Major Trauma and Quality Surveillance/Peer Review

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The Journey of Peer Review…

- The national Quality Surveillance Team (QST) carried out a comprehensive peer review of all Major Trauma Centres in 2014 units across England
- This was repeated in 2015, including the Trauma Units
- In 2016 all MTCs completed an annual assessment on the TQuINS platform
- In 2017 the Quality Surveillance Information System (QSIS) platform was rolled out for all specialised services and the major trauma Quality Indicators (*measures*) were moved from TQuINS to QSIS
- All MTCs have now completed an annual assessment on QSIS
- There are on-going face-to-face peer review visits to targeted MTCs across the country; which have been identified usually during the annual assessment process
- TUs continue to have peer review visits as part of the clinical governance framework provided by the ODNs
- The Quality Indicators are in the process of being reviewed with an expected deadline of completion and sign-off by March 2019

2018 Annual Assessment Process

- Compliance against the Quality Indicators for:
  - Adult and Joint Adult/Children's MTCs
  - Adult MTCs
  - Children's MTCs

- Completion of self-declaration covered:

1. Resus & Reception
2. Definitive Care
3. Rehab

Compliance against the Quality Indicators

Service	2018		2017		Trend
	Mean	Range	Mean	Range	
Adult MTC	88.25%	66-100%	87.83%	68-100%	↑
Adult /Adult & Children's MTC	88.26%	68-100%	87.63%	66-100%	↑
Children's MTC	88.27%	80-100%	87.27%	80-100%	↑

Quality Indicators with 5 Lowest Compliance - 2018 Adult MTC

Quality Indicator	2018	2017	Trend
Reception and Resuscitation-Emergency Trauma Nurse/ AHP	50%	50%	No Change
Rehabilitation-Rehabilitation Co-ordinator Post	63%	67%	
Definitive Care-Major Trauma Co-ordinator Service	63%	58%	
Definitive Care-Major Trauma MDT Meeting	71%	54%	
Reception and Resuscitation-Trauma Team Leader	71%	71%	No Change

Quality Indicators with 100% Compliance - 2018 Adult MTC

Quality Indicator	2018	2017	Trend
Definitive Care-Management of Complex Peripheral Nerve Injuries	100%	96%	
Definitive Care-Management of Neurosurgical Trauma	100%	100%	No Change
Reception and Resuscitation-24/7 Surgical and Resuscitative Thoracotomy Capability	100%	96%	
Reception and Resuscitation-Trauma Team Activation Protocol	100%	100%	No Change

Quality Indicators with 5 Lowest Compliance - 2018 Adult & Children's MTC

Quality Indicator	2018	2017	Trend
Reception and Resuscitation-Emergency Trauma Nurse/ AHP	46%	45%	
Rehabilitation-Rehabilitation Co-ordinator Post	56%	61%	
Definitive Care-Major Trauma Co-ordinator Service	62%	61%	
Definitive Care-Major Trauma MDT Meeting	72%	61%	
Rehabilitation-Clinical Psychologist for Trauma Rehabilitation	72%	66%	

Quality Indicators with 100% Compliance - 2018 Adult & Children's MTC

Quality Indicator	2018	2017	Trend
Reception and Resuscitation-Trauma Team Activation Protocol	100%	100%	No Change
Definitive Care-Management of Craniofacial Trauma	100%	97%	
Reception and Resuscitation-24/7 Surgical and Resuscitative Thoracotomy Capability	100%	97%	
Definitive Care-Patient Transfer	100%	100%	No Change

