



EMeRGE10

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Trauma Care in Scotland

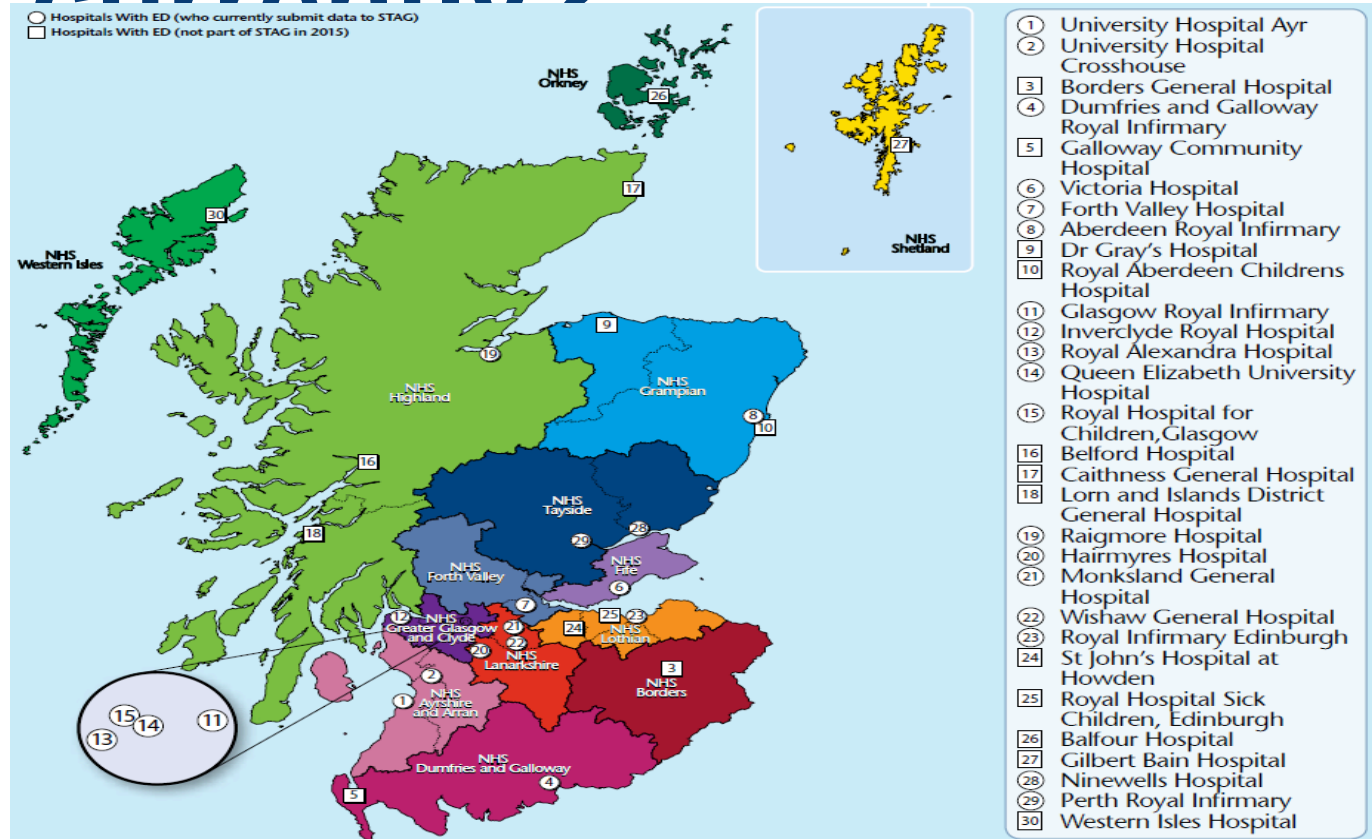
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