



Brazos Valley Regional Advisory Council General Assembly Meeting April 5, 2018

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April is Alcohol Awareness Month



Agenda
Brazos Valley Regional Advisory Council
General Assembly Meeting
1300-1600 April 5, 2018
CENTER FOR REGIONAL SERVICES BUILDING
3991 E. 29TH ST. BRYAN TX 77802

- I. Call to Order**
- II. Introductions**
- III. Approval of February 1, 2018 Minutes**
- IV. Financial Report**
- V. Executive Directors Report**
 - A. EMS County
 - B. LPG Spending Plan
 - C. ROSC-Recovery Orientated Systems of Care
- VI. Committee Reports**
 - A. Disaster/Emergency Preparedness Committee (Cory Matthews)
 - B. Education (Patti Parks)
 - C. Pre-Hospital (Kevin Deramus)
 - D. Hospital Care and Management/ Acute Care (Brandy LaPaglia)
 - 1. TJC pediatric equipment requirement
 - 2. Sepsis Update
 - NEWS Score
 - Ideal body weight for fluid resuscitation
 - 3. Suicide Risk Mitigation in EDs
 - E. Stroke (Rebecca Hickman)
 - 1. System of Care Luncheon
 - 2. Stroke Symposium
 - F. System QI/Physician's Advisory (Dr. Ohaju)
 - G. Injury Prevention (Ashley Johse)
 - H. Perinatal (Dr. Geddie)
- VII. Discussion and/or Action Items**
 - A. Consider for approval BVRAC Smoking and Tobacco Free Policy
 - B. Consider for approval BVRAC Budget amendment
- VIII. Open Forum**
- IX. Important Dates**
 - A. Board of Directors May 11, 2018
 - B. General Assembly June 7, 2018
- X. Adjourn**

Minutes
 Brazos Valley Regional Advisory Council
General Assembly Meeting
 February 1, 2018 – 1:00 P.M.
 Brazos Valley Council of Governments Building
 3991 E. 29th Street, Bryan, Texas 77802

Members Present

	<u>Agency/Organization</u>	<u>Member</u>	<u>Absent or Present</u>
HOSPITALS			
1	CHI St. Joseph Health Regional	Sherry Jennings	Present
		Billy Rice	Present
		Brandy LaPaglia	Present
2	College Station Medical Center	Ashley Johse	Present
		Ann Marie Dickey	Present
		Barbara Reed	Present
3	Baylor S&W Brenham	Patti Parks	Present
		Leslie Dixon	Absent
		Jennifer Mertz	Absent
4	Burleson CHI St. Joseph	Erin Gaas	Present
		Heather Page	Absent
		Katie Karl	Absent
5	Madison CHI St. Joseph	Deborah Burkhardt	Present
		Roxanne Hass	Absent
		Marybeth Murphy	Absent
6	Grimes CHI St. Joseph	Debbie Griffith	Present
		Cesar Lopez	Absent
		George Gibson	Absent
7	Baylor Scott & White CS	Laura Gerhart	Present
		Ashley Simon	Present
		Amy Brooks	Present
8	The Physicians Centre	Suzy Hoyle	Absent
		Shireen Billete	Present
		Courtney Coats	Absent
9	CAPRock Emergency	Amanda Lugar	Present
		Lon Young	Absent
EMS AGENCIES			
1	Bryan Fire Department	Cory Matthews	Present
		Chris Lamb	Absent
2	College Station Fire Department	Billy Bradshaw	Present
		Robert Mumford	Absent
		Chris Poole	Absent
3	CHI St. Joseph EMS	Patrick Braly	Present
		Josh Varner	Absent
		Carlos Garcia	Present
4	Washington County EMS	Kevin Deramus	Absent

