

Office of EMS Trauma Systems  
Texas Department of State Health Services  
[dshs.texas.gov/dshs-ems-trauma-systems](https://dshs.texas.gov/dshs-ems-trauma-systems)



## INSIDE THIS ISSUE:

### Ensuring Compliance and Reporting:

The Role of EMS Staff in  
Addressing Controlled  
Substance Overdoses

#### From this Side

EMS/Trauma Systems leadership team and staff share their experiences and perspectives to spark conversation on issues important to the EMS and trauma system in Texas.

#### Updates

The Office of EMS/Trauma Systems provides the latest regulatory changes, important programmatic data, and relevant funding information to keep you informed.

#### News and Links

Access current news, initiatives, and publications from national EMS and public health organizations, as well as links to GETAC, rules, and enforcement actions.

### Focus on the Future

Get an in-depth look at the EMS Trauma Systems Section, our goals, and projects moving forward.

### Texas EMS Conference

Get the latest updates on the conference and meet the 2023 Conference Keynote Speaker

### First Responders: Stay Centered on Self-care

Our ongoing series on ways to take care of you, so that you can take care of others.

# FROM THIS SIDE

Insight • Inspiration • Ideas



## Focus on the Future

The EMS Trauma System Section continues to evaluate, revise, and define the structure and processes related to our scope of services, including internal and external functions.

Our scope of services continues to align with those elements outlined in the passage of the Omnibus Bill in 1989; these include system advancements, facility designation, data to monitor outcomes, and the continued support and enhancements of the twenty-two regional advisory councils. Funding and contract management was added to the department's responsibilities in 2003 after the passage of funding statutes.

The purpose of reviewing the department's processes is to improve our effectiveness and efficiency in operations. Our goal is to establish the structure and process to facilitate monitoring outcomes and set the stage for future system advancements.

### EMS Trauma Systems Focus on the Future

What we're working on.



Click the links below to get to know our team, program functions, and current projects.

- EMS Unit
- Designation Unit
- Funding / Contract Management
- Councils
- Information Unit
- Medical Advisory Board
- Summary



Jorire Klein, Director  
EMS / Trauma Systems



# Ensuring Compliance and Reporting: The Role of EMS Staff in Addressing Controlled Substance Overdoses

From the Environmental Surveillance and Toxicology Branch, Texas Department of State Health Services

Drug overdoses happen when too much of a substance overwhelms the body and can lead to serious medical complications, including death. It is important for healthcare providers to be well-informed about reporting and addressing controlled substance overdoses.

State law, [Texas Health and Safety Code §161.042](#), requires healthcare providers, including EMS staff treating a Penalty Group 1 drug overdose, to report the incident to the Texas Department of State Health Services (DSHS).

Penalty Group 1 drugs encompass a range of substances, including opioids, cocaine, GHB (gamma hydroxybutyrate), ketamine, methamphetamines, and benzodiazepines.

To report a Penalty Group 1 substance overdose case, please visit the [online reporting form](#).

## The following information is required by law when reporting:

- Date of overdose: Provide the specific date when the overdose occurred.
- Type of controlled substance use: Indicate the specific drug(s) involved in the overdose incident.
- Sex and approximate age of the patient: Note the gender and age range of the individual affected.
- Symptoms associated with the overdose: Describe the observed symptoms and their severity.
- Extent of treatment necessary: Detail the level of medical intervention required to stabilize the patient.
- Patient outcome: Report the outcome of the overdose incident, including whether it resulted in recovery, hospitalization, or fatality.

Compliance with reporting requirements is essential for monitoring the scope of controlled substance overdoses, identifying trends, and implementing effective prevention strategies.

For more information, please visit: [Reporting Controlled Substance Overdoses | Texas DSHS](#).

For questions or feedback on reporting Penalty Group 1 Drug Overdoses please email [epitox@dshs.texas.gov](mailto:epitox@dshs.texas.gov).



View program flyer.

# Meet the 2023 Texas EMS Conference Keynote Speaker

We are excited to announce the opening speaker of the 2023 EMS Conference will be Erika Prosper, Senior Director of Customer Insight for H-E-B Markets. H-E-B is recognized as a leader in Texas and the Nation for having one of the best places to work and a state-of-the-art retention program.

Erika led a team that was charged with helping guide the development of H-E-B's strategic vision and operational efforts by providing customer insights to change the business, gain share and establish a preference for the company.

With all of the great work that has been done over the past year on increasing the EMS workforce, our next mission is to make sure we maintain these dedicated workers, including volunteers, in our EMS system. Please plan on attending this presentation, and as we learn together from other industry leaders on ways, we can improve of statewide EMS system. By increasing and retaining a strong workforce, together, we will have a stronger EMS system in Texas today and into the future.

**Join us in welcoming Erika to the stage on Monday, November 20, at 8 AM.**




**Erika Prosper Nirenberg**  
*First Lady of San Antonio, TX &  
H-E-B Senior Director of Customer Insights*

## Conference Hotel Notice


### Special Room Rate Notice:

On August 16, 2023, the US General Services Administration released the per diem rates for 2024, which saw an increase in that rate for Travis County to \$184.

Hilton Austin in partnership with Texas EMS Conference can offer rooms at \$159/night for single occupancy. This increase **IMPACTS ALL CURRENT** and future room reservations.



TEXAS EMS  
*Hall of Honor*



2023 Annual Fundraiser  
HOSTED BY TAAMS

Austin Hilton, Salon FG  
Sunday, November 19, 2023  
7:00 PM - 11:00 PM

**VIEW  
DETAILS**

# First Responders: Stay Centered on Self-care

The dedicated individuals in the first responder and healthcare sectors face heightened risks of experiencing mental health challenges like anxiety, depression, and post-traumatic stress disorder due to the overwhelming emotional and physical demands of coping with acute and chronic stress that come along with this line of work. Thanks to the growing recognition of this issue, various initiatives designed to provide support for emergency and hospital personnel who tirelessly serve the people of Texas day in and day out have emerged and offer resources to those who need them.

## Emergency Responders: Tips for taking care of yourself

Provided by the Centers for Disease Control and Prevention (CDC, this resource focuses on how first responders can be aware of how to nurture their mental health before, during, and after any emergency response or disaster

[View the article](#)



This resource guide also alerts responders to the signs and symptoms of burnout and secondary traumatic stress, as well as ways to combat the effects by reaching out to coworkers or friends and developing a buddy system to check in on each other and show support.

It's crucial to note that the [Heroes Helpline](#) (1-833-EMS-IN-TX) is available around the clock for first responders and hospital personnel. This helpline offers a free, entirely confidential telephone support and referral service. It provides a safe space for first responders and healthcare workers to seek help without fear of judgment, stigma, or professional consequences, emphasizing the importance of their mental health and well-being.

Taking care of Texans is more than a job – it is a rewarding and noble calling. Taking care of YOU is a critical component of that calling and is equally important.



Sabrina-Lee-Richardson  
EMT, Information Specialist

# Updates

Regulations • Programs • Funding



## LEGISLATURE

### 88<sup>th</sup> Regular Legislative Session

House Bill (HB) 624 amended Health and Safety Code by adding Section 773.0043, relating to emergency medical transports by firefighters. Under the leadership of Sam Vance, a group of emergency medical services (EMS) stakeholders designed and presented a suggested flow chart and supporting documents to the regional advisory councils (RACs) to consider when developing their [guidelines for firefighters transporting a patient in a fire department emergency vehicle](#). If you have any questions about this process, please [contact your RAC](#).

Senate Bill (SB) 1588, relating to staffing variances from the Texas Department of State Health Services (DSHS) rules governing the provision of emergency medical services, amended Health and Safety Code Section 773.052. The EMS Provider Personnel Variance Request [application](#) has been updated based on the new legislation and can be found on the DSHS EMS Provider Licensing [webpage](#). Please forward your completed application to your regional EMS office for consideration. If you have any additional questions, please contact your [regional EMS staff](#).

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## Upcoming changes for Advanced EMT (AEMT)

Beginning July 1, 2024, the National Registry will sunset the required AEMT psychomotor (practical) examination.

It will be replaced by the Student Minimum Competency (SMC) as part of the state-approved AEMT education program. The SMC is a better competency assessment and will capture a more complete picture of a learner's knowledge, skills, abilities, and learning progression.

The education program director will attest to the AEMT SMC requirement at the point of a candidate's course completion.

Find information on this and all National Registry [initiatives](#).

CAAHEP and CoAEMSP plan to launch voluntary AEMT Accreditation by January 1, 2025. You will find information on this plan, including the timeline of the key milestones, on the CoAEMSP [website](#).

The Texas Department of State Health Services (DSHS) EMS/Trauma Systems leadership has no intention to make National Accreditation mandatory for AEMT education programs/courses. An education program can participate in this voluntary accreditation, but we want to clarify that there is no plan to make this a requirement in Texas.

## LICENSING

# Focus on the Future



Continued from page 2

## EMS UNIT

Emergency Medical Services (EMS), under the direction of [Joseph Schmider](#), State EMS Director, is responsible for EMS certifications, provider licensure, complaint investigation, and inspections, including the rules that outline the requirements and expectations for EMS.

EMS regional programs managed by [Jaime Vallejo](#), [Valerie Phillips](#), and [Joey Ancelet](#) are integrated into the regional local partners and RACs. These staff conduct local investigations and inspections.

### Staff and Roles

[Sabrina Richardson](#), EMS Information Specialist, focuses on EMS communication with stakeholders, exploring new developments in EMS, and will be in a lead role as the EMS rules are opened for revisions in the coming months.

[Brett Hart](#), Licensure Manager, has many roles and responsibilities, but his major focus is EMS certification and licensure.

[Mattie Mendoza](#), focuses on EMS education and additional central EMS staff members address EMS criminal background checks and other functions related to EMS licensure.

This team provides the staff and support for the GETAC EMS, EMS Education, EMS Medical Directors, and Air Medical and Specialty Care Transport Services Committees.

### Current Statistics for EMS Personnel as of October 1, 2023

Emergency Care Attendant (ECA)	1,936
Emergency Medical Technician (EMT)	39,331
Advanced Emergency Medical Technician (AEMT)	3,403
Emergency Medical Technician-Paramedic (EMT-P)	21,616
Licensed Paramedic (LP)	8,939
Total EMS Agencies	746

### Outreach

Joseph Schmider, Brett Hart, and Jaime Vallejo have committee and leadership roles in the National Association of State EMS Officials (NASEMSO).

Joseph Schmider has a leadership role in the EMS COMPACT and Emergency Medical Services for Children (EMSC), which ensures Texas has access to the newest national trends in EMS and system development.

# DESIGNATION UNIT

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The Designation Unit under the direction of [Elizabeth Stevenson](#) is responsible for reviewing the designation applications and providing a designation recommendation to the Associate Commissioner.

## Staff and Roles

[Debra Lightfoot](#) and [Dorothy Courage](#) are designation coordinators for maternal and neonatal designation.

[Audrey Green](#) and [Katie Foarde](#) are the trauma and stroke designation coordinators.

Due to vacancies, Elizabeth Stevenson currently serves as a lead for the stroke applications, and [Jorie Klein](#) serves as a lead for the trauma designation applications.

[Rebecca Wright](#) and [Celia Cantu](#) are valuable members of the team who assist with the designation process and coordinate the monthly calls with the designated facilities.

The designation team manages approximately 936 designations.

Designated Facilities	
Maternal	220
Neonatal	226
Stroke	187
Trauma	303

**For additional designation information, please visit the following websites:**

[Maternal Designation](#)  
[Neonatal Designation](#)  
[Stroke Designation](#)  
[Trauma Designation](#)



## Monthly Calls

The designation team initiated the standing monthly calls with the designated maternal, neonatal, stroke, and trauma facilities to answer questions regarding designation requirements, survey planning and to provide technical assistance. The calls are open to the facilities' administrator, medical director, and program manager. The team invites the Chairs of GETAC and the Perinatal Advisory Council (PAC) to participate in these calls. Members of the TQIP/ ISS workgroup participate in the trauma calls, as well as representatives from the EMS/ Trauma Registry

In October, the team will switch to the GoToWebinar platform to expand capacity to include the RAC Chairs and Executive Directors in the monthly calls.

The department is exploring options for providing continuing education units (CEUs) to add educational offerings for the designated facilities and EMS. One of the team's focus areas is rural facility education and pediatric education. Kate Remick, MD, GETAC member, has been asked to lead the pediatric education and training.



# DESIGNATION UNIT

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## Texas Designation Survey Guidelines

The designation team is implementing the [Texas Designation Survey Guidelines](#). These guidelines are designed to standardize the designation survey planning and preparation for the facilities and establish standard expectations for the approved survey organizations and their surveyors for maternal, neonatal, and trauma facility reviews. The department has completed a series of educational offerings for the maternal and neonatal facilities and the respective surveyors. The education for the trauma facilities and trauma surveyors is scheduled for February 2024; additional educational sessions are also being scheduled for future dates.

The survey guidelines include appendixes that provide additional information to assist the facilities.

### These appendixes include the following:

- Department of State Health Services Survey Organizations
- Common Screening Events/PIPS/QAPI Events
- Registry and Data Management
- Outreach Education, Prevention, Publications, Research
- Planning, and Medical Record Face Sheet
- Required Documents, Medical Record Review
- Conflict of Interest
- Survey Organization Application
- Facility Walk-Through Review Guidelines
- Example of Group Interview Discussion
- Designation Survey Process Feedback Form
- Staffing Considerations

## Rules and Waivers

The designation team is planning for the proposed trauma rule amendment formal public comment period and is scheduling several online sessions to review the comments and rules during this time. The proposed formal public comment period has been moved to January of 2024. The department team collaborates with members of GETAC, the GETAC Trauma System Committee, and representatives from RAC Chairs/Executive Directors during this formal comment time to review each comment received. The department is adding an emergency medicine physician, and representatives from the Texas Hospital Association, and Texas Organization of Rural and Community Hospitals to this workgroup. It is important to remember all formal comments must be received in writing.

The designation process for the Centers of Excellence for Fetal Diagnosis and Therapy continues to be defined by the Perinatal Advisory Council. Maternal and Neonatal facilities can request a designation appeal, waiver, or exception through a three-person panel. Applications to serve on the three-person appeal panel are currently under review.

The proposed trauma rule amendments include a designation review committee outlined in TAC §157.125. The designation review committee will review all requested appeals, waivers, and exceptions and provide recommendations to the designation unit. In addition, the committee will review a quarterly collated summary report of designation requirements identified as not met during the survey process to identify barriers and potential unintended consequences of the new rules.

## Outreach

The designation team has participated in the Association of State and Territorial Health Officials session as invited speakers regarding perinatal system development as well as the American College of Obstetrical and Gynecology (ACOG), American Medical Association (AMA), Texas Medical Associations (TMA) and the Texas EMS Trauma Acute Care Foundations (TETAF) session regarding perinatal systems. The team collaborates with HHSC regarding the Perinatal Advisory Council (PAC) and Medicaid regarding designations to facilitate billing. The team also collaborates with the Texas Medicaid and Healthcare Partnership.

The team has participated in several state calls to discuss perinatal and trauma systems along with the designation processes. This ensures the designation team is integrated with national standards for designation as they developing.

# FUNDING / CONTRACT MANAGEMENT

Sunita Raj leads the Funding/Contract team. This team is responsible for the trauma uncompensated care (UCC), regional advisory council (RAC) allotments, the EMS pass-through allotment, and the RAC system development funding allocations. This team also addresses the extraordinary emergency funding (EEF) requests. Lastly, the group manages the operational budget for the section.

## Staff and Roles

Albert Dominguez is responsible for the GETAC reimbursement and management of invoices and requisitions.

Due to staff vacancies, Sunita Raj is currently responsible for the appropriated funding allocation distribution.

The funding team collaborates with the Contract Management (CMS) team, Jonah Wilczynski and his staff, to validate the funding and contract deliverables and regulations are met.

## Funding

## Rules

Texas Administrative Code, §157.130, Emergency Medical Services and Trauma Care System Account and Emergency Medical Services, Trauma Facilities, and Trauma Care System Fund (adopted in 2004), and §157.131, Designated Trauma Facility and Emergency Medical Services Account (adopted in 2004, revised in 2006, and 2007), provide the direction for the appropriated funding allocations.

The current proposed rule amendments include the funding allotments.

This team has also addressed the RAC Exceptional Item (EI) approved by the legislature in 2023 and processed the additional \$150,000 funding for each RAC.

Fiscal Year (FY) 23 Appropriation: \$123.6M		
Funding Stream	FY22	FY23
0001 – General Revenue	\$3.3M	\$3.3M
0512 – Bureau of Emergency Management Account	\$2.6M	\$2.6M
5007 – Commission on State Emergency Communications Account	\$2.6M	\$1.8M
5108 – EMS, Trauma Facilities/Care System	\$3.5M	\$3.5M
5111 – Trauma Facility and EMS Account	\$112.8M	\$112.8M

The table below reflects the funding provided to the regional advisory councils during Fiscal Years (FY) 22, 23, and 24.

FY 2022 to FY 2024 Funding for the RACs			
Category	FY22	FY23	FY24
EMS	\$4,595,519	\$4,795,847	\$4,876,435
RAC	\$2,428,599	\$2,597,147	\$2,650,510
System Development	\$2,400,000	\$2,278,187	\$2,278,187
Local Project Grants	\$650,000	\$0	\$0

In 2023, the department received 297 applications from trauma facilities for trauma uncompensated care for FY21; \$9,995,174.67 was available for funding distribution. Approximately \$188,400,189.56 was provided through the Standard Dollar Amount (SDA) Trauma add-on. The below table reflects the FY21 UCC funding distribution.

FY21 UCC funding distribution					
Level	5007	5108	5111	SDA	Total
I	\$320,543.45	\$332,486.82	\$3,143,535.78	\$126,428,371.69	\$130,224,937.74
II	\$76,300.33	\$79,143.26	\$383,600.23	\$28,770,553.37	\$29,309,597.19
III	\$84,104.85	\$87,238.58	\$2,394,510.51	\$14,007,735.03	\$16,573,588.97
IV	\$74,613.27	\$77,393.34	\$2,838,006.69	19,193,529.47	\$22,183,542.77
IAP	\$0.00	\$0.00	\$103,697.46	\$0.00	\$103,697.46
Total	\$555,561.90	\$576,262.00	\$8,863,350.67	\$188,400,189.56	\$198,395,364.13

# COUNCILS

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[Deidra Lee](#) serves as the point of oversight for both the regional advisory councils and the Governor's EMS Trauma Advisory Council.

## Regional Advisory Councils (RACs)

[TAC §157.123](#), Regional Emergency Medical Services/Trauma Systems, was adopted in 2004 and outlined the processes for designation of the RACs. The RAC designation process was never implemented. This rule is included in the proposed trauma rule amendments scheduled for formal public comment in January, 2024.

The proposed §157.123 includes the proposed [Regional Advisory Council Performance Criteria](#) and the [Regional Advisory Council Self-Assessment](#). The self-assessment is designed to standardize the assessments completed by each RAC and will replace the current regional needs assessment.

Each RAC will consider its unique geographic considerations and resources in completing the self-assessment, but the process will be standardized and comparable. The self-assessment includes a scoring system that allows the RAC to score their status and identify their opportunities for improvement. This allows the regions and the state to compare regional information and target identified

### The self-assessment includes the following elements:

- Epidemiology
- Regional Leadership
- System Plan
- System Integration
- Business / Finance
- Prehospital
- Definitive Care Facilities
- System Coordination and Patient Flow
- Prevention, Coalition, and Outreach
- Rehabilitation
- Emergency Response
- Regional System Performance Improvement
- Data Management
- Regional Research and Publication



The performance criteria and the self-assessment integrate trauma, pediatric, geriatric, perinatal, stroke, and cardiac care into the regional system planning once the proposed trauma rule amendments are adopted and implemented. The anticipated adoption date for these proposed amendments is May of 2024, with an implementation date of September 1, 2024.

A monthly meeting with the RAC Chairs and Executive Directors includes Joseph Schmider, Director of EMS; Elizabeth Stevenson, Designation Unit Manager; Sunita Raj, Funding/Contract Manager; EMS/Trauma Registry staff; and representatives from CMS. Dr. Alan Tyroch, Chair of GETAC, and Ryan Matthews, Vice-Chair of GETAC, also attend the meeting when available.

The purpose of these meetings is to review questions related to regulatory requirements, contract management, funding, and system development. Any recommendations identified during GETAC or a GETAC committee meeting regarding a RAC assignment or request for work by the RACs are brought to these meetings for discussion and clarity; this ensures the system is moving forward and without gaps between the GETAC quarterly meetings.

