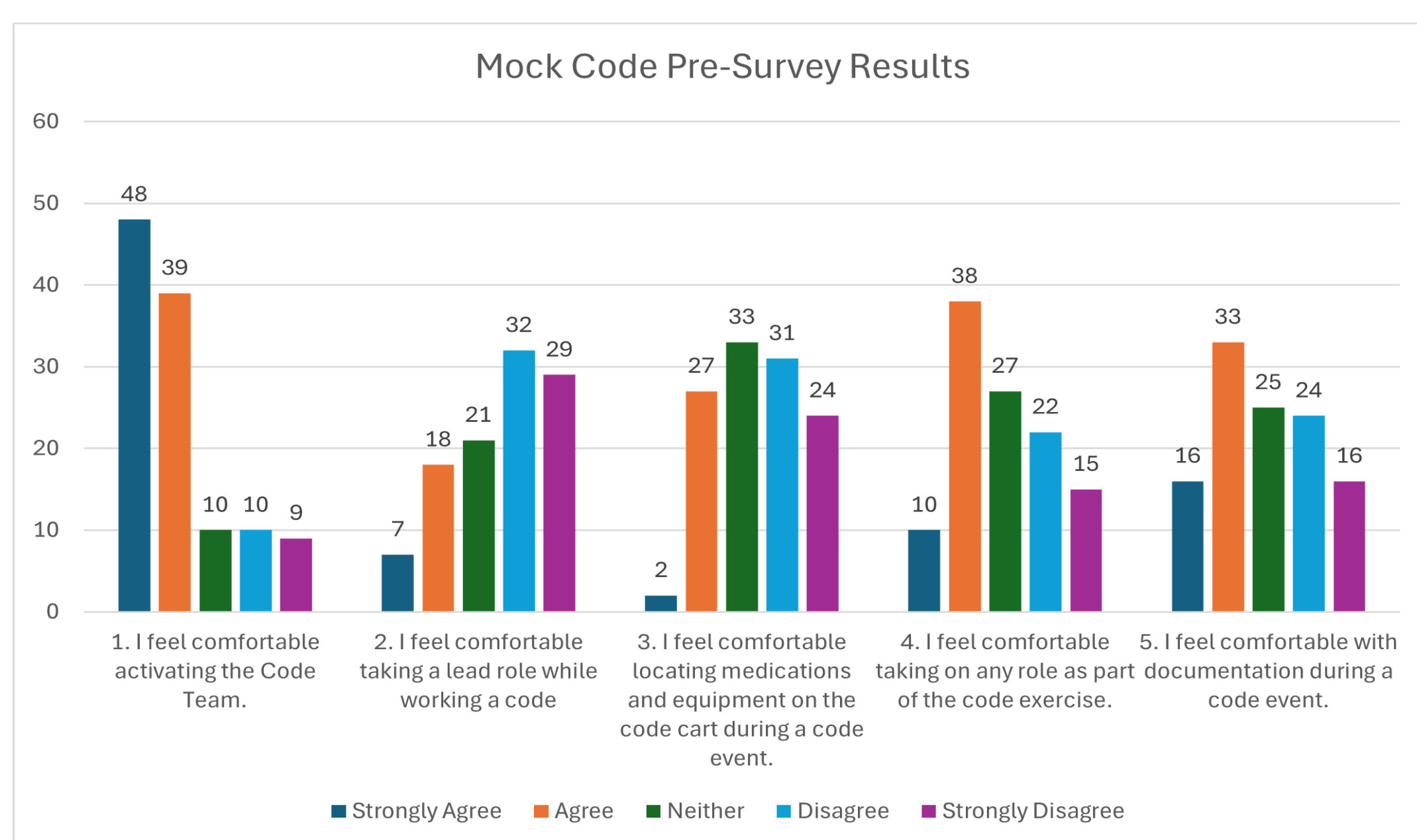


Utilization of Mock Codes to Enhance Patient Survival

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BACKGROUND:

Cardiopulmonary arrest scenarios in the hospital can be infrequent and demanding on a multidisciplinary team. Mock code scenarios can provide an avenue to learn cardiopulmonary arrest scenarios without affecting real patient outcomes. Average in hospital cardiac arrest survival to discharge is 25% across the country.

