

Major Trauma Audit National Report 2017







DR CONOR DEASY MAJORTRAUMA AUDIT CLINICAL LEAD



Major Trauma Audit

The MTA was established in 2013. Using the internationally recognised TARN methodology and focuses on the care and outcomes of major trauma patients.





3 reports published (4 years)

15,500 + cases reported

1st National Clinical Audit to receive NCEC accreditation and endorsement from the Minister for Health.



Major Trauma Audit

REPORT HIGHLIGHTS 2017



86% 86% data coverage (5061 cases)



61 Median age was 61 years







% overage



11% of patients were received by a trauma team



57%57% of patients who had surgery had surgery on a limb/s



57% of patients had a 'low fall' of less than 2 metres



50% of patients sustained an injury in their own home



9 Median length of stay was 9 days



95% of major trauma patients survived









21% of patients were transferred to another hospital for further care

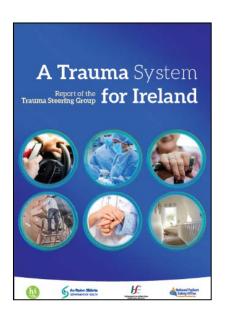


60% 60% of patients were discharged directly home





Progress from the last report



Publication of the Trauma System for Ireland Report. -Recommendations for clinical audit (MTA).

HSiteID	Patient MRN	ate of disohar	Reason for enclusion	Comments	Please record all cases that do not meet the TARN eligibility criteria on this spreadsheet.
			Other - Please Specifiy	*	engomety criteria on this spreadsheet.
					Column A
					Please enter the four digit hospital code for your hospital- When
	_				gou click on this column you will see a drop down option, please
	_				select the code for your hospital. If you do not know the correct
	_				code email-mta@noca.ie
	<u> </u>			1	Columa D
					Please enter the patient MFIN as it appears on your hospital
					HEPE list (this may be up to seven digits long).
					Column C
					Please enter the date of discharge for the individual cases.
					The section of the second section of the second section sectio
					Column D
					A drop down list is available, please select from this list where
					possible. If you require to enter other details please select other
					and write the details in Column E entitled 'Comments'.
					NB- Please note do not use any reference or
					information in the comment column that could
					enable an individual patient to be identified (i.e.
					patient name or D.O.B). Keep description brief.
					This report should be emailed back to NOCA
					quarterly once it is encrypted locally at [new email
					address)

Collaboration between HPO, NOCA and TARN to develop Denominator adjustment process to improve data coverage.



Application for the development of PROMs for MTA.



Major Trauma Audit

MAJOR TRAUMA REPORT 2017

KEY FINDINGS

TraumaDoc, a decision support and documentation tool, has been endorsed by the MTA Governance Committee.

This is the first MTA report that compares hospitals performance.

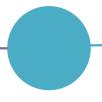
The MTA 2017 Report used the HIQA data quality guidance published in 2018.

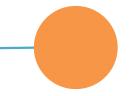












MTA patients in the younger age groups are more likely to be pre-alerted, received by a trauma team, seen by a consultant in the ED and transferred for further specialist care.

There are low levels of consultant-led trauma teams and direct admission to a neurosurgical service and poor adherence with NICE head injury guidelines for time to CT.

A subgroup analysis of transfers to highlight the need for the proposed Trauma System for Ireland.



