



THE OHIO  
TRAUMA  
SYSTEM

**SCARLET & GRAY CONSULTING**

JORDAN BOEKE  
JOHN HARRISON  
CHANDLER HYMER  
TYLER JACK  
KERRY KEYS  
JANE LIITSYN  
ERICA SILBINGER  
LUKE ZENNIE

# The Ohio Trauma System Implementation Plan

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## Executive Summary

The following Marketing Plan was created for The Ohio Trauma System. The preliminary Analyses drills down into the current state we find the system in. Each of the four components of the system (Prevention, Transportation, Treatment, and Rehabilitation) are isolated, to determine what benefits this system can bring to each node, as well as to Ohioans as a whole.

For the Marketing Plan, **Scarlet & Gray Consulting** developed the following:

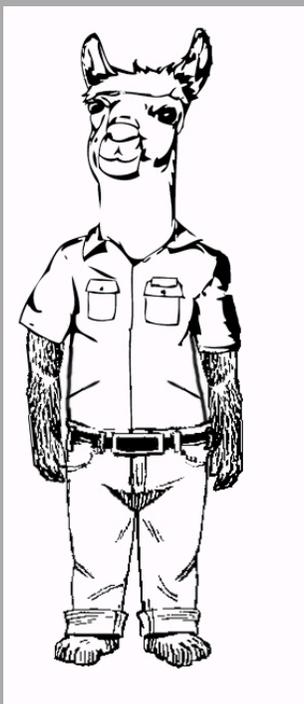
### **Brand Name**

The Ohio Trauma System (TOTS)

### **Brand Tag Line**

“Connecting care to save lives.”

### **Brand Logos**



### **Brand Mascot**

The “Trauma Llama”

To spread awareness about the brand TOTS, radio and television PSA’s will be utilized, informational brochures will be distributed at various offices related to each node in the system, along with a website, Facebook, and Twitter page. The following report details how and when this information will be disseminated, and how the awareness will be measured.

# Situation Analysis

## **Project Brief**

### **Value Proposition**

To Ohioans and their families seeking to receive the best care in the most efficient way, we promise to save more lives. Because The Ohio Trauma System (TOTS) provides:

1. Optimal Care & Speed
  - a. reduction in mortality rate (estimated 25% nationwide)
  - b. “right patients to right place at the right time”
  - c. 45 certified trauma programs
2. Cost Savings
  - a. \$568 million nationwide
  - b. eliminates unnecessary treatments
3. Continuous Improvements From Shared Data Among Nodes
  - a. updated codes and “best” care practices
  - b. anticipate injury trends and enhance response

### **Brand Personality**

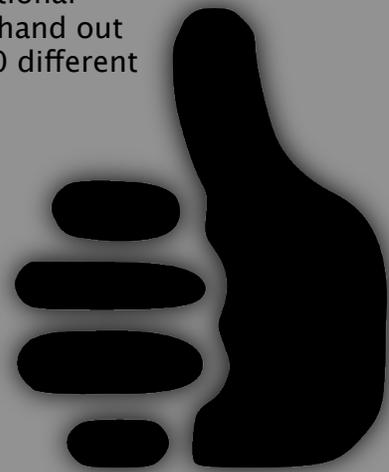
The Ohio Trauma System expresses itself as altruistic and serious yet interesting to spread awareness; this awareness is always professional, acting through relevant tactics as the amusing Trauma Llama to the factual public service announcements.

### **Where Does The Brand Find Itself Today?**

The brand is non-existent and has no awareness. A baseline measurement of awareness was established with our online survey that can be redistributed to calculate brand recognition. The main issue surrounding the brand is Ohioans’ ignorance of the TOTS offering and TOTS’ product category.

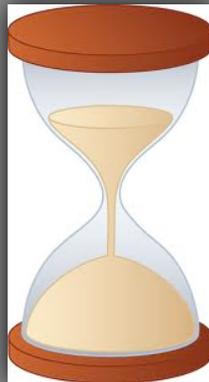
### **Key Takeaways**

Website and social media accounts must be activated. The PSAs should be scheduled to run on at least one radio station, and one TV channel. TOTS should have contacted 4 or more news channel stations to run informational segments. Twenty school districts should be contacted to hand out brochures and organize educational programs. At least 50 different medical facilities should be contacted for brochures to be distributed.



## Current Context

- Ohio's trauma system was enacted in July of 2000. As of July 2010, Ohio has 43 verified trauma centers: 14 Level I trauma centers, 12 level II trauma centers, and 17 level III trauma centers. Six of the level I and level II trauma centers are pediatric-specific. Ohio does not have any Level IV trauma centers. Within Ohio's trauma system, regional networks have been formed; these include the Northern Ohio Trauma System (NOTS) and the Central Ohio Trauma System (COTS).
- Level I trauma centers provide comprehensive emergency services, with around the clock care, seven days a week. All patients are analyzed upon arrival to a trauma center to determine the level of care and/or intensity of service necessary. Trauma centers have emergency medicine specialty residents who are supported by in-house specialists of all disciplines required for comprehensive emergency care.
- The distinction of a Level I trauma center ensures that the facility has the capabilities to provide optimal care for the most critically injured trauma patients. These capabilities include treating critical injuries such as gunshot and knife wounds, severe car accidents and multi-faceted illnesses. Level I trauma centers are required to have 1,200 patients yearly and treat a certain number of high severity patients to maintain accreditation. These centers also devote resources for research and continuing education.
- The state has trauma triage protocols that require EMS providers to transport severely injured patients directly to verified trauma centers. Only under certain specified conditions are patients allowed to be transported to a non-trauma center. If a critically injured patient is brought to an acute care center, there are protocols for the transfer of a patient to a proper trauma center. Trauma centers have transfer agreements with acute care facilities to ensure that trauma patients are provided with the continuity of care necessary.



## Historical Context

- With the publishing of a report in 1966 about the failings of a loose trauma network, America's policy makers have become increasingly aware of the need for connected care. States have been developing systems for comprehensive emergency care for over 40 years. In specific, Ohio's trauma system development has lasted for at least three decades. "An initial focus on the development of prehospital emergency service capacity has evolved to a view that encompasses comprehensive and integrated emergency medical services (EMS) and trauma systems (bechtel, pg. 8)"

## (Important National Events)

1969

• Heartmobile was invented. This vehicle, designed as a mobile coronary care unit, helped initiate the start of advanced prehospital care in the U.S.

1980s

• Large, urban Ohio hospitals self-identified themselves as regional trauma centers, and all Ohio hospitals are part of loosely coordinated trauma network. There was no official authentication of trauma care among hospitals.

1990

• The National Highway Traffic Safety Administration (NHTSA) performed a review of the Ohio EMS system and recommended actions for the future state system that included further development of trauma care.

1992

• The Division of Emergency Medical Services became a subset of the Ohio Department of Public Safety, and the State Board of Emergency Medical Services was established with the passage of Senate Bill 98. The bill's objective is to improve comprehensive development and implementation of prehospital systems of care.

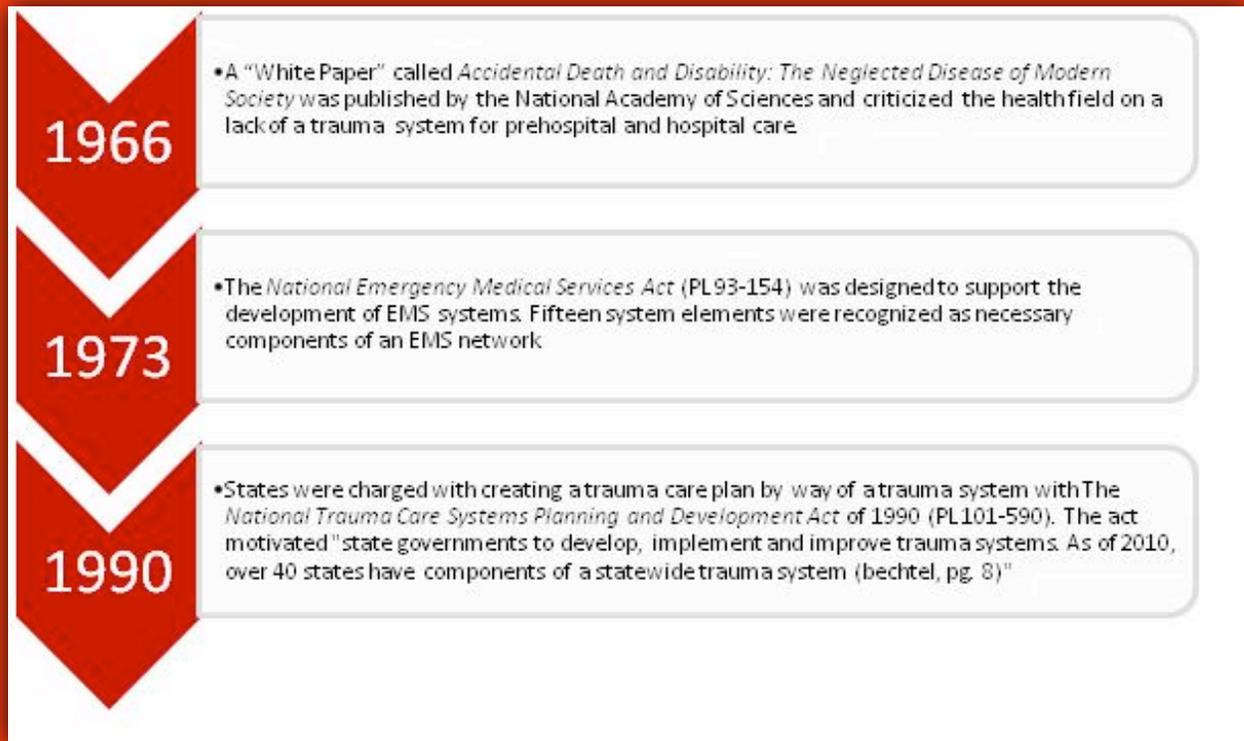
1999

• The Ohio Trauma Registry was established within the Division of Emergency Medical Services. Hospitals who meet defined inclusion criteria in caring for trauma patients are required to submit data about their injuries to the Ohio Trauma Registry.

2000

• In July, a bill introduced in the House of Representatives (HB 138, 123rd General Assembly) was signed into law, and established two institutions: a legally mandated statewide trauma system and the Ohio Trauma Committee, a statewide trauma committee. The law also described what constitutes a "trauma victim," and set legitimate verification standards for trauma centers. The Ohio Trauma Committee with the assistance of the State Board of Emergency Medical Services was to create rules and guidelines on various "trauma system" elements including prehospital triage of victims to trauma centers; restrictions on admission of trauma patients by non-trauma centers' physicians; and oversight of EMS quality of care and provider education (bechtel, pg. 9)."

## (Ohio's Trauma Milestones)



## Industry Analysis

- Currently, trauma systems and their respective trauma centers across The United States are experiencing the same problem we are facing in Ohio: the lack of knowledge in the general population of exactly when care at a trauma center is necessary, and when it is not.
- As of May, 2010, there were 1,675 trauma centers nationwide as designated by a state or local authority, or verified by the American College of Surgeons (Trauma Center Associations of America). However, the proper utilization of these centers is often foregone when people become trauma victims as many request to be transported to the nearest hospital, or at least one that they are familiar with.
- In 2006, the Centers for Disease Control and Prevention launched a campaign to create a uniform system of field triage across the country that allows EMS personnel to properly determine the exact

status of a trauma victim, and exactly what level trauma center they should be transported to. However, as of 2010, only 16 states had partially or completely adopted the 2006 Field Triage Guidelines (Accurate Field Triage).

- As previously stated though, the problem facing trauma systems on a national level currently lies in the education of the general population on the topic at hand, and at this time there is no plan to create sufficient material or campaigns to do so. Proper education would lead to a lower risk of death for the severely injured, as well as lower healthcare costs for our nation as a whole. In fact, a study conducted by the CDC concluded that if all EMS workers and their respective trauma victims were to properly adhere to the 2006 Field Triage Guidelines, there would be a 25% reduction in deaths for severely injured patients who received care at a Level I trauma center rather than at a non-trauma center, as well as a nation-wide savings in healthcare costs of \$568 million (Accurate Field Triage).



### Porter's Five Forces

With an almost monopolistic capture of the market, Porter's Five Forces place TOTS in a favorable light. As illustrated in the graphic below, the infrastructure required to rival TOTS prevents new entrants and strong rivals. There is no current substitute for this type of connected care system. Bargaining power of the "suppliers" or players within the nodes is low due to the fact that there are so many, and a trauma system is not "made or broken" with the exclusion of one organization. The way the triage and current law are structured leaves buyers, "Ohioans," with little say.



## Market Analysis

The market for The Ohio Trauma System will be defined as the entire population of the state of Ohio, instead of only those who have suffered from traumatic injuries. This is a necessary distinction as the purpose of The Ohio Trauma System is not only to transport, treat, and rehab those who have suffered from trauma, but also to educate on the necessary steps to take in order to prevent trauma.

Some of the characteristics of this market are outlined in the following sections:

### Market Size

As of 2012, the estimated population of Ohio is 11,544,225.

### Market Growth Rate

The population growth rate in the state of Ohio from 1990 until 2000 was 4.7%. However it slowed to just 1.6% from 2000 until 2010 and experts expect the growth rate to continue to slow into the future.

### Benefit of The Ohio Trauma System to the Market

The major benefits that The Ohio Trauma System will provide to their consumers, and focus on conveying within its marketing efforts are the fact that a comprehensive system will reduce the trauma mortality rate as well as increase healthcare savings statewide.

### Market Trends

Currently, there is a major disconnect between the four nodes of the planned trauma system in the state of Ohio. For example, there is not enough communication between the “transportation node,” and the “treatment” node when it comes to proper distribution of patients who have suffered from trauma. Also, there is a lack of information sharing between nodes when it comes to patient records.

In addition, it can be noted from the Ohio State Fair Trauma Survey conducted by Ohio Emergency Medical Services, as well as our research that we have conducted regarding trauma awareness that is included in the appendices.



## Competitor Analysis

- While there are no direct competitors of TOTS considering the unique market, the regional trauma systems mimic industry competitors. TOTS must create a cohesive bond among the already established regional trauma systems to ensure full effectiveness. The comprehension of TOTS, a trauma system for Ohio as whole, must replace current notion that trauma systems are solely regionally implemented.



### Northern Ohio Trauma System

- Northern Ohio has a trauma network which was created in late 2009. It is comprised of two of the areas large hospital systems, the Cleveland Clinic and MetroHealth Medical Center. The hospitals included are Fairview Hospital, Hillcrest Hospital, and MetroHealth Medical Center. The NOTS network is open to all area hospitals and encourages collaboration with area facilities.
- The biggest reason for the creation of NOTS was to develop a more efficient model for trauma care, including standardized treatment and transportation protocols within the Greater Cleveland community. The goal of NOTS is to improve the outcome of trauma patients. The Northern Ohio Trauma System is committed to help make the region a healthier, safer place to live. They are planning to do this by specifically focusing on two aspects of trauma care, injury prevention and EMS communication.
- These two goals will be achieved by NOTS through a collaborative effort to support educational and programmatic opportunities in a wide variety of settings to identify why injuries occur and who is most likely to be affected. They are focused on raising awareness and testing the effectiveness of injury prevention to focus resources in places that they would be best utilized.
- Northern Ohio Trauma System also believes that they can provide coordinated care to trauma victims by having excellent communication with EMS. NOTS believes that this communication is an important aspect of an effective trauma system. One of the goals of NOTS is NOTS to collaborate with EMS providers in the development of protocols and to continually improve the care of the trauma patient by providing timely and cost effective education.
- In the two years since the establishment of NOTS, the mortality rate for traumas in Cleveland dropped from 5.7 percent to 2.7 percent. The mortality rate for patients in Cuyahoga County and surrounding counties dropped from 4.4 percent to 2.7 percent, and the mortality rate for patients with injuries such as gunshot or stab wounds dropped from 10.1 percent to 6.5 percent.

## Central Ohio Trauma System

- Columbus has its own regional trauma system, Central Ohio Trauma Systems. The first collaboration was in 1995 by members of the Columbus Medical Association who were concerned with the number of Ohioans who were dying from preventable traumatic injuries. This led to the creation of the Regionalized Trauma System Task Force, comprised of 11 physicians and nurses.
- The group's main goal was to increase victim survival after a traumatic event and to educate Ohioans on injury prevention. The group was renamed in 1997 to the Franklin County Trauma Committee, and during this time they sought the participation of local hospitals and EMS agencies. Hospitals from regions outside Franklin County wanted to join the regional network, and to allow for this, the network was renamed to Central Ohio Trauma System. They could now serve the Columbus and Central Ohio region.
- COTS is a collaboration of all parts of the emergency medical care system and is primarily focused on making sure the patients receive all around best care. They are trying to achieve this through facilitating discussions and working with various departments to improve patient care. COTS has expanded its focus, and now also handles many other emergency medical care issues. These include: emergency department diversion, patients with STEMI and strokes, and transportation of patients with concealed carry weapons. COTS also helps coordinate disaster preparedness in the regions hospitals and other healthcare systems.
- Currently the COTS mission statement is: reduce injuries and save lives by improving and coordinating trauma care, emergency care and disaster preparedness systems in central Ohio. COTS serves health care stakeholders as a forum, as a clearing house for information, and as a major driver of system improvements specifically related to injury prevention, trauma and emergency patient services, and disaster preparedness.



