



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

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Regional Advisory Council (RAC) Self-Assessment Scoring Tool

The Regional Advisory Council must complete this self-assessment with stakeholder participation. This tool is designed to standardize the annual assessment for the regional advisory councils in Texas. The regional EMS, trauma, and emergency health care system must continually work to improve the delivery of care and outcomes through partnerships with public, private, and voluntary sectors. The system plan needs to ensure all populations across Texas receive the benefits of a coordinated system of care. The regional system should strive for an inclusive system (all health care facilities and all prehospital provider participation), including the integration of rural and remote health care providers.

Please use the following criteria to assess your region's progress in system development.

Score	Progress Scoring
0	Not Known
1	Elements Not Documented
2	Elements Documented with Ongoing Needs (Minimal requirements not met and need improvement.)
3	Basic Regional System in Place (Meets minimal requirements with opportunities for improvement and system advancement.)
4	Advanced Regional System (Meets and exceeds requirements with some opportunities for improvement and system advancement.)
5	Best Practice Regional System (Meets and exceeds requirements and serves as a model or best practice for others.)

- The region must address all elements of the self-assessment and achieve a minimum score of 3 for each element. If a score of 3 is not achieved, the RAC must develop a detailed system advancement plan to accomplish a minimal score of 3 over the next 12 months.
- A score of 4 demonstrates the region meets and exceeds the minimum requirements but can continue to improve and advance the system.
- If a score of 5 is reached, the RAC is considered a best-practice model for this element and should consider sharing its practices with other regional, state, and national stakeholders.
- The RAC may reach out to local academic institutions and partner with students needing capstone projects to assist in completing the regional self-assessment.

Instructions for Completion of the Self-Assessment

1. The Regional Advisory Council (RAC) Self-Assessment Tool is designed to be completed with the regional stakeholders and the RAC staff.
2. The RAC Executive Director or Chair will assign specific sections to the RAC committees for review and completion.
3. The RAC leaders, stakeholders, and committee members review the current RAC activities and documents to score the specific elements.
4. If the specific elements do not fit into a defined RAC committee, the elements will be scored by the RAC board after reviewing the RAC activities and documents, including procedures, guidelines, and the website.
5. The RAC will complete an assessment of all elements and assign a final score.
6. After all elements have been assessed and scored, the RAC leaders, stakeholders, and committee members will identify those elements that have a score of less than 3.
7. The RAC leaders will assign those elements with an assessment score of less than 3 to the RAC committees to develop a detailed system advancement plan to move the assessment scores of 1 or 2 up to a 3.
8. Elements that do not align with the RAC committees and have an assessment score of less than 3 will have a detailed system advancement plan developed by the RAC board.
9. All action plans must follow the “SMART” goal format: *Specific, Measurable, Attainable, Relevant, and Timebound*.
10. Elements with a score of 5 are identified as “best practice” models.
11. The RAC leaders, stakeholders, and committee members will develop a paper, PowerPoint, Ted-Talk, YouTube, or other process to share the best practices with other RACs at the RAC Executive Director/Chair meeting, EMS Conference, or other forum within the next 12 months.
12. The completed self-assessment scoring tool, action plans, and best practice model-sharing modalities are included in the regional system plan revisions and the RAC’s annual report.
13. The score for each indicator will be reflected as an average if individual scores for each system are submitted by the RAC.
14. The regional EMS, trauma, systems of care, and emergency health care plan may be referred to as the regional system plan in the document.

Note: After each legislative session, the department will review legislative activities affecting EMS, Trauma Systems, and the identified systems of care. The department will define when revisions to the Regional Advisory Council Performance Criteria and Self-Assessment Scoring Tool are required to include modifications to current criteria or the addition of new criteria. The revised Performance Criteria and Self-Assessment will be implemented on September 1st of the following year. The RACs will be notified of the need for revisions prior to the revision process and be notified of the implementation date. Document versions will be notated by year followed by revision number (i.e., V2024.1, the first revision of 2024) with the date of revision in the footer.

