

Points of Interest:

- TARN
- TQuINS
- Governance
- Training

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Trauma Christmas special

Winter is upon us and with it, it brings the drops in temperature, the storms like Desmond, and a whole host of winter-wonderland related trauma.

On the bright side (and to paraphrase the Game of Thrones) 'Christmas is Coming'!

NHS England have released the statement below:

"Pressures have been building on A&E departments for several years and can increase significantly over winter because of a rise in the number of people admitted to hospital.

The NHS has pulled out all the stops to prepare for this winter. We are determined to protect the good standards of service that the public have come

to expect".

Lets keep the vulnerable warm and safe. Strong winds and icy roads increase the chances of a fall and road traffic collisions.

The bottom line is 'let's not let winter beat us down!'



Trauma Calls

Monthly Breakdown 2015							
Month	Total	Home	Admit	To Theatres	Admit Other	DID	Did Not Wait
Jan	21	6	11	2	1	1	0
Feb	20	12	05	1	2	0	0
March	37	21	11	0	3	0	2
April	43	17	22	0	3	0	1
May	26	15	10	1	0	0	0
June	33	19	11	1	1	0	1
July	40	21	14	1	1	0	1
August	27	16	11	0	0	0	1
September	29	11	16	1	1	0	0
October	32	17	15	0	0	0	0
November	32 / 147	19 / 109	12 / 26	1 / 1	2 / 9	0 / 0	0 / 10
December							
TOTALS	340	175	138	8	14	1	6

Jan - November 2015	Uploaded to TARN	Approved by TARN	Rejected by TARN	Filtered at BHRUT (incorrect coding)	Traumatic patients NOT FOR TARN	Still Pending upload	TARN DATA
	539	341 / 99	99	907	1679	342	

The TARN Dashboard

Data Monitoring

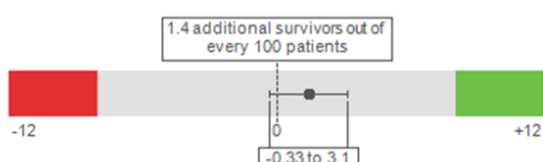
	2012 - 2013	2014	2015
Hospital Data Completeness	20.9%	32.2%	
Hospital Data Accreditation	71.8%	76.2%	80.8%

Cases submitted and eligible for Rate of Survival calculation:

Year	Total cases	Eligible cases
2012	107	89
2013	116	100
2014	188	174
2015	225	212

Rate of Survival at this Hospital

Between January 1st 2012 and September 30th 2015



Rate of Survival at this Hospital: Yearly Figures



Rate of Survival Breakdown at this Hospital

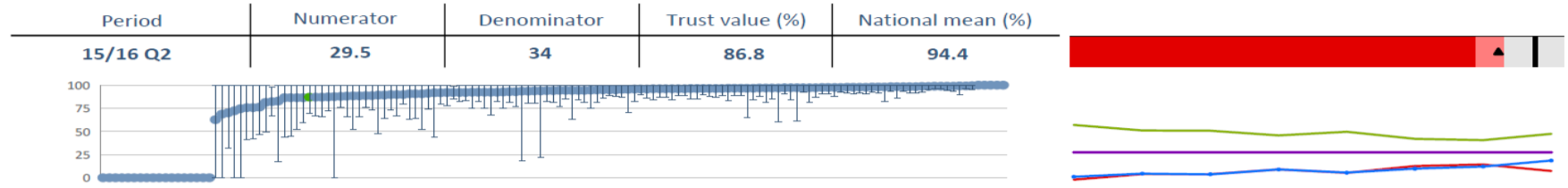
Survival band %	Number in group	Expected survivors	Actual survivors	Difference*	Adjusted difference**	
95 - 100	405	399	399	-0.1	-0.1	Unexpected deaths in minor/moderate injury. Usually due to poor management of comorbidity and/or complications
90 - 95	71	66	66	-0.1	0.0	
80 - 90	45	38	38	-2.0	-0.1	
65 - 80	30	22	25	9.5	0.4	Unexpected survivors with more serious injury. Usually indicates good initial resuscitation and the treatment of head injury in Neurological Centres
45 - 65	15	8	11	17.2	0.4	
25 - 45	5	1	4	44.2	0.7	
0 - 25	4	0	1	8.7	0.1	
Total	575	537	544	1.2	1.4	

The TARN Dashboard shows the progress the team have made in the recent months, with a focus on the Second Quarter (July—September 2015)

