

Uniform Trauma ID Bands- What's the Problem?

Michael Sutherland, MD, FACS
University of Arkansas for Medical Sciences
Arkansas State COT Chair



AMERICAN COLLEGE OF SURGEONS
*Inspiring Quality:
Highest Standards, Better Outcomes*



Why would I want this?

- If you could have a unique identifier that allowed you to link a patient through the continuum of care would that interest you?
 - Scene Information from Highway Patrol
 - Pre-hospital Records
 - Initial Hospital Care
 - Transfer Transportation
 - Tertiary Hospital
 - Post Acute Care

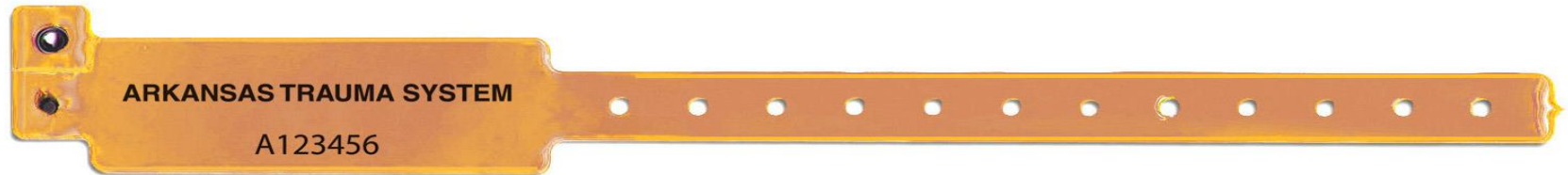
What do I do with a trauma band?

- Applied to any patient with a suspected trauma
 - Regardless of severity or mechanism
 - At any entry point to the trauma system
 - Set an expectation of over-banding
- Minimum criteria for banding:
 - Arrive via ambulance
 - Secondary transports
 - Admissions
 - Disposition to OR

Ok, so they have a band how does that help?

- We create unique identifier fields in all of the registries
 - Traffic Accident Reporting System
 - EMS Patient Care Reporting System – flows to EMS Registry
 - Hospital Trauma Registry
 - Post Acute Care Registry
- Provides a unique identifier that allows direct linkage of records
 - Eliminates the need for propensity matching
 - Allows care to be tracked from the scene to post acute care
 - Outcome linkages are readily available

How Does it Work?



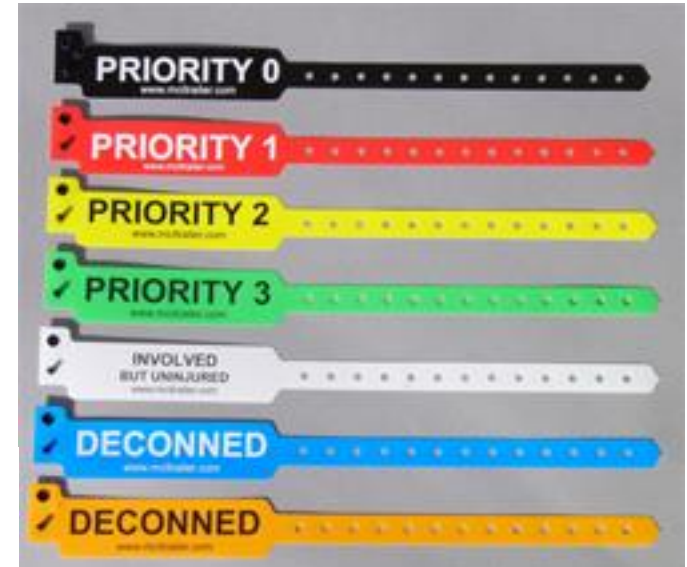
- Alpha-numeric code on each band
- Supplied to all hospitals and pre-hospital providers
- Durable vinyl material and brightly colored
- Left in place through discharge
- Numbers documented in Registry

How does this help me as a Trauma Surgeon?

- Patient identifier for the Trauma Call Center
 - Scene patients
 - Transfers
 - Call back identifier to get additional information
- Patient identifier for the Trauma Image Repository
- Unique identifier to keep track of multiple transfers
- Allows for improved access to data for research
- Links charts for PI or Preventative Mortality Evaluation

This seems complicated....

- We use arm bands all the time
- Familiar process
- Short learning curve
- Mandatory field in the registries



But what about....

- How expensive this must be?
 - Each band is less than \$0.04
- It will take forever for everyone to get on board with this.
 - Learning curve was about a year in Arkansas
- I just can't see the utility for the amount of effort.
 - Easier for hospitals to get run reports
 - Easier to do PI
 - Decreases the incidence of the programs missing a patient
 - Able to tie initial EMS performance to outcomes
 - Improves ability to provide feedback to EMS and outside hospitals

So What's the Problem?

- Inexpensive to implement
- Accurate linkage that:
 - Ties databases together
 - Creates unique identifier for PI
 - Creates traceability for research
- Leverages the data already collected to allow for analysis of the full spectrum of care.

So the better question may be...

Why aren't you using this simple yet powerful tool in your trauma system?