

**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 <i>Ohio EMS 2015</i>	Measure	Start Date	Assigned Completion Date	Key Process Owner	Current Month	Previous Month
Goal 3: Emergency/Disaster Preparedness							
<i>The trauma system is well-integrated into state, regional county and local disaster plans. The trauma system is prepared to respond to emergency and disaster situations in coordination with state, regional, county and local disaster plans.</i>							
3.1: Create plans to ensure the EMS, trauma and the all-hazards medical response systems are integrated and operational within existing individual, county, regional and statewide disaster plans.		All-hazards exercises and simulated incident drills have the cooperation and participation of the trauma system or trauma centers at the local, regional and state levels. Interactions of the lead trauma agency and emergency management agencies are addressed. Close coordination with clearly defined roles, goals and objectives are included in plans. The trauma system is actively involved in the support of ESF-8.	4/1/12	Ongoing	Jacobson		
	3.1.1 Establish relationships with state and county EMAs (occurs simultaneously with 3.2.1)	Relationships established	4/1/12	12/31/12	Jacobson (OHA)		
	3.1.2 Assess current plans to determine extent of trauma system integration	Reviews completed	1/1/13	6/30/13	Jacobson (OHA)		
	3.1.3 Develop plans for increased trauma system integration as needed	Plans created and implented	7/1/13	Ongoing	Jacobson (OHA)		
3.2: All-hazards exercises routinely include trauma-producing events (natural, unintentional and intentional) that test the capabilities of the trauma system.		Exercises and training in all-hazards responses which test and evaluate trauma center, acute care hospital, and trauma system surge capacity are conducted regularly. Roles of trauma centers and non-centers during a disaster events are well defined and incorporated into the regional/local plan.			Jacobson (OHA)		
	3.2.1 Establish relationships with state and county EMAs (occurs simultaneously with 3.1.1)	Relationships established	4/1/12	12/31/12	Jacobson (OHA)		

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	3.2.2 Assess current exercises to determine nature and extent of exercises which test the trauma system's capabilities	Reviews completed	1/1/13	6/30/13	Jacobson (OHA)		
	3.2.3 As needed, work with EMAs to increase the number/quality of exercises which test the trauma system's capabilities	Exercises routinely run	7/1/13	Ongoing	Jacobson (OHA)		
3.3: The lead trauma agency has access to additional materiel and personnel for large-scale traumatic events.	[Strategy dependent on 1.3]	The lead trauma agency has worked with national, state, regional, county and local agencies to create caches of equipment and materials for use in prehospital and hospital care in large-scale traumatic events. Plans for utilizing additional personnel in these events are also in place. Caches of supplies, equipment and pharmaceuticals are available to trauma centers and acute care hospitals when needed.					