

# HELP! I'VE CALLED A CODE WHITE ON MY PATIENT. NOW WHAT DO I DO?

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# Objectives

- Summarize the need for a course that addresses the first minutes of a Code Blue
- Discuss the process for creating the First 5 Minutes course
- Discuss similarities between challenges faced during a Code Blue and a Code White
- Discuss how initial First 5 Course was adapted for Code Whites
- Explore how the First 5 model can be adapted to other areas in a hospital

# Conflicts of Interest

I have no actual or potential conflict of interest in relation to this presentation.

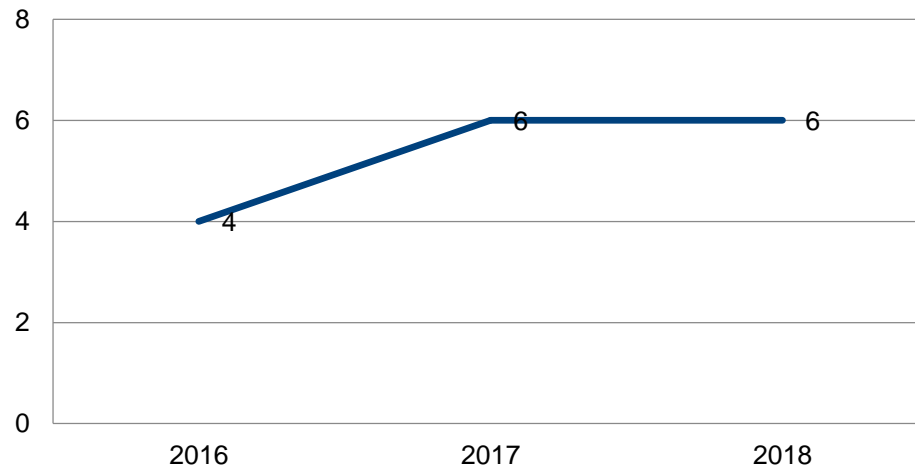
# Welcome to CHEO

- Service pediatric patients from the Champlain LIHN, Western Quebec, Nunavut and Northern Ontario
  - 6,900 admissions a year
  - 7, 800 surgeries
  - 169,000 outpatient clinic visits
  - More than 72,000 emergency room visits

# Code Blues

- From 2016-2018 average of 5.3 Code Blues a year

**Code Blues at CHEO 2016-2018**



# Code Blue Reviews

- Post Code Blue review
  - Common themes arising from care before Code Blue Team arrives
    - Delay in performing basic maneuvers
    - Improper use of equipment
    - Team leadership lacking

We needed a program to address the first minutes of an acute decomposition, before the Code Blue Team arrives

# Developing a Code Blue Training Program

- Concept map was created
  - Focused on steps expected of first responders before the Code Blue Team arrives
    - Basic life-support
    - Crisis resource management
  - Program created using adult learning theory concepts
    - In-situ
    - Using equipment that is identical to what staff are used to
    - Using Rapid Cycle Deliberate Practice

