

Abstract Title:

Improving Provider Comfort through Institution of Mock Codes in a Neonatal Intensive Care Unit

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Introduction: Mock codes have become an increasingly important way for medical team members to practice and improve their resuscitation skills. There has been research published in the use of simulation to improve provider performance in adult and pediatric patients as well as in neonates involving delivery room resuscitation but none specifically in older neonatal patients. The skills required for management of an event in this group of patients are often different than what is required in delivery room resuscitation. Mock codes were not being performed in the neonatal intensive care unit (NICU) at our institution prior to this study. The objective of this study is to determine if participation in multidisciplinary simulated code blue events in the neonatal intensive care unit improves participant comfort level at performing role-specific tasks.

Methods: Multidisciplinary mock codes including residents, fellows, neonatal nurse practitioners, respiratory therapists and nurses will be performed one or two times per month on both day and night shifts in the NICU at our institution. An application was sent to the IRB for exemption. A survey was sent to all NICU fellows, nurse practitioners, nurses, and respiratory therapists in which they rated their

confidence level in performing tasks specific to their role on a Likert scale prior to the initiation of the simulated code events. Confidence in ability to communicate during the event was also measured. The surveys will then be sent again six and twelve months later.

Results: The initial survey results have been collected. The survey was completed by 58 nurses, 5 fellows, 4 nurse practitioners and 3 respiratory therapists. The nurses rated their overall comfort level the lowest on obtaining emergent IV access, preparing medications and locating items required in the NICU. The fellows and nurse practitioners felt least comfortable locating and using the code cart, providing appropriate dosages of code medications, and initial assessment of an infant in a code situation. The respiratory therapists were least comfortable using MR SOPA and with the intubation procedure. Additional scenarios have now been created to address these items. Subsequent surveys will be sent in December, 2015 and June, 2016. The results of the first set of follow-up surveys will be available in February, 2016.

Conclusion: Conclusions will be made after results from follow-up surveys are available.