



All 22 RACs are required to complete an annual self-assessment, engaging committees and stakeholders to evaluate and improve EMS, trauma, and emergency health care systems. This inclusive process supports coordinated care statewide, integrating rural and remote providers to ensure all populations benefit from a collaborative, high-quality system. [Click Here](#) or scan the QR code to view the full assessment and scoring tool.

Score	Scoring Criteria
0	Not Known
1	Elements Not Documented
2	Elements Documented with Ongoing Needs (Minimal requirements not met and need improvement.)
3	Basic Regional System in Place (Meets minimal requirements with opportunities for improvement and system advancement.)
4	Advanced Regional System (Meets and exceeds requirements with some opportunities for improvement and system advancement.)
5	Best Practice Regional System (Meets and exceeds requirements and serves as a model or best practice for others.)

- Deliverable due **August 29, 2025**
- A minimum score of 3 is required for each specified indicator
- Scores of 0–2 will require an action plan to achieve a minimum score of 3
- Scores of 5 will be recognized as best practices and shared with other RACs through presentations
- All proposed scores are supported by relevant documentation
- The Air Medical, EMS, and Trauma Committees have reviewed and approved the scoring and accompanying documentation for each indicator

RAC Self Assessment



Indicator	Score
1. Epidemiology	3
2. Epidemiology - Surveillance	3
3. Regional Leadership	3
4. System Plan	3
5. System Plan	3
6. System Plan	4
7. System Plan	3
8. System Plan	4
9. System Integration	4
10. System Integration	3
11. Business/Finance	5
12. EMS/Prehospital	3
13. EMS/Prehospital	3

Indicator	Score
14. Definitive Care Facilities	4
15. System Coordination & Patient Flow	4
16. System Coordination & Patient Flow	4
17. Prevention and Outreach	4
18. Prevention and Outreach	5
19. Rehabilitation	3
20. Emergency Response	4
21. Emergency Response	4
22. Emergency Response	4
23. Regional System Performance Improvement	3
24. Regional System Performance Improvement	3
25. Data Management	3
26. Regional Research & Publications	3

EPIDEMIOLOGY

There is a thorough description of the epidemiology of EMS, trauma, systems of care, and emergency health care incidence of EMS transport, hospital admissions, and mortality in the regional population-based data (including data specific to urban, rural, and diverse populations) to assist in defining regional priorities.

Score	Criteria
0	Not Known
1	There is no data description of the epidemiology of EMS, trauma, systems of care, and emergency health care incidence of EMS transport, hospital admission, and mortality in the region.
2	Reported admissions and mortality data have been used to describe the statewide incidence of EMS transports, trauma, systems of care, and emergency health care deaths, aggregating all etiologies, but no regional data is available.
3	The RAC has access to the minimal data sets established to develop an epidemiology history of the regional incidence of EMS transports, hospital admissions, and mortality for trauma and other systems of care patients.
4	In addition to #3, quarterly data is aggregated in a confidential process by reporting entities and shared with the RAC membership.
5	In addition to #4, regional stakeholders have opportunities to integrate and participate with the regional medical operation center through an inclusive process and participate in all response after-reviews.

NCTTRAC Regional Trauma System Plan

2. REGIONAL DEMOGRAPHICS

2.3 In 2023, TSA-E recorded 760,247 EMS runs with patient contact, of which 31% involved trauma-related incidents. A total of 49,968 patients met the National Trauma Data Standard (NTDS) trauma patient criteria. The top five mechanisms of injury in the region included falls, motor vehicle collisions, being struck by objects, firearms, and cutting/piercing injuries. These statistics highlight the significant burden of trauma care within the region and emphasize the need for a robust and integrated trauma system to address both the high volume and diverse types of injuries effectively. The large number of trauma cases also underscores the importance of tailored strategies to optimize prehospital and hospital-based care to improve outcomes across this expansive and demographically diverse area.

EPIDEMIOLOGY - Surveillance

There is an established regional systems of care surveillance process that can, in part, be used to support performance measures. The data available is integrated into the regional system plan.

Score	Criteria
0	Not Known
1	There are no established region-wide systems of care surveillance processes.
2	There is a regional systems of care data collection process, but not all EMS providers or hospitals in the service area contribute to the database.
3	There is a regional systems of care data initiative with all EMS providers and designated hospitals in the region contributing data for the incidence of EMS transports, hospital admissions, and mortality only. The data is integrated into the regional system plan.
4	In addition to #3, the hospital data is used in conjunction with the EMS data system or hospital discharge data
5	In addition to #4, the regional data is accessible electronically and has consistent data definitions, with the established EMS wristband identifier and processes in place to support report writing. The data supports prevention strategies, coalition building, public awareness, surveillance, and performance improvement with stakeholder input to define priorities and initiatives. Processes for sharing and linking data exist between EMS, public health, and the trauma and emergency health care system participants, with this data being used to monitor, investigate, and diagnose regional community health risks.

NCTTRAC Regional Trauma System Plan

2. REGIONAL DEMOGRAPHICS

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16. SYSTEM PERFORMANCE IMPROVEMENT

16.3.1 Regional data collected and managed by an outsourced third-party service provider as well as the State EMS and Trauma Registry (EMSTR) are utilized to support Trauma Committee goals and performance improvement initiatives. Member hospitals with a capable registry are required by the Trauma Committee to submit data through the regional registry to support a comprehensive and useful data set. Resources are made available through NCTTRAC to facilitate the training of individual members on data submissions. The regional registry utilizes the National Trauma Data Bank (NTDB) inclusion criteria and data set.

REGIONAL LEADERSHIP

The RAC leadership, in collaboration with its members, prepares and disseminates an annual report reflecting the activities, successes, and challenges encountered by the RAC. The regional annual report is available to RAC members and stakeholders.

Score	Criteria
0	Not Known
1	No regional annual report is available.
2	Regional annual reports are developed by the RAC leadership.
3	Regional annual reports are developed in collaboration with the RAC leaders, RAC committees, and RAC members and then disseminated to the general members of the RAC. Regional annual reports include the activities of each committee (or organizational structure defined in the RAC bylaws), an overview of the regional epidemiological data collected, and an overview (which may be reflected in a map) of the services available in the region, such as the location of air medical services, EMS providers, first responder organizations (FROs), and designated facilities. The annual initiatives and goals of the RAC and their outcome are included in the report. The regional annual report is available to RAC members and stakeholders.
4	In addition to #3, the strategic accomplishments, injury and disease outcomes, and challenges encountered are included in the regional annual report, and it is available to all RAC members and stakeholders
5	In addition to #4, the regional annual report is shared with regional coalitions, partner organizations, public health, local government entities, and the department.

2022-2023
ANNUAL REPORT



NCTTRAC FY23 ANNUAL REPORT

[CLICK HERE](#)

On the Horizon

RAC Self-Assessment

The Department of State Health Services (DSHS) is requiring all RACs in Texas to complete a standardized self-assessment with stakeholder participation across multiple service lines to improve the delivery of care and outcomes through partnerships with public, private, and volunteer sectors. The self-assessment is anticipated to contractually begin in FY24 and will initially involve EMS and trauma service lines.

Texas EMS Wristband Project

The project goal is to provide a unique identifier to link records or patient data delivered from EMS throughout the continuum of care. Today, and for the foreseeable future, Texas EMS Wristbands remain available through NCTTRAC to EMS and hospitals for placement on every patient, every day, whether transported or transferred.



74 EMS agencies participating since 2020

438,500 EMS Wristbands distributed to the region



23 Hospitals participating since 2022

On the Horizon

NCTTRAC, in collaboration with the DFWHC Foundation, has sponsored the development of a new regional trauma registry to provide member organizations with the opportunity to access a robust data repository and report generating platform supporting multiple service lines. This new registry will grant access to data and reporting capabilities for regional emergency & acute healthcare system development and performance improvement initiatives. The primary objective of this registry is to enhance patient care, improve outcomes, and inform evidence-based decision-making for trauma system stakeholders.

