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The Clinical Nurse Leader as Risk Anticipator:
Optimizing the Completion and Accuracy of the Code Blue Recorder Sheet

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NURS – 653 Internship: Clinical Nurse Leader

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School of Nursing and Health Professionals

Summer 2017
Abstract

A small community hospital in northern California implemented a practice improvement project in critical care units to optimize best practices surrounding a “code blue” event. In-Hospital Cardiac Arrest (IHCA) is a high-risk process of care that requires tremendous resources to deliver an efficient, safe, and cost-effective service. The code blue recorder sheet summarizes the whole patient care event; this necessitates careful documentation. As a risk anticipator, the unit clinical nurse leader identified suboptimal variation in documentation after a microsystem assessment. This led to a practice change project and targeted educational intervention for code blue recorders. Fifteen staff members were identified from every shift to cover all IHCA events. Baseline data indicated that the completion and accuracy of the code blue documentation were critically low. A literature review revealed best practices with an evidenced-based educational approach including thorough assessment and responsiveness to staff learning needs and preparedness, enhancing knowledge and building confidence to impact patient care outcomes. Results of the educational intervention demonstrated significant improvements in team member confidence in the skills specific to their role and responsibilities. Completion and accuracy data indicated that the rate improved from the baseline of 17% to 67% over the two-month period of training. Clearly, in high acuity and high-risk events such as IHCA, unit leaders need to carefully define the division of labor, role clarity, staff learning needs to implement, and maintain best practices in code blue documentation.

*Keywords:* in-hospital cardiac arrest, focused training, recorder, documentation
Introduction

There are several variables that can greatly affect the survival rate of an in-hospital cardiac arrest (IHCA) event (Clarke, Apesoa-Verano, & Barton, 2016). One of the most significant variables is there needs to be accurate documentation of a cardiac event. It is the primary responsibility of the code blue recorders to ensure accurate documentation occurs. Critical factors for effective recorders includes role identification, knowledge about the standard practice according to the American Heart Association (AHA), quality and timeliness of the resuscitation, leadership skills, and teamwork (Neumar et al., 2015). Several studies have indicated that skills and experiences of code team members play a very important role in achieving a positive outcome (Prince, Hines, Chyou, & Heegeman, 2014). Nevertheless, survival rates for IHCA patients have remained low despite all the advances in therapy, which suggests that human factors may be at play. The infrequency of IHCA events hinders the opportunity for code blue teams to apply their skills. This limits opportunities to evaluate the effectiveness of the IHCA process. Therefore, compliance to AHA standards at an acute care facility can be a major challenge.

Despite the infrequency of occurrence, data collection in every IHCA event is vital for developing a focused quality assurance tool and reporting process (Neumar et al., 2015). The recorder sheet is an instrument that can be used by the healthcare provider to summarize the entire IHCA event.

Clinical Leadership Theme

The Clinical Nurse Leader (CNL) plays a major role in the implementation process that involves the formulation of strategies for the success of the IHCA compliance in documentation
using the designated recorder sheet. The code blue recorder documentation summarizes the whole event with the specific interventions applied. As part of the microsystem, the CNL is the ideal person to organize and create the orientation planning to generate a clear vision of the reporting structure. As a CNL, in the role of risk anticipator, the focus of this project is to optimize the completion and accuracy of the code blue recorder sheet. The CNL will stay focused on the success of the resuscitation in every IHCA and will depend on the skills and knowledge of the responding team. The ultimate goal of the team is to own the accountability in responding to every IHCA event and to execute the process according to the guidelines (Neumar et al., 2015). Lack of familiarity with the documentation process can lead to an incomplete code blue recording sheet. IHCA event is a high-risk process of care that requires a tremendous number of unit resources in order to deliver an efficient, safe, and cost-effective service (Prince et al., 2014). Standardized procedures and guidelines are the primary drivers for a successful process.

