NHS
Midlands Critical Care and Trauma Networks

Trauma Network News

Spring Edition 2015

Trauma Team Leader Course at University Hospital Coventry & Warwick, Dr Caroline Leech

The EM Consultants at UHCW have provided a 24/7 resident on-call 'Trauma Team Leader' role since becoming a Major Trauma Centre in April 2012. In January, the Consultants undertook a successful one-day in-house Trauma Team Leader Course. This included clinical and pathway updates, exercises preparing for the arrival of a hypovolaemic trauma patient, human factors training, discussion of real life complex clinical cases the team had encountered, trauma governance, and some practical workshops. Monthly in-situ simulations involving the full hospital trauma team are run by Louise Woolrich-Burt to exercise the 'Massive Haemorrhage Protocol'. Caroline Leech explained: "as training time is limited in our busy Emergency Departments, every UHCW ED Consultant also completes at least five peer reviewed major trauma alerts per appraisal year. We've found this an effective method to ensure ongoing development of clinical judgement and non technical TTL skills. We are also very involved in our hospitals lunchtime MDT meetings where we obtain feedback from other specialties". The next TTL course is planned for 1st July when ED Consultants and senior registrars from the CETN hospitals Northampton and Kettering (Trauma Units) and Warwick and George Elliot (LEH's) will be attending. As well as some specialist educational sessions, the teams will discuss cases that have been referred to UHCW to increase mutual understanding and collaborative working. ED Consultants from UHCW use their Clinical Director as a trauma patient to simulate removing a patient from a long-board without log-rolling.

Peer Review—Jeff Osborne

Following the National Peer Review visits each organisation has submitted their response to any serious concerns or immediate risks and produced action plans to address them. The network management team and clinical leads remit is to assist and support organisations in addressing their outstanding actions and share examples where we find evidence of initiative and good practice that has been developed in other TU's that could help other units in a similar position.

Congratulations to the Royal Stoke University Hospital team who won the Nursing Standard – Innovation in Speciality Award for the Domestic Violence project that is run out of the Emergency Department and

Congratulations to Amanda (Mandie) Burston,

Trauma Co-ordinator at RSUH who spear-headed a domestic violence service in the emergency department, has been named RCN Nurse of the Year. A truly outstanding achievement!

Rehabilitation & Trauma Coordinator Workshop

Wednesday 24th June 2015

Network Meeting Room
4th Floor Kings House, 127 Hagley Road,
Birmingham, B16 8LD

Book via sarah.graham@uhb.nhs.uk

Royal Stoke University Hospital &

West Midlands Trauma & Vascular Training Day

Clinical Education Centre, RSUH

Thursday 18th June 2015

Programme includes:

Critical Appraisal, Battlefield Trauma, Trauma Resuscitation, Damage Control Surgery, Lower Limb Vascular Trauma,

Endovascular approaches to vascular trauma, Review of vascular injuries in an MTC

Trauma Data—Steve Littleson The trauma networks have now been in existence for 3 years, and the data is starting to show the benefits these systems have brought. Probably the most important underlying figure is the hallowed "Ws" that lots of trauma folk talk about. This is a complex statistical analysis figure, but without wanting to put you off the rest of the article at this point, I will just say that it basically shows the level of ***additional*** survivors or deaths there have been, and can be used for comparison against others. The great news is that our combined network Ws figure has risen over time, from +**0.55** in the August 2013 TARN report, to +**0.76** in the March 2015 report. Whilst this may not seem a huge difference when displayed like this, because our 3 networks see a ***lot*** of trauma patients, we are actually talking about quite a lot of ***additional*** survivors; that is, people that weren't expected to survive, but did. Between April 2013 and December 2014, our 3 networks had 9081 patients included in the "case mix standardisation rate of survival" data. TARNs calculations expected 8262 survivors, and there were actually 8346 observed survivors, which works out at 84 additional survivors over this period, which is fantastic. Focussing in on the patients at the MTC's with an Injury Severity Score (ISS) greater than 15 (the working definition for those classed as being "major trauma" patients), the *percentage* of patients in this group that were alive at discharge also saw an annual rise; 12/13: **84%**, 13/14 **86%**, 14/15 **89%**

As the number of trauma cases submitted to TARN increases, these figures should show even more improvement. The numbers being sent from the 4 Major Trauma Centres has risen year on year; 12/13: **2573**, 13/14: **3107**, 14/15: **3149**, which is great, but only 40% of our TARN eligible submissions actually originate from the MTC's, with the majority expected from Trauma Units. Unfortunately due to commissioning inequalities (and the Trauma Units receiving no additional funding), their submission rates are not as good, with **8** trauma units currently submitting <50% of expected cases, **7** trauma units submitting between 50 and 80% of expected cases, and only **1** trauma unit – Leighton - submitting over 80% of expected cases.

