

# STAG priorities

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# Overview

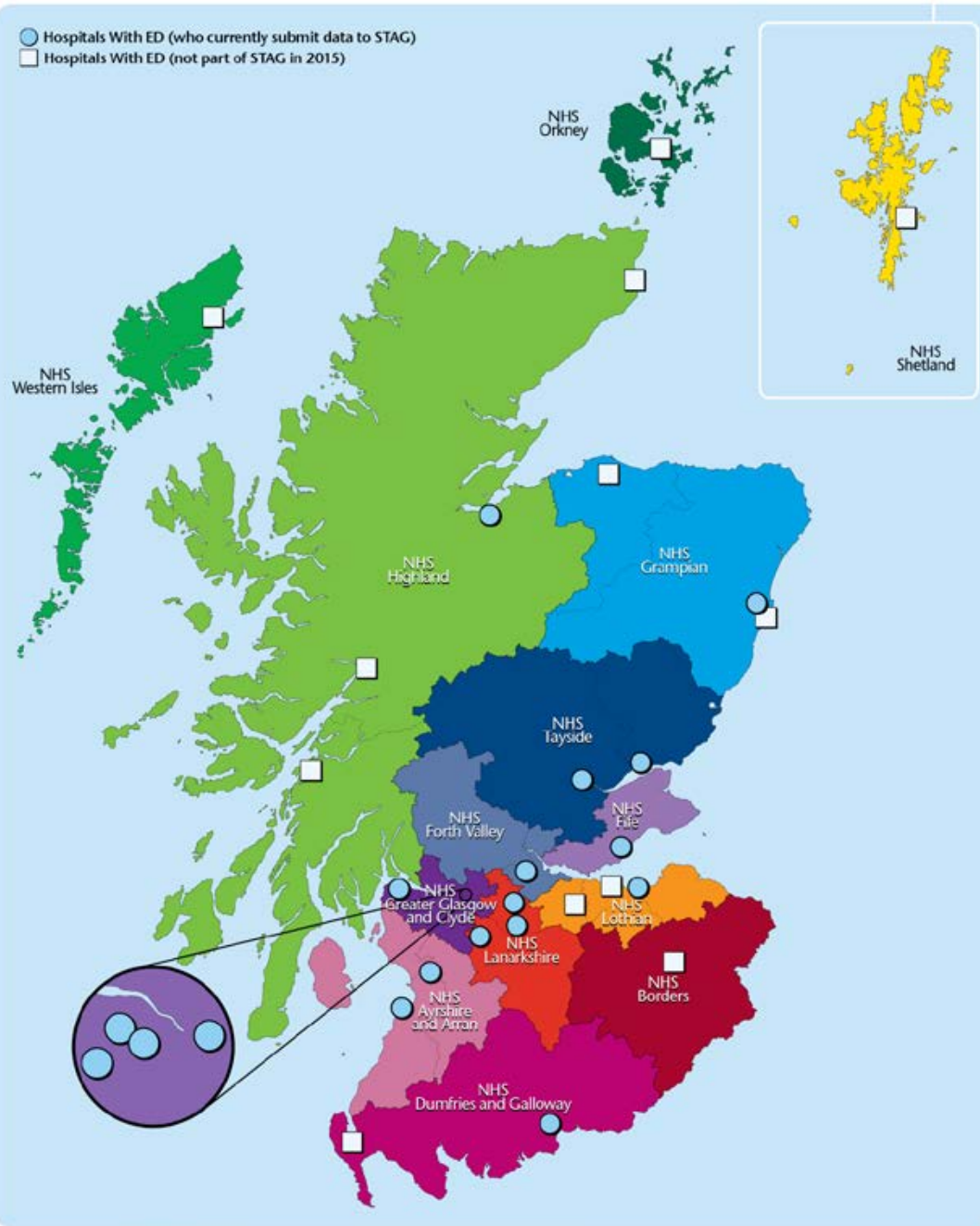


- Recommendations for the future of trauma data collection by the the Major Trauma Subgroup of the National Planning Forum
- Changes to STAG to improve effectiveness and ensure we work more efficiently to improve outcomes for patients

