Major Trauma Directory of Services 2020-21

Introduction

The Directory of Services (DoS) is an online situation reporting system (Sitrep) that is used by Trauma teams and commissioners to monitor Trauma unit demand across the country. It is the responsibility of clinical teams to input each morning. Individuals have to register on the system in order to be able to use it, although generic usernames can be used.

https://www.directoryofservices.nhs.uk/

Users can set up a new account on the website by clicking 'request new account' and completing the online form. No formal training is required. A written user guide is provided in Appendix 1.

DoS Indicators

The indicators have been created in line with the current national collection to provide a centralised easy to use form and remove the need to upload and manually collate data. There are descriptors for each indicator to ensure the intention of each one is clear for users. The data is intended to assist with operational management during periods of surge in demand plus the impact of COVID-19.

List of Indicators

TRAUMA UNIT (TU) and LOCAL EMERGENCY HOSPITAL (LEH) INDICATORS

All data should be accurate at time of sitrep and units should aim to complete the sitrep before 09.30 every morning.

Item 1: Are you currently accepting primary triage candidate positive major trauma patients?

At the time of data submission does the unit have the ability to automatically accept patients from pre-hospital providers? – (Yes or No replies only)

Item 2: TU OPEL status

As per local Major Trauma escalation policy – (Must be an integer from 1 to 4). *See Appendix 2 for further details on OPEL status (p10)*

Item 3: Number of Major Trauma Inpatients

Number of patients suspected to be TARN candidate positive (Must be an integer from 0 to 999). *See Appendix 3 for further details of TARN inclusion criteria (p13)*

Item 4: Number of Major Trauma Inpatients on the Intensive Care Unit (ICU)

Number of patients suspected to be TARN candidate positive on ICU (Must be an integer from 0 to 99)

Item 5: Number of Patients waiting for specialist rehabilitation

Number of outstanding patients at the TU awaiting specialist rehabilitation ICU (Must be an integer from 0 to 99)

Item 6: Is it planned that your site can accept Primary triaged candidate positive major trauma Patients for the next 24 hours

Do you expect your unit to have the ability to automatically accept patients from pre-hospital providers over the next 24hrs? – (Yes or No replies only)

Item 7: Is it planned that your site will have staff to support critical secondary transfers for the next 24 hours

Do you expect to have the ability to support the transfer of time critical major injured patients, that exceed the capability of the Trauma Unit, to the Major Trauma Centre? – (Yes or No replies only)

Item 8: Number of trauma Inpatients awaiting transfer to Major Trauma Centre

How many inpatients have been referred to the Major Trauma Centre for specialist intervention who are yet to be transferred? (Must be an integer from 0 to 99)

Item 9: Comments regarding trauma

Any other relevant information pertaining to Major Trauma service

MAJOR TRAUMA CENTRE (MTC) INDICATORS:

Item 1: Are you currently accepting primary triage candidate positive major trauma patients?

At the time of data submission does the unit have the ability to automatically accept patients from pre-hospital providers? – (Yes or No replies only)

Item 2: MTC OPEL Status?

As per local Major Trauma escalation policy – (Must be an integer from 1 to 4). *See Appendix 2 for further details on OPEL status (p10)*

Item 3: Number of Major Trauma Inpatients?

Number of patients suspected to be TARN candidate positive (Must be an integer from 0 to 999). *See Appendix 3 for further details of TARN inclusion criteria (p13)*

Item 4: Number of Major Trauma Inpatients on the Intensive Care Unit (ICU)?

Number of patients suspected to be TARN candidate positive on ICU (Must be an integer from 0 to 99)

Item 5: Number of Major Trauma repatriations outstanding within your network which have been referred?

Number of outbound patients at the MTC referred within the network for repatriation but not accepted. (Must be an integer from 0 to 99)

Item 6: Number of Major Trauma repatriations outstanding within your network which have been accepted?

Number of outbound patients at the MTC referred within Network for repatriation and accepted (Must be an integer from 0 to 99)

Item 7: Number of Major Trauma repatriations outstanding outside of your network which have been referred?

Number of outbound patients at the MTC referred outside of the network for repatriation but not accepted. (Must be an integer from 0 to 99)

Item 8: Number of Major Trauma repatriations outstanding outside of your network which have been accepted?

