

NoS Trauma Network Newsletter



Issue 2: June/July 2017

The last few months have been very busy for the North of Scotland (NoS) Trauma Network. There have been information gathering visits to English Networks/MTCs, the NoS Trauma Network Event in May, a review of the NoS education sessions, along with a number of other developments. This edition of the newsletter focuses on the key learning from the visits, introductions to the newly appointed Scottish Trauma Network (STN) team, a number of national updates and a summary from the NoS Trauma Event.

Information Gathering Visits to English Networks/MTCs

At the end of April, a group of six clinicians from the NoS visited trauma teams at the Royal Stoke and Nottingham University Hospitals. The aim was to increase our knowledge on the success behind Trauma Networks in England as well as learn from their experiences. A report has been produced setting out the key messages from these visits.

A few of the key messages were:

- Major Trauma Case Managers/Trauma Coordinators are a key factor to success to the MTC/Network
- rehabilitation prescriptions are completed within 48 hours of the patient being admitted
- elderly trauma falling less than two metres is a significant part of major and moderate trauma
- communication is the most important thing required for a successful Network.

If you would like further information on the visits please contact portia.brown@nhs.net.



National STAG Update

Scottish Trauma Audit Group (STAG) are responsible for reporting on the Key Performance Indicators (KPIs) for the new Scottish Trauma Network. These standards will help ensure that injured patients are treated in the most appropriate hospital and that the correct treatments are administered timely, ensuring the best possible chance of survival and good functional outcome. By reporting this information, STAG will be able to identify good outcomes and best practices and highlight areas where improvement is needed.

It is essential that we have a full picture of trauma care in the NoS, and to allow us to do this, all who receive major trauma patients should participate in STAG in the future. STAG is currently building a new electronic data collection system (eSTAG) that will be launched this autumn. Currently Aberdeen Royal Infirmary and Raigmore Hospital are participating in STAG in the north, with plans progressing to visit each hospital and review resources needed to extend the audit into all appropriate hospitals.

For more information on the audit please see our website www.stag.scot.nhs.uk. For further details contact angela.khan@nhs.net

SAS Trauma Triage Tool Update

The first trial of the Scottish Trauma Triage Tool commenced on Monday 22nd May, 2017. The ambulance staff participating are based at two stations, Glenrothes and Cupar. To prepare staff to participate, training sessions were delivered, and enthusiastically received, at both stations by Dr Mike Donald.

Reporting mechanisms have been developed to gather evidence, which will be shared with STAG and drive learning along with weekly review meetings for the implementation team. To support the trial, clinical advice is being provided by the Emergency Department at Ninewells as the SAS trauma desk is not currently in operation 24/7.

This is an exciting development and will provide valuable learning for wider implementation across Scotland with the next trial being planned for Grampian. Further updates will be included in the next newsletter.

For further details contact: Euan Esslemont, euan.esslemont@nhs.net

Introduction to the Scottish Trauma Network (STN) Programme Team

The STN has been established to support each of the four regional networks (North, Tayside, South East and West), the Scottish Ambulance Service (SAS) and the Scottish Trauma Audit Group (STAG) to work together to establish a trauma network across Scotland. It will support the networks aim of "Saving lives and giving life back".

The STN team is now in place, led by Kate Burley, Associate Director in NHS National Services Scotland (NSS). Kate is an experienced Network Director, having worked with a number of clinical networks in NHS England Midlands and East. Kate has recently been working for the SAS as Head of ScotSTAR, providing her with excellent experience to lead the Trauma Network. Alison Gilhooly, Programme Manager, and Lana Peacock, Programme Support Officer join Kate to make up the network management team. Alison and Lana both come with experience of working in network and project roles in NHS Scotland. Martin McKechnie joins the team as Lead Clinician for the STN. Martin is a Consultant in Emergency Medicine in NHS Lothian, and Vice Chair of the Scottish Board of the Royal College of Emergency Medicine.

The network team are up and running, moving forward arranging meetings with each of the regional networks and the SAS. The team will work with each of our stakeholders to progress with plans to introduce working groups, which will support the regional networks.

If you are interested in hearing more from us, or have any questions, please email nss.scotrauma@nhs.net.

Trauma Spotlight on Dr Gray's Hospital

Every newsletter will focus on a different part of the trauma network - this edition focuses on Dr Gray's.

