

General Membership Committee Meeting

Wednesday, October 9, 2024 @ 1000 hours

Via Zoom

<https://borderrac-org.zoom.us/j/82318201898?pwd=us1Bn7PJW4Lcr5fLNiaT2HmVgDsXt4.1>

Meeting ID: 823 1820 1898

Passcode: 231345

THOSE IN ATTENDANCE

Kardha Alvarado - Las Palmas Medical Center
 Elly Angulo - THOP: Memorial/Sierra Campuses
 *Annette
 Virginia Armendariz – UMC Of El Paso
 Rosalia Arzate - Fort Hancock EMS
 Tony Baird - Dominion Ambulance
 Vanessa Banderas - BorderRAC
 *Naomi Bastardo – El Paso Children’s Hospital
 Robin Bauer - DSMC-HCA
 Don Berger – UMC/EPCH
 Erica Bergeron - UMC of El Paso
 Savannah Bernal - Del Sol Medical Center
 Luisana Bernal - THOP: East Campus
 Henry Brutus - ProAction
 Michael Buldra - Trans Aero MedEvac
 Kathleen Callaghan - OB Hosp Group THOP- Memorial
 *Maria Camacho
 Robert Campion - Elite Medical Transport
 Samuel Carr - Hudspeth County
 Imelda Cazares - Peak Behavioral Health
 Chris Celaya – Tenet Healthcare
 Celia Cisneros - Las Palmas Medical Center
 Eddie Colclasure - Del Sol Medical Center
 Jayson Connally - Culberson Hospital
 *Roxann Contreras – UMC of El Paso
 Yolanda Delgado - THOP/Transmountain and Sierra
 Gloria Delgado - UMC of El Paso
 *KDDieter - EPFD
 *Brandon Donat - OEM
 Alejandra Dorado -THOP Memorial
 *Erin’s iPhone
 *Yvonne Estrada
 Diana Fancher - Tender Care Home Health and Hospice
 Melissa Farina – THOP: East
 Yvette Felix –THOP: East Campus
 Cristina Fore – THOP: East Campus
 *Fort Hancock EMS/Fire
 Xochitl Gamboa - UMC of El Paso
 JESUS GAMEZ - DSMC
 *Alejandra Garcia
 Elisa Garcia -El Paso Psych Center
 Josue (Josh) Garcia – Ysleta del Sur Pueblo/EM

*Amanda Gary – Culberson Hospital
 Kendra Garza – El Paso Children’s Hospital
 *Laura Gerovac
 Roseann Gomez - Kindred Hospital
 Cristal Gonzales -NHC EMS
 Bianca Gonzalez -THOP – East
 *Frank Gonzalez – FT. Bliss FD
 *Leroy Granado - OEM
 Raul Guerrero -DSHS
 Todd Haugen - MMC
 Wanda Helgesen - BorderRAC
 Afa Hoelt - THOP Sierra Campus
 Cynthia Holguin - Del Sol Medical Center
 *Abraham Human – Spec Ops Chief
 Peggy Jaime - BorderRAC
 Don Janes – UMC of El Paso
 Carolina Juarez -UMC of El Paso
 Frances Killenbec – THOP: East
 Walter Kuykendall – EmergentAir
 *LeosJD
 Oscar Lira Loera - UMC of El Paso
 Cynthia Loera –THOP: East Campus
 Cristina Macias-Lopez - DPH- EP program
 Iris Madariaga - THOP: Sierra Campus
 *Ben Mares
 Ricardo Marin – THOP: East Campus
 Fonda Marler - THOP: TM Campus
 Erica Marquez - UMC of El Paso
 *Rick Marin – THOP: East Campus
 Laura Martin - THOP: East Campus
 *MartinezRA
 *cmendo15@epcc.edu
 Miriam Mendoza – THOP: Memorial Campus
 Brianna Morelos - THOP: Memorial Campus
 Manny Munoz – THOP: East Campus
 Tony Muro - THOP: TM Campus
 Nora Naj - THOP: TM Campus NICU
 Valerie Nunez -UMC El Paso
 Jennifer Olivas - THOP: East Campus
 Bryan Olson - BorderRAC
 Jose Ortiz - EPFD
 Amber Ozaeta - LPMC

Anne Pacheco - UMC of El Paso
*Karla Parra – THOP TM?
Adrian Payan - Las Palmas Medical Center
Diego Perez -Culberson Hospital EMS
Julie Perez - DSMC
Marie Perez - UMC of El Paso
Melissa Perlinger-Parallon - Del Sol Medical Center
Ashley Quinlan - THOP: Memorial Campus
Victor Ramirez - El Paso Psychiatric Center
Verenice Ramirez - Las Palmas Medical Center
Veronica Ramirez – THOP: East
Alex Ramos –Tenet Healthcare
Maurice Riley - WBAMC
Frank Rios - Memorial Medical Center
Marco Romero – Las Palmas Medical Center
Cissy Romo -THOP East
Karla Ruan -THOP Sierra Campus

