



Monothematic meeting of Sfar

The initial management of trauma patients is an especially relevant setting to evaluate professional practice patterns^{☆,☆☆}



Accueil initial au déchocage du trauma sévère

A. Harrois^a, P.-M. Mertes^b, K. Tazarourte^{a,c}, A. Atchabahian^d, J. Duranteau^a,
O. Langeron^d, B. Vigué^{a,*,e}

^a Département d'anesthésie-réanimation, centre universitaire de Bicêtre, 78, rue du Général-Leclerc, 94275 Le Kremlin-Bicêtre, France

^b Département d'anesthésie-réanimation, centre universitaire de Strasbourg, nouvel hôpital civil, 1, place de l'Hôpital, BP 426, 67091 Strasbourg cedex, France

^c Pôle samu-urgence-réanimation, hôpital Marc-Jacquet, 77000 Melun, France

^d Department of Anesthesiology, New York University School of Medicine, New York, NY, USA

^e Salle de surveillance post-interventionnelle et d'accueil des polytraumatisés, département d'anesthésie-réanimation, groupe hospitalier Pitié-Salpêtrière, Assistance publique-Hôpitaux de Paris, 75013 Paris, France

ARTICLE INFO

Keywords:
Quality
Evaluation
Multiple trauma

ABSTRACT

The initial management of trauma patients in a dedicated location is a crucial step in the treatment of these patients. The characteristics of this phase are such that they meet all the criteria for a professional practice patterns evaluation (PPPE or PPE): formalized protocols, clear-cut timeframes, specific roles of different stakeholders, and multidisciplinary medical and paramedical team. In addition, the expected result of the PPE approach, improved care, will have a direct impact on patient outcomes. This PPE modeled on an audit aims at evaluating the care process based on representative criteria. These criteria should include: the planned structure and organization; the protocols; the strategy and time frames for procedure implementation; the relationships between stakeholders; the results. For each criterion, differences between the expected characteristics and the observed reality are analyzed. The prospective (independent observer or video) and/or retrospective (records, register) collection of data during 20 consecutive encounters should be sufficient to identify dysfunctions and provide guidance on the changes that need to be implemented. The proposed data collection form includes 15 items representative of the five defined criteria. These items often describe departmental choice. The pursuit of quality is defined first in terms of medical and paramedical results, but also in administrative and financial terms. Following the analysis produced by a representative group of actors, a multidisciplinary discussion of the results should be followed by proposals for simple changes approved by everyone. After a few months of implementation, the impact of the proposed improvement measures will be assessed by a new survey. This approach, in addition to improving the quality of care, allows better team stress management and greater work enjoyment.

© 2013 Published by Elsevier Masson SAS on behalf of the Société française d'anesthésie et de réanimation (Sfar).

R É S U M É

La phase d'accueil du traumatisé grave dans un lieu dédié est une étape cruciale dans le traitement des patients victimes d'un traumatisme violent. Les caractéristiques de cette phase sont telles qu'elles répondent à tous les principes de l'intérêt de l'évaluation des pratiques professionnelles (EPP) : protocoles formalisés à suivre, délais à respecter, rôle précis des différents intervenants, pluridisciplinarité médicale et paramédicale. Surtout le résultat attendu de la démarche d'EPP, l'amélioration des soins, aura une incidence directe sur le devenir des patients. L'EPP se propose d'évaluer la démarche de soins en fonction de critères représentatifs. Les critères doivent porter sur : la structure et l'organisation

Mots clés :
Qualité
Évaluation
Traumatisme

[☆] Article presented at Monothematic meeting of Sfar (Société française d'anesthésie et de réanimation): "Severe trauma: the first 24 hours", Paris, May 29th, 2013.

^{☆☆} This article is published under the responsibility of the Scientific Committee of the "Journée Monothématique 2013" de la SFAR (<http://www.jmfsfar.com>). The editorial board of the *Annales françaises d'anesthésie et de réanimation* was not involved in the conception and validation of its content.

* Corresponding author.

E-mail address: bernard.vigue@bct.aphp.fr (B. Vigué).

prévue ; les protocoles ; la stratégie et les délais de mise en place des procédures ; les relations entre les acteurs ; les résultats obtenus. Pour chaque critère, sont analysés les écarts entre les caractéristiques attendues et la réalité observée. Le recueil, prospectif (observateur indépendant ou vidéo) et/ou rétrospectif (registre) de 20 accueils de traumatisés consécutifs doit suffire à définir les dysfonctionnements et orienter sur les changements à mener. La feuille de recueil proposée définit 15 items représentatifs des cinq sections définies. Ces items décrivent volontiers des choix de services. La recherche de la qualité se fait d'abord du point de vue des résultats médicaux et paramédicaux mais aussi administratifs et financiers. Après le travail d'analyse produit par un collectif représentatif, la discussion multidisciplinaire des résultats doit être suivie de propositions de modifications simples approuvées par tous, puis contrôlées quelques mois après par une nouvelle enquête. Cette démarche, outre l'amélioration de la qualité des soins, permet une meilleure maîtrise du stress de l'équipe et un plus grand plaisir du travail.

