

TEXAS REGIONAL ADVISORY COUNCIL CRITERIA

This document identifies the elements of criteria that each Regional Advisory Council is required to address and define compliance in their Trauma and Emergency Healthcare System Plan.

Department of State
Health Services
EMS-Trauma Systems
Section
November 17, 2021

Texas Regional Advisory Council (RAC) System Plan Criteria and State Contract Requirements

Injury and Disease Epidemiology

1. In collaboration with the EMS-Trauma Section and the Office of Injury Prevention / EMS and Trauma Registry describe the epidemiology of trauma, stroke, and cardiac in your region and the unique features of the geographic population related to the following ages.
 - a. Children from birth to 1 year of age
 - b. Children greater than 1 year of age to 11 years age
 - c. Adolescents greater than 11 years of age to 14 years of age
 - d. Adolescents 15 to 17 years of age
 - e. Adults 18 – 64 years of age
 - f. Geriatric 65 to 84 years of age
 - g. Geriatrics – 85 and older
 - h. Rural or frontier injuries compared to suburban and urban
2. Define the number of trauma deaths (include DOA, died in the ED, and died in the hospital) reported by the trauma designated facilities.
3. Define the health epidemiology characteristics of maternal and neonatal care as outlined by the Perinatal Regional Collaboratives.
4. Define the databases utilized by the RAC to formulate the epidemiology profile.
5. Describe how ongoing and routine trauma, perinatal, stroke, cardiac and disease surveillance is completed and how results are shared with RAC stakeholders and partners.

Regional Self-Assessment

The RAC staff will engage the various committees and stakeholders to facilitate the completion of a regional self-assessment in the first twenty-four months of the contract and submit it to the department. The completed regional self-assessment is reviewed and integrate into the revisions of the regional trauma and emergency healthcare system plan prior the forty-seventh month of the contract and submit the final revisions to the department in the thirty days prior to the end of contact.

Regional Requirements

1. Describe processes for the RAC stakeholders to collaborate and define the following:
 - a. the regional trauma, perinatal, stroke, cardiac and emergency healthcare system plan;
 - b. guidelines for protecting confidentiality for entities participating in the elements of review as part of the system performance improvement process;
 - c. developing, implementing, educating stakeholders, and monitoring regional guidelines of care;
 - d. developing, implementing, educating stakeholders, and monitoring patient flow on the basis the developed regional guidelines.
 - e. collecting data for system monitoring and performance improvement; and
 - f. conducting system annual evaluations
2. Within the regional plan, describe how trauma, perinatal, stroke, and cardiac, prevention activities, emergency medical service (EMS), public health, special population needs, emergency management, non-government resource, non-profit agencies, and the business community are integrated with the system.

Regional System Leadership

1. The RAC leadership team consistently reviews and monitors the trauma, perinatal, stroke, cardiac, and emergency healthcare systems of care to identify opportunities for improvement.
 - a. The RAC aligns with the GETAC Vision.
 - b. The RAC aligns with the GETAC Mission.
2. Describe the various multidisciplinary committees and the stakeholder participation as defined in the RAC bylaws.
 - a. Ensure pediatric care representatives are on the multidisciplinary healthcare committees, if a pediatric committee is not in place.
 - b. Identify geriatric care representatives on the multidisciplinary healthcare committees that provide input into system development.
 - c. Identify perinatal care representatives on the multidisciplinary healthcare committees that provide input into perinatal regional care initiatives, if a perinatal committee is not in place.
 - d. Describe the process of involving experts and advocates for special populations, such as the child fatality review teams, physical abuse, substance abuse, mental health in regional system planning.
 - e. Describe how the multidisciplinary committees participate in the regional trauma, perinatal, stroke, cardiac and healthcare system annual evaluation.
3. Describe the process for developing, mentoring, and engaging stakeholder to maintain regional leadership to include EMS providers, medical and nursing leadership, designated centers, and other stakeholders.

Regional Coalition Building and Community Partnerships

1. The region will develop and maintain collaborative relationships and partnerships with community stakeholders to support the trauma, perinatal, stroke, cardiac and emergency healthcare system coalitions as outlined in the regional plan, examples include fall prevention, Stop the Bleed, mental health, physical abuse, substance, or other priorities identified through the completed regional self-assessment.

