System Leadership

Prereview Questionnaire

1. How does the lead agency bring constituency groups together to review and monitor the trauma system throughout each phase of care?

The department facilitates meetings of the various constituency groups to provide input for rule review, trauma systems development, assessing the need for rural emergency medical services, the refining of educational requirements for emergency medical services personnel, and the development and revisions to a strategic plan. For a list of those constituency groups and a brief description of how they are involved, see the information below:

GETAC
By statute, the Governor's EMS / Trauma Advisory Council (GETAC) meets quarterly in Austin. Other constituency groups routinely assemble in conjunction with the meetings of the Governor's EMS Trauma Advisory Council. Experts from within state government and other organizations (AHA and EMSC, for example) provide presentations relevant to current practice, research and advancements, review and monitoring of the trauma system.

GETAC Committees
Committees of GETAC discuss issues, review rules, and make recommendations to GETAC. There are ten standing GETAC committees:

- Air Medical Committee
- Cardiac Care Committee
- Disaster / Emergency Preparedness Committee
- Education Committee
- EMS Committee
- Injury Prevention Committee
- Medical Directors Committee
- Pediatrics Committee
- Stroke Committee
- Trauma Systems Committee

TETAF
The Texas EMS Trauma & Acute Care Foundation (TETAF) is a Texas not-for-profit foundation that provides operational support to the Texas Department of State Health Services (DSHS) as the Department continues to develop the Texas EMS/Trauma System. TETAF schedules quarterly meetings in conjunction with GETAC meetings. The Foundation supports the implementation of the rules and regulations and assists its membership (RACs) to operationalize these rules/regulations on a daily basis by conducting surveys, facilitating networking and access to public and provider education, and focusing resources for research and advances in emergency/trauma care.

Each subscribing RAC may designate individuals from their RAC to sit on the eight standing committees of TETAF-Acute Care, Disaster Preparedness, Education, EMS, Injury Prevention, Pediatric, RAC, and Trauma-and have the opportunity to assist in goal development of these divisions. See attachment (1.0c) *Texas EMS Trauma & Acute Care Foundation.* An examination of the organizations' websites at: http://www.tetaf.org/ and http://www.dshs.state.tx.us/emstraumasystems/governor.shtm demonstrate the degree of "cross-pollination", the variety of organizations and experts represented from each RAC on GETAC and TETAF, and how they individually and collectively collaborate to represent the needs of the state of Texas.

RAC Chairs

Regional Advisory Council (RAC) chairs schedule quarterly meetings to coincide with the quarterly GETAC meetings to discuss solutions to mutual problems and concerns. There are 22 RACs:

- Panhandle RAC (TSA-A) - www.panhandlerac.com
- TSA-B RAC – www.b-rac.org
- North Texas RAC (TSA-C) – www.ntrac.org
- Big Country RAC (TSA-D) – www.bigcountryrac.org
- North Central Texas Trauma RAC (TSA-E) – www.ncttrac.org
- Northeast Texas RAC (TSA-F) – www.netrac.org
- Piney Woods RAC (TSA-G) – www.texas-trauma.com
- Deep East Texas RAC (TSA-H) – www.detrac.org
- Far West Texas and Southern New Mexico RAC (TSA-I) – www.borderrac.org
- Texas J RAC (TSA-J) – www.texasjrac.org
- Concho Valley RAC (TSA-K) – San Angelo
- Central Texas RAC (TSA-L) – www.tsa-l.com
- Heart of Texas RAC (TSA-M) – www.heartoftexasrac.org
- Brazos Valley RAC (TSA-N) – www.bvrac.com
- Capitol Area Trauma RAC (TSA-O) – www.catrac.org
- Southwest Texas RAC (TSA-P) – www.strac.org
- Southeast Texas RAC (TSA-Q) – www.settrac.org
- East Texas Gulf Coast RAC (TSA-R) – www.rac-r.com
- Golden Crescent RAC (TSA-S) – www.gcrac.org
- Seven Flags RAC (TSA-T) – Laredo
- Coastal Bend RAC (TSA-U) – www.cbrac.org
- Lower Rio Grande Valley RAC (TSA-V) – www.tsav.org

Community partners are encouraged to participate, communicate and collaborate by attending an annual EMS Conference. The annual conference, facilitated by the OEMS/TS Stakeholder Information Group, is one of the largest in the nation, by attendee number and vendor participation. A recognition and awards luncheon concludes the conference, with award categories that include: EMS Education, EMS Medical Director, EMS Administrator, Public Information/Injury Prevention, Citizen, Private/Public Provider, Volunteer Provider, First Responder, Air Medical Service, Outstanding EMS

Person of the Year, Telecommunicator of the Year, Trauma Center, and Regional Advisory Council. Stakeholder Information also publishes a bi-monthly EMS Magazine with a subscription number of over 2,300 statewide. Please view the Trauma Systems website, maintained by the state for all it's stakeholders at: http://www.dshs.state.tx.us/emstraumasystems/etrauma.shtm.