# COUNCILS

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## Governor's EMS Trauma Advisory Council (GETAC)

The GETAC meetings require planning, coordination, and execution of the plan. Again, Deidra Lee is the key lead with oversight of these responsibilities. GETAC and all GETAC Committees are responsible for meeting the requirements outlined by the Advisory Council Coordinating Office (ACCO) and the Texas Open Meetings Act requirements. The department is required to provide an in-person and online process for council, committee members, and stakeholder participation. The agendas are reviewed and approved by department leadership and the legal team and must be posted a minimum of seven days prior to the meeting, along with any handouts. Attendance and minutes of the meetings are also required. [Standing Operating Procedures](#) (SOPs) or Bylaws are required for all advisory councils. GETAC chose to utilize Standing Operating Procedures (SOPs). GETAC reviews its SOPs and its [Strategic Plan](#) in opposite years, ensuring they remain current and in line with statutes and national standards.

An annual summary of the GETAC activities is completed and shared with the ACCO, who reviews the summary and recommends the ongoing need for the council. The completion of a comprehensive, fact-based annual summary requires an organized, standardized approach to GETAC and the GETAC committees. The attendance, minutes that reflect the actions taken, and the outcome of GETAC's progress are included in the annual summary.

### GETAC Committees

The committee member applications and selection occur each October. The GETAC chair, vice-chair, committee liaisons, and committee chair select the new members from applicants requesting reappointment or initial appointment to the committees. Consideration of geographic representation, system representation, roles, and diversity factor into the committee selections. Committee members are notified of their committee selection by the department.

The GETAC Chair defines the committees that support the council and appoints the committee chairs. The committee chairs are responsible for defining the committee priorities that align with the strategic plan and presenting these priorities to the council during the strategic retreat for approval. These approved priorities become the committee's targeted actions for the year. This process ensures the committee's actions align with the strategic plan and efforts of the council.

The [GETAC Committee Guidelines](#) are a resource for the committee chairs regarding their expectations and the management of their committee. The guidelines standardize the structure of the committees and the reporting process to GETAC. A specific template for requesting an action from GETAC is included in the guidelines. This template ensures that GETAC is aware of the action item request, the exact purpose of the requested action item, and a timeline (if applicable) for the completion of the action item.

A [Texas System Performance Improvement Plan](#) was introduced at the GETAC March 2023 strategic planning retreat meeting. A workgroup was defined and met at the June GETAC meeting. The written plan was shared with the council and committees at the August GETAC meeting. The workgroup led by Jeff Barnhart will meet again in November prior to the GETAC meeting to discuss operationalizing a System Performance Improvement Committee of GETAC.



# INFORMATION UNIT

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[Adrienne Kitchen](#) manages the information unit. Ms. Kitchen is responsible for the EMS/Trauma System's website and the production of information, such as the EMS Trauma News quarterly newsletter and the Texas Designation Survey Guidelines. The designation team developed the designation survey guidelines. Ms. Kitchen organized and produced the document that is on the website.

Ms. Kitchen is also responsible for the [Out-of-Hospital DNR Program](#) information and education. She participates in EMS, Designation, RACs, and GETAC to assist with the organization and production of information.



## MEDICAL ADVISORY BOARD

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The [Medical Advisory Board](#) (MAB) is a community safety program. Individuals who are identified as questionably safe drivers by the Department of Public Safety (DPS) are referred to MAB.

### The MAB program has three focuses:

- the review of Driver's License referrals
- referrals for License to Carry, and, capacity for safe storage
- school bus waivers

The MAB program receives the referrals from DPS and, in collaboration with the individual referred to MAB, completes a review packet specific to the referral for review by the Medical Advisory Board physicians. A panel of three physicians will independently review the packet and define their medical opinion regarding the ability to drive safely.

The physician's opinions are sent to DPS, who makes the final decision regarding the referral.

In 2023, MAB received an EI of \$2.7M to increase the full-time employees (FTEs) supporting the MAB program and the physicians completing the MAB panel reviews. The MAB program serves as an injury prevention element of the department. A manager for the MAB and eleven staff are being added to the program to address the backlog of cases. Once the manager is in place, they will routinely report the activities of the MAB program to the GETAC Injury Prevention and Public Education Committee.

