

# **Trauma Debate**

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# Wyatt Study (Injury 1999)

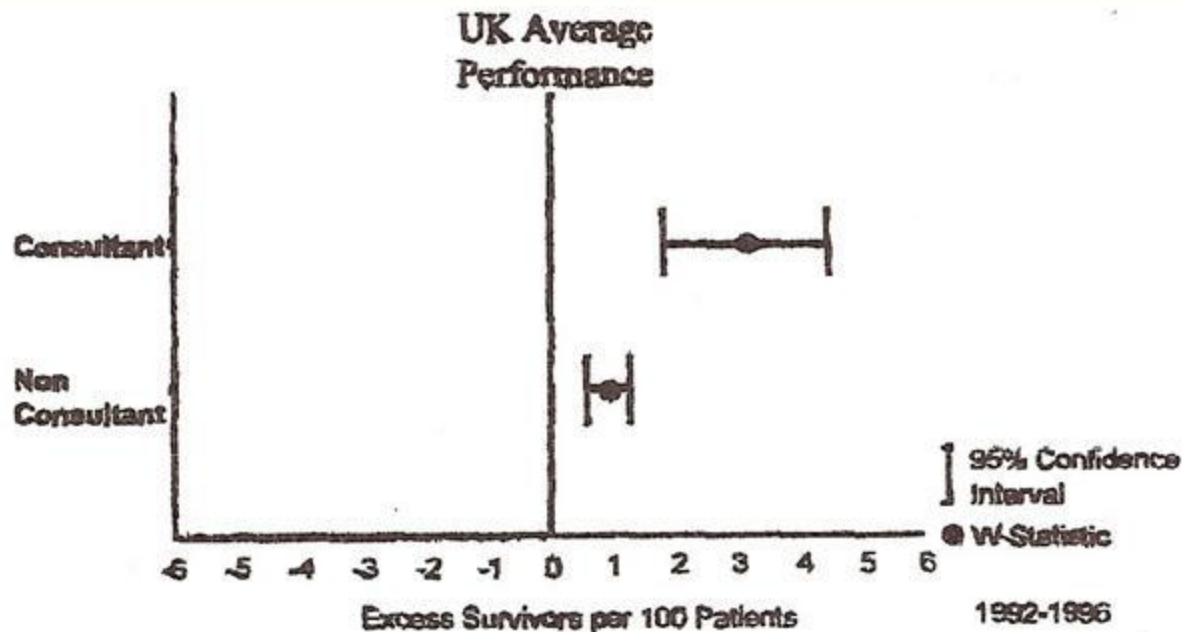


Fig. 1. Excess survivors per 100 patients by grade of A&E doctor compared to UK norms.

# Alternative is not an Option



⌘ Trainees may

☑ be technically good

☑ know more stuff

⌘ Trainees are not yet fully versed in the dark arts of being a consultant

# Future Medical Staffing

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⌘ Less registrar based care

- ☑ Fewer trainees

- ☑ Training for shorter periods

- ☑ Competency based

⌘ Consultant delivered care will be the norm

- ☑ Health care will improve as a result

- ☑ Training will improve as a result



# 24/7 Consultants?

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⌘ Trauma demographics:

☒ 70% presents out of hours

☒ 300 - 400 per year

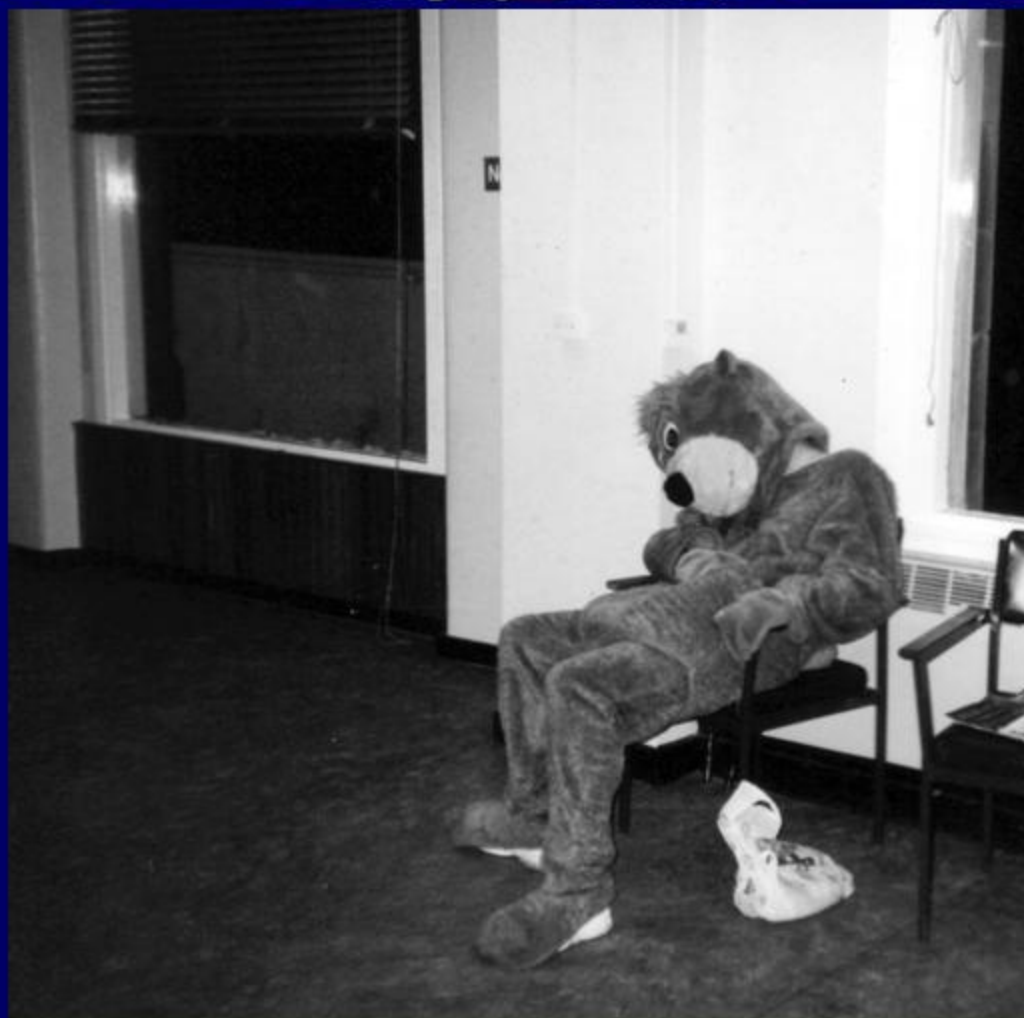
⌘ Trauma is the tip of a resus ice-berg

☒ 9,515 patients last year triage 1 and 2

⌘ Need 24/7 front door acute care specialist

⌘ Bad things happen in ED at night.....

# Don't Wake the Bear.....



# Trauma team leader?

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# Or Trauma Team Leader?

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# The Proposition



"24/7 consultant-led trauma teams produce the best outcomes"

# Before and After

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# The Emergency Room:

Where the  
true  
lifesaving  
goes on





# Justifying the Proposition

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- ⌘ Do we need trauma teams?
- ⌘ Do we need consultants to lead?
- ⌘ Do we need them 24/7?
- ⌘ Is there an alternative?



# Do We Need Trauma Teams?

⌘ Trauma resuscitation requires horizontal management = >1 person



# Who Should Be In the Team?

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⌘ Emergency medicine / Critical care

☑ secure airway & ventilation

☑ circulatory support

☑ injury list / investigations

⌘ Trauma surgeons

☑ rapid transit to OR

☑ formulate definitive care plan

⌘ ED nurses (for everything!)

# Do We Need Consultant-led?

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⌘ In-house consultant trauma surgeons do not affect outcome

☑ Minnesota 1999

☑ Delaware 2002

☑ Kansas 2003

⌘ But..in most of these studies an ED consultant was present for all cases



# ED Consultant-led Resus

⌘ ED seniority improves outcome in trauma

☒ UK Trauma and Audit Network (Lancet 2000)

☒ odds death ratio 1997 / 1989 = 0.63

☒ portion treated by senior rose from 32% to 60%

☒ Scottish Trauma Audit Group (Hlth Blltn 2000)

☒ survival ISS > 15 rose 65% ('92) to 75% ('98)

☒ portion treated by consultant rose from 32% to 41%