

Office of EMS Trauma Systems
Texas Department of State Health Services
dshs.texas.gov/dshs-ems-trauma-systems

INSIDE THIS ISSUE:

Weathering Texas: Summer Storms and Disasters

Storm season has begun and preparedness is key.

From this Side

EMS/Trauma Systems leadership team and staff share their experiences and perspectives to spark conversation on issues important to the EMS and trauma system in Texas.

Updates

The Office of EMS/Trauma Systems provides the latest regulatory changes, important programmatic data, and relevant funding information to keep you informed.

News and Links

Access current news, initiatives, and publications from national EMS and public health organizations, as well as links to GETAC, rules, and enforcement actions.

Neonatal Hypothermia

Take a closer look at one of the major cause of neonatal morbidity along with insights of the knowledge and skills that can aid in prevention.

Self-Medication: A Growing Concern Within EMS

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Texas EMS Trauma System Funding: Decoding the Calculations

The Texas EMS Trauma System relies on a complex funding system that involves various factors.

FROM THIS SIDE

Insight • Inspiration • Ideas

Hurricane Beryl: Insights for Future Texas Healthcare Preparedness

Hurricane Beryl, the first major hurricane of the 2024 season, made history as the earliest Category 5 hurricane on record in the Atlantic. The storm's devastating impact included three landfalls in the Caribbean and Texas, leaving at least nine Texans dead and over two million without power.

Due to the extensive damage caused by the hurricane, insurers in the United States are estimated to face losses of over \$10 billion.

Despite the strain on local emergency services, the Emergency Medical Service Taskforce (EMTF) was instrumental in providing much-needed support. EMTF resources continue to operate in Southeast Texas as of this writing, demonstrating the value of their well-prepared teams in disaster response.



Photos courtesy of Dudley Wait, Chief of EMS · Fort Bend County EMS

This coordinated effort between state, regional, and local agencies highlight the importance of effective healthcare response during emergencies.

Key Takeaways for Future Disaster Preparedness

- **Patient Tracking:** Wristbands and PULSARA are valuable tools for tracking patients and personnel during a crisis. Organizations are encouraged to connect with their Regional Advisory Councils (RACs) to learn more about these resources.
- **Power Outages:** Preparedness is vital in the face of power outages and technology interruptions. Healthcare facilities and organizations must have effective business continuity plans that include measures for documenting patient care and communication back-up plans within and outside the facility. This scenario should be tested and integrated into the exercise planning for all entities.
- **Load Balancing:** Utilizing EMTF resources can help alleviate the burden on local resources, enabling them to return to regular service more quickly.

Every disaster presents an opportunity for improvement. By working together and implementing these lessons, we can strengthen our healthcare system and better serve all Texans during future emergencies.

The EMS/Trauma System Section applauds the RLHO Disaster Management, EMTF, and the RAC teams for their response. Thank you to all healthcare professionals for your unwavering dedication to patient care and disaster preparedness.

Weathering Texas: Summer Storms and Disasters

By Adrienne Kitchen, Public Information Specialist
EMS Trauma Systems



Texas summers bring scorching heat but also a barrage of weather disasters. From hailstorms to wildfires, these events impact lives and livelihoods across the state.

While hurricanes are less frequent than other disasters, their impact is immense. As we have seen with Hurricane Beryl, these storms bring torrential rain, flooding, and destructive winds, often leaving a trail of devastation in their wake.

The Department of State Health Services [Texas Ready website](#) has helpful resources for Texas residents to prepare for and stay informed of local weather events. Visit the [What to Do After Hurricane Beryl](#) page for tips on returning home safely and cleanup precautions if you have been affected by the recent storms.

Additional Resources and Information

[Natural Disasters](#): Descriptions of the various natural disasters that affect Texas, with information on what you can do before, during, and after weather events.

[Make a Plan](#): Guide to creating and practicing a family emergency plan.

[Build A Kit](#): Supply checklist to build a kit with the essentials your family and pets will need if you must shelter in place or evacuate.

[Emotional Impact of Disasters](#): Resources to help you and your family deal with the aftermath of a disaster.

Stay Informed with Weather and Disaster Alerts

Get credible, lifesaving information during disasters. Stay informed by tuning into local radio and TV broadcasts.

