SESLHD PROCEDURE COVER SHEET

NAME OF DOCUMENT	St George Hospital Trauma Hotline Use and Referral Procedure
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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	SESLHD Clinical Stream Director ED and Trauma
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FUNCTIONAL GROUP(S)	Critical Care and Emergency Medicine
KEY TERMS	Trauma Hotline, Referral and Transfer of Trauma Patients, Major Trauma, St George Hospital Trauma Service.
SUMMARY	Procedure for the use of the St George Hospital Trauma Hotline for the referral and transfer of trauma patients to St George Hospital, the designated Major Trauma Service in South Eastern Sydney Local Health District (SESLHD).

St George Hospital Trauma Hotline Use and Referral Procedure

SESLHDPR/381

1. POLICY STATEMENT

Trauma Systems are developed to facilitate transfer and treatment of the injured patient resulting in optimal, equitable, and accessible care for all trauma patients. It is the goal of the NSW Trauma Services Plan to integrate all hospital facilities into an inclusive trauma network in order to provide definitive trauma care to all injured patients throughout NSW.

Patients with poly-trauma should be transferred to the nearest Level 1 Trauma Centre to facilitate interdisciplinary management and optimise outcomes in line with the NSW Policy Directive PD2018_011: Critical Care Tertiary Referral Networks and Transfer of Care (ADULTS), NSW Trauma Services Plan (Dec 2009) and ASNSW Protocol T1 - Prehospital management of Major Trauma. The ASNSW Protocol T1 specifies that the primary transfer time to a major trauma centre should not exceed sixty (60) minutes. If travel time is greater than this, haemodynamically unstable patients should be transferred to the nearest regional or rural hospital for initial management and stabilisation. Per the NSW Trauma Plan and Protocol T1 critically injured trauma patients should then be transferred to a higher level of care commensurate with the injuries suffered. This transfer is not predicated on the availability of beds at the receiving Level 1 Trauma Centre.

The St George Hospital Trauma Hotline is a 24 hour service that expedites the transfer of trauma patients to the St George Hospital Trauma Service in coordination with the Aeromedical and Medical Retrieval Service (AMRS).

2. BACKGROUND

2.1 St. George Hospital Trauma Service

St George Hospital is the Level 1 Adult Major Trauma Service (MTS) which provides care for critically injured patients in the South Eastern Sydney Local Health District (SESLHD). Patients are transferred primarily from the trauma scene, or are transferred from regional and rural hospitals within the network shown below which was designated in the NSW Trauma Plan in 2009. The SGH Trauma Service accepts referrals from the following Local Health Districts (LHDs):

- South Eastern Sydney
- Illawarra Shoalhaven
- Murrumbidgee
- Southern NSW
- South Western Sydney
- Sydney
- Australian Capital Territory (ACT)
- St Vincent's Health Network
- In addition, as SGH is the Major Trauma Service closest to the Sydney Airport, primary referrals may be accepted directly from the Aeromedical and Medical Retrieval Service (AMRS) for critically injured patients being transferred by fixed wing airframe from out of network and who require admission to a major trauma centre.

2.2 Non-refusal policy at St George Hospital

The St George Hospital Trauma Hotline is a 24 hour telephone number staffed by Trauma Consultants and Fellows. This enables direct contact for clinicians wishing to refer trauma patients from regional or rural centres. They make one initial call and will be connected to a senior doctor at SGH. The objective is to expedite the transfer of trauma patients to St George Hospital in coordination with AMRS

The SGH Trauma Service has a non-refusal policy for major trauma patients. This policy is supported by both the SGH General Manager and the Director of the Intensive Care Unit.

2.3 Appropriate Referral Type

Adult trauma patients 16 years and older - for absolute and relative indications to refer patients via The St George Hospital Trauma Hotline refer to Appendix 1.

2.4 Patients with Burns

In primary cases of a severe burn injury, patients should be transported to the relevant NSW Adult Severe Burn Injury Service. In NSW the Adult Services are located at Concord Hospital, or Royal North Shore Hospital which is also a Major Trauma Centre.

If a trauma patient has polytrauma and severe burns they should be transported to Royal North Shore Hospital following discussion with the Trauma Service. Patients with isolated severe burns may be transferred directly to Concord Hospital following discussion with the Burns Service.

If the referring MO is uncertain which Severe Burns Service is the appropriate one for a patient they should discuss the case with SGH via the Trauma Hotline.

Please refer to NSW Severe Burn Injury Service Burn Transfer Guidelines and NSW Policy Directive PD2018_011: NSW Critical Care Tertiary Referral Networks & Transfer of Care (Adults).

2.5 Patients with Spinal Cord Injury

There are two Adult Spinal Cord Injury Centres in NSW, Prince of Wales Hospital in SESLHD and Royal North Shore Hospital in the Northern Sydney Local Health District.