The Prehospital Transfusion Program (PTP) Workgroup

established a goal of placing five prehospital transfusion sites in service during FY24 to reduce morbidity and mortality related to traumatic injury and acute hemorrhagic conditions. EMS agencies may apply to the program for consideration; if selected, NCTTRAC will provide up to \$8K in pre-identified and approved prehospital transfusion equipment. The application process is scheduled to begin in early 2024.

The Perinatal Committee collaborated with the TCHMB Obstetric Committee in the maternal initiative, Postpartum Preeclampsia in the Emergency Department (PPED).

To reduce maternal morbidity and mortality related to severe hypertension in postpartum patients, multiple PACE (maternal designated facilities) enrolled in the project with cooperation from their Emergency Departments to assist

EHS Data Initiatives

Cardiac Arrest Survival Data

The NCTTRAC Cardiac and EMS Committees encouraged enrollment and participation in the Cardiac Arrest Registry to Enhance Survival (CARES). Currently, NCTTRAC leads Texas in CARES participation with approximately 48 EMS agencies enrolled covering a population of 5.4 million in TSA-E. Additionally, regional, state, and national survival rates among other key data, are reviewed monthly by the Cardiac and EMS Committees for awareness and to stimulate performance improvement.

Utstein Survival Rate Comparison for FY23

Quarter	NCTTRAC	State	National
QTR 1	24.4%	25.0%	27.8%
QTR 2	24.4%	25.0%	27.8%
QTR 3	24.4%	25.0%	27.8%
QTR 4	24.4%	25.0%	27.8%

Perinatal Committee Newborn Admission Temperature Data Initiative

The NCTTRAC Perinatal Committee and Texas Collaborative for Healthy Mothers and Babies (TCHMB) collaborated to integrate state Newborn Admission Temperature (NAT) project data with PCR-E neonatal facilities' data. A Data Report was developed by committee members to highlight historical data from 2018 to 2022 and utilized to evaluate performance improvement of regional facilities in their treatment of thermoregulatory support for infants both below and above 35 weeks of gestation.

EHS Key Accomplishments

The information below and on the next page represent the collaborative efforts and key accomplishments of the NCTTRAC Committees, Subcommittees, Workgroups, Task Forces, and Zones in the development and support of projects, programs, and initiatives.

- Completed the "Helicopter Safety and Landing Zone Training" and showcased it within the Governor's EMS and Trauma Advisory Council (GETAC) Air Medical and Specialty Care Transport Committee, leading to a statewide training program.
- Utilized the DFW Hospital Council's partnership with KRLLD's "The Human Side of Healthcare" radio program to share a public education topic on Prehospital Blood Administration.
- Developed the Cardiac STEMI Data Report dashboard containing data from quarter one 2020 through quarter three 2021 for system performance improvement initiatives.
- Collaborated with EMS agencies within the region to survey emergency medical dispatchers on telephone CPR training in accordance with House Bill 786.
- Established the disaster Task Force and developed resource documents for hospital and prehospital partners to identify and access disaster resources within TSA-E.
- Transitioned the Sepsis Task Force into a workgroup to further develop and improve patient outcomes regarding sepsis intervention through quarterly data review and guideline development.
- Collaborated with the Mass Casualty Incident (MCI) Task Force to create the Regional Joint MCI Task Force recommendations focused on the areas of triage tags, triage methodologies, and patient tracking during MCIs, evacuations, and disasters.

Regional Project Funding Opportunity

EMS County Assistance Authorization

In the on-going absence of Local Projects Grants, EMS agencies will be given the opportunity to pool or contribute their EMS county funds for EMS committee approved regional projects and initiatives in FY24.

- Created a Cardiac Arrest Registry to Enhance Survival (CARES) informational handout and shared with the region which increased EMS enrollment from 38 to 48 agencies, covering a population of 5.4 million.
- Transitioned the Medical Directors Committee to an EMS Medical Director's Committee to better align with regional initiatives and the upcoming DSHS RAC Self-Assessment.
- Provided oversight and guidance for the Regional Prehospital Transfusion Program which is being implemented to reduce morbidity and mortality related to traumatic injury, acute hemorrhagic conditions, and disaster events.
- Developed Regional Pediatric Hemorrhage/Massive Transfusion of Blood Products Administration guideline to provide guidance in the management of injured and acutely ill children.
- Encouraged EMS and Hospitals to participate in the Emergency Medical Services for Children (EMSC) Pediatric Readiness Assessment and created an online forum for questions or concerns to be addressed by the NCTTRAC Pediatric Committee.
- Finalized the Maternal Transfer Resource document for Level I and II facilities to utilize in transferring Maternal patients to an appropriate higher level of care within Patient Care Region (PCR) E.
- Purchased ten Stop The Bleed (STB) Training Kits for NCTTRAC members to check out from Injury Prevention Champions in support of training and education efforts.

Regional Highlights

NCTTRAC offers a platform for all regional stakeholders to come together to develop and provide the region with education, data collection and analysis, performance improvement (PI), regional plans and guidelines, and multiple programs and initiatives while promoting best practices in all areas.

Trauma Service Area - E

8.1M* Population

78 Hospitals

NCTTRAC Membership

197 Total Members

102 EMS Agencies

64 Designated Facilities

12 First Responder Organizations

5 Other EHS Entities

*Based on 2020 Census

SYSTEM PLAN

A regional EMS, trauma, systems of care, and emergency health care system plan is in place and based on an analysis of the regional demographics and regional self-assessment and provides opportunities for collaborative stakeholder participation. The regional plan reflects, at a minimum, the regional activities specific to each of the self-assessment criteria and includes the regional guidelines. The regional system plan and all associated documents are available to RAC members and stakeholders in a secure location.

Score	Criteria
0	Not Known
1	There are no established region-wide systems of care surveillance processes.
2	There is a regional systems of care data collection process, but not all EMS providers or hospitals in the service area contribute to the database.
3	There is a regional systems of care data initiative with all EMS providers and designated hospitals in the region contributing data for the incidence of EMS transports, hospital admissions, and mortality only. The data is integrated into the regional system plan.
4	In addition to #3, the hospital data is used in conjunction with the EMS data system or hospital discharge data.
5	In addition to #4, the regional data is accessible electronically and has consistent data definitions, with the established EMS wristband identifier and processes in place to support report writing. The data supports prevention strategies, coalition building, public awareness, surveillance, and performance improvement with stakeholder input to define priorities and initiatives. Processes for sharing and linking data exist between EMS, public health, and the trauma and emergency health care system participants, with this data being used to monitor, investigate, and diagnose regional community health risks.

NCTTRAC Regional Trauma System Plan

16. SYSTEM PERFORMANCE IMPROVEMENT

16.3 Data Collection

16.3.1 Regional data collected and managed by an outsourced third-party service provider as well as the State EMS and Trauma Registry is utilized to support Trauma Committee goals and performance improvement initiatives. Member hospitals with a capable registry are required by the Trauma Committee to submit data through the regional registry to support a comprehensive and useful data set. Resources are made available through NCTTRAC to facilitate the training of individual members on data submissions. The regional registry utilizes the National Trauma Data Bank (NTDB) inclusion criteria and data set.

SYSTEM PLAN

The RAC trauma system plan clearly describes how the regional stakeholders will implement and manage the RAC performance criteria and contract requirements to ensure there is documented evidence that the performance criteria are met and includes data analysis when appropriate.