2. Describe the composition, responsibilities, and activities of the multidisciplinary trauma system advisory committee(s) and the working relationship(s) with the trauma lead agency and the EMS lead agency, if they are different.

GETAC consists of the following 15 statute-mandated (§773.012) positions which are appointed by the Governor of Texas.

- a board-certified emergency physician, appointed from a list of names recommended by a statewide professional association of emergency physicians;
- a licensed physician who is an emergency medical services medical director, appointed from a list of names recommended by a statewide professional association of emergency medical services medical directors;
- a fire chief for a municipality that provides emergency medical services, appointed from a list of names recommended by a statewide fire chiefs association;
- an officer or employee of a private provider of emergency medical services who is involved with the development of a Texas Trauma System, appointed from a list of names recommended by a statewide association of private providers of emergency medical services;
- a volunteer who provides emergency medical services, appointed from a list of names recommended by a statewide association of volunteers;
- an educator in the field of emergency medical services;
- a member of an emergency medical services air medical team or unit, appointed from a list of names recommended by a statewide emergency medical services air medical association;
- a representative of a fire department that provides emergency medical services, appointed from a list of names recommended by a statewide association of firefighters;
- a representative of hospitals who is affiliated with a hospital that is a designated trauma facility in an urban community, appointed from a list of names recommended by a statewide association of hospitals;
- a representative of hospitals, who is affiliated with a hospital that is a designated trauma facility in a rural community, appointed from a list of names recommended by a statewide association of hospitals;
- a representative of a county provider of emergency medical services;
- one licensed physician who is a pediatrician with trauma or emergency care expertise;
- one trauma surgeon or one registered nurse with trauma expertise; and

- two representatives of the general public who are not qualified to serve under another subdivision of this subsection.

The group meets at least quarterly and is charged with reviewing rules and making recommendations related to the Health and Safety Code, Chapter 773. The statute mandates that GETAC develop a strategic plan for refining the educational requirements for certification, maintaining certification as emergency medical services personnel and developing emergency medical services and trauma care systems. The council assesses the need for emergency medical services in the rural areas of the state.

a. Identify pediatric representatives on the multidisciplinary trauma system advisory committee and any pediatric advisory groups that provide input into trauma system development.

Joan Shook, M.D., a physician at Texas Children's Hospital in Houston, serves as the current pediatric representative on GETAC. She chairs the Pediatrics Committee of GETAC, a group of 11 representatives from across the state.

b. Describe the process of involving experts in, and advocates for, special populations and how they help drive regional trauma system policy.

Department of State Health Services Programs

Experts within other Department of State Health Services programs and from other outside organizations routinely attend and provide input at GETAC and its ancillary meetings. These experts, who routinely deal with trauma systems are informed, attend and participate in the meetings. Programs include:

Environmental Epi and Injury Surveillance Group (includes the EMS Trauma Registry) The EMS Trauma Registry is responsible for trauma data collection from EMS entities and hospital facilities. Trauma Registry staff are routinely present and participate at statewide gatherings and quarterly meetings of GETAC, GETAC committees and RAC Chairs. Special populations data is collected and disseminated through standard queries and reports.

Texas Council on Cardiovascular Disease and Stroke (http://www.dshs.state.tx.us/wellness/reports.shtm.) Click Texas Council on CVD and Stroke in the upper left corner of the page. During the 79th Texas Legislative Session (2005), Chapter 93 of the Health and Safety Code, which authorizes the Texas Cardiovascular Disease and Stroke Council and describes its duties, was amended to add the following requirement: "The council shall collaborate with the Governor's EMS and Trauma Advisory Council, the American Stroke Association, and other stroke experts to make recommendations to the department for rules on the recognition and rapid transportation of stroke patients to health care facilities capable of treating strokes 24 hours a day and recording stroke patient outcomes." Neal Rutledge, MD, is the council's liaison

with GETAC and is also the current chair of the GETAC's Stroke Committee. This ensures that there is coordination between the 2 advisory groups on stroke-related trauma system issues.

