

Interprofessional Simulation to Enhance Quality and Safety in Procedural Areas.

Donna Rampersad ¹, Gladys Mokaya ²

1. Cardiac Catheterization Lab, University of Toronto 2. Medical Imaging, University of Toronto

✉ **Corresponding author:** Donna Rampersad, donna.rampersad@uhn.ca

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Abstract

Poster Topic: Education; Safety/Quality

The Cardiac Catheterization Lab (Cath Lab) introduced a new model of care by adding the Medical Radiation Technologist (MRT) role into a traditionally Registered Nurse (RN) model.

The drivers for the change were to:

- 1) create a more sustainable staffing model
- 2) add radiation expertise to enhance patient and staff safety. Part of the change management strategy included addressing an identified quality and safety concern on managing a clinically deteriorating patient within a new model of care. Similarly in Interventional Radiology (IR), staff identified the same quality and safety concern within their current model of care (RNs and MRTs) and the need to improve their practice. To ensure team members had an opportunity to understand each other's roles and scopes of practice in managing clinical deterioration, both areas participated in interprofessional learning activity.

The objective was to conduct interprofessional simulations to enhance quality and safety in both procedural areas when managing clinical deterioration, one insitu (IR) and one in a simulation lab setting (Cath Lab).

Some of the findings revealed:

- Realization there is a decrease in confidence level when responding to clinical deterioration as teams become dependent on hospital arrest teams (ex. Familiarity with equipment, speed and accuracy in ECG interpretation)
- Role and scope clarity and appropriate delegation coupled with MRTs proactively self-identifying one's own skill in managing a deteriorating patient
- Recognition of both RN and MRT areas of expertise and experience
- Having professionals play their own roles (no role-playing) enhanced learning experiences
- Insitu simulation in IR enhanced the fidelity
- Explore opportunities to expand scope to enhance both teams response to clinical deterioration
- Developing the capacity to cope with surprises and being adaptive in daily practice
- Opportunities for improvement: proximity of crash cart and cardiac monitor in IR and returning procedure table back to the base in both areas

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Abstract

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