

shooting

General

There were **21 admissions** to Trauma Centres in 2005 of people with an **ISS >15** injured as a result of a **shooting**. This figure was almost identical to the 2004 figure of 20 admissions.

Shootings were **more common** in the **25-34** years age group than any other with 33.3% of all shootings recorded in the 2005 data set. **Males** also dominate the figures, with **90.5%** of shootings.

The death rate for shootings in 2005 was 23.8%, lower than the 2004 death rate for this group of 30%. The **age group** with the **highest** number of deaths was the **45-54** years age group, with two deaths.

Figure 83. Shooting trauma patient admissions to all Trauma centres by age and gender

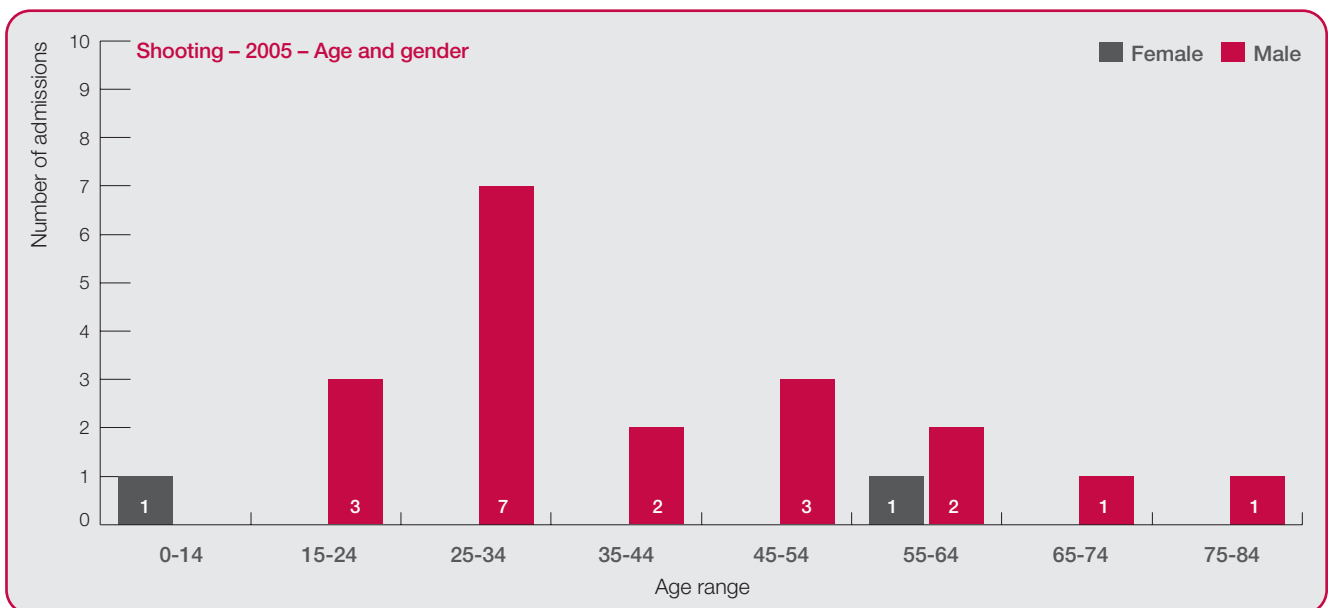
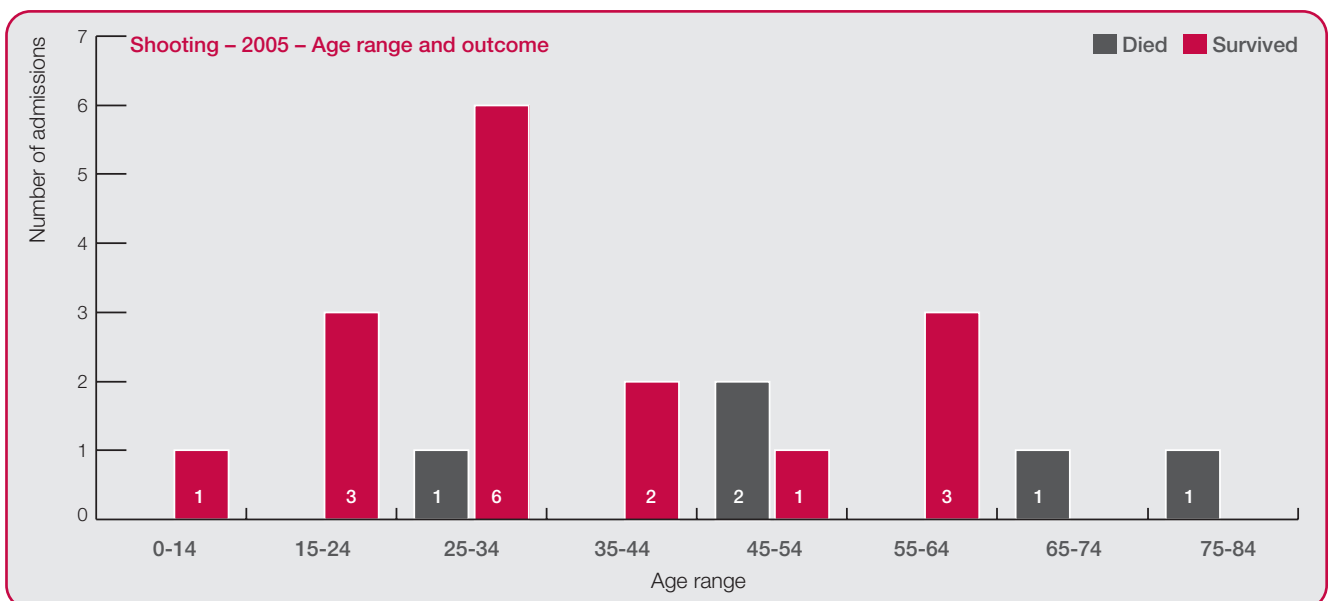


