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Taking a moment: Implementation of the pause initiative

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Taking a Moment

Implementation of the Pause Initiative



We are  AdvocateAuroraHealth®

November 9, 2022 AAH Nursing & Research Conference
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Disclosures

None

Objectives

- Define the purpose of a rapid response system/critical care outreach team.
- Understand the benefits of implementing a 'Pause', post patient expiration.
- Define the components necessary for an effective 'Pause'

Background



Medical resuscitation protocols conclude after intense efforts in one of two ways: either the patient is stabilized, or the patient expires.



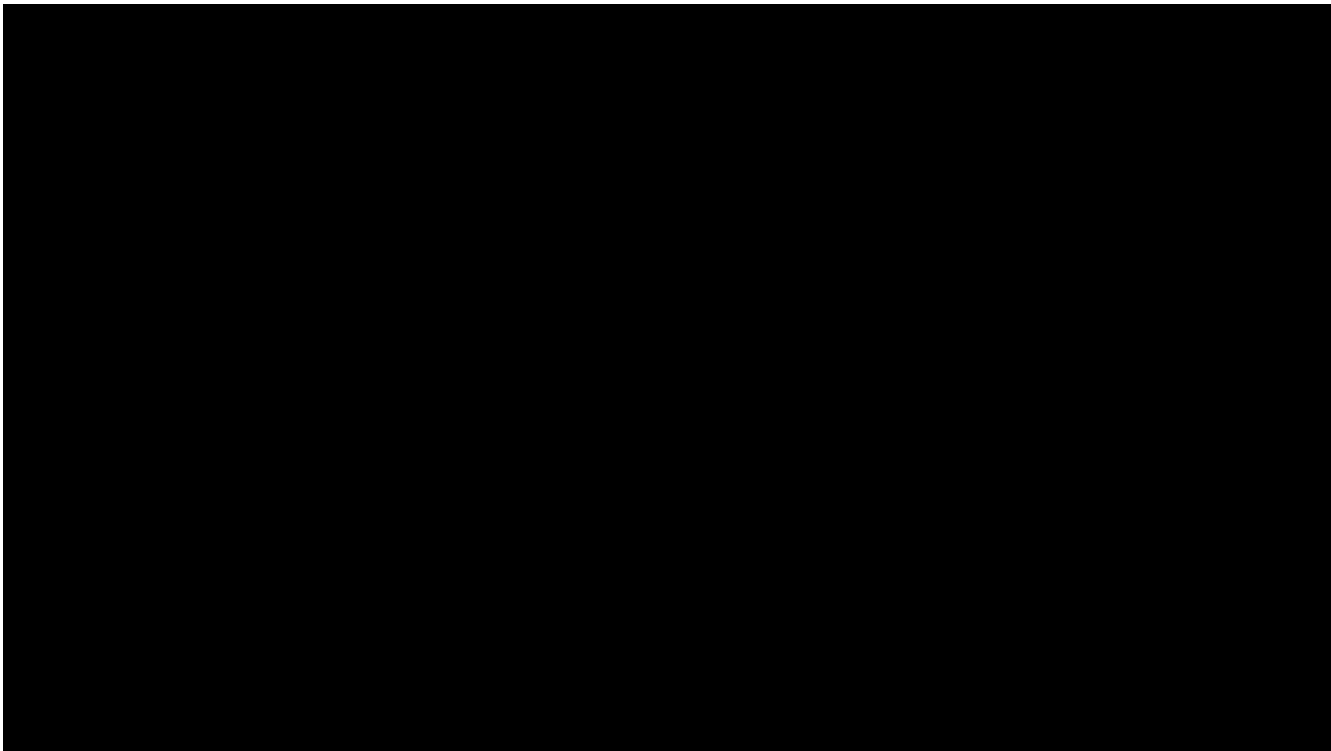
In the event of a patient death, the code team generally disperses back to their previous work assignments without the opportunity to debrief.



A lack of acknowledgement of multiple human factors has potential to create distress in the provider for the short term.