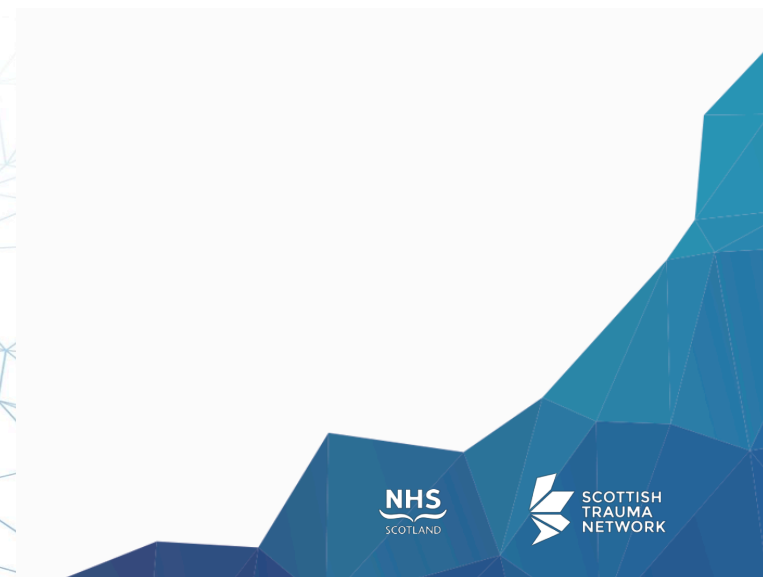
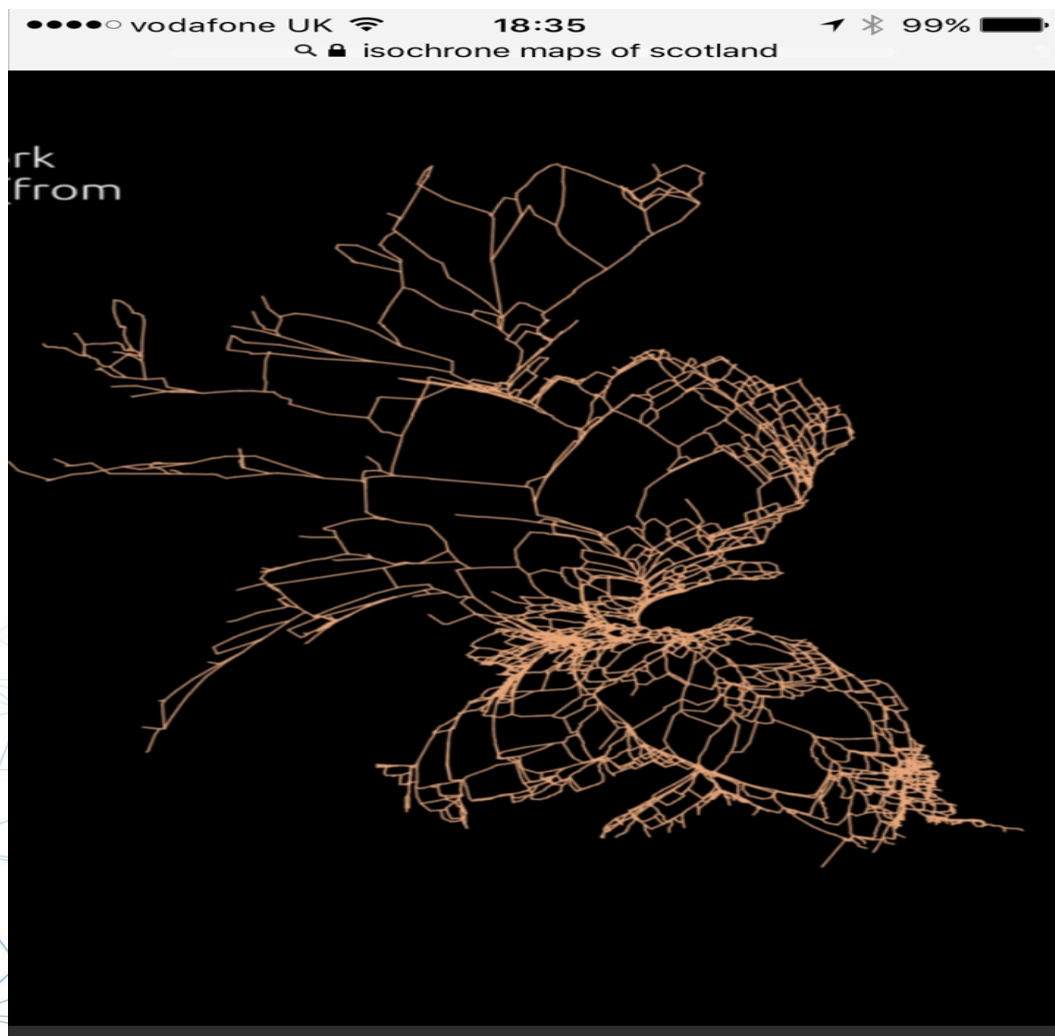
www.scottishtraumanetwork.com

@ScotTraumaNwk



What happens currently?





