State Trauma System Planning Guide

A COMPANION DOCUMENT TO THE 2006 HRSA MODEL TRAUMA SYSTEM PLANNING AND EVALUATION DOCUMENT

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National Association of State Emergency Medical Services Officials (NASEMSO)

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1. Introduction

The development and use of a strategic and relevant statewide trauma plan is important for a number of reasons:

- The development process requires a careful assessment of the trauma system's current capabilities which involves the input of all system participants and builds consensus;
- It describes the goals and methods for achieving continued progress;
- It provides for communication of goals and will provide for system continuity in the event of staff and other key personnel turnover; and
- It is increasingly required in order to be eligible for some Federal funding opportunities.

The development process suggested by The Trauma-EMS System Program of the Health Resources and Services Administration (HRSA) therefore contains two closely related initiatives: assessment with strategic planning, and tactical planning with implementation.

The 2006 HRSA "Model Trauma System Planning and Evaluation" (MTSPE) document addresses state trauma system self-assessment and broader strategic planning. The MTSPE may be found at http://www.hrsa.gov/trauma/model.htm. This document, the "State Trauma System Planning Guide" (STSPG), addresses the more tactical specifics of planning and implementation. It is intended as a companion and implementation tool for the MTSPE, and together they replace the 1992 Model Trauma Care Systems Plan. The MTSPE explains the public health planning model for trauma system development and provides a system self-assessment tool. The STSPG demonstrates at least one way to move from self-assessment to implementation and provides a planning tool that may be useful.

This set of two documents is the result of several years of development and review by some of the nation's experts in trauma system planning, operations and evaluation.

2. Development of This Planning Guide and Tool

This document is the result of a contract between National Association of State Emergency Medical Services Officials (NASEMSO) and the HRSA Trauma-EMS System Program. Work on the Project began in early 2005, with sessions developed for the 2005 NASEMSO annual meeting to explain the status of the MTSPE and the development of the STSPG. At the Annual Meeting, participants were solicited to serve as members of the project steering committee. Additional members were added to ensure appropriate representation and included state EMS directors, state trauma managers, emergency physicians, trauma surgeons, and trauma system consultants. HRSA Trauma-EMS staff also participated in the steering committee process. A list of Steering Committee Members and Staff may be found in Appendix A at the end of this document.

The steering committee met in Washington D.C. in December, 2005 to review a draft Planning Guide and Tool document. Following that meeting, revised drafts were sent to the committee and further revisions were made. The document was then sent to state EMS directors and state trauma managers for review and comment. It was delivered to the HRSA Trauma Program for use in May, 2006.

3. Suggested Planning Process, Participants

Process
The MTSPE and self-assessment tool and the STSPG and planning tool are intended to be implemented separately and sequentially.

States should conduct the Benchmarks, Indicators, and Scoring (BIS) process described in the MTSPE. The results will provide the state EMS office with a comprehensive assessment of the status of trauma system development within the state (the scoring is not designed to be used in interstate trauma system comparisons). The MTSPE self-assessment tool allows states to stratify indicators by score, but is not intended to replace strategic decision-making processes that a state EMS office uses to prioritize future initiatives. Those decisions will require internal deliberation about other factors such as urgency of need, resource availability, feasibility of achieving results, and stakeholder interests. States may benefit from consulting colleagues in other states that have piloted this evaluation (early pilots included Utah, Virginia, Texas, and Montana).

Once the MTSPE results are available, the state trauma manager and selected stakeholders should develop or enhance the state's trauma plan.

Both the MTSPE and the STSPG are large documents because they comprehensively include the elements of a trauma system. Stakeholders involved in using either document to assess/plan the trauma system may feel overwhelmed by the task and/or may not feel knowledgeable about all of the elements of the system. Early experience has suggested

that matching stakeholders carefully to the system elements they are assessing or planning is important. So too, is the use of carefully planned processes which are either a multiday affair with significant preparation of the participants in advance, or an iterative writing process with staff creating initial "strawman" drafts for reaction by stakeholders matched to the appropriate sections of the document.

Note: *All states should conduct the MTSPE evaluation, but all states may not need to use the STSPG and tool in its entirety or at all. This tool simply provides states that need it with a new, "fill in the blank" template from which to create a plan. States with a robust and up-to-date trauma system plan which actively serves to guide activities and the use of resources may be best-served by continuing to use their own plan format. Once state planners have used the MTSPE evaluation process to consider the importance of all the indicators it suggests, they should elect the trauma system plan format which best suits their needs.*

The STSPG trauma plan writing tool should an intuitive extension of the MTRSPE self-assessment tool. It contains the same overall format of Core Functions, Benchmarks, and Indicators. But for each Indicator it adds the planning elements of "Goals", "Objectives", and "Tasks". Each Task includes the specific components of "Who", "What", "When", "Where", "How", "Barriers", "Strategies for Overcoming Barriers", and "Resources Required".

Participants
The state trauma system manager should work with an interested, multidisciplinary subcommittee of the state lead trauma authority's trauma advisory committee to develop the plan. If a state trauma advisory committee does not exist, a multidisciplinary trauma stakeholder group of ten to twelve people might be utilized. This may be supplemented by a larger group of expert stakeholders to assist with areas of the plan beyond the expertise of the core group.