Data Coverage

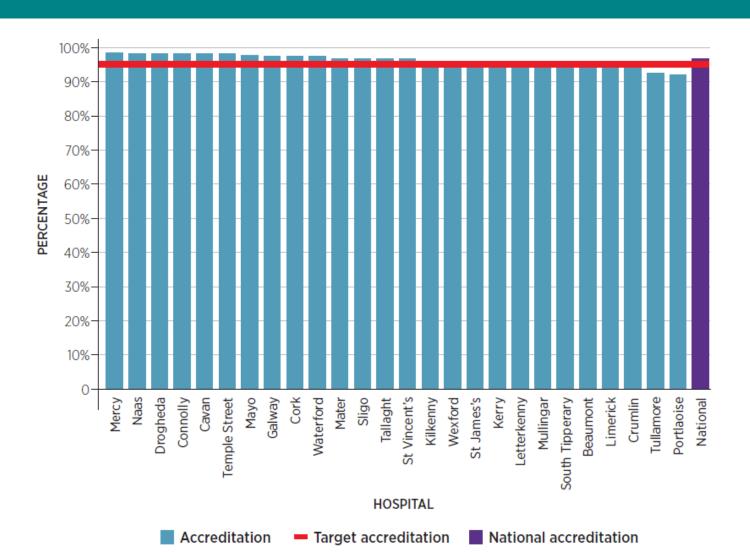


HOSPITALS AND NUMBER OF SUBMISSIONS





Accreditation







Who are the injured?



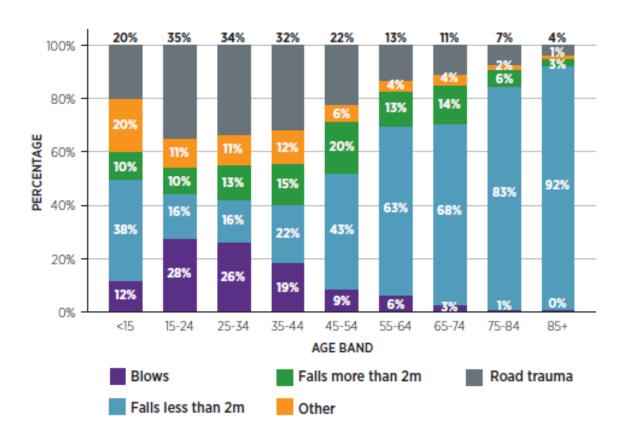


AGE GROUP





How were they injured?



HOW WERE THEY INJURED?

The most common ways in which patients were injured:



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



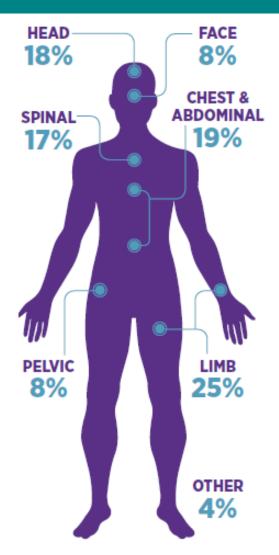
17% of patients suffered road trauma



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



What did they injure?



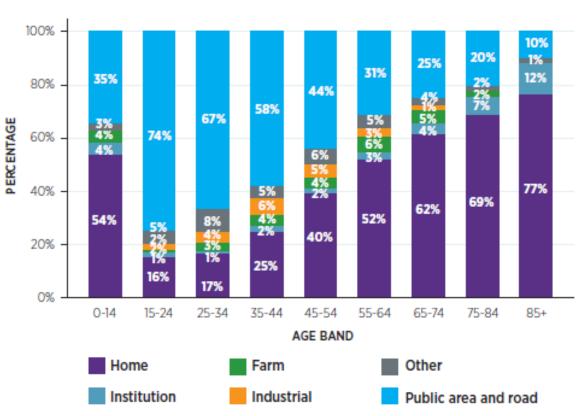
NUMBER OF BODY REGIONS INJURED	NUMBER OF PATIENTS	%
1	3420	68%
2	1133	22%
3	315	6%
4	133	3%
5	43	1%
6	16	<1%
7	<5	<1%
Total	5061	100%





Where were they injured?





