Welcome

Welcome to the new bi-annual Australian Trauma Registry (ATR) Bulletin. The Bulletin will be distributed to all sites/registries each February and August and aims to keep everyone abreast of new information, changes to the existing system, and forthcoming deadlines. If you have feedback or suggestions for future content, please email: emily.mckie@monash.edu.

NEW Data Submission Deadlines

Due to difficulties encountered by some sites/registries to meet ATR deadlines, we have moved from 3- to 4-month deadlines to ensure timely data submissions. This gives each site an extra month to submit. Please diarise the following 2018 deadlines:

★ Q2 17/18 (Oct-Dec 2017) due 30 April 2018
★ Q3 17/18 (Jan-Mar 2018) due 31 July 2018
★ Q4 17/18 (Apr-Jun 2018) due 31 October 2018

Q1 2017/18: A big thank you to the five sites who submitted their data on time: Gold Coast Hospital, Royal Brisbane & Women’s Hospital, Canberra Hospital, Royal Perth Hospital and Princess Margaret Hospital.
Staff Update

Emily McKie joins the team in 2018 as the ATR Manager. Emily had more than ten years’ experience in the pre-hospital setting as an Ambulance Paramedic when in 2013 she moved into the field of trauma research with the Victorian State Trauma Registry. There she worked part-time whilst completing a psychology degree and enjoying her three young children. Emily believes the ATR can play a critical role in improving patient care and outcomes nationally and is looking forward to the exciting year ahead. Jane Ford will continue to work closely with the ATR in an overseeing role while also managing other registries under the NTRI. Emily is contactable on (03) 9903 0889, m: 0418 389 058 or e: emily.mckie@monash.edu.

Data Dictionary and Data Quality Control

The revised Bi-National Trauma Minimum Dataset dictionary has been used since 1st July 2016 onwards. Please refer to the data dictionary to help improve data quality. Update your syntax for extracts in accordance with feedback provided by the ATR (e.g. chronology errors, dropped leading zeros, etc.) NB. A reminder that the dates for each quarter are selected by date of injury and NOT date of arrival/admission to hospital.

Please quality-check extracts before sending the data through and ensure correct labelling of files and correct headings (case-sensitive). Spot-check injury causes against event descriptions to ensure they match.

Check your data meets inclusion and exclusion criteria and remove ineligible patients accordingly:

★ Include if Injury Severity Score (ISS) > 12 or death following injury
★ Exclude patient if > 7 days from DOI to presentation at referral or definitive hospital
★ Exclude poisonings or drug ingestion that do not cause injury, ingestion of foreign bodies that does not cause injury, injury secondary to a medical procedure, isolated #NOF.

2015/16 Annual Report

The completeness report for the 2015/16 data was sent to all sites last November for feedback prior to the completion of the Annual Report. Jane Ford has now sent out the final draft of the internal Annual Report for committee approval prior to publication. The publication is an excellent way of showcasing the ATR to stakeholders and other external bodies. It will be available on the ATR webpage:


The reporting process has also helped develop improved quality checks to ensure data is of the upmost highest quality.
Road Trauma Data Set

Pilot Study

In conjunction with the existing quarterly reporting, the ATR is looking to establish an 11-variable mini data-set which will report monthly on all major and minor road trauma presenting to an emergency department.

The unique aspects of this dataset will be its size, its focus on road trauma, the introduction of minor road trauma as well as major, and geo-location coordinates. Data will be derived directly from the emergency department systems and will not burden current data managers.

Not all states/territories are currently in a position to move ahead with this project, so a pilot study will commence with Queensland and Victoria. We are currently in the process of establishing a protocol and investigating ethics approval.

And Then There Were More ...

The collaboration is growing. We are delighted to announce the arrival of the following new sites to the ATR in the coming months:

★ Sunshine Coast University Hospital
★ Tasmania State Trauma Registry
★ New Zealand Major Trauma Network

Proposed Data Variables

1. GPS latitude coordinate
2. GPS longitude coordinate
3. Date of Injury
4. Unique Identifier (e.g. medical record number)
5. Sex
6. Age
7. Mechanism of road trauma event (e.g. motor vehicle driver/passenger, pedal cyclist, pedestrian, etc.)
8. Mode of Arrival to hospital
9. Ambulance case number
10. Date/time ED presentation
11. Discharge Date from ED

Trauma Data Working Group

The re-establishment of the Trauma Data Working Group (TDWG) is underway. The working group will discuss and make necessary updates/changes to the data dictionary to ensure its accuracy and relevance moving into the future.

The working group plans to have its first meeting at the Trauma Conference in WA in early October.

If you have any queries please contact Emily McKie, emily.mckie@monash.edu
Risk Adjustment Working Group

The ATR is in the process of developing a working party to look further into risk adjustments for the ATR data. There are a few successful models which will need to be explored to see which best resonates with stakeholders. We will continue to update you on the progress.

Have you seen the ATR Web Page and joined the Australasian Trauma Network Forum?

All reports are published on the ATR webpage, located on the NTRI website. It also contains other useful information and links including the Trauma Forum:


The forum is a great way to keep in the loop with peers and discuss relevant topics.

Future Events

The Australasian Trauma Society and the WA Trauma Symposium are pleased to invite you to attend Trauma 2018 being held from 5 – 7 October 2018 at the Parmelia Hilton Perth, Western Australia.

In 2018 the theme of the conference will be “Getting the basics right and embracing evidence-based change”. Along with a full program of pre-conference workshops this is a conference not to be missed.