

**Texas Department of Health**  
**TEXAS REGIONAL ADVISORY COUNCIL SYSTEM CRITERIA**  
**DEFINED**  
**Revised November 2007**

Each Regional Advisory Council (RAC) develops, implements and monitors a regional emergency medical services (EMS) trauma system plan. This plan facilitates trauma and emergency health care system networking within the RAC Trauma Service Area (TSA) or a group of Trauma Service Areas.

A RAC is an organized group of health care entities and other concerned citizens who have an interest in improving and organizing trauma care within a specific TSA. RAC membership may include hospitals, physicians, nurses, EMS providers, rehabilitation facilities, dispatchers, as well as other community groups.

All of the counties in the state have been grouped into twenty-two TSAs, lettered "A" through "V". The TSAs are multi-county and each contains a minimum of three counties. The state EMS/Trauma System is a network of the regional systems.

The purpose of this document is to clarify the requirements to fulfill each of the essential criteria included in the Texas Regional Advisory Council Essential Criteria Document. Each essential criterion is listed and followed by a definition in italics. These definitions have been developed to guide RAC representatives in the successful implementation of a trauma and emergency health care system for each TSA. The RAC must adhere to the 501c3 regulations

- I. System Management and Planning:** Each system should establish its authority commensurate with its ability to provide trauma care.
- A. The following criteria must be addressed in the RAC bylaws or other official RAC documents.
1. Written Mission Statement.  
*The RAC shall have a written mission statement. This statement shall address the common purpose of the RAC and consist of a broad statement that defines the purpose of the RAC as it relates to trauma and emergency healthcare system development.*
  2. Trauma and Emergency Healthcare System (TEHS) Development goals outlined for the RAC/TSA  
*The RAC shall have written goals that define the direction of the organization's daily/weekly/monthly/yearly endeavors. The goals shall provide measurable points directed toward the RAC's overall mission. This is to include compiling injury morbidity and mortality data and an evaluation process of how the Trauma System Plan is implemented in the region.*

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3. Defined chain of command, organizational decision-making processes, and flow of information.  
*Each RAC shall establish itself as a non partisan entity equally representative of all aspects of emergency and trauma care within the TSA. One check towards this goal is defined processes in the bylaws that maintain equal opportunity and access within the RAC to all of its membership for fair representation and participation. The leadership of a RAC shall be independent of participating disciplines and geographic areas and shall be independent of the control of any organization. The amount of dues, fees or other financial incentives shall not determine the number of votes awarded to an organizational entity. RAC members are expected to maintain active and consistent participation within the organization and health care disciplines. Decision making processes shall be consistent with defined mission and goals of the organization.*
  
4. Committees and committee structure are clearly defined.  
*The RAC committees shall be defined in the RAC governance documents. The process of determining the RAC committee composition, process, and chain of command are to be defined in the RAC governance documents. The committee definition shall give direction and purpose to each committee.*
  
5. Stated roles and responsibilities of RAC officers and election process.  
*The replacement process and succession of leadership shall be outlined in case of resignation or removal from office. Decision making authority shall be defined for all leadership positions. The RAC shall define the specific requirements for eligibility and process for selection of RAC officers. This shall include the process for changes in leadership via succession, and resignation (voluntary or other). Level of authority and decision-making must be defined for all leadership positions.*
  
6. Clear voting process for RAC to ensure authorized votes are cast.  
*The RAC shall clearly define the voting/non-voting membership. The voting membership shall be representative of all levels and disciplines of trauma care stakeholders within the TSA (to include members of community who are RAC members).*
  
7. Participation requirements are clearly defined.  
*The RAC participation requirements shall be clearly defined in its governance documents.*
  
8. RAC fees and/or dues are assessed in a fair and equitable manner.  
*If a RAC assesses dues, it shall have a defined dues assessment process that is agreed upon by the general membership and clearly spelled out in the bylaws.*