Dr Gray's Hospital Emergency Department (ED) receives trauma patients mainly from road traffic collisions and industrial incidents many of which occur on minor roads and rural areas in the surrounding countryside.

The hospital is the smallest District General Hospital in Scotland, the ED seeing approximately 25,000 patients a year but has a full scope of general specialties on site including surgery, orthopaedics, paediatrics and anaesthetics. The anaesthetic consultants accompanying patients requiring ITU as there are no level three ITU beds on site. The ED has 24/7 Consultant / Associate Specialist cover and there is a well-established consultant-based Trauma Team 24/7. There is the ability to deliver critical care up to the point of delivery or retrieval to a physical ITU bed.

There are consultant general surgeons, orthopaedic surgeons and consultant anaesthetists available 24/7. They can undertake advance airway management and carry out emergency general and orthopaedic surgery if required and there are several trained and able to undertake emergency thoracotomy. One or two of the surgeons would also undertake burr holes if required.

ED is already using a Major Trauma proforma adapted from one of the MTC's in England, to aid the management of the trauma patient and support governance.

A CT scanner is available 24/7 and all trauma patients undergo a trauma CT which is reported by a consultant radiologist in either Dr Gray's or ARI.

For more information please contact Dr Pam Hardy or Dr Alastair Ross.



Single Point of Contact for Major Trauma

Steps are being taken to introduce a Single Point of Contact for Major Trauma to service the needs of adult and paediatric patients within the North of Scotland (NoS) Trauma Network.

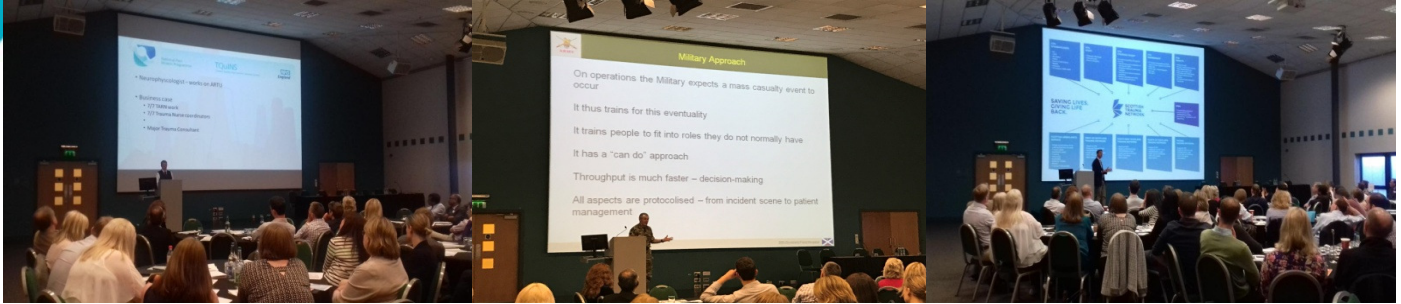
This role will be performed by a senior Emergency Medicine doctor on duty in the Aberdeen Major Trauma Centre (MTC). This individual will be the point of contact for:

- **Transfer** of Major Trauma patients to the Aberdeen MTC
- **Clinical support** for clinicians dealing with cases of Major Trauma across the NoS Trauma Network
- **Co-ordination** with the Scottish Ambulance Service Special Services Desk for complex issues or transfers to the Aberdeen MTC

Further details will follow when this capability is operational.

NoS Trauma Network Event

A NoS Trauma Network Event took place on Wednesday 3rd of May 2017. Over 150 clinicians and managers attended, representing a wide range of professionals, services and organisations from across Grampian, Highland, Orkney, Shetland and the Scottish Ambulance Service (SAS), the third sector, other trauma networks and the Scottish Government. The event report is available upon request at nospg.majortrauma@nhs.net.



Presentations

The Event contained a range of presentations:

- Scottish Trauma Network - Now and Plans for the Future
- Early Rehab Effective at Trauma Centres - Lessons Learnt from BIG Data and RCTs from Australian Models of Trauma Management
- Enhancing Major Trauma Care in Stoke....Two Years On
- Coordinating Care around Patients Needs Experiences from England
- Mass Casualties - The Military Approach

In order to attempt to maximise audience participation speakers were given the opportunity to use the VoxVote tool to ask questions throughout the presentations.

