

## CHI Learning & Development System (CHILD)

### **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



## CHI Learning & Development System (CHILD)

### **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)



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



## **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.

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**

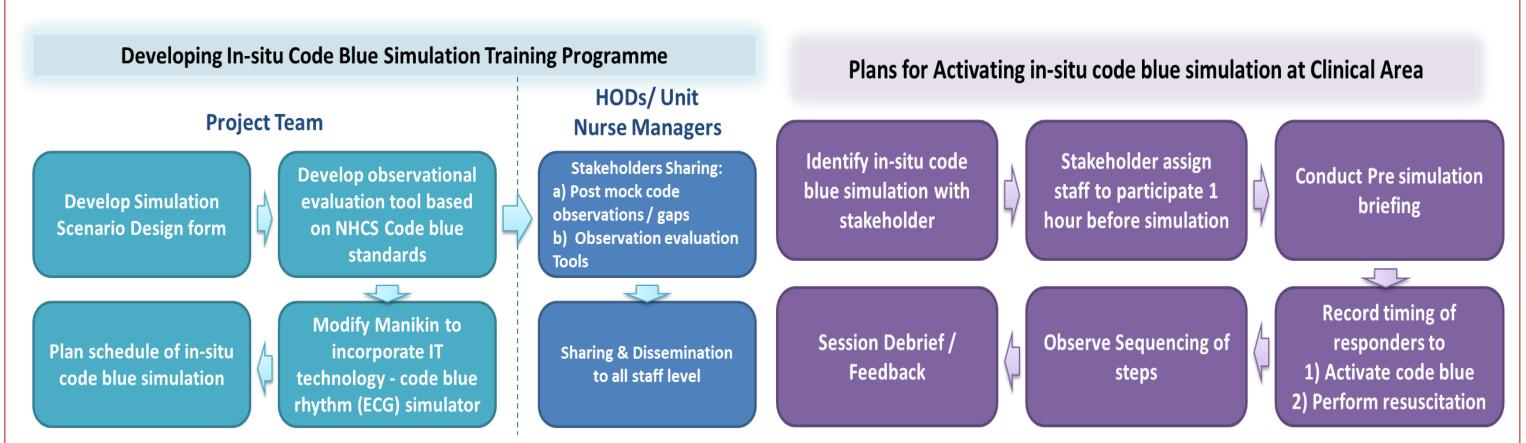


To improve coordination skills for completion of emergency response task within 10 minutes



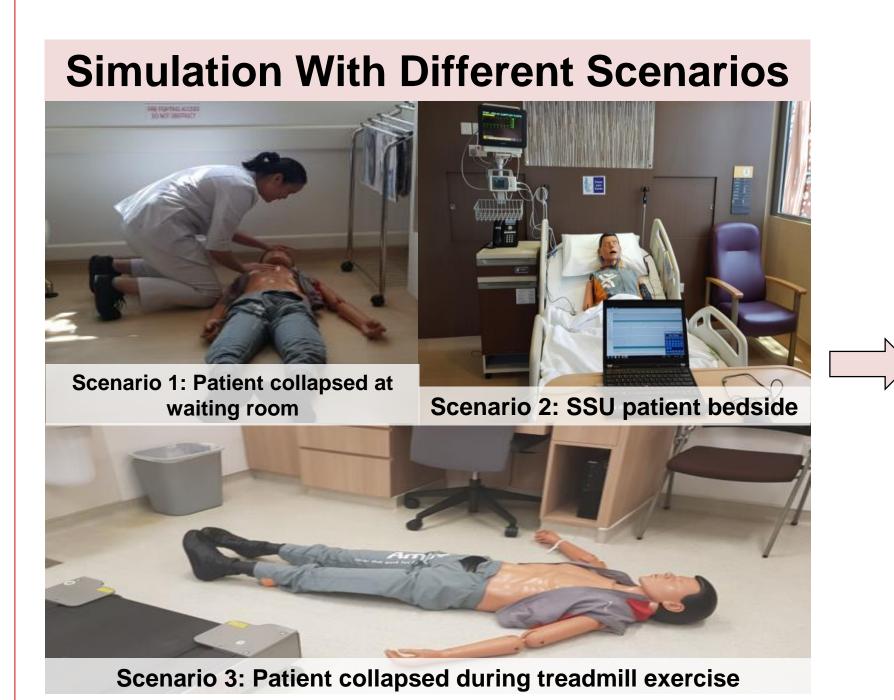
To increase staffs' confidence in responding to medical emergency situations from 51% to 90%

