

TEXAS EMS / Trauma System Performance Improvement Plan

Regional Advisory Council

Regional Trauma System EMS Variance Review

Criteria	Compliance Met	Compliance Not Met	NA	Comments
EMS agency has on file with the RAC the name of the EMS Medical Director, name of the EMS Educator and the name of the EMS Performance Improvement individual with all contact information.				
EMS agencies arrives on scene within XX time of dispatch.				
If air medical services are requested at the scene they arrive within 30 minutes of request.				
Regional trauma field triage protocols are followed.				
EMS providers will notify the receiving facility of a critical trauma patients prior to arrival at the hospital.				
EMS scene times will be twenty minutes or less.				
EMS completes the essential documentation for the trauma patient and leaves the patient care record with the receiving nurse.				
EMS implements measures to prevent hypothermia.				
Patients with a GCS of 8 or less will have airway management to ensure adequate oxygenation (BVM, intubation, LMA, King Tube) of 98% or higher.				
Patients who have RSI initiated will have successful intubation on or before the second attempt.				
Pediatric trauma patients (less than 15) with a GCS of 8 or less have airway management to ensure oxygenation (O2 Sat of 98% or higher).				
Pediatric trauma patients (less than 15) will have successful vascular access established on or before the third attempt (IV or IO).				
Appropriate attempts to control bleeding are initiated for continual bleeding.				
Appropriate spinal precautions are initiated.				
Regional pre-hospital trauma protocols are followed.				
Facilities will accept the EMS patient within ten minutes of arrival and move the patient off the EMS stretcher.				
EMS agencies will participate in the regional EMS Airway Registry.				

