Regional Trauma and Emergency Healthcare Advisory Council (RAC) Self-Assessment

The Regional Trauma and Emergency Health Care System must complete this self-assessment with stakeholder participation. This tool is designed to standardize the annual assessment for the regional advisory councils in Texas. The regional trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare system must continually work to improve the delivery of care and outcomes through partnerships with public, private, and voluntary sectors. The system plan needs to ensure all populations across Texas receive the benefits of a coordinated system of care. The regional system should strive for an inclusive (all healthcare facilities and all prehospital provider participation) system. This includes the integration of the rural and remote healthcare providers.

Please use the following criteria to assess your region's progress in system development.

Score	Progress Scoring
0	**Not known**
1	**Elements Not Documented**
2	**Plan Documented with On-going Needs** (Minimal requirements not met and needs improvement.)
3	**Basic Regional System in Place** (Meets minimal requirements with opportunities for improvement.)
4	**Advanced Regional System** (Meets and exceeds requirements with some opportunities for improvement.)
5	**Best Practice Regional System** (Meets and exceeds the minimum requirements.)

The region must address all elements and achieve a minimum score of 3 in each area. If a score of 3 is not scored, the RAC must develop an action plan to meet minimal requirements. A score of 4 demonstrates the region is meeting and exceeding the minimum requirements but has some opportunity for improvement. If a score of 5 is reached, the RAC shall consider sharing its best practices with other regions and national stakeholders.

Indicator	Scoring
1. EPIDEMIOLOGY There is a thorough description of the epidemiology of trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare mortality in the regional population-based data, to include data specific to urban and rural data, and diverse populations to assist in defining regional priorities.	0. Not known 1. There is no data description of the epidemiology of trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare mortality in the region. 2. Reported mortality data have been used to describe the statewide incidence of trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare deaths, aggregating all etiologies, but no regional data is available. 3. Reported mortality data is collected by the RAC membership. 4. RAC reported mortality is aggregated in a confidential process by reporting entities and is shared with stakeholders. 5. RAC reported mortality data is used as part of the overall assessment for the regional trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare with measures to ensure confidentiality is in place, and the stakeholders use the data to develop strategies and prioritize needs in the urban and rural areas, to include diverse populations, for key initiatives, prevention, and awareness programs.

Indicator	Scoring
2. EPIDEMIOLOGY There is a description of trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare patterns incidence and prevalence within the regional jurisdiction, including the distribution by specific populations (pediatric, geriatric, specialty populations, distinct cultural/ethnic populations, rural, and others), from available data resources.	0. Not known 1. There is no written description of trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare incidence or prevalence within the regional system jurisdiction. 2. One or more population-based data sources describe the trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare incidence and prevalence patterns within the region, but data is not current. 3. One or more population-based data sources and one or more clinical data sources are used to describe the trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare incidence within the region. 4. Multiple population-based and clinical data sources are used to describe the trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare incidence and prevalence within the region, and the description is systematically updated at regular intervals. 5. Multiple population-based and clinical data sources (e.g., trauma registry, hospital discharge data, emergency medical services (EMS) data, medical examiner data, fatality review teams, and other sources) are linked and used by stakeholders to describe trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare incidence and prevalence within the region.

Indicator	Scoring
3. EPIDEMIOLOGY-Risk Assessment Collaboration exists between the regional prehospital providers, designated facilities, other health care providers, local jurisdictions, identified public health officials, and regional trauma and emergency health care system leaders to complete trauma, perinatal, stroke, cardiac, and emergency healthcare risk assessments.	0. Not known 1. No injury risk assessments are conducted. 2. Regional trauma, perinatal, stroke, cardiac, and emergency healthcare system leaders conduct risk assessments; however, there is no involvement of EMS or public health officials in the assessment and the data is not current. 3. Public health officials, along with regional trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare system stakeholders assist with the design of the risk assessment. 4. Public health officials, along with EMS, designated facilities, and other healthcare providers along with the regional trauma and health care system stakeholders assist with the design and analysis of the trauma, perinatal, stroke, cardiac, and emergency healthcare risk assessment. 5. The public health epidemiologist, along with EMS, designated facilities, other healthcare providers, and regional trauma and health care system stakeholders, participates in the development of trauma, perinatal, stroke, cardiac, and emergency healthcare risk assessments to identify determinants of care, patterns, and strategies to target prevention programs and public awareness campaigns using evidence-based approaches.

Indicator	Scoring
4. EPIDEMIOLOGY The regional trauma and emergency health care system works with EMS and the public health system to complete a region-wide study of the determinants of trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare patterns using existing data sources and public health tools to identify determinants of injury and disease patterns.	0. Not known 1. There is no region-wide study of the determinants of injury and disease patterns. 2. The regional trauma and emergency health care system, EMS, and public health officials use existing data sources to describe determinants of trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare patterns among the general population. 3. The regional trauma and emergency health care system and public health officials use existing data sources to describe determinants of trauma, perinatal, stroke, cardiac, and emergency healthcare incidence to identify high-risk subpopulations in the TSA. 4. Regional data from all identified resources pertaining to the high-risk population incidence of trauma, perinatal, stroke, cardiac, and emergency healthcare are summarized, electronically linked, and analyzed to determine the potential target areas for prevention activities. 5. The regional prevention programs identify their focus based on the determinants and incidence of trauma, perinatal, stroke, cardiac, and emergency healthcare with associated high-risk populations and identify strategies to document and demonstrate the cost-benefit of prevention and public awareness programs.

Indicator	Scoring
5. EPIDEMIOLOGY- Risk Assessment The regional trauma and emergency health care system works with prehospital providers, stakeholders, and public health to identify special at-risk populations.	0. Not known 1. There is no effort to describe risks to special at-risk populations such as age categories, cultural/ethnic populations, geographic variances, pediatrics, and high-risk co-morbidities, for example, substance abuse, or children with special health care needs, or any combination of these. 2. Risk assessments have been conducted for various age groups, for example, adolescents and geriatric persons, but not a region-wide assessment. 3. In addition to risk assessments for age cohorts, cultural/ ethnic variations have been analyzed for the region. 4. In addition to risk assessments for age and cultural/ ethnic cohorts, the geographic distribution of trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare within the region has been analyzed, for example, urban and suburban versus rural. 5. There is documented evidence that the regional risk assessment included special at-risk populations for trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare, and this is integrated with the regional public health risk assessments and shared with regional stakeholders to define prevention and awareness interventions.