Score	Criteria
0	Not Known
1	The regional system plan is outdated.
2	The regional system plan does not address or incorporate the RAC performance criteria or the contract requirements.
3	The regional system plan includes the elements of the RAC performance criteria and contract requirements and defines how these criteria are met to include data related to each of the elements as appropriate. The regional system plan is available to the RAC members and stakeholders.
4	In addition to #3, the system plan objectives are monitored and analyzed quarterly and annually, then shared with regional stakeholders.
5	In addition to #4, the regional data is included in the regional annual report, reflecting the system's performance and outcomes. The regional annual report is available to RAC members, stakeholders, public health, local government entities, the business community stakeholders, and the department.

NCTTRAC Regional Trauma System Plan

1. SCOPE

- 1.1 The Trauma System Plan for Trauma Service Area (TSA) – E was developed to meet the requirements within Texas Administrative Code (TAC) § 157.123 and the Regional Advisory Council Performance Criteria. Its purpose is to ensure the mission of the regional system is upheld, which is to develop and enhance the trauma and emergency healthcare system within the defined TSA. For more detailed information and access to these documents, including TAC § 157.123, the RAC Performance Criteria, and other relevant guidelines, stakeholders can visit the Department of State Health Services (DSHS) website, where the full range of resources and regulatory materials are available for review and reference.

SYSTEM PLAN

The RAC trauma and emergency health care system plan defines a process to assist in sharing the regional and state all-hazard emergency response and preparedness activities with stakeholders. Information is shared as appropriate.

Score	Criteria
0	Not Known
1	There is no evidence that the regional system plan has defined processes to assist in sharing the regional and state all-hazard emergency response preparedness plans.
2	There is an established regional system plan, but there is no linkage or assistance from the region that addresses the sharing of the regional or state all-hazard emergency response and preparedness plans.
3	The regional system plan addresses the regional role in sharing the regional health care and all-hazard emergency response and preparedness plan with stakeholders. Information is shared as appropriate.
4	In addition to #3, RAC leaders foster regional stakeholder integration and participation with planning and exercising public health initiatives.
5	In addition to #4, regional stakeholders have opportunities to integrate and participate with the regional medical operation center through an inclusive process and participate in all response after-reviews.

NCTTRAC Regional Trauma System Plan

20. DISASTER PREPAREDNESS AND RESPONSE

- 20.1 Disaster preparedness and response activities among the emergency healthcare system in TSA-E are conducted at the regional level through the Health Care Coalition (HCC). The HCC has been developed and funded as part of the federal Hospital Preparedness Program (HPP). The TSA-E HCC is composed of partner organizations from 4 core groups: hospitals, EMS, public health, and emergency management. These 4 groups work together as the HCC to promote emergency preparedness and healthcare delivery response.
- 20.2 The TSA-E HCC conducts disaster preparedness and response activities in accordance with the Trauma Service Area-E Health Care Coalition Regional Readiness Plan and Regional Response Plan, which can be found on the [HCC-E Regional Plans](#) webpage.

SYSTEM PLAN

As new evidence-based guidelines are developed, the regional system disseminates the information to the stakeholders and, when needed, has the appropriate committee review the guidelines for regional integration. If regional integration is recommended, the regional committee will develop an implementation plan in collaboration with stakeholders. All stakeholders must have an opportunity to attend an educational overview of the guidelines to ensure they are knowledgeable of the new practice guidelines prior to implementation, including any elements that will be integrated into the system performance improvement process. If approved, new guidelines are shared with appropriate RAC members and stakeholders and integrated into the regional system plan.

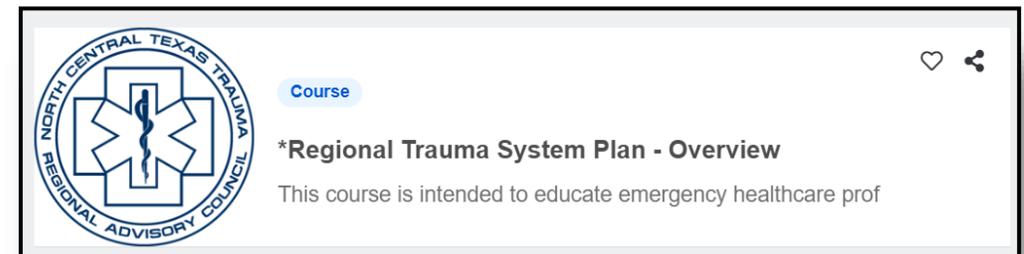
Score	Criteria
0	Not Known
1	A structured process for evaluating new evidence-based practice guidelines for implementation with the regional stakeholders does not exist.
2	A structured mechanism is in place to inform regional stakeholders of new evidence-based guidelines for implementation in the region but does not define how it will be integrated regionally.
3	A structured mechanism is in place to inform the regional stakeholders of new evidence-based guidelines and define if the guidelines should be integrated into the regional guidelines. If the recommendation is to integrate the guidelines into the region, processes for implementation of the guidelines and stakeholder education for the regional system must be provided. If approved, new guidelines are shared with RAC members and stakeholders and integrated into the system plan.
4	In addition to #3, the guidelines are integrated into the system performance improvement process.
5	In addition to #4, the plan includes the system’s capabilities to collect, monitor, and analyze data for reporting purposes and to produce reports reflecting the compliance and outcomes of the guidelines. The reports are shared with the regional stakeholders and contained in the regional annual report.

NCTTRAC Regional Trauma System Plan

10. PRE-HOSPITAL TRIAGE CRITERIA

- 10.1 The NCTTRAC Trauma Triage and Transport Guidelines were developed to assist emergency care providers at the scene, in conjunction with standard medical operational procedures and on-line medical control, to evaluate the level of care required by the injured or ill person and to determine the patient's initial transport destination. These guidelines align with the most recent national Trauma Center Field Triage Criteria outlined in the *American College of Surgeons, Resources for Optimal Care of the Injured Patient*¹, and the Centers for Disease Control (CDC). The Trauma Triage and Transport Guidelines are reviewed annually and revised as necessary by EMS and Trauma focus groups comprised of system specialty physician leaders, and appropriate service-line committees. The EMS Medical Directors Committee has final review and recommendation before being submitted to NCTTRAC Board of Directors for endorsement and implementation. See in [Annex D Appendix D-1: NCTTRAC Trauma Triage and Transport Guidelines](#).

Trauma System Plan Education
available on NCTTRAC LMS System



SYSTEM PLAN

The regional trauma and emergency health care system plan includes the capabilities and capacity for EMS and designated facilities in the RAC. This information is included in the system plan. The regional system plan is available to RAC members and stakeholders.

Score	Criteria
0	Not Known
1	The regional system plan does not address these issues.
2	The regional system plan identifies the need for capabilities or capacity for EMS or designated facilities in the region but does not have processes in place to monitor.
3	The RAC has processes in place to monitor the capabilities and capacity for EMS and designated facilities in the RAC. This information is included in the system plan. The regional system plan is available to RAC members and stakeholders.
4	In addition to #3, the capabilities and capacity for EMS and designated facilities in all geographic areas of the region are monitored for continual operations. (Example: Pediatric transport capabilities in the very rural areas of the region are needed.)
5	In addition to #4, the regional leaders and stakeholders collectively work on strategies to advance the EMS and designated facilities' capabilities and capacity in the region with the regional stakeholders, public health, local government entities, local business community stakeholders, and the department.

NCTTRAC Regional Trauma System Plan

10. SYSTEM CAPACITY AND CAPABILITY MONITORING

10.1 EMResource is the primary tool in TSA-E for hospitals to communicate with EMS providers about any facility issues that may be relevant to EMS patient destination decisions.

EMResource is used to report on the saturation level of a facility's Emergency Department, the overall status of a facility's Emergency Department, specific clinical service capabilities, facility bed availability, and interfacility transfer availability for MedSurg & ICU patients.

