

Texas EMS Trauma News

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U.S. Transportation Secretary Anthony Foxx Appoints State EMS Director Joe Schmider to Advisory Board to Provide Technical Advice on EMS to NHTSA

State EMS Director Joe Schmider was recently appointed to the Federal Interagency Committee on Emergency Medical Services (FICEMS) by US Transportation Secretary Foxx. FICEMS was created in 2005 to coordinate Federal agencies supporting local, regional, State, tribal, and territorial EMS and 9-1-1 systems; and works with its member agencies to improve the delivery of emergency medical services throughout the nation through federal support and guidance. By statute, FICEMS is comprised of representatives from the Departments of Transportation (DOT), Homeland Security (DHS), Health and Human Services (HHS), and Defense (DOD), as well as the Federal Communications Commission (FCC) and one State EMS Director.

We are very excited to have this opportunity for Texas, DSHS, Texas EMS, and Mr. Schmider.

Meet Colin Crocker our new State Trauma System Director

Greetings to all the hard-working EMS and trauma professionals throughout the great state of Texas. Since joining the Department of State Health Services EMS/Trauma Systems Group in October 2012, it's been my pleasure to meet many of you during my travels to all 22 Trauma Service Areas (TSAs), logging nearly 20,000 road miles while doing so. From Amarillo to Brownsville, and Texarkana to El Paso, I've seen virtually all of Texas in the last 18 months. Needless to say, it's a massive and varied state full of surprising dichotomies.

A little about my background. I attended the University of Oregon, earning a Bachelor of Arts in Political Science and a Master of Public Administration Degree in Public Policy and Management. I also hold a graduate certificate in Nonprofit Management from the U of O. Prior to joining the DSHS, I served as a public policy consultant, and also managed, developed and implemented initiatives for the National Security Education Program with the Language Flagship at multiple universities.

On a personal note, I am first and foremost a proud father. My young daughter and I are hiking and camping enthusiasts, and absolutely love the outdoors. So far, I'd have to say one of my favorite parts of Texas is the Fort Davis/Alpine/Big Bend region. The mountains and accompanying surroundings remind me of the high desert region of Oregon, but without the water! (If I had to name one thing I miss about the Pacific Northwest, it's definitely the frequent rain.) Back to business. I'm proud to report that I've visited all 22 RACs at least once, many more than once, and some as many as 8 times! During visits with council chairs, executive directors, and other stakeholders, several recurring themes of interest to all have arisen:

Data-driven injury prevention and education

An increased desire to understand and address the causes of injury leading to hospitalization or death at regional levels in Texas, and using data to do so. In my mind, understanding the data is truly the first step in reducing the incidence of traumatic injury in Texas. An understanding of the data is also critical to effective policy development, changing organizational practices, fostering coalitions and networks, educating providers and the public, and strengthening our own individual knowledge and skills. In short, strong data are one of the key facilitators to an effective spectrum of prevention.

The Texas Trauma Registry

There is renewed energy at the Texas Trauma Registry. This renewal is embodied by a motivated and professional staff focused on the efficacy and utility of good data and an emerging ethic of strong customer service. To this end, the Texas Trauma Registry has begun to produce TSA level reports for both hospitals and EMS entities.

Regional system assessments

I've also encountered an increased understanding of the value of assessing and analyzing regional trauma systems. Stakeholders realize the next steps in the success and maturation of the Texas Trauma System depends on the ability

to evaluate system effectiveness at the regional level. With this in mind, we continue to develop plans for conducting regional trauma system assessments in all 22 RACs. The timeline for this aggressive project has yet to be determined. This project will allow every RAC to identify both what they're doing well and determine opportunities where each respective system might be improved or enhanced.

Last but not least, I'm pleased to be surrounded by great professionals throughout the state. I look forward to serving Texans together as we strive to make Texas a safer place to work and live. Thank you for all you do.