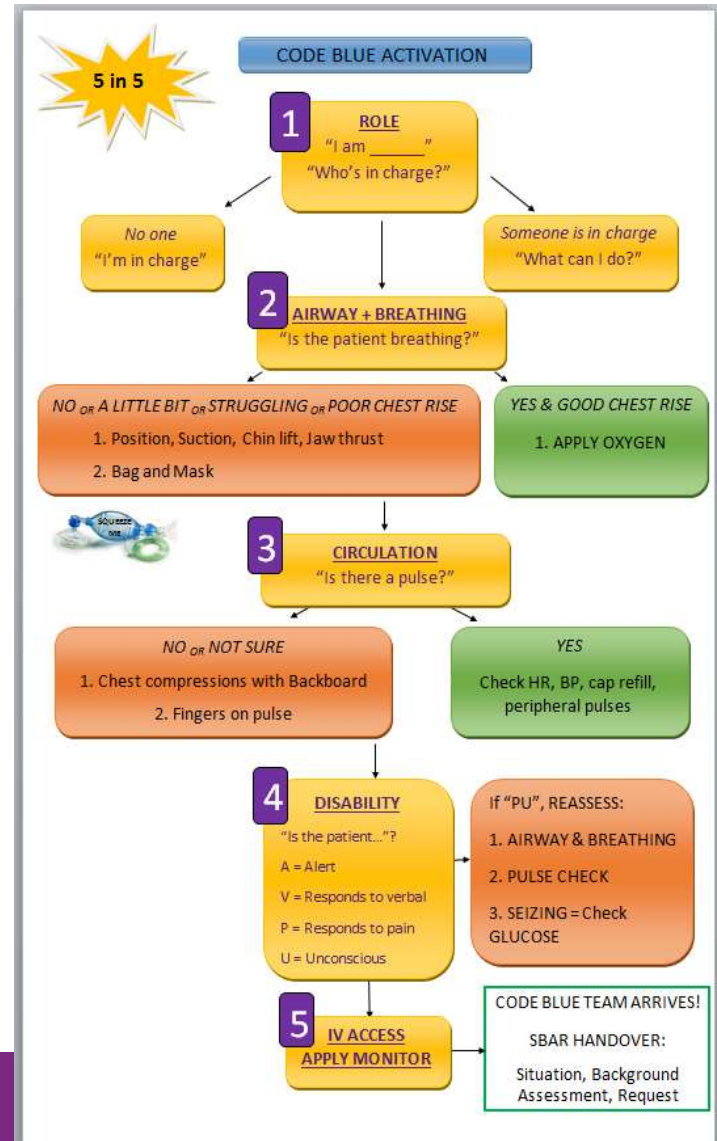
# First 5 Minutes Course

- Final course structure:
  - 60-minute course
  - Algorithmic approach
  - Done on in-patient units
  - Multidisciplinary when possible
    - Content experts trained to deliver course
      - Currently we have 10 instructors
  - Post-course evaluation



# First 5 Minutes Course

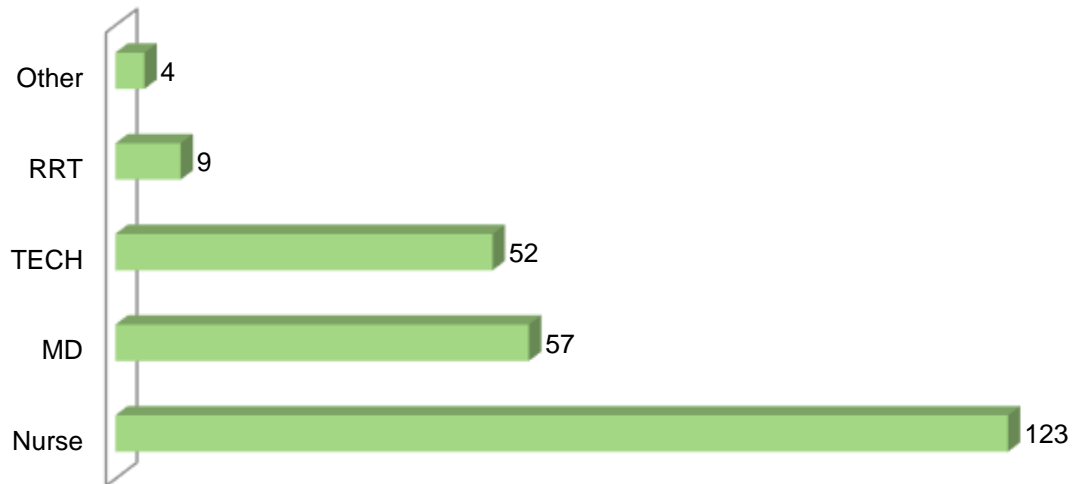
- Script created
  - Ensures consistent content delivery
- Algorithm created



