

MAJOR TRAUMA AUDIT SUMMARY REPORT 2017

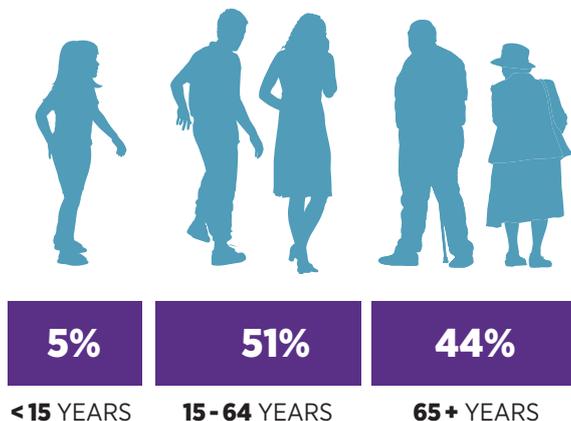
The Major Trauma Audit (MTA) was established by the National Office of Clinical Audit (NOCA) in 2013. This audit focuses on the care of the more severely injured patients in our healthcare system, across 26 trauma receiving hospitals.

WHAT IS MAJOR TRAUMA?

'Major trauma' is a term used to describe a seriously injured patient. It can imply multiple injuries to the same or different body regions and systems¹ or a single injury so complex that it exceeds the capabilities or expertise of the receiving hospital².

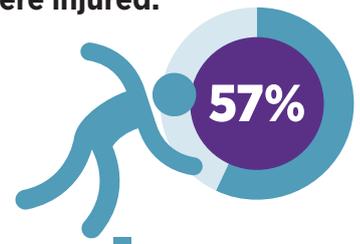
WHO ARE THE INJURED?

The average age of major trauma patients was 58 and 44% were aged 65 years and older.

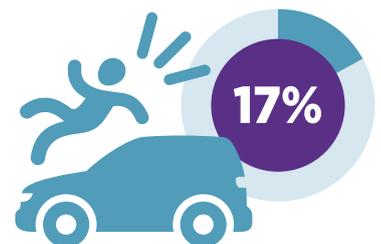


HOW WERE THEY INJURED?

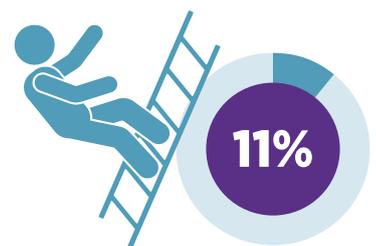
The most common ways in which patients were injured:



57% of patients suffered a 'low fall' (less than 2 metres)



