



How can national audit findings be communicated?

**Maralyn Woodford, Executive Director
The Trauma Audit & Research Network**

**National Clinical Audit
Advisory Group**



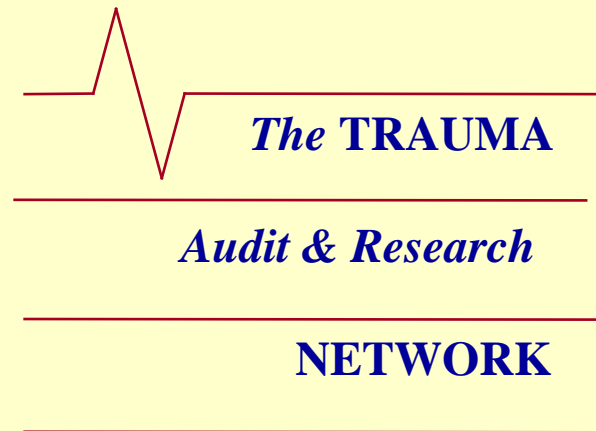


Successful communication of national trauma audit depends on:

- Professional trauma care standards
- agreement of clinicians
- clear Benchmarks & Reports

- an independent, non-political organisation
- with trust & respect
- without barriers
- a high level of interpersonal skills
- strong collaborations

- **NON judgemental**



✓ accurate data, understand Standards, interpret feedback, improve care

National Reports of Trauma Care

1988: Royal College of Surgeons

Proposals for change



2000: RCS / BOA

Standards of trauma care



2006: NICE

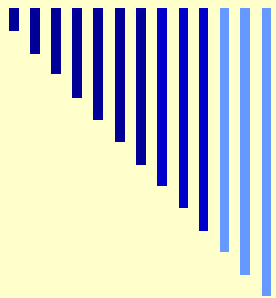
Guidelines for Head Injuries



❖ 2007: NCEPOD

48 recommendations





The Role of *The Trauma Audit & Research Network*

- ✓ ensure Quality Data coordination
- ✓ provide regular and informative Feedback with adherence to Benchmarks & Standards
- ✓ maintain a statistical base to support clinical governance
- ✓ offer responsive local reports & specific local projects
- ✓ publish National reports to inform the planning of trauma services



Raising Questions:

- Local change implementation?
 - How to address outliers?
 - What is made public?
 - How is the information made public?
-



National Forces

- anonymous audit no longer acceptable
 - openness to public scrutiny to drive up standards of care
 - the need to address poor performance
Bristol Inquiry (2001)

 - Commissioning
 - Revalidation
 - Regulation of Foundation trusts
 - HCC (CQC) & HIW
-



Publication of Standards of Trauma Care Background

- **Anonimised Analysis to 2004**
to TARN staff
individual Trusts
 - **Outliers**
concern from TARN Executive about
poor performers
-



Gaining Agreement

Trauma outcomes de-anonymised to the public and all hospitals for 1st time in England & Wales

- **Hospital De-anonymisation**
member Hospitals de-anonymise themselves to TARN
 - **Outliers**
Poor performers identified to TARN
 - **Next Steps: De-anonymise data publicly?**
How to publish & where to publish?
-

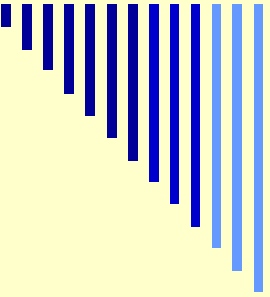


Managing Outliers

- **Identify** those who consistently underperform
- **Quality Assessment** identify unexpected deaths, work with hospital through honorary contracts to review notes, re-code, re-analyse
- **Outcome:** True representation?



Report to The Healthcare Commission/
Health Inspectorate Wales



Tackling the Issues of publication

- Ensuring the collaboration of member and non member hospitals
 - How to present outcome data in an understandable format and in a sensitive manner
-



Website: Key Messages

- Publication of the rates of survival for patients who have been injured across England and Wales.
- Provides information about the benefits of certain kinds of treatment.

De-anonymising hospital performance: Strategy Delivery

- Strategy agreed with HCC and member hospitals
- **September 2006**
Hospital correspondence (all sites across England & Wales)
- **November 2006**
Launch 1: Demonstration pages - secure area of website only
- patient & public group collaboration
- **January 2007**
Launch 2: 'Standards of Care' – True data (secure area of website only)
- **July 2007**
Launch 3: revised website and re-analysis (secure area of website only)
- **August 20th 2007**
Launch 'standards of care' to public

'developing effective care
for injured patients through
process and outcome analysis'



[home](#) [introduction](#) [how to join](#) [feedback](#) [resources](#) [training](#) [TARNlet](#) [Regional TARN](#) [euroTARN](#) [research](#) [contact us](#) [standards of care](#) [log in](#)

Welcome to the Trauma Audit & Research Network

Every year across England and Wales, 10,000 people die after injury. It is the leading cause of death among children and young adults of 44 years and under. In addition, there are many thousands who are left severely disabled for life.