Safe Riders

The DSHS Safe Riders Program, which coordinates closely with the EMS and trauma systems partners throughout the state, is a part of the Child Health and Safety Branch within the Health Promotion and Chronic Disease Prevention Section, Prevention and Preparedness Division. This is a state-wide child passenger safety (CPS) program dedicated to preventing deaths and reducing injuries to children due to motor vehicle crashes. Safe Riders manages about 80 local community agencies that, in turn, offer seats to low-income families. After attending a one-hour class, a family receives a new child seat. Following this, the family is referred to a local inspection station or technician. The state-managed child seat distribution program was authorized by the Texas Legislature in 1994. Between 10,000 and 15,000 seats are distributed each year in conjunction with educational programs. Clients call Safe Riders toll-free at 800-252-8255 and are subsequently referred to a local program where they can obtain a seat. The program also organizes and teaches in-depth CPS workshops (28 to 32 hours each) each year. Successful students receive national certification as CPS technicians (there are currently about 1200 CPS technicians and instructors in Texas). Technicians offer child seat checkups to parents and caregivers. Refresher training courses are conducted and other support is offered for existing technicians. Safe Riders coordinates a statewide CPS Advisory Committee, composed of traffic safety specialists, grantees, and other community partners, and conducts dozens of presentations to schools and community groups are conducted each year. More than 400,000 traffic-safety educational materials are provided each year to hospitals, health clinics, schools, social service agencies and many others. An on-line order form is available. The program also oversees the "Texans Saved by the Belt" recognition program which recognizes persons who credit restraints with saving lives or preventing injuries are recognized with a commemorative pin and certificate. The Safe Rider Program also publishes a newsletter with occupant protection news for the public. The current issue may be viewed online via Safe Riders' website at www.dshs.state.tx.us/saferiders

Community Preparedness

RAC disaster preparedness and incident response plans are coordinated with the assistance of the Community Preparedness program.

Children with Special Health Care Needs Program (CSHCN)

The CSHCN program pays for medical treatment and equipment for eligible children with special needs from birth to 21 years of age and for people of any age with cystic fibrosis. The department works with the following federal/national programs. Information about and access to this program serves to soften the impact of special needs patients on the trauma system.

Associations and Foundations

The department routinely communicates with the following associations and foundations through the Texas EMS Magazine, internet listserv systems, and each are routinely called upon to provide input in the development and implementation of law and rules and for general consultation.

Texas Trauma Coordinator's Forum (TTCF)
The TTCF mission is to promote and address educational needs of the various facilities and institutions that provide trauma care in our State. Membership is open to anyone interested in improving care for trauma patients. Meetings of the TTCF are held quarterly and provide an outstanding opportunity to network with Trauma Coordinators and Trauma Program Managers from throughout Texas. During meeting, members receive updates on legislative issues, injury prevention programs, trauma registry requirements, and rule changes.

Texas Medical Association (TMA)
The Texas Medical Association was organized by 35 physicians in 1853 to serve the people of Texas in matters of medical care, prevention and cure of disease, and the improvement of public health. Today, with more than 43,000 physician and medical student members, TMA's vision is still to "improve the health of all Texans." TMA supports Texas physicians by providing distinctive solutions to the challenges they encounter in the care of patients.

Texas Ambulance Association (TAA)
The TAA provides a forum for private and public ambulance providers in the State of Texas to discuss issues, share information, and work cooperatively to improve the delivery of prehospital care to their customers.

Texas Hospital Association (THA)
THA delivers information and data products that enhance the ability of the Association and others to address issues such as reimbursement, quality and outcomes measures, and market share. Collaboration with the trauma system entities regarding patient disparities can create mutually beneficial results.

Brain Injury Association of Texas (BIATX)
This organization is dedicated to the restoration and maintenance of the dignity of life for persons with brain injuries and their families. The Brain Injury Association of Texas, chartered as a non-profit public service organization, strives to meet the urgent need to develop programs for public awareness and education, to support research and rehabilitation and to provide family guidance.

Mothers Against Drunk Drivers (MADD)
MADD representatives routinely submit information, support legislation, provide consultation, and support educational activities directly to the regional trauma systems, department and to the public.

Texas Organization of Rural and Community Hospitals (TORCH)
An organization of rural and community hospitals, corporations, and interested individuals working together to address the special needs and issues of rural and community hospitals, staff, and patients they serve.

Other State Agencies:

Department of Aging and Disability Services (DADS) The Department of Aging and Disability Services (DADS) was created to administer long-term services and supports for people who are aging and who have cognitive and physical disabilities. DADS also licenses and regulates providers of these services, and administers the state's guardianship program. DADS began formal operations on Sept. 1, 2004.

Texas Department of Transportation Home Page (DOT) In cooperation with local and regional officials, is responsible for planning, designing, building, operating and maintaining the state's transportation system. Their goals are to reduce congestion, enhance safety, expand economic opportunity, improve air quality and preserve the value of transportation assets. They work to achieve these goals through four strategies: using all financial options to build transportation projects, empowering local leaders to solve local transportation problems, increasing competition to drive down costs, and demanding consumer-driven decisions.

Texas Department of Public Safety (DSP) The Texas Department of Public Safety is an agency of this state created to provide public safety services to those people in the state of Texas by enforcing laws, administering regulatory programs, managing records, educating the public, and managing emergencies, both directly and through interaction with other agencies.

