While a multitude of trauma team training programs and clinical practice recommendations exist, there remains a gap in practice on how best to implement these programs and recommendations in low-resource settings. The implementation of trauma systems in low-income countries (LMICs) could save millions of lives each year (Remick et al., 2014).

**Objectives & Aims**

1. To improve trauma care through the creation of a strategic plan to foster trauma system development in a LMIC.
2. Explore barriers and facilitators to using open-access WHO trauma tools and guidelines.

**Methods**

- **Design**: Development and implementation of evidence-based policies, procedures, and supporting materials based on WHO trauma care guidelines.
- **Sample**: Purposeful selection of hospital Chief Nursing Officer (CNO) and Emergency Department (EMD) nurses and physicians.
- **Setting**: Single-center, 490-bed district hospital in a LMIC.
- **Methods**: Plan presented to CNO, BEC course modified training provided, data collected 2 months later via semi-structured, open-ended interview with the CNO conducted via Zoom.

**Findings**

1. **Plan supportive of trauma care improvement as evidenced by**:
   - Trauma team development: 25 staff members designated to trauma team.
   - Training via WHO BEC modified course in two 90-minute Zoom sessions.
   - Trauma team training: 84% designated staff trained; 90% RNs 10% MDs.
   - Triage development with use of Triage Tool (Red, Yellow, Green tags).
   - Creation of designated Triage and Resuscitation Areas.
   - Use of WHO tools supportive of international standards of trauma care.
   - Improved trauma system processes.

**Results**

- **Three themes identified on qualitative descriptive analysis**
  - **1) Plan supportive of trauma care improvement as evidenced by**:  
    - Trauma team development: 25 staff members designated to trauma team.
    - Training via WHO BEC modified course in two 90-minute Zoom sessions.
    - Trauma team training: 84% designated staff trained; 90% RNs 10% MDs.
    - Triage development with use of Triage Tool (Red, Yellow, Green tags).
    - Creation of designated Triage and Resuscitation Areas.
    - Use of WHO tools supportive of international standards of trauma care.
    - Improved trauma system processes.

**Discussion**

- **The project was supportive of trauma care improvement as evidenced by development of triage supporting rapid identification of critical patients, evaluation and stabilization in EMD with 24-hour trauma trained MD and nurse coverage and use of tools that support use of best evidence and international guidelines.**
- **As project was implemented during global pandemic, on-site training and travel was prohibited. While WHO provides open-access tools for trauma care improvement in low-resource settings, the feasibility of remote implementation of such tools remains unstudied.**
- **Project identified barriers in accessing web-based training and tools. Further studies on the feasibility of accessing and implementing WHO tools and training in LMICs are warranted.**
- **Strong leadership and professional collaboration are recommended for LMICs beginning development of trauma systems.**

**Implications**

- **Clinical Practice**: Strengthened through formal training of trauma team members and equipping the team with clinical practice guidelines and evidenced based tools to support immediate improvements in trauma care delivery.
- **Patient Care**: Fostered improvement of patient care through timely emergency trauma response and improved quality of care.
- **Policy**: WHO site assessment identified physical, human and economic resources available and needed for basic trauma care capabilities which can be used to support hospital and regional policy development and resource allocation.
- **Economy**: Financially feasible project utilizing WHO’s free, open-access trauma training courses and tools; Fosters reduction of economic global trauma burden in Tanzania and among other low-resource, LMICs, with developing economies.

**References**