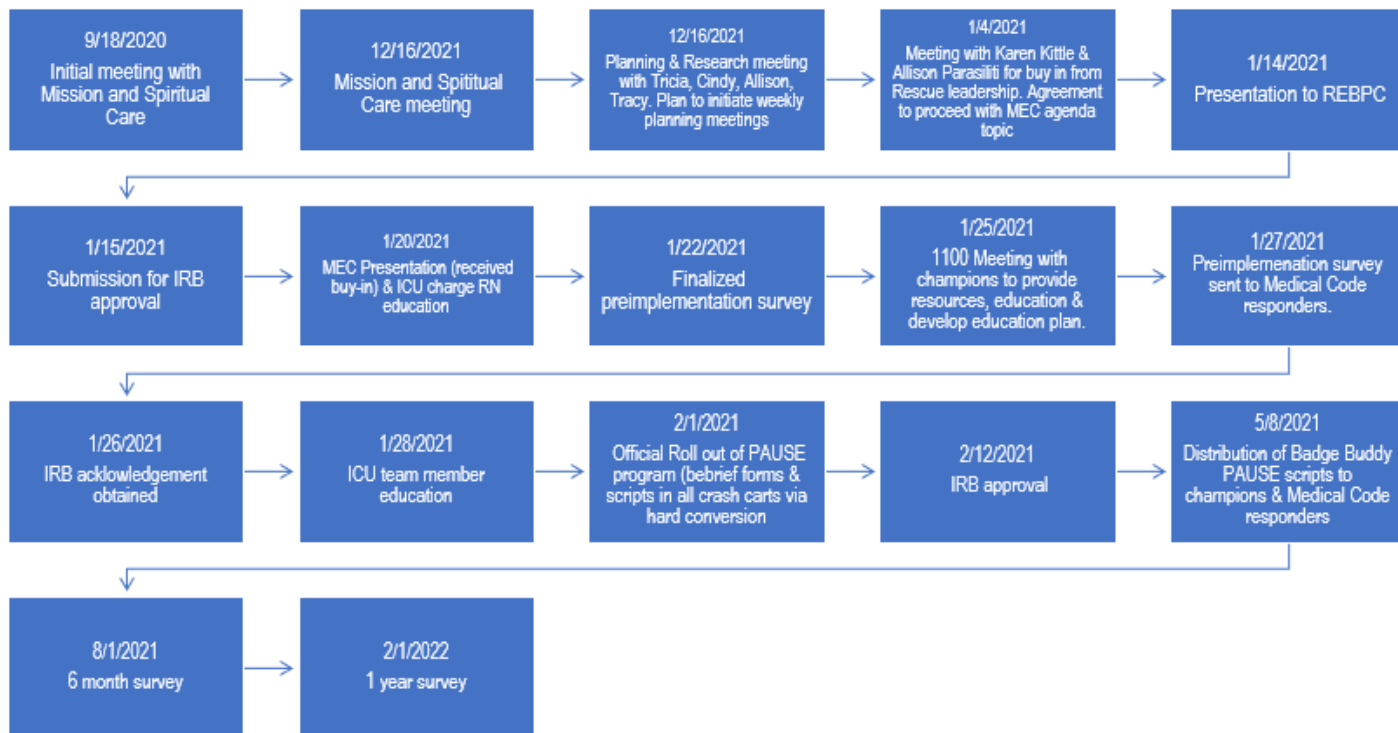
Continued exposure to this distress has potential for decreased resilience and increased risk of burnout in the long term.



Problem

Advocate Illinois Masonic Medical Center lacked a formalized process of debriefing and recognizing the distress affecting providers after resuscitation efforts or a traumatic event.

PAUSE Implementation Timeline



Moment of Silence

At the time of the patient's death, please gather healthcare team and acknowledge the death using the following as a guide:

“Let us take a moment to honor this person in bed,
This was someone who was alive and now has passed.
They were someone who loved and was loved.
They were someone's friend and family member.
In our own way and in silence let us stand and take a moment to honor
Both this person in the bed and all the efforts all have made on their behalf.”

(30-45 seconds of silence)

“Thank you”

3 main points

Honor the patient as a human

Honor teams effort to save patients life

Moment of silence

AIMMC Medical Code DEBRIEFING FORM

Completed after each Medical Code event as a team during debrief by ACLS recorder

Date _____ Time _____ Location _____ Recorder _____

Quality Measures:	Yes	No	NA
Was continuous end tidal CO2 monitoring used to monitor quality of CPR? If yes, was an end tidal of >10 achieved?			
Was the first assisted ventilation given ≤1 minute from event identification?			
Did ventilation rate exceed 10 breaths/min (ACLS guidelines) excluding the initial confirmation of tracheal tube placement?			
Were chest compressions interrupted (hands off time, ex. pulse/rhythm check) for >10 seconds at any time during CPR?			
Were chest compressions given at a rate of ≥100 but ≤120? Was Lucas compression device used?			
Was the first shock ≤2 minutes for Vfibr/pulseless Vtach? If 2 nd shock is indicated was it delivered ≥2 minutes from previous shock			
Was the time to the first IV/IO epinephrine ≤5 minutes from identified asystole or PEA?			

