

Fife Major Trauma Service: A Bespoke Model Of Service Delivery

Claire De Angelis & Catriona Walker, Major Trauma Co-ordinators, Fife Health & Social Care Partnership

Introduction

The Scottish Trauma Network was formed to establish an integrated trauma care system to improve delivery of care for seriously injured patients, with a view to create a planned, national and collaborative approach in order to save more lives and improve patient outcomes.¹

Aim

In Fife, the aim was to develop a person-centred integrated approach for the delivery of care and rehabilitation, taking into account the services accessed by trauma patients and the unique geography of Fife, to “design services with whole care pathways in mind”.^{2 (p. 48)}

The Fife Major Trauma Co-ordinator will:

- co-ordinate the trauma patient’s care and rehabilitation journey through acute, community and third sector services, focusing on an integrated approach
- focus on a person-centred approach, getting the patient to the right place at the right time and avoiding unnecessary acute hospital admission^{3, 4}
- support smooth transitions at each stage of the trauma patient’s rehabilitation journey and continuation of the regional trauma rehabilitation plan.^{1, 2, 3}

Methods

The Fife Major Trauma Co-ordinators completed a retrospective audit, prior to the Fife Major Trauma Service going live, to gather information using a customised data collection tool. Patients whose injuries were classified as moderate or major trauma, as per the Injury Severity Scale classification, during a 12-month period were included in the audit. The audit data was collated using an excel spreadsheet and analysed using descriptive statistics.

Since the launch of the Fife Major Trauma Service in 2021, the following data was collected from the electronic patient record system (MORSE): repatriation destination of trauma patients on return to Fife from the Major Trauma Centre; trauma patients with a rehabilitation plan; post discharge follow up undertaken by the Fife Major Trauma Co-ordinator. Data was analysed using descriptive statistics.

Feedback was also obtained from patients during routine follow up by the Fife Major Trauma Co-ordinator and presented using a word cloud (Figure 1).

Outcomes/results

254 trauma patients were included in the retrospective audit. Trauma patients in Fife were found to access a wide range of rehabilitation services across acute and community-based services (Figure 2). Patients often accessed multiple services at any one time. Overall, trauma patients had 421 service contacts.

The results show that 80% of trauma patients were repatriated home (with community based support, as required) or to a community inpatient setting and 20% repatriated into the acute inpatient setting (Figure 3).

Every patient on the major trauma pathway was given a single point of contact, had a rehabilitation plan and trauma specific follow-up in place from the Fife Major Trauma Service post discharge from hospital.

Patient feedback



Figure 1

Conclusion

Trauma patients in Fife were found to access a wide range of acute and community-based rehabilitation services. This led to the development of a bespoke network of Fife Major Trauma Link Therapists in order to integrate acute, community and third sector services across Fife (Figure 4).

The data following the launch of the Fife Major Trauma Service suggests a person-centred approach, as the majority of patients are repatriated to an appropriate community based setting for ongoing care and rehabilitation, rather than transferring into the acute setting, unless clinically indicated.

The regional trauma rehabilitation plan supports a co-ordinated person-centred approach to ensure smooth transitions between services accessed throughout the rehabilitation journey by the trauma patient.

Patient feedback on the service has been very positive so far and this is an area that continues to be developed to inform future quality improvement of the service.

