

## Expectations of Trauma Orthopaedic Patients (revised June 2011)

Following a review of trauma services the Dept of Health has set up regional Regional Trauma Centres that will offer the full range of specialist services 24 hours a day, 7 days a week, supported by local Trauma Units and Local Emergency Departments. If the Major Trauma Centre is within 45 minutes journey time, patients will be taken straight there by ambulance. If not, they will be taken to the nearest Trauma Unit for stabilisation and then transferred to the Major Trauma Centre if required. In both cases, patients will be able to go to their local hospital for recovery and rehabilitation. In all cases the following will apply:

1. If we suffer significant injury anywhere in the United Kingdom, an ambulance (if called for) will deliver us to a hospital that has the appropriate facilities to assess and treat our injuries to an approved professional standard. Pain relief, if required, should be administered as soon as this is practicable. Transfer to another hospital, if necessary, should not cause delay which could be detrimental to the eventual outcome.
2. Our condition should be assessed and triaged promptly at our initial contact with a qualified healthcare professional. Depending on the severity of the trauma we should be transferred to the most appropriate Trauma Centre. If the injury is life or limb threatening we expect immediate appropriate action by a team trained to carry out emergency orthopaedic surgery in conjunction with other specialists trained in trauma surgery as required.
3. When admission is necessary we expect to have surgery promptly as required by the condition in accordance with recognised professional standards. Where there is no medical reason for delay surgery should be undertaken within 48 hours.
4. With injuries not requiring admission we expect prompt palliation and referral within 48 hours to an orthopaedic fracture clinic at the hospital of our choice, where we will be advised if we need an operation or other appropriate treatment. We expect to be given timelines for ongoing assessment and treatment and, if required, a medical certificate stating the condition and confirming our inability to work.
5. Any underlying condition such as osteoporosis should be recognized and, if appropriate, a treatment pathway initiated which may include a falls prevention programme.
6. We expect the fracture clinic to be supervised by a consultant orthopaedic surgeon, trained in trauma treatment, and appropriately registered with the General Medical Council. The surgeon must be trained in accordance with UK standards and be able to communicate effectively in English. The hospital should provide translation or interpreting services for patients whose command of English is insufficient for effective communication.
7. Furthermore should our injury require a cast we would expect that it is put on either by, or under the direct supervision of, a member of staff who holds a current British Casting Certificate and that we should also be given contact details in case of an emergency & details of the planned follow ups to be included in our agreed care pathway.

8. We expect to have a discussion with the surgeon who will perform any surgical procedure.
9. Whenever possible the surgeon or a senior member of his/her team should obtain our informed consent for any surgery after fully explaining the procedure, including why it is needed, what the risks and benefits are and whether there are any alternatives to surgery.
10. In accordance with good medical practice we expect the individual surgeon to discuss his/her outcome and readmission rates when a procedure is being offered.
11. The hospital should enable us to have a relative or friend present at consultations or, if this is not practicable, an interpreter or patient advocate to ensure our full understanding of the procedures being offered.
12. In the case of child patients the surgeon, anaesthetist and all the staff involved should be experienced in the treatment of children and have the skills necessary to care for their special needs and communicate effectively with them and their parents/carers.
13. We expect to be able to discuss with the anaesthetist prior to any operation the risks and benefits of anaesthetic procedures.
14. We expect to be informed, as far as possible, about likely timelines, including the timing of the surgery, the estimated transfer date to the our local hospital or discharge date, and the expected time to recovery. We recognise that trauma services are by their nature unpredictable but we expect to be kept fully informed of any reprioritisation or delay. We expect staff to assist us through difficult periods of waiting by providing information on a daily basis. Staff should also help us and our family/carer to cope with uncertainty and be ready to offer advice regarding any changes to our domestic and employment circumstances.
15. All staff at the hospital should demonstrate meticulous adherence to the rules of hospital hygiene and infection control.
16. We expect high quality nursing from qualified staff with knowledge of trauma who are capable of providing continuity of care throughout the recovery process.
17. If we are transferred to another hospital there should be a full and comprehensive handover. The new team of healthcare professionals should be fully competent to maintain our recovery programme and ensure that our overall treatment plan is followed. We expect regular ward visits from nurses and doctors responsible for our treatment so that issues of concern can be raised and followed up
18. We expect the treating team to support us through the normal stress reactions resulting from our post-operative disablement and in the case of greater need to seek specialist help.
19. During our post-hospital recovery period we expect to maintain regular contact with the treating team and have follow-up appointments until recovery is complete. We expect to have written and oral advice on how we can improve our chances of a rapid and complete recovery, including the proper use of casts, splints, walking aids and medication. Access to a helpline is essential in the days following discharge from hospital to address any concerns that may arise.

20. Prior to our planned discharge we expect the hospital to arrange appropriate community support in consultation with our GP and local social services. This should include any necessary nursing, occupational therapy, physiotherapy, social services support and time to ensure our home (or place of discharge) is a safe environment during our and after rehabilitation period.