

Scottish Ambulance Service  
Trauma Desk  
Does it Make a Difference?

Neil Sinclair

Scottish Ambulance Service

# Introduction



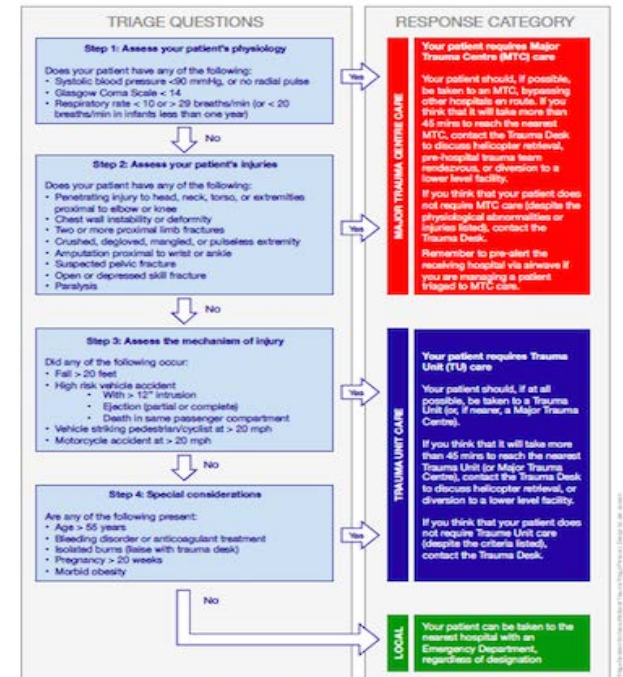
**ZSD** **NHS**  
 Health and Safety  
 Scotland

## Scottish Trauma Audit Group

**Audit of Trauma Management in Scotland 2015**  
 Reporting on 2013-2014

## Scottish Ambulance Service Trauma Triage Tool

Use this tool to triage all significantly injured patients or patients involved in a high mechanism incident

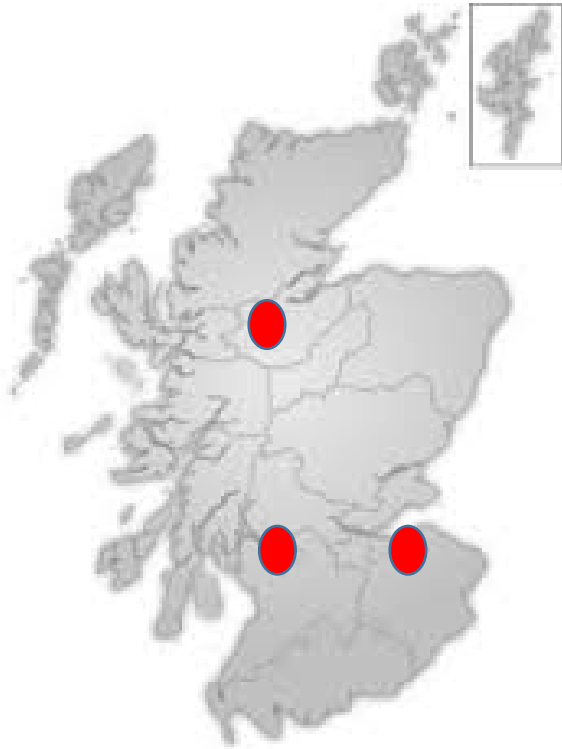


CLINICAL JUDGEMENT is important, and valued. If you are concerned that your patient's triage category does not reflect their needs, you require clinical or logistic advice, or other resources, contact the Trauma Desk: 0141 \*\*\*

# Scottish Pre-Hospital Enhanced Trauma Care

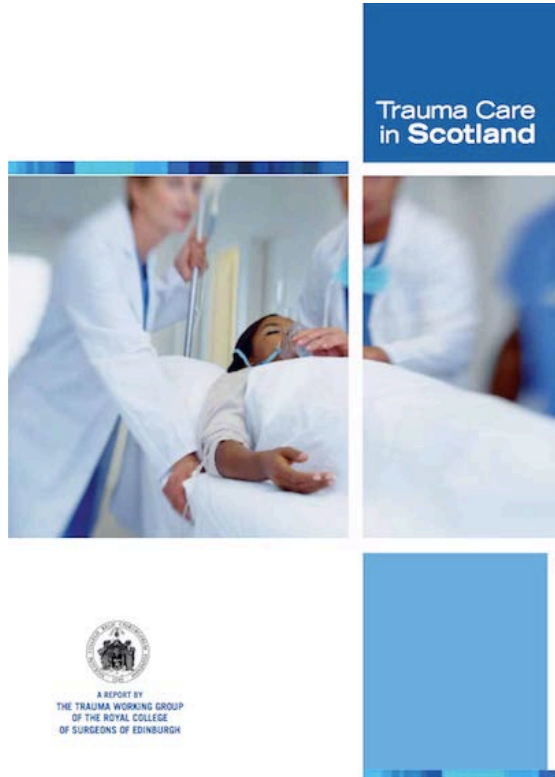


# Traditional Dispatch Process



- Three national control centres
- Guided by computer based unified triage system
- Matching team dispatch to specific dispatch criteria
- Non clinicians using experience and intuitions

# Trauma Care Scotland Report



“A paramedic/clinician should be present in the ambulance control centre 24 hours a day. His/her role is to identify potential major trauma patients and coordinate an appropriate response.”

