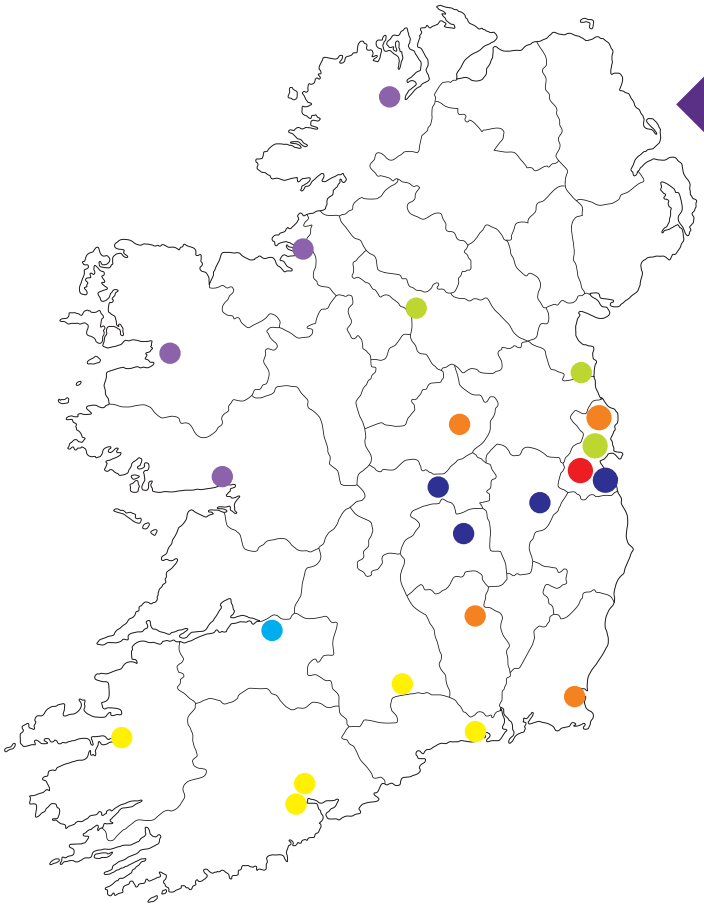
NOCA National Office of Clinical Audit

MTA Major Trauma Audit

MAJOR TRAUMA AUDIT
SUMMARY REPORT 2016

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.



4,426 PATIENTS
74% COMPLETENESS

26 HOSPITALS INCLUDED

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 systems[1] or a single injury so complex that it exceeds the capabilities or expertise of the receiving hospital[2].

WHO ARE THE INJURED?

The average age of major trauma patients is 55 and 40% are aged 65 years and older.

5%	9%	10%	9%	11%	16%	14%	16%	10%
<15 YEARS	15-24 YEARS	25-34 YEARS	35-44 YEARS	45-54 YEARS	55-64 YEARS	65-74 YEARS	75-84 YEARS	85+ YEARS

HOW WERE THEY INJURED?

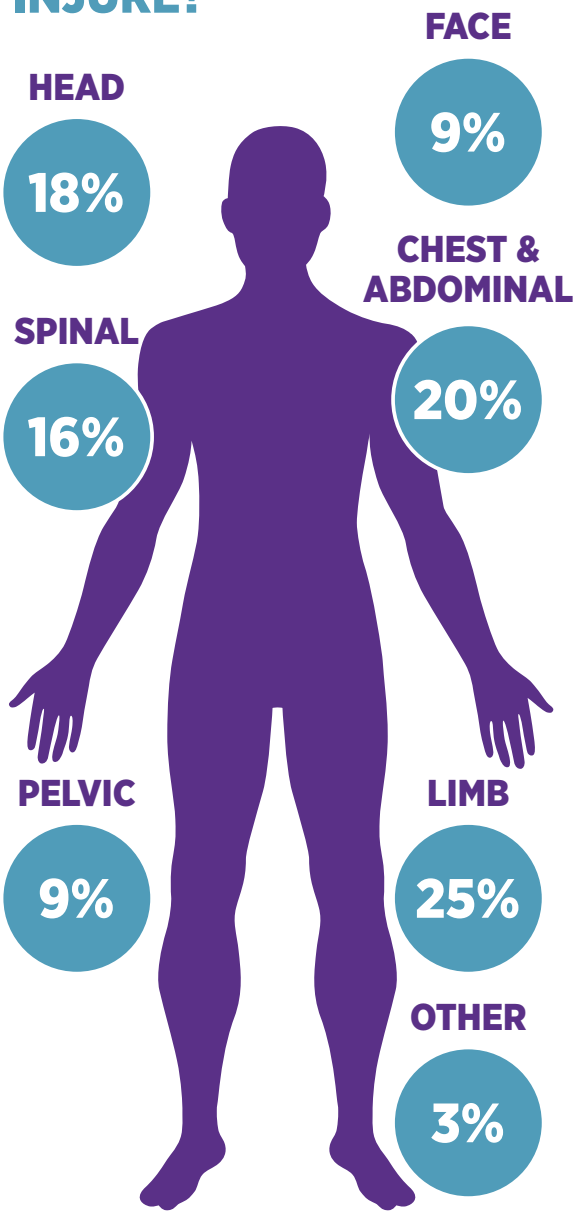
The most common ways in which patients were injured:

51%
OF PATIENTS SUFFERED A 'LOW FALL' (LESS THAN 2 METRES)

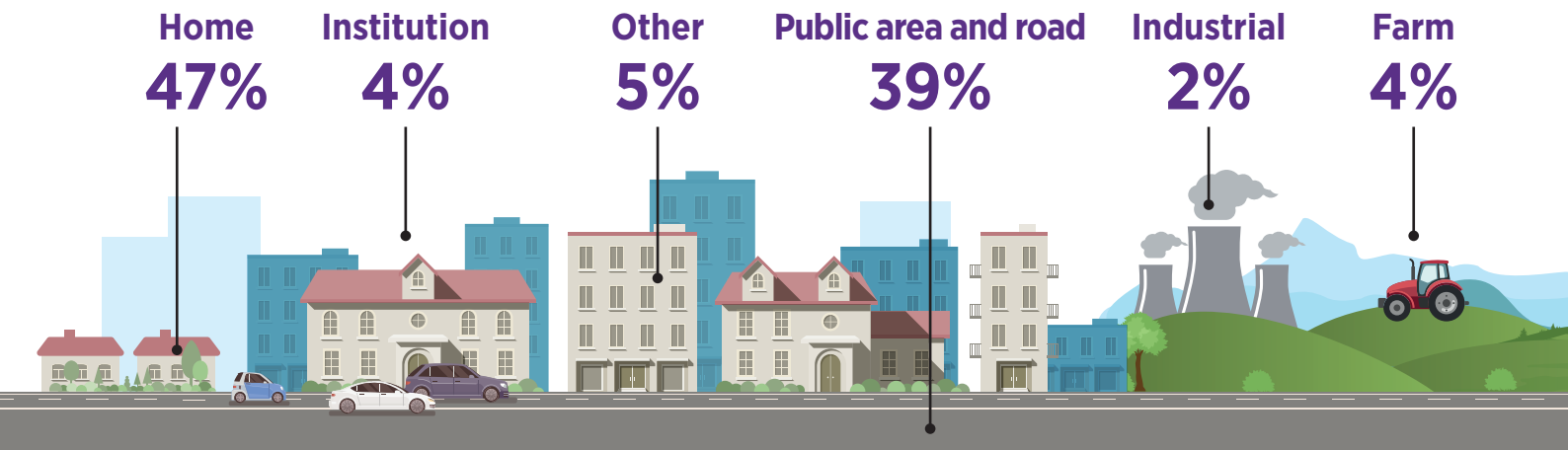
18%
OF PATIENTS SUFFERED ROAD TRAUMA

13%
OF PATIENTS SUFFERED A FALL OF GREATER THAN 2 METRES

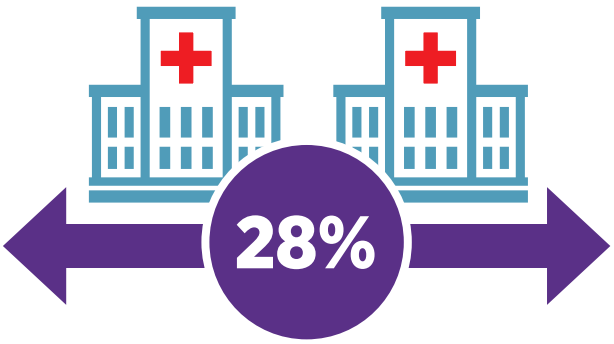
WHAT DID THEY INJURE?



WHERE WERE THEY INJURED?



