Supplementary Materials

Table 1. Scoping review result.

Author, Year	Population	Concept (Dimensions)	Context
Ahuja, et al. 2019	Crash victims in Delhi, India	Availability and accommodation: 1) About 85% victims reached nearest health facilities in less than 15 mins. 2) Designated trauma care was accessible for most traffic crash, but it took longer time to access designated trauma care than nearest health facilities. Appropriateness: Current trauma care guidelines did not give clear protocols for transportation of injured in Delhi.	Geographical and health management settings
Chokotho, et al. 2016	28 participants with diverse backgrounds in Malawi	Availability and accommodation: No access to prehospital care for trauma patients. Appropriateness: Several organizations potentially gave emergency care but lacked of equipment and skills	Health management setting
da Silva, et al. 2016	Trauma victims who were 60 years or older in the city of Natal, Brazil	Availability and accommodation: 1) Basic life support and advanced life support were accessible for traffic crash victims through motor ambulance, but it did not circulate at night 2) The potential of redistributing the referral of trauma patients was identified to prevent overcrowding hospital	Health management setting
Vanderschuren and McKune, 2015	Undefined	Availability and accommodation: 1) About 70% of road analyzed fall outside "Golden Hour" zone. 2) 10	Geographical setting

		emergency medical services fell outside "Golden Hour" area since there was no definitive care accessible within the zone.	
Pickering et al., 2022	Emergency patients and caregivers	Approachability: The delay of patients was caused by inability to recognize "danger sign" and mistaken it as "cultural illness". Availability and accommodation: 1) First aid were limited, encouraging patients to go to other facilities before coming to emergency department. 2) Appropriate vehicles were unavailable for patient's condition. Affordability: 1) Emergency care was assumed costly. 2) Patients and caregiver worried about non-medical and opportunity cost of emergency care.	Cultural, geographical, and health management settings
Gomez et al., 2013	Adults with severe mechanical injury presented to ED in Ontario	Availability and accommodation: 1) Only 22% of 11 counties had high potential access. 2) Only 38% of severely injured patients had realized access to trauma care. 3) The availability of trauma care does not ensure its utilization	Geographical setting
Bhalla et al., 2019	Frontliners (taxi drivers, police officers, legal experts, medical professionals)	Availability and accommodation: Most victims were transferred to health care using police car and auto rickshaw, cause ambulances were used for inter-facility services and police vans arrived sooner. Affordability: Lay responders transferred victims to public hospital as most private healthcare asked for	Health management setting

		guarantee of payment Acceptability: Harassment to helpers often happened in emergency department	
Lin et al., 2019	131 trauma patients presenting to Soroti Regional Referral Hospital (SRRH)	Availability and accommodation: 1) Lack of physicians limits surgical care delivery. 2) Patients in southern districts seek care in urban areas. 3) Inconsistent funding and criteria for ambulance are significant challenges for prehospital care.	Health management setting
Shaw et al., 2017	Undefined	Availability and accommodation: 1) The facilities were generally well equipped for safe surgery, with 96% meeting all WHO Minimal Safety Criteria. 2) Transport time for all health facilities included is 7 mins, which varied based on health facility options 3) Ambulances were not well used to transfer patients.	Health management setting
Ibrahim et al., 2017	Patients presenting to the emergency room with trauma from road traffic crashes at the Lagos State University Teaching Hospital	Availability and accommodation: 1) Most victims were brought to the hospital by relatives, bystanders, police, and personnel of the FRSC and did not have any formal prehospital care. 2) Only 2.3% brought by LASAMBUS were offered prehospital care by medical personnel trained in BLS. 3) More than 55% victims arrived in health facilities in more than 1 hour.	Health management setting
Broccoli et al., 2015	Kenyan community members aged 18 years and	Approachability: 1) Most participants understood medical emergency conditions, but chose private or public transport to transfer patients. 2) Most	Community knowledge and health management setting

	older who spoke Swahili or English	participants were willing to help victims, yet lacked of protective equipment, knowledge of first aid, and afraid of causing harm and being questioned by police. Affordability: Barriers to emergency care including high cost. Appropriateness: Lack of system structure (no emergency line), unfriendly providers, and initial care. Acceptability: Respondents showed social issues that victims would be treated faster if dressed nicely, felt patience, and had financial supports.	
Shrivastava et al., 2014	200 road traffic accidents victims during study period	Approachability: Almost one-fourth of the victims were not aware of emergency ambulance. Availability and accommodation: 1) Only 15 (7.5%) of the victims were brought to the health care by ambulance. 2) Only three ambulances (20%) had an attending doctor. Appropriateness: At the site of the accident, very few patients (20%) had first-aid treatment	Community knowledge and health management setting