Healthcare for London Major Trauma Project

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Project Objective

To design and implement an inclusive trauma system

that assures the care of all injured patients and

ensures that optimal care is provided

at all stages of the patient journey

Questions to be answered

- A Trauma System for London
  - What is Major Trauma?
  - Why do we need a Trauma System?
  - What will the trauma system look like?
  - What will the system do?
  - What are the benefits?
- What HfL is doing to establish the Trauma System
  - What is the aim of the project?
  - How is it structured?
  - What is the plan?
  - Where have we got to?
  - What about…?

Major Trauma or Trauma?

- Examples of Major Trauma
  - Penetrating injury to head, neck, chest
  - Limb amputation
  - Fractured pelvis
  - Open skull fracture
  - Paralysis after an accident
  - Severe head injury (unconscious)
  - Multiple injuries
- Examples of Trauma
  - Fractured neck or femur (hip)
  - Minor head injury
  - Fractured ankle

Staff involved in Trauma Care

Speech & Language Therapists

Renal physicians

ENT surgeons

Porters

Maxillofacial Surgeons

Urologists

Haematologists

Ophthalmologists

Trained ambulance personnel

Resident Major Trauma team

Pharmacists

Cardiothoracic Surgeons

A & E Team

Endocrinologists

Physiotherapists

General Surgeons

Occupational Therapists

Vascular Surgeons

Intensive Care Team

Cardiologists

Radiologists

Specialist Nurses

Transplant Co-ordinators

Dieticians

Laboratory Staff

Anaesthetists

Cleaners

Orthopaedic Surgeons

Psychiatrists

Neurosurgeons

Rehabilitation Physicians

Geriatricians

Data Collectors

Theatre Staff

Social Workers

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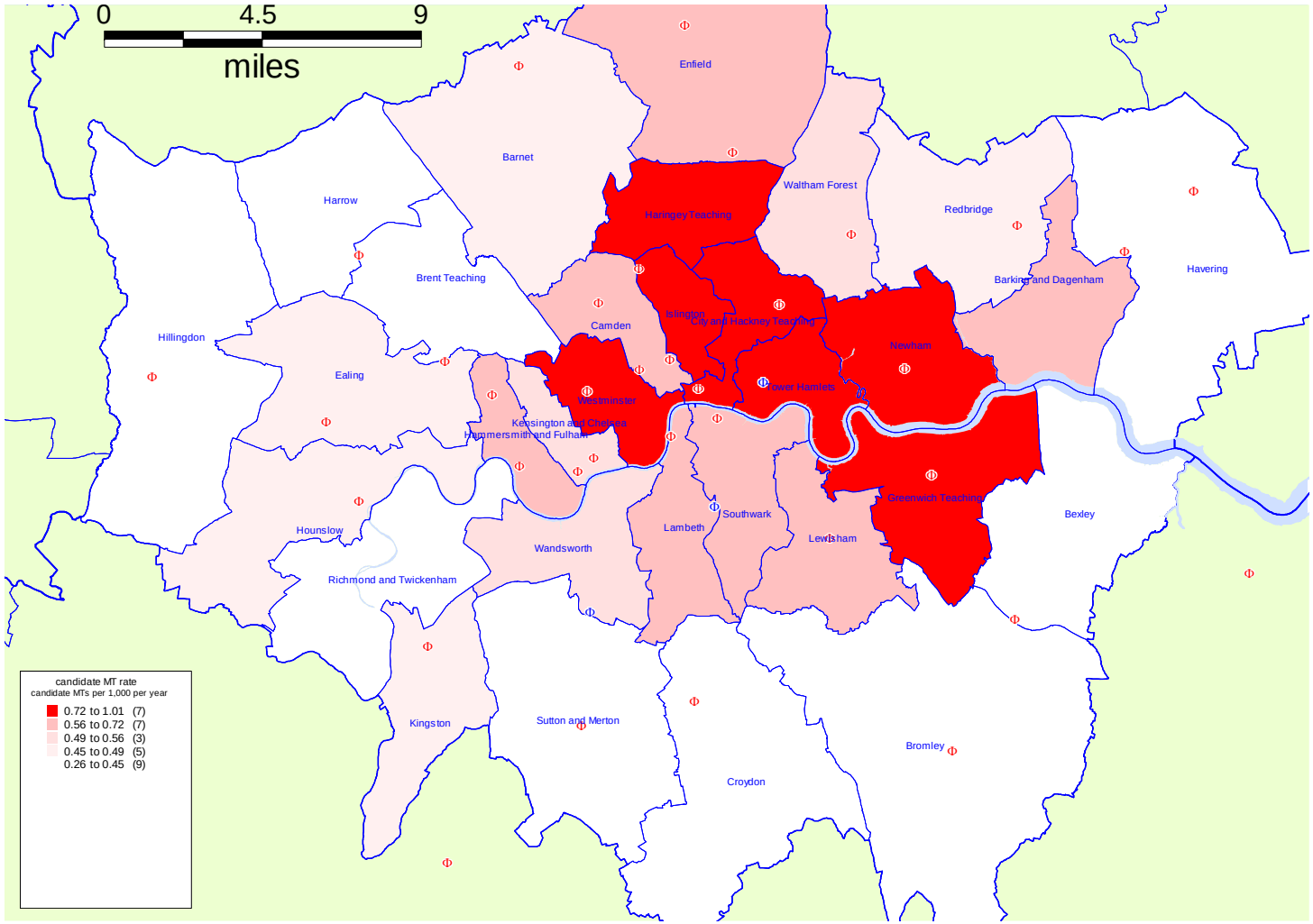
Incidence of Major trauma per 1000 population



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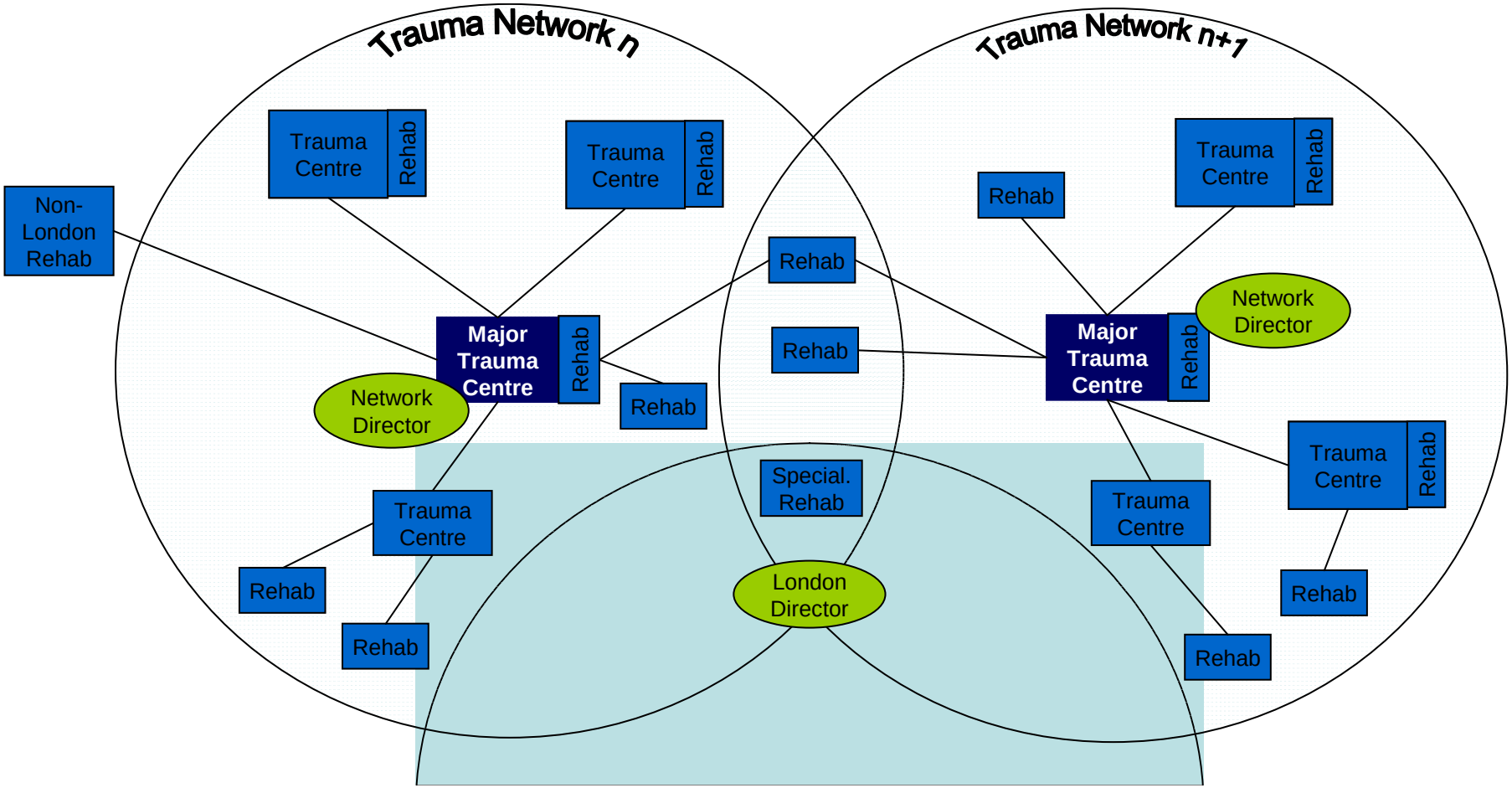
Trauma care in London must improve

