

EMS and Trauma Care System Account

Final Report to the 77th Legislature

February 2001



Texas Trauma System Vision

That all the people of Texas, because of the effectiveness of our prevention programs, are the least likely in the nation to be seriously injured or killed; but if injured, have the best chance for survival and maximum potential for recovery

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INTRODUCTION

During the 75th Legislative Session, SB-102 was enacted creating the Emergency Medical Services (EMS) and Trauma Care System Fund. The stated purpose of the fund was to provide monies for the continued development, implementation, and evaluation of the Texas EMS/Trauma System. The fund was appropriated four million dollars for the fiscal year (FY) 98/99 biennium from 9-1-1 funds. During the 76th Legislative Session, several changes were made to the legislation and four million dollars was again appropriated from 9-1-1 funds for the FY00/01 biennium.

There is much background information about the Texas EMS/Trauma System and the initial biennium's distribution of the EMS and Trauma Care System Fund included in the 1998 Texas Department of Health document entitled, *Texas Trauma System: Interim Report on the EMS/Trauma System Fund*, which is available on request.

The purpose of this final report, which builds on the 1998 interim document, is to outline the changes made to the fund during the 76th Legislative Session, highlight progress in development and implementation of the Texas EMS/Trauma System, discuss the distribution of the fund since the interim report, present information on how the funds were utilized by the receiving entities, and specify remaining challenges.

1999 Legislative Changes to the EMS and Trauma Care System Fund

During the 76th Legislative Session, the EMS and Trauma Care System fund was changed to a specific account in the State Treasury. Also, the enactment of HB-2085

allowed the Texas EMS/Trauma System's Regional Advisory Councils (RACs), rather than the counties, to distribute the EMS Allotment (70% of the fund) to eligible EMS Providers within their Trauma Service Area (TSA) boundaries (see Appendix A). The RACs were also made eligible to receive the RAC Allotment (25% of the fund) directly from the Texas Department of Health (department). There were no changes made to the Uncompensated Care (2% of the fund) or Administrative (3% of the fund) allotments.

Appropriation bill Rider 60 required the department to distribute 60% of the EMS allotment to rural and frontier counties (see Appendix B for 1998 County Types map). The validity of Rider 60 was challenged and the resulting state Attorney General's opinion, #JC-0178, determined that Rider 60 was invalid. Subsequently, the department distributed the FY00 and FY01 monies based upon the statutory formula of relative population, size, and number of emergency runs.

Texas EMS/Trauma System Developments

There has been much progress in the development and implementation of the Texas EMS/Trauma System over the past two years. The 1998 interim report reflects early progress from 1989 to 1998. Since that time, the following have been accomplished:

- All 22 RACs attained 501(c)(3) status and are implementing approved regional EMS/Trauma System plans (see Appendix A);
- The number of designated Trauma Facilities increased from 132 to 183 (see Appendix C for current list);

- The overall state Trauma Death rate has continued to decrease, from 59.1 per 100,000 population in 1989 to 49.5 in 1998 (see Appendix D);
- The number of RACs with at least one designated trauma facility that can provide tertiary care to injury patients (Level III or above) has increased from 10 to 20, which represents tertiary coverage for approximately 95% of Texas counties (see Appendix A);
- Regional system criteria have been developed and an evaluation process to assess a RAC's progress towards system implementation has been piloted in four RACs; and
- 13 RACs have implemented regional injury data registries.

EMS/Trauma System Account Rule Changes

Following the 1999 Legislative Session, the rule for distribution of the EMS and Trauma Care System Account (Texas Administrative Code Title 25 Part 1 §157.130) was revised and adopted by the Texas Board of Health to reflect the required legislative changes. The current rule may be reviewed through the Bureau of Emergency Management's website at www.tdh.state.tx.us/hcqs/ems/ by clicking on "Rules". The changes included the ability of the department to distribute the RAC allotment monies directly to a RAC as well as allowing a RAC to distribute the EMS allotment to eligible EMS Providers in its region if the RAC was an IRS 501 (c)(3) organization. Previously, both allotments were required to be distributed to the RACs and EMS Providers through each county. Currently, all 22 RACs have obtained this exempt organization status. Additionally, the rule included enhancements to the EMS and RAC eligibility requirements to help assure these funds continued to promote the on-going development

of the Texas EMS/Trauma System. The table below delineates the legislated funding breakdown for the EMS and Trauma Care System Account and the amounts available for each allotment by fiscal year.

LEGISLATED FUNDING BREAKDOWN				
	FY 98 Funds	FY 99 Funds	FY 00 Funds	FY 01 Funds
Total	\$1,500,000	\$2,500,000	\$2,000,000	\$2,000,000
Extraordinary Emergency Allotment	\$250,000	\$250,000	\$250,000	\$250,000
EMS Allotment (70%)	\$875,000	\$1,575,000	\$1,225,000	\$1,225,000
RAC Allotment (25%)	\$312,500	\$562,500	\$437,500	\$437,500
Administrative Costs (3%)	\$37,500	\$67,500	\$52,500	\$52,500
Uncompensated Trauma Care Allotment (2%)*	\$25,000	\$45,000	\$35,000	\$35,000

*EMS and RAC Allotment monies that are not spent are redistributed to the Uncompensated Trauma Care Allotment. Actual amounts available for FY 99, FY 00, and FY 01 were \$166,417, \$80, 867, and \$77,615, respectively.

Distribution and Utilization of the EMS and Trauma Care System Account (FY99-01)

Emergency Medical Services Allotment (70%)



A major change to the EMS and Trauma Care System Account legislation in 1999 allowed the FY00 and 01 EMS allotment to be distributed to eligible EMS Providers by the RACs rather than through the counties. This change has had major positive impacts,

including a large reduction in the number of contracts required, improved communication with the EMS Providers regarding the monies, and a much smoother and faster distribution of the funds to eligible EMS Providers. To ensure equitability in dissemination of this allotment, the RACs are required to develop an EMS Allotment distribution plan through a collaborative process inclusive of the EMS Providers in their TSAs. These plans must be approved by the Bureau prior to release of the funds by the Department.

