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.

1-13g. Policies describing the types of patients who should be transferred.

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) 23 (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 policies describing the types of patients who

should be transferred.

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 a written policy exist that identifies the specific types of trauma patients who should be transferred from hospitals without a trauma center to those hospitals with such centers?

Expected Periodicity

Periodic.

Comments

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The original data source (State EMS Directors Survey, National Association of State EMS Directors) was superceded by the Federal Trauma-Emergency Medical Services System Program Survey.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