Rehabilitation Services Accessed By Trauma Patients

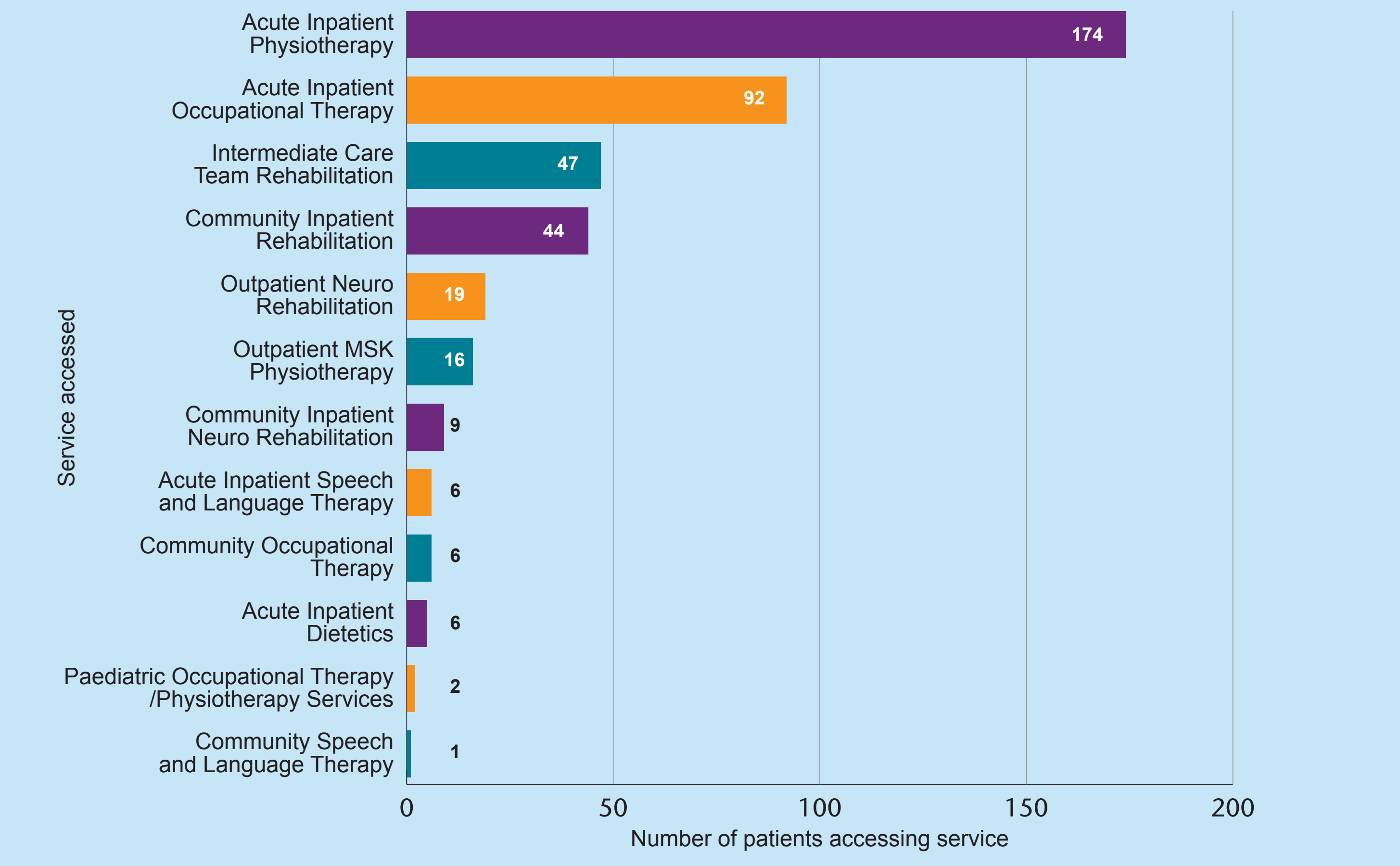


Figure 2

Fife Repatriation Destination For Trauma Patients

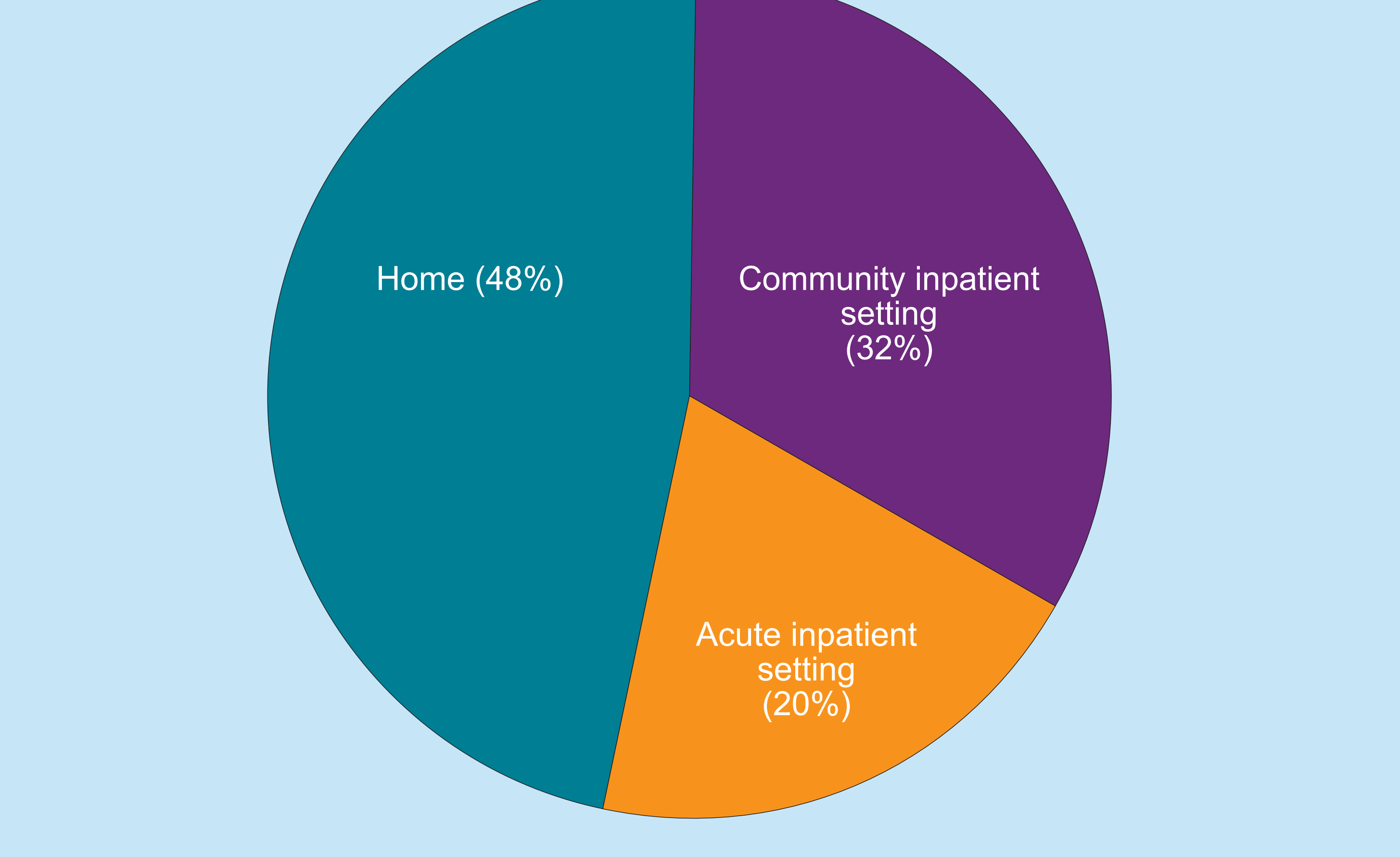


Figure 3

Fife Major Trauma Link Therapists Map

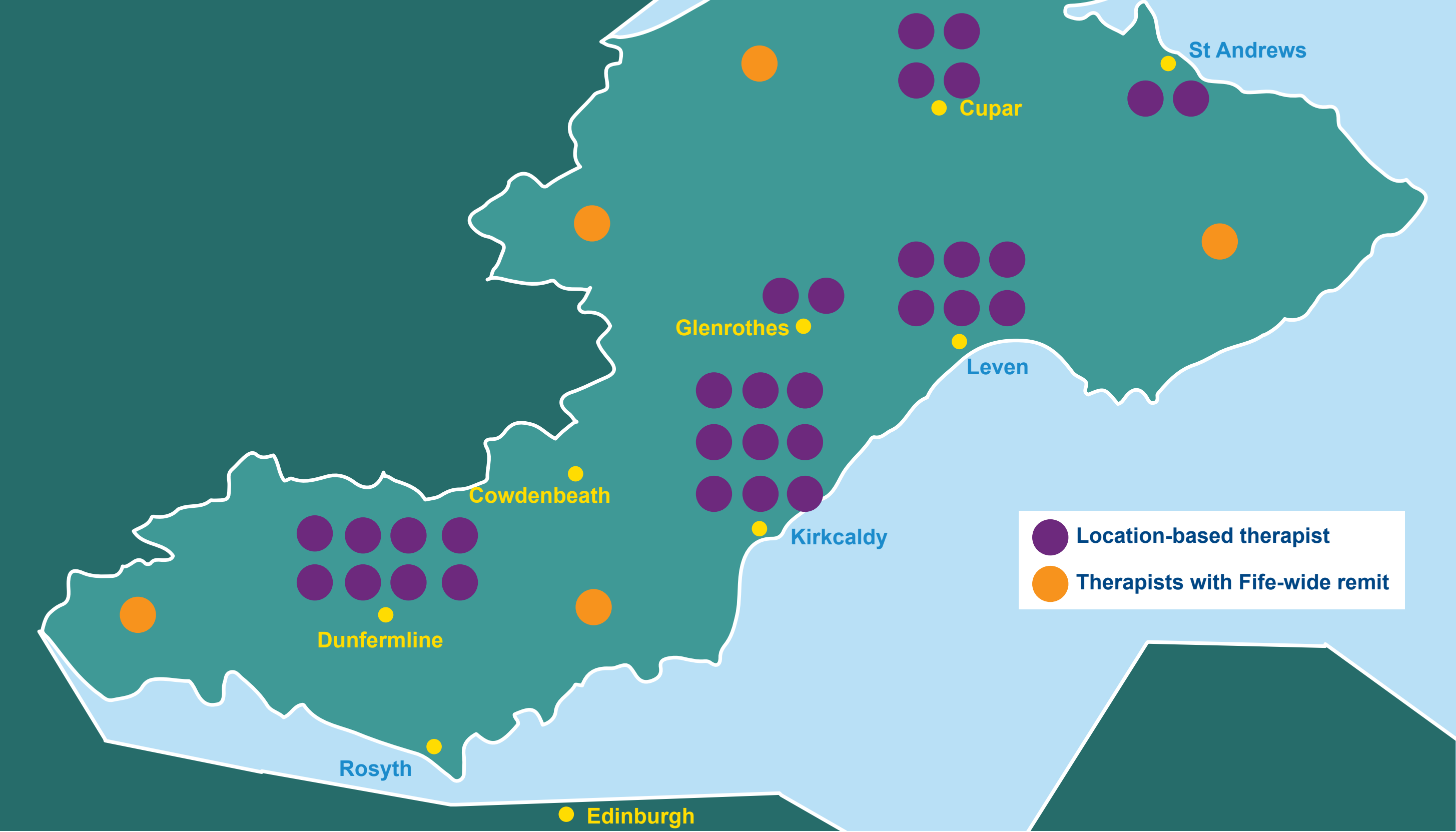


Figure 4

References

- Public Health Scotland. Key Performance Indicators for the Scottish Trauma Network. PHS; 2023 [cited 2024 February 9]. Available from: Key Performance Indicators for the Scottish Trauma Network Version 7.7
- National Institute for Health and Care Excellence. Rehabilitation After Traumatic Injury. London: NICE; 2022 [cited 2024 March 1]. 48 p. [NG 211]. Available from: Overview | Rehabilitation after traumatic injury | Guidance | NICE
- Fife Health and Social Care Partnership. Home First Strategy 2023- 2026. Fife: HSCP; 2023 [cited 2024 February 8]. Available from: https://fife-web.squiz.cloud/__data/assets/pdf_file/0033/517866/20230922-home-first-strategy.pdf
- National Health Service Fife. Clinical Governance Strategic Framework: delivering safe, effective, person centred care in an organisation which listens, learns and improves 2022-2025. Fife: NHS Fife; 2023 [cited 2024 February 8]. Available from: <https://www.nhsfife.org/media/qgbvzn38/clinical-governance-strategic-framework-final-for-publication-pdf.pdf>