

# BorderRAC Annual Report

*An annual report is to be submitted to DSHS, Office of EMS/Trauma Systems no later than October 15, 2022. The annual report will cover the past fiscal year (September 1, 2021 thru August 31, 2022), as stipulated in the System Development/RAC Contract. Additional information may also be entered or submitted as an attachment to this report.*

<b>RAC</b>	BorderRAC TSA I
<b>Report Period</b>	FROM: September 1, 2021 TO: August 31, 2022

1. On a separate form provide current information for RAC Officers and Executive Committee/Board as of September 1<sup>st</sup>. (Attachment A)
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 in a single committee, be the result of a referral from one committee to another, or may be an issue collectively addressed by multiple committees. This may result in a change in the regional guideline.**

**BorderRAC is an approved provider for continuing professional 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  <b>Educational events were planned at the request of individual</b>	MD, RN, EMS  MD, RN, EMS  MD, RN, EMS	<ul style="list-style-type: none"> <li>• Principles of Medicolegal Death Investigations</li> <li>• Burn Mass Casualty Incidents</li> <li>• Nutritional Best Practices for the VLBW Infant.</li> </ul>

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<b>committees or at the direction of the Education Committee.</b>  <b>There is always a need to provide education opportunities for rural areas but who struggle with the ability to attend.</b>	EMS	<ul style="list-style-type: none"> <li>• Sun City Cardiovascular Summit (with TTUHSC/UMC)</li> </ul>
	MD, APRN	<ul style="list-style-type: none"> <li>• Physician Landscape in the Peri-Pandemic period (with EPCMS)</li> </ul>
	MD, RN, EMS	<ul style="list-style-type: none"> <li>• Early Detection, Evaluations and Management of Hypertension</li> </ul>
	MD, RN, EMS	<ul style="list-style-type: none"> <li>• Rio Grande Trauma Conference &amp; Pediatric Update (with TTUHSC)</li> </ul>
	MD, RN, EMS	<ul style="list-style-type: none"> <li>• The Omicron Varian: New Challenges and Recommendations (with EPCMS)</li> </ul>
	MD, RN, EMS	<ul style="list-style-type: none"> <li>• Care of the Pregnant Trauma Patient</li> </ul>
	MD, RN	<ul style="list-style-type: none"> <li>• Human Trafficking</li> </ul>
	MD, RN, EMS	<ul style="list-style-type: none"> <li>• Cardiovascular Conditions in Pregnant Women</li> </ul>
	MD, RN, EMS	<ul style="list-style-type: none"> <li>• Stroke Mimics</li> </ul>
	RN	<ul style="list-style-type: none"> <li>• Disaster Management (CNE for HOTRAC)</li> </ul>
	EMS	<ul style="list-style-type: none"> <li>• Human Trafficking Interactions with Emergency Medical Services</li> </ul>
	MD, RN, EMS	<ul style="list-style-type: none"> <li>• Pediatric Poisoning Pearls</li> </ul>
	MD, RN, EMS	<ul style="list-style-type: none"> <li>• Management of Crotalid (Rattlesnake) Envenomation</li> </ul>
	MD, RN, EMS	<ul style="list-style-type: none"> <li>• Mass Casualty Management</li> </ul>
	MD, ANP	<ul style="list-style-type: none"> <li>• COVID 19: Moving Toward Normalcy (with EPCMS)</li> </ul>
	RN	<ul style="list-style-type: none"> <li>• Shaping the Future: Patient Centered Research (with UTEP)</li> </ul>
	MD, RN, EMS	<ul style="list-style-type: none"> <li>• Current 2022 Guidelines for the Management of Heart Failure</li> </ul>
	MD, RN, EMS	<ul style="list-style-type: none"> <li>• Posterior Circulating Strokes</li> </ul>
		<ul style="list-style-type: none"> <li>• The Journey of Healing in the Pediatric TBI</li> </ul>

