STATUS OF PEDIATRIC TRAUMA SYSTEM DEVELOPMENT IN THE UNITED STATES

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THE NATIONAL ASSOCIATION OF STATE EMS OFFICIALS (NASEMSO)

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Additionally, the project team owes a special debt of gratitude to NASEMSO for allowing the reproduction of portions of their 2016 report *Status of State Trauma System Planning and Development* (www. bit.ly/3eOk1Hd).

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Thank you to the ad hoc Trauma Task Force of the American Pediatric Surgical Association and the American College of Surgeons psychometrician for providing input for the gap survey.

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The following individuals participated in the Delphi panel that resulted in the Pediatric Trauma System Assessment Score (PTSAS) (see eTable 2 in the Supplement).

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DEDICATION

We dedicate this report to injured children everywhere and to the medical providers and families who devote their lives to selflessly care for them.

PREFACE

In 2008, the Childress family launched the Childress Institute for Pediatric Trauma after engaging Wake Forest Baptist as a partner. It was my pleasure to be part of the planning and development phase as well as serve as the first executive director from July 30, 2008, to April 30, 2014. The Childress Institute has hosted 2 summits to strategize the future of pediatric trauma. These occurred April 21, 2013, and May 18, 2015, and proceedings were subsequently published in the *Journal of Trauma and Acute Care Surgery*.[1,2] The 2015 summit provided guidance for future needs in pediatric trauma care, including identification and a description of the gaps in pediatric trauma system development.

This project, described in this report, was funded by the Childress Institute on July 1, 2017, and took several years to complete. The report begins to identify the gaps systematically. It focuses on how states have individually perceived children's interests within their state trauma systems. The report describes the development of a novel scoring system, the Pediatric Trauma System Assessment Score (PTSAS), using parameters critical to the inclusion of children in trauma care. It is clear in retrospect that children were unintentionally left out of statutes and regulations in some states because no one was speaking for their interests when plans were developed. Updating state plans to be more inclusive of children will require efforts that may be time consuming and require legislative input; however, these efforts will potentially save lives. States most inclusive of children, which have a higher PTSAS, have less mortality due to injury. Some parameters will stand to be enhanced by improving the "pediatric readiness" of emergency departments in US trauma centers, whether they are verified by the American College of Surgeons Committee on Trauma or by a state verification process.

Clearly the best way to build an integrated pediatric trauma system in a state and in this country is to include children in all aspects of planning and development. Going forward, this report will lend credibility to this objective and guide advocacy.

J. Wayne Meredith, MD, PhD

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1 Gaines B, Hansen K, McKenna C, et al. Childress Summit of the Pediatric Trauma Society Work Groups Report from the Childress Summit of the Pediatric Trauma Society, April 22–24, 2013. *J Trauma Acute Care Surg.* 2014;77(3): 504-509. doi:10.1097/TA.0000000000000395

2 Fallat ME, Gaines BA, Haley K, et al. Proceedings of the second Childress Summit on pediatric trauma. *J Trauma Acute Care Surg.* 2016;81(4):795-801. doi: 10.1097/TA.0000000000001197.

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EXECUTIVE SUMMARY

The Childress Institute of Pediatric Trauma in North Carolina sponsored a Pediatric Trauma Summit in May 2015 focused on specific gaps in pediatric trauma care, including the need for a National Report Card on the Status of Pediatric Trauma to enhance and inform future research. In November 2016, the National Association of State EMS Officials (NASEMSO) released a report on the current utilization of HRSA's Model Trauma System Planning and Evaluation (MTSPE) document, last updated in 2006, and used by the American College of Surgeons Committee on Trauma (ACS-COT) to verify trauma systems. The MTSPE did not focus on resources specific to the pediatric population, and data in the NASEMSO report provided little insight into pediatric trauma system development. In 2016, the Government Accountability Office (GAO) released a report on pediatric trauma centers (TC) in the United States that did not explore the relationship of TC to state or regional systems of care for children.

This is a contemporary national report on the status of pediatric trauma system planning and development in the United States to assist with future state, regional, and national planning for pediatric trauma care as well as enhance future research objectives. "Pediatric" was defined as individuals under 18 years old.

Data were abstracted from the NASEMSO and GAO reports by state into a master spreadsheet. A questionnaire to obtain new data was developed relevant to children's interests within a state trauma system, ultimately organized into topics focused on disaster preparedness, legislation and funding, access to care, injury prevention and recognition, and quality improvement and registry use. For validation and to make sure that the correct questions were being asked, the survey was developed with input from a task force of the American Pediatric Surgical Association, and several stakeholder groups including the partner organizations to the grantee. The survey also received input from the American College of Surgeons' psychometrician.

Individual Excel spreadsheets were developed for each state and sent to a group of 4 state officials (State EMS director, state EMSC program manager, state trauma program manager, and state COT chair) for verification of the existing data. The questionnaire requiring new information was sent to the same group for the first time during the third week of February 2018. Participation in the survey implied informed consent for purposes of future publications. Once compiled, results were shared as a state report back to each group at least once to make sure that the information was current and accurate.

PROJECT
MANUSCRIPT

A NOVEL APPROACH TO ASSESSMENT OF US PEDIATRIC TRAUMA SYSTEM DEVELOPMENT

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KEY POINTS

QUESTION

What is the current landscape of state pediatric trauma system development in the US?

FINDINGS

After performing a cross-sectional study of each state's pediatric trauma capabilities, an expert panel developed an objective assessment of state pediatric trauma systems using Delphi methodology. The Pediatric Trauma System Assessment Score (PTSAS) was externally validated, showing that a more mature state trauma system significantly decreased child mortality from injury.

MEANING

PTSAS can be used to tailor a state trauma system to children's interests and assist with future state, regional, and national planning.

ABSTRACT

IMPORTANCE

Mature trauma systems are critical in building and maintaining national, state, and local resilience against all-hazard disasters. Currently, pediatric state trauma system plans are not standardized and thus are without concrete measures of potential effectiveness.

OBJECTIVE

To develop objective measures of pediatric trauma system capability at the state level, hypothesizing significant variation in capabilities between states, and to provide a contemporary report on the status of national pediatric trauma system planning and development.

DESIGN, SETTING, AND PARTICIPANTS

A national survey was deployed in 2018 to perform a gap analysis of state pediatric trauma system capabilities. Four officials from each state were asked to complete the survey regarding extensive pediatric-related or specific trauma system parameters. Using these parameters, a panel of 14 individuals representing national stakeholder sectors in pediatric trauma care convened to identify the essential components of the ideal pediatric trauma system using Delphi methodology. Data analysis was conducted from March 16, 2019, to February 23, 2020.

MAIN OUTCOMES AND MEASURES

Based on results from the national survey and consensus panel parameters, each state was given a composite score. The score was validated using US Centers for Disease Control and Prevention Wide-Ranging Online Data for Epidemiologic Research (CDCWONDER) fatal injury database.

RESULTS

The national survey had less than 10% missing data. The consensus panel reached agreement on 6 major domains of pediatric trauma systems (disaster, legislation/funding, access to care, injury prevention/recognition, quality improvement, pediatric readiness) and was used to develop the Pediatric Trauma System Assessment Score (PTSAS) based on 100 points. There was substantial variation across states, with state scores ranging from 48.5 to 100. Based on US CDCWONDER data, for every 1-point increase in PTSAS, there was a 0.12 per 100 000 decrease in mortality (95%CI, −0.22 to −0.02; P = .03).

CONCLUSIONS AND RELEVANCE

Results of this cross-sectional study suggest that a more robust pediatric trauma system has a significant association with pediatric injury mortality. This study assessed the national landscape of capability and preparedness to provide pediatric trauma care at the state level. These parameters can tailor the maturation of children's interests within a state trauma system and assist with future state, regional, and national planning.

INTRODUCTION

Injury is a leading cause of death in the US and the most common cause of death in children and adults up to age 44 years. The threat is magnified when considering the increasing frequency of unexpected natural and man-made incidents. High-functioning trauma systems play a vital role in building and maintaining national, state, local, and tribal resilience against these disasters. Currently, pediatric state trauma plans are not standardized and are without concrete measures of potential effectiveness.

The historic and guiding principles for trauma system development using the public health approach are embedded within the 2004 Trauma System Agenda for the Future.[1] The Health Resources & Services Administration (HRSA) 2006 Model Trauma System Planning and Evaluation (MTSPE) document served as the basis for US trauma system development and is foundational for the American College of Surgeons Committee on Trauma (ACS-COT) Trauma Systems Consultation program.[2] The MTSPE included an assessment tool, comprising a series of Benchmarks, Indicators, and Scoring (BIS) criteria. The current MTPSE and BIS scoring tools do not consider pediatric issues within a trauma system.

Trauma involves a continuum of care, beginning with injury prevention and prehospital care, progressing through emergency department, intensive, and acute care, and ending with rehabilitation and community reintegration. A 2016 report from the National Academies of Sciences, Engineering, and Medicine confirms the need for stronger integration, particularly the need to integrate military and civilian trauma systems, as well as prehospital and trauma center care.[3] Current issues in trauma system development include limited financial support for infrastructure, the need for expansion of disaster preparedness programs and improved data systems, and strategies for system-wide quality improvement.

A report issued in 2016 by the General Accountability Office (GAO) commissioned by a bipartisan congressional pediatric trauma caucus described location of children in proximity to state or ACS-COT designated trauma centers from 2011 to 2015.[4] The National Association of State Emergency Medical Services Officials (NASEMSO) released an updated monograph in 2017 that provided a snapshot of the status of state trauma system development using the system development tools provided in the MTSPE.[5] The NASEMSO report made 2 relevant points: (1) formal trauma systems do not exist in all states and (2) the standards, criteria, and requirements that guide state trauma systems are not directly comparable, owing to differing definitions of terms, inclusion and exclusion criteria for data systems, and processes for recognition of trauma centers.[6] This report provided minimal information on pediatric resources within existing state trauma systems.

The current study includes a gap analysis to inform trauma system development parameters that include children's interests. Our primary aim was to develop objective measures of pediatric trauma system capability at the state level, hypothesizing significant variation in capabilities between states. Our secondary aims included to (1) provide a contemporary report on the status of national pediatric trauma system planning and development, (2) develop a novel scoring system to evaluate the maturity of pediatric trauma systems, and (3) evaluate the utility of this scoring system in predicting pediatric trauma outcomes at the state level.

METHODS

STATE SURVEY

The institutional review board of the University of Louisville approved this study and provided a waiver for participant informed consent owing to the use of deidentified data. Baseline data from the 2016 NASEMSO report on state utilization of HRSA's MTSPE, last updated in 2006 and used by the ACS-COT to evaluate trauma systems and a 2016 US GAO report on the status of pediatric trauma centers,[4,5] were abstracted by state in a spreadsheet. An online survey (eTable 1 in the Supplement) was developed and distributed via Survey Monkey (Momentive) to performa cross-sectional gap analysis and was sent in February 2018 to 4 state officials: the EMS director, EMSC program manager, trauma program manager, and ACS-COT chair. Each state was also sent the spreadsheet with their data from the 2 existing reports to verify if this information was still correct and were given an opportunity to update the information. This study followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guidelines.

The survey included questions related to pediatric representation in state trauma advisory leadership, trauma center designation, trauma triage guidelines, a pediatric trauma registry, and integration of children into the disaster plan. The survey was developed with input from stakeholders including members of the American Pediatric Surgical Association, ACS-COT, and NASEMSO. The final survey received input from the ACS psychometrician.

The 4 state officials were asked to work together with 1 person taking the lead to compile the results and enter them into the online survey platform. State results were integrated with GAO and NASEMSO trauma system reports to compile an overview of the landscape of pediatric trauma systems across the country. Compiled results were redistributed to each group to confirm accuracy.

If the group of 4 state officials answered the questions independently, differently, and did not work as a team resulting in conflicting answers, the investigator group worked to reconcile the differences before sending the survey back to the team for validation. Some state positions were not filled at the time of the first request. There were several states where no one responded, and we reached out to key organizations to assist with finding contacts (eFigure 1 in the Supplement). Some state officials retired or left their positions between when the survey was deployed the first time and when it was resent for validation, and an entirely new state official was examining the abstracted data for the first time. Conflicting data were reconciled to the best of our ability, and missing data were filled in using resources and public documents on the internet, primarily in 2020 to 2021 (eFigure 1 in the Supplement).

PEDIATRIC TRAUMA SYSTEM ASSESSMENT SCORE DEVELOPMENT

To develop a state-level score of pediatric trauma system capability, called the Pediatric Trauma System Assessment Score (PTSAS), a panel of 15 experts in pediatric trauma were selected to be part of a Delphi group.[7] The panelists' expertise spanned the continuum of trauma care (eTable 2 in the Supplement). The initial step was to identify seminal parameters of pediatric trauma capacity within a state's trauma system. Delphi participants were presented with 30 different parameters, chosen from the survey questions most relevant to state pediatric trauma system development. Panel members were asked to score each from1 to 10 based on relative importance, with 1 being least important and 10 being most important. They were given the opportunity to explain their answers and show evidence for their responses. All survey responses were anonymous. During subsequent rounds of surveys, the parameters were ranked based on the weighted average from the previous round. In addition, the experts were given the anonymous responses of their fellow panelists, with the goal being eventual consensus. The scoring system underwent a total of 5 survey rounds. Fourteen members completed the first 3 surveys, and 13 members completed the last 2 surveys.

Based on the results of the first 2 rounds of the Delphi scoring, the working group eliminated parameters that had a weighted average below 7.0 and/or combined related parameters to reduce redundancy. There was unanimous agreement on the importance of adding a parameter to describe state involvement in the National Pediatric Readiness Project (NPRP), which defines pediatric readiness in hospitals as ensuring that every emergency department has the right equipment, supplies, medications, and training to provide high-quality emergency care for children.[8] After completing an assessment based on a checklist, the NPRP respondents receive a gap report, which highlights areas of competence and quality improvement opportunities for their own emergency department. The NPRP gap report provides a pediatric readiness score out of a possible 100 points that can be compared with the national average. For purposes of the PTSAS, the parameter "the state measures pediatric readiness in its emergency departments" was defined as 80% or greater participation in the 2011 survey that was reported in 2013 (representing the data available for review during the period of study) by a state's emergency departments.

The panel agreed on 6 domains (injury prevention/recognition, access to care, pediatric readiness, quality improvement, disaster, legislation/funding). Each domain was scored on the 1 to 10 scale and averaged across panel members' scores in the final round of Delphi voting. A PTSAS summary score ranging from 0 to 100 was computed based on the weighted averages of each domain and points distributed to the 3 to 5 capability parameters within those domains. Every parameter was dichotomous, and if present, the state received the full weighted value for that parameter. Each state was assigned a PTSAS based on state officials' responses and GAO and NASEMSO trauma system reports. Results by region were created based on the various regionalization schemas of the organizations that contributed to the development of this study (see Table 1).

TABLE 1. REGIONALIZATION SCHEMAS USED FOR THE CREATION OF PIVOT TABLES

ORGANIZATION	ABBREVIATION	NO. OF REGIONS	RATIONALE FOR INCLUSION
Emergency Medical Services for Children	EMSC	9	HRSA-funded program for EMS and emergency department preparedness for children's emergencies
American College of Surgeons Committee of Trauma	ACS-COT	10	Regionalization for state trauma system development
National Association of State EMS Officials	NASEMSO	5	This organization houses the state trauma directors and has provided 2 historic reports of state trauma system development, including 1 used in our study
US Census Bureau	NA	9	Used the WONDER database for PTSAS validation
American Burn Association	ABA	5	Burn care is an integral part of trauma care, but the regions are different

Abbreviations: EMS, Emergency Medical Services; HRSA, Health Resources & Services Administration; NA, not applicable; PTSAS, Pediatric Trauma System Assessment Score; WONDER, Wide-Ranging Online Data for Epidemiologic Research

PTSAS VALIDATION

To validate the PTSAS, we assessed the correlation of PTSAS with state pediatric injury mortality. The US Centers for Disease Control and Prevention Wide-Ranging Online Data for Epidemiologic Research (CDC WONDER) underlying cause of death database is an online database that provides mortality and population counts by state and cause of death based on death certificates.[9] We queried the database for the number and rate of death owing to injury in children aged 0 to 17 years in each state for 2016 to 2017 (based on the CDC WONDER External Cause of Injury Mortality Matrix for *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision,* all intents and mechanisms). These years were chosen to best reflect the status of pediatric trauma systems at the time of the NASEMSO and GAO reports and our survey in February 2018.

STATISTICAL ANALYSIS

The overall mortality rate was calculated and was further stratified by place of death (in-hospital and out-of-hospital). In hospital death was defined as those who died in a medical facility, which included inpatient, outpatient or emergency department, dead on arrival, and medical facility (specifics unknown). Out-of-hospital death was defined as the decedent's home, hospice facility, nursing home or long-term care facility, and other, which includes trauma scene deaths. We used a linear regression to determine the association between PTSAS and pediatric injury mortality rates (overall, in hospital, and out-of-hospital) at the state level. Data preparation and statistical analyses were performed with SAS software, version 9.4 (SAS Institute) and R software, version 4.1.1 (RFoundation). Statistical significance was defined as a 2-sided P value < .05. Data analysis was conducted from March 16, 2019, to February 23, 2020.

RESULTS

The data for the state surveys were compiled from state officials (2283 of 4226 [54%]), legacy data (1299 of 4226 [31%]), which included data from US Census Bureau, NASEMSO's 2016 Report, and the GAO report on pediatric trauma. The study team was able to supplement 6% of parameters (257 of 4226) from publicly available documents. A total of 387 of 4226 (9%) of data was unfilled by state officials and unable to be found in public documents, and therefore was considered missing. The only parameter that was fulfilled by all 50 states and Washington DC was "mass casualty

drills include both a process for identifying children to be moved and verifying facilities receiving children as having appropriate resources to provide optimal care." In contrast, the parameter with the lowest compliance was "there are state funds designated for pediatric trauma care." Only 39% states (20 of 51) reported having funds available for pediatric trauma care. Individual parameter compliance is reported in Table 2. State-level data for each PTSAS parameter are available in eTable 4 in the Supplement.

TABLE 2. **PEDIATRIC TRAUMA SYSTEM ASSESSMENT SCORE (PTSAS) DOMAINS AND PARAMETERS, INCLUDING STATE COMPLIANCE**

DOMAIN	WEIGHTED AVERAGE	PARAMETER	PTSAS POINTS (TOTAL = 100)	STATES IN COMPLIANCE, NO. (%)
Disaster	16.99	State disaster plan includes children	4.55	36 (71)
		State holds mass casualty drills that include children	3.87	44 (86)
		Mass casualty drills include facilities planning for transfer of children to accommodate surge	4.36	30 (59)
		Mass casualty drills include both a process for identifying children to be moved and verifying facilities receiving children as having appropriate resources to provide optimal care	4.21	51 (100)
Legislation and funding	15.79	There is state legislation for trauma system development	3.43	49 (96)
		There is mandatory pediatric representation on your state trauma advisory council	3.38	34 (67)
		State trauma legislation specifically addresses injured children and includes planning, simulation, and modeling	3.14	32 (63)
		State has enabling legislation to designate pediatric trauma centers	2.95	33 (65)
		There are state funds designated for pediatric trauma care	2.89	20 (39)
Access to care	17.59	State has an EMS patient triage or destination determination protocol (eg, Guidelines for Field Triage of Injured Patients) for injured children (nearest hospital versus appropriate trauma center)	3.99	25 (49)
		State has access to inpatient rehabilitation beds available for children under 14 years old in a pediatric rehabilitation unit (the unit can be within a rehabilitation facility but is specifically designated for children)[a]	3.35	47 (92)
		State has access to burn beds available for children[a]	3.58	41 (80)
		Majority (>50%) of pediatric patients that live within 30 miles of either a high-level (I or II) pediatric or adult trauma center	3.08	45 (90)
		Majority (>50%) of pediatric patients that live within 30 miles of either a high- or mid-level (I, II, or III) pediatric or adult trauma center	3.58	50 (98)
Injury prevention and recognition	15.65	State legislation is in place to review all child fatalities due to injury, including child abuse	5.30	41 (80)
		All levels of trauma center (adult, pediatric, or mixed) have education programs for their staff that include recognition of child abuse	5.34	43 (84)
		State agencies, health department, or the trauma system lead efforts in organized injury prevention for children	5.01	50 (98)
Quality improvement and trauma registry	16.99	Summary data from state-based trauma registry are publicly reported and include pediatric trauma patients	5.75	33 (65)
		Trauma registry data in the state are used for children's performance improvement (PI) and are evaluated separately from adults	5.91	29 (57)
		State pediatric EMS data are used for EMS service or system PI and are evaluated separately from adults	5.33	34 (67)

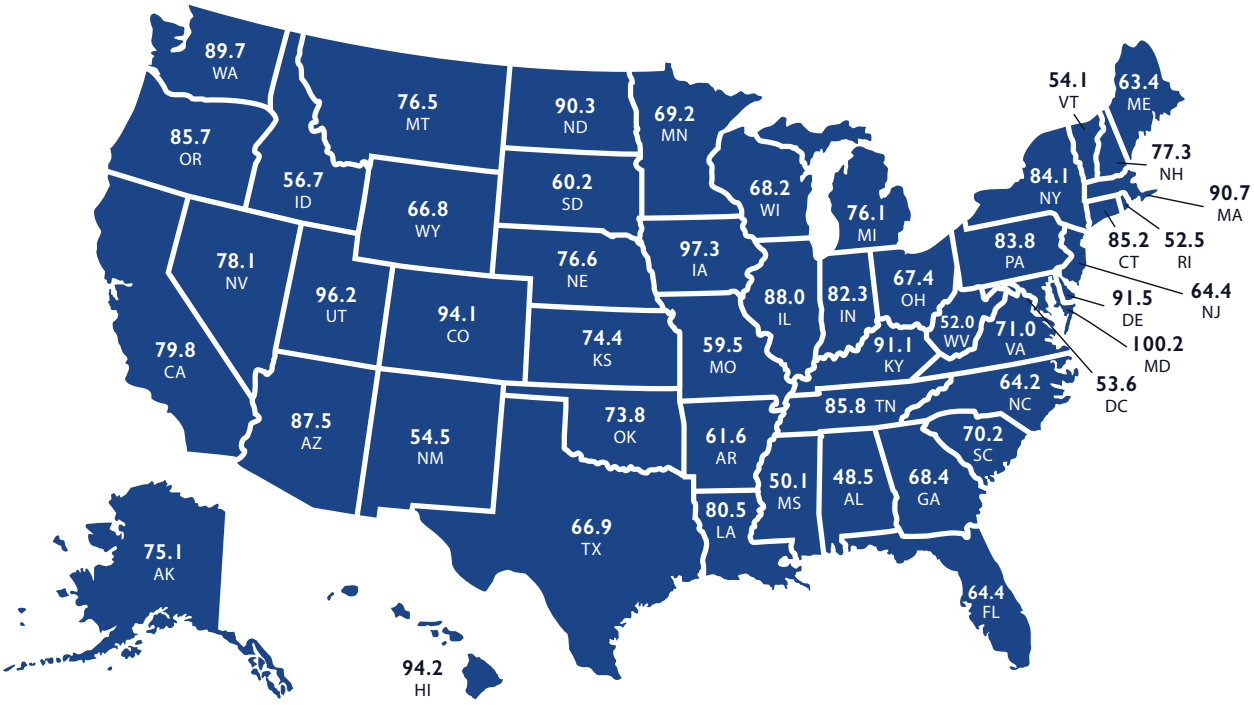
DOMAIN	WEIGHTED AVERAGE	PARAMETER	PTSAS POINTS (TOTAL = 100)	STATES IN COMPLIANCE, NO. (%)
Pediatric readiness	16.99	The state measures pediatric readiness of its emergency departments	**6.08**	35 (69)
		State requires transfer guidelines and defined processes/protocols be in place at each hospital	**5.77**	36 (71)
		Hospitals in the state, in general, use as low as reasonably achievable (ALARA) guidelines for radiographic imaging	**5.15**	36 (71)

Abbreviations: EMS, Emergency Medical Services; PI, performance improvement.

[a] Resources may be available within state borders or at burn or rehabilitation centers in neighboring states.

Each state was assigned a PTSAS (Figure 1). The scoring system underwent a total of 5 survey rounds (eTable 3 in the Supplement). The mean (SD) national PTSAS was 74.4 (14.1). Alabama had the lowest score at 48.5, whereas Maryland had the highest at 100. In 2016-2017, the annual national injury mortality rate in children was 14.2 per 100 000, which also included place of death category "unknown," but not included in the in-hospital and out-of-hospital mortality. When classified by place of death, in-hospital mortality was 7.4 per 100 000, and out-of-hospital mortality was 3.3 per 100 000.

FIGURE 1. MAP OF STATES WITH THEIR PEDIATRIC TRAUMA SYSTEM ASSESSMENT SCORE



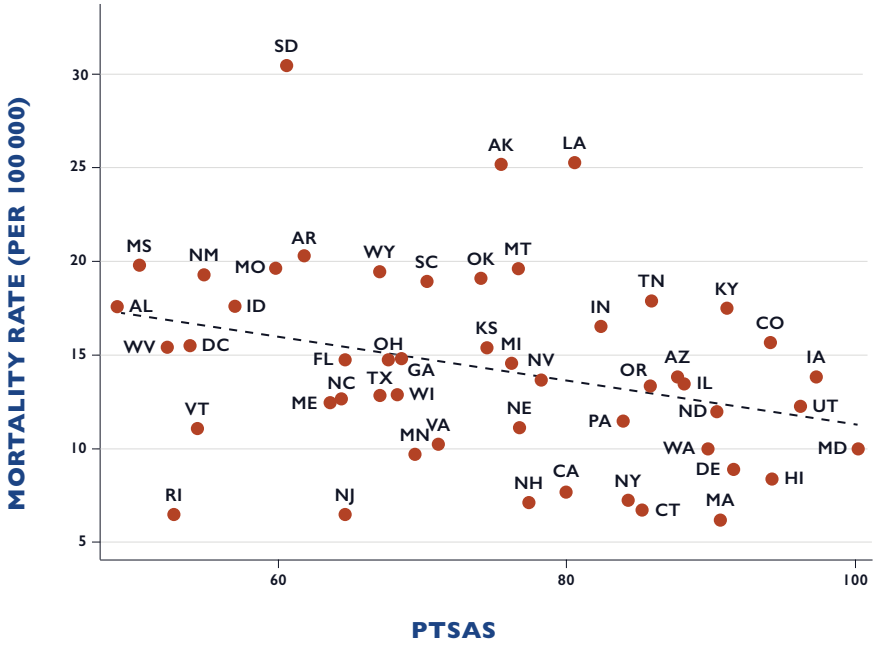
Using linear regression, each 1-point increase in the PTSAS was associated with 0.12 deaths (95%CI, −0.22 to −0.02) per 100 000 decrease in overall mortality (Table 3 and Figure 2). Increasing PTSAS was associated with a significant decrease in both in-hospital and out-of-hospital pediatric mortality (Table 3 and Figure 2).

TABLE 3. **VALIDITY EVIDENCE FOR THE PEDIATRIC TRAUMA SYSTEM ASSESSMENT SCORE**

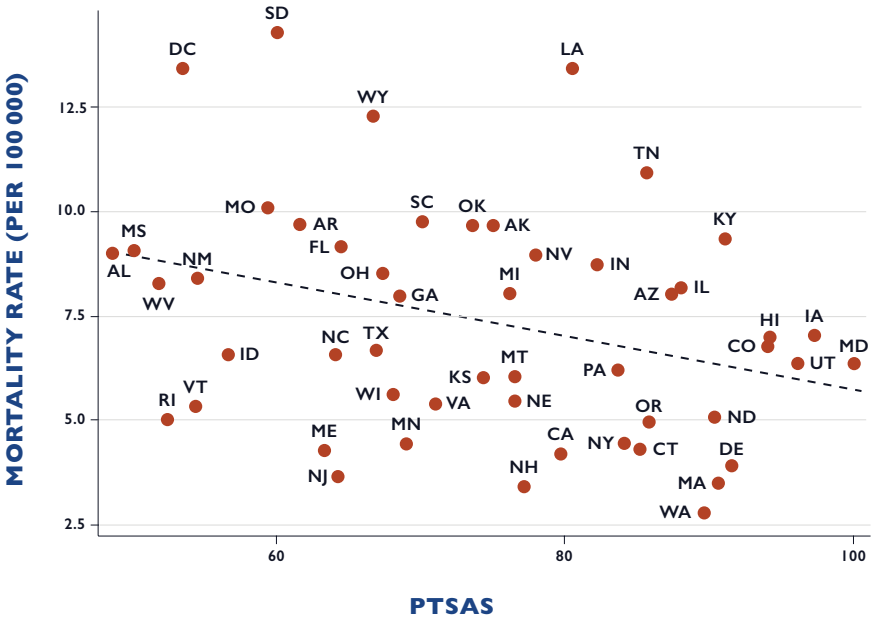
MORTALITY	MEAN DIFFERENCE IN MORTALITY RATE PER 1-POINT INCREASE IN PTSAS (95% CI)	P VALUE
Overall	−0.12 (−0.22 to −0.02)	.03
Out-of-hospital	−0.09 (−0.15 to −0.002)	.01
In-hospital	−0.06 (−0.12 to −0.01)	.02

Abbreviation: PTSAS, Pediatric Trauma System Assessment Score.

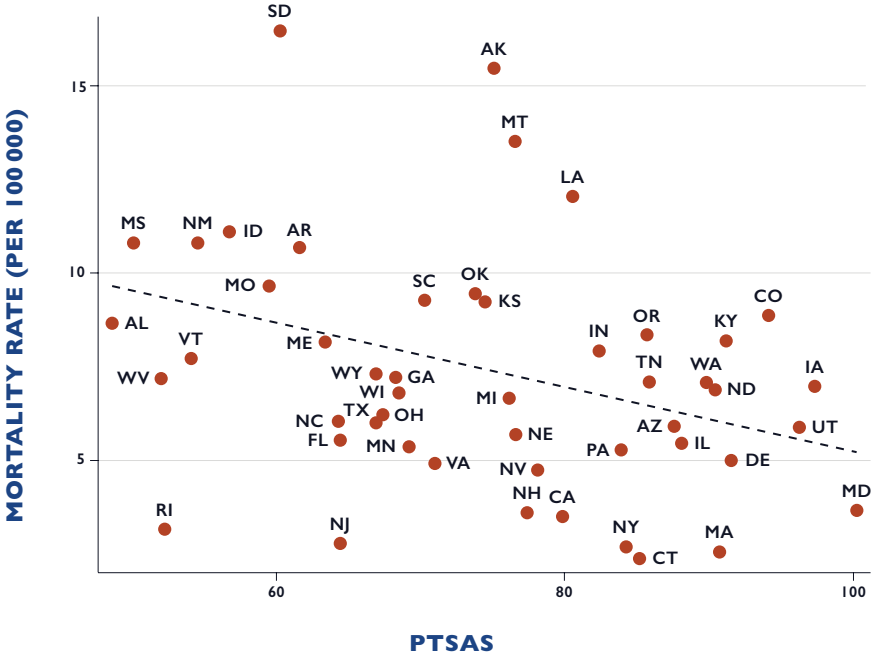
FIGURE 2. **MORTALITY RATE BY STATE AND PEDIATRIC TRAUMA SYSTEM ASSESSMENT SCORE)**



A. OVERALL



B. IN-HOSPITAL



C. OUT-OF-HOSPITAL

Many organizations have defined regions in the US developed for their own intents and purposes and these vary considerably. We used our scoring system to show regional scores in these differently defined regions (eFigure 2 in the Supplement).

DISCUSSION

The gap analysis in this cross-sectional study demonstrated significant variation between states in their resources and capability to care for injured children. The newly developed PTSAS, measuring the preparedness of a state pediatric trauma system, demonstrated significant association with improved pediatric mortality after traumatic injury in states with better scores. Several current regionalization models used by organizations that could be pertinent to pediatric trauma were used to show how resources may vary. Potentially, sharing of resources among regional states may improve the care of pediatric trauma patients in that region.

This project represents an objective evaluation of state pediatric trauma system development and readiness. It uses a consensus-based PTSAS tool by which hospitals, state agencies, and federal programs can assess and monitor their progress in establishing and improving capabilities to care for injured children, ultimately contributing to improvements in survival and functional outcomes after injury. Future use of the scoring system will allow a state to improve over time and promote alignment of pediatric emergency practice among neighboring states that may be leveraged in times of crisis. This is one approach to design systems of care to enable well resourced states to work with underresourced states to improve care across state lines or within regions.

The goal of a state or regional trauma system is to appropriately identify and treat severely injured patients at specialized trauma centers and care for less-injured patients at lower tier trauma centers. The system works in a coordinated effort to care for all ages of injured patients, without overwhelming specialized centers. For adults, development of trauma systems has been associated with decreased injury rates and mortality, but this has not consistently been demonstrated for children.[10-14]

We advocate for children's interests to be recognized and integrated into trauma centers and system visions for the future as our country looks toward developing a strategic plan around a goal of zero preventable trauma deaths. The strategies for children should be developed by (1) considering the current state infrastructure to support pediatric trauma care; (2) defining parameters that are universally understood, have attainable and measurable answers, and have the potential to influence outcome; and (3) identifying which organizations are best positioned to assist with consensus building around pediatric trauma indicators that can be used to measure trauma system development in a state.

NEXT STEPS/JUSTIFICATION FOR STATE-LEVEL DATA

The current trauma system evaluation done by the ACS-COT does not include parameters for the evaluation of pediatric trauma care. Many parameters used in our scoring system are readily adaptable to an assessment of pediatric trauma capabilities in a state and could be used in a future scoring system. For rural and underserved environments, the most inexperienced care for children is often in the ranks of prehospital professionals and emergency departments. Telehealth and telesimulation as resources for clinician education, telemedicine for rural trauma care, and teleradiology to decrease repeat imaging will all have a future, enhanced role in pediatric trauma care and disaster preparedness.[15]

We will be unable to optimally care for injured children everywhere in the country, from the perspective of recognition of injuries, resuscitation, and transfer, unless we train front-line emergency care professionals. This can be accomplished as part of team building with trauma professionals, which includes improving education and the ability to use pediatric equipment.

Parallel to this project are the anticipated influences of the National Trauma Research Action Plan, and the Regional Medical Operations Center.[16,17] The latter emerged during COVID-19 as an effective model already in existence and was promulgated through the efforts of the ACS-COT. Similarly, there is anticipated effort to develop a National Trauma and Emergency Preparedness System.[18] As these interests gain traction, children must be included and integrated, and children's health care professionals must be included in planning and development.

LIMITATIONS

There were several limitations of this study. The qualitative data of the survey relied on the responsiveness of state officials. Self reported data may be inaccurate if the individuals did not verify their responses. States with unfilled positions or new officials may have been disadvantaged with respect to knowledge or experience to complete the survey; some states varied in number of participating state officials, and both may have contributed to sampling bias.

This study spanned several years, and a few states now have verified pediatric trauma centers that did not exist when the project began. States may have improved parameters for pediatric trauma system evaluation within the intervening years that the study took place. Although the study group made every effort to obtain missing information from public documents, there were some states where this was not possible and could affect their overall score. The NPRP recently updated their state scores, and it was not possible to use these updated scores in our project. We expect that this parameter will change in the future as the ACS-COT will include pediatric readiness in trauma center verification beginning in 2023.[19]

CONCLUSIONS

This cross-sectional study evaluated the landscape of state trauma system development for US children from the viewpoint of state and organizational leadership. The survey instrument encompassed the identification of key parameters in trauma system development that affect both children and adults but with a specific lens on how children are included. We developed a scoring system based on those parameters and found that states with a higher PTSAS had lower pediatric injury mortality. Mortality is not an ideal outcome in evaluating trauma systems, particularly in children, an including outcomes that assesses health care utilization, process of health outcomes such as care measures, functional outcomes (return to normal activities, play, sports, school, and mental PTSD) and quality of life, will be advantageous.[20] This study can inform the integration of pediatric trauma parameters and scoring into the next version of the ACS trauma system scoring tool, emphasizing incremental change and progress over time. The current PTSAS is a starting point and can be modified over time but is a step toward assessing each state's pediatric trauma care capabilities within defined regions of the country.

ARTICLE INFORMATION

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Author Contributions: Drs Fallat and Collings had full access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

Concept and design: Fallat, Jawad, Butler, Rogers, Collings.

Acquisition, analysis, or interpretation of data: All authors.

Drafting of the manuscript: Fallat, Gumer, Collings.

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SUPPLEMENTAL CONTENT

Fallat ME, Treager C, Humphrey S, et al. A novel approach to assessment of US pediatric trauma system development. *JAMA Surg*. Published online September 21, 2022. doi:10.1001/jamasurg.2022.4303

This supplementary material has been provided by the authors to give additional information about their work.

eTABLE 1. SURVEY QUESTIONS SENT TO STATE OFFICIALS

Blue questions are from legacy data and could be updated by the state.
Orange questions are new survey questions developed for the study.

Q NO.	SURVEY QUESTION
1	State population as of 2017
2	State population of people ages 18 and under as of 2017
3	Group (1, 2, 3, 4)
4	% of population <10 miles from high-level pediatric trauma center
5	% of population 10–30 miles from high-level pediatric trauma center
6	% of population >30 miles from high-level pediatric trauma center
7	% of population <10 miles from high-level adult or pediatric trauma center
8	% of population 10–30 miles from high-level adult or pediatric trauma center
9	% of population >30 miles from high-level adult or pediatric trauma center
10	% of population <10 miles from high-mid level adult or pediatric trauma center
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center
12	% of population >30 miles from high-mid level adult or pediatric trauma center
13	Does the state have trauma system legislation?
14	Where is your trauma office "administratively" located?
15	Does the state have a trauma system funding source(s)?
16	Does the state trauma system receive federal funds?
17	Is there an annual budget for the trauma system?
18	Are any funds specifically for pediatric needs?
19	Is there trauma program accountability to state EMS office (EMSO)?
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?
21	Does the state have enabling legislation to designate trauma centers?
22	Does the state have legislation to designate pediatric trauma centers?
23	Does the state have regulatory authority to limit the number of trauma centers?
24	Is there a state trauma plan available?
25	What is the basis for the state trauma plan?
26	Is there a statewide trauma advisory committee (TAC)?
27	If yes, is there pediatric representation on the statewide TAC?
28	Are there regional TACs?
29	If yes, is there pediatric representation on the regional TAC?
30	Does the state promote/organize participation in pediatric injury prevention?
31	Is the state trauma program involved in injury prevention efforts?
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?
33	Does the state publicly report trauma registry data that include pediatric trauma patients?
34	How is the state trauma data reported to the public?
35	Is trauma included in the statewide disaster plan?
36	Does the state disaster plan include children?
37	Does the state trauma program have its own mass casualty incident (MCI) plan?
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?
39	Is there a state disaster triage guideline?
40	Does the state hold mass casualty drills that include children?
41	If yes, how often?
42	Do hospitals within the state hold disaster drills that include children?

Q NO.	SURVEY QUESTION
43	Do state disaster drills include surge planning for children?
44	Are trauma center levels designated by the state?
45	What is the method of trauma center designation/verification in the state?
46	Is there medical direction for the state trauma system?
47	Are CDC Field Triage Guidelines (2011) used in the state?
48	Is there a state trauma destination (bypass) protocol in place?
49	Is there a state pediatric trauma destination (bypass) protocol in place?
50	Do the state hospitals have transfer agreements for unavailable resources?
51	Does the state have a statewide PI plan or guide for trauma?
52	Are children's interests recognized in the statewide PI trauma plan?
53	Is there a state trauma registry (TR)?
54	If yes, is the TR used for performance improvement (PI)?
55	If yes, does state TR include children?
56	Does the state have a separate pediatric report for trauma?
57	Is the state TR electronically integrated with prehospital (EMS) data?
58	Do the state EMS data include children?
59	Are the state EMS data used for pediatric PI?
60	What is the state average peds ready score for EDs that are adult trauma centers?
61	What is the state average peds ready score for EDs that are pediatric trauma centers?
62	What is the state average pediatric readiness (PR) score for all EDs?
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?
64	Is there state legislation for child fatality review that is instructive on child abuse?
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?
66	Does the state have shaken baby parent education legislation?
67	If yes, give statute and year enacted.
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?
69	Do state adult trauma centers use ALARA guidelines for CT use in children?
70	If no, please explain.
71	Are injured children typically worked up by the referring hospital before transfer?
72	Does the referring hospital discuss how to transfer a child?
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?
74	Does the state have teleradiology-sharing capability?
75	If yes, is it statewide, system, or hospital?
76	Does the state have access to pediatric inpatient burn care beds?
77	If yes, what are the resources for pediatric burn care?
78	Does the state have access to pediatric inpatient rehabilitation needs?
79	If yes, what are the resources?
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?
81	Is the state rehab facility CARF-accredited for adults?
82	Who directs the state rehab care?
83	Does the state outpatient rehabilitation model include pediatric trauma needs?
84	If yes, what are the resources?
85	Who directs the state outpatient rehab care?
86	Does the state offer ACS RTTDC courses?

eFIGURE 1. **PROJECT TIMELINE**

2017

JULY – NOVEMBER
Abstracted data from the NASEMSO and GAO reports into a spreadsheet.

Designed survey and determined the state organizations/officials that should participate in completion; obtained contact information for key individuals.

NOVEMBER
Created Survey Monkey for state officials to fill out.

2018

JANUARY
Finalized state Excel sheets to send to state officials for data entry.

FEBRUARY 22
Sent email to each state with Excel spreadsheet, abstract, and link to Survey Monkey.

APRIL 2
Followed up with states that did not answer.

JULY 3
Sent follow-up email asking states to verify state spreadsheet/abstract.

AUGUST
Sent second request and final ask for states to fill out and return spreadsheet.

AUGUST – DECEMBER
Organized and analyzed data. Reviewed and compared state survey results with state abstract and spreadsheet. Reconciled data discrepancies.

2019

JANUARY 15
Sent out state abstracts for confirmation by state officials.

MARCH 16
Sent introductory email to members of Delphi survey team or their parent organizations asking them to participate.

MAY
Delphi Survey Round 1.

JULY
Delphi Survey Round 2.

NOVEMBER
Delphi Survey Round 3 (at this point segmented into 6 domains).

NOVEMBER 12
Made group call to review and discuss results of Round 3 survey.

2020

JANUARY
Reconciled January 2020 missing data where possible.

JANUARY
Delphi Survey Round 4.

FEBRUARY
Delphi Survey Round 5 (FINAL).

FEBRUARY 21 – 23
Completed data analysis and first state scoring.

FEBRUARY – DECEMBER
Score validation, study team finalized state abstracts.

2021 – 2022

JANUARY – MARCH 2021
Manuscript development.

APRIL 8, 2021
Presented to Childress Institute for Pediatric Trauma.

MAY 2021 – OCTOBER 2022
Development, writing, and editing of final report.

MAY 10, 2022
Manuscript submission to *JAMA Surgery*.

JULY 6, 2022
Accepted for publication.

SEPTEMBER 21, 2022
Manuscript published in *JAMA Surgery*.

eTABLE 2. DELPHI COMMITTEE MEMBERS

NAME	TITLE	SECTOR REPRESENTATION
Amelia Collings, MD*	General surgery resident at University of Louisville, MWPSC clinical research fellow, Louisville, KY	Pediatric trauma research
Carrieann Drenton, MD	Practicing emergency medicine physician at Sutter Medical Center, Sacramento, CA	Emergency medicine (nonacademic setting)
Mary Fallat, MD*	Professor of surgery at University of Louisville, Louisville, KY	Pediatric trauma surgeon
Peter Fischer, MD, MS	Associate professor of surgery & anesthesia at University of Tennessee Health Science Center, Memphis, TN	Adult trauma & acute care surgeon; ACS-COT representative; geomapping
Tom Hartka, MD, MS	Assistant professor of emergency medicine & assistant professor of mechanical and aerospace engineering at University of Virginia; assistant medical director, UVA Center for Applied Biomechanics; medical examiner, jurisdiction: City of Charlottesville and Albemarle County, Office of the Chief Medical Examiner	Emergency medicine (academic setting); medical examiner; biomechanics and crash research
Tiffany Lightfoot, RN, MS	State Trauma Program Coordinator for Hawaii State Department of Health, Honolulu, HI	Trauma Program Manager NASEMSO representative
Bindi Naik Mathuria, MD, MPH	Associate professor of surgery & pediatrics at Baylor College of Medicine, Houston, TX	ACS-COT Future Trauma Leaders; pediatric trauma surgeon
Terry Mullins, MPH, MBA	Chief of Arizona Department of Health Services, Bureau of EMS and Trauma, Phoenix, AZ	State EMS director
Christian Niedzwecki, DO, MS	Associate professor of physical medicine & rehabilitation at Baylor College of Medicine, Houston, TX	Pediatric rehabilitation
Katherine Remick, MD	Associate professor of pediatrics & surgery at Dell Medical School University of Texas at Austin, Austin, TX	Pediatric emergency medicine; EMS director; NPRP
Frederick Rivara, MD, MPH*	Endowed chair of pediatric research in Department of Pediatrics at the University of Washington, Seattle, WA	Pediatric and trauma research
Frederick Rogers, MD, MS, MA*	Professor of surgery at University of Pennsylvania, Philadelphia, PA	Rural trauma surgeon; trauma research
Morgan Scaggs, BHS, NRP	Kentucky EMSC project director, Versailles, KY	EMSC representative
Joey Scollan, DO	NASEMSO medical director council representative, Manchester, NH	State EMS medical director
Mary Wethington, MSN, RN, CEN, CPEN	Staff nurse at Makenna David Pediatric Emergency Center, instructor at University of Kentucky College of Nursing, Lexington, KY	Emergency Nurses Association representative; pediatric nurse

**Designates a member of the leadership team*

eTABLE 3. RESULTS FROM DELPHI SCORING

VARIABLE	ROUND 1 WEIGHTED AVERAGE	ROUND 2 WEIGHTED AVERAGE	DOMAIN OR REASON FOR REMOVAL	ROUND 4 WEIGHTED AVERAGE	ROUND 5 WEIGHTED AVERAGE
Q1. **Percentage of pediatric patients who live within 30 miles of a high-level (I or II) pediatric trauma center (data come from GAO report)**	7.43	6.6	The panel felt that access to any trauma center (adult or pediatric) was more important, and feasible, than access to specifically a high-level pediatric trauma center	-	-

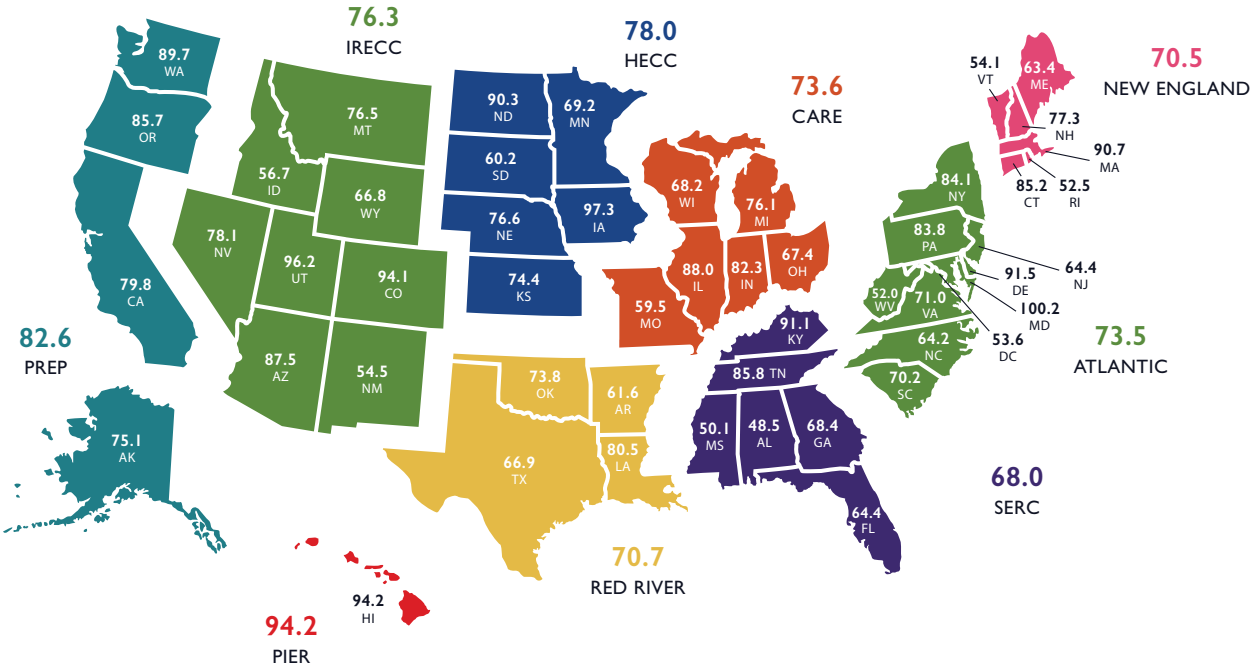
VARIABLE	ROUND 1 WEIGHTED AVERAGE	ROUND 2 WEIGHTED AVERAGE	DOMAIN OR REASON FOR REMOVAL	ROUND 4 WEIGHTED AVERAGE	ROUND 5 WEIGHTED AVERAGE
Q2. **The US GAO has provided a national report by state showing the percentages of children living in proximity to a PTC based on quartiles. The exact percentage of children living in proximity to a PTC should carry more or less weight based on quartiles (ie, 0-24.9%, 25-49.9%, etc.).**	7.36	6.58	The expert panel felt that the exact percentage was more important than percentiles	-	-
Q3. **Percentage of pediatric patients who live within 30 miles of either a high-level (I or II) pediatric or adult trauma center**	7.64	7.46	Access to care	9.08	Yes
Q4. **The US GAO has provided a national report by state showing the percentages of children living in proximity to either a high-level (I or II) adult trauma center or PTC based on quartiles. The exact percentage of children living in proximity to either a high-level (I or II) adult trauma center or PTC should carry more or less weight based on quartiles (ie, 0-24.9%, 25-49.9%, etc.)**	6.36	7.23	The expert panel felt that the exact percentage was more important than percentiles	-	-
Q5. **Percentage of pediatric patients who live within 30 miles of either a high- or mid-level (I, II, or III) pediatric or adult trauma center (ie, access to any level I-III adult or pediatric trauma center)**	7.29	6.92	Access to care	9.08	Yes
Q6. **The US GAO has provided a national report by state showing the percentages of children living in proximity to either a high- or mid-level (I, II, or III) adult trauma center or PTC based on quartiles. The exact percentage of children living in proximity to either a high- or mid-level (I, II, or III) adult trauma center or PTC should carry more or less weight based on quartiles (i.e. 0-24.9%, 25-49.9%, etc.)**	6.93	6.85	The expert panel felt that the exact percentage was more important than percentiles	-	-
Q7. **There is state legislation for trauma system development**	9	8.86	Legislation and funding	8.15	Yes
Q8. **Legislation, if present, specifically addresses injured children and includes rules regarding the specific needs of injured children—ie, staff education, equipment**	8.42	7.07	The panel felt that pediatric needs would be addressed in legislation or by satisfying the other metrics in the legislation domain	-	-
Q9. **State agencies, health department, or the trauma system participate in organized injury prevention efforts for children**	8.93	7.5	Injury prevention and recognition	8.08	Yes
Q10. **State disaster plan includes children**	9.36	9.64	Disaster	8.77	Yes
Q11. **State holds mass casualty drills that include children**	7.79	7.64	Disaster	8.77	Yes
Q12. **Mass casualty drills include facilities planning for transfer of children to accommodate surge**	8.5	8.86	Disaster	8.77	Yes
Q13. **Mass casualty drills include both a process for identifying children to be moved and verifying facilities receiving children as having appropriate resources to provide optimal care**	8.14	8.93	Disaster	8.77	Yes
Q14. **State trauma system planning, simulation, and modeling includes children**	8.79	8.5	Legislation and funding	8.15	Yes
Q15. **State has enabling legislation to designate pediatric trauma centers**	7.36	8.36	Legislation and funding	8.15	Yes

VARIABLE	ROUND 1 WEIGHTED AVERAGE	ROUND 2 WEIGHTED AVERAGE	DOMAIN OR REASON FOR REMOVAL	ROUND 4 WEIGHTED AVERAGE	ROUND 5 WEIGHTED AVERAGE
Q16. **State has an EMS patient triage or destination determination protocol (eg, Guidelines for Field Triage of Injured Patients) for injured children (nearest hospital versus appropriate trauma center)**	8.14	8	Access to care	9.08	Yes
Q17. **State-based trauma registry (TR) includes data on pediatric trauma patients**	9.85	9.21	The expert panel felt that by publicly reporting trauma data that includes children (Q21), this metric would be satisfied and thus redundant	-	-
Q18. **Trauma registry data in the state are used for children's performance improvement (PI) and are evaluated separately from adults**	7.79	8.14	Quality improvement and trauma registry	8.77	Yes
Q19. **A fraction of statewide budgeted funds is specifically dedicated to pediatric needs or interests**	7	7.57	Legislation and funding	8.15	Yes
Q20. **There is mandatory pediatric representation on your state trauma advisory council**	8.57	8.93	Legislation and funding	8.15	Yes
Q21. **State publicly reports trauma data that include children**	8.43	8.21	Quality improvement and trauma registry	8.77	Yes
Q22. **State pediatric EMS data are used for EMS service or system PI and are evaluated separately from adults**	7.29	8.07	Quality improvement and trauma registry	8.77	Yes
Q23. **Hospitals in the state, in general, use as low as reasonably achievable (ALARA) guidelines for radiographic imaging**	7.36	7.43	Pediatric readiness	8.77	Yes
Q24. **All levels of trauma center (adult, pediatric, and mixed) have education programs for their staff that include recognition of child abuse**	8.43	8.5	Injury prevention and recognition	8.08	Yes
Q25. **State legislation is in place to review all child fatalities due to injury, including child abuse**	8	8.29	Injury prevention and recognition	8.08	Yes
Q26. **Some hospitals in the state use telemedicine for communication with pediatric trauma centers, including review of patient charts and images, to determine the need for and assistance with transfer.**	6.6	6.5	The weighted average fell below the set threshold of 7.0 and thus was eliminated	-	-
Q27. **State has burn beds available for children**	7.29	6.93	Access to care	9.08	Yes
Q28. **State has inpatient rehabilitation beds available for children under 14 years old in a pediatric rehabilitation unit (the unit can be within a rehabilitation facility but is specifically designated for children)**	7.21	7.57	Access to care	9.08	Yes
Q29. **Rehabilitation facilities use CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation for pediatric rehabilitation**	6.79	6.5	The weighted average fell below the set threshold of 7.0 and thus was eliminated	-	-
Q30. **State requires transfer guidelines and defined processes/protocols be in place at each hospital**	7.71	8.29	Pediatric readiness	8.77	Yes

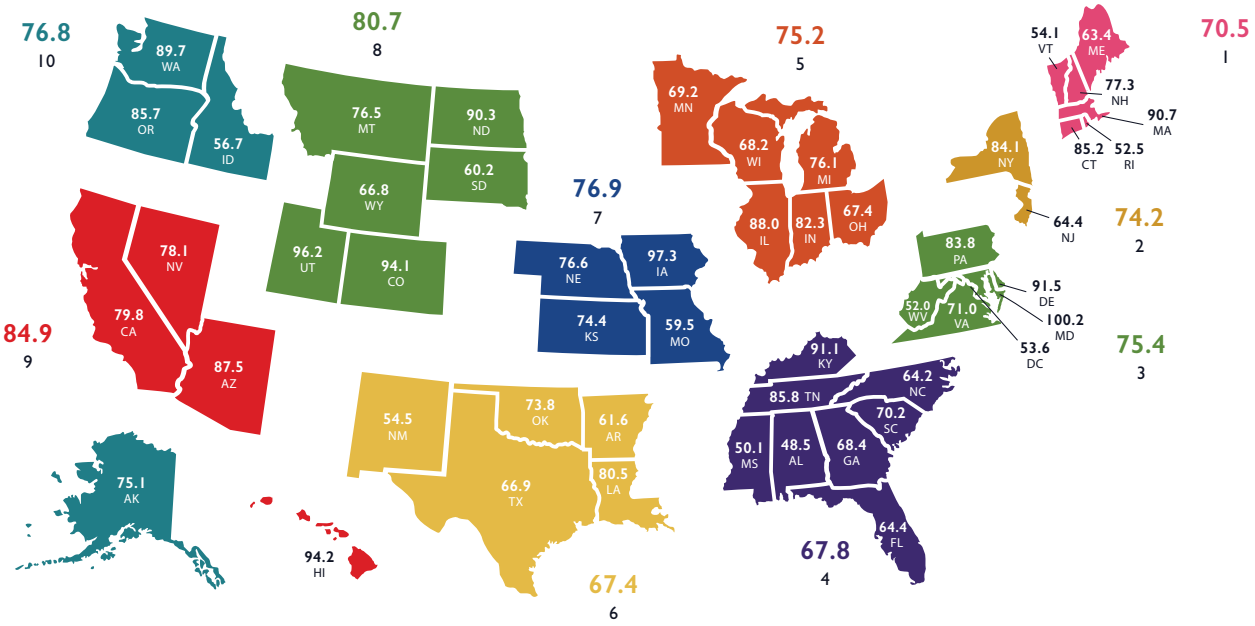
eTABLE 4. STATES WITHOUT SPECIFIC PEDIATRIC TRAUMA SYSTEM ASSESSMENT SCORE (PTSAS) PARAMETER

DOMAIN	PARAMETER	STATES NOT IN COMPLIANCE WITH PTSAS PARAMETER
Disaster	State disaster plan includes children	AL, FL, ME, MI, MN, MS, MO, MT, NH, NJ, NC, OH, SC, TX, WV
	State holds mass casualty drills that include children	AL, FL, MI, NC, SC, VA, WV
	Mass casualty drills include facilities planning for transfer of children to accommodate surge	AL, CA, FL, GA, ID, KS, ME, MS, MO, NE, NV, NH, NJ, NY, OH, OR, PA, SC, VA, WV, WY
	Mass casualty drills include both a process for identifying children to be moved and verifying facilities receiving children as having appropriate resources to provide optimal care	-
Legislation and funding	There is state legislation for trauma system development	DC, VT
	There is mandatory pediatric representation on your state trauma advisory council	AL, AZ, AR, GA, ID, IL, KS, MA, MI, MS, MO, NV
	State trauma legislation specifically addresses injured children and includes planning, simulation, and modeling	AL, CA, CO, FL, ID, ME, MN, MO, MT, NM, OR, PA, RI, SC, SD, VT, WV, WI, WY
	State has enabling legislation to designate pediatric trauma centers	AL, CA, DC, KS, ME, MT, NM, NC, ND, OK, OR, RI, SD, TN, TX, VT, WV, WY
	There are state funds designated for pediatric trauma care	AL, CO, DC, DE, FL, GA, ID, IL, IN, IA, LA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, RI, SC, SD, TX, VT, WV, WY
Access to care	State has an EMS patient triage or destination determination protocol (eg, Guidelines for Field Triage of Injured Patients) for injured children (nearest hospital versus appropriate trauma center)	AL, AK, AZ, AR, CA, DC, GA, ID, IN, KS, KY, ME, MT, NE, NC, ND, OH, OR, RI, SD, UT, VT, VA, WI, WY
	State has access to inpatient rehabilitation beds available for children under 14 years old in a pediatric rehabilitation unit (the unit can be within a rehabilitation facility but is specifically designated for children)	AK, ID, RI, WY
	State has access to burn beds available for children	CT, MS, NE, NJ, NY, PA, SD, VT, WV, WY
	Majority (>50%) of pediatric patients that live within 30 miles of either a high-level (I or II) pediatric or adult trauma center	AK, AR, MT, NM, SD, WY
	Majority (>50%) of pediatric patients that live within 30 miles of either a high- or mid-level (I, II, or III) pediatric or adult trauma center	AK
Injury prevention and recognition	State legislation is in place to review all child fatalities due to injury, including child abuse	ID, MI, MN, MS, MO, NH, NM, NY, RI, WI
	All levels of trauma center (adult, pediatric, or mixed) have education programs for their staff that include recognition of child abuse	AZ, AR, DC, MN, NM, WA, WV, WI
	State agencies, health department, or the trauma system lead efforts in organized injury prevention for children	MS
Quality improvement and trauma registry	Summary data from state-based trauma registry are publicly reported and include pediatric trauma patients	AR, DC, DE, FL, GA, ID, LA, ME, MI, NJ, NM, NC, RI, SD, TX, VT, VA, WV
	Trauma registry data in the state are used for children's performance improvement (PI) and are evaluated separately from adults	AL, AR, CA, DC, ID, IL, IN, ME, MS, MT, NE, NJ, NM, NC, OK, RI, TX, VT, VA, WI, WV, WY
	State pediatric EMS data are used for EMS service or system PI and are evaluated separately from adults	AL, AK, CT, DC, GA, ID, KS, LA, NV, NJ, PA, SC, SD, TN, VA, WI
Pediatric readiness	The state measures pediatric readiness of its emergency departments	AL, CT, FL, GA, HI, ME, MA, MS, MO, NV, NM, NC, OH, OK, TN, TX
	State requires transfer guidelines and defined processes/protocols be in place at each hospital	AK, AR, DC, KS, LA, MN, MO, NE, NH, OH, RI, SC, SD, VT, WV
	Hospitals in the state, in general, use as low as reasonably achievable (ALARA) guidelines for radiographic imaging	AL, FL, IN, KY, MI, MS, MO, NM, OH, OK, RI, TX, VT, WA, DC

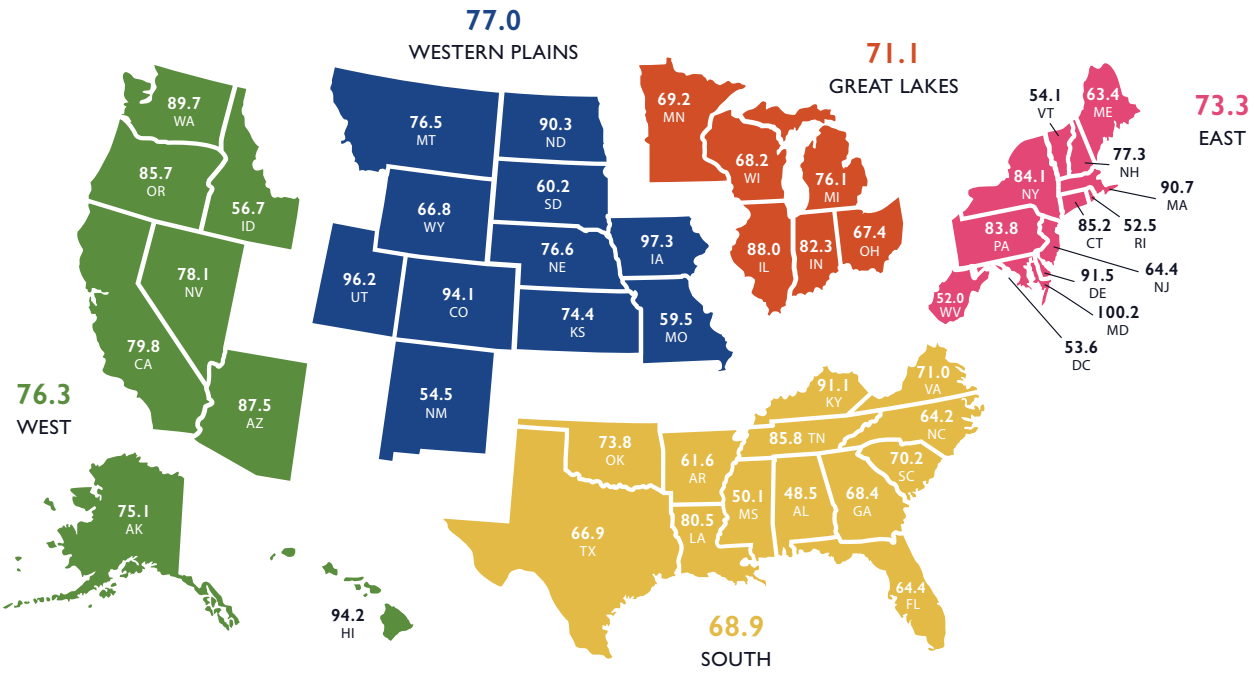
eFIGURE 2. REGIONALIZATION SCHEMAS WITH MEAN PEDIATRIC TRAUMA SYSTEM ASSESSMENT SCORE (PTSAS) BY REGION



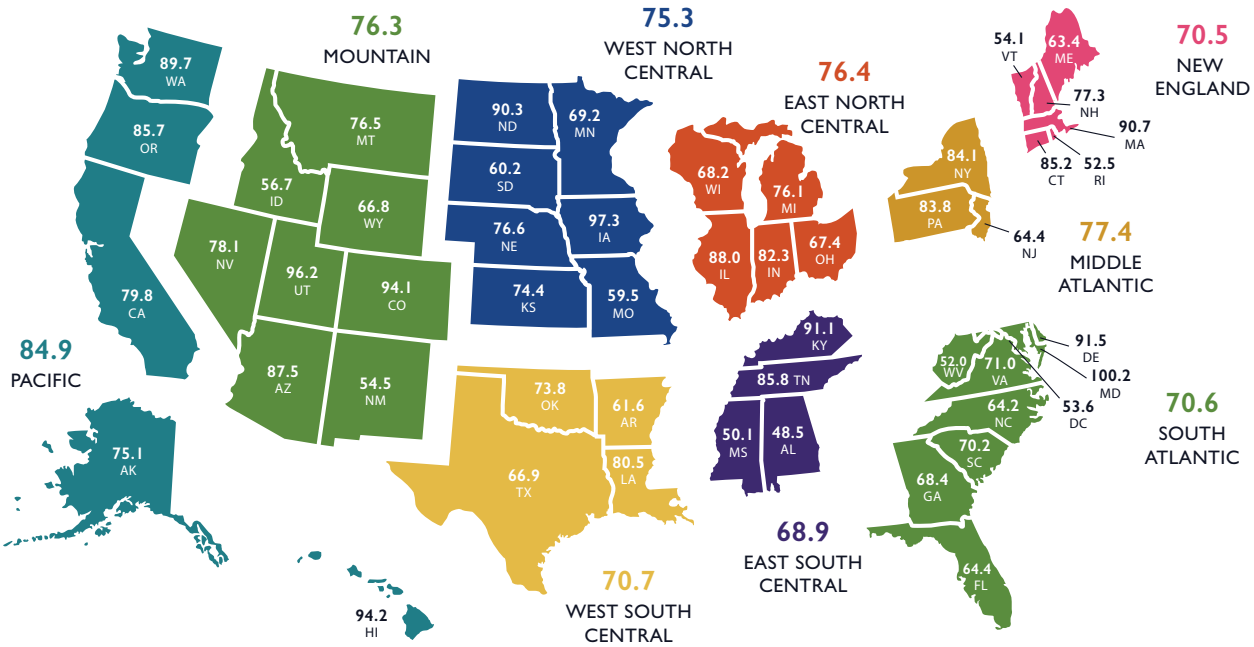
A. EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)



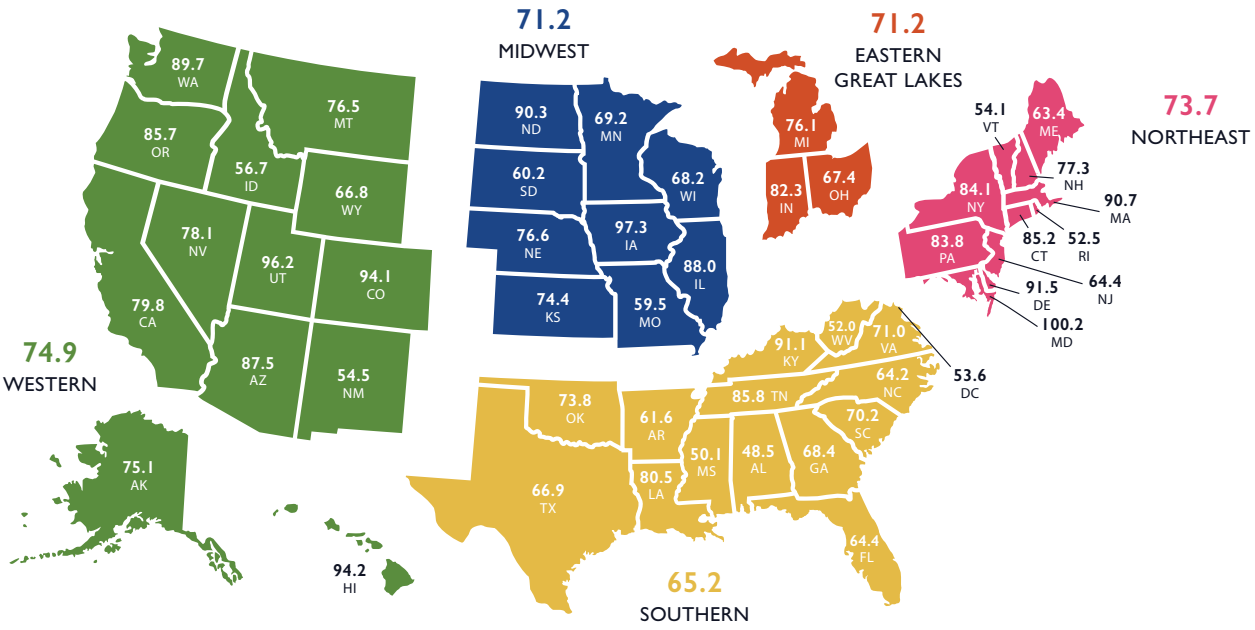
B. AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA (ACS-COT)



C. NATIONAL ASSOCIATION OF STATE EMS OFFICIALS (NASEMSO)



D. UNITED STATES CENSUS BUREAU



E. AMERICAN BURN ASSOCIATION (ABA)

SURVEY QUESTIONS & DATA

This section represents the summary results of our survey to obtain the most current information each state had regarding children's interests within their state trauma system. The survey results were provided by state officials and the study team provided missing data if available on a public website. This section provides a national snapshot. Each state's individual results are outlined in the State Abstracts section at the back of this report. The NASEMSO report was published in 2016 based on a questionnaire that was administered in 2015. Our data may be as current as 2022 and include additional questions pertinent to children. In this summary, we have provided relevant historic data from NASEMSO as well as more recent data if updated by our survey. States that did not respond to the NASEMSO survey but responded to ours or provided more current information are depicted on the comparison maps in this section.

We have faithfully followed the order of questions in the state abstract. This section provides more detailed information than could be included in the manuscript (see project manuscript section). If a state did not respond to a question and the study team was able to look up and interpret the answer, the state was removed from the non-responder list in the corresponding results. Original questions 32 and 46 were felt to be duplicative of information elsewhere in the survey and were not included in the final report. Original questions 60 and 61 asked for average pediatric readiness scores in state trauma centers, and this information was not publicly available and was answered by only a few EMSC program managers who took the time to compile the results. The questions on inpatient adult rehabilitation (questions 81 and 82) are presented only in the abstract. Similarly, questions 83-85 addressing outpatient pediatric rehabilitation are presented only in the abstract. It is possible to go online and find resources described for outpatient pediatric rehab services in most states, but who provides the services, what they are, and the training of the providers are not typically described and may or may not represent true pediatric-specific services.

Q1 State population as of 2017

Q2 State population of people ages under 18 as of 2017

State US census data from 2017 was used to get the state population and the pediatric population, defined as age 18 years and under. Please refer to each state abstract.

State Population by Characteristics: 2010-2019 (www.bit.ly/3rpmQDs)

Q3-Q12 Children < 18 years living in proximity to a trauma center

A bipartisan pediatric trauma caucus in District of Columbia asked the General Accountability Office (GAO) to provide a report on the status of pediatric trauma care in the US.

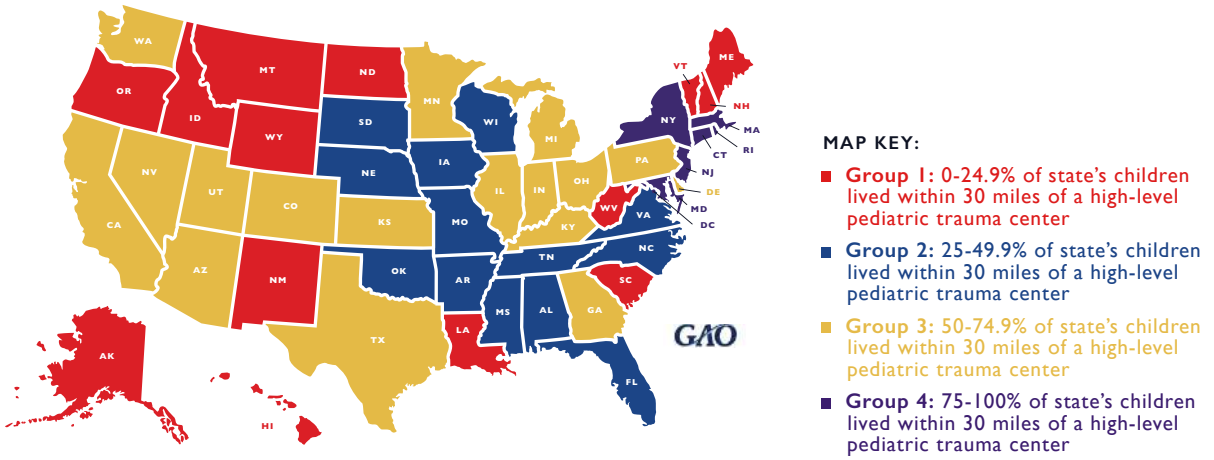
The report examines:

- What is known about the availability of trauma centers for children
- Outcomes for children treated at different types of facilities (ie, adult or pediatric and by level of trauma center)
- How federal agencies are involved in supporting pediatric trauma care
- How federal support is coordinated

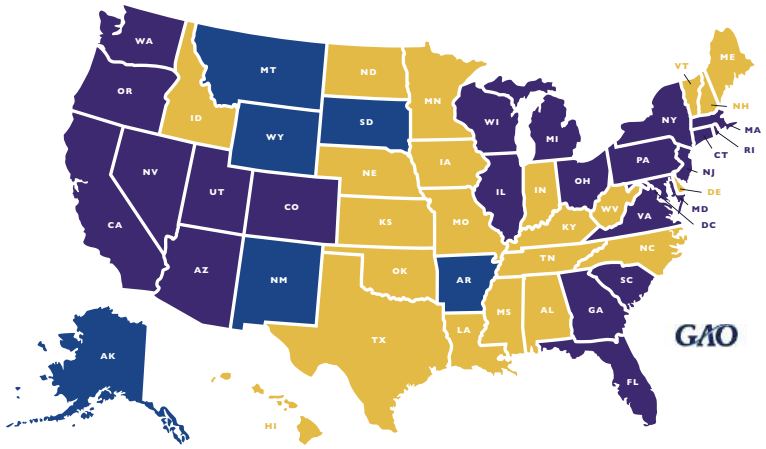
GAO analyzed data on the number of pediatric and adult trauma centers in the United States relative to the pediatric population under 18 years. The agency used 2015 data on trauma centers from the American Trauma Society's Trauma Information Exchange Program and 5-year population estimates for 2011-2015 from the US Census Bureau's American Community Survey, which were the latest available data at the time of GAO's analysis.

GAO reviewed existing peer-reviewed, academic literature on outcomes for pediatric trauma patients, interviewed stakeholder group representatives and federal agency officials involved in activities related to hospital-based pediatric trauma care, and reviewed available agency documentation.

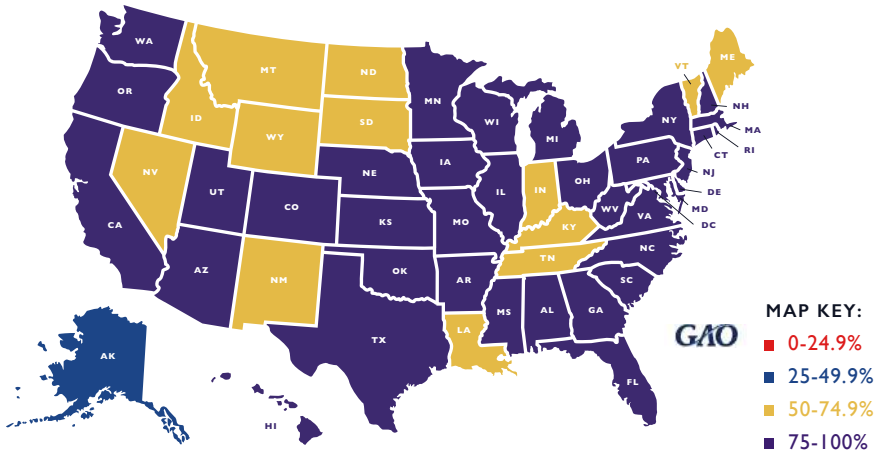
The included figures are from the report. Questions 7-8 and 10-11 are included also in the PTSAS.



Estimated percentage of state's children who lived within 30 miles of a high-level pediatric trauma center, 2011-2015 results: ***Group 1:*** *15 states, 393628 children within 30 miles, 8 states with no children within 30 miles;* ***Group 2:*** *12 states, 6.7 million children within 30 miles;* ***Group 3:*** *17 states, 26.1 million children within 30 miles;* ***Group 4:*** *7 states, 8.8 million children within 30 miles, 4 states with 90% or more children within 30 miles*



Estimated percentage of state's children who lived within 30 miles of a high-level (I or II) adult or pediatric trauma center, 2011-2015 results



Estimated percentage of state's children who lived within 30 miles of a high- or mid-level (I, II, or III) adult or pediatric trauma center, 2011-2015 results

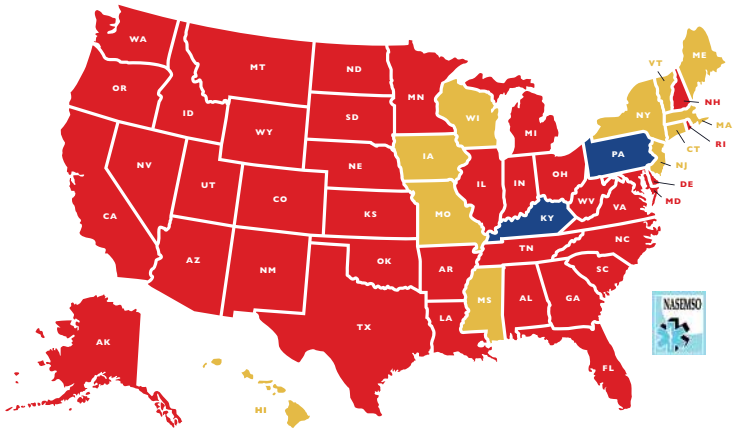
GAO-17-334, Pediatric Trauma Centers: Availability, Outcomes, and Federal Support Related to Pediatric Trauma Care *(www.bit.ly/3iY5Ctl)*

Q13 Does the state have trauma system legislation?

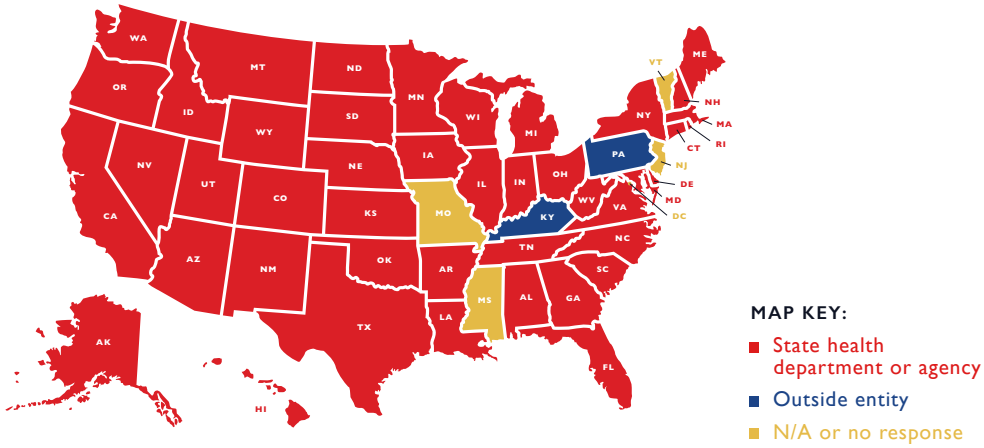
All but the District of Columbia and Vermont have state trauma system legislation. The District of Columbia is unique since it is not a state, but it does have an ordinance that covers the DC trauma system and is within the purview of the Director of DC Health.

Q14 Where is your office "administratively" located?

In 2015, State Health Departments were recognized as the administrative "home" for 80% of state trauma programs; 15% reported administrative support from another state agency, and 4% were located in a non-governmental entity such as a state hospital association or foundation. In 2019, 86.3% of state trauma programs were administratively located in state health departments, 3.9% in a non-governmental entity.



NASEMSO Question 7 Results: *Non-responders: 22%*



PTSAS Question 14 Results: *Non-responders: 9.8% (DC, MS, MO, NJ, VT)*

Q15 Does the state have a trauma system funding source(s)?

There are a variety of ways that states are funded for trauma care, but there is no one repository. Our information was gathered from several sources, including a 2016 NASEMSO report and more recent self-reported data from state officials. We compared our information to a recent reference by Lin et al. and there was congruence between the NASEMSO report and the article, but our data were more current due to direct communication with state officials.

FUNDING SOURCES*	STATES
State-based trauma fund	AL, CA, ID, IN, NM, OR
General fund appropriations	AL, AR, CA, CT, KY, LA, MN, MO, NM, ND, PA, SC, SD, TN, WV, WI, WY
Tobacco tax	AZ, AR, HI, MS, OK, TN, TX
Traffic violations/vehicle tax	CA, CO, CT, FL, GA, IL, KS, MS, OH, OK, PA, TX, VA, WA
Other	AK, AZ, CO, FL, ID, IA, ME, MD, MA, MI, MN, NE, OH, TX, UT
No funding sources	DE, NV, NH, NJ, NY, NC, RI, VT
Not answered	DC

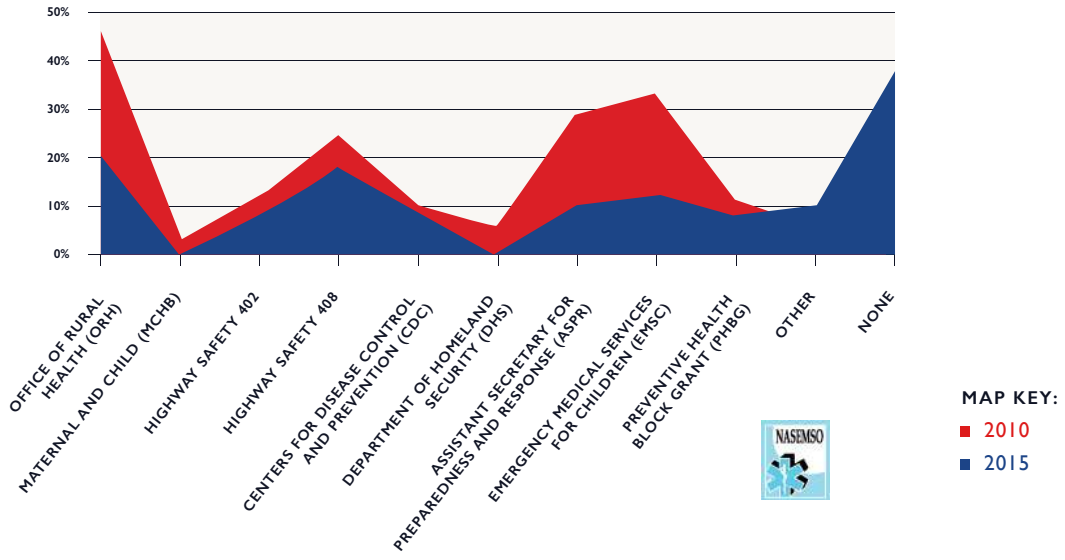
**Some states have more than one funding source.*

Lin S, Johnson C, Opelka F, Liepert A. Trauma system funding: implications for the surgeon health policy advocate. *Trauma Surg Acute Care Open.* 2020;5(1):e000615. doi: 10.1136/tsaco-2020-000615

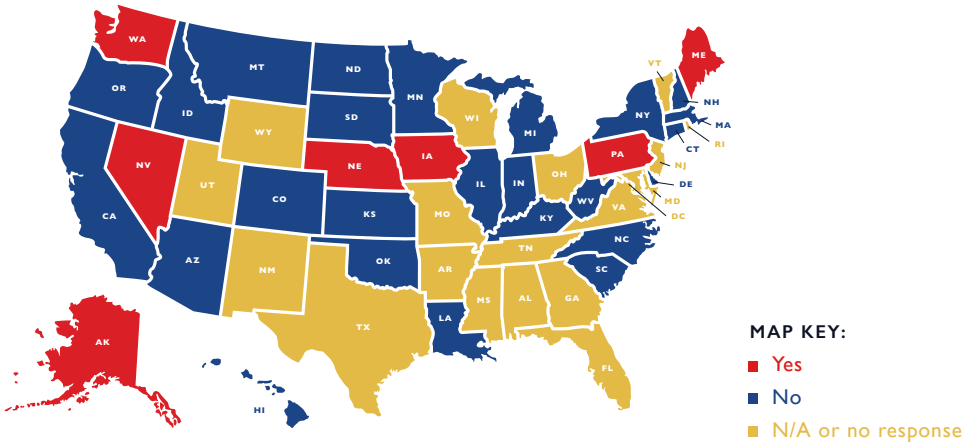
Q16 Does the state trauma system receive federal funds?

This question had a high percentage of non-responders to our survey, perhaps due to the complexity of the question. The interpretation of the NASEMSO question in 2010 and 2015 may have been confusing as each of these federal programs have a specific budget, and the person filling out the survey would have needed to look at each budget for its appropriation for trauma care. For example, every state has an EMSC program. Therefore, a state would have needed to specifically budget a portion of their EMSC funds toward pediatric trauma care if they answered yes to this question, and the decrease in funding reflected in the graph suggests much less of the collective federal EMSC budget was being devoted to trauma care in 2015 compared to 2010.

In 2010, 36% of respondents reported they received no federal monies from any source. In 2015, 39% of respondents suffered serious decline in the level of federal funding. We do not know the number of non-respondents as this was not available in the NASEMSO survey. The graph below illustrates the decline of federal funding opportunities and the shift to reliance on state-generated revenues to support trauma care. NASEMSO provided granular details of federal funding for trauma care. We simply asked if the state received federal funds for trauma care. A total of 21.9% responding states reported receiving any type of federal funding. There were 22 states that did not respond. For more detail on each state, see the state abstracts section.



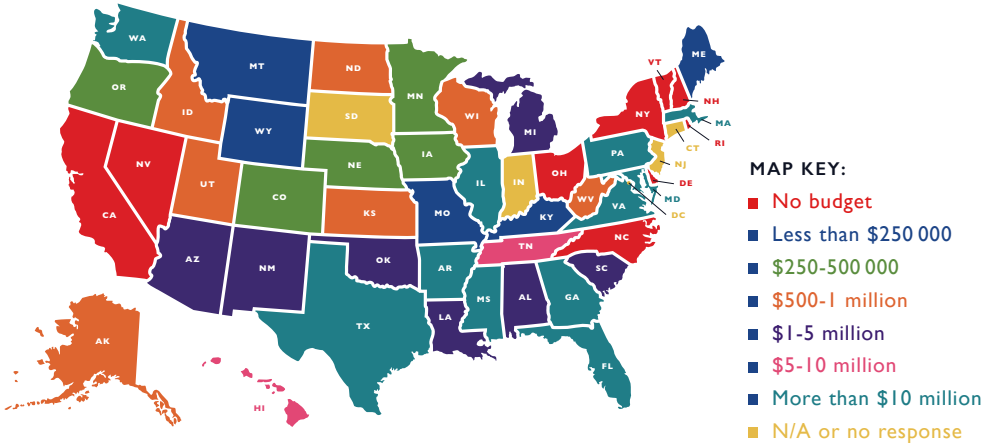
NASEMSO Question 18 Results: *Non-responders: Unknown*



PTSAS Question 16 Results: *Non-responders: 22 States*

Q17 Is there an annual budget for the trauma system?

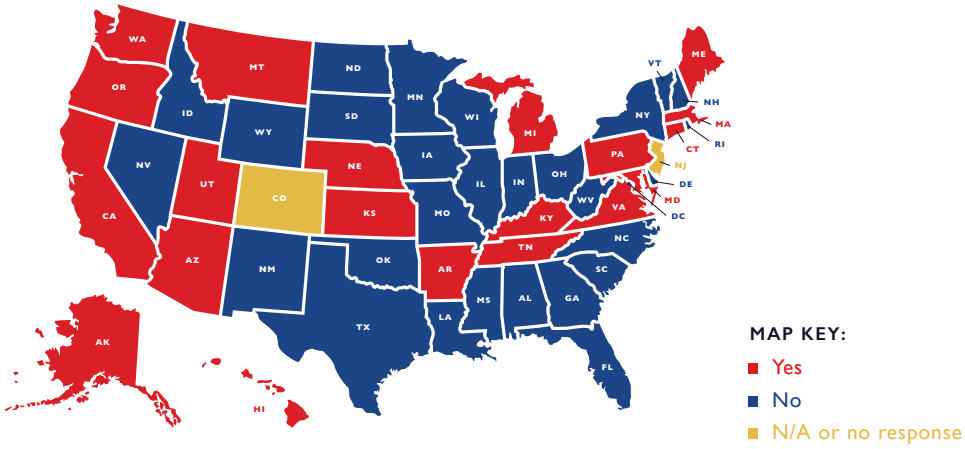
For this question we asked for an amount using free text and summarized it as a range in the adjacent map. Nearly a quarter of states have no budget or a budget of less than $250 000.



