

STANDARDS FOR HEAD INJURY SERVICE IN ACUTE TRUSTS

1. Adequate resources will be available to allow assessment, admission, investigation and treatment to agreed standards at times appropriate to the patient's need.

Standard	Level		Demonstration of compliance
1.1	A	Trusts will have sufficient facilities to meet the needs of all categories of head injured patient in their catchment area, including A&E facilities and access to beds, critical care facilities, dedicated radiology, and rehabilitation facilities	Evidence of appropriate access to necessary facilities Record of non-clinical delays during treatment
1.2	A	Where facilities are unavailable there must be arrangements in place to support local treatment if necessary and safe transfer when required	Network arrangements Audit of outcome for delayed/denied admissions
1.3	A	Urgent advice will be available at all times (by telephone /electronic information transfer) leading to management plans within 15 minutes in the case of acutely injured persons potentially requiring neurosurgical care.	Audit of referrals
1.4	C	In less urgent cases, the designated NSU will provide advice on the management of patients not transferred for acute care but who require to be in hospital, as a result of a head injury, for more than 48 hours.	Analysis of record of consultations
1.5	A	Consultation will be provided by a Consultant or medical deputy with specialised experience and training in the management of head injuries.	

2. Delivery and development of a comprehensive service for patients with head injuries will be co-ordinated by named personnel to ensure that standards and needs are met.

Standard	Level		Demonstration of compliance
2.1	B	In each PCT / Commissioning system, a single named officer will have responsibility for co-ordination and monitoring the service provision for head injured patients.	Commissioning officer identified and responsibilities defined
2.2	B	Acute Trusts providing a service for patients with head injuries will nominate a Clinical lead to oversee this service and ensure that the required standards of patient care are addressed by the Trust	Clinical lead identified and responsibilities defined
2.3	A	Each Acute Trust must have a designated Neurosurgical Unit (NSU) providing a specialised neurosurgery service, including advice at all times, based on agreed protocols for triage, assent, transfer and repatriation	Neurosurgical Unit identified and responsibilities defined
2.4	B	The designated NSU will nominate a single named Clinical lead in Head Injury	Clinical lead identified and responsibilities defined
2.5	B	The PCT/Commissioning officer, the Clinical lead and the designated NSU will have responsibilities agreed by the commissioners of health care, providers, and users of the head injury service	Involvement of all interested parties. Written agreed responsibilities
2.6	B	The Clinical lead will be responsible for the establishment and co-ordination of a multi-disciplinary team tasked to provide the full range of services for patients with a head injury	Membership list of the multi-disciplinary team, with documented roles and responsibilities for each
2.7	B	The service for patients with head injuries will be designed and developed around the needs of the patient as an individual and patients and carers will be empowered through provision of adequate information, education support, consultation on delivery of their care and the opportunity to provide feedback on the quality of care.	Printed and other information sources Education and support programmes Evidence of involvement in patient care plan Results of surveys
2.8	C	There will be effective communication between all those responsible for the patient's care and with the patient and with carers /family (NICE 1.33)	A written record, including management, 'Core' information, Discharge Plan Written or other type of material suitable to population served Evidence of availability of information

3. Multi-professional teams will work together, across disciplines and locations, to achieve optimum decision making, treatment and outcome.

Standard	Level		Demonstration of compliance
3.1	A	Within each DGH, patients with head injuries will be cared for by multidisciplinary teams containing adequate numbers of specifically trained staff. The team shall include: Emergency Medicine doctors, General or Orthopaedic Surgeons, Neurologists, Anaesthetists, Radiologists, Neurocare trained nursing, paramedical, therapy and rehabilitation staff and there will be links with social and community support services	The name of each team member or staff position with their role agreed by the lead clinician. Note: When a medical specialty is referred to, the team member responsible should be a Consultant, but the delivery of care need not be by a Consultant.
3.2	A	Within each RNU, patients with head injuries will be cared for by multidisciplinary teams containing adequate numbers of specifically trained staff. The team shall include: Neurosurgeons, Neurologists, Neuroanaesthetists, Neuroradiologists, Neuro-ophthalmologists and Neuro-otologists, Neuro and critical care trained nursing and paramedical staff, Neurosurgically trained therapy and rehabilitation staff and there will be links with social and community support services	The name of each team member or staff position with their role agreed by the lead clinician. Note: When a medical specialty is referred to, the team member responsible should be a Consultant, but the delivery of care need not be by a Consultant.
3.3	A	The team members will meet at intervals, commensurate with the progress of the patient, to review diagnosis, management and future planning.	Entries in patient case-notes. Register of attendance
3.4	A	All members of the MDT will take part in continuing education and continuing professional development	CME / CPD programmes/attendance logs
3.5	B	Members of the Multidisciplinary Team will meet at least annually to discuss, to review, and to record operational policies	Record at least one meeting per annum.