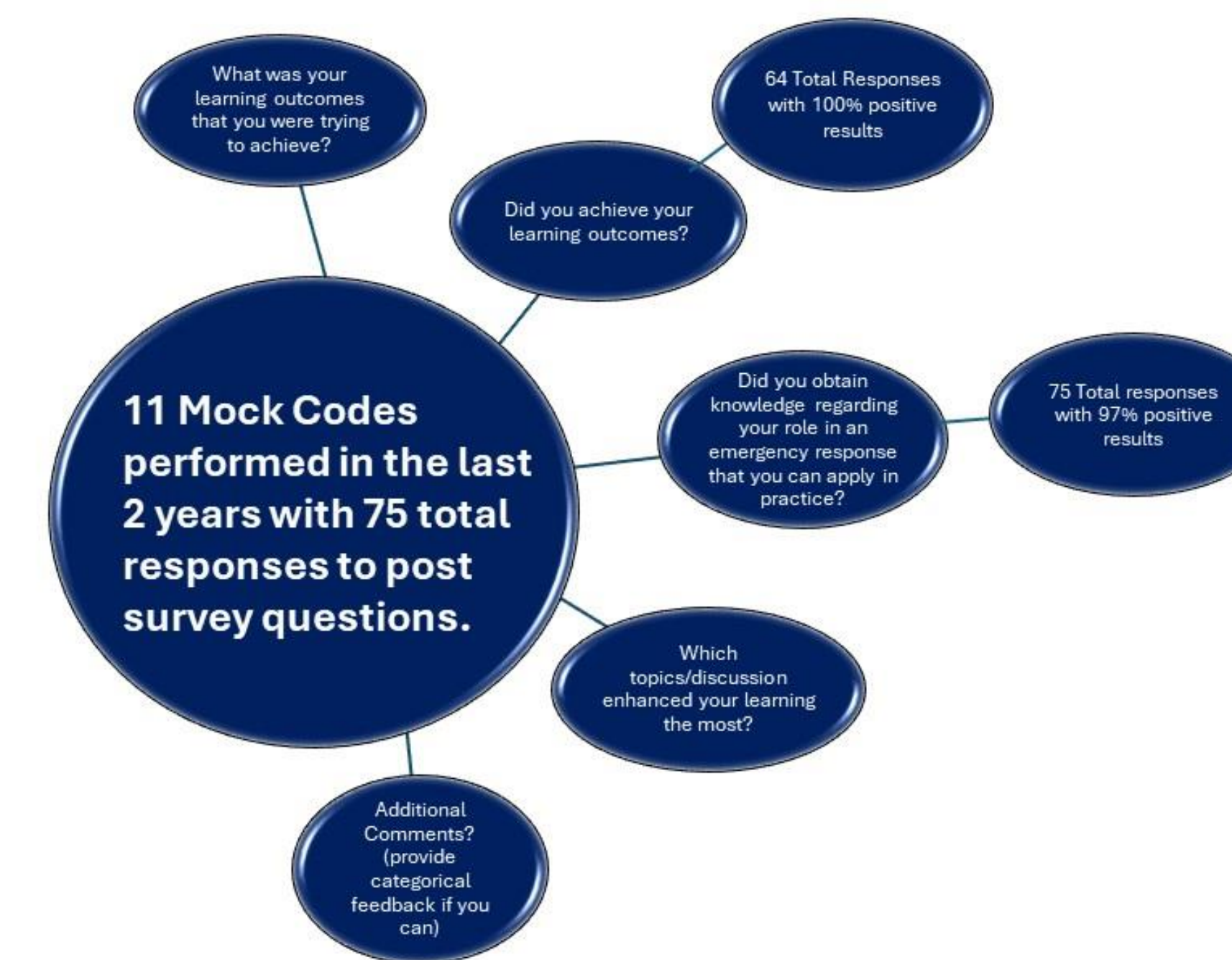
