

Statewide Trauma Advisory Council

Wednesday, June 3, 2026

Acronyms

- ACS: American College of Surgeons
- COT: Committee on Trauma
- DHS: Department of Health Services
- EMSC: Emergency Medical Services for Children
- RTAC: Regional Trauma Advisory Council
- STAC: Statewide Trauma Advisory Council
- TQIP: Trauma Quality Improvement Program

Agenda

- Introductions and announcements
- Review and approve December 2025 meeting minutes
- State Trauma Plan and Strategic Plan updates
- DHS 118 update
- Project: TMD mentorship and networking opportunities
- ACS Essential Trauma System Elements Review
- ACS Chair report out

Agenda

- Wisconsin TQIP report out
- EMSC report out
- Classification Review Committee
- RTAC coordinators
- Committee report outs
 - ◆ Injury Prevention
 - ◆ Data Management
 - ◆ Trauma Coordinators
 - ◆ Performance Improvement
- Public comment related to the Wisconsin Trauma Care System

STAC Members

- Four physicians who represent urban and rural areas
 - ◆ **Marshall Beckman**, MD, Chair, Region 7, Level III
 - ◆ **Jennifer Roberts**, MD, Region 6, Level II
 - ◆ **David Schultz**, MD, Region 6, Level II
 - ◆ **Levon O'hAodha**, MD, Region 1, Level IV
- Two registered nurses, as defined in Wis. Stat. § 146.40(1)(f)
 - ◆ **Amanda Alcantar-Kistner**, RN, Region 1, Level IV
 - ◆ **Rebecca Ekenstedt**, RN, Region 1, Level IV

STAC Members

- Two prehospital emergency medical services providers, including one representative of a municipality
 - ◆ **Matthew Dykstra**, EMTP, Region 5
 - ◆ *Vacant*
- Two representatives of a rural hospital
 - ◆ **Daniel Budreau**, MD, Region 3, Level II
 - ◆ **Tammy Aspeslet**, RN, Region 4, Level II

STAC Members

- Two representatives of an urban hospital
 - ◆ **Ann O'Rourke**, MD, Vice Chair, Region 5, Level I
 - ◆ **Kristin Braun**, RN, Region 7, Level I
- One member of the Emergency Medical Services Board
 - ◆ **Michael Clark**, MD, Region 2, Level II

Approval of Minutes

State Trauma Plan and Strategic Plan Updates

Trauma Program Actions

- In 2026:
 - ◆ Outreach campaign for hospital administrators
 - In 2025, partnered with WHA for outreach
 - Guide to Trauma Center Classification for the Hospital Executive in development
 - ◆ 90% of trauma center reach by 70% of TQIP communications from DHS
 - State Pediatric Imaging guideline on webpage
 - ◆ Link current trauma system indicators and programs with national and global goals and action plan for gaps

Trauma Program Actions

- By end of 2027:
 - ◆ Conduct a partner mapping project and publish
 - ◆ Requirement for each STAC member from a region to solicit feedback or meet with their RTAC Coordinator each year
 - ◆ HERC and RTAC leaders in the same region communicate quarterly
 - ◆ Narrative strategy document and presentation to system leaders

Trauma Program Actions

- By end of 2027:
 - ◆ Qualitative measure of resources utilized
 - ◆ Phase out or increase awareness of underused resources
 - ◆ Policy analysis document
 - ◆ Annual training for site reviewers
 - ◆ Add an injury indicators into the state health risk assessment

Trauma Program Actions

- By end of 2027:
 - ◆ Engage in Wisconsin Hazards Mitigation Plan and have trauma centers included
 - ◆ Support new outreach activity for injury prevention
 - ◆ Develop narrative document disseminated to applicable partners
 - ◆ Outline trauma system knowledge among trauma center personnel and the public

Trauma Program Actions

- By end of 2027:
 - ◆ Generate a value for ideal funding status for each major trauma system component
 - ◆ Document tracking funding changes over time

Trauma Program Actions

- By end of 2028:
 - ◆ Streamlined communication plan for participating organizations
 - ◆ Written plan to align data and optimize integration
 - ◆ Review regional trauma system performance improvement plans
 - ◆ Review trauma system performance improvement plan
 - ◆ Biannual review of performance improvement methods
 - State PI indicators document update 2026

Trauma Program Actions

- By end of 2028:
 - ◆ Offer education materials to >90% of hospitals in Wisconsin
 - ◆ Trauma registry training reaches at least one person at >75% of trauma centers
 - ◆ Written strategic message plan
 - ◆ A recorded cost estimate for each year after 2023
 - ◆ A literature review or cost analysis document outlining cost estimation procedures and sources

Trauma Program Actions

- By end of 2029:
 - ◆ Align indicators from WARDS and the registry for system analysis focus
 - ◆ Indicators presented in evaluation matrix and recorded annually and shared with STAC and EMS board
 - ◆ >3 metrics developed to measure outreach impact, measured annually
 - ◆ Annually, ensure at least 75% of funds are aligned with a category outlined in the trauma system strategic plan