*Jose Luis Salas
Sandra Salas - Endoscopy Center of El Paso
Imtiazuddin Shaik - THOP memorial
Susan Sharp - BorderRAC
Claudia Smith - WBAMC
David Solem - Deering’s Nursing & Rehabilitation
*SPW.SSO
Alexa Timbrook - UMC of El Paso
*Fedra Toy
Alan Tyroch -TTUHSC El Paso
Martha Vasquez - THOP Transmountain
Gabriela Vidal - UMC El Paso
*vn1026005
*vscott
Zyon Zate - EMTF9/BorderRAC
*Gabriel Zubia – UMC of El Paso

*Failed to sign in via BorderRAC website

All members and invited meeting participants agree to protect the privacy and security of confidential information at all times, both during and after association with BorderRAC has terminated. It is understood that any breach of confidentiality may be grounds for immediate termination of membership and occlusion of future meeting attendance; as well as any appropriate legal action.

CALL MEETING TO ORDER

Ms. Perez called the meeting to order at 1002 hours.

REVIEW OF PREVIOUS MEETING MINUTES

The July minutes were reviewed. Don Janes motioned, Dr. Gamez seconded and the motion carried to accept the minutes as presented.

Ms. Helgesen noted several individuals are not in attendance for today’s meeting due to school’s intercession or last minute scheduling conflicts.

FINANCIAL REPORT

Ms. Helgesen reviewed financials as of September 30, 2024:

ASPR23 Quarterly Report						START: 7/1/2024	END: 6/30/2025
<u>Cost Category</u>	<u>Budget</u>	July - Sept 1st Qtr	Oct - Dec 2nd Qtr	Jan - March 3rd Qtr	April - June 4th Qtr	YTD	
Personnel	\$363,475.00	\$94,118.21	\$0.00	\$0.00	\$0.00	\$94,118.21	
Fringe Benefits	\$109,043.00	\$20,900.26	\$0.00	\$0.00	\$0.00	\$20,900.26	
Travel	\$31,904.00	\$5,287.71	\$0.00	\$0.00	\$0.00	\$5,287.71	
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Supplies	\$3,220.00	\$495.59	\$0.00	\$0.00	\$0.00	\$495.59	
Contractual	\$23,300.00	\$3,420.00	\$0.00	\$0.00	\$0.00	\$3,420.00	
Other	\$121,621.00	\$58,977.23	\$0.00	\$0.00	\$0.00	\$58,977.23	
Indirect	\$159,695.00	\$27,253.79	\$0.00	\$0.00	\$0.00	\$27,253.79	
	\$812,258.00	\$210,452.79	\$0.00	\$0.00	\$0.00	\$210,452.79	

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Ms. Helgesen reviewed Q1 July-Sept. of the ASPR 23 contract. The collective budget for TSA I, TSA J, TSA K and EMTF came to \$812,000, and we have spent \$210,452.79, with no unusual expenses.

ASPR23 TSA-I Quarterly Report						START: 7/1/2024	END: 6/30/2025
<u>Cost Category</u>	<u>Budget</u>	July - Sept 1st Qtr	Oct - Dec 2nd Qtr	Jan - March 3rd Qtr	April - June 4th Qtr	YTD	
Personnel	\$114,160.00	\$29,093.83	\$0.00	\$0.00	\$0.00	\$29,093.83	
Fringe Benefits	\$34,248.00	\$6,695.48	\$0.00	\$0.00	\$0.00	\$6,695.48	
Travel	\$14,937.00	\$1,941.23	\$0.00	\$0.00	\$0.00	\$1,941.23	
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Supplies	\$2,100.00	\$456.50	\$0.00	\$0.00	\$0.00	\$456.50	
Contractual	\$20,800.00	\$3,420.00	\$0.00	\$0.00	\$0.00	\$3,420.00	
Other	\$70,706.00	\$27,043.29	\$0.00	\$0.00	\$0.00	\$27,043.29	
Indirect	\$63,058.00	\$10,766.52	\$0.00	\$0.00	\$0.00	\$10,766.52	
	\$320,009.00	\$79,416.85	\$0.00	\$0.00	\$0.00	\$79,416.85	

The bulk of expenses were under Personnel and Fringe benefits. Of note in the *Other* category, \$27,043.29, which is our insurance cost for all trailers and equipment. We have arranged it so the expense is charged the 1st month of the contract, giving us a better sense of where we are for the remainder of the year.

FY24 EMTF Rider Quarterly Report						START: 9/1/2023	END: 8/31/2024
<u>Cost Category</u>	<u>Budget</u>	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	5th Qtr	YTD
Personnel	\$9,370.00	\$0.00	\$0.00	\$0.00	\$9,314.55	\$0.00	\$9,314.55
Fringe Benefits	\$2,436.00	\$0.00	\$0.00	\$0.00	\$2,387.54	\$0.00	\$2,387.54
Travel	\$16,123.00	\$0.00	\$5,353.36	\$3,859.97	\$10,217.53	\$539.18	\$19,970.04
Equipment	\$68,000.00	\$0.00	\$0.00	\$0.00	\$69,292.00	\$0.00	\$69,292.00
Supplies	\$3,000.00	\$0.00	\$0.00	\$1,710.97	\$0.00	\$1,384.76	\$3,095.73
Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$137,182.00	\$7,670.22	\$26,965.11	\$44,340.00	\$35,999.37	\$17,076.44	\$132,051.14
Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$236,111.00	\$7,670.22	\$32,318.47	\$49,910.94	\$127,210.99	\$19,000.38	\$236,111.00

This contract ended in August and all the funding was expended. The legislature in the last session approved additional funds for last year and we will have those for this year.

					START:	END:	
FY25 EMTF Rider Quarterly Report					9/1/2024	8/31/2025	
<u>Cost Category</u>	<u>Budget</u>	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	5th Qtr	YTD
Personnel	\$15,341.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$4,602.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$19,798.00	\$1,427.55	\$0.00	\$0.00	\$0.00	\$0.00	\$1,427.55
Equipment	\$13,250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$6,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Contractual	\$4,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$172,320.00	\$9,234.79	\$0.00	\$0.00	\$0.00	\$0.00	\$9,234.79
Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$236,111.00	\$10,662.34	\$0.00	\$0.00	\$0.00	\$0.00	\$10,662.34

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Ms. Helgesen reviewed the new EMTF Rider. The total funding allotted for the year is \$236,000.00. Most of the EMTF funding goes to cover the warehouse costs, including utilities. The other item of note is the work being completed on the 53-foot trailer of the MMU. Some of the cost will be covered under the EMTF Rider funding.

FY24 System Development				
			9/1/2023	8/31/2024
<u>Cost Category</u>	<u>Budget</u>		YTD	YTD Remaining
Personnel	\$31,470.00	\$28,595.33	\$28,595.33	\$2,874.67
Fringe Benefits	\$9,297.00	\$4,812.11	\$4,812.11	\$4,484.89
Travel	\$3,225.00	\$2,734.51	\$2,734.51	\$490.49
Equipment	\$0.00	\$9,259.15	\$9,259.15	(\$9,259.15)
Supplies	\$1,166.00	\$1,646.63	\$1,646.63	(\$480.63)
Contractual	\$6,945.00	\$0.00	\$0.00	\$6,945.00
Other	\$12,872.00	\$25,375.71	\$25,072.75	(\$12,200.75)
Indirect	\$12,779.00	\$5,330.56	\$5,633.52	\$7,145.48
	\$77,754.00	\$77,754.00	\$77,754.00	\$0.00

The FY24 System Development grant also ended August 31, 2024, with all funding utilized.

					START:	END:	
FY25 Systems Development Quarterly Report					9/1/2024	8/31/2025	
<u>Cost Category</u>	<u>Budget</u>	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	YTD	
Personnel	\$31,470.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$9,297.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$3,225.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$1,166.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Contractual	\$6,945.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$12,872.00	\$8.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8.00
Indirect	\$12,779.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

The FY25 System Development grant began 9/1/2024 and will end August 31, 2025.

Q1 expenditures totaled \$8.00, which were the cost for extra chairs utilized at the *Aging to Perfection* Expo.

FY24 EMS - RAC					
<u>Cost Category</u>	<u>Estimated Budget</u>		<u>Current</u>	9/1/2023 <u>YTD</u>	8/31/2024 <u>YTD</u>
Personnel	\$81,337.00	\$78,589.99	\$1,049.94	\$79,639.93	\$1,697.07
Fringe Benefits	\$25,176.00	\$29,075.37	\$1,594.11	\$30,669.48	(\$5,493.48)
Travel	\$0.00	\$755.60	\$0.00	\$755.60	(\$755.60)
Equipment	\$0.00	\$12,954.85	\$0.00	\$12,954.85	(\$12,954.85)
Supplies	\$11,639.00	\$0.00	\$0.00	\$0.00	\$11,639.00
Contractual	\$9,086.00	\$1,656.00	\$0.00	\$1,656.00	\$7,430.00
Other	\$71,234.00	\$49,710.16	\$1,963.77	\$51,673.93	\$19,560.07
Indirect	\$36,414.00	\$55,546.62	\$1,989.59	\$57,536.21	(\$21,122.21)
	\$234,886.00	\$228,288.59	\$6,597.41	\$234,886.00	\$0.00

Ms. Helgesen noted all funding was expended, leaving nothing on the table.

