

0389

**COMPARISON OF TRAUMA CENTRE OUTCOME PERFORMANCE FOR YOUNG ADULTS AND GERIATRIC PATIENTS**

L Moore\*, A Lavoie, A F Turgeon *Correspondence: McGill University, Purvis Hall, 1020 Pine Avenue West, Montreal, QC, H3A 1A2, Canada*

10.1136/ip.2010.029215.389

The increasing number of geriatric trauma patients in developed countries is a preoccupation at every stage in the continuum of trauma care. In the acute care setting, elderly patients require specific care strategies and patient outcome may be compromised by varying degrees of dedication to geriatric trauma across hospitals. We hypothesised that the performance of trauma centres in the population of geriatric patients differs to that among young adults. Analyses were based on the evaluation of hospital mortality across the 59 trauma centres of the inclusive trauma system in the province of Quebec, Canada (1999–2006). Trauma centre evaluation was based on estimates of risk-adjusted mortality generated using a random-intercept hierarchical logistic regression model. Adjustment was performed with a risk score generated by the Trauma Risk Adjustment Model. Results for young adults (16–64 years) and geriatric patients ( $\geq 65$  years) were compared using hospital ranks and outliers. Among the 55 355 young adult patients, mortality was 3.6%. Among the 30 983 geriatric patients, mortality was 8.4%. The two populations only had 2 out of 10 outliers in common. The Spearman's correlation coefficient describing agreement between hospital ranks was 0.201 (95% CI –0.061 to 0.436). Results indicate that trauma centre performance in the geriatric trauma population may be very different to that observed for young adults. This research suggests that the two populations should be evaluated separately and quality improvement efforts should be designed for each population individually.