- Poor co-ordination across London means the time to definitive care is unacceptably long
- The standard of care delivered to the majority of trauma patients across the UK has been shown to be sub-standard
- Governance and accountability are poor in London centres treating severely injured patients

International experiences should be used

- In a regionalised system, trauma patients are triaged to the most appropriate centre according to protocol:
  - Mackenzie: reduction in mortality of 25% when care is provided in a level 1 trauma centre
  - Florida: Trauma centre counties had significantly lower MVC death rates (50%)
- Regionalised trauma systems show a continuous improvement in results over time
  - Quebec: Integrated trauma system showed a reduction in mortality from 52% to 19%
  - Orange County: reduction in preventable deaths
  - Nathens: mortality falls when volumes increase – 50% reduction in mortality when 650 patients seen annually

The Trauma System will be made up of networks



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Essential features of the trauma system?

- Major trauma limited to a few centres allowing specialist skills to be retained
- Continuous improvement of system
- Pan-London Approach and Management
- Audit
- Research
- Education and Training
- Communications and Culture

Much of this is mirrored at network level

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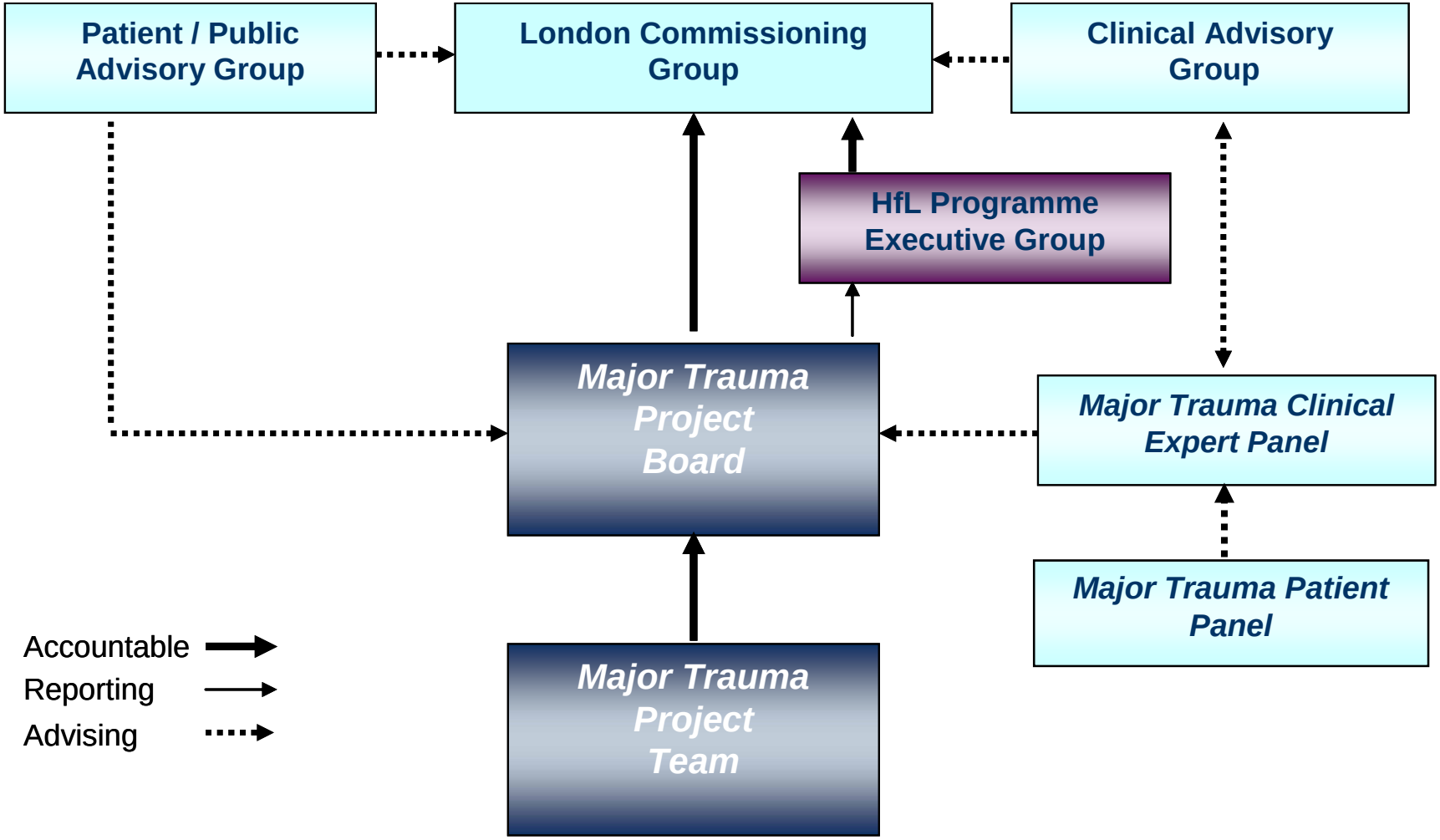
Benefits of a London Trauma System

- Improved patient outcomes
- A system-wide prevention strategy to reduce the number of people suffering severe injury
- Improved education and training of those delivering trauma care
- Increased ability to deliver a pan-London Major Incident Plan