FY25 EMS RAC Quarterly Report						START: 9/1/2024	END: 8/31/2025
<u>Cost Category</u>	<u>Budget</u>	<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>	<u>4th Qtr</u>	<u>YTD</u>	
Personnel	\$85,000.00	\$9,809.21	\$0.00	\$0.00	\$0.00	\$9,809.21	
Fringe Benefits	\$27,500.00	\$1,044.51	\$0.00	\$0.00	\$0.00	\$1,044.51	
Travel	\$760.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Supplies	\$13,469.00	\$1,462.51	\$0.00	\$0.00	\$0.00	\$1,462.51	
Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other	\$83,700.00	\$3,472.75	\$0.00	\$0.00	\$0.00	\$3,472.75	
Indirect	\$36,414.00	\$1,164.05	\$0.00	\$0.00	\$0.00	\$1,164.05	
	\$246,843.00	\$16,953.03	\$0.00	\$0.00	\$0.00	\$16,953.03	

The new FY25 EMS RAC Q1 expenditures were reviewed. Ms. Helgesen reminded everyone we received the dollars we normally are allocated (70-80k and, in the last legislative session, under an exceptional item, each RAC was allotted an additional \$150,000.00 to cover the added duties we have been doing for many years now without compensation (stroke, maternal, cardiac, etc.). This additional funding assists us in continuing with those duties. During Q1, we spent \$17,000.00.

Additionally, everyone was reminded we had some large expenditures last year (replacements: Med 2 repeater and a mobile handheld radio utilized to communicate to hospital command at end of life), we do not anticipate this year. Additionally, we sent an entire team of individuals to San Antonio for a whole blood initiative. We do not anticipate those large expenditures this year.

FY24 EMS - County					
<u>Cost Category</u>	<u>Budget</u>		<u>Current Month</u>	9/1/2023 <u>YTD</u>	8/31/2024 <u>YTD Remaining</u>
Contractual	\$165,767.00	\$115,860.42	\$49,906.58	\$165,767.00	\$0.00
	\$165,767.00	\$115,860.42	\$49,906.58	\$165,767.00	\$0.00

Ms. Helgesen congratulated the EMS agencies for completing the submissions for reimbursement packets. No funding remained at the time of grant close on August 31, 2024.

FY25 EMS County Quarterly Report					START: 9/1/2024	END: 8/31/2025
<u>Cost Category</u>	<u>Budget</u>	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	YTD
Contractual	\$167,503.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$167,503.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

This is the new grant that started September 1, 2024 will close August 31, 2025. Ms. Helgesen noted a formula is used for distribution between all of the EMS services across the counties for allocation of those dollars.

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FY23 EMS RAC/SB8 Quarterly Report					START: 9/1/2022	END: 12/31/2024		
<u>Cost Category</u>	<u>Budget</u>	1st-5th Qtr	6th Qtr	7th Qtr	8th Qtr	9th Qtr	YTD	YTD Remaining
Personnel	\$0.00	\$26,669.55	\$2,504.65	\$2,925.69	\$3,774.93	\$11,506.89	\$47,381.71	(\$47,381.71)
Fringe Benefits	\$0.00	\$4,201.41	\$654.52	\$952.81	\$837.99	\$2,684.96	\$9,331.69	(\$9,331.69)
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$34,271.66	\$11,375.95	\$0.00	\$24.33	\$0.00	\$0.00	\$11,400.28	\$22,871.38
Other	\$0.00	\$1,413.84	\$231.72	\$85.25	\$137.05	\$400.52	\$2,268.38	(\$2,268.38)
Edu/Scholarships	\$428,395.75	\$428,126.07	\$44,000.00	\$20,908.50	\$26,000.00	\$89,192.00	\$608,226.57	(\$179,830.82)
Incentives	\$102,814.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$102,814.99
Indirect/Program	\$137,086.64	\$826.12	\$123.26	\$194.58	\$173.25	\$843.23	\$2,160.44	\$134,926.20
	\$702,569.04	\$472,612.94	\$47,514.15	\$25,091.16	\$30,923.22	\$104,627.60	\$680,769.07	\$21,799.97

At this point, we have just under \$22,000 remaining, and these dollars have to be spent by December 31, 2024. We can still award scholarships, but they must have a class start date prior to December 31, 2024.

