FOCUS QUESTIONS

Focus Question 1: Given the size of Texas, what is the recommended number and distribution of level I and II trauma centers in the state? Particular consideration should be given to the Houston-Galveston area and to the role that lead level III trauma facilities play in Texas.

The OEMS/TS in conjunction with the appropriate RACs, should conduct a needs analysis in the Houston metropolitan area and the Houston/Galveston corridor, taking into account anticipated population growth, shifts in population distribution, and utilization of current resources. Using this data, the lead agency should:

* Identify one or more hospitals with appropriate resources and geographic location as candidates for designation as level I or level II trauma centers.

* Encourage and assist the candidate hospital or hospitals to become designated trauma centers at the level appropriate to their resources and commitment.

Assigned To: Comments:

The OEMS/TS and the appropriate RAC should conduct a needs analysis in Galveston or along the corridor between Galveston and Houston and identify a single facility as a likely candidate for level I or level II trauma center designation.

* Urge and support that facility to become verified at that level.

Assigned To: Comments:
ACS-Trauma System Recommendations

FOCUS QUESTIONS

Focus Question 1: Current status of lead level III facilities?

The GETAC and OEMS/TS should evaluate processes and care at the "super level III trauma centers" in all trauma service areas that do not have level I or level II trauma centers.

Assigned To: Comments:

Determine if a need for a "level III plus" exists with designation criteria that falls between level II and level III trauma center criteria. If such a designation is needed, develop criteria and a designation process for implementation.

Assigned To: Comments:

Hold each of these lead level III trauma centers accountable to the same uniform standards and a baseline level of response care 24 hours a day, 365 day a year.

Assigned To: Comments:
### ACS-Trauma System Recommendations

**FOCUS QUESTIONS**

Focus Question 2: We understand this assessment will be a high level view of our system. Given the size of the state and the heterogeneous nature of the state's RACs:

Focus Question 2a) What strategy could the trauma system use to strengthen the system in relation to trauma care for special populations (i.e., children and the elderly)?

Ensure that the biennial injury report contains the detailed pattern of injuries for children and the elderly. These special populations have different injury risk factors and mechanisms of injury.

**Assigned To:**

**Comments:**

Ensure that when the injury prevention plan is revised it integrates priorities for children and the elderly. Identify evidence-based injury prevention strategies to recommend for RAC implementation.

**Assigned To:**

**Comments:**

Determine if the needs of the elderly for trauma care are adequately addressed within the current GETAC standing committee structure.

**Assigned To:**
FOCUS QUESTIONS

Focus Question 2: We understand this assessment will be a high level view of our system. Given the size of the state and the heterogeneous nature of the state's RACs:

Focus Question 2a) What strategy could the trauma system use to strengthen the system in relation to trauma care for special populations (i.e., children and the elderly)?

Comments: Identify opportunities to focus on priorities for the pediatric and geriatric populations during the revision of the state's strategic EMS and trauma plan.

* Review RAC programs and accomplishments, looking for strategies that have benefitted the pediatric and geriatric populations. Ensure that these best practices are shared with all RACs.

Assigned To: Comments:

Explore opportunities to enhance the recognition of the special needs of children and the elderly within disaster preparedness programs.

Assigned To:
**FOCUS QUESTIONS**

**Focus Question 2:** We understand this assessment will be a high level view of our system. Given the size of the state and the heterogeneous nature of the state’s RACs:

**Focus Question 2a)** What strategy could the trauma system use to strengthen the system in relation to trauma care for special populations (i.e., children and the elderly)?

**Comments:** Once the new EMS and trauma information systems are operational, develop templates of special reports focused on care to children and the elderly. Run these reports on a regular basis to identify trauma system issues for each population and to monitor progress in system change.

* Provide an opportunity for the GETAC Pediatric Committee to review RAC performance improvement reports to gain a sense of statewide pediatric issues, become aware of sentinel events, and identify emerging themes or trend areas.

**Assigned To:**

**Comments:**

Collate RAC information to identify instances of failed or delayed interfacility transfer for injured children and the elderly.

**Assigned To:**
## ACS-Trauma System Recommendations

### FOCUS QUESTIONS

**Focus Question 2:** We understand this assessment will be a high level view of our system. Given the size of the state and the heterogeneous nature of the state's RACs:

**Focus Question 2a)** What strategy could the trauma system use to strengthen the system in relation to trauma care for special populations (i.e., children and the elderly)?

**Comments:**

Continue the development of model pediatric triage and destination guidelines. Ensure that they are disseminated to the RACs and to local medical directors.

* Offer a session at the Texas EMS conference targeted to local medical directors to encourage discussion of the model pediatric triage and destination guidelines and challenges with their implementation in the RACs.

**Assigned To:**

**Comments:**

Conduct discussion among appropriate stakeholders to determine the appropriate destinations for the injured adolescent and develop a standardized age-based protocol.

**Assigned To:**
ACS-Trauma System Recommendations

FOCUS QUESTIONS

Focus Question 2: We understand this assessment will be a high level view of our system. Given the size of the state and the heterogeneous nature of the state’s RACs:

Focus Question 2a) What strategy could the trauma system use to strengthen the system in relation to trauma care for special populations (i.e., children and the elderly)?

Comments:

Determine if adequate rehabilitation beds exist for injured children.

Assigned To:

Comments:

Establish minimum state pediatric and geriatric PI audit filters to adequately evaluate process and outcomes statewide for children and the elderly. Identify specific audit filters for use by each of the RACs.

Assigned To:

Comments:
FOCUS QUESTIONS

Focus Question 2b) What strategies could the trauma system use to strengthen incorporation of rehabilitation entities/principles into the system?

