

# NoS Trauma Network Newsletter



Issue 3: Autumn 2017

The summer months were very busy for the NoS Trauma Network. There has been progress across various work streams including piloting of the draft rehabilitation plan document, workshop on MTC coordination, visits from the Scottish Trauma Network (STN) Team in Aberdeen and Inverness, submission of bids and revised plan to the STN and confirming the date for our much requested 2018 NoS Trauma Network Event. We are also very happy to advise that Dr Chic Lee commenced his new role as the Clinical Lead for the NoS Trauma Network on the 1<sup>st</sup> September.

## Update from the Scottish Trauma Network (STN) Team:

The STN team have now supported two meetings of the STN Steering Group and three meetings of the Core Group, made up of senior planning managers and Lead Clinicians from each of the regions. Through these meetings, the Network has agreed its mission statement:

***“To improve and optimise the health and wellbeing of the seriously injured. Helping them, their families, each other and our nation. Pioneering clinical excellence, health intelligence, innovation, education and research.”***

We have also been developing minimum requirements for the Network which the NoS and other regional networks have been engaged upon.

The network governance has been agreed, and we look forward to working with individuals from across the regions to develop guidelines for delivering care across the remit of the trauma network, including a separate working group for paediatric trauma, this provides a great opportunity to optimise paediatric trauma management in Scotland.

In recent months we visited Aberdeen on 8<sup>th</sup> September and met with colleagues developing the Major Trauma Centre and also attended the NoS Trauma Programme Board to find out more about the NoS Network priorities and plans. We also visited colleagues in Inverness on the 4<sup>th</sup> October.

Over the next few months we will be developing an overarching implementation plan for Scotland (informed by regional plans) and organising the STN Conference. This first conference will be held over two days, 18<sup>th</sup> and 19<sup>th</sup> January 2018 at Murrayfield Stadium, Edinburgh.

If you are interested in hearing more from us, or have any questions, please email [nss.scotrauma@nhs.net](mailto:nss.scotrauma@nhs.net)



STN Team receiving a tour of ARI. From left to right: Dr Roland Armes, Kate Burnley, Lana Peacock, Alison Gilhooly and Dr Martin McKechnie

### STN Visits to the NoS:

The STN team visited Aberdeen on the 8<sup>th</sup> September to attend the NoS Trauma Network Programme Board. The STN team engaged with colleagues and listened to feedback on the proposed STN Minimum Requirements that were recently circulated for comment.

The Team also visited Inverness on 4<sup>th</sup> October to hear about local challenges and developments being taken forward to improve trauma care both within the Trauma Unit and in Highland.

## Introduction to Dr Chic Lee, NoS Trauma Network Clinical Lead

I feel privileged to have been appointed to the position of clinical lead for the NoS Trauma Network and look forward to working with all of the staff who will make the network work. The post began on the 1st of September this year so the first few weeks have been busy and hectic.

My expertise lies in Anaesthesia and Intensive Care Medicine and I Am a consultant working in Raigmore Hospital in Inverness. I have had an interest in the management of trauma patients since I was a trainee. I have worked in several major trauma centres (MTCs) including Charing Cross and St Mary's hospital in London and Westmead Hospital in Sydney where I was the senior fellow in intensive care for three years. During my time in London and Sydney I was also involved in the transfer of critically ill patients including major trauma patients. Currently I am an instructor on the Advanced Paediatric Life Support course and the European Trauma Course which I organise in Inverness. I also currently respond as a BASICS provider and volunteer for the pre-hospital immediate care and trauma project running from the Emergency Department in Inverness, the concept of Dr Luke Regan. I therefore feel I have reasonable insight into the journey of the trauma patient from roadside to rehabilitation.



I feel the NoS Trauma Network is unique, in that the rural nature of the territory brings specific problems and hopefully specific solutions. The MTC is key to the development of the network and I am looking forward to working with the enthusiastic and experienced healthcare workers in Aberdeen Royal Infirmary and the Aberdeen Children's Hospital to develop our MTC. This includes the development of rehabilitation. Also key to the NoS Trauma Network are the local hospitals, trauma units and local emergency hospitals, and the Scottish Ambulance Service which provides a first line response to the trauma patient and a transport framework to bring the patient to hospital. The local hospitals in the North tend to offer more than the trauma units and local emergency hospitals in the more urban areas and I feel the extra capability of these hospitals has to be recognised and utilised.