**Statement of the Problem**

It is challenging in most IHCA events to obtain an accurate and complete documentation of the entire process. Oftentimes, the sequence of the event is not documented and may end up with missing vital information in regards to the interventions during the event. **Standardized procedures and guidelines are the keys to a successful process.** According to the latest scientific studies (Neumar et al., 2015), the code blue sequence of events should be delivered as established by AHA Guidelines for Cardiopulmonary Resuscitation. An effective code blue team member is expected to be organized, knowledgeable, and able to communicate well. It is crucial for the team leader to define the roles and responsibilities of each member delivering efficient care for the patient.
There are multiple factors, such as clarification of the code blue team assigned roles and responsibilities, that can greatly impact the outcome of the process. A team member who responds to an IHCA event is expected to perform competently. The code blue recorder sheet is the standard documentation of all the interventions that occur during the resuscitation (Carpico & Jenkins, 2011).

**Project overview**

We aim to optimize the completion and accuracy of the code blue recorder sheet and critique form documentations during an IHCA event in the Intensive Care Unit (ICU) to 90% within 90 days from May to July of 2017.

**Rationale and Value Proposition**

The CNL can play the major role of a risk anticipator during the implementation process that involves the formulation of strategies for the success of IHCA event documentation compliance. As part of the microsystem, the CNL in the role of a risk anticipator will be the ideal person to organize and create the orientation planning to generate a clear vision of the reporting structure (Harris, Roussel, & Thomas, 2014). The CNL in the role of an educator can schedule the regular debriefing of each IHCA event. The CNL will stay focused on the success of the resuscitation in every IHCA event as evidenced by accurate and completed code blue recorder sheet documentation. The code blue recorder documentation summarizes the whole event with the specific interventions applied. The main objective of the team is to respond in every IHCA event and to do it correctly. This is a high-risk process of care that requires a tremendous amount of resources in order to deliver an efficient, safe, and cost-effective service (Prince et al., 2014). Standardized procedures and guidelines are the primary drivers of a successful process.
San Leandro Hospital (SLH) is a community-based hospital providing inpatient and outpatient services. SLH is a 93-bed facility in central Alameda County acquired by Alameda Health System (AHS) in late 2013 (San Leandro Hospital, 2017). The hospital’s Intensive Care Unit (ICU) has nine-bed capacities. SLH average admission is about 3,500 inpatients annually. AHS mission; *Caring, Healing, Teaching, Serving All*, concisely speaks to the vital role and the critical responsibility in promoting wellness, eliminating disparities, and optimizing the health of a diverse East Bay population (Alameda Health System, 2017).

The SLH IHCA incidents for the first quarter of the year 2017 indicate a total of 18 events; 31% respiratory and 69% cardiac arrest (Critical Care Committee, 2017). The critical care committee coordinator is reporting data analysis for each event on a monthly basis. Complete, accurate interventions and legible documentations are the main responsibilities of the code blue recorder. The collected data based on the recorder sheet and critique forms will be utilized in tracking the issues identified. Compliance in the completion of the code blue report was suboptimal at 18% for the first quarter of the year 2017 and this was identified as a priority of concern (Critical Care Committee, 2017) (see Appendix A).

The purpose of this change project is to achieve at least 90% adherence on completed code blue recorder sheets in every IHCA event within a 90-day timeframe. Baseline and comparative data will be monitored. All code blue recorder sheets have triplicate copies; one copy will be submitted to the nursing supervisor before the end of the shift when the event occurred for the data collection and audit purposes. The anticipated outcomes will improve adherence to best practices and documentation that is more effective.

IHCA events can happen in all inpatient departments including Medical, Surgical, Telemetry, ICU, and inpatient Dialysis unit. The monthly average IHCA is four, wherein 75%
occur in the ICU. The population age group includes between 18-101 years old; the data was not
categorized by gender. The common admitting diagnoses are sepsis, active bleeding sourced
from the gastrointestinal tract, respiratory, post surgical intervention with advanced vascular
disease, and end-stage renal disease (Critical Care Committee, 2017). A completed code blue
document is part of the patient medical record and it provides data regarding all interventions
that occur during the resuscitation. The national benchmark for survival rate post-IHCA and
discharged from the acute care unit alive, regardless of their mental state and destination, is
about 17% according many experts (Girotha et al., 2012).

In SLH code blue team assignment, the recorder is a Registered Nurse (RN) selected
from the Medical-Surgical unit. The role of the recorder is assigned to a trained RN who is
familiar with the data needed and how to obtain it. It is essential for the assigned member to
have an ACLS certification issued by AHA. As the majority of IHCA take place in ICU, it is an
expectation from all ICU registered nurses to function as the code blue recorder effectively and
accurately. The nursing supervisor responds to all IHCA and oversees the code blue team
assignment. It is of the essence to ensure the presence of each team member arriving timely in
every event. The Critical Care Committee Coordinator conducts the data collection, review of
the post-event critiques, and analysis of the cases; formulate recommendations, and reports to
Quality and Safety Committee semi-annually.

