

## **Statutory Authority and Administrative Rules**

### **Texas Department of State Health Services**

### **Texas EMS Trauma Systems Coordination**

The first Texas legislation regulating ambulances and emergency medical services personnel was enacted in 1943 (Vernon's Civil Statutes, 4590b), and several iterations occurred (1973 – VCS 4447o, 1983 – VCS 4447o amended) until the Health and Safety Code (HSC) was established in 1989. In 1989, under Chapter 773 of the HSC, the Texas Department of Health was established as the lead agency to implement emergency medical services and trauma care systems in Texas. Chapter 773 of the Health and Safety Code was amended in each legislative session since its establishment in 1989.

Texas Administrative Code (TAC) rules address emergency medical services and trauma systems under Title 25, Chapter 157, Government Code §2001.039 requires the department to review all rules every four years. The EMS Trauma Systems Coordination Office maintains 31 separate sections of Chapter 157 rules under the DSHS rulemaking process and according to an ongoing review schedule.

A reorganization of the agency took place in 2004 as a result of 2003 legislation (HB 2292) which realigned 12 health and human services agencies by consolidating similar functions within 5 agencies. Our agency name changed from the Texas Department of Health to the Texas Department of State Health Services. The regulatory programs within the agency were reorganized into functional components. The Bureau of Emergency Management was dissolved and its components became part of the Regulatory Division subcategories of sections, units and groups.

In the statute and administrative code rules, referrals to the agency, bureau, administrative leadership and operational office may be assumed to have changed as follows.

- Texas Department of Health (department) – Texas Department of State Health Services (DSHS or department)
- Texas Board of Health (board) – State Health Services Council
- Bureau of Emergency Management (bureau) – EMS Trauma Systems Coordination Office

#### **1. Describe how the current statutes and regulations allow the state or region to:**

##### **a. Develop, plan, and implement the trauma system**

The department has statutory authority to develop, plan and implement trauma care through the Health and Safety Code which authorizes:

- The governor to appoint an advisory council to advise the department related to the responsibilities of the department under this chapter. It directs the advisory council to develop a strategic plan for refining the educational requirements for certification and maintaining certification as emergency medical services personnel; and developing emergency medical services and trauma care systems. (§773.012)
- The department to improve the quality of emergency and medical care to the people of Texas who are victims of unintentional, life-threatening injuries by

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encouraging hospitals to provide trauma care and increasing the availability of emergency medical services (§773.111)

- The department to adopt minimum standards and objectives to implement emergency medical services and trauma care systems. (§773.112)
- The Department of State Health Services as the state agency designated to develop state plans required for participation in federal programs involving emergency medical services. The office may receive and disburse available federal funds to implement the service programs. (§773.024)

Texas Administrative Code rules authorize the department to address planning and implementation of the system, including:

- Geographic divisions of Trauma Service Areas across the state. (§157.122)
- Establishment of Regional Advisory Councils (RACs). (§157.123)
- Determination of allocations and eligibility for funding through a designated trauma facility and emergency medical services account. (§157.131)

The following excerpt from the RAC Operational Guidelines provides an overview of development and implementation.

- The purpose of a Regional Advisory Council (RAC) is to develop, implement and monitor a regional emergency medical services (EMS) trauma system plan to facilitate trauma system networking within its TSA or group of TSAs. A RAC is an organized group of healthcare entities and other concerned citizens who have an interest in improving and organizing trauma care within a specified Trauma Service Area (TSA). RAC membership may include hospitals, physicians, nurses, EMS providers, rehabilitation facilities, dispatchers, as well as other community groups.
- The trauma system rules were initially adopted by the Texas Board of Health in accordance with Senate Bill 530, Health & Safety Code, Chapter 773 (Emergency Medical Services), whereby the state was divided into twenty-two regions called Trauma Service Areas (Texas Administrative Code Rule §157.122), provided for the formation of a Regional Advisory Council (Texas Administrative Code Rule §157.123). In each area, a regional trauma system plan was developed and implemented. Rules delineated the trauma facility designation process (§157.125) and provided for the development of a state trauma registry (25 TAC, Chapter 103). A Regional Advisory Council, an organization of healthcare entities and individuals such as hospitals, physicians, nurses, EMS providers and other individuals interested in trauma care and injury prevention thus provides a vital link in implementing the regional trauma system plan.
- The functions of Regional Advisory Councils (RAC) were to develop and implement a regional EMS/trauma system plan, provide public information and education about prevention of trauma and a trauma system, provide a forum for EMS providers and hospitals to address trauma service area issues, network with other regional advisory councils, and document and report trauma system data that meets trauma service criterion.

