

Response to the Green Paper: Delivering Safe and Sustainable Clinical Services, and Feedback on the Tasmanian Role Delineation Framework for Trauma

A Joint Submission by the Trauma Clinical Advisory Group (TCAG)

Summary of recommendations

Recommendation 1

The attached amendments to the Trauma Service Profile are accepted for the final version of the TRDF.

Recommendation 2

Amend Level 6 service description for Trauma Service Profile to state that pelvic-acetabular fracture reconstructive surgery and some sub-specialty paediatric or neonatal trauma and burns need to be transferred interstate.

Recommendation 3

A statewide trauma system should be established with clearly defined:

- Management responsibilities and accountabilities including delegations
- Logistic transport responsibilities and accountabilities
- Clinical responsibilities and accountabilities

Recommendation 4

The state trauma system should be overseen and directed by a state Trauma Director with appropriate administrative support, access to data and funding. Responsibilities should include:

- Chairing a statewide trauma committee with multidisciplinary representation from across the state; and
- Overseeing governance of major trauma at state level, harmonise trauma care and guidelines across the state, advise and support both trauma services as well as the Health Council of Tasmania and the Minister for Health.

Recommendation 5

The statewide trauma system should be responsible for managing and coordinating all trauma transfers within and out of the state.

Recommendation 6

The development of a Tasmanian trauma funding model using a mixture of activity based funding and block funding that recognises the state service delivery burdens outlined in the Trauma Clinical Service Profile and matches clinical services, performance and activity with budget, establishment and funding.

Recommendation 7

That the NETS/PETS service be funded appropriately, that all staff specialist positions in the associated Neonatal and Paediatric Intensive Care Unit also be funded appropriately as previously agreed by the Tasmanian Health Organisation –South.

Recommendation 8

Amend the Trauma Service Profile to reflect that all major trauma cases should be directed to a Level 5 or 6 Trauma Service if within 60 minutes transport time. Where not possible, or there is an immediate threat to life, major trauma should be diverted to the closest appropriate centre, ideally the highest level centre available.

Recommendation 9

As part of the statewide trauma system, a Trauma By-Pass Policy be developed mandating Recommendation 8.

Recommendation 10

Access to real-time ICU bed state management data is made available to coordinate ambulance and retrieval responses and transfers between centres.

Recommendation 11

Amend Level 6 service requirements of the Trauma Service Profile to include the following dot point:

- 'Responsibility for coordination of out of state transfers'.

Recommendation 12

A statewide trauma registry needs to be developed, implemented and maintained to support a statewide trauma service.

Recommendation 13

Engage local clinicians and communities in the state periphery to promote the improved access to the state trauma system, eliminating barriers in the current system.

This will include public awareness and education campaigns about how the state trauma system serves as their pathway to accessing expert, high quality trauma care, and returning to care in their community at the earliest opportunity.

Recommendation 14

Eliminate competition between emergency and elective surgical throughput for access to theatre and post-operative HDU or ICU beds.

Recommendation 15

That the Service Profile for Rehabilitation takes major trauma requirements, including orthogeriatrics, traumatic brain injury, and burns into account.