EMS State Plan 1992 – 1996

Developed by the Bureau of Emergency Management (BEM) - 1991

Status of Objectives

August 2001

General Mission Statement: Facilitate prompt efficient emergency health care of the acutely ill and injured by establishing technician education, testing, and certification standards; establishing provider licensure standards; supporting injury and illness prevention; promoting local EMS service and regional care delivery system development and improvement; and collecting regional and statewide data for emergency response evaluation.

Topics/Goals	Objectives	Status	Comments
Management and Technical Assistance: Goal: Support management methods that direct and monitor statewide systems development. Provide technical assistance.	By January '94, at least five trauma service areas (TSAs) will have an identified regional advisory council (RAC), and will have submitted an EMS/trauma system plan for review.	Completed	All RACs were recognized by TDH as of May 1995 and had plans approved as of September 2000.
	By the ends of FY '92, complete the EMS Management Consultation Manual.	Not Completed	Technical assistance related to management issues is provided to EMS Providers as part of the licensure process and when requested at other times as state resources allow.
	During FY '92, hold EMS provider management seminars in a minimum of three public health regions.	Not Completed	Technical assistance related to management issues is provided to EMS Providers as part of the licensure process and when requested at other times as state resources allow.
	Each FY, work with a minimum of 15 EMS providers who are receiving grant funding through local projects improvement monies to improve EMS care through better management practices.	Completed	Technical assistance related to management issues is provided to EMS Providers as part of the licensure process and when requested at other times as state resources allow.
	Investigate the feasibility of EMS cooperative purchasing coalitions for consumable supplies and prepare a report by the end of FY '92.	Not completed	This strategy is recommended to EMS Providers, RACs, etc.

Staffing and Training: Goal: To ensure 24-hour EMS statewide, provide training for and sufficient numbers and distribution of EMS personnel. Personnel will include CPR- and first responder-trained citizens, public safety agency first responders, ECAs, EMTs, paramedics, instructors, dispatchers, emergency department and critical care unit nurses, and emergency department physicians.	By the end of FY '95, EMS providers in all counties with a population over 25,000 shall have an EMS medical director. EMS Providers in counties with a population less than 25,000 are strongly encouraged to meet this objective.	Working	All EMS Providers are required to have a Medical Director (157.11) as they complete their new licensing cycle.
	By mid FY '92, develop specifications for course clinical sites and ambulance internships.	Not Completed	Constituency concerns did not allow implementation. EMS Course Coordinators have the responsibility to assure appropriateness of clinical sites and ambulance internships.
	By FY '93, all state skills examinations will be performed by independent contract examiners.	Completed	
	By FY '96, all paramedic-training courses in counties with a population over 25,000 are accredited by the Committee on Allied Health, Education, and Accreditation (CAHEA). Programs in counties with populations less that 25,000 are encouraged to pursue CAHEA accreditation.	Not Completed as Specified	Constituency concerns did not allow implementation as the goal specifies, however, a state Education and Training Manual and a site survey process has been implemented for all EMS Education programs.
	By FY '96, all dispatchers for EMS in counties with population of 50,000 or above will have EMS Dispatchers certification. It is strongly encouraged that EMS dispatchers in counties with a population less than 50,000 pursue EMS Dispatcher certification as medical dispatch becomes a standard of care issue in EMS.	Working	Currently, TDH certifies EMD instructors who may certify individual dispatchers. However, this process is not mandated.
	By the end of FY '92, all First Responder Organizations (FROs) providing emergency health care, will have registered with the BEM.	Working	Currently TDH registers FROs, however this process is not mandated.
	By '94, develop a Texas accreditation program for basic EMS training programs that will be mandatory by FY '96 for programs in counties with populations >50,000. Basic programs on counties with populations <50,000 are strongly encouraged to pursue accreditation. Technical assistance will be available to all EMS training programs pursuing accreditation.	Not Completed as Specified	Constituency concerns did not allow implementation specifically as the goal outlined, however, a state Education and Training Manual and a site survey process was implemented for all EMS Education programs.

Staffing and Training (continued):	By the end of FY '92, offer Advanced Trauma life Support (ATLS), Basic Trauma Life Support (BTLS), or Prehospital Trauma Life Support (PHTLS) classes without charge to physicians, nurses and EMS personnel practicing in rural areas.	Not Completed	These courses are an allowable expenditure of the EMS/Trauma systems grant funding provided to EMS Providers, EMS Education Programs, RACs, and Hospitals and some have been provided on local and regional levels.
	BY the end of FY '92, make contacts with appropriate agencies to develop curricula for high school physical education of health classes that would require all students to complete a CPR course.	Not Completed by BEM	A State law was passed in 2001.
	By FY '92, CAHEA accredited schools will verify that their certification candidates are proficient in EMS skills.	Not Completed as Specified	Constituency concerns did not allow implementation as the goal specifies, however, all EMS Education programs conduct skills testing.
	By FY '96, course completion in an accredited EMT or EMT-I course will certify proficiency in state skills.	Completed	
	By FY '94, refine the continuing education requirements for recertification and include a provision for inactive statues.	Completed	
	By FY '96, institute a two-year certification period with renewal based on continuing education credits and active or inactive status.	Not Completed	Constituency concerns did not allow implementation. This would require a change in the current law.
Communications and Access to Care: Goal: Develop, encourage, and plan for a coordinated communication system, including public access resource management and medical control, which will provide for appropriate response to prehospital emergencies.	By the end of FY '93, ensure a minimum of three TSAs have coordinated communications systems capable of rendering on-line medical control to all regional EMS providers.	Working	
	By mid FY '93, compile information from all licensed providers so that a communication plan can be developed for the state.	Completed	
	By the beginning of FY '94, develop material for use in grant applications seeking funding for communication systems.	Not Completed	Communication systems are an allowable expenditure of the EMS/Trauma systems grant funding provided to EMS Providers, EMS Education Programs, RACs, and Hospitals and many grants have been awarded for such.

Transportation: Goal: Support local communities on establishing and maintaining an EMS/trauma system in which local response times are equal to or better than national averages for urban and rural responses.	By the end of FY '93, ensure definable quality improvement processes exist for every EMS provider serving an area with population of more than 20,000. EMS providers in counties with a population less than 20,000 are strongly encouraged to implement quality improvement processes. Technical assistance and strong encouragement will be provided for all EMS providers implementing improvement processes.	Completed	A QI process is a requirement for a Provider License. Technical assistance related to QI is provided to EMS Providers as part of the licensure process and when requested at other times as state resources allow.
	By the beginning of FY'92, ensure providers with an EMS provider license, comply with all provider licensing rules and regulations, including patient transfers.	Completed	
	By the end of FY '93, established rules requiring EMS providers to have evidence of mutual aid or interlocal agreements as licensing conditions.	Completed	
Facilities / Critical Care Units: Goal: Incorporate all acute health care facilities that offer emergency care into a regional system, including a method of referral to specialized facilities.	By the end of FY '91, establish rules and procedures for designation facilities as Comprehensive, Major, General or Basic trauma facilities.	Completed	
	By the end of FY '95, receive input to the state Trauma Registry from 80% of the facilities offering emergency trauma care.	Working	Data submission is a requirement of Trauma Facility designation, however, because designation is voluntary, not all hospitals that take care of trauma patients are designated. Additionally, the free software CDC software package utilized by most rural hospitals is obsolete. Currently, a new hospital trauma registry package is being developed through a statewide EMS/trauma data project called TRAC-IT.
	By the end of FY '94, there will be identified integration and support of rural emergency care through a linkage with TSA administration and lead regional trauma receiving facilities, in at least ten service areas of the state.	Completed	Currently, 20 of 22 TSAs have a designated "lead" trauma facility.

Record-keeping Data Collection/Evaluation: Goal: Develop a statewide Trauma Registry, including data links for tracking patient outcome that can be used as the baseline for a system quality management program.	By the end of FY '95, ensure that 80% of the emergency prehospital providers are using the TEXEMS data set to report information to the Trauma Registry.	Working	Data submission is a requirement of Provider Licensing, however, it has not been strictly enforced to date because TEXEMS and the state registry, which resides in the Bureau of Epidemiology (EPI), are outdated. Currently, these issues are being addressed through a statewide EMS/trauma data project called TRAC-IT.
	By FY '96, conduct epidemiology studies to demonstrate the magnitude of trauma occurrence in terms of population impact and causal factors.	Not Completed	Some data reports are being generated by EPI from the trauma registry data. BEM has been utilizing mortality data from death certificates.
	By the end of FY '96, establish an injury surveillance program to identify injuries and risk factors in order to focus prevention efforts.	Not Completed by BEM	Some data reports are being generated by EPI from the trauma registry data. BEM has been utilizing mortality data from death certificates.
Public Information and Education: Goal: Design, implement, and evaluate a statewide public information program for injury and illness prevention, support of regionalized trauma and emergency care, and EMS awareness and use.	By the end of FY '93, develop a comprehensive child safety campaign.	Not Completed	BEM has developed materials for such programs such as "Ready Teddy" and "Think Child Safety" however; resources to establish these as comprehensive statewide campaigns have not been available. RACs are required to target injury prevention activities/programs based on regional problems. Designated Trauma Facilities are required to implement RAC programs or conduct their own based on local problems. EMS Providers are encouraged to participate in regional programs or establish local programs.
	By the end of FY '93, develop in injury prevention program for older Texans	Not Completed	Resources to establish such a program have not been available. RACs are required to target injury prevention activities/programs based on regional problems.

Public Information and Education (continued):	By FY '93, develop a program to explain access to and appropriate use of regional EMS/trauma systems.	Working	BEM has developed materials such as A System to Save a Life, Don't Guess. Call EMS, and The Texas Trauma System however; resources to make these comprehensive statewide programs have not been available. RACs are required to develop programs to education the public in their TSAs about access to the system.
	By FY '92, develop a program to educate EMS personnel about TDH, BEM, TEMSAC, and TTAC.	Working	This is on-going through the EMS Magazine, the BEM website, e-lists, etc.
Disaster Linkage: Goal: Ensure statewide readiness for multi-casualty incidents (MCI) and natural disasters.	By the end of FY '91, distribute to each region an updated generic guide for MCI response and a list of available specialized disaster response teams.	Completed	Responsibility is currently within the Division of Disaster Preparedness.
	By the end of FY '92, approve a plan for mobilizing Critical Incident Stress Debriefing (CISD) teams in times of need.	Completed	Responsibility is currently within the Division of Disaster Preparedness.
	By the end of FY '93, establish rules that require licensed providers to have a current MCI plan.	Completed	