Whilst the overall survival figure itself is great, it is important to understand what has improved behind the scenes to actually help get it there. At the Trauma Units, the number of patients that had a Consultant-led trauma team within 5mins of arrival rose from **69%** between April 2012 to March 2013, to **80%** between April 2014 and December 2014 (and the standard for TU's was only an STR3+, so Consultant level is even better). At the Major Trauma Centres, there are a raft of measures that are involved in achieving 'best practise' care, and **88%** of patients are now receiving a Consultant-led trauma team within 5mins of arrival, and **94%** of patients that require tranexamic acid now receive it within 3hrs of incident. Also, the timeliness of patient movement has improved, with around **92%** of transfers from a TU to an MTC now taking place within 2 days of request, although the same can't be said for the 'reverse' part of the journey when care closer to home is involved, but that is a piece of ongoing work!...

Rehabilitation prescriptions were introduced to ensure patients got all their ongoing needs met, especially as they moved between one hospital and another, or indeed back to community services. Initially only **66%** of patients at the MTC's received a rehabilitation prescription in 12/13, but this rose to **88%** during 14/15 (and the most recent dashboard report showed this figure to be **90%**).

How these are actually being used once the patient has been transferred out of the MTC remains unclear though, and the network is hosting a day for trauma rehab co-ordinators working in the Trauma Units to try and understand the current situation.

So there is still a lot going on, whether that be with 'starting' something, or 'improving' things, but as a joined up network, we ***are*** making a difference. You will often hear how it takes several years for new networks to settle down and actually do what they were meant to, and whilst it may not feel like it some days at the coal-face, we have all come a long way already, and the operational workplan will help focus our attention on where we need to get to next…

Post Mortem Information – advice to TARN leads

TARN circulated an email around the 8th May informing clinical leads that TARN had identified some difficulties in certain parts of the country in gaining access to post mortem information and had been working to address the issue with the Chief Coroner. Three documents were developed to support the endeavours in obtaining injury data on patients who have died and had a post mortem.

i) A letter from the Chief Coroner to Sir Bruce Keogh – permission has been given to circulate this letter to you and for you to send to your local Coroner

ii) A model for access to post mortem information that has worked successful in Leicester and other areas of the country. You may wish to use this helpful model.

iii) A template letter that can be added to your letterhead for you to use to write to your Coroner

Information can be found on the Trauma Website at www.MidlandsCriticalCareandTraumaNetworks.nhs.uk

The role of junior doctors in the Major Trauma Service

Dr Emma Toman, Major Trauma Service junior fellow
Queen Elizabeth Hospital Birmingham, UK

(full write-up can be found on the Trauma website) www.MidlandsCriticalCareandTraumaNetworks.nhs.uk

As junior doctors in the Major Trauma Service there are many advantages of working in this role. Not only have we learned a great deal about the clinical care of polytrauma patients but we have learned much about management and the logistics of setting up a service within the NHS. All of us are involved in research projects (see table 1) that will improve both our CV and clinical practice within the Major Trauma Service also. When not on-call our time is shared between MTS projects and our own personal career development with the opportunity to attend theatre, MDTs and clinics.

Major Trauma Service	*Career development/personal*
Blood audit and pathway	Thromboprophylaxis in TBI
CT addendums in trauma alerts	Neurosurgical patient information leaflets
Pelvic NORSe referral system	Post-traumatic hypopituitarism
Same day MRI	Intraoperative orthopaedic implant imaging
Trauma alert booklet	Blast trauma article
Pregnancy testing in trauma	Biomarkers in TBI
Rib fixation	Cranioplasty audit
Chest drains in trauma	Prophylactic antibiotics in soft tissue trauma
"Silver" trauma	Radiation exposure in CT traumagrams
West Midlands trauma demographics	Military trauma app
FixDT/Golden Hour/WOLFF trials	
Penetrating neck trauma pathway	
Triage tool negative trauma alerts	
Lessons learnt from M&M	
Patient satisfaction survey	
Peripheral nerve in polytrauma database	