PTSAS Question 17 Results

Q18 Are any funds specifically for pediatric needs?

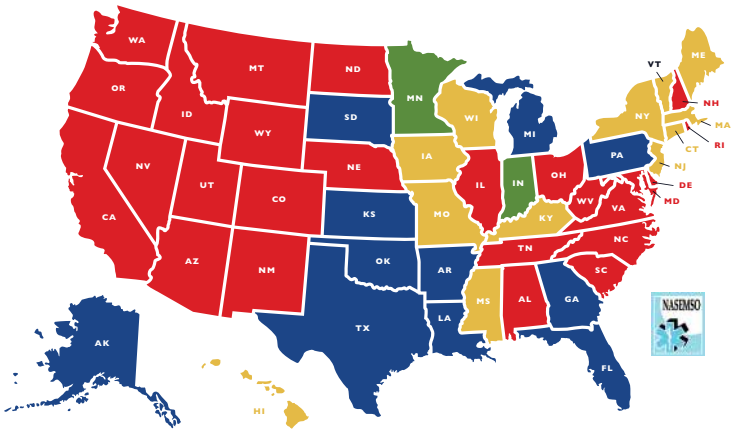
This question was included in the PTSAS. The majority of states have no funding designated for pediatric trauma care.



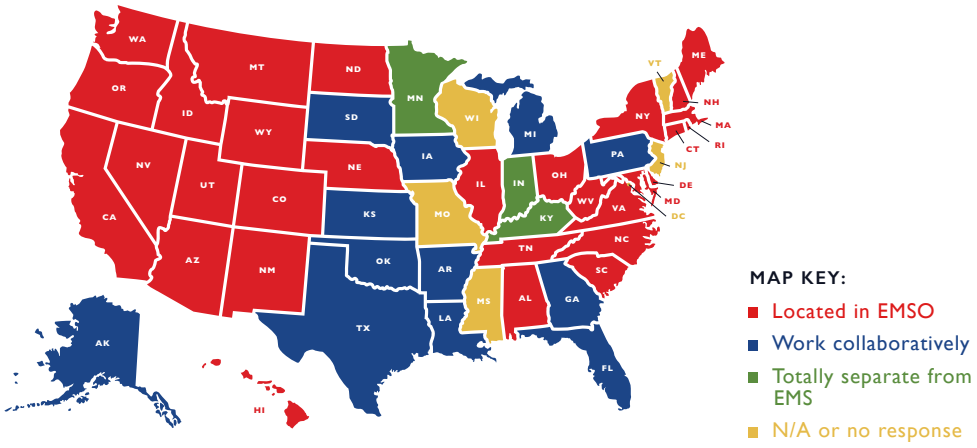
PTSAS Question 18 Results

Q19 Is there trauma program accountability to the state EMS office (EMSO)?

States assumed a primary role in trauma system development following the release of federal guidance documents in 2004 and 2006. Over the next several years, federal support and funding for trauma system development dwindled, and responsibility for trauma system integration largely shifted to the states. We were able to obtain a few more responses compared with 2015 and the majority of trauma programs are located in the state EMS office.



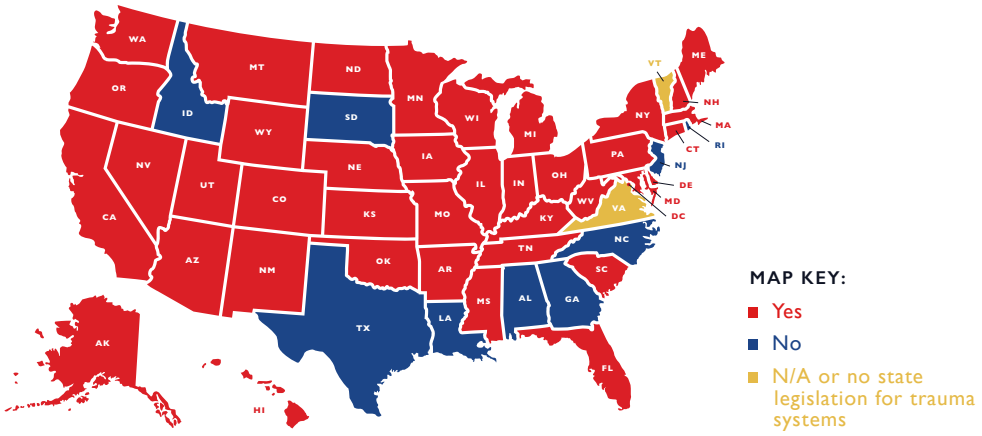
NASEMSO Question 8 Results: *Non-responders: 24%*



PTSAS Question 19 Results: *Non-responders: 11.8% (DC, MS, MO, NJ, VT*, WI)*
**Does not have a trauma system*

Q20 Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?

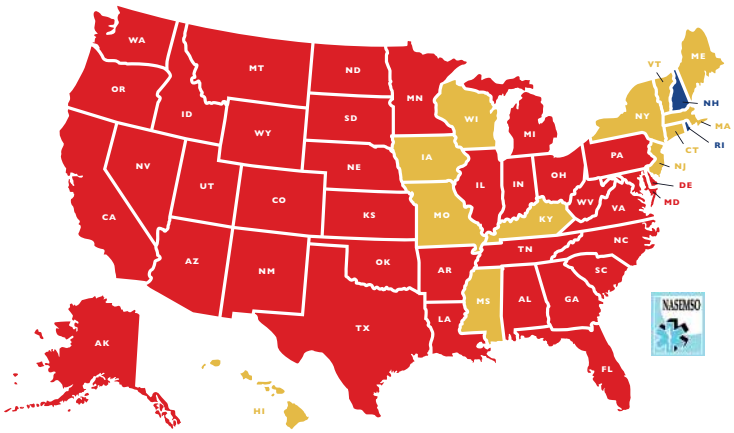
This was a question unique to our survey. If the state did not answer, this question was verified by the study team by examining state trauma system statutes for language addressing pediatric trauma care needs. Vermont does not have trauma system legislation. The District of Columbia has a municipal ordinance that incorporates a trauma system and includes children's interests. Ten additional states do not recognize children in their state statute: Alabama, Georgia, Idaho, Louisiana, New Jersey, North Carolina, Rhode Island, South Dakota, Texas, Virginia.



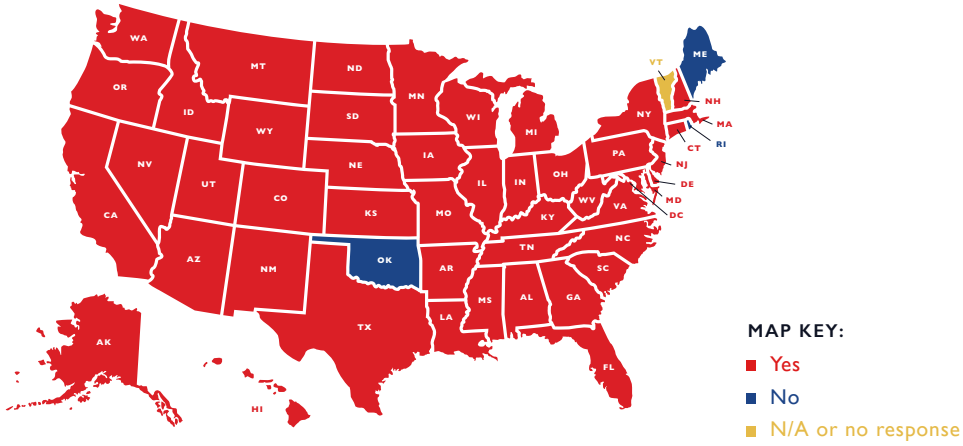
PTSAS Question 20 Results

Q21 Does the state have enabling legislation to designate trauma centers?

Thirty-six states (90% of respondents) at the time of the NASEMSO report (2015) had legislative authority (enabling legislation and rules) to designate trauma centers. We updated this information and 46 states and the District of Columbia (DC) now have this authority. In DC, the Director of DC Health has the authority to designate trauma centers.



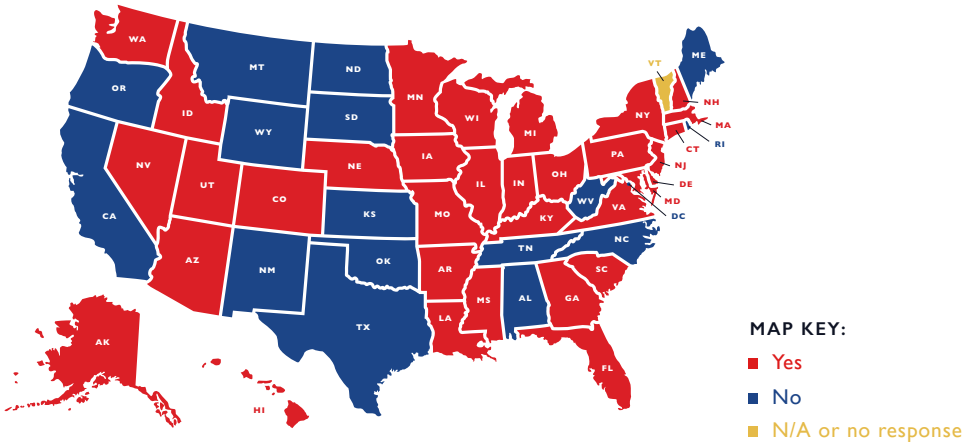
NASEMSO Question 20 Results: *Non-responders: 22%*



PTSAS Question 21 Results: *Non-responders: 1.9% (VT*)*
**Does not have a trauma system*

Q22 Does the state have legislation to designate pediatric trauma centers?

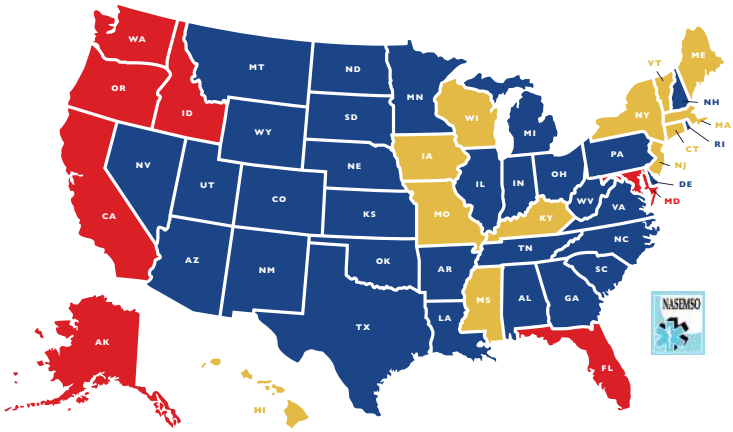
This question is unique to our survey, and 33 states have specific language that enables designation of pediatric trauma centers. The District of Columbia enables designation of pediatric trauma centers by municipal ordinance.



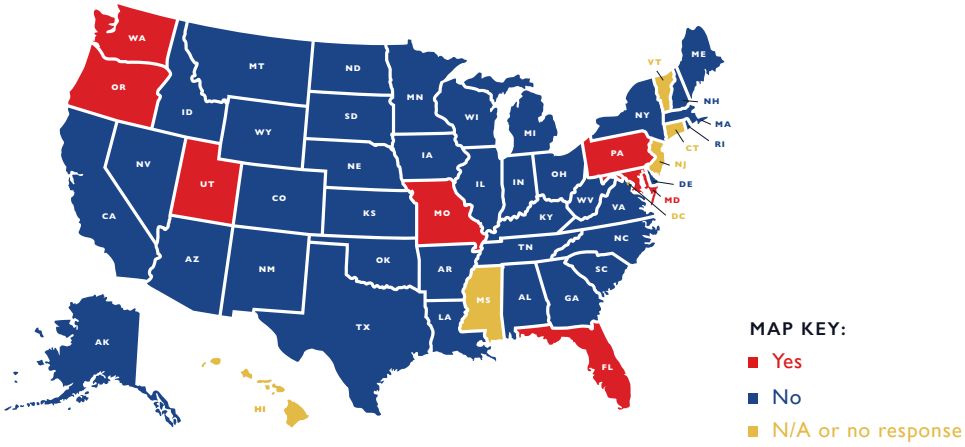
PTSAS Question 22 Results

Q23 Does the state have regulatory authority to limit the number of trauma centers?

Only 8 states had legislative authority in 2015 to limit the number or location of trauma centers. There are still 8 states with legislative authority to limit trauma centers, but they are not all the same states as in 2015.



NASEMSO Question 22 Results: *Non-responders: 24%*

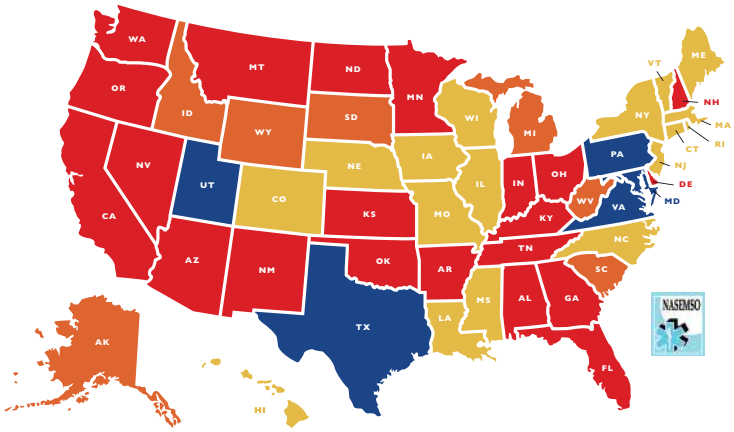


PTSAS Question 23 Results: *Non-responders: 7.8% (CT, DC, HI, VT)*

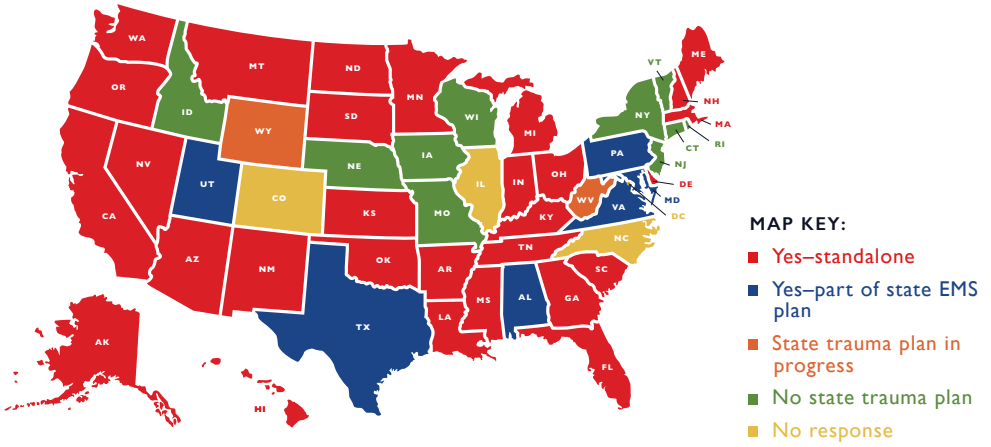
Q24 Does your state have a state trauma plan?

Fifty percent of respondents indicated the availability of a state trauma plan in 2015. An additional 13% of respondents reported that trauma is integrated into the state EMS plan while 14% reported that the development of a state trauma plan was in progress. Eighteen percent of respondents reported not having a state trauma plan. Overall, the use of state trauma plans had increased 17% since 2010.

We asked only if the state had a trauma plan in place. We had a response rate of over 88%. Of 18 states that either did not answer or did not have a trauma plan in 2015, 5 states now have a plan. Although DC mentions a trauma plan in public information, we were unable to locate a specific document outlining a plan other than designation of trauma centers, and state officials did not answer this question.



NASEMSO Question 34 Results: *Non-responders: 34%*

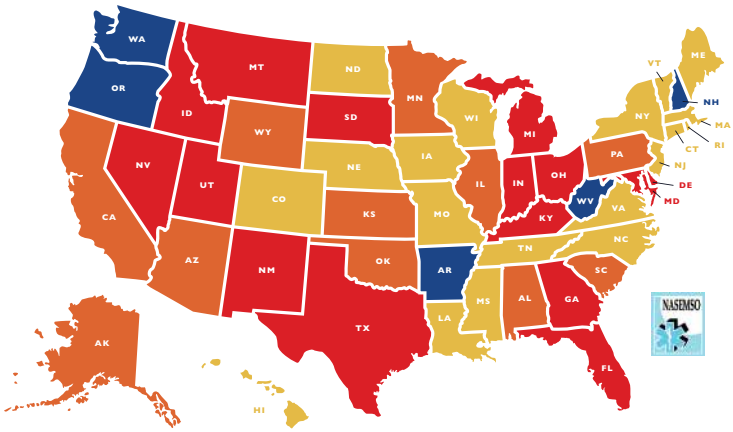


PTSAS Question 24 Results: *Non-responders: 7.8% (CO, DC, IL, NC)*

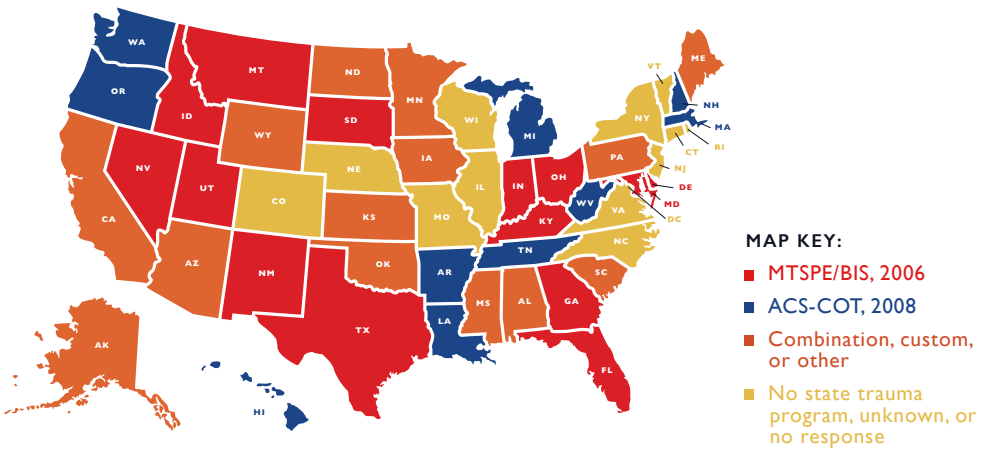
Q25 What is the basis for the state trauma plan?

In 2015, 42% of respondents used the Model Trauma System Planning and Evaluation (MTSPE) and companion Benchmark Indicator and Scoring (BIS) assessment, last revised by HRSA in 2006, as the basis for their state trauma plan. Twenty-one percent of respondents utilized the American College of Surgeons Committee on Trauma (ACS-COT) "Regional Trauma Systems: Optimal Elements, Integration and Assessment" 2008 guidance document as the basis for the state trauma plan. Twenty-nine percent of respondents reported using a combination or custom approach to their state trauma plan. Using the MTSPE and BIS assessment in state trauma plans appeared to have decreased by 37%, in part because the tools had not been updated in over 10 years. Twenty-nine percent of respondents were using a combination of documents, including plans from other states as models for state trauma planning.

We asked a similar question and had a response rate of 74.5% compared with the NASEMSO response rate of 62%. Of the states that have now responded, Hawaii, Louisiana, Massachusetts, and Tennessee adopted the ACS-COT plan and Iowa, Maine, Mississippi, and North Dakota use a combined plan. Michigan changed from an MTSPE/BIS based plan in 2015 to an ACS-COT based plan in 2019.



NASEMSO Question 35 Results: *Non-responders: 38%*

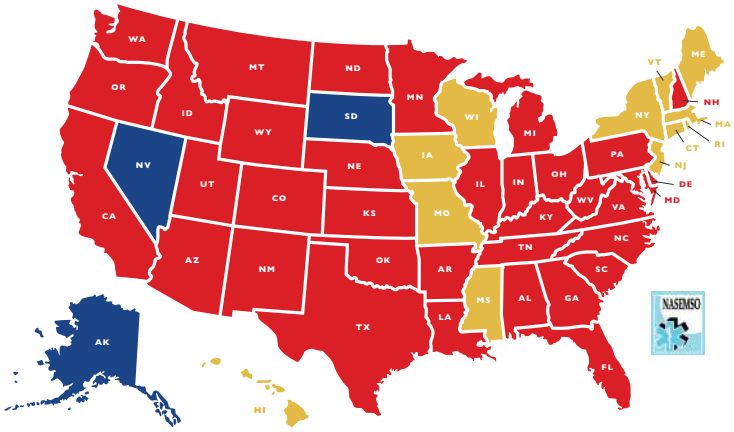


PTSAS Question 25 Results: *Non-responders: 25.5% (CO, CT, DC, IL, MO, NE, NJ, NY, NC, RI, VT, VA, WI)*

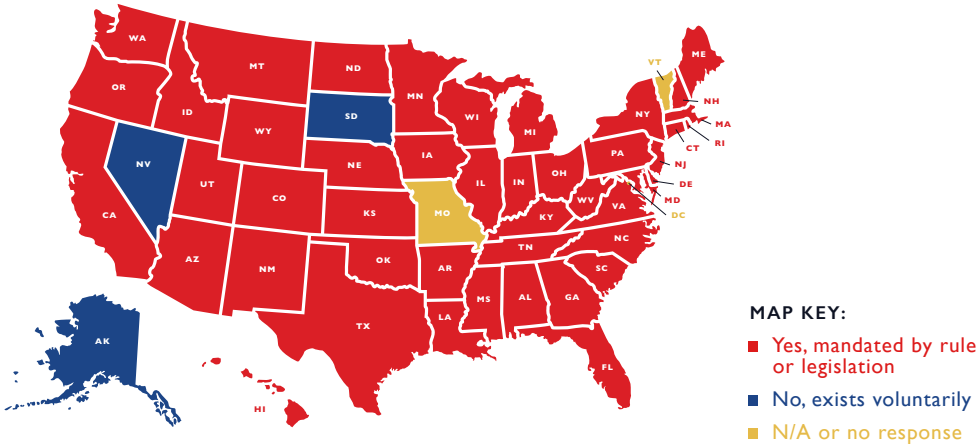
Q26 Is there a statewide trauma advisory committee (TAC)?

Eighty-nine percent of respondents (n = 34) had a statewide stakeholder group (ie, board or advisory committee) with a special interest in trauma system policy that was mandated by law or legislation in 2015. Another 8% of respondents (n = 3) noted this entity existed on a voluntary basis, and only 1 respondent indicated this body didn't exist in the state.

In 2019, we had 3 non-responders and 1 does not have a trauma system (Vermont). Missouri did not respond and we were unable to find information on their state website. Alaska, Nevada, and South Dakota have a voluntary TAC.



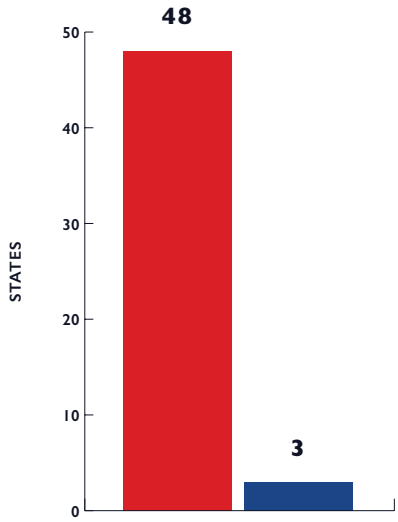
NASEMSO Question 37 Results: *Non-responders: 24%*



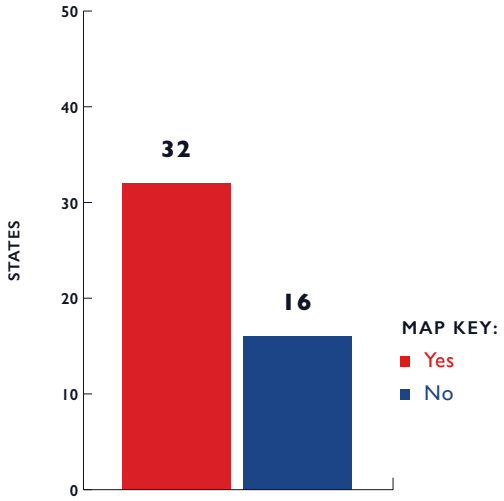
PTSAS Question 26 Results: *Non-responders: 5.9% (DC, MO, VT)*

Q27 If yes, is there pediatric representation on the statewide TAC?

While an individual representative may be from a pediatric discipline, there was no requirement for a formal pediatric representative listed in the statute in the following states: Alabama, Arizona, Arkansas, Georgia, Idaho, Illinois, Kansas, Maine, Massachusetts, Michigan, Mississippi, New Jersey, Oklahoma, Pennsylvania, Rhode Island, and Wisconsin.



PTSAS Question 27 Statewide TAC Results:
States without TAC: DC, MO, VT

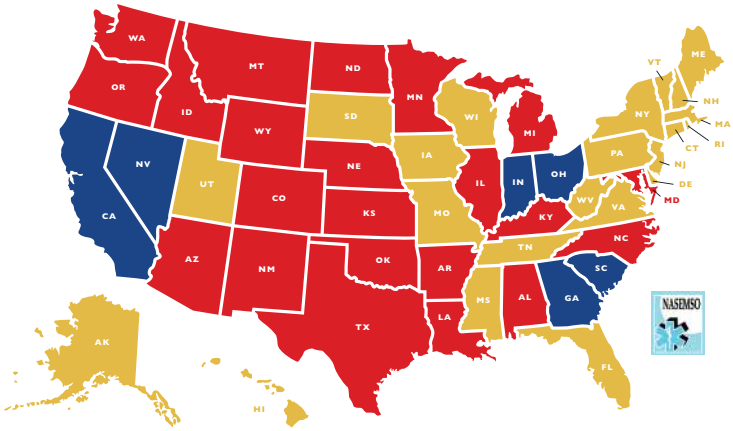


PTSAS Question 27 Pediatric Representation Results

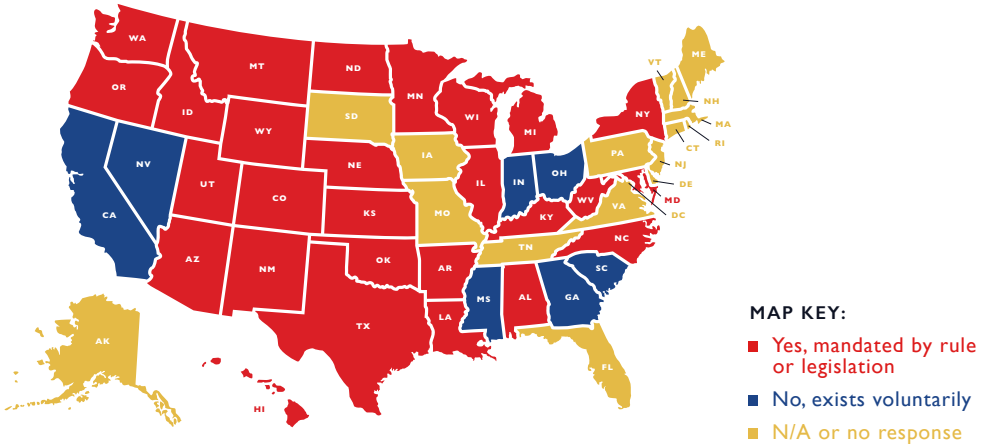
Q28 Are there regional TACs?

Fifty-three percent of respondents (n = 20) had a regional advisory group that was mandated by law or legislation in 2015; another 18% (n = 7) reported a voluntary group and 29% of respondents (n = 11) did not have a regional stakeholder group for trauma.

In 2019, Hawaii, New York, Utah, and Wisconsin developed a mandatory regional TAC system from either no system or non-respondent in 2015. Mississippi went to a voluntary regional TAC system. Iowa and Massachusetts do not have a regional TAC system.



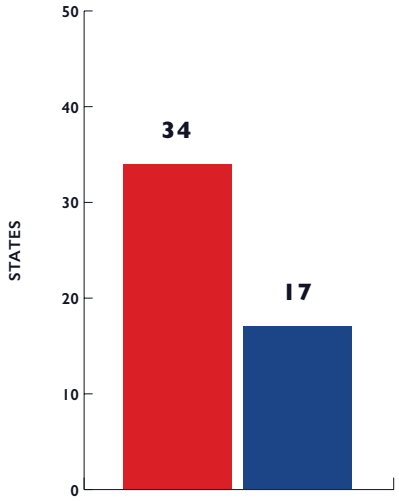
NASEMSO Question 38 Results: *Non-responders: 44%*



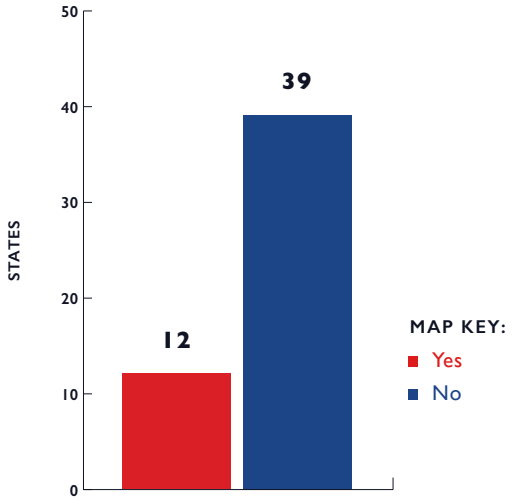
PTSAS Question 28 Results: *Non-responders: 33.3% (CT, DE, DC, FL, IA, ME, MA, MI, MO, NH, NJ, PA, RI, SD, TN, VT, VA)**
**Could represent no or NR*

Q29 If yes, is there pediatric representation on the regional TAC?

There are 12 states that have pediatric representation on their regional TACs, including Alaska, California, Colorado, Hawaii, Indiana, Kentucky, Minnesota, Montana, North Carolina, North Dakota, South Carolina, and Washington.



PTSAS Question 29 Regional TAC Results



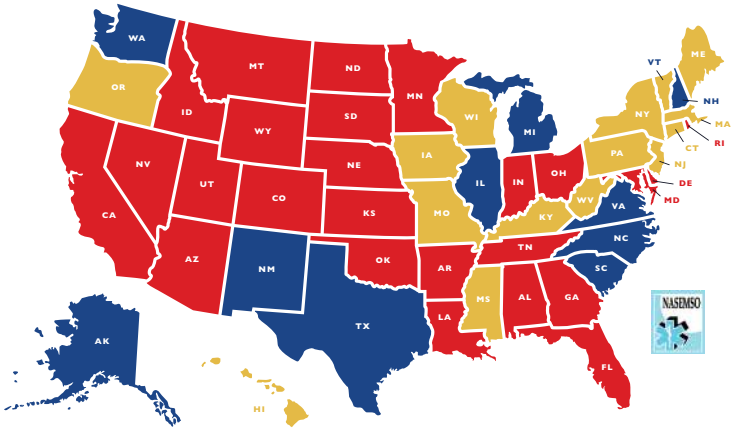
PTSAS Question 29 Pediatric Representation on Regional TAC Results

Q30 Does the state promote/organize participation in pediatric injury prevention?

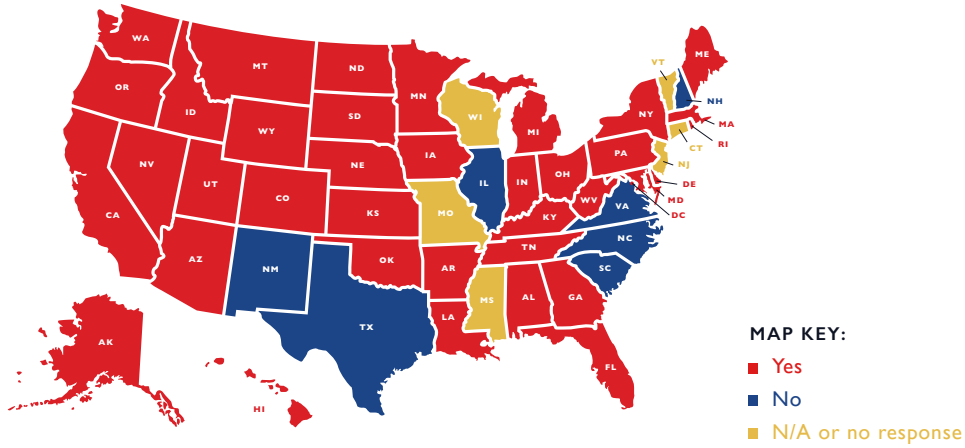
Although some states did not respond to this question, Safe Kids holds injury prevention initiatives in every state. Every state participates in injury prevention of children in some capacity, although it may not formally be connected with the state trauma system.

Q31 Is the state trauma program involved in injury prevention efforts?

Injury prevention and public information and education was considered a related function in more than half of state responses. The NASEMSO survey asked for specific involvement, but we did not. However, in 2019, the majority of states considered injury prevention a related function to their trauma system. Three states changed from no to yes: Alaska, Michigan, and Washington. Several states that had not responded to NASEMSO's survey also answered yes in 2019: District of Columbia, Hawaii, Iowa, Kentucky, Maine, Massachusetts, New York, and Oregon.



NASEMSO Question 11 Results: *Non-responders: 30%*



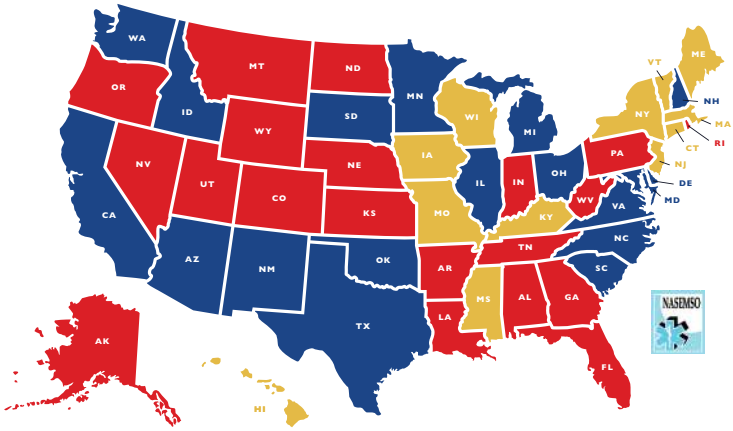
PTSAS Question 31 Results: *Non-responders: 11.8% (CT, MS, MO, NJ, VT, WI)*

Q32 Is the state trauma program involved in public information and education (PI&E)*(not related to injury prevention)*?

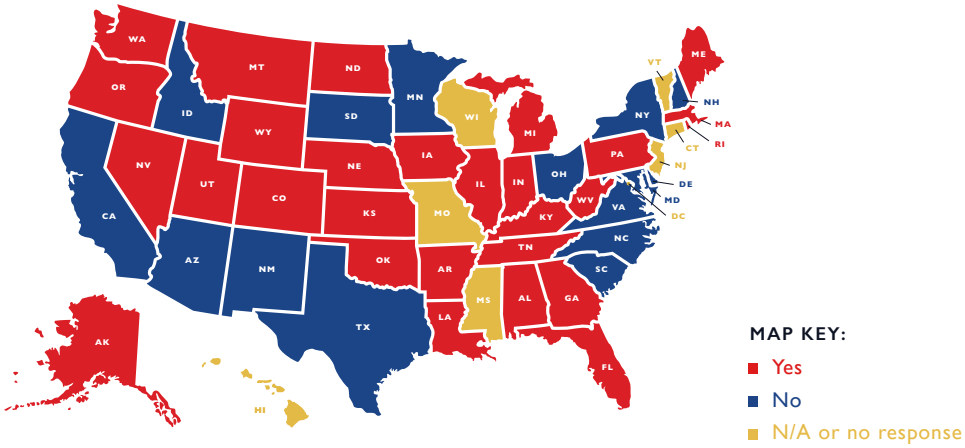
Sixty-nine percent of responding states (n = 27) in 2015 reported injury prevention activities related to fall prevention, motor vehicle safety, and involvement in the Toward Zero Deaths initiative. This activity decreased by 20% from 2010, and comments suggest these activities are secondary functions of the trauma program and coordinated with state brain and spinal cord injury programs, violence prevention, and highway safety offices. Forty-six percent of respondents (n = 18) reported involvement in data analysis, identification of injury and referral patterns, and conference and meeting participation involving EMS personnel, legislators, and/or the public—a 10% decrease from the 2010 study.

Federal agencies, such as the Centers for Disease Control and Prevention (CDC), have recognized the power of social media, using the broad reach of the online community to help distribute important health information. State health departments also widely use social media to reach different segments of the population on a range of health topics; however, it appears this effort is not widespread among state trauma programs as nearly 80% of respondents indicated they did not use social media in 2015. Those that promote messaging electronically used it to communicate with stakeholders and/or the public (15%), communicated accomplishments (10%), and promoted educational opportunities (10%) and trauma prevention messaging (7%).

In our report we did not ask for details regarding how a state was involved in public information and education. We had an 84% response rate. Four states changed from no to yes: Illinois, Michigan, Oklahoma, and Washington. Several states that had not responded to NASEMSO's survey answered yes in 2019: Iowa, Kentucky, Maine, and Massachusetts.



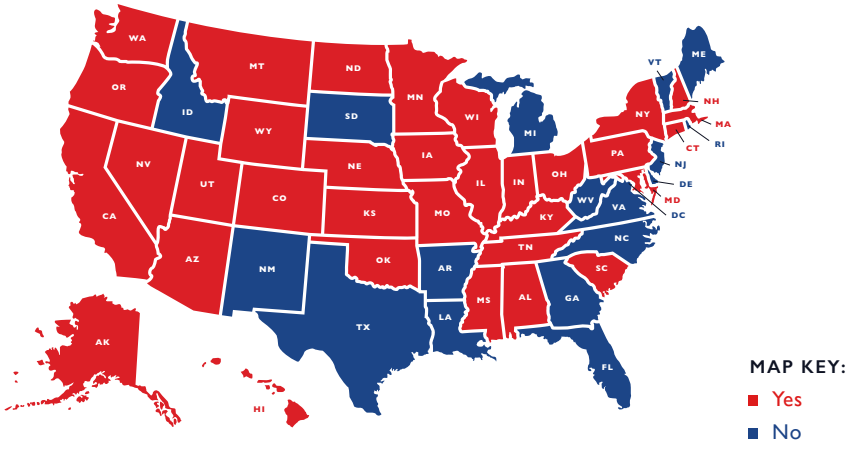
NASEMSO Question 12 Results: *Non-responders: 24%*



PTSAS Question 32 Results: *Non-responders: 15.7% (CT, DC, HI, MS, MO, NJ, VT*, WI)*
**Does not have a state trauma program*

Q33 Does the state publicly report trauma registry data that include pediatric trauma patients?

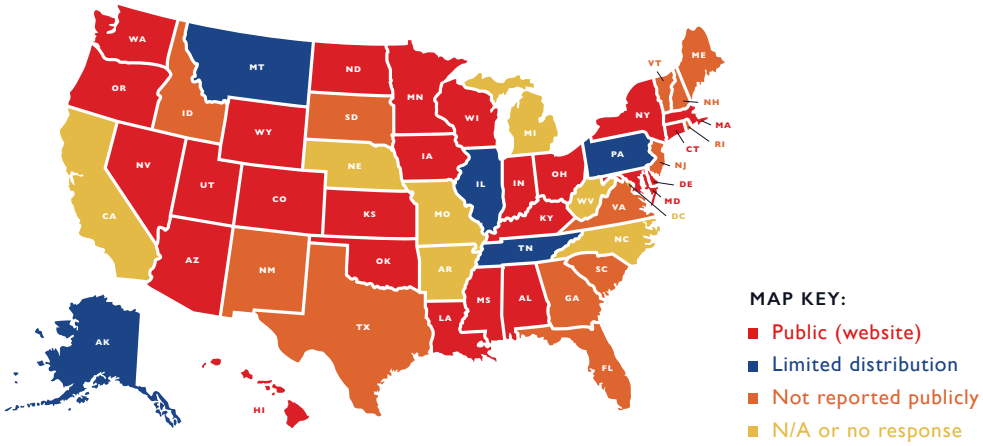
This was a new question in our report. State trauma registry data may or may not be publicly reported and may or may not include pediatric trauma patients. Although we relied on the state officials to answer this question, publicly reported trauma registry data should be available online, and we were able to corroborate and/or verify by going to the state trauma website. Thirty-three states report including pediatric trauma patients in their publicly reported data.



PTSAS Question 33 Results

Q34 How is the state trauma data reported to the public?

In reference to question 33, we asked how the trauma data were reported, either on the public website, as limited distribution (state officials, EMS, trauma advisory council, etc.), not to the public, or not reported. Twenty-five states report their data publicly and five have limited distribution. Thirteen states do not report data to the public.

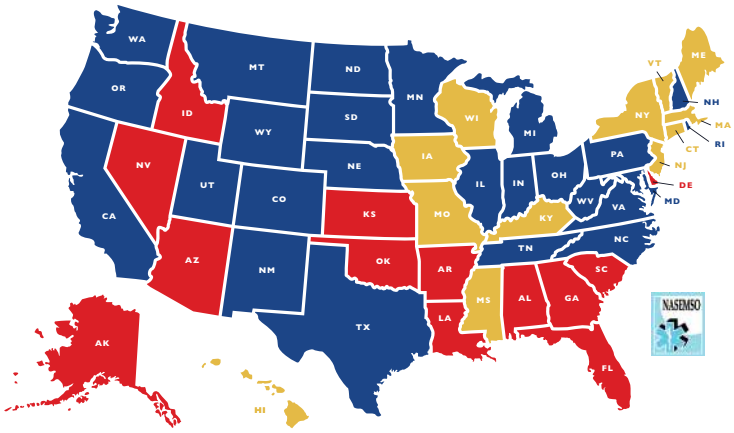


PTSAS Question 34 Results

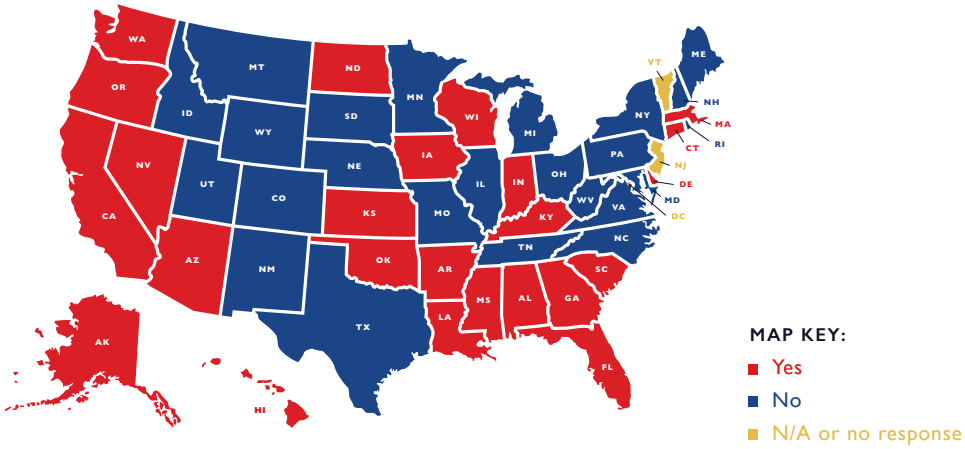
Q35 Is trauma included in the statewide disaster plan?

While trauma centers are considered an integral component and asset in large-scale disasters, a role for the state trauma program has not been clearly delineated in most state disaster response and preparedness plans. Similar to 2010, only 33% of respondents (n = 13) in 2015 reported that trauma was included in their state disaster response plan.

We asked this same question but also went to the state website to look for the disaster plan. If we found one publicly available, we answered yes if the state had not answered the question. In 2019, 24 states included trauma within their statewide disaster plan.



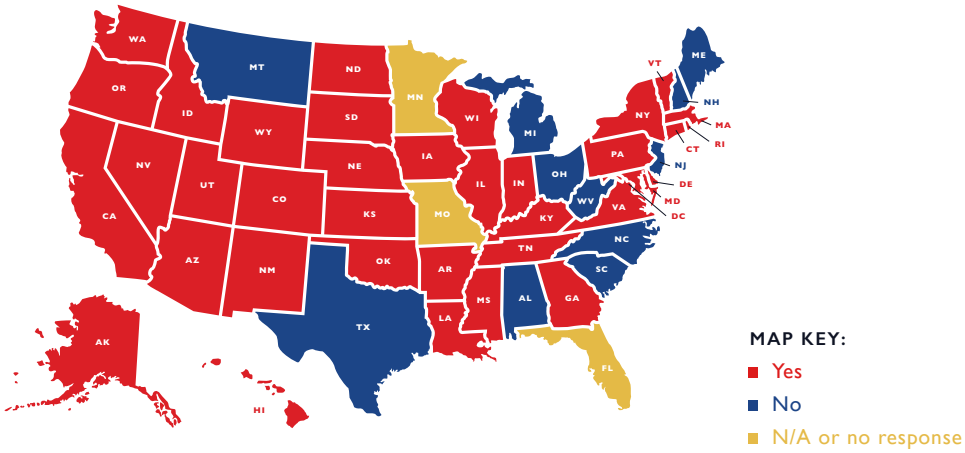
NASEMSO Question 13 Results: *Non-responders: 24%*



PTSAS Question 35 Results: *Non-responders: 5.9% (DC, NJ, VT)*

Q36 Does the state disaster plan include children?