## SOLUTION IMPLEMENTATION



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

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





## 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

National Heart
Centre Singapore
SingHealth

# Code Blue Simulation Training Observation Form

waru _	Facilitator (s)			Assessor		
ate _	Tin	ne start	Time end	Observer(s) Name		
dicate		the follo equipme				
		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	☐ Prompt required	
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)	Leaves patient to get help or supplies     Does not use established methods for emergency notification     No delegation for assistance/supplies	☐ Prompt required	
3.	When mannequin becomes pulseless					
4.	Staff establish unresponsiveness		☐ ≤ 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	☐ During debrief ask staff what was said	
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 Patient not in a flat and supine position Backboard not placed during simulation	☐ Prompt required☐ On floor	
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	Pauses or starts CPR after airway device Compression rate too slow Inadequate compression depth Hand positioning too high or low  No recoil	☐ Prompt required	

☐ Performs 2 min uninterrupted CPR unless defib is present ☐ Stops CPR before 2 min (any reason

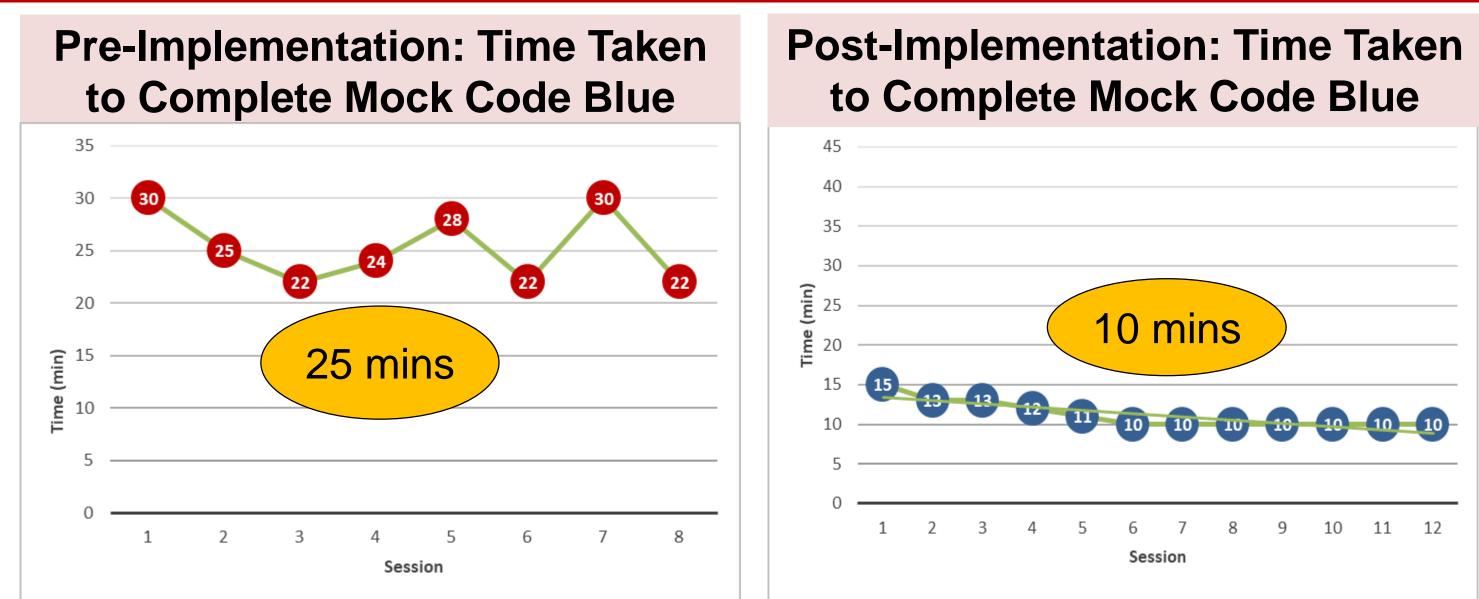
8. CPR Organization

# Instructor Observations &

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

