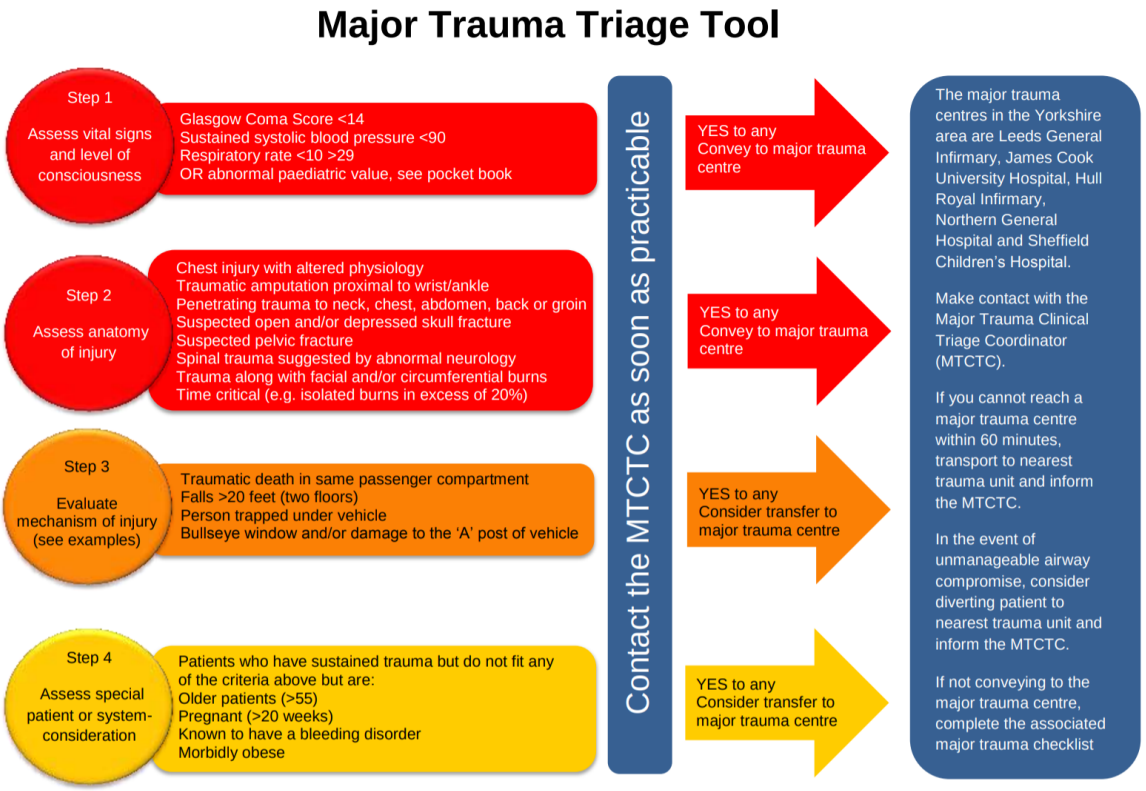
West Yorkshire

Pre-hospital ⇆ hospital: Communication in the WYMTN



How does major trauma triage work?

Paramedics apply the Major Trauma Triage Tool when they attend the scene. The first two steps of the triage tool (red) cover vital signs (physiology) and anatomy of the injury. If these boxes are ticked then the patient should go to the MTC.

The next 2 steps cover mechanism of injury and patient characteristics (eg age, co-morbidity etc). If the patient 'triggers' these steps then the pre-hospital team should *consider* transfer to the major trauma centre, but conveyance to the MTC is not the default.

The paramedics, as the clinicians at the scene, are responsible for making the decision as to whether or not the patient needs MTC care. If they trigger the tool and they can get to the MTC within 60 minutes, then they should go to the MTC. There are of course circumstances (eg airway obstruction) where they don't have time to get the patient to the MTC alive, in which case they will need to go to the nearest Trauma Unit. The TU will receive a pre-alert to allow them to prepare for the specified time critical intervention, with a view to stabilisation for onward transfer to the MTC on the 'Sort and Send Pathway'.

