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Scene from IMSH 2018 exhibit hall

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Welcome to IMSH 2019: *Redefining and Redesigning Healthcare Powered by Simulation!*



(L to R) Krista Anderson, MSN, RN, CHSE; Yue Dong, MD, Shelita Kimble, MEd, CHSOS

They say everything's big in Texas, and the IMSH 2019 Planning Committee enthusiastically extends a huge, Texas-sized, "Welcome to San Antonio!"

With its history, art, culture, and cuisine, activities in this vibrant and rapidly-growing city are sure to augment the myriad educational and networking opportunities at the conference, with thousands of attendees from around the world and hundreds of exhibitors at the IMSH EXPO.

"This is the first time we've done IMSH in Texas, and we're excited to have everyone here," enthused Shelita Kimble, MEd, CHSOS, committee co-chair. "We welcome you to IMSH 2019!"

The Planning Committee, composed of Kimble, Yue Dong, MD, and Krista Anderson, MSN, RN, CHSE, began building this year's program well before the close of the previous meeting. Theme development was a key early

undertaking. The IMSH 2019 theme, *Redefining and Redesigning Healthcare Powered by Simulation*, highlights the notion, said Kimble, "that we, as simulationists, are usually at the forefront of change and creating new innovations. But we've gotten to the point where we are complacent. We want to make sure that we redefine and redesign healthcare powered by simulation. We're change agents. We're change leaders. We want to ensure that we stay at the forefront and that we get ready for the new age of learners and the new technologies that are coming, and that we focus on that concept throughout the conference."

Kimble highlighted the record number of educational session submissions for this year's gathering, resulting in the development of new, creative formats to deliver the increased content in the available space.

-continued on page 5

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PRESIDENT'S MESSAGE:

Simulation Success

Joseph Lopreiato, MD, MPH, CHSE-A, President of the Society for Simulation in Healthcare (SSH), extends a sincere and hearty welcome to the International Meeting on Simulation in Healthcare (IMSH) 2019. "This is the largest healthcare simulation meeting in the world, our 19th edition, and we are very proud to be able to sponsor this meeting," he said.

"Meeting in San Antonio for the first time is exciting to us," Lopreiato added. Citing the family-friendly and walkable nature of the city, its culture, and great Tex-Mex food, he said, "We think this location is going to be a big hit for attendees who bring family members."

Lopreiato underscored key aspects of this IMSH meeting in terms of four "S"s:

Science

Special Interest Groups (SIGs), Sections, and Affinity Groups (AGs)

Showcase

Socializing with Simulationists

"We're going to have at least 200 abstracts of the latest *science* in simulation and 200-plus workshops and panels to discuss hot topics, emerging trends, and continuing professional education, so science is clearly a key focus," he said.

Highlighting *SIGs, Sections, and AGs* as opportunities to connect with those who have similar simulation interests, Lopreiato offered, "There's likely a SIG, section, or affinity group that focuses on a topic near and dear to your heart. Find that group - you'll be warmly welcomed there."

He emphasized that for the first time this year, attendees can earn continuing education credits for interest group participation.

Lopreiato also enthused over several *showcase* opportunities, ranging from an exhibit hall encompassing "the latest technology and new innovations in healthcare simulation," to Sunday afternoon's SimVentors spotlight "on inventive entrepreneurs," to the Serious Games and Virtual Environments Arcade and Showcase.

Finally, Lopreiato highlighted IMSH as "a great place to meet *simulationists* from around the world who have the same passion that you do," and stressed, "This is your time to network, network, network."

Relating these fundamental aspects of IMSH to this year's theme, *Redefining and Redesigning Healthcare Powered by Simulation*, Lopreiato said,

"I think a lot of us who work in simulation sometimes feel we get stuck in a rut, doing the same thing every day, and we're looking for what's new, what's exciting, what the future looks like, and asking, 'What can I do in my circumstances to help move simulation along?'" Learning about the newest science and innovations, and networking with fellow simulationists, he continued, "often infuses you with energy. It's almost like an infectious disease - you catch the 'simulation virus.' You're excited about it again, and you go home with new momentum."

Recognizing that first-time IMSH attendees may feel overwhelmed by the event's size and scope, Lopreiato identified several options providing support, including this morning's IMSH orientation session and a mentor-mentee luncheon. Additionally, the IMSH Central Booth provides a convenient opportunity to obtain program information, resources, and assistance.

Lopreiato reflected on notable observations while serving SSH as president. "In traveling this year with the Society and visiting some of our affiliates around the world, I became impressed by how simulation internationally has been adopted, how people are taking up the flag and the mantle of simulation and trying to bring it to everyday patient care," he said. "No matter where I went, people were very excited about being in the profession of simulation. And it is its own profession now."