Indicator	Scoring
6. EPIDEMIOLOGY-Surveillance There is an established regional trauma, prehospital, perinatal, stroke, cardiac, and disease surveillance process that can be used to support performance measures.	0. Not known 1. There is no established region-wide trauma, prehospital perinatal, stroke, cardiac, and disease surveillance process. 2. There is a regional trauma, prehospital, perinatal, stroke, cardiac, and disease data collection process, but not all hospitals in the service area contribute to the database. 3. There is a regional trauma, prehospital, perinatal, stroke, cardiac, and disease data initiative with designated facilities and prehospital providers in the region contributing data for incidence and mortality only. 4. There are regional trauma, prehospital, perinatal, stroke, cardiac, and disease databases that are supported by one or more of the following databases: EMS data system or hospital discharge data. 5. The regional trauma, prehospital, perinatal, stroke, cardiac, and disease databases, registries, EMS data system, hospital discharge data, rehabilitation, and burn data are accessible, electronically available, and have consistent data definitions, including processes to track patients with the EMS wristband identifier, and processes in place to support report writing. The data supports prevention strategies, coalition building, public awareness, surveillance, and performance improvement with stakeholder input to define priorities and initiatives. Processes for sharing and linkage of data exist between EMS systems, public health systems, and the trauma and emergency health care system participants with this data being used to monitor, investigate, and diagnose regional community health risks.

Indicator	Scoring
7. REGIONAL LEADERSHIP An assessment of the regional healthcare workforce to include physicians, nurses, advanced practice providers, prehospital care providers, respiratory therapists, and others, to identify shortages and needs in the regional system has been conducted.	0. Not known 1. There is no routine or planned assessment of the regional healthcare workforce in the region. community. 2. Plans are in place to assess the f regional healthcare workforce to identify shortages and needs. 3. The healthcare workforce needs assessment is developed through regional stakeholder participation. 4. The regional healthcare workforce needs assessment is based on regional stakeholder participation and is completed annually. 5. The regional healthcare workforce needs assessment includes regional stakeholder participation, is completed annually, and shared with regional stakeholders, accredited health care educational programs, and local governments, to develop solutions or recommendations for identified needs, including scholarship opportunities.

Indicator	Scoring
8. REGIONAL LEADERSHIP The regional advisory council leadership in collaboration with its members prepares and disseminates an annual report which reflects the activities, successes, and challenges of the RAC.	0. Not known 1. No regional annual report is available. 2. Annual reports are developed by the RAC leadership. 3. Annual reports are developed by the RAC leadership, in collaboration with its membership, and disseminated to general members of the RAC. 4. Annual reports are developed by the RAC leadership, in collaboration with its membership, to reflect the committee activities of the RAC, strategic accomplishments, and injury and disease outcomes, and the report is disseminated to general members of the RAC. 5. The RAC leadership, membership, and partner organizations develop an annual report reflecting the activities of the RAC, committee activities, strategic accomplishments, injury and disease outcomes, along with coalition outcomes for electronic dissemination to all RAC members, coalitions, partner organizations, local government entities, and the department

Indicator	Scoring
9. SYSTEM PLAN A regional trauma, prehospital, perinatal, stroke, cardiac, and emergency health care system plan is in place and is based on data, regional demographics, the completed regional self-assessments stakeholder participation.	0. Not known 1. There is no effort underway to develop a regional trauma and emergency health care system plan. 2. The RAC leadership is developing a regional trauma, prehospital, perinatal, stroke, cardiac, and emergency health care system plan without reference to the regional demographics, resource assessments, data available, or regional stakeholder participation. 3. The RAC leadership is developing a regional trauma, prehospital, perinatal, stroke, cardiac, and emergency health care system plan utilizing regional demographics, resource assessments, the completed regional self-assessment, data analyses, and regional stakeholder participation. 4. The RAC leadership is actively developing a regional trauma, prehospital, perinatal, stroke, cardiac, and emergency health care system plan based on regional demographics, resource assessments, data analyses, and regional stakeholder participation identifying system priorities, timelines, and integrating public health and emergency preparedness plans. 5. The RAC leadership develop a regional trauma, prehospital, perinatal, stroke, cardiac, and emergency health care system plan utilizing regional demographics, resource assessments, the completed self-assessment, data analyses, and regional stakeholder participation. The plan identifies system priorities, timelines, and integrates public health and emergency preparedness plans. The plan is updated at least biennially. Processes to educate stakeholders and integrate the plan into the regional performance improvement process are completed. An annual performance evaluation of the system plan is completed and shared with regional stakeholders, the business community, local elected officials, and the department.

Indicator	Scoring
10. SYSTEM PLAN The regional trauma and emergency health care system plan clearly describes how the regional stakeholders will implement and manage the defined criteria and contract requirements to ensure there is documentation of compliance with data analysis.	0. Not known 1. There is no regional trauma and emergency health care system plan to assist with meeting the criteria or contract requirements. 2. The regional trauma and emergency health care system plan does not address or incorporate the regional trauma and emergency health care system criteria or the contract requirements. 3. The regional trauma and emergency health care system plan incorporates the regional criteria and contract requirements. 4. The regional trauma and emergency health care system plan incorporates the regional criteria and contract requirements. An implementation plan with defined timelines, goals, and objectives for system evaluation is shared with stakeholders. 5. The regional trauma and emergency health care system plan incorporates the RAC criteria and contract requirements. An implementation plan with defined timelines, goals, and objectives for system evaluation is approved by the regional stakeholders. An annual report reflecting the system plan's performance and regional outcomes is published and posted on the regional website, shared with regional stakeholders, local elected officials, the business community stakeholders, and the department.

Indicator	Scoring
11. SYSTEM PLAN The trauma and emergency health care system plan has defined methods to assist the regional Hospital Preparedness Program (HPP) disseminate the all-hazard preparedness plans.	0. Not known 1. There is no evidence that the regional trauma and emergency health care system plan has defined processes to assist in sharing the regional HPP all-hazard, EMS, emergency, and public health preparedness plans. 2. There is an established regional trauma and emergency health care system plan, but there is no linkage or assistance from the region described in sharing or ensuring the regional stakeholders are aware of the HPP all-hazard, EMS, emergency, and public health preparedness. 3. The regional trauma and emergency health care system plan addresses the regional role of assisting and disseminating the HPP all-hazard preparedness plan with the regional stakeholders. 4. The regional trauma and emergency health care system plan integrates the regional role of assisting sharing and disseminating the HPP all-hazard preparedness plan with regional stakeholders and ensures the regional stakeholders are integrated with exercise planning. 5. The regional trauma and emergency health care system plan integrated the regional role of assisting sharing and disseminating the HPP all-hazard, preparedness plan to ensure regional stakeholders are aware of exercise planning, educational opportunities, and have opportunities to integrate and train for roles in the regional medical operation center through an inclusive process. Regional stakeholders participate in after-reviews.