Process Measures:	Yes	No	NA
Medical Code Team Member Identified?			
Did all team members arrive? MD RN RT Pharmacist Chaplain (circle if not present)			
Were roles clearly identified?			
AHA ACLS protocol followed?			
Medication Issues?			
Equipment Issues?			
Medical Code Record documentation is complete?			
Completed Medical Code Record faxed to Pharmacy 61-2460			
Comments regarding any process issues (please fill out a Safety Event for any issues):			

PAUSE (Perform in event of patient expiration): Take a moment to acknowledge that the person who just died was a human being with a life history, and also honoring the code teams effort in attempting to save that life.

Debriefing Questions (Led by Rescue or ICU responder)	Comments/OFls
What do you feel went well?	
What do you feel was challenging?	
Issues to be taken to Medical Code Committee?	

Burnout Associated with Critical Events

- Responder's quick return to work
- Developing PTSD (1st year MDs & HCAs highest risk)
- Thoughts and feelings by team members 24 hours after event



Teamwork with PAUSE

- Reflect, decompress, grounding and centering practices
- Nonreligious, sacred moment
- Optional

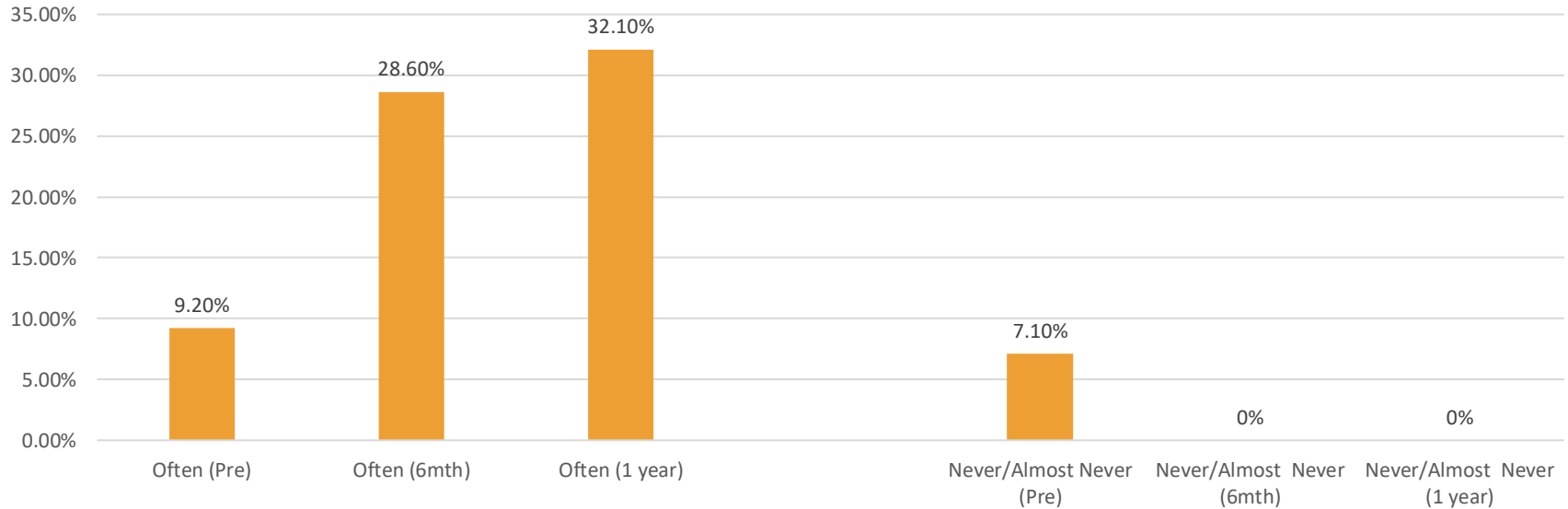


Results

- The Pause was performed 44 times of 48 codes with expiration during the 12-month period.
- Of note, there was a decrease in response rate with each survey.

