## 2022 ACS QUALITY and SAFETY CONFERENCE

## Variability in initial trauma resuscitation and AKI-relevant practices within Georgia

## **Conclusion:**

Initial trauma resuscitation and AKI-relevant practices vary widely amongst Georgia Quality Improvement Program Collaborative trauma centers



- There is a wide variation in trauma resuscitation practices among trauma centers in Georgia
- Survey data can be useful in understanding baseline practices in the state to determine whether practice standardization discussions are necessary
- Not all trauma centers in the state have the same technology available with only 5 having renal biomarkers available, and 1 center not having TEG available

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# Significance:

This highlights areas for collaborative best practice discussion to standardize evidence-based clinical practice across GA trauma centers

### Data Source/Population and Results:

#### Data Source:

- Georgia Quality Improvement Program (GQIP) trauma hospital survey on initial resuscitation
  and AKI-relevant practices
- Fall 2021 TQIP Report, cases from Jan 2020-March 2021

### Population:

All 13 level 1 & 2 trauma centers throughout Georgia completed the survey and provided All Patient AKI ORs from 2021 Fall TQIP Report

### Results:

- Centers with a defined resuscitation algorithm have a lower mean odds ratio for all patient AKI (1.24) compared to centers without one (1.85)
- Routine usage of vancomycin and zoysn for broad spectrum antibiotic coverage and TEG based resuscitation do not result in a decreased odds of all patient AKI
- Who/what determines IV contrast usage for trauma CT scans varies amongst centers: 54% Trauma Services, 23% Radiology & 23% IV Contrast Protocol

