

Texas Regional Advisory Council (RAC) System Plan Criteria and State Contract Requirements

Injury and Disease Epidemiology

1. In collaboration with the EMS-Trauma Section and the Office of Injury Prevention / EMS and Trauma Registry describe the epidemiology of trauma, stroke, and cardiac in your region and the unique features of the geographic population related to the following ages.
 - a. Children from birth to 1 year of age
 - b. Children greater than 1 year of age to 11 years age
 - c. Adolescents greater than 11 years of age to 14 years of age
 - d. Adolescents 15 to 17 years of age
 - e. Adults 18 – 64 years of age
 - f. Geriatric 65 to 84 years of age
 - g. Geriatrics – 85 and older
 - h. Rural or frontier injuries compared to suburban and urban
2. Define the number of trauma deaths (include DOA, died in the ED, and died in the hospital) reported by the trauma designated facilities.
3. Define the health epidemiology characteristics of maternal and neonatal care as outlined by the Perinatal Regional Collaboratives.
4. Define the number of maternal deaths that occurred in participating maternal designated facilities.
5. Number of neonatal deaths in participating neonatal designated facilities.
6. Define the databases utilized by the RAC to formulate the epidemiology profile.
7. Describe how ongoing and routine trauma, perinatal, stroke, cardiac and disease surveillance is completed and how results are shared with RAC stakeholders and partners.

Regional Self-Assessment

The RAC staff will engage the various committees and stakeholder to facilitate the completion of the regional self-assessment in the first twenty-four months of the contract and submit it to the department. The completed self-assessment is reviewed and integrate into the revisions of the regional trauma and emergency healthcare system plan during the forty-seventy month of the contract and submit the final revisions to the department in the last month of the contract.

Regional Requirements

1. Describe processes for the RAC stakeholders to collaborate and define the following:
 - a. the regional trauma, perinatal, stroke, cardiac and emergency healthcare system plan;
 - b. guidelines for protecting confidentiality for entities participating in the elements of review as part of the system performance improvement process;
 - c. developing, implementing, educating stakeholders, and monitoring regional guidelines of care;
 - d. developing, implementing, educating stakeholders, and monitoring patient flow on the basis the developed regional guidelines.
 - e. collecting data for system monitoring and performance improvement; and
 - f. conducting system annual evaluations
2. Within the regional plan, describe how trauma, perinatal, stroke, and cardiac, prevention activities, emergency medical service (EMS), public health, special population needs, emergency management, non-government resource, non-profit agencies, and the business community are integrated with the system.

Regional System Leadership

1. The RAC leadership team consistently reviews and monitors the trauma, perinatal, stroke, cardiac, and emergency healthcare systems of care to identify opportunities for improvement.
 - a. The RAC aligns with the GETAC Vision.
 - b. The RAC aligns with the GETAC Mission.
2. Describe the various multidisciplinary committees and the stakeholder participation as defined in the RAC bylaws.
 - a. Ensure pediatric care representatives are on the multidisciplinary healthcare committees, if a pediatric committee is not in place.
 - b. Identify geriatric care representatives on the multidisciplinary healthcare committees that provide input into system development.
 - c. Identify perinatal care representatives on the multidisciplinary healthcare committees that provide input into perinatal regional care initiatives, if a perinatal committee is not in place.
 - d. Describe the process of involving experts and advocates for special populations, such as the child fatality review teams, physical abuse, substance abuse, mental health in regional system planning.
 - e. Describe how the multidisciplinary committees participate in the regional trauma, perinatal, stroke, cardiac and healthcare system annual evaluation.
3. Describe the process for developing, mentoring, and engaging stakeholder in maintaining the leadership in the region to include EMS providers, medical and nursing leadership, designated centers, and other stakeholders.

Regional Coalition Building and Community Partnerships

1. The region will develop and maintain trauma, perinatal, stroke, cardiac and emergency healthcare system coalitions as outlined in the regional priorities such as fall prevention, Stop the Bleed, mental health, physical abuse, substance abuse or other priorities identified through the completed regional self-assessment.