Methodology

The main purpose of this project is to improve the accuracy of the documentation for
all IHCA events. In a high-risk process that occurs infrequently, the stress among the code team
responders during these events could hinder the effectiveness of the code blue process,
particularly the completion of the recorder sheet. A well-structured, focused training for the
recorders can optimize the completion of the recorder sheet during the critical event of IHCA (see Appendix B). The CNL will utilize Kotter’s eight-step change process model to build a successful team project (Mulder, 2014). This entails the CNL skills to create a sense of urgency, recruit powerful change leaders, build a vision and effectively communicate the vision, remove the obstacles, create short-term wins, consolidate the improvements and anchor the changes. The success of a change project relies on a careful planning and building the proper foundation (see Appendix C).

According to the IHCA data collected, there is no consistency in assigning the IHCA recorder. There is no process in assigning the recorder; the charge nurse randomly assigns the code blue team role at the beginning of the shift. There was no validation of competency that shows compliance with the guidelines. The CNL will apply the strategic assessment of the need for focus study in regards to the compliance of the recorders in every IHCA. A set of pre-assessment questionnaires was given to the team members. The CNL is positioned to identify system issues that could result in patient harm and error (Harris et al., 2014). Focused training for the chosen members to play the role of the recorder was initiated and in progress with sessions divided into different topics to ensure their knowledge according to the standards (see Appendix B, see appendix D).

The CNL will be able to validate the effectiveness of this project by collecting the recorder sheets for every IHCA. The audit for the completion and accuracy of the recorder sheet including the sequence of the events will reflect the results of the focus study given to the recorder team. The expectation is to have 90% compliance by the end of July 2017. IHCA monthly data analysis is reported to the Critical Care Committee, Medical Staff Committee, and Quality and Risk Management Council (see Appendix A). In every focus study sessions, a
posttest is populated to evaluate the efficacy of the teaching done by the CNL (see Appendix E). The results of the audits are shared with the team members to analyze and formulate the action plan recommendations for correction.

The Kotter 8-step change model provided a useful structure for this change project (van Vliet, 2014). The first step was identified as the most important step. Urgency can be the driver of creating the moves to change. Staff members’ participation comes along with the information provided that the project is needed. The code blue recorder sheet is part of the patient’s permanent medical records. The accuracy of this document can save one’s career in times of litigation. The quality of the code blue reflects from the accuracy of documentation of the events. A guiding coalition and vision for change were incorporated to achieve the main goal of this practice improvement project. To communicate the vision provides the information that is a necessity for any change promotion. The CNL also needed to attend to the barriers and apply the necessary interventions. It was helpful to provide the time for the staff to learn the process, apply what they learned, and teach what they practiced as the code blue recorder team member will ultimately drive the change being promoted. Adequate education and training emphasizes the value invested into a change project. Leaders also need to anchor the changes by showing the support for the project and staff involved. Small incentives can have long lasting impact, such as staff recognition that conveys feelings of importance regarding the code blue team members.

**Data Source/Literature Review**

As evidenced by multiple research studies, staff preparedness and confidence has a great impact on patient care outcome. A facility must have a well-structured code blue team. Focused training for the team members can optimize the quality of care provided to the patient during the critical event of IHCA. An effective team is to be organized, proficient with knowledge and
skills, able to apply standardized process, practice to maintain skills, and clear identification of team member roles and responsibilities. To involve frontline staff creates ownership to their contribution. Changes made according to data collected add more value to the team effort.

A member of the code blue team, the Recorders, will complete a series of focus training sessions on how to complete the code blue recorder sheet and critique forms (see Appendix F, Appendix G). As compared to randomly choosing the recorders amongst the staff without any form of training, conducting focus training will improve compliance for the completion and accuracy of the code blue recorder sheets including the critique forms to 90% within 90 days.

Although it was challenging to find specific studies conducted to improve code blue recorders compliance in the documentation, it was informative and enlightening to review two of the recent studies that address the impact of simulation training to code blue compliance. A list of search subjects included critical nursing, code blue documentation, simulation, inpatient adults, and cardiopulmonary arrest.

One article had shared the data with 131 acute care hospitals in the United States who participated in analyzing the resuscitation strategies to achieve a higher rate of survival (Chan et al, 2016). The authors were able to distribute their contribution according to their expertise. The focus of this study had a strong correlation with the improvement project in IHCA documentation compliance. Three most common hospital resuscitation practices associated with higher survival rate were identified. All of the three strategies were applied during the training of the team. The most significant strategy identified by the authors is the hospital staff focused training associated with the higher IHCA survival rate. Adequate support to gain the knowledge
with the IHCA process will build the confidence of the team members. Ultimately, these identified strategies will build the foundation for best practices during IHCA.

Clarke, et al. (2016) is a cross-sectional qualitative study that utilized the approach of conducting “Mock” events in a large teaching hospital in California. Although the study was conducted at a single facility, the authors presented the major challenge to the hospital preparedness during IHCA relies on the frequency of the event. This article emphasized the benefits of simulated IHCA that is consistently practiced. The simulation-based code training was conducted multiple times on a monthly basis without prior notification to the team. The unannounced simulation of IHCA allows the team to re-establish the physical and psychological aspects of the real settings. This article gave me more ideas and guidelines on how to create and implement a simulation IHCA event.

**Timeline for Implementation**

The Critical Care Committee (CCC) in SLH was established last March 2016. One of the focuses of the committee was the reporting process of all IHCA, Rapid Response, and the number of IHCA event outside ICU. As data were starting to build up, it was clearly identified that the IHCA recorder sheet needs a lot of revision (see Appendix E). The new system wide code blue recorder sheet was introduced to the 15 Med/Surg chosen frontline staff. The first official training session was last June 12th attended by the night shift members. Presentation of the objectives and purpose of the project was done via power point (see Appendix B). The IHCA 12 month data was presented to the group. June 16th was the session of the PM shift members. Then finally the day shift crew, this is the group that expressed their interest with the project. Each member completes an evaluation form after each session for the feedback (see
Appendix H). Training expenses were calculated during the roll out of this project (see Appendix I).

**Expected Results**

The most important reason for the documentation of the code is that the IHCA recorder sheet is the medical record of all the interventions that occur during resuscitation (Resuscitation Central Documentation, 2017). As evidenced by multiple authors and professional organizations, staff preparedness and confidence greatly impact patient care outcome. A facility must have a well-structured code blue team. Focused training for the team members can optimize the quality of care provided to the patient during the critical event of IHCA. An effective team is to be organized, proficient with knowledge and skills, able to apply standardized process, practice to maintain skills, and clear identification of team member roles and responsibilities. A well-structured code blue team and focused training for the members, particularly the recorders, can optimize the quality of care provided during the critical event of IHCA. In summary, improvement takes time and teamwork to produce reliable outcomes.

**Nursing Relevance**

The CNL has a major opportunity to create a culture of improvement by engaging and recognizing the frontline staff in a microsystem. Changes made according to the data collected add more value to the team effort. The critique process includes providing feedback for a job well done and identifying improvements needed (see Appendix F). Data collected from the audits will be shared and posted on the quality board in each unit. The evaluation of resuscitation quality based on the recorder documentation form can demonstrate whether the educational interventions were effective. This project will be on going; weekly meetings will reinforce the effective use of the revised code blue recorder sheet. The CNL will continue to
provide oversight and education to obtain consistent and sustainable results at 90% or above for completion and accuracy of code blue documentation. In a high risk and high acuity microsystem, it is imperative to focus on code blue recorder training to maximize patient care quality and minimize adverse events including cost avoidance related to poor documentation.
References


doi:10.1097/NND.0b013e3182061ca7


doi:10.1136/bmjopen-2015-009259


Prince, C. R., Hines, E. J., Chyou, P. H., & Heegeman. (2014). Finding the key to a better code:
code team restructure to improve performance and outcomes. Clinical Medicine


