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IAEM welcomes publication of the 2016 Major Trauma Audit National Report

The Irish Association for Emergency Medicine welcomes today's publication of the 2016 Major Trauma Audit Report by the National Office of Clinical Audit (NOCA). This internationally validated audit captures the clinical journey of patients sustaining life-changing and life-threatening injuries, treated in Irish hospitals. The report clearly highlights the need for change in how major trauma care is provided. Key performance metrics that are internationally associated with better patient outcomes are not currently being met, particularly availability of a Consultant-led trauma team on arrival to the Emergency Department (ED) and timely access to CT scanning, theatre and/or interventional radiology amongst other issues. A considerable proportion of patients sustaining severe head injuries were not treated at a Neurosurgical Centre and, worryingly, 28% of major trauma patients were brought to hospitals that did not have the capacity to deal with their injuries and needed a further transfer for care.

International best practice for the delivery of trauma care describes an Inclusive Trauma System in which a Major Trauma Centre acts as a hub and supports Trauma Units, Local Emergency Hospitals and Injury Units. A threshold volume of severely injured patients is required at the Major Trauma Centre to ensure staff are both prepared and practised in the delivery of high quality care to this group of complex, often multiply injured, patients. Reconfiguration of trauma care delivery into such a system in Australia and, more recently, the UK has brought about dramatic improvements in survival and has reduced the lifelong burden of injury for patients, because they get 'the right' treatment as soon as possible. This report has a particular focus on older patients and highlights the need for a Trauma System that is attuned to their needs which are often more complex than they first appear.

Patients in Ireland are currently exposed to significant risk in being brought to hospitals that do not have the requisite services or staffing levels to deal with their injuries; something the Association has highlighted over many years. It is anticipated that the imminent release by the Minister of Health of a plan to reconfigure trauma care in Ireland in line with best international practice will see consolidation of trauma care into hospitals that can provide the necessary services; expertise and on-site cover. Great strides have been made in the provision of care to those suffering heart attacks, strokes and cancer in Ireland in recent years; the principle of getting the 'right patient to the right place at the right time' equally applies to trauma care. The challenge in trauma care is co-ordinating seamless care across multiple specialties so the complex trauma patient with head, chest, abdominal and/or bony injuries can survive and return to the best possible quality of life, as quickly as possible.

President:

Dr. C. Emily O'Connor
MRCP, FRCEM
Consultant in Emergency Medicine.
Connolly Hospital,
Blanchardstown, Dublin
D15 X40D Ireland.
Tel: +353 1 646 6250
Fax: +353 1 646 6286

Secretary:

Mr. M. Ashraf Butt
FRCSI, Dip IMC (RCSEd), FRCEd (A&E), EMDM
Consultant in Emergency Medicine.
Cavan General Hospital,
Lisdarn, Cavan
H12 Y7W1 Ireland.
Tel: +353 49 437 6401
Fax: +353 49 437 6468

Treasurer:

Dr. Sinead O'Gorman
MMedSci, DCH, FRCSI, FACEM, FRCEM
Consultant in Emergency Medicine.
Letterkenny University Hospital,
Letterkenny, Co. Donegal
F91 AE82 Ireland.
Tel: +353 74 912 3744
Fax: +353 74 912 3797