Alerts and updates are also available from:

- [National Weather Service](#): Get weather updates by ZIP, city, or GPS location.
- [TDEM Twitter Feed](#): All-hazard emergency preparedness and disaster information from the Texas Division of Emergency Management (TDEM).
- [CDC Emergency Twitter Feed](#): Critical information on your phone in real-time.
- [FEMA Text Messages](#): You can use this message program in two ways - to receive regular safety tips and to search for open shelters and disaster recovery centers.
- [Wireless Emergency Alerts](#): These are emergency messages sent by authorized government agencies through your mobile carrier.

Neonatal Hypothermia

by Sadhana Chheda, MD, and Hugo Kato, MD



Hypothermia is a major cause of neonatal morbidity and is associated with neonatal death. It affects the cardiopulmonary, CNS, hematologic, and vascular systems, causing bradycardia, apnea, lethargy, coagulopathy, peripheral vasoconstriction, and metabolic disturbances resulting in hyperbilirubinemia, hypoglycemia, hypoxia, and metabolic acidosis.

Untreated hypothermia negatively impacts weight gain, impeding normal development.

Humans produce and maintain their temperature by balancing heat production with heat loss. Newborns, however, have difficulty maintaining their temperature within the 'normal' range (36.5°C-37.5°C). Difficulties are more pronounced in premature and small babies due to reduced fat, thinner skin, and increased body surface-to-mass ratios.

Once born, babies are exposed to atmospheric temperature (about 25°C)—significantly below intrauterine temperature (approximately 37°C). This 'colder' environment, in combination with the newborn's wet body, results in a heat loss of 0.1°C-0.3°C per minute and as high as 1°C per minute if no thermal protection measures are taken.

Neonatal heat loss occurs via evaporation, radiation, conduction, and convection. Evaporation occurs when amniotic fluid covering the newborn vaporizes following birth, resulting in cooling. This is exacerbated by lower ambient humidity. Radiation occurs when heat is lost from the baby to surrounding surfaces that aren't directly contacted by the baby (walls or any surfaces nearby colder than the baby). Conductive heat loss occurs when the naked baby is placed in contact with a colder surface. Convection is heat loss from the baby's body through the surrounding air. Convection can be passive or forced (like an air current passing over the baby's body, removing heat faster).



Preventing hypothermia is critical and also simple and achievable. EMS personnel play an important role in this in cases of home births or when transporting babies.

First, raise the birth room temperature to a minimum of 25°C (26–28°C for pre-term babies).

Second, dry the baby to reduce evaporative losses. Remember, babies <1.5 kg should not be vigorously dried because their skin is fragile. Instead, these babies should immediately be placed in a sterile plastic bag. Alternatively, a clean plastic bag or Saran Wrap can be used to cover the infant and prevent heat loss (passive warming). Because babies have large heads, a hat is important in preventing heat loss.

Active warming is done with radiant warmers spreading heat through radiation and exothermic mattresses through conduction. Skin-to-skin contact is an alternative way of active warming. Place the baby directly on the mother's chest, skin-to-skin, and cover the rest with warm blankets to keep the temperature normal.

For transport, simple open transfer trolley should be avoided. Instead, newborns should be transported in a thermacol box with prewarmed blankets, a plastic wrap, or a silver swaddler. The knowledge and skills to prevent neonatal hypothermia, along with common sense, are more important than expensive equipment.

Sadhana Chheda, MD; Neonatologist, Associate Professor, TTUHSC-El PASO; Vice Chair, Perinatal Advisory Council (PAC); Neonatal Transport Medical Director, El Paso Children's Hospital.
Hugo Kato, MD; Neonatologist, Assistant Professor, TTUHSC-El PASO; NICU Simulation Director, El Paso Children's Hospital.

Texas EMS for Children Program Announces the 2024 EMS for Children Crew of the Year Award Recipients

In honor of EMS for Children Day on May 22, 2024, the Texas EMS for Children (EMSC) State Partnership presented the 15th annual Texas EMS for Children Crew of the Year Award.

EMSC grants this award to an EMS crew or station that has displayed outstanding care for a child in an emergency medical or trauma event, demonstrated exceptional effort in developing pediatric training or quality improvement programs, or was instrumental in planning and conducting creative injury prevention programs.



Pictured in the back row, from left to right: Dr. Casey Patrick, Brad Ward, Jeremy Cattoor, David Ikard, Nicolas Smith, Tamella Welch, Kellie Gonzalez, Kelcie Adams, and Sam Vance. Pictured in the front row, from left to right: April Currie and Dr. Christina Miyake

The 2024 EMSC Crew of the Year Award recipients are Alarm Medic II Kellie Gonzalez, In-Charge Paramedic David Ikard, In-Charge Paramedic Jeremy Cattoor, Captain Kelsie Adams, District Chief April Currie, Captain of Quality Improvement Brad Ward, and Deputy Chief Tamella Welch of the Montgomery County Hospital District EMS.

