

General Membership Committee Meeting

Wednesday, April 10, 2024 @ 1000 hours

Via Zoom

<https://borderrac-org.zoom.us/j/85484609283?pwd=RfUJj8M7dbbsAtz541wQajOX1LZbdT.1>

Meeting ID: 854 8460 9283

Passcode: 049596

THOSE IN ATTENDANCE

Ana Acosta – UMC of El Paso
Jessica Acosta – UMC of El Paso
Elias Adair- Desert Haven EMS
Kardha Alvarado-Las Palmas Medical Center
Virginia Armendariz – UMC of El Paso
Veronica Arriaga – THOP: East Campus
Rosalia Arzate – Fort Hancock EMS
Tony Baird – Dominion Ambulance
Vanessa Banderas - BorderRAC
Debra Barba Ornelas – UMC of El Paso
Naomi Bastardo – El Paso Children’s Hospital
Robin Bauer – Del Sol Medical Center
Amber Bechtel – El Paso Psychiatric Center
Donald Berger – UMC/EPCH
Erica Bergeron – UMC of El Paso
Carlos Bravo – Kindred Hospital
Henry Brutus – ProAction, Inc.
Michael Buldra – Trans Aero MedEvac
Lydia Camacho – UMC of El Paso
Robert Campion – Elite Medical Transport
Shane Canada – THOP: Sierra Campus
Chris Celaya - Tenet Healthcare
Celia Cisneros – Las Palmas Medical Center
Elaine Cleveland - WBAMC
Eddie Colclasure – Del Sol Medical Center
Jayson Connally – Culberson County EMS
Adriana Cortez – THOP: East Campus
Erin Delagarza - WBAMC
Yolanda Delgado – THOP: Sierra / TM Campus
Gloria Delgado – UMC of El Paso
Monica Diaz - WBAMC
Samuel Dominguez –Revive
MELISSA DURAN – THOP: Memorial Campus
Yvonne Estrada – Del Sol Medical Center
Diana Fancher – Tender Care HH & Hospice
Cristina Fore – THOP: East Campus
Xochitl Gamboa – UMC of El Paso
Jesus Gamez – Del Sol Medical Center
Rafael Garcia -BorderRAC
Camille Gerdes - EPCH
Roseann Gomez - Kindred Hospital
Bianca Gonzalez - THOP East
Sandra Gonzalez - UMC of El Paso
Leroy Granado - OEM
Raul Guerrero - DSHS
Todd Haugen - Memorial Medical Center, LC
Wanda Helgesen - BorderRAC
Imelda Hernandez-Sokol - Urgent Care Hospice/HH
Paloma Herrera - ProAction
Cynthia Holguin - Del Sol Medical Center
Melissa Ireland - WBAMC
Peggy Jaime - BorderRAC
Don Janes – UMC of El Paso
Carolina Juarez - UMC of El Paso
Edgar Lechuga -Air Methods- Native Air
Cristina Macias - DPH
Fonda Marler -THOP at TM
Miriam Mendoza - THOP- Memorial Campus
Ariel Mess - Emergence Health Network
Joanne Miller - WBAMC
Juan Miramontes - Elite Medical Transport
Manny Munoz –THOP: East Campus
Tony Muro - THOP Transmountain
Bryan Olson BorderRAC
Mario Ontiveros - OEM
Jose Ortiz - El Paso Fire Department
Adrian Payan - Las Palmas Medical Center
Julie Perez - Del Sol Medical Center
Diego Perez - Culberson Hospital EMS
Ashley Quinlan –THOP: Sierra Campus
Victor Ramirez - El Paso Psychiatric Center
Verenice Ramirez - Las Palmas Medical Center
Alex Ramos: Tenet Healthcare
Elen Rodriguez: THOP: East Campus
Marco Romero - Las Palmas Medical Center
Christine Rosales - OEM
Karla Rubab – THOP: Transmountain Campus
Sandra Salas - Endoscopy Center of El Paso
Eddie Sanchez - Life Ambulance
Blanca Scott – Memorial Medical Center, LC
Susan Sharp - BorderRAC
Claudia Smith - WBAMC
Guy Stevenson - HCA Healthcare
Alexa Timbrook – UMC of El Paso

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Kristen Torres - El Paso Children's Hospital
 Alan Tyroch - TTUHSC El Paso
 Anthony Venegas - THOP-Sierra Campus

Janet Walker - EMTF
 Zyon Zate – EMTF 9/BorderRAC
 Gabriel Zubia -UMC/EPCH

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 1001 hours.