As a pediatrician, Lopreiato described the progression of simulation and SSH in terms of a growing child. "When I first joined SSH, we were like a toddler, bumping into things and trying to find our way. Then we became a school-aged child and we learned and grew rapidly, then ventured out a bit as adolescents with another growth spurt, trying to make a name for ourselves.

"I think right now we're in young adulthood," he continued. "We're almost 20 years old as a Society. We have a body of knowledge. We've developed a set of principles and practices in simulation. We have certification programs. Thanks to our past president Christine Park, we're coming out this year with a code of ethics. So, one of the eye-opening things I learned this year is that we are a profession and we have a good compass to show us the way to fulfill the promise of better patient care."

Also notable, Lopreiato said, was his appreciation that, "as president, you really see that the Society runs on the dedication and hard work of our staff and volunteers. They're the backbone of our Society, and I'm immensely impressed and thankful for their hours and hours of work, often behind the scenes," he said.

Lopreiato encouraged IMSH attendees to "network, make new friends, exchange business cards, and then follow up with those contacts you make here.

"And definitely say hello to the SSH leadership as you see us walking around," Lopreiato concluded. "We'd love to meet you, shake your hand, and hear about what you're doing in simulation."



Joseph Lopreiato, MD

IMSH DAILY

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IMSH Simulation Synergies at Brooke Army Medical Center

The IMSH 2019 venue in San Antonio is providing attendees with a glimpse of simulation activities at Brooke Army Medical Center (BAMC). As the largest and most robust military healthcare organization within the Department of Defense, BAMC is a proud partner within the San Antonio Military Health System, and hosted some of this weekend's IMSH immersive courses.

Lieutenant Colonel Maria Molina, MD, is Director of the Brooke Army Medical Simulation Center. Talking with *IMSH Daily*, she began with the integration of simulation into the root cause analysis (RCA) process.

"Currently, in the RCA process, simulation often serves as 'a fix' to some of the patient safety issues we have for training and similar things," she said. "But one of the things we're trying to do at BAMC is integrate simulation earlier in the process, because visualizing an event and seeing it happen, you can often find more potential root causes or causal factors that you may not find just sitting around a desk and chatting."

Along with integration in the RCA process, Molina offered that the center uses "a lot of simulations" in their "card carrying courses" like Advanced Cardiac Life Support and Advanced Trauma Life Support.

"In addition, we do fundamentals of

critical care, which involves a lot of task training, and a lot of 'central lines,'" she continued. "We also do a lot with the GME [Graduate Medical Education] programs here, so that's one of our big focuses."

She emphasized that simulation is not just about training to a task but is part of interprofessional education about working as a team, highlighting its application in the areas of OB/GYN as well as medical, pediatric, and neonatal intensive care units. "They all have weekly interprofessional team training with different simulated emergencies respective to their specialties," she said.

Molina predicted "dramatic" changes in the Army's simulation environment over the next few years, noting that her own role will be expanding as she takes over in a few weeks as chair of the US Army's Central Simulation Committee.

"We were initially funded in 2011 and we oversee Graduate Medical Education simulation training at the 10 Army hospitals that have graduate medical education programs. And we're going to be expanding our purview to include a lot more on military readiness," she explained.

She noted planned expansion of the Army's Individual Critical Task List into the



Schedule Highlights SUNDAY: JANUARY 27

Opening Plenary Session and Keynote
Address: *The Optimism Bias* presented by Tali Sharot

Stars at Night Ballroom - 1:00 - 2:30 pm

Exhibit Hall Grand Opening

Exhibit Hall 1 - 3:00 - 7:00 pm

Science & Technology Experience:
Featuring SimVentors Showcase; Serious Games and Virtual Environments Arcade and Showcase; Augmented Reality/Virtual Reality Cave; Poster Presentations

Exhibit Hall 1 - 3:00 - 7:00 pm

Professor Rounds

Exhibit Hall 1 - 4:00 - 7:00 pm

Grand Opening Reception

Exhibit Hall 1 - 4:30 - 7:00 pm

Medical Corps, where physicians, nurses, and physician assistants will have a supporting database not only reflecting their hospital credentials but also whether they are meeting their requirements to be "deployable" in military contingencies.

"These lists are going to add to their repertoire of their clinical skills as well, and simulation is going to be key to all of those things," she said. "It's going to play a very large role in the education and making sure that our physicians are trained for a ready medical force."

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www.ssih.org Questions? Ask Kathryn Pullins or membership@ssih.org

Welcome to IMSH 2019 – continued from page 1

Check the program schedule or the *SSH Events* app for times and locations to discover Hot Topic sessions, interactive Silent Discos, and informal Couch Conversations as new approaches to presenting content, in addition to the traditional educational session formats.