The nomination for the MCHD EMS team came from Dr. Christina Miyake, Director of the Cardiovascular Genetics Program at Texas Children's Hospital. She nominated them for their life-saving intervention for a toddler.

The emergency call they responded to was initially for a seizure. When they arrived, the parents thought the episode was over and did not feel their child needed hospitalization, given the seizure history. However, the paramedics conducted a thorough assessment and explained the seriousness of the symptoms to the parents. This proved critical, as the child went into cardiac arrest during transport.

Dr. Miyake emphasized the importance of the crew's timely recognition and response to the child's condition, stating, "The immediate recognition and response by the paramedics were crucial. Without their prompt action, the child might not have survived. Their accurate diagnosis of a life-threatening arrhythmia during transport, followed by necessary CPR and defibrillation, was pivotal. Only 8% of children survive cardiac arrest, and their intervention saved a life."

Recipients receive individual certificates of appreciation and a plaque for their station or crew quarters recognizing them as champions in the emergency care of children in Texas. For more information and to read the full nomination, please visit the Texas EMS for Children [website](#).

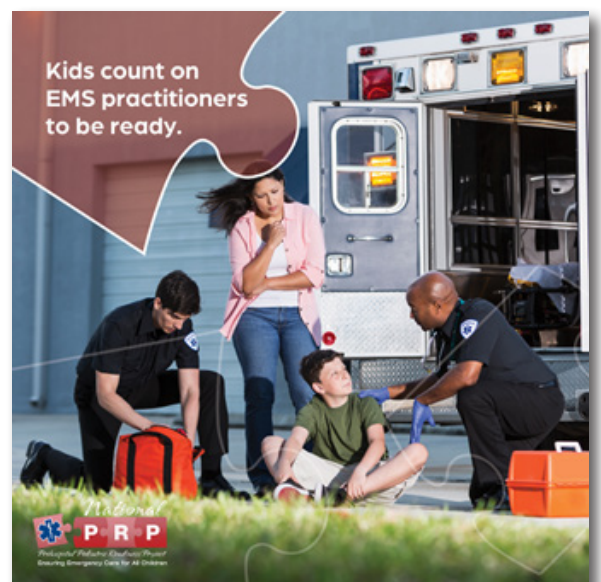
Boost Pediatric Care: PPRP Education Series

The Texas EMS for Children Program is hosting the Texas Prehospital Pediatric Readiness Education Series to enhance pediatric outcomes and assist EMS providers in meeting the Prehospital Pediatric Readiness Project (PPRP) guidelines.

This educational series is provided at no charge.

Beginning in June 2024, these one-hour virtual sessions will spotlight evidence-based practices and tools for EMS providers. They will focus on the unique physical characteristics, physiological responses, and psychosocial needs of children dealing with illness and injury. The webinars are recorded and will be posted within a few days of the live webinar. To view these, obtain further details, and register for an upcoming session, please visit the [Texas EMS for Children website](#).

If you have any questions, please contact the Texas EMS for Children Program Manager Sam Vance at spvance@bcm.edu or 832-824-EMSC (3672).



Texas EMS Trauma Awards Nomination Period Now Open



New Categories!

The Texas Department of State Health Services (DSHS) EMS Trauma Systems Program is excited to unveil new award categories to honor the diverse contributions within the state's EMS and Trauma System.

Submit nominations by September 13, 2024.

This is your chance to recognize their exceptional service and the profound impact they have on our communities. Visit our [website](#) for full details on the eligibility and nomination process.

GETAC committee application period coming soon

The Governor's EMS and Trauma Advisory Council (GETAC) has ten committees that review pertinent issues and make recommendations to GETAC, which, in turn, advises the Texas Department of State Health Services (DSHS).

Current committees

Air Medical and Specialty Care Transport, Cardiac Care, Disaster Preparedness and Response, Emergency Medical Services (EMS), EMS Education, EMS Medical Directors, Injury Prevention and Public Education, Pediatrics, Stroke, and Trauma Systems.

If you want to apply for membership on one of the 2025 GETAC committees, you may do so beginning September 1, 2024. Please note that the application period ends on September 30, 2024. Visit the [GETAC webpage](#) for upcoming information.