REVIEW OF PREVIOUS MEETING MINUTES

The January minutes were reviewed. Dr. Tyroch motioned, Ms. Gonzalez seconded and the motion carried to accept the minutes as presented.

FINANCIAL REPORT

Financial Report

Mr. Garcia reviewed financials as of March 31, 2024:

					START:	END:		
ASPR22 Quarterly Report					7/1/2023	6/30/2024		
Cost Category	Budget	July - Sept 1st Qtr	Oct - Dec 2nd Qtr	Jan - March 3rd Qtr	April - June 4th Qtr	YTD	YTD Remaining	
Personnel	\$383,581.00	\$99,882.52	\$93,681.29	\$94,675.56		\$288,239.37	\$99,530.97	
Fringe Benefits	\$95,493.00	\$28,724.32	\$27,318.01	\$29,692.44		\$85,734.77	\$29,058.35	
Travel	\$36,717.00	\$4,366.50	\$6,699.76	\$4,974.02		\$16,040.28	\$23,217.34	
Equipment	\$0.00	\$0.00	\$0.00	\$3,150.72		\$3,150.72	(\$3,150.72)	
Supplies	\$2,650.00	\$1,715.56	\$1,674.63	\$909.03		\$4,299.22	\$141.69	
Contractual	\$31,550.00	\$3,216.00	\$3,150.00	\$3,048.00		\$9,414.00	\$14,644.38	
Other	\$101,168.00	\$55,007.95	\$12,364.00	\$11,073.02		\$78,444.97	\$19,913.25	
Indirect	\$161,099.00	\$40,738.86	\$38,085.39	\$48,231.67		\$127,055.92	\$42,731.31	
	\$812,258.00	\$233,651.71	\$182,973.08	\$195,754.46	\$0.00	\$612,379.25	\$226,086.57	

We received budget approvals from DSHS and as we head into Q4, we expect the funding to be fully utilized.

					START:	END:		
ASPR22 TSA-I Quarterly Report					7/1/2023	6/30/2024		
Cost Category	Budget	July - Sept 1st Qtr	Oct - Dec 2nd Qtr	Jan - March 3rd Qtr	April - June 4th Qtr	YTD	YTD Remaining	
Personnel	\$111,736.00	\$31,206.20	\$32,197.56	\$30,901.68		\$94,305.44	\$17,430.56	
Fringe Benefits	\$29,051.00	\$8,933.90	\$9,715.14	\$10,649.58		\$29,298.62	(\$247.62)	
Travel	\$16,183.00	\$2,617.92	\$842.90	\$2,445.53		\$5,906.35	\$10,276.65	
Equipment	\$0.00	\$0.00	\$0.00	\$1,112.93		\$1,112.93	(\$1,112.93)	
Supplies	\$2,000.00	\$1,490.90	\$553.08	\$909.03		\$2,953.01	(\$953.01)	
Contractual	\$31,550.00	\$3,216.00	\$2,700.00	\$3,048.00		\$8,964.00	\$22,586.00	
Other	\$65,874.00	\$30,633.16	\$7,052.34	\$4,123.47		\$41,808.97	\$24,065.03	
Indirect	\$63,615.00	\$14,004.37	\$15,664.38	\$17,425.43		\$47,094.18	\$16,520.82	
	\$320,009.00	\$92,102.45	\$68,725.40	\$70,615.65	\$0.00	\$231,443.50	\$88,565.50	

The remaining funds will be expended in the categories of personnel, supplies, contractual and direct. Ms. Helgesen reported the TDEM Conference is in this last quarter and will utilize some of those dollars.