10.5 Trauma Centers can note specific trauma-related service capabilities, such as Hand, Replant, Burn etc., using the appropriate EMResource status types. A full list of Trauma-related status fields can be found in EMResource under the view titled "TSA-E: Trauma".

SYSTEM INTEGRATION

There is a clearly defined, cooperative, and ongoing relationship between the regional EMS, trauma, systems of care, and emergency health care system specialty physician leaders. This is written into the system plan. The regional system plan is available to RAC members and stakeholders.

Score	Criteria
0	Not Known
1	There is little evidence of physician integration into the regional care system.
2	There is no formally established, ongoing relationship between the regional EMS, trauma, systems of care, and emergency health care system medical directors. There is no evidence of informal efforts to cooperate and communicate.
3	There are established and ongoing relationships between the regional EMS, trauma, systems of care, and other emergency health care system medical directors established through the medical advisory structure outlined in the bylaws, with minimal integration of specialty services such as neurosurgeons, neurologists, orthopedic surgeons, family medicine physicians, intensivists, hospitalists, geriatricians, pediatricians, behavioral health providers, and rehabilitation providers. Advanced practice providers are integrated into the system planning. The regional system plan is available to RAC members and stakeholders.
4	In addition to #3, some specialty physicians or services are integrated to develop specific guidelines. This medical advisory structure may be utilized to review cases referred to the performance improvement committees, as necessary.
5	In addition to #4, there is integration of specialty physicians and services to assist in defining regional guidelines and evidence-based practice guidelines for patients served by the region when needed. Specialty service physicians are integrated into the development of specific guidelines for their specialty.

NCTTRAC Regional Trauma System Plan

5. EVIDENCE OF SYSTEM PARTICIPATION

5.1 Announcements for trauma system planning are sent electronically to NCTTRAC membership to allow participation from interested members and to include a broad range of healthcare personnel such as physicians, nurses, EMS prehospital providers, advanced practice providers, and specialty physician leaders. Members have the option to attend meetings either virtually or in person at the NCTTRAC offices.

9. PRE-HOSPITAL TRIAGE CRITERIA

9.1 The Trauma Triage and Transport Guidelines are reviewed annually and revised as necessary by EMS and Trauma focus groups comprised of system specialty physician leaders, and appropriate service-line committees.

SYSTEM INTEGRATION

The regional trauma and emergency health care system plan integrates designated facilities with other acute care facilities, extended care facilities, rehabilitation facilities, and 9-1-1 EMS providers into regional committees and projects. This includes facilities for specialty care such as burn care. This element of system integration is written into the system plan. The regional system plan is available to RAC members and stakeholders.

Score	Criteria
0	Not Known
1	The regional system plan does not include the region’s designated facilities or prehospital providers.
2	There is a regional system plan that integrates all designated facilities and prehospital providers but does not include other health care stakeholders.
3	The regional system plan integrates designated facilities with other acute care facilities, extended care facilities, rehabilitation facilities, and 9-1-1 EMS providers from the urban, suburban, and rural communities into the regional committees and identified projects. This element of system integration is written into the system plan. The regional system plan is available to RAC members and stakeholders.
4	In addition to #3, the RAC outlines defined roles, responsibilities, and expectations of participation in the regional committees.
5	In addition to #4, the committee outcomes are monitored, analyzed, and shared with the regional stakeholders, public health, local government entities, local business community stakeholders, and the department.

NCTTRAC Regional Trauma System Plan

17. REHABILITATION

17.2 To uphold the continuum of care from illness to health and offer a high level of service, rehabilitation is a critical service offered within TSA-E through hospital-based programs and private organizations. Transfer protocols for rehabilitation facilities are determined by individual facilities. Rehabilitation facilities within the region are encouraged to attend and actively participate in regional planning and initiatives to ensure comprehensive, coordinated care across the trauma system.

19. COALITION AND PARTNERSHIP BUILDING

19.1 Coalition and Partnership building is a continuous process of cultivating and maintaining relationships with stakeholders within the NCTTRAC trauma service area. Collaboration on injury control and trauma system development with community partnerships is key. Constituents include health care professionals, prehospital providers, insurers, payers, data experts, consumers, advocates, policy makers, trauma center administrators, and media representatives.

BUSINESS/FINANCE

The RAC leaders provide the general membership with a financial report, which includes funds expended, planned expenditures, remaining balances of funding for RAC operations, and the funding allocated to specific projects related to the development and advancement of the regional EMS, trauma, systems of care, and emergency health care system.

Score	Criteria
0	Not Known
1	No operational budgets or regional financial reports are shared with the RAC stakeholders.
2	The operational budget to support the regional EMS, trauma, systems of care, and emergency health care system is limited. There is no evidence of budget reports being shared with the RAC general membership.
3	The annual budget and the regional EMS, trauma, systems of care, and emergency health care system funding allocations and priorities are shared with the RAC general membership. This must be an agenda item in the general membership meeting. Membership meetings and agendas must be posted on the RAC website.
4	In addition to #3, all financial audit findings are shared with the RAC board, with appropriate action plans, as necessary.
5	In addition to #4, RAC stakeholders have an opportunity to provide input and recommendations for the annual financial decisions before the final approval of the budget.

NCTTRAC Regional Trauma System Plan

16. SYSTEM PERFORMANCE IMPROVEMENT PROGRAM

16.5.3 The [Annex F NCTTRAC Regional System Performance Improvement Plan](#) details the committee's processes to review identified referred events, identifies opportunities for improvement, defines the action plans and data required to correct the event, and establishes measures to evaluate the action plan through to event resolution.

EMS/PREHOSPITAL

The regional trauma and emergency health care system plan defines an EMS Medical Director Committee or medical advisory process that is actively involved with the local and state advisory council initiatives focusing on the development, implementation, and ongoing evaluation of the EMS system guidelines. These guidelines include but are not limited to prehospital triage criteria to establish appropriate destination and transport criteria for patients with acute trauma, systems of care, or other time-sensitive disease processes; which resources to dispatch, such as Advanced Life Support (ALS) vs. Basic Life Support (BLS) and First Responder Organizations (FRO); air-ground coordination; early notification of the receiving health care facility; pre-arrival instructions; EMS-Time Out guidelines; facility patient feedback to EMS; and other EMS regional procedures. These are elements of the regional trauma, and emergency healthcare system plan. The regional system plan is available to RAC members and stakeholders.

Score	Criteria
0	Not Known
1	There are no regional trauma, systems of care, and emergency health care system recommended prehospital guidelines.
2	Regional trauma, systems of care, and emergency health care system guidelines have been developed but without regard to the national standards.
3	Regional trauma, systems of care, and emergency health care system guidelines have been developed and adopted and are congruent with national standards, but there is no evidence of a coordinated implementation process with the regional EMS providers and other stakeholders. The EMS guidelines are an element of the regional system plan. The regional system plan is available to RAC members and stakeholders.
4	In addition to #3, a documented regional implementation plan includes the regional EMS providers and other stakeholders with minimal outcome data.
5	In addition to #4, these guidelines are integrated with the regional system performance improvement process to evaluate compliance with the guidelines and outcome data.

NCTTRAC Regional Trauma System Plan

8. MEDICAL OVERSIGHT

8.2 NCTTRAC has an established EMS Medical Directors Committee, which meets quarterly to provide guidance on the development and review of hospital and pre-hospital assessment tools, regional system plans, and triage and transport guidelines. Each NCTTRAC committee also includes elected committee medical directors who play a vital role in overseeing their respective service line committees. These Medical Directors are responsible for providing medical oversight, actively participating in committee initiatives, and collaborating with other RAC committees and Medical Directors to ensure a cohesive and integrated approach to regional trauma system planning.

