Simulation Exchange

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On the cover:

(Left to right) Sarah Schmidt RN, BSN; Katie Knakiewicz RN, BSN; Bethany Rochon RN, BSN; Sarah Marks RN, BSN; all members of Post Baccalaureate Nurse Residents Group 2015-2016, work on a simulation training event at the new VA Ann Arbor Healthcare System simulation center. See story on page 3. (VA photo by Isaac Grove)

VA Under Secretary for Health visits VHA National Simulation Center

Staff pose with VA Under Secretary for Health Dr. David Shulkin in the lobby of the new VHA SimLEARN National Simulation Center during a visit Feb. 26. Pictured left to right are Dr. Haru Okuda, SimLEARN national medical director; Dr. Harry Robinson, SimLEARN national program manager; Dr. Shulkin; Dr. Lygia Arcaro, SimLEARN national director for nursing programs; Dr. Manny Dominguez, Employee Education System (EES) deputy chief learning officer; Dr. Poonam Alaigh; Wilson Ariza, SimLEARN associate director of training; Michael Santana, SimLEARN administrative operations coordinator; Franklin Espinal, EES executive assistant; and Jim Warner, VHA chief learning officer. (VA photo by Mike Strickler) ❖

Almost ready to move in

SimLEARN staff took possession of the new VHA SimLEARN National Simulation Center in April, and will prepare the facility over the summer to receive VHA clinicians for training. When it opens, these students will have access to classrooms for up to 160 students in addition to six outpatient clinic rooms; three specialty procedure rooms; two operating rooms; a cardiac catheterization lab; one emergency room with ambulance, as well as a variety of other types of medical center environments that make training as realistic as possible. The facility is located next to the new Orlando VA Medical Center on the Lake Nona, Florida, campus. (VA photo by Ramon Garcia) ❖

VA Ann Arbor Healthcare System celebrates new simulation center

Sarah Marks, RN, BSN, trains with a mannequin in the new VA Ann Arbor Healthcare System facility. (VA photo by Isaac Grove)

By Pamela Weber, MS, RN
Associate Chief Nurse/Education and Simulation Center Director
VA Ann Arbor Health Care System

ANN ARBOR, Mich. – The VA Ann Arbor Healthcare System (VAAAHS) opened its new simulation center Feb. 19 with a ribbon-cutting ceremony and open house. The facility highlights a comprehensive new training space for VHA staff, as well as room for collaborations with community partners and university affiliates.

The event brought together academic leaders from the states of Michigan and Ohio, congressional support, Veteran leadership and national support from SimLEARN staff. In addition, more than a dozen clinicians were on hand to provide demonstrations on a wide variety of low- and high-fidelity simulators.

SimLEARN is a national program dedicated to strengthening simulation across VHA and serves as a respected resource to help bring about new programs nationwide at VHA facilities, like this one. The Ann Arbor simulation center is designed to provide a safe learning environment for practical and interactive training experiences that impact measurable objectives, while promoting teamwork, confidence and competence to enhance the quality of patient care for our nation's Veterans. Simulation promotes engaged, active learning and allows deliberate practice in a safe and controlled environment.

Clinical simulation training enriches education and allows health care providers to practice and refine their skills without any detriment to the patient. The VAAAHS executive leadership team is committed to the success of this program.

"Simulation allows all learners, from novice to expert, the opportunity to practice individual skills and participate in scenarios that rely on teamwork to provide outstanding care to Veterans," said Stacey Breedveld, MSN, RN, and associate director for patient care services. "A simulated learning environment is a safe place for learners to make mistakes and learn from them without the risk of patient harm."

Ann Arbor's simulation center is a 3,870-square-foot multidisciplinary learning site comprised of a full array of advanced simulation education capabilities. The space includes a high-fidelity simulation training room, three low-fidelity training rooms, an audio-visual control room, and a debriefing room. With the goal of mirroring an authentic practice environment, the high-fidelity room was designed to be identical to a room on the 6-South Telemetry unit at VAAAHS.

