

Just in Case Training

Petra Carroll and Denise Welsby,
Resuscitation Services GOSH



Introduction

Great Ormond Street Hospital (GOSH), along with the greater NHS, has seen the delivery of clinical care and staff education to cardiopulmonary events shift, with a greater emphasis now on preventative models of care and blended staff tuition.

We believe we have found a creative way to 'future-proof' our service and to support the prevention, deterioration and "2222" calls within GOSH.

"Just In Case training(JIC)" is child centric resuscitation training delivered at the bedside, to improve staff focus and awareness of interventions, required for individual patients.

It provides expert support at the point of care where greater performance is required and refreshes, essential resuscitation preparatory skills in real-time for all clinical staff.

Objectives

- Early identification of children at risk of deterioration
- Devise resuscitation plans for "Watchers" – those patients already identified
- Rolling refreshers for resuscitation training.
- To implement resuscitation plans and help broker multidisciplinary understanding.
- Nurture staff in their own environment, to feel confident in their skills and patient management.
- Offer an additional voice for their insights and ideas for future development

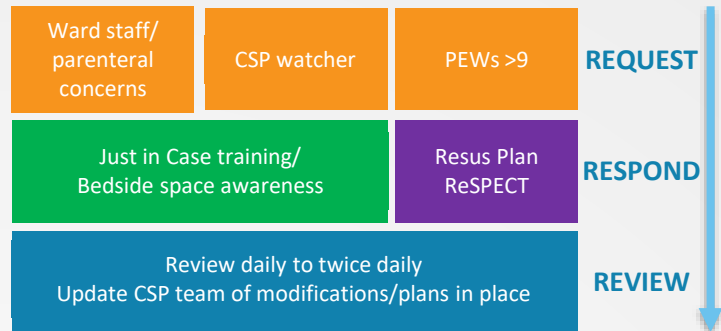
Results

- Clinical audit 1 year after introducing JIC training, indicates "2222" calls have reduced by **23%**
- Of the "2222" calls received **33%** were resolved prior to the arrival of the emergency team due to resuscitation interventions by ward based clinical staff taught during JIC training.
- Unplanned admissions to ITU increased by **14%** (*expert help required*) 'right bed right time'
- Staff confidence and skill retention has improved. (402 staff trained in JIC)
- Medical and nursing staff requests for JIC training increased by **61%**.
- Post Event Experience Reflection and Support (PEERS) debriefing is more robust.

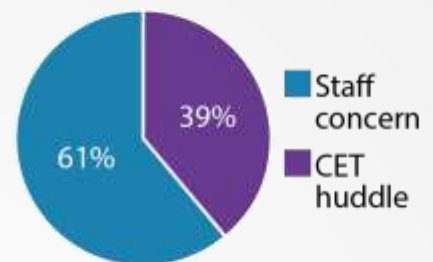
2222 and Deteriorating Patient Data by Year



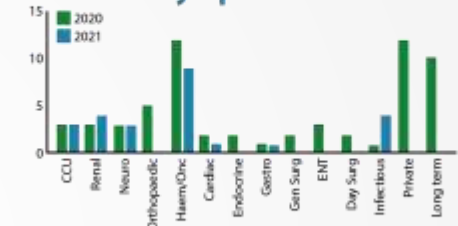
JIC Process



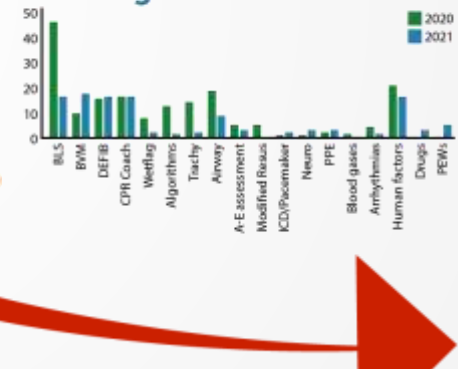
Requests for JIC training initially came from sisters/charge nurses and junior ward managers in support of their staff managing complex children. Medical staff involved in the patients' care also attended, so training became multidisciplinary.



Referrals by Specialities



Teaching delivered



Staff Feedback

The Just in Case training was fantastic and hugely beneficial for the team and the patient. The delivery was both engaging and interactive. *Sister*

The session involved all relevant members of the MDT. Having these sessions is absolutely essential in ensuring high quality of clinical care and is vastly superior to staff simply being APLS trained. *SpR*

JIC training definitely made me feel more comfortable about having a 'high risk' patient on the ward as we were able to run through possible emergency scenarios, specific to that patient's condition. *SHO*

Conclusion

- We have demonstrated in our Trust since March 2020 to current day, that Resuscitation JIC training has the potential to transform the care our staff deliver.
- Through visible peer support and specialist expertise, the capacity for all staff to prevent patients deteriorating in their care, or at least to have the essential skills and confidence to manage such events should they happen has risen.