

## **Coalition Building and Community Support**

**I. What is the status of the trauma system's coalition (for example, What is the status of recruiting members and building an active coalition? Does the coalition need new energy? Who is not currently involved but should be part of your coalition?)?**

To understand the rationale of a de-centralized trauma system in Texas, it is essential to understand something of the history, obstacles, and evolution that have resulted in the trauma system as it exists today. The Omnibus Rural Health Care Rescue Act, passed in 1989, directed the Bureau of Emergency Management of the Texas Department of Health to develop and implement a statewide emergency medical services (EMS) and trauma care system, designate trauma facilities, and develop a trauma registry to monitor the system and provide statewide cost and epidemiological statistics. Since no funding was provided for this endeavor at that time, the Trauma Technical Advisory Council (TTAC), was created by the legislation (HB18) in 1989 to advise the Texas Board of Health on system regulations, had the significant task of designing a voluntary state system.

The Trauma Technical Advisory Committee (TTAC) met for the first time on January 11, 1990. The committee's charges from the Texas Board of Health were to develop a trauma registry, recommend rules and regulations on trauma systems, to comment on the operations of hospitals as they function in the trauma system, and to focus on the medical and technical aspects of developing a trauma system.

Many organizations around the state and nationally have provided staff, resources and crucial input into the development of the state system from prior to the establishment of TTAC in 1989 until the present time. Those organizations include, but are not limited to:

Teaching Hospitals of Texas (formerly known as Texas Public & Non-Profit Hospitals, formed in 1986, Teaching Hospitals of Texas (THOT) is a 501(c)(6) non-profit association of state, public and non-profit hospitals and health systems committed to providing access to quality health care for all Texans and to training the next generation of physicians, nurses and allied health personnel. THOT members operate eight of Texas' Level I trauma centers, in addition to regional burn units and poison control centers. The association strives to develop and support public policy at the state level that provides the necessary funding to ensure our state's neediest families access to affordable preventive and acute care services.

Texas College of Emergency Physicians TCEP has a diverse group of committees, bringing members together to address the full range of issues facing Emergency Physicians. They seek better ways to protect society's well-being by gaining influence through involvement with regulators.

South Texas Chapter ACS: Welcome! The mission of the South Texas Chapter is to improve quality of care through enhancing surgical education, maintenance of competency, providing a forum for young surgeons and fostering communication with all fellows and to support the goals of the American College of Surgeons.

ENA Homepage Emergency Nurses Association: The mission of the Emergency Nurses Association is to advocate for patient safety and excellence in emergency nursing practice.

Texas Fire Chiefs Association The Texas Fire Chiefs Association believes in serving the citizens of Texas by actively participating in the advancement of the fire service through positive leadership, the sharing of information, and active legislative involvement, while maintaining the highest ethical and professional standards.

Texas Department of Rural Affairs formerly known as ORCA, Office of Rural and Community Affairs: TDRA makes the resources of state government more accessible to rural communities and is a provider of rural-focused state and federal resources. The agency ensures a continuing focus on rural issues, recommends solutions to problems affecting rural Texas, and works to strengthen rural communities so that they remain contributors to the prosperity of the state.

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.

