Mock Code Committee Handbook

2008

Mock Code Committee Mission and Goals

Strengthen staff code response skills
Teach, reinforce and evaluate patient management during code blue resuscitation
Promote Patient Safety
Improve Patient Outcomes

Types of Mock Codes

Unit-Based: Used to teach, reinforce and evaluate resuscitation skills of first responder staff members

Stealth: Used to evaluate LPCH Code Team skills

JCAHO and LPCH Requirements Regarding Mock Codes

JCAHO requires "that the hospital collect data that measure the performance of potentially high-risk processes: resuscitation and its outcome".

These data "help identify specific areas that require further study. These areas are determined by considering the information provided by the data about stability, risks and sentinel events. In addition, the hospital identifies those areas needing improvement and identifies desired changes."

Based upon these requirements, the LPCH Code Committee established the Mock Code Committee to "promote patient safety and optimize patient outcomes by utilizing mock codes to teach, reinforce, and evaluate the management of patients during code blue resuscitations".

References:
JCAHO Pl.1.10, 12
LPCH Mock Codes Policy

Management Role

All management and directors are in support of mock codes and the patient safety we promote. Managers ensure the date of participation for each staff member in a mock code is recorded in the employee file. Managers should also be available in a last resort to help provide coverage on the floor during a mock code, and as a resource to help staff with check off. Managers should also provide the unit based leaders names of the staff who are to have priority being checked off (i.e. PALS remediation or staff who have not been checked off before).

Expectations of NSL Quality Leads in the Mock Code Program

1. Serve as your unit-based representative to the LPCH Mock Code Committee by attending monthly meetings. You may designate someone (i.e. your unit organizer) from your Unit Based Mock Code Committee to serve in your place.

2. Ensure each staff member (RNs and USAs) participate in a minimum of one mock code per calendar year.

3. Keep accurate records of mock code participation:

A. Report mock code participation to your unit manager for inclusion in each staff member's annual evaluation.

B. Report mock code participation, quarterly, to the Mock Code Committee by one of the following:

- Bringing reports to the hospital wide NSL QI meetings in March, June, September and December to give to co-chair.
- Send via interdepartmental mail to:.
  Quality Management, Barn, Suite 227
  Attn: Karla Earnest
- Submit the report on the mock code website

Guidelines for the Mock Code Scenario Facilitator

The Role of the Mock Code Scenario Facilitator is to promote progression of the mock code scenario. The scenarios will available from a library on Casefly.com, please make sure the scenario is relevant to the patient population of the unit. The facilitator role may be filled by MDs, PALS, or NRP Instructors.

1. Be familiar with the purpose and flow of each scenario. Ensure the role of each team member is understood before the scenario begins.
2. Be aware of both acceptable and unacceptable actions for each scenario.
3. The scenario should be presented in a consistent and orderly fashion to allow team members the opportunity to demonstrate their knowledge and skills in a realistic setting. Teaching should be reserved for post-mock code debriefing.
4. To maintain the reality of the scenario, the scenario reader should allow the scenario to progress in the direction that the team is leading even if the flow of the scenario deviates from the original scenario (e.g. If the team members do not put O2 on a hypoxic child, the facilitator should indicate the child's saturation has dropped). Re-direction of intervention protocols appropriate to the original scenario should be addressed during debriefing.
5. Debriefing sessions should involve <u>all</u> members of the team. All physicians, RN's, RT's, and Pharmacists should be included during debriefing to enhance this valuable learning experience.
6. Begin the debriefing by asking the team to critique the team leader's management and the groups overall performance as a team.
7. The team should determine areas of appropriate patient management and areas needing improvement in technical or critical thinking skills.
8. The scenario reader should always provide positive feedback to ensure the mock code is a positive learning experience.
9. In total the mock code should only take approximately 20 minutes, 10 for code and 10 for debriefing.

