Development of Transport Medicine Training in Hospital Authority

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HA Convention 2016 4th May 2016

Background

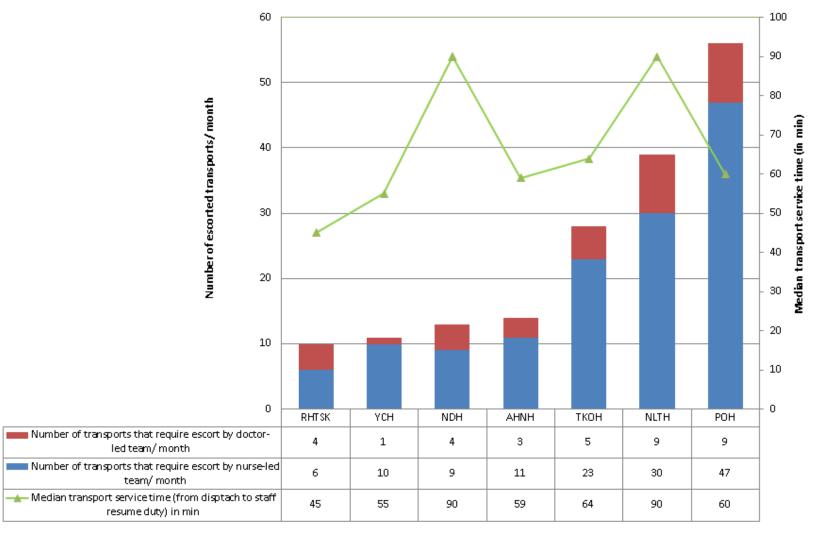
- Inter-hospital transfer of critically ill patients is a frequent & essential daily practice among hospitals in Hong Kong
- Patients in medium size hospitals need to be transferred to tertiary hospitals for specialist management e.g. for neurological treatment, management in Burn Unit, extracorporeal membrane oxygenation (ECMO) in dedicated Intensive Care Units

Transfer

- The transfer is done by Fire Services Department(Ambulance Command)
- Escorted by nurse for ill patients
- Escorted by doctor & nurse for critically ill patients
- The median of Inter-facilities Transport (IFT) time ranged from 45 to 90 minutes

