

The United Kingdom trauma registries – do we still need them?

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Objectives

- **Purpose of a Trauma Registry**
 - **Recent changes in the UK**
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Purpose of a Trauma Registry

- **Identification of individual patients for audit**
 - **Feedback on specific areas of performance**
 - Quarterly Report against RCS Standards
 - **Research**
 - **Information for patients and the public**
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Individual audit

- **Multi-disciplinary audit time precious**
 - **All patients = too many to be discussed**
 - **Lessons may be in unexpected survivors or deaths**
 - **Pre-Chart gives an illustration**
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System audit

- **Quarterly Report - topics from TARN members**
- **Performance against accepted standards**
 - Head injury
 - Pelvic fracture
 - etc
- **Used as a focus for audit meetings**
- **Trends with time**

Research

- **Constrained by available data**
- **Difficult to adjust for other factors**
- **Can give important insights**
 - Trends in head injury outcome from 1989 to 2003 and the effect of neurosurgical care: an observational study.
The Lancet 2005;366:1538-44
 - Reconfiguration of head injury care in the UK

Information for the Public

- **Bristol Enquiry, Paediatric Cardiac Surgery**
 - **Culture of openness within NHS about clinical outcomes**
 - **National cardiac surgery outcomes available**
 - Results by unit and by surgeon
 - **Healthcare Commission - national quality organisation**
 - **Media interest (newspapers, TV etc)**
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Implications for TARN system

- **Anonymity no longer acceptable**
 - **Outcome data should be available to healthcare planners and the public**
 - **Information presentation understandable**
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Stages of De-anonymisation Project

- **Strategy discussions with Healthcare Commission**
- **Opinion from all TARN Member Chief Executives**
 - All approved plan
- **Development of new website**
- **Review of website by TARN members**
- ***Public access***

Current Website

- **Hospital level data**
 - **Explanation for the layman**
 - **Public access later this year**
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ation Form	Derby Hospitals NHS Foundation Trust	✓✓✓	
	Derbyshire Royal Infirmary		96.8%
nter friendly		
	Kettering General Hospital NHS Trust	No Data	
	Kettering General Hospital		No Data
		
	Northampton General Hospital NHS Trust	✓✓✓✓	
	Northampton General Hospital		98.7%
		
	Nottingham University Hospitals NHS Trust	✓✓✓✓	
	Nottingham University Hospital		96.8%
		
	Sherwood Forest Hospitals NHS Trust	✓✓	
	Kings Mill Hospital		98.5%
		
	United Lincolnshire Hospitals NHS Trust	✓✓	
	Grantham and District Hospital		98.8%
	Lincoln County Hospital		98.5%
	Pilgrim Hospital		94.4%
		
	University Hospitals of Leicester NHS Trust	✓	
	Leicester Royal Infirmary		99.0%
		

General Details

Hospital Details

Leicester Royal Infirmary

Address Infirmery Square
 Leicester
 LE1 5WW

Chief Executive Dr Peter Reading

Telephone 0116 254 1414

Fax 0116 258 5631

Emergency Department Details 2006/07

Number of Consultants 7

Figure taken from the Directory of
Critical Care (2006)

Number of Trauma Cases 941

This number fulfils the TARN Inclusion
Criteria between June 2002 - June 2006

NHS Links

[Trust Website](#)

[Trust NHS Gateway](#)

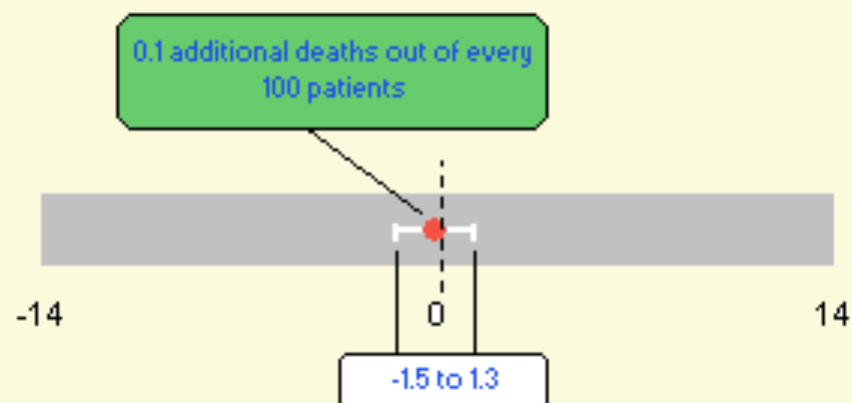
Specialist Facilities

Neurosurgical Unit No unit

Paediatric ICU 6 beds

**Burns & Plastic
Surgery Unit** 74 beds

Rate of Survival



Outcomes (survival or death) after trauma is best measured by the number of those who actually survived compared with the number who are expected to survive.

The numbers of expected survivors is generated from our database of thousands of patients who have already been treated for similar injuries.

The horizontal white line in the chart represents a **99% Confidence Interval**. Please refer to the 'Survival Rates' page for further information.

Rate of Survival: Breakdown

Survival Band (%)	Number in Group	Expected Survivors	Actual Survivors	Statistical Difference (Ws)
95 - 100	572	566	569	0.38
90 - 95	81	76	77	0.18
75 - 90	36	30	27	-0.22
50 - 75	23	15	13	-0.12
25 - 50	30	11	6	-0.29
0 - 25	38	4	4	-0.02
Total	780	702	696	-0.09

Unexpected survivors with more serious injury

Usually indicates good initial resuscitation and the treatment of head injury in Neurological Centres

Unexpected deaths in minor/moderate injury

Usually due to poor management of co-morbidity and/or complications

Quality Assurance

We ensure that data submitted to the Trauma Audit & Research Network is checked by internal system validation and coding regulations. Some hospitals request that we check their data so that the information presented is as accurate as possible.

Standards of Care

Please follow the links below to view specific performance ratings for this hospital based upon the Royal College of Surgeons/British Orthopaedic Association 'Standards of Care for the Severely Injured 2000'

The figures in the following reports relate to the years June 2002-June 2006

[Injuries to the Brain & Skull](#)

[Injuries to the Spine](#)

[Injuries to the Chest](#)

[Injuries to the Limbs & Pelvis](#)

[Back to Hospital Page](#)

Hospital: Leicester Royal Infirmary

Number of patients: 200
admitted between June 2002 and June 2006

Time to CT Scan

Median Time (hrs.)

Leicester Royal Infirmary	National Database	National Range
1.08 hrs.	1.57 hrs.	0.83 - 3.28 hrs.

Major Head Injuries

Patients with severe head injuries or focal signs should be transferred to the care of neurosurgery units regardless of whether they need surgical intervention

This hospital is not a Neurosurgical Centre

Number of patients with severe (AIS 3+) head injuries between June 2002 - June 2006 = 200

Survival rate = 56% of patients remaining at this hospital

Number of patients with head injuries transferred to another hospital = 70

Effect of Public Access

- **Not known**
- **? Increased public involvement in trauma care?**
- **? Decreased clinician engagement in trauma audit?**

Summary - Do we need TARN?

- **Traditional uses of Trauma Audit**
 - Focus on individual cases
 - Performance against clinical standards
 - Research

- **New area - Public information**