Mock Code Scheduling & Set Up

Pre-Mock Code Organization

1. Acute Care: 3N/S/E and 1North, there will be one mock code a month, alternating days and nights between the two areas (i.e. 1North will have a mock code on days, third floor on nights, and then will switch the following month). 3West will have two mock codes a month, one on days and one on nights. Day shift mock codes will be at 1600, nights at 2130. The focus of the mock code will be code roles and communication with MD's, RT and pharmacy.
2. PICU/CVICU/NICU: Please select a date and time for your mock code and e-mail your choice to Stephanie Wintch no later than one week before the end of the month (i.e. for January mock code, e-mail should be sent in last week of December)
3. MRI/CT, Day Hospital and Onc Clinic: There will be one mock code per quarter to be facilitated by a PALS Instructor. No less than two weeks notice of the date must be given to the scheduler to make sure that there are no conflicts.
4. Specialty Areas: If you do not need personnel support from main campus (i.e. hospitalist, pharmacist, etc.) please just e-mail the scheduler your date and time for the mock code so it can be posted on the master schedule and make sure your score report is sent electronically on the mock code website.
5. One week before the end of the month, Stephanie will e-mail the pharmacy, RT and score leads to obtain the names of staff who will be participating in each mock code. Before the end of the month, Stephanie will e-mail each lead with the name and e-mail of the hospitalist (where applicable), the name of the pharmacist and RT, and the name and phone number of the scorer.
6. Scenario should represent the unit's background and/or specialty. Decide if you would like the mock code to address only first responder skills and stop "when the code team arrives" or to progress to a full code. The scenario will be chosen by the hospitalist in the library kept on Casefly.com. Approximately two days before the mock code, the hospitalist will e-mail the scenario to Stephanie Wintch, who will then forward it on to the scorer. The unit organizer will also receive an e-mail with scenario details so that the room can be set-up accordingly.
7. Identify which staff RNs will be participating in the unit-based mock code. Then determine how many RN's you will need to assist you from your unit based mock code committee to serve as "break RNs" to relieve those who are participating in the mock code. It is recommended that you offer staff the option of coming in on a day off to participate in the mock code as well. It is the unit leaders responsibility to make sure that there will be coverage for her unit! If problems, please talk to one of the co-chairs.
8. Each unit mock code leader needs to keep a roster of the staff members that have been checked off as well as a log of the committee members who have participated each month. The number of people who have been checked off need to be turned into your NSL Quality rep at the end of each quarter (March, June, September and December)
9. If you are having problems with participation, please contact your manager or NSL Quality Lead to help find someone to assist.
10. CANCELLING A MOCK CODE: If you need to cancel your mock code due to a lack of coverage, you must notify the scheduler ASAP. Please also call the scorer NO LATER than 3 hours before the scheduled mock code.
11. The mock code leader is responsible for picking-up and returning the mock code cart from

central supply. The mock code schedule is sent to the head of Central Every month. WE HAVE ONLY ONE MOCK-CODE CART SPECIFICALLY DESIGNATED FOR THE MOCK CODE COMMITTEE. Central Supply contacts:
Peggy Creamier.

12. The mock code leader is also responsible for picking-up and returning the mock code meds from Melanie Chan's office on the ground floor. The pharmacy module must be signed out when being picked up.
13. We have a Zoll defibrillator, portable suction, baby and child size manikins available for use in the mock code cabinet in the PICU conference room. There are also supplies (like foleys, chest tubes, zoll multi-function pads, IV tubing and bags, a pacer, etc) that can be utilized during the mock code.
14. The following committee members have keys to the mock code cabinet:

Karla Earnest	Quality Mgt	7-8028	Pager 1-5698	Ext 6-8064
Lindsay Steiner	1North	Unit 7-8446	n/a	n/a
Stephanie Wintch	3South	Unit 4-2313	n/a	n/a
Cassie Bergero	3North/3South	Unit 7-8574 or 4-2313	Pager 1-8078	Ext 6-8015
Lori Bizzell	CVIUC	Unit 4-2926	n/a	n/a
Danielle Ross	PICU	Unit 7-8850	n/a	n/a
Sharon Avery	AA (office in PICU)	53421	n/a	n/a
Sarah Ferrari	1North	Unit 7-8446	Pager 1-8027	Ext 6-7002

Mock-Code Set-Up

1. You may assign your nurses their roles so that they may respond accordingly (bedside nurse, charge nurse, code cart nurse, and circulating nurse) or assign one bedside RN and let him/her delegate the roles.
2. Have your unit committee members arrive about 15-30 minutes ahead of time to help set-up the scenario.
3. Hospitalist and score-person should review the scenario before the mock code begins.
4. About 5-10 minutes prior to the start of the mock-code, have your break RN's get report from the nurses they will be covering.

