

Abstract

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.

Partner Institutions:

- Yerevan State Medical University, Department of Public Health and Health Care
- State University of Medicine and Pharmacy "Nicolae Testemitanu", Faculty of Public Health
- Tbilisi State University, Faculty of Medicine



Aims

This project, INITlatE: *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 inpatient TBI characteristics 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.

TBI Registry Preliminary Results

Male 66%		Female 34%	
<15 years 50,3%	15-24 y 13%	25-44 y 14.1%	>44 y 19.8%
Urban & metropolitan 88.2%			Rural 11.4%
Ambulance 74%		Walk-in 14,5%	Other vehicle 9,5%
Home 26.5%	Streets/ Highway 25%	Commercial areas 19%	Institutions 16.2%
Pre-hospital Mild Injury 88,5%		M 3,3 %	S 3,1%
Emergency Mild Injury 81,75%		M 8%	S 3,8%
Discharge Mild Injury 93.6%		S 5%	
Home 82.1%		Rehab 9,5%	Long term care 4%

Situational Analysis Results

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 by ambulance to a hospital owned by the medical insurance provider than to a closer hospital.

All three countries have pre-hospital management and adopted an universal emergency number.

There are still unspecialized victim transportations (e.g. relatives, witnesses that can cause harm, especially in the spine injury traumas.

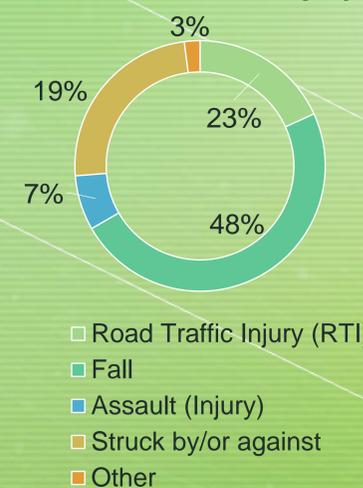
The most specific type of injury reported was Soft tissue injury to the scalp, face, or neck – 84,7%

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

Data collection plan



Mechanism of injury



Discussions

- 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.

Acknowledgments

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

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INITlatE: International Collaboration to increase Traumatic Brain Injury Surveillance in Europe
(NIH NINDS 5R21NS098850-02)