Texas EMS Trauma System Funding: Decoding the Calculations

by Sunita Raj, Funding Unit Manager
EMS Trauma Systems



The Texas EMS Trauma System relies on a complex funding system that involves various factors. Understanding these calculations is crucial for EMS providers, healthcare facilities, and stakeholders, ensuring adequate resources across the state.

It is important to note that the funding calculations are based on data submitted to the State EMS and Trauma Registries. calendar year (CY) 2022 is used for fiscal year (FY) 2025 Calculations, and CY 2023 will be used for FY 2026 calculations.

The EMS County funding formula is calculated as follows:

1. County-Specific Factors

- Population x adjustment factor
- Geographic size x adjustment factor
- Total EMS emergency transports (meeting inclusion criteria) x adjustment factor

2. Weighted Average

- Sum of county-specific factors / 3

3. County Allocation

- Weighted average x total EMS allocation

4. County Split

- 60% of the county allocation is distributed to the EMS providers in rural counties (rural counties are defined as 50,000 or less).
- 40% of the county allocation is distributed to the EMS providers in urban counties.

Inclusion Criteria for Emergency Healthcare Runs

The following types of emergency healthcare runs are included in the calculation:

- 'Patient Dead at Scene-Resuscitation Attempted (With Transport)'
- 'Patient Dead at Scene-Resuscitation Attempted (Without Transport)'
- 'Patient Dead at Scene-No Resuscitation Attempted (Without Transport)'
- 'Patient Treated, Transported by this EMS Unit'
- 'Patient Refused Evaluation/Care (Without Transport)'
- 'Patient Treated, Released (AMA)'
- 'Patient Evaluated, No Treatment/Transport Required'
- 'Patient Treated, Released (per protocol)'
- 'Patient Treated, Transferred Care to Another EMS Unit'
- 'Patient Treated, Transported by Law Enforcement'
- 'Patient Treated, Transported by Private Vehicle'
- 'Patient Refused Evaluation/Care (With Transport)'

Funding Statute and Rules

Health & Safety Code:

[773.122](#)

Texas Administrative Code

[§157.130 \(d\)](#)

[§157.131 \(d\)](#)

The adjustment factors mentioned in the formula normalize the data and ensure a fair distribution of funds across counties with varying populations, sizes, and emergency healthcare needs.

The RAC (Regional Advisory Council) funding formula is calculated as follows:

1. Trauma Service Area (TSA) Contributions

- Percentage of the state’s total population based on 2020 Centers for Disease Control (CDC) census
- Percentage of the state’s total geographic size
- Percentage of the state’s total trauma care (EMS emergency runs meeting criteria listed above and trauma facility trauma registry submissions that meet the National Trauma Data Bank criteria)

2. Weighted Average

- Sum of TSA contributions / 3

3. TSA Allocation

- Weighted average x total TSA allocation

This formula ensures that the TSA allocation is determined proportionally to its share of the state’s population, geographic size, and trauma care provided. The weighted average step combines these factors into a single metric, which is then multiplied by the total TSA allocation to determine the final funding amount.



FY 2025 RAC funds distribution table from the four different funds.

Fund	Budget
5007	\$1,055,565
5108	\$2,267,426
5111	\$4,280,057
0001	\$2,278,187
EI	\$3,300,000
TOTAL	\$13,181,235

Uncompensated Trauma Care Funding Formula

The Uncompensated Trauma Care Funding formula plays a crucial role in supporting trauma facilities. This formula ensures that facilities receive the necessary funding based on their level of trauma care, with specific distributions for Level I-IV facilities.

- For CY 2022 patient data, DSHS disbursed the allocated funds for hospitals to eligible trauma facilities in collaboration with HHSC. Trauma uncompensated care (UCC) was allotted \$8,744,432 and \$79,482,232 was moved to HHSC for the Medicaid match. HHSC calculates the distribution to the eligibility standard dollar amount (SDA) facilities based on the level of trauma facility designation.
 - 2% for the Level IV facilities
 - 3.1% for the Level III facilities
 - 18.1% for the Level II facilities
 - 28.3% for the Level I facilities

The SDA rate has many factors that are managed and calculated by HHSC.

DSHS uses the Ratio to Cost to Charge (RCC) to calculate funds for UCC distribution.