Department of Assistive and Rehabilitative Services (DARS) The Department of Assistive and Rehabilitative Services, or DARS, administers programs that ensure Texas is a state where people with disabilities, and children who have developmental delays, enjoy the same opportunities as other Texans to live independent and productive lives. The department has four divisions: Rehabilitation Services, Blind Services, Early Childhood Intervention Services, and Disability Determination Services. Through these divisions, DARS administers programs that help Texans with disabilities find jobs through vocational rehabilitation, ensure that Texans with disabilities live independently in their communities, and assist families in helping their children under age 3 with disabilities and delays in development reach their full potential.

DFPS - Texas Department of Family and Protective Services The Texas Department of Family and Protective Services (DFPS) was created with the passage of House Bill 2292 by 78th Texas Legislature, Regular Session. Previously called the Texas Department of Protective and Regulatory Services, DFPS is charged with protecting children, adults who are elderly or have disabilities living at home or in state facilities, and licensing group day-care homes, day-care centers, and registered family homes.
The agency is also charged with managing community-based programs that prevent delinquency, abuse, neglect and exploitation of Texas children, elderly and disabled adults. The agency's services are provided through its Adult Protective Services, Child Protective Services, Child Care Licensing , and Prevention and Early Intervention divisions to protect the physical safety and emotional well-being of the most vulnerable citizens of Texas.

Texas Health and Human Services Commission (HHSC) The HHSC, Office of Acquired Brain Injury serves as a resource for survivors of brain injuries and their families, including returning combat veterans, through referrals and greater coordination of federal, state, and local resources.

Federal Agencies:

Center for Disease Control
The CDC is utilized for the provision of special populations information, guidelines and (i.e. sample protocols). Federally –funded state programs are routinely monitored by CDC.

EMS for Children Program (EMSC)
In addition to grant funding, EMSC provides a wealth of special population information, i.e. the National Resource Center, National EMS for Children Data Analysis Resource Center and EMSC program news. The state EMSC program provided by funding to the Baylor College of Medicine is currently assessing pediatric needs in the Texas Trauma System. Dr. Charles Macias is the EMSC Grant Program Director and is a member of the GETAC Pediatric Committee.

National Highway Traffic Safety Administration (NHTSA)
NHTSA special populations expertise is garnered from informational storehouses, i.e. national standard curriculum, the EMS Agenda for the Future, the EMS Educational Agenda for the Future, and the EMS National Research Agenda.

c. Describe how the multidisciplinary advisory committee is involved in trauma system performance evaluation (for example, review of system performance reports).

GETAC does not routinely review system performance reports or directly evaluate trauma systems or regional advisory councils. A level of peer performance review occurs through the RACs interaction with EMS providers, first responder organizations, trauma facilities, disaster districts.

Performance improvement (PI) program: (RACs will be responsible for the PI requirements in Rule 157.130 as it is more prescriptive and therefore the higher standard by requiring all three items as evidence of a PI process, whereas Rule157.131 requires only one of three items.) TAC 25 §157.130(3)(D)(i)(ii)(iii).

To be eligible for funding from the TSA allocation, a RAC must have demonstrated that a regional system performance improvement (PI) process is ongoing by submitting to the department the following: (i) lists of committee meeting dates and attendance rosters for the RAC's most recent fiscal year; (ii) committee membership rosters which includes each member's organization or constituency; and (iii) lists of issues being reviewed in the system performance improvement meetings. The plan includes a description of the regional PI program that provides consistent evidence of system problem identification and loop closure. The RAC should develop mechanisms which will measure compliance of its trauma and emergency healthcare system plan.

3. Provide examples of how the lead agency and trauma system leadership (for example, trauma centers, trauma medical director, nurse coordinator, trauma administrator, and other stakeholders) inform and educate policy makers, elected officials, community groups, and others about the trauma system, its strengths, and its improvement opportunities.

A current TETAG goal is to create an informational document or brochure outlining the benefits of becoming or maintaining trauma designation, the roles and responsibilities of the Trauma Medical Director and the Trauma Coordinator, the financial incentives of trauma designation through the state grants, RAC grants and billing initiatives and outlining the critical need for participation in the statewide network, organizations, GETAC and TETAF in order to ensure the facility voice is heard.

The OEMS/TS program coordinator is available at all times to serve GETAC, its committees, RAC executive and general assembly meetings and RAC Chair meetings. This position also participates the in-house and on-site monitoring of the EMS/Trauma Systems Group's contractors to ensure that the potential 2500 entities who receive funding (potentially in excess of $100,000,000) expend their funds in accordance to the contract terms from the Designated Trauma Facilities and Emergency Medical Services Account, EMS and Trauma Care System Account, Permanent Tobacco Endowment and EMS, Trauma Facilities, Trauma Care Systems Fund.

