

BorderRAC Annual Report

An annual report is to be submitted to DSHS, Office of EMS/Trauma Systems no later than **October 15, 2025**. The annual report will cover the past fiscal year (September 1, 2024, through August 31, 2025), as stipulated in the RAC System Development portion of your FY20 Contract. Additional information may also be entered or submitted as an attachment to this report.

RAC	BorderRAC TSA I
Report Period	FROM: September 1, 2024 TO: August 31, 2025

1. Attachment A provides 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 of topics and attendees of education/training events? How were they evaluated? Using a table like the one shown below may assist in this process.*)

Members identify needs through committee 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 needed 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 guidelines.

BorderRAC is an approved provider for continuing professional education activities for physicians, nurses, and EMS. 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 request of individual committees or at the direction of the Education	MD, RN, EMS MD, RN MD, RN, EMS RN, EMS	<ul style="list-style-type: none"> • Cybersecurity for Hospitals, EMS and LTC • Avoiding Common Documentation Errors • Hypoxic Ischemic Encephalopathy • EMS Safety

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<p>Committee.</p> <p>There is always a need to provide education opportunities for rural areas who struggle with the ability to attend.</p> <p>Providing virtual education opportunities has assisted not only TSA I but surrounding RACs.</p>	<p>MD, RN, EMS</p> <p>MD, RN, EMS</p> <p>EMS</p> <p>MD</p> <p>MD, RN, EMS</p> <p>MD, RN</p> <p>MD, RN, EMS</p> <p>MD, RN, EMS</p> <p>EMS</p> <p>MD, RN, EMS</p> <p>MD, RN, EMS</p> <p>MD, RN, EMS</p> <p>MD, RN, EMS</p> <p>MD, RN, EMS</p> <p>MD, RN, EMS</p> <p>MD, RN, EMS</p>	<ul style="list-style-type: none"> • RSV • Nutrition, Metabolism and the Gut Microbiota • Rio Grande Trauma Conference • Closing a Medical Practice • Left Atrial Appendage Occlusion • Paso del Norte Health Information Exchange • Measles • Faces of Diabetes Conference • Firefighters Under Fire • Colorectal Cancer • Thinking Beyond the Prescription: Exploring Comprehensive Treatment Strategies for Obesity • 2025 ACC/AHA/ACEP/NAEMSP/SCAI Guideline for the Management of Patients with Acute Coronary Syndrome • Workup for Surgical Endocrinopathies • Biliary Atresia • Mastering the Art of Diuretics
<p>Equipment</p> <p>Replacement repeater for EMS communication to hospitals.</p>	<p>EMS, Hospitals</p>	<p>We continue to replace parts and maintenance on the regional repeater system. We currently have another repeater down and are looking for funding streams.</p>
<p>Supplies</p>	<p>Region-wide</p>	<p>EMS Wristbands continue to be available to EMS services through BorderRAC.</p>

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Public Education	Region-wide	BorderRAC and our members have conducted numerous Stop the Bleed, Hands-only CPR and Narcan administration courses and have provided community education on senior falls including conducting functional assessments, heart attacks and stroke. In addition, we completed bicycle safety surveys and fit and provided helmets. Gun safety information was provided in conjunction with a law enforcement safety event.
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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 perspective of BorderRAC activities. The Board tries to identify community members who bring additional skill sets to the organization.

Workgroups and Task Forces address specific needs. Imaging and hospital/EMS transfer workgroups have joined ongoing workgroups including the Prehospital Whole Blood Initiative workgroup, sepsis workgroup and the ED Operations Task Force. The number of agencies that participate in various committees has increased.

New partners are often obtained through our Educational outreach. BorderRAC is very proud to be an approved provider for professional continuing education for CME, CNE, and EMS. The Professional Education Committee is committed to inter-professional education, and as such, has members from these disciplines on the committee. Joint sponsorship opportunities continue with the El Paso County Medical Society and the Diabetes Association.

The Physician Advisory Group (PAG) continues to provide peer review for selected cases. Routine scheduling has aided in participation. Case reviews include cases outside of trauma.

- b. Summarize the need for and outcomes of specially called RAC meetings.

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There have been no specially called RAC meetings.

- c. Report any projected realignments of counties in trauma service area.

There have been no realignments of the counties.

