

Texas EMS Trauma News

Summer 2021

Volume 8 No. 3

Office of EMS Trauma Systems
Texas Department of State Health Services
dshs.texas.gov/emstraumasystems/



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"It is our responsibility to uphold the public's trust in EMS and advocate for and protect our patients from bad care. "

From This Side

By Jaime Vallejo, BAAS
EMS South - Regional Manager



Back to the Basics of CARE

We all chose Emergency Medical Services (EMS) and healthcare as a profession for many different reasons, but probably the one commonality amongst us all is that we care and want to help. We want to care for the people in our communities.

Focus

Most EMS personnel do an amazing job of providing care for a patient during what is probably their worst day of their life. We do our best to get to them as fast, and safe, as possible. We quickly listen to their chief complaint and begin assessing by asking script-like questions. We determine the best treatment and transport destination to continue the care for our patient according to our protocols; but in all the chaos of caring for the patient, we sometimes lose focus on caring about the person.

Show You CARE

It is not enough to just provide medical care; we must get back to caring about the whole person to provide the best care possible without causing any further discomfort or pain. We show that we care **about** them as a person by being **C**ompassionate, **A**ttentive, **R**espectful, and **E**mpathetic.

As medical professionals, we must be sympathetic and show genuine compassion and concern for the person requiring EMS. Additionally, we need to pay attention to the patient and their family members and not discount anything they say as irrelevant. Ask yourself *Am I actively listening to them, or am I thinking of my next step while they talk?*



We also need to be respectful to not only the patient but to their family members and home as well. Are we being respectful of their belongings and possessions when trying to move the patient onto the stretcher?

Finally, we need to show that we understand what they are going through. We have to apply our most heartfelt effort into our interactions with people. "Empathy is the tie that binds us to each other on a human level. For many, it links to our primary goal of entering EMS in the first place: helping people." Empathy for a patient plus technical knowledge make for the complete package of an EMS professional ("EMS: It's About Customer Service," 2005).

Our Responsibility

Many of the complaints that the Texas Department of State Health Services (DSHS) receives from patients and family members have all too familiar and similar wording: "They wouldn't listen to me...they were in such a hurry, they made it worse...they just didn't care."

It is our responsibility to uphold the public's trust in EMS and advocate for and protect our patients from bad care. We must get back to the basics and make it about the people we have the privilege to care for in their time of need.

[EMS: It's About Customer Service](#) (2005). *EMS World*.

HIPAA Basics for EMS Practitioners Resource

The NEMSIS Technical Assistance Center (TAC) has created a new resource to provide agency and field-level clarity on HIPAA as it relates to EMS. The [HIPAA Basics for EMS Practitioners poster](#) helps EMS practitioners to better understand how and when HIPAA applies to EMS activity.

The information contained in the poster does not supersede agency or state rules and clearly states that practitioners should follow their agency policy.

Notice for EMS Personnel and Providers

The EMS Licensing Unit has been conducting normal business operations, and we encourage you to renew your certification license application process as soon as possible. An online electronic renewal application is opened six months before your license expiration date. Please log in to your [EMS account](#) to renew today!





TEXAS SHINES

WAY TO GO, TEXAS!



Jon R. Krohmer, MD, FACEP, FAEMS,
Director, NHTSA Office of EMS

The past 16 months challenged EMS around the country in so many ways. While the phrase “it has been a terrible year” has become a cliché, for many people that was true—and perhaps nowhere in this nation more than in Texas. Not only did you face COVID—one of the most contagious and deadly diseases of the past century—you also have experienced the stress on your EMS systems and your personnel caused by recruitment and retention difficulties, agencies closing, and increasing violence (in the general community and specifically against EMS clinicians). Add to that the increased case-load along the border (and its subsequent impact on systems inland) and climate events (not only the oppressive heat and hurricanes but early this year from the winter storms), and the resulting disaster responses. No emergency planning exercises prepared us for a power grid failure during a massive winter storm during a global pandemic.

Despite those challenges, you have done what we have always done in EMS – you not only met those challenges but have built on them, for the betterment of the community and the patients you serve. I have the privilege of frequently talking with medical directors and systems leaders of EMS organizations across Texas. The resilience and fortitude you have demonstrated are amazing. The shifts continue to be covered, educational programs have adapted to prepare new EMS clinicians, and communities and organizations have stepped up to help neighboring communities that were even more stressed or saw agencies go out of service. But, even more so, you have continued to develop and implement new ways of serving your patients and communities – establishing, providing, and supporting COVID testing and vaccination sites or mobile programs, developing telehealth programs to expand health-care access, creating treatment-in-place programs in addition to responding to the daily emergency and non-emergency medical care, and coordinating disaster response with local, state, and federal partners.

At the NHTSA Office of EMS, our role is to support the needs of state and local EMS organizations and advance EMS systems nationwide. Soon after the first patient in the US with COVID was diagnosed, we established the COVID-19 EMS/Prehospital/911 Team, working with the Healthcare Resiliency Task Force established by the US Department of Health and Human Services (HHS), to ensure that EMS issues were understood and addressed at the national and state levels. We worked very closely with the US Fire Administration, HHS, and other federal agencies to communicate the needs of EMS clinicians to the Federal Emergency Management Agency, the US Centers for Medicare & Medicaid Services, and others. We engaged with stakeholder organizations very closely to share information and, more important, to learn the real-world and urgent needs of the people in the field helping their communities. We worked to assemble and share resources on EMS.gov to help EMS respond safely and effectively. We made modifications to the National EMS Scope of Practice Model

and the National EMS Educational Standards based on urgent COVID needs. We did all these things with you, and your patients, in mind—a true embodiment of the people-centered vision for EMS described in EMS Agenda 2050.

But, the real story isn't about what we did – it is about what you all did. For that, we are immensely grateful. You cannot be recognized enough for your dedication, for your knowledge and skills, and for the significant impact you have on your communities every day – during national and state crises like those faced over the last year, and during the individual crises, you help people get through every day. Thank you!

National Stop the Bleed Day

Golden Crescent Regional Advisory Council board members attended the recent City of Victoria council meeting on Tuesday, May 18, 2021, and accepted a Proclamation for National Stop the Bleed Day from Mayor Pro Tem Josephine Soliz.

The Golden Crescent Regional Advisory Council has taught this bleeding control course in the region since 2016 to many individual groups including school-aged students, school nurses, and numerous additional agencies and organizations. To date, members of the Advisory Council have trained close to 8,000 individuals on the life saving techniques of bleeding control.



Pictured left to right: RAC Board Members: Treasurer Fire Chief Tracy Fox, Vice-Chair Melinda Fox, and Chair Carolyn Knox, Mayor Pro Tem Josephine Soliz.

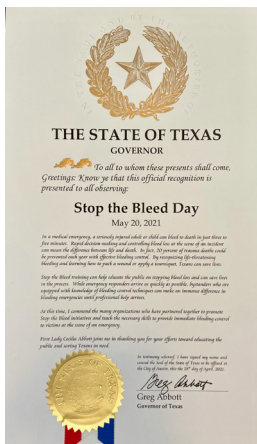
Reminder:

DSHS would like to extend a friendly reminder that all EMS Courses must be conducted by a DSHS approved Education Program. Courses must also be approved and assigned a DSHS Course number, which EMS students will be awarded upon completion. This is required in order for them to take the National Registry exam. Also, all EMS Courses must be applied for, at least 30 days prior to the start date, as noted in the [Texas Administrative Code \(TAC\) §157.32 \(s\)](#).

You will find this information and more on our Texas Department of State Health Services [EMS Education website](#). If you have any questions or need any assistance, please feel free to [email](#) or call 512-834-6704.

STOP THE BLEED

The Stop the Bleed Texas Coalition (Coalition) was very busy through the month of May. Stop the Bleed Month is observed nationwide and across the globe. The mission remains the same: to train as many people as possible on methods to stop life-threatening bleeding. Unfortunately, bleeding after traumatic injury remains a leading cause of death.



With the help of Texas EMS, Trauma & Acute Care Foundation (TETAF), the coalition was able to achieve a proclamation from the Governor's Office declaring May 20, 2021, Stop the Bleed day. It leaves no doubt that this campaign continues to gain momentum and recognition at every level.

