Texas Department of State Health Services Regional Advisory Council (RAC) Performance Criteria

FY 2025

DSHS EMS/Trauma Systems Section

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Contents

Regional Advisory Council (RAC) Performance Criteria

Definitions

Cardiac facility--A recognized cardiac facility that has been certified or verified by an independent organization for meeting specific criteria.

Department--The Texas Department of State Health Services; the EMS/Trauma Systems Section for the purposes of this document.

Emergency Medical Services (EMS)-- Services used to respond to an individual's perceived need for immediate medical care and to prevent death or aggravation of physiological or psychological illness or injury.

Geriatric--A patient 65 years and older.

Hospital--A general hospital or a special hospital.

Pediatric--A patient less than 15 years of age.

Perinatal--Maternal and neonatal level of care designation programs and facilities.

Region--Represents the multidisciplinary stakeholders of the recognized RAC.

Regional Advisory Council (RAC)-- A nonprofit organization recognized by the department and responsible for system coordination for the development, implementation, and maintenance of the regional trauma and emergency health care system within its geographic jurisdiction of the Trauma Service Area. A RAC must maintain 501(c)(3) status.

Regional Advisory Council Performance Improvement Plan--A written plan of the RAC's processes to review identified or referred events, identify opportunities for improvement, define action plans and data required to correct the event, and establish measures to evaluate the action plan through to event resolution.

Remote area-- Remote areas are geographic areas that are far away from cities and places where the majority of the population lives. They may be difficult to get to due to geographic topography and require additional considerations regarding rescue and transport.

Rural county--A county with a population of less than 50,000 based on the latest estimated federal census population figures.

Specialty Resource Centers--Entities caring for specific types of patients, such as pediatric, cardiac, and burn injuries, that have received certification, categorization, verification, or other forms of recognition by an appropriate agency regarding their capability to definitively treat these types of patients.

Systems of Care--represents the prehospital, trauma, stroke, maternal, and neonatal systems and the associated designated facilities. Note: Recognized cardiac facilities are included in the inclusive systems of care. These systems of care address all ages and all geographic areas of the region.

Trauma and Emergency Health Care System Plan--The inclusive system that refers to the care rendered after a traumatic injury or time-sensitive disease or illness where the optimal outcome is the critical determinant. The system components encompass special populations, epidemiology, risk assessments, surveillance, regional leadership, system integration, business/finance models, prehospital care, definitive care facilities, system coordination for patient flow, prevention and outreach, rehabilitation, emergency preparedness and response, system performance improvement, data management, and research. These components are integrated into the regional self-assessment and system plan.

Urban county--A county with a population of 50,000 or more based on the latest estimated federal census population figures.

1. Injury and Disease Epidemiology

a. In collaboration with the EMS/Trauma Systems Section and the Office of Injury Prevention – EMS and Trauma Registry, the RAC describes the epidemiology of EMS, trauma, stroke, perinatal, and cardiac (systems of care) in your region related to the following:
    i. Children from birth to less than one year of age
    ii. Children one year of age to less than 15 years of age
    iii. Individuals 15 years of age to less than 65 years of age
    iv. Individuals 65 years of age and older
    v. Rural (defined as a county of 50,000 or less) or frontier injuries compared to urban and suburban.
b. The RAC defines the number of deaths (including dead on arrival, died in the emergency department, and died in the hospital) reported by the systems of care.

c. The RAC defines the databases utilized by the RAC to formulate the epidemiology profile.
d. The RAC describes the process for completing ongoing and routine systems of care surveillance and the process for sharing results with RAC stakeholders and partners.

2. Regional Self-Assessment

a. The RAC must engage its committees and stakeholders when facilitating the completion of the regional self-assessment within the specified time and submit the document to the department.
b. A review of the completed regional self-assessment will identify opportunities for improvement. If the assessment identifies a score of less than three, the region must develop an action plan to move the element to a score of three and submit it to the department with the completed self-assessment.
c. The RAC must integrate the self-assessment findings into the revisions of the regional trauma and emergency health care system plan and submit the revised regional trauma and emergency health care system plan to the department as specified in 157.123(b)(2)(c).

3. Regional Requirements

a. RAC must have processes for stakeholders to collaborate and define the following:
    i. the regional trauma and emergency health care system plan;
    ii. guidelines to protect confidentiality for entities participating in the elements of review as part of the system performance improvement process;
    iii. processes to develop, implement, monitor, and educate stakeholders on regional guidelines of care;
    iv. a process to monitor designated hospital transfers of patients who are transferred out of the region within the first 24 hours after presenting to the emergency department within the systems of care based on the developed regional guidelines; and
    v. a process to collect capacity and capability data from hospitals and EMS providers for system monitoring and performance improvement.

b. Within the regional system plan, describe how the systems of care coordinate and integrate awareness and prevention activities with entities such as public health, special population advocates, emergency management, non-government resources, non-profit agencies, and the business community.

