

Trainer Instructions

Maternal 911 in Action

Traditional patient safety approaches, known as Safety-I, are reactive and focus on identifying and mitigating contributing factors after adverse events have occurred. This approach views safety as the condition whereas few things go wrong as possible, using tools like root cause analysis and risk assessments to prevent future incidents. While Safety-I is effective in evaluating failures and minimizing adverse events, it fails to consider the many factors that contribute to everyday successes in healthcare, which are often just as critical to ensuring patient safety in dynamic and complex environments. [1,2]

In contrast, the Safety-II framework takes a proactive, system-wide approach to patient safety by focusing on understanding and learning from everyday successes rather than just failures. Safety-II emphasizes the importance of adaptability and resilience, recognizing that safety is not only the absence of adverse events but also the presence of actions that go right. By studying what works well and how healthcare professionals effectively adapt to varying conditions, Safety-II aims to replicate and strengthen these successful processes to ensure optimal outcomes, even in unpredictable circumstances. [1,2]

1. Venkatesan C, Helak K, Sousane Z, et al. Application of Safety-II Principles. PSNet [internet]. Rockville (MD): Agency for Healthcare Research and Quality, US Department of Health and Human Services. 2024.
2. Safety-I and Safety-II: The Past and Future of Safety Management. Hollnagel E. Aldershot, Hampshire, England: Ashgate; 2014. ISBN: 9781472423085.

Is Something About to Happen?

The objective of Maternal 911 in Action is to put real-life events into practice with the management of each step prior to an actual event. This is not a test of individuals. This is an opportunity to strengthen the process, to identify and fix gaps within the unit and to improve teamwork, communication and overall reliability.

Every healthcare scenario aims to be as realistic as possible ideally involving the members of the team that would be present during an actual event. Even consider involving another colleague to simulate a family member.

A 911 in Action drill should be practiced in a room consistent with where an actual event would occur. This will make the drill efficient in helping participants familiarize themselves with the room set-up, equipment location, and medication available helping participants to identify improvements in their location for faster retrieval in a real event.

911 in Action is to be as hands-on as possible.

Following the practice event, the team should discuss what went well, what could be improved, what needs to be changed regarding equipment, supply location, and questions answered so each member has a clear understanding of the event and management.

Maternal 911 in Action Steps to Preparedness

1. Please have conversations with your risk team to have non-discoverable status; this may ensure that protected documents and items cannot be used in a court of law during a malpractice suit.
 - This process is best determined by the hospital attorney or the Risk Management Department and needs to be in place before simulation occurs.
 - Simulations and findings may also be considered a quality improvement project and be protected in the same manner other such projects are.
 - Once a process is determined, simulation instructors need to be familiar with how to protect simulations and findings along with consequences of not following the process.
 - Instructors are responsible for explaining what non-discoverable status is to trainees, ensure all in simulation follow the process and understand the consequences violating the process.
2. Simulations are a safe place to learn; therefore, confidentiality is a key part of training.
 - Everyone attending the simulation training must sign a confidentiality form stating they will not discuss the events of the scenario and debriefing (obtain from legal/risk).
 - Whether mistakes are made, or performance is excellent, each trainee needs to understand that anyone at the session from instructors to other trainees to observers will not discuss their performance outside of the training session.
 - Issues that are uncovered for quality improvement will be described, but not attributed or linked with any specific individual.
3. The drill should be as realistic as possible:
 - Mannequins or individuals may be used.
 - Equipment and supplies should be available.
 - Even consider having a colleague simulate a family member.
4. Drills should meet department or unit needs and practices using current evidence-based practice.
5. Those who attend should be the team members who would provide care during an actual event.
6. Explanation of the process should be understood prior to initiation of the action:
 - Provide a case scenario.
 - Participants understand their role is to respond as would be done during an actual event.
 - Individuals should know that the patient's outcome will be based upon their actions.
7. The trainer will provide scenario outcomes in events as participants work through the drill and redirect as appropriate.
8. All procedure performances will be demonstrated through discussion, so the team will be aware of the time and supplies needed for successful completion.
9. Following the event, the team will discuss the process:
 - Debriefing provides a powerful and essential structure for maintaining learning capacity.
 - The team can evaluate what worked well and identify needed improvements.
 - This may include adding or removing equipment, supplies, and medication, etc.
10. Repeating the drill may be necessary until all members are functioning proficiently within their scope of practice.
11. The trainer will have the participant(s) go through the drill until they are competent in the topic and health care delivery.



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Data from completing the modules may be used in research and publications with privacy maintained.

To help the Maternal 911 team improve simulations please have your team scan the QR code to complete a post simulation survey.



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