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9. All entities caring for trauma patients are encouraged to participate in the RAC.  
*The RAC shall annually re-evaluate itself and its region to ensure that all appropriate entities have been invited to participate. A current list of entities, to include hospitals and emergency service providers in the TSA shall be included in the trauma system plan.*
  10. RAC general membership holds final authority to approve/ratify the bylaws.  
*Daily operational duties may be delegated to leadership positions or committees, however all delegated actions must be fully disclosed to the general membership.*
  11. Expenditure approval & budget authority identified in RAC organizational levels.  
*The RAC budget and all major expenditures must be approved by the general membership. Authorized smaller expenditures by RAC staff, executive board and/or officers must be clearly defined. Signature authority for the RAC staff, executive board and/or officers must be clearly defined. [Responsibilities and limitations for activities such as budget creation, contract signing (of specific dollar amounts) and conducting daily business shall be clearly defined.]*
  12. Documented annual review of bylaws and system plan.  
*The RAC shall document an annual review of its bylaws and regional EMS/trauma system plan.*
- B. A system needs assessment is completed annually  
*A needs assessment shall be conducted at least annually at approximately the same time each year to determine the allocation of regional resources. Data from the needs assessment should provide the basis for regional planning, prioritizing and distributing of regional resources. The needs assessment tool shall include the following elements:*
1. *Physical characteristics of the region, including terrain, climate, population, and the unique or challenging characteristics that affect member organizations' resource needs;*
  2. *Prehospital care providers (EMS and First Responder Organizations) and their capabilities including the member organization's level of Service (BLS, ALS, MICU) and the number of vehicles, personnel, and equipment needs per provider;*
  3. *Air medical availability, including the capability of its member organizations and regional access to availability of air medical care;*
  4. *Hospitals and their designation/potential designation (size and specialty available) including, but not limited to, their trauma facility designation level, resource capabilities (OB, surgery, etc.), and any special services provided by the facility;*

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5. *Age-related and regional demographic needs (pediatric, geriatric, and other) which are considered in the allocation of regional resources;*
  6. *Unique age-related characteristics and service area population features (to include percentage over age 65 years or percentage under age 12 years for example) should be determined especially as they relate to provider organization resource needs (i.e. need for pediatric resuscitation equipment, additional training to address special age-related variances in population served);*
  7. *Data from member organizations related to long-term and acute care/short-term rehabilitation resource capabilities;*
  8. *Education and training needs of member organizations;*
  9. *Equipment and disaster management resource needs, including equipment such as decontamination devices, personal protective gear, and education needs;*
  10. *Community awareness, education, and access to needed trauma resource information in each member organization's community is identified (that may or may not be reflected in regional statistical data);*
  11. *Special needs or injury patterns in the communities served by member organizations;*
  12. *Data collection and reporting needs of RAC member organizations to identify current needs for hardware, software or training necessary to improve regional/state trauma and emergency data collection and reporting.*
- C. A written system plan is developed and submitted to the Department of State Health Services for approval.
- The regional EMS/trauma system plan describes and integrates all components of the trauma and emergency health care systems within the TSA as listed below. The plan is reviewed annually and revised if necessary to reflect changes in regional system needs, resource and/or state contractual obligations.*
1. *The plan components include measurable short-term (1 year or less) and long-term (one year to 5 years) goals;*
  2. *There is documentation of the RAC's annual review of the plan components;*
  3. *The plan describes regional data collection and reporting methods and efforts made to support and encourage provider organization compliance with reporting requirements are documented;*
  4. *Current revision dates must be clearly identified for all components within the document;*

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- a) Access to the regional EMS/trauma system.  
*The plan describes how the trauma and emergency care systems may be accessed or activated.*
  
- b) Communications.  
*The plan describes the communications methods utilized to dispatch emergency health care providers and methods of communication within the region.*
  
- c) Medical oversight.  
*The system plan reflects evidence of physician involvement in all aspects of trauma and emergency health care system development.*
  