Figure 84. Shooting related admissions to Trauma Centres for 2005 by age range and outcome



shooting

Figure 85. Shooting trauma patient admissions to all Trauma Centres by outcome

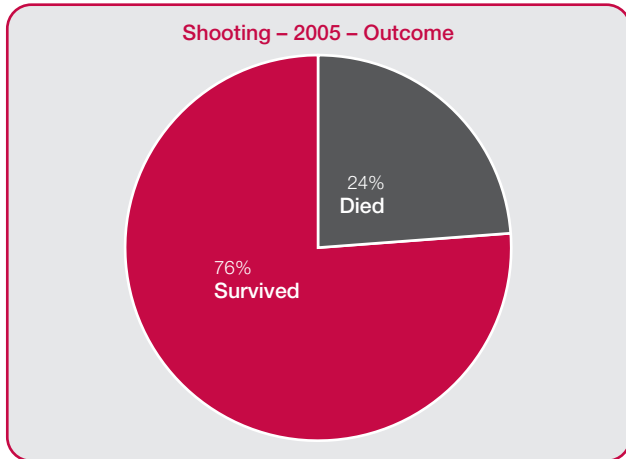
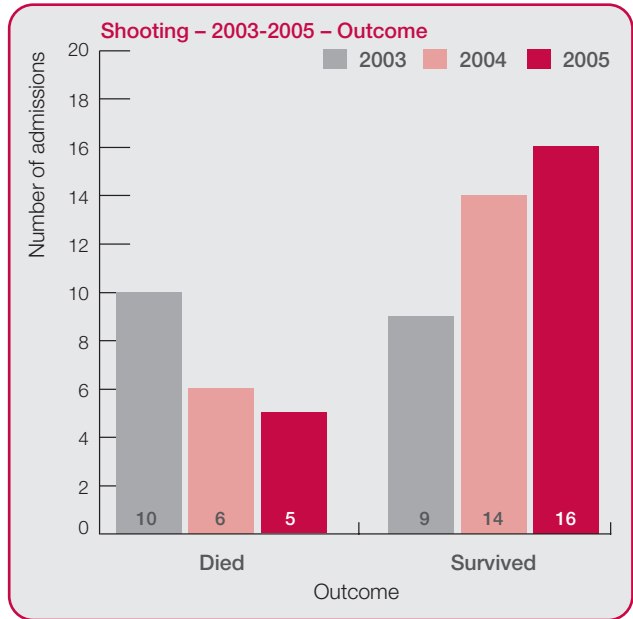


Figure 86. Shooting trauma patient admissions to all Trauma Centres by outcome



Admission type

The **proportion of people transported directly from the scene** of a **shooting** to a Trauma Centre **increased** between 2004 and 2005. In 2005 76.2% of people were transported to a Trauma Centre directly from the scene, compared to 60% in 2004.

Figure 87. Shooting related admissions to Trauma Centres for 2005 by admission type

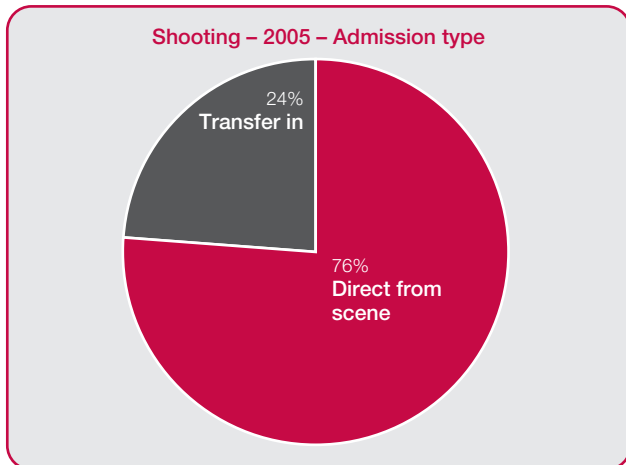
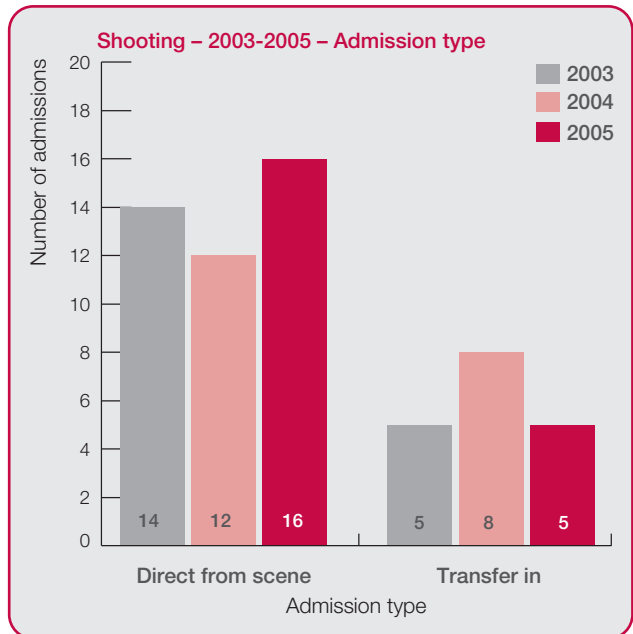


Figure 88. Shooting related admissions to Trauma Centres for 2003-2005 by admission type



Time of day and day of week

Shootings in 2005 were most common **between 4pm and 5pm** and between **Midnight and 1am** (three admissions each). The **busiest day** of the week recorded for shootings was **Saturday**, with seven admissions.

Figure 89. Shooting related admissions to Trauma Centres for 2003-2005 by hour of day injury occurred

