

Organising a major haemorrhage drill with an external hospital – a TP's experience.

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Contents

Background to learning via drills

Stages of process

- Preparation
- On the day
- Learning
- Dissemination / debrief

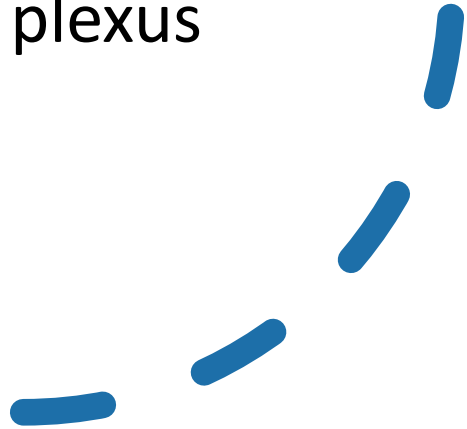
Learning experiences need to be as close to real life as possible so that students see their relevance, become curious, and take charge of their own learning (Boud and Miller, 1997)



Improving
safety and
quality
through multi-
professional
training (The
King's Fund,
2017)

Practical Obstetric Multi-Professional Training (PROMPT)

Impact (at founding hospital (Southmead Bristol))

- Significant and sustained impact
 - Hypoxic Injuries to babies reduced by 50 per cent
 - Reduction in permanent brachial plexus injuries to babies.
 - Litigation claims down
- 

National recommendations for drills

British Society for Haematology Major Haemorrhage Guidelines (2022):

- Hospital Transfusion Teams should be engaged with local MCEs planning, scenario training, skills and drills. Where MHPs are not used frequently through 'live' events, they should be tested periodically, at least annually, with regular drills, especially in areas known to be at greatest risk due to location or clinical speciality. (2C)

Annual Serious Hazards of Transfusion (SHOT) Report (2023):

- Major haemorrhage protocols should be reviewed and practiced end-to-end with drills to ensure that they are workable, and that staff are familiar with them

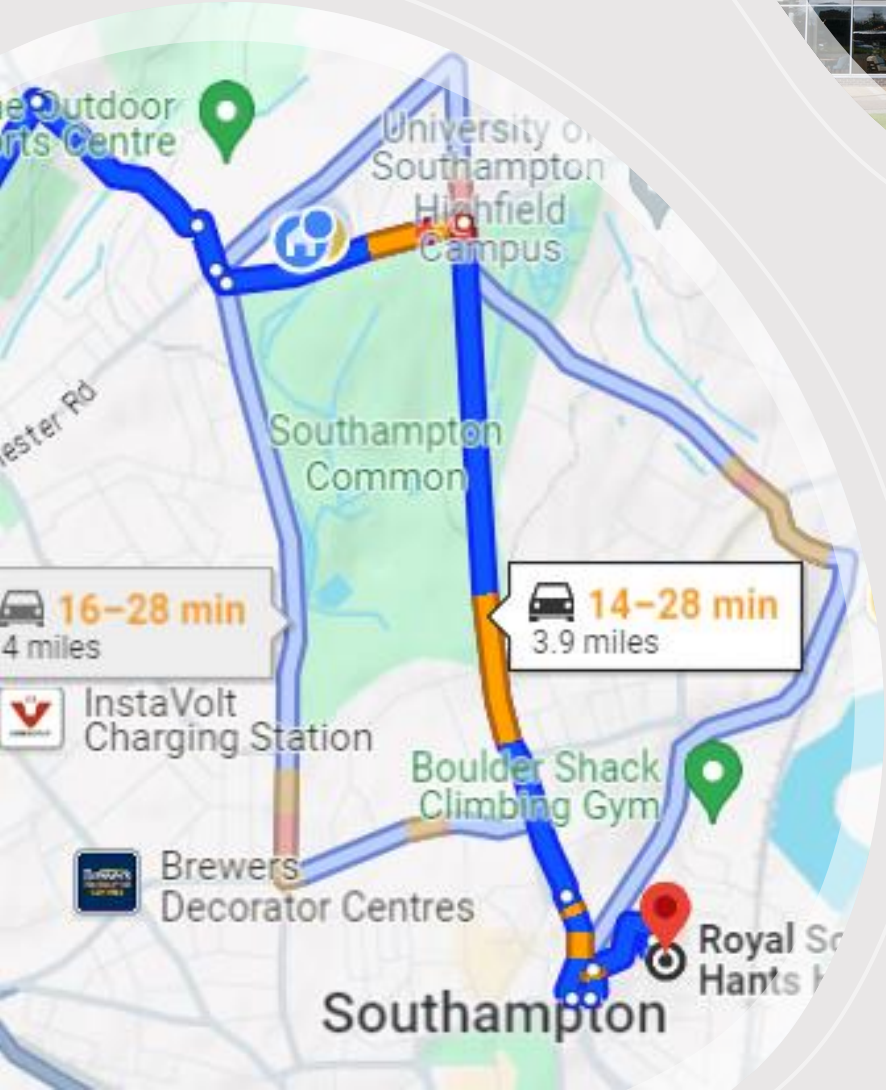
National Comparative Audit of Major Haemorrhage (2018):

