Relational Coordination in Trauma Care

How relationships facilitate high quality trauma care at GCUH

Dr. Victoria Brazil and the Relational Coordination in Trauma Care Research Team

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Thank you to all who have participated in our Relational Coordination in Trauma Care project. You may have been involved the initial survey, an interview, focus groups, or even participated in an early intervention.

Since our last update we have been working with all groups involved to consider how we might do our work better, together. The focus groups have helped understand how we think about our trauma care and, importantly, have resulted in identifying tangible ways that we might improve.

This report gives an overview of the interventions that are either already underway or planned for 2019. Some are within individual teams, while others bridge between groups. Some are relatively simple, others more involved. If you are interested in being involved in design or implementation feel free to get in touch!

Relational interventions focus on improving relationships within the team, e.g. creating safe spaces for discussion, coaching and role modelling. ***Process*** interventions focus on the work itself e.g. process mapping and redesign. ***Structural*** interventions focus on organisational structures to enable and embed better care e.g. shared protocols, information systems and training.

We are keen to hear your thoughts on the project so far and any feedback the interventions that you might have been involved in. Stay tuned for a repeat survey of Relational Coordination in May - June of 2019.

Please contact either myself (vbrazil@bond.edu.au) or Eve Purdy (epurdy@qmed.ca) if interested.

Regards,
Victoria Brazil

behaviour, communication, and conduct while involved in trauma care. This will be circulated to all those involved in trauma care at the beginning of each term.

2. OneTeam Practice: The emergency team have started a team mental rehearsal each morning with the goal of improving pre-briefs - which our research revealed are essential to traumas that go well. See an example of the mental rehearsal here.

3. Trauma Leader Peer Feedback: ED trauma team leaders will have the opportunity to opt-in to receive structured feedback on their performance by fellow consultants, registrars, nurses, or others involved in the resuscitation.

4. Event Management: A number of interventions to improve crowd control will be undertaken including streaming the trauma to a screen near to, but away from, the main trauma bay, and encouraging trauma leaders to assign an event manager.

5. 'To CT Fast and Safe' Sims: Radiographers and emergency teams will work collaboratively to design and learn from simulations related to getting to and from the CT scanner fast and safe. These sims will be incorporated into registrar/nursing/trauma sims throughout the year.

6. The Radiology Primary Survey: ED team leaders are encouraged to involve the radiology registrar early in the trauma case and sit with them for a radiology "primary survey" before leaving the scanner to facilitate early decision maker while consulting services are still present.

