

Older adults are now the face of Major Trauma

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Introduction

The Major Trauma Audit (MTA) is a national clinical audit that captures data about the injury profile, severity of injury, pathway of care and outcomes. Major trauma injuries are considered life threatening or life changing are included in the audit. The MTA is managed by the National Office of Clinical Audit (NOCA) since 2013 and to date has published eight national reports.

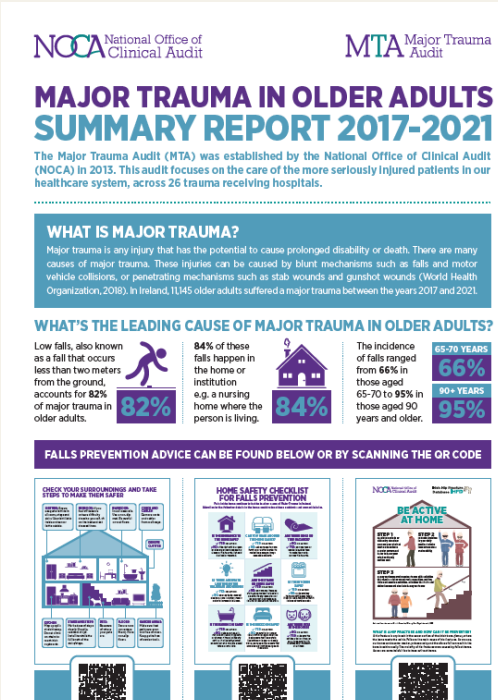
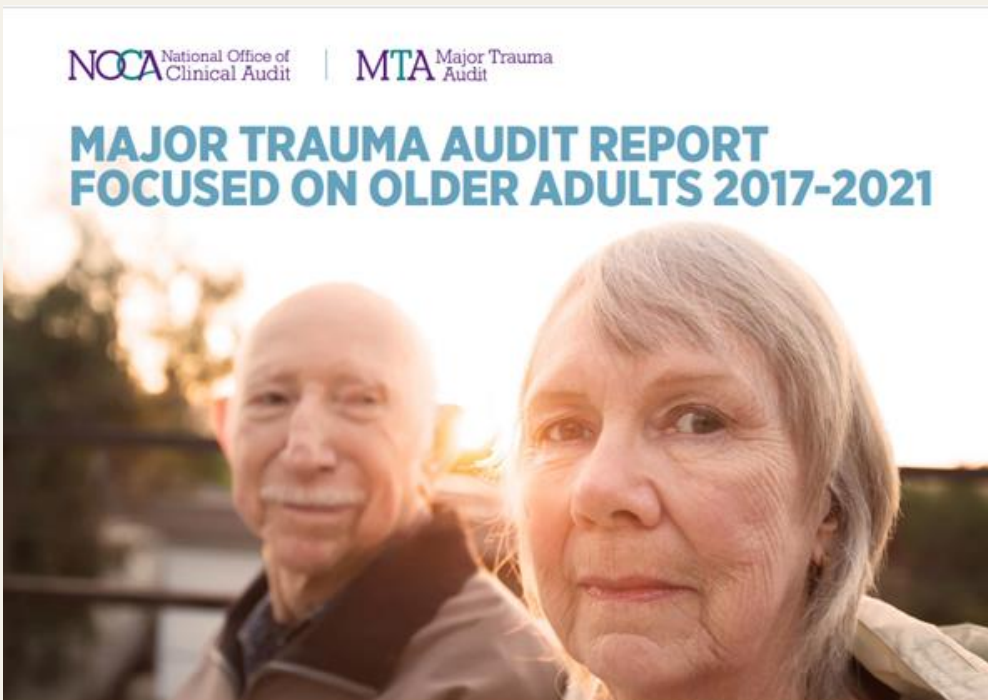
Methodology

Twenty-six eligible hospitals around Ireland participate in the MTA. The hospitals enter data into the National Major Trauma Registry formally known as the Trauma Audit Research Network (TARN) in the United Kingdom. This data is analysed by NOCA and reported back to the hospitals in an annual report. Throughout the year hospital level reports are supplied by NMTR. In 2024 a focused report on older adults was published. Older adults (aged 65 years and older) are now the largest cohort of the major trauma population increasing from 38% in 2014 to 51% in 2021.

