

NOCA National Office of
Clinical Audit

MTA Major Trauma
Audit

MAJOR TRAUMA AUDIT
NATIONAL REPORT 2017



**Major Trauma Audit
National Report 2017**

hello my name is...


DR CONOR DEASY

MAJOR TRAUMA AUDIT CLINICAL LEAD

Major Trauma Audit

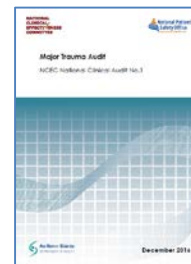
The MTA was established in 2013. Using the internationally recognised TARN methodology and focuses on the care and outcomes of major trauma patients.



3 reports published (4 years)

15,500 + cases reported

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



REPORT HIGHLIGHTS 2017



86%

86% data coverage
(5061 cases)



61

Median age
was 61 years



11%

11% of patients were received
by a trauma team



57%

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



57%

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



50%

50% of patients
sustained an injury in
their own home



9

Median length of
stay was 9 days



95%

95% of major trauma
patients survived



21%

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



60%

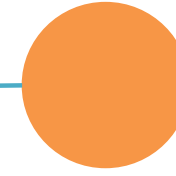
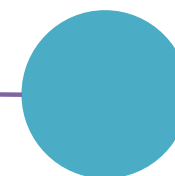
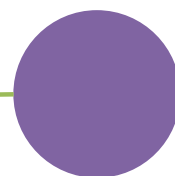
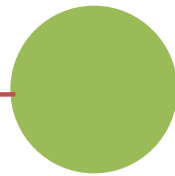
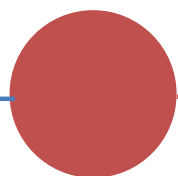
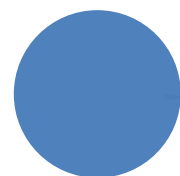
60% of patients
were discharged
directly home

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.

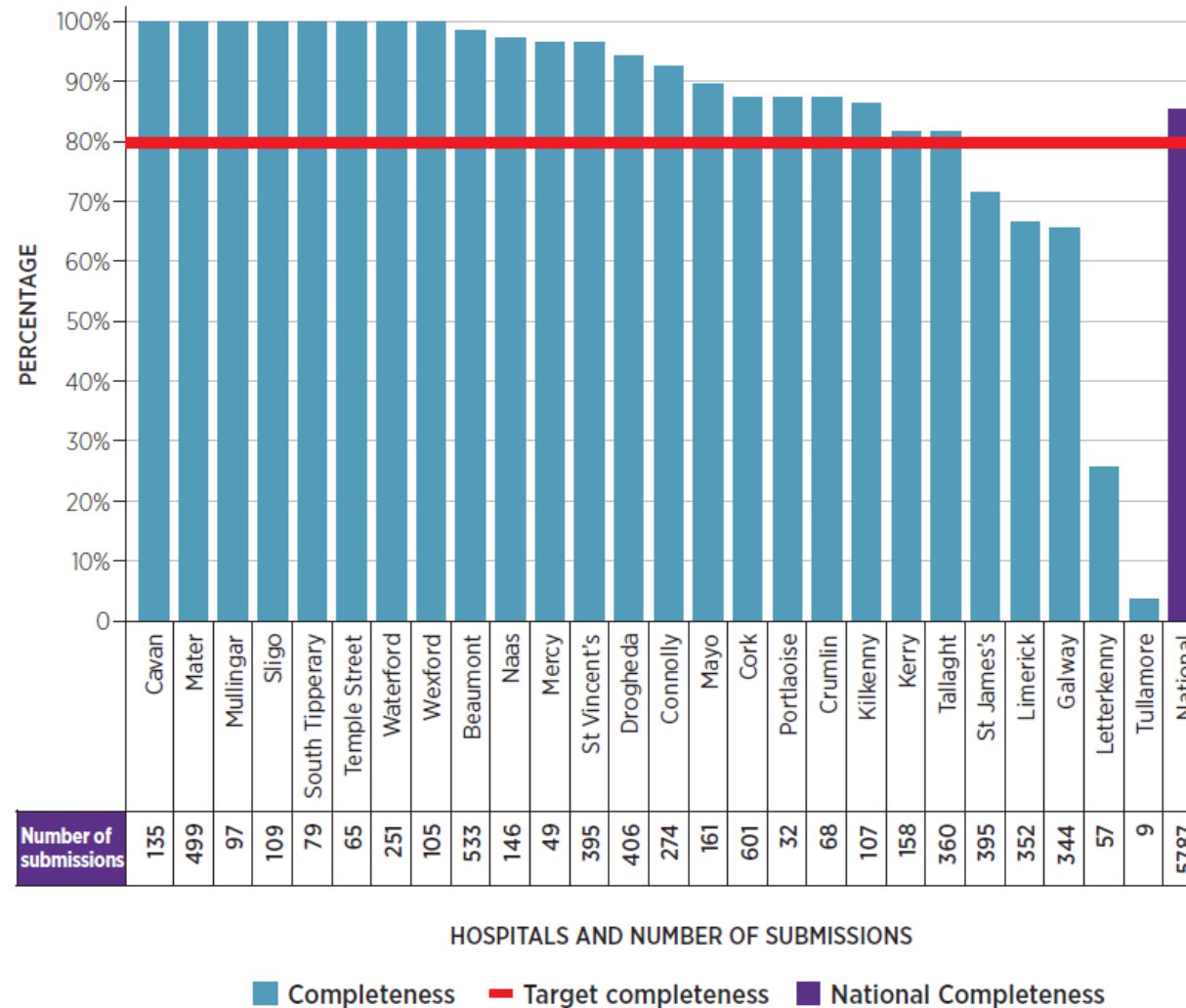


MTA patients in the younger age groups are more likely to be pre-alerted, received by a trauma team, seen by a consultant in the ED and transferred for further specialist care.

