CHALLENGES IN TRIAGING AND TRANSFERRING MAJOR TRAUMA PATIENTS: PERSPECTIVES OF ED PHYSICIANS IN FOUR CANADIAN REGIONS

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Objective: To describe challenges experienced by ED physicians in triaging and transferring major trauma patients, and compare these experiences by region, urban/rural location, and physician certification (EM-certified vs. Other, mainly family physicians).

Rationale/Background: As a result of the geographic distribution of designated trauma centres, nearly half of all patients who reach a trauma centre are first cared for at a non-designated hospital. Research demonstrates a higher risk of death in rural emergency departments, and indicates significant delays in transferring patients to designated trauma centres. In this study, we explore ED physician perspectives on barriers to providing optimal care and timely transfer for trauma patients.

Methods: A survey of 465 ED physicians was conducted in 2011-2012 in British Columbia, Alberta, Ontario, and the Atlantic Provinces, to understand physicians’ knowledge, attitudes and practices related to the triage and transfer of major trauma patients. The survey included some open-ended items which gave participants the opportunity to explain in greater detail about the main challenges faced in evaluating and managing major trauma patients, and barriers to timely transfer of patients to trauma centers. Qualitative responses were coded and analyzed thematically; responses were also compared by region, urban/rural location, and certification status. Descriptive data on physician satisfaction will also be presented.

Results: Major barriers to evaluating and managing trauma patients were lack of staff or resources at the receiving hospital, lack of experience with major trauma, and the need to manage patients for long times while waiting for transport. The main barriers to timely transfer of patients included limitations of the EMS/transport system, bureaucracy and delays with the provincial trauma referral system, and challenges getting patients accepted at trauma centres. Responses varied greatly by province/region, by urban/rural status, and to a lesser extent, by physician certification. Overall, Alberta ED physicians reported the fewest barriers and highest satisfaction with the trauma system.

Conclusions: ED physicians identified a number of specific systems factors that impede optimal care for major trauma patients. These findings can be used to improve trauma systems.

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