

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 17, 2016. The annual report will cover the past fiscal year (September 1, 2015 thru August 31, 2016), as stipulated in the Tobacco RAC Contract. Additional information may also be entered or submitted as an attachment to this report.*

<b>RAC</b>	Coastal Bend Regional Advisory Council (CBRAC), TSA-U	
<b>Report Period</b>	FROM: October 1, 2015	TO: August 31, 2016

1. On a separate form (Attachment A) provide current information for RAC Officers and Executive Committee/Board as of September 1<sup>st</sup>.
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.*)

Identified Need	Targeted Beneficiary (EMS/Hospital)	How Were These Needs Met?
<u>Education/Training</u>		
<u>Multi-Lead Medics</u> <u>12-Lead Course</u> <u>Slap The Cap</u> <u>Capnography Course</u>	EMS & Hospital	Needs identified were education and training on 12-Lead interpretation, lead placement as well as Capnography to include ETCO2 monitoring and waveform assessment. The course was held in August, 2016 and a total of 47 individuals participated (24 EMS and 23 Nurses and Respiratory Therapists).
<u>TCAR</u>	Hospital & EMS	Highly sought after course centered on Trauma Care After Resuscitation. It was requested by many hospital members of the CBRAC. This is not required education by hospitals therefore many of our members did not have access to the invaluable education. Held in August, 2016 a total of 61 individuals participated (6 EMS and 55 Nurses).

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<p><u>Hospital Data Management Class (TETAF)</u></p> <p><u>CBRAC Tuition Reimbursement Program</u></p>	<p>Hospital</p> <p>Hospital &amp; EMS</p>	<p>The CBRAC provided scholarships for several hospital individuals to participate in the TETAF Hospital Data Management Class.</p> <p>As we have done for many years now, we continue to provide Tuition Reimbursement (up to \$100 for each eligible CBRAC member) for ACLS, PALS, PHTLS and ITLS.</p>
<p><u>Equipment</u></p> <p>Handtevy Pediatric System.</p> <p>EZ IO Needles</p>	<p>EMS</p> <p>EMS</p>	<p>The CBRAC Pre-Hospital Committee introduced the Handtevy Pediatric System to our membership with the goal of increasing Pediatric Preparedness. Two of our EMS agencies were recipients of the system this year.</p> <p>The CBRAC purchased a total of 200 - 25mm EZ IO needles, 200 - 45mm EZ IO needles and 11 drivers for CBRAC member EMS agencies who submitted a needs assessment for this equipment.</p>
<p><u>Other</u></p> <p><u>Stop The Bleed Kits</u></p>	<p>First Responders/Private Sector</p>	<p>The CBRAC purchased duffel bags and made out own Stop The Bleed Kits which include tourniquets, gauze, clotting products, shears and gloves. We currently have 24 TCCC trained instructors and have three B-Con Train The Trainer Courses</p>

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<p><u>Misc.</u> <u>Administrative</u></p>	<p>CBRAC, TSA-U</p>	<p>scheduled for Sep 7<sup>th</sup>, 2016. Future B-Con training sessions will be held in our region and the target audience is school districts, malls, movie theaters, convention centers etc.</p> <p>A portion of the funds were again utilized as indicated in the financial procedures manual under the cost allocation plan to pay for recurring costs for various administrative costs to include personnel, electric, water, internet and email services, travel for GETAC meetings for staff and members etc.</p>
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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?

All ten designated trauma facilities in TSA-U are currently participating members of the CBRAC. Other active hospital members include one hospital based free standing ER, one behavioral hospital, two rehab facilities, a surgical hospital and two non-designated hospitals with ER's. The trauma facilities are required to engage in regional Injury Prevention outreach therefore we often participate as a RAC at health fairs etc. The CBRAC also have four free standing Emergency Room member facilities. As an HPP contractor the CBRAC manages the regional Health Care Coalition (HCC) and all of the above mentioned facilities are actively participating in the HCC whose primary focus is all hazards preparedness for different disasters.