- a. RAC leadership will promote the regional trauma, perinatal, stroke, cardiac and emergency healthcare system plan to the hospital Chief Executive Officers, County Judges, public health entities, law enforcement agencies, military resources, academic entities, transportation industry, and entertainment venues as defined by the regional priorities.
 - b. RAC leadership will define the method and frequency for communicating with stakeholders, hospital leaders, coalition members, and the community.
2. RAC leadership have a plan for mobilizing community partners to improve and advocate for system improvements.
 - a. Define how RAC leaders are integrated with the community leaders to assist in identifying trauma, perinatal, stroke, and cardiac prevention and awareness campaigns.
 - b. RAC leaders identify and track the key problems or initiatives outlined by the community leaders.
 - c. Describe how stakeholders make the RAC leadership aware of challenges or deficiencies.

Human Resources within the RAC

1. Define the number of RAC paid FTEs supported by the department contract, including their position titles, job descriptions, and percentage of full-time equivalency of all RAC part-time or contract individuals who have roles or responsibilities that support the regional programs.
2. Each RAC FTE that is funded by the department contract shall have an annual performance review that includes input from regional stakeholders, using established performance standards related from their job responsibilities and job functions of their current job description.
3. Define the process for RAC approved employee salary increases.
4. Identify other personnel resources supported by the department contract.
5. Define personnel limitation in assisting in the development of regional programs to sustain the trauma and emergency healthcare system assessment, policy development, and performance improvement activities.

6. Identify impediments or barriers that hinder appropriate staffing.
7. Develop and maintain a RAC organizational chart and posted it on the RAC website.

Regional Trauma, Perinatal, Stroke, Cardiac and Emergency Healthcare System Plan

1. Regional stakeholders to include the RAC board, committees, general membership, community partners, and coalition members assist in the revisions to the trauma, stroke, cardiac, maternal, and neonatal system plan.
2. Describe the ongoing assessment of resources and asset allocation within the RAC system used to facilitate the implementation and monitoring of the system plan.
3. Describe the processes of gaining approval of the system plan and its implementation.
 - a. Describe how the elements of the system plan are evaluated, and outcomes of the regional plan are identified and tracked.
 - b. Describe what guidelines and policies exist for special populations, including the rural and remote areas.
 - c. Describe how individuals with specialized needs are addressed regionally, such as specific injury patterns (burns, spinal cord injury, traumatic brain injury, reimplantation, etc.), disease processes, and healthcare needs, as well as pediatric, neonatal, and maternal special considerations (Example: placenta accrete spectrum disorder).
4. The regional system plan is posted on the RAC website with all associated documents for stakeholder access.

Regional System Integration

1. Describe the regional system's collaboration and integration with the following programs:
 - a. trauma, perinatal, stroke, and cardiac prevention healthcare workforce and advocates

- b. mental health resources for the public and the system healthcare workers
- c. local and regional public health; epidemiology and infectious disease
- d. social services
- e. law enforcement
- f. public safety
- g. military resources
- h. healthcare and pharmaceutical facility leadership
- i. city, county, regional, and district emergency management
- j. local and county officials
- k. medical examiners
- l. academic or educational institutions
- m. fatality review teams
- n. blood bank services
- o. other identified healthcare resources in the region
- p. non-government and non-profit organizations (Example: American Red Cross)

Business / Financial Planning

1. Define the process of developing the RAC budget and key strategic initiatives.
 - a. Include how the RAC integrates the GETAC Strategic Plan into their strategic initiatives and defines priorities.
 - b. Include how the RAC strategic plan priorities are implemented, monitored, and evaluated for effectiveness.
 - c. Define how RAC stakeholder participation is integrated in the development of the strategic priorities and how these priorities are moved forward and approved.

2. Define the RAC membership dues and membership participation requirements.
3. Define the process for stakeholders or committees to request funding for RAC approved projects.
4. Define the process and approval for reallocation of funds.
5. Define the process for the RAC to address the EMS allocation funds for EMS providers and any additional funds identified for the department contracts.

