

Trauma PI Goal: Reduce the Frequency that Trauma Patients are Transported to Level I Trauma Centers after Admission to Level IV Trauma Center

Data source: ASTR 2010 and 2011

One method for assessing trauma system performance is to evaluate whether the right patient is being treated at the right facility in the right amount of time. Depending upon the severity of injury, some patients should be evaluated and admitted at level IV trauma centers if that facility has the resources necessary to address the likely needs of that patient. Other patients should be stabilized by the staff of the level IV trauma center while simultaneously arranging for transportation to a level I trauma center. It is predictable that on occasion a patient that is admitted to a level IV trauma center will require transfer to a higher level of care. These events must be critically evaluated as a part of the facility and system performance improvement process.

Arizona Baseline: Reduce the Number of Trauma Patients Transported to a Level I TC (3.5 per year) or to another Non-TC (5 per year) after Admission to a Level IV TC.

How to read this tool: Table 1 describes the group of patients who, after first being admitted to a level IV TC are later transferred to a level I TC or another non-TC. It describes their age, length of stay in both the ED and in the hospital, the severity of their injuries and the cause of their injury.

Table 1			
ASTR 2010 and 2011	Admitted to a Level IV and Later Transferred N = 17	Transferred to Level I Trauma Center N = 7	Transferred to Non-Trauma Center N = 10
Age (Median)	72	41	81.5
ED LOS- Hours (Median)	3	2.4	3.2
Total LOS- Days (Median)	1	1	1
ISS (Median)	9	9	7
Cause			
Falls	8	1	7
Cut/Pierce	2	2	-
Struck by/Against	2	2	-
Motor Vehicle Traffic	1	1	-
Firearm	1	-	1
Overexertion	1	-	1
Unspecified	1	-	1
Not elsewhere classifiable	1	1	-