Change Control:

Title:	**The Major Trauma ward**		
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Date:	**Section:**	**Amended by:**	**Description of Change:**
17.16.10.24			Updated reviewer, Addition RE: Care and data within priorities section.

KEY MESSAGES

- **The Major Trauma Ward consists of 8 beds.**
- **Provides care across a range of surgical specialities.**
- **Multidisciplinary team with a focus on a patient-centred approach to care.**
- **Admission to The Major Trauma Ward with MDT input has shown a decrease in mortality and overall length of hospital stay.**
- **Reverse referral and repatriation to home trusts is vital to ensure flow through the trauma system.**
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NIMTN Clinical Practice Guidelines are intended to inform standardised, best-practice care for injured patients across Northern Ireland. Although they are based on up to date evidence at the time of writing, readers should note that it remains the responsibility of individual clinicians to make final decisions regarding the most appropriate treatment for specific patients in their care.

Prehospital practitioners employed by Northern Ireland Ambulance Service (including those involved in specialist teams such as HEMS and HART) may find these guidelines informative but should continue to follow guidance contained within JRCALC, NIAS and HEMS guidelines and SOPs.

Background

The Major Trauma Ward at the Royal Victoria Hospital became operational on 14th September 2020. The ward is an 8-bed unit under the Anaesthetics, Critical Care, Theatres and Sterile Service (ACCTSS) Directorate. The ward has a core nursing staff of three Registered Nurses, supported by two Nursing Assistants. Admission criteria is highlighted in appendix 1 of this CPG.

The ward has consultant cover Monday to Friday 8am to 2pm, supported by a clinical fellow 7 days a week, from 8am until 8pm. The consultant body is drawn from a range of clinical specialties. The Major Trauma Consultant is responsible for co-ordinating and integrating the multidisciplinary care of patients who have sustained multiple serious injuries and who meet the criteria of the Major Trauma Ward. Two Non-Medical Consultants specialising in Major Trauma Rehabilitation compliment the team and are supported by a range of other MDT members.

Evidence for Cohorting Major Trauma Patients

NICE 2016 states that the Major Trauma Centre must have a dedicated Major Trauma Ward to facilitate patients with multisystem injuries. Patients presenting with Major Trauma will often have more than one injury and require input from more than one speciality. It is recognised that a patient's journey may span multiple different wards. This can lead to a poor patient experience and increases patient risk. Research has identified that patient outcomes are improved through timely access to coordinated care.

Multidisciplinary Approach

A full range of MDT professionals support the Major Trauma Ward. Currently the ward has support from:

- Nursing
- Medical
- Physiotherapy

- Occupational Therapy
- Speech and Language Therapy
- Dietitian
- Clinical Psychology

Evidence has shown that a dedicated Major Trauma Ward, providing cover for all surgical specialities improves patient experience. A Major Trauma Ward with multidisciplinary care decreases mortality and overall hospital length of stay. The Multidisciplinary team attend the Major Trauma ward rounds, helping develop a patient centred plan for each patient. A weekly AHP and Nursing MDT and rehabilitation meeting, led by the Non-Medical consultants, supports the patient centred approach.

Through this combined MDT approach, evidence shows that there is a decrease in delays to treatment through professionals with specialist knowledge being available on the Major Trauma Ward.

Priorities in the Acute Treatment Phase

The Major Trauma Ward will provide Level 1 care. Any Major Trauma patient requiring level 2 or 3 care should be nursed within the Critical Care setting. Patients may be accepted from any of the following areas: RVH Emergency Department, Theatres, Intensive Care, or specialist surgical wards. Patient journeys have been shortened through the development of the Major Trauma Ward. Data collated proves that cohorting Major Trauma patients into one clinical area greatly reduces average length of stay with the length of stay for those patients categorised as an Amber Trauma call being reduced from 16 to 11 days. This could be in part due to the regular review of patients on a daily basis by the Major Trauma team. An example of the patient Journey can be seen in Appendix 2.

During the acute phase the priorities for care are:

- Maintaining a safe environment for the patient
- Effective and timely pain management
- Timely interventions
- Adequate patient monitoring

- A patient centred approach to care
- Developing communication across specialities
- Identifying and subsequent treatment of injuries