Again, it may be valuable to have the state trauma manager create initial drafts for subcommittee review, and/or to have subcommittee members draft specific sections of the initial "strawman" plan based on their individual expertise. Completion of the plan would likely be accomplished using an iterative writing/consensus process between the subcommittee and the state trauma manager. Once consensus has been achieved among the subcommittee members on the overall draft, the draft should then move to the statewide trauma advisory committee and lead trauma authority for approval as dictated by state administrative procedures.

4. Using the Tool

Core Functions, Benchmarks, Indicators and Scoring Descriptors

The tool user is strongly encouraged to retain the **Core Functions and Benchmarks** be maintained, because these are fundamental ideals in trauma system planning and create a logical planning format consistent with the MTSPE.

Users are also encouraged to retain the MTSPE-based **Indicators** and scoring descriptors unless there is a compelling rationale for change. The Indicators are very specific and their importance to, or consistency with, a state's current trauma system may constitute this rationale for changing them. Provisions are made, therefore, to "Keep", "Ignore", or "Revise" Indicators. The state may also add Indicators and create "Status" and "Goal" descriptors for them.

The end of this section includes two examples for completing the STSPG. The first is for an Indicator which a state wishes to use as is, and the other is for an Indicator which a state wants to revise.

The MTSPE **Scoring Descriptors** constitute the "Status" and "Goal" for each indicator. Consequently they will shape the Tasks that must be accomplished to achieve desired system goals. Scoring Descriptor modifications may result with or without Indicator changes.

Benchmark Prioritization

Each Benchmark has an opportunity to assign a "Priority". States may complete this to assign priority to each large section of the plan. There is also an opportunity to "prioritize" Indicators within the Benchmarks below. A number of prioritization methods may be employed and a State's planning conventions dictate which is used: Short Range, Medium Range, Long Range; Low, Medium, High; or Numerical stratification (e.g. 1-5);

Indicator Format Contents

For each Indicator, the following steps should be taken:

1. Review of Current Applicability for State

Select the most appropriate:

- **Keep** the Indicator, but assign a priority to it (per the prioritization methods discussion above) so that it is addressed in a reasonable order given a state's needs and resources;
- **Ignore** the Indicator. This means that the Indicator is essentially assigned a lowest priority and will not be addressed in the time-frame of the current plan, and not that it is eliminated from consideration permanently; and/or
- **Revise** the Indicator and/or its MTSPE scoring descriptors.

2. Revised Indicator for State

If an Indicator is revised, enter the revised indicator. A revision to an Indicator may require a revision to the scoring descriptors (i.e. Status and Goal descriptors used). This should be avoided if possible.

3. Status: MTSPE scoring descriptor best defining current status

Enter scoring descriptor from MTSPE self-assessment, or from revised Indicator, selected as best describing current state of trauma system.

4. Goal: Selected scoring descriptor to improve current status

Enter scoring descriptor from evaluation process, or from revised Indicator, selected as best describing desired state of trauma system.

5. Objective(s) to achieve goal

Identify the specific, measurable objectives to achieve the goal.

6. Tasks to achieve objective(s)

Assign tasks for each objective. Tasks should be presented in a narrative or table format and include:

- Who is responsible for completing and who needs to be involved in review/approval?
- What is the measurable task to be accomplished?
- When are start and completion dates?
- Where is the task (statewide or limited to a region, municipality, facility, EMS service, or other)?
- How is the task to be completed (if not self-explanatory, what are the steps needed to accomplish the task)?
- Barriers that stand in the way of accomplishing the task.
- Strategies for Overcoming Barriers identified.
- Resources Required to accomplish the task.

Conventions for Use:

1. If Indicators are marked as “ignored” in the plan, they should physically remain in the body of the plan with an explanation of why they are being ignored. This will allow national planners to consider the need for revisions to the tool based on state feedback
2. If Indicators are added, the user is asked to assign a new ID number highlighting its state of origin (e.g. 101.8.Utah). This ID number should not duplicate an ID from an existing or eliminated Indicator. The “Review of Current Applicability...” line would reflect Keep”. The “Revised Indicator...” line would contain the scoring descriptors adopted for the new Indicator.
3. If Indicators are revised, the revisions should be noted in the line provided under each Indicator labeled “Revised Indicator for State”. The user is asked to revise ID number adding its state of origin to the end of the original Indicator number (e.g. 101.3.Utah; see Example B at the end of this section). If scoring descriptors are also

modified, that line should also contain the set of modified descriptors. This is so that planners will have a record of the descriptors used for future plan redrafting purposes. The “Status” and “Goal” lines would reflect changed scoring descriptors as deemed appropriate by the state.

4. If an Indicator is maintained, but scoring descriptors are changed, the new scoring descriptors should be entered in the “Revised Indicator for State” line. This so that planners will have a record of the descriptors used for future plan redrafting purposes. The “Status” and “Goal” lines would reflect changed scoring descriptors as deemed appropriate by the state.