

Texas EMS Trauma News

Spring 2014

Vol. 1 No. 1

Welcome from the Office of EMS and Trauma Systems to your inaugural electronic newsletter, *Texas EMS Trauma News*. It is our goal to keep you informed of changes that could impact your organization; bring you information on topics relative to emergency medical services, hospital designations, funding opportunities, regional systems, legislation, enforcement and disciplinary actions, just to name a few and it's FREE; no subscriptions, no hassles, just information you can use.

To ensure you and your friends are notified of the *Texas EMS Trauma News* releases, sign up by registering at <http://www.dshs.state.tx.us/emstraumasystems/Email-Updates.shtm>.

DSHS accepts Healthcare Facilities Accreditation Program (HFAP) Primary Stroke Center Certification

DSHS is accepting applications from stroke centers certified by the HFAP primary stroke center certification program. The [application](#) for state designation as a stroke facility is posted and accessible on the DSHS website on the Forms and Resources page. Additional [stroke system development](#) information is also available.

Letter from Joe Schmider, Texas State EMS Director

Hello to Texas EMS providers and friends, it has been almost seven months since I joined the exceptional Texas EMS family. I first want to say thank you for the warm welcome to your EMS team by so many EMS providers and by the distinguished DSHS staff. Since we first met I have purchased a home in Texas, my wife has joined me and my family is now living in the same state again.

In my short time here I have had the pleasure to meet some inspiring EMS providers in Brownsville, El Paso, Amarillo, Dallas, Houston, Austin, San Angelo and many other communities. Driving to Brownsville and El Paso gave me a new perspective on rural EMS and how big Texas really is!

The one question that has been asked of me many times is, "*What is the different between Texas and Pennsylvania EMS systems?*" I have to say not much except it is warmer here. The EMS issues in Texas are the same in PA, and as they are nationally. The issues continue to be the 4Rs; **Recruitment**, **Retention**, **Reimbursement** and **Recognition** and the most important of the 4 Rs is recognition. As we continue to work together to ensure a strong EMS system, addressing the 4Rs will provide us directions.

Recognition: EMS is recognized as part of the health care system and in some communities the "safety net" for the public health system. EMS will be the first step in the continuum of health care for many patients.

Recruitment: We must continue to work together to ensure a strong educational system that prepares providers to render state-of-the-art patient care, the same care we would want our family and friends to receive. Please allow me to also challenge everyone that before you leave the EMS system you get at least 2 other people involved. If we each do that, we will ensure that the EMS system will have the staff to continue to meet the EMS needs for today and into the future.

Retention: We must ensure a brighter future for the 63,000 dedicated care givers in Texas so that they do not give up on the EMS system and move onto other professions or volunteer their skills with other organizations; we need everyone!

Reimbursement. The only way to ensure an EMS system in the future is to address reimbursement issues that negatively impact providers. Each EMS provider must get control of the costs to do business *and* be reimbursed at a fair rate for the health care

services they are providing. Senate Bill 8 and House Bill 3556, passed in the 83rd legislative session, are a good start to ensure that EMS services have a strong management team that really understands what EMS is all about.

I am truly excited about the movement nationally toward Community EMS, this concept is a perfect fit for our EMS systems and can help reduce the cost of health care in our communities, our state and nationally. There are Texas EMS services that are national leaders in setting the pace and moving this concept forward. If your organization is not researching this concept it is time to get started.

I, like many of you, have dedicated my life to EMS. This is just not a job or an organization to join, it is a calling and it is up to each and every one of us to ensure that there is an ambulance equipped and staff available when the call comes in. We need to police ourselves and always provide quality care to each patient. It does not matter if this is your career or you provide care as a volunteer to your community, we need to be ready for the next dispatch.

The one thing I do want to leave behind in Pennsylvania is attending any more line of duty death services. Whatever we do, we have to think about our safety and a good start point would be to "PUT ON YOUR SEATBELT!"

So to close, allow me to bring one thing to you from Pennsylvania, a closing I have used many times; take care of your patient, take care of your partner, take care of yourself and most important is to take care of the people who take care of you because at the end of the day, they are what really matters.

