

**Department of State Health Services (DSHS)**  
**Regional Advisory Council (RAC) and Regional Trauma System Essential Criteria**  
**RAC Implementation Guidelines**  
(Revised 08/2009)

The purpose of this document is to offer guidance for Rule§157.123 Regional Emergency Medical Services/Trauma Systems in its entirety, to include the Essential Criteria (attached graphic). The guidance has been developed to guide RAC representatives in the successful implementation of a trauma and emergency health care system within each region of Texas.

Please note: Additional requirements are applied to the RACs which are outlined in the contracts or other rules, administered by the DSHS. Some other rule requirements are referenced in this document.

Each essential criterion is listed in normal font and followed by guidance in italics. However, the word “shall” indicates the item is required by rule and the applicable rule is referenced throughout the document.

A RAC is an organized group of health care entities and other concerned citizens who have an interest in improving and organizing trauma care within a specific Trauma Service Area (TSA). RAC membership may include hospitals, physicians, nurses, EMS providers, rehabilitation facilities, dispatchers, as well as other community groups.

Each RAC develops, implements, and monitors a regional emergency medical services (EMS) trauma system plan. This plan facilitates trauma and emergency health care system networking within a TSA or a group of TSAs.

All of the counties in the state have been grouped into twenty-two TSAs, lettered “A” through “V”. The TSAs are multi-county and each contains a minimum of three counties. The state EMS/Trauma System is a network of the regional systems or a network of the TSAs.

Each RAC must adhere to 501(c)(3) regulations.

- I. System Management and Planning:** Each system should establish its authority commensurate with its ability to provide trauma care.
  - A. The following criteria must be addressed in the RAC bylaws or other official RAC documents. Guidance follows each criterion.
    - 1. Written Mission Statement: 25 TAC §157.123(c)(I)(A)(1.)  
*The RAC shall have a written mission statement. This statement shall address the common purpose of the RAC and consist of a broad statement that defines the purpose of the RAC as it relates to trauma and emergency healthcare system development.*

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2. Trauma and Emergency Healthcare System (TEHS) Development goals outlined for the RAC/TSA: 25 TAC §157.123(c)(I)(A)(2.)

*The RAC shall have written goals that define the direction of the organization's endeavors. The goals shall provide measurable points directed toward the RAC's overall mission. These should identify short-term and long-term goals. This may include compiling injury morbidity and mortality data and an evaluation process of how the Trauma System Plan is implemented in the region.*

3. Defined chain of command, organizational decision-making processes, and flow of information: 25 TAC §157.123(c)(I)(A)(3.)

*RACs shall define and document the RAC chain of command, decision-making processes and flow of information. Decision making processes should be consistent with defined mission and goals of the organization.*

4. Committees and committee structure are clearly defined:

25 TAC §157.123(c)(I)(A)(4.)

*RACs shall define and document the process of determining RAC committees and the committee structure in the official RAC documents. The committee definition shall give direction and purpose to each committee.*

5. Stated roles and responsibilities of RAC officers and election process:

25 TAC §157.123(c)(I)(A)(5.)

*Decision making authority shall be defined for all leadership positions in the official RAC documents. The RAC shall define the specific requirements for eligibility and process for selection of RAC officers. This should include the process for changes in leadership via succession, and resignation (voluntary or other). The replacement process and succession of leadership should be outlined in case of resignation or removal from office.*

6. Clear voting process for RAC to ensure authorized votes are cast:

25 TAC § 157.123(c)(I)(A)(6.)

*The RAC shall clearly define the voting/non-voting membership in the official RAC documents. The voting membership shall be representative of all levels and disciplines of trauma care stakeholders within the TSA (to include members of the community who are RAC members).*

7. Member participation requirements are clearly defined:

25 TAC §157.123(c)(I)(A)(7.)

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*The participation requirements shall be clearly defined in the official RAC documents.*

25 TAC §157.123(a)(1)(A)(ii)

*RACs shall develop a process for documenting evidence that participation requirements have been discussed and affirmed by vote of the entire RAC voting membership.*

25 TAC §157.123(a)(1)(A)(iv)

*RACs shall develop a process for documenting evidence that the requirements have been communicated to EMS providers and hospitals, regardless of past participation history. Each RAC shall establish itself as a non partisan entity equally representative of all aspects of emergency and trauma care within the TSA. One check towards this goal is defined processes in the bylaws that maintain equal opportunity and access within the RAC to all of its membership for fair representation and participation. The leadership of a RAC should be balanced among participating disciplines, geographic areas and organizations. Leadership should act with the best interest of the RAC. RAC members are expected to maintain active and consistent participation within the organization and healthcare disciplines.*

8. Fees and/or dues are assessed in a fair and equitable manner and shall be approved by a vote of the general membership:

25 TAC§157.123(c)(I)(A)(8)

*If a RAC assesses dues, it shall have a defined dues assessment process that is agreed upon by the general membership and clearly spelled out in the official RAC documents. The amount of dues, fees or other financial incentives shall not determine the number of votes awarded to an organizational entity.*

9. All entities caring for trauma patients are encouraged to attend RAC meetings and actively participate: 25 TAC §157.123(c)(I)(A)(9).

