

November 9, 2018

Hi Everyone,

They say practice makes perfect. While perfection is an illusion in medicine, Code Orange drills where a very realistically simulated mass casualty (disaster) event that stresses the care delivery system at multiple levels provides a way to 'test' the system, identify flaws, and remedy with targeted improvements.

Our hospital participated in a recent Code Orange (October 18th) led by our very own **Elene Khalil** of the ER (and also Director of medical Education at the MUHC). This week's Departmental Acknowledgement was provided by Elene and is a shout out to her entire **Code Orange Team**. Before proceeding to what Elene generously wrote about her team, kudos are in order for Elene's tireless advocacy for disaster preparedness and enthusiastically organizing over months a complex Code Orange exercise.

<I would like to congratulate everyone on your ultra-professional contribution to the success of this disaster simulation. Indeed, no one person or even team can make something like this a success. It takes an entire hospital community! Some participated directly in the simulation, while some increased their workload to compensate and allow others to participate. All this, in order to continue providing excellent care to our patients while striving to be better prepared should the unthinkable occur.

I would like to start by thanking the Blood Orange Simulation organizing committee that has regrouped some 30 representatives from many sectors of the MCH and MUHC over the last 10 months. They have dedicated their time and expertise to the development of Code Orange plans and the simulation. Each representative had a role to champion the development of this simulation in their particular sector, including addressing their own disaster preparedness educational and QI needs.

I would like to thank Patricia Pelletier, Guylaine Desnoyers and Ann Wilson (transfusion services), Heather Dewar (radiology), Pina Diana and Marisa Leone (Respiratory therapy), Ann Hebert (psychosocial), Patricia Vandecruys and her team (pharmacy), Carlo Rossi and his team- all representing essential transversal services in a disaster response. Many thanks to Audrey Dadoun, Ilana Bank and Tamara Gafoor , who largely developed and coordinated the yellow and red patient scenarios in the peds ER, respectively, as well as Dan Poenaru, Samara Zavalkoff, Lily Nguyen, Karl Munchantef, Davinia Withington and Catherine Paquet, Mylène Dandavino and Nadine Korah, who coordinated the patient scenarios beyond the ER into the various care units of the hospital. Valerie Homier and Aisha Al Khamisi coordinated the simulation at the RVH and MGH. Tanya Di Genova, Denise Kudirka, Ruzma Ahsan and her team+ IT worked on developing a patient tracking system that is key to disaster response management. Also key is the Coordination Center.

Thank you to Chantal Souigny and Bob Barnes and the team for their work. Frederic Gratton and Marc Normilus provided logistic help and security for the simulation and working on developing the Coordination Center's plan. And of course, a big thank you to the nurse managers, Lyne St Martin, Cindy McCartney, Karina Olivo, Maryse Dagenais, Josie Revuelta, without whom (we all know) nothing happens. There were over 50 evaluators (from MCH, CHEO, Sainte-Justine), controllers, multimedia specialists and volunteers involved to run this full-scale, real-time simulation and to livestream and videotape portions of it. There were actors from Vanier's School of Nursing, Ahuntsic's EMS program, and our very own nursing resource manager group, who really stepped up to help fill last minute cancellations. Several representatives from the patient user committee, in particular patients with physical disabilities, played parents and provided valuable insight into their particular vulnerabilities in disasters. The McGill Simulation Centre and the Shriners' hospital supplemented simulation equipment and provided expertise. The MCH/MUHC public relations team – Stephanie and Gilda- were very

effective in getting great media coverage, so that our preparedness efforts are broadcast to the population that we serve, ultimately improving their confidence and resilience. The regional emergency measures coordination team, led by Raffaella Fragasso, coordinated and integrated the multiple participating sites and provided links with outside partners such as the STM (who provided a city bus to transport yellow patients) and moulage experts. Finally, a huge appreciation is due to the interprofessional health care teams and the trainees who played in the simulation. A special thank you to Margaret Ruddy for her remarkable ability to get things done in our hospital (always with a smile and a positive attitude), and to Amanda Fitzgerald for keeping us on track over the last 10 months as a super organized project manager. Enormous thanks to all of you for your contribution to our collective learning! I hope that I haven't inadvertently forgotten to mention anyone. I apologize if I have. Please know that EVERYONE'S contribution is much appreciated!

After our large MCH debrief at the MUCH-RI, I attended the regional debrief and it seems that many of the themes discussed were common to all the participating centers, which bodes well for transformation and improvement of our regional and local processes. A regional cold debrief is scheduled for mid-November.

Now the data analysis phase begins. All collected written, audio and video data will be compiled and collated, then analysed and synthesized. Recommendations will be made in an after-action report and I will share it all at the cold debrief which will be held in Trauma Rounds on Jan. 17th, 2019.

We all hope that none of us will ever face the type of scenario that was fictively played out on Oct 18th, but if we ever do, I hope that participation in any aspect of this simulation will contribute to improving the outcomes of the population that we serve.>

Have a great weekend everyone!

Michael

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