Thank you for this honor to serve as your Texas State EMS Director and please know we really are in this together!

Defining EMS Enforcement Actions

After seven stakeholders meetings across the state, questions arose concerning what types of enforcement actions DSHS can take. The following describe the types of disciplinary actions.

Reprimand: The lowest degree of disciplinary action the department can take against a licensed EMS provider or certified/licensed EMS personnel (to include a certified EMS Course Coordinator, EMS Instructor or an EMS Information Operator) for violation of department rules.

Administrative Penalty: A monetary penalty that can be assessed as a form of disciplinary action against an EMS provider or EMS Course Coordinator for violation of department rules.

Probated Suspension (Probation): An EMS provider license or EMS personnel certification/license (to include the certification of EMS Course Coordinator, EMS Instructor or EMS Information Operator) is suspended for violating department rules, but with the suspension being probated for an amount of time and subject to various probationary conditions that address the remediation and monitoring of the licensee or certificate holder.

Suspension: The license of an EMS provider or certification or license of EMS personnel is actually suspended, disallowing the provider or personnel to practice EMS for a specific amount of time for violation of department rules.

Revocation: An EMS provider or EMS personnel certification/license (to include the certification of an EMS Course Coordinator, EMS Instructor or an EMS Information Operator) is revoked, disallowing the provider or personnel to ever practice EMS for violation of department rules.

All degrees of disciplinary actions may be considered during assessment of any enforcement actions taken against an EMS provider or certified/licensed EMS personnel.

National Registry-Texas Pass Percentage

National registry pass percentages for Texas are now available. The [2013 statistics](#) include the Texas EMS program pass rates and compare overall Texas scores to the national average. The data is from December 1, 2012, through November 30, 2013. A pass rate with a low number of students may not be indicative of a program's capabilities.

FY 2013 Uncompensated Trauma Care Fund Distribution

The Texas Department of State Health Services (DSHS) Office of EMS & Trauma Systems Coordination is pleased to announce that the Uncompensated Trauma Care Fund distributions to designated trauma facilities for FY 2013 amounted to \$55,967,608 distributed to 264 eligible hospitals.

Background Info:

Texas Health and Safety Code §780.004 — CHAPTER 780. TRAUMA FACILITIES AND EMERGENCY MEDICAL SERVICES directs DSHS to use 96% of the appropriated funds from the Designated Trauma Facility and Emergency Medical Services Account (DTF/EMS) — Driver's responsibility program ("3588 monies") — Comptroller's Fund # 5111: surcharges/finest on bad drivers plus ~\$10 from the \$30 dollar State Traffic Fine, 27% of funds in the Emergency Medical services, Trauma Facilities, and Trauma Care Systems Account (1131 Monies) and 27% of funds in the Emergency Medical Services and Trauma Care Systems Account (9-1-1 Monies) to fund a portion of uncompensated trauma care provided at hospitals designated by the state as trauma facilities.

Regional assessments, ACS

The Department of State Health Services (DSHS) Office of EMS/Trauma Systems is partnering with the American College of Surgeons (ACS) in preparation for conducting assessments in each of the twenty two Regional Advisory Councils (RACs). These assessments will be similar in nature and scope to the ACS state trauma system assessment conducted in 2010. Each (RAC) will have an independent assessment from the other RACs. Each assessment will have three phases.

The first phase of each assessment will consist of trauma and EMS stakeholders in each of the 22 regions completing a survey / questionnaire for the ACS. Before phase one can start, the survey / questionnaire will be developed. As anyone who has created a survey will attest, asking the right questions is one of the keys to any successful survey. With this in mind, the DSHS and the ACS will work together along with the RAC personnel and stakeholders and the EMS and Trauma Committees of the Governor's EMS and Trauma Advisory Council (GETAC) to ensure the questions are relevant and appropriately phrased.

The second phase of each assessment involves at each respective RAC, a facilitated discussion of the survey findings that were gathered in phase one with the intention of building consensus for the responses. This will occur on-site at each of the respective RACs and will include a group of public health graduate students participating as project interns. These students will assist in the facilitated discussions, act as note takers and help write-up discussion findings.

