

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.

Comment [S1]: Possible substitute "region"

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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 ~~bureau~~~~department~~ of emergency management ~~(bureau~~~~department)~~ Department of State Health Services (department) to re-align them to another TSA for realignment to another TSA per the process in subsection (d) of this section;

(2) each TSA shall have at least a ~~lead~~~~one advanced general (Level III) designated~~ trauma facility ~~or higher~~ within its boundaries or the ~~department~~~~bureau~~ 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 ~~bureau~~~~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 bureau 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 bureau 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 bureau department will evaluate the request based on the impact to patient care and will notify all parties of the decision.

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TITLE 25 HEALTH SERVICES
PART 1 DEPARTMENT OF STATE HEALTH SERVICES
CHAPTER 157 EMERGENCY MEDICAL CARE
SUBCHAPTER G EMERGENCY MEDICAL SERVICES TRAUMA SYSTEMS
RULE §157.123 **Regional Emergency Medical Services/Trauma Systems**

(a) The ~~bureaudepartment~~ of emergency management (~~bureaudepartment~~) 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 ~~official~~ Regional Advisory Council for a TSA.

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

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

~~(i) be operated in a manner that maximizes inclusion of their constituents and ensures membership approval of "participation requirements";~~

~~(ii) have documented evidence that participation guidelines have been discussed and affirmed by vote of the entire RAC voting membership;~~

~~(iii) have clear definitions of participation guidelines in the organization's by laws and/or other official RAC files;~~

~~(iv) have documentation that participation guidelines have been communicated to EMS providers and hospitals, regardless of past participation history;~~

~~(v) have documented attendance records;~~

~~(vi) have consistency in the annual participation reporting period;~~

~~(vii) send participation "progress reports" to EMS providers and hospitals at some period during the reporting year;~~

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Comment [WH2]: There is no desire from DSHS to survey and designate RACs at this time. As we are already established, this is outdated.

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~~(viii) send participation requirements "non-compliance" letters notice to appropriate EMS providers and hospitals at end of reporting year;~~

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~~(ix) be cognizant of the direct and indirect fiscal roles they play on behalf of their members; and~~

~~(x) be particularly cognizant of the logistical challenges faced by rural and volunteer agencies and open to considering viable alternatives to members' physical presence at all meetings.~~

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

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

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

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

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

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

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

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~~(i) The department shall review the plan to enassure that the following elements are addressed:;~~

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

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- ~~(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~~

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- (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 ~~unless a specific county, or portion thereof, has been aligned within an adjacent system;~~

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

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~~(iii) the following components have been addressed:~~

~~(I) injury prevention;~~

~~(II) access to the system;~~

~~(III) communications;~~

~~(IV) medical oversight;~~

~~(V) pre-hospital triage criteria;~~

~~(VI) diversion policies;~~

~~(VII) bypass protocols;~~

~~(VIII) regional medical control;~~

~~(IX) regional trauma emergency treatment guidelines;~~

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~~(a) Guidelines consistent with current Advanced Trauma Life Support (ATLS), Advanced Pediatric Life Support (APLS), Basic Trauma Life Support (BTLS), Pre-Hospital Trauma Life Support (PHTLS), Trauma Nurse Core Course (TNCC), Emergency Nurse Pediatric Course (ENPC), Pediatric Advanced Life Support (PALS) and Pediatric Education For Pre-Hospital Providers (PEPP) standards shall be developed, implemented, and evaluated.~~

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~~(b) Individual agencies and medical directors may, and are encouraged, to exceed the minimum standards.~~

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~~(c) Major/severe trauma patients will be cared for by health professionals with documented education and skill in the assessment and care of injuries throughout their pre-hospital and hospital course.~~

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~~(d) Major/severe trauma patients will have their medical care, as documented by pre-hospital run forms and hospital charts, reviewed by the individual entity's medical director for appropriateness and quality of care.~~

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~~(e) Major/severe trauma patients will have deviations from standard of care addressed through a documented trauma performance improvement process.~~

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~~—(X) facility triage criteria;~~