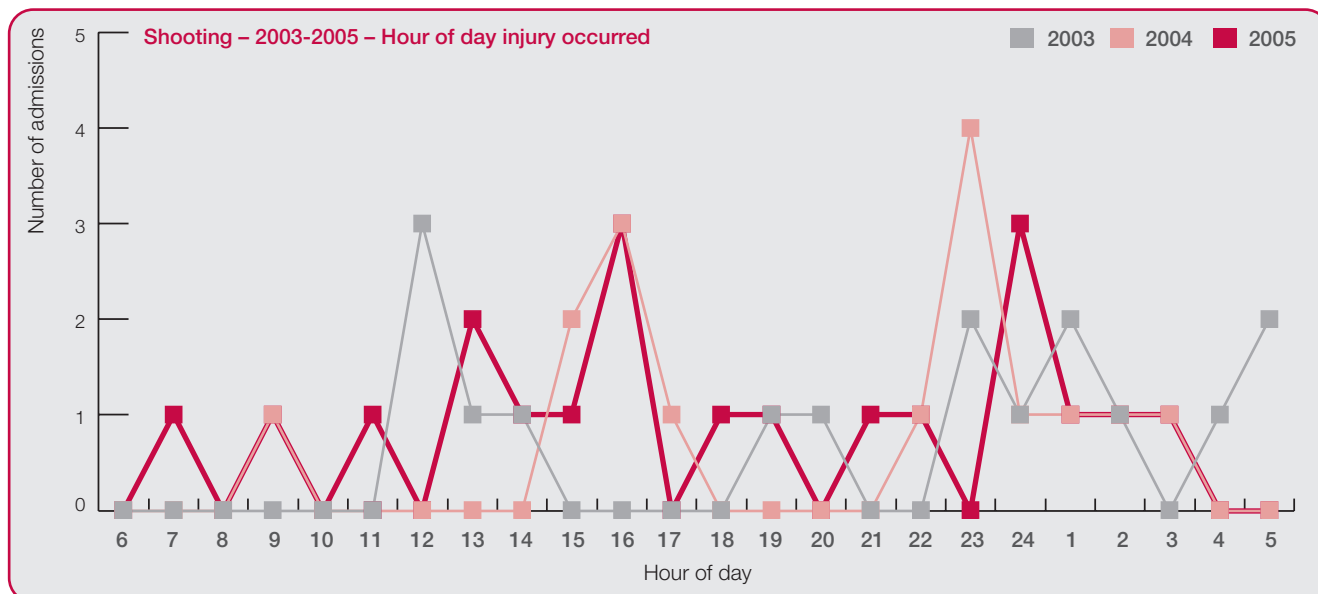
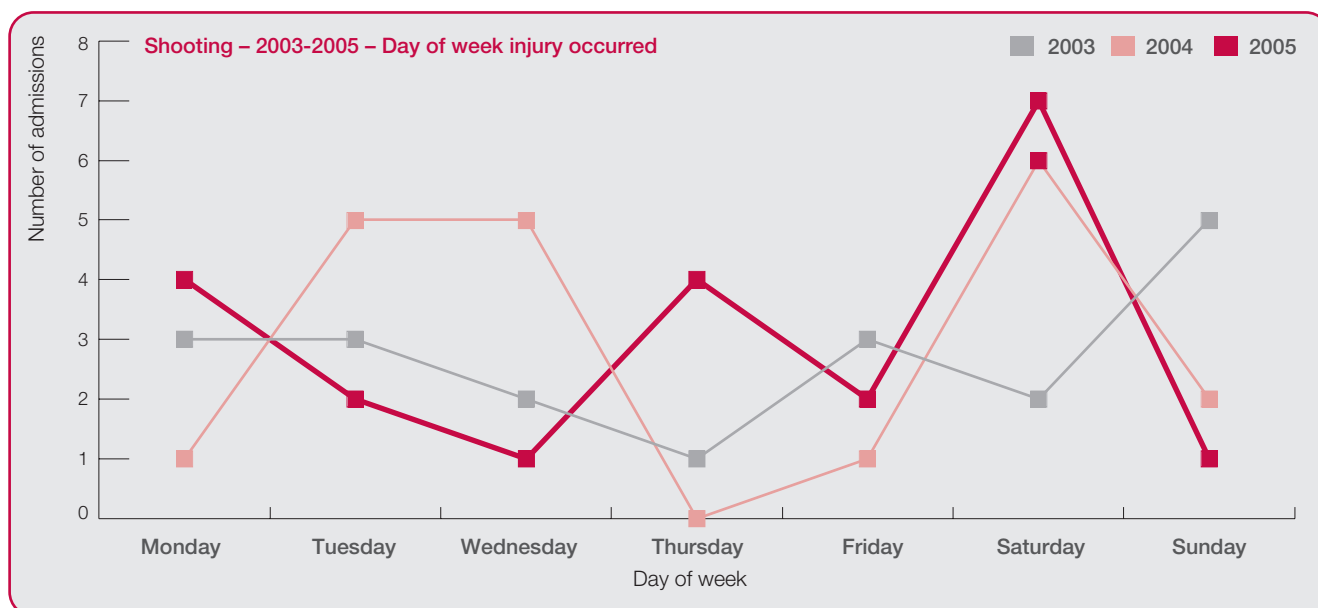


Figure 90. Shooting related admissions to Trauma Centres for 2003-2005 by day of week injury occurred



Injury severity

There were **no shooting** related injuries in 2005 in the **ISS 41-75** range. By contrast, 10% of shootings recorded in the *Trauma Minimum Data Set in 2004* were in this ISS Range.

Figure 91. Shooting related admissions to Trauma Centres for 2005 by ISS Range

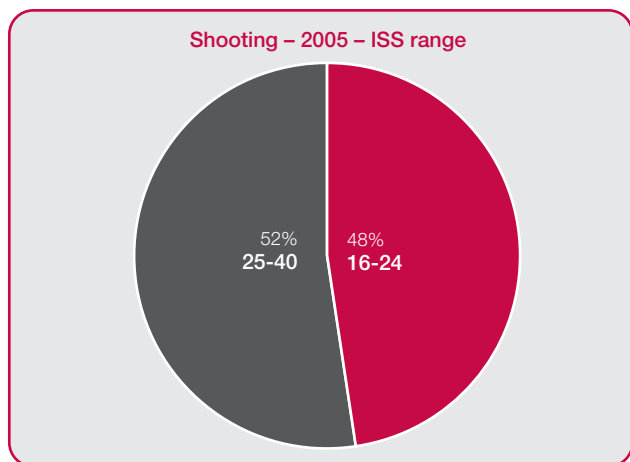
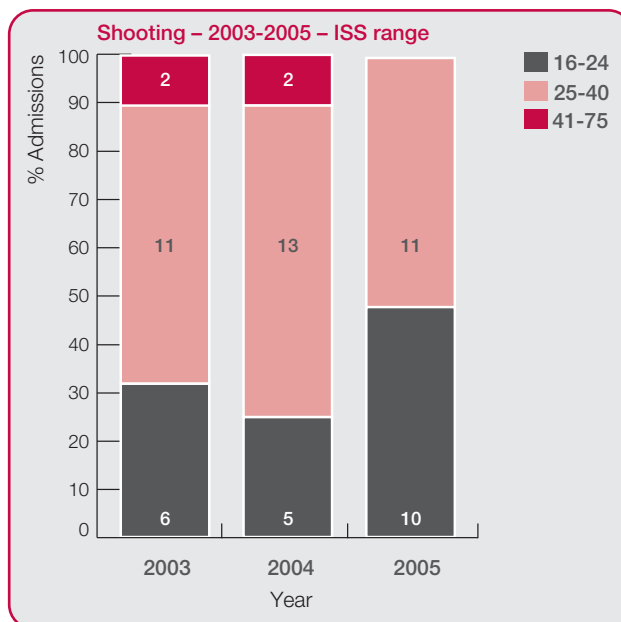


Figure 92. Shooting related admissions to Trauma Centres for 2003-2005 by ISS range



Time to definitive care

Over 92% of people **transported directly** to a definitive trauma hospital from the scene of their shooting in 2005 **arrived within two hours** of the time of injury, in an **average 49 minutes**.