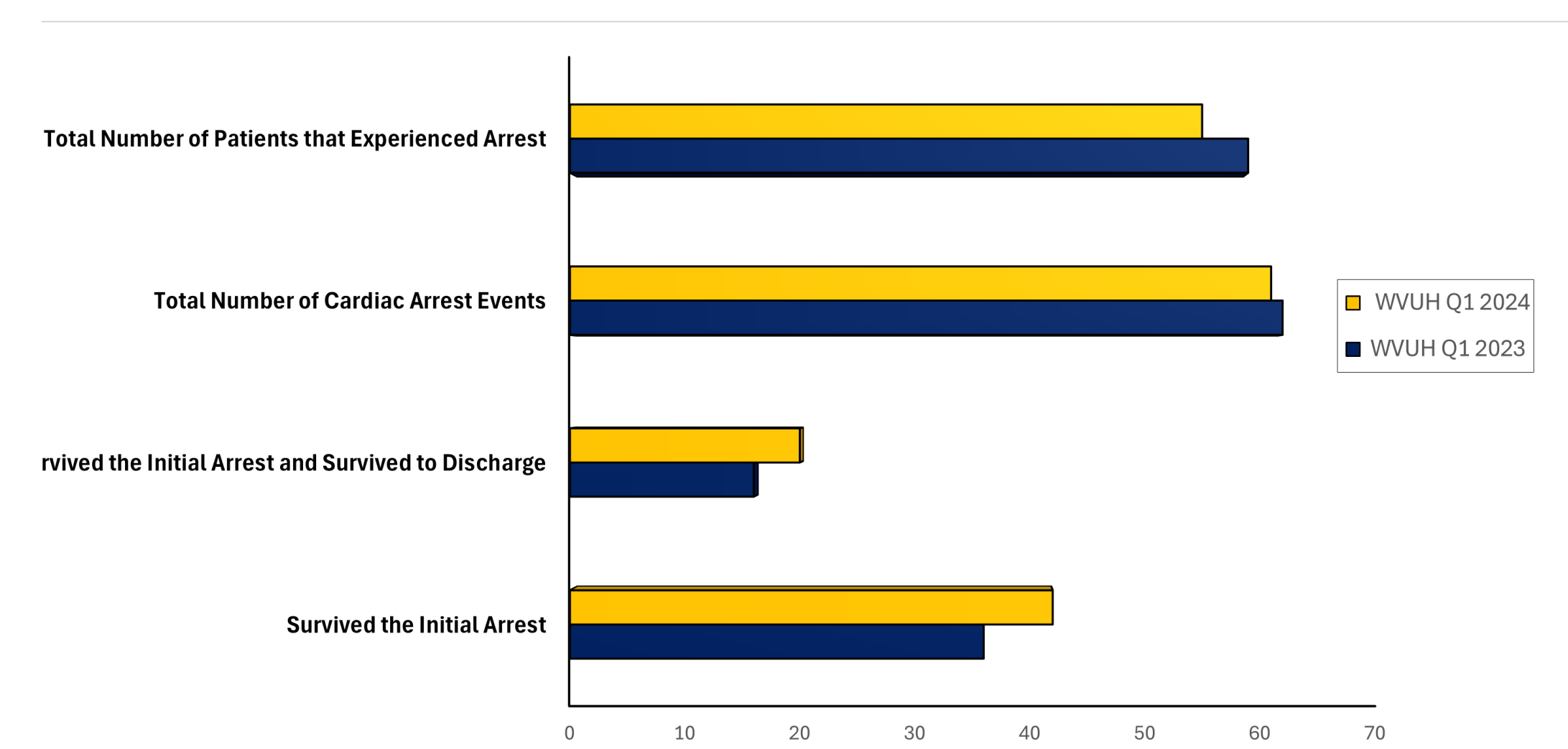
