

RAC Operation Guidelines

Glossary of Terms

The compilation of terms are continually being updated, and therefore not a complete collection of terms.

ACEP – American College of Emergency Physicians

ACS – American College of Surgeons

ACLS – Advanced Cardiac Life Support – An accredited course of instruction sponsored by the American Heart Association. Certification in ACLS is two (2) years.

ALS – Advanced Life Support – Emergency prehospital care that uses invasive medical acts. The provision of advanced life support shall be under the medical supervision and control of licensed physicians.

AVAILABLE - Implies the physical presence of health professionals in a stated location within sixty (60) minutes of a request; should be continuously monitored by the quality management program.

BASIC TRAUMA FACILITY – A hospital designated by the development as having met the criteria for a Level IV trauma facility. Basic trauma facilities provide resuscitation, stabilization, and arrange for appropriate transfer of all major and severe trauma patients to a higher trauma facility.

BLS – Basic Life Support – Emergency prehospital care that uses noninvasive medical acts. The provisions of basic life support may be under the medical supervision and control of a licensed physician. Certification in BLS is one (1) year.

BTLS – Basic Trauma Support – A course for prehospital care providers sponsored by the American College of Emergency Physicians (ACEP)

BOARD (BOH) – Texas Board of Health.

BOARD CERTIFICATION- Physicians who are certified by appropriate specialty boards recognized by the American Board of Medical Specialties.

BUREAU – The Bureau of Emergency Management of the Texas Department of Health.

BUREAU CHIEF - The chief of the Bureau of Emergency Management.

BYPASS – Direction given to a prehospital emergency medical services unit, by direct/on-line medical control or predetermined triage criteria, to pass the nearest hospital.

CONTINUING MEDICAL EDUCATION (CME) – Planned educational activities intend to enrich the educational and experiential background of the health professional.

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COMPREHENSIVE TRAUMA FACILITY –A hospital designated by the department as having met the criteria for a Level I trauma facility. Comprehensive trauma facilities manage major and severe trauma patients, provide educational opportunities in trauma related topics for health care professional, and conduct trauma research.

COUNCIL OF GOVERNMENT (COG) - A regional planning commission or similar regional planning agency created under the Local Government Code (There are 24 COGs in Texas)

CREDENTIALLED- a process in which individual institutions recognize appropriate education and training for physicians and registered nurses with specialized skills.

DEDICATED - The primary responsibility of this individual is to the trauma facility; should be continuously monitored by the quality management program.

DEPARTMENT- The Texas Department of Health.

DESIGNATION CRITERIA – Hospital resources that are deemed essential or desirable for each level of categorization by the Department for the care and treatment of injured patients.

DIVERSION – A procedure put into effect by a trauma facility to insure appropriate patient care when that facility is unable to provide the level of care demanded by a trauma patient’s injuries or when that facility is unable to provide the level of care demanded by a trauma patient’s injuries or when the facility has temporarily exhausted its resources.

EMERGENCY CARE ATTENDANT (ECA) – An individual who is certified by the department as minimally proficient to provide emergency prehospital care by providing initial aid that promotes comfort and avoids aggravation of an injury or illness. ECA certification is four (4) years.

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.

EMERGENCY MEDICAL SERVICES (EMS) PROVIDER – A person who uses or maintains emergency medical services vehicles and emergency medical services personnel to provide emergency medical services.

EMERGENCY MEDICAL SERVICES/TRAUMA SYSTEMS – The arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of emergency medical services (EMS) required to prevent and manage incidents that occur from a medical emergency or from a medical emergency or from an accident, natural disaster, or similar situation.

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EMERGENCY MEDICAL TECHNICIAN (EMT) – An individual who is certified by the department as minimally proficient in performing skills required to provide emergency prehospital care by initiating under medical supervision certain procedures, including intravenous therapy and endotracheal or esophageal intubation or both. Certification as an EMT is four (4) years.

EMERGENCY MEDICAL TECHNICIAN – PARAMEDIC (EMT-P) – An individual who is certified by the department as minimally proficient to provide emergency prehospital care by providing advanced life support that includes initiation under medical supervision of certain procedures, including intravenous therapy, endotracheal or esophageal intubation or both, electrical cardiac defibrillation or cardioversion, and drug therapy. Certification as an EMT-P is four (4) years.

EMERGENCY PREHOSPITAL CARE- Care provided to the sick and injured before or during transportation to a medical facility, including any necessary stabilization of the sick or injured in connection with that transportation.

FACILITY – See “Trauma Facility”

FACILITY TRIAGE – The process of assigning patients to an appropriate trauma facility based on injury severity and facility availability.

FIRST RESPONDER ORGANIZATION – A group or association of certified emergency medical services personnel that, working in cooperation with a licensed emergency medical services provider, provides immediate on-scene care to ill or injured persons but does not transport those persons.

FRONTIER – A term to describe a region of Texas that has a population of 6 or less inhabitants per square mile.

GLASGOW COMA SCALE - A physiologic neurological injury scoring system.

