



Trauma App

Onboarding Guide

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Foreword

My name is Leah and I am the Head of Clinical Engagement & Onboarding for the Trauma App. I am a registered nurse with over 14 years experience of working in a mixture of community, Paediatric ED and digital care settings and I have a passion for digital innovation.

We have created this onboarding guide to help and support you during your procurement and onboarding process as it is meant to be used as a practical guide to ensure that you safely, and correctly implement the Trauma App into your clinical area.

At any point during this process, you are welcome to contact us at Daysix and we will endeavour to answer any questions or queries that you may have.

We look forward to welcoming you.



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1. Introduction

The Trauma App has been co-developed between Daysix and NHS Scotland to improve how patient care, interventions and clinical decisions are documented during Trauma calls in an Emergency Department (ED). It is intended to be mainly used by trauma scribes and has been designed based on ATLS best practice and so can be used by any Clinical organisation that cares for trauma patients. The app has been designed to digitally enable trauma scribes to document the cares of a trauma patient live, whilst allowing a collaborative approach to documentation from the wider trauma team. The other benefits of the app include surfacing of data via the use of NEWs/PEWs as well as Power BI.

The app offers multi-user support allowing other team members to view and input data concurrently meaning that multiple users can interact with the one patient case all at the same time. This is intended to support other members of the trauma team who also currently have documentation duties, such as the person managing blood transfusions.

In our experience, implementing the Trauma app into hospitals needs to be a team effort and requires the support of different professionals and teams. We have identified that there are key groups of people who are generally involved including:

- Clinicians
- Nurses
- Digital/IT Teams
- Major Trauma coordinators
- Scribes
- Operational managers
- Project support teams

We have also identified that you need information and guidance from us directly at Daysix, so we have created this onboarding guide to help and support you to make this process a lot smoother and faster for those involved.

This guide covers:

- Piloting
- Governance
- Clinical safety
- IT integrations and pricing.

2. Project Team

To make it easier, we've suggested that you create a project team, who will work together to implement the app. In the table below, we have highlighted who tends to take responsibility for each given area. This should help you to know who you need to work with, from within your organisation. We'll use the single character in the far right column against all the titles below.

Input required from:	Details	
Medical and Nursing staff	Trauma Coordinator, Scribes, Clinicians, Nurses	M
Governance	At certain stages your eHealth/Governance team will be required to support the development of a data protection impact assessment (DPIA) and system security policies, etc.	G
Clinical Safety	This may be the same team as above, but the app requires certain manual processes to be in place to ensure patient safety, e.g. have a paper trauma booklet backup in the case of emergency. There also needs to be a DCB0160 completed. We can provide you with our version DCB0129.	S
IT	There are a variety of integration options available, including patient lookup and pushing the trauma report into your patient record. These require engagement in IT/EPR integrations.	I
Procurement	Should you wish to roll out the app in the ED, you'll need your procurement team at hospital or board to purchase the appropriate app licence for you.	P

3. Evaluating the app

3.1 Informal Pilot

We recommend starting with an 'informal pilot'. The application can be downloaded from the Apple App Store to an iPad and used offline (i.e. without an account). The only limit you face is that you can't sign off a case without a valid trauma app account. This allows you and your team to use it as part of your regular simulation practice to evaluate if it's the right solution for your team.

Critically: Data only leaves the device for the cloud when a user is signed in. This means that you can confidently use it with your team and delete the case from the device once your simulation is complete. This fully deletes the case and its data.

App Store Link	https://apps.apple.com/gd/app/the-trauma-app/id1576495091
Minimum Device Requirements	iPad, iPad Air or iPad Pro with an A12 chip or higher

M - Typically only medical team input required to run an informal pilot

3.2 Formal Pilot

Once the potential of the app for your team has been established, some hospitals are choosing to run a formal pilot in the ED. This could be performed on the same basis as the informal pilot (no data to cloud and delete from device on completion of scenario), except in the ED with live patients. You will have to engage with your eHealth/Governance team to put processes in place that ensure the case is deleted from the device on completion of the case.