Action Taken: Dr. Alan Tyroch motioned to approve the financial report, Don Janes seconded, and the motion carried to accept the Financial Report as presented.

COMMITTEE UPDATES

Acute Care Committees

Cardiac Subcommittee

- Community Education Report

BorderRAC completed the first senior *Cardiac Bingo* 9/25/24. It was well received at the senior center and we plan to continue the program at additional senior centers.

The Veteran’s Fair on 10/5/2024 provided BorderRAC an opportunity to perform blood pressure readings and, for the first time, glucose and lipid profile testing. However, the turnout was somewhat disappointing and we only reached about 30 people.

- Regional Cardiac STEMI Plan for GM approval

The committee overhauled the Regional Cardiac STEMI plan to include a *Special Populations Considerations* (for Maternal, Pediatric, and Bariatric) section. Additionally, we cleaned up definitions and further defined our performance measures. The System PI committee approved the revised plan. Discussion ensued. BorderRAC will send the revised plan via email and add it to the January agenda for approval.

- Q1 and 2 Regional Data Collection

Ms. Armendariz reviewed the NCDR Snapshot, noting we are pending some hospital submissions. One

measure that did not meet\ the benchmark was 1st medical contact to device. Ms. Armendariz provided information for the coordinators on where to find that information in case it is an abstraction issue.

Of Note on comparisons of Q1 to Q2 data:

- Increase in patients arriving by EMS from Q1 to Q2 of 2024
- Patients arriving with pre-hospital ECG decreased in Q2
- Median time FMC to device increased in Q2 to 92 min. (goal: 90 min.)
- Symptom onset to FMC for those arriving via POV Q2 448.5 min.
- Symptom onset to FMC for those arriving via EMS increased in Q2 to 95.4 min. (goal 120 min.)
- Hospital arrival to ECG for Q2 67 minutes (just below the national average at 68)

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Ms. Armendariz congratulated our region for exceeding national average of 50% the patients arriving via EMS, at 67% for Q2. Data indicated arrivals via POV decreased in Q2, suggesting regional education has positively impacted calls to 911 (the rest of the nation is at 39%).

Opportunity exists for coordinator/EMS collaboration and research of data for discrepancies, accuracy of inter-rater reliability of data extractions and possible reasons for ECG decrease and FMC to device increase.

Ms. Armendariz noted median time (min) door-in door-out time in Q1 (40.5 min) significantly decreased to 19.8 min in Q2.

Dr. Tyroch recommended that hospital cardiologists attend some of the cardiac sub-committee meetings and inquired if the coordinators bring this information back to their facilities to review with the program's medical director as the committee and BorderRAC are doing strong work.

Ms. Armendariz moved to discuss the STEMI over/under triage. This is a new committee initiative with additional data above that entered in NCDR. The first months were bumpy, as we tried to tweak standardizing definitions regarding STEMI activations of over / under triage. She noted EMS correctly called over 59% of the STEMIs they identified and the facilities have an average of 69% accuracy of STEMI activations. Importantly, approximately 14 cases were under triaged (missed calling STEMI). The committee is working to better define whether it is a documentation issue or an actual missed call and the possible reason for the missed call.

Information from the *Aging to Perfection* expo was reviewed:

- 122 participants
- Community Education one-on-one with coordinators.
- 122 Cardiac Education Flyers reviewed and given
- 122 Hypertension Education reviewed and tracking tool provided
- 122 Heart Attack Knowledge test administered
- 122 Blood pressures taken
- 171 Pillboxes given
-

Ms. Jaime noted the focus this year was hypertension and education handouts.

Stroke Subcommittee

Mr. Munoz reported the committee is collaborating with the pediatric subcommittee in entering the pediatric stroke data into the RDC. The committee is focused on pediatric stroke data identification and collection, as well as proper treatment of the pediatric stroke population.

The Stroke committee worked with the Cardiac committee at the *Aging to Perfection* expo collecting the data Ms. Armendariz reviewed. He added this year; the footprint was reconfigured to allow better flow, which gave opportunity to offer more quality in the one-on-one education. Kudos to Dr. Berumen, who participated and talked with attendees, answering many questions.

We communicated with the organizers about the loud music, as some of the attendees are hard of hearing and we want to be effective in our education efforts. We also focused on follow up visit resources for those that do not have a Primary Care Physician.

