

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, 2020. The annual report will cover the past fiscal year (September 1, 2019 thru August 31, 2020), 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 Regional Trauma Advisory Council	
Report Period	FROM: 9/1/2019	TO: 8/31/2020

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	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.
Equipment	EMS	Additional Stop the Bleed training kits were purchased for training staff with local independent school districts. Due to COVID-19 RAC allocations were used to purchase ionization units for EMS agencies within the region. This system is a flat sterilization technology system that kills both RNA and DNA viruses, bacteria, mold, fungal growth, and allergens in the air.
Other		

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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?
 - 1) *Personal phone calls to healthcare organizations and constituents were made encouraging their attendance to the General Assembly meetings. In addition, information was provided for the RAC website for organizations to gain additional information as the offerings through the RAC such as injury prevention, disaster management, and trauma care.*
- b. Summarize the need for and outcomes of specially called RAC meetings.
 - 1) *The need to call for an unplanned RAC meeting consists of the need for emergent communication related to a regional issue in which Board Members were required to make an immediate decision related to an unexpected issue. During September 1, 2019 through August 31, 2020 the RAC had no specially called meetings.*
- c. Report any projected realignments of counties in trauma service area
 - 1) *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.
 - 1) *The RAC provides centers seeking designation or re-designation with letters of support and of membership in good standing to every hospital in advance of and during trauma center DSHS Trauma Survey's. A RAC-R Board member attends trauma surveys. The RAC Trauma Committee pairs experienced members with newer and/or smaller facilities to provide guidance and mentorship during their journey toward designation/re-designation. The committee reviews proposed changes to the trauma rules and openly discusses the impact to their program. Members are encouraged to actively participate at the state level to voice their concerns regarding proposed changes to the rules.*
- e. Describe how the RAC administratively and operationally contributed to and participated in Injury Prevention initiatives within past twelve months. **(Please**

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provide a brief summary of all injury prevention activities describing the RAC's level of involvement.)

- 1) *Stop-the Bleed remains the number one injury prevention program in the region. Collaboration between hospitals and EMS providers has allowed the region to focus efforts to train staff within the school districts. This collaboration has allowed us to reach many of the districts within the region with distribution of over 300 Stop the Bleed Kits to these schools. With the arrival of the Pandemic, all programs were cancelled and will be rescheduled once we can safely provide the training within the guidelines outlined by the Governor and Stop the Bleed.*
- 2) *Injury Prevention posters were updated with new statistics and recreated into Fat Heads for easier distribution and long-term display of the information.*

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?**

- 1) *During General Assembly meetings, a de-identified patient case study is presented to the membership. Cases submitted for presentation are sent to the members of the board 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 opportunities for improvement. 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 all aspects of 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.

- 1) *When an entity identifies a system issue and the issue remains unresolved after an internal review process, the entity may request further review through the RAC PI process. The PI Committee is comprised of participants from all disciplines, EMS/air medical providers, hospital representatives, nurses and physicians 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.).

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- 1) *EMS members of the RAC Board have personally reached out to non-RAC providers for education and participation.*
- i. Identify problems or areas of concern identified in past twelve months adversely impacting RAC operations.
 - 1) *Lack of administrative staff with decreased funding*
 - 2) *Lack of data*
 - 3) *Increase in burden of requirements, placed on the volunteer Board and RAC committees for improving trauma services in the region*
 - 4) *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.*
 - 5) *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.*
 - 6) *Lack of physician participation in the RAC*
 - 7) *The diversity of needs related to the geographical size of the RAC*
 - 8) *Social Distancing due to the COVID 19 Pandemic has limited face to face interaction with RAC members along with interaction with community partners which impacts Injury Prevention activities.*
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?
 - a. *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.
 - a. *Electronic disbursement of information from the Office may not always be received by appropriate personnel in a timely manner.*
6. What method will the RAC utilize to ensure member organizations receive a copy of this Annual Report?
 - a. *The report will be posted on the RAC website and will be summarized during the December RAC General Assembly meeting.*

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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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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 _____.

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 July 2019.

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

COMPONENT	DATE
Access to the System	<u>8/2019</u>
Communication	<u>8/2019</u>
Medical Oversight	<u>8/2019</u>
Pre-hospital Triage Criteria	<u>8/2019</u>
Diversion Policies	<u>8/2019</u>
Bypass Protocols	<u>8/2019</u>
Regional Medical Control	<u>8/2019</u>
Facility Triage Criteria	<u>8/2019</u>
Inter-hospital Transfers	<u>8/2019</u>
Designation of Trauma Facilities, Planning for	<u>8/2019</u>
Performance Improvement	<u>8/2019</u>
Regional Trauma Treatment Protocols	<u>8/2019</u>
Regional Helicopter Activation Protocols	<u>8/2019</u>
Injury Prevention	<u>8/2019</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

Date