Indicator	Scoring		
<p>1. EPIDEMIOLOGY</p> <p>There is a thorough description of the epidemiology of EMS, trauma, systems of care, and emergency health care incidence of EMS transport, hospital admissions, and mortality in the regional population-based data (including data specific to urban, rural, and diverse populations) to assist in defining regional priorities.</p> <p><i>If the data is not available through the State EMS Trauma Registry, the RAC is not held accountable for this indicator.</i></p>	<ol style="list-style-type: none"> 0. Not Known 1. There is no data description of the epidemiology of EMS, trauma, systems of care, and emergency health care incidence of EMS transport, hospital admission, and mortality in the region. 2. Reported admissions and mortality data have been used to describe the statewide incidence of EMS transports, trauma, systems of care, and emergency health care deaths, aggregating all etiologies, but no regional data is available. 3. The RAC has access to the minimal data sets established to develop an epidemiology history of the regional incidence of EMS transports, hospital admissions, and mortality for trauma and other systems of care patients. 4. In addition to #3, quarterly data is aggregated in a confidential process by reporting entities and shared with the RAC membership. 5. In addition to #4, stakeholders use the data to develop strategies and prioritize needs for the rural and urban areas, including measures to address disparities or inequities in care for populations, to define key regional initiatives, prevention, and awareness programs. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

Indicator	Scoring		
<p>2. EPIDEMIOLOGY - Surveillance</p> <p>There is an established regional systems of care surveillance process that can, in part, be used to support performance measures. The data available is integrated into the regional system plan.</p> <p><i>If the data is not available through the State EMS Trauma Registry, the RAC is not held accountable for this indicator.</i></p>	<ol style="list-style-type: none"> 0. Not known 1. There are no established region-wide systems of care surveillance processes. 2. There is a regional systems of care data collection process, but not all EMS providers or hospitals in the service area contribute to the database. 3. There is a regional systems of care data initiative with all EMS providers and designated hospitals in the region contributing data for the incidence of EMS transports, hospital admissions, and mortality only. The data is integrated into the regional system plan. 4. In addition to #3, the hospital data is used in conjunction with the EMS data system or hospital discharge data. 5. In addition to #4, the regional data is accessible electronically and has consistent data definitions, with the established EMS wristband identifier and processes in place to support report writing. The data supports prevention strategies, coalition building, public awareness, surveillance, and performance improvement with stakeholder input to define priorities and initiatives. Processes for sharing and linking data exist between EMS, public health, and the trauma and emergency health care system participants, with this data being used to monitor, investigate, and diagnose regional community health risks. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

Indicator	Scoring		
<p>3. REGIONAL LEADERSHIP The RAC leadership, in collaboration with its members, prepares and disseminates an annual report reflecting the activities, successes, and challenges encountered by the RAC. The regional annual report is available to RAC members and stakeholders.</p>	<ol style="list-style-type: none"> 0. Not known 1. No regional annual report is available. 2. Regional annual reports are developed by the RAC leadership. 3. Regional annual reports are developed in collaboration with the RAC leaders, RAC committees, and RAC members and then disseminated to the general members of the RAC. Regional annual reports include the activities of each committee (or organizational structure defined in the RAC bylaws), an overview of the regional epidemiological data collected, and an overview (which may be reflected in a map) of the services available in the region, such as the location of air medical services, EMS providers, first responder organizations (FROs), and designated facilities. The annual initiatives and goals of the RAC and their outcome are included in the report. The regional annual report is available to RAC members and stakeholders. 4. In addition to #3, the strategic accomplishments, injury and disease outcomes, and challenges encountered are included in the regional annual report, and it is available to all RAC members and stakeholders. 5. In addition to #4, the regional annual report is shared with regional coalitions, partner organizations, public health, local government entities, and the department. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

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<p>4. SYSTEM PLAN</p> <p>A regional EMS, trauma, systems of care, and emergency health care system plan is in place and based on an analysis of the regional demographics and regional self-assessment and provides opportunities for collaborative stakeholder participation. The regional plan reflects, at a minimum, the regional activities specific to each of the self-assessment criteria and includes the regional guidelines. The regional system plan and all associated documents are available to RAC members and stakeholders. in a secure location.</p>	<ol style="list-style-type: none"> 0. Not known 1. A documented, outdated regional system plan exists. 2. The RAC leadership is developing/revising a regional system plan without reference to the regional demographics, resource assessments, data analyses, and regional stakeholder participation. 3. The RAC leadership, committees, and stakeholders are actively revising the regional system plan based on regional demographics, the completed self-assessment, resources available, and data analyses that align with the RAC performance criteria. The regional system plan and all associated documents are available to RAC members and stakeholders. 4. In addition to #3, the RAC identifies system priorities and timelines and integrates public health into the revisions of the regional system plan. 5. In addition to #4, the emergency preparedness plans are aligned with the regional system plan. The regional system plan and quarterly performance improvement data are shared with RAC members, stakeholders, the business community, public health, local government entities, and the department. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

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<p>5. SYSTEM PLAN</p> <p>The RAC trauma, and emergency health care system plan clearly describes how the regional stakeholders will implement and manage the RAC performance criteria and contract requirements to ensure there is documented evidence that the performance criteria are met and includes data analysis when appropriate. The regional system plan is available to RAC members and stakeholders.</p>	<ol style="list-style-type: none"> 0. Not known 1. The regional system plan is outdated . 2. The regional system plan does not address or incorporate the RAC performance criteria or the contract requirements. 3. The regional system plan includes the elements of the RAC performance criteria and contract requirements and defines how these criteria are met to include data related to each of the elements as appropriate. The regional system plan is available to the RAC members and stakeholders. 4. In addition to #3, the system plan objectives are monitored and analyzed quarterly and annually, then shared with regional stakeholders. 5. In addition to #4, the regional data is included in the regional annual report, reflecting the system’s performance and outcomes. The regional annual report is available to RAC members, stakeholders, public health, local government entities, the business community stakeholders, and the department. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

Indicator	Scoring		
<p>6. SYSTEM PLAN</p> <p>The RAC trauma and emergency health care system plan defines a process to assist in sharing the regional and state all-hazard emergency response and preparedness activities with stakeholders. Information is shared as appropriate.</p>	<ol style="list-style-type: none"> 0. Not known 1. There is no evidence that the regional system plan has defined processes to assist in sharing the regional and state all-hazard emergency response preparedness plans. 2. There is an established regional system plan, but there is no linkage or assistance from the region that addresses the sharing of the regional or state all-hazard emergency response and preparedness plans. 3. The regional system plan addresses the regional role in sharing the regional health care and all-hazard emergency response and preparedness plan with stakeholders. Information is shared as appropriate. 4. In addition to #3, RAC leaders foster regional stakeholder integration and participation with planning and exercising public health initiatives. 5. In addition to #4, regional stakeholders have opportunities to integrate and participate with the regional medical operation center through an inclusive process and participate in all response after-reviews. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

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<p>7. SYSTEM PLAN</p> <p>As new evidence-based guidelines are developed, the regional system disseminates the information to the stakeholders and, when needed, has the appropriate committee review the guidelines for regional integration. If regional integration is recommended, the regional committee will develop an implementation plan in collaboration with stakeholders. All stakeholders must have an opportunity to attend an educational overview of the guidelines to ensure they are knowledgeable of the new practice guidelines prior to implementation, including any elements that will be integrated into the system performance improvement process. If approved, new guidelines are shared with appropriate RAC members and stakeholders and integrated into the regional system plan.</p>	<ol style="list-style-type: none"> 0. Not known 1. A structured process for evaluating new evidence-based practice guidelines for implementation with the regional stakeholders does not exist. 2. A structured mechanism is in place to inform regional stakeholders of new evidence-based guidelines for implementation in the region but does not define how it will be integrated regionally. 3. A structured mechanism is in place to inform the regional stakeholders of new evidence-based guidelines and define if the guidelines should be integrated into the regional guidelines. If the recommendation is to integrate the guidelines into the region, processes for implementation of the guidelines and stakeholder education for the regional system must be provided. If approved, new guidelines are shared with RAC members and stakeholders and integrated into the system plan. 4. In addition to #3, the guidelines are integrated into the system performance improvement process. 5. In addition to #4, the plan includes the system’s capabilities to collect, monitor, and analyze data for reporting purposes and to produce reports reflecting the compliance and outcomes of the guidelines. The reports are shared with the regional stakeholders and contained in the regional annual report. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

Indicator	Scoring		
<p>8. SYSTEM PLAN</p> <p>The regional trauma and emergency health care system plan includes the capabilities and capacity for EMS and designated facilities in the RAC. This information is included in the system plan. The regional system plan is available to RAC members and stakeholders.</p>	<ol style="list-style-type: none"> 0. Not known 1. The regional system plan does not address these issues. 2. The regional system plan identifies the need for capabilities or capacity for EMS or designated facilities in the region but does not have processes in place to monitor. 3. The RAC has processes in place to monitor the capabilities and capacity for EMS and designated facilities in the RAC. This information is included in the system plan. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, the capabilities and capacity for EMS and designated facilities in all geographic areas of the region are monitored for continual operations. (Example: Pediatric transport capabilities in the very rural areas of the region are needed.) 5. In addition to #4, the regional leaders and stakeholders collectively work on strategies to advance the EMS and designated facilities' capabilities and capacity in the region with the regional stakeholders, public health, local government entities, local business community stakeholders, and the department. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the "Best Practice"</p>