Indicator	Scoring
12. SYSTEM PLAN As new evidence-based practice guidelines and standards of care are published, the regional system develops an implementation plan to ensure all stakeholders have an opportunity to attend an educational overview and are knowledgeable of new practice guidelines or standards of care prior to their implementation date and identifies elements that are integrated into in the system performance improvement process for compliance monitoring.	0. Not known 1. A structured mechanism for sharing and educating regional stakeholders of new evidence-based practice guidelines or standards of care within the region is not in place. 2. A structured mechanism is in place to inform and educate the regional healthcare stakeholders of the new evidence-based practice guidelines. 3. A structured mechanism is in place to inform and educate the regional healthcare stakeholders of new evidence-based practice guidelines and/or standards of care to include changes in the regional system. 4. A structured mechanism is in place to inform and educate the regional healthcare stakeholders of new evidence-based practice guidelines and/or standards of care prior to their implementation date to include revisions to the system plan, and the elements that are integrated into the system performance improvement process for compliance monitoring. 5. A structured mechanism is in place to educate and inform the regional healthcare stakeholders of new evidence-based practice guidelines and/or standards of care prior to their implementation date to include revisions to the system plan, and the elements that are integrated into the system performance improvement process for compliance monitoring. This includes how the data will be collected, monitored, and analyzed, and when reports reflecting the compliance and impact of the guidelines or standards change will be reported to regional stakeholders and included in the annual report.

Indicator	Scoring
13. SYSTEM PLAN The regional trauma and emergency health care system plan includes the identification of resources, both staffing and equipment, necessary to respond to system needs.	0. Not known 1. The regional trauma and emergency health care system plan does not include processes to assist in the identification of additional resource needs to respond to system needs. 2. The regional trauma and emergency health care system plan addresses system needs but does not have processes to identify additional resource needs for all areas of the region. 3. The regional trauma and emergency health care system plan identifies both staffing and equipment resources currently available and can assist in identifying additional resource needs. 4. The regional trauma and emergency health care system plan identifies both staffing and equipment resources currently available and assists in identifying additional resource needs in all geographic areas to ensure the system plan is in continual operations. 5. The regional trauma and emergency health care system plan identifies both staffing and equipment resources currently available and assists in identifying additional resource needs in all geographic areas and all staff disciplines to ensure the system plan is in continual operations. The regional leaders and stakeholders collectively work on strategies to address the resource needs and share the strategies with regional stakeholders, local officials, and local business community stakeholders.

Indicator	Scoring
14. SYSTEM PLAN As part of the established standards, the region has defined the levels of training for all stakeholders and physicians who routinely participate in system performance improvement activities.	0. Not known 1. Performance improvement training standards for stakeholders and physicians who routinely participate in the regional performance improvement activities are not defined. 2. There are opportunities for stakeholders and physicians to attend performance improvement education, but regional standards are not defined for participation in the system performance improvement activities. 3. Regional educational standards for stakeholders and physicians who routinely participate in the system performance improvement activities are defined, but this is currently not monitored. 4. Regional educational standards for stakeholders and physicians who routinely participate in the system performance improvement activities are defined, and the region provides access to this training. 5. Regional educational standards for stakeholders and physicians who routinely participate in the system performance improvement activities are defined, and the region provides access to this training. This is monitored to ensure new stakeholders participate in the system performance improvement activities.

Indicator	Scoring
15. SYSTEM INTEGRATION The RAC utilizes the recommendations from the trauma, prehospital, perinatal, stroke, and cardiac medical directors providing medical oversight to ensure the specialty needs of the region are addressed.	0. Not known 1. Medical oversight for the region is not defined. 2. Medical oversight for the regional guidelines and system to ensure the specialty needs within the regional trauma and emergency health care system is lacking. 3. The region has a defined structure to ensure medical oversight responsibilities for trauma, prehospital, perinatal, stroke, cardiac, and other emergency healthcare needs in the region are addressed. 4. The region has a defined structure to ensure medical oversight responsibilities for trauma, prehospital, perinatal, stroke, cardiac, and other emergency healthcare needs in the region are addressed. This includes medical oversight for field triage and destination criteria, regional standards of care, and evidence-based practice guidelines, hospital communication, EMS time-out during patient hand-off at the hospital, interfacility transfers, and coordination. The region routinely evaluates the effectiveness of medical oversight and compliance to established regional standards of care through performance improvement activities 5. The region has a defined structure to ensure medical oversight responsibilities for trauma, prehospital, perinatal, stroke, cardiac and other emergency healthcare needs in the region are addressed. EMS and trauma medical oversight have integrated medical oversight responsibilities for trauma, stroke, cardiac, and other emergency needs in the region to include field triage and destination criteria, regional standards of care, evidence-based practice guidelines, hospital communication, and EMS time-out during patient hand-off at the hospital. The region routinely evaluates the effectiveness of medical oversight and compliance to established regional standards of care through performance improvement activities. System stakeholders are included in the development of medical oversight guidelines. Performance improvement monitoring and outcomes are shared with regional stakeholders, local officials, business community stakeholders, and the department.

Indicator	Scoring
16. SYSTEM INTEGRATION There is a clearly defined, cooperative, and ongoing relationship between the trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare system specialty physician leaders.	0. Not known 1. There is little evidence of physician integration into the regional care system. 2. There is no formally established, ongoing relationship between the trauma, prehospital, perinatal, stroke, cardiac, and the emergency healthcare system medical directors; there is no evidence of informal efforts to cooperate and communicate. 3. There are established and ongoing relationships between the trauma, prehospital, perinatal, stroke, cardiac, and other emergency healthcare system medical directors established through the medical oversight committee with minimal integration of specialty services such as neurosurgeons, orthopedic surgeons, behavioral health providers, and rehabilitation physicians to assist in defining regional guidelines and evidence-based practice guidelines for patients served by the region. 4. There are established and ongoing relationships between the trauma, prehospital, perinatal, stroke, cardiac, and other emergency healthcare system medical directors established through the medical oversight committee with minimal integration of specialty services such as pediatric physicians, geriatricians, neurosurgeons, orthopedic surgeons, infectious disease physicians, behavioral health providers, and rehabilitation physicians to assist in defining regional guidelines and evidence-based practice guidelines for patients served by the region. Some specialty services are integrated to develop specific guidelines. This medical oversight committee is utilized to review cases referred to the performance improvement committees as necessary. 5. There are established and ongoing relationships between the trauma, prehospital, perinatal, stroke, cardiac, and other emergency healthcare system medical directors established through the medical oversight committee with the integration of specialty services such as pediatric physicians, geriatricians, neurosurgeons, orthopedic surgeons, infectious disease physicians, behavioral health providers, and rehabilitation physicians to assist in defining regional guidelines and evidence-based practice guidelines for patients served by the region. Specialty service physicians are integrated to develop specific guidelines for their specialty. This medical oversight committee is representative of the geographic areas of the region to include urban, suburban, and rural providers. This committee is utilized to review cases referred to the performance improvement committees as necessary and has the potential to assist the rural designated with low volume with their peer review process as needed.

