

# MAJOR TRAUMA AUDIT SUMMARY REPORT 2021

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?

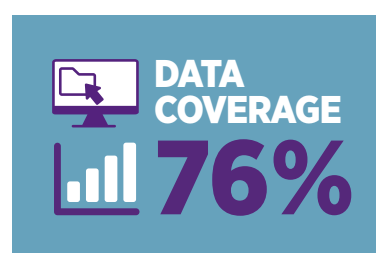
Major trauma is any injury that has the potential to cause prolonged disability or death. There are many causes of major trauma. These injuries can be sustained in many ways, for example following a fall from a height or low fall, motor vehicle collisions, stabbing or a gun shot wound (World Health Organization, 2022).

## IN THIS REPORT

**22 of 26**  
**HOSPITALS**




**4055** PATIENTS  
RECORDED



**DATA**  
**COVERAGE**  
**76%**

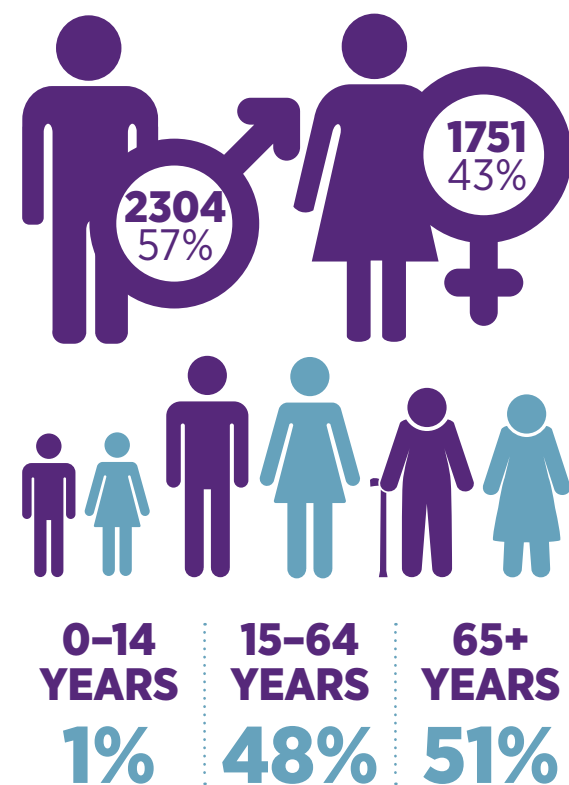
This year the MTA has collaborated with the Irish Blood Transfusion Service (IBTS). Blood transfusion plays a vital role in saving the lives of patients who have sustained major trauma. Ireland currently needs over 3,000 blood donors each week to meet this demand. The MTA welcomes the opportunity to highlight the 'GIVE BLOOD' campaign, and encourages national blood donation to sustain the necessary level of blood supply. Further information on the registration process and information on donation centres can be found at <https://www.giveblood.ie/can-i-give-blood>.



# KEY FINDINGS 2021

## WHO ARE THE INJURED?

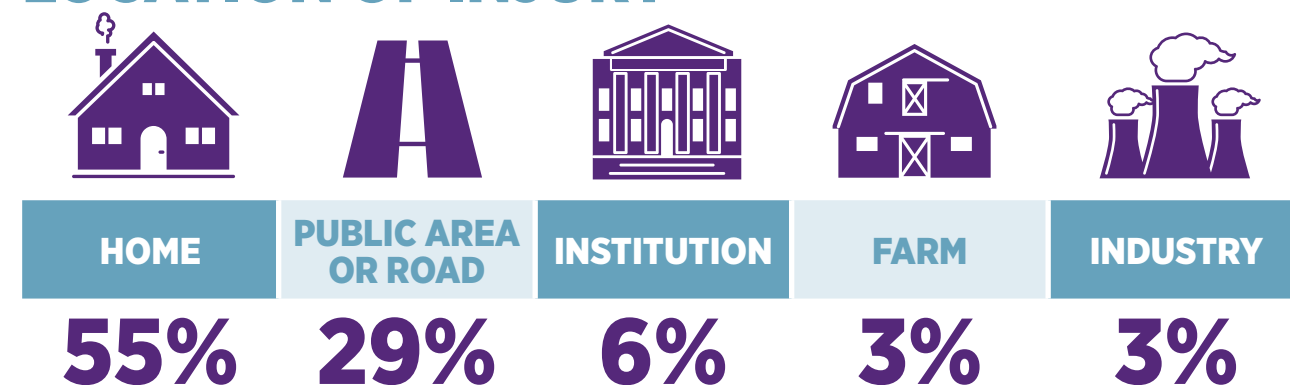
The average age of major trauma patients was 62 and 51% were aged 65 years and older.