Patients within the SGH Trauma network who suffer an isolated acute spinal cord injury should be referred directly to the Prince of Wales Hospital (POWH). The referring MO should call **(02) 9382 2222** and ask to speak to the Consultant Orthopaedic Surgeon on for Acute Spinal Cord Injury. POWH Acute Spinal Cord Injury Service has a non-refusal policy.

In a patient with polytrauma and an acute spinal cord injury, AMRS may make the decision to transfer the patient directly to Royal North Shore Hospital which is also a Major Trauma Centre, after discussion with the Trauma Service there

If the referring hospital is uncertain which Spinal Cord Injury Service is appropriate, or if a patient with polytrauma and an acute spinal cord injury is haemodynamically unstable, the referring MO should contact the SGH Trauma HOTLINE. On occasion, such patients may be transferred to SGH for initial stabilisation +/- haemorrhage control, and subsequently transferred to an Acute Spinal Cord Injury Service.

Please refer to SESLHD Procedure; Acute Spinal Cord Injury of the Adult – Management & Referral Procedure and NSW Policy Directive PD2018_011: NSW Critical Care Tertiary Referral Networks & Transfer of Care (Adults).

2.6 Paediatric Trauma

Children less than 16 years of age should be transferred to a Paediatric MTS as part of the Sydney Children's Hospital Network. For clinical guidance, transport and patient acceptance at a paediatric MTS please contact NETS retrieval: **1300 36 2500**.

For further information refer to Critical Care Tertiary Referral Networks (Paediatrics) PD2010_030 and Emergency Paediatric Referrals – Policy PD2005_157.

2.7 NSW Aeromedical and Medical Retrieval Service (AMRS)

AMRS should be contacted on **1800 650 004** by the referring hospital, once the patient has been accepted by the Trauma Service at St George Hospital.

On occasion, AMRS may organise a teleconference between the referring hospital, the Trauma Consultant/Fellow and the Retrieval Consultant to facilitate care for polytrauma patients prior to transfer.

https://www.ambulance.nsw.gov.au/our-services/operations

3. RESPONSIBILITIES

3.1 Referring Medical Officer:

- Contact the SGH Trauma Hotline on **(02) 911 34 500** once the treating physician recognises that the trauma patient has severe trauma related injuries that require management that exceeds the local institutional capabilities. In addition, staff in Regional and Rural Hospitals are welcome to contact the SGH Trauma Hotline for advice regarding management of trauma patients. This service is available regardless of whether the patient is to be transferred to SGH or not.
- Once the patient has been accepted for transfer to SGH, contact AMRS on **1800 650 004** to arrange patient transfer.

- Contact the St George Trauma Medical Director or Network Trauma Coordinator with any feedback or concerns regarding the SGH Trauma Hotline via email: SESLHD-StGeorgeTraumaServiceFeedback@health.nsw.gov.au

3.2 Trauma Consultant/Fellow at St George Hospital:

- Accept call from SGH Switchboard and discuss the trauma patient with the MO from the referring hospital
- Review the Primary Survey and provide advice for management as appropriate
- Advise the referring MO to contact AMRS to arrange transfer.
- Inform the Emergency Department at SGH by speaking to the ED Admitting Officer
- Notify other staff (Trauma Consultant, Surgical Fellow, Bed Management, ICU, specialty teams etc.) as indicated of incoming transfer and the patient's estimated time of arrival (ETA)
- Notify Operating Theatre NUM if it is expected that the patient will require surgery on or soon after arrival
- Notify Interventional radiology via the On Call radiology Registrar if it is expected that the patient will require angiography +/- embolisation on or soon after arrival.

3.3 Receiving ED Admitting Officer at SGH:

- Document details on FirstNet pre-arrival form
- Notify the ED NUM
- Ensure the incoming Admitting Officer is informed of the expected patient at change of shifts.
- Activate a Trauma Standby at a minimum when the patient arrives
- If the patients injuries +/- haemodynamic status warrants it activate a Trauma required on or prior to patient arrival to the ED. arrival
- Assist with full trauma team evaluation on patient arrival

3.4 District Trauma Coordinator:

- Monitor the process and function of the SGH Trauma Hotline through a quarterly review and address logistical issues or concerns as they arise
- Provide education to clinicians at referring hospitals and accept feedback on use of the SGH Trauma Hotline
- Escalate SGH Trauma Hotline related issues to the Director of Trauma or via the Critical Care Clinical Stream where appropriate.

