

EMS and Trauma Regulatory Structure Task Force Report

Executive Summary

Problem Statement:

Since February 2004 the regulatory structure which maintained responsibility for oversight of EMS and Trauma Care throughout Texas has undergone a significant level of restructuring due in large part to financial and staff considerations. As a result there has been a growing undercurrent of dissatisfaction which has expressed concern that the current regulatory structure lacks the requisite foundation, support and financial consideration necessary to facilitate continued growth of the EMS and Trauma industry in the coming decades.

General:

Under the direction and with authority granted by Dr. Ed Racht, Chair of the Governor's EMS and Trauma Advisory Council (GETAC), the EMS and Trauma Regulatory Structure Task Force (ETRSTF) was struck and charged with review of the regulatory structure currently utilized. Specifically, Task Force membership was charged with reviewing, investigating and reporting to GETAC on the following items:

- **Charge #1:** What are the issues and concerns with EMS and Trauma Regulation today
- **Charge #2:** What are the strengths and weaknesses of the current regulatory structure
- **Charge #3:** What would be the strengths and weaknesses of any proposed new structure

Optimum Task Force size was determined to be fourteen (14) and consisted solely of volunteers who submitted their names to GETAC in response to a public request for participation. Individual selections were based on a variety of factors with significant emphasis on the desire by GETAC to assemble a representative stakeholder group to review and assess the charges listed above.

The presence of the Task Force, along with information regarding participants was publicly announced by GETAC. In addition, an article detailing the purpose, intent and membership was authored by co-chair Dudley Wait and subsequently published in the "Texas EMS Magazine".

Methodology:

In order to facilitate the effort, Task Force members developed and published an article in the "Texas EMS Magazine" explaining committee function, composition and charge. A survey was developed utilizing an online format which facilitated

maximum access in soliciting feedback from certificants and licensed healthcare practitioners regarding their perspectives on regulatory issues and successes which impact them. Finally, individual Task Force members were tasked with collecting information from within the jurisdictional constituency groups they represented.

Results:

Following a review of suggestions and survey feedback, it was determined that all of the data could be placed into one of three areas for further review: Option 1 maintain the current regulatory structure, Option 2 implement a functional Division of EMS and Trauma within the existing Department of State Health Services (DSHS) structure or Option 3 implement an EMS Commission.

With sole consideration towards a specific form of regulatory structure, the Task Force, following extensive review and discussion has agreed, through consensus, that the regulatory structure which would optimally serve the needs of the EMS and Trauma Healthcare System in Texas for the foreseeable future would be Option 2: Creation of a functional Division of EMS and Trauma within the existing DSHS structure.

Charge #1: What are the issues and concerns with EMS and Trauma regulation today?

The Task Force comprised of individuals from throughout Texas and representing all aspects of EMS and Trauma Systems. See Appendix A for a complete list of Task Force membership and abbreviated CV. The Task Force began meeting in the Summer of 2006. Initial efforts were geared towards discussions and efforts designed to allow Task Force membership to capture data representative of the EMS and Trauma Systems Community throughout Texas. Considerations to facilitate this included:

- publication of an article regarding Task Force efforts which would jointly solicit feedback
- delivery of town hall meetings throughout Texas
- allowing individual Task Force Membership to solicit thoughts within their peer groups and regional areas and
- development of an online survey tool

After extensive discussion it was agreed that a multi-faceted approach would be appropriate in order to collect data representative of the EMS/Trauma System Community throughout Texas. An article appeared in the Texas EMS Magazine describing the Task Force and its efforts, Task Force membership individually solicited feedback and an online survey was developed and posted using Survey Monkey as a delivery platform

The survey, launched in October 2006 remained open for sixty days and was designed to collect data in several distinct sections to include:

Section 1: Respondent demographics

Section 2: General satisfaction with current structural components

Section 3: Satisfaction with specific structural components

Section 4: Open ended questions which facilitated frank participant feedback

Participation was solicited through use of several electronic lists notifying recipients of its availability, providing the web address to access it and encouraging participation and sharing of the location with other interested parties. Additionally, a kiosk was established at the State EMS Conference which allowed opportunity to complete the survey for those who had not yet done so.

A summary of respondent demographics for the 1,127 personnel individuals participating in the survey are noted below:

Section 1: Demographics:

- **Public Health Region Responding From**
 - PH Region 2/3 (Abilene, Wichita Falls, Arlington area) 27.6%
 - PH Region 6/5S (Houston area) 20.1%

- PH Region 8 (San Antonio area) 13.5%
- PH Region 4/5N (Tyler area) 9.6%
- PH Region 7 (Temple area) 9.6%
- PH Region 1 (Lubbock, Amarillo area) 7.7%
- PH Region 9/10 (Midland, El Paso area) 6.7%
- PH Region 11 (Corpus Christi, Harlingen area) 5.3%

- **Profession**

- 54.6% paramedics (30.4% EMT-P and 24.2% Lic-P);
- 19.7% nurses
- 3.5% physicians.

- **Age**

- 35.1% between 35 and 44 years old
- 28.9% between 45 and 54 years old.

- **Longevity**

- 41% of the respondents greater than 15 years
- 80.7% greater than 5 years of experience in this profession.

- **Professional Jobs**

- 41% EMS Certificant
- 25.9% EMS Administrator
- 19.4% Trauma System providers/administrators
- 2.7% EMS Medical Directors

- **Salaried Status**

- 78.7% paid providers
- 9.6% volunteers

- **County Designation**

- 51.5% Urban
- 44.3% Rural
- 4.2% Frontier.

- **Education**

- 91.6% had various levels of college
- 24.6% Associates Degree
- 23.7% Bachelor Degree
- 12.4% Masters or Medical Degrees

Section 2: General Satisfaction

- **Ease of Working**

- 68.6% described their experience working in the current system as Average;
- 16.8% described it as Very Difficult or Complicated

- 3.6% had no experience in the current system.
- **Level of State Involvement**
 - 64.8% feel current system provides appropriate level of regulation
 - 15.5% feel it provides too much regulation
 - 19.7% feel it provides too little regulation
- **Representation**
 - 44.4% of respondents feel they do not have adequate representation or voice in regulatory matters
 - 38% feel that they do

Section 3: Structural Component Satisfaction

Thirteen (13) categories were evaluated allowing participants to choose from the following response “Very Dissatisfied”; “Somewhat Dissatisfied”; “No Opinion”; “Somewhat Satisfied”; “Very Satisfied”.

- **Current Educational Standards**
 - 54% Somewhat or Very Satisfied
- **Trauma System Oversight:**
 - 50% Somewhat or Very Satisfied
- **EMS System Oversight:**
 - 47% Somewhat or Very Satisfied
 - 33% Somewhat or Very Dissatisfied
- **Certification Examination Process:**
 - 39% Somewhat or Very Satisfied
 - 43% Somewhat or Very Dissatisfied
- **Responsiveness of Current System**
 - 36% Somewhat or Very Satisfied
 - 44% Somewhat or Very Dissatisfied
- **Change from old Bureau Structure to DSHS**
 - 23% Somewhat or Very Satisfied
 - 35% Somewhat or Very Dissatisfied
- **GETAC:**
 - 43% were Somewhat or Very Satisfied
 - 44% No Opinion

Open Comments:

Lastly open comments were collected on two questions:

- What form of regulatory system do you feel would be most appropriate to meet the needs of the EMS/Trauma Systems of Texas?
- Please use this area to provide additional comments/thoughts regarding areas within the EMS/Trauma System of Texas and what you believe would be an adequate process for addressing identified weak areas.

Although cumbersome, open ended questions provided Task Force Membership insight to perceptions held by EMS and Trauma Stakeholders, not only on Regulatory issues but other current issues facing our industry today. The first question regarding identification of an appropriate regulatory structure was answered by 31.1% of respondents and was categorized by Task Force Membership into categories listed below:

- A Commission 16.48%
- Current System 12.64%
- Old Bureau Type Structure 9.07%

The second question asked respondents to provide additional comments and thoughts regarding applicable areas within EMS and Trauma in Texas today which in the need of the respondent were identified weak areas and in need of improvement. 27.8% of respondents answered this question with the majority of responses falling into the following categories:

National Registry need to address the issues	Increase funding	Input from Stakeholders (need more, broader, more field level, more rural, etc	Education (More, better, consistent)
Separate Regulatory Agency	Improve DSHS staff and process/speed Investigations, more staff, more offices better pay, better trained	Increase DSHS presence in the field	Increase level and breadth of technical assistance
Improve Clinical Care/Consistency	Make EMS an Essential Service	Better Customer Service	More Regulations with more efficient way to manage regulations

A significant source of agitation amongst the licensed and certified personnel involves the decision of DSHS to remit any and all responsibility for personal certifications to National Registry. In fact, a common thread heard from care providers was dissatisfaction with the National Registry Exam in general, the exam process, and the level or lack thereof of customer service provided by National Registry in response to consumer complaints, questions and concerns. Based on responses received, Task Force membership feel DSHS should re-evaluate their decision and entertain other options including, the possibility of returning to a state administered exam process.

The complete survey and results are attached in Appendix B. As you review them, you will see our task force received an incredible resource and tool in this survey. These results were used extensively in responding to our remaining two charges and in our recommendations that we present in this document.

Charge #2: What are the strengths and weaknesses of the current regulatory structure?

General Information:

In order to assess strengths and weaknesses of the current regulatory structure used to oversee and regulate Emergency Medical Services in Texas; the Task Force developed and utilized a survey tool which was accessible via internet as well as a computer which was made available to attendees of the 2006 Texas EMS Conference. The survey comprised of sixteen questions allowed Task Force membership to collect data on information related but not limited to respondent demographics, and current system information as well as providing open ended questions.

Identified Issues:

Survey results indicated dissatisfaction among EMS providers and caregivers regarding a variety of issues related to current regulatory structure. A comprehensive list of sentiments have been included as Appendix B to this report. However, one comment which appears to reflect the sentiment of respondents regarding the current regulatory structure which stated: *“EMS is lost in a large state agency that is spreading resources too thin.”* It is the belief of Task Force membership that the primary underlying request is for an increased level of assets being applied to the oversight and enforcement of healthcare related functions. A secondary goal respondents would like to see is the establishment of a level playing field which would also entail a clearly defined, unchanging set of rules.

Under the current structure there is an underlying perception that regulation and oversight of EMS has been fragmented into non-integrated components throughout the state bureaucracy. This has resulted in the inability of individuals to have a dedicated, “one stop shop” mechanism, for handling issues/questions/concerns or complaints related to the EMS and Trauma System within Texas. General results of this fragmented approach to the regulatory process have resulted in a variety of problems that include:

Inconsistency in interpretation of rules

- A reduction of, or complete loss of EMS identity within DSHS
- A significantly weakened line of authority for the State EMS Director
- Lack of available regional resources
- Increased bureaucratic delays in responses and approvals
- A reduction in oversight of the educational process throughout the profession.

Additional areas of concern include customer service and GETAC. As a result of informal polls of their constituency, Task Force members along with survey respondents indicated a perception that this area is at an all time low. Concerns included:

- A lack of staff to return calls in a timely fashion
- Placing DSHS staff who lack pre-hospital or Trauma related experience/qualifications in the position of answering questions
- A general feeling that DSHS staff is more interested in punishing the provider rather than providing technical assistance to avoid the initial or future errors, especially those which might occur in the context of well intentioned efforts to do the “right thing”.

These sentiments are best typified by a respondent who indicated *“There is no “safe harbor” when seeking technical assistance. DSHS personnel are not there to help, they are there to regulate and enforce. Rules are not followed equally. Little consideration is given to local issues and capabilities. Few policy-makers are actually accountable to carry out duties and tasks.”*

While GETAC will also be listed as strength, respondents to the survey indicated a feeling that there are too many GETAC committee and subcommittee meetings, which create professional, personal, and financial conflict to participants. Due to the volume of meetings stakeholders are forced to be away from their jobs, often at their own expense, to be involved. Many suggested that the GETAC meetings should regularly rotate around the state which would allow everyone the opportunity to attend at least some of the meetings.

Identified Strengths:

The strength of the current system lies predominately in the infrastructure which is in place through DSHS in general, and includes access to office space, specialized services, i.e. general counsel, marketing, and staff that remained in the system following the transition from the Bureau of Emergency Management to the current structure.

Additionally, Task Force members cited the continued functioning and guidance of GETAC as key to ensuring that the direction and intent related to regulatory oversight will not be lost due to restructuring. It is believed that GETAC provides a forum for members of the trauma and pre-hospital based industry to provide input and express concerns relative to the direction and priorities for the healthcare system of Texas.

Charge #3: What would be the strengths and weaknesses of any proposed new structure?

Current System:

Concerns regarding current structure began with efforts to restructure DSHS administrative components and the fragmentation which followed within the EMS Division. Chief among weaknesses resulting from that re-organization include:

- A decreased regional presence
- Loss of administrative identity for EMS as a profession resulting from consolidation efforts and decentralization of operational components
- Reduction in stature and responsibility for the State EMS Director who now serves only in an advisory capacity and lacks direct oversight of all EMS Division staff
- A significant decrease in the level of technical support available to the EMS and Trauma System Community.

The option of retaining the current regulatory structure was quickly discarded as being inefficient and ineffective during the period of time it has existed. Subsequent discussions by Task Force members were then aimed at searching for options which would best facilitate the return of a system possessing the greatest opportunity to address major components listed above as well as to re-establish EMS as a single unit to facilitate consistent, focused, and expedient resolution of stakeholder concerns and issues. Options which have the possibility of meeting those needs include:

- A modified system of the current structure which would place EMS and Trauma “in its own box” on the organizational chart and make it a separate, but functional division of DSHS.
- Establishment of an independent regulatory board or structure to be known as an EMS Commission which would resemble that of the Fire Commission or Nursing Boards.

Following is a list of strengths and weaknesses for both recommendations as well as a sample organizational chart for the Modified system for review.

Modified System Strengths:

- All functions (EMS/Trauma, Licensing, Regulation, Education, etc) all under one Division Director
- EMS Director has direct line of authority
- Keeps EMS and Trauma a focused entity not “lost” in a multi-departmental organization
- Provides regional consistency, expertise and institutional knowledge specific to EMS and Trauma
- Allows functions to continue despite staffing changes as whole division has single focus

- “One stop shop” for all provider and personnel questions and needs
- Places EMS and Trauma in a separate, but functional role within DSHS
- Current infrastructure already in place and has budgetary guidelines and funding established
- Allows integrated efforts related to licensing, regulation, technical assistance, system development, and enforcement so as to reduce opportunity for conflicting staff response and direction
- Personnel versed in EMS and Trauma Systems, as well as legal staff already in place and would not have to be hired or elected
- Changes, realignment, and implementation can be done without legislative action
- Specialization allows for better customer service and more responsiveness to stakeholders
- Could mimic the Division for Mental Health and Substance Abuse Services using parameters, guidelines, and infrastructure requirements which currently exist
- The proposed structure (See Below) will place the EMS and Trauma System on the same level with Technical Assistance serving as the common link between them to facilitate integrated efforts in growth
- The proposed structure places Enforcement on a separate level answerable only to the Division Director
- The proposed structure decentralizes regulatory components and empowers regional staff with responsibility for oversight in those areas

Modified System Weaknesses:

- Initial increase in cost to replace staff assigned in other departments who will return to the EMS and Trauma Division
- Lack of administrative and political support within DSHS for this level of organization
- Funding to perform all duties may exceed budgetary parameters already established for EMS and Trauma
- Training will need to be conducted in order to revise and reorganize duties and tasks to ensure consistency at all regional levels
- May result in higher costs of operation than present structure
- Would require legislative action for acquisition of fees to be placed back directly in EMS fund and not in General Fund

Modified System



- EMS Certifications, Provider Licensing, Education under State EMS Director control and assigned to Regions
- Structure allows for smooth integration of other Acute Care Systems (i.e. Stroke, STEMI, etc) by adding additional Directorships

EMS Commission Strengths:

- Independent of any regulatory body
- Would be 100% funded from user fees ensuring that all fees generated by the EMS System would be directed into the appropriate category and not be earmarked for the General Fund
- May result in lower fees
- Focus is entirely concentrated on EMS
- Equal representation by all healthcare practitioners on the Board
- Would segregate provider licensure from the State and increase certification efficiency.
- Legislatively organized, so it cannot be cut or reorganized unless legislatively ordered
- Capability to establish EMS as an independent function in Public Safety similar to Fire and Law Enforcement
- Self governing body

- Lobbying abilities to improve professional standards
- Could potentially bring all aspects of EMS under a single roof

EMS Commission Weaknesses:

- High initial cost to establish due to an absence of “cost sharing” by DSHS
- Fragments and discourages communication between EMS and Trauma System Providers
- No local level or regional level input
- No established systems approach
- Legislatively established therefore susceptible to sunset and other legislative discretion
- Legislative patterns of consolidation of healthcare licensing could affect this option in the future
- Special interests/agendas could direct a commission down paths that do not equally represent all stakeholders
- Would require, goals and purposes, as well as bylaws, elections and long term duties
- Would require consensus in the EMS and Trauma System community regarding the “role and purpose” of this commission and its responsibilities

Response to Charge:

The primary recommendation of the EMS and Trauma Regulatory Structure Task Force is for GETAC to engage the Department of State Health Services in efforts to reorganize the current EMS and Trauma Regulatory Structure into a single, functional “one stop shop” division (i.e. Modified Structure Model). To ensure consistency with the existing DSHS reporting structure, this Division should report to its own Assistant Commissioner or a single Division Director reporting to the Assistant Commissioner of Regulatory Services.