Indicator	Scoring		
<p>9. SYSTEM INTEGRATION</p> <p>There is a clearly defined, cooperative, and ongoing relationship between the regional EMS, trauma, systems of care, and emergency health care system specialty physician leaders. This is written into the system plan. The regional system plan is available to RAC members and stakeholders.</p>	<ol style="list-style-type: none"> 0. Not known 1. There is little evidence of physician integration into the regional care system. 2. There is no formally established, ongoing relationship between the regional EMS, trauma, systems of care, and emergency health care system medical directors. There is no evidence of informal efforts to cooperate and communicate. 3. There are established and ongoing relationships between the regional EMS, trauma, systems of care, and other emergency health care system medical directors established through the medical advisory structure outlined in the bylaws, with minimal integration of specialty services such as neurosurgeons, neurologists, orthopedic surgeons, family medicine physicians, intensivists, hospitalists, geriatricians, pediatricians, behavioral health providers, and rehabilitation providers. Advanced practice providers are integrated into the system planning. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, some specialty physicians or services are integrated to develop specific guidelines. This medical advisory structure may be utilized to review cases referred to the performance improvement committees as necessary. 5. In addition to #4, there is integration of specialty physicians and services to assist in defining regional guidelines and evidence-based practice guidelines for patients served by the region when needed. Specialty service physicians are integrated into the development of specific guidelines for their specialty. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

Indicator	Scoring		
<p>10. SYSTEM INTEGRATION</p> <p>The regional trauma and emergency health care system plan integrates designated facilities with other acute care facilities, extended care facilities, rehabilitation facilities, and 9-1-1 EMS providers into regional committees and projects. This includes facilities for specialty care such as burn care. This element of system integration is written into the system plan. The regional system plan is available to RAC members and stakeholders.</p>	<ol style="list-style-type: none"> 0. Not known 1. The regional system plan does not include the region’s designated facilities or prehospital providers. 2. There is a regional system plan that integrates all designated facilities and prehospital providers but does not include other health care stakeholders. 3. The regional system plan integrates designated facilities with other acute care facilities, extended care facilities, rehabilitation facilities, and 9-1-1 EMS providers from the urban, suburban, and rural communities into the regional committees and identified projects. This element of system integration is written into the system plan. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, the RAC outlines defined roles, responsibilities, and expectations of participation in the regional committees. 5. In addition to #4, the committee outcomes are monitored, analyzed, and shared with the regional stakeholders, public health, local government entities, local business community stakeholders, and the department. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

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<p>11. BUSINESS/FINANCE</p> <p>The RAC leaders provide the general membership with a financial report, which includes funds expended, planned expenditures, remaining balances of funding for RAC operations, and the funding allocated to specific projects related to the development and advancement of the regional EMS, trauma, systems of care, and emergency health care system. This must be an agenda item in the general membership meetings. Membership meetings and agendas must be posted on the RAC website.</p>	<ol style="list-style-type: none"> 0. Not known 1. No operational budgets or regional financial reports are shared with the RAC stakeholders. 2. The operational budget to support the regional EMS, trauma, systems of care, and emergency health care system is limited. There is no evidence of budget reports being shared with the RAC general membership. 3. The annual budget and the regional EMS, trauma, systems of care, and emergency health care system funding allocations and priorities are shared with the RAC general membership. This must be an agenda item in the general membership meeting. Membership meetings and agendas must be posted on the RAC website. 4. In addition to #3, all financial audit findings are shared with the RAC board, with appropriate action plans as necessary. 5. In addition to #4, RAC stakeholders have an opportunity to provide input and recommendations for the annual financial decisions before the final approval of the budget. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

Indicator	Scoring		
<p>12. EMS/PREHOSPITAL</p> <p>The regional trauma and emergency health care system plan defines an EMS Medical Director Committee or medical advisory process that is actively involved with the local and state advisory council initiatives focusing on the development, implementation, and ongoing evaluation of the EMS system guidelines. These guidelines include but are not limited to prehospital triage criteria to establish appropriate destination and transport criteria for patients with acute trauma, systems of care, or other time-sensitive disease processes; which resources to dispatch, such as Advanced Life Support (ALS) versus Basic Life Support (BLS) and First Responder Organizations (FRO); air-ground coordination; early notification of the receiving health care facility; pre-arrival instructions; EMS-Time Out guidelines; facility patient feedback to EMS; and other EMS regional procedures. These are elements of the regional trauma, and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.</p>	<ol style="list-style-type: none"> 0. Not known 1. There are no regional trauma, systems of care, and emergency health care system recommended prehospital guidelines. 2. Regional trauma, systems of care, and emergency health care system guidelines have been developed but without regard to the national standards. 3. Regional trauma, systems of care, and emergency health care system guidelines have been developed and adopted and are congruent with national standards, but there is no evidence of a coordinated implementation process with the regional EMS providers and other stakeholders. The EMS guidelines are an element of the regional system plan. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, a documented regional implementation plan includes the regional EMS providers and other stakeholders with minimal outcome data. 5. In addition to #4, these guidelines are integrated with the regional system performance improvement process to evaluate compliance with the guidelines and outcome data. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<input type="checkbox"/> System Advancement Plan <input type="checkbox"/> Sharing the “Best Practice”