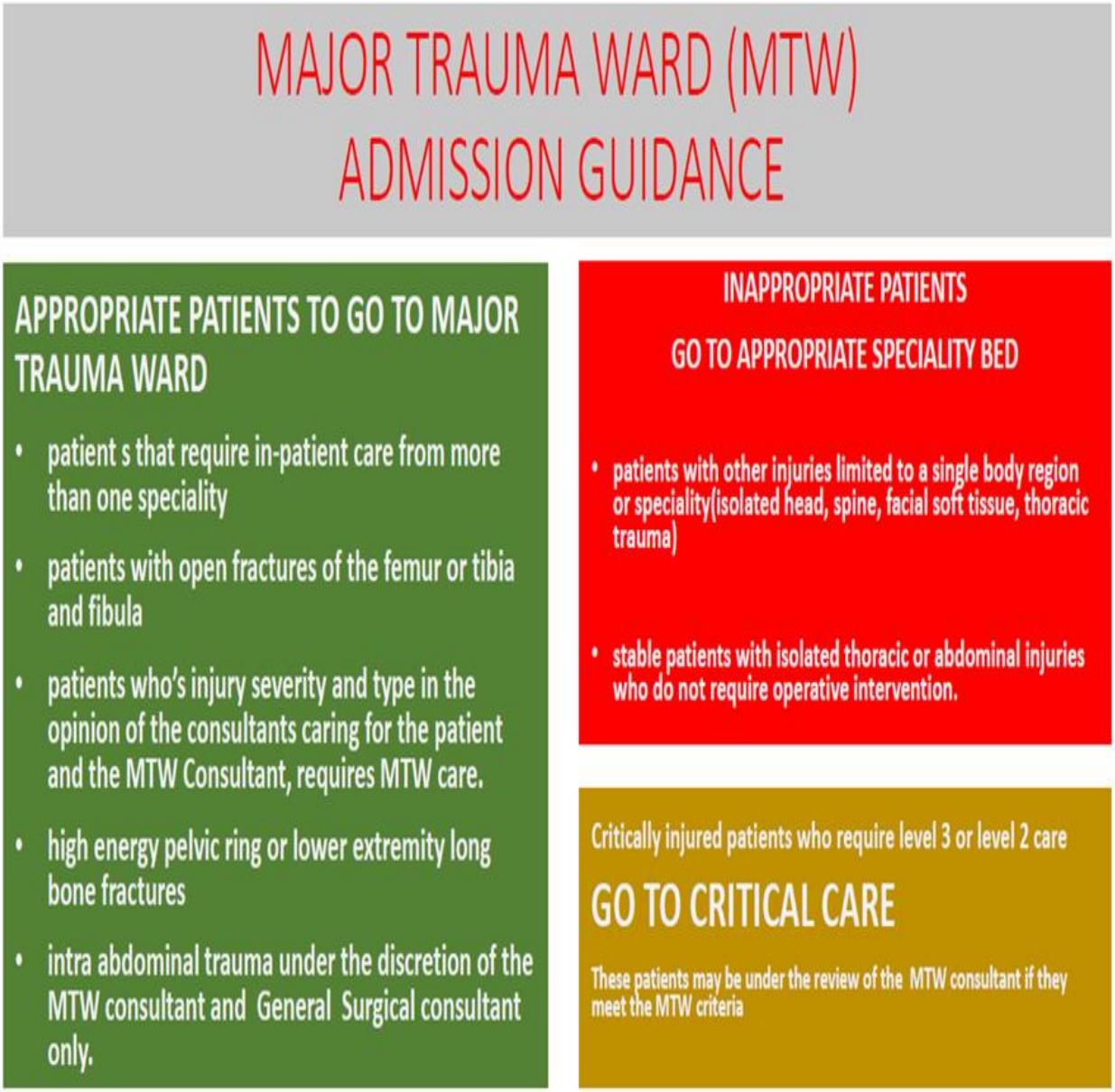
Prompt identification of problems can ensure that a therapeutic rehabilitation pathway is developed, and ensure that the patient is appropriately supported in their journey. It is important to note that early intervention from our colleagues in Psychological therapies is of great benefit for patients.

