

## Concurrent E: Workshop: Low Middle Income Countries Trauma Care Systems

17

### DEVELOPING, IMPLEMENTING, AND EVALUATING TRAUMA CARE SYSTEMS: EXPERIENCES FROM LOW- AND MIDDLE-INCOME COUNTRIES

doi:10.1136/injuryprev-2012-040580a.17

<sup>1</sup>A Hyder, <sup>2</sup>M Joshipura, <sup>3</sup>J Raczak, <sup>4</sup>H Herbert\*, <sup>5</sup>K Stevens. <sup>1</sup>Johns Hopkins International Injury Research Unit; <sup>2</sup>World Health Organization; <sup>3</sup>Aga Khan University; <sup>4</sup>Johns Hopkins International Injury Research Unit; <sup>5</sup>Johns Hopkins International Injury Research Unit

This workshop will focus on trauma care systems in low- and middle-income countries and demonstrate that established interventions can make a significant impact on injury prevention and public health. Fundamental elements in strengthening the care of the injured patient will be highlighted, including defining the epidemiology of trauma care injuries, implementing evidence-based trauma care interventions, and assessing the overall impact of these interventions.

Enhancing trauma care systems can be achieved through three key functions: 1) *Describing trauma systems profiles*: Comprehensive baseline needs assessments of formal and informal trauma care systems must be described through an interdisciplinary review of multiple data sources; 2) *Implementing targeted evidence-based interventions*: Building on the baseline description of current trauma systems, interventions can be developed and implemented to meet the needs of national and local systems; and 3) *Evaluating impact*: Interventions can be assessed in terms of the overall change in health, economic, and social outcomes.

Through this workshop, we will provide an overview of this approach and four case studies that used these functions as tools to describe trauma care systems in low- and middle-income countries. The strengths of these tools lie in 1) the development of a *core set of methods* to describe both prehospital and hospital based trauma care systems; 2) the ability to approach trauma care systems development in an *evidence-based, scientifically valid, yet practical manner*; and 3) the application of *systematic monitoring and evaluation* methods.