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<p>13. EMS/PREHOSPITAL</p> <p>There are recommended regional prehospital triage criteria to establish appropriate destination and transport of patients with acute trauma, systems of care, or other time-sensitive disease processes. The regional EMS Medical Director Committee or medical advisory process, EMS providers, and designated facilities regularly evaluate prehospital triage criteria to identify system gaps. The regional prehospital triage criteria are included in the EMS guidelines of the regional trauma and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.</p>	<ol style="list-style-type: none"> 0. Not known 1. There are no recommended regional prehospital triage criteria to ensure that patients with acute trauma, systems of care, or other time-sensitive disease processes are transported to the appropriate facility. 2. There are differing regional prehospital triage criteria for acute trauma, systems of care, and other time-sensitive disease processes used by EMS providers. The appropriateness of prehospital triage criteria and subsequent transportation are not evaluated. 3. Regional prehospital triage criteria for patients with acute trauma, systems of care, and other time-sensitive disease processes are developed, approved by the EMS/FRO Medical Director Committee or medical advisory process, and implemented for a system approach. These prehospital guidelines are included in the regional system plan. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, the prehospital triage criteria are utilized by EMS providers and monitored through the regional system performance improvement process. 5. In addition to #4, the effectiveness of the triage criteria is evaluated through outcomes and transfer activities. These reports are generated quarterly and reviewed by the Medical Director Committee or medical advisory process. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

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<p>14. DEFINITIVE CARE FACILITIES</p> <p>The regional EMS, trauma, systems of care, and emergency health care system identifies and tracks the number, levels, and geographic location of designated facilities. This information is included in the regional trauma and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.</p>	<ol style="list-style-type: none"> 0. Not known 1. There is no regional system plan to identify and track the number, levels, and distribution of trauma centers for the region. 2. The regional system plan does not identify or track the number, levels, or distribution of designated facilities for the region. 3. The regional system plan identifies the number, level of designation, and distribution of designated facilities within the region and integrates this information into the regional system plan. This information is included in the regional system plan. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, the region identifies areas with limited resources for care. 5. In addition to #4, the regional system plan has provisions to assist the areas with limited resources in managing or transferring acute patients, and this is monitored through the regional system performance improvement process. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must develop a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

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<p>15. SYSTEM COORDINATION and PATIENT FLOW</p> <p>Regional guidelines and processes to expedite interfacility transfers of patients with acute trauma or systems of care events, individuals with life-threatening or limb-threatening injuries or disease, and other time-sensitive disease processes are included in the regional trauma and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.</p>	<ol style="list-style-type: none"> 0. Not known 1. Regional processes to expedite interfacility transfers of acute patients are not in place. 2. The interfacility transfer guidelines and processes are defined by each facility, but no regional process is established. 3. Regional guidelines for interfacility transfer to expedite patients with acute trauma or systems of care events, individuals with time-sensitive disease processes, and life-threatening or limb-threatening injuries or diseases are written and integrated into the regional system plan. The system plan is available to RAC members and stakeholders. 4. In addition to #3, these guidelines and processes are monitored through the regional system performance improvement process. 5. In addition to #4, the region has implemented a transfer coordinating center and measures to facilitate sharing of patient images and patient records from the transferring facility to the receiving facility to expedite the accepting team’s decision-making. This may include telehealth and telemedicine capabilities. Software to track the transport agency’s location and estimated time of arrival at the transferring facility is in place and integrated into the transfer decision scheme. These guidelines are monitored through the regional system performance improvement process to evaluate transfer timeliness and appropriateness and to monitor the “out of RAC” transfers. Performance improvement reports are shared quarterly with RAC members and stakeholders. The Medical Director Committee/medical advisory process reviews all transfer delays. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

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<p>16. SYSTEM COORDINATION and PATIENT FLOW</p> <p>Specific regional populations that may have defined needs are identified for trauma, systems of care, and other time-sensitive disease processes in the regional system plan. Examples of unique populations include bariatric, homeless, behavioral health, and the non-English speaking population in all geographic areas of the region, including the rural and remote areas. The regional trauma and emergency health care system plan identifies resources for these populations. The regional system plan is available to RAC members and stakeholders.</p>	<ol style="list-style-type: none"> 0. Not known 1. There has been no consideration of the specific needs of unique populations. 2. The regional stakeholders have not prioritized the specific populations and their potential needs in the regional system plan. 3. The regional stakeholders have identified specific populations and defined specific resources for these populations. This information is integrated into the regional system plan and is available to RAC members and stakeholders. 4. In addition to #3, there are measures to share the list of resources with RAC members and stakeholders. 5. In addition to #4, the list of resources is updated annually. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