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		Justin Knuppel	Absent
		Amy Klussman	Present
5	Robertson County EMS	Calvin Bo Deal	Absent
		Renda Bermudez	Absent
		Adam Gallagher	Present
6	PHI, Inc	Jennifer Brooks	Absent
		Nathan Morris	Absent
		Don Wade	Absent
7	Hilltop Lakes VFD	Traci Ratcliff-Smith	Present
		Traci Usery	Absent
		Bill Strawn	Absent
8	Jewett EMS	Weslie Collins	Absent
		Micah White	Present
		Colby Legalley	Absent
9	Texas A&M University EMS	Mike Middleton	Present
		Kim Williams	Absent
		Eric Leland	Absent
10	Allegiance Mobile Health	Gayle Jernstrom	Present
FRO'S/COLLEGES/OTHER INSTITUTIONS			
1	Washington County 1 st Responders	John McKee	Absent
		Alan Pittman	Absent
	Brazos County Health Department	Mike Paulus	Absent
		Kate Jackson	Absent
2	Blinn College	Sandy Medina	Present
		Zack Varner	Absent
3	Emergency Management	Bryan Ruemke	Absent
GUEST			
	CATRAC Executive Director	Dave Reimer	Present
	CATRAC Deputy Director	Robin Wiatrek	Present
	CATRAC TSA N Planner	Gary Clouse	Present
	Baylor Scott & White	Catherine Collier	Present
	Baylor Scott & White	Charles Jordon	Present
	College Station Medical Center	Caryn Thomas	Present
	College Station Medical Center	Tim Thomas	Present
	CHI St. Joseph	Wanda Dias	Present
		Dr. David Gochnour	Present
OFFICERS/BOARD MEMBERS/STAFF			
	BVRAC Treasurer	Amy Ponzio	Present
	Stroke	Rebecca Hickman	Absent
	System QI / Physician Advisory	Vincent Ohaju	Present

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	Perinatal	Gwynn Geddie	Present
	BVCOG	Roger Sheridan	Present

- I. Call Order:** The meeting was called to order at 1:00 P.M. by Mr. Rice
- II. Introductions:** General Membership conducted self-introductions
- III. Approval of December 7, 2017 Minutes:** Ms. Gerhart motioned to approve the December 7, 2017 minutes with corrections as stated. Ms. Medina seconded; motion passed.
- IV. Financial Report -** Mr. Sheridan provided the financial report as represented on pages 7-14 of the BVRAC Board of Directors packet. No major expenses occurred during the month of January except for administrative costs. The check/voucher register on page 10 validates those expenses occurred since September 1, 2017. Financial transactions being processed include BVWAC radio reimbursement from St Joseph EMS, new membership dues, and EMS County reimbursement payment to TAMU EMS. Future BVWAC radio reimbursements to BVRAC include both Scott & White and CATRAC. Additionally, CATRAC MMU trailer insurance reimbursement is still pending. BVRAC anticipates expenditures of \$600 for the purchase of NRP books and GETAC travel expenditures.
- Mrs. Johse motioned to approve the financial report. Ms. Parks seconded; motion carried.
- V. Presentation-BCSO Sheriff Kirk-Fatality Review Team:** Sheriff Kirk provided an overview of the Child Fatality Review Team (CFRT). CFRT review child death case studies to identify trends, develop mitigation strategies, and provide those strategies to legislation for action. Motor vehicle crashes and drownings are the top two causes of death. There are currently (37) active cases for the region. Sheriff Kirk requested BVRAC members to become part of this initiative. Upon conclusion of the presentation, multiple members signed up to be part of the team. Sherry Jennings, CFRT member, will provide that list of names to Sheriff Kirk.
- VI. Executive Directors Report:**

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- A. **EMS County** - Mr. Sheridan reminded EMS providers to submit for EMS County reimbursement. Only three EMS agencies have requested for reimbursement to date; Washington County EMS, Robertson County EMS, and TAMU EMS is being processed. EMS agencies need to have the requests completed by June 1, 2018 to allow ample time for processing. Page 16 of the packet provided agency allocations.
- B. **ROSC (Recovery Orientated Systems of Care)** – Mr. Sheridan informed members that the Criminal Justice Advisory Committee is collecting statistical information to determine the need and feasibility of supporting a Brazos Valley Recovery Orientated Systems of Care (ROSC). A ROSC is a coordinated network of community based services and supports that is person centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improve health, wellness, and quality of life for those with or at risk of alcohol and drug problems. The goal is to minimize jail time and provide assistance to those in need. The BVRAC Chair and Vice Chair are also working with Law Enforcement to determine trends and gaps.
- C. **Participation Tracker:** The BVRAC Participation Tracker, page 17, identifies agency/organization 2017 participation records. Members must attend four out of six meetings to be in compliance with the BVRAC bylaws. Members not meeting the requirements will be ineligible to receive funding until returning back into good standings.

