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Outcomes Of Major Injuries Occurring As A Result Of Road Traffic Accidents In The State Of Queensland In The Year 2001.

Abstract

Background

Road traffic injuries are the second most frequent cause of injury deaths, the fifth cause of premature mortality and the most common cause of major injury in Queensland. Using Queensland Trauma Registry data from two tertiary referral hospitals in South East Queensland in the year 2001, injuries and outcomes of injuries occurring as a result of road traffic accidents (RTA) were analysed. More than two thirds of the patients treated at these hospitals lived outside the boundaries of the Brisbane City Council.

Objectives

- To describe the distribution, determinants and outcomes of RTA-related major trauma in South East Queensland in 2001.
- To compare data on RTA - related trauma and trauma from other causes.
- To describe the measures used to evaluate the management and outcomes of trauma.
- To discuss the opportunities for developing appropriate measures for use in population based research.

Method:

The Queensland Trauma Registry collects data on all cases of injury meeting specific criteria, chief of which is that hospitalisation of 24 hours or more is required for the treatment of the injury. Injuries are coded using the Abbreviated Injury Scale and Injury Severity Scores are calculated. Cases were selected for analysis on the basis that the external cause of injury was classified as a road traffic accident. Data were collected on demographic details of the injured person, the injury and circumstances of the injury, management of the injury, hospital service utilisation and injury outcome.

Results

Of 597 cases treated for major injuries, 270 (45%) cases were treated for major injuries as a result of a road traffic accident at the two major referral hospitals under study. Most injuries occurred in motor vehicle drivers or passengers, with motorcycle riders and pedestrians the next most common categories of road traffic accident. Compared with major injuries from other causes, Injury Severity Scores and the length of hospitalisation (including time in Intensive Care Units) were greater for individuals with major injuries occurring as a result of RTAs. The mean age of these patients was lower than for those with injuries from other causes; they were less likely to meet performance indicators for care; and more likely to require rehabilitation.

Conclusions and recommendations

Injuries occurring as a result of road traffic accidents result in a major cost to the individual, health care system and society generally. The use of standardised measures is mandatory if we are to provide valid information on the outcomes and management of all patients treated for major trauma.

Such information is critical for practice improvement and for the development of national benchmarks for trauma care.

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