Management of suspected or confirmed spinal injury in adults (16 years and older)

## **Key Performance Indicators**

Purpose: To measure improvements in the system, including CPG compliance

INDICATOR	RATIONALE
Number of patients with neurologic deficit who arrived at VGH with mean arterial blood pressure (MAP) < 85 mmHg	CPG Compliance
Number of patients with spinal injuries whose spine was not immobilized (verify with BCEHS if this is a useful indicator)	CPG Compliance
3. Number of patients with spinal fractures without neurologic deficit who were managed locally (outside VGH), with PTN call	CPG Compliance
4. Number of patients with suspected spine injury transferred to hospital other than VGH for CT or MRI without/before PTN call	CPG Compliance
5. Number/percentage of patients with neurologic deficit transferred directly to hospital other than VGH	Destination Compliance
6. Time from acceptance of patient to arrival at VGH	CPG Compliance
7. Time from arrive in ED to PTN call	CPG Compliance

## **Destination Criteria**

**Purpose:** To identify key criteria for the transfer of patients, including timing and requirements for resource capabilities in receiving centres

## **INDICATOR**

- 1. If there are no other life-threatening injuries and logistically feasible, transport people with suspected acute traumatic spinal cord injury (with or without column injury), with full in-line spinal immobilization, directly to the spinal cord injury centre at VGH from the scene of the incident.
- 2. Divert to the nearest hospital if a patient with suspected acute traumatic spinal cord injury (with or without column injury) needs an immediate life-saving intervention, such as rapid sequence induction of anaesthesia and intubation that cannot be delivered by the pre-hospital teams. This patient should have full in-line spinal immobilization before transfer.
- 3. Transport adults with suspected spinal column injury without suspected acute traumatic spinal cord injury, with full in-line spinal immobilization, to the nearest hospital with trauma service, unless there are pre-hospital triage indications to transport them directly to VGH Spine Services.

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## **Key Stakeholders**

**Purpose:** To identify key stakeholder groups to either a) consult for direct input on the CPG content during its development, or b) to inform for review and final approval when the CPG content is complete

- EMS
- ED physicians (and physicians who make transfers)
- PTN: Physicians that oversee PTN transfer (EPOS)