Each year, the eligibility requirements for EMS Providers have been enhanced to help assure continued development of the EMS/Trauma System. Initially, to be eligible for funds, licensed EMS Providers were only required to participate on their RAC. Rules for subsequent years included additional requirements; the box to the right lists the FY01 EMS allotment eligibility requirements and

FY 01 EMS ALLOTMENT ELIGIBILITY REQUIREMENTS

- Licensed EMS Provider
- Active participation on a RAC
- Utilization of RAC protocols regarding patient destination and transport
- Submission of EMS run data to the state trauma registry
- Submission of expenditure reports for previous years

the box below shows the history of the number of eligible counties and EMS Providers for FY99 through FY01.

	FY99	FY00	FY01
Counties <i>with</i> eligible providers	231	229	234
Number of providers funded	404	334	Pending

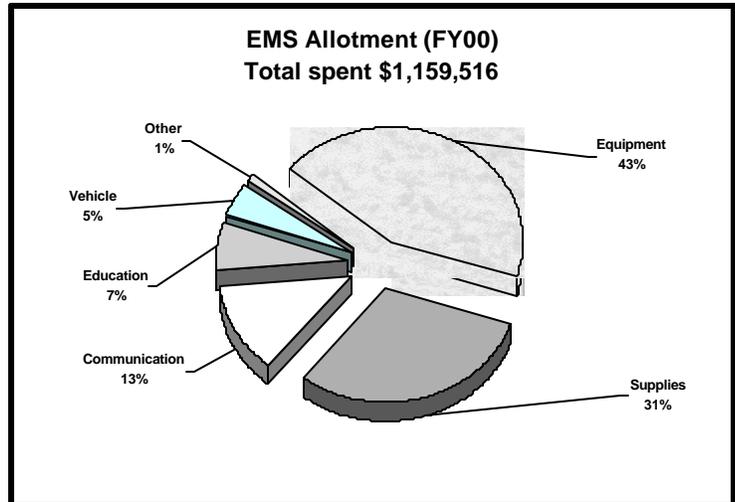
During FY 01, the EMS Allotment totals \$1,225,000 (see table below for a breakdown by Trauma Service Area). However, twenty counties have no eligible EMS Providers; therefore \$42,615 that would have gone to those counties through their RACs is being added to the Uncompensated Care Allotment. In FY00, there were 25 counties that did not have an eligible EMS Provider; therefore, the \$45,867 that would have gone to those counties through their RACs for EMS was added to the Uncompensated Care Allotment. In FY 99, \$128,067 from 23 counties that had no eligible EMS Provider was transferred to the Uncompensated Care Allotment (see *Uncompensated Care Allotment* section below).

EMS Allotment by Trauma Service Area (FY 01)			
TSA-A	\$55,974	TSA-L	\$27,437
TSA-B	\$65,602	TSA-M	\$16,692
TSA-C	\$22,800	TSA-N	\$21,370
TSA-D	\$33,379	TSA-O	\$73,795
TSA-E	\$159,083	TSA-P	\$103,125
TSA-F	\$23,444	TSA-Q	\$112,583
TSA-G	\$103,760	TSA-R	\$41,931
TSA-H	\$18,874	TSA-S	\$17,948
TSA-I	\$42,846	TSA-T	\$22,592
TSA-J	\$70,848	TSA-U	\$63,938
TSA-K	\$39,957	TSA-V	\$44,704

Allowable expenditures for the EMS Allotment include:

- Supplies
- Operational expenses
- Education and training
- Equipment
- Vehicles
- Communication systems

A review of the FY00 expenditure reports submitted by EMS Providers who received funds showed



expenditures in all of these categories. The chart above shows a breakdown percentage.

Regional Advisory Council Allotment (25%)

Prior to FY00, as with the EMS Allotment, the RAC Allotment was distributed by the counties; the residence of the RAC Chair determined the appropriate county. The 1999 legislative changes allowed the department to disburse funds directly to RACs. This change has resulted in improved communication with the RACs regarding the monies and a much smoother and faster distribution of the funds to eligible RACs.

Each year, the eligibility requirements for RACs have also been enhanced to help assure continued development of the EMS/Trauma System. Initially, to be eligible for funds, RACs were only required to be recognized by the department. Rules for subsequent years included additional requirements; the following box lists the FY01

RAC Allotment eligibility requirements. Every RAC has met the requirements to receive a share of the RAC allotment in each fiscal year.

- FY 01 RAC ALLOTMENT**
ELIGIBILITY REQUIREMENTS
- Recognition by the Department
 - Demonstration of an on-going system quality improvement process
 - Documentation that at least 40% of EMS Providers and Hospitals are submitting data to the state Trauma Registry
 - Has submitted expenditure reports for previous years

The total amount of the RAC Allotment in FY00 was \$437,500 and remains unchanged for FY01. The table below delineates the breakdown of the RAC Allotment by fiscal year and Trauma Service Area/RAC for FY98 – FY01.

TSA	Name	Amount to RAC			
		FY 98	FY 99	FY 00	FY 01
A	Panhandle	\$18,167	\$32,702	\$25,434	\$25,434
B	SPEMS	\$16,704	\$30,068	\$23,386	\$23,386
C	North Texas	\$7,071	\$12,729	\$9,900	\$9,900
D	Big Country	\$10,864	\$19,555	\$15,210	\$15,210
E	North Central Texas Trauma	\$48,209	\$86,776	\$67,492	\$67,492
F	Northeast Texas	\$5,499	\$9,897	\$7,698	\$7,698
G	Piney Woods	\$13,627	\$26,121	\$20,747	\$20,747
H	RAC for TSA-H	\$5,967	\$9,149	\$6,684	\$7,667
I	Far West Texas & Southern New Mexico	\$11,091	\$19,963	\$15,527	\$15,527
J	Texas "J" RAC	\$22,617	\$40,710	\$31,663	\$31,663
K	Concho Valley	\$11,731	\$21,115	\$16,423	\$16,423
L	Central Texas Trauma Council	\$6,643	\$11,958	\$9,301	\$9,301
M	Heart of Texas	\$4,643	\$8,357	\$6,500	\$6,500
N	Brazos Valley	\$5,025	\$9,044	\$7,034	\$7,034
O	Capitol Area Trauma	\$14,226	\$25,607	\$19,917	\$19,917
P	Southwest Texas	\$30,996	\$55,793	\$43,395	\$43,395
Q	Southeast Texas	\$36,632	\$65,938	\$51,285	\$51,285
R	East Texas Gulf Coast	\$13,372	\$24,069	\$18,720	\$17,737
S	Golden Crescent	\$4,328	\$7,791	\$6,060	\$6,060
T	Seven Flags	\$4,624	\$8,323	\$6,474	\$6,474
U	Coastal Bend	\$11,453	\$20,615	\$16,034	\$16,034
V	Lower Rio Grande Valley	\$9,011	\$16,220	\$12,616	\$12,616
TOTAL		\$312,500	\$562,500	\$437,500	\$437,500