Our foundation in research and our highly skilled team ensures that we provide accurate and relevant information to help Doctors, Nurses and Managers improve their services.

Links to the 'Standards of Care'

**Standards
of Care**

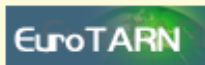


View the standards of trauma care across
England and Wales

TARN is supported by:



TARN Research Groups:



EDCR Log-In

Please log in here to
access the 'EDCR System'

Username

Password

Log in

[Forgotten my password?](#)

If you do not have a password
and feel you should have one,
then please contact us at
support@tarn.ac.uk



‘developing effective care
for injured patients through
process and outcome analysis’

- Standards of Care
- Trauma Care
- Information for Hospitals
- Information for Patients
- Accessibility
- East of England
- East Midlands
- London
- North East England
- North West England
- South Central
- South East Coast
- South West
- West Midlands
- Yorkshire & Humber
- Wales
- Evaluation Form
- Feedback
- Useful Links

Information for Patients

This website tells you what we know about the rate of survival for patients who undergo treatment of their injuries in England and Wales. You can use this website to look up a particular hospital and find out what percentage of their patients leave hospital alive after being injured compared to those expected to survive.

You can also find out whether the rate of survival is within the range that we would expect, taking into account the type of patients treated and how old the patients are before their injury. We continually assess the quality of care across England and Wales and you will be reassured to know that doctors themselves use this information to monitor the services they provide and to understand how they compare to other hospitals.

The website has been designed in collaboration with patients. It is intended to provide useful information about care of the injured:

- [Why we assess the quality of care for different types of injury](#)
- [How to read the rates of survival on this site](#)
- [The yearly figures for the rates of survival](#)
- [The breakdown rate of survival](#)
- [How patients and the public have been involved in the development of this site](#)
- [How good are the data we use?](#)
- [Quality Assurance](#)



‘developing effective care for injured patients through process and outcome analysis’

- Standards of Care**
- Trauma Care
- Information for Hospitals
- Information for Patients
- Accessibility
- East of England
- East Midlands
- London
- North East England
- North West England
- South Central
- South East Coast
- South West
- West Midlands
- Yorkshire & Humber
- Wales
- Evaluation Form
- Feedback
- Useful Links

Survival rates of major injury for patients who have been admitted to hospital

To review expected survival rates across England and Wales, or your own area, use the navigation menu on the left hand side of this page.

The Trauma Audit and Research Network, the independent monitor of trauma care in England and Wales, is committed to making a real difference to the delivery of the care of those who are injured. One of the ways we do this is by promoting improvements in care through national comparative clinical audit.

The information on this website has been collected from many hospitals that treat patients with injury in England and Wales. Other hospitals, which do not currently collect this information are also listed for completion. It shows information about rates of survival after injury in patients admitted to hospital. Please use the hyerrlinks below for further information upon this page:

- [Presenting rates of survival](#)
- [Adjusting for risk](#)
- [The Yearly Figures for Rates of Survival](#)
- [The Breakdown Rate of Survival](#)
- [Standards of Care](#)
- [How good is the data we use?](#)
- [Quality Assurance](#)

Detailed Explanation of Ps04



‘developing effective care for injured patients through process and outcome analysis’



home introduction how to join feedback resources training TARNlet Regional TARN euroTARN research contact us standards of care log in

Standards of Care

- Trauma Care
- Information for Hospitals
- Information for Patients
- Accessibility
- East of England
- East Midlands
- London
- North East England
- North West England
- South Central
- South East Coast
- South West
- West Midlands
- Yorkshire & Humber
- Wales
- Evaluation Form
- Feedback
- Useful Links

Trauma Care in England and Wales

Every year across England and Wales, 10,000 people die after injury. It is the leading cause of death among children and young adults of 44 years and under. In addition, there are many millions of non-fatal injuries each year.

Understanding the benefits and the risks associated with different types of treatment is important for all patients. However it is not generally appreciated that there are variations in the success of treatment in different regions. We are working to improve care.