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The role of the major trauma desk

At the YAS Emergency Operations Centre (EOC) there is a senior paramedic assigned to the 'trauma desk' 24/7. They maintain oversight of all trauma going on in the region and can dispatch specialised resources as needed.

The paramedics should liaise with the YAS major trauma desk to advise them that they are taking a patient to the MTC. They can also request further assistance if needed and discuss border line cases (eg where the patient doesn't seem to meet the criteria for bypass to the MTC but the paramedic has concerns).

The Trauma Desk will then contact the MTC / TU with details of the patient. The crew themselves will aim to contact the MTC /TU with a 10 minute call prior to their arrival. The Trauma Desk also follows major trauma patients up and feeds back to the crews to aid their ongoing learning and professional development.

Yorkshire Ambulance Service NHS
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YAS ATMIST Handover Tool		
Age		
Time of incident		
Mechanism of injury		
Injuries		
Signs and symptoms	Pulse:	Resps:
	O2 sats:	BP:
	GCS:	Other:
Treatment given/immediate needs		

Things we could do better: Structured communication using ATMIST

In the heat of the moment it is helpful to use a clear structure to convey the necessary information as quickly as possible - hence ATMIST. This will get across the key information the hospital team will need.

Things we could do better: Ask fewer questions

There is a tendency for those answering the phone at the MTC or TU to start a game of 20 questions with the pre-hospital team. A good structured initial communication should prevent this...but the hospital team should put their curiosity on hold and only ask questions that are going to have an immediate impact on what they do next. For information the geographical boundaries for trauma bypass are at the end of this document.

Things we could do better: Avoid hospital ping pong

The pre-hospital team are with the patient and have seen what has happened. They are in the best position to determine if the patient needs MTC care or not. The hospital clinician should *in almost all cases* accept the judgement of the pre-hospital team. That doesn't mean that you can't challenge this decision if you genuinely think patient safety is at serious risk, but your default position should be to accept the patient. 'Refusal' of a patient should not happen. Re-direction can occur if it is on the advice of an ED senior clinician who then rings the unit they are re-directing the patient to and explains why they have made this decision.

Things we could do better: Respect and support

Mutual respect and support is vital between healthcare professionals but all too often we criticise and look for things that we don't think were done as well as they should have been. Even if we don't say anything our body language can speak volumes. In-hospital teams need to consider the challenging environment pre-hospital teams are working in and the limitations that it imposes. A dismissive attitude is likely to lead to worse communication in future, and this will adversely impact patient care. If you think there is useful learning in providing feedback then do it - but in an appropriately positive and supportive way - not with a sarcastic comment in the middle of resus.

Things we could do better: Think about a pre-alert

Just because a patient hasn't triggered the triage tool does not necessarily mean a pre-alert call won't be helpful. This applies to patients being taken to the TU and the MTC. If you as a pre-hospital clinician think a pre-alert would be helpful (eg if you think the patient needs resus or a trauma team) then ring. Make sure to use a structured ATMIST handover.

Things we could do better: Close the loop

Without feedback we don't learn. The Major Trauma desk will try and follow up patients but if you are a hospital clinician and a pre-hospital colleague wants to know what happened to a patient they brought in try and find the time to update them. Positive feedback is incredibly helpful for learning and for our mental health in general so make a point of feeding back the good as well as the bad. Be sensitive if the news isn't good - don't underestimate the potential for emotional investment when people have dealt with difficult and challenging situations. A glib comment about a negative outcome could be the thing that breaks someone.

Summary

Treat one another with respect and maximise opportunities for learning in a supportive fashion. Follow the clinical guidelines. Use clear structured communication. By doing these simple things we will provide our patients with safer, faster care.

Geographical boundaries of the W Yorks Major Trauma Network

Adult patients who meet the triage criteria and whose injuries occurred within the red bordered area will be brought direct to the Leeds MTC. Note that all of York is within this area but York is not a WYMTN TU. Adult patients who arrive at York District Hospital will be referred on to Hull.

Because Hull is not a Paediatric MTC the bypass area for children is larger and extends as far as the Humber Bridge (see below).

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