BC Simulation Network (BCSN)

Capacity Building for Provincial Patient Safety

BCSN is a provincial, virtual community of practice aiding British Columbia-based simulation centres, programs, and enthusiasts with a forum in which to discuss and advance ideas in the intersection of healthcare, simulation, and technology.

Why does the BCSN exist?

In 2013, a provincial report by the BC Provincial Simulation Coordination Committee outlined the need to build partnerships across the province to advance and align simulation-based education (SBE). The British Columbia Simulation Network (BCSN) was developed as an active community of practice with over 20 academic and healthcare institutions.

What does the BCSN do?

We serve as a collective voice advocating for best practices in healthcare simulation and the advancement of research. We develop and implement practical tools and methods related to SBE; tools are shared freely under the Creative Commons license.

Topics we frequently explore include:

- Health professions education
- Best practice in simulation
- Application of technologies
- Ongoing competency and delivery of health services

How does the BCSN get stuff done?

Through monthly virtual meetings and periodic gatherings, the BCSN provides a forum to discuss and advance ideas. Ideas are shared, discussed, tested and implemented. Smaller working groups are formed to develop tools and research ideas, and report back.

A virtual community of practice: Lessons learned

- A successful community of practice offers value to all its members
- Open source (creative commons) sharing encourages dialogue and alignment
- Asynchronous and synchronous discussions provide a forum for collaboration, including questions, advice, feedback, encouragement and mentorship
- Core members and contributors are key to ongoing success; legitimate peripheral participation is useful
- Allows for standardization and leverage of time and resources
- Supports members and encourages growth

Simulation and Quality & Safety: a story

The NRGH OR Interdisciplinary Simulation Team Presents:

5 Steps From The Near Death of SimMan To A Safer Scalpel

The events described in this infographic are true!

An interprofessional team did a simulation in the OR at NRGH

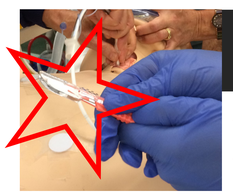
SimMan was paralyzed, sedated and intubated. One thing led to another and the team was faced with a case of "Can't intubate/can't oxygenate"!

The Emergency Airway Kit was retrieved...

Best practices were followed but the scalpel got stuck!

The Difficult Airway Society recommends obtaining emergent front of neck access using a scalpel, a bougie and a cuffed 6.0mm endotracheal tube. But the safety scalpel in the kit got stuck!

The cut necessary to save SimMan's life would have to wait for another blade.



During the debrief the decision was made to log the event in the PSLS!

Acknowledging that this "Near Miss" for SimMan could just as well have happened to a real patient, the team decided to log the event in the Provincial Patient Safety Learning System.

Out with the old scalpel and in with the new....

The PSLS handler was tasked with addressing the event and a different safety scalpel was used to replace the old version that got stuck.

A fine example of simulation for quality improvement!

SimMan recovered and returned home to his family

This in situ simulation led to a significant improvement in the hospital's Emergency Airway Kit. If a similar event occurs in the future, the change in scalpel could very well contribute to a patient returning home to their family.

Just like SimMan did.

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Simulation, QI, and Safety

Simulation in healthcare aims to improve patient safety by enabling clinicians to practice in realistic settings without patient risk. Examples from the BCSN include simulations that:

- Address a known safety or quality gap
  e.g. Neonatal resuscitation in the ED; Code Pink procedures
- Further examine suspected safety/quality gaps for staff and patients
  e.g. Biocontainment Treatment Unit and Provincial Training Centre's medical and process change simulation activities
- Supplement root cause analyses
  e.g. Re-create scenarios related to frequent PSLS reports
- Test new processes or procedures for latent errors
  e.g. Revised Code Pink guidelines; EHR implementation
- Conduct human factors analyses, reveal latent safety threats
  e.g. In-situ simulations of infrequent procedures and/or team events in the OR
- Inform the design and building of clinical spaces
  e.g. Emergency Department space, acute tower redesign
- On-board new staff, deliver just-in-time training, and provide skills refreshers
  e.g. use of glidescope for difficult airways, team training crisis resource management

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(includes resources and journal club)

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