7.0 MULTI-DISCIPLINARY STAFF TEAM

Josée Theriault (Chair), Suzanne Beno, Kevin Berger, Denise Evanovitch, Renée Fillier, T. Dorien Ruijs, Rardi Van Heest, Margaret Zurke

The Teams section will address the following recommendation statements: 2,4,8,13-15,17 and 38 with emphasis on statement #13 that states the protocol shall specify the team members required to respond when the protocol is activated.

7.1 Team Members and Roles

7.1.1 Team Leader (Lead Clinician)

The team leader may vary according to the institution's resources and population served.

Team leader oversees resuscitation efforts during the MHP. The team Leader is the person most experienced with MHP and may not be directly involved in the patient's care prior to MHP initiation. To improve team performance, team leader may delegate specific MHP tasks to another qualified individual.

Examples include Trauma Team Leader (TTL), ED Physician, Surgeon, Intensivist, Pediatrician, Nurse Practitioner, Fellow

7.1.2 Nurse Leader

A nurse with the most experience in managing critically ill patients, not necessarily a nurse assigned to that patient. Tasks include: communicates results of laboratory tests hourly, ensures a continuous supply of blood at the bedside, informs team leader what components/products have been transfused, instructs designated porter when to pick up components/products, ensures patients temperature is measured every 30 minutes and ensures appropriate charting is done.

Examples include Intensive Care Unit (ICU), Critical Care Response Team (CCRT), Operating Room (OR) or Emergency Department (ED) trained nurse who has received additional training on the local MHP.

7.1.3 Other Nurses

Dedicated to the MHP patient, with designated roles (such as charting - recording medications, interventions), according to the level of resources available. Tasks include: Checking of blood and blood products pre-transfusion, draws blood for testing, obtains IV access, sets up and operates level 1 infuser, administers medications and IV fluids, monitors patient including vitals, urinary output etc.

7.1.4 Porter

Designated person for the entire duration of the MHP. The designated porter should report to Laboratory Lead and Nurse Leader or Team Leader.

Tasks include: Transport of blood samples from the patient to the laboratory (or delivery service e.g., OPP). Transport of blood components/products from the laboratory to the patient or delivery service (e.g., OPP). Retrieve warm blankets/ equipment to keep patient warm. Return of all unused blood components/products to laboratory.

7.1.5 Respiratory Therapist

Where a Respiratory Therapist is available, they may help with Point of Care Testing (POCT) and/or arterial line insertion and blood draw. They may also assist with verifying patient information and blood component/product identification

as per hospital policy when the patient is being transfused and assist with managing airway, setting up and adjusting ventilator, setting up rapid infusers and administering blood and blood products.

7.1.6 Communication / Switchboard

Receives the call to activate Code Transfusion / MHP. Provides dedicated paging and/or phone calls to designated MHP Team members and/or overhead announcements to trigger an internal Code Transfusion response. Must have system in place to notify laboratories of MHP activation.

7.1.7 Transfusion Medicine Laboratory / Core Laboratory

Dedicated laboratory person(s) will be identified as leaders to ensure:

a. TML will conduct compatibility testing, prepare, pack into appropriate containers and issue blood products/ components.
    - The Transfusion Leader is dedicated to communicating with the Team or Nurse Leader. Any transfusion challenges will be promptly communicated (e.g., blood or component shortages or positive antibody screening test results). Dedicated communication tools such as specific extensions or cell/portable phones are useful in critical communication.

b. Core Laboratory prioritizes hematology and biochemistry testing for MHP patients, performs tests and communicates all results to the MHP team promptly.

7.1.8 Family Advisor/Chaplain/Spiritual Leader

Dedicated person to assist and provide information and support to the family during the on-going resuscitation.

7.1.9 Security

When the institution feels that a security team member is warranted. For example, difficult cases, pediatrics, distressed family members, assist with transport-elevators, doors, codes and ID scans.

7.1.10 Crisis Plan, Criticall and Transport Services

Where a patient would need urgent transport to a centre for definitive hemorrhage control, a designated person should be assigned for that specific role at the initiation of the protocol. This person should have medical knowledge in order to answer Criticall, Ornge, and/or receiving physician's questions. Establishing contact with Regional Virtual Critical Care services where available is recommended. In some institutions, senior administrators may be involved with calling in extra staff and granting physician privileges, in extenuating circumstances.

7.1.11 IT support (for development, implementation and troubleshooting)

Where IT support is available, they should be part of the team and participate in the creation and implementation of the electronic order sets/documents of the MHP. They should also participate in other electronic aspects and most importantly, streamline all electronic communication between departments to avoid unnecessary order entry and delays.

7.2 Handover between Leaders

When a change in Leader is necessary, there should be a formal handover between Leaders in order to ensure continued protocol adherence.

7.2.1

Patients being cared for in a non-definitive care hospital setting, particularly in small hospitals/rural communities, should initiate early transfer using an MHP-associated standardized handover tool to facilitate patient care and transfer to a definitive care setting. Refer to MHP Checklist / Handover Tools in Adult Appendix E and Pediatric Appendix E to ensure necessary steps taken.

7.3 Team Training

Participating team members should receive formal MHP training and periodic simulation exercises. This training is essential to improve protocol adherence, team communication, leadership, therefore enhancing care delivery and patient outcomes. Training, such as high-fidelity simulation for Crisis Resource Managements skills (e.g., Team communication, situational awareness, leadership, defining roles) and task training (e.g., arterial-line insertion and blood draws, temperature probe insertion, Level 1 infuser, fluid warmer, blood product verification, the protocol algorithm/ check lists) will help to develop a cohesive team leading to patient-centered care, and ultimately improving patient outcomes. Refer to Education section for additional resources on training and simulation exercises.

Pediatric

With a few exceptions, considerations for attending interdisciplinary team composition and team lead clinician designation are similar in a pediatric MHP setting compared with the adult population. In a non-definitive care hospital setting the attendance, where possible, of team members with pediatric experience (e.g., consulting pediatrician) and associated technical skill sets (e.g., intravenous/osseous access) who are comfortable with mg or ml/kg medication/blood product dosing is ideal. Early consultation with specialized services is recommended.