U.S. Navy Veteran, Lt. Dale Steward, MBA, BSN, RN, completed a year-long residency in the VAAAHS post baccalaureate nurse residency program, and is currently working as a Registered Nurse on the 5 East Surgery Unit. Steward was the honorary guest speaker at the opening ceremony where he gave a speech addressing service to the the United States, his fellow Veterans, as well as the opportunity to spend time training in the simulation center to improve his own nursing practice.

"The simulation center will help equip

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REdI staff rolling out new training from American Heart Association

By Gerald Sonnenberg
EES Marketing and Communication

ORLANDO, Fla. – This year, SimLEARN's Resuscitation Education Initiative (REdI) is rolling out and providing a new training initiative by the American Heart Association (AHA) called the Resuscitation Quality Improvement program or RQI. RQI is designed to address the problem of cardiopulmonary resuscitation (CPR) skills rapid degradation after initial training.

The program is a cloud-based, turn-key learning and training service from AHA. It will use e-learning content with hands-on training conducted using a facility's Voice Assisted Mannequin (VAM). The program includes cognitive components that are delivered online and psychomotor skills assessments that can be performed at CPR testing stations. The stations are equipped with adult and infant mannequins and a tablet computer that connects the student to the training material.

The program is designed to be available to students at their convenience and includes the same cognitive and skill modules as a conventional CPR training program. The difference is that the RQI Program delivers the full training content in small doses over a 2-year time period rather than in 1 or two days every 2 years.

Cognitive and skills modules are assigned to students, along with deadlines for completion to keep their cards current. Cognitive modules may be completed on a computer through VA's Talent Management System (TMS) over the course of 2 years, with the adult content completed in the first year, and the child/infant content completed in the second year. Students complete the skills modules on a quarterly basis at the CPR testing station, which provides helpful visual and audio feedback for compressions and ventilations, monitors the quality of performance and provides reinforcement or suggestions for improvement. RQI students must have a current AHA course completion card with the 2015 science updates and at least 12 months remaining before expiration. Students who don't have a current card may also obtain a card through traditional methods, such as a classroom-based course, HeartCode Online training and either VAM or an instructor led skills check.

Three VA medical centers have become REdI pilot sites for this new program with another 20 to 25 to be chosen in 2016.

These sites are:

- VA Pittsburgh Healthcare System
- VA Asheville, North Carolina
- VA Eastern Kansas Healthcare System, Topeka, Kansas

How does your facility get the RQI Program? The facility REdI program director should contact their health education specialist from REdI to discuss and schedule a question and answer phone conference with key stakeholders. Once the site has agreed to support RQI, they complete a memorandum of understanding signed by the facility leadership. A kick off call is scheduled to identify which units will be assigned the training, their location, the number of simulation CPR testing stations required and other operational components. Then a comprehensive process is followed to ensure the facility is ready for an RQI program installation, including creating an online account, importing student records and scheduling the initial training.

REdI will distribute more information soon in preparation for the program becoming available to staff. In the mean time, AHA created a video and provided the following YouTube link for those interested in learning more about the program. You can view the video **here**. ❖

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medical personnel to provide superior care to the Veterans we serve," said Steward.

VAAAHS is highly committed to education and research, and the future of the simulation center includes a focus on the significance of inter-professional collaboration and team dynamics, using simulation training to increase communication and teamwork. VAAAHS is determined to help shape the future of education and to become a leader in advancing health care simulation and training. The simulation center is a visible commitment to the teaching and training of all employees.

