

Texas Administrative Code

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<u>TITLE 25</u>	HEALTH SERVICES
<u>PART 1</u>	DEPARTMENT OF STATE HEALTH SERVICES
<u>CHAPTER 157</u>	EMERGENCY MEDICAL CARE
<u>SUBCHAPTER A</u>	EMERGENCY MEDICAL SERVICES - PART A
RULE §157.2	Definitions

~~(57) Regional EMS/trauma system – An EMS and trauma care system that has been developed by a RAC in a multi-county area and has been recognized by the department. The Texas Trauma system is a network of the regional EMS/trauma systems.~~

(57) Regional Advisory Council – a 501(c)(3) nonprofit, tax-exempt organization that serves as the DSHS recognized healthcare coalition responsible for the development, implementation, and maintenance of the regional trauma and emergency healthcare system within the geographic jurisdiction of the Trauma Service Area. The Regional Advisory Council is responsible for collaboration on strategic issues regarding medical resources in all-hazards mitigation, planning, response, and recovery activities. . The Regional Advisory Council serves as a Health Oversight Agency (as referenced in US Code 164.501) with performance improvement responsibilities within the regional trauma and emergency healthcare system.

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<u>TITLE 25</u>	HEALTH SERVICES
<u>PART 1</u>	DEPARTMENT OF STATE HEALTH SERVICES
<u>CHAPTER 157</u>	EMERGENCY MEDICAL CARE
<u>SUBCHAPTER G</u>	EMERGENCY MEDICAL SERVICES TRAUMA SYSTEMS
RULE §157.122	Trauma Service Areas

(a) Trauma service areas (TSAs) are established for descriptive and planning purposes and not for the purpose of restricting patient referral.

(b) The state has been geographically divided by counties into 22 TSAs; however:

(1) counties may request the ~~department of emergency management (department)~~ **Department of State Health Services (department)** for realignment to another TSA per the process in subsection (d) of this section;

(2) each TSA shall have at least one advanced (Level III) designated trauma facility or higher within its boundaries or the department may re-align the counties in that TSA to other TSAs which have such a facility;

(3) each TSA shall be multi-county with no fewer than three Texas counties; and

(4) a TSA may include areas from other states or countries.

(c) The counties included in the 22 TSAs are grouped as follows (updated lists will be maintained by the department):

(1) Area A - Armstrong, Briscoe, Carson, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Wheeler

(2) Area B - Bailey, Borden, Castro, Cochran, Cottle, Crosby, Dawson, Dickens, Floyd, Gaines, Garza, Hale, Hockley, Kent, King, Lamb, Lubbock, Lynn, Motley, Scurry, Terry, Yoakum.

(3) Area C - Archer, Baylor, Clay, Foard, Hardeman, Jack, Montague, Wichita, Wilbarger, Young.

(4) Area D - Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell, Jones, Knox, Mitchell, Nolan, Shackelford, Stephens, Stonewall, Taylor, Throckmorton.

- (5) Area E - Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise.
- (6) Area F - Bowie, Cass, Delta, Hopkins, Lamar, Morris, Red River, Titus.
- (7) Area G - Anderson, Camp, Cherokee, Franklin, Freestone, Gregg, Harrison, Henderson, Houston, Marion, Panola, Raines, Rusk, Shelby, Smith, Trinity, Upshur, Van Zandt, Wood.
- (8) Area H - Angelina, Nacogdoches, Polk, Sabine, San Augustine, San Jacinto, Tyler.
- (9) Area I - Culberson, El Paso, Hudspeth.
- (10) Area J - Andrews, Brewster, Crane, Ector, Glasscock, Howard, Jeff Davis, Loving, Martin, Midland, Pecos, Presidio, Reeves, Terrell, Upton, Ward, Winkler.
- (11) Area K - Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Reagan, Runnels, Schleicher, Sterling, Sutton, Tom Green.
- (12) Area L - Bell, Coryell, Falls, Hamilton, Lampasas, Milam, Mills.
- (13) Area M - Bosque, Falls, Hill, Limestone, McLennan.
- (14) Area N - Brazos, Burleson, Grimes, Leon, Madison, Robertson, Washington.
- (15) Area O - Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, San Saba, Travis, Williamson.
- (16) Area P - Atascosa, Bandera, Bexar, Comal, Dimmit, Edwards, Frio, Gillespie, Gonzales, Guadalupe, Karnes, Kendall, Kerr, Kinney, La Salle, Maverick, Medina, Real, Uvalde, Val Verde, Wilson, Zavala.
- (17) Area Q - Austin, Colorado, Fort Bend, Harris, Matagorda, Montgomery, Walker, Waller, Wharton.
- (18) Area R - Brazoria, Chambers, Galveston, Hardin, Jasper, Jefferson, Liberty, Newton, Orange.
- (19) Area S - Calhoun, Dewitt, Goliad, Jackson, Lavaca, Victoria.
- (20) Area T - Jim Hogg, Webb, Zapata.
- (21) Area U - Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio; and
- (22) Area V - Cameron, Hidalgo, Starr, Willacy.

(d) The realignment of a county may be initiated by the department or at the request of either the county government, a licensed health care facility, or a licensed emergency medical services (EMS) provider in that county.