		START: 9/1/2023					END: 8/31/2024	
FY24 EMTF Rider Quarterly Report								
Cost Category	Budget	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	5th Qtr	YTD	YTD Remaining
Personnel	\$9,370.00	\$0.00	\$0.00	\$0.00			\$0.00	\$9,370.00
Fringe Benefits	\$2,436.00	\$0.00	\$0.00	\$0.00			\$0.00	\$2,436.00
Travel	\$20,614.00	\$0.00	\$5,353.36	\$3,859.97			\$9,213.33	\$11,400.67
Equipment	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00
Supplies	\$12,500.00	\$0.00	\$0.00	\$1,710.97			\$1,710.97	\$10,789.03
Contractual	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00
Other	\$191,191.00	\$7,670.22	\$26,965.11	\$44,340.00			\$78,975.33	\$112,215.67
Indirect	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00
111k	\$236,111.00	\$7,670.22	\$32,318.47	\$49,910.94	\$0.00	\$0.00	\$89,899.63	\$146,211.37

Mr. Garcia reported we expect to continue seeing an increase in expenditures as we have executed the contract for the additional warehouse space. This includes repairs and maintenance that we are currently completing prior to moving assets to the newly acquired additional square footage.



To sum up, the concentration at this point is closing out ASPR, since that grant has a June 30, 2024 end date. Once ASPR 22 is closed, we move forward with FY24 EMTF Rider, which has an end date of August 31, 2024.

		START: 9/1/2023					END: 8/31/2024	
FY24 Systems Development Quarterly Report								
Cost Category	Budget	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	YTD	YTD Remaining	
Personnel	\$31,470.00	\$7,783.37	\$4,704.27	\$4,110.12		\$16,597.76	\$14,872.24	
Fringe Benefits	\$9,297.00	\$2,581.53	\$504.61	\$449.88		\$3,536.02	\$5,760.98	
Travel	\$3,225.00	\$683.88	\$628.10	\$1,912.49		\$3,224.47	\$0.53	
Equipment	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	
Supplies	\$1,166.00	\$1,586.54	\$0.00	\$0.00		\$1,586.54	(\$420.54)	
Contractual	\$6,945.00	\$0.00	\$0.00	\$0.00		\$0.00	\$6,945.00	
Other	\$12,872.00	\$6,418.21	\$3,703.39	\$6,376.51		\$16,498.11	(\$3,626.11)	
Indirect	\$12,779.00	\$2,129.30	\$1,895.77	\$631.78		\$4,656.85	\$8,122.15	
150k	\$77,754.00	\$21,182.83	\$11,436.14	\$13,480.78	\$0.00	\$46,099.75	\$31,654.25	

Mr. Garcia stated we would fully utilize the grant monies by the grant end date of August 31, 2024.

		START: 9/1/2023					END: 8/31/2024	
FY24 EMS RAC Quarterly Report								
Cost Category	Budget	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	YTD	YTD Remaining	
Personnel	\$29,390.00	\$0.00	\$20,536.03	\$29,183.43		\$49,719.46	(\$20,329.46)	
Fringe Benefits	\$9,097.00	\$0.00	\$7,198.06	\$10,168.44		\$17,366.50	(\$8,269.50)	
Travel	\$0.00	\$0.00	\$755.60	\$0.00		\$755.60	(\$755.60)	
Equipment	\$0.00	\$0.00	\$0.00	\$792.10		\$792.10	(\$792.10)	
Supplies	\$3,230.00	\$0.00	\$0.00	\$0.00		\$0.00	\$3,230.00	
Contractual	\$3,283.00	\$0.00	\$960.00	\$696.00		\$1,656.00	\$1,627.00	
Other	\$18,452.00	\$6,720.78	\$20,500.14	\$10,575.06		\$37,795.98	(\$19,343.98)	
Indirect	\$21,414.00	\$105.95	\$14,397.91	\$12,064.15		\$26,568.01	(\$5,154.01)	
	\$84,866.00	\$6,826.73	\$64,347.74	\$63,479.18	\$0.00	\$134,653.65	(\$49,787.65)	

Mr. Garcia reports an additional \$150,000 was received in the last legislative session. There are several projects in the works. We have ordered a replacement repeater for Med 2, as well as repeater maintenance. As we move forward, toward the grant close date, we will restructure and make adjustments as needed.

