PUTTING TRAUMA ON THE MAP

BRIDGING MILITARY AND CIVILIAN SECTORS TO IMPROVE TRAUMA CARE

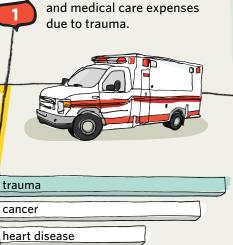
You may not think of it as a public health issue, but did you know that trauma—a potentially disabling or life-threatening injury that results from an event such as a motor vehicle crash, gun violence, or fall-is the leading cause of death in the United States for those ages 46 and under?



State of

Approximate number of Americans who have died from trauma since 2001.

Trauma is the number one cause of years of productive life lost before age 75—greater than either cancer or heart disease.



\$670 BILLION Amount lost in productivity



Number of American lives—a population the size of the city of San Bernardino, CA—that could have been saved over the past decade if all U.S. trauma centers had achieved outcomes similar to those at the highest-performing centers.

Closing

the Gap

SAN BERNARDINO POP. 200,000 There is great variation in the quality of trauma care and outcomes

for injured patients across the United States. In fact, there is a 2-fold difference in mortality rates between the best- and worstperforming trauma centers. In other words, where you are injured may determine whether you survive.



Military survival rate for casualties arriving at a treatment facility since the start of the wars in Afghanistan and Iraq. Innovations such as redesigned tourniquets have helped the military achieve this rate.

Given the military's success in reducing trauma deaths, the benefits of closing the gap between civilian and military trauma care may be enormous if such trauma care innovations and best practices can be thoroughly and rapidly translated into the civilian sector.

The increasing incidence of multiple casualty incidents—like those in Sandy Hook, Boston, and Paris—lends even more urgency to the need to translate wartime lessons to people back home.



Of the 147,790 U.S. deaths from trauma in 2014, roughly 20% might have been preventable if appropriate and timely medical care had been delivered after injury. This equates to nearly 30,000 preventable deaths in a single year.

- In the initial moments after an injury occurs, you as a bystander can deliver immediate lifesaving care before EMS personnel arrive.
- olf you have been seriously injured, be engaged in decisions about your care as much as possible. Patients, families, and care providers can work together, making decisions that take into account your preferences, life circumstances, and values.
- Participate in processes that work to improve trauma care, including taking part in trauma research. The public has an important role to play in advocating for and supporting trauma systems.
- Patients, families, and other caregivers can use their firsthand experiences to identify areas in need of improvement in the trauma care system.

Zero preventable deaths after injury and best possible recovery is an achievable aim, and the benefits are clear: to protect those the nation sends into harm's way in combat and to help save the lives of all Americans.



To learn more about trauma care, visit nationalacademies.org/TraumaCare

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