

MAJOR TRAUMA CENTRE SINGLE POINT OF CONTACT Standard Operating Procedure

The aim of this SOP is to describe the method by which a clinician working in a **Local Emergency Hospital, Trauma Unit** or other healthcare facility in the Scottish Trauma Network North who is caring for an **adult** or **paediatric** patient with **Major Trauma** will discuss the patient with the **MTC SPoC** for the purposes of:

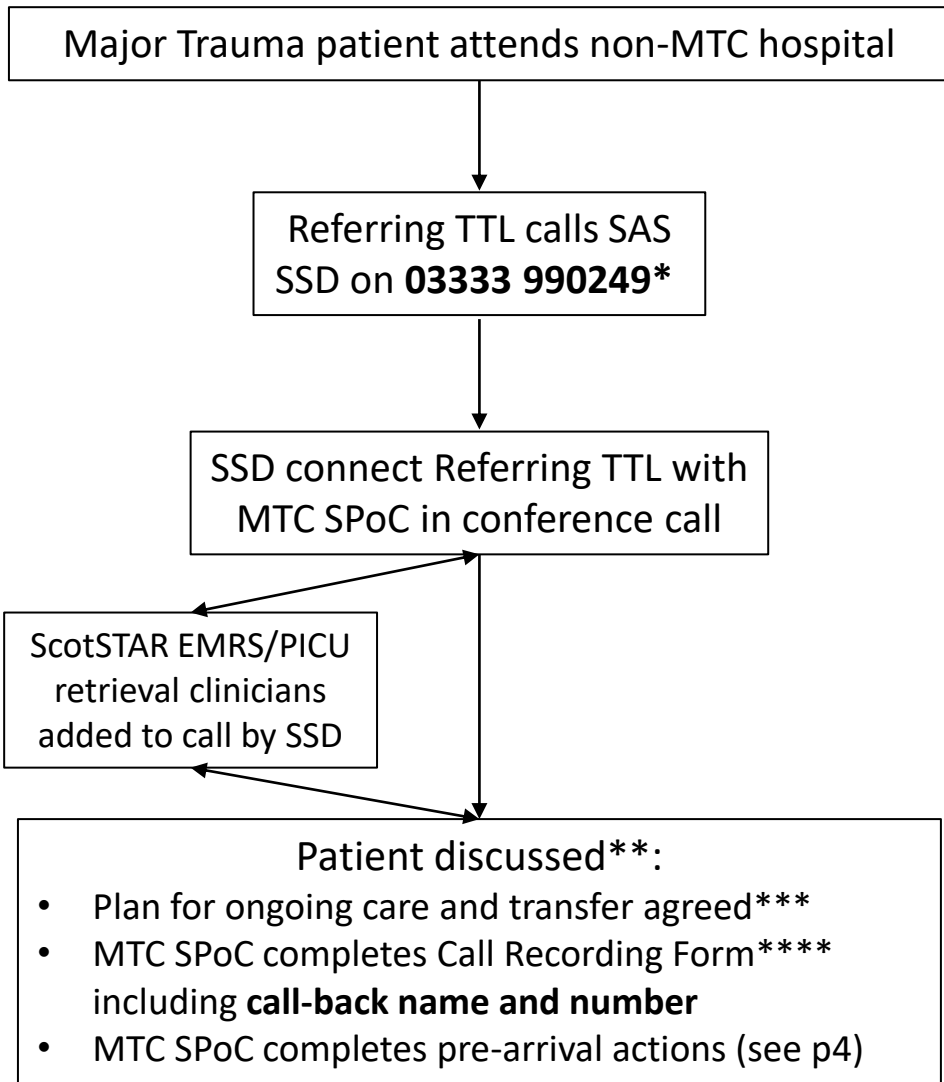
- **Referring** the patient for admission to the North of Scotland MTC
 - The principle is one of presumed acceptance for admission by the SPoC
 - The SPoC is empowered to accept all Major Trauma patients to the MTC
- Obtaining **urgent clinical advice**
 - The SPoC will provide clinical advice from the perspective of an ED Consultant
 - The SPoC will co-ordinate advice from MTC speciality colleagues as required
 - If specialty advice is required by the SPoC to inform the decision whether to transfer the patient to the MTC this advice will be sought and a decision made within 30 minutes or it will be presumed that the patient will be transferred
- Discussion of **alternative pathways of care** e.g.
 - Direct transfer to a supra-regional national service (e.g. burns, spinal cord injury)
 - Cessation of treatment at site of referral because of reasons of futility
 - Benefit of continuing care in referring centre outweighs that of transfer to MTC