Reverse Referral

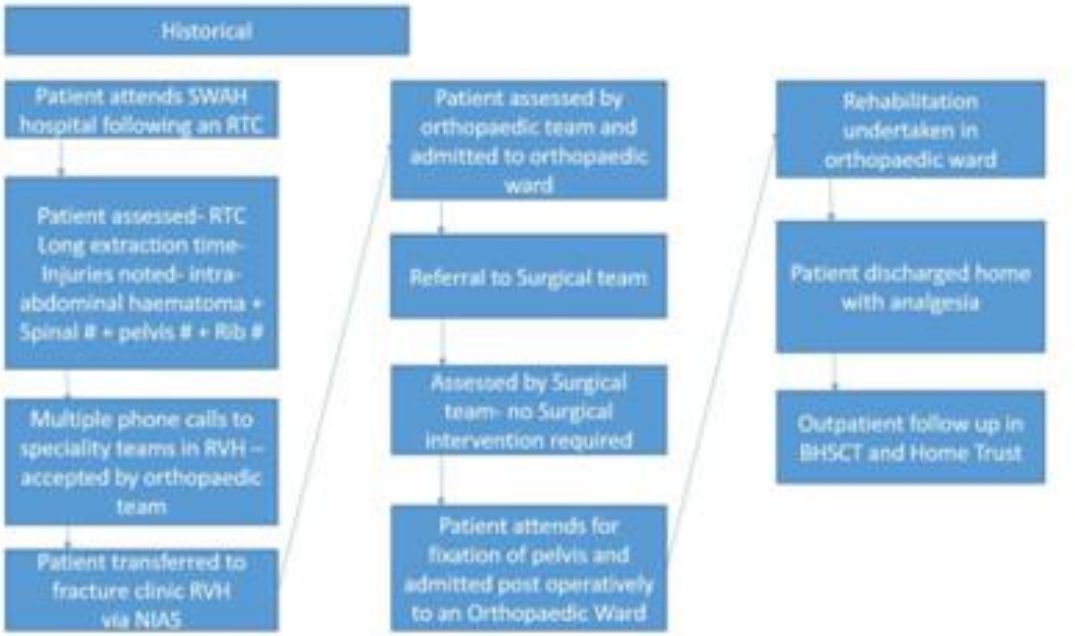
On a daily basis, medical staff review the acute interventions being undertaken with patients in the Major Trauma Centre. This is completed in collaboration with the Major Trauma Nurses. When the acute treatment period has been completed, and patients no longer require input from multiple specialities based at the MTC, the Major Trauma Service will commence the repatriation procedures. These procedures are outlined in the Referral and Reverse Referral Pathway set out by the Major Trauma Network.

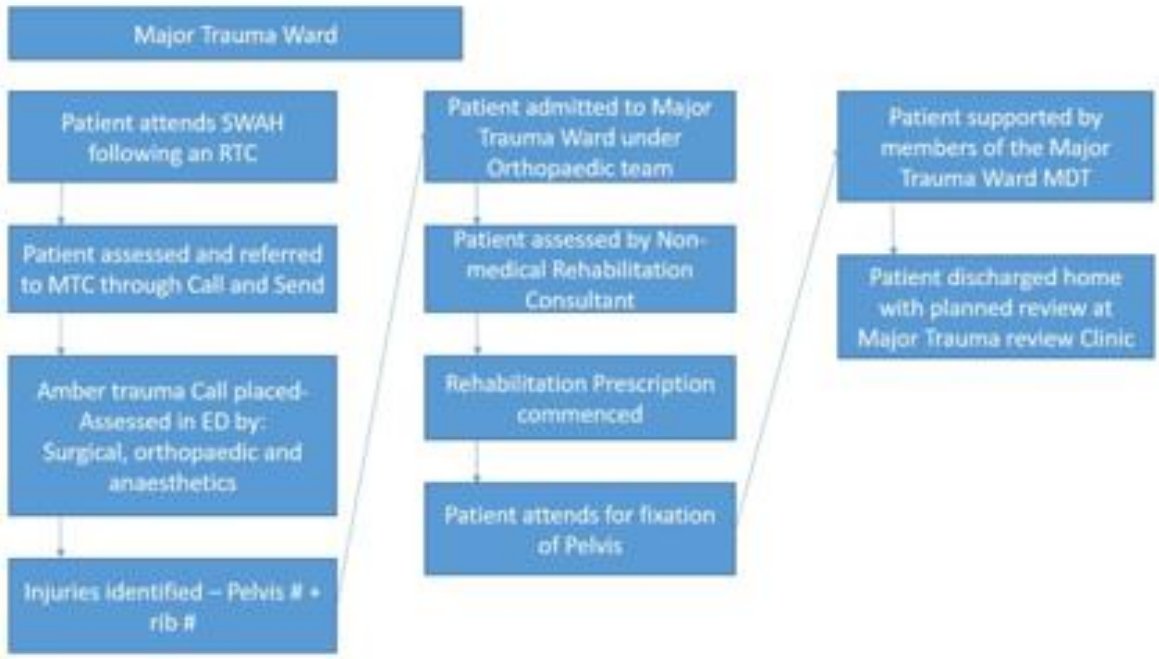
To help ensure patient flow is maintained, transfers in and out of the Major Trauma Ward form part of the discussion at the Trust's daily control room meetings. A senior designated member of staff will attend regular site meetings to give an overview of the current bed status for the ward and the number of patients requiring step-down in the next 24 hours.

Appendix 1: Major Trauma Ward Admission Criteria



Appendix 2: Major Trauma Patient Journey





References

Long-term outcomes in major trauma patients and correlations with the acute phase Martino, Costanza. World Journal of Emergency Surgery: WJES Volume: 15 Issue 1 (2020)

Major Trauma: Service Delivery, NICE Guideline NG40. February 2016.