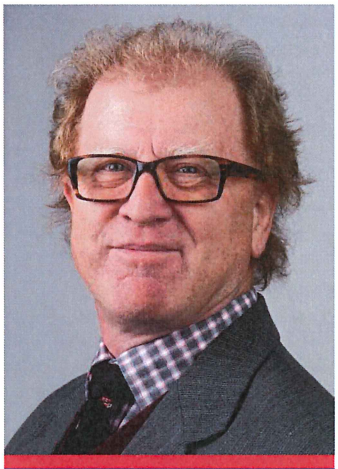
Supporting a patient taken to a Major Trauma Centre

Nick Welch, PLG Corresponding Member

Major trauma (defined as limb- or life-threatening injury) is a sudden and life changing injury that can have a devastating effect on patients, their families and friends. The development of major trauma networks has significantly improved care for these patients but has required patients and relatives to travel relatively long distances, sometimes to unfamiliar towns or cities, to receive care in a Major Trauma Centre.



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Major trauma has an impact on patients' lives, not just their physical well-being but also major psychological, social and financial impacts. It has become increasingly clear that recovery from severe injury requires coordinated care: early rehabilitation and good communication that addresses all of these facets is a key factor.

Recently, I have been able to see at first hand the steps taken by the major trauma centres to facilitate good patient/family and inter-hospital communication. However, there seemed to be no basic minimum standards. Therefore with the help of Professor Christopher Moran and my colleagues at the NHS-E Clinical Reference Group, I have written a set of measurable standards aimed at unifying the excellent initiatives from all the major trauma centres.

These standards include:

- The identification of a key contact (normally the next of kin) and providing them and the patient with a named nurse (or Allied Health Professional) contact and a dedicated telephone number, within 24 hours. This phone should be available seven days a week during normal working hours, with a message service at other times
- The provision of information about visiting hours, parking, where to eat, in-house and local hotel services and details about expenses
- The provision of at least one face-to-face meeting with a Major Trauma Coordinator
- The provision of information about the patient's treatment and care pathway (including any planned changes) in a medium that they can understand and assimilate
- Planned discharge or repatriation must be discussed and agreed with the patient and their next of kin
- Patients and carers should be provided with written information about medication, rehabilitation, community care services and any other relevant information, in preparation for discharge
- At the time of discharge or repatriation the patient, general practitioner and any receiving hospital or rehabilitation unit should be provided with a written summary of their injuries, operations, proposed rehabilitation and any outpatient follow-up appointments
- All discussions must be recorded in the nursing or medical records.

NHS-E is looking to include these standards in the Service Specification. A full copy of the Standards is available from the author.

Furthermore, the BOA Trauma Group has adapted the standards to make them relevant across all trauma units and hopes to publish them as an Audit Standard in Trauma (BOAST).

In conclusion, there is no doubt that including the patient and their family in every aspect of their treatment pathway improves outcomes and patient satisfaction. I recommend the full Standards to your attention. ■

Nick Welch is a Past Chair of the BOA's Patient Liaison Group, and a past lay representative on NICE's Major Trauma Guidelines Development Group. He is a lay member of NHS-England's Major Trauma Clinical Reference Group. Nick Chairs his GP's Patient Participation Group and the Local CCG Patient Network. Nick can be contacted by email at nick-welch@hotmail.co.uk.