

Regional Advisory Council
(RAC-G)

Annual Report

*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 portion of your FY18 Contract. Additional information may also be entered or submitted as an attachment to this report.*

RAC	G	
Report Period	FROM: 9-1-17	TO: 8-31-18

1. On Attachment A provide current information for RAC Officers and Executive Committee/Board as of September 1st.

Attachment A – Current Board

November 1, 2018 a new slate of officers will be sent to DSHS. Nominations are open as of 9/27 – 10/18/18.

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.*)

Example table:

Identified Need	Targeted Beneficiary (EMS/Hospital)	How Were These Needs Met?
Education/Training	EMS Providers and Hospitals and Coalitions who meet the RAC Compliance/Eligibility	Formal requests to Finance Committee, approval of committee up to \$5000 then Executive Board makes a decision. Our goal is to provide REGIONAL EDUCATIONAL Opportunities throughout our membership.
Equipment	Hospitals, EMS, Coalitions	
Other	Independent School Districts have benefited 2018 by the STB	Classes being taught by Certified Trainers with KITS/Tourniquets provided by RAC. Noted in press conferences.

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?

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What efforts did the RAC make to **maximize inclusion** of its constituents into the RAC to continue to develop an integrated trauma system?

The quarterly meetings of all disciplines, as well as public and Affiliate and Associate memberships, has proven to bring the most impact in our region. All disciplines meet in separate meeting rooms and at separate times throughout the day and then come together for the Plenary Session to give reports of progress and goals of each Committee. The Chair presents Talking Points from the GETAC RAC CHAIR's Meetings and the President/CEO brings an update from the RAC Operations. The CPA reports quarterly and the Auditors report annually. We are always seeking Vendors to sponsor our meetings.

Membership in the RAC has strongly been promoted since 1999. Hospitals and EMS Agencies send personnel from various disciplines to attend a Quarterly Meeting. The Hospitals, EMS Agencies, Coalitions, LTC Facilities, Associates and Affiliates pay membership fees. The networking that takes place in our Quarterly Meetings and Standard Committee Meetings provides information sharing and collaboration among the membership.

- b. Summarize the need for and outcomes of specially called RAC meetings. *This would be a rare occasion usually because of inclement weather. I believe we have only had two re-scheduled or special called meetings in the 19 years of my tenure.*
- c. Report any projected realignments of counties in the trauma service area. *NONE from the Trauma perspective.
Because of the addition in the HPP Contract of the Texarkana area, eight additional counties are included in the Hospital Preparedness (HealthCare Coalition) portion of RAC-G under the HCC Contract. None on the Trauma side.*
- 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 the past twelve months. You may also describe the RAC's role with facilities outside the trauma service area, if applicable. *(SEE ATTACHMENT E for a list of RAC-G's Designated Hospitals and Hospitals Seeking Designation. The process we follow to assist our hospitals in their designation process is:*

>Hospital Trauma, Stroke/STEMI or Perinatal Coordinator, requests a letter of support from RAC-G.

>Letter is written after RAC checks the compliance of the facility requesting support letter, the status of trauma registry input, cooperation in RAC required meetings, drills, exercises, etc.

>Letter is sent to the facility addressed to the EMS/Trauma Division Coordinator at DSHS (Austin). A hard copy on RAC Letterhead if posted, a copy is filed in Hospital Files in RAC Office under the requested Discipline:

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Trauma, STROKE/STEMI/Perinatal.

It has been noted and reported to STATE that the return confirmation of a Hospital's designation status letter is NOT DATED. I have brought this to the attention of EMS/Trauma Division leadership several times. It is critical that dates be on all correspondence and especially on designation letters.

During a hospital's survey, the President/CEO of RAC-G tries to attend (by invitation) the opening Survey meeting. I am often questioned on the involvement of Physicians from the facility being surveyed, attendance particularly, at General Quarterly Meetings. It is our goal to make available "call in" meetings, allowing physicians the opportunity to participate without leaving their posts.

