Appendix

KEY PERFORMANCE INDICATORS

Purpose: To measure improvements in the system, including CPG compliance.

INDICATOR	RATIONALE
1. Number of patients with pelvic fracture	Benchmark data
2. Number of hemodynamically unstable patients with pelvic fracture	Benchmark data
3. Number of hemodynamically unstable patients that did not receive pelvic packing (partial data available)	Benchmark data
4. Number of hemodynamically unstable patients who received REBOA	Benchmark data
5. Number of patients who received REBOA with/without pelvic packing	CPG compliance
6. Number of hemodynamically unstable pelvic fracture patients who receive pelvic binding (partial data available)	CPG compliance
7. Time to definitive pelvic fixation (MSP codes: 55702, 55705, 55707, 55706, 55736)	Destination compliance/ Benchmark data
8. Number of patients transferred for non-operative management (metric development in progress)	CPG compliance/ Destination compliance
9. Number of patients transferred to rehab	Benchmark data

DESTINATION CRITERIA

Purpose: To identify key criteria for the transfer of patients, including timing and requirements for resource capabilities in receiving centres.

CRITERIA
1. Apply a pelvic binder prior to transport.
2. A hemodynamically unstable patient with major pelvic trauma should be transported to a centre with orthopedic expertise in the surgical management of complex pelvic ring injuries as early as possible.
3. Trauma/general surgery at the referral centre should be the primary point of contact.
4. Local orthopedic surgeon and referral centre orthopedic surgeon should be involved in the Patient Transfer Network (PTN) call where time permits.
5. Referral centre orthopedic surgeon should be informed of any transfers.
6. A stable patient major pelvic trauma should be transferred to a centre with orthopedic expertise in the surgical management of complex pelvic ring injuries within 24 hours with the goal to operate within 72 hours. Local orthopedic surgeon is the primary point of contact, with involvement of the referral centre orthopedic surgeon.

KEY STAKEHOLDERS

Purpose: To identify key stakeholder groups to either a) consult for direct input on the CPG content during its development, or b) to inform for review and final approval when the CPG content is complete.

TO CONSULT FOR DIRECT INPUT	TO INFORM FOR FINAL REVIEW
Urology (Dr. Alex Kavanagh)	Operational Trauma Directors at regional sites, Director of Surgery
Diagnostic Imaging (Drs Jason Blaichman & Ken Wong)	
BCHS: PTN, ambulance services, EPOS	
EPs, General Surgery, TTLs, Medical Directors of regional trauma centres	
Rehabilitation (KPIs) (Dr. Rhonda Willms)	