5007 & 5108 Funds

- 15% of the total funds available from 5007 and 5108 for the trauma facilities allocation is divided equally among all eligible trauma facilities who applied. The in-active-pursuit (IAP) status does not qualify for these funds.

5111 Funds

- If a hospital receives less than the minimum 15% from the HHSC SDA, then the hospital will receive DSHS funds from 5111 to meet the minimum funding criteria of 15%.
- The remaining 85% of the UCC funds are distributed to eligible designated trauma facilities by DSHS, including IAP facilities. IAP facilities receive funds from 5111 only. This is based on the percentage of uncompensated trauma care the facilities provide in relation to the total uncompensated care provided by all the eligible facilities who applied for the UCC Funding from 5007, 5108, and 5111.
- These payments are not affiliated with patient account(s).

In general, facilities will potentially receive up to four checks. One check is from HHSC for the standard dollar amount if the trauma facility meets the criteria. Based on eligibility and other factors, remaining checks may come from DSHS accounts 5007, 5108, and 5111.

In conclusion, the system relies on intricate calculations that consider various factors like county population, geographic size, emergency transport volume, and trauma care provided. The Texas EMS Trauma System funding mechanism is a multifaceted structure designed to ensure equitable resource allocation across the state.

Self-Medication: A Growing Concern Within EMS

by Sabrina Lee Richardson, EMT, Investigator/Special Projects
- EMS Trauma Systems



EMS personnel play a vital role in healthcare, and this line of work can often be demanding and stressful, involving long hours and exposure to traumatic situations. Unfortunately, this high-stress environment has led to a concerning trend: some EMS personnel are self-medicating with medications intended for patients.

Self-medication involves using prescription drugs without medical supervision, often to cope with stress, pain, or other personal health issues. EMS personnel have access to a variety of potent medications, including painkillers, sedatives, and anti-anxiety drugs. This accessibility, combined with the pressures of the job, creates a dangerous opportunity for misuse.

Factors Contributing to Self-Medication

Stress and Mental Health: The intense nature of EMS work can lead to chronic stress, anxiety, and burnout. Some workers might turn to medications to manage these symptoms.

Physical Demands: EMS personnel often perform physically demanding tasks, leading to injuries and chronic pain. Instead of seeking appropriate medical care, they might self-medicate to continue working without interruption.

Work Culture: There can be a stigma around seeking help for mental health or physical issues within the EMS community, pushing some workers to self-medicate rather than admitting they need help.

Self-medicating can have severe repercussions for the EMS workers, EMS medical directors, and their patients. Potential risks can include addiction, impaired judgment, ethical issues, and possible legal ramifications.



EMS workers are essential to the healthcare system, often risking their own well-being to help others. Addressing the issue of self-medication requires a multifaceted approach that puts an emphasis on education and support, as well as a cultural shift within the EMS community. By taking proactive steps, we can safeguard the health of EMS workers and ensure they continue to provide high-quality care to those in need.

The [Heroes First Responder Education Program](#) offers free CE on courses regarding substance use in the EMS community.

For more information and resources on promoting education and awareness of opioid, visit the [Texas Targeted Opioid Response \(TTOR\) website](#). If you are experiencing symptoms of substance use or mental health disorders or are looking for more information, call the [Heroes Helpline](#) at 1-833-EMS-inTX (1-833-367-4689).



DSHS Commissioner Appoints Seven to Maternal Mortality and Morbidity Review Committee

Posted May 17, 2024

Texas Department of State Health Services Commissioner Jennifer Shuford, MD, MPH, has appointed seven new members to the Texas Maternal Mortality and Morbidity Review Committee, effective June 1.

Legislation signed into law last year added seven new positions to the committee to add new areas of expertise and bring its total membership to 23.

The newly created positions are physicians specializing in emergency care, cardiology, anesthesiology and oncology; a representative of a managed care organization; and two community members with relevant health care experience representing urban and rural areas of the state, which replace a previous community advocate position.

[Read full story.](#)

New Data Tools Provide Insights on Maternal and Child Health

Posted June 17, 2024

Texans have new tools to understand conditions around maternal and child health in the state. In June, the Texas Department of State Health Services launched new public data dashboards on maternal health and infant health as part of its Texas Health Data suite of data products.

The dashboards currently include information on maternal mortality and pregnancy risk factors like mental health, high blood pressure, and smoking. The infant health section covers infant mortality, causes of death and preterm birth. The dashboards will be expanded over the coming months to add data on birth demographics, infant health practices, prenatal and postpartum care, and severe maternal morbidity.