- d) Pre-hospital triage criteria.  
*The plan includes guidelines for prehospital triage and patient transport in accordance with regional triage criteria.*
  
- e) Diversion policies.  
*The plan encourages all hospitals to participate in the development of a systems approach to diversion guidelines. The RAC should develop and implement a regional diversion and notification procedure.*
  
- f) Bypass protocols.  
*The plan includes guidelines related to bypass protocols based on available resources and patient needs.*
  
- g) Regional medical control.  
*The system plan describes access to on-line and off-line medical control utilized by EMS providers within the region.*
  
- h) Facility triage criteria.  
*The plan outlines the method(s) utilized for patient categorization and triage to the appropriate facility as indicated by patient acuity.*
  
- i) Inter-hospital transfers.  
*The plan describes the methodology for successfully accomplishing patient transfer including patient categorization, level of care required, transfer agreements, identification of equipment and personnel, and communication of patient care information. RACs should facilitate discussion among its member hospitals to ensure verbal or written inter-hospital transfer agreements are in place.*
  
- j) Planning for the designation of trauma facilities, including the identification of the lead facility (ies).

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*The plan includes a description of all hospitals, designation status, and plans for obtaining and maintaining trauma facility designation. The plan also includes designation of the lead facility (ies).*

- k) Performance improvement (PI) program.

*The plan includes a description of the regional PI program that provides consistent evidence of system problem identification and loop closure. The RAC shall develop standard audit filters which will measure compliance and effectiveness of its trauma system plan.*

*The PI program shall monitor system performance to assess system impact on patient outcomes (morbidity and mortality) and shall evaluate system compliance with stated goals and objectives.*

- l) Regional trauma treatment protocols.

*The plan includes guidelines for the treatment of the trauma patient.*

- m) Regional helicopter activation guidelines (may be part of prehospital triage and bypass)

**II. RAC Operations:**

*Each RAC shall take steps to implement its regional EMS/trauma system*

- A. The system plan is distributed to all member entities.

1. *Each RAC shall provide a hard copy of the regional plan, with changes, to each member entity within thirty (30) days of changes or a copy of the current plan must be available on the RAC website.*
2. *The RAC shall provide evidence of education to all members regarding the regional EMS/trauma system plan, protocols and regional guidelines. Documentation of the education may be provided in the form of inservice/training documents, meeting minutes, affidavits of compliance or other RAC documents.*

- B. Meetings are scheduled and conducted in accordance with the RAC Bylaws or other governance documents.

1. *Each RAC shall provide timely written notification of all meetings and/or events including regularly scheduled or called meetings. All member entities will be notified not less than two (2) weeks prior to the meeting date; if electronic notification is used, it must be sent not less than one (1) week prior to meeting date. A copy of a tentative agenda must be provided. A newsletter may be used for this purpose. Notification of meetings involving possible change in bylaws must be mailed to voting members with "return receipt requested"; if electronic notification is used, messages must be sent with electronic confirmation that message has been received. Notice of special*

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*meetings of the Executive Committee may be waived by unanimous consent of Executive Committee.*

2. *Each RAC shall use a clear process for documenting meeting attendance and communicating attendance records back to membership, as they relate to participation requirements. Sign-in sheets shall be provided for each meeting. If meetings are held via electronic media an individual shall be designated to record names and organizations of all participants. If the RAC has a web site, meeting attendance records shall be available on the web site. Member entities in danger of failing to meet participation requirements and whose funding eligibility would be adversely affected shall be notified in writing with "return receipt requested" (when electronic notification is used, messages shall be sent with electronic confirmation of message receipt).*
3. *Each RAC shall adopt and utilize a structured method of conducting meetings (e.g. Robert's Rules of Order).*

C. Physical and human resources.

1. Permanent mailing address.

*Each RAC shall obtain a permanent mailing address that is not subject to change for reasons such as change in elected RAC leadership, etc. If a RAC has a permanent office, that address may be used; otherwise, a post office box or similar mailing address must be obtained.*

