The Trauma Coordinator Service
Descriptor document

Introduction:
The purpose of this descriptor document is to assist Major Trauma Networks, Major Trauma Centres (MTCs) and Trauma Units (TUs) in developing and defining their trauma coordinator service. This document is also intended to act as an aide memoir to peer review teams when reviewing major trauma services.

Background:
In November 2014 NHS England’s National Peer Review Programme published the Major Trauma Measures within which it set out the measures for a trauma coordinator service. In April 2016 these were updated with the publication of the ‘Quality Surveillance Team: Major Trauma Services Quality Indicators’.

For MTCs with adult only, paediatric only and combined adult and paediatric services the Quality Indicators specifically state:

- There should be a major trauma coordinator service available 7 days a week for the coordination of care of major trauma patients. The coordinator service should be provided by nurse or allied health professionals of band 7 or above.
- This post can be shared with the rehabilitation coordinator.
- For combined adult/children's centres, the post may cover both adults and children.


For TU’s the measures state:

- There should be a trauma coordinator service available Monday to Friday for the coordination of patients. The coordinator service should be provided by nurse or allied health professionals.
- This post can be shared with the rehabilitation coordinator.


In 2014-15 a national peer review programme was undertaken. During that process it became clear that networks and organisations were applying or interpreting the measures inconsistently. In 2015 the Pan-London Major Trauma ODN Steering Group requested the Pan-London Trauma Nursing Group to develop role descriptors to assist in defining the role of the trauma coordinator. It was a specific intention that this work should be completed in time for the 2016 peer review process. The Pan-London Trauma Nursing Group sought input from all four London major trauma networks and the national trauma coordinators group in developing these descriptors. In addition NICE published the ‘Major Trauma: Service Delivery, NG40’ guidance in February 2016 (http://www.nice.org.uk/guidance/ng40) which made specific reference to trauma coordinators in MTC settings. The resultant document has been reviewed and approved by the Pan-London Major Trauma ODN Steering Group.
1. The service:
   - There should be a major trauma coordinator service available 7 days a week for the coordination of care of major trauma patients. The coordinator service should be provided by nurse or allied health professionals of band 7 or above, NHS England (2016).
   - This post can be shared with the rehabilitation coordinator, NHS England (2016).
   - The trauma coordinators should provide information on how the hospital and the trauma system works (major trauma centres, trauma units and teams), NICE (2016).

2. Reception and resuscitation of trauma patients:
   - The trauma coordinator service should be informed of all major trauma patient admissions. When overnight this should occur at service resumption the next day.

3. The patient pathway:
   - The service should provide, a named member of clinical staff assigned at each stage of the care pathway who coordinates the patient's care, NICE (2016).
   - The service will coordinate the care of all major trauma patients in their organisation regardless of which speciality they are under.
   - The coordinator service must have an overview of all major trauma patients in the Trust at any one time.
   - The trauma coordinators should attend ward rounds and ensure that all action plans from the ward round are carried out in a timely manner, NICE (2016).
   - The service should act as a single point of contact for patients, family members and carers, and the healthcare professionals involved in their care, NICE (2016).
   - The trauma coordinator service should provide patient advocacy, NICE, (2016).
   - The trauma coordinator service should ensure that there is a management plan and identify any conflicts, NICE (2016).
   - The trauma coordinator service should organise ongoing care including discharge planning, transfers and rehabilitation, NICE, (2016).

4. Repatriations:
   - Acts as single point of contact for liaison with other units to arrange repatriations.
   - Ensures patient are transferred back to those units as outlined in their network repatriation policy.

5. Governance:
   The trauma coordinator service should have an active role in the following areas in relation to trauma governance.
   - Adverse incident/DATIX management.
   - MTC trauma board/committee membership.
   - Represents the Trust/MTC at regional/network level.
   - Participate in trauma M&M/review strategies.
   - TARN data.
   - Leads/participate in local and network wide audits.
   - Pathways and guidelines:
     o Participate in the development of local guidelines and policies.
     o Actively identifies areas of weakness in the patient pathway and seeks to address these as appropriate.
   - Participate in peer review.
1. The service:
   - There should be a trauma coordinator service available Monday to Friday for the
     co-ordination of patients. The coordinator service should be provided by nurse or
   - The post can be provided by an individual in an existing role but cover
     arrangements must be in place to ensure service provision 52 weeks of the year.
   - This post can be shared with the rehabilitation coordinator, NHS England (2016).

2. Reception and resuscitation of trauma patients:
   - The trauma coordinator service should be informed of all major trauma patient
     admissions. When overnight or at the weekend this should occur at service
     resumption the next working day.

3. The patient pathway:
   - The service will coordinate the care of all major trauma patients in their
     organisation regardless of which speciality they are under.
   - The coordinator service must have an overview of all major trauma patients in the
     Trust at any one time.
   - The trauma coordinator service should organise ongoing care including discharge
     planning, transfers and rehabilitation, NICE (2016).

4. Repatriations:
   - The trauma coordinator service should acts as single point of contact for liaison
     with MTCs and TUs to arrange repatriations.
   - The trauma coordinator service should assist with the allocation of patients to
     speciality.
   - The trauma coordinator service should ensure patients are transferred back to
     their TU as per network repatriation policy.

5. Governance:
   The trauma coordinator service should have an active role in the following areas in relation to
   trauma governance.
   - Adverse incident/DATIX management.
   - Trauma board/committee membership.
   - Represents the Trust/MTC at regional/network level.
   - Participate in trauma M&M/review strategies.
   - TARN data.
   - Lead/participate in local and network wide audits.
   - Pathways and guidelines:
     - Participate in the development of local guidelines and policies.
     - Actively identifies areas of weakness in the patient pathway and seeks to
       address these as appropriate.
   - Participate in peer review.