

## TEXAS EMS/Trauma System Performance Improvement Plan

### Regional System Trauma Center Variance Review

Criteria	Compliance Met	Compliance Not Met	NA	Comments
Trauma Center has on file with the RAC, the name of the Administrator/VP for Trauma, Trauma Medical Director, Trauma Program Director/Manager/Coordinator, Educator, Trauma Registrar with all contact information.				
Patient transferred due to lack of essential criteria, service or capability listed in the appropriate trauma center designation criteria are tracked for outcome.				
Patient with GCS of 8 or less has appropriate airway management (intubated, BVM, LMS) by EMS on arrival at the trauma center				
Patients who have RSI in the field will have definitive airway on arrival at the trauma center.				
Pediatric patients (less than 15) with a GCS of 8 or less will have airway management to ensure oxygenation of 98% in the field.				
Pediatric patients (less than 15) will have successful vascular access established by the third attempt (IV or IO).				
Total backboard time is 30 minutes or less. (scene through transfer to definitive facility)				
Trauma patients with a GCS of 12 or less will have a head CT scan within 30 minutes of arrival at the trauma center or have initiated the transfer to a higher level of trauma center.				
Patients that are transferred to a higher level of care or to the Pediatric Trauma Center will have their transfer initiated once the injury/injuries are defined and then the transfer will be completed within two hours.				
Hospital staff receive patients from the EMS providers and move patient off EMS stretcher within ten minutes.				
Transport agency is on scene for transfer of the trauma patient within thirty minutes.				
Trauma transfer is discharged from the trauma resuscitation bay.				
Transferring facilities will receive feedback and follow up from the receiving facility with in thirty days of transfer.				
Trauma patient is medically cleared for discharge but can not be discharged due to funding issues for rehabilitation, skilled facility or other placement opportunities.				
Alleged criminal assault trauma patients have access to crisis support (PTSD) and clinic follow up.				
Trauma patients that have a blood alcohol of 0.08 or higher will have alcohol intervention or be referred to a substance abuse center.				
EMS run sheet has essential criteria documented and is left at the facility on arrival.				
EMS representative is included in the hospital performance improvement committee.				
Regional field triage protocols are followed.				