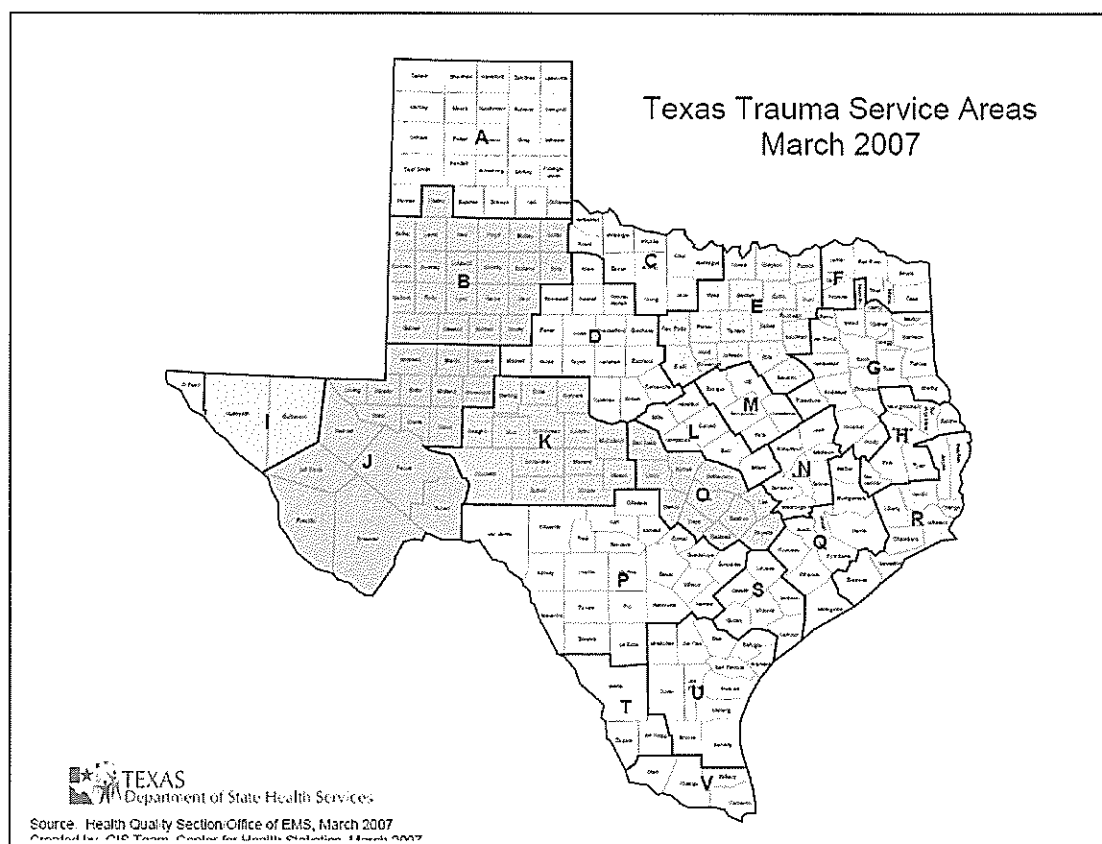
American Heart Association (AHA) Their mission is to build healthier lives, free of cardiovascular diseases and stroke. That single purpose drives all we do. The need for our work is beyond question. The American Heart Association is divided physically into the National Center (located in Dallas, Texas) and eight affiliate offices that cover the United States and Puerto Rico.

Other private and governmental organizations that have played key roles over the years include, but are not limited to: Texas Association of Counties, Texas Municipal League, Texas Association of Regional Councils, Texas Division of Emergency Management, Texas Fire Marshal's Association, Texas EMS Association of Texas, Texas Academy of Family Physicians, Texas Higher Education Coordinating Board, Texas Nursing Association, Texas Orthopedics Association, Texas Pediatrics Society, etc.

One of the first issues addressed was the fact that it would be very difficult to design and run such a system from Austin. Resource availability varies widely across the state and what would work in Amarillo might not work in Houston. The next issue was the question as to who could best develop and implement a regional system. It was decided that there needed to be an organization at the regional level to bring the "players" together to accomplish this task. Local input and "buy-in" would be critical to the

success of a voluntary system. That organization was given the name “Regional Advisory Council” (RAC).

EMS/Trauma rules were proposed on August 24, 1991. The Texas Board of Health adopted the first trauma system rules in January 25, 1992. The rules established procedures and standards for the implementation of a comprehensive statewide EMS/trauma system. These rules divided the state into twenty-two regions called trauma service areas (TSAs), provided for the formation of a regional advisory council (RAC) in each region to develop and implement a regional trauma system plan, delineated the trauma facility designation process, and provided for the development of a state trauma registry. Section 773.112 (b) in the enacting legislation



states: “the rules must ensure that the trauma care is fully coordinated with all hospitals and emergency medical services in the delivery area, and must reflect the geographic areas of the state, considering time and distance.”

System development activities around the state clearly demonstrated on-going positive support for this project. A RAC was established in all of the 22 TSAs. All RACs had

their regional trauma system plans approved. Additionally, over 190 hospitals were designated as trauma facilities. Much of this activity occurred despite the fact that there was no state funding available for either system development or uncompensated trauma care until fiscal year 1998.