How does trauma harm us?

- EARLY
 - 50% deaths < 48hrs
 - Catastrophic bleeding
 - Brain / spinal injuries
 - Airway obstruction
 - Chest complications
- LATE
 - 50% deaths > 48hrs
 - Chest complications
 - Brain / spinal injuries
 - Infections
 - Fragmentation
 - Lack of rehab

What Changed?

On scene patient triage

Direct to MTC
(< 45 mins travel)

MAJOR TRAUMA CENTRE

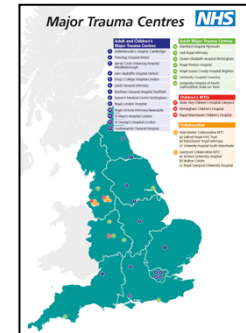
- ✓ Consultant led trauma team
- ✓ Immediate operating theatre
- ✓ Immediate CT scan
- ✓ All specialties: **neurosciences**
- ✓ Interventional radiology
- ✓ Specialist critical care

Indirect Transfer

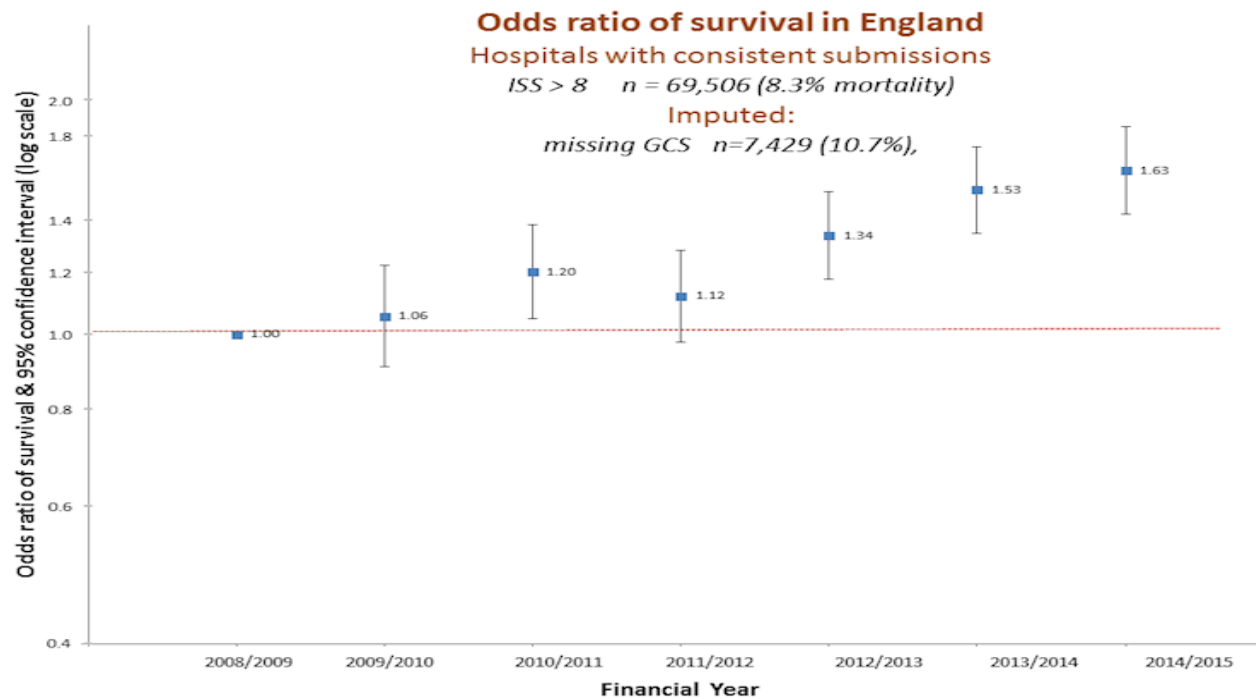
(> 45 mins time critical intervention)

Trauma Unit

- ✓ Trauma team
- ✓ Immediate CT
- ✓ Resuscitation
- ✓ Assessment
- ? Transfer



Why change?



