IN PRACTICE

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THE ROLE OF SIMULATION IN THE OPENING OF A NEW EMERGENCY DEPARTMENT

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Introduction: The Association for Simulated Practice in Healthcare has identified the importance of resource management in team training to improve clinical performance, to develop culture, and educational governance within a safe and supportive learning environment [1]. Simulation has been successfully used as a quality and risk management resource to test new medical facilities for safer patient care.

Methods: The scenarios were designed to last for approximately thirty minutes. The debrief was approximately one hour. The in-situ simulations were designed to consider:

- Emergency management within specialities
- Design of the new clinical environment
- Equipment and ergonomics
- Environmental and Human Factors such as transfers, portering, communication, manual handling

The clinical simulations were run over multiple days, these included Major Trauma, Obstetrics and Neonatal, Critically Unwell Adult and Child, Primary Percutaneous Coronary Intervention and a Major Incident scenario. Clinicians and nurses from the Emergency Department (ED), as well as stakeholders attended from Medical specialties, Porters, Chaplaincy, Blood Bank (Biochemist and Nurse), Manual handling, Consultants in Anaesthesia and Intensive Care, Critical Care Lead for Trauma, Neonatal and Obstetrics Doctors, Paediatric speciality Doctors, Lead Resuscitation Officer, Patient Safety Officers, Theatres, Clinical Governance, and Critical Care Lead for Paediatric Critical Care.

Simulations enabled the department to highlight areas where the environment required additional/specialist equipment. After each scenario, a debrief was performed, specifically looking at the non-technical/human factors/equipment issues that arose. Issues were identified with door access, lift usage, signage, transfers and manual handling. The Emergency Department (ED) was not fully operational and therefore not everything could be tested.

Results: From the simulations key recommendations were made for equipment to be purchased and they highlighted the environmental factors that could impact the day-to-day running of the ED. Pharmacy raised concerns regarding medication availability in the new location and its distance from the main hospital site. The risk associated with the extended transfer routes to the main hospital with the crossing of a link bridge, the lack of lifts with no override key, and lack of signage were highlighted. New standard operation procedures were also recommended. The simulation report was presented to the ED operational team for consideration.

Discussion: Overall, the simulations provided a safe environment in order to expose potential problems to the ED team prior to opening, this enabled mitigations to be actioned. The simulations also allowed for all staff to immerse themselves within the new environment to allow for familiarisation of the department prior to opening.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

REFERENCES

1. The ASPiH Standards - 2023: guiding simulation-based practice in health and care. ASPIH. 2023. Available from: https://aspih.org.uk.