This was a new question in our survey. If state officials answered this question, we did not verify it. If the state did not answer the question, we searched the state website for its disaster plan and searched the document for any reference to children. While 24 states reported including trauma in their statewide disaster plan, 37 reported including children in any capacity within their state disaster plan.

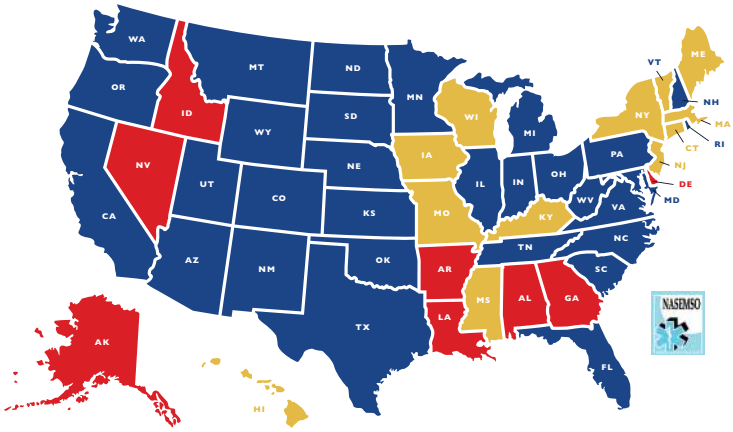


PTSAS Question 36 Results

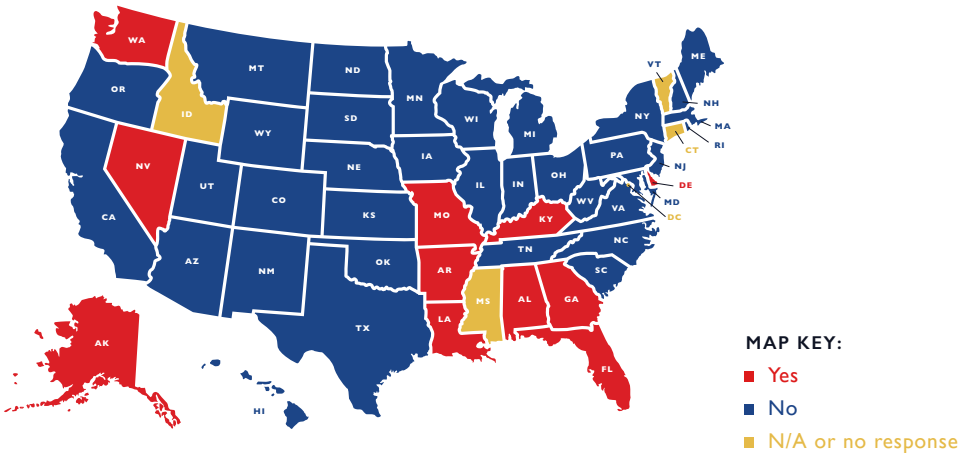
Q37 Does the state trauma program have its own mass casualty incident (MCI) plan?

The NASEMSO report observed that elements of the trauma system (trauma centers and personnel), rather than the trauma program at the state level, played a greater role in a mass casualty response. Even fewer state trauma programs had their own mass casualty incident plan in 2015, as the majority of these functions were coordinated by other state entities, such as the offices of public health preparedness and/or emergency management.

We asked a similar question and if a state did not answer the question, we searched the state trauma plan for any mention of a mass casualty plan that was integral to the trauma system. In 2019, only 11 states reported having an MCI plan within the state trauma plan.



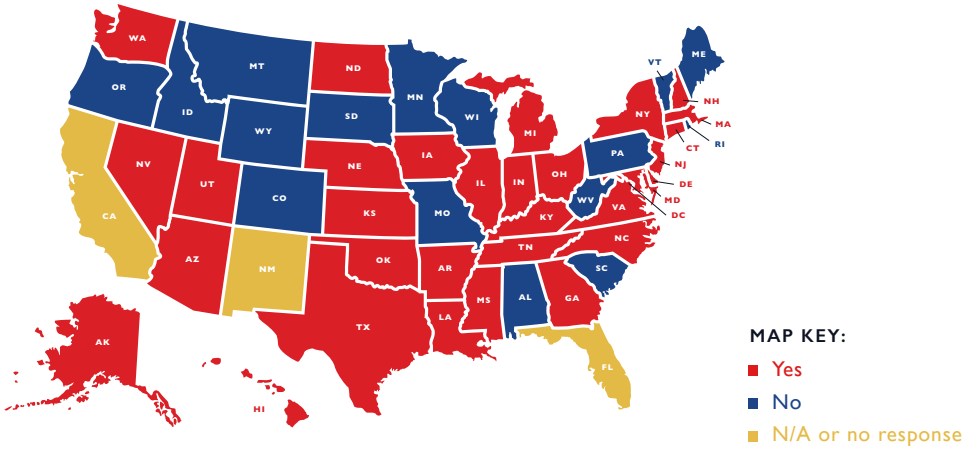
NASEMSO Question 14 Results: *Non-responders: 24%*



PTSAS Question 37 Results: *Non-responders: 9.8% (CT, DC, ID, MS, VT)*

Q38 Does the state trauma system legislation/plan include simulation and modeling for injured children?

This was a new question in our survey. Most states answered yes to this question. If a state did not answer we searched the state trauma plan for any reference to state tabletop or in-person simulation for trauma events that included all ages. Thirty-one states reported simulation and modeling of injured children was present in their state trauma plan or legislation.

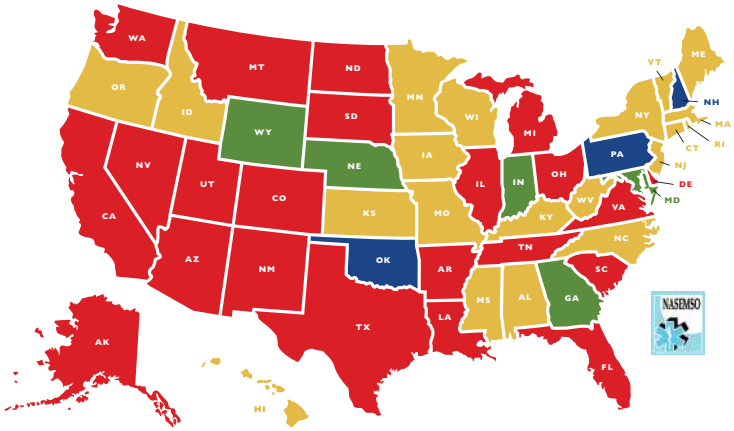


PTSAS Question 38 Results

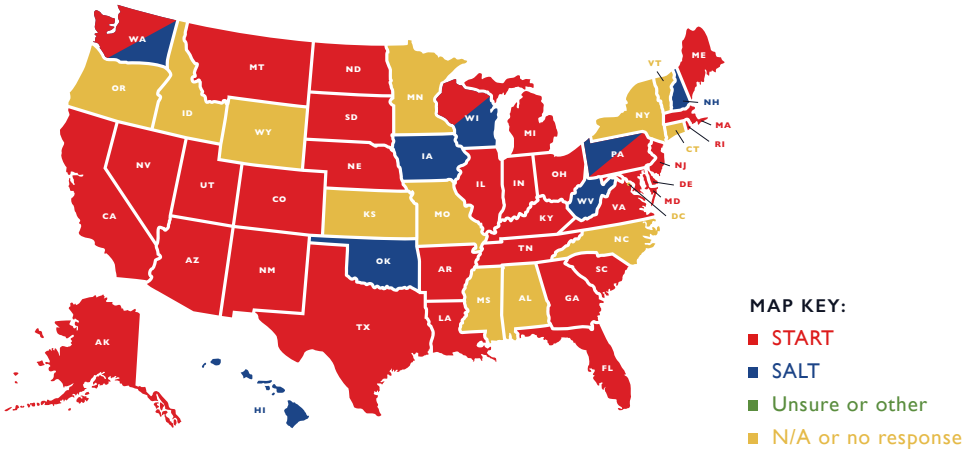
Q39 Is there a state disaster triage guideline?

According to the Federal Interagency Committee on Emergency Medical Services (FICEMS), the Model Uniform Core Criteria (MUCC) for Mass Casualty Triage is a science- and consensus-based national guideline that recommends 24 core criteria for all mass casualty triage systems. While 23% of respondents in 2015 indicated that a uniform disaster triage guideline was not currently in place in their state, 54% of respondents used Simple Triage and Rapid Treatment (START), 5% used Sort, Assess, Lifesaving Interventions, Treatment/Transport (SALT), and 18% did not use a single system or were unfamiliar with the mass casualty triage system in their state (because this function is located in another office). One state, Georgia, used MUCC although other states were pilot testing the guideline.

We updated the question. Most states continue to use either START or SALT. If the question was not answered, we were able to search the state disaster triage guideline and find the missing information. In 2019, the majority of states were using START. Several states did not answer the question, and are not publicly available. Three of the 4 states that were previously unsure or other (Indiana, Georgia, Nebraska) now use START. Three states (Pennsylvania, Washington, Wisconsin) use both START and SALT. Hawaii, Iowa, and West Virginia are now using SALT.



NASEMSO Question 15 Results: *Non-responders: 40%*

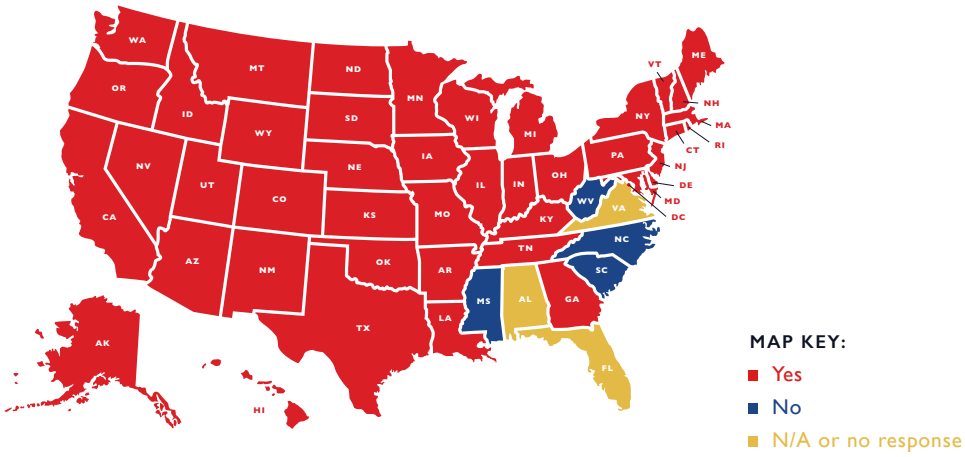


PTSAS Question 39 Results: *Non-responders: 23.5% (AL, CT, DC, ID, KS, MN, MS, MO, NC, OR, VT, WY)*

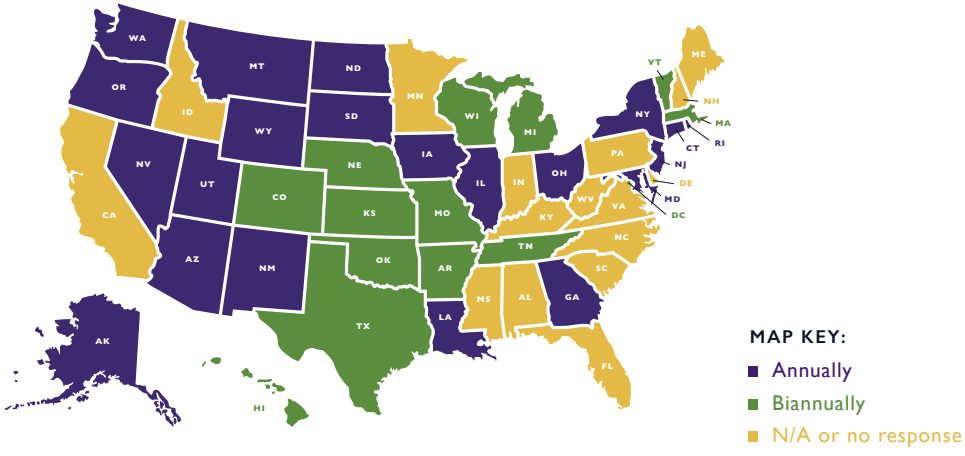
Q40 Does the state hold mass casualty drills that include children?

Q41 If yes, how often?

Questions 40 and 41 were new questions in our survey. Most states answered yes and were able to provide information regarding frequency of drills. There was limited information on state websites that gave guidance to answer this question if state officials did not respond. Forty-four states report holding mass casualty drills, of which 50% were held annually and 30% were biannually. Twenty percent did not answer regarding the frequency of drills.



PTSAS Question 40 Results

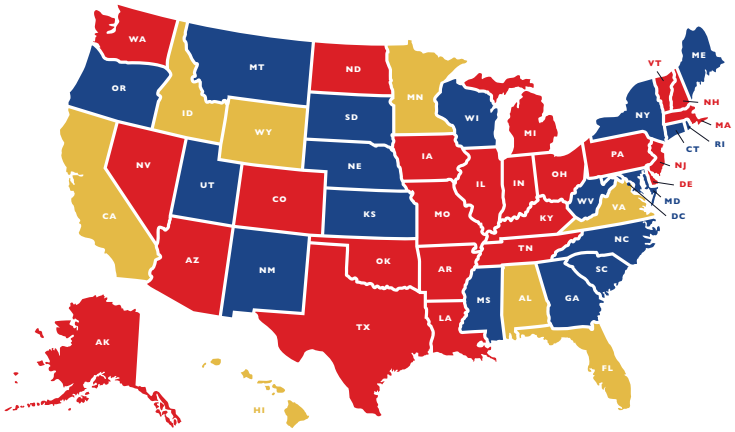


PTSAS Question 41 Results

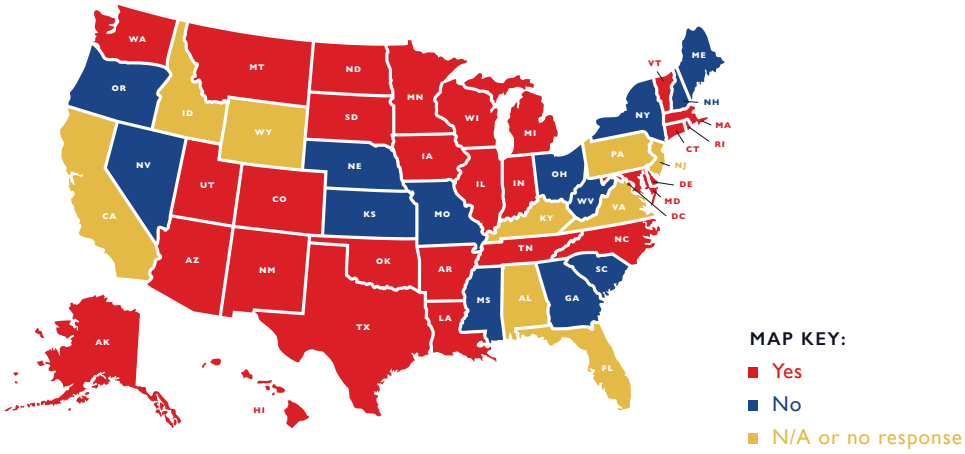
Q42 Do hospitals within the state hold disaster drills that include children?

Q43 Do state disaster drills include surge planning for children?

These questions were unique to our survey. We relied on state officials to answer this question. Most states answered the question, and a little less than half (n = 24) answered that they held disaster drills to include children. This was before the COVID-19 pandemic. Twenty-nine states answered yes to the second question, which we interpreted to mean that they have a state surge plan for children.



PTSAS Question 42 Results

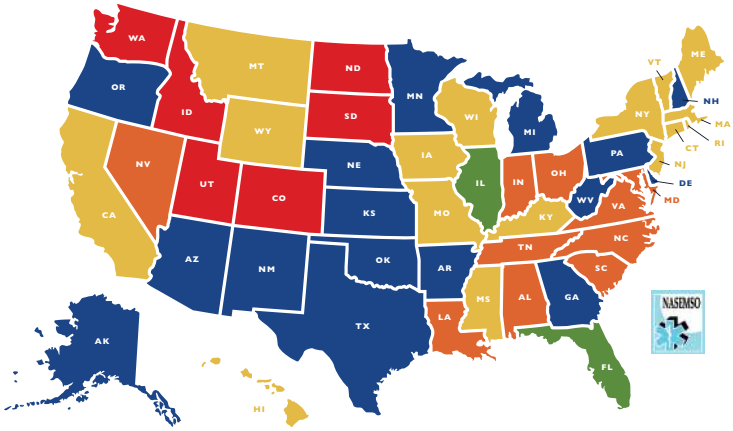


PTSAS Question 43 Results

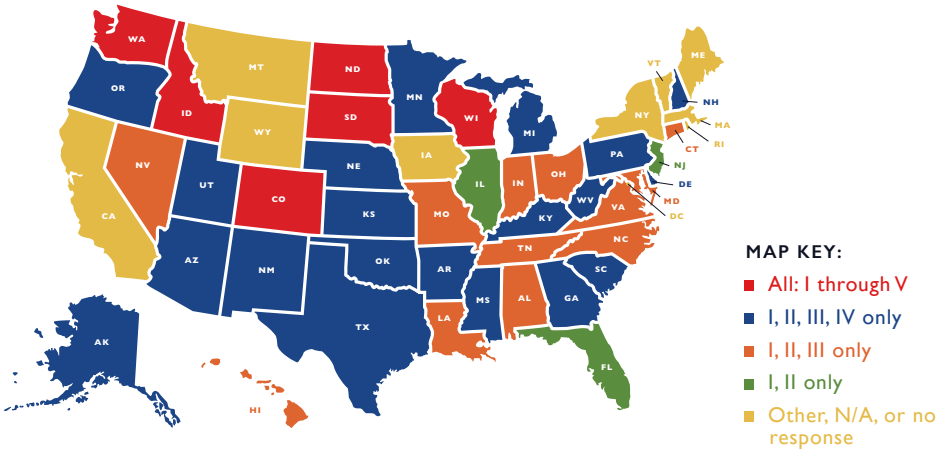
Q44 Are trauma center levels designated by the state?

State trauma systems evolved with little outside influence other than resource documents and intermittent grant support from the federal government. As a result, the state systems have a heterogeneous approach to trauma system design, development, and administration. Not all states formally recognize trauma centers, and of those that do, not all recognize each level of trauma center. The concept of an inclusive trauma care system promotes regionalization of trauma care. Of the 41 respondents in 2015, there was a palpable shift to greater inclusion of Levels III-V subsequent to 2010.

We asked the same question and had an excellent response. There were several unique answers as follows: California, Maine, Massachusetts, and New York do not verify or designate trauma centers. DC designates Level I trauma centers by municipal ordinance. Iowa hospitals may self-designate trauma centers based on established criteria. Montana and Wyoming designate Levels II-V only. Rhode Island did not respond. Vermont does not have a trauma system.



NASEMSO Question 21 Results: *Non-responders: 26%*



PTSAS Question 44 Results: *Non-responders: 3.9% (RI and VT)*

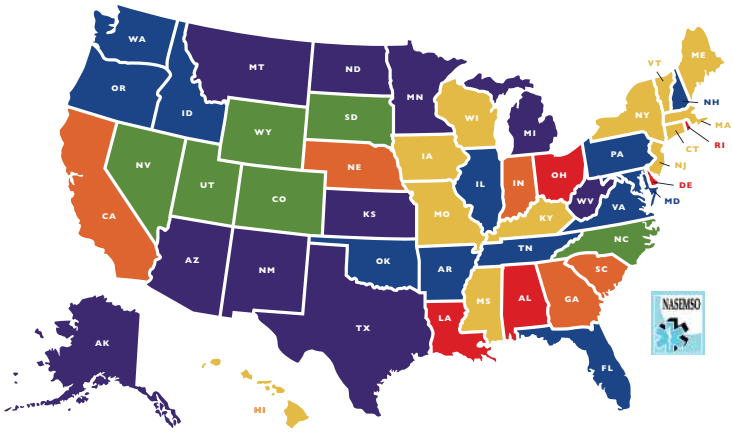
Q45 What is the method of trauma center designation/verification in the state?

Site visits to verify or validate compliance with standards to recognize trauma center status appeared to be a requirement of 90% of the respondents (n = 37) in 2015. There was, and continues to be, a potpourri of ways that states verify levels of trauma centers. In the NASEMSO report, only 11% of respondents (n = 4) exclusively used the ACS-COT Verification, Review, and Consultation (VRC) Program to support state designation of trauma centers. Thirty-two percent of respondents (n = 12) conducted their own site survey and review process to recognize trauma centers. Twenty-one percent of respondents (n = 8) accomplished designation through a partnership between the state and VRC Program. Thirty-four percent of respondents (n = 13) used a hybrid process to designate trauma centers, for example, the VRC was used for Level I, Level II, and on occasion, Level III trauma centers, and the state accomplished the designation process for Levels III-V. Of the hybrid group, 4 respondents accepted either the VRC or state review process for recognition. One state respondent had not yet completed the rules to determine the state recognition process.

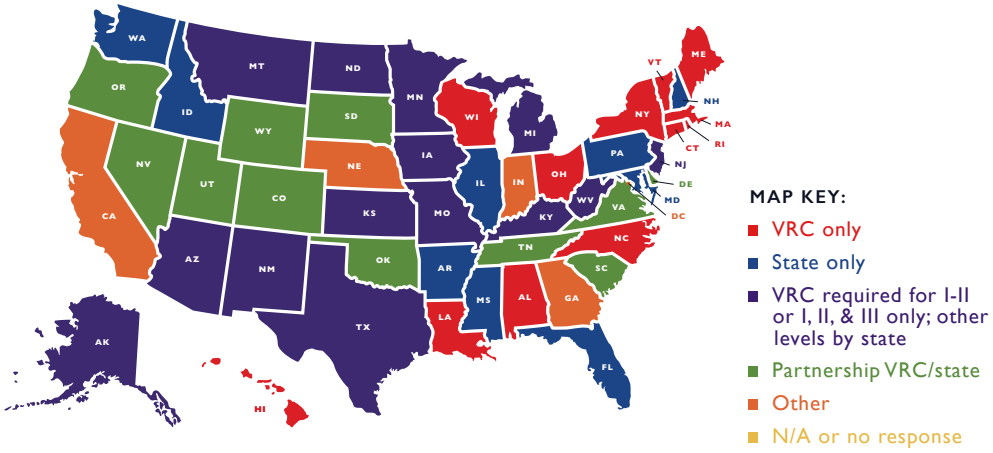
We were able to update the information as only the District of Columbia did not respond. Several states changed the way that they designate trauma centers. Many non-responders in 2015 from the Northeastern United States now use the VRC Program. Many of the other previous non-responders now use a hybrid approach.

Other:

- DC designates by partnership with VRC and municipal ordinance.
- California recognizes the VRC process. There is a formal process of designation as a Level I, II, III, or IV trauma center and/or Level I or II pediatric trauma center by the local EMS agency (LEMSA).
- Georgia recognizes the VRC process and has a designation process through the department of public health.
- Indiana recognizes the VRC process or approval by the Indiana EMS Commission through the department of public health.
- Nebraska recognizes the VRC process, or hospitals can be designated after a review process by the state department of health and human services.



NASEMSO Question 26 Results: *Non-responders: 24%*



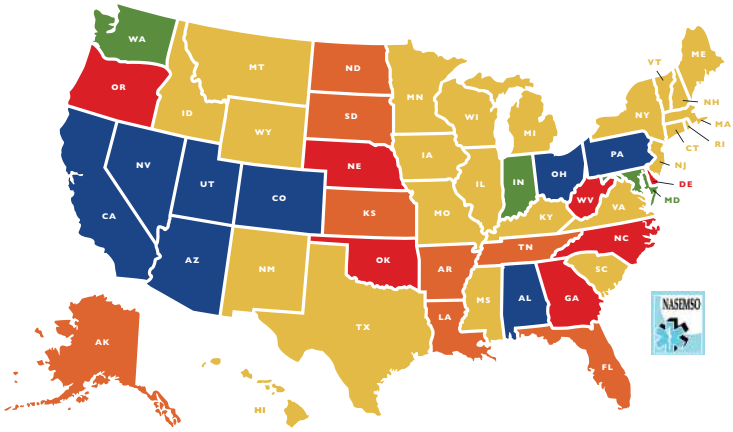
PTSAS Question 45 Results: *Non-responders: 2% (DC)*

Q46 Is there medical direction for the state trauma system?

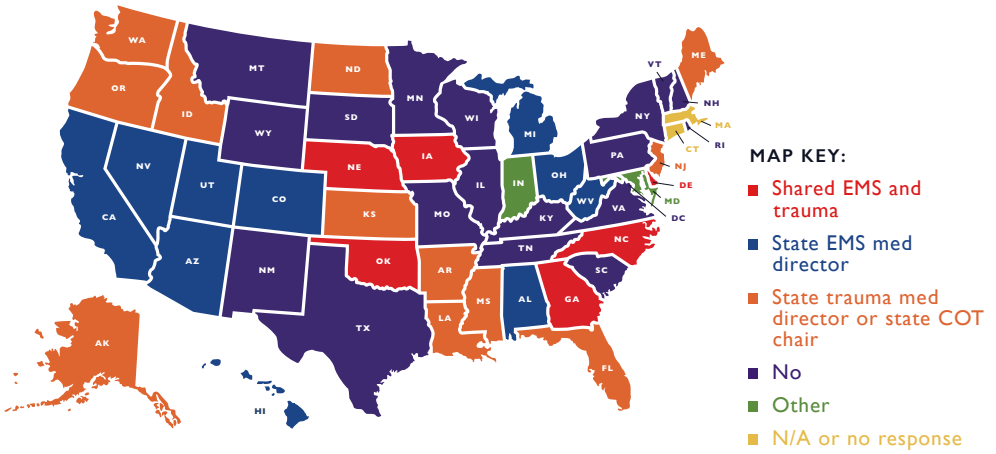
Not all states have a trauma medical director. If one exists, the state trauma medical director oversees the medical aspects of leadership, coordination, evaluation, system quality management, and research to ensure the best possible patient outcomes.

In 2015, 21% of respondents (n = 8) indicated the state EMS medical director also served as the state trauma medical director. Thirteen percent of respondents (n = 5) had a separate state medical director for trauma. Sixteen percent of respondents (n = 6) indicated the state EMS medical director and state trauma medical director had shared responsibilities. Thirty-four percent of respondents (n = 13) did not have a medical oversight position for trauma. Only 9% of respondents reported that the state trauma medical director was a full-time position at the state level, and 15% of respondents indicated their state trauma medical director served as a volunteer (non-compensated) in this capacity.

Our question asked who provided medical oversight for the trauma system, with the same choices. We had an improved response with many states responding that they have no state trauma medical director. In our map we have distinguished between those that answered no and did not respond.



NASEMSO Question 52 Results: *Non-responders: 48%*

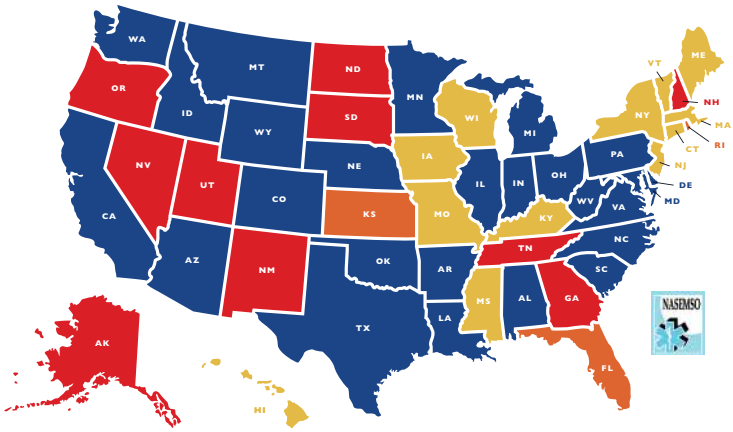


PTSAS Question 46 Results: *Non-responders: 3.9% (CT, MA)*

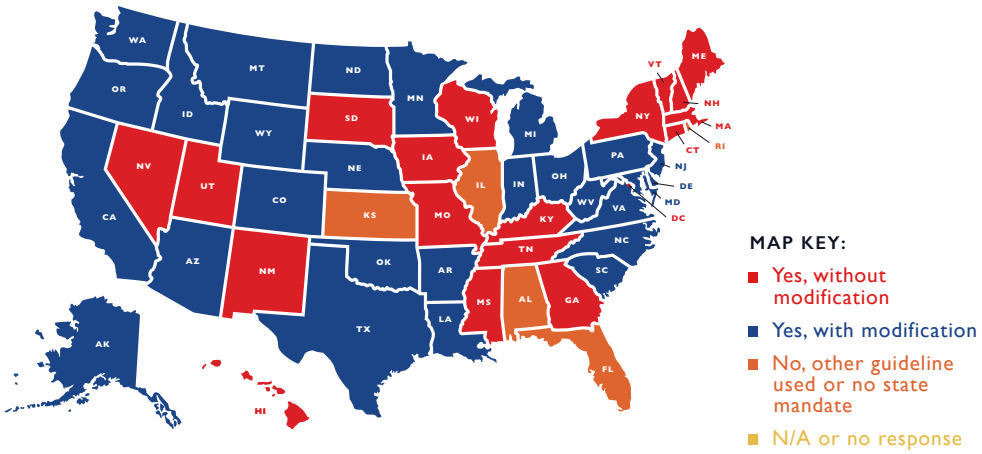
Q47 Are CDC Field Triage Guidelines (2011) used in the state?

NASEMSO reported that the 2011 CDC Guidelines for Field Triage of Injured Patients (or a modified version) was in use by 84% of respondents (n = 32), an increase of 9% from 2010. Of these respondents, the frequency that state, regional, or local authorities modified the CDC Field Triage Guidelines was 58% (n = 22). Twenty-six percent of respondents (n = 10) used the CDC Guidelines without modification. Five respondents reported a statewide protocol that was not based on CDC Guidelines or a lack of trauma triage protocols altogether. State trauma triage protocols were tracked for compliance by 37% of respondents (n = 14). In other words, 50% of respondents (n = 19) did not monitor trauma triage protocols for compliance. Thirteen percent of respondents (n = 5) indicated a lack of state trauma triage protocols.

We asked the same question and were able to provide information for the previous non-responders. There were 19 states (37%) that use it without modification, 27 states (53%) that use with modification, and 5 states (9.8%) that either use their own or have no state mandate.



NASEMSO Question 55 Results: *Non-responders: 24%*

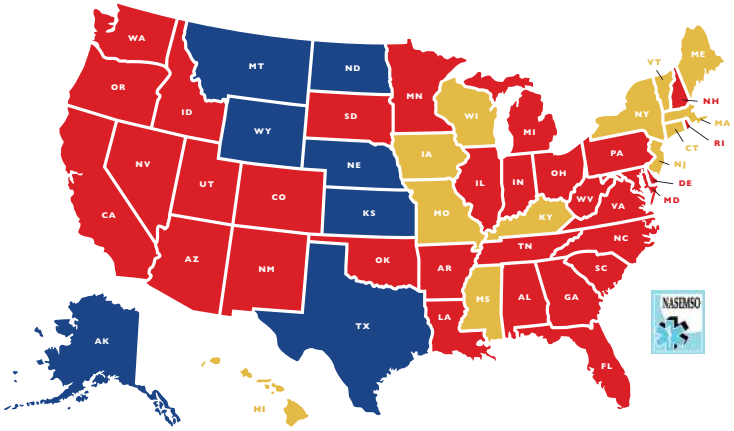


PTSAS Question 47 Results: *Non-responders: 0%*

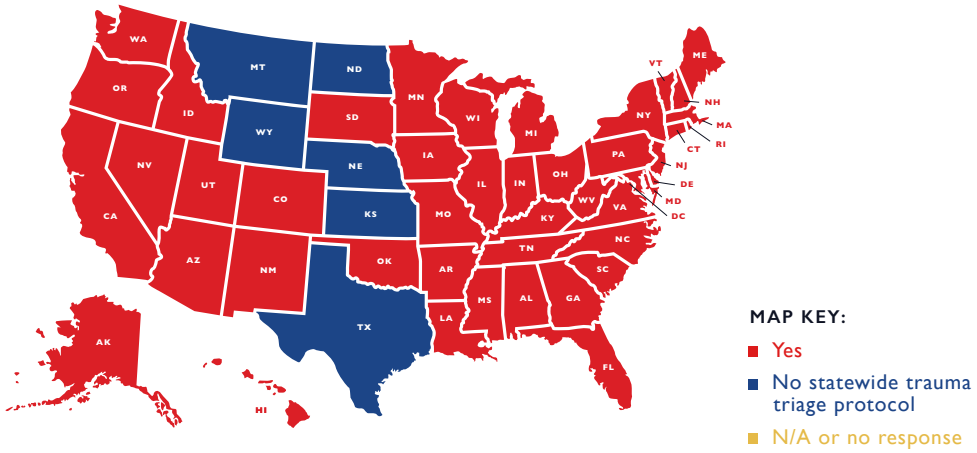
Q48 Is there a state trauma destination (bypass) protocol in place?

In the NASEMSO report, 82% of respondents (n = 31) indicated that state, regional, and local trauma triage protocols enabled EMS in 2015 to transport patients directly to a trauma center and bypass facilities not designated as trauma centers. They further classified these as follows: 41% (n = 15) had state trauma triage protocols, 11% (n = 4) had regional protocols, and 51% (n = 19) allowed local protocols to take precedence. These findings were similar to 2010 data.

Our question was simpler. We asked if trauma destination bypass protocols existed in the state. All states responded. With the exception of 6 states (Kansas, Montana, Nebraska, North Dakota, Texas, Wyoming), all states have at least some trauma destination bypass protocols.



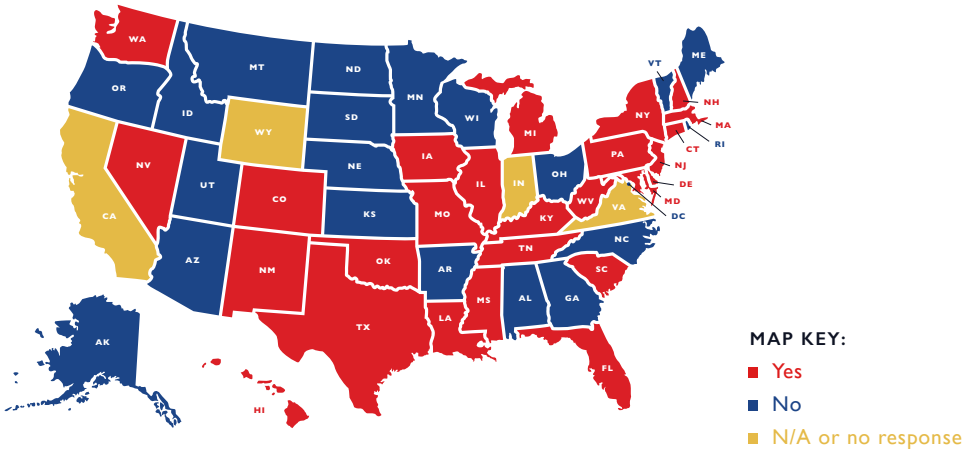
NASEMSO Question 57 Results: *Non-responders: 24%*



PTSAS Question 48 Results: *Non-responders: 0%*

Q49 Is there a state pediatric trauma destination (bypass) protocol in place?

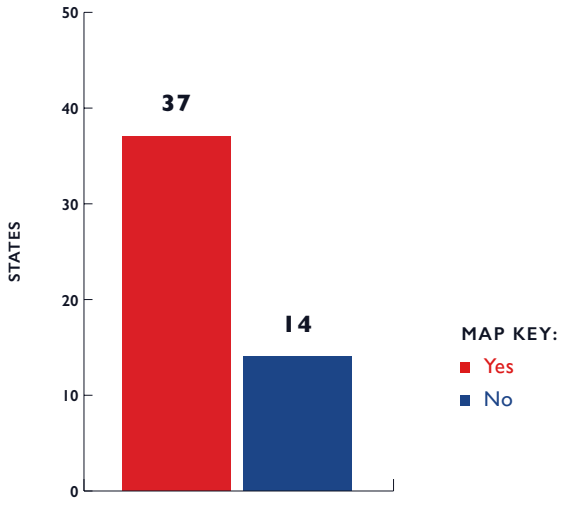
This question was unique to our survey. We had a good response to this question with only 4 states not responding (California, Indiana, Virginia, Wyoming). Over half of the states have a pediatric destination bypass protocol.



PTSAS Question 49 Results

Q50 Do the state hospitals have transfer agreements for unavailable resources?

This question was unique to our survey. There were 14 states that answered no to this question. Transfer agreements and protocols are a performance measure for the HRSA state emergency medical services for children program. Transfer agreements between trauma centers are mandatory for the ACS-COT verification program. The fact that several states answered no to this question is concerning on many levels, as it suggests that state officials are unaware of these requirements, but it is more than likely that these agreements exist. At times, these agreements are legal documents and they may not be transparent to providers who are obligated to use them. To be clear, this is not referring to Emergency Medical Treatment & Labor Act (EMTALA) guidelines but to conditions that would merit transferring patients to a higher level of care, including what documentation should accompany them and how they should be transported.



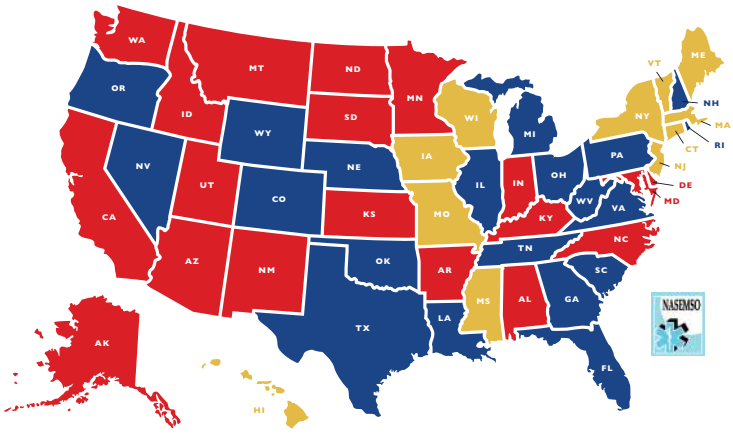
PTSAS Question 50 Transfer Agreements Results

Q51 Does the state have a statewide PI plan or guide for trauma?

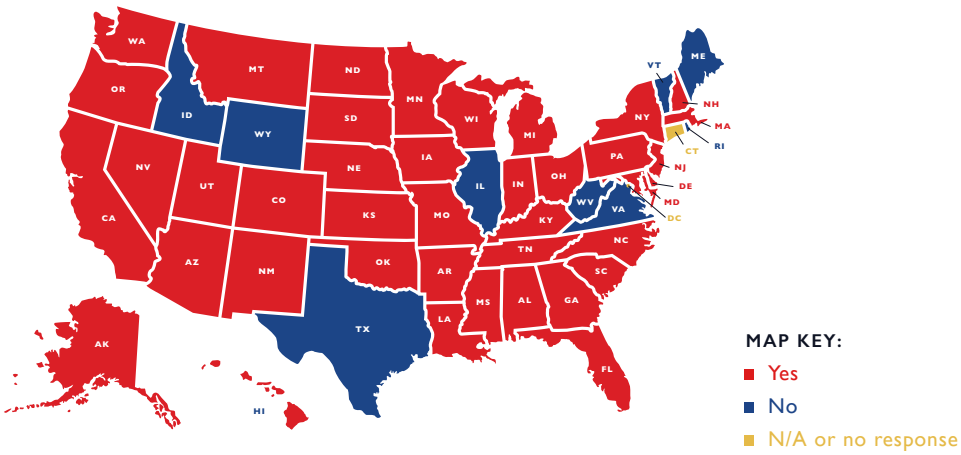
The value of aggregating and analyzing information largely depends on how the information is used. Performance improvement is the use of properly analyzed data to evaluate processes and improve trauma patient outcomes. Performance can be measured in several ways. In general, when evaluating the performance of a trauma care system, considerations relate to efficiency parameters that capture how quickly the prescribed procedures are done, and effectiveness parameters that capture the outcomes. Performance measures can be devised for each link in the chain of care if the pertinent data are available to support assessment.

In the NASEMSO report, 41% of respondents (n = 16) in 2015 had a state performance improvement plan or guide; 5% of respondents (n = 2) had integrated trauma performance measures into the state EMS, preparedness, or other plan, and 54% (n = 21) did not have specific performance improvement programs in place.

We asked the same question. We had a good response rate and most states answered yes. One state (Connecticut) did not respond and DC did not provide an answer. Nine states do not have a statewide PI plan (Idaho, Illinois, Maine, Rhode Island, Texas, Vermont, Virginia, West Virginia, Wyoming).



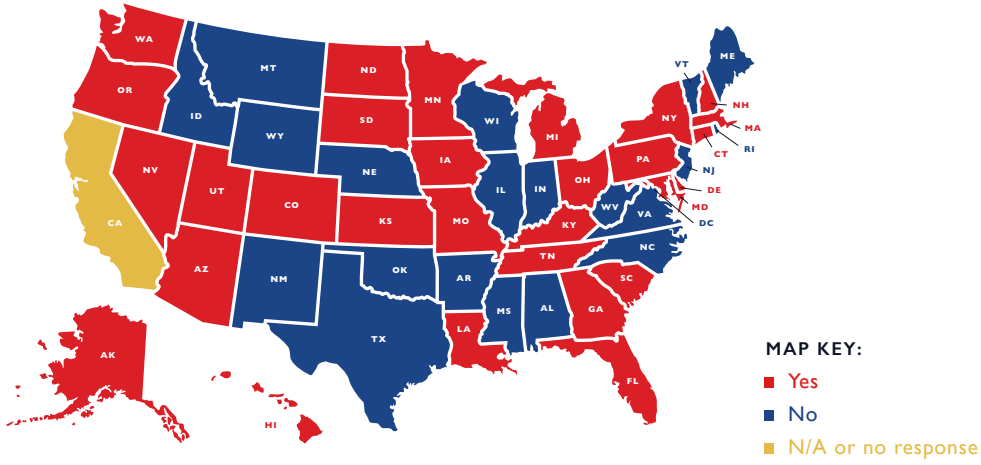
NASEMSO Question 16 Results: *Non-responders: 22%*



PTSAS Question 51 Results: *Non-responders: 3.9% (CT, DC)*

Q52 Are children's interests recognized in the statewide PI trauma plan?

This was a new question in our survey. If state officials did not answer this question, we looked for a PI trauma plan posted on a public-facing website and searched the document for pediatric interests. The following states have a state PI trauma plan but do not include children in their plan: Alabama, Arkansas, Indiana, Mississippi, Montana, Nebraska, New Jersey, New Mexico, North Carolina, Oklahoma, and Wisconsin. These states did not have a posted state PI plan: DC, Illinois, Maine, New Jersey, Rhode Island, and Virginia.



PTSAS Question 52 Results

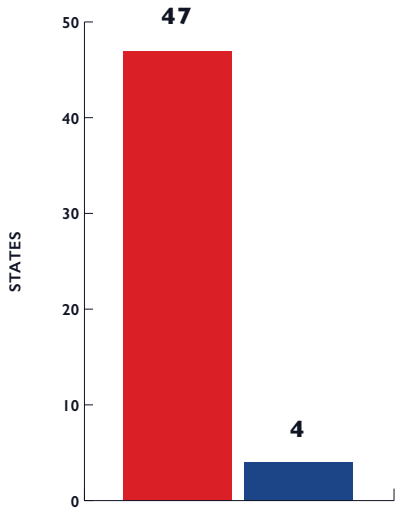
Q53 Is there a state trauma registry (TR)?

Q54 If yes, is the TR used for performance improvement (PI)?

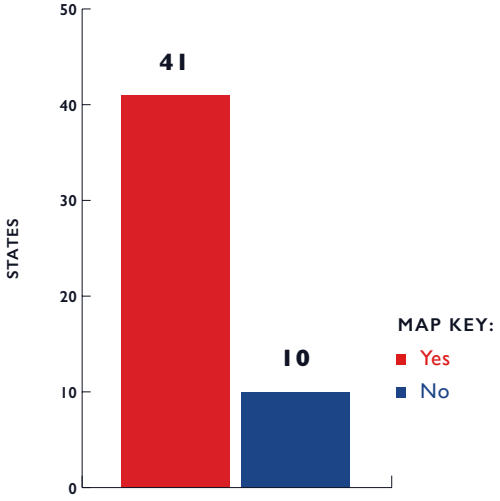
Q55 If yes, does the state TR include children?

Q56 Does the state have a separate pediatric report for trauma?

