

Pre-hospital responses to major trauma: a qualitative study of giving and receiving advice for clinical decision making



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Background

Early identification and transport of major trauma patients to the most appropriate destination is key to accessing clinical care proportionate to their clinical needs. Ambulance service clinicians at the scene face decisions about whether to convey a patient to the Major Trauma Centre or to a Trauma Unit, or other facility, which may be nearer.

As part of the South Wales Trauma Network innovation since 2020, a 24-hour Major Trauma Desk (MTD) at the ambulance control centre, staffed by specialist clinicians, provides telephone advice to ambulance crews to support decision making and clinical care.

Aim

To understand the views of ambulance service clinicians and trauma desk clinical staff on the role and functioning of the South Wales Major Trauma desk.

Conclusions

The trauma desk staff offered valued support and reassurance for ambulance clinicians with at scene decision making and was seen as supporting improved patient care.

Methods

Research team partners in the Trauma Network (Emergency Medical Retrieval and Transfer Service Cymru and Welsh Ambulance Services Trust) emailed a sample of staff with recent experience of attending major trauma or providing advice on the desk to invite them to take part in interviews. Eleven participants agreed to interview (eight ambulance clinicians/road crew, three Trauma Desk staff). Interviews were conducted over MS Teams/telephone, June –Sept 2021, and transcribed in full. We took a Framework approach to analysis, with contribution from study team members, including two PPI partners.

Results

Participants described decision making as taking place at two stages: first, the decision at scene to call the trauma desk for advice, informed by the use of trauma tools, and secondly the decision about how best to care for patient, made jointly between the clinicians at scene and the trauma desk. There was a generally a positive viewpoint on the role and functioning of the trauma desk, but variations in ambulance clinicians' beliefs about how and when to call. Interpersonal aspects of communication were emphasised.

Benefits of calling the trauma desk

- additional clinical knowledge
- distance from scene meant trauma desk staff could offer a cool head when discussing what to do
- support with hospital handovers and managing the patient over long journeys.

What could be better?

- visual information would support remote decision making
- ambulance clinicians were keen to have more feedback on patient outcomes

'You are dealing with a [practitioner] who is specifically trained ... and has been exposed to this long-term... This is their bread and butter.' 1G

'They're actually able to look at it very objectively without all the emotional element without the human element, without seeing the person in pain.' 1B

'It is quite a focussed skill, to be able to pick out the information you require when you haven't got your eyes looking at the scene.' 3B

'I think having that feedback when you've made the wrong decision is right, and then also when you've made the right decision is right as well. ... It's the only way you can learn, really, isn't it?' 1D



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