

SIMMED
Società Italiana di Simulazione in Medicina
**CONGRESSO
NAZIONALE**

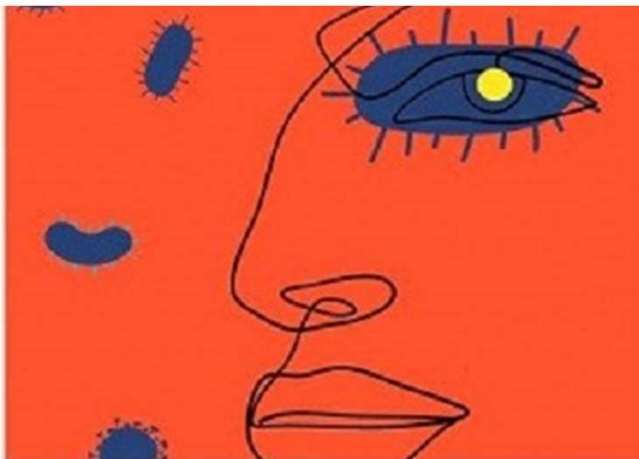


Milano
14-15 novembre
2024

HU HUMANITAS
UNIVERSITY



Infection control, oltre l'ospedale
Bari 20-21 settembre

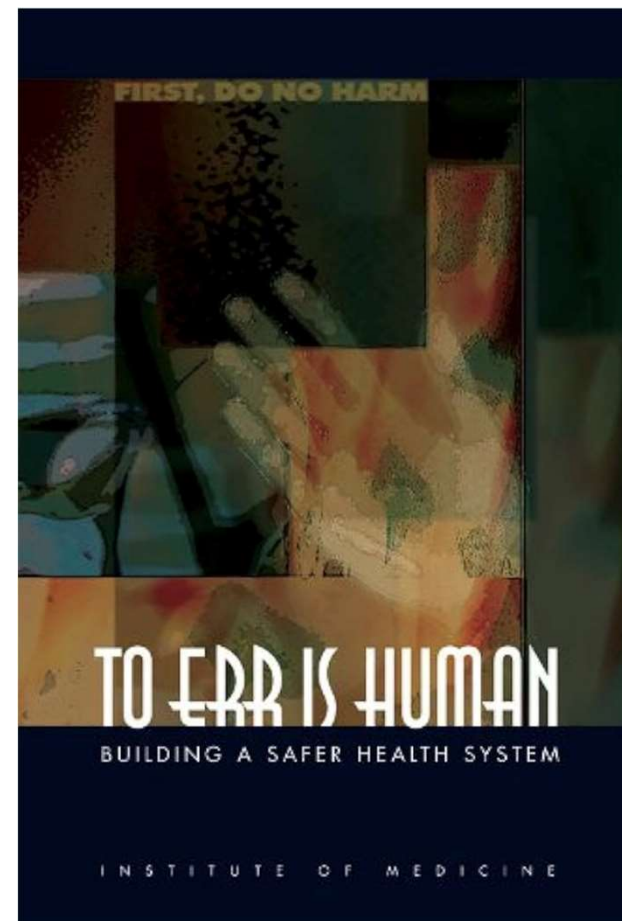


Emanuele Capogna

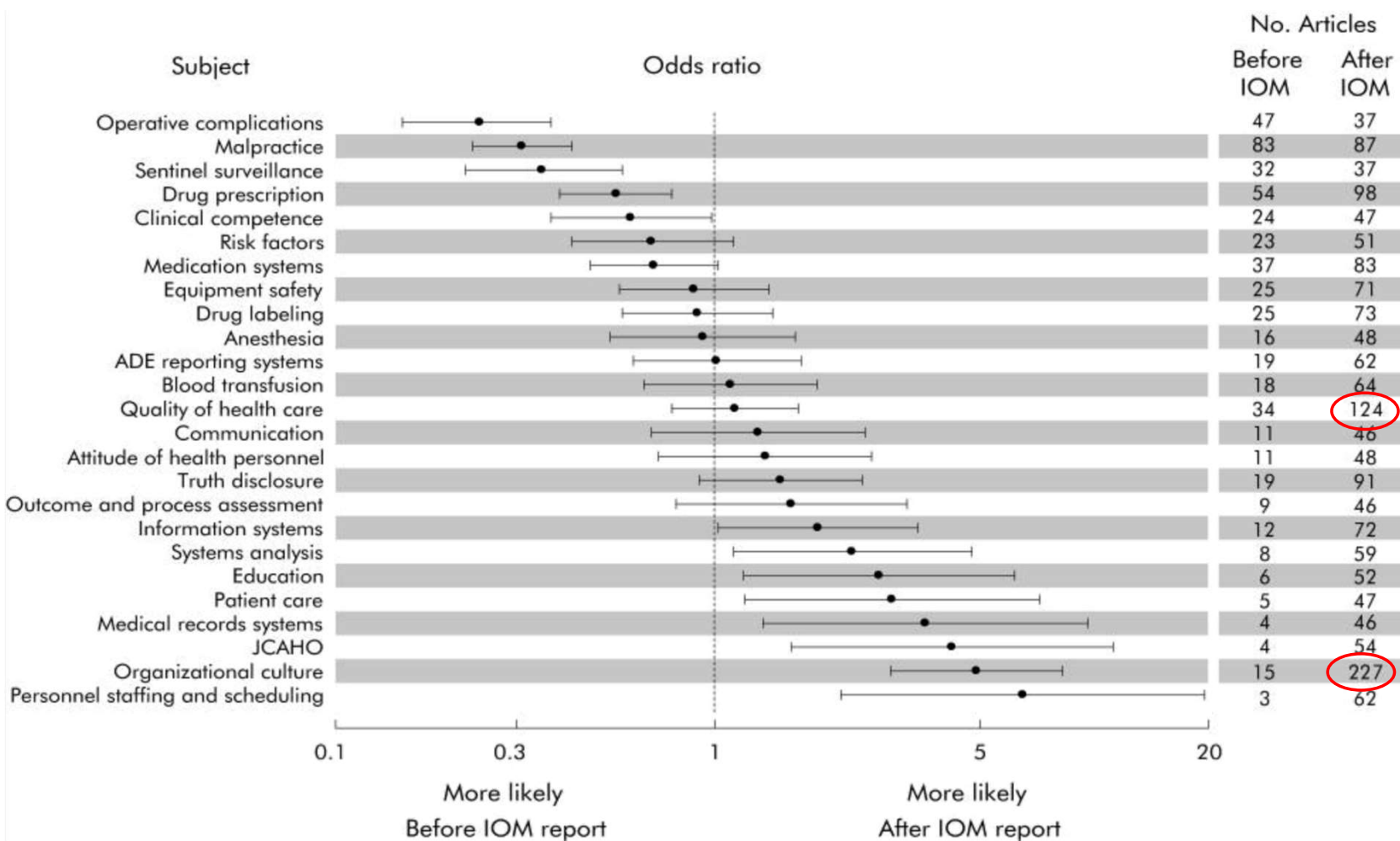
**La simulazione
traslazionale nei
programmi di
prevenzione e controllo
delle infezioni**



To err is human 1999



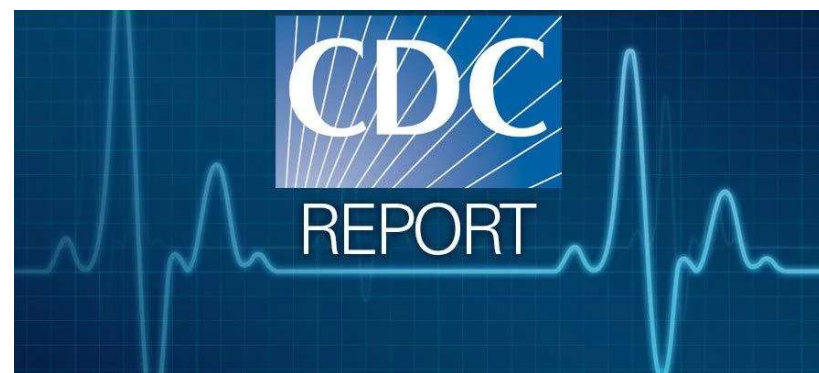
Institute of Medicine (US) Committee on Quality of Health Care in America. To Err is Human: Building a Safer Health System. Kohn LT, Corrigan JM, Donaldson MS, editors. Washington (DC): National Academies Press (US); 2000. PMID: 25077248.



Stelfox HT, Palmisani S, Scurlock C, Orav EJ, Bates DW. The "To Err is Human" report and the patient safety literature. Qual Saf Health Care. 2006;15(3):174-178.



Negli Stati Uniti ogni giorno, circa uno su 31 pazienti negli contrae almeno un'ICA.

