

# Simulation Safety: The Risk is Real

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## Disclosure Statement

**Mara Weber has no relevant financial relationship with ineligible companies to disclose.**

*and*

**None of the planners for this activity have relevant financial relationships with ineligible companies to disclose.**



## Learning Objectives

At the completion of this activity, the participant will be able to:

- Describe various simulation scenarios along with their risks
- Develop mitigation strategies to address concerns





## **Scenario 1:**

You are checking IV products on a busy evening at your hospital. You have a batch of different looking IV bags, you have been told there are various mitigation strategies and different products being brought in to address to the nationwide fluid shortage. You question the technician and she says the purchaser was able to find a large quantity of these bags and they arrived yesterday. You check & find they scan in EPIC and the Automated Dispensing Cabinets.

## **Scenario 2:**

You answer a call from your colleagues in supply. They have found the holy grail, a large amount of sodium chloride bags they can order that don't have an allocation. They send you the description and it states "0.9 Sodium Chlrd 500mL". They are asking if these are ok to order.

# What decision do you make?



R<sub>x</sub>

# From the Headlines

## Foundation for Safe Healthcare Simulation:

“December 2014, an estimated 45 patients received this fluid intravenously, 2 became septic, requiring ICU admission. Within all documented incidents, 2 patients died, though the direct link to the fluid administration has not been confirmed. The FDA sent out a safety alert and continues monitoring”

## How can this happen???



# What's the Risk?

Used with permission from Pocket Nurse/DemoDose



# Back to Basics

- What is Simulation?
- Why perform Simulation?



# Considerations

- Labs vs Staff
- Isolated or In-Situ
- Expired items
- “Demo” Items
- Self Made Items
- Empty Boxes

**What are the risks of each?**





# Where to Start?





- First to have a **standardized approach for all simulations/simulation labs** there should not be separate processes, policies & purchasing.
- Purchasing should **block the simulation companies from being able to be ordered in accidentally**
- **For ALL simulations:** A list of all items/medications that were used should be recorded during the simulation.
  - At end of event, all items/medications reconciled to assure all items used have been collected, inventoried and disposed of as needed. **Implement Time Outs**



## In-Situ Simulations (i.e in practice area):

- Best Practice → use real IN-DATE medications. Use items that are expiring very soon
- Simulation medications and expired medications in a patient unit is a risky practice and should not happen.
- Educate staff not to fill real syringes or vials with tap water or other realistic looking solutions.

What are the risks of each?



## **Lab based in the facility:**

- If expired items are used they need to be inventoried and clearly labeled
- If simulation medications are used they should never leave the area and need to be inventoried to assure items do not leave/disappear. These should be labeled as well.
- Staff should be clearly educated that supplies/medications used in the event are not real/expired, should not leave the lab and could cause harm if used in normal practice on patients.

What are the risks of each?



## **Lab not based in the facility:**

- Simulation medications meant for these areas
- Educating before the simulation event occurs "the supplies and medications in this simulation are not real, could be expired and need to be returned at the end of the event to the leader. These items could cause harm if used in real practice"





**Not for  
human use**  
Education only

**Label ALL medications and  
supplies for simulation**



# Partnering for Safety

A Story of Success



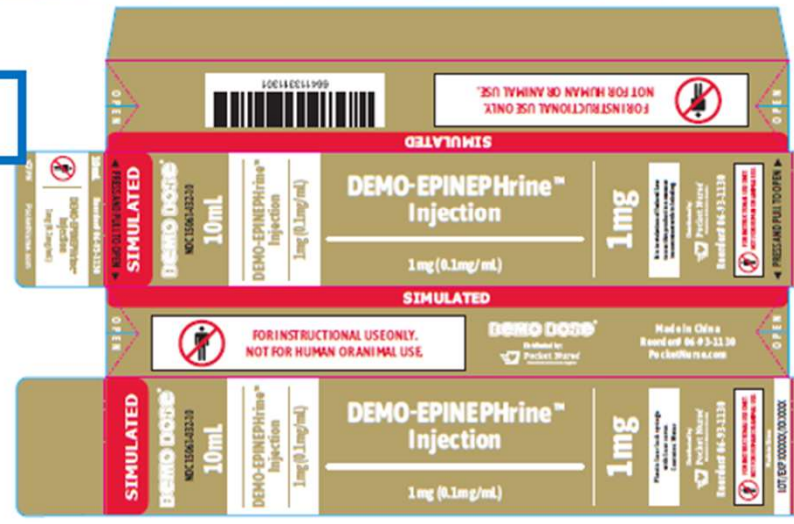
**BEFORE**



**AFTER**

100% Black

phrine™



**SIMULATED**

LOT/EXP XXXXXX/XX XXXX NDC 15061-032-10

**DEMO-EPINEPHrine™ 1mg (0.1mg/mL)**

Approx mL 10mL (fill volume)