4. Regional System Leadership

a. The RAC leadership team consistently reviews and monitors the systems of care outcomes to identify opportunities for improvement.
b. Describe the opportunities for multidisciplinary stakeholder participation in the various systems of care activities for all ages and geographic areas of the region.
c. Describe the process of involving experts and advocates for special populations, such as the child fatality review teams, physical abuse, substance abuse, and mental health in regional system planning.
d. The RAC must have processes for developing, mentoring, and engaging stakeholders in the region's leadership, including EMS providers, medical and nursing leadership, designated centers, and other stakeholders.
e. The RAC maintains an updated website for communicating with regional stakeholders. General membership and all standard committee meeting notices must be available on the website. The bylaws, meeting agendas and minutes, and board members, including each member's employer and their role held on the board, must be available upon request.

5. Regional Coalition Building and Community Partnerships

a. The RAC will develop and maintain collaborative relationships and partnerships with community stakeholders to support the regional plan, such as fall prevention, Stop the Bleed, mental health, physical abuse, substance abuse, or other priorities identified through the completed regional self-assessment.
    i. RAC leadership will promote the regional systems of care plans to the hospital chief executive officers, county judges, public health entities, law enforcement agencies, military resources, academic entities, transportation industry, and entertainment venues as defined by the regional priorities.

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

b. RAC leadership will establish a plan for mobilizing community partners to address identified regional system opportunities for improvements.
   i. Define how RAC leaders are integrated with the community leaders to assist in identifying systems of care prevention and awareness campaigns.
   ii. Identify and address the key problems or initiatives outlined by the community leaders.
   iii. Describe how stakeholders notify RAC leadership of challenges or gaps in the systems of care.

6. Human Resources within the RAC

a. Define the number of RAC paid staff (full-time, part-time, and positions supplemented with contract staff) funded by the department contract, including their position titles, job descriptions, and roles or responsibilities that support the regional programs.
b. Define the annual performance review process for personnel or resources funded by the department contract.
c. Define the process for employee salary increases when using funding from the department contract.
d. Develop and maintain a RAC organizational chart that is available on request.

7. Regional Trauma and Emergency Health Care System Plan

a. Regional stakeholders, including the RAC board, committees, general membership, community partners, and coalition members, assist in revising the trauma and emergency health care system plan. The plan must have specific measures that address populations of all ages and all geographic areas of the region.
b. The RAC must ensure full implementation of the regional system plan and have defined monitoring measures.
c. The RAC must define how stakeholders are involved in the approval and implementation process for the plan.
   i. The RAC has a process for evaluating the system plan elements and identifying and tracking the regional system outcomes.

ii. The RAC must have measures to monitor guidelines and policies that exist for pediatric patients (Birth up to 15 years of age), geriatric patients (65 years of age and older), and identified special populations, including rural and remote areas.
iii. The regional plan defines options for individuals with specialized care needs, such as specific injury patterns (burns, spinal cord injury, traumatic brain injury, replantation, etc.) and disease processes, as well as neonatal and special maternal considerations (i.e., placenta accreta spectrum disorder).

d. The regional system plan and all associated documents are available to stakeholders on request.

8. Regional System Integration

a. The RAC must have processes in place to integrate and build regional collaborative partnerships with community stakeholders, including but not limited to the following:
   i. prevention or outreach specialists for regional systems of care priorities
   ii. behavioral health resources for the public and the system health care workers
   iii. local and regional public health; epidemiology and infectious disease experts
   iv. social services
   v. law enforcement
   vi. public safety, including EMS and fire
   vii. military resources
   viii. health care and pharmaceutical facility leadership
   ix. city, county, regional, and district emergency management
   x. local and county officials
   xi. medical examiners
   xii. academic or educational institutions
   xiii. fatality review teams
   xiv. blood bank services
   xv. other identified health care resources in the region
   xvi. non-government and non-profit organizations (Example: American Red Cross)
   xvii. EMS education programs

9. Business / Financial Planning

a. The RAC must have a defined budget that details the expenditure of any funding received from the department.
b. The RAC integrates regional stakeholders when developing the strategic priorities and how these priorities are approved and implemented.
c. The RAC defines membership dues.
d. The RAC defines membership participation requirements.
e. The RAC must have defined processes for stakeholders or committees to request funding for RAC-approved projects.
f. The RAC has processes for reallocating funds after finalizing the defined regional budget.
g. The RAC has defined procedures to address the EMS (pass-through) allocation of funds.
h. The RAC must maintain its 501(c)3 status.