## Objectives

- Our goal with this marketing strategy is to build the brand of The Ohio Trauma System. We would like to see Ohioans gain a better understanding of the entire system and how the nodes work together. With the better understanding, we feel the amount of lives saved will greatly increase involving trauma patients.
- We would like to increase awareness to all Ohioans, but more specifically the demographics that end up in the trauma centers the most.
- TOTS would use multiple tactics to reach the people that are most prone to injuries. By doing this, we built trust in the system so people are more willing to support our objectives and listen to the professionals in each of the nodes.
- By having a well-structured system, the four areas would share critical information with each other with greater ease.



## **Quantitative Benchmarks**

TOTS will use the State survey results as well as the increases in numbers of “likes” and “followers” as quantitative benchmarks in determining brand awareness

### **Key Demographics to Target:**

Currently trauma centers have been proven to reduce mortality from seriously injured people by as much as 25%. We feel we can do better. As people get older the risk of death increases; in 2010, 75–84 year olds represented over 16% of the deaths reported while in the care of a trauma center.

The case fatality rate for 20–24 year olds is 5.8%. This translates to almost 6 deaths out of every 100 trauma patients in this age range. We also found that more men than women tend to end up in the trauma centers.

The leading causes of serious injuries are; falls, motor vehicle collisions, assault, and firearms. Falls account for 40% of in-hospital trauma mortality, while motor vehicles account for about 15.4%.

## Measurement Methods

For the system to be effective, the following methods for measurement should be in place:

- Website Traffic
- Brochure inventory/needed replenishment
- Followers on Facebook and Twitter
- State survey
- Mortality Rate among Ohioans

## Criteria for Success

Success will be measured by:

- Willingness of news networks to segment TOTS via radio, television, print, etc.
- A continuous growth in the number of followers and fans on Twitter and Facebook
- Increased awareness in the results from the state survey
- Trauma Llama recognition in line with Smokey the Bear and McGruff the Crime Dog

## Time Frame

Timeline Starting May 1. 2013	
	Week 2- Facebook and Twitter go live
Week 4- Website goes live	Week 4- TOTS featured on news segments
	Week 5- Radio PSAs begin broadcast
Week 6- Brochures are distributed	
	Week 8- Video PSA beings broadcasting
Week 10- State Fair survey begins	
	Week 16- Educational Program begins at elementary schools

## Budgeting

- While there will be some costs associated with a marketing campaign, some of the costs can be eliminated. Having a social media intern to help with marketing and PR is a viable option. The intern would be able to maintain the social media pages and the website as well as help create brochures or other marketing initiatives. Classes at Ohio State can take on projects that the Trauma System needs assistance with. Classes such as video production, video editing and website design can help with the production of various videos or anything else necessary.



### **WHY SPEND MONEY ON THE BRAND**

- We are spending money on this brand because every Ohioan could be a victim of a trauma. Injury is the leading cause of death among people ages 1–44 years. Trauma centers have been proven to reduce the mortality of serious injured people by as much as 25%. No one wants to be a statistic.
- A well-functioning trauma system helps save lives every single day. Is it a vital part of a successful public health care system. The collaboration of area hospitals and EMS providers to form a well-functioning trauma system has been proven to be successful in reducing mortality. Trauma is a disease and needs to be viewed as something that can be prevented.
- There are many benefits, financial and societal, to having an integrated trauma system that takes proper care of patients. A system that is properly functioning, displays optimal resource utilization reducing costs. The lives saved are a societal benefit that must not be overlooked. As the Northern Ohio Trauma System demonstrated, mortality rates drop once there is a collaboration of hospitals and EMS to provide care for trauma patients.

## Methods

### Social Media

Creating a Facebook page is free for businesses. Twitter is a free service as well.

### Creating a Website

Registering a domain name costs about \$10–\$15 and has a negligible yearly fee of less than \$1.00. Hosting the domain will cost \$40–\$100 depending on the options that are chosen.

Designing the website can be the costliest aspect. Many professional design companies charge from \$1000–\$5000. Websites can be designed for free on sites like Word Press.

Advanced site activity reports are a way to measure the amount of visitors you receive and the kinds of features they use. This is an effective way to measure what works and what doesn't work for a website. Costs can be as low as \$5 per month. There are other low cost analytics tools that can help gauge the usage levels of the website or individual pages.

### Public Service Announcements

All public service announcements are free, but creating a commercial or a print ad will cost money. The cost will depend on what types of resources are used.

### Trauma Llama Educational Brochure

Professional grade brochure paper costs approximately \$749.99.00 for 10,000, 8 ½ \*11 pages. The ink costs about \$.066 cents per color page for, so a double sided brochure would cost approximately \$.13 cents per brochure\*. Possible discount may also be available for non-profit organizations.

\*Vista-print estimate



## Justification

- A website is in itself a marketing tactic; consumers are experiencing the brand through its website. A website is therefore a necessary online component of any company. The website needs to be well maintained and updated. All of the information should be presented in a user friendly format; this will encourage anyone who visits the site to be able to have a positive experience. It is also one of the easiest ways to share any information or current news and updates with the consumer.
- Consumers are not only advanced technology users, but they want to be brand co-creators and have an affiliation to things they really care about. While having a website is the first step to connecting with consumers, it is important to have a presence on social media. This allows the consumer to talk with the brand and gives them a richer experience. Social media is a free marketing tactic and needs to be taken advantage of.
- News segments and public relations are a credible way to present information and current news to consumers. A representative of a non-profit organization speaking for their cause and raising awareness is a great way to spread the message. It is presented to



consumers who are already watching a show or news broadcast, so they will be receptive to the information they see on t.v.

- PSA's are a credible way to show a "commercial" to consumers. This is a tactic that will take more time and money, but if the message is presented clearly, consumers are receptive to the message. There are a few PSA that have been very successful and a widely recognized by the public, such as the "This is Your Brain on Drugs" and the "Crying Indian".
- Radio commercials are also effective as consumers are more receptive to a government broadcast than to a regular commercial. This is a tactic that can reach consumers while they are listening to the radio on a commute or getting their daily news via radio. This is an additional method of market saturation.
- Brochures are a tactic that will reach consumers in a different format, print media. Brochures are a tangible object that consumers can touch and connect with. Some consumers may not receive the marketing message in the radio or t.v. format, so the brochure is a different way that the information can be presented to them. The brochure is easy to read, with short blurbs of information and graphics.

## Strategy

To spread and create awareness of the interconnected system of Ohio trauma resources, the following communications will be utilized:

- News Clips
- Social Media (Facebook and Twitter)
- Website
- Education
- Public Service Announcements
- Brand Mascot- "Trauma Llama"

Increased awareness will in turn increase communication between the 4 specific nodes:

- Injury Prevention
- Transportation
- Treatment
- Rehabilitation

TOTS's long term goals can be found on pg. 32-33

## Execution



### **News Clips**

The Ohio Trauma System will be featured on various news segments across Ohio in each node in order to reach older adults, as researchers from University of California, San Diego, have found people over 65 watch three times more TV than younger adults. A spokesperson, possibly Tim Erskine, will talk about the different aspects of TOTS to spread awareness. These news segments would last anywhere from three to five minutes. The following links provide the public to send news:

- WBNS 10TV Columbus
  - <http://www.10tv.com/content/sections/local/sendnews.html>.
- WKRC Cincinnati
  - [http://www.local12.com/content/contact\\_information/news\\_tips.aspx](http://www.local12.com/content/contact_information/news_tips.aspx)

The following are email addresses to send news:

- 13 ABC Toledo- [wvtg.news@13abc.com](mailto:wvtg.news@13abc.com)
- WKYC Cleveland - [news@wkyc.com](mailto:news@wkyc.com)

## Social Media

Facebook and Twitter will play a prevalent role in spreading awareness and getting the target audience involved. A part-time social media intern will be hired from a local college for school credit. The intern will provide information regarding injury prevention and post discussion questions in order to get feedback from the audience.



## Website

The Ohio Trauma system will offer a website to offer relevant information to the public. The website will be visually appealing while not overwhelming the user. Scarlet & Grey Consulting will have a graphic designer, Renee Cramer, create the website in June with the domain [www.tots.gov](http://www.tots.gov). A social media intern will manage the website for school credit. Please see Appendix XX for a mock up website design

## Education

In order to reach school aged students, TOTS will have a mascot named the Trauma Llama. The trauma llama will provide a fun learning atmosphere while teaching children about the four nodes of the system. TOTS will reach out to OSU Department of Design and Film studies students to create short informational lessons. These lessons would entail how to respond to injuries if their friends or family are in that situation. Below is a sketch of the Trauma Llama:

TOTS will also distribute informational pamphlets about each node to be distributed in doctor's offices, trauma centers, and rehabilitation centers. A decision maker of the TOTS will donate his/her time to place these pamphlets in the waiting rooms of the centers described previously. Below is the pamphlet to be distributed:

## Public Service Announcement

TOTS will have PSA's for radio. The radio PSA's will be broadcasted at no cost. Examples of two 30 second radio PSA included in the appendices:

These radio PSA's will be broadcasted at no cost. Below are websites of radio stations in major metropolitan cities in Ohio:

- Columbus: <http://www.610wtvn.com/cc-common/YourAdHere/>
- Cincinnati: <http://www.700wlw.com/cc-common/YourAdHere/>
- Toledo: <http://www.wspd.com/cc-common/YourAdHere/>
- Cleveland: <http://www.wtam.com/cc-common/YourAdHere/>

TOTS will utilize a video PSA to be placed on news channels. TOTS will reach out to OSU Department of Design and Film Studies for students to make the commercial. Below is a possible storyboard:

Below are links to advertise on news channels around Ohio:

- Columbus: <http://www.10tv.com/content/sections/about/advertise.html>
- Cincinnati: <http://www.local12.com/content/12sales/default.aspx>
- The following are email addresses to send news:
- 13 ABC Toledo- [wsvg.news@13abc.com](mailto:wsvg.news@13abc.com)
- WKYC Cleveland - [news@wkyc.com](mailto:news@wkyc.com)



# Evaluation

## Criteria

In order to properly measure the success of the marketing efforts put forth, several criteria must first be established. While the leading causes of trauma and death are important information, data should be collected to verify knowledge of the trauma system that is being established in the state of Ohio. Sample survey questions will include:

- If you were badly injured, how confident are you that the hospital closest to your home would be able to provide you with the best care for you injury?
- Do you think the hospital that is closest to your home is a trauma center?
- If you were badly injured, how important would it be that an ambulance be required to take you to a trauma center, even if it's not the closest hospital?
- From your home, how long would it take you to reach the nearest trauma center by ambulance in the event of a serious or life threatening injury?
- If you learned that the hospital closest to you home was not a trauma center, how concerned would you be?
- How important is it for all people in Ohio to live within 60 minutes of a trauma center?
- As far as you know, is there a trauma system in place in the state of Ohio?
  - If yes, how did you hear of the system?
  - If yes, which of these 4 images is the system's logo?
  - If yes, what is the character for the system?
- What is the biggest benefit to Ohioans for a successfully run trauma system?
  - Saves more lives
  - Cuts costs
- Do you perceive the previously listed benefits to apply to you personally?



## Methods

- In 2012, The Ohio Emergency Medical Services conducted a survey at the Ohio State Fair that was used as a baseline to re-vamp the survey that is included in the appendices. In order to judge if marketing efforts of The Ohio Trauma System are having an effect on citizens, this survey must be conducted annually. The state fair provides an ideal environment for the survey to be conducted as there are citizens from across the state gathered in a central location. This situation provides for minimal costs, as well as a reasonable sample of the state's population.



## Consequences and Contingencies

- The data from the survey to be conducted at the state fair must be analyzed in order to determine if the knowledge of The Ohio Trauma System and its purposes are increasing or decreasing annually. From this data, the administrative staff at TOTS will be able to establish how their marketing efforts must be altered.

# Appendices

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## Research Results

### 1.) Injury Prevention

- Creating awareness on trauma  
It's key to know ahead of time which hospitals are around you
- Knowing what hospitals are in your region that can provide care
- Health departments currently don't know when someone was involved in a trauma situation.
- Knowing early signs of a stroke/heart attack
- Fall safety



### 2.) Transportation

- Identifying severe from less severe injuries.
- EMS workers are trained to identify all levels of trauma.
- Responding and transporting patient to a trauma hospital that is correctly staff is critical
- Currently there are local systems in place that notify The EMS if hospitals are diverting patients.
- Bad weather, especially rural areas hinder the ability for helicopter transportation.
- Bad weather can result in a patient being taken to a hospital that isn't properly equipped for their level of trauma
- Smaller paramedic forces have uncovered territory when transporting patients long distance

### 3.) Treatment

- Trauma centers are spread out so it's accessible to everyone
- A well-organized trauma system saves lives.
- Once a patient gets to a hospital there is no oversight, which limits data collection that should be used toward data analysis.
- Maternity service and expectant mothers
- Reducing wait time by well-informed citizens of their local hospitals treatment level
- Research Results
- A two year review system impairs the ability to measure quality of hospitals.
- Teach people about safety issues
- The public should know and understand a system is in place in case of a traumatic event.
- A trauma system must work well and be independent of the patient.
- Not very important to have a branded system if it doesn't perform well.
- Ethical and moral problems in the medical practice.
- A network may add conflict in budgets and practicing licenses.
- A brand for the network must help professionals focus on the patients rather than profits.
- Geographic location of trauma centers needs to be improved
- People simply don't believe trauma is going to happen to them
- Trauma centers take on a lot of uncompensated care
- Ohio trauma centers do not receive money from the state to cover uncompensated care
- Hospitals don't have the extra money to contribute to a campaign fund.
- Most people think that every hospital has a trauma center
- The average cost for every man, woman, and child in the state of Ohio annually is \$1,200.
- The network must establish credibility and confidence by creating and central database with competent employees
- A central database should quantify data that will improve procedures and locate specific problems.
- Improvements need to be made in registry, disaster, emergency, outcomes.



### 4.) Rehabilitation

- Conducts MRI's on a normal basis.
- Corrective care and physical therapy for the elderly
- Does not end until the patient can be entered back into their normal life

## Creative Brief

### OVERVIEW OF PROJECT

We would like to increase awareness to all Ohioans, specifically the demographics that end up in the trauma centers the most.

To create an interconnected system of Ohio Trauma resources by focusing on 4 specific nodes  
Emphasis on communication between the 4 specific nodes which in turn will create public awareness that a statewide trauma system is in place

- 1) Injury Prevention
- 2) Rehabilitation
- 3) Transportation
- 4) Treatment



### OBJECTIVE

The purpose of creating a brand for The Ohio Trauma System is to create awareness for Ohioans that an entire system is in place which could ultimately end-up saving their life.

### AUDIENCE

Ohioans

### STRATEGY

Spreading and creating awareness through mediums that our audience uses on a typical day.

### TACTICS

- 1) News Clips
- 2) Social Media (Facebook and Twitter)
- 3) Website
- 4) Education
- 5) Public Service Announcements
- 6) We will also be using a mascot called the "Trauma Llama" as a way to reach out to school-age children in order to create a fun learning atmosphere teaching the children about the 4 nodes



## KEY MESSAGE

Trauma is never planned; being well informed on what types of trauma that can occur will help to mitigate the chances of being a victim of this disease.

## tone/MANNER

Serious and informative

## MANDATORIES/EXCLUSIONS

Create Public Service Announcements

YouTube will not be used as the primary way to generate awareness.

## DELIVERY

Through local news and radio in all major cities.

## MILESTONES

Distributing the survey to check if awareness has grown after the PSA's have been on-air.

## NOTES

The Ohio Trauma Centers don't have extra money to invest in generating awareness, so it's critical to get the time slots for PSA's



## Sample Tactical Elements

### (Radio PSA)

- Everyone gets hurt, but what do you do when it's serious? Injury is the leading cause of death for people between the ages of 1-44. Choosing the right kind of care in a situation of serious injury can be a lifesaving factor. Make the right choice, choose The Ohio Trauma System for all your healthcare needs, from injury prevention education to the best care in an emergency situation. The Ohio Trauma System, we save lives.
- What would you do if a life threatening injury jeopardized your loved one's life? Injury is the leading cause of death among people ages 1-44 years old. Trauma centers have been proven to reduce mortality of seriously injured people by as much as 25%. To learn more about The Ohio Trauma System, please go to [www.tots.gov](http://www.tots.gov) to learn how The Ohio Trauma System is connecting care to save lives.