Number of outbound patients at the MTC referred outside of Network for repatriation and accepted (Must be an integer from 0 to 99)

Item 9: How many of these repatriations are awaiting specialist rehabilitation?

Number of outstanding patients at the MTC awaiting specialist rehabilitation (Must be an integer from 0 to 99)

Item 10: Is it planned that your site will have minimum theatre capacity for the next 24 hours?

A minimum of at least one theatre that is operational (ie: ready to receive patients; and no plans to decommission in next 24 hours) for each of the below:

1. Neurosurgical emergencies

2. CEPOD theatre

3. Emergency surgery/trauma theatre

Answer should be a YES/NO only

Item 11: Is it planned that your site can accept Primary triaged candidate positive Major Trauma Patients for the next 24 hours?

Do you expect your unit to have the ability to automatically accept patients from pre-hospital providers over the next 24hrs? – (Yes or No replies only)

Item 12: Is it planned that your site can accept time critical Secondary transfers for the next 24 hours?

Do you expect your unit to have the ability to transfer in time critical major injured patients that exceed the capability of the Trauma Units – (Yes or No replies only)

Item 13: Is it planned that your site can accept time dependant specialty secondary transfers for the next 24 hours?

Do you expect your unit to have the ability to provide surgery for:

• Spinal

• Pelvic

• Lower limb

(Yes or No replies only)

Item 14: Specialist Neurosurgery service still active?

Is this service still able to provide emergency care? - (Yes or No replies only) **Item**

15: Specialist Vascular service still active?

Is this service still able to provide emergency care? - (Yes or No replies only)

Item 16: Specialist Cardiothoracic service still active?

Is this service still able to provide emergency care? - (Yes or No replies only)

Item 17: Specialist Interventional Radiology service still active? Is this

service still able to provide emergency care? - (Yes or No replies only) **Item**

18: Specialist Maxillofacial surgery service still active?

Is this service still able to provide emergency care? - (Yes or No replies only)

Item 19: Specialist Ears, Nose and Throat (ENT) service still active? Is this

service still able to provide emergency care? - (Yes or No replies only) **Item**

20: Specialist Paediatric Surgery service still active?

Is this service still able to provide emergency care? - (Yes or No replies only) **Item**

21: Specialist Orthopaedic Surgery service still active?

Is this service still able to provide emergency care? - (Yes or No replies only) **Item**

22: Specialist Spinal Surgery service still active?

Is this service still able to provide emergency care? - (Yes or No replies only) **Item**

23: Specialist Pelvic Surgery service still active?

Is this service still able to provide emergency care? - (Yes or No replies only) **Item**

24: Specialist Orthoplastics service still active?

Is this service still able to provide emergency care? - (Yes or No replies only)

Item 25: Comments Regarding Major Trauma

Any other relevant information pertaining to Major Trauma service

Appendix 1 - DoS Accounts

To request a DoS Account, fill in the form here:

https://www.directoryofservices.nhs.uk/app/controllers/login/requestNewAccount.php

- When selecting the **DoS region**, use **'National Critical Care & Burns'** NOT your local region – this will mean the right people are able to approve your request quickly.
- In the **service name,** please note the name of the unit (or each unit if multiple) that you will need access to edit their data submission.
- Once you have submitted the form, you will receive an email to verify your email address. You will need to click the link in the email before your account can be approved

Once you have an account, you can log in here:

https://www.directoryofservices.nhs.uk/app/controllers/login/login.php

What you can see and do in the DoS is determined by the permissions you have been given

Viewing Grid Data

There are a couple of ways to see an overview of the grid data.

Saved Searches

It is possible to save a search and share this with colleagues. If you have had one or more searches shared with you, this is a quick way to find the data you need.

- From your Home screen, click the 'My Saved Searches' tab

- Searches you have created yourself and not shared will be on the left, and shared searches on the right
- Clicking on the name will run the search and take you to the results page

