

Texas Regional Advisory Council (RAC) Criteria and State Contract Requirements

Each RAC is responsible for compliance with the following criteria and contract requirements for eligibility of the defined RAC funding.

The RAC will define the epidemiology of injury, perinatal needs, and disease specific to stroke and cardiac and other healthcare needs specific to the region defined by the stakeholders.

1. Describe the epidemiology of trauma, prehospital, stroke, and cardiac in your region and the unique characteristics of the geographic population.
 - a. Children less than 1 year of age
 - b. Children greater than 1 to 11 years of age
 - c. Adolescents greater than 11 to 14 years of age
 - d. Adolescents 15 to 17 years of age
 - e. Adults 18 to 64 years of age
 - f. Geriatric 65 to 84 years of age
 - g. Geriatrics 85 years of age and older
2. Identify the variances between rural (30,000 individuals in a county) injuries compared to suburban and urban areas of the region.
3. Define the number of trauma, stroke, and cardiac deaths (include dead on arrival (DOA), died in the Emergency Department (ED), and died in the hospital) reported by the regional stakeholders.
4. Define the number of births by maternal age breakdown in the maternal designated facilities.
 - a. 14 years of age and less.
 - b. 15 to 17 years of age
 - c. 18 to 35 years of age
 - d. 36 to 45 years of age

- e. Greater than 46 years of age
5. Define the number of maternal deaths that occurred in the maternal designated facilities.
 6. Review the number of neonatal admissions in the neonatal designated facilities to the following locations:
 - a. Neonatal Intensive Care Unit (NICU)
 - b. Special care nursery
 - c. Newborn nursery
 6. Define the number of low birth weight infants.
 - a. Low Birth Weight – 2500grams or 5pounds8ounces.
 - b. Very Low Birth Weight – Less than 1500grams or 3lbs.4oz.
 - c. Extremely Low Birth Weight – Less than 1000grams or 2lbs. 3oz.
 7. Define the number of neonatal deaths (maternal hospital admission to neonatal hospital discharge) in neonatal designated facilities.
 8. Define the type of databases or resources used to formulate the trauma, prehospital, perinatal, stroke, cardiac, and disease epidemiology profile.
 9. Describe how ongoing and routine trauma, prehospital, perinatal, stroke, cardiac, and disease surveillance is monitored and how results are shared with the regional stakeholders and partners.

The RAC will complete a regional self-assessment the first year of the contract and submit it to the department by July 1st. This self-assessment must include regional stakeholders participation.

1. Complete the regional self-assessment the first year of the contract with a goal of 80% active participation of designated facilities members and 80% participation of prehospital provider' members, with the inclusion of other stakeholders' input. Submit the regional self-assessment to the department no later than July 1st.
2. Integrate the regional self-assessment findings into the revisions of the regional system plan during the second year of the contract and submit the final revisions to the department by July 1st.

3. The completed regional self-assessment findings are posted on the regional website by August 1st of the first contract year. The revised, current system plan is posted on the regional website by August 1st of the second year contract.

4. The RAC bylaws are reviewed and revised every two years to ensure changes identified by the regional self-assessment are integrated into the revisions.

The RAC must demonstrate evidence of compliance with the regional requirements.

1. Describe how the RAC stakeholders collaborate to complete the following:

a. the completion of the regional system self-assessment;

b. the development and implementation of a trauma and emergency healthcare system plan and include the process of educating the regional stakeholders on the plan and how compliance is monitored;

b. measures to protect the confidentiality of entities participating in the system performance improvement plan's elements of review;

c. the development, implementation, and education of stakeholders regarding the regional system-wide standards of care, processes to monitor, and impact outcomes;

d. the development, implementation, and education of stakeholders on established field triage, destination, and transfer patient flow guidelines outlined in the standards of care developed for the region and agreed outcome measures;

e. the collection of data for system surveillance, compliance monitoring and performance improvement; and

f. the process of conducting a regional system performance evaluation.

2. Within the regional plan, describe how trauma, prehospital, perinatal, stroke, and cardiac, prevention activities, public health, special population advocates, emergency management, non-government resource, non-profit agencies, and the business community are integrated with the regional activities.

The regional system leadership addresses the following criteria.

