

# The Texas Trauma System

State's Unique, Coordinated System Saves Lives



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**T**rauma causes 41 million emergency department visits annually in the U.S. and 2.3 million hospital admissions. In addition to the 192,000 lives lost to trauma annually, the economic burden to the country tops **\$671 billion in healthcare costs and lost productivity.**

In 1989, the Texas Legislature created a statewide system to expand access for and improve transportation of patients with life-threatening conditions. Their vision included pre-hospital stabilization and life-saving interventions at designated hospitals that meet standards

related to staffing, equipment and education. Since 1989, that vision has become a reality with an excellent system of emergency medical services providers and designated trauma facilities, coordinated through Trauma Regional Advisory Councils.

**However, the population explosion, declining reimbursement rates and minimal state funding jeopardize the ability of the Texas Trauma and Emergency Healthcare System to meet today's challenges and stand-ready for disasters, both natural and man-made.**

## Texans Need a Strong Trauma and Emergency Healthcare System

The Texas population continues to grow rapidly. Since 1989, the number of Texans had swelled to more than 27.4 million, a growth of 63 percent. Trauma and EMS resources have not kept pace.

**Injury is the leading cause of death** for Texans under age 44. Nationally, trauma is the number one cause of death for individuals under age 46 and the number three cause of all deaths. The state's case fatality rate was 2.5 percent for 2014. A total of 3,297 trauma deaths were reported in Texas in 2014.

In 2014, the top two causes of injury resulting in trauma hospitalizations in Texas were **falls** and **motor vehicle accidents**. The top three categories for **trauma-related deaths** in Texas in 2014 were:

**Falls**  
37 percent



**Motor vehicle traffic crashes**  
32 percent



**Firearms**  
15 percent

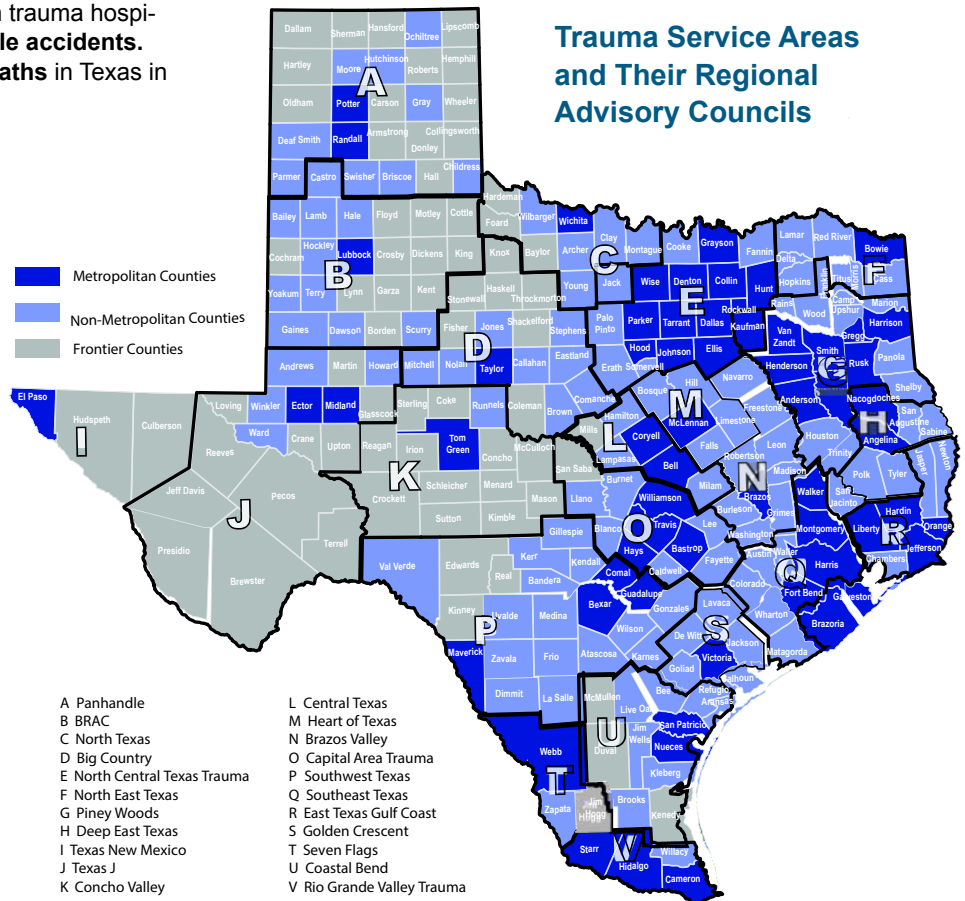


## Regional Advisory Councils

The Trauma Service Area Regional Advisory Councils perform critical services for the trauma and emergency healthcare system, but have been inadequately funded since their inception. Additional duties related to cardiac, stroke and perinatal care as well as disaster response, combined with their original tasks, make it difficult to achieve their state-assigned responsibilities.

