Activity of DaSH

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Method:

Our aim was to showcase the activities related to and organised by DaSH from July 2015 onwards, when DaSH was established. Prior to this simulation wasn't conducted centrally and simulation events were ran on an ad-hoc basis. DaSH now addresses the needs of the organisation and provides regular structured simulation sessions to improve patient safety.

DaSH consists of a clinical simulation lead, two lead clinicians for simulation and a clinical simulation technician apprentice. DaSH meets regularly to discuss and direct activities according to perceived and reported clinical needs, this is called the DaSH Steering Group. DaSH currently has five main priorities:

1. Delivering quality in-situ simulations to all levels of staff addressing their clinical needs and enhancing their practice. In-situ simulation has the potential to enhance team spirit and improve quality of care [1].
2. Responding to clinical serious incidents and formulating simulation scenarios to prevent these from occurring again. Simulation has been shown to reduce risks [2].
3. Sharing learning lessons from recent clinical themes with clinicians, managers and members of the trust board.
4. Provide teaching to students (medical, nursing, odp's and midwives) to enhance their clinical skills and involvement in simulation to encouraging them to stay in touch and apply as a qualified healthcare practitioner.
5. Actively promote DaSH activities relating to patient safety and quality improvement locally, regionally and nationally.

DaSH has recently created the Clinical Simulation Group which meets quarterly with the purpose of ensuring Clinical Simulation is utilised to mitigate risks, learning lessons and sharing best practice, as well as ensuring the input and direction from different aspects/groups within the organisation, prioritising the workload. The Clinical Simulation Group can act as a forum for sharing ideas and best practice and also where problems are identified for assisting in identifying solution/scenarios. Another priority for the group is to address and support the Trust's quality priorities.

Results:

Since 2015, DaSH has delivered (correct as of 25/04/17):

- 114 sessions
- 320 scenarios
- 949 delegates

We have made positive changes to clinical practice within many departments including maternity, paediatrics and theatres. We have had positive feedback from the sessions DaSH has delivered. We have successfully trained 32 multi-professional healthcare workers to become DaSH faculty to enable simulation to be delivered within their departments. We have responded proactively to recommendations by the delegates and introduce changes in the way the sessions are delivered.

Discussion:

Since 2015 DaSH has gone from a one year project to a substantive team with regular activities and engagement in the organisation. Simulation is now part of the trusts vision and values going forward. DaSH are involved with risk management meetings, serious incident investigations, learning lessons and reporting to senior trust members. DaSH has now embedded simulation in the regular teaching of some specialities and is part of their annual compliance. Aims for the future are to deliver activities related to the curriculum and mandatory requirements of students and staff.

References:

1. Østergaard D, Dieckmann P, and Lippert A. Simulation and CRM. Best Pract Res Clin Anaesthesiol. 2011; 25(2): 239-249
2. Aggarwal R, Mytton OT, Derbrew M, et al Training and simulation for patient safety Quality and Safety in Health Care 2010;19:i34-i43.