Allowable expenditures for the

RAC Allotment include:

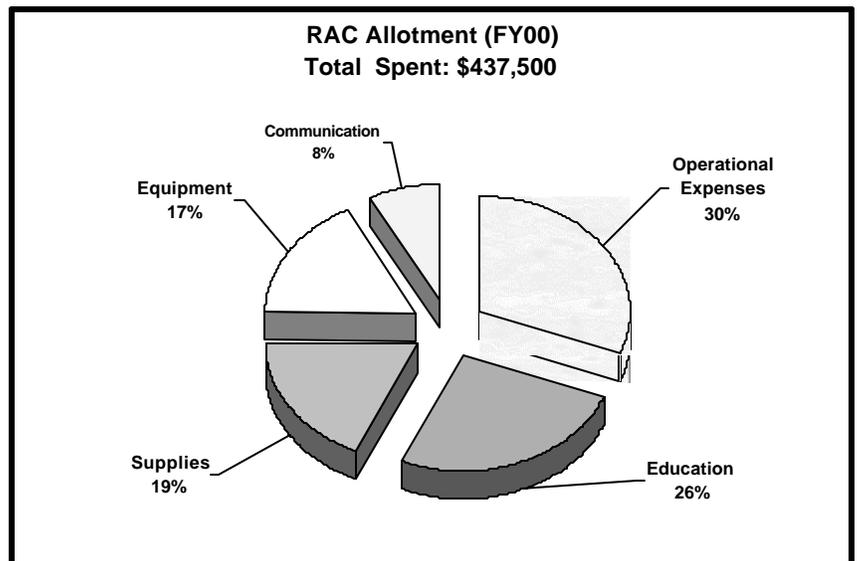
- Supplies
- Operational expenses
- Education and training
- Equipment
- Communication systems

A review of the FY00

expenditure reports submitted

by RACs who received funds showed expenditures in all of these categories. The chart

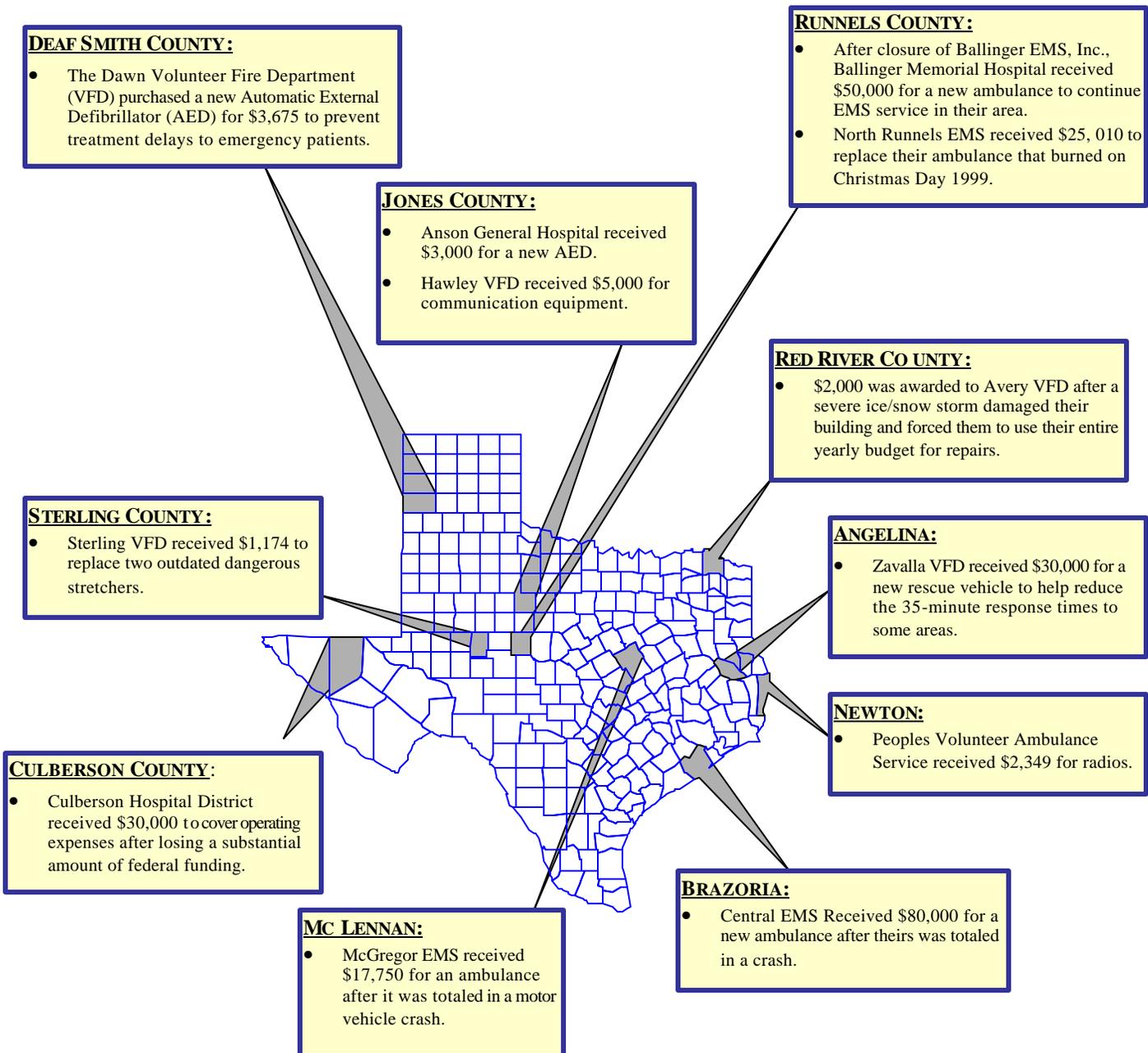
above shows a breakdown percentage.