28% of patients had to be transferred to another hospital for on-going care

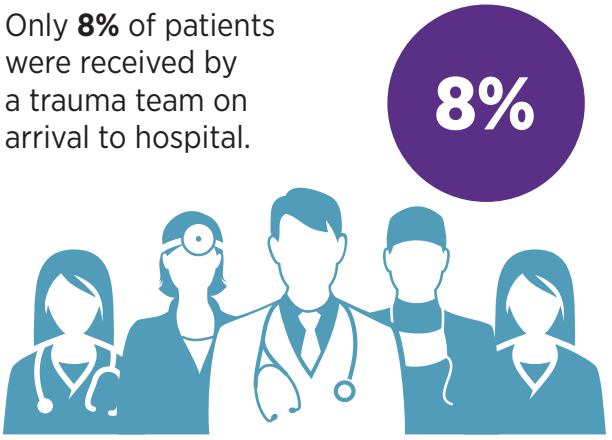


The cause of trauma differs in younger and older groups. Road trauma was the most common cause of injury the younger age groups and 'low falls' in the older age groups.

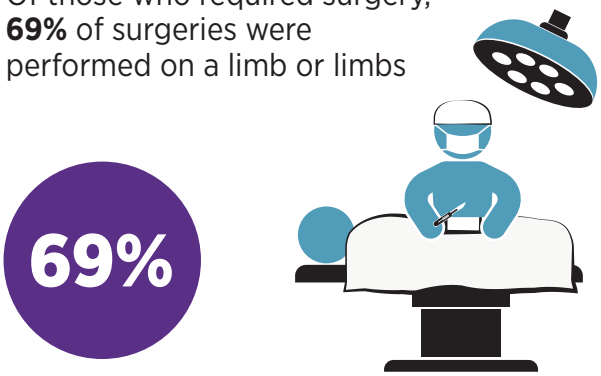
Older major trauma patients are more complex to treat due to pre-existing health conditions. They were less likely to be pre-alerted or reviewed by a senior clinician and are more likely to die and suffer higher levels of disability than younger major trauma patients.

Older patients are less likely to be discharged home and more likely to be discharged to rehabilitation or long term care compared to younger patients.

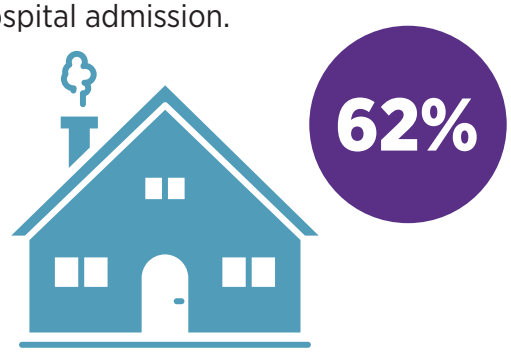
Only **8%** of patients were received by a trauma team on arrival to hospital.



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



62% of major trauma patients were discharged home directly following their hospital admission.



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

96% of major trauma patients survived

KEY RECOMMENDATIONS

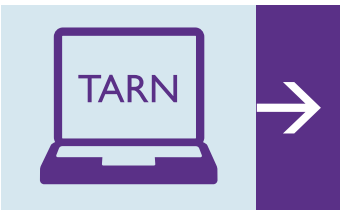
Trauma services need to be reorganised to provide timely, appropriate and optimal care to major trauma patients to ensure the right patient is brought to the right hospital for the right treatment at the right time.

A national definition and standard on what should constitute a trauma team and activation criteria for such a team are required.

Pre-hospital carers and emergency medicine professionals should exercise a high level of suspicion of major trauma in older patients with low-energy mechanism injuries e.g. 'low falls' (less than 2 metres).

To support this approach to care:

- Clinical assessment and triage tools should be adapted to suitably assess older patients.
- Education programmes for pre-hospital carers and emergency medicine professionals should include care for the older patient with low-energy mechanism injuries.



NOCA will continue to work with data coordinators, clinical leads, hospitals, hospital groups, the Healthcare Pricing Office and the Trauma Audit Research Network (TARN) to improve data quality and completeness. Longer term functional and quality-of-life measures should be included in the future development of the audit.

REFERENCES

[1] National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) (2007). *Trauma: Who Cares?* [Online]. Available from: http://www.ncepod.org.uk/2007report2/Downloads/SIP_summary.pdf [Accessed: 22/11/2017].

[2] Royal College of Surgeons of England (2009) *Regional trauma systems: interim guidance for commissioners* [Online]. Available from: https://www.rcseng.ac.uk/publications/docs/regional-trauma-systems-interim-guidance-for-commissioners [Accessed: 22/11/2017].

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2ND FLOOR, BLOCK B, ARDILAUN,
111 ST STEPHENS GREEN, DUBLIN 2.
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