



MAJOR TRAUMA AUDIT SUMMARY REPORT 2022

The Major Trauma Audit (MTA) was established by the National Office of Clinical Audit (NOCA) in 2013. This report focuses on the care of the more severely injured patients in our healthcare system, across 20 of our 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 caused by blunt or penetrating mechanisms such as falls, motor vehicle collisions, stab wounds, and gunshot wounds (World Health Organization, 2018).

Twenty-six eligible hospitals have been participating in the MTA, and data have been collected on more than 38,323 patients since 2014. While the system was offline due to a cyberattack on the University of Manchester in July 2023 that affected the Trauma Audit and Research Network (TARN), data collection continued at hospital level on paper, and uploading of this data onto the new NOCA portal MTA platform commenced on 26 March 2025, with accelerated coding provided by the National Major Trauma Registry team. After receiving the historical data that was entered for 2022 from the University of Manchester, the MTA Governance Committee agreed to complete a short report with the data available.



JOURNEY OF MAJOR TRAUMA

61% **50% TOP 3** 41% 41% of patients 58% of patients Sixty-one per cent 50% of all major The top three body of major trauma trauma happens parts that are most with major with major trauma is a result of a fall in the home. severely injured trauma required were discharged from standing following a major surgery. directly home height. trauma are limbs from hospital. 28%, head 25% spine 18%. 25% 18%-

KEY FINDINGS

WHO WERE THE INJURED?



THE AVERAGE AGE OF PATIENTS **WITH MAJOR TRAUMA WAS 62 YEARS**



MECHANISM OF INJURY



FALLS LESS THAN 2M

61% were low falls (less than 2 metres).

ROAD TRAUMA

18% of patients suffered road trauma.



FALLS MORE THAN 2M

10% were falls from more than 2 metres.



FROM A BLOW

6% suffered injury from blows.

61%

18%

10%

6%

SETTING OF INJURY



PUBLIC AREA OR ROAD



INSTITUTION









35%

The percentage of patients with an Injury Severity Score (ISS) greater than 15 was 35%. ISS is a measure of how injured a person is: greater than 15 indicates severe injury.



79%

Seventy-nine per cent of patients were brought to hospital by road ambulance.



7%

The percentage of patients with major trauma received by a trauma team was low, at 7%. A trauma team consists of healthcare professionals who meet the patients on arrival at the ED.



41%

Forty-one per cent of patients required surgery.



57%

Limb surgery was the most common, at 57%.



WITHIN 1 HOUR

45% Forty-five per cent

of patients with a Glasgow Coma Scale (GCS) <13 received a CT within 1 hour. GCS is a measure of the patient's level of consciousness.

9

The median length of stay was 9 days.



20%

Twenty per cent of patients were transferred to another hospital.



58%

Fifty-eight per cent of patients were discharged home.



7%

Seven per cent of patients were discharged to a rehabilitation facility.



6%

Crude in-hospital mortality rate was six per cent





NOCA COMMITMENTS





NOCA WILL CONTINUE TO SUPPORT EACH HOSPITAL TO DO THE FOLLOWING:



Achieve high standards of data quality and data completeness.





Establish a local MTA governance committee.





Pursue quality improvement through the provision of better quarterly reports and training in the use of the MTA dashboards.



PATIENT AND PUBLIC INTEREST



The figures very much reflect our experience of service users registered with Spinal Injuries Ireland (SII) with falls of less than 2 m being the most frequent cause of injury. We have noticed an increase in service users over the age of 70 injured in low fall events.

SII are aware of delays in access to specialist rehabilitation which can result in increased complications, poorer functional outcomes, and longer hospital stays. To ensure the best level of care, there is an urgent need for early and coordinated rehabilitation to prevent deterioration in physical and psychological health for patients.

Bairbre O'Sullivan, Patient and Public Interest Representative, MTA Governance Committee



As part of the Major Trauma Governance committee and PPI representative I welcome the 2022 MTA report. What really interested me while reviewing this report is how different my trauma journey may have been in the newly developed trauma system <u>my story</u>. I also welcome the developments in reporting and advances in dashboards and will be interested to see how this develops in future reports.

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

REFERENCES

World Health Organization (2018) Falls [Internet]. Available from: http://www.who.int/mediacentre/factsheets/fs344/en/ [Accessed 26 June 2025].



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