IN PRACTICE

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RESUS: RESUSCITATION EXCELLENCE THROUGH IN-SITU SIMULATION - A LEADERSHIP QUALITY IMPROVEMENT INITIATIVE

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Introduction: As a collaborative quality improvement project between the Acute General Medicine team (AGM) and the Resuscitation Service, the REsuS project's primary aim is to enhance resuscitation team leadership skills, alongside developing non-technical skills throughout the responding multi-disciplinary team (MDT).

Initiated in response to a qualitative evaluation of leadership and team dynamics during 2222 calls across the Trust. Informed by Anderson et al.'s[1] 2021 paper on 'Best practices for educating and training resuscitation teams for in-hospital cardiac arrest', the program aligns with themes identified for improving resuscitation management, such as promoting training engagement, clear communication, and responsive leadership.

Methods: Unanticipated, 'real-time' simulations were conducted in 2 acute medical units. The scenarios comprised of a peri-arrest assessment to full cardiopulmonary arrest, prompting emergency-alarm activation and Registrar-led Advanced Life Support response. The 'in-situ' and 'without prior-warning' approach, integral to this initiative, elicits a genuine response to a medical emergency, utilising the clinical environment, available equipment, and actual clinical staff. Facilitated by an experienced Resuscitation Practitioner and a Critical Care Registrar, using Cooper et al.'s Team Tool©[2], the participants are evaluated for leadership and teamwork. Post-simulation debriefings serve as the pivotal learning phase, highlighting effective practice and areas for improvement in non-technical skills, through feedback and critical self-reflection.

Results: The ongoing project has a further 8 planned simulations. From the determined power calculation, current projected outcomes aim for a minimum 10% increase in overall Team Tool scores, indicating enhanced leadership and team effectiveness. This current project operates as a pilot study, employing Plan-Do-Study-Act cycles to refine facilitation methods within resource constraints. Concluding by July 2024, documentation of results, the positive impacts, and the challenges, will be highlighted in the presentation.

Discussion: Engagement with Ward Managers, Consultants, and Service Leads, ensuring pro-active support is vital for the project's future success. An important component is the proposal of a sustainable version of this leadership programme. Aligning with the NHS's commitment to continual learning, outlined in the Patient Safety Incident Response Framework[3]. The presentation will highlight the strategies to achieve ongoing sustainability and the proposed integration to the mandatory training pathway for both resuscitation and human factors education.

The REsuS project is a significant undertaking, particularly working within clinical settings with ongoing patient care. Barriers to project implementation include staff availability, time-constraints, and bed-space considerations, exacerbated by the 2023-2024 industrial action. Despite these obstacles, leading this project is highly motivating, with positive feedback and optimistic outcomes.

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.

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