TAC | Trauma Association of Canada
Association Canadienne de Traumatologie

Interdisciplinary Trauma Network of Canada

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Notes from case study round table discussions:

CASE 1 58 y/o Senior Fall:

Quality and Performance Improvement:

- fall assessment tool on ER admission Alberta Assessment tool 5 questions
- challenge for change in status
- reassessment tool
- PI-could a process tool be introduced as a reassessment tool
- how do you encompass all the PI indicators in one form
- form overload
- screening and assessment without the intervention
- driven by performance
- how do you make it a priority
- options for measuring clinically for interventions ?audit tools
- Do you track in-hospital injuries?
- If yes, how?
- Adverse Event Management System (AEMS)
- Trauma Registry
- Outcomes (or PI software)
- Do you review cases at M&M rounds?
- Are the Hospital Falls Prevention Strategies evaluated?

Clinical Implications:

- did he have a fall screening initial and re-evaluations
- change of service medical to neuro-trauma
- reversal of anticoagulants
- transfer for CT/neuro Sx depending on site resource availability\Level of Care DNR doesn't mean do not treat
- thinking about prevention in hospital
- may change his discharge disposition may change his location
- family care required
- once LOC changes did he have end of life care-palliative
- how do you alert trauma program concurrently and retrospectively
- What is the policy when a patient falls?
- What if there is an injury or death?
- What is the follow-up with the staff?
- Is the Trauma Program notified?
- How do we **prevent** this from occurring again?

Partners:

- falls leads
- community
- primary care MD
- frailty assessments
- hearing, glasses mobility assessments
- Does your institution have an Interdisciplinary Fall Prevention Working Group?
- Who are the partners on that working group?
- What are the directives of the group?
- How are staff & patients educated?
- How are patient risk factors assessed?
- What strategies are in place to prevent falls in hospital & in community?

Registry:

- do we capture consistently
- professional practice reporting
- patient safety system data pull
- What do you enter as the admission date when a patient falls in-hospital?
- Does hospital data length of stay (LOS) have to match with Trauma Registry LOS?
- New Place of Injury Code (2015) U98.20 Hospital

Injury Prevention:

- seniors falls provincial falls prevention meeting jointly but also for the two sites separately
- community falls and in-hospital falls
- sites are monitored for Accreditation re falls (all ages)
- yearly mandatory e-learning module
- Morse fall scale screening (starts in ED)
- CATN (intervention after morse)
- start physio/OT in ICU so patients don't go to the ward atrophied
- patients push out of ICU to floor some centers have a two week wait for physio on medical floors
- Once screening done, not necessary have a plan
- pharmacy reviews med rec to ensure no interactions causing falls risk

CASE 2 11 y/o sports related injury:

Injury Prevention:

- equipment
- bubble wrapping kids
- extreme kids extreme outlets needed
- taking smart risks
- proper training and proper equipment
- support from peers re: risk taking behavior
- skill level plus/minus age self-identifying vs eternal identifier
- healthy active safe kids
- get 'them' to educate 'them'
- rest and return to physical activity recommendations

- Young: learn skills
- equipment is important, proper training
- not about not doing it
- not about bubble wrapping
- reinforce message from family friends (peer pressure)
- park regulations/policies-who is doing skill assessment of park users (mentorship/peers
- should we educate parents about the learning that comes from risky play?
- education to prevent a secondary concussion promote CATT online toll to providers and parents

Clinical Implications:

- Montreal has a well-rounded concussion program for screening and see patients in the first three months post discharge
- Montreal has neuropsychiatry with their program
- NB creating policy re CT needs for adults and paediatrics
- Radiology Canada has algorithms on their website and readily available
- some centres do not have PACS and patients come to the trauma centre with CD's that don't work
- does your radiologist re-read outside scans
- discharge summary sent to GP all GP's and Emergency MD's in NB
- Did the first facility only CT the head, or do a pan-scan? Are there policies regarding scanning children?
- The bike park limitations are by skill level vs age limits.
- Concussion follow up: What if he was not transferred to a pediatric centre for his other injuries?
- How is info communicated to the child's GP?