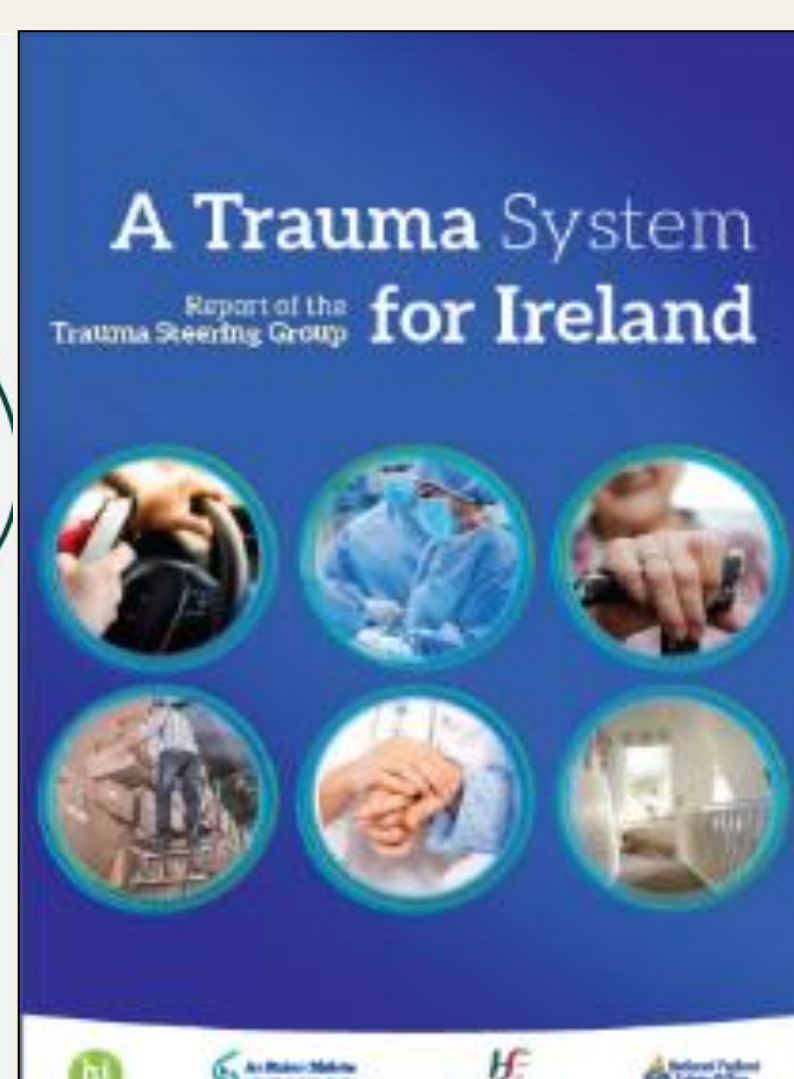
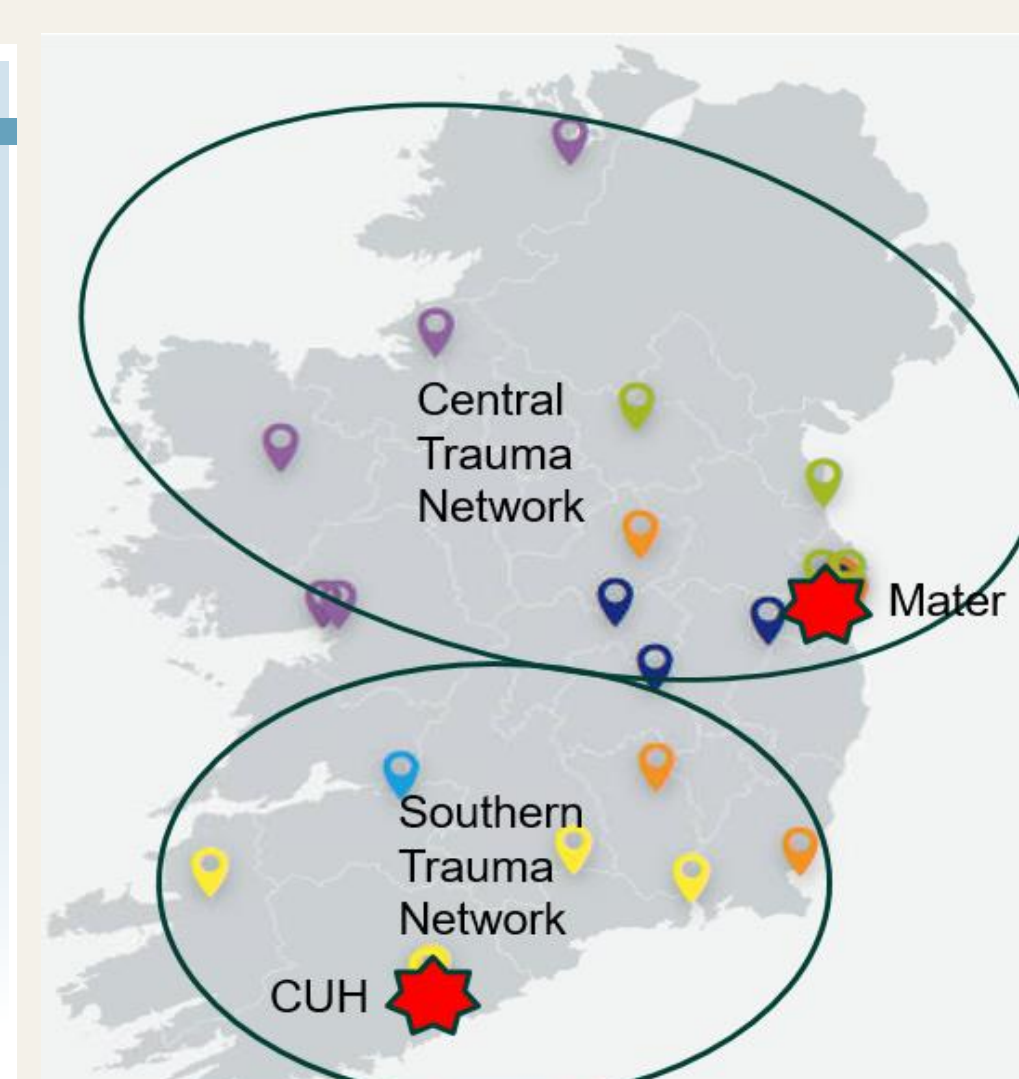
Managing patients with major trauma injuries requires a specialist and multidisciplinary team but this becomes increasingly complex as the age of patients increases. This becomes more challenging due to the presence of pre-existing comorbidities, polypharmacy and mobility or cognitive issues which become more prevalent in an older population.