The role of the MTC SPoC will be fulfilled by the **Aberdeen ED TTL** (or their nominated deputy if the MTC Trauma Team is active).

The principles of the MTC SPoC role are to:

- **Accept referrals** of Major Trauma patients to the MTC
- **Provide clinical advice and support** to colleagues from the Scottish Trauma Network North who are dealing with Major Trauma patients
- **Co-ordinate** an appropriate MTC response to the remote Major Trauma patient
- Act as **TTL** for Major Trauma patients transferred to the MTC

Referral Call Process



EMRS	Emergency Medical Retrieval Service
MTC	Major Trauma Centre
PICU	Paediatric Intensive Care Unit
SAS	Scottish Ambulance Service
ScotSTAR	Scottish Specialist Transport & Retrieval
SPoC	Single Point of Contact
SSD	Specialist Services Desk
TTL	Trauma Team Leader

*Alternative number for SPOC is **01224 559031** if SSD busy/unavailable.
**If MTC Specialist input is required this will be arranged by the SPoC. SSD will require the Specialist's contact number in order to add them to the conference call.
***SSD will co-ordinate transfer logistics.
****See separate document.

To recontact SSD dial **03333 990249**

Referral Call Roles and Responsibilities

SSD Coordinator

- Receive call from Referring TTL
- Record patient demographics and Referring TTL's name, location and call-back number
- Contact MTC SPoC and link them with Referring TTL in recorded conference call
- Add ScotSTAR clinician(s) to the conference call
- Arrange transfer logistics in conjunction with ScotSTAR clinician(s) and SSD colleagues

Referring TTL

- Provide summarised clinical information about the Major Trauma patient
- State whether acceptance of transfer to the MTC, clinical advice or both are required
- Formulate a plan for ongoing patient care with the MTC SPoC and ScotSTAR clinician
- Ensure that patients are safe to transfer*

MTC SPoC

- Receive call from SSD or Referring TTL
- Accept Major Trauma patients for admission to the MTC when this is requested **or if you deem it to be in the patient's best interests**
- Give appropriate clinical advice to the Referring TTL
- Provide ScotSTAR clinician with a synopsis of the clinical scenario
- Formulate a plan for ongoing patient care with the Referring TTL and ScotSTAR clinician
- If MTC specialty colleague advice is required, co-ordinate provision of this within 30 minutes
- Complete Call Recording Form with all clinical information, decisions, discussions and referrals
- Provide further clinical advice as requested by the Referring TTL

ScotSTAR Clinician

- Join conference call with MTC SPoC and Referring TTL
- Receive synopsis of the clinical scenario from the MTC SPoC
- Formulate a plan for ongoing patient care with the MTC SPoC and Referring TTL
- Arrange transfer logistics in conjunction with SSD colleagues

MTC Specialist

- Receive synopsis of the clinical scenario from the MTC SPoC
- Participate in conference call or direct communication with remote colleagues
- Give urgent clinical advice in relation to your area of expertise e.g.
 - Recommending pre-transfer local surgical procedures which may benefit the patient
 - Providing support to remote colleagues performing the above
 - Discussion of alternative pathways of care e.g.
 - Direct transfer to a supra-regional national service
 - Cessation of treatment at site of referral because of reasons of futility
 - Benefit of continuing care in referring centre outweighs that of transfer to MTC
- Ensure timely input from your specialty when the patient arrives at the MTC
- **If you are unable to provide this support (e.g. operating) it is your responsibility to ensure that a colleague can on your behalf**

