

BorderRAC Annual Report

*An Annual Report is to be submitted to DSHS, Office of EMS/Trauma Systems no later than **October 15, 2020**. The annual report will cover the past fiscal year (September 1, 2019 thru August 31, 2020), as stipulated in the Tobacco RAC portion of your FY19 Contract. Additional information may also be entered or submitted as an attachment to this report.*

RAC	BorderRAC TSA I	
Report Period	FROM: September 1, 2019	TO: August 31, 2020

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? Items may originate from one committee to another, e.g., patient distribution during a large MCI. This may result in a change in the regional guideline.

This held true until March 2020. With the COVID 19 response, routine committee meetings were paused and contact with member agencies individually was more prevalent as they identified specific needs.

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.

Identified Need	Targeted Beneficiary (EMS/Hospital)	How Were These Needs Met?
Education/Training		
Educational events were planned at the	MD, RN, EMS, LPC, SW	Cardiac Conference (with UMC)
	MD, RN, EMS	Concussions

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request of individual committees or at the direction of the Education Committee. There is always a need to provide education opportunities for rural areas but who struggle with the ability to attend.	MD, EMS, LPC, SW, CHES	Faces of Diabetes 2019 (with El Paso Diabetes Assoc.)
	MD, RN, EMS, LPC, SW, Dietician	Southwest Conference on Health in Aging
	EMS	Rio Grande Trauma Conference (with Texas Tech)
	RN, EMS	DMEP
	EMS	Online EMS Jurisprudence program
	RN, EMS	Cardiac and Stroke Conference (with UMC)
Equipment	Region-wide	LPG dollars were spend purchasing electrostatic sprayers and disinfectant for each service.
Supplies	Region-wide	Supplies maintained in the BorderRAC cache and those provided through TDEM were distributed to regional medical providers.
Staffing	Hospitals	Staffing provided through DSHS to individual hospitals based on identified needs.
Public Education	Region-wide	The individual committees identify needs for their particular focus. Events are sought to provide the information. Due to the COVID 19 lockdown, social distancing and virtual school learning, some of our public education was curtailed.

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

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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 NICU and maternal co-chairs). In addition, community-at-large members represent the community point of view in BorderRAC activities. Four Community-At-Large positions (two physician and two lay persons) provide 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. The COVID 19 response again increased the number of agencies that participate in various committees.

We continue to foster relationships with organizations such as educational entities to further expand our reach. 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 (Accreditation with Commendation), CNE, EMS, LPC, SW, Pharmacists (through CME), Dieticians and Community Health Education Specialists (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.

The Physician Advisory Group (PAG) continues to meet to provide peer review for selected cases. Routine schedules has aided in participation. Case reviews have expanded outside trauma cases.

The Executive Director is a member of the Southwest Organization of Nurse Executives.

- 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.

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- 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 maternal survey opening conferences.

We are participating as the NICUs begin their re-verification surveys and are now assisting the maternal members as well. 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 adequate 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.**
- **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. Our spring program cancelled due to school**

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closures and there was no fall program scheduled due to virtual learning classes.

- **Underage Anti-Drinking Poster Contest** – the poster contest cancelled this year due to school closures.
- **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 continue to provide bleeding control education to the local community and paired with a local TV station to provide a bleeding control day of instruction. We continue working with school districts to meet the requirements of HB496.
- **Senior Falls** – our outreach program using the CDC STEADI program.

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 documents?
- How will we monitor achievement?

All activities were curbed between March and August due to the COVID 19 response activities of BorderRAC and various shutdowns by the state, city and school districts.

- 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 continue to discuss challenges in obtaining radiologic study discs for review at the receiving hospital and also data collection from all agencies (specifically cardiac and stroke).

- 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.

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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. Meetings were paused March through August.

- 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. Regional EMS agencies were guided to assure them meet eligibility criteria for EMS County funds.

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

The biggest issue for this year has been the disruption caused by the COVID 19 response. I'm not sure we previously truly considered the degree of response activities by the RAC. As a small organization, balancing the needs of members as well as jurisdictions is challenging.

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

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

Due to the COVID 19 response, no changes were made to BOD or Committee Chair positions.

ATTACHMENT A
OFFICERS / EXECUTIVE BOARD MEMBERS
AVAILABLE ON WEBSITE

[illegible]

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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 **None made**

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. **Last review dates are listed. No changes were made this year as there was a pause in meetings March – August.**

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

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ATTACHMENT G
ANNUAL PARTICIPATION REPORT

RECOGNIZED FIRST RESPONDER ORGANIZATIONS

El Paso ESD 1
• Horizon Fire Department
El Paso ESD 2
• Clint Fire Department
• Fabens Fire and Rescue
• Montana Vista Fire and Rescue
• San Elizario Fire and Rescue
• Socorro Fire and Rescue
• West Valley Fire Department
Texas Rescue Patrol
ProAction
Revive Medical

RAC Chair

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. **This is not an exhaustive list**

American Medical Response – Las Cruces
El Paso Specialty Hospital
Emergence 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
Vitalant Blood Services
Ysleta del Sur Pueblo Fire Department (tribal)
Fresenius Dialysis
Good Samaritan White Acres Senior Living
Grandview Home Health

RAC Chair

Date Submitted