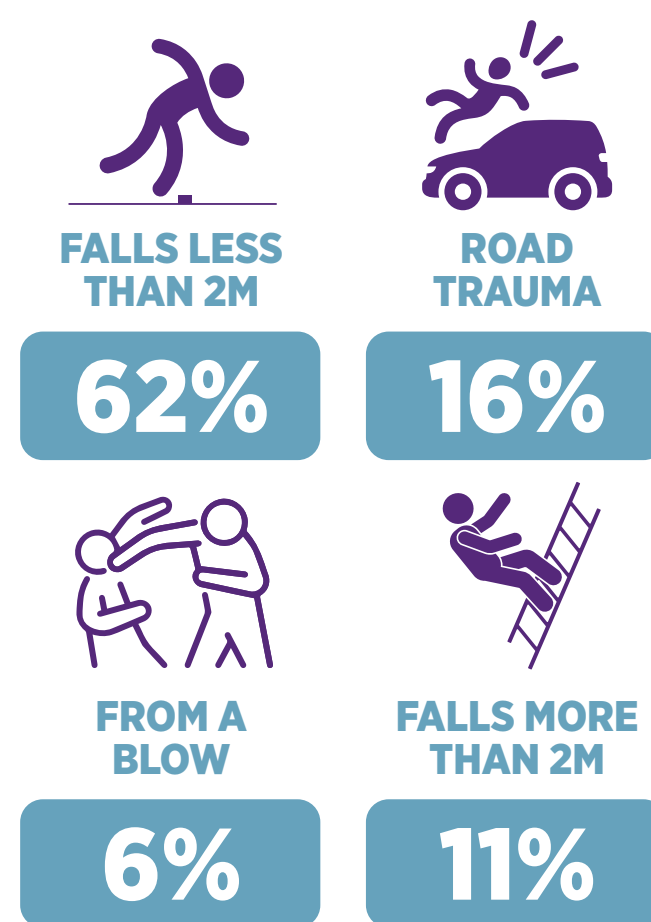
## HOME SAFETY

[CLICK HERE >>](#)

## LOCATION OF INJURY



## MECHANISM OF INJURY



## MOST COMMON SITES OF INJURY

29% LIMB INJURY 24% HEAD INJURY

INJURY SEVERITY SCORE >15  
36%



ISS is a measure of how injured a person is. ISS >15 indicates severe injury.



MEDIAN LENGTH OF STAY 9 DAYS



PRE-ALERT RATE 13%

Documented rate by ambulance services to receiving emergency department.

RECEIVED BY A TRAUMA TEAM 8%



AS PATIENTS GET OLDER THEY ARE LESS LIKELY TO BE

### PRE-ALERTED

7% of 75-84 year olds vs 32% of 15-24 year olds

### MET BY A TRAUMA TEAM

3% of 75-84 year olds vs 21% of 15-24 year olds

### RECEIVED BY A SENIOR CLINICIAN

17% of 75-84 year olds vs 31% of 15-24 year olds

50% OF PATIENTS WITH A GCS SCORE OF <13 RECEIVED A CT WITHIN 1 HOUR



GCS Glasgow Coma Scale is a measure of the patient's level of consciousness.