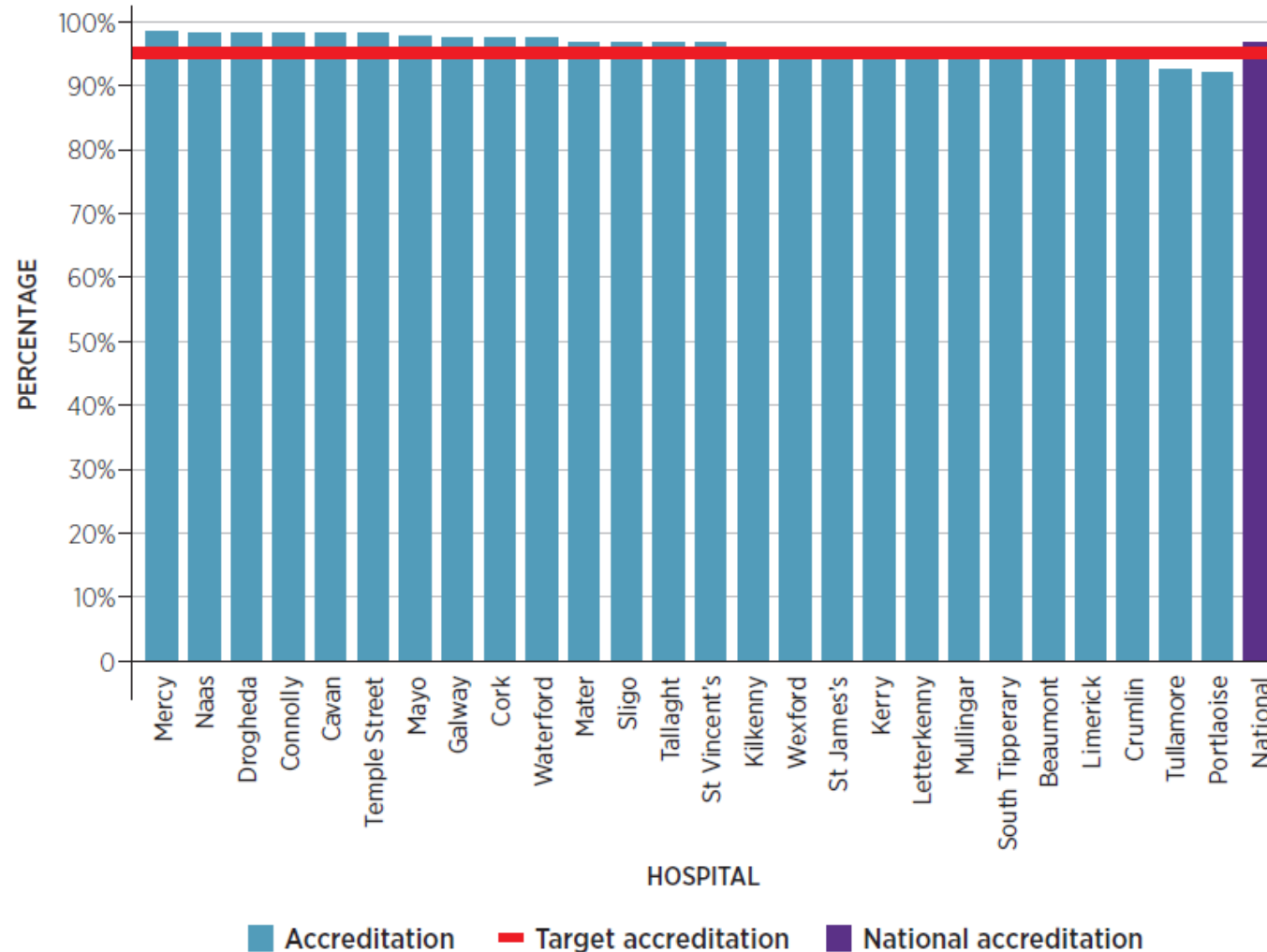
There are low levels of consultant-led trauma teams and direct admission to a neurosurgical service and poor adherence with NICE head injury guidelines for time to CT.

