to allow for full visibility of the session. It can be arranged to the design of the room.