

Optimizing Code Blue Outcomes in a Rural Acute Care Hospital

BACKGROUND

- In-hospital resuscitation relies on staff knowledge, skills, and teamwork (Faraquharson et al., 2024).
- Resuscitation events are high-risk low-volume activities.
- Maintaining staff competencies in small community hospitals can be more challenging.

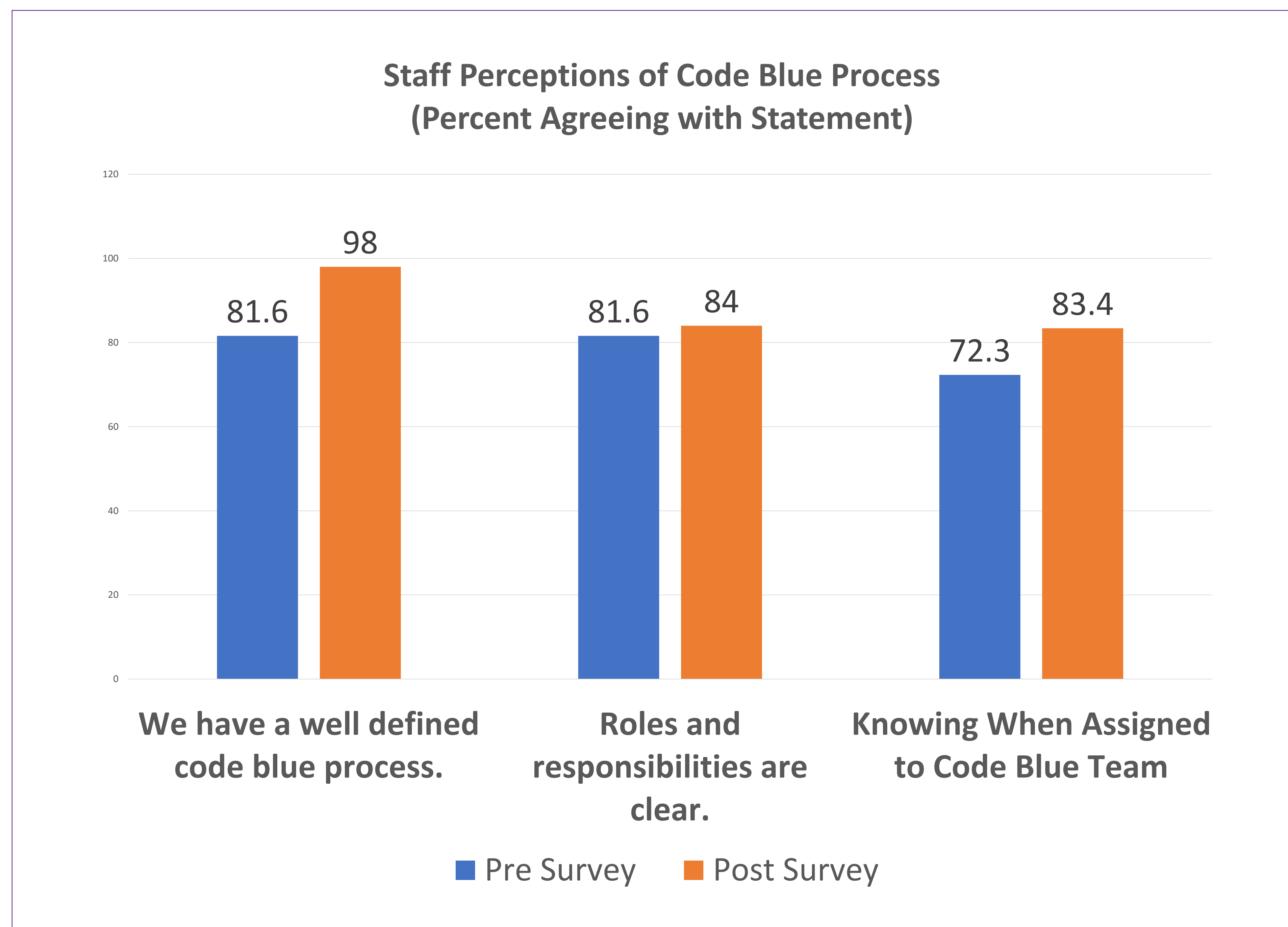
PROJECT AIM

- The aim of this quality improvement project was to design and implement a mock code blue (cardiovascular arrest response) training initiative at one rural community hospital.

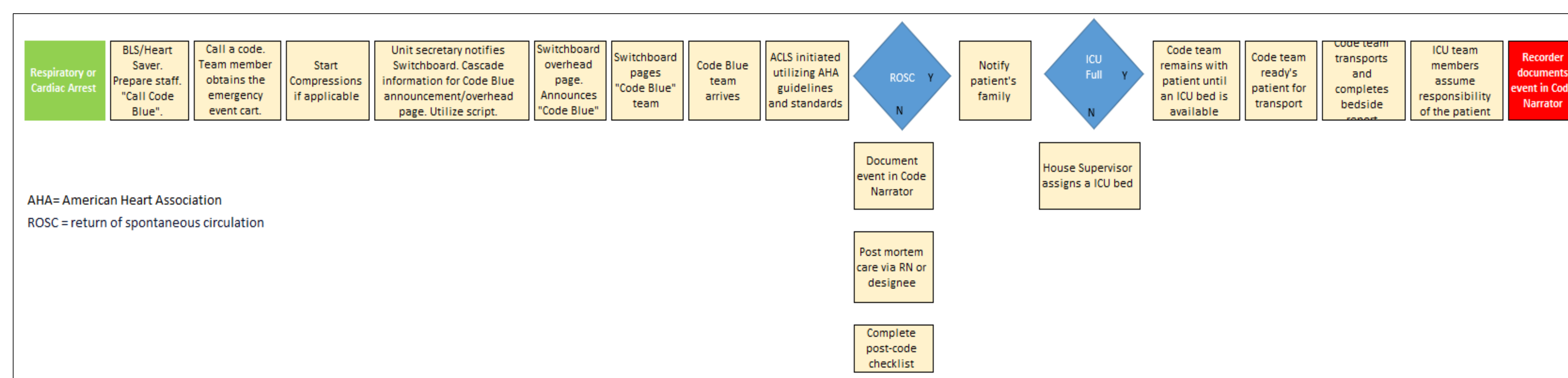
PROJECT DESIGN

- Rapid improvement event
 1. Identify Key Stakeholders
 2. Define Current State
 3. Develop Future State Processes
- Simulated Cardiovascular Events (Mock Code Blue)
 1. Conducted Across All Shifts
 2. Occurred on all Patient Care Units
 3. Announced Overhead
 4. Responders Conducted Resuscitation According to Normal Protocols
- Measuring Outcomes
 1. Observation Tool
 2. Pre-and Post-Survey
 3. Get With the Guidelines Documentation

RESULTS/OUTCOMES



FUTURE STATE PROCESS MAP



LESSONS LEARNED

- Stakeholder involvement enhances knowledge development and engagement in code blue process improvement.
- Process improvement facilitated implementation of formal reporting and tracking of resuscitation response.
- Code blue simulation in actual care environment enhanced knowledge and skill development.
- Community hospital setting provides a flexible environment for implementing low-frequency high-risk process improvement.

NEXT STEPS

- Continue to monitor tracking and reporting data for improvement opportunities
- Develop process for recurring code blue simulations that integrate with normal care processes.
- Ensure onboarding of new staff includes code blue competency.
- Use lessons learned to build a structured emergency response team for precursor events.
- Share lessons learned with rural community settings

ACKNOWLEDGEMENTS

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