

Time to CT in Major Trauma in Coffs Harbour Health Campus - The Australian Rural Centre Experience

Authors : Thampi Rawther, Jack Cecire, Andrew Sutherland

Abstract : Introduction: CT facilitates the diagnosis of potentially life-threatening injuries and facilitates early management. There is evidence that reduced CT acquisition time reduces mortality and length of hospital stay. Currently, there are variable recommendations for ideal timing. Indeed, the NHS standard contract for a major trauma service and STAG both recommend immediate access to CT within a maximum time of 60min and appropriate reporting within 60min of the scan. At Coffs Harbour Health Campus (CHHC), a CT radiographer is on site between 8am-11pm. Aim: To investigate the average time to CT at CHHC and assess for any significant relationship between time to CT and injury severity score (ISS) or time of triage. Method: All major trauma calls between Jan 2021-Oct 2021 were audited (N=87). Patients were excluded if they went from ED to the theatre. Time to CT is defined as the time between triage to the timestamp on the first CT image. Median and interquartile range was used as a measure of central tendency as the data was not normally distributed, and Chi-square test was used to determine association. Results: The median time to CT is 51.5min (IQR 40-74). We found no relationship between time to CT and ISS ($P=0.18$) and time of triage to time to CT ($P=0.35$). We compared this to other centres such as John Hunter Hospital and Gold Coast Hospital. We found that the median CT acquisition times were 76min (IQR 52-115) and 43min, respectively. Conclusion: This shows an avenue for improvement given 35% of CT's were >30min. Furthermore, being proactive and aware of time to CT as an important factor to trauma management can be another avenue for improvement. Based on this, we will re-audit in 12-24months to assess if any improvement has been made.

Keywords : imaging, rural surgery, trauma surgery, improvement

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