

Trauma Aggregated News, Queen's



TRAUMA CALLS / Traumatic patients

Monthly Breakdown 2016

Month	Total	Home	Admit Queens	To Theatres	Admit Other	DID	Did Not Wait
May	27 / 165	8 / 121	17 / 32	0 / 0	1 / 1	0 / 1	0 / 11

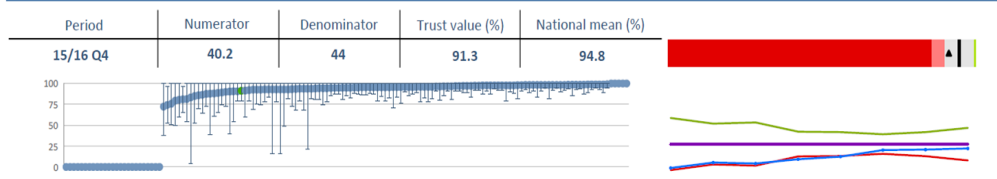
MAJOR TRAUMA DASHBOARD

Trauma Unit Dashboard Queen's Hospital Essex

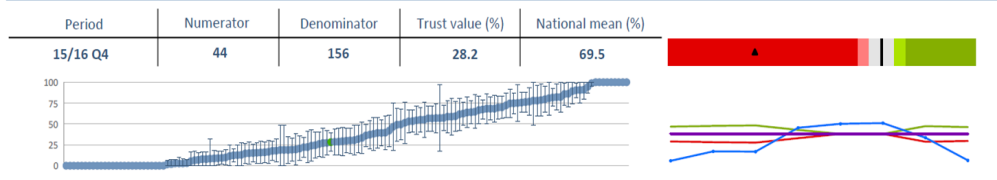
Developed by a working group of clinicians from Trauma Units
Prepared by the Trauma Audit & Research Network 27/05/2016

Data Quality

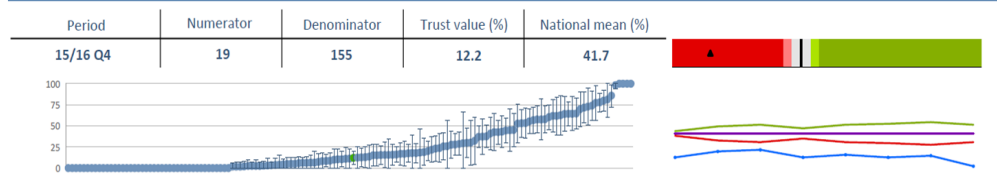
TU 01 - Quality of patient data submitted to TARN



TU 02a - All TARN eligible patients submitted

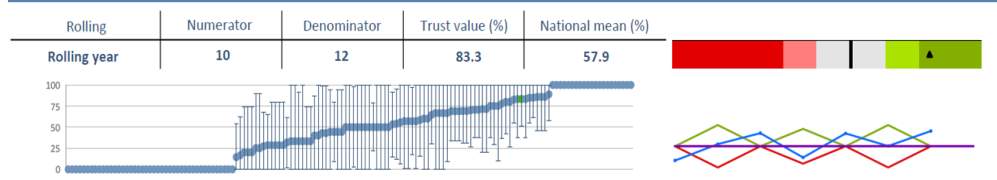


TU 02b - All TARN eligible patients submitted within 40 days of discharge or death (excluding coroner's cases)

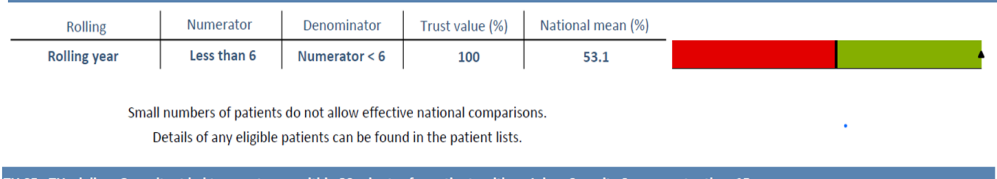


Evidence Based Measures

TU 03 - Proportion of patients meeting NICE head injury guidelines that receive CT scan within 60 minutes of arrival at TU

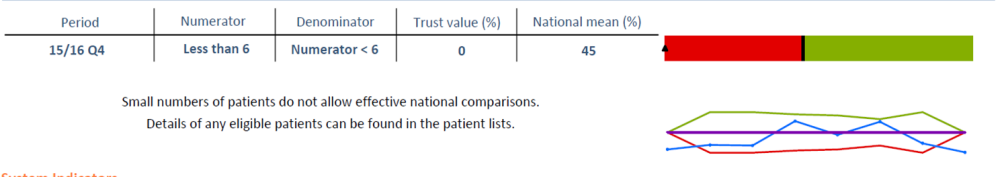


TU 04 - TUs administer Tranexamic Acid within 3 hours of incident to patients that receive blood products within 6 hours of incident



Small numbers of patients do not allow effective national comparisons.
Details of any eligible patients can be found in the patient lists.