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- The EMS Trauma System Plan was written in 1992 to assist each RAC with its organizational development. The updated version includes explanations of plan components and checklists of items that should be considered for incorporation into regional plans.
- The EMS Trauma System Account Report of 2001 describes the development and implementation of the account and utilization of funds by the receiving entities.

#### **b. monitor and enforce rules**

Directives within the Health and Safety Code statute call for:

- The department, by rule, is to provide for the designation of trauma facilities and for triage, transfer, and transportation policies. The department is to consider guidelines adopted by the American College of Surgeons and the American College of Emergency Physicians in adopting rules under this section. (§773.112) Triage, transfer and transportation policies are agreed upon at the RAC level for all facilities in the region. The agreed upon trauma protocols are consistent with CDC trauma protocols (see CDC Injury Response).
- The rules to provide specific requirements for the care of trauma patients, 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. (§773.112)
  - The rules must include:
    - prehospital care management guidelines for triage and transportation of trauma patients;
    - flow patterns of trauma patients and geographic boundaries regarding trauma patients;
    - assurances that trauma facilities will provide quality care to trauma patients referred to the facilities;
    - minimum requirements for resources and equipment needed by a trauma facility to treat trauma patients;
    - standards for the availability and qualifications of the health care personnel, including physicians and surgeons, treating trauma patients within a facility;
    - requirements for data collection, including trauma incidence reporting, system operation, and patient outcome;
    - requirements for periodic performance evaluation of the system and its components; and
    - assurances that designated trauma facilities will not refuse to accept the transfer of a trauma patient from another facility solely because of the person's inability to pay for services or because of the person's age, sex, race, religion, or national origin.
- That the department may deny, suspend, or revoke a health care facility's designation as a trauma facility if the facility fails to comply with the rules adopted under this subchapter. (§773.117)

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The statute (§773.050) establishes minimum standards for emergency medical services:

- Staffing of EMS vehicles
- Certification and performance (including disciplinary actions)
- Training course approval
- Provider (entity) and vehicle licensing

For a violation of this chapter or a rule adopted under this chapter, the department is authorized to revoke, suspend, or refuse to renew a emergency medical services provider or personnel, provider license or certificate of or shall reprimand:

- emergency medical services personnel;
- a program instructor, examiner, or course coordinator; and
- an emergency medical services provider license holder. (§773.061)

The department is authorized to issue an emergency order to suspend a certificate or license issued under this chapter if the department has reasonable cause to believe that the conduct of any certificate or license holder creates an imminent danger to the public health or safety. (§773.062)

Administrative Code rules for trauma designation, regional EMS / trauma systems (25 TAC, Chapter 157, Subchapter G), EMS certification, training (25 TAC, Chapter 157, Subchapter C), provider licensing (25 TAC, Chapter 157, Subchapter B) were developed and adopted according to the statutory directives.

Trauma facility rule enforcement may also occur indirectly through audits (see Level III and Level IV audit filters) and grant contract enforcement (§773.119). The Regional Trauma Account, a designated trauma facility and EMS account (an endowment originally funded through a tobacco suit settlement), provides funding to be distributed to Regional Advisory Councils (RACs). Eligibility for funding is based on RAC participation and rule compliance, therefore is a significant factor in the enforcement of rules.