VII. Committee Reports:

- A. Disaster/Emergency Preparedness Committee (Cory Matthews):
 - 1. Medical Mobile Unit Hosting: College Station Fire Department volunteered to host the MMU. The MMU is currently located behind BVCOG and will be transferred at the earliest convenience.
 - 2. BVSAR Exercise: The Brazos Valley Search and Rescue team will be conducting a full scale exercise at Somerville Lake in Burleson County. Various agencies and organizations will be participating in the event.
 - 3. EMTF-7 Training: There will be EMTF-7 training scheduled February 23-24, 2018 in Temple. Interested parties should contact Bryan Ruemke for further information.
- B. Education (Patti Parks):

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1. EMS providers were reminded to attend the NRP class scheduled February 6 & 8. BVRAC ordered NRP books for the EMS Providers however very few took advantage and picked them up.
2. The Stroke/Cardiac Symposium is being scheduled for May.
3. Mr. Sheridan is working on the website with hopes of getting it on-line in the very near future.

C. Pre-Hospital (Kevin Deramus): No Report

D. Hospital Care and Management/Acute Care (Brandy LaPaglia):

1. Sepsis Update: No updates
2. Community Blood Utilization: Members were presented with questions about blood wastage and who are the primary blood bank suppliers in the region. The question posed, “is there a possibility of sharing blood among hospitals to prevent wasting after thawing?” The outcome was that blood is highly regulated and a complicated process which may be worth reviewing. BVRAC may want to consider discussing with larger RAC’s if this has been done in their regions. Members identified that that Gulf Coast was the primary blood supplier. With facilities using the same supplier may make sharing easier but additional research needs to be conducted.
3. Mental Health Data Request: The data collection due date is fast approaching and the mental health data is important to pull together community resources.

E. Stroke (Rebecca Hickman): The stroke committee is still in progress determining the symposium dates. The two most likely dates are May 15th or 23rd. This will be an all-day symposium with 3-6 speakers along with having enough vendors and applying for grants to help cover the symposium cost. The committee is meeting periodical to sequence the events.

F. System QI/Physician’s Advisory (Dr. Ohaju): Dr. Gochmour emphasized the need for good reliable data. There are holes and gaps which do not allow a good analysis and the ability to identify shortfalls and trends. Members were encouraged to submit the information.

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G. Injury Prevention (Ashley Johse): ISDs are being notified about the “Stop the Bleed” training and kits; updates will be provided to BVRAC upon receipt. Washington County EMS and TAMU are helping with the education.

H. Perinatal (Dr. Geddie): All the hospitals in the Bryan/College Station Area have completed NICU surveys. The CSMC received its official level III designation letter in November. CHI St. Joseph and BSWH of college Station are still in pending status. There are only 10 level 3 designated thus far across the state.

NRP classes will be held on February 6 and 8th.

VIII. Discussion and/or Action Items: Mr. Sheridan provided an overview on the modifications to the Travel Policy, Travel Expense form, and the Travel Pre-Authorization form. The Travel Policy revision provided clarifying information that state required attendance to meetings and training may exceed the maximum reimbursement cap. Those clarifications were also added to the Travel Expense Form and Travel Pre-Authorization Form.

- A. Consider for approval the Travel Policy revision:
- B. Consider for approval the Travel Expense form:
- C. Consider for approval the Travel Pre-Authorization form:

General Membership unanimously approved action items A, B, & C.

IX. Open Forum

X. Important Dates

- A. Board of Directors Meeting March 9, 2018
- B. General Assembly Meeting – April 5, 2018