The Coalition continues to advance strategic initiatives across the state. We remain grateful that conditions have improved enough to facilitate in-person training once more, but virtual training has become commonplace. The Virtual Skills workgroup hosted training on Stop the Bleed day. The feedback was overwhelmingly positive! There will likely remain a place for virtual training even as Texas opens back up. The Coalition's Data workgroup is also teaming up with the Department of State Health Services in order to collect meaningful, uniform data about tourniquet use. Establishing a system of collecting, studying, and monitoring meaningful data is a tremendous undertaking but one that we are certain will result in a better impression of our collective effort to reduce deaths due to bleeding.

Stop the Bleed Month has ended but the work continues. To learn more, like the Coalition on [Facebook](#) and follow on [Instagram](#).



2021 TEXAS EMS AWARDS

We're looking for the best in Texas, so let us know what makes your nominee really stand out.

Winners will be announced at the Texas EMS Conference Awards Luncheon

It's Hurricane Season Are You a Ready Responder?

Disasters can happen at any time, any place, and possibly without any warning. Since first responders are called away from their families during a disaster response, it is very important that they have a family plan in place. The [Texas Department of State Services](#) (DSHS) and [Federal Emergency Management Agency](#) (FEMA) provide a variety of resources to aid first responder departments and families in planning for emergencies.

To become a Ready Responder, take the following steps to prepare for potential emergency or disaster situations:



PLAN.

Know evacuation routes and where your family will take shelter if it's necessary to evacuate. Plan how you will re-connect if separated. Be sure to include any provisions for special needs in your family plan, such as accessibility or medical requirements, older family members, or pets.



BUILD A KIT.

Both DSHS and FEMA Ready websites have checklists for important supplies to include in your kit. Your container should be portable and manageable.



GET INFORMED.

Know what types of disasters for which your community is at risk and teach your family what they should do should one occur.

Check out the [FEMA Ready Responder Toolkit](#) and the [DSHS Texas Ready video series](#) for more information and resources to assist you in your emergency planning and preparation as a Texas Ready Responder.



Designation Programs

The Texas Department of State Health Services (Department) administers five hospital designation programs for Centers of Excellence for Fetal Diagnosis and Therapy, [Maternal](#), [Neonatal](#), [Stroke](#), and [Trauma](#) care.

Here are five things you should know about designation and additional information can always be found on our website using the links above.

- 1 Who should I contact if I have questions about the designation requirements or rules?**

Contact a Designation Coordinator or the Designation Program Manager listed in the Staff Contacts section of the specific designation program listed at the bottom of each webpage.
- 2 Why do I need to notify the Department when a hospital's Chief Executive Officer, Designation Program Manager, or Designation Medical Director changes?**

In the event the Department needs to contact a hospital designation program representative regarding an application, funding, educational offerings, or to provide essential information that may affect the designation program, formal notifications are distributed through electronic notification system, however, the designation staff contact the hospital designation program representatives through the contact information provided for our database. If a designation program representative is leaving or new to a position, please notify our office so we may update the information to ensure efficient and effective communication with the hospital's designation program.
- 3 The hospital name I submitted on the designation application is different from the designation letter and certificate. How is the hospital name determined for designation?**

Designations are awarded to licensed hospitals, federal hospitals, and state-owned hospitals in Texas. The designation letter and certificate for Texas hospitals reflects the licensed name per the HHS Facility Licensing Group.
- 4 What happens to the designation(s) when our hospital has a name change?**

The designation remains valid when a hospital experiences only a name change.
- 5 What happens to the designation(s) if our hospital has a change of ownership or a change in physical location (CHOW)?**

We encourage hospital representatives and/or designation program representatives to contact our office immediately in the event a hospital may experience a CHOW. Designation is awarded to the owners of the hospital at the specific physical location. If the owner or the physical location changes, as determined by the HHS Facility Licensing Group, the designation(s) is no longer valid once the change occurs. Hospitals receive funding dependent upon verification of their maternal, neonatal, and trauma designation programs. It is critical for the hospital to work with the department to maintain designation, or in active pursuit of designation for Trauma facilities, during and after the CHOW to remain eligible for the funding. We encourage every hospital to contact the designation staff early in the process if a CHOW is being researched or considered.



