

# CALLS FOR MORE MULTI-DISCIPLINARY TRAINING

THE NEED FOR REGULAR TABLE-TOP EXERCISES, MULTI-DISCIPLINARY TRAINING PROGRAMMES, AND THE INTRODUCTION OF CORPORATE RESPONSIBILITY (TO MAKE IT MANDATORY FOR EVERY HOSPITAL TO TEST THEIR OWN EMERGENCY RESPONSE PLAN) WERE THE MAIN ISSUES HIGHLIGHTED BY SOME OF THE PARTICIPANTS FOLLOWING THE RECENT HMIMMS COURSE IN DUBLIN. REPORT BY GRACE HENEGHAN.

**T**he recent HMIMMS course in Dublin attracted a cross-section of clinical and non-clinical personnel ranging from advanced paramedics, ED consultants, nurses and business managers to anaesthetists, night superintendents and junior doctors.

This latest course, which took place at the Irish Management Institute in Dublin on 11-12 July, gave the 18 participants the knowledge to plan and train for major incidents. At the end of the two days, they were all given an MCQ test paper, followed by a discussion on applying MIMMS in a hospital setting. The event concluded with feedback and a debriefing.

'Emergency Services Ireland' spoke with some of the course candidates a few weeks later, to get their comments and feedback. They also revealed the major lessons they have learned from this type of multi-disciplinary training, and the main message for their colleagues or people in other hospital departments who may consider this course themselves.

As course director Brian Carlin says in the preceding article, the course was a great success and the feedback was very positive. The main concept here is that candidates can apply these principles to their own roles within their respective hospitals, which will ultimately improve systems and also positively influence patient care.

However, their over-riding concern is this distinct lack of multi-disciplinary training for both pre-hospital practitioners and clinical and non-clinical hospital staff in Ireland.



For example, the number one lesson for Damian McGovern, Business Manager of the Medical Directorate Division at Cork University Hospital, is the need for regular table-top exercises within the hospital, and to roll out parts of the major emergency plan relevant to those areas.

Declan O'Farrell, Advanced Paramedic with the HSE Ambulance Service in Kilkenny, says that with pre-hospital practitioners training in isolation there's a need for proper multi-disciplinary training 'per se' in Ireland.

From the perspective of an ED Consultant Dr Jean O'Sullivan points to the overriding importance of corporate responsibility and is now looking to set up an in-house training programme in Tallaght Hospital, like the HMIMMS course.

**TABLE-TOP EXERCISES**  
Damian McGovern first heard about HMIMMS course from some of his colleagues at Cork University Hospital who had participated in the same programme three to four years ago. The Business Manager of the Medical Directorate has since given his own feedback to the Major Emergency Planning Group at CUH.

Referring to the Manx Air crash in Cork three years ago, which claimed the lives of six people, McGovern said this was a huge learning curve. "We rolled out the entire major emergency plan to respond to that incident, and a lot of changes have been made since then; with the most recent revision in January so the plan is as current as possible."

He said the course was very relevant in terms of hospital emergency planning. "As Business Manager of CUH's Medical Directorate, one of my areas of responsibility is the Emergency Department – key at the outset

**PARTICIPANTS OF THE HMIMMS COURSE**  
Participants of the recent HMIMMS course at the IMI in Dublin (11-12 July):



Pictured (l-r): Damian McGovern, Business Manager, Medical Directorate, CUH; Marie Brosnan, Clinical Nurse Manager (CNM2), Limerick Hospital; Dr Zachary Tan, Beaumont Hospital, Dublin; Dr Catalin Iulian Efrim, Anaesthetics, Tullamore Hospital; Dr Maura Grummell, Beaumont Hospital; and Declan O'Farrell, HSE Advanced Paramedic, Kilkenny.



Pictured (l-r): Eamonn Forrest, Switchboard Supervisor, CUH; Cecilia O'Sullivan, ED Nurse, Limerick Hospital; Dr Sandra Brett, Obstetrics & Gynaecology Consultant, Dublin; Dr Jodie Doyle, SHO, Mater Misericordiae Hospital; Dr Mohd Afzal Imtiaz, ED Registrar, St Vincent's University Hospital, Dublin; and Mary O'Donnellan O'Brien, Directorate Manager, Diagnostics, Limerick Hospital.



