HWE Standards & Improving Outcomes in Cardiac Arrest

Natalie Correll-Yoder, RN,MN,CCRN,CCNS
Objectives

• By the end of the session, the participant will be able to...
  
  – Discuss the evidence related to Skilled Communication & True Collaboration
  
  – Define the key components of the Team STEPPS approach to teamwork and patient care
  
  – Apply the HWE standards framework in conjunction with the Teams STEPPS approach to the American Heart Association Effective Resuscitation Team Dynamics Model
  
  – 70 slides
Healthy Work Environment Standards

- Skilled Communication
- True Collaboration
- Effective Decision Making
- Appropriate Staffing
- Meaning Recognition
- Authentic Leadership
Skilled Communication

Nurses must be as proficient in communication skills as they are in clinical skills.

- Skilled communication is more than the one-way delivery of information; it is a two-way dialogue in which people think and decide together.
- A culture of safety and excellence requires that individual nurses and healthcare organizations make it a priority to develop among professionals communication skills that are on a par with expert clinical skills.

This culture expects civility and respects nurses who speak from their knowledge and authority.

AACN Healthy Work Environment Standards 2005
Skilled Communication

Nurses must be as proficient in communication skills as they are in clinical skills.

- Nearly three in four errors are caused by human factors associated with interpersonal interactions.
- According to data from the Joint Commission, breakdown in team communication is a top contributor to sentinel events.
- Intimidating behavior and deficient interpersonal relationships lead to mistrust, chronic stress and dissatisfaction among nurses.
- This unhealthy situation contributes to nurses leaving their positions and often their profession altogether.

Nurses can encounter conflict in every dimension of their work, skilled communication supports the ethical obligation to seek resolution that preserves a nurse’s professional integrity while ensuring a patient’s safety and best interests.

AACN Healthy Work Environment Standards 2005
Root Causes: Communication Issues are Leading Factor

Root Causes of Sentinel Events
(All categories; 1995-2005)

- Communication
- Orientation/training
- Patient assessment
- Staffing
- Availability of info
- Competency/credentialing
- Procedural compliance
- Environ. safety / security
- Leadership
- Continuum of care
- Care planning
- Organization culture

Percent of 3548 events

Targets for Teamwork
Skilled Communication

Critical Elements

The healthcare organization provides team members with support for and access to education programs that develop critical communication skills including self-awareness, inquiry/dialogue, conflict management, negotiation, advocacy and listening.

- Skilled communicators focus on finding solutions and achieving desirable outcomes.
- Skilled communicators invite and hear all relevant perspectives.
- The healthcare organization establishes systems that require individuals and teams to formally evaluate the impact of communication on clinical, financial and work environment outcomes.

AACN Healthy Work Environment Standards 2005
True Collaboration

Nurses must be relentless in pursuing and fostering true collaboration.

• True collaboration is a process, not an event.
• It must be ongoing and build over time, eventually resulting in a work culture where joint communication and decision making between nurses and other disciplines becomes the norm.
• In true collaboration, the unique knowledge and abilities of each professional are respected to achieve safe, quality care for patients.
• Skilled communication, trust, knowledge, shared responsibility, mutual respect, optimism and coordination are integral to successful collaboration.

AACN Healthy Work Environment Standards 2005
True Collaboration

Nurses must be relentless in pursuing and fostering true collaboration.

• Extensive evidence shows the negative impact of poor collaboration on various measurable indicators including patient and family satisfaction, patient safety and outcomes, professional staff satisfaction, nurse retention and cost.

• The Institute of Medicine points to “a historical lack of interprofessional cooperation” as one of the cultural barriers to safety in hospitals.

• Nurse-physician collaboration has been found to be one of the three strongest predictors of psychological empowerment of nurses.

• Mutual respect between nurses and physicians for each other’s knowledge and competence, coupled with a mutual concern that quality patient care will be provided are key elements of work environments that attract and retain nurses.

AACN Healthy Work Environment Standards 2005
True Collaboration

Critical Elements

• The healthcare organization provides team members with support for and access to education programs that develop collaboration skills.

• Every team member embraces true collaboration as an ongoing process and invests in its development to ensure a sustained culture of collaboration.

• Every team member contributes to the achievement of common goals by giving power and respect to each person’s voice, integrating individual differences, resolving competing interests and safeguarding the essential contribution each must make in order to achieve optimal outcomes.