Trauma Unit	Are you currently accepting primary triage candidate positive major trauma patients? (Yes/No)	TU OPEL status	Number of Major Trauma Inpatients	Number of Major Trauma Inpatients on the Intensive Care Unit (ICU)	Is it planned that your site can accept Primary triaged candidate positive major trauma Patients for the next 24 hours (Yes/No)	Is it planned that your site will have staff to support critical secondary transfers for the next 24 hours (Yes/No)	Number of trauma Inpatients awating transfer to Major Trauma Centre	Comments regarding trauma	SERVICE NOTES	
(BBCCCN) Alexandra Hospital 22 Jan 2021 13:05:51	Yes				Yes	Yes			Wed 06/01/2021 06:56 - Covid & Suspected = 6 Renal =1	
YH NT Barnsley ICU/HDU 22 Jan 2021 13:05:51	Yes				Yes	Yes			Thu 07/01/2021 10:40 - Level 2 suspected covid = 0 Level 3 suspected... »	
YH WY 01 Airedale General Hospital (ICU/HDU), Keighley 22 Jan 2021 13:05:51	Yes				Yes	Yes			Thu 07/01/2021 08:42 - Confirmed Level 3= 1 Confirmed level 2= 1 ... »	
Totals	0	0	0	0	0	0	0	0		

This view allows you to see a summary of all the services which have a particular grid. Some grids have formatting which turn the cells pink if they haven't been updated within the last 6 hours, and some have additional colour formatting if a service records a specified score or number in the cell.

The date under the Unit name on the left of the grid indicates the date that the grid was last updated.

Where the notes field has been truncated, hovering over with the mouse will show the full text.

Clicking the icons on the right of each service will open additional information about the services.

Ones that may be of use for the grids are:

- Traffic Light icon

This opens up a pop up showing the notes and the grid for the service. It is here that the grid data can be updated, if you have the correct permissions. You can also view the date and time that the grid was last updated

- Magnifying Glass icon

This allows you to view the full service record for the selected service – you will navigate away from the summary view screen by clicking this icon
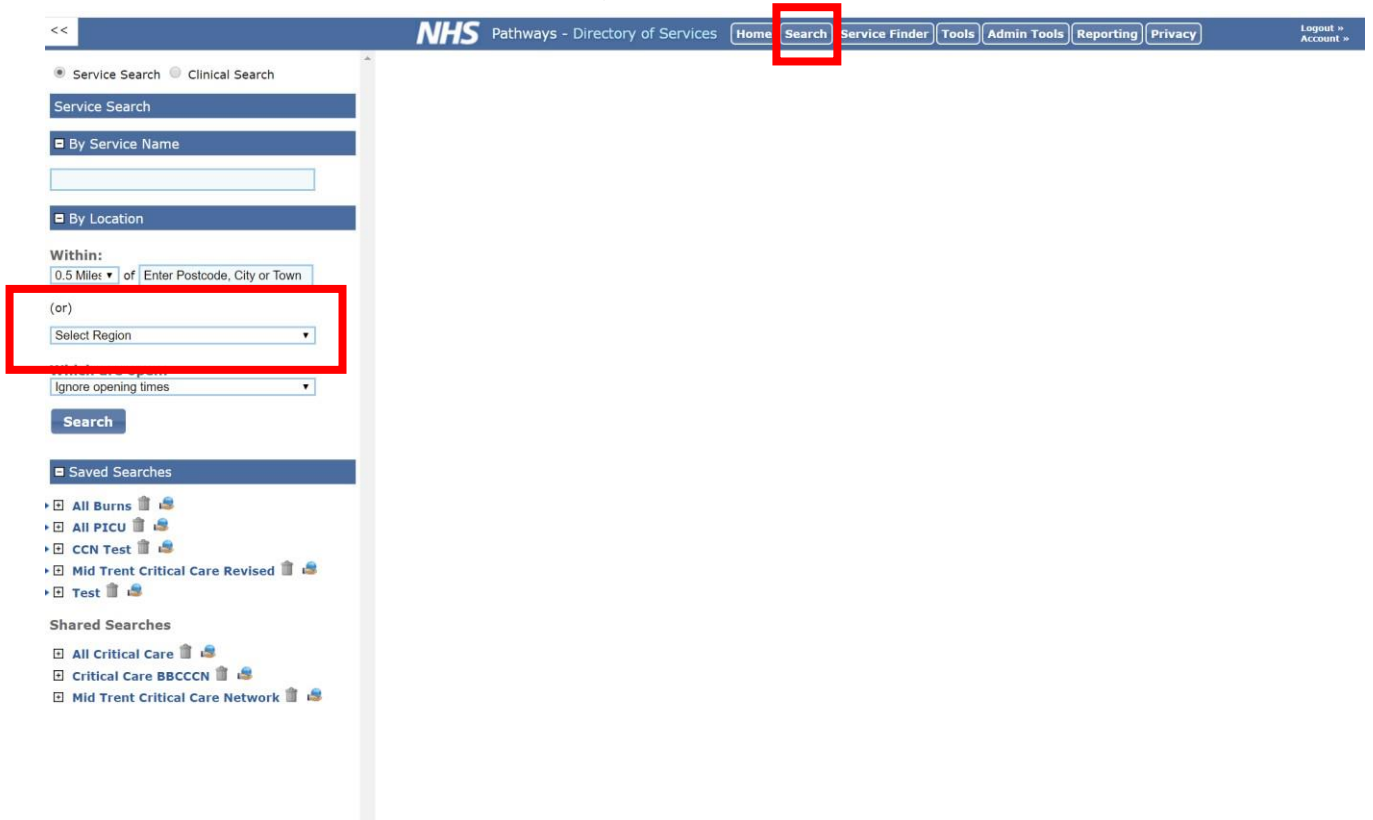
- Dustbin Icon