Also new this year are last evening’s President’s Diamond Ball and this morning’s #Sim-Fit19 Fun Run/Walk. Kimble expressed the Planning Committee’s great appreciation to all who participated in these two first-time events.

Throughout IMSH, each day’s schedule showcases a speaker who presents an engaging and thought-provoking message designed to inform and inspire.

Today’s Opening Plenary Session and Keynote Presentation features Tali Sharot, professor of cognitive neuroscience at University College London and director of The Affective Brain Lab. Sharot, author of *The Influential Mind* and *The Optimism Bias*, combines research in psychology, behavioral economics, and neuroscience to reveal forces that shape our decisions and beliefs. In her keynote address, *The Opti-*

mism Bias, Sharot dynamically explains cognitive principles and behavioral strategies to utilize in redefining and redesigning as leaders and change agents.

The Opening Plenary keynote address will be live-streamed, which is another IMSH first.

Monday morning, the Lou Oberndorf Lecture on Innovation in Healthcare Simulation spotlights Sir Ken Robinson, an internationally acclaimed authority and leading speaker on creativity and innovation in healthcare and business.

The Michael S. Gordon Center Lecture on Medical Education on Tuesday morning highlights Joel Selanikio, physician and innovator in global health and technology, who speaks about technological changes and opportunities in the application of artificial intelligence, big data, cloud computing, and mobile technology to healthcare.

Wednesday’s Closing Plenary speaker, Michael Tschanz, director of technology and analysis with Design and Engineering at Walt Disney World, shares his expertise in devel-

oping mathematical and physics models for transportation, ride, and animatronic systems, and relating those concepts to broader simulation modeling.

A full and lively schedule continues after today’s Opening Plenary Session. IMSH EXPO, the world’s largest healthcare simulation exhibition, opens this afternoon, followed by the Grand Opening Reception. In addition, don’t miss the Science and Technology Experience in the exhibit hall, an area that includes the 9th annual Serious Games and Virtual Environments Arcade and Showcase, the SimVentors Showcase highlighting the newest peer-developed healthcare simulation ideas, and the Augmented Reality/Virtual Reality Computer Assisted Virtual Environment. Additionally, this afternoon’s lineup spotlights Poster Presentations and Professor Rounds.

Kimble described the committee co-chairs as “passionate about what we’ve planned,” adding, “we’re enthusiastic and excited about sharing this experience with everyone here.”

“Enjoy IMSH and San Antonio,” Kimble exclaimed. “We’re just getting started!”



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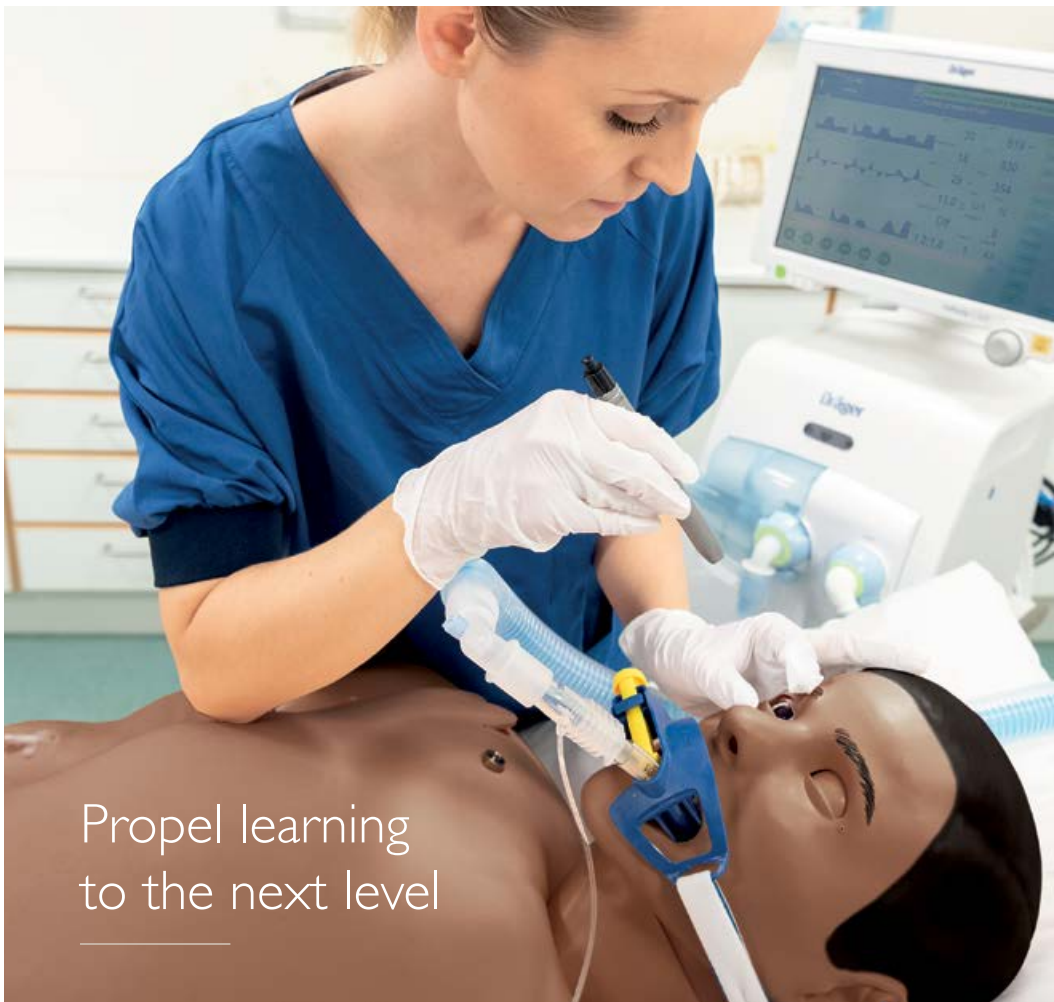
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La Escuela de Enfermería de la Universidad Finis Terrae da sus primeros pasos el año 2009 cuando Pam Jeffries es nuestra invitada para dar el lanzamiento a este proyecto que sería único en Chile y Latinoamérica. Además de ser el primer curriculum de enfermería que integraría la simulación clínica, sería el primer programa que incorporaría la seguridad del paciente en sus contenidos y en sus metodologías educativas.