Each RAC consists of local citizens dedicated and energetic in their commitment to their own trauma system plan. By rule: 25 TAC §157.123(c), “A RAC is an organized group of health care entities and concerned citizens who share an interest in improving and organizing EMS/trauma care within a specific Trauma Service Area (TSA). RAC membership shall include hospitals, EMS providers, first responder organizations, physicians, nurses, EMS personnel, rehabilitation facilities, as well as concerned citizens and community groups.” Each RAC has bylaws that define the structure of their organization. The bylaws must ensure that all entities that care for trauma patients have an opportunity to participate. No two organizations are exactly alike because of the differences in number of potential participants and local organizational needs.

### GETAC

In 1999, Chapter 773 of the Health and Safety Code was amended to create a governor – appointed EMS and trauma advisory group named the Governor’s EMS/Trauma Advisory Council (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

The Department pressed forward with the establishment of the system statewide. A task force, appointed by the State Commissioner of Health, produced a strategic plan for trauma system development in December of 2002. See attachment (1.0). *A Strategic Plan for the Texas EMS and Trauma System*. The Bureau was reorganized to emphasize

the importance of the Trauma Program. Bureau staff provided information and technical assistance to all requesting entities.

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

### 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 (1.1) *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.

**Who is not currently involved but should be part of your coalition?))?**

The stakeholders not currently involved in the coalition would be those related to rehabilitation.

**a. What is the role of the coalition members (constituents and stakeholders) in promoting trauma system development?**

Coalition members from around the state can also be appointed to the council or the committees of the Governor's EMS and Trauma Advisory Council (GETAC). See attachment (1a.0) *Governor's EMS and Trauma Advisory Council and Committees*. And attachment (1a.1) *Governor's EMS and Trauma Advisory Council Procedural Rules: 02/03/2006*. The 15-members of the GETEAC council are appointed to their positions by the governor's office. Committee chairs are appointed by the GETAC Chair and committee members are appointed by the GETAC Chair in consultation with the Committee Chair. GETAC advises on rules, but does not have the authority to establish rules. Texas Department of State Health Services (DSHS) has the statutory authority to establish rules and regulations for the development of the state EMS/Trauma System.

Coalition members can provide advisory, leadership and data input to their regional RAC by participation in standing committees and through their votes in general membership meetings, according to the bylaws of that particular RAC. Definition of the committees, elections of Committee Chairs and Board of Directors or Executive Committee, succession rules, requirements for voting and proxies are all driven by each RAC's bylaws and approved by vote of the General Membership.

Texas Administrative Code, TITLE 25, RULE §157.123 (1)(A)(i) All health care entities who care for trauma patients should be offered membership on the RAC. RACs shall be operated in a manner that **maximizes inclusion of their constituents** and ensures membership approval of "participation requirements".

Each RAC has committees that are responsible for certain areas of operation and include a sampling such as: Executive, System Development, Hospital Care & Management, Finance, Budget & Bylaws, Professional Development, Public Education, Regional Registry/Data Collection, Cardiac Care, Pediatrics, Pre-Hospital Care & Transportation, Air Medical, Medical Direction, Performance Improvement, and Injury Prevention. Each committee, consisting of experts in their region, is responsible for assisting facilities and entities to design and implement programs specific to the needs of their particular region.

**b. What is the method and frequency for communicating with coalition members?**

The EMS Trauma Systems office utilizes the following to educate, inform coalition members.

- 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 and has a subscription number of over 2,300 statewide. 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.

The Texas EMS and Trauma Webpage: The EMS and Trauma Systems home page of the contains regular updates including meeting information, handouts, important documents about Trauma System Development, RACs, Designation, Injury Prevention, EMS Certification and Licensure, Trauma Designation and much more. See the page at:  
<http://www.dshs.state.tx.us/emstraumasystems/etrauma.shtm>.

Texas EMS Conference Home Page

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.

Texas Administrative Code, TITLE 25, RULE §157.123, describes requirements for inclusion, participation and communication. This document is included in an on-site manual of Statutory Authority and is the attached graphic included in the rule: Figure: 25 TAC §157.123(c), commonly referred to as the “Essential Criteria”.