This focus was timely following the latest census which showed that Ireland's population is growing and ageing, with an overall population now of 5.15 million recorded of which 768,900 are aged 65 years and older.

In addition to that the National Office of Trauma Service published a Clinical Guidance document for the Management of Major Trauma In Older Adults in June 2024. The combination of shared focus on older adults prompted a focused report on the MTA data for older adults.



Due to the reconfiguration of the trauma services following the publication of the Trauma System for Ireland Report this is a timely opportunity to build services that are appropriate and age-friendly. Currently the health system is developing two trauma networks.



KEY HIGHLIGHTS OF OLDER ADULTS FOLLOWING MAJOR TRAUMA 2017-2021

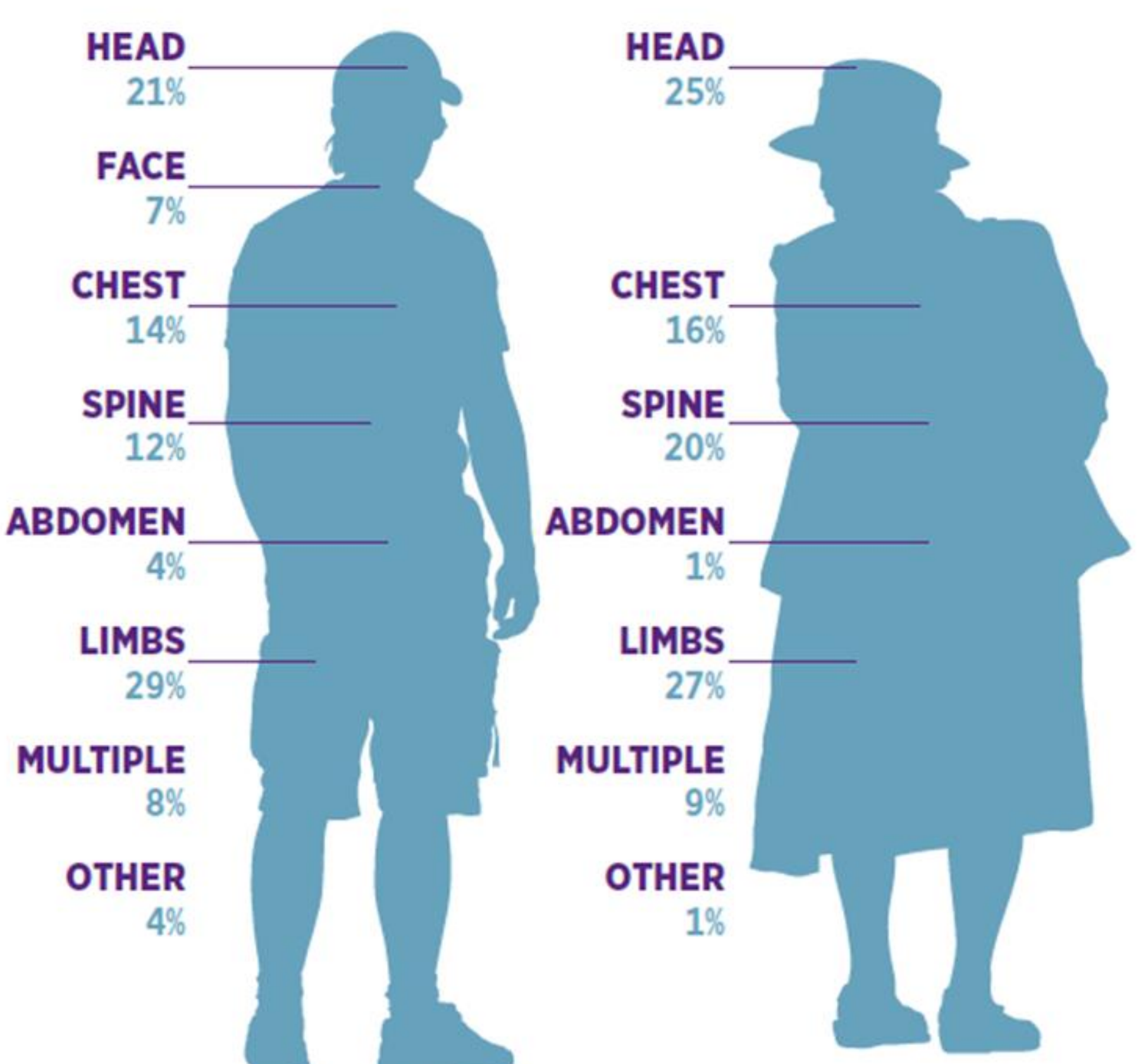
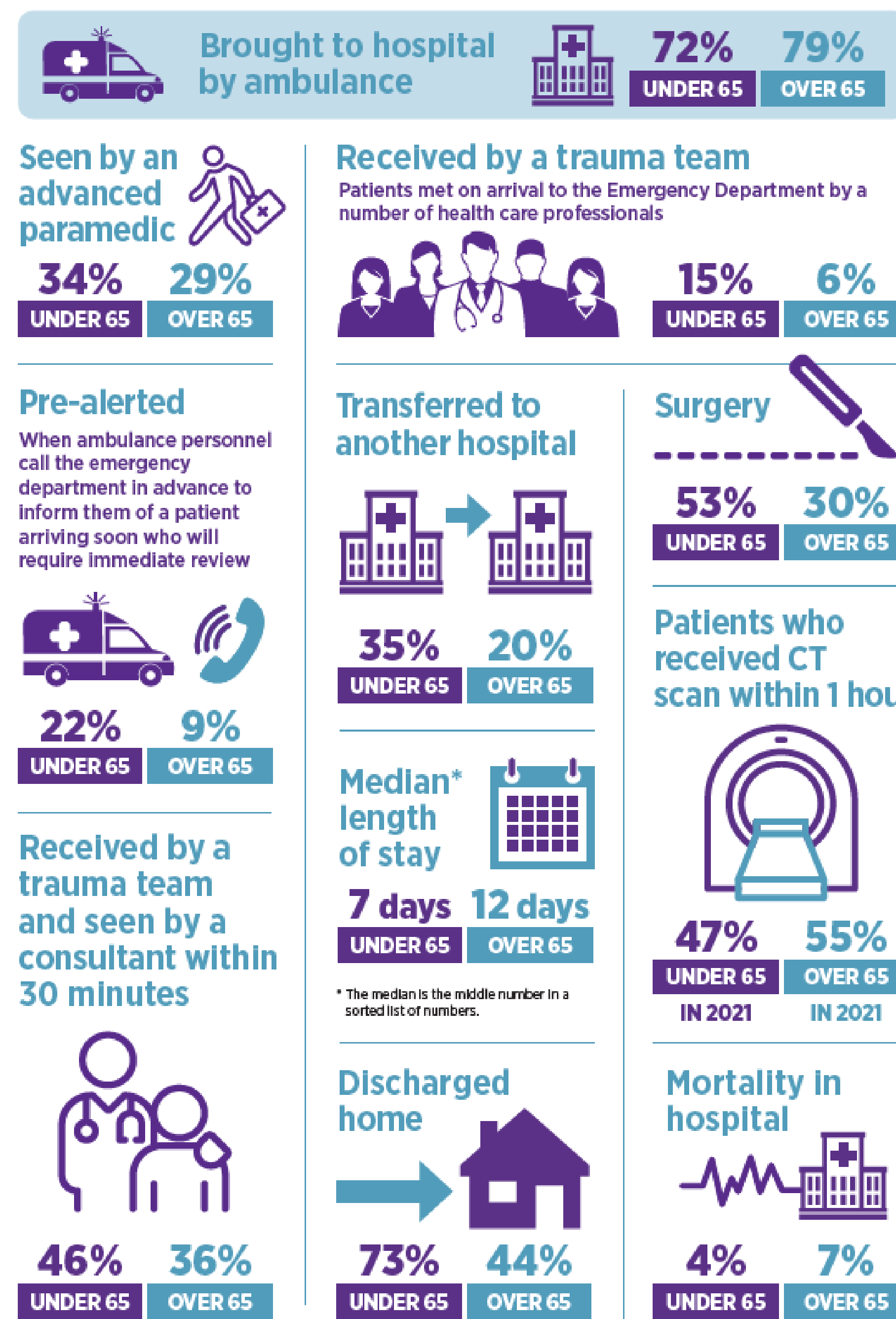
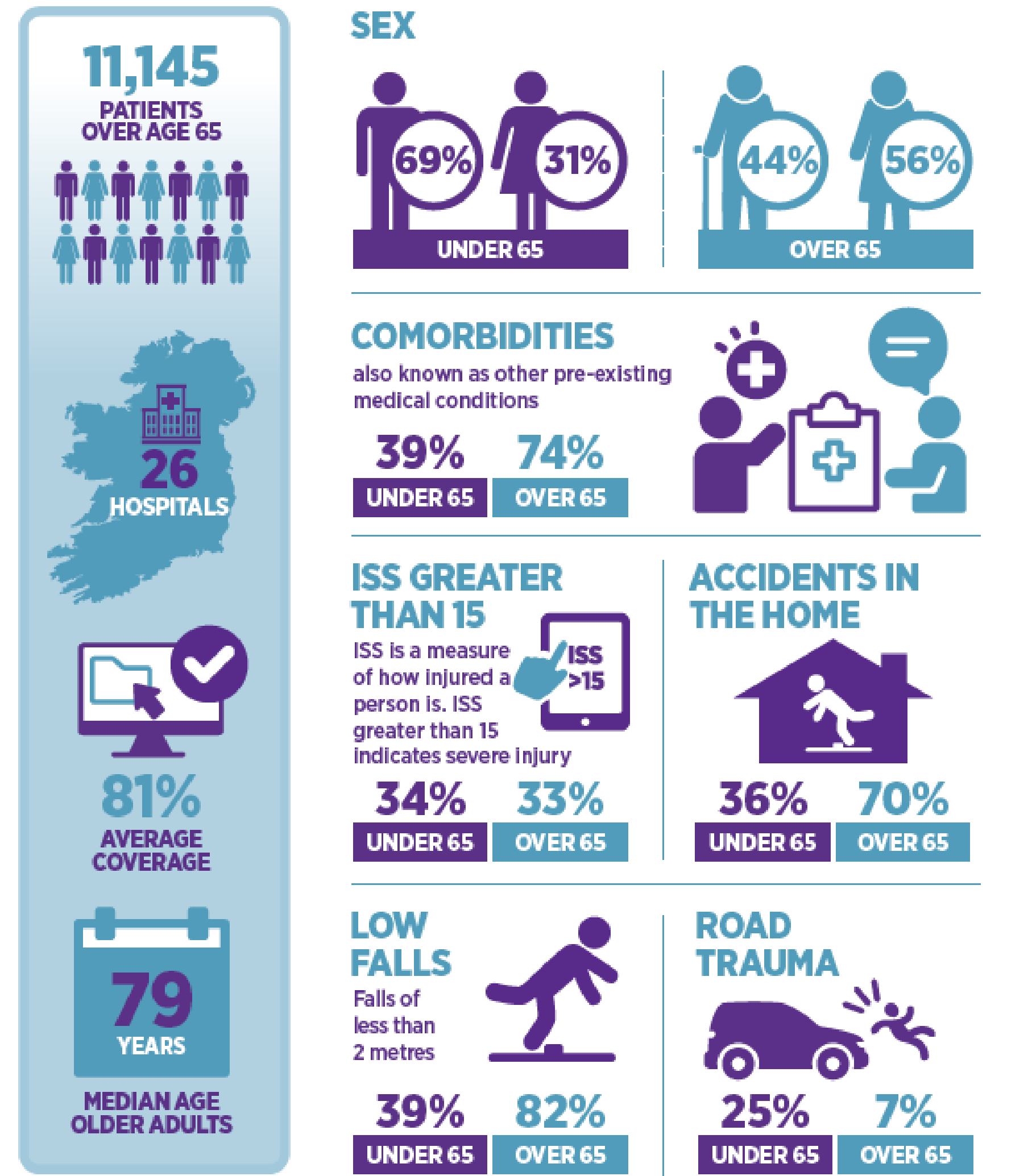


