

Paediatric trauma centre staff opinions on the availability of resources to provide trauma care to children and their families

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Synopsis:

This study was undertaken to gain an understanding of how care is delivered to children suffering serious injury in Australia at five paediatric trauma hospitals, across four Australian states. Through staff surveys and focus groups, the study sought the opinion of clinicians regarding the adequate availability of resources in care delivery and whether there are areas where further resources were required.

Method

A mixed methods study was conducted with staff from five Australian paediatric trauma centres. The trauma coordinator at each site participated in a structured interview on models of care and resources at their site. This informed the development of an electronic survey, which sought clinical staff opinion on child and family access to services and perceived gaps in care. Content analysis and descriptive statistics were performed.

Results

Five trauma coordinators were interviewed and 214 clinicians (medical, nursing, allied health) from New South Wales, Victoria, South Australia and Queensland completed the survey. Each site had a trauma director and coordinator, and there was variance in resource availability.

Almost all survey respondents (92.5%) considered their hospital met the physical needs of injured children, 68.2% thought the psychosocial needs of children were met, and 82.1% thought the needs of families were met. The least accessible services reported were clinical psychology/family counseling, mental health and behaviour management services. No routine follow-up support services post-discharge for the injured child or their family were identified.

...you feel like you're sending them off, just this resource-rich place that you sit in where you offer them the world and then you send them off and say "see you later – good luck"

Conclusion

Staff providing care for injured children report that physical needs are better met than psychosocial needs. There is variability in resource levels across paediatric trauma centres, particularly for psychosocial care. A model of care that provides coordinated psychosocial care from admission to at least two years' post-discharge could reduce this gap in care for injured children and their families.