

Regional Advisory Council
(RAC)

Annual Report

Report Form

An annual report is to be submitted to DSHS, Office of EMS/Trauma Systems no later than October, 2017. The annual report will cover the past fiscal year (September 1, 2016 thru August 31, 2017), as stipulated in the Tobacco RAC Contract. Additional information may also be entered or submitted as an attachment to this report.

RAC	BorderRAC TSA I	
Report Period	FROM: September 1, 2016	TO: August 31, 2017

1. On a separate form (Attachment A) provide current information for RAC Officers and Executive Committee/Board as of September 1st.
2. Needs Assessments (*Provide a narrative paragraph describing how needs were identified. Give details outlining the decision-making strategy the RAC used to meet identified needs and identify patterns of regional resource distribution. For example, what kind of equipment was allocated to whom, and for what purpose? What were the number topics and attendees of education/training events? How were they evaluated? Using a table like the one shown below may assist in this process.*)

Identification of needs is completed by each committee. A determination is made as to whether a topic of discussion is a need for the region. While some topics may represent a change of thought on a national or state level, the regional members may not see it as a need in this region. If there is a determination that a need exists, discussion ensues as to why does the need exist, what steps are needed to positively impact the issue, what, if any resources are need to accomplish this, and if so, how can we go about obtaining those resources?

BorderRAC is able to provide accreditation for education activities for physicians, nurses, EMS, licensed professional counselors, social workers, dieticians and community health educators. This allows us to provide interprofessional education further integrating all members of the health care team.

Example table:

Identified Need	Targeted Beneficiary (EMS/Hospital)	How Were These Needs Met?
Education/Training	Hosp/EMS	<i>Decontamination - PPE - Isopod Training</i>
Educational events were planned at the request of	MD/Hosp/EMS/ LPC/SW	<i>Hepatitis C – A New Era of Cure</i>

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<p>individual committees or at the direction of the Education Committee.</p> <p>There is always a need to provide education opportunities for rural areas but who struggle with the ability to attend.</p>	<p>Hosp/EMS/</p>	<p><i>Ventilation Management (3 repeat classes)</i></p> <p>Our previous online education platform proved too expensive given the potential decrease in funding. Steps are underway to select a platform that meets the needs but is more cost effective.</p>
<p>Equipment</p>	<p>Region-wide</p>	<p>We continue to identify the need for electronic records for all EMS agencies as a regional need but have made no progress due to the cost to the individual agencies.</p> <p>Phase I of the regional trauma registry is complete. All hospitals have the V5 installed and are entering data (and submitting to the state registry) and providing data to the regional registry. The prior 5 years of data from the old registry have been migrated to the new system. We have been working to run reports using the new data.</p> <p>The EMS Committee identified the need for standardized, regional triage tags and tourniquets. In addition, jointly through the Performance Improvement and EMS Committees, a need to ventilation management was identified. LPG funds were used to meet these needs for all prehospital agencies.</p>
<p>Public Education</p>	<p>Region-wide</p>	<p>The individual committees identify needs for their particular focus. Events are sought to provide the information. Examples are provided later in the report.</p>

3. Administrative/Operational & Clinical:

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- a. How has the RAC identified all healthcare organizations in the region that might be involved in trauma, injury prevention, emergency healthcare, rehabilitation, and disaster management? What efforts did the RAC make to **maximize inclusion** of its constituents into the RAC to continue to develop an integrated trauma system?

BorderRAC continues to seek ways to increase diversity within the organization on many layers. At the Board level, we continue to have clinical representation from all areas of the BorderRAC mission (including perinatal). In addition, community-at-large members represent the community point of view in BorderRAC activities. Three Community-At-Large positions have been added to increase the input from the community. The Board tries to identify community members who bring additional skill sets to the organization.

We continue to invite new members to the clinical operations. We have included one new hospital and one small “micro-hospital”. Getting participation from the free-standing emergency centers remains a challenge. The change in the CMS emergency preparedness rules, however, has brought additional healthcare stakeholders to meetings.

We continue to foster relationships with organizations such as educational entities to further expand our reach. We continue to work with regional communications partners, including the El Paso Sheriff’s Office, Fort Bliss dispatch, and El Paso Communications Center. Weekly regional communications checks are completed and include regional hospitals, EMS agencies and county Sheriff’s offices.

New partners are often obtained through our Educational outreach. BorderRAC is very proud to provide program accreditation for CME, CNE, EMS, LPC, SW, Pharmacists (through CME), Dieticians and Community Health Educators (CHES). The Professional Education Committee is committed to inter-professional education, and as such, has members from these disciplines on the committee. Joint sponsorship opportunities has increased our community contacts. We are in the process now of reaccrediting for CME – our survey is in December.

The Physician Advisory Group (PAG) continues to meet to provide peer review for selected cases. Routine schedules has aided in participation.

The Executive Director is a member of the Southwest Organization of Nurse Executives and coordinates bimonthly meetings of the hospital Chief Nursing Officers.

