

# Association between trauma severity models and opportunities for improvement: A retrospective cohort study

Victoria Witthoff

## Abstract

## Background

## Methods

## Results

## Conclusion

## Introduction

## Methods

## Study design

## Setting

## Participants

## Variables and data sources/measurements

## Bias

## Study size

## Quantitative variables

## Statistical methods

## Results

	Opportunity for improvement	No opportunities for improvement
	(N=127)	(N=9)
Age (years)		
Median (Min, Max)	59 (15, 102)	59 (22, 91)
Gender		
Male	53 (41.7%)	3 (33.3%)
Female	74 (58.3%)	6 (66.7%)
30 day survival		
Yes	39 (52.7%)	1 (33.3%)
No	35 (47.3%)	2 (66.7%)
Missing	53 (41.7%)	6 (66.7%)
Highest level of care		

	Opportunity for improvement	No opportunities for improvement
Emergency Department	28 (23.1%)	2 (25.0%)
General Ward	33 (27.3%)	3 (37.5%)
Operating Theatre	20 (16.5%)	0 (0%)
High Dependency Unit	22 (18.2%)	2 (25.0%)
Intensive Care Unit	18 (14.9%)	1 (12.5%)
Missing	6 (4.7%)	1 (11.1%)
ISS		
Median (Min, Max)	25 (0, 75)	14 (0, 66)
NISS		
Median (Min, Max)	26 (0, 66)	29 (1, 38)
Dominating Type of Injury		
Blunt	67 (52.8%)	4 (44.4%)
Penetrating	60 (47.2%)	5 (55.6%)
GCS		
Median (Min, Max)	11 (3, 99)	10 (7, 14)
Respiratory Rate		
Median (Min, Max)	27 (3, 99)	22 (3, 54)
Systolic blood pressure (mmHg)		
Median (Min, Max)	137 (40, 285)	168 (57, 232)
ASA score		
1	40 (31.5%)	4 (44.4%)
2	27 (21.3%)	2 (22.2%)
3	30 (23.6%)	1 (11.1%)
4	30 (23.6%)	2 (22.2%)

## Discussion

## Conclusion

## References