# BC's Mobile Medical Unit ITLS International Trauma Conference

November 8, 2013



#### Disclaimer:

The presenters do not have a significant financial relationship to report.

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### **Session Overview**

- Session Objectives
- •What is the MMU?
- Background
- Roles & Capabilities
- Deployment Case Studies
- Summary





### **Session Overview**

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## **Session Objectives**

#### Participants will learn:

- MMU key roles within the province of BC;
- Four levels of clinical capability within the MMU;
- Clinical and facility considerations for integrating a mobile health facility into a hospital or health centre; and
- 4. How a mobile health facility can increase clinical response capacity during planned or unplanned events.



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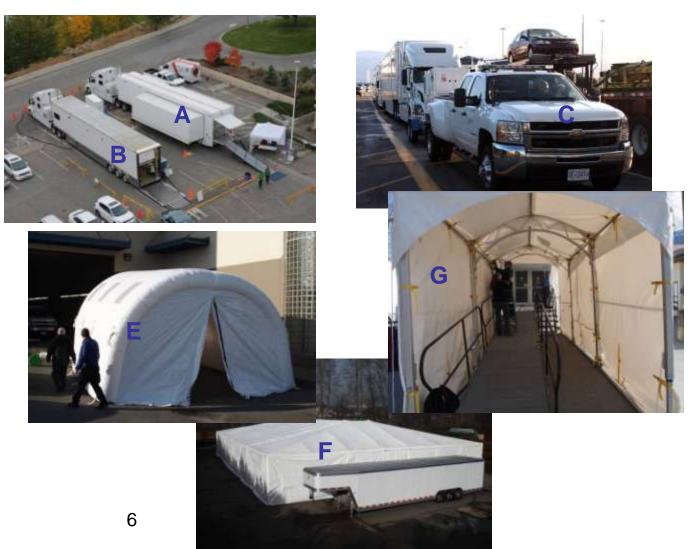




### What is the MMU?

- A- Hospital trailer
- **B-** Support trailer
- **C-** Dually truck
- **D-** O<sub>2</sub> concentrator
- E- Inflatable tent (2)
- F- 100-person tent
- **G-** Ramp canopy





# **MMU Hospital Trailer – Primary Care Area**



- ■Flexible space
- ■Up to 6-10 bays for patient care
- 4 high-acuity monitored bays



# **MMU Hospital Trailer – Primary Care Area**





## MMU Hospital Trailer – Multi-purpose room

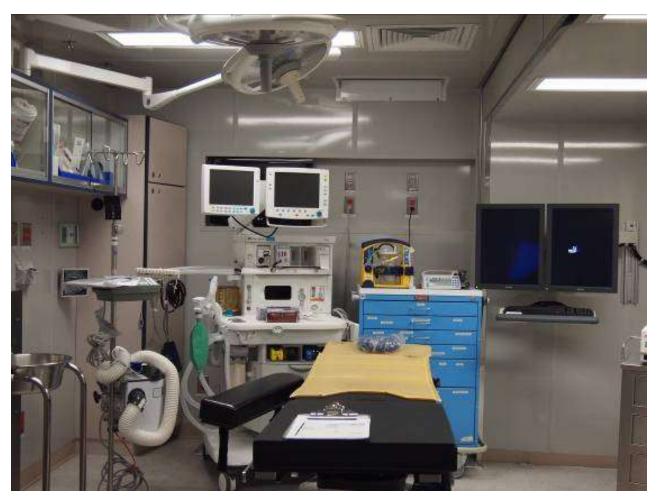
Positive pressure HEPA filtered room is a flexible space that can be used as:

- •Operating room (emergency lifesaving surgery);
- •Minor procedures;
- private examination space;
- semi-isolated additional clinical area;
- Administration; or
- Storage or respite.





# MMU Hospital Trailer – Multi-purpose room





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# Background 2010 Olympic & Paralympic Games

### **Critical Care & Emergency Surgical Capability**

- Provision of patient care→43 patients, 13 BCAS transfers
- Olympic/Paralympic Medical Volunteers participated in daily exercise/simulation in the MMU.









