

Patient safety and prevention of unexpected events occurring during the intra-hospital transport of critically ill ICU patients

Dear Sir,

We read with great interest the recent article on the intra-hospital transport (IHT) of critically ill patients by Venkategowda *et al.*^[1] We agree with the authors that despite improvements in IHT practices, unexpected events (UE) incidents remain high. Since UEs can be reduced when an intensivist accompanies a critically ill patient, this practice should be incorporated routinely.

Epidemiological studies and feedback from intensive care societies have identified several risk factors related to patient, transport organization, technical, and human responsible for UE during IHT.^[2] These risks can be overcome by developing a culture of safety and standardization of procedures. Addressing the competence of the transport team is not the only factor that needs to be considered.

The first step starts even before ordering a diagnostic or therapeutic procedure, based on a benefit/risk analysis of IHT for a given patient.^[3] Additionally, preparation and management are also crucial steps when transporting critically ill patients. Having stabilized the critically ill patient before transport, technical, organizational, and human factors must be the subsequent targets for the primary prevention of IHT-related UEs.^[2,4]

Overcoming the risks of IHT thus involves taking corrective action for all the causes at multiple levels and applying methods that have been proven to work in other sectors of activity. A more widespread use of checklists and proper training plans for teams are also expected to lead to an increase in IHT safety and a lowering of risks in the long term.

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