NICE National Institute for Health and Care Excellence

NICE major trauma guidelines: supporting improvement in providing information and support

Major Trauma Rehab Conference – 1 November 2016

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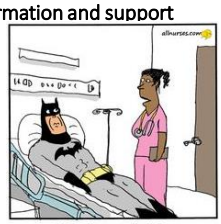
I think you should be more explicit here in step two."

NICE support needs assessment

- What are the key challenges for implementation?
- Where can we add most value with our support activity?
- Who can we work with to achieve this?

Improving information and support



"Is the car alright?
Chicks love the car."

Good quality evidence (summarised on p284-288 of full guideline)

Demonstrates the benefits of providing information on the current situation:

- Particular staff taking the time to explain the treatment or procedures that people are receiving.
- Combination of verbal and written information
- Keeping an open channel of communication about reasons for any delays

Information about the future and rehabilitation expectations

- When improvements would be noticeable eg in mobility/strength.
- What to expect in terms of pain and how best to manage this.
- The possible effects of their injury on their emotional state such as low mood, changing ability and a possible loss of confidence
- Signposting to support groups and services in the community.

Providing support

1.9.1 When communicating with patients, family members and carers:

- manage expectations and avoid misinformation
- answer questions and provide information honestly, within the limits of your knowledge
- do not speculate and avoid being overly optimistic or pessimistic when discussing information on further investigations, diagnosis or prognosis
- ask if there are any other questions.

1.9.2 The trauma team structure should include a clear point of contact for providing information to patients, family members and carers.

1.9.3 If possible, ask the patient if they want someone (a family member, carer or friend) with them.

1.9.4 If the patient agrees, invite their family member, carer or friend into the resuscitation room. Ensure that they are accompanied by a member of staff and their presence does not affect assessment, diagnosis or treatment.

Support for children and vulnerable adults

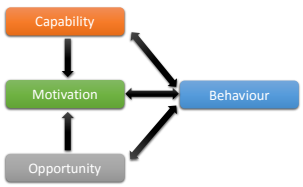
1.9.5 Allocate a dedicated member of staff to contact the next of kin and provide support for unaccompanied children and vulnerable adults.

1.9.6 Contact the mental health team as soon as possible for patients who have a pre-existing psychological or psychiatric condition that might have contributed to their injury, or a mental health problem that might affect their wellbeing or care in hospital.

1.9.7 For a child or vulnerable adult with major trauma, enable their family members or carers to remain within eyesight if appropriate.

1.9.8 Work with family members and carers of children and vulnerable adults to provide information and support. Take into account the age, developmental stage and cognitive function of the child or vulnerable adult.

1.9.9 Include siblings of an injured child when offering support to family members and carers.

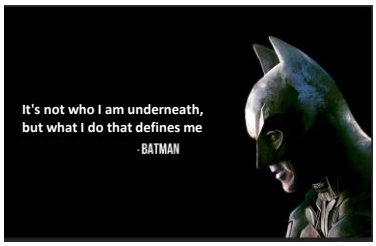


The COM-B system - a framework for understanding behaviour.
Michie *et al. Implementation Science* 2011 6:42 doi:10.1186/1748-5908-6-42

Ingredients for successful implementation

- Inspiration - Prof Moran and his team
- Opportunity - NICE clinical fellow Jonathan Holley
- Content – key principles taken from the NICE guidance
- Good practice – examples to draw from
- Dedication and commitment - After Trauma Team
- Energy - today's meeting
- Ownership – reflecting on personal practice, sharing experience and resources

A call to action



AfterTrauma

On-line support for trauma survivors

Phase 1 and 2

AfterTrauma: phase 1

- General info for recovering patients
- Injury impacts and where to get help
- Community forum

AfterTrauma – phase 2

- A web based application to assist survivors of traumatic injury self-manage their recovery

AfterTrauma – phase 2 – underpinned by self-management principles

- General knowledge is necessary but <u>not sufficient</u> to produce changes
- Self-management principles:
  - Address patient-specific needs and barriers
  - Help goal setting
  - Enhance confidence and problem-solving including peer to peer learning
  - Patients know how to access follow up and support
  - Increasing access to appropriate resources

What do patients want?

Our London based focus group wants:

- Personalised information
- Medical and discharge info in one place
- Set realistic physical & emotional goals, with clinician input
- Share with family
- Connect with peers
- Easy access to CBT/ psychological support

NHS policy context – untapped potential for digital health to help patients help themselves:

"84% adults use internet – only 2% transact with NHS digitally" (NHS England Feb 2016)

Digital Health. London

1000s of health apps, including self-management – none yet specifically for UK trauma survivors

American Trauma Survivors Network: Next Steps

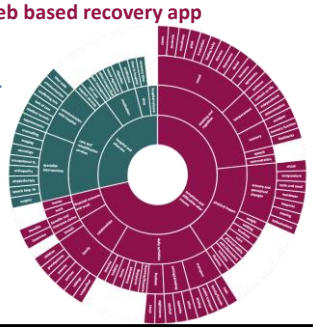
You can fill out your recovery assessment at regular intervals to track improvements & set backs

