



**TEXAS
WRISTBAND**

PROJECT SUMMARY

Background

The Texas Wristband Project has had many different conceptual iterations over the last decade, or longer. The conversation surrounding developing a tool or system that seeks to resolve continual challenges related to emergency medical services (EMS) and emergency healthcare gained momentum in the Fall of 2019 and the early part of 2020. It was apparent that a tool was necessary to establish a mechanism to account for patients who are displaced during disasters or mass casualty incidents.

The other persistent challenge in healthcare and emergency healthcare is related to the disparate electronic systems that currently exist in both hospitals and EMS.

While many vendors have generated software solutions to address both of these challenges, the same barrier exists across hospitals and EMS providers. Adoption. In order to access these software solutions, there are typically high costs, training, and other issues. Those solutions also require that every hospital and EMS provider adopt the same or compatible software. Each party remains in the same position.

It became apparent that the best fit solution for such a challenge would be to generate the tool that could be incorporated into existing systems rather than trying to develop a system that would require a statewide, wholesale change.

CONCEPT

A wristband should be developed to contain a unique alpha-numeric value that can be applied by EMS to a patient that can be maintained throughout the entirety of that patient's continuum of care.

There were many variables to account for when determining the technical details. As such, the Heart of Texas RAC visited with multiple vendors that produce medical identification bands. This would provide a starting point on what is viable for a project of this scope.

The parameters were simple:

1. Unique alpha-numeric value with sufficient characters to cover Texas through this Pilot and beyond.
2. A wristband color that does not clash or compete with established colors.
3. A bar code that can be scanned if an entity possesses that capability.
4. Balanced in terms of cost-effectiveness and durability.

Discussions with Precision Dynamics Corporation Identocard (PDC) progressed based on their ability to meet the parameters. Several meetings with PDC engineers and designers resulted in the below sample, Image 1. It was determined that the sum of features in the

selected wristband would offer an appropriate product to test among Regional Advisory Councils (RACs).

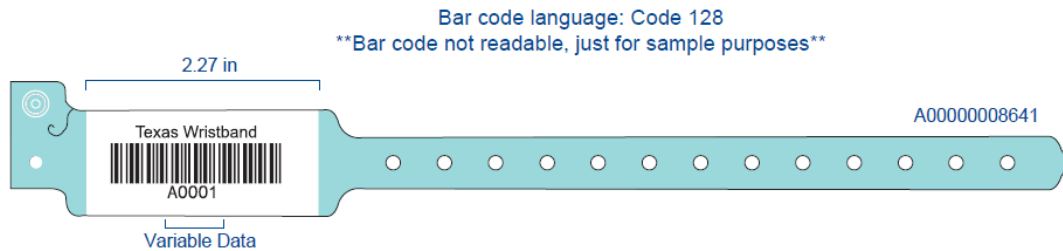


Image 1

Pilot

As a result of Senate Bill 500, the Department of State Health Services (DSHS) allocated money to RACs. A portion of that money would be used to facilitate the Texas Wristband Project.

Due to the COVID-19 pandemic, the project was delayed significantly. As a result, the Heart of Texas RAC assumed a project lead role in steering the initial pilot phase of the Texas Wristband Project.

Participation in the initial Pilot Phase was voluntary. There was unanimous RAC support for a Pilot to proceed. Nine RACs agreed to participate. Participation included purchasing wristbands, tasking EMS within each RAC to place wristbands on patients transported from scene to hospital, and requiring hospitals to account for the gross number of wristbands observed in the emergency department. Each of these stipulations would remain the same across all RACs with only minor adjustments to suit the needs of each region. The Pilot RACs included Trauma Service Areas: C, E, I, J, K, L, M, P, and U.

The Pilot RACs coordinated the uniform effort via virtual meetings hosted by the Heart of Texas RAC. Sample flyers, posters, and a FAQ document was provided to all participating RACs to ensure there was uniform deployment of the project.

The Pilot period was December 1, 2020 to January 31, 2021. Within that period each participating RAC had time to conduct the Pilot in a manner that best suited their respective regions while maintaining the aforementioned stipulations.

Results & Interpretation

The gross data observed included the below variables that were used to generate a percentage that we globally called “success percentage”.

1. Total Number of Texas Wristbands Applied by EMS
2. Total Number of Texas Wristbands Observed by Hospitals
3. Percent (%) Success = EMS Total/Hospital Total

Values represent self-reported data that was viable. One of the participating RACs ordered wristbands but was unable to perform the Pilot due to COVID-19 response activities. Another participating RAC did not have sufficient hospital numbers due to unforeseen circumstances. And a third RAC did not have hospital-reported values. The remaining values were used to generate a 68% success rate.