Colin Crocker
State Trauma System Director

Texas EMS Trauma Registry

Over 2.8 million records were submitted to the Texas EMS/Trauma Registry in 2013. On average, 10,000 hospital records were received per month with 59% of active hospitals submitting. EMS providers submitted an average of 205,000 records per month with 53% participation.

Please visit the Injury Epidemiology & Surveillance Branch website (www.dshs.state.tx.us/injury) to browse through summary reports based on data submitted to the registry. Send comments or questions to injury.web@dshs.state.tx.us.

Course completion numbers are required on all initial online applications

The EMS certification group has received numerous calls from initial applicants who have not been able to continue their online applications. An initial EMS online application requires the unique EMS course number from a DSHS approved EMS course. Each department approved course is assigned a six-digit course number that begins with the number six (6) and has a specific course end date. In order to obtain EMS certification you must provide the correct course number on your application. If a number is not supplied the online application system will not let you continue initial online application. If you did not receive an EMS course completion certificate with your course number please contact your EMS education program to request a copy.

Please note — EMS course numbers are often confused with the number the college and/or education program uses to identify their EMS education program. Without the six-digit department approved EMS course number, DSHS staff will be unable to confirm you took a DSHS approved course and your application for certification will be delayed. If you have questions about your EMS course and/or course numbers, you can either speak with your EMS education program, or contact the EMS Licensing & Certification Group at 512-834-6734.

Enforcement actions: What are your options when you receive a Notice of Violation letter?

A "Notice of Violation" letter (NOV) proposes a disciplinary action the Department may take against a licensed EMS provider or certified/licensed EMS personnel based upon allegations that Department rules or law were violated. The licensee or certificate holder may accept the proposed disciplinary action or, to otherwise resolve the case, may request an Informal Conference with Department staff, and/or an administrative appeal hearing, that would be held at the State Office of Administrative Hearings (SOAH).

The process for an Informal Conference allows the individual an opportunity to discuss the allegations, and/or present any new or additional information or evidence that may clarify any questions Department staff may have about the case. After evaluating what is presented by the individual, the Department may continue with the original proposed disciplinary action, withdraw the proposed disciplinary action or propose a settlement that reduces the proposed disciplinary action. The individual may accept or deny the settlement offer. If the settlement offer is not accepted, a formal hearing or trial will be set at SOAH and the settlement offer will be withdrawn and the original proposed disciplinary action will be pursued.

The status of a licensed EMS provider or certified/licensed EMS personnel is considered current/active during the above described process and the EMS provider or person may continue to conduct activities, allowed by the license or certificate, unless an emergency suspension order has been issued.

Texas EMS/Trauma Registry data collection system

As of January 1, 2016 affidavits will no longer be accepted as proof of submitting data to the registry.

General requirements are

- (1) All data should be transmitted at least quarterly; monthly electronic data submissions are recommended.
- (2) EMS providers shall submit data to the Registry within three months of the date of call for assistance.
- (3) EMS providers must complete and submit a No Reportable Data (NRD) Form to the Registry within ninety days of any given month with no runs.

Health & Safety Code, Chapter 92. Injury Prevention and Control, Subchapter A. General Provisions authorizes the Texas Board of Health to adopt rules concerning the reporting of injuries.

Q & A Registry Reporting

EMS Providers

What reports does an EMS provider send in?

EMS providers shall report all runs. A run is a resulting action from a call for assistance where an EMS provider is dispatched to, responds to, provides care to, or transports a person. That includes trauma and medical, emergency and non-emergency, transport and non-transport runs.

What data does an EMS provider include in the report?

All of the required fields listed in the EMS Data Dictionary, in the file format described in the data dictionary.

If an EMS provider has just started submitting data, do they have to send runs from previous months?

