

**Regional Advisory Council
(RAC)
Annual Report
Report Form**

An annual report is to be submitted to DSHS, Office of EMS/Trauma Systems no later than October 15, 2018. The annual report will cover the past fiscal year (September 1, 2017 thru August 31, 2018), as stipulated in the Tobacco RAC Contract. Additional information may also be entered or submitted as an attachment to this report.

RAC	East Texas Gulf Coast (TSA-R)		
Report Period	FROM: 9/1/2017	TO:	8/31/2018

1. On a separate form (Attachment A) provide current information for RAC Officers and Executive Committee/Board as of September 1st.
2. Needs Assessments (*Provide a narrative paragraph describing how needs were identified. Give details outlining the decision-making strategy the RAC used to meet identified needs and identify patterns of regional resource distribution. For example, what kind of equipment was allocated to whom, and for what purpose? What were the number topics and attendees of education/training events? How were they evaluated? Using a table like the one shown below may assist in this process.*)

Example table:

Identified Need	Targeted Beneficiary (EMS/Hospital)	How Were These Needs Met?
Education/Training	EMS/Hospital	<p>Education and training were provided by employees and volunteers of member agencies to specifically address trauma care and related issues in the region. A list of trauma related courses was pre-approved by the Board of Directors and each course that is hosted or provided by RAC members is promoted throughout the region.</p> <p>RAC-R membership received training related to Advanced Stroke Life Support. The membership trained hands-on in a simulation-based provider course on the management of the acute stroke patient that includes the MEND exam. Attendees were trained to recognize the five main stroke syndromes, perform a focused evaluation, understand prehospital protocol, communicate clearly t-PA contradictions, witness information and neurologic exam, know how and when to</p>

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		administer t-PA to acute ischemic stroke patients, and apply the six aspects of acute stroke care to hospitalized patients. The case studied during the December General Assembly meeting was Pregnant Trauma.
	EMS/Hospital	Equipment Distribution: Pediatric Neonatal sleds were purchased for distribution to trauma level 1 facilities for use during an evacuation. Stop the Bleed training kits were purchased for training staff with local independent school districts.
Other		

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?

Through personal phone calls to healthcare organizations, constituents were invited to attend the General Assembly Meeting as well as peruse the website to learn more about what RAC-R offers in trauma care, injury prevention and disaster management. Additionally, RAC-R welcomed neo-natal, CVD, and STEMI represented from newer agencies during the year.

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

There were no specially called RAC meetings in the timeframe from September 1, 2017 – August 31, 2018. An example of a need for a specially called meeting would consist of emergent communication related to an issue in which Board Members had to make an immediate decision related to an unexpected issue.

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

None

- 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.

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RAC-R continues to provide letters of support and of membership in good standing to hospitals in advance of and during trauma center designations and re-designations. The RAC has also paired more experienced members with newer and/or smaller hospitals to serve as members. RAC-R board member attends trauma surveys. In addition, during the multiple RAC hospital committee meetings, changes to the trauma rules were shared with the group along with discussion of the impact to their program. Additionally, rule changes were distributed, by email, to RAC participants.

- 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.)**

Several entities participated in bleeding control training and education programs as well as other injury prevention programs. Nearly 2500 staff from 4 school districts, 1 university, several First Responder agencies and the public were trained to take simple steps to keep an injured person alive until appropriate medical care is available. RAC-R members share injury prevention programs throughout the region so that all entities can use what is needed in their regional area.

- 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?**

During the past twelve months, a new PI system and form has been put into place. During General Assembly meetings, a de-identified patient case study is presented to the membership. Cases submitted for presentation are sent to the PI committee chair for discussion and identification of learning opportunities. Each case review begins with learning objectives followed by a summary of events related to the case. The membership is asked to identify positive and negative aspects to the care received. Finally, the presentation ends with key teaching points related to the subject. Through these case reviews, we have been able to provide the membership with increased awareness related to patient care. We continue to encourage all RAC entities to submit ideas/cases for review.

- 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.

When an entity identifies a system issue and the issue remains unresolved after an internal review process, the entity can request further review through the RAC PI process. The PI Committee is comprised of

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participants from all disciplines, EMS/air medical providers, hospital representatives, nurses and physicians within RAC-R. The PI Committee is chaired by a physician who actively participates in the care of trauma and acute care patients within RAC-R. The PI policy and form are available to the general membership through the RAC-R website.

