

WHO GOES WHERE? DETERMINING FACTORS THAT INFLUENCE WHERE SEVERELY INJURED CANADIAN CHILDREN ARE TREATED

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Background To date research has suggested that paediatric trauma systems are associated with a reduction in preventable deaths. However, there has been little work to determine what factors are associated with determining where a severely injured paediatric patient is treated.

Aims/Objectives/Purpose To determine factors that are associated with where a paediatric patient with a severe injury receives definitive treatment. Treatment location will be classified by hospital type; paediatric trauma centre (level I/II), adult trauma centre (level I/II) or other.

Methods The Discharge Abstract Database will be used to discern factors that are associated with where a severely injured child receives definitive treatment. Children (≤ 16 years) who have sustained a severe injury (defined by ICD-10 codes) will be isolated. The primary outcome variable will be treatment location classified into three groups by hospital type; paediatric trauma centre (level I/II), adult trauma centre (level I/II) or other. Demographic, hospital and other care related factors will be included in the final adjusted models

Outcome Analysis is currently underway.

Significance/Contribution This study will provide an overview of the current functioning of the regional Canadian paediatric trauma systems and what factors are related to definitive care. This will provide key information to address any disparities in access to proper trauma care for severely injured paediatric patients. Additionally, it will allow for future work to determine if where definitive treatment is received impacts on patient outcomes.