FIGURE 2.7: TYPE OF BODY REGION INJURED BY AGE GROUPS OF <65 (LEFT) AND ≥65 YEARS (RIGHT), 2017-2021 (N=23765)*

Results

The report focused on 5 years of data from 2017-2021 and included 11,145 cases. 56% of patients were female, the median age was 79 and 74% had pre-existing comorbidities. Low falls, of less than 2 metres, were the leading mechanism of injury (82%) and home was the main location of injury (70%).

The most common body regions injured were limbs (27%), head (25%), spine (20%) and chest (16%). One third had an injury severity score (ISS) >15 indicating the most severe injury category. Older adults are significantly less likely than those under 65 to be pre-alerted (9% vs. 22%) or received by a trauma team (6% vs. 15%). The median length of hospital stay for older adults was 12 days compared to 7 days for younger patients. 22% of older adults were discharged to a nursing home and only 44% were discharged directly home from hospital. In-hospital mortality rates were 7% with males more likely to die than females.

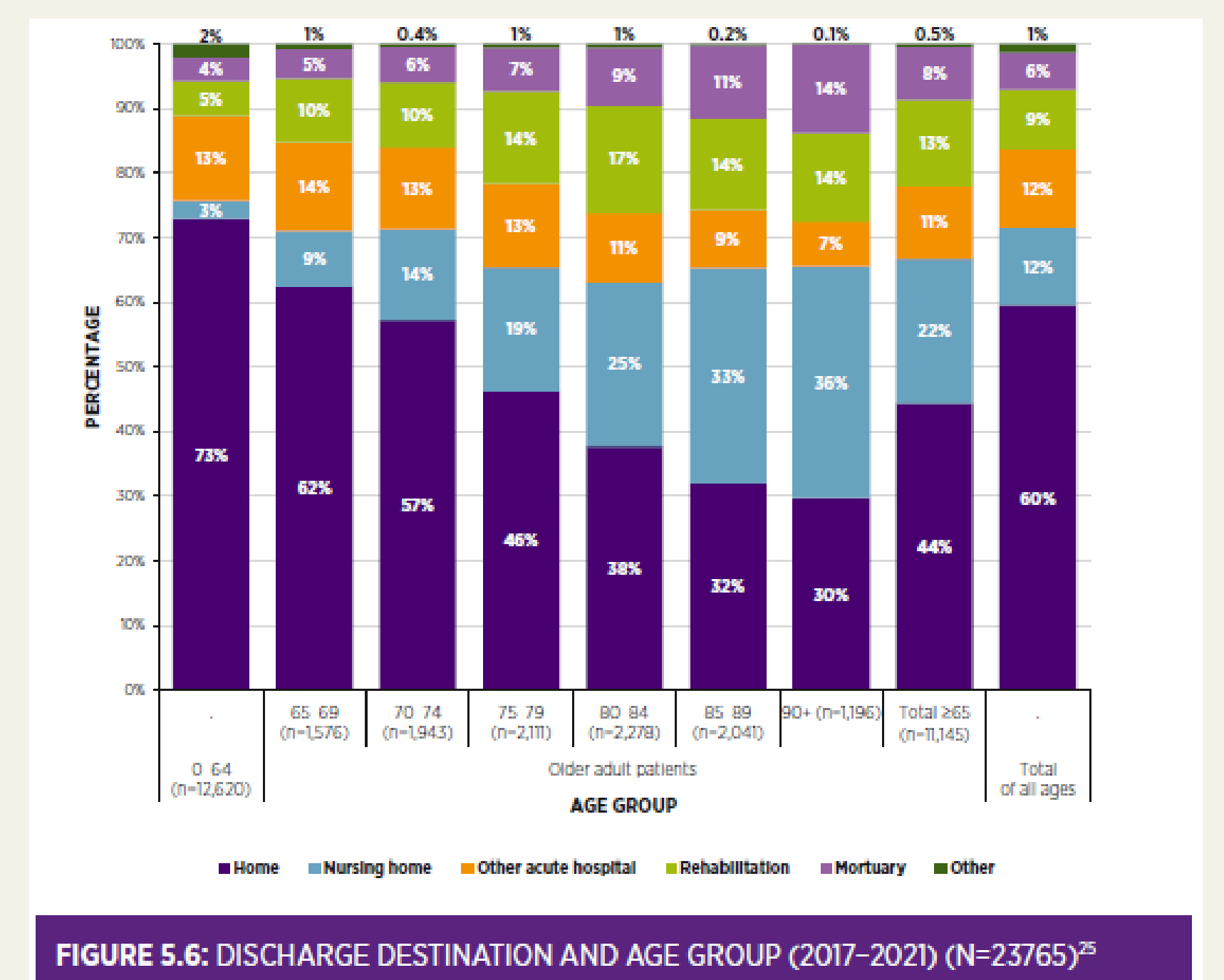


FIGURE 5.6: DISCHARGE DESTINATION AND AGE GROUP (2017-2021) (N=23765)*

Conclusion

In light of the recently published clinical guidance of the care of older adults with major trauma this data shows that there is a long way to go to improve the standard of care. The data highlights a need for a more responsive and tailored age friendly healthcare system ensuring specific needs are recognised and managed promptly and effectively.

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