© 2013 Publié par Elsevier Masson SAS pour la Société française d'anesthésie et de réanimation (Sfar).

1. Introduction

The initial management of severe trauma patients follows very simple yet important rules: a well-defined location, personnel that is ready and trained “the first circle”, kits prepared in advance, and a hospital care chain ready to intervene in an emergency, abandoning for a moment their elective activity (surgeons, interventional radiologists, laboratory: the “second circle”). The need for a predefined responsible physician organizing the preparation of the arrival and the reception itself is obvious. That person will coordinate the multidisciplinary team. Everyone understands that the quality of the links between these stakeholders and the ability to intervene at the right time are key to patient outcome. While it is essential to clearly define the procedures for reception, it seems obvious, once the procedures are in place, to evaluate their effectiveness, taking into account the constraints of the local structure and, of course, to try to improve on them.

Several methods of practice assessment exist [1]. Clinical audit measures the difference between real practices and goals based on recommendations. The stepwise approach starts from the description of the patient pathway, with for each step clear task assignments; it allows defining a clinical pathway, providing checklists, integrating decision algorithms. The problem-solving approach refers to fact-based medicine or risk management. Still other methods exist and can be found in detail on the website of the High Authority for Health (Haute Autorité de santé [HAS]) [2].

2. Importance of procedures

The initial hospital management of a severe trauma patient is often a situation where emergency, deadlines, and rapid execution dominate. Although the ballet appears well choreographed, with stakeholders on predetermined spots, many people work at the same time and space must be precisely delimited. Often, violent situations, pain, and injuries are present. The master of ceremony, the “trauma leader”, coordinates the ballet. All team members must respect the trauma leader, but he or she should also learn how to earn respect, and be aware of the behaviors that define a competent team leader.

Regardless of the type of injury, immediate mortality is very high among trauma patients (66% of deaths occur in the first 48 hours, 75% in the first week) [3,4]. Hemorrhage or brain injury, the two leading causes of mortality, must be managed using specific protocols that need to be initiated very quickly. These protocols are written, and are often the result of a group work in the department [5].

This preparatory work to have procedures that can be quickly implemented at the appropriate time is useful. Performed by a multidisciplinary work group in the department, based on published recommendations [6], specific journal articles [7],

general guidelines [8], or practical protocols from other departments exchanged during training sessions such as the thematic Sfar one-day meeting that led to this special journal issue, these protocols provide an initial agreement, a departmental reference [5]. To be organized and to respond quickly to life-threatening emergencies saves lives. Specialized centers, which significantly decrease the mortality of the most severely injured patients, are distinguished by the quality of their initial management [9,10]. For trauma patients, there is therefore a demonstrated link between respect of the protocols and improved outcomes [11,12]. This can be as significant as a halving of the mortality [11]. Seeking to improve the initial management procedures can therefore only enhance a patient's prognosis. This is an important prerequisite to avoid unnecessary energy expenditure. Before investing work in a procedure, it is important to check the usefulness link between compliance with this procedure and improvement of the outcome, in this case, death or survival. There is a risk of falling into the trap of spending time and energy to improve a procedure whose relevance is questionable at the expense of procedures that will actually make a difference for the patient.

3. Importance of the evaluation of the procedures

A situation with procedures with proven usefulness, expected positive outcomes, a multidisciplinary team, and where the coordination of activities is important, is an ideal situation for a professional practice evaluation (PPE). The idea is to take into account, by studying, at best prospectively, or retrospectively, a specified number of consecutive initial management situations, the proper implementation of procedures, their ease of application, but also deviations from the procedures and the reasons for these deviations. To get a good idea of the situation, 20 such encounters should be studied [13–15].

The aim is thus to improve the procedures, to understand the various possible situations, and to prepare the teams to respond to them. The analysis of the deviations can detect an organization that hampers the implementation of the planned procedure. The analysis may also underline limits due to the procedure itself that one might then have to alter.

The current approach will consist, in a structured audit-type approach:

- to ensure that the guidelines are followed in the majority of cases;
- to detect problems that may possibly hinder the adaptation of guidelines;
- to discuss a guideline that is poorly adapted to the local situation.

4. It is not enough to evaluate the procedures

In a PPE study, anything that may hinder the implementation of the clinical activity should be integrated into the thinking process.

Download English Version:

<https://daneshyari.com/en/article/2745710>

Download Persian Version:

<https://daneshyari.com/article/2745710>

[Daneshyari.com](https://daneshyari.com)