Glencore Rural Trauma Project

Six Month Progress Report

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Approved by: the Glencore Rural Trauma Project Steering Committee
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Overview
This project is to enhance our rural communities’ ability to respond to incidences of trauma through the implementation of a best practice, evidence-based trauma capacity development program and support system. The strategies employed are context-specific, implemented and evaluated in a sustainable way, with the aim of enhancing outcomes for trauma patients such as reducing mortality and morbidity.

Problem statement
In rural, resource-poor areas, trauma represents an under-serviced public health issue. Pre-hospital care and triage are minimal and emergency departments struggle with maintaining adequate staffing. The teams receiving injured patients often do not include medical staff and, when they do, these may be junior doctors with minimal trauma training.

The evidence
Coleman, Baker Gallow and Slonim (2012) found that rural hospitals with less than 25 beds are much more vulnerable when faced with high acuity, complex, and infrequently encountered clinical scenarios. These perceptions were confirmed by a survey of all rural clinical staff in the Mackay Hospital and Health Service, with an average self-rated score of 69 percent deficiency level in trauma training.

Q3 Do you feel there is a deficiency in trauma training at rural sites?

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Respondents: 26</td>
<td>09</td>
<td>1,794</td>
<td>28</td>
</tr>
</tbody>
</table>
Studies have found that mortality rates from motor vehicle accidents, one of the highest trauma categories in the Mackay Hospital and Health Service, are significantly affected by hospital-based resource availability and many trauma deaths can be prevented by enhancing evidence-based trauma support systems and taking advantage of technology to bring specialist expertise in remotely to support rural sites.

Reviews of preventable trauma deaths have found that many errors or inappropriate trauma care in rural areas are basic and preventable, such as those related to airway and chest. For trauma education to be relevant and sustainable, it is important to focus initiatives that consider the limitations of the rural context.

**Project initiation**

**Governance & decisions**

In the first quarter of 2018, a Project Steering Committee was formed comprising of key leaders across the relevant areas, comprised of:

- Professor Herwig Drobetz (Director of Orthopaedics and Trauma, Mackay Hospital and Health Service).
- Dr John Hadok (Clinical Lead, Virtual Health and Senior Medical Officer Mackay Base Hospital Emergency Department)
- Ms Cathie La Riviere (Virtual Health Manager)
- Ms Lucinda Caffin (Project Lead and Implementation Manager for Mackay Institute of Research and Innovation)
- Ms Natalie Williams (Rural Operations Manager)
- Ms Julie Minogue (Acting Rural Executive Director and Director of Nursing at Bowen Hospital)
- Ms Penny Watts (Nurse Unit Manager, Orthopaedic Ward, Mackay Base Hospital).

The committee has held six meetings over the first six months of the project, and makes decisions by mutual agreement, with any disputes decided between Ms Minogue and Professor Drobetz.

All financial expenditure is tabled with the Committee, who approved the Project Budget. All project communications are from a single source and are discussed and agreed with committee pre-release.

In terms of the intervention approach, the Committee agreed on a multi-level approach targeting access of rural staff to both formal (online and in person) and simulation training as well as a review and optimisation of trauma response systems.

Above: Trauma Nurse Kate Moore, and Committee Members Dr John Hadok, and Ms Natalie Williams

**Interventions**

The multi-faceted approach includes:

1. Formal recognised courses by accredited providers (delivered rurally where possible);
2. Online and virtual training for the rural workforce;
3. Virtual simulation training (utilising the existing Telehealth Emergency Management Support Unit [TEMSU] model);
4. Enhancements of real time virtual support for actual trauma cases (utilising the TEMSU model);
5. A baseline review of internal rural trauma systems and processes and equipment and optimisation.

Community benefits
It is expected that the implementation of these interventions will deliver the following benefits for the community:

- A better trained and more confident trauma response workforce
- Enhanced virtual specialist support for rural hospital sites
- Better community health outcomes related to trauma/ emergencies
- Reduced unnecessary transfers to larger centres so patients can remain close to home
- Improved cost efficiencies for the health care system.