Nuestro lema **“Calidad al servicio de un paciente seguro”** se reconoce hoy en el medio académico y es el sello diferenciador de nuestros estudiantes y exalumnos, los que se insertan en el mundo clínico con una actitud empoderada, reflexiva, responsable y con capacidad de tomar decisiones con fundamento y evidencia.

No ha sido un camino fácil, porque implicó capacitar a nuestros docentes, generar muchos instrumentos, guías y una serie de procesos para permitir finalmente consolidar el proyecto universitario, el perfil de egreso, las competencias y por una otra parte incorporar las mejores prácticas educativas, con los estándares que surgían entre los expertos internacionales.

Hoy somos una escuela que contribuye con la formación de profesionales extranjeros y locales a través de sus cursos y diplomados, destacando el de docencia Basada en Simulación que además de ser el primero de la región es el único de inmersión. Nuestros convenios con instituciones de América de gran prestigio y nuestra presencia y participación en sociedades como SSH, INACSL, FLASIC y SOCHISIM, han permitido nuestro crecimiento en red y que podamos soñar y pensar en nuevos desafíos para los próximos años, pero especialmente sentir que hemos aportado a la calidad de la atención de nuestros pacientes.

En resumen, la simulación está creciendo en Chile y cada vez más personas creen en ella.

The Evolution of Clinical Simulation in Finis Terrae University is Celebrating its 10th Year



Eliana Escudero Z.
Master's in education, Nurse-midwife
School of Nursing Finis Terrae University Chile

The school of nursing launched the project in 2009 with a special visit from Dr. Pam Jeffries. The curriculum was the first amongst Chile and Latin-America. In addition, it would be the first curriculum in nursing that integrates simulation and it would be the first program that includes patient safety as part of its contents and learning methodologies.

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they come in to the clinical environment with an empowered attitude, reflexive thinking, accountability, and capabilities to make decisions with scientific fundamentals and evidence.

We encountered a lot of challenges due to the implementation of training, development of tools, preparing materials, following protocols, and making sure that we follow the international guidelines.

Now we are also a school that collaborates in the training of local and foreign professionals. Our fellows' programs in Simulation

Now we are also a school that collaborates in the training of local and foreign professionals. Our fellows' programs in Simulation Based Education was the first in the region and the only one that is immersive.

Based Education was the first in the region and the only one that is immersive.

Our agreements with different organizations from America and our participation in societies like SSH, INACSL, FLASIC, and SOCHISIM, have provided opportunities to collaborate, network, and build relationships that will aid in improving simulations and, overall, patient safety.

In summary, simulation is growing in Chile and most people believe in it.



The Future of VR and AR Simulation **BOOTH 134**

Interactive Demonstrations

SUNDAY, JANUARY 27

Intubation Virtual Reality Simulator
3:00 p.m. – 7:00 p.m.

MONDAY, JANUARY 28

CadaVR-Anatomy Lessons in Virtual Reality
10:00 a.m. – 12:00 p.m.

Intubation Virtual Reality Simulator
12:00 p.m. – 5:00 p.m.

Augmented Reality Trainer for Sepsis
5:00 p.m. – 6:00 p.m.