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<p>17. PREVENTION and OUTREACH</p> <p>Written injury and disease prevention and outreach guidelines that utilize evidence-based practices are implemented. Implementation includes collaboration with other agencies and community partners. The specific prevention and outreach programs are data-driven and aimed at high-risk injuries that produce the “top five” injury reasons for trauma facility admission or trauma deaths for the region’s systems of care and time-sensitive diseases guided by regional data, with consideration to shared risk and protective factors. Specific goals with measurable objectives are incorporated into the prevention and outreach guidelines and monitored quarterly. This information is disseminated to regional stakeholders. Outcome data of the prevention and outreach guidelines are included in the regional annual report.</p>	<ol style="list-style-type: none"> 0. Not known 1. There is no written plan for a coordinated injury and disease prevention program. 2. There are multiple injury and disease prevention programs that may conflict with resources available or with the goals of the regional system plan, or there is a lack of regional coordination. 3. The regional system plan includes written guidelines for specific coordinated injury and time-sensitive disease prevention and outreach programs based on regional data with defined goals and measurable outcomes. The outcomes of the prevention and outreach guidelines are included in the regional annual report. The regional annual report is available to RAC members and stakeholders. 4. In addition to #3, the written injury and time-sensitive disease prevention and outreach guidelines are implemented with regional and community stakeholder participation. These programs have regional support and may be integrated with established coalitions. 5. In addition to #4, these prevention and outreach guidelines have documented evaluation processes to define their effectiveness. Through the regional annual report, the prevention and outreach outcomes are shared with regional stakeholders, public health, local government entities, the business community stakeholders, and the department. If coalitions are not in place for high-risk injuries or time-sensitive diseases, the RAC may consider developing a coalition to integrate with the community partners and other interested stakeholders. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

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<p>18. PREVENTION and OUTREACH</p> <p>The region conducts at least one interdisciplinary EMS, trauma, systems of care, or acute emergency health care conference or educational case review annually designed to engage regional stakeholders, disseminate evidence-based practices, and focus on the system approach to patient care and improving regional outcomes. Information on this conference or case presentation must be shared with appropriate regional stakeholders. Regional participant attendance is documented. This information is included in the regional annual report. The regional annual report is available to RAC members and stakeholders.</p>	<ol style="list-style-type: none"> 0. Not known 1. There are no multidisciplinary conferences or educational case reviews conducted with the region. 2. The region provides infrequent multidisciplinary educational opportunities. 3. A regional multidisciplinary conference or educational case review for EMS, trauma, systems of care, or time-sensitive disease process opportunities is scheduled at least annually, with attendance monitored and reviewed. This information is included in the regional annual report. The regional annual report is available to RAC members and stakeholders. 4. In addition to #3, educational opportunities are defined through the self-assessment, stakeholder requests, or system performance improvement process, and attendance is monitored. 5. In addition to #4, these educational programs are inclusive to all regional health care stakeholders. Continuing education and continuing medical education credits are provided. If the RAC cannot support the educational opportunities, it is partnering with other RACs or organizations to provide educational opportunities or disseminate upcoming educational programs. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

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<p>19. REHABILITATION</p> <p>The regional system has integrated rehabilitation resource capabilities into the regional trauma and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.</p>	<ol style="list-style-type: none"> 0. Not known 1. The regional stakeholders have not integrated rehabilitation resources into the regional system plan. 2. The regional system plan has integrated rehabilitation programs, but rehabilitation specialists are not participating in the regional activities. They only participate in the designated facilities. 3. The regional system plan has integrated rehabilitation program capabilities into the regional system plan and provided opportunities for rehabilitation facilities to participate in regional committees or activities. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, a regional rehabilitation specialist(s) is participating on a RAC committee(s). 5. In addition to #4, there is evidence of a well-integrated system plan to include rehabilitation facilities in the regional system planning efforts. Rehabilitation facilities provide data on patient discharge functional outcomes for the regional annual report and participate in the regional system performance improvement process. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