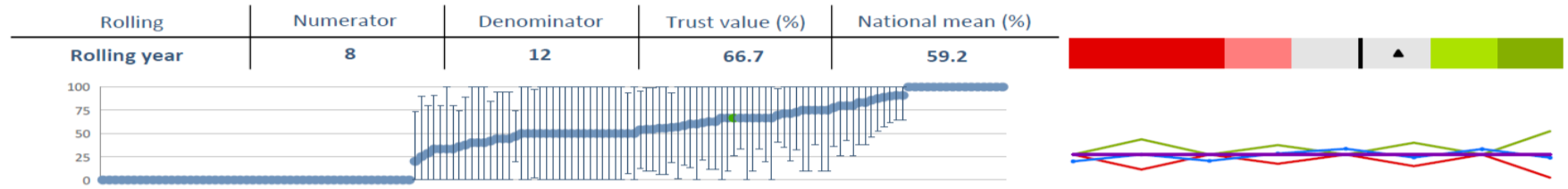
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TARN Dashboard

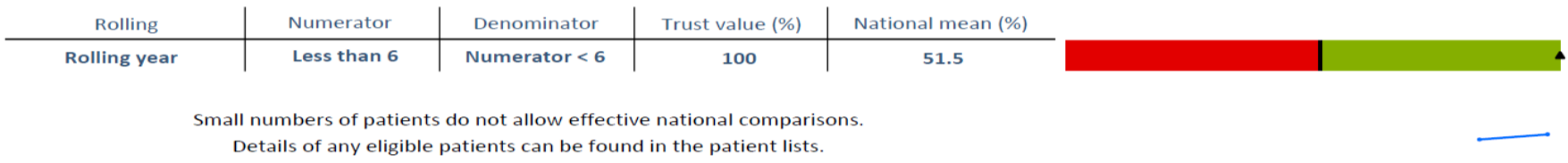
TU 01 - Quality of patient data submitted to TARN



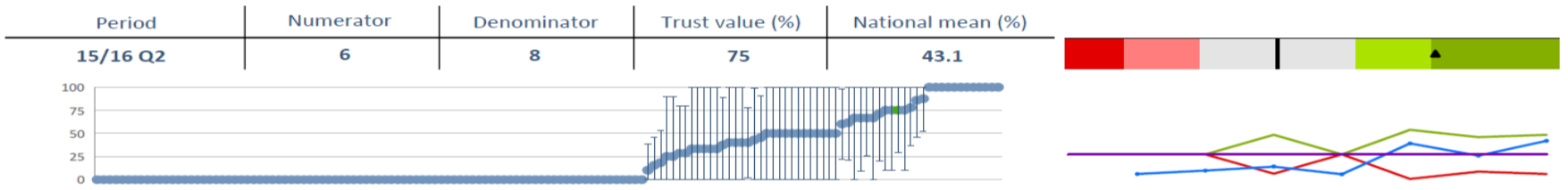
TU 03 - Proportion of patients meeting NICE head injury guidelines that receive CT scan within 60 minutes of arrival at TU



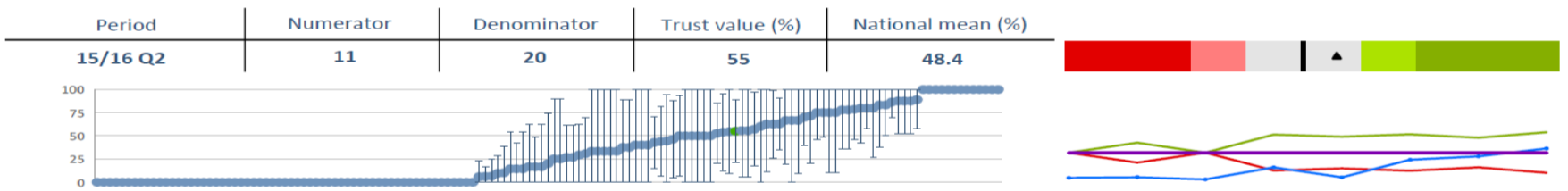
TU 04 - TUs administer Tranexamic Acid within 3 hours of incident to patients that receive blood products within 6 hours of incident



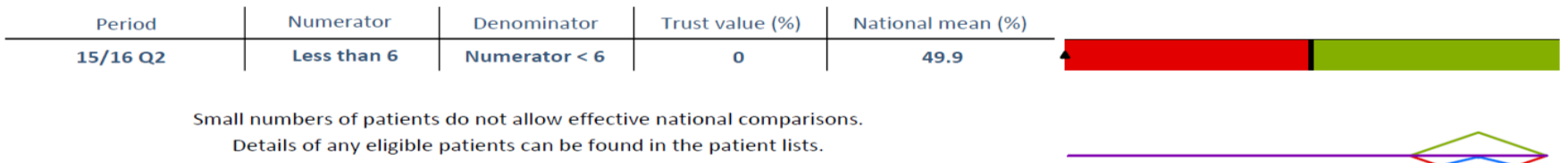
TU 05 - TUs deliver Consultant led trauma teams within 30 minutes for patients with an Injury Severity Score greater than 15