1. The regional leaders continuously monitor the trauma, perinatal, stroke, cardiac, and emergency healthcare systems of care and outcomes.
2. Describe how the regional leaders ensure the composition, responsibilities, and activities of the multidisciplinary trauma, prehospital, perinatal, stroke, cardiac, pediatric, medical directors, and emergency healthcare system committees outlined in the RAC bylaws engage stakeholders from all facilities and prehospital providers to ensure that all geographic regions, levels of designated facilities, and urban and rural healthcare providers are represented.
 - a. Ensure pediatric care representatives are participating on the multidisciplinary healthcare committees if a pediatric committee is not in place.
 - b. Ensure geriatric care representatives are participating on the multidisciplinary healthcare committees that provide input into system development if a geriatric committee is not in place.
 - c. Ensure the perinatal care multidisciplinary committee has representatives from maternal and neonatal levels of facilities in the region.
 - d. Ensure urban, suburban, rural, and volunteer prehospital providers are participating in the Emergency Medical Services (EMS) committee.
3. Describe how the regional leaders involve subject matter experts and advocates for special populations, such as child fatality review teams, advocates for physical abuse recognition, substance abuse, or behavioral health advocates, and describe how they participate in the regional system planning and committees.
4. Describe how the multidisciplinary committees participate in the regional trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare system performance evaluation.
5. Describe how the regional leaders develop, mentor, and maintain stakeholder participation to promote professional growth, development, and knowledge of regional system advances.
6. Describe how the regional leaders monitor the facility capabilities and capacity continually and how this information is shared with stakeholders.

7. Describe how the regional leaders monitor the prehospital provider capabilities and capacity continually and how this information is shared with stakeholders.
8. Describe how the regional leaders monitor the designated facilities' and prehospital providers' participation in the regional activities to ensure they meet membership requirements annually and how this information is shared with stakeholders.
9. Describe how the regional leaders monitor the contract funding to include the completion of an annual external audit.
10. Describe how the regional leaders ensure the Governor's EMS and Trauma Advisory Council (GETAC) Strategic Plan is integrated into their strategic initiatives and priorities.
11. The regional leaders are responsible to ensure the regional bylaws, system plans and related documents are posted on their website, current, and available for stakeholders and regional partners.
12. The regional leaders are required to provide the stakeholder access to virtual attendance of all meetings to ensure the rural and remote areas can participate in the regional activities, decisions, and development plans.
13. The regional leaders are required to provide regional stakeholders and partners updates from GETAC activities and rule development.

The RAC will support regional coalition-building and community partnerships

1. The RAC will support and foster stakeholder participation in coalitions that focus on identified regional priorities and integrating community stakeholders. Coalitions may include fall prevention, Stop the Bleed, behavioral health access, physical abuse, substance abuse, and other priorities identified by stakeholders and the completed regional self-assessment.
 - a. RAC members promote the regional trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare system plan to the hospital Chief Executive Officers, County Judges, public health entities, law enforcement agencies, military resources, academic entities, transportation industry, and entertainment venues.

b. RAC leadership and members define the method and frequency for communicating with stakeholders, hospital leaders, coalition members, and the community.

2. RAC members have a plan for mobilizing community partners to improve and advocate for system improvements through effective communication and collaboration.

a. Define how RAC members have integrated with the community leaders to assist in identifying trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare prevention and awareness campaigns.

b. If the community leaders define the key problems or barriers to healthcare and system development specific to the mission of the RAC, define how the RAC is addressing these issues and providing feedback to these leaders.

c. Describe how stakeholders bring system challenges or deficiencies to the attention of the RAC committees and Board.

The RAC has Human Resources that support the regional activities.

1. Provide the number of RAC paid full-time employees (FTE) supported by the department contract, and include their position titles, job descriptions, and percentage of full-time equivalency of all RAC part-time or contract individuals who have roles or responsibilities that support the regional programs. The job functions and expectations of the part-time and contract individuals shall be included in the regional human resources document.

2. Each RAC FTE identified above that is funded by the department contract shall have an annual performance review that includes input from regional stakeholders, using established performance standards specific to their job functions and responsibilities of their current job description.

3. Identify other personnel resources that support the regional program activities of the RAC supported by the department contract.

4. Describe the adequacy of personnel resources available to the RAC for regional programs to sustain the trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare system self-assessment, system plan development and revisions, and system performance improvement activities.

5. Identify impediments or barriers that hinder appropriate staffing and potential solutions.

6. Develop and maintain a region-specific organizational chart and ensure it is available on the website for stakeholder review.

The RAC maintains and revises the Regional Trauma, Prehospital, Perinatal, Stroke, Cardiac, and Emergency Healthcare System Plan a minimum of every two years and ensures this plan is posted on the website and available to all stakeholders and community partners.