RAC leadership bears the most responsibility for communicating to their coalition members. Every RAC has a website. Most post contact information, meeting notices, calendars, meeting agendas, committee meeting minutes, important documents like Regional Trauma Plans, Bylaws, Protocols, Presentations, Publications, and some, Best Practices. In addition, each RAC maintains an email distribution list of their membership and maintains daily email communication between staff, membership and state contacts. See links below for websites:

<http://www.panhandlerac.com/>  
<http://www.b-rac.org/>  
<http://www.ntrac.org/>  
<http://www.bigcountryrac.org/>  
<http://www.ncttrac.org/>  
<http://www.netrac.org/>  
<http://www.texas-trauma.com/>  
<http://www.detrac.org/>  
<http://www.borderrac.org/>  
<http://www.texasjrac.org/index.htm>  
<http://cvrac.org/index.php>  
<http://www.tsa-1.com/>  
<http://www.heartoftexasrac.org/>  
<http://www.bvrac.com/>  
<http://www.catrac.org/>  
<http://www.strac.org/index.shtml>  
<http://www.settrac.org/>  
<http://www.rac-r.com/>  
<http://www.gcrac.org/>  
<http://www.cbrac.org/wiki/CBRAC/HomePage>  
<http://www.tsav.org/>

## **2. Describe how the trauma system leadership mobilizes community partners to improve the trauma system through effective communication and collaboration.**

Trauma system leadership (DSHS) mobilizes community partners (RACs) to improve the trauma system through effective communication and collaboration with funding streams

available from, and directives given by statute, rule, and contracts. DSHS staff from multiple divisions are available for technical assistance and guidance by phone, email and in person, on a daily basis, as requested, or as required for contract monitoring. RACs are expected, by rule, to attend each of the DSHS Office of EMS/Trauma Systems (OEMS/TS) quarterly RAC Chairs meetings held in conjunction with the quarterly meetings of the Governor's EMS and Trauma Advisory Council (GETAC).

**a. How has the community been approached to identify injury control concerns?**

Injury control is a multi-agency concern. At a minimum, the community has been approached by Department of State Health Service (DSHS), Department of Family & Protective Services (DFPS), Department of Public Safety (DPS), Department of Transportation (DOT), Texas Parks & Wildlife, and the Health & Human Services (HHSC) Office of Acquired Brain Injury. From the perspective of the DSHS Office of EMS/Trauma Systems Coordination, injury control is the ultimate outcome of our reason for being: to develop and implement a statewide emergency medical services (EMS) and trauma care system, designate trauma facilities, and develop a trauma registry to monitor the system and provide statewide cost and epidemiological statistics. To ensure that critical trauma victims reach definitive care within a short period of time, a set of resources, consisting of informed citizens, communications systems, pre-hospital providers, and multidisciplinary trauma teams in emergency departments must be in place. With the inclusion of public information, prevention activities, and rehabilitation this coordination of resources is called a trauma system.

Rules include requirements for EMS and hospital participation in regional trauma system development, development of regional system plans and submission of data to the state registry. Reports are available through a variety of sources, from the analysis of e-codes of a particular facility, EMS run data, to regional and state registries, along with other data sources from county governments and other government agencies that collect injury data.

See the Injury Epidemiology and EMS/Trauma Registry Group report below: [Top 5 Causes of Injury Hospitalization by TSA](#) (PDF 143 KB) also included as attachment (2a.0) *Top 5 Reported Causes of Injury-2007 Hospital EMS Registry Data*.

The top 4 causes for injury by trauma service area (TSA-RAC) were the same: "Falls", "Motor Vehicle", "Intentional-Assault" and "Other Transportation". The category for "Other Transportation" includes non-traffic motor vehicle like those used in recreational or sporting activities off the highway, other road non-motorized vehicles like pedal cyclist, animal drawn vehicle, animal collision, streetcar, water transportation and railway. The top 5<sup>th</sup> reason varied by RAC Trauma Service Area and included: "Struck By/Against", "Fire/Burn", "Natural/Environmental" and "Other Pedestrian".

Rules also include requirements for RACs to do annual needs assessments and to have regional performance improvement (PI) and regional injury prevention programs in place. Education and training is conducted to meet the needs identified in the annual needs assessment and/or in performance improvement activities.

