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| Site: RCH | Location: Emergency CT Trailer |
| Date: May 15, 2024 |
| Facilitator(s): Abby Holder, Ali Abdalvand, James Beaudoin | BCSMS #: *Sim Use Only* |
| Area of Process SIM: Transfer patient from Emergency Department (trauma bay) through the ISB to the temporary CT TrailerObjectives: Identify potential issues/concerns and strategize ways to adjust and make the event of patient transfer successful; examine path of travel from Emergency Department (Trauma Bay) to CT Trailer. |
| What healthcare disciplines and/or public partners are required? | [x]  Nursing | [x]  Physicians | [ ]  Unit Clerk | [x]  RT |
| [ ]  Nursing Students | [ ]  Medical Imaging | [ ]  Lab | [ ]  Medical Students |
| [ ]  Residents | [ ]  OT/PT | [ ]  Volunteers | [ ]  Registration  |
| [ ]  Project Management team | [ ]  Ergonomics team | [ ]  CNE / PCC | [ ]  Corrections |
| Other participants: Care Aids to help with transfer |

Post Process Simulation Log

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| Impact/Risk | Priority Ranking | Description |
| Impact | High Impact | Frequent Event |
| Medium Impact | Intermittant Frequency |
| Low Impact | Rare Event |
| Risk | High Risk | If fails, risk for significant patient harm |
| Medium Risk | If fails, possibility of minor patient harm/delays in care that islikely to be detected |
| Low Risk | If fails, unlikely to result in harm/delays and likely to be caught |
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| System Issue Analysis Log: Environment, Supplies, Time, Patient Safety, Staff |
| Identified Issue/Areas for Discussion | Discovery items & Description | Suggested or Required Actions | Role assigned to action item | Priority Ranking (impact & risk) |
| Transfer Time | * **Estimated total transfer time** (Emerg/CT Trailer/Emerg)**: 15 mins**
* From Emerg to CT Trailer: approximately 5 mins (round to 7 mins)
* From ISB main doors to CT trailer (uphill): 2 mins and 30 secs
* Getting into CT Trailer doors and lower rails: 40 secs
* From CT Trailer back to Emerg : approximately 5 mins (round to 7 mins)
* **Note**: acknowledge time was not taken into account for transferring patient from stretcher to CT bed and actual CT scanning time
 | * Use of **Red Trauma Stretcher** with rails down to facilitate efficient flow of transfer
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| Patient Safety: Weight | * No slings/scales present in CT Trailer
* No weight for hot stroke patients
 | * **Take weight of patient** prior to CT Trailer arrival
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| Patient Safety:Stabilization in constricted space | * Patient’s head needs to align with CT Scanner’s bed and requires sufficient leg room
 | * **Stabilize lower extremities** (i.e. splints) prior to patient arrival in CT Trailer to ensure adequate leg spacing when transferring patient to CT Bed from stretcher

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| Restrictions | * Tight space allowed for patient with ventilator, pleur-evac, and lifepak on stretcher – IV pump was also present
 | * **Avoid use of big equipment in transfer** (ie. rapid infuser/fluid warmer) Belmont/Ranger
* Consider pressure bagging patient if required
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| Physician Support | * Importance of physician presence
 | * Consider physician staying with patient for the duration of transport
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| Swipe/ID card access to linen doors  | * Access to linen doors – CT Trailer staff does not know at the moment if access is always present to emerg staff -
* Medical imaging can help open linen doors when exiting CT Trailer
* During the sim process itself, doors happened to be open
 | * Connecting with appropriate staff to ensure care aids and staff responsible for transfer have adequate access (**after hours access** in particular & usual business hours)
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| Portable Suction | * Importance of suction presence
 | * Consider bringing an additional portable suction
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| O2 tanks  | * 3 Oxygen tanks available in CT Trailer at present time
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| Crash Cart | * 1 Crash Cart present in CT Trailer and is checked/maintained regularly by CT Trailer staff
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| Power Bar | * Extra power bar available with no extension cord in CT Trailer
* Power outlets present by entrance door but in use currently
* Next available power outlets are behind CT machine
 | * Consider placing a power bar with extension cord in CT Trailer to act as an extra technological resource
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| Signage/Wayfinding  | * Concerns regarding navigation to CT Trailer in ISB Corridor
 | * Consider adding more signage in ISB Corridor
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| Use of Stretcher Transport Equipment | * Equipment is in maintenance and not working
* Porters do not transfer trauma patients
 | * Use of this specific transport equipment requires training that Care Aids do not currently have
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