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	MD, RN, EMS  MD, APRN, PA, Pharm  EMS  MD, APRN  MD, RN, EMS  MD, RN, EMS	<ul style="list-style-type: none"> <li>• Opioids: How Do They Fit Into the New Multi-modal Approach to Pain Management?</li> <li>• 5<sup>th</sup> Annual Stroke Symposium (with THOP)</li> <li>• Protecting your Practice from Cybersecurity Threats and Ransomware</li> <li>• Moneypox</li> <li>• Current Trends in Stroke Rehab</li> </ul>
Equipment	Region-wide	No equipment provided by these contract dollars was distributed during this period.
Supplies	Region-wide	EMS Wristbands continue to be available to EMS services through the BorderRAC.
Public Education	Region-wide	BorderRAC and our members have conducted numerous Stop the Bleed courses and have provided community education on senior falls (including conducting functional assessments of > 200 individuals), heart attacks and stroke. In addition, completed bicycle safety surveys and fitted and provided helmets.

### 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?

**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. 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.**

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**The number of agencies that participate in various committees has increased.**

**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 be an approved provider for professional continuing education 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 scheduling 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 specially called RAC meetings.**

- 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. Committee meetings provide opportunities to review/discuss 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**

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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.

While we are coming out of the COVID response, our injury prevention activities for the first part of the contract period were managed virtually. The BorderRAC website and social media have monthly focus.

- Sept 2021: Preventing Falls (Know the Facts and Risks; Easy Exercise; Staying Independent)
- Oct 2021: Safe Sleeping (ABCs, Tummy Time, Shaken Baby)
- Nov 2021: Injury Prevention (statistics, Thanksgiving/Turkey safety)
- Dec 2021: Holiday Safety (Holiday Decorations and Fire Safety, Christmas Trees and Holiday Gifts Safety, Holiday Parties)
- Jan 2022: Winter Safety (Activities, Special Populations) and Human Trafficking
- Feb 2022: Heart Knowledge (Facts, Signs and Symptoms, What do Do)
- Mar 2022: Spring Sport Injuries, Poisonings
- Apr 2022: Child Abuse Prevention; Sexual Assault Awareness, Distracted Driving Awareness
- May 2022: Heat Safety, Kids in Hot Cars, Stop the Bleed, Stroke Awareness
- June 2022: Water Safety, Firearm Safety Rules, Gun Safety and Facts
- July 2022: Fireworks Safety, Lawn Mowing Injuries, Trampoline and ATV Safety
- Aug 2022: Pedestrian Safety, Bicycle Safety, Driver Safety

In-person activities picked up at the end of the year. BorderRAC participated in:

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- **Underage Drinking Awareness with the El Paso County District Attorney's Office.**
- **Underage Anti-Drinking TikTok Contest – in partnership 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 bicycle safety.**
- **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?**
- 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.**

- 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.**

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- 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.).

**The BorderRAC meetings have been conducted entirely by video-conferencing capability making it available to all members. FROs and new EMS agencies have been encouraged to participate in committees.**

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

**As a small organization, balancing the needs and increasing desires of members 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.**

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RAC Chair

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Date Submitted

# BorderRAC Annual Report

*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/Board Members**  
**Available on Website**

Name	Office/Board Position	Term	Affiliation	Telephone	Email
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**ANNUAL BYLAWS AFFIDAVIT**

Attachment B

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*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**

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Chair

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Date

# BorderRAC Annual Report

## 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. Last review dates are listed. **The entire system plan in under revision.**

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

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**ATTACHMENT D  
ANNUAL PARTICIPATION REPORT**

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## DESIGNATED HOSPITALS

University Medical Center – Level I
Del Sol Medical Center – Level II
William Beaumont Army Medical Center – Level III - moving through re-designation due to new hospital
Las Palmas Medical Center – Level III
THOP: East Campus - Level III
THOP: Memorial Campus – Level III
Culberson County Hospital – Level IV
THOP: Sierra Campus – Level IV
THOP: Transmountain – Level IV

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# BorderRAC Annual Report

## ATTACHMENT E

### ANNUAL PARTICIPATION REPORT

## HOSPITALS SEEKING DESIGNATION

[illegible]

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## ATTACHMENT F ANNUAL PARTICIPATION REPORT

### EMS PROVIDERS

Culberson County Hospital EMS
Northern Hudspeth County EMS
Dell Valley EMS
Fort Hancock EMS
Life Ambulance
El Paso Fire Department
Elite Medical Transport
Dominion Ambulance
Desert Haven EMS
Revive EMS

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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

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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

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RAC Chair

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