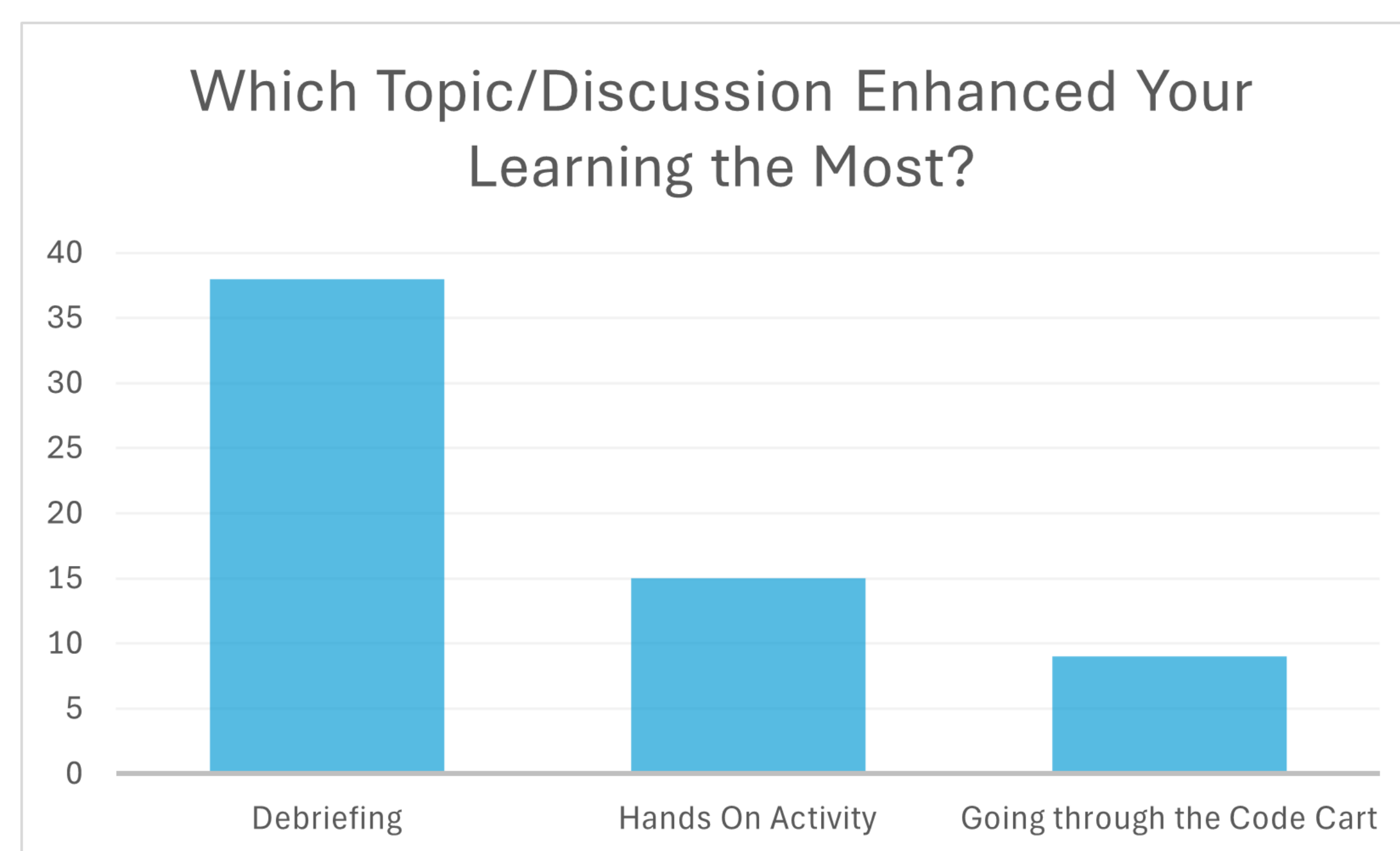