Commissioner's Extraordinary Emergency Allotment (\$250,000/year)

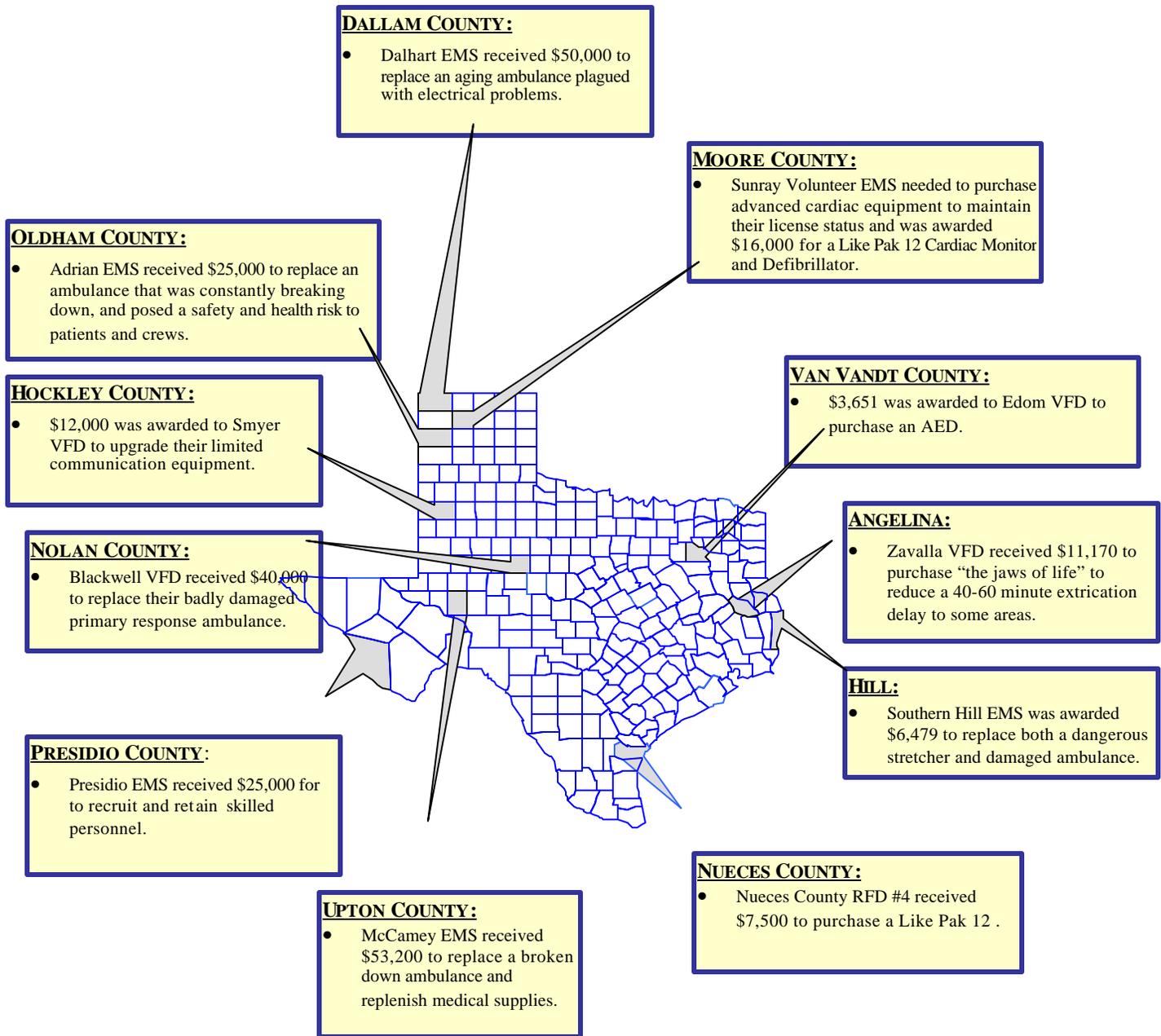
Throughout each fiscal year, the department accepts requests for funding of extraordinary EMS/trauma system emergencies. These requests, which may vary widely in terms of dollar amounts, are evaluated based on the impact on the regional or local system, number of counties served by the applicant, level of care available in the county or counties, and input from the department's applicable regional EMS staff. The maps on the following two pages depict the amount of funds expended and the critical situations these funds have helped alleviate in FY99 and FY00.

COMMISSIONER'S EXTRAORDINARY EMERGENCY ALLOTMENT FY00



Total Funds Spent (FY00): \$249,413

COMMISSIONER'S EXTRAORDINARY EMERGENCY ALLOTMENT FY99



Total Funds Spent (FY99): \$249,673.17

Uncompensated Care Allotment (2%)

The Uncompensated Care Allotment was established as two percent of the appropriation with the addition of any unexpended funds from the EMS and RAC allotments. The total amount available in FY 99 was \$166,714, FY 00 was \$80,867, and FY01 is \$77,615.

Designated trauma facilities are invited to submit proposals to the department to receive a portion of this allotment to reimburse them for uncompensated trauma care. Funding decisions for FY 99 and FY 00 were made based on criteria including the number of years designated and the total amount of uncompensated trauma care provided. In FY99, thirty-one hospitals were awarded approximately \$5,380 each and in FY00, seventeen hospitals received approximately \$4,760 each (see Appendix E for a list of awardees).

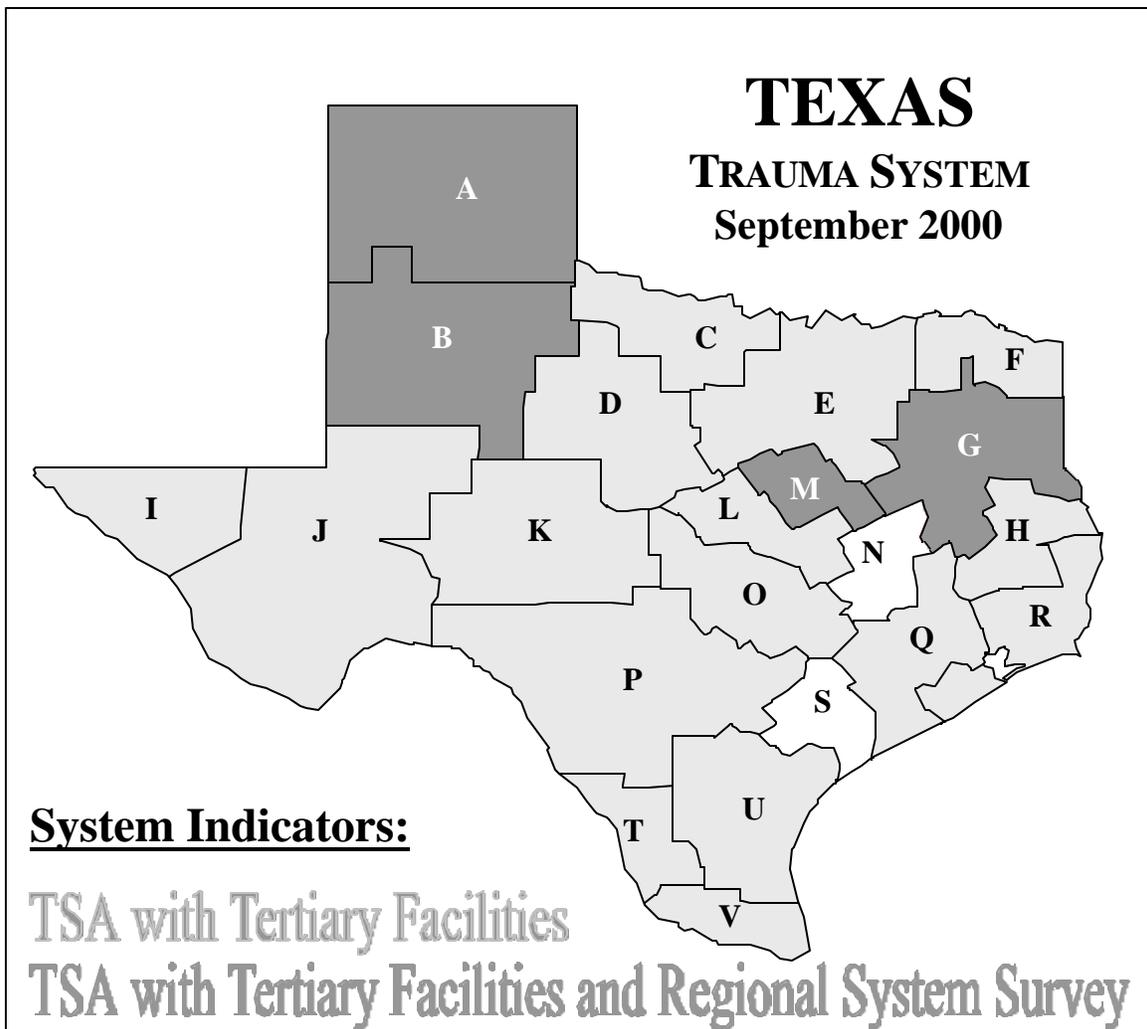
Challenges

For the most part, the challenges surrounding the EMS and Trauma Care System Account that were identified in the 1998 interim report have been addressed by the 1999 Legislative changes as well as through department information dissemination and technical assistance. The primary challenge that remains is that the trauma death rates in rural and frontier areas of Texas have not paralleled the decreases seen in the urban rates since 1989 (see Appendix D) and therefore continue much higher than the urban rates.

