

Texas Department of State Health  
Services Regional Advisory Council  
(RAC) Performance Criteria

FY 2025

DSHS EMS/Trauma Systems Section

September 3, 2024

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# Regional Advisory Council (RAC) Performance Criteria

## Definitions

Cardiac facility--A recognized cardiac facility that has been certified or verified by an independent organization for meeting specific criteria.

Department--The Texas Department of State Health Services; the EMS/Trauma Systems Section for the purposes of this document.

Emergency Medical Services (EMS)-- Services used to respond to an individual's perceived need for immediate medical care and to prevent death or aggravation of physiological or psychological illness or injury.

Geriatric--A patient 65 years and older.

Hospital--A general hospital or a special hospital.

Pediatric--A patient less than 15 years of age.

Perinatal--Maternal and neonatal level of care designation programs and facilities.

Region--Represents the multidisciplinary stakeholders of the recognized RAC.

Regional Advisory Council (RAC)-- A nonprofit organization recognized by the department and responsible for system coordination for the development, implementation, and maintenance of the regional trauma and emergency health care system within its geographic jurisdiction of the Trauma Service Area. A RAC must maintain 501(c)(3) status.

Regional Advisory Council Performance Improvement Plan--A written plan of the RAC's processes to review identified or referred events, identify opportunities for improvement, define action plans and data required to correct the event, and establish measures to evaluate the action plan through to event resolution.

Remote area-- Remote areas are geographic areas that are far away from cities and places where the majority of the population lives. They may be difficult to get to due to geographic topography and require additional considerations regarding rescue and transport.

Rural county--A county with a population of less than 50,000 based on the latest estimated federal census population figures.

Specialty Resource Centers--Entities caring for specific types of patients, such as pediatric, cardiac, and burn injuries, that have received certification, categorization, verification, or other forms of recognition by an appropriate agency regarding their capability to definitively treat these types of patients.

Systems of Care--represents the prehospital, trauma, stroke, maternal, and neonatal systems and the associated designated facilities. Note: Recognized cardiac facilities are included in the inclusive systems of care. These systems of care address all ages and all geographic areas of the region.

Trauma and Emergency Health Care System Plan--The inclusive system that refers to the care rendered after a traumatic injury or time-sensitive disease or illness where the optimal outcome is the critical determinant. The system components encompass special populations, epidemiology, risk assessments, surveillance, regional leadership, system integration, business/finance models, prehospital care, definitive care facilities, system coordination for patient flow, prevention and outreach, rehabilitation, emergency preparedness and response, system performance improvement, data management, and research. These components are integrated into the regional self-assessment and system plan.

Urban county--A county with a population of 50,000 or more based on the latest estimated federal census population figures.

## 1. Texas Department of State Health Services (DSHS) Rules

The RAC must address the requirements outlined in Title 25 Health Services, Part 1 Department of State Health Services, Chapter 157 Emergency Medical Care, Subchapter G, Emergency Medical Services Trauma Systems, Section 157.123 Regional Advisory Councils.

## 2. DSHS Contract

The RAC must meet the statement of work and deliverables outlined in the department contract.

### 3. Regional Self-Assessment

- a. The RAC must engage its committees and stakeholders when facilitating the completion of the regional self-assessment within the specified time and submit the document to the department.
- b. A review of the completed regional self-assessment will identify opportunities for improvement. If the assessment identifies a score of less than three for an indicator, the region must develop an action plan to move that indicator to a score of three and submit it to the department with the completed self-assessment.
- c. The RAC must integrate the self-assessment findings into the revisions of the regional trauma and emergency health care system plan and submit the revised regional trauma and emergency health care system plan to the department as specified in 157.123(b)(2)(c).

### 4. Trauma and Emergency Healthcare System Plan

- a. The RAC must have a written trauma and emergency healthcare system plan that is developed through stakeholder collaboration and revised on the even years of the department contract.
- b. The regional trauma and emergency health care system plan must integrate EMS, trauma, stroke, maternal, neonatal, cardiac, and other time-sensitive disease processes.
- c. The RAC must have processes to implement, monitor, and evaluate the trauma and emergency healthcare system plan.

