

# Integrating Simulation-based Clinical Systems Testing with Simulation-based **Training to Improve Outcomes in the Sedation Services Post Anesthesia Care Unit**

Amanda Tate, BSN, RN, CPN <sup>1,2</sup>; Megan DiFiore, MSN, RN, CNL <sup>1,2</sup>; Katie O'Dekirk, BSN, RN <sup>1,2</sup>; Destiny LaShoto, MSN, RN, CPN, NE-BC <sup>1,2</sup>; Kiran Hebbar, MD, FCCM <sup>1,2,3,4</sup>

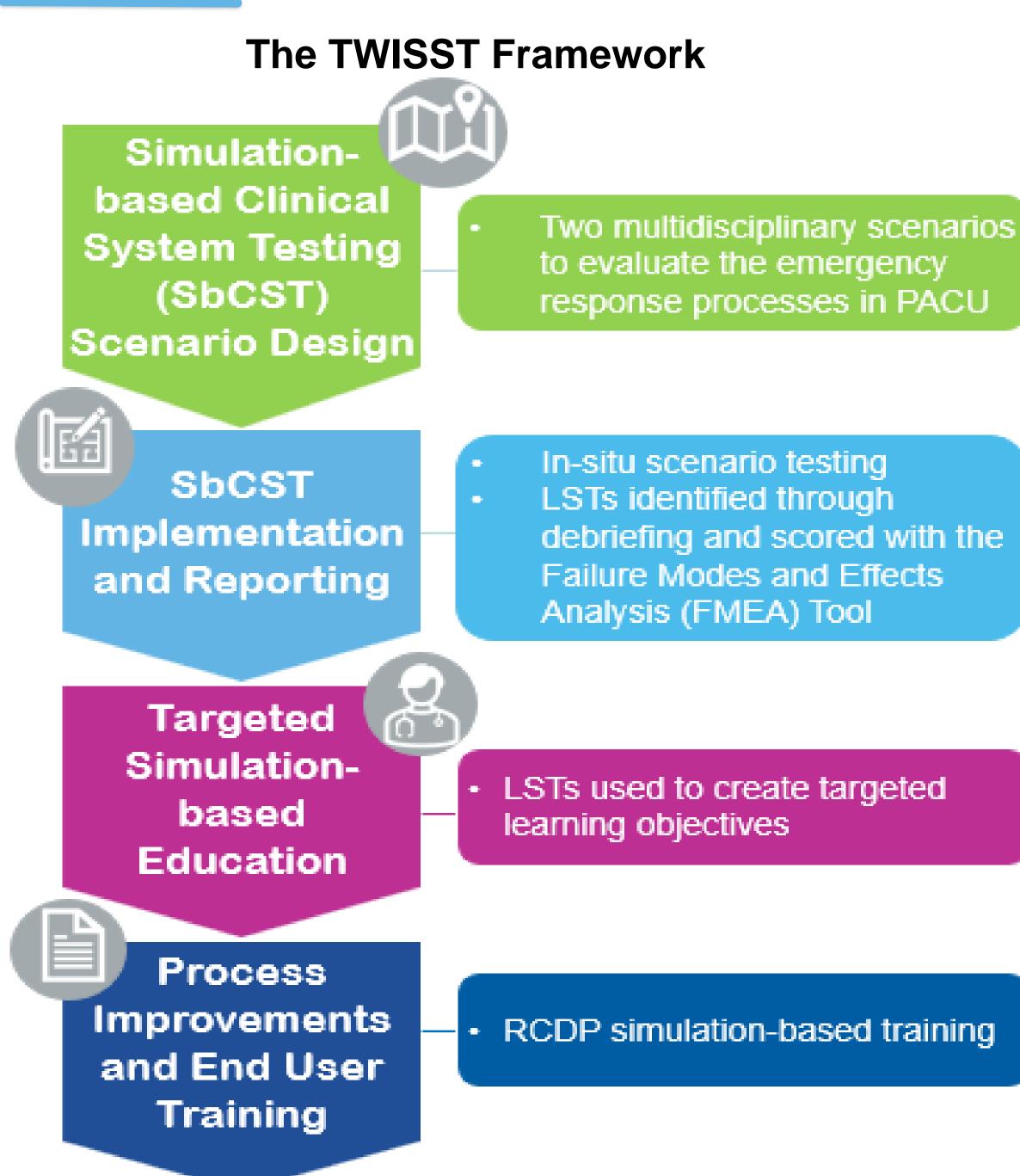
### PURPOSE

This project applied the Translational Work Integrating Simulation and Systems Testing (TWISST) framework to the Sedation Services Post Anesthesia Care Unit (PACU) to identify and prioritize latent safety threats (LSTs) and develop targeted simulation-based training.