[Read full story.](#)

Operation Border Health Preparedness offers no-cost healthcare at five RGV Locations

Posted July 18, 2024

The Texas Department of State Health Services celebrates the 25th anniversary this month of the Operation Border Health Preparedness exercise, with no-cost health clinics planned at five different locations for South Texas residents to utilize.

All five clinic sites this year will offer blood pressure screenings, general medical exams, immunizations, sports physicals, vision and hearing screenings, and social services. Many other services, like diabetes screenings, dental services, optometrist service to include eyeglasses, and liver function testing, are available only at specific clinic locations. The Raymondville site in Willacy County will again have limited veterinary services available (limited to 200 daily, with 125 on Friday). Services vary from location to location, so visit [Services at Operation Border Health Preparedness](#) (OBHP) 2024 or call 2-1-1 to confirm which services are offered at each specific location.

[Read full story.](#)



Don't Let Your Summer Fun Go Under Water

Safety Tips for Everyone

As summer approaches and families head to the pool, beach, or lake to cool off, it's essential to prioritize water safety. Whether you're an experienced swimmer or a novice, being informed and cautious around bodies of water can prevent accidents and save lives. Here are some tips for water safety heading into the summer months:

Learn to Swim: One of the best defenses against drowning is knowing how to swim. Enroll your children, or even yourself, in swimming lessons. Even the most basic of swimming skills can significantly reduce the risk of drowning.

Supervision: Never leave children unattended near water, even for a moment. Designate a responsible adult as a designated "water watcher" who keeps their eyes on the swimmers without distraction. Drowning can happen silently and quickly, so constant supervision is crucial.

Pool Fences and Barriers: If you have a home pool, ensure it is surrounded by a fence at least four feet high with a self-closing, self-latching gate. Pool covers and alarms can also provide an added layer of protection.

Life Jackets: When boating, kayaking, or participating in water sports, always wear a properly fitted U.S. Coast Guard-approved life jacket, especially if you're not a strong swimmer. Children and inexperienced swimmers should wear life jackets near open water.

Alcohol and Water Activities Don't Mix: Avoid alcohol consumption when swimming or boating. Alcohol impairs judgment, coordination, and reaction time, increasing the risk of accidents and drowning.

Know the Water: Before swimming in natural bodies of water like lakes or rivers, familiarize yourself with the water conditions. Watch out for currents, waves, and underwater hazards. If you're unsure about the safety of the area, it's best to stay out of the water.

Stay Hydrated: Even though you're surrounded by water, it's essential to stay hydrated, especially in hot weather. Drink plenty of water to prevent dehydration and heat-related illnesses.

Sun Protection: Don't forget sunscreen, sunglasses, and hats to protect yourself from the sun's harmful rays. Sunburn can be uncomfortable and increase the risk of heat exhaustion.

Know What to Do in an Emergency: Learn CPR and basic water rescue techniques. In case of an emergency, call for help immediately and, if possible, throw a flotation device to the person in distress instead of entering the water yourself.

By following these water safety tips, you can ensure a fun and enjoyable summer while minimizing the risk of accidents and injuries. Remember, water safety is everyone's responsibility, so spread awareness and encourage others to prioritize safety whenever they're around water.

Updates

Regulations • Programs • Funding



Trauma Rules Update

Rules will be discussed at the August 15 Health and Human Services Commission Executive Council Meeting

RULES

On June 7, 2024, stakeholders were notified of a new trauma rule packet. Public comment identified four common themes related to the rule packet that was pulled in April of this year.

- Align the trauma facility designation with the American College of Surgeons (ACS) standards and processes.
- Provide 12 to 18 months for trauma facilities to prepare for the new rules prior to implementing the new rules.
- Decrease the overall cost burden for trauma facility designation.
- Decrease the cost burden for the rural trauma facilities to maintain their designation.

The new rule project integrates these themes. The rule project revises Section 157.125 instead of repealing and replacing this section. The revised 157.125 will terminate on August 31, 2025. A new rule, Section 157.126, concerning Requirements for Trauma Facility Designation, will be implemented on September 1, 2025. This allows the trauma facilities time to review and prepare for the new rules prior to their implementation.

The department has aligned the trauma facility requirements and designation process with the ACS Committee on Trauma (COT), verification standards, and survey processes when feasible. The department focused on reducing the cost of trauma facility designation for all trauma facilities and identified options to decrease the cost burden for the rural trauma facilities with limited volume and resources.

