Role of the American College of Surgeons Committee on Trauma in the care of the injured

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Dissemination of the educational materials that will make effective immediate responders for hemorrhage control can follow the template that the American College of Surgeons (ACS) Committee on Trauma (COT) uses for its educational and quality programs. The COT has a long history of quality initiatives for injury care. Examples include offering educational programs, establishing guidelines for the care of the injured patient against which programs can be measured, and analyzing the systems within which this care is delivered.

In 1950, the ACS changed the name of the Committee on Fractures and Other Trauma to the Committee on Trauma. The committee initially focused on the treatment of fractures, but the ACS realized that injury includes more than fractures. In 1954, the manual *Early Care of Soft Tissue Injuries* was published by the COT. By 1980, the manual had seen several revisions and became Advanced Trauma Life Support® (ATLS®). This course is the most well known in the ACS portfolio, having international promulgation, and it has set the standard for teaching the initial evaluation and treatment of the injured patient. The ATLS course is taught more than a thousand times annually worldwide.

In concert with the ATLS course faculty, the COT developed the Verification Review Committee in 1987. This group developed criteria to assess trauma centers. The criteria are revised approximately every four years, with the most recent published in 2014. As of 2015, there are 433 ACS-verified trauma centers in the U.S., and requests for verification of international trauma centers have been issued.

A natural extension of the Verification Review Committee program is the Guidelines for Trauma System Consultation program. This consultation is designed to evaluate the system of care, usually at the state level, and offers a critique of the trauma system and the trauma centers that operate within this system. This program became available in 1996. There have been more than 30 state consultations since the inception of the program.

The most recent offering in the College's trauma initiatives is the ACS Trauma Quality Improvement Program. This program allows benchmarking of trauma centers against one another in a variety of quality metrics and has been available since 2005. What is clear is the long history of leadership that the ACS COT has in the promulgation of education and quality initiatives regarding the care of the injured patient.

The COT is organized into regions that oversee the presentation of course offerings. The faculty that teaches ATLS can engage local and regional resources to begin promulgation of the bleeding-control program. These resources can be other physicians, nurses, or prehospital providers who assess and treat injured patients. As the number of trained providers increases, additional instructors can be identified to facilitate ongoing outreach of the program.

Currently, ATLS is directed at physicians. Surgeons do participate in Prehospital Trauma Life Support and other educational projects with local emergency medical services, police, and nurses as needed in their communities. For a surgeon who teaches ATLS, it is a natural extension to expand to teaching basic hemorrhage control.

The target audience is anyone who might be in a position to stop bleeding—in other words, virtually everyone, as most people may be in a position to see a bleeding individual. As an example, reaching out to local municipalities to enroll police, municipal employees, teachers, and athletic coaches is easy and sensible. The infrastructure exists in the ATLS program to make widespread dissemination easy and timely. Using the reputation of the trauma

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center and the expertise of the trauma surgeons and trauma center personnel, the bleeding control program can rapidly become credible in the mind of the public, and promulgation will be encouraged.

The Rural Trauma Team Development Course®, another educational offering of the COT, is novel in that it is designed to go out to the student audience rather than to bring the students to the course. The course takes advantage of the reality of the workplace in which people with multiple jobs now need to come together for a common goal—providing care for an injured patient. Going out into the workplace to teach a bleeding-control program makes dissemination convenient for the student and the sponsoring organization.

Imagination is the only limiting factor in moving such a course forward. Trauma centers are very imaginative in developing injury-prevention programs and presenting them to the public. Bleeding control is no different and is perhaps the ultimate prevention program. The COT possesses the expertise and infrastructure to disseminate this bleeding control program widely and quickly. ♦