DESIGNATION

The department is conducting monthly virtual meetings with staff from Level III and Level IV designated facilities, and all levels of perinatal designated facilities. The virtual meetings provide a platform for the staff to ask questions directly to the department related to rules, requirements, best practices, challenges, and educational needs. Recent meetings for Trauma were dedicated to review of the trauma rule compliance document to receive stakeholder feedback and a presentation on the National Pediatric Readiness Program. The perinatal meeting presentations included the first of four Quality Assessment and Performance Improvement modules and the Texas Medicaid & Healthcare Partnership (TMHP) designation verification process for Medicaid Reimbursement of maternal care.

To be included on the invitations for the virtual meetings, please submit your name, position, facility name, and designation program in an email to DSHS.EMS-TRAUMA@dshs.texas.org.

TEXAS WRISTBAND PROJECT

Accounting for patients can be a challenge due to variability in types of and access to electronic patient information systems found in today's hospitals and Emergency Medical Services (EMS), especially during large scale incidents. To address this difficulty, the Regional Advisory Councils (RAC) across the State and the Department of State Health Services initiated The Texas Wristband Project. The purpose of the project was to establish a tool that would aid in accounting for patients throughout their care daily and potentially during a disaster or mass casualty event.

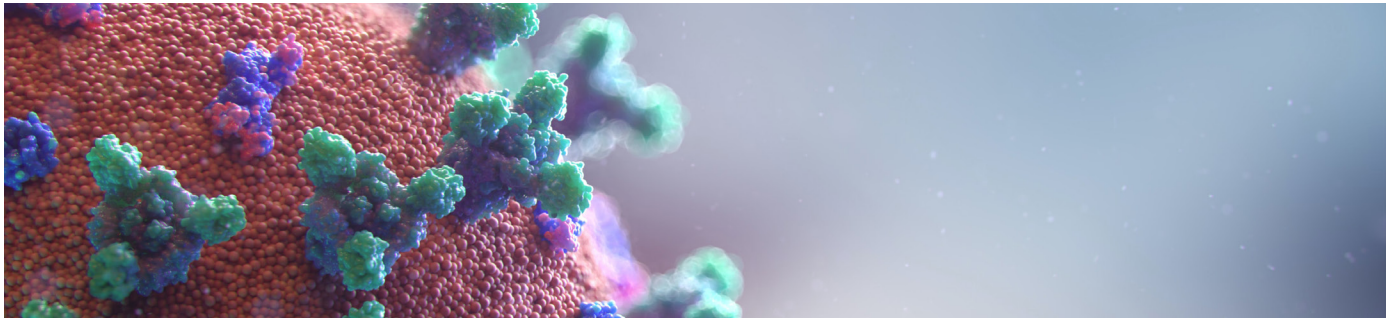
Many people will remember that STRAC was working as the lead on this project until COVID-19 occurred. Due to all the COVID response activities, HOTRAC was asked to take lead on this project. HOTRAC worked with multiple vendors to create a unique patient identification wristband that would be implemented statewide. The wristbands are applied by EMS personnel on any person transported in an EMS unit. The wristbands contain a scannable barcode and alphanumeric value that can be used within the systems currently in place by both pre-hospital and hospital providers.

Nine RACs volunteered for participation in piloting the first phase of the Wristband Project from December 1, 2020, to January 31, 2021. The conclusion of the pilot demonstrates the wristband to be a successful, easily implemented tool for accounting for patients throughout the various stages of their care. For more information on the results of the pilot, please read [Texas Wristband Project Summary](#). Currently, 21 of 22 RACs have begun implementation of the project. If you have additional questions on this project, please contact your local [RAC](#).

COVID-19 Variants – July 13, 2021

Because viruses constantly change through mutation, new variants of the virus that causes COVID-19 are expected to occur. Multiple variants have been documented in Texas and the United States that may spread more easily or cause more serious illness. Current scientific evidence indicates that available vaccines are effective at protecting people from severe illness caused by these variants. Public health officials at the federal, state, and local levels continue to study them, monitor their spread, develop strategies to slow their spread, and test how variants may respond to existing therapies, vaccines, and testing.