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

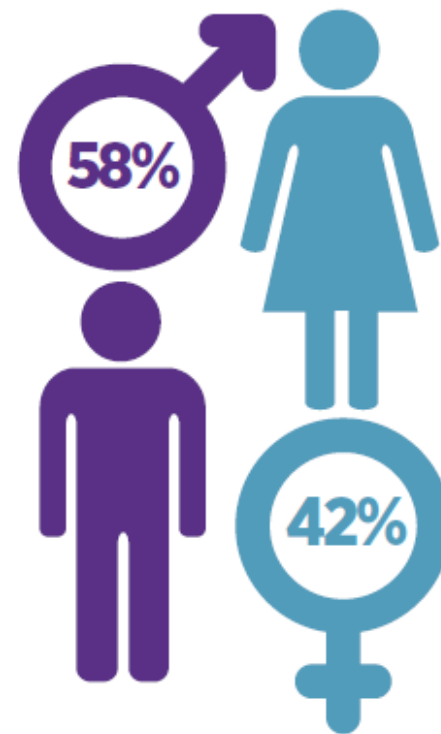
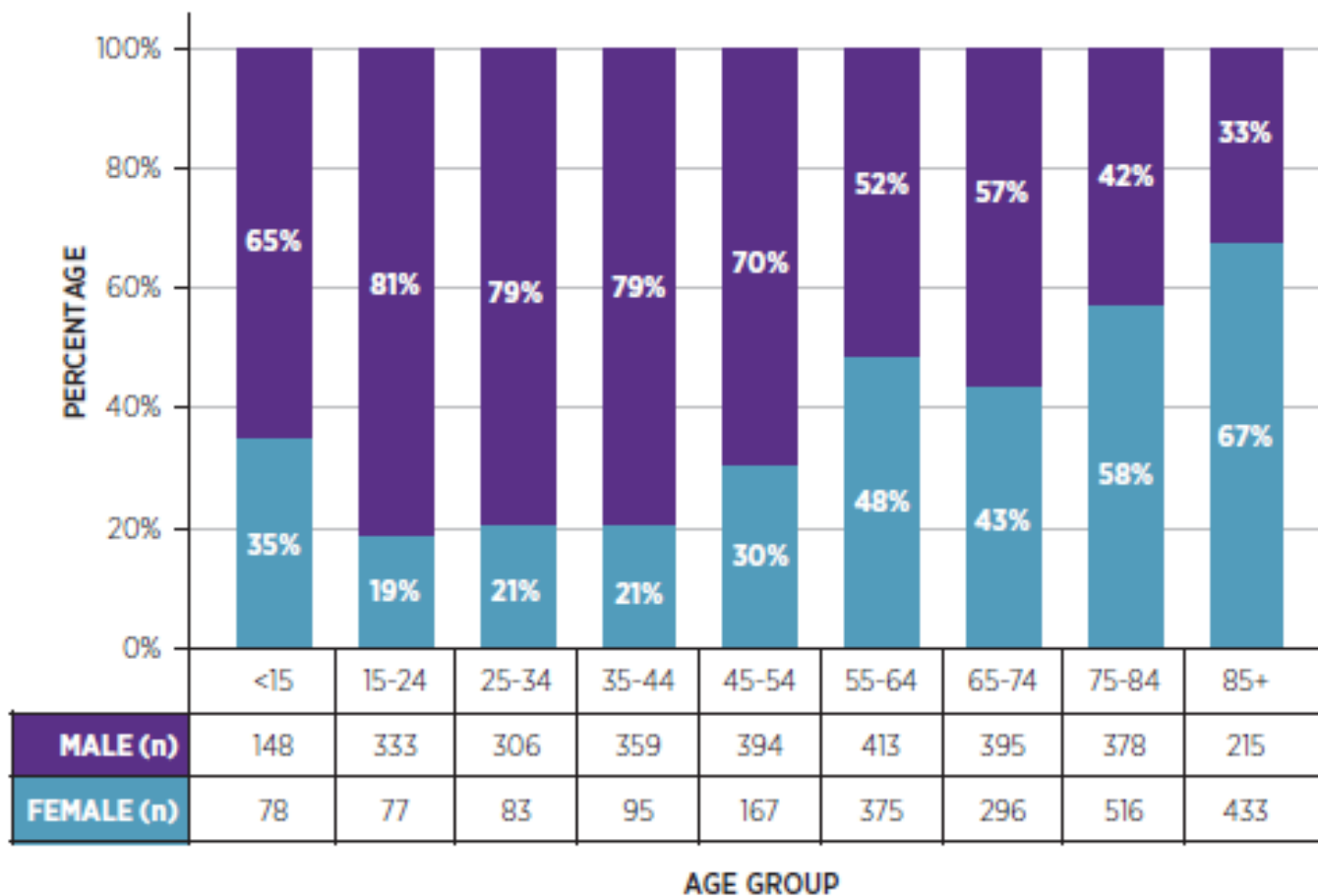
Data Coverage



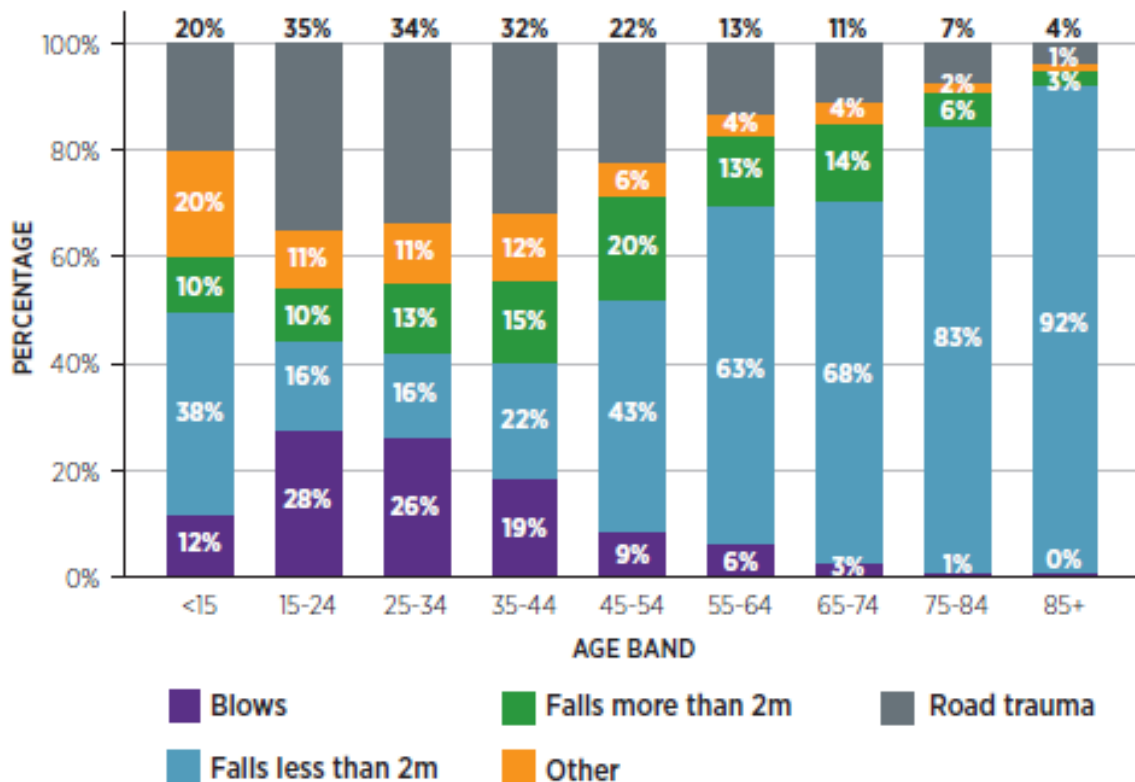
Accreditation



Who are the injured?



How were they injured?

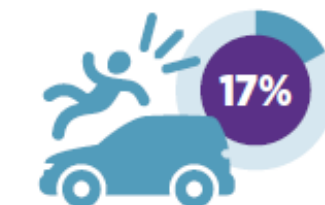


HOW WERE THEY INJURED?