# Trauma Desk

- 7 Days a week 08:00 – 18:00
- Using clinical intuition to assess situation
- Initial 12 month evaluation period
- Evaluation report;
  - Increased appropriate tasking's
  - Reduced activation times
  - Increased on scene interventions
  - More appropriate stand downs of teams



# Research Project Aims

- Build on existing evidence base and use objective outcome measures
- Which control centre model is more effective at identifying major trauma patient and dispatching an enhanced care trauma team to scene?
- Retrospective comparison study over two years
  - 2011/12 pre trauma desk non clinician dispatch model
  - 2012/13 First year of trauma desk clinician led dispatch
- Matching STAG and SAS databases
- Major trauma patients (ISS 15+) and enhanced trauma team tasking

# Overall Results

## Pre Trauma Desk Sample

Major Trauma Patients	205
Trauma Team Tasks	114
Trauma Team to Major Trauma Patient	23
Total Number of Scored Trauma Patients	4,923

## Post Trauma Desk Sample

Major Trauma Patients	290
Trauma Team Tasks	369
Trauma Team to Major Trauma Patient	77
Total Number of Scored Trauma Patients	5,175



# Sensitivity and Specificity

Pre Trauma Desk

Sensitivity 0.11 – 95% CI (0.07 – 0.16)

Specificity 0.98 – 95% CI (0.98 – 0.99)

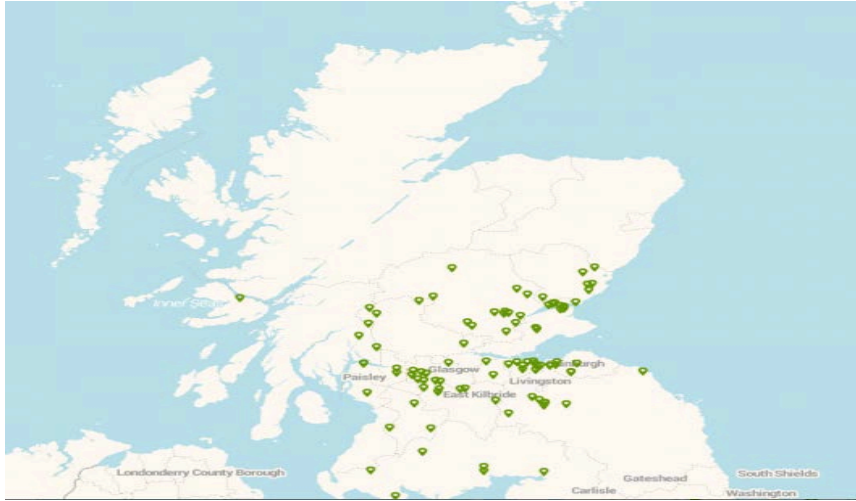
Post Trauma Desk

Sensitivity 0.26 – 95% CI (0.21 – 0.31)

Specificity 0.95 – 95% CI (0.94 – 0.95)

# Geographical Dispatch

Pre-Trauma Desk



Post – Trauma Desk



•Tasking of trauma team



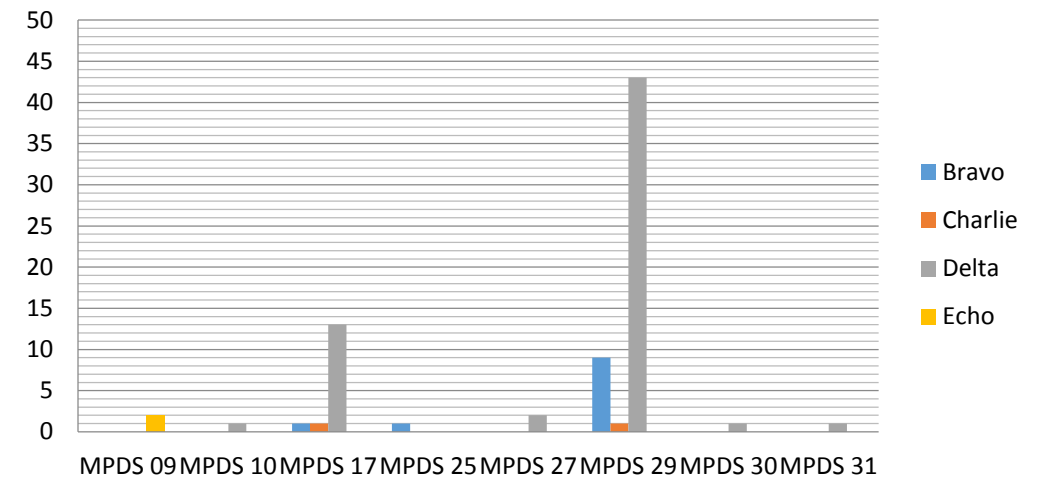
•Tasking to major trauma patient

# Traditional Triage Protocol Mismatch

- Major trauma linked to falls and RTC
- Mismatch demonstrated with initial triage and major trauma outcome
- Between 20-30% of major trauma patients in each sample triaged as a second tier emergency response



Post Sample Trauma Team Dispatch to Major Trauma Patient's



# Summary

- The trauma desk increases the tasking of enhanced trauma teams
- The trauma desk increases accuracy of major trauma (ISS15+) identification
- The trauma desk increases the geographical range of tasking across Scotland
- The trauma desk model is more effective than the traditional non clinician model in identifying major trauma patients and tasking enhanced pre hospital trauma care teams to scene



Questions?