Does practical simulation increase the confidence of nurses working in recovery to manage deteriorating patients? Lindsay Clapham, Daniel Gowera

Background: Band 5 staff were asked to complete a questionnaire assessing their confidence in the management of a deteriorating patient in recovery.

Forty-two responses were received, only 42.86% of staff felt confident to assist with an airway emergency despite 57.14% reporting involvement in such situations and 71.43% reported feeling confident to assist with a cardiac arrest. As there was a higher reported incidence of airway complications and a lower confidence level this was the focus of the project.

Aim: Improve recovery staff confidence to assist with post-operative airway emergencies by 40% within 6 months

Method: Fishbone analysis was used to populate a driver diagram and identify change ideas within recovery with the aim of improving staff confidence. PDSA cycles were then carried out.

Cycle 1
Standardise intubation trolley and red resuscitation cart in line with local policies and difficult airway society guidelines. Inform staff of changes. Observe use and collect feedback via a questionnaire on the changes.

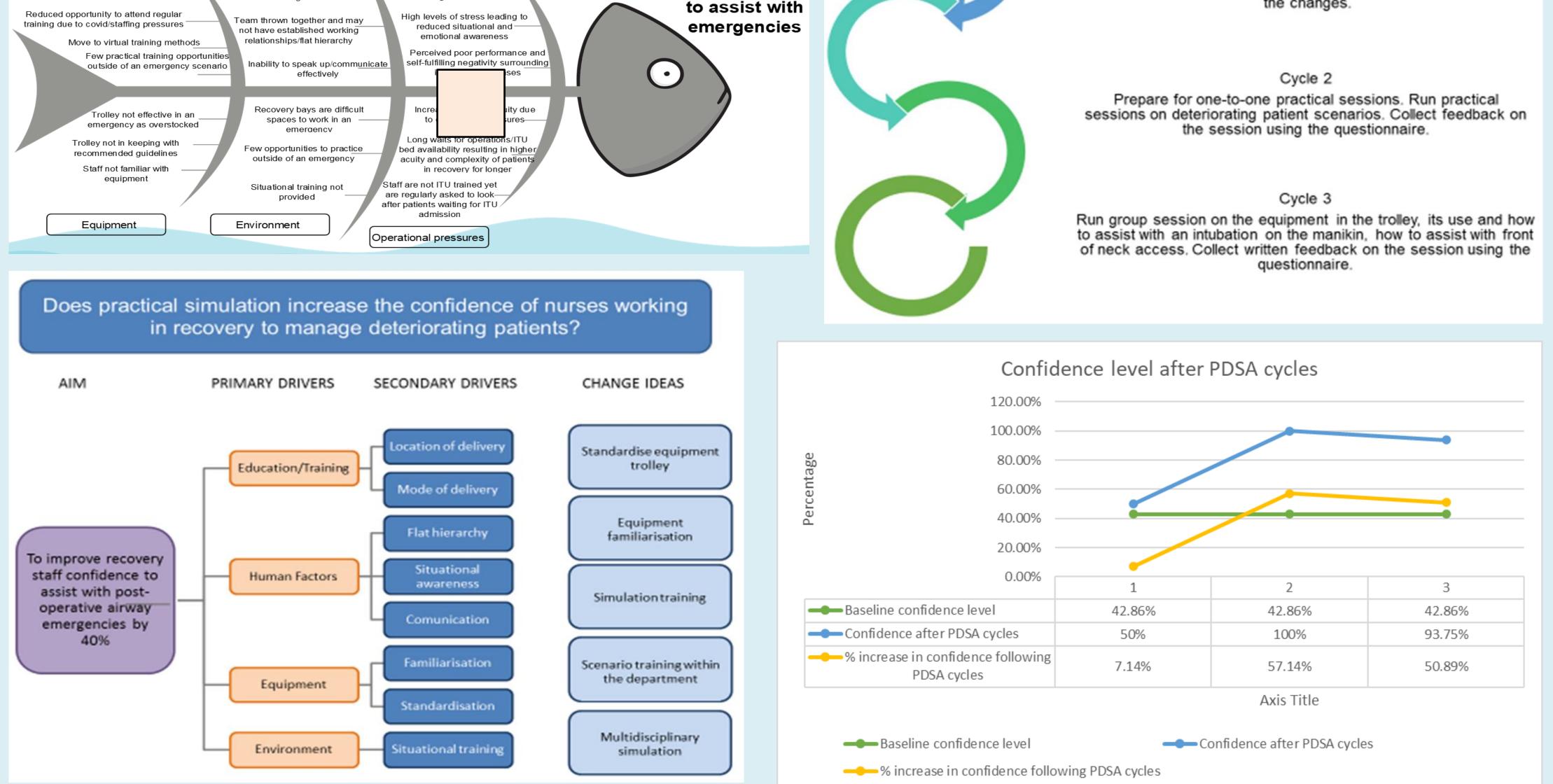
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Human factors Individual staff factors Education/training Staff do not feel confident Comunication in an emergency Previous negative experiences









Results Confidence was measured on a numerical scale of 1 to 10 (1 being not confident and 10 being very confident) Responses equal to/or greater than 6 were considered as increased confidence

PDSA 1) 50% of respondents reported feeling confident to assist with intubation following the change which was an increase of 7.14% from baseline data.

PDSA 2) 100% participants reported increased confidence which was an increase of 57.14% from baseline data.

PDSA 3) 93.75% of respondents reported feeling confident following the training which was an increase of 50.89% from baseline data.

Lessons learnt Simulation training was found to improve staff confidence. However currently no ongoing data to confirm that this was a sustainable increase without regular training sessions and monitoring. The difficulties of delivering regular simulation training within a busy department is acknowledged and requires further assessment and planning in order to ensure this is a sustainable change.

Next steps Run further training sessions, aim to secure protected training time for group simulations and consider multidisciplinary simulations. Thanks to Ali Patchett from the resuscitation and simulation team for providing support on this project.

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