The most common ways in which patients were injured:



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

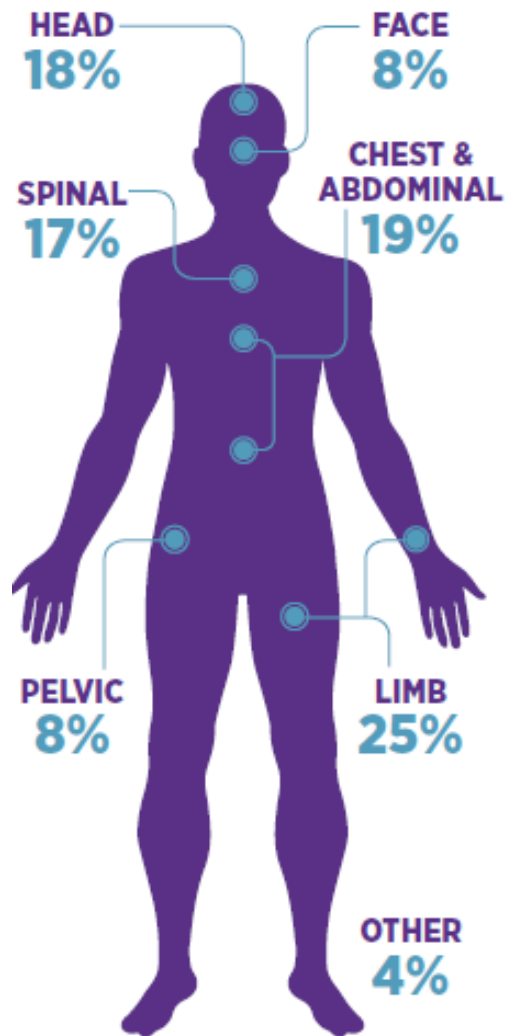


17% of patients suffered road trauma



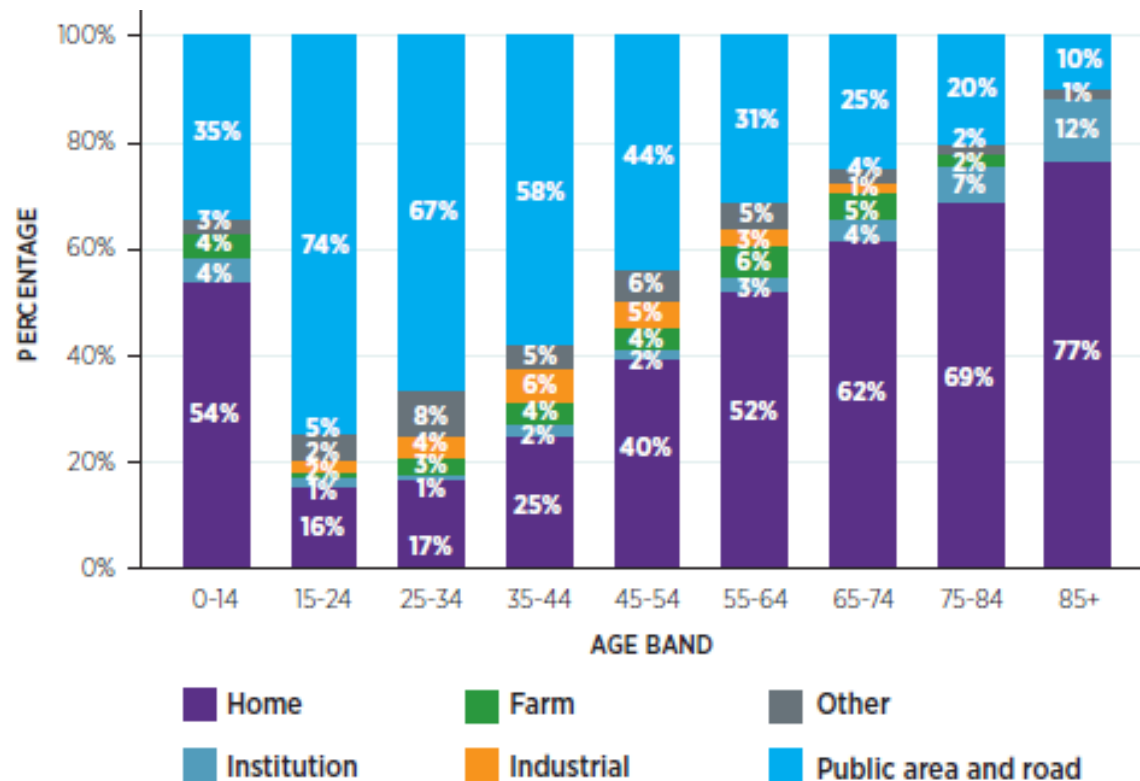
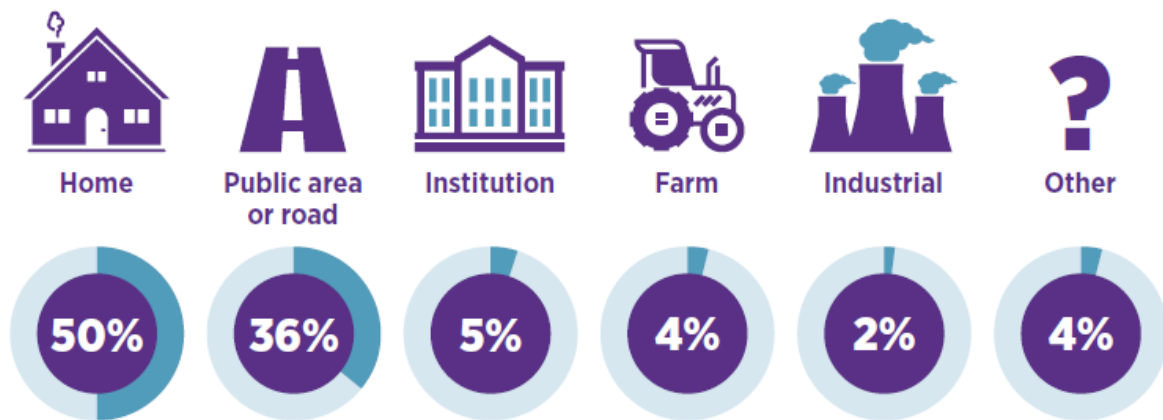
11% of patients suffered a fall of greater than 2 metres

What did they injure?



