

Healthcare Simulation

Dictionary

Second Edition



Simulation + Debriefing



Why Simulation + Debriefing?



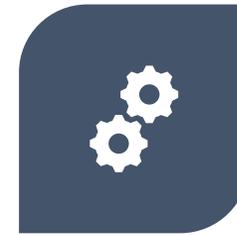
INTERPROFESSIONAL



TEAM-BASED



**INTEGRATED INTO
UNDERGRAD/GRADUATE
CURRICULA**



**EMERGING
REGULATORY LEVELS**

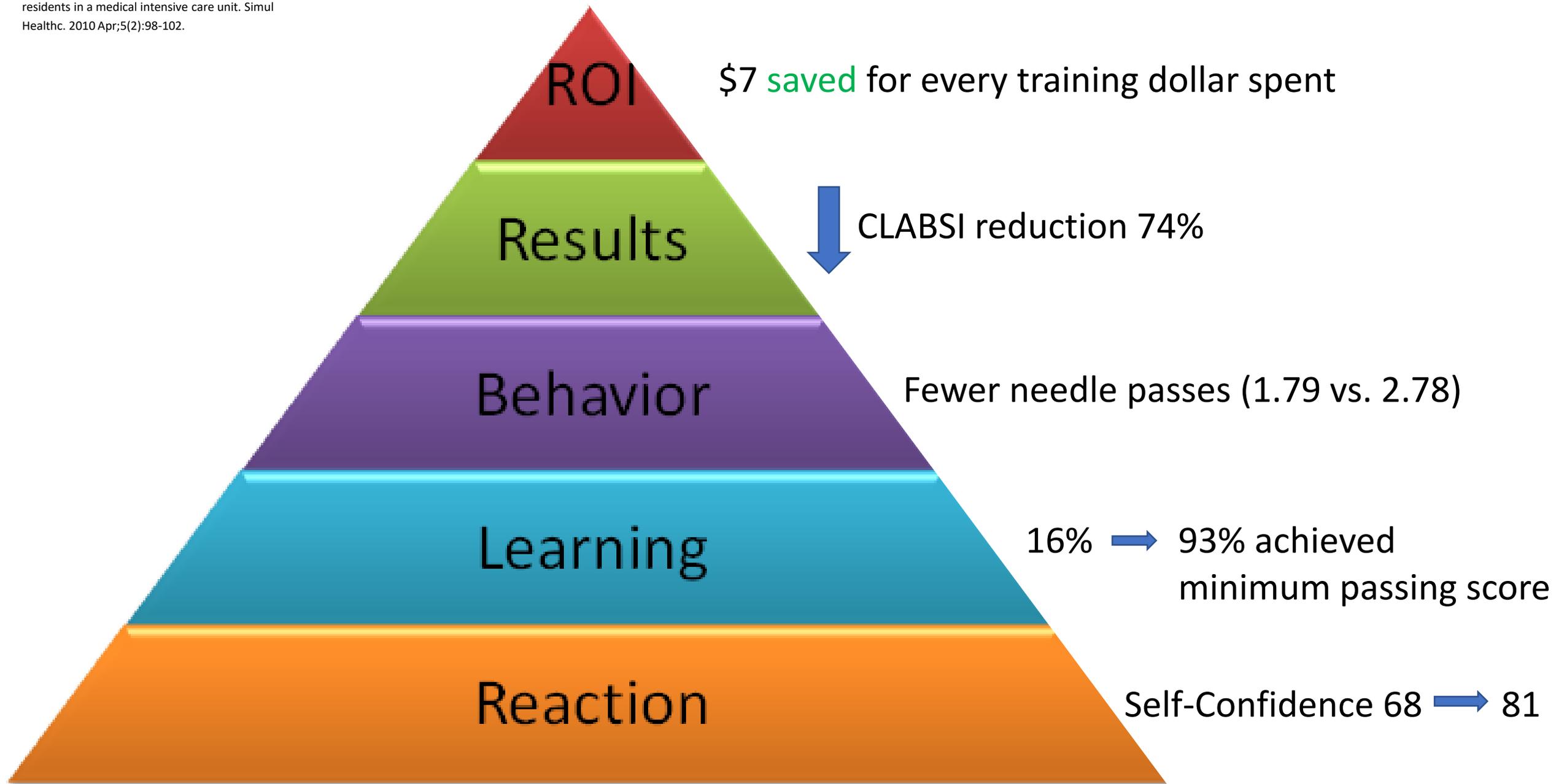


**POTENTIAL TO
PROMOTE HEALTH
EQUITY**

IMPROVES CARE







ROI

\$7 saved for every training dollar spent

Results



CLABSI reduction 74%

Behavior

Fewer needle passes (1.79 vs. 2.78)

Learning

16% → 93% achieved minimum passing score

Reaction

Self-Confidence 68 → 81

Original Research

Association of Simulation Training With Rates of Medical Malpractice Claims Among Obstetrician–Gynecologists

Adam C. Schaffer, MD, MPH, Astrid Babayan, PhD, Jonathan S. Einbinder, MD, MPH, Luke Sato, MD, and Roxane Gardner, MD, DSc

Key findings:

- Retrospective analysis comparing the claim rates before and after simulation training among 292 obstetrician–gynecologists
- Compared with presimulation training:
 - Malpractice claim rates were significantly lower postsimulation training (11.2 vs 5.7 claims per 100 physician coverage years)
 - Attending more than one simulation session associated with a greater reduction in claim rates. (6.3 [1 session], 2.1 [2 sessions], and 1.3 [3 sessions] claims per 100 physician coverage years)



R³ Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission

Issue 24, August 21, 2019

Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for [email delivery](#).