- 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 generally participates in the trauma center, chest pain, stroke, NICU and maternal survey opening conferences. Committee meetings provide opportunities to review/discuss lessons learned through designation processes.

- 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 other sources, as an example, by the Child Fatality Review Team; the needs are reviewed and a plan devised. The Prevention Committee oversees the community activities of the individual committees. The BOD reviews these to ensure 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.

The BorderRAC website and social media have monthly focus.

- **Sept 2024: Preparedness, Senior Falls, Safe Sleeping, Shaken Baby**
- **Oct 2024: Safe October, Mental Health Awareness, Halloween Safety**
- **Nov 2024: National Injury Prevention Day, Diabetes and Hypertension Awareness, Thanksgiving Reminders**
- **Dec 2024: Holiday Safety (Holiday Decorations and Fire Safety, Christmas Trees and Holiday Gifts Safety, Holiday Parties), Holiday Stress**
- **Jan 2025: Winter Safety (Sports, Special Populations) and Human Trafficking**
- **Feb 2025: Heart Knowledge (Facts vs Myths, Signs and Symptoms, What do Do), Hands-Only CPR**
- **Mar 2025: Spring Sport Injuries, Poisonings**

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- **Apr 2025: Child Abuse Prevention; Sexual Assault Awareness, Distracted Driving Awareness**
- **May 2025: Heat Safety, Kids in Hot Cars, Stop the Bleed, Stroke Awareness**
- **June 2025: Water Safety, Firearm Safety Rules, Gun Safety and Facts, Rattlesnake Safety**
- **July 2025: Fireworks Safety, Lawn Mowing Injuries, Trampoline and ATV Safety, Lightning Safety**
- **Aug 2025: Back to School Safety, Pedestrian Safety, Bicycle Safety, Driver Safety**

BorderRAC participated with KVIA, a local TV station, on the *Be Mindful* campaign. We chose to focus on Shaken Baby.

https://www.youtube.com/watch?v=lsT00nG9_Fg

In-person activities in which BorderRAC participated:

- **Regional Health Fairs – participated in a number of community health fairs to provide information on injury prevention, cardiac and stroke awareness and bicycle safety.**
 - **Aging to Perfection – senior fair: senior falls, stroke, cardiac**
 - **Fire Fest – community fair: bicycle helmets, Halloween safety, CPR**
 - **Child Abuse – safe sleeping, shaken baby, burn safety**
- **Stop the Bleed – conducted 21 Stop the Bleed classes, generally paired with Hands-Only CPR and Narcan administration, to the local community including open community classes, El Paso International Airport, schools, universities, religious locations, businesses, and law enforcement.**
- **Shattered Dreams – coordinated a Shattered Dreams program at two local high schools.**
- **Baby Safety – we have reinstated the prenatal education on safe sleeping and abusive head trauma.**
- **Cardiac Bingo – created a cardiac bingo game for senior citizen centers.**

We continue to review activities using the following questions:

- **How was the need identified? Generally identified by committees, but is this based on a sentinel event, case reviews, literature, etc.?**
- **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**

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information documents? As an example, we utilize BorderRAC developed patient knowledge tests (bicycle safety, cardiac, stroke, falls, gun safety) administered by member volunteers. Incorrect answers serve as a teaching moment to correct lack of knowledge or misunderstandings.

- How will we monitor achievement? Collated results of the knowledge tests are shared with the respective committees to aid in the development of community education strategies.

- 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.

The BorderRAC Prehospital Whole Blood Consortium has been meeting routinely to develop the regional program. We continue to develop rotation capability as well as defining mechanisms to determine upcoming field deployment of whole blood.

Other developments approved through the System Performance Improvement Committee include update of the Child Maltreatment Guideline, and EMS Stroke Transport Algorithm - including pediatric patient destination.

- 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. It is with the guidance of this committee that guidelines are approved, sent back to committees with recommendations, etc.

Individual case reviews are completed at the quarterly Physician Advisory Group with presentation of cases by the involved EMS and hospital representatives. An issue we continue to struggle with is the limitations of pediatric surgeons. We have begun tracking all NICU transfers both in and out of El Paso to try to get clearer information on physician specialty limitations.

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The addition of air services has created several opportunities to discuss criteria, limitations and appropriateness of use. This has also raised the rendezvous issue again.