Partners:

- shift to a risk reduction model
- develop focus groups to figure out what would work
- mentor programs "Tony Hawk"
- Pro-camps (Tanya's work)
- youth are more likely to listen to professionals in their field
- Whistler Bike Park Provincial Ministry Legislative ? Private industry
- ABI clinics (paediatrics/practitioners-outreach)
- targeting extreme sports in schools health units
- promote concussion tools
- GP curriculum target on discharge clinical follow-up Injury Prevention

Data and Trauma Registry:

- what data is meaningful enough to drive change
- 20% of data lost when moving from AIS 90 to AIS 2005
- specific data elements needed to move policy
- NACRS different flags? add trauma to be able to pick up concussion for example
- perhaps lowering ISS requirements

Quality and Performance Improvement:

- public media messages
- look at location of injury e.g. g Whistler Bike Park etc.

- medical care at location
- look at trends
- can we influence policy
- collect data then what do we do
- CT do they have a paediatric radiologist
- is there regular policy/guideline re: head injury/radiology guidelines for paediatrics
- concussion follow-up/IP
- do we follow long term outcomes especially r/t General Practitioners

CASE 3 Suicide attempt

Clinical:

- manage clinical issues all consult services Psychiatry orthopedics, neurosurgery etc.
- blood shortages
- understand family dynamics
- understand perspectives of clinicians caring for patient
- are our psychiatry follow-up resources adequate?
- Collective pause-stumped
- Suicide prevention
- Mental health is a whole other stream of expertise
- More info from the family
- Need to partner with other providers (consult with mental health, social work)
- What is our role as trauma teams
- Prevention to prevent trauma in the first place and prevention to prevent a subsequent trauma
- Promote resources to schools and community
- Trauma care as usual; no change based on police investigations/mechanism
- In Alberta have to report GSW and Stabbings
- Lock down procedures differ between adult and paediatric centres
- Canadian hospitals are fairly accessible
- Question: capabilities/training of security officers
- Case is also relevant to pediatric centres

Injury Prevention:

- Policy on how to manage these (suicide) patients
- Gang violence at schools
- Cultural and language barriers
- Drug and alcohol involvement
- Survivors to tell stories
- De-identified patients once in hospital
- High risk areas/cultural
- Work closely with police in schools
- Trauma-how much can we do for injury prevention ‘upstream’
- Hard from a trauma perspective how much can we do, do we have data and stories
- Link groups together
- 60 Minutes-The resurrection of St. Benedicts

Data and Trauma Registry:

- MVC-MOI
- Intentional/unintentional injury/undetermined. Implications of labeling not covered
- Stats Canada- single vehicle MVC's are these suicides?
- Texting-collision details
- What is history-suicide, depression, substance abuse

Partners:

- Data integration with enforcement with details
- Internal (mental health/social worker/addictions)
- External (EMS/Police)

Quality and Performance Improvement:

- Activated TTA
- To OR very quickly
- Pre-notification from EHS-does it prompt OR on standby?
- In house surgeons?
- Does EHS give fluids/meds/intubate
- BLS/ALS, scoop and run? Provincial variation?
- Mental Health referrals
- Did he have a MH history? Treatment?
- Routine to consult SW, psychiatric assessment nurse
- Not all ED's have SW or 24hr SW
- Critical debriefing for staff

CASE #4

Partners:

- Strong partnership with police, they will stay with patient or at door until concerns decreased
- Gang task force (prevention/awareness)-Link after injury
- Security (how much support do/can they provide)
- Education for staff on violence prevention (safety in numbers)
- Firearm registration/restricted items

Data and Trauma Registry:

- 2 wounds, are they labeled "entry' and "exit"? Can say likely but not label, keep it objective
- Are we using our data to support partnerships
- Injury may not have high enough ISS to be captured in the registry

Clinical:

- Confidentiality-limited in how much we can tell police i.e. going to die or not
- Can we get previous police reports supplied to hospital?
- St. Pauls in Vancouver does this (takes a few hours)
- Ethics review
- What if 2 or 3 patients and rival gangs, where do they go in the unit?

- Penetrating injuries have increased
- Safety of staff
- Call the police
- Seizure of items-give to security
- Haphazard chain of evidence in trauma vs sexual assault where the rules and processes are clear