Healthy People 2010 Operational Definition

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.

1-13b. Defined process for designating trauma centers.

National Data Source Federal Trauma-Emergency Medical Services

System Program Survey, Health Resources

Services Administration (HRSA).

State Data Source Not identified.

Healthy People 2000

Objective

Not applicable.

Changes since the

2000 Publication

New subobjective (see Comments).

Measure Number of States and the District of Columbia.

Baseline (Year) 34 (2002)

Target 51

Target-Setting Method Total coverage.

For a discussion of target-setting methods, see Part

A, section 4.

Numerator Number of States and the District of Columbia that

have a defined process for designing trauma

centers.

Denominator Not applicable.

Population Targeted Not applicable.

Questions Used to Obtain the National Baseline Data From the 2002 Federal Trauma-Emergency Medical

Services System Program Survey:

Does your organization have the legal authority to formally designate and accredit hospital trauma centers?

Does your organization or some other organization designate, verify, accredit, and categorize hospital trauma centers within your service area?

Expected Periodicity

Periodic.

Comments

States were considered to have a "defined process" for designating trauma centers if they answered "yes" to both of the questions listed above.

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The original data source (State EMS Directors Survey, National Association of State EMS Directors) was superceded by the Federal Trauma-Emergency Medical Services System Program Survey.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.