

**Effects of Advanced Trauma Life
Support[®] Training Compared to Standard
Care on Adult Trauma Patient Outcomes**
A Cluster Randomised Trial

Aim

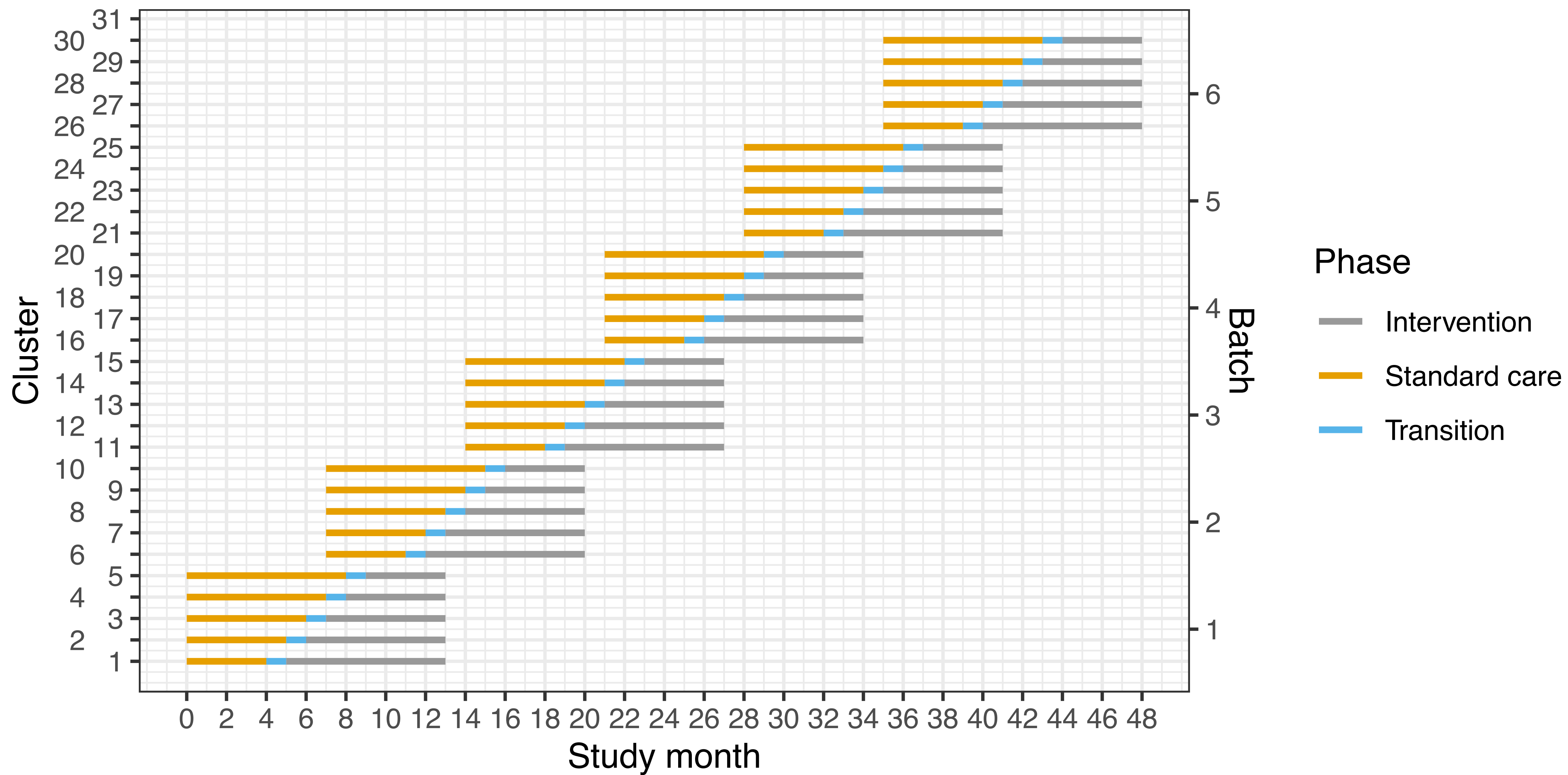
To compare the effects of ATLS® training with standard care on outcomes in adult trauma patients

Design

Batched stepped-wedge cluster randomised controlled trial in 30 hospitals across in India

Power & Sample Size

With 30 clusters and a total sample size of 4320 patients our study has ~90% power to detect a reduction in 30-day in-hospital mortality from 20% under standard care to 15% after ATLS® training.



Estimated Cost

11.7 million SEK

Granted Amount

5 million SEK

What Does This Mean?

- 42% funded
- 100% coverage year 1
- 33% coverage year 2-3

Our Options

- Adapt study to fit granted amount (fewer hospitals, different design)
- Continue as planned with an optimised design and apply for more funding

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Optimise Design

Clusters must meet the following criteria:

- tertiary hospitals;
- baseline admission rate of at least 400 patients with trauma per year or 35 patients with trauma per month for at least the last six months;
- provides general surgery, neurosurgery, imaging and blood banking services around the clock; and
- no more than 25% of **initial trauma care providers** trained in any trauma life support programme.

Optimise Design

The plan was to:

- Train all first- and second-year residents in selected units (one or two per hospital)
- Collect data only on those days when the trained units work

Optimise Design

- Better to train all providers when possible
- “Small” hospitals with high volumes
- Small group of “initial trauma care providers” (CMO/MO?)
- Careful assessment before inclusion

Next Steps

- Finalise study protocol (weekly meetings in December)
- Identify opportunities for parallel and related projects
- Apply for regulatory approvals in India (Health Ministry Screening Committee)
- Identify first batch of hospitals
- Apply for ethical approvals