Referral Call Additional Points

Other individuals who may contact the MTC SPoC directly are:

- The **Aberdeen ICU Consultant** if they have been referred a Major Trauma patient and think that it is of benefit for them to be received in the Resuscitation Room
- An **Aberdeen on-call specialist colleague** if they have been directly contacted about an acute Major Trauma patient who requires transfer to the MTC
- **ScotSTAR** or **SAS Trauma Desk personnel** if they are aware of an evolving Major Trauma scenario in the North of Scotland

The MTC SPoC will handle these calls pragmatically and record any relevant information, including decisions made, on the Call Recording Form.

Recording of Patient Information & Data Collection

All clinical information shared, decisions made, discussions had and referrals made will be documented by the MTC SPoC on the Call Recording Form. These will be retained for audit purposes. Calls that come via the SSD will be recorded for the purposes of clinical governance and quality improvement.

Actions prior to arrival of a transferred Major Trauma patient

- **Inform ARI or RACH Nurse in Charge**
- **Review all radiology** and ensure that formal reports are available
 - Liaise with Aberdeen Radiologist (**not** Medica)
 - Feedback any issues to the clinical team with the patient
 - E.g. kinked intercostal drain etc.
- **Inform ICU** if a critical care admission is likely
- At an appropriate time before the patient's ETA put out the relevant **Trauma Call**
 - Base this on known injuries and anticipated clinical course
 - Consider the need for additional specialties to attend
 - e.g. Cardiothoracic Surgery, Neurosurgery
 - Consider the need for early CT/IR/Theatre access and liaise appropriately
- **Brief the Trauma Team** when assembled

Reception of Transferred Major Trauma Patients

All Major Trauma patients who have been accepted for transfer to the MTC will be received in the **Resuscitation Room** of ARI or RACH and met by an Emergency Medicine Consultant-led Trauma Team of appropriate configuration for the patient's age, known injuries and anticipated clinical course.

Adult Major Trauma patients in Raigmore Hospital, Inverness who have been admitted to the local ICU may be discussed with the Aberdeen ICU Consultant and transferred directly. If the Aberdeen ICU Consultant thinks that it is of benefit for them to be received in the Resuscitation Room they will liaise with the MTC SPoC.

Individual speciality colleagues have been instructed that, if they are directly contacted about acute Major Trauma patients from across the Scottish Trauma Network North, they should give immediate life- or limb-saving clinical advice only and then ask the caller to contact the MTC SPoC.

Appendices

Appendix 1

Prior to transferring a Major Trauma patient, the Referring TTL should be satisfied that:

- **Catastrophic haemorrhage** control has been achieved
- The **airway** is maintained or secured for the duration of the transfer
- Life-threatening **chest injuries** have been excluded or treated
- The patient is **packaged and splinted** appropriately (including of the pelvis and spine)
- **Documentation** is complete and accompanies the patient
- A **competent escort** is provided for the predicted transfer needs of the patient

Glossary

ARI	Aberdeen Royal Infirmary	PICU	Paediatric Intensive Care Unit
CT	Computed Tomography	RACH	Royal Aberdeen Children's Hospital
ED	Emergency Department	SAS	Scottish Ambulance Service
EMRS	Emergency Medical Retrieval Service	ScotSTAR	Scot. Specialist Transport & Retrieval
ETA	Estimated Time of Arrival	SOP	Standard Operating Procedure
ICU	Intensive Care Unit	SPoC	Single Point of Contact
IR	Interventional Radiology	SSD	Specialist Services Desk
MTC	Major Trauma Centre	TTL	Trauma Team Leader