1. Describe the process for the development and revisions to the trauma, prehospital, perinatal, stroke, cardiac and emergency healthcare system plan; include the role of the RAC board, committees, general membership, and stakeholder groups in these processes.
2. Describe the ongoing assessment of resources and asset allocation within the RAC system used to facilitate the implementation of the system plan and the monitoring of outcomes..
3. Describe the process used to develop, approve, implement, and evaluate the outcomes of the regional system standards and system policies.
 - a. Describe how the standards are reviewed, evaluated, and revised a minimum of every two years.
 - b. Describe what standards and guidelines that exist for treatment and management for special populations, including the rural and remote areas..
 - c. Describe how specialized needs are addressed regionally, such as specific injury patterns (burns, spinal cord injury, traumatic brain injury, reimplantation, etc.), disease processes, behavioral healthcare needs, as well as pediatric, neonatal, and maternal special considerations (Example: placenta accreta spectrum disorder).

The RAC will foster and promote regional system integration.

Describe the regional system's collaboration and integration with the following programs:

- a. existing trauma, perinatal, stroke, and cardiac prevention coalitions
- b. behavioral health resources
- c. local and regional public health epidemiology and infectious disease
- d. social services or social workers

- e. law enforcement
 - f. public safety
 - g. military resources
 - h. healthcare and pharmaceutical facility leadership
 - i. city, county, and regional emergency management
 - j. local and county officials
 - k. medical examiners
 - l. academic or educational institutions
 - m. fatality review teams
 - n. blood bank services
 - o. other healthcare resources in the region
 - p. non-government and non-profit organizations (Example: American Red Cross)
2. The RAC established lines of communications with the elected officials in the TSA.
 3. The RAC has open communication and a supportive relationship with the HPP contractor for the region.

The RAC is responsible for strategic, business, and financial planning, management, and sharing the strategic and financial information with the regional stakeholders.

1. Define the process of how the RAC develops its strategic plan.
 - a. Include how the RAC integrates the GETAC Strategic Plan into its strategic initiatives and defines the regional priorities.
 - b. Include how the RAC strategic plan is implemented, monitored, and evaluated for effectiveness.
 - c. Include how stakeholders are engaged in the development of the strategic plan and how the plan is approved.

- d. Include how the stakeholders evaluate the effectiveness of this plan annually.
2. Define the RAC membership dues and membership participation requirements.
3. Define the process for stakeholders participate in developing the RAC annual budget.
4. Define the process for stakeholders or committees to request funding for RAC-approved projects and the approval process.
5. Define the process for RAC-approved employee salary increases for the employees supported by the department contract.
6. Define the process and approval of needs for reallocation of funds.
7. Define the process to address the EMS allocation funds and any additional funds identified for the department contracts.
8. Define the process for the external financial audit and Department of State Health Services (DSHS) audits and how these audit findings are shared with the RAC stakeholders. Include the external financial audit and the DSHS audit in the documents forwarded to the department the second year of the contract.

The RAC develops and implements regional prevention and outreach programs and prioritizes these programs using data available and the regional self-assessment.

1. List organizations dedicated to trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare prevention within the region and the issues they address.
2. Describe how the RAC funds, prioritizes, and coordinates system-wide trauma, prehospital, perinatal, stroke, cardiac, and other disease prevention activities.
3. Describe how trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare processes identify prevention or public awareness initiatives and intervention strategies, to include how evidence-based prevention strategies are integrated.

4. Identify dedicated staff members (full or part-time) or contract individuals responsible for trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare or other prevention outreach and coordination.
5. Explain how the evaluation process for trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare or other prevention projects are conducted and completed by the RAC and include how the evaluation outcomes are shared with stakeholders.
6. Identify any gaps in trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare or other prevention efforts for population groups in the region.
7. Define the regional efforts for integration with existing coalitions designed to address regional activities such as fall prevention, head injuries, spinal injuries, pediatric injuries, geriatric injuries, physical abuse, teen pregnancy, safe sleeping, alcohol-related injuries, substance abuse, stroke awareness, cardiac disease, vaccination compliance, rural initiatives, violence, or targeted projects identified through the regional self-assessment.
8. Define the RAC integration with the Stop the Bleed State Coalition and how the data is tracked and reported through the RAC as well as the national bleedingcontrol.org site.
9. Define the RAC-sponsored professional education provided to address identified needs for the following:
 - a. physicians
 - b. nurses
 - c. registrars
 - d. prehospital personnel
 - e. other healthcare stakeholders
 - f. trauma education and certifications
 - g. prehospital education and certifications
 - h. stroke education and certifications
 - i. cardiac education and certifications

- j. maternal education and certifications
- k. neonatal education and certifications
- l. registry or data management education and certifications
- m. disaster education and certifications
- n. community awareness educational programs to include but are not limited to Stop the Bleed or other department-approved equivalent programs.