Actions and outcomes
Actions and expected outcomes of the project include:

1. Facilitation of an accredited course review and selection to host at rural sites (outcome: # of staff trained; surveys on course quality).
2. Develop/ or identify online/ training opportunities (outcome: # staff trained; ongoing courses mapped and built into training frameworks).
3. Coordination of site visits for simulation training (outcome: # of sims held; # of staff trained; surveys on training quality).
4. Embed use of virtual mechanisms of trauma support in real time situations (outcome: increased TEMSU usage; reduced retrievals).
5. Develop enhanced trauma systems and equipment at rural sites by building on baseline review recommendations.

Highlights & performance: 6 months
Baseline survey of our rural staff
To complement the existing research on rural trauma response educational programs, a survey (n=27) was undertaken of all rural clinical staff (medical and nursing) to invite ideas and contributions to the capacity development approach and their understanding of deficits at their facilities. The surveys gave the Committee a significant insight into perceived capabilities and deficit areas. Suggestions were used along with relevant research literature on low resource/ rural trauma education to inform the multi-level strategic approach.

<table>
<thead>
<tr>
<th>Training Option</th>
<th>VERY LOW BENEFIT</th>
<th>LOW BENEFIT</th>
<th>POSSIBLE BENEFIT</th>
<th>HIGH BENEFIT</th>
<th>VERY HIGH BENEFIT</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online theory courses</td>
<td>0.00%</td>
<td>7.89%</td>
<td>42.31%</td>
<td>30.77%</td>
<td>19.23%</td>
<td>5</td>
</tr>
<tr>
<td>On site simulation training</td>
<td>0.00%</td>
<td>0.00%</td>
<td>15.38%</td>
<td>34.62%</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Virtual simulation training</td>
<td>0.00%</td>
<td>7.89%</td>
<td>19.23%</td>
<td>38.48%</td>
<td>34.62%</td>
<td>9</td>
</tr>
<tr>
<td>Off site formal training courses</td>
<td>0.00%</td>
<td>7.89%</td>
<td>11.54%</td>
<td>19.23%</td>
<td>61.54%</td>
<td>9</td>
</tr>
</tbody>
</table>

Above: Survey respondent views on perceived benefit levels of potential trauma training options.
Formal training opportunities
Trauma Fundamentals Seminar

12 staff kicked off the year and the project by attending a 2-day Trauma Fundamentals seminar in Mackay. 60 percent of staff who attended provided feedback on the course and 70 percent of these found the course extremely relevant. Feedback included the need for greater access to such accredited courses.

College of Emergency Nursing
Australia Trauma Nursing Program
The Project has organised the delivery of two, two-day accredited trauma nursing program courses to be delivered at Bowen and Moranbah respectively. The course dates have been confirmed and registrations are being taken. The course will have a total of 40 staff attending across all six rural service sites (Bowen, Moranbah, Dysart, Clermont, Collinsville and Proserpine).

Above: The TNP flyer for the Bowen session.
eLearning Modules

Rural areas often struggle to achieve the same educational standards as metropolitan regions. Online and virtual learning is extremely important for rural and remote staff as oftentimes the challenges of travel long distances to attend educational opportunities is prohibitive to taking up learning opportunities. Ten years ago, online learning was ground-breaking, but since then the eLearning sector has grown stronger and enrolment in online study has grown by over 40 percent.

Online learning can also support rural staff when shrinking budgets and strained resources limit access to libraries and other learning materials. In rural areas, online learning can have a transformative power. Staff can access new areas of knowledge and may be inspired to undertake further study. It is a powerful way for staff in rural regions to enjoy the same advantages as their peers living in metropolitan areas.

The Project committee recognised the importance of online and virtual learning and made a commitment to either:

a) developing an online course to support rural trauma education; or
b) identifying and enabling access to a suitable existing course in trauma and emergency response to complement practical hands-on learning.

