

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.

1-13c. Use of American College of Surgeons (ACS) standards for trauma center verification.

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 use the American College of Surgeons standards for trauma center verification.
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: ➤ <i>Which of the following sources were used as a basis for the trauma center standards in your service area?</i> a. <i>ACS hospital resource guidelines without modifications</i> b. <i>ACS hospital resource guidelines with modifications</i>

c. *Other sources*

Expected Periodicity

Periodic.

Comments

States were counted as using ACS standards for trauma system accreditation and verification if they marked “a” or “b” for the question 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The original data source (State EMS Directors Survey, National Association of State EMS Directors) was superceded by the Federal Trauma-Emergency Medical Services System Program Survey.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.