# First 5 Data

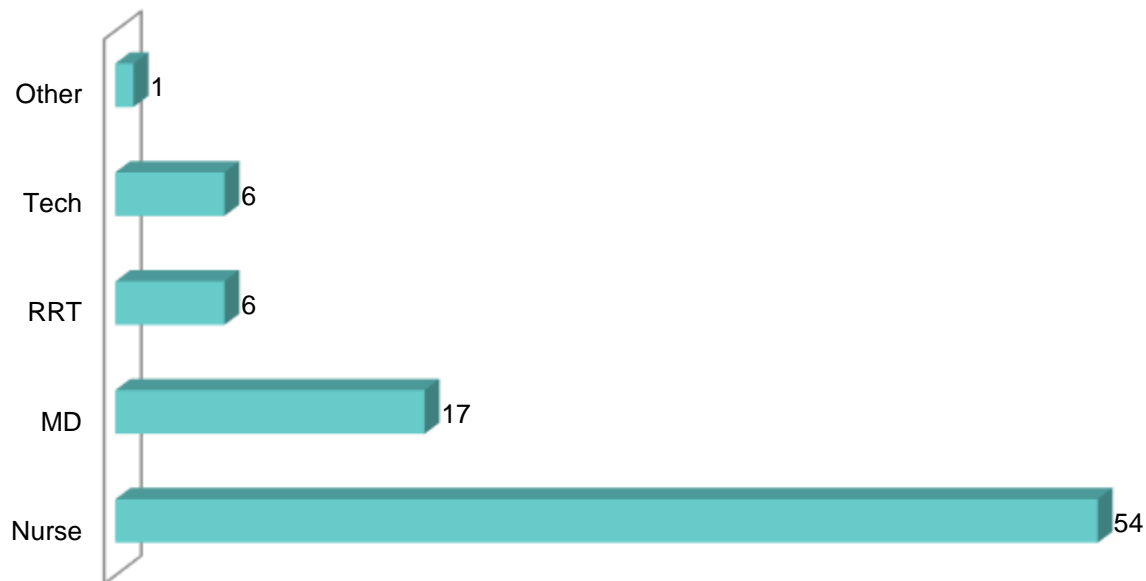
- 57 courses in 2018
  - 245 total participants