Accessing hospital from region

This website was developed by the Trauma Audit & Research Network to help patients who have been injured. The Healthcare Commission, the independent regulator of healthcare in England and Wales has advised The Trauma Network on the design of the website using the Heart Surgery Website as a model. The Healthcare Commission are also committed to driving improvements in the quality of both the NHS and independent healthcare services and to making sure that patients are at the centre of everything they do.

The website provides, for the first time, important information about the rates of survival for patients who have been injured and treated at different hospitals across England and Wales. It also provides information about the benefits of certain kinds of treatment.

How to use this information

To read more about this website and to review survival rates at different hospitals, [continue here](#)

To interpret the information on this site, please go to [Information for Patients](#)

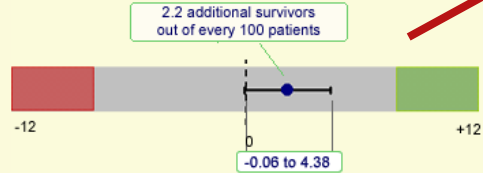
Hospital Name	Completeness of Data	Data Accreditation
Chesterfield Royal Hospital NHS Foundation Trust Chesterfield Royal Hospital	No Data	No Data
Derby Hospitals NHS Foundation Trust Derbyshire Royal Infirmary	✓✓✓✓	95.4%
Kettering General Hospital NHS Trust Kettering General Hospital	No Data	No Data
Northampton General Hospital NHS Trust Northampton General Hospital	✓✓✓✓	95.4%
Nottingham University Hospitals NHS Trust Nottingham University Hospital	✓✓✓✓	94.8%
Sherwood Forest Hospitals NHS Trust Kings Mill Hospital The Newark Hospital	✓✓	96.4% No Data
United Lincolnshire Hospitals NHS Trust Grantham and District Hospital Lincoln County Hospital Pilgrim Hospital	✓✓✓	95.8% 95.7% 92.7%
University Hospitals of Leicester NHS Trust Leicester Royal Infirmary	✓	95.6%

Completeness of Data

Data Accreditation

Rate of Survival at this Hospital

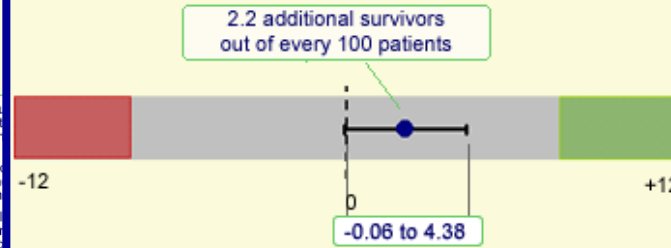
Between January 1st 2003 and December 31st 2006:



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 are 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 95% Confidence Interval. Please refer to the 'Survival Rates' page for further information.

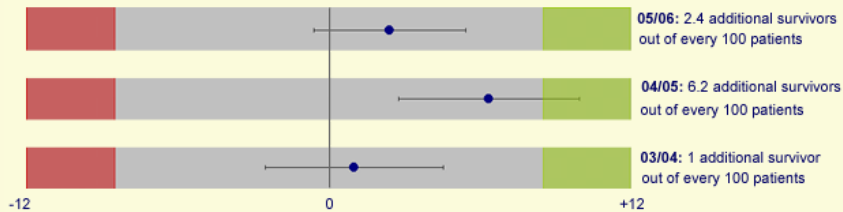
Rate of Survival at this Hospital

Between January 1st 2003 and December 31st 2006:



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 95% Confidence Interval. Please refer to the 'Survival Rates' page for further information.

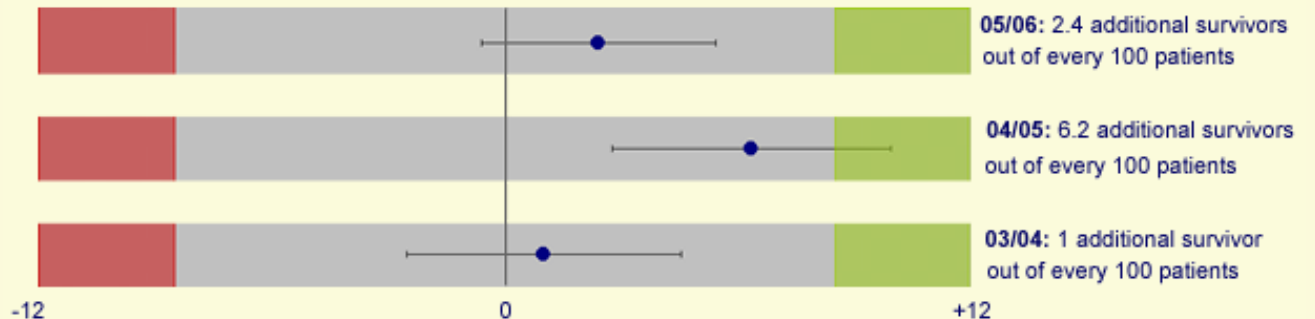
Rate of Survival at this Hospital: Yearly Figures