~~—(XI) inter-hospital transfers;~~

~~—(XII) planning for the designation of trauma facilities, including the identification of the lead facility(ies); and~~

~~—(XIII) regional guidelines for disaster preparedness; and~~

~~—(XIV) a performance improvement program that evaluates processes and outcomes from a system perspective.~~

~~(C) Bureau approval of the completed plan may qualify health care entities participating in the system to receive state funding for trauma care if funding is available.~~

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~~(3) The third phase begins with approval of a complete plan by the bureau and ends with the regional EMS/trauma system being recognized by the bureau.~~

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~~(A) Upon approval, a RAC implements the plan to include:~~

~~(i) education of all entities about the plan components;~~

~~(ii) on-going review of resource, process, and outcome data; and~~

~~(iii) if necessary, revision and re-approval of the plan or plan components by the bureau.~~

~~(B) Following implementation of the plan, the bureau shall recommend to the commissioner of health (commissioner) the designation of a regional EMS/trauma system if the applicant RAC meets or exceeds the current Texas EMS/trauma systems essential criteria; actively participates at the bureau's quarterly RAC Chairs meetings; and submits data as requested.~~

~~(C) The designation process shall consist of three phases:~~

~~(i) The first phase is the application phase which begins with completing and submitting to the bureau a complete application and non-refundable fee for designation as a regional EMS/trauma system and ends when the bureau approves a site survey (survey);~~

~~(ii) The second phase is the review phase which begins with the survey and ends with a bureau recommendation to the commissioner to designate a regional EMS/trauma system; and~~

~~(iii) The third phase is the final phase which begins with the commissioner reviewing the recommendations and ends with his/her final decision. This phase also includes an appeal procedure for the denial of a designation application in accordance with the Administrative Procedure Act, Government Code, Chapter 2001.~~

~~(D) The bureau's analysis of submitted application materials, which may result in recommendations for corrective action when deficiencies are noted, shall include a review of:~~

~~(i) evidence of participation at the bureau's quarterly RAC Chairs meetings;~~

~~(ii) the completeness and appropriateness of the application materials submitted, including the non-refundable application fee.~~

~~(iii) the non-refundable application fee shall be based on the trauma service area's geographic size, population and trauma death rate.~~

~~(iv) a RAC's non-refundable application fee shall be no more than \$10,000 and not less than \$2500.~~

~~(E) When the application phase results in a bureau approval for survey, the bureau shall notify the regional EMS/trauma system's RAC that will then contract for the survey by a team of approved non-Texas Department of Health (department) surveyors.~~

~~(i) The bureau, at its discretion, may appoint an observer to accompany the survey team. In this event, the cost for the observer(s) shall be borne by the bureau. A RAC shall have the right to refuse to allow non-department observers to participate in a survey.~~

~~(ii) The survey shall be completed within one year of the date of the approval of the application.~~

~~(iii) At any time, a RAC may file a complaint with the bureau regarding the conduct of a surveyor. The bureau will investigate and notify the RAC of the outcome.~~

~~(F) The survey team composition shall consist of at minimum a physician; an EMS provider representative; a trauma nurse from a designated trauma facility; all of which shall have demonstrated knowledge and experience with system development. A fourth surveyor with experience in system management may be requested by the RAC or the bureau.~~

~~(G) Non-department surveyors must meet the following criteria:~~

~~(i) have at least three years experience in the care of trauma patients and active participation in a~~

~~regional EMS/trauma system;~~

~~(ii) be currently employed in the coordination of care for trauma patients;~~

~~(iii) have direct experience in the preparation for and successful completion of regional EMS/trauma system designation;~~

~~(iv) have successfully completed the department Regional EMS/Trauma System Site Surveyor Course; and~~

~~(v) on-going bureau evaluation of survey reports for compliance with bureau reporting requirements.~~

~~(H) All members of the survey team, except department staff, should come from a non-adjacent public health region and/or trauma service area (TSA). There shall be no business or patient care relationship between the surveyor and/or the surveyor's place of employment and regional EMS/trauma system being surveyed.~~