# NPF recommendations

1. All hospitals with an ED should contribute to STAG (N = 30)
  - STAG have not actively approached hospitals in the last year
  - Some hospitals/Health Boards progressing audit participation
  - Review of ICD 10 trauma codes in SMR01 to establish additional numbers (including paed) and also QA current hospitals

- Hospitals With ED (who currently submit data to STAG)
- Hospitals With ED (not part of STAG in 2015)

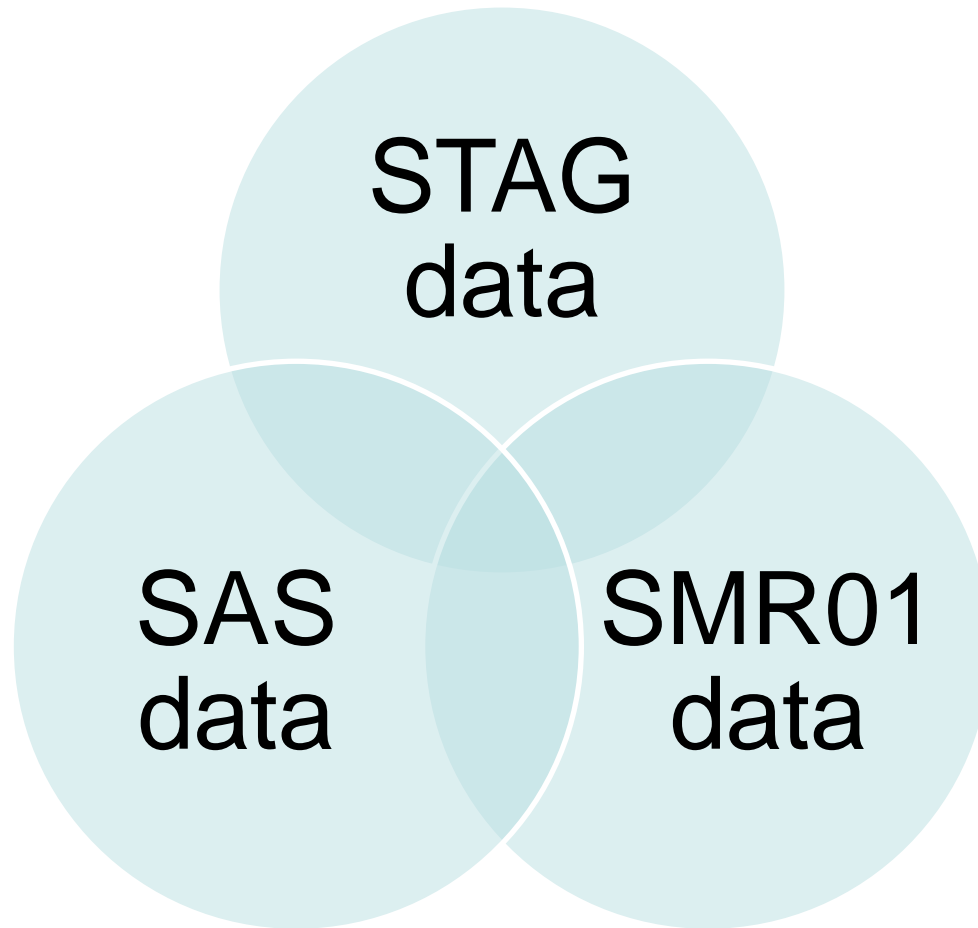


2. Inclusion of paediatric trauma

3. National KPIs should be agreed and measured to help monitor the success of the major trauma service and drive improvements

4. STAG should be extended to include data on rehabilitation rehabilitation
  
5. Patient Reported Outcomes Measures should be collected to determine functional outcome and quality of life following trauma

# 6. Data Linkage



# Changes to STAG to improve efficiency and effectiveness

- Electronic data collection via a web based system
- improving the data we send back to clinical teams....tableau is coming



- Raising awareness of the audit in hospitals to ALL staff involved in caring for patients with trauma
- Ensuring staff know what the standards are and why (and when) they are important
- Closing the audit loop... Changing practice if standards are not being met

# And finally...

Please document the treatment and care your patients receive. This will ensure your STAG reports contain accurate information that clinical teams can use with confidence to inform QI work.

Thank you