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EMS/PREHOSPITAL

There are recommended regional prehospital triage criteria to establish appropriate destination and transport of patients with acute trauma, systems of care, or other time-sensitive disease processes. The regional EMS Medical Director Committee or medical advisory process, EMS providers, and designated facilities regularly evaluate prehospital triage criteria to identify system gaps. The regional prehospital triage criteria are included in the EMS guidelines of the regional trauma and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.

Score	Criteria
0	Not Known
1	There are no recommended regional prehospital triage criteria to ensure that patients with acute trauma, systems of care, or other time-sensitive disease processes are transported to the appropriate facility.
2	There are differing regional prehospital triage criteria for acute trauma, systems of care, and other time-sensitive disease processes used by EMS providers. The appropriateness of prehospital triage criteria and subsequent transportation are not evaluated.
3	Regional prehospital triage criteria for patients with acute trauma, systems of care, and other time-sensitive disease processes are developed, approved by the EMS/FRO Medical Director Committee or medical advisory process and implemented for a system approach. These prehospital guidelines are included in the regional system plan. The regional system plan is available to RAC members and stakeholders.
4	In addition to #3, the prehospital triage criteria are utilized by EMS providers and monitored through the regional system performance improvement process.
5	In addition to #4, the effectiveness of the triage criteria is evaluated through outcomes and transfer activities. These reports are generated quarterly and reviewed by the Medical Director Committee or medical advisory process.

NCTTRAC Regional Trauma System Plan

10. PRE-HOSPITAL TRIAGE CRITERIA

10.1 The survival of the trauma patient is dependent upon rapid recognition and management of life-threatening injuries, followed by rapid transport to an appropriate facility. The NCTTRAC Trauma Triage and Transport Guidelines, attached as [Annex D Appendix D-1: NCTTRAC Trauma Triage and Transport Guidelines](#), were developed to assist emergency care providers at the scene, in conjunction with standard medical operational procedures on-line medical control, and national standards to evaluate the level of care required by and determine the patient's initial transport destination. Regional air transport resources may be appropriately utilized in order to reduce delays in providing optimal trauma care. Refer to [Annex D Appendix D-3: Aircraft Utilization Guidelines](#).

DEFINITIVE CARE FACILITIES

The regional EMS, trauma, systems of care, and emergency health care system identifies and tracks the number, levels, and geographic location of designated facilities. This information is included in the regional trauma and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.

Score	Criteria
0	Not Known
1	There is no regional system plan to identify and track the number, levels, and distribution of trauma centers for the region.
2	The regional system plan does not identify or track the number, levels, or distribution of designated facilities for the region.
3	The regional system plan identifies the number, level of designation, and distribution of designated facilities within the region and integrates this information into the regional system plan. This information is included in the regional system plan. The regional system plan is available to RAC members and stakeholders.
4	In addition to #3, the region identifies areas with limited resources for care.
5	In addition to #4, the regional system plan has provisions to assist the areas with limited resources in managing or transferring acute patients, and this is monitored through the regional system performance improvement process.

NCTTRAC Regional Trauma System Plan

2. REGIONAL DEMOGRAPHICS

2.5 TSA-E contains five rural counties, Cooke, Erath, Fannin, Palo Pinto, and Somervell, with populations less than 50,000 that can often face significant resource limitations, impacting timely and effective response. These areas frequently lack specialized trauma centers, which means patients may need to travel long distances for advanced care, delaying critical treatment. Limited staffing, including a shortage of trauma-trained medical personnel and emergency responders, exacerbates response times and restricts care capacity. Emergency Medical Services (EMS) response is further challenged by limited staffing, including a shortage of EMTs and paramedics. These constraints can lead to slower response times, with fewer ambulances and crews available to cover expansive rural areas.

SYSTEM COORDINATION AND PATIENT FLOW

Regional guidelines and processes to expedite interfacility transfers of patients with acute trauma or systems of care events, individuals with life-threatening or limb-threatening injuries or disease, and other time-sensitive disease processes are included in the regional trauma and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.

Score	Criteria
0	Not Known
1	Regional processes to expedite interfacility transfers of acute patients are not in place.
2	The interfacility transfer guidelines and processes are defined by each facility, but no regional process is established.
3	Regional guidelines for interfacility transfer to expedite patients with acute trauma or systems of care events, individuals with time-sensitive disease processes, and life-threatening or limb-threatening injuries or diseases are written and integrated into the regional system plan. The system plan is available to RAC members and stakeholders.
4	In addition to #3, these guidelines and processes are monitored through the regional system performance improvement process.
5	In addition to #4, the region has implemented a transfer coordinating center and measures to facilitate sharing of patient images and patient records from the transferring facility to the receiving facility to expedite the accepting team's decision-making. This may include telehealth and telemedicine capabilities. Software to track the transport agency's location and estimated time of arrival at the transferring facility is in place and integrated into the transfer decision scheme. These guidelines are monitored through the regional system performance improvement process to evaluate transfer timeliness and appropriateness and to monitor the "out of RAC" transfers. Performance improvement reports are shared quarterly with RAC members and stakeholders. The Medical Director Committee/medical advisory process reviews all transfer delays.

NCTTRAC Regional Trauma System Plan

13. INTER-FACILITY TRANSFERS

13.1.1 Injured patients should be transferred to a higher level of care when the medical needs of the patient outweigh the resources at the initial treating facility. The [Annex D Appendix D-2: NCTTRAC Trauma Transfer Guidelines](#) identifies injury patterns that would benefit from a higher level of care and thus should be transferred to a Level I or Level II Trauma Center.

NCTTRAC Regional System Performance Improvement Plan

4.1 “...By analyzing transfer data and engaging stakeholders across the trauma system, this effort seeks to strengthen coordination among facilities, reduce delays, and ensure that critically injured patients receive the appropriate level of care as quickly as possible.”

SYSTEM COORDINATION AND PATIENT FLOW

Specific regional populations that may have defined needs are identified for trauma, systems of care, and other time-sensitive disease processes in the regional system plan. Examples of unique populations include bariatric, homeless, behavioral health, and the non-English speaking population in all geographic areas of the region, including the rural and remote areas. The regional trauma and emergency health care system plan identifies resources for these populations. The regional system plan is available to RAC members and stakeholders.

Score	Criteria
0	Not Known
1	There has been no consideration of the specific needs of unique populations.
2	The regional stakeholders have not prioritized the specific populations and their potential needs in the regional system plan.
3	The regional stakeholders have identified specific populations and defined specific resources for these populations. This information is integrated into the regional system plan and is available to RAC members and stakeholders.
4	In addition to #3, there are measures to share the list of resources with RAC members and stakeholders.
5	In addition to #4, the list of resources is updated annually.

NCTTRAC Regional Trauma System Plan

15. SPECIAL POPULATIONS

15.1 Pediatrics

15.2 Geriatrics

15.3 Bariatric

15.4 Behavioral Health

Resources Made Available Through System Plan and NCTTRAC Website:

- Pediatric Hemorrhage/Mass Transfusion of Blood Products Administration Guidelines
- Geriatric Treatment Considerations and Recommendations
- FY24 EMS Bariatric Resource Document

PREVENTION AND OUTREACH

Written injury and disease prevention and outreach guidelines that utilize evidence-based practices are implemented. Implementation includes collaboration with other agencies and community partners. The specific prevention and outreach programs are data-driven and aimed at high-risk injuries that produce the “top five” injury reasons for trauma facility admission or trauma deaths for the region’s systems of care and time-sensitive diseases guided by regional data, with consideration to shared risk and protective factors. Specific goals with measurable objectives are incorporated into the prevention and outreach guidelines and monitored quarterly. This information is disseminated to regional stakeholders. Outcome data of the prevention and outreach guidelines are included in the regional annual report.