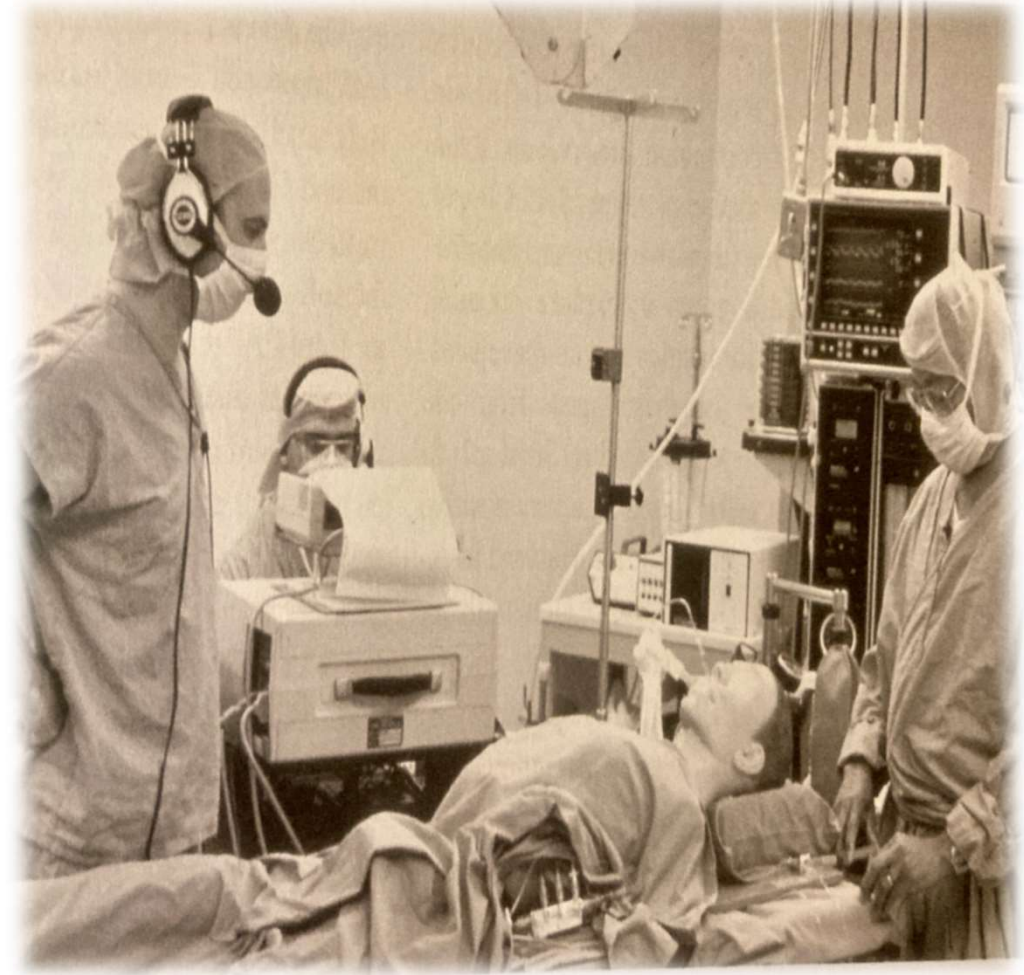


L'Italia supera la media europea con una prevalenza di pazienti con almeno un'ICA del 9,8% rispetto al valore del 7,1% nei paesi UE/SEE.





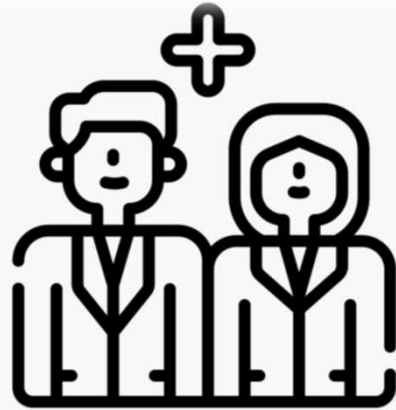
“La simulazione è una tecnica, non una tecnologia, per sostituire o amplificare esperienze reali con esperienze guidate, spesso immersive in natura, che evocano o replicano aspetti sostanziali del mondo reale in modo completamente interattivo.”





	ZONA 0 AUTO-FEEDBACK	ZONA 1 COMPETENZE FONDAMENTALI	ZONA 2 GESTIONE SITUAZIONI CRITICHE	ZONA 3 SVILUPPO DI SQUADRE E SISTEMI	ZONA 4 SVILUPPO E DEBRIEFING IN SITUAZIONI REALI
PARTECIPANTI E OBIETTIVI	Partecipanti singoli Apprendimento di skill procedurali Sviluppo di competenze ("Come?", "Cosa?")	Team misti (possibile scambio di ruoli)	Team realistici (ruoli fedeli) Sviluppo di comprensione condivisa e soluzioni innovative ("Perché?")		
SEGNALE CLINICO E RUMORE	Minima distrazione	Massima distrazione		Distrazione realistica	
AZIONE E DEBRIEFING	Feedback automatico	Pausa correzione Feedback d'esperienza fornito dall'Istruttore Insegnamento	Azione ininterrotta	Comportamento originario > Debriefing post-evento Sviluppo e riflessione positiva promossa dal facilitatore	
			Apprendimento ibrido*		

*L'apprendimento ibrido comprende elementi di più zone per soddisfare i bisogni formativi





Simulazione in situ

Le simulazioni in situ sono quelle “che si svolgono nel **reale ambiente** di cura del paziente nel tentativo di raggiungere un **elevato livello di fedeltà e realismo**”.