TUESDAY, JANUARY 29

CadaVR-Anatomy Lessons in Virtual Reality
10:00 a.m. – 12:00 p.m.

Intubation Virtual Reality Simulator
12:00 p.m. – 1:30 p.m.

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Technologies in the Spotlight at IMSH 2019

The foundational underpinning of *Redefining and Redesigning Healthcare Powered by Simulation* clearly rests with an embrace of available and emerging technologies. At IMSH 2019, many of these critical emerging technologies will be brought together at the Science and Technology Experience.

According to Kathryn Adams, MA, Director of Continuing Education for the Society for Simulation in Healthcare, the Science and Technology Experience at IMSH 2019 will include three significant elements: Scientific Poster Presentations; 9th Serious Games and Virtual Environments Arcade and Showcase; and SimVentors Showcase of Inventions and Innovations.

The scientific poster presentations, for example, will spotlight new research-based discoveries in leading-edge technologies with the potential to make medical simulation more efficient and effective. The Serious Games and Virtual Environments Arcade and Showcase is where users of virtual and game-based technology can collaborate and network with students, clinicians, educators, and start-ups, as well as small and large established companies. Additional inventions and innovations are in the IMSH spotlight at the SimVentors Showcase of Inventions and Innovations.

Located in the exhibit hall, the Science and Technology Experience will begin on **Sunday at 3:00 pm** and remain open during exhibit hall hours throughout the conference. Presenters in the various showcases will all be present on

Sunday from 3:00 - 7:00 pm. During all other exhibit hall hours, presenters will be available whenever possible, or by request.

Another continuing technology focus area involves the Augmented Reality / Virtual Reality Cave Augmented Virtual Environment (AR/VR CAVE).

According to Erin Baker, a Research Psychologist in the Human Performance Science and Technology Branch at the Naval Air Warfare Center Training Systems Division and a member of the IMSH Technology Committee, the AR/VR CAVE effort reflects a desire to expose meeting attendees to the “hands on” aspects of these emerging technologies.

“We are a simulation conference but we were not always showing ‘the realm of the possible’ when it comes to simulation,” she observed. “So we decided to go out there and look for those AR and VR immersive technologies and show IMSH attendees what they can do with them.”

She asserted that there was a fairly common misconception that these technologies “are really expensive,” adding, “They really don’t understand that they can implement them in their programs and in their schools.”

Baker pointed to the initial IMSH immersive experience, assembled for IMSH 2018 in Los Angeles, as “setting the stage” for a more expansive technology vision to be applied this year and in the future.

“We want people to speak with experts and get their hands on the technology,” she said, highlighting a number of growing synergies across the different technology efforts.

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Technology in Action

In addition to the Science and Technology Experience, IMSH 2019 attendees will have an opportunity to explore a range of emerging industry technologies and capabilities that will be presented and demonstrated across the exhibit hall displays.

One popular series of demonstrations returning to IMSH this year involves the “cut suit” technology developed by Strategic Operations, Inc. as part of that company’s “hyper-realistic” training line.

According to Kit Lavell, executive vice president at Strategic Operations, the suit is a human-worn partial task surgical simulator that provides the most realistic way to simulate the look, feel and smell effects of severe traumatic events on a live human while allowing

first responders and physicians to safely perform real procedures – from the point of injury, to treatment en route, and transition of care to surgical intervention. Suit designs range from combat casualty to surgical patient.

Lavell highlighted the use of the suits in the 2018 Annual Intensive Surgical and Trauma Skills Course at Strategic Operations, which is located on the back lot of Stu Segall Productions TV/film studio in San Diego, CA. He said that the course included a simulated emergency room “that was inundated all week with trauma casualties and very sick people requiring surgery.

“The trauma resulted from overturned cars, active shooters and improvised explosive devices,” he explained, adding that the suits and other “movie making techniques” have allowed the company to support the training of more than 850,000 personnel from all branches of the military, law enforcement units, and first responders since 2002.

Lavell said that IMSH 2019 demonstrations will occur Sunday, Monday, and Tuesday at

CAE Healthcare [[Booth 101](#)]. CAE Healthcare is Strategic Operations’ distributor for medical products.

Sunday 5:00-5:30 pm Tactical Combat Casualty Care (TCCC) “cut suit” demonstration performed by Steve Markham, Director of Medical Products and Services for Strategic Operations.

Monday 12:30-1:00 pm Advanced Surgical Skills Package (ASSP) suit Surgical Laparotomy performed by Anthony LaPorta, MD, FACS, Col. USA Ret., Professor of Surgery, Rocky Vista University Medical School.

Tuesday 12:00-12:30 pm Advanced Surgical Skills Package (ASSP) suit Surgical Laparotomy performed by Anthony LaPorta MD, FACS, Col. USA Ret., Professor of Surgery, Rocky Vista University Medical School.