Indicator	Scoring
17. SYSTEM INTEGRATION The regional trauma and emergency health care system plan integrates the designated facilities for trauma, perinatal, and stroke centers, and the non-designated acute care facilities for cardiac or other time-sensitive disease processes, extended care facilities, and rehabilitation facilities along with the prehospital providers into the various regional committees. This includes prehospital providers from urban, rural, fire-based, non-profit, independent, and volunteer services into the various regional committees.	0. Not known 1. The regional trauma and emergency health care system plan does not focus on integrating facilities or prehospital providers in the regional committees. 2. The regional trauma and emergency health care system plan integrates all designated facilities and prehospital providers but does not include others. 3. The regional trauma and emergency health care system plan integrates all designated trauma, perinatal, and stroke facilities, and non-designated cardiac facilities and other acute care facilities, extended care facilities, and rehabilitation facilities as well as all 911 prehospital providers from the urban, suburban, and rural communities into the various regional committees. 4. The regional trauma and emergency health care system plan integrates all designated trauma, perinatal, and stroke facilities, along with non-designated cardiac facilities other acute care facilities, extended care facilities, and rehabilitation facilities as well as all 911 and non-911 prehospital providers from urban, suburban, and rural communities into the various regional committees and defines the role and responsibilities of the stakeholders in the regional system development. Committee participation and expectations are outlined in the regional bylaws and are monitored for compliance by the RAC staff. 5. The regional trauma and emergency health care system plan integrates all designated trauma, perinatal and stroke facilities, non-designated cardiac facilities, other non-designated acute care facilities, extended care facilities, rehabilitation facilities, and all specialty care facilities, as well as all 911 and non-911 prehospital providers from the urban, suburban, and rural communities into the various regional committees and defines functions and purpose of the committee in regards to regional system development. Committee participation and membership expectations are outlined in the regional bylaws and are monitored for compliance by the RAC staff. Each committee defines data and a data "dashboard" for a specific performance matrix for the committee and monitors outcomes for quarterly performance reviews with regional stakeholders.

Indicator	Scoring
18. BUSINESS/FINANCE The RAC leaders provide the general membership meetings with a financial report, which includes funds expended, planned expenditures, and remaining balances of funding for RAC operations, and the funding allocated to specific projects specific to the development and advances in the regional trauma and emergency healthcare system. The operational budget report should capture monthly expenditures (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, Other, and Indirect Costs) as well as programmatic and administrative costs. The planning, completion, and outcome of any external audit are included in the financial report.	0. Not known 1. There are no RAC operational budgets or regional financial reports. 2. The RAC operational budget and the regional trauma and emergency healthcare system is limited and does not cover the majority of the RAC operational costs, or the regional trauma and emergency healthcare system. There is no evidence budget reports are provided to the general membership for input or consideration of measures to generate RAC revenue. 3. The RAC operational budget and the regional trauma and emergency healthcare system funds are considered sufficient to cover most RAC operational costs and/or the priorities for the regional trauma and emergency healthcare system plan. There is evidence of RAC general membership participation, after the Board, executive committees, or appointed workgroups have reviewed and approved the budget. This includes the review of any external or internal financial audit findings. 4. The RAC operational budget and the regional trauma and emergency healthcare system funds are appropriately aligned with the priorities outlined in the regional trauma and emergency healthcare system plan. There is evidence of RAC general membership feedback of the presented financial information for the Board, executive committees, or appointed workgroups to take into consideration before finalizing the budget. All financial audit findings are shared with the general membership with appropriate action plans as necessary. 5. The RAC operational budget and the regional trauma and emergency healthcare system funds are appropriately aligned to meet each component in the regional trauma and emergency healthcare system plan to match the system needs. This includes the presented information regarding any financial audit findings and recommended actions plans. RAC stakeholders have an opportunity to provide input and recommendations for the annual financial decisions before the final approval of the budget.

Indicator	Scoring
19. PREHOSPITAL There is a regional understanding of the legal authority and responsibility for the EMS provider medical director. The RAC integrates this authority into the regional trauma and emergency health care system adopted protocols to ensure medical appropriateness of the EMS system.	0. Not known 1. There is no relationship between the EMS medical directors and the regional prehospital protocols. 2. There are EMS medical directors; however, the individuals have no specific time allocated to support the regional medical oversight activities. 3. The regional plan defines an EMS medical director committee with a written charge and responsibilities identified in the bylaws. The EMS medical director committee recommends prehospital protocols and prehospital performance improvement elements of review. This role may be integrated into the EMS Committee with EMS Medical Director participation in the smaller regions. 4. The regional plan defines an EMS medical director committee with a written charge and responsibilities identified in the bylaws. The EMS medical director committee recommends prehospital protocols and performance improvement elements of review. This role may be integrated into the EMS Committee with EMS Medical Director participation in the smaller regions. This is written in the regional bylaws and functions to ensure processes to improve the medical appropriateness of the prehospital system. The activities of this committee are shared with regional stakeholders. 5. The regional plan defines an EMS medical director committee with a written charge and responsibilities identified in the bylaws. The EMS medical director committee recommends prehospital protocols and performance improvement elements of review. This role may be integrated into the EMS Committee with EMS Medical Director participation in the smaller regions. This is written in the regional bylaws and functions to ensure processes to improve the medical appropriateness of the prehospital system. There are written, recommended, and implemented protocols using evidence-based practice which are monitored through the regional performance improvement process. These performance improvement reports are reviewed by the EMS medical directors committee to identify trends and opportunities for improvement. The activities of the committee are shared in the regional annual report with regional stakeholders, local officials, and business community stakeholders.