The Task Force has concluded the current structure has not met the needs of the EMS and Trauma community. With modifications and internal reorganization, the current EMS and Trauma Regulatory structure within DSHS could be rebuilt to meet the needs of its constituents and resolve some of the issues identified by the survey. Restructuring and realignment is the most cost effective and does not require legislative action.

Additional Recommendations:

Although the above recommendation addresses the charges of the Task Force, we would be remiss in failing to bring forth other significant findings. In order for the above recommendations to be successful, interrelated issues must be addressed. These include:

Certification Process:

GETAC should undertake immediate establishment of a Task Force designed to assess options for administration of the certification and examination process used by pre-hospital personnel in the State of Texas. Charges should include delineating options for testing, impact of each option on certificants, and cost effectiveness of implementation.

Staff Retention:

DSHS must give consideration to the retention of qualified regional regulatory staff.

Development of an internal education/orientation program to ensure consistent and objective administration of agency guidelines, policies and statutes is needed.

Evaluation of compensation packages to ensure commensurate pay based upon professional qualifications and job expectations within national industry standards should also be a priority.

Customer Service:

The Task Force recommends that DSHS begin to evaluate communication methods and explore options designed to improve dissemination of information to all certificants. Some examples may include but not be limited to greater use of

email and establishment of a free monthly newsletter for all certificants in addition to or in lieu of the current bi-monthly magazine.

Task Force members were astonished to discover there is an absence of a centralized comprehensive database containing personal contact information for all certificants. There is currently no provision requiring personal contact information be maintained separate from their employer/agency. In order for the previous recommendation to succeed, an immediate effort should be undertaken to ensure collection and maintenance of personal contact information. GETAC should consider a rule change requiring collection of certificant's personal contact information at every recertification.

The Task Force has completed all of our assigned charges and has learned a remarkable amount about the EMS and Trauma System in Texas. We appreciate the opportunity to work for the betterment of EMS and Trauma in Texas and continue to avail ourselves to GETAC and/or DSHS as they review and implement any of the recommendations in this report.

Respectfully submitted:

F.E. Shaheen, III
Dudley Wait
Co-Chairs

Appendix A: Task Force Members

The Members of the EMS and Trauma Regulatory Structure Task Force representing over 390 years of healthcare experience.

Co-Chairs:

F. E. Shaheen III, EMT-P 31 Years in EMS
Director, Levelland EMS
Owner/Operator, EMS Systems, Inc
Texas Ambulance Association Board of Directors

Dudley Wait, EMT-P 22 Years in EMS
Director
City of Schertz EMS

Members:

Bill Aston, EMT-P 37 Years in EMS
Executive Director,
South Texas Emergency Care Foundation
Db/Harlingen EMS/Valley Air Care

Brett Coghlan, EMT-P 21 Years in EMS
Marketing Manager
Allyn Medical Services
Paramedic, Waller County EMS
Texas Ambulance Association Board of Directors

Steven Dralle, EMT-P 15 Years in EMS
General Manager
American Medical Response – San Antonio and Coastal Bend

Wanda Helgesen, RN, MSN 29 Years in Healthcare
Executive Director
Far West Texas & Southern New Mexico RAC

Peter Hicks, EMT-P 14 Years in EMS
Account Manager – Texas
eCore Software, Inc
Adjunct Instructor
TEEX/NERRTC

Thelma Lemley, RN (Ret) 37 Years in Healthcare
Manvel EMS Board of Directors
Greater Houston EMS Council Board of Directors
Southeast Texas RAC Vice Chair
RAC R Board of Directors

James R. (Randy) Loflin, M.D., FACEP 33 Years in Healthcare
Associate Professor of Emergency Medicine
Texas Tech University Health Science Center – El Paso
Medical Director: City of El Paso EMS System; Guadalupe Mountains
National Park; University of Texas at El Paso AED Program;
Ysleta del Sur Pueblo AED Program

Scott Mitchell, EMT-P 33 Year in EMS
Assistant Chief
Flower Mound Fire Department
North Central Texas RAC

Michael A. Nelson, EMT-P 17 Years in EMS
Director, CareFlite Communications
EMS Association of Texas

John Rinard, BBA 27 Years in EMS
TEEX EMS Program Supervisor

Donna Russell, EMT-P 25 Years in Healthcare
CEO, NorthStar EMS

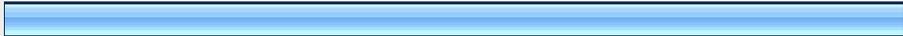
Keir Scrivener, LP 15 Years in EMS
Owner, Medical Matters
Greater Houston EMS Council Board of Directors

David Taylor, LP 28 Years in EMS
Director of Business Development
East Texas Medical Center EMS
President, Texas Ambulance Association

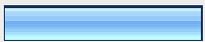
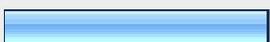
Shanna Worthington, EMT-P
EMS Director
City of Fort Stockton EMS

ix B: Survey Results

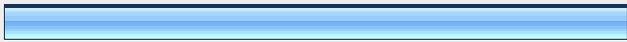
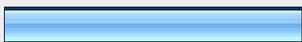
Trauma Systems Regulatory Task Force Survey

Have you already completed this survey?		Response Percent	Response Count
Yes		2.7%	
No		97.4%	
		<i>answered question</i>	
		<i>skipped question</i>	

Which of the following most accurately represents your age group?

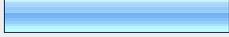
		Response Percent	Response Count
18-25		4.8%	
26-35		21.8%	
36-45		35.1%	
46-55		28.8%	
greater than 55		9.5%	
		<i>answered question</i>	
		<i>skipped question</i>	

Which of the following represents your gender?

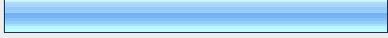
		Response Percent	Response Count
Male		67.2%	
Female		32.8%	
		<i>answered question</i>	
		<i>skipped question</i>	

Trauma Systems Regulatory Task Force Survey

of the following is your primary level of Certification/Licensure?

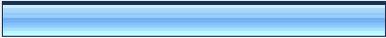
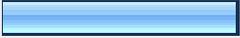
		Response Percent	Resp C
ECA		0.7%	
EMT		11.7%	
EMT-I		6.0%	
EMT-P		30.3%	
EMT-LP		24.2%	
Nurse		19.7%	
Physician		3.5%	
Other (please specify)		4.0%	
	<i>answered question</i>		
	<i>skipped question</i>		

ng have you been involved in the EMS/Trauma System in Texas?

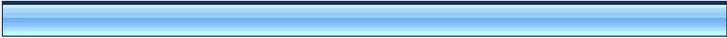
		Response Percent	Resp C
Less than 1 year		2.8%	
1-5 years		16.7%	
6-10 years		20.1%	
11-15 years		19.4%	
Greater than 15 years		41.0%	
	<i>answered question</i>		
	<i>skipped question</i>		

Trauma Systems Regulatory Task Force Survey

of the following most accurately describes your primary role with EMS/Trauma Care in Texas at this time?

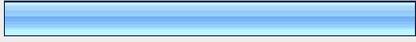
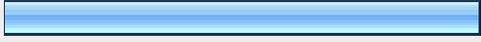
		Response Percent	Resp C
EMS Certificant		41.1%	
EMS Educator		10.0%	
EMS System Administrator		25.9%	
Trauma System Administrator		5.4%	
Physician Assistant		0.1%	
Nurse Practitioner		0.8%	
Trauma System Provider/Administrator		14.0%	
EMS Medical Director		2.7%	
	<i>answered question</i>		
	<i>skipped question</i>		

of the following best describes your compensation level within the Texas EMS/Trauma System?

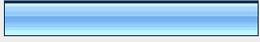
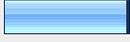
		Response Percent	Resp C
Volunteer		9.6%	
Part-paid		8.3%	
Full paid		78.6%	
Other, Please describe		3.5%	
	<i>answered question</i>		
	<i>skipped question</i>		

Trauma Systems Regulatory Task Force Survey

one of the following describes the county you provide services in?

		Response Percent	Response Count
Frontier		4.2%	
Rural		44.3%	
Urban		51.5%	
		<i>answered question</i>	
		<i>skipped question</i>	

Public Health Region do you provide primary service in? Regional offices are listed beside each designated Public Health Region for a reference.

		Response Percent	Response Count
PH 1 (Lubbock/Amarillo area)		7.6%	
PH 2/3 (Abilene/Wichita Falls/Arlington area)		27.6%	
PH 4/5N (Tyler area)		9.6%	
PH 6/5S (Houston area)		20.1%	
PH 7 (Temple area)		9.6%	
PH 8 (San Antonio area)		13.5%	
PH 9/10 (Midland/El Paso area)		6.7%	
PH 11 (Corpus Christi/Harlingen area)		5.4%	
		<i>answered question</i>	
		<i>skipped question</i>	

Which of the following best describes your experiences working within the existing regulatory system?

		Response Percent	Response Count
Very difficult/complicated		16.7%	
Average		68.6%	
Very easy/not complicated		11.0%	
Not applicable		3.7%	
		<i>answered question</i>	
		<i>skipped question</i>	

Which of the following best describes the level of regulation provided by the current system?

		Response Percent	Response Count
Too much		15.4%	
Appropriate level		64.9%	
Too little		19.7%	
		<i>answered question</i>	
		<i>skipped question</i>	

Trauma Systems Regulatory Task Force Survey

Select the response which indicates your level of satisfaction with the current areas.

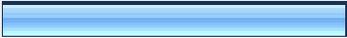
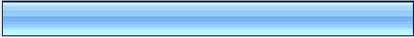
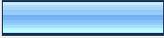
	Very Dissatisfied	Somewhat Dissatisfied	No Opinion	Somewhat Satisfied	Very Satisfied	Response Count
Use of DSHS sponsored grant funds	11.6% (101)	26.9% (235)	32.6% (284)	22.9% (200)	6.0% (52)	
Educational standards	7.7% (67)	28.5% (247)	9.3% (81)	44.5% (386)	10.0% (87)	
Systems oversight	4.9% (42)	19.0% (164)	26.7% (231)	39.6% (342)	9.8% (85)	
Systems oversight	9.4% (81)	24.5% (210)	19.8% (170)	37.5% (322)	8.7% (75)	
License examination process	20.1% (174)	22.5% (194)	18.3% (158)	28.7% (248)	10.4% (90)	
Use of non-regulatory assistance	7.7% (67)	21.0% (183)	41.4% (361)	23.2% (202)	6.7% (58)	
Use of statutes/legislation/rules	9.5% (82)	29.2% (253)	24.8% (215)	31.4% (272)	5.2% (45)	
Efficiency of permit/disciplinary action	14.0% (121)	21.8% (189)	29.1% (252)	28.2% (244)	6.9% (60)	
Effectiveness of current system						
Challenges/issues/problems in Texas	14.1% (122)	30.0% (260)	19.9% (173)	29.0% (252)	7.0% (61)	
Transition from BEM to DSHS	17.6% (152)	17.5% (151)	41.8% (362)	19.0% (164)	4.2% (36)	
Ability to regulate EMS at a local level	13.9% (120)	25.5% (220)	23.5% (203)	30.0% (259)	7.1% (61)	
	4.7% (41)	8.9% (77)	43.6% (378)	33.0% (286)	9.8% (85)	
	2.4% (12)	1.4% (7)	84.6% (423)	9.2% (46)	2.4% (12)	
	<i>answered question</i>					
	<i>skipped question</i>					

What form of regulatory system do you feel would be most appropriate to meet the needs of the EMS/Trauma Systems of (Responses Below)

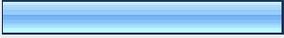
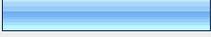
	Response Count

Trauma Systems Regulatory Task Force Survey

adequate representation and a voice in matters regarding regulation of EMS and Trauma in Texas.

		Response Percent	Response Count
Agree		38.0%	
Disagree		44.4%	
No Opinion		17.7%	
	<i>answered question</i>		
	<i>skipped question</i>		

the box indicating the highest level of education you have completed.

		Response Percent	Response Count
HS Diploma/GED		8.4%	
1-2 Years of College		30.9%	
Associates Degree (any)		17.2%	
Associates Degree (EMS)		7.5%	
Bachelors Degree (any)		22.6%	
Bachelors Degree (EMS)		1.1%	
Masters Degree		8.6%	
MD/DO		3.8%	
	<i>answered question</i>		
	<i>skipped question</i>		

use this area to provide additional comments/thoughts regarding areas within the EMS/Trauma System of Texas and believe would be an adequate process for addressing identified weak areas. (See Responses Below)

	Response Count

Response to Question 13: **What form of regulatory system do you feel would be most appropriate to meet the needs of the EMS/Trauma Systems of Texas?**

1.	I think the current system would work very well if better staffing were available
2.	Get rid of the nurse over EMS, a nurse has no idea or concept of what it is like on the street.
3.	Attention to the amount of work related to the amount of funded positions. For example, contracts with reports due, audits and limits of administrative funds generally allow for only one FTE per RAC. The larger cities can afford more personnel, but the rest of us have one paid director and the volunteer Board. I know that Kathy Perkins at one time felt that with paid directors we could get all manner of things done, but with requirements to go to meetings for HRSA, GETAC, COGs and local / regional drills it is more work than DSHS realizes.
4.	get rid of the NREMT program, have more re-certification classes, more opportunities for low cost CEU's
5.	EMS Spot Inspections Ensure Compliance with Safety
6.	Medication Standard of care for Texas EMS. Example, the medication carried on units is Medical Director dependent. The issue of pain medication needs to be addressed and a minimum of cardiac medications, as a standard of care, with the Medical Director allowed to add additional.
7.	getac
8.	Removing subscales in testing or go back to state testing
9.	state certification instead of national registry like it used to be. or do away with subscale rules on the national registry.
10.	n/a
11.	I dont know.
12.	i dont know
13.	?
14.	N/A
15.	n/a
16.	I feel that more Trauma centers in the North Texas area would play a vital role in patient survival. The closest Trauma Center would be Texoma Medical Center- level three, I would like to see a level one in this area. The closest level one is Parkland in Dallas.
17.	more ems units
18.	Agency not directly tied to the regulatory body, funding source,etc.
19.	Not all ambulance providers deal with trauma day in and day out. Most private providers have to spend valueable resources and time dealing with "Trauma" related Items that don't always involve them or benefit there organization. Why not ask the Providers what they need instead assuming what is best for them.
20.	none at this time
21.	I belive an independant state department is the better than a commision of sub-department
22.	I am satisfied with the regulatory system as it is. I think as an administrator, if you need a regulatory agency that completly runs your service for, you are not doing your job.You need to step up and work with the system that is in place. Team work makes anything stronger.
23.	a uniform standard to our scope of practice.
24.	More attention needs to be paid to educational issues. First, there needs to be strict licensing/certification requirements. I feel they are too loose at present. Additionally, medical directors should meet to arrive at a state-wide (preferably, a nation-wide) standard for education and clearance to practice within the local EMS system. The Austin/Travis County system is a terrific model for a state-wide EMS role.

