

# TRAUMA SYSTEMS AS A BACKBONE FOR DISASTER

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AMERICAN COLLEGE OF SURGEONS  
*Inspiring Quality:  
Highest Standards, Better Outcomes*



# COMMON CHARACTERISTICS of DISASTERS

- Chaos and confusion
- No one in charge
- Large number of casualties
- Available resources outstripped

# SITUATIONAL NEEDS OF DISASTER

- Command and control methodology
- Rapid evaluation and triage
- Treatment decisions
- Urgent surgical interventions

# Responding to Crisis: Surgeons as Leaders in Disaster Response *(S. Briggs MD Scudder Oration 2016)*

- Needs skills
- Needs passion
- Need be able to work outside comfort zone
- **Need relationships before the event**
  - Military/government/NGO's/hospital units

# TRAUMA SURGEONS CHARACTERISTICS

*(S. Briggs MD Scudder Oration 2016)*

- Rapid decision making
- Triage
- Resuscitation
- Damage control surgery
- Critical care

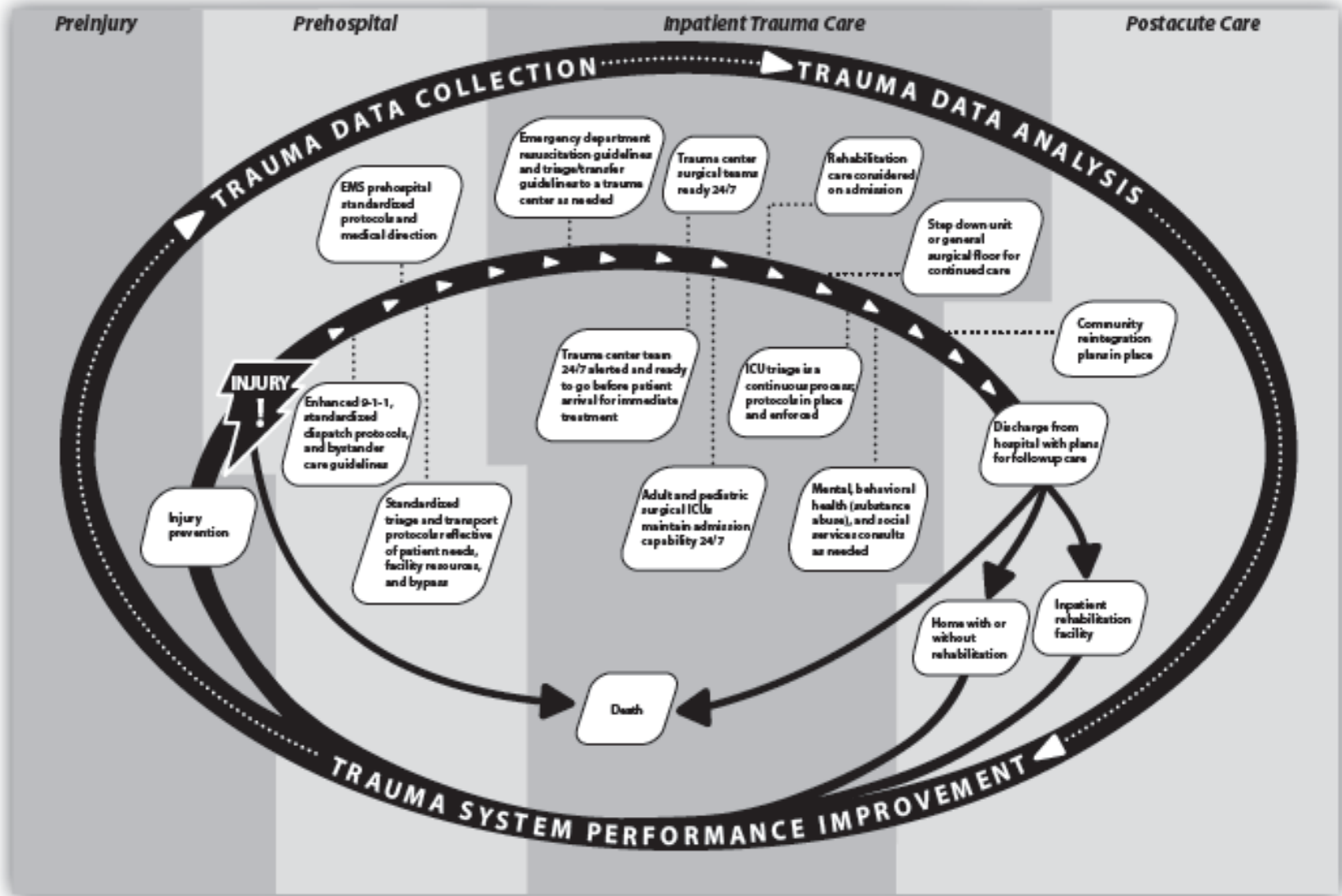
# TRAUMA SYSTEMS

- Organized
- Integration across region(s)
- Experienced in command and control
- Triage expertise
- Accustomed to acute decision making and surgical care
- **Matured from individual surgeons to trauma centers to regional systems of care**
- IMSURT International Medical Surgical Response Teams
  - Critical Care Teams as of 2017

