

# First Belgian TraumaZentrum DGU<sup>®</sup> Day Sat , 21st January 2023

## Getting to know each other (S.Lemoyne BTRI chairman , G. Putzeys BTRI vice chairman)

- Impressive attendance. Mostly hospital teams consisting of emergency physicians, surgeons and datanurses.
- Large number of trauma centers registering (n=33)
- Several additional centers accredited in 2022 or planned in 2023
- Citadel Liège recently accredited for the third time

## Closed session: presentation of the current Belgian situation ( S. Ruchholtz, C. Hoefler)

- P4P: a centre is rewarded 1 point within the P4P program provided that there are 5 effective registrations in the basic group on an annual basis (stricter criteria over the years)
- Organization of trauma care in Germany:
  - o bottom-up from the doctors
  - o Any center may participate if they can demonstrate that they meet the criteria
  - o Limited number of centers dropped out, only local centers
  - o Differences in regions: e.g. Ruhr area dense region with more trauma centers (similar to Belgium )
- Current Situation in Belgium:
  - o 4 trauma networks in Belgium ( UZA; Liège; Delta Roeselare , AZgroeninge Kortrijk)
  - o Notable: most centers have a supra-regional trauma center, some additional regional
  - o Adjustments criteria for Belgian centres: e.g. no need for a helipad necessary due to limited number of helis
- Trauma registration:
  - o Informed consent: opting-out in Belgium versus opting-in in Germany
  - o BTRI will need to address the issue of informed consent (e.g. in the case of using data for scientific research) in order to create a legally correct methodology
- First audit:
  - o Involvement of the surgeons
  - o Increased focused on emergency care
  - o Presence of structured care with presence of a trauma team
  - o At least one trauma team member needs to have with access to OR
  - o The surgeons need to be part of trauma team
- Re-audit:
  - o Focus on traumaward
  - o Evaluation of the entire process, with extra attention for rehabilitation
  - o Need for an annual quality meeting with feedback on results at hospital level.
  - o Need for morbidity-mortality meetings
- Accreditation trauma network:
  - o annual shared quality meeting and training moment, organized by the supra-regional centre
  - o referral criteria
  - o Accreditation trauma network

- Feedback dr. Kopschina, auditor of the belgian trauma centres
  - In general very positive about trauma centers in Belgium
  - Highly motivated teams
  - Good preparation according to the Weißbuch
  - Situation in Belgium is comparable with Luxembourg

## Open meeting

- Development of DGU TraumaNetwork and TraumaRegister activities
  - Discussion about who is the best trauma coordinator: someone with a special interest in trauma care, Orthopedics versus Neurosurgery
  - More TBI in Belgium? DGU has a separate registry for patients with only TBI
- History of BTRI and traumaregistration in Belgium. ( **G.Putzeys**)
  - 2010 first registration in DGU pelvic registry on personal basis , financially supported by BOTA from 2012 onwards until 2017 . In 2017 stop participation of belgian centres due to migration and update of the DGU database
  - since 2012 contact with **RIZIV** and **Healthadata** to support creation of a belgian pelvic and polytraumaregistry .
  - 2014: first submission of project "creation of traumacentres in Belgium " to **KCE** program by Peter de Paepe and Francois Pitance but refused.
  - 2014 : creation **TraumaTaskForce** consisting of engaged individuals and hospitals
  - 2016 : second submission of project "creation of traumacentres in Belgium " to KCE program by TTF . Accepted
  - 2017 : publication by **KCE** with recommendations for MTC in Belgium ( 4 to 7 centres)
  - 2017 Q4: proposal for integration both trauma registries within **healthdata platform**. Request from HD to create a scientific organisation to manage the traumaregister.
  - 2018 : proposal by TTF to create **BTRI** with founding members BOTA, Besedim and BTS to register pelvic and major trauma
  - 2019 jan: modified proposal of dataflow and data analysis by HD and DGU
  - 2019 : **P4P program** incorporation of the subindicator 'participation in the DGU Trauma Registry'
  - 2022 sept: **BTRI** founded by BOTA and Besedim , 2 x 7 members, 4 boardmembers

Presentation was followed by a discussion about the need for an independent national vehicle to manage the belgian traumadata ( benchmarking, scientific) . How to cooperate with DGU , who has the knowledge to handle these data ? Recent developments at the level of the electronic patient file allow export of Medical Data through **XML files** omitting the need to register directly in a traumaregister.
- **Patrick Vandevoorde ( member of TTF)**
  - June 2022 : on the initiative of the kabinet of the ministry of health under supervision of Johan Kips creation of a working group TTF version 2 on the project " major traumacentres in Belgium " to which professional medical organisations were invited . The KCE rapport is used as the basic document for discussion.
  - Rather top-down approach
  - Sharing information on available (limited) major traumadata from Belgium. Analysis of literature and major traumacare in surrounding countries
  - One accreditation requirement for trauma centers would be 240 patients with ISS $\geq$ 16?? however this number is not fixed yet.
  - A large number of trauma patients puts extra pressure on the hospital, choices will have to be made/priorities set
  - Limited number of trauma centres: longer arrival times, influence on patient outcome??, Need for helicopters ?
  - Importance of a uniform pre-hospital triage system
  - Which centers will be allowed to continue to exist? Who Will Get Funding?

The presentation was followed by an extensive and vivid discussion between participants and the presenter with very relevant remarks from Prof Pol Rommens on practical issues when working in a traumacentre .  
Common remark : Why reinvent the wheel ? Current bottom up approach from DGU seems fine for most participants .  
Discussion bottom-up versus top down. Still many questions remain unanswered.  
There was general consensus that BTRI should play a central role in registration.

### **Genral impression/conclusions**

- Big turnout: trauma care is alive and well in Belgium, concern about where we are going?
- Very valuable to be able to learn from an organization with so much expertise, but important to process these insights tailored to the Belgian situation
- Need for Collaboration with the ultimate goal: promoting patient outcomes

Guy Putzeys  
Nele Van Damme