The rules require that EMS providers submit all runs. The EMS/Trauma Registry would appreciate any data that EMS providers can send, but there are no punitive damages for not sending past data. The amount and quality of data sent in may affect EMS/Trauma Systems and Regional Advisory Council (RAC) funding. The amount and quality of data sent in may also affect data reports generated by the EMS/Trauma Registry.

How often does an EMS provider send data?

Data shall be submitted within three months from the date of call for assistance. The EMS/Trauma Registry recommends that EMS providers and business associates submit data monthly. When there is no data for a particular month, the EMS provider shall submit a No Reportable Data using the online system within 90 days of that month.

How does an EMS provider send data?

Data shall be sent electronically. The appropriate method is to establish an account with the EMS/Trauma Registry and use the online system for submitting data. EMS providers may use their own software or the free online system for entering data.

May an EMS provider submit data through a business associate e.g. RAC, billing agency, etc.?

Yes, EMS providers are allowed to submit data through a business associate. However, it is the responsibility of the individual EMS provider to ensure that its data is accepted into the Texas EMS/Trauma Registry.

Hospitals

What reports does a hospital send in?

Hospitals shall submit all major trauma cases where the patient died or arrived dead, was admitted for more than 48 hours, was transferred in to your hospital, or was transferred out to another hospital. Hospitals also submit all traumatic spinal cord injuries, traumatic brain injuries, and submersions. Refer to the definitions on the following page for more details on case inclusion.

What data does a hospital have to include in the report?

For traumas, TBIs and SCIs, all of the required fields listed in the Hospital Data Dictionary, in the file format described in the data dictionary. For submersions, all data requested on the submersion form is required.

Does a hospital have to send data for cases from previous months?

The EMS/Trauma Registry would appreciate any data that hospitals can send, but there are no punitive damages for not sending past data. The amount and quality of data sent in may affect EMS/Trauma Systems and Regional Advisory Council (RAC) funding. The amount and quality of data sent in may also affect data reports generated by the EMS/Trauma Registry.

How often does a hospital send data?

Data shall be submitted within three months from the date of discharge. The EMS/Trauma Registry recommends that hospitals and business associates submit data monthly. When there is no data for a particular month, the hospital shall submit a No Reportable Data using the online system within 90 days of that month.

How does a hospital send data?

The trauma, TBI, and SCI data shall be sent electronically. The appropriate method is to establish an account with the EMS/

Trauma Registry and use the online system for submitting data. Hospitals may use their own software or the free online system for entering data. Submersion data shall be sent using the paper form which can be found on the DSHS Injury website.

May a hospital submit data through a business associate e.g. RAC, billing agency, etc.?

Yes, hospitals are allowed to submit through a business associate. However, it is the responsibility of the individual hospital to ensure that its data is accepted into the Texas EMS/Trauma Registry.

New Staff

Elizabeth Stevenson, RN was selected as the Designation Program Manager. Ms. Stevenson previously worked in the Designation Programs at DSHS as a Designation Coordinator, for trauma and stroke, from 2010 until 2012. She is returning to DSHS from St. David's North Austin Medical Center where she was the Clinical Coordinator for Physician Outcomes in the Quality Department. Ms. Stevenson has a strong nursing background, particularly in emergency nursing, ranging from a staff nurse to administration in both small rural and large Level I trauma designated urban hospitals. She has been a certified educator and obtained an EMT-Basic certification. Her nursing career has taken her across Texas and even into other states.

We are excited that Elizabeth is returning to DSHS to lead the Designation Programs in the Office of EMS and Trauma Systems Coordination.

Robert Friedrich has been selected as the new Regional Advisory Council (RAC) Program Coordinator within the Office of EMS and Trauma Systems. Robert has worked at DSHS since 2009, serving as a program specialist in the Infectious Disease Prevention Section. Prior to coming to work for the state, Robert worked in the Seton healthcare system for a little over 8 years, predominantly in the financial services area. Robert received a Bachelor of Science in Health Care Administration from Texas State University in San Marcos, Texas.