Regional Prevention and Outreach

1. List organizations dedicated to trauma, prehospital, perinatal, stroke, cardiac and disease prevention within the region that align with the regional priorities and the specific focus of these organizations.
2. Describe how the RAC funds and coordinates system-wide trauma, perinatal, stroke, cardiac and other disease prevention activities.
3. Describe how trauma, prehospital, perinatal, stroke, cardiac or other disease processes prevention targets are identified and prioritized for intervention strategies to include the integration of evidence-based prevention strategies.
4. Identify dedicated RAC staff (full or part-time) and stakeholder leaders whose focus is outreach and prevention for the regional trauma, perinatal, stroke, cardiac or other prevention activities.
5. Explain how the trauma, perinatal, stroke, cardiac or other outreach or prevention projects are evaluated by the RAC, and how the evaluation outcomes are shared with stakeholders.
6. Identify gaps in trauma, perinatal, stroke, cardiac or other prevention efforts for identified regional population groups identified through the regional self-assessment.
7. Define the regional efforts for integrating existing coalitions that focus on identified regional priorities such as fall prevention, head injuries, pediatric injuries, geriatric injuries, physical abuse, teen pregnancy, safe sleeping, alcohol-related injuries, substance abuse, stroke awareness, cardiac disease, vaccination compliance, rural initiatives, or targeted projects identified through the self-assessment.

8. Define the RAC integration with the Stop the Bleed State Coalition and how the data is tracked and reported to the RAC, State Coalition, as well as the national bleedingcontrol.org site.
9. Define the RAC sponsored professional education provided to address identified needs for the following:
 - a. physicians
 - b. nurses
 - c. registrars
 - d. EMS personnel
 - e. advanced practice providers
 - f. other healthcare stakeholders
 - g. trauma education and certifications
 - h. stroke education and certifications
 - i. cardiac education and certifications
 - j. maternal education and certifications
 - k. neonatal education and certifications.
 - l. registry or data management education and certifications
 - m. performance improvement education
 - n. disaster education and certifications
 - o. community awareness educational programs to include but not limited to Stop the Bleed or other department approved equivalent program.

Prehospital Services

1. Conduct assessment of the regional prehospital resources, and define the date the assessment was completed.
 - a. Describe the prehospital system, including Advanced Life Support (ALS) or Basic Life Support (BLS) providers, aeromedical, First

Responder Organizations (FROs), and non-emergency EMS provider resources available in each county of the RAC, and any areas without EMS response coverage.

- b. Describe how these resources are distributed throughout the region to ensure service to the overall population.
 - c. Identify challenges and resources available in the rural and remote areas and the RAC and initiatives to address the identified challenges.
 - d. Describe the availability of enhanced 911 and wireless enhanced-911 throughout the RAC.
 - e. Identify the prehospital specialty services for pediatric, adult, and bariatric transport available in each county of the region.
 - f. Describe the availability of prehospital pediatric equipment or other specialty equipment for assessment, interventions, and transport.
 - g. Describe any specialty resources for transporting trauma, maternal, neonatal, stroke and cardiac patients.
2. Describe the regional medical direction, including guidelines for the pediatric and identified specialty populations, such as maternal, neonate, behavioral health, substance abuse or other resources.
 3. Describe how prehospital and facility medical direction integrate to provide oversight.
 5. Describe how the RAC supports and strengthens the prehospital workforce competencies.

Definitive Care Facilities

1. Define the current levels of trauma, stroke, maternal, and neonatal designated facilities, including non-designated cardiac chest pain centers within the region by county and how their expectations regarding RAC participation.
2. Describe the roles of the non-designated acute care facilities in the regional system, specifically pediatric, geriatric, perinatal, mental health, and other healthcare resources available in the RAC by county.

