

## Regional Advisory Council Annual Report Report Form

*An annual report is to be submitted to DSHS, OEMS/TS in or around October 15<sup>th</sup>, and will report on/for the past fiscal year (September 1 thru August 31) in accordance with Texas Administrative Code, Title 25; Rule 157.123: Essential Criteria II. D. 4. Additional information can be entered or submitted as an attachment to this report.*

<b>RAC</b>	Central Texas Regional Trauma Advisory Council	
<b>Report Period</b>	FROM: September 1, 2009	TO: August 31, 2010

1. On a separate form (Attachment A) provide current information for RAC Officers and Executive Committee/Board as of September 1<sup>st</sup>, 2010.  
*Please see the attached document below.*
2. Needs Assessments (*provide details on how these needs were met*)  
*Please see the attached needs assessment document.*

Identified Need	Targeted Beneficiary (EMS/Hospital)	How Were These Needs Met?
Education/Training	Trauma/EMS	In progress, utilizing RAC funds to meet
Equipment	Trauma/EMS	In progress, utilizing RAC funds to meet
Other	Trauma/EMS	In progress, utilizing RAC funds to meet

3. Administrative/Operational & Clinical:
  - a. What efforts did the RAC make to maximize inclusion of their constituents, i.e., all health care entities and interested specialty centers?  
*The CTRAC has sent letters to new health care centers emerging in the region inviting them to become a member of the CTRAC and attend our meetings. The CTRAC is committed to including all health care stakeholders within the region and always extends invitations to them to become involved in the Trauma Service Area.*
  - b. Summarize the need for and outcomes of specially called RAC meetings:  
*None occurred.*
  - c. Projected realignments of counties in trauma service area?  
*The CTRAC has made several attempts to bring San Saba County into the TSA-L region, which would also then align the TSA-L and the Disaster District regions completely. This would facilitate easier regional planning between the two agencies. The CTRAC does not foresee San Saba County moving into TSA-L this year due to requests from the local providers within the county to stay in their current TSA.*

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- d. Describe the RAC's function prior to or during trauma center designations/re-designations within trauma service area that occurred within past twelve months?

*The CTRAC Hospital Care & Management along with the Performance Improvement committees work with any hospitals that may be undesignated to stress the importance of becoming trauma designated and how it relates to regional trauma planning. Best practices are shared among the designated and undesignated hospitals within the CTRAC committees for trauma registry submission, data collection processes, training opportunities, regional system planning, etc.*

- e. Describe how the RAC administratively and operationally contributed to and participated in Injury Prevention initiatives within past twelve months.

*(Provide a brief summary of all injury prevention activities.)*

*Injury prevention and community education activities are recognized as a vital part of the trauma system. All members appreciate the benefits and commit to conducting a minimum of one event each year which is measured as part of their eligibility to receive CTRAC resources.*

*Our highest risk areas area determined by local registry data and data from CDC, NHTSA, Safe Kids, submersion registry, and child fatality reviews, etc.*

*The areas addressed this year have included—*

- *Child passenger safety*
- *Water safety*
- *Driving/boating while under the influence*
- *Fire and burn safety*
- *ATV and other off-road vehicles*
- *Falls (seniors and children)*
- *Safe sleep and SBS prevention*
- *Playground safety*
- *Heat-related injuries*
- *Sports injuries*
- *Domestic violence*

*CTRAC funds were expended for items to be used by our members as they provide this community education. Display boards with accompanying educational materials; posters; water safety cards; helmets; and car seats for distribution to families with limited resources were made available.*

*A child passenger safety technician class was co-sponsored by CTRAC and held in Temple. 20 students completed the course including a few who attended on scholarships from CTRAC. Check-up events were held throughout the area.*

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*Nursing students from the University of Mary Hardin Baylor were assigned to our committee to develop a program aimed at raising awareness of the dangers of distracted driving. They prepared a presentation that was used with the Belton ISD health classes for grades 9-12. The instructional materials allowed the high school students to experience the impact of distracted driving.*

*Seed monies were made available to local high schools to develop and conduct events associated with graduation/prom which would highlight the dangers of driving under the influence. Belton High School utilized funds to hold a Project Celebration event that provided a chaperoned, all-night, drug and alcohol-free environment for graduating seniors.*

*As a spin-off of the IP committee, the Child Fatality Review Team now meets regularly as a part of the CTRAC Pediatric Committee. Injuries to infants from suffocation in unsafe sleeping environments and from shaken baby syndrome were identified as high-risk. Materials were assembled from DSHS, local health departments, and the National Center on Shaken Baby Syndrome and distributed through our members.*

*Scholarships paid the registration/tuition for representatives of several members to attend statewide injury prevention conferences including the TETAf Injury Prevention Symposium and the Dell IP Conference.*

