

Reference:	FOI.1336.19
Subject:	Haemorrhage traumas
Date of Request:	13 August 2019

Requested:

1. The number of major haemorrhage traumas in 2018 and
 - the % of those trauma patients who went on to develop trauma induced coagulopathy (TIC)
 - the % of those that developed TIC that died and in what time frame
 - the average units of blood each patients received in the first 24hrs
 - the average length of stay per patient in the emergency department
 - the % of patients who required critical care admission
 - the average length of stay in critical care and number of days on a ventilator
 - the average number of days total stay in hospital

2. The number of massive haemorrhage traumas in 2018 and
 - the % of those trauma patients who went on to develop trauma induced coagulopathy
 - the % of those that developed TIC that died and in what time frame
 - the average units of blood each patients received in the first 24hrs
 - the average length of stay per patient in the emergency department
 - the % of patients who required critical care admission
 - the average length of stay in critical care and number of days on a ventilator
 - the average number of days total stay in hospital

3. The number of major haemorrhage traumas in the first 6 months of 2019-08-09 and
 - the % of those trauma patients who went on to develop trauma induced coagulopathy
 - the % of those that developed TIC that died and in what time frame
 - the average units of blood each patients received in the first 24hrs
 - the average length of stay per patient in the emergency department
 - the % of patients who required critical care admission
 - the average length of stay in critical care and number of days on a ventilator
 - the average number of days total stay in hospital

4. The number of massive haemorrhage traumas in the first 6 months of 2019 and
 - the % of those trauma patients who went on to develop trauma induced coagulopathy
 - the % of those that developed TIC that died and in what time frame
 - the average units of blood each patients received in the first 24hrs
 - the average length of stay per patient in the emergency department
 - the % of patients who required critical care admission
 - the average length of stay in critical care and number of days on a ventilator
 - the average number of days total stay in hospital

5. The cost per day of critical care unit/intensive care per patient in 2018 and 2019

6. Average cost per patient for theatre and ward costs

7. Average cost of blood product transfusion costs for both major and massive haemorrhage patients

8. Estimated cost of treating a major and a massive haemorrhage patient and the estimated cost for both major and massive annually and what % of this is accounted for by elderly patients
9. The mortality rate for patients who have a code red blood protocol initiated

It would be helpful to have this broken down if possible to reflect (if appropriate):

- Wales
- England including IOW, IOM, Jersey and Guernsey
- Northern Ireland
- Scotland

It would also be helpful if it could be identified the source of the patient. For example, but not limited to:

- Ambulance
- Trauma Ambulance
- Air ambulance
- Military – by service if possible
- Obstetrics

Response:

Hywel Dda University Health Board (UHB) is unable to provide you with the information requested as it is estimated that the cost of answering your request would exceed the “appropriate level” as stated in the Freedom of Information (Fees and Appropriate Limit) Regulations 2004. The “appropriate level” represents the estimated cost of one person spending 18 hours or (2 ½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

In order to provide you with all of the information being requested, the UHB would need to request information from a number of data sources across the UHB. Additionally, a manual search of all its paper-based data held across the UHB’s four (4) blood banks would need to be undertaken to identify any information that fulfils your request.

The UHB is therefore applying an exemption under Section 12 of the Freedom of Information Act 2000 (FOI), which provides an exemption from a public authority’s obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

Under section 16 of the Freedom of Information Act 2000, the UHB has an obligation to provide advice and assistance. In accordance with the National Institute of Health and Care Excellence (NICE) guidelines, it is standard practice to engage the major haemorrhage protocol in patients who have experienced trauma resulting in a major haemorrhage. The UHB can confirm that the protocol was engaged 14 times in two of the UHB’s acute hospitals during the 2018 calendar year.