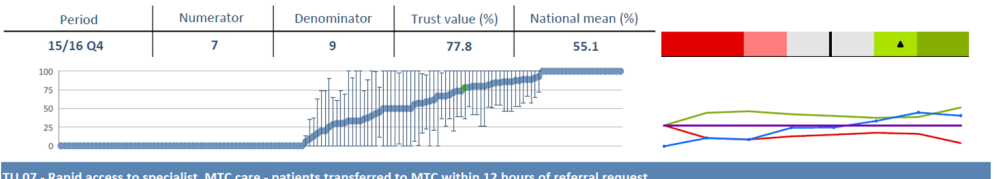
TU 05 - TUs deliver Consultant led trauma teams within 30 minutes for patients with an injury Severity Score greater than 15



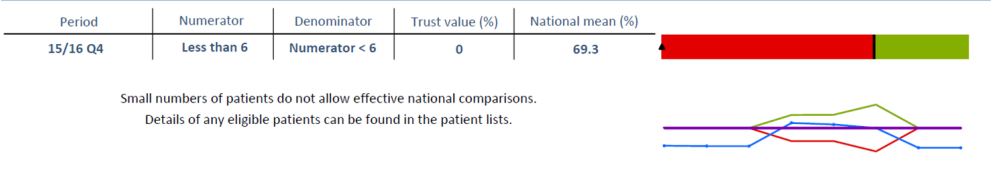
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System Indicators

TU 06 - TUs deliver grade STR 3 or above led trauma teams ON ARRIVAL

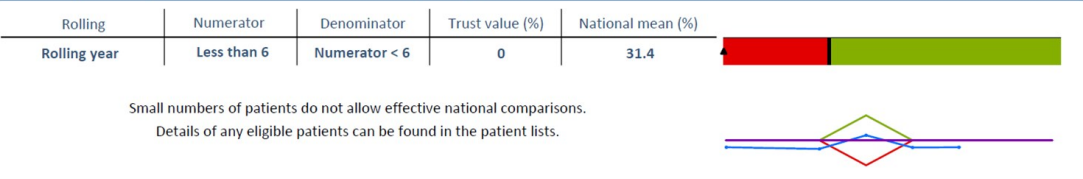


TU 07 - Rapid access to specialist MTC care - patients transferred to MTC within 12 hours of referral request



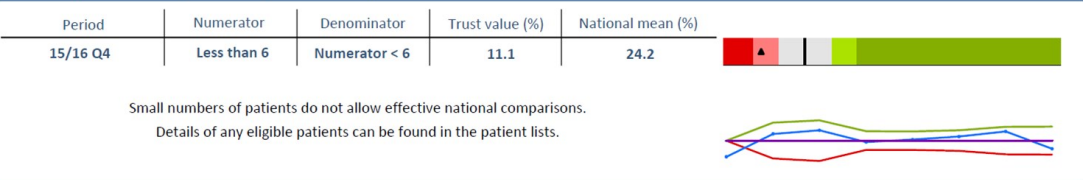
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TU 08 - Proportion of patients with GCS <9 with definitive airway management within 30 minutes of arrival in ED



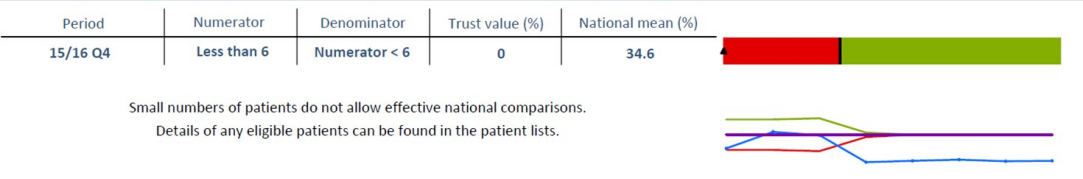
Small numbers of patients do not allow effective national comparisons.
Details of any eligible patients can be found in the patient lists.

TU 09 - Proportion of directly admitted patients receiving CT scan within 60 minutes of arrival at TU



Small numbers of patients do not allow effective national comparisons.
Details of any eligible patients can be found in the patient lists.

