

## Healthy People 2010 Operational Definition

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### **1-13. Increase the number of Tribes, States, and the District of Columbia with State-level trauma system facilitation and coordination of Statewide defined criteria.**

#### **1-13h. Process to monitor and evaluate trauma system outcomes.**

<b>National Data Source</b>	Federal Trauma-Emergency Medical Services System Program Survey, Health Resources Services Administration (HRSA).
<b>State Data Source</b>	Not identified.
<b>Healthy People 2000 Objective</b>	Not applicable.
<b>Changes since the 2000 Publication</b>	New subobjective (see Comments).
<b>Measure</b>	Number of States and the District of Columbia.
<b>Baseline (Year)</b>	30 (2002)
<b>Target</b>	51
<b>Target-Setting Method</b>	Total coverage.  For a discussion of target-setting methods, see Part A, section 4.
<b>Numerator</b>	Number of States and the District of Columbia that have a process to monitor and evaluate trauma system outcomes.
<b>Denominator</b>	Not applicable.
<b>Population Targeted</b>	Not applicable.
<b>Questions Used to Obtain the National Baseline Data</b>	From the 2002 Federal Trauma-Emergency Medical Services System Program Survey:  ➤ <i>Is a trauma registry present in your service area?</i> ➤ <i>Do you have a designated trauma advisory committee that evaluates the performance of trauma care delivery within your service area</i>
<b>Expected Periodicity</b>	Periodic.

## Comments

States were required to have both a functioning external trauma committee and a trauma registry to be counted for this subobjective.

Objective 1-13 was divided into 9 subobjectives during the Healthy People 2010 Midcourse Review. Each subobjective addresses a specific element of the Statewide criteria for a State-level trauma system.

The original data source (State EMS Directors Survey, National Association of State EMS Directors) was superceded by the Federal Trauma-Emergency Medical Services System Program Survey. The new data source has an improved ability to assess the content and quality of State-based trauma systems and emergency medical resources using a specific set of approved criteria. The original text and baseline were also revised due to reflect the new data source.

Baseline and tracking data are not currently available for Tribes. Therefore the target was redefined to include only States and the District of Columbia.

More information about State-based trauma and emergency medical services systems is available in the following report published by the Health Resources and Services Administration (HRSA): *A 2002 National Assessment of State Trauma System Development Emergency Medical Services Resources and Disaster Readiness for Mass Casualty Events*. Available at: <ftp://ftp.hrsa.gov/hrsa/trauma/nationalassessment.pdf>

See Appendix A for focus area contact information.