

The Trauma Audit & Research Network
Trauma Unit Dashboard: Common Data misses: Produced April 2020

| Dashboard Measure | Top Data Misses | Review Suggestion |
|--|---|---|
| TU 01 - Quality of patient data submitted to TARN | Ambulance Call details | Pre-hospital system |
| TU 02b - All TARN eligible patients submitted within 40 days of discharge or death | Not applicable | |
| TU 03 - Proportion of patients meeting NICE head injury guidelines that receive CT scan within 60 minutes of arrival at TU | CT date and times missing or mis-recorded | Hospital imaging system: Helpful to have clear guidance about which dates & times to use (a local process that needs to be confirmed with imaging, dependig on which imaging system is in place) |
| TU 04 - TUs administer Tranexamic Acid within 3 hours of incident to patients that receive blood products within 6 hours of incident | Incident date missing/TXA date & time | ATMIST and ePCR |
| TU 05a - TUs deliver Consultant led trauma teams within 30 minutes with Pre-Alert and/or Trauma Team and ISS > 15 patients | Grade of Doctor missing or entered as N/K & missing time of attendance | Use: Trauma booklets, ED system; confirm grades via hospital directory; check with rota office. Caution: Hospital directory is not always accurate for Junior Doctors |
| TU 05b - TUs deliver Consultant led trauma teams within 30 minutes for patients with ISS > 15 | Grade of Doctor missing or entered as N/K & missing time of attendance | See TU05a |
| TU 06a - TUs deliver grade STR 3 or above led trauma teams on arrival for Pre-Alert and/or Trauma Team patients | As above - also incorrectly flagged as Trauma Team or pre-alert | See TU05a |
| TU 06b - TUs deliver grade STR 3 or above led trauma teams on arrival | Grade of Doctor missing or entered as N/K & missing time of attendance | See TU05a |
| TU 07a - Rapid access to specialist MTC care - patients transferred to MTC within 12 hours of referral request | Date and Time of transfer request missing or different from MTC record | Confirm with MTC: Check Referral paperwork (easier if this an electronic system) or check with trauma coordinators |
| TU 08 - Proportion of patients with GCS <9 with definitive airway management within 30 minutes of arrival in ED | GCS incorrectly recorded or missing / Airway support missing times | Use: patient notes/ trauma booklets |
| TU 09 - Proportion of directly admitted patients receiving CT scan within 60 minutes of arrival at TU | CT date and times missing or mis-recorded | See TU03 |
| TU 10 - Proportion of patients with an ISS of more than 8 that have a rehabilitation prescription completed | Re-habilitation details not recorded | Use Hospital notes for RP or rehabilitation entry/check electronic e-RP/e-discharge paperwork/check with therapists or rehabilitation coordinators |

General Tips

- 1 - All interventions and investigations should always have a date /time recorded
- 2 - All attendants recorded should always have a date /time/Grade recorded
- 3 - Check all handover points for correct date and time entry
4. Check arrival dates and times are correct and make sense - e.g. Hospital arrive time not before incident
- 5 - All operations procedures need to be checked for completeness - dates/times and all grades and speciality's correctly logged
6. Check arrival dates and times are correct and make sense - e.g. Hospital arrive time not before incident



Imaging Tips

1. Times to x-ray: Take from Trauma booklet if there is one and from Imaging system if there isn't one.
2. Times to CT: Take from imaging system (not the trauma booklet). Please don't take CT times from CRIS as these are not accurate but times for X-rays can be taken from CRIS.
3. For the Provisional Report Time use first recorded time not the verified time.
4. The Report review time will usually be written in the report.
5. Remember: We only need to record reviews done by consultants.

How to use this guidance

Dashboards are produced for the qualifying Hospitals by TARN. These reports provide information and analysis information for the Hospitals to help them to manage and monitor performance.

As the Dashboard validation period is no longer operational, this guidance document has been prepared at the request of Network Managers, by reviewing and analysing the most previously requested submission amendments from across the TU community over the previous quarters.

This document highlights some common data areas to review and potentially address **PRIOR TO DISPATCH TO TARN**, that may help to improve future Data quality and completeness of your hospitals TARN submissions.

It is not intended to replace training but as an aide to review the most common data quality misses and guide process improvement activity.

When reviewing the Dashboards you should also refer to the Dashboard support document available in the resources section of the TARN website.

Remember that the onus is on the Hospital to ensure the data is as accurate as possible prior to dispatch to TARN.