Indicator	Scoring
20. PREHOSPITAL The regional trauma and emergency health care system EMS medical director committee is actively involved with the local and state advisory council initiatives focusing on the development, implementation, and ongoing evaluation of prehospital system protocols to ensure they are congruent with national standards. These protocols include, but are not limited to, which resources to dispatch, for example, Advanced Life Support (ALS) versus Basic Life Support (BLS), air-ground coordination, early notification of the health care facility, pre-arrival instructions, and other procedures necessary to ensure resources dispatched are consistent with the needs of patients.	0. Not known 1. There are no regional trauma and emergency health care system-recommended prehospital protocols. 2. Regional trauma and emergency health care system-recommended prehospital protocols have been developed but without regard to the national standards. 3. Regional trauma and emergency health care system-recommended prehospital protocols congruent with national standards have been developed and adopted, but there is no evidence of a coordinated implementation process with the regional prehospital providers and other stakeholders. 4. Regional trauma and emergency health care system-recommended prehospital protocols congruent with national standards have been developed, adopted, and endorsed by the EMS medical directors committee with evidence of a documented regional implementation process that includes regional prehospital providers and other stakeholders with minimal outcome data. 5. Regional trauma and emergency health care system-recommended prehospital protocols congruent with national standards have been developed, adopted, and endorsed by the EMS medical directors committee with evidence of a documented, integrated regional implementation process with the regional prehospital providers and other stakeholders, to include integration with the system performance improvement process to evaluate the compliance to protocols and outcome data.

Indicator	Scoring
21. PREHOSPITAL There are recommended regional prehospital triage criteria to ensure that patients with acute trauma, perinatal, stroke, cardiac, or other time-sensitive disease processes are transported to the appropriate facility by the appropriate transport mode. Prehospital triage criteria are regularly evaluated by the regional EMS Medical Directors Committee, Medical Oversight Committee, prehospital providers, and designated facilities to ensure compliance and national standards are met.	0. Not known 1. There are no recommended regional prehospital triage criteria to ensure that patients with acute trauma, perinatal, stroke, cardiac, or other time-sensitive disease processes are transported to the appropriate facility. 2. There are differing prehospital triage criteria for patients with acute trauma, perinatal, stroke, cardiac, and other time-sensitive disease processes used by prehospital providers. Appropriateness of prehospital triage criteria and subsequent transportation are not evaluated. 3. Regional prehospital triage criteria for patients with acute trauma, perinatal, stroke, cardiac, and other time-sensitive disease processes are developed, approved by the regional EMS Medical Directors and the Medical Oversight Committees, and implemented for a system approach. 4. Regional prehospital triage criteria for patients with acute trauma, perinatal, stroke, cardiac, and other time-sensitive disease processes are developed, approved by the regional EMS Medical Directors and the Medical Oversight Committees, and implemented for a system approach. The triage criteria are used by prehospital providers and evaluated for transport to the appropriate facility through the system performance improvement process. 5. Regional prehospital triage criteria for patients with acute trauma, perinatal, stroke, cardiac, and other time-sensitive disease processes are developed, approved by the regional EMS Medical Directors and the Medical Oversight Committees, and implemented for a system approach. The regional system performance improvement process evaluates compliance to the protocols and their effectiveness based on outcomes, transfers, and double transfers. These reports are generated quarterly and reviewed by regional stakeholders.

Indicator	Scoring
22. PREHOSPITAL There are sufficient and well-coordinated transportation resources to ensure prehospital providers arrive at the scene promptly and expeditiously transport the patient to the correct facility by the correct transportation mode.	0. Not known 1. There is no coordination of transportation resources within the region. 2. There is a system recommendation in place that sends transportation resources to the scene. 3. There is a system recommendation that ensures there are sufficient and well-coordinated transportation resources to ensure prehospital providers arrive at the scene promptly and expeditiously transport the patient to the correct facility by the correct transportation mode. 4. There are system standards implemented to ensure sufficient and well-coordinated transportation resources to ensure prehospital providers arrive at the scene promptly and expeditiously transport the patient to the correct facility by the correct transportation mode with limited data for outcome review. 5. There are system standards implemented to ensure sufficient and well-coordinated transportation resources to ensure prehospital providers arrive at the scene promptly and expeditiously transport the patient to the correct facility by the correct transportation mode with quarterly reports generated and reviewed through the performance improvement process to evaluate the process and outcomes.

Indicator	Scoring
23. DEFINITIVE CARE FACILITIES The regional trauma and emergency health care system plan has measures in place to assist facilities in understanding the designation requirements and to ensure the facilities understand the data requirements specific to their level of designation and type of designation and the processes of data validation. This is coordinated through the various RAC committees utilizing mentorship and education.	0. Not known 1. The regional trauma and emergency healthcare plan does not address data. 2. There is a regional trauma and emergency health care system plan to address data but does not focus on designation assistance or data validation. 3. The regional trauma and emergency health care system plan integrates the designation process for trauma, maternal, neonatal, and stroke into the appropriate regional committees to establish mentorship programs and measures to ensure data quality and data validation for all types of designation. 4. The regional trauma and emergency health care system plan integrates the designation process for trauma, maternal, neonatal, and stroke into the appropriate regional committees to establish mentorship programs and measures to ensure data quality and data validation for all types of designation. These mentorship programs ensure stakeholders are aware of the courses available to assist them in understanding the designation requirements and data requirements to include data validation. 5. The regional trauma and emergency health care system plan integrates the designation process for trauma, maternal, neonatal, and stroke into the appropriate regional committees to establish mentorship programs and measures to ensure data quality and data validation for all types of designation. These mentorship programs ensure stakeholders are aware of the courses available to assist them in understanding the designation requirements and data requirements to include data validation. The data submission is monitored to identify and define improvements or ongoing needs through the system performance improvement process and other data sources.

Indicator	Scoring
24. DEFINITIVE CARE FACILITIES The regional trauma and emergency health care system ensures that the number, levels, and distribution of designated facilities to meet system demand are available.	0. Not known 1. There is no regional trauma and emergency health care system plan to identify the number, levels, and distribution of designated centers required to meet system demand. 2. The regional trauma and emergency health care system plan does not identify the number, levels, or distribution of designated facilities needed for the region and population served. 3. The regional trauma and emergency health care system plan uses national standards when available and regional information to identify the number and distribution of designated facilities needed for the region and population served and integrates this information into the regional plan. For trauma designation, the American College of Surgeons Needs-Based Assessment of Trauma System (NBATS) tool is used to identify the number of trauma centers needed in the region. 4. The regional trauma and emergency health care system plan uses national standards when available and regional information to identify the number and distribution of designated facilities needed for the region and populations served and integrates this information into the regional plan. For trauma designation, the American College of Surgeons Needs-Based Assessment of Trauma System (NBATS) tool is used to identify the number of trauma centers needed in the region. This information is shared with all facilities "in active pursuit" of trauma designation. 5. The regional trauma and emergency health care system plan uses national standards when available and regional information to identify the number and distribution of designated facilities needed for the region and population served and integrates this information into the regional plan. For trauma designation, the American College of Surgeons Needs-Based Assessment of Trauma System (NBATS) tool is used to identify the number of trauma centers needed in the region. This is written into the plan and the information is shared with all facilities "in active pursuit" of trauma designation to ensure they are informed of any oversaturation or need. This evaluation process ensures rural facilities have access to timely, appropriate care. This is monitored through the system performance improvement process.