- All hospitals should perform regular annual drills of their MHP systems to ensure that all mechanisms for contacting relevant members involved with delivering blood components to patients are co-ordinated well and that all clinical teams involved with MHP are trained to implement these protocols effectively

Internal training - an example

Extracorporeal Membrane Oxygenation (ECMO) Study Day – incorporating call to BT lab





External example

- Off-site hospital – routine surgery
- EMO on site
- SLA
- Education day

Use of Synthetic Data in Live Environments

Guidance

Published 10th February 2023
Version 1.0 Final



Information and technology
for better health and care

Prep

- Test patient – Permission needed if in live system
- Laminated & tagged photocopies of EMO
- Samples - Labelled with dummy patient details (use NHS number) and fill with blood of appropriate group for test patient.
- Run AGS (and ensure valid sample held for day of exercise)

On the day

- Brief staff as appropriate – teaching session first?
- Run scenario – designate scribe to record timeline of events:
 - Staff groups present, time call received, taxi called, components issued/packed, taxi left, components received
- Stand-down / end exercise
- Debrief (hot)



South West Regional Transfusion Committee

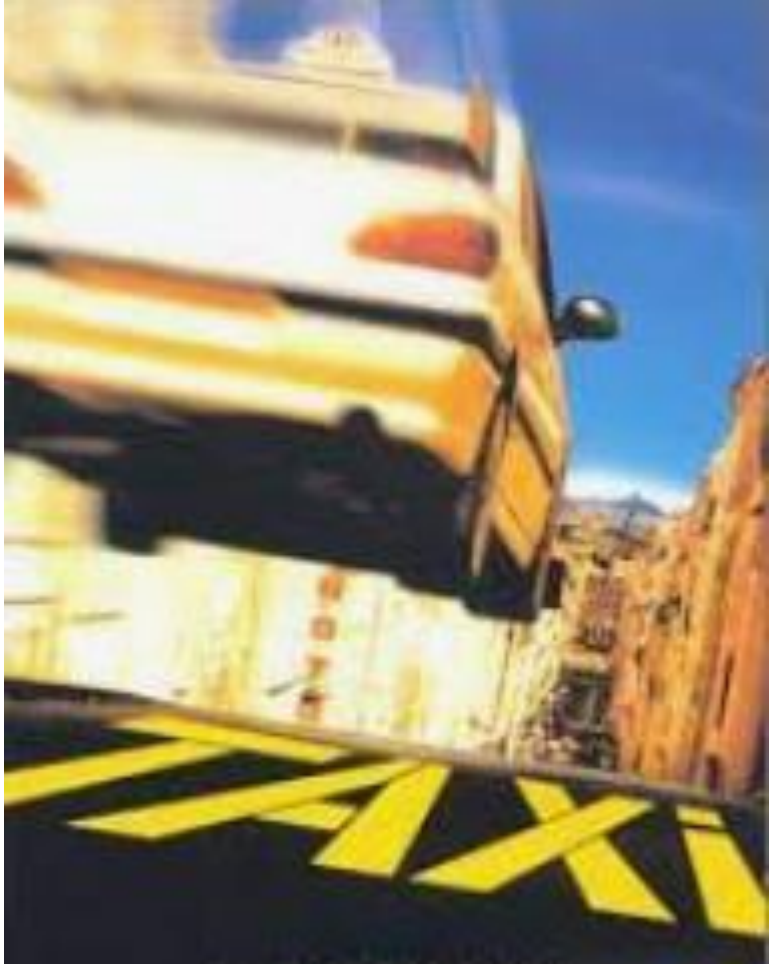
Major Haemorrhage Simulations – Toolkit for Transfusion Practitioners

