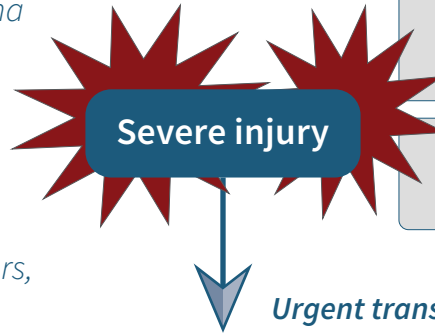


On October 17th 2022, a new dedicated inpatient trauma consult (TC) service will be introduced at the QEII HSC.

The TC service includes a TC Physician and TC Nurse who assess and coordinate with inpatient services on care issues of all admitted trauma patients after TTA.

Coverage for the TC service will be during daytime hours, while nighttime coverage will remain unchanged.



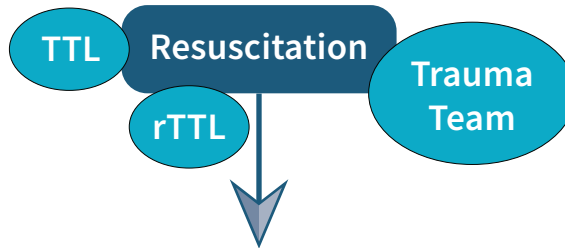
Prehospital care of major trauma patients remains unchanged.

Trauma team at the QEII is activated for injuries that meet specific anatomical and mechanistic criteria.

Urgent transport via EHS to the ED at the QEII

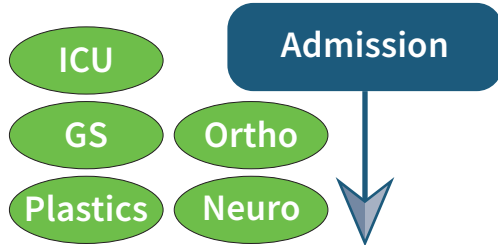
Emergency Department

Patient is resuscitated in the ED by the Trauma Team, led by the TTL and rTTL. This phase of trauma care remains unchanged.



Tiered TTA Response:
RED Tier = Activation of entire trauma team
YELLOW Tier = Activation of core group of trauma team members

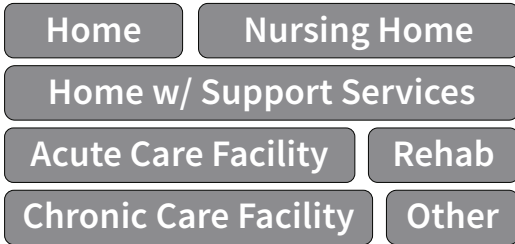
Following initial resuscitation in the ED, trauma care is transferred to ICU or to an appropriate surgical service based on the type and severity of injuries.



In-Hospital Admission

NEW TC Physician and TC Nurse assess all admitted TTA patients in a consultant role and coordinate/facilitate multidisciplinary care and ED flow of trauma patients.

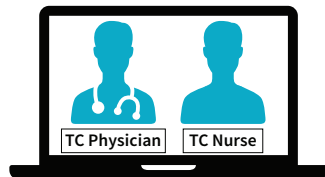
Patient is discharged from the QEII.



Discharged from Hospital

NEW TC Physician and TC Nurse participate in discharge planning and facilitate discharge from hospital (ED or inpatient ward) to most appropriate location.

Patient follow-up with the appropriate inpatient service remains unchanged.



Follow-Up Care

NEW TC Physician and TC Nurse ensure coordinated trauma service follow-up by meeting virtually with all TTA patients 5-10 days after discharge from the QEII.