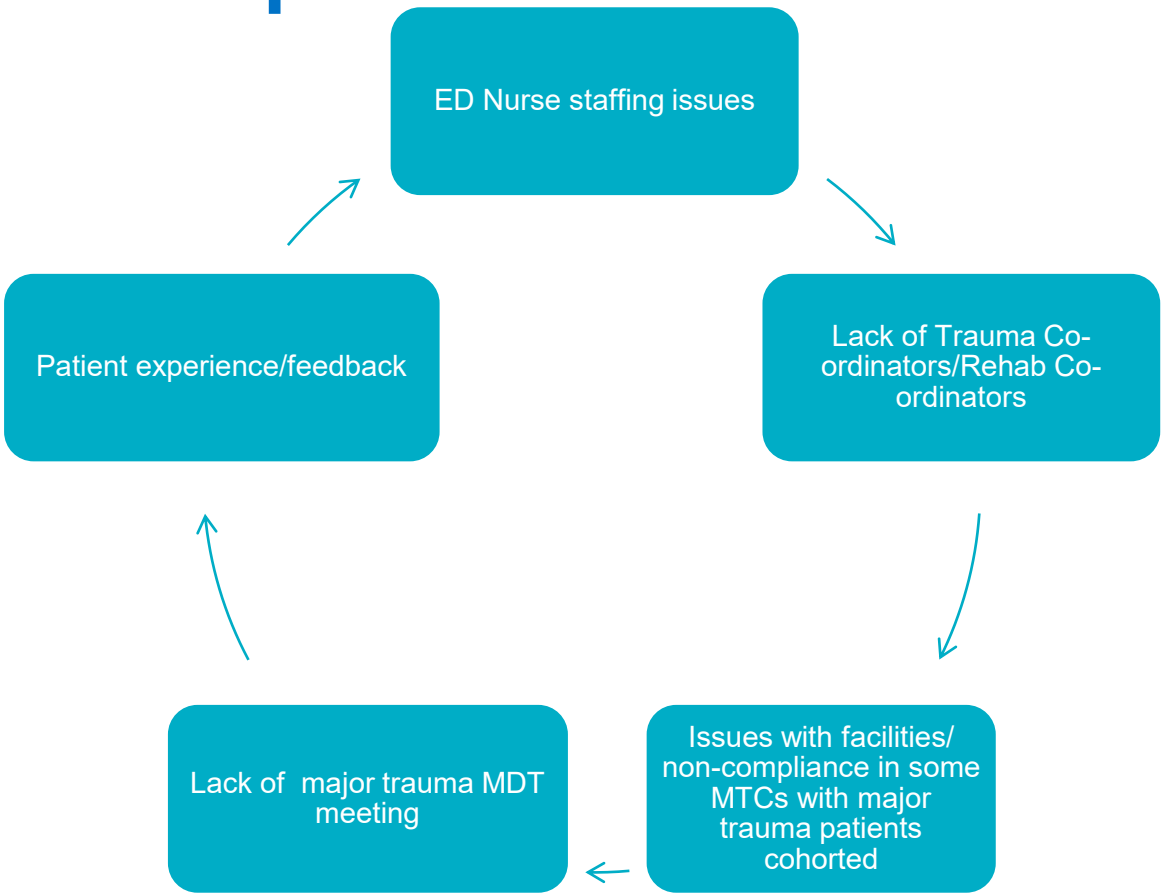
Quality Indicators with 5 Lowest Compliance - 2018 Children's MTC

Quality Indicator	2018	2017	Trend
Reception and Resuscitation-Emergency Trauma Nurse/ AHP	40%	36%	
Rehabilitation-Rehabilitation Co-ordinator Post	47%	50%	
Definitive Care-Major Trauma Co-ordinator Service	60%	64%	
Reception and Resuscitation-24/7 Interventional Radiology	60%	64%	
Rehabilitation-Clinical Lead for Acute Trauma Rehabilitation Services	67%	57%	

Quality Indicators with 100% Compliance - 2018 Children's MTC

Quality Indicator	2018	2017	Trend
Definitive Care-Formal Tertiary Survey	100%	100%	No Change
Definitive Care-Designated Specialist Burns Care	100%	100%	No Change
Reception and Resuscitation-Provision of Surgeons and Facilities for Fixation of Pelvic Ring Injuries	100%	93%	
Definitive Care-24/7 Access to Psychiatric Advice	100%	100%	No Change
Rehabilitation -All patients should receive a rehabilitation assessment. Where a prescription is required, this should be completed within 72 hours	100%	100%	No Change