This document is aimed to be utilised by Transfusion Practitioner's as a toolkit / guide in facilitating effective simulation-based education in their role. The document has been split into categories with information / guides / proformas listed below:

Learning Points - Communication

- Call came through **to standard line instead of major haemorrhage line** so answered by staff not specifically trained to deal with MTP activation.
- Confusion from clinical side over what to request – **pack one not automatically offered** as sometimes areas want different combinations. Phone call took longer to complete
- **Unclear whether the patient had already received emergency group O blood** meaning replacement for this not sent alongside pack 1





Learning Points - Transport

- Taxi driver came to wrong location
- Taxi company report that recording shows our instructions unclear
 - Always try to confirm what you are asking for and what has been agreed

Learning Points – real vs drill

- Took advantage of taxi driver to transport real products
 - Caused delay and confusion
 - Keep training exercises and real processes separate despite any potential additional transport costs.
- Real-life haemorrhage in ED



Learning Points – Dealing with the unexpected

- Emergency taxi slips with instructions not easily found.
 - Forms by phone need to be better arranged. Discussed at huddle for lab staff to arrange as appropriate for use in emergencies and during normal work.
 - Initial MH training does not routinely include MH at outside hospitals – to be considered by senior BMS training leads when updating training packages/competencies.

Dissemination / debrief



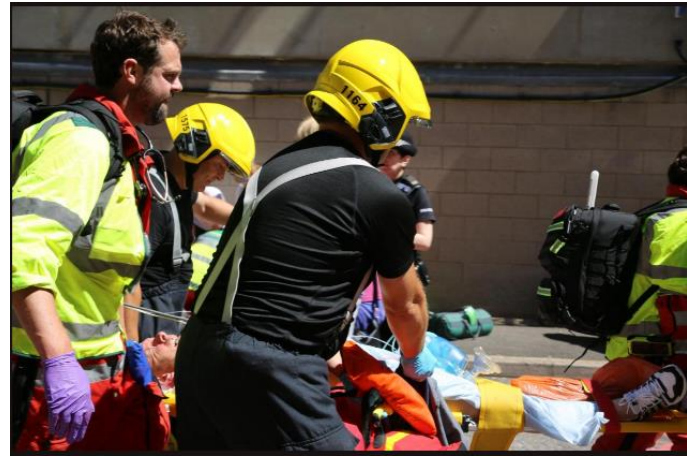
- Following the training session, the learning was disseminated to those not involved in the actual drill to share the learning.
 - Reports
 - Huddles

How real
can you go?

SOUTHERN Daily Echo

Southampton General Hospital becomes scene of terror as major incident exercise played out by emergency services

28th June 2018



How real do we normally go?



References / resources

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- Stanworth SJ, Dowling K, Curry N, Doughty H, Hunt BJ, Fraser L, et al., on behalf of The Transfusion Task Force of the British Society for Haematology. A guideline for the haematological management of major haemorrhage: A British Society for Haematology Guideline. *Br J Haematol.* 2022;198:654–667. <https://doi.org/10.1111/bjh.18275>
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Any Questions?

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