

Communication, human factors and planning



Background-Human factors (aka crisis / crew resource management)

- Analysis of airplane crashes showed human error was involved in 75%
- Popularised in healthcare following publication of 'To err is human'
- Massive take up in anaesthesia / critical care following the tragic death of Elaine Bromiley



Background- Why?

- Elaine Bromiley case 2005
- https://www.youtube.com/watch?v=VndU2zap_Rg
- Just a routine operation

Essentially:

- Humans are fallible-i.e human factors
- Use processes that ensure the inevitable mistakes do not cause harm



Human factors

- “We are all wrong no matter how good we are and we need people around us to tell us”





Call for help early



Anticipation / planning

- Planning is a mental process requiring effort
- Always consider the worst case scenario
- Always plan with alternatives and factor in a sufficient buffer of time, resources and staff.
- Mental rehearsal:- delayed in traffic, O₂ runs out, batteries die...



Know the environment

- Know how things work and where things are; or know who can do this – and where they are
- Be aware of strengths and vulnerabilities of the environment
- Maintain situational awareness



Situational awareness



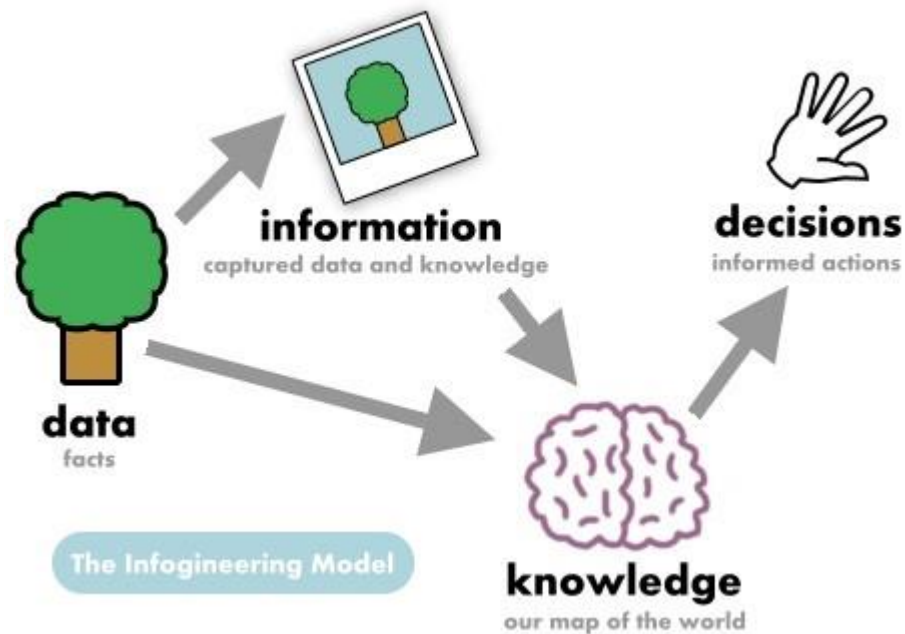
Allocate attention wisely

- Eliminate or reduce distractions
- Avoid getting fixated
- Recruit others to help with monitoring
- Re-evaluate repeatedly




Use all available information

- Monitor multiple streams of data and information
- Check and cross check information



Use check lists



North West London Critical Care Network
Adult Critical Care Record of Transfer 15001

Please fill in counterfoil

1 Who?

NHS/Hospital/A&E number: _____ Name: _____
 Name: _____ NHS site: _____
 Date of birth: ____/____/____ Age: _____ Phone: _____
 Home Mobile

2 Where?

Referring		Receiving	
Hospital	Hospital		
From <input type="checkbox"/> Ward <input type="checkbox"/> Theatre	To <input type="checkbox"/> Day <input type="checkbox"/> Theatre		
<input type="checkbox"/> ICU <input type="checkbox"/> HDU <input type="checkbox"/> A&E	<input type="checkbox"/> ICU <input type="checkbox"/> HDU <input type="checkbox"/> A&E		
Specialist	Specialist		
Staff accepting transfer	Staff accepting transfer		
Name: _____ Suffix: _____	Name: _____ Suffix: _____		
Speciality: _____	Speciality: _____		
Phone: _____	Phone: _____		

3 When?

Incidents: / / :	Outbound:	Return:
Arrival in hospital: / / :	Ambulance contacted: - / -	- / -
Intubation: / / :	Ambulance departure: - / -	- / -
Decision to transfer: / / :	Ambulance ETA: - / -	- / -
Recipient contacted: / / :	Ambulance arrival: - / -	- / -
Transfer agreed: / / :	Depart referring: - / -	- / -
*There is no need to enter an exact time for any event which occurred within 15 minutes of transfer.		

