

Texas EMS / Trauma State System Performance Improvement Plan

STATE EMS / Trauma System Performance Criteria

Performance Criteria	Compliance Target
State will maintain a current list of all EMS and Trauma Center Medical Directors, Program Directors/Managers/Coordinator, Educator, Performance Improvement Coord., and Registry Coordinator. The list must be maintained on the website for easy accessibility and updated quarterly.	Quarterly Updates
Texas will be less than 5% of the national variance in overall annual trauma mortality	
In-patient transfers from non-designated facilities	< 5% (total transfers)
Trauma patients that are transferred from an inpatient bed in a non-designated or designated trauma facility.	<1% (total transfers)
Trauma transfers via air medical crews with ISS of 8 or less	5% or less of all trauma transfers by air medical
All RACs will have standardized EMS Medical Director expectations that are approved by DSHS.	80% for the 22 TSA
Advanced pre-hospital provider is at patient's side within 30 minutes of call to 911.	95% of all 911 calls
Approval for designation site survey is approved or denied within thirty days of receiving the completed trauma facility designation request application.	95% of all applications
Notification of designation or lack of designation by DSHS is forwarded to the facility requesting designation or re-designation within 60 days of receiving the site survey summary report	95% of all site survey reports
DSHS completes a needs assessment to define resources needed to sustain the State EMS / Trauma System by March of every even year.	100%
DSHS updates the EMS / Trauma System strategic initiatives every four years (2012, 2016, 2020, etc...) to ensure it is compliant with environmental, regulatory and industry standards.	100%
DSHS evaluates the GETAC committees and members for performance, productivity and outcomes on defined intervals.	100%
DSHS holds all EMS agencies and designated trauma facilities accountable for submission of required data annually.	100%
DSHS defines the top five reasons for trauma center designation failures every even year.	100%
DSHS holds all members of its EMS / Trauma Committees accountable for participation in their local RAC and attendance at RAC committee meetings.	95%
DSHS has defined a group to review emergency response (disaster) incidents for multiple casualties or mass casualty events to review communication, control at scene, dispersal, triage, patient tracking, coordination of resources and patient outcomes within sixty days of the event.	95%
DSHS will define the safety restraint utilization in vehicle crashes by TSAs and define mechanism to promote public education for areas that fall 5% below the national average.	90% of TSAs with 5% or below utilization have plan
DSHS will develop and implement mechanism to define the true incidence of alcohol related injuries and promote public education and injury prevention strategies for TSAs that are 5% or higher than the national average.	90% of TSA with 5% or higher have defined plan.
Each TSA will have a defined pediatric fatality review team.	100%
DSHS will maintain a current list of licenses EMS agencies and define status of ALS and BLS ambulances in each RAC and the State annually.	100%
DSHS will maintain a current list of all air medical agencies in each RAC and the State annually.	100%