The following rule excerpts mandate that RAC participation requirements appear in the RAC bylaws and highlights participation requirements listed among the essential criteria for designation. (25 TAC, §157.123)

- 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";
  - have documented evidence that participation guidelines have been discussed and affirmed by vote of the entire RAC voting membership;
  - have clear definitions of participation guidelines in the organization's by-laws and/or other official RAC files;
  - have documentation that participation guidelines have been communicated to EMS providers and hospitals, regardless of past participation history;

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- have documented attendance records;
- have consistency in the annual participation reporting period;
- send participation "progress reports" to EMS providers and hospitals at some period during the reporting year;
- send participation requirements "non-compliance" letters to appropriate EMS providers and hospitals at end of reporting year;
- Approval of the completed plan may qualify health care entities participating in the system to receive state funding for trauma care if funding is available.  
(b)(2)(C))
- Following implementation of the plan, the bureau shall recommend to the commissioner of health (commissioner) the designation of a regional EMS/trauma system if the applicant RAC meets or exceeds the current Texas EMS/trauma systems essential criteria; actively participates at the bureau's quarterly RAC Chairs meetings; and submits data as requested. (b)(3)(B))
- The bureau's analysis of submitted application materials, which may result in recommendations for corrective action when deficiencies are noted, shall include a review of: (b)(3)(B))
- Evidence of participation at the bureau's quarterly RAC Chairs meetings;  
(b)(3)(D)(i))
- RAC System Criteria – Essential criteria ((c))
  - Bylaws: The following criteria must be addressed in the RAC bylaws or other official RAC documents.
  - Member participation requirements are clearly defined.
  - All entities caring for trauma patients are encouraged to attend RAC meetings and actively participate.

**c. designate the lead agency**

The statute directs the department to:

- develop and monitor a statewide emergency medical services and trauma care system;
- designate trauma facilities;
- develop and maintain a trauma reporting and analysis system to:
  - identify severely injured trauma patients at each health care facility in this state;
  - identify the total amount of uncompensated trauma care expenditures made each fiscal year by each health care facility in this state; and
  - monitor trauma patient care in each health care facility, including each designated trauma center, in emergency medical services and trauma care systems in this state; and
- provide for coordination and cooperation between this state and any other state with which this state shares a standard metropolitan statistical area. (§773.113)

**d. collect and protect confidential data**

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Collection and protection of confidential data is specifically addressed in the statute (§773.091) as follows.

- A communication between certified emergency medical services personnel or a physician providing medical supervision and a patient that is made in the course of providing emergency medical services to the patient is confidential and privileged and may not be disclosed except as provided by this chapter.
- Records of the identity, evaluation, or treatment of a patient by emergency medical services personnel or by a physician providing medical supervision that are created by the emergency medical services personnel or physician or maintained by an emergency medical services provider are confidential and privileged and may not be disclosed except as provided by this chapter.
- Any person who receives information from confidential communications or records as described by this chapter, other than a person listed in Section 773.092 who is acting on the survivor's behalf, may not disclose the information except to the extent that disclosure is consistent with the authorized purposes for which the information was obtained.
- This subchapter governs confidential communications or records concerning a patient regardless of when the patient received the services of emergency medical services personnel or a physician providing medical supervision.

The statute mandates that through rule, the requirements are set for data collection, including trauma incidence reporting, system operation, and patient outcome. (§773.112)

The Texas Administrative Code rules address the department's authority and responsibilities regarding confidential data as follows.

- The site survey report in its entirety shall be part of a facility's performance improvement program and subject to confidentiality as articulated in the Health and Safety Code, §773.095. (§157.125)
- The office shall have the right to review, inspect, evaluate, and audit all trauma patient records, trauma performance improvement committee minutes, and other documents relevant to trauma care in any designated trauma facility or applicant/healthcare facility at any time to verify compliance with the statute and this rule, including the designation criteria. The office shall maintain confidentiality of such records to the extent authorized by the Texas Public Information Act, Government Code, Chapter 552, and consistent with current laws and regulations related to the Health Insurance Portability and Accountability Act of 1996. Such inspections shall be scheduled by the office when deemed appropriate. The office shall provide a copy of the survey report, for surveys conducted by or contracted for the department, and the results to the healthcare facility.

Administrative code rules require licensed hospitals and EMS providers to report data to the EMS/Trauma Registry under 25 TAC, §157.11(m) and §157.125(s). Injury

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Prevention and Control program injury reporting rules, 25 TAC, §103.1 – §103.8 list the reportable injuries, identify who shall report and detail reporting requirements.

**e. protect confidentiality of the quality improvement process**

Confidentiality of the quality improvement process is addressed under §773.095 of the statute, as written in the following excerpt.

