

THE MAJOR TRAUMA SERVICE

The journey so far....



Major Trauma in Northern Ireland

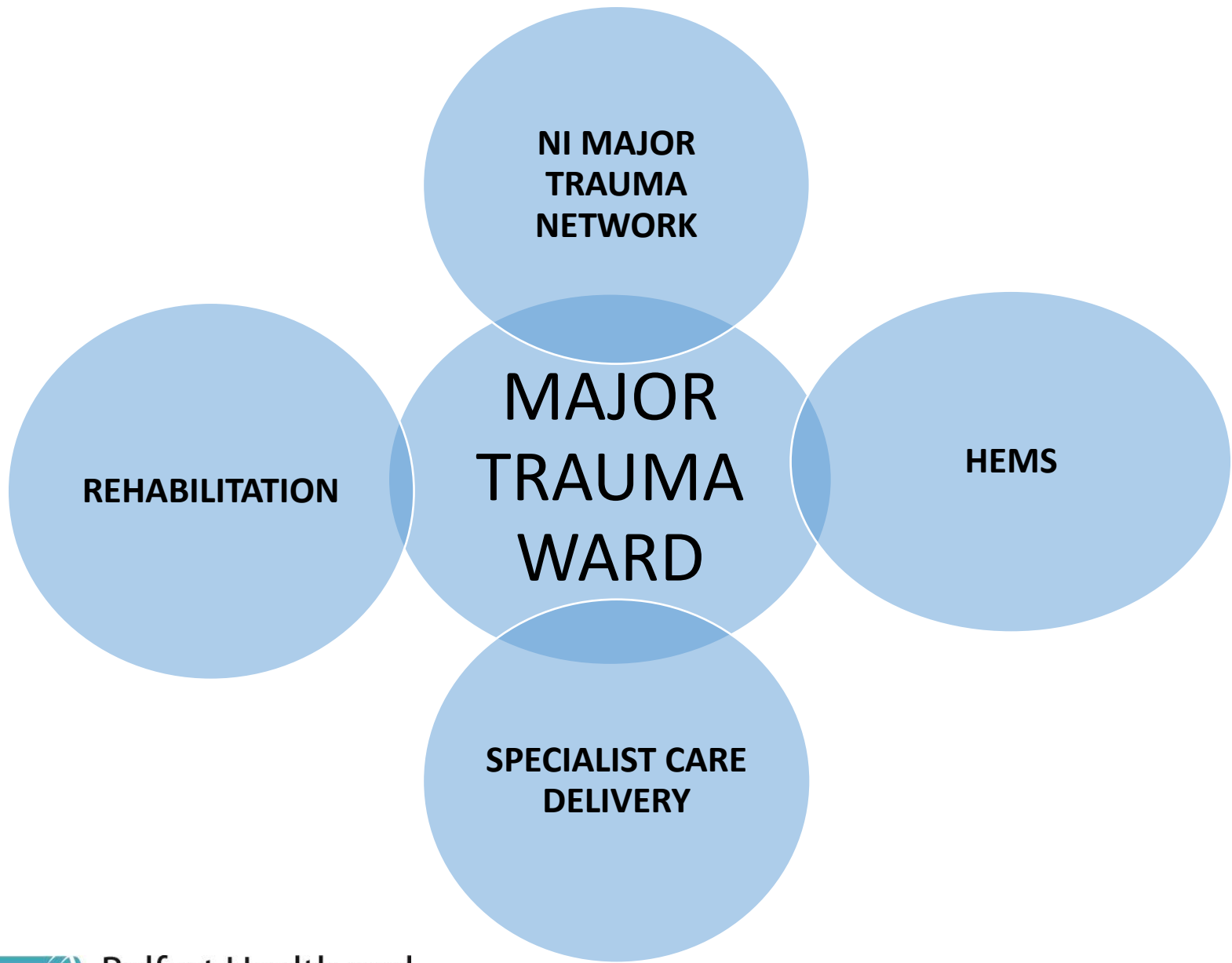


- Estimate of 370 and 550 people within Northern Ireland suffer from Major Trauma with a strong possibility of death or disability
- To increase the chance of survival patients may need to receive care from a number of surgical specialities which are not available in every hospital in Northern Ireland
- Care may be delayed whilst waiting for transfer to the appropriate hospital
- Recommendations from Transforming your care (2011) focused on the implementation of a major trauma network and MTC to enhance trauma services in the Royal Hospital Belfast.
- The introduction of Helicopter Emergency Medicine has also enhanced trauma services throughout the region



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The Development of the Major Trauma Service in the Royal Hospital Belfast

The major trauma service will oversee the coordination and integration of the care of patients who have sustained multiple serious injuries
It aims to provide high quality specialist care through access to a consultant led trauma team.

Who is involved?

The trauma service in the Royal Hospital will be provided by senior medical staff from the following specialities following admission via ED or critical care or other hospitals .

- Trauma and Orthopaedics
- General Surgery
- Neurosurgery
- Thoracic Surgery
- Vascular Surgery
- Other surgical and medical specialities as required
e.g. interventional radiology

The appointment of a major trauma nurse and project lead in January 2019 has allowed for the development of a virtual major trauma ward which has commenced in February 2019 .



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What we did in the first three weeks

- Identified key stakeholders to influence change "Building the will "
- Data source PAS and trauma call admissions
- Set admission criteria for major trauma ward
- Snapshot audit average
- Measuring against the data ,adapting criteria .
- The importance of Network strategy
 - with all wards departments
 - Clinical leads
 - Service managers / finance managers
 - AHPS
 - Clinical advisory group
 - Major trauma network
 - Clinical Nurse Specialists
 - Other hospitals
 - Commissioners



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MAJOR TRAUMA WARD (MTW) ADMISSION GUIDANCE

APPROPRIATE PATIENTS TO GO TO MAJOR TRAUMA WARD

- patients that require in-patient care from more than one speciality
- patients with open fractures of the femur or tibia and fibula
- patients whose injury severity and type in the opinion of the consultants caring for the patient and the MTW Consultant, requires MTW care.
- high energy pelvic ring or lower extremity long bone fractures
- intra abdominal trauma under the discretion of the MTW consultant and General Surgical consultant only.

INAPPROPRIATE PATIENTS GO TO APPROPRIATE SPECIALITY BED

- patients with other injuries limited to a single body region or speciality (isolated head, spine, facial soft tissue, thoracic trauma)
- stable patients with isolated thoracic or abdominal injuries who do not require operative intervention.

Critically injured patients who require level 3 or level 2 care

GO TO CRITICAL CARE

These patients may be under the review of the MTW consultant if they meet the MTW criteria

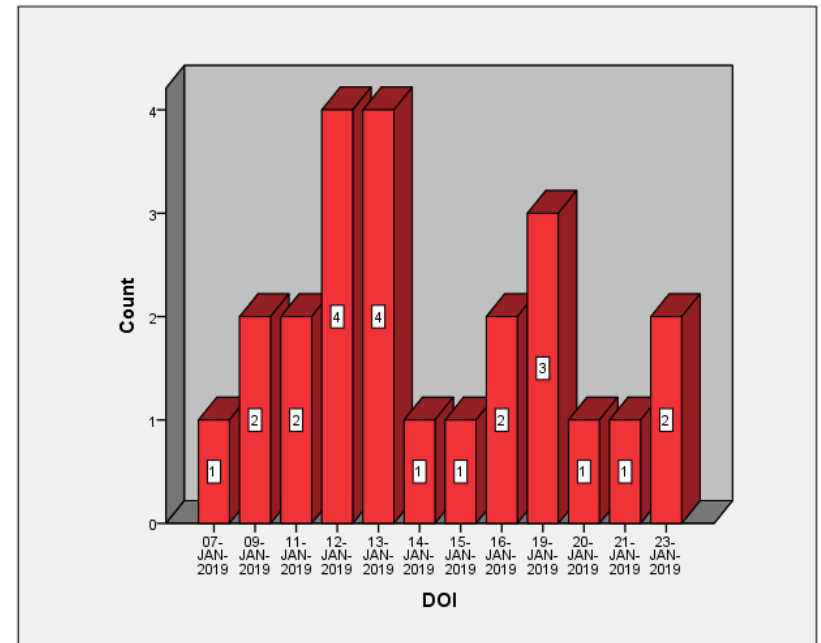
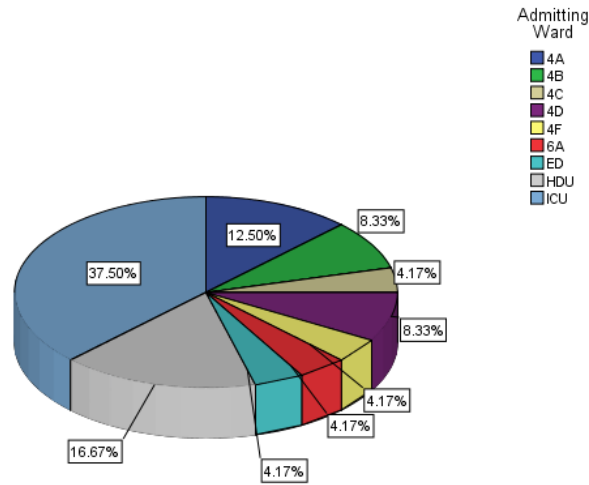


