

Providing Clinical Feedback to Pre-Hospital Teams

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Situation

Staff members from the Scottish Ambulance Service (SAS) within the North Of Scotland (NoS) Trauma Network noted the benefits of receiving feedback on patients they had treated in the pre hospital setting. However there was not a robust process in place and feedback was piecemeal.

Eaton-Williams¹ strongly advocates clinical feedback to ambulance clinicians as it benefits both clinical development and work engagement. Furthermore feedback has been shown to improve clinical performance.²

By introducing a feedback mechanism for pre hospital staff, the hope is they will benefit clinically, and aid staff development and work engagement. It is hoped the feedback process will also bring together pre hospital and inpatient teams; thereby improving patient care.



Background



A post box themed feedback process was established in 2019 to provide pre hospital staff feedback on the outcome of Major Trauma patients following admission to the NoS Major Trauma Centre (MTC).

The request was initially a paper document completed by a member of the SAS. The request was posted into a physical post box within reception of the Emergency Department. Initially well received, due to the Covid 19 pandemic, this was no longer feasible and unfortunately the feedback ceased.



North Of Scotland Major Trauma centre.

Prior to this system it was difficult to learn good or bad from my prehospital care provision, as feedback was limited. I will definitely use this again!

Feedback from SAS

The feedback was very well detailed and informative. As a clinician the information is very beneficial as it enables me to fulfil my role by learning from the patients injuries and whether or not I treated the patient appropriately.

Assessment

In early 2022 a MTC Trauma Coordinator (TC), SAS Paramedic (link feedback paramedic), Consultant Trauma Paramedic and NoS project manager met to discuss revamping the feedback process following the Covid 19 pandemic. The decision was made to change the feedback to an electronic version. A QR code was developed for SAS staff to use. On scanning the QR code the link takes them to a feedback request form. The form is then screened by the link feedback paramedic for suitability for feedback before being passed onto the TC.

The TC completes a feedback form which includes injuries/interventions/current condition/current location and ongoing plans as appropriate. No patient identifiers are used. The feedback is then passed back to the SAS link contact to be forwarded onto the requestor. The first feedback request was received in June 2022.

Recommendations

Since June 2022 two feedback requests per month have been received and responded to. Feedback from the receiving SAS clinicians has been positive. Ongoing data collection and feedback will be collated and shared with SAS and the NoS Network.

The QR code has been placed in SAS vehicles. Posters advertising the service are to be placed within the Emergency Department to increase utilisation of the service.

As part of the ongoing dialogue between pre-hospital services and inpatient / community services, feedback is also provided when no initial request has been received. For example to provide feedback for patients who are unexpected survivors, or, to highlight areas of good practice.

Major Trauma Feedback Response Form	
Thank you for requesting feedback for a Major Trauma Patient	
You requested feedback on:	
EPRF number: CR00*****	Date of incident: 01/01/3000
Date of request: 01/02/3000	
Name of requester: Scottish Ambulance service	
E mail of requester: (must be NHS e mail)	
The patient had the following injuries and interventions:-	
Transverse process # of C7	Conservative Immobilize in Miami J collar
Vertebral body # of T12 Spinous process # T11 Transverse process # L1	Posterior stabilization T11 - L1
(R) 6th-11th rib #s	Intercostal drain inserted in theatre. Removed day 4.
(R) haemothorax and pulmonary contusions	
Free fluid abdomen Mesenteric and small bowel injury -	Laparotomy and repair of bucket handle injury to small bowel 150cm of distal ileum excised. Laparotomy relook - well perfused colon and small bowel
The patient was cared for in ICU for 6 days followed by 7 days in SHDU. They had complications from a non-absorbing bowel and loose stool, requiring total parenteral nutrition. Care continued in the orthopaedic ward for a further 3 weeks prior to transfer to a specialist rehab unit prior to discharge home. Some cognitive deficits were noted which have now resolved and is managing well at home. Ongoing follow-up with the Major Trauma Rehab Consultant, Trauma Coordinators, psychology, community physio and outpatient orthopaedic team.	
If you have any suggestions regarding this feedback process please tell us?	
Remember all feedback is anonymised and specific patient details should never be shared	

Example feedback response



QR code to feedback request form.
TRY ME

References

- EATON-WILLIAMS, P., 2020. Effective clinical feedback provision to ambulance clinicians: a literature review. Journal Of Paramedic Practice. Vol 12, No 3
- EATON-WILLIAMS, P., MOLD, F., and MAGNUSSON, S., 2020. Effective clinical feedback provision to ambulance clinicians: a literature review. [Online]. London: Mag online library. Available from <https://doi.org/10.12968/jpar.2020.12.3.109> [Accessed 10/08/2022]