Score	Criteria
0	Not Known
1	There is no written plan for a coordinated injury and disease prevention program.
2	There are multiple injury and disease prevention programs that may conflict with resources available or with the goals of the regional system plan, or there is a lack of regional coordination.
3	The regional system plan includes written guidelines for specific coordinated injury and time-sensitive disease prevention and outreach programs based on regional data with defined goals and measurable outcomes. The outcomes of the prevention and outreach guidelines are included in the regional annual report. The regional annual report is available to RAC members and stakeholders.
4	In addition to #3, the written injury and time-sensitive disease prevention and outreach guidelines are implemented with regional and community stakeholder participation. These programs have regional support and may be integrated with established coalitions.
5	In addition to #4, these prevention and outreach guidelines have documented evaluation processes to define their effectiveness. Through the regional annual report, the prevention and outreach outcomes are shared with regional stakeholders, public health, local government entities, the business community stakeholders, and the department. If coalitions are not in place for high-risk injuries or time-sensitive diseases, the RAC may consider developing a coalition to integrate with the community partners and other interested stakeholders.

NCTTRAC Regional Trauma System Plan

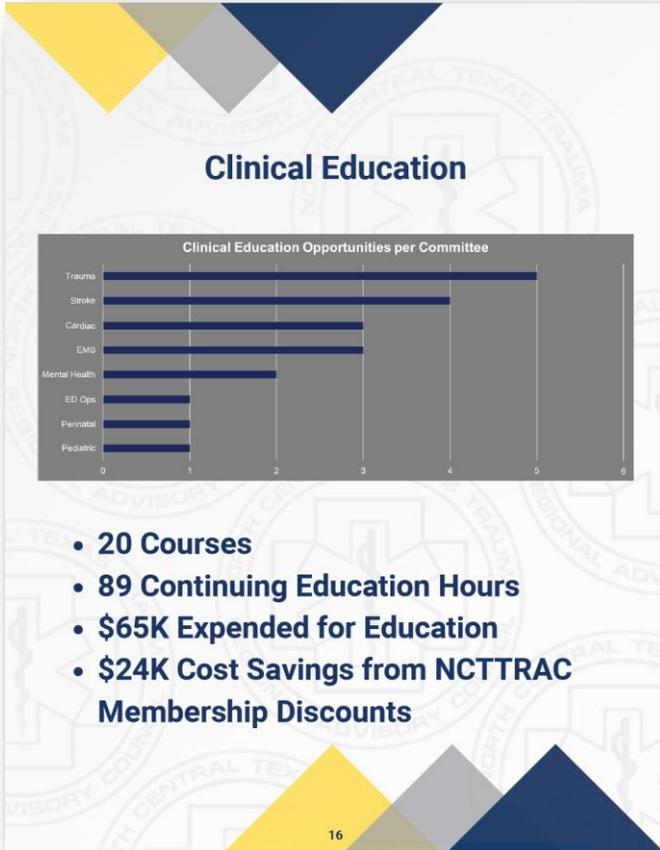
18. INJURY PREVENTION AND PUBLIC EDUCATION

18.4 The NCTTRAC Trauma Public Education and Injury Prevention Subcommittee serves as a resource to identify prevention programs, events, and other prevention resources available to members and the community in TSA-E. Regional, state, and national data will be utilized to determine current trauma trends and address specific priorities. Workgroups and coalitions may also be developed to focus on specific mechanisms and/or populations for educational opportunities. The subcommittee is currently advancing a Fall Prevention Initiative, which integrates prehospital, hospital, and post-acute or long-term care facilities to create a comprehensive approach to reducing fall-related injuries and fatalities. Members are encouraged to reference [Annex C Appendix C-4: Injury Prevention and Public Education Falls Prevention Initiative Guidelines](#) for further information on this initiative.

PREVENTION AND OUTREACH

The region conducts at least one interdisciplinary EMS, trauma, systems of care, or acute emergency health care conference or educational case review annually designed to engage regional stakeholders, disseminate evidence-based practices, and focus on the system approach to patient care and improving regional outcomes. Information on this conference or case presentation must be shared with the appropriate regional stakeholders. Regional participant attendance is documented. This information is included in the regional annual report. The regional annual report is available to RAC members and stakeholders.

Score	Criteria
0	Not Known
1	There are no multidisciplinary conferences or educational case reviews conducted with the region.
2	The region provides infrequent multidisciplinary educational opportunities.
3	A regional multidisciplinary conference or educational case review for EMS, trauma, systems of care, or time-sensitive disease process opportunities is scheduled at least annually, with attendance monitored and reviewed. This information is included in the regional annual report. The regional annual report is available to RAC members and stakeholders.
4	In addition to #3, educational opportunities are defined through the self-assessment, stakeholder requests, or system performance improvement process, and attendance is monitored.
5	In addition to #4, these educational programs are inclusive to all regional health care stakeholders. Continuing education and continuing medical education credits are provided. If the RAC cannot support the educational opportunities, it is partnering with other RACs or organizations to provide educational opportunities or disseminate upcoming educational programs.



FY22

Clinical Education

NCTTRAC provides educational opportunities to enhance the knowledge, skills, and best practices of emergency healthcare professionals to promote a system of quality care in North Central Texas. Course fees are discounted 50% for NCTTRAC Members servicing the TSA-E counties of Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise.

The NCTTRAC Cardiac Conference hosted Author, Speaker, Educator, Nicole Kupchik on August 24, 2023. Attendees enjoyed the unique and fun learning experience. The Cardiac Committee looks forward to hosting Nicole Kupchik in future events.

FY23 Clinical Education

December 13, 2022	Adolescent Prenatal Care
December 13, 2022	Building a Better Stroke System of Care
April 11, 2023	Recognizing Non-Accidental Trauma in Pediatric Patients
April 11, 2023	Zebros of the Heart: Case Studies in Cardiology
July 28, 2023	Optimal Trauma Center Organization & Management Course
August 24, 2023	NCTTRAC Cardiac Conference
August 31, 2023	Trauma Outcomes & Performance Improvement Course

NCTTRAC is approved by the California Board of Registered Nursing, Provider # CEP17433. DSHS Program Approval # 600748

FY23

Clinical Education

NCTTRAC provides educational opportunities to enhance the knowledge, skills, and best practices of emergency healthcare professionals to promote a system of quality care in North Central Texas.

NCTTRAC Education Station

121 CE Hours Offered

Courses Offered

- AAAM Abbreviated Injury Scale 2015
- Best Practices for Sepsis in Obstetric Patients
- Certified Emergency Nurse (CEN) Exam Review
- Certified Pediatric Emergency Nurse (CPEN) Exam Review
- EMS Basic Field Training Officer (BFTO)
- EMS Field Training & Evaluation Program (FTEP)
- Helicopter Safety & Landing Zone Training
- Obstetric Patient Safety (OPS): OB Emergencies Workshop
- Emergent ECMO for an Unexpected PASD Patient
- Evaluation of Patients with Aphasia
- Stroke in Young Adults

420 Attendees Total

140 EMS Professionals
280 Registered Nurses

\$63,000 worth of NCTTRAC Funded Courses

19

FY24

REHABILITATION

The regional system has integrated rehabilitation resource capabilities into the regional trauma and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.

Score	Criteria
0	Not Known
1	The regional stakeholders have not integrated rehabilitation resources into the regional system plan.
2	The regional system plan has integrated rehabilitation programs, but rehabilitation specialists are not participating in the regional activities. They only participate in the designated facilities.
3	The regional system plan has integrated rehabilitation program capabilities into the regional system plan and provided opportunities for rehabilitation facilities to participate in regional committees or activities. The regional system plan is available to RAC members and stakeholders.
4	In addition to #3, a regional rehabilitation specialist(s) is participating on a RAC committee(s).
5	In addition to #4, there is evidence of a well-integrated system plan to include rehabilitation facilities in the regional system planning efforts. Rehabilitation facilities provide data on patient discharge functional outcomes for the regional annual report and participate in the regional system performance improvement process.

