3C-BASIC: Crisis Checklist Collaborative: Behavioral Analysis of Simulated Implementation of Crisis Checklists.

No registrations found.

Ethical review	Not applicable
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON28802

Source
Nationaal Trial Register

Brief title
3C-BASIC

Health condition

Efferent limb of the rapid response system.
Educational context.
Checklist
Medical crisis.

Sponsors and support

Primary sponsor: Crisis checklist collaboration
Source(s) of monetary or material Support: Crisis checklist collaboration

Intervention

Outcome measures

Primary outcome

Measures of teamwork

Secondary outcome

Usability

Measures of timeliness

Completeness of response.

Study description

Background summary

Background

Catastrophic deterioration of patients on general wards has been the focus of intense research over the last two decades. Much of focus has been on reducing ‘failure to rescue’ by creating rapid response systems in hospitals with improved mechanisms of escalation (‘afferent limb’). However, improvements for the efferent limb i.e. a consistent response to acute deterioration and patterns of abnormal patient physiology are still lacking.

This multicenter non-blinded randomized crossover simulation study will investigate how crisis checklists might aid to standardize the efferent limb of the rapid response system in an educational context. It will explore how these checklist function as a training and operational tool to improve the consistency and, therefore, efficacy of the assessments of the first responders that deal with patients in a “medical crisis”. In addition, the study will explore if these kind of checklists can improve the team performance of the first responders.

Method

Participants will be randomly assigned into two groups with a cross-over design. Both groups will start with performing three scenarios according to local standards of care, followed by a tutorial and performance of a further three scenarios with the availability of a crisis checklist. Participants will be residents, a nurses and senior medical and nursing students. All simulation will be performed in high fidelity simulation centers in participating European hospitals.

Endpoints

The primary endpoints will be measures of teamwork. The secondary endpoints will be the usability of the crisis checklists and measures of timeliness and completeness of response.

Hypothesis

We hypothesize that usage of a crisis checklists in simulated patients will results in:

1. Better collaboration within exposed teams.

2. A reduction in the number of omitted safety critical steps.

3. Faster completion of safety critical tasks.

Study objective

We hypothesize that usage of a crisis checklists in simulated patients will results in:

1. Better collaboration within exposed teams.

2. A reduction in the number of omitted safety critical steps.

3. Faster completion of safety critical tasks.

Study design

Simulated scenarios of 20 minutes.

Intervention

32 team will perform six scenarios. The teams start with three scenarios that will be completed by the local standard of care, followed by a tutorial and afterward three scenarios with a checklist of the crisis checklist app. The medical emergencies of the three scenarios match these three topics.

The topics of the checklists and medical emergencies will be:

- NEWS 7

- Respiratory distress

- Loss of consciousness

Contacts

Public
Department Intensive Care Unit

AJR De Bie Dekker
Michelangelolaan 2

Eindhoven 5623 EJ
The Netherlands
0031-40 239 95 00
Scientific
Department Intensive Care Unit

AJR De Bie Dekker
Michelangelolaan 2

Eindhoven 5623 EJ
The Netherlands
0031-40 239 95 00

Eligibility criteria

Inclusion criteria

- Residents working on the emergency room or the wards of the intensive care, general surgery, internal medicine, pulmonology and cardiology.

- Nurses working on the emergency room or the wards of the intensive care, general surgery, internal medicine, pulmonology and cardiology.

- Written consent to participate as a volunteer with agreeing to audiovisual recordings.

Exclusion criteria

- Residents that have not worked for six months on one of the following departments: emergency room, intensive care, general surgery, internal medicine, pulmonology and cardiology.

- Nurses that have not worked for six months on one of the following departments: emergency room, intensive care, general surgery, internal medicine, pulmonology and cardiology.

Study design

Design

Study type:	Interventional
Intervention model:	Crossover
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-04-2016
Enrollment:	32
Type:	Anticipated

Ethics review

Not applicable

Application type:	Not applicable

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL6479
NTR-old	NTR6666
Other	:

Study results