"The Ann Arbor simulation center is well equipped to provide cutting edge simulation, and the staff obviously put in a lot of effort in creating this new space," said Lygia Arcaro, Ph.D., RN, BC, and national director for nursing programs. "They are well positioned to expand their simulation program for the future to include educational gaming and simulation research with human factor considerations. These expansions are designed to contribute to the professional development of the workforce and the continued positive outcomes for the Veteran patient." ❖

(Left to right) Pamela Weber, MS, RN, associate chief nurse of education, simulation center director; Robert P. McDivitt, FACHE, acting VISN 10 network director; Rep. Debbie Dingell of Michigan; Lygia Arcaro, Ph.D., RN, BC, SimLEARN nursing program director; Dale Steward, RN, Veteran representative; Stacey Breedveld, MSN, RN, associate director of patient care services, prepare to cut the ribbon. (VA photo by Isaac J. Grove)

David Adriansen, Ed.D, NREMT, manager, Minneapolis VA Simulation Center, demonstrates simulation technology at the Mall of America. (VA courtesy photo)

Minneapolis VA technology display places first at Mall of America event

By Sandra Wicklund, Public Affairs Officer
and Jennyann Noack, Webmaster
Minneapolis VA Health Care System

MINNEAPOLIS – Twenty-two participants from local and Federal government agencies created interactive displays and met with over 1,400 mall patrons at the 2016 Government on Display Exposition Jan. 30 at the Mall of America (MOA). The Minneapolis VA Health Care System seized the opportunity to demonstrate simulation technology to the crowds. Their efforts earned first place at the MOA event placing ahead of the National Weather Service and Customs and Border Patrol.

"A Twitter post by MOA, and a retweet by the National Weather Service, was sent out to 78,700 followers, and an MOA Instagram post ... received 770 likes. That was more likes than MOA posts of Minnesota Wild player Jason Zucker, singer Jewel and actor Duane 'The Rock' Johnson!" said Andria Horwitz, assistant director, Federal Executive Board of Minnesota.

The Government on Display Exposition is an annual event organized by the Federal Executive Board of the Twin Cities to help government agencies meet the public they serve. In addition to the simulation demonstration, Minneapolis VA Operation Enduring Freedom/Operation Iraqi Freedom staff were on site.

As a SimLEARN advanced tier certified simulation training center, the Minneapolis VA trains over 2,000 staff each year using simulation equipment, methodology or technology with the goal of Veteran and staff education and patient safety.

The Minneapolis VA simulation program includes a 1,500-square-foot multidisciplinary and interprofessional simulation center; a Tele-ICU simulation lab; a two-bed nursing patient simulation lab; and the fundamentals of laparoscopic surgery (FLS) testing center and virtual simulation lab.

To learn more about the Minneapolis simulation program, click **here**. ❖

VA staff train to be PALS instructors

By Vanessa Stewart Aycock, MSN, RN, CCRN, BC, CEN
Health Education Specialist
SimLEARN/REdI

LAS VEGAS – The VA Southern Nevada Healthcare System requires their emergency department (ED) staff to be certified in Pediatric Advanced Life Support (PALS). The training is offered through SimLEARN's Resuscitation Education Initiative (REdI) program. ED staff members Jennifer Bosley, RN; Adriano Vieira-Ribeiro, RN; Candie Cuneo, RN Assistant Nurse Manager; Cynthia Lopez, RN; and Nursing educator Quentin Hart, RN, volunteered to be PALS Instructors.

The first PALS instructor course was held Feb. 2 in Las Vegas at the VA medical center, and all learners completed the course. Bosley, will be the PALS program director and Hart will be the program administrator. The plan is to conduct PALS provider and initial courses for the ED staff along with Heartcode Part One with skills check off to certify the staff as needed. This is the third PALS program training site in VHA.

The Pediatric Emergency Assessment, Recognition and Stabilization (PEARS) course is also available under the PALS program. The PEARS course teaches providers how to recognize respiratory distress, shock and cardiac arrest, as well as provide appropriate life-saving interventions within the initial minutes of response until the child is transferred to an advanced life support provider. The goal of PEARS is to improve the quality of care provided to seriously ill or injured infants and children, resulting in improved outcomes.