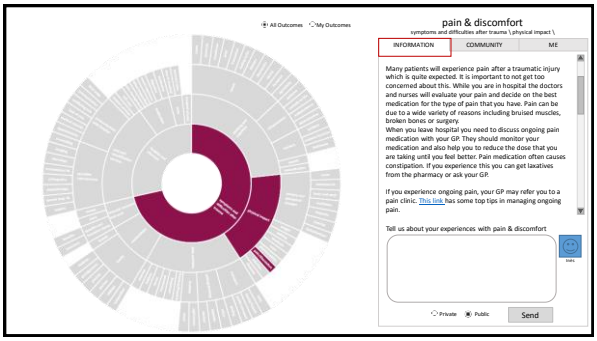
AfterTrauma web based recovery app

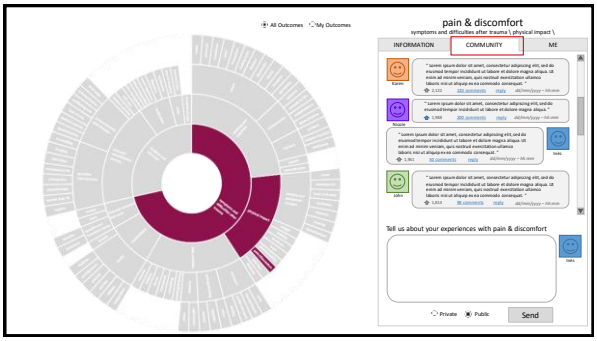
Recovering trauma patient interviews identified all the issues in the wheel opposite

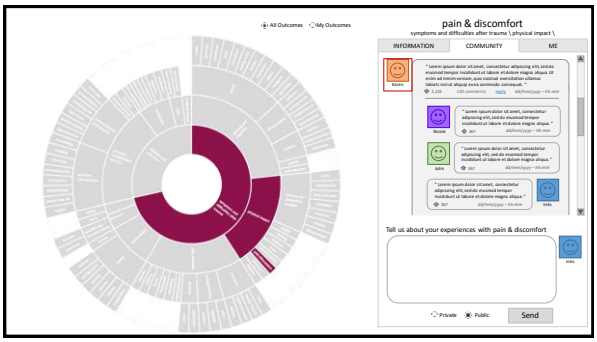
Ones in red are symptoms related to injury

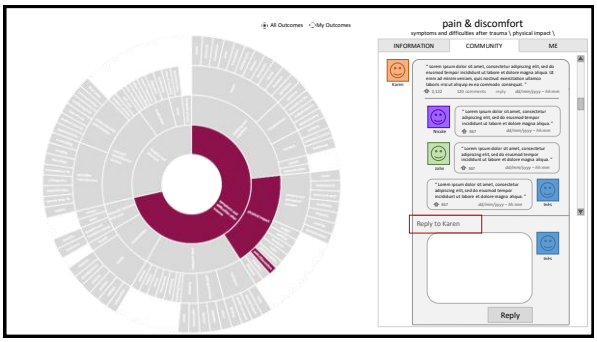
Ones in green are psychosocial/ environmental factors

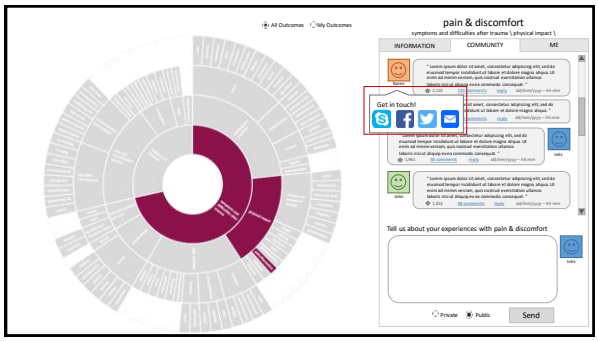


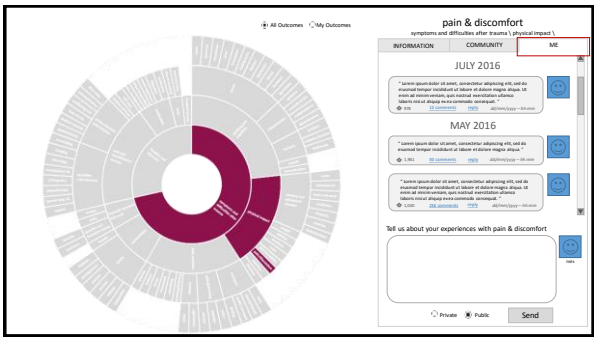




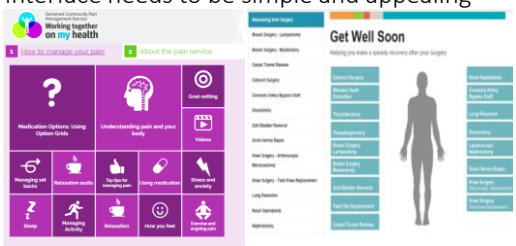








Interface needs to be simple and appealing



Summary

- App introduced by the clinician
- Baseline assessment (optional – e.g. self efficacy scale, brief CF core set)
- Select all relevant problems and put it in a 'basket' / 'this is me' section = rehab problem list
- Personalised rehabilitation information – clinician input
- How to manage problems = rehabilitation prescription?
- Can print out summary
- Locally customised information for each MTC?

AfterTrauma recovery app: what next?

- Assessing supplier proposals
- Require patient information from all MTCs to build up content

- **Need clinician working group to input and test out app – volunteers! And more patient involvement**

- Pilot in select MTCs – need clinician champions

Thank you! Together we can **#TransformTrauma**!