2. Permanent office

*When a RAC has an office, location should not be subject to change for reasons such as change in RAC leadership.*

3. Coordinator/clerical staff

*A coordinator should be experienced in system development and implementation. When a RAC has a coordinator he/she should be experienced with EMS, hospitals, trauma systems and grant writing. A RAC coordinator and/or clerical staff shall be experienced in budgeting, bookkeeping and submission of required reports.*

*A job description, an evaluation process and compensation specification should be in place for full or part-time RAC staff and made available for membership review upon request*

D. RAC communications.

1. DSHS is notified as soon as possible of any major changes in the RAC.

*Changes in the leadership (RAC officers) shall be communicated to DSHS within seven (7) days after the change. Copies of revisions to the bylaws and other*

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*substantive revisions to policies or operations shall be submitted to DSHS within thirty (30) days after the approval of the revision.*

2. A formal process is established to communicate with the membership.  
*Communications shall be timely and responsive, including information/alerts released by DSHS, disaster management information (i.e. different mediums such as email, list servers, quarterly meetings, etc.).*
  - a) *The preferred method of communication is a list server that allows rapid communication. Member entities without access to the list server information must receive information via fax or mail. If none of the above means of communication are appropriate a “telephone tree” or alternative means of communication will be used to contact member entities when timely communication is necessary. A method for immediate member notification of disaster situations shall be established. RAC requirements during disasters, such as EMSsystems, WebEOC, etc should be utilized and clearly documented in RAC procedures in the event of a disaster.*
  - b) *When possible, each RAC shall produce a newsletter distributed to all member entities and all interested stakeholders. Member entities shall assist in determining the appropriate individuals, either elected officials or their representatives, to whom the newsletter is mailed. The newsletter shall be posted on the web site.*
  - c) *When a list server is utilized/made available, all interested stakeholders shall have access to electronic communications. The website shall contain as much information about the RAC as necessary to inform member entities, potential member entities, stakeholders or potential stakeholders about the RAC and its purpose.*
  - d) *At a minimum, the web site shall contain information regarding upcoming meetings, requirements for RAC membership, RAC committee and subcommittee information, forms and documents related to RAC operations, information about how to join the RAC list server, contact information for RAC personnel and links to appropriate trauma related web sites.*
3. Meeting notices and minutes shall be forwarded to DSHS in a timely fashion.  
*Each RAC shall provide DSHS with a schedule of all regular meetings and shall provide notification to DSHS no less than seven (7) days prior to “called” meetings. Minutes of meetings, including lists of attendees and organizations they represent, shall be submitted to DSHS no less than thirty (30) days after approval.*

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4. An annual report is completed and submitted to DSHS and RAC membership.  
*At the conclusion of each RAC fiscal year, a report summarizing any substantive changes in leadership, in organizational structure, and bylaws etc., occurring during the year shall be submitted to DSHS. This report shall include a review of the short-term and long-term objectives for the RAC and any changes that have been made in those objectives. A copy of the RAC's Annual Report shall be submitted, or made available to all member organizations in TSA.*

*The RAC's Annual Report should also include:*

- a) Physical characteristics of the region, including terrain, climate, population, and the unique or challenging characteristics that affect member organizations' resource needs;*
- b) Prehospital care providers (EMS and First Responder Organizations) and their capabilities including the member organization's level of Service (BLS, ALS, MICU) and the number of vehicles, personnel, and equipment needs per provider;*
- c) Air medical availability, including the capability of its member organizations and regional access to availability of air medical care;*
- d) Hospitals and their designation/potential designation (size and specialty available) including, but not limited to, their trauma facility designation level, resource capabilities (OB, surgery, etc.), and any special services provided by the facility;*
- e) Age-related and regional demographic needs (pediatric, geriatric, and other) which are considered in the allocation of regional resources;*
- f) Unique age-related characteristics and service area population features (to include percentage over age 65 years or percentage under age 12 years for example) should be determined especially as they relate to provider organization resource needs (i.e. need for pediatric resuscitation equipment, additional training to address special age-related variances in population served);*
- g) Data from member organizations related to long-term and acute care/short-term rehabilitation resource capabilities;*
- h) Education and training needs of member organizations;*