25.	NOT a COMMISSION
26.	follow the national trends; I think we are too stuck in our "Texas" (independent) mode.
27.	A system that is not so overburdened. That deals more rigidly with level of care and less with minor infractions and oversights.
28.	Regulation of Private Ambulance Services.
29.	No opinion
30.	I feel that there is little to no say on issues now the NR is in place, the state really can't help.
31.	The regulatory system for EMS/Trauma should be regulated by the region and those regions directed by the state so that there is some uniformity throughout but still allows for some of the diversity that is required for the different regions.
32.	It's just fine the way it is. Leave it alone.
33.	In my opinion, the current system is doing an adequate job.
34.	Consistent!
35.	Some type of DSHS or TDH but with less bureaucracy. The individuals answering the phones in Austin have (generally) less knowledge of EMS and the rules than we do. There is also way too much paperwork that is "lost"
36.	A self regulated independent state agency associated STRICTLY with Emergency Medical Services similar to that which governs nurses. One that is not lumped in with other health related entities.
37.	1. A system that would not allow an EMS service to exist for the sole purpose of allowing Medicaid/Medicare fraud to occur by being dedicated dialysis services. Let's empower certain credible individuals who volunteer their time toward enforcement of DSHS rules and guidelines with the ability to issue citations (fines) for irregularities. This would raise money for DSHS sponsored grants for the betterment of the whole. Make these fines enforceable by making them a basis for which if lack of payment occurs then a provider's license or certification may be suspended until payment is made. Furthermore, make it felonious to operate without a provider license or certification. 2. Make a state mandate that, in Emergency Departments at hospitals, triage nurses must triage every ambulance patient and provide a bed or location for pt drop off to EMS within 15-20 minutes. Failure to comply results in citations and fines issued to the hospital. This would raise more funding for DSHS grants, but more importantly would allow EMS services to return to service the public within a reasonable period of time. I have personally waited up to 2 1/2 hours with a severe cardiac patient on my gurney in the ER waiting to be triaged! On more than several occasions! Of course exceptions would be made during natural disasters or acts of terrorism. 3. Requiring that every EMS provider registers their units with the local disaster management team within 3 months of getting their provider license. They must also provide a crew for each unit. Each medic can only register with one EMS service such that, in the event of a disaster, the disaster management team can mobilize these units to respond. 4. Allow enforcement of DSHS rules applicable to all Fire services that engage in EMS activities (ie. that run ambulances) such that even large organizations, such as the Houston Fire Department EMS, are forced to follow the same rules as everyone else. 5. Create standards for minimum uniform requirements to eliminate medics that are working in in T-shirts and jeans! This looks very unprofessional to the public. 6. Do not allow ambulances to be certified if they are older than 6 years old or if they have more than 400,000 miles. By then most chassis are dead and a general menace to the public and the medics who are forced to work in these conditions. 7. Use this money from fines to also form an EMS organization that would offer insurance and other benefits to all medics in Texas. This is just a start.
38.	An EMS Commission, or a return to a much more highly developed BEM.
39.	One department that oversees EMS only.
40.	I haven't quite figured that out yet
41.	One in which regulates but also has a resource for guidance without penalty.
42.	More diverse, more medical personnel on the oversight boards, more pediatric oversight
43.	We need more personnel to enforce the standards. People/entities who do not adhere to the standards need to be removed from the system. Not this madness of "slap on the hand" and go back to business as usual.

44.	I do not know at this time.
45.	I feel EMS needs its own board and or commnision.
46.	NONE
47.	an EMS Commission
48.	It seems that the last legislative session had the BEM perform a reorganization on top of an existing reorganization that was still a work in progress. This slowed everything down. LPG applications are not applicable to EMS. This is because the people that created the applications did not know anything about an EMS system. The LPG awards takes months to decide. Why should a person take the time to put in for a LPG? The provider that complies to "self reporting" a violation now has to wait forever for that complaint process to begin. I strongly believe that all employees that work, advise, regulate, invesigate, chose grant awards, should have at least a background in EMS. The pod system does not work.
49.	Better customer Service. Tighter EMS Rules with enforcement. True oversight. EMS Education programs need to be taught by Colleges. Do not allow new programs to be run by EMS companies or FD. Higher recognition of LP's.
50.	We should have a commission like the fire commission and law enforcement commission.
51.	One centered around EMS and other allied health agencies-- not tattoo shops or the likes. Need people experienced in EMS and its components/needs and ability to work with other integral agencies such as hospitals, physicians, associations, etc that are dedicated to enforcing rules, regulations and penalties with a adequate size staff and budget.
52.	N/A Does no good. Can't get people to volunteer or run with this service. Doing criminal backgrounds on people to find only FELONY RECORDS ok. But not MISDEMEANOR convictions. NREMT tests are running people away and not moving up their certification level. I have three people who could be great emt's, but you have to have a high school diploma anymore to be a emt-b. And question number 15. I can't mark anything cause I'm a high school dropout. It takes all kinds of people to help a community. Thats why prison numbers are climbing cause no one gives others a chance.
53.	A system that is more in contact with the overall majority than just a select few.
54.	texas older style of government
55.	no comment
56.	BEM
57.	More oversite from local medical directors
58.	Somt type that would be more proactive at the local level.
59.	Return back to BEM standards
60.	A stand-alone system
61.	Current
62.	Slimmed down system with common-sense regulations and enforcement based on actual experiences and outcomes. It seems that all regulatory agencies just grow bigger and bigger and have no relevant support role to EMS in either regulatory or advisement matters.
63.	If it ain't broke, don't fix it. The panhandle had the PEMSS organization. The RAC system literally gutted PEMSS.
64.	Unsure
65.	A self-sustaining EMS Board with power over licensure, regulation, inspection, enforcement and training.
66.	I feel EMS providers and operators should have the same consideration as nurses and physicians in regards to protection of their license and due process. Enforcement should not be arbitrary and capricious.
67.	Local system that answers to State system that answers to National system.
68.	I feel that there should be no changes
69.	I really have no idea since I am not involved in the process.

70.	LIMITED REGULATIONS THAT ARE MORE SO GOVERNED BY LOCAL AUTHORITY THAN AN UNKNOWN PERSON IN AUSTIN.
71.	1. State reimbursement for noncompensated trauma. 2. Restructure RAC's to EMS only. EMS systems should not have to compete with hospitals for funding. EMS funding should be based on number of uncompensated trauma and size of service, not whether someone attends meetings, which in our RAC only gives concern to the hospitals.
72.	Listen to those in the field more. We are the ones who are actually working with the public. And listen to the entire state, not just those east of the I-35 corridor. There is more to Texas west of there.
73.	A system that allows for servics that have a low number of volunteers.
74.	Personnel familiar with the history of the EMS/Trauma system need to be involved with the regulation of the current EMS system. If there is an advisory council set up, it needs to have more authority to make changes/decisions. They also need to solicit more input before putting out MOU's, etc. and expecting everyone to sign them.
75.	no opinion
76.	We need regulation, but we also need a source of assistance in knowing how to comply with the rgulations. Although all providers need this to some extent, the volunteer providers are especially in need of it. Without this, providers and personnel will make mistakes that will cause them to receive disciplinary action, which will serve to decrease the already small pool of available EMS personnel.
77.	Recognition of bi-state cooperation. Texas is a very large geographical area that touches many communities outside its borders. These communities are considered frontier and may be many miles within another state's boders. Cross state cooperation and recognition of healthcare needs provided within Texas is a must. I live in NM and am 100% supportive of my Texas region. It is a well working system that I believe many could learn from.
78.	More local input and reputable local compliance person. Our person in the job is a joke being fired at several agencies that he now oversees POOR Canidate
79.	What we had in past
80.	No Comment
81.	I am not so sure that I have the answer to that question. I am certainly not an expert but do have and opinion. I know that I am very involved in the STRAC and am getting more involved in GETAC. That is where I am starting to try and make a difference.
82.	Give testing back to TDH
83.	provide umbrella support & regulatory muscle for the regional organizations already in place, such as the RACs (regional advisory councils)
84.	State authority under Texas Fire Commission, Authorize TFC to regulate EMS in TX
85.	One that investigates complaints, not one that says they will and never shows. One that is impartial, there seems to be favortism in the current investigation process.
86.	I would eliminate completely the ACS verification for Level I and II centers and go to a system that is similar to Illinois. Use some of their requirements, but not all.
87.	EMS Commission
88.	Maybe something similiar to the BNE?
89.	Not to familar with the process.
90.	Something other than National registry!
91.	All areas need to be connected so there is coordination and communication.
92.	Air services
93.	Develop a SOG or Relator guidelines that can be adminstored at local level and inforced by the State.
94.	Strict regulatory system.
95.	One that monitors and reinforces all facilites on the same level

96.	Current form seems to be doing well.
97.	Not sure
98.	Current form is appropriate
99.	I think that EMS services, primarily in the Houston area should be "watched" more. I believe that there is too much corruption in "Transfer EMS" and there aren't enough investigators for DSHS too enforce regulations.
100.	MULTI state liscnse and EMS/Trauma ran by the participants in City/county positions for EMS/Trauma
101.	EMS Commission
102.	Stand alone EMS Commission. If that is not possible, Bring back BEM's. At least EMS functions were all in one place.
103.	Not sure.
104.	We need to be regulated by EMS not piercing parlors. EMS/Trauma Systems go hand in hand and should be self regulating. Our own standars are very high. We are capable of self regulating because we love to look over everyone's should. This is not a bad thing. It helps keep everyone competent. EMS/Trauma Systems do work well together. We can solve our problems with out help from health agencies who have no clue what we do and our problems. Yes, I am frustrated by having EMS slit over several departments. We need to be our own essentinal service.
105.	I feel that there are regulations but inadequate resources to inforce them. There are medics that cause serious bodily harm but no discipline was ever handed down on them because DSHS is shorthanded. or so im told
106.	Geographically controllable regional regulatory presence and availability.
107.	Current system with more funding for uncompensated trauma and EMS care. More funding for education of rural personnel as EMTs. Less governance by state more by the local RACs.
108.	EMS needs its own regulatory division
109.	n/a
110.	How do you regulate an EMS/Trauma System that may not even exist in certain areas of the State of Texas? I would think before we could regulate a system, you (the State that is) would have to mandate that all cities and counties have an appropriate EMS system in place. EMS is a crucially needed service that doesn't even exist in some places of Texas (or barely exists). This just seems unacceptable to me. When I, or one of my loved ones drive through the State of Texas and have a bad car wreck, it would be nice to know that no matter where I am, a qualified, educated and PAID Paramedic level ambulance will show up to appropriately treat and transport to an appropriate trauma center.
111.	A seperate ems regulatory agency that had a very different focus on EMS. One that helps instead of looks for minor infractions of rules. A system that is seperate from other health services and understands and sets rules that is best for EMS as we are a system that is different from all other health care. We need to be regulated as the Texas Fire commission does, they are very helpful and DSHS seems to concentrate on what are wwe doing wrong. I think a survey needs to be sent out about the regional service and how they are imporving our services. Why and how does DSHS have the authority to take GETAC approved rules and word them the way they want and not tell GETAC. We need STATE testing not NR as we all know they are in it for the money!!! We had a good system and our patient care is not lees or any better with NR, so why make it harder to get certified people????? DSHS is helping the decline of EMS in Texas!!!
112.	A separate regulatory body specifically for E.M.S. and pre-hospital care. With management and oversight by persons with pre-hospital experience and training (too much alphabet soup in the current administration, with very little practical experience). Representation of the intrests of pre-hospital providers should be legislated and regulated specifically by this agency, with consideration to laws and regulations that are successfully implemented in other states, and even other countries.
113.	Distinct agency for trauma/ems
114.	I believe that provider certification, testing/education, and regulation all belong in the same program. I worked in a state government in their EMS program when what has been done to the program in Texas was experiemented with there. The split did not work well, and eventually the state recombined those areas back into one division. I believe we as stakeholders told you this up front but do not believe our

	opinions and concerns were responded to in an appropriate manner.
115.	more local guidance/support
116.	More local regulation.
117.	Funding and Educational
118.	a RAC based system
119.	A better form of communication with the EMS providers to ensure reports in timely manner and with complete documentation, ex. time of call, better history.
120.	Need open forums for feedback for all providers from bedside to management. Bedside very under represented. Tired of titles. See very little info given to local communities or citizens to be aware of what is going on with their trauma systems and how they need to know or be involved. No real voice or identity to put a face on trauma care for who we all serve---the patients of Texas.
121.	More actual EMS interaction.
122.	.
123.	No comment
124.	dbsh
125.	We need to have consistent training across the board, wether it be rural or urban. The funds and resources need to be available for everyone.
126.	The current DSHS system with more staff and authority would be best.
127.	The system falls on deaf ears at the local level in these extreme rural areas. We need structure at the county level to ensure that EMS is funded and available. We need to make it an essential service. I like the idea on the listserve about having a database along the lines of TCLEOSE where we can track the employment histories of our providers. I would also add a component that tracks the services themselves. When a service has constant turnover, it might be in the best interest of the State to find out why.
128.	The current form with increases enforcement of rules. If change must occur then I would reccomend to adapt the California county model to operate through the RACs.
129.	Regional dispatch and responsiveness to ability of hospitals to accept differing levels of acuity.
130.	We need people who are aware and credentialed in our fields to regulate us.
131.	EMS Commission with adequate financing, compliance oversight and regulations development.
132.	as is
133.	legislation/rules
134.	The same system that is in place now, with statutes and regulations requiring a full legislative process to be added to or deleted from current statutes and regulations
135.	Tighter control of scope of practice; certificate of necessity for providers; "system" integration rather than whoever wants into the business.
136.	The one we have might be ok if they could ever get organized and keep staff that are able to do the job.
137.	An EMS Commission much like TCFP for firefighters
138.	I feel that the standards of education are good but that there are some areas and things that need improvement.I also feel that the medical director should always be able to decide what he wants his ems personel to be able to do even if it is above what the state as set as not for E.M.S.. The medical director should always keep that power due to the many differant needs for all the differant areas in our great (and large) state.
139.	Let EMS Govern themselves.
140.	take action against some of the EMS (so called) providers who make a bad name for the rest of us.
141.	?
142.	the old system prior to reorganizing. with staff that has time to answer questions and will answer the

	phone calls and e-mails as soon as possible. and some one who has the answer that does not change day to day.
143.	I think we should have a board or commission that regulates EMS and EMS only not the hospitals and trauma most calls in the area I work are for medical not trauma
144.	i liked tdh/bem, though dshs has not had negative impact on ems
145.	I would like to see Texas once again take responsibility for testing their own Paramedics/EMTs with the option to take the NR test as well. I do however believe that the skills testing should become part of the Texas Certification Process.
146.	BEM
147.	The system that is now in place or what we had 4 or 5 years ago worked fine for us.
148.	go with all national standards. Having to keep both Texas Certs and national certs. is expensive, especially for part time and volunteer people.
149.	Something more similar to the board of nurse examiners.
150.	County/City/Town Public Health Systems
151.	no opinion at this time
152.	no opinion
153.	I have no problem with the one in place!
154.	Very dissatisfied with the testing procedures used to certify personnel. Currently being forced to go through National Registry testing. In most cases, being forced to use a college or university for training. Many colleges have acquired an elitist persona regarding their self perceived importance.
155.	Separate entity within itself, within DSHS
156.	Considering the efforts of any regulatory entity, the difficulties seem far removed until actually and intimately involved in the day-to-day operations. It is relatively easy to stand on the outer limits of any regulatory agency and throw stones of criticism and dissatisfaction. However, to actually understand the difficulties of a regulatory agency is to be in the process from inception to delivery. The current system is working. Let's work together to improve it versus trying to build another that will take another twenty years to stand up and be truly functional.
157.	anything would be better than what we currently have
158.	Our own
159.	I don't think it's so broken that it needs fixing.
160.	Strong DSHS Program, similar to prior to the reorganization.
161.	I am not sure what the question means but I do not think that the current way of regulation is doing a good job. I feel that a system that worries about the EMS system would be more efficient than the process we suffer through.
162.	I think it should be universal/nationwide to provide more continuity of care. More people are traveling now than before, and there should be a consistent trauma process.
163.	More investigators and punishment for wrongdoing that will make an impression on those that might commit future violations.
164.	Merged agency representing law enforcement, EMS and Fire or within Texas State Board of Medical Examiners.
165.	Board of EMS
166.	I feel the system needs tougher standards but also needs a way for good people within the system to afford the training so they can become better trained. I have been certified as an EMT since 1988 and have never had the opportunity to achieve Paramedic because of the lack of a paying job that will allow me to afford the training while making a living and having the time off to take the classes and clinicals. As a Basic, it is difficult to find a PAID position other than in the transfer industry which is usually taking grannies to and from dialysis. In that kind of system one's skills are rarely used and atrophy. On the other hand if someone at my level wants some 911 time it usually has to be with a volunteer service