Mock-Code Process

1. Call the bedside nurse into the room "in character" and ready to go. Provide a general report with pertinent information but they need to ask questions and perform interventions

to receive more information (i.e. listen to chest to be told what the breath sounds are).

2. The Hospitalist (or other scenario facilitator) will run the scenario and provide information/answer questions.
3. Use the mock code cart from central supply, obtain the medication module from pharmacy office on the ground floor on the day of the mock code, making sure to pick it up before 5p.m. Manikins, and Zoll defibrillator may also be used as needed per scenarios.
4. To call a code, JUST VERBALIZE IT. DO NOT ACTUALLY PAGE 211! You may ask your USA how they would call a code, but not actually do it.
6. Reminders for Nurses/Doctors:
    - Identify yourself when entering scenario (charge nurse, MD).
    - Provide quick report when new staff enter the room (one liner).
    - Establish leader of code, communication is key!
    - Do everything as you would in a code (pull out equipment, draw up meds), NO PRETENDING!
    - Call out when intervention performed so that recording/scoring is accurate.

Post-Mock Code

1. After the mock-code is complete, a short debriefing break session will be led by the facilitator and/or scorer.
2. Committee members will stay afterwards for about 10-15 minutes to help clean up.
3. Mock Code Organizer will need to gather the mock code scoring sheet and make a copy for their records, the Scorer must submit their score sheet online to the mock code website within 72 Hours of the mock code.
4. Keep the rest of the documents for unit records.
5. If you have any comments or concerns regarding the mock code process, please let your NSL Quality Lead or the LPCH Mock Code Committee know.
6. For practice, if there is not another mock code scheduled after yours, you may keep the mock-code cart for 1-2 hours after the mock-code. Or you may reserve it on a day that a mock code is not scheduled. Please contact Stephanie Wintch to confirm dates and times.
7. Fill out the Central Supply Sheet kept on the Mock Code Cart with all items used during the mock code and give the sheet to the Orders Desk when returning the cart.
8. Return ALL meds, used and un-used to the pharmacy module. The nurse must then take the pharmacy module to the pharmacy and wait while the pharmacist checks meds to resolve any discrepancies. Pharmacy will then sign the form.

LPCH Mock Code Committee, Co-chairs
Karla Earnest, Quality Management
Sarah Ferrari, 1North
Stephanie Wintch, 3South
Lynda Knight, Life Support Educator
Cassandra Bergero 3North/3South

Scheduling

Stephanie Wintch, 3South

Scoring and Outcome Measures

Lynda Knight
Cassie Bergero

Scenario and Web-site Development

Sarah Ferrari
Sangeeta Schroeder
Stephanie Wintch

Unit-base Mock Code Organizers and NSL Quality Leads

3N/3S/3E/3W/PEC/CCP

Stephanie Wintch, 3N/3S/3E
Marissa Wat, 3W
Lindsay Steiner, 1N
Stephanie Sangalang, PEC
Colleen Ambrams, CCP

PICU/CVICU: Danielle Ross, Lori Bizzell
NICU: Michelle Padreddii
IICN/PSCN: Anna Ramos
Sequoia SCN: Renee Bilner Garcia
Washington SCN: Gwen Olson
APU/MRI/CT: Monica Rainey
PACU: Helen Cadiente
L&D: Lianne Tseu
F1/F2/WBN: Andrea Chirkoff
DH/Onc Clinic: Jennifer Wilcox
After Hours Clinic: Diane Jordan, Susan Gray-Madison

MD Support

Jim Andrus MD, PICU, Committee Advisor Sangeeta Schreoder MD, Hospitalist
Michael Chen MD, Anesthesia

Center for Nursing Excellence Sponsor

Amy Nichols, RN, CNS, EdD

RT Support

Vicki Arnolde
Julie Perkins

Pharmacy Support

Melanie Chan

Educational Projects

Each quarter the co-chairs will present the Mock Code Committee with possible educational topics relevant to mock codes. The committee will then select an educational topic via majority vote. Topics may be selected from areas of mock code scores that need improvement, real code situations that could be learning experiences or staff recommendations. Each unit organizer will be given the topic of education and ideas of how best to present the topic to staff. The unit organizer will then be responsible for delegating tasks to committee members and following up to make sure the education is being given. Any questions or concerns can be directed to the co-chairs.