SMARTER OBJECTIVE:

The goal was to increase the multidisciplinary team's positive interaction for mock codes prior to actual cardiopulmonary resuscitation efforts from June 2022 thru September 2024 and utilizing survival data to measure effectiveness.

IMPROVEMENT ACTION PLAN WITH ACTIONS TAKEN:

Starting in June 2022 thru September 2024, mock codes were performed in a variety of different units throughout WVUH. Survival data was assessed from Quarter 1 2020 thru Quarter 4 2024 on cardiopulmonary hospital arrests. Pre- event survey data was collected from bedside nursing units to assess knowledge on code response, documenting code response, participating as a code team member and utilizing equipment for codes. Post survey learning objectives were assessed to be positive or negative and recorded.



RESULTS:

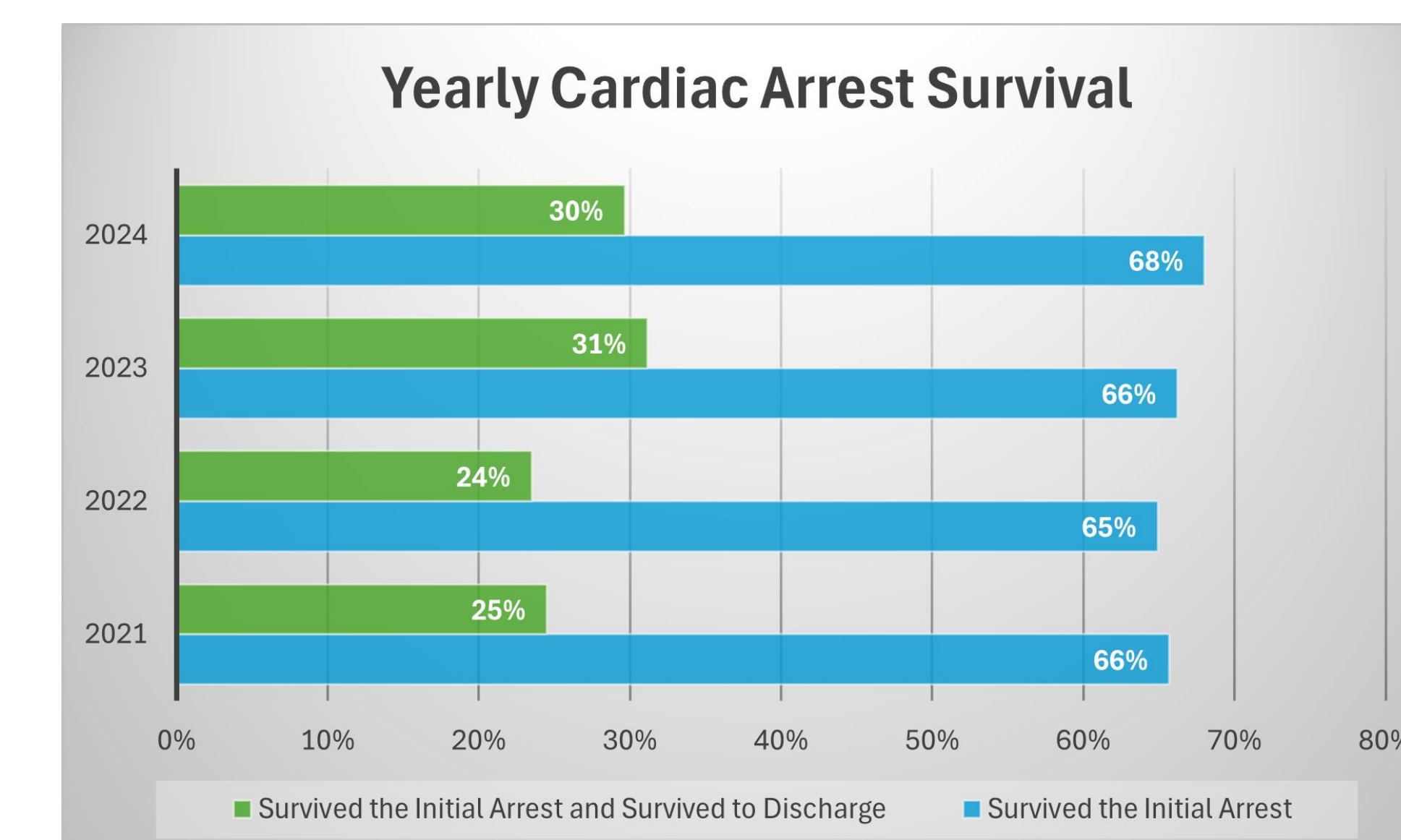
Seventy two percent of bedside nurses answered either neither, disagree or strongly disagree to mock code pre survey questions of comfort on 5 questions revolving around codes. One negative response was recorded out of 61 completed post mock code survey questions. Survival to discharge rate was observed from Quarter 1 2021 to Quarter 4 2024 which displayed 25% from Q1 2021 to Q2 2022 and 30% from Q3 2022 to Q4 2024 suggesting an improvement in survival after reimplemention of mock codes

SCALE UP PLAN:

Continue to build on code response with an increased awareness of code response with improvement of code roles and documentation of codes while monitoring survival.

SUSTAINABILITY PLAN:

There is a commitment to facilitate monthly exercises throughout the in-patient units. Staff Evaluations as well as code metrics will be tracked to continue to evaluate the program. Other variables play a role in survival to discharge however the data will continue to be utilized.



LESSONS LEARNED:

Mock codes provide a multidisciplinary practice approach to becoming more comfortable with code response which may contribute to increase in survival to discharge. Planning mock codes takes a significant amount of coordination between team members.

REFERENCES:

Andersen LW, Holmberg MJ, Berg KM, Donnino MW, Granfeldt A. In-Hospital Cardiac Arrest: A Review. JAMA. 2019 Mar 26;321(12):1200-1210. doi: 10.1001/jama.2019.1696. PMID: 30912843; PMCID: PMC6482460.