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<p>20. EMERGENCY RESPONSE The RAC leaders and stakeholders assist with sharing and disseminating local, regional, and state emergency response and preparedness initiatives and priorities within the RAC. Stakeholders are integrated into the emergency response training and educational opportunities.</p>	<ol style="list-style-type: none"> 0. Not known 1. There is no evidence of a working relationship or the sharing of data between the RAC leadership, members, stakeholders, and other partners. 2. The RAC leadership collaborates with hospital preparedness stakeholders, including the department and the Health Care Coalition, other emergency services functions (ESF) agencies, and partners, but RAC members are not updated on planning, preparedness, and activities. 3. The RAC leaders disseminate planning and preparedness information and share the data and equipment tracking needs with the regional members and stakeholders in collaboration with the identified Health Care Coalition. 4. In addition to #3, the RAC leaders share information regarding public health surveillance data, public health threats, and emergency response needs with the regional stakeholders in collaboration with the Health Care Coalition. 5. In addition to #4, the RAC leaders and stakeholders continually assess resources, capabilities, and solutions to respond to the identified regional hazards and share the status of needs with the regional stakeholders, public health, local government entities, the business community stakeholders, the Health Care Coalition, and the department. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

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<p>21. EMERGENCY RESPONSE The RAC leaders share information with regional stakeholders to assist in completing a resource assessment of the system’s capabilities and capacity to surge for mass casualty incidents (MCIs) in an all-hazards approach. This information is documented in a regional internal document.</p>	<ol style="list-style-type: none"> 0. Not known 1. A resource assessment of the regional system’s capabilities and capacity to expand its resources to respond to MCIs in an all-hazards approach has not been completed. 2. The RAC leaders, members, and stakeholders completed a limited assessment of the system’s capabilities and capacity to expand resources to respond to an all-hazards MCI in limited areas of the RAC. 3. The RAC leaders, members, and stakeholders completed an assessment of the system’s capabilities and capacity to expand resources to respond to an all-hazards MCI for all areas of the region within the last 24 months. This is documented in a regional internal document and shared with the department at the same time the regional system plan is shared with the department. 4. In addition to #3, an assessment of the system’s capabilities includes medical reserve personnel, additional equipment, age-specific resources, caches, communication interoperability, and overall management structure to ensure integration with the local government entities, the emergency management district, and Emergency Medical Task Force (EMTF). 5. In addition to #4, the RAC disseminates educational information to ensure stakeholders are trained and prepared to respond to no-notice events, as well as events with notification. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

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<p>22. EMERGENCY RESPONSE</p> <p>The RAC leaders and stakeholders establish and implement reliable system communications that are effectively coordinated for an all-hazards response or a major EMS incident. This information is included in a separate document from the regional system plan.</p>	<ol style="list-style-type: none"> 0. Not known 1. Guidelines for regional system communications in the event of an all-hazard incident are not in place. 2. Local EMS systems have written procedures for communications in the event of an all-hazards or major incident. However, there is no coordination among the local jurisdictions or regional stakeholders. 3. The RAC leaders and stakeholders develop guidelines for implementing system communications for an all-hazards response or major EMS incident that are effectively coordinated with existing systems, processes, and plans. This information is included in a separate document from the system plan. The document is shared with the department at the same time the regional system plan is shared. 4. In addition to #3, the RAC facilitates a coordinated communications system with other jurisdictions and partners within the developed regional all-hazard response plan, following the incident management system and collaborating with the Health Care Coalition. 5. In addition to #4, the RAC develops communication system redundancies, and regional stakeholders regularly evaluate these communication procedures through simulated incident exercises. Changes or revisions in the procedures are based on the outcomes of these exercises. RAC leadership shares the after-action findings of these exercises with the regional stakeholders and Health Care Coalition. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

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<p>23. REGIONAL SYSTEM PERFORMANCE IMPROVEMENT</p> <p>The regional trauma and emergency health care system plan has defined processes to support a regional system performance improvement plan that is supported by regional stakeholders through committee participation, sharing of requested data, and review of specific regional referrals. The system performance improvement plan defines the review process, including identifying opportunities for improvement. If the event has not been reviewed by a facility or EMS provider, the level of harm and level of review are defined. All regional opportunities for improvement have a defined action plan, and the action plan is implemented and monitored to reach event resolution. An annual summary of the regional performance improvement process is shared with the regional stakeholders. The retrospective regional Medical Director Committee/medical advisory process of the established patient field triage and destination, communication, treatment, and transport are integrated with the regional performance improvement process. The outcomes of the regional performance improvement process are included in the regional annual report. The regional annual report is available to RAC members and stakeholders.</p>	<ol style="list-style-type: none"> 0. Not known 1. The RAC does not have a defined structure or procedures to support a regional performance improvement process. 2. Elements of a regional system performance improvement process are established, but no formal procedures are established. 3. The RAC leadership and stakeholders have developed and implemented a regional system performance improvement plan that is supported by the stakeholders, committee activities, sharing of requested data, and referral of specific events for regional review. The system performance improvement plan defines the review process, level of harm, and level of review to include the identified opportunities for improvement. All regional opportunities for improvement have a defined action plan, and the action plan is implemented and monitored to reach event resolution. The outcomes of the regional performance improvement plan are included in the regional annual report. The regional annual report is available to RAC members and stakeholders. 4. In addition to #3, the regional performance improvement process reviews data and events specific to EMS field triage and destination, communication, treatment, and appropriateness of transport mode; diversion hours; out-of-RAC transfers; compliance to established regional evidence-based practice guidelines; patient outcomes; and membership participation criteria defined in the bylaws. 5. In addition to #4, annual reports of the regional performance improvement activities are developed and shared with stakeholders, public health, local government entities, community stakeholders, and the department. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