- The proceedings and records of organized committees of hospitals, medical societies, emergency medical services providers, emergency medical services and trauma care systems, or first responder organizations relating to the review, evaluation, or improvement of an emergency medical services provider, a first responder organization, an emergency medical services and trauma care system, or emergency medical services personnel are confidential and not subject to disclosure by court subpoena or otherwise.
- The records and proceedings may be used by the committee and the committee members only in the exercise of proper committee functions.

The Texas Administrative Code rules listed under question d. above, and in the following excerpt address the department’s authority and responsibilities regarding data made confidential through the quality improvement process.

- The department “shall have the right to review, inspect, evaluate, and audit all RAC performance improvement committee minutes and other documents relevant to trauma care in any designated regional EMS/trauma system at any time to verify compliance with the statute and these rules, including the designation criteria. The bureau shall maintain confidentiality of such records to the extent authorized by the Public Information Act, (Government Code, Chapter 552), the Texas Health and Safety Code, Chapter 773 and/or any other relevant confidentiality law or regulation. Such inspections shall be scheduled by the bureau when appropriate.” (§157.123)

**2. Describe the process by which trauma system policies and procedures are developed or updated to manage the system including:**

**a. the adoption of standards of care**

The standard of care is defined in Texas Administrative Code (25 TAC, §157.2) as “care equivalent to what any reasonable, prudent person of like certification level would have given in a similar situation, based on local or regionally adopted standard emergency medical services curricula as adopted by reference in §157.32 of this title (relating to Emergency Medical Services Training and Course Approval).”

The Texas trauma systems structure does not include a single state medical director, does not impose an official state protocol or prescribe a sample state protocol.

According to HSC §773.114, each emergency medical services and trauma care system must have:

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- local or regional medical control for all field care and transportation, consistent with geographic and current communications capability;
- triage, transport, and transfer protocols; and
- one or more hospitals categorized according to trauma care capabilities using standards adopted by board rule.

The authority for physicians to delegate medical acts to properly qualified personnel is provided by §153.003 of the Occupations Code, and applies to emergency care provided by emergency medical personnel certified by the Texas Department of State Health Services.

#### **DSHS Rulemaking Process**

A consolidated rulemaking project developed a rulemaking process, in accordance with provisions of House Bill 2292, 78th Legislature, 2003, which requires the Executive Commissioner of the Health and Human Services Commission to propose and adopt all health and human services agency rules. The process requires that the State Health Services Council (SHSC) for DSHS serve as a vehicle for public input in the rulemaking process and make recommendations to the Executive Commissioner before the proposed rules are published in the *Texas Register*. The process also incorporates that advisory committees must also review rules if required by law. The committees shall take public testimony and will make recommendations to the Executive Commissioner.

After publication of the proposed rules in the *Texas Register* and at least a 30-day comment period, the rules are sent back to the Executive Commissioner to request approval to adopt the proposed rules in order to publish the adopted rules in the *Texas Register*.

#### **General rulemaking information:**

- a flow chart explains the deliberate HHSC rulemaking process;
- a 4-year rules review plan is required by Government Code, §2001.039 (see EMS/Trauma Systems Coordination rule schedule); and
- an overview of the EMS/Trauma Systems Office rule work plan is provided to help stakeholders follow the process;
- Council Dates and Time Lines provide insight into the rulemaking detail outside of our program.

#### **b. designation or verification of trauma centers**

As addressed in 1.b. above, the statute (§773.112) (§773.113) (§773.115) authorizes designation of trauma centers through rule, specifically Texas Administrative Code §157.125. The rule sets standards or calls for the accomplishment of the following.

- Authorizes the EMS Trauma Systems Office to recommend designation to the Commissioner of the Department of State Health Services (commissioner).
- Defines a healthcare facility.
- Describes the three phases of designation.

