State Board of Emergency Medical Services
2012 Dashboard-Trauma
Last updated: August 14, 2012

Color Key:

Blue	= Completed
Green	= Significant Progress, On Schedule
Yellow	= Slow Progress, Delayed
Red	= No Progress, Significant Issues

Strategies	Key Actions for *Ohio EMS 2015*	Measure	Start Date	Assigned Completion Date	Key Process Owner	Current Month	Previous Month
Goal 10: People with Functional Needs							
Ensure that individuals with functional needs achieve the same benefits from the trauma system as the general population.							
10.1: *LEADERSHIP* **:** Include a representative from the Governor's Council on People with Disabilities (or equitable organization) on the governance board of the Lead Trauma Agency.	**[Strategy dependent on 1.3]**	Functional needs are discussed on an ongoing basis and are integrated in to future-developed aspects of the State Trauma Plan.			**Hevener**		
10.2: *INJURY PREVENTION PROGRAMS* **:** Establish injury prevention programs targeted to persons with functional needs. The injury prevention programming should be based on trended state injury data.		State trauma data will demonstrate a decrease in injury rates (trended) among persons with functional needs after injury prevention programming is implemented.	**2013**	**Ongoing**	**Hevener**		
10.3: *EMERGENCY / DISASTER PREPAREDNESS PLANNING* **:** Establish plans that mitigate access-to-care barriers and promote communications for persons with functional needs in disasters.		Procedures to address system gaps during disasters for persons with functional needs are integrated into local, regional and state plans.	**2013**	**2014**	**Hevener**		
10.4: *PREHOSPITAL CARE* **:** Establish evidence-based prehospital trauma triage protocols for persons with functional needs whose condition(s) makes field assessment by EMS more difficult.		Under-triage rates of trauma patients with functional needs are comparable via state data to patients without functional needs. Properly-sized equipment and safe transport processes expedite the timely transfer of pediatric and bariatric trauma patients to trauma centers. These safe and timely methods also help to reduce injuries and maximize out-of-service times for EMS providers.	**2013**	**Ongoing**	**Hevener**		
10.4.1: Establish statewide prehospital protocols for equipment and transport that promote the safe care of pediatric and bariatric patients, as well as the EMS providers caring for them.			**2013**	**2014**	**Hevener**		
10.5: *DEFINITIVE CARE/ ACUTE CARE* **:** Establish processes in which hospitals' best practices related to caring for patients with functional needs are shared across the state.		All hospitals have access to processes that will improve care to patients with functional needs.	**2013**	**Ongoing**	**Hevener**		

10.6: *DEFINITIVE CARE/REHABILITATION:* Include recommendations specific to persons with functional needs in the updated 2003 Post-Critical Trauma Commission Report.		Rehabilitation services for trauma patients with functional needs are comparable via state data to patients without functional needs.	**2013**	**2014**	**Hevener**		
10.7: *EVALUATION, QUALITY MANAGEMENT & PERFORMANCE IMPROVEMENT:* Include significant information on persons with functional needs in state trauma data reports.		Gaps in care for persons with functional needs are highlighted in state trauma reports. Trauma patients with functional needs receive care equitable to that received by patients without functional needs.	**2013**	**Ongoing**	**Hevener**		
10.7.1: Develop programs to address gaps in care for persons with functional needs.			**8/1/12**	**Ongoing**	**Hevener**		
10.8: *TRAUMA SYSTEM REGISTRY INFRASTRUCTURE:* Establish data elements in state trauma-related databases that identify persons with functional needs so that aggregate data can be trended to demonstrate achievement of care and system gaps for improvement.		Data elements in the Ohio Trauma Registry (OTR), the EMS Incident Reporting System (EMSIRS), and the Trauma Rehab Registry identify persons with functional needs who are trauma victims in Ohio. This data drives evaluation, quality management and performance improvement in the care of trauma patients in the state.	**2013**	**2013**	**Hevener**		