# **Background – Legacy to the Province**Provincial Resource

- → BC Ministry of Health purchased the Mobile Medical Unit and requested PHSA to:
  - own and operate;
  - protect and maintain; and
  - work with the six Health Authorities in developing a provincial service to expand upon provincial clinical response capacity.
- → Each of the six Health Authorities share equal operational costs

















## **Clinical Expertise**

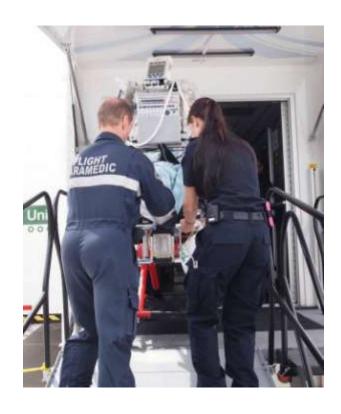
#### The MMU clinical team is derived of trauma-focused clinical educators who bring expertise in:

- Pre-hospital care
- Air medical transport
- Disaster medicine
- HazMat
- Search & rescue
- Mass gathering medicine
- Trauma

- Surgery
- Perioperative care
- Emergency medicine
- Anesthesiology
- Intensive care
- Burns & plastics
- And more...

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### **Roles of the MMU**













# **Clinical Capability - Four Levels**

#### The MMU offers a range of clinical capability, depending on requirements:

Level 1 – Public health, outpatient clinic, & first-aid care

Level 2 – Minor ill/injured (CTAS 4-5)

Level 3 – Critical or Emergency Care (CTAS 1-5)

Level 4 – Surgical intervention/life saving emergency procedures, & CTAS 1-5



**Outpatient clinic** 



**Emergency Care** 



**Surgical intervention** 

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# **BMX Supercross World Cup** September 12-16, 2012

#### Overview

- ■Level of care: First aid through emergency critical care (MMU Level 1-3)
- ■High-profile international sporting event, Abbotsford BMX Park
- Collaboration with BC Ambulance, UBC Mass Gathering Medicine Interest Group, UCI BMX



# **BMX Supercross World Cup**

#### **Clinical Considerations**

- ■Past event injury statistics
  - → Mechanisms of injury
  - → level of care to be provided
  - → Patient flow plan

- Clinical staffing model (NOT health authority based)
- Development of specialized clinical education
  - → Trauma team training
- ■Point of care testing & diagnostic imaging
- Patient treat or transfer protocols, including site helicopter pad







# **BMX Supercross World Cup**

#### **Facility Considerations**

- Staggered side-by-side configuration in fenced area
- ■Packed gravel surface
- Use of inflatable tents for minor first-aid level care
- ■Incorporation of BCAS Special Ops team vehicles & equipment (bicycles, gators, multiple ambulances, command unit, etc.)



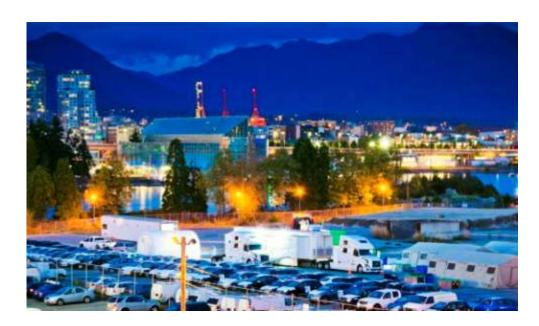




# Exercise Magnitude 2012 October 18-21, 2012

#### Overview

- ■Federal earthquake exercise
- ■Tested high level of interoperability of municipal, provincial, & federal agencies
  - → including heavy urban search and rescue teams from across Canada)
- •MMU positioned at HUSAR Base
- •Intensive disaster medicine simulation education program delivered (two sessions at eight hrs)



# **Exercise Magnitude 2012**

#### **Clinical Considerations**

- •Interdisciplinary trauma and MCI education
- •Full spectrum of MMU care (through emergency surgery)
  - → Equipment & supplies required for support
- ■Education program design, recruitment, & administration
  - →Clinical team composition
  - →Integration with overall exercise
- ■MCI triage
- Chain of evacuation (VGH)









# **Exercise Magnitude 2012**

#### **Facility Considerations**

- •Ideal positioning within broader context of HUSAR base
- ■End-to-end configuration
- Use of inflatable tents for triage external to MMU
- ■Key learning from HUSAR:
  - → Equipment, set-up, storage, transport
- Heavy rain during pack up
  - → Equipment storage considerations





# **Surrey Memorial Hospital – Disaster Recovery November 19-December 4, 2012**

#### Overview

- First emergency activation of the MMU
- Severe flooding of SMH Emergency Department, leading to 10-day closure
- •MMU served as part of temporary urgent care centre
  - → Saw approximately 10% of total patients
- ■Rapid deployment of MMU
  - →Official request 1300hrs
  - →On-site 1900hrs
  - →Set-up 2200hrs