Table 1. Current projects being undertaken or completed by the MTS junior doctor team

There are a couple of "cons" as with any service. Sometimes the MTS can be used as a "dumping ground" for patients who have a minor injury on top of a clear single speciality problem. Whilst in day light hours this can be discussed with the CTC and an appropriate plan formed, during the night patients can be wrongly "admitted under MTS" without any discussion with the team. This can lead to a lack of ownership of the patient which is potentially a problem during the acute phase of their inpatient stay. As already alluded to, lack of resident night cover can be an issue but currently European Working Time Directive prevents us from providing this until there are many more junior doctors on the rota.

The future of the Major Trauma Service

Our aim is that MTS can be included as a formal rotation within multiple training programmes for any juniors with an interest in trauma. There are clear advantages and learning opportunities for trainees from many backgrounds that can be applied and developed within the MTS role. When this comes to fruition it may then be possible to provide a 24 hour junior doctor resident cover.

We aim to increase the educational side to our service and are in the process of setting up an elective attachment in combination with A&E that we can offer to overseas students. In addition to this we would like to offer an attachment to medical students to increase undergraduate exposure to trauma. There is already a new post-graduate MSc in "Trauma Sciences" being run at the University of Birmingham and it may be possible to include this as part of the MTS junior doctor job plan in future.

As "trauma" is branching back into its own speciality, in the long run as Major Trauma Centres become even more established we hope that a dedicated Major Trauma Service Consultant can one day be appointed.

In summary

The Major Trauma Service at QEHB is a new and exciting team to be a member of. The benefits this umbrella service brings to the Trust, the junior doctors and most importantly, the patients, is becoming more and more evident. More work is required to combat our early teething problems but the service has been widely accepted by management and clinicians alike. As a junior doctor myself the opportunities and experiences I have been exposed to are entirely unique to this post and because of this I have felt myself mature throughout my time with MTS. I am very fortunate to be a part of this service and can only recommend that it may be implemented in a similar fashion across more Major Trauma Centres in England.

Training Events 2015

Event	Date	Venue	Notes / booking
European Trauma Course (ETC)	10 –12 Jun 2015	Queen Elizabeth Hospital Birmingham	http://www.europeantrauma.com/ book via the course calendar on the above website
ATLS Provider Course	10-12 June 2015	University Hospital Coventry and Warwick	**Zoe Taylor** **Exam Lead & Course Administrator** **02476 968795(ext 28795)** zoe.taylor@uhcw.nhs.uk
RSI Assistant Training	18 June 2015	Queen Elizabeth Hospital Birmingham	Email – Melanie.brown@uhb.nhs.uk 0121 371 2609
West Midlands Emergency Surgical Skills Course inc Emergency Thoracotomy & Surgical Airway	18 June 2015	University Hospitals Coventry and Warwick	www.wmess.co.uk
Midlands Critical Care Network Sharing Event	19 June 2015	Birmingham City Football Club	Book via Juliet.brown2@uhb.nhs.uk
ATLS	22-25 Jun 2015	Ysbyty Gwynedd	angela.davies5@wales.nhs.uk
Rehabilitation & Trauma Coordinators Workshop	24 June 2015	Network Meeting/ Training Room, Birmingham	Book via sarah.graham@uhb.nhs.uk
Training in Emergency Airway Management (TEAM) course	29 & 30 June 2015	Solihull Hospital	Book via http://rcoa.ac.uk/education-and-events/uk-training-emergency-airway-management-team-course-0
Central England Trauma Network TTL Study Day	1 July 2015	University Hospitals Coventry and Warwick	
West Midlands FPHC PHEM Study day	06 Jul 2015	University Hospital Coventry and Warwick	Email: belinda.harrison@uhcw.nhs.uk
Advanced Trauma Simulation Course (ATSC)	8 July 2015	Queen Elizabeth Hospital Birmingham	Details available via Deborah.hall@uhb.nhs.uk or via website www.edcourses.org
RSI Assistant Training	10 Sep 2015	Queen Elizabeth Hospital Birmingham	Email – Melanie.brown@uhb.nhs.uk 0121 371 2609
European Trauma Course (ETC)	23–25 Sep 2015	Queen Elizabeth Hospital Birmingham	http://www.europeantrauma.com/ book via the course calendar on the above website