

ALSG's medical education & training programmes improve outcomes for people in life-threatening situations, anywhere along the health care pathway, anywhere in the world.

HMIMMS

Major Incident, Medical Management and Support: The practical approach in the hospital setting

Hospital MIMMS (HMIMMS) is the leading course for hospital staff responsible for planning, training and managing aspects of a major incident from a hospital perspective, with course objectives including:

- The type and incidence of major incidents and therefore the need for proper response and management planning.
- Understand and able to implement and follow the seven principles encapsulated in the CSCATTT approach to successfully managing a major incident.
- Understand the need for major incident training—focusing on those aspects of the plan which do not occur in day-to-day practice, i.e., command, control, communication and triage.
- Able to deliver the medical support needed for major incidents in the hospital setting using the concept of 'collapsible hierarchy'



"Training, exercising and testing of significant incident and emergency plans within individual NHS organisations, between NHS funded organisation and with multi-agency partners is an important part of emergency preparedness..."¹

Information for candidates

This HMIMMS education programme is available for anyone managing aspects of a major incident from a hospital perspective.

Continuous Professional Development

The College of Emergency Medicine has approved the course, awarding it 12 CPD points.

Information for educators and managers

As a charity, ALSG invests all profits in educational resources and partners with the most effective and respected organisations worldwide to develop exceptionally high quality programmes.

ALSG education quality is verified, accredited and recognised internationally as 'best in class', contributing to better outcomes for patients in life-threatening situations.

"What we want to see is increased consistency and quality in education and training and consequently in people's outcomes and experiences...Service delivery and education and training are fundamentally interlinked."²

HMIMMS curriculum and key information

Overview

A two day face-to-face course open to anyone within the hospital, who is involved in managing a major incident. The course is run throughout the UK and overseas, and the cost varies across course centres.

Two day course with lectures, workshops and table top exercises.

Lectures

- Welcome and introduction – incidents in context
- Structured approach to the hospital response to major incidents
- Planning for major incidents
- MIMMS: The practical approach at the scene
- Reception phase
- Definitive care phase
- Recovery

Workshops

- Communication
- Triage
- Specialist Services regional response
- Public Health incidents
- Protracted large geographical incidents
- CBRN

Table top exercises

- The incident, the approach at the scene and the impact on the hospital
- Reception phase
- Definitive care phase
- Recovery

Assessment and certification

Assessment takes place on day two of the course. If you are successful, HMIMMS certification is valid for four years.

