

Establishing an Integrated Trauma System in Iran: The Time of Translating Information into Action

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Trauma is one of the most important challenges for the health system in the world. In Iran, according to a study in 2003, injuries accounted for 28% of years of life lost (1) and road traffic accidents were the first cause of disability adjusted life years among males (2). In addition to morbidity and mortality, trauma also imposes direct and indirect economic and social costs to the community. These impacts of trauma have made many countries to pay special attention to issues related to injury, including incidence and causes of trauma; at risk population; and methods of prevention, treatment, and rehabilitation. Based on "Model trauma system policy" that has been developed by World Health Organization (WHO), every country should have minimum standards for care of the injured, including prehospital care, facility-based trauma care (hospitals and clinics that provide care to the injured), training (e.g. continuing education courses), quality improvement programs (assuring the actual provision of quality essential services), team approach and organization of initial resuscitation (improving the prompt delivery of essential care), facility inspection (assuring and improving the provision of care at its facilities), broader system considerations (promoting broader improvements in the health care system, including nontrauma care, such as surgical and other emergencies), and finally the surveillance (including a good registry and adequate, reliable, and timely information on injuries) (3). Almost all of these components are present in our country and, in addition, free services are provided to the victims of traffic injuries. However, sometimes these are not well-organized. For example, Emergency Medical Services (EMS) (which works under the supervision of the Ministry of Health) is mainly responsible for prehospital care, but has overlapping functions with Red Crescent stations (which work under the supervision of Red Crescent Organization). Since there

are no formally designated trauma centers, EMS personnel (after consultation with physicians in their regional central office) usually transfer the trauma victim to the nearest hospital (2).

Perhaps one of the most important parts of this chain is injury surveillance. In developed countries, trauma registry systems are well-defined and well-structured. They start at the regional level and then extend to the national level. An injury surveillance system is needed to assess specific requirements for injury prevention programs and policies and also to monitor the effectiveness of the system (4). Having a good data registry provides the ability of analysis, interpretation, and dissemination of data on injury-related events. Identifying at risk populations, determining programmatic priorities, supporting prevention activities, and evaluating interventional efforts are the other advantages of a surveillance system (5).

Active research trauma centers in different parts of the country, launching a scientific and educational trauma core, regular meeting to design a comprehensive trauma care system, and holding the first national congress on trauma will hopefully result in the establishment of integrated trauma system in Iran.

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