Improving post discharge follow-up of Major Trauma Patients
A Multi-disciplinary Quality Improvement approach.

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Aim - by Summer 2022 all patients local to NHS Grampian will have access to streamlined follow-up after their discharge from the Major Trauma Centre (MTC), community hospital and specialist rehab settings.

For further information access https://www.scottishtraumanetwork.com/regions/north-of-scotland/

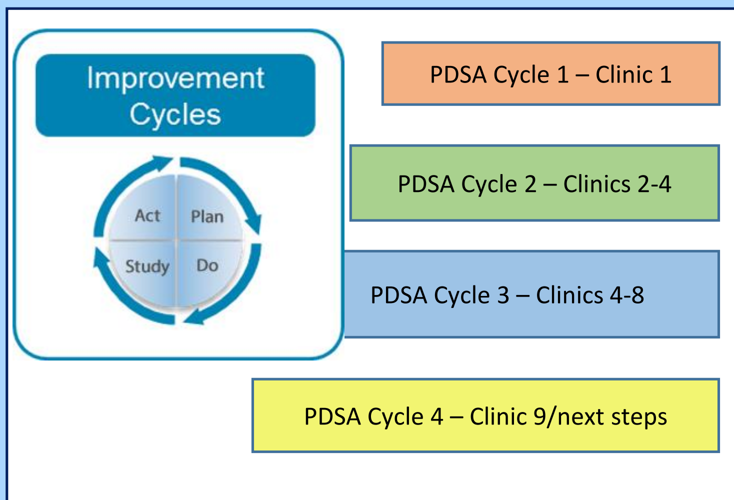
Introduction

The aim of a trauma network is to aid severely injured patients back to functioning members of their families and communities[1]. Echoing this the Scottish Trauma Networks (STN) aim is to "save lives and give life back"[2]. Evidence suggests major trauma centres (MTC's) provide comprehensive care during the inpatient stay, but the system often breaks down and fragments upon discharge[3]. Understanding the longitudinal patient experience outcomes following major trauma can promote successful recovery[4] and Recommendations have been made that all MTC's provide ongoing assessment and support for two years post discharge[5].

Clinicians have been shown to be motivated to evaluate their patient's recovery, whilst patients felt 'cared for' and 'not forgotten' post-hospital discharge, when post discharge follow up was done by the MTC[6] and telephone follow-up was highlighted to be feasible, accepted by staff and valued by patients and families. The most common timeline for follow-up contact was two weeks post-discharge[7]. Contact through varying means including telephone, text, telemedicine and face to face may improve uptake of patients attending[3]

Background

Major Trauma Coordinators (TC) and the wider rehabilitation team within the North Of Scotland Trauma Network recognised that post discharge follow-up for patients required improvement in order to ensure patients needs are met following discharge and to improve staff experience. NHS Grampian did not have a formal plan for follow-up of patients discharged from their MTC, community hospitals or orthopaedic rehab (Neuro Rehab already had an established follow-up after discharge service). Since August 2021 all patients discharged from the MTC have had an attempted phone call made by a TC 2 weeks post discharge. Issues identified from these phone calls include, pain management, post brain injury advice, follow-up appointment queries, community therapy input, equipment queries etc. This quality improvement project aimed to expand on the current service to improve patient and staff experience.



Test of change 1 (clinic 1)-

The team agreed initially to trial face to face clinics 10-12 patients per 3 hours clinic with a team comprising of approximately 6 staff members including TC's, rehab consultant, physiotherapist, occupational therapist and psychologist. Data was collected on the clinic activity, the actions / unmet needs identified, referrals made and whether the patients needed physical assessment, this allowed assessment of the feasibility for near-me clinic option.

