

New Zealand is on the cusp of achieving a contemporary system for managing major trauma patients. While there are areas with established formal trauma systems, until now there has been no concerted effort to implement best practice consistently across the country. This update highlights the progress of the national programme to implement a contemporary trauma system in NZ.

Highlights

1. Out-of-hospital destination policy

On 27 March 2017 the two ambulance services in NZ started implementing the nationally consistent out-of-hospital triage policy and regional destination policies. These policies encompass all major trauma and incorporates previous work undertaken for Acute Spinal Cord Injury and burns.

The intent is to ensure patients with major trauma are taken to a hospital which can best provide definitive care, where feasible.

This policy brings us into line with other jurisdictions internationally. We envisage it will impact around 200 patients per annum nationally, and we would like to see the same benefits realised elsewhere of increased survival of trauma patients, and improved long-term burden of injury.

A review of the policy will be undertaken at 6, 12 and 18 months.

2. NZ – Major Trauma Registry

The NZ-MTR started formally on 1 July 2015 and is hosted by Waikato DHB on behalf of the country. In 2015-16 all North Island DHBs contributed data which analysis showed:

- 9% in-hospital case fatality rate is consistent across each region. This rate is similar to our jurisdictions but not as good as the 6% case fatality rate amongst the best performers
- The incidence rate and age patterns are within expected ranges

- Maori have nearly twice the incidence as non-Maori, signalling a focus for further work
- Road traffic crashes account for 50% of all major trauma

The findings provide reassurance that the data uploaded is consistent with what we would expect.

The key areas of work signaled for improvement are:

- Increased collection of ETOH levels
- Shorter time to CT scan especially for patients with traumatic brain injury
- Greater understanding of trauma in Maori

By the end of 2016-17 all South Island DHBs will also have data collection in place and in time will give us a true national picture of trauma in NZ. We are developing a case for a business intelligence tool to enable DHBs to interrogate their own data and for the national network to set performance measures.

3. ACC Incentive

ACC allocates \$80K per year which is distributed pro rata based on the number of entries to the NZ-MTR. The regional networks have agreed to use these funds to support the trauma education of nurses and other clinical staff. To date nearly 50 nurses have been supported to attend trauma conferences, AIS training and trauma courses.

4. Long-term planning

Now the start-up phase is largely completed we are preparing a long-term strategy which will drive our work program over the next 5 years. This will include aspects such as transforming the data into information, collaborating with the Australian Trauma Registry, identifying interesting initiatives which we think will work well in NZ, and building the capacity and capability of the workforce and infrastructure across the country.

With continuing support from our sponsors, ACC and MoH, we expect to consolidate the gains made and ensure a sustainable, funded future for the benefit of trauma patients and the health system.