APPENDIX

Appendix A

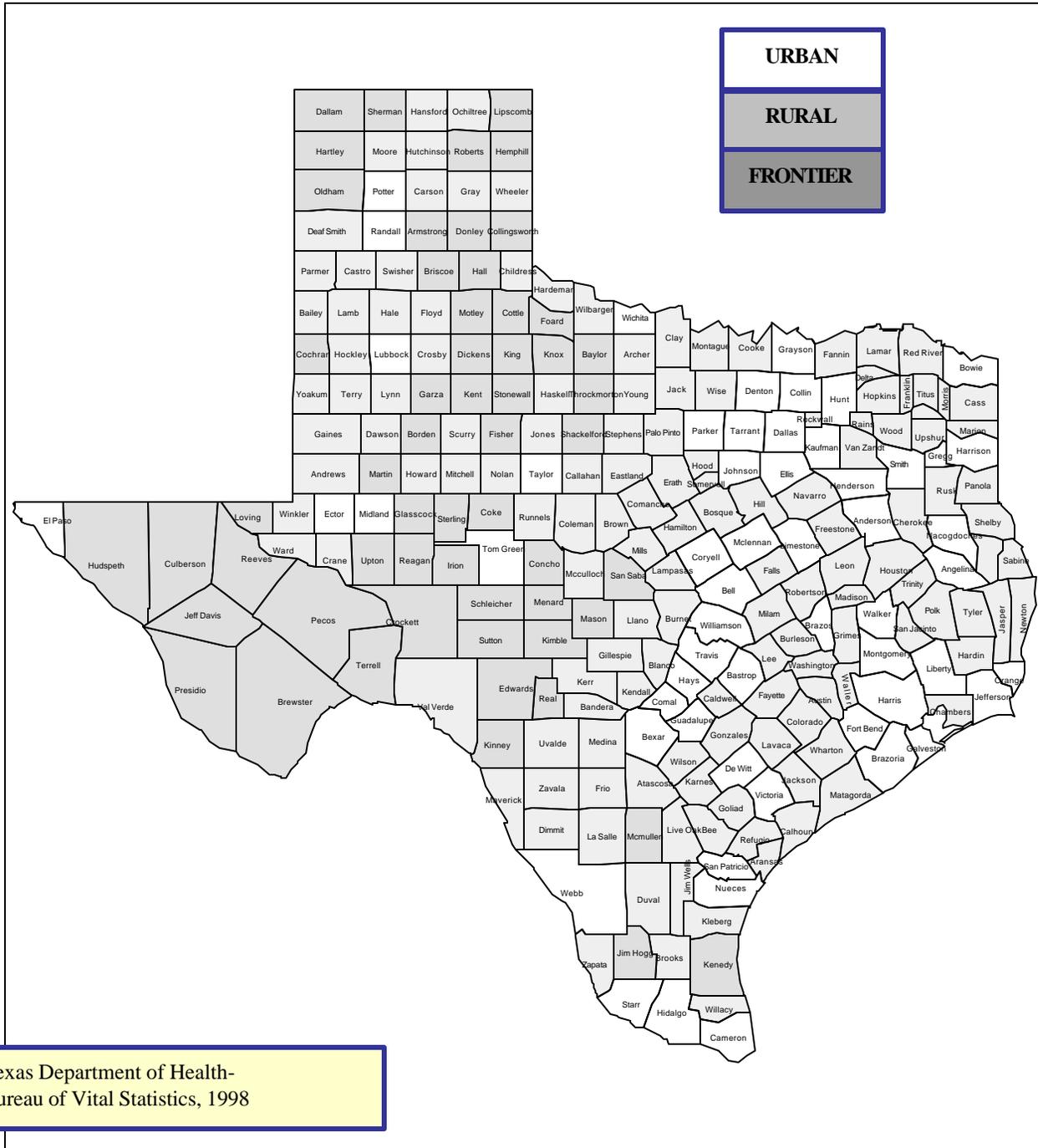
<u>TSA</u> <u>RAC Name</u>	<u>TSA</u> <u>RAC Name</u>
A Panhandle	L Central Texas Trauma Council
B SPEMS	M Heart of Texas
C North Texas	N Brazos Valley
D Big Country	O Capitol Area Trauma
E North Central Texas Trauma	P Southwest Texas
F Northeast Texas	Q Southeast Texas
G Piney Woods	R East Texas Gulf Coast
H RAC for TSA-H	S Golden Crescent
I Far West Texas & Southern NM	T Seven Flags
J Texas "J" RAC	U Coastal Bend
K Concho Valley	V Low Rio Grande Valley



The map above depicts the twenty-two Trauma Service Areas (TSAs) and indicates where *tertiary* facilities have been designated. Also, the RACs for TSAs A, B, G, and M have participated in a regional system survey in which the department evaluated implementation of their regional EMS/trauma system plans.

Appendix B

1998 Texas County Types



Appendix C

DESIGNATED TRAUMA FACILITIES

Designated trauma facilities have made a commitment to treat all trauma patients who come to their facility. This commitment is demonstrated through specialized training in the care of trauma patients for physicians and nurses and through stringent quality improvement programs that ensure patients receive the care they require in the most expeditious manner possible.

HOSPITALS DESIGNATED AS TRAUMA FACILITIES AS OF SEPTEMBER 21, 2000		
Level	1998	2000
I	8	10
II	5	11
III	11	34
IV	108	128
TOTAL	132	183

This list of Texas Trauma facilities below is by level and grouped by county. Level I and II facilities are the most specialized of the four levels of trauma facilities

Level I (Comprehensive) Trauma Facilities

<p>Bexar Wilford Hall Medical Center, Lackland AFB University Hospital Brooke Army Medical Center</p> <p>Dallas Baylor University Medical Center Parkland Memorial Hospital</p> <p>Galveston University of Texas Medical Branch</p>	<p>Harris Ben Taub General Hospital Memorial Hermann Hospital</p> <p>Lubbock University Medical Center</p> <p>Smith East Texas Medical Center-Tyler</p>
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Level II (Major) Trauma Facilities

<p>Bell Scott & White Memorial Hospital</p> <p>Bowie Wadley Regional Medical Center</p> <p>Dallas Methodist Medical Center</p> <p>El Paso William Beaumont Army Medical Center R.E. Thomason General Hospital</p> <p>Lubbock Covenant Medical Center</p>	<p>McLennan Hillcrest Baptist Medical Center</p> <p>Smith Mother Frances Hospital</p> <p>Tarrant Harris Methodist Fort Worth Hospital John Peter Smith Health Network</p> <p>Travis Brackenridge Hospital</p>
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Level III (General) Trauma Facilities

<p>Angelina Memorial Health System of East Texas</p> <p>Bexar CHRISTUS Santa Rosa Hospital</p> <p>Cameron Brownsville Medical Center Valley Regional Medical Center Valley Baptist Medical Center</p> <p>Cherokee East Texas Medical Center - Jacksonville</p> <p>Ector Medical Center Hospital</p> <p>Ft. Bend Polly Ryon Memorial Hospital</p> <p>Grayson Wilson N. Jones Medical Center Texoma Medical Center</p>	<p>Grimes Titus Regional Medical Center</p> <p>Harris- Memorial Hospital Southwest, Lyndon B Johnson General Hospital Memorial Hospital Northwest St. Joseph Hospital Memorial Hospital Southeast</p> <p>Henderson East Texas Medical Center</p>
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Appendix C (cont.)

Hidalgo	Knapp Medical Center McAllen Medical Center Mission Hospital	Nueces	CHRISTUS Spohn Memorial Hospital
Hopkins	Hopkins County Memorial Hospital	Potter	Northwest Texas Hospital
Houston	East Texas Medical Center - Crockett	Taylor	Abilene Regional Medical Center Hendrick Medical Center
Hunt	Presbyterian Hospital of Greenville	Tom Green	Shannon Medical Center
Jefferson	CHRISTUS St. Elizabeth Hospital	Webb	Columbia Doctors Hospital Mercy Health Center
Montgomery	Columbia Conroe Regional Medical Center	Wichita	United Regional Health Care System
Matagorda	Matagorda General Hospital Bay City		

Level IV (Basic) Trauma Facilities

Anderson	Combined Hospitals of Palestine	Falls	Falls Community Hospital
Andrews	Permian General Hospital	Fisher	Fisher County Hospital
Bailey	Muleshoe Area Medical Center	Floyd	WJ Mangold Memorial Hospital
Baylor	Seymour Hospital	Freestone	East Texas Medical Center -Fairfield
Bee	CHRISTUS Spohn Hospital	Frio	Frio Hospital
Bexar	Baptist Medical Center CHRISTUS Santa Rosa Medical Center North Central Baptist Hospital Northeast Baptist Hospital Southeast Baptist Hospital St. Luke's Baptist Hospital	Gaines	Memorial Hospital
Bosque	Goodall Witcher Healthcare Foundation	Gonzales	Gonzales Memorial Hospital
Brewster	Big Bend Regional Medical Center	Gregg	Laird Memorial Hospital (Roy H.)
Childress	Childress Regional Medical Center	Guadalupe	Guadalupe Valley Hospital, Covenant Hospital- Plainview D M Cogdell Memorial Hospital Hi-Plains Regional Hospital
Clay	Clay County Memorial Hospital	Hale	Chillicothe Hospital District Hardeman County Memorial Hospital
Camp	East Texas Medical Center (Pittsburg)	Harris	Bayou City Medical Center (South) Bellaire Medical Center Doctors Hospital (Parkway) East Houston Regional Medical Center Riverside General Hospital
Cass	Atlanta Memorial Hospital Linden Municipal Hospital	Hemphill	Hemphill County Hospital
Calhoun	Memorial Medical Center	Henderson	Henderson Memorial Hospital
Castro	Plains Memorial Hospital	Hidalgo	Edinburg Regional Medical Center
Cochran	Cochran Memorial Hospital	Hill	Hill Regional Hospital Lake Whitney Medical Center Covenant Hospital Levelland
Colorado	Columbus Community Hospital Rice Medical Center	Hockley	Covenant Hospital Levelland
Comanche	Comanche Community Hospital	Houston	East Texas Medical Center (Mt. Vernon)
Concho	Concho County Hospital	Hutchinson	Golden Plains Community Hospital
Cooke	Gainesville Memorial Hospital Muenster Memorial Hospital	Jack	Faith Community Hospital
Culberson	Culberson Hospital	Jackson	Jackson County Hospital
Dallam	Coon Memorial Hospital	Jasper	CHRISTUS Jasper Memorial Hospital
Dallas	Garland Community Hospital Mesquite Community Hospital Tri-City Health Centre	Jim Wells	Alice Regional Hospital
Dawson	Medical Arts Hospital	Johnson	Walls Regional Hospital
Deaf Smith	Hereford Regional Medical Center	Jones	Stamford Memorial Hospital
Dewitt	Cuero Community Hospital	Kimble	Kimble Hospital
Dimmit	Dimmit County Hospital	Kleberg	CHRISTUS Memorial Hospital
Eastland	Eastland Memorial Hospital	Knox	Knox County Hospital
Ector	Odessa Regional Hospital	Lamb	Lamb Healthcare Center
El Paso	Providence Memorial Hospital Southwestern General Hospital	Lavaca	Lavaca Medical Center Yoakum Community Hospital

Appendix C (cont.)