Indicator	Scoring		
<p>24. REGIONAL SYSTEM PERFORMANCE IMPROVEMENT</p> <p>The RAC system performance improvement plan has standardized guidelines for the review of EMS, trauma, and systems of care aggregate outcomes for all ages and all areas of the region that align with the State System Performance Improvement Plan. These outcomes are compared and measured against known national outcomes when available. The aggregate outcomes of the regional performance improvement plan are included in the regional annual report. The regional annual report is available to RAC members and stakeholders.</p>	<ol style="list-style-type: none"> 0. Not known 1. The regional system does not have processes established to engage in performance reviews of patient care aggregate outcomes data to evaluate its performance against national norms. 2. There is some standardized measurement of aggregate outcomes data for the region, but formalized processes are not in place. 3. The RAC system performance improvement plan outlines standardized processes for reviewing EMS, trauma, and systems of care outcomes and shares reports with appropriate committees. The aggregate outcomes of the regional performance improvement plan are included in the regional annual report. The regional annual report is available to RAC members and stakeholders. 4. In addition to #3, the stakeholders use these system reports to identify opportunities for regional improvement and develop action plans. 5. In addition to #4, the system improvements are monitored and reported through the regional annual performance improvement report and shared with stakeholders, public health, local government entities, community business stakeholders, and the department. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

Indicator	Scoring		
<p>25. DATA MANAGEMENT Data collection by the region through the State EMS and Trauma Registry, regional databases, or other data sources are utilized to develop data-driven regional goals with objectives that correlate with the regional system performance improvement plan. The data management plan and system performance improvement plan are included in the regional trauma and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.</p>	<ol style="list-style-type: none"> 0. Not known 1. Regional data is not available through the state or a regional registry. 2. There are limited mechanisms for data collection that can be accessed to provide timely data to assist with developing regional goals. 3. The regional State EMS and Trauma Registry data, regional data, and the regional self-assessment provide information and data to assist with developing goals with defined measurable objectives that support the regional performance improvement plan. The data management plan and system performance improvement plan are included in the regional system plan. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, the data is used to evaluate the system performance changes in trends and identify improvement opportunities. 5. In addition to #4, the RAC has guidelines in place to share unidentified data with committees and regional stakeholders. These reports are included in the annual regional strategic planning. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>

Indicator	Scoring		
<p>26. REGIONAL RESEARCH & PUBLICATIONS</p> <p>The regional EMS, trauma, systems of care, and emergency health care system has developed mechanisms to engage the regional general membership and other system stakeholders in systems of care regional research or performance improvement projects. This process is included in the regional trauma and emergency health care system plan. The regional system plan is available on request.</p>	<ol style="list-style-type: none"> 0. Not known 1. There is no evidence that regional data is available to support systems of care research projects. 2. Data is available through the RAC, but it is sporadic and lacks current data, validation of data, and a coordinated effort to support systems of care research activities. 3. The regional trauma, systems of care, and emergency health care system has developed mechanisms to engage the regional general membership and other system stakeholders in systems of care research projects. RAC leaders can demonstrate routine interface with the general medical community regarding trauma, systems of care, and EMS providers to share updates and integrate these leaders in performance improvement initiatives. This process is included in the regional system plan. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, research is a routine agenda item for the committee and general membership meetings. 5. In addition to #4, a structured process to discuss regional systems of care research ideas and projects with the general membership and other system stakeholders in the region is documented and disseminated to stakeholders. Guidelines specifically addressing abstracts, presentations, and publications of research projects funded by the RAC are documented and shared with all stakeholders. All research projects and findings are reported through the RAC committees and general membership meetings before abstracts, presentations, and/or publications are completed. 	<p>Score: _____</p> <p>The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p>	<p><input type="checkbox"/> System Advancement Plan</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p>