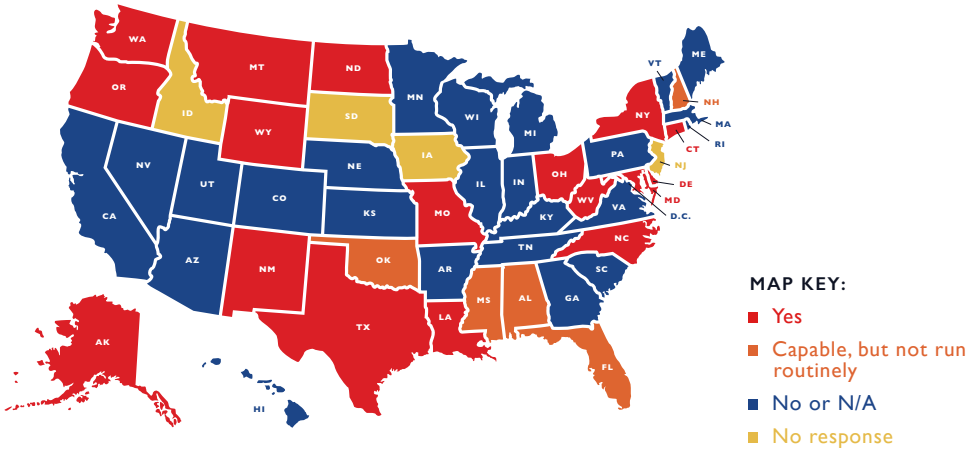
Questions 53-56 were unique to our survey. Only 4 states did not have a trauma registry (Maine, New Jersey, Rhode Island, Vermont). Including the 4 states that do not have a trauma registry, 10 states do not use their trauma registry for PI (Connecticut, DC, Idaho, Louisiana, Maine, New Jersey, Rhode Island, Texas, Vermont, Virginia). If a trauma registry exists, it universally includes children as well as adults. Many states do include a separate report for children.



PTSAS Question 53 Results: *No: ME, NJ, PI, VT*



PTSAS Question 54 Results: *No or N/A: CT, DC, ID, LA, ME, NJ, RI, TX, VA, VT*

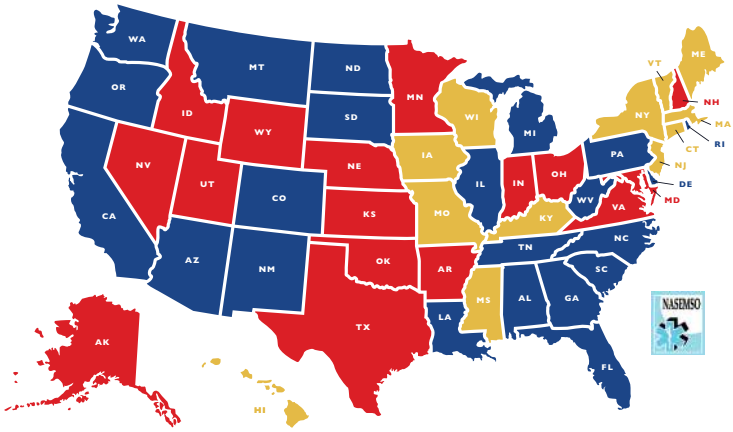


PTSAS Question 56 Results

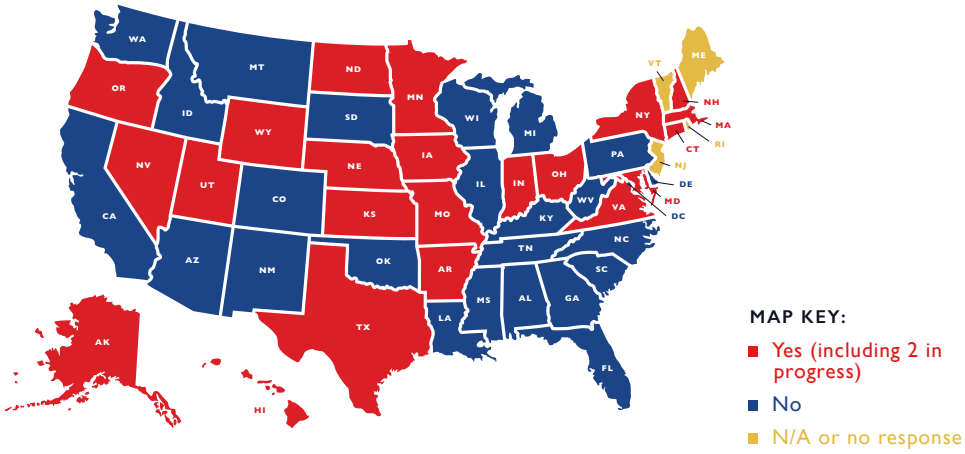
Q57 Is the state TR electronically integrated with prehospital (EMS) data?

In the NASEMSO report, of 38 states using computerized registry platforms at the time, 42% (n = 16) integrated trauma registry information with the prehospital data system, an increase of 9% from 2010. A 6% increase in the use of commercial software systems specifically for trauma was reported compared with 2010.

We were able to update this question and verify with the National EMS Information System (NEMSIS) in 2019 the state trauma registries that were electronically integrated with prehospital data. There are now 22 states that integrate their trauma registry data with EMS data.



NASEMSO Question 50 Results: *Non-responders: 24%*

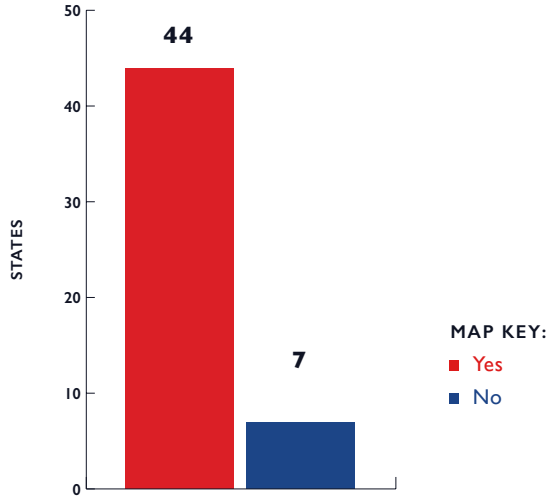


PTSAS Question 57 Results: *Non-responders: 0%**
**States with no trauma registry: ME, RI, VT*

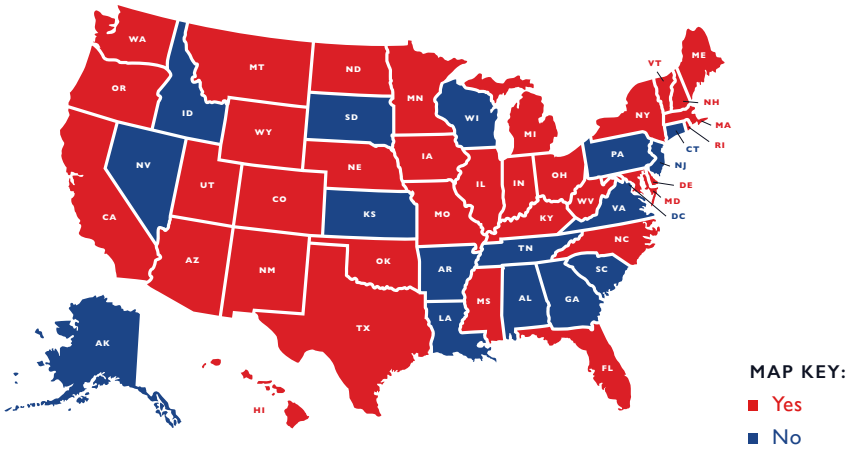
Q58 Do the state EMS data include children?

Q59 Are the state EMS data used for pediatric PI?

These 2 questions were unique to our survey. Most states answered yes to both questions. There were 7 states that either did not answer or do not include children in state EMS data. Seventeen states indicated they do not use EMS data for pediatric PI.



PTSAS Question 58 Results: *No: AR, DC, GA, NJ, SD, VA, WI*

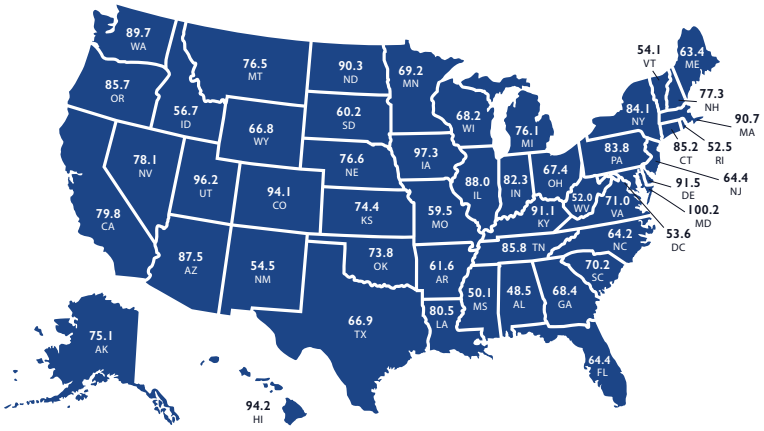


PTSAS Question 59 Results

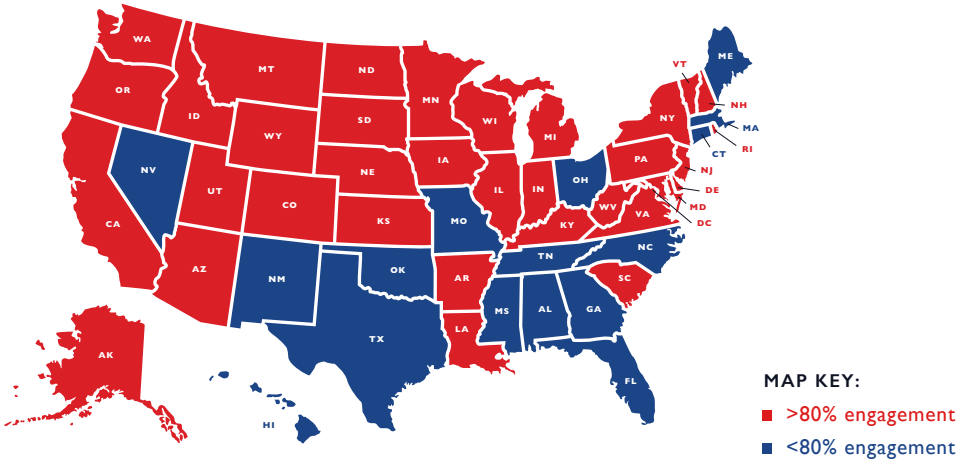
Q62 What is the state average pediatric readiness (PR) score for all EDs?

The National Pediatric Readiness Project (NPRP) is a quality improvement initiative to ensure that all US emergency departments (ED) have all the essential resources and guidelines to provide effective emergency care to children. A web-based assessment of US EDs was completed in 2013 (excluding specialty hospitals and hospitals without an ED open 24 hours per day, 7 days per week) for pediatric readiness. At that time there were 5,017 hospital ED, and the nurse managers were sent a 55-question web-based assessment. There were responses from 4,149 (82.7%) hospitals. Assessments were administered from January 1 through August 23, 2013. The pediatric readiness score is based on a checklist. Based on historic results, 24 of the questions were weighted in the national assessment to generate an overall weighted pediatric readiness score (WPRS) for each hospital. The WPRS was normalized to a 100-point scale. The final weighting for each section for the national assessment included 19 points for coordination of care, 10 points for physician/nurse staffing, 7 points for quality improvement, 14 points for patient safety, 17 points for policies/procedures, and 33 points for equipment and supplies.

Results from this assessment for state scores are provided in the first map below. For purposes of this survey, we decided to judge a state not on the basis of its score but on the basis of its engagement in the process. A state received a yes if >80% of hospitals participated in the Pediatric Readiness Survey in 2013.



PTSAS Question 62 Results: *Pediatric Readiness Score*



PTSAS Question 62 Results: *Pediatric Readiness Engagement*

Q63 Do the state adult trauma center EDs have guidelines for recognition of child abuse?

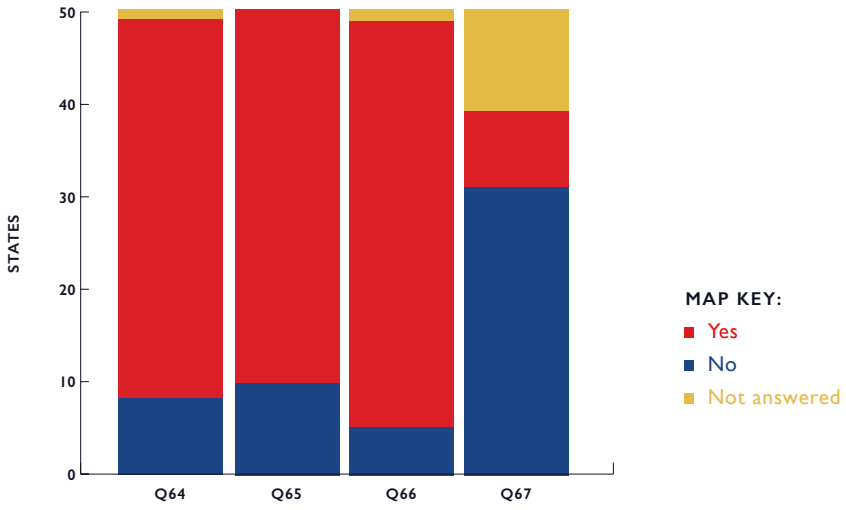
Q64 Is there state legislation for child fatality review that is instructive on child abuse?

Q65 If yes, is there a mandatory death review of childhood deaths resulting from abuse?

Q66 Does the state have shaken baby parent education legislation?

Q67 If yes, give statute and year enacted.

Questions 63-67 are directed toward identifying children who are victims of child abuse. We asked state officials, including the state ACS-COT chair, if the adult trauma centers have guidelines for the recognition of child abuse. If there was no response, we contacted a pediatric trauma director in the state to help us obtain this information through the state ACS-COT chapter. For questions 64 and 65, we enlisted the help of our contacts at HRSA to obtain the correct information. For questions 66 and 67, we obtained the information either from the state officials or from state public documents. Our results for questions 63-66 are summarized in the bar graphs below. Please refer to the individual state abstracts for results of question 67.



PTSAS Questions 63-67 Results

Q68 Do state hospitals use ALARA (as low as reasonably achievable) guidelines?

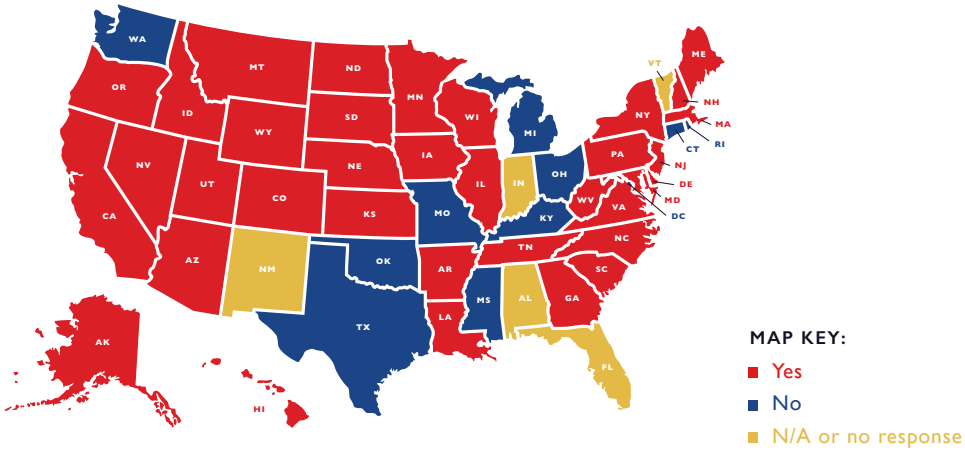
Q69 Do state adult trauma centers use ALARA guidelines for CT use in children?

Q70 If no, please explain.

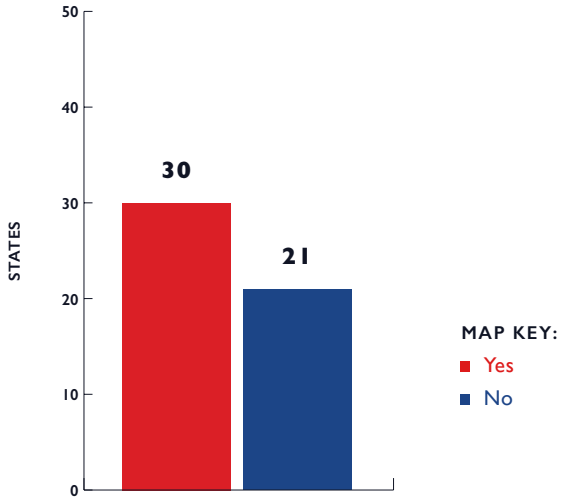
ALARA is an acronym for "as low as (is) reasonably achievable," which means making every reasonable effort to maintain exposures to ionizing radiation as far below the dose limits as practical, consistent with the purpose for which the licensed activity is undertaken, taking into account the state of technology, the economics of improvements in relation to the state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations, and in relation to utilization of nuclear energy and licensed materials in the public interest.

This question was perhaps the most difficult to answer. The concept is a sound one, but most states do not have a defined process to answer this question and/or to determine the penetration of this concept among all hospitals within the state. To help clarify these gray areas, we relied on Image Gently Alliance, a coalition of healthcare organizations dedicated to providing safe, high-quality pediatric imaging worldwide. The chair of the alliance steering committee was contacted to see if there has been a concerted effort to survey hospitals for compliance. At this point, there are a number of recommendations from various organizations through the Choosing Wisely platform of the American Board of Internal Medicine that advise alternative methods other than CT scan in the workup of abdominal pain, trauma, and other conditions in children. However, there is no way to determine which facilities are adhering to either ALARA guidelines or the recommendations to avoid overuse of CT scans in children.

State answers provided by state officials are represented in the figure below.



PTSAS Question 68 Results



PTSAS Question 69 Results

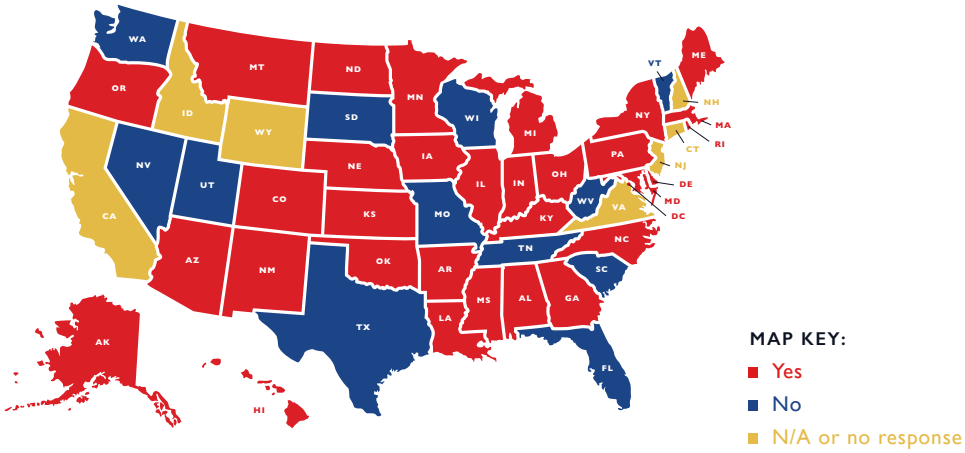
Q71 Are injured children typically worked up by the referring hospital before transfer?

There were a variety of answers to question 71 (see individual state abstracts). These were the options for answering the question, and states could choose all that apply:

- Ask advice about the workup before sending the patient
- Do a minimum of radiographic tests before sending the patient
- Do an unnecessary number of radiographic tests, including CT scans, before sending the patient
- Use judgment about the workup before sending the patient

Q72 Does the referring hospital discuss how to transfer a child?

These questions were directed toward state trauma officials, and those with a defined system answered the question. Our goal was to understand whether there was communication with a trauma center, adult or pediatric, before transfer of an injured child. The majority of states indicate communication with trauma centers occurs prior to transfer, at least regarding how the child should be transfered.



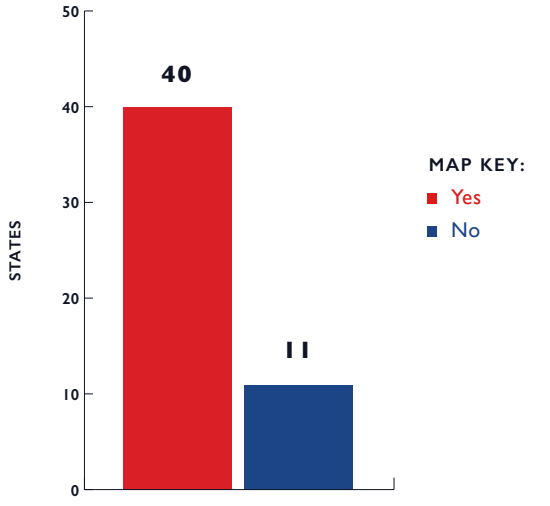
PTSAS Question 72 Results

Q73 Do state hospitals use telemedicine to communicate about pediatric trauma patients?

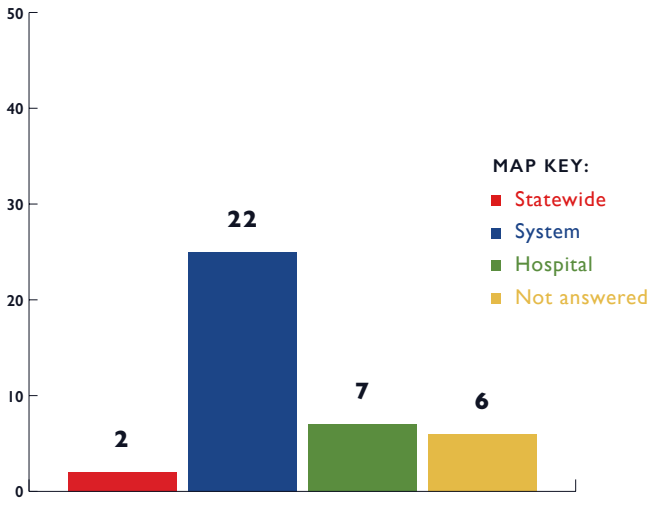
Q74 Does the state have teleradiology-sharing capability?

Q75 If yes, is it statewide, system, or hospital?

Questions 73-75 represent an effort to (a) understand whether a state uses telemedicine to share information about patients prior to transfer and (b) determine the status of electronic-sharing features between hospitals that would enable viewing radiographs from the referring facility and reduce duplication of imaging needed to adequately work up a patient. The survey suggested telemedicine was used in at least some trauma centers in about half of the states, and film sharing was more common among hospital systems than statewide. Five states answered no to having teleradiology-sharing capabilities and the other states ranged from hospital only to 2 states that have statewide capabilities (Alaska and Arkansas); see state abstracts. This information is pre-COVID and may have changed during the pandemic.



PTSAS Question 74 Results



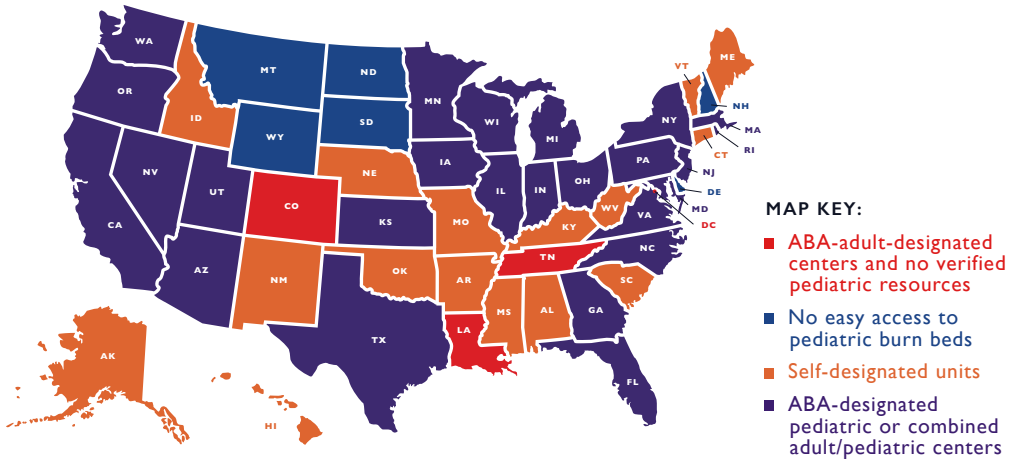
PTSAS Question 75 Results: *Statewide: AK and AR*

Q76 Does the state have access to pediatric inpatient burn care beds?

Q77 If yes, what are the resources for pediatric burn care?

Questions 76-77 address access to pediatric burn resources. We included the ability of a child to cross state lines if burn services were available nearby, understanding that these resources are not universally available in each state. The original results are reported in the state abstracts. Most states have access to pediatric burn beds, but not all have easy access, and some burn centers may be hours from home.

The map below is more current than the abstract results. There are at least 25 states that have American Burn Association (ABA) pediatric-designated burn beds as of 2022. These are either pediatric or pediatric and adult combined centers and are designated in purple. There are other states with adult only units, designated in red, that may accept older teenagers and should be able to accept children in a disaster situation. There are states that admit pediatric burn patients, some admitting any total-body surface area (TBSA), which are planning to apply for ABA verification; some centers admit only up to a certain percentage (eg, 25-30% TBSA) and transfer larger burns out of state. Our results are not granular enough to be more specific. Many of these centers are also designated pediatric trauma centers. States that have self-designated units are in orange. Blue states indicate no easy access to pediatric burn beds and most or all patients leave the state.



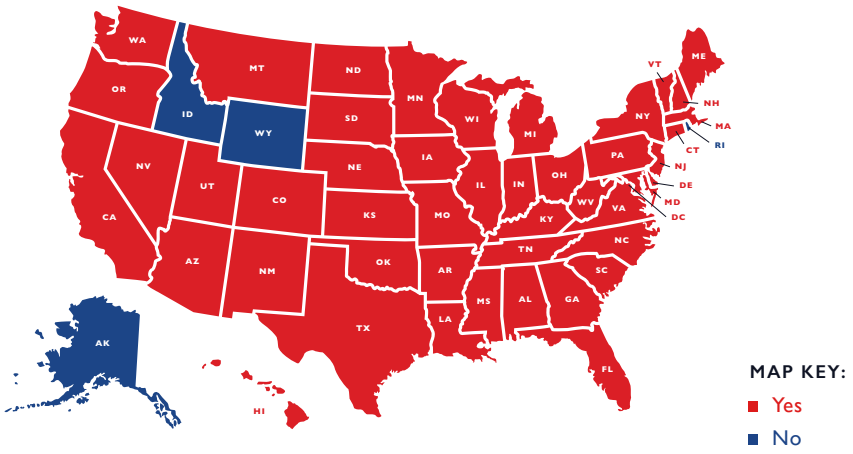
PTSAS Question 76 Results

Q78 Does the state have access to pediatric inpatient rehabilitation needs?

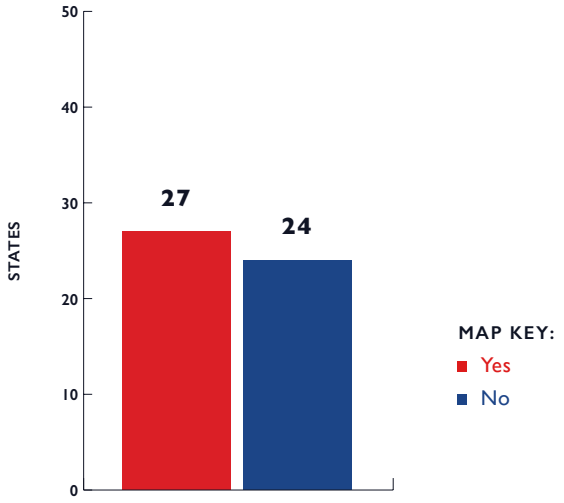
Q79 If yes, what are the resources?

Q80 Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for pediatrics?

Questions 78-80 address access to care for pediatric rehab resources that are generally available outside of a pediatric trauma center. We included the ability of a child to cross state lines if rehab services were available nearby, understanding that these resources are not universally available in each state. Most states have access to inpatient rehab beds, but not all. There was missing information for many of the states. We were able to provide some of this missing data through the CARF website, as well as by using keywords to search for state resources. Twenty-seven states had CARF-accredited rehab centers for pediatrics. Of interest, most states have resources listed on the internet for outpatient pediatric rehab, but the definition of these services and who can access them is ill-defined and likely driven by individual insurance plans and the scope of practice of these facilities. Answers to question 79 were open ended, and the reader should refer to individual state abstracts for more detail. Twenty-five states have access to a freestanding pediatric rehab center, 20 states have access to pediatric rehab beds within mixed pediatric/adult rehab centers, and 5 states did not answer the question and we were unable to find anything online.



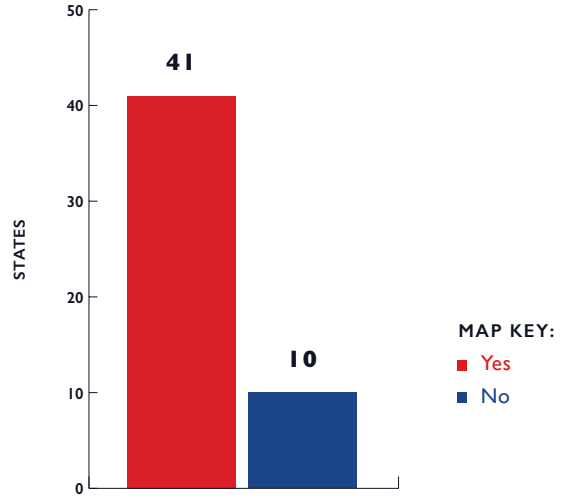
PTSAS Question 78 Results



PTSAS Question 80

Q86 Does the state offer ACS RTTDC courses?

The ACS offers a Rural Trauma Team Development Course (RTTDC), although the pediatric component is only a very small portion of the course. Some states augment the pediatric module at the request of the trauma facility. Perhaps a goal in the future should be to provide a more robust pediatric experience to this course.



PTSAS Question 86 Results: *No: AR, CT, DE, DC, MD, MA, MT, NJ, RI, VA*

STATE ABSTRACTS

TABLE KEY:

Green: Government Accountability Office (GAO) Report (www.bit.ly/3iY5Ctl)

Blue: National Association of State EMS Officials (NASEMSO) Report Question (www.bit.ly/3eOk1Hd)

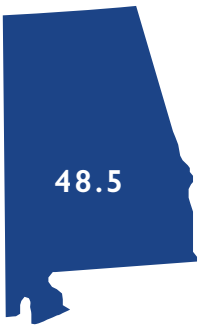
Orange: Grant Team Survey Question and/or State Answer

*An asterisk after the answer in column 2 indicates there was either missing information or new information and the study team provided the answer.

Highlighted row: Included in Delphi Pediatric Trauma System Assessment Score (PTSAS) Scoring

Data from rows 1 and 2 were pulled from the United States Census Bureau from calendar year 2017 *(www.bit.ly/3rpmQDs)*
At the time of data acquisition, all URLs were active.

ALABAMA (AL)



DATA ACQUISITION:

GAO/NASEMSO Reports: 30.5%
State Officials: 53.7%
Study Team: 2.4%
Missing Data: 13.4%

1	State population as of 2017	4 874 486
2	State population ages under 18 as of 2017 as determined by the US Census Bureau.	1 096 017
3	Group (1, 2, 3, 4) from GAO report.	2
4	% of population <10 miles from high-level pediatric trauma center	13
5	% of population 10–30 miles from high-level pediatric trauma center	20.6
6	% of population >30 miles from high-level pediatric trauma center	66.5
7	% of population <10 miles from high-level adult or pediatric trauma center	28.7
8	% of population 10–30 miles from high-level adult or pediatric trauma center	39.6
9	% of population >30 miles from high-level adult or pediatric trauma center	31.8
10	% of population <10 miles from high-mid-level adult or pediatric trauma center	67.3
11	% of population 10–30 miles from high-mid-level adult or pediatric trauma center	30.1
12	% of population >30 miles from high-mid-level adult or pediatric trauma center	2.7
13	Does the state have trauma system legislation?	Yes, §22-11D-1-10
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	Yes, statewide trauma fund § 22-11D-9 Code of Alabama 1975, General Appropriations
16	Does the state trauma system receive federal funds?	Not answered
17	Is there an annual budget for the trauma system?	$1 086 000
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	No
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes
25	What is the basis for the state trauma plan?	Combination custom or other
26	Is there a statewide trauma advisory committee (TAC)?	Yes
27	If yes, is there pediatric representation on the statewide TAC?	No
28	Are there regional TACs?	Yes
29	If yes, is there pediatric representation on the regional TAC?	Not answered
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Alabama Department of Public Health Annual Report
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	No
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	Yes
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No
39	Is there a state disaster triage guideline?	N/A or did not respond
40	Does the state hold mass casualty drills that include children?	No information*
41	If yes, how often?	N/A
42	Do hospitals within the state hold disaster drills that include children?	No information*
43	Do state disaster drills include surge planning for children?	No information*
44	Are trauma center levels designated by the state?	I, II, and III only
45	What is the method of trauma center designation/verification in the state?	VRC only
46	Is there medical direction for the state trauma system?	State EMS medical director
47	Are CDC Field Triage Guidelines (2011) used in the state?	No
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes*
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	No
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes, they can but they do not routinely abstract out pediatric data.
57	Is the state TR electronically integrated with prehospital (EMS) data?	No*
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	No
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	64.2
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Not answered
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	No
70	If no, please explain.	

71	Are injured children typically worked up by the referring hospital before transfer?	Use judgment about the workup before sending to the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	No
75	If yes, is it statewide, system, or hospital?	N/A
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Burn beds—6 inpatient and 2 outpatient
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Burn beds in pediatric rehabilitation unit within a freestanding children's hospital
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	No
81	Is the state rehab facility CARF-accredited for adults?	No
82	Who directs the state rehab care?	Rehab service
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Not answered
84	If yes, what are the resources?	Not answered
85	Who directs the state outpatient rehab care?	Rehab service
86	Does the state offer ACS RTTDC courses?	Yes*

ALASKA (AK)

DATA ACQUISITION:

GAO/NASEMSO Reports: 26.2%
State Officials: 69%
Study Team: 0%
Missing Data: 4.8%

1	State population as of 2017	739 700
2	State population of people ages 18 and under as of 2017	185 410
3	Group (1, 2, 3, 4)	1
4	% of population <10 miles from high-level pediatric trauma center	0
5	% of population 10–30 miles from high-level pediatric trauma center	0
6	% of population >30 miles from high-level pediatric trauma center	100
7	% of population <10 miles from high-level adult or pediatric trauma center	33.9
8	% of population 10–30 miles from high-level adult or pediatric trauma center	6.9
9	% of population >30 miles from high-level adult or pediatric trauma center	59.1
10	% of population <10 miles from high-mid level adult or pediatric trauma center	33.9
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	6.9
12	% of population >30 miles from high-mid level adult or pediatric trauma center	59.1
13	Does the state have trauma system legislation?	Yes, AS 18.08.010-015
14	Where is your trauma office "administratively" located?	State Department of Public Health
15	Does the state have a trauma system funding source(s)?	Federal grants
16	Does the state trauma system receive federal funds?	Yes
17	Is there an annual budget for the trauma system?	$570 000
18	Are any funds specifically for pediatric needs?	Yes
19	Is there trauma program accountability to state EMS office (EMSO)?	Work collaboratively
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	Pending
24	Is there a state trauma plan available?	Yes
25	What is the basis for the state trauma plan?	Custom
26	Is there a statewide trauma advisory committee (TAC)?	Yes, exists voluntarily
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Pending
29	If yes, is there pediatric representation on the regional TAC?	Pending
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Minimal

32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Through specific user groups Trauma Registry Annual report Department of Epidemiology
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	Yes
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	I, II, III, IV; Level V pending
45	What is the method of trauma center designation/verification in the state?	VRC required for II-III or PTC I, II, and IV state; pending Level V by state
46	Is there medical direction for the state trauma system?	State trauma medical director or state COT chair
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Pending
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	No
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes
58	Do the State EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	No
60	What is the state average peds ready score for EDs that are adult trauma centers?	79
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	79
62	What is the state average pediatric readiness (PR) score for all EDs?	59.5
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	N/A

71	Are injured children typically worked up by the referring hospital before transfer?	Use judgment about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Not answered
75	If yes, is it statewide, system, or hospital?	Statewide, some system directed
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Level II trauma centers will accept burn patients and admit or transfer to the regional burn center. Alaska has a Level II trauma center and is currently working on becoming a burn center of excellence.
78	Does the state have access to pediatric inpatient rehabilitation needs?	No
79	If yes, what are the resources?	Beds in mixed adult/pediatric rehabilitation center; pediatric rehabilitation unit within a freestanding children's hospital
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Not answered
81	Is the state rehab facility CARF-accredited for adults?	Not answered
82	Who directs the state rehab care?	Not answered
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Limited
85	Who directs the state outpatient rehab care?	Pediatric physiatrists (pediatric PM&R)
86	Does the state offer ACS RTTDC courses?	Yes

ARIZONA (AZ)

DATA ACQUISITION:

GAO/NASEMSO Reports: 39.8%
State Officials: 50.6%
Study Team: 2.4%
Missing Data: 7.2%

1	State population as of 2017	7 044 008
2	State population of people ages 18 and under as of 2017	1 637 162
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	22.1
5	% of population 10–30 miles from high-level pediatric trauma center	40.9
6	% of population >30 miles from high-level pediatric trauma center	37.1
7	% of population <10 miles from high-level adult or pediatric trauma center	57.5
8	% of population 10–30 miles from high-level adult or pediatric trauma center	23.3
9	% of population >30 miles from high-level adult or pediatric trauma center	19.2
10	% of population <10 miles from high-mid level adult or pediatric trauma center	62.5
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	20.4
12	% of population >30 miles from high-mid level adult or pediatric trauma center	17.1
13	Does the state have trauma system legislation?	Yes, AZ RS §36-2225*
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	Tribal gaming funds (28% dedicated to Level I and II centers), tobacco tax (AZ Rev Stat §36-770)
16	Does the state trauma system receive federal funds?	No information*
17	Is there an annual budget for the trauma system?	$420 000 ($1 955 147—2018 data*)
18	Are any funds specifically for pediatric needs?	Yes *(www.bit.ly/3y29waM)*
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	Combination, custom, or other
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	No
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	Not answered
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	No
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	All trauma reports include pediatric component made available on the bureau's website and distributed to stakeholder community.
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	I, II, III, IV only
45	What is the method of trauma center designation/verification in the state?	VRC required for II-II or I, II, and III only other levels by state
46	Is there medical direction for the state trauma system?	State EMS; medical director
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	72.9
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	No
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes

70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Not answered
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	Variable, not state mandated
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	10 dedicated pediatric beds, others that can be dedicated to children
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Beds in free standing pediatric rehabilitation center; pediatric rehabilitation unit within a free standing children's hospital
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	No
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Not answered
84	If yes, what are the resources?	N/A
85	Who directs the state outpatient rehab care?	Pediatric physiatrists (pediatric PM&R)
86	Does the state offer ACS RTTDC courses?	Yes

ARKANSAS (V)

DATA ACQUISITION:

GAO/NASEMSO Reports: 39.8%
State Officials: 50.6%
Study Team: 1.2%
Missing Data: 8.4%

1	State population as of 2017	3 001 345
2	State population of people ages 18 and under as of 2017	705 370
3	Group (1, 2, 3, 4)	2
4	% of population <10 miles from high-level pediatric trauma center	10.7
5	% of population 10–30 miles from high-level pediatric trauma center	14.6
6	% of population >30 miles from high-level pediatric trauma center	74.7
7	% of population <10 miles from high-level adult or pediatric trauma center	19.4
8	% of population 10–30 miles from high-level adult or pediatric trauma center	23.4
9	% of population >30 miles from high-level adult or pediatric trauma center	57.2
10	% of population <10 miles from high-mid level adult or pediatric trauma center	56.3
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	28.8
12	% of population >30 miles from high-mid level adult or pediatric trauma center	14.9
13	Does the state have trauma system legislation?	Yes, §20-13-13 801 *(www.bit.ly/2UEsS7e)*
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	General fund appropriation (tobacco tax included)
16	Does the state trauma system receive federal funds?	Not answered
17	Is there an annual budget for the trauma system?	$20 to $25 million
18	Are any funds specifically for pediatric needs?	Yes
19	Is there trauma program accountability to state EMS office (EMSO)?	Work collaboratively
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	ACS-COT, 2008
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	No
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	Not answered
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No
34	How is the state trauma data reported to the public?	Not answered
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	Yes
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	More than biannually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	I, II, III, IV only
45	What is the method of trauma center designation/verification in the state?	State only
46	Is there medical direction for the state trauma system?	State trauma medical director or state COT chair
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	No
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	No
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes (including 2 in progress)
58	Do the state EMS data include children?	Not answered
59	Are the state EMS data used for pediatric PI?	No
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	64
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	No
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	No
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	N/A

71	Are injured children typically worked up by the referring hospital before transfer?	Use judgment about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes/no
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	It is statewide
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	26 burn beds
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Beds in freestanding pediatric rehabilitation center; pediatric rehabilitation unit within a free standing children's hospital
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	No
81	Is the state rehab facility CARF-accredited for adults?	No
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Not answered
84	If yes, what are the resources?	N/A
85	Who directs the state outpatient rehab care?	Pediatric physiatrists (pediatric PM&R)
86	Does the state offer ACS RTTDC courses?	No*

CALIFORNIA (CA)

DATA ACQUISITION:

GAO/NASEMSO Reports: 34.9%
State Officials: 27.7%
Study Team: 10.8%
Missing Data: 26.5%

1	State population as of 2017	39 358 497
2	State population of people ages 18 and under as of 2017	9 046 314
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	40.9
5	% of population 10–30 miles from high-level pediatric trauma center	31.8
6	% of population >30 miles from high-level pediatric trauma center	27.3
7	% of population <10 miles from high-level adult or pediatric trauma center	62.7
8	% of population 10–30 miles from high-level adult or pediatric trauma center	27.9
9	% of population >30 miles from high-level adult or pediatric trauma center	9.4
10	% of population <10 miles from high-mid level adult or pediatric trauma center	67.1
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	27.1
12	% of population >30 miles from high-mid level adult or pediatric trauma center	5.8
13	Does the state have trauma system legislation?	Yes, Health and Safety Code §1798.162-166
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	General appropriation and vehicle registration; Maddy Fund to compensate healthcare providers for emergency services*
16	Does the state trauma system receive federal funds?	No information*
17	Is there an annual budget for the trauma system?	No
18	Are any funds specifically for pediatric needs?	Yes, Richie's Fund is for pediatric trauma needs* *(www.bit.ly/3BLarym)*
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	Combination, custom, or other
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, exists voluntarily
29	If yes, is there pediatric representation on the regional TAC?	Yes, not mandated anywhere
30	Does the state promote/organize participation in pediatric injury prevention?	Yes* *(www.bit.ly/3ge5LLs)*

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	No
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes* *(https://bit.ly/3ryK9Lj)*
34	How is the state trauma data reported to the public?	Not answered
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Not answered
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes* *(www.bit.ly/3rAHHUm)*
41	If yes, how often?	Not answered
42	Do hospitals within the state hold disaster drills that include children?	Not answered
43	Do state disaster drills include surge planning for children?	Not answered
44	Are trauma center levels designated by the state?	Levels I, II and IV by regional authority; state doesn't verify or designate trauma centers
45	What is the method of trauma center designation/verification in the state?	VRC or designation by local EMS agency*
46	Is there medical direction for the state trauma system?	State EMS medical director
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes, but local EMS agency responsibility, not state
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Not answered
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes* *(www.bit.ly/2TzppGy)*
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Not answered
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes* *(www.bit.ly/373Ro4g)*
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	70
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Not answered
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Trauma centers set their own ALARA guidelines

70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Not answered
72	Does the referring hospital discuss how to transfer a child?	Not answered
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Not answered
74	Does the state have teleradiology-sharing capability?	Not answered
75	If yes, is it statewide, system, or hospital?	Not answered
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Cannot list resources for specific subspecialty care for burn and rehab
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes* *(www.bit.ly/3rNm1ot)*
79	If yes, what are the resources?	Not answered
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Not answered
81	Is the state rehab facility CARF-accredited for adults?	Not answered
82	Who directs the state rehab care?	Not answered
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Not answered
84	If yes, what are the resources?	N/A
85	Who directs the state outpatient rehab care?	Not answered
86	Does the state offer ACS RTTDC courses?	Yes*

Note: Many of the questions were not answered, and we believe this is due to the large size of the state and regions that operate independent of each other, so there was no consensus answer.

