WHAT ARE THE CHARACTERISTICS OF FIELD TRAUMA TRIAGE "BYPASS FAILURES" IN AN INTEGRATED, INCLUSIVE PROVINCIAL TRAUMA SYSTEM?

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Background

The NB Trauma Program introduced Field Trauma Triage (FTT) Guidelines to all paramedics in New Brunswick in 2010. Data related to the performance of Field Trauma Triage is captured in the NB Trauma Registry. This study aimed to characterize those patients for whom there was evidence of a FTT activation, but who did not bypass a Level V designated facility despite having documented bypass-qualifying criteria in the prehospital setting.

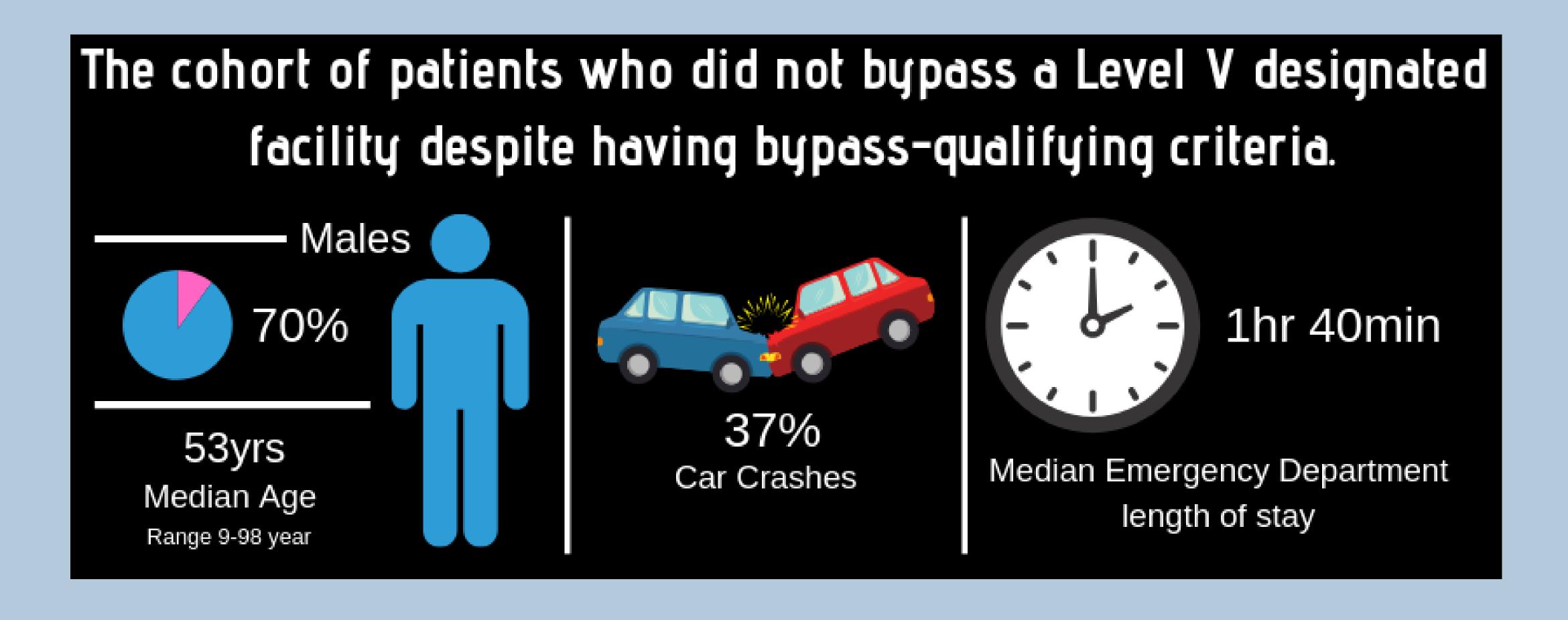


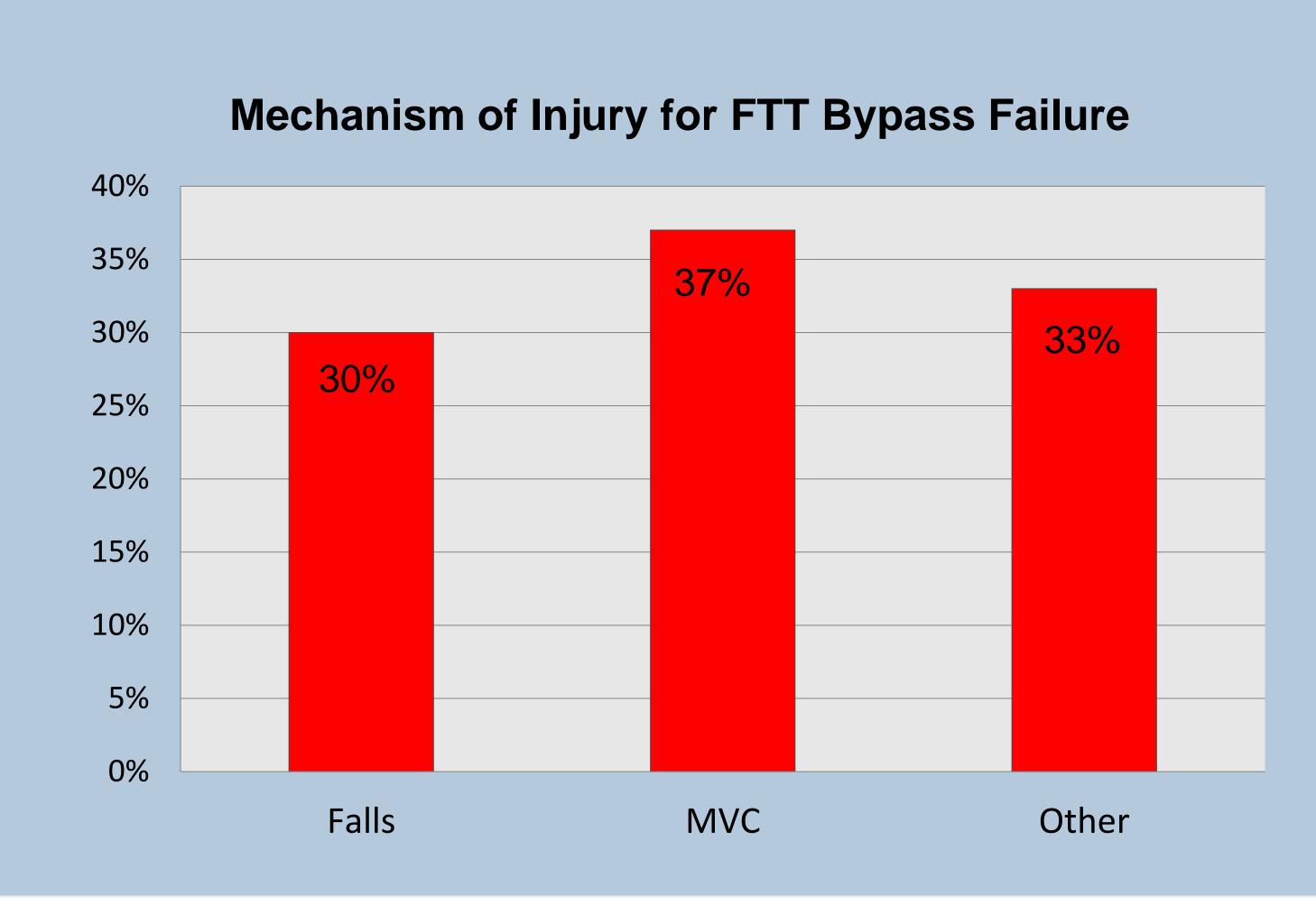
Method

As part of our regular case review process, nurses working with the NB Trauma Program assess prehospital data and assign quality filters related to FTT at the case level. This allows identification and review of cases that should have bypassed a Level V designated centre but did not. We extracted and described the characteristics of these "bypass failure" patients for cases presenting between April 1, 2014 and March 31, 2017 that were subsequently transferred to a higher level trauma centre.

Results

A total of 30 cases were identified during the study period where bypass failure was deemed to have occurred, as compared to 475 cases of FTT activation with hospital bypass occurring as expected (5.9% bypass failure rate).





Conclusion

Field Trauma Triage remains an integral component of the NB Trauma Program. When applied as expected, FTT helps to demonstrably reduce time to definitive care and Emergency Department LOS. Users of the FTT guidelines in New Brunswick are encouraged to note the characteristics of patients more likely to result in unexpected bypass failure. This would allow educational support to be developed and implemented to ensure future capture and resulting bypass for similar patient presentations.