4. There will be effective communication between all those responsible for the patient's care and with the patient and where appropriate and other carers and their family.

Standard	Level		Demonstration of compliance
4.1	A	The treatment planned for each individual patient will be established or authorised by the responsible Consultant.	A written record, including options of management discussed.
4.2	A	The medical team responsible for the care of the patient, will communicate the patient's diagnosis and care plan to specialists who refer and receive patients and to general practitioners and to teams responsible for rehabilitation and community reintegration	Discharge summaries audit "Core" Information at the time or in advance of discharge. The definitive summary dispatched within 10 days
4.3	B	The team will provide written material for patients and relatives including an explanation of the diagnosis, and management options available, the likely implications and the prognosis and sequelae of head injury	Written or other type of material (audio/visual) in languages suitable to population served. Evidence of availability
4.4	B	Information will be provided about support networks, outreach services, liaison with other health and community services, self help groups, psychological, social and cultural support	Written or other type of material (audio/visual) in languages suitable to population served. Evidence of availability
4.5	B	Arrangements will be in place for patients or carers to gain access to a member of the medical team responsible for the care of the patient, to discuss the patient's case.	Survey of patient's experiences and of the services offered by the Team, the results, action identified and implemented

5. There will be adequate facilities for ongoing care of patients after acute management.

Standard	Level		Demonstration of compliance
5.1	A	Trusts will arrange for the necessary follow up review and after-care of patients who have undergone treatment, or for whom treatment is no longer possible, by a multidisciplinary team (MDT)	Evidence of regular follow up and review protocols
5.2	B	Consultant sessions will be provided for a regular follow up clinic to help review the outcome of patients, where follow-up is appropriate and improve the service.	Consultant job plans
5.3	B	A neurological disability rehabilitation team may be required	Personnel in post
5.4	B	There will be links with social and community support eg social worker, domiciliary nursing/therapy	Named team members

6. Care will be provided for patients with head injury in accordance with agreed national guidelines.

Standard	Level		Demonstration of compliance
6.1	A	The Clinical lead for Head Injury and members of the MDT and the extended team will consider and agree local network-wide clinical guidelines, based upon nationally established standards with coordination throughout the Region led by the NSU Clinical Lead in Head Injury.	Use of: Recommendations of the Galasko Report on The Management of Patients with Head Injuries (Royal College of Surgeons, 1999) NICE guidelines (June 2003) Guidelines of the RCS report on Better care for the Severely Injured (Royal College of Surgeons, 2000) Safe Neurosurgery (Society of British Neurosurgeons, 2000) BAAEM Clinical Effectiveness Committee Report on implementing the Galasko Report, 2000
6.2	B	The Clinical lead /MDT shall be responsible for the identification and dissemination of agreed guidelines for patient management and for arranging regular audit of compliance with guidelines, of clinical outcomes, and identification of action required.	List of guidelines in use, documented evidence of results of audit and action plans.

7. There will be an audit process to assess outcome, effectiveness of care, compliance with guidelines, analysis of avoidable distress, disability and death, and to provide information for effective planning and development of the service.

Standard	Level		Demonstration of compliance
7.1	B	The patient's condition and progress will be recorded by agreed dataset	Dataset
7.2	B	The Clinical lead will be responsible for ensuring regular audit of the work of the team, its compliance with guidelines/care pathways and the instigation of any necessary action	Evidence of an audit cycle, regular reporting of results and a timetable for review of guidelines
7.3	B	The timeliness and appropriateness of urgent referrals and provision of information from referring clinicians will be assessed.	Record of analysis of intervals between commencement of symptoms/ therapy and surgical referral – action taken
7.4	C	The patient's outcome will be assessed, with results monitored and compared against national outcome statistics.	Dataset. ICNARC/UKTARN national datasets
7.5	A	The team will undertake at least one audit project of demonstrable clinical significance each year.	The named projects/personnel reSponsible. Project report
7.6	B	Arrangements will be in place for formalised risk assessment, "near miss" and incident reporting, complaints and potential/actual litigation analysis. Such information will form part of the clinical audit programme.	Record of risks etc. Minutes of meetings, audits performed
7.7	A	Regular morbidity and mortality review meetings will take place within the audit programme. All clinical staff shall be provided with sufficient time to prepare for and to regularly attend such meetings.	Registry of attendance and lessons learned/practice changed
7.8	B	Information systems will be developed to ensure regular production of clinically relevant reports to support clinical governance needs	Regular, clinically relevant, reports
7.9	B	Information systems will be developed to ensure regular production of clinically relevant reports to support performance indicators for contract negotiations	Regular, clinically relevant, performance reports