

CHECKLIST FOR ONTARIO HOSPITALS TO GUIDE MASSIVE HEMORRHAGE PROTOCOL IMPLEMENTATION

Element	Date Completed	Name & Signature
Review Ontario MHP toolkit and checklist		
Identify gaps between current hospital MHP (if exists) and Ontario MHP toolkit and checklist		
Meet with MHP hospital steering committee (or hospital transfusion committee) to discuss gaps and eliminate gaps or development of a new draft hospital MHP		
Draft of revised/new hospital MHP protocol reviewed by the Transfusion Committee for compliance within the hospital's capabilities		
Circulate draft MHP protocol to hospital stakeholders for consultation		
MHP approved by Transfusion Committee (or equivalent) as conforming with provincial MHP within the hospital's capabilities		
MHP approved by Medical Advisory Committee (and/or other committees as required by hospital policy)		
Identify items required for implementation of the MHP (e.g., coolers, phones)		
Identify any validations required for implementation (e.g., coolers, platelet bags, electronic order sets)		
Set up "Code Transfusion" with hospital administration, communications/switchboard (this may include editing of lanyard cards and other lists of Codes)		
Communicate existence and content of MHP with local land and air Emergency Medical Services (EMS) provider and dispatch centres, clarify their role		



Element	Date Completed	Name & Signature
Prepare training materials for <ul style="list-style-type: none"> <input type="checkbox"/> hospital administration <input type="checkbox"/> medical staff <input type="checkbox"/> nursing staff <input type="checkbox"/> laboratory staff (core lab, chemistry, hematology, transfusion medicine) <input type="checkbox"/> respiratory therapists (RTs) <input type="checkbox"/> porters or other transport personnel <input type="checkbox"/> switchboard/communications (These may include handouts, slide decks, talking points for in-person training/rounds, post-training quiz)		
Publication of MHP e.g. on hospital Intranet, in relevant Policy and Procedure Manuals		
Communicate existence of MHP and how to access training material with <ul style="list-style-type: none"> <input type="checkbox"/> hospital administration <input type="checkbox"/> medical staff <input type="checkbox"/> nursing staff <input type="checkbox"/> laboratory staff (core lab, chemistry, hematology, transfusion medicine) <input type="checkbox"/> respiratory therapists (RTs) <input type="checkbox"/> porters or other transport personnel <input type="checkbox"/> switchboard/communications (e.g. by email, newsletters, hospital Intranet, screen savers, nursing huddles, etc.)		



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Deliver training to <ul style="list-style-type: none"> <input type="checkbox"/> hospital administration <input type="checkbox"/> medical staff <input type="checkbox"/> nursing staff <input type="checkbox"/> laboratory staff (core lab, chemistry, hematology, transfusion medicine) <input type="checkbox"/> respiratory therapists (RTs) <input type="checkbox"/> porters or other transport personnel <input type="checkbox"/> switchboard/communications (e.g. review of slide decks, handouts, rounds, nursing huddles) (Confirm an effective sign-off system to ensure that relevant staff have reviewed/completed training material and/or completed post-training quiz)		
Plan simulation exercise(s), generic or service-specific e.g. obstetrics, emergency department, other		
Run simulation exercise, with de-brief		
Plan MHP steering committee meetings every 3 to 6 months to review successes, performance issues and quality metrics		