Table 29. Times to definitive trauma hospital for shooting related trauma patients²⁹

Time period	Direct from scene	Transfer in
0-2 hours	12 patients (92.3%) 49 minutes	–
2-6 hours	–	1 patient (33.3%) 4 hours
6-12 hours	–	2 patients (66.7%) 10 hours 32 minutes
12-24 hours	1 patient (7.7%) 17 hours 44 minutes	–
Greater than 24 hours	–	–

²⁹ Times to definitive trauma hospital are calculated only where times of injury are known.

stabbing

General

There were **52 admissions** to Trauma Centres in 2005 of people with an **ISS >15** injured as a result of a **stabbing**. This figure was almost identical to the 2004 figure of 54 admissions.

Stabbings were **more common** in the **15-24** years age group than any other with **34.6%** of all stabbings recorded in the 2005 data set. **Males** also dominate the figures, with **78.8%** of stabbings.

The **death rate** for stabbings in 2005 was **17.3%**, higher than the 2004 death rate for this group of 5.5%. The age group with the **highest number of deaths** was the **15-24** years age group, with five deaths.

Figure 93. Stabbing trauma patient admissions to all Trauma Centres by age and gender

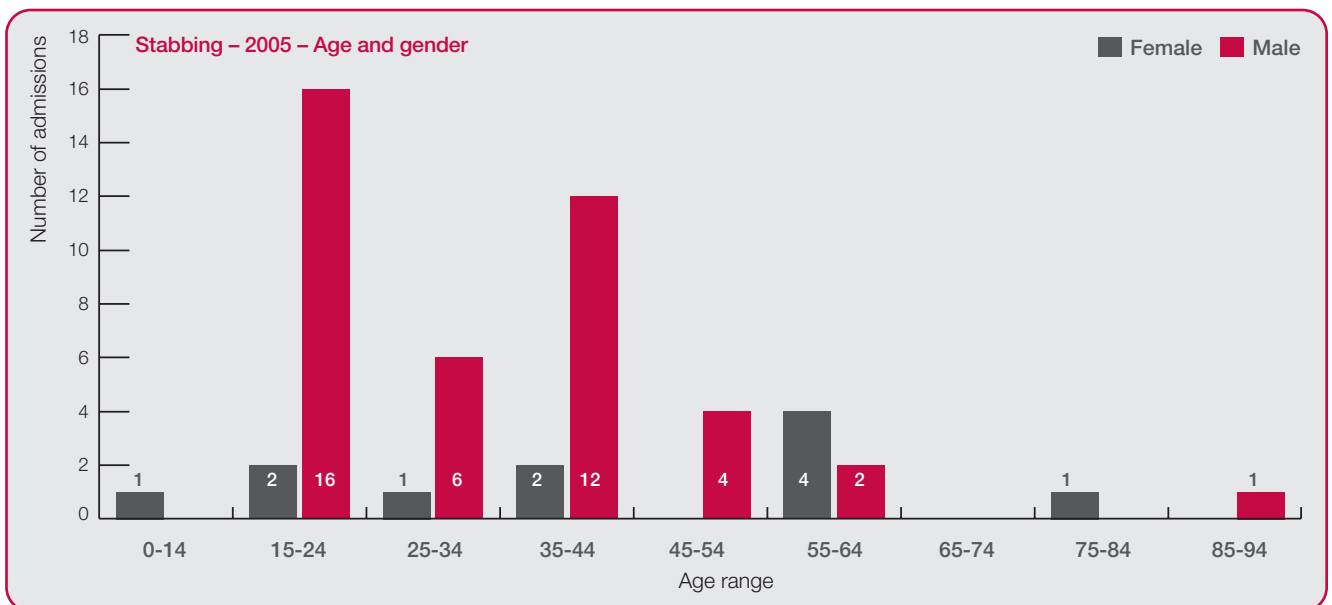
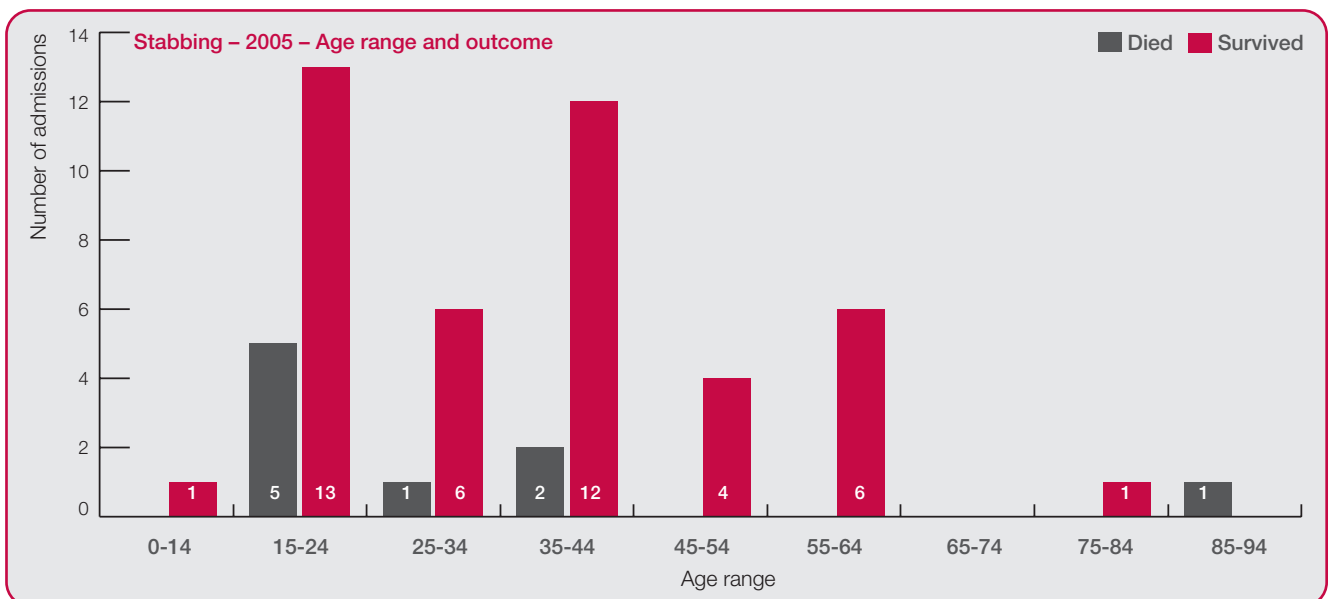