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- Sets the standards for initial designation application and authorizes the department to deny designation for failure to meet requirements.
- Sets the standards for application for re-designation and calls for designation expiration upon failure to meet application requirements.
- Describes the review process following completed application for designation, level determination, and the process for appeal.
- Describes the survey process, including:
  - The survey team composition.
  - The survey team's evaluation process.
  - The site survey report and facility's performance improvement program.
  - The surveyors' survey evaluation report and recommendations.
- Directs the office to review the findings of the survey report for compliance with trauma facility criteria.
- Establishes the right of the facility to withdraw its application.
- Authorizes the commissioner to designate the facility.
- The process necessary for redesignation upon expiration.
- Lists the designated trauma facility's requirements for designation compliance, commitment of appropriate resources, data submission participation, notification of air medical changes or designation requirements compliance or level changes.
- Measures to define and track the trauma patient population evaluated at the facility and/or at each of its locations.
- Defines when a healthcare facility may not use the trauma designation terminology in its signs or advertisements, etc.
- Authorizes the department to review, inspect, evaluate, and audit all trauma patient documentation at any time to verify compliance with the statute and this rule.
- Authorizes the department to grant an exception to this section if appropriate.
- Documents detailed trauma facility designation criteria, standards and audit filters for Level III and IV.

**c. direct patient flow on the basis of designation**

HSC §773.112 mandates that the administrative code rules include:

- prehospital care management guidelines for triage and transportation of trauma patients;
- flow patterns of trauma patients and geographic boundaries regarding trauma patients;
- assurances that trauma facilities will provide quality care to trauma patients referred to the facilities;
- minimum requirements for resources and equipment needed by a trauma facility to treat trauma patients;

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- requirements for periodic performance evaluation of the system and its components; and
- assurances that designated trauma facilities will not refuse to accept the transfer of a trauma patient from another facility solely because of the person's inability to pay for services or because of the person's age, sex, race, religion, or national origin.

Texas Administrative Code rules set criteria for Regional EMS Trauma Systems under §157.123.

RAC Operational Guidelines are recommended, and outline core components for developing RAC protocols to direct patient flow according to designation, which include:

#### *Pre-hospital Triage Criteria*

- Transport protocols and times
- Provider(s) notification

All pre-hospital triage and transport protocols used within a TSA should be reviewed and evaluated. When possible, a uniform triage protocol should be adopted. This may not be possible for all TSAs due to differences in terrain, hospital distance, response time, etc. There may be an EMS provider that responds to call and transports patients between bordering TSAs. These services should be actively involved in discussions or meetings concerning pre-hospital triage protocols as they will be directly affected.

#### *Diversion Policies & Bypass Protocols*

- Written acceptance, or intent to accept by a specified date, by area hospitals
- Written acceptance by trauma facilities in the TSA
- Providers notification
- Hospital acceptance or intent to accept by a specified date

The RAC should have a copy of the diversion policy used by the trauma facilities within its TSA. Each trauma facility should include in its diversion policy the situations which require the facility to go on diversion; the notification procedure to activate the policy; and the procedure to terminate the diversion policy. Diversion criteria within the TSA should be uniform. Problems associated with diversion should be monitored.

The fundamental principle of the EMS/trauma system is getting the trauma patient to the right hospital in the right amount of time. Ideally, trauma patients are transported to a trauma facility capable of providing the appropriate level of care, especially high-risk patients. Patients who receive definitive care within the "golden hour" have an increased chance for survival and recovery. In developing bypass protocols, evaluation of available resources in all areas of the TSA must be made.

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Trauma facilities of all sizes and levels are important; each contributes to the system. The number and location of the trauma facilities within the TSA must be considered when developing bypass protocols. Evaluate each facility's level of care; some may not be prepared to manage major trauma patients.

RAC Operational Guidelines are not statutory or required by administrative code rules.

**d. data collection**

The statute directs the department, by rule, to adopt minimum standards and objectives to implement emergency medical services and trauma care systems, and specifically is to include requirements for data collection, including trauma incidence reporting, system operation, and patient outcome. (§773.112)

The administrative code rules for designation (25 TAC, §157.125(a)) at each level require data collection and submission to the Texas EMS/Trauma Registry.