#### BACKGROUND

- Individual knowledge deficits are frequently considered the primary cause of adverse events, with mitigation strategies typically focused on closing these knowledge gaps through individual improvement efforts (Dubé et al., 2019).
- Solutions that focus solely on targeting individual knowledge gaps fail to address deeper rooted latent safety threats within the system (Colman & Hebbar, 2023).
- Using simulation to proactively test workflows can aid in identifying process improvement opportunities and drive impactful targeted simulation-based training.

### **METHODS**



<sup>1</sup> Children's Simulation Center, <sup>2</sup> Children's Healthcare of Atlanta, GA, <sup>3</sup> Department of Pediatrics, Emory University School of Medicine, <sup>4</sup> Division of Pediatric Critical Care, Emory University School of Medicine

## RESULTS

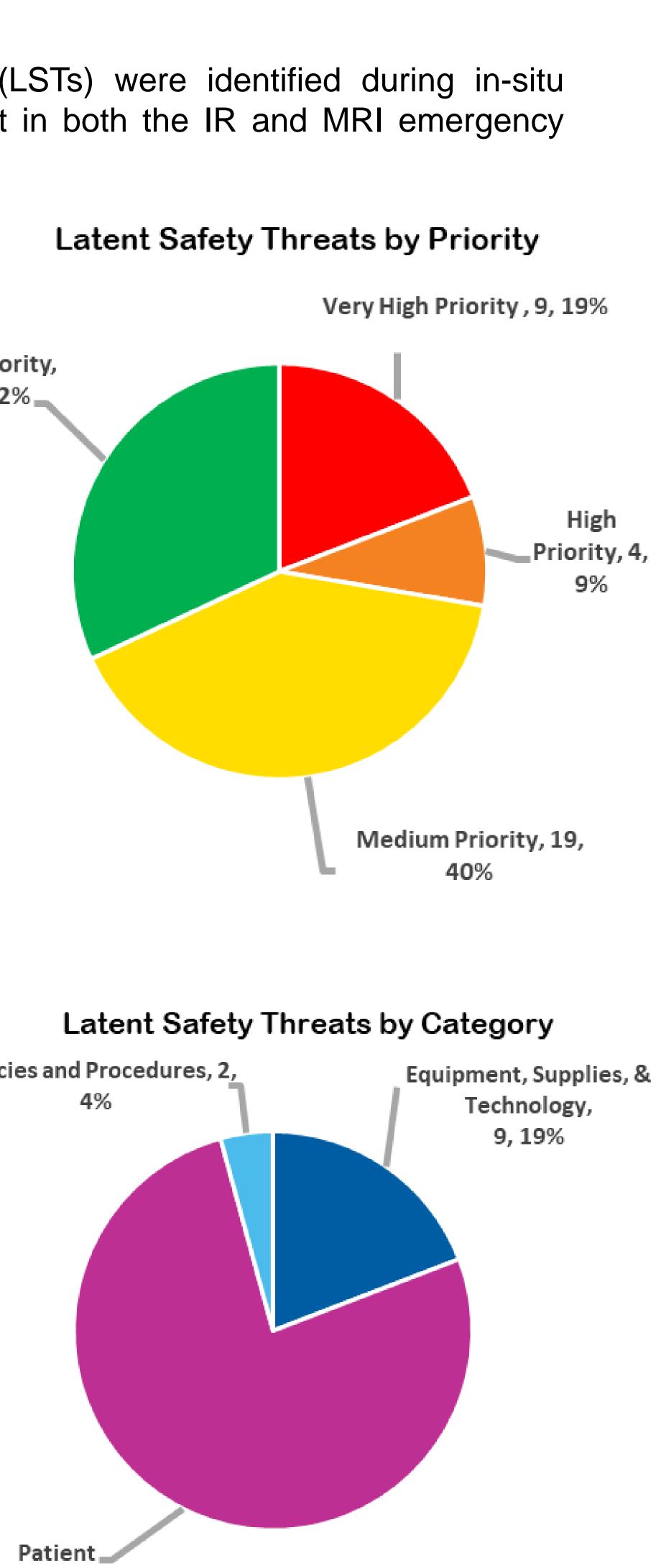
47 total latent safety threats (LSTs) were identified during in-situ SbCST. Ten LSTs were present in both the IR and MRI emergency response processes.