	which I can't support a family on. What I feel needs regulating most is the Private services so the level of skills there is at the same standards as the 911 community. I have seen many people working for the private system because they don't have the skills to work 911 or they can't get hired by the 911 services due to criminal background.
167.	I feel there is still too many volunteer services like mine where it is very difficult to enforce rules.
168.	An appropriately funded one...
169.	not sure
170.	One that allows required changes to be implemented in the most streamline and efficient manner possible.
171.	I would like to see an independent board similar to what firefighters, police, physicians and nurses currently have in place.
172.	I think the current system is very good compared to other states.
173.	It appears to me to be mostly EMS and it should be an equal portion of nursing/hospitals and EMS. It is also mostly run by the Dallas area and it needs more input from the smaller hospitals. The larger hospitals often say things about the treatment or length of time it take to get a patient transferred. There are problems with getting hospitals to accept patients. There are many issues involved with smaller hospitals and it seems the larger ones have more input and are listened to more often. Here is an example: a patient was transferred to a Dallas area hospital with a head injury. The CT at our hospital showed a bleed. The CT at the receiving hospital didn't show anything, so our hospital received this letter from the trauma coordinator saying that the patient didn't need to be transferred. The patient was released from that hosital and returned to our hospital with a migraine. Another CT was done and it still showed a head bleed. The films were not completely copied before the patient was transferred, so they never received the copies of our CT. In other words, it seems that the smaller hospitals are looked upon as inadequate.
174.	I am not educated enough in this particular area to offer a valid opinion.
175.	Separate Regulatory agency for EMS
176.	A system that considers all the different regions of Texas from Rural to Urban.
177.	No comment.
178.	The belief of system would have to approach the existing BEM system. I believe this would reflect the needs of EMS. Currently there appears to be a shadow of DSHS over EMS that portrays it in a negative manner. EMS appears to be left behind from the other aspects of public safety. This is ment that there is no true legislation to have EMS required as part of the municipal public safety group. Society has grown to expect EMS with a community and yet there is nothing to make sure that the system is in place or required.
179.	Feel the way it was doen prior to DHSHS was fine
180.	a SYSTEM THAT TAKES INTO CONSIDERATION WHERE THE STROKE CENTERS,PSYCHE FACILITYTS, AND CHILDREN ORIENTED CENTERS ARE AND TO USE THEM. NOT JUST GOING TO THE CLOSEST HOSPITAL AND DROPPING THE PATIENT OFF BECAUSE IT IS CONVIENT. USING SKILLS TO TREAT AND STABILIZE IN THE FIELD.
181.	A blend of TCLEOSE and TCFP. I believe the GETAC needs to have a broader authority, and DSHS to have more regulatory and enforcement officers.
182.	State operated systems no out sourcing of the testing, education, or monitoring staff. Open communications through out the levels to the EMS Providers and FROs.
183.	2 Statewide Boards, One for EMS and One for Trauma Systems
184.	A system that is productive in all areas of EMS. Whether that is within the DSHS system or a new stand alone commission.
185.	Local
186.	The current form is about avg. There is always too much red-tape , regs and so forth before you can get anything actually accomplished. Let's cut out what doesn't work and streamline the current system by about 50%.!!!

187.	our own stand alone regulatory department
188.	as is
189.	I believe the current system is adequate, but the difference between National Registry and Texas should be addressed, especially in the area of CE hours and recertification
190.	I like the current system except it does not really provide support for clinical excellence (in practice, education, etc.). Most states have much stronger support or regulation (I prefer support) for QI/QA/Performance initiatives. By keeping our own fees within our system, I think we could add that support at a local and state level.
191.	UNKNOWN
192.	if developed correctly probably a Commission
193.	I feel that the current one is appropriate, however, local systems mgmt could probably be overhauled.
194.	Foundation
195.	This system works leave it alone.
196.	EMS Based system that includes the working personnel, Medical Directors, and State regulatory that can all work together for the good of the patient.
197.	A comprehensive agency that is more user friendly to better aid in the development and administration of EMS delivery.
198.	no opinion at this time
199.	I would like the system regulatory separated from the personnel regulatory system, What I mean is that the same system should not be overseeing me and my company.
200.	Independent commission
201.	Texas EMS Commission similar to TCLEOSE or TCOFP, properly funded and administered. Adequate number of grant funding to support local systems for improvement without beaurocratic hurdles.
202.	Do not know what you are talking about.
203.	all areas use the same forms and they all be computerized on the trucks and in the stations
204.	A system that is assistance driven rather than enforcement driven, and one that is proactive rather than reactive. The system in place has long been a system that can't perform its prescribed function due to lack of man power, and what efforts it does make toward improving EMS are often ill thought out, or scaled to the needs of the minority rather than the majority.
205.	The system needs to be more regulated. DHS should take a set of standards and make them more standard throughout the state. A patient may get excellent care in one area and no as good in another no due to lack of education but due to lack of protocols. Texas is lucky to have the most progressive EMS system in the country and should take some of the education standards from CCEMS. Also, There should not be as many transfer services. 300+ transfer services have drained the providers from the system.
206.	The Old System was just fine!
207.	A single regulatory body with enforcement authority.
208.	No Opinion
209.	I dont know the answer to this except that it seems like there are a lot of layers to go thru to get regulations reviewed and changed
210.	Anything besides what we have
211.	The system is not as important as the people who administer the process. We need educated, reliable and objective representatives who know the business.
212.	current system is fine
213.	no opinion
214.	GETAC is and has been a powerful voice in issues of EMS and Trauma. I respect the work these dedicated people provide. For the rural areas, I think there could be some increase in the available EMS/Trauma Compensation funding.

215.	One that is representative of all entities & personnel not primarily urban. The frontier areas have unique needs, and these need to be remembered when regulating the State. There is a part of Texas West of Interstate 35.
216.	More stringent requirements for designated trauma centers and a system to make those levels equal. Currently, there is a VAST difference in one level 3 to another.
217.	no opinion
218.	No idea. Don't know any others.
219.	higher pay and better education
220.	We need to not be in the same grouped bueracracy as the tatoo artists and nurses. Nursing in this state has been very aggressive and effective in killing legislation that would allow our EMS personnel that are effectively qualified to continue to advance. It is very difficult to believe that we are getting a fair shake under the new setup. What will happen when nursing and ems are at polar opposites over a topic such as paramedic to nurse reciprocity?
221.	A form of regulatory system that is flexible and will help EMS students and certified personnel to be the best that they can be.
222.	I don't know
223.	Local Chapter regulation,information,mentoring, and discipline with representatives of each chapter going to State Board to vote on state regulations and laws.
224.	I feel regulatory systems are inherently problematic. I have been mostly satisfied with the system in Texas until the reduction in work force for Texas EMS/DSHS. They were doing an exceptionally good job (compared to several other states I have worked in). Since the work force reduction, things are taking longer to get done and the scope of what they can do is more limited. This is more than just unfortunate, one of the great strengths of Texas EMS was the great job being done by TDH-EMS!
225.	No comment
226.	Go back to BEM
227.	The one we have is adequate and involves the highest trained individuals working together to provide trauma care to the citizens of TX and working toward the best outcomes possible. Anyone who wishes to be involved has the same opportunity as the rest of us to voice opinions and create the rules.
228.	A commission sepcifically set up for EMS, such as the one for Fire Departments.
229.	EMS Commision
230.	N/A
231.	I come from the Trauma Surgery Level I side and feel there needs to be much more guidance and collaboration for the trauma surgery critical path portion. The survey misses some key OR issues to insure safe care and does not have OR nursing surveyors.
232.	The current regional trauma systems with the six Trauma Service Areas seem to be effective. The state RAC system's quality improvement process certainly provides an enhancement to the program.
233.	EMS Commission
234.	From my knowledge on the subject the majority of this information is created from reporting standards and administrators. Not from the front line personnel who are currently doing the job and physically impacted by the SYSTEM. This survey is a step in the right direction, but more should come from the line personnel i.e. nurses, doctors, medics, EMT's, and etc.
235.	Single agency with consistency in regulations and rule interputations. It would be nice if the agency and providers had a more cooperative relationship and communication versus the left hand not knowing what the other hand is doing. Realistic expectations and standards in some areas should be addressed.
236.	N/A
237.	EMS Commission or Board
238.	We need our own Independant System
239.	A system that allows the administrators to use surveys like this one at least annually, and when

	problems are realized, to have the accountability to correct the problem or support the suggestions of the field personnel.
240.	Place all sections back under the state director. Allow Maxie Bishop to oversee compliance, regulatory, and certification sections.
241.	do not know
242.	I am not sure if this is needed. There's so many people telling EMS what to do now, we surely don't need someone else.
243.	What ever form it takes, it should maintain the consistency and joint workings of both Trauma and EMS. Any separation of EMS from Trauma and Emergency Health Care regulation would only be detrimental to the future of EMS in Texas.
244.	Commission or similar -- EMS gets lost in shuffle at DSHS - need separate entity
245.	A system that compensates for the vast differences in socio-economic, demographic, and geographic characteristics across the state.
246.	Self regulatory board
247.	Similar to the one we used to have before now. There were enough personnel to assist you with most problems and they were knowledgable enough to actually give you information as to where you might get help if they didn't have the answers.
248.	Regional system with larger staffs and a supportive role from Austin. Real decisions should be made at the local level and interaction with State staff should be from the local staff. Austin can better provide data entry and rules and regulation formation. This is regarding the EMS side as I cannot speak for the trauma side.
249.	Have a sole regulatory agency for the State and get out of the National Registry money farm.
250.	Less is better.
251.	Need more information on GETAC for new persons in the system, seems to be a lot of word of mouth
252.	I'd like to see an EMS specific regulatory system with a tie to the trauma systems.
253.	Move all EMS regulation under the Texas Medical Board
254.	Strong centralized system able to make changes across the state.
255.	State Agency specifically for prehospital medicine.
256.	Not really sure.
257.	not sure
258.	I feel that enforcement is a big issue in our area, there are over 50 providers in our area and they know that there is only on person from TDSHS here to watch them, I have seen crews on trucks with only one certified person, ems companies using each others trucks just placing a magnetic sign on them, units with no oxygen on emergency calls. i could go on but as far a a regulatory system, it is hard to regulate if you don't have someone to do the regulating or enforcing. I often tell the supervisors where i work, if you don't inspect then don't expect your crews to follow some of the rules, because if they know that nobody is watching then they will try to get away with what they can
259.	The form is not the issue. Continuous legislative funding cut backs have forced the current regulatory program to become inefficient and frail. Returning the funding or dedicated funding will strengthen the EMS/Trauma Systems regulatory program again.
260.	Current system works well.
261.	city/county
262.	local rac
263.	There are too many different types of services and "turf wars". Not all EMS services are created equal. Since EMS is not a mandatory service such as fire and police there are areas that do not have coverage and this is an issue that needs to be addressed. Educational requirements should be increased to get rid of the overabundance of the woo woo mentality. I have seen way too much unprofessionalism in this

	state when it comes to EMS providers. Get rid of the www.emsblacklist.com . That is unprofessional and does not help in building the profession in this state and if it is not a hoax, can be very slanderous to some because the he said/she said carries a considerable amount of weight in this state. The main issues that I have is the educational requirements for EMS providers and the lack of communication between the regulatory system and the certificants.
264.	A separate commission to regulate EMS in Texas. Similar to Fire
265.	Local control
266.	perhaps like tdh used to be...administering justice AND the tests....
267.	Combined Trauma System / EMS regulation. It is essential to keep the two together for success.
268.	No Opinion
269.	legislative
270.	more latitude give to each region. State EMS should have very basic directives where local or regional should have more control of their respective areas.
271.	One that is more easily utilized to improve care. There seems to be very little follow through when vital mistakes are made. As a nurse if I make a vital error I answer to the hospital which I work, the patient, and ultimately the Board of Nurse Examiners. These errors are often a permanent part of the nurses record and education is offered to prevent further issues. When a paramedic makes a mistake it seems to be lost in that small system of his medical control and there is very little follow thru. Too many politics and bureaucracy. I am not suggesting all actions should be punitive but nurses are always aware every patient decision they make could result in the loss of their precious license.
272.	One not controlled by a few wannabes
273.	Commission
274.	DSHS with the ability & more teeth to enforce regulations
275.	No opinion
276.	Objective; nondiscriminatory
277.	One in which there are enough employees to complete the needed tasks. Currently, no one knows the answer to a question, if you can even speak to a human at all. Phone calls are not returned. No attempt is made to find someone who knows the answer, questions are simply ignored.
278.	no opinion
279.	A modified return to the previous system.
280.	Flexible Medical Director based.
281.	Get rid of National Registry. They are a for profit company and they answer to no one. If you have a question there is a rude person, Ms. French, and she is no help at all. Go back to Texas regulating Texas. National Registry DOES NOT provide a better medic.
282.	A separate EMS Commission is a necessity.
283.	a somewhat more simplified, the wonderful state of Texas and every other state for that matter tries to complicate things too much, it can be simpler and be more effective. And STOP trying to be attorneys and speak in plain English!
284.	One that is Primary EMS- EMS is lost or overshadowed by Hospitals interest.
285.	EMS should be its own department within the state. Similar to the Texas Commission on Fire Protection.
286.	Local control
287.	The current system is appropriate, but in need of help. Additional funding with corresponding increase of staff is desperately needed. Changing the funding to designated funds being actually used for the designated purpose would be a huge start.
288.	Independent board/commission
289.	The one in place now works but needs additional funding to fully respond to all needs. DSHS staff seem to be overworked but highly committed individuals.

290.	more consistant through out states
291.	The old system which included the Bureau of Emergency Management, while not perfect was certainly more user friendly and available to the providers that the current DSHS system. Would like to see the old system return then begin to refine it, rather than continue with the current very broken system.
292.	Ems needs to be regulates by one office, Not by people who inspect tattoo parlors. Turnover and "reorgs" are too frequent and there is no consistency in the system anymore
293.	To be honest we need a spokesman as well as a regulatory agency. I feel the reason people (EMS) are looking for a commission is they see how the commissions (Fire/Law) function. Its not that DSHS does a bad job regulating they just dont do any speaking out. They wont take a stand and truly demand that the public have a great EMS system.
294.	A dedicated board for emergency medical services that is separate and distinct from nursing and hospitals. While GETAC has been fairly effective in coordinating some of the changes in EMS it still falls short in addressing the specific needs of pre-hospital providers and certificant in a timely manner without excessive bureaucratic process.
295.	Return to an EMS concentrated department that specializes in our areas of expertise and is involved in regulation establishment, enforcement and mitigation of existing issues.
296.	One with hgh standards of training and certification, but that meets the unique needs of Texas.
297.	A separate commission for that address the unique needs and challenges of EMS. We are professionals and are lumped in with various other professions. RN, MD, PT's, Pharmacists, and EVEN FIREFIGHTERS have their own state coordinating body. Texas has taken a step backwards when BEM was combined with DSHS. Remember many said this would happen.
298.	I'm not sure what form of regulatory system is indicated, monies should be committed towards hiring a nationally recognized EMS consultant to evaluate the current efficiency of DSHS, along with reference to other state systems. The investigation process of reported violation towards a Provider lacks consistency from investigative personnel which lends to the question of equity. Using a State Publication to post violators is a deterrent to self reporting and needs to be eliminated. If an Initial Provider can not show proof of a 911 response agreement they should be deemed a Non-emergent/transfers only and should not be allowed to respond to any type ambulance call unless they have received a Certificate of Need For Service from a Community, County or City governmental official(s). This would control the large number of unnecessary short lived private providers and assist in controlling reimbursement fraud. I commended DSHS in adoption of Trauma Designation and creating RACs, this as well as Stroke Center Designation will save lives.
299.	The present system works.
300.	Current system is okay, but would like to see periodic changes in GETAC and GETAC committee leadership/membership.
301.	Abolish the RAC
302.	DSHS staffed at appropriate levels
303.	a system that is large enough and funded sufficiently to concentrate on EMS
304.	One that is similar to the Nursing Board. I would also like to see GETAC members elected and not appointed.
305.	Not sure I understand the question-what form of system. The issue isn't the form it's the degree. We seem to have lots of committees and hearings with no real output. And when rules and regs are actually promulgated the discussion among my peers seems to be how to work around them not how much better off we are now that we finally have them.
306.	I think that the "old" way (Non-centralized) of doing business was much better. I mean the regional offices were given a job to do and told to do it. They oversaw the programs/providers etc. in their area since the we more familiar with the local practices/polices or political climate. All applications (provider and educational) going to Austin is not a good idea. There are way to few people to do the job and WAY to little experience. If most of the jobs are spreadout among the regional offices, more can get done and understand how that program operates.
307.	A better funded system
308.	Put the regulatory authority back into the hands of the Regional offices. One office in Austin doesn't

	know what another office is doing, even though they are supposed to be regulating the same thing. Texas is too large of a State to have centralized regulation. I feel that we have taken a 15 year step backwards.
309.	Something that is well funded.
310.	I think we have a good start especially in considering the work of the 22 RACS and believe that this is the ticket to improvement...as GETAC and the RACS are well-oiled machines that function very effectively...but they must be recognized for the capabilities that exist and funding must be sought to allow them to perform the tasks that would lead to an improved system.
311.	The regulatory system we have in place now is adequate for the most part, as far as trauma is concerned. I do not know as far as an EMS system.
312.	Self-regulation through a Board of Paramedicine for example.
313.	EMS have their own regulatory board. Hospitals regulate themselves
314.	EMS needs to be it's own entity. Currently the DSHS has cut personnel to the bone and makes it almost impossible to be heard. I still know a few of the folks in Austin and in this region (that has remained) and I have a great deal of respect for them in how they try to do their job being understaffed. We need to have the representation and the staffing that was present in the days of Gene Weatherall. We need staffing that are from the ranks of EMS so that our needs would be represented. I must commend DSHS for bringing in Maxie Bishop. He does read the listserv and does his best to answer our questions. Until EMS becomes its own entity, we'll just remain the "red-headed step child".
315.	Independently organized and managed system AWAY from DOCTORS, NURSES, and BUREAUCRATS who have NO PRACTICAL history or DAILY involvement in EMS.
316.	no comment
317.	EMS needs a more consistent and fair system - one made up of people who are experienced in EMS issues overall. The current system is ineffective in many cases because of lack of peer involvement and lack of people making decisions or giving out information or performing investigations who have no real EMS background or experience. Also that experience is imperative in rule making decisions as well as enforcement, and Texas EMS has been steadily losing that since the restructure. A Board or Commission could be built that way from the drawing board and be accountable to the EMS certificant, licensees, provider agencies and general public.
318.	No DSHS - we want the BEM back. I just heard they hired a lot of new folks for the Houston area - now a total of 5 or 6, that's GREAT. NO Fire or EMS Commission!!!!
319.	A stronger system based on what we already have in place.
320.	Anything is better that what is in place.
321.	unsure, I am not involved in political circles nor do I brown nose or hob nob with the "ems social elite".
322.	A Commission similar to TCFP or TCLOSE
323.	As is
324.	The old BEMS worked best where an "all inclusive agency" existed
325.	We need a system that is region specific with a single organization for regional oversight
326.	Increase the wage of the DSHS employees to keep & retain quality representatives. The moral is low, because turnover is high, b/c they can't keep anyone in the office b/c the pay is so low..... Has anyone looked at the turnover rate in the Region 5/6 in the past 10years??? They should be the highest paid in the state! Direct some of the trauma/911 funding to their salary. The Regional Trauma Care council (SETTRAC) does a phenomenal job in our community. And continue to a great job communicating with GETAC issues in the local area.
327.	Doubt any change at this time would be effective.
328.	An independant board composed of EMT's, paramedics, educators, physician medical directors and members of the general public.
329.	State wide control
330.	Qualitative data in this regard is misleading. This question leads the respondent to make suggestions that may not be warranted.

331.	Not sure I am qualified to answer
332.	Don't have one at this time.
333.	The term "most appropriate" vs. "closest medical facility" needs to be addressed in rural areas.
334.	Keep EMS under DSHS, however it should have it's own department with ALL EMS related functions under that one Department
335.	As is - with improvements to local service. Rey is great but has too much responsibility.
336.	Meet the needs of the citizens of Texas but not necessarily using National Registry Standards.
337.	Not really sure what you mean by this.
338.	revised current
339.	Somthing that would be consistant with everyones needs and easier to understand.
340.	Trauma and EMS, while related, should not be under the same regulatory framework. EMS should be regulated by an EMS Commission, much like fire, law enforcement, and other fields.
341.	EMS
342.	BEM as a stand alone Texas EMS department.
343.	I think the way Texas handled their own certification in the early 90's was much better. It was easier for people to became skill instructors, and that made it easier to recertify. The fact that skills had to be recertified every four years kept skills sharper. Stopping the skills examer program was a big mistake. It is too hard for the average person to become an instructor and there are not enough out their to keep education going in rural areas. We were able to keep a couple of instructors and several skill instructors, had inhouse CE program and taught ECA and an EMT class and we were all volunteers. It has gotten too hard to do that anymore with all the red tape.
344.	State EMS Commission
345.	I believe that we a group who will actually maintain a level of professionalism and regulation in the state.
346.	A consistant one, that is the same across the all regions
347.	A system that is able to focus, identify and address the needs of EMS in Texas.
348.	A more user friendly system with easy access to trained informed personnel, one were you get correct/direct answers, not just what the EMS consultant percieves the law/rules/regulations mean. The regulatory system should have clear concise rules and regulations that are not as subject to "the way I read it" interpetations.
349.	Some modification of the current system is needed to bring the varios PHR's into consistent enforcement of standards across the state.
350.	We need a system very similar to the nursing board. However, we would also need the funding to provide.
351.	The Current System works OK.

Response to Question 16: **Please use this area to provide additional comments/thoughts regarding areas within the EMS/Trauma System of Texas and what you believe would be an adequate process for addressing identified weak areas**

1.	Funding.....if there were more funding available, there would be more monies available for staffing....and more staffing would certainly make a huge difference in the ability of the system to function as intended!
2.	Bring everything back to the state level, and take care of our own.
3.	The Trauma Registry is just now (millions of dollars later) able to provide useful reports. There are some

	improvements, like ability to have information from the Bureau of Vital Statistics for Child Fatality Reviews, but overall the process is cumbersome and frustrating.
4.	No comment at this time
5.	The teaching material I have used to teach recent classes has not properly prepared students for National testing. The students state that there is a lot of material in the tests that is not in the textbook. The texts were chosen by the coordinator.
6.	Higher Quality of Training
7.	At my level, I don't know much about the EMS/Trauma system. There is only one hospital to which I will ground transport a trauma patient. I'm not sure how I would be affected if there were a more complex EMS/Trauma system or if there were none.
8.	Exactly what are Strake and Getac actually providing? They are having meetings, however there has to be action and loop closure for the end effect to prove a successful existence.
9.	Most communities do not have a safety program for EMS providers. Medics die or are injured working traffic accidents. The State should provide/offer training on how to safely work in these environments. This is also true for domestic violence and the ever increasing clan-labs. A mandatory 8 hours of training on how to survive these dangerous situations should be just as important as the treatment patients receive. We need to place more emphasis on protecting EMS providers, without them the patients suffer. Hundreds of hours in medical care, experience and certification is lost in an instant without proper safety training.
10.	tests should mirror the types of equipment/drugs used locallywhy should i be tested on the use of and administration of dopamine when the system i work for does not use it?????
11.	audit all the services in the area
12.	Good job
13.	i would like to see the certification process made more friendly to paramedics.
14.	continuing education
15.	I dont know.
16.	i dont know
17.	Would require time, research, and thought not given to prep for this survey.
18.	changing the test for national registry
19.	?
20.	Not using NR testing in Texas when Texas is not an NR state
21.	Everything is great....keep up the good work!!
22.	No Opinion
23.	I felt some of the questions were vague. I am not sure what you were asking in 11. The questions seem grammatically incorrect. The oversight questions either did not apply to me as a line paramedic or I did not understand the question again. I am not sure the medical director having so much say in who is authorized and who is not. Although I never looked forward to taking the recertification exam, it helped me remember my academics instead of dumping it once I passed the test and only going to CE to fill a space. Paramedics are now required to learn much more than when I was initially certified, but how much better of a paramedic does it make the average person who is working in an urban setting when the medical director may only allow a few drugs on their units and the paramedics have to call for medical control on every instance. Don't misunderstand, I feel education is paramount, but maybe the basics should be stressed more instead of paramedic students being expected to know and completely understand acidosis at the sub cellular level (as an example) I feel some of the requirements for paramedics are above the scope of learning.
24.	More ems units and providing education to citizens on what actually is an emergency and what is not.
25.	don't group all providers into one category. We do not all deal with 911 systems related to trauma.
26.	The time it takes to get rule though the system and into rule. Also trying to get information out too other GETAC Committees. The only time other committees want to talk about some things is when the

	committee is trying to get it as a rule.
27.	none at this time
28.	Increase education of new staff about the regulations they enforce. Keep EMS back ground is a requirment to be to be a compliance officer.
29.	The weak area is the EMS administrators that expect the regulatory service to run their service for them.It is called a system for a reason.
30.	GETAC needs to be redone. I feel that the members on their pick the members of their own committee's based on the buddy system. If you are my buddy you have a place on the committee. This is not how this should be.
31.	none
32.	I would like to commend those who concieved this survey. I hope that some of the suggestions made here are published and heard by the respective legislative powers. There is no excuse for the poor regulation and mediocre standards that have been settled for by those in a position to make changes. The public as well as the legislature need to realize that EMS is a necessity. All EMS systems should be tied to Trauma systems. The standard of care throughout the state (and nation) should be consistent. All patients, regardless of geographic location deserve the same care. Thank you again for organizing this initiative.
33.	Better funding is needed for the system to be able to function and regulate all areas.
34.	Our weakness, particularly in education, is our unwillingness to meet national standards in education. We MUST improve educational standards; only then will we have more influence in making / developing and complying with national standards. I believe our current process is adequate. It just isn't strong enough in making appropriate changes in education. I see that process improving with new leadership in the Education subcommittee.
35.	I believe that there needs to be more education delivered to the institutions and facilities on what the EMS/Trauma System is for and the benefit it has for the all EMS Systems.
36.	I believe that one weak area in Texas is the myriad different protocols from system to system. I believe there ought to be unified protocols at least in counties if not across the entire state.
37.	Every RAC should be required to develop a comprehensive needs based plan to deal with EMS/Trauma patients in their region. This must involve all acute care hospitals.
38.	N/A
39.	As I am still new to the Trauma Coordinator position, I am learning every day. I can better answer this question once I have a better knowledge and understanding of how all of these processes work and effect my facility and licensure.
40.	GETAC works great! Continue to improve the system through GETAC.
41.	National Registry standards have made it very difficult to train and certify new people, without any discernable increase in skills or longevity. The only advantage to NR is the ability to aquire one certification to find employment across state lines due to national standardization. In frontier areas we cannot get enough volunteers as it is, without adding the difficulty of aquiring training and then adults struggling with the NR test. We don't have the run volume or the tax base to pay enough fulltime people to guarrantee 24/7 coverage for 911 systems "out in the sticks", so we are slowly losing our rural and frontier EMS response capacity. The few young people who successfully complete NR certification will move to a bigger system after getting some experience, if they want to make EMS a career. The average age of my EMS staff is 46: 33% of my current roster are out of service indefinitely due to injuries ranging from hernia Sx to knee replacement to cardiac complications. Clearly, the aging of rural and frontier volunteers and the inability of our organizations to attract, train and retain younger people is a growing problem for Texas EMS.
42.	No comment...
43.	More people to enforce regulations. Less redundancy with local, county and state regulations.
44.	Please see complete response to identifies problems in previous answer.
45.	no comment
46.	As long as EMS is regulated by DSHS, EMS needs will continue to go unmet. Mush more funding needs to

	be directed specifically toward EMS regulation and enforcement.
47.	Regulation of air medical providers Licensure for Paramedics should not be limited to an associates degree in EMS
48.	The system is overwhelmed. I have an ex-employee who has a case pending from almost two years ago. I am ready to find resolution and move on from the incident. It is difficult to understand the delay and allowing this medic to continue patient care with a pending case.
49.	The State of Texas and the federal government is and has always been Fire top heavy even though the primary burden has been and will always be EMS. I am biased and believe the medical oversight is lacking - we need more clinical paramedics, nurses, mid-level (NPs and PAs), and physician involvement in the decision making. Most of the medical personnel is public health and they dont see patients they manage public health.
50.	I wish there were some way to involve each EMS person in the RACs and other organizations. Here again it is more "who you know" and not what you can contribute to the greeater good. We need a variety of ecpertise involved in the committees.
51.	I would like to see all trauma personnel on the same page. From first responders to the Trauma Center. There is generally always something lost in translation. It is difficult to tx a pt by red/blue criteria, if the trauma center has no idea what we are talking about.
52.	Concerned with the readiness state of the new computer testing system. Do not have enough experience with GETAC which I will be correcting this year starting with the Tx EMS Conference.
53.	More personnel to ensure understanding of the rules, and enforcing the laws.
54.	KEEP OUT
55.	make EMS equal to the other emergency services by forming a Commission
56.	Turn BEM back to a specialized organization that regulates, assists stakeholders, and investigates EMS complaints. Let the regional offices take back control of the duties (since they know the people and the providers)of their own regions. The last two concepts of centralizing and reorganization have made the state's system ineffective.
57.	EMS Board.
58.	I believe additional funding and resource allocation would be an improvement. The small communities in areas associated with larger communities are left to take care of themselves. I believe there are not enough people in DSHS to take care of our needs. It is very difficult to contact someone to answer a simple question. Your messages go unanswered. I know the staff is not a fault.They are under staffed and overworked and uderpaid.
59.	Getac is a fantastic forum for providing interaction and representation, however, at times I feel that ideas and recommendations are not always followed up on. (MTP committee recommendations, etc) I think that the Trauma reporting criteria is crucial, but is still not adequately capturing pertinent statistics. The criteria, data capture and results need to be revisited.
60.	N/A You do it. You all make the rules.
61.	inability to work with the regional office as before due to the changs at DSHS. Redirecting issues to Austin such as Provider licensing was not condusive
62.	na
63.	more stakeholder involvement
64.	Education standards keep going up, and wages for medics are below national average. Pay licensed and nationally registered paramedics adequately, just like licensed nurses and registered nurses.
65.	There is no "safe harbor" when seeking technical assistance. DSHS personnel are not there to help, they are there to regulate and enforce. Rules are not followed equally. Little consideration is given to local issues and capabilities. Few policy-makers are actually accountable to carry out duties and tasks.
66.	Not pleased entirely with National registry testing that eliminates candidates that arent good test takers but have the skills to do the job appropriately.
67.	no comment
68.	?