Indicator	Scoring
25. SYSTEM COORDINATION and PATIENT FLOW There are regional guidelines and expectations to expedite interfacility transfers of patients with acute trauma, perinatal, stroke, cardiac, and other time-sensitive disease processes.	0. Not known 1. Regional processes to expedite interfacility transfers of acute patients are not in place. 2. The interfacility transfer guidelines and processes are defined by each facility, but no regional process is established. 3. Regional guidelines for interfacility transfer to expedite patients with acute trauma, perinatal, stroke, cardiac, and other time-sensitive disease processes are established, but regional processes are not routinely evaluated or monitored. 4. Regional guidelines for interfacility transfer to expedite patients with acute trauma, perinatal, stroke, cardiac, and other time-sensitive disease processes are established. Interfacility transfers and processes to assist in facilitating these transfers within the region and when needed out of the region are documented and implemented. These guidelines and processes are monitored through the system performance improvement process. 5. Regional guidelines for interfacility transfer to expedite patients with acute trauma, perinatal, stroke, cardiac, and other time-sensitive disease processes are established. Interfacility transfers and processes to assist in facilitating these transfers within the region and when needed out of the region are documented and implemented. This includes a transfer coordinating center and measures to share diagnostic patient images and patient records to facilitate the receiving team's decision-making. This may include telehealth and telemedicine capabilities. Software to track the transport agency's location and estimated time of arrival at the transferring facility is in place and integrated into the transfer decisions. These guidelines are monitored through the system performance improvement process to ensure transfer timeliness, transport appropriateness, and to monitor out of RAC transfers, and double transfers. The regional Medical Advisory Committee reviews all transfers with an identified patient level of harm due to transfer delays. Performance reports are shared quarterly with regional stakeholders, local elected officials, community business stakeholders, and the department.

Indicator	Scoring
26. SYSTEM COORDINATION and PATIENT FLOW The specific needs of unique populations are addressed for trauma, prehospital, perinatal, stroke, cardiac, and other time-sensitive disease processes in the regional plan. Examples of unique populations include but are not limited to pediatric, geriatric, bariatric, homeless, behavioral health, and the non-English speaking population in all geographic areas of the region to include the rural and remote areas.	0. Not known 1. There has been no consideration of the specific needs of unique populations. 2. The regional stakeholders have not prioritized the specific needs of unique populations in the regional plan. 3. The regional stakeholders have identified unique populations in the region and any special accommodations they may require in the trauma and emergency healthcare system plan. 4. The regional stakeholders have identified the unique populations in the region and have written guidelines in the regional system plan to accommodate their specific needs and defined measures to monitor the effectiveness of these guidelines. 5. The regional stakeholders have identified the unique populations in the region and have written guidelines in the regional system plan to accommodate their specific needs, and defined measures to ensure effective access to trauma, prehospital, perinatal, stroke, cardiac, and other time-sensitive disease processes services. Routine monitoring, review, and reporting of these populations' outcomes are integrated into the system performance improvement process and shared with stakeholders, local elected officials, business stakeholders, and the department.

Indicator	Scoring
27. PREVENTION, COALITION, and OUTREACH A written injury and disease prevention plan is developed and coordinated with other agencies and community partners. The prevention programs are data-driven and target high-risk injury and disease based on regional data. Specific goals with measurable objectives are incorporated into the prevention plan.	0. Not known 1. There is no written plan for a coordinated injury and disease prevention program. 2. There are multiple prevention programs that may conflict with resources available or with the goals of the regional trauma and emergency health care system, or both. 3. The regional trauma and emergency healthcare system plan includes written guidelines for targeted coordinated injury and disease prevention programs based on regional data with defined goals and measurable objectives. 4. The regional trauma and emergency healthcare system plan includes written guidelines for targeted, coordinated injury and disease prevention programs based on regional data with defined goals and measurable objectives and is implemented with regional and community partner stakeholder participation. These programs may have the support or be integrated with established coalitions. 5. The regional trauma and emergency healthcare system plan includes written guidelines for targeted, coordinated prevention programs based on regional data utilizing evidence-based practice models with defined goals and measurable objectives and is implemented with regional and community stakeholder participation. These programs may have the support or be integrated with established coalitions. These programs have documented evaluation processes to define the effectiveness of the programs. The program outcomes are shared with regional stakeholders, local officials, the business community stakeholders, and the department through the regional annual report. If coalitions are not in place for high-risk injury or disease the RAC may consider developing a coalition to integrate with the community and other interested stakeholders.

Indicator	Scoring
28. PREVENTION, COALITION, and OUTREACH The effect or impact of outreach programs, both healthcare stakeholder education and training programs, and prevention programs are evaluated as part of a system performance improvement process.	0. Not known 1. There is no process to review the regional healthcare provider education and training programs or prevention programs support by the RAC. 2. There is no routine process to evaluate the healthcare provider education and training programs or prevention programs supported by RAC. 3. Facilities complete internal monitoring and evaluation of their programs specific to healthcare stakeholder education and training, as well as prevention programs. Regional stakeholders participate in establishing priorities for education sponsored by regional funding. 4. Facilities complete internal monitoring and evaluation of their programs specific to healthcare stakeholder education and training, as well as prevention programs. Regional stakeholders participate in establishing priorities for education sponsored by regional funding. The RAC stakeholders evaluate the effectiveness of healthcare education and training as well as prevention program outcomes. 5. Facilities complete internal monitoring and evaluation of their programs specific to healthcare stakeholder education and training, as well as prevention programs. Regional stakeholders participate in establishing priorities for education sponsored by regional funding. The RAC stakeholders evaluate the effectiveness of healthcare education and training as well as prevention program outcomes. Data is used to identify needed educational and prevention programs and to establish the priority of these programs. The regional performance improvement process defines how the programs impact patient outcomes.