XI. Adjourn

BVRAC FY 18 EXPENDITURES 9-1-17 to 3-29-18

REVENUES	TOBACCO (FUND 8062 - \$58,322)								EMS RAC (FUND 8063 - \$27,386)	COUNTY (FUND 8064)	UNRESTRICTED FUNDS (FUND 8001)						
	8062	8062	8062	8062	8062	8062	8062	TOTAL 8062	Total 8063	Total 8064	8001	8001	8001	8001	8001	TOTAL UNRES. 8001	
	NOT APPLICABLE	EDUCATION	STROKE SYMPOSIUM	INJURY PREVENTION	BOARD TRAVEL	GETAC TRAVEL	MANAGEMENT COMMITTEE		NOT APPLICABLE	COUNTY FUNDS	NOT APPLICABLE	MANAGEMENT COMMITTEE	EDUCATION	STROKE SYMPOSIUM	PALS / ACLS		
	9999	8001	8002	8004	8017	8018	8023	TOTAL	9999	8005-8011	9999	8023	8001	8002	8014	TOTAL	
	State Grant Revenue (4211)	10,695.00										8,150.00	-	-	-	-	
	Other Revenue (4251)		-	-	-	-	-	-				8,494.08	-	-	-	-	
	TOTAL REVENUES	\$ 10,695.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,695.00			\$ 16,644.08	\$ -	\$ -	\$ -	\$ 16,644.08	
EXPENDITURES	Salaries (5110)	9,719.87							6,624.49			-	-	-	-	-	
	Fringes (5151-5152, 5180, 5182-5183, 5192, 5194)	2,241.02							1,618.17			-	-	-	-	-	
	3rd Party ISF (5645-5647, 5918, 6150, 6153)								4,279.95			-	-	-	-	-	
	Fixed ISF (5411,5643,5644)								1,741.83			-	-	-	-	-	
	Travel (5310)	102.09	875.79					2,159.76				-	-	-	-	-	
	Training (5798)											-	-	-	-	-	
	Prof Fees (5215)											-	-	-	-	-	
	Supplies (5510)		598.07							8,026.00		-	-	-	-	-	
	Phone (5648)								911.76			-	-	-	-	-	
	Insurance (5771)											(428.00)	2,065.00	-	-	-	
	Membership Dues (5790)											-	900.00	-	-	-	
	Other (5791, 5762, 5950)											10,360.05	79.99	-	-	-	
	Pass Thru (6178)									12,828.75		-	-	-	-	-	
	Outreach (5722)											-	-	-	-	-	
	TOTAL EXPENDITURES	\$ 12,062.98	\$ 1,473.86	\$ -	\$ -	\$ -	\$ 2,159.76	\$ -	\$ 15,696.60	\$ 15,176.20	\$ 20,854.75	\$ 9,932.05	\$ 3,044.99	\$ -	\$ -	\$ -	\$ 12,977.04
	NET INCOME (LOSS)	(1,367.98)	(1,473.86)	-	-	-	(2,159.76)	-	(5,001.60)	(15,176.20)	(20,854.75)	6,712.03	(3,044.99)	-	-	-	3,667.04

**Rec'd \$27,386.00 for EMS RAC and \$63,478.00 for EMS COUNTY on 5/31/17

FY 18 BVRAC - UNRESTRICTED ACCOUNT

EXPENDITURES/REVENUE to 3-29-18

FUND CODE: 8001					
NOT APPLICABLE	MANAGEMENT COMMITTEE	EDUCATION	STROKE SYMPOSIUM	PALS / ACLS	TOTAL
9999	8023	8001	8002	8014	
BEGIN CASH BALANCE.....					\$ 35,914.02

REVENUES

ANNUAL MEMBERSHIP DUES (4511)	8,150.00					
REGISTRATIONS						
SPONSORS						
PALS/ACLS Reg.						
OTHER (4251)	8,494.08					
TOTAL REVENUE	16,644.08	-	-	-	-	\$ 16,644.08
REV BUDGETED	-	-	-	-	-	-
NET Rev (Under) Over	\$ 16,644.08	\$ -	\$ -	\$ -	\$ -	\$ 16,644.08

EXPENDITURES

Salaries (5110)						
Fringes (5151-5152, 5180, 5182-5183, 5192, 5194)						
3rd Party ISF (5645-5647, 5918, 6150, 6153)						
Fixed ISF (5411,5643,5644)						
Travel (5310)						
Training (5798)						
Prof Fees (5215)						
Supplies (5510)						
Phone (5648)						
Insurance (5771)	(428.00)	2,065.00				
Membership Dues (5790)		900.00				
Other (5791, 5762, 5950)	10,360.05	79.99				
Pass Thru (6178)						
Outreach (5722)						
TOTAL EXPENDED	\$ 9,932.05	\$ 3,044.99	\$ -	\$ -	\$ -	\$ 12,977.04
NET Exp (Over) Under	\$ (9,932.05)	\$ (3,044.99)	\$ -	\$ -	\$ -	\$ (12,977.04)
NET REV/<EXPENSE>	6,712.03	(3,044.99)	-	-	-	3,667.04
						\$ 39,581.06

