ATLS® vs standard care trial – next steps

Notes 2023-11-23

Like yesterday, we agreed to continue with the project as planned and then apply for more funding as we move forward. We discussed how to optimize the design and specifically how to revise the inclusion criteria. The suggestion today was to remove the tertiary hospital criterion and also the provision of neurosurgery. We discussed the difficulties associated with following patients up once they are referred but today's group felt that contact numbers are being captured and that it should be possible to follow up patients that way.

We also discussed issues around consent and whether it would be possible to take consent telephonically or if we will need to make sure that consent is being taken by staff in the emergency department, even when our project staff is not there. The consensus today was to try to target hospitals where most of the initial trauma resuscitation is conducted by casualty medical officers, who are more permanently placed in the emergency department than residents. We said the it sounds reasonable to target hospitals that receive adequate numbers, but where the pool of people to be trained is manageable. We all agreed that it will be very important to make a careful assessment of prospective sites, most like by visiting for a few days to review registers and observe the type of cases coming in.

We ended by discussing the next steps and how this will involve finalizing the study protocol and start identifying potential hospitals. One way which we can do this is to focus on hospitals that refer patients to the tertiary hospitals that have been involved in previous projects. We said that we should start adding potentially interesting hospitals to the same list as the one we started during the meeting in Stockolm. The link is: https://docs.google.com/spreadsheets/d/1wMYrD9ylci3P1BR37-qtU9rPhPs9wJedmEY9iUMCDuc/edit?usp=sharing