A suite of online courses were identified, developed by CRANAplus, an organisation which exists to “ensure the delivery of safe, high quality primary healthcare to remote and isolated areas of Australia”.

The CRANAplus programs provide:

- External educational links and guideline access;
- Online clinical educator to support the Health Practitioner; and
- Continuing Professional Development (CPD) points.

Online programs deliver cost reductions for training delivery of greater than 60 percent when compared to instructor led courses – including a reduction in travel cost i.e. accommodation, meals, flights; as well as reducing training time by an average of 75 percent, thereby breaking down the barriers to education and the tyranny of distance.

The CRANAplus online Physical Assessment modules in particular were selected because they are specifically compiled to assist the remote, rural and isolated health practitioner in gaining the theoretical knowledge on the various clinical areas of physical assessment and
its application to patient health outcomes.

Below: Outline of CRANA Physical Assessment modules

Physical Assessment
Primary and Secondary Survey Assessment Including Triage
Neurological Assessment
Spinal Assessment
Respiratory Assessment
Cardiovascular Assessment
Abdominal Assessment
Paediatric Assessment Including Pain Management

Hands-on training opportunities

Virtual TEMSU and Trauma simulations

One of the components of the program is virtual simulation training utilising the existing virtual emergency support system model, a combination of high fidelity simulation training in Trauma and coaching in the use of the TEMSU. The simulation training program, which for maximum retention of skills and efficacy should be run several times per year, has two main aims:

1. To provide participants with the knowledge and skills to utilise the Telehealth Emergency Management Support Unit (TEMSU) to support clinical management of non-critical emergency patient presentations; and

2. To develop enhanced staff skills and capability in emergency response through trauma based simulation scenarios.

The Project facilitated a pilot cohort of staff across the rural sites (24 staff from every facility) to test the course, before further roll out to all relevant staff pending successful evaluation.

As at 30 June 2018, 12 staff had already completed the course, and preliminary feedback from a 16-question survey confirmed that 80 percent of staff surveyed found the course extremely relevant. Comments included:

“I would recommend these modules for all Rural RNs and ENs who manage acute presentations”.

The program utilised the existing virtual emergency support model (TEMSU) to deliver an interactive and collaborative learning experience in a new and innovative way across progressive sessions to promote and support the transfer of the skills learnt into clinical practice.

What is TEMSU, anyway?
The Telehealth Emergency Management Support Unit (TEMSU) is a Queensland Health initiative that improves access to specialist emergency advice and support for clinicians in regional, rural and remote communities.

Available 24/7 utilising videoconferencing technology, TEMSU facilitates rural clinician access to specialist emergency support services such as Emergency Physicians, Rural Generalists and emergency nursing specialists. The service assists in the management of non-critical patients and complements the existing telehealth support services for critical patients offered by Retrieval Services Queensland (RSQ).
Above: Matt Barnevald of the Telehealth Emergency Management Support Unit talks to clinical staff at Proserpine during the simulation on 30 May 2018.

Such virtual rural support models have been found to improve clinical cooperation and decision processes during critical patient care (Bolle, Larson, Hagen and Gilbert: 2009). By consulting with another specialist health provider via telehealth, it may be possible to prevent patients having to travel to another location to receive care. Latifi (2009) in their study found that the virtual presence of a trauma / emergency specialist aids in the initial evaluation, treatment, and care of patients, improving outcomes and reducing the costs of trauma care.

The what and why of simulation

High fidelity simulation training (for example with a mannequin that breathes, and responds) has been proven to improve communication; teamwork; team performance in crisis situations; transformational leadership skills; critical thinking; clinical reasoning in complex care situations; and confidence in clinical abilities.

A systematic review by Gjeraa, Møller and Østergaard (2014) confirmed that simulation-based training has a significant effect on learning in non-technical skills as well as significantly increases clinical team performance.