Indicator	Scoring
29. PREVENTION, COALITION, and OUTREACH The region conducts at least one multidisciplinary trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare system conference or educational case review annually that is designed to engage regional stakeholders and provides a focus on the team approach to patient management and outcomes.	0. Not known 1. There are no multidisciplinary conferences or educational case reviews conducted by the region. 2. There are infrequent multidisciplinary educational opportunities provided by the region. 3. A regional multidisciplinary conference or educational case review for trauma, prehospital, perinatal, stroke, cardiac, and other time-sensitive disease processes educational opportunities are scheduled periodically, and attendance is monitored. 4. A regional multidisciplinary conference or multidisciplinary educational case review for trauma, prehospital, perinatal, stroke, cardiac, and other time-sensitive disease processes educational opportunities occur based on the regional needs assessment and stakeholder requests, and attendance is monitored. 5. A regional multidisciplinary (EMS, physicians, nurses, advanced practice providers, physiatrists, and local government leaders) conference or multidisciplinary educational case review for trauma, prehospital, perinatal, stroke, cardiac, and other time-sensitive disease processes educational opportunities are conducted regularly. Programs are scheduled based on the annual regional needs assessment, stakeholder requests, and identified opportunities from the performance improvement process reviews. Attendance is monitored. These educational programs are inclusive to all healthcare stakeholders. Continuing education and continuing medical education credits are provided by the RAC. If the RAC cannot support the educational opportunities, it is partnering with other RACs to provide educational opportunities.

Indicator	Scoring
30. REHABILITATION The regional system has incorporated rehabilitation resources into the system plan.	0. Not known 1. The regional stakeholders have not integrated rehabilitation resources into the trauma and emergency healthcare system plan. 2. The regional plan has incorporated the use of rehabilitation programs, but rehabilitation specialists are not participating in the regional activities, only in the designated facilities. 3. The regional plan incorporates requirements for rehabilitation facilities with minimal rehabilitation participation in regional activities. 4. The regional plan incorporates rehabilitation facilities throughout the continuum of care, and a regional rehabilitation specialist is participating in the regional system. 5. There is evidence of a well-integrated regional plan to include rehabilitation facilities in the regional system planning efforts and rehabilitation facilities provide data on patient discharge function outcomes for the regional annual report. Rehabilitation facilities participate in the system performance improvement process.

Indicator	Scoring
31. DISASTER INTEGRATION The regional leaders and stakeholders assist the HPP contractors with and disseminating public health preparedness initiatives and priorities with the RAC members. RAC stakeholders are integrated into the emergency response training and educational opportunities sponsored by the HPP contractors. The RAC assists the HPP contractors with coordination of any needed mitigation, preparedness, response, and recovery for public health threats and disasters.	0. Not known 1. There is no evidence of a working relationship or the sharing of data between the HPP contractor and the RAC leadership. 2. The regional leadership works with the HPP contractor but RAC members are not updated on planning, preparedness, and activities. 3. The regional leaders assist the HPP contractor with the dissemination of planning and preparedness information, sharing the data needs and equipment tracking needs with the regional stakeholders. 4. The regional leaders assist the HPP contractor with the dissemination of planning and preparedness information, sharing the data needs and equipment tracking needs with the regional stakeholders. The regional leaders share information provided by the HPP contractors regarding public health surveillance data, public health threats, and emergency response needs with the regional stakeholders. Regional program partnerships are in place as evidenced through the regional medical operations center, exercise planning, Emergency Medical Task Force (EMTF) teams, and response educational programs. 5. The regional leaders assist the HPP contractor with the dissemination of planning and preparedness information, sharing the data needs and equipment tracking needs with the regional stakeholders. The regional leaders share information provided by the HPP contractors regarding public health surveillance data, public health threats, and emergency response needs with the regional stakeholders. Regional program partnerships are in place as evidenced through the regional medical operations center, exercise planning, EMTF teams, and response educational programs. The regional stakeholders continually assist the HPP contractor to assess resources, capabilities, and solutions to respond to the identified regional hazards sharing the status of needs with the regional stakeholders, local elected officials, business community stakeholders, and the department.

Indicator	Scoring
32. DISASTER PREPAREDNESS The regional stakeholders assist the HPP contractors in sharing information with regional stakeholders to assist in completing a resource assessment of the system's capabilities and capacity to expand for mass casualty incidents (MCIs) for all-hazards.	0. Not known 1. A resource assessment of the regional system's capabilities and capacity to expand its resources to respond to MCIs in an all-hazards approach has not been completed. 2. The RAC leaders and stakeholders assist the HPP contractors to complete a limited assessment of the system's capabilities and capacity to expand resources to respond to an MCI in limited areas of the RAC. 3. The RAC leaders and stakeholders assist the HPP contractors to complete an assessment of the system's capabilities and capacity to expand resources to respond to an all-hazard MCI for all areas of the region. 4. The RAC leaders and stakeholders assist the HPP contractors to complete an assessment of the system's capabilities and capacity to expand resources to respond to an all-hazard MCI for all areas of the region within the last twenty-four months. The HPP contractor led the regional assessment, which included medical reserve personnel, facility surge capacity plans, additional equipment, age-specific resources, caches, communication interoperability, overall management structure to ensure integration with the local government, emergency management district, and State Medical Operations Center. 5. The RAC leaders and stakeholders assist the HPP contractors to complete an assessment of the system's capabilities and capacity to expand resources to respond to an all-hazard MCI for all areas of the region within the last twenty-four months. The HPP contractor led the regional assessment, which included medical reserve personnel, facility surge capacity plans, additional equipment, age-specific resources, caches, communication interoperability, overall management structure to ensure integration with the local government, emergency management district, State Medical Operations Center, and the regional EMTF team. The region assisted the HPP contractor to disseminate educational information to ensure stakeholders are trained and prepared to respond to no-notice events as well as events with notification.

Indicator	Scoring
33. DISASTER RESPONSE The RAC leaders and stakeholders assist the HPP contractor in establishing and implementing system communications for an all-hazard response or a major EMS incident that are effectively coordinated with the overall all-hazards response plan for the region.	0. Not known 1. Guidelines for regional system communications in the event of an all-hazards incident are not in place. 2. Local EMS systems have written procedures for EMS communications in the event of an all-hazards or major EMS incident. However, there is no coordination in the region. 3. The regional leaders and stakeholders assist the HPP contractor to develop guidelines for implementing system communications for an all-hazards response or major EMS incident that are effectively coordinated throughout the region 4. The regional leaders and stakeholders assist the HPP contractor to develop guidelines for implementing system communications for an all-hazard response or major EMS incident that are effectively coordinated. The region assists the HPP contractor to ensure that these communications systems are coordinated with other disciplines participating in the incident management system. 5. The regional leaders and stakeholders assist the HPP contractor to develop guidelines for implementing system communications for an all-hazard response or major EMS incident that are effectively coordinated. The region assists the HPP contractor to ensure that these communications systems are coordinated with other disciplines participating in the incident management system. There are one or more communication system redundancies. These procedures are regularly tested by the HPP contractor and regional stakeholders through simulated incident drills and changes are made in the procedures, when necessary, based on the results of these drills. RAC leadership shares the findings of these drills with the regional stakeholders.

