Trauma is a Critical Public Health Problem

According to the National Center for Injury Prevention and Control, injuries and violence are leading causes of death for children and adults ages 1 - 45 in the United States. Non-fatal injuries affect millions more Americans who are left with life-changing mental, physical and financial challenges. The total estimated lifetime medical and work loss costs associated with fatal and non-fatal injuries in the United States is $671 billion per annum\(^1\). On a national scale, traumatic injury continues to be a leading cause of death for all age groups. Trauma teams utilize evidence-based care practices for optimal preservation of life and improved outcomes. Receiving care for a severe injury at a designated/verified trauma center is shown to lower the risk of death by 25 percent\(^2,3\).

To improve trauma patient outcomes, prehospital field triage protocols help ensure that all injured patients receive the right care at the right time via specially equipped air and ground ambulances\(^4\). This can sometimes mean that emergency medical services (EMS) will bypass a less-equipped facility to ensure the patient receives care at the closest, most appropriate trauma center. Nonetheless, many Americans do not have access to trauma center care within the first hour of being injured.

A Systems-Based Approach Improves Trauma Patient Outcomes

According to the U.S. Department of Health and Human Services, “A trauma care delivery system consists of an organized approach to facilitate and coordinate a multidisciplinary system response to provide care for those who experience severe injury. The system encompasses a continuum of care that provides injured persons with the greatest likelihood of returning to their prior level of function and interaction within society.\(^5\)” Designated trauma centers are only one component of an inclusive trauma care system. Appropriate care must be provided along a
continuum that includes prevention, pre-hospital care, care at all acute care facilities and trauma centers, and rehabilitation. It is important to note, the terms "emergency department" (ED), “hospital,” and "trauma center" are not synonymous. While most hospitals have an ED, not every hospital with an ED has credentialed surgical specialists and resources readily available to treat severely injured victims. Trauma centers are extensively evaluated through a review process by the American College of Surgeons (ACS), a relevant state agency, or a combination of both ACS and the state verification processes. Only facilities that have been recognized through consensus-based national and/or state standards and a formal review process qualify to be trauma centers. The essential sharing of data throughout this system leads to strategies that help prevent unintentional and violence-related injuries while providing a means to analyze and improve clinical performance. Trauma registries are used to inform local, state and national standards, protocols, and policies that improve the care provided to injured patients.

The National Academies of Sciences, Engineering, and Medicine Report, “A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury,” supports the integration of military and civilian trauma care to establish a national trauma care system, including the development of common best practices, data standards, research, and workflow across the continuum of trauma care. The American Trauma Society believes that leadership, communications, and collaboration among military and civilian stakeholders will be an effective strategy for achieving this goal.

While a trauma system's success is largely determined by the degree to which it is supported by public policy, optimal trauma care requires a concerted community effort. This is dependent upon the coordination of multiple resources throughout the entire span of care from injury prevention, to recognition, response and emergency care, through acute care and rehabilitation. To ensure this success, it is essential to provide education to the public and health care practitioners, conduct research, and encourage community reintegration that is focused on the care and unique needs of trauma patients. This level of commitment is not ordinarily available at institutions that do not participate in a formalized trauma review and assessment process. Advocating and supporting a multi-disciplinary, community approach to support trauma care is key to improving overall trauma patient outcomes and reducing morbidity and mortality in the United States.

The American Trauma Society endorses the following:

- Trauma system coordination should address the full spectrum of injury from prevention through reintegration back to society.
• Both existing and future trauma systems are vital components of the overall health care system.
• Expansion of local, regional, and national authority, empowerment and funding are required to ensure long-term sustainability and growth for the entire population of the United States.
• Inclusive trauma systems ensure that patients who experience a severe traumatic event and subsequent injury are optimally cared for at a verified/designated trauma center, which provides access to rehabilitation and community reintegration services that are key to reentry and recovery following injury.
• Federal, state, and regional funding for lead agencies is needed to ensure support for public and professional education, trauma care readiness, integration of trauma medical information systems across the continuum, and research.
• Integration of the civilian trauma system and military trauma system is needed to ensure continued optimal care and readiness.

References:

Additional resources: