

Regional Advisory Council
(RAC)
Annual Report

*An Annual Report is to be submitted to DSHS, Office of EMS/Trauma Systems no later than **October 15, 2018**. The annual report will cover the past fiscal year (September 1, 2017 thru August 31, 2018), as stipulated in the Tobacco RAC portion of your FY18 Contract. Additional information may also be entered or submitted as an attachment to this report.*

RAC	BorderRAC TSA I	
Report Period	FROM: September 1, 2017	TO: August 31, 2018

1. On 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 through member discussions. Some topics may represent a change of thought on a national or state level, but 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? As an example, this format was used to determine the purchases through the LPG funding.

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		
Educational events were	MD, RN, EMS, LPC, SW	Prevalence of Child Abuse

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<p>planned at the request of 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>	MD, RN, EMS	Faces of Diabetes
	MD, RN, EMS	Posterior Circulating Strokes
	MD, RN, EMS	2018 Stroke Guidelines
	MD, RN, EMS	DEA – Opioid Abuse Tracking
	MD, RN, EMS	The Spectrum of Drowning
	MD, RN, EMS	PCI after ROSC
	MD, RN, EMS	Maternal Opioid Use
	EMS	EMS Jurisprudence (on-line)
Equipment	EMS	<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>Working with other committees, the EMS Committee determined to use LPG funds to purchase child restraint devices, temporal thermometers and Broselow tapes.</p>
Public Education	Region-wide	The individual committees identify needs for their particular focus. Events are sought to provide the information. Examples are provided later in the report.

3. Administrative/Operational & Clinical:

- 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?

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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. 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 successfully reaccredited our CME program – receiving Accreditation with Commendation.

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.

- 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

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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, chest pain, stroke, NICU and now maternal survey opening conferences. THOP – Transmountain campus recently surveyed for Level IV Trauma Facility. Two facilities are working to upgrade their trauma level. We continue to assist them in those endeavors.

We have assisted the NICUs in their recent verification surveys and are now assisting the maternal members as well. One maternal facility has been surveyed to date. We assist these areas by reviewing the rules and means to achieve them in the committee meetings as well as working with them on issues within their plans.

- 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 an example, 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 and have begun assessing them along the Spectrum of Activity to determine the intended or potential impact.

- **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** – has been 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 two local high schools.
- **Underage Anti-Drinking Poster Contest** – high school students create free hand posters regarding underage drinking. The posters are judged and BorderRAC provides awards to the top 10. This is a joint project with the El Paso Police Department.
- **Regional Health Fairs** – participated in a number of community health fairs to provide information on injury prevention, cardiac and stroke awareness and heat-related illness.
- **Stop the Bleed** – we have provided bleeding control education to over 2000 individuals.

We continue to review activities using the following questions:

- **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.

We have made great strides in the regional registry but did identify some mapping issues from the hospitals to the regional registry. This has required extensive work with the Regional Registry Committee and Digital Innovations. We believe we are making great strides in this area.

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Committees are reviewing the need to educate the community on calling 911 for stroke and cardiac symptoms. Community education has been developed to include this element.

- 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.

None

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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

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Complete and include with the Annual Report the following:

Attachment A – Officers/Board Members

Attachment B – Annual Bylaws Affidavit

Attachment C – Annual Regional Trauma System Plan Affidavit

Annual Participation Report

Attachment D – Designated Hospitals

Attachment E – Hospitals Seeking Designation

Attachment F – EMS Providers

Attachment G - First Responder Organizations

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ATTACHMENT A
OFFICERS / EXECUTIVE BOARD MEMBERS
AVAILABLE UPON REQUEST

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ATTACHMENT B
ANNUAL BYLAWS AFFIDAVIT

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. The last date of changes was 10/2015.

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

RAC Chair

Date Submitted

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ATTACHMENT C
ANNUAL REGIONAL TRAUMA SYSTEM PLAN AFFIDAVIT

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. **Segments of the plan are reviewed or revised at different intervals as listed below.**

Each essential component of the Plan has a revision date of:

COMPONENT	DATE
Access to the System	8/31/2016
Communication	8/31/2016
Medical Oversight	8/31/2016
Pre-hospital Triage Criteria	3/15/2018
Diversion Policies	8/31/2016
Bypass Protocols	9/19/2016
Regional Medical Control	8/31/2016
Facility Triage Criteria	3/15/2018
Inter-hospital Transfers	8/31/2016
Designation of Trauma Facilities, Planning for	3/15/2018
Performance Improvement	Under review
Regional Trauma Treatment Protocols	8/31/2016
Regional Helicopter Activation Protocols	8/31/2016
Injury Prevention	8/31/2016
Stroke Plan	Under review
Cardiac Plan	Under review

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

RAC Chair

Date Submitted

ATTACHMENT E

ANNUAL PARTICIPATION REPORT

[illegible]

Date Submitted

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ATTACHMENT F
ANNUAL PARTICIPATION REPORT

EMS PROVIDERS

Culberson County Hospital EMS
Northern Hudspeth County EMS
Dell City EMS
Fort Hancock EMS
Life Ambulance
El Paso Fire Department
Elite Medical Transport
Dominion Ambulance

RAC Chair

Date Submitted

ATTACHMENT G

ANNUAL PARTICIPATION REPORT

[illegible]

Date Submitted

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ATTACHMENT H
ANNUAL PARTICIPATION REPORT

Stakeholders that would include at a minimum participation on regional/local committees for the development/maturation of the regional systems.

American Medical Response – Las Cruces
El Paso Specialty Hospital
Emergency Health Network
El Paso Psychiatric Center
Texas Tech University Health Center
Native Air
Revive Home Care
El Paso Children’s Hospital
La Mariposa Hospice
Bienvivir
El Paso Department of Public Health
Grainger
Advanced Care Rehabilitation Hospital – Las Cruces
Quantum Home Health
Franklin Heights Nursing Home
Envision Healthcare
Project Vida
CIMA Hospice
El Paso VA
Horizon City Fire Department
Kindred LTAC
CSI Aviation
Ysleta del Sur Pueblo Fire Department (tribal)
Fresenius Dialysis
Good Samaritan White Acres Senior Living
Grandview Home Health

RAC Chair

Date Submitted