69.	We have to come up with a solution to the State's mandatory staffing plan, when their aren't enough volunteers in the rural areas to meet their demands. Variences are a help , but the process is so slow.
70.	we are a totally volunteer service since 1982. we have unfunded mandates and rules that are hard to meet. at this time i need \$20,000.00 to up grade our defibulators. Where do I that kind of money. I don't have the time or energy. I see small services going away if things do not change.
71.	Rural areas need of more volunteers and up to date equipment. The grant system needs to be looked at so rural ems systems have the same advantage as the urban areas that have professional grant writers.
72.	none
73.	The hospitals are the largest stakeholders and therefore are the most active in RAC business. Prehospital EMS seems to be going along for a State-mandated ride, while prehospital patients seem to receive no real benefit. That is, RAC involvement hasn't changed how EMS provides service. Therefore, if we really need RACs I think we should be seeing more benefits than just periodic monetary distributions.
74.	More town meetings and local input in Austin. We are the dog and Austin is the tail that is wagging the dog
75.	Addressing EMS fraud and preventing these violators from re-applying under other names. Reducing the # of ems services. Making new EMS applicants provide a certificate of need.
76.	more local reps and letting the fornt lines have opinoins to matters that come up. It seems that there is very little imput from those that practice everyday medicine to those that just direct an ems service.
77.	The RAC is very involved and provides excellent feedback to our facility. I applaud Wanda Helgesen and her group.
78.	Stop cutting DSHS staff, you can only spread them so thin and then they
79.	I think that the place to start is with GETAC and within the individual RAC's. We can have a bigger voice by being organized and coming together with a broad picture of issues and coming up with appropriate solutions or ideas for presentation. My two cents!
80.	No comment
81.	Provide hospitals with more guidance or a blueprint for accreditation as opposed to a laundry list of rules & regulations to become Trauma Centers.
82.	TDH investigations in patient complaints, in my opinion, border on harrassment. Anyone can pick up the phone and make a complaint, and TDH comes in with guns blazing, often inappropriately. It is too easy for disgruntled patients to make life difficult for hospitals and MDs who are already stretched to their limits. Give us a break for God's sake, we are doing the best we can.
83.	EMS is treated, regulated, and so forth like a great step grand child.
84.	I believe too many people are concerned with not affending others such that no real work gets done. I believe if we are truly concerned about our patients regardless of where they are, then we should provide and require similar standards across the board. I believe public safety and public health should be paid and full time personnel. Governmental entities need to step up to the plate to provide this for their tax payers and citizens. They may contract with private services, but they need to provide oversight. They should not be volunteers. volunteers have been a wonderful stop gap, but this practice should not continue. why doesn't the state help to provide funding and guidance for this transition in the rural areas? Why are different patient types, children, treated and regulated differently?
85.	N/A
86.	There are way too many branches and seperate "councils". The current system is complicated and confusing. There should be a flatter structure with a clear central command and communication between all channels.
87.	State of Tx. needs to set the guidlines and allow the Med. Director to inforce them. Also, need to be available for the individual that may have problems in his/her proffession.
88.	No comment at this time.
89.	Standards of EMS/Trauma care is not consistent. accountability for compliance needs to be stricter
90.	I like the change to NREMT standards for certification and recertification.
91.	I'm still learning what the process exactly is, so it's difficult for me to evaluate it right now.

92.	I think there are too few investigators to investigate corrupt EMS services. There should be a higher inphasis on professionalism. This coupled with more enforcement of current codes, will help EMS in Texas in the right direction.
93.	There needs to legislation to assign responsibility for providing EMS with some political jurisdiction. Currently, no one has the responsibility to provide this must needed service. This creates the situation of inadequate funding, political leaders back stepping, trying to avoid the real issue of inadequate funds. TxDSHS needs to get Texas Medicaid to pay for 911 claims that are provided in good faith by 911 providers and the reimbursement needs to at least be close to what it cost to provided the service. Texas Medicaid should pay for the service provided regardless of BLS or ALS. We have claims where we provided ACLS with IVs, Drugs, extra Personnel, our cost 600 to 700 hundred dollars and Medicaid pay (if they pay) a whopping \$156.26. Their excuse is we don't pay for ALS. OK, then let us bill the patient for the uncovered portion. Rural systems are struggling, inadequate fund from both our governmental jurisdiction, inadequate reimbursement from the public insurance carriers (carriers for most of our patients) and falling numers of literate personnel to train and get certified to man the ambulances. In the Rural areas of South Texas there aren't enough volunteers to man the services and not enough money to pay certified people to travel to your area and work.
94.	Get back to regulation and cetification as it was in the past when BEM was operational.
95.	The RAC system is a joke. There is no consistancy between areas. You have some areas that are well funded and the RAC is well run and then you have others that can't afford office supplies. The whole concept of RAC's need to be revamped.
96.	We need a way for all EMS people to be able to state their opions, not just at GETAC or STRAC. The people who attend these meetings are a very few compared to the number of certified personnel. Vehicles such as this survey would be very good.
97.	weakest area is compensation for uninsured persons Also weak is availability of trauma surge capacity Also weak is availability of money to fund EMT training at all levels... and training equipment
98.	no other comments at this time
99.	EMS needs its own regulatory agency
100.	n/a
101.	As mentioned earlier, we need to mandate that all cities and counties have PAID ALS units and an adequate amount of them to respond to trauma and medical emergencies in place. City Councils are constantly looking at ways to cut their budget and EMS frequently seems to be at the top of that list. Contracting for-profit companies is not the answer. Sticking EMS under the fire department umbrella is not the answer. While EMS volunteers are great, that system is not the answer either. Most have other jobs to support their families. There are too many times they can't respond. We NEED to educate the public about EMS, what they do (or should do) and how vital it is to their community, just as vital as police and fire. Just as vital as having a hosptial to go to. PLEASE, someone tackle this!
102.	Why does DSHS seem blind to how they are destroting EMS in Texas by supporting NR testing? We do not have to meet their standards and as everyone knows all states are different and we live in our own standards and restrictions or lifestlyes. Texas is great and we have overcome much more that others and should stand up for what we are and our beliefs. Ou patients come first and we will give our best care to them and we do not need other agencies input. We have the best Medical docotrs and systems, so why should we try to follow what does not work?????
103.	Resurrect the B.E.M. and move E.M.S. out the D.S.H.S. Bring people from every area of Texas E.M.S. (not just the management and medical directors). Be prepared to listen, understand, and most importantly, be willing to change according to what you hear.
104.	I believe that the overal motivation of all efforts involving EMS appear to be without detrimental political agendas. However, I think that Department combination, while aimed at reducing the cost of state services, contained service provision models that fractured some overall program efforts on smaller activities like EMS, without saving any money. This is because the smaller programs had nothing to give in terms of organizational efficiency, yet the same service model was applied indiscriminately.
105.	more information and help out in the rural area
106.	I think that BEM should be reimplementmed, and the Texas trauma system be managed by the BEM. Also, both systems should be totally funded with special legislation every year.

107.	Grant and Funding are weak areas. This is the key to successful education in EMS Systems.
108.	I think there is a great inconsistency in the RACS those that are more forward should be used as role models and we should strive for more consistency.
109.	Many times, when trauma systems don't work, it is directly related to surgeon response times. There should be some penalties when surgeons do not respond in a timely manner; especially if they take payment for call.
110.	Work with the National Registry to decrease the time frame grading and result dissemination for certification exams. Assist the EMS training programs in Texas in altering the curriculum to increase the pass rates of students taking the National Registry exams. There is a shortage of EMT-P's in Texas. The above would help with this problem.
111.	More interaction with bedside providers and citizen/local communities with this process. Ask 6 people at a grocery store and see if anybody knows what a Trauma System is. Contact a cross section of Texas newspaper Editors and ask what a Trauma System is. Ask an ICU nurse that provides followup care after you scrape a patient off the street what a Trauma System is. We need info to the public, a face to the efforts to get out info, importance and purpose of Trauma System. The internet and contact lists are so cheap to get a call list to inform the public that affect the politicians that fund Texas trauma care. Martha Carlson RN 214-228-0732 rentalrn@yahoo.com
112.	Perhaps a poll within each individual FD and EMS system. The problems within a city will be different vs. the problems in a private EMS system.
113.	All EMS services should have to fill out the trauma forms, not just a few services. If it is a trauma form, why do they have to be filled out for medical, non-trauma calls and transfers? The workload is overbearing to get them entered. There has to be an easier solution, scanning them or something instead of entering by hand when you don't have the personnel to do that.
114.	Understanding at the state level of the issues concerning rural and frontier counties
115.	We need guidance on a ration population to number of ambulances. When are medics running too hard?
116.	No comment
117.	The town hall meetings in different areas would give providers a chance to vent. Some providers very seldom leave the area that they service and do not know what is going on in EMS.
118.	xbsbxc b
119.	More projects out in the field, according to what the area that been addressed need.
120.	Conducting GETAC meetings in other locations around the state. Increasing the authority and staff at the local DSHS level would help better regulate EMS services.
121.	Texas EMS is still falling apart in the frontier areas. In addition to the low pay, the uneducated politicians, the general apathy of the local school systems to be a part of their own solution (grow their own healthcare providers), the lack of any benefits to really be in EMS and the need to work "real" jobs to make enough to pay rent, buy food and other apparent amenities, we must also be aware that we are disposable if we do get hurt or injured on the job. Case in point-Marfa EMS. Due to the City and MEMS's pathetic treatment of paramedic/director Donna Poensich when she was seriously injured in a MVC on the way to a call, it has cost the service 3 paramedics. One who is now on permanent disability and facing bankruptcy and two who were so appalled they refuse to work for services such as this anymore. Find a way to mend these problems, and you might find people willing to stand in the gap. Ignore these problems, and we will still be wringing our hands about the same issues 10 years from now.
122.	The State of Texas currently has a well established system in place. I do believe that there should be more funding be made available at the state level to this current organization and brought back under a BEM structure. While there are evident weaknesses which result as of budgetary cuts. However, I believe that any other structuring will cause the current system to be compromised and patient care reduced.
123.	Check the credentials of the people regulating us. How can you justify a person who became a Paramedic 15-20 years ago that has no college education regulate a college program.
124.	The little I have dealt with DSHS I have felt that interaction was difficult and was given the run around. Phone tag was standard.
125.	none

126.	Availability of getting educators to rural areas.
127.	I believe that all changes must have the interest of the patients/citizens of Texas in mind. I believe that regulation to remove resources from the community, only to improve the profitability of one local agency is inappropriate.
128.	Without additional funding finding "an adequate process for addressing identified weak areas" is at best problematic. The current regulatory system is a non-system. The combination of "efforts" for trauma and EMS have left the EMS office stripped without enough resources to effectively oversee minimum standards, let alone monitor compliance issues. There are a multitude of alternatives, most of which involve funding beyond current levels the legislature has demonstrated it is willing to fund. Separating EMS from the Health Department would at least allow EMS to be inadequate by itself, rather than having to compete within a large state agency for already below level funding. EMS competition for funding would be from the legislative process, rather than within the Department of Health Services, which then must compete for legislative attention.
129.	I think funding for EMS in the areas of disaster response is very poor. In addition i would like to se the state start a EMS recruiting campaign to spur interest.
130.	City and Counties need to be responsible for providing EMS in their jurisdictions. As long as no one is legally responsible for providing this service we will have the financial issues that we've had from the start. Over the past 21 years that I've been in EMS, I've watched fees go up and services from the regulating agency decrease. We now sub out our education to National Registry costing an additional fee, then send that certification to DSHS with an additional fee to get state certified. I don't mind the money, but what are we getting for it?
131.	several areas ranging from education & funding to wages & coverage areas all need addressed. I feel that each area should be smaller and have a person to represent there needs and complaints and actualy listen and respond to the people out in the treches so to speak, that are on the front lines. and know what is needed.
132.	Worst system I have ever worked under. The State legislature and the Governor should be ashamed. Let us discipline ourselves or at least have a separate division.
133.	have the field offices reopen (ie temple), more staff,a system that is not complaint driven, go back to state testing (since national registry the pass rate has gone down and it is hurting rurual EMS, who can not afford to pay for someone to go to school for 2 years and when you do get medics they leave and go to bigger services. let ems personnel decide our course not RN and doctors
134.	DSHS requesting more information than is necessary during renewal time for system permits.
135.	The State of Texas needs to address the NREEMT-P test results. The State must address this issue immediately due to the lack of paramedics. Does the State has any results that correlate the performance of the current NREMT-P prospect vs the old State test based on performance following the passage of the test.
136.	no opinion
137.	For those areas who request it, education about QI process and closing the loop.
138.	We are a public ems that follows strict local and state rules. All private ambulances in our area frequently violate basic rules (staffing - speeding to non-emergency transfers - safety issues) Enforcement issues do not seem to apply to private ambulances.
139.	The weakness, that I see is the lack of EMS/Trauma providers in the rural areas of our state.
140.	Be careful what information you use based on Sunset Commission recommendations. It can hurt the system.
141.	Education in rural communities, hard for small hospital to educate all their people with our limited funding. From EMT/Paramedic level to nursing education
142.	Let's work as a team (Treat Everyone As Me) to improve the current system. The current system belongs to each of us. If one does not commit to be involved, there is no reason to say one has tried.
143.	seriously underfunded and lacking
144.	Remove the reg for NR
145.	get rid of national registry

146.	The NR-EMT system is broken!!! We are solving the nursing shortage by making it nearly the same difficulty to be a nurse than a Paramedic due to the current "teach the test" classes. This is great for the hospital setting and disasterous for the pre-hospital environment.
147.	The only area I believe needs strengthening would be the CE requirements. I think allowing 100 percent "distance education" like for example, CE solutions, does not provide enough meaningful education. Most online courses you can breeze through in 1/10th of the time it awards for education. Id replace about 25 percent of the required education with mandatory classroom education. Otherwise, Im happy with they current system in Texas.
148.	An independent commission is a bad idea. The legislature will not adequately fund. HHSC and DSHS need legislative mandates and funding if EMS is to remain within DSHS.
149.	EMS/Trauma System includes non-emergency services with the 911 providers therefore compensating services that do not provide trauma services and meet trauma criteria. This gives the 911 providers less monies to work with, but are still held to high standards.
150.	I think a System sponsered CE system would go a long way to thinning out some of the truly bad people that have the patch. I also think the EMS system needs a policy/law in place as does TCLEOSE where you have to have a company that will "carry" a persons license. In both law enforcement and security, a person has to be working for a department or licensed company to get a license. A plan like this would keep people from going out to joe's college and getting certified with no intentions of using it. Another idea would be to creat a special certification/license designation strictly for private transfer services and the personnel they employ.
151.	EMS is the step child in this area. My primary job is as an ED nurse, however I'm also an EMT-P who works for a volunteer service. I'm not sure what the answer is to regulate EMS more carefully and allow EMS personnel to receive the benefits they deserve. As long as there are volunteers and those who will work for little pay, I'm sure it will continue. Unfortunately our nature makes us continue to care for our patients with little or no pay.
152.	Too many unenforceable regulations. The good providers lead by example; the poor providers are not held to the same standards.
153.	National Registry appears out of control. Students (customers) have no ability to have their concerns heard.
154.	1) Use of non-affiliated medics during time of emergency. There is no current method to identify, recruit or utilize these resources. There needs to be some way of identifying those who are certified but not with an EMS/FR provider, possibly by modifying or having a way to query current certification paperwork. 2) FR teams are left out of the communication loop. It seems the focus is on transport agencies. (That is unless they get the same lack of information/communication that FR teams get.)
155.	More people need to participate, only a few people actually attend the meetings and provide input.
156.	You need to use hospitals and EMS systems. They need to be brought together along with the larger hospitals and the smaller ones and the larger EMS providers and the smaller ones. There should be recommended guidelines, not mandatory guidelines. Departments should be able to use what they need; not what someone from somewhere else tells them to use.
157.	1.Have more info on how to keep traaua systems working. 2.And Hospitals not complaining on patient coming to them.3. more free classes for trauma care.to ems. Hospital service all was get it free or paid to be in the class.
158.	As an EMS and Emergency Telecommunications educator, it is absolutely necessary in Texas to have EMS grant monies available for our rural and frontier areas. We have been unable to conduct EMS certification courses, continuing education classes, and even things as basic as Healthcare Provider level CPR renewals because many First Responders cannot afford the massive tuition required at the Community College's. I would like to see that the EMS education grant be renewed this coming year so that we can provide the education our responders need, thus allowing them to render the life saving aid their communities are desperate for.
159.	More grant sources for nursing education and equipment needs of the facilities. Not all rural facilities can afford all the educational and equipment requirements to stay designated.
160.	No comments.
161.	DSHS needs to look a a board or commitee to veiw issues at hand. Placing MD's or RN's with little to no