- a. RAC leadership will promote the regional trauma, perinatal, stroke, cardiac and emergency healthcare system plan to the regional Chief Executive Officers, County Judges, public health entities, law enforcement agencies, military resources, academic entities, transportation industry, and entertainment venues as defined by the regional priorities.
 - b. RAC leadership will define the method and frequency for communicating with stakeholders, hospital leaders, coalition members, and the community.
2. RAC leadership will establish a plan for mobilizing community partners to improve and advocate for system improvements.
 - a. Define how RAC leaders are integrated with the community leaders to assist in identifying trauma, perinatal, stroke, and cardiac prevention and awareness campaigns.
 - b. RAC leaders identify and address the key problems or initiatives outlined by the community leaders.
 - c. Describe how stakeholders make the RAC leadership aware of challenges or deficiencies.

Human Resources within the RAC

1. Define the number of RAC paid FTEs supported by the department contract, including their position titles, job descriptions, and percentage of full-time equivalency of all RAC part-time or contract individuals who have roles or responsibilities that support the regional programs.
2. Each RAC FTE that is funded by the department contract shall have an annual performance review that includes input from regional stakeholders, using established performance standards defined by their job responsibilities and job functions of their current job description.
3. Define the process for RAC approved employee salary increases.
4. Identify other personnel supported by the department contract for defined projects or resources.
5. Define personnel limitations related to the development or advancement of regional programs to sustain the trauma and emergency healthcare system assessment, guideline development, and performance improvement activities.

6. Identify impediments or barriers that hinder appropriate staffing.
7. Develop and maintain a current RAC organizational chart and posted it on the RAC website to ensure it is available to the public stakeholders.

Regional Trauma, Perinatal, Stroke, Cardiac and Emergency Healthcare System Plan

1. Regional stakeholders to include the RAC board, committees, general membership, community partners, and coalition members assist in the revisions to the trauma, stroke, cardiac, maternal, and neonatal system plan.
2. Describe the ongoing assessment of resources within the RAC system used to facilitate the implementation and monitoring of the system plan.
3. Describe the processes of approving the system plan and its implementation process.
 - a. Describe how the elements of the system plan are evaluated, and outcomes of the regional plan are identified and tracked.
 - b. Describe what guidelines exist for special populations, including the rural and remote areas.
 - c. Describe how individuals with specialized needs are addressed regionally, such as specific injury patterns (burns, spinal cord injury, traumatic brain injury, reimplantation, etc.), disease processes, and healthcare needs, as well as pediatric, neonatal, and maternal special considerations (Example: placenta accrete spectrum disorder).
4. The regional system plan is posted on the RAC website with all associated documents for public stakeholder access.

Regional System Integration

1. Describe the regional initiatives to integrate and build collaborative partnerships with community stakeholders, including but not limited to the following:
 - a. prevention specialist collaboration for regional trauma, perinatal, stroke, cardiac and emergency healthcare system priorities.

- b. mental health resources for the public and the system healthcare workers
- c. local and regional public health; epidemiology and infectious disease experts
- d. social services
- e. law enforcement
- f. public safety
- g. military resources
- h. healthcare and pharmaceutical facility leadership
- i. city, county, regional, and district emergency management
- j. local and county officials
- k. medical examiners
- l. academic or educational institutions
- m. fatality review teams
- n. blood bank services
- o. other identified healthcare resources in the region
- p. non-government and non-profit organizations (Example: American Red Cross)

Business / Financial Planning

1. Define the process of developing the RAC budget and key strategic initiatives.
 - a. Include how the RAC integrates the GETAC Strategic Plan into their strategic initiatives and defines priorities.
 - b. Include how the RAC strategic plan priorities are implemented, monitored, and evaluated for effectiveness.
 - c. Define how RAC stakeholder participation is integrated in the development of the strategic priorities and how these priorities are moved forward and approved.

2. Define the RAC membership dues and membership participation requirements.
3. Define the process for stakeholders or committees to request funding for RAC approved projects.
4. Define the process and approval for reallocation of funds after the defined regional budget is finalized.
5. Define the process for the RAC to address the EMS allocation funds for EMS providers and any additional funds identified for the department contracts.

Regional Prevention and Outreach

1. List organizations dedicated to trauma, prehospital, perinatal, stroke, cardiac and specific disease prevention and awareness programs within the region that align with the regional priorities and their specific focus.
2. Define the RAC funds allocated to support the system-wide trauma, perinatal, stroke, cardiac and other disease prevention activities.
3. Describe how the RAC targets trauma, prehospital, perinatal, stroke, cardiac or other disease processes prevention programs to include the integration of evidence-based prevention strategies.
4. Identify contract funded RAC staff (full or part-time) whose job function is to coordinate regional programs such as outreach awareness and prevention for the regional trauma, perinatal, stroke, cardiac or other prevention activities.
5. Explain how the trauma, perinatal, stroke, cardiac or other outreach or prevention projects are evaluated by the RAC, and how the program outcomes are shared with stakeholders.
6. Identify gaps in trauma, perinatal, stroke, cardiac or other prevention efforts for identified regional population groups identified through the regional self-assessment.
7. Define the regional efforts for integrating specific coalitions that focus on the defined priorities such as fall prevention, head injuries, pediatric injuries, geriatric injuries, physical abuse, teen pregnancy, safe sleeping, alcohol-related injuries, substance abuse, stroke awareness, cardiac

disease, vaccination compliance, rural initiatives, or targeted projects identified through the RAC self-assessment.

