

severity, physiological reaction to injury, physiological reserve and transfer status, neither material (OR 0.97, 95% CI 0.94 to 1.01) nor social deprivation (OR 1.02, 95% CI 0.99 to 1.06) were associated with hospital mortality. This study suggests that in an inclusive trauma system with free access to health-care, disparities in SES across source populations should not lead to biased trauma centre mortality evaluations, providing an adequate risk adjustment strategy is used.

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**THE INFLUENCE OF SOCIOECONOMIC DISPARITIES
ACROSS SOURCE POPULATIONS ON THE RESULTS OF
TRAUMA CENTRE PERFORMANCE EVALUATIONS IN
A CANADIAN TRAUMA SYSTEM**

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The evaluation of acute trauma care is essential to the effort of alleviating the societal burden of injury. Trauma centre performance evaluations generally include adjustment for anatomic injury severity, physiological reaction to injury, physiological reserve and transfer status. However, socioeconomic status (SES) has been shown to be related to health outcomes and disparities across trauma centre source populations may bias performance evaluations. We aimed to evaluate whether SES influences risk-adjusted mortality following trauma in an inclusive trauma system with free access to medical care. The study was based on patients treated for major trauma in the inclusive trauma system of the province of Quebec, Canada (1999–2006). SES was quantified using an ecological index of material and social deprivation via patients residential postal code. Hierarchical logistic regression was used to evaluate the independent influence of SES on hospital mortality. The study sample comprised a total of 88 235 patients from 59 trauma centres, including 4731 deaths (5.4%). The proportion of patients in the highest quintile of material and social deprivation varied from 11% to 90% and from 3% to 43% across hospitals, respectively. After adjusting for anatomic injury