The RAC Coordinator assists in the development of policies and training materials as they relate to the program contracts; provides training to and coordinates closely with the EMS/TS Group Funding Specialist regarding contractor financial obligations. The

coordinator also presents training, policy alerts and updates to stakeholders and program staff regarding contract obligations, rules and statutes as needed, and networks with other appropriate programs and organizations to further the goals of the program.

The EMS Trauma Systems office utilizes the following to educate, inform and advertise successes of the trauma system.

- Texas EMS Magazine
  Texas EMS Magazine is a bimonthly publication produced by the Texas Department of State Health Services, Office of EMS/Trauma Systems Coordination. As the point of contact with the agency that regulates Texas EMS, the magazine delivers state and national EMS issues and gives answers to emergency medical services professionals serving in every capacity across Texas. The magazine provides:
  - Updates on EMS issues, such as EMS and trauma rules, legislation, trauma registry, disaster management and National/Texas EMS Week
  - Continuing education and injury prevention articles
  - The latest information on legislation concerning different levels of EMS certification
  - Details about local and regional EMS agencies and programs

- EMS Trauma Coordination Office Announcements listserv
  This listserv is an "announcement only" group designed for the sole purpose of sharing important announcements from the Texas Department of State Health Services EMS & Trauma Systems Coordination Office.

- Texas Elected Officials' Guide to EMS
  The *Texas Elected Officials' Guide to Emergency Medical Services* was compiled by the Rural Task Force of the Governor's EMS & Trauma Advisory Council (GETAC). It is intended to be updated bi-annually to ensure the latest data and revisions.

4. Describe the process to build or expand effective trauma leadership within the trauma system (for example, succession planning, leadership courses, and workshops), including the lead agency and trauma centers.

Within the State of Texas, all nonprofit organizations are held accountable for the operations of the organization. The Texas Department of State Services, Contract Oversight and Support Section (COS) require each Officer/Board of Directors member to fulfill the following:

- Have a complete understanding of the organization's mission and financial position
- Attend board meetings and serve actively
- Perform long-range planning
- Monitor the performance of the executive director
- Perform programmatic and financial oversight of the organization

- Evaluate the effectiveness of the organization and the board

A board member needs to be familiar with the contract between the nonprofit organization and DSHS because it describes the services to be performed; the standards by which the services will be evaluated; performance measures; the total amount to be paid and the method of payment; the term of the contract; reporting requirements; and requirements of applicable laws and standards.
If the nonprofit organization does not comply with contract requirements or if it has grossly mismanaged funds or if a board or staff member engages in criminal activity, board members may be held personally liable in either a civil or criminal action. This potential liability should inspire board members to prudently monitor the financial affairs of the nonprofit organization and to ensure that the executive director and other responsible organization staff answer question to their satisfaction.

For a nonprofit organization to receive DSHS funding, every officer/board member must complete Contractor Board Training. For this important reason DSHS requires each board member to review "**What Every Non-Profit Board Member Needs to Know**" on-line presentation (http://www.dshs.state.tx.us/contractor.shtm), and complete the "**Contractor Board Training Course Report Form**", and mailed to Contract Oversight and Support, MC 1326, 1100 West 49th St., Austin Texas 78756-3199.

In accordance with General Provisions: Article XII, Section 12.01,

> ***Section 12.01 Board Training*** *If not done so within the preceding two (2) years, the board of directors of Contractor shall review the Department's board training in the format provided by the Department and shall verify in writing to the DSHS Contract Oversight and Support Section that the review took place. Written verification shall be submitted no later than the end of the first quarter of the Contract and shall be in the form required by the Department, except that each member of the governing board of a Contractor that provides mental health services shall complete the board training review initially and then annually. The training may be viewed through the Contractor Board Training link on the DSHS website at http://www.dshs.state.tx.us/contractor.shtm.*

Effective December 2007, all standing Board of Directors of a RAC whose affidavits are on file with the RAC and DSHS, OEMS/TS are not necessarily required to meet this requirement. New board members recognized as such by the RAC's Bylaws, elected and or appointed, must meet this DSHS, COS requirement.

Once a RAC completes and mails required Board Training Course Report Form to COS, a copy should be retained at the RAC office and a copy forwarded to DSHS, OEMS/TS.

One of the TETAF goals for 2010 is to develop an administrator's educational course, "to educate hospital administrators on the trauma system, the trauma system as an asset to

patient care and facility development and the role of the trauma medical director, the trauma coordinator and the facility in providing and improving optimal trauma patient care."

For the past two years, an administrative management track has offered EMS leadership courses at the Texas EMS Conference, under the leadership of the Texas Engineering Extension Service. This could be pursued at higher levels within the trauma system.

