Lack of standardized registries was identified as a priority gap in global TBI research. Despite growing healthcare and educational infrastructure, trauma registries are not integrated as a health priority to support treatment and care, as well as prevention efforts at local and national levels. The health systems in Armenia, Georgia and Rep. of Moldova are in transition with growing attention to improving health infrastructure. However, acute care systems lag behind international standards. Since training in emergency medicine is scarce, variability in the treatment of critical injuries varies substantially across hospitals, with no formal trauma systems in place.

This project, INITIatE: International Collaboration to increase Traumatic Brain Injury Surveillance in Europe, aims to identify current treatment and surveillance capacity for TBI and to develop a comparable TBI registry system to describe equivalent TBI treatments and treatment in three countries.

Specific aim 1: Identify and describe current TBI data collection practices and capacity.
Specific aim 2: Through a participatory process, develop a comparable TBI registry system.
Specific aim 3: Conduct comparative analyses of TBI data.

Number of interviews: Armenia – 11 interviews, Georgia – 10 interviews, Moldova – 7 interviews.

All interviews were conducted with medical doctors, medical residents, nurses and personnel in leadership position.

In Georgia, due to the heavily privatized health system, the type of insurance will influence the transport as well as the hospitals owned by the medical insurance provider to a closer hospital.

The researchers would like to thank the many key informants, data collectors, and collaborators who made this project possible.

The most specific type of injury reported was Soft Tissue Injury to the scalp, face, or neck – 86.7%.

Most of the TBI patients had received a CT (85.7%), out of which 61.2% (N=441) had an abnormal result.

Adaptability and consideration of gold standards in TBI treatment should be discussed considering low resource hospitals.

Key gaps were identified in pre-hospital care, access to costly diagnostic and treatment protocols, and rehabilitation care.

Lack of trained personnel is also a gap mainly because national agencies don’t have TBI treatment coordination and prevention as a priority.

TBI patients present with a range of injuries caused primarily by falls, road traffic injuries, assault, and being struck by objects. Prevention activities are a gap.