Conduct a study to determine if the number of rehabilitation beds available is sufficient to meet the rehabilitation needs of trauma patients in Texas, with special attention to the needs of pediatric, spinal cord injury, and traumatic brain injury patients.

Assign To:

Comments:

Conduct a survey targeting all of the trauma centers to determine if a significant delay in the transfer of injured patients to rehabilitation facilities exists and if this contributes to trauma center diversion statewide.

* If a delay in appropriate transfer of injured patients to rehabilitation centers is confirmed for uninsured patients, investigate the possibility of designating selected rehabilitation centers for cost reimbursement eligibility under the trauma fund.

Assign To:

Comments:
FOCUS QUESTIONS

Focus Question 2b) What strategies could the trauma system use to strengthen incorporation of rehabilitation entities/principles into the system?

Develop an action plan to improve rehabilitation services to trauma patients. The action plan should encourage and support the following:

* Early notification to the rehabilitation team of its need to engage each trauma patient’s care.

* Expeditious and qualified response of the rehabilitation team.

* Quality rehabilitation interventions during acute hospitalization.

* Early identification of patients for whom rehabilitation will be appropriate beyond their acute hospitalizations.

* Mechanisms to match patient needs with available post-acute hospitalization rehabilitation resources.

* Adequacy (types and numbers) of rehabilitation services in the communities where they are needed.

* Monitoring and reporting of long-term outcomes.

* Consideration of adding rehabilitation data to the trauma registry, e.g., cost and outcome data. Subsequent data analysis should indicate a measure of the cost effectiveness of rehabilitation services for trauma patients.
ACS-Trauma System Recommendations

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<td><strong>Focus Question 2c)</strong> What strategies could the trauma system use to assure appropriate, data driven injury prevention activities are integrated into the system?</td>
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<td>Revise the GETAC injury prevention plan to identify injury mechanism priorities and recommended evidence-based prevention programs.</td>
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| Encourage the RACs to select among the priority injury mechanisms and recommended interventions for their annual injury prevention programs. |

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| Widely disseminate information about the 10 evidence-based injury prevention strategies developed by the TETAF injury prevention committee to the RACs and injury prevention stakeholders. |

| Assigned To: |
## ACS-Trauma System Recommendations

### FOCUS QUESTIONS

**Focus Question 2c)** What strategies could the trauma system use to assure appropriate, data driven injury prevention activities are integrated into the system?

**Comments:**

Monitor the data submitted by the RACs regarding the effectiveness or evidence of impact of the selected injury prevention programs. Encourage RACs to share best practices regarding injury prevention program evaluation.

**Assigned To:**

**Comments:**

**Focus Question 2d)** What strategies could the trauma system use to further evaluate ourselves, including recommendations as to how we best proceed (i.e., individual RAC evaluations or groups of RAC evaluations) in the future?

Select a reasonable number of indicators from the *Model Trauma Systems Planning and Evaluation* document from each of the three core public health functions (assessment, policy development, assurance) to develop a measurement tool that can be used consistently by all the RACs.

* Use this tool to assist individual RACs, the OEMS/TS, the GETAC, to establish baseline performance measures and to evaluate changes in RAC maturation over time.
## ACS-Trauma System Recommendations

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Provide training to TETAF representatives and/or other interested parties related to the facilitation of a BIS process.

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Require all RACs to complete a regional assessment with a facilitator using the same set of indicators selected by the state from the HRSA *Model Trauma System Planning and Evaluation* document.

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## ACS-Trauma System Recommendations

### FOCUS QUESTIONS

Collate findings from all RAC assessments to identify priorities for enhancement of the statewide trauma system.

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**Focus Question 3: How can we strengthen our regional and statewide performance improvement activities?**

Encourage RACs to collaborate with other RACs based upon referral patterns to support state performance improvement implementation.

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Develop a trauma system performance improvement plan and implement it.

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Establish minimum state performance improvement audit filters to adequately evaluate the trauma process and outcomes statewide, including filters for special populations (pediatrics, spinal cord injury, traumatic brain injury).

Assigned To: Comments: Establish a performance improvement committee of the GETAC.

Assigned To: Comments: Identify staffing and funding resources at the state level to provide leadership and sustainability for the implementation of the trauma performance improvement process.
## ACS-Trauma System Recommendations

### FOCUS QUESTIONS

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Ensure the state performance improvement process, as well as the performance measures, are inclusive of the continuum of care provided by dispatch, emergency medical services, acute care facilities, trauma centers, and specialty facilities including rehabilitation.

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**Focus Question 4:** Our state trauma registry has been problematic and we are currently working to replace it. Given the diversity and size of the state, we are interested in your assessment of how we could:

- proceed with the rebuilding of the registry that the stakeholders can support.
- utilize our trauma registry and other databases more effectively, with an emphasis on obtaining outcome data.

Reconvene the Registry Solutions Work Group (RSWG), ensuring broad participation of stakeholders, and charge them with making a recommendation to the DSHS regarding a singular home for the statewide trauma and EMS registries.

- Once DSHS has made the decision, have the RSWG continue to meet in an effort to promote buy-in among all stakeholders.
ACS-Trauma System Recommendations

FOCUS QUESTIONS

Assigned To:

Comments:

The RSWG, along with responsible staff from the data repository and reporting entity, must work aggressively to troubleshoot and correct all deficiencies or challenges in the software, reporting, or other use issues as they arise.

* The primary goal for the first two years of the new system should be to rebuild trust among stakeholders so that they will agree to participate with the new system.

Assigned To:

Comments: