Mock Codes in the Pediatric Primary Care Office

Purpose: Improve confidence, comfort level, resuscitation skills, and knowledge of pediatric primary care staff by increasing exposure to pediatric resuscitation scenarios, standard outpatient equipment, and documentation standards equal to their level of training and responsibility in a controlled, non-threatening environment.

Test the current system to find problems that may not be apparent without mock codes.

Facilitate team building by focusing on better communication and work relationships which aid in avoiding errors and decreasing delays in the delivery of care during resuscitation efforts.

Background & Significance:
In 2013, 29 episodes where EMS was activated for a pediatric patient were reported across ambulatory sites within our health care organization. The primary care pediatric office can serve as the entry point of an ill child into the emergency care system. Trained and prepared providers and staff that act as a unit will be key to ensuring optimal pediatric survival.

Despite the staff requirement to continually recertify in Basic Life Support, infrequent use tends to degrade skills. The time delay between activation of EMS and their arrival makes the initial actions of the outpatient staff even more critical in a situation often compounded by staff anxiety.

Design: Quality Improvement Initiative: Utilizing PDSA framework
- Created a Toolkit with scenarios and evaluate
- Communication to all practice sites
- Recommendation to conduct four mock codes per year
- Collaboration with Nursing Education/Emergency Preparedness Team
- All those involved in a potential pediatric resuscitation event in the outpatient setting should be included
  - A moderator or facilitator is needed to run the mock code.
  - Facilitator completes a debriefing and evaluation after each mock code.
  - Survey completed
  - Information is collected by the quality team and pertinent information is disseminated to teams.

Findings: Team members rating experience of mock code was very effective.
- 15 mock codes completed
- 12 pediatric practice sites participated
- 78 surveys completed

Clinical Implications: By performing mock codes caregivers rated the experience as positive, Mock Code Toolkit is an effective tool for education of caregiver.

Standardization is paramount to delivering quality care.

Question: Does having mock codes in the pediatric primary care office increase knowledge and comfort level of caregivers during emergency situation?

No funding

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Mock Codes in the Pediatric Primary Care Office

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BACKGROUND & SIGNIFICANCE

In 2013, 29 episodes where EMS was activated for a pediatric patient were reported across ambulatory sites within our health care organization. Despite the current system to find problems that may not be apparent without mock codes, supplement biannual BLS required training with frequent opportunities to practice learned skills. Facilitate team building by focusing on better communication and work relationships which aid in avoiding errors and decreasing delays in the delivery of care during resuscitation efforts.

PURPOSE

The primary care pediatric office can serve as the entry point of an ill child into the emergency care system. Trained and prepared providers and staff that act as a unit will be key to ensuring optimal pediatric survival.

OBJECTIVES

Improve confidence, comfort level, resuscitation skills, and knowledge of Community Pediatrics staff by increasing exposure to pediatric resuscitation scenarios, standard outpatient equipment, and documentation standards equal to their level of training and responsibility in a controlled, non-threatening environment. Test the current system to find problems that may not be apparent without mock codes. Supplement biannual BLS required training with frequent opportunities to practice learned skills. Facilitate team building by focusing on better communication and work relationships which aid in avoiding errors and decreasing delays in the delivery of care during resuscitation efforts.

METHODS

Procedures/measures

- Created a Toolkit with scenarios and evaluation
- Communication to all practice sites
- Recommendation to conduct four mock codes per year
- Collaboration with Nursing Education/Emergency Preparedness Team
- All those involved in a potential pediatric resuscitation event in the outpatient setting should be included physicians, APN, RN, LPN, MA, PSR, and other clinical staff.
- A moderator or facilitator is needed to run the mock code.
- Facilitator completes a debriefing and evaluation after each mock code

Data Collection

- Survey
- Qualitative Data

FINDINGS

- During this process the need to have standardized equipment including suction machine was determined to be valuable in delivering appropriate care.
- Standardized equipment at all sites including medication box and Suction machines were obtained for each office.
- Team members rating experience of mock code was very effective.
- This is an ongoing quality improvement project using a PDSA framework. New scenarios and identification of barriers are implemented and addressed throughout our eighteen sites.

RESULTS

- 15 mock codes completed
- 12 pediatric practice sites participated
- 78 surveys completed

LIMITATIONS

- Not all practice sites completed mock codes
- Quantitative Data was limited to same responses with each mock code
- Facilitator was not consistent at each site

CONCLUSIONS

- Caregivers rated the mock code a positive experience
- Mock Code Toolkit is an effective tool for education of caregivers
- Standardization is paramount to delivering quality care

REFERENCES

1. AAP Policy Statement Preparation for Emergencies in the Offices of Pediatricians and Pediatric Primary Care Providers. 2007