Ms. Helgesen reported, based on a discussion that started with the Stroke Committee and an example of a pediatric stroke patient, opportunities were identified and the information sent to pediatric committee yesterday. The Pediatric committee had some discussion that will go back to the Stroke Committee requesting , as we look at creating transport guidelines, etc., for the pediatric stroke patient. She applauded the amount of collaboration going back and forth between the stroke and the pediatric committee.

Pediatric Subcommittee

Ms. Helgesen reported the committee is focused on Pediatric Readiness. The hospitals have all completed the gap analysis and our goal is collate the information to identify regional needs or opportunities. Additionally, pending a larger number participating in the PRPQI, they have created a data collection tool to collect data on vital signs. Every emergency department will gather 10 random patients per month.

The committee began including pediatric stroke data in the RDC and are the first region to have done so. The committee is also discussing transport and destination of pediatric stroke patients.

The committee participated in a Safety Safari, focusing on child and adult gun safety, heat related illness information and hands only CPR.

Hospital Trauma Committee

Q2 Trauma Registry Data

ESP provided information regarding a software update to assist with the failed submissions the Level 3/Level 4s are having because of required TQIP data. Ms. Jaime sent an email invitation to the committee for October 30, 8-10 a.m. between ESO and trauma registry Registrars and Coordinators, offering a demonstration of their new software. We are focused on keeping the region on the same registry to ensure accurate data reporting, extractions and analysis can be performed.

The trauma and prevention committees are focused on fall risk assessments and prevention for the community.

The committee has begun the planning for the fall Shattered D experience November 19-20. The pre-survey has been completed for the participants and Ms. Jaime reviewed the results.

A whole blood survey was sent to the facilities questioning whole blood usage and waste that is due by October 18, 2024.

Q2 Data review

- 2,262 total patients
- Majority of injuries - Blunt
- Top cause of injury – Falls
- The majority of those in the older age groups
- ISS scores >75 transported or arrived at level 1/level 2 facilities - Yes

Ms. Jaime noted in a recent report, BorderRAC facilities had 92 ISS scores not valued. Upon research, if filtered correctly, we only had 3 that were not valued.

Aging to Perfection

The Trauma committee completed fall risk assessments and tests for 113 participants:

- 105 Fall Risk Assessments
- 144 Fall Risk Functional tests- some participants wanted 2 different tests
- 452 Fall Education Handouts
- 229 Fall Risk Item Giveaways

Ms. Helgesen reported we are working with PHIX and EPFD MIH to set up follow-up visits and assessments for >_65 yo ground level falls seen and discharged from the ED in an effort to reduce repeat falls. MIH can assist with resources such as grab bars, ramps and obtaining follow up physician visits. Individuals will be monitored for repeat falls at 30/60/90 days.

Emergency Preparedness and Response Committee

Mr. Muro reported the committee is pending final review of the Chemical Plan to include all the appendices.

Many attended a Cybersecurity for Healthcare course in September. A diagram detailing the importance of passwords (including the amount of time it takes a hacker to access your passwords) was discussed.

TIME IT TAKES A HACKER TO BRUTE FORCE YOUR PASSWORD					
Number of Characters	Number Only	Lowercase Letters	Upper and Lowercase Letters	Numbers, Upper and Lowercase Letters	Numbers, Upper and Lowercase Letters, Symbols
4	Instantly	Instantly	Instantly	Instantly	Instantly
5	Instantly	Instantly	Instantly	Instantly	Instantly
6	Instantly	Instantly	Instantly	1 sec	5 secs
7	Instantly	Instantly	25 secs	1 min	6 mins
8	Instantly	5 secs	22 mins	1 hours	8 hours
9	Instantly	2 mins	19 hours	3 days	3 weeks
10	Instantly	58 mins	1 months	7 months	5 years
11	2 secs	1 day	5 years	41 years	400 years
12	25 secs	3 weeks	300 years	2k years	34k years
13	4 mins	1 year	16k years	100k years	2m years
14	41 mins	51 years	800k years	9m years	200m years
15	6 hours	1k years	43m years	600m years	15bn years
16	2 days	34k years	2bn years	37bn years	1tn years
17	4 weeks	800k years	100bn years	2tn years	93tn years
18	9 months	23m years	6tn years	100tn years	7qd years

Ms. Helgesen reviewed the new National Healthcare Safety Network (NHSN) CMS Hospital Respiratory Data requirements and stated they would be more thoroughly reviewed at the EPR meeting Thursday. COVID is not going away and the following are the big changes:

Facilities will no longer report through EMResource. Everybody has to report directly through the NHSN:

- Every hospital has and every clinic should have established a number in the NHSN portal to report
- Freestanding rehab centers and freestanding psychiatric facilities must report weekly now (only had to report annually before)
- CMS certified rehab facilities, a CMS Certified psych facilities and Indian Health Service hospitals must report weekly now (were not required to report prior to this)
- There are 58 required elements

Ms. Helgesen reported BorderRAC has been sharing this info with facilities and noted that NHSN has been communicating with all of those entities as well. This data will cover COVID, Flu and RSV.