Simulation-based Training addressed 38% of LSTs.

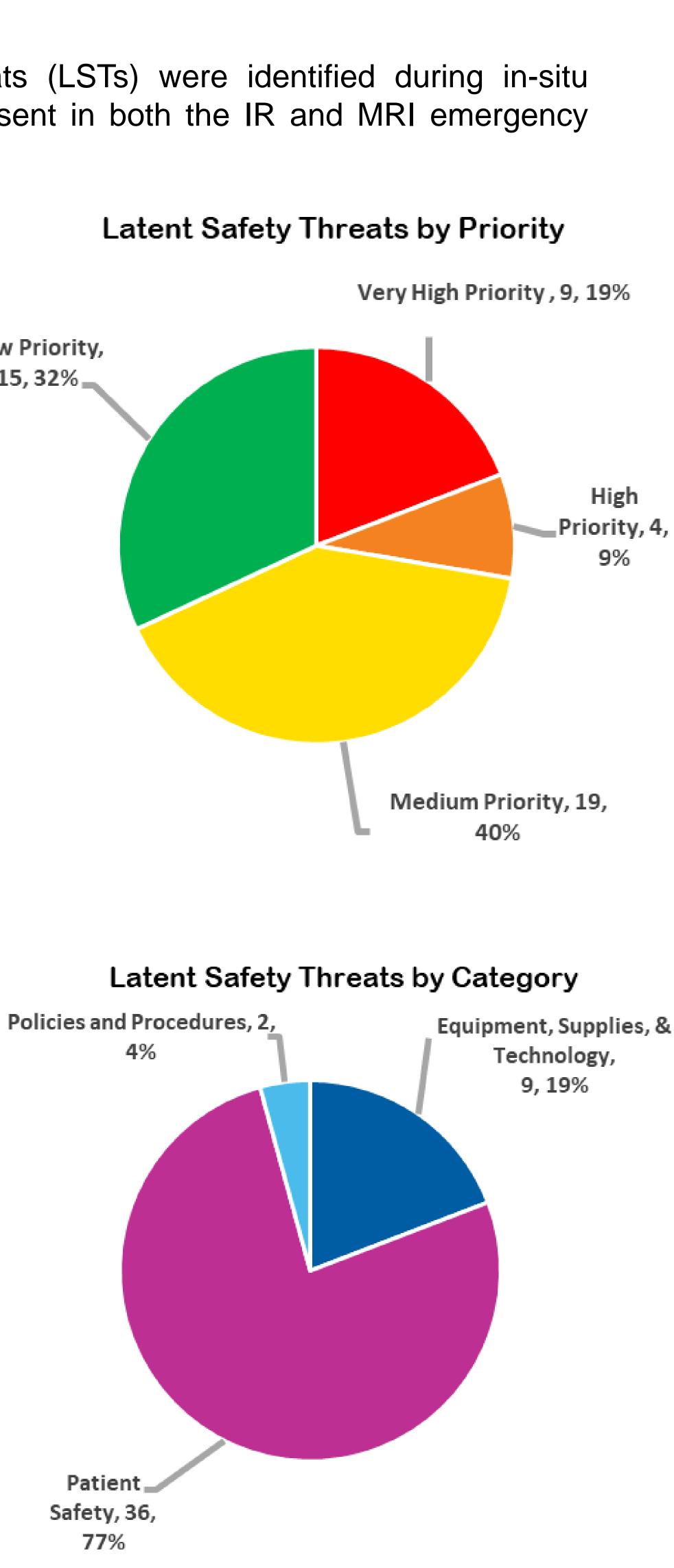
Rapid Cycle Deliberate Practice (RCDP) Simulation education focused on knowledgebased objectives including:

- Recognizing the deteriorating patient and escalating care.
- Utilizing emergency airway equipment.
- Coordinating CPR ergonomics and the early initiation of CPR.
- Demonstrating team dynamics including direct and closed-loop communication, role assignment and role clarity.