The proposed 21R151 Trauma Rule Amendments are online for formal public comment beginning on August 2, 2024, and ending on September 3, 2024. The rule packet is an agenda item for the August 15 HHS Executive Council meeting.

Please watch for other communication and notices in the coming week. The department will be scheduling additional meetings for stakeholder feedback and discussion in August.

Updates

Regulations • Programs • Funding



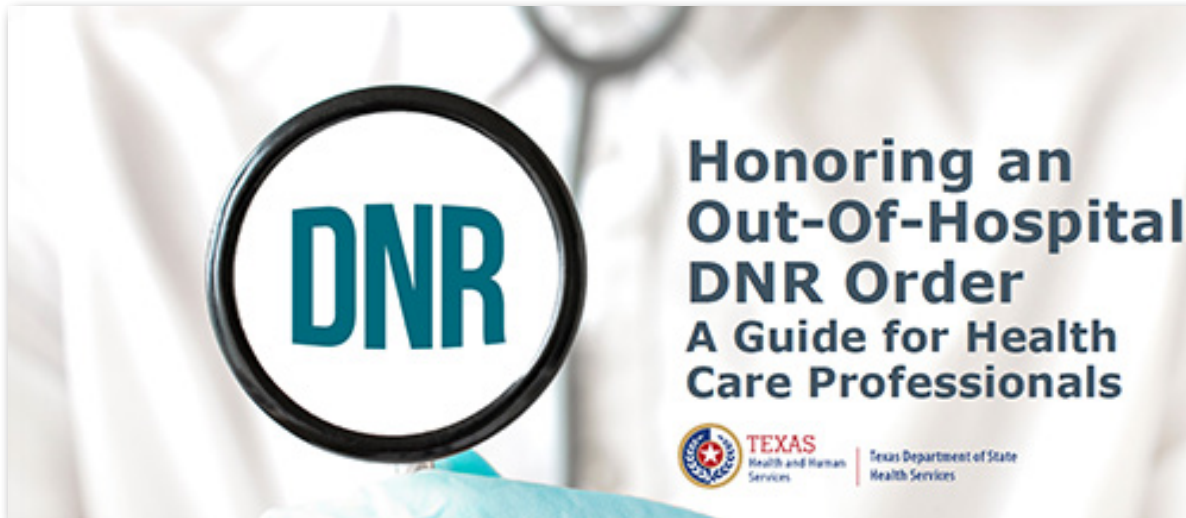
MAB

New Staff and Board Additions Streamline Processes

The Medical Advisory Board (MAB) unit has a new manager and 12 full-time equivalent (FTE) positions. MAB staff have made process improvements to help decrease backlog, recruit more doctors, and make the overall MAB process more efficient.

These process changes include updating the voucher procedure, designing new standard operating procedures, and reviewing old files to clean up duplicates or redundancies to make everything more organized and easier to find.

The physicians on the Medical Advisory Board Physician Panel recently elected a chair and filled several positions on the executive board. They work closely with DSHS to make the medical review process more efficient.



DNR

New Presentation in Texas Emphasizes Honoring Out-of-Hospital DNR Orders

The EMS and Trauma Systems website offers a new educational resource on identifying and honoring out-of-hospital do-not-resuscitate (OOH-DNR) orders. This information is crucial to ensure that healthcare providers respect patient wishes in emergency situations outside of a hospital setting.

The [presentation](#) emphasizes the roles of healthcare providers in form preparation and compliance. It also focuses on the need for clear communication and documentation of OOH-DNR orders, following Texas' specific guidelines. Prioritizing education for both healthcare providers and patients regarding the state's regulations ensures healthcare systems in Texas can better support individuals' autonomy and preferences at the end of life.

Texas' renewed focus on out-of-hospital DNR orders is a positive step toward enhancing end-of-life care in all healthcare settings statewide.

Updates

Regulations • Programs • Funding



Senate Bill 8 Recruitment and Retention Project

As you may have heard, some of the 22 Regional Advisory Councils (RACs) are beginning to run out of available scholarship funds for the [Senate Bill 8 Recruitment and Retention Project](#). We recognize their tireless effort as the scholarship program continues until the end of December 2024. This has been a strong program for the Texas EMS system and will benefit the future of the EMS workforce.

As of June 1, 2024, Regional advisory councils (RACs) provided 2,811 scholarships equaling over 15 million dollars.

