

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, 2016 thru August 31, 2017), as stipulated in the Tobacco RAC Contract. Additional information may also be entered or submitted as an attachment to this report.

RAC	Brazos Valley Regional Advisory Council
Report Period	FROM: September 1, 2016 TO: August 31, 2017

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.*)

The Brazos Valley Regional Advisory Council (BVRAC) identifies and assesses regional needs through three functional methods; the Board of Directors, Committees, and the General Membership. Those needs are prioritized to meet BVRAC's goals then approved in accordance with the BVRAC by-laws. Education and training continue to be the primary goal which enables a greater use of funds and makes the greatest impact in support of the region. These dedicated funds cover agency/organizational members to attend conferences, provide specialty skills training, and attend meetings for collaboration at jurisdictional, regional, and state levels. The RAC partially and fully funds educational opportunities for members to maximize the limited available funding. Those trained personnel are then able to easily share the best practices and lessons learned with the RAC membership and staff in their facilities along with utilizing the new information to achieve better patient outcomes. Injury Prevention and Stroke programs are also considered paramount in priority in order to provide safety information to the public for reducing the frequency of accidental injuries and increase stroke awareness response times. BVRAC is unique in that all committees share identified needs in an approach to initiate joint efforts to solutions, build common goals, and obtain valued input from different subject matter expert perspectives.

Identified Need	Targeted Beneficiary (EMS/Hospital)	How Were These Needs Met?
Education/Training	EMS	Air Medical Transport Conference- Air Medical Conference presents educational information about leadership, critical care techniques, updates and clinical procedures

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		for optimal patient care. (5 days for 1 personnel)
Education/Training	EMS	Regional Sepsis Initiative – Research was conducted in Washington County regarding sepsis. Tested protocols raised identification rates from 11% to 81% and decreased the administration of antibiotics from 2 hours to 54 minutes.
Education/ Training	EMS	Cadaver Lab – EMS providers across the region participated in a Cadaver Lab course. Skills taught included tracheostomies and laparoscopies.
Education/Training	EMS/Hospital	Stroke Symposium – Hosted annually, this symposium annually to promote stroke education throughout the continuum of care. It featured 7 presenters, various exhibitors, and over 100 guests.
Education/Training	EMS/Hospital	GETAC Meetings (Attendance for up to two Board members per meeting). These meetings are designed to promote, develop, and maintain a comprehensive EMS/Trauma System plan.
Education/Training	EMS/Hospital	PHTLS Advanced Provider Course - Training/Skills enhancement certification and cards by NAEMT – PHTLS. The RAC sponsors continual ACLS and PALS courses for member entities staff and non-members for recertification in these skill sets.
Education/Training	EMS/Hospital/1 st Responders	Disaster Day exercise- An MMU was provided for the TAMU Disaster Day full-scale exercise. Over 300 ‘victims’ were triage and processed.
Education/Training	EMS/Hospital/Public	Stroke - F.A.S.T. Public Awareness/ Outreach Initiative-F.A.S.T t-shirts, magnets, billboards in conjunction with the Stroke committee to educate the public in mitigating delayed responses.
Education/Training	EMS/Hospital/Public	Shattered Dreams - Distracted Driving initiative continuation project supported by RAC in five counties within our region.
Education/Training	Hospital	Emergency Nursing Pediatric Course (ENPC) – ENCP teaches accurate assessment of a child with acute illness or

