

Trauma Domain: Atlas of Healthcare Variation Health Quality & Safety Commission

What is the aim of the Atlas of Healthcare Variation?

The Atlas of Healthcare Variation aims to prompt discussion within the health and disability sector about unwarranted variation in the provision of health services, and to stimulate changes that lead to improvements.

What are injury cases?

Injury is the leading cause of lost years of life in people under aged 45, with car crashes and falls the major cause of injury in this country. Injury is defined as physical trauma and excludes such things as poisoning, hanging and drowning.

How will this information help with managing trauma cases?

It is important DHBs understand how trauma is being managed across New Zealand so they can better assess their own performance, including make changes where needed to improve the consistency, quality and access to treatment.

How does New Zealand's rate of deaths from major trauma compare with overseas countries?

The definitions used for data presented in this atlas are not directly comparable with injury data reported elsewhere. Data from the World Health Organization¹ reported that 21.6 people out of 100,000 people in New Zealand died from an unintentional injury in 2012. This death rate is lower than the United States (26.2/100,000 people) but higher than Australia (16.4/100,000), Canada (19.5/100,000) and the United Kingdom (14.6/100,000).

What were the differences in trauma deaths rates between DHBs?

No significant variations in death rates were reported between DHBs.

What are we doing in New Zealand to improve trauma treatment?

In 2012 the Ministry of Health and the Accident Compensation Corporation established the Major Trauma National Clinical Network. This network helps to ensure a consistent approach to providing trauma services across New Zealand. A national trauma database called the New Zealand Major Trauma Registry has been developed. A minimum dataset that all DHBs will collect for major trauma has been agreed.

The registry will allow those looking at improving the quality of injury treatment to assess their own performance, identify opportunities for quality improvement and then measure the effectiveness of subsequent quality improvement initiatives.

As the registers evolve, additional quality measures will be able to be explored, allowing for further quality improvement activity.

In this Atlas, major trauma registry data was available for analysis from seven of the 20 district health boards covering 52 percent of New Zealand's population.

It is hoped that the atlas will challenge more DHBs to establish their own registers and participate in evaluating opportunities for improvement.

¹ Age standardised death rate data from <http://www.who.int/gho/en/>.