

**Bureau of Emergency Management**  
**EMS/Trauma Systems Development Program**  
(Excerpts from a FY2000 Internal Review Summary)

**A. Program History and Purpose**

**1. When did the program begin?**

EMS and Trauma Care Systems 5/1989\*\*  
EMS Local Projects Grants 1990  
EMSC 5/1993  
EMS and Trauma Care System Fund (911 monies) 5/1997  
EMS and Trauma Care Endowment 5/1999

\*\* Note: There was reference to EMS Systems, including area planning in the Comprehensive EMS law (Chapter 773.021, 022, and 023), which passed in 1973 (See EMS Regulatory Program)

**2. Name the original Federal and/or State Legislation, with dates, which enacted the program**

5/89 EMS and Trauma Care Systems - Chapter 773, Subchapter E, Section 111 – 120  
5/93 Pediatric EMS - Chapter 773, Subchapter F, Section 171 – 173  
5/97 EMS and Trauma Care System Account - Chapter 773, Subchapter E, Section 121 – 124  
5/99 EMS and Trauma System Fund (Tobacco Endowment) – Chapter 403, Subchapter G, Section 106

**3. Describe the original purpose of the program.**

“...to improve the health of the people of the state, it is necessary to improve the quality of emergency and medical care to the people of Texas who are victims of unintentional, life-threatening injuries by encouraging hospitals to provide trauma care and increasing the availability of emergency medical services.”

**4. Name and describe any legislation since 1975 that substantially changed the purpose, scope, or activities of the program.**

In 1997, HB-1407 added a fifth level of trauma facility (Level V), however, because of much controversy, Level V designation was not implemented.

**5. Has this program ever been located at another state agency? No**

**6. If the program purpose has changed, please describe the current purpose of the program? N/A**

**7. What specific public health risks, medical conditions or specific health service needs does the program address?**

Morbidity and mortality due to emergency health situations

**8. Define/describe the “target” population, which classically defined as the population at which the services or products of the program are aimed.**

Target population: Any person who may suffer an emergency health care situation

Eligibility requirements: None

Current size of the target population: ~ 20 million people

**9. Is the definition of the target population based on any legislative mandate(s)?**

Chapter 773.111 “...to improve the health of the people of the state”

## **B. Essential Public Health Services**

**Essential Service 1:** *Monitor the health status of individuals in the community to identify community health problems.*

The Regional Advisory Councils (RACs) monitor the health status of individuals in their community through data collection and monitoring. This data is utilized in system quality improvement (system QI), and trends in community injury health problems that can be addressed through prevention.

**Essential Service 2:** *Diagnose and investigate community health problems and community health hazards.*

As mentioned above, the RACs have system QI processes to determine trends in traumatic death or disability.

**Essential Service 3:** *Inform, educate, and empower the community with respect to health issues.*

The mission of the EMS Information and Injury Prevention Team is to improve the health of Texans by advocating traumatic injury prevention and giving the 43,000 EMS personnel in Texas and RACs the educational materials to teach injury prevention in communities across the state. The team also educates the public about the role of EMS and how EMS can save lives. The team does this through a number of outlets. Texas EMS Magazine frequently runs articles about trauma injury prevention and how EMS can help educate the community and reduce preventable injury deaths; the team regularly produces press releases about injury prevention that are sent out statewide and to EMS firms to distribute during EMS Week/Texas Trauma Month.

The RACs perform prevention activities, which usually include public education.

**Essential Service 4:** *Mobilize community partnerships in identifying and solving community health problems.*

The very nature of the RAC is that of a community partnership. RACs are made up of most or all of the emergency health care providers in the state. Just recently, the RACs have been required to include community input in order to receive state funding.

**Essential Service 5:** *Develop policies and plans that support individual and community efforts to improve health.*

Each RAC has a bureau-approved regional EMS/Trauma System Plan. These plans apply to each of the 22 Trauma Service Areas and currently include the following components: access to the system, communications, medical oversight, prehospital triage, diversion, bypass, regional medical control, facility triage, inter-hospital transfers, planning for designation of trauma facilities, and system quality improvement. New rules, adopted by the BOH in April 2000, expand the plan to also include prevention and regional trauma treatment components.

**Essential Service 6:** *Enforce laws and rules that support individual and community efforts to improve health.*

Trauma Facility Designation, EMSC, and System Development all encompass enforcement of laws and/or rules to support efforts to improve health. Trauma Facility Designation law and rules require expeditious, appropriate, quality care to be delivered to major and severe trauma patients. Additionally, Trauma Facility Designation criteria require prevention efforts. EMSC's Pediatric Categorization initiative mandates similar guidelines for the care of acutely ill or injured children. As described above through the activities of the RACs, System Development calls for integrated regional, statewide and interstate trauma care.

**Essential Service 7:** *Link individuals who have a need for community and personal health services to appropriate community and private providers.*

The regional EMS/Trauma System Plan developed by the RACs for each of the 22 Trauma Service Areas includes a component addressing access to the system. Funding programs assure that first responders and EMS providers are available around the state to provide emergency services. The funding programs also help fund communication and medical equipment needed to facilitate this access to the system.

**Essential Service 8:** *Ensure a competent workforce for the provision of essential public health services.*

At both Trauma Facility Designation and Pediatric Categorization (EMSC) surveys, patient charts are reviewed to verify that the care delivered to major and severe trauma patients and critically ill or injured children meets the current standards of care for these populations. Additionally, staff education and credentialing is reviewed for both types of survey. Our Funding projects also increase the availability of a competent workforce by providing funds for education and training activities for providers of emergency health care.

**Essential Service 9:** *Research new insights and innovative solutions to community health problems.*

Through data collection and system quality improvement, each of the 22 RACs develops unique perspectives and solutions to their respective communities' health problems.

**Essential Service 10:** *Evaluate the effectiveness, accessibility, and quality of personal and population-based health services in a community.*

An intensive evaluation of regional trauma systems has been developed and conducted in six Trauma Service Areas in the state. Additionally, each RAC's system quality improvement process evaluates the processes and outcomes for that region. Last, whenever possible awards made through system funding are determined based on local need (i.e. need an ambulance to guarantee access for the community, need training for staff to be competent or proficient).