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- b. Summarize the need for and outcomes of specially called RAC meetings.

There have been no specially called RAC meetings.

- c. Report any projected realignments of counties in trauma service area

There have been no realignments.

- d. Describe the RAC's role with facilities within the trauma service area prior to or during trauma center designations/re-designations that occurred within past twelve months. You may also describe the RAC's role with facilities outside the trauma service area, if applicable.

The RAC provides information/assistance as requested by individual facilities preparing for survey. The Executive Director is generally asked to participate in the trauma center survey opening conferences and is now attending opening conferences for Chest Pain and Stroke as well. Information was provided to a new hospital on steps to identify themselves as "in pursuit" of trauma designation. Significant work was provided in preparing the NICUs for their surveys. This included preparing a crosswalk of the requirements by level, reviewing the elements of a PI plan and general survey information.

- e. Describe how the RAC administratively and operationally contributed to and participated in Injury Prevention initiatives within past twelve months. *(Please provide a brief summary of all injury prevention activities describing the RAC's level of involvement.)*

BorderRAC is committed to identifying opportunities to educate on Prevention of injury or illness. Whether the topic is determined by data from the regional registry or, as examples, by the Child Fatality Review Team, the needs are reviewed and a plan devised. The BOD reviews these to assure funding is allocated to achieve the desired result. This does not mean we can do everything we want, or certainly not to the extent we want, but prevention remains a fundamental goal.

We are extremely proud of the prevention activities of BorderRAC:

- **Whoo Am I? – Information cards for car seats, etc. to identify children in case the adult is unable to give information. – created, educated, and distributed**
- **All Babies Cry – a Shaken Baby prevention program in community pre-natal classes – provide instruction monthly.**

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- **ABCs of Safe Sleeping – this is being incorporated in to the All Babies Cry instruction.**
- **Safety on Wheels – bicycle, skate and scooter safety presented to area elementary schools monthly during the school year.**
- **Shattered Dreams – drinking and driving car crash re-enactment. We serve as the regional coordinating body. This year the program was completed at one local high schools.**
- **Regional Health Fairs – participated in a number of community health fairs to provide information on injury prevention, cardiac and stroke awareness.**
- **Stop the Bleed – we have provided bleeding control education to over 1500 individuals.**

We have taken a new approach to our prevention activities. Several questions need to be answered.

- **How was the need identified?**
- **Is a professional education component involved? If we don't know what we're talking about, we will not be able to determine program goals.**
- **What activity will be performed to meet the goal? Is there a community education component? Do we need to create public information?**
- **How will we monitor achievement?**

- f. Describe the most significant findings of the RAC's SQI/Performance Improvement Committee within past twelve months. **What changed as a result of that/those findings?**

The System Performance Improvement Committee meets seven times per year and the Physician Advisory Group (PAG) meets in its timeslot four times per year. The PAG provides peer review for cases referred to BorderRAC. While we do not allow diversion, there was question about the hours the Level I facility was on overload. Although the actual numbers are low, there was a consistent trend. Shining a light on the issue created focus within their institution and resulted in a change in procedures, decreasing these hours.

An issue was raised regarding prehospital intubation. As a result of the inquiry and discussion, the EMS Committee elected to use a portion of the LPG monies to provide a Ventilation Management Course. It was a six hour course repeated three times over three days to increase participation.

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A major issue for us were the months we went without access to our regional registry, particularly as it is not easy for the RAC to get reports from the state registry. We now have access and have migrated the last 5 years of data. Hopefully, this will improve reports to our committees.

- g. To what degree were physicians in the trauma service area involved in the resolution of adverse patient care findings identified by the RAC's SQI/Performance Improvement Committee.

Physicians participate in the System Performance Improvement Committee on a monthly basis.

Individual case reviews are completed at the quarterly Physician Advisory Group with presentation of cases by the involved EMS and hospital representatives. Letters are provided to agencies to provide determinations of the review as well as ask for follow up.

- h. Describe activities the RAC was involved in that assisted or encouraged EMS and FRO participation in the RAC within past fiscal year (e.g. teleconferencing, video/conference calls, etc.).

Conferencing capability is available with pre-notification. Webinars have been used for meetings as well. BorderRAC general membership meeting locations are varied to include two in Texas, and two in New Mexico. In each area, the location is varied from urban to rural.

- i. Identify problems or areas of concern identified in past twelve months adversely impacting RAC operations.

Funding remains a major concern as we plan for the upcoming year. BorderRAC supports a significant number of activities for the members. Limited funding challenges our ability to meet the needs of the members on an ongoing basis.

- 4. Is the information identified on Texas Secretary of State/Comptroller of Public Accounts (<https://ourcpa.cpa.state.tx.us/coa/Index.html>) website current? If not, what actions have been taken to ensure Certification of Franchise Tax Account Status (Registered Agent/Office) is current with the Texas Secretary of State/Comptroller of Public Accounts?

The information is correct.

- 5. Summarize any issues/concerns that occurred in past twelve months that required technical assistance from the Office of EMS/Trauma System Coordination Group.