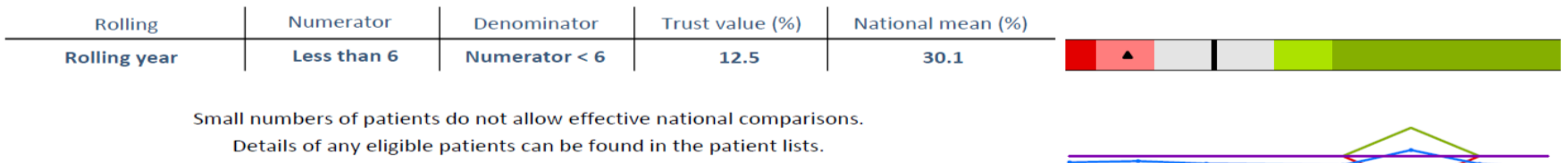
TU 06 - TUs deliver grade STR 3 or above led trauma teams ON ARRIVAL



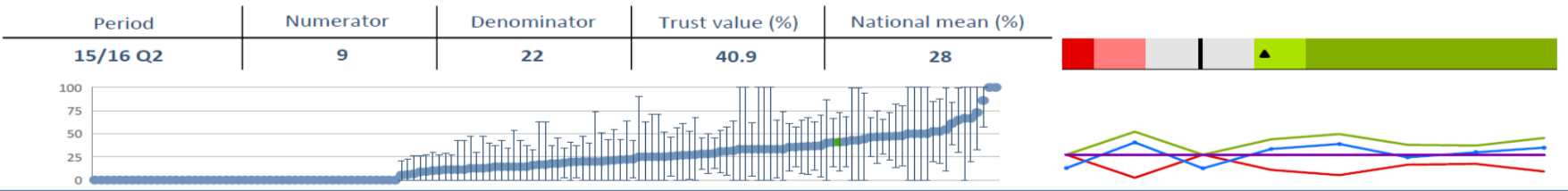
TU 07 - Rapid access to specialist MTC care - patients transferred to MTC within 12 hours of referral request



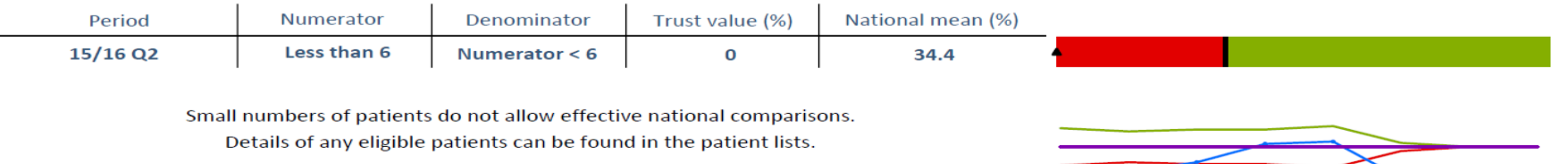
TU 08 - Proportion of patients with GCS <9 with definitive airway management within 30 minutes of arrival in ED



TU 09 - Proportion of directly admitted patients receiving CT scan within 60 minutes of arrival at TU



TU 10 - Proportion of patients with an ISS of more than 8 that have a rehabilitation prescription completed



Case 1

Status: Discussed at the MDM: repeat attender with admission on second attendance.

Profile: 85 yrs; female; British Indian, Arrival: 12/10/2015 @ 14:06, P/C: referral from radiology

History: Fall 1/52 ago, seen at Newham, minimum intervention. Worsening back pain, GP requested xray.

Report: Crush fracture L3, posterior encroachment, unstable

Management: Discussed with Neurosurgeons, detailed management plan provided including admission under medics and lumbar antiflexion brace.

