

Statewide Trauma Advisory Council

Wednesday, March 4, 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
- Current Opening Updates
- Project: TMD Mentorship and Networking opportunities
- ACS Essential Trauma System Elements Review

Agenda

- ACS Chair report out
- 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

Upcoming STAC Benchmarks

Goal: Encourage the work of local and community organizations through partnerships and strengthen their capacity to act.

Objective	Leadership	Timeline	Benchmark
Review and expand board and council membership recruitment efforts to encourage active participation from a breadth of partners.	STAC	2 years	1 document outlining current and preferred membership recruitment strategies 1 update to the STAC membership recruitment process reflecting changes outlined in the document

Upcoming STAC Benchmarks

Goal: Improve system communication and coordination through deliberate connections and leadership.

Objective	Leadership	Timeline	Benchmark
Connect trauma staff with other trauma staff needing support to improve capacity and outcomes via a mentorship program.	STAC	2 years	Develop an annual opt-in mentorship program >12 people involved in the mentorship program annually
Develop co-working and networking opportunities.	STAC	2 years	≥2 networking or co-working events per year

Upcoming STAC Benchmarks

Goal: Support system capacity through sustainable resource management.

Objective	Leadership	Timeline	Benchmark
Encourage resource sharing to reduce waste and duplication by enacting resource management to facilitate resource coordination.	STAC	2 years	<p>Create an interface where health care systems, RTACs and the state government can interact to align resources for shared event</p> <p>Create at least annual share-out opportunities for organizations to share ways they used resources creatively or events that succeeded and could inspire other organizations</p> <p>Share broad budget outcomes at the end of the fiscal year with coordinators</p>

Upcoming STAC Benchmarks

Goal: Increase access to adequate, timely trauma care through prehospital resource integration.

Objective	Leadership	Timeline	Benchmark
Improve coordination between leading trauma and EMS bodies.	STAC	2 years	At least 1 EMS Advisory Board Representative at each STAC meeting At least 1 STAC representative at each EMS Advisory Board meeting At least 1 joint project quinquennial between EMS Advisory Board and STAC

Upcoming STAC Benchmarks

Goal: Ensure sustainable funding for all trauma system functions necessary to ensure positive injured patient outcomes.

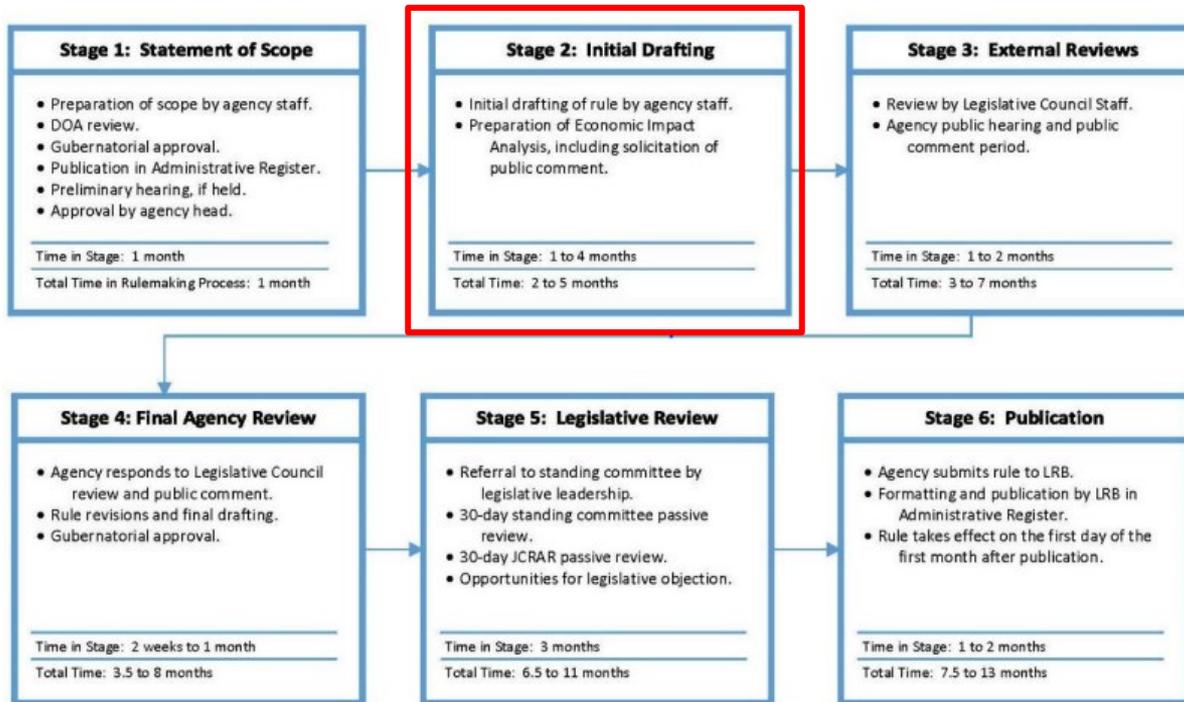
Objective	Leadership	Timeline	Benchmark
Develop a strategic approach to support sustainable funding which incorporates partner feedback, resources, and best practices.	STAC	1 year	Written document outlining sustainable funding goals, partners and engagement, resource sharing, and related actionable activities

