Since 1922, when its Committee on Fractures (which transitioned to the Committee on Trauma) was established, the American College of Surgeons (ACS) has carried out a continuous campaign of professional and public education, designed to achieve improvements in all phases of the care of the injured and in prevention injuries. In the 91 years of its existence, there have been eighteen chairpersons of the Committee. The information below provides an overview of the activities and the scope of the Committee on Trauma.

The American College of Surgeons’ campaign now is carried out on a national level through the Committee on Trauma (COT), which is supported by a network of 65 State and Provincial Committees, 15 International Committees, and six Military Committees. These committees have an aggregate membership of approximately 2,200 members, the majority being Fellows of the College.

The ACS Committee on Trauma influences all phases of injury care, from prevention to rehabilitation. The committee achieves this through actions and programs developed around three broad pillars: Education, Quality Patient Care and Advocacy.

**Education**

The Education pillar ([http://www.facs.org/trauma/index.html](http://www.facs.org/trauma/index.html)) of the Committee on Trauma encompasses the ATLS (Advanced Trauma Life Support) Course ([http://www.facs.org/trauma/atls/index.html](http://www.facs.org/trauma/atls/index.html)), the TEAM (Trauma Evaluation and Management) Course, the ATOM (Advanced Trauma Operative Management) Course, the TOPIC (Trauma Outcomes and Performance Improvement) Course, the Optimal Trauma Center Organization and Management Course, the Rural Trauma Team Development Course, the ASSET (Advanced Surgical Skills for Exposure in Trauma) Course, the Disaster Management and Emergency Preparedness Course and a full range of Trauma educational lectures, symposia and courses at the Annual American College of Surgeons meeting.

**Quality Patient Care**

The ACS Committee on Trauma leads the world with respect to improving the care of the trauma patient. These improvements are achieved by 1) setting high standards for quality care, 2) assuring the right infrastructure is in place for quality trauma
patient care, 3) ensuring high quality patient data are available and 4) verifying that these three key elements are met. Specific programs aligned along this framework include the Trauma Center Consultation and Verification Program for Hospitals (http://www.facs.org/trauma/verified.html), the Trauma System Consultation Program (http://www.facs.org/trauma/tsepc/index.html), the Trauma Quality Improvement Program (http://www.facs.org/trauma/ntdb/tqip.html), and the National Trauma Data Bank (http://www.facs.org/trauma/ntdb/index.html).

Advocacy
The Committee on Trauma advocates for implementation of trauma systems, improvements for the care of trauma patients, and policy measures which reduce the probability of an injury occurring. This advocacy mission is carried out in concert with the American College of Surgeons overall advocacy programs at both the national and the state level.