5. Describe the process by which lead agency staff would identify changes in system performance.

To define and therefore establish a process for planning, preparation and completion of a annual technical assistance review of Regional Advisory Councils (RAC) in the State. The Department of State Health Services (DSHS) initiates the process by conducting a desktop audit of the RAC by reviewing files/data/collected information. Second, a request is initiated by DSHS to the RAC to complete a self-assessment tool in preparation for a site visit if warranted.

The process and audit criterion continue to be revised as changes occur in performance measures and trauma system development objectives, as well as development of initiatives warranted and or identified within each Trauma Service Area (TSA). DSHS, Office of EMS/Trauma Systems Coordination (OEMS/TS) has oversight and management of the process, thereby continues to monitor and revise as deemed necessary.

The purpose for the conduct of an annual review is to provide a scenario whereby each RAC will have opportunity to self-assess trauma system development in their trauma service area, to facilitate assistance for an individual RAC by DSHS, and to aid DSHS in development of overall direction and goals for trauma system development throughout all trauma service areas. Therefore, it is the intent for DSHS to monitor, observe, assist and teach through the annual technical assistance review/visit process.
In preparation for an annual technical assistance review, Office of EMS/TS Coordination will:

- Conduct a desktop audit that includes but may not be limited to the following:
    - Review OEMS/TS databases to ensure, to the level that RACs have submitted, complete information relevant to RAC officers (name, telephone/fax number(s), email) and Executive Board members is current
    - Review compliance of Certification of Account Status to ensure each RAC have made notification to Texas Secretary of State/Comptroller of Public Accounts relevant to Registered Agent/Office, and most current Statue are filed
    - Review past six-months of RAC File Note to ascertain degree of communication each RAC has fulfilled with OEMS/TS in accordance with Essential Criteria

- Review meeting (Executive Board/Committee and General Membership/ Assembly) minutes to ensure most recent of both levels have been submitted and or obtained, and on file with OEMS/TS, and ensure criterion for meeting minutes in accordance with Essential Criteria
- Review most recent Annual Report submitted by each RAC to ascertain issues and or concerns the RAC may have had or anticipate having in previous and or current fiscal year
- Complete a thorough review of RAC bylaws to verify a documented annual review in accordance with Essential Criteria
- Complete a thorough review of RAC regional trauma system plan to verify a documented annual review/revision of all essential components in accordance with Essential Criteria
- Complete a review of issues and or concerns identified during previous annual technical assistance reviews, based on RAC Self-Assessment and DSHS, OEMS/TS Coordination from previous year
- Conduct verification each RAC has documentation each Board of Director in the RAC has fulfilled Board Training requirements as directed by Client Services Contract Unit

- Complete an annual System Development & Strategic Review Report (SD&SPR) and submit to and or review with Manager and Director, EMS/TS Coordination Group
    - Develop an introductory letter to the RAC that request a date/location for a site visit (if deemed necessary) and enclose a RAC Self-Assessment Tool and instructions for completion and return to EMS/TS Coordination Group. Additional documentation may be requested either prior to or for presentation at a site visit. Note: if a site visit is deemed necessary, it should be schedule at a time other than during a regular schedule RAC meeting. This does not prohibit a time/location following a regular scheduled meeting, but preference is not prior to a regular scheduled meeting. Attendees must include a minimum of RAC Chair and Administrator/Executive Director/Coordinator.

Desktop Review Criterion

The focus/utilized criterion will be used by OEMS/TS in preparation for annual technical assistance review:

- Contract Performance Measures (EMS-RAC):
    - Dispute Resolution
        - Dispute resolution process written into RAC bylaws
        - Dispute resolution process a participation requirement of its members
    - RAC submits report to DSHS that contains (verified by Funding Specialist)
        - List of expenditures;
        - Copies of receipts and checks;
        - Anticipated expenditures through end of contract if the entire contract amount will not be expended
    - Timely submission and reconciliation of all expenses

- Contract Performance Measures (EMS-TOBACCO/RAC)
    - Bylaws outline for RAC officers and Executive Board members:
        - election process;
        - roles and responsibilities;
        - terms of office;
        - succession/removal process
    - Budget developing and expenditure approval process by General membership clearly defined in RAC bylaws
    - Meeting attendance requirements for RAC officer and Executive Board members, specific verbiage and the process for removal from office in the event requirements are not met are in bylaws
    - Documented regional needs assessment that is inclusive of all RAC members
    - Documented on-going distribution and education of regional trauma system plan in last year to all entities involved in care of trauma patients
    - RAC Chair or at minimum an Executive Board member attend all OEMS/TS Coordination RAC Chair meeting as set by DSHS
    - Written quarterly financial reports are distributed at RAC General Membership meetings
    - Established communication conduit from DSHS to RAC members
    - Oversight administration of EMSystem within trauma service area
    - Establish/maintain a EMSystem process for resource viewing screens during a disaster in a manner determined by DSHS and consistent with all other RACs in the State, a process for resource reports
    - Provide current 24/7 contact information to DSHS MACC
    - Documented participation in regional/state disaster planning/management activities, to include but not limited to identification of critical evacuation issues and participation in state and regional post-incident review activities