Key themes from the 2018 Annual Assessment process



Face-to-Face Peer Review Visits for 2017

MTC	Number of Immediate Risks	Number of Serious Concerns
Plymouth Hospitals NHS Trust	2	3
Sheffield Teaching Hospitals NHS FT	2	3
Brighton and Sussex University Hospitals NHS Trust	2	4
South Tees Hospitals NHS FT	0	5

Face-to-Face Peer Review Visits for 2018

MTC	Number of Immediate Risks	Number of Serious Concerns
University Hospitals Bristol NHS Foundation Trust	0	0
North Bristol NHS Trust	0	2
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	0	3
Cambridge University Hospital NHS Foundation Trust	2	4
Oxford University Hospital NHS Foundation Trust	3	0
University Hospital Southampton NHS Foundation Trust	4	3
Nottingham University Hospitals NHS Foundation Trust – *review visit December 2018*		

Immediate Risks - themes 2017/2018 Peer Review Visits

Immediate Risks
The MTC does not have a separate major trauma ward, or clearly identified clinical area, where all major trauma patients are managed as a cohort.
Ongoing delay in relocating the CT scanner within the ED, along with the current high use of the existing CT for non-trauma patients, is leading to delays in access times.
There is no standalone major trauma MDT which has all the core disciplines attending to discuss the care, treatment and ongoing rehabilitation of all major trauma patients.
The Trust was not able to provide evidence of the availability of a TTL 24/7 within 5 mins.
The MTC does not use a trauma care model and instead uses a shared-care model, this means that major trauma patients are currently located in a number of areas across the hospital, there is no standalone major trauma MDT meeting, in which all of the core disciplines attend to discuss the care, treatment and on-going rehabilitation of patients.
The service for patients requiring soft tissue coverage is well below an appropriate standard, especially for an MTC that has a heavy burden of extremity trauma.

Serious Concerns - themes 2017/2018
Peer Review Visits

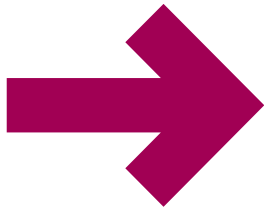
Serious Concerns
There is inadequate provision of a major trauma co-ordinator service for adults and children's and so is not possible to ensure that all major trauma patients are being seen.
Whilst there is some basic discharge information available to patients, the overall level of information provided to patients to support their discharge and on-going care was inadequate.
Liaison psychiatry appears to be a stretched service across the Trust with no evidence given that a reasonable level of mental health support was available to major trauma patients with a crisis scenario.
For both the adult and children's MTC there is insufficient band 7 nurses available 24/7 with the level 2 competency training required for major trauma nurses.
Not all patients receive a completed rehabilitation prescription, there was evidence from the TARN database that only 50% of all major trauma patients presently have a completed rehabilitation prescription.
The multidisciplinary rehabilitation team lack all the required specialities and the single-handed lead clinician for the MTC acute trauma rehabilitation is part-time.
The interventional radiology service is only available 24/7, within 30 minutes of request, six days out of every seven.
There is an absence of a specialist rehabilitation beds for musculoskeletal major trauma patients.

Significant Achievements from Review Visits

- Consultant support of tertiary survey and follow-up of patients who outlie the trauma ward
- Dedicated consultant radiologists who attend to report CT scans out of hours
- Good links with neuro critical care
- Regular monthly mortality meetings where all major trauma deaths are reviewed
- Weekly trauma simulation training in the ED
- Posters in the resus room clearly detailing the roles & responsibilities of the trauma team
- Clear trauma activation protocol in place
- Paediatric patients being placed at the start of theatre lists
- Rib fracture trauma model of care
- Orthopaedic major trauma patients dictated admission note which is sent electronically to their local GP
- One week telephone review clinic on discharge which is being run by the keyworkers

Next Steps

- Review and amend the current Quality Indicators, these will be agreed and signed-off by the trauma CRG
- For all MTCs to continue the annual assessment process
- Further work on the QSIS portal to include QIs for the Networks and TUs



Any Questions ?