						START:	END:	
						9/1/2023	8/31/2024	
FY24 EMS County Quarterly Report								
<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>	<u>YTD Remaining</u>	
Contractual	\$165,767.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$165,767.00
	\$165,767.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$165,767.00

No expenditures have been incurred to date, but BorderRAC received two EMS reimbursement packets. Review of the packets has been delayed because BorderRAC is in the middle of audit, but they will be processed and paid soon.

						START:	END:	
						9/1/2022	12/31/2024	
FY23 EMS RAC/SB8 Quarterly Report								
<u>Cost Category</u>	<u>Budget</u>	<u>1st-4th Qtr</u>	<u>5th Qtr</u>	<u>6th Qtr</u>	<u>7th Qtr</u>	<u>8th Qtr</u>	<u>YTD</u>	<u>YTD Remaining</u>
Personnel	\$0.00	\$20,247.68	\$6,421.87	\$2,504.65	\$2,925.69	\$0.00	\$32,099.89	(\$32,099.89)
Fringe Benefits	\$0.00	\$2,533.14	\$1,668.27	\$654.52	\$952.81	\$0.00	\$5,808.74	(\$5,808.74)
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$34,271.66	\$0.00	\$11,375.95	\$0.00	\$24.33	\$0.00	\$11,400.28	\$22,871.38
Other	\$0.00	\$723.58	\$685.48	\$231.72	\$85.24	\$0.00	\$1,726.02	(\$1,726.02)
Edu/Scholarships	\$428,395.75	\$394,499.07	\$33,627.00	\$44,000.00	\$20,908.50	\$0.00	\$493,034.57	(\$64,638.82)
Incentives	\$102,814.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$102,814.99
Indirect/Program	\$137,086.64	\$256.84	\$569.28	\$123.26	\$194.58	\$0.00	\$1,143.96	\$135,942.68
	\$702,569.04	\$418,260.31	\$54,347.85	\$47,514.15	\$25,091.15	\$0.00	\$545,213.46	\$157,355.58

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This funding stream began September 1, 2022 and concludes December 31, 2024.

Action Taken: Dr. Jesus Gamez motioned to approve the financial report, Tony Muro seconded and the motion carried to accept the Financial Report as presented.

COMMITTEE UPDATES

Acute Care Committees

Cardiac Subcommittee

Ms. Armendariz reported the following for Q4 STEMI data:

- Increased STEMI cases
- Evenly split on documented EMS/POV arrivals

The pre-hospital ECG has increased, but is still below our benchmark as well as those patients with FMC to pre-hospital ECG \leq 10 minutes. Mr. Sanchez inquired if PULSARA transmissions are included in hospital receipt of pre-hospital ECG. Discussion ensued. Ms. Helgesen responded as we are just beginning to review PULSARA data transitions, we have not had many ECGs transmitted to the hospitals. The data indicates

- Increase in symptom onset time to First Medical Contact (FMC)
- Increase in FMC to device time
- Increase in Median time DIDO on transfers

The above will be taken back to the coordinators to review those cases and look at any challenges they are seeing and to ascertain if it is a trend in the city, and as a way to provide group education.

Stroke Subcommittee

The subcommittee is working hard to complete and approve the regional stroke plan revisions and have agreed on all of the updates and identification of needs for our community population.

Items on the Regional Stroke Plan reviewed:

BorderRAC Stroke System of Care – Functions

- Ensure effective interaction and collaboration among the agencies, services, and people involved in providing prevention and the timely identification, transport, treatment, and rehabilitation of individual stroke patients in a locality or region.
- Promote the use of an organized, standardized approach in each facility and component of the system.
- Identify performance measures (both process and outcomes measures) and include a mechanism for evaluating effectiveness through which the entire system and its individual components continue to evolve and improve.