4 Why?

Type and Reason for transfer	Working Diagnosis
<input type="checkbox"/> One way <input type="checkbox"/> Return <input type="checkbox"/> Emergency <input type="checkbox"/> Delay Urgent +2h <input type="checkbox"/> Urgent +24h <input type="checkbox"/> Elective/Scheduled <input type="checkbox"/> Repatriation <input type="checkbox"/> Non clinical <input type="checkbox"/> No bed <input type="checkbox"/> ICU <input type="checkbox"/> HDU <input type="checkbox"/> No staff <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No Equip <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Tertiary referral <input type="checkbox"/> Imaging Medical <input type="checkbox"/> ICT <input type="checkbox"/> Thermal <input type="checkbox"/> MRS <input type="checkbox"/> Cardiology <input type="checkbox"/> Drgy <input type="checkbox"/> Di or Liver <input type="checkbox"/> Surgery <input type="checkbox"/> Neuro <input type="checkbox"/> Cardiothor <input type="checkbox"/> Burns <input type="checkbox"/> Muscular <input type="checkbox"/> Dental <input type="checkbox"/> Other

5 Background

A Allergies None known

M Medications (include ventilators) _____
 Insulin booked

P Past Medical History
 CAD Asthma Stroke BP Diabetes
 Myxia Cancer Demencia MI Pinar
 Other: _____

I Last oral intake: _____

E Events None

6 Status and Support

A Airway Pacemask Nasal mask Endotracheal
 ETT

I Indications for Intubation
 Cardiorespiratory Deep arrest GCS5
 Ventilatory failure Hypoxia Burns
 Surgery Tube in situ For transfer
 Other: _____

P Parameters: RR: ____ SpO2: ____ HR: ____ MAP: ____

I Intubation V D O C
 Mask ventilation Easy Difficult Impossible
 Complications O2SP Edp/O2 PPH

G Grade 0 1 2

B Breathing O2 DPAP NO Ventilator
 Ombu Mixers NPV

C CVS Hypotensive ASP Packing wire SICAD CAD
 PAD

D Disability (Pain/Intubation) Dig
 Pupils (mm) GCS4-5
 R: _____ L: _____ Verbal: 5
 Pupils: R: _____ L: _____ Verbal: 5
 Best Motor: R: _____ L: _____ Eye: 4

I Infection MRSA MRSA CRE DF
 MRSA

C Cultures Blood Sputum Urine SF

P Positive Micro _____

7 Escort Staff (Risk Assessment)

Name: _____

Speciality: _____

Lead Support Guide Nurse ECCO SNA
 Health Trainer No health training No record None

Specialist CP: _____

Speciality: _____

Name: _____

Health Trainer No health training No record None

8 Observations

Time	Drugs	Time	Total
TTC			
HR			
BP			
SpO2			
Temp			
HR			
BP			
SpO2			
Temp			
HR			
BP			
SpO2			
Temp			
HR			
BP			
SpO2			
Temp			
HR			
BP			
SpO2			
Temp			

Monitoring
 ECG
 NIBP
 BP
 CVP
 PA
 Edp/O2

Papil Diam (mm)
 8 ●
 7 ●
 6 ●
 5 ●
 4 ●
 3 ●
 2 ●
 1 ●

9 Summary of transfer

Comments of escorting doctor:

Critical Incident
 No Yes
 Minor & brief
 Compromising
 Life threatening
 Fatal
 Neurological
 Imaging related
 Equipment problem
 Organisational
 Trauma/Injury
 Other specific problem
 Critical Incident form completed

Signed: _____ Date: ____/____/____

Comments of receiving doctor:
 Patient condition consistent with expectations
 No apparent deterioration during transfer

Signed: _____ Date: ____/____/____
 Name (Please print): _____ Time: ____:____

This is the legal documentation of the transfer Please complete all sections as fully as possible

Top copy White Receiving Hospital Notes Middle copy Pink To Network Bottom copy Blue Referring Hospital Notes

STrApp



Before leaving

Pre-departure checklist

How much oxygen to take

Ambulance call

Hospital contacts

Transfer bag checklist



Aide Mem.

Videos

Links



Communication

Effective Communication Includes:

- Good listening
- Awareness of nonverbal communication
- Recognizing communication barriers
- The art of clear request
- Exploring your own unresolved issues
- Deciding when and why to have a
difficult conversation

www.flowingWithChange.com



Communication

Remember...

- Things said are not things heard and things heard are not things understood
- Use checks to ensure understanding – ask to repeat to check understanding and acknowledge whether this is correct
- ‘Actively’ listen



Communication

- Be clear with request
- Direct attention
- Maintain eye contact

“Can I have a blood gas please?”

“John, can you take an arterial blood gas, and bring me the result please”.



Communication -Team value



Designate leadership

- Establish clear leadership
- Inform team members who is in charge
- 'Followers' should be active in asking who is leading



Booking your Ambulance

- You need to be clear when communicating with your own Ambulance company
- Understand exactly what terms they should be using and what arrangements they have
- LAS guidance is on our website for your attention
www.nenclnetwork.co.uk



**Assume Nothing.
Believe Nobody.
Check
Everything.**

John Cockram British Crime Manager



The end

Thanks for listening

Any questions