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EMS Committee

Ms. Helgesen reported current SB8 data:

- 148 Applications approved
 - 69 Basic EMT
 - 32 Advanced EMT
 - 48 Paramedic EMT

Funding expended thus far \$680,769.07. Approximately \$22,000 is remaining until the end of the year.

Data regarding PULSARA was reviewed through August. With EPFD on board, the number of PULSARA utilizations increased from approximately 500 to over 3,500. The majority of patients were in the *general* category, followed by *trauma*.

They moved on to discussion of helicopter transport. The following goals came from the discussions:

- Work group will create a regional guideline for agencies (to include whom/when to call, and necessary information for helicopter assistance).
- Zach McGinnis's contact information will be provided by Chief Ortiz to coordinate Fire Star training with rural EMS services
- BorderRAC is exploring options to enable PULSAR communication for Fire Star prior to lift-off
- BorderRAC will email Fire Star auto-launch criteria to the committee

EMTF

Mr. Zate reviewed 2024 recruitment priorities:

- Ambulance Strike Team Units
- MMU members (RN's)

We are experiencing a late hurricane season, as Alberto and Beryl hit Texas directly. Additionally, there was talk regarding North Carolina and Florida but Texas was not mobilized to those events. However, we are seeing patterns, which may include opportunities for Texas EMTF to deploy out of state.

EMTF has been reengaged by border patrol to offer transport of a registered nurse strike team to Culberson. We are recruiting for ED/ICU nurses for this team. RN Strike Teams have been proven for regional responses in Texas, such as a response to the Uvalde Shooting.

Additionally we are having mechanical work and upgrades completed on the 53 ft. trailer for the MMU purchased in 2012.

The next big event for EMTF 9 is the Bataan Memorial Death March, Saturday, March 22, 2025. We are looking for nurses, physicians, medics and support staff for the event. Recruitment will be slightly different this year due to some credentialing and licensure questions coming from WSMR. If interested in participating, please contact Mr. Zate with enough lead-time to assume you are covered to work the day of the event.

Perinatal Committee

Ms. Helgesen reported the committee continues monitoring postpartum hemorrhage, maternal hypertension and newborn admission temperatures for well babies and NICU. Ms. Jaime mentioned we continue to distribute the mom bands to the maternal hypertensive patients. Ms. Helgesen further explained if a mother is hypertensive during delivery she is given a mom band and requested to wear it for a minimum of 6 weeks post-delivery. Then, if she reports to an ED or is transported by EMS, they are aware she has had a hypertensive episode and there is an algorithm in the ED for Maternal hypertension.

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A Perinatal workgroup has been reviewing prehospital maternal protocols. These will be sent back to the EMS agencies for consideration in internal guideline revisions.

Q1 2024 NICU Data

- 93% of the babies were Normothermic, and a few that were Hyperthermic

The committee members continue to volunteer for community outreach education by participating monthly at the El Paso health baby shower, where they provide information and education regarding safe sleeping; all babies cry, as well as *Who Am I?* cards for patient identification. The card provides the baby's name, date of birth, parents, name, and then an individual, not the parent.

If there is a crash, and the parents are unable to give information, EMS can cut that card off the car seat and take it with the baby to the hospital.

Prevention Committee

Ms. Banderas reported for Ms. Acosta regarding prevention focus in social media:

July 2024

- Fireworks Safety
- Trampoline and ATV Safety
- Lawn Mowing Safety
- Lightening Safety

August 2024

- Pedestrian Safety
- Bicycle Safety
- Driver Safety

September 2024

- Emergency Preparedness
- Baby Safety
- Senior Safety

- Monthly Initiatives:
 - Child Passenger Safety Week
 - Suicide Prevention Month

Upcoming Events

- 10/5/2024 - Veterans Health Fair at Old Glory Memorial
- 10/19/2024 - Fire Fest at Veterans Park, 12-6 pm
- 10/19/2024 – Van Horn Health Fair
- 11/18/2024 - National Injury Prevention Day – STAR ON THE MOUNTAIN WILL BE LIT UP IN GREEN
- 11/19-11/20/2024- Fall Shattered Dreams Event

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System Improvement

Dr. Tyroch reported the sepsis coordinators and EMS workgroup met October 3 to discuss pre-hospital sepsis, evaluation and resuscitation. One of the things we are working on is documentation of the start and stop time for crystalloid infusion by the paramedics. The suggestion is the stop time should be when EMS arrives at the hospital, but a final decision is pending. Additionally, they want to develop a code sepsis activation and are reviewing various indicators like fever, tachycardia, etc.