Low Priority, 15, 32%







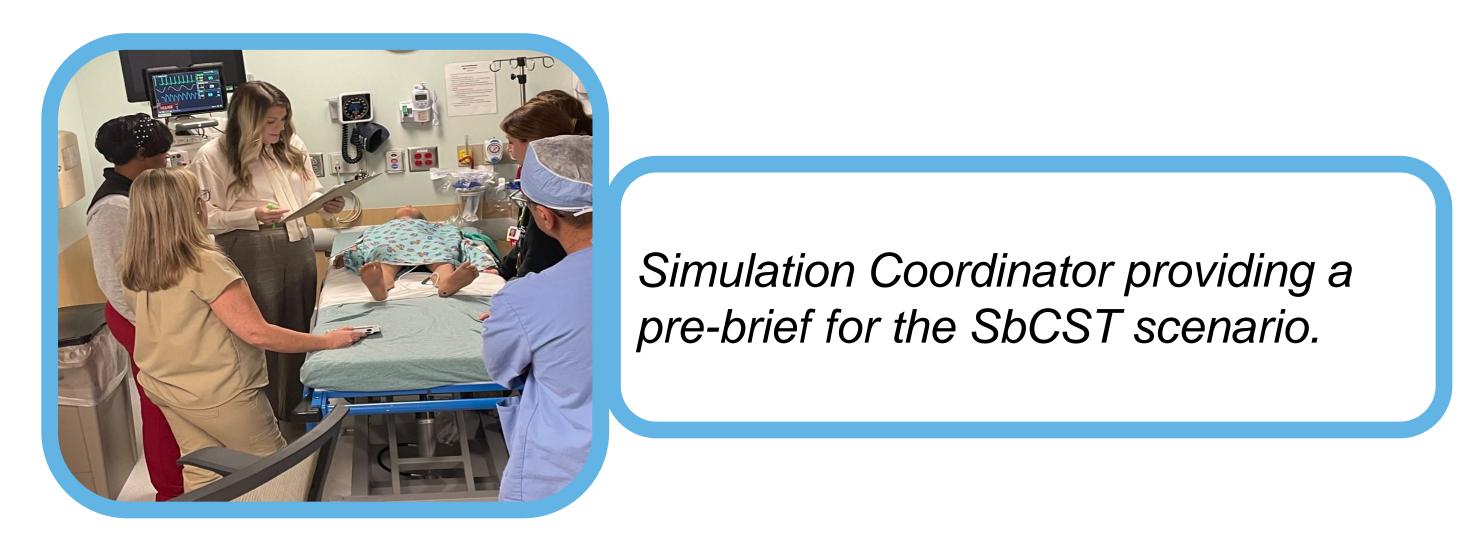
PACU RN and anesthesiologist participating in SbCST.

## **IMPLICATIONS FOR PRACTICE**

PACU team demonstrating team dynamics during SbCST

## CONCLUSION

Using the TWISST Framework to pair Simulation-based Clinical Testing with targeted simulation-based Systems training enhances training initiatives and simultaneously optimizes workflows, improves patient safety, and strengthens clinical outcomes.



## Acknowledgements

Special thanks to the multidisciplinary teams partnered with the Children's who Simulation Center and participated in this process improvement initiative.





 SbCST serves as a proactive approach to identify and mitigate risks within high-risk, high-stakes processes and procedures.

Prioritization of LSTs ensures that critical risks are addressed first to enhance patient safety and system reliability.

 Training gaps identified during SbCST are used to create targeted simulation-based training to increase staff confidence and competence in clinical-related skills and knowledge deficits.





Scan QR Code for References