Scoring Guidelines

The role of the scorer is to objectively score the mock code utilizing the Mock Code Score Report. After the mock code, the scorer may also function as a participant in the debriefing, providing constructive feedback to the mock code participants. The scorer is expected to complete the Mock Code Score Report and Mock Code Summary and submit them to the Mock Code scoring committee leader.

How to score a mock code

During the Mock Code (MC)

1. Start the timer once the narrator has finished presenting the scenario to the bedside RN or first responder.
2. Keep a running time of when things happen (usually jotted on the side of the score sheet or separate sheet of paper). Once the mock code is finished, the scorer will review their notes and complete the scoring.
3. Write down the time the code is or should have been called; sometimes this time is up to the scorer's discretion. For example, if the child is 2 years old and the heart rate drops to 50, a code should be called. Even if a code is not called at this time, the time that it should have been called is used to guide the rest of the scoring during the MC.
4. There are a number of interventions that need to be scored from the time a code is called or should have been called. The time the code is or should have been called becomes minute 0. See the teaching MC sheet for those interventions with an "after code called" notation.
5. Also record the time an intervention was ordered by the code team leader (like an Epi dose, bolus, cardioversion, intubation, etc) and what time it was actually given. Subtracting the time given from the time called will give the minutes to score on the sheet.

After the MC

For communication scoring:

1. Ask participants if they felt the roles were clearly identified. For example, ask, "Who was the MD code team leader" or "Who was the code cart RN". If they all don't agree, or you observed that there was no clear role identification, score it as a no.
2. Ask participants if they felt the communication was clear. For example, ask the MD if the report received from the RN was clear and concise and included the pertinent information.
3. Ask the USA to verbalize the process of calling a code, paging the appropriate MD and placing stat orders by utilizing the Code Blue Orders form.

For documentation scoring:

Ask the RN staff what 3 forms are required for documenting a code and where each is to be submitted.

Submitting the Score

Please submit the score sheet electronically on the Mock Code Committee Website no later than 72 hours after the mock code.

Lucile Packard Children's Hospital
Mock Code Score Report
Scoring Guide

Date: **Scenario:** **Reviewer:** **Unit:**

INTERVENTION – BLS/NRP			
- MINUTES and POINTS	**<1min 2 pts**	**<2min 1 pt**	**<3min 0 pts**
Assess **A**irway; Open **(start timer)**	(suction PRN,	ensure patentcy	
Assess **B**reathing; Assist ventilations	(supplement al	O2, BVM Q3-4sec	auscultate
Assess **C**irculation; **CPR**: BLS 15:2 NRP 3:1	Score for	assess circ or	CPR if needed
Call for help/code (once help or code is	needed- your	assessment)	
Obtain Code Cart (once code called)			
RT arrival (once asked for or code called)			
Pharmacy arrival (once code called)			
MD/Surgeon arrival (once asked for or code	called)		
	Yes - 2 pts	**No - 0 pts**	
Universal Precautions used (gloves, etc)			
Patient placed supine			
Cardiac board used (CPR) (or infants- hands	encircling	chest)	
Reassesses patient (after interventions)			
BLS/NRP SCORE (total points 24)*	Total points scored	Max points available	

INTERVENTION – PALS/ACLS (Once code	**Is or should**	**be called write**	**time down)**
- MINUTES and POINTS	**<1min 2 pts**	**<2min 1 pt**	**<3min 0 pts**
Intubation/BVM (correct technique BVM ,if ET in place ventilations Q 8-10sec.)	Correct size	tube, supplies)	