Presentations are available upon request at nospg.majortrauma@nhs.net.

Developments for Future Learning:

- Need to collect data on primary care provision of pre-hospital care
- A key focus for the next 12-18 months should be to maximise the use of technology.
- Review provision of trauma care given to patients 65 years and over
- Standardisation of process/protocols required
- eSTAG introduction in all network hospital sites
- Increasing communication during transfers – bring others into conversations via VC to aid better facilitation
- Outcome measures – time is very important but there are other metrics that are important to patients
- Establish a Paediatric MTC Group.

Post-event, delegates were asked to advise on the top priorities for the next 12-18 months. Results were...

- Communication
- Employ Trauma Coordinators
- Focus on Elderly Trauma
- Rehabilitation in the Community
- Collaborate with other MTCs to deliver Trauma Education sessions

"It still feels as though things are moving slowly, and the level of discussion is still being held in a hypothetical context rather than actual at an on the ground level of planning"

83% of delegates who completed the evaluation survey told us that there should be annual NoS Trauma Network Events



"Really informative and interesting day, almost need to follow up now to get the most from the information and develop ideas/local plans"

Workshops

Prior to the event delegates were given the opportunity to select their top four workshop choices out of a possible twelve, where open discussions were encouraged. Below summarises the key messages which came from the twelve workshops. The Event report provides more detailed information from each workshop.

Development of a Major Trauma Service Model

- Role of Trauma Case Managers and Rehab Co-ordinators are crucial.
- Rehab must be provided as close to the patient's home when available.

Learning from the NHS Highland Pre-Hospital Care Pilot

- Largest development in pre-hospital care has been, to date, at no cost to the NHS – it's time to invest.
- Highland model demonstrates feasibility – but will require additional resource requirement.
- Need to gather data on pre-hospital care provided by primary care.

Air Ambulance Retrieval and Transfer Care

- Vehicles need to be made available for inter hospital transfer which do not take away ambulances from the existing service.
- Equality to access – Glasgow receive different service to the NoS.

Enhancing Care through Co-ordination

- Trauma Coordinators need professional support.
- Trauma coordination is a 7-day demand but can have 5 day supply.
- A key focus for the next 12-18 months should be to maximise the use of technology.

Rib Fracture Pathways for Trauma in the NoS

- So far 21 procedures have been carried out.
- Pain reduces and there is a faster recovery process.
- Consider more aggressive treatment for younger patient groups.

Prevention of Trauma in the NoS

- Work needed on data to inform further discussions.
- Lack of resources to tackle prevention.

Ensuring Quality Care in the Military Setting

- Travel time significantly impacts on KPIs.
- Difficult to get robust, quality data – pre-hospital data most difficult to collect.
- Patients lives primarily depend on the care provided in the first few minutes (pre-hospital phase).

Opportunities for using Technology to improve Trauma Care in the NoS

- Use technology i.e. VC to support smaller units where patients may initially attend.
- Maximise technologies in the MTC i.e. Go Pro used in the military.

Priorities for Trauma Education

- Pre-hospital MDT working with Ambulance Service training - simulation in local environment.
- MDT Training in the acute and rehab phase of trauma.
- Understanding the whole journey – not just your bit.

Trauma in the Older Population

- Rehab for 65-75 age range – where is the most appropriate place for this?
- Trauma Geriatrician role requires to be considered at the MTC.

Enhancing Trauma Rehabilitation and Patient Outcomes through a Network Rehab Plan

- Agreed it would be beneficial to use FIM for outcome measures – widely used already.
- Rehab Co-ordinator – not just in the MTC.
- Rehab Plan needs to be electronic.

Development of a Paediatric Trauma Care SOP

- Good document - pitched at the right level.
- Danger of de-skilling, reducing expertise in local small centres.
- National pathways need to be included.

Other News.....

- NoS Trauma Clinical Lead Recruitment is currently underway with interviews scheduled for early July 2017.
- Visits to local hospitals regarding STAG roll out are currently being organised.
- Development of a NoS Co-ordination Implementation Plan is underway following various meetings and workshops.
- Testing of the draft Rehabilitation Plan Document due to start soon.

Look out for our next Newsletter due in September 2017 where we will bring updates on progress.