**Introduction**

Children’s Hospital of Wisconsin Urgent Care locations have encountered an increase in both patient visits (Figure 1) and patient acuity (Figure 2) in recent years.

**Figure 1: Patient visits**

**Figure 2: Patient acuity**

Research shows:
- Emergency response skills deteriorate quickly after training.1,2
- Regularly and repeatedly practicing a skill may prevent rapid skill deterioration.1
- More frequent training is superior to conventional training to ensure high quality resuscitation skills.1,2,3

**Aim**

- Improve emergency preparedness by holding regularly scheduled multidisciplinary simulations and skills practice sessions in order to provide the best and safest care to our patients
- Simulation lab: participant assessment of feeling well prepared or very well prepared for an emergency will increase 20% from pre survey to post survey
- In-situ (in clinic) simulations: post simulation surveys will reflect 75% of participants feeling more prepared for an emergency after the simulation

**Methods**

Curriculum design and implementation
- High and low fidelity manikins
- Emergency scenarios: asthma and hypoxia, severe bronchiolitis, seizures, hyperthermia, sepsis, diabetic ketoacidosis, anaphylaxis, and cardiac arrest of the child and adult
- Deliberate practice of skills using equipment available in clinic
  - Cervical collar application +/- helmet removal
  - Weight estimation using measuring tool
  - Ventilation of a tracheostomy tube
  - Initiation of emergency response
  - Effective team communication

Survey design
- Likert scale pre survey:
  - Prior simulation experience
  - Prior involvement in clinical resuscitation
  - Self-assessment of emergency preparedness
- Likert scale post survey:
  - Self-assessment of emergency preparedness

Simulations November 2017 – August 2019 n=17 (simulation lab n=11, in-situ n=6)
- Total participants n=14, unique participants n=80, repeat visits n=34
- Total surveys January 2019 – August 2019 n=40 (survey response rate 100%)

Pre-brief* (simulation lab only)
- The basic assumption that all staff are intelligent, capable, and try their best
- Fiction contract: scenario is as real as possible but learning depends on full participation
- Preparatory information given, introduction to room and manikins

Debrief* (simulation lab and in-situ)
- Re-examine scenario for learning

**Results**

In the simulation lab (Figure 3):
- A little prepared decreased by 21%
- Somewhat prepared decreased by 21%
- Well prepared increased by 34%
- Very well prepared increased by 8%

*Pre and post survey

**Figure 3: Simulation lab, pre and post survey comparison**

In the simulation lab (Figure 3):
- A little prepared decreased by 21%
- Somewhat prepared decreased by 21%
- Well prepared increased by 34%
- Very well prepared increased by 8%

**Figure 4: In-situ, post participation survey**

**In-situ simulations (Figure 4):**
- More prepared after the simulation: 81%

**Conclusions**

- Staff preparedness increased after simulation participation
- All staff play an important role during an emergency
- According to research, regular and repeated practice may increase skill retention and prevent skill deterioration1,2,3
- Multidisciplinary simulations are essential to increase staff preparedness to perform high quality care during an emergency event

**Limitations**

- Survey data is self-reported and subjective
- Unable to assess improvement in preparedness from in-situ simulations given no pre participation survey
- Difficult to compare data between simulation dates as scenarios may differ between simulations

**Next steps**

- Future data could compare preparedness to:
  - Years working in Urgent Care
  - Total years of experience in healthcare
  - Previous simulation attendance
  - Role within Urgent Care

**Inter-departmental simulations**

**References**


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**Contact information**

Ilanalee Cabrera can be reached at icabrera@chw.org