

## BULLETIN

February 2018

Issue #3



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### DATA SUBMISSION DEADLINES

**The Q1 2018-19 (Jul - Sept 2018) data was due 31 Jan 2019**

Please diarise the remaining 2018/19 deadlines.

<b>Q2 2018-19</b>	Oct - Dec 2018	<b>Due 30 Apr 2019</b>
<b>Q3 2018-19</b>	Jan - Mar 2019	<b>Due 31 Jul 2019</b>
<b>Q4 2018-19</b>	Apr - Jun 2019	<b>Due 31 Oct 2019</b>

A big thank you to the following who submitted their Q1 2018-19 data by the due date:

- Royal Darwin Hospital
- Canberra Hospital

### PUBLICATIONS

Australian Trauma Registry, ANZ Journal of Surgery:  
[www.onlinelibrary.wiley.com/doi/full/10.1111/ans.14940](http://www.onlinelibrary.wiley.com/doi/full/10.1111/ans.14940)

BITRE: January to June 2018 road trauma data tables for the ATR:  
[www.bitre.gov.au/publications/ongoing/severe-injury.aspx](http://www.bitre.gov.au/publications/ongoing/severe-injury.aspx)

AAA: Benchmarking the Performance of the National Road Safety Strategy: [www.aaa.asn.au/wp-content/uploads/2018/05/AAA-Benchmarking-Report\\_Q1-2018.pdf](http://www.aaa.asn.au/wp-content/uploads/2018/05/AAA-Benchmarking-Report_Q1-2018.pdf)

### OVERDUE

**Q1 2018/19**

(July to September 2018)

**ATR Manager:** Ms Emily McKie

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## 2017-18 ATR ANNUAL REPORT

The ATR 2017-18 annual report is due for publication 30 April 2019. The latest report will incorporate data for the first time from New Zealand.

The 2016-17 annual report is currently available via the website [www.atr.org.au](http://www.atr.org.au). If you require hard copies please email Emily McKie, [emily.mckie@monash.edu](mailto:emily.mckie@monash.edu).

The publication is an excellent way of showcasing the ATR to stakeholders and other external bodies.



## NAME CHANGE & NEW LOGO

The ATR has undergone a name change and introduced a logo to recognise both the relationship with, and inclusion, of New Zealand data into the registry from 1 July 2017.

The registry will maintain the existing acronym, but it will now stand for:

**Australia New Zealand  
Trauma Registry**

## DATA DICTIONARY AND DATA QUALITY CONTROL

Please continue to quality check extracts before sending the data. Please upgrade your syntax in accordance with feedback provided by the ATR.

### Some common errors:

- Leading zeros missing on date of birth - must be an 8-digit number.
- Referral hospital dates and times must be left blank if OtherHospTransfer is '2' (no transfers).
- If OtherHospTransfer is '1', RefHospId1, RefHospArrDateTime1, RefHospDeptDateTime1 and RefHospTranspMode1 must all be filled in.
- If patient arrived intubated, ArrivalPatIntubated is yes (1), ArrivalRespiRate is 998, and ArrivalTotal GCS is 98. Vent days should also be completed.
- Check ArrivalPatIntubated = 9 - are they supposed to be a 2? Often they have been defaulted to 9 but are in fact a known 'not intubated'.
- If the patient was not intubated, then date/time patient intubated should be blank.
- Ambulance arrival date/time: only include ambulance from scene - NOT referral hospital ambulance. Leave as unknown value (01011900T0000) or blank if no ambulance attended the scene (e.g. private vehicle).
- ED Discharge date & time: if patient is directly admitted to a department other than the ED, put the same date/time of arrival to definitive care, and put where they went (e.g. ICU or OR) in the Disposition after ED.
- Blood Alcohol Concentration: this is an important data element, please ensure you add it to your submissions.
- Length of Stay (LOS) and ICU LOS: ensure calculated in days, with partial days expressed to two decimal points. Please do not provide calendar days.

Injury is the leading cause of death in young New Zealanders aged 0 – 44 years. The Major Trauma National Clinical Network (MTNCN) is leading the establishment of a contemporary trauma system in New Zealand. The MTNCN is comprised of management and senior clinical leaders from New Zealand's four regional trauma networks as well as representatives from ambulance services and other key stakeholders. The MTNCN established the New Zealand Major Trauma Registry, which utilises the bi-national trauma minimum dataset for Australia and New Zealand, and is largely comparable with the ATR minimum dataset to enable future benchmarking.

The ATR is pleased to announce the submission of New Zealand data to be included in the 2017-18 Annual Summary Report, due 30 April 2019. The ATR would like to thank the New Zealand Major Trauma National Clinical Network, in particular Dr Ian Civil, National Clinical Lead and Ms Siobhan Isles, Programme Manager.



### ATR DATA WORKING GROUP

Two data working group meetings were held in late 2018, chaired by Professor Peter Cameron, where the current version of the data dictionary (v1.51) was discussed in detail. The initial aim has been to identify areas for change within the minimum dataset and to discuss the current barriers and issues surrounding data collection across jurisdictions and health services. A third meeting to consolidate the initial two meetings will be planned in the near future.

If you would like to be involved, please email Emily McKie, [emily.mckie@monash.edu](mailto:emily.mckie@monash.edu).

#### BENCHMARKING

The benchmarking working group has produced risk adjusted mortality and LOS funnel plots by site for the 2016-17 financial year data. Risk adjustment variables: age, gender, arrival GCS motor score, ISS score, head AIS score and cause of injury (transport related, high fall, low fall and others).

The working group is investigating further the missingness of the data as well as separating groups of patients (paediatrics/older adults), in order to improve the reliability of the outcomes.

#### ROAD TRAUMA PILOT STUDY

The road trauma pilot study has received overall ethics approval from Alfred Health, and governance is being finalised with the three Victorian major trauma services.

The pilot will focus on providing monthly statistics on the numbers of injuries presenting to the emergency department from on-road accidents, including all minor and major trauma.

Data will be obtained directly from the emergency department data system.