



Major Trauma Centre Co-ordinators

Plymouth Hospitals **NHS**
NHS Trust

Trauma Team

Action:				
Info:	Major Trauma Service Line Lead and Manager			
Related documents:	National Peer Review Programme Major Trauma Measures TQUINS/QSIS BOAST 3 / 4 /13			
Publication date:	May 2017	Review date: May 2018	Version	1.0
Authors:	CM			

Care group : Surgery – Ian Wren, Richard Struthers
Service Line: Major Trauma – Michele Ahearne, Scott Adams
MTCC Lead : Claire Marks

National Peer Review Programme Major Trauma Measures

Definitive Care

T16-2C-102/ D15/S/a/ad-17-009 The MTCC's coordinate the daily cTC ward round by identifying new patients and highlighting any ongoing issues [[link to cTC SOP when on website](#)] [Appendix 1 and 2](#)

T16-2C-103 / D15/S/a/ad-17-010 The MTCC's work a 7/7 rota 07:30 – 18:00 to ensure consistent service provision (In the event of sickness or vacancy the early shifts will always covered at the earliest opportunity) The team consists of x1 WTE Band 7 RN, x3 WTE band 6 RN, x 1 WTE job share OT and PT at 0.5. [Appendix 3](#)

T16-2C-104 / D15/S/a/ad-17-011 The MTCC's attend the MDT's held on a Tuesday and Friday with the rehabilitation Consultant [no SOP]

T16-2C-106 / D15/S/a/ad-17-013 The MTCC's identify TTS's in patient notes and ensure these are completed during the cTC ward round where possible. The MTCC's update the database daily with completed TTS's. [[TTS SOP](#)] [Appendix 4](#)

T16-2C-116 / D15/S/a/ad-17-116 The MTCC's when notified of a patient transfer will pull imaging to the MTC and put the patient on Bluespир creating notes and a new hospital number via the MTCA's if they have not been a patient in the MTC before. In cases of pelvic transfers and open fractures the MTCC's will liaise with the Orthopaedic coordinators and Orthopaedic matron to ensure the patient gets to the MTC within the appropriate timeframe NB open fractures should go straight to ED. Transfers in from abroad will also follow the above process but will enter the hospital via the emergency department. [Appendix 5 & 6](#)

T16-2C-117 / D15/S/a/ad-17-020 The MTCC's identify patients who may need repatriation back to their own local hospitals daily. Each TU is emailed a list of patients from their local area, referred patients are highlighted and phone calls are made to TU bed managers by 10am to identify beds. The MTCC's identify referred patients at the 10 am operational

meeting in the major incident room. Patients at 48 hours are escalated to the on call executive for the day to address in line with the network policy. [Appendix 7](#)

T16-2C-120 / D15/S/a/ad-17-201 The MTCC's meet the patients and or family/carers within 24 hours of admission and provide them with information about the MTC, facilities provided, the care and service they should expect from the MTCC's and about planned care and rehabilitation (Major Trauma NG39) the information passed will be accurate and honest.

T16-2C-121 / D15/S/a/ad-17-202 The MTCC's distribute the PROM's [\[PROMs SOP\]](#) provided by quality surveillance at the earliest opportunity. It is either collected back by the MTCC's or posted back internally with the given internally addressed envelope. The MTCC's will also address any concerns or issues raised by patients and family members with the appropriate person i.e. ward manager / matron or consultant.

T16-2C-122 / D15/S/a/ad-17-023 Discharge summaries are checked for accuracy of speciality involvement / injuries /operations / rehabilitation follows ups and any incidental findings as soon as patients are identified as 'ready for discharge' either from ward rounds or from the SALUS system used within the trust.

Rehabilitation

T16-2D-105 / D15/S/a/ad-17-028 The MTCC's are the coordinator for the entire patient stay in the MTC and will act as the patient's key worker.

T16-2D-106 / D15/S/a/ad-17-118 The MTCC's initiate the rehabilitation prescription to all patients either via paper or via the pilot IRMA system – Pre injury and Injuries are to be completed on IRMA by the MTCC's.

T16-2D-109 / D15/S/a/ad-17-031 The MTCC's red top the clinical psychologist within the trust and identify patients who may need their input.

Paediatric Major Trauma

T16-2C-308 The MTCC's will ensure the PMTC have been contacted with regards to paediatric major trauma and clear plans are in place in the case of children not being automatically transferred out.

In cases where paediatric patients stay within the PTU in line with recommended NICE guidance NG39 the MTCC's will provide support for children, siblings their NOK / carers and be their single point of contact and provide written information about the Paediatric TU and information about their injuries. They will try and answer any questions raised and seek to find answers if they cannot be provided at the time of asking.

They will highlight if referrals and safeguarding issues are raised and identify contact with children's psychology and psychiatric services to be made at earliest opportunity if relevant and appropriate.

T16-2C-309 The MTCC's distribute the appropriate age related PROM's [\[PROMs SOP\]](#) provided by quality surveillance at the earliest opportunity. It is either collected back by the MTCC's or posted back internally with the given internally addressed envelope. The MTCC's will also address any concerns or issues raised by patients and family members with the appropriate person i.e. ward manager / matron or consultant and document accordingly in the patient notes

T16-2C-310 Discharge summaries are checked for accuracy of speciality involvement / injuries /operations / rehabilitation follows ups and any incidental findings as soon as patients are identified as 'ready for discharge' either from ward rounds or from the SALUS system used within the trust. The rehabilitation prescription will be used to aid the discharge conversation with the patient and