Lavell noted that Dr. LaPorta was “an early adopter of the cut suit” and has been working with different designs for about seven years.

“He will be doing the surgery at IMSH but will likely invite others in the audience who are surgeons to participate,” he said.



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Corporate Roundtable – Partner in Simulation

The Corporate Roundtable is a very congenial group of competitors that work together for the good of the industry. As the outgoing chair, it is my pleasure to share some thoughts about redefining and redesigning healthcare powered by simulation.

Individually, employees of the companies represented by the Corporate Roundtable spend countless hours with clinicians in many settings. Whether hearing the latest idea related to product development or supporting a course with products and assisting in training, industry partners are working with the experts every day to improve healthcare education and safe patient care through simulation education.

In June 2018, *Simulation in Healthcare* published an article by Chloe Walsh et. al. outlining the 100 most cited simulation articles between 1988-2011. The article provides a breakdown of the research that has “shaped current knowledge and practice” in healthcare simulation. The main focuses of the cited articles, medical and surgical education and training, defining the relevance of simulation for patient safety, and gaining technical and non-technical skills using manikins, task trainers, and simulated patients, has clearly shaped our direction over the past 30 years. During this time, we have also transitioned from wondering if simulation works to implementing it in the best way possible to show return on

investment and improved patient outcomes.

So, what is next? The top five studies from the article, each cited over 1000 times, are primarily focused on transfer of skills, assessment of competence, and new technologies needed to continue the advance-



Robin Wooten, PhD

Presently, we see tracking software, Virtual and Augmented Reality, serious games, and trainers with built in assessment tools being used more and more to meet the needs of the next generation of simulationists.

ment of healthcare simulation. Presently, we see tracking software, Virtual and Augmented Reality, serious games, and trainers with built in assessment tools being used more and more to meet the needs of the next generation of simulationists.

Having the privilege of visiting many centers around the world, I am witness to the great work of simulation researchers who are finding statistically significant improvements in technical and non-technical skills as well as return on investment through the power of simulation. I urge these researchers to not delay in writing up these manuscripts and getting them published. It is imperative that we get these results out to the masses. We can only improve together if we learn from the successes of one another.

As a former inaugural simulation center director, board member and executive director of SSH, and now the Corporate Roundtable chair and chief learning officer for an industry

I am very proud to say that this year, more than ever before, we are beginning to see the Corporate Roundtable being treated more and more like a partner rather than a group of outsiders trying to break into the world of simulation.

partner of SSH, I can truly say that I have seen simulation from many angles. I am very proud to say that this year, more than ever before, we are beginning to see the Corporate Roundtable being treated more and more like a partner rather than a group of outsiders trying to break into the world of simulation. All these things are encouraging to Corporate Roundtable members. More than anything, we want to provide clinical experts with the best tools to teach healthcare simulation to the up-and-coming practitioners and teams. Although indirectly, the Corporate Roundtable members believe we are working with clinicians to make a difference. And that is why we come to work every day.

—Robin Wooten, PhD, MBA, BSN, RN

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2019 IMSH Scholarships

The Society for Simulation in Healthcare would like to acknowledge our 2019 IMSH Scholarship Recipients! Congratulations on this great accomplishment.

THE BEVERLEE ANDERSON EDUCATION SCHOLARSHIP FUND is a need-based scholarship for healthcare simulationists who would otherwise be unable to attend IMSH. Priority is given to applicants who are first-time attendees of IMSH and meet other criteria. Winning applicants are asked to provide a report on their experience at IMSH and how they have incorporated what they have learned.

2019 Beverlee Anderson Education Scholarship Foundation Recipients

- Reinis Balmaks MD, PhD, Assistant Professor, Riga Stradins University, Latvia
- Rosalyn Vega Estrella, RN, MSN, EdD(s), Simulation and Skills Lab Coordinator, Universidad del Turabo, Gurabo, Puerto Rico

THE BOB WATERS MEMORIAL SCHOLARSHIP continues the legacy of Bob Waters, a gentleman of vision, an energetic voice for what he called "the right thing to do," and a good friend

to the members of SSH. Bob became an advocate for simulation after seeing a demonstration of simulators at the 2006 American Telemedicine Association meeting. When he was told that no one had any experience going into the offices on Capitol Hill, his eyes sparkled. "That's where I can help – I'm a lobbyist." Bob Water's life was cut short by a brain tumor that claimed him at the peak of his career at age 55. To honor his memory, the Advanced Initiative in Medical Simulation (AIMS) Board and SSH established the Bob Waters Memorial Scholarship Fund to support students in healthcare simulation. To be eligible for this scholarship, applicants must be either a full or part-time student, resident or fellow.