## (Video PSA)

The commercial will show how the trauma system works in action

The commercial starts off with a black screen for the first few seconds while audio from a 911 call is being played.

Screen fades to an ambulance driver that receives the location of the injury and turns on his siren and speeds to the injured victim. [Ambulance siren plays]

<Screen fades to black and shows this message for about three seconds.>

**“Trauma is the disease that is most likely to kill you if you are between the ages of 1 and 44”**

<The screen fades to black with the sound of the helicopter blades still playing while another message shows on the screen.> [The sound of the helicopter starting up]

**“Your chances of survival dramatically decrease after the first hour”**

<Screen fades to the first persons view inside the helicopter looking up at the EMS workers.>

<The EMS worker will say something reassuring> **“Everything is going to be alright”**

<Another EMS worker can be heard in the background talking to a hospital>

<From the first person perspective of patient: eyes getting heavy and close (screen fades)>

<The patient that has survived the horrible incident>

<A message will be shown on screen>

**“The Ohio Trauma System, connecting care to save lives”**

(Mock Commercial)



(Website)

The screenshot shows the homepage of the Ohio Trauma System (TOTS) website. At the top, there is a navigation menu with links for TOTS, Nodes, About, Programs, Locator, Facts, and Help, along with a search bar. The main header features the TOTS logo, which includes a map of Ohio and the words "Prevention", "Transportation", "Treatment", and "Rehabilitation", and the text "THE OHIO TRAUMA SYSTEM". To the right of the logo is a graphic of a heart with an ECG line.

Below the header are four main content areas, each represented by a folder icon:

- ABOUT**
  - [History](#)
  - [Who We Are](#)
  - [What We Do](#)
  - [Our Mission](#)
- PROGRAMS**
  - [Education](#)
  - [Lessons](#)
  - [Meetings](#)
  - [Community](#)
- LOCATOR**
  - [Where We Are](#)
  - [Around You](#)
  - [Distance Meter](#)
  - [Events Near You](#)
- FACTS**
  - [Trauma Facts](#)
  - [By The Numbers](#)
  - [Helpful Hints](#)

Below these folders is a section featuring a cartoon llama character, Dr. T. Llama, with a speech bubble that says: "Hi! I'm the Trauma Llama. I can assist you with any questions you may have. Click on the link to learn more! [Dr. T. Llama](#)". To the right of the llama is a photograph of a medical team.

Below the llama and photo is a section titled "THE FOUR NODES OF TOTS" with four icons representing the nodes: PREVENTION (a red inverted triangle), TRANSPORTATION (a hospital interior), TREATMENT (a red sign with a white arrow and the word "Emergency"), and REHABILITATION (a person being treated on a table).

At the bottom of the page, there is a social media section with links to Facebook ([www.facebook.com/TOTS](http://www.facebook.com/TOTS)), Twitter ([www.twitter.com/TOTS](http://www.twitter.com/TOTS)), and YouTube ([www.youtube.com/TOTS](http://www.youtube.com/TOTS)). Below this is a footer with links for About, Developers, Programs, Careers, T. Llama, Privacy, Cookies, Terms, and Help.

(Brochure)



### About Us

TOTS is an interconnected system of trauma resources in Ohio

TOTS connects the 4 nodes of the trauma system to ensure the best care possible:

- Prevention
- Transportation
- Treatment
- Rehabilitation

An effective trauma system can reduce mortality rates for seriously injured people by as much as 25%



## The Ohio Trauma System

"Connecting Care to Save Lives"



### Prevention

Injury Prevention courses educate the public on ways to decrease the chance of serious injury.

Classes such as bicycle safety and CPR training are located at a site near you! For a complete listing of classes offered, visit [tots.gov](http://tots.gov).

### Transportation

The Golden Hour is the first hour after a patient's injury.

In case of emergency, TOTS ensures that you will be taken to the hospital that will provide you with the optimal care.



### Treatment

Do you know where the closest Trauma center is located to you?

There are 43 Trauma Centers in Ohio, TOTS ensures that you will be directed to the one nearest you in your hour of need.



### Rehabilitation

Care doesn't stop after emergency treatment. **TOTS** ensures that patients are directed to the best rehabilitation facility for optimum recovery.



### The Trauma Llama Says...

Injury is the leading cause of death for people aged 1-44

Every 4 seconds, someone in the US is traumatically injured

Every 6 minutes, someone will die from a trauma injury



### Safety Starts with you!

### Contact Us

The Ohio Trauma System  
[Address]  
[City, ST ZIP Code]  
614-555-5555  
[Email]

Visit us on the Web:  
[tots.gov](http://tots.gov)

## Other Supporting Materials

### Injury Prevention

We want to create a substantial relationship between injury prevention organizations and state trauma systems, while focusing on decreasing mortality rates

We want to create a formal, organized, and written plan that is coordinated amongst with various community health programs.

It's imperative that state, regional, and local injury plans with a substantial focus on critical injuries.

The leaders of Trauma centers and Injury Prevention facilities educate the public as well as policy makers on injury prevention and the development of a trauma system.

We would like to implement the use of brochures in various health care facilities in order to spread awareness, educate, and spread the name of TOTS (The Ohio Trauma System).



### Transportation



We want to create an effective set of guidelines geared toward the transportation of trauma patients that results in optimal, safe, and timely delivery to trauma centers

We want the transportation node to be supported by all EMS systems responsible for the transportation of trauma patients

There should be a designated person(s) responsible for all forms of communication, medical oversight, and on-site care between the EMS systems and transportation vehicles

## Treatment

We want to establish a statewide network of trauma care that includes trauma centers and other acute care facilities that meets all requirements and standards

Clearly defined roles must be established between all acute care facilities and trauma centers in order to assure optimal care, and an efficient network must be created that will provide care to all injured patients

Specific guidelines must be in place in order to assure patients' will receive optimal care and all actions taken at the scene of treatment should be documented for proper evaluation in order to ensure the highest quality of care



## Rehabilitation

We want to establish rehabilitation centers that offer treatment for victims of trauma related injuries

We want a well-integrated rehabilitation program that is available to all patients who have suffered a traumatic injury.

Rehabilitation plans must be included in the entire trauma system plan and must be properly coordinated with the other 3 nodes of the system

Trauma centers work hand in hand with the rehabilitation centers to ensure that patients receive optimal care

All information, such as rehabilitation costs and the functional outcome when the patient is at the rehabilitation center should be kept on record in order to ensure that the system can be evaluated properly and improvements can be made if necessary



## Interview & Survey Results

### (Interview Results)

#### REHAB

- As far as the trauma network goes, she has heard of it but doesn't believe they're in the network. Her rehab center just refers patients to have MRI's as far as contact with other nodes. She wouldn't consider her rehab center as a part of the network. Her rehab center is more for corrective care and physical therapy for the elderly. When she thinks of trauma, she thinks of house fires and care accidents. They mostly get patient referrals from an attorney or from someone who doesn't have insurance.
- Her rehab center has different chiropractors for different circumstances. They have one chiropractor who mostly cares about the money and one who genuinely cares about helping people. She, personally, sees the value that this network would have to Ohioans. She said she would see the value but has experienced way too many conflict of interests as in budgets and practicing licenses. She noted that not everyone is ethical and moral. She used the phrase bad apples a lot. She went on to say more about her personal views, such as that she looks after the patients' side of things. She sees patients getting taken advantage of with the insurance companies and having to pay out of pocket for non-needed expenses. There's a big conflict of interest when people have a business interest in the matter. It has less to do about the competition that the rehab centers face, she could care less about the competition.
- Her business would be better off if the network was branded and would be a part of it. She personally believes that it would better suite the patients; the bigger the better. There would be more oversight, less chance of fraud, different licenses, more than one professional opinion, many patients only see one professional. Many of these professionals are profit driven people. She touched on the profit/greed culture that America has. Personally, it would be a good thing.

[grahm.julia@yahoo.com](mailto:grahm.julia@yahoo.com)

Call at 11:20 and talked for 15 minutes.