• Every team member acts with a high level of personal integrity.

• Each team member demonstrates competence appropriate to his or her role and responsibilities.

AACN Healthy Work Environment Standards 2005
Team STEPPS

Strategies and Tools to Enhance Performance and Patient Safety
Evidence-Based Benefits

25 Years Behavioral Research

- Reduce clinical errors
- Improve patient outcomes
- Improve process outcomes
- Increase patient satisfaction
- Increase staff satisfaction
- Reduce malpractice claims

...Ultimately change the culture

*Advancing care and safety through teamwork*
WHO Surgical Checklist

- N = 3733 Pre; 3955 Post
- RESULTS
  - Death Rate PRE = 1.5%
  - Death Rate POST = 0.8%
    • P = 0.003
- RESULTS:
  - Complications PRE = 11%
  - Complications POST = 7.0%
    • P < 0.001

JAN 29, 2009  360:491-9
Institute of Medicine Report

Impact of Error:

- **44,000–98,000 annual deaths** occur as a result of errors
- Medical errors are the leading cause, followed by surgical mistakes and complications
- More Americans die from medical errors than from breast cancer, AIDS, or car accidents
- 7% of hospital patients experience a serious medication error

Cost associated with medical errors is $8–29 billion annually.

**Federal Action:**
- By 5 years;
- ↓ medical errors by 50%,
- ↓ nosocomial by 90%; and eliminate “never-events” (such as wrong-site surgery)
Team Performance and Patient Outcomes...

**Knowledge**
- Shared Mental Model
- Teamwork
- Clinical

**Performance**
- Adaptability
- Accuracy
- Productivity
- Efficiency
- Effectiveness
- Quality & Safety

**Skills**
- Leadership
- Communication
- Situation Monitoring
- Mutual Support

**Attitudes**
- Mutual Trust
- Team Orientation
Barriers to Team Performance

- Inconsistency in team membership
- Lack of time
- Lack of information sharing
- Hierarchy
- Defensiveness
- Conventional thinking
- Varying communication styles
- Conflict
- Lack of coordination and follow-up
- Distractions
- Fatigue
- Workload
- Misinterpretation of cues
- Lack of role clarity
LEADERSHIP

Effective Team Leaders

• Organize the team
• Articulate clear goals
• Make decisions through collective input of members
• Empower members to speak up and challenge, when appropriate
• Actively promote and facilitate good teamwork
• Skillful at conflict resolution
Team Leader

Two types of leaders:

– **Designated / Primary**: The person assigned to lead and organize a designated core team, establish clear goals, and facilitate open communication and teamwork among team members

– **Situational** – Any team member who has the skills to manage the situation-at-hand

*Members of a team should be able to cede authority to the team member who:*  
– Has the informed perspective  
– Relevant info  
– Expertise for best leading the event
Promoting & Modeling Teamwork

Effective leaders cultivate desired team behaviors and skills through:

– Open sharing of information
– Role modeling and effectively cueing team members to employ prescribed teamwork behaviors and skills
– Constructive and timely feedback
– Facilitation of briefs, huddles, debriefs, and conflict resolution
Team Events

• Briefs – planning
• Huddles – problem solving
• Debriefs – process improvement

Leaders are responsible to assemble the team and facilitate team events

But remember...

Anyone can request a brief, huddle, or debrief
Debrief

Process Improvement

- Brief, informal information exchange and feedback sessions
- Occur after an event or shift
- Designed to improve teamwork skills
- Designed to improve outcomes
  - An accurate reconstruction of key events
  - Analysis of why the event occurred
  - What should be done differently next time

<table>
<thead>
<tr>
<th>TOPIC</th>
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<tbody>
<tr>
<td>Communication clear?</td>
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<tr>
<td>Roles and responsibilities understood?</td>
</tr>
<tr>
<td>Situation awareness maintained?</td>
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<tr>
<td>Workload distribution?</td>
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<tr>
<td>Did we ask for or offer assistance?</td>
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<tr>
<td>Were errors made or avoided?</td>
</tr>
<tr>
<td>Were resources available?</td>
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<tr>
<td>What went well, what should change, what can improve?</td>
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</table>
“The BRIEF helps you better care for this patient; The DEBRIEF helps you better care for the next.”

“Reflection gives meaning to both”

Mary Salisbury, RN, MSN
What are Effective Situation Monitoring Skills and Tools?