Reorder# 06-93-1130 10mL Single Dose

**DEMO DOSE™**  
**DEMO-EPINEPHrine™**  
**Injection**  
1mg (0.1mg/mL)

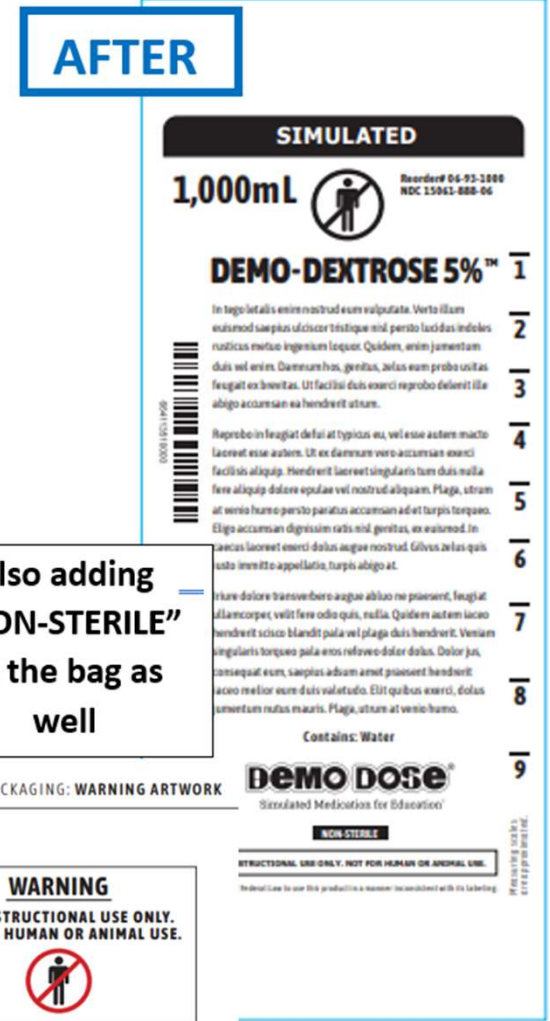
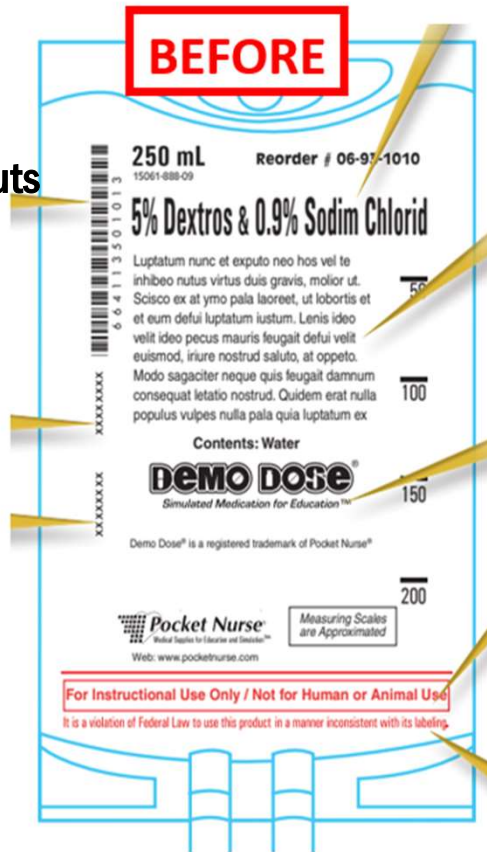
Contains: Water  
Made in China  
PN

FOR INSTRUCTIONAL USE ONLY. NOT FOR HUMAN OR ANIMAL USE.



- All shipping to have tape with “Not for human use”
- New terms & conditions with safety call outs
- Safe Simulation Information Center on website

Safety Partner  
Pocket Nurse/DemoDose®!



# Key Takeaways



# **1. Ask the questions:**

Does your facility take part in simulations? How ? Where? Supplies?

# **2. Implement Safety Strategies**

Timeouts: before and at end along with Checklists

# **3. Educate!!!!**

Make staff aware of these simulation products. Utilize labels to call attention & implement purchasing restrictions



# **Statement for all Simulations:**

**“The supplies and medications in this simulation are not real, could be expired and need to be returned at the end of the event to the leader.**

**These items could cause harm if used in real practice”**





# References

Healthcare Simulation Safety. (2024, August 8th). *Foundation for Healthcare Simulation Safety*. Foundation for Healthcare Simulation Safety. <https://healthcaresimulationsafety.org>

Saleem, N. M., & Khan, Z. (2023). Healthcare Simulation: An effective way of learning in health care. *Pakistan Journal of Medical Sciences*, 39(4). <https://doi.org/10.12669/pjms.39.4.7145>



# Need More Information?

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