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- i) Equipment and disaster management resource needs, including equipment such as decontamination devices, personal protective gear, and education needs;*
- j) Community awareness, education, and access to needed trauma resource information in each member organization's community is identified (that may or may not be reflected in regional statistical data);*
- k) Special needs or injury patterns in the communities served by member organizations;*
- l) Data collection and reporting needs of RAC member organizations to identify current needs for hardware, software or training necessary to improve regional/state trauma and emergency data collection and reporting.*

5. Representatives are sent to neighboring RAC meetings when patient flow crosses TSA boundaries.

*Each RAC shall send a representative to meetings of neighboring RACs, when necessary, to ensure that patient flow crossing TSA boundaries is handled as efficiently as possible. Communications between the transferring and receiving facilities shall be encouraged along with RAC involvement. RACs may facilitate communications between transferring and receiving facilities to aid in the development of interregional transfer guidelines.*

- E. RAC finances are conducted in accordance with state contract and other regulatory requirements.

- 1. An annual budget shall be outlined and shall follow a standardized accounting format that complies with DSHS reporting requirements. The budget shall support prioritized needs as identified by regional system planning.*
- 2. Financial reports shall be presented to the membership, at least quarterly, reflecting the status of all RAC income, expenses, and all state and non-state contract funds.*
- 3. The RAC shall work toward self-sufficiency of administrative expenses and shall develop financial goals with a timeline that supports obtaining non-DSHS funding sources to support RAC administrative costs. RAC leadership shall ensure that administrative expenses do not exceed allowable percentages as specified by DSHS contract requirements.*
- 4. The RAC shall comply with IRS 501(c) (3) non-profit corporation requirements. Verification of compliance shall be on file in the RAC office and provided to DSHS each fiscal year.*

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5. *Results of RAC conducted fund-raising activities shall be recorded in meeting minutes and/or reports. Appropriate accounting measures shall be utilized to record fund-raising activities.*
  6. *Copies of grant funding applications, funds received and program activities supported by grants shall be maintained in the RAC records and shall be provided to DSHS, upon request.*
- F. Education and training is conducted to meet the needs identified in the annual needs assessment and/or in performance improvement activities.
1. *The RAC shall develop, coordinate and/or schedule educational programs provided in response to RAC membership educational needs as identified through the RAC's annual needs assessment. Educational programs shall also be conducted to address learning skills deficits identified through regional performance improvement (PI) findings. Educational offerings shall be developed to address the continuum of care, including injury prevention. Programs shall be evaluated as to the usefulness of the content and impact on system development.*
  2. *The RAC shall facilitate the provision of continuing education (CE) programs designed to meet the learning needs of all levels and disciplines of health care providers on an ongoing basis. Records of all CE programs shall be maintained by the RAC and provided to DSHS, upon request.*
  3. *The RAC shall inform member organizations of grant/funding opportunities available through government and private foundation sources. Records of grant/funding opportunities provided to the RAC membership shall be maintained, as appropriate, in RAC website postings, mailed communications, in-service offerings, and other RAC documents.*
- G. A written plan identifies all resources available in the TSA for emergency and disaster preparedness.
1. *The plan shall identify the location and availability of resources including: standard components of disaster planning, threat analysis, resource assessment, and descriptions of hospital and prehospital resources. The plan shall reflect a fully integrated partnership within the TSA to include EMS, hospitals, law enforcement and fire safety organizations, and other disaster management agencies and services.*