Statistics

Number of escorted transport and the median transport service time by Hospital



Simulated Transportation and Retreival of III Patient training course

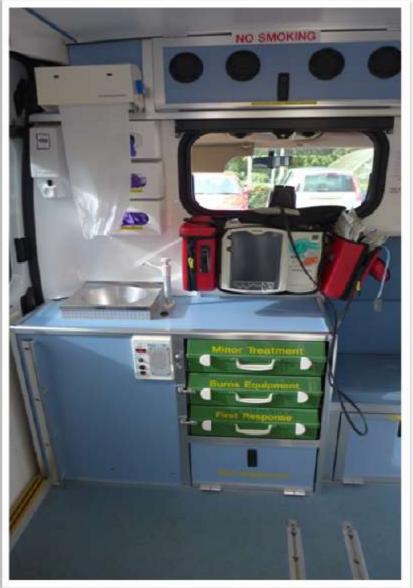
Sim-TRIP

START









Accident & Emergency Training Centre Hospital Authority

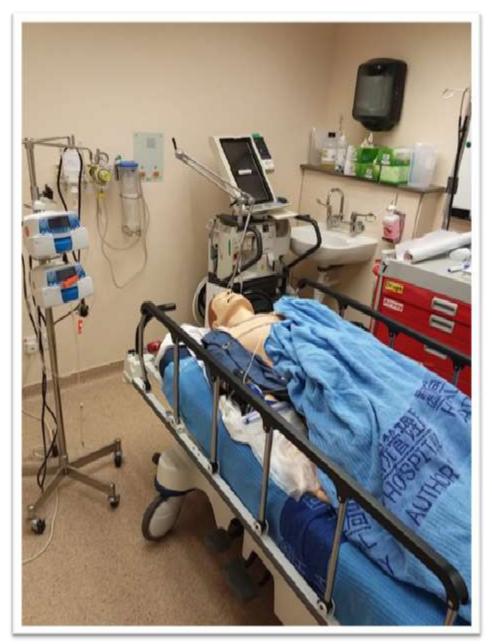






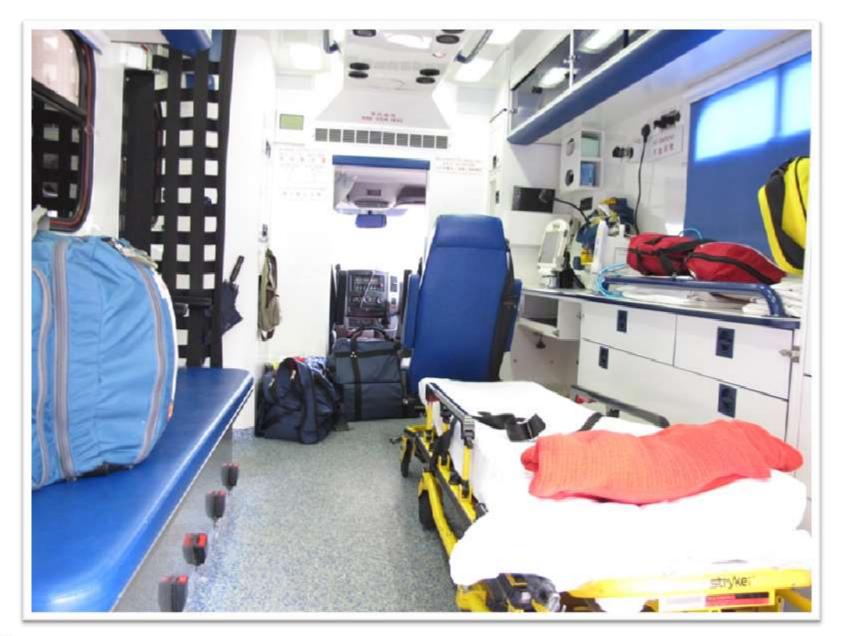
3/F Tang Shiu Kin Hospital Community Ambulatory Care Centre, 282 Queen's Road East, Wan Chai, Hong Kong

http://www.ha.org.hk/aetc/















Sim-TRIP

- Introduced in March, 2015
- One-day course
- Unique simulated environments of Ambulance,
 Computed Tomography Room & Ward settings
- 15-18 candidates in each course

Objective

- Both intra- and inter-hospital transfer of patients
- To use the principle of READY GO approach
 - > Preparation of patients
 - > Skills of ABCDE for assessment & monitoring
 - > En-route care and management of contingency
- Principle of ISBAR for precise & concise communication

Rundown

Lecture (15%)

- "READY GO"
- Ventilator and monitoring
- ISBAR

Skill Stations (25%)

- Ambulance equipment
- Ventilator setting and trouble shooting
- Patient packaging
- ISBAR communication

Simulated Scenario (60%)

- Preparation of patient
- En-route care
- CT room care



READY GO..... Approach



'READY GO' approach

Recognize the situation

Estimate the risks and needs

Assessment of ABCDE



Destination liaison and documentation

Yourself and your team

Get packaging and loading

Ongoing monitor (en-route and end)

Recognize the Situation Estimate the Risks and Needs

Assessment of ABCDE Airway (Look, Listen, ETT Anchoring) Breathing (RR, Quality, SpO2, ETCO2, Ventilator)

SimTRIP Circulation (BP/P, Skin, ECG, Drips, Lines and drains) Disability (AVPU / GCS, Pupil size, Glucose, Sedation) Equipment (Escort Kit + Drugs, Patient monitor, Oxygen)

Destination Liaison and Documentation

Yourself and Your Team

WRAP Patient (Warm, Record, Accessories, Properties) Get Packaging and Loading

Replace IV, Empty drainage bag

Secure ET Tube, Lines, Drains and Equipments

Ongoing monitor (En-route and End) Continue vs abort (nearest facilities vs initial ward)

Change to manual BVM / DOPE (at the back page)

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iSBAR

DOPE

identify (you & where) Displacement

Situation

READY

GO

Reason for call

Background

Concise patient history

Assessment

Whats the problem? Vital signs / Lab / ECG

Recommendation

Whats the patient need ? What should we do?