A Network for Scotland

May 2016

- Cabinet Secretary for Health and Sport sets out clear commitment to implement a bespoke Scottish Trauma Network (STN)
- from prevention to rehabilitation
- major incident planning
- Strategic Direction
- Leadership
- Quality
- Audit

Scottish Trauma Audit Group

NHS
SCOTLAND

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TRAUMA
NETWORK

January 2017

Chief Medical Officer's report

Saving Lives, Giving Life Back

Scottish Trauma Network established

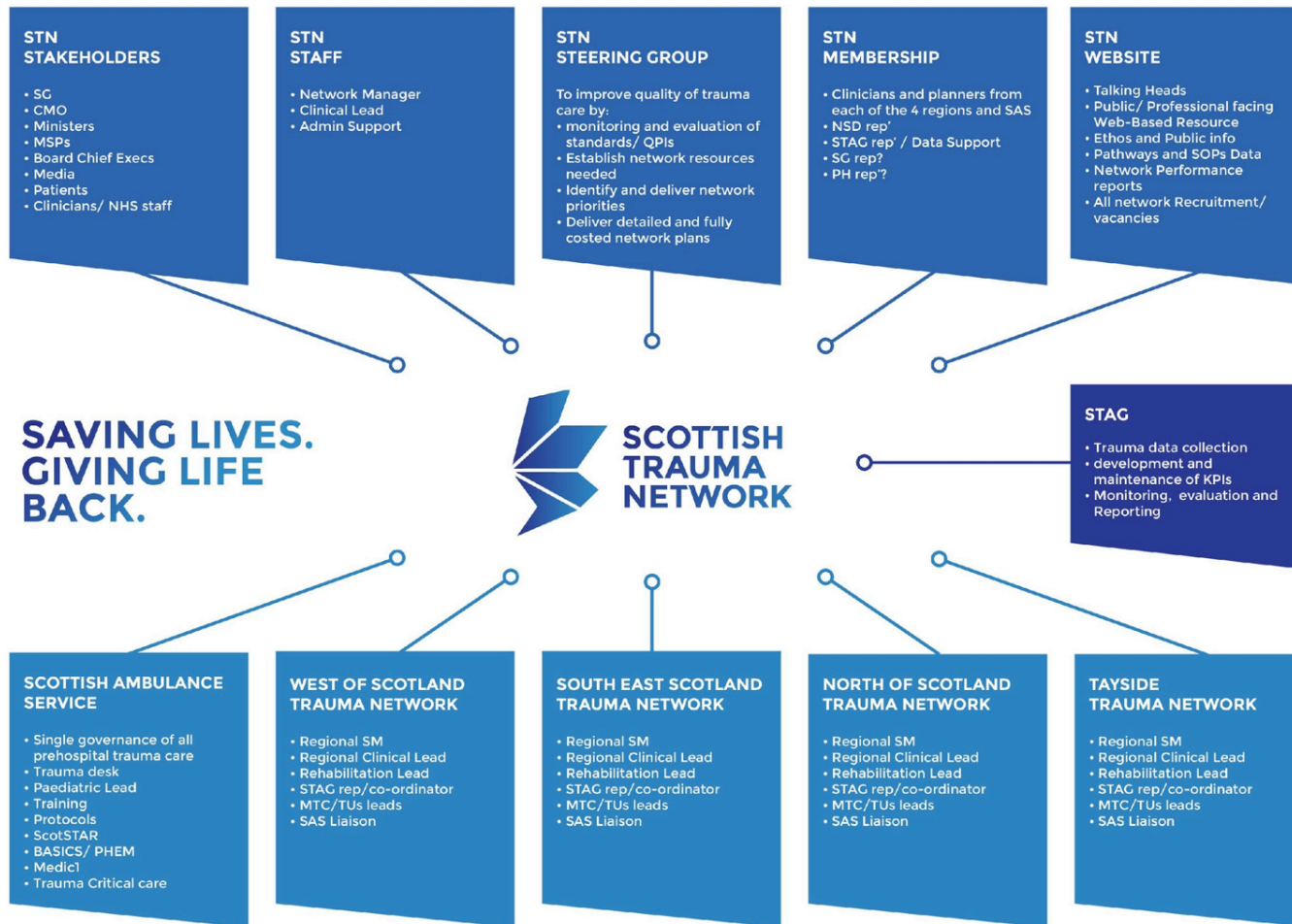
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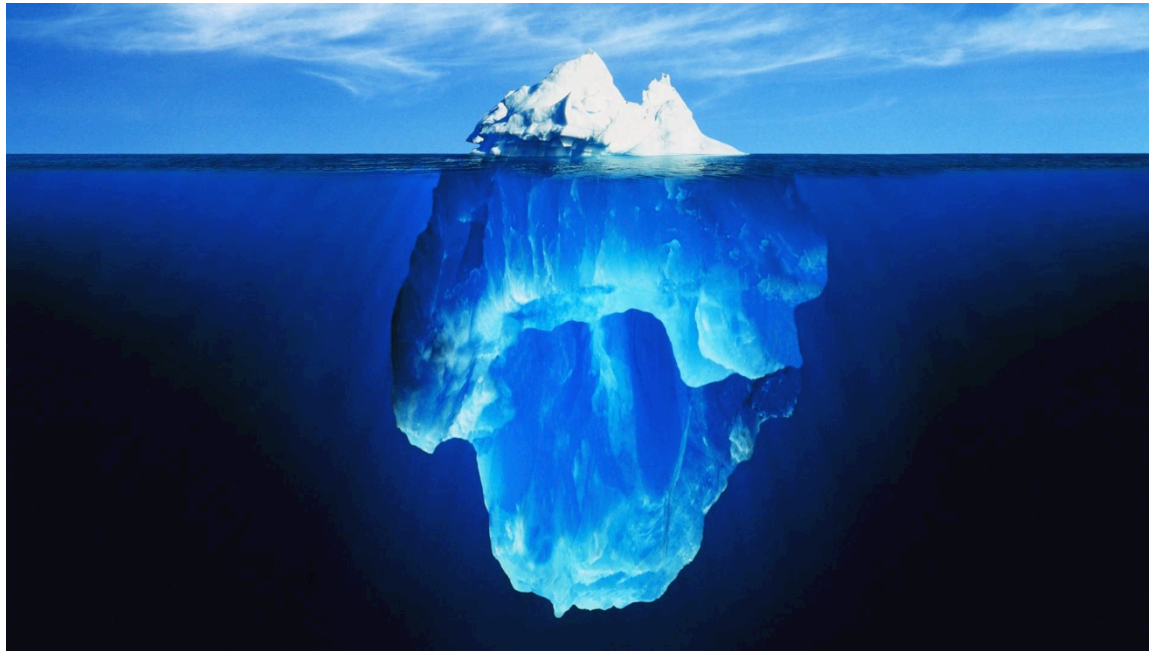
Progress

- “Team Scotland” approach
- Regional collaboration
- Consensus for inclusive & equitable model
- Networked thinking
- Workforce considerations
- Economic sensitivities
- “Your patient is my patient”





What else?



Challenges to change

- Pre-existing service pressures – “There’s no £££”
- Clinical & regional engagement
- Multi-specialty interdependencies
- Volume-outcome relationship vs. Sustainability
- Territorial mindsets
- Clinician-centric perspectives



Emergency Medicine 3



Personality Traits of Emergency Physicians

Confident Decision-Makers
Linear Thinkers
Comfortable with Uncertainty

Mobile
Competitive
Uninhibited
Easily bored
Short attention span
Control Freaks
Need Immediate Gratification (a -ve)
Enjoy Clinical

Calm
Compromise
Resilient Crisis Managers 70%
Anxious & Insecure 30%
Bring Order From Chaos

Best Middle-Class Dinner Party Stories

Keeping Everyone in Line



Oversight



Experience

- Case for change
- Unmasking the “unsaid”
- Managing loss / threat
- Challenging assumptions / myths
- Making best use of resources available
- Manageable imperfection



What will *better* look like?