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The plan was developed in accordance with generally accepted Stroke guidelines and procedures for implementation of a comprehensive Emergency Medical Services (EMS) and Stroke System plan. The plan does not establish a legal standard of care, but rather is intended as an aid to decision-making in general patient care scenarios. It is not intended to supersede the physician's prerogative to order treatment

New Joint Commission Stroke Facility Definitions/Designations

- Level I - Comprehensive Stroke Center (CSC) is defined as a facility or system with the necessary personnel, infrastructure, expertise, and programs to diagnose and treat stroke patients who require a high intensity of medical and surgical care, specialized tests, or interventional therapies. This center requires survey by an approved surveying body and designation by the Texas Department of State Health Services.
- Level II – Advanced Primary Stroke Center (APSC) has the necessary staffing, infrastructure, and programs to stabilize and treat acute stroke patients *and has 24/7 endovascular capability*. This center requires survey by an approved surveying body and designation by the Texas Department of State Health Services.
- Level III - Primary Stroke Center (PSC) has the necessary staffing, infrastructure, and programs to stabilize and treat most acute stroke patients. This center requires survey by an approved surveying body and designation by the Texas Department of State Health Services. The Joint Commission also identifies Primary Stroke Centers as centers that provide services with critical elements to achieve long-term success in improving outcomes.
- Level IV – Acute Stroke-Ready Center – has the necessary staffing and infrastructure to provide immediate and time-critical care to the stroke patient, including initial emergency evaluation and screening, stroke scale assessment, and, if indicated, thrombolytic treatment prior to transfer to a higher level of stroke capable center.

Facility designations for APSC and PSC will change at their next designation.

EMS Transport Algorithm and Stroke (matches clinical guidelines and mimics the AHA Algorithm).

On the existing transfer checklist the verbiage changed from Changed from Alteplace or TPA to thrombolytics in line with AHA changes due to anticoagulation treatment focus. Mr. Munoz gave Kudos to Ms. Jaime for combining the pertinent information from several facilities into one document.

The system performance improvement goals and referral filter inclusions into the stroke plan were discussed.

Additionally, special populations such as Pediatric, Maternal and Bariatric were incorporated into the plan and the specifics overviewed with the group. This included current information on the regional facilities CT imaging capabilities concerning bariatric patients.

Action Taken: Cynthia Holguin motioned, Lydia Camacho seconded and the motion carried to approve the revised stroke plan.

Pediatric Subcommittee

Ms. Bastardo reports the statewide focus is Pediatric Readiness. The committee decided our beginning pediatric readiness project would be vital sign documentation in the pre-hospital and hospital settings. We have discussed facility participation in the NPRQI database, which requires entering 10 charts a month. This will provide valuable data.

The hospitals will complete an annual Pediatric Readiness Assessment in July, which will be sent to BorderRAC to collate and review for possible regional opportunities.

The EMS Pediatric Readiness Assessment opens May 1, 2024.

EPCH will add pediatric stroke patient data to RDC. The pediatric subcommittee and the stroke subcommittee communicated regarding the need for pediatric specific stroke education.

Additionally, we reinstated the Whoo Am I? Initiative. Initially, the goal was to attach the card to the car seat in case of a motor vehicle crash. This would aid in quick identification for the patient. In discussing amongst the committee, additional avenues, such as schools for attachment to a child's backpack were explored. We are developing scripting and education to be sent with these cards, so that we can continue to educate the community. Through our facilities on this program, this will aid in quick identification during unforeseen circumstances.

Ms. Helgesen reports the cards are two sided (English/Spanish). she relayed we just received 10,000, but interestingly, facilities recently requested an additional 6,000 cards.

Hospital Trauma Committee/Regional Registry

Ms. Camacho reviewed Q4 2023 data. There were 2204 patients, direct from scene 1,637 and more males than females.

- Place of Injury –most prevalent:
 - Private Residence
 - Street, Highway, other Paved Roadways
- Primary injury type was *Blunt* (91%)
- *Cause Of Injury (both ICD 9/ICD 10)* - falls represent the greatest at 50%, followed by motor vehicle traffic

Ms. Camacho noted data indicates 32 burns. The pediatric subcommittee recently mentioned they would like more community burn education developed and focus this year. Dr. Tyroch inquired if the burn number reflected the only injury being burns or if there was other injury involved. Ms. Jaime responded the primary reason is burns (most include contact with hot liquids, such as pulling pot off stove).