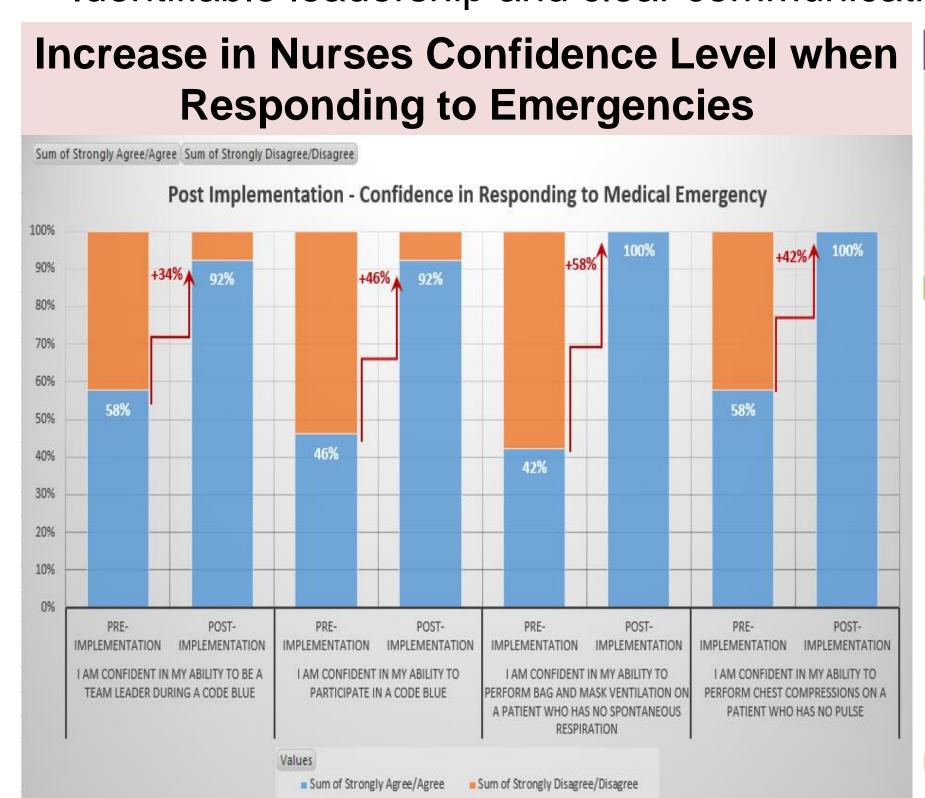
## **RESULTS**

## **Tangible Benefits**



## Average of 15 minutes faster for each Code Blue Activation!

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



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
am confident in my ability to perform bag and mask ventilation on a patient who has no spontaneous respiration	0	0	21	5
l 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 obtain Code Blue sur	ed fi	rom	a po	st
Results obtain	ed fi vey	rom reve	a po ealed	ost d:
Code Blue sur	ed fi vey	rom reve	a po ealed	ost d:

or participating in Code Blue

Overall confidence in

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

# Pre-Implementation: Resuscitation Process & Efforts

Cost / Activation

(Pre-teaching)

\$45

\$4095

Post-Implementation: Resuscitation Process & Efforts

Based on compression data downloaded from Code Blue simulation:

Cost / Activation

(Post-teaching)

\$18

\$1962

- Not enough compression depth
- Chest compression stops intermittently
- Inconsistent chest compressions
- 2 100% achieved quality chest
- compression
  100% achieved independence in step of Resuscitation Process

## **Intangible Benefits**

Safe Learning

ode Blue Survey 
Pre-Post Implementation

Staff Involved /

Total cost based on

109 activations/year

Activation

SSN

Staffs are comfortable with asking questions and learning from their mistakes without experiencing any repercussions

Realistic Learning 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.