

Staying Alive: Improving the Response to Medical Emergencies

The Problem

With the increased use of the Trigger program, the numbers of Code Blue Emergencies have decreased, making RNs less experienced in actual Code Blue (cardiac, respiratory, and medical emergency) events, thus allowing for less familiarity with code cart contents, the roles and responsibilities of responders, and the medications available for treatment.

Aim/Goal

- Increase RN knowledge of code cart contents, roles/responsibilities of responders
- Decrease unnecessary/unused items within the cart
- Add items that will assist in preventing patient harm
- Streamline medication boxes in the top drawer of the code cart from two boxes down to one, thus allowing for more space and to decrease confusion of placement of medications

The Team

- Jean Beach, Pharmacy Supervisor
 - Michael Donnino MD, Director, Div. of Critical Care in Emergency Critical Care Medicine
 - Brandon Giberson, Training Center Coordinator, ECC Program
 - Bridgid Joseph, BSN, MSN, CNS ECC Program
 - John Marshall, PharmD, BCPS, Pharmacy Clinical Coordinator
 - Bill Pyne, Director Materials & Logistics
 - Kim Sulmonte, BSN, MHA, CSHA Assoc. Chief Nurse, Operations, Quality & Safety
- A Special Thank You to all Code Blue Committee Members!

The Interventions

- Code Blue Committee identified areas for improvement based on feedback from staff in medical emergencies (multidisciplinary)
- Collaboration with Pharmacy lead to a LEAN process in which all medications from the top 2 boxes were downsized to one box, with improved labeling.
- Trauma Sheers were added to the top drawer (due to improved space availability), to enable staff to better treat patients if clothing removal is needed.
- A Magnet stating the code carts were “incomplete” (for instances when expired items are being updated) was added to the top drawer to improve safety and prevent incomplete carts from being used in emergencies.
- Mock Code Blue events were performed on all inpatient medical/surgical units to reinforce the roles and responsibilities of responders, items in code carts, new medication tray, trauma sheers, and magnets.
- Code Cart posters and flyers were created for each patient care area to educate on the updates made and reinforce roles of responders in medical emergencies.

- Code leader lanyards were updated with important resuscitation guideline changes.
- Feedback from staff to the Code Blue committee, along with continuing Mock Codes will assist in assessing staff for knowledge of carts, and provide feedback on usefulness of changes made.

The Results/Progress to Date

Over 70 Mock Code Blue events have been performed throughout the inpatient, and some outpatient areas, resulting in improvement of staff knowledge in the code cart contents, through decreased amount of time to search for items, and improvement regarding knowledge of roles and responsibilities of responders, as there is less coaching involved and decreased time to defibrillation (when appropriate).



Lessons Learned

- Multidisciplinary collaboration is crucial when making a significant practice change
- Staff gained from education regarding carts, and the changes made were a conduit to providing increased hands on education in the form of mock codes.
- Medical Emergency Response education is constantly necessary and requires reinforcement to keep staff knowledgeable.
- Staffing limitations and high patient volumes can greatly affect mock code response.

Next Steps/What Should Happen Next

- Continue Mock Code education to improve knowledge with response and cart contents, spreading throughout the inpatient and outpatient areas
- Conduct further analysis of Medical Emergency responses, finding areas for improvement and education of staff.
- Enhance Mock Code Blue education from RN/PCT-specific to more multidisciplinary.
- Continually assess code cart contents in collaboration with the code committee to identify need for changes.



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