Clicking this icon will remove the service from the view, either temporarily or, if the search is subsequently saved, permanently from that saved search

Creating a new search

If you don't have a shared search that matches your needs, you can create your own search.

Clicking the 'Search' tab will take you to the Service Search screen (you will see that any saved searches can also be accessed from this screen):

- Ignore the Service Name and Postcode options and select a Region from the dropdown box. Select the region - National Critical Care & Burns
- You will be presented with a list of sub-regions – Scroll down to find and tick 'Major Trauma Units' (note – the list is in alphabetical order)
- Below that list you will need to select a Service Type. Select (Capacity) Critical Care (CC) • Scroll down and click the 'Search' button
- Initially the search results will be a list of services

To see the view described in the previous section, click the 'Grid View' radio button on the top right of the screen. If required the search can be saved by clicking the 'Save Search' button on the left of the screen

Editing Grid Data

To edit grid data the account you are logged in with will need to have a service relationship with the service you wish to edit and the correct permissions to edit capacity grids and notes.

There are a few ways to find the grid you wish to edit:

1. By clicking the Traffic Light icon on the search screen as described above. This opens a pop up screen and the grid data and notes can be edited directly from here
2. Clicking the magnifying glass icon on the search screen as described above. This opens the full service record.
3. From the Search screen, type the name of the service in the 'By Service Name' field. This will return a list of matching services. Selecting one will open the full service record
4. From the Home screen, which you see when first logging in, you will see a list of service records that your account is able to edit. Clicking one of these will open the full service record

Once you are viewing the service record:

- Selecting the Capacity Status tab allows viewing and editing of the grid data

- Some services have only one linked grid but some may have several (for example the burns units have four)
- Update the grid data according to separate instructions and click 'Save grid' ○ Where there are multiple grids, it is possible to update all and then click the 'Save all changed grids' button to save everything at once

V1.4

- o If no updates are required, clicking the 'Save grid' button will record that the data has been checked but not changed
- Check if the Notes field above needs to be updated. Even if it doesn't it is advisable to click the 'Save' button here too, as this makes it easier for someone looking at the summary view to see when the grid was saved

Appendix 2 – OPEL descriptors

OPEL and CRITCON STATUS	Pre-hospital (commissioned services only) Resource Escalation Action Plan (REAP)	Trauma Units - TU	Major Trauma Centre - MTC	Major Trauma Network - MTN	ACTION
OPEL 1 **(CRITCON Level 0 and 1 - Normal to Low Surge)**	**REAP GREEN (1)** Demand for service within normal parameters Pre-hospital able to support primary and secondary transfers	TUs able to receive triage positive patients and able to support time critical secondary transfers	MTC able to receive critically injured patients into appropriate critical care area	Network functioning as currently, triage tool at steps 1 & 2 [limited] only	No action required; providers can maintain patient flow and meet anticipated demand within available resources
OPEL 2 **(CRITCON Level 2 – Medium Surge)**	**REAP AMBER (2)** Operating with moderate pressures which may be affecting service delivery Ability to run primary transfers and time critical secondary transfers only	50% or less TUs. TUs only able to accept triage positive patients with airway compromise or life-threatening haemorrhage (if all TUs in network escalate to **OPEL-3**) **Or** 50% or less TUs or critical care transfer service not able to support time critical secondary transfers (if all TUs in network escalate to OPEL-3)	MTC can provide immediate resuscitation, emergency surgery and specialist critical care for life threatening conditions **but** limited capacity for other categories of automatic transfers or ward level patients	Any of the below: MTC at **OPEL-2** 50% or less TUs not accepting triage positive trauma (if all TUs in network escalate to OPEL-3) 50% or less TUs or critical care transfer service not able to support time critical secondary transfers (if all TUs in network escalate to OPEL-3) Pre-hospital running primary transfers and time critical secondary transfers only	System starting to show signs of pressure, enhanced coordination and communication needed to monitor OPEL level and consider focused local actions for de-escalation and return to OPEL 1. Additional support requirements should be agreed locally if needed Follow internal escalation protocol i.e. through Incident Control / Command and Control structure, consider use of de-escalation support tool as per local action plan (Appendix 3) Completion and submission of the Major Trauma Sitrep is required to inform the National and Regional team