Provision of Care, Treatment, and Services standards for maternal safety

Getting Ready for 2021 Joint Commission Perinatal Standards

Lessons From the Field

Veronica Lerner, MD, FACOG;

Komal Bajaj, MD, MS-HPEd

Summary Statement: The new Joint Commission requirements on perinatal safety present a unique opportunity for the simulation community to actively engage with labor and delivery units nationwide. Considerations for implementation using “real-life” experience with the programmatic development of an in situ team-based simulation training program in obstetric emergencies are discussed. We urge simulationists to explore opportunities to promote culture change on a large scale to move the needle of maternal morbidity and mortality. (*Sim Healthcare* 00:00–00, 2021)

Key Words: In situ simulation, obstetrics, The Joint Commission, accreditation, patient safety, perinatal outcomes, team training.

HEALTHCARE DEBRIEFING: LINKING QUALITY, SAFETY, & WELLNESS



Use of a Surgical Debriefing Checklist to Achieve Higher Value Health Care

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ajmq.sagepub.com


Michael R. Rose, MD¹, and Katherine M. Rose, MD^{2,3}

54,003 cases → 4523 events/defect (92 causing harm/critical)

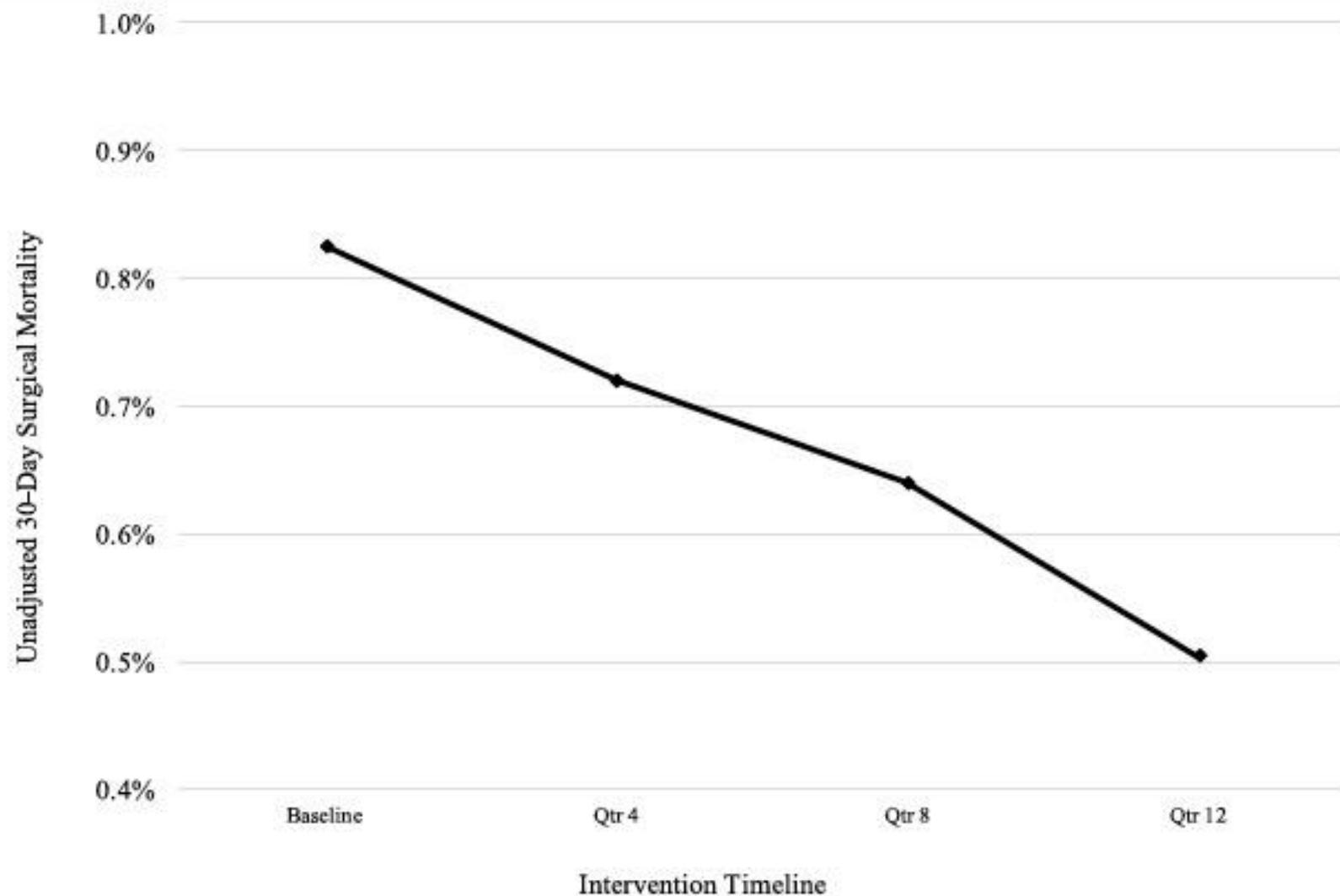


Figure 2. Unadjusted 30-day surgical mortality: baseline through quarter 12 of the intervention (2009-2010). Unadjusted 30-day surgical mortality, which measures death during hospitalization for the index surgery, plus readmission with death within 30 days of surgery was used.

Table 1. Safety Climate in Surgery: Survey Responses From MacLeod Regional Medical Center Staff (2009-2012).

	% Respondents That Agree		
	Baseline (n = 156)	Post-Implementation (n = 132)	Top Peer ^a (n = 69)
“I am encouraged to speak up about patient safety concerns that I have”	72%	93%	100%
“McLeod has a good safety climate”	46%	90%	98%
“I would feel safe being treated here as a patient”	82%	89%	92%

^aA Top Peer of the 69 hospital surgical departments surveyed.

Promoting Diagnostic Excellence Across the House of Medicine



ACOG

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