3.5 St George Trauma Director:

- Prepare the monthly Trauma Hotline roster and send to appropriate stakeholders at SGH
- Ensure there is a backup contact if the first on call is unavailable
- Review issues referred to the District Trauma Coordinator

3.6 Switchboard Operators at St George Hospital:

- Accept all phone calls to the SGH Trauma Hotline and record the name of referring physician and hospital
- Transfer the call to the on call Trauma Medical Officer
- Maintain a log of all SGH Trauma Hotline phone calls
- Contact the District Trauma Coordinator with any issues that arise regarding the SGH Trauma Hotline or transfer of calls

4. PROCEDURE

Refer to Appendix 1 for further details on referring facilities, contact details, absolute and relative indications for transfer of the adult trauma patient.

5. DOCUMENTATION

- All documentation of patient care given at referring facility should be photocopied and transferred with the patient to SGH.
- A log of all Trauma Hotline calls is recorded and maintained at SGH switchboard. The SGH switchboard will send a copy of all Hotline calls received to the District Trauma CNC, monthly.

6. AUDIT

The District Trauma Coordinator will undertake monthly - bimonthly review and audit of SGH Trauma Hotline calls and follow-up of all trauma referrals throughout the network.

7. REFERENCES

NSW Ministry of Health 'Selected Specialty and Statewide Service Plans: NSW Trauma Services' (Number 6) December 2009.

NSW Ministry of Health Policy Directive PD2018_011: NSW Critical Care Tertiary Referral Networks & Transfer of Care (Adults).

SESLHD Procedure; Acute Spinal Cord Injury of the Adult – Management & Referral Procedure

Ambulance Service of NSW: Protocol T1

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
May 2014	0	Developed by Anthony Cook, Network Trauma Coordinator and Chelsea Profitt, Acting Network Trauma Coordinator.
June 2014	1	Revised by Dr Mary Langcake, Director of Trauma SGH
July 2014	2	Revised by Leanne Horvat, Clinical Stream Nurse Manager.
October 2014	3	Revised by Liz Walter, Acting Network Trauma Coordinator.

October 2014	4	Approved by SESLHD Network Trauma Committee on: 21 October 2014
December 2014	5	Endorsed by SESLHD District Clinical & Quality Council on 10 December 2014
September 2016	6	Revised by Liz Walter, District Trauma Coordinator SESLHD, Chris Bowles, A/Clinical Trauma Director SGH, SESLHD Network Trauma Committee
November 2016	7	Endorsed by Executive Sponsor
June 2021	8	Minor review by Mary Langcake, Director of Trauma and Jennifer Ings, Acting District CNC Trauma & PARTY SESLHD: updated links, referral criteria and references. Endorsed by Executive Sponsor.
August 2021	8.1	Person Responsible for this Document e-mail address corrected.

Health
South Eastern Sydney
Local Health District

ST GEORGE HOSPITAL TRAUMA HOTLINE

❖Call (02) 9113 4500 – ask for the Trauma Hotline

- Answered 24/7 by SGH Switchboard who will relay the call to the On Call Trauma Consultant or Fellow.
- **No refusal** policy for adult **major trauma** transfers
- After patient details are received, referring MO will be advised to contact AMRS **1800 650 004** to arrange retrieval.
- SGH MO will notify ED, ICU and other speciality teams as needed.
- At SGH patient will go to ED, and be triaged as a 'Trauma Standby', unless the Senior ED MO on duty requests a 'Trauma Required' call.

❖ Please don't ask for the Trauma Registrar. They do not make decisions about trauma transfers and this may result in delays to being connected to a senior clinician who can accept your patient.

❖ See attached for guidance re: major trauma patients who should be transferred to St George Hospital. This is not an exhaustive list. If you have a patient that you are concerned about please call the Trauma Hotline to discuss with the On Call Consultant or Fellow.

❖ For paediatric major trauma patients call NETS **1300 362 500**

MAJOR TRAUMA PATIENTS REQUIRING TRANSFER TO SGH

SYSTEM	INJURY
Airway	Penetrating trauma to neck Laryngeal injury Burns – (See Burns Transfer protocol) Major maxillo-facial fractures with potential airway compromise
Respiratory	Penetrating chest injury with haemo/pneumothorax Multiple rib #s +/- flail segment Major haemothorax Tension pneumothorax (PTx) Simple (PTx) in setting of multiple rib #s with flail segment Pulmonary contusions with respiratory distress (On analgesia)
Circulation	Multiple body regions injured Penetrating torso injury with haemodynamic instability Blunt abdominal trauma with solid organ injury
Disability	Traumatic Intracerebral Haemorrhage Penetrating TBI Open TBI Depressed skull fracture Intracranial foreign body
Musculoskeletal	Limb amputation/ partial amputation Fracture/dislocation of long bone with evidence of vascular compromise Open long bone fracture Crush injury with entrapment Unstable pelvic fracture +/- haemodynamic instability Degloving injury with major skin loss