Emergency Medical Services

1. Conduct an assessment of the regional EMS resources, and identify who completed the assessment and the date the assessment was completed.
 - a. Describe the EMS system, including Advanced Life Support (ALS) or Basic Life Support (BLS) providers, aeromedical, First Responder Organizations (FROs), and non-emergency EMS provider resources available in each county of the RAC, and any areas without EMS response coverage.
 - b. Describe how these resources are allocated throughout the region and define areas where there is a lack of timely EMS response to the population.
 - c. Identify challenges and resources available in the urban and rural areas of the RAC and initiatives to address these findings.
 - d. Describe the availability of enhanced-911 and wireless enhanced-911 throughout the RAC by county.
 - e. Identify the treatment, equipment, and transport services and capabilities available for specialty populations to include bariatric transport in each county of the region.
 - f. Define the number of prehospital providers that meet the pediatric-readiness criteria in the region.
2. Describe the regional prehospital workforce competencies and educational opportunities.
3. Describe how the RAC assesses the prehospital system including how the RAC supports, sustains, and strengthens the prehospital workforce and competencies.

The RAC will identify the definitive care facilities' resources available and their location to identify potential needs, current capacity, and potential oversaturation of resources.

1. Define the current type and levels of designated facilities and their location in the region to include cardiac chest pain centers and define areas of need and areas of oversaturation.
2. Maintain a current list of the medical director and program manager for all designated facilities to facilitate communication and performance improvement referrals.
3. Describe the roles of the non-designated acute care facilities in the regional system, specifically pediatric, geriatric, perinatal, behavioral health, and other healthcare resources available in the RAC by county.
4. Define the processes for non-designated acute care facility representation on the various regional committees.
5. Develop and maintain a process to provide mentorship to foster and develop data integrity and data validation for all types of designated facilities.
6. Define the designated facilities' role and expectations for participating in the regional system-wide performance improvement plan.
7. Describe the process by which prehospital providers and personnel are educated on the capabilities of all possible receiving facilities.
8. Describe the process to notify the regional stakeholders when a facility loses capability or withdraws from the designation program.
9. Describe the mechanism for tracking and monitoring diversion and capacity of the designated centers or "in-active-pursuit" trauma facilities.
10. Define the process of keeping the facility's Chief Executive Officers (CEOs) and executive team updated on their facility's EMResources scorecard regarding membership attendance, meeting the participation expectations, keeping EMResource or equivalent system updated, diversion hours, and providing data for the regional system performance improvement initiatives.
11. Describe the role of the RAC in sharing information with facilities that are "in-active-pursuit" of trauma designation or changing their level of

designation regarding the current population, population density, specialty resources, hours of diversion, transport times with distances, transfers, and the completed American College of Surgeons Needs-Based Assessment of Trauma System (NBATS) tool assessment for the region to ensure the system and facility is informed of potential needs or oversaturation.

The RAC defines the operational regional system coordination and patient flow capabilities.

1. Define how the regional prehospital triage protocols are developed utilizing current national best-practice standards, how they are implemented with EMS Medical Directors' approval and support, and how protocol compliance is monitored and integrated into the regional system performance improvement initiatives. Include the educational opportunities provided to stakeholders.
2. Define how the regional system-wide procedure addressing the prehospital and interfacility safe transport of patients and personnel are defined, implemented, monitored, and integrated into the system performance improvement initiatives.
3. Define the regional coordination processes for interfacility transfers within or and out of the region.
4. Define the regional process for tracking air medical services' capabilities and location for transfer and transport decisions.
5. Define the regional plan to coordinate interfacility transfers within and out of the region, and define the incidence and reasons patients are transferred out of the region and the incidence and reasons for patient double transfers.
6. Define the regional process and capabilities to support the sharing of diagnostic patient images and medical records to facilitate patient transfers and the accepting facilities' medical treatment decision time for the transferred patient.
7. Define the regional resources available to support telemedicine and telehealth capabilities.