10. Regional Prevention and Outreach

a. The RAC maintains a list of organizations with a specific focus dedicated to the systems of care prevention and awareness programs within the region that align with the regional plan priorities.
b. Define how the RAC funding supports the systems of care prevention and awareness activities.
c. Describe how the RAC identifies and prioritizes systems of care awareness and prevention programs and integrates evidence-based prevention strategies.
d. Explain how the RAC evaluates systems of care outreach, awareness, and prevention projects and how the outcomes are shared with regional stakeholders.
e. The RAC identifies gaps in systems of care prevention efforts for specific regional population groups.
f. The RAC integrates coalitions focusing on defined priorities, such as fall prevention, head injuries, pediatric injuries, geriatric injuries, physical abuse, perinatal substance abuse, infant safe sleeping, alcohol-related injuries, substance abuse, stroke awareness, cardiac disease, rural initiatives, or targeted projects.

g. The RAC integrates state-wide initiatives such as the Stop the Bleed State Coalition and measures to track activities in the region and reports data to the regional stakeholders, State Coalition, and the national Stop the Bleed site.
h. Identify the RAC-sponsored professional education provided to regional stakeholders.
i. RACs may provide internal educational programs or a list of upcoming educational programs identified as priority needs through the RAC self-assessment.

11. EMS and Prehospital Services

a. Complete an assessment of the regional EMS resources and identify counties or portions of counties without an authorized or contracted EMS provider.
b. Identify prehospital challenges in the RAC and regional initiatives to address these findings.
c. Identify the transport resources available and any resource shortfalls for pediatric and neonatal populations and specialty populations such as bariatric patients in each county in the region.
d. Identify areas within the RAC where delays occur in inter-facility transfers to move patients with acute time-sensitive emergencies for definitive care.
e. Define how the RAC supports, sustains, and strengthens the prehospital health care workforce.
f. Define the EMS provider's roles and expectations for participating in the regional system-wide performance improvement plan.
g. Develop processes for keeping EMS provider leaders updated on their membership attendance, expectations for participation, and provision of data for the regional system performance improvement initiatives.

12. Definitive Care Facilities

a. The RAC maintains a list of the current designated facilities and their level of designation. The list specifies the pediatric designated facilities within the region.
b. The RAC defines the designated facility expectations for RAC participation.
c. The RAC includes a list of recognized cardiac/chest pain facilities.

d. The RAC describes the role of the non-designated acute care facilities in the regional system, specifically those that provide pediatric, geriatric, perinatal, behavioral health, and other health care resources available in the RAC.
e. The RAC defines the processes for non-designated acute care facility representation on the various regional committees.
f. The RAC has processes to provide mentorship to support committee participation and provide input into priorities outlined by the committees.
g. The RAC defines the designated facility's roles and expectations for participating in the regional system-wide performance improvement plan.
h. The RAC has processes for educating prehospital personnel on the capabilities of receiving facilities.
i. The RAC has processes for notifying the regional stakeholders when a facility loses capability or withdraws from the designation program.
j. The RAC has processes for tracking and monitoring diversion and capacity of the designated centers and reports this information in its performance improvement reports.
k. The RAC has processes for keeping the designated facility CEOs updated on the facility's membership attendance, expectations for participation, keeping EMResource or equivalent system updated, and providing data for the regional system performance improvement initiatives.
l. The RAC identifies meeting requirements and participation listed in the designation rules for trauma, stroke, maternal, and neonatal facilities and defines processes to track requirements and provide feedback to the designated facilities annually.

13. Regional System Coordination and Patient Flow

a. The RAC has defined regional prehospital field triage and destination guidelines that utilize the current national best-practice standards and implements these guidelines with the prehospital Medical Directors' approval and support. The RAC must have a defined implementation plan that includes stakeholder education, monitoring processes, and integration into the regional system performance improvement initiatives.

b. The RAC has implemented system-wide guidelines that address the "safe transport of patients and personnel" and integrates these guidelines into the system performance improvement initiatives.
c. The RAC facilitates the utilization of technology to share patient information and images from transferring facilities to the receiving facilities to expedite the receiving medical team's patient decision-making and priorities. If the RAC does not have these capabilities, the RAC has a list of these resources available to assist with this endeavor.

14. Regional Rehabilitation

a. The RAC integrates rehabilitation facilities and providers into the regional systems of care system planning.
b. The RAC maintains a list of the current rehabilitation specialty care capabilities available in the region.

