BHR

The TANQ

Trauma Aggregated News, Queens

Queen's Trauma Service

Volume 2, Issue 2 MDT 07th February 2016

Points of Interest:

- ED
- TARN
- Governance
- TQuINS
- Training

Inside this issue:

Trauma Repatriation

Hey Steph, you did bring the rest of the notes, didn't you?

Ooooops!!!

When things go wrong!

Many thanks to Stephanie Adams and Lucas Williams for effectively portraying the parts of 'paramedics gone wrong'!

Disclaimer: LAS provides an outstanding service, and the above picture line in no way represents normal practice.

THE JUNIOR DOCTORS' STRIKE

Why are junior doctors (JD) striking?

Well, at first we have to understand what we mean by junior doctors. The term "junior doctors" can be misleading as many doctors will spend more then a decade in such a post.

JD's represent about a 3rd on the medicial work force of around 55,000 in England

What is the dispute about? The Government want to impose a new contract. A JD on the current contract could earn as little as 22k and upwards of 60k depending on experience and the number of over time hours worked, but the new contract has raised concerns over the minumum number of hours a JD should work and the rate per hour over the weekend and can potentially compromise patient safety.

How has it come to a strike action?

Talks started in 2012 but broke down in 2014 when MPs threatened to impose a new contract. For the first time in 40 years, strikes were called after 98% of union members voted for a walk-out.

How do the strikes affect the TRAUMA Service? As only the non-emergency care has been affected, the TRAUMA service and all other emergency care have been running as normal at usual capacity.

Queens Hospital Romford 10th Feb 2016

Trauma Calls

Monthly Breakdown 2016

Month	Total	Home	Admit	To Theatres	Admit Other	DID	Did Not Wait
2015 TOTAL	370	185	140	8	15	1	9
Jan	26 / 181	15 / 142	9 / 14	2 /	1 / 11	0 /	2 / 10
TOTALS	26	15	9	2	1	0	2

Jan - November 2015	Uploaded to TARN	Approved by TARN	Rejected by TARN	Filtered at BHRUT (incorrect coding)	Traumatic patients NOT FOR TARN	Still Pending upload
	690	427 / 52	110	916	1681	187

TARN DATA

The TARN Dashboard

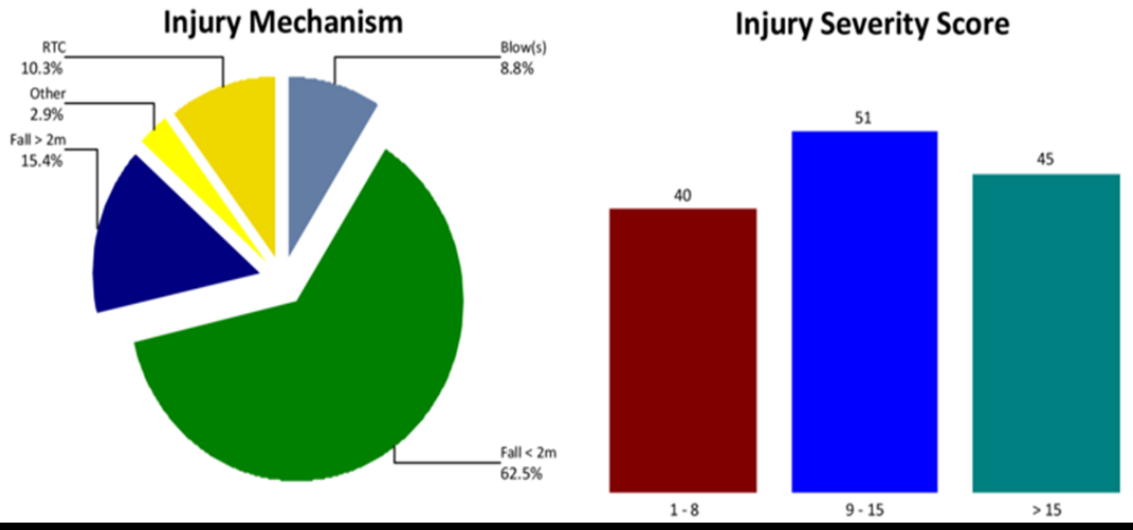
Hospital Activity

A summary of recent activity at this site

The table below breaks down submissions created during the time periods shown by current status

Queen's Hospital Essex					
Time Period	Created	Dispatched	Dispatched & Flagged	Returned	Approved
Last 90 Days	18	38	1	11	136
Current Calendar Year	10	38	0	4	69

Submissions approved within last 90 days



BHR

Orthopaedic Trauma Presentation

Queen's Trauma Service

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THE REPATRIATION, QUEENS

Mr John Hambidge Orthopediatric Consultant

Patient Details

Status: Presented at the MDM: Patient repatriated to Queens

Profile: Name: P.A.C, Age: 55, Sex: Male.