Finally the trauma network in Scotland is a national network and I look forward to working with the other clinical personnel involved to integrate the NoS into the National Plan.

### Single Point of Contact (SPOC)

One of the STN minimum requirements for a major trauma network, and a consistent requirement in feedback from staff in the NoS, is the use of a single point of contact for hospitals. Clinical colleagues working out with the major trauma centre (MTC) tell us having a single contact within the MTC would enhance patient care and allow them to do their job better. A representative group of staff from across the network have met to draft a process of communication which will enable this. This process, using one trauma telephone number into the SAS Specialist Services Desk to arrange contact between the referring hospital and the MTC, will be tested towards the end of the year with patients from Dr Gray's Hospital, Elgin and the Gilbert Bain Hospital, Shetland. More information on this in the next network newsletter.

### In the next NoS Trauma Network Newsletter...

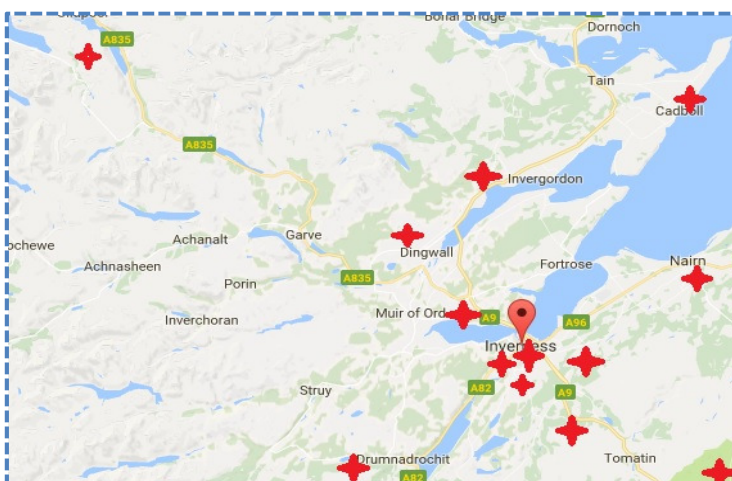
- Update on the decision made by the STN Steering Group regarding the NoS Trauma Network Bids
- Development of the Trauma Case Managers and Rehabilitation Coordinators
- Updates on the testing of the SPOC
- Update on the NoS Trauma Website
- Update on network governance

# Trauma Spotlight on Raigmore Hospital

The aim of this article is to update our NoS and National Network partners on Raigmore/NHS Highland's Major Trauma quality improvement program. Our program has focused on education, intra-hospital pathways, interagency working with SAS and SAR, physical environment and interventional strategies in resus and the development of enhanced pre-hospital care capabilities. Key areas of progress are:

- Our trauma call criteria has been further refined to come into alignment with that being trialled in Tayside at present, to anticipate the coming SAS national trauma triage tool. We are engaging in active education of SAS teams when they attend us and call by call interrogation of all pre-alerts to capture possible trauma call triggering information.
- We have implemented a new rapid infuser protocol for haemorrhagic shock patients in resus, with its first usages being trialled in trauma patients over the past few months with notable improvement in the speed and simplicity of mass transfusion.
- We have installed a Trauma Team identification segment to our morning and evening shift change safety huddles, followed by a team check of resus for trauma reception.
- We have placed a hard physical line in resus to better guide the visual demarcation between those in the team treating the patient and those available but not in the team.
- We have seen successful usage of the items in the newly rolled out SAS trauma packs with case by case discussions leading to more nuanced decision-making from our crews.
- We have procured sufficient radio-translucent scoops to allow switchover with ambulance crews on arrival, removing yet another unnecessary pair of transfers from the major trauma patient's journey.
- We have negotiated new pathways (under constant review) with our in house and outsourced radiology reporting services to aid homogeneity of patient care across the working day/week.
- We have delivered a major trauma training workshop to both Hospital and SAS staff at Caithness General.
- We have commenced the first ever Scottish Trauma Desk tasking of BASICS responders from our PICT responder team distributed across a wide geographical area of the north.
- We have commenced operations of a PICT/SAS response team from Raigmore for sick trauma/medical patients, an average tasking rate of three cases per shift. See below.
- A bid for ongoing funding of both PICT and the associated response team has been submitted to the STN.
- Continued review /revision of proformas – specifically the first ward round and first assessment components.
- We have continued to contribute to the unified NoS trauma dashboard.
- Our Undergraduate Pre-hospital Care Course is in process of consideration for formal accreditation by the RCOSEd Faculty of Pre-hospital Care.
- We are building a program for regular multidisciplinary trauma moulage.
- Please see the last page of the newsletter on the European Trauma Course (ETC) Programme which has been running in Inverness.