7% DISCHARGED TO INPATIENT REHAB



60% DISCHARGED HOME



Between 2017 and 2021, 4% (n=943) of major trauma patients received blood products within the first 24 hours



4%



Of all the patients who received blood, 44% received it within 6 hours of incident

44%



45% pre-alert rate for patients who received blood products

45%



Out of all patients that received tranexamic acid\*, 87% received it within 3 hours of the incident

87%

\*tranexamic acid is a medicine used in the prevention and treatment of bleeding

# KEY RECOMMENDATIONS

## RECOMMENDATIONS TO THE NATIONAL OFFICE FOR TRAUMA SERVICES

The National Office for Trauma Services, HSE should:

- collaborate with MTA /NOCA to develop/align standard key performance indicators (KPI)
- review the data within the blood product chapter to inform the provision of haematology services and stockholding within the major trauma centres (MTCs)
- define rehabilitation needs assessment (RNA) and rehabilitation prescription (RP) using the approved NOTS documentation and roll out same nationally in order to collect meaningful rehabilitation data within the MTA.

## RECOMMENDATIONS TO THE NATIONAL OFFICE OF CLINICAL AUDIT

The MTA will:

- progress the completeness of key data fields such as heart rate, subsequent blood product administration and second dose of tranexamic acid administration in order to capture meaningful data.
- work with relevant organisations and stakeholders to support the establishment of local governance committees in order to review the data inputted with the MTA and implement quality improvement initiatives that will improve quality of care.
- use the information within the MTA for the development of home safety and injury prevention strategies that can reduce older persons' risk of major trauma in the home, and disseminate same via public messaging campaigns.

## PATIENT AND PUBLIC INTEREST

My name is Richard Murray. In July 2021, I suffered a spinal injury while on holiday in County Clare.

After being stabilised in University Hospital Limerick within nine hours of the accident, I was transferred to the Mater Hospital in Dublin, where I received amazing care. However, after five days had passed and it came time to leave the Mater, I was told I would have to return to the original hospital in Limerick, despite the fact that I live in Cork City; very close to Cork University Hospital. This was extremely confusing and stressful for me. It meant that, for a three-month period, I would have to come to terms with life-changing injuries without the support of my partner and family nearby while I waited in Limerick for a space in the National Rehabilitation Hospital (NRH). My partner and family spent the week I was in the Mater calling hospitals and politicians in the hopes of getting me repatriated to Cork,

but it seemed this was all to no avail, as I was told an ambulance was being called to return me to Limerick. Fortunately, one could not be sourced for the journey, which had been scheduled for late on a Friday, and my departure to Limerick was delayed. To this day, I do not know exactly what determined that I could return to Cork.

I sincerely hope that this approach is changed going forward. I can only imagine how my physical and mental health would have suffered, had I been isolated in the immediate aftermath of my accident, far from home and with the added uncertainty of not knowing when I might reach the NRH. In total, I spent 75 days in Cork University Hospital and only knew I was leaving for the NRH on day 74.

I'm still in the early days of being a patient and public interest representative for the Major Trauma Audit (MTA), but I hope to contribute positively in terms of how

patients are represented and how the public understand the reports, by providing a patient's perspective. I have benefitted from engaging with the MTA and other entities such as Spinal Injuries Ireland and the Irish Wheelchair Association, as well as my local gym, which has other wheelchair users. I live in a new estate, where everyday I see men almost exclusively around my age (36), but none of them have experienced what I have. So participating and sharing my story with others has helped with the isolation that a spinal injury causes. I hope to encourage others I encounter to see the benefits of engaging with those who actually do have knowledge and a desire to help."

**Richard Murray, Patient and Public Interest Representative, MTA Governance Committee**



## REFERENCES

World Health Organization (2018) *Preventing injuries and violence: an overview*. Available at: <https://www.who.int/publications/i/item/9789240047136> [Accessed 22 August 2023].

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