**First 5 Participants by Profession, 2018**



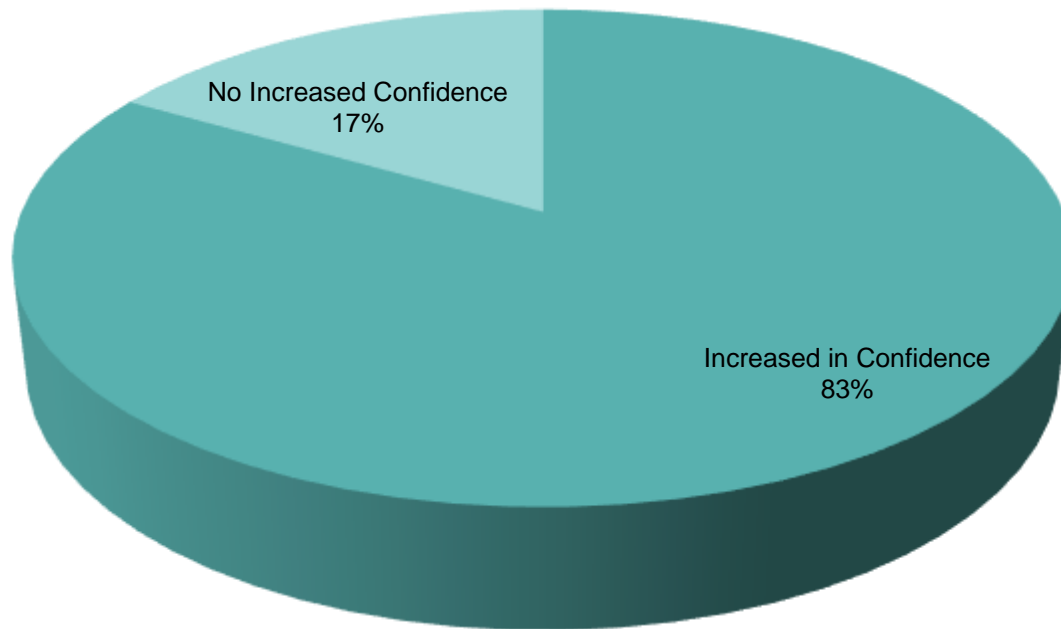
# First 5 Data

First 5 Evaluation Responses by Profession, 2018



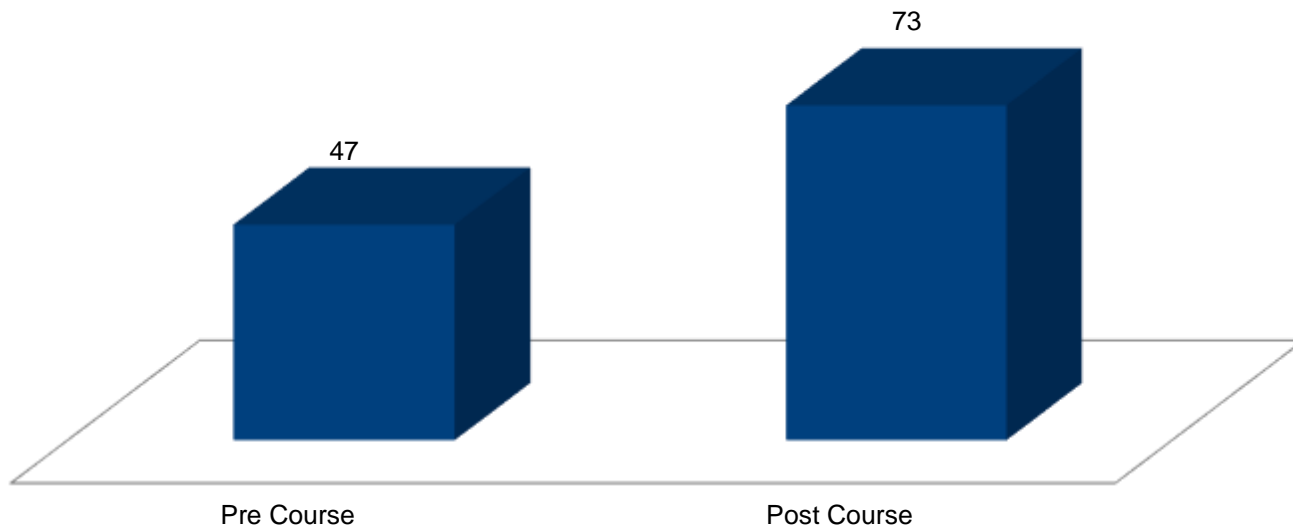
# First 5 Data

## Participant Increase in Leadership Confidence Post First 5 Course



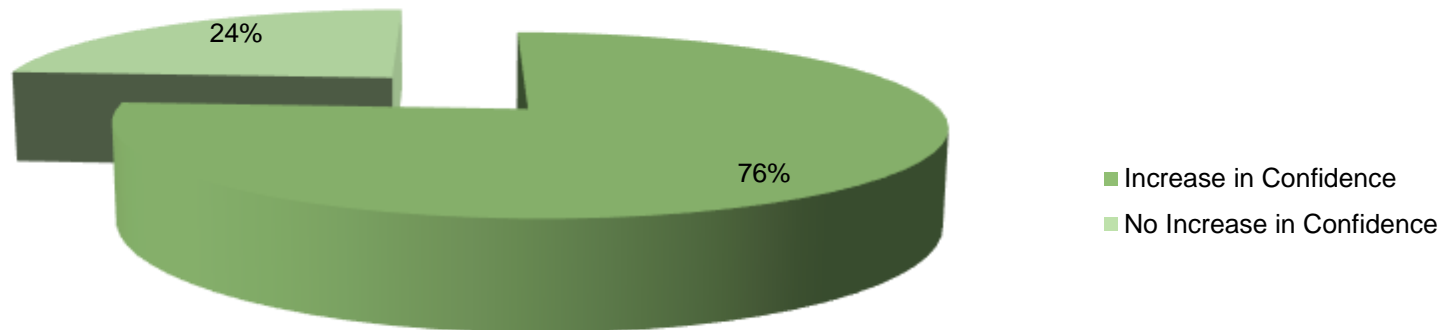
# First 5 Data

**Number of Participants Aware of Emergency Equipment Location Pre and Post Course**



# First 5 Data

## Increased SBAR Confidence Post First 5 Course



# First 5 Data- Qualitative

- “Helped with role clarity”