**e. system evaluation**

The department is authorized by to develop performance measures for regional advisory councils in trauma service areas to:

- promote the provision of a minimum level of emergency medical services in a trauma service area in accordance with the rules adopted under Section 773.112;
- promote the provision of quality care and service by the emergency medical services and trauma care system in accordance with the rules adopted under Section 773.112; and
- maximize the accuracy of information provided by a regional advisory council to the department for increased council effectiveness. (§773.1135)

Each emergency medical services and trauma care system must have:

- local or regional medical control for all field care and transportation, consistent with geographic and current communications capability;
- triage, transport, and transfer protocols; and
- one or more hospitals categorized according to trauma care capabilities using standards adopted by board rule. (§773.114)

Regional EMS / Trauma Systems administrative code rules provide further authorization as follows.

- The department “shall have the right to review, inspect, evaluate, and audit all RAC performance improvement committee minutes and other documents relevant to trauma care in any designated regional EMS/trauma system at any time to verify compliance with the statute and these rules, including the designation criteria. The bureau shall maintain confidentiality of such records to the extent authorized by the Public Information Act, (Government Code, Chapter 552), the Texas Health and Safety Code, Chapter 773 and/or any other relevant

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confidentiality law or regulation. Such inspections shall be scheduled by the bureau when appropriate.” (§157.123)

**3. Within the context of statutes and regulation, describe how injury prevention, EMS, public health, the needs of special populations, and emergency management are integrated or coordinated within the trauma system.**

The definition of an EMS Trauma System in HSC §773.003 describes an arrangement of available resources that are coordinated for the effective delivery of emergency health care services in geographical regions consistent with planning and management standards. GETAC, the multidisciplinary trauma system advisory committee, is required to develop a strategic plan in HSC §773.012. HSC sections §773.021 and §773.023 require the EMS/Trauma Systems Coordination Office to develop a state plan that includes comprehensive emergency radio communications and coordinated area plans for the various public service agencies and federal programs related to emergency medical service delivery.

Administrative Code rule §157.123 for the development of Regional EMS Trauma Systems (RACs), then calls for each RAC to develop a systems plan based on standard guidelines for comprehensive system development, including the following components:

- injury prevention;
- access to the system;
- communications;
- medical oversight;
- pre-hospital triage criteria;
- diversion policies;
- bypass protocols;
- regional medical control;
- regional trauma treatment guidelines;
- facility triage criteria;
- inter-hospital transfers;
- planning for the designation of trauma facilities, including the identification of the lead facility(ies); and
- regional guidelines for disaster preparedness; and
- a performance improvement program that evaluates processes and outcomes from a system perspective

Upon completion of the planning, implementation phases, RACs are formally designated through a thorough application and survey process.

Supplemental guidelines were developed to assist each RAC in the development of a regional EMS/Trauma System Plan for their Trauma Service Area (TSA).

**Guidelines for Organizing an EMS/Trauma System Plan**

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A completed EMS/Trauma System Plan should integrate all components of the trauma care system within the TSA. Once complete, the plan should follow the continuum of care, provide a template for regional trauma system development, and should be used to guide the most appropriate use of regional resources. A coordinated approach to intervention and treatment is required to ensure that the special needs of trauma patients are met throughout the continuum of care.

A format to be considered for each component should consist of: objectives, needs analysis (resources available and/or shortfalls), work in progress, work being planned, and long term goals. Following are some issues that should receive strong consideration when compiling regional resources and planning:

- System Access
  - “9-1-1” or single access telephone number availability
  - Backup or emergency systems
  - First responder availability
  - Public education regarding resources and accessing help
  
- Communications
  - Communications/dispatch centers and level of resources (i.e. EMD)
  - Communications constraints (i.e. lack of equipment, distance, terrain, etc.)
  - Contact information for each center including radio frequencies
  - Training for area communication personnel
  - Response times
  - Communications for multi-agency scenes
  
- Medical Oversight - Note, it has been identified that this is not necessarily a stand-alone component, but an important aspect of all aspects of RAC planning, implementation, and evaluation. It may be more appropriate to address medical oversight in a portion of other components where physician oversight is essential. Representation from appropriate specialties should be found throughout the regional trauma system plan.
  - Standardization of policies and procedures at all levels of health care (including treatment, triage, bypass, diversion, etc)
  - Documentation
  - “Scene” times (both pre-hospital and regarding inter-facility transfers)
  - Quality assurance/feedback/dispute resolution
  - Education/training
  - Physician advisory board
  
- Prehospital Triage Criteria
  - Note, it may be appropriate to combine this with the bypass component
  - Classification of patients by severity (physiological, mechanism, co-morbid factors, etc.)

