

# ACS COT releases sixth edition of resources for optimal care of the injured patient

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The American College of Surgeons Committee on Trauma (ACS COT) today announced the release of its 2014 edition of the Resources for Optimal Care of the Injured Patient. Now in its sixth edition, the COT's Resources document provides the guidelines used by the ACS Verification/Consultation Program to evaluate trauma centers. It outlines the essential and desirable requirements for trauma centers pursuing consultation or seeking to gain or maintain verification by the ACS COT.

Some of the major changes in the 2014 edition include making the criteria for trauma center verification clearer and more measurable; making Level I and Level II [trauma centers](#) clinically equivalent in the delivery of trauma services to [injured patients](#); elevating the clinical expectations for Level III trauma centers such as response times for critical personnel; including criteria for Level IV trauma centers; and placing a stronger emphasis on performance improvement for all trauma centers. As with previous versions, these 2014 guidelines attempt to define the resources required to provide optimal care in regional trauma systems.

The Resources for Optimal Care of the Injured Patient was previously titled Optimal Hospital Resources for Care of the Injured Patient, until 1990. The change in title reflects a stronger acknowledgement in the guidelines that few individual facilities can provide all resources to all patients in all situations. Rather than focusing on trauma centers, the document's emphasis is now placed on trauma systems. The document

notes, "A systematic approach is necessary within a facility; however, no one trauma center can do everything alone. Thus, a system approach is necessary within an entire community regardless of its size...If resources for optimal care of injured patients are to be used wisely, then some concentration of resources should occur. This type of resource allocation should allow patients to move to the highest level of care available and, ideally, should avoid excessive and inappropriate resource expenditure in a time of limited medical resources."

The release of this Sixth Edition has been eagerly anticipated in the trauma community, which includes more than 385 ACS-verified trauma centers. The updated document has sought to avoid discrepancies of resource needs between the different levels of care. The quality of care is expected to be similar throughout all of the verified levels of care. However, the defining difference is the severity and volume of injured patients. The COT plans to implement a standard process for revision of the document, including soliciting regular input from trauma medical directors, trauma program managers, hospital leadership, EMS, and the designation authorities.

**More information:** The Sixth Edition of the document can be found at [www.facs.org/quality-programs/trauma/vrc/resources](http://www.facs.org/quality-programs/trauma/vrc/resources)

Provided by American College of Surgeons

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