



Media Statement

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Research confirms RFDS role in survival of patients badly injured in regional WA

Major trauma patients in remote Western Australia significantly increase their chances of survival if they receive early medical intervention and retrieval by the Royal Flying Doctor Service, according to a new research study.

Professor Daniel Fatovich, Professor of Emergency Medicine at the University of Western Australia and Royal Perth Hospital, said that with the isolation and tyranny of distance in regional WA, major trauma patients in remote areas were twice as likely to die from their injuries as their Perth counterparts.

“The study we conducted found, however, that initial medical intervention by rural hospitals, RFDS doctors and subsequent retrieval by the RFDS to Perth had a positive impact on outcomes for severe trauma cases from rural areas.” Professor Fatovich said.

“Survival was similar between rural patients retrieved by the RFDS and metropolitan patients, even though it takes roughly an hour for a Perth patient to arrive at a tertiary hospital Emergency Department, but over 11 hours for a rural trauma patient.”

“This survival outcome is excellent given that the severity of the trauma in regional WA, often caused by motor vehicle crashes, was greater than that of a metropolitan trauma patient,” he said.

Dr Stephen Langford, Medical Director of the RFDS in WA, said that the study results were particularly pleasing “in that they demonstrate over a nine year period that despite double the risk of death for regional trauma victims, those who survived to be evacuated by the RFDS have equivalent outcomes to those injured in Perth”.

Dr Langford said the study was a substantial one, reviewing nine years of RFDS data and comparing outcomes with an equivalent period of major trauma data from Perth’s teaching hospitals.

“The study highlights the challenges of providing emergency care to major trauma victims in rural and remote areas,” Dr Langford said.

“Compared with metropolitan patients, regional patients were flown over vast distances, which exceeded 2,000 kilometres in some cases and took, on average 11 times longer than it took metropolitan patients to get to hospital in a road ambulance,” he said.

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“Victims of rural trauma have a higher risk of death for every hour they wait untreated. However, the risk of death decreases once they start to receive medical care.

“For every hour they wait untreated, there is a 19% increased risk of death,” Dr Langford said. “What this means is the quicker the RFDS or other ‘first responders’ can get to these patients, the better their chances.

“These important findings highlight the importance of systems to ensure all forms of trauma in rural areas can be notified and responded to quickly. Better communications and incident location systems, plus better ambulance and first aid capabilities will all help to make a difference,” he said.

The research study was jointly undertaken by researchers of Royal Perth Hospital, Royal Flying Doctor Service, Western Australian Institute of Medical Research and University of Western Australia. It was supported by WA Health, the Raine Medical Research Foundation, and the Trauma Registry.

This research was published in “Resuscitation”, official journal of the European Resuscitation Council.

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