

**Health Priority: Intentional and Unintentional Injuries and Violence  
Objective 4: Trauma System Development (Logic Model)**

**Long-term (2010) Subcommittee Outcome Objective:**

By 2010, evaluate the effectiveness of the system by looking at comparative mortality and morbidity data from 2001 and 2010 or the most recent year available  
Long-term outcome objective updated as of: Sept 2004

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>The Wisconsin Legislature needs to be well informed so they can provide the base for the statewide trauma system, including statutory authority and funding.</p> <p>Department of Health and Family Services, Bureau of Emergency Medical Services and Injury Prevention staff, the State Trauma Advisory Council, and committed partners will need to develop and implement an educational campaign to raise awareness and educate and influence policymakers (e.g., state, county, local), direct care providers, and the general public about trauma. These same groups will develop and deliver training for professionals to educate them on the trauma system and how it influences their work.</p> <p>Department of Health and Family Services, Bureau of Emergency Medical Services and Injury</p>	<p>Development and dissemination of a standardized presentation package and educational materials on the merits and workings of a statewide trauma system.</p> <p>Regional trauma advisory councils will be formed and will begin meeting to organize trauma care in their region.</p> <p>All hospitals will have confirmed classification levels, and that information will be disseminated to local health care providers.</p> <p>Level one and level two hospitals that currently have computerized trauma registries will submit data electronically to the State Trauma Registry. This information will be supplemented by reports obtained from the Bureau of Health Information hospital discharge database. Target date for completion of Phase I is July 1, 2004.</p>		<p>By 2002, educate, influence and obtain commitment from policymakers (state, county and local), direct care providers and the general public.</p> <p>By 2002, identify all potential partners that should or would like to be involved.</p> <p>By 2002, develop and distribute educational materials to targets and the general public.</p> <p>By 2002, develop and deliver training for professionals to educate them on the trauma system and how it influences their work.</p> <p>By 2002, create a base for the statewide trauma system, including statutory authority and funding.</p> <p>By 2002, develop and implement regional trauma advisory councils, based on recommendations from the Statewide Trauma Advisory Council.</p>	<p>By 2004, all laws and policies needed to support trauma system implementation are in place.</p> <p>By 2004, have fully functional regional trauma councils in place.</p> <p>By 2004, have level one and two trauma hospitals reporting to a standardized trauma registry (database).</p> <p>By 2004, provide data to locals for decision making and to support community-level collaborations.</p> <p>By 2005, have system review functions (continuous quality improvement) in place for each region.</p> <p>By 2006, have a fully functional statewide trauma system in place.</p> <p>By 2007, have a complete trauma registry established (includes level three and four hospitals).</p>	<p>By 2010, compare data pre-trauma system (2000 data) and compare it with data during implementation and full development of the trauma system. By 2010, decrease death and serious injury due to trauma by 10 percent.</p>

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<p>Prevention, State Trauma Advisory Council, hospitals and interested regional parties must develop and implement regional trauma advisory councils, based on recommendations from the Statewide Trauma Advisory Council.</p> <p>Bureau of Emergency Medical Services and Injury Prevention staff must work with hospitals to assist with classification of trauma care capabilities for all hospitals in the state and begin data collection from level one and two trauma hospitals.</p> <p>The Bureau of Emergency Medical Services and Injury Prevention, State Trauma Advisory Council and the regional trauma advisory councils must work to support community-level collaborations and provide trauma information to communities and decision makers.</p> <p>The Wisconsin Legislature and the Bureau of Emergency Medical</p>	<p>Level Three and Level Four hospitals will phase-in data collection and submission in a format that will be determined as database design is developed and refined. The maximum number of trauma cases fitting submission criteria is estimated at about 50 per year. The target date for completion of Phase II is July 1, 2007.</p> <p>Regular meetings of regional trauma advisory councils will be ongoing to improve the system.</p> <p>Data indicates impact of statewide trauma system in decreasing injuries and death.</p>		<p>By 2003, begin data collection from level one and two trauma hospitals.</p> <p>By 2003, classify trauma care capabilities for all hospitals in the state.</p>		

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<p>Services and Injury Prevention must write and implement laws and policies needed to support a statewide trauma system.</p> <p>Funding must be provided to properly develop and implement a fully functional trauma system.</p> <p>Bureau of Emergency Medical Services and Injury Prevention, the State Trauma Advisory Council, and the regional trauma advisory councils will establish regional trauma advisory councils to be fully functional and have system review functions for continuous quality improvement in place for each region.</p> <p>Levels one and two trauma hospitals will be reporting to a standardized trauma registry (database) by 2004 and a complete trauma registry that includes levels three and four hospitals will be established by 2007.</p>					

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<p>Bureau of Emergency Medical Services and Injury Prevention, the State Trauma Advisory Council, and the regional trauma advisory councils will provide data to locals for decision making and to support community-level collaborations.</p> <p>Bureau of Emergency Medical Services and Injury Prevention, the State Trauma Advisory Council, and the regional trauma advisory councils will ensure all the components of a fully functional statewide trauma system e.g., hospital classification, regional councils, continuous quality improvement, data, etc.) will be in place by 2006.</p> <p>(Bureau of Emergency Medical Services and Injury Prevention and the regional trauma advisory councils collect and analyze data at the regional and state level.)</p>					