8. Define the RAC integration with the state-wide initiatives such as Stop the Bleed State Coalition and how the data is tracked and reported to the RAC, State Coalition, as well as the national bleedingcontrol.org site.
9. Define the RAC sponsored professional education provided to address identified needs for the following:
 - a. physicians
 - b. nurses
 - c. registrars
 - d. EMS personnel
 - e. advanced practice providers
 - f. other healthcare stakeholders
 - g. trauma education and certifications
 - h. stroke education and certifications
 - i. cardiac education and certifications
 - j. maternal education and certifications
 - k. neonatal education and certifications.
 - l. registry or data management education and certifications
 - m. performance improvement education
 - n. disaster education and certifications
 - o. community awareness educational programs to include but not limited to Stop the Bleed or other department approved equivalent program.
10. RACs have the option of providing internal programs or providing a list of upcoming educational programs that were identified through the RAC self-assessment as well as sponsoring lectures at other regional educational endeavors.

Prehospital Services

1. Assess the regional EMS resources and the date the assessment was completed.
 - a. Describe the EMS system, including Mobile Intensive Care (MICU), Advanced Life Support (ALS) or Basic Life Support (BLS) providers, aeromedical, First Responder Organizations (FROs), and non-emergency EMS provider resources available in each county of the RAC.
 - b. Identify counties or portions of counties without an authorized or contracted EMS Provider.
2. Describe how EMS resources are allocated throughout the RAC by county.
3. Identify challenges and resources available in the RAC and initiatives to address areas with limited or no coverage.
4. Describe the availability of enhanced-911 and wireless enhanced-911 throughout the RAC by county.
5. Identify the treatment, equipment, and transport services available and any resource shortfalls or challenges for specialty populations to include bariatric, pediatric and geriatric in each county of the region.
6. Identify areas within the RAC where there are shortfalls in inter-facility transfer resources to appropriately move patients having acute care emergencies.
7. Describe how the RAC assesses the prehospital system, including how the RAC supports, sustains, and strengthens the prehospital healthcare workforce.
8. Describe how the RAC is developing a plan to address the prehospital system needs, based on the data obtain in 1 through 7 above.

Definitive Care Facilities

1. Define the current levels of trauma, stroke, maternal, and neonatal designated facilities, include the non-designated cardiac chest pain

centers within the region by county and their expectations regarding RAC participation.

2. Describe the roles of the non-designated acute care facilities in the regional system, specifically pediatric, geriatric, perinatal, mental health, and other healthcare resources available in the RAC by county.
3. Define the processes for non-designated acute care facility representation on the various regional committees.
4. Develop and maintain a process to provide mentorship to foster and develop data integrity and data validation for all types of designated facilities.
5. Define the designated facilities' role and expectations for participating in the regional system-wide performance improvement plan.
6. Describe the process by which prehospital personnel are educated on the capabilities of all possible receiving facilities.
7. Describe the process to notify the regional stakeholders when a facility loses capability or withdraws from the designation program.
8. Describe the mechanism for tracking and monitoring diversion and capacity of the designated centers.
9. Define the process of keeping the facility CEOs updated on their facility's scorecard regarding membership attendance, participation expectations, updating EMResource or equivalent system, and providing data for the regional system performance improvement initiatives.
10. Describe the role of the RAC in sharing information with facilities that are in active pursuit of designation or changing their level of designation regarding issues of population, population density, specialty resources, hours of diversion, transport times with distances, transfers, and the completed NBATS assessment for the region.

Regional System Coordination and Patient Flow

1. Describe how the regional prehospital triage guidelines are developed utilizing current national best-practice standards, implemented with prehospital Medical Directors' approval and support, what education is provided to stakeholders, how they are monitored, and integrated into the regional system performance improvement initiatives.