**b. What key problems has the community identified?**

One key problem identified by the community is the development of a working state registry. Prior to July, 2007, the TRAC-IT registry was found to have suffered significant performance deficiencies. These deficiencies, including significant downtime, non-working reporting tools, and limited functionality to support user needs, have resulted in a tenuous relationship between the stakeholder groups and DSHS. As part of an effort to improve the state registry, DSHS engaged MTG Management Consultants to assess its current registry system and support recommendations for a new registry system. The MTG report was completed September 30, 2009. See attachment (2b.0) *MTG Executive Summary*. The complete MTG Report will be available on-site for review. A DSHS and stakeholder Registry Solutions Work Group was established to improve communications and understanding of stakeholder needs and issues. See attachment (2b.1) *Members of the Registry Solutions Workgroup*. This work group provided input into the development of an RFP.

TETAF has continued to explore solutions to the registry issues with stakeholders. One RAC, North Central Texas RAC E, established their own regional registry late in 2009 and has provided training to their membership in the early weeks of 2010. Other RACs have plans to forge ahead with their own regional registries.

Another key problem identified by the community was to make sure the inclusion of pediatrics was studied through every phase of EMS and trauma systems development. The GETAC Pediatric Committee has been a strong advocate and liaison with other GETAC Committees to ensure pediatrics is considered. 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.

Another key problem identified by TETAF and DSHS is the need to develop a trauma systems performance improvement plan. In the past the issue has been addressed legislatively through requirements for the RACs, see attachment (2b.2) *Figure: 25 TAC §157.123(c)*, through designation of facilities, and through contract management and monitoring. These efforts have resulted with the assurance that essential criteria are in place, but to the extent of measuring quality assurance indicators, using data to drive decision-making processes, program evaluation and improvement efforts vary widely across the state. Currently, there is no GETAC QA Committee and no statewide QA system in place. Preliminary efforts are underway through TETAF, DSHS, and GETAC to discuss the issue, develop components of the system that need to be monitored, and decide on next steps.

A long-term problem identified in 2001, and still needing attention are the issues of rural and frontier health care providers. The 2002 publication of “A Strategic Plan for the Texas EMS/Trauma System” document, see attachment (2b.3) *A Strategic Plan*, still leaves a significant number of objectives to accomplish. Issues of distance to care, recruitment of health care professionals, loss of legislative representation of rural areas due to redistricting, a state law that bans hospitals from hiring doctors, rule changes from state medical regulatory boards that are unworkable in rural clinics and hospitals, economic hardships of keeping rural and frontier hospitals and EMS providers financially viable, and a high, transient, pass through population along major interstate highways have all been identified. Please see the following four part articles published January 4-7, 2010, in *The Texas Tribune* by Emily Ramshaw attachment (2b.4) *The Texas Tribune-Four Part Rural Health Care*, or by links at:

<http://www.texastribune.org/stories/2010/jan/04/no-country-health-care-part-1-far-care/>

<http://www.texastribune.org/stories/2010/jan/05/no-country-health-care-part-2-trauma-hole/>

<http://www.texastribune.org/stories/2010/jan/06/no-country-health-care-part-3-shrinking-rural-ranks/>

<http://www.texastribune.org/stories/2010/jan/07/no-country-health-care-part-4-rural-recruitment/>

**c. How do stakeholders bring system challenges or deficiencies to the attention of the lead agency?**

Stakeholders are very vocal and have no problems bringing system challenges or deficiencies to the attention of the lead agency. They do that in a number of ways: through daily phone call and emails to lead agency staff, and by representation and participation contributing to their regional RAC committees, and state GETAC and TETAf committees. Stakeholders also have opportunities for input in rule changes, as they open for revision, as documented in the Section 2: Trauma System Policy Development: Statutory Authority and Administrative Rules.

**Documentation Required**

Before site visit:

- ✓ **A list of organizations represented for trauma system planning or injury control (for example, multidisciplinary state advisory committee, subcommittees, and other groups supporting trauma system development)**

See attachments (BSV.0a) *Governor's EMS and Trauma Advisory Council and Committees*, attachment (BSV.0b) *RAC Contact list*, attachment (BSV.0c) *RAC Contacts Email Distribution List*.

On-site:

- ✓ **A list of all coalition members, and identify organizations representing special populations (for example, children and people who are elderly, need rehabilitation, or are disabled)**
  
- ✓ **Two or three different types of communication to constituencies or the trauma system coalition (for example, notice of planning meetings, newsletter, activity report, coalition updates, or media message).**