The RAC integrates regional rehabilitation capabilities into its planning process.

1. Describe how rehabilitation facilities are integrated into the regional trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare system planning.
2. Define the rehabilitation specialty care capabilities and capacity available in the region.

The regional leaders and stakeholders assist the Hospital Preparedness Program (HPP) contract stakeholders regarding disaster preparedness activities of the HPP contract.

1. Assist the HPP contract stakeholders in the development of a regional disaster response plan to prepare for medical surges regarding personnel, equipment, and supplies.
2. Assist the HPP contract stakeholders to outline the regional disaster communications process/system and share this information with regional stakeholders.
3. Assist the HPP contract stakeholders to share the regional disaster response educational opportunities available through the HPP funds for the RAC stakeholders.
4. Assist the HPP contract stakeholders to facilitate RAC integration with local, regional, and state incident command systems as defined by the HPP contract.
5. Share the HPP contract stakeholders' recommendations for communication operabilities, and mechanisms for adequate inter-hospital communication with the RAC stakeholders.
6. Participate with HPP contract stakeholders within the region for after-action review and recommendations following a disaster response.
7. Share with the RAC stakeholders the HPP contract requirements for tracking and sharing information regarding infectious disease incidence and other defined threats or hazards.
8. Share with the RAC stakeholders and the facility and prehospital leaders the HPP adopted crisis standards of care and any training and education provided by the HPP contract regarding the crisis standards of care.

(Note: The HPP contract defines the deliverables for the emergency response preparedness, planning, response, recovery, and after-action review.)

The RAC will maintain a system-wide Performance Improvement and Patient Safety Plan that is reviewed for potential revision needs a minimum of every two years as the system plan is revised.

1. The RAC will provide access to performance improvement education for all stakeholders participating in the regional performance improvement activities and committees.

2. Define the process for developing the regional system-wide written performance improvement plan, listing the defined events for regional review and how the plan is approved by the RAC stakeholders.

a. Include how the system performance improvement plan is shared with the regional stakeholders.

b. Include the education plan for sharing the regional system performance improvement plan for the regional stakeholders to include their role and data sharing needs to support the plan.

c. Include the implementation steps for the system performance improvement plan.

d. Outline how data is reviewed and monitored and include the procedures in place to ensure confidentiality.

e. Outline the regional process for reviewing the identified events or variances from defined standards or guidelines, defining the level of harm, the levels of review, identifying opportunities for improvement, and implementing and tracking a defined action plan through the regional performance improvement process.

3. List the system process and patient outcome measures that are tracked through the regional dashboard, including defined measures for special populations.

4. Define the process for sharing the regional annual report of the system performance improvement plan with stakeholders, regional partners, the business community, local elected officials, and the department.

The RAC will define the data available within the region to include the data management processes and information systems available and outline how the data is used to measure regional performance.

1. Define the role and responsibilities of the RAC in collecting, maintaining, and analyzing data to support the RAC functions and ensuring the confidentiality of data, when appropriate, to include any regionally operated databases, registries, or contracts with data management organizations.
2. Define how the region collects, utilizes, and analyzes data from various sources.
3. The RAC monitors the designated facilities' and prehospital providers' data submissions to the state EMS National EMS Informational System (NEMSIS) registry and the state trauma registry, and other RAC identified data bases. .
4. Define the actions taken by the RAC to increase data submission to the state databases and programs in place to foster data validation, data accuracy, and data completeness, as well as data submission timeliness.
5. Outline initiatives taken by the RAC to ensure accurate coding for physical abuse.
6. Outline initiatives taken by the RAC to ensure accurate coding for tourniquet use.
7. Outline initiatives taken by the RAC to support and educate stakeholders regarding the Texas "wristband" project.
8. Describe the RAC's standard system-wide reports generated for the general membership or multidisciplinary committees, the frequency of the reports, and how the reports are shared with stakeholders, regional partners, the business community, and the local elected officials and used to measure regional performance.

The RAC will identify and support regional research identified by stakeholders, committees, collaboratives, and community partners.

1. Define the RAC procedures and processes for stakeholders to request regional data; include measures in place to ensure Health Information Portability and Accountability Act (HIPAA) compliance and confidentiality.
2. Define how the RAC supports research for trauma, prehospital, perinatal, stroke, cardiac, and the emergency healthcare system.
3. Define the regional guidelines for gaining approval to submit a research project, an abstract, or a publication that is supported and funded by the RAC.

RAC Criteria DRAFT