Questa tipologia di simulazione ha la capacità rispetto alla simulazione in un centro di simulazione di **intercettare più errori latenti**.

External Influences

- Legal factors
- Societal/cultural norms

Population

- Population characteristics
- Clinical factors
- Personal factors/beliefs

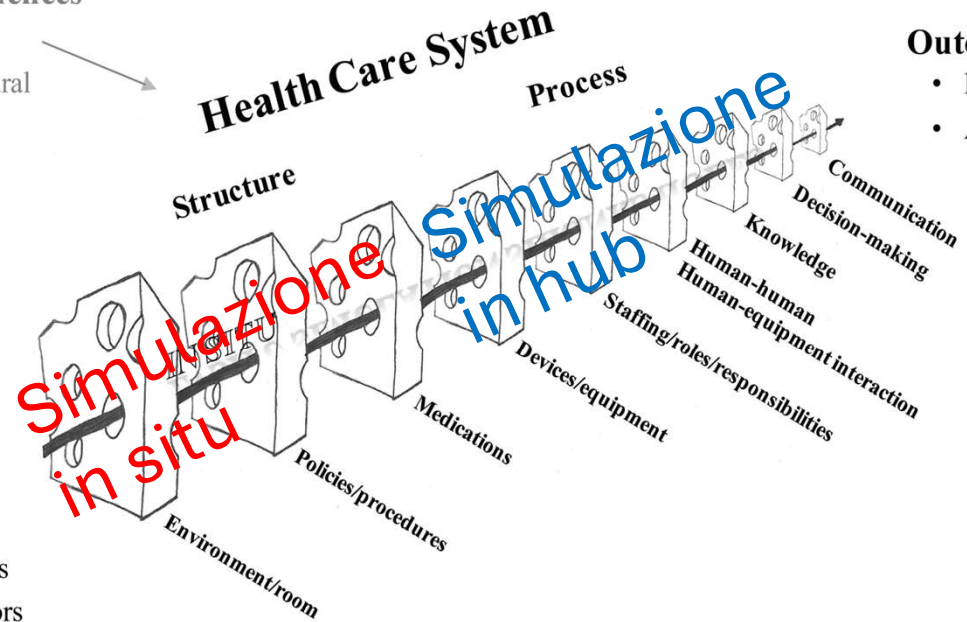


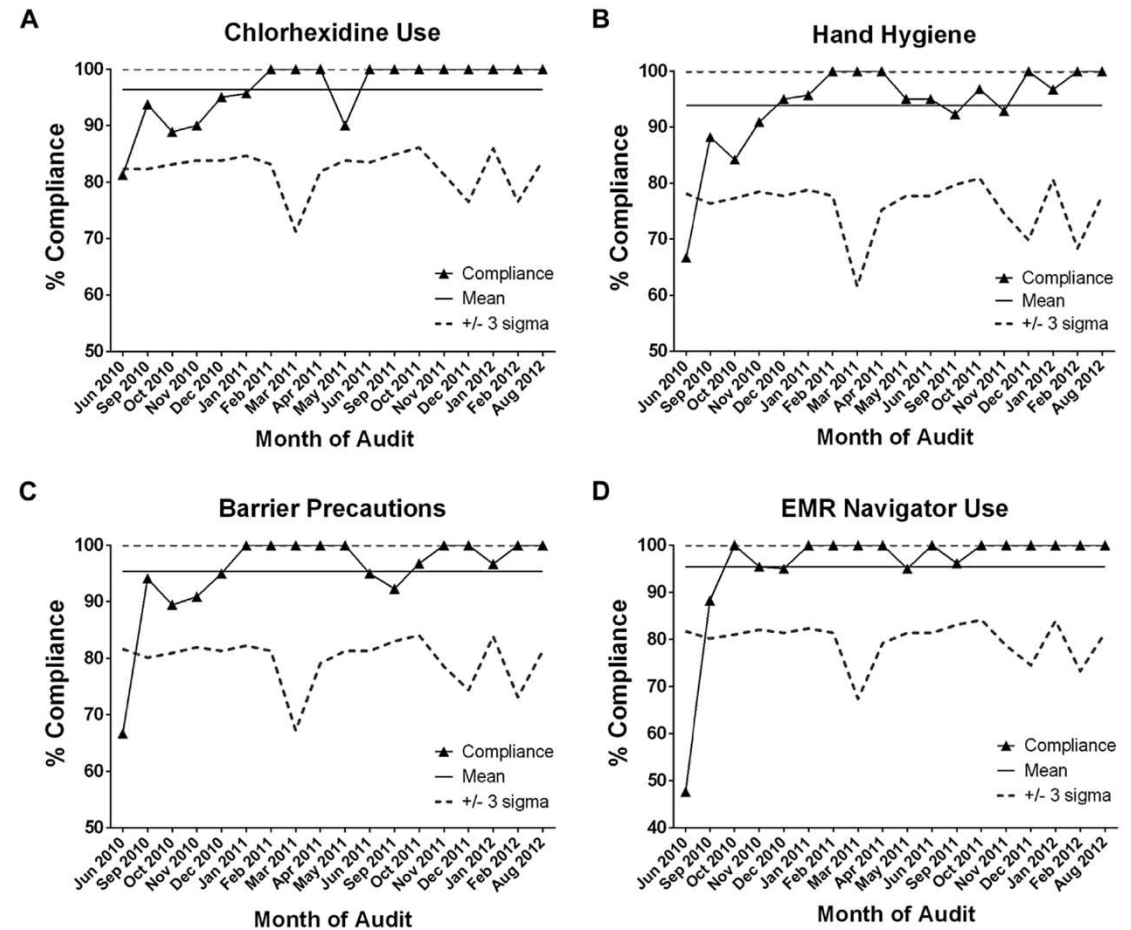


Table 1. Year 1 Simulation-Based Intervention Costs Adjusted to 2008 Dollars

Item	Units	Cost/Unit	Total Cost
Ultrasound*	1	\$19,475.07	\$19,475.07
Central line simulator*	1	\$1,353.40	\$1,353.40
CVC kits	210	\$35.73	\$7,429.80
Simulator supplies	16	\$439.35	\$6,960.00
Ultrasound cover probes	90	\$14.10	\$1,256.40
Sterile gowns	150	\$2.98	\$442.50
Sterile drapes	15	\$50.08	\$743.70
Supply cart*	1	\$1,633.20	\$1,633.20
Supplies total			\$39,294.07
Other Expenses	h	Cost/h	Total Cost
Simulator facility rental	330	\$45.00	\$14,850.00
Salary support			
Instructor			\$50,500.00
Research assistant			\$7,272.00
Total costs			\$111,916.07

*Onetime cost.

Cohen, Elaine R. BA; Feinglass, Joe PhD; Barsuk, Jeffrey H. MD; Barnard, Cynthia MBA, MSJS; O'Donnell, Anna RN, BSN; McGaghie, William C. PhD; Wayne, Diane B. MD. Cost Savings From Reduced Catheter-Related Bloodstream Infection After Simulation-Based Education for Residents in a Medical Intensive Care Unit. *Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare* 5(2):p 98-102, April 2010.



Allen GB, Miller V, Nicholas C, et al. A multitiered strategy of simulation training, kit consolidation, and electronic documentation is associated with a reduction in central line-associated bloodstream infections. *Am J Infect Control.* 2014;42(6):643-648.



Strategia 5.2.

Il piano d'azione globale sulla sicurezza dei pazienti 2021-2030 **raccomanda** l'uso di metodi di insegnamento innovativi e **tecniche di simulazione per l'educazione e la formazione sulla sicurezza dei pazienti.**

Attualmente solo **il 10% degli Stati membri** ha segnalato di avere abbastanza **formatori specializzati** capaci di fornire tale formazione.



