The trauma system in Virginia is inclusive. All hospitals with 24 hour emergency rooms provide some degree of trauma care. The decision to become a designated trauma center is voluntary. Designation carries a cost related to the fact that the trauma services must be continuously available and ready to provide care to patients who might require treatment. Trauma triage guidelines act to direct severely injured patients to the nearest appropriate trauma center.

All hospitals whether designated or not should make every effort possible to participate in and improve the trauma system. Due to the unexpected nature of injury, trauma patients and their families cannot choose their location of care. It is incumbent upon the healthcare system to provide these patients with the most optimal care possible regardless of location and circumstances. The purpose of the designation process is to assure consistent quality and performance of entry level trauma centers and to promote continued improvement and development of experienced centers.

Virginia Trauma Center standards are based upon national standards put forth by the American College of Surgeons and the American College of Emergency Physicians. The Virginia standards are reviewed and updated based on changes in the national standards as well as the evolving needs of the Trauma System in Virginia.

Designation is meant to identify those hospitals that will make a commitment to provide a given level of care for the multiple injured patients and who welcome public acknowledgment of that capability. Knowledge of trauma care capabilities, with improved field categorization and pre-hospital capabilities will help all those involved in the trauma care delivery system make decisions that are in the best interest of the patient.

An “inclusive trauma care system” is one that incorporates every health care facility in a community in a system to provide a continuum of services for all injured patients who require care in an acute care facility.

<table>
<thead>
<tr>
<th>Year</th>
<th>Designated Trauma Centers</th>
<th>Non-designated Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>10877</td>
<td>5302</td>
</tr>
<tr>
<td>2004</td>
<td>11571</td>
<td>5562</td>
</tr>
<tr>
<td>2005</td>
<td>8972</td>
<td>10989</td>
</tr>
</tbody>
</table>
### Monthly Trauma Distributions

- **January**: 942 admissions at Designated Trauma Center, 561 at Non-designated Hospital.
- **February**: 790 admissions at Designated Trauma Center, 581 at Non-designated Hospital.
- **March**: 591 admissions at Designated Trauma Center, 662 at Non-designated Hospital.
- **April**: 677 admissions at Designated Trauma Center, 762 at Non-designated Hospital.
- **May**: 747 admissions at Designated Trauma Center, 949 at Non-designated Hospital.
- **June**: 760 admissions at Designated Trauma Center, 1109 at Non-designated Hospital.
- **July**: 774 admissions at Designated Trauma Center, 1112 at Non-designated Hospital.
- **August**: 808 admissions at Designated Trauma Center, 1106 at Non-designated Hospital.
- **September**: 691 admissions at Designated Trauma Center, 1050 at Non-designated Hospital.
- **October**: 792 admissions at Designated Trauma Center, 1085 at Non-designated Hospital.
- **November**: 672 admissions at Designated Trauma Center, 987 at Non-designated Hospital.
- **December**: 728 admissions at Designated Trauma Center, 1025 at Non-designated Hospital.

**Total**: 8972 admissions at Designated Trauma Center, 10989 at Non-designated Hospital.

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