15. Regional Disaster Preparedness

a. The RAC maintains meaningful participation in regional disaster preparedness planning, response, recovery, and after-action activities and provides support to hospital preparedness stakeholders, including DSHS and the defined Hospital Health Care Coalition.
b. The RAC, in collaboration with the HCC stakeholders, facilitates the implementation of pediatric disaster guidelines.

16. System-wide Performance Improvement

a. The RAC will implement and maintain a regional system-wide written performance improvement plan and educate stakeholders regarding their role and expectations in the plan, including the plan for implementing the performance improvement plan.
    i. Define the organizational structure to include stakeholder participation in the regional performance improvement plan.
    ii. The regional system performance improvement plan has defined measures to ensure confidentiality and address Health Information Portability and Accountability Act (HIPAA) requirements regarding patient health information.
    iii. Define the regional performance improvement process for reviewing referrals and identified events or variances from

defined guidelines, identifying opportunities for improvement, and implementing and tracking the defined corrective action plan through to event resolution.

b. List the system processes and patient outcome measures tracked through the regional systems.
c. The RAC evaluates the pediatric readiness capabilities of the regional prehospital and designated facilities to identify priority action items to improve pediatric care in the region.
d. The RAC develops an annual performance improvement summary report reflecting aggregate data that is shared with regional stakeholders, partners, the business community, local elected officials, and the department.

17. Data Management and Information Systems

a. The RAC bylaws and membership participation guidelines, voted on and approved by the membership, agree on procedures specific to data management.
b. If the RAC collects data, the RAC has defined guidelines specific to analyzing data to ensure data security, data confidentiality, compliance with the Health Information Portability and Accountability Act (HIPAA), data quality, and data sharing to support the RAC system development and advances.
c. Define the process for data analysis, utilization of the data, and how this data is shared with regional stakeholders.
d. Outline the process for developing regional system-wide reports, the frequency of the reports, and how the reports are integrated into the regional annual report and shared with stakeholders, regional partners, the business community, and local elected officials.
e. The RAC maintains processes to collect, analyze, and report data as directed by the department.

18. Regional Research

a. The RAC has procedures and processes for stakeholders to request regional data, including measures to ensure Health Information Portability and Accountability Act (HIPAA) compliance and confidentiality.

b. The RAC has measures in place to support research related to the systems of care.
c. The RAC maintains guidelines for gaining approval to submit a research project, an abstract, or a publication supported and funded by the RAC.

Appendix A: RAC Data Needs for Completion of the Self-Assessment

A1. National Emergency Medical Services Information System (NEMSIS) Data Request Per Calendar Year

a. Annual EMS runs and transports related to the systems of care utilizing the age breakdown listed in the criteria when feasible.
b. Annual total EMS runs per RAC utilizing the age breakdown listed in the criteria.
c. If the data is not available through the State EMS Trauma Registry, the RAC is not held accountable for this performance element.

A2. Trauma Data Request Per Calendar Year

a. Trauma data from the registry reflecting trauma deaths by age breakdown
b. Trauma data from the registry reflecting trauma deaths by injury severity score (ISS)
c. Annual total RAC hospital trauma registry submissions by ISS, age breakdown, and average LOS
d. Annual top five causes of injury by RAC and by age
e. Annual top five injury causes of death by RAC and by age
f. Annual RAC report
    i. RAC data regarding patients in Shock (age 15 to 65 with a BP less than 90 in the field or ED)
    ii. RAC data regarding patients with Spinal Injuries overall
    iii. RAC data regarding patients with TBI injuries overall
    iv. RAC double transfers (arrived by, transferred in, and ED disposition of transferred out to acute care hospital, and arrived

by transferred into the ED and then transferred out within 24 hours)

g. This information is made available to the RAC each October.
h. If the data is not available through the State EMS Trauma Registry, the RAC is not held accountable for this performance element.

A3. PCR-defined Data Needs

The PCR data is in discussion. If the data is not available through the State EMS Trauma Registry, the RAC is not held accountable for this performance element.

A4. Performance Criteria Revisions

After each legislative session, the department will review any legislative activities affecting EMS, Trauma Systems, and the identified systems of care. The department will define when revisions to the Regional Advisory Council Performance Criteria and Self-Assessment Scoring Tool are required to include modifications to current criteria or the addition of new criteria. The revised Performance Criteria and Self-Assessment will be implemented on September 1st of the following year. The RACs will be notified of the need for revisions prior to the revision process and be notified of the implementation date.

Document versions will be notated by year followed by revision number (i.e., V2024.1, the first revision of 2024) with the date of the revision in the footer.