



SJÚKRAHÚSIÐ Á AKUREYRI  
AKUREYRI HOSPITAL

**BEST in Akureyri, Island**  
**Hildigunnur Svavarsdóttir**  
**Director, Akureyri Hospital**

*BEST network meeting*  
*Bergen \* Norway \* 10. November 2014*

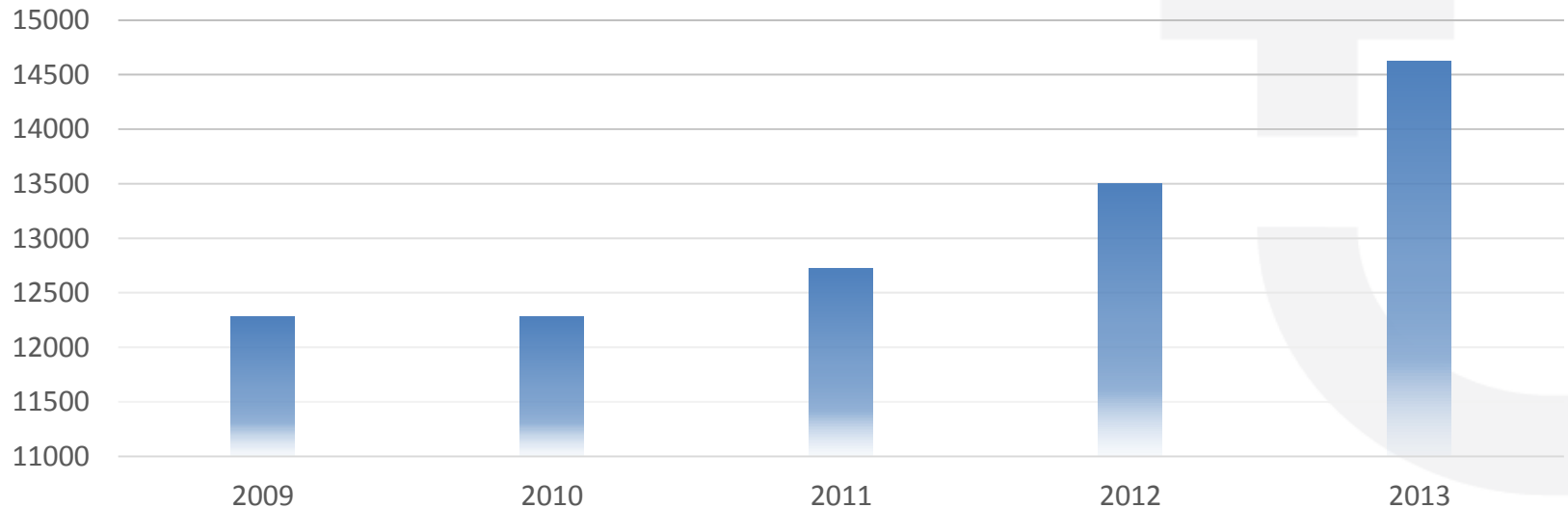
# Topics to be covered

- Our BEST activities in the last 2 years
- Results of a small BEST survey in the hospital
- BEST challenges
- The future of BEST in Iceland...



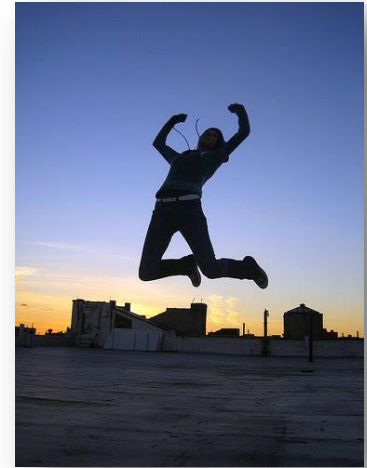
# Why BEST in the hospital?

- Few serious cases and limited trauma experience
- Trauma treatment was very „primitive“
- BEST provides better working methods



# Our BEST activities

- BEST courses
- Drill exercises
- Definition of our trauma team
- Guidelines concerning the work of the trauma team and the dispatch rules



## Rutiner for mottak av alvorlig skadde pasienter



Prehospital  
lege/ambulansep  
ersonell



Driftansvarlig sykepleier  
akutmottak

Skademekanisme og  
skadebeskrivelse

varsler lille eller store  
traumeteamet enligt  
innkallingskriterier

**Teamleder**

Lilla  
traumeteamet

Kirurgisk  
overlege

Kirurgisk  
assistentlege

Medisinsk  
assistentlege

2 sykepleier  
akutmottak

Store  
traumeteamet

**Lilla  
teamet**

Anestesilege

Ortoped

Barnelege

Bioingeniør

Radiograf  
Radiolog

### Innkallingskriterier

**Lilla teamet** -Mindre skader

**Stora teamet**

- Annen person i samme bil er drept
- Alvorlig skade i 2 eller flere organsystem
- Pasienten er blitt kastet ut av bilen
- Fotgjengere påkjørt i over 30 km/t
- Fall fra over 5m høyde
- Penetrerende skade i hode/hals/truncus
- Ustabil pasient i akutmottaket

### Pasient mottak

1. Lytte til rapport fra ambulanspersonell
2. Flytte pasient til seng
3. Primærundersøkelse (A-B-C-D-E)
4. Monitorering
5. Re-evaluering (A-B-C-D-E)
6. Sekundærundersøkelse
7. Videre diagnostikk

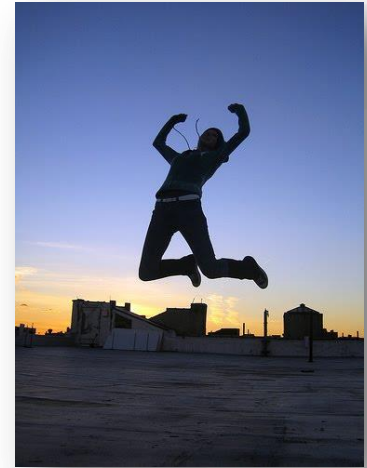
### Arbeidsoppgaver

Hvert enkelt medlem har sine spesifikke oppgaver og må kjenne til sine egne og de andres oppgaver.

**Prosedyren er nå under vurdering**

# Our BEST activities

- BEST courses
- Drill exercises
- Definition of our trauma team
- Guidelines concerning the work of the trauma team and the dispatch rules
- Registration of the calls of the trauma team
- Talks / Papers concerning BEST





Contents lists available at SciVerse ScienceDirect

# Trends in Anaesthesia and Critical Care

journal homepage: [www.elsevier.com/locate/tacc](http://www.elsevier.com/locate/tacc)



## REVIEW

# Team training – The BEST approach to continuing education in resuscitation

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## S U M M A R Y

**Keywords:**  
BEST training  
Continuing education  
Resuscitation  
Team training  
Leadership

The initial treatment of an emergency patient is a demanding challenge and it is important that proper resuscitation measures are made in the correct order to ensure that no valuable time is lost. Many hospitals do not get enough emergency cases to enable their acute teams to perform optimally just by doing their regular work. Training and simulation is one of the ways to make up for this gap. Referring to the resuscitation guidelines of 2010 concerning the principle of education, an increased emphasis on the so-called “non-technical skills” will help to improve the performance of resuscitation and patient care. This paper discusses the background and development of the BEST (Better & Systematic Team Training) approach in continuing resuscitation education as one feasible strategy to improve teamwork in resuscitation situations.

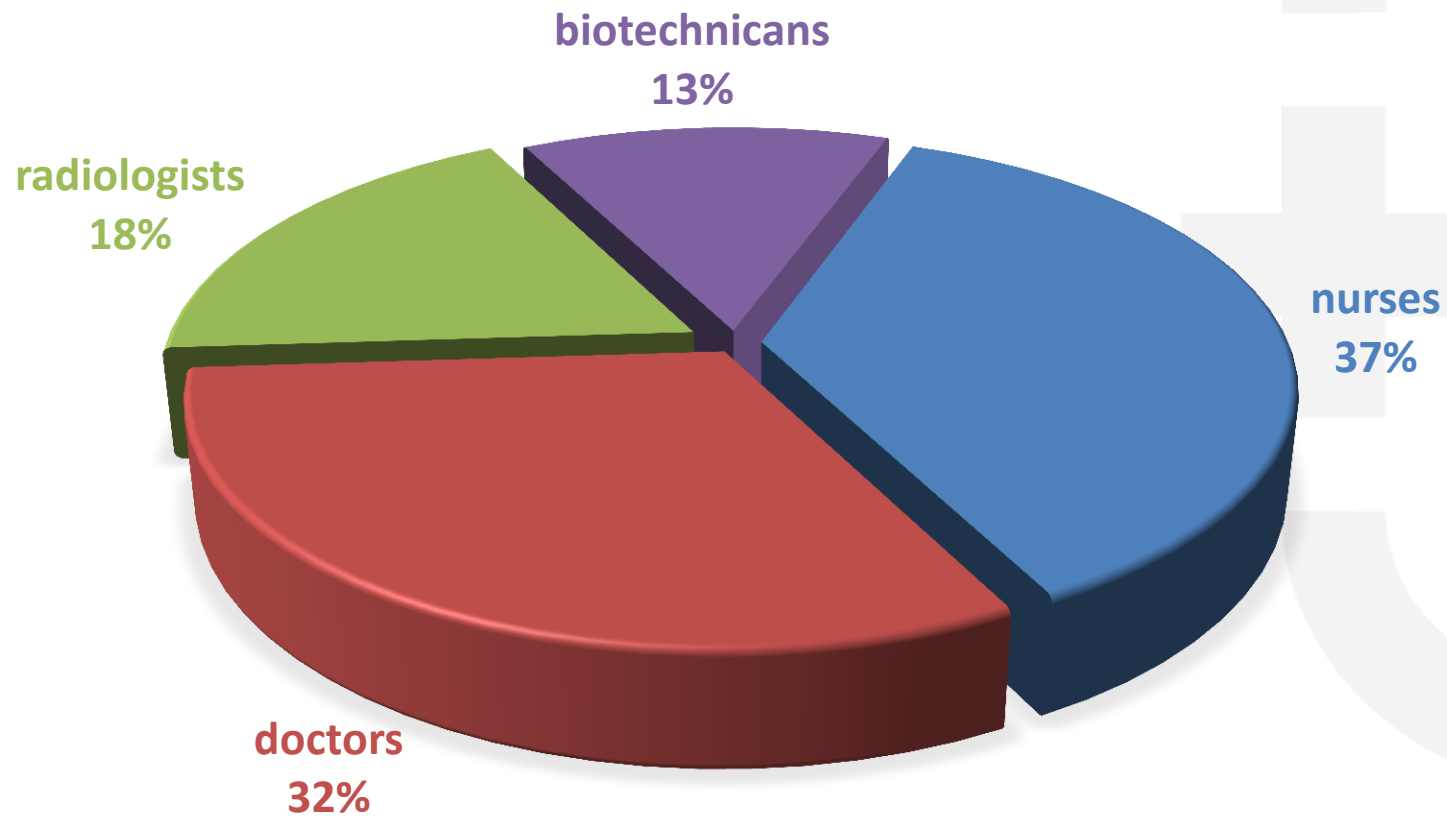
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# Short questionnaire

