



Trauma Manager's Council

The **Trauma Managers Council** is committed to the following vision, mission, and scope of influence.

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.

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

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.





Trauma Manager's Council

Leadership

The Trauma Manager's Council supports leadership under these principle goals:

Goal #1: Implement a mentorship process for newer state trauma system managers who aspire to leadership roles. This is both laying a foundation and building on the foundation of professional development. The aim is to have a constantly replenishing stream of experienced, knowledgeable, and diplomatically savvy trauma system leaders who are actively engaged in state and national affairs.





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Leadership

- Goal #2: Complete a comprehensive electronic repository of relevant and easily adaptable resources for use in system development and legislative affairs in all states. This will include current system and clinical research.
- Goal # 3: Engage membership more deliberatively through an expanded role for Regional Representatives, written communications, teleconferences, and educational webinars. (Priority)
- Goal # 4: Support the NASEMSO/ACS Joint Operations
 Committee; including ongoing advocacy for the development of state trauma system standards and quality metrics. (Priori





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Systems Development

The Trauma Manager's Council supports systems development under these principle goals:

Goal #5: 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 state health system (i.e. emergency preparedness, rural health, public health, data and epidemiology, medical direction, education, credentialing, and licensure.





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Systems Development

The Trauma Manager's Council supports systems development under these principle goals:

Goal #6: Systems Development – growing evidence demonstrates the effectiveness of regionalized and specialty care systems yet many states continue to struggle to identify resources to help ensure that the right patient is delivered to the right facility at the right time as a means to optimize patient outcomes and reduce morbidity and mortality related to trauma. Coordination and consistency of state activities is challenged by high turnover rate among state (trauma) officials.





Trauma Manager's Council

Quality Improvement - "QI"

The Trauma Manager's Council supports performance improvement under these principle goals:

Goal #7: <u>Using Data to Support Systems Benchmarking and Best Practices</u> – As a component of the state health department, trauma managers are integral to the collection and analysis of comparative data (internal and external) to identify risks and trends, assist in education and injury prevention efforts, improve field care, and encourage and advance trauma systems nationwide.







Trauma Manager's Council

Quality Improvement - "QI"

The Trauma Manager's Council supports performance improvement under these principle goals:

- Goal #8: Maintenance and Standardization of State Trauma Registries

 —Statewide trauma registries have proliferated in the last decade,
 suggesting that information could be aggregated to provide an accurate
 depiction of serious injury in the United States. In addition, data
 collection leads to better care for patients and enhanced injury
 prevention measures by providing effect feedback on injuries and
 mortality rates
- Goal #9: Funding reduced reimbursement rates for hospitals and growing expectations of an evolving healthcare system demand focused efforts to reduce injury and improve care. The value of a comprehensive EMS system and inclusion, visibility, and integration the state trauma program cannot be understated





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The Trauma Manager Council's 2013 Work Plan will focus on tasks and strategies that support our primary Leadership Goals.

We feel these are realistic and achievable in 2013 with the current resources or potential resources to be identified.

Secondary goals of the Council have been placed in the Parking Lot. Completion of tasks/strategies focused on Systems Development and Quality Improvement are somewhat complex in nature and have not been fully explored.







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