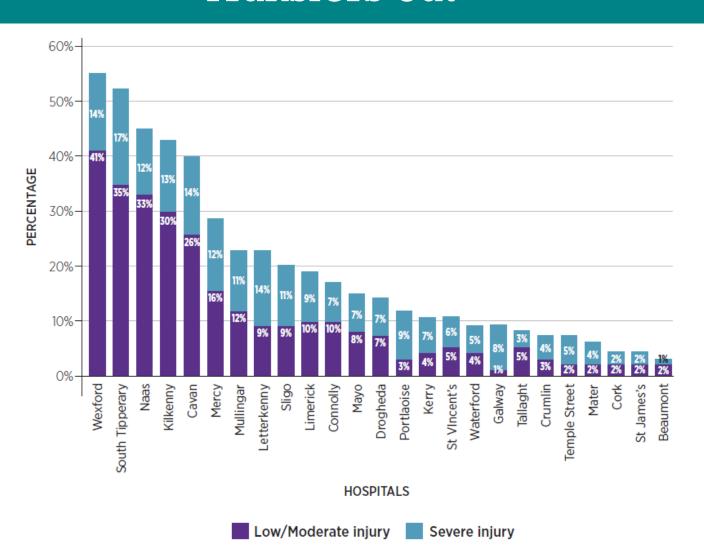


HOSPITAL LEVEL REPORTING



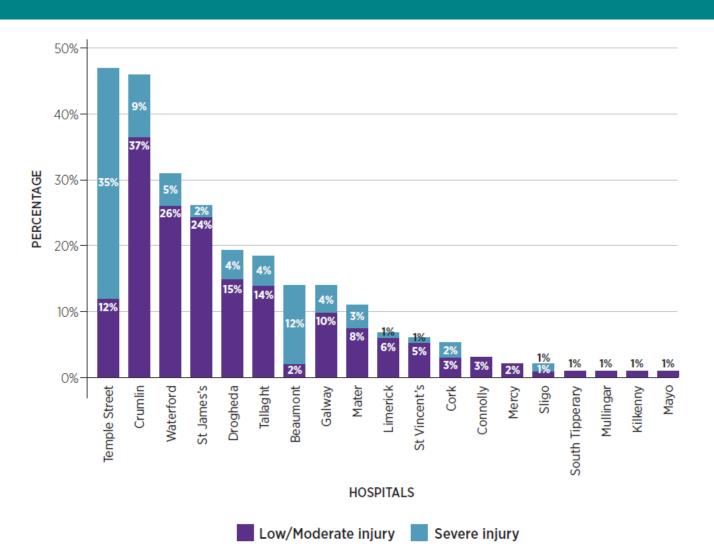


Transfers out





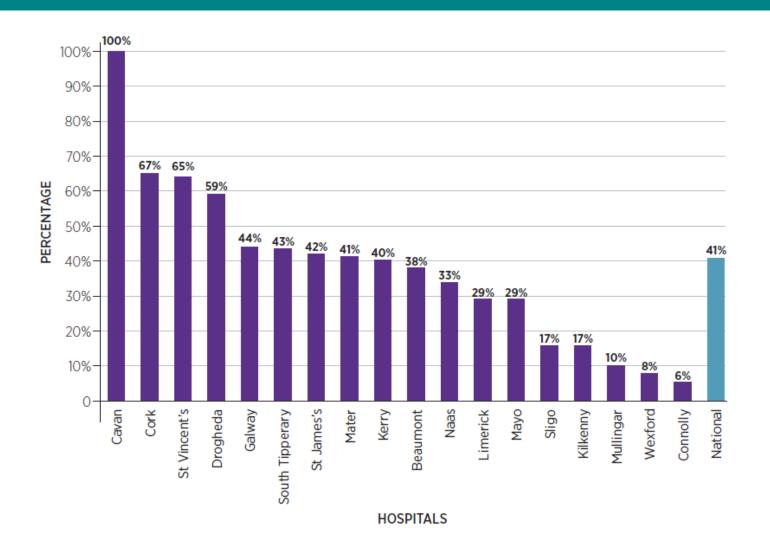
Transfers in





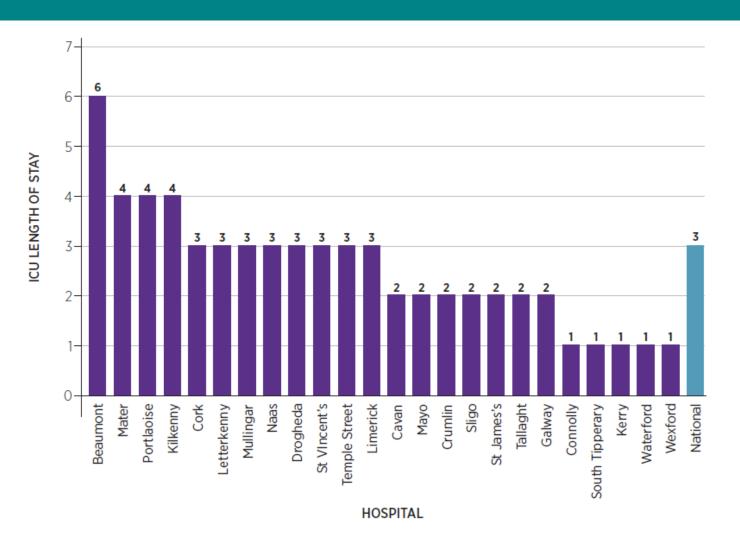


Access to CT



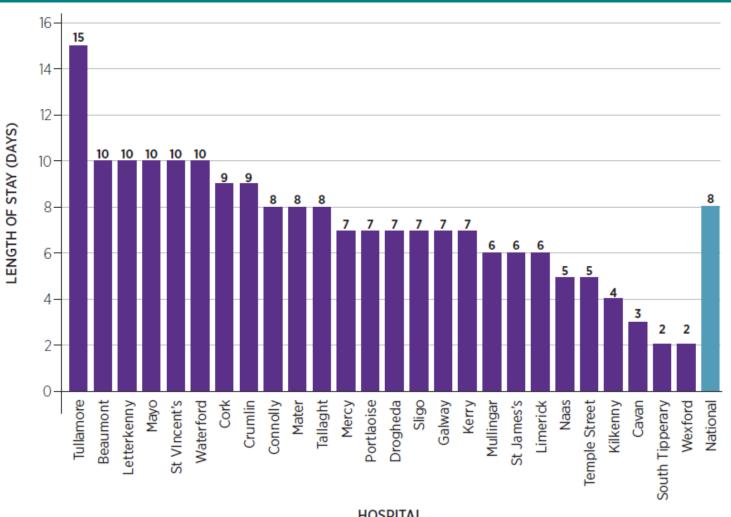


ICU LOS





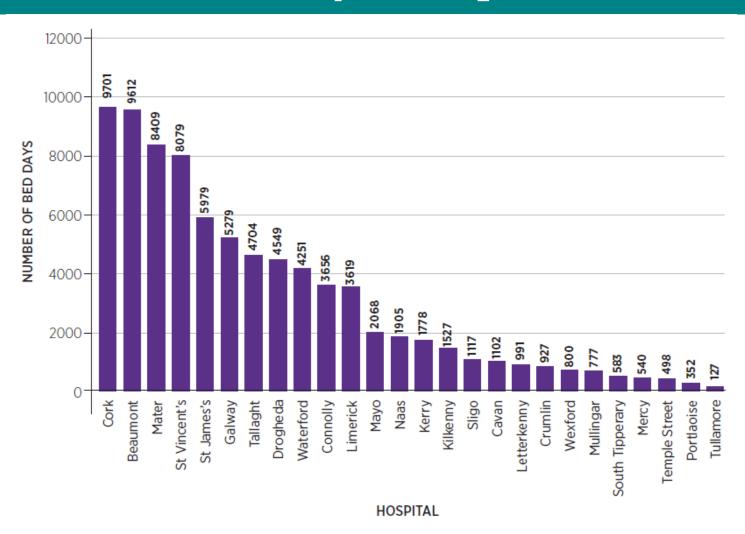
LOS







82,930 bed days occupied in 2017







TRAUMADOC







MAJOR TRAUMA REPORT 2017

KEY RECOMMENDATIONS

- Ireland does not have a coordinated trauma system. The MTA Governance Committee welcomes A Trauma System for Ireland: Report of the Trauma Steering Group, that was published in February 2018 and urges its prioritised implementation.
- A multi-agency, multidisciplinary response is required to develop a strategy to prevent the most common mechanism of injury in Ireland: low falls. Lessons learned from policy changes in road safety, offer a model that could be applied to home safety, where the majority of low falls occur.
- To address the variation across the audit, each participating hospital should support the actions recommended by its local MTA governance committee.
- NOCA will support hospitals to enhance and where required re-establish their local MTA governance committees.
- The MTA recommends stakeholder collaboration to define the composition of a trauma team and activation criteria. Similarly, defining rehabilitation assessment and prescription is important so that standards of care can be benchmarked.

The most important people!!!!







Thank you for listening







