

BACKGROUND

- Out of hospital cardiac arrests account for approximately 60% of deaths from cardiovascular causes.⁴
- Currently, rates of survival when cardiac arrest happens in an outpatient health care setting is similar to being in a non-medical public place.³
- In one study evaluating PCPs in a clinic setting, only 67% of staff knew the location of the AED and only 56% stated they would know how to use it.²
- Although all Residents and most of the clinic staff have code training, many may not feel confident in successfully running a code within our resident clinic or utilizing/accessing the resources available within our clinic.

OBJECTIVES

- To determine whether in-clinic mock code training is beneficial for the Good Samaritan Geary Street Family Medicine Resident Clinic.
- To increase comfort and proficiency in running a code within the resident clinic, and therefore ideally increase the likelihood of good outcomes should a code ever occur.

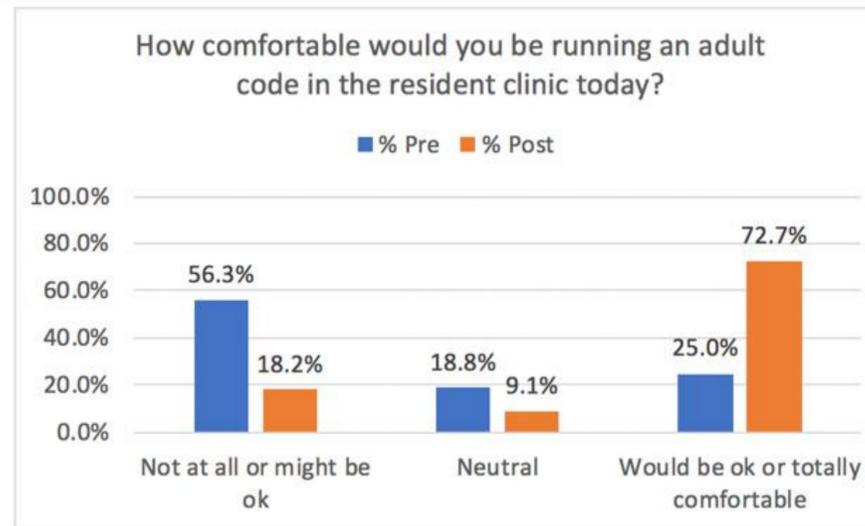
METHODS

- All Residents and Staff within our clinic were asked to volunteer to participate in a mock code.
- Prior to the training, participants completed a pre-survey, assessing current knowledge and comfort in running an in-clinic code with our resources and team.
- On training day, participants were shown the location of the AED, crash cart, and oxygen masks. Next, participants ran an adult mock code that simulated a patient with asystole, followed by debriefing.
- One week after training, participants completed a post-survey, nearly identical to the pre-survey.

RESULTS

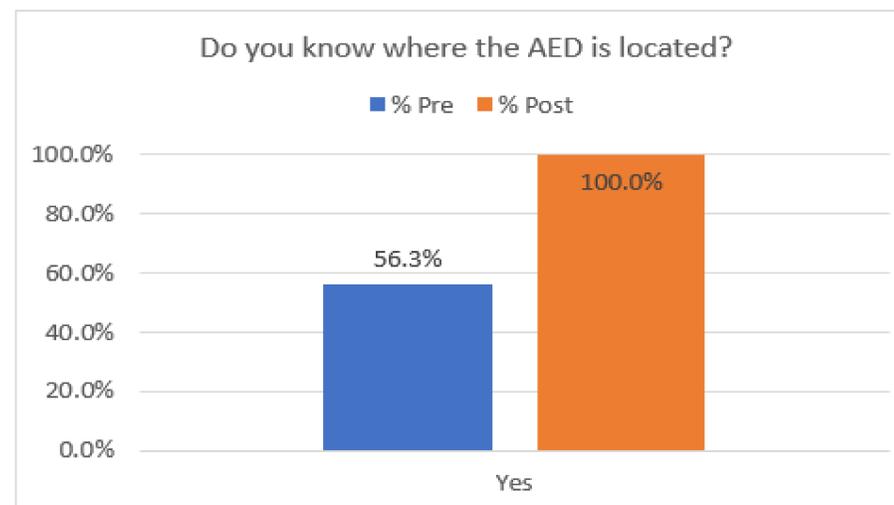
- 16 participants took the Pre-survey, 11 participants took the post-survey. Of those who took the post-survey, 9 of them had attended the in-clinic mock code training.

Figure 1



- (Figure 1) Prior to the training, 25% of respondents reported feeling “ok or totally comfortable” with performing an adult code in clinic, compared to 72% after training. Pediatric code questions were similar, increasing from 12.5% to 36.4% after training.
- Before the training, only 37.5% reported knowing where the code supplies were, and 56.3% reported knowing where the AED was (Figure 2), compared to 100% after training for both questions. Similarly, 12.5% reporting knowing which medicines were available in the clinic for codes, compared to 81.8% after training.
- 81.8% of the survey respondents felt that the mock code was helpful based on the post survey results.

Figure 2



CONCLUSIONS

- From this small study, we concluded that in-clinic mock code training increased the comfort levels in performing an adult code with our residents and staff, and increased their knowledge regarding clinic resources and available code equipment.
- We did not expect the comfort levels in performing a pediatric code in clinic to improve, as we only focused on adult codes at this training. However, the small increase in comfort level after the post survey suggests that mock codes in any patient population provide added comfort in all hypothetical emergencies.
- From this training experience, we were able to identify and address specific deficits in our clinic resources.

FUTURE IMPLICATIONS

- Even after training, the surveys indicate that a majority of respondents felt more training would be helpful within our clinic. We also feel that introducing mock code training into other resident clinics would be beneficial.
- More research will be needed to determine if increasing in-clinic mock code training increases the likelihood of survival following a cardiac event.

REFERENCES & ACKNOWLEDGEMENTS

1. Brooks, Steven MD; Lam, Karen; Morrison, Laurie MD. Out of hospital cardiac arrests occurring in southern Ontario health care clinics. *Canadian Family Physician*. 2010; 56: e213-18.
2. Einav, Sharon; Wacht, Oren; Kaufman, Nechama and Alkalay, Eliezer. Cardiopulmonary arrest in primary care clinics: more holes than cheese: a survey of the knowledge and attitudes of primary care physicians regarding resuscitation. *Israel Journal of Health Policy Research* (2017) 6:22 DOI 10.1186/s13584-017-0148-1.
3. P.J. Kudenchuk et al. Treatment and outcome of out-of-hospital cardiac arrest in outpatient health care facilities. *Resuscitation*. 97 (2015) 97-102
4. C. Nishiyama et al. Prodromal symptoms of out-of-hospital cardiac arrests: A report from a large-scale population-based cohort study. *Resuscitation* 84 (2013) 558-563.
5. Scaramuzzo, Leah, MSN, RN-BC, AOCN; Wong, Yuk, RN, BSN, MA, OCN; Voitle, Kira BSN, RN, OCN; Gordils-Perez, & Janet MA, ANP-BC, AOCNP. Cardiopulmonary Arrest in the Outpatient Setting: Enhancing Patient Safety Through Rapid Response Algorithms and Simulation Teaching. *Clinical Journal of Oncology Nursing* 18

AND A BIG SPECIAL THANKS TO THE PROFESSIONAL DEVELOPMENT TEAM OF SHS