



Wednesday, August 9, 2023

Deputy Denis Naughten  
Dáil Éireann  
Kildare Street  
Dublin 2

**PQ 33243/23 – To ask the Minister for Health if he will outline the specific measures taken to enhance ambulance services in advance of the opening of the new major trauma centres in line with the Government decision; the specific funding allocated to each measure and its date of operation; when each of the network trauma hospitals will become operational; and if he will make a statement on the matter.**

Dear Deputy Naughten,

I refer to the above Parliamentary Question, which has been referred by the Minister for Health to the Health Service Executive for direct response.

The National Trauma Strategy published in February 2018, takes a whole system approach addressing all elements of the trauma care pathway including prevention, pre-hospital care, acute hospital care, rehabilitation and supported discharge.

The strategy recommends the establishment of an inclusive trauma system, where a network of facilities and services co-ordinate the care of injured patients along standardised pathways. International studies have consistently shown that concentrating the care of severely injured patients in dedicated Major Trauma Centres is associated with improved access to care, reduced length of stay and demonstrably better outcomes for patients.

Ireland's future state trauma system will consist of two regional trauma networks (Central and South) each with a Major Trauma Centre (MTC) and a number of Trauma Units. Major Trauma Services commenced at the Mater Misericordiae University Hospital as the MTC for the Central Trauma Network and Cork University Hospital as the MTC for the South Trauma Network in June 2023. Planning is underway to establish the TUs in both networks and these will become operational over the coming years.

With regard to enhancement of Ambulance Services, I would like to confirm the following developments:

Development of new Trauma Triage Tool. A key step for National Ambulance Service (NAS) in the operation of the trauma network is to determine the most appropriate destination for seriously injured patients. To support practitioners, a Trauma Triage Tool Clinical Practice Guidelines (CPG) has been developed by key stakeholders and published by the Pre-Hospital Emergency Care Council (PHECC) and will be included in an upcoming publication of updated CPGs. This CPG will support the triage of injured patients and aid the practitioner to determine the most appropriate destination for that patient. The Trauma Triage Tool has four key functions:

- Recognition of patients with significant injuries prehospital
- Aid determination of most appropriate destination (MTC or TU)
- Activation of the trauma team in MTCs and TUs
- Aid prioritisation of secondary retrieval from TUs to MTCs where necessary



Current hospital destination guidance will be made available to Pre-Hospital Practitioners on the PHECC electronic Field Guide App. This will be updated as the National Trauma System becomes operational.

Trauma Triage Tool E-Learning Package. A short 30 minute HSE E-Learning package has also been developed by the HSE E-Learning Development Team in conjunction with stakeholders from the National Trauma Office; the National Ambulance Service; Dublin Fire Brigade; and PHECC to support the introduction of the new Trauma Triage Tool CPGs.

Recording Trauma Triage Positive Patients on Pre-Hospital Patient Care Report (PCR). The Trauma Triage Tool will inform the designation of patients as 'major trauma positive' and will be recorded on the Patient Care Report (PCR). The PCR data set is amended to incorporate a major trauma decision panel and will be included in the electronic Patient Care Report (ePCR) and hardcopy PCR versions.

National Trauma Desk. When the National Trauma System is operationalised, it will be supported by a designated Trauma Desk in the NAS National Emergency Operations Centre (NEOC). The Trauma Desk will support practitioner decision-making and have a key role in ongoing communications between practitioners and the MTC or TU.

The measures above are currently being developed and implemented within the NAS existing funding allocation.

I trust the above information is of assistance to you, however, should you require any further details please do not hesitate to contact me.

Yours sincerely,

A handwritten signature in black ink, reading 'Damian McGovern', written over a horizontal line.

Mr Damian McGovern  
Programme Manager  
Trauma System Implementation Programme