NCTTRAC Regional Trauma System Plan

17. REHABILITATION

- 17.1 Rehabilitation is the process of helping a patient adapt to a disease or disability by teaching them to focus on their existing abilities. Within a rehabilitation center, physical therapy, occupational therapy, and speech therapy can be implemented in a combined effort to increase a person's ability to function optimally within the limitations placed upon them by disease or disability.
- 17.2 To uphold the continuum of care from illness to health and offer a high level of service, rehabilitation is a critical service offered within TSA-E through hospital-based programs and private organizations. Transfer protocols for rehabilitation facilities are determined by individual facilities. Rehabilitation facilities within the region are encouraged to attend and actively participate in regional planning and initiatives to ensure comprehensive, coordinated care across the trauma system.

EMERGENCY RESPONSE

The RAC leaders and stakeholders assist with sharing and disseminating local, regional, and state emergency response and preparedness initiatives and priorities within the RAC. Stakeholders are integrated into the emergency response training and educational opportunities.

Score	Criteria
0	Not Known
1	There is no evidence of a working relationship or the sharing of data between the RAC leadership, members, stakeholders, and other partners.
2	The RAC leadership collaborates with hospital preparedness stakeholders, including the department and the Health Care Coalition, other emergency services functions (ESF) agencies, and partners, but RAC members are not updated on planning, preparedness, and activities.
3	The RAC leaders disseminate planning and preparedness information and share the data and equipment tracking needs with the regional members and stakeholders in collaboration with the identified Health Care Coalition.
4	In addition to #3, the RAC leaders share information regarding public health surveillance data, public health threats, and emergency response needs with the regional stakeholders in collaboration with the Health Care Coalition.
5	In addition to #4, the RAC leaders and stakeholders continually assess resources, capabilities, and solutions to respond to the identified regional hazards and share the status of needs with the regional stakeholders, public health, local government entities, the business community stakeholders, the Health Care Coalition, and the department.

NCTTRAC Regional Trauma System Plan

20. DISASTER PREPAREDNESS AND RESPONSE

- 20.1 Disaster preparedness and response activities among the emergency healthcare system in TSA-E are conducted at the regional level through the Health Care Coalition (HCC). The HCC has been developed and funded as part of the federal Hospital Preparedness Program (HPP). The TSA-E HCC is composed of partner organizations from 4 core groups: hospitals, EMS, public health, and emergency management. These 4 groups work together as the HCC to promote emergency preparedness and healthcare delivery response.
- 20.2 The TSA-E HCC conducts disaster preparedness and response activities in accordance with the Trauma Service Area-E Health Care Coalition Regional Readiness Plan and Regional Response Plan, which can be found on the [HCC-E Regional Plans](#) webpage.

EMERGENCY RESPONSE

The RAC leaders share information with regional stakeholders to assist in completing a resource assessment of the system’s capabilities and capacity to surge for mass casualty incidents (MCIs) in an all-hazards approach. This information is documented in a regional internal document.

Score	Criteria
0	Not Known
1	A resource assessment of the regional system’s capabilities and capacity to expand its resources to respond to MCIs in an all-hazards approach has not been completed.
2	The RAC leaders, members, and stakeholders completed a limited assessment of the system’s capabilities and capacity to expand resources to respond to an all-hazards MCI in limited areas of the RAC.
3	The RAC leaders, members, and stakeholders completed an assessment of the system’s capabilities and capacity to expand resources to respond to an all-hazards MCI for all areas of the region within the last 24 months. This is documented in a regional internal document and shared with the department at the same time the regional system plan is shared with the department.
4	In addition to #3, an assessment of the system’s capabilities includes medical reserve personnel, additional equipment, age-specific resources, caches, communication interoperability, and overall management structure to ensure integration with the local government entities, the emergency management district, and Emergency Medical Task Force (EMTF).
5	In addition to #4, the RAC disseminates educational information to ensure stakeholders are trained and prepared to respond to no-notice events, as well as events with notification.

HCC-E Regional Preparedness Strategy

2.6 MAINTENANCE AND SUSTAINABILITY OF THE HEALTHCARE COALITION

The HCC engages with clinicians (physicians, nurses, paramedics, etc.) on multiple levels. Clinicians represent HCC partner organizations in REPC and its associated subcommittees. REPC also has designated Co-Medical Directors on its Leadership Group. The REPC Medical Director supports additional clinical engagement with HCC activities through the establishment of expanded email groups to additional EMS and hospital-based Medical Directors. This collective group is known as the REPC Disaster Clinical Advisory Group (DCAG). Per ASPR the role of the Clinical Advisory Group is to:

- Provide clinical leadership to the coalition and serve as a liaison between the coalition and medical directors/medical leadership at health care facilities, supporting entities (e.g., blood banks), and EMS agencies.
- Review and provide input on coalition plans, exercises, and educational activities to assure clinical accuracy and relevance.
- Act as an advocate and resource for other clinical staff to encourage their involvement and participation in coalition activities.
- Assure that subject matter experts are available, and a process exists to meet the needs during a specialty surge mass casualty event.

Individual HCC partner organizations regularly engage clinicians within their organization and community in the development of their individual emergency preparedness plans, which inform HCC preparedness activities. For more involved clinician participation, REPC will reach out to existing NCTTRAC clinical committees for input from clinical subject matter experts.

EMERGENCY RESPONSE

The RAC leaders and stakeholders establish and implement reliable system communications that are effectively coordinated for an all-hazards response or a major EMS incident. This information is included in a separate document from the regional system plan.

Score	Criteria
0	Not Known
1	Guidelines for regional system communications in the event of an all- hazard incident are not in place.
2	Local EMS systems have written procedures for communications in the event of an all-hazards or major incident. However, there is no coordination among the local jurisdictions or regional stakeholders.
3	The RAC leaders and stakeholders develop guidelines for implementing system communications for an all-hazards response or major EMS incident that are effectively coordinated with existing systems, processes, and plans. This information is included in a separate document from the system plan. The document is shared with the department at the same time the regional system plan is shared.
4	In addition to #3, the RAC facilitates a coordinated communications system with other jurisdictions and partners within the developed regional all-hazard response plan, following the incident management system and collaborating with the HCC.
5	In addition to #4, the RAC develops communication system redundancies, and regional stakeholders regularly evaluate these communication procedures through simulated incident exercises. Changes or revisions in the procedures are based on the outcomes of these exercises. RAC leadership shares the after-action findings of these exercises with the regional stakeholders and Health Care Coalition.

HCC-E Medical Response Strategy

4.7 COMMUNICATION AND INFORMATION SHARING

The following sections describe the platforms and methods used for communication and information sharing within the HCC to external partners during response operations, alerting and notification procedures, situational awareness, Essential Elements of Information (EEl)s sharing and redundant communications protocols should primary communications systems become inoperable. More details on communication and information sharing in the HCC-E can be found in Annex D, HCC-E Communications, and Information Sharing Concept of Operations at the end of this document.

Communications and Information Sharing Concept of Operations

A. PURPOSE

The Trauma Service Area E (TSA-E) Health Care Coalition (HCC) Communications and Information Sharing Concept of Operations (ConOps) is intended describe how the TSA-E HCC communicates in both normal and response operations. The TSA-E HCC is administered by the North Central Texas Trauma Regional Advisory Council (NCTTRAC). This document describes the various communication and information sharing methods available within the TSA-E HCC and provides a guide for their use in both normal operations and response operations.