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		special knowledge / skill injuries.
Education/Training	Hospital	Trauma Nurse Core Course (TNCC) – 17 participants learned skills for rapid identification of life-threatening injuries, comprehensive patient assessment, and enhanced intervention.
Education/Training	Hospital	CEN Course – This course certifies participants in Emergency Nursing. Skills taught include disaster management, interfacility transfer, and triage in clinical scenarios. 19 participants took part in this course.
Education/Training	Hospital	Trauma & Critical Care Conference – The RAC supported 2 participants to attend the Austin Trauma & Critical Care Conference. Topics included technology, diagnosis, and management adult/pediatric trauma patients.
Education/Training	Hospital/ISDs	School Health CPR Training Kits (“Be the Beat”) (10) kits distributed to schools throughout the Brazos Valley to educate school staff members about basic CPR
Pre-Hospital	EMS	Eagles Conference – A board member attended the Eagles Conference. EMS directors share information on a variety of topics and issues relevant to the EMS field.
Injury Prevention	Public	Rudder High Project Graduation – BVRAC sponsored Rudder High’s Project Graduation. This project allows high school graduates to celebrate a life milestone in a drug and alcohol free environment.
Injury Prevention	EMS/ISDs/Law Enforcement	Basic Hemorrhage Control Kits (“Stop the Bleed”) including tourniquets, roll gauze, gauze, trauma shears, gloves – Hospital joint partnerships teach the school districts on Bleed Control to students, faculty, and teachers. Partnership with the Criminal Justice Advisory Council and BVRAC identified a need for Law Enforcement to have the ability to control bleeding as part of the B-Con initiative
Injury Prevention	Hospitals/Public	Child car seat initiative - BVRAC partnered with Agrilife in providing free child car seats to those in need at regional car seat safety check-up events

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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?

The Brazos Valley Regional Advisory Council (BVRAC) is unique in its demographic and political boundaries which maintains a small number of providers and mirrors the boundaries of the Brazos Valley Council of Governments (BVCOG). This region contains six rural counties surrounding one urban county. This alignment allows for redundancy in information sharing about new healthcare organizations. New providers are approached at multiple levels for insertion into the RAC through the direct contact approach with the Chair and Board, RAC staff and members, and with CATRAC as the HPP contractor. The RAC staff and Board regularly attend regional emergency preparedness, injury prevention, HSAC, CJAC, VOAD, CERT, and other meetings to network with emergency services professionals and to encourage wider participation in the RAC.

BVRAC has increased membership with the joining of Allegiance EMS and CAPROCK (Freestanding ER). BVRAC recognizes the freestanding ER increase in the communities and is actively seeking their membership as added value to the region. Additionally, BVRAC's Disaster Emergency Preparedness Committee is now administered by CATRAC. CATRAC provides resources and expertise from a large jurisdiction that will benefit the Brazos Valley region.

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

No specially called RAC meetings during this period.

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

No projected realignments.

- 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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BVRAC will support facilities in designations or re-designations in addition to provide support as needed. This includes, but is not limited to attending trauma surveys, providing written documentation of attendance at RAC meetings, and supporting members with potential deficiencies through networking and other trauma resources. The newest assistance is providing support to hospitals seeking perinatal designations. BVRAC does not have a role within any trauma centers outside of the service area.

- 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.)*

BVRAC's Injury Prevention Committee in collaboration with regional partners and BVRAC Stroke and Education committees was able to sustain four on-going projects and invest in one new project. BVRAC's continued to devote time and funding to "Shattered Dreams," Texas A&M AgriLife & TXDOT passenger Safety Project "Child Care Seats," Hemorrhage Control Kits, and CPR Training Kits to ISDs. The newest project, "Project Graduation," provided an alcohol and drug free environment for High School graduating students during their milestone occasion.

The Hemorrhage Control Kit project is a positive success story in not only aligning with the "Stop the Bleed" initiative, but provides valuable resources and training to schools in the region. The Hospitals and EMS providers jointly plan and teach ISDs basic bleed control methods and provide Hemorrhage Control Kits to augment first aid supplies and or keep ready with the AEDs. This on-going project is being expanded to Courthouses and Nursing Homes in the near future.

The Shattered Dreams project is a program designed to give students a look at the real consequences that come from drunk driving. Other focuses for the program are dangers while texting and driving or use of other drugs while driving. The program is a collaborative effort provided and demonstrated by local law enforcement, the fire department, hospitals, and emergency medical services working with schools and the public. This year, the city of Normangee was supported with this endeavor. This program gives high school students the chance to witness first-hand the reality of trauma and how their choices make a difference. The main feature is a mock traffic crash scene set up on high school property. Student actors volunteer to be part of the program and are made up with moulage. There is always a story behind the scene and a mock memorial service is held the following day for the school. The impact is wide and includes not on the students and staff members of the school, but also the parents and those who volunteer to make the program a

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success. This program makes a difference not only in the region, but state-wide.

