

Frequently Asked Questions:

What is Trauma?

It can be defined as: A disease, mostly preventable, and typically associated with high risk behavior.

What is a traumatic injury?

A physical injury that requires surgical specialists to consult, observe or perform surgery in order to optimize recovery.

How does Trauma affect people?

- Leading cause of death for children, youths, and adults under the age of 34
- Kills more Americans than stroke and AIDS combined
- Less than 8 % of hospitals have a trauma center
- Only 8 states have fully developed trauma systems
- 45-50,000 deaths per year, with 13 times as many injured
- Affects mostly the young and the old
- Leading cause of disability

What is a trauma center?

A *specialized* hospital distinguished by the *immediate* availability of *specialized* personnel, equipment and services to *treat* most severe and critical injuries. This trauma care includes ready-to-go teams that perform immediate surgery and other necessary procedures for people with serious or life-threatening injuries, for example, due to a car crash, burn, bad fall, or gun shot.

What is the mission of a trauma center?

To ensure continuity and quality of care for injured patients from the scene of injury through reintegration into society.

What is a trauma system?

It involves trauma centers working together with 9-1-1, ambulances, helicopters, and other healthcare resources in a coordinated and pre-planned way.

What is the difference between a Trauma Center and an Emergency Room?

All Trauma Care is Emergent but Not All Emergency Care is Trauma. Emergency rooms treat ill and injured people, while trauma centers handle the most severe, life-threatening, blunt force and penetrating injuries. Emergency departments are only one component of the trauma center continuum of care, which includes many other departments within the hospital through to the patient's discharge or transfer.

What is a level one trauma center and how does it differ from a level two and level three?

- **Level I:** A Level I trauma center has a full range of specialists and equipment available 24-hours a day and admits a minimum required annual volume of severely injured patients. Additionally, a Level I center has a program of research, is a leader in trauma education and injury prevention, and is a referral resource for communities in neighboring regions through community outreach. The Level I trauma center must have a program for substance abuse screening and provide brief intervention to patients as appropriate.
- **Level II:** A Level II trauma center usually works in collaboration with a Level I center but may be the only tertiary resource in a rural state such as Montana or Wyoming. It provides comprehensive trauma care and supplements the clinical expertise of a Level I institution. It provides 24-hour availability of all essential specialties, personnel and equipment. There are no minimum volume requirements. These institutions are not required to have an ongoing program of research or a surgical residency program but must have an injury prevention program as well as conduct substance abuse screening.
- **Level III:** A Level III trauma center does not have the full availability of specialists except surgery and orthopedics in most states, but does have resources for the emergency resuscitation, stabilization, emergent surgery, and intensive care of most trauma patients. A Level III center has transfer agreements with Level I and/or Level II trauma centers to assure back-up resources for the care of patients with severe injuries. The Level III trauma center has an injury prevention program.

What do Trauma Patients need?

- Highly skilled caregivers
- Time is critical
- Compassion
- Dignity and respect
- Timely and clear Information
- Physical support
- Emotional support

What is the difference between the NFTC and the American Trauma Society (ATS)?

The National Foundation focuses primarily on the fiscal and operational needs of its membership. NFTC provides direct advice, guidance in reimbursement strategies, and assists in managing operational costs. The NFTC collects data which it applies to each hospital's unique circumstance through reports, newsletters, and advisory calls. Expert administrative medical director, nursing administration, physician billing and trauma system advisory services are part of the NFTC membership package.