

A Strategic Plan for Texas EMS/Trauma Systems

Draft - 4/23/02

Vision:

A unified, comprehensive, and effective EMS and Trauma System for a healthy, safe Texas.

Mission:

Draft 1 (*Bureau staff to work on Draft 2 for GETAC's review at 5/30 meeting*): To develop a sustainable EMS/Trauma system for all patients

Goals:

(Note: Goals in Bold/Italics were not approved by GETAC members and will be reviewed at the 5/30 meeting.)

Integration (John Simms)

Involve EMS in community health activities.

Be cognizant of and incorporate health systems within EMS that addresses all segments of the population.

Integrate EMS and trauma services within health care systems and providers' networks, public health, and public safety to deliver quality care.

Clinical Care (Ronnie Stewart)

As an essential service, commit to a common standard of what constitutes baseline community EMS and emergency health care services.

Apply evidence-based methodology to all EMS and trauma patient care.

Achieve universal hospital participation in the trauma system.

Reduce time from injury to definitive care.

Achieve hospital resources to minimize hospital diversion to EMS traffic.

Communication Systems (Raymond Holloway)

Implement enhanced "911" service statewide and ensure that all calls are routed to the appropriate PSAP regardless call origin.

Develop and commit to a common standard of what constitutes baseline EMS dispatching protocol.

Explore and implement real-time patient data transfer and telemedicine where appropriate.

Establish robust fault tolerant communication systems in and between hospitals and EMS for MCI.

Public Access (*PattiLou Dawkins*)

Provide access to emergency telephone service for those who cannot otherwise afford routine telephone service.

Enhance the ability of EMS systems statewide to appropriately triage and prioritize calls and allocate resources, providing appropriate pre-arrival instructions that is tailored to patients' needs.

Achieve universal access for emergency health care in Texas.

Public Education (*Joan Shook*)

Promote public education as a critical activity for EMS and emergency health care systems.

Collaborate with community resources and agencies to determine and promote public education needs.
Public education should be accessible to the appropriate audience.

Explore new techniques and technologies for providing public education.

Prevention (*Mario Segura*)

Support and participate in community-based injury or disease prevention programs.

Advocate for policy that promotes preventing injury and illness.

Include the principles of prevention and its role in improving community health as part of education core curriculum.

Reduce occupational related injuries in emergency health care professionals.

Increase the ability of emergency health care providers to recognize and document potential precipitating factors for injury.

Establish routine and timely surveillance of major injury and illness in Texas.

Human Resources (*Rebecca Salido*)

Make critical incident stress management available to all emergency health care providers.

Encourage innovative incentives for volunteer and career emergency health care professionals recruitment and retention.

Develop appropriate measures for personal protection and safety.
exposure management, infection control, and immunizations

Reduce critical EMS and hospital workforce shortages.

*Placeholder

Encourage compensation/"living wage" for EMS Personnel?

Medical Oversight (Ed Racht)

Appropriate sufficient resources for EMS medical oversight.

Require appropriate credentials for all those who provide medical oversight.

Develop an EMS physician training curriculum and develop certification.

Explore initiatives to address medical oversight liability issues.

From to Personnel (Human Resources) to Medical Oversight:

Develop collaborative relationships between EMS systems and academic institutions.*

Education Systems (Maxie Bishop)

To create, implement, and maintain an effective EMS education system that addresses the needs of primary and continuing education for all levels of EMS providers.

Develop and implement innovative methods to increase access to EMS, nurse and physician initial and continuing education.

*Placeholder

Adjust EMT-I curriculum to address specific community needs.

From to Communications/Public Access to Education:

Receive all calls for EMS using personnel with the requisite combination of education, experience, and resources to optimally query the caller, make determination of the most appropriate resources to be mobilized, and implement an effective course of action.

From to Personnel (Human Resources) to Education:

Ensure that alterations in expectations of EMS personnel to provide health care services are preceded by adequate preparation.

Adopt the principles of the National EMS Education and Practice Blueprint.

Develop collaborative relationships between EMS systems and academic institutions.

EMS Research (Fred Hagedorn)

Enhance the quality and quantity of published EMS research.

Develop partnerships with academic institutions with long-term commitments to EMS research.

From Clinical Care to Research:

Subject EMS and trauma clinical care to scientific evaluation to determine its impact on patient outcomes.

Conduct task analyses to determine appropriate staff configurations during secondary patient-transfers.

From to Personnel (Human Resources) to EMS Research:

Conduct EMS occupational health research.

Information Systems (F. E. Shaheen)

Adopt uniform data elements and definitions and incorporate them into information systems.

Develop information systems to generate and transmit data that are valid, reliable, accurate, and secure.

Develop information systems that are able to track an entire patient encounter.

Develop integrated information and reporting systems with other health care providers, public safety agencies, and community resources that minimize redundancy.

From to Prevention to Information Systems:

Improve the ability of EMS to document injury and illness circumstances.

From EMS Research to Information Systems:

Develop information systems that provide linkage between various public safety services and other health care providers.

Evaluation (Pete Wolf)

Develop systems to evaluate the effectiveness emergency health care systems at the local, regional, and state level.

From to Communications/Public Access to Evaluation:

*Assess the effectiveness of various personnel and resource attributes for EMS dispatching.
Evaluate and employ technologies that attenuate potential barriers to EMS access.*

From another one: Subject EMS and trauma clinical care to scientific evaluation to determine its impact on patient outcomes.

Legislation & Regulatory (Arlene Marshall)

Increase funding for Bureau of EMS.

Pass and periodically review enabling legislation that supports innovation and integration of EMS and trauma services.

Establish EMS and trauma service as an essential service.

Explore initiatives to address emergency health care liability issues.

From to Personnel (Human Resources) to Regulatory:

Develop a system for reciprocity of EMS provider credentials.

From to Personnel (Human Resources) to Legislation:

Work towards legislation that would mandate EMS as an “Essential Service”.

System Finance (Gary Cheek)

Achieve adequate, long-term, and sustainable funding for local and regional emergency health care services.

From Clinical Care to Finance:

Eliminate patient transport as a criterion for compensating EMS systems.

From to Communications/Public Access to Finance:

Appropriate state and regional funds to further develop and update geographically integrated and functionally-based EMS communications networks.

Collaboration with private interests to effect shared purchasing of communication technology.

From EMS Research to Finance:

Allocate federal and state funds for a major EMS systems research thrust.