If PALS training is required at your VA training site, please contact your local health education specialist for more information on how to initiate the PALS program at your facility. ❖

Sioux Falls uses simulation to ensure safety in newly constructed areas

By Anneka Mikel, BSN, RN
Clinical Educator/Simulation Coordinator
Sioux Falls VA Health Care System

SIOUX FALLS, S.D. – Anticipating the opening of newly constructed clinical areas at a facility can create questions involving patient care and safety. Staff at the Sioux Falls Veteran Affairs Health Care System (SFVAHCS) addressed this issue recently during numerous, consecutive construction projects. Just as SimLEARN's hospital activation team assists with the opening of new VA medical centers, members of the Sioux Falls simulation workgroup felt it was imperative to use an interprofessional approach to ensure that patient and staff safety was at the forefront of importance during these construction projects.

The workgroup conducted patient care scenarios using various types of simulation equipment to identify gaps and patient safety issues in newly constructed clinical areas prior to their activation. The goal of the workgroup was to ensure safety for patients and staff throughout the facility.

The simulation workgroup formed in September 2015 in time to conduct a mock code blue scenario in a procedure room in the new women's health clinic. The simulation facilitated a discussion about the adequacy in the location of emergency response equipment in the new clinic. It was also discovered that the oxygen connections in each of the clinic rooms were different than others throughout the hospital and that oxygen flow meters were not installed. This posed a patient safety issue that was quickly resolved by collaborating with the engineering and patient safety departments. Staff were also informed of how and where to access a crash cart when responding to the new clinic.

In November, the workgroup conducted a mock code blue event in a newly remodeled compensation and pension clinic. Again, the objective was to introduce emergency response staff to the new area, as well as test the availability of emergency response equipment. It was noted during the debriefing of the mock event that an Automated External Defibrillator (AED), should be closer to the clinic area. Also, the staff was unfamiliar with the responder system in each room. As a result, they were educated about the responder buttons and how and when to use them in an emergency. The team collaborated with the engineering and patient safety departments to install an AED directly outside the clinic.

In January, the facility was ready to activate a newly constructed medical surgical unit. The plan was to move the patients from the existing unit to the new unit while providing a safe and smooth transfer process. The simulation team was again consulted to provide two days of patient care simulations to verify that the clinic area was ready for patient care. An interprofessional team was formed and consisted of patient safety, quality resource management, bedside nurses, simulation educators and clinical education. The team prepared several rooms throughout the new unit with mannequins, cardiac simulators and patient care equipment to provide the highest fidelity experience during testing. They also enlisted the help of a Veteran volunteer, who posed as a standardized patient.

After the two-day, eight-hour simulation, the team compiled a list of questions, noted patient care gaps, workflow inquiries and suggestions. This list was submitted to a larger medical surgical construction committee, and the patient care and safety issues were addressed.

The SFVAHCS simulation workgroup plans to continue collaboration with members of the facility to provide patient care simulations prior to the activation of new clinical areas. This interprofessional approach has proven to be a beneficial step in the activation process at the facility and will continue to be used to provide the best care to our Veterans. ❖

The SFVAHCS Code Blue team assists a "female Veteran" patient in the women's health clinic during a mock code blue event. (Left to right) Dr. Nicholas Shah, hospitalist; Jesse Bowers, ICU RN; Lonny Bauer, RRT; Todd Jensen, CRNA; Rich Paez, medical/surgical RN; Jessica Doohen, CLC-2 RN. (VA photo by Anneka Mikel)

Dental staff use simulation to help educate Veterans about dental procedures

By Shelby Tessendorf, DDS
and Kami Willett, MSN, RN-BC
Simulation Coordinator/Clinical Educator
Nebraska Western Iowa Health Care System (NWIHCS)

LINCOLN, Neb. – Visual aids are helpful in many professions. In dentistry, they can be an invaluable asset. Imagine being told that you need an implant, a partial denture or a bridge. To most people, this terminology may be either completely foreign or vaguely familiar. Visual aids can allow a patient to better understand what is going to be needed during their course of treatment, which can relieve anxiety.

