

Background/Objectives

Latent safety threats (LSTs) are hidden dangers in the clinical practice area that have the potential to harm patients but may not be obvious and are often difficult to detect. They can be design, processes or physical environment issues that frequently are uncovered through the performance of simulation-based training. Methods to collect, analyze, and classify LSTs are underdeveloped and are not standardized.

The Resuscitation Simulation *in situ* Mock Code Team has been identifying, reporting, and mitigating Latent Safety Threats Safety events through the Cleveland Clinic Safety Event Reporting System (SERS) system over the past five years. In the past 5 years, the Mock Code Program has experienced a 533% growth and with an improved focus on how LSTs can impact quality and patient safety, we are identifying an increasing number of Latent Safety Threats.

Methods

Resuscitation Simulation *in situ* Mock Codes are conducted with Interprofessional Caregivers in Clinical Practice areas throughout the Northeast Ohio Cleveland Clinic Organization Latent Safety Threats reported through the SERS system are classified into Nine (9) Main Categories including Broken Equipment, Caregiver Conduct/Crowd Control, Documentation, Equipment/Process Not Functioning Properly, Human Element, Medication Concerns, Missing Equipment/Forms, and Other.

Identification of Latent Safety Threats has been included in the Scripted Debriefing Tool for our Facilitators, as a Topic to be covered with the caregivers during the debrief. It was also imperative the Program Manager of the Resuscitation Simulation *in situ* Mock Code Program was added as a File Manager within the SERS system to have access to Outcomes and Actions taken on filed SERS Reports. This ensured identified threats to patient safety were addressed and supported the importance of reporting the LSTs and follow-up.

Outcomes

The Resuscitation Simulation *in situ* Mock Code Team has conducted Four Hundred Forty-Seven (447) Mock Code Simulations and worked with 3,690 caregivers through August 2024. Ninety-Six (96) Latent Safety Threats have been reported through the SERS system through August 31, 2024. and One Hundred Ninety-Six (196) have been reported since we began reporting in 2020. LSTs have been found in clinical practice areas and locations across the entire Enterprise including Main Campus, Regional Hospitals, Family Health Centers, Medical Office Buildings, and Ambulatory Surgery Centers.

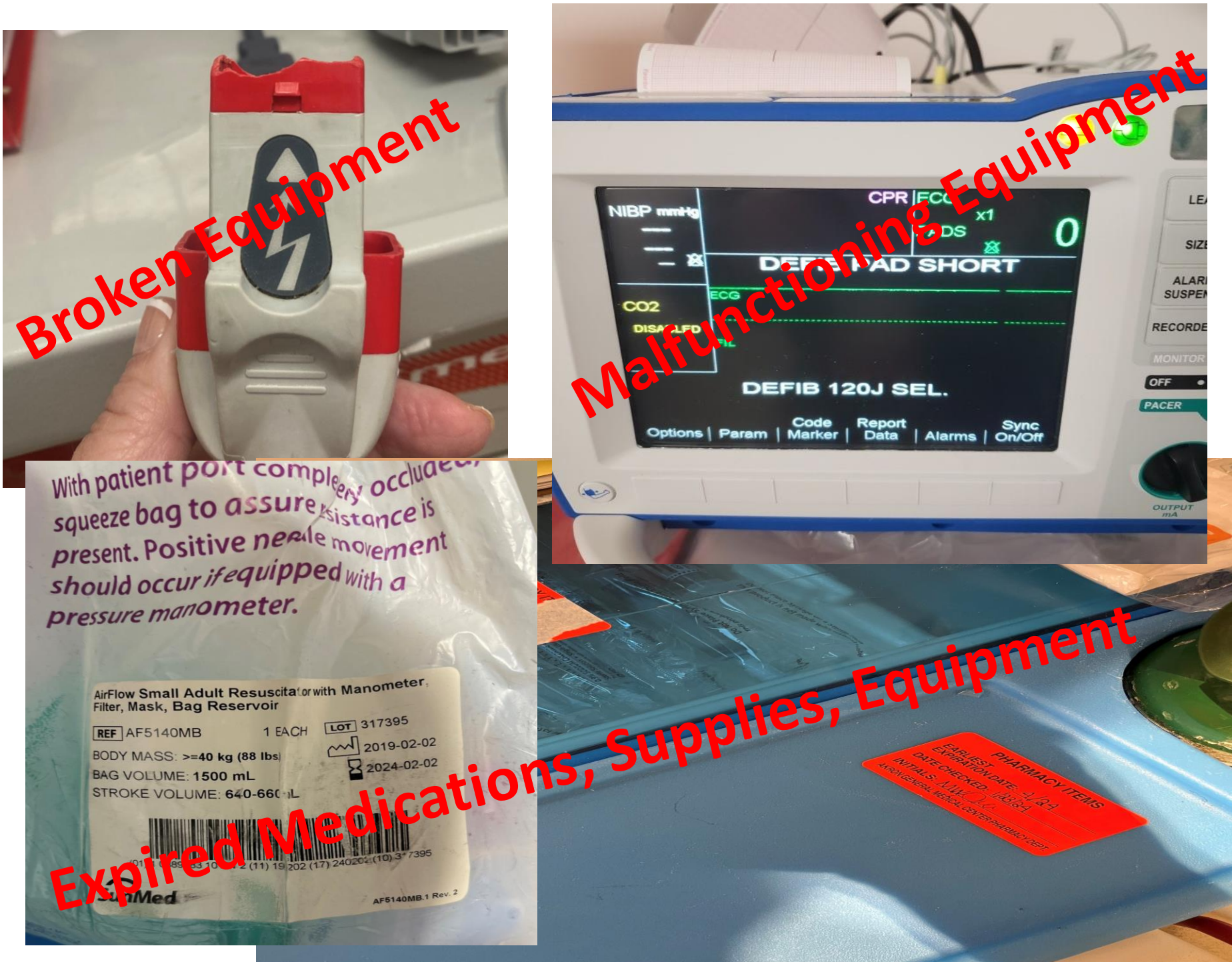
Our efforts to report Latent Safety Threats identified during Resuscitation Simulation *in situ* Mock Codes has led to the repair and/or replacement of countless pieces of malfunctioning clinical equipment, repair of nonoperative system alerts, standardization of emergency equipment across various locations, and collaboration with stakeholders and leaders to enact impactful process changes.



Conclusion

By diligently identifying and mitigating Latent Safety Threats, Simulation has not only enhanced patient safety but also played a significant role in the ongoing improvement of our organization. This commitment to excellence has further solidified our status as a high reliability institution and to be the best place to receive healthcare anywhere.

Examples



References

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