Vascular access (is more access necessary?)			
Meds/IV fluids (Boluses/ code meds>>	20cc/kg/ NS	**Correct dosage**	**Of code med**
Defibrillation/Cardioversion (correct joules,	Pedi paddles	if <10kg	
External Pacing			
Locates in Code Cart:	**<1min 2 pts**	**<2min 1 pt**	**<3min 0 pts**
- Intubation supplies			
- Vascular access supplies			
- Code meds			
	Yes - 2 pts	**No - 0 pts**	
Uses appropriate algorithm (BLS 15:2 or 100	comp/min or	NRP 3:1)	
Able to draw up code meds (correct dose	Med and	Concentration)	
Demonstrates competent Zoll use	1 shock	Resume CPR 2m	
Obtains and competently uses other needed equipment (specify) (heart cart, CVVH,	External pacer	EVD/ Camino etc	
PALS/ACLS SCORE (total points 24)*	Total points scored	Max points available	

Lucile Packard Children's Hospital
Mock Code Score Report (pg. 2)

INTERVENTION – *COMMUNICATION*	Score after mock	code-ask participant
Each team member role identified:	**Yes – 2 points**	**No – 0 points**
- MD Code Leader (both your assessment and	participant's	response)
- Bedside RN (both your assessment and	participant's	response)
- Code Cart RN (both your assessment and	participant's	response)
- Documenting RN (both your assessment and	participant's	response)
Clearly and concisely describes situation:	**Yes – 2 points**	**No – 0 points**

- RN to 1st responder (Ask first responder)	Score after mock	code-ask participant
- RN to MD (Ask MD)	Score after mock	code-ask participant
- 1st MD to 2nd MD (Ask 2nd MD)	Score after mock	code-ask participant
- RNs and MDs to USA (Ask USA if applicable)	Score after mock	code-ask participant
USA completes: (Ask USA to verbalize process)	**Yes – 2 points**	**No – 0 points**
- Calling Code		
- Paging appropriate MDs		
- Placing stat orders		
Charge Nurse or Nursing Supervisor completes:	**Yes – 2 points**	**No- 0 points**
Social Work/Chaplain/Interpreter called	Often not part of	mock code scenario
Family updated regarding patient status	Often not part of	mock code scenario
COMMUNICATION SCORE (total points 26)*	Total points scored	Max points available

INTERVENTION – DOCUMENTATION (Ask	**participants which**	**forms to fill out)**
Three required documentation components identified, completed, and forwarded	**Yes – 2 points**	**No – 0 points**
1) **CPR Report**: white/pt chart; yellow/code committee; pink/unit manager		
2) **"Blue" Code Review Form**: code committee		
3) **Quantros Incident/Occurrence Report**		
DOCUMENTATION SCORE (total points 6)*	Total points scored	Max points available

INTERVENTION	TOTAL POINTS SCORED	MAXIMUM POINTS AVAILABLE	% SCORE
BLS/NRP SCORE			
PALS/ACLS SCORE			
COMMUNICATION SCORE			
DOCUMENTATION SCORE			

TOTAL MOCK CODE SCORE (total points 80)*			

*** If intervention is inappropriate for scenario, score N/A (not applicable) and subtract those points from total points scored.**

Please forward a copy of the Mock Code Score Report to the LPCH Mock Code Committee.

Lucile Packard Children's Hospital
Mock Code Score Report
CVICU Addendum

Date: **Scenario:** **Reviewer:** **Unit:**

HEART CART			
- Minutes and Points	**<1min 2 pts**	**<2min 1 pt**	**<3min 0 pts**
Finds the following equipment			
-0 extra scalpel -1 suction -2 internal defibrillator handles -3 wire cutters			
	Yes - 2 pts	**No - 0 pts**	
Universal Precautions used			
Draw up code meds with accurate dosage			
Demonstrates Zoll internal defibrillation			
Reassesses patient			
Maintains sterility when passing supplies to surgeon			

INITIATION OF ECMO			
- Minutes and Points	**<1min 2 pts**	**<2min 1 pt**	**<3min 0 pts**

	Yes - 2 pts	**No - 0 pts**	
Follows ECMO team notification protocol			
ACT machine calibration			
Demonstrates bridge clamping sequence			