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2. *Regional resources for centralized coordination, activation, readiness and system responsiveness shall be defined and the methods used for system testing and evaluation shall be described.*
  3. *The effectiveness of the plan shall be evaluated at least annually. This evaluation may be completed by a tabletop exercise, participant drill, plan component evaluation or documentation of actual utilization.*
  4. *All stakeholders, providers and elected officials shall be educated to the emergency/disaster preparedness plan and capabilities of the region. Documentation of communication with stakeholders, providers and elected officials regarding the emergency/disaster preparedness plan and capabilities of the region shall be maintained by the RAC through meeting minutes, preparedness reports, readiness reports, exercise summaries, disaster event summaries and/or evaluations affidavits of receipt letters or other documentation.*
- H. A regional performance improvement (PI) program is developed and implemented.
1. *The PI program shall monitor system performance to assess system impact on patient outcomes (morbidity and mortality).*
  2. *The RAC shall establish regional performance criteria to evaluate system performance from an outcome perspective.*
  3. *A data collection process shall be established and the RAC shall ensure that participating regional EMS and hospital providers are collecting the minimum data set and uploading patient data to the State Trauma Registry or to the regional trauma registry, when present.*
  4. *The RAC shall establish a procedure and maintain a system to ensure the confidentiality of all patient and provider information related to case review or system performance.*
  5. *A RAC may establish a regional trauma registry. Operational regional registries shall secure data and implement all measures necessary to ensure patient confidentiality and compliance with HIPAA and other regulatory guidelines. Participating member organizations shall be given timely access to de-identified or aggregate data to assist in measuring compliance with regional PI standards and to monitor injury and mortality trends.*
  6. *Regional PI shall be accomplished by RAC membership with expertise in PI. A multi-disciplinary process shall be established to review compliance with systems indicators (complete with case reviews), conduct process reviews in cases involving adverse patient outcomes, and to share information and education.*

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7. *The RAC shall establish a review and referral process to ensure the timely review of complaints and/or concerns of regional care providers. When necessary, the RAC may include outside consultants or seek assistance from DSHS or other appropriate resources. Patient and provider confidentiality shall be maintained throughout the process.*
  8. *The RAC shall establish and monitor system indicators to ensure that major and severe trauma patients are treated at the appropriate level of trauma facilities. Trauma patient transfers and admissions within and outside the TSA shall be reviewed. The transfer and admission times of major and severe trauma patients shall also be measured and monitored to ensure the timely transfer and admission of trauma patients.*
  9. *The RAC system PI process shall include a representative number of physicians from disciplines including surgery, emergency medicine, and EMS to ensure a broad-based and inclusive approach to trauma and emergency health care, to share information between the disciplines and to encourage information sharing and education of trauma and emergency health care physicians.*
- I. A regional injury prevention program is developed and implemented.
1. *The RAC shall develop, coordinate, and/or support targeted injury prevention programs which address regional injury patterns as identified. The injury prevention programs shall be documented, including audience attendance, and potential for system impact.*
  2. *A tracking process shall be established to define program effectiveness and maintain data, records, and/or other evidence related to the impact of injury prevention programs on regional patterns of injury.*
  3. *The RAC shall provide the membership with a list of available injury prevention programs and the process for accessing programs. Information shall be available to interested stakeholders within the region.*
  4. *The RAC shall inform and provide summary information to elected officials related to regional patterns of injury, trauma care issues and coordinated injury prevention programs conducted by the RAC.*
  5. *The RAC shall assist the integration of police, fire, sheriff's office, county officials, public health officials and media into community-based planning and advisory groups to promote injury prevention efforts. Broad-based community approaches toward injury reduction shall be created and documentation shall be maintained of all such RAC coordinated efforts.*

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6. *The RAC shall provide and/or assist in coordinating public education programs that inform area citizens and stakeholders regarding the need for system development, problems related to system access, and community injury patterns. The RAC shall maintain summary information and records regarding such public education efforts.*