Stroke Symposium-\$500 received CSMC

CATRAC Insurance-\$2,665.28 Pending

BVRAC Reimbursement - S&W \$1,364.24 pending

Brazos Valley Council of Governments
Check/Voucher Register
From 9/1/2017 Through 8/31/2018

8001 - Brazos Valley Regional Advisory Committee Unrestricted

ID	Effective Date	Check Number	Payee	Check Amount	Transaction Description	Session ID
ANGTEK	12/13/2017	122611	AGNITEK	79.99	AgniTEK Hosting Service-December 2017 Only	CKIM121217
BAYSCOWHICS	11/1/2017	122312	BAYLOR SCOTT & WHITE COLLEGE STA	61.06	Reimb-Baylor Scott & White for Food During CEN Training	CKIM103117
MASTERCARD TIB	11/14/2017	1510692771967-003	MASTERCARD TIB BUSINESS	2,856.74	TO RECORD MASTERCARD STATEMENT ENDING OCTOBER 29, 2017	18CD11011
TETAF	2/21/2018	123184	TEXAS EMS TRAUMA & ACUTE CARE FO	900.00	TETAF 2018 Subscription Fees	CKIM022018
VFIS	3/28/2018	123467	VFIS OF TEXAS	2,065.00	Policy Renewal on VFIS-TR-2063815-09 & VFIS-CM-1058518-09	CKIM032718
WASCOU	10/11/2017	122188	WASHINGTON COUNTY	<u>7,503.31</u>	BVRAC BVWACS Radios Pmt for DEPC, SJEMS, & S&W CS	CKIM101017
Total 1012 - General Oper-BBT10302				13,466.10		

8062 - FY18 TOBACCO RAC 537-17-0220-00001 \$42,780

ID	Effective Date	Check Number	Payee	Check Amount	Transaction Description	Session ID
AMYRIC	12/6/2017	122554	AMY PONZIO	875.79	Air Medical Transport Conference-August 15-18, 2017	CKIM120517
AMYRIC	12/20/2017	122678	AMY PONZIO	1,645.76	GETAC/EMS Conference-Fort Worth-Nov 17-21, 2017	CKIM121917
AMYRIC	2/28/2018	123206	AMY PONZIO	514.00	GETAC/EMS Conference in Austin-Feb 13-15, 2018	CKIM022718
ROGSHE	10/19/2017	EFT-101917-26	ROGER SHERIDAN	102.09	EMTF-7 Coordinating Board-Belton, TX-CTCOG	EFTIM 101717-02
STJOSTEXHEALTH	3/7/2018	123291	CHI ST JOSEPH HOSPITAL	<u>598.07</u>	NRP Class Book Reimbursement	CKIM030618
Total 1012 - General Oper-BBT10302				3,735.71		

8063 - FY18 EMS RAC 537-17-0220-00001 - \$27,386

ID	Effective Date	Check Number	Payee	Check Amount	Transaction Description	Session ID
VERWIR	10/11/2017	122186	VERIZON WIRELESS	151.96	Verizon Acct#320449593-0001 Cycle08/26/17-09/25/17	CKIM101017
VERWIR	11/8/2017	122417	VERIZON WIRELESS	151.96	Verizon Acct #320449593-0001cycle 09/26/17-10/25/17	CKIM110717
VERWIR	12/13/2017	122674	VERIZON WIRELESS	151.96	Verizon ACCT#320449593-0001 CYCLE 10/26/17 11/25/17	CKIM121217
VERWIR	1/10/2018	122858	VERIZON WIRELESS	151.96	VERIZON WIRELESS 11/26/17 - 12/25/17	CKIM010918
VERWIR	2/7/2018	123081	VERIZON WIRELESS	151.96	Verizon Acct # 320449593-0001 cycle 12/26/17-01/25/18	CKIM020618
VERWIR	3/14/2018	123365	VERIZON WIRELESS	<u>151.96</u>	VERIZON WIRELESS SERVICE 01/26/18 THRU 02/25/18	CKIM031318
Total 1012 - General Oper-BBT10302				911.76		