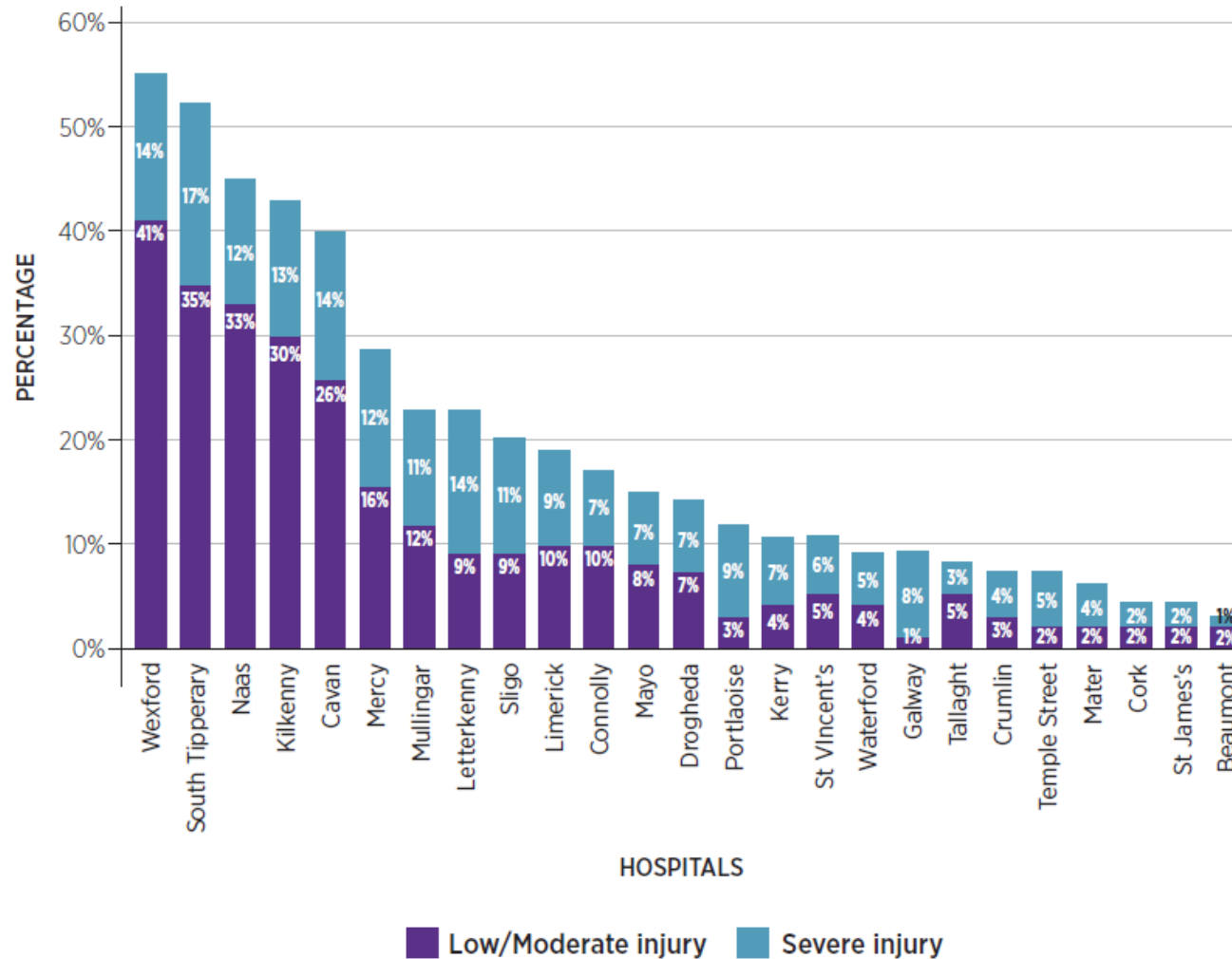
NUMBER OF BODY REGIONS INJURED	NUMBER OF PATIENTS	%
1	3420	68%
2	1133	22%
3	315	6%
4	133	3%
5	43	1%
6	16	<1%
7	<5	<1%
Total	5061	100%

Where were they injured?

