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PERSPECTIVE

ATLS in Kosova and the "Ghost" Trauma Hospital Building: Is there a hope that trauma care will improve?

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Abstract:
The Kosova College of Surgeons (KCS) in partnership with Sanford Health and World Clinics, Fargo, North Dakota successfully introduced the Advanced Trauma Life Support (ATLS®) program in Kosova. In this perspective I will discuss this initiative and the need to create the trauma center and trauma system.

Keywords: Trauma, ATLS, trauma center, Kosova College of Surgeons.

Trauma care remain a major issue in the world, and in particular Low- and Middle-Income Countries (L&MIC), especially in those countries that do not have organized trauma system, like Kosova and many others. Only from road traffic accidents 1.19 million lives are lost each year worldwide and leave between 20 and 50 million people with non-fatal injuries. More than half of these deaths involve vulnerable road users, such as pedestrians, cyclists, and motorcyclists (1). During the 4th Congress of Kosova College of Surgeons (KCS), this past September held in Prishtina, two significant events focused on trauma care, need to be reminded again, amongst many other papers and presentation. The first was the highly anticipated the "Professor Rao Ivatury Trauma Update Symposium" (2), organized by the Committee on Trauma of KCS. This event brought together world class leading experts and practitioners in trauma management, providing a dynamic platform for sharing the latest advancements in trauma care. Attendees engaged in discussions centered on innovative surgical techniques, rehabilitation protocols, and the integration of cutting-edge technology into trauma treatment.

The second major highlight of the congress was the impactful presentation by a research team led by Ahmeti et al. (3), on the implementation of Advanced Trauma Life Support (ATLS) in Kosova. This presentation illuminated the essential role that ATLS has played in elevating trauma care standards in Kosova and beyond and described the path of successful implementation of ATLS in Kosova. The presentation discussed the challenges faced in adopting ATLS protocols, including the need for training in Albanian language, and widespread training among healthcare providers who manage trauma cases. Together, these two pivotal moments at the 4th Clinical Congress of KCS underscored the ongoing commitment to advancing trauma care in Kosova.

The establishment of the Advanced Trauma Life Support (ATLS) program in Kosova, spearheaded by the Kosova College of Surgeons (KCS) in collaboration with Sanford Health and World Clinics, North Dakota, led by Prof. Mentor Ahmeti, a trauma surgeon at Sanford Health, North Dakota, USA marks a pivotal step forward in advancing trauma care in Kosova long plagued by the absence of organized trauma systems and trauma fellowship education. This initiative not only emphasizes the critical need for high-quality trauma education

but also reinforces the importance of collaboration and multidisciplinary engagement in improving healthcare outcomes and the role of Kosova College of Surgeons (KCS) and its medical diplomacy.

The ATLS courses in Kosova have successfully brought together a diverse group of general surgeons, emergency medicine physicians, and anesthesiologists, underscoring the cooperative effort required to build an effective trauma response.

In this issue of Kosova Journal of Surgery (KJS) the paper by Ahmeti et al (3), report on insights from both the inaugural Demonstration Course in 2023 and the second Promulgation Course in May 2024, followed by last ATLS course held in September 2024 during the 4th clinical congress of KCS, highlighting the successes, challenges, and future steps for this vital initiative.

The "Ghost" Trauma Building

The ongoing challenges in trauma care in Kosova are epitomized by the "Ghost" trauma hospital building—an unfinished structure that stands as a stark reminder of unmet healthcare needs and the systemic issues plaguing the nation's healthcare infrastructure. While the initiation of ATLS in Kosova is a promising step toward advancing trauma care, a comprehensive solution requires a deeper commitment to rebuilding the healthcare system of Kosova as a whole.

One primary obstacle to effective trauma management in Kosova is the absence of an organized trauma system that combined trauma center and trained staff. The lack of a structured approach aligned with established best practice guidelines, like those outlined in the Advanced Trauma Life Support (ATLS) program, has hindered the optimization of patient care. ATLS provides an evidence-based curriculum designed to equip healthcare providers with the necessary skills to assess and manage trauma patients efficiently. However, to be truly effective there is need for the ATLS certification to become a mandatory requirement, in order to obtain hospital privileges for all healthcare providers who deal with trauma patient (surgeons, emergency medicine, anesthesiologists, nursing). This will fill the significant gap in the skills, knowledge of trauma team.

The absence of standardized trauma care practices can lead to wide variations in treatment quality among practitioners, resulting in inconsistent care for trauma patients. These outcomes reverberate throughout the healthcare system, leading to increased healthcare costs, with many patients needing transfer out of the country—placing additional financial burdens on patients and their families, as well as the national healthcare system.

An additional pressing concern is the lack of dedicated trauma centers within Kosova. Without dedicated trauma facilities, individuals suffering from severe injuries often face delays in receiving appropriate care, resulting in increased morbidity and mortality.

The absence of trained trauma surgeons further exacerbates this issue; trauma surgeons play a critical role in providing timely surgical interventions and comprehensive care. Their expertise is essential for optimizing treatment plans, performing necessary surgeries, and ensuring adequate follow-up care.

The establishment of a robust trauma infrastructure (standardized education, dedicated trauma center(s) and specialized personnel (fellowship trained trauma surgeons, emergency medicine specialist), is essential for adequately addressing the trauma-related needs of the population. Reforms aimed at enhancing this infrastructure would improve outcomes, fewer complications, and an overall elevation in the quality of care provided to those affected by trauma.

The situation surrounding the proposed trauma center encapsulates the complicated intersection of healthcare needs and political dynamics. Various well-intentioned initiatives to create a dedicated trauma facility have faced significant hurdles, resulting in a frustrating state of limbo. The moniker "ghost building" aptly describes this situation, as the facility waits for completion and sits unused, representing unmet healthcare demands.

The political factors that contribute to the stalling of this critical project are often multifaceted. Shifts in governmental priorities, bureaucratic red tape, funding disputes, and regional governance disparities complicate decision-making processes that are vital for advancing healthcare infrastructure. Additionally, the political instability and ongoing tensions in the region divert attention and resources from healthcare initiatives, further exacerbating the difficulties in maintaining momentum for such essential projects.

The stagnation surrounding the trauma center's establishment is especially disheartening given the urgent need for comprehensive trauma care in Kosova, particularly after years of conflict that have left deep scars on the population. Lacking a dedicated trauma facility forces trauma patients to rely on general hospitals that

Political will is necessary to prioritize healthcare reforms and allocate the necessary funding and resources to address existing gaps in trauma care. Engagement with stakeholders, including healthcare professionals and community leaders, is essential to advocate for the importance of trauma care infrastructure and sustained support, which is necessary to transform the healthcare system and improve health outcomes across the region.

These three elements—establishing a trauma center, fostering fellowship training programs, and securing governmental support—are interconnected and critical for advancing trauma care and improving patient outcomes in Kosova, but first we must remove the politics and special interest out of trauma care.

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