I have been identified as having a particular condition, which was not noted when my medical records were initially reviewed. It is possible that this oversight could have led to unnecessary treatment or missed opportunities for effective care.

We refer to the letter by A M Leaman in the July issue referring to our ear-lier work. The data presented in that letter have been thoroughly re-evaluated, and we are confident that our conclusions remain valid.

Regional standards in trauma care

Regional standards in trauma care have been established to ensure that patients receive consistent, high-quality care across the region. These standards include the development of regional trauma accreditation schemes and the establishment of trauma centers.

The role of the trauma center is to provide comprehensive care for patients with severe injuries, including resuscitation, stabilization, and initial surgical treatment. Trauma centers are typically located in large, tertiary care hospitals and are equipped to handle a wide range of trauma cases.

In addition to providing care, trauma centers are also involved in research and education. They collaborate with other institutions to improve the quality of trauma care and share best practices with other centers.

The need for trauma centers has been widely recognized, and many states have established trauma systems to ensure that all injured patients have access to appropriate care. The establishment of trauma centers has been shown to improve outcomes for patients with severe injuries.

The author replies

The message of our paper was that when patients with major trauma are transferred to a specialist center it is important to ensure that they are transferred in a timely manner. We found that, for example, a patient transferred to the neurosurgical unit had an undiagnosed ruptured spleen, a patient transferred to a general surgical unit had an undiscovered injury, and a patient transferred to a trauma center had an undiscovered injury.

Once a patient reaches a specialist unit such as a neurosurgical or orthopaedic unit it is likely that there will be a delay in the diagnosis of undiscovered injuries, or incomplete investigations/treatment, which are outwith that area of specialist interest. We have shown in our paper that this is a sufficiently frequent occurrence for head-injured patients going straight to specialist units. Instead it is of value if they initially come to the accident and emergency department where they are reassessed by a team of generalists so that important problems in patient care are not overlooked.

We were not seeking in any way to be critical of the care in other hospitals. Patients may have incomplete examination, investigations, or treatment for various reasons, many of which are not due to inadequate management in the first hospital.

We felt that care in our own hospital was not infrequently suboptimal and that it was easier and better to try to correct our own inadequacies first.

Christine H Dearden
Accident and Emergency Department, Royal Victoria Hospital, Belfast

2 Fisher RB, Dearden CH. Improving the care of patients with major trauma in the accident and emergency department. BJM 1990;300:1560–3.

Duplication of information

These authors have not addressed the possibility that multiple injuries may be present in the same patient. The additional injuries may be missed by the emergency department, and the patient may be transferred to a specialist center with a more comprehensive evaluation.

The data presented in our paper have been thoroughly re-evaluated, and we are confident that our conclusions remain valid.

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