# DISASTER PREPARATION



Figure 1. A Preplanned Trauma Care Continuum





# RESOURCES

FOR OPTIMAL CARE  
OF THE INJURED PATIENT

# 2014



COMMITTEE ON TRAUMA  
AMERICAN COLLEGE OF SURGEONS



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100+ years

# Chapter 1: Trauma Systems

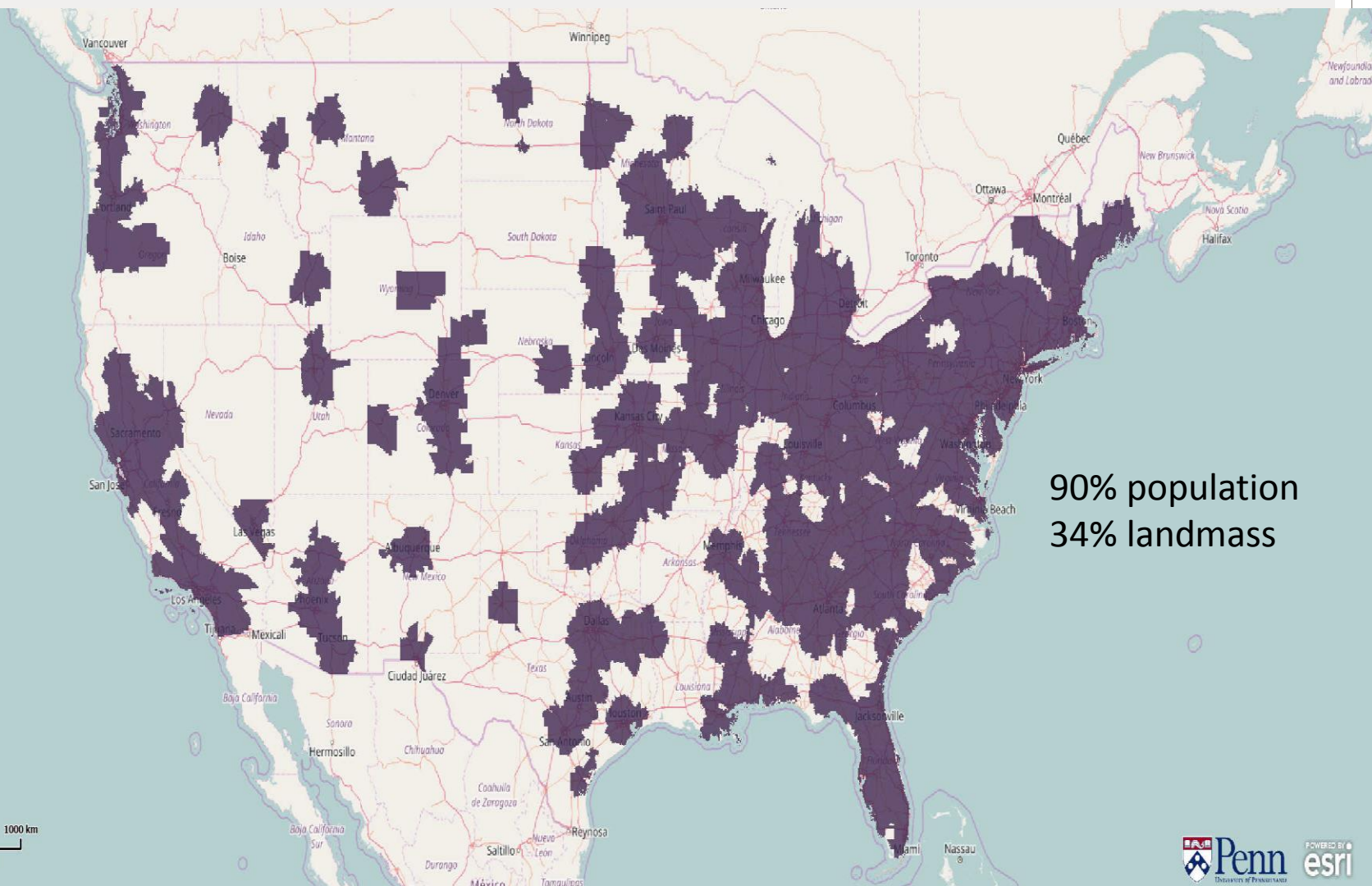
- 1 I, II, III, IV: **Meaningful involvement in state and regional trauma system planning, development, and operation** is essential for all designated trauma centers and participating acute care facilities within a region (CD 1–3) TYPE II
  