17% of patients suffered road trauma



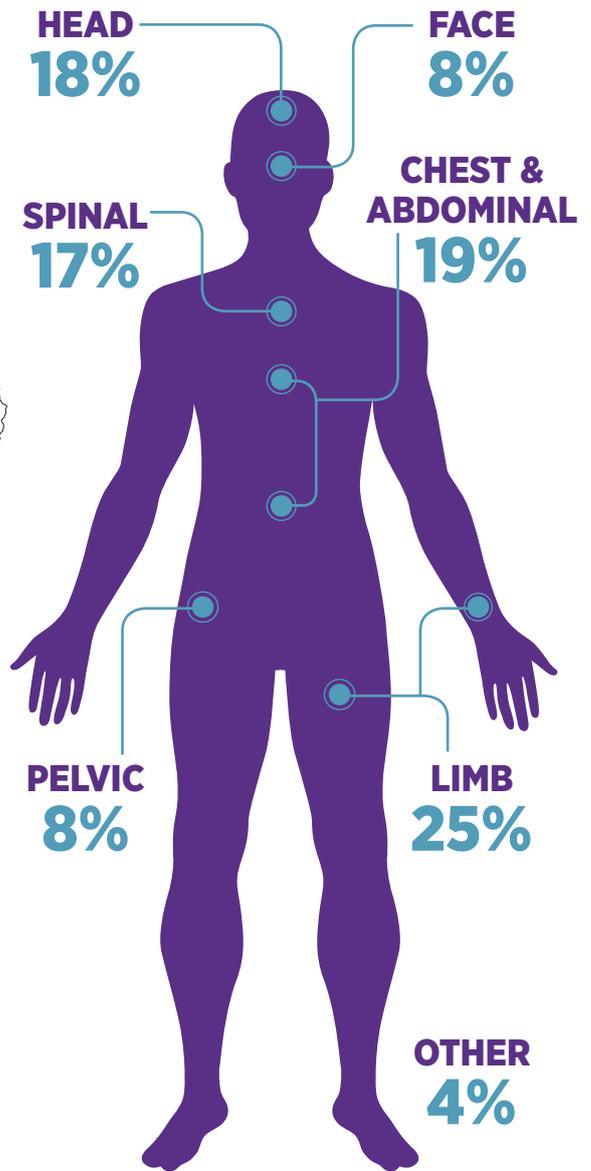
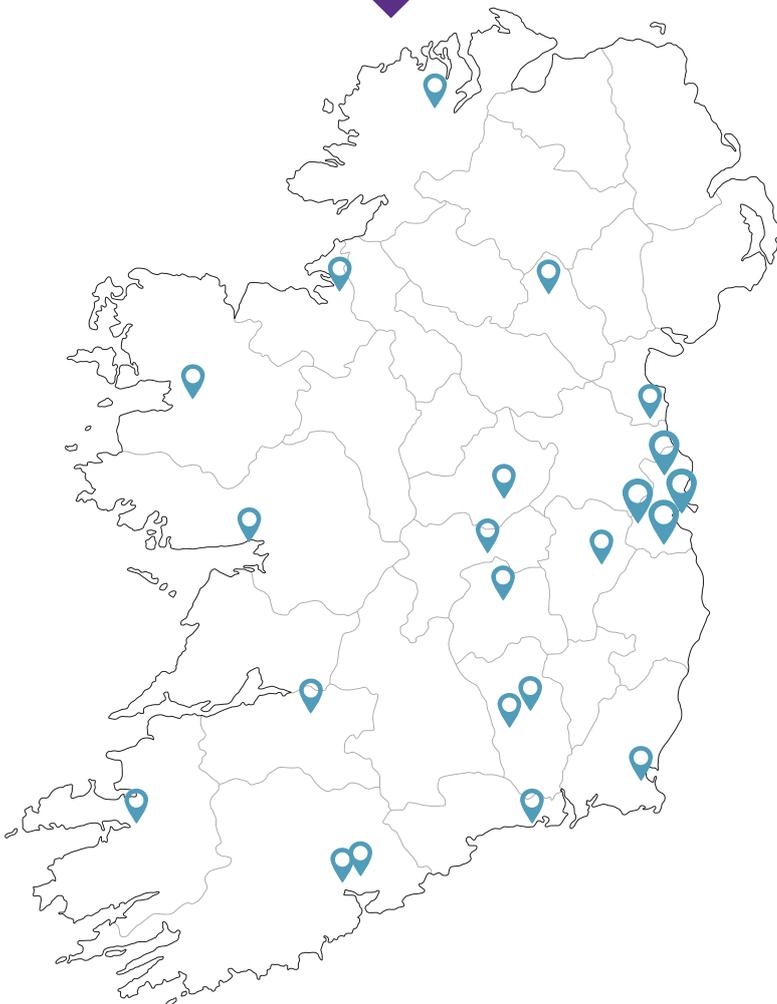
11% of patients suffered a fall of greater than 2 metres



One in Two major trauma patients sustained their injuries in the home.

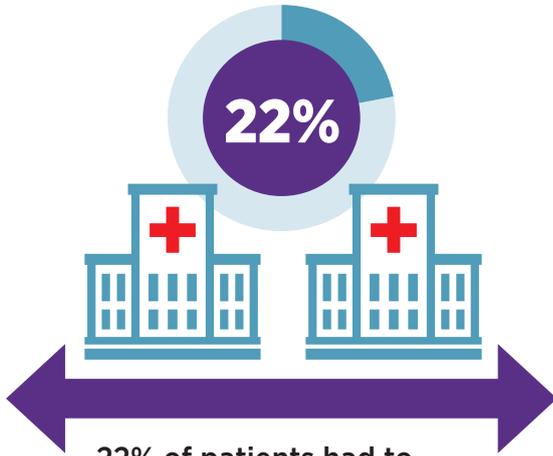
5,061 PATIENTS
86% COMPLETENESS
82,930 HOSPITAL BED DAYS
26 TRAUMA RECEIVING HOSPITAL

WHAT DID THEY INJURE?



WHERE WERE THEY INJURED?





22% of patients had to be transferred to another hospital for on-going care.



Low falls are the most common mechanism of injury for patients aged 45 years and older and for children. Among patients aged 15–44 years, the most common mechanism of injury is road trauma.



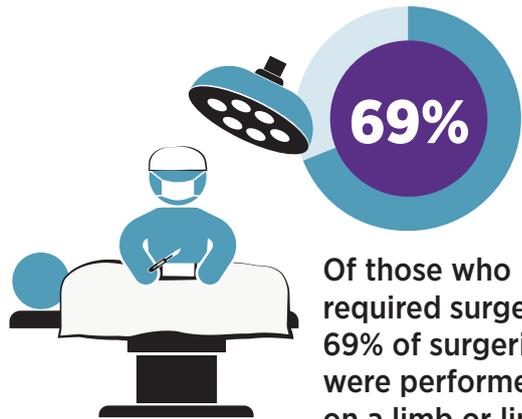
The median length of stay in hospital for major trauma patients was 9 days.



Older patients are less likely to be received by a trauma team and reviewed by a senior clinician. Older patients are more likely to die and less likely to be discharged to their own home following major trauma.



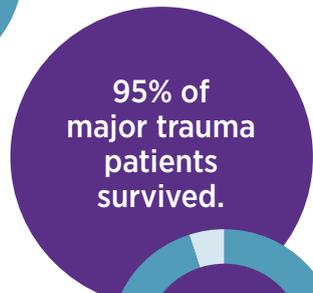
Only 11% of patients were received by a trauma team on arrival to hospital.



Of those who required surgery, 69% of surgeries were performed on a limb or limbs.



60% of major trauma patients were discharged home directly following their hospital admission.



KEY RECOMMENDATIONS



The MTA Governance Committee welcomes 'A Trauma System for Ireland: Report of the Trauma Steering Group'³ urging the implementation of a coordinated trauma system.



A multi-agency, multidisciplinary strategy is required to prevent the most common mechanism of injury in Ireland, low falls, in a similar approach to that achieved with road accidents by the Road Safety Authority.



To address the variation in hospital performance, each participating hospital should support the actions recommended by its local MTA Governance Committee.

NOCA



NOCA will support hospitals to enhance, and where required, re-establish their local MTA Governance Committees.



The MTA recommends stakeholder collaboration to agree key definitions for the audit, including trauma team and activation criteria and rehabilitation prescription.

REFERENCES

- ¹ National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) (2007). *Trauma: Who Cares?* [Internet]. Available from: http://www.ncepod.org.uk/2007report2/Downloads/SIP_summary.pdf [Accessed: 20/11/2017].
- ² Royal College of Surgeons of England (2009) *Regional trauma systems: interim guidance for commissioners* [Internet]. Available from: <https://www.rcseng.ac.uk/publications/docs/regional-trauma-systems-interim-guidance-for-commissioners> [Accessed: 20/11/2018].
- ³ Department of Health (2018) *A Trauma System for Ireland: Report of the Trauma Steering Group*. Dublin: Department of Health [Internet]. Available from: <https://health.gov.ie/wp-content/uploads/2018/02/Report-of-the-Trauma-Steering-Group-A-Trauma-System-for-Ireland.pdf> [Accessed 20/11/ 2018].

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