The majority patient age group was 65 and older, with the next highest group being 25-34 years of age.

The committee is also reviewing:

- SANE guideline and algorithm to include changes to the EMResource dashboard
- Ongoing registry data opportunities
 - ISS
 - Blank Fields

Dr. Tyroch requested configuration of the current definition concerning pediatric patient age. Ms. Helgesen responded it is less than fifteen.

EMS Committee

Mr. Sanchez reported current numbers on the SB8-Texas Workforce Initiative through March 31, 2024:

- Scholarships Approved – 131
EMT – 66 (9 dropped)
AEMT – 31
Paramedic – 34 (8 dropped)
- Funds expended - \$545,213.46

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Ms. Helgesen noted a clarification – the funding can be utilized for classes starting anytime through December 31, 2024 (i.e. they do not have to have the class completed by Dec 31, 2024), allowing us to utilize more of the funding. Additionally, we have had a number of individuals that went through and completed AEMT and have requested and received second scholarships to complete paramedic training.

Mr. Sanchez reported PULSARA is working well. Ms. Helgesen shared EPFD brought up four units last weekend and will hopefully will continue moving through the rest of the department. She reviewed data on patient entry into PULSARA indicating the jump as EPFD brings units on board incrementally:

- January – 123
- February – 361
- March – 507

Mr. Janes requested PULSARA be added to the next EMS agenda in regards to the narratives information being given and the possibility of incorporating MIST and the new triage identification as the standard narrative.

The committee continues to work through data for the Cardiac and Stroke subcommittees.

The committee is pending rollout of the EMS Neonatal Resuscitation Program.

The EMS requested perinatal review prehospital protocols and are pending final recommendations.

Emergency Preparedness and Response Committee

Mr. Muro reported the committee is reviewing the regional chemical plan for needed revisions. At the beginning of March, a decontamination equipment survey was sent to all facilities. For those that have not returned the survey, please get those completed.

The DECON drills will be held at facilities during the month of May. Please contact Mr. Olson to schedule a date. We are awaiting full implementation of how PULSARA may affect patient tracking. BorderRAC successfully utilized it for registration and patient tracking during the Bataan Memorial Death March event. Ms. Helgesen remarked it was successful; however, she is not convinced it captures all the information gathered on WebEOC.

The committee is pending a workgroup to coordinate HPP and facility required regional exercises to perhaps lessen the burden on the facilities. The safety officers will discuss the requirements to ascertain if there is a way to combine some of them. Additionally, the Perinatal Committee has requested a repeat of the perinatal evacuation exercises

similar to those completed a couple years ago.

EMTF

Mr. Zate announced his number one recruiting priority is:

- Ambulance Strike Team Units
- MMU members (logistics and strike teams)

EMTF 9 / BorderRAC needs agency-wide leadership level support willing to deploy units for State and Regional responses.

Currently the EMTF 101 and deployment basics presentation are being revised. He will offer the presentation to TSA I, J, and K. We can consider a combined training at one time.

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EMTF is considering adding a Radiological Response Unit component, currently in its infancy, which may provide more recruitment opportunities.

If interested in participation in EMTF, the QR code displayed includes all of the EMTF 9 contact information and our Facebook page or you can contact Mr. Zate directly.

Mr. Zate displayed the framework for our newest AmBus (903) going to Reeves County ESD 2. Expected delivery is in August. AmBus 902 will be placed with Odessa Fire Rescue in the next year or two. TSA J has begun taking more interest, causing a robust growth potential for EMTF 9, hopefully by the next hurricane season.

We participated in Bataan Saturday, March 16, 2024. There were approximately 4K runners and 321 patients total. PULSARA was utilized for registration and patient tracking. Some room for improvement, but overall it went well.

Perinatal Committee

Ms. Helgesen reported for Ms. Gonzalez, as she is unavailable for today's meeting. They continue monitoring postpartum hemorrhage, maternal hypertension and newborn admission temperatures, as well as reviewing prehospital maternal protocols.

