National Association of State EMS Officials

Trauma Managers Council (TMC) 2015 Workplan

TMC Information

Leadership:

Chair: Sherri Wren (NE)
Chair-Elect: Carole Mays (MD)
Secretary: Ruth Hursman (ND)
Immediate Past Chair: Rob Seesholtz (TN)

Meetings:

Steering Committee:
Type: Conference Call
Frequency: Every other month
Time/Length: 11:00 a.m. eastern / 1 hour

Full Council:
Type: In-Person
Frequency: Mid-Year & Annual
Time/Length: varies

Regional Representatives

East:
Tim Erskine (OH) Primary
Rich Wisniewski (SC) Alternate

North Central:
Marty Link (SD) Primary
Chris Ballard (MN) Alternate

West:
Julie Rabeau (AK) Primary
Alyssa Sexton (MT) Alternate

South Central:
Joe Martin (AR) Primary
Renee Morgan (GA) Alternate

Staff Liaisons:

Kathy Robinson and Michelle Savoie

Mission, Vision, Scope

Mission

To promote the advancement of statewide trauma systems through the development of state trauma system leadership and infrastructure.

Vision

To be a national leader in developing and maintaining a fully-integrated and functioning trauma system that assures universal access to high-quality trauma care in all states and territories.

Scope

To provide a forum for communication, interaction and networking among peers, other national organizations, and federal agencies with similar missions. This forum allows for the sharing of best practices; developing and encouraging mentoring programs; the joint resolution of obstacles and challenges; and the nationwide promotion of evidence-based decision making.

Task List

GOALS/TASKS	RESPONSIBLE PARTY(IES)	TARGET COMPLETION DATE	BUDGET NEEDS
GOAL 1: Coalition Building and Community Support: Coalition building is a continuous process of cultivation and maintaining relationships with constituents (interested citizens) in a state or region who agree to collaborate on injury control and trauma system development. Key constituents include health professionals, trauma center administrators, prehospital care providers, data experts, consumers, policy makers, and media representatives. The involvement of these constituents is important for trauma system development, regionalization: promotion collaboration rather than competition between trauma centers and system integration.			
Task 1 – Develop a list of coalition members and identify organizations representing special populations (for example, children and people who are elderly, need rehabilitation, or are disabled.	Alyssa Sexton, Jane Guerrero, Rob Seesholtz, Sherri Wren, Tim Erskine		
Task 2 – Identify different methods of collaboration or communication between constituents and the Trauma Program Council for the purpose sharing information, partnership development, sharing resources, strategic planning or future system integration.	Alyssa Sexton, Jane Guerrero, Rob Seesholtz, Sherri Wren, Tim Erskine		
Task 3 – Identify methods and share methods of communication that Trauma Program Managers may share with constituencies, i.e., (interested citizens) for the purpose of trauma system education, e.g., newsletters, activity reports, updates or media messages.	Alyssa Sexton, Jane Guerrero, Rob Seesholtz, Sherri Wren, Tim Erskine		
GOAL 2: Develop a 5 year and 10 year Trauma Council Strategic Plan.			
Task 4 – Trauma Executive Committee and Steering Committee begin discussion of identifying priorities for a 5 and 10 year Trauma Council Strategic Plan.	Executive and Steering Committee		
Task 5 – Discuss and develop draft at 2015 and 2016 mid-year and annual meeting.	Executive and Steering Committee		
GOAL 3: Systems Integration and Interdisciplinary Collaboration – regional variances in access to appropriate trauma care, statistical characteristics of a population, and availability of resources all impact health care costs and quality patient outcomes yet trauma managers are routinely confronted to define the value of "trauma input" within components of the			

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state health system (i.e. emergency preparedness, rural health, public health, data and epidemiology, medical direction, education, credentialing, and licensure)			
Task 6 – Develop System 5-10 system outcomes that would be recommended by all trauma program to measure system success.	Rob Seesholtz, Sherri Wren, Grace Sandeno		
Task 7 – Support the NASEMSO/ACS Joint Trauma Committee; including ongoing advocacy for the development of state trauma system standards and quality metrics.	Rob Seesholtz, Jane Guerrero, David Lehrfeld, Tim Held	Mar-Apr 2015	Travel for 4 members and 1 staff to attend JTC meeting

Benchmark Activities

Task 1 (coalition members)

date	who	activity

Task 2 (collaboration/communications-internal)

date	who	activity

Task 3 (collaboration/communications-external)

date	who	activity

Task 4 (strategic planning)

date	who	activity

date	who	activity

Task 5 (in-face meetings)

date	who	activity

Task 6 (outcomes/PI)

date	who	activity

Task 7 (JTC)

date	who	activity