

**Development of Trauma Systems Faculty Appraisal  
of the Texas Trauma System  
April 1994  
Status of Recommendations  
August 2001**

<b>DOTS Faculty Recommendations</b>	<b>Current Status</b>	<b>Comments</b>
Modify legislation to provide authority and structure for RACs and fund the system.	Working	RACs are specified in the EMS and Trauma Care System Account law passed in 1997. Work is ongoing to develop essential criteria for RACs. RAC authority arises from establishing a local standard of care.  State funding was provided for the system in 1997 (911 funds) and 1999 (Tobacco endowment).
Contact the ACS and determine if they can support the volume of trauma center surveys that will be required within the time constraints of the disproportionate share rules.	Completed	
Consider a state administered Level III designation process.	Completed	There are currently 34 designated Level IIIs.
Revisit the disproportionate share issue. Maintain the requirements for hospitals to participate in trauma system development but time trauma center designation to coincide with maturation of the trauma system.	Completed	Time frame requirements for dispro hospitals to achieve designation were extended to seven years.
Ensure mechanism at RAC level for data collection and analysis. The data collected and analyzed must include prehospital data.	Completed	The hospital essential data set includes key pre-hospital elements. RACs may implement regional registries, however, they are not mandated. Confidentiality protection of regional data and system quality improvement processes/documents was enhanced by 2001 legislation. Currently, federal funding is being utilized to upgrade the state trauma registry as well as the ability of individual entities to implement a local/regional registry and submit data to the state (TRAC-IT project).
Grant funding should be targeted at developing a Public Information and Education campaign.	Working	This concept of a statewide program was proposed when the Tobacco funding was provided in 1999. It was decided to implement this on a regional rather than the state level. RACs are utilizing some of their state funds for PI&E programs that are targeted to injury problems in their TSAs.
Sponsor a RAC conference to encourage sharing of developmental issues and consolidate efforts to impact legislative change.	Completed	In addition to RAC educational "conferences," RAC Chairs meet quarterly as a group and at least annually individually with Bureau staff. The RAC Chairs have also formed a separate organization.
Explore the use of hospital discharge data for potential use in system evaluation.	Completed	The hospital discharge data set did not include the required data elements needed to evaluate the system; therefore, an essential data set was established for hospitals.
Capitalization on the opportunity for Texas to serve as the model for other states.	Working	The Bureau presented information about the Texas system to the CDC. Information is shared freely with other states and their staffs are encouraged to travel to Texas for assistance. A national system workshop will be held in Texas in October 2001.