Current Service Provision

NGH - Regional trauma service providing definitive care for a defined group of seriously ill patients and initial assessment, stabilisation, and transfer to a major trauma service as required. NGH trauma service is supported by 24 hour 5 intensive care, pathology, surgical, imaging and anaesthetic services.

GHS – Rural trauma service, with greater than a 45 minute drive to the nearest trauma service. GHS receives trauma patients for stabilisation and retrieval.

CHS and MSMH do not have a trauma service. Ambulances bypass these facilities although initial stabilisation may be provided prior to transfer to a major or regional trauma service.

Currently patients with the following types of trauma are transferred to Brisbane metropolitan hospitals:

- major head injury
- multiple trauma
- major burns
- major trauma in children
- spinal injury

Minor trauma patients are treated at some GP offices. Noosa Private Hospital provides management of minor trauma and manages trauma to moderate injury severity.

Self Sufficiency

SCHHS EDs admitted 1,701 trauma cases in 10/11. Of these 147 (9%) were transferred to Brisbane Metro Hospitals.

Historical Activity

- In 2009, 63 major trauma cases (ISS >= 16) were admitted to NGH, excluding 42 cases that presented to NGH but were ultimately transferred to another facility. There were 1,303 minor trauma patients. Major traumas represented 5% of all trauma cases.
- The major causes of injury were due to accidental causes and as a result of falls (56%) and transport crashes (21%).
- The main injuries from trauma were fractures to the lower and upper extremities (64% of cases).
- 86% of trauma cases were discharged to their usual residence.
- Children represented 9% of trauma admissions and these were predominantly treated at NGH.
- 80% of trauma cases transferred outside SCHHS were to the RBWH, with a further 11% to the Royal Children's Hospital. (Source: Qld Trauma Registry Data 2009, CONROD, 2011)

Trend data was not available at the time of writing.

Trauma Service Transition Priorities 2012 – 2016

2012-2014
- Commence new trauma service model at NGH.
- Agree management of paediatric trauma with Childrens' Hospital Queensland (CHQ).
- Develop referral pathways / processes with CHQ for children requiring a level 5/ 6 trauma service.

2014-2016
- Develop centralised trauma coordination model across the HHS for transfer to SCUH (includes use of telehealth).
- Specialty workforce developed to support SCUH as a trauma centre (neurosurgery, general surgery, vascular surgery, plastic surgery, ophthalmology, ENT, orthopaedic surgery, cardiothoracic surgery and maxillofacial surgery services), with 24 hour on-call capacity required once SCUH opens.
- Develop rehabilitation services workforce to support SCUH as a trauma centre.
- Develop ICU capability at NGH to manage complex/major trauma cases.
- Enhance interventional radiology service to support management of complex trauma including capacity for large vessel stenting and angiographic embolization and interventional neuroradiology.

Future Service Configurations

2012-2016
NGH – Nambour will continue to offer existing trauma services with some additional specialisation as surgical specialities are introduced prior to the SCUH opening.
- GHS – Gympie will continue to receive trauma patients, stabilise and transfer to CHQ.
- CHS and MSMH – these facilities will continue to be ‘bypassed’ by QAS for trauma patients, with rare occasions of stabilisation and transfer / retrieval to NGH or a Brisbane hospital.

2016/17
NGH – Level III Trauma Service and will in general be able to provide prompt assessment, resuscitation, emergency surgery, and stabilisation of a small number of seriously ill patients, while arranging their transfer to SCUH.

2021/22
SCUH – with the introduction of sub specialties such as burns the level of trauma management and care provided at the SCHHS will increase to a level 1 service.