Indicator	Scoring
34. REGIONAL SYSTEM PERFORMANCE IMPROVEMENT The regional trauma and emergency healthcare system plan has defined procedures for a regional system performance improvement process that is supported by regional stakeholders through committee participation, sharing of requested data, and review of specific referrals for regional review. The system performance improvement process defines the review process, level of harm, and level of review to include the identified opportunities for improvement. All regional opportunities for improvement have a defined action plan and the action plan is implemented and monitored to reach event resolution. An annual summary of the regional performance improvement process is shared with the regional stakeholders. The retrospective regional medical oversight of the EMS system for patient field triage and destination, communication, treatment, and transport are integrated with the regional performance improvement process.	0. Not known 1. The region does not have a defined structure or procedures to support a regional system performance improvement process. 2. Elements of a regional system performance improvement process are established but there are no formal procedures established. 3. The regional stakeholders integrated procedures for a regional system performance improvement process that is supported by regional stakeholders through committee participation, sharing of requested data, and review of specific referrals for regional review. The regional system performance improvement process defines the review process, level of harm, and level of review to include the identified opportunities for improvement. All regional opportunities for improvement have a defined action plan and the action plan is implemented and monitored to reach event resolution. 4. The regional stakeholders integrated procedures for a regional system performance improvement process that is supported by regional stakeholders through committee participation, sharing of requested data, and review of specific referrals for regional review. The regional system performance improvement process defines the review process, level of harm, and level of review to include the identified opportunities for improvement. All regional opportunities for improvement have a defined action plan and the action plan is implemented and monitored to reach event resolution. The regional system performance improvement process reviews data and events specific to prehospital field triage and destination, communication, treatment, and appropriateness of transport mode; diversion hours, timeliness of transfer process, out-of-RAC transfers, double transfers, transfer delays due to transport agency or facility acceptance, compliance to established evidence-based practice guidelines, patient outcomes, and membership participation criteria defined in the bylaws., through established review criteria and data with limited outcome reports. ***#5 Scoring information continued next page***

Indicator	Scoring
34. REGIONAL SYSTEM PERFORMANCE IMPROVEMENT *(continued)*	5. The regional stakeholders integrated procedures for a regional system performance improvement process that is supported by regional stakeholders through committee participation, sharing of requested data, and review of specific referrals for regional review. The regional system performance improvement process defines the review process, level of harm, and level of review to include the identified opportunities for improvement. All regional opportunities for improvement have a defined action plan and the action plan is implemented and monitored to reach event resolution. The regional performance improvement process reviews data and events specific to prehospital field triage and destination, communication, no transports, treatment, safe transport, and appropriateness of transport mode; diversion hours, timeliness of the transfer process, out-of-RAC transfers, double transfers, transfer delays due to transport provider or facility acceptance, compliance to established evidence-based practice guidelines, patient outcomes, and membership participation criteria defined in the bylaws. Annual reports of the performance improvement activities are developed and shared with regional stakeholders, local elected officials, community stakeholders, and the department.

Indicator	Scoring
35. REGIONAL SYSTEM PERFORMANCE IMPROVEMENT The regional system performance improvement process integrates a standardized process to review trauma, prehospital, perinatal, stroke, cardiac, and other time-sensitive disease process patient outcomes for all ages, and urban and rural environment are measured against other RACs and national outcomes.	0. Not known 1. The regional system does not have processes established to engage in performance review of patient care outcomes data to evaluate its performance against national outcomes data. 2. The regional system has some standardized measurement of outcomes data for the region, but formalized review processes are not in place. 3. The regional system performance improvement process outlines standardized processes for the review of trauma, prehospital, perinatal, stroke, cardiac, and other time-sensitive disease process outcomes for all ages and shares reports with appropriate committees. 4. The regional system performance improvement process outlines standardized processes for the review of trauma, prehospital, perinatal, stroke, cardiac, and other time-sensitive disease process outcomes for all ages and shares reports with appropriate committees. These reports are used by the stakeholders to identify opportunities for regional improvement and develop actions plans which are implemented and monitored for the effectiveness of creating the needed change. 5. The regional system performance improvement process outlines standardized processes for the review of trauma, prehospital, perinatal, stroke, cardiac, and other time-sensitive disease process outcomes for all ages and shares reports with appropriate committees. These reports are used by the stakeholders to identify opportunities for regional improvement and develop actions plans which are implemented and monitored for the effectiveness of creating the needed change. The changes are monitored and reported through the regional annual performance improvement report and shared with stakeholders, local government, and community business stakeholders. Outcomes for all ages, and urban and rural environment outcomes, are measured against other RACs and national outcomes.

Indicator	Scoring
36. DATA MANAGEMENT Data collection by the region through state and/or regional registries and other data sources are utilized to develop regional goals that are data-driven with objectives that drive the regional performance improvement.	0. Not known 1. Regional data is not available through the state or a regional registry. 2. There are limited mechanisms for data collection that can be accessed to provide timely data to assist with developing regional goals. 3. The state registry data for the region, data collected from other sources, and the regional self-assessment provide data to assist with developing goals with outlined measurable objectives. 4. The state registry data for the region, data collected from other sources, and the regional self-assessment provide data to assist the region in developing goals with measurable objectives. The data is used to evaluate system performance, changes in trends, and identify opportunities for improvements. 5. The state registry data for the region, regional data collected from other sources, and the regional self-assessment provide data to assist the region in developing goals with measurable objectives. The data is used to evaluate system performance, changes in trends, and identify opportunities for improvements. The region has established guidelines to share unidentified data with committees and regional stakeholders. These reports are included in the annual system evaluation and strategic planning.

Indicator	Scoring
37. REGIONAL RESEARCH The regional trauma and emergency health care system has developed mechanisms to engage the regional stakeholders and in regional research projects.	0. Not known 1. There is no evidence that regional data is available to support research projects. 2. Data is available through the RAC, but it is sporadic and lacks timeliness of data, validation of data, and a coordinated effort to support research activities. 3. The regional trauma and emergency health care system has developed mechanisms to engage the regional stakeholders in research projects. 4. The regional trauma and emergency health care system has developed mechanisms to engage the regional stakeholders in research projects. The structured process to discuss regional research ideas and projects with the system stakeholders is documented in the system plan and in place. 5. The regional trauma and emergency health care system has developed mechanisms to engage the regional stakeholders in research projects. The structured process to discuss regional research ideas and projects with stakeholders is documented in the system plan, and in place. Guidelines for research presentations such as abstracts, poster presentations, podium presentations, and publications of research projects funded by the RAC are documented, shared with stakeholders, and posted on the website. All RAC-funded research projects and findings are reported through the RAC committees and general membership meetings before abstracts, presentations, and/or publications are completed.