- e. Describe how the RAC administratively and operationally contributed to and participated in Injury Prevention initiatives within the past twelve months. **(Please provide a brief summary of all injury prevention activities describing the RAC's level of involvement.)**

*Injury Prevention initiatives are constantly on the drawing board of the RAC. RAC-G has formed an **Active Incident Coalition 2018**. Police, Fire, Trooper, EMS, RAC personnel came to the table. **Stop the Bleed Initiative** has been on the forefront. Over 20 Classes have been taught since RAC established this Coalition. Two Police departments have become members of RAC-G.*

***Trauma Brain Injury Summit** has been on the drawing board in 2018 with a scheduled Summit in March 2019.*

***Pay Attention East Texas Coalition, and All Terrain Vehicle Coalition** meet quarterly and have produced evidence that the education done by these coalitions have help to reduce traffic injuries and sports vehicle injury stats considerably in this region.*

***Clinical and Public Educational** events are conducted frequently by our EMS Providers to schools and colleges and businesses.*

- f. Describe the most significant findings of the RAC's SQI/Performance Improvement Committee within the past twelve months. **What changed as a result of that/those findings?**

"The RAC's QI/Performance Committee has identified performance issues within RAC-G throughout the past twelve months and has made great strides to monitor and correct arising issues. The length of stay is consistently greater than 2 hours in smaller Level IV facilities were surgical capabilities are not readily available 24 hours a day.

By identifying this issue and discussing this at quarterly PI Meetings, changes were implemented to facilitate and expedite transfers to Trauma Facilities where resources are readily available, and the patient had an optimum chance of survival. Patients with high Injury Severity Scores and unstable patients are reviewed to ensure that delay was justified. The PI Committee is "an unbiased committee, hospital names are left at the door, and every

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member has the patient's best interest and cares at heart." To what degree was physicians in the trauma service area involved in the resolution of adverse patient care findings identified by the RAC's SQI/Performance Improvement Committee.

In the event that an issue arose regarding physician's judgment, treatment, or disposition those cases are referred to the Physician Peer Review group within RAC-G. After Physician Peer Review has been completed, the referring facility would receive feedback regarding the appropriateness of care and with any recommendations that would help trauma program and/or process. Once a resolution has been reached on an adverse patient care finding, then feedback will be provided and help close the loop for Performance Improvement. As a result of these findings, patients that are to be transferred emergently are being done by STAT ground transfers and/or Helicopter Critical Care Transfer Teams.

- g. 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.).

Within the last six months, RAC G has called together FRO and EMS Providers from the G and F region to form an ACTIVE INCIDENT COALITION. The STB teaching launched into full force after these meetings to discuss ways and means to get into the Independent School Districts and teach Teachers by demonstration of STB. Recently an Active Shooter Training is coming into fruition conducted by Tyler Police with the support of CISM Teams. EMS both air and ground meet quarterly during General Assembly gatherings. Constant feeding of information from the State is made available to this population. By means of involvement with the police/fire and EMS/State Troopers/DOC personnel, new membership has been acquired in RAC-G.

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

The most significant area of concern for RAC-G (HCC) is the intensity and frequency of State Deliverables. Even though RAC-G has hired qualified on paper personnel, when the new employee realizes the intensity of the operation and deliverables, they do not want to work this job. Therefore, the shortage of RAC personnel, especially on the Regulatory Side, is creating a tension in the office, personnel is working extremely long hours at home as well as in the office.

The transmittal of EMS Expenditure Report for each EMS Provider is difficult as the volume of the transmittal exceeds the capacity of state computers to receive the data. Perhaps developing a Google app to transmit high volume documents on the State Side would help. The shortage of funding is another detriment.

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4. Is the information identified on the 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? Yes. *Our CPA updates this information*

5. Summarize any issues/concerns that occurred in the past twelve months that required technical assistance from the Office of EMS/Trauma System Coordination Group. *Several times have we had to contact Austin Contract contacts regarding a form that may not be populating or a date was incorrect on the form.*

6. What method will the RAC utilize to ensure member organizations receive a copy of this Annual Report?
This report is made available at our General Assembly. Copies are made and placed on the tables for membership to puruse during the day meeting. Each Committee Chair is given a copy to read the portion that pertains to their discipline.

RAC Chair

Date Submitted

President/CEO, prepared document

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 - Done

Attachment E – Hospitals Seeking Designation - Done

Attachment F – EMS Providers - Done

Attachment G - First Responder Organizations - Done

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ATTACHMENT A

Name	Office/Board Position	Term	Affiliation	Telephone	Email
OFFICERS					
Jerri Pendarvis	CHAIRMAN	3 year	CHAMPION EMS	903-399-3533	Jpendarvis@championems.com
Jim Speier	Vice Chair of Governance	3 year	Flight for Life CHRISTUS	903-291-3111	Jim.speier@flightforlifetexas.com
Arnie Spiers	Immediate Past Chair	3 year	CHAMPION EMS	903-720-6070	aspiers@championems.com
Billy Perez	TREASURER	3 year	Director Fairfield EMS	903-389-6511	admin@fairfieldems.com
Open for additional Nominations	VICE CHAIR RESOURCE DEVELOPMENT	3 year			
Dr. William Moore Retired 8/18	VICE CHAIR of MEDICAL STAKEHOLDERS	3 year	East Texas Medical Center EMS (UTHealthEMS)	903-535-5837	wmoore@etmc.org
George Roberts	VICE CHAIR PUBLIC AFFAIRS	3 year	Northeast TX Public Health Dept.CEO	903-646-3322	Groberts@netphd.org
Stacy Gregory	SECRETARY	3 year	P.A. CHRISTUS TMFHClincs	903-571-8545	Stacy.gregory@tmfhc.org
Sheryl Coffey	PRES/CEO RAC-G non-voting mbr.	No limit	RAC-G Office	903-593-4722 903-312-2960	Sheryl@rac-g.org
DIRECTORS					
Dr. Paul McGaha, M.P.H.	Board Member	3 year	UTH-N Assoc Prof.Chair Community Health	903-521-0369	Paul.McGaha@uthct.edu
Marie Reed Non-Voting Member	Committee Chair, All Terrain Vehicle Coalition (ATeamV)	3 year	HSR 4/5 N DSHS	903-661-6090	Marie.reed@dshs.texas.gov
Rob Terry	Committee Chair, Performance Improvement	3 year	Director Trauma UTHealth-Pittsburg	903-573-4486	Raterry1@uthet.com
Charles (Mike) Adams	Pre-Hospital	3 year	Champion EMS	903-291-2501	cadams@championems.com
Lisa Hutchison	ACUTE CARE (Stroke) Committee Chair	3 year	Director-Neuro UTHealth-Tyler	903-571-6371	lhutchison@uthet.com
Jamie Moore	STEMI (ACUTE CARE) Committee Chair	3 year	CHRISTUS TMF-Tyler	903-312-1608	Jamie.moore@tmfhc.org
Stephanie Foster	PERINATAL Committee Chair	3 year	Longview Regional MC	903-758-1818	Stephanie.foster@Alongviewregional.com

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ATTACHMENT B
ANNUAL BYLAWS AFFIDAVIT

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

RAC NAME: Piney Woods Regional Advisory Council-Trauma Service Area G (RAC-G) has completed an annual review and/or revision of the RAC's Bylaws with a documented date of and ratified by member organizations on September 27, 2018.

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. N/A
 YES NO

RAC Chair

Date Submitted

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ATTACHMENT C
ANNUAL REGIONAL TRAUMA SYSTEM PLAN AFFIDAVIT

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

RAC NAME: **Piney Woods Regional Advisory Council –TSA-G (RAC-G)** 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. This has been an ongoing process during 2018. Trauma Section is being reviewed by Trauma Coordinators and EMS Providers. EMS portions are in review as of October 2018 of the changes made in August 29, 2018. This project has not been finalized but is in progress. All disciplines are working on this undertaking. When all sections have been updated, revised or accepted as presented, RAC-G will send updated Affidavit. This has been a year-long plus project.

Each essential component of the Plan has a revision date of **still in review/update/changes process as of 2018**. The document is having to be completely retyped. Trauma Coordinators are working on updates of hospitals name changes/new ownership/etc. The anticipated date of completion is July 2019.

COMPONENT	DATE
Access to the System	Ongoing review
Communication	Ongoing review
Medical Oversight	Ongoing review
Pre-hospital Triage Criteria	August 29, 2018
Diversion Policies	Ongoing review
Bypass Protocols	August 29, 2018
Regional Medical Control	Ongoing review
Facility Triage Criteria	Ongoing review
Inter-hospital Transfers	Ongoing review
Designation of Trauma Facilities, Planning for	Ongoing review
Performance Improvement	Ongoing review
Regional Trauma Treatment Protocols	Ongoing review
Regional Helicopter Activation Protocols	Ongoing review
Injury Prevention	Ongoing review

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

RAC Chair

Date Submitted

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ATTACHMENT D
ANNUAL PARTICIPATION REPORT

DESIGNATED HOSPITALS

UTHealth- Carthage Level IV Trauma Center
UTHealth- Pittsburg Level IV Trauma Center– Stroke Level III
UTHealth – Quitman Level III Trauma Center – Stroke Level III
UTHealth-Tyler – Level I Trauma Center – Primary Stroke Level II – NICU Level II
UTHealth – No Campus – Level IV Trauma Center
CHRISTUS Mother Frances – Jacksonville – Level IV Trauma
CHRISTUS Mother Frances – GSMC-Marshall – Level IV Trauma Center - Stroke Level III
CHRISTUS Mother Frances – Tyler – Level II Trauma Center – Comprehensive Stroke -III
CHRISTUS Mother Frances – Winnsboro – Level IV Trauma Center
Freestone Medical Center-Level IV Trauma Center
Longview Medical Center – Level II Trauma Center – Stroke II
Palestine Regional Medical Center – Level III – Neonatal –Level I

RAC Chair

Date Submitted

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ATTACHMENT E
ANNUAL PARTICIPATION REPORT

HOSPITALS SEEKING DESIGNATION

UTHealth- Athens Level III Trauma Center
UTHealth- Henderson Level III Trauma Center- NICU Level I – Stroke Level II
UTHealth-Jacksonville – Level IV Trauma Center
UTHealth North Campus – Trauma Re-designation
CMother Frances – GSMC-Longview – Level III Trauma Center- Stroke Level II

RAC Chair

Date Submitted

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ATTACHMENT F
ANNUAL PARTICIPATION REPORT

EMS PROVIDERS

ACE Medical Services (Shelby County)
Air One (Smith County)
Air Rescue (Houston County)
Allegiance Ambulance (Lonestar Ambulance 1 LLC dba Allegiance Amb)Panola
Archery Transport (Upshur County)
Camp County Ambulance
Champion EMS (Christus) (Franklin, Gregg, Harrison,Marion, Rains, Rusk,Smith,Upshur, Van Zandt, Wood Counties)
Fairfield EMS (Freestone County)
First Flight (Anderson County)
Flight for Life (Anderson County)
Grapeland VFD EMS
Groveton EMS
Hopkins County EMS (Franklin County)
Jacksonville FD
LifeNet, Inc.
Longview Fire Dept: (Cherokee, Harrison
Marshall Fire Dept (Harrison County)
Mims VFD
Palestine RMC EMS (Anderson County)
Teague Ambulance (Freestone County)
Timpson VFD (Shelby County)
UTHealth EMS (formerly known as ETMC EMS: (Cherokee, Henderson, Rusk, Wood, Smith Counties)
Waskom VFD EMS

RAC Chair

Date Submitted

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ATTACHMENT G
ANNUAL PARTICIPATION REPORT

RECOGNIZED FIRST RESPONDER ORGANIZATIONS

Tyler Police Department
Tyler Fire Department
PIO, Trooper Jean Dark
CISM Team, Officer Chuck Boyce TPD; Chaplain, Doug Schultz
ETCADA
Cherokee County Public Health
TXDPS – Deaun Stinecipher
Smith County Fire Marshall
Winona VFD

RAC Chair

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.

NorthEast Texas Public Health Dept.
Cherokee County Public Health Dept.
ETCOG
Smith County Fire Marshall
Local Department of State Health Services, Dr. Sharon Huff,
MADD of East Texas
Forensic Lab NE Texas Public Health
Carter Blood Center
Rusk State Hospital

RAC Chair

Date Submitted