The training provides participants with a learning environment conducive to developing nontechnical skills, that is safe and controlled so that the participants can make mistakes and correct them in real time, without fear of compromising patient safety.

Above: Dee Crosbie (TEMSU/ RSQ) talks to clinical staff. Clermont simulation on 14 June 2018.

Below: Dr Berkley leads the team in a challenging spinal shock scenario.
Preparing staff
Staff participating were given pre-readings in advance and presentations on the day about Trauma, TEMSU and the overarching Project aims and objectives, including resources developed with permission from the Institute of Trauma and Injury Management.

Pre-readings – Trauma/ TEMSU simulation training
1. Australian Trauma Team training participant manual
2. Structured approach to trauma care
3. TEMSU video, brochure, flyer
4. TEMSU FAQs
5. ITIM Trauma App information sheet

Training delivery
The training was delivered by key staff with experience in Emergency/ trauma response including EMST trained Senior Medical Officer Dr John Hadok, Trauma Director, Professor Herwig Drobetz and trauma/ emergency/ critical care/ simulation nurses Louise McGrath, Rachel Waye, Carla Daly & Kate Moore as well as key staff providing virtual support from the Telehealth Emergency Management Support Unit Matt Barnevald, Tim Males, Rebecca Shearman; Retrieval Services Queensland’s Sass Hayes and Deanne Crosbie (also with RSQ); and the Mackay Base Hospital Emergency Department’s Dr Andrew Briar, Dr Bauke Hovinga and Dr Kerri Winstanley.

Survey evaluation methods
Two surveys were used to evaluate program success and obtain feedback for future development. The first survey related to the training as a whole, including clinical skills development and the effectiveness of the debriefing. This survey was modelled on a study by Martin et al. (2017) with 12 questions and a comment box with a 5-point Likert scale response mechanism to obtain feedback on all areas of the trauma simulation training.

The second TEMSU survey was used in the simulations that utilised the TEMSU model in addition to the main survey. 85 survey responses were received for the main survey and 43 for the TEMSU survey. There were two scenarios held at each site as well as additional observers at the training who did not complete the survey.

Above: the Moranbah team, with virtual support.

The first facilities to participate in the training were at the northern MHHS rural facilities, Proserpine, Collinsville and Bowen on 30, 31 May and 01 June 2018, with the second occurring at Moranbah, Clermont and Dysart on 13, 14, 15 June respectively. A second round is schedule for later in the year.
Training feedback
The median response for the overall quality of the training was 5/5 at 5 of the 6 sites, the 6th being 4/5 (80 percent) rating. Questions around the debriefing, which is the most important part of the training, indicated consistently that the participants felt comfortable, felt they learned things, they received constructive criticism, that important issues were summarised, and that opportunities to ask questions were given.

“Simulation was very life-like. The opportunity to ask questions was provided and answers were succinct and clear. Additional time was provided to ask questions regarding the pelvic binder, intubation and haemorrhaging patients. Loved, loved, loved the debrief and feedback!”

TEMSU-specific feedback
In terms of the TEMSU component, most staff knew TEMSU “somewhat” (median rating 3/5); had used it “once or twice” (median rating 2/3); rated the experience as “very good” (median 4/5); rated their knowledge after the session as “very good” (median 4/5) and expected to use the service “a lot” in the future (median 4/5). This has been demonstrated with a surge in the June TEMSU call numbers: a 127 percent increase on June 2017 and a 150 percent increase on the previous month prior to the simulation training.

Bergman training evaluation tool
In terms of evaluating the effectiveness of the program to deliver enhanced rural capabilities in responding to trauma; the team also undertook a modified version of the Bergman (2007) Trauma Team Training assessment tool to establish a baseline level from which to determine the effectiveness of regular training. The Bergman tool, published in the Journal of Trauma, Injury, Infection and Critical Care, focuses on key areas of primary and secondary survey.

