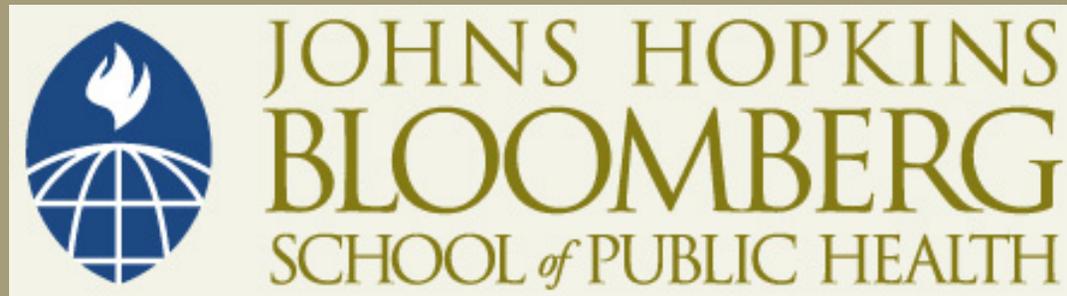


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JOHNS HOPKINS
BLOOMBERG
SCHOOL *of* PUBLIC HEALTH

Section B: Developing and Evaluating an Acute Trauma Care System

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In the U.S.

- Advances in medical understanding of injuries and capabilities to treat them
- Development of system of care
 - Faster and better pre-hospital transport
 - Emergency medicine and trauma surgery as specialties
 - Promulgation of advanced trauma life support
 - Development of trauma centers/systems

The Players

- The role of trauma surgeons vs. orthopedists, neurosurgeons, plastic surgeons, maxillofacial surgery, internist (blunt injuries)
 - The growth of emergency medicine as a specialty
- The political power of professional organizations (e.g., Committee on Trauma of the American College of Surgeons, American Association of Trauma Surgeons)

In Less Resourceful Environments: Infrastructure

- Development of infrastructure
 - Collaborate with other sectors to improve communication and transport
 - Establish information systems that identify nature, causes, and severity of injury at all levels of care

In Less Resourceful Environments: Competence

- Ensure professionals and community competence
 - Develop standard injury assessment and treatment routines
 - Have professionals from more sophisticated centers do intensive courses in less sophisticated centers
 - Provide basic training at the community level—first aid, assessment, and management

In Less Resourceful Environments: Supply Systems

- Organize and maintain sustainable supply systems
 - Develop and update supply lists
 - Establish distribution systems that equitably supply all levels of health services
 - Develop simple and durable equipment (e.g., limb replacement)

Evaluating the System

- Data sources:
 - Outpatient databases
 - EMS databases
 - Emergency dept. databases
 - Hospital databases:
 - ▶ Inpatients
 - ▶ Trauma registries
 - ▶ Rehabilitation
 - ▶ Outpatients
- Data elements:
 - Outcomes
 - Injury type, severity, treatment, (including mortality and length of stay), pre-injury condition