TU 10 - Proportion of patients with an ISS of more than 8 that have a rehabilitation prescription completed



Small numbers of patients do not allow effective national comparisons.
Details of any eligible patients can be found in the patient lists.

EXPECTED TARN PATIENT 2016

Month	Expected Submissions
January	42
February	41
March	45
April	53
May	58
June	41
July	60
August	60
September	47
October	67
November	52
December	49





“PEER REVIEWS 2016”

RECEPTION AND RESUSCITATION MEASURES

Indicator	Descriptor	Descriptor Magnified
T16-2B-301	Trauma Team Leader	<p>There should be a trauma team leader of ST3 or above or equivalent NCCG, with an agreed list of responsibilities available within 5mins, 24/7.</p> <p>There should also be a consultant available in 30 minutes.</p> <p>The trauma team leader should have been trained in Advanced Trauma Life Support (ATLS) or equivalent.</p> <p>There should be a clinician trained in advanced paediatric life support available for children’s major trauma.</p>
T16-2B-302	Emergency Trauma Nurse/ AHP	<p>There should be a nurse/AHP available for major trauma 24/7 who has successfully attained or is working towards the adult competency and educational standard of level 2 as described in the National Major Trauma Nursing Group guidance.</p> <p>In units which accept children;</p> <p>There should be a paediatric registered nurse/AHP available for paediatric major trauma 24/7 who has successfully attained or is working towards the paediatric competency and educational standard of level 2 as described in the National Major Trauma Nursing Group guidance.</p>
Indicator	Descriptor	Descriptor Magnified
T16-2B-303	Trauma Team Activation Protocol	<p>There should be a trauma team activation protocol</p> <p>The trauma team should include medical staff with recognised training in paediatrics and paediatric trained nurses with experience in trauma.</p>
T16-2B-304	Agreement to Network Transfer Protocol from Trauma Units to Major Trauma Centres	<p>The trauma unit should agree the network protocol for the transfer of patients from trauma unit to major trauma centre.</p>
T16-2B-305	24/7 CT Scanner Facilities	<p>There should be CT scanning available within 60 minutes of the trauma team activation.</p>
T16-2B-306	CT Reporting	<p>There should be a protocol for trauma CT reporting that specifies there should be a provisional report within 60 minutes.</p>
T16-2B-307	Teleradiology Facilities	<p>The trauma unit should have an image exchange portal that enables immediate image transfer to the MTC 24/7.</p>
T16-2B-308	24/7 Access to Surgical Staff	<p>The following staff should be available within 30 minutes 24/7:</p>
Indicator	Descriptor	Descriptor Magnified
T16-2B-309	Dedicated Orthopaedic Trauma Operating Theatre	<p>There should be dedicated trauma operating theatre lists with appropriate staffing available 7 days a week. The lists must be separate from other emergency operating.</p>
T16-2B-310	24/7 access to Emergency Theatre and Surgery	<p>There should be 24/7 access to a fully staffed and equipped emergency theatre. Patients requiring acute intervention for haemorrhage control should be in an operating room or intervention suite within 60 minutes.</p>
T16-2B-311	Trauma Management Guidelines	<p>The trauma unit should agree the network clinical guidelines specified in T16-1C-107</p> <p>The trauma unit should include relevant local details.</p>
T16-2B-312	Transfusion Protocol	<p>There should be a protocol for the management of massive transfusion in patients with significant haemorrhage.</p>

DEFINITIVE CARE MEASURES

Indicator	Descriptor	Descriptor Magnified
T16-2C-301	Major Trauma Lead Clinician	<p>There should be a lead clinician for major trauma, who should be a consultant with managerial responsibility for the service and a minimum of 1 programmed activity specified in their job plan.</p>
T16-2C-302	Trauma Group	<p>The TU should have a trauma group that meets at least quarterly.</p> <p>The membership should include:</p> <ul style="list-style-type: none">major trauma lead clinician;executive board representation;ED medical consultantED nurse <p>representation from:</p> <ul style="list-style-type: none">radiologysurgeryanaestheticscritical caretrauma orthopaedic surgeons
Indicator	Descriptor	Descriptor Magnified
T16-2C-304	Management of Spinal Injuries	<p>The trauma unit should agree the network protocol for protecting and assessing the whole spine in adults and children with major trauma.</p> <p>There should be a linked Spinal Cord Injury Centre (SCIC) for the MTC which provides an out-reach nursing and/or therapy service for patients with spinal cord injury within 5 days of referral.</p>
T16-2C-305	Management of Multiple Rib Fractures	<p>There should be network agreed local management guidelines for the management of multiple rib fractures including:</p> <ul style="list-style-type: none">pain management including early access to epidural;access to surgical advice.
T16-2C-306	Management of Musculoskeletal Trauma	<p>There should be guidelines for:</p> <ul style="list-style-type: none">isolated long bone fractures;early management of isolated pelvic acetabular fractures;peri-articular fractures;open fractures. <p>The guidelines should include:</p> <ul style="list-style-type: none">accessing specialist advice from the MTC;imaging and image transfer;indications for managing on site or transfer to the MTC.

DEFINITIVE CARE MEASURES

Indicator	Descriptor	Descriptor Magnified
T16-2C-308	Trauma Unit Agreement to the Network Repatriation Policy	<p>The trauma unit should agree the network repatriation policy T16-1C-115</p> <p>There should be a protocol in place for identifying a speciality team to accept the patient. The protocol should include the escalation process in the event of there not being access to a specialty team.</p>
T16-2C-309	Patient Experience	<p>The MTC should participate in the TARN PROMS and PREMS</p>
T16-2C-310	Discharge Summary	<p>There should be a discharge summary which includes:</p> <ul style="list-style-type: none">A list of all injuriesDetails of operations (with dates)Instructions for next stage rehabilitation for each injury (including specialist equipment such as; wheel chairs, braces and casts)Follow-up clinic appointmentsContact details for ongoing enquiries.
T16-2C-311	The Trauma Audit and Research Network (TARN)	<p>The trauma unit should participate in the TARN audit.</p>

REHABILITATION MEASURES

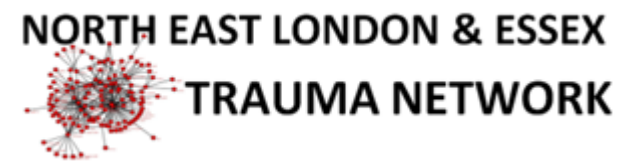
Indicator	Descriptor	Descriptor Magnified
T16-2D-301	Rehabilitation Coordinator	<p>There should be a rehabilitation coordinator who is responsible for coordination and communication regarding the patient’s current and future rehabilitation including oversight of the rehabilitation prescription.</p> <p>This rehabilitation coordinator should be a nurse or allied health professional.</p>
T16-2D-302	Access to Rehabilitation Specialists	<p>There should be the following allied health professionals with dedicated time to support rehabilitation of trauma patients:</p> <ul style="list-style-type: none">physiotherapistoccupational therapist;speech and language therapistdietician <p>There should be specified referral and access pathways for</p> <ul style="list-style-type: none">rehabilitation medicine consultantpain managementpsychology/neuropsychology assessment (1)mental health/psychiatryspecialised rehabilitationspecialist vocational rehabilitationsurgical appliancesorthotics and prostheticswheel chair services.
T16-2D-303	Rehabilitation Prescriptions	<p>All patients should receive a rehabilitation assessment including barriers to return to work. Where a prescription is required this should be completed within 72 hours.</p>

Pan-London Measures	
Evidence of Institutional Commitment	<p>Named senior lead to attend Network Board (75% attendance required)</p> <p>Named clinical lead to lead both locally and be part of the network group (1 PA required. 75% attendance required)</p> <p>Named clinical lead for elderly trauma to lead locally</p> <p>Named rehab lead to attend Network rehabilitation group (75% attendance required)</p> <p>Named TBI and Spinal champions to lead locally (requirement 75% attendance)</p> <p>EPLO representation at network EPLO group (75% attendance required)</p> <p>Nursing representation at network nursing group (75% attendance required)</p> <p>Named clinical lead for other network subgroups</p> <p>Named management support for clinical lead</p> <p>Evidence of local trauma delivery group meetings with MDT attendance (minimum quarterly)</p> <p>Evidence of dedicated resources that support TARN data entry.</p>
Evidence of TARN data completeness	<p>TARN requires minimum of 80% for data to be statistically significant</p>

