

QEII Inpatient Trauma Consult Service

Q. What is the TC Service?

The TC Service is an extension of the NSH Trauma Program (Trauma NS) that will provide daily attending-level consultation and nursing expertise for all major trauma patients after admission to the QEII.

A group of Trauma Team Leaders (TTL's) from surgery, anaesthesia, critical care and emergency medicine will be on call for the TC Service on a 7 day per week basis, while covering trauma activations in the QEII ED and being available to help with the resuscitation of trauma patients if they decompensate after admission.

A core group of RNs with backgrounds in ICU & Emergency Medicine and extensive trauma experience will help develop care plans on inpatient units and provide support, education, and guidance to multidisciplinary teams caring for multisystem trauma patients.

Q. Why do we need a TC Service?

In NS, the QEII is our Level 1 trauma centre for adult patients, and all major trauma patients are transferred for resuscitation, evaluation, and admission.

These patients receive care in the QEII ED from the Trauma Team led by the TTL. Subsequently, these patients are admitted to various services and locations in the QEII.

As almost all trauma patients have multisystem injuries, coordination is required to ensure optimal patient outcomes. Unfortunately, an internal evaluation of trauma outcomes at the QEII has indicated an increasing length of stay, and other markers which need to be improved.

Q. Who is on the service?

The Trauma Program has hired dedicated trauma nurses and physicians to lead this service. They will be on call 0700-1700 every day, 365 days per year.

Q. How will the TC Service help?

The TC Service will ensure that all patient injuries are identified and documented, that a tertiary survey is completed on every patient within the first few days of admission, and that all required services are up to date and on the same page.

The TC Service will also help expedite admissions from the ED into the QEII. In addition, the Service will develop early pathways for Rehabilitation, Geriatrics, and Mental Health & Addiction consults in appropriate patients.

For patients nearing discharge, the TC Service will arrange for an additional trauma-specific virtual follow up to help coordinate required follow up with other services.

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Q. When will the TC Service start?

We will be up and running October 17th. Recruitment for our team occurred in the summer and this date will minimise impact on other programs.

Q. Many different services care for trauma patients. How will this change with the TC Service?

The TC Service will be a consult service for at least the next 18 months.

Our goal is to work with other services (who are the “most responsible physicians/services”) to provide the best care possible for major trauma patients.

We believe that our service will build into a resource for each admitting service in a way that relieves some of the workload on residents, staff, and nursing teams. We also hope to improve the patient, family and health care work experience.

Q. What won't change?

Trauma patients will still be admitted to the traditional surgical services in the QEII after evaluation and resuscitation in the QEII ED by the Trauma Team.

The attending staff of these surgical services will continue to be the Most Responsible Physician.

Like other consultants, we will provide suggestions which will provide clarity and direction for the admitting team.

Q. How will we know that the TC Service improves patient care?

You will see us asking and measuring a lot of what we do. We will be collecting information behind the scenes to evaluate patient outcomes and costs.

Most obvious to everyone, will be doing many, many short surveys of patients, families, nurses, RT's, physicians, etc. to determine what we are doing right and how we can do better.

We will be sharing our findings as we evaluate them.