Appendix A

In-Hospital Cardiac Arrest Events Data Analysis: January 2017 to June 2017

<table>
<thead>
<tr>
<th>CODE BLUE FOCUSED AREAS:</th>
<th>JAN 2017 n=6</th>
<th>FEB 2017 n=0</th>
<th>MAR 2017 n=8</th>
<th>APRIL 2017 n=4</th>
<th>MAY 2017 n=6</th>
<th>JUNE 2017 n=8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the code outside ICU?</td>
<td>17%</td>
<td>0%</td>
<td>12%</td>
<td>100%</td>
<td>0%</td>
<td>50%</td>
</tr>
<tr>
<td>If code is outside ICU, did patient survived?</td>
<td>100%</td>
<td>N/A</td>
<td>100%</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>Is the patient under Hospitalist care?</td>
<td>67%</td>
<td>N/A</td>
<td>66%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Recorder Sheet completed?</td>
<td>17%</td>
<td>N/A</td>
<td>38%</td>
<td>17%</td>
<td>67%</td>
<td>50%</td>
</tr>
<tr>
<td>Type of the Code: Cardiac or Respiratory?</td>
<td>83% - Cardiac 17% - Resp</td>
<td>N/A</td>
<td>75% - Cardiac 25% - Resp</td>
<td>Cardiac: 2 Respiratory: 2</td>
<td>Cardiac: 6 Respiratory: 2</td>
<td></td>
</tr>
<tr>
<td>Was CPR in progress upon arrival of the team?</td>
<td>100%</td>
<td>N/A</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Did patient survive?</td>
<td>67%</td>
<td>N/A</td>
<td>66%</td>
<td>75%</td>
<td>50%</td>
<td>90%</td>
</tr>
<tr>
<td>Was the patient discharged alive?</td>
<td>0%</td>
<td>N/A</td>
<td>66%</td>
<td>75%</td>
<td>0%</td>
<td>80%</td>
</tr>
<tr>
<td>Was there an RRT called prior to the code?</td>
<td>0%</td>
<td>N/A</td>
<td>0%</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Was ACLS algorithm followed appropriately?</td>
<td>40%</td>
<td>N/A</td>
<td>88%</td>
<td>75%</td>
<td>67%</td>
<td>50%</td>
</tr>
<tr>
<td>Was the Critique form completed?</td>
<td>50%</td>
<td>N/A</td>
<td>50%</td>
<td>0%</td>
<td>33%</td>
<td>30%</td>
</tr>
<tr>
<td>Was this case referred for Risk review?</td>
<td>20%</td>
<td>N/A</td>
<td>33%</td>
<td>N/A</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Was this a reportable event?</td>
<td>0%</td>
<td>N/A</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: Internal documents, Critical Care Committee data report for monthly Code Blue events
Appendix B

Code Blue Recorder Focus Training Power Point Slides Presentation

Slide 1

Code Blue Recorder Focus Training

Cathy Morano, RN BSN
ICU/Respiratory Care Manager

Slide 2

Focused Training for Code Blue Team Member – The Recorder

Objectives:
- After the mandatory Critical Care and Code Blue update class, the participants will:
  - Initially define at least 2 roles and responsibilities of the code blue recorder.
  - Complete a recorder sheet accurately according to the sequence of events provided in a case study.
  - Demonstrate knowledge of the new code blue documentation contents, including the critique form to be completed every code blue event. Post test score of at least 80%.

Slide 3

Why do we need a Code Team?

- Saves lives
- Efficient and safe
- Reverse clinical death
- Limit disability

Slide 4

How to be an effective member?

- Be organized
- Proficient with knowledge and skills
- Able to apply standardized process
- Effective communication
- Practice to maintain skills
- Clear identification of team member roles and responsibilities

Slide 5

Code Blue Team Recorder Interview Questions:

- Do you have a current ACLS certification?
- Have you been assigned to be the Code Blue Recorder before?
- How did you feel in the role as a Recorder during the code?
- Who was your resource while you’re completing your code sheet?
- How did that experience impact your confidence on being the recorder?