For more information, please contact Luke Regan at [luke.regan1@nhs.net](mailto:luke.regan1@nhs.net)



## Pre-hospital Immediate Care & Trauma Scheme (PICT)

PICT is a pilot where teams of BASICS, NHS Highland and SAS staff provide pre-hospital care to trauma patients who are often at great distance to the trauma unit at Raigmore. The map shows the first few cases of the PICT response team to show the geographical spread of taskings

For further information, please e-mail [luke.regan1@nhs.net](mailto:luke.regan1@nhs.net)



## NoS Network Bids

The NoS Trauma Network submitted a phased Network Implementation Plan and five bids to the STN Team for consideration against STN funding. The bids are based on the draft STN Network Minimum Requirements and key priorities as advised by staff and patients across the NoS.

The five funding bids submitted are :

- **Major Trauma Centre** - focussing on key aspects to meet MTC minimum requirements to go live by end of June 2018
- **NoS Network Audit & Governance** - STAG data collection capacity across the network and a NoS Network Manager
- **NoS Network Coordination** - Case Managers and Rehab Coordinators to coordinate care around patients' needs
- **NoS Network Education** – A range of educational priorities as highlighted by teams across the network
- **Pre-hospital Intermediate Care and Trauma for NHS Highland** – establishing pilot as a service and roll-out

The STN Steering Group will make decisions on the NoS bids, along with other network bids during November.

If you would like a copy of these, please e-mail [nospg.majortrauma@nhs.net](mailto:nospg.majortrauma@nhs.net)

## SAS Updates

### **Trauma Desk**

From October 2017 the SAS Trauma desk will operate 24/7 to coordinate the response to trauma through the early identification and mobilisation of appropriate resources, including specialist and enhanced capability as required. All three existing pre-hospital critical care teams and BASICS will be tasked through the trauma desk.

As each of the MTCs goes live, the trauma desk will be vital in coordinating and managing patient flows across the network, supporting front line crews with triage and bypass decisions. Integration of the enhanced Trauma Desk with the existing Specialist Services Desk will help ensure that existing air ambulance assets and ScotSTAR critical care transport teams are utilised efficiently in support of the developing network.

### **Supporting Frontline Teams**

This year, SAS has invested in additional trauma equipment and training for all frontline resources. It is recognised that the initial responding paramedic crew will still carry out many of the most important early interventions in trauma, and that on-going support, education and feedback will be required.

### **Advanced Paramedic Model**

A funded trial of the advanced paramedic model is to commence in December. It is envisaged that advanced paramedics will have additional clinical skills and PGDs to function independently for seriously injured patients, work within the medical teams to provide critical care to severely injured patients and provide clinical experience to the trauma desk.

### **Trauma Triage Tool Trial in Tayside/Fife**

Implementation of the agreed national trauma triage tool to support crews in early identification of trauma patients and access to regional pathways is ongoing. Data collated as a result of this trial will help inform the subsequent roll out of the tool in other regions with decision making support available 24/7 from the enhanced Trauma Desk. A report on data collected thus far is expected in Oct 2017.

For further information e-mail [euan.esslemont@nhs.net](mailto:euan.esslemont@nhs.net)

## National STAG Update:

The Scottish Trauma Audit Group (STAG) welcome *Dr Gray's Hospital, Elgin* and *the Royal Aberdeen Children's Hospital* to the audit. Data collection for both hospitals started in July and is being coordinated by the Local Audit Coordinators (LACs) in Aberdeen (Roslyn and Alice). We are currently arranging visits to other hospitals in the NoS to support planning for participation in STAG.

Clinical audit is one tool for finding out how well care is being provided and learning if care can be improved. The clinical audit process -

- shows if care provided is routinely consistent with evidence.
- helps a clinical team find where improvements in practice are needed.
- raises awareness of the information that has to be documented.
- facilitates learning about current practice among members of the clinical team and supports working together to make improvements.

STAG Clinical Leads, LACs and the clinical teams play a vital part in achieving this. Roll out of eSTAG is anticipated to commence in November 2017.

For more information please see our website [www.stag.scot.nhs.uk](http://www.stag.scot.nhs.uk) or contact [angela.khan@nhs.net](mailto:angela.khan@nhs.net)

## European Trauma Course

We are now into our second year of running the European Trauma Course (ETC) in Inverness. One of the key founders of the course and the Director of the Newcastle Major Trauma Centre, Peter Goode, has been the driving force behind the development at Inverness.

The ETC is not an alternative to the Advanced Trauma Life Support course but compliments it. The concept of the ETC places individuals within their normal clinical roles as team members and as the team leader of a trauma team. Although the course manual relates all the clinical technical skills required to deal with trauma, it is the non-technical skills that are emphasised on the course. The course therefore lends itself to the trauma team concept and gives a framework for trauma teams whether in a Major Trauma Centre or in a Local Emergency Hospital. An important asset of the ETC is that it allows both medical and nursing staff to integrate within the trauma team both as a member and leading the team.

My hope is that the course is endorsed for training in the NoS Trauma Network as a foundation for trauma teams throughout the region with each hospital having regular moulages so that the team is efficient and familiar to management of major trauma even if it is a rare event in their vicinity. Our NoS Network Education Bid submitted to the STN included the ETC.

For more information, please e-mail [charles.lee2@nhs.net](mailto:charles.lee2@nhs.net)

### Website for NoS Trauma Documents

There will be a website available to the region that will act as a library for all documentation that will be used by sub groups of the NoS Trauma Network as well as any documents that the STN request feedback. Details will follow in soon.

### Rehabilitation Plan Document

The Major Trauma Rehabilitation (rehab) & Repatriation Group have been developing a Rehab Plan document which will contain the rehab assessment, goals and treatment plan of a patient who has experienced major trauma. It was agreed that the Rehab Plan would require testing before being launched and subsequently the test began on the 21<sup>st</sup> August.

The Rehab Plan will be piloted with four patients (one from Aberdeen, one from Aberdeenshire and two from elsewhere in the NoS) and will be used until the patient returns to a community setting. At present three patients have been identified and the Rehab Plan is being used to record their care. The pilot will finish on the 31<sup>st</sup> January. The Plan and process will be amended based on feedback gathered. Further updates on the launch of the Plan will be provided in the Spring 2018 Newsletter.

For more information please e-mail [annemarie.pitt@nhs.net](mailto:annemarie.pitt@nhs.net)

## Dates for Your Diary

The next NoS Education Session is scheduled for 24<sup>th</sup> of November, 1:30-4:00pm and will focus on "The Trauma Team". To book a place, please e-mail [nospg.majortrauma@nhs.net](mailto:nospg.majortrauma@nhs.net)



Save the Date!

Wednesday 23<sup>rd</sup> of May 2018, 09:30-16:30

SCOTTISH TRAUMA NETWORK NORTH

North of Scotland Major Trauma Network Event

The Muthu Newton Hotel & Highland Conference Centre, Nairn



Hold the Date

Scottish Trauma Network (STN) Event

18<sup>th</sup> & 19<sup>th</sup> January 2018

Murrayfield Stadium, Edinburgh

#STN2018



ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

Save the date

**GESTS**

15-16 February 2018

Click here to see 2017 highlights



EUROPEAN TRAUMA COURSE

**ETC**

THE TEAM APPROACH

Inverness- 29<sup>th</sup> November 2017