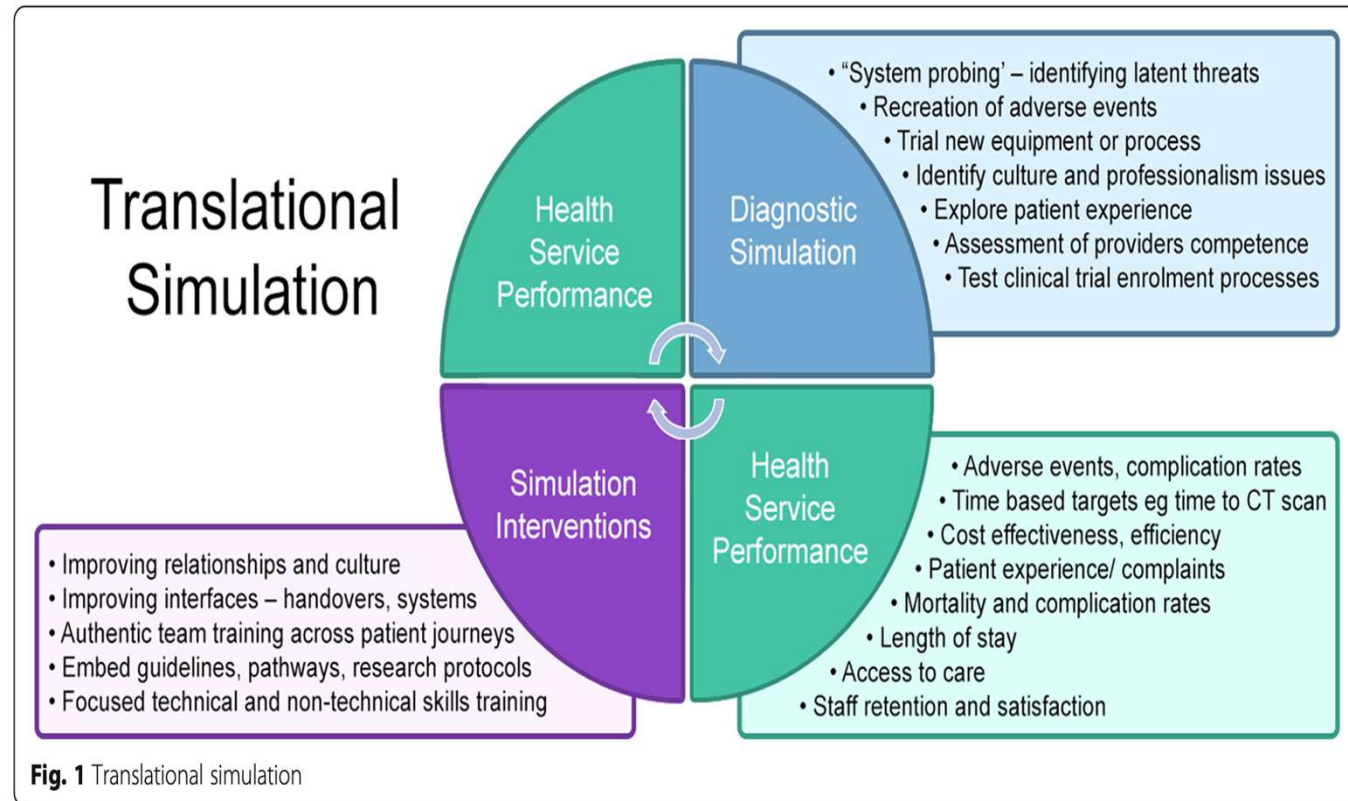
Global Patient Safety Report

Journey towards eliminating harm in health care



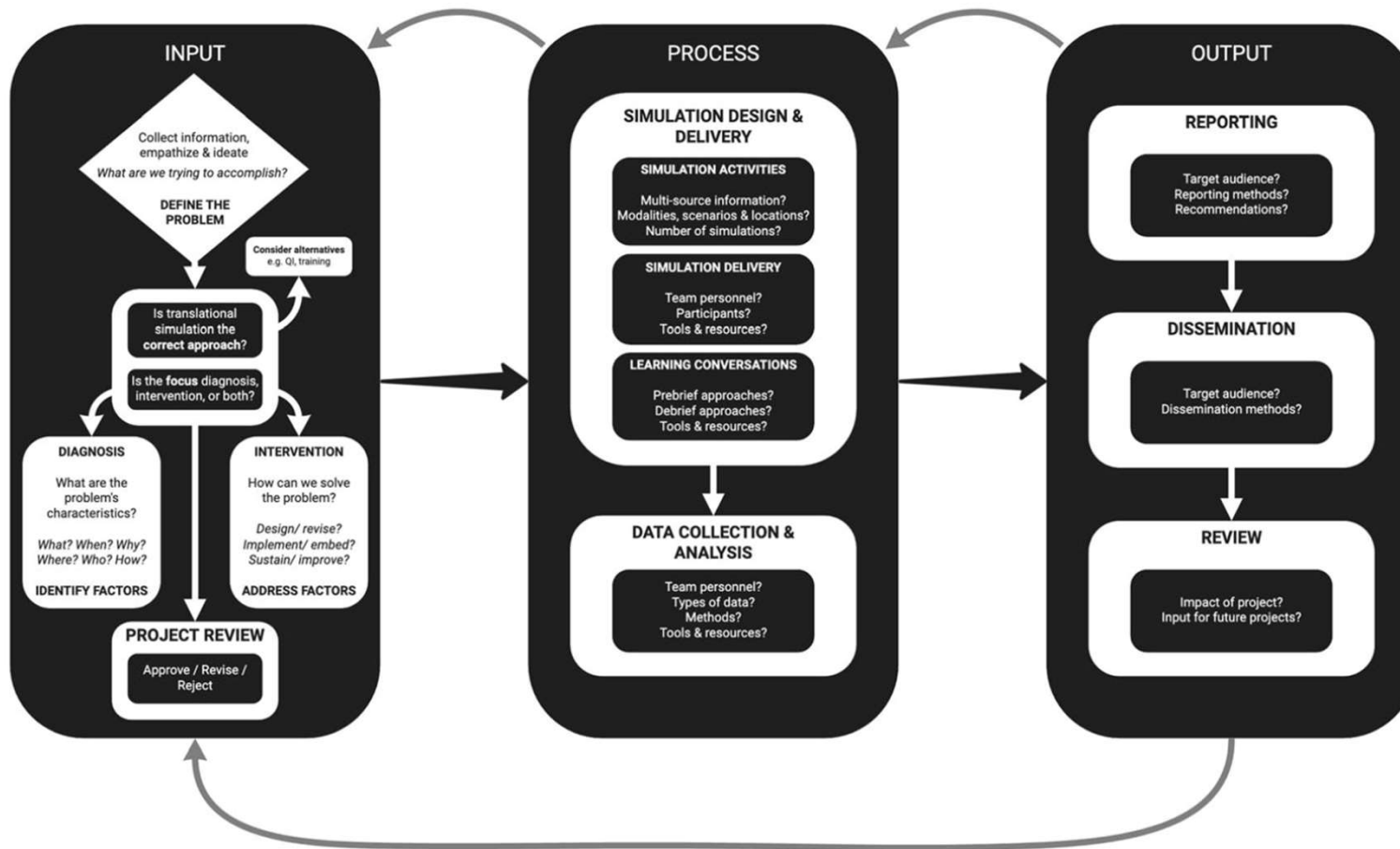


La simulazione traslazionale è un termine che si utilizza per descrivere un sottoinsieme delle attività di simulazione che si concentrano direttamente sul **miglioramento dei processi e degli outcomes dell'assistenza sanitaria.**