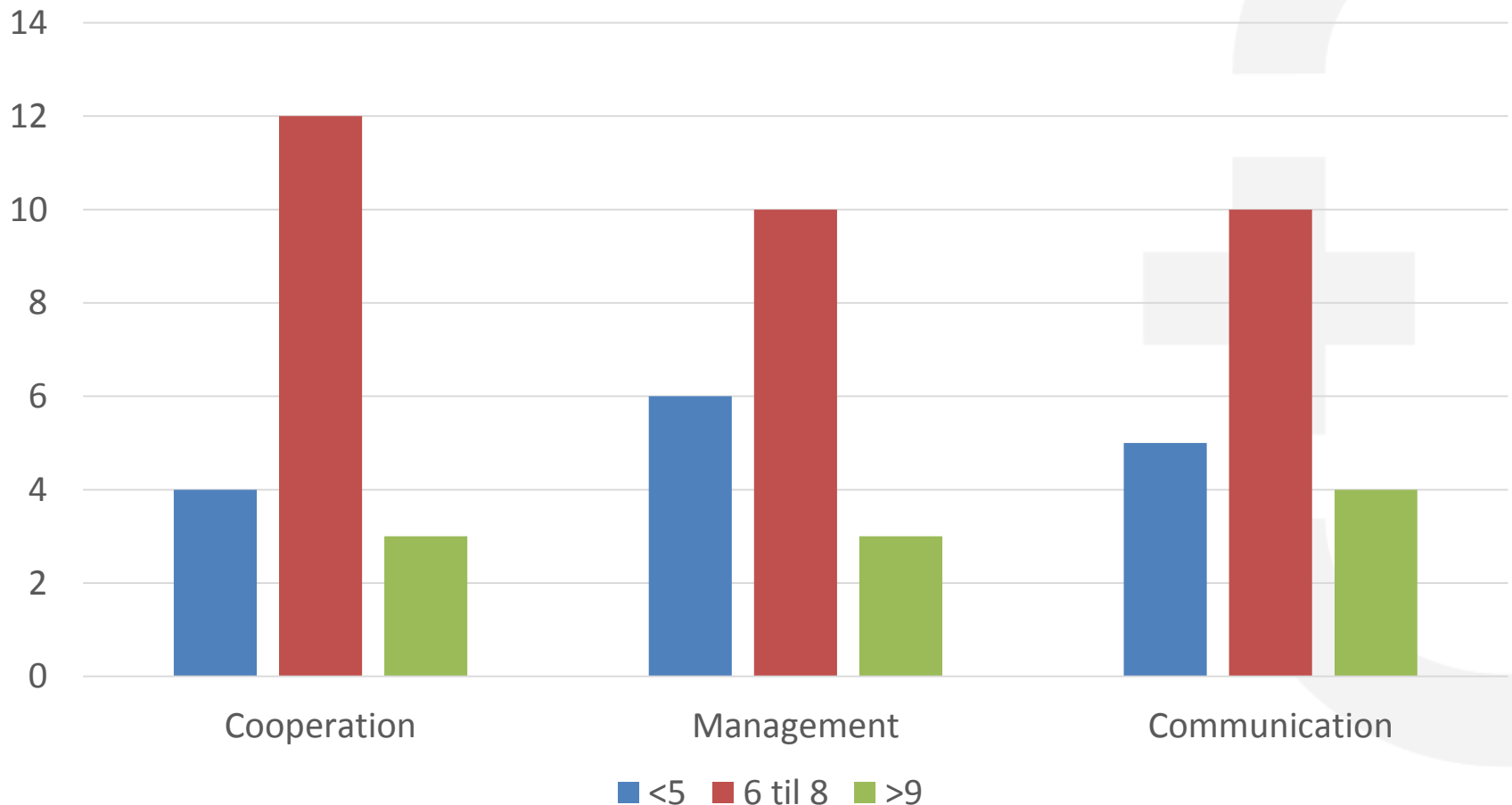
- The purpose was to gain information about how we are doing with BEST and what we can do better
- Survey sent to those who belong to the trauma team
- Implemented 20. – 29. October 2014
- 81 invited to participate
- 39 responded => 48% response rate