The third part of each assessment consists of a consultative visit by the ACS and the DSHS staff, approximately 30 - 60 days after the completion of the second phase. The ACS will then develop recommendations for each of the respective RACs that will allow each to identify areas of strengths and potential growth opportunities.

Questions about this process may be directed to Colin Crocker (colin.crocker@dshs.state.tx.us) in the EMS/Trauma Systems Group at the Department of State Health Services.

New State Trauma System Director

EMS/Trauma Systems is pleased to announce the selection of Colin Crocker as the new State Trauma System Director for the Department of State Health Services.

Colin most recently served as the Regional Advisory Council (RAC) Program Coordinator for the Office of EMS/Trauma Systems Coordination. Prior to his joining DSHS his experience included research, development and management of education policy initiative programs for the National Security Education Program's Language Flagship at the Universities of Oregon, Rhode Island and Texas.

Colin received both his Bachelor of Arts and his Master of Public Administration in Public Policy, Nonprofit Management from The University of Oregon. He holds a Certificate of Nonprofit Management, also from the University of Oregon.

2013 EMS AWARDS, TEXAS EMS CONFERENCE

EMS Air Medical

Air Evac EMS, Inc. Base 34
Wichita Falls

EMS Citizen

John and Belinda Kemper (center)
Marble Falls

EMS Administrator

Lucille Maes, LP
Angleton

EMS Public Information/Injury Prevention

Bernadette "Bernie" Turner, RN
Corpus Christi

EMS Volunteer Provider Award

West Volunteer Ambulance Association
West

EMS Educator

Mike DeLoach, LP
Littlefield

Outstanding RAC Award

Heart of Texas RAC
West

Designated Trauma Facility

Hill Regional Hospital
Hillsboro

Designated Trauma Facility

Hillcrest Baptist Medical Center
Waco

EMS Provider

Montgomery County Hospital District EMS
Conroe

EMS First Responder

The Woodlands Fire Department
The Woodlands

EMS Person of the Year

Kevin Layton, EMTP
Petersburg

EMS Medical Director

George Smith, D.O.
Brenham

GETAC's Journey of Excellence

Kathryn C. Perkins, RN, MBA

Austin

Helicopter Air Ambulance, Commercial Helicopter, and Part 91 Helicopter Operations

(Final enacted February 2014.) The Federal Aviation Administration (FAA) final rule, 14 Code of Federal Regulations (CFR) Parts 91, 120, and 135, addresses helicopter air ambulance, commercial helicopter and general aviation helicopter operations. The revised requirements are directed primarily toward helicopter air ambulance operations and all commercial helicopter operations conducted under part 135. This rule also establishes new weather minimums for helicopters operating under part 91 in Class G airspace. For helicopter air ambulances, this rule requires operations with medical personnel on board to be conducted under part 135 (§§ 135.1, 135.601) operating rules and introduces new weather minimums and visibility requirements for part 135 operations. It mandates flight planning, preflight risk analyses, safety briefings for medical personnel, and the establishment of operations control centers (OCC) for certain operators to help with risk management and flight monitoring. The rule also includes provisions to encourage instrument flight rules (IFR) operations. It requires helicopter air ambulances to be equipped with both helicopter terrain awareness and warning systems (HTAWS) and flight data monitoring systems. Under the rule, helicopter air ambulance pilots will be required to hold instrument ratings.

Texas EMS Providers Moratorium Impact

From 2002 until 2012 the number of EMS Providers in Texas increased by more than 400 new companies. Between the validations of EMS providers licenses by DSHS staff and the effects of the 83rd legislative session, House Bill 3568, and Senate Bill 8, there are now 1067 licensed EMS Providers in Texas. The moratorium for issuing new EMS Providers license will remain in effect until August 31, 2014.

The moratorium does not apply to the issuance of an emergency medical services provider license to a municipality, county, emergency services district, hospital, or emergency medical services volunteer provider organization in this state or to an emergency medical services provider applicant who is applying to provide services in response to 9-1-1 calls and is located in a rural area, as that term is defined in Section 773.0045, Health and Safety Code.