Each of the 22 RACs unite competing healthcare providers to develop, implement, maintain and continuously improve a regional trauma and emergency healthcare system plan. RACs bring all stakeholders together, developing regional protocols for EMS response, distribution of patients and use of hospital resources.

## Trauma Service Areas and Their Regional Advisory Councils



Note: Population data from 2010 U.S. Census

Metropolitan county = 50,000 inhabitants

Non-Metropolitan county = less than 50,000 inhabitants

Frontier county = 6 or fewer people per square mile

## Emergency Medical Services (EMS)

EMS providers deliver on-the-scene life-saving treatment that is critical to patients' survival and outcomes. Yet, their funding is haphazard and inadequate, and quality of care varies across the state due to limited resources. Rural EMS providers face special challenges due to low volumes and a lack of trained personnel. Texas has more than 4 million annual ambulance dispatches.

EMS agencies face a variety of costs when responding to 9-1-1 calls. The cost of readiness includes personnel, fuel, ambulance maintenance and many other factors. Readiness and the costs of supplies and time used to treat patients at the scene are not reimbursed when a patient waives hospital transport.

### EMS Dispatch Estimation: 2015

- ✓ 4 million annual dispatches
- ✓ 10,958 daily
- ✓ 456 per hour
- ✓ 7.6 dispatches every minute of the day

## Hospitals

State trauma funds have helped hospitals offset uncompensated trauma care and maintain a statewide trauma safety net. After passage of the Driver Responsibility Program, an additional 101 Texas hospitals were designated as trauma facilities. However, uncompensated trauma costs have continued to grow from a combination of decreasing state funding and a surging population. Several small trauma facilities have closed, often leaving a rural community with no access to emergency healthcare services.

### Total Designated Trauma Centers: 290

<b>Level I Comprehensive Trauma Facilities</b>  <span style="font-size: 2em; font-weight: bold;">17</span> facilities are currently designated	<b>Level II Major Trauma Facilities</b>  <span style="font-size: 2em; font-weight: bold;">14</span> facilities are currently designated
<b>Level III Advanced Trauma Facilities</b>  <span style="font-size: 2em; font-weight: bold;">56</span> facilities are currently designated	<b>Level IV Basic Trauma Facilities</b>  <span style="font-size: 2em; font-weight: bold;">203</span> facilities are currently designated

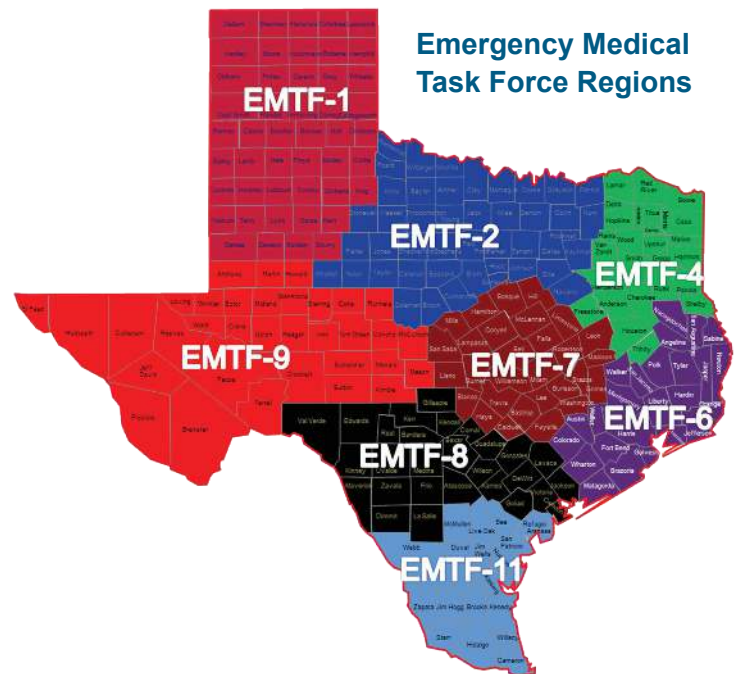
The question is simple: "Does Texas want to maintain its unique, highly effective trauma and emergency health care system which benefits every Texan?"

## Texas Emergency Medical Task Force

EMTF is a federally funded program with the mission of creating state-deployable medical teams, regionalized for rapid mobilization and readiness to provide a well-coordinated response, including professional medical assistance to emergency operation systems during large scale incidents.

With reductions in federal funding, the Texas EMTF program is at a crucial turning point, and state funding is needed to ensure that this important resource continues to be available when disaster strikes.

The Texas Legislature should recognize EMTF and the role that it plays in state disaster response in statute and provide financial support for this important infrastructure resource.



## Bottom Line

The Texas Legislature must ensure a more adequate, stable funding stream to cover the cost of readiness and shore up EMS providers and Trauma Regional Advisory Councils while helping to maintain funding for hospitals' designated trauma centers. Failure to act will have consequences, which will impact rural and frontier communities first. Without stable, more adequate funding, ultimately all Texans will be in jeopardy of not having access to timely trauma and emergency healthcare services when they are needed.