

**PACTS conference: *Post Crash Response***  
**17<sup>th</sup> October 2019, Royal College of Anaesthetists**

***Post-crash response – are we getting it right...***

Notes to accompany the presentation by Prof Tim Nutbeam, Plymouth University Hospitals

This presentation consisted of three mini talks.

**Talk one:**

In this talk we explored the concept of applying an evidence-based approach to our practice and planned interventions. We talked about the lack of available evidence in the area of post collision / crash response. We talked about the need to ensure that when we plan an intervention in this area (e.g. a new project), we ensure that outcomes are measurable and appropriate. Interventions and their reporting should be of sufficient quality in terms of methodology, data collection and reporting to allow publication- ideally in an indexed database so we can all learn from the findings. We discussed the importance of reporting all interventions including those with a negative outcome. We briefly touched on the [street light effect](#)-which is common in the areas in which we work; where we collect data which is easily accessible rather than that which is directly related or relevant to our outcomes. This use of inappropriate [surrogate](#) outcomes can lead to neglect of important person centred and focused outcomes.

**Talk two:**

In this talk we considered the model of a Tri-modal distribution of mortality following trauma (other models also highlight the large number of very early avoidable deaths). We talked about the importance of reversible mortality (avoidable deaths). We noted that many of these avoidable deaths occurred in the first several minutes following injury and this meant that traditional methods of healthcare delivery would not lead to decreased mortality in this area. We discussed the concept of buddy care as used by the military and the success stories in this area. We highlighted two areas for particular concentration in terms of reversing mortality (saving lives). We discussed the control of life-threatening haemorrhage and importance of basic airway manoeuvres and life support in the context of [impact brain apnoea](#). We discussed that interventions following the initial peak in our tri-modal distribution were often complex and relied on significant resource. We discussed the concept that the best way to provide this resource was through early and effective triage of resources as an area for investment and understanding rather than trying to make these resources more widely available.

**Talk three:**

We discussed the [EXIT \(extrication in trauma\)](#) project as an example of multi-disciplinary working, applying scientific rigour to established areas of practice and translation of outcomes.

**Summary (penultimate slide)**

- Use evidence, make evidence, share evidence
- Focus: buddy care, brains and bleeding
- Multi-disciplinary collaboration and the application of science can work

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