Making trauma care person centred - the start of the journey

Our team

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
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<tbody>
<tr>
<td>Mike Clancy</td>
<td>Consultant Emergency Physician</td>
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<tr>
<td>Catherine Pope</td>
<td>Professor of Medical Sociology</td>
</tr>
<tr>
<td>Rob Crouch</td>
<td>Consultant Nurse &amp; Professor of Emergency Nursing</td>
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<tr>
<td>Emma Tabenor</td>
<td>Major Trauma Care Nurse Coordinator</td>
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<tr>
<td>Heather Clark</td>
<td>Senior Sister Emergency Department</td>
</tr>
<tr>
<td>Kaye Dutton</td>
<td>Senior Sister Head Injury Outreach Service</td>
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<tr>
<td>Ella Scriven</td>
<td>Trauma Care Administrator</td>
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Background: We want to ensure that our care is informative, empathetic, empowering, and that the values and preferences of our patients and their families and friends are taken into account across the whole trauma pathway.

Aim: to focus on the care of family and friends of major trauma patients admitted to the Emergency Department, with the goal of helping them to better support their loved one.

Strategy for change:

- Assemble a team from across the trauma pathway
- Diverse range of skills and experience
- To use QI methodology
- Acquire skills and knowledge
- To explore our present care
- Improved patient information
- Early prioritisation of family and friends by staff
- To develop interventions to foster person-centredness
- In the acute setting
- To be part of a broader effort to promote person-centredness
- What we did

What we did

- We estimated that between 10-15 patients come through the resuscitation room each day, 3-4 will be trauma victims, of which 50% will be severe, and >50% will be from outside the City of Southampton. Typically 1-2 family/friends attend with them, equating to >2000 people each year.
- We searched the research literature and contacted experts to identify previous work in this area to focus our project on the family/friends experience of care.
- We interviewed 10 family members/friends and staff and conducted 15 hours of observation in the ED to inform how we might improve the care of this group.Fig 1
- We developed the poster for the relatives’ room, using co-design approach with 5 members of staff, and refining this with input from family and friends.Fig 2
- We developed a trauma booklet about the whole care pathway.

We assessed

- The utility of the poster using a questionnaire and an SPC run chart methodology (ongoing)
- The usefulness additional information by the rate of disappearance of “Your stay” leaflets from the relatives’ room

Changes made

- Designed relatives’ room posters explaining what is happening, what we do, and how they can help
- Developed new ways of working to ensure family and friends cared for especially when arriving after the patient
- Provided more information booklets for family and friends

What we learned from this project

- The value of observing and reflecting on family and friends’ experience
- The importance of co-design with patients and staff
- The need to tailor our aspirations and focus on family and friends and their time within the Emergency Department
- The challenges of working in an evidence based way
- The challenges of building and sustaining a team in the ED setting

What we learned as a team

- Teams brought together denovo have specific challenges such as maintaining regular meetings and dealing with competing priorities
- Team membership was subject to change but we were resilient, and bonded well through the training days and project work
- Unfunded projects are highly pressured and difficult to maintain
- We were inspired to undertake other related projects: e.g.
  1. Research funding bid to support families in major trauma with photos of their loved one (submitted to NIHR RfPB)
  2. Team participated in the ED Staff Wellbeing project
  3. Education/Feedback to wider staff (planned)

What we learned as individuals

- QI methodology and its application beyond this project eg Listening skills, conditions for successful change.
- Better understanding of and focus on “person-centredness”
- To share expertise – clinical, experiential and academic - for our QI work

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