- “Important info; builds confidence and upholds safe practice”
- “Good reinforcement of previous learning”
- “Very good to breakdown this critical time period before Code Blue Team arrives”
- “Practical situations”
- “This should be available yearly”
- “Good refresher; never know when a child will code”
- “Helps bring clarity to stressful situations”

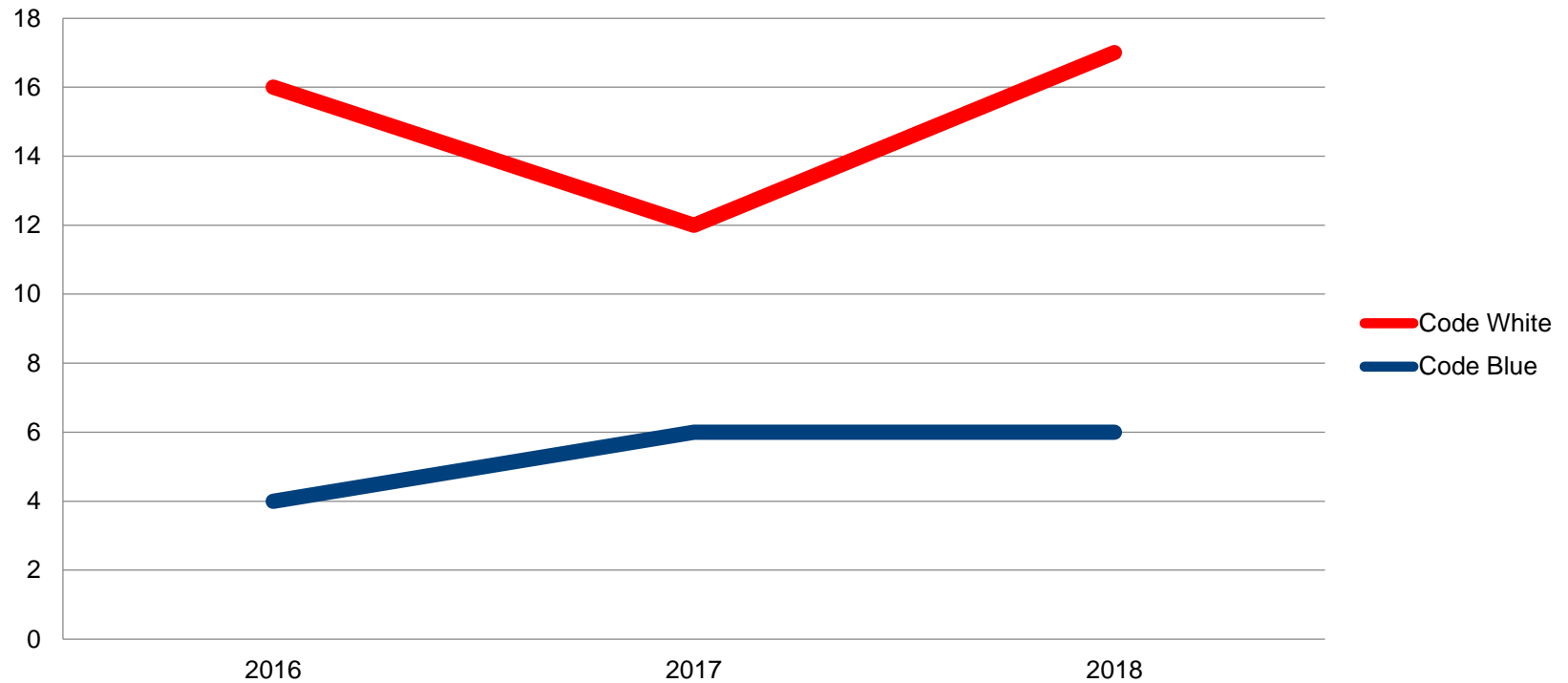
# Similarities Between Code Blue and Code White