COLORADO (CO)

DATA ACQUISITION:

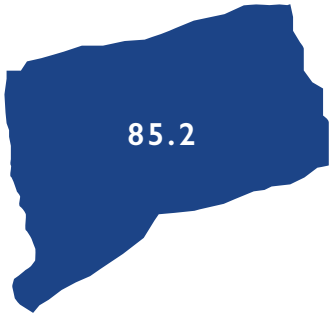
GAO/NASEMSO Reports: 32.5%
State Officials: 53%
Study Team: 0%
Missing Data: 14.5%

1	State population as of 2017	56 110 885
2	State population of people ages 18 and under as of 2017	1 263 102
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	31.8
5	% of population 10–30 miles from high-level pediatric trauma center	25.7
6	% of population >30 miles from high-level pediatric trauma center	42.5
7	% of population <10 miles from high-level adult or pediatric trauma center	69.6
8	% of population 10–30 miles from high-level adult or pediatric trauma center	18.4
9	% of population >30 miles from high-level adult or pediatric trauma center	12
10	% of population <10 miles from high-mid level adult or pediatric trauma center	82.7
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	11.7
12	% of population >30 miles from high-mid level adult or pediatric trauma center	5.6
13	Does the state have trauma system legislation?	Yes, §25-3.5-701-709 *(www.bit.ly/3MF3LIb)*
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	Fee on motor vehicle registration and trauma center designation fee
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	State health department budget for trauma designation program is approximately $500 000, all from designation fees. Also some funding for technical assistance, trauma registry, data analysis.
18	Are any funds specifically for pediatric needs?	Not answered
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	No or did not answer question
25	What is the basis for the state trauma plan?	N/A
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	Varies

30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	The public is able to request data reports from the department on special topics. State reports are posted publicly the state website.
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Biannually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	Level I-V plus regional PTC
45	What is the method of trauma center designation/verification in the state?	State designation with or without participation of ACS verification team in simultaneous survey; partnership with VRC/state
46	Is there medical direction for the state trauma system?	State EMS medical director
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with minor modifications
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	67.6
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	No information
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	No
66	Does the state have shaken baby parent education legislation?	Not answered
67	If yes, give statute and year enacted.	N/A

68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Not answered
70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Do an unnecessary number of radiographic tests, including CT scans, before sending the patient; use judgment and ask advice about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	Not answered
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	At Children's Hospital Colorado 12 with surge to 18 beds. Swedish Medical Center has 8 beds.
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Children's Hospital Colorado plus additional beds in mixed peds/adult facilities
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Not answered
81	Is the state rehab facility CARF-accredited for adults?	Not answered
82	Who directs the state rehab care?	Not answered
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Multiple resources
85	Who directs the state outpatient rehab care?	Not answered
86	Does the state offer ACS RTTDC courses?	Yes

CONNECTICUT (CT)



DATA ACQUISITION:

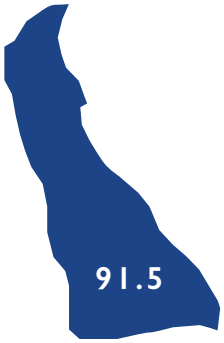
GAO/NASEMSO Reports: 21.3%
State Officials: 70%
Study Team: 0%
Missing Data: 8.8%

1	State population as of 2017	3 573 297
2	State population of people ages 18 and under as of 2017	743 342
3	Group (1, 2, 3, 4)	4
4	% of population <10 miles from high-level pediatric trauma center	31.8
5	% of population 10–30 miles from high-level pediatric trauma center	59.7
6	% of population >30 miles from high-level pediatric trauma center	8.5
7	% of population <10 miles from high-level adult or pediatric trauma center	69.6
8	% of population 10–30 miles from high-level adult or pediatric trauma center	23.8
9	% of population >30 miles from high-level adult or pediatric trauma center	6.6
10	% of population <10 miles from high-mid level adult or pediatric trauma center	72.5
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	27.3
12	% of population >30 miles from high-mid level adult or pediatric trauma center	0.2
13	Does the state have trauma system legislation?	Yes, §§19a-177-1—19a-177-9 *(www.bit.ly/370Rzxh)*
14	Where is your trauma office "administratively" located?	Office of Emergency Medical Services under the Department of Public Health
15	Does the state have a trauma system funding source(s)?	General appropriations—vehicle registration fees used to go to a trauma fund, but the research team was unable to find anything current.*
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	N/A
18	Are any funds specifically for pediatric needs?	Yes
19	Is there trauma program accountability to state EMS office (EMSO)?	Yes
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	N/A
24	Is there a state trauma plan available?	None or N/A
25	What is the basis for the state trauma plan?	None, unknown, or N/A
26	Is there a statewide trauma advisory committee (TAC)?	Yes
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	None or N/A
29	If yes, is there pediatric representation on the regional TAC?	N/A

30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Other or N/A
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	N/A
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Via state DPH reports/website
35	Is trauma included in the statewide disaster plan?	Yes* (*www.bit.ly/3BXtdDV*)
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	Not answered
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	Not answered
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	Yes
45	What is the method of trauma center designation/verification in the state?	ACS-COT
46	Is there medical direction for the state trauma system?	None/not answered
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Not answered
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	No
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	No
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	71.7
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes

70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Use judgment about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Not answered
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed
76	Does the state have access to pediatric inpatient burn care beds?	No
77	If yes, what are the resources for pediatric burn care?	Beds as needed at Bridgeport Hospital
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	2 pediatric hospitals (both peds Level I trauma centers) in state; mixed adult/pediatric rehabilitation facility
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Adult physiatrists (adult PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Short-term rehab centers
85	Who directs the state outpatient rehab care?	Situation dependent
86	Does the state offer ACS RTTDC courses?	No

DELAWARE (DE)



DATA ACQUISITION:

GAO/NASEMSO Reports: 38.6%
State Officials: 59%
Study Team: 0%
Missing Data: 2.4%

1	State population as of 2017	956 823
2	State population of people ages 18 and under as of 2017	203 861
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	34.8
5	% of population 10–30 miles from high-level pediatric trauma center	25.1
6	% of population >30 miles from high-level pediatric trauma center	40.1
7	% of population <10 miles from high-level adult or pediatric trauma center	52.7
8	% of population 10–30 miles from high-level adult or pediatric trauma center	11.1
9	% of population >30 miles from high-level adult or pediatric trauma center	36.3
10	% of population <10 miles from high-mid level adult or pediatric trauma center	83
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	17
12	% of population >30 miles from high-mid level adult or pediatric trauma center	0
13	Does the state have trauma system legislation?	Yes, title 16 Health and Safety Delaware Administrative Code, §4305 Trauma System
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	No
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	No
18	Are any funds specifically for pediatric needs?	N/A
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	MTSPE/BIS, 2006
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes, via pediatric trauma center
28	Are there regional TACs?	None/not answered
29	If yes, is there pediatric representation on the regional TAC?	N/A
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	No
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No
34	How is the state trauma data reported to the public?	Aggregate trauma system registry data is made available on office of EMS website, in publications, and at EMSC and trauma system meetings.
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	Yes
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Not answered
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	I, II, III, IV only
45	What is the method of trauma center designation/verification in the state?	State designation committee makes recommendations based on ACS reports
46	Is there medical direction for the state trauma system?	Shared—EMS and trauma
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Unverified information from state
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	100
62	What is the state average pediatric readiness (PR) score for all EDs?	84.7
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes

69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Use judgment about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	It is a function of the pediatric trauma center only
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	All hospitals have transfer agreements with Philadelphia, Baltimore, and Washington DC burn centers.
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Nemours/duPont Hospital for Children; pediatric rehabilitation unit within a free standing children's hospital
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	No
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R) and child neurologists
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Nemours/duPont Hospital for Children
85	Who directs the state outpatient rehab care?	Pediatric physiatrists (pediatric PM&R) and child neurologists
86	Does the state offer ACS RTTDC courses?	No

DISTRICT OF COLUMBIA (DC)

DATA ACQUISITION:

GAO/NASEMSO Reports: 14.8%
State Officials: 50.6%
Study Team: 2.5%
Missing Data: 32.1%

1	State population as of 2017	694 906
2	State population of people ages 18 and under as of 2017	124 682
3	Group (1, 2, 3, 4)	4
4	% of population <10 miles from high-level pediatric trauma center	100
5	% of population 10–30 miles from high-level pediatric trauma center	0
6	% of population >30 miles from high-level pediatric trauma center	0
7	% of population <10 miles from high-level adult or pediatric trauma center	100
8	% of population 10–30 miles from high-level adult or pediatric trauma center	0
9	% of population >30 miles from high-level adult or pediatric trauma center	0
10	% of population <10 miles from high-mid level adult or pediatric trauma center	100
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	0
12	% of population >30 miles from high-mid level adult or pediatric trauma center	0
13	Does the state have trauma system legislation?	No
14	Where is your trauma office "administratively" located?	Not answered
15	Does the state have a trauma system funding source(s)?	Not answered
16	Does the state trauma system receive federal funds?	Not answered
17	Is there an annual budget for the trauma system?	$0
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Not answered
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes* (*www.bit.ly/3UOs8GZ*)
22	Does the state have legislation to designate pediatric trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	Not answered
24	Is there a state trauma plan available?	Not answered
25	What is the basis for the state trauma plan?	Not answered
26	Is there a statewide trauma advisory committee (TAC)?	Not answered
27	If yes, is there pediatric representation on the statewide TAC?	Yes* (*www.bit.ly/2Wms2wp*)
28	Are there regional TACs?	Not answered
29	If yes, is there pediatric representation on the regional TAC?	N/A
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes

32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Not answered
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No
34	How is the state trauma data reported to the public?	Not answered
35	Is trauma included in the statewide disaster plan?	Not answered
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	Not answered
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	Not answered
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	More than biannually
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	Level I only* *(www.bit.ly/3UOs8GZ)*
45	What is the method of trauma center designation/verification in the state?	VRC and municipal ordinance partnership*
46	Is there medical direction for the state trauma system?	Not answered
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Not answered
52	Are children's interests recognized in the statewide PI trauma plan?	No
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	No
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	No*
58	Do the state EMS data include children?	Not answered
59	Are the state EMS data used for pediatric PI?	No
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	Data not publicly available
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	No
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes*
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Not answered
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	No
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	No
70	If no, please explain.	N/A

71	Are injured children typically worked up by the referring hospital before transfer?	Do an unnecessary number of radiographic tests, including CT scans, before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	No
75	If yes, is it statewide, system, or hospital?	N/A
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	20 burn beds
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Beds in mixed adult/pediatric rehabilitation center; free standing pediatric rehabilitation facility
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Not answered
84	If yes, what are the resources?	N/A
85	Who directs the state outpatient rehab care?	Pediatric physiatrists (pediatric PM&R)
86	Does the state offer ACS RTTDC courses?	No

FLORIDA (FL)

DATA ACQUISITION:

GAO/NASEMSO Reports: 38.3%
State Officials: 42%
Study Team: 3.7%
Missing Data: 16%

1	State population as of 2017	20 963 613
2	State population of people ages 18 and under as of 2017	4 201 903
3	Group (1, 2, 3, 4)	2
4	% of population <10 miles from high-level pediatric trauma center	13.8
5	% of population 10–30 miles from high-level pediatric trauma center	24.3
6	% of population >30 miles from high-level pediatric trauma center	61.9
7	% of population <10 miles from high-level adult or pediatric trauma center	51.8
8	% of population 10–30 miles from high-level adult or pediatric trauma center	39.9
9	% of population >30 miles from high-level adult or pediatric trauma center	8.3
10	% of population <10 miles from high-mid level adult or pediatric trauma center	51.8
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	39.9
12	% of population >30 miles from high-mid level adult or pediatric trauma center	8.3
13	Does the state have trauma system legislation?	Yes, title XXIX, chapter 395, §395.4025
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	Percentage of traffic violation penalties and court fines going toward trauma centers and through grants to EMS providers
16	Does the state trauma system receive federal funds?	Not answered
17	Is there an annual budget for the trauma system?	Program budget of approximately $1.2 million; financial support to trauma center approximately $12 million
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Work collaboratively
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	Yes
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	MTSPE/BIS, 2006
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	None/not answered
29	If yes, is there pediatric representation on the regional TAC?	N/A

30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No
34	How is the state trauma data reported to the public?	Not reported
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Not answered
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	Yes* *(www.bit.ly/3rBbixb)*
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No information*
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	No information*
41	If yes, how often?	N/A
42	Do hospitals within the state hold disaster drills that include children?	No information*
43	Do state disaster drills include surge planning for children?	No information*
44	Are trauma center levels designated by the state?	I, II only
45	What is the method of trauma center designation/verification in the state?	State only
46	Is there medical direction for the state trauma system?	State trauma medical director or state COT chair
47	Are CDC Field Triage Guidelines (2011) used in the state?	No, other guideline used or no state mandate
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	TR is capable, but the state currently does not publish any specific pediatric reports
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	82.2
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Not answered
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes* *(www.bit.ly/373jUTF)*

70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Not answered
72	Does the referring hospital discuss how to transfer a child?	No
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Not answered
74	Does the state have teleradiology-sharing capability?	Not answered
75	If yes, is it statewide, system, or hospital?	No state requirement
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	State resources for pediatric burn care noted on the ABA website* *(www.bit.ly/3j12P2t)*
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Mixed adult/pediatric rehabilitation; bed location varies by location and availability
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Unknown
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Not answered
84	If yes, what are the resources?	N/A
85	Who directs the state outpatient rehab care?	Unknown
86	Does the state offer ACS RTTDC courses?	No

GEORGIA (GA)

DATA ACQUISITION:

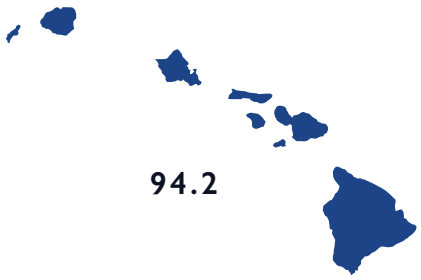
GAO/NASEMSO Reports: 37.3%
State Officials: 55.4%
Study Team: 1.2%
Missing Data: 6%

1	State population as of 2017	10 410 330
2	State population of people ages 18 and under as of 2017	2 511 410
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	11.3
5	% of population 10–30 miles from high-level pediatric trauma center	39.2
6	% of population >30 miles from high-level pediatric trauma center	49.5
7	% of population <10 miles from high-level adult or pediatric trauma center	41.9
8	% of population 10–30 miles from high-level adult or pediatric trauma center	38.4
9	% of population >30 miles from high-level adult or pediatric trauma center	19.8
10	% of population <10 miles from high-mid level adult or pediatric trauma center	43.2
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	38.9
12	% of population >30 miles from high-mid level adult or pediatric trauma center	18
13	Does the state have trauma system legislation?	Yes, O.C.G.A. §31-11-100 *(www.bit.ly/3rDcqAa)*
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	General fund appropriation from traffic violations*
16	Does the state trauma system receive federal funds?	Not answered
17	Is there an annual budget for the trauma system?	$11 961 703 for FY2016
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Work collaboratively
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	No
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	MTSPE/BIS, 2006
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	No
28	Are there regional TACs?	Yes, exists voluntarily
29	If yes, is there pediatric representation on the regional TAC?	Not answered
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No
34	How is the state trauma data reported to the public?	N/A
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	Yes
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	Unsure/other
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	No
44	Are trauma center levels designated by the state?	I, II, III, IV only
45	What is the method of trauma center designation/verification in the state?	Accepts state or VRC
46	Is there medical direction for the state trauma system?	Shared—EMS and trauma
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, without modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	No
59	Are the state EMS data used for pediatric PI?	No
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	71.3
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	N/A

71	Are injured children typically worked up by the referring hospital before transfer?	Do a minimum of radiographic tests before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	20 burn beds
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Beds in mixed adult/pediatric rehabilitation center
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Child neurologists
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Not answered
85	Who directs the state outpatient rehab care?	Child neurologists
86	Does the state offer ACS RTTDC courses?	Yes

HAWAII (HI)



DATA ACQUISITION:

GAO/NASEMSO Reports: 16.5%
State Officials: 70.6%
Study Team: 2.4%
Missing Data: 9.4%

1	State population as of 2017	1 424 393
2	State population of people ages 18 and under as of 2017	305 161
3	Group (1, 2, 3, 4)	1
4	% of population <10 miles from high-level pediatric trauma center	0
5	% of population 10–30 miles from high-level pediatric trauma center	0
6	% of population >30 miles from high-level pediatric trauma center	100
7	% of population <10 miles from high-level adult or pediatric trauma center	36.2
8	% of population 10–30 miles from high-level adult or pediatric trauma center	33.2
9	% of population >30 miles from high-level adult or pediatric trauma center	30.6
10	% of population <10 miles from high-mid level adult or pediatric trauma center	51.8
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	47.3
12	% of population >30 miles from high-mid level adult or pediatric trauma center	1
13	Does the state have trauma system legislation?	Yes, title 19, §321-22.5
14	Where is your trauma office "administratively" located?	Department of health, EMS and injury prevention system branch
15	Does the state have a trauma system funding source(s)?	Cigarette tax
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	$7 400 000
18	Are any funds specifically for pediatric needs?	Yes
19	Is there trauma program accountability to state EMS office (EMSO)?	Yes
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	Did not respond
24	Is there a state trauma plan available?	Yes
25	What is the basis for the state trauma plan?	ACS-COT
26	Is there a statewide trauma advisory committee (TAC)?	Yes
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes
29	If yes, is there pediatric representation on the regional TAC?	Yes
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Did not respond
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Injury prevention website, Hawaii injury prevention plan
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	No
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Biannually
42	Do hospitals within the state hold disaster drills that include children?	Not answered
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	Yes
45	What is the method of trauma center designation/verification in the state?	VRC only*
46	Is there medical direction for the state trauma system?	Yes
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	64.5
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Not answered
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes

70	If no, please explain.	Some are developing additional guidelines outside of the use of Pediatric Emergency Care Applied Research Network (PECARN).
71	Are injured children typically worked up by the referring hospital before transfer?	Combination of a minimum of an unnecessary number of radiographic tests, including CT scans, and asking advice vs. using judgment before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	Both system and hospital
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Pediatric burn program at the pediatric trauma center
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Pediatric trauma center where resources include physiatrist, physical therapist, occupational therapist, speech therapist, audiologist, child life specialist, educational liaison, psychiatrist, psychologist, case manager, social worker, physicians, and nurses
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	No* *(www.bit.ly/3eZ73pR)*
81	Is the state rehab facility CARF-accredited for adults?	Yes* *(www.bit.ly/3eZ73pR)*
82	Who directs the state rehab care?	Not answered
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Pediatric trauma center
85	Who directs the state outpatient rehab care?	Not answered
86	Does the state offer ACS RTTDC courses?	Yes

IDAHO (ID)

DATA ACQUISITION:

GAO/NASEMSO Reports: 25.9%
State Officials: 48.1%
Study Team: 3.7%
Missing Data: 22.2%

1	State population as of 2017	1 717 715
2	State population of people ages 18 and under as of 2017	442 490
3	Group (1, 2, 3, 4)	1
4	% of population <10 miles from high-level pediatric trauma center	0
5	% of population 10–30 miles from high-level pediatric trauma center	2.5
6	% of population >30 miles from high-level pediatric trauma center	97.5
7	% of population <10 miles from high-level adult or pediatric trauma center	19.7
8	% of population 10–30 miles from high-level adult or pediatric trauma center	37.3
9	% of population >30 miles from high-level adult or pediatric trauma center	43
10	% of population <10 miles from high-mid level adult or pediatric trauma center	33.1
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	41.3
12	% of population >30 miles from high-mid level adult or pediatric trauma center	25.7
13	Does the state have trauma system legislation?	Yes, title 56, chapter 10
14	Where is your trauma office "administratively" located?	Idaho Department of Health and Welfare
15	Does the state have a trauma system funding source(s)?	Facility designations, state funds
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	$650 000
18	Are any funds specifically for pediatric needs?	No information*
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	No
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	None or N/A
25	What is the basis for the state trauma plan?	MTSPE/BIS, 2006
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	No
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	No
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes

32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	No
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No
34	How is the state trauma data reported to the public?	N/A
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No information*
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No
39	Is there a state disaster triage guideline?	N/A or did not respond
40	Does the state hold mass casualty drills that include children?	Yes* *(www.bit.ly/3stAwOu)*
41	If yes, how often?	No information*
42	Do hospitals within the state hold disaster drills that include children?	Not answered
43	Do state disaster drills include surge planning for children?	No information*
44	Are trauma center levels designated by the state?	All: I through V, peds I, II
45	What is the method of trauma center designation/verification in the state?	State only
46	Is there medical direction for the state trauma system?	Trauma
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	No
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes*
51	Does the state have a statewide PI plan or guide for trauma?	No
52	Are children's interests recognized in the statewide PI trauma plan?	No
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	No
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Not answered
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	No
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	63.3
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	No
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	No
66	Does the state have shaken baby parent education legislation?	Not answered
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Not answered

72	Does the referring hospital discuss how to transfer a child?	Not answered
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Not answered
74	Does the state have teleradiology-sharing capability?	Not answered
75	If yes, is it statewide, system, or hospital?	N/A
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Out-of-state at regional burn center
78	Does the state have access to pediatric inpatient rehabilitation needs?	No
79	If yes, what are the resources?	N/A
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Not answered
81	Is the state rehab facility CARF-accredited for adults?	Not answered
82	Who directs the state rehab care?	Not answered
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	*www.bit.ly/3T2jHXh*
85	Who directs the state outpatient rehab care?	Not answered
86	Does the state offer ACS RTTDC courses?	Yes*

ILLINOIS (IL)

DATA ACQUISITION:

GAO/NASEMSO Reports: 20.5%
State Officials: 75.9%
Study Team: 1.2%
Missing Data: 2.4%

1	State population as of 2017	12 778 828
2	State population of people ages 18 and under as of 2017	2 895 982
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	28
5	% of population 10–30 miles from high-level pediatric trauma center	31.4
6	% of population >30 miles from high-level pediatric trauma center	40.6
7	% of population <10 miles from high-level adult or pediatric trauma center	74.5
8	% of population 10–30 miles from high-level adult or pediatric trauma center	15.5
9	% of population >30 miles from high-level adult or pediatric trauma center	10
10	% of population <10 miles from high-mid level adult or pediatric trauma center	74.7
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	15.7
12	% of population >30 miles from high-mid level adult or pediatric trauma center	9.6
13	Does the state have trauma system legislation?	Yes, (210 ILCS 50/) Emergency Medical Services (EMS) Systems Act
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	Surcharge on traffic fines and DUIs
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	Annual funds come from state treasury fund designated as trauma center fund. $15 000 000 budgeted in 2017 to trauma center fund.* *(www.bit.ly/3hlBs2G)*
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	None/not answered
25	What is the basis for the state trauma plan?	N/A
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	No
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	No

30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	There is a mandate for an annual report from the Head/Spinal Cord and Violence Registry (HSVI). This is a subset within the state trauma registry, and the annual report is submitted to the Illinois State Legislature. A new trauma registry is being purchased.
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes* *(www.bit.ly/3mqLSBN)*
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	I, II only
45	What is the method of trauma center designation/verification in the state?	State only
46	Is there medical direction for the state trauma system?	No
47	Are CDC Field Triage Guidelines (2011) used in the state?	No
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	No
52	Are children's interests recognized in the statewide PI trauma plan?	No
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes. The registry is in transition; there are required reporting data from the centers, but the centers do not receive regular reports from the state.
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	82.5
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No

67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Use judgment and ask advice about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System or hospital. Individual institutions may have telemedicine/teleradiology capabilities, but it is not a statewide entity.
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	20+ burn beds with pediatric capabilities
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Rehab centers with pediatric capabilities; both free standing and mixed adult/pediatric rehabilitation
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Depending on the rehabilitation setting/ institution, both pediatric and adult physiatrists, depending on the age of the patient and the facility
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Rehab centers with pediatric capabilities
85	Who directs the state outpatient rehab care?	Depending on the rehabilitation setting/ institution; both pediatric and adult physiatrists, depending on the age of the patient and the facility
86	Does the state offer ACS RTTDC courses?	Yes

INDIANA (IN)

DATA ACQUISITION:

GAO/NASEMSO Reports: 38.1%
State Officials: 38.1%
Study Team: 4.8%
Missing Data: 19%

1	State population as of 2017	6 658 078
2	State population of people ages 18 and under as of 2017	1 572 900
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	25
5	% of population 10–30 miles from high-level pediatric trauma center	30
6	% of population >30 miles from high-level pediatric trauma center	45.1
7	% of population <10 miles from high-level adult or pediatric trauma center	31.1
8	% of population 10–30 miles from high-level adult or pediatric trauma center	34.4
9	% of population >30 miles from high-level adult or pediatric trauma center	34.4
10	% of population <10 miles from high-mid level adult or pediatric trauma center	34.2
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	40.3
12	% of population >30 miles from high-mid level adult or pediatric trauma center	25.5
13	Does the state have trauma system legislation?	Yes *(www.bit.ly/3vkox9o)*
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	IN Code §16-41-42.2-4 (2017); a small percentage of this fund can go to trauma system development*
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	No information*
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Totally separate from EMS
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	MTSPE/BIS, 2006
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, exists voluntarily
29	If yes, is there pediatric representation on the regional TAC?	Depends on region
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Data are reported quarterly to the Indiana State Trauma Care Committee. These reports are then available on the public-facing website. The ISDH also processes data requests for anyone interested in aggregate data.
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes* *(www.bit.ly/3yfG4gx)*
39	Is there a state disaster triage guideline?	Unsure/other
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Not answered
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	I, II, III only
45	What is the method of trauma center designation/verification in the state?	VRC or approval by EMS commission of Indiana* *(www.bit.ly/3flgtiA)*
46	Is there medical direction for the state trauma system?	Other
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Not answered
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	No
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes (including 2 in progress)
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes* *(www.bit.ly/3866WoH)*
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	66.7
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes*
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Not answered

69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Not answered
70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Not answered
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Not answered
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	10 burn beds
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Not answered
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Not answered
81	Is the state rehab facility CARF-accredited for adults?	Not answered
82	Who directs the state rehab care?	Not answered
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Not answered
84	If yes, what are the resources?	Not answered
85	Who directs the state outpatient rehab care?	Not answered
86	Does the state offer ACS RTTDC courses?	Yes

IOWA (IA)

DATA ACQUISITION:

GAO/NASEMSO Reports: 15.7%
State Officials: 80.7%
Study Team: 0%
Missing Data: 3.6%

1	State population as of 2017	3 141 550
2	State population of people ages 18 and under as of 2017	731 611
3	Group (1, 2, 3, 4)	2
4	% of population <10 miles from high-level pediatric trauma center	19.5
5	% of population 10–30 miles from high-level pediatric trauma center	18.8
6	% of population >30 miles from high-level pediatric trauma center	61.7
7	% of population <10 miles from high-level adult or pediatric trauma center	32.3
8	% of population 10–30 miles from high-level adult or pediatric trauma center	23.8
9	% of population >30 miles from high-level adult or pediatric trauma center	43.9
10	% of population <10 miles from high-mid level adult or pediatric trauma center	52.9
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	30.4
12	% of population >30 miles from high-mid level adult or pediatric trauma center	16.8
13	Does the state have trauma system legislation?	Yes, chapter 147a
14	Where is your trauma office "administratively" located?	Iowa Department of Public Health, Bureau of Emergency and Trauma Services
15	Does the state have a trauma system funding source(s)?	Grant funding from the PHHS Block grant and some funding from the FLEX grant for trauma verification reviews at critical access hospitals
16	Does the state trauma system receive federal funds?	Yes
17	Is there an annual budget for the trauma system?	Approximately $400 000
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Equal partners within the same bureau oversite structure
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	Iowa is an inclusive trauma system by law. All Iowa hospitals are required to be verified as a trauma care facility at some level.
24	Is there a state trauma plan available?	No
25	What is the basis for the state trauma plan?	ACS consultation visit, BIS evaluation, Trauma System Advisory Council guidance
26	Is there a statewide trauma advisory committee (TAC)?	Yes
27	If yes, is there pediatric representation on the statewide TAC?	Yes

28	Are there regional TACs?	No; the state is establishing trauma regions; formal advisory councils have not been developed
29	If yes, is there pediatric representation on the regional TAC?	N/A
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Stop the Bleed, falls prevention, head injury/ concussion prevention
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Annually, on the IDPH website/trauma page
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No; it is part of the entire emergency response systems MCI planning. There are no standalone silos.
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	No, but in progress
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	No; hospitals may self-designate based on ability to meet established criteria; very few hospitals are underdesignated; those are being mentored to match resources to designation level
45	What is the method of trauma center designation/verification in the state?	Level I and II facilities are ACS verified and matched by Iowa. Level III and IV facilities are verified using Iowa's trauma verification team (surgeons, ED physicians, trauma nurses, IDPH/Bureau of Emergency Medical and Trauma Services staff).
46	Is there medical direction for the state trauma system?	Yes
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes, guidance is provided by the Trauma System Advisory Council, Subcommittee on System Evaluation and Quality Improvement
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes

60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	62.3
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Use judgment about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	15 burn beds
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Beds in free standing pediatric rehabilitation center; both free standing and mixed adult/ped rehab facilities are available
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Not answered
85	Who directs the state outpatient rehab care?	Pediatric physiatrists, child neurologists, and specialty services based on isolated injuries
86	Does the state offer ACS RTTDC courses?	Yes

KANSAS (KS)

DATA ACQUISITION:

GAO/NASEMSO Reports: 38.1%
State Officials: 53.6%
Study Team: 0%
Missing Data: 8.3%

1	State population as of 2017	2 908 718
2	State population of people ages 18 and under as of 2017	711 857
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	26.6
5	% of population 10–30 miles from high-level pediatric trauma center	25.3
6	% of population >30 miles from high-level pediatric trauma center	48.1
7	% of population <10 miles from high-level adult or pediatric trauma center	46.3
8	% of population 10–30 miles from high-level adult or pediatric trauma center	19.4
9	% of population >30 miles from high-level adult or pediatric trauma center	34.3
10	% of population <10 miles from high-mid level adult or pediatric trauma center	51.8
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	24.2
12	% of population >30 miles from high-mid level adult or pediatric trauma center	24
13	Does the state have trauma system legislation?	Yes, article 56, Department of Health and Environment §75-5665
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	Court fees on moving violations
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	$780 000
18	Are any funds specifically for pediatric needs?	Yes
19	Is there trauma program accountability to state EMS office (EMSO)?	Work collaboratively
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	Combination, custom, or other
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	No
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	No
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Through KDHE Office of Vital Statistics and the Violent Death Reporting System
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	N/A or did not respond
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Biannually
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	No
44	Are trauma center levels designated by the state?	I, II, III, IV only
45	What is the method of trauma center designation/verification in the state?	VRC required for I-II or I, II, and III only; other levels by state
46	Is there medical direction for the state trauma system?	State trauma medical director or state COT chair
47	Are CDC Field Triage Guidelines (2011) used in the state?	No, other guideline used or no state mandate
48	Is there a state trauma destination (bypass) protocol in place?	No statewide trauma triage protocol
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	No
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes (including 2 in progress)
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	No
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	57.3
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes

70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Do an unnecessary amount of radiographic tests, including CT scans, before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed—each hospital makes a choice on their purchases
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	4 burn beds; the regional burn centers, including the 2 in Kansas
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Rehabilitation facilities that accept pediatric trauma patients; mixed adult/pediatric
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Not answered
81	Is the state rehab facility CARF-accredited for adults?	Not answered
82	Who directs the state rehab care?	Adult physiatrists (adult PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Not answered
84	If yes, what are the resources?	Not answered
85	Who directs the state outpatient rehab care?	Child therapist
86	Does the state offer ACS RTTDC courses?	Yes

KENTUCKY (KY)

DATA ACQUISITION:

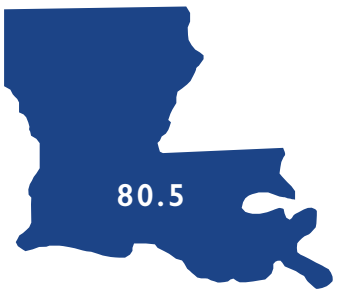
GAO/NASEMSO Reports: 24.7%
State Officials: 74.1%
Study Team: 0%
Missing Data: 1.2%

1	State population as of 2017	4 452 268
2	State population of people ages 18 and under as of 2017	1 010 420
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	22.1
5	% of population 10–30 miles from high-level pediatric trauma center	28
6	% of population >30 miles from high-level pediatric trauma center	49.8
7	% of population <10 miles from high-level adult or pediatric trauma center	22.8
8	% of population 10–30 miles from high-level adult or pediatric trauma center	29.9
9	% of population >30 miles from high-level adult or pediatric trauma center	47.3
10	% of population <10 miles from high-mid level adult or pediatric trauma center	25.1
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	35.6
12	% of population >30 miles from high-mid level adult or pediatric trauma center	39.3
13	Does the state have trauma system legislation?	Yes, §211.494
14	Where is your trauma office "administratively" located?	Outside entity (Kentucky Hospital Association)
15	Does the state have a trauma system funding source(s)?	General fund appropriation
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	<$200 000
18	Are any funds specifically for pediatric needs?	Indirectly to support the state trauma program manager and registry, which includes the interests of pediatrics
19	Is there trauma program accountability to state EMS office (EMSO)?	Totally separate from EMS
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	MTSPE/BIS, 2006
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	Yes
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Website, press releases, PTC hospital public relations
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	Yes
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	START and JUMP START (pediatrics) *(www.bit.ly/3gK7Tbh)*
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Not answered
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Not answered
44	Are trauma center levels designated by the state?	I, II, III, IV only
45	What is the method of trauma center designation/verification in the state?	VRC I, II, III; state level IV
46	Is there medical direction for the state trauma system?	None
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Some individual services use EMS data specific to pediatric patients for PI purposes.
60	What is the state average peds ready score for EDs that are adult trauma centers?	69.1
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	94.6
62	What is the state average pediatric readiness (PR) score for all EDs?	65.6
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	No
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	No

70	If no, please explain.	Based on 2013 NPRP data, more than 50% of adult trauma centers indicated they lacked policies regarding ALARA for pediatric patients.
71	Are injured children typically worked up by the referring hospital before transfer?	Often includes "man scans" inappropriate for injuries
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	Both system and hospital based and not uniform across state
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Level I PTC will take children with burns <30%; transfer capabilities to Shriners burn center in Ohio for any % burn
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Up to 20 beds available for children
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Pediatric physiatrists and Norton Children's Hospital speech, physical, and/or occupational therapy teams
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	There are outpatient resources at the main facility and 2 other locations. Patients continue to be followed in rehab clinic after discharge if seen in the hospital.
85	Who directs the state outpatient rehab care?	Pediatric physiatrists and Norton Children's Hospital speech, physical, and/or occupational therapy teams
86	Does the state offer ACS RTTDC courses?	Yes

LOUISIANA (LA)



DATA ACQUISITION:

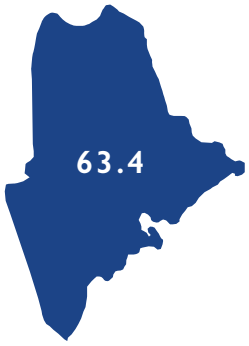
GAO/NASEMSO Reports: 35.3%
State Officials: 61.2%
Study Team: 2.4%
Missing Data: 1.2%

1	State population as of 2017	4 670 560
2	State population of people ages 18 and under as of 2017	1 107 332
3	Group (1, 2, 3, 4)	1
4	% of population <10 miles from high-level pediatric trauma center	0
5	% of population 10–30 miles from high-level pediatric trauma center	0
6	% of population >30 miles from high-level pediatric trauma center	100*; since the GAO report, Ochsner became a Level II pediatric trauma center. *(www.bit.ly/3D5c3nz)*
7	% of population <10 miles from high-level adult or pediatric trauma center	31.7
8	% of population 10–30 miles from high-level adult or pediatric trauma center	19.9
9	% of population >30 miles from high-level adult or pediatric trauma center	48.4
10	% of population <10 miles from high-mid level adult or pediatric trauma center	31.7
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	20.9
12	% of population >30 miles from high-mid level adult or pediatric trauma center	47.4
13	Does the state have trauma system legislation?	Yes, La. Rev Sec 40:2841-2846
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	General fund appropriation
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	$1 600 000
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Work collaboratively
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	No
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes* *(www.bit.ly/3y93wMr)*
25	What is the basis for the state trauma plan?	ACS-COT
26	Is there a statewide trauma advisory committee (TAC)?	TAC = LERN; yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes, legislation requires a member specializing in pediatric surgery
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	Pediatric represented, not mandated

30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No
34	How is the state trauma data reported to the public?	On the LERN website
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	Yes
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	I, II, III only
45	What is the method of trauma center designation/verification in the state?	VRC only
46	Is there medical direction for the state trauma system?	State trauma medical director or state COT chair
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	No
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	No
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Report as: (eg, <1, 1-4, 5-9, 15-19, 20-24 yrs, etc.)
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	No
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	No pediatric trauma centers when the survey was completed
62	What is the state average pediatric readiness (PR) score for all EDs?	62.9
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Yes
67	If yes, give statute and year enacted.	RS 40:1086.1 - 1086.4 (2016)
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes

69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Do an unnecessary amount of radiographic tests, including CT scans, before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes/no
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	Yes/no
75	If yes, is it statewide, system, or hospital?	System directed; can only view scans for patients at sister hospitals within the Franciscan Missionaries of Our Lady Health System
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Baton Rouge General (no pediatric burns >30%, will treat and transfer); LSU Health Shreveport accepts all pediatric burn patients; Our Lady of Lourdes transfers pediatric burns out
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Children's Hospital New Orleans, the only certified pediatric rehab hospital in Louisiana
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	No
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Children's Hospital New Orleans; no comprehensive list of other resources
85	Who directs the state outpatient rehab care?	Unknown
86	Does the state offer ACS RTTDC courses?	Yes

MAINE (ME)



DATA ACQUISITION:

GAO/NASEMSO Reports: 16.7%
State Officials: 74.4%
Study Team: 2.6%
Missing Data: 6.4%

1	State population as of 2017	1 334 612
2	State population of people ages 18 and under as of 2017	252 622
3	Group (1, 2, 3, 4)	1
4	% of population <10 miles from high-level pediatric trauma center	0
5	% of population 10–30 miles from high-level pediatric trauma center	0
6	% of population >30 miles from high-level pediatric trauma center	100
7	% of population <10 miles from high-level adult or pediatric trauma center	26.1
8	% of population 10–30 miles from high-level adult or pediatric trauma center	40.6
9	% of population >30 miles from high-level adult or pediatric trauma center	33.3
10	% of population <10 miles from high-mid level adult or pediatric trauma center	28.3
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	43.9
12	% of population >30 miles from high-mid level adult or pediatric trauma center	27.8
13	Does the state have trauma system legislation?	Yes; §87-A *(www.bit.ly/3mqZwF9)*
14	Where is your trauma office "administratively" located?	Maine EMS
15	Does the state have a trauma system funding source(s)?	Rural Health Flexibility Program (FLEX)/small amount from EMSC
16	Does the state trauma system receive federal funds?	Yes
17	Is there an annual budget for the trauma system?	<$15 000
18	Are any funds specifically for pediatric needs?	Yes
19	Is there trauma program accountability to state EMS office (EMSO)?	Yes
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	No
22	Does the state have legislation to designate pediatric trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes
25	What is the basis for the state trauma plan?	Trauma advisory committee
26	Is there a statewide trauma advisory committee (TAC)?	Yes
27	If yes, is there pediatric representation on the statewide TAC?	Yes (not mandated but position currently filled by a pediatric surgeon)
28	Are there regional TACs?	No
29	If yes, is there pediatric representation on the regional TAC?	N/A
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No
34	How is the state trauma data reported to the public?	N/A
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	No
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No
39	Is there a state disaster triage guideline?	START* *(www.bit.ly/3kflfNv)*
40	Does the state hold mass casualty drills that include children?	Yes (only in schools)
41	If yes, how often?	Not answered
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	No
44	Are trauma center levels designated by the state?	No
45	What is the method of trauma center designation/verification in the state?	VRC only
46	Is there medical direction for the state trauma system?	Trauma surgeons from trauma centers, physicians from medical director and practice board, state medical director
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes*
51	Does the state have a statewide PI plan or guide for trauma?	No
52	Are children's interests recognized in the statewide PI trauma plan?	No
53	Is there a state trauma registry (TR)?	No
54	If yes, is the TR used for performance improvement (PI)?	N/A
55	If yes, does state TR include children?	N/A
56	Does the state have a separate pediatric report for trauma?	N/A
57	Is the state TR electronically integrated with prehospital (EMS) data?	N/A
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	76.3
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes

70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Ask advice about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Maine Medical Center, Boston
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Barbara Bush Children's Hospital at Maine Medical Center; mixed adult/pediatric rehabilitation
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	No
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Not answered
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Central Maine Medical Center, Northern Light Eastern Maine Medical Center, New England Rehab (Portland), Westside Neuro Rehabilitation Services (Lewiston), and Bayside Neurology Rehabilitation Services (Portland)
85	Who directs the state outpatient rehab care?	Not answered
86	Does the state offer ACS RTTDC courses?	Yes

MARYLAND (MD)

DATA ACQUISITION:

GAO/NASEMSO Reports: 37.6%
State Officials: 54.1%
Study Team: 2.4%
Missing Data: 5.9%

1	State population as of 2017	6 023 868
2	State population of people ages 18 and under as of 2017	1 343 930
3	Group (1, 2, 3, 4)	4
4	% of population <10 miles from high-level pediatric trauma center	35.2
5	% of population 10–30 miles from high-level pediatric trauma center	46.6
6	% of population >30 miles from high-level pediatric trauma center	18.2
7	% of population <10 miles from high-level adult or pediatric trauma center	48
8	% of population 10–30 miles from high-level adult or pediatric trauma center	37.4
9	% of population >30 miles from high-level adult or pediatric trauma center	14.6
10	% of population <10 miles from high-mid level adult or pediatric trauma center	52.4
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	44.4
12	% of population >30 miles from high-mid level adult or pediatric trauma center	3.3
13	Does the state have trauma system legislation?	Yes; Maryland Code, Health-General Article §19-130 *(www.bit.ly/3B5CNT8)*
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	General obligation bond
16	Does the state trauma system receive federal funds?	Not answered
17	Is there an annual budget for the trauma system?	At end of 2020, fund reserve was $2 085 101; payments out of the fund were $13 319 562 *(www.bit.ly/3B5CNT8)*
18	Are any funds specifically for pediatric needs?	Yes
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	Yes
24	Is there a state trauma plan available?	Yes, part of state EMS plan
25	What is the basis for the state trauma plan?	MTSPE/BIS, 2006
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	Not answered

30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	No
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	MIEMSS annual report
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	Unsure/other
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	I, II, III only
45	What is the method of trauma center designation/verification in the state?	State only
46	Is there medical direction for the state trauma system?	Other
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes (including 2 in progress)
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	79.5
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Not answered
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	No

70	If no, please explain.	Pediatric trauma centers do; unsure of the adult trauma centers
71	Are injured children typically worked up by the referring hospital before transfer?	Do an unnecessary amount of radiographic tests, including CT scans; use judgment and ask advice about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	1 pediatric burn center (4 PICU beds and 4 med/surg burn beds in MD; 1 pediatric burn center in Washington DC
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Beds in a free standing pediatric rehabilitation center
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	No
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes*
84	If yes, what are the resources?	Yes; Kennedy Krieger, with several locations*
85	Who directs the state outpatient rehab care?	Pediatric physiatrists (pediatric PM&R)
86	Does the state offer ACS RTTDC courses?	No

MASSACHUSETTS (MA)

DATA ACQUISITION:

GAO/NASEMSO Reports: 14.3%
State Officials: 79.8%
Study Team: 2.4%
Missing Data: 3.6%

1	State population as of 2017	6 859 789
2	State population of people ages 18 and under as of 2017	1 373 273
3	Group (1, 2, 3, 4)	4
4	% of population <10 miles from high-level pediatric trauma center	38.1
5	% of population 10–30 miles from high-level pediatric trauma center	54
6	% of population >30 miles from high-level pediatric trauma center	7.9
7	% of population <10 miles from high-level adult or pediatric trauma center	43.7
8	% of population 10–30 miles from high-level adult or pediatric trauma center	49.3
9	% of population >30 miles from high-level adult or pediatric trauma center	7
10	% of population <10 miles from high-mid level adult or pediatric trauma center	58.2
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	37.4
12	% of population >30 miles from high-mid level adult or pediatric trauma center	4.4
13	Does the state have trauma system legislation?	Yes, part I, title XVI, chapter 11C *(www.bit.ly/3jcs2lg)*
14	Where is your trauma office "administratively" located?	Department of Public Health Bureau of Health Care Safety and Quality
15	Does the state have a trauma system funding source(s)?	State budget; no separate line item
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	Within Department of Public Health Bureau of Health Care Safety and Quality; trauma is not a separate line item on operating budget
18	Are any funds specifically for pediatric needs?	Yes
19	Is there trauma program accountability to state EMS office (EMSO)?	Yes
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes, ACS-verified facilities
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes
25	What is the basis for the state trauma plan?	ACS-COT 2008
26	Is there a statewide trauma advisory committee (TAC)?	Yes
27	If yes, is there pediatric representation on the statewide TAC?	No
28	Are there regional TACs?	No
29	If yes, is there pediatric representation on the regional TAC?	N/A