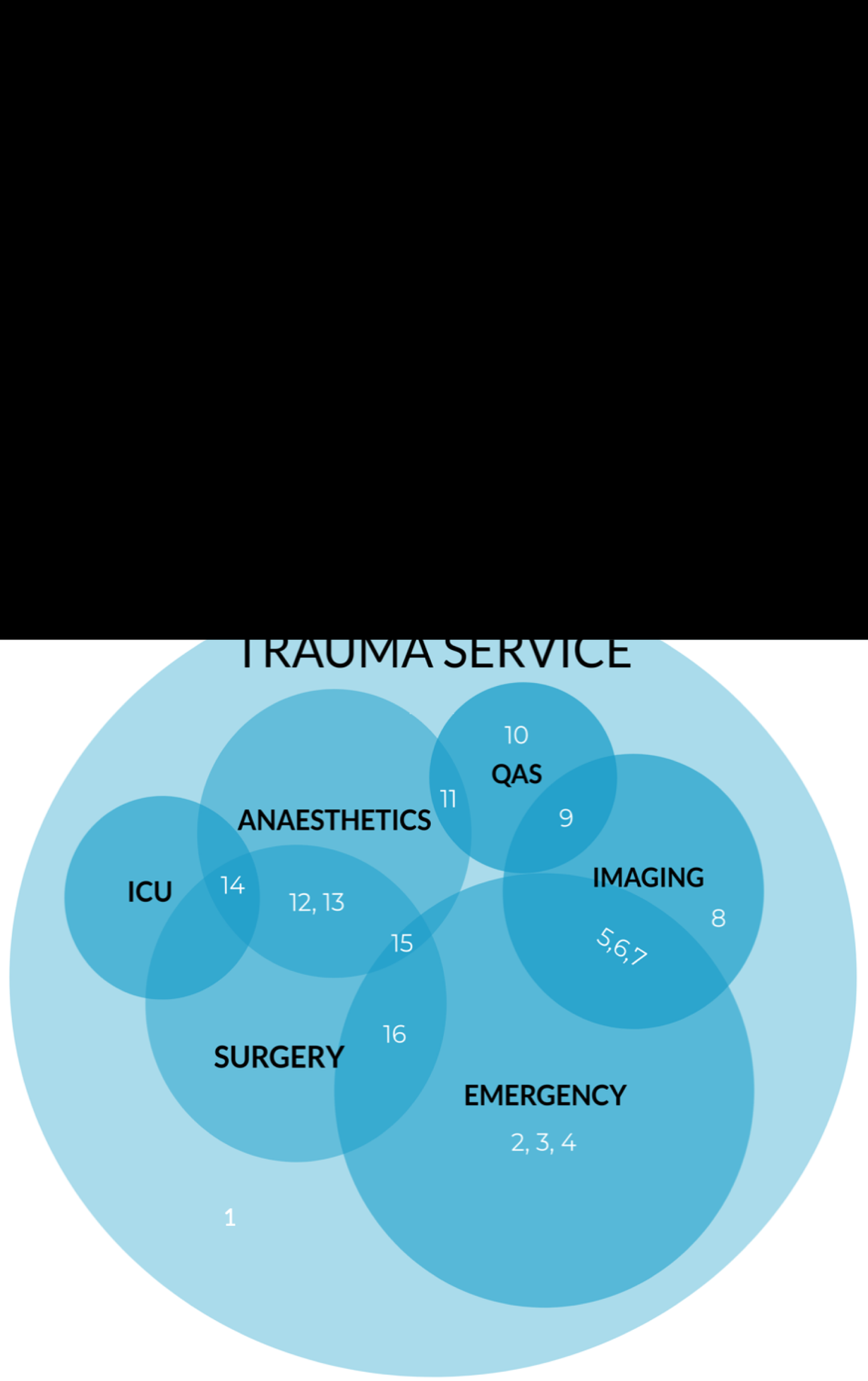
7. Medical Imaging and Trauma OPUS: Radiographers presented at our trauma OPUS in a collaboration with ED for an introduction about how to get to CT fast and safe. We hope they might be a regular presence at some of our teaching sessions.

8. Maximizing Radiographer Presence at Alerts and Responds: Medical imaging is critical to early trauma management and is an adjunct to the primary survey. The MID team will be working to maximize early presence at both Alerts and Responds. We encourage both xray and CT radiographers to attend the trauma pre-brief if possible.

9. Facilitating HARU access to imaging: HARU medics often perform invasive procedures (intubation, finger thoracostomy, tourniquet application) and make decisions based on eFAST exams. Their intensive audit requirements encourage confirmation of injuries with hospital-based imaging. We are working to provide HARU access to this important data for their quality improvement purposes.

10. Facilitating trauma service feedback to QAS: HARU paramedics are responsible for initial assessment of major trauma patients and the critical moments of initial management. Our trauma service is now working with HARU to deliver feedback and outcomes data for their audit process and quality improvement.

11. Red-blanket Handover Sims: Paramedics rarely enter the operating theatre. When they do, it is usually in the context of a red-blanket, critically ill trauma patient. They are expected to handover in an unfamiliar environment to an OT team who is also not accustomed to this situation. Anaesthesia and QAS have collaborated to design and deliver simulations to improve relationships and performance in this rare and high-stakes encounter.



12. Damage Control Workshop: Anaesthetics, trauma, and surgery are planning to design and deliver a one-day interactive workshop with a focus on damage control resuscitation and damage control surgery.

13. Trauma OR Sims: Anaesthetics, surgery, and trauma will work with the sim team to design and deliver trauma-related simulation exercises for Friday morning education.

14. OT-ICU Handover: A critical moment of transition is the transfer of patients from the OT to the ICU. The most unwell patients may not yet have had trauma imaging or even a completion of their primary survey. Through simulation, and/or additional processes, anaesthetics, ICU and ED will explore ways to optimize continuity of trauma leadership.

15. Video feed to OT: To make the transition from ED to OT more seamless we hope to facilitate a live video feed from the ED resuscitation room to the trauma theatre. This should facilitate OT preparation for nursing, anaesthetics, and surgical staff.

16. Trauma Stand Downs: Before leaving the emergency department, surgical teams must touch base with the ED team leader to communicate their team's plan. To facilitate this process, we are encouraging ED team leaders to consider initiating a trauma "stand down" after the "radiology primary survey". At this point all relevant teams can synthesize information to develop an appropriate and shared plan for the patient.

Thank you for your involvement and commitment to providing outstanding care to trauma patients!

Please be in touch with any questions or suggestions.