*The RAC should annually re-evaluate itself and its region to ensure that all appropriate entities have been invited to participate. A current list of entities, to include hospitals and emergency service providers in the TSA should be included in the official RAC documents.*

10. RAC general membership holds final authority to approve/ratify the bylaws: 25 TAC §157.123(c)(I)(A)(10).

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11. Expenditure approval & budget authority identified in RAC organizational levels: 25 TAC §157.123(c)(I)(A)(9).

*The official RAC documents shall define the processes for expenditure approval and budget authority. Responsibilities and limitations for activities such as budget creation, contract signing (of specific dollar amounts) and conducting daily business should be clearly defined by the official RAC documents.*

12. Documented annual review of bylaws and system plan:  
25 TAC §157.123(c)(I)(A)(12).

*The RAC shall document an annual review of its bylaws and regional EMS/trauma system plan.*

B. A system needs assessment is completed annually:  
25 TAC §157.123(c)(I)(B).

*The RAC shall develop a process to routinely obtain information to further strategic direction. Data from the assessment should provide the basis for regional planning, prioritizing and distributing of regional resources.*

C. A written system plan is developed and submitted to the Department of State Health Services for approval: 25 TAC §157.123(c)(I)(C) and 25 TAC §157.123(b)(2)(B)(ii).

*The regional system plan shall be developed and shall include all components defined in Rule 157.123 at a minimum. RACs shall document that all health care entities and interested specialty centers have been given an opportunity to participate in the planning process. The plan should be reviewed annually and revised if necessary to reflect changes in regional system needs, resources and/or state contractual obligations. The plan should describe and integrate all components of the trauma and emergency health care systems within the TSA as listed below.*

1. *The plan components should include measurable short-term (1 year or less) and long-term (one year to 5 years) goals;*
2. *RACs should devise a process to document and perform an annual review of the plan components. The plan should describe regional data collection and reporting methods and reporting requirements. The plan should outline a process to ensure efforts are made to support and encourage provider organization compliance.*
3. *Current revision dates should be clearly identified.*

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**Plan Components:**

- (a) Access to the regional EMS/trauma system.  
*The plan describes how the trauma and emergency care systems may be accessed or activated.*
  
- (b) Communications.  
*The plan describes the communications methods utilized to dispatch emergency health care providers and methods of communication within the region.*
  
- (c) Medical oversight.  
*The system plan reflects evidence of physician involvement in all aspects of trauma and emergency health care system development.*
  
- (d) Pre-hospital triage criteria.  
*The plan includes guidelines for prehospital triage and patient transport in accordance with regional triage criteria.*
  
- (e) Diversion policies.  
*The plan encourages all hospitals to participate in the development of a systems approach to diversion guidelines. The RAC should develop and implement a regional diversion and notification procedure.*
  
- (f) Bypass protocols.  
*The plan includes guidelines related to bypass protocols based on available resources and patient needs.*
  
- (g) Regional medical control.  
*The system plan describes access to on-line and off-line medical control utilized by EMS providers within the region.*
  
- (h) Facility triage criteria.  
*The plan outlines the method(s) utilized for patient categorization and triage to the appropriate facility as indicated by patient acuity.*
  
- (i) Inter-hospital transfers.  
*The plan describes the methodology for successfully accomplishing patient transfer including patient categorization, level of care required, transfer agreements, identification of equipment and personnel, and communication of patient care information. RACs should facilitate discussion among its member hospitals to ensure verbal or written inter-hospital transfer agreements are in place.*

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- (j) Planning for the designation of trauma facilities, including the identification of the lead facility (ies).

*The plan includes a description of all hospitals, designation status, and plans for obtaining and maintaining trauma facility designation. The plan also includes designation of the lead facility (ies).*

- (k) Performance improvement (PI) program. (RACs will be responsible for the PI requirements in Rule 157.130 as it is more prescriptive and therefore the higher standard by requiring all three items as evidence of a PI process, whereas Rule 157.131 requires only one of three items.) TAC 25 §157.130(3)(D)(i)(ii)(iii).