REGIONAL SYSTEM PERFORMANCE IMPROVEMENT

The regional trauma and emergency health care system plan has defined processes to support a regional system performance improvement plan that is supported by regional stakeholders through committee participation, sharing of requested data, and review of specific regional referrals. The system performance improvement plan defines the review process, including identifying opportunities for improvement. If the event has not been reviewed by a facility or EMS provider, the level of harm and level of review are defined. All regional opportunities for improvement have a defined action plan, and the action plan is implemented and monitored to reach event resolution. An annual summary of the regional performance improvement process is shared with the regional stakeholders. The retrospective regional Medical Director Committee/ medical advisory process of the established patient field triage and destination, communication, treatment, and transport are integrated with the regional performance improvement process. The outcomes of the regional performance improvement process are included in the regional annual report. The regional annual report is available to RAC members and stakeholders.

Score	Criteria
0	Not Known
1	The RAC does not have a defined structure or procedures to support a regional performance improvement process.
2	Elements of a regional system performance improvement process are established, but no formal procedures are established.
3	The RAC leadership and stakeholders have developed and implemented a regional system performance improvement plan that is supported by the stakeholders, committee activities, sharing of requested data, and referral of specific events for regional review. The system performance improvement plan defines the review process, level of harm, and level of review to include the identified opportunities for improvement. All regional opportunities for improvement have a defined action plan, and the action plan is implemented and monitored to reach event resolution. The outcomes of the regional performance improvement plan are included in the regional annual report. The regional annual report is available to RAC members and stakeholders.
4	In addition to #3, the regional performance improvement process reviews data and events specific to EMS field triage and destination, communication, treatment, and appropriateness of transport mode; diversion hours; out-of-RAC transfers; compliance to established regional evidence-based practice guidelines; patient outcomes; and membership participation criteria defined in the bylaws.
5	In addition to #4, annual reports of the regional performance improvement activities are developed and shared with stakeholders, public health, local government entities, community stakeholders, and the department.

NCTTRAC Regional Trauma System Plan

16. SYSTEM PERFORMANCE IMPROVEMENT PROGRAM

- 16.5.3 The [Annex F NCTTRAC Regional System Performance Improvement Plan](#) details the committee's processes to review identified referred events, identifies opportunities for improvement, defines the action plans and data required to correct the event, and establishes measures to evaluate the action plan through to event resolution.

REGIONAL SYSTEM PERFORMANCE IMPROVEMENT

The RAC system performance improvement plan has standardized guidelines for the review of EMS, trauma, and systems of care aggregate outcomes for all ages and all areas of the region that align with the State System Performance Improvement Plan. These outcomes are compared and measured against known national outcomes when available. The aggregate outcomes of the regional performance improvement plan are included in the regional annual report. The regional annual report is available to RAC members and stakeholders.

Score	Criteria
0	Not Known
1	The regional system does not have processes established to engage in performance reviews of patient care aggregate outcomes data to evaluate its performance against national norms.
2	There is some standardized measurement of aggregate outcomes data for the region, but formalized processes are not in place.
3	The RAC system performance improvement plan outlines standardized processes for reviewing EMS, trauma, and systems of care outcomes and shares reports with appropriate committees. The aggregate outcomes of the regional performance improvement plan are included in the regional annual report. The regional annual report is available to RAC members and stakeholders.
4	In addition to #3, the stakeholders use these system reports to identify opportunities for regional improvement and develop action plans.
5	In addition to #4, the system improvements are monitored and reported through the regional annual performance improvement report and shared with stakeholders, public health, local government entities, community business stakeholders, and the department.

NCTTRAC Regional Trauma System Plan

16. SYSTEM PERFORMANCE IMPROVEMENT PROGRAM

- 16.5.3 The [Annex F NCTTRAC Regional System Performance Improvement Plan](#) details the committee's processes to review identified referred events, identifies opportunities for improvement, defines the action plans and data required to correct the event, and establishes measures to evaluate the action plan through to event resolution.


NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL

**Regional System
Performance
Improvement Plan**

Endorsed by NCTTRAC Board of Directors
Date: TBD

Approved by NCTTRAC General
Membership Date: TBD

Supersedes Regional System
Performance Improvement Plan Date: N/A

600 Six Flags Drive Suite 160
Arlington, TX 76011
Phone: 817-608-0390
Fax: 817-608-0399

www.NCTTRAC.org

NCTTRAC serves the counties of Cooke, Fannin, Grayson, Denton, Wise, Parker, Palo Pinto, Ellis, Kaufman, Navarro, Collin, Hunt, Rockwall, Erath, Hood, Johnson, Somervell, Tarrant, and Dallas.

DATA MANAGEMENT

Data collection by the region through the State EMS and Trauma Registry, regional databases, or other data sources are utilized to develop data-driven regional goals with objectives that correlate with the regional system performance improvement plan. The data management plan and system performance improvement plan are included in the regional trauma and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.

Score	Criteria
0	Not Known
1	Regional data is not available through the state or a regional registry.
2	There are limited mechanisms for data collection that can be accessed to provide timely data to assist with developing regional goals.
3	The regional State EMS and Trauma Registry data, regional data, and the regional self-assessment provide information and data to assist with developing goals with defined measurable objectives that support the regional performance improvement plan. The data management plan and system performance improvement plan are included in the regional system plan. The regional system plan is available to RAC members and stakeholders.
4	In addition to #3, the data is used to evaluate the system performance changes in trends and identify improvement opportunities.
5	In addition to #4, the RAC has guidelines in place to share unidentified data with committees and regional stakeholders. These reports are included in the annual regional strategic planning.

NCTTRAC Regional Trauma System Plan

16.4 DATA MANAGEMENT

16.4.1 Data collected through the regional trauma registry is managed and utilized in accordance with applicable federal and state laws as outlined in our Regional Program Participation Agreement (RPPA) and Business Associate Agreement (BAA). Data is used to identify opportunities for improvement, develop regional goals with defined measurable objectives in accordance with the SPI Plan, and monitor trends and outcomes. For more information on these processes, please refer to the [NCTTRAC Data Management Plan](#).

REGIONAL RESEARCH AND PUBLICATIONS

The regional EMS, trauma, systems of care, and emergency health care system has developed mechanisms to engage the regional general membership and other system stakeholders in systems of care regional research or performance improvement projects. This process is included in the regional trauma and emergency health care system plan. The regional system plan is available on request.

Score	Criteria
0	Not Known
1	There is no evidence that regional data is available to support systems of care research projects.
2	Data is available through the RAC, but it is sporadic and lacks current data, validation of data, and a coordinated effort to support systems of care research activities.
3	The regional trauma, systems of care, and emergency health care system has developed mechanisms to engage the regional general membership and other system stakeholders in systems of care research projects. RAC leaders can demonstrate routine interface with the general medical community regarding trauma, systems of care, and EMS providers to share updates and integrate these leaders in performance improvement initiatives. This process is included in the regional system plan. The regional system plan is available to RAC members and stakeholders.
4	In addition to #3, research is a routine agenda item for the committee and general membership meetings.
5	In addition to #4, a structured process to discuss regional systems of care research ideas and projects with the general membership and other system stakeholders in the region is documented and disseminated to stakeholders. Guidelines specifically addressing abstracts, presentations, and publications of research projects funded by the RAC are documented and shared with all stakeholders. All research projects and findings are reported through the RAC committees and general membership meetings before abstracts, presentations, and/or publications are completed.

NCTTRAC Regional Trauma System Plan

23. RESEARCH

- 23.1 NCTTRAC participates in regional research on an ad hoc basis. Members interested in pursuing a regional research project can submit their request to the appropriate service line committee for review. Should the committee vote to endorse the proposed initiative, the Executive Committee is responsible for governance and release of the data for all research purposes.