- Situation Monitoring
- Cross Monitoring
- Maintaining a Shared Mental Model
Situation Monitoring (Individual Skill)

Process of *actively scanning* behaviors and actions to assess elements of the situation or environment

- Fosters mutual respect and team accountability
- Provides safety net for team and patient
- Includes cross monitoring

... *Remember, engage the patient whenever possible.*
Cross-Monitoring is...

The process of monitoring the actions of other team members for the purpose of sharing workload and reducing or avoiding errors

- A mechanism to help maintain accurate situation awareness
- “Watching each other’s back”
Situation Awareness is...

The state of knowing the current conditions affecting the team’s work

- Knowing the status of a particular event
- Knowing the status of the team’s patients
- Understanding the operational issues affecting the team
- Maintaining mindfulness
Conditions that **Undermine** Situation Awareness (SA)

**Failure** To....

- Share information with the team
- Request information from others
- Direct information to specific team members
- Include patient or family in communication
- Utilize resources fully (e.g., status board, automation)
- Document
A Shared Mental Model

is...

The perception, understanding, or knowledge about a situation or process that is shared among team members through communication

- Know the Plan
- Share the Plan
- Review the Risks
Shared Mental Model?
How Shared Mental Models Help Teams

• Help ensure that teams know what to expect, so if necessary, can regroup to get on the “same page”
• Foster communication to ensure care is synchronized
• Ensure that everyone on the team has a picture of what it should look like
• Enable team members to predict and anticipate better
• Create commonality of effort and purpose

“Shared mental models help teams avoid errors that place patients at risk.”
What are Mutual Support Skills & Tools?

Mutual Support – protects team members from workload situations that may reduce effectiveness or contribute to error

- Task Assistance
- Advocacy and Assertion
- Feedback
- Conflict Resolution
  - Two-Challenge Rule
  - CUS Words
  - DESC Script
  - Collaboration
Team members foster a climate in which it is expected that assistance will be actively sought and offered as a method for reducing the occurrence of error.

“In support of patient safety, it’s expected!”
Characteristics of Effective Feedback

- **DIAGNOSTIC**
  - Developmental in providing team member’s a sense of their strengths and weaknesses
  - Most effective when feedback provides precisely what needs to improve

- **TIMELY**

- **RESPECTFUL**

- **DIRECTED**
  - toward improvement; learning from mistakes

- **CONSIDERATE**

“Feedback is where the learning occurs.”

*Say what you mean, Mean what you say, Don’t be mean when you say it!*
Advocacy and Assertion

• Advocate for the patient
  – Invoked when team members’ viewpoints don’t coincide with that of a decision maker

• Assert a corrective action in a **firm and respectful** manner
When Should You Speak Up?

**Broken rules/cutting corners** – Violating policies and protocols (e.g., hand washing, check armbands)

**Mistakes** – Issues of poor clinical judgment (e.g., during assessment, diagnosis, treatment or seeking help)

**Lack of support** – Coworkers reluctant to help, impatient, withhold information

**Incompetence** or Effects of Stress and Fatigue – Does not possess the required competencies

**Poor Teamwork** – Attempt to derail team goals or provoke dissention

**Disrespect** – Peer-to-peer, subordinate, etc.
Conflict Resolution Options

Information Conflict
(We have different information!)
- Two-Challenge rule and CUS

Personal Conflict
(Hostile or harassing behavior)
- DESC script
Two-Challenge Rule

Invoked when an initial assertion is ignored...

• It is your **responsibility** to assertively voice your concern at least **two times** to ensure that it has been heard

• The member being challenged must acknowledge

• If the outcome is still not acceptable
  – Take a stronger course of action
  – Use supervisor or chain of command
Please Use CUS Words but *only* when appropriate!
Common Approaches to Conflict Resolution

Often used to manage conflict; however, typically do not result in the best outcome—

- **Compromise**—Both parties settle for less
- **Avoidance**—Issues are ignored or sidestepped
- **Accommodation**—Focus is on preserving relationships
- **Dominance**—Conflicts are managed through directives for change
Conflict Resolution
DESC Script

A constructive approach for managing and resolving conflict

D—Describe the specific situation

E—Express your concerns about the action

S—Suggest other alternatives

C—Consequences should be stated

Ultimately, consensus shall be reached.
DESC-It

Let’s “DESC-It!”

