American College of Emergency Physicians Policy Statement: Trauma Care Systems Development, Evaluation and Funding

THE JOURNAL OF TRAUMA: INJURY, INFECTION, AND CRITICAL CARE 1999;47:S110

Trauma care systems represent a continuum of integrated care that is a coordinated effort between out-of-hospital and hospital providers with close cooperation of medical specialists in each phase of care. The most effective method of reducing the morbidity, mortality, and costs due to injuries is to focus on injury prevention, coordination of acute care, and aggressive rehabilitation. Ideally, trauma care systems are designed to be inclusive of all injuries. Patients with time-critical injuries should have their needs matched to an appropriate trauma care facility using out-of-hospital triage criteria developed by the American College of Emergency Physicians (ACEP) and the American College of Surgeons Committee on Trauma.

Nationwide, trauma care systems are in various stages of development, implementation, and evaluation. Collaborative efforts at the local, state, and national levels involving public and private partnerships, relevant stakeholders, medical specialties, and related resources are essential for the success of trauma care systems. Enabling legislation at the national and state levels must support unrestricted access of injured patients to trauma care irrespective of payment methods and the needs of the trauma care system—including ongoing funding for infrastructure, research, and evaluation of outcomes. ACEP strongly advocates adequate funding of trauma systems to ensure access to high quality care for all patients.

Emergency physicians play a central role in the access and treatment of injured patients and the management and evaluation of trauma care systems. The American College of Emergency Physicians, in collaboration with others, should provide a leadership role and involve emergency physicians in system development and evaluation to assure patient care effectiveness and cost efficiency.

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