<http://www.westervillechiropractor.com/contact/#.UTURjjdxOAg>

## INJURY PREVENTION

- Could tell us your understanding of the trauma network and how you feel you fit into the system?

Trauma care is divided into regions—whole goal of trauma legislation passed in 20 years was to spread out trauma care—anyone who needs trauma care would be able to receive care close to where they live—Spread out trauma care so its accessible to ANYONE—DO fit into network—2 hospitals within her system--

- Do you think if you were in a network like this it would benefit your organization and Ohioans? How?

If yes—How do you feel like it benefits you, how could it be improved—Injury prevention program is part of trauma service—based out of trauma service—work with a lot of product lines within hospital—older population and general population—some teenagers—help with trauma and MATERNITY service and expectant mothers—one product line SENIOR HEALTH- FALL PREVENTION, FALLING SAFETY, HOME SAFETY, teenagers on safe driving—benefiting WHOLE hospital –Everyone can work together, Ohio injury prevention partnership

- If this was branded to ohioans, would that add value to your organization?

YES, Prevention is a key component, general awareness, who is in the region that can provide care? It is key to know ahead of time which hospital to go to if someone was in a trauma situation—most prevention groups know they are in the system, especially hospital based, public health departments SHOULD know

**\*\*GET MESSAGE OUT TO PUBLIC AND SPREAD AWARENESS**

**Message to public about injury prevention: Safe driving, fall safety**

**Stephanie Lambers**  
**Tri-Health**

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## TRAUMA CENTERS

- (Explained the four pillars of the Trauma System and they were agreed upon)  
If you wanted to change something about the system, what would it be?

A very difficult question to answer. The obvious answer is to prevent injuries before they even happen. The most humane approach to trauma is to prevent it before it even happens. However, an environment in which injury does not happen is very unlikely. Therefore, the most important thing is to ensure that when somebody is injured, they get the right services, at the right, and at the right time. Also, to ensure these patients get maximal integration back into their community after the injury.

- Would like to have a system where injury prevention is known to all people and people understand that they are at risk for injury. Is it just that Ohioans know that this system is not in place?

Based on the survey results from the state fair, people just do not know that there is a system in place.

- If you are between the ages of 1 and 44, it is the disease that is most likely to kill you. If you put 10 people in a room, you would get several definitions of what exactly trauma is.

The definition used for the disease of trauma is the transfer of energy; kinetic, chemical, radiologic. However, it is not know what the public sees as the definition of trauma (psychological, physiological).

- Do you believe the communication between the four pillars needs to be improved upon?

There is a centralized repository in the state of Arkansas for EMS workers. However, in the state of Ohio there is no such system. The EMS in the state has all different forms of communication. Locally, there are systems (such in the city of Columbus) that allow EMS to know if hospitals are currently diverting patients.

### Centralize communication for EMS workers.

- If you were in a rural area and a helicopter was needed for transportation, yet the weather did not allow for flight, what do you do? The geographic location of trauma centers is also a problem.

The trauma network should be able to influence the location of trauma centers so they can reach everyone in Ohio.

- If these four pillars were to become a network, do you believe this would add value to Ohioans?

There is evidence to support that a well-coordinated system makes a difference in the outcome of patients. The pillars need to be integrated.

Some of this coordination may be seen in individual hospitals: Nationwide has educators that teach children about trauma, EMS for transportation, and the trauma center that ensures proper care of patients as well as rehab that takes care of patients until they are able to be transferred to somebody back in their community for proper integration into their normal lives. This is essentially the same continuum as the pillars, but on a “micro” level.

- If there was more centralized control, for coordination and data, what type of people do you believe would help contribute to this?

Paramedics, nurses, somebody with healthcare background, and access to a medical director (physician) would be needed. Disaster leadership would also be needed; while this would not be needed for the “day-in, day-out,” it must be planned for in advance in case of a major catastrophe, such as a plane crash or bus crash. There would be more help needed that would be in place normally.

- If this network were to be created, do you believe this would add value to the trauma centers?

They are essentially one-in-the same; people who work at trauma centers are also citizens of the state.

- What major topic should be “advertised” should a campaign be put in place to bring awareness to the system?

People simply do not believe trauma is going to happen to them.  
(On the topic of trauma centers potentially contributing to a statewide campaign to raise awareness)  
It would be very difficult for individual trauma centers to contribute to a “campaign fund.” Trauma centers are already taking care of people with uncompensated care. Trauma is a very costly disease to take care of, and hospitals are already incurring large expenses to do so.  
Hospitals will not turn away trauma patients because of their need for care, regardless of whether or not they have the ability to pay. Ohio trauma centers do not receive money from the state to cover the cost of uncompensated care. There are many injury prevention efforts taking place in individual hospitals at the current time.

**Kathy Haley, Trauma Program Manager**  
**Nationwide Children’s Hospital**  
**(614) 722-6512**  
[kathy.haley@nationwidechildrens.org](mailto:kathy.haley@nationwidechildrens.org)

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- (Explained the four pillars)

Those are what we call the “Continuum of Care” in the trauma world. They have been around for quite a while. Injury prevention is always the best, but if you have to be injured... many people think it’s just the emergency department. It’s not just the emergency department, it’s not just the first 15–20 minutes. I would give you lots of money if I had a dime for every time somebody said, “Oh you’re a trauma program manager, you must work in the E.D.” People just do not understand that a trauma program includes the rehab, even psychosocial rehab and just getting [people] back into their homes and functioning properly.

Lynn has a different perspective because she is a pediatric. Only if a child is really injured will they go to a rehab center. They are taking a more inclusive look into injuries and really focusing on the psychosocial aspect so that these children will not be afraid of whatever caused their trauma.

Prevention has done a great deal, especially when it comes to children and car seats.

The four pillars are right on target.

- If you wanted to change something (regarding the four pillars of the trauma system) what would it be?

The community does not realize how much these things cost and how vital it is to use our resources appropriately. Feels that a trauma program should almost be categorized as police departments and fire departments are so that people will understand exactly what a trauma center is.

Most people think that every hospital has a trauma center. This is totally inappropriate and not true. They must go through hundreds of qualifications and certifications every three years. However, there is nothing illegal about hospitals advertising themselves as “trauma centers.” (Explained that there is now a law, but there are loopholes)

Some of the small paramedic places are stretched so thin that if they have to take (for example) a patient to a trauma center 45 minutes away, it will leave their territory uncovered for their whole trip. This puts a major strain on regional areas when they are transporting patients.

Getting the right patients, to the right place, at the right time is probably the biggest thing.

The average cost for every man, woman, and child in the state of Ohio annually is \$1,200.

Recommended:

“Burdens of Injury”, Ohio Department of Health (large document on injuries with in-depth analysis of many topics and graphs that we could use for our project)

- One of our main concerns is to bring awareness to residents of Ohio. Is there a group effort to get this out to the public?

No. Currently the only marketing efforts conducted are by local hospitals advertising their individual services. There has never been a public campaign regarding trauma. A public campaign pushing from all different angles at one time would be extremely helpful.

People in regional areas knowing what trauma center they should go to (should a problem ever arise) would be extremely helpful. Knowing what hospitals can do what would reduce the time people wait for treatment.

Referred back to how she feels that the trauma system should be “advertised” just as police and fire services are, as a “protector of your life” should you ever be involved in an accident.

- If this network was branded to Ohioans, would this add value to your organization?

It may not add value, but it would add credibility for some of the smaller hospitals as well as instill confidence in society that if a family member was injured, they would be going to the right place. It can’t be validated right now that specific situations were handled correctly.

Right now, there is a big push to benchmark nationally against other states in all aspects of the trauma system. However, this is very expensive and there is no national mandate for it. A statewide data system would be very helpful to improve on current processes. This is very costly and would require a huge undertaking.

To have the validation of numbers would be huge so that we could quantify improvements we have made and certain areas that need improved upon.

**Lynn Haas, Trauma Program Manager**  
**Cincinnati Children’s Hospital Medical Center**  
**(513) 636-8636**  
[lynn.haas@cchmc.org](mailto:lynn.haas@cchmc.org)

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- Do you see it as a system involving these four nodes?  
(prevention, transportation, treatment, and rehabilitation)

Yes, that's how I see it. It's on a global perspective as well. The children's committee is what I focus on.

- Does everyone involved in the system work together? Or do they mainly focus on their line of work and coordinate with the other parts only when transitioning from (say from treatment to the rehabilitation)?

They do a little work with each other, we help out with some prevention training and give insight into the system as well.

- How does the EMS add value to the trauma system?