Professor Drobetz scored each team using the tool and then used the notes from this tool to inform the debrief after the session. The results were recorded, analysed and then weighted by the scenario difficulty and level of medical support present to get an overall value. Note that these scores are not for external publication, but for determining the degree to which regular, scenario based simulation training affects future team performance.
### PRIMARY SURVEY

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airway</td>
<td>Airway assessed</td>
</tr>
<tr>
<td></td>
<td>C-spine stabilised</td>
</tr>
<tr>
<td>Breathing</td>
<td>Chest wall observed</td>
</tr>
<tr>
<td></td>
<td>Trachea observed</td>
</tr>
<tr>
<td></td>
<td>Respiratory rate</td>
</tr>
<tr>
<td></td>
<td>Lungs auscultated</td>
</tr>
<tr>
<td>Circulation</td>
<td>Heart rate assessed</td>
</tr>
<tr>
<td></td>
<td>Measured</td>
</tr>
<tr>
<td>Disability</td>
<td>Pupils examined</td>
</tr>
<tr>
<td></td>
<td>Glasgow Coma Scale (GCS) measured</td>
</tr>
<tr>
<td>Exposure</td>
<td>Patient fully exposed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary survey</td>
<td>Completed before moving on</td>
</tr>
<tr>
<td></td>
<td>Completed within 5 minutes</td>
</tr>
<tr>
<td>Oxygen</td>
<td>Given</td>
</tr>
<tr>
<td>IV access</td>
<td>Obtained</td>
</tr>
<tr>
<td>x-match</td>
<td>Ordered</td>
</tr>
<tr>
<td>Fluids</td>
<td>Ordered</td>
</tr>
<tr>
<td>Nasal Gastric</td>
<td>Tube considered</td>
</tr>
<tr>
<td></td>
<td>Foley considered</td>
</tr>
</tbody>
</table>

### Summary

The overwhelmingly positive reception, enthusiasm, teamwork and capabilities by the rural staff demonstrated at the training was a delight for the visiting teams.

Overall, 87 staff participated in the simulation training over the six days, either actively or as an observer, with six facilities involved; and 13 separate scenarios enacted. Many staff also got to be involved in more than one scenario.

The simulation training complemented the formal training components outlined above and was supported by these key teams:

- Mackay Base Hospital Emergency Department SMOs/ FACEMs/ Clinical Nurse Consultant
- Telehealth Emergency Management Support Unit
- Retrieval Services Queensland
- Mackay Base Hospital Sims/ Education Centre
- Rural Nurse Educators
- Rural Facility Management Teams
- Rural Services Management and Support Staff
- Mackay Trauma Service
- Virtual Health
- Mackay Institute of Research and Innovation, including Communications and Clinical Trials Unit.


Below: the first Bowen group to try their hand at the Glencore trauma simulation.
Above: Dysart paramedic reduces a shoulder dislocation with virtual support from TEMSU.

Above: Herwig & Rachel hand out a $1,000 bursary to Simone at Moranbah;

Below: The Proserpine “Car v Pedestrian” scenario simulation team
Below: The clinical simulation training team

Clinical Nurse Consultant Emergency: Louise McGrath

Experienced Simulation Coordinator & Nurse: Rachel Waye

Orthopaedics & Trauma Clinical Director: Dr Herwig Drobetz

Early Management of Severe Trauma (EMST) trained Emergency Senior Medical Officer & Virtual Health Clinical Lead: Dr John Hadok

Trauma/ Emergency Nurses: Carla Daly & Kate Moore

Below: The team at Dysart Hospital (L to R): Dr John Hadok, Ms Rachel Waye, Ms Cathie La Riviere, Professor Herwig Drobetz, Ms Louise McGrath, and Ms Lucy Caffin.
More photos of the events:

Bowen: https://drive.google.com/open?id=1APGQsJCw3kcz7RK8GjLyymBih6jrQCU

Clermont: https://drive.google.com/open?id=1dIB0MDzSHoEb9Sy2TagkGGFI4nuF6QHs

Collinsville: https://drive.google.com/open?id=1DrYbexKhC65bKR4u3F14S6FB_NfI6vmD

Dysart: https://drive.google.com/open?id=1PdP7ZR_dVMXN-8uRwiYgEe-s3HkteP6R

Moranbah: https://drive.google.com/open?id=1nLwRv_2JCW7fi2yS0N8-AOL8T67-WzJd

Proserpine: https://drive.google.com/open?id=1o6sDrKKMNK8tXEfIDXcKgcXW1ViXokkv

Below: Simulation survey feedback results

Survey Feedback Results
Trauma/ TEMSU Simulation Training Trip 1
Respondents n=85 (Proserpine-15; Collinsville-10; Bowen-18; Moranbah-13; Clermont-22; Dysart-7)

- 1. The simulation gave me an experience of realism
- 2. The session increased my trauma/emergency clinical reasoning skills
- 3. The session enabled me to demonstrate my clinical reasoning skills
- 4. The simulation helped me to recognize patient deterioration quickly
- 5. The simulation caused me to reflect on my clinical ability
- 6. The overall quality of the learning was
- 7. The simulation has increased my ability to give a positive contribution to the team performance
- 8. The facilitator summarized important issues during the debriefing
- 9. The facilitator provided constructive criticism during the debriefing
- 10. The debriefing provided an opportunity to ask questions
- 11. I received feedback during the debriefing that helped me to learn.
- 12. The facilitator made me feel comfortable and at ease during the debriefing
Baseline system and equipment review and optimisation

Gap analysis
For the Project objective to enhance trauma systems, each rural facility has completed a review and gap analysis of their respective hospital systems and equipment against Australian College of Rural and Remote Medicine standards for Rural Emergency departments; as well as the Royal Australian College of Surgeons guidelines for Level IV Trauma Services. These reviews are currently being compiled and areas for development will be identified through a Committee-led prioritisation process as part of the next phase of the Project.

Trauma policy/ algorithms app
To further support optimised trauma systems in the region, a phone application, developed and managed by the Australian Institute of Trauma and Injury Management (ITIM) has been extended the whole health service including rural sites. The application has been promoted and shared with rural staff at the simulation training visits. The application, available on iPhone and android, compiles all the health service trauma policies and algorithms, as well as providing access to other commonly used trauma tools, with the aim of providing staff access to the latest, evidence-based clinical support tools wherever and whenever they need it.

Recognition of our partnership
Details of the project and the partnership have featured on numerous occasions in:

1. Our local Mackay Hospital and Health Service newsletter Health Chat (three occasions);
2. The Daily Mercury;
3. The ABC local news radio;
4. Seven local news television;
5. The Mackay Hospital and Health Service LinkedIn page;
6. The MIRI website (miri.health.qld.gov.au) (two occasions)
7. The Mackay Hospital and Health Service Facebook page.

The Glencore logo has been included on the MIRI external facing webpage and the partnership will also be confirmed in the soon to be released MIRI Annual Report for 2017/18.
MIRI Website posts

MIRI is an emerging translational research and innovation centre. Our strong collaborations with a range of external partners will lead to cutting edge research and innovation. We aim to improve the care of our patients and communities by implementing the latest clinical knowledge into practice.

Partnership to boost staff skills in rural facilities

Staff in rural communities now have access to more innovative trauma training and support systems thanks to a new partnership between the Mackay Institute of Research and Innovation (MIRI) and Glencore. Glencore has invested $100,000 towards trauma care skills development for Mackay Hospital and Health Service (Mackay HHS) staff working in our most rural and... [Read More]

Last updated 6 April 2018

Rural facilities boost staff skills through Simulation Trauma Training

Rural health service practitioners have recently completed simulated trauma training as part of the Enhancing Rural Trauma Response Project. The project comes as a result of a partnership between the Mackay Institute of Research and Innovation (MIRI) and Glencore, who have invested $100,000 towards trauma care skills development for Mackay Hospital and Health Service (Mackay... [Read More]

Last updated 19 June 2018
Rural staff enhance trauma care skills

A new partnership between Mackay Institute of Research and Innovation and Glencore will boost staff skills in rural facilities.

