



Impact of 'Friction' upon the BMS





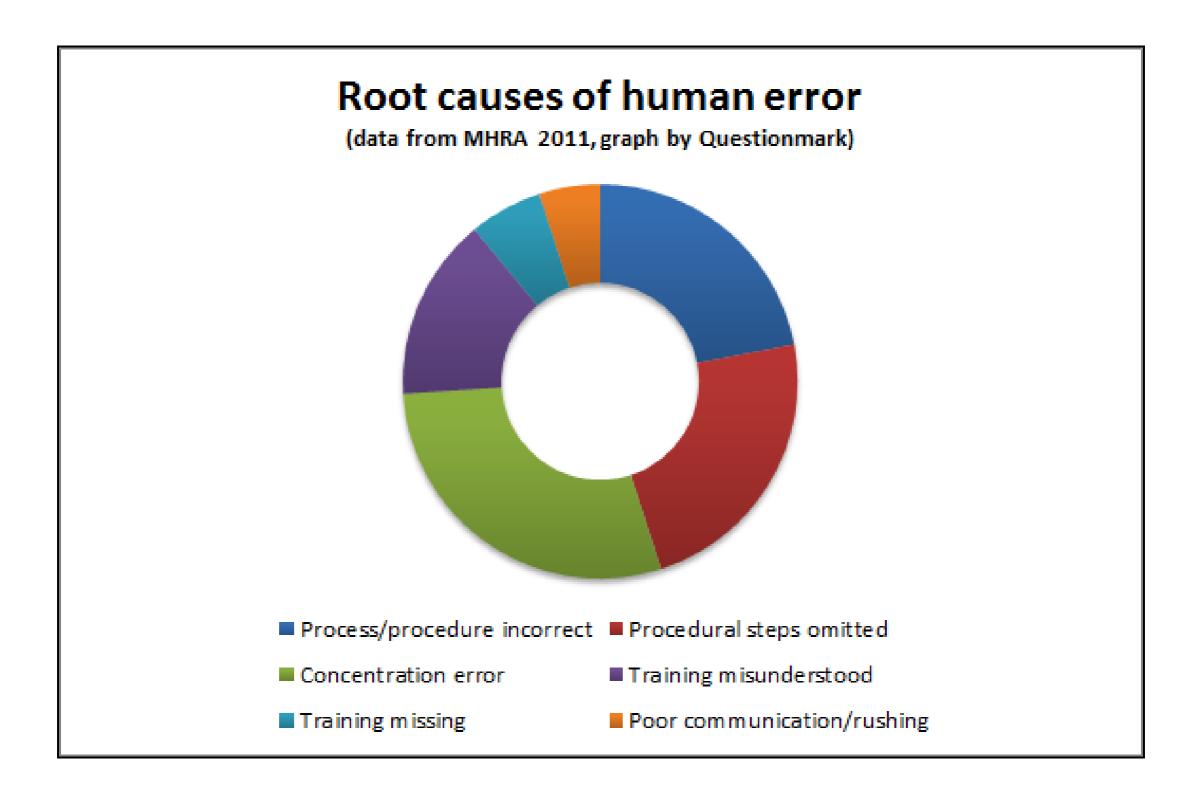














Mitigation

- Training
- More personnel
- Lab Information System
- Improved Diagnostics
- Review of SOP and associated procedures

All Useful, but the friction of MASSIVE TRANSFUSION And RISKS still present.

HOW DID WE ADDRESS the LATENT RISK?



AMSTC Army Medical Services Training Centre





AMSTC

- Simulation, not 'just' training
- Cultural Impact / Language / Humidity!)
- Validates deployable medical teams
- Infinitely reconfigurable
- Responds to 'real-life' changes
- professional, full time management team



inetrnational observers









Impact

- Lab equipment installed
- LIMS set -up
- real time scenarios
- 'FRICTION' simulated
- Added benefits (<u>Team</u> <u>building and Trust!</u>)
- 'Only' twoSHOT/SABRE events







Versatility is key





Ebola Crisis 2014-15

South Sudan 2017 onwards



The value of simulation over 'isolated' scenario based training

- 2006 Hogg, Pirie, Ker "The use of simulated learning to promote safe blood transfusion practice" Nurse Education in Practice
- 2014 Morgan, Rioux-Masse, Oancea, Konia, "Simulation based education for transfusion medicine"
- 2016 Campbell, Poost-Farooshm Pavenski, Contreras, Alam et al "Simulation as a toolkit -Understanding the perils of blood transfusion in a complex healthcare environment" Advances in Simulation



IMMERSIVE TRAINING AND INTEGRATION OF MULTIDISCIPLINARY TEAMS SEEMS TO REDUCE THE NEGATIVE EFFECTS OF FRICTION

Questions?

