

Trauma programme – critical haemorrhage project Expert Reference Group Terms of Reference

09 March 2020

1. Background

In March 2019 the Accident Compensation Corporation (ACC) contracted the Health Quality & Safety Commission (the Commission) to provide support to the National Trauma Network (the Network).

The Network is led by a clinical lead and programme manager in collaboration with a wide range of stakeholders including district health boards (DHBs), ambulance services, the transport sector, and researchers. Further information can be found on the Network website: www.majortrauma.nz.

The Commission has established a trauma programme with three workstreams:

1. Quality improvement
2. Intelligence
3. Research.

The quality improvement workstream of the programme is focusing on projects in three discrete areas where expert advice and local and international examples tell us improvements in process and/ or outcome can be achieved: 1) critical haemorrhage; 2) major trauma rehabilitation; and 3) severe traumatic brain injury. The projects will be phased over the coming three financial years.

This terms of reference (TOR) document applies to the expert reference group (ERG) for the critical haemorrhage project (the project).

2. Project purpose

This project seeks to reduce mortality and complications in critically haemorrhaging trauma patients.

This will be achieved by working with the sector and experts, including the New Zealand Blood Service (NZBS), to develop national best practice guidance that, when adjusted for local context and scale, supports ambulance services, emergency departments (EDs), intensive care units (ICUs), and surgical teams to recognise critical haemorrhage and take the appropriate action.

The aspirational goal is to achieve *zero in-hospital deaths from haemorrhage following trauma*.

The overall project aim is to:

Eliminate avoidable deaths from haemorrhage and multiple organ failure in trauma patients by 2025.

The development of the guidance and associated engagement with the sector will need to be carried out in a way that acknowledges that there have been significant improvement gains in haemorrhage care, in both hospital systems and regional strategies, in recent years. This

includes more effective identification of haemorrhage risk and improved massive transfusion protocol strategies and critical care pathways. Therefore, this project needs to build on what has already been achieved and, because it is known that New Zealand still does not perform as well in this area as similar jurisdictions, address the remaining system issues that mean less than ideal outcomes for patients.

The focus for this project is to improve outcomes for the portion of at-risk patients that the current system does not capture. By developing a national guidance, informed by the sector and experts and based on best practice, and supporting its adoption, the expectation is that outlier hospitals will change their processes and therefore improve patient outcomes.

A separate project plan has been developed and should be referred to for more information about the project.

3. ERG purpose

A clinical lead, Dr Kerry Gunn, has recently been appointed to the project team on a 0.2 FTE basis. He will chair the expert reference group, the purpose of which is to inform the development of the national best practice guidance.

The ERG is a 'safe' group that the project team can consult and debate with, in confidence. It will also be an 'expert' group and members have been appointed because their knowledge and skills are recognised in the sector (both locally and internationally). Finally, it will be a group that champions the project and its deliverables in the sector, both during their development and during their implementation.

The Commission will support the ERG to carry out its tasks.

4. Key tasks

The key tasks for the ERG are to:

- a. **Lead** the development of the national best practice guidance publication for critical haemorrhage management and ensure that it is informed by evidence and international, national and local knowledge. (The Commission programme team will do the actual writing and manage the design and publication process.)
- b. **Advise and support** the project team to deliver the national best practice guidance document and its implementation to reasonable time and quality expectations.
- c. **Provide expert advice** to determine the appropriate national measures to evaluate the implementation of the guidance (process measures) and improvement in patient outcomes (outcome measures, i.e.: a reduction in mortality).
- d. **Assist with sector engagement** and champion the implementation of the national guidance at a local, regional and national level.
- e. **Ensure the development of the guidance document gives effect to the Commissions priorities:** consumer partnerships, equity, building leadership and improvement capability, and measurement (data for improvement).
- f. **Provide expert advice** to the Commission's Trauma programme team on the overall direction of the project, including activities outside of the national guidance production.

5. Project governance

The ERG is responsible for providing advice to the Commission via the trauma programme team. The Commission does not need to accept this advice; where the ERG's advice is not followed the Commission will provide the group with the rationale for this.

