Mini Mock Codes: Beginnings Matter

Patricia M Rabbett, MSN, RN, CCRN-K; Susan Belton, MSN, BS Ed., RN, CNL; Jennifer Capone, MSN, RN; Lauren Donovan, MSN, RN; Jill Grant, BSN, RN, CEN; Tedi P. Hughes, MS, RN, PMHCNS-BC; Philip B. Malleson, MSN, RN, NPD-BC; Kathryn McCarraher, MHA, BSN, RN, CPAN; Beth Waters, MSN, RN, CPEN

Background
• The key to successful resuscitation is the delivery of high-quality basic life support (BLS) including:
  • Correct rate & depth of compressions
  • Avoiding excessive ventilation
  • Minimizing pauses of CPR
• 2020 American Heart Association (AHA) Guidelines for BLS recommend the use of Deliberate Practice and Mastery Learning to improve the quality of BLS

Problem
• Skills validation on a biennial cycle may be insufficient to maintain competence necessary for delivery of high-quality CPR

Setting
• 171-bed Magnet® designated community teaching hospital, partner of Brigham and Women’s Hospital located in Boston, MA
• FY22 Statistics
  • Inpatient Admissions: 9,900
  • Code Blue Inpatient data
  • CY21: 22 events
  • CY22: 18 events

Purpose
• To improve CPR performance for first responder nursing staff

Contact Information
Patti Rabbett: prabbett@bwh.harvard.edu

Process
• Step 1: Develop Mini Mock Code process
  • Incorporate AHA BLS recommendations in the development of Mini Mock Codes
    • Deliberate Practice: Use of discrete learner goals with immediate feedback on performance and ample time to improve performance
    • Mastery Learning: Use of deliberate practice along with testing, using a set of criteria to define a specific passing standard, implying mastery of task
• Step 2: Mini Mock Code session
  • Approximate Time Frame: 30 minutes (15 minutes session/15-minute set-up/breakdown)
  • Participants: 3-5 nurses & 2 Nursing Professional Development (NPDM) Managers

Results
• CY21 - 17 teams; post test CPR competency scores improved for all teams (%)

<table>
<thead>
<tr>
<th>Means, Range of Mini Mock Code CPR Team Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>Pretest</td>
</tr>
<tr>
<td>Posttest</td>
</tr>
</tbody>
</table>

• CY22
  • 15 teams participated in Mini Mock Code sessions

<table>
<thead>
<tr>
<th>CY21 &amp; 22: Participant Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Pretest</td>
</tr>
<tr>
<td>Posttest</td>
</tr>
</tbody>
</table>

Implications
• Using the Mini Mock Code format increases the frequency that NPDMs can provide sessions thereby providing staff with more opportunities to practice high quality, basic life support skills in their own practice setting
• NPDMs in any healthcare setting can adapt the Mini Mock Code format for their unique organization

Conclusion
• The implementation of Mini Mock Codes is an effective strategy to improve team CPR competency scores
• Mini Mock Codes provide staff an opportunity to improve their role as a first responder in emergency situations in a structured learning environment that allows for deliberate practice to promote mastery learning

Next Steps
• Increase frequency of mini mock codes on a more regular basis for nursing staff (Mastery Learning)
• Increase participation for support staff
• Expand Mini Mock Codes to:
  • Include interdisciplinary teams
  • Increase sessions in other departments

Selected References