Common challenges during a code	Code White	Code Blue
Lack of leadership	✓	✓
Lack of role clarity for entire team	✓	✓
Poor knowledge of location of equipment (backboard, restraints)	✓	✓
Untimely unit response (assume others have responded)	✓	✓
Fear of calling a code (what if the patient is ok when the team arrives?)	✓	✓
Lack of situational awareness	✓	✓
Baseline training (CPR, NVC)	✓	✓
Code Team is left with little info once they arrive	✓	✓
Worry that patient will escalate	✓	



# Codes Called at CHEO

## Comparison of Yearly Code Whites vs. Code Blues Called from 2016-2018



# Workplace Violence Prevention Survey

- Conducted January 2019 at CHEO
  - 575 respondents (21% response rate)
    - 49% of respondents were front line care providers
    - 59.5% felt they had received adequate training on how to recognize, prevent and deal with workplace violence
    - 24.6% felt competent to respond to a code white
      - 47% not prepared to respond
    - 57% of respondents have never taken NVCI

# Workplace Violence Prevention Survey

- Top 3 skills to assist with managing workplace violence
  - Verbal and non-verbal techniques
  - Being able to identify behaviors that lead to workplace violence
  - Assessing risk and knowing when to call a Code White

# Consider the Following...

- More Code Whites than Code Blues per year
- Increasing number of mental health patients
- CPR training mandatory for all nurses at CHEO but NVCI is not
- Only 24.6% of survey respondents felt competent to respond to a Code White
- Regardless of the interventions needed during a Code White vs. a Code Blue, the overarching challenges remain the same
- From the Workplace Violence survey, staff indicated they need more training to deal with acute situations before the Code White Team arrives