There are only a couple of EMS Agencies licensed in TSA-U that do not participate in the CBRAC, we have reached out to them to initiate involvement and added their points of contact to our email distribution lists.

To maximize inclusion, we now hold quarterly General Membership meetings in different locations around TSA-U to better facilitate participation especially in rural areas. The CBRAC also pays member mileage reimbursement for travel to meetings that are required to remain a member in good standing. In addition, the CBRAC Committees now have the option to meet electronically or by

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webinar/conference call to lessen the burden on travel while remaining mindful of everyone's busy schedules but still setting and reaching the Committees goals.

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

N/A.

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

N/A

- 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 CBRAC conduct quarterly meetings and have an active Trauma Systems Committee. Most recently we formed a System Performance Improvement Committee which will likely meet on a monthly basis. The CBRAC staff are constantly engaged in information sharing with our member facilities on various topics, meetings, trainings and possible exercises. The CBRAC Executive Director is willing (schedule permitting) to attend any meetings that are appropriate throughout the year at facilities seeking designation. The CBRAC staff keep records of attendance and ensure that hospitals are aware of their attendance (it is posted at [www.cbrac.org](http://www.cbrac.org)).

- 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.)***

The CBRAC Injury Prevention Committee engaged in several events over the past year. They include a Shattered Dreams program, presenting at several area Senior Centers on "Falls Prevention". Attended several health fairs providing training to the public on the use of fire extinguishers by way of our virtual fire training system. (The RAC involvement here were Board members and the CBRAC staff hands on training and running the booth). At the Health Fairs we also distributed bicycle helmets as well as literature on topics such as Water Safety, Heat Stress, and Emergency Preparedness for Hurricanes, Shelter in Place, STEAR and 211 etc. The CBRAC administratively supported some of the above by printing and preparing materials for distribution as well as disseminating information electronically. The CBRAC purchased night lights for the falls prevention program, water bottles for the heat stress and float totes with first aid cards and basic supplies for the water safety program. We also purchased ATV

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helmets and have given several to each area ER and continue planning for future training on ATV safety.

- 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?**

EMS agencies were experiencing long wait times at an area ER which initiated a CBRAC P.I. case recently. We invited hospital, RAC and EMS leadership along with our P.I. Committee Chairman to work through the issue and find a solution. The hospital plans to make some changes internally and EMS are now tracking wait times. EMS felt that the CBRAC P.I. process handled this case well and at this time there was no need for further action.

The CBRAC E.D, P.I. Committee Chair and hospital representatives met to discuss high patient volume transferred from TSA-U to TSA-P from late 2015 to present date. This initiated the first RAC to RAC P.I. process that we are still working through and hope to enable changes here in TSA-U hospitals to lessen the amount of unnecessary transfers to TSA-P.

- 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.

N/A

- 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 CBRAC membership amended the Bylaws with hopes of making participation easier on everyone but especially EMS and FRO's. The changes include only four quarterly face to face meetings a year and to join a Committee. The Committee may use webinar, conference calling or email to conduct their meetings. We also move the 4 quarterly meetings around the region and offer mileage reimbursement for required meetings.

- i. Identify problems or areas of concern identified in past twelve months adversely impacting RAC operations.

The tobacco grant starting late in 2015 was problematic. The bigger concern right now is the disappearing tobacco funds and the lack of a replacement funding source to continue to support the Texas Trauma System.

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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

Yes

5. (Registered Agent/Office) is current with the Texas Secretary of State/Comptroller of Public Accounts?

Yes

6. Summarize any issues/concerns that occurred in past twelve months that required technical assistance from the Office of EMS/Trauma System Coordination Group.

N/A

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

[www.cbrac.org](http://www.cbrac.org) and email list server.