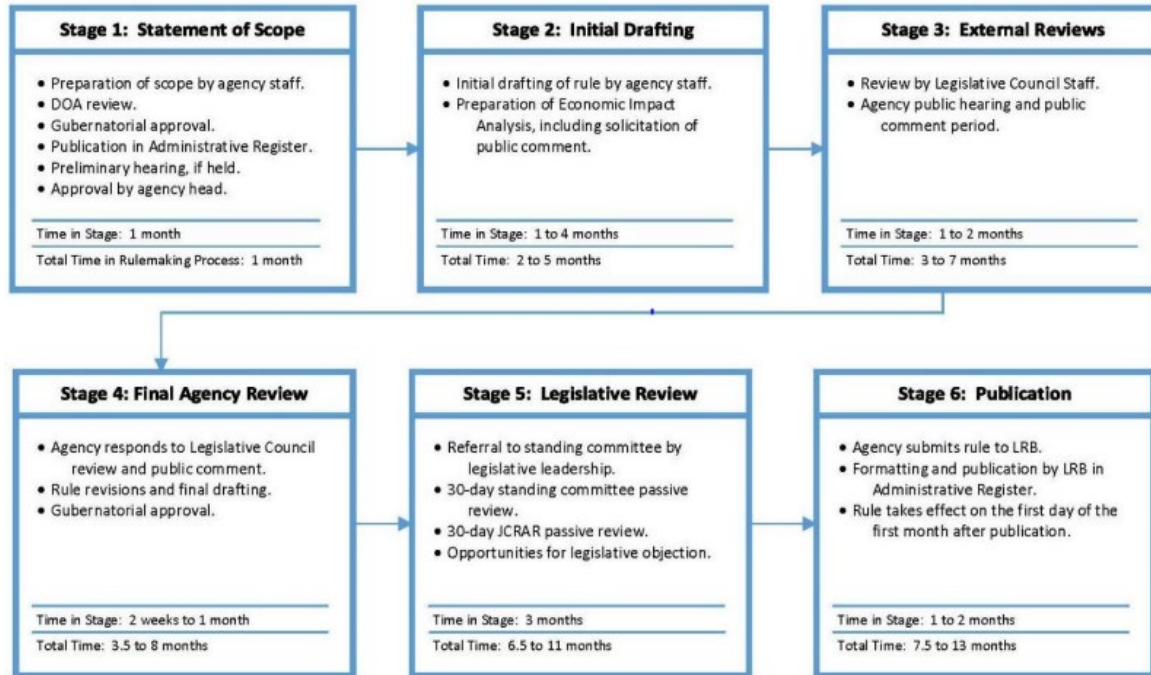


Trauma Program Actions

- By end of 2030:
 - ◆ Increase number of classified trauma center by 10% in 5 years
 - ◆ Expand outreach to CEOs, public, and healthcare personnel

DHS 118

Overview of Administrative Rulemaking Process

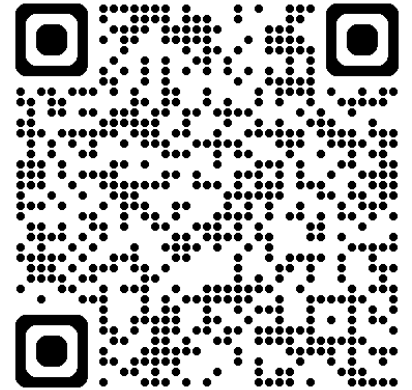


Please note this overview describes the process for a "typical" rulemaking. Rules developed using extraordinary processes, such as citizen-initiated rulemaking or internal board approvals, may require additional time.

Project: TMD Mentorship and Networking opportunities

Mentorship Option

- Open June 1, 2026 – June 30, 2026
- Need mentors and mentees to sign up!



Networking Plan

- Wednesday, December 2, 2026, TMD networking virtual opportunity after STAC at 2:30 – 3:30 p.m.
- June 2027 meeting, in person networking will be available

ACS Essential Trauma System Elements Review

Element #2: Funding

Essential Trauma System Element #2: Funding

The lead agency should establish a sustained funding mechanism for trauma system infrastructure. Funding should include physical and staffing resources for program administration and oversight, data collection, data storage, data analysis, quality improvement activities, education, and support for disaster response and military integration.

Trauma System Budget

Program Area	Funding Stream	Funding Totals
Regional Trauma Advisory Councils (Coordinators and Regional)	10200- GPR	\$449,200
Site Reviews	10100- GPR	\$94,300
Trauma DOT Transfer	16700- GPR	\$80,000
Trauma Grant*	16700- Federal	~\$45,000

*Federal fiscal year, not state fiscal year

Funding Sources

- 10200 General Purpose Revenue – aids funding
- 10100 General Purpose Revenue – annual waiver request
- Trauma DOT Transfer - Wisconsin Stat. § 85.32
- Trauma Grant – federally funded through DOT
- Hospital preparedness program – federally funded

Tracking and Analysis of Funds

- Tracked regionally and reported to the coordinator every six months.
- Next effort to align with new State Trauma Plan.

Trauma Center Participation

- No direct funding.

Un- and Under- Compensated Care

- No direct funding.

ACS COT Chair Report Out

Wisconsin TQIP Report Out

EMSC Report Out



Other Report Outs



Other Report Outs

- Classification Review Committee: Wayne Street
- RTAC Coordinators: Michael Fraley

Committee Report Outs

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- Injury Prevention: Amanda Tabin and Kathi Hegrans
- Data Management: Laura Kalscheur and Katie Prather
- Trauma Coordinators: Lisa Heinz and Rebecca Ekenstedt
- Performance Improvement: Thomas Bergmann and Kristin Braun

Public Comment Related to the Wisconsin Trauma Care System