Slide 6

The Recorder

- Document the entire resuscitation process
- Knowledgeable of the ACLS algorithm
- Reminds the Team Leader of the time, name and dose of last medication administered
- Document cardiac rhythm and code summary strips
- Document airway management
- Complete Vital signs documentation
- Document start and end time of the event
- Indicates patient disposition
- Obtains Team Leader signature
- Completes the critique form

Slide 7

The benefits of a complete recorder sheet:

- Data help determine performance improvement priorities
- Data collected are used to monitor the stability of existing processes
- Data will help determine if AHA guidelines are being followed
- It provides information that can guide continuing care for the patient
- It helps to answer questions the family may have about the event, reducing the risk for litigation

Source: Created by C. Morano, July 2017
Appendix C

Kotter’s Eight Step Change Model

Appendix D

Code Blue Team Recorder Interview Questions

**Code Blue Team Recorder Interview Questions:**

- Do you have a current ACLS certification?
- Have you been assigned to be the Code Blue Recorder before?
- How did you feel in the role as a Recorder during the code?
- Who was your resource while you’re completing your code sheet?
- How did that experience impact your confidence on being the recorder?

Source: Created by C. Morano, July 2017
Appendix E

Sample Post Test

Name: ______________________ Date: ______________

Focused Training Program for Code Blue Team Recorder

POST-TEST

1. Define at least 2 important roles of the Code Blue Team Recorder. (2 points)
   a) __________________________________________________________
   b) __________________________________________________________

2. Name 3 reasons why it is important to complete the Code Blue Critique Form. (3 points)
   a)
   b)
   c)

3. ACLS Review (10 points)
   True or False: Pulsless Electrical Activity (PEA) is a shockable rhythm.
   True or False: Biphasic defibrillator manufacturer initial dose recommendation for shockable rhythm during Cardiac Arrest is 120-200 joules.
   True or False: First dose for Amiodarone bolus is 150mg
   True or False: Epinephrine is given every 3-5 minutes.
   True or False: Code summary must be printed and filed in patient’s medical records.

   Define “Close Loop” communication.

   __________________________________________________________

Name 3 different routes for medication administration during cardiac arrest:

1. _____________________________
2. _____________________________
3. _____________________________

Source: Created by C. Morano, July 2017
**Appendix F**

**Revised Code Blue Recorder Sheet**

![CODE BLUE RECORD](image)

Source: Internal document, pre-printed documentation forms, Intensive Care Unit
Appendix G

Revised Code Blue Critique Form

Source: Internal document, pre-printed documentation forms, Intensive Care Unit
Appendix H

Post Training Evaluation Form

**Program Title:** Focused Training Program for Code Blue Team Recorder

**Date:**

*Please indicate your responses to the following questions by placing checkmarks in the boxes.*

**Why did you choose to attend this program?**
- I was interested in the topic(s) [ ]
- I was invited to join this class for focus training [ ]
- I wanted to hear the instructor(s) [ ]
- Other [ ]

**Topic:** Code Blue Team Recorder Training  
**Speaker:** Cathy Morano

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Before this presentation my knowledge of this subject was...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. After this program my knowledge of this subject is...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. This speaker’s knowledge of the subject was...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The speaker’s ability to explain the topic was...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The speaker’s audio-visual aids (slides, transparencies, chart pad, video’s, posters, etc.) were...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OVERALL COURSE OPINION**

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>My overall opinion of the course content was...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My overall opinion of the course format (length, style, etc.) was...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My overall opinion of the facility (location, room etc.) was...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent did the course meet the stated objective?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate the applicability/usability of the course information...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate the value of the handouts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate the value of the practical exercise scenario</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

**Comments**

Source: Internal document, pre-printed documentation forms, Intensive Care Unit
### Appendix I

**Code Blue Team Member, the Recorder Training Expenses**

#### Event Budget EXPENSES

<table>
<thead>
<tr>
<th>Day Shift (Session 1)</th>
<th>Estimated</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>$48.21</td>
<td>$0.00</td>
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<tr>
<td>RN</td>
<td>$48.21</td>
<td>$36.62</td>
</tr>
<tr>
<td>RN</td>
<td>$32.14</td>
<td>$32.14</td>
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<tr>
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<td>$56.42</td>
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<td>RN</td>
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<tr>
<td>RN</td>
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<tr>
<td><strong>Total</strong></td>
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<td><strong>$183.44</strong></td>
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<table>
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<tr>
<td><strong>Total</strong></td>
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<tr>
<td><strong>Total</strong></td>
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<table>
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<tr>
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<tr>
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</table>

**Total Estimated:** $1,374.25  **Total Actual:** $1,795.00

Source: Created by C. Morano, July 2017