2. Describe how the regional system-wide guidelines address the “safe transport of patients and personnel” are implemented, monitored, and integrated into the system performance improvement initiatives.
3. Describe the regional coordination processes for interfacility transfers within or outside of the region and processes for tracking these transfers to identify resources not available, delayed transport needs, and double transfers within the region.
4. Define and describe any specific guidelines to facilitate the transfer of acute or critical patients out of the rural facilities such as “auto-launch” of air medical services, strategic alignment of air medical hubs throughout the region, or tracking air medical services to define the most available for transport or establishing expected response times for ground and air medical services for transfers.
5. Describe how the RAC supports the use of technology to facilitate the sharing of patient information and images from transferring facilities to the receiving facilities to expedite the receiving medical team’s patient decision making and priorities.

Regional Rehabilitation

1. Describe how rehabilitation facilities and providers are integrated into the regional trauma, perinatal, stroke, cardiac and emergency healthcare system planning.
2. Define the rehabilitation specialty care capabilities available by each county of the region.

Regional Response Planning

RAC will meaningfully participate in regional disaster preparedness, planning, response, recovery, and after activities and support to hospital preparedness stakeholders including DSHS and the HPP Contractor.

System-wide Evaluation and Performance Improvement & Patient Safety

1. Describe the process of defining and implementing the regional system-wide written performance improvement and patient safety plan, how it is shared with stakeholders, the education provided to stakeholders, and how it is monitored.

- a. Define the organizational structure to include stakeholder participation in the regional performance improvement and patient safety plan and describe participation in the performance improvement activities and committee(s).
 - b. Define the regional process for reviewing the identified events or variances from defined guidelines, defining the level of harm, levels of review, defining the opportunities for improvement, and implementing and tracking the defined corrective action plan through the regional performance improvement and patient safety process.
2. List the system process and patient outcome measures that are tracked through the regional dashboard, including defined measures for special populations.
 3. Define how the annual report integrates the system performance improvement process outcomes and how the report is shared with stakeholders, regional partners, business community, local elected officials, and the department.

Data Management and Information Systems

1. Define the role and responsibilities of the RAC in collecting, and analyzing data to support the RAC functions, and ensuring confidentiality of data as appropriate.
2. Define how the regional plan collects, utilizes, and analyzes data from various sources.
3. Describe the RAC's standard system-wide reports generated, the frequency of the reports, and how the reports are integrated into the report and shared with stakeholders, regional partners, business community, and local elected officials.
4. Define the regional processes to foster data integrity and data validation for collected regional data.
5. The RAC has processes in place to collect, analyze, and report data as directed by the department for specific events.

Regional Research

1. Define the current RAC procedures and processes in place for stakeholders to request regional data, include measures to ensure Health

Information Portability and Accountability Act (HIPAA) compliance and confidentiality.

2. Define how the RAC supports research for trauma, perinatal, stroke, cardiac, and the emergency healthcare system.
3. Define the guidelines for gaining approval to submit a research project, or an abstract, or publication that is supported and funded by the RAC.

RAC Criteria DRAFT

RAC Criteria DRAFT

Appendix A

RAC Data Needs for Completion of the Self-Assessment

RAC Data Needs for Completion of the Self-Assessment

NEMESIS Data Request

- Annual EMS runs and transports describing Strokes per RAC in from July 1st to June 30th and have available each August.
- Then break this down by ages listed in the criteria
- Annual runs and transports describing Cardiac events per RAC from July 1st to June 30th and have available each August.
- Then break this down by ages listed in the criteria
- Annual runs and transports for pregnancy and postpartum per RAC from July 1st to June 30th and have available each August.
- Annual total EMS runs per RAC from July 1st to June 30th and have available each August.
- Break runs out by age defined by age listed in the criteria

Trauma Data Request

- Trauma data from registry reflecting trauma deaths by age breakdown
- Trauma data from registry reflecting trauma deaths by ISS
- Death certificate data for trauma patients dead in the field by age, and type of injury
- Annual total RAC hospital trauma registry submissions by ISS, age breakdown, and average LOS
- Annual top five causes of injury by RAC, and by age
- Annual top five injury causes of deaths by RAC, and by age
- Annual RAC report of previous requested data annual review July 1st to June 30th and available in August
 - RAC data regarding patients in Shock (age 15 to 65 with a BP>90 in the field or ED) overall
 - RAC data regarding patients with Spinal Injuries overall
 - RAC data regarding patient with TBI injuries overall
 - RAC double transfers (arrived by transferred in and ED disposition of transferred out to acute care hospital and arrived by transferred into the ED and then transferred out within twenty-four hours)

PRC defined data needs

Jeremy Triplett to work with PRC Chair and bring recommendations to the RAC Chairs for discussion.

RAC Criteria DRAFT