- 1 I, II, III, IV: They must function in a way that pushes trauma center–based standardization, integration, and PIPS out to the region while **engaging in inclusive trauma system planning and development** (CD 1–2) TYPE II

*Resources for Optimal Care of the Injured Patient 2014*

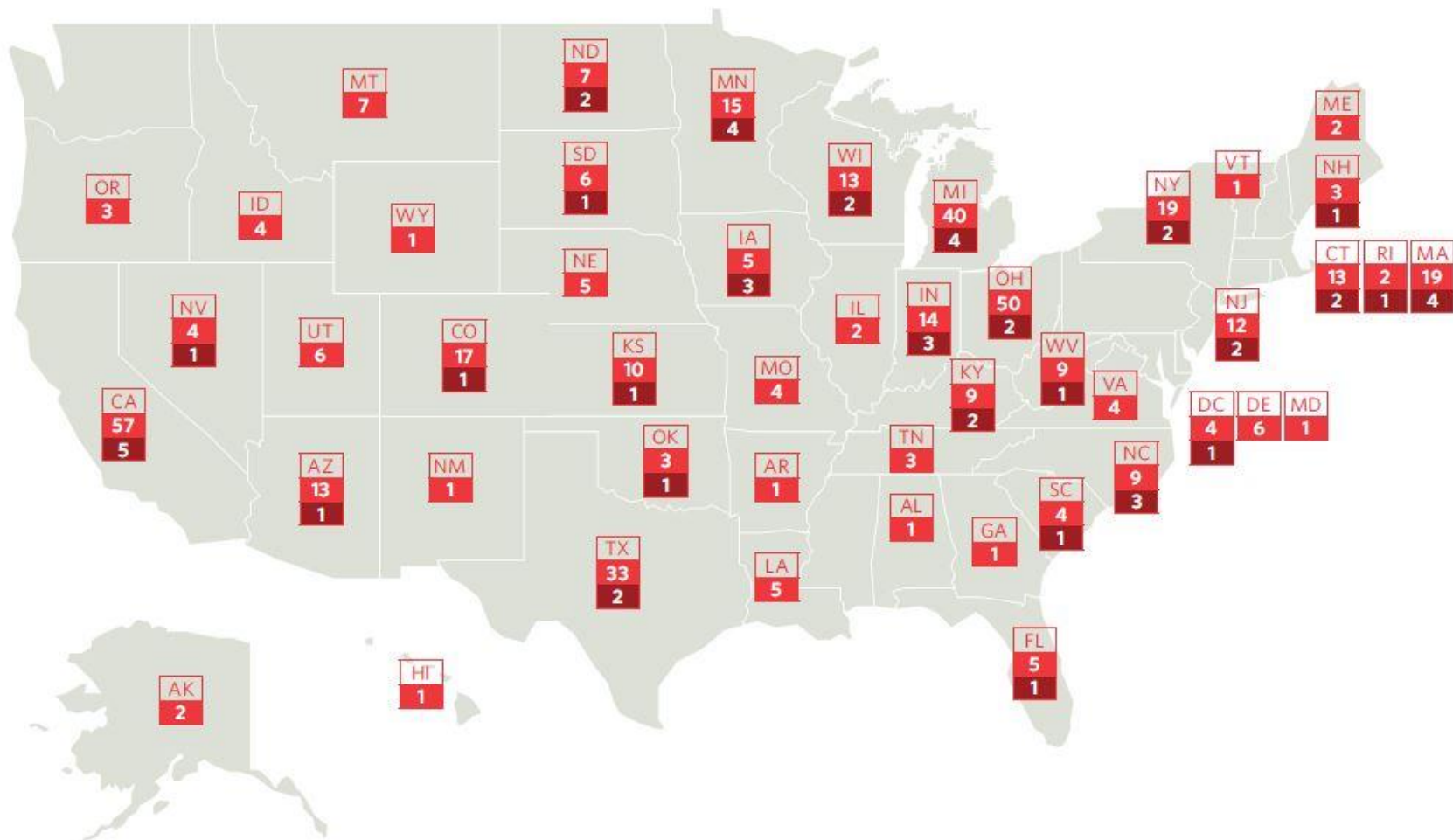
# Chapter 20: Disaster Planning and Management