- 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 video-conferencing capability, making it available to all members. We continue to encourage the participation of FROs (we have no new EMS agencies).

- 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 and committees is challenging. Every committee needs data, which must be submitted by members. If members do not meet reporting deadlines, we must scramble to have reports ready for committees and that does not always allow us to create the quality presentation we desire. Timeliness of member data submissions is now being included in participation letters.

We continue to investigate new data analytic solutions to assist us in managing the increasing data demands. Learning from our peer organizations is helpful.

Utilizing data provided at GETAC meetings is problematic. We attempt to utilize the information, but it is frequently at a level that is non-actionable. So we work to duplicate information which is time intensive.

Time is always a challenge. Our committees are anxious to collectively participate in community education activities which generally rely on the RAC for organization. The sheer manual labor in producing the materials, packing tables, chairs, canopies, devices, etc. and transporting them to the site, and then deconstructing everything into a system for future deployment is challenging. We have begun discussions to be more selective in the number of activities in which we participate.

- 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.

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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 on the website.

Chris Celaya

RAC Chair

10/15/2025

Date Submitted

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Complete and include with the Annual Report the following:

Attachment A – Officers/Board Members

Attachment B – Annual Bylaws Affidavit

Attachment C – Annual Regional Trauma System Plan Affidavit

Annual Participation Report

Attachment D – Designated Hospitals

Attachment E – Hospitals Seeking Designation

Attachment F – EMS Providers

Attachment G - First Responder Organizations

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Attachment A Officers/Board Members September 1, 2024 – August 31, 2025

Name	Office/Board Position	Term	Affiliation	Telephone	Email
Chris Celaya	Chair	8/31/27	THOP	915-479-7541	chris.celaya@tenethealth.com
Alexa Timbrook	Secretary	8/31/25	UMC of El Paso	915-544-1200	ATimbrook@umcelpaso.org
Don James	Treasurer	8/31/26	UMC of El Paso	915-544-1200	donald.james@umcelpaso.org
Tony Muro	Chair, Emergency Preparedness & Response	8/31/25	THOP: Transmountain	915-577-6135	Antonio.Muro@tenethealth.com
Kenneth Lujan	NM Member-at-Large	Appt. 08/2019	AMR	575- 523-0225	Kenneth.Lujan@amr.net
Ana Acosta	Chair, Prevention	8/31/25	UMC of El Paso	915-544-1200	ana.acosta@umcelpaso.org
Eddie Sanchez	Chair, EMS	8/31/25	Life Ambulance	915-771-1642	medicES@sbcglobal.net
Alan Tyroch	Chair, System Performance Improvement	8/31/25	TTUHSC	915-545-6872	Alan.tyroch@ttuhsc.edu
Michelle Gonzalez	Chair, Perinatal	8/31/25	THOP: Memorial	915-6264	Michellee.Gonzalez@tenethealth.com
David Palafox	Community Member-at-Large / Chair ProTemp	Appt. 05/2009	El Paso Health	915-494-7934	dpalafox@elpasohealth.com
Craig Roberts	Community Member-at-Large	Appt. 11/2015	New York Life Insurance Co.	915-929-3655	craigroberts@twc.com
Todd Haugen	Immediate Past Chair	8/31/23	Memorial Medical Center	575-261-9555	Todd.Haugen@LPNT.net

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ANNUAL BYLAWS AFFIDAVIT
Attachment B

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 review was January 2024.

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**

Chris Celaya

RAC Chair

10/15/2025

Date Submitted

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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.

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

COMPONENT	DATE
Access to the System	1/2024
Communication	1/2024
Medical Oversight	1/2024
Pre-hospital Triage Criteria	1/2024
Diversion Policies	1/2024
Bypass Protocols	1/2024
Regional Medical Control	1/2024
Facility Triage Criteria	1/2024
Inter-hospital Transfers	1/2024
Designation of Trauma Facilities, Planning for	1/2024
Performance Improvement	1/2024
Regional Trauma Treatment Protocols	1/2024
Regional Helicopter Activation Protocols	1/2024
Injury Prevention	1/2024
Stroke Plan	1/2024
Cardiac Plan	1/2024

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

Chris Celaya

RAC Chair

10/15/2025

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
Air Methods
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

Chris Celaya

RAC Chair

10/15/2025

Date Submitted