| OPEL 3 (CRITCON Level 3 – High Surge) | REAP RED (3) Operating with a severe pressure, where clinical quality and / or patient experience may be affected Ability to run primary transfers only | More than 50% of TUs only able to accept triage positive patients with airway compromise or life-threatening haemorrhage **Or** More than 50% of TUs not able to support time critical secondary transfer | MTC can provide immediate resuscitation, emergency surgery and specialist critical care for life threatening conditions but MTC unable to accept other categories of automatic transfers or ward level patients | MTC at **OPEL-2 AND** any of the below: Pre-hospital running primary transfers and time critical secondary transfers only More than 50% TUs only able to accept triage positive patients with airway compromise or life-threatening haemorrhage More than 50% TUs or critical care transfer service not able to support time critical secondary transfers **Or** **2**. Adult or Paeds MTC in network at OPEL-3 **Or** All TUs only able to accept triage positive patients with airway compromise or life-threatening haemorrhage   All TUs and / or critical care transfer service not able to support time critical secondary transfers | Regional teams to be made aware of increasing pressure. It will be necessary to provide local support as deemed necessary Completion and submission of the Major Trauma Sitrep is required to inform the National and Regional team Follow internal escalation protocol i.e. through Incident Control / Command and Control structure Providers should liaise with local ICC Incident Control Centre in case of escalation to OPEL 4. Consider guidance from National Clinical Director for Major Trauma system for regional and national response Cross network cooperation to match patients to capacity and speciality care Increased use of air asset transfer across region (where available) Increased use of critical care transfer service (where available) Use the de-escalation support tool as per local action plan (Appendix 3) |

| OPEL 4

(CRITCON Level 4 – Triage Emergency) | REAP BLACK (4)
Trust operating under extreme pressure, which will be affecting service delivery

Unable to run primary or secondary transfers | All TUs unable to accept triage positive trauma and /or all TUs unable to support time critical secondary transfer | No capacity for critical care

Or

MTC cannot provide immediate resuscitation and / or emergency surgery | Pre-hospital service unable to run primary transfers

Or
All TUs unable to accept triage positive trauma and / or support time critical transfers

Or
Any MTC is at OPEL-4 (either adult/Paeds/combined MTC)

No rapid access to specialist care | Pressure continues to escalate across major trauma providers. If sustained impact across regional boundaries; national action maybe required
All major trauma to local hospital
Follow internal escalation protocol i.e., through Incident Control / Command and Control structure.

Completion and submission of the Major Trauma Sitrep is required to inform the National and Regional team

Providers through local ICC Incident Control Centre seek guidance from NCD National Clinical Director for system, regional and national response

Cross network cooperation to match patients to capacity and speciality care
Mutual Aid with neighbouring networks

Use the de-escalation support tool as per local action plan

Pre-Hospital at OPEL 4: Refer to pre-hospital escalation plans.
If All TUs at OPEL 4:

Refer to local and Network escalation plans

MTC at OPEL 4:

efer to MTC and Network plans but consider the following:
Patients transferred back to TUs for ward stays
Ward level patients remain in trauma units
Primary bypass to remaining / neighbouring MTCs where possible
Onward transfer to receiving MTCs on case by case basis from TUs
Redeployment of staff to support trauma care at remaining units where possible |
|---|---|---|---|---|---|

