QIP on Major haemorrhage protocol activation in a DGH

Introduction and Aim

Basildon University Hospital is a busy trauma Unit within North East London and Essex Trauma Network (NELETN)

A serious incident investigation locally identified delayed activation of major haemorrhage protocol in a trauma situation

A plan was made to use QIP methodology for shared learning and improving management of major haemorrhage in trauma locally

Method

Utilising the PDSA cycle, we retrospectively reviewed the notes of 40 major trauma patients between April 2024 and August 2024 and carried out a clinician's survey.

Following a period of weekly formal teaching and trauma simulations focusing on activation of major haemorrhage protocol in trauma,the clinician survey was repeated

We also monitored the insertion rate of IO's pre and post intervention

Clinician Survey Questions	
Q1	You have tried to gain IV access but failed, what would you have done next?
Q2	If you decide to give blood what will you give?
Q3	How much blood will you give?
Q4	One member of the trauma team did not attend, what would you do next?

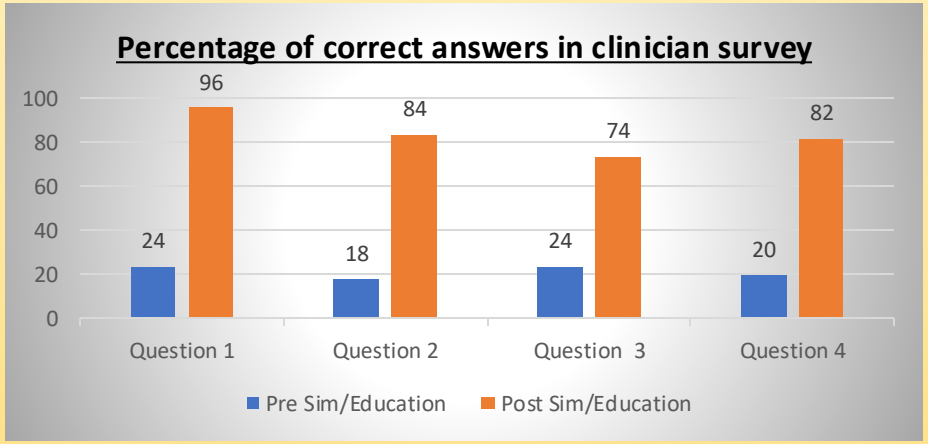
Process

The initial clinician survey was performed with questions as shown below(table on bottom far left)

Following this, formal weekly teaching and multiple trauma simulations were carried out with aim of improving management of haemorhagic shock in trauma.

Repeat clinician survey was carried out following the above interventions to find out what percent got the correct answer.

Q	Correct answer
1	IO access
2	Activate major haemorrhage protocol
3	As per major haemorrhage protocol (4rbc/4ffp)
4	Fast bleep

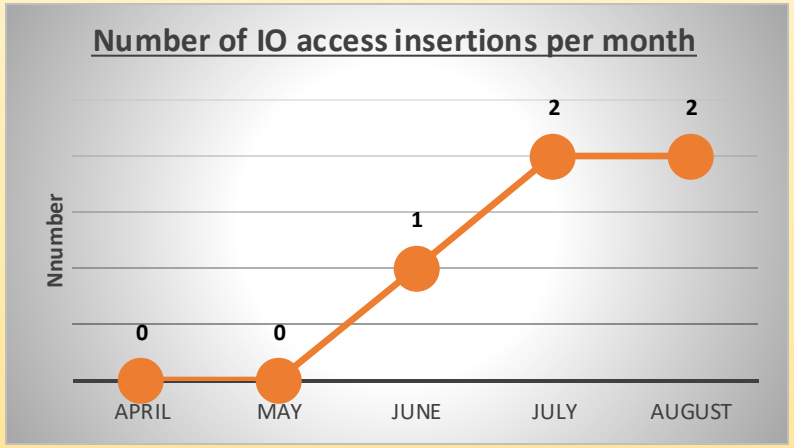


Results

Initially the prevalence of correct answers given in the clinician survey was 18-24%.

After intervention with weekly teaching and trauma simulations, the prevalence of correct answers in the clinician survey increased to 74-96%.

The number of IO insertions increased from 0 pre-intervention to 2 per month post intervention.



Discussion and conclusions

The results showed that the intervention had a positive impact in knowledge base on trauma haemorrhage management as well as positive impact on clinicians having confidence inserting IO access

Use of QIP methodology is important for shared learning

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