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None

6. What method will the RAC utilize to ensure member organizations receive a copy of this Annual Report?

Available by request in the RAC office.

RAC Chair

Date Submitted

Complete and attach to the Annual Report the following:

Attachment A – Officers/Board Members

Attachment B – Annual Bylaws Affidavit

Attachment C – Annual Regional Trauma System Plan Affidavit

**Regional Advisory Council
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Attachment A
Officers/Board Members
Officers/Board Members effective September 1, 2016**

Name	Office/Board Position	Term	Affiliation	Telephone	Email
Alex Ramos	Chair	Appt. 09/2012	UMC of El Paso	915-577-6664	Alex2.ramos@tenethealth.com
Todd Haugen	Chair -Elect	Appt. 08/2013	HCA Healthcare	915-261-9555	Todd.haugen@hcahealthcare.com
Sara Seagrove	Secretary	Appt. 09/2016	HCA Healthcare	915-629-3433	Sara.Seagrove@hcahealthcare.com
Carla Escobar	Treasurer	Appt. 09/2017	UMC of El Paso	915-544-1200	CEscobar@umcelpaso.org
Imelda Cazares	Chair, Emergency Preparedness & Response	Appt. 09/2017	THOP: Transmountain	915-974-9566	Imelda.Cazares@tenethealth.com
Eric Palma	NM Member-at-Large	Appt. 08/2017	Native Air – Air Methods	575-526-3093	epalma@airmethods.com
Julia Perez	Chair, Prevention	Appt. 09/2017	THOP: East	915-832-2718	julia.perez@tenethealth.com
Eddie Sanchez	Chair, EMS	Appt. 09/2017	Life Ambulance	915-772-1642	medicES@sbcglobal.net
Alan Tyroch	Chair, System Performance Improvement	Appt. 11/2008	TTUHSC	915-545-6872	Alan.tyroch@ttuhsc.edu
Nicolo Geralde	Chair, Perinatal	Appt 03/2016	HOP: East	915-832-2686	nicolo_geralde@pediatrix.com
David Palafox	Community Member-at-Large	Appt. 05/2009	El Paso First Healthplan	915-494-7934	zzfoxx@att.net
Teresa Souza Marquez	Community Member-at-Large	Appt. 4/2014	Community	915-833-7872	souza.teresa1@gmail.com
vacant	TX Rural Member-At-Large				
Andrew Palafox	Physician-At-Large	Appt. 03/3016	El Paso Orthopedic Surgery Group	915-217-7193	Apalafox@elp.rr.com
vacant	Community Member-at-Large				
vacant	Community Member-at-Large				
vacant	Community Member-at-Large				

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ANNUAL BYLAWS AFFIDAVIT
Attachment B

The RAC shall document an annual review of its bylaws. (§ Rule 157.123: Essential Criteria Defined. A.12)

RAC NAME: The Far West Texas & Southern New Mexico Trauma Regional Advisory Council dba BorderRAC has completed an annual review and/or revision of the RAC's Bylaws with a documented date of and ratified by member organizations on 10/14/2015.

Is a current copy of the RAC's bylaws available for review on the RAC's web site?
 YES NO

If NO, is a copy is attached to this report?
 YES NO

A page summarizing revisions/additions made to the bylaws this contract reporting year is attached to this report.
 YES NO

Chair

Date

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ANNUAL REGIONAL TRAUMA SYSTEM PLAN AFFIDAVIT
Attachment C

The RAC shall document an annual review of regional EMS/trauma system plan. (§ Rule 157.123: Essential Criteria Defined. A.12)

RAC NAME: BorderRAC has completed an annual review and/or revision of the RAC's regional trauma system plan with a documented date of and ratified by approval from member organizations on. **Segments of the plan are reviewed or revised at different intervals.**

Each essential component of the plan has a **review**/revision date of:

COMPONENT	DATE
Access to the System	<u>8/31/2016</u>
Communication	<u>8/31/2016</u>
Medical Oversight	<u>8/31/2016</u>
Pre-hospital Triage Criteria	<u>9/19/2016</u>
Diversion Policies	<u>8/31/2016</u>
Bypass Protocols	<u>9/19/2016</u>
Regional Medical Control	<u>8/31/2016</u>
Facility Triage Criteria	<u>9/19/2016</u>
Inter-hospital Transfers	<u>8/31/2016</u>
Designation of Trauma Facilities, Planning for Performance Improvement	<u>under review</u>
Regional Trauma Treatment Protocols	<u>8/31/2016</u>
Regional Helicopter Activation Protocols	<u>8/31/2016</u>
Injury Prevention	<u>8/31/2016</u>
Stroke Plan	<u>4/13/2016</u>
Cardiac Plan	<u>pending ratification</u>

Is a current copy of the RAC's regional trauma system plan available for review on the RAC's web site?

YES NO

If NO, has one has been attached with this report?

YES NO

A page summarizing revisions/additions made to the regional trauma system plan this contract reporting year is attached to this report.

YES NO

Chair

Date