

# Person centred care for the friends and family of victims of major trauma

HEW Team-based Quality Improvement Fellowship  
2015/16 at University Hospitals Southampton FT

Professor Catherine Pope

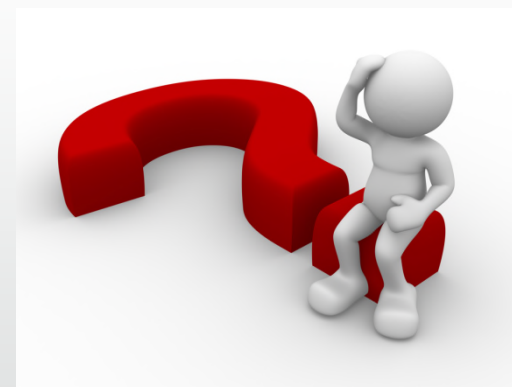
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# ur team

Mike Clancy	Consultant Emergency Physician
Catherine Pope	Professor of Medical Sociology
Rob Crouch	Consultant Nurse and Professor of Emergency Nursing
Emma Tabenor	Major trauma care nurse coordinator
Heather Clark	Senior Sister Emergency Department
Kaye Dutton	Senior Sister Head injury outreach service
Ella Scriven	Trauma administrator

## Problem/Question

- Care of major trauma patients tends not to take account to family/friends who accompany them on their care journey or who will play an important role in recovery and rehabilitation
- We have not previously asked friends and family what their views and experiences are – so how do we know that our care is holistic or person/family-centred?



## aims of our team-based QI project

to improve the care of friends and family of major trauma victims -  
to be more informative, empathetic, and empowering and to  
understand their values and preferences so they are equipped to care  
for their loved one.

to build a multi-professional team to share experience and develop  
expertise

# What we did

- Reviewed the (scant) literature on this topic
- Scoped size of this population
- Qualitative observation and interviews with friends and family about their experience in the Emergency Department
- Surveyed families and friends
- Designed a poster for the relatives' rooms using co-design with staff, patients' relatives and friends.



# Observation

- Ambulance patient (RTA) is conscious. about 30 mins into treatment asks about contacting partner - this is not picked up for about 20 minutes, and he has to remind staff
- No phone reception in relatives room and relatives are scared to leave in case they miss being updated
- Team lead careful to alert team that relative was coming in to resus. Talk to relative was important to get additional medical details.
- Where can (elderly) accompanying persons sit in resus area ?
- Curtained bays give some privacy in resus but conversations can be heard – think about other patients and relatives.



## interviews (1)

We couldn't tell where to go. A feeling of desperation. I think we ended up at the entrance where the ambulances go and had to go back round. It was tricky. We couldn't find out way and couldn't see any signs, so that added to the stress of it all. ...It felt like a maze. [relative] went to the car park and couldn't find the way back to the room.

We wondered what the hell was going on. I know they are busy but you feel like you want constant updates. I am quite philosophical about that, I know they are busy.

## interviews (2)

- when we arrived there wasn't a scratch on him – a slight graze was all. ...when he went in he had a couple of grazes and when he came out his arm was in the massive bandage and all swollen up and he had this framework on. All we were told was they had trouble getting his temperature up – we weren't told about the complications. I had to ask. it was a huge shock.
- The waiting room is big and there are other people there. You get to know them. But sometimes someone will be crying. so you might feel good, be having a good day but then there is heartbreak around you. ... you see such heartbreak.



# What we learned (1) – doing a QI project

We needed to modify our aspirations

Forming a new team from different departments and organisations is challenging

Unfunded 'research' or 'QI' relies on good will

## What we learned (2) - as individuals

RC & CP used this work as the impetus to explore other improvement and developed a research bid about using photographs to prepare family members when seeing loved one for the first time after major trauma

HC – explored education resources about systematic models for change, and active listening

CP – how to work with the major trauma team and understanding lots of QI jargon.

MC – how to herding cats (leading a disparate team)

## What we learned (3) as a team

Team learning activities (*yes, even the games*) hardwires trust and connection

Time out from the department to work together is beneficial (and probably essential)

Resilience

# What next

- Family/person-centredness is a research focus for the department
- Learning has informed and shaped the way we deliver care
- Researchers working in the department

University Hospital Southampton

## What happens in the emergency department resuscitation room?

- The team quickly assess the patient and gather information to plan the best course of action
- We support the patient's vital functions: airway, breathing and circulation
- The nurses looking after the patient will meet you as soon as possible after your arrival
- We will:**
  - explain to you what happened and what we are planning to do
  - invite you to see the patient in the resuscitation room at the earliest opportunity
  - ask you about the patient's past medical history, allergies and any medications they are taking
- You will be introduced to any relevant specialist teams and the team who will take over the patient's care

There's a lot to take in at this stage, so please ask if there's anything you don't understand, or would like us to go over again.

You may find the information on parking, facilities and visitors in the floor sign in hospital useful during your visit. You please see our website [www.uhs.uk](http://www.uhs.uk)