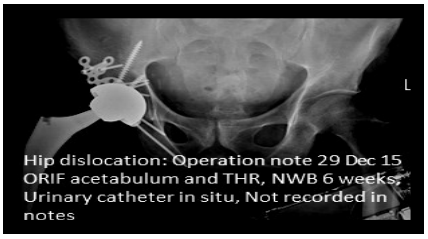
History: Mechanism of injury car vs car, no date given, Arrived 19 Jan '16 – limited notes, no transfer documents. No x-rays.

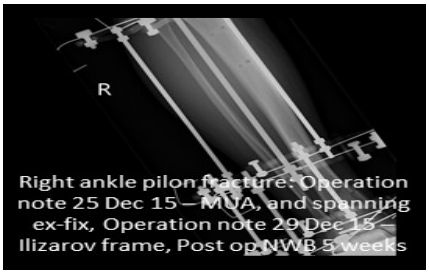
Injuries listed on fax - 1

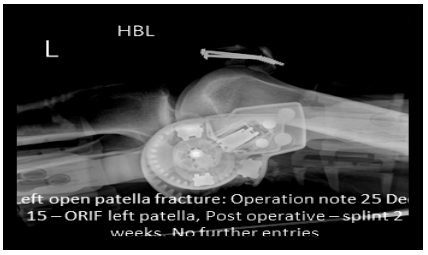
Multiple rib fractures (left 3-10 right 4,7 & 9), Right Humeral Fracture (brace), Right hip dislocation, acetabular and femoral head fracture (29/12/15 ORIF acetabulum and total hip replacement), Right pilon fracture (ex fix right ankle), Left open patella (29/12/15 washout and brace)

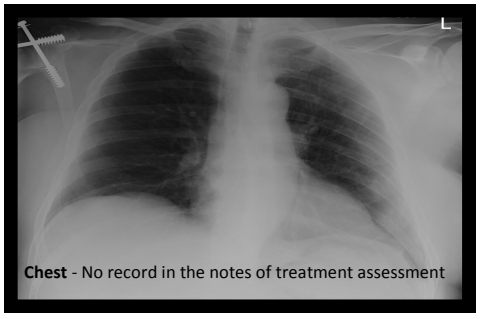
Injuries listed on fax - 2

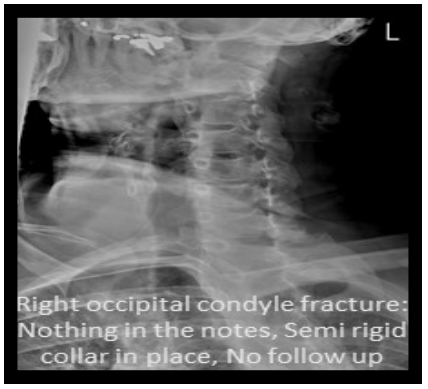
Right occipital condyle fracture, Right avulsion fracture 2nd DIP (splint removed), IVC filter 28/12/15 removed 10/1/16, Plan: NWB right for 6 weeks drop foot splint, Follow up: Mr Barry Mr Bates

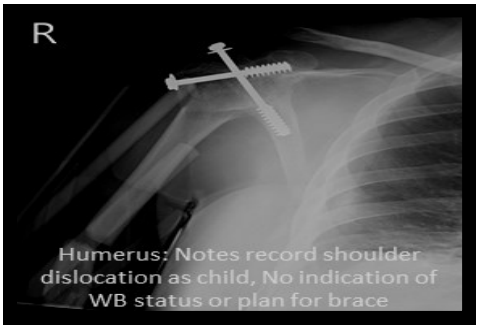












Report: Right avulsion fracture 2nd DIP: Plastic review 6 Jan 16 – volar plate injury site not recorded conservative management, Orthopaedic review 11 Jan 16 – right middle finger splint, No record of splint removal.

Pulmonary Embolus: Patient is on warfarin and says he has had a PE

Management:

Issues

Incomplete details humeral fracture – did they recognise he has a fusion? No follow up recorded, Catheter in situ why and for how long?, Patella fixation failed no details of why continued brace and no WB status, Collar in situ no records of why – was c-spine cleared?#Finger injury – no details regarding splint removal or follow up

PE – on warfarin not recorded, No details of follow up, no history of acceptance at BHRUT

OUTCOME

Repatriation process reviewed and clinician to clinician consultation implemented. All details including diagnostics, reports, discharge details (from transferring hospital) and management plans to be sent over first. Once this has been sent, bed management team will be made aware and allocate a bed.

