

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.

1-13e. Pre-hospital triage criteria allowing for the bypass of non-designated hospitals.

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)	27 (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 pre-hospital triage criteria allowing for the bypass of non-designated hospitals.
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 statements best describe the transport practice that occurs in your service area when a field assessment identifies a trauma patient with severe injuries that threaten loss of life or limb?</i> <i>a. Pre-hospital providers transport the patient directly to a trauma center, bypassing any</i>

nearer hospital that does not have a trauma center, unless extenuating circumstances are present (e.g., inability to maintain the airway or excessive transport time to the trauma center).

b. Other transport practice.

Expected Periodicity

Periodic.

Comments

States were considered to have protocols for hospital bypass in place if they marked “a” 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The original data source (State EMS Directors Survey, National Association of State EMS Directors) was superceded by the Federal Trauma-Emergency Medical Services System Program Survey.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.