

**Major Trauma Audit National Report 2014-2015**  
**Press Briefing Document**  
**8th December 2016**

## Major Trauma Audit National Report 2014-2015

### Press Briefing Document

#### NOCA launches its first Major Trauma Audit Report

We all know someone who is admitted to hospital following a fall or a road traffic collision. The Major Trauma Audit (MTA) collects information on who becomes injured, the injuries they sustain, how they come to hospital and the care they receive in hospital. This information is very useful to hospitals as they can review their own information, identify both good outcomes and deficits in care and importantly learn from both.

This is the first report from the MTA, which was established by the National Office of Clinical Audit (NOCA) in 2013. This first report presents findings from MTA in 2014 and 2015. At this time, there were 24 trauma receiving hospitals participating in MTA, but this has since increased to 26 hospitals in 2016. The purpose of this report is to provide patients, families, the public and the wider health system with an account of national MTA.

#### Background to the Major Trauma Audit

Trauma care is complex and challenging. People sustain multiple injuries requiring urgent medical attention. Many critical decisions are made during the early phases of trauma care. Initial resuscitation and on-going care involves multiple specialist teams of paramedics, doctors, nurses and other health care professionals in hospitals. Each and every part of this journey impacts on whether the patient lives or dies and what injuries they will live with for the rest of their lives. The care of critically ill patients with severe injuries requires a coordinated and integrated system of trauma care involving multiple health care professionals, and may even involve a number of hospitals. One of the key factors underpinning the success of an integrated trauma system is high-quality data to facilitate local, regional and national quality assurance and improvement initiatives. Promoting and facilitating this is the aim of the MTA in Ireland.

## Current Status of Major Trauma Audit

National clinical audit is an ongoing review of clinical practice measuring structures, processes and outcomes against clinical standards to make improvements in quality of care. This is now an essential component to improving the quality of modern healthcare. MTA specifically focuses on the care provided to the more severely injured patients in our healthcare system.

MTA gathers information about injuries people sustain in accidents and how these injuries are dealt with by hospitals and professional health care teams. This information is very useful to hospitals as they can review their own information, identify both good outcomes and deficits and importantly learn from both. In this way, the information gathered in this audit helps to improve the quality of trauma services. Personal information i.e. information which could be used to identify a patient such as name, address and date of birth, is **not** taken from the hospital system and is **not** used in this audit. Patient confidentiality and privacy is protected in this manner.

NOCA engaged the internationally recognised Trauma Audit and Research Network (TARN) to provide its methodological approach for MTA in Ireland. NOCA now has 26 trauma receiving hospitals participating in MTA. This has occurred on a phased basis since October 2013 to January 2016. MTA has been successful, becoming the first National Clinical Effectiveness Committee (NCEC) national clinical audit in December 2016. The NCEC provides a mechanism of endorsement by the Minister for Health of clinical audit mandated for the Irish healthcare system. This supports the rigorous use of data for evaluation and quality improvement. This will ensure the sustainability of MTA establishing it as a cornerstone of the national trauma system's quality programme in Ireland.

## Who is the National Office of Clinical Audit?

NOCA is an independent body that implements national clinical audits in the healthcare system. It was established in 2012 to create sustainable national clinical audit programmes such as MTA. NOCA enables those who manage and deliver healthcare to improve the quality of care through national clinical audit.

## **Who is the MTA report aimed at?**

This is the first report of MTA in Ireland. The report is aimed at clinicians delivering care as well as all those interested in improving the standard of trauma care. It provides patients, families, the public and the wider health system with an account of the national MTA.

## **What does the MTA report tell us?**

This report, which includes data from trauma-receiving hospitals, focuses on the audit between 2014 and 2015. It includes clinical findings at national level as well as patient outcomes. This report provides us with the first information on who is injured, how injuries occur, how injured patients are cared for in acute hospitals as well as the preliminary outcome data following admission to hospital.

It is important to know hospitals are encouraged to take part, review their information and learn from audit findings. This points to an evolving and maturing culture of clinical audit in Irish healthcare. MTA provides quality assurance to trauma services as well as identifying potential aspects of care for improvement.

## **What does the MTA report not tell us?**

This is the first report from the national MTA which presents audit findings at a national level. Findings have been presented to describe the range of traumatic injuries, care processes and outcomes. Hospitals have not been named. Data capture is not complete. This is due to the staggered nature in which hospitals commenced MTA. Furthermore, the retention of MTA coordinators has been challenging at a time of shortage of appropriately skilled and experienced audit staff. With improved data capture and audit maturity, it is envisaged that hospitals will be identifiable in future reports coming from MTA.

## Key Findings

Most major trauma patients incurred their injuries following 'low falls' (falls of <2metres) followed by road traffic collisions. It is important to know that:

- 6% of major trauma patients were from the young population (< 16 years), 54% of major trauma patients were from the working age population (16-64 years) and 40% of major trauma patients were from the older population (≥65 years)
- 58% of major trauma patients arrive to the emergency department after 4pm, with no significant difference in day of week presentation
- 35% of major trauma patients had multiple injuries and 23% of major trauma patients had severe head injuries
- 13% of major trauma patients were admitted to an intensive care unit and 60% of patients with severe traumatic brain injuries were admitted to a neurosurgery unit
- 30% of patients had to be transferred to another hospital for on-going care as their care needs could not be provided by the initial receiving hospital.

## Key recommendations

Recommendations arising from this report can be broadly categorised as:

- **Supporting trauma care delivery in hospital:** MTA can be used to quality assure and improve trauma care in both the pre-hospital setting and trauma receiving hospitals. For example data on patients with 'unexpected' outcomes, be that a patient who survived though expected to die based on the severity of injuries, or a patient who died though expected to live, is now interrogated at hospital level by clinicians and trauma governance teams to improve patient care.
- **Supporting national service planning:** MTA can specifically inform ICU bed capacity requirements and development of a national trauma system.
- **Improving the data for MTA:** Recruitment and retention of MTA coordinators i.e. dedicated hospital audit staff will improve data quality.

The full report is available from: <https://www.noca.ie/publications>

**NOCA** National Office of  
Clinical Audit



+353 1 4028577



mta@noca.ie



@noca\_irl



www.noca.ie

---