*To be eligible for funding from the TSA allocation, a RAC must have demonstrated that a regional system performance improvement(PI) process is ongoing by submitting to the department the following: (i) lists of committee meeting dates and attendance rosters for the RAC's most recent fiscal year; (ii) committee membership rosters which includes each member's organization or constituency; and (iii) lists of issues being reviewed in the system performance improvement meetings. The plan includes a description of the regional PI program that provides consistent evidence of system problem identification and loop closure. The RAC should develop mechanisms which will measure compliance of its trauma and emergency healthcare system plan.*

- (l) Regional trauma treatment protocols.

*The plan includes guidelines for the treatment of the trauma patient.*

- (m) Regional helicopter activation guidelines. (may be part of prehospital triage and bypass)

**II. RAC Operations:**

*Each RAC shall take steps to implement its regional EMS/trauma system.*  
25 TAC §157.123(c)(II).

- A. The system plan is distributed to all member entities.  
25 TAC §157.123(c)(II)(A)

1. *Each RAC member shall have access to the regional plan.*

2. *The RAC should provide evidence of education to all members regarding the regional EMS/trauma system plan, protocols and regional guidelines. Documentation of the education may be provided in the form of in-service/training documents, meeting minutes, affidavits of compliance or other RAC documents.*

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- B. Meetings are scheduled and conducted in accordance with the RAC Bylaws or other governance documents: 25 TAC §157.123(c)(II)(B).
1. *Each RAC should develop a process to provide timely written notification of all meetings and/or events including regularly scheduled or called meetings.*
  2. *Each RAC shall develop a process for documenting meeting attendance, and communicate attendance records back to membership, at least once during the reporting period. Member entities failing to meet participation requirements shall be notified in writing at the end of the reporting period.*
  3. *Each RAC should adopt and utilize a structured method of conducting meetings.*
- C. Physical and human resources. 25 TAC §157.123(c)(II)(C).
1. Permanent mailing address. 25 TAC §157.123(c)(II)(C)(1.).  
*Each RAC shall obtain a permanent mailing address that is not subject to change for reasons such as securing contracts and/or change in elected RAC leadership, etc. If a RAC has a permanent office, that address may be used; otherwise, a post office box or similar mailing address must be obtained.*
  2. Permanent office (Desired Criteria) 25 TAC §157.123(c)(II)(C)(2.).  
*Location changes should not compromise continuity of RAC operations, including maintenance of records and assets.*
  3. Coordinator/clerical staff (Desired Criteria)  
25 TAC §157.123(c)(II)(C)(3.)  
*A job description, an evaluation process and compensation specification should be in place for full or part-time RAC staff and made available for membership review upon request.*
- D. RAC communications. 25 TAC §157.123(c)(II)(D)
1. DSHS is notified as soon as possible of any major changes in the RAC. 25 TAC §157.123(c)(II)(D)(1.)  
*Changes in the leadership (RAC officers) shall be communicated to DSHS. The changes should be communicated within ten (10) working days after the change. Copies of revisions to the bylaws and other substantive revisions to policies or operations shall be submitted to DSHS. The revisions should be submitted within thirty (30) days after the approval of the revision.*

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2. A formal process is established to communicate with the membership. 25 TAC §157.123(c)(II)(D)(2.)  
*RACs shall establish a formal process for timely and responsive communication with general membership.*
  3. An annual report is completed and submitted to DSHS and RAC membership. 25 TAC §157.123(c)(II)(D)(3.) and 25 TAC §157.123(b)(1)(C).  
*At the conclusion of each contract year, the RACs shall submit a complete annual report. At least quarterly, a RAC shall submit evidence of on-going activity, such as meeting notices and minutes shall be submitted to DSHS.*
  4. Representatives are sent to neighboring RAC meetings when patient flow crosses TSA boundaries. (Desired Criteria)  
25 TAC §157.123(c)(II)(D)(4.)  
*Communications between the transferring and receiving facilities should be encouraged along with RAC involvement.*
- E. RAC finances are conducted in accordance with state contract and other regulatory requirements. 25 TAC §157.123(c)(II)(E)
1. *An annual budget should be outlined and should follow a standardized accounting format that allows compliance with DSHS reporting requirements.*
  2. *Financial reports should be presented to the membership, at least quarterly, reflecting the status of all RAC income and expenses.*
  3. *The RAC should work toward self-sufficiency of administrative expenses and should develop financial goals with a timeline that supports obtaining non-DSHS funding sources to support RAC administrative costs.*
  4. *The RAC shall comply with IRS 501(c) (3) non-profit corporation requirements. Verification is available on the state comptroller's website. 25 TAC 157.130 (d)(3)(B) and 157.131 (c)(3)(B) and (c)(4)*
  5. *Results of fund-raising activities conducted by RACs should be recorded in meeting minutes and/or reports. Appropriate accounting measures should be utilized to record fund-raising activities.*