~~(I) The survey team shall evaluate the regional EMS/trauma system by:~~

~~(i) attendance records, performance improvement committee meeting minutes and other documents specifically relevant to regional EMS/trauma system development;~~

~~(ii) visiting EMS provider stations and hospitals within the TSA; and~~

~~(iii) conducting interviews with RAC members and non-members.~~

~~(J) Findings of the survey team shall be forwarded to the RAC Executive Board within thirty calendar days of the date of the survey. If a RAC wants to continue the designation process, the complete survey report must be submitted to the bureau within three months after receipt of the survey or the application will expire. A request for an extension could be requested for extenuating circumstances.~~

~~(K) The bureau shall review the findings for compliance with the criteria. If a regional EMS/trauma system does not meet the criteria for designation, the bureau shall notify the RAC executive board of the requirements it must meet to achieve designation.~~

~~(L) A recommendation for designation shall be made to the commissioner based on compliance with the criteria.~~

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

~~(D) Annually, the RAC shall file a report with the bureau department which describes progress toward system development, demonstrates on-going activity, and includes evidence that~~

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~~members of the RAC are currently involved in trauma care. The report should include evidence of:~~

~~— education of all entities about the plan components;~~

~~—(ii) on going review of resource, process, and outcome data; and~~

~~(M) In the event there is a problem area in which a regional EMS/traumaemergency healthcare system does not comply with the criteria, the bureau department shall notify the applicant of deficiencies and recommend corrective action.~~

~~(N) The regional EMS/traumaemergency healthcare system shall submit a report to the bureau department which outlines the corrective action taken. The bureau may require a second survey to insure compliance with the criteria. If the regional EMS/trauma system and/or bureau report substantiates action that brings the regional EMS/trauma system into compliance with the criteria, the bureau shall recommend designation to the commissioner.~~

~~(O) If a regional EMS/trauma system disagrees with a bureau decision regarding its designation application or status, it may request a secondary review by a designation review committee. Membership on the designation review committee will:~~

~~(i) be voluntary;~~

~~(ii) be appointed by the bureau chief;~~

~~(iii) be representative of trauma care providers within a designated regional EMS/trauma system; and~~

~~(iv) include representation from the department and the Trauma Systems Committee of the Governor's EMS and Trauma Advisory Council (GETAC).~~

~~(P) If the designation review committee disagrees with the bureau recommendation for corrective action, the records shall be referred to the associate commissioner for consumer health protection for recommendation to the commissioner.~~

~~(Q) The bureau shall provide a copy of the survey report, for surveys conducted by or contracted for by the department and results to the applicant regional EMS/trauma system.~~

~~(R) At the end of the secondary review and final phases of the designation process, if a regional EMS/trauma system disagrees with the bureau recommendations, opportunity for an appeal in accordance with the Administrative Procedure Act, Government Code, Chapter 2001 shall be offered.~~

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~~(S) The bureau 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.~~

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~~(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 bureau's discretion. Additional actions, such as a site review or submission of information, to maintain designation may be required by the department.~~

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~~(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 designated regional EMS/trauma emergency health care regional advisory council system shall:~~

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

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

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

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

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~~(i) ___(iii) notify the bureau if the RAC will no longer provide services commensurate with designation recognition. If the regional EMS/trauma system chooses to permanently dissolve/relinquish its designation recognition, it shall provide at least 30 days notice to the bureau.~~

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~~(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;~~

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

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~~___(vi) utilize the state trauma registry.~~

~~(X) A regional EMS/trauma system may not use the terms "regional trauma system", "trauma system", or similar terminology in its signs or advertisements or in the printed materials and information it provides to the public unless the regional EMS/trauma system has been designated recognized as a regional EMS/traumaemergency healthcare system according to the process described in this section. This subsection also applies to regional EMS/trauma systems whose designation has lapsed.~~

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(Y) The ~~bureaudepartment-department~~ shall have the right to review, inspect, evaluate, and audit all RAC performance improvement committee minutes and other documents relevant to trauma and trauma-emergency health care ~~care in any designated recognized regional EMS/traumaemergency healthcare system~~ at any time to verify compliance with the statute and these rules, ~~including the designation criteria~~. The ~~bureaudepartment-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 ~~bureaudepartment-department~~ when appropriate.