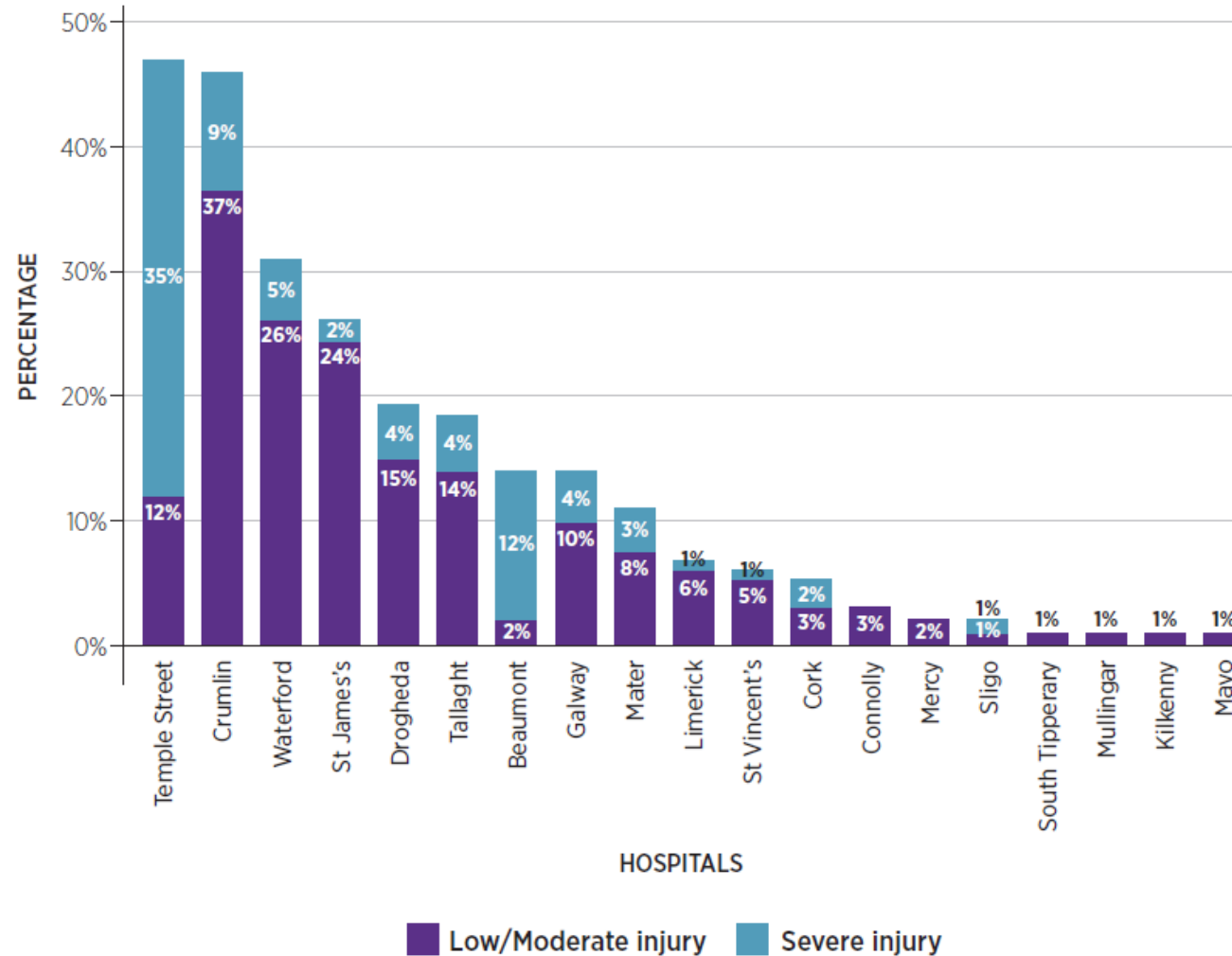


HOSPITAL LEVEL REPORTING

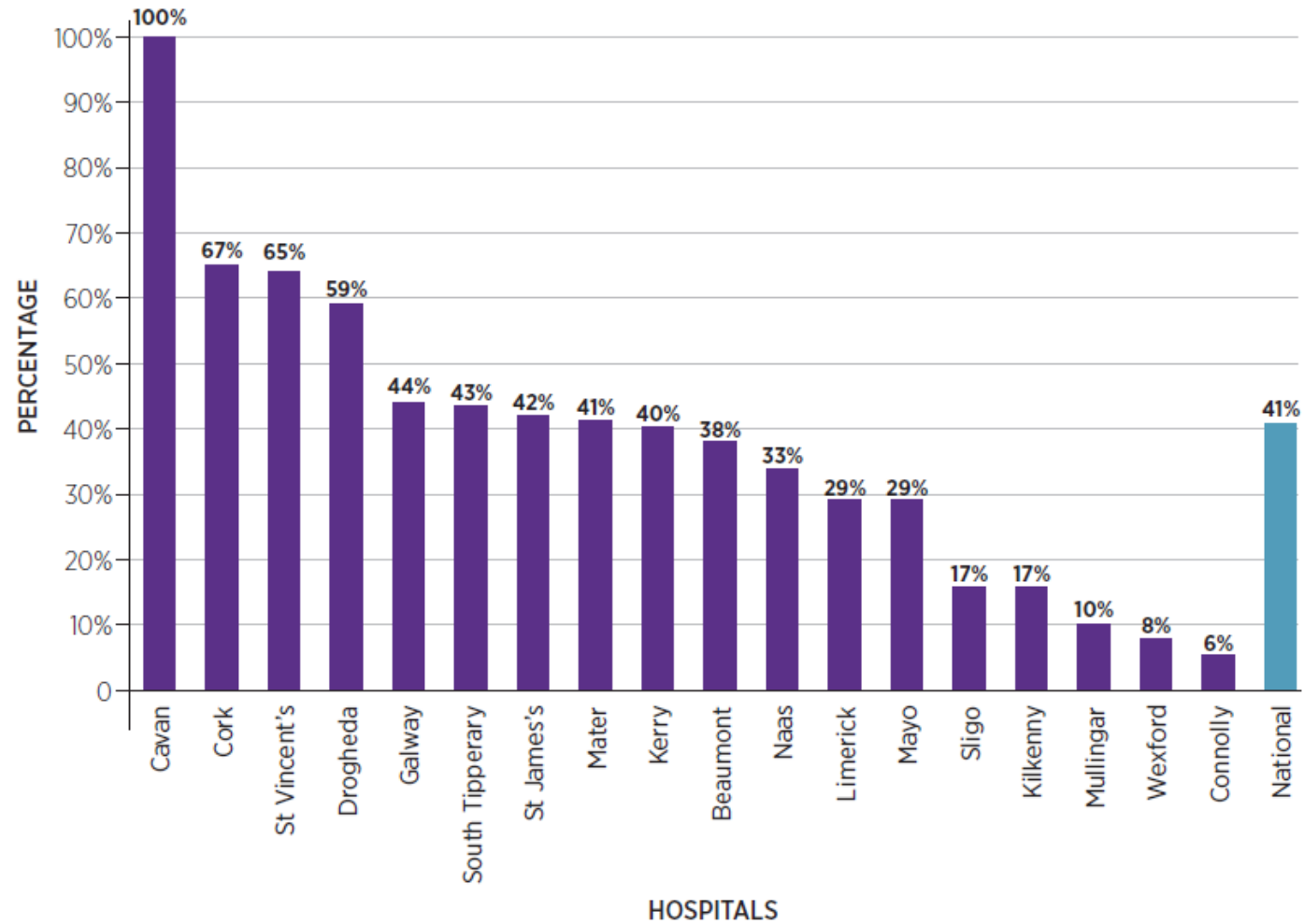
Transfers out



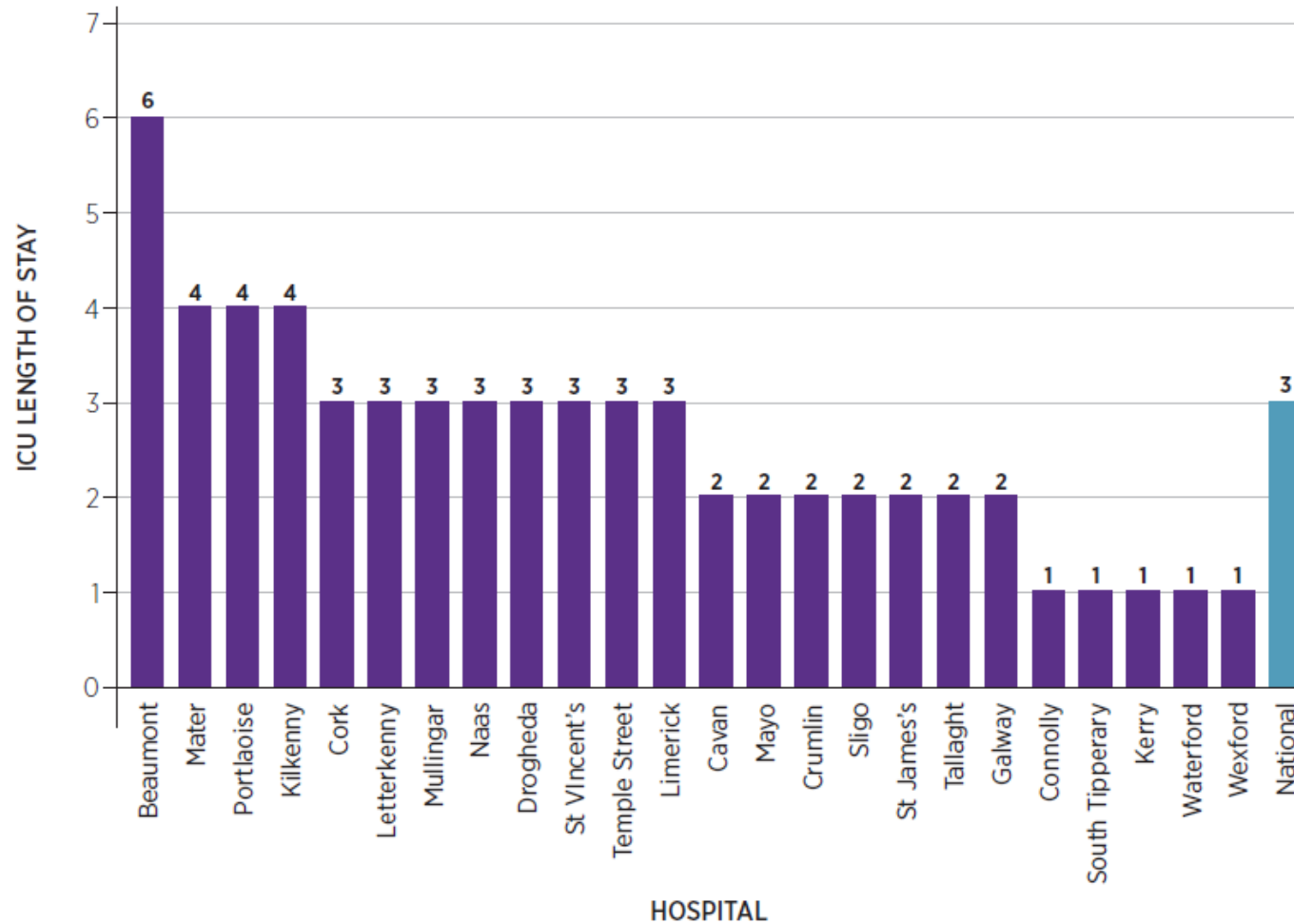
