were attributed to work environment \( (p = 0.0008) \), handling errors internally \( (p = 0.0005) \), relationship among health care professionals \( (p = 0.0001) \), avoidance of potential publicity in the media \( (p = 0.003) \), focus of the administration on the person rather than the system as the potential cause of the error \( (p = 0.018) \), unfamiliarity with the ME reporting system \( (p = 0.016) \) and lack of time \( (p = 0.035) \).

Conclusions: There is a need to explore both the individual and systematic safeguards against MEs and to focus on the reported causes and underreporting of MEs.

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Improving resuscitation care at the bedside by the introduction of standardized Code Blue team response for coding patients in a tertiary level hospital using failure to rescue methodology

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Background: Several clinical incidences led to a review of resuscitation care to patients in a tertiary level university hospital. The organization’s ability to respond effectively to a sudden cardiac arrest of patient was hampered by multi-system challenges. Although resuscitation guidelines provide a logical, sequential algorithmic approach, they have mainly emphasized technical tasks performed by individual rescuers but do not address issues regarding the complex nature of hospital resuscitations. Part of this complexity relates to the fact that in a healthcare environment, resuscitations are usually performed by teams of responders, not by isolated rescuers.

Methods: An organization-wide review of resuscitation care was undertaken by a multidisciplinary team of clinicians and organizational leaders. Nursing Executive Services established a quality improvement taskforce utilizing Failure to Rescue methodology. Variations in resuscitation care, equipment, personnel, skill, and knowledge were identified. A systemic review of training, education, equipment, processes, products, and supplies was undertaken. The taskforce developed training and monitoring programs, a Code Blue Nurse Coordinator role was established, and First Responder roles and use of the Automated External Defibrillator (AED) by certified Code Blue Nurses from Critical Care, if physician are not present, was emphasized.

Results: Nursing Services in collaboration with other health professionals established a rigorous resuscitation care system across the hospital. Bedside resuscitation care, early defibrillation, staff assertiveness, closed loop communication, staff morale, and mutual respect dramatically improved. All resuscitation equipment is standardized throughout the hospital.

Conclusion: The process of team building, occurring in the early and most vulnerable phase of resuscitation, is of particular importance. The results of a simulation-based resuscitation program for nurses with focus on role clarity demonstrated a faster coordinated response to patients requiring resuscitation care, greater efficiency in the provision of advanced life support, and a more effective multidisciplinary resuscitation response team.

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Provision of safe and specialized stroke care using an inter-professional learning approach: A novel stroke service improvement

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Introduction: The King Abdulaziz Medical City (KAMC) in Riyadh has reconfigured stroke services by creating a novel stroke model whereby all suspected stroke patients are admitted directly to the high dependency stroke unit (HSDU) in order to provide specialized multidisciplinary care to all stroke patients. Before the launch of this new stroke model, training for all nurses is imperative to ensure they will deliver safe and specialized care.

Method: A core faculty group from professionals with expertise in stroke care developed a Specialized Stroke Nursing Program (SSNP) aimed at all nurses. The goal is for specialists from all members of the stroke team to teach acute care nurses involved in stroke patient care using an inter-professional learning framework with optimization of clinical practice sessions (CPS). The CPS consists of task training simulations that allow participants to practice assessing patients using the Glasgow