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RAC Chair

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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*

**Regional Advisory Council  
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Attachment A  
Officers/Board Members**

Name	Office/Board Position	Term	Affiliation	Telephone	Email
Mickie Flores	Chairperson	2 yrs.	Corpus Christi Fire Department	361-826-3941	mickief@cctexas.com
Doug Lamendola	Vice Chair	2 yrs.	Driscoll Children's Hospital		Dlamen8416@aol.com
Randy Endsley	Secretary	2 yrs.	HALO-Flight Inc.	361-265-0509	randye@haloflight.org
Hector Bernal	Treasure	2 yrs.	Post-Acute Corpus Christi North	361-986-1645	hbernal@postacutecorpuschristi.com
Tim McIntosh	Pre-Hospital	2 yrs.	City of Port Aransas EMS		tmcintosh@cityofportaransas.org
Eddie Eguia	Emergency Preparedness	2 yrs.	City of Robstown EMS	361-387-6385	eddie200x@yahoo.com
Ryan Kelley	Education	2 yrs.	HALO-Flight Inc.	361-265-0509	ryank@haloflight.org
Mark Gattis	Performance Improvement	2 yrs.	Retired EMT		migattis@yahoo.com
Felicia Powell	Special Populations	2 yrs.	Driscoll Children's Hospital	361-694-4030	Felicia.powell@dchstx.org
Jennifer Carr	Injury Prevention	2 yrs.	HCA Corpus Christi Medical Center	361-761-1274	Jennifer.carr2@hcahealthcare.com
Michelle Rodriguez	Trauma Systems	2 yrs.	CHRISTUS Spohn Memorial	361-902-6039	Michelle.rodriguez@christushealth.org
Kristine Hungate	Cardiac Systems	2 yrs.	CHRISTUS Spohn Shoreline	361-861-0648	kristine.hungate@christushealth.org
Dr. DeLeon	Perinatal	2 yrs.	Driscoll Children's Hospital	NA	NA
Amber Blimline	Stroke Systems	2 yrs.	CHRISTUS Spohn Shoreline	361-881-3659	Amber.blimline@christushealth.org

**ANNUAL BYLAWS AFFIDAVIT**

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

RAC NAME: [Coastal Bend Regional Advisory Council \(CBRAC\)](#), TSA-U has completed an annual review and/or revision of the RAC's Bylaws with a documented date of and ratified by member organizations on [April 27, 2016](#).

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 [Minutes of the 4/27/16 CBRAC General Membership meeting attached.](#)

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Chair

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Date



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**ANNUAL REGIONAL TRAUMA SYSTEM PLAN AFFIDAVIT**  
Attachment C

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*The RAC shall document an annual review of regional EMS/trauma system plan. (§ Rule 157.123: Essential Criteria Defined. A.12)*

RAC NAME: [Coastal Bend Regional Advisory Council \(CBRAC\)](#), TSA-U 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 [January 27, 2016](#).

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

COMPONENT	DATE
Access to the System	<a href="#">1/27/16</a>
Communication	<a href="#">1/27/16</a>
Medical Oversight	<a href="#">1/27/16</a>
Pre-hospital Triage Criteria	<a href="#">1/27/16</a>
Diversion Policies	<a href="#">1/27/16</a>
Bypass Protocols	<a href="#">1/27/16</a>
Regional Medical Control	<a href="#">1/27/16</a>
Facility Triage Criteria	<a href="#">1/27/16</a>
Inter-hospital Transfers	<a href="#">1/27/16</a>
Designation of Trauma Facilities, Planning for	<a href="#">1/27/16</a>
Performance Improvement	<a href="#">1/27/16</a>
Regional Trauma Treatment Protocols	<a href="#">1/27/16</a>
Regional Helicopter Activation Protocols	<a href="#">1/27/16</a>
Injury Prevention	<a href="#">1/27/16</a>

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 [Minutes of the 1/27/16 CBRAC General Membership meeting minutes attached.](#)

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Chair

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Date