8064 - FY18 COUNTY FUNDS 537-17-0220-00001 - \$63,478

ID	Effective Date	Check Number	Payee	Check Amount	Transaction Description	Session ID
ROBCOUEMS	11/1/2017	122356	ROBERTSON COUNTY EMS	9,697.00	EMS County Grant 537-17-0220-00001	CKIM103117
TEXAMUNI-EMS	2/14/2018	123134	TEXAS A&M UNIVERSITY EMS	3,131.75	EMS County Grant 537-17-0220-00001	CKIM021318
WASCOUEMS	12/6/2017	122605	WASHINGTON COUNTY EMS	<u>8,026.00</u>	EMS County Grant 2017-0220-0001	CKIM120517
Total 1012 - General Oper-BBT10302				<u>20,854.75</u>		

Brazos Valley Council of Governments

Statement of Revenues and Expenditures - Unposted Transactions Included In Report

8001 - Brazos Valley Regional Advisory Committee Unrestricted

From 9/1/2017 Through 3/29/2018

		Current Month Expenses
Revenue		
Other Revenue	4251	8,494.08
Annual Membership Dues	4511	8,150.00
Total Revenue		16,644.08
Expense		
Other		
Membership Dues	5790	900.00
Other Expense	5791	7,583.30
Other Contract Services	5950	2,856.74
Total Other		11,340.04
Expense		
Insurance	5771	1,637.00
Total Expense		1,637.00
Total Expense		12,977.04
Net Revenue (Expense)		3,667.04

Brazos Valley Council of Governments

Statement of Revenues and Expenditures - Unposted Transactions Included In Report

8062 - FY18 TOBACCO RAC 537-17-0220-00001 \$42,780

From 9/1/2017 Through 3/29/2018

		Current Month Expenses
Revenue		
State Grant Revenue	4211	10,695.00
Total Revenue		10,695.00
Expense		
Salaries & Fringe Benefits		
Salaries		
Salaries	5110	9,719.87
Total Salaries		9,719.87
Fringe Benefits		
Payroll Taxes FICA	5151	547.19
Payroll Taxes Medicare	5152	127.96
TCDRS Retirement Contribution Expense	5180	625.92
Vision Insurance (Vision Care)	5183	12.83
Hospitalization	5192	862.99
Term Life Insurance	5194	64.13
Total Fringe Benefits		2,241.02
Total Salaries & Fringe Benefits		11,960.89
Expense		
Travel	5310	3,137.64
Supplies	5510	598.07
Total Expense		3,735.71
Total Expense		15,696.60
Net Revenue (Expense)		(5,001.60)

Brazos Valley Council of Governments

Statement of Revenues and Expenditures - Unposted Transactions Included In Report

8063 - FY18 EMS RAC 537-17-0220-00001 - \$27,386

From 9/1/2017 Through 3/29/2018

Expense		Current Month Expenses
Salaries & Fringe Benefits		
Salaries		
Salaries	5110	6,624.49
Total Salaries		6,624.49
Fringe Benefits		
Payroll Taxes FICA	5151	406.48
Payroll Taxes Medicare	5152	95.07
TCDRS Retirement Contribution Expense	5180	426.70
Dental Insurance (JP)	5182	24.38
Vision Insurance (Vision Care)	5183	9.09
Hospitalization	5192	610.99
Term Life Insurance	5194	45.46
Total Fringe Benefits		1,618.17
Total Salaries & Fringe Benefits		8,242.66
Expense		
Third Party Telephone	5648	911.76
Total Expense		911.76
3rd Party ISF		
Third Party Copy/Fax	5645	80.39
Third Party Accounting Service	5646	2,883.11
Third Party Postage	5647	7.15
THIRD PARTY HUMAN RESOURCE	5650	436.64
Third Party Indirect	5918	952.89
Accounting Svc ISF	6150	(43.01)
Human Resource Management ISF	6153	(37.22)
Total 3rd