2019 Bob Waters Memorial Scholarship Recipient

- Maeve H. Geary BDes (Hons), Special Effects Consultant & PhD Candidate, University of Bolton, UK

THE POCKET NURSE® AND DYNAREX® EDUCATION SCHOLARSHIP FUND provides support to any Simulation Lab individual who currently is employed by an educational institution. This need-based scholarship is designed to support IMSH attendance for healthcare simulation professionals who would otherwise be unable to attend the annual meeting and meet other organizational criteria. Four recipients will be chosen per calendar year starting with IMSH 2019.

2019 Pocket Nurse / Dynarex Education Scholarship Foundation Recipients

- Maria Gallego
- Tahnee Green BSN, RN, Simulation Lab Facilitator, Black River Technical College, Pocahontas, AR
- Wade Hollingsworth Simulation IT Coordinator, Meridian Community College, Meridian, MS
- Lynne Shelton BSN, RN, Medical Academy Instructor, Hartselle High School, Hartselle, AL

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NTSA Highlights Opportunities

As IMSH convenes, we have jumped from the wild ride of mid-term elections to the drama of the Affordable Care Act being deemed unconstitutional by a federal judge. It is widely accepted that healthcare frustrations had a significant impact on the election results and, as we shift to the beginning of the 2020 presidential race, those frustrations will find a new place to fester. We should take time to discuss

We should take time to discuss how the SSH/NTSA team can capitalize on the opportunities that may be unveiling to help shape ways to proclaim how increased use of simulation can drive down costs and improve patient outcomes.

how the SSH/NTSA (Society for Simulation in Healthcare / National Training and Simulation Association) team can capitalize on the opportunities that may be unveiling to help shape ways to proclaim how increased use of simulation can drive down costs and improve patient outcomes.

NTSA, as the host of the Interservice/Industry Training, Simulation and Education Conference (I/ITSEC) conference, is also looking for ways to raise awareness inside and outside the healthcare community to the benefits of using simulation in training and hospital operations. We hosted a roundtable at I/ITSEC 2018 with stakeholders inside and outside DoD that believe patient safety is in crisis in America. We look forward to teaming with SSH on identifying ways to improve patient safety and outcomes through the use of simulation in training throughout 2019.

NTSA sees 2019 as a time of great challenge but also great potential. With large scale

consolidation going on in the health system at an alarming rate, the combination of accelerating premiums, increasing deductibles, and unacceptable patient outcomes provide the conditions for a “perfect storm” in the healthcare sector. With a divided Congress, the future of the healthcare system remains at great peril. But it is clear that quality of service and affordability need to be at the heart of any revision.

At the macro level, there continues to be debate on whether healthcare should be a “right” for all Americans, but there does seem to be consensus that all Americans should have a “right” to access affordable healthcare. There continues to be support for coverage for pre-existing conditions and for covering children until the age of 26. These foundational tenets will likely live on through the next political season but affordability will be challenged due to the elimination of the individual mandate. So, how can the system be changed

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to bring affordability and better outcomes back into balance with the fiscal realities surfacing in our current health care economy? And how can SSH and NTSA help?

I believe patient safety is a silent tragedy in our country that must be addressed in the near term. It is a mystery to me how the population seems to know nothing of the risks that face them when they enter the healthcare system. Four hundred thousand suffer preventable deaths due to deficiencies in diagnosis, protocols and process. This is a hundred people an hour! Four 747s crashing every day. Would the people stand for that?

This is a systemic problem that must be attacked from the top down and by recognizing preventable death not only as an outcome, but as a leading cause of death. By focusing first on patient safety, we will quickly incentivize better behavior and accountability, while realizing cost benefits. We can use simulation and analysis to provide solutions, but first we need to do one very important thing: put policies in place that allow us to measure and make transparent, preventable deaths. We can use big data analytics and artificial intelligence to improve diagnosis and treatment.

The need for patients to be able to shop for the best care is critical to providing a self-policing environment where patients will seek and reward the best programs. However, we will never get to this Home Advisor model if there is little choice allowed by the healthcare packages and providers offered to the public. If there is only one provider in a state or locality, there will be no competition. It is also apparent that tailored policies and levels of care will be part of the solutions and high-risk pools can help address the high-risk patient set. Creating a competitive environment for these health services is key to driving down the costs.

With this point in mind we can see



RADM James Robb, USN (Ret.), President,
National Training and Simulation Association (NTSA)

that simulation in healthcare is more than manikins. To simulate something, we need to understand its components and behaviors. We need to collect data and study relationships, causes, and effects. For the simulation community to thrive beyond task trainers it must advocate for and capture the fruits of basic research. We must also take advantage of the significant body of medical data that exists but cannot be accessed due to privacy concerns. Teaming with cyber specialists, big data analysts and policy makers, the medi-

cal community can use modeling and simulation to drive significant improvements to patient care and safety.