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(c) Regional EMS/trauma system criteria.

Figure: 25 TAC §157.123(c)

~~The Texas EMS/Trauma System is a network of regional EMS/trauma systems.~~

~~Each regional EMS/trauma system has a regional advisory council (RAC) that is held accountable by the Texas Department of Health for developing, implementing, and monitoring a regional EMS/trauma system plan. These plans facilitate trauma and emergency health care system networking within the RAC's own trauma service areas (TSA) or among a group of TSAs.~~

~~A RAC is an organized group of health care entities and concerned citizens who share an interest in improving and organizing EMS/trauma care within a specific TSA. RAC membership shall include hospitals, EMS providers, first responder organizations, physicians, nurses, EMS personnel, rehabilitation facilities, as well as concerned citizens and community groups.~~

~~All counties within the state have been grouped into twenty-two TSAs, lettered "A" through "V". Each TSA is multi-county and contains a minimum of three counties.~~

~~E= Essential criteria~~

~~D= Desired criteria~~

I. System Management and Planning	
A. Bylaws: The following criteria must be addressed in the RAC bylaws or other official RAC documents.	
1. Written mission statement.	E
2. EMS/Trauma System development goals outlined for the RAC/TSA.	E
3. Defined chain of command, organizational decision-making process and flow of information.	E
4. Committees and committee structures are clearly defined.	E
5. Roles and responsibilities of RAC officers and their election process are clearly defined.	E
6. A clear voting process to ensure only authorized votes are cast.	E
7. Member participation requirements are clearly defined.	E
8. Fees and/or dues are assessed in a fair and equitable manner, and shall be approved by a vote of the general membership.	E
9. All entities caring for trauma patients are encouraged to attend RAC meetings and actively participate.	E
10. RAC general membership holds final authority to approve/ratify the bylaws.	E
11. Expenditure approval & budget authority identified in RAC organizational levels.	E
12. Documented annual review of bylaws and system plan.	E
B. A system needs assessment is completed annually.	E
C. A written system plan is developed and submitted to the Texas Department of Health (TDH) for approval.	E
II. RAC Operations	

Comment [S5]: Bylaws

Comment [S6]: Contract

Comment [S7]: Bylaws

Comment [S8]: Bylaws

Comment [S9]: Bylaws

Comment [S10]: Bylaws

Comment [S11]: Contract

Comment [S12]: Contract

Comment [S13]: Bylaws

Comment [S14]: Non profit requirement

Comment [S15]: Bylaws

Comment [S16]: Bylaws = bylaws, system plan=contract

Comment [S17]: Contracts

Comment [S18]: Contract

A. The System Plan is distributed to all member entities.	E
B. Meetings are scheduled and conducted in accordance with the RAC's bylaws or other governance documents.	E
C. Physical and Human Resources.	
1. A permanent mailing address.	E
2. A permanent office.	D
3. A coordinator experienced in system development and implementation and/or clerical staff.	D
D. RAC Communications.	
1. TDH is notified as soon as possible of any major changes in the RAC.	E
2. A formal process is established to communicate with the membership.	E
3. An annual report is completed and submitted to TDH and RAC membership.	E
4. Representatives are sent to neighboring RAC meetings when patient flow crosses TSA boundaries.	D
E. RAC finances are conducted in accordance with state contract and other regulatory requirements.	E
F. Education and training is conducted to meet the needs identified in the annual needs assessment and/or in performance improvement activities.	E
G. A written plan identifies all resources available in the TSA for emergency and disaster preparedness.	E
H. A regional performance improvement (PI) program is developed and implemented.	E
I. A regional injury prevention program is developed and implemented.	E

Comment [S19]: Contract

Comment [S20]: Contract

Comment [S21]: Contract