View an [update](#) of sequence confirmed COVID-19 variant of concern cases that were reported to DSHS through 7/13/2021. Please note that this is not a comprehensive count of all variant cases in Texas. Sequencing is performed on only a small sample of positive test results, so there are more variant cases in Texas than have been reported to DSHS.



Invasion of Delta!

by Jennifer Shuford, MD, MPH, Office of Chief State Epidemiologist

Just when I had the happy thought that FINALLY I could start working on all sorts of other, non-COVID, public-health things... enter the [Delta variant](#).

The Delta variant is raging across the [US](#) and around the [world](#). It [spreads](#) more easily than other variants we have seen, which means it's more contagious than other known variants. The Delta variant may also put infected people at [higher risk of hospitalization](#) than other variants.

The great news from the UK is that being fully vaccinated provides a lot of protection against disease and [hospitalization caused by the Delta variant](#). The bad news is that this Delta invasion is happening right when everyone is starting to resume their normal lives. And it's happening as we prepare to send our kids back to school.

What can we do to help decrease the impact of Delta and prevent introduction or emergence of another variant? Get all eligible Texans fully vaccinated! So many people throughout the state have worked tirelessly for more than eight months with this goal in mind. But [we haven't reached our goal](#), so we can't let up yet.

What about all those people who aren't eligible for vaccination? Masking and physical distancing work against variants, too! I don't know of one person who is excited about putting that mask on. But wearing a mask [protects](#) the wearer and others around them. We will need [all of the tools in our toolbox](#) for a while, and that includes masks, physical distancing, fresh air and hand sanitizer, especially for people who are not fully vaccinated.

COVID-19 vaccines are widely available with no wait. The vaccines are safe and protect you and loved ones from COVID's worst. [Find a vaccine near you](#).

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NEWS

NHTSA's EMS Update: Learn more about current projects and efforts in EMS from NHTSA and its Federal partners.

CDC Newsroom: View the latest CDC public health news and press releases.

Bulletin of the American College of Surgeons: *The Bulletin of the American College of Surgeons* is published monthly by the American College of Surgeons.

Washington Update: *The Washington Update* is produced bi-monthly by the National Association of State EMS Officials in cooperation with NHTSA OEMS, with funds also provided by HHS EMSC.

NACo County News: The voice of American counties.

EMSC Pulse: The EMSC Pulse Newsletter is a digest of program news and activities. Each issue includes a wealth of information about the pediatric emergency medical care community.

Integrated Healthcare Delivery: Integrated Healthcare Delivery focuses on improving the patient experience of care through inter-professional collaborations.

External links to other sites are intended to be informational and do not have the endorsement of the Texas Department of State Health Services. These sites may also not be accessible to persons with disabilities.

Links

GETAC: Visit the Governor's EMS and Trauma Advisory Council web page to view council, committees, and meeting information.

Rules: This page contains links to the Texas Administrative Code rules pertaining to EMS/Trauma Systems.

Disciplinary actions: This page provides public notice of disciplinary action by the Department of State Health Services and the Consumer Protection Division, Consumer Safety Unit.

Staff Contacts: This page provides contact information for the Office of EMS/Trauma Systems staff and programs.

Preparedness: The Center for Health Emergency Preparedness and Response is to provide public health leadership and improve health and well-being in Texas.

Homes for Texas Heroes Home Loan Program: The program, spearheaded by the Texas legislature, provides a 30-year fixed rate home loan to Texas EMS personnel, firefighters, peace officers, and others. In addition, this program offers down payment and closing cost assistance of up to 5% of the mortgage loan amount, in the form of a grant.



The Code
Green
Campaign



HEROES HELPLINE
LAUNCHES APRIL 1ST
+1-833-367-4689

Substance Use and Mental Health
Support for First Responders

- Toll-free helpline for first responders
- Confidential support and recovery coaching
- Education on substance use and mental health
- Information about treatment options
- Personalized referrals to treatment in your area

HEROES HELPLINE
833-367-4689



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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