- Have timely discussion
- Frame problem in terms of your own experience
- Use “I” statements to minimize defensiveness
- Avoid blaming statements
- Critique is not criticism

- Focus on what is right, not who is right
Collaboration

• Achieves a mutually satisfying solution resulting in the best outcome
  – All Win!: Patient Care Team (team members, the team, and the patient)
  – Includes commitment to a common mission

• Meet goals without compromising relationships

“True collaboration is a process, not an event.”
Teamwork Actions

• Foster a **climate supportive** of task assistance
• Provide timely and **constructive feedback**
• Be assertive and **advocate for the patient**
• Use the Two-Challenge rule, CUS, and DESC script to **resolve conflict**
• Resolve conflict through **collaboration**—Create a “Win-Win-Win” situation

“Those whom we support hold us up in life.”

—Marie von Ebner-Eschenbauch
Communication is...

- The process by which **information is exchanged** between individuals, departments, or organizations
- The lifeline of the Core Team
- Effective when it permeates every aspect of an organization

**Assumptions**
- Fatigue
- Distractions
- HIPAA
Top Contributing Factors of Sentinel Events from RCAs, FY04-07

Source: DoD Patient Safety Center

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*Reported as of 9/15/07
Check-Back is...

Sender initiates message

Sender verifies message was received

Receiver accepts message, provides feedback confirmation

COMMUNICATION

CLOSED

LOOP
“It is naïve to bring together a highly diverse group of people and expect that, by calling them a team, they will in fact behave as a team. It is ironic indeed to realize that a football team spends 40 hours a week practicing teamwork for the two hours on Sunday afternoon when their teamwork really counts. Teams [in healthcare] spend two hours per year practicing when their ability to function as a team counts 40 hours per week.”

*Making Health Teams Work*

H. Wise 1974
Effective Resuscitation Team Dynamics
CPR is the Cornerstone of Resuscitation

• A gap exists between current knowledge of CPR quality and its performance:
  – For Out of Hospital Cardiac Arrests (OHCA): survival rate is 3%-16%
  – For Inside Hospital Cardiac Arrests (IHCA): survival rate is 12%-22%
  – IHCA survival is > 20% if the arrest occurs between 7 AM- 11 PM & 15% survival between 11 PM – 7 AM

Poor quality CPR is preventable harm!

Meaney, P.A. etal (2013) Circulation
Cardiopulmonary Resuscitation Quality

Immediate and skilled action of first responders is critical:

• There is scarce data on the initial phase of “real-life” resuscitation... mostly based on historical recollection (biased)

• Nurses can be hesitant to use a defibrillator in the absence of a physician in IHCA, despite adequate training

• Nurses rapidly call for help but delay in starting CPR

Hunziker, S. (2011) JACC. 57(24)
Cardiopulmonary Resuscitation

Teamwork

**Expectation States Theory** = team perceives one member to be especially qualified to do the task so they defer to that team member and volunteer less ideas and information that may be helpful

- Hierarchy can create barriers:
  - Nurses perceive themselves as lower status
  - Less likely to initiate action (even if highly competent)

- Formal & Informal rules: specify
  - Sequence of decision making
  - Which team members can decide
  - Cost of acting for lower status team members
  - High status members may provide definitive information...
    - May prevent open flow of information

*Hunziker, S. (2011) JACC. 57(24)*
Cardiopulmonary Resuscitation

Teamwork

Providers who

• Openly share and think out loud
• Perform periodic reviews of data
• Voice specific findings – neutrally
  – Performance expectations shift
  – Improvement in information flow
  – Changes the group hierarchy

Collaboration & Team Building begins

Hunziker, S. (2011) JACC. 57(24)
Cardiopulmonary Resuscitation

Individual characteristics of team members influence the course of the resuscitation

• Technical skills
• Previous experience
• Communication
• Leadership skills
• Social aspects
• Collective interaction patterns
Cardiopulmonary Resuscitation Leadership

Leadership is as important as teamwork

- Teams performed better when the leader adopted a coordinating role vs being “hands on”
- When the team leader asked questions to identify problems, interactions became
  - more equally distributed
  - more collaboration
  - information exchange occurred
  - team performance improved
- Leadership can be distributed across the team members, depending on the situation

Hunziker, S. (2011) JACC. 57(24)
Cardiopulmonary Resuscitation
Quality

Class I, Level B Evidence:
• Teamwork and Leadership training should be included in all ACLS and PALS classes

Hunziker, S. (2011) JACC. 57(24)
Cardiopulmonary Resuscitation

Observational studies:
• CPR is performed poorly
• CPR is frequently interrupted
• Chest compressions are performed too slowly

Simulation Studies:
• Same qualitative and quantitative shortcomings

Every minute, CPR is delayed decreases survival by as much as 10%

AHA recommendations for 2013

- A chest compression fraction (CCF) of greater than 80%
- A chest compression rate of 100-120/min
- A chest compression depth of ≥ 50 mm for adults (1/3 A-P dimension of the chest in infants and children)
- Full chest recoil - No residual leaning between compressions
- Avoid excessive ventilation - Limiting ventilations to less than 12 breaths/min
AHA recommendations for 2013

Monitor the patient’s physiological response to CPR – real time feedback

– **Coronary perfusion pressure** > 20 mm Hg: aortic DBP-RA diastolic pressure during the relaxation phase of chest compression

– **Arterial Line Only**: diastolic blood pressure > 25-30 mm HG

– **ETCO2**: > 20 mm Hg: may be the only metric when an arterial line or central line is present
Cardiopulmonary Resuscitation Quality

- Visual/direct observation
  - Artifact in the monitoring devices
    - Defibrillator monitor not set on paddles
    - Art line stop cock turned off
  - Pulse palpation not a reliable means of assessment of effectiveness
  - Rescuer – Victim mismatch
  - Chest Compressor showing signs of fatigue
Team Leader Recommendations

• Team Leader oversees the effort and delegates tasks effectively
  – Setting clear expectations
  – Being decisive
  – Taking a hands off approach

• Designated team leader who directs and coordinates all components of the resuscitation with the central focus of delivering high-quality CPR
Team Leader Priorities

• If the patient is not responding to resuscitation efforts, re prioritize the optimization of:
  1. Compression fraction
  2. Compression rate
  3. Compression depth
  4. Leaning
  5. Avoid excessive ventilation
LEADERSHIP

Effective Team Leaders

- Organize the team
- Articulate clear goals
- Make decisions through collective input of members
- Empower members to speak up and challenge, when appropriate
- Actively promote and facilitate good teamwork
- Skillful at conflict resolution
<table>
<thead>
<tr>
<th>Roles of Team Leader &amp; Team Member</th>
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<tbody>
<tr>
<td><strong>Team Leader</strong></td>
</tr>
<tr>
<td>- Organizes the group</td>
</tr>
<tr>
<td>- Monitors individual performance of team members</td>
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<tr>
<td>- Backs up team</td>
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<tr>
<td>- Models excellent team behavior</td>
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<tr>
<td>- Trains &amp; Coaches</td>
</tr>
<tr>
<td>- Facilitates Understanding</td>
</tr>
<tr>
<td>- Focuses on comprehensive patient care</td>
</tr>
<tr>
<td><strong>Team Member</strong></td>
</tr>
<tr>
<td>- Clear about role assignments</td>
</tr>
<tr>
<td>- Prepares to fulfill their role responsibilities</td>
</tr>
<tr>
<td>- Well practiced in resuscitation skills</td>
</tr>
<tr>
<td>- Knowledgeable about algorithms</td>
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<tr>
<td>- Committed to success</td>
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</tbody>
</table>
Elements of Effective Resuscitation Team Dynamics

- Knowing One’s Limitations
- Knowledge Sharing
- Constructive Intervention
- Reevaluation and Summarizing
- Mutual Respect
Teamwork Actions

- Foster a **climate supportive** of task assistance
- Provide timely and **constructive feedback**
- Be assertive and **advocate for the patient**
- Use the Two-Challenge rule, CUS, and DESC script to **resolve conflict**
- Resolve conflict through **collaboration**—Create a “Win-Win-Win” situation

“Those whom we support hold us up in life.”

–Marie von Ebner-Eschenbauch
Elements of Effective Resuscitation

Team Dynamics

- Closed-Loop Communication
- Clear Messages
- Clear Roles and Responsibilities
Clear Roles & Responsibilities

- Airway
- IV/IO/Meds
- Monitor/Defibrillator
- Team Leader
- Compressor
- Observer/Recorder
Pit Crew Approach

Perform any task that can be done during compressions...