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6. *Copies of grant funding applications, funds received and program activities supported by grants should be maintained in the RAC records and shall be provided to DSHS, upon request.*

- F. Education and training is conducted to meet the needs identified in the annual needs assessment and/or in performance improvement activities. 25 TAC §157.123(c)(II)(F)  
*The RAC shall facilitate the provision of continuing education (CE) programs to address needs identified in the annual needs assessment and/or in performance improvement activities. The education programs should be designed to meet the learning needs of all levels and disciplines of health care providers on an ongoing basis. Documentation of all CE programs shall be maintained by the RAC and provided to DSHS, upon request.*
- G. A written plan identifies all resources available in the TSA for emergency and disaster preparedness. 25 TAC §157.123(c)(II)(G)
1. *The plan shall be documented and identify the location and availability of all resources. Resources may include: standard components of disaster planning, threat analysis, resource assessment, and descriptions of hospital and prehospital resources. The plan shall reflect a fully integrated partnership within the TSA to include EMS, hospitals, law enforcement and fire safety organizations, and other disaster management agencies and services.*
  2. *Regional resources for centralized coordination, activation, readiness and system responsiveness should be defined and the methods used for system testing and evaluation should be described.*
  3. *The effectiveness of the plan should be evaluated at least annually. This evaluation may be completed by a tabletop exercise, participant drill, plan component evaluation or documentation of actual utilization.*
  4. *All stakeholders, providers and elected officials should be educated to the emergency/ disaster preparedness plan and capabilities of the region. Documentation of communication with stakeholders, providers and elected officials regarding the emergency/disaster preparedness plan and capabilities of the region shall be maintained by the RAC through meeting minutes, preparedness reports, readiness reports, exercise summaries, disaster event summaries and/or evaluations affidavits of receipt letters or other documentation.*

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- H. A regional performance improvement (PI) program is developed and implemented. 25 TAC §157.123(c)(II)(H)  
*To be eligible for funding from the TSA allotment, a RAC must have demonstrated that a regional system performance improvement (PI) process is ongoing by submitting to the department the following: (i) lists of committee meeting dates and attendance rosters for the RACs most recent fiscal year; (ii) committee membership rosters which includes each member's organization or constituency; and (iii) lists of issues being reviewed in the system performance improvement meetings.*

*The DSHS Office of EMS/TS Coordination will review evidence of the regional PI process at the time of the annual review visit on location in the Trauma Service Area. The RAC representative at the time of the annual visit will sign an attestation as documentation of review of evidence of the PI process.*

- 1. The PI program shall document the monitoring of system performance to assess system impact on patient outcomes (morbidity and mortality).*
- 2. The RAC should establish regional performance criteria to evaluate system performance from an outcome perspective.*
- 3. A data collection process should be established and the RAC should ensure that participating regional EMS and hospital providers are collecting the minimum data set and uploading patient data to the State Trauma Registry or to the regional trauma registry, when present.*
- 4. The RAC should establish a procedure and maintain a system to ensure the confidentiality of all patient and provider information related to case review or system performance.*
- 5. A RAC may establish a regional trauma registry. Operational regional registries should secure data and implement all measures necessary to ensure patient confidentiality and compliance with HIPAA and other regulatory guidelines. Participating member organizations should be given timely access to de-identified or aggregate data to assist in measuring compliance with regional PI standards and to monitor injury and mortality trends.*
- 6. Regional PI should be accomplished by RAC membership with expertise in PI. A multi-disciplinary process should be established to review compliance with systems indicators (complete with case reviews), conduct process reviews in cases involving adverse patient outcomes, and to share information and education.*

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7. *The RAC should establish a review and referral process to ensure the timely review of complaints and/or concerns of regional care providers. When necessary, the RAC may include outside consultants or seek assistance from DSHS or other appropriate resources. Patient and provider confidentiality shall be maintained throughout the process.*
  
  8. *The RAC should establish and monitor system indicators to ensure that major and severe trauma patients are treated at the appropriate level of trauma facilities. Trauma patient transfers and admissions within and outside the TSA should be reviewed. The transfer and admission times of major and severe trauma patients shall also be measured and monitored to ensure the timely transfer and admission of trauma patients.*
  
  9. *The RAC system PI process should include a representative number of physicians from disciplines including surgery, emergency medicine, and EMS to ensure a broad-based and inclusive approach to trauma and emergency health care, to share information between the disciplines and to encourage information sharing and education of trauma and emergency health care physicians.*
- I. A regional injury prevention program is developed and implemented.  
25 TAC §157.123(c)(II)(I)  
*The RAC shall develop, coordinate, and/or support targeted injury prevention programs which address regional injury patterns as identified. The injury prevention programs shall be documented.*