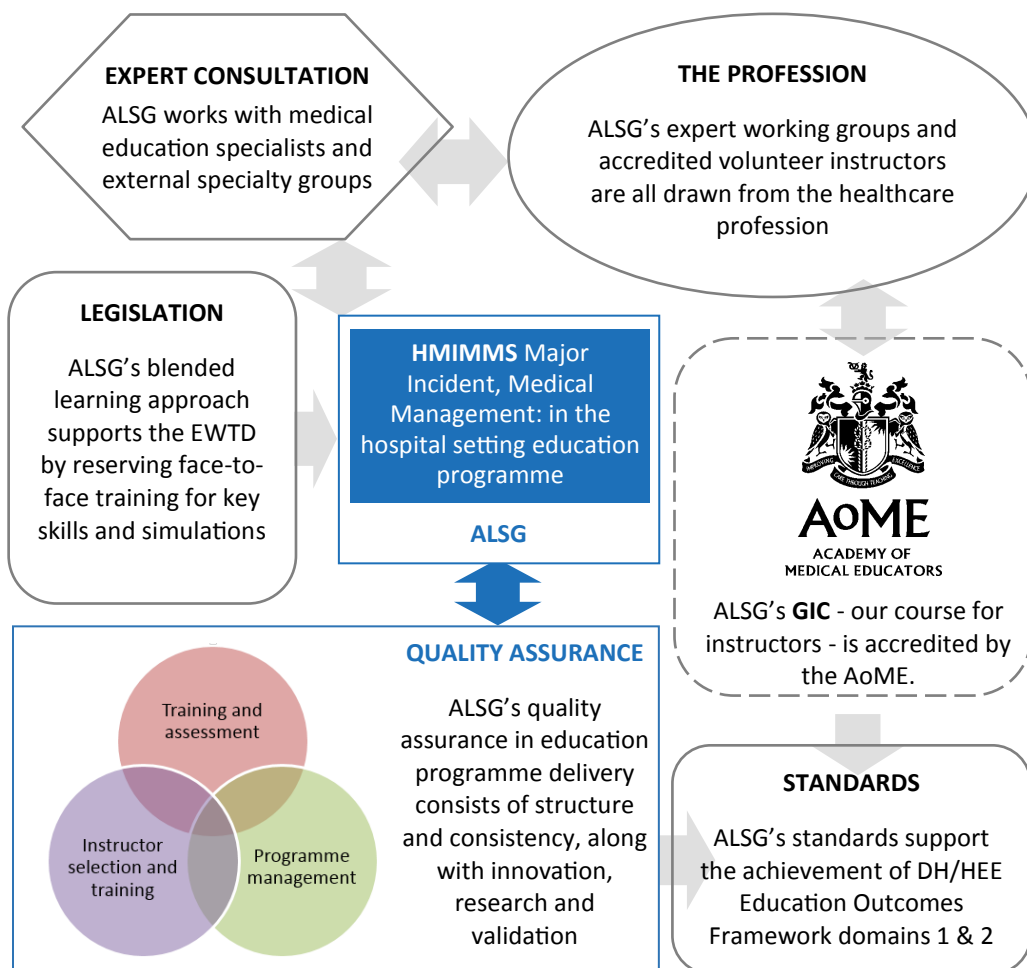
Recertification options

All recertifying candidates must undertake the course again after four years.

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ALSG

Education programmes created and maintained to the highest quality, through wide and deep professional input and validation



The quality case for ALSG education programmes

This education programme operates in a profession where quality is a key metric in improving patient care.

As the NHS changes and performance measures are applied, at ALSG we compare our programme content and quality to the standards and map the result. For the most up-to-date information on standards mapping of any ALSG education programme, email qualitymap@alsg.org.

*"Excellent Education: education and training is commissioned and provided to the highest standards, ensuring learners have an excellent experience..."*³ - ALSG's quality standards guarantee this and support you in achieving the EOF quality standards.



Booking a course

To book your next course, simply scan this code using your smart phone or visit us online at www.alsg.org/uk/Book_now



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The patient outcome case for ALSG education programmes

Our education programmes are designed to save lives. That is why ALSG was set up in 1990 and it drives everything that we do. Where we have been able to measure outcomes, we have found that **lives have been saved**.

Following our education programme in Gambia there was a 50% reduction in maternal mortality, a 32% reduction in infant mortality and a 94% survival rate in resuscitation.

Anecdotal evidence from candidates who pass our education programmes suggests that confidence increases in individuals and their teams, and that skills are practised **immediately** with **improved patient care** and survival rates.

The economic case for ALSG education programmes

We commissioned The University of Liverpool's Health Economics group to independently verify our belief that appropriate education programmes save money as well as lives.

Results indicate that even small improvements to outcomes result in considerable direct cost savings *"..primary prevention by means of .. training may lead to significant improvements in health.."* and *"..may help to minimise the considerable QALY losses.."*⁴

If you are considering developing your own training locally, please read our paper considering the pros and cons ['What do ALSG courses offer compared to locally developed training'](#) in which we consider duplication of spending and training, variation of standards, appeals, teaching quality, multi-disciplinary oversight, blended learning and international standards.

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¹NHS Commissioning Board Emergency Preparedness Framework 2013

² Moore et al, 2013, NHS Future Forum *Education and Training— next stage*, London.

³ Department of Health, 2013, *Education Outcomes Framework, Domain 1*

⁴ Leigh, Granby, Turner, Wieteska, Haycox & Collins, June 2014 *The incidence and implications of cerebral palsy following potentially avoidable obstetric complications: a preliminary burden of disease study*