

Mock Drills

Implementation for emergency scenarios in the outpatient setting

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BACKGROUND: Oncology care has made the shift to the outpatient setting. The authors' cancer center is a basic life support–certified facility using an affiliated hospital for emergent transfers. A nurse-led initiative was developed in response to expressed anxieties and lack of comfort by staff related to their role in emergency management. Mock drills help staff retain knowledge and skills necessary during an emergency.

OBJECTIVES: This project aimed to create simulation-based scenarios to practice outpatient emergency management skills.

METHODS: Targeted objectives for each scenario were developed by the team with staff input. An evaluation form following the mock drill is used to assess comfort level and attained knowledge.

FINDINGS: Practicing an emergency scenario in a controlled and simulated environment improves provider confidence, communication, teamwork, and patient safety. It is an adaptable strategy that fosters team cohesiveness during actual emergencies. A successful mock drill team encompasses organization, clearly identified roles, and frequent team practice.

KEYWORDS

emergency management; mock drills; outpatient; nurse-led initiative

DIGITAL OBJECT IDENTIFIER

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ONCOLOGY TREATMENT CONTINUES TO SHIFT to the outpatient setting, with the volume and acuity of patients increasing (Schiaivone, 2009). About 80% of oncology care is provided in outpatient centers (Vortherms, Spoden, & Wilcken, 2015). The number of cancer survivors is growing because of early diagnostic organized screening activities, improvement of treatments, and increased survival (Capocaccia, Gatta, & Dal Maso, 2015). In 2019, there were about 16.9 million cancer survivors; it is expected that by 2030 there will be about 22.1 million cancer survivors (American Cancer Society, 2019). Oncology care is delivered predominately in the ambulatory setting by interprofessional teams using complex treatment plans and multiple treatment modalities (Schiaivone, 2009). Patients' comorbidities, such as hypertension, heart disease, and diabetes, can make oncology treatment plans more diverse and complex, which also increases the acuity of these patients. Patients with cancer can develop life-threatening complications because of their cancer diagnosis and treatment. Healthcare teams in the outpatient healthcare environment must be prepared for a variety of medical emergencies to ensure optimal outcomes for patients.

There was a notable increase in clinical emergencies at the outpatient facility at Memorial Sloan Kettering Cancer Center, a large comprehensive cancer center in Basking Ridge, New Jersey. This regional site opened in September 2006 and has seen a rapid growth in volume, with an estimated 120,000 patient visits per year as of 2017 as compared to an estimated 60,000 patient visits in 2008. This center offers a wide variety of services, including laboratory, radiation oncology, radiology, medical oncology, infusion, dermatology, surgical oncology, and a symptomatic care clinic. The facility is a basic life support (BLS)–certified facility, and the staff consists of about 250 employees, which include nurses, patient care technicians, physicians, nurse practitioners, physician assistants, and nonclinical staff.

In the setting of a medical emergency, the process within the facility is comprised of stabilizing the patient, notifying contracted ambulance services, and transferring to an affiliated hospital if deemed necessary. To manage emergencies, this facility began an initiative and had an emergency team and emergency equipment cart for each floor. The initiative to manage emergencies was titled MERT, which stands for medical emergency response team, and was developed in February 2016. Any staff member can initiate MERT for emergencies via a paging system within the center. The response team includes nursing and administrative leadership, an infusion charge nurse, a symptomatic care clinic (SCC) nurse, an SCC physician, an oncologist on call, and plant operations staff. The clinical and nonclinical staff members were trained on this information prior to rollout. Clinical staff are not always experts