Paid EMS workers typically work 24 hours then have 48 hours off.

There are also volunteer workers that carry on with their regular lives until there is an emergency.

- If you wanted to change something about the trauma system what would it be?

Registry, disaster emergency care needs to be better. Improve outcomes.

- Do you think it would be helpful if people knew about how the system worked, would it add value to Ohioans? Why/Why not?

Having a brand that brought knowledge to the people would be worth doing. It would be very beneficial, especially giving out information on what medical options and services each facility provides. Knowing what hospitals deal with what insurance is big too. It would improve regional leadership. Best practices and performance. As of right now they mainly work through referrals.

- If a patient were to deny the option to be taken to the trauma center, why might that be?

If there is bad weather sometimes the people will be taken to the closest hospital or if they say absolutely not. Most of the time people won't disagree with the hospital they need to go to. Only a few occasions where people don't want to do to the distance.

**Sherri Kovak**

**EMS coordinator for Nationwide Children's Hospital**

<http://www.nationwidechildrens.org/emergency-medical-services-ems-program>

- Trauma system spans from the Injury Rehab. Its an organized approach to the care of someone who has had a traumatic experience. Triage–comes in to identify severe injury from less severe injury. If there is a severe injury, get to a trauma system. They work with EMS to have criteria to identify the people that need to a Level 1 or Level 2 trauma center.
- The literature is clear that an organized trauma system saves lives. Having an organized system that works together reduces mortality. A more organized system does benefit the patient and the whole system.
- Piece that looks at the arrival of patients is well regulated. What is lacking is a general system oversight (system quality improvement). How do people adhere to criteria? Once a patient gets to a hospital there is no oversight. Do not know level of quality because there is a review only every 2 years. This needs to be changed. It's hindered by the limited data and data analysis. There is no oversight besides hospital oversight of system.
- Ohioans don't know there is a system in place. There are processes in place and it works without the public knowing about it. It would be better if the public knew about it, its good to know and understand that there is a system in place to take care of you if you get hurt. Most important aspect of the trauma system is trauma prevention. Most other things are minor. Teach people about safety issues, simple lessons such as don't drink and drive. It would better the community. It works outside the realm of public education.
- Unlike trauma in the case of a car accident or a gun shot wound, trauma from stroke or heart attack is not as easy to recognize. Many people don't know the signs of a stroke or a heart attack and people get into the system too late.
- There are different levels of patient involvement. Trauma is more evident in the event of a car crash as opposed to a different type of trauma such as a stroke. People have faith in the healthcare system. In trauma, better recognition. In case of some traumas it is very important for the patient to talk about their symptoms.
- Having a system that is branded, with a logo or a symbol is not very important. It is more important that the system works well and is independent of the patient. Branding wouldn't do much for that. There would be a few positives, such as bring more attention and accountability to trauma care.

**Dr.Howard Werman**  
**Medflight**  
**614-946-5209**  
**Friday March 8, 5:30-6:15.**

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## INJURY PREVENTION

- Could tell us your understanding of the trauma network and how you feel you fit into the system?

Trauma care is divided into regions—whole goal of trauma legislation passed in 20 years was to spread out trauma care—anyone who needs trauma care would be able to receive care close to where they live—  
Spread out trauma care so its accessible to ANYONE—DO fit into network—2 hospitals within her system--

**If no**—do you think if you were in a network like this it would benefit your organization and Ohioans? How?

**If yes**—How do you feel like it benefits you, how could it be improved—Injury prevention program is part of trauma service—based out of trauma service—work with a lot of product lines within hospital—older population and general population—some teenagers—help with trauma and MATERNITY service and expectant mothers—one product line SENIOR HEALTH- FALL PREVENTION, FALLING SAFETY, HOME SAFETY, teenagers on safe driving—benefiting WHOLE hospital

Everyone can work together, Ohio injury prevention partnership,

- If this was branded to ohioans, would that add value to your organization?

–YES, Prevention is a key component, general awareness, who is in the region that can provide care? It is key to know ahead of time which hospital to go to if someone was in a trauma situation

– most prevention groups know they are in the system, especially hospital based, public health departments SHOULD know

\*\*GET MESSAGE OUT TO PUBLIC AND SPREAD AWARENESS

**Stephanie Lambers**  
**Tri-Health**

## My Report

### 1. Which do you believe is the leading cause of death for people under the age of 45 in Ohio?

#	Answer		
1	Injuries	43	39%
2	Cancer	11	10%
3	Diabetes	6	5%
4	Heart Disease	40	36%
5	HIV/AIDS	1	1%
6	Influenza	0	0%
7	Other	10	9%
	Total	111	100%

Statistic	Value
Min Value	1
Max Value	7
Mean	2.86
Variance	3.50
Standard Deviation	1.87
Total Responses	111

**2. If you were badly injured, how confident are you that the hospital closest to your home would be able to provide you with the best care for your injury?**

#	Answer		
1	Not at all confident		0 0%
2	Not very confident		2 2%
3	Somewhat confident		31 28%
4	Very confident		44 40%
5	Extremely confident		34 31%
	Total		111 100%

Statistic	Value
Min Value	2
Max Value	5
Mean	3.99
Variance	0.66
Standard Deviation	0.81
Total Responses	111

### 3. Do you think the hospital that is closest to your home is a trauma center?

#	Answer		
1	Yes		70 63%
2	No		18 16%
3	Not sure		23 21%
	Total		111 100%

Statistic	Value
Min Value	1
Max Value	3
Mean	1.58
Variance	0.66
Standard Deviation	0.82
Total Responses	111

### 4. What is the name of the hospital that is closest to your home?

Text Response
Ohio State Wexner
Aultman Hospital
The Ohio State University Wexner Medical Center
OSU Medical Center
Elyria Memorial
Johns Hopkins Hospital
Ohio state medical center
St. Vincent Hospital
St. John Westshore
Fairview Hospital: Cleveland Clinic
Mount Carmel East
OSU Medical Center

The Wexner Medical Center  
Elyria Memorial Hospital  
Wexner Medical Center  
Wexner Medical Center  
The Wexner Medical Center  
Memorial Hospital  
Medcentral  
Elyria memorial  
EMH Regional Medical Center  
OSU Medical Center  
Wexner medical center  
St. Anne's  
Elyria Memorial  
University Hospital Main Campus  
The Parma General Hospital  
Wexner Med Center  
Med Central  
Cleveland Clinic  
Ohio State Medical Center  
Cleveland Clinic  
St. Elizabeth  
The Wexner Medical Center  
Wexner Medical Center  
OSU medical center  
Wexner Medical Center  
Dublin Methodist  
Grant Medical Center  
Miami Valley Hospital  
Riverside hospital  
OSU Medical  
Charles F Kettering Memorial Hospital  
Wexner hospital  
Wexner medical center ya dunce  
Ohio State Medical Center  
OSU Medical Center  
Ohio State Medical Center  
Kettering Medical Center  
mercy hospital

Bethesda north  
fairview  
Uc medical center  
Good Samaritan Hospital  
Ohio State University Medical  
Ohio State University Wexner Medical Center  
Wexner Medical Center  
not sure  
The house that Wexner built  
Lutheran General  
Miami Valley Hospital  
OSU MED CENTER  
Ohio State University Hospital  
St. Elizabeth  
Cincinnati Children's  
Mount Carmel east  
Ohio State University Hospital  
Robinson Memorial Hospital  
OSU Medical Center  
OSU Med Center  
Akron General – Green  
Lancaster hospital  
Ohio state medical center  
Cleveland Clinic  
Ohio State Medical Center  
Ohio State University  
The James/OSU hospital  
Miami Valley Hospital  
Mercy Medical Center  
Wexner Medical Center  
Bethesda North  
James  
mercy medical  
University hospital  
Fremont Memorial Hospital  
St. John Westshore  
Wexner Medical Center  
OSU Hospital

Berger Hospital
The Ohio State University Wexner Medical Center
Mount Carmel
elyria memorial hospital
Barberton Summa Hospital
Elyria Medical Hospital
Ohio State Medical Center
Elyria memorial hospital
Marymount
Grant Hospital
Wexner medical center
Riverside Hospital
no idea.