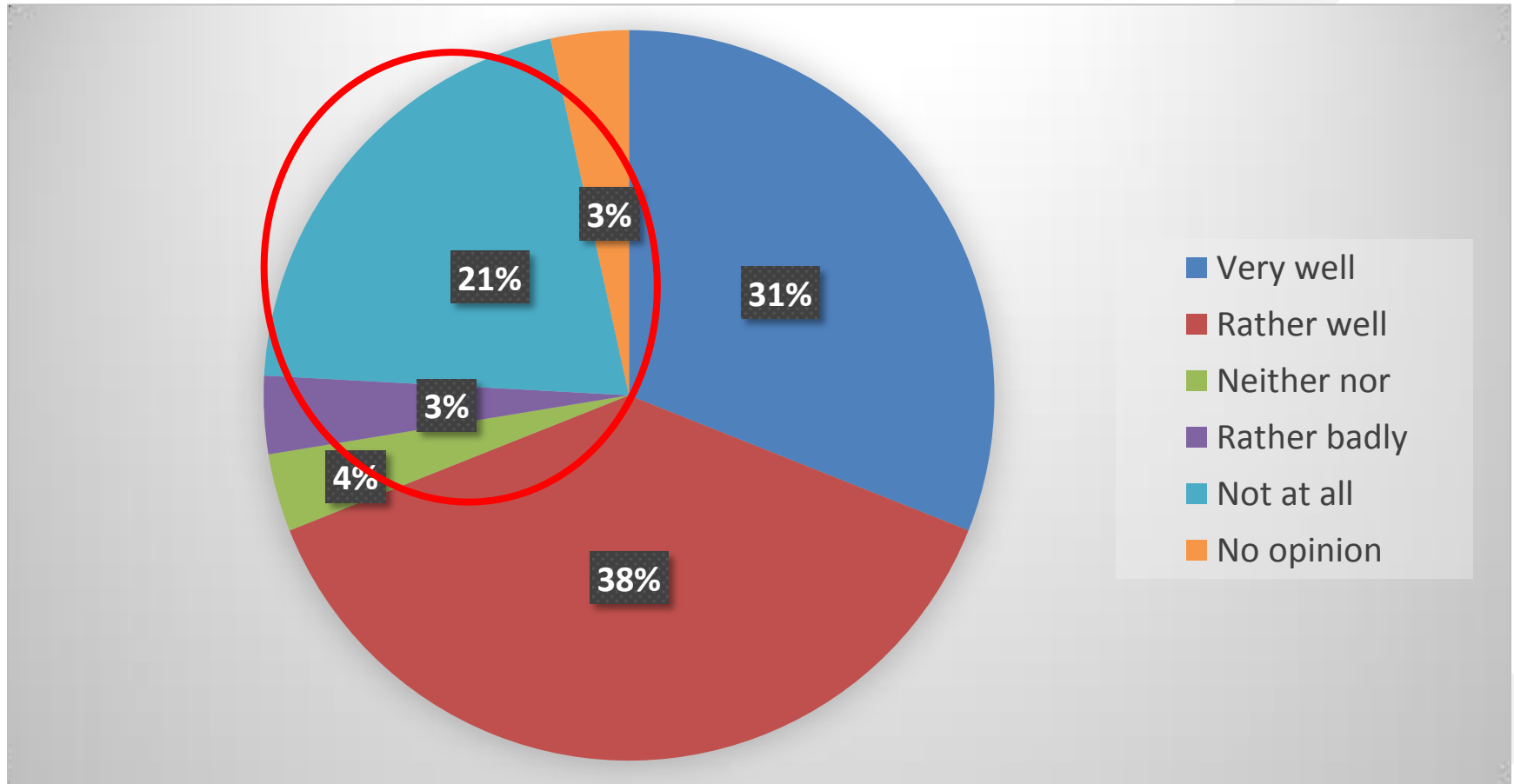
# Participants



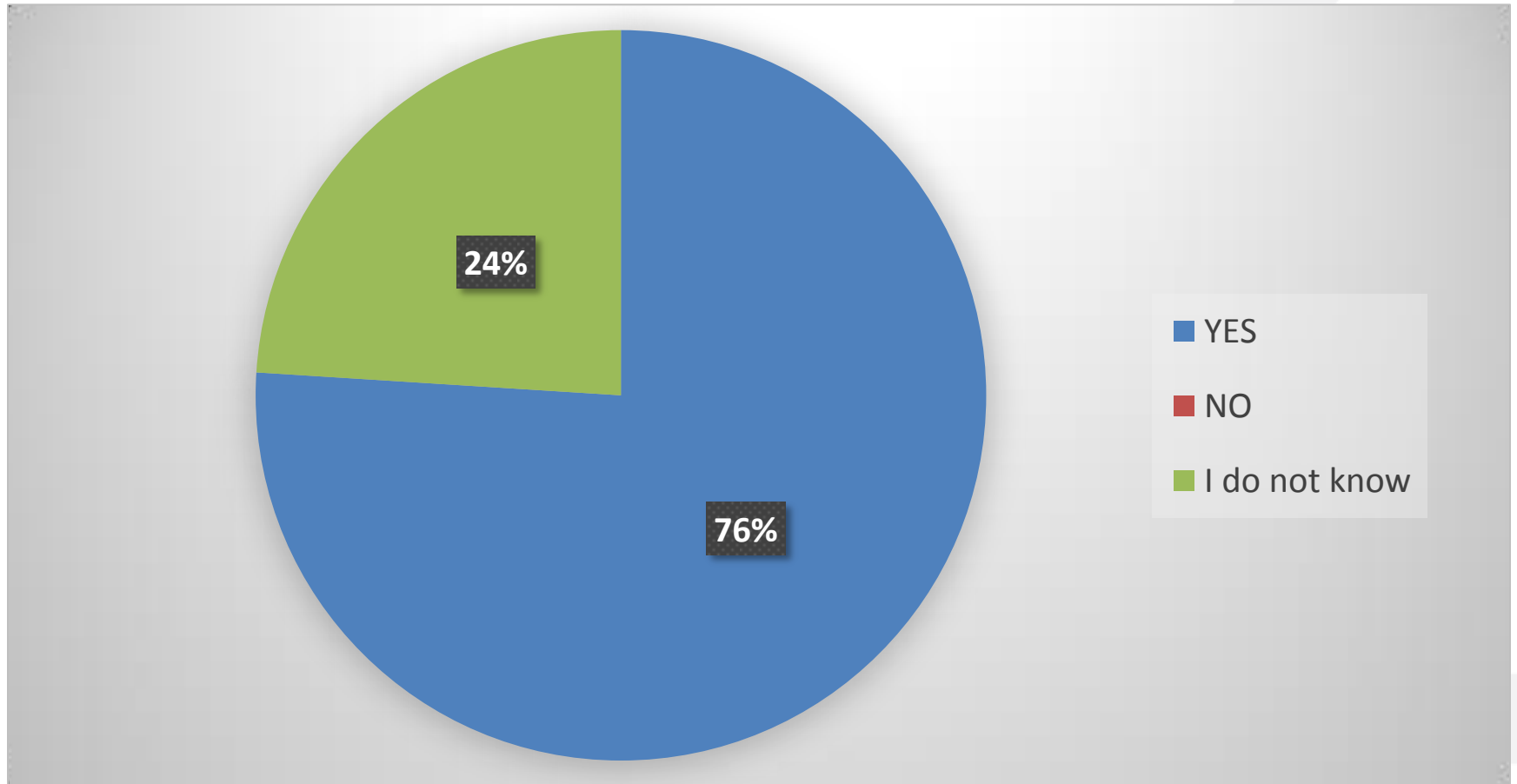
# What is your experience of the trauma team after the BEST training (on the scale 1 – 10)?



# Do you know your role in the team?



# Does the BEST training make you know your role better?



# Comments from the respondents

- ✓ Have the training more often and more regular
  - Regular drill exercises (x1 - x2 per month)
  - BEST courses minimum x2 –x4 per year.
  - Remember the new staff!
- ✓ Important that doctors get training in keeping calm during trauma situations ...
- ✓ The doctors seem to need more training. The role of the nurses better planned and there is always the same core of nurses.
- ✓ Keep on this good work emphasizing the cooperation, management and communication between health care staff

# Challenges that we are facing ...

- ✓ Plan more regular BEST courses and regular drill exercises
- ✓ The „difficult people“
  - Those who do not want to attend the BEST course
  - Those who do not follow the rules during the exercise / during actual cases
- ✓ Need to train the trainers (facilitator course)
- ✓ Etc....

# Future matters

- ✓ Keep on introducing the importance of BEST for the hospital / for the service / for the teams ...
- ✓ Outsource the BEST courses to the smaller, more rural health care centers in the catchment area
- ✓ Facilitator course
- ✓ Finalise and introduce the Trauma registration sheet
- ✓ Prepare Pediatric BEST

## Future matters cont....

- Establishment of a **Rural Group** which aim is to enhance the health care services in rural areas
- This group is working on establishing a diploma course in cooperation with the University of Akureyri
  - Part of the curriculum to teach some types of BEST courses
    - *The original course - trauma training*
    - *Adapted BEST courses related to stroke patients, resuscitation, patients who need critical transport, women in labor etc. ....*
- BEST as a project in MSc thesis



# Thanks for your attention 😊

## Any questions?