### 5. Regional System Leadership

- a. The RAC leadership team consistently reviews and monitors the systems of care outcomes to identify opportunities for improvement.
- b. The RAC provides opportunities for multidisciplinary stakeholder participation in the various systems of care activities for all ages and geographic areas of the region.
- c. The RAC has a process for involving experts and advocates for special populations, such as the child fatality review teams, physical abuse, substance abuse, and mental health in regional system planning.

- d. The RAC must have processes for developing, mentoring, and engaging stakeholders in the region's leadership, including EMS providers, medical and nursing leadership, designated centers, and other stakeholders.
- e. The RAC maintains an updated website for communicating with regional stakeholders. General membership and all standard committee meeting notices and agendas must be available on the website. Bylaws and board member's role held on the board and their employer must be available upon request.

## 6. Human Resources within the RAC

- a. The RAC identifies the number of RAC paid staff (full-time, part-time, and positions supplemented with contract staff) funded by the department contract and defines their position titles, job descriptions, and roles or responsibilities that support the regional programs.
- b. The RAC defines the annual performance review process for personnel or resources funded by the department contract.
- c. The RAC defines the process for employee salary increases when using funding from the department contract.
- d. The RAC develops and maintains a RAC organizational chart that is available on request.

## 7. Business / Financial Planning

- a. The RAC must have a defined budget that details the expenditure of any funding received from the department.
- b. The RAC integrates regional stakeholders when developing the strategic priorities and how these priorities are approved and implemented.
- c. The RAC defines membership dues.
- d. The RAC defines membership participation requirements.
- e. The RAC must have defined processes for stakeholders or committees to request funding for RAC-approved projects.
- f. The RAC has processes for reallocating funds after finalizing the defined regional budget.
- g. The RAC has defined procedures to address the EMS (pass-through) allocation of funds.

- h. The RAC must maintain its 501(c)3 status.

## Appendix A: RAC Data Needs for Completion of the Self-Assessment

### A1. National Emergency Medical Services Information System (NEMSIS) Data Request Per Calendar Year

- a. Annual EMS runs and transports related to the systems of care utilizing the age breakdown listed in the criteria when feasible.
- b. Annual total EMS runs per RAC utilizing the age breakdown listed in the criteria.
- c. If the data is not available through the State EMS Trauma Registry, the RAC is not held accountable for this performance element.

### A2. Trauma Data Request Per Calendar Year

- a. Trauma data from the registry reflecting trauma deaths by age breakdown
- b. Trauma data from the registry reflecting trauma deaths by injury severity score (ISS)
- c. Annual total RAC hospital trauma registry submissions by ISS, age breakdown, and average LOS
- d. Annual top five causes of injury by RAC and by age
- e. Annual top five injury causes of death by RAC and by age.
- f. Annual RAC report
  - i. RAC data regarding patients in Shock (age 15 to 65 with a BP less than 90 in the field or ED)
  - ii. RAC data regarding patients with Spinal Injuries overall
  - iii. RAC data regarding patients with TBI injuries overall
  - iv. RAC double transfers (arrived by, transferred in, and ED disposition of transferred out to acute care hospital, and arrived by transferred into the ED and then transferred out within 24 hours)
- g. This information is made available to the RAC each October.

- h. If the data is not available through the State EMS Trauma Registry, the RAC is not held accountable for this performance element.

### A3. PCR-defined Data Needs

The PCR data is in discussion. If the data is not available through the State EMS Trauma Registry, the RAC is not held accountable for this performance element.

### A4. Performance Criteria Revisions

After each legislative session, the department will review any legislative activities affecting EMS, Trauma Systems, and the identified systems of care. The department will define when revisions to the Regional Advisory Council Performance Criteria and Self-Assessment Scoring Tool are required to include modifications to current criteria or the addition of new criteria. The revised Performance Criteria and Self-Assessment will be implemented on September 1st of the following year. The RACs will be notified of the need for revisions prior to the revision process and be notified of the implementation date.

Document versions will be notated by year followed by revision number (i.e., V2024.1, the first revision of 2024) with the date of the revision in the footer.