RAC	EMS	Hospital	Percentage
C	1198	947	79%
E	11422	6703	59%
J	2640	1586	60%
K	1181	752	64%
L	5573	3163	57%
M	4910	834	17%
U			
I	2961	771	26%
P	282	248	88%

Conclusions

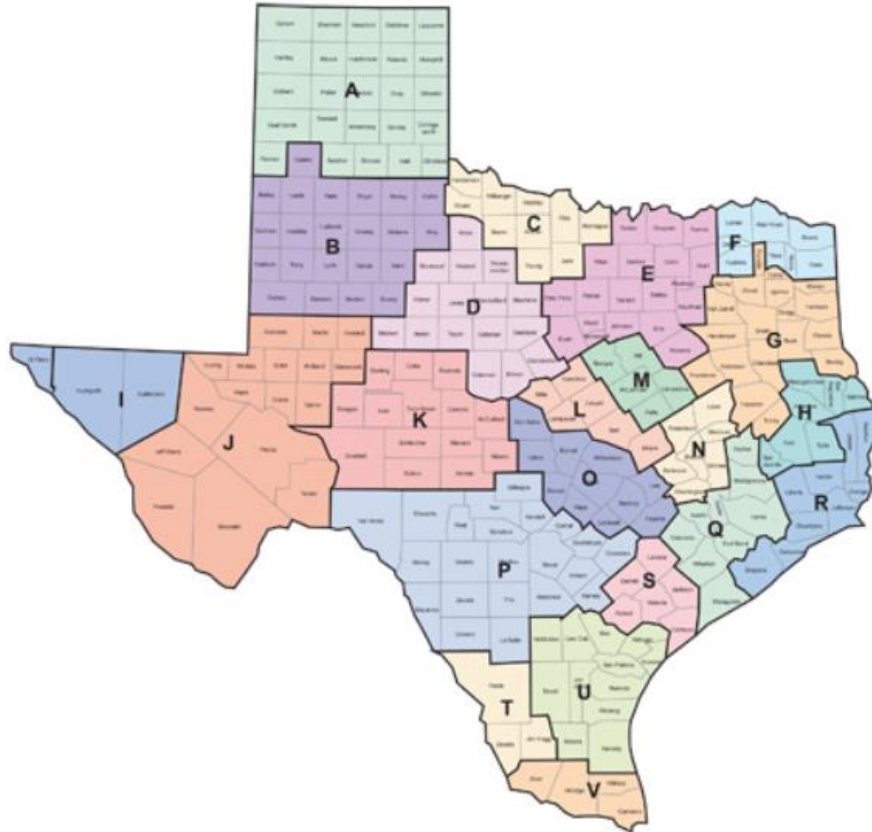
The Texas Wristband Pilot proved to be successful in demonstrating the capability of a tool that can be implemented with relative ease. This is the foundation to resolving the superseding problems of accounting for patients in a disaster and accommodating the disparate electronic health systems in EMS and in hospitals. The final percentage does not address many other variables that have been discussed throughout the Project. The scope of the Project and the Texas Wristband was intentionally narrow in order to facilitate the proof of concept. This was achieved successfully. It provides a broad overview of the viability of such a project. The capacity to place a wristband on a patient prehospital and have it observed or recorded in a hospital is the first necessary step to connecting the various stages in the continuum of care. The implications for statewide implementation are extraordinary.

Since the inception of the Pilot, many EMS providers and hospitals began to engage their electronic health record (EHR) vendors to discuss the possibility of incorporating the Texas Wristband into a dedicated field. There are multiple EMS providers that have

achieved this dedicated field and a few hospital systems that have also instituted these changes.

A summary of the current status of each Regional Advisory Council along with the RAC map is provided below.

Trauma Service Area Map



Texas Department of State Health Services

Summary by RAC

A : Post-Pilot participant; Ordered wristbands with the intent to begin implementation in the Region soon.

B : Post-Pilot participant; Ordered wristbands with the intent to begin implementation in the Region soon.

C : Pilot RAC

D : Post-Pilot participant; Ordered wristbands with the intent to begin implementation in the Region soon.

E : Pilot RAC

F : Post-Pilot participant; Ordered wristbands with the intent to begin implementation in the Region soon.

G : Post-Pilot participant; Ordered wristbands with the intent to begin implementation in the Region soon.

H : Post-Pilot participant; Ordered wristbands with the intent to begin implementation in the Region soon.

I : Pilot RAC

J : Pilot RAC; More wristbands ordered to continue the Project in the Region.

K : Pilot RAC; More wristbands ordered to continue the Project in the Region.

L : Pilot RAC; More wristbands ordered to continue the Project in the Region.

M : Pilot RAC; More wristbands ordered to continue the Project in the Region.

N : *No update on participation*

O : Post-Pilot participant; Ordered wristbands with the intent to begin implementation in the Region soon.

P : Pilot RAC; More wristbands ordered to continue the Project in the Region.

Q : Post-Pilot participant; Provided financial administrative support for Heart of Texas RAC to coordinate the Pilot and Post-Pilot participant orders. Balance will be applied to a wristband order to implement in the Region.

R : Post-Pilot participant; Ordered wristbands with the intent to begin implementation in the Region soon.

S : Post-Pilot participant; Ordered wristbands with the intent to begin implementation in the Region soon.

T : Post-Pilot participant; Ordered wristbands with the intent to begin implementation in the Region soon.

U : Pilot RAC; results were not available as pandemic response activities impeded actual deployment of the Texas Wristband in the Region.

V : Post-Pilot participant; Ordered wristbands with the intent to begin implementation in the Region soon.

Acknowledgment

This report was prepared by the Heart of Texas Regional Advisory Council staff.

Christine Reeves is the Executive Director of the Heart of Texas RAC (TSA M) and Central Texas RAC (TSA L). Francisco Villa is the Deputy Director. This summary was prepared with available data and is not exhaustive of the additional efforts and measures performed at the Regional level in each participating RAC.