Obstruction

Pneumothorax

Equipment failure

when in doubt change to BVM!

Ambulance: 27353355 Ward:

Hosp:

Hosp resus:

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中 心 TRAINING CENTRE http://www.ha.org.hk/aetc

Skill station: transport equipments







Oxylog3000

VentiPac







Skill Station: LUCAS II





Skill Station: stretcher manipulation



Simulated Scenario: Desaturation

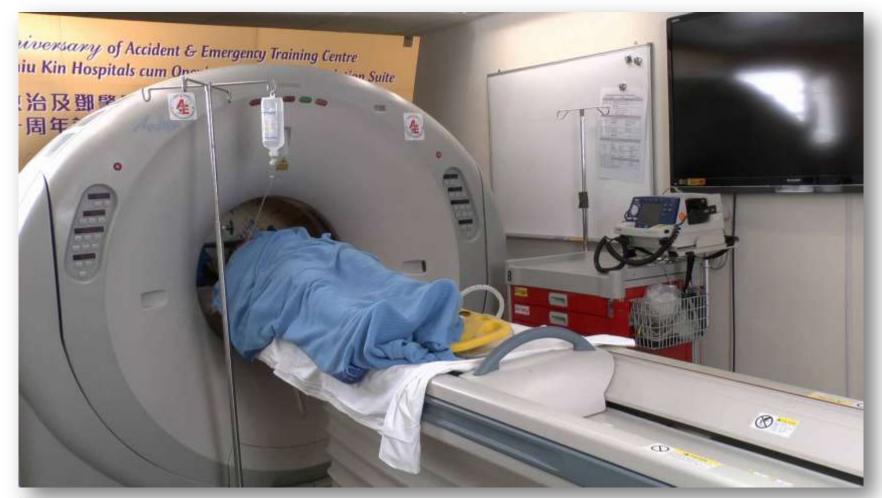


Simulated Scenario: Transfer of AMI patient





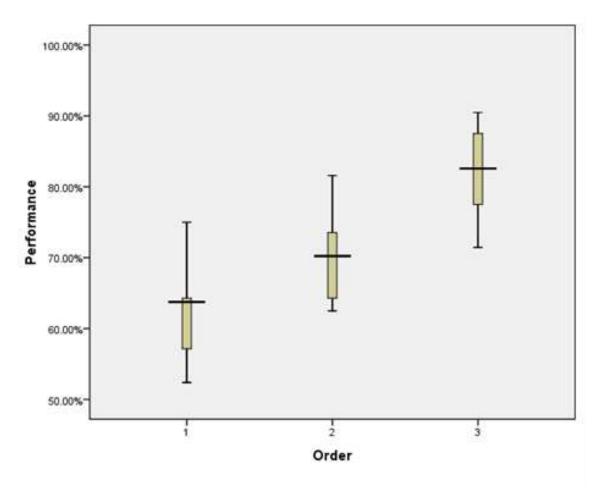
Simulated Scenario: Vomiting in CT Room



Debriefing after scenario



Psychomotor skill psychometric analysis: 6 classes



Sim-TRIP

- 214 participant (20 doctors, 194 nurses) till Dec 2015
- 144 A&E colleagues are trained in 2015
- Obtained the funding from COC Accident & Emergency (A&E) in the years 2015-16 and be the essential course for newly recruited A&E staff

END