<table>
<thead>
<tr>
<th>Pause Requirement</th>
<th>Task</th>
</tr>
</thead>
</table>
| Generally required      | Defibrillation  
                        Rhythm analysis  
                        Rotation of compressors  
                        Backboard placement  
                        Transition to mechanical CPR or ECMO |
| Sometimes required      | Complicated advanced airway  
                        Assessment for ROSC |
| Generally not required  | Applying defibrillator pads  
                        Uncomplicated advanced airway  
                        IV/IO placement |
## Napa County Data

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resuscitation Attempts</strong></td>
<td>100</td>
<td>105</td>
<td>205</td>
</tr>
<tr>
<td><strong>Cardiac Etiology</strong></td>
<td>75</td>
<td>76</td>
<td>151</td>
</tr>
<tr>
<td><strong>Witnessed Lay/EMS</strong></td>
<td>35/4 (47%)</td>
<td>33/14 (43%)</td>
<td>68/18 (45%)</td>
</tr>
<tr>
<td><strong>Bystander CPR Lay/EMS</strong></td>
<td>33/2 (44%)</td>
<td>31/10 (41%)</td>
<td>64/12 (43%)</td>
</tr>
<tr>
<td><strong>Asystole</strong></td>
<td>27 (36%)</td>
<td>27 (36%)</td>
<td>54 (36%)</td>
</tr>
<tr>
<td><strong>PEA or IVD</strong></td>
<td>23 (29%)</td>
<td>23 (31%)</td>
<td>45 (30%)</td>
</tr>
<tr>
<td><strong>VF/VT</strong></td>
<td>24/1 (33%)</td>
<td>19/3 (29%)</td>
<td>43/4 (31%)</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>19 (1%)</td>
<td>4 (5%)</td>
<td>5 (3%)</td>
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</tbody>
</table>

*James Pointer, MD; Napa County EMS, Medical Director 2014*
# Napa County Data

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<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>Total</th>
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<tbody>
<tr>
<td>ROSC</td>
<td>36 (48%)</td>
<td>47 (62%)</td>
<td>86 (55%)</td>
</tr>
<tr>
<td>Died OS</td>
<td>23</td>
<td>26</td>
<td>49</td>
</tr>
<tr>
<td>Died ED</td>
<td>30</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td>Died in Hospital</td>
<td>5</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Discharged Alive</td>
<td>17 (22.7%)</td>
<td>14 (18.4%)</td>
<td>31 (20.5%)</td>
</tr>
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CPC < 2

National Survival Rate 3-16%

*James Pointer, MD; Napa County EMS, Medical Director 2014*
Cerebral Performance Categories Scale:
CPC Scale

**Note:** If patient is anesthetized, paralyzed, or intubated, use “as is” clinical condition to calculate scores.

CPC 1. Good cerebral performance: conscious, alert, able to work, might have mild neurologic or psychologic deficit.
CPC 3. Severe cerebral disability: conscious, dependent on others for daily support because of impaired brain function. Ranges from ambulatory state to severe dementia or paralysis.
CPC 4. Coma or vegetative state: any degree of coma without the presence of all brain death criteria. Unawareness, even if appears awake (vegetative state) without interaction with environment; may have spontaneous eye opening and sleep/awake cycles. Cerebral unresponsiveness.
CPC 5. Brain death: apnea, areflexia, EEG silence, etc.

Cardiopulmonary Resuscitation Debriefing

• Effective for assessing resuscitation quality
  – Focus on individual actions and team performance
  – Debrief immediately after – huddle
  – Weekly debrief sessions
  – Use of Simulation: High Fidelity
Cardiopulmonary Resuscitation Debriefing

- Checklists can enhance the debriefing discussion:
  - Was the team leader clearly identified?
  - Was the scene orderly and quiet?
  - Was the defibrillator applied quickly?
  - Was CPR started promptly?
  - Were pauses in CPR delivery minimized?
  - Was CPR of subjectively high quality?
  - Were peri-shocks minimized?
  - Was an airway secured efficiently?
AACN’s Mission

Patients and their families rely on nurses at the most vulnerable times of their lives.

Acute and critical care nurses rely on AACN for expert knowledge and influence to fulfill their promise to patients and their families.

AACN drives excellence because nothing less is acceptable.
A nurse’s everyday work is the work of AACN because our mission is lived at the point of care.