Transfers in



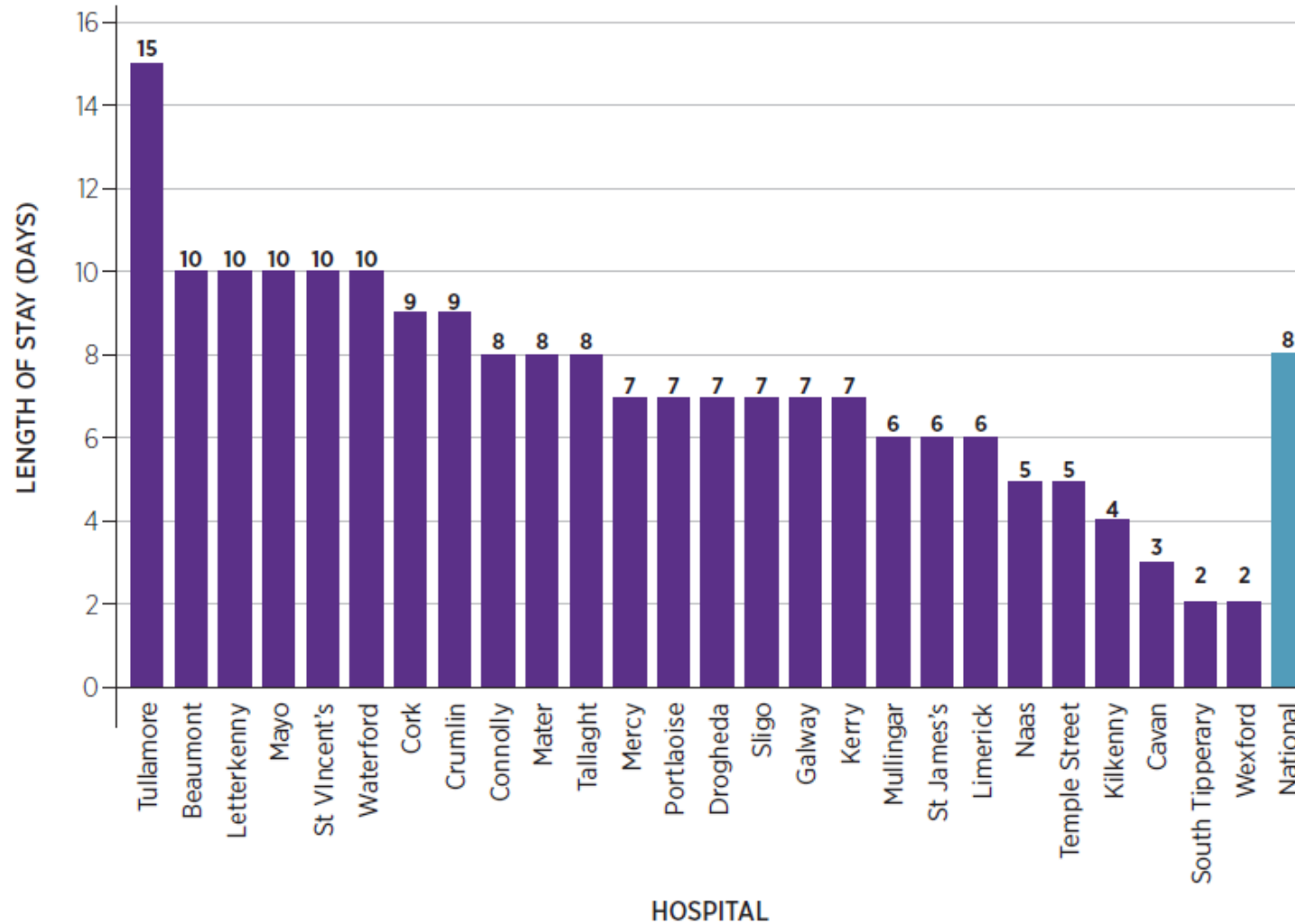
Access to CT



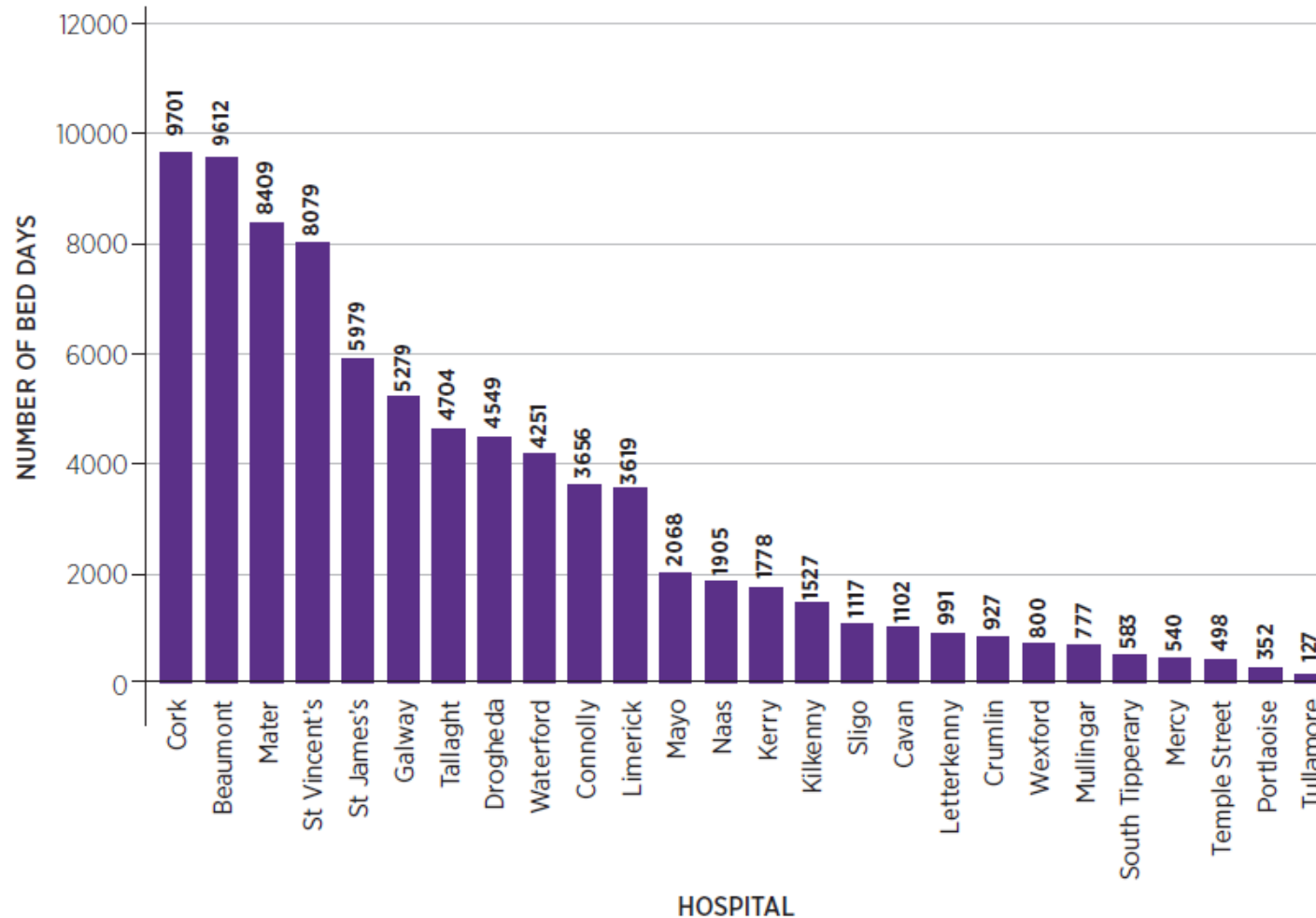
ICU LOS



LOS



82,930 bed days occupied in 2017



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



+353 1 4028577



auditinfo@noca.ie



@noca_irl



www.noca.ie