- Regional and National STN of LEH-TU-MTC
- Adult and Paediatric Trauma Tools
- SAS Trauma Desk and Tasking Single POC
 - advanced coordinated Pre-Hospital Team care
 - ACPPs
 - ScotSTAREMRS Medic1 Tayside Trauma Team
 - ScotSTAR North
- **REHABILITATION !**

What will *better* feel like 1?

- For patients
 - Quicker access to expert specialist care and intervention
 - Pre-hospital
 - In the appropriate facility for their injuries
 - Improved survival
 - Improved general and specialist Rehabilitation
 - Reduced morbidity
 - Reduced 2y transferS

What will *better* feel like 2?

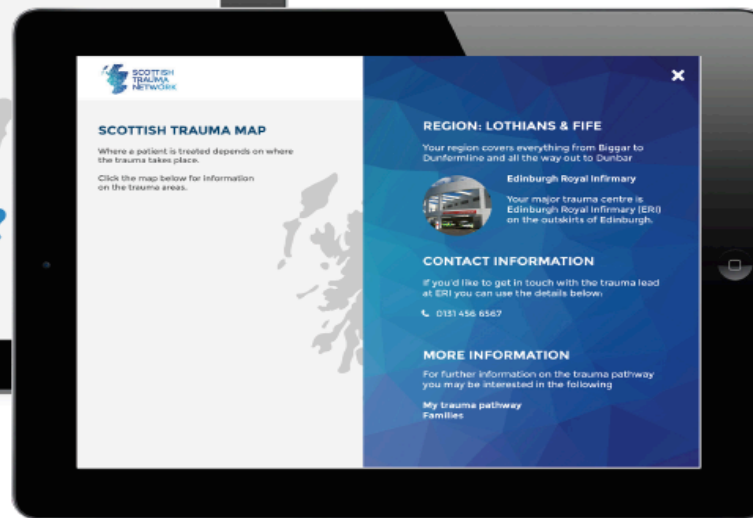
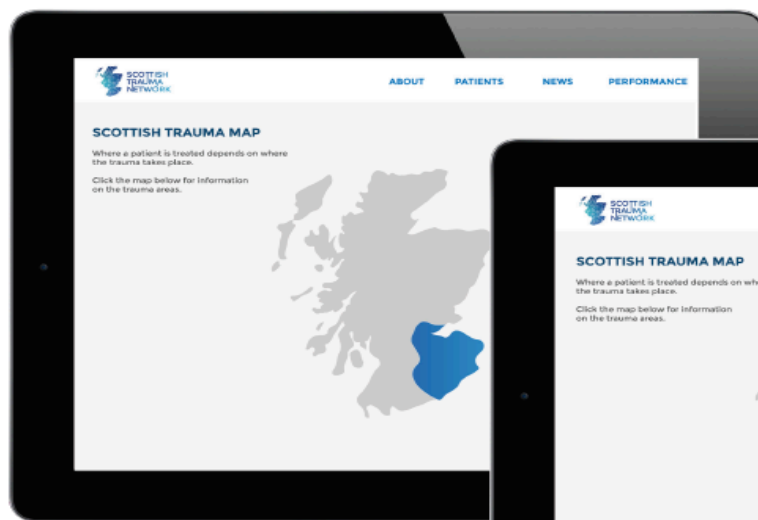
- For our Service
- Increased and Improved expert presence in EDs