# Adapting the First 5 Minutes Course

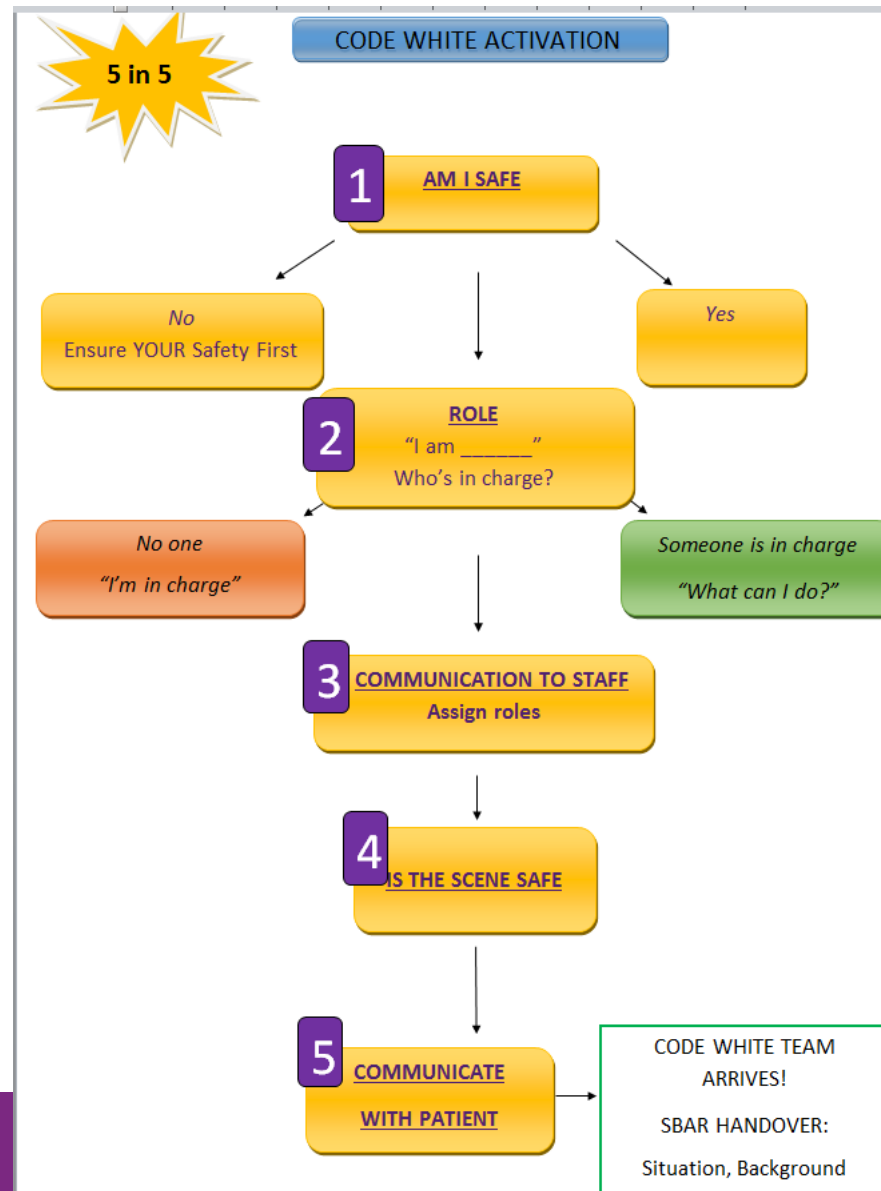
- Core components kept from First 5 Course
  - Focus on the first 5 minutes and 5 initial steps of an acute mental health crisis, after a Code White is called but before the Code White Team arrives
  - Training will be in situ
  - Use equipment that staff has access to
  - Use rapid cycle deliberate practice
  - Keep the time to a minimum
    - 60 minutes, including short simulations
  - Create an algorithm with the 5 steps expected of staff
  - Be multidisciplinary when possible
  - Create a script to ensure consistent content delivery
  - Adapt the post-course questionnaire