The Education, Stroke, and Injury Prevention committees continued the School CPR training kits initiative. This last funding cycle enabled BVRAC to purchase ten additional kits to issue to the rest of the region which included Brazos, Grimes, Madison, and Washington Counties. The CPR kits provide many lifesaving teaching opportunities such as Bryan High School's nursing and CERT classes which these will be made as part of the curriculum. Other example includes an EMS provider have the materials to go and teach at schools for community outreach.

The final project initiative was "Project Graduation." Project Graduation provides a drug and alcohol free environment for graduating High School students. This allows students to celebrate a major life milestone without the negative influence which could have lifelong damaging consequences. This was a successful investment which may become a continuing project should funds remain to be available.

- 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 SQI/Performance committee did meet its goal in developing a data collection form and reviewing process. Both Hospital and EMS submit specific cases to the SQI/Performance Chair for analysis with fellow physicians to determine specific trends and to improve standards of care. The region is slowly providing enough data to officially begin identifying those trends. The goal is by December 2017 to have enough information for trend analysis and dissemination with regional partners.

Of note, a regional Sepsis Initiative Research was conducted in Washington County. Tested protocols raised identification rates from 11% to 81% and decreased the administration of antibiotics from 2 hours to 54 minutes.

The Perinatal Committee through special SQI determine reviewed Glucose check within 1 hour of NICU admission with the Goal of (95% of babies). Facilities has altered NICU admit orders to aid in achieving this goal and a heelstick Glu is now done before umbilical lines are placed, since waiting for the lines often led to late Glu levels. Additionally, facilities have started assigning a primary RN and a secondary RN for each NICU admission with defined roles for each which has improved statistics.

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- 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.

The SQI/Performance Improvement Committee is chaired by physicians who meet regularly with peers. Physicians collaborate outside of RAC meetings to identify trends and improve standards of Care. Once analysis has been completed; findings are presented to General Assembly. This year, more physicians have attended RAC meetings.

- 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.).

Physical attendance is highly encouraged for each RAC member although video/conference calling and teleconferencing capabilities are available to RAC members who may be unable to physically attend a meeting. An up-to-date participation roster is included in each monthly meeting packet to keep members abreast of their attendance record. Reminders to RAC members are sent through electronic transmission twice before each meeting to encourage participation. Also, local trainings, conferences, drills and other events are promoted or sponsored by the RAC are advertised electronically through media and by sharing information thru criminal justice, homeland security, emergency management, injury prevention, etc. to encourage participation. Special events are promoted and advertised throughout the region on the RAC website. The areas which draw the most participation are the educational opportunities provided by the RAC. The RAC promotes and sponsors events throughout the year to encourage member participation and grow membership through word of mouth.

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

The biggest concern for the Brazos Valley Regional Advisory Council as one of the smallest RACs in the state is the drastic decline in funding for enabling programmatic activities for improving care in the state of Texas and the Brazos Valley. BVRAC frugality has maximized funding dollars with only utilizing a part-time manager for administration. Administration truly requires at a minimum a full time person; however, the Board's collaboration to succeed and to improve standards of care have demonstrated the intent to ensure the needs are met. These efforts have produced solid products, valuable information, and greater regional collaboration while still keeping the care of the citizens at heart. The loss of Stroke funds and 27% reduction in Tobacco funding will severely hamper the ability to continue and sustain productive programs. Substantial funding decreases have occurred while

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reporting requirements continue to sustain or increase. Even with a part-time manager, administration costs are greater than the ability to fund programs. Continued loss of funding may administering a RAC unfeasible.

Regional Advisory Councils provide a series of reports to the state. It would be beneficial for the RACs to see a consolidated report which could allow RACs to share information, collaborate with other RACs on sound programs, understand possible trends and initiatives and be part of the solutions.