- I, II, III: Trauma centers must meet the disaster-related requirements of the Joint Commission (CD 20–1). TYPE II
- **I, II, III: A surgeon from the trauma panel must be a member of the hospital's disaster committee (CD 20–2). TYPE II**
- I, II, III: Hospital drills that test the individual hospital's disaster plan must be conducted at least twice a year, including actual plan activations that can substitute for drills (CD 20–3) TYPE II
- I, II, III, IV: All trauma centers must have a hospital disaster plan described in the hospital's policy and procedure manual or equivalent (CD 20–4) TYPE II

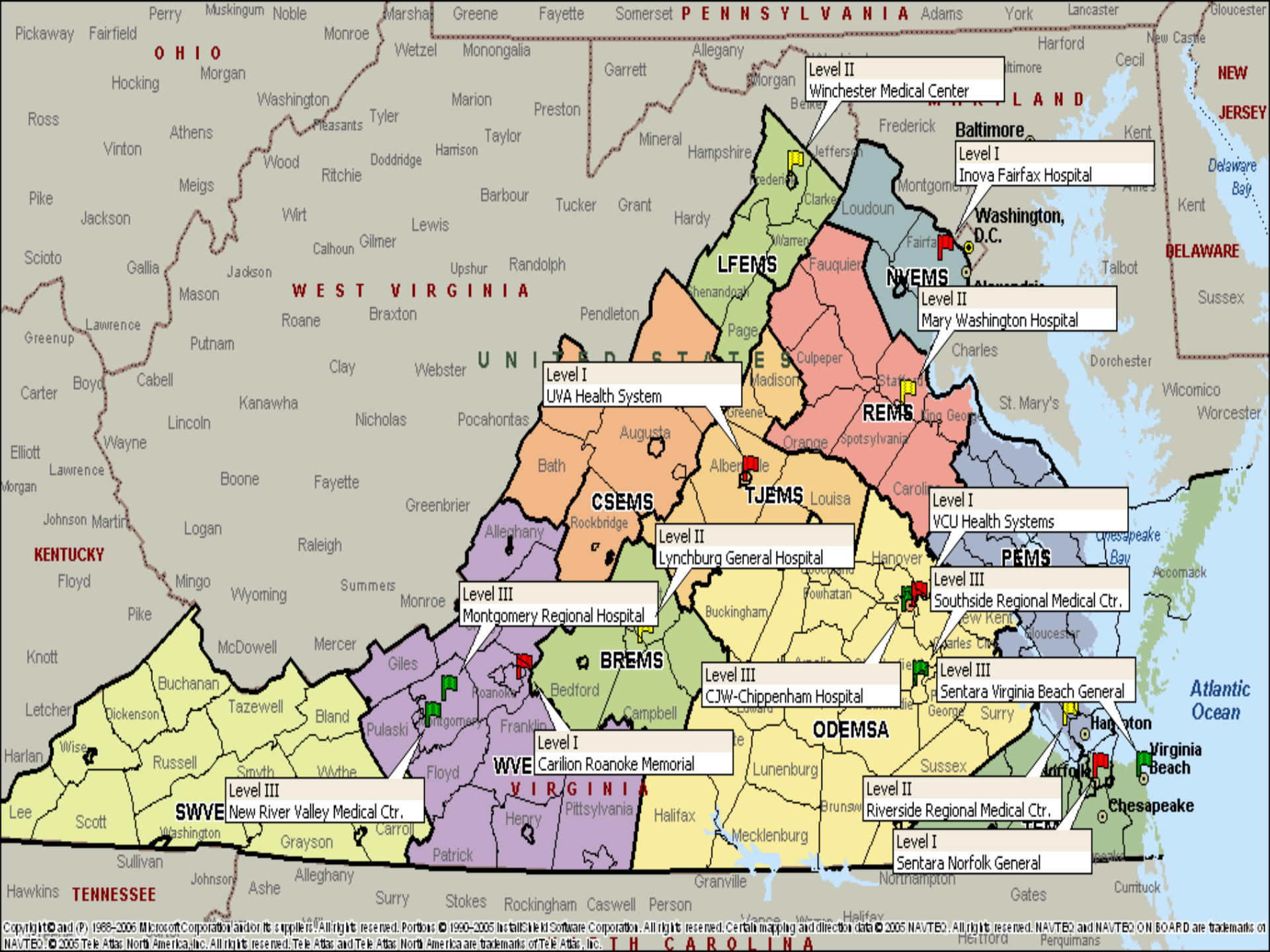
# Level I and II TC's



STATE  
**TRAUMA CENTERS**  
**PEDIATRIC TRAUMA CENTERS**







# SUMMARY

- Trauma surgeons have the requisite skills
- Trauma systems have the structure and flexibility
- Trauma systems function as the backbone today