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Dr John Crozier
Chair
National Trauma Committee
Royal Australasian College of Surgeons
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Dear Ms Coates and Dr Crozier,

Re: Royal Australasian College of Surgeons (RACS) Trauma Verification Subcommittee Review of the Model Resource Criteria for Level I, II, III and IV Trauma Services in Australasia

The Australasian Injury Prevention Network (AIPN) is the peak body in Australia and New Zealand advocating for injury prevention and safety promotion, and represents injury researchers, policy makers and practitioners across Australia and New Zealand.

Trauma Services in Australasia are internationally renowned for the high-quality care that they provide to trauma patients. This component of tertiary prevention is a critical component of reducing the burden of injury and the AIPN commend RACS on their efforts to further improve the quality of care provided to trauma patients.

However, the AIPN notes that there is an **absence of clearly articulated and defined requirements for trauma services (particularly Level I and Level II trauma services) to provide and/or engage in primary injury prevention programs and initiatives**. Primary injury prevention aims to prevent injury events and exposures to harm before they occur. While all components of injury prevention (primary, secondary and tertiary) are critical components of reducing the burden of injury, primary prevention is the most effective.

The RACS Trauma Verification Report on Model Resource Criteria for Level I, II, III and IV Trauma Services in Australasia notes that a Level I Trauma Service will provide “prevention and outreach programs” (report page 4). However, **there is no specific requirement within the Model Resource Criteria to provide or engage in primary prevention programs**. This is unacceptable and at odds to what is required of trauma services in other international settings.

To quote the Trauma Association of Canada’s Trauma System Accreditation Guidelines, “a comprehensive and fully inclusive system will have administrative, surveillance, **prevention**, clinical, training and research elements working in unison.” Furthermore, the guidelines note that “it is expected that Level I Trauma Centres will be actively engaged in injury prevention programs of their own and/or developing liaison with regional and provincial injury prevention leaders and coalitions.” The guidelines also stipulate the same requirements for Level II Trauma Centres, that Level III Trauma Centres will “participate in injury prevention programs within the regional and local community”, and that Level IV Trauma Centres will “participate in injury prevention programs relevant to their trauma population and mandate within the system”.

Trauma services have a critical role to play in primary prevention and have multiple leverages for injury prevention: their technical expertise in the care of trauma patients garners authority and respect from the general public; their access to large patient populations and patient databases contributes to quantifying the burden of various injuries and their causes, identifies emerging issues at the regional level, and can be used to monitor the effectiveness of injury prevention activities at a population and local level; and they have significant expertise in advocacy, research, program development and implementation and public communication.

Recommendations:

The AIPN recommends that the Model Resource Criteria make explicit the requirement trauma services to actively partner in primary injury prevention programs with local, state and national injury prevention leaders and coalitions. We would recommend the following:

- Level I and Level II Trauma Services must ('Essential') undertake primary injury prevention programs in partnership with local, state and national injury prevention leaders and coalitions.
- Level III Trauma Services participate in injury prevention programs within the regional and local community ('Desirable').
- Level IV Trauma Services participate in injury prevention programs relevant to their trauma population ('Desirable').

Partnerships with public health authorities, academia, not-for-profit organisations and injury prevention coalitions are essential to developing and resourcing relevant and robust injury prevention programs and to ensure that injury prevention efforts are coordinated. This could be coordinate with state-based or national Departments of Health and through partnership with the AIPN. As the peak body for injury prevention and safety promotion in Australia and New Zealand, the AIPN are well placed to lead the coordination and partnership of trauma services, public health authorities, academia and not-for-profit organisations in implementing injury prevention programs.

Thank you for the opportunity to provide comment on the RACS Model Resource Criteria for Level I, II, III and IV Trauma Services in Australasia Report. The AIPN would be willing to send a representative to the face-to-face workshop to be held at the Royal Australasian College of Surgeons on Friday 15th November to shape the future of trauma care and to highlight the need for greater emphasis on primary injury prevention.

Kind regards,



Dr Ben Beck

President, Australasian Injury Prevention Network (AIPN)
On behalf of the AIPN Executive Committee