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- Consider using similar, if not identical, classification criteria for both prehospital and facility triage of patients
- Accounting for time and distance to available levels of trauma care facilities
- Acknowledgment of level of prehospital care provider available (including air medical transport)
- Trauma team notification/activation
  
- **Diversion Policies**
  - Instances when diversion may be appropriate
  - Diversion status termination or over-ride (consider automatic time periods wherein diversion must be re-declared).
  - Notification of area EMS and other facilities when diversion is requested
  - Documentation and regional review of diversion episodes
  
- **Bypass Protocols**
  - Note, it may be appropriate to combine this with the prehospital triage component
  - Instances when nearest facility should not be bypassed
  - Acknowledgment of regional resources (EMS and hospital) and geographic make-up and why bypass of local facilities may be appropriate
  
- **Regional Medical Control**
  - Identification of EMS providers and sources of on and off-line medical control
  - Regional efforts to standardize treatment protocols and policies
  - Regional medical control resources
  - Availability and analysis of current medical control resources and their accessibility
  - Qualifications of medical control entities
  
- **Facility Triage Criteria**
  - Classification of patients by severity (physiological, mechanism, co-morbid factors, etc.)
  - Consider using similar, if not identical, classification criteria for both prehospital and facility triage of patients
  - Facility action based upon classification of patients (i.e. trauma team activation, stabilization/transfer, or admission for observation)
  
- **Inter-Hospital Transfers**
  - Identification of patients to be transferred
  - Identification of available patient destinations and criteria for selection (especially for “specialty” patients)
  - Availability of regional or facility “800” numbers and coordination of distributing/routing patients

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- Available means of transporting patients and capabilities
- Treatment/stabilization criteria and time guidelines should be outlined
- Written transfer agreements
  
- Plan for Designation of Trauma Facilities
  - Identification of all area facilities by level of designation, intended level of designation and specialty services
  - Identify lead facility or potential lead facility for the TSA (may be shared by multiple facilities)
  - Resources or committees in existence in region to assist facilities in the designation process
  
- System Quality Management Program
  - Data collection
  - Regional registry or assistance to regional entities in uploading to state registry
  - Regional multi-disciplinary trauma review committee
  - Process for reviewing data filters and specific occurrences as they arise (peer review) - have clearly stated goals and objectives
  - Feedback loop to all aspects of regional operations
  - Medical oversight

#### **Related EMS / Trauma statutes to be Integrated into Trauma System:**

- Injury Prevention and Control – HSC §92  
Addresses reportable injuries, requirements, access to information, confidentiality provisions, and investigations of injuries.
- State Administration of Emergency Communications – HSC §771  
Establishes emergency medical dispatch resource centers and calls for coordination with GETAC.
- Local Administration of Emergency Communications – HSC §772  
Includes emergency medical services in 911 system.
- Local Provision of Emergency Medical Services – HSC §774  
Addresses local mutual aid agreements between municipalities for emergency medical services, educational incentive pay for EMTs, and authorizes county expenditure for emergency medical services.
- Emergency Services Districts – HSC §775  
Authorizes taxation districts for emergency services, including emergency medical services.
- Emergency Management Assistance Compact – HSC §778  
Enacts a compact for mutual aid between Texas and joining states.
- Trauma Facilities and Emergency Medical Services – HSC §780  
Addresses the creation and distribution of funds of the designated trauma facility and emergency medical services account.
- Regional Emergency Medical Services – HSC §782

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Addresses the creation and distribution of funds of the regional trauma account.  
Other Texas Administrative Code Rules Relating to EMS / Trauma:

- Injury Prevention and Control - 25 TAC, Chapter 103  
Addresses reporting requirements of injuries by EMS and hospitals.

**Documentation Required**

Before site visit:

- ✓ Trauma system statutes and regulations-each document linked will be attached.
- ✓ EMS statutes and regulations-each document linked will be attached.

On-site:

- ✓ Trauma system policies, procedures, standards or other regulatory guidelines will be provided on-site and a separated manual titled: *Statutory Authority*.