	experience in positions to direct EMS as caused distention in the EMS community with DSHS. There truly needs to be approach to this.
162.	Staff cuts not allowing proper oversight to the local regions.
163.	THERE ARE FEDERAL AND STATE DOLLARS AVAILABLE BUT NOT TAPPED INTO DUE TO EXCESSIVE PAPERWORK AND RED TAPE. SO WHO LOOSES?, THE PATIENT!!!! WHEN ARE THEY GOING TO WAKE UP AND COME INTO THE 21ST CENTURY??? PEOPLE WHO ARE IN CHARGE OF THE SYSTEM ARE SO FAR REMOVED FROM THE DAY TO DAY SYSTEM THAT ALL THEY DO IS ROUTE EMS WHERE THEY THINK THEY SHOULD GO TO KEEP THEM IN SERVICE. NOT WHERE THE PATIENT NEEDS TO GO FOR BEST CARE. SO CARE IS DELAYED AND THE GOLDEN HOUR IS A JOKE IN DALLAS COUNTY. THE FOCUS IS NOT ON THE PATIENT OR THE INJURY JUST WHERE CAN WE DUMP THEM OFF AND THAT FACILITY WILL FIGURE IT OUT. THERE IS MORE EMPHASIS ON WHERE THE PATIENT WANTS TO GO THAN WHAT IS THE PROBLEM AND WHERE IS THE BEST PLACE. NO ONE IN MEDICAL CONTROL LISTENS TO THE FRONT LINE NURSES WHEN THEY HAVE REACHED SATURATION TO DANGEROUS LEVELS. WE ARE TOLD TO SHUT UP AND TAKE MORE CRITICAL PATIENTS. THIS IS CAUSING STAFF IN THE ER TO FEEL HELPLESS, ENTRAPPED, AND SPENDING HOURS TRYING TO TRANSFER PATIENTS TO APPROPRIATE FACILITIES. FAMILYS END UP DRIVING FROM ONE HOSPITAL TO ANOTHER AND LEARNING YET ANOTHER SET OF RULES FOR VISITING, PARKING ETC. I HAVE WRITTEN TO THE REPRESENTATIVES IN AUSTIN AND IT SEEMS TO FALL ON DEAF EARS UNTIL IT AFFECTS THEIR FAMILY. SAD COMMENTARY ON TRAUMA CARE IN THE BIG CITY.
164.	The areas I see as problems are in the lack of personnel, and closures of local field offices. GETAC provides an avenue to present ideas and receive feedback, unfortunately it seems as though not all agencies are aware of a)GETAC b) RAC in their area, or believe these meetings are closed and confidential.
165.	The quality of EMS personnel has deteriorated somewhat during the change to DSHS and the NR testing processes. The students that have obtained certification under the new standards are somewhat extremely under educated to provide street level patient care. The student required extensive training and preceptor guidance to meet a minimum standard of care level.
166.	More Funded Training in rural areas especially frontier rural areas
167.	EMS in Texas needs to be regulated by EMS. Nurses, Doctors (with the exception of EMS Medical Dir.), Trauma Systems Coordinators, Fire Chiefs and Educators need to stick with what they know best. Obviously, there is not a real problem with Trauma System regulation because all stakeholders are involved in development and regulation. Let EMS be EMS. Create a Commission on EMS Regulation & Development within the DSHS structure or within the Texas Department of Public Safety.
168.	Private ambulance transport companies are out of control and are making a mess of the EMS system. They must be brought under some type of enforcement to abide by state regs and rules. Too often they just go out of business then open later and do the same things. We have a real problem down in S Texas with about 75% inappropriate transports. Let's give EMS the power to curb this before the pt is transported.
169.	as is
170.	A clearer link between National Registry and Texas certification.
171.	The inspection of EMS Units. This area is inconsistent, and the punishment does not fit the infraction.
172.	It must remain an inclusive process. We have to have the trauma and EMS components together to be effective. However the trauma folks need to understand that this is our only regulatory system for EMS (they have the TNA, TBMA, etc.). So we have a range of ownership they do not have. If we each take the time to understand this, maybe there is a solution that works for us all. It must include an understanding that for EMS, GETAC and TDSHS issues must include medical issues. So perhaps something instead of a EMS and Trauma systems bureau, we have an emergency services bureau with EMS, Trauma Systems and Medical Systems components (all with a pediatric undercurrent of course - that is for Dr. Joan and Sally Snow).
173.	RACs don't appear to have any real purpose that is actually useful to anyone I know of. Grant money misappropriated to agencies with the least need.
174.	NONE
175.	There needs to be more funding provided for hiring more regional staffing and the development of programs that address CQI, credentialing (Test development/oversight) and the educational institutions

	performance.
176.	1. Pay structure needs to be increased for paid personnel and volunteers are hindering this problem.
177.	DSHS staff very willing to help & provide assistance, but too few personnel for tasks required. Privatization (e.g. Foundation) would potentially provide relief & help for DSHS in this regard.
178.	I think that the local communities that have established local regulatory power have placed that power in the hands of biased management. I feel that it should be operated as a separate regulatory agency and not as a part of an existing city entity. Hire experienced and knowledgeable staff from outside the fire department and place the system outside the fire department. It appears to me to be more of a money maker than an organization designed to ensure constant quality of service for all the private providers in the city.
179.	I believe that GETAC is attempting to address many issues that affect the EMS community, but it is a slow process, since they only meet for a few hours every three months. Many of the issues that we are facing need to be completed much sooner and would require closer meetings with more time.
180.	Protocols between different EMS systems that work together in mutual aid areas.
181.	No comment
182.	We need a solid, unified voice to support EMS in Texas similar to other allied health professions, law enforcement, and fire services. We need to set a standard for education and training to promote a greater level of professionalism as opposed to promoting "technicians." EMS system oversight should not be punitive, but supportive, and appropriately firm where needed. Funding for EMS agencies should not be filtered through multiple levels of the bureaucratic process so that the funding stream becomes a trickle. Small systems should not be overshadowed by large hospital based groups for funding. First responders/transport agencies are the first line of defense for most responses including terrorism. They should be appropriately supported. Initial certification and testing should be handled by the state, NOT National Registry. Contract with them to provide the test if you wish, but have the state administer the test and report the results within a timely manner (ie 1 week.) There are numerous flaws with the current system.
183.	Quit trying to make doctors out of Paramedics. Paramedics in Fire services average about .42 cents an hour above their Fire pay. These people are first line responders and absorb most if not all the liability while doctors in the same system make enormous compensation. Make EMS simple. It was designed to save lives by taking immediate prehospital action and has turned into emergency rooms on wheels. Look at the liability verses compensation and it just does not make sense!
184.	Let me know what you are talking about. I have no idea what you are referring to. A back-ground or introductory paragraph would help. I feel that I do not have information on the "Regulatory System" what is that? Renewals? Investigations? Record inventories? Testing? Staffing? Compliance? Equiping? You are using jargon without supporting information and do not provide a basic explanation.
185.	Not enough staffing and the pay rates should also be increased. Volunteer services should get paid. Have equipment that is needed available.
186.	More streamline protocols from a state level. Pre-hospital providers can provide upto the level set by their medical director. The state should regulate minimum protocols. Do not certify as many EMS ambulance companies. Narrow down the number of companies. Let companies bid for C.O.N's (certificates of necessity) kind of like the State of Arizona does. This would put many more paramedics and EMT's into the system.
187.	I don't like the way things are going. There was nothing wrong with the old way. I disagree with going national Reg; You no longer have the cost of the testing process, but the cost have not dropped. Now we pay even more money. I also disagree with a defined scope of practice. Texas is a mostly rural state and that just doesn't work. I don't like where we're heading, but that doesn't matter just like this survey. I know how to fix what is broke and so do you. We at the Ground level need to be in on all that is change since we are the ones effected. People with no EMS field experience are making rules? Makes no sense.
188.	I believe that the EMS Trauma Grant system is much too extensive. I believe more EMS agencies would attempt grant writing if the application process was simpler.
189.	I really like the GETAC "process"-I believe its inclusive and tries to meet the needs of all of its constituents. I admire the work Kathy and Steve have done. By the way I did see our region listed- Dallas

190.	don't change
191.	more public information, maybe information in the Texas EMS magazine. I rarely hear anything about the meetings only that someone is going or has been.
192.	Continue to have input from all types of entities. Metroplex areas, urban, rural, & the true Frontier areas. The RAC Chairs Committee is a vital part of this system, but has not authority. The RAC's should be viewed as a major authority in the EMS/Trauma System. The RAC's, individually, are aware of the weakness' in their areas and are willing to work to improve those areas.
193.	The rules and regulations that are in place, along with future rules/regs are making it extremely hard on rural providers and first responders (volunteers). We have no one paid to devote endless hours complying with rules/regs. It will eventually start putting volunteer providers out of service therefore hendering Texas EMS.
194.	no opinion
195.	I believe my area is doing a very good job with what they have. My RAC is very helpful and a great resource.
196.	You need more rural providers on GETAC. While understanding that greater populations are served in the urban setting, the rural providers face the greatest challenges and as such should be afforded greater representation and more oppurtunities for input.
197.	I think that in order to assist new personnel in becoming certified in the present system, the Texas curriculum should be geared more toward the National Registry syllabus. There are numerous stories from local students who are taking the NREMT certification test that suggest that the Texas curriculum doesn't match the National Registry curriculum. These are the type of issues that should be looked into and made to help potential EMS personnel pass and complete their basic certification exam.
198.	Information assistance- recently sought help to write a local fire/ems mass casualty response plan and found no guidelines or assistance except on the FEMA website and a city manager from Vernon, Tx that I knew personally to help. A template that could be edited on the state website would have been very helpful- especially for things like this that are required for our organization's re-certification.
199.	Restore the work force to the Texas EMS Regulatory body, and let them do the great job they have done in the past!
200.	Cosistency
201.	I fell as though we need to get back to getting the process more in the hands of local and regional personnel as people closer to the problems can actually suggest a fix. More and more cumbersom rules from Austin does not fix the weak area it just compounds the problem.
202.	The weakest area is enforcement of the rules, however, I recognize that an opportunity to correct problems must be provided before disciplinary action takes place and we definitely do not want to lose designated facilities. Another weak area is staff provided by facilities to their trauma programs. Most administrators/staff do not understand what Trauma Services does or the trauma system so program managers are given MANY jobs to do making it impossible to focus on the needs of the progam.
203.	Holding Ortho to new standards is needed in a rural level 3 trauma center. The only downfall to that is the physicians live more than 30 minutes away and take call at other facilities. This will really threaten our Level 3 Trauma Designation. Trauma Designation in our county is very important to our staff and our community!!!
204.	????
205.	I have been involved in EMS/Trauma systems for over 20 years. During that time I have seen what is now DSHS become so fragmented and stripped of their responsibilities that DSHS has become ineffective in the ability to regulate EMS. As far as Trauma systems, there is a great disparity in the amount of money that is split between EMS and the hospitals. EMS plays just as significant role in trauma systems as the hospitals. Medicaid should atleast provide the same amount of reimbursement as Medicare. The National Registry has greatly forgotten that Texas brings them 50,000 plus applicants. Their customer service is beyond pitiful and they take no responsibility for their irresponsible misplacement of tests etc.
206.	Examine trauma as a multidisciplinary critical path and include those who are required to provide this care to help develop standards. Develop an evidence-based approach.
207.	No additional comments.

208.	DSHS lacks the legislative support for EMS/Trauma to do an adequate job. EMS/Trauma should be regulated by a freestanding commission just as law enforcement is.
209.	The national registry is a joke. It is poorly run with no checks and balances in place from the entities that contract through them, DSHS. It has set back the quality and readiness of the personnel coming from school. They are very inconsistent in testing, grading, and managing these people and records. If this is the best they can do for the number of clients, and the amount of money being thrown their way, they should be bankrupt if they were any other business, hence one that doesn't have a monopoly on the system. DSHS should demand much better service and results from this contractor and place heavier influence on education than passing a test, because all the schools in our area only focus on passing the test, not preparing trainees for working in the field. This is left up to the field trainer's and not the schools or testing agency that is making all the money and supposed to be handling this. DSHS needs to seriously look at the quality of service that the NREMT is actually delivering or people in this state.
210.	Use EMSAT and TAA as feedback or committees to identify the important issues facing providers and regulations.
211.	N/A
212.	We need our own department at the state level. We need Fair, Firm, Consistency that we do not currently have. We need more local control from the state.
213.	Get rid of the politics in this system. We need everyone in the state to at least be able to talk to each other on a common radio frequency. This frequency (or system) can be set up in regions or each vehicle. Compare to the state of Arizona for example; their EMSCOM system. It is one of the best in the country. Also, I have only been involved with what is known as a mass casualty drill once. I don't think Texas EMS is ready for the real deal. The overall pay structure is horrible for all personnel considering what they must do to save lives. Thank you for the opportunity for expression.
214.	All DSHS field specialists should be well versed in rules and regulations of department. It seems that too often one field specialist is contacted and offers completely different guidance than the another specialist. Insure all field specialists send a copy of the rule referenced to stake holder. DSHS must also abide by the very same rules they enforce and stop allowing some providers to receive no action and penalizing other providers harshly for the same action.
215.	get rid of National Registry testing.
216.	There seems to be so many varying organizations that try to regulate EMS and with this comes more expenditures for the EMS agencies. We have so many fees with DSHS to pay, then we pay our area TSA. Now, the hospitals are trying to regulate what is put on the ambulances. There is just no let up on EMS. Give us a break financially.
217.	Increase initial education standards to reflect actual practice requirements adhere, in more than name only, to national standards.
218.	Would be nice to see some functionality restored like the old BEM used to be. It is nice now in that we get to use other resources, but to have everything under one roof would probably assist any consistency issues.
219.	If the State of Texas feels state-wide regulation is necessary, it also should accept the responsibility of addressing needs of areas that are at risk of losing their EMS service.
220.	The segregation of certification from EMS/Trauma Systems is ridiculous. Further, farming out our initial testing to an outside company is an outrage. Allowing a company to affect the speed at which a certificant can get their results and having no oversight as to internal procedures is also ridiculous. Stop collecting fees from certified personnel or clean up the system! Creating a Paramedic shortage through stiffer education has backfired. Admit it, make efforts to assist with recruitment, and change the way potential certificants have to jump through antiquated hoops. You want EMS to reach "professional status" so start from the beginning. Unfunded legislation does not work. Neither does stiffening requirements to raise pay rates. Reimbursement is a large function of pay rates. Make some waves there and then EMS might be able to compete with Nursing for the same group of students. If no changes are made, the current spiral downward will cost more and more lives!
221.	Number one is to get away from the National Registry testing and affiliation.
222.	EMS should have a voice and organizational standing at least equal to the Texas Commission on Fire Protection and the Texas Fire Chiefs, and the Texas Firefighters.

223.	Most of the needs can only be met by educating citizens on being responsible for their actions. Citizens need to be educated on how to take care of themselves instead of placing the care of minor illnesses/injuries on the EMS/Trauma systems. Highschool classes that are aimed at basic healthcare would be a great addition to "health classes." Or to use a phrase that I have heard in the past, "since kids seem to know how to "make" children, teach them to take care of children."
224.	Since the absorption of the BEM into the new TDSHS, the level of service has diminished while cost have increased. The ability to meet the demands of the EMS community are not being met in a timely manner. The complaint investigation process reeks with a "top secret cop stuff" mentality. Not everyone involved in an investigation will be an adversary. Facts are kept secret from those that could perhaps assist in settling questions of wrong doing. It also takes WAY TOO LONG to begin and complete a complaint investigation. If a complaint is against an employee of a reputable firm, let the system administrator assist or conduct the investigation and report findings and action to their regional office. Protecting the public from incompetents or wrong doers is important. However, it does not have to take on the appearance of an investigation for high treason. Lighten-up and let those that have ownership in an alledged complaint assist in putting it to rest. Bottom line; If I have someone working for me that has been involved in something illegal or committed a major EMS rule violation, I want him/her gone.
225.	EMS is lost in a large state agency that is sreading resurces to thin
226.	One of the major obstacles to county run services is the fact that EMS is not a regulatory required essential service that county government must provide. Therefore, we are always getting the budget left overs after the Sheriff anf Road & Bridge. For rual, fronteer and those counties transitioning from rualr to urban, an change in the state law to make EMD an essential service is needed.
227.	From the administrative view point, the continual changing of personnel at DSHS creates continual reporting mechanisms, form submission changes, etc. The timeframe in receiving grant funding has been an ongoing obstacle to hurdle.
228.	The response area of private EMS services should be regulated by DSHS. Currently, there is nothing that sets the response area standards for private EMS agencies. These agencies can respond in any County/City without prior approval unless that City/County regulates them through ordinances.
229.	no comment.
230.	I feel that enforcement is a big issue in our area, there are over 50 providers in our area and they know that there is only on person from TDSHS here to watch them, I have seen crews on trucks with only one certified person, ems companies using each others trucks just placing a magnetic sign on them, units with no oxygen on emergency calls. i could go on but as far a a regulatory system, it is hard to regulate if you don't have someone to do the regulating or enforcing. I often tell the supervisors where i work, if you don't inspect then don't expect your crews to follow some of the rules, because if they know that nobody is watching then they will try to get away with what they can
231.	Consistant funding.
232.	I think that the National Registry Test should be eliminated from our system. I think it is not a valid test for our purpose and the fact that several of the top EMS performers in our area have had to take the test multiple times to pass it should be a clue to how inappropriate the test is for us.
233.	more grants to local volunteer groups
234.	Regional compliance personnel and DSHS regulatory personnel do not communicate well. Very little feedback to the regional personnel on results of their inspections.
235.	In order for EMS to continue to improve, EMS needs to have a separte voice, apart from Fire, nursing, and so forth.
236.	Compliance officers who inspect EMS units should meet with the Provider administrator before sitting on a violation for months and then send the violation in the form of a monatary fine. This is nonsense, since the administror could have fixed the problem on the day of the violation. Also it take months for anything to get done. The DSHS seems to sit on things for months without contacting the administror. Hope this helps, I have been in EMS since 1978 and in the early days befor local control was taken away, things seemed to run alot better.
237.	i believe we are not using folks from rural areas enough for imput in any area. sometimes it seems the "same ol' people" are on committees, panels, etc. it seems the same group of folks are asked to chair committees, panels, and it is easy for apathy to develop from the folks not living in the cities. consider using people that aren't the mamagers of the large services, the people who are not in the "in" group in

	ems in austin. it is often these folks that "charge hell with a thimble full of water" they work under very hard conditions and still try to provide ems to the bestlevel for their folks.
238.	GETAC and the regulatory portion of DSHS must develop more stringent guidelines holding hospitals and physicians more accountable for Specialty services such as Maxilo-facial surgery/Ortho/Opth. Patients are being sent all over Texas in an attempt to find a sub-specialist. RAC's should start reviewing all Trauma transfers to other RAC's and peer review those sent out of the service area.
239.	Continued work to designate trauma centers. Regulate cross marketing of air ambulance programs. Continued support of rural EMS through funding and grant opportunities for equipment and education. Continued financial support of ALL leveled designated trauma centers, with increased in percentage to Level III and IV. Continued support of Information Systems and the Trauma Registry. Continued support to bring ALL areas of Texas into the trauma system family, not just the big city TC's and their surrounding partners. Continued support of the Texas Trauma Foundation. Have seen vast improvements in the last couple of years - keep up the momentum to make things better for the citizens of Texas. MONEY HELPS!
240.	Issues should be reportable to more than just that areas medical control. It should not be "Financed based" decisions. It should not matter "Who they know".
241.	NREMT initial exams should be subscaled. If you pass a subscale, you shouldn't have to verify that area again. The process of regulation is too long.
242.	Trauma surveys to identify weakness/participation @ RACH & State levels
243.	Stop using the National Registry for paramedic licensure.
244.	Appoint persons without prior agenda.
245.	Close regulation and accountability of the NCTTRAC
246.	I hate to complain because I don't know the answers to improve however, the current system is not working.
247.	Licensure and testing in it's current format is abysmal. If I were still certified, I would not renew under the current structure involving the national registry. It removes too much state-level control of testing, licensure or certification, and the associated educational dynamics.
248.	Our RAC is good at this...Ad Nauseum.
249.	The Texas Trauma System has served all the stakeholders well for the most part. We are looked at national wide as a model system. We need to let the system work and don't fix something that's not broken
250.	If Trauma Protocols are going to be driven by the RAC, then get on with it.
251.	EMS will never be adequate in Texas until (1) there is a separate agency regulating it at the state level, (2) there is a separate agency on the same level as Fire at the national level, and (3) Until EMS has parity with Fire and Police at the local level, and is a required service.
252.	.
253.	Do away with the National Registry test and go back to a state developed test.
254.	Training: some of the instructors seem to be very complacent and say "read the chapter" this is bull_____! Some of the new persons taking these classes that have not been around this type of work get upset and quit before they are even given a chance. The idea, I thought was to have as many people trained in a frontier area as possible. Is it not? If the instructors do not instruct and the student gets a half__ education then there will be a great need for attorneys and disciplinary boards ect. , but if the training is there, a majority of the problems will be eliminated!
255.	GETAC is big, slow and influenced by special interest. There is countless hours and money wasted on meetings with no results. EMS in Texas has no true leadership. DSHS is a mess, a management nightmare with no accountability. Bring back EMS, bring back BEM or give us an EMS commission.
256.	I would like to see the national registry be audited. there are too many repeat exam. The NR seems to be for profit with the types of questions and answers. Please take some time to review their practices and make them accountable for their miss guidings such as misplace payment they find later after a

	candidate has resent another payment, misplace applications etc... there is no accountability for their actions.
257.	Again, additional funding with enhancement of service would be most appropriate. The creation of a seperate comission, board, examiners, etc. would defeat the inclusive systems approach to emergency care which we must have. I do feel the industry needs to step up and be willing to "pay more to get more", including the volunteer sector. DSHS does a yeoman service under the severe restrictions that are currently dictated by funding.
258.	Majority of emphasis is now placed on trauma. Little funding to EMS, litle attention to EMS.
259.	I am highly dissatisfied with the way EMS refuses to leave the run sheets when leaving the patient in the ED. It is rediculous that the trauma registrar or coordinator should have to track down the run sheets. It is particularly hard when there are multiple services and you don't know where to begin asking because the name of the service was not provided in the Trauma Flow Sheet. I continue to hear that this is a problem across the country...WHY??? If we see there is a problem, someone needs to have their feet held to the fire and do their job. Nurses are expected to have their charting completed prior to transferring the patient to another floor or to another facility. It's no different for EMS....continuity of care for the quality of care for the patient. My thought is...if we don't receive the run sheet, everything in the registry regarding pre-hospital should be marked "unknown". The registry should be used as a tracking tool to see if the pre-hospital information is entered...if not, all of the area EMS services should receive a warning, unless the EMS service is identified in the nursing notes and pre-hospital information was not left. Run sheets should be used just like participation in the RACs. Lack of participation equals lack of funds available for that particular service. Money talks and if the services know that they're not going to be eligible for money, maybe they would get their acts together and get their run sheets completed prior to leaving the ED. Just a thought.
260.	I cannot imagine another forum greater than the one provided by GETAC. There is no other state agency, entity or task force that welcomes participation like GETAC and actually works to act on concerns. Those that complain do not have a working knowledge of the rest of state government. It is rare to find individuals in state governement that are as committed and passionate about their area like we find in EMS and Trauma.
261.	While the guidelines are certainly a necessity they should be just that "guidelines". Certain guidelines do not work in certain areas and there needs to be a better system of allowing local custom to control the local sytems. Just because it works in Dallas and San Antonio does not mean it works in Temple or San Angelo. Rural areas do not have adequate representation and we wind up following rules that are implemented for and by urban, academic settings.
262.	EEF NEEDS to be used for EMS! there should never be any of that money that is returned to the general fund.
263.	See previous notes
264.	We need faster turn around on testing results. 1 week would be ideal.
265.	A separate commission/board dedicated to EMS could focus better on updating standards for education, testing, CCMP/accreditation development, increased dedicated funding and statewide system issues.
266.	A system that parallels TCLEOSE may work
267.	DSHS must become more actively involved in local sytem development and resource assistance. ECA certification should be eliminated or upgraded. Forty hours of training is not an appropriate level of training to allow an individual to operate independently.
268.	Trauma funding is good, but EMS regulatory is not. There is too much state red tape to try to accomplish anything. If law enforcement, fire commission and others can do it, why can't we? It seems that ever since the "MERGE" EMS credentialling fees, etc have increased but the level of customer service, or one single go to person to discuss issues with has exponentially decreased.
269.	West Texas doesn't have a enough representation on committees/issues. The majority of issues and committees seem to be from the large cities in central Texas. Couldn't meetings be teleconferenced so West Texas could participate more?
270.	Reference answers to questions #13.
271.	More use of the internet.

- 272.** need a much stronger and more responsive registry. The trauma registry should be as important to DSHS as their other registries (cancer, tumor, etc). Trauma affects many more people than the others but seems to be the stepchild of DSHS.
- 273.** No real improvement in our trauma system, but increase in duplication of paperwork with our RAC. Funds which used to go straight to the countys now go through the RAC and have additional strings attached with the monies which small providers have a hard time meeting, even though the smaller providers have a greater need for the money. To make mandatory RAC meetings some smaller services have to shut down, or decrease level of service to make meetings. A couple times a year the paperwork demands are changes, which makes it more difficult to comply.
- 274.** Texas made a huge mistake in contracting with the NREMT for certification testing. NREMT has a long history of poor customer service and low passing rates nation wide. I also support more non-college EMS courses. I strongly feel that the colleges have not listened to the providers which is affecting prehospital care both in the rural and urban settings. There needs to be more regulation of the providers especially in the Rio Grande Valley. It is a embarrassment to EMS the way some providers are allowed by DSHS to operate.
- 275.** We need a strong, well-respected and well-recognized state EMS Medical Director who can provide knowledge and technical expertise without going to a centralized-control or state-wide protocol system. These have weakened systems and impeded innovation in other states where they have been tried.
- 276.** The committee should present their recommendations to the State and they need to decide what to act upon with regard to that recommendation. Let the dog wag the tail, NOT the tail wagging the dog!!!! With that said, there needs to be some money sent to the agency to be able to be as strong a regulatory system as other agencies, not a step child.
- 277.** A better funded organization to enforce the rules we have in place and help with educating the public about what we do
- 278.** Get away from National Registry testing, it is a joke. They do not care.
- 279.** The Texas EMS System contains many GREAT services. Regulatory oversight should NOT interfere with them. Texas has some HORRIBLE services. Something SHOULD be done about them. We should look at other states to find working models. Unfortunately, if there is to be no funding this project is dead before it starts. A handful of employees can't regulate a state the size of Texas.
- 280.** Again, I believe that the most effective vehicles are the RACs and GETAC....but that will require mandatory participation by all licensed providers...whether it be hospital or prehospital.
- 281.** Increase educational standards; require EMS education programs to be accredited and/or only allow graduates to be eligible for cert/licensure if graduated from an accredited institution; increase minimum program hours;
- 282.** Too much regulation. RAC system acts only as a money filter. If there was no money no one would participate. I see no real improvement of trauma care in Texas that would not have been there without the regulation.
- 283.** We need to get out of National Registry and go back to state administration of examinations.
- 284.** Keep Getac, and get us out of the DSHS.
- 285.** no comments
- 286.** Go back to Texas Certification and do away with NR!!!!!!!!!!!!!!!!!!!!!!.
- 287.** It appears to me that the volume of complaints about mixed information from DSHS employees and lack of consistency, unfair treatment, inefficiency, and other problems have been increasing dramatically since the restructure of DSHS. I think that it is possible that while the current system has some talented and experienced people, this is no longer the norm and the EMS community is suffering. A stand-alone Board or Commission that is held accountable by the public and the EMS community may be easier to structure than trying to fix the steadily growing "broken" system currently in existence. It has worked for the fire services, law enforcement, and EMS agencies in other states, so it CAN be done.
- 288.** GETAC is the best thing that has happened, we finally have a voice.
- 289.** I think many of the regulations are set by big city, high paid representatives that have no concept

	what the majority are actually up against in smaller towns throughout Texas.
290.	Pay scale for the staff of the EMS & Trauma System is so low...the system will never be able to maintain long term employees...ones that know me and my problem and can give me long term techi assistance. They are always training new folks and thier folks always leave for better paying jobs
291.	Every area is weak!!!!!! Complaints never get investigated. The certification process is a joke. Education requirement, well I am not even going there.
292.	I think there needs to be more direction from DSHS regarding the interactions of EMS staffs and Licensed Athletic Trainers with regards to who has the say regarding injuries and their respective treatment resulting from an athletic event. The educational background and training would favor the LATs. Both credentials are provided by a valid examination process through DSHS.
293.	A look in to the rural areas need desperatly addressed. The volunteer services are suffering, some lack of volunteers others are money
294.	I believe that a Commission for EMS would be a good start towards fixing our problems.
295.	Change should not be implemented unless real change can be completed. THE changes that have been advocated will not be successful without dramatically increaseing funding. That is what is needed under the current structure. Research in public administration has proven that restructuring does very little to improve service. It incurs more cost, but provides little to no benefit.
296.	I feel that regulatory procedures vary to much by region. More frequent on site visits by DSHS inspectors needed.
297.	Raise the educatinal bar. It is a shame that patch-in-a-box places still exist, especially those that teach the test and deliver substandard education. Colleges have to teach to a higher standard level, so should all programs. Special interest groups such as private coordinators, fire chiefs, and private EMS owners should never be able to dilute the standards simply because of their own agendas. We will never be recognized as a profession until this changes.
298.	Regulation and control of EMS needs to be with EMS and not with nurses at the local or state level
299.	As previously stated, salary for DSHS state employees in the Region 5/6 need to be evaluated and considered for increase. It is difficult to hire qualified canidated at such a low salary range. Also peer-review of complaints to the state would be beneficial to the DSHS office. Numerous compliants come in from disgruntal employees.
300.	The new Trauma Foundation is an unknown: maybe it will be effective in addressing concerns.
301.	Rural and Frontier EMS (West Texas) has really never had a voice at the State level. When our area does speak out - we are not really listened to. The coastal areas really have the voice for the State.
302.	DSHS EMS is to heavily weighted toward trauma and hospitals. We need more people knowlegable with EMS.
303.	1. More timely response to complaints by DSHS. Many times complaints are over 12 months old when information is requested of the respondent. 2. Add more staff for data collection. 3. Do not further fragment divisions. 4. Leave existing regional structures, rather than making Austin the clearinghouse for all processes.
304.	Discipline. I have sent multiple requests to the State to have one of my medics suspended and it has gone COMPLETELY UN-NOTICED. At least two years have elapsed without even a phone call. That is a HUGE shame...I can remember the days when providers were scared to death because "VIC was lurking..."...
305.	Donot have one at this time.
306.	I was lead to believe that the trauma system was to set a designated trauma facility in a multi-county area. I have checked the statistics and rural EMS still has a problem with mortality rates. The use of air transports are still being abused.
307.	The people who want an EMS Commision in Texas have their heads in a cloud. DSHS currently has funding. An EMS commission may or may not retain their budgets every two years at the whim of the legislators. I would take a long hard look at the Fire Commission and see how many staffers they have lost in the last few years.
308.	It is becoming increasingly difficult to provide training for all levels of certification with the expectation

that students will actually pass the class and pass the National Registry Test. I do not support degrading the system but their needs to be a better way to provide adequate instruction with a positive outcome.

309. I don't want to claim to know what the answers are, but I feel that if we ever want to be a "profession" then things need to change. Why is Texas the only state to still have ECA's as a provider level for ambulance personnel? The claim that the volunteers from the rural area's can't afford the time or the money for any higher level of training just doesn't seem to be a legitimate reason. And although I feel that NR testing is ok, I still cannot understand what the state is doing as far as certification goes. Texas is not a NR state, but you can't be certified until you take a NR exam. Let's figure out what it is that is best for providers in Texas, and then go with that, the current system just creates more questions about our standards and level of professionalism than anything.

310. I would like to see more help for small rural communities.

311. Emergency Services District's in the state are usually not considered as an important participant in the delivery of trauma services unless they are a licensed transport provider. They are often overlooked when it comes to funding for education needs and resource needs. In our region it is assumed that all our needs will be met by the transport providers we work with. That is not the case. The transport providers have their priorities and it dose not include ESD FRO's.

312. try to get more people to join

313. REGULATING THE EDUCATION TO RAISE THE CURRENT STANDARDS TO THE NATIONAL LEVEL