

Summary

Trauma is a leading health problem in low and middle income countries. However, developed countries have managed this problem by better organizing and planning of trauma care. Acute management of injured patients, including triaging, stabilization and transport to a qualified trauma center results better in outcome. In addition, World Health Organization and International Society of Surgery recommend skilled human resources and basic physical resources to minimize undesirable outcomes.

This research project was planned to improve trauma care capacity by introducing a triage system and training staffs to manage acute trauma in randomly selected 02 Divisional Hospitals where only basic lifesaving facilities were available.

Effectiveness of the project was assessed by waiting time of patients, self-perceived trauma care competency of nurses and satisfaction of patients. All the nurses ($n = 32$) working in emergency rooms were trained and included in the study. Satisfaction was assessed among trauma patients who were treated in Emergency Rooms and discharged or transferred to other wards.

Results showed statistically significant reduction of mean waiting time from 9.9 to 7.3min ($t=4.29$, $p<0.05$). Self-perceived trauma care competency of nurses had gone up in some confidence areas, especially in neurological assessment. Majority of patients were satisfied with the attention of the staff, waiting time to be examined, discharged or transferred to ward. Least percentage of patients was satisfied regarding providing information on test results (57%) and reasons for admission or follow ups (66%) by doctors.

In conclusion trauma care can be improved by introducing triage and training staffs even in a resource limited setting.

The intervention was restricted only to two hospitals and implemented for 06 weeks. Because of this limitation of time and other resources, neither the feedbacks from clinicians of those hospitals nor the clinical outcome and satisfaction of patients who were transferred to tertiary care hospitals were assessed.

Further, studies in different treatment settings and assessment of clinical outcome with introduction of triage system are recommended.

