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Ospidéal Dr. Steevens'
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Appendix: Trauma Consultation Survey Template

Your Opportunity to Have Your Say

This process represents a formal consultation on the proposed draft Service Specifications, assessment criteria and process to designate the Central Trauma Network's Major Trauma Centre and Dublin Trauma Unit(s).

Please email your populated survey in addition to any supplementary files to trauma.consultation@hse.ie

Please note that the survey template overleaf is for use by organisations only and is not intended to be used by individuals to submit feedback. Individual feedback can be submitted using the online survey found here.

The deadline for submissions is **5 p.m. on 14 Febraury 2019**.

The approach used in gathering feedback is in keeping with the Department of Public Expenditure and Reform's *Consultation Principles & Guidance*, published in 2016. These guidelines can be downloaded here.

Before you submit your response, please be aware that:

- Your submission may be published
- Your submission will be subject to the provisions of the Freedom of Information Acts
- Personal identifying information contained in your submission will not be published, in accordance with the Data Protection Acts 1988, 2003 and 2018 and the Freedom of Information Act 2014
- Comments involving allegations of any kind against a named or otherwise identifiable person or organisation may be viewed as defamatory by the subject of the comments. By making a submission, you may be sued directly for any defamatory allegations in a submission and should avoid making such allegations
- Your submission may, in the interests of transparency, be published online. Should your submission not be published, you may have obligations under the Regulation of Lobbying Act to register the activity. You can check if you are lobbying here.

The following documents provide further information and supporting detail:

- Report of the Trauma Steering Group
- Public Consultation Document

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Consultation on the Proposed Draft Service Specification, Identified Options and Assessment Criteria for the designation of the Major Trauma Centre for the Central Trauma Network and the Trauma Unit(s) for Dublin

Survey Questions

Please note that should you wish to append supplementary information in support of your submission this will be accepted. Please note that only documents submitted at the same time as the completed survey will be accepted.

A. Introduction

A1. About you or your organisation / Programme:

Name of Organisation / Programme	Irish Association for Emergency Medicine (IAEM)
Named Point of Contact for Response	Emily O'Conor, President Irish Association for Emergency Medicine
Telephone	01 4028606
Email	info@iaem.ie

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B. Proposed Draft Service Specifications (Section 4) and Identified Options (Section 5)

B1. Please indicate your level of support for the following statement:

The proposed draft Service Specifications are broadly appropriate.

(Please tick one option)		
Fully support	Mostly support, with edits	Requires modification
☐	☒	☐

Please provide further detail as appropriate:

It is the view of IAEM that Emergency Medicine is a fundamental pillar of a trauma system; indeed IAEM produced the position paper which helped catalyse the movement towards establishing an inclusive trauma system http://www.iaem.ie/wp-content/uploads/2014/12/IAEM_Position_Paper_-_An_Integrated_Trauma_System_for_Ireland_171214.pdf and has been very active in establishing major trauma audit in Ireland. We have first hand experience of the challenges associated with delivering adult major trauma reception and resuscitation across 26 hospital sites in Ireland and as such are key stakeholders in the reconfiguration required to improve and make our trauma system safer. IAEM makes the following observations and asks that they be considered in the implementation of the reconfigured inclusive trauma system:

1. NOCA MTA advises circa 1600 patients per year in Ireland have an Injury Severity Sscore (ISS) > 15. IAEM wishes to highlight that trauma scoring occurs based on CT and operative findings and does not necessarily capture the numbers of patients that meet trauma activation criteria to bypass smaller hospitals to be brought to Trauma Units and Major Trauma Centres. In fact, patients who have an ISS >15 represent 32% of patients eligible for major trauma audit i.e. those that spend 3 or more days in hospital, die in hospital, receive ICU care or are transfered for ongoing injury management. Therefore, IAEM wishes to highlight that there is likely to be a 3-4 fold higher trauma activation rate and this needs to be factored into prehospital & Emergency Medicine staffing and physical infrastructure requirements, particularly at the major trauma centres. Provision therefore needs to be made in the MTC to cater for this significant uplift in numbers – this includes medical, nursing,

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HCA, portering, lab, radiography, specialty staffing etc. Support services including emergency accomodation for families of the injured should also be planned, given that many will be a considerable distance from home. Given that mandatory seamless acceptance of patients at the MTC will be required to honour its designation at the hub of the trauma network, capacity has to provided and protected to ensure access to care for those in need.

2. Despite the overwhelming evidence that supports the use of trauma teams led by Consultants trained in major trauma and team leadership, major trauma audit shows us that only 11% of patients receive a trauma team reception and of this, less than 40% are led by a Consultant in the first 30 min. IAEM advocates the employment of increased numbers of Consultants in Emergency Medicine at high volume centres to lead the reception and resuscitation of trauma patients. As 58% of major trauma presents present out-of-hours sustainable rotas and negotiated remuneration will be required. In most Irish hospitals General Surgical and Orthopaedic Registrars identified to be part of the trauma team in the Trauma System for Ireland Report will be required to stay in the hospital.

3. As it is better to 'overcall' trauma activation and bring a patient with what appears to be major trauma to a major trauma centre or trauma unit, it will be necessary to provide short stay ward capacity as some patients will have a whole body CT scan and period of observation and can be discharged.