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?

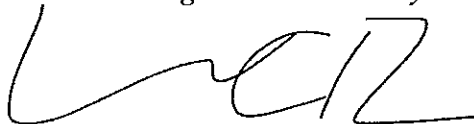
Yes

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

None identified

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

The annual report is made available to members either electronically or in hard copy upon request. The BVRAC Board reviews the Annual Report and highlights are discussed during General Assembly meetings.



RAC Chair

10/17/17

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
Billy Rice	Chair	3 rd	CHI St. Joseph EMS	979-776-4971	billyr@st-joseph.org
Amanda Lugar	Vice-Chair	2 nd	CapRock ER	979-314-2623	alugarm@hotmail.com
Sherry Jennings	Secretary	3 rd	CHI St. Joseph Regional	979-776-4917	sjennings@st-joseph.org
Amy Ponzio	Treasurer	4 th	CHI St. Joseph EMS	979-774-2119	Aponzio@st-joseph.org
Kevin Deramus	Pre-Hospital	1 st	Washington County EMS	979-277-6267	kevinderamus@wacounty.com
Jennifer Kraatz	Education	2 nd	Baylor Scott & White Medical Center College Station	979-207-2121	jennifer.kraatz@BSWHealth.org
Brandy LaPaglia	Hospital & Acute Care	3 rd	CHI St. Joseph Regional	979-776-4904	blapaglia@st-joseph.org
Cory Matthews	DEPC/BVHCC	3 rd	Bryan Fire Dept.	979-209-5960	cmatthews@bryantx.gov
Dr. Vincent Ohaju	Systems QI	2 nd	CHI St. Joseph Regional	979-776-4917	vincent.ohaju@st-joseph.org
Ashley Johse	Injury Prevention	3 rd	College Station Medical Center	979-764-5162	Ashley.johse@csmedcenter.com
Rebecca Hickman	Stroke	1 st	CHI St. Joseph Regional	979-776-4917	RHickman@st-joseph.org
Dr. Gwynn Geddie	Perinatal	2 nd	CHI St. Joseph Regional		ggeddie7522@aol.com
Bryan Ruemke	Emergency Management At Large	2 nd	Washington County	979-353-7683	bruemke@wacounty.com

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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: **Brazos Valley Council of Governments** has completed an annual review and/or revision of the RAC's Bylaws with a documented date of and ratified by member organizations on August 4, 2016.

Is a current copy of the RAC's bylaws available for review on the RAC's web site?

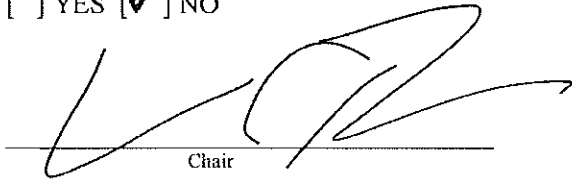
YES [] NO

If NO, is a copy is attached to this report?

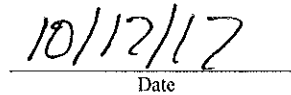
[] YES [] NO

A page summarizing revisions/additions made to the bylaws this contract reporting year is attached to this report.

[] YES NO



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: Brazos Valley 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 4, 2016.

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

COMPONENT	DATE
Access to the System	August 4, 2017
Communication	August 4, 2017
Medical Oversight	August 4, 2017
Pre-hospital Triage Criteria	August 4, 2017
Diversion Policies	August 4, 2017
Bypass Protocols	August 4, 2017
Regional Medical Control	August 4, 2017
Facility Triage Criteria	August 4, 2017
Inter-hospital Transfers	August 4, 2017
Designation of Trauma Facilities, Planning for	August 4, 2017
Performance Improvement	August 4, 2017
Regional Trauma Treatment Protocols	August 4, 2017
Regional Helicopter Activation Protocols	August 4, 2017
Injury Prevention	August 4, 2017

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?

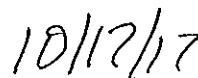
[] YES [] NO

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