If you would like to conduct a more integrated pilot, we can set up a data store and user accounts to allow your team to sign off cases and access them retrospectively via our cloud portal. This will require your eHealth and/or Information Governance (IG) team's involvement, as a **Data Protection Impact Assessment (DPIA)**, **Data Processing Agreement (DPA)**, **System Security Policy (SSP)** and **Standard Operating Procedures (SOP)** will be required, amongst other documentation, as per your Hospital's IG process requirements.. We can send example templates for these documents to your eHealth/IG team upon request, or connect you with other hospitals who've completed before.

Formal pilots **must be conducted in parallel with existing scribing practice**, unless the clinical safety controls outlined in the **Hazard Log (HL)** have been put in place.

If you would like to discuss how other teams have performed formal pilots, we'd be happy to discuss this with you over a call, or put you in touch as necessary.

M, G, I - The hospitals that are doing formal pilots are tending to engage their IG teams to ensure that the appropriate governance has been considered. Some hospitals have engaged their IT team to integrate the trauma report into their patient record to allow them to test end to end.

3.3 Training Controls

The application is designed to function within existing trauma teams without change in practice. All documentation currently gathered by a scribe in a typical UK based trauma booklet is covered by the

application. The Trauma App also seeks to improve adherence to Advanced Trauma Life Support (ATLS), an international, standardised approach to trauma care. With this in mind, it should function within the current training and controls in place for a scribe documenting a major trauma case.

The main challenge for scribes is getting used to the processes of how the data is captured whilst adhering to Clinical Safety considerations using the application. This can be learned through reading the training manual and/or completing a training session with a scribe who's sufficiently qualified.

Each hospital will have to identify certain training controls in concordance with their safety case report (SCR) to adhere to DCB0160 compliance and identified HL controls.

The Training Manual and associated Presentation covers all the main areas that require training as it relates to the App's functionality. These have been developed in close collaboration with Consultants and Major Trauma Centre clinicians at Queen Elizabeth University Hospital within Greater Glasgow and Clyde NHS Scotland.

[Trauma App - Training Manual](#)

[Trauma App - Training Presentations](#)

Our [resources](#) section on our website also has some screenshare walk-throughs of certain aspects of the app (NB: these were recorded in January 2022, and on an older version of the app. Core functionality remains the same but can't be used as stand alone training resource)

If you would like a member of the Trauma App team to provide a training session for you and your team then please get in touch to arrange.

4. Adopting the app

If you would like to adopt the app in your ED you will need to consider the following. We have highlighted the team within your organisation that you will need to engage. At any stage you are unsure please reach out to the Trauma App team who'll be willing to help - [/contact-us](#)

Item	Team	Description
4.1 Business Case and Project Setup		
Project Initiation Document (PID)	M	A document which initially outlines the plan and purpose for implementing the Trauma App into your Trauma Care workflow.
Business Case	M	<p>This is a key document required in order to obtain board level approval to proceed with the onboarding process of the App. The business case format varies between different health boards, but generally follows this 'Five Case Model' for evaluation:</p> <p>You'll need to provide evidence that the Trauma App is...</p> <ul style="list-style-type: none"> - supported by a robust Case for Change – the strategic case; - able to deliver Value for Money – the economic case; - commercially viable – the commercial case; - financially affordable – the financial case; and - capable of being delivered – the management case. <p>Further support in completing this part, including template examples is available upon request.</p>
4.2 Hardware		
iPads	M/I/P	<p>You will need to procure an appropriate number of iPads for your service. You are required to have at least one device per bay you intend to use the app in. For example, if you have 5 trauma bays, we would recommend you have 6 or more iPads.</p> <p>We support iPad (8th Generation and up), iPad Air (3rd Generation and up) and iPad Pro's (2nd generation and up) with an A12 processor or higher.</p>
Charging station	M/I/P	<p>You are required to have a charging station capable of charging all iPads at once.</p> <p>This is a clinical safety risk mitigation aiming to ensure that there is always a suitably charged iPad available to your team.</p>
Device management	I	<p>All iPads used in the ED must have:</p> <ul style="list-style-type: none"> - Passcode enabled - iOS auto update ON - App auto updates ON <p>Existing hospitals who have deployed the app have used remote management systems (e.g. <u>'Workspace ONE'</u> or <u>Microsoft InTune</u>) to ensure the above is always in place.</p>