- Essential Criteria (Defined):
    - Purpose of the RAC as it relates to trauma and emergency healthcare system development (Mission Statement)
    - Written goals that provide measurable points directed toward RAC mission, and to include compiling injury morbidity and mortality data and an evaluation process how RAC's trauma system plan is implemented in the region.
    - Defined nonpartisan processes:
        - Leadership is independent of participating disciplines and geography
        - Process to ensure financial incentives (i.e., dues, fees, other incentives) do not influence decision-making
        - Decision-making processes consistent with defined mission and goals of the RAC
    - Committees and committees structure clearly defined, to include but not limited to committee leadership selection, committee meeting

schedule/participation requirement, and measurable goals for each standing or ad hoc committee
    - Roles and responsibilities of RAC officer, and may include defined roles and responsibilities of Executive Board/Committee members and or Standing/ad hoc Committee leadership
    - Nomination/election process for RAC officers, and shall include the process for changes in leadership through succession and voluntary or other resignations; level of authority, decision-making process and reporting process
    - Nomination/appointing and or election process for Executive Board/Committee members and or Standing/ad hoc Committee leadership, and shall include the process for changes in leadership through succession and voluntary or other resignations; level of authority, decision-making process and reporting process
    - Voting process defined, to include but not limited to criteria of eligible voters, assurances that voters is representative of all levels and disciplines of trauma care stakeholders
    - Member participation requirements clearly defined
    - Fees and or dues (if applicable) are reasonable, process for assessing clearly defined, and collection of such is approved by membership
    - General membership holds final authority to approve/ratify bylaws
    - All operational duties delegated to RAC leadership positions and or committees fully disclosed to general membership
    - Budget and all major expenditures approved by general membership
    - Responsibilities and limitations for activities such as budget creation, contract signing (of specific amounts) and conducting daily business clearly defined
    - Signature authority for RAC staff, executive board/committee and or officers clearly defined
    - Documented annual review of bylaws

- System Needs Assessment:
    - Process for conduct of annual needs assessment
    - Process for utilization of data collected

- Trauma System Plan:
    - Documented annual review of regional trauma system plan
    - Regional data collection and reporting methods and efforts made to support and encourage provider organization compliance with reporting requirements are documented
    - Trauma System Plan components (as listed below), verified revisions date, and measurable short-term and long-term goals for each component
        - Access to the regional EMS/Trauma system
        - Communications
        - Medical Oversight
        - Pre-hospital Triage Criteria

- Diversion Policies
- Bypass Protocols
- Regional medical Control
- Facility Triage Criteria
- Inter-hospital Transfers
- Designation of Trauma Facilities
- Performance Improvement Program
- Regional Trauma Treatment Protocols
- Regional Helicopter (Air Medical) Activation Guidelines

- RAC Operation Criterion:
  - Measurable goals of implementation of regional EMS/trauma system plan
  - Evidence each member entity is provided hard copy of regional EMS/trauma system plan, or access to plan on RAC website within thirty days of change
  - Evidence of education to all members regarding the regional EMS/trauma system plan, protocols and regional guidelines
  - Meetings
    - Evidence of notification of all meetings and or events including regularly scheduled or called meetings announcement (electronic notification within one-two weeks)
    - Evidence copy of a tentative agenda provided
    - Evidence of mail/email receipt confirmation for meetings involving possible change in bylaws
    - Evidence sign-in sheets are provided for each meeting
    - Process of written notification with receipt confirmation for member entities in danger of failing to meet participation requirements and whose funding eligibility would be adversely affected

    - Non-profit Corporation
      - Verification of compliance with 501(c)(3) non-profit corporation requirements for State
      - Verification of compliance with Internal Revenue Service filing of annual reports

- RAC Office/Employees
  - Permanent office (desired)/mailing address (mandatory) that is not subject to change for reasons such as change in RAC leadership (i.e., RAC officers). In lieu of physical mailing address, a post office box or similar mailing address is required
  - RAC Staff
    - Experienced with EMS, hospitals, trauma system and grant writing, bookkeeping and budgeting
    - Evidence of job description, an evaluation process and compensation specification(s), and made available for membership review upon request