Rural staff enhance trauma care skills

FUNDING for trauma care skills development for Mackay Hospital and Health Services staff has given rural, remote and古怪 staff access to intensive training and support systems. A new partnership between Mackay Institute of Research and Innovation (MIRI), Glencore and古怪 staff working in rural and remote facilities, including Proserpine, Bohle, Clermont, Collinsville and Prince Regent communities. Glencore has invested $100,000 in the initiative with chief nursing officer Dr. John Hadley, is excited about using innovative technological advancements to enhance trauma care development across古怪.

He said trauma was not always critical emergencies and many patients in古怪 hospitals and a number of years in the FNQ Hunter Region.

“We are helping to reinforce the same outcomes through the partnership with MIRI and古怪,”
Rural communities to benefit from investment to enhance trauma response

Staff in rural communities will have access to better trauma training and support systems thanks to a new partnership between the Mackay Hospital and Health Service and Glencore. Through the partnership, Glencore has invested $100,000 in funding towards trauma care courses for key rural staff and community members. There is also opportunity to expand existing virtual systems to support both simulated training and real-time trauma situations.

Mackay Base Hospital trauma nurses, Carla Daly and Kate Moore, along with other staff, met with Glencore representatives when they visited Mackay in late December.

“It’s often really simple things that contribute to death from trauma, so training can make a huge impact to mortality and morbidity outcomes for patients,” Carla said. “It’s really exciting to have opportunities open up to enhance the development of staff skills in trauma, because it is one of the leading causes of death in people aged 15-44.”

Community Relations Manager for Glencore, Craig Strudwick, said ‘we’ve been supporting a similar initiative for a number of years at the area’s major teaching hospital and we’re able to develop trauma care capabilities at rural sites across the region. We’re hoping to achieve the same outcomes in central Queensland through this partnership with Mackay Hospital and Health Service’.

Clinical Lead for Virtual Health and Emergency Department Senior Medical Officer, Dr John Hadok, is also excited about the prospect of technological advancements to enhance trauma capacity development across MHHS. “Trauma is also not always critical emergencies, on many occasions it can mean falls and fractures,” Dr Hadok said.

“Sometimes these patients are transferred to bigger centres, when with the right virtual support, there may be no need to transfer the patient. In these situations, or when waiting for retrieval from a major trauma, virtual mechanisms can really support rural clinicians to achieve better patient outcomes. These systems allow definitive trauma care to begin almost immediately after a patients arrival in a rural hospital.”

The trauma team will be leading the project which will be developed through consultation with rural teams and community networks from mid January.
GLENCORE Rural Trauma Enhancement Project

Clinicians in Proserpine, Collinsville and Bowen have begun simulated trauma/TEMSU training as part of the Glencore Rural Trauma Enhancement Project.

The program is developed to teach trauma care skills and video conferencing and telehealth skills to the staff in our most rural and remote facilities. Participants were presented with minor and major trauma scenarios using high fidelity mannequins with the support of the Telehealth Emergency Support Unit (TEMSU) video conferencing service.

As part of the Glencore Rural Trauma Enhancement Project, four $1,000 professional development bursaries will be given away at each rural facility to support the ongoing effort to attend trauma or emergency response training.

Moreebah, Dysart and Clermont will benefit from the trauma/TEMSU simulation training this year and will also have their bursary winners announced at the event.