From Minimum Requirements -----> Standards

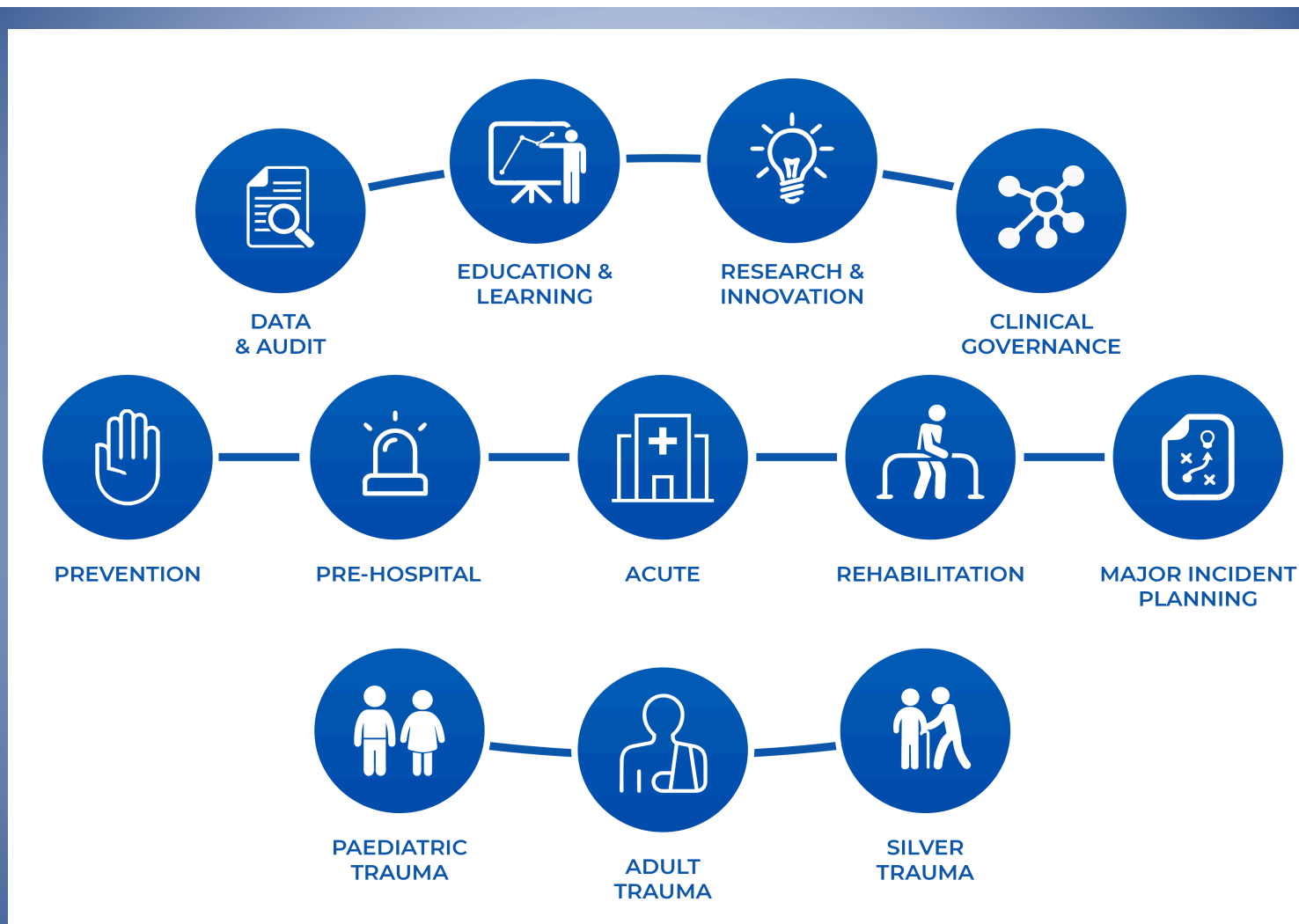
- eSTAG, data and Quality Improvement
- Public Health Intelligence ?uncovering new data...
- Technology and Innovation TraumaApp
- A coordinated National Major Incident Response
- Staff
 - Education and Training Network
 - Recruitment and Retention
 - NETWORKING

Public & professional website

Trauma App

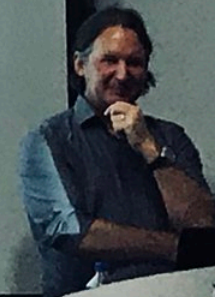


Radio Standby Screens – Data Recording begins from paramedic / retrieval handover





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**SAVING LIVES.
GIVING LIFE
BACK.**



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