Imperial College Healthcare NHS Trust | King's College Hospital NHS Foundation Trust | St George's Healthcare NHS Trust

Barts Health NHS Trust | Great Ormond Street Hospital for Children NHS Foundation Trust | Barking, Havering and Redbridge University Hospitals NHS Trust

London Major Trauma System

Traumatic Injury to Brain Across London (TrIBAL)

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FUNDER: London Senate

Principal Sponsor: Imperial Healthcare NHS Trust

TrIBAL Management Group

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Coordination

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Funder

The London Senate is funding the project.

TrIBAL: Traumatic Injury to Brain Across London

BACKGROUND

Traumatic Brain Injury (TBI) is a leading cause of trauma death and considerable morbidity, with huge social and economic consequences to patients, families and society. Many of these patients have relatively "minor" or "non-life threatening" injuries that may not reach the major trauma centre but are discussed with neurosurgeons for advice. Within the pan London Major a Trauma System (LMTS), such patients are commonly looked after by non-neuro specialists. However the characteristics of those who remain at TUs compared to those admitted for Major Trauma Centre (MTC) care are unclear. Understanding the burden and management of TBI within the LMTS will support commissioning processes and assist in the development of resources and education to ensure optimal patient outcomes.

DESIGN

This is a prospective, comprehensive, head injury data collection over a three month period (September to December 2016). Information will be gathered from two sources:

1. In hospital data from participating Major Trauma Centres (MTCS) and Neurosurgical Centres within the Pan London Regional Trauma System (the Royal London Hospital, Kings College Hospital, St Georges Hospital and St Mary's Hospital, Queen's Hospital, Romford and Great Ormond Street Hospital).
2. Referral data from LMTS Trauma Units (TUs).

AIMS

We aim to characterise the current burden and management of brain injury across London. By quantifying the care provided through remote advice it will be possible to design formalised care pathways of "joint care" between the TU and MTC in the future (e.g. by the establishment of a "virtual ward" at the MTC that enquires daily about the TBI patients within its network) and subsequent patient follow up.

INCLUSION AND EXCLUSION CRITERIA

<u>FOR MTC ADMISSIONS</u>

INCLUSION:

HEAD CT +VE FOR TRAUMA, INCLUDING:
SKULL #'S
ACUTE/CHRONIC BLEEDS
CONTUSION
DAI
PENETRATING INJURY

EXCLUSION:

ISOLATED MAXFAX INJURIES

FOR TU REFERRALS

INCLUSION:

HEAD CT +VE FOR TRAUMA, INCLUDING:
SKULL #'S
ACUTE/CHRONIC BLEEDS
CONTUSION
DAI
PENETRATING

EXCLUSION:

ISOLATED MAXFAX INJURIES

DATA COLLECTION

Data will be collected from:
Electronic referral systems
In-Hospital Records
Discharge summaries
TARN data
Prehospital data

Variables to be collected will include (see data collection sheet for more details):

Patient / Demographics /PMH
Injury Details
Pre-Hospital care
ED management
Imaging results and injury classification
Neurosurgery
Critical Care management
Length of stay and discharge disposition

REGULATORY ISSUES

The study does not require REC or HRA approval as clinicians are capturing de-identified routinely collected data, however Imperial College Healthcare NHS Trust (the sponsor) have given R&D approval. All sites require local R&D approval.

CONSENT

The data will be fully anonymised before it is analysed. No one outside of the direct care team will be collecting data with patient sensitive information from which the patient can be traced. For this reason consent does not need to be obtained from participants.

PUBLICATIONS

All publications and presentations will be authorised by the TrIBAL Management Group (TMG). The first publication of the results will be in the name of the TrIBAL Management Group, if this does not conflict with the journal's policy. If there are named authors, these will include at least the Principal Investigators, any Statisticians and Study Coordinators. Members of the TMG and the Data Monitoring Committee will be listed and contributors will be cited by name if published in a journal where this does not conflict with the journal's policy. Authorship of parallel studies initiated outside of the TMG will be according to the individuals involved in the project.

REFERENCES

McMillan, T. M., & Teasdale, G. M. (2007). Death rate is increased for at least 7 years after head injury: a prospective audit. Brain : a Journal of Neurology, 130(Pt 10), 2520–2527. http://doi.org/10.1093/brain/awm185

Roozenbeek, B., Maas, A. I. R., & Menon, D. K. (2013). Changing patterns in the epidemiology of traumatic brain injury. Nature Reviews. Neurology, 9(4), 231–236. http://doi.org/10.1038/nrneurol.2013.22