3. IAEM notes the older age progfile of major trauma, the complexity represented and the need for age-attuned trauma activation criteria to ensure these older patients with often innocouous mechanisms of injury and minimally altered physiology received the appropriate level of response.

4. IAEM is keen to highlight the fundamental importance of CT and interventional radiology in saving lives and reducing morbidity. Evidence shows that the proximity of CT to the resusciation room is positively associated with survival. In-house radiographers at MTCs and early availabilty of radiograpgy to TUs sre required to ensure delays to CT scanning are minimised. The availbility of an immediate CT report across the 24 hours must be planned for. Planning to ensure standardisation and avoid duplication of CTs between TUs and MTCs must be co-ordinated.

5. After being resuscitated in the ED, IAEM stresses the need for patients to be admitted under a 'Trauma Service', skilled in the multidisciplinary nature of trauma that will co-ordinate the care across orthopaedic surgery, cardiothoracic surgery, plastic surgery, neurosurgery, rehabilitation medicine and allied health services. International models (e.g. Alfred Hospital, Melbourne) exist where a blended model of trauma surgeons and trauma physicians provide the scaffold to this Trauma Service. Such trauma physicians are Emergency Medicine by specialty training with commitments to the ED and the Trauma Service.

6. IAEM wishes to highlight the need for Advanced Trauma Life Support as a core

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entry level requirement for those involved in trauma care and highlights the need for the development of relevant trauma team leadership, vascular access, ED thoracotomy, crisis resource management/human factors courses.
7. IAEM supports the development of physician-staffed helicopters for severely injured patients requiring neuroprotective anaesthesia, thoracotomy, REBOA or blood transfusion available 24/7 and recognises synergies in NAS Critical Care Retrieval Services which may act as enablers.
8. IAEM highlights the need for appropriate helicopter landing pads to ensure patients living in rural Ireland have equity of access to trauma care.
9. IAEM recognises the importance of critical care bed capacity at the major trauma centres in particular. It notes that it is possible to calculate the ICU bed capacity requirment based on NOCA data.
10. IAEM highlights the need for Rehabilitation and Step Down bed capacity to ensure that trauma units and major trauma centres do not become bed blocked.
11. Provision of the following services at the chosen MTC is considered of importance by IAEM; Burns, Maxillofacial Surgery (currently both at St. James's Hospital) and Pelvic Acetabular Surgery (currently at Tallaght University Hospital).
12. Increasingly, IAEM members comment on the discomfort of their surgical and anaesthesia colleagues in managing paediatric emergencies. Preparedness for the provision of paediatric trauma care is required at all trauma receiving hospitals outside Dublin, yet there is little acknowledgement of this in the documentation. Plans are required to address paediatric trauma care outside Dublin.

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B2. In your opinion are there other areas which should be considered?

If 'yes' please comment:

A key issue is the importance of seamless care across the integrated, inclusive trauma system from roadside to recovery including pre-hospital services, hospital services and community services. Exclusive trauma systems provide an excellence in the acute hospital management of major trauma however this can fail to translate into patients returning to work and independent living if this same excellence isn't retained on discharge to community services etc. Governance structures and funding models need to 'design in' this structure.

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B3. Please indicate your level of support for the following statement:

The identified options set out for the location of the Major Trauma Centre in this document are appropriate.

(Please tick one option)		
Fully support	Mostly support, with edits	Requires modification
☐	☒	☐

Please provide further detail as appropriate

IAEM advocates shared Consultant commitments whereby a Consultant employed by a particular hospital (not an MTC) may be part of the major trauma centre team leadership rota.
IAEM advocates the development of the Trauma Physician whereby a Consultant in Emergency Medicine may have a shared commitment to the Trauma Service as well as the Emergency Department. Orthogeriatric Specialists may also play a role in the staffing scaffold of the Trauma Service.

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B4. In your opinion are there other options that should be considered?

If 'yes' please comment:

IAEM advocates the development of Emergency Care Networks and sees the development of the two Trauma Networks as complimentary to this.
IAEM agrees that 'a one stop shop' where all specialities are available on site is fundamental to the designation of a major trauma centre. IAEM strongly argues against splitting Dublin into a major trauma centre on two sites with, for example, one delivering neurosurgery, the other delivering cardiothoracic surgery. The international experience shows that this does not work. We are reassured that the proposed central or south trauma networks will have the necessary specilties at their hub MTCs.

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C. Assessment Criteria and Weightings (Section 6)

C1. Please indicate your level of support for the following statement:

The proposed assessment criteria for the designation of the Major Trauma Centre for the Central Trauma Network are appropriate.

(Please tick one option)		
Fully support	**Mostly support, with edits**	**Requires modification**
☒	☐	☐

Please provide further detail as appropriate:

Click or tap here to enter text.

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C2. In your opinion are there other criteria which should be considered?

If 'yes' please comment:

Click or tap here to enter text.

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C3. Please indicate your level of support for the following statement:

The associated weightings for the designation of the Major Trauma Centre for the Central Trauma Network are appropriate.

(Please tick one option)		
Fully support	**Mostly support, with edits**	**Requires modification**
☒	☐	☐

Please provide further detail as appropriate:

Click or tap here to enter text.

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D. Other Comments

D1. Please provide any other comments, evidence or information that you wish to share.

Click or tap here to enter text.

Thank you for completing this response