



Texas Department of Health Bureau of Emergency Management

TRAUMA SYSTEMS POLICY # TS-01-C

RACs: Participation Responsibilities

October 10, 2001

BACKGROUND

Regional Advisory Councils (RACs) have responsibilities when developing, monitoring, and reporting “participation requirements” for their constituencies. The Bureau of Emergency Management (BEM) entrusts RAC Chairs or their designees to report each hospital’s and EMS provider’s RAC participation status. If a hospital or EMS does not participate on the RAC, it has NOT met a fundamental component of the trauma system conditions of participation and may forfeit the opportunity to receive grant and/or Medicaid Disproportionate Share (dispro) monies. These can be potentially serious fiscal situations. The loss of grant\dispro monies can at best cause financial distress to an EMS or hospital, and at worst cause it to permanently shut its doors.

RACs should be:

1. Operated in a manner that maximizes inclusion of their constituents and ensures membership approval of participation requirements
2. Cognizant of the direct and indirect fiscal roles they play on behalf of its members
3. Particularly aware of the logistical challenges faced by rural and volunteer agencies and open to considering viable alternatives to members’ physical presence at meetings, including such things as:
 - conference calls via speaker phones
 - written confirmation of RAC meeting minutes received and shared with the entire staff
 - submission of data or reports as requested by the RAC
 - participation on RAC committees
 - attending state-wide EMS\Trauma System meetings
 - participating on state-wide EMS\Trauma System committees and/or task forces
 - participation on the RAC Performance Improvement program
 - hosting an educational offering
 - participating on Injury Prevention activities

STATUTE REFERENCE

Not applicable

RULE REFERENCE

25 TAC, 157.123 Regional Advisory Councils (b)(1)(A)

POLICY

RAC responsibilities that can help assure fiscal accountability to its constituency include:

- Documented evidence that participation guidelines have been discussed and affirmed by vote of the entire RAC membership.
- Clear definition of participation guidelines in the RAC by-laws and/or other official RAC files/documents.
- Documented communication of participation guidelines to all EMS agencies and hospitals, REGARDLESS of past participation history
- Documented attendance records
- Consistency in the annual participation reporting period
- Participation “progress reports” sent to the EMSs and hospitals at some period during the reporting year
- Participation non-compliance letters to entities at the end of the reporting year (The goal here is “no surprises” when entities are later denied certain grants/monies where RAC participation is a contingency)

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