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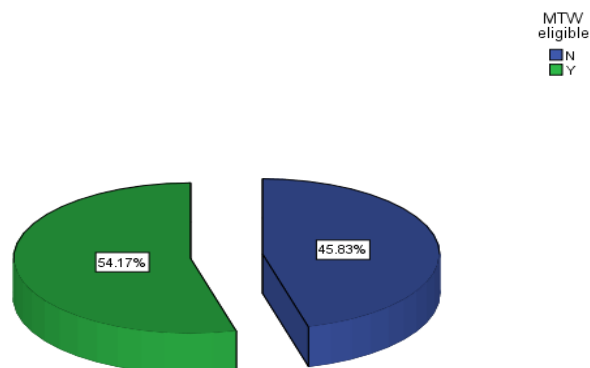
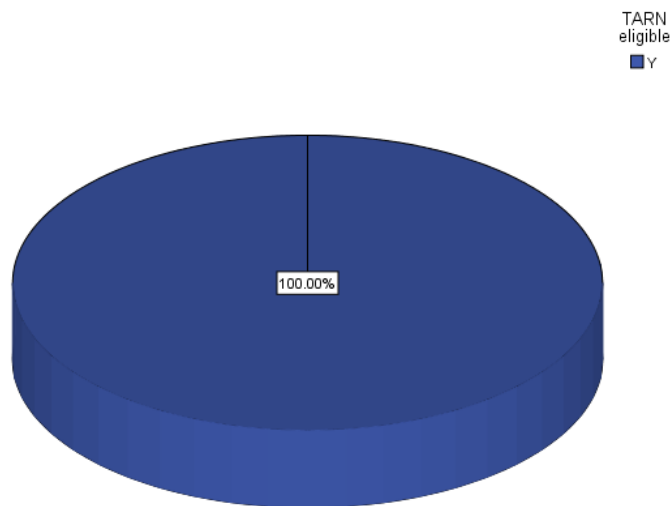
Exploring the data

Total number of Major Trauma Patients admitted to the RVH from the 7th January 2019 until the 23rd January 2019 equates to twenty-four



All patients were TARN eligible

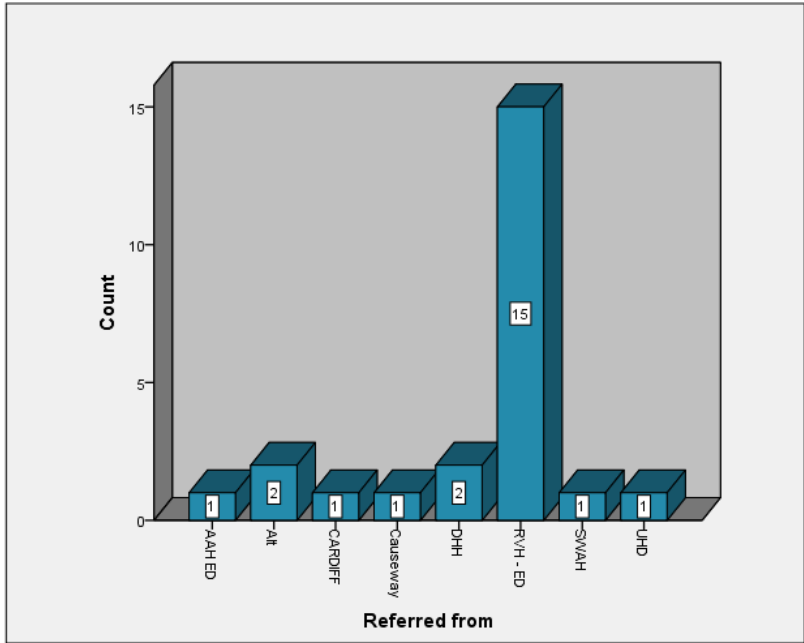
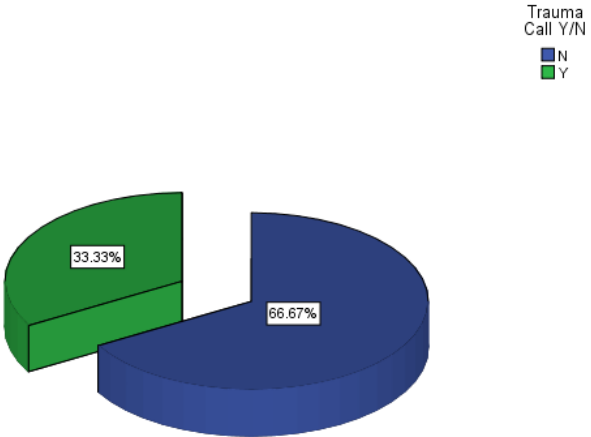
54% of the twenty- four patients met the set criteria for the MTW



