British Orthopaedic Association Standards for Trauma

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From the BOA Trauma Group

In Britain, as in many other developed countries, care of the injured patient continues to have a lower priority than elective surgery. Whether this is a result of less favourable levels of funding or government obsession with waiting times for elective surgery, the situation has remained unchanged for many years, only intermittently securing headlines or space in a political party manifesto. Also, the unpredictable timing and the challenging range of conditions and complications, result in trauma ranking low in the declared interests of many in the profession. The vast majority of trauma patients have musculoskeletal injuries. The surgery of trauma excites most trainee orthopaedic surgeons but with seniority, specialisation and remoteness from the primary presentation, confidence and competence wane. It is common for older surgeons to seek withdrawal from the on-call rota for trauma. However, it remains the absolute responsibility of the profession to provide the best available care and to maintain standards for these patients.

There have been several reports1,2 on the management of trauma in the United Kingdom during the last 20 years, often with good media coverage and considerable public interest, but they have resulted in little change. They have contained a multidisciplinary professional consensus as to the configuration of a trauma service and the care of specific injuries. Recent reports (2007) focusing on trauma care for the seriously injured3 (NCEPOD) and patients with fragility fractures4 (BOA and BGS), have prompted government support for the suggested service changes. For the seriously injured, the lack of a regional system of trauma care creates significant delays in treatment which compromise both surgery and outcomes. For the older person with a fragility fracture, often with complex medical disorders, surgery and rehabilitation are unnecessarily delayed. Multidisciplinary care and secondary prevention are deficient. It falls to the specialist professional bodies to define appropriate standards of care to protect patients. It is against such standards that we can audit individual cases and the performance of orthopaedic units. Providing the best care for our patients remains our prime responsibility. We should appreciate, not fear, the power of audit to effect change and welcome the publication of comparisons with professionally derived standards. Prompted by the Health Care Commission, in 2007 TARN (Trauma Audit and Research Network) secured approval for the publication of data on survival rates and performance as measured against the recommendations of the RCSOEP BOA 2000 report2 (www.tarn.ac.uk). Similar support is anticipated for the National Hip Fracture Database relating to the first British Orthopaedic Association standards for Trauma (BOAST) publication on hip fractures.

In response to this need for further progress, the BOA has formed a Trauma Group with a specific remit to develop professional standards of care. The group, working with other representative professional bodies, will publish a series of standards for trauma care derived from research evidence, specialist opinion and contemporary wisdom. This is a progression of the proposal presented in the BOA and RCSOEP report2 (2000) defining standards of audit for certain index trauma diagnoses to allow monitoring within a local and regional structure. Each BOAST will be a succinct one-page document listing a number of contemporary standards, supported by online references. They are intended to indicate the level of care that should be achievable for most patients in the United Kingdom. As published, they will be circulated to all active members of the BOA, allied specialist groups, hospital units and relevant authorities. A ‘no-blame’ review culture will be promoted. Units will be encouraged to audit local practice against the BOAST. If a case falls outside these standards then the causes should be determined and, if necessary, changes in practice adopted.
The first in the series of BOASTs is ‘Hip Fracture in the Older Patient’. This has recently been published and the supporting Blue Book, ‘The Care of Patients with fragility Fracture’, has been produced in collaboration with the British Geriatric Society. Each BOAST will be published on the JBJS(B) and BOA website and on those of other specialty groups relevant to that BOAST. Future BOASTs will cover Spinal Clearance in the Unconscious Trauma Patient, Pelvic and Acetabular Fractures, Open Fractures, Unstable Spinal Injuries, Vascular Injuries associated with Fractures and Dislocations, Peripheral Nerve and Brachial Plexus Injuries and Implant-Related Sepsis in Fracture Surgery.

Supplementary material
Further information on this subject is available with the electronic version of this article on our website at www.jbjs.org.uk

References

No benefits in any form have been received or will be received from a commercial party related directly or indirectly to the subject of this article.