Figure 94. Stabbing related admissions to Trauma Centres for 2005 by age range and outcome



stabbing

Figure 95. Stabbing trauma patient admissions to all Trauma Centres by outcome

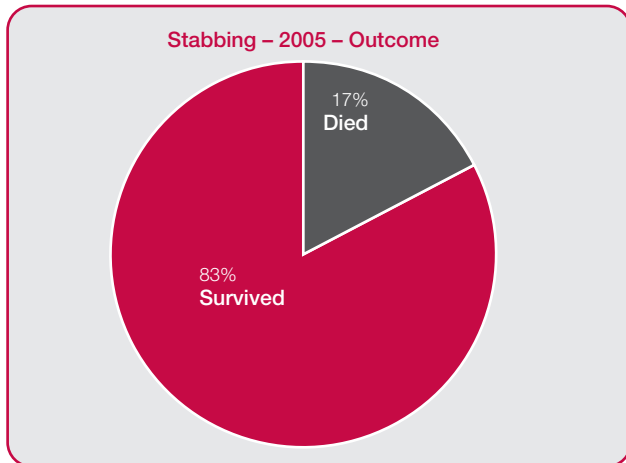


Figure 96. Stabbing trauma patient admissions to all Trauma Centres for 2003-2005 by outcome



Admission type

The proportion of people transported directly from the scene of a stabbing to a Trauma Centre decreased between 2004 and 2005. In 2005 84.6% of people were transported to a Trauma Centre directly from the scene, compared to 88.9% in 2004.

Figure 97. Stabbing related admissions to Trauma Centres for 2005 by admission type

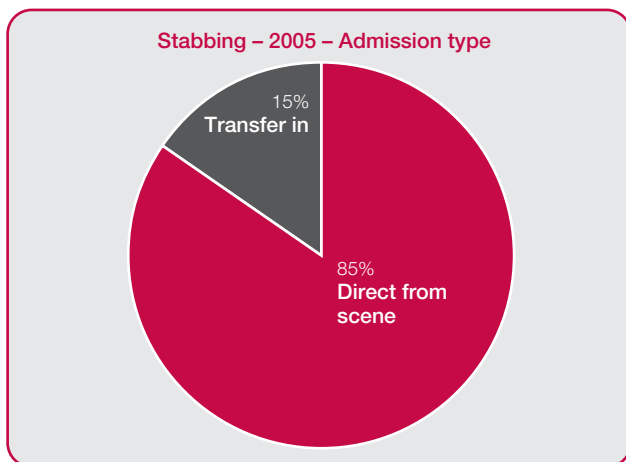
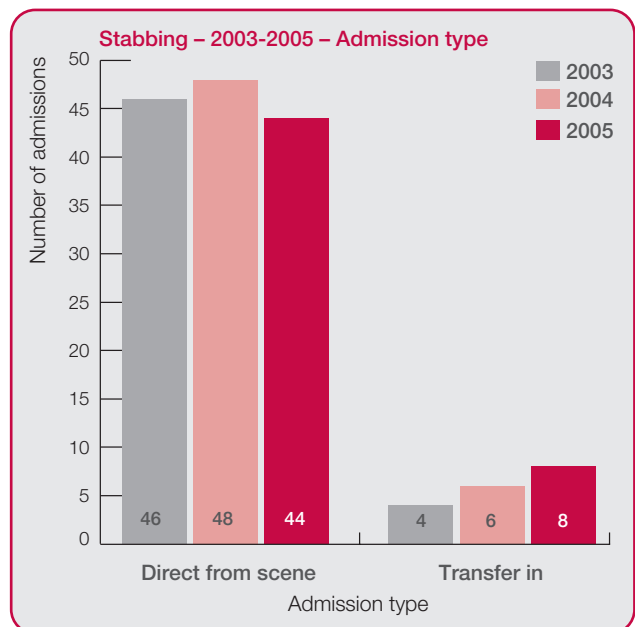


Figure 98. Stabbing related admissions to Trauma Centres for 2003-2005 by admission type



Time of day and day of week

Stabbings were most common in 2005 between 8pm and 9pm (five admissions). The busiest day of the week recorded for stabbings was Saturday, with 10 admissions.

Figure 99. Stabbing related admissions to Trauma Centres for 2003-2005 by hour of day injury occurred

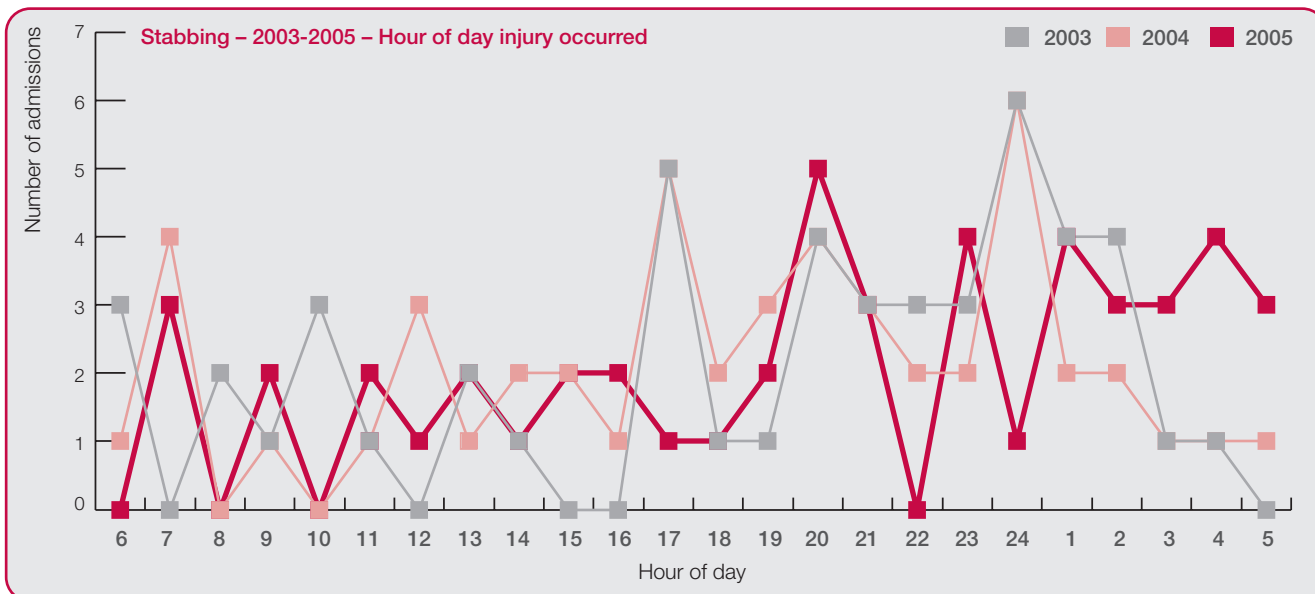
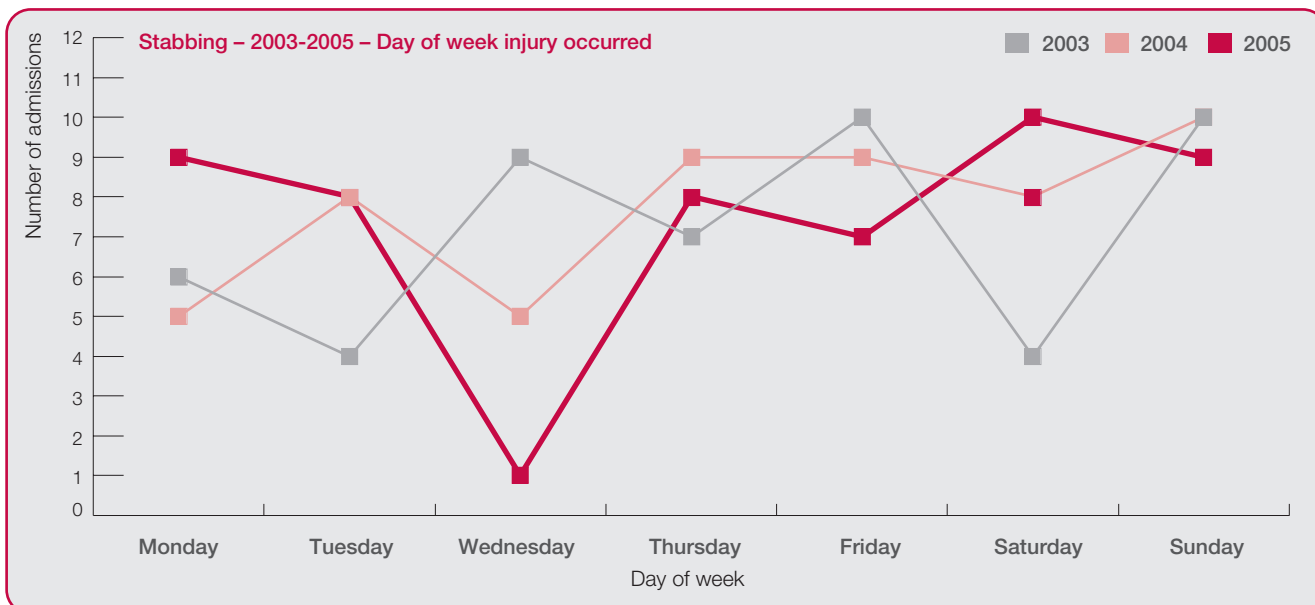


Figure 100. Stabbing related admissions to Trauma Centres for 2003-2005 by day of week injury occurred



Injury severity

Twelve per cent of **stabbing** related injuries in 2005 were in the **ISS 41-75** range, higher than the overall figure of 8.2% for this ISS range across all mechanism of injury for 2005.

Figure 101. Stabbing related admissions to Trauma Centres for 2005 by ISS range

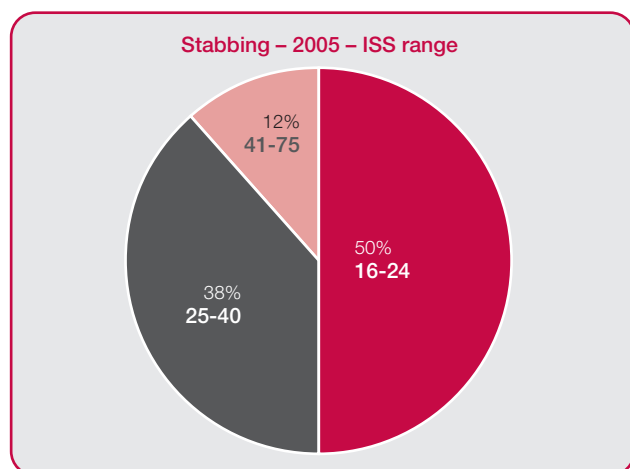
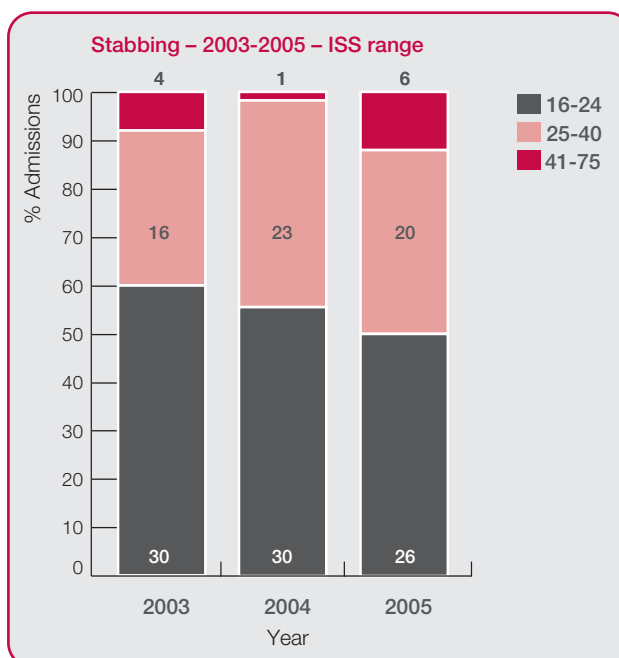


Figure 102. Stabbing related admissions to Trauma Centres for 2003-2005 by ISS range



Time to definitive care

Over **92%** of people transported directly to a definitive trauma hospital from the scene of their stabbing in 2005 arrived **within two hours** of the time of injury, in an **average 43 minutes**.

Table 30. Times to definitive trauma hospital for pedestrian related trauma patients³⁰

Time period	Direct from scene	Transfer in
0-2 hours	36 patients (92.3%) 43 minutes	–
2-6 hours	2 patients (5.1%) 2 hours 37 minutes	1 patient (20%) 3 hours 35 minutes
6-12 hours	1 patient (2.6%) 10 hours 52 minutes	3 patients (60%) 6 hours 41 minutes
12-24 hours	–	–
Greater than 24 hours	–	1 patient (20%) 25 hours 30 minutes

³⁰ Times to definitive trauma hospital are calculated only where times of injury are known.

arrival modes

Arrival modes recorded in the *NSW Trauma Minimum Data Set* refer to the way in which a patient is delivered to an admitting Trauma Centre. For patients transferred to a Trauma Centre, arrival modes describe the manner in which they were transferred.