- 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.).
Select members of the Board that represent EMS have personally reached out to non-RAC providers for education and participation. Even though the outreach efforts have begun, EMS membership has only slightly increased.
- i. Identify problems or areas of concern identified in past twelve months adversely impacting RAC operations.
- *Lack of administrative staff with decreased funding*
 - *Lack of data*
 - *Increase in burden of requirements, placed on the volunteer Board and RAC committees, for improving trauma services in the region*
 - *Challenges presented by the structure and medical care when provided by physicians in private practice and when under contract to a hospital and/or emergency department.*
 - *Increase in workload of hospital and EMS personnel who participate in RAC. This makes it difficult to find additional time for committee meetings and the associated committee work*
 - *Lack of physician participation in the RAC*
 - *Increased possibility of reduced tobacco funding and increased responsibilities placed on the RAC without funding to support the workload.*
 - *The diversity of needs related to the geographical size of the RAC*
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.
Electronic disbursement of information from the Office may not always be received by appropriate personnel in a timely manner.

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6. What method will the RAC utilize to ensure member organizations receive a copy of this Annual Report?

This report will be provided to the membership via the RAC website and it will be summarized in a RAC General Assembly meeting.



RAC Chair



Date Submitted

Complete and attach to the Annual Report the following:

Attachment A – Officers/Board Members

Attachment B – Annual Bylaws Affidavit

Attachment C – Annual Regional Trauma System Plan Affidavit

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**Attachment A
Officers/Board Members**

Name	Office/Board Position	Term	Affiliation	Telephone	Email
Jeff Thibodeaux	Chair / EMS #2	9/2017 – 8/2020	Acadian Ambulance Service, Inc	409-779-7203	jthibodeaux@acadian.com
Darlene Farek	Hospital #2	9/2017 – 8/2020	CHRISTUS St. Mary's	409-989-5542	darlene.farek@christushealth.org
Kathy Rodgers	Secretary / Hospital #3	9/2016 – 8/2019	CHRISTUS St. Elizabeth	409-899-7863	kathy.rodgers@christushealth.org
Dave Ferguson	Treasurer / EMS #1	9/2015 – 8/2018	Manvel Emergency Medical Services	281-489-6144	dferguson@manvelems.org
Diana Grimm-Mapp	Hospital #1	9/2015 – 8/2018	UTMB – Galveston	409-772-7413	dgrimm@utmb.edu
Dana Dalbey	EMS #2	9/2016 – 8/2019	Baytown Fire Department	281-422-2311	Dana.dalbey@baytown.org
Lucille Maes	Other #2	9/2017 – 8/2020	Angleton Area Emergency Corp	979-849-3547	lmaes@aaemc.org
Thomas Leigh	Other #3	9/2016 – 8/2019	Galveston County EMS	409-996-7429	tleigh@gchd.org
Teanna Kasarda	Chair Elect / Other #1	9/2015 – 8/2018	Sweeny Community Hospital	979-548-1598	tkasarda@sweenyhospital.org

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ANNUAL BYLAWS AFFIDAVIT
Attachment B

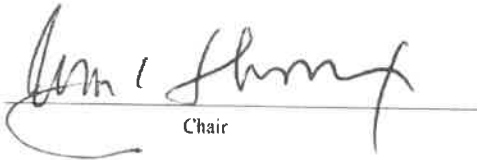
The RAC shall document an annual review of its bylaws. (§ Rule 157.123: Essential Criteria Defined. A.12)

RAC NAME: East Texas Gulf Coast Regional Trauma Advisory Council has completed an annual review and/or revision of the RAC's Bylaws with a documented date of and ratified by member organizations on 9/08/2015.

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


Chair


Date

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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: East Texas Gulf Coast Regional Trauma Advisory Council 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 on 8/2017.

Each essential component of the plan has a revision date of:

COMPONENT	DATE
Access to the System	<u>8/2017</u>
Communication	<u>8/2017</u>
Medical Oversight	<u>8/2017</u>
Pre-hospital Triage Criteria	<u>8/2017</u>
Diversion Policies	<u>8/2017</u>
Bypass Protocols	<u>8/2017</u>
Regional Medical Control	<u>8/2017</u>
Facility Triage Criteria	<u>8/2017</u>
Inter-hospital Transfers	<u>8/2017</u>
Designation of Trauma Facilities, Planning for	<u>8/2017</u>
Performance Improvement	<u>8/2017</u>
Regional Trauma Treatment Protocols	<u>8/2017</u>
Regional Helicopter Activation Protocols	<u>8/2017</u>
Injury Prevention	<u>8/2017</u>

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


Chair

11/15/18
Date