30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Injury prevention division reports on their website, funding for gunshot wounds
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	START* *(www.bit.ly/3mntxWl)*
40	Does the state hold mass casualty drills that include children?	Yes*
41	If yes, how often?	Biannually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	No, ACS verified
45	What is the method of trauma center designation/verification in the state?	ACS
46	Is there medical direction for the state trauma system?	N/A
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes
48	Is there a state trauma destination (bypass) protocol in place?	Yes, CDC Field Triage Guidelines
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes, at some hospitals
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No; minimal reports have been extracted but children are represented in the data
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	78.5
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Yes
67	If yes, give statute and year enacted.	Chapter 356 *(www.bit.ly/3zdcrhs)*
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes

69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Use judgment or ask advice about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes, in some cases
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	Sent via picture archiving and communication system to receiving facility/systems are set up by hospitals
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Pediatric burn centers
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Mixed adult/pediatric rehabilitation centers
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Comprehensive team
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Comprehensive
85	Who directs the state outpatient rehab care?	Comprehensive team/dependent on clinical presentation
86	Does the state offer ACS RTTDC courses?	No

MICHIGAN (MI)

DATA ACQUISITION:

GAO/NASEMSO Reports: 33.3%
State Officials: 52.4%
Study Team: 8.3%
Missing Data: 6%

1	State population as of 2017	9 973 114
2	State population of people ages 18 and under as of 2017	2 180 747
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	33.2
5	% of population 10–30 miles from high-level pediatric trauma center	36.1
6	% of population >30 miles from high-level pediatric trauma center	30.6
7	% of population <10 miles from high-level adult or pediatric trauma center	58.3
8	% of population 10–30 miles from high-level adult or pediatric trauma center	26.8
9	% of population >30 miles from high-level adult or pediatric trauma center	14.9
10	% of population <10 miles from high-mid level adult or pediatric trauma center	59.7
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	26
12	% of population >30 miles from high-mid level adult or pediatric trauma center	14.3
13	Does the state have trauma system legislation?	Yes, §333.20910 *(www.bit.ly/3sD77kY)*
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	Crime victim services fee
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	$3 500 000 (from NASEMSO)
18	Are any funds specifically for pediatric needs?	Yes
19	Is there trauma program accountability to state EMS office (EMSO)?	Work collaboratively
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes* *(www.bit.ly/3gng2lp)*
25	What is the basis for the state trauma plan?	ACS-COT*
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation* *(www.bit.ly/2WlOo0Y)*
27	If yes, is there pediatric representation on the statewide TAC?	No
28	Are there regional TACs?	Yes, mandated by rule or legislation*
29	If yes, is there pediatric representation on the regional TAC?	No*
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No
34	How is the state trauma data reported to the public?	Not answered
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	No
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Biannually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	I, II, III, IV only
45	What is the method of trauma center designation/verification in the state?	VRC required for I-II or I, II, and III only; other levels by state
46	Is there medical direction for the state trauma system?	Done by the Regional Medical Control Authorities
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes*
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	66.1
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	No
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	No
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes

70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Yes
72	Does the referring hospital discuss how to transfer a child?	Yes, but the child is often excessively worked up before being transferred
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	50 pediatric burn beds
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Mixed adult/pediatric rehabilitation centers
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Not answered
84	If yes, what are the resources?	Not answered
85	Who directs the state outpatient rehab care?	Pediatric physiatrists (pediatric PM&R)
86	Does the state offer ACS RTTDC courses?	Yes

MINNESOTA (MN)

DATA ACQUISITION:

GAO/NASEMSO Reports: 35.7%
State Officials: 48.8%
Study Team: 6%
Missing Data: 9.5%

1	State population as of 2017	5 566 230
2	State population of people ages 18 and under as of 2017	1 299 518
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	36
5	% of population 10–30 miles from high-level pediatric trauma center	30.1
6	% of population >30 miles from high-level pediatric trauma center	34
7	% of population <10 miles from high-level adult or pediatric trauma center	44.6
8	% of population 10–30 miles from high-level adult or pediatric trauma center	29.5
9	% of population >30 miles from high-level adult or pediatric trauma center	25.9
10	% of population <10 miles from high-mid level adult or pediatric trauma center	65.7
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	24.4
12	% of population >30 miles from high-mid level adult or pediatric trauma center	9.9
13	Does the state have trauma system legislation?	Yes, §144.603
14	Where is your trauma office "administratively" located?	State health department
15	Does the state have a trauma system funding source(s)?	Hospital licensing fees and general fund appropriation
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	$427 000
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Totally separate from EMS
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	Combination, custom, or other
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, authorized by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	Optional
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	No
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Annual report published on state website
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	N/A
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No
39	Is there a state disaster triage guideline?	N/A or did not respond
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Not answered
42	Do hospitals within the state hold disaster drills that include children?	Not answered
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	I, II, III, IV only
45	What is the method of trauma center designation/verification in the state?	VRC required for I-II or I, II, and III only; other levels by state
46	Is there medical direction for the state trauma system?	None or N/A
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	No
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes (including 2 in progress)
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	61
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	No
64	Is there state legislation for child fatality review that is instructive on child abuse?	No
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	No

70	If no, please explain.	MN has over 100 designated trauma; not sure if all use ALARA guidelines
71	Are injured children typically worked up by the referring hospital before transfer?	Do a minimum of radiographic tests before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Not answered
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Two verified burn centers
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Not answered but study team found several resources* *(www.bit.ly/3ggFMjn)*
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes*
81	Is the state rehab facility CARF-accredited for adults?	Yes*
82	Who directs the state rehab care?	Not answered but should be pediatric physiatrists as the rehab facility is CARF certified
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes* *(www.bit.ly/3iXEgVi)*
84	If yes, what are the resources?	Multiple options are listed online*
85	Who directs the state outpatient rehab care?	Not answered
86	Does the state offer ACS RTTDC courses?	Yes

MISSISSIPPI (MS)

DATA ACQUISITION:

GAO/NASEMSO Reports: 15.5%
State Officials: 47.6%
Study Team: 17.9%
Missing Data: 19%

1	State population as of 2017	2 988 510
2	State population of people ages 18 and under as of 2017	714 501
3	Group (1, 2, 3, 4)	1
4	% of population <10 miles from high-level pediatric trauma center	0
5	% of population 10–30 miles from high-level pediatric trauma center	6.7
6	% of population >30 miles from high-level pediatric trauma center	93.3
7	% of population <10 miles from high-level adult or pediatric trauma center	22.5
8	% of population 10–30 miles from high-level adult or pediatric trauma center	28.2
9	% of population >30 miles from high-level adult or pediatric trauma center	49.3
10	% of population <10 miles from high-mid level adult or pediatric trauma center	44.2
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	35.7
12	% of population >30 miles from high-mid level adult or pediatric trauma center	20.1
13	Does the state have trauma system legislation?	Yes, title 15: Mississippi Department of Health; part 3: Bureau of Acute Care Systems; subpart 1: Trauma System of Care
14	Where is your trauma office "administratively" located?	Did not respond
15	Does the state have a trauma system funding source(s)?	Fees on certain traffic violations, license plate renewal fees, and ATV and motorcycle registration; cigarette tax
16	Does the state trauma system receive federal funds?	Not answered
17	Is there an annual budget for the trauma system?	$20 million
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Not answered
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes* *(www.bit.ly/30wrXbA)*
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	N/A*
24	Is there a state trauma plan available?	Yes* *(www.bit.ly/3plj2UO)*
25	What is the basis for the state trauma plan?	Mississippi title 15*
26	Is there a statewide trauma advisory committee (TAC)?	Yes*
27	If yes, is there pediatric representation on the statewide TAC?	No*
28	Are there regional TACs?	No, but there are regional TAC representatives to the state TAC.*

29	If yes, is there pediatric representation on the regional TAC?	N/A*
30	Does the state promote/organize participation in pediatric injury prevention?	No
31	Is the state trauma program involved in injury prevention efforts?	Yes*
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Did not respond
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	State reports
35	Is trauma included in the statewide disaster plan?	Yes*
36	Does the state disaster plan include children?	State said yes; there is little public information to verify this*
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	Did not respond
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes* *(www.bit.ly/3plj2UO)*
39	Is there a state disaster triage guideline?	Did not respond
40	Does the state hold mass casualty drills that include children?	No*
41	If yes, how often?	State answered yes/no and annually, but we could not find mention of state-organized drills.*
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	No
44	Are trauma center levels designated by the state?	Yes*
45	What is the method of trauma center designation/verification in the state?	State designated/verified*
46	Is there medical direction for the state trauma system?	Yes*
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes* *(www.bit.ly/3IVlxeA)*
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	No
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes/no
57	Is the state TR electronically integrated with prehospital (EMS) data?	No*
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	63.9
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	No
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A

68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	No
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Not answered
70	If no, please explain.	Not answered
71	Are injured children typically worked up by the referring hospital before transfer?	Use judgment about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	Statewide*
76	Does the state have access to pediatric inpatient burn care beds?	No
77	If yes, what are the resources for pediatric burn care?	Non-pediatric burn beds
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Mixed adult/pediatric rehabilitation centers
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	No
81	Is the state rehab facility CARF-accredited for adults?	No
82	Who directs the state rehab care?	Not answered
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Not answered
85	Who directs the state outpatient rehab care?	Not answered
86	Does the state offer ACS RTTDC courses?	Yes

MISSOURI (MO)

DATA ACQUISITION:

GAO/NASEMSO Reports: 14.8%
State Officials: 53.1%
Study Team: 16%
Missing Data: 16%

1	State population as of 2017	6 106 670
2	State population of people ages 18 and under as of 2017	1 382 921
3	Group (1, 2, 3, 4)	2
4	% of population <10 miles from high-level pediatric trauma center	18.5
5	% of population 10–30 miles from high-level pediatric trauma center	28.8
6	% of population >30 miles from high-level pediatric trauma center	52.8
7	% of population <10 miles from high-level adult or pediatric trauma center	48.5
8	% of population 10–30 miles from high-level adult or pediatric trauma center	23.4
9	% of population >30 miles from high-level adult or pediatric trauma center	28.2
10	% of population <10 miles from high-mid level adult or pediatric trauma center	57.2
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	26.3
12	% of population >30 miles from high-mid level adult or pediatric trauma center	16.5
13	Does the state have trauma system legislation?	Yes, §19 CSR 30-40.430
14	Where is your trauma office "administratively" located?	Did not respond
15	Does the state have a trauma system funding source(s)?	General appropriations*
16	Does the state trauma system receive federal funds?	Did not respond
17	Is there an annual budget for the trauma system?	$128 000
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Did not respond
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes*
22	Does the state have legislation to designate pediatric trauma centers?	Yes*
23	Does the state have regulatory authority to limit the number of trauma centers?	Yes, per statute*
24	Is there a state trauma plan available?	No information*
25	What is the basis for the state trauma plan?	N/A*
26	Is there a statewide trauma advisory committee (TAC)?	No information*
27	If yes, is there pediatric representation on the statewide TAC?	No information*
28	Are there regional TACs?	None or N/A
29	If yes, is there pediatric representation on the regional TAC?	N/A*
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Did not respond

32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Did not respond
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Not answered
35	Is trauma included in the statewide disaster plan?	Found site for emergency management but no statewide disaster plan*
36	Does the state disaster plan include children?	N/A*
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	Trauma legislation mandates disaster plan for each verified trauma center* *(www.bit.ly/3AYJrdj)*
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No*
39	Is there a state disaster triage guideline?	Did not respond
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Biannually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	No
44	Are trauma center levels designated by the state?	Yes*
45	What is the method of trauma center designation/verification in the state?	ACS Level I only; Level I, II, III state
46	Is there medical direction for the state trauma system?	N/A*
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	No
51	Does the state have a statewide PI plan or guide for trauma?	Yes, but we could not find online*
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes, from NCSL data* *(www.bit.ly/3nbGdOE)*
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	No answer
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	No answer
62	What is the state average pediatric readiness (PR) score for all EDs?	73.2
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	No
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	No
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	No
70	If no, please explain.	N/A

71	Are injured children typically worked up by the referring hospital before transfer?	Use judgment about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	No
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	5 burn beds
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Beds in mixed adult/pediatric rehabilitation center
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	No
81	Is the state rehab facility CARF-accredited for adults?	No
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Numerous resources listed online* *(www.bit.ly/2XrSdCR)*
84	If yes, what are the resources?	Full range of rehab resources lists by center*
85	Who directs the state outpatient rehab care?	Pediatric physiatrists (pediatric PM&R)
86	Does the state offer ACS RTTDC courses?	Yes*

MONTANA (MT)

DATA ACQUISITION:

GAO/NASEMSO Reports: 39.5%
State Officials: 59.3%
Study Team: 0%
Missing Data: 1.2%

1	State population as of 2017	1 052 482
2	State population of people ages 18 and under as of 2017	229 200
3	Group (1, 2, 3, 4)	1
4	% of population <10 miles from high-level pediatric trauma center	0
5	% of population 10–30 miles from high-level pediatric trauma center	0
6	% of population >30 miles from high-level pediatric trauma center	100
7	% of population <10 miles from high-level adult or pediatric trauma center	29.9
8	% of population 10–30 miles from high-level adult or pediatric trauma center	6.3
9	% of population >30 miles from high-level adult or pediatric trauma center	63.8
10	% of population <10 miles from high-mid level adult or pediatric trauma center	44.2
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	15.9
12	% of population >30 miles from high-mid level adult or pediatric trauma center	40
13	Does the state have trauma system legislation?	Yes, §50-6-401-415
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	General fund appropriation
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	$128 000
18	Are any funds specifically for pediatric needs?	Yes
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	MTSPE/BIS, 2006
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	Yes
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes

32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	5-year compilation report
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	No
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	Levels II-V only
45	What is the method of trauma center designation/verification in the state?	VRC required for I-II or I, II, and III only; other levels by state
46	Is there medical direction for the state trauma system?	None or N/A
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	No statewide trauma triage protocol
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	No
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	58
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	0
62	What is the state average pediatric readiness (PR) score for all EDs?	57.3
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Yes
67	If yes, give statute and year enacted.	§50-16-104
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	The majority do; however, cannot verify all trauma centers, especially our level IV and V

71	Are injured children typically worked up by the referring hospital before transfer?	Use judgment about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed. There is no place else to state that MT does not participate in RTTDC, but it does TEAM ("together everyone achieves more"), the course that RTTDC was developed after. MT started it in the 1990s. MT has chosen to stay with TEAM since developing it and not pay for RTTDC.
76	Does the state have access to pediatric inpatient burn care beds?	Yes, but not in MT
77	If yes, what are the resources for pediatric burn care?	Salt Lake City, Denver, or Seattle
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Pediatric rehab centers
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Facility dependent
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Pediatric specific
85	Who directs the state outpatient rehab care?	Not answered
86	Does the state offer ACS RTTDC courses?	No

NEBRASKA (NE)

DATA ACQUISITION:

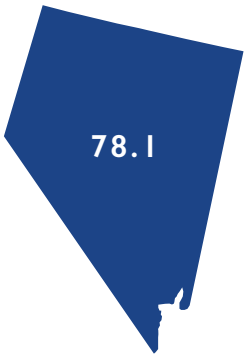
GAO/NASEMSO Reports: 34.5%
State Officials: 54.8%
Study Team: 2.4%
Missing Data: 8.3%

1	State population as of 2017	1 915 947
2	State population of people ages 18 and under as of 2017	475 934
3	Group (1, 2, 3, 4)	2
4	% of population <10 miles from high-level pediatric trauma center	35.9
5	% of population 10–30 miles from high-level pediatric trauma center	8.8
6	% of population >30 miles from high-level pediatric trauma center	55.3
7	% of population <10 miles from high-level adult or pediatric trauma center	55.7
8	% of population 10–30 miles from high-level adult or pediatric trauma center	13.8
9	% of population >30 miles from high-level adult or pediatric trauma center	30.5
10	% of population <10 miles from high-mid level adult or pediatric trauma center	65.5
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	19.5
12	% of population >30 miles from high-mid level adult or pediatric trauma center	15
13	Does the state have trauma system legislation?	Yes, title 185, chapters 1-11
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	Fifty Cents for Life
16	Does the state trauma system receive federal funds?	Yes
17	Is there an annual budget for the trauma system?	$260 000
18	Are any funds specifically for pediatric needs?	Yes
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	No information*
25	What is the basis for the state trauma plan?	N/A
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	No
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes

32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Not answered
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes, our hospital partners do drills that involve children.
39	Is there a state disaster triage guideline?	Unsure/other
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Biannually
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	No
44	Are trauma center levels designated by the state?	I, II, III, IV only
45	What is the method of trauma center designation/verification in the state?	VRC for Levels I-IV* *(www.bit.ly/3BUgeCJ and www.bit.ly/3fpnAGJ)*
46	Is there medical direction for the state trauma system?	Shared—EMS and trauma
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	No statewide trauma triage protocol
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	No
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	No
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes (including 2 in progress)
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	60.9
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Yes
67	If yes, give statute and year enacted.	LB60, 2019* *(www.bit.ly/3G5aB6e)*
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes* *(www.bit.ly/3MByxS8)*
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Not answered
70	If no, please explain.	N/A

71	Are injured children typically worked up by the referring hospital before transfer?	Ask advice about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	Hospital
76	Does the state have access to pediatric inpatient burn care beds?	No
77	If yes, what are the resources for pediatric burn care?	Adult burn beds
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Free standing pediatric rehabilitation center
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	No
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Unknown
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Not answered
84	If yes, what are the resources?	Not answered
85	Who directs the state outpatient rehab care?	Unknown
86	Does the state offer ACS RTTDC courses?	Yes

NEVADA (NV)



DATA ACQUISITION:

GAO/NASEMSO Reports: 38.1%
State Officials: 52.4%
Study Team: 8.3%
Missing Data: 1.2%

1	State population as of 2017	2 969 905
2	State population of people ages 18 and under as of 2017	332 744
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	54.7
5	% of population 10–30 miles from high-level pediatric trauma center	18.1
6	% of population >30 miles from high-level pediatric trauma center	27.2
7	% of population <10 miles from high-level adult or pediatric trauma center	71
8	% of population 10–30 miles from high-level adult or pediatric trauma center	20.2
9	% of population >30 miles from high-level adult or pediatric trauma center	8.9
10	% of population <10 miles from high-mid level adult or pediatric trauma center	72.5
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	18.6
12	% of population >30 miles from high-mid level adult or pediatric trauma center	8.9
13	Does the state have trauma system legislation?	Yes, NRS 450B
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	None
16	Does the state trauma system receive federal funds?	Yes
17	Is there an annual budget for the trauma system?	No information* *(www.bit.ly/33ZFtqv)*
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	MTSPE/BIS, 2006
26	Is there a statewide trauma advisory committee (TAC)?	Yes, exists voluntarily
27	If yes, is there pediatric representation on the statewide TAC?	Does not have one
28	Are there regional TACs?	Yes, exists voluntarily
29	If yes, is there pediatric representation on the regional TAC?	No
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes

32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	State report released to public
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	Yes
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	No
44	Are trauma center levels designated by the state?	I, II, III only
45	What is the method of trauma center designation/verification in the state?	Partnership VRC/state
46	Is there medical direction for the state trauma system?	State EMS medical director
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, without modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes (including 2 in progress)
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	No
60	What is the state average peds ready score for EDs that are adult trauma centers?	92
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	92
62	What is the state average pediatric readiness (PR) score for all EDs?	62.3
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Yes
67	If yes, give statute and year enacted.	CCDBG Act of 2014
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	N/A

71	Are injured children typically worked up by the referring hospital before transfer?	Do an unnecessary amount of radiographic tests, including CT scans, before sending the patient
72	Does the referring hospital discuss how to transfer a child?	No
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	No
75	If yes, is it statewide, system, or hospital?	N/A
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Pediatric burn beds
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes*
79	If yes, what are the resources?	Inpatient pediatric rehab in Las Vegas*
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	No*
81	Is the state rehab facility CARF-accredited for adults?	Yes*
82	Who directs the state rehab care?	Physiatrists*
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes*
84	If yes, what are the resources?	Outpatient facilities*
85	Who directs the state outpatient rehab care?	Not answered
86	Does the state offer ACS RTTDC courses?	Yes

NEW HAMPSHIRE (NH)

DATA ACQUISITION:

GAO/NASEMSO Reports: 37.3%
State Officials: 45.8%
Study Team: 6%
Missing Data: 10.8%

1	State population as of 2017	1 348 787
2	State population of people ages 18 and under as of 2017	260 253
3	Group (1, 2, 3, 4)	1
4	% of population <10 miles from high-level pediatric trauma center	2.2
5	% of population 10–30 miles from high-level pediatric trauma center	6.6
6	% of population >30 miles from high-level pediatric trauma center	91.1
7	% of population <10 miles from high-level adult or pediatric trauma center	23.4
8	% of population 10–30 miles from high-level adult or pediatric trauma center	48.6
9	% of population >30 miles from high-level adult or pediatric trauma center	28
10	% of population <10 miles from high-mid level adult or pediatric trauma center	62.9
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	33.7
12	% of population >30 miles from high-mid level adult or pediatric trauma center	3.4
13	Does the state have trauma system legislation?	Yes, title XII, chapter 153-A
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	None
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	$0
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes*
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	ACS-COT, 2008
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	None or N/A
29	If yes, is there pediatric representation on the regional TAC?	N/A
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	No

32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	No
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Has not reported yet but has the capability
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	No
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	SALT
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Not answered
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	No
44	Are trauma center levels designated by the state?	I, II, III, IV only
45	What is the method of trauma center designation/verification in the state?	ACS and state I-II and state only Level IV
46	Is there medical direction for the state trauma system?	None or N/A
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, without modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	No
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes*
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Has the capability but has not been employed
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes (including 2 in progress)
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Did not answer
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Did not answer
62	What is the state average pediatric readiness (PR) score for all EDs?	75.4
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	No
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes* *(www.bit.ly/3vYx2VR)*
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes*
70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Not answered
72	Does the referring hospital discuss how to transfer a child?	Not answered

73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Not answered
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	Not answered
76	Does the state have access to pediatric inpatient burn care beds?	Yes*
77	If yes, what are the resources for pediatric burn care?	Shriners Children's Boston
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Beds in mixed adult/pediatric rehabilitation center
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Depends on type of rehab but likely an adult provider
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Not answered
84	If yes, what are the resources?	Not answered
85	Who directs the state outpatient rehab care?	Referring physician within the state
86	Does the state offer ACS RTTDC courses?	Yes

NEW JERSEY (NJ)

DATA ACQUISITION:

GAO/NASEMSO Reports: 16.7%
State Officials: 11.9%
Study Team: 23.8%
Missing Data: 47.6%

1	State population as of 2017	8 885 525
2	State population of people ages 18 and under as of 2017	1 963 383
3	Group (1, 2, 3, 4)	4
4	% of population <10 miles from high-level pediatric trauma center	36.8
5	% of population 10–30 miles from high-level pediatric trauma center	48.7
6	% of population >30 miles from high-level pediatric trauma center	14.4
7	% of population <10 miles from high-level adult or pediatric trauma center	69.9
8	% of population 10–30 miles from high-level adult or pediatric trauma center	28.3
9	% of population >30 miles from high-level adult or pediatric trauma center	1.8
10	% of population <10 miles from high-mid level adult or pediatric trauma center	69.9
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	29.3
12	% of population >30 miles from high-mid level adult or pediatric trauma center	0.7
13	Does the state have trauma system legislation?	Yes, NJ RS §26:2KK-4
14	Where is your trauma office "administratively" located?	Not found in statute*
15	Does the state have a trauma system funding source(s)?	None
16	Does the state trauma system receive federal funds?	Did not respond
17	Is there an annual budget for the trauma system?	Not answered
18	Are any funds specifically for pediatric needs?	No information*
19	Is there trauma program accountability to state EMS office (EMSO)?	Not found in statute*
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Not found in statute*
21	Does the state have enabling legislation to designate trauma centers?	Yes*
22	Does the state have legislation to designate pediatric trauma centers?	Yes*
23	Does the state have regulatory authority to limit the number of trauma centers?	Not found in statute*
24	Is there a state trauma plan available?	No information online despite statute*
25	What is the basis for the state trauma plan?	Not available online*
26	Is there a statewide trauma advisory committee (TAC)?	Described in statute but members not identified online*
27	If yes, is there pediatric representation on the statewide TAC?	No information*
28	Are there regional TACs?	None or did not respond
29	If yes, is there pediatric representation on the regional TAC?	Not answered
30	Does the state promote/organize participation in pediatric injury prevention?	Yes* *(www.bit.ly/2Z0kL6U)*

31	Is the state trauma program involved in injury prevention efforts?	Not answered
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Not answered
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No information*
34	How is the state trauma data reported to the public?	No information*
35	Is trauma included in the statewide disaster plan?	No information online specific to New Jersey*
36	Does the state disaster plan include children?	No statewide specific disaster plan for New Jersey online*
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	Not described in statute*
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes* *(www.bit.ly/3IXifHM)*
39	Is there a state disaster triage guideline?	START*
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	No information*
44	Are trauma center levels designated by the state?	Yes*
45	What is the method of trauma center designation/verification in the state?	ACS and state verified Level I-II only*
46	Is there medical direction for the state trauma system?	State trauma medical director appointed by the governor*
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification*
48	Is there a state trauma destination (bypass) protocol in place?	Yes*
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes*
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	State answered yes but should be public information, and study team could not find it online*
52	Are children's interests recognized in the statewide PI trauma plan?	Study team unable to find a trauma plan online*
53	Is there a state trauma registry (TR)?	Study team unable to find state trauma registry online*
54	If yes, is the TR used for performance improvement (PI)?	No information*
55	If yes, does state TR include children?	No information*
56	Does the state have a separate pediatric report for trauma?	No information*
57	Is the state TR electronically integrated with prehospital (EMS) data?	N/A*
58	Do the state EMS data include children?	No information*
59	Are the state EMS data used for pediatric PI?	No
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	81.7
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes* *(www.bit.ly/3DYMWCC)*
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Not answered
67	If yes, give statute and year enacted.	Not answered
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes* *(www.bit.ly/3BW2SEQ)*

69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes*
70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Not answered
72	Does the referring hospital discuss how to transfer a child?	Not answered
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Not answered
74	Does the state have teleradiology-sharing capability?	Not answered
75	If yes, is it statewide, system, or hospital?	Not answered
76	Does the state have access to pediatric inpatient burn care beds?	No
77	If yes, what are the resources for pediatric burn care?	Burn center
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes* *(www.bit.ly/3BlR8ul)*
79	If yes, what are the resources?	Not answered
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	No*
81	Is the state rehab facility CARF-accredited for adults?	Yes*
82	Who directs the state rehab care?	Not answered
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Not answered
84	If yes, what are the resources?	Not answered
85	Who directs the state outpatient rehab care?	Not answered
86	Does the state offer ACS RTTDC courses?	No*

NEW MEXICO (NM)

DATA ACQUISITION:

GAO/NASEMSO Reports: 37.8%
State Officials: 40.2%
Study Team: 11%
Missing Data: 11%

1	State population as of 2017	2 091 784
2	State population of people ages 18 and under as of 2017	488 458
3	Group (1, 2, 3, 4)	1
4	% of population <10 miles from high-level pediatric trauma center	0
5	% of population 10–30 miles from high-level pediatric trauma center	0
6	% of population >30 miles from high-level pediatric trauma center	100
7	% of population <10 miles from high-level adult or pediatric trauma center	26.4
8	% of population 10–30 miles from high-level adult or pediatric trauma center	17.5
9	% of population >30 miles from high-level adult or pediatric trauma center	56.1
10	% of population <10 miles from high-mid level adult or pediatric trauma center	46.5
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	22.9
12	% of population >30 miles from high-mid level adult or pediatric trauma center	30.6
13	Does the state have trauma system legislation?	Yes, NM Code R §7.27.7
14	Where is your trauma office "administratively" located?	New Mexico Department of Health EMS bureau
15	Does the state have a trauma system funding source(s)?	General fund appropriation, trauma system fund*
16	Does the state trauma system receive federal funds?	Did not respond
17	Is there an annual budget for the trauma system?	$1 635 400 in FY 2018
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	MTSPE/BIS, 2006
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	No
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	No
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	No
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No
34	How is the state trauma data reported to the public?	N/A
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No information*
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	I, II, III, IV only
45	What is the method of trauma center designation/verification in the state?	VRC required for I-II or I, II, and III only; other levels by state
46	Is there medical direction for the state trauma system?	None or not answered
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, without modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes* *(www.bit.ly/3nbe8XF)*
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	No
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	71%
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	N/A
62	What is the state average pediatric readiness (PR) score for all EDs?	69.4
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	No
64	Is there state legislation for child fatality review that is instructive on child abuse?	No
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Not answered
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Not answered
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Not answered
70	If no, please explain.	N/A

71	Are injured children typically worked up by the referring hospital before transfer?	Use judgment and ask advice about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	No
75	If yes, is it statewide, system, or hospital?	Not answered
76	Does the state have access to pediatric inpatient burn care beds?	Yes*
77	If yes, what are the resources for pediatric burn care?	Albuquerque has 10 burn beds but cannot tell if facility will care for children*
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes* (possibly; hard to get to website) *(www.bit.ly/3pcf3tM)*
79	If yes, what are the resources?	Not answered
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	No*
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Not answered
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes*
84	If yes, what are the resources?	Study team found a few locations for outpatient treatment online, including at the Carrie Tingley Hospital in Albuquerque*
85	Who directs the state outpatient rehab care?	Not answered
86	Does the state offer ACS RTTDC courses?	Yes*

NEW YORK (NY)

DATA ACQUISITION:

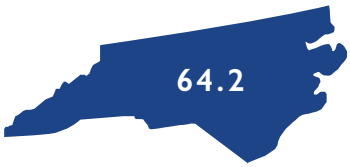
GAO/NASEMSO Reports: 16.7%
State Officials: 71.4%
Study Team: 8.3%
Missing Data: 3.6%

1	State population as of 2017	19 589 572
2	State population of people ages 18 and under as of 2017	4 113 612
3	Group (1, 2, 3, 4)	4
4	% of population <10 miles from high-level pediatric trauma center	68.4
5	% of population 10–30 miles from high-level pediatric trauma center	16.1
6	% of population >30 miles from high-level pediatric trauma center	15.5
7	% of population <10 miles from high-level adult or pediatric trauma center	76
8	% of population 10–30 miles from high-level adult or pediatric trauma center	16.7
9	% of population >30 miles from high-level adult or pediatric trauma center	7.3
10	% of population <10 miles from high-mid level adult or pediatric trauma center	77.2
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	16.2
12	% of population >30 miles from high-mid level adult or pediatric trauma center	6.6
13	Does the state have trauma system legislation?	Yes, §405.45
14	Where is your trauma office "administratively" located?	State health department bureau of EMS
15	Does the state have a trauma system funding source(s)?	None
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	$0
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Yes
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	Health commissioner authority to designate so technically, yes, although in legislation NY does not limit the number
24	Is there a state trauma plan available?	None
25	What is the basis for the state trauma plan?	N/A
26	Is there a statewide trauma advisory committee (TAC)?	Yes
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes
29	If yes, is there pediatric representation on the regional TAC?	Unknown
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	No
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Reports to NTDB, PQIP, and the state issues trauma reports (not yearly)
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	Unknown
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	No
44	Are trauma center levels designated by the state?	No
45	What is the method of trauma center designation/verification in the state?	ACS-COT
46	Is there medical direction for the state trauma system?	No
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	79.2
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	No
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	No
70	If no, please explain.	Not answered

71	Are injured children typically worked up by the referring hospital before transfer?	Do an unnecessary number of radiographic tests, including CT scans, before sending the patient; use judgment about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed
76	Does the state have access to pediatric inpatient burn care beds?	No
77	If yes, what are the resources for pediatric burn care?	No burn beds, they go to adult burn units
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes, Rusk Rehabilitation at NYU (Manhattan and Brooklyn), and St. Charles in multiple locations has brain injury rehab*
79	If yes, what are the resources?	Inpatient pediatric rehab beds*
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	St. Charles and Helen Hayes Hospital are CARF accredited*
81	Is the state rehab facility CARF-accredited for adults?	St. Charles is CARF accredited and cares for both adults and children*
82	Who directs the state rehab care?	Physiatrists
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Study team found several sites online*
84	If yes, what are the resources?	Study team found several sites online*
85	Who directs the state outpatient rehab care?	Adult and pediatric physiatrists (adult PM&R)*
86	Does the state offer ACS RTTDC courses?	Yes

NORTH CAROLINA (NC)



DATA ACQUISITION:

GAO/NASEMSO Reports: 38.9%
State Officials: 56%
Study Team: 0%
Missing Data: 7.1%

1	State population as of 2017	10 268 233
2	State population of people ages 18 and under as of 2017	2 300 721
3	Group (1, 2, 3, 4)	2
4	% of population <10 miles from high-level pediatric trauma center	13.8
5	% of population 10–30 miles from high-level pediatric trauma center	33.9
6	% of population >30 miles from high-level pediatric trauma center	52.3
7	% of population <10 miles from high-level adult or pediatric trauma center	28.8
8	% of population 10–30 miles from high-level adult or pediatric trauma center	40.3
9	% of population >30 miles from high-level adult or pediatric trauma center	30.9
10	% of population <10 miles from high-mid level adult or pediatric trauma center	37.3
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	41.6
12	% of population >30 miles from high-mid level adult or pediatric trauma center	21.2
13	Does the state have trauma system legislation?	Yes, NC Gen Stat §131E-162
14	Where is your trauma office "administratively" located?	Office of EMS
15	Does the state have a trauma system funding source(s)?	None
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	$0
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	No
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have enabling legislation to designate trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	Level I and II must justify need based on rule
24	Is there a state trauma plan available?	No or not answered
25	What is the basis for the state trauma plan?	No or not answered
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	Yes
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	No

32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	No
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No
34	How is the state trauma data reported to the public?	Not answered
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	No
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	N/A or did not respond
40	Does the state hold mass casualty drills that include children?	No
41	If yes, how often?	N/A
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	I, II, III only
45	What is the method of trauma center designation/verification in the state?	Partnership VRC/state
46	Is there medical direction for the state trauma system?	Shared—EMS and trauma
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	No
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	68.8
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	No
70	If no, please explain.	Not answered
71	Are injured children typically worked up by the referring hospital before transfer?	Ask advice about the workup before sending the patient

72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	Not answered
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	2 ABA-verified burn centers that care for pediatric burn patients
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	No statewide standards; individual to rehab centers that accept pediatric patients; mixed adult/pediatric rehabilitation and pediatric rehab unit within a free standing children's hospital
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	No
82	Who directs the state rehab care?	Peds PM&R and child neurology
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Individual to each program/rehab center
85	Who directs the state outpatient rehab care?	Peds PM&R and child neurology
86	Does the state offer ACS RTTDC courses?	Yes

NORTH DAKOTA (ND)

DATA ACQUISITION:

GAO/NASEMSO Reports: 54.5%
State Officials: 63.1%
Study Team: 1.2%
Missing Data: 1.2%

1	State population as of 2017	754 942
2	State population of people ages 18 and under as of 2017	176 337
3	Group (1, 2, 3, 4)	1
4	% of population <10 miles from high-level pediatric trauma center	19.3
5	% of population 10–30 miles from high-level pediatric trauma center	2.5
6	% of population >30 miles from high-level pediatric trauma center	78.2
7	% of population <10 miles from high-level adult or pediatric trauma center	51.5
8	% of population 10–30 miles from high-level adult or pediatric trauma center	5.4
9	% of population >30 miles from high-level adult or pediatric trauma center	43.1
10	% of population <10 miles from high-mid level adult or pediatric trauma center	51.5
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	6.4
12	% of population >30 miles from high-mid level adult or pediatric trauma center	42.1
13	Does the state have trauma system legislation?	Yes, chapter 33-38-01
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	General fund appropriation
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	Biannual; $687 900
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	Custom*
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	Yes
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes

32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Data included in research articles and state statistic release reports
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	All: I through V
45	What is the method of trauma center designation/verification in the state?	VRC required for I-II ACS and all levels designated by state
46	Is there medical direction for the state trauma system?	State medical director or state COT Chair
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes; mandatory minimum and may add to these guidelines
48	Is there a state trauma destination (bypass) protocol in place?	Yes, statewide trauma triage protocol
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes a portion of data is included in the registry
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Average of those TC who reported 64
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Sanford-Fargo peds: 42
62	What is the state average pediatric readiness (PR) score for all EDs?	61.5
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	N/A

71	Are injured children typically worked up by the referring hospital before transfer?	Do an unnecessary number of radiographic tests, including CT scans, before sending the patient; use judgment about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed—multiple systems available statewide
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Not answered
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Per Sanford Health Fargo; free standing pediatric rehabilitation
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Sanford Health Fargo
85	Who directs the state outpatient rehab care?	Pediatric physiatrists (pediatric PM&R)
86	Does the state offer ACS RTTDC courses?	Yes

OHIO

DATA ACQUISITION:

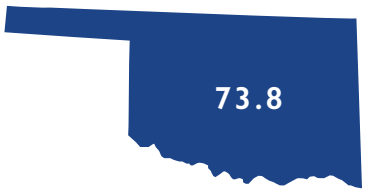
GAO/NASEMSO Reports: 38.1%
State Officials: 51.2%
Study Team: 4.8%
Missing Data: 6%

1	State population as of 2017	11 659 650
2	State population of people ages 18 and under as of 2017	2 607 996
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	34.3
5	% of population 10–30 miles from high-level pediatric trauma center	37.3
6	% of population >30 miles from high-level pediatric trauma center	28.4
7	% of population <10 miles from high-level adult or pediatric trauma center	48.5
8	% of population 10–30 miles from high-level adult or pediatric trauma center	37.4
9	% of population >30 miles from high-level adult or pediatric trauma center	14.1
10	% of population <10 miles from high-mid level adult or pediatric trauma center	60.8
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	33
12	% of population >30 miles from high-mid level adult or pediatric trauma center	6.3
13	Does the state have trauma system legislation?	Yes, chapter 4765.04
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	Fees on motor vehicle violations for grants; occupant restraint violations and bailed person fees
16	Does the state trauma system receive federal funds?	Not answered
17	Is there an annual budget for the trauma system?	$0
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes*
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	MTSPE/BIS, 2006
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, exists voluntarily
29	If yes, is there pediatric representation on the regional TAC?	Not answered
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	No
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Annual report is posted on the Ohio EMS Trauma System website
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	No
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	No
44	Are trauma center levels designated by the state?	I, II, III only
45	What is the method of trauma center designation/verification in the state?	VRC only
46	Is there medical direction for the state trauma system?	State EMS medical director
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	No
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes (including 2 in progress)
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	68.1
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	No
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	No
70	If no, please explain.	N/A

71	Are injured children typically worked up by the referring hospital before transfer?	Not answered
72	Does the referring hospital discuss how to transfer a child?	Yes*
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	Some systems have this capability
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	54 burn beds
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Nationwide and Cincinnati both have inpatient rehab
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes*
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Several sites found online by study team*
85	Who directs the state outpatient rehab care?	Pediatric physiatrists (pediatric PM&R)
86	Does the state offer ACS RTTDC courses?	Yes

OKLAHOMA (OK)



DATA ACQUISITION:

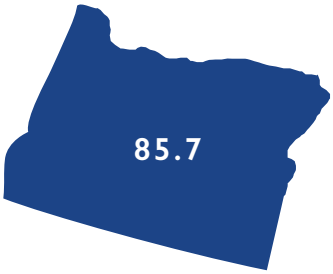
GAO/NASEMSO Reports: 28.2%
State Officials: 67.1%
Study Team: 2.4%
Missing Data: 2.4%

1	State population as of 2017	3 931 316
2	State population of people ages 18 and under as of 2017	958 437
3	Group (1, 2, 3, 4)	2
4	% of population <10 miles from high-level pediatric trauma center	17.1
5	% of population 10–30 miles from high-level pediatric trauma center	15.6
6	% of population >30 miles from high-level pediatric trauma center	67.3
7	% of population <10 miles from high-level adult or pediatric trauma center	32.1
8	% of population 10–30 miles from high-level adult or pediatric trauma center	25.3
9	% of population >30 miles from high-level adult or pediatric trauma center	42.6
10	% of population <10 miles from high-mid level adult or pediatric trauma center	61.2
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	26.8
12	% of population >30 miles from high-mid level adult or pediatric trauma center	12
13	Does the state have trauma system legislation?	Yes, title 310, chapter 667
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	Tobacco tax, driver's license fees, criminal fines, and fines on certain moving violations
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	$2 million annually; does not include funding received by EMS-C
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Work collaboratively
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	No
22	Does the state have legislation to designate pediatric trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes
25	What is the basis for the state trauma plan?	Combination, custom, or other
26	Is there a statewide trauma advisory committee (TAC)?	Yes; statewide council with multiple focus (trauma, injury prevention, EMS, preparedness, and time-sensitive conditions)
27	If yes, is there pediatric representation on the statewide TAC?	No
28	Are there regional TACs?	Yes; 8 trauma regions, 8 regional boards; members are licensed hospital and EMS providers

29	If yes, is there pediatric representation on the regional TAC?	No
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Minimal; separate division
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Available on webpage, through public meetings, and as open record request
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	SALT
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Biannually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	I, II, III, IV only
45	What is the method of trauma center designation/verification in the state?	ACS and state
46	Is there medical direction for the state trauma system?	Shared—EMS and trauma
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	No
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Pediatric data are collected and reported as needed/requested
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	61.5
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A

68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	No
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	No
70	If no, please explain.	Level III and IV do not and dosing is frequently inappropriate
71	Are injured children typically worked up by the referring hospital before transfer?	Do an unnecessary amount of radiographic tests, including CT scans, before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed via the Level I and Level II trauma centers
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Burn beds; Oklahoma Children's Hospital OU Health; Integris Baptist Medical Center; Hillcrest Medical Center; out-of-state: Arkansas, Kansas, and Texas
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Free standing pediatric rehabilitation centers
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes*
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Study team found multiple sites online; many associatied with Oklahoma University*
85	Who directs the state outpatient rehab care?	Pediatric physiatrists (pediatric PM&R)
86	Does the state offer ACS RTTDC courses?	Yes

OREGON (OR)



DATA ACQUISITION:

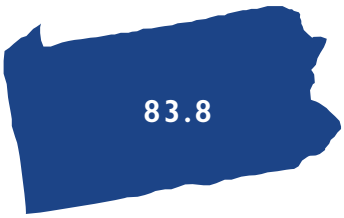
GAO/NASEMSO Reports: 25%
State Officials: 72.6%
Study Team: 0%
Missing Data: 2.4%

1	State population as of 2017	4 143 625
2	State population of people ages 18 and under as of 2017	872 372
3	Group (1, 2, 3, 4)	There are now 2 ACS verified Level I pediatric trauma centers in Portland that were not verified when the GAO report was published.
4	% of population <10 miles from high-level pediatric trauma center	0
5	% of population 10–30 miles from high-level pediatric trauma center	0
6	% of population >30 miles from high-level pediatric trauma center	100
7	% of population <10 miles from high-level adult or pediatric trauma center	48.5
8	% of population 10–30 miles from high-level adult or pediatric trauma center	28.1
9	% of population >30 miles from high-level adult or pediatric trauma center	23.4
10	% of population <10 miles from high-mid level adult or pediatric trauma center	62.7
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	30.7
12	% of population >30 miles from high-mid level adult or pediatric trauma center	6.7
13	Does the state have trauma system legislation?	Yes, ORS 431A.050 through 431A.100
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	State of Oregon General Fund dollars
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	Approx. $700 000 every 2 years
18	Are any funds specifically for pediatric needs?	Yes
19	Is there trauma program accountability to state EMS office (EMSO)?	Yes
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	Yes
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	ACS's 2014 *Resources for Optimal Care of the Injured Patient*
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	Not answered

30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	State website as PDF
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No
39	Is there a state disaster triage guideline?	N/A or did not respond to question
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	No
44	Are trauma center levels designated by the state?	I, II, III, IV only
45	What is the method of trauma center designation/verification in the state?	State designation and ACS verification
46	Is there medical direction for the state trauma system?	State trauma medical director
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with slight modification; verified 3/20/18 and compared to CDC Field Triage 2011 version
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	64.6
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	98
62	What is the state average pediatric readiness (PR) score for all EDs?	67
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes

69	Do state adult trauma centers use ALARA guidelines for CT use in children?	No information*
70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Use judgment about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Legacy Oregon Burn Center
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	1 Level I pediatric trauma center; free standing pediatric rehabilitation centers
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes, Level I PTC
84	If yes, what are the resources?	2 Level I pediatric trauma centers
85	Who directs the state outpatient rehab care?	Pediatric physiatrists (pediatric PM&R)
86	Does the state offer ACS RTTDC courses?	Yes

PENNSYLVANIA (PA)



DATA ACQUISITION:

GAO/NASEMSO Reports: 33.3%
State Officials: 36.9%
Study Team: 25%
Missing Data: 4.8%