3. Define the processes for non-designated acute care facility representation on the various regional committees.
4. Develop and maintain a process to provide mentorship to foster and develop data integrity and data validation for all types of designated facilities.
5. Define the designated facilities' role and expectations for participating in the regional system-wide performance improvement plan.
6. Describe the process by which prehospital personnel are educated on the capabilities of all possible receiving facilities.
7. Describe the process to notify the regional stakeholders when a facility loses capability or withdraws from the designation program.
8. Describe the mechanism for tracking and monitoring diversion and capacity of the designated centers.
9. Define the process of keeping the facility CEOs updated on their facility's scorecard regarding membership attendance, participation expectations, keeping EMResource or equivalent system updated, and providing data for the regional system performance improvement initiatives.
10. Describe the role of the RAC in sharing information with facilities that are in active pursuit of designation or changing their level of designation regarding issues of population, population density, specialty resources, hours of diversion, transport times with distances, transfers, and the completed NBATS assessment for the region.

Regional System Coordination and Patient Flow

1. Describe how the regional prehospital triage guidelines are developed utilizing current national best-practice standards, implemented with prehospital Medical Directors' approval and support, what education is provided to stakeholders, how they are monitored, and integrated into the regional system performance improvement initiatives.
2. Describe how the regional system-wide guidelines address the "safe transport of patients and personnel" are implemented, monitored, and integrated into the system performance improvement initiatives.
3. Describe the regional coordination processes for interfacility transfers within or outside of the region and processes for tracking these transfers

to identify resources not available, delayed transport needs, and double transfers within the region.

4. Define and describe any specific guidelines to facilitate the transfer of acute or critical patients out of the rural facilities such as “auto-launch” of air medical services, strategic alignment of air medical hubs throughout the region, or tracking air medical services to define the most available for transport, or establishing expected response times for ground and air medical services for transfers.
5. Describe how the RAC supports the use of technology to facilitate the sharing of patient information and images from transferring facilities to the receiving facilities to expedite the receiving medical team’s patient decision making and priorities.

Regional Rehabilitation

1. Describe how rehabilitation facilities and providers are integrated into the regional trauma, perinatal, stroke, cardiac and emergency healthcare system planning.
2. Define the rehabilitation specialty care capabilities available by each county of the region.

Regional Disaster Preparedness

1. Define the regional system plan to accommodate for a patient surge in regards to personnel, equipment, and supplies.
2. Define the regional disaster communications process/system and how the stakeholders are educated on the use of these systems, and the frequency of testing these systems.
3. Define the regional disaster response educational opportunities available for the stakeholder.
4. Define how the RAC is integrated into the local, regional, and state incident command system and communications center and how the RAC supports the HPP contractor with system planning.
6. Define how the RAC supports stakeholder participation in the after-action review in collaboration with the HPP contractor.

(Note: All other regional disaster criteria is defined through the HPP contract.)

System-wide Evaluation and Performance Improvement

1. Describe the process of defining and implementing the regional system-wide written performance improvement plan, how it is shared with stakeholders, the education provided to stakeholders, and how it is monitored.
 - a. Define the organizational structure to include stakeholder participation in the regional performance improvement plan and describe participation in the performance improvement activities and committee(s).
 - b. Define the regional process for reviewing the identified events or variances from defined guidelines, defining the level of harm, levels of review, defining the opportunities for improvement identified, and implementing and tracking the defined corrective action plan through the regional performance improvement process.
2. List the system process and patient outcome measures that are tracked through the regional dashboard, including defined measures for special populations.
3. Define how the annual report integrates the system performance improvement process outcomes and how this is shared with stakeholders, regional partners, business community, local elected officials, and the department.

Data Management and Information Systems

1. Define the role and responsibilities of the RAC in collecting, and analyzing data to support the RAC functions, and ensuring confidentiality of data when appropriate.
2. Define how the regional plan collects, utilizes, and analyzes data from various sources.
3. Describe the RAC's standard system-wide reports generated, the frequency of the reports, and how the reports are integrated into the report and shared with stakeholders, regional partners, business community, and local elected officials.

4. Define the regional processes to foster data integrity and data validation for collected regional data.

Regional Research

1. Define the current RAC procedures and processes in place for stakeholders to request regional data, include measures to ensure Health Information Portability and Accountability Act (HIPAA) compliance and confidentiality.
2. Define how the RAC supports research for trauma, perinatal, stroke, cardiac, and the emergency healthcare system.
3. Define the guidelines for gaining approval to submit a research project, or an abstract, or publication that is supported and funded by the RAC.