You can reach out to your [RAC](#) for scholarship information. If your RAC is out of funds, they could contact other RACs that still have funds available on your behalf. The DSHS EMS Careers and Scholarships program aims to provide as many scholarships as possible and spend all available funds to support this valuable education in our communities. The only requirement to receive a scholarship is that the program MUST start before December 31, 2024. For more details on the scholarship, please visit the following website: dshs.texas.gov/team-texas-ems.

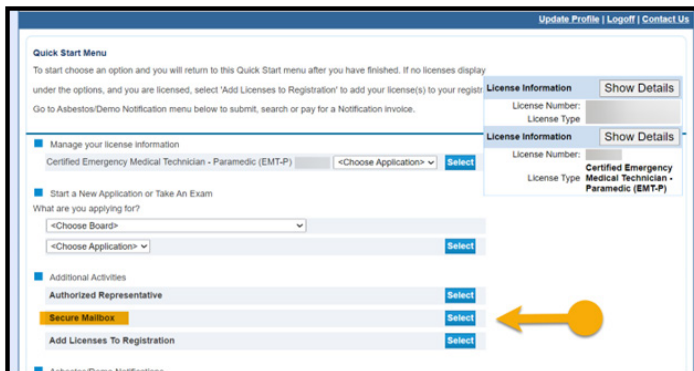
Electronic Delivery of EMS Certificates

EMS Personnel and Educators

Your EMS certificates and identification cards are now delivered electronically to your DSHS account's secure mailbox.

Beginning July 8, 2024, First Responder Organization (FRO) certificates will be delivered via secure mailbox.

Once your application is approved or renewed, allow three days for the certificate to be delivered to your secure inbox.



To find your certificate and identification card:

1. Sign into your DSHS [account](#).
2. In the Quick Start menu, select the Secure Mailbox.
3. Documents will be located in your inbox.

Contact [EMS Licensing](#) for any questions.

EMS

NEWS AND LINKS

Local • National • Resources

NHTSA's EMS Update

Learn more about current projects and efforts in EMS from NHTSA and its Federal partners.

[Learn more](#)

CDC Newsroom

View the latest CDC public health news and press releases.

[Learn more](#)

The Bulletin

The Bulletin of the American College of Surgeons.

[Learn more](#)

Washington Update

Bi-monthly newsletter of the National Association of State EMS Officials.

[Learn more](#)

EMSC Pulse

A digest of information about the pediatric emergency medical care community.

[Learn more](#)

Integrated Healthcare

Focuses on improving the patient experience of care through inter-professional collaborations.

[Learn more](#)

EMS/Trauma Systems Links

GETAC

Visit the Governor's EMS and Trauma Advisory Council web page to view council, committee, and meeting information.

Rules

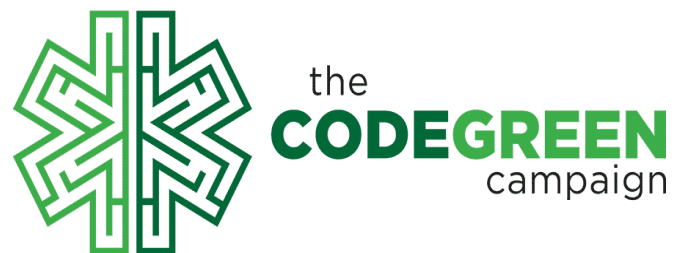
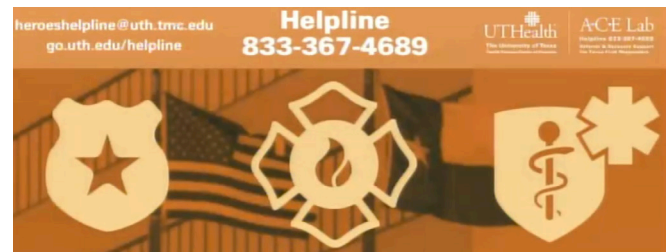
Links to the Texas Administrative Code rules pertaining to EMS/Trauma Systems.

Disciplinary actions

Public notice of disciplinary action by the Department of State Health Services and the Consumer Protection Division, Consumer Safety Unit.

Staff Contacts

Contact information for the Office of EMS/Trauma Systems staff and programs.



Texas Department of State Health Services



Questions, comments, or suggestions about *Texas EMS Trauma News*? Contact us at EMSTraumaNews@dshs.state.tx.us.

External links to other sites are intended to be informational and do not have the endorsement of the Texas Department of State Health Services.