- More people surviving injury and returning to optimum social and economic functioning
- Costs per life saved and per life-year saved are very low compared with other comparable medical interventions

HfL Major Trauma Project Structure



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The plan has three phases

Phase 1 – **Exploration** – Until August 2008

- Design a trauma system and optimal care pathway for London
- Run a preliminary phase to determine provider interest
- Develop designation criteria and process

Phase 2 – **Preparation** – August 2008 – Summer 2009

- Run designation process
- Public Consultation on options
- Implementation planning

Phase 3 – **Implementation** – Summer 2009 onwards

- If the response to the proposals in the consultation is positive, implement the trauma plan and commission agreed trauma care pathways

The consultation outcome was favourable

- Consultation process between November 2007 and March 2008
- 64% respondents in favour of specialist trauma centres
- JCPCT has supported proposals to develop some hospitals to provide specialist care such as major trauma
- Precise number and location of hospitals will be subject to further consultation

Rehabilitation

- Separate workstream to look at:
  - Needs assessment
  - Capacity
  - Gap between the two
  - Barriers to delivering world class rehabilitation for Major Trauma patients
- Capacity will be assessed during designation but may not be evaluated
- Longer term work will be needed to develop the necessary rehabilitation provision fully

Summary

- Trauma Care is sub-standard in London
- Trauma systems improve outcomes
- Designed London trauma system and its components
- Currently evaluating clinical quality
- Next step - process of preparation for consultation