Item	Team	Description
		This is a clinical safety risk mitigation to ensure that your team receives the latest security and clinical risk patches in a timely manner.
Wifi printer access	M/I/P	This is a clinical safety risk mitigation to ensure that the final report can follow the patient in the event that the final report can't be sent to the patient record.
4.3 Clinical Risk and Data Security		
DPIA (Data Impact Assessment Agreement)	G	A standard document looking at the data impact of using the app in your centre and where responsibility lies for processing and controlling the data. Example Template available upon request.
SSP (System security policy)	G	A standard document evaluating the security of the incoming application. Example Template available upon request.
Safety Hazard Log (Risk & Issues Log - RAID)	S/G	We follow DCB0129 (Clinical safety standard) when developing the app. Adopting centres will be required to follow its DCB0160 counterpart. This requires the adopting hospital to evaluate clinical hazards and mitigate risk. For example, ensuring that the team is appropriately trained or that there is a process to ensure that paper backups are maintained. We have a joint DCB0129/0160 hazard log which is available to your clinical safety/governance team to help you fulfil your clinical safety obligations. Available upon request.
Clinical Risk Management Plan	S/G	Your IG Team and/or Clinical Safety Officer will likely need evidence that the application supplier (us) has a suitable clinical risk management plan, including a Clinical Safety Case Report. Available upon request.
Business Continuity Plan (BCP)	S/G	The BCP is a strategic and systematic approach to ensure that the hospital's critical services continue to function during and after a disruption to using the App. The goal is to minimise the impact of disruptions, maintain patient care, and ensure the hospital can quickly return to normal operations after the new system has been implemented. Your governance/safety team will also need evidence that the application supplier (us) has a suitable disaster recovery plan. Available upon request.
4.4 Standard Operating Procedures (SOP), Users and Training		
Training Manual	M/S/G	To support you with your clinical safety responsibilities, there is an outline training manual which includes the safety controls that other hospitals have put in place as part of their DCB160 obligations.

Item	Team	Description
		Trauma App - Training Manual Trauma App - Training Presentations
Users		You will get access to the Dashboard online portal once your site is set up with the Trauma App.. This allows you to add (or bulk upload) users with varying permissions of access from administration, case input, and case involvement.
Other SOP & Policies		Depending on your hospital's requirements you may be required to create additional SOPs and Policies, for example, as it relates to outcomes of your DCB0160 or other onboarding documentation process.
4.5 Data, Integrations & Contract		
Licence/Contract	M/P	Your procurement team will need to review our pricing document to decide which licence agreement works best for you. Available upon request.
Cloud data store	G/I/P	You and your team will need to decide where you would like to store the data generated by the app. We can host this for you (additional cost), or you can host this in your own Azure instance, which is the most common approach to date.. Our team will support your IT team in creating the appropriate databases.
Authentication / User accounts	M/G/I/P	To login to the app and store data in the cloud your team will need to login. To make it easier for your team, we offer an integration that allows them to use their standard hospital email and password to address the app. This has the added benefit of providing your IT team with control over password management, security settings like two factor authentication and access controls. We can discuss the options with your IT team and help them get this setup. Our service is compatible with any OAuth2 compliant authentication mechanism.
Patient lookup (Optional)	M/G/I/P	The application supports patient lookup. If your organisation has a patient identity service, we can integrate into it. This helps your team to ensure that the data is pushed to the correct patient record. We can discuss this integration with your IT team. Note: We have found that unknown patients with temporary identifiers can be more nuanced for many organisations. We suggest this is discussed with the wider team to ensure the integration works for all patient scenarios.
Report push to patient record (Optional)	M/G/I/P	We offer an electronic patient record integration. This will push the completed report into the patient record as a document (PDF) and/or structured data (JSON). We recommend a discussion with your IT team around the best approach and final destination for the report within your electronic patient record. All cases, reports and data can be accessed in the Trauma App's web dashboard, so this integration is not essential. However, all hospitals to

Item	Team	Description
		date have required this integration to ensure that subsequent care teams (Surgery, ICU etc) have access to the initial trauma care report.