Organizations like SSH and NTSA can bring together the stakeholders and shape the mandate for change within the system.

WE CAN ENCOURAGE the use of simulation to improve the quality of training and dramatically drive down time to train.

WE CAN INCORPORATE human performance technologies and feedback systems that will warn of negative trends and reinforce good behaviors.

WE CAN ADD artificial intelligence in critical areas that aid technicians and operators in honing their skills and make better decisions. We need to be a clarion voice for the value of simulation and analysis as a major contributor to a world of better and more efficient outcomes.

So, enjoy the world of IMSH this week and engage with your colleagues on the new opportunities and challenges facing the world of simulation. Come visit us at the NTSA booth and have a fresh discussion on achieving the seemingly impossible.

—RADM James Robb, USN (Ret.), President,
National Training and
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Services Consolidate Sim Management

Defense Health Agency (DHA). That move was directed per the 2017 National Defense Authorization Act (NDAA), Section 702.

A critical element of that pivotal transition is the Joint Product Manager for Medical Modeling and Simulation (JPM MMS). JPM MMS was created by the Assistant Secretary of Defense for Health Affairs (ASD(HA)), in partnership with the DHA and the US Army's Program Executive Office Simulation, Training and Instrumentation (PEO STRI), to fulfill the services' shared medical training requirements across the continuum of care.

Under the new transition guidelines, JPM MMS is chartered by both the Army and the Defense Health Agency to lifecycle manage medi-

cal models, simulators, simulations, and training aids or devices for non-medical and medical personnel across the armed services.

"Medical simulation is a shared service," explained Colonel Scott McIntosh, JPM MMS at PEO STRI. "And that means an opportunity to look across the enterprise and gain efficiencies by not having every single organization trying to procure and manage medical simulation on its own. There are numerous pitfalls for why you wouldn't want to do that. But that's kind of what's happening today. A good portion of the medical simulation purchases out there, whether it's for tactical units or hospitals, is all managed and led by folks that have passion for using simulation. So, if a given hospital has someone that's a strong proponent for stimulation, they're advocating for the funding and they're advocating for the training. What we're suggesting is that that might not be the best way to manage this enterprise. We ought to really look more holistically and consider the use of life cycle management when it comes to medical simulation."

McIntosh explained that both non-medical and medical personnel in the services require training.

"Non-medical personnel are usually the Warfighters; Sailors, Soldiers, Airmen, and Marines," he said. "They typically are first responders who need to know life-saving skills at the point of injury. Today, the three key life-saving skills we focus on are to stop the bleeding, ensure an airway, and treat for tension pneumothorax. We require simulators or simulations that build skill at treating each of these wounds or conditions to then pass the

casualty to more skilled or trained medical personnel. "What becomes readily apparent is that capability for a medical simulator is largely service agnostic. The environment may change where the simulator is used, but consolidating simulator requirements provides great advantages for the Defense Health Community. The Defense Health Agency Medical Modeling and Simulation Office under DHA J7 is working with the services to consolidate medical simulation requirements. Once complete, JPM MMS can begin to function as a lifecycle manager of medical simulation."

He added that his team is attending IMSH "to expand their awareness of the healthcare simulation marketplace, gather insight into healthcare simulation needs, and engage providers, vendors, users, and the larger medical simulation community of interest. By attending we gain valuable insight into simulator use beyond a tactical or warfighter perspective; thus gaining a better understanding of what capability is needed to fulfill a broad set of training requirements. For example, last year we had a team member attend a seminar in which St. Joseph's Hospital identified the use of simulation to refine crash cart procedures. One of the insights gained was recognizing the needed fidelity of a simulated patient, or manikin, and the role that manikin had in portraying illness, emergency symptoms, etc."

He concluded, "If *IMSH Daily* readers want to reach us, we can be found at [usarmy.orland.peo-stri.mbx.jpm-mms@mail.mil]. Or else look for those of us attending IMSH wearing badges that say PEO STRI or JPM MMS."

The US military health system is in a state of transition. And the modeling and simulation community is finding itself in the unique position of facilitating that transition to help ensure superlative medical care across the joint services.

The transitional nature of US medical care is based on the Congressionally-directed move of Military Treatment Facilities (MTF) from being Service-owned (e.g. Naval Hospitals, Army Medical Centers, etc.) to being all owned by the

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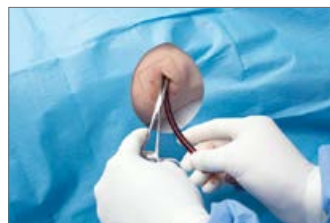
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