Pan-London Measures	
Evidence of Governance and risk management	<p>Evidence of effective clinical incident management for trauma (governance log)</p> <p>-Evidence of clinical governance meeting (M&M meetings) which MT patients are</p> <p>-Evidence of local review of patients with ISS greater than 15 (minimum quarterly)</p> <p>Evidence of risk register related to delivering major trauma care / services and routine reporting to Divisional or Trust governance and risk board</p> <p>Evidence of a structured action plan for reviewing trauma governance and risk management (from ED to rehab) is structured within the Trust</p> <p>•Confirmation of lead speciality and pathway for the management of admitted trauma patients with:</p>
Evidence of inpatient care and pathways	<p>Multiple injuries</p> <p>Isolated head injuries</p> <p>Spinal injuries</p> <p>Elderly trauma patients</p> <p>Evidence of a trust wide process for accepting patients transferred back from the MTC</p>
Evidence of transfer of care processes	<p>Evidence of compliance with network and Pan London standards of transfers within 72 hours (includes 24 hours pre-alert) for the last 12 months</p> <p>Description of trauma co-ordination care service (roles and evidence of engagement)</p>
Evidence of on-going care rehabilitation practices	<p>Evidence of agreed Referral pathways/directory of services and documentation on discharge from TU</p> <p>Evidence of training methods and logs of trained staff for spinal care (i.e. ASIA) and collar & brace fitting.</p>



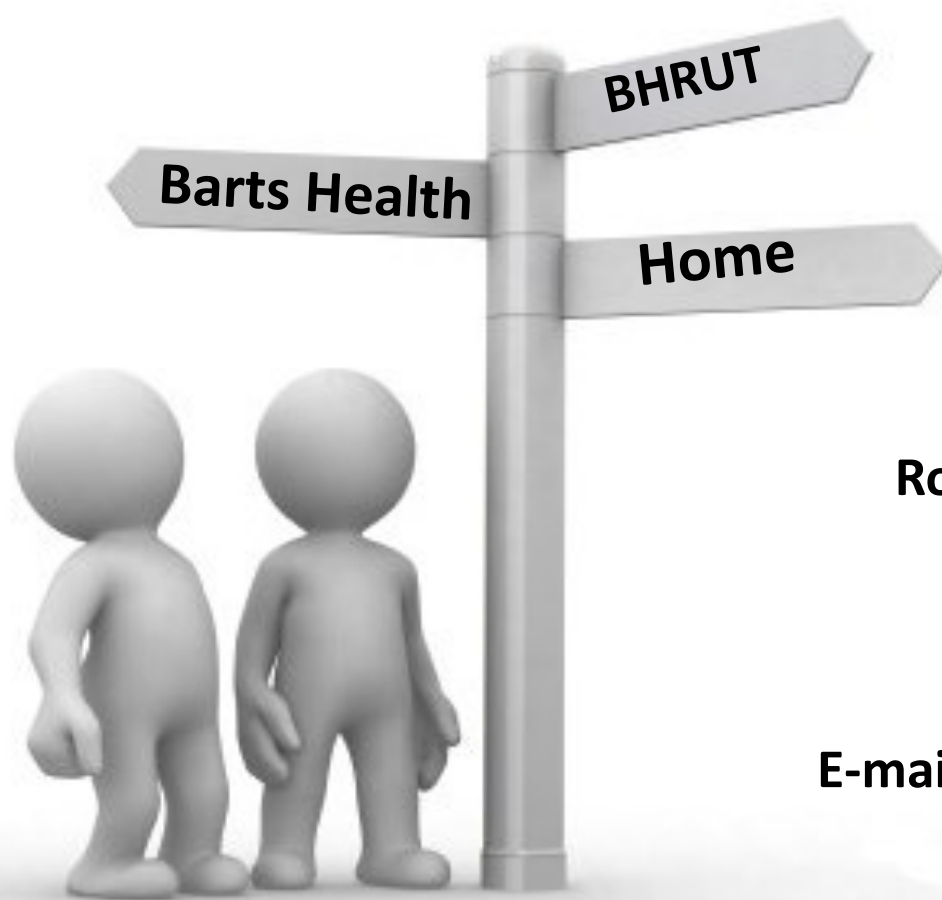
Education, **Training** & Professional Development



- TILS @ Queen's to be announced
- Trauma Talks @ RLH 9 June 2016 (Neuro Rehab)
- Advance Trauma Life Support (ATLS) 14—16 September 2016
- TARN (Data Collection) Manchester 29 July 2016

Useful websites for trauma:

www.bhrhospitals.nhs.uk | www.tarn.ac.uk | www.c4ts.qmul.ac.uk | www.nice.org.uk | www.trauma.org | www.aftertrauma.org |
www.tquins.nhs.uk | www.rcseng.ac.uk | erc.europa.eu



Queen's Trauma Service

ED Management Office

Emergency Department

Queen's Hospital

Rom Valley Way, Romford, RM7 0AG

Phone: 01708 43500 ext 2833

Fax: 01708 4353111

E-mail: akbar.hussain@bhrhospitals.nhs.uk