Recently, the Lincoln VA Dental Clinic received 20 simulation aids demonstrating many different dental pathologies and treatment modalities. The pathologies range from simple cavities to abscesses and joint issues, as well as significant gum problems. Examples of the treatment modalities demonstrated are fillings, root canals, implants, crowns and dentures. The simulators prompt effective communication between the dentist, hygienists, dental assistants and patients.

In the NWIHCS clinic, simulators are used daily to help explain procedures to patients. This occurred recently when a patient was becoming very frustrated because he did not understand why a periodontal surgery would be needed to fix the discomfort he was experiencing. The dentist brought in the simulator and was able to show him the pathology and explain what would be needed to fix the problem. With the help of these visual aids, his frustration turned into understanding. He was able to make an informed decision about his treatment.

Many times, knowledge is comfort. Staff have been able to use these visual aids to help Temporomandibular Disorder (TMD) patients understand their discomfort. TMD is an umbrella term covering pain and dysfunction of the muscles of mastication (the muscles that move the jaw) and the temporomandibular joints (the joints which connect the mandible to the skull). The pain that people experience in their jaw is real, and it is, at times, debilitating.

One model in particular, shows the relationship of the musculature and the jaw, as well as the placement of the disc within the joint. One staff member has suffered for years with headaches, especially in the morning. Upon discovering the location of the headaches, the model was used to show him how nocturnal bruxism, or teeth grinding and clenching, lead to the headaches he was experiencing. This allowed him to take ownership of his condition and be engaged in his treatment.

A person can become very comfortable in their profession and lose the perspective of how intimidating any form of medical treatment is for patients. Simulation visual aids can help medical professionals provide a clearer view of what is happening. It is important for providers to continually be empathetic toward patients and the treatment they are receiving. Using visual aids helps the patients and providers alike. ❖

Dr. Shelby Tessendorf uses a simulation visual aid to explain to a Veteran patient the treatment he will undergo. (VA photo by Bruce Thiel)

Disaster drill simulation essential preparation for possible incidents

By Deanna Blisard, MD
Advanced Fellow in Clinical Simulation
Critical Care Staff Physician and Medical Director, Step-Down Unit
VA Pittsburgh Healthcare System

PITTSBURGH – The terror attacks against the U.S. in 2001, the Severe Acute Respiratory Syndrome (SARS) epidemic of 2003 and the Boston Marathon bombing in 2013 emphasized the need for and importance of preparedness during both natural and man-made mass casualty incidents (MCIs) that may cause a sudden demand on hospital services.

The VA Pittsburgh Healthcare System recently held such an MCI exercise to test the readiness of the facility.

The concept of a system-wide drill was brought to education staff by the head of the decontamination team, who wanted to test his team's readiness for a potential mass casualty situation. The premise of the scenario was sarin gas exposure from an explosion at a local sporting event, with the VA receiving seven of the victims. Key stakeholders identified for this scenario included administration, pharmacy, housekeeping, emergency room personnel, respiratory staff, the decontamination team (a strictly volunteer team), VA police, patient safety department, public affairs, education, transportation and logistics.

Development of the drill took over two months during which the planners identified stakeholders, developed learning objectives and scenarios, discussed the flow of patients from the decontamination tent to the emergency department (ED), and explored complex logistics from mobilizing the decontamination team to setting up the tent. Simulation fellows Deanna Blisard, MD, and Christina Lauderman, RN, worked with key stakeholders throughout the process to organize the event and develop patient profiles, checklists and drill timelines. They addressed any obstacles which could have affected the simulation during the planning, ranging from a faulty generator for the water pump to issues with emergency supplies.