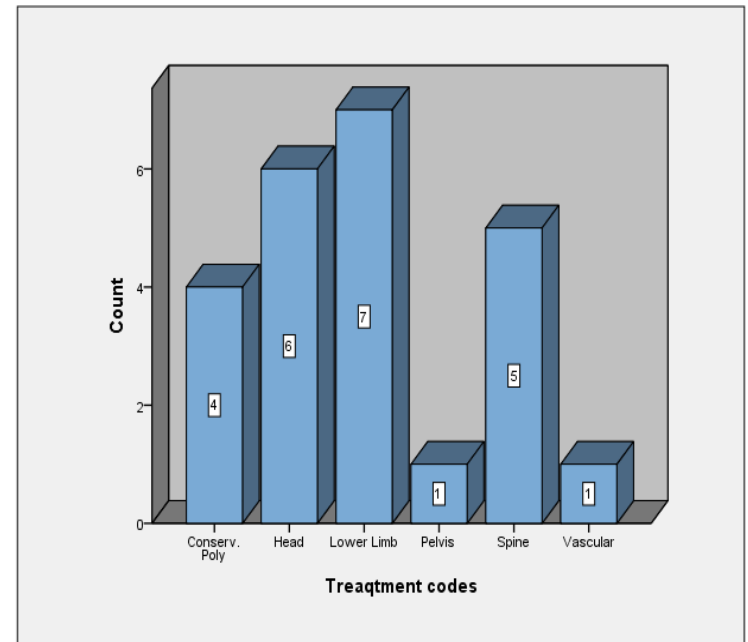
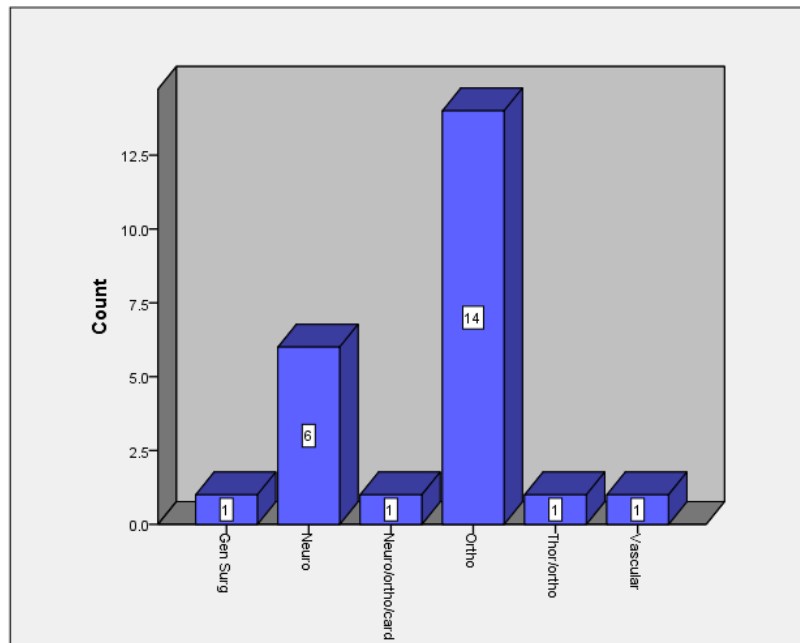
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33% of major trauma patients were admitted following a trauma call
Most of the patients were admitted through the RVH ED



T&O and Neuro specialities had the most admissions lower limb ,head and spinal were the main injuries sustained



The introduction of the Virtual Major Trauma Ward 11/2/19



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Admission Numbers for Virtual Ward

- 11/02/19 – 17/02/19 – 8 patients
- 18/01/19 – 24/02/19 – 7 patients



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respect & dignity



openness & trust



leading edge



learning & development



accountability

What went well..