# **Surrey Memorial Hospital – Flood Recovery**

#### **Clinical Considerations**

- Determining equipment and supplies to pack
  - → no pre-defined mission
- ■PACS System & other IT set-up requirements
- ■Patient inclusion/exclusion criteria (& on-going amendments)
- Staging and patient flow
- Just-in-time staff education
  - → MMU Duty Officer at all times
- Logistics of support services
- ■Pediatric equipment
- Critical MMU BC Ambulance Liaison support at all stages
- ■Media\*\*\*





# **Surrey Memorial Hospital – Flood Recovery**

#### **Facility Considerations**

- ■Early contact with protection services
  - → Recce visit
- Maximum parking lot grade
- Ambulance access
- •Increased security requirements
- Tents for patient privacy and weather protection
- Generators for power (vs. shore power)
- ■IT requirements & PACS set-up
- Ongoing support and trouble shooting
  - → MMU Duty Officer at all times







# Pemberton Health Centre Renovation March 21 – May 17, 2013



#### Overview

- Level of Care: Emergency (MMU Level 3)
- ■ED renovation
  - →complete relocation into the MMU for 8 wks
- Longest deployment to date
- ■Nearly 900 patient visits
- •First childbirth to take place in the MMU (5 total)
  - →Rare at this particular site



### **Pemberton Health Centre Renovation**

#### **Clinical Considerations**

- Expected injuries in the community
  - →rural, agricultural, mountainous (ski, mountain bike)
  - →large First Nation population
- ■Patient flow
- ■Diagnostic Accreditation Program (x-ray)
- ■Pediatric care & obstetrics
- Clinician education/team practice prior to care
- Governance









### **Pemberton Health Centre Renovation**

#### **Facility Considerations**

- Weatherproofing & site safety
  - →Entrance ramp canopy
  - →Underbelly heating
- Shore power
- Requirement for x-ray perimeter (per diagnostic accreditation)
- Ambulance access
- Community "path disruption"
- Black-water waste disposal
- Orientation & training for on-site Facility Manager
- Renovation schedule & firm departure date







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### Summary

#### The MMU:

- ■Is a publicly funded emergency management & business continuity resource for the province of BC;
- •It has proven valuable as and adjunct to address gaps in trauma, emergency, and other areas of care;
- Provides clinical education each time it is deployed; and
- •Has been designed with an inherent flexibility, allowing for adjustments in level of care to meet changing needs of a given mission.



# **Thank You!**



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**Supplemental Slides** 



# Medical Equipment – Stretchers & Beds



**Stryker Hospital Stretchers** 

**Hydraulic Ambulance Stretcher** 



Cot (first aid level care)



# **Medical Equipment – Oxygen**



Portable oxygen generation system – 95% O<sub>2</sub>



Oxygen Redundancy:

- Low-flow portable oxygen concentrator
- ■Praxair Grab'n'Go



iVent Ventilator (2)



# **Medical Equipment – Suction**



In-line suction



Portable suction



# **Medical Equipment – Adjuncts**



Blanket and fluid warmer



Welch Allyn integrated diagnostics



Level 1 Rapid Infuser



Digital thermometer



Sigma Spectrum IV Pumps



**Automated blood pressure** 



**Medication fridge** 



## **Medical Equipment – Point of Care Lab Testing**



**iSTAT** Lytes Creat ABG's **Troponin** Lactate



Hemacue **Hgb** monitor



**Accu Chek** 

Blood glucose monitor

Contour



**Roche Coagulocheck INR** 

**Others** Urinalysis Pregnancy testing kits

**Bayer Contour** Blood glucose monitor



# **Medical Equipment – Diagnostics**



**GE Portable Ultrasound** 



**GE Portable X-ray** 



**CR Reader** 



# Monitors



Four GE Dash 5000 monitors with Central Monitor station within the primary patient care area



Zoll X-series Portable Monitor and Defibrillator



# **Waste Management**



#### Vernacare system

For disposal of Vernacare products only

#### **Medical waste**

Please use the receptacles provided, as appropriate.

#### **General waste & Recycling**

The MMU strives to be as green as possible. There are multiple garbage and recycling bins located around the entire site. Please recycling where possible.