(1) The requesting entity should forward correspondence to the department specifying:

(A) reason(s) for realignment request;

(B) existing patient routing patterns used by both EMS providers and health care facilities, including distances and transport times involved in this patient routing;

(C) all entities included in the request and a listing of all other licensed health care facilities and licensed EMS providers in the county; and

(D) documentation that the receiving regional advisory council (RAC) is amenable to the realignment.

(2) Copies of the correspondence should be forwarded by the requesting party to all impacted RACs, county governments, licensed health care facilities/EMS providers in the county, and the appropriate Texas Department of Health regional EMS office.

(3) The department will evaluate the request based on the impact to patient care and will notify all parties of the decision.

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<u>SUBCHAPTER G</u>	EMERGENCY MEDICAL SERVICES TRAUMA SYSTEMS
<u>RULE §157.123</u>	Regional Emergency Medical Services/Trauma Systems

(a) ~~The department of emergency management (department)~~ Department of State Health Services shall recognize the ~~establishment of a~~ established regional emergency ~~medical services (EMS)/trauma system~~ healthcare (system) within a trauma service area (TSA) as described in §157.122 of this title (relating to Trauma Service Areas).

(b) ~~Establishment of a regional EMS/trauma system consists of three phases.~~ The department shall recognize only one Regional Advisory Council for a TSA.

Comment [WH1]: There is no desire from DSHS to survey and designate RACs at this time. As we are already established, this is outdated.

~~(1) The first phase begins with the establishment of a regional advisory council (RAC) and ends with recognition of the RAC by the department.~~

(A) At a minimum, hospitals, EMS providers and first responder organizations who care for patients in the trauma and emergency healthcare systems shall be eligible for membership in the RAC. Regional Advisory Councils shall:

~~(B) The department shall recognize only one official RAC for a TSA.~~

Comment [WH2]: Moved above.

~~(C) At least quarterly, a RAC shall submit evidence of on-going activity, such as meeting notices and minutes, to the department.~~

~~(D) Annually, the RAC shall file a report with the department which describes progress toward system development, demonstrates on-going activity, and includes evidence that members of the RAC are currently involved in trauma care.~~

Comment [WH3]: Moved to the end of the document.

~~(E) The RAC functions without the expectation of comprehensive, permanent and/or unrestricted state funding.~~

~~(F) RACs may request technical assistance from the department at any time.~~

~~(2) The second phase begins with RAC recognition by the department and ends with approval of a complete EMS/trauma system plan (plan) by the department.~~

~~(Ac) The RAC shall develop and maintain a system plan based on current industry guidelines for comprehensive emergency healthcare system development. The system plan is subject to approval by the department.~~

- (i) The department shall review the plan to ensure that the following elements are addressed:

~~(B) The department shall review the plan to assure that:~~

- (i) Injury and illness epidemiology
- (ii) Indicators as a tool for system assessment
- (iii) Statutory authority and administrative rules
- (iv) System leadership
- (v) Coalition building and community support
- (vi) Lead agency and human resources
- (vii) Emergency healthcare system plan
- (viii) System integration
- (ix) Financing
- (x) Prevention and outreach
- (xi) EMS
- (xii) Definitive care facilities
- (xiii) System coordination and patient flow
- (xiv) Rehabilitation
- (xv) Disaster preparedness
- (xvi) System-wide evaluation and performance improvement
- (xvii) Healthcare information management system
- (xviii) Research

(ii) all counties within the TSA have been included (iii) all health care entities and interested specialty centers have been given an opportunity to participate in the planning process; and

(C) Compliance with all contractual reporting requirements.

~~(S) The department may grant an exception to this section if it finds that compliance with this section would not be in the best interests of the persons served in the affected local system.~~

~~(T) The applicant regional EMS/trauma system shall have the right to withdraw its application at any time prior to the department making a final decision on the application for designation.~~

~~(U) If the commissioner concurs with the recommendation to designate, the RAC shall receive a letter of designation for two years. Site surveys will be required every six years, or more frequently at the department's discretion. Additional actions, such as a site review or submission of information, to maintain designation may be required by the department.~~

~~(V) It shall be necessary to repeat the designation process as described in this section prior to expiration of a regional EMS/trauma system designation or the designation will be considered expired:~~

(W) A regional advisory council shall:

(i) notify the department within five days if temporarily unable to comply with the essential ~~trauma~~ system criteria;

(ii) notify the department and RAC membership within five days if it is unable to provide the resources as required ~~by its designation~~.

(I) If the resources are not critical, the department will determine a 30-day to 90-day period from onset date of deficiency for the RAC to achieve compliance.

(II) If the resources are critical, the department will determine a no greater than 30-day period from onset date of the deficiency for the RAC to achieve compliance.

(i) If the Regional Advisory Council chooses to permanently dissolve, it shall provide at least 30 days notice to the department.

(ii)

(iv) comply with the provisions within these sections, all current state and system standards as described in this chapter, and all policies, guidelines, and procedures as set forth in the system plan;

(v) **continue its commitment to provide the resources as required by its recognition; and**

(Y) The department shall have the right to review, inspect, evaluate, and audit all RAC performance improvement committee minutes and other documents relevant to trauma and emergency health care at any time to verify compliance with the statute and these rules ~~including the designation criteria~~. The department shall maintain confidentiality of such records to the extent authorized by the Public Information Act, (Government Code, Chapter 552), the Texas Health and Safety Code, Chapter 773 and/or any other relevant confidentiality law or regulation. Such inspections shall be scheduled by the department when appropriate.