- Central location for daily multidisciplinary meetings .
- Support from clinical lead and collective leadership team.
- Good attendance by speciality medical staff and consultant rehab team .
- Established database
- Regional Major trauma patient documentation
- Networking
- Developing co-ordinated approach to delivery of care - no working in silos



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What went well continued...

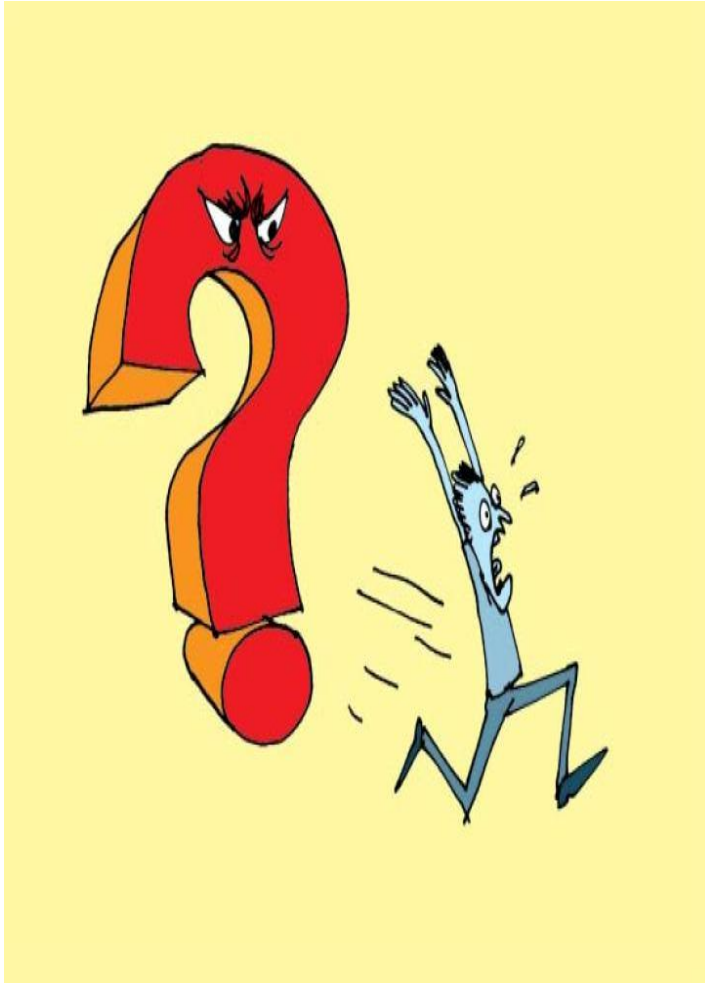
- Supporting junior nursing staff regarding specialist care ,e.g. traction, cervical halos
- Secondary surveys
- Early referrals to head injury nurse and follow up care
- Reduction in delays for investigation
- TWILS training ,identifying gaps in educational need of staff
- Timely repatriation of patients, working with established discharge coordinators
- Sharing good practice e.g. chest injuries



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What are the barriers?