1	State population as of 2017	12 787 641
2	State population of people ages 18 and under as of 2017	2 664 275
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	29.8
5	% of population 10–30 miles from high-level pediatric trauma center	42.6
6	% of population >30 miles from high-level pediatric trauma center	27.6
7	% of population <10 miles from high-level adult or pediatric trauma center	55
8	% of population 10–30 miles from high-level adult or pediatric trauma center	35.5
9	% of population >30 miles from high-level adult or pediatric trauma center	9.5
10	% of population <10 miles from high-mid level adult or pediatric trauma center	55.9
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	37.1
12	% of population >30 miles from high-mid level adult or pediatric trauma center	7.1
13	Does the state have trauma system legislation?	Yes, 35 PA.C.S.
14	Where is your trauma office "administratively" located?	Outside entity
15	Does the state have a trauma system funding source(s)?	General fund appropriation and vehicle violations; each trauma center gets funding
16	Does the state trauma system receive federal funds?	Federal funds for trauma outlined in 2019 update to 35 PA.C.S.*
17	Is there an annual budget for the trauma system?	Reference 35 PA.C.S. funding identified through SSA pursuant to title 19; in 2017-2018 budget was $17.97 million*
18	Are any funds specifically for pediatric needs?	Yes, although this is not called out in the legislation*
19	Is there trauma program accountability to state EMS office (EMSO)?	Work collaboratively
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	Yes*
24	Is there a state trauma plan available?	Yes, part of state EMS plan
25	What is the basis for the state trauma plan?	Combination, custom, or other
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	No
28	Are there regional TACs?	None or did not respond

29	If yes, is there pediatric representation on the regional TAC?	N/A
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes*
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	"The Pennsylvania Trauma Systems Foundation makes its injury data from its trauma registry available to the public upon request. This data is specifically from trauma centers. The PA department of health also collects data from hospitals which is available on its website and includes pediatrics. Trauma centers submit data to PTSF on all patients meeting [the foundation's] criteria which is contained in [its] central PTSF trauma registry. EMS data reports are not released to the public."
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No*
39	Is there a state disaster triage guideline?	Eastern PA uses START*
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Not answered
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	No information*
44	Are trauma center levels designated by the state?	I, II, III, IV only
45	What is the method of trauma center designation/verification in the state?	State only
46	Is there medical direction for the state trauma system?	No*
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes*
59	Are the state EMS data used for pediatric PI?	No
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	68.1
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes

64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes* *(www.bit.ly/3px6Ald)*
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Yes* *(www.bit.ly/3peLisg)*
67	If yes, give statute and year enacted.	Shaken Baby Syndrome Education Act of Dec. 9, 2002, P.L. 1406, No. 176*
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes* *(www.bit.ly/3pezoPb)*
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes*
70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Do a minimum of/unnecessary number of radiographic tests, including CT scans, before sending the patient; use judgment and ask advice about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	Hospital based and selective, not available everywhere*
76	Does the state have access to pediatric inpatient burn care beds?	No
77	If yes, what are the resources for pediatric burn care?	There are several burn centers in PA that care for either children or both adults and children.
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes* *(www.bit.ly/3Mzridv)*
79	If yes, what are the resources?	Several are online
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes*
81	Is the state rehab facility CARF-accredited for adults?	Yes*
82	Who directs the state rehab care?	Pediatric physiatrists
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes*
84	If yes, what are the resources?	Several sites listed online*
85	Who directs the state outpatient rehab care?	Pediatric physiatrists*
86	Does the state offer ACS RTTDC courses?	Yes

RHODE ISLAND (RI)

DATA ACQUISITION:

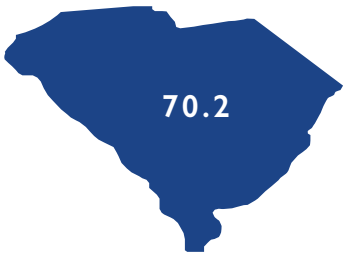
GAO/NASEMSO Reports: 36.4%
State Officials: 42.9%
Study Team: 14.3%
Missing Data: 6.5%

1	State population as of 2017	1 055 673
2	State population of people ages 18 and under as of 2017	206 851
3	Group (1, 2, 3, 4)	4
4	% of population <10 miles from high-level pediatric trauma center	61.9
5	% of population 10–30 miles from high-level pediatric trauma center	35.1
6	% of population >30 miles from high-level pediatric trauma center	3
7	% of population <10 miles from high-level adult or pediatric trauma center	61.9
8	% of population 10–30 miles from high-level adult or pediatric trauma center	35.1
9	% of population >30 miles from high-level adult or pediatric trauma center	3
10	% of population <10 miles from high-mid level adult or pediatric trauma center	61.9
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	38.1
12	% of population >30 miles from high-mid level adult or pediatric trauma center	0.1
13	Does the state have trauma system legislation?	Yes, RI Gen L §23-4.1-15 (2019)*
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	None
16	Does the state trauma system receive federal funds?	Not answered
17	Is there an annual budget for the trauma system?	$0
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	No*
21	Does the state have enabling legislation to designate trauma centers?	No
22	Does the state have legislation to designate pediatric trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	In 2005, a plan was referenced but research team unable to find online*
25	What is the basis for the state trauma plan?	N/A
26	Is there a statewide trauma advisory committee (TAC)?	Yes*
27	If yes, is there pediatric representation on the statewide TAC?	No
28	Are there regional TACs?	None
29	If yes, is there pediatric representation on the regional TAC?	N/A
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No
34	How is the state trauma data reported to the public?	N/A
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No
39	Is there a state disaster triage guideline?	START used in 2005; nothing more recent online*
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	Other or did not respond
45	What is the method of trauma center designation/verification in the state?	VRC only
46	Is there medical direction for the state trauma system?	None or did not respond
47	Are CDC Field Triage Guidelines (2011) used in the state?	No, other guideline used or no state mandate
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	No
51	Does the state have a statewide PI plan or guide for trauma?	No
52	Are children's interests recognized in the statewide PI trauma plan?	No*
53	Is there a state trauma registry (TR)?	No reference online*
54	If yes, is the TR used for performance improvement (PI)?	N/A
55	If yes, does state TR include children?	N/A
56	Does the state have a separate pediatric report for trauma?	N/A
57	Is the state TR electronically integrated with prehospital (EMS) data?	N/A*
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	61.2
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	No
65	Is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Yes
67	If yes, give statute and year enacted.	RI Gen L §40-11-17 (2019)*
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	No
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	N/A

71	Are injured children typically worked up by the referring hospital before transfer?	Do an unnecessary number of radiographic tests, including CT scans, before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	Varies; hospitals are intentionally doing it to benefit the patient
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	4 beds; 16 flexed
78	Does the state have access to pediatric inpatient rehabilitation needs?	No
79	If yes, what are the resources?	Children go to Spaulding Rehabilitation Boston
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	N/A*
81	Is the state rehab facility CARF-accredited for adults?	Yes*
82	Who directs the state rehab care?	Children go out of state*
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes*
84	If yes, what are the resources?	A few sites for outpatient rehab can be found online
85	Who directs the state outpatient rehab care?	Not answered
86	Does the state offer ACS RTTDC courses?	No

SOUTH CAROLINA (SC)



DATA ACQUISITION:

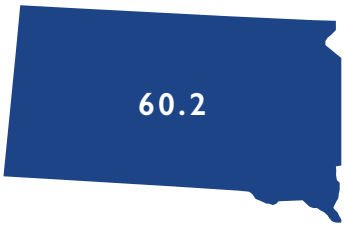
GAO/NASEMSO Reports: 34.9%
State Officials: 49.4%
Study Team: 13.3%
Missing Data: 2.4%

1	State population as of 2017	5 021 268
2	State population of people ages 18 and under as of 2017	1 103 780
3	Group (1, 2, 3, 4)	1
4	% of population <10 miles from high-level pediatric trauma center	5.2
5	% of population 10–30 miles from high-level pediatric trauma center	14.8
6	% of population >30 miles from high-level pediatric trauma center	80
7	% of population <10 miles from high-level adult or pediatric trauma center	29.6
8	% of population 10–30 miles from high-level adult or pediatric trauma center	51.4
9	% of population >30 miles from high-level adult or pediatric trauma center	19
10	% of population <10 miles from high-mid level adult or pediatric trauma center	54.1
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	39
12	% of population >30 miles from high-mid level adult or pediatric trauma center	6.8
13	Does the state have trauma system legislation?	Yes, §44-61-30.
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	General fund appropriation
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	$2.6 million
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes*
25	What is the basis for the state trauma plan?	Combination, custom, or other
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, exists voluntarily
29	If yes, is there pediatric representation on the regional TAC?	Yes
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	No

32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	No
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	No*
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	No
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	No
41	If yes, how often?	N/A
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	No
44	Are trauma center levels designated by the state?	4, peds 1, peds 2
45	What is the method of trauma center designation/verification in the state?	ACS verification
46	Is there medical direction for the state trauma system?	None or did not respond
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	No
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes, each trauma center must participate*
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No*
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	No
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	66
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Yes*
67	If yes, give statute and year enacted.	2014 *(www.bit.ly/3T8fNME)*
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	N/A

71	Are injured children typically worked up by the referring hospital before transfer?	Do an unnecessary number of radiographic tests, including CT scans, before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed
76	Does the state have access to pediatric inpatient burn care beds?	Yes*
77	If yes, what are the resources for pediatric burn care?	Children go to Augusta, GA, or University of North Carolina
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes*
79	If yes, what are the resources?	Children go to adult centers/out of state; inpatient rehab center is under construction in Columbia*
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	N/A
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Adult physiatrists*
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes*
84	If yes, what are the resources?	Several sites described online*
85	Who directs the state outpatient rehab care?	Unknown
86	Does the state offer ACS RTTDC courses?	Yes

SOUTH DAKOTA (SD)



DATA ACQUISITION:

GAO/NASEMSO Reports: 36.6%
State Officials: 45.1%
Study Team: 11%
Missing Data: 7.3%

1	State population as of 2017	872 868
2	State population of people ages 18 and under as of 2017	215 965
3	Group (1, 2, 3, 4)	2
4	% of population <10 miles from high-level pediatric trauma center	24.3
5	% of population 10–30 miles from high-level pediatric trauma center	5.4
6	% of population >30 miles from high-level pediatric trauma center	70.4
7	% of population <10 miles from high-level adult or pediatric trauma center	38.1
8	% of population 10–30 miles from high-level adult or pediatric trauma center	8.2
9	% of population >30 miles from high-level adult or pediatric trauma center	53.7
10	% of population <10 miles from high-mid level adult or pediatric trauma center	45.4
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	13.2
12	% of population >30 miles from high-mid level adult or pediatric trauma center	41.5
13	Does the state have trauma system legislation?	Yes; SDCL 34-12-52-55 *(ww.bit.ly/3S5x5J4)*
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	General fund appropriation
16	Does the state trauma system receive federal funds?	No information*
17	Is there an annual budget for the trauma system?	Not answered
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Work collaboratively
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	No
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes* *(www.bit.ly/3ew10MR)*
25	What is the basis for the state trauma plan?	MTSPE/BIS, 2006
26	Is there a statewide trauma advisory committee (TAC)?	Yes, exists voluntarily
27	If yes, is there pediatric representation on the statewide TAC?	Do not have one
28	Are there regional TACs?	None or not answered
29	If yes, is there pediatric representation on the regional TAC?	N/A
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes

32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	No
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No
34	How is the state trauma data reported to the public?	N/A
35	Is trauma included in the statewide disaster plan?	No*
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	All: I through V
45	What is the method of trauma center designation/verification in the state?	Partnership VRC/state
46	Is there medical direction for the state trauma system?	No;* study team unable to verify in either statute or plan
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, without modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	No
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Does not report
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Not answered
59	Are the state EMS data used for pediatric PI?	No
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	57.2
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	N/A

71	Are injured children typically worked up by the referring hospital before transfer?	Do a minimum of/unnecessary number of radiographic tests, including CT scans; use judgment and ask advice about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed
76	Does the state have access to pediatric inpatient burn care beds?	No
77	If yes, what are the resources for pediatric burn care?	No children go to MN, CO, NE
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Beds in a mixed adult/pediatric rehabilitation and at Sanford Children's Hospital in Sioux Falls*
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	No*
81	Is the state rehab facility CARF-accredited for adults?	Yes*
82	Who directs the state rehab care?	Adult physiatrists*
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes*
84	If yes, what are the resources?	Several outpatient pediatric physical rehab centers around the state*
85	Who directs the state outpatient rehab care?	Not answered
86	Does the state offer ACS RTTDC courses?	Yes

TENNESSEE (TN)

DATA ACQUISITION:

GAO/NASEMSO Reports: 34.1%
State Officials: 60%
Study Team: 3.5%
Missing Data: 2.4%

1	State population as of 2017	6 708 799
2	State population of people ages 18 and under as of 2017	1 506 518
3	Group (1, 2, 3, 4)	2
4	% of population <10 miles from high-level pediatric trauma center	16.4
5	% of population 10–30 miles from high-level pediatric trauma center	21
6	% of population >30 miles from high-level pediatric trauma center	62.7
7	% of population <10 miles from high-level adult or pediatric trauma center	29.5
8	% of population 10–30 miles from high-level adult or pediatric trauma center	37.3
9	% of population >30 miles from high-level adult or pediatric trauma center	33.2
10	% of population <10 miles from high-mid level adult or pediatric trauma center	33.1
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	38.1
12	% of population >30 miles from high-mid level adult or pediatric trauma center	28.7
13	Does the state have trauma system legislation?	Yes, §1200-12-01-.21
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	General fund appropriation and cigarette tax
16	Does the state trauma system receive federal funds?	Not answered
17	Is there an annual budget for the trauma system?	$7 to 7.5 million
18	Are any funds specifically for pediatric needs?	Yes
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	ACS-COT* per statute
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	None or did not respond
29	If yes, is there pediatric representation on the regional TAC?	N/A
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes

32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Required by statute to provide annual report to the legislature on status of ill and injured children in TN/state report; available to the public
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually/more than biannually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	I, II, III; only adult
45	What is the method of trauma center designation/verification in the state?	Partnership VRC/state*
46	Is there medical direction for the state trauma system?	No information in the statute or trauma plan*
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, without modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	No
60	What is the state average peds ready score for EDs that are adult trauma centers?	Only 1 participated: 96
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	99
62	What is the state average pediatric readiness (PR) score for all EDs?	89
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Yes
67	If yes, give statute and year enacted.	2010 TCA 68-143-101
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	No
70	If no, please explain.	Included in the proposed rules and regulations

71	Are injured children typically worked up by the referring hospital before transfer?	Do a minimum of radiographic tests; use judgment and ask advice about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	Yes/no
75	If yes, is it statewide, system, or hospital?	System directed; the majority of the 4 comprehensive regional pediatric centers in the state have some capability
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Vanderbilt University Medical Center admits peds to burn unit; there is no pediatric burn unit in the state.
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Mixed adult/pediatric rehabilitation centers or transferred to Shepherd Center in Atlanta, Children's Hospital of Georgia, and KY
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	No
81	Is the state rehab facility CARF-accredited for adults?	Yes*
82	Who directs the state rehab care?	Adult physiatrists (adult PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Extensive outpatient rehab available, which meets the needs of pediatric trauma patients
85	Who directs the state outpatient rehab care?	PT/OT/trauma/surgery
86	Does the state offer ACS RTTDC courses?	Yes

TEXAS (TX)

DATA ACQUISITION:

GAO/NASEMSO Reports: 39.8%
State Officials: 45.8%
Study Team: 9.6%
Missing Data: 4.8%

1	State population as of 2017	28 295 273
2	State population of people ages 18 and under as of 2017	7 361 663
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	20.3
5	% of population 10–30 miles from high-level pediatric trauma center	43.4
6	% of population >30 miles from high-level pediatric trauma center	36.3
7	% of population <10 miles from high-level adult or pediatric trauma center	34.3
8	% of population 10–30 miles from high-level adult or pediatric trauma center	39.9
9	% of population >30 miles from high-level adult or pediatric trauma center	25.8
10	% of population <10 miles from high-mid level adult or pediatric trauma center	68.8
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	22.3
12	% of population >30 miles from high-mid level adult or pediatric trauma center	8.9
13	Does the state have trauma system legislation?	Yes, Texas Health and Safety Code, title 9, Safety, chapter 773+780
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	911 surcharge, motor vehicle violation fees, tobacco endowment tax, general fund appropriation, ambulance operation fee, and vehicle registration/licensing fee
16	Does the state trauma system receive federal funds?	Did not respond
17	Is there an annual budget for the trauma system?	$330 million
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Work collaboratively
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	No*
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes, part of state EMS plan
25	What is the basis for the state trauma plan?	MTSPE/BIS, 2006
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	No*

30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	No
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	No
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No
34	How is the state trauma data reported to the public?	N/A
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	No
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Biannually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	I, II, III, IV only
45	What is the method of trauma center designation/verification in the state?	VRC required for I-II or I, II, and III only; other levels by state
46	Is there medical direction for the state trauma system?	None or N/A
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	No
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	No
52	Are children's interests recognized in the statewide PI trauma plan?	No
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	No
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes (including 2 in progress)
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	71
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Yes
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	No
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	No

70	If no, please explain.	Not answered
71	Are injured children typically worked up by the referring hospital before transfer?	Do an unnecessary number of radiographic tests, including CT scans, before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	No
75	If yes, is it statewide, system, or hospital?	N/A
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	30 pediatric burn beds
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Beds in mixed adult/pediatric rehabilitation center; pediatric rehabilitation unit within a free standing children's hospital
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes*
81	Is the state rehab facility CARF-accredited for adults?	No
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)*
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes*
84	If yes, what are the resources?	Multiple outpatient facilities listed online*
85	Who directs the state outpatient rehab care?	Pediatric physiatrists (pediatric PM&R)*
86	Does the state offer ACS RTTDC courses?	Yes*

UTAH (UT)

DATA ACQUISITION:

GAO/NASEMSO Reports: 39.3%
State Officials: 57.1%
Study Team: 1.2%
Missing Data: 2.4%

1	State population as of 2017	3 101 042
2	State population of people ages 18 and under as of 2017	927 108
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	13.8
5	% of population 10–30 miles from high-level pediatric trauma center	47.4
6	% of population >30 miles from high-level pediatric trauma center	38.8
7	% of population <10 miles from high-level adult or pediatric trauma center	56.7
8	% of population 10–30 miles from high-level adult or pediatric trauma center	24.5
9	% of population >30 miles from high-level adult or pediatric trauma center	18.8
10	% of population <10 miles from high-mid level adult or pediatric trauma center	67.8
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	23.3
12	% of population >30 miles from high-mid level adult or pediatric trauma center	8.9
13	Does the state have trauma system legislation?	Yes, Rule R426-9
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	Dedicated funds from all criminal fees, fines, and forfeitures
16	Does the state trauma system receive federal funds?	Did not respond
17	Is there an annual budget for the trauma system?	$500 000
18	Are any funds specifically for pediatric needs?	Yes
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	Yes
24	Is there a state trauma plan available?	Yes, part of state EMS plan
25	What is the basis for the state trauma plan?	MTSPE/BIS, 2006, 2010, 2014
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	5 regions
29	If yes, is there pediatric representation on the regional TAC?	No
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Fact sheets, data reports on website, EMSC newsletter
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	All: I through IV
45	What is the method of trauma center designation/verification in the state?	Partnership VRC/state
46	Is there medical direction for the state trauma system?	State EMS medical director
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, without modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes (including 2 in progress)
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	74
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	99
62	What is the state average pediatric readiness (PR) score for all EDs?	78
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	N/A

71	Are injured children typically worked up by the referring hospital before transfer?	Do a minimum of radiographic tests before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	Not answered
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Burn center
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	12 beds within peds trauma centers; free standing pediatric rehabilitation center
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes*
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	2 clinics
85	Who directs the state outpatient rehab care?	Pediatric physiatrists (pediatric PM&R)
86	Does the state offer ACS RTTDC courses?	Yes

VERMONT (VT)

DATA ACQUISITION:

GAO/NASEMSO Reports: 25.4%
State Officials: 59.7%
Study Team: 7.5%
Missing Data: 7.5%

1	State population as of 2017	624 344
2	State population of people ages 18 and under as of 2017	116 906
3	Group (1, 2, 3, 4)	1
4	% of population <10 miles from high-level pediatric trauma center	2.8
5	% of population 10–30 miles from high-level pediatric trauma center	9.7
6	% of population >30 miles from high-level pediatric trauma center	87.6
7	% of population <10 miles from high-level adult or pediatric trauma center	21
8	% of population 10–30 miles from high-level adult or pediatric trauma center	31.2
9	% of population >30 miles from high-level adult or pediatric trauma center	47.8
10	% of population <10 miles from high-mid level adult or pediatric trauma center	21
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	40.3
12	% of population >30 miles from high-mid level adult or pediatric trauma center	38.7
13	Does the state have trauma system legislation?	No
14	Where is your trauma office "administratively" located?	N/A
15	Does the state have a trauma system funding source(s)?	None
16	Does the state trauma system receive federal funds?	Not answered
17	Is there an annual budget for the trauma system?	$0
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	N/A
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	N/A
21	Does the state have enabling legislation to designate trauma centers?	N/A
22	Does the state have legislation to designate pediatric trauma centers?	N/A
23	Does the state have regulatory authority to limit the number of trauma centers?	N/A
24	Is there a state trauma plan available?	None or N/A
25	What is the basis for the state trauma plan?	N/A
26	Is there a statewide trauma advisory committee (TAC)?	None or N/A
27	If yes, is there pediatric representation on the statewide TAC?	Does not have one
28	Are there regional TACs?	None or N/A
29	If yes, is there pediatric representation on the regional TAC?	N/A
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Other or N/A

32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	N/A
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No
34	How is the state trauma data reported to the public?	N/A
35	Is trauma included in the statewide disaster plan?	N/A
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	N/A
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No
39	Is there a state disaster triage guideline?	N/A
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Biannually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	N/A
45	What is the method of trauma center designation/verification in the state?	VRC*
46	Is there medical direction for the state trauma system?	N/A
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	No
51	Does the state have a statewide PI plan or guide for trauma?	No* but there is a DPH improvement plan
52	Are children's interests recognized in the statewide PI trauma plan?	No*
53	Is there a state trauma registry (TR)?	No*
54	If yes, is the TR used for performance improvement (PI)?	N/A*
55	If yes, does state TR include children?	N/A*
56	Does the state have a separate pediatric report for trauma?	There is no statewide trauma registry despite many attempts at developing one. The only registries in the state are at the 1 ACS-verified level I adult and level II pediatric trauma center.
57	Is the state TR electronically integrated with prehospital (EMS) data?	N/A
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	71.2
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Not answered
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes

70	If no, please explain.	There is only 1 PTC in the state. Representatives from the pediatric trauma program have visited many of the hospitals in the state and made available the trauma imaging protocols from the PTC.
71	Are injured children typically worked up by the referring hospital before transfer?	Ask advice about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	Not answered
76	Does the state have access to pediatric inpatient burn care beds?	No
77	If yes, what are the resources for pediatric burn care?	The only Level I ATC/Level II PTC does provide burn care for adults and children but does not designate specific beds as burn beds. Specific SICU and PICU beds are "isolation" rooms used for burn patients.
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Mixed adult/pediatric rehabilitation centers; rehab center acceptance is often predicated by insurance type and state of residence, so many children are returned to their home state for services. The center alluded to above will accept children 10 years of age or older.
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	No
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Study team found resources listed online in Bennington, in Rutland, and at University of Vermont*
85	Who directs the state outpatient rehab care?	Pediatric physiatrists (pediatric PM&R)
86	Does the state offer ACS RTTDC courses?	Yes

VIRGINIA (VA)

DATA ACQUISITION:

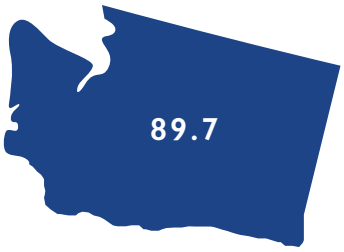
GAO/NASEMSO Reports: 38.3%
State Officials: 4.9%
Study Team: 29.6%
Missing Data: 27.3%

1	State population as of 2017	8 463 587
2	State population of people ages 18 and under as of 2017	1 870 586
3	Group (1, 2, 3, 4)	2
4	% of population <10 miles from high-level pediatric trauma center	11.7
5	% of population 10–30 miles from high-level pediatric trauma center	29.6
6	% of population >30 miles from high-level pediatric trauma center	58.6
7	% of population <10 miles from high-level adult or pediatric trauma center	43.3
8	% of population 10–30 miles from high-level adult or pediatric trauma center	43.8
9	% of population >30 miles from high-level adult or pediatric trauma center	12.9
10	% of population <10 miles from high-mid level adult or pediatric trauma center	50.4
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	38
12	% of population >30 miles from high-mid level adult or pediatric trauma center	11.6
13	Does the state have trauma system legislation?	Yes, §32.1-111.3* *(www.bit.ly/3n6u4ul)*
14	Does the state have a trauma system funding source(s)?	State health department or agency
15	Does the state have a trauma system funding source(s)?	Fee on DUI and driver's license reinstatement fee
16	Does the state trauma system receive federal funds?	Did not respond
17	Is there an annual budget for the trauma system?	$15 222 464.12
18	Are any funds specifically for pediatric needs?	Yes* *(www.bit.ly/3BWEBhW)*
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	N/A*
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes* *(www.bit.ly/3phZ2SV)*
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	Yes, part of state EMS plan
25	What is the basis for the state trauma plan?	None, unknown, or N/A
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes* *(www.bit.ly/3aQR0YT)*
28	Are there regional TACs?	None or N/A
29	If yes, is there pediatric representation on the regional TAC?	N/A
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	No
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	No
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No information*
34	How is the state trauma data reported to the public?	No information*
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	Yes* *(www.bit.ly/3eEYfJ6)*
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes* *(www.bit.ly/3BZguz9)*
39	Is there a state disaster triage guideline?	START
40	Does the state hold mass casualty drills that include children?	No information*
41	If yes, how often?	N/A
42	Do hospitals within the state hold disaster drills that include children?	Not answered
43	Do state disaster drills include surge planning for children?	No information*
44	Are trauma center levels designated by the state?	I, II, III, only
45	What is the method of trauma center designation/verification in the state?	Partnership VRC/state*
46	Is there medical direction for the state trauma system?	No information*
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Not answered
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes* *(www.bit.ly/3MIK4PO)*
51	Does the state have a statewide PI plan or guide for trauma?	No*
52	Are children's interests recognized in the statewide PI trauma plan?	No* *(www.bit.ly/3E255PX)*
53	Is there a state trauma registry (TR)?	Yes,* not public
54	If yes, is the TR used for performance improvement (PI)?	No information*
55	If yes, does state TR include children?	Yes*
56	Does the state have a separate pediatric report for trauma?	N/A
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes (including 2 in progress)
58	Do the state EMS data include children?	No information*
59	Are the state EMS data used for pediatric PI?	No information*
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	76.7
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Not answered
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes*
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Not answered
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes* *(www.bit.ly/3peDbfn)*
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Not answered
70	If no, please explain.	N/A

71	Are injured children typically worked up by the referring hospital before transfer?	Not answered
72	Does the referring hospital discuss how to transfer a child?	Not answered
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Not answered
74	Does the state have teleradiology-sharing capability?	Not answered
75	If yes, is it statewide, system, or hospital?	Not answered
76	Does the state have access to pediatric inpatient burn care beds?	Yes*
77	If yes, what are the resources for pediatric burn care?	Burn bed access is in Baltimore and Washington, DC*
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes*
79	If yes, what are the resources?	Children's Hospital of The King's Daughters (CHKD) is the only inpatient rehab center for kids in Virginia*
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	No*
81	Is the state rehab facility CARF-accredited for adults?	Yes*
82	Who directs the state rehab care?	Pediatric physiatrists*
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes*
84	If yes, what are the resources?	Study team found sites online including UVA, Inova*
85	Who directs the state outpatient rehab care?	Pediatric physiatrists*
86	Does the state offer ACS RTTDC courses?	No*

WASHINGTON (WA)



DATA ACQUISITION:

GAO/NASEMSO Reports: 30.6%
State Officials: 65.9%
Study Team: 3.5%
Missing Data: 0%

1	State population as of 2017	7 423 362
2	State population of people ages 18 and under as of 2017	1 650 916
3	Group (1, 2, 3, 4)	3
4	% of population <10 miles from high-level pediatric trauma center	24.7
5	% of population 10–30 miles from high-level pediatric trauma center	36.8
6	% of population >30 miles from high-level pediatric trauma center	38.6
7	% of population <10 miles from high-level adult or pediatric trauma center	39.6
8	% of population 10–30 miles from high-level adult or pediatric trauma center	38.9
9	% of population >30 miles from high-level adult or pediatric trauma center	21.5
10	% of population <10 miles from high-mid level adult or pediatric trauma center	78.2
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	16.1
12	% of population >30 miles from high-mid level adult or pediatric trauma center	5.7
13	Does the state have trauma system legislation?	Yes, chapter 70.168
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	General fund state funding and fees on traffic infractions and motor vehicle registration
16	Does the state trauma system receive federal funds?	Yes
17	Is there an annual budget for the trauma system?	$14 to $20 million
18	Are any funds specifically for pediatric needs?	Yes
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	Yes
23	Does the state have regulatory authority to limit the number of trauma centers?	Yes
24	Is there a state trauma plan available?	Yes—standalone
25	What is the basis for the state trauma plan?	ACS-COT, 2008
26	Is there a statewide trauma advisory committee (TAC)?	Yes
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	Yes
30	Does the state promote/organize participation in pediatric injury prevention?	Yes

31	Is the state trauma program involved in injury prevention efforts?	Yes
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Presentations to EMS & trauma committees; *nonconfidential data (patient information) available to public
35	Is trauma included in the statewide disaster plan?	Yes
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	Yes
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	Yes
39	Is there a state disaster triage guideline?	START and SALT
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	Yes
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	All: I through V
45	What is the method of trauma center designation/verification in the state?	State only
46	Is there medical direction for the state trauma system?	Yes
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	Yes
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	73
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	83
62	What is the state average pediatric readiness (PR) score for all EDs?	73
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	No
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	No
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes

70	If no, please explain.	ALARA guidelines are recommended but not required.
71	Are injured children typically worked up by the referring hospital before transfer?	Use judgment about the workup before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed
76	Does the state have access to pediatric inpatient burn care beds?	Yes
77	If yes, what are the resources for pediatric burn care?	Dedicated pediatric burn care beds; 18 ICU; 25 acute care at Harborview Medical Center
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	CRRN on duty each shift; providers with special competency in pediatric rehabilitation; mixed adult/pediatric rehabilitation center
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes
81	Is the state rehab facility CARF-accredited for adults?	Yes
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes
84	If yes, what are the resources?	Study team found outpatient rehab clinic resources at Seattle Children's Hospital for TBI and orthopedics*
85	Who directs the state outpatient rehab care?	Depends on patient injuries and resources at outpatient facility
86	Does the state offer ACS RTTDC courses?	Yes*

WEST VIRGINIA (WV)

DATA ACQUISITION:

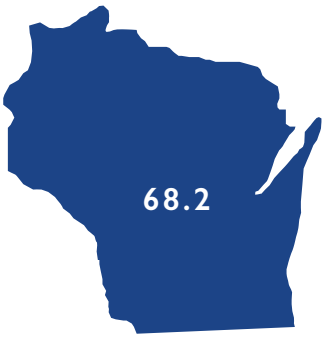
GAO/NASEMSO Reports: 40.2%
State Officials: 51.2%
Study Team: 7.3%
Missing Data: 1.2%

1	State population as of 2017	1 817 004
2	State population of people ages 18 and under as of 2017	369 291
3	Group (1, 2, 3, 4)	1
4	% of population <10 miles from high-level pediatric trauma center	4.1
5	% of population 10–30 miles from high-level pediatric trauma center	7
6	% of population >30 miles from high-level pediatric trauma center	88.9
7	% of population <10 miles from high-level adult or pediatric trauma center	19
8	% of population 10–30 miles from high-level adult or pediatric trauma center	35.4
9	% of population >30 miles from high-level adult or pediatric trauma center	45.6
10	% of population <10 miles from high-mid level adult or pediatric trauma center	35
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	40.5
12	% of population >30 miles from high-mid level adult or pediatric trauma center	24.5
13	Does the state have trauma system legislation?	Yes, §64-27-9
14	Where is your trauma office "administratively" located?	WV DHHR/BPH/WV OEMS
15	Does the state have a trauma system funding source(s)?	General fund appropriation
16	Does the state trauma system receive federal funds?	No
17	Is there an annual budget for the trauma system?	$950 000
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	State trauma plan in progress
25	What is the basis for the state trauma plan?	ACS-COT, 2008
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes
29	If yes, is there pediatric representation on the regional TAC?	No
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes

32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	No
34	How is the state trauma data reported to the public?	Not answered
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	No
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No
39	Is there a state disaster triage guideline?	No
40	Does the state hold mass casualty drills that include children?	No
41	If yes, how often?	N/A
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	No
44	Are trauma center levels designated by the state?	I, II, III, IV only
45	What is the method of trauma center designation/verification in the state?	ACS VRC for I, II, III state verification for Level 4
46	Is there medical direction for the state trauma system?	State EMS medical director
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Yes
50	Do the state hospitals have transfer agreements for unavailable resources?	No
51	Does the state have a statewide PI plan or guide for trauma?	In progress
52	Are children's interests recognized in the statewide PI trauma plan?	In progress
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	No
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	72
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	N/A
62	What is the state average pediatric readiness (PR) score for all EDs?	63.8
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	No
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	No
67	If yes, give statute and year enacted.	N/A
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Yes
70	If no, please explain.	N/A

71	Are injured children typically worked up by the referring hospital before transfer?	Do an unnecessary number of radiographic tests, including CT scans, before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	No
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	Facility specific
76	Does the state have access to pediatric inpatient burn care beds?	No
77	If yes, what are the resources for pediatric burn care?	Does not have specified pediatric burn beds; if not patients go out of state
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	HealthSouth MountainView; beds in mixed adult/pediatric rehabilitation center
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	Yes, in Wheeling*
81	Is the state rehab facility CARF-accredited for adults?	Yes, in Charleston*
82	Who directs the state rehab care?	Adult and pediatric physiatrists*
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes*
84	If yes, what are the resources?	The study team found several listed online*
85	Who directs the state outpatient rehab care?	Adult and pediatric physiatrists*
86	Does the state offer ACS RTTDC courses?	Yes

WISCONSIN (WI)



DATA ACQUISITION:

GAO/NASEMSO Reports: 18.6%
State Officials: 53.5%
Study Team: 18.6%
Missing Data: 9.3%

1	State population as of 2017	5 790 186
2	State population of people ages 18 and under as of 2017	1 283 205
3	Group (1, 2, 3, 4)	2
4	% of population <10 miles from high-level pediatric trauma center	25.4
5	% of population 10–30 miles from high-level pediatric trauma center	22.8
6	% of population >30 miles from high-level pediatric trauma center	51.8
7	% of population <10 miles from high-level adult or pediatric trauma center	41.5
8	% of population 10–30 miles from high-level adult or pediatric trauma center	40.5
9	% of population >30 miles from high-level adult or pediatric trauma center	18
10	% of population <10 miles from high-mid level adult or pediatric trauma center	65
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	29.7
12	% of population >30 miles from high-mid level adult or pediatric trauma center	5.3
13	Does the state have trauma system legislation?	Yes, chapter DHS 118
14	Where is your trauma office "administratively" located?	State health department or agency*
15	Does the state have a trauma system funding source(s)?	General fund appropriation, no specific line item for statewide trauma system*
16	Does the state trauma system receive federal funds?	Not answered
17	Is there an annual budget for the trauma system?	$620 000
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Not answered
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes*
21	Does the state have enabling legislation to designate trauma centers?	State endorses/recognizes ACS verification process with an application process
22	Does the state have legislation to designate pediatric trauma centers?	State endorses/recognizes ACS verification process with an application process
23	Does the state have regulatory authority to limit the number of trauma centers?	No*
24	Is there a state trauma plan available?	Study team unable to find a state plan online*
25	What is the basis for the state trauma plan?	None, unknown, or N/A
26	Is there a statewide trauma advisory committee (TAC)?	Yes*
27	If yes, is there pediatric representation on the statewide TAC?	No*
28	Are there regional TACs?	Yes*
29	If yes, is there pediatric representation on the regional TAC?	No*

30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Other or did not respond
32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Did not respond
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	An annual report is published regarding traumatic injury in the state. Additionally, the Wisconsin Interactive Statistics on Health provide data related to injury.
35	Is trauma included in the statewide disaster plan?	Yes*
36	Does the state disaster plan include children?	Yes*
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No, state has MCI plan though EMS
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No
39	Is there a state disaster triage guideline?	START and SALT*
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Biannually
42	Do hospitals within the state hold disaster drills that include children?	No
43	Do state disaster drills include surge planning for children?	Yes
44	Are trauma center levels designated by the state?	State endorses/recognizes ACS verification process with an application process
45	What is the method of trauma center designation/verification in the state?	VRC only*
46	Is there medical direction for the state trauma system?	No information*
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes
48	Is there a state trauma destination (bypass) protocol in place?	Yes
49	Is there a state pediatric trauma destination (bypass) protocol in place?	No
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	Yes
52	Are children's interests recognized in the statewide PI trauma plan?	No
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	No
57	Is the state TR electronically integrated with prehospital (EMS) data?	No*
58	Do the state EMS data include children?	Not answered
59	Are the state EMS data used for pediatric PI?	No
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	67.9
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	No
64	Is there state legislation for child fatality review that is instructive on child abuse?	No
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	No
66	Does the state have shaken baby parent education legislation?	Yes
67	If yes, give statute and year enacted.	2005 Wisconsin Act 165

68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	No
70	If no, please explain.	Trauma centers are working to comply with this, but compliance may vary from hospital to hospital.
71	Are injured children typically worked up by the referring hospital before transfer?	Do an unnecessary number of radiographic tests, including CT scans, before sending the patient
72	Does the referring hospital discuss how to transfer a child?	Yes
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	System directed; the state does not have any requirements that facilities must have teleradiology capability.
76	Does the state have access to pediatric inpatient burn care beds?	Yes*
77	If yes, what are the resources for pediatric burn care?	Burn beds; if no resources UW Hospital and Clinics (an ABA-verified burn center) and Children's Wisconsin
78	Does the state have access to pediatric inpatient rehabilitation needs?	Yes
79	If yes, what are the resources?	Beds in a free standing pediatric rehabilitation center or pediatric rehabilitation unit within a free standing children's hospital
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	No*
81	Is the state rehab facility CARF-accredited for adults?	Yes*
82	Who directs the state rehab care?	Pediatric physiatrists (pediatric PM&R)
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Yes*
84	If yes, what are the resources?	Multiple outpatient sites listed online
85	Who directs the state outpatient rehab care?	Pediatric physiatrists (pediatric PM&R)
86	Does the state offer ACS RTTDC courses?	Yes

WYOMING (WY)

DATA ACQUISITION:

GAO/NASEMSO Reports: 38.1%
State Officials: 40.5%
Study Team: 4.8%
Missing Data: 16.7%

1	State population as of 2017	578 931
2	State population of people ages 18 and under as of 2017	136 206
3	Group (1, 2, 3, 4)	1
4	% of population <10 miles from high-level pediatric trauma center	0
5	% of population 10–30 miles from high-level pediatric trauma center	0
6	% of population >30 miles from high-level pediatric trauma center	100
7	% of population <10 miles from high-level adult or pediatric trauma center	29.2
8	% of population 10–30 miles from high-level adult or pediatric trauma center	1.2
9	% of population >30 miles from high-level adult or pediatric trauma center	69.6
10	% of population <10 miles from high-mid level adult or pediatric trauma center	53.9
11	% of population 10–30 miles from high-mid level adult or pediatric trauma center	7.3
12	% of population >30 miles from high-mid level adult or pediatric trauma center	38.8
13	Does the state have trauma system legislation?	Yes, W.S. 35-1-801
14	Where is your trauma office "administratively" located?	State health department or agency
15	Does the state have a trauma system funding source(s)?	General fund appropriation
16	Does the state trauma system receive federal funds?	Not answered
17	Is there an annual budget for the trauma system?	$50 000
18	Are any funds specifically for pediatric needs?	No
19	Is there trauma program accountability to state EMS office (EMSO)?	Located in EMSO
20	Does the state trauma system include pediatric needs (ie, children are addressed in the state statute)?	Yes*
21	Does the state have enabling legislation to designate trauma centers?	Yes
22	Does the state have legislation to designate pediatric trauma centers?	No
23	Does the state have regulatory authority to limit the number of trauma centers?	No
24	Is there a state trauma plan available?	State trauma plan in progress
25	What is the basis for the state trauma plan?	Combination, custom, or other
26	Is there a statewide trauma advisory committee (TAC)?	Yes, mandated by rule or legislation
27	If yes, is there pediatric representation on the statewide TAC?	Yes
28	Are there regional TACs?	Yes, mandated by rule or legislation
29	If yes, is there pediatric representation on the regional TAC?	No information*
30	Does the state promote/organize participation in pediatric injury prevention?	Yes
31	Is the state trauma program involved in injury prevention efforts?	Yes

32	Is the state trauma program involved in public information and education (PI&E)(not related to injury prevention)?	Yes
33	Does the state publicly report trauma registry data that include pediatric trauma patients?	Yes
34	How is the state trauma data reported to the public?	Injury prevention epidemiologists prepare and disseminate data for partners and the public
35	Is trauma included in the statewide disaster plan?	No
36	Does the state disaster plan include children?	Yes
37	Does the state trauma program have its own mass casualty incident (MCI) plan?	No
38	Does the state trauma system legislation/plan include simulation and modeling for injured children?	No*
39	Is there a state disaster triage guideline?	No information*
40	Does the state hold mass casualty drills that include children?	Yes
41	If yes, how often?	Annually
42	Do hospitals within the state hold disaster drills that include children?	Not answered
43	Do state disaster drills include surge planning for children?	No information*
44	Are trauma center levels designated by the state?	Levels II-V only
45	What is the method of trauma center designation/verification in the state?	Partnership VRC/state
46	Is there medical direction for the state trauma system?	None or N/A
47	Are CDC Field Triage Guidelines (2011) used in the state?	Yes, with modification
48	Is there a state trauma destination (bypass) protocol in place?	No statewide trauma triage protocol
49	Is there a state pediatric trauma destination (bypass) protocol in place?	Not answered
50	Do the state hospitals have transfer agreements for unavailable resources?	Yes
51	Does the state have a statewide PI plan or guide for trauma?	No
52	Are children's interests recognized in the statewide PI trauma plan?	No
53	Is there a state trauma registry (TR)?	Yes
54	If yes, is the TR used for performance improvement (PI)?	Yes
55	If yes, does state TR include children?	Yes
56	Does the state have a separate pediatric report for trauma?	Yes
57	Is the state TR electronically integrated with prehospital (EMS) data?	Yes (including 2 in progress)
58	Do the state EMS data include children?	Yes
59	Are the state EMS data used for pediatric PI?	Yes
60	What is the state average peds ready score for EDs that are adult trauma centers?	Not answered
61	What is the state average peds ready score for EDs that are pediatric trauma centers?	Not answered
62	What is the state average pediatric readiness (PR) score for all EDs?	56.9
63	Do the state adult trauma center EDs have guidelines for recognition of child abuse?	Yes
64	Is there state legislation for child fatality review that is instructive on child abuse?	Yes
65	If yes, is there a mandatory death review of childhood deaths resulting from abuse?	Yes
66	Does the state have shaken baby parent education legislation?	Not answered
67	If yes, give statute and year enacted.	Unknown
68	Do state hospitals use ALARA (as low as reasonably achievable) guidelines?	Yes
69	Do state adult trauma centers use ALARA guidelines for CT use in children?	Not answered
70	If no, please explain.	N/A
71	Are injured children typically worked up by the referring hospital before transfer?	Not answered

72	Does the referring hospital discuss how to transfer a child?	Not answered
73	Do state hospitals use telemedicine to communicate about pediatric trauma patients?	Yes
74	Does the state have teleradiology-sharing capability?	Yes
75	If yes, is it statewide, system, or hospital?	Hospital directed
76	Does the state have access to pediatric inpatient burn care beds?	No
77	If yes, what are the resources for pediatric burn care?	N/A
78	Does the state have access to pediatric inpatient rehabilitation needs?	No
79	If yes, what are the resources?	Children can go to 1 rehab hospital in state. Pediatrics are not their area of expertise; the majority of injured pediatric patients are sent to out-of-state ped specialty centers.
80	Is the state rehab facility Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for peds?	No*
81	Is the state rehab facility CARF-accredited for adults?	No*
82	Who directs the state rehab care?	Out of state
83	Does the state outpatient rehabilitation model include pediatric trauma needs?	Not answered
84	If yes, what are the resources?	Not answered
85	Who directs the state outpatient rehab care?	Out of state
86	Does the state offer ACS RTTDC courses?	Yes