

CORRECTION

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Correction to: COVID-19 pandemic preparation: using simulation for systems-based learning to prepare the largest healthcare workforce and system in Canada

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The original article [1] contains copyediting errors in Table 3. The correct presentation of Table 3 can be viewed ahead in this Correction article.

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Table 3 Key themes and qualitative outcomes (highest impact and highest frequency) identified across simulations

Key Themes and Qualitative Outcomes (Highest Impact and Highest Frequency) identified in Simulation	Systems Categories
<p>1. Theme: Safe doffing (removal of PPE safely and in correct order)</p> <p>Key Outcomes:</p> <ul style="list-style-type: none"> • Cross monitor team members during doffing • Use an IPAC poster as a cognitive aid • Ensure “1 to 1” doffing to avoid breaches observed when too many doffing at once (e.g. getting ahead or behind in doffing sequence) • Consistent role of a “PPE Coach” to support safe doffing- ensure focus and intention with every step • Implement “just-in-time” review of safe doffing to reduce cognitive load during long stressful periods in PPE. 	<p>People/Teams/Tasks; Tools/Technology;</p>
<p>2. Theme: Conducting environmental scans of care areas is crucial in anticipating, planning ahead and developing area processes</p> <p>Key Outcomes:</p> <ul style="list-style-type: none"> • Remove visitor chairs, extra equipment and linens from room to avoid waste and additional cleaning between patients • Keep transport routes clear • Post signage for direction and decrease of clutter • Creation of supply restocking checklist • Creation of COVID-19 specific cart of required supplies • Creation of small, labelled packages of specific supplies or medications for fast grab and go • Ensure team members are aware of the responsibilities required to maintain the space • Ensure cleaning processes for removal of equipment leaving COVID-19 rooms (e.g stretchers, wheelchairs) 	<p>Environment Tools/Technology; People/Teams/Tasks</p>
<p>3. Theme: Conduct Inter-Departmental/Inter-Hospital Transport routes to establish communication and process between departments and professions</p> <p>Key Outcomes:</p> <ul style="list-style-type: none"> • Test and walk through the route • Use signage if COVID-19 routes differ from usual process • Clean hallways of clutter and reduce traffic if possible • Consider dedicating elevator banks for COVID-19 patients, staff and carts • Establish a designated clean person on transports to ensure surfaces are cleaned (e.g. floors, elevator buttons, stretchers, wheel chairs, etc.) • Emergency Medical Services should use a common pager Stem: “Possible/Confirmed COVID-19 patient” • Upon arrival of out of hospital emergency medical services, ensure transport is ready and routes are prepared. 	<p>People/Teams/Tasks; Environment; Tools/Technology</p>
<p>4. Theme: Maintenance of Isolation Environment/Prevention of Contamination</p> <p>Key Outcomes:</p> <ul style="list-style-type: none"> • Removal of stethoscopes, phones, ID badges, lanyards, watches, and earrings from person prior to donning. • When items are on person, reinforce learnings re: don’t reach below gown for ID badge/pager/mobile phone; or under visor to adjust goggles/mask. • Creation of bins on an external cart in donning area for dropping items into • Keep numbers of staff in the room low when possible • Ensure cleaning process for roving items such as clipboards, ultrasound machines, etc. 	<p>Tools/Technology; People/Teams/Tasks</p>
<p>5. Theme: Roles and Responsibilities</p> <p>Key Outcomes:</p> <ul style="list-style-type: none"> • A runner role is needed across multi areas Operating Room, Emergency Department, Labour & Delivery Unit, Intensive Care Unit (team member to bring supplies between isolated COVID-19 care area and non-isolated area) • Consider the involvement of HCAs and Unit Clerks to bring necessary equipment required for teams • Establish “clean” and “dirty” sides between rooms and within rooms by taping the floors for a visual cue • Establish CODE COVID-19 team to attend to all rapid deteriorating patients 	<p>People/Teams/Tasks Environment</p>

Table 3 Key themes and qualitative outcomes (highest impact and highest frequency) identified across simulations (*Continued*)

Key Themes and Qualitative Outcomes (Highest Impact and Highest Frequency) identified in Simulation	Systems Categories
<p>6. Theme: Innovative Approaches to Communication</p> <p>Key Outcomes:</p> <ul style="list-style-type: none"> • Use of dry erase markers on the shared glass walls between isolation to ante room • Use of a laminated page that can be flipped back and forth • Use of white boards to communicate key messages to outside team members • Use of two-way radios (e.g. walkie talkies) or baby monitors • Use of speaker phone setting • Use of tape on floor to communicate ‘clean versus dirty’ zones • Check that monitors and speakers on phones (especially with PPE on) can be heard • Include name/role tag stickers on outer PPE to ensure role clarity and effective communication • Reduce noise and ensure use of closed loop communication (additional communication challenges with PPE on) • Use of trigger scripts on pagers to signal a priority response. Scripts like “COVID airway” or “COVID transport” to alert a team and get the right people and the right equipment to the right place. 	<p><i>Tools/Technology</i> <i>People/Teams/Tasks</i></p>
<p>7. Theme: Psychological Safety and Speaking Up</p> <p>Key Outcomes:</p> <ul style="list-style-type: none"> • Use critical language when breeches in PPE or when overcrowding in rooms occur • Encourage all team members to speak up when they see breaches in safe PPE practices • Removing hierarchical barriers can be challenging; promoting psychology safety is important for a cohesive team • Go beyond your own professional role to cross teach about PPE 	<p><i>People/Teams/Tasks</i></p>
<p>8. Theme: Critical Care Medicine Pre-Intubation Cognitive Aid</p> <p>Key Outcomes:</p> <ul style="list-style-type: none"> • Communicate a plan to ensure staff know their roles during intubation • Double-check proper PPE during intubation • Most experienced practitioner should perform the intubation • Ensure the ventilator and video laryngoscopy device are in the room prior to start • Consider back-up plan depending on available resources • Ensure correct bagger filter is attached 	<p><i>People/Teams/Tasks;</i> <i>Tools/Technology;</i> <i>Organization</i></p>
<p>9. Theme: Use of Cognitive Aids and Checklists</p> <p>Key Outcomes</p> <ul style="list-style-type: none"> • Consider human factors science in the development of new COVID-19 cognitive aids and checklists • Cognitive aids can be made into posters, use larger font, central point of reference • They should be clear, easy to use, adaptable to context, staff trained on prior to implementation and pilot tested prior to use on a real patient • Examples: COVID-19 Airway pause checklist, checklists for buckets and carts/bins, IPAC Donning & Doffing Poster 	<p><i>Tools/Technology</i></p>