Pictured (l-r): Paula Cussen-Murphy, Directorate Manager, Medicine, Limerick Hospital; Dr Anna Moore, Emergency Department Consultant, Tullamore Hospital; Liam Shire, Ass. Director of Nursing, Limerick Hospital; Dr. Tadhg Moriarty, Emergency Medicine, Limerick Hospital; Michelle Howard, Clinical Facilitator, CUH; Dr Jean O'Sullivan, ED Consultant, Tallaght Hospital (AMNCH).

of any major emergency. I did the course to gain an understanding on how to get the service back to normal operation in such a situation. It's not just the initial problems we encounter during a major emergency but also the days and weeks afterwards.

"I gained a very good insight into the medical side of the process, and it gave me a good context regarding preparedness and in understanding the role of medics and nurses. Basically to know how the entire hospital responds to emergency procedures and protocols.

"We carried out many triage examples of

particular cases, which must be done quickly and efficiently. So, we followed the simple steps in terms of putting patients into the correct locations. One major thing I learned was how to identify the competencies of people involved in a major emergency; they may not be the most senior medical, nursing or management staff in normal situations but during a crisis situation they may take on lead roles and this probably would take them really out of their comfort zone."

The main lesson Damian McGovern learned was the need for regular table-top exercises within the hospital and to roll out parts of the major emergency plan relevant to those areas. "Everybody has this perception that it's an Emergency Department problem but the whole hospital effectively must respond in the event of a major emergency."

**TRAINING IN ISOLATION**

Advanced Paramedic Declan O'Farrell, HSE Ambulance Service in Kilkenny, says that due to the fact that pre-hospital practitioners train in isolation, there's a distinct lack of multi-disciplinary training per se.

"It was good to see what happens to patients when they are admitted to hospital at the reception phase and the subsequent definitive care phase. Best practice and the evidence available would suggest that multi-disciplinary training is definitely the way to go and it can only improve the healthcare system. I will definitely spread the word that this HMIMMS course should be done by pre-hospital practitioners, specifically if they have firstly done the MIMMS course, which targets pre-hospital response to a major incident."

"If my role at a major incident could be transformed to enable me to become part of the hospital response, this is something that could be possibly looked into. There's nothing to say that as an AP you cannot be part of the reception phase in the hospital doing the 'Triage Save and Sorts'.

Clinical Professional Development (CPD) is very important for Declan O'Farrell. Since he completed the Masters in Emergency Management in UCD in 2011, he has since become an ACLS (Advanced Cardiac Life Support) instructor, ACLS experienced provider instructor, in addition to being on the provisional faculty for AHA/IHF and is involved with the RCSI through the FSCM and is involved in the FA in the UK.

"CPD is coming down the line for advanced paramedics, so we need to promote it amongst ourselves as practitioners."

**CORPORATE RESPONSIBILITY**

Dr Jean O'Sullivan, Consultant at the Emergency Department in Tallaght Hospital (AMNCH), had received a flyer from the Irish Association of Emergency Medicine about the course. She had

already done the course back in 2003 as a Senior House Officer (SHO) so she decided to do it again as a refresher course.

"As an SHO it was necessary to know what to do in the event of an emergency, but this time it was different because I'm now in charge of writing the hospital's emergency response plan. The one take-home message is that we need to do it together as a team.

Since the course finished, Dr O'Sullivan has asked Brian Carlin to consider running an in-house multi-disciplinary training programme in Tallaght Hospital, "so that we all know what has to be done and we all understand what each other person is up to".

She has since given her course feedback to David Slevin, CEO of Tallaght Hospital. "It's important that this training is introduced in Tallaght; certainly a lot of the emergency medicine consultants are doing their own research courses, and our nursing staff are trained and are pretty 'au fait', but in terms of the rest of the hospital staff, there needs to be overall training for them – so that on the day it's important that everyone works in concert."

Dr O'Sullivan believes that every hospital should test their own emergency response plan. "In the UK every hospital is obliged to do this but it's not mandatory here in Ireland. There is not a standard template set out by the HSE for what hospitals should have in their major emergency plan. There is certainly no one held to corporate accountability and that's what it really comes down to at the end of the day.

The biggest threat to any major disaster plan in Ireland is overcrowding in emergency departments, but the ED Consultant claimed there is no capacity for a major incident emergency plan and overcrowding continues to be a daily major occurrence.

"In 2012 HIQA published a report and every hospital CEO in the country was given a copy by the Minister for Health at the time, stating that overcrowding is dangerous, unsafe and is putting lives at risk.

But two years later the situation is still the same. So, who is ultimately responsible for a major incident plan at corporate level? Corporate responsibility is needed to ensure that each hospital has the proper planning and preparedness in place."



Damian McGovern, Cork University Hospital



Declan O'Farrell, Kilkenny Ambulance Service



Dr Jean O'Sullivan, Tallaght (AMNCH)