

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



Mini Mock Codes: Beginnings Matter

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

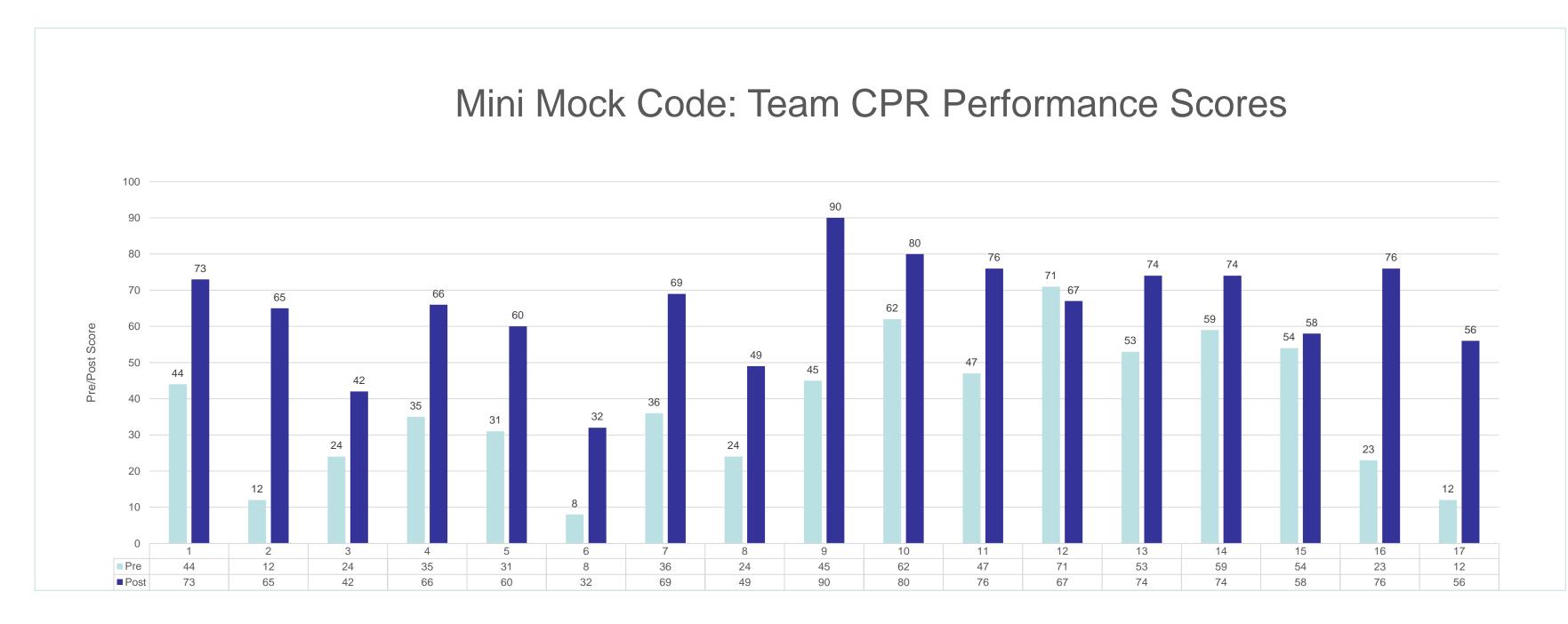
- Approximate Time Frame: 30 minutes (15 minutes session/15-minute set-up/breakdown)
- Participants: 3-5 nurses & 2 Nursing Professional Development (NPDM) Managers

Results

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

Means, Range of Mini Mock Code CPR Team Scores

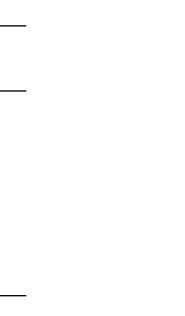
	N	Mean	Range
Pretest	17	37.65	8 - 71
Posttest	17	65.11	32 - 90



CY22

15 teams participated in Mini Mock Code sessions

	N	Mean	Range
Pretest	15	33.47	0-67
Posttest	15	46.06	5-81



CPR Competency level scores 0-49 Basic CPR 50-74 Intermediate Performer 75-100 Advanced Performer (Laerdal, 2022)

CY21 & 22: Participant Feedback

- Evaluations completed for all sessions
- Only positive feedback received about the value of the Mini Mock Codes

Conclusion

Next Steps

Selected References

American Heart Association. (2022). Get with guidelines[®] - Resuscitation Overview. Laerdal. (2022). QCPR: Quality CPR Saves Lives – Measure to improve.



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

 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

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