Q4 Data was reviewed:

Maternal Hemorrhage

- Total Deliveries- 2797
- 126 patients had PPH
- 45% had QBL > 1000cc
 - 18% were pre-identified as high-risk
 - 25% received blood products
 - 5% required surgical management
 - No maternal or fetal mortality

Ms. Jaime noted the percentage pre-identified as high risk doubled from the previous quarter.

Maternal Hypertension

- 4% had Severe Hypertension (systolic >160 or diastolic >110)
 - 46% were pre-identified as high-risk
 - 92% were treated with pharmaceuticals

- 9% also received blood products
- 2% had new onset seizures
- No maternal or fetal mortality
- No maternal stroke
- 35% left with MOM bands on
- 2.6 % had a readmission within six weeks of delivery (reasons were hypertension/preeclampsia)
 - 33% had MOM band still on when readmitted
- *Neonatal Monitoring*
- Monitoring First NB temperatures
 - 33% of NB babies were Hyperthermic
 - 34% of NB babies were Hypothermic
 - Exclusive Breastfeeding - upcoming
- Congenital Heart Defects

Prevention Committee

Ms. Acosta reported prevention focus in social media:

January 2024

- Winter Safety
- Winter Special Population Considerations
- Human Trafficking

February March

- Heart Related Facts
- Doing your part for a Healthy Heart
- Hands Only CPR
- MRC participated in the El Paso Marathon running a water station.

March 2024

- Spring Sports Injuries
- Daily Dangers of Poisoning
- Shattered Dreams Coronado

Ms. Helgesen reported that the Shattered Dreams participants gave good feedback and the program went well.

Please remember to “Like” and “Follow” BorderRAC on Social Media.

System Improvement

Dr. Tyroch reported the next System PI meeting is April 15, 2024 at 1045 hours. Ms. Helgesen stated the April meeting will be PAG instead of SPI as we have cases to review.

The committee reviewed the Q3 data from various committees, some of which was reviewed in the prior committee reports. The committee reviewed the Q4 trauma data as well as reviewing all MCI notifications and distribution of patients. Data indicated some of the facilities are not documenting on EMResource in a prompt manner.

The committee is being updated on PULSARA monthly.

One other item is pre-hospital whole blood consortium within the region. There has been progress. We continue working toward the goal of whole blood administration in the pre-hospital setting. Ray Bradford and Wanda Helgesen are both members of a new statewide whole blood task force led by Eric Epley of STRAC and Dr. Jennings from San Antonio. The next virtual meeting is April 13, 2024.

GETAC meetings will be June 12-14, 2024 and the Whole Blood Task Force will meet June 11, 2024. The release of the Trauma Rules is pending.

Dr. Tyroch reiterated it is important for the trauma centers to try to tune in to the monthly calls. He believes the Level I and Level II meetings are at 1 pm this afternoon. Additionally, the Level 4 call is also today.

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Professional Education

Quarter 1 2024 Activities:

January

January 11 - Cyber Security Threats and Best Practices

February

February 11 - Putting Out the Fire: Unlocking a New Set of Tools to Mitigate and Prevent Burnout

March

March 19 - Reversal of Anticoagulation

March 21 - Colorectal Cancer: Epidemiology, Risk Factors, and Prevention in 2024

NEW BUSINESS

Fundraising

Ms. Helgesen reminded all the BorderRAC fundraiser at TopGolf is May 4, 2024 and we hope to see you there in person. If you need information please do not hesitate to contact us.

ROUND TABLE DISCUSSION

Dr. Tyroch reported the GETAC strategic plan is now on the GETAC/DSHS website.

Mr. Munoz announced they are hosting their seventh annual comprehensive stroke symposium Friday May 17, 2024 at the Radisson Hotel. He will forward the information to everyone.

Ms. Mess with EHN to order and provide Narcan in bulk to the EMS first responders utilizing a grant recently received.

NEXT SCHEDULED MEETINGS –Wednesday, July 10, 2024.

ADJOURNMENT – There being no further business, the meeting adjourned at 1118 hours.

/scs