Review of outcome:

Will improve time management of Repat, patient care will improve and will increase Trauma network communication.

Advanced Trauma Life Support

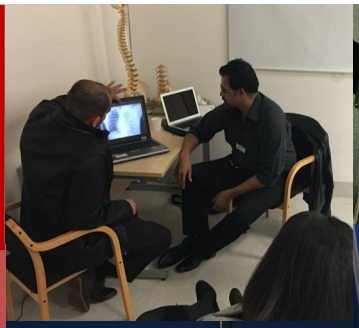
Royal College of Surgeons
ADVANCING SURGICAL CARE

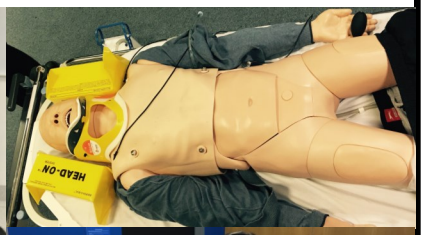
25th – 27th January 2016, Education Centre, Queen's Hospital

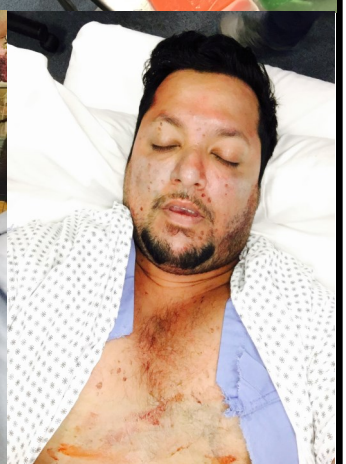
The January ATLS course at Queen's got off to a great start. A total of 16 candidates and 4 nurse observers attended the course which had a near ninety per cent success rate. Candidates attended from all over the UK as did the faculty.

The use of the resuscitation mannequin in the primary survey was a resounding success as the dynamics of sound and fluctuating vital signs rendered the moulage more believable.

Candidate feedback was overwhelmingly positive and the next course is set for September.







CASE STUDIES

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Case Study

Status: Discussed at the MDM: 07/02/2016

Profile: Patient: K.R.G, DN: 00332999 / 60135061, Age: 96 Sex: M, Admission: 20/12/2015, R.I.P: 22/12/2015 (DNAR completed 20/12/2015 16:45)

History: Trauma call attendees: - ED consultant (RM), Ortho SHO (IO), Anaes ST3 (MA), Gen Surg Reg (MK), Band 7 nurse (AC)

Management:

Nursing notes at presention, Blue call (Trauma), Fall down the stairs, Head injury, A - Patient, B - Spontaneous – Stats 98%, RR16, C - Cold/ Pale, BP 78/44, PR70, D - GCS 12, E - Head injury— Descapled, F - Unaccompanied

Consultant ED, PMHx - Nephrectomy right 2014 – Primary, - Mets in Stomach & Lung, - Anaemia, - Poor mobility (normally bed bound), - Registered blind, - carers 4 times a day, - Palliative care patient, Patient found on the floor by carers in a pool of blood, A – Patent airway, B – PR 15, Stats 95%, Lungs clear, C – PR 70, BP 78/44, D – GCS 9, E – Temp = 34.7

Management:

Plan, CT head / Chest / Abdo / Pelvis, Head dressing (scalp wound), Keep comfortable, Manage Pain, Boxing gloves for both hands

Following discussion with Surgical Reg / Anaesthetic

Reg / ITU Consultant, it was felt that further investigation / intervention would not be in the best interest given patients comorbidities + his palliative care plan

Concerns:

-No Radiology

-Query bed bound patient falls down a flight of stairs??

CENTRE FOR TRAUMA SCIENCES

http://www.c4ts.qmul.ac.uk/

Education, Training and Professional Development

TraumaTalk - Trauma M&M RLH

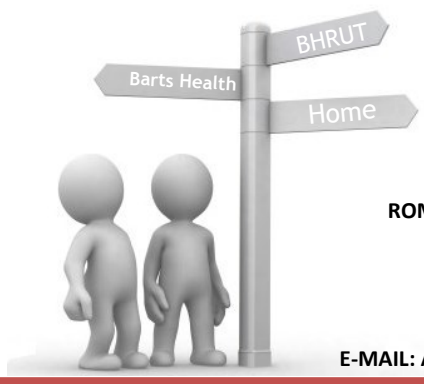
25th February

Trauma Immediate Life Support (TILS)

23rd/24th March

Trauma Team Leaders Course

11th April



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