PROSERPINE WINNERS
- Tina Badenhorst
- Emma Hughes (Ostrofski)
- Nikki Soden
- Tiani Bye

COLLINSVILLE WINNERS
- Regan Elliott
- Lynda Hayes
- Terry Anne Stockdale
- Angela Laskie

BOWEN WINNERS
- Sharr Russell
- Di Waters
- Jay Doig
- Clare Mitchell-Must

miri.health.qld.gov.au
Clinicians in Dysart, Moranbah and Clermont undertook simulated trauma/TEMSU training as part of the Glencore Rural Trauma Enhancement Project.

The training is a major win for our rural communities because while many local practitioners are highly experienced and skilled, being in a remote area means they do not get to use those skills as often as you would in a regional centre.

As part of the Glencore Rural Trauma Enhancement Project, four $1,000 professional development bursaries have been given away at each location to support the nursing staff to attend trauma or emergency response courses.

The training was delivered through collaboration between the Mackay Trauma Team, Virtual Health, Simulation Nurse, ED Nurse Educator and MIRI.

**MORANBAH WINNERS**
Karen Douglas
Simone Hare
Denise Bampton
Samantha Warrell

**DYSART WINNERS**
Amie Western
Heather McLellan
Petryce Badger
Renee Saltier

**CLERMONT WINNERS**
Sarah Dillon
Navneet Kaur
Jean Cory
Shannon Adamski

miri.health.qld.gov.au
A new partnership between Mackay Institute of Research and Innovation (MIRI) and Glencore will boost staff skills in rural facilities by giving them access to innovative trauma training and support systems. Read more at https://miri.health.qld.gov.au/glencore_partnership/
Rural health practitioners are boosting their skills in handling a trauma thanks to the Enhancing Rural Trauma Research Project.

Staff in Dysart, Moranbah, Bowen, Clermont, Collinsville and Proserpine have been provided with theoretical and hands on experience in the early recognition and stabilisation of a trauma patient.

The training is a major win for our rural communities because while many local practitioners are highly experienced and skilled, being in a remote area mean... See more
Below: The Clermont team
Below: The hero of the day, Bruce Bartley, who has been through six car accidents, countless falls, spinal shock and head injury and came through it all with the help of the wonderful rural and virtual teams!
## Glencore Rural Trauma Project

### Income Statement
Jan - June 2018

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant funding revenue</td>
<td>100,000</td>
</tr>
<tr>
<td>Other revenue (in kind costs - MHHS)</td>
<td>157,000</td>
</tr>
<tr>
<td><strong>Total Value</strong></td>
<td><strong>257,000</strong></td>
</tr>
</tbody>
</table>

### Expenses (actual only)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Expense Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td></td>
</tr>
<tr>
<td>On site course CENA TNP - Bowen + Moranbah</td>
<td>30,400</td>
</tr>
<tr>
<td>Employee bursaries for PD courses x 24</td>
<td>24,000</td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
</tr>
<tr>
<td>Car rental</td>
<td>752</td>
</tr>
<tr>
<td>Office supplies</td>
<td>200</td>
</tr>
<tr>
<td>Consumables - sim training</td>
<td>531</td>
</tr>
<tr>
<td>Accommodation</td>
<td>1,284</td>
</tr>
<tr>
<td>Courses - ECT4health Trauma fundamentals</td>
<td>4,620</td>
</tr>
<tr>
<td>Research and development</td>
<td></td>
</tr>
<tr>
<td>Salaries and wages (excluding in kind)</td>
<td>4,302</td>
</tr>
<tr>
<td>Software</td>
<td>348</td>
</tr>
<tr>
<td>Travel</td>
<td>1,120</td>
</tr>
<tr>
<td>Online Course</td>
<td>2,366</td>
</tr>
<tr>
<td>Web hosting and domains</td>
<td>45</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>69,968</strong></td>
</tr>
<tr>
<td><strong>Net grant revenue remaining</strong></td>
<td>30,032</td>
</tr>
<tr>
<td><strong>Remaining funding</strong></td>
<td><strong>30,032</strong></td>
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</tbody>
</table>