Test of change 2 (clinics 2-4) –

Offering of near me and Face to Face Clinics. Same time scale. Benefits found included using less paper than previous clinic, Near me appointments worked well, utilised QR code for patient feedback

From the initial clinics the **activity** is seen below:

MDT Members seen	Unmet needs identified	Advice / supported self Mx	Referrals made	Med changes	Physical exam needed
TC Dr	Ct And surg FU needed Replaced collar	Yes		No	Yes
TC Dr	Nil	Yes		Yes	No
TC Dr Psych	Physio and psychology pt and family	Yes	Physio, psychology	No	Yes
TC PT psych	Psychology	Yes	VR	No	No
TC PT psych	Psychology VR offered	yes		No	No
TC PT				No	No
TC PT			physio	No	No

Test of change 3 (clinics 4-8) –

A Pro forma developed as clinic guide/checklist, near me appointments (or) telephone. 2 staff members allocated to each patients, variety of professions depending on patient need and staff availability. Use of Major Trauma team office for staff – area often busy and noisy.

Test of Change 4

The next PDSA cycle change is planned with new location booked away from busy communal office for on going near-me clinics every 2 weeks for 90-120 mins with 3 members of staff (TC, Neuros-psychologist and Rehab medicine consultant) with a further review of outcomes, patient and staff feedback end of November 2022.

Most common signposting from clinics include Rehab Medicine, psychology, physio and Vocational Rehab (VR).

Access via https://www.nearme.scot/

Not everyone needed a physical assessment therefore could be reviewed remotely

Near me appointment worked well. Don't use as much paper

Could make more use of resources such as Voc rehab leaflets

Near me clinics take less time. Increasing frequency of clinics would allow for more timely 3 month post discharge dates to be achieved

Consider offering patients face to face if they would prefer as alternative to Near me

We used less paper than previous clinic. Give out QR code for patient questionnaire

Quiet space for clinic needed. Encourage family member to be present for those who have cognitive impairment

From the beginning to now the trauma team have been amazing. Everything went well and good staff. Help on ward from trauma coordinator's attentive. Follow-up really good from rehab medicine. Near me was good – saved me coming into hospital.

Good having my partner involved – very helpful to patient

MTC team very professional and caring. TC's were an important function in linking up specialities.

Near me worked well as I was able to attend from a different country

Brilliant care. Very nice staff

Feedback from staff and patients to inform further PDSA cycles. Including what went well, what could have been better and any other comments.

Clinic Guide/Check list (as appropriate)

Any issues you wish to discuss?
Planned follow-up
Current input
Medications

Pain – inc analgesia
Cognition
Mood
Communication
Diet/Nutrition
Swallow
Bladder/bowels
Mobility/Upper limb function
ADL's
Social Circumstances
Vocation
Social activity
Driving

Anything else?
Summary

Pro-forma used by staff during clinics.

Between December 2021 and June 2022 Patients were asked.......

How satisfied were you with........

	Not at all satisfied	Partially satisfied	Satisfied	More than satisfied	Very Satisfied
Time waiting for your appointment				4 1	3 3 4
Convenience of appointment			2	5	3 5

How good was each of the following.......

	Poor	Less than satisfactory	Satisfactory	Good	Very Good	Not Applicable
Treating you with kindness and compassion				1	7 2 5	
Taking into account things that matter to you				1	7 2 5	
Making you feel at ease				1	7 2 5	
Listening to you				1	7 2 5	
Assessing your condition				1 1	7 2 4	
Explaining your condition and treatment			1	1 1	6 2 3	1
Involving you in decisions about your treatment			1 1	1 1	6 1 3	1
Providing or arranging treatment for you				1 3	7 2 3	

How satisfied were you overall with your treatment and care?

Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied	Don't know
4 3 3	3 2				

Conclusions

- We have demonstrated the need for a follow-up clinic.
- We have demonstrated that most patients do not require face to face assessment.
- Using a pro-forma developed by the Multi disciplinary team allows 1-2 members of the to team assess and coordinate a management plan for patients.
- Near me clinics are effective and valued by the majority of patients. When required we have the opportunity to invite patients for a face to face appointment.

Next Steps

- 4th test of change described above .
- We plan to review the process when patients fail to attend and develop a plan to reach vulnerable and seldom-reached groups.
- We plan to test ideas that will improve the amount of feedback questionnaires we get from people having non face to face appointments.

References

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