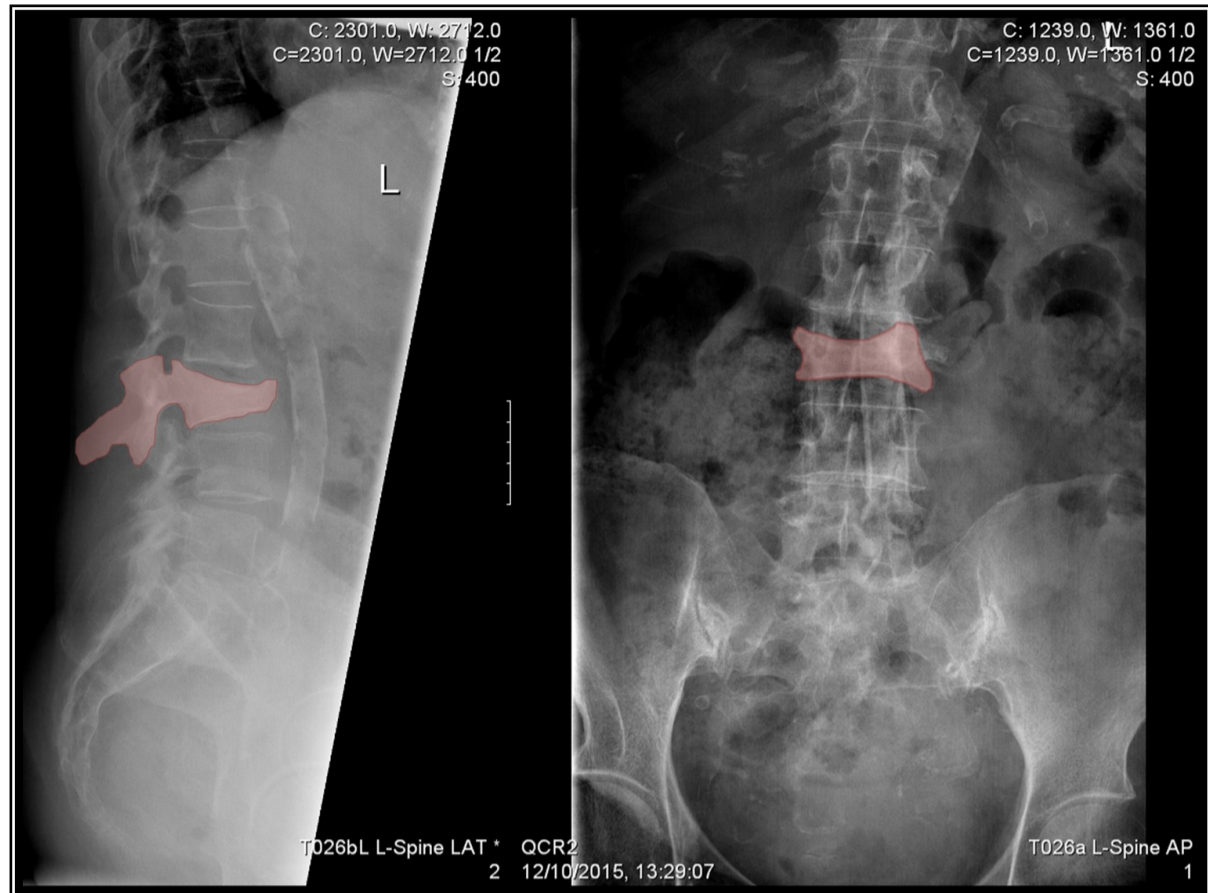
Unfortunately, patient discharged from ED; ?reason.

Follow up: Picked up by Neurosurgical registrar the next day, requested urgent admission under medics and bed rest. Brought back in by Ambulance.

Further investigations: MRI on 17/10/2015 revealed moderate to severe degree of thecal stenosis at L3, with acute fracture of T11.

PEARL:

- Elderly are susceptible to multiple spinal fractures due to osteoporosis.
- If you note one spinal fracture, always be on the look out for more.



Case 2

Status: Discussed at the MDM: repeat attender identified by GP; concern that haematuria with injury had no further investigations

Profile: 22 yrs; male; White British, Arrival: 15/11/2015 @ 18:55, P/C: assault, in police custody

History: Alleged assault, punched and kicked in face and body. No obvious external injuries.

Management: CT head, no acute injury, discharge in police custody

dy

Next attendance: passing blood in police custody. Urinalysis reveals no blood or any other abnormality. Discharged back to police

PEARL:

- Occasionally red-herrings will appear
- You can never be too cautious.

Re-attending patients are often quite complicated. There are the issues of the first attendance, and whether a diagnosis was missed, or whether the diagnosis was correct, but the clinical picture has worsened. Furthermore, having notes across two sites, doesn't help at all.

2016 Calendar



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Jan Paeds Presentation	Feb Orthopaedic Presentation	Mar Neurosurgery Presentation	Apr Tri Annual Trauma MDT
May Rehabilitation Presentation	Jun General Surgery Presentation	Jul Neuro ITU/ Anaesthetic presentation	Aug Tri Annual Trauma MDT
Sep Obs & Gyn Presentation	Oct Medical Presentation	Nov ED Presentation	Dec Tri Annual Trauma MDT

The Trauma MDT calendar for 2016 (above) has been ratified at the December MDT. The plan is to develop the Directorate to encompass the entire Trust, so three times a year the MDT will be open to all and held in the Education centre. Put the 4th of April, 8th of August and 5th of December in your diaries! In addition, the monthly MDT's will have a speciality focus, as shown above. This will allow Registrars of the relevant speciality to present any trauma related work over a period of thirty minutes. Reminders will be given closer to time.

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