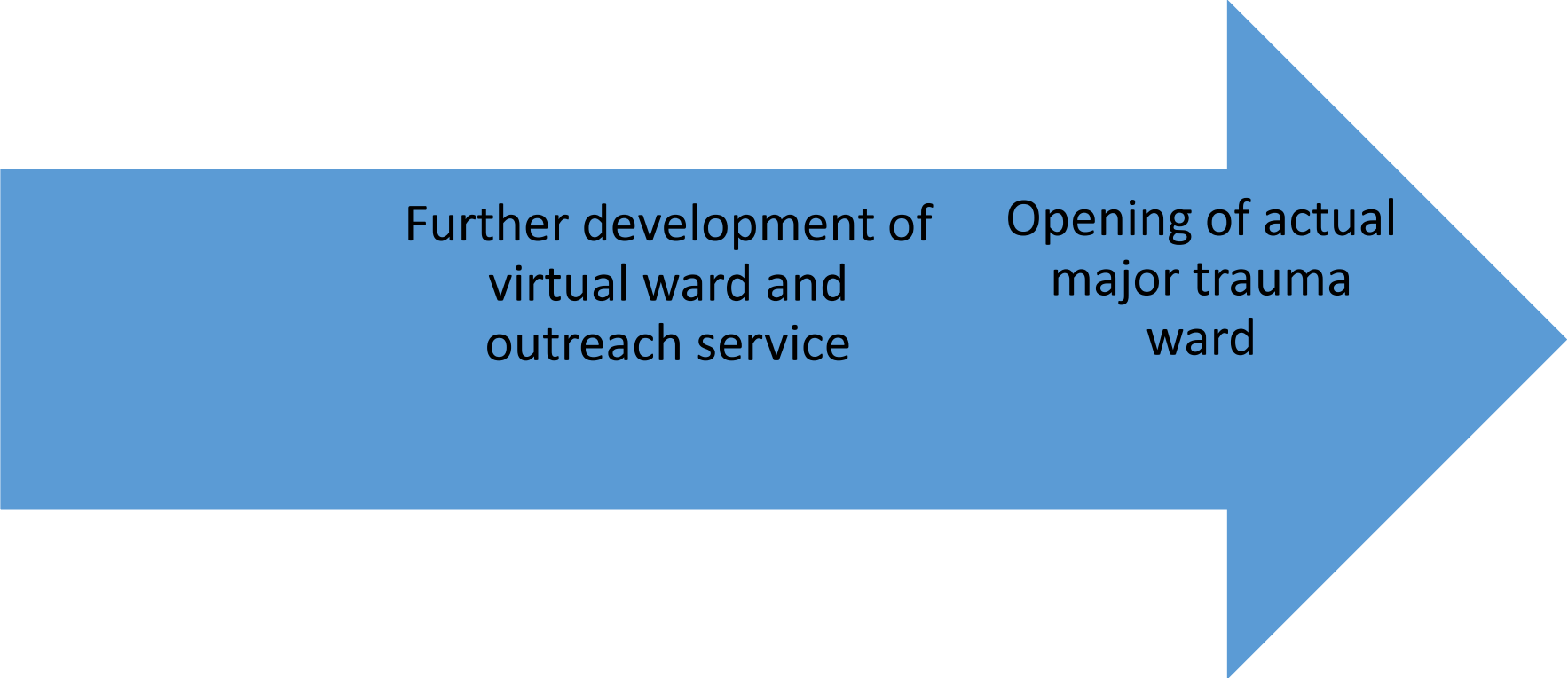
- Fear of the unknown
- Knowledge/skills
- Repatriation
- Resource
- Recruitment
- Delay with opening actual major trauma ward
- TARN



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What is next.....



Further development of
virtual ward and
outreach service

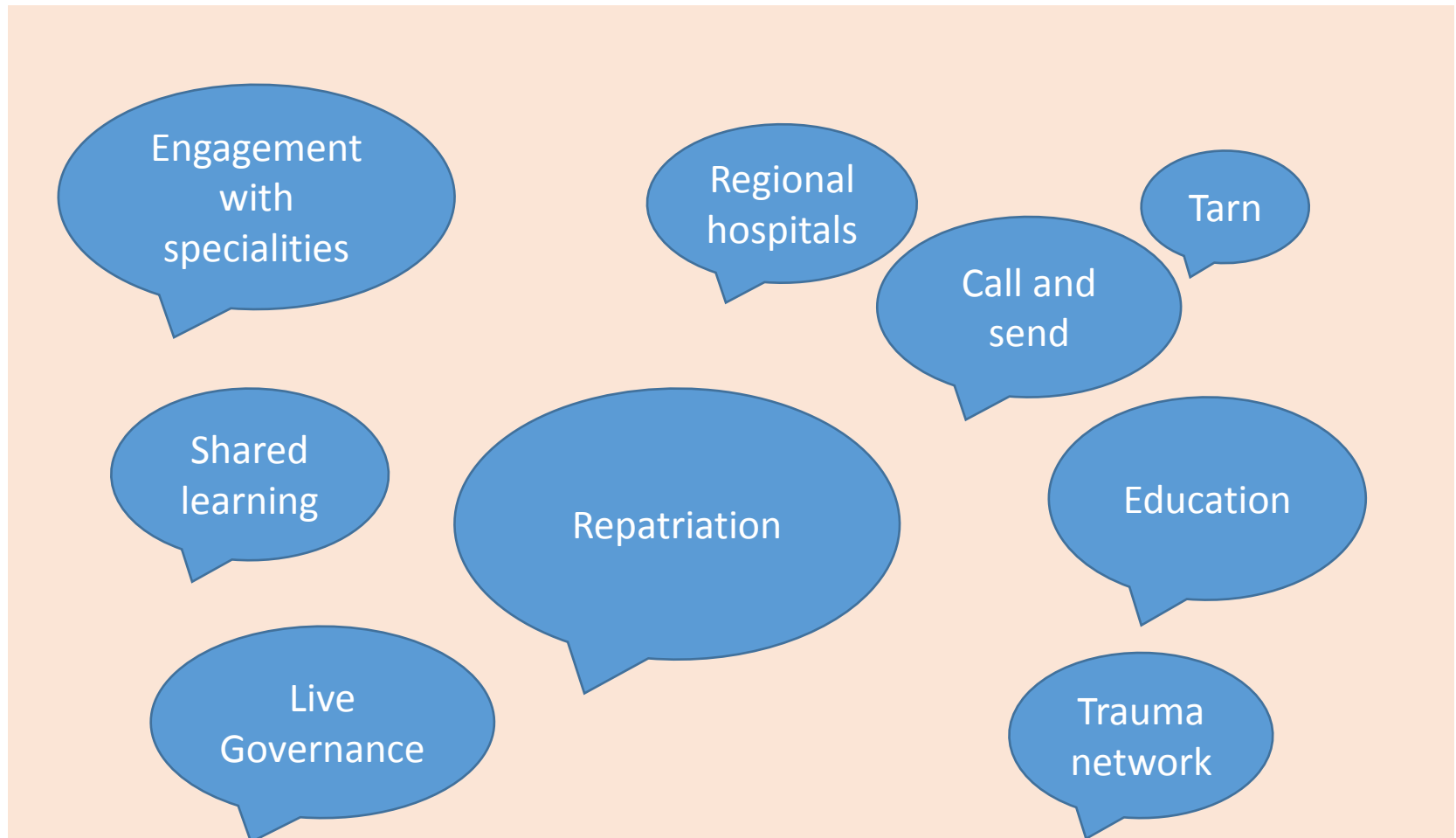
Opening of actual
major trauma
ward



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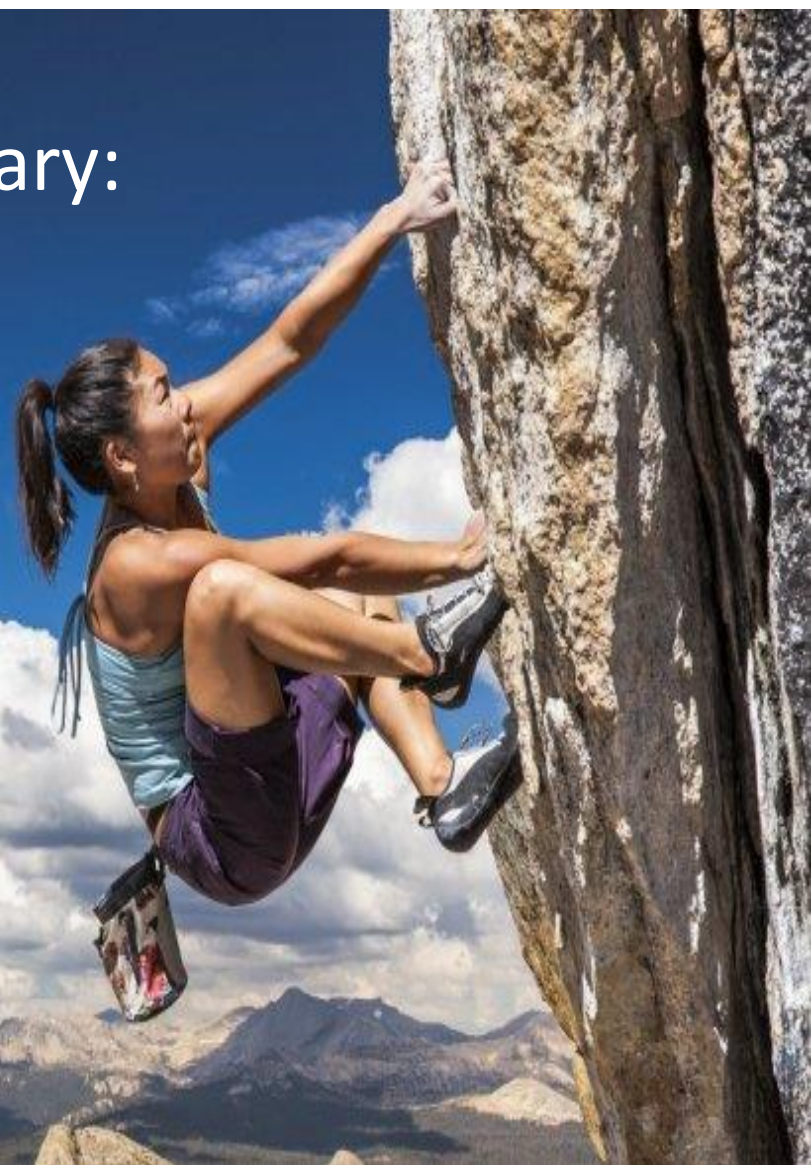
The next steps of the Journey>>