Simulazione traslazionale: dal concetto all'azione



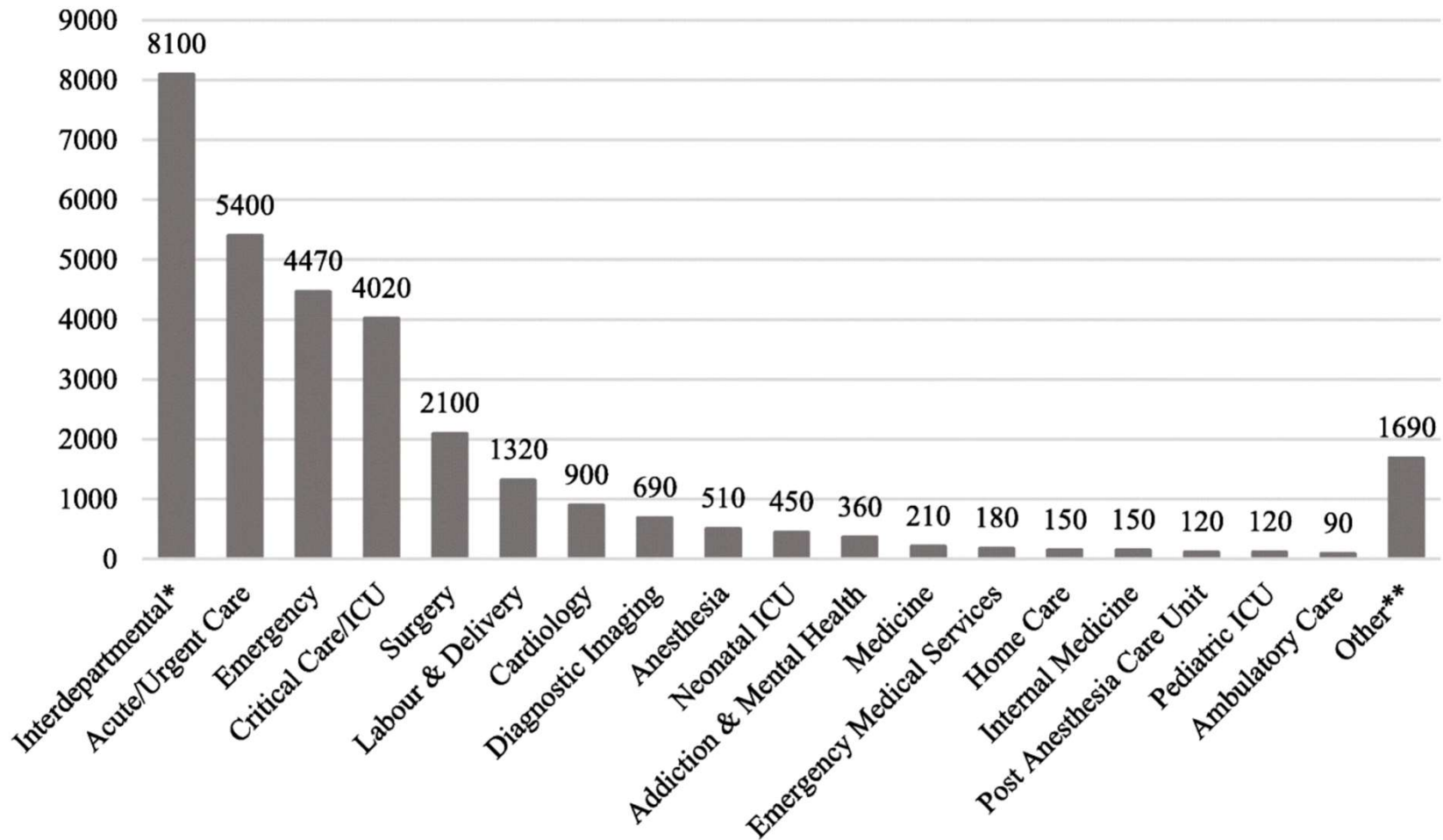


La simulazione in sanità non solo come strumento di formazione, ma anche un mezzo per prevenire e ridurre gli errori.



Table 1 Exploring translational simulation in practice-examples

Application	Examples
Responding to COVID-19	Modified guidelines and processes for cardiac arrest, airway management, maternity care, patient triage when healthcare resources were overwhelmed. Testing novel devices for 'COVID safe' procedures.
Testing clinical processes	Optimizing airway emergency cart design. Reducing time to intervention for stroke and myocardial infarction patients. Reducing time to transfer to the operating theatre. Improved multidisciplinary response to paediatric anaphylaxis.
Designing physical infrastructure	New building design Human-centred device/equipment design
Building teams, shaping culture and relationships	Major trauma care, operating theatre teams, maternity emergencies Identifying 'latent social threats'. Building rituals for team-based performance reflection.
Supporting healthcare improvement	Exploring and shaping the context of care Research test bed



Dubé, M., Kaba, A., Cronin, T. et al. COVID-19 pandemic preparation: using simulation for systems-based learning to prepare the largest healthcare workforce and system in Canada. *Adv Simul* 5, 22 (2020).



Media Fill test

L'**allestimento di prodotti sterili iniettabili** richiede tecniche, procedure e metodi di lavoro per minimizzare il rischio di contaminazione.

La **validazione** del processo di manipolazione asettica avviene tramite una **simulazione** di allestimento eseguita con un apposito terreno di coltura e controlli microbiologici ambientali in farmacia ospedaliera.





Scenario prodotto da I.A

1. Define the Scope of the Simulation

Objective: Prevent and control the spread of Legionella in a hospital setting.

Outputs: Infection rates, effectiveness of interventions, and resource usage.

2. Model the Environment

Ward Layout: Number of wards, beds per ward, shared facilities (e.g., bathrooms and HVAC systems).

Water System Mapping: Identify points susceptible to Legionella growth (e.g., hot water tanks, cooling towers).

3. Simulate Legionella Transmission

Transmission Model: Consider how Legionella can be aerosolized and inhaled, particularly through water systems.