Appendix 3 – TARN eligibility criteria

A. ALL TRAUMA PATIENTS IRRESPECTIVE OF AGE

B. WHO FULFIL ONE OF THE FOLLOWING LENGTH OF STAY CRITERIA

DIRECT ADMISSIONS	PATIENTS TRANSFERRED IN
Trauma admissions whose length of stay is 3 overnight stays or more OR Trauma patients admitted to a High Dependency Area regardless of length of stay OR Deaths of trauma patients occurring in the hospital including the Emergency Department (even if the cause of death is medical) OR Trauma patients transferred to other hospital for specialist care or for an ICU/HDU bed.	Trauma patients transferred into your hospital for specialist care or ICU/HDU bed whose combined hospital stay at both sites is 3 overnight stays or more OR Trauma admissions to a ICU/HDU area regardless of length of stay OR Trauma patients who die from their injuries (even if the cause of death is medical) *Patients transferred in for rehabilitation only should not be submitted to TARN.* *Military personnel injured on <u>active duty</u> should be excluded from TARN.*

C. And whose isolated injuries meet the following criteria

BODY REGION OR SPECIFIC INJURY	INCLUDED – IN ISOLATION (EXCEPT WHERE SPECIFIED)	EXCLUDED – IN ISOLATION (EXCEPT WHERE SPECIFIED)
HEAD	All brain or skull injuries	LOC or injuries to scalp
THORAX	All internal injuries	
ABDOMEN	All internal injuries	
SPINE	Cord injury, fracture, dislocation or nerve root injury.	Spinal strain or sprain.
FACE	Fractures documented as: Significantly Displaced, open, compound or comminuted. All Lefort fractures All panfacial fractures. All Orbital Blowout fractures	Fractures documented as Closed and simple or stable.
NECK	Any Organ injury, injury to the Carotid artery, Vertebral Artery or Jugular veins, hyoid fracture	Nerve injuries Skin injuries
FEMORAL FRACTURE	All Shaft, Distal, Head or Subtrochanteric fractures, **regardless of Age.** Isolated Neck of Femur or Inter/ Greater trochanteric fractures **<65 years old**	Isolated Neck of femur or Inter/Greater trochanteric fractures **≥ 65 years.**
FOOT OR HAND: JOINT OR BONE	Crush or amputation only.	Any fractures &/or dislocations, even if Open &/or multiple
FINGER OR TOE	None	All injuries to digits, even if Open fractures, amputation or crush &/or multiple injuries.

LIMB – UPPER (EXCEPT HANDS/FINGERS)	Any Open injury. Any 2 limb fractures &/or dislocations.	Any Closed unilateral injury (including multiple closed fractures &/or dislocations or the same limb)
LIMB – BELOW KNEE (EXCEPT FEET/TOES)	Any Open injury. Any 2 limb fractures &/or dislocations.	Any Closed unilateral injury (including multiple closed fractures &/or dislocations or the same limb)
PELVIS	All isolated fractures to Ischium, Sacrum, Coccyx, Ileum, acetabulum. Multiple pubic rami fractures. Fracture(s) of a single pubic rami <65 years old. Any fracture involving SIJ or Symphysis pubis.	Fracture(s) of a single pubic rami ≥65 years old.
NERVE	Any injury to sciatic, facial, femoral, cranial nerve or brachial plexus	All other nerve injuries, single or multiple.
VESSEL	All injuries to femoral, neck, facial, cranial, thoracic or abdominal vessels. Transection or major disruption of any other vessel (excluding vessels in the hands, feet and digits).	Intimal tear or superficial laceration or perforation to any limb vessel.
SKIN	Laceration or penetrating skin injuries with blood loss >20% (1000mls) Major degloving injury (>50% body region).	Simple skin lacerations or penetrating injuries with blood loss < 20% (1000mls); single or multiple. Contusions or abrasions: single or multiple. Minor degloving injury (≤50% body region) .
BURN	Any full thickness burn or Partial/superficial burn ≥10% body surface area NOT referred to a Burns unit	Partial or superficial burn <10% body surface area. Or any burn referred to a Burns unit.
INHALATION	All included - if not referred to Burns unit	If referred to Burns unit.
FROSTBITE	Severe frostbite	Superficial frostbite
ASPHYXIA	All	None
DROWNING	All	None
EXPLOSION	All	None
HYPOTHERMIA	Accompanied by another TARN eligible injury	Hypothermia in isolation
ELECTRICAL	All	None