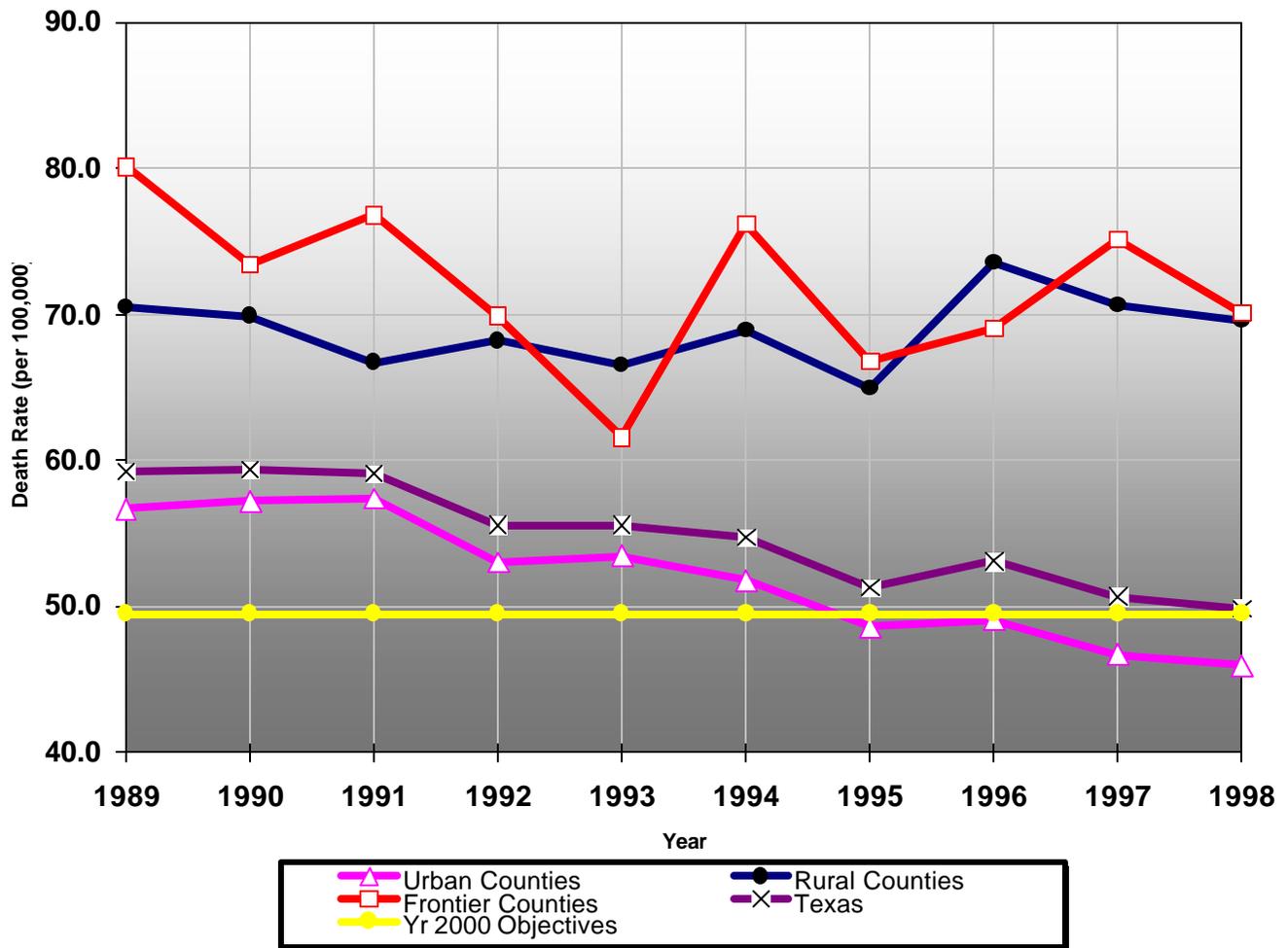
Limestone	Limestone Medical Center Parkview Regional Hospital	Trinity	East Texas Medical Center (Trinity)
Lynn	Lynn County Hospital District	Reeves	Reeves County Hospital
McCulloch	Heart of Texas Memorial Hospital	Refugio	Refugio County Memorial Hospital
Madison	Madison St. Joseph Health Center	Runnels	Ballinger Memorial Hospital District
Martin	Martin County Hospital District	Sabine	Sabine County Hospital
Maverick	Fort Duncan Medical Center	Schleicher	Schleicher County Medical Center
Medina	Medina Community Hospital	Shelby	Memorial Hospital of Center
Milam	Richards Memorial Hospital	Somervell	Glen Rose Medical Center
Mitchell	Mitchell County Hospital	Starr	Starr County Memorial Hospital
Montague	Bowie Memorial Hospital Nocona General Hospital	Stephens	Stephens Memorial Hospital
Montgomery	Memorial Hospital - The Woodlands	Sutton	Lillian M Hudspeth Hospital
Moore	Memorial Hospital	Uvalde	Uvalde Memorial Hospital
Nolan	Rolling Plains Memorial Hospital	Val Verde	Val Verde Memorial Hospital
Ochiltrie	Ochiltrie General Hospital	Van Zandt	Cozby-Germany Medical Center
Palo Pinto	Palo Pinto General Hospital	Washington	Trinity Medical Center
Panola	East Texas Medical Center (Carthage)	Ward	Ward Memorial Hospital
Parker	Campbell Health System	Wise	Decatur Memorial Hospital
Parmer	Parmer County Community Hospital	Williamson	Georgetown Hospital
Pecos	Pecos County General Hospital Pecos County Memorial Hospital	Wichita	Electra Hospital
Polk	Memorial Medical Center	Wood	East Texas Medical Center (Quitman) Presbyterian Hospital of Winnsboro
Red River	East Texas Medical Center (Clarksville)	Yoakum	Yoakum County Hospital
Terry	Brownfield Regional Medical Center	Young	Graham General Hospital Hamilton Hospital

Since the last reporting period, the Trauma Designation Process has experienced significant growth. Fifty-one additional hospitals are now designated in the State of Texas as trauma facilities compared to 1998.

Appendix D

Trauma Related Death Rates by area

1989-1998



This graph compares the trauma mortality rates of urban, rural, and frontier counties to the “Healthy People 2000 Objective” of 49.5 per 100,000.

Appendix E

UNCOMPENSATED CARE AWARDEES

FY99Awardees

<u>Level I</u>	<u>City</u>
East Texas Medical Center	Tyler
Memorial Hermann Hospital	Houston
Parkland Health & Hospital System	Dallas
Wilford Hall Medical Center	San Antonio

Level II

Brackenridge Hospital	Austin
Mother Frances Hospital	Tyler
R.E. Thomason Hospital	El Paso

Level III

CHRISTUS Spohn Memorial Hospital	Corpus Christi
Mercy Hospital of Laredo	Laredo
St. Joseph Hospital	Houston

Level IV

Atlanta Memorial Hospital	Atlanta
Decatur Community Hospital	Decatur
Faith Community Hospital	Tyler
Ft. Duncan Medical Center	Jacksboro
Graham Regional Medical Center	Graham
Hemphill County Hospital	Canadian
Hereford Regional Medical Center	Hereford
Limestone Medical Center	Groesbeck
Medical Arts Hospital	LaMesa
Medina Community Hospital	Hondo
Mitchell County Hospital	Colorado City
Ochiltree General Hospital	Perryton
Pecos County Memorial Hospital	Ft. Stockton
Permian General Hospital	Andrews
Refugio County Memorial Hospital	Refugio
Rice District Community Hospital	Eagle Lake
Rolling Plains Memorial Hospital	Sweetwater
Schleicher County Hospital District	Eldorado
Val Verde Regional Medical Center	Del Rio
W.J. Mangold Memorial Hospital	Lockney

FY00Awardees

<u>Level I</u>	<u>City</u>
East Texas Medial Center	Tyler
Parkland Health & Hospital System	Dallas

Level II

Brackenridge Hospital	Austin
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Level III

CHRISTUS Spohn Memorial Hospital	Corpus Christi
CHRISTUS St. Elizabeth Hospital	Beaumont
East Texas Medial Center	Athens
Northwest Texas Hospital	Amarillo

Level IV

Atlanta Memorial Hospital	Atlanta
East Texas Medial Center	Crockett
East Texas Medial Center	Pittsburgh
Graham Regional Medical Center	Graham
Hereford Regional Medical Center	Hereford
Kimble Hospital	Junction
Permian General Hospital	Andrews
Reeves County Hospital	Pecos
Rolling Plans Memorial	Sweetwater
Val Verde Regional Medical Center	Del Rio

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Call 512/834-6740.*

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