The trauma programme team will manage the project's governance (i.e.: via the Commission's internal steering group and via the external ACC-Commission contract governance group and Network governance group).

6. Membership

The ERG comprises approximately 10-12 members, who are experts in their respective fields and/ or representatives of key stakeholders. Members should be actively engaged in the community or group/s they seek to represent. In order to ensure the group stays small enough to be efficient, members can represent multiple stakeholders or groups.

Membership will include, (but not necessarily all of or limited to) representatives of:

- a. Small, medium and large hospitals
- b. Pre hospital (air ambulance and road ambulance)
- c. Consumers, who can demonstrate their links and ability to engage widely with other consumers and or/groups
- d. Māori health professionals
- e. New Zealand Blood Service
- f. New Zealand Resuscitation Council
- g. The National Trauma Network
- h. The Health Quality and Safety Commission.

The group may also co-opt other representatives to attend meetings on an 'as required' basis, if there is a need for specialist advice that cannot be met from the existing membership, by prior approval of the Chair.

7. Responsibilities

The ERG has an obligation to conduct its activities in an open and ethical manner. Members are expected to:

- a. Work strategically so that the Commission's actions contribute to sustainable system improvement.
- b. Work co-operatively, respecting the views of others with a focus on improving health outcomes and overall system performance as well as improving the experience for health care consumers, whanau and family.
- c. Act, as a collective group, in the best interests of the Commission's quality and safety initiatives locally, regionally and nationally.
- d. Be a point of liaison with the relevant stakeholders, groups and colleges.

- e. Make every effort to attend all meetings and devote sufficient time to become familiar with the priorities of the group and the wider environment within which it operates.
- f. Identify and declare any conflicts of interests (via the conflict of interest register) and proactively manage any conflicts.
- g. Refer requests for media comments to the Chair.

8. Decision-making

Recommendations for the guidance document will be made at the EAG meetings and ratified through the Chair. Decisions will be made by consensus.

9. Meetings

- a. The ERG will meet a minimum of three times and a maximum of five times a year, by Zoom or in person.
- b. A quorum will be a minimum of seven members
- c. Where substantive decisions or recommendations are required, all members will be encouraged to contribute by email.

10. Secretariat

The Commission will provide the secretariat for the group. The responsibilities of the secretariat include:

- a. Preparing and distributing the agenda and associated papers at least five working days prior to meetings
- b. Recording and circulating the minutes no later than a fortnight following the meeting
- c. Managing the organisational arrangements for meetings, including flight bookings, the provision of rooms and audio-visual equipment
- d. Managing the membership appointment process
- e. Drafting the guidance document as per the ERG's guidance, with reference to appropriate steering and governance groups where decisions at that level are required
- f. Managing the proofing, editing, design and publication of the guidance.

11. Reporting and communication

Minutes will be taken at each meeting to record the matters discussed, decisions made, agreed action points and recommendations made.

Key messages from the ERG will be communicated via the Commission and Network's communication channels and mechanisms, such as websites, newsletters and emails to key stakeholders.

Approved versions of the minutes will be published on the Commission's website.

12. Terms and conditions of appointment

The term of the membership is until 31 December 2020. Members will be expected to continue their participation in the reference group until the national guidance document has been successfully published at which time the reference group will be disestablished.

Any member may resign at any time by advising the Chair in writing.

13. Fees

Members who are staff of a New Zealand public sector organisation including public service departments, state-owned enterprises or crown entities are not permitted to claim a fee to attend the ERG meetings.

The Commission has a fees framework that applies to members who are not included in the above groupings, where any reasonable costs incurred in attending face-to-face meetings will be met by the Commission, including a nominal fee to cover attendance and time spent in preparation.

14. Travel

The Commission will arrange any travel required for meetings or activities associated with the group. Travel must be booked through the Commission and/ or with the Commission's approval.

15. Review of these TOR

The terms of reference for the group will be reviewed as required (i.e.: if requested by a member of the group or if the project timeframe gets extended).