The ED Ops task force discussed PULSARA including a query as to how crews communicate when the patient has a changing condition during the transport. Hospitals were reminded when transferring patients do not close the case but leave it active so the receiving facility can see the prior communication.

Dr. Tyroch mentioned the addition of a regional Pediatric Emergency Care Coordinator (PECC) and her assistance to hospitals for Pedi simulations, etc.

Professional Education

During Q3 2024, BorderRAC participated in 11 activities equaling 14 hours, with following breakdown:

- Direct (4 hours)
 - July 9, 2024 - Pediatric Trauma by Dr. T. Lasky
 - July 10, 2024 – What is New in the Management of Atrial Fibrillation by Dr. Abedin
 - August 16, 2024 – Congenital Syphilis by Dr. Fennelly
 - September 12, 2024 – Cyber Security Threats and Best Practices by TMLT
- Joint (2 hours)
 - August 23, 2024 - Border Health Caucus Opioids Today by Dr. Viesca EPCMS and TMA
 - September 19, 2024 – Avoiding Common Documentation Errors with EPCMS
- Enduring (8 hours)
 - Texas EMS Jurisprudence 1
 - Online Necrotizing Soft Tissue Infections (NSTI) (EMS Credit only) 2
 - Online Substance Use Disorders Opioid Epidemic (EMS Credit only) 2
 - Augmented Intelligence in Healthcare" 1
 - Obesity Management in Primary Care Parts 1 and 2 2

UPCOMING EVENTS

10/9/2024 -Hypoxic Ischemic Encephalopathy (HIE) by Dr. Panda

10/10/2024 - 8 Minutes or Less- Ambulance Code 3 Travel by Dr. Baker

To advance the Far West Texas / Southern New Mexico trauma and emergency healthcare system through prevention, education, preparedness, and response.

11/10/2024 – Food is Medicine Part 2

12/5/2024 – RGTC

Additionally, many recordings are available on our Litmos Online Platform for viewing.

NEW BUSINESS

Fundraising

El Paso Giving Day- October 17, 2024

Our Goal is \$10,000.00. An Anonymous Donor has donated and will match up to \$2,000 in donations. The matching period is valid only during Early Giving **beginning October 10** and through the end of El Paso Giving Day on October 17, 2024. BorderRAC will email reminders throughout the day. Ms. Helgesen requested members consider BorderRAC in their philanthropic plan. We will participate in the *Early Bird Caffeinated Hour - The most number of donations (not dollar amount) received during the hour has the opportunity to win additional money.*

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Planning for next year – we have already scheduled the Top Golf Fundraiser: May 3, 2025. Please save the date and we hope to see everyone there.

ROUND TABLE DISCUSSION

Ms. Perez requested Dr. Gamez be added to the PAG distribution list.

Dr. Tyroch questioned if the crystalloid IV fluid shortage affecting the hospitals is also affecting EMS and how the issue is being handled. Chief Ortiz replied they do not utilize much saline, and have gone through about 5,000 bags this year. Currently they have close to 800 bags, which allows them to order approximately 30 every 5 days but he is uncertain how long that will last. They are reviewing IV indications and are not starting IVs TKO.

Ms. Helgesen reported they have sent information to the hospitals. The majority of the facilities have created plans for how they will address the situation, such as puling the IVs from Pyxis machines, not changing EMS fluids, and better control of OR use.

Baxter reports it has resumed shipment of IV products to hospitals and dialysis centers after a temporary weeklong hold, and they are inspecting finished goods to support current allocations. Additionally, they ramped up manufacturing from their global plants to try to meet the needs of the United States individual agencies. They expect to receive additional product through October, through those other sources. However, it has been reported by hospitals that as they order, they are receiving responses that they should expect, 40 or 50% of their usual order. Our recommendation was that each of the hospitals and the agencies gather their pharmacy and therapeutics committees to talk about how exactly how those fluids are being used and how they can conserve those.

Ms. Helgesen reported in trauma service area K, which is Concho Valley, one of the rural hospitals reported their facility used to offer dialysis, but did not have the volume and stopped. They have since donated Baxter dialysis fluids, tubing and other supplies to the dialysis services in that region.

NEXT SCHEDULED MEETINGS –Wednesday, January 8, 2025.

ADJOURNMENT – There being no further business, the meeting adjourned at 1149 hours.

/scs