- RAC Communication
    - Evidence communication with DSHS, OEMS/TS within seven days to include but not limited to officers, staff, contact information (i.e. telephone/fax number, email addresses, affiliations)
    - Copy of revisions to bylaws and other substantive revisions to policies or operations submitted to DSHS, OEMS/TS Coordination within thirty days after approval
    - RAC website (if applicable) is current and information made available to inform member entities, potential member entities, stakeholders or potential stakeholders about the RAC and its purpose
    - Meeting minutes
        - Meeting schedule provided to DSHS, OEMS/TS Coordination
        - DSHS, OEMS/TS Coordination provided seven day notification of "called" meetings
        - Meeting minutes with lists of attendees/organizations submitted to DSHS, OEMS/TS Coordination within thirty days after approval
    - Evidence Annual Report has been submitted
    - Evidence inter-RAC communication process in place to ensure patient flow conflicts are efficiently as possible

- RAC Financials:
    - Evidence financial reports, to include but not limited to status of all RAC income, expenses, State and non-State contract funds presented to membership at least quarterly
    - Verification of reporting of fund-raising activities
    - Verification of grant funding application, funds received and program activities supported by grants

- Education and Training
    - Verification of development, coordination and or scheduling education/ training programs in response to educational needs identified by needs assessments and performance improvement activities
    - Verification of facilitation of continuing education programs to meet the learning needs of all levels and disciplines of healthcare providers on an ongoing basis
    - Verification of informing member organizations of available grant/funding opportunities

- Emergency and Disaster Preparedness
    - Evidence of a fully integrated partnership within trauma service area to include EMS, hospitals, law enforcement and fire safety organizations
    - Evidence for centralized coordination, activation, readiness and system responsiveness for system testing and evaluation
    - Documented annual evaluation of emergency and disaster preparedness

- Evidence all stakeholders, providers and elected officials are educated to the emergency/disaster preparedness plan and capabilities of the region

- Performance Improvement Program
  - Performance Improvement Program monitors system performance to assess system impact on patient outcomes
  - Evidence of performance criteria (audit filters) from outcome perspective
  - Evidence of data collection process for EMS and hospital providers to Texas Trauma Registry and or to a regional trauma registry (if applicable)
  - Evidence of process to ensure confidentiality of all patient/provider information related to case review or system performance

- Evidence of a multi-disciplinary process to:
  - review compliance with systems indicators, complete with case reviews
  - review in cases involving adverse patient outcomes
  - sharing of information and initiation of education
  - ensure major and severe trauma patients are treated at appropriate level of trauma facilities
  - measure and monitor timely transfer and admission of major and severe trauma patients
  - include a broad-based and inclusive physician approach to trauma and emergency healthcare
  - share information between disciplines
  - encourage information sharing and education of trauma and emergency healthcare physicians

- Injury Prevention Program
  - Evidence of process to develop, coordinate and or support targeted injury prevention programs that address regional injury patterns as identified by but not limited to performance improvement program
  - Evidence of documented injury prevention programs, to include but not be limited to tracking program effectiveness by maintenance of data/records, and or other evidence related to the impact of injury prevention programs on regional patterns of injury
  - Evidence of distribution of available injury prevention programs in the region, and guidance for accessing injury prevention programs
  - Evidence of informing and providing summary information to elected officials related to regional patterns of injury , trauma care issues and coordination of injury prevention programs conducted by the RAC
  - Evidence of integration of police, fire/rescue, county and or public health officials to promote injury prevention efforts
  - Evidence of providing and or assisting in coordination public education programs that inform citizens/stakeholders regarding the

need for system development, system access and community injury patterns

Tasks to be completed by RAC

Upon receiving notification letter with enclosed Annual Technical Assistance Review Self-Assessment tool from DSHS, OEMS/TS Coordination, RACs are requested to:

- Complete an Annual Technical Assistance Review Self-Assessment tool submitted to them by OEMS/TS Coordination Group, gather/prepare requested documentation if requested
- Notify OEMS/TS Coordination Group of a date and location of site visit if requested
- Schedule attendees for site visits, to include but not limited to RAC officers and staff
- Upon receipt of modification letter (if necessary), report findings to RAC member organizations and plan of action to make modification if necessary

6. Describe how the multidisciplinary advisory committee is involved in trauma system performance evaluation.

Trauma system performance evaluation is not specifically listed as one of the statute-mandated roles of GETAC, but the council and committee members are potentially a valuable resource for trauma system performance evaluation.

Documentation Required

Before site visit:

- ✓ A comprehensive organizational chart that identifies the lead agency staff (including contract employees) assigned to the trauma program (full or part-time).
- ☐ A copy of the most recent trauma system aggregated performance improvement report generated by the lead agency does not exist and cannot be provided for review.
- ✓ Organizational chart that illustrates the system oversight committee, its subcommittee and its relationship to the lead agency

On site:

- ✓ Copies of curriculum vitae for the trauma system leadership: state EMS director, trauma system manager, state medical director and state trauma director
- ✓ A copy of minutes or meeting notes pertaining to the identification, discussion and resolution of a trauma system (rather than a trauma center) issue