

Frail trauma pathway: Encountering stumbling blocks

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Background:

The Trauma Audit and Research Network report "Major Trauma in Older People" highlighted the need to recognise falls in older patients as a mechanism leading to potentially life-threatening injuries (1). Reasons behind falls can be equally serious and must be addressed concurrently (2). It been highlighted that this cohort of patient benefits from tailored management, differing from standard "Major Trauma" patients.

Aims:

A Frail Trauma Pathway was introduced in the Emergency Department (ED) of a Major Trauma Centre (MTC) and a subsequent audit revealed that it was underutilised. We relaunched the Frail Trauma Pathway (diagram 1) incorporating a checklist with the aim of improving patient care.

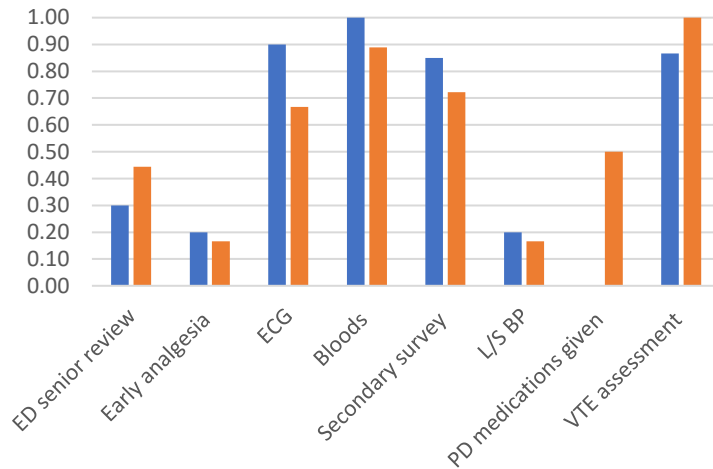
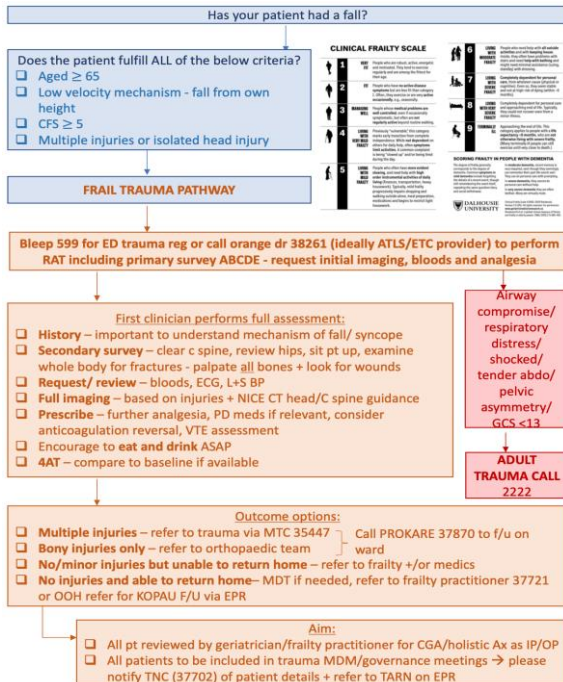
Method:

Retrospective data was collected over one week, including patients over 65 years with a Clinical Frailty Score ≥ 5 , a low velocity trauma and multiple injuries or isolated head injury. We then updated the Frail Trauma Pathway incorporating a checklist, re-distributed it throughout the ED, sent staff email reminders and held teaching sessions. An educational "Advent Calendar" was circulated daily in December. Following this we repeated data collection.

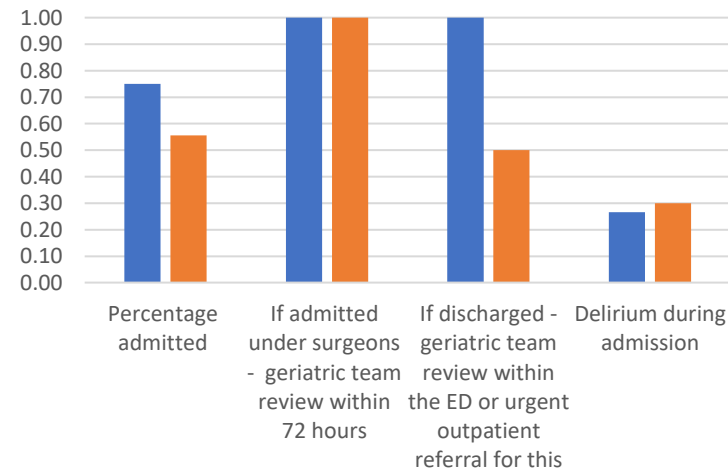
Results:

20 patients pre- and 18 post-intervention fitted inclusion criteria. Positively there was a reduction in admission rates, improvement in ED senior doctor review for primary survey, increased timely administration of Parkinson's disease (PD) medication and venous thromboembolism assessment (VTE). However other areas saw a decline. Please see graphs 1 and 2 for detailed result analysis. Due to the small patient cohort, it is difficult to assess if changes in results post-intervention are statistically significant.

Diagram 1: Frail Trauma Pathway



Graph 1: Comparison of the percentage of patients before and after intervention receiving care as per the frail trauma pathway protocol



Graph 2: Admission and geriatric review analysis before and after intervention

Conclusion & Future:

Several aspects of the frailty pathway showed improvement, notably admission reduction. This QIP demonstrates the difficulties of instigating change in an MTC, where numerous pathways result in 'information overload' and staff numbers are large and constantly changing. By focusing on the frail trauma checklist and incorporating it into our electronic records system we hope to improve compliance with the pathway. Further research on a national level is required to determine how to best care for this expanding cohort of patients.

References:

1. TARN – Major Trauma In Older People – 2017 Report
2. <https://www.bgs.org.uk/resources/silver-book-ii-geriatric-syndromes>