Current Trauma Program Actions

- Presented the State Trauma Plan to OPEHC sections where intersection may occur
- Presented the State Trauma Plan to the Healthcare Emergency Readiness Coalition Advisory Group
- Establishing goal, objective, and benchmark tracking to ensure we are meeting actions
- Mapping out DHS leadership item, will report at the June 2026 meeting

DHS 118

Overview of Administrative Rulemaking Process

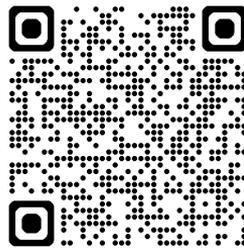


Please note this overview describes the process for a "typical" rulemaking. Rules developed using extraordinary processes, such as citizen-initiated rulemaking or internal board approvals, may require additional time.

Current Opening Updates



Statewide Trauma Advisory Council



- STAC currently has openings for two prehospital EMS provider, one representative of an urban hospital, one representative of a rural hospital, and one member of the EMS board.
- To apply, submit a completed [STAC application](#), letter of interest, and resume or curriculum vitae (CV) to the DHSTrauma@dhs.wisconsin.gov by April 1, 2026, at 4:00 p.m.

Project: TMD Mentorship and Networking opportunities

Background

- Identified gap in support for TMDs throughout the state
- Previously mentioned mentorship opportunities or networking opportunities
- Formalize an implementation plan

Mentorship Options

1. Expand current Trauma Coordinators mentorship to include TMDs
2. Create a separate form and cadence for TMDs to be apart of a mentorship program
3. Others?

Networking Options

1. Could provide an open networking Zoom, like trauma coordinators and registry
2. Could implement a networking time once a year at the in person STAC meeting, like Minnesota
3. Others?

ACS Essential Trauma System Elements Review

Element #1: Statutory Authority

Essential Trauma System Element #1: Statutory Authority

Statutory authority to enable development and implementation of a trauma system should exist. A lead agency, with sufficient authority to implement policy, maintain well-defined administrative rules, and allocate trauma system funds, should be established or identified. A multidisciplinary advisory group consisting of stakeholders representing the full spectrum of trauma care should guide the lead agency.

Description of Statute Adoptions and Revisions

- Wisconsin State Statute § 256.25
 - ◆ Implemented through 1997 Act 154
- Wisconsin State Statute § 15.197(25)
 - ◆ Implemented through 1997 Act 154
- Wisconsin Administrative Code ch. DHS 118
 - ◆ Implemented January 1, 2005

Cadence of Rules and Regulations Updates

- Wisconsin Statute Section § 227.29 requires rule review every two years for specific criteria
- Updates as needed determined by the Trauma System

Regulation's Ability to do the Following:

- Develop, plan, and implement the trauma system
 - ◆ Statutory authority, State Trauma Plan, STAC Strategic plan, and regional trauma plans
- Monitor and enforce rules
 - ◆ Administrative rule language in Wis. Admin. Code ch. DHS 118.08
- Designate the lead agency
 - ◆ Wisconsin Department of Health Services, Division of Public Health, Office of Preparedness and Emergency Health Care

Management of the System

- Adoption of standards of care
 - ◆ Through Wis. Admin. Code ch. DHS 118 Appendix A
 - ◆ In statute, “The classification rule shall be based on standards developed by the American College of Surgeons”
- Verification and designation of trauma centers
 - ◆ Verification of level I, II, or III trauma centers through ACS
 - ◆ Classification (designation) of level III and IV trauma centers through the state process

Management of the System

- Direction of patient flow based on designation
 - ◆ Wisconsin Admin. Code ch. [DHS 118.06\(3\)\(o\)](#)
 - ◆ Limited by home rule
- Data collection
 - ◆ Wisconsin Admin. Code ch. DHS 118.09
 - ◆ Limited to only classified trauma centers and voluntary unclassified hospitals
- System evaluation

Management of the System

- System evaluation
 - ◆ Wisconsin Admin. Code ch. DHS 118.10
 - ◆ Annual trauma report

Ability to Address the Continuum of Care

- Effective engagement with injury prevention and hospitals
- Area of improvement through engagement with EMS
- Gap in engagement with rehabilitation

Lead Agency

- Current leadership
 - ◆ State Trauma Coordinator, Trauma Registry Data Manager, and Epidemiologist have been in place for five years
 - ◆ Section manager has been in place for about three years, and office director has been in place for about four years

Lead Agency

- Trauma program staff
 - ◆ State Trauma Coordinator, 1.0 FTE, HPP funded
 - ◆ Trauma Registry Data Manager, 1.0 FTE, HPP funded
- Other support
 - ◆ Epidemiologist
 - ◆ Section manager

Trauma System Medical Director

- Contracted support
- Utilize other support from internal DPH medical director
- Barriers to dedicated trauma TMD is 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



Committee Report Outs

- 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