Disaster preparedness is required by Federal and state governments, local and regional public health infrastructure, law enforcement agencies, emergency response services and health care systems. Within health care systems,

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hospitals will be called upon in the event of incidents to provide care to large numbers of ill, injured, exposed and concerned individuals, so planning for disaster response is essential. In addition, hospitals are required to perform drills as a component of their emergency management plan according to regulations set by the Joint Commission. The Joint Commission and Centers for Medicare and Medicaid Services require two major drills per year to test a facility's readiness and infrastructure in the event of an emergency.

It's difficult to put together a drill with measurable results, and education and simulation personnel need to be involved from the beginning to help shape and guide the scenario. The buy-in of key stakeholders is of paramount importance in creating and delivering a realistic scenario that truly tests procedures. Through coordination with the University of Pittsburgh, standardized patients (SPs) were recruited to portray the victims of the sarin gas attack. The advanced clinical simulation fellows collaborated in the creation of detailed physical and verbal responses for the SPs to display throughout the drill and provided extensive training. During the drill, the SPs displayed signs of sarin gas exposure including running noses, coughing, shortness of breath, twitching and seizures, as well as generalized panic and anxiety.

The drill began with a call into the ED notifying them of incoming casualties, leading to activation of the decontamination team and the setup of the tent. As patients arrived, they were triaged according to the severity of their injuries: red for severe, yellow is delayed and green is minor, while black means the victime is deceased. The patients' clothing was then removed for the decontamination process, which included SPs actually getting hosed down. Once decontaminated, the patients were taken into the ED where physicians and nurses re-triaged. The ED staff then tended to the patients, treating them with the antidote while taking care of other injuries such as a simulated broken leg, a panic attack, or full-blown seizures. A patient that developed seizures with respiratory failure was substituted with a simulation mannequin after the patient came through the tent. Several paramedic students were recruited on the day of the drill to play distractors. Their colleague (a mannequin) was triaged code black and placed to the side. The students then tried several times to gain admittance to the ED in order to test the police response. The scenario ended when the last patient was properly treated.

A debriefing session was held immediately after the simulation drill with all participants encouraged to attend. The responses were largely favorable, with participant recommendations for process improvement including the need for more form fitting gloves and providing cross-training on the use of decontamination equipment.

As the decontamination team learned, disaster drills are resource intensive and complex exercises that demand substantial preparation and involve many more stakeholders than initially thought. The use of simulation and SPs added an invaluable aspect to the drill, with a degree of realism that wasn't present in previous drills. All participants said they are looking forward to expanding the disaster drills to include more staff and community stakeholders. ❖

Members of the decontamination team (left to right) Floyd Sanders, medical support assistant; Marcos Lopez, pharmacist; and Mitchell Belanger, MD, treat standardized patient Pareg Gohel during the exercise. (VA photo by William George)

JoAnn Joseph, RN, (left) helps treat University of Pittsburgh standardized patient Caleb Pogyor with the assistance of VA police officer James Lostetter. (VA photo by William George)

Gaming developing something 'DAARC'

ORLANDO, Fla. – Leslie Dubow, VHA EES associate director for educational gaming, and her team are developing a web-based game for anesthesiologists and emergency physicians called Difficult Airway Algorithm and Rescue Cricothyrotomy or DAARC.

This virtual game will allow medical professionals to safely practice decision-making and step-by-step procedures necessary in the event of a difficult airway scenario in an operating or emergency room. This virtual game will incorporate a formative and summative blended-learning approach. Progressive learning opportunities will be provided to the learner via procedural videos, a formative game and live practice with a mannequin simulator. The training culminates with an engaging summative game to ensure transfer of training.

As development continues, more information about this game will follow. ❖

Variety of training courses available through SimLEARN course catalog

*Below is a sample of several courses now available through the VHA SimLEARN National Simulation Center. VHA employees may view the entire course catalog, get registration details and other information by going to the SimLEARN Portal **here.***

Out of Operating Room Airway Management (OOORAM) Instructor Training
This two-day, face-to-face course combines didactic and hands-on simulation activities so participants can develop the skills necessary to design, develop, implement and debrief simulation-based OOORAM training in their work centers.