# SUMMARY

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The department has focused on rule revisions, our organizational structure, standardized processes through written guidelines, and stakeholder communication in the last three years.

**Rules** TAC §157.122, Trauma Service Areas; §157.133, Requirements for Stroke Facility Designation; Title 25 Part 1, Chapter 133 Hospital Licensing, Subchapter K Hospital Level of Care Designation for Maternal Care, §§133.201 – 133.211; and Subchapter J Hospital Level of Care Designation for Neonatal Care, §§133.181 – 133.191, have been amended and adopted. The proposed trauma rule amendments moving through the adoption process include §157.2 Definitions; §157.123 Regional Emergency Medical Services/ Trauma Systems; §157.125 Requirements for Trauma Facility Designation; §157.128 Denial, Suspension, and Revocation of Trauma Facility Designation; §157.130 Emergency Medical Services and Trauma Care System Account and Emergency Medical Services, Trauma Facilities, and Trauma Care System Fund; and §157.131 Designated Trauma Facility and Emergency Medical Services Account.

The documented guidelines are designed to provide clarity related to the expectations and to standardize processes. The documented guidelines created by the department include the Texas Designation Survey Guidelines and the GETAC Committee Guidelines. The Texas System Performance Improvement Plan provides the structure for an integrated system-wide process to identify system challenges and system events and identify opportunities for improvement. The plan establishes common terminology and processes for performance improvement integrated into the designated facilities, EMS, RACs, and the state plan. This new element to our system has the potential to advance patient outcomes in Texas.

These standardized processes prepare the Texas system for the future. The changes allow us to continue to learn from our past, document our current system processes, and prepare for future system advances. A future that is not just listening to but interacting with its stakeholders. Our system will be able to not only identify system opportunities but also have processes in place to address them through the system performance improvement processes and an orga, efficient, effective integrated system.



# NEWS AND LINKS

Local • National • Resources

## NHTSA's EMS Update

Learn more about current projects and efforts in EMS from NHTSA and its Federal partners.

[Learn more](#)

## CDC Newsroom

View the latest CDC public health news and press releases.

[Learn more](#)

## The Bulletin

The Bulletin of the American College of Surgeons.

[Learn more](#)

## Washington Update

Bi-monthly newsletter of the National Association of State EMS Officials.

[Learn more](#)

## EMSC Pulse

A digest of information about the pediatric emergency medical care community.

[Learn more](#)

## Integrated Healthcare

Focuses on improving the patient experience of care through inter-professional collaborations.

[Learn more](#)

## EMS/Trauma Systems Links

### GETAC

Visit the Governor's EMS and Trauma Advisory Council web page to view council, committee, and meeting information.

### Rules

Links to the Texas Administrative Code rules pertaining to EMS/Trauma Systems.

### Disciplinary actions

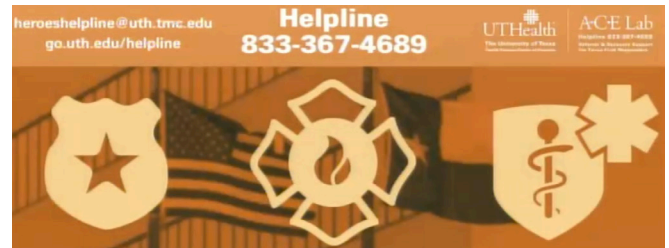
Public notice of disciplinary action by the Department of State Health Services and the Consumer Protection Division, Consumer Safety Unit.

### Staff Contacts

Contact information for the Office of EMS/Trauma Systems staff and programs.




Texas Department of State Health Services



the **CODEGREEN** campaign

### National Registry Key Initiatives



- ALS Redesign Update
- AEMT Student Minimum Competencies
- Table of Authorities / EBGs
- Scaled Scores
- NCCP Update and EBGs

For more information on all National Registry initiatives, scan this QR code or go to <https://linktr.ee/nremtcomms> for the latest updates!

Questions, comments, or suggestions about *Texas EMS Trauma News*? Contact us at [EMSTraumaNews@dshs.state.tx.us](mailto:EMSTraumaNews@dshs.state.tx.us).

External links to other sites are intended to be informational and do not have the endorsement of the Texas Department of State Health Services.