Arrival modes include:

- Ambulance
- Fixed wing³¹
- Helicopter
- NETS³²
- Private vehicle
- Other³³

Arrival modes recorded in the NSW Trauma Minimum Data Set are only recorded for admissions to Trauma Centres in NSW. If a patient is transferred to a Trauma Centre from another non-trauma hospital, the arrival mode at the non-trauma hospital is not currently recorded in the NSW Trauma Minimum Data Set as the information is not available to NSW ITIM.

In 2005 the **most common mode of arrival** at an admitting Trauma Centre for patients with an **ISS >15** was by **ambulance** (70% of all admissions), and was the most common mode of arrival for patients transported directly from the scene of their injury to a Trauma Centre as well as patients transferred to a Trauma Centre from another hospital.

The number of **helicopter** arrivals in 2005 was **similar to previous years** (373 in 2003, 366 in 2004, and 373 in 2005). In 2005 however helicopters were more frequently used to transport patients directly from the scene of their injury to a Trauma Centre, a change from previous years. **54.8%** of helicopter arrivals in 2005 were **directly from the scene** of an injury, compared to 49.4% of arrivals in 2004 and 44% of arrivals in 2003.

31 For fixed wing arrival modes, the data represents the primary mode of transport used to deliver the patient to an admitting Trauma Centre.

32 NETS = NSW Newborn & Paediatric Emergency Transport Service. 'NETS' is the emergency service for medical retrieval of critically ill newborns, infants and children in NSW. NETS does not transport from the scene (pre-hospital), but assists with transport for patients too sick for care to continue in their current hospital (source: <http://www.nets.org.au>).

33 Other modes of arrival may include taxis, buses, bicycles etc, as well as patients arriving on foot.

arrival modes

Figure 103. Frequency of arrival modes for direct from scene admissions to all Trauma Centres for 2003-2005

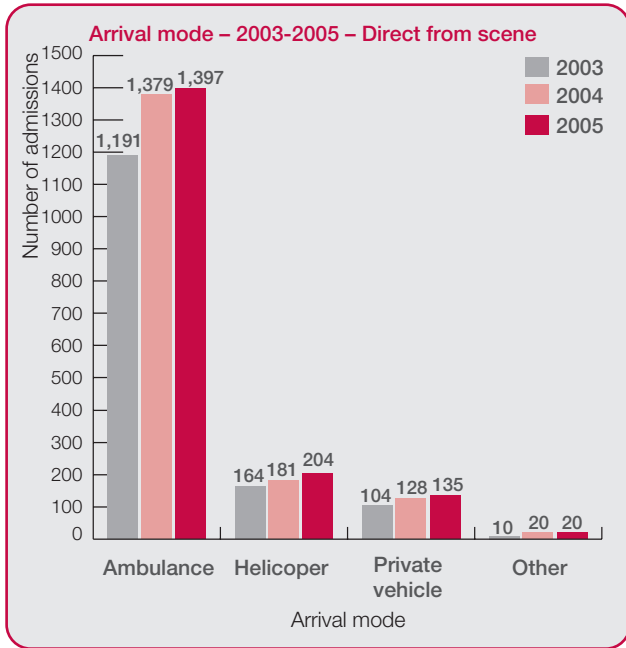
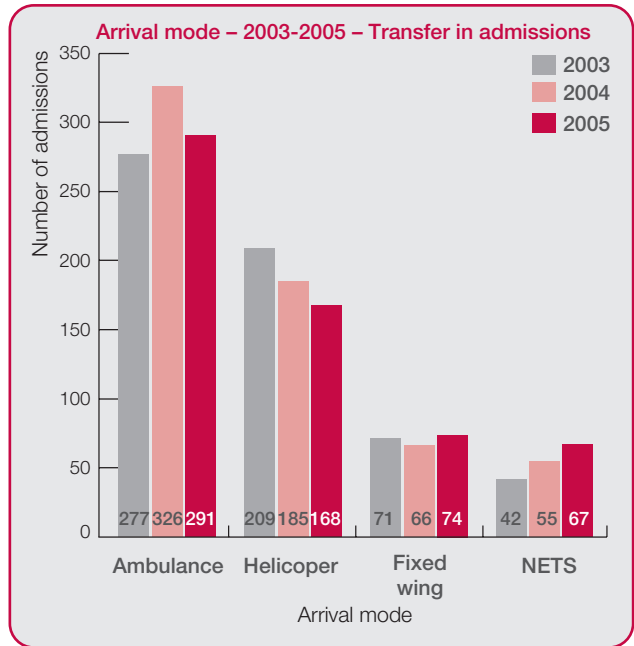


Figure 104. Frequency of arrival modes for transfer in trauma admissions to all Trauma Centres for 2003-2005



(*NETS = NSW Newborn & Paediatric Emergency Transport Service)

Figure 105. Admission type percentages by top three arrival modes for trauma admissions to all Trauma Centres fro 2005

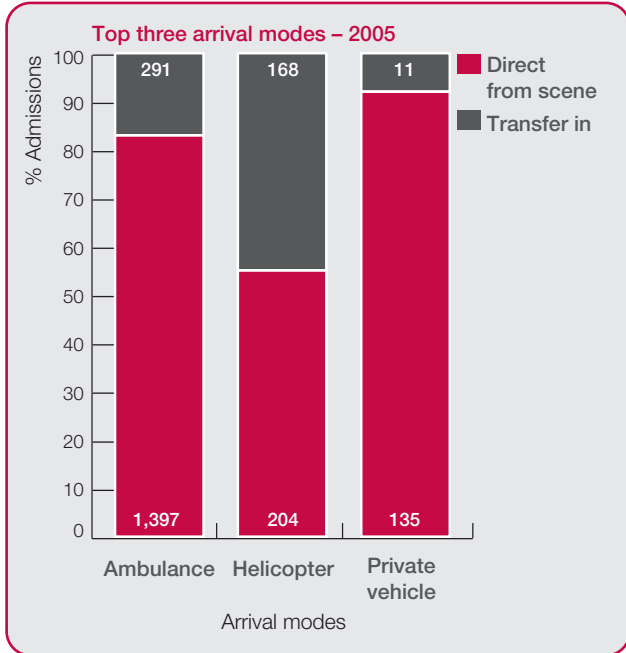
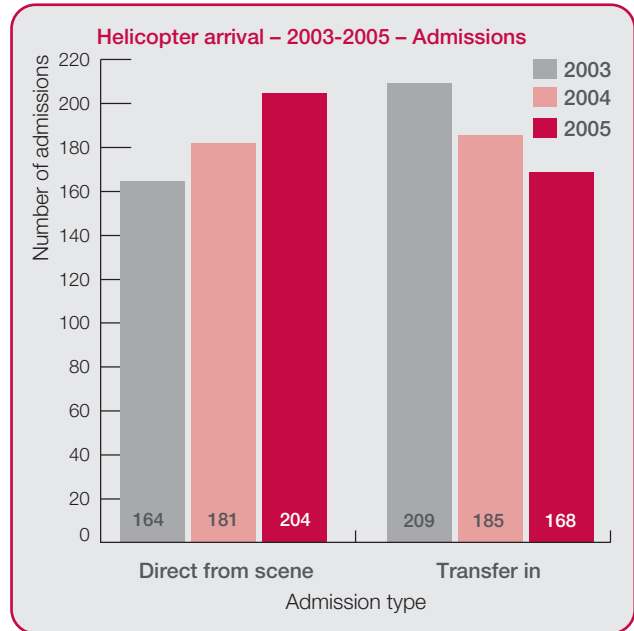


Figure 106. Frequency of helicopter arrivals by admission type fro 2005



surgical procedures

The following surgical procedures are recorded in the *Trauma Minimum Data Set*, if the procedure was performed within 24 hours of admission to a Trauma Centre:

- **Craniotomy** – A surgical operation in which part of the skull, called a skull flap, is removed in order to access the brain.
- **Laparotomy** – A surgical incision into the abdominal cavity to examine the abdominal organs and aid diagnosis.
- **Open (compound) fractures** (called Open Ext# in the *Trauma Minimum Data Set*) involve wounds that communicate with the fracture and may expose bone to contamination.
- **Thoracotomy** – A surgical incision into the chest. It is performed by a surgeon to gain access to the thoracic organs, most commonly the heart, the lungs, the oesophagus or thoracic aorta³⁴

Other surgical procedures not listed above are listed as 'Other' in the *Trauma Minimum Data Set*.

In 2005, **721 patients** (31% of all patients) were sent to the **Operating Suite within 24 hours of admission** for a total of 820 surgical procedures. Excluding 'other' procedures as described above, the **most common surgical procedures** in 2005 were **craniotomies** (27% of all surgical procedures).

Seventy-five **craniotomies** were performed for people injured as a result of **low falls** (<1m), representing **77.3%** of all procedures for this group of patients. In contrast, 19 craniotomies were performed for the MVA driver group in 2005, representing only 11% of all surgical procedures for this group. Surgery to open (compound) fractures was more common in the MVA driver group, with 48 procedures recorded, or 27.7% of all procedures for this group.

One-hundred and one patients with an **ISS >15** who had a **surgical procedure** in 2005 **died**, representing **14%** of all patients who had a surgical procedure. 35.6% of those patients that died who also had a surgical procedure had an ISS in the critical range (ie an ISS between 41 and 75), while over 52% had an ISS in the severe injury range (ie an ISS between 25 and 40).

³⁴ Definitions of these surgical procedures obtained from <http://www.wikipedia.com/>.

surgical procedures

Figure 107. Operating suite procedure percentage by top three mechanisms of injury for admissions to all Trauma Centres

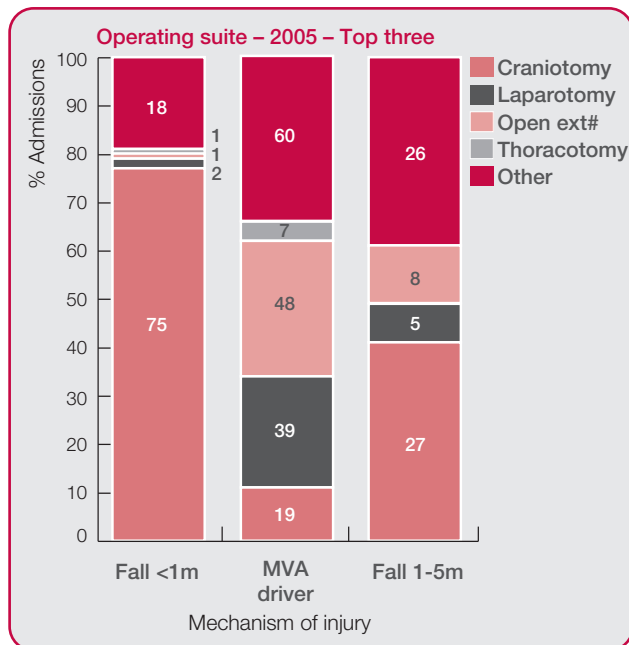


Figure 108. Outcomes for operating suite procedures for admissions to all Trauma Centres

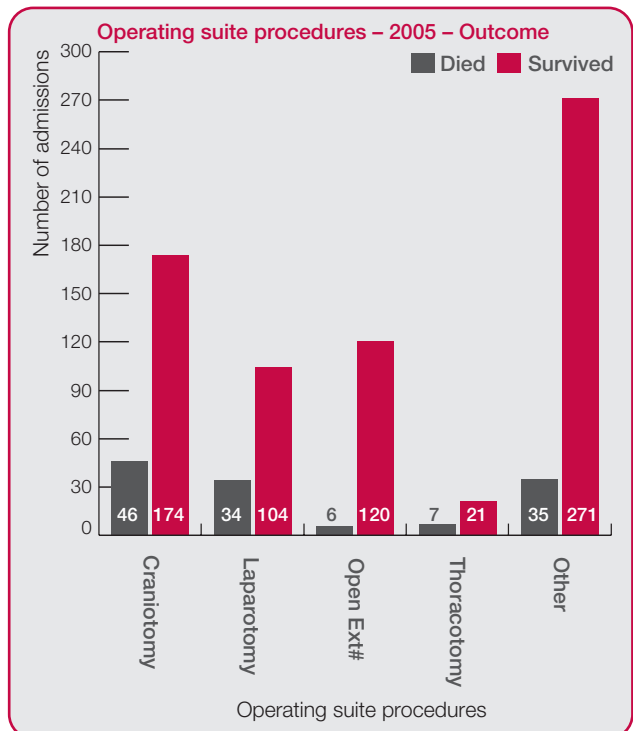


Figure 109. ISS range by outcome for patients undergoing surgical procedures in 2005