Women's Healthcare
This is a series of courses on the Talent Management System (TMS) to provide training to clinical providers in women-unique diagnoses and procedures. There are emergency medicine courses to practice diagnosis and management skills for women presenting in urgent care clinics and emergency departments. In addition, there are courses in triage, managing sexual assault and how to properly perform breast and pelvic examinations.

Simulation, Technology, Operations, Maintenance and Practices (STOMP) Training
The purpose of this face-to-face simulation-supported training is to address the appropriate competencies of Healthcare Simulation Personnel in the identified knowledge gap to operate simulation equipment provided through association with SimLEARN. This intensive, three-day course is designed to give participants the knowledge and hands-on skills to operate, diagnose and repair deficiencies, as well as maintain the technologically advanced health care simulation equipment required to conduct immersive, plausible, and immensely valuable medical simulations training. Participants will also participate in a Level 3 evaluation at three month and six month intervals to share efficacy information regarding this educational initiative.

Tele-ICU
The purpose of this training is to address the gap of qualified instructors within Veteran Integrated Service Networks needed to train clinical staff members at new and existing Tele-ICU facilities. This video teleconferencing course is taught by VHA SimLEARN National Simulation Center staff to train clinical simulation instructors who will be training health care providers on how to use Tele-ICU technology to improve care for Veterans in rural areas. The course includes facilitation techniques for presenting the Tele-ICU Provider Training curriculum, and assessing providers who attend the Tele-ICU Provider Training course. ❖

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*VHA employees may view the entire course catalog, get registration details and other information by going to the SimLEARN Portal **here.***

VHA facilities with simulation certifications

ORLANDO, Fla. – SimLEARN staff award new simulation certifications to qualified facilities twice each year; in June and December. Facility certifications last for two years and are renewable. They are a distinctive accomplishment.

There are three tiers of certification: basic, intermediate and advanced. Below is the full list of certified facilites with new facilities in red.

Advanced Certification
- Durham VAMC - North Carolina
- Minneapolis VA Health Care System (VAHCS), Minnesota
- Pittsburgh VAMC, Pennsylvania
- San Francisco VAHCS, California
- Southern Arizona VAHCS, Tucson, Arizona

Intermediate Certification
- Cincinnati VAMC, Ohio
- VA Eastern Kansas HCS, Topeka, Kansas
- James A. Haley Veterans Hospital, Tampa, Florida
- Michael E. DeBakey VAMC, Houston, Texas
- VA Nebraska-Western Iowa HCS, Omaha, Nebraska
- Sacramento VAMC, California
- Salem VAMC, Virginia

Basic Certification
- Boise VAMC, Idaho
- VA Central California HCS, Fresno, California
- Chillicothe VAMC, Chillicothe, Ohio
- VA Connecticut HCS, Newington, Connecticut
- Fargo VA Health Care System, North Dakota
- Grand Junction VAMC, Colorado
- Iowa City VAMC, Iowa
- Jesse Brown VAMC, Chicago, Illinois
- Memphis VAMC, Tennessee
- National Center for Patient Safety, Ann Arbor, Michigan
- VA Northern Indiana HCS, Fort Wayne, Indiana
- VA North Texas HCS, Dallas, Texas
- Providence VAMC, Rhode Island
- VA Puget Sound HCS, Tacoma, Washington
- VA Roseburg HCS, Oregon
- VA Caribbean HCS, San Juan, Puerto Rico
- Sheridan VAHCS, Wyoming
- Sioux Falls VAHCS, South Dakota
- St. Cloud VAHCS, Minnesota

A facility may request certification after one year of existence while meeting the basic level criteria. A non-binding email of intent and certification application is required. Please contact the team by sending an email to **EES Facility Simulation Certification.** ❖