Statistic	Value
Total Responses	110

**5. From your home, how long would it take you to reach the nearest trauma center by ambulance in the event of a serious or life threatening injury?**

#	Answer		
1	Less than 15 minutes	80	73%
2	15-29 minutes	17	15%
3	30-44 minutes	6	5%
4	45 minutes to an hour	0	0%
5	More than an hour	1	1%
6	I'm not sure	6	5%
	Total	110	100%

Statistic	Value
Min Value	1
Max Value	6
Mean	1.57
Variance	1.57
Standard Deviation	1.25
Total Responses	110

## 6. What county in Ohio do you live in?

#	Answer	Response	%
1	Adams	0	0%
2	Allen	0	0%
3	Ashland	0	0%
4	Ashtabula	0	0%
5	Athens	0	0%
6	Auglaize	0	0%
7	Belmont	0	0%
8	Brown	0	0%
9	Butler	1	1%
10	Carroll	0	0%
11	Champaign	0	0%
12	Clark	0	0%
13	Clermont	0	0%
14	Clinton	0	0%
15	Columbiana	0	0%
16	Coshocton	0	0%
17	Crawford	0	0%
18	Cuyahoga	9	8%

19	Darke		0	0%
20	Defiance		1	1%
21	Delaware		0	0%
22	Erie		0	0%
23	Fairfield		2	2%
24	Fayette		0	0%
25	Franklin		57	52%
26	Fulton		0	0%
27	Gallia		0	0%
28	Geauga		0	0%
29	Greene		0	0%
30	Guernsey		0	0%
31	Hamilton		8	7%
32	Hancock		0	0%
33	Hardin		0	0%
34	Harrison		0	0%
35	Henry		0	0%
36	Highland		0	0%
37	Hocking		0	0%
38	Holmes		0	0%
39	Huron		0	0%
40	Jackson		0	0%
41	Jefferson		0	0%
42	Knox		0	0%
43	Lake		0	0%
44	Lawrence		0	0%
45	Licking		0	0%

46	Logan		0	0%
47	Lorain		11	10%
48	Lucas		0	0%
49	Madison		0	0%
50	Mahoning		1	1%
51	Marion		0	0%
52	Medina		0	0%
53	Meigs		0	0%
54	Mercer		0	0%
55	Miami		0	0%
56	Monroe		0	0%
57	Montgomery		5	5%
58	Morgan		0	0%
59	Morrow		0	0%
60	Muskingum		0	0%
61	Noble		0	0%
62	Ottawa		0	0%
63	Paulding		0	0%
64	Perry		0	0%
65	Pickaway		1	1%
66	Pike		0	0%
67	Portage		1	1%
68	Preble		0	0%
69	Putnam		0	0%
70	Richland		2	2%
71	Ross		0	0%
72	Sandusky		2	2%

73	Scioto		0	0%
74	Seneca		0	0%
75	Shelby		0	0%
76	Stark		2	2%
77	Summit		3	3%
78	Trumbull		1	1%
79	Tuscarawas		1	1%
80	Union		0	0%
81	Van Wert		0	0%
82	Vinton		0	0%
83	Warren		1	1%
84	Washington		0	0%
85	Wayne		0	0%
86	Williams		0	0%
87	Wood		0	0%
88	Wyandot		0	0%
	<b>Total</b>		<b>109</b>	<b>100%</b>

Statistic	Value
Min Value	9
Max Value	83
Mean	34.87
Variance	330.56
Standard Deviation	18.18
Total Responses	109

**7. If you were badly injured, how important would it be that an ambulance be required to take you to a trauma center, even if it's not the closest hospital?**

#	Answer			
1	Not at all important		1	1%
2	Not very important		6	5%
3	Somewhat Important		30	27%
4	Very Important		50	45%
5	Extremely Important		24	22%
	Total		111	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.81
Variance	0.75
Standard Deviation	0.87
Total Responses	111

## 8. How important is it for all people in Ohio to live within 60 minutes of a trauma center?

#	Answer		
1	Not at all important		0 0%
2	Not very important		1 1%
3	Somewhat Important		17 15%
4	Very Important		55 50%
5	Extremely Important		38 34%
	Total		111 100%

Statistic	Value
Min Value	2
Max Value	5
Mean	4.17
Variance	0.51
Standard Deviation	0.71
Total Responses	111

**9. How much money per year would you be willing to spend in order to be sure everyone in Ohio lives within a 60 minute drive of a trauma center?**

#	Answer		
1	Nothing		14 13%
2	Less than \$1		3 3%
3	\$1-10		48 43%
4	\$11-25		28 25%
5	Over \$25		18 16%
	Total		111 100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.30
Variance	1.36
Standard Deviation	1.16
Total Responses	111

**10. A trauma center is only one component of a trauma system. Do you know what a trauma system is?**

#	Answer		
1	Yes		19 17%
2	No		65 59%
3	Not sure		27 24%
	Total		111 100%

Statistic	Value
Min Value	1
Max Value	3
Mean	2.07
Variance	0.41
Standard Deviation	0.64
Total Responses	111

## 11. As far as you know, is there a trauma system already in place in Ohio?

#	Answer		
1	Yes	31	28%
2	No	10	9%
3	Not sure	71	63%
	Total	112	100%

Statistic	Value
Mean	2.36
Variance	0.79
Standard Deviation	0.89
Total Responses	112

## 12. If yes, what is the trauma system? What are the institutions it is made up of? If you are unsure, say "not sure."

Text Response

not sure

The Northern Ohio Trauma Center

not sure

A trauma system is an organized, coordinated effort in a defined geographic area that delivers the full range of care to all injured patients and is integrated with the local public health system

Not Sure

not sure

Network of hospitals to deal with severe injuries.

Not sure

luke zennie

Not sure

Not sure

Not sure

Not sure

<http://www.goodhealthcolumbus.org/cots>

a group of hospitals with trauma care?

not sure

Statistic	Value
Total Responses	22

### 13. What is Ohio's trauma system called?

#	Answer	Response	%
1	The Ohio Trauma Web (TOTW)	0	0%
2	The Ohio Trauma System (TOTS)	8	30%
3	The Ohio Trauma Network (TOTN)	4	15%
4	The Trauma System of Ohio (TTSO)	2	7%
5	Not sure	13	48%

	Total	27	100%
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Statistic	Value
Min Value	2
Max Value	5
Mean	3.74
Variance	1.81
Standard Deviation	1.35
Total Responses	27

## 14. How did you hear about the trauma system for Ohio?

#	Answer	Response	%
1	Facebook	1	5%
2	Twitter	1	5%
3	the news	5	24%
4	Youtube	0	0%
5	an Ohio government agency	2	10%
6	rehabilitation center	0	0%
7	trauma center or hospital	2	10%
8	doctor's office	1	5%

9	non-profit organization that involves injury prevention		0	0%
10	in school or at work education		2	10%
11	Other		9	43%
12	Click to write Choice 12		4	19%

Click to write Choice 12

I just guessed

Haven't

not sure if I've heard of it

Statistic	Value
Min Value	1
Max Value	12
Total Responses	21

## 15. What is the character or mascot for the trauma system of Ohio?

#	Answer	Response	%
1	Bear	2	7%
2	Horse	1	4%
3	Llama	3	11%
4	Possum	0	0%
5	Giraffe	1	4%

6	Not sure		20	74%
	Total		27	100%

Statistic	Value
Min Value	1
Max Value	6
Mean	5.11
Variance	2.79
Standard Deviation	1.67
Total Responses	27

## 16. What are the biggest benefits for Ohioans to have a successful trauma system?

#	Answer		
1	It saves more lives	81	77%
2	It cuts costs	9	9%
3	It saves time	17	16%
4	It provides better overall care	64	61%

Statistic	Value
Min Value	1
Max Value	4
Total Responses	105

## 17. My gender is...

#	Answer		
1	Female		52 50%
2	Male		53 50%
	Total		105 100%

Statistic	Value
Mean	1.50
Variance	0.25
Standard Deviation	0.50
Total Responses	105

## 18. My age is...

Text Response
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27
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22

Statistic	Value
Total Responses	105

## 19. I am a...

#	Answer		
1	student	91	96%
2	employee in a health related field	6	6%
3	employee in an education related field	2	2%

Statistic	Value
Total Responses	95

## 20. My average yearly income is...

#	Answer		
1	no income		38 36%
2	below or equal to \$20,000		53 50%
3	\$21,000 to \$35,000		3 3%
4	\$36,000 to \$50,000		3 3%
5	\$51,000 to \$75,000		4 4%
6	\$76,000 to \$100,000		3 3%
7	Above \$100,000		1 1%
	Total		105 100%

Statistic	Value
Min Value	1
Max Value	7
Mean	2.00
Variance	1.56
Standard Deviation	1.25
Total Responses	105