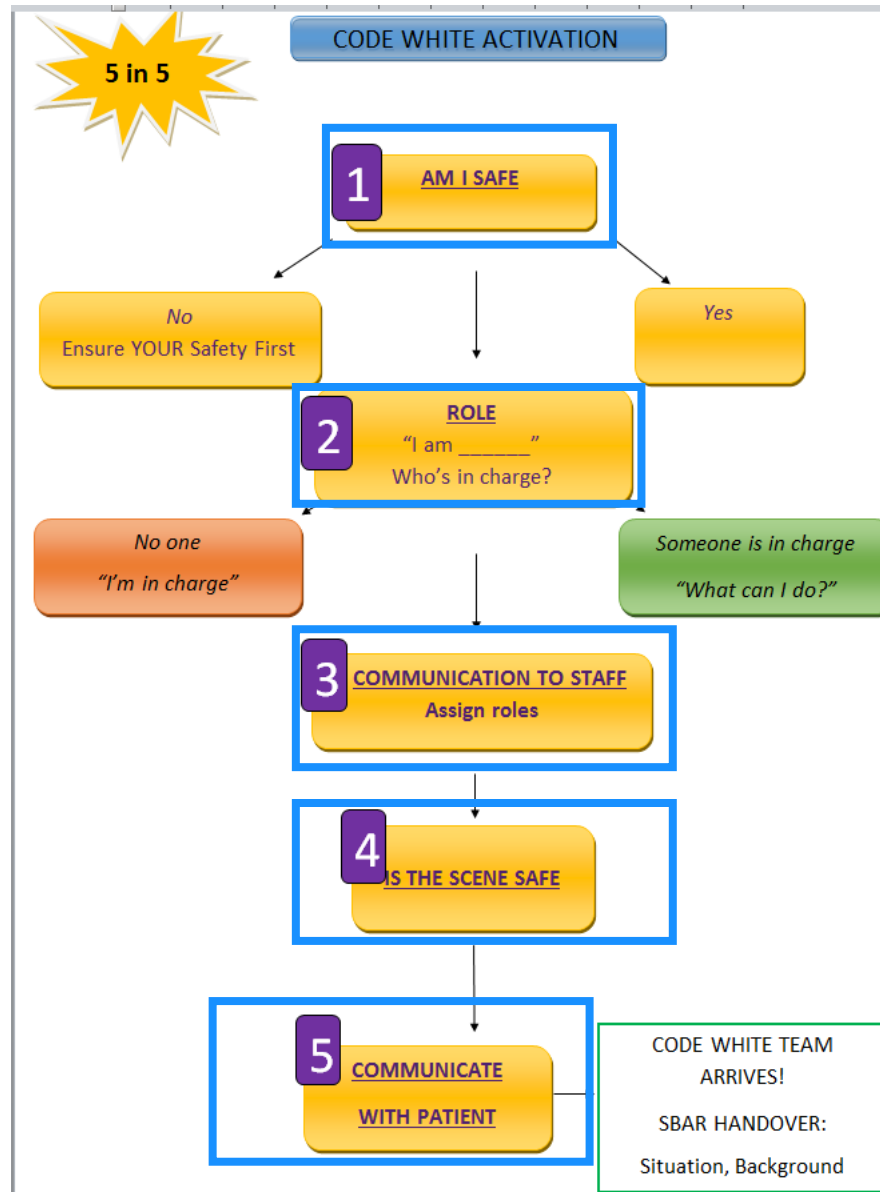
# Adapting the First 5 Minutes Course

- Created algorithm and script with Mental Health Educator
  - Reflects common challenges
  - Reflects Code White Policy
- Consulted stakeholders
  - In-patient Mental Health Manager and Care Facilitator
  - Occupational Development and Learning
  - Occupational Health and Safety
  - Security Manager
  - Violence in the Workplace Working Group
  - NVCI Instructor
  - Nurse Educator group\*
  - Professional Practice Leaders\*
  - Nursing Advisory Council\*

\* still to be consulted

# First 5 Minutes for Mental Health Crisis







# Next Steps...

- Follow up with stakeholders one more time
- Introduce the course to Inpatient Mental Health staff
- Advertise dates/times of courses
  - Focus on high risk areas first
    - ED
    - Inpatient surgery
    - Inpatient medicine
    - Security staff
- Run 10-15 courses then re-evaluate

# What We Expect to Gain from this Course

- Increased consistency across the hospital
  - Using the same language
  - Approach the first 5 minutes of any crisis in an algorithmic manner
- Initial increase in Code Whites
  - Increasing awareness and confidence might lead to more calls
- Insight into challenges and barriers faced by staff
  - 30 quality improvement initiatives/latent patient safety events in 2018 from First 5 Code Blue
- Questions
  - Lots of questions!
- Post course evaluation
  - Analyze data
  - Iterative process
- On a simulation note...

# Other Uses for the First 5

- OR/PACU
  - Work group created
  - Research component
  - Similar algorithmic approach
  - Same language used
    - “who’s in charge”, “how can I help”

# Thank you...

- Dr. Lobos
- Dr. Gupta
- Sarah Giroux

**Questions?**