Rate of Survival Breakdown at this Hospital

Survival Band (%)	Number in Group	Expected Survivors	Actual Survivors	Difference
95 - 100	312	308	308	0.0
90 - 95	65	59	63	5.7
75 - 90	41	35	36	2.0
50 - 75	9	6	6	0.9
25 - 50	8	3	5	23.7
0 - 25	3	0	1	25.2
Total	438	412	419	1.7

Rate of Survival at this Hospital: Yearly Figures





Standards of Trauma Care

□ **Injuries to the Brain & Skull**

- Time to CT
- Transfer to Neurosurgical centres

□ **Injuries to the Spine**

- Transfer rates of unstable spinal injuries

□ **Injuries to the Chest**

- Most senior Cardiothoracic clinician attending patient

□ **Injuries to the Limbs & Pelvis**

- Time to theatre for open limb injuries
 - Most senior Surgeon attending to patient
-

Open Limb Injuries

Injuries to the Limbs & Pelvis

Soft Tissue & Skeletal Injuries - Open Limb Injuries

A full excision should be performed by the consultant surgeon within six hours of injury.

Reduction and stabilisation of the fracture with internal or external fixation (as appropriate) should be achieved at that primary procedure.

RCS/BOA Standard 13.5

Hospital: John Radcliffe Hospital

Number of patients with open limb injuries: 53
admitted between January 2003 and December 2006

Time to Theatre

John Radcliffe Hospital

4.42 hrs.

National Database

5.67 hrs.

Grade of Orthopaedic Surgeon

treating patients with Open Limb injuries

Grade of Doctor	Number of patients seen	National Database
Consultant	49 (92 %)	1442 (41 %)
SpR	4 (8 %)	1238 (35 %)
SHO/Other	0 (0 %)	356 (10 %)
Grade not recorded	0 (0 %)	514 (14 %)

SpR* = Includes Specialist Registrar, Registrar, Staff Grade, Associate Specialist and Research Fellow
SHO/Other** = Senior House Officer, Foundation Grades, House Officer and Clinical Assistant

Open Limb Injuries

Injuries to the Limbs & Pelvis

Soft Tissue & Skeletal Injuries - Open Limb Injuries

A full excision should be performed by the consultant surgeon within six hours of injury.

Reduction and stabilisation of the fracture with internal or external fixation (as appropriate) should be achieved at that primary procedure.

RCS/BOA Standard 13.5

Hospital: Northampton General Hospital

Number of patients with open limb injuries: 100
admitted between January 2003 and December 2006

Time to Theatre

Northampton General Hospital

National Database

9.39 hrs.

5.67 hrs.

Grade of Orthopaedic Surgeon

treating patients with Open Limb injuries

Grade of Doctor	Number of patients seen	National Database
Consultant	35 (35 %)	1442 (41 %)
SpR	35 (35 %)	1238 (35 %)
SHO/Other	23 (23 %)	356 (10 %)
Grade not recorded	7 (7 %)	514 (14 %)

SpR*= Includes Specialist Registrar, Registrar, Staff Grade, Associate Specialist and Research Fellow
SHO/Other**= Senior House Officer, Foundation Grades, House Officer and Clinical Assistant

Standards of Care

- Trauma Care
- Information for Hospitals
- Information for Patients
- Accessibility
- East of England
- East Midlands
- London
- North East England
- North West England
- South Central
- South East Coast
- South West
- West Midlands
- Yorkshire & Humber
- Wales
- Evaluation Form
- Feedback
- Useful Links

Injuries to the Chest

Cardiothoracic Injuries

Examination of the chest is a fundamental component of the cardiopulmonary assessment of the seriously injured and should be supervised by the most experienced clinician.

RCS/BOA Standard 13.3

Hospital: John Radcliffe Hospital Number of Patients: 166
admitted between January 2003 and December 2006

Most Senior Doctor treating patients with Cardiothoracic injuries

Grade of Doctor	Number of patients seen	National Database
Consultant	128 (77 %)	2108 (43 %)
SpR	33 (20 %)	1598 (32 %)
SHO/Other	2 (1 %)	976 (20 %)
Grade not recorded	3 (2 %)	263 (5 %)

SpR* = Includes Specialist Registrar, Registrar, Staff Grade, Associate Specialist and Research Fellow
SHO/Other** = Senior House Officer, Foundation Grades, House Officer and Clinical Assistant



Why we assess the quality of care for different types of injury:
Injuries to the Chest

Chest injuries are often difficult to assess and require skilled recognition of life threatening injuries to the heart and lungs which require immediate action. For this reason it is important that a senior doctor (above the level of Senior House Officer) is present in the team assessing the patient when they arrive in the Emergency Department.



Strategy Outcome

- **Strategy Management**
 - not a 'Name & Shame' exercise
 - keeping everyone in the loop
 - **Maintaining Strong Collaborations**
 - overwhelming response from all hospitals
 - increase in backlog assistance
 - **Media Response**
 - minimal but positive
-

- News
- Events
- Search
- NHS Wales Directory
- Job Vacancies
- Careers
- What is NHS Wales?
- Personal Healthcare
- Public Health
- Health Watchdog
- Continuous Improvement
- Health Statistics
- Health Publications
- e-library for health
- Links

Home > News Archive > New figures reveal more trauma patients are being saved at Morryston Hospital

News: New figures reveal more trauma patients are being saved at Morryston Hospital

21 August 2007, Swansea NHS Trust

New trauma survival rates, made possible by the introduction of a new trauma unit at Morryston Hospital, are higher than elsewhere in Wales. The figures show that between 2003 and 2006, 869 patients survived serious trauma at Morryston Hospital.

The statistics also showed that 2.7% of patients died in hospital.



Jobfinder Propertynews Drive My Ideal Date Search

Cambridge Evening News Online

LET GO OF ALL YOUR FEARS & PHOBIAS

- CEN News
- News Home
 - City, Royston & Saffron Walden
 - Ely
 - Huntingdon & St Ives

Emergency staff 'simply the best'

Neuro Rehabilitation
Patient centred rehabilitation for head injury & neuro conditions
www.neurorehab.org.uk

SERIOUSLY injured people taken to the accident and emergency department at Addenbrooke's Hospital are less likely to die than those sent to other hospitals in the region.

New figures show that the A&E department is the best in the East of England, and one of the best in the country.



The A&E staff have been named as the best emergency department in East Anglia

the University of Manchester's Accident and Research Network found that the number of patients who died from trauma, compared with the number expected to survive.

In 2005 and 2006 Addenbrooke's had 55 survivors out of every 100 patients, more than were expected.

In 2003-2006, whereas many other hospitals had additional deaths in the region, Addenbrooke's had 55 additional deaths out of every 100 patients.

The time taken to arrange a CT scan for injury patients is better than the national average, and chest X-rays are more likely to be seen by senior medical staff.

Dr Chris Harris, consultant in emergency medicine at Addenbrooke's, said he was delighted these figures show we are providing an excellent service.

The unit deals with 230 people in A&E every day. It's the most common way

- Also in section
- Trip a hit despite blizzard
 - Ticket blun
 - Traders cu
 - soggy sun
 - Stars caus
 - ripple on r

Online Poll

Will gueson images on cigarette packets encourage people to give up smoking?

No Yes

OXFORD MAIL

Anglian Home Improvements Up to 30% off & more

- Home
- News
- Oxford United
- Sport
- Jobs
- Homes
- Cars
- Leisure
- Events
- Video & Audio
- Picture Galleries
- Community
- Business

Newsletter Site Map Search

Trauma unit is top performer

By Victoria Owen

Patients at Oxford's John Radcliffe Hospital trauma unit have some of the best chances of survival in the country, a new report has revealed.

The study, by the Trauma Audit and Research Network, based at Manchester University, shows that the Headington hospital has the second-highest trauma patient survival rate in England and Wales.

Comment | Read Comments (1)



QUALITY CARE: Prof Keith Willett at Oxford's John Radcliffe Hospital



Post Publication

Real-time Automation of Standards of Care

System adapted to automate analysis for:

- All current standards & outcome analysis
 - Adapted to integrate new standards
 - Hospitals to amend their own profile
 - Analysis updated quarterly
-



National audit findings can be communicated through.....

- National professional standards
- agreement of clinicians
- clear Benchmarks & Reports

- an independent, non-political organisation
- with trust & respect
- without barriers
- a high level of interpersonal skills
- strong collaborations

- NON judgemental

Discuss



Acknowledgements

- TARN staff
 - Executive Committee and Board
 - Clinicians and data co-ordinators at TARN participating hospitals
-