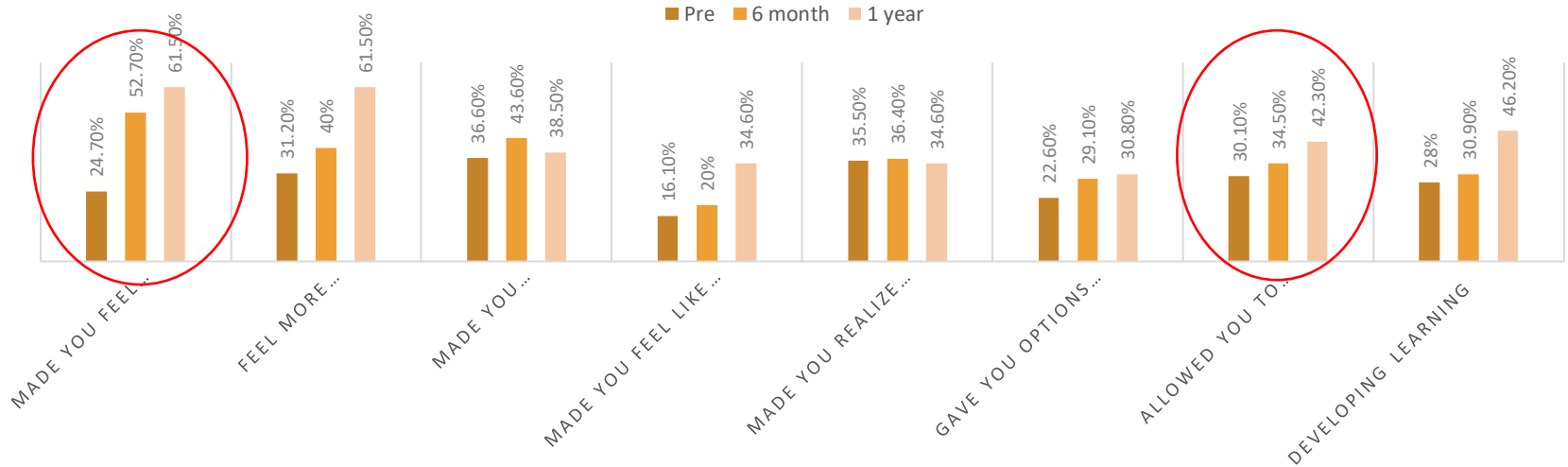
Homeage

"I have time to pay homage (honor) to the patient involved in a Medical Code"



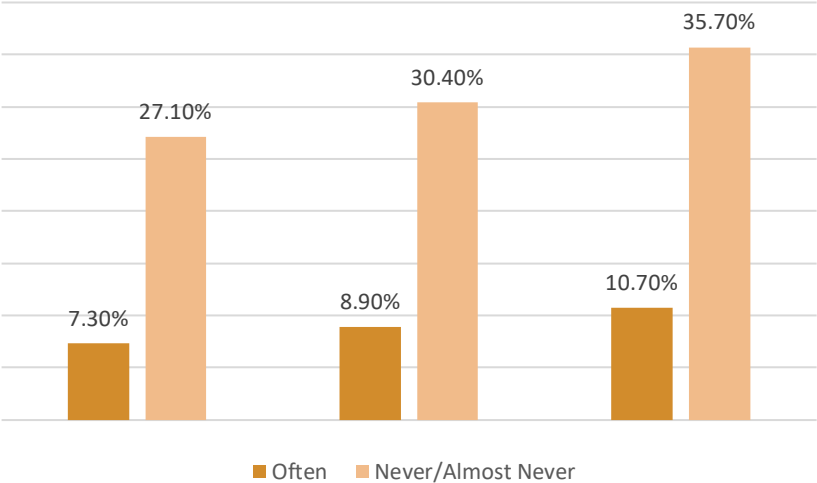
Debriefing

IF YOU HAVE BEEN TO A DEBRIEF AFTER A MEDICAL CODE&
FOUND IT CONSTRUCTIVE, WHAT MADE IT SO

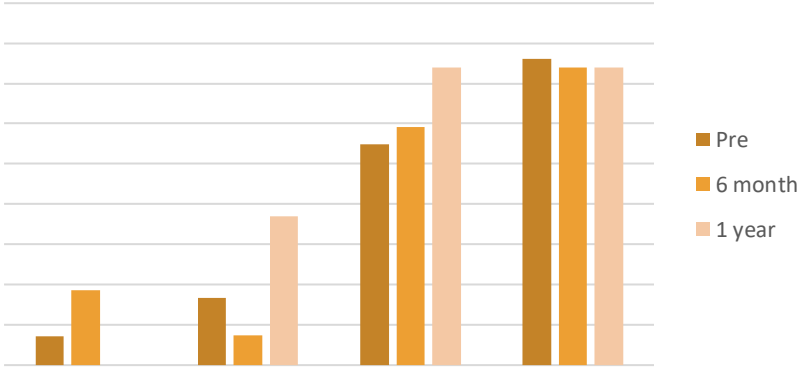


Debriefing

When there was NO debrief, how often have you taken a break following a Medical Code?



When there WAS a debrief, how often have you taken a break following a Medical Code?



References

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- Study data were collected and managed using REDCap electronic data capture tools hosted at Advocate Aurora Health.1,2 REDCap (Research Electronic Data Capture) is a secure, web-based software platform designed to support data capture for research studies, providing 1) an intuitive interface for validated data capture; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for data integration and interoperability with external sources