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 5: Definitive Care – Acute Care							
Establish a statewide and regional network of trauma care to include trauma centers and acute care facilities. These would meet minimum state standards for operation and provision of quality trauma care in coordination with all other trauma system participants.							
5.1: Assure an inclusive trauma network which recognizes the contribution of all acute care hospitals in the treatment of the trauma victim.		Continued verification of Ohio trauma centers. Written and approved process exists for non-trauma center designation.	**6/1/12**	**Ongoing**	**Winthrop**		
5.2: Trauma center development is encouraged and enabled in resource poor regions.			**6/1/12**	**1/31/14**	**Winthrop**		
	5.2.1 Define resource poor region in measurable terms	Definition exists	**6/1/12**	**12/31/12**			
	5.2.2 Using definition in 5.2.1, identify Ohio's resource poor regions	Regions identified	**1/1/13**	**6/13/13**			
	5.2.3 Identify resource needs of resource poor regions, including funding requirements	Needs analysis completed	**7/1/13**	**12/31/13**			
	5.2.4 Develop plan to correct deficiencies of resource poor regions	Plan developed	**1/1/14**	**6/30/14**			
	5.2.5 Obtain funding	Funding obtained	**7/1/14**	**12/31/14**			
	5.2.6 Implement plan to correct deficiencies of resource poor regions	Plan implemented	**1/1/15**	**Ongoing**			
5.4: There is a procedure for communications among medical facilities when arranging for interfacility transfers including contingencies for radio or telephone system failure.		All hospitals, trauma centers and acute care hospitals provide standardized care in the first 30 minutes after patient arrival. Development of a standardized reporting form with regional reporting and monitoring. Regional performance improvement process exists that involves all hospitals within a regional system. Bi-directional, closed loop communication exists regarding follow up to transferring facilities in regards to patient care and outcome.	**6/1/12**	**6/30/13**	**Winthrop**		

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	5.4.1 Perform assessment of current procedures and infrastructure for communications	Assessment complete	**6/1/12**	**12/31/12**			
	5.4.2 Develop template for interfacility communications, including system failure contingencies	Templates developed	**1/1/13**	**6/30/13**			
	5.4.3 Distribute template to all relevant facilities (hospitals, free-standing EDs, etc.)	All facilities have received templates	**7/1/13**	**9/1/13**			
5.5: When injured patients arrive at a medical facility that cannot provide the appropriate level of definitive care, there is an organized and regularly monitored system to ensure the patients are expeditiously transferred to the appropriate, system-defined trauma facility.		An organized system of monitoring inter-facility transfers exists within the trauma system	**6/1/12**	**1/31/13**	**Winthrop**		
	5.5.1 Create tool for assessment of current policies and procedures for care and transfer of trauma victims to higher level of care		**Done**	**Done**	**Winthrop**		
	5.5.2 Perform assessment		**Done**	**Done**	**Winthrop**		
	5.5.3 Analyze results of assessment	Results analyzed	**Done**	**Done**	**Winthrop**		
	5.5.4 Create educational program to ensure all hospitals have appropriate policies and procedures in place	Program created	**9/1/12**	**12/31/12**	**Winthrop**		
	5.5.5 Roll out educational program	Education performed	**1/1/13**	**Ongoing**	**Winthrop**		
5.6: Assess and ensure that injury trauma and severity are matched to resources available for timeliness and quality of care.		Over- and under-triage reaches acceptable levels in standardized statewide methodology across the state. Statewide feedback mechanism for correction of over- and under-triage is established and functional.	**1/1/13**	**Ongoing**	**Winthrop**		
	5.6.1 Create standards for identifying overtriage and undertriage (both primary and secondary) in trauma patients	Standards created	**1/1/13**	**3/31/13**			
	5.6.2 Using standards created in 5.6.1, assess current levels of overtriage and undertriage	Assessment completed	**4/1/13**	**10/1/13**			
	5.6.3 Adjust EMS triage rules to minimize overtriage and undertriage	OAC updated	**10/1/13**	**2/1/14**			
	5.6.4 Create educational program for EMS and hospitals on overtriage and undertriage to minimize both	Education performed	**2/1/14**	**Ongoing**			
5.7: Set appropriate education standards for physicians and nurses who routinely participate in trauma care.		Baseline standards of education for nurses and physicians exist across the state. A statewide performance improvement process to monitor the achievement of the education standards exists.	**6/1/12**	**Ongoing**	**Winthrop**		
	5.7.1 Develop standards for education requirements for physicians and nurses performing trauma care	Standards created	**6/1/12**	**6/1/13**			

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	5.7.2 Perform gap analysis of trauma education of physicians and nurses performing trauma care	Analysis completed	**6/1/13**	**12/31/13**			
	5.7.3 Develop program to ensure trauma education is available for physicians and nurses performing trauma care	Program implemented	**1/1/14**	**Ongoing**			