Infection Dynamics: Model the probability of infection based on exposure levels and individual susceptibility.

4. Implement Intervention Strategies

- Regular Water System Maintenance: Simulate scheduled and unscheduled maintenance of water systems.
- Temperature Control: Implement controls to keep water temperatures out of the 20-50°C range where Legionella thrives.
- Chlorination: Simulate the effects of regular chlorination on reducing Legionella concentrations.

5. Incorporate Realistic Hospital Operations

- Patient Flow: Simulate patient admissions, transfers, and discharges.
- Staff Movement: Model how staff move between wards and facilities, potentially spreading contamination.

6. Evaluation Metrics

- Infection Rates: Monitor simulated infection rates over time.
- Cost-Effectiveness: Analyze the costs associated with interventions versus the benefits of reduced infection rates.
- Sensitivity Analysis: Test how changes in parameters affect outcomes.



7. Programming the Simulation

Language and Tools: Consider using Python due to its robust libraries for scientific computing (e.g., NumPy for numerical operations, pandas for data manipulation, and Matplotlib for visualization).

Modules: Use discrete event simulation (DES) frameworks like SimPy, or agent-based models with Mesa.

8. Run Simulations and Iterations

Base Case Scenario: Run the simulation without interventions to establish a baseline.

Intervention Scenarios: Implement various interventions and compare outcomes to the baseline.

Iterative Improvements: Refine the model based on results and expert feedback.

9. Visualization and Reporting

Output Visualization: Use graphs and charts to visualize data over time.

Reporting: Generate reports detailing simulation outcomes, insights, and recommendations.

10. Validation and Verification

Data Validation: Ensure the simulation uses accurate and relevant data.

Expert Review: Have domain experts review the model and its outcomes.

This is a high-level outline. Each step can be expanded with more detailed sub-steps and technical specifics depending on your specific requirements and the complexity of the hospital environment you are modeling. **If you need a specific part of this simulation coded or detailed further, let me know!**



“Gli intellettuali risolvono i problemi ; i geni li prevengono.”

ALBERT EINSTEIN



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