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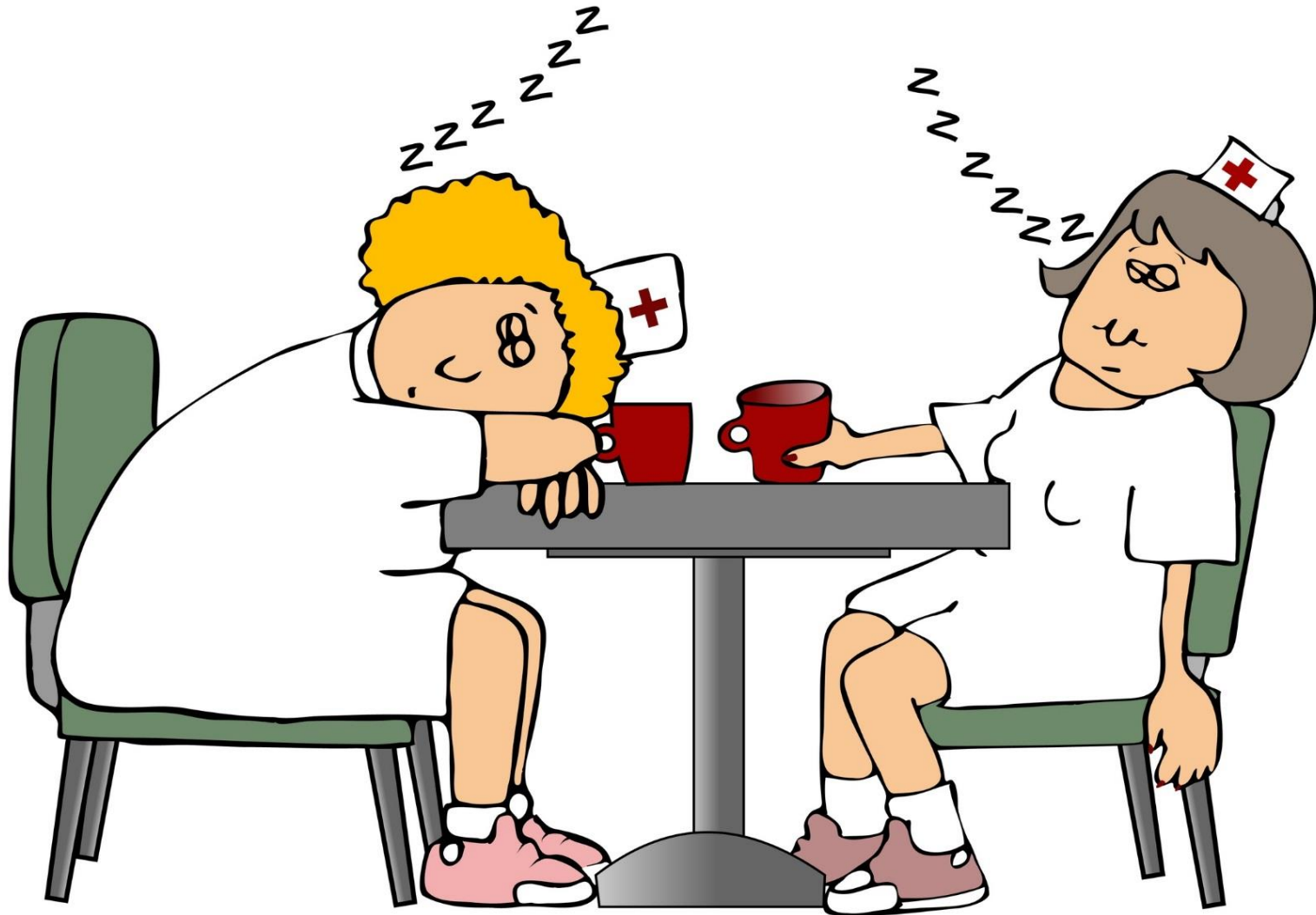
Start by doing what's necessary:
then do what's possible :and
suddenly you are doing the
impossible ”



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Any Questions ?



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