GENERAL TRAUMA FACILITY – A hospital designated by the department as having met the criteria for a Level III trauma facility. General trauma facilities provide resuscitation, stabilization, and assessment of trauma facility. General trauma facilities provide resuscitation, stabilization, and assessment of injury victims and either provide treatment or arrange for appropriate transfer to a higher-level trauma facility.

IMMEDIATELY AVAILABLE - This implies the physical presence of the health professional (in house 24 hours/day) in a stated location at the time of need by the trauma patient.

LEAD TRAUMA FACILITY – A trauma facility that has made an additional commitment to its trauma service area. This commitment, which usually is offered by the highest level of trauma facility in a given trauma service area, includes outreach and increase educational activities.

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MAJOR TRAUMA INJURY VICTIM – A person with injuries severe enough to benefit from treatment at a trauma-qualified facility; their Revised Trauma Score is less than 11 and/their Injury Severity Score is 9 or above.

MEDICAL CONTROL – The supervision of prehospital emergency medical service providers by a licensed physician through voice communication. Medical control is also referred to as online medical supervision.

MEDICAL DIRECTOR – A physician responsible for all aspects of the operation of an EMS system concerning provision of medical care. This relationship may also be referred to as off-line medical direction.

MULTIDISCIPLINARY - Consists of a minimum of two (2) separate health care specialties which are recognized by state or national agencies.

PALS - Pediatric Advanced Life Support

PUBLIC HEALTH REGION (PHR)- A geographic area of the State of Texas designated by the Board of Health to provide public health services within the state.

PREHOSPITAL TRIAGE - The process of identifying injury severity so that the appropriate care level can be readily accessed according to patient care guidelines.

PROMPTLY AVAILABLE - Implies the physical presence of health professionals in a stated location with thirty (30) minutes of a request; should be continuously monitored by the quality management program.

QUALITY MANAGEMENT – Quality assurance and quality improvement activities.

REGIONAL ADVISORY COUNCIL (RAC) – A group of health professionals within a Trauma Service Area that is recognized by the Bureau to oversee and direct coordinated medical activities and developed a regional EMS/trauma services plan.

REGIONAL MEDICAL CONTROL - Direct on-lined physicians communication for prehospital providers in a given trauma service area. Regional medical control is usually based at the lead trauma facility.

REHABILITATION – Services that seek to return a trauma patient to the fullest physical, psychological, social, vocational, and educational level of functioning of which he or she is capable, consistent physiological or anatomical impairment and environmental limitations.

RTS - Revised Trauma Score.

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SEVERE TRAUMA INJURY VICTIM – A person with injuries severe enough that he/she should be taken to a Comprehensive or Major trauma facility; their Revised Trauma Score is less than 11 and their Injury Severity Score (ISS) is 16 or above.

SINGLE ACCESS NUMBER – A term to describe a telephone number that is used in a specific area or region to report an emergency and/or request emergency assistance. Dispatchers in turn notify the appropriate emergency agency (police, fire, ambulance).

SITE SURVEY - An on-site review of a trauma facility applicant to determine if it meets the criteria for a particular level of designation.

SITE SURVEY TEAM- Bureau approved health care professionals who are assembled and contracted to conduct a site survey in Texas

TEXAS EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL (TEMSAC) – An advisory council composed of 18 people from the health care, fire, and consumer groups representing different geographic areas who are appointed by the Board for a 6 years term.

TRAUMA- An injury or wound to a living body caused by the application of an external force or violence; for the purposes of this definition, it is intended that burn injuries be included, and that poisonings, near-drownings and suffocation, other than those due to external forces be excluded.

TRAUMA FACILITY – A health care facility that is capable of comprehensive treatment of seriously injured persons and which is part of a regional EMS/trauma system.

TRAUMA NURSE – A registered nurse (R.N.) with demonstrated interest and experience in trauma care.

TRAUMA NURSE COORDINATOR – A Registered Nurse designated by the facility with responsibility for coordination of supportive activity in conjunction with the trauma service director.

TRAUMA PATIENT – Any critically injured person who has been evaluated by a physician, a registered nurse, or emergency medical services personnel and found to require medical care in a trauma facility.

TRAUMA REGISTRY- Demographic listing of data to provide information for analysis and evaluation of the quality of patient care provided.

TRAUMA SCORE- A physiological severity scoring system.

TRAUMA TEAM- A predetermined composition of health care professionals within an emergency department organized to initiate emergency care and treatment of the injured

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patient. The trauma team should be lead by a trauma surgeon that directs emergency activities.

TRAUMA TECHNICAL ADVISORY COMMITTEE - A 12 member committee appointed by the Board of Health to advise the Bureau in areas requiring professional medical expertise. Members serve a 6 year term representing rural and urban areas; in multidisciplinary specialties: hospital administrators, emergency nursing, emergency medicine, neurosurgery, surgery, anesthesiology, family practice, and a legal representative.

TRAUMA SERVICE AREA (TSA) – A geographic area of the State of Texas consisting of at least three (3) counties.