*A pilot project aimed at reducing falls for seniors is under development. The project will begin in Coryell County through the Coryell EMS. Co-sponsored by the Central TX Area Agency on Aging, the project will address three areas of fall prevention. The EMS crews will conduct safety surveys at the homes of seniors. Risk areas will be targeted. Funds from the AAA will be utilized to purchase materials for minor repairs. Local community groups will be recruited for labor. Referral to the AAA will incorporate available local services. The Matter of Balance course will be taught by trained coaches available from member hospitals. This course incorporates practical methods to change behaviors and attitudes about the fear of falling, as well as, exercises to improve strength and balance.*

*The area Domestic Violence Task Force also joined our IP committee to broaden support for victims of abuse.*

- 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 CTRAC PI committee looked at the morbidity and mortality of head and spinal injuries in our region. The majority of our EMS entities have head and spinal injury protocols in place and are pretty consistent in the type of care rendered. The committee found the majority of our spinal and head injuries*

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*are due first to falls, second to motor vehicle crashes and third are due to assaults. The majority of the injuries were skull fractures for the most part, second were subdural hematomas and third were subarachnoid hemorrhages. We found the overall morbidity rate for head and spinal injuries in our region was 23% and our mortality rate was 3.5% which falls within the national and state statistics. This reinforced to our hospitals the need to focus on falls of the elderly and children. The CTRAC Injury Prevention committee has taken on falls as a priority in their activities for the community. They are instituting the program "A Matter of Balance" plus our Level III facility has been doing injury prevention on shopping cart falls and falls out of second floor windows.*

*The committee looked at Pediatric PI indicators this past fiscal year as well. We looked at what types of pediatric collars are being utilized in the region by our EMS agencies. The majority is using the same types of collars but majority do not have collars for infants less than 3 months. The committee has requested the RAC sponsor a test pilot for three EMS agencies to try and use Miami J infant collar/papoose for infants less than 3 months and follow up usage and benefits of using them before purchasing for all the agencies.*

*The committee looked at pediatric pain management policies and IV fluid management equipment and found all agencies had a protocol in place and fluid restrictive devices in place.*

- 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.  
*All quarterly PI results and cases are presented at the quarterly Medical Advisory Board (MAB) meetings for discussion. The meetings consist of both Hospital Trauma Directors and Pre-Hospital Directors. Issues are discussed and recommendations are presented. They play a significant role in discussing trauma cases presented for review. The MAB committee helps drive the PI committee to achieve its goals.*
- h. Describe activities the RAC was involved in to assist or encourage EMS and FRO participated in the RAC within past fiscal year (i.e. teleconferencing, video/conference calls, etc.).  
*The EMS Operations Committee assists agencies in participating by utilizing teleconferencing on 8 of the 12 meetings per year. The EMSOC committee further assists those agencies by having the face to face meeting on the same day that members travel to attend the General Assembly Meeting.*
- i. Identify problems or areas of concern identified in past twelve month that adversely impact RAC operations.  
*Audit discrepancies between the DSHS Program departments and the Contract Oversight & Support departments for approved budgeted expenses.*

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4. Is the information identified on Texas Secretary of State/Comptroller of Public Accounts (<http://ecpa.cpa.state.tx.us/coa/Index.html>) web site 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*

5. Issues/concerns that occurred in past twelve months that required technical assistance from the Office of EMS/Trauma System Coordination Group.

*Audit discrepancies between the DSHS Program departments and the Contract Oversight & Support departments for approved budgeted expenses.*

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

*The CTRAC Annual Report will be emailed electronically to all the RAC members.*

*The CTRAC will print hard copies upon request by a member entity.*

\_\_\_\_\_  
Fred Gray, Chair  
RAC Chair

\_\_\_\_\_  
October 15, 2010  
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	Fax	Email
Fred Gray	Chair	1/09-12/10	AirEvac Lifeteam	417-274-0847	n/a	<a href="mailto:fgray@tsa-l.com">fgray@tsa-l.com</a>
Terry Valentino	Vice Chair	1/10-5/10	Scott & White Memorial Hospital	254-724-1974	254-724-0971	<a href="mailto:tvalentino@swmail.sw.org">tvalentino@swmail.sw.org</a>
Jeffrey Mincy	Vice Chair	6/10-12/10	Coryell Memorial Healthcare System EMS	254-865-1248	254-865-1363	<a href="mailto:jmincy@cmhos.org">jmincy@cmhos.org</a>
Brittney Misercola	Treasurer	1/10-12/11	PHI STAT Air	254-383-1442	254-680-3573	<a href="mailto:bmisercola@phihelico.com">bmisercola@phihelico.com</a>
Jennifer Henager	Secretary	7/10-12/10	Scott & White Memorial Hospital	254-724-4884	254-724-4883	<a href="mailto:jhenager@swmail.sw.org">jhenager@swmail.sw.org</a>
Jeffrey Mincy	Secretary	1/09-6/10	Coryell Memorial Healthcare System EMS	254-865-1248	254-865-1363	<a href="mailto:jmincy@cmhos.org">jmincy@cmhos.org</a>
Susan Burchfield	Injury Prevention/Public Education Chair	1/10-12/10	Scott & White Memorial Hospital	254-724-1431	254-724-0971	<a href="mailto:sburchfield@swmail.sw.org">sburchfield@swmail.sw.org</a>
Anita Paniagua	System Performance Improvement Chair	1/10-12/10	Carl R. Darnall Army Medical Center	254-288-8150	254-288-8875	<a href="mailto:Anita.paniagua@amedd.army.mil">Anita.paniagua@amedd.army.mil</a>
Walter Alvarado	Emergency Preparedness & Response Interim Chair	1/10-12/10	Carl R. Darnall Army Medical Center	254-286-7332	254-286-7278	<a href="mailto:Walter.alvarado@amedd.army.mil">Walter.alvarado@amedd.army.mil</a>
Eric Gourley, MD	Medical Advisory Board Chair	1/10-12/10	Carl R. Darnall Army Medical Center	254-288-8058	n/a	<a href="mailto:Ericgourley@hotmail.com">Ericgourley@hotmail.com</a>
David Hardy, MD	Pediatric Chair	1/10-12/10	Scott & White Memorial Hospital	254-724-1199	254-724-1198	<a href="mailto:dhardy@swmail.sw.org">dhardy@swmail.sw.org</a>
Jeremiah Lanford, MD	Acute Care Chair	1/10-12/10	Scott & White Memorial Hospital	512-509-8300	n/a	<a href="mailto:janford@swmail.sw.org">janford@swmail.sw.org</a>
Kelly Stowell	Hospital Care & Management Chair	3/10-12/10	Scott & White Memorial Hospital	254-724-4119	254-724-0971	<a href="mailto:kstowell@swmail.sw.org">kstowell@swmail.sw.org</a>
Gerald Slaton	Trauma Rep. of Lead Trauma Facility	1/10-12/11	Scott & White Memorial Hospital	254-724-8202	254-724-0971	<a href="mailto:gslaton@swmail.sw.org">gslaton@swmail.sw.org</a>
Eldon Tietje	Disaster Behavioral Health Planning Chair	1/10-12/10	Central Counties Center MHRM	254-298-7007	254-298-7011	<a href="mailto:Eldon.tietje@cccmhmr.org">Eldon.tietje@cccmhmr.org</a>
Chad Berg	Emergency Management Member At-Large	1/10-12/11	City of Killeen, Office of Emergency Management	254-501-7706	254-501-7639	<a href="mailto:cberg@ci.killeen.tx.us">cberg@ci.killeen.tx.us</a>
Andy Kagel, MD	Physician At-Large	6/10-12/11	Carl R. Darnall Army Medical	n/a	n/a	<a href="mailto:Andy.kagel@amedd.army.mil">Andy.kagel@amedd.army.mil</a>

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			Center			
Stephen Beckwith, MD	Physician At-Large	1/10-6/10	Carl R. Darnall Army Medical Center	254-288-8335	n/a	<a href="mailto:Stephen.beckwith@amedd.army.mil">Stephen.beckwith@amedd.army.mil</a>
Wayne Rutherford	Community Member At-Large	5/09-12/10	Community Member	254-258-1587	n/a	<a href="mailto:Wr300@embarqmail.com">Wr300@embarqmail.com</a>

**ANNUAL BYLAWS AFFIDAVIT**  
Attachment B

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In accordance with Texas Administrative Code, §Rule 157.123, and Performance Measures for EMS Funding allotments, each system should establish its authority commensurate with its ability to provide trauma care.

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

The *Central Texas Regional 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 *May 26, 2010*.

If a current copy of the RAC's bylaws is not available for review on the RAC's web site, 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

\_\_\_\_\_ Fred Gray, Chair \_\_\_\_\_  
Chair

\_\_\_\_\_ October 15, 2010 \_\_\_\_\_  
Date

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

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In accordance with Texas Administrative Code, §Rule 157.123, and Performance Measures for EMS Funding allotments, each system should establish its authority commensurate with its ability to provide trauma care.

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

The *Central Texas Regional 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 *August 25, 2010*.

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

COMPONENT	DATE
Access to the System	8.25.10
Communication	8.25.10
Medical Oversight	8.25.10
Pre-hospital Triage Criteria	8.25.10
Diversion Policies	8.25.10
Bypass Protocols	8.25.10
Regional Medical Control	8.25.10
Facility Triage Criteria	8.25.10
Inter-hospital Transfers	8.25.10
Designation of Trauma Facilities, Planning for Performance Improvement	8.25.10
Regional Trauma Treatment Protocols	8.25.10
Regional Helicopter Activation Protocols	8.25.10
Injury Prevention	8.25.10

If a current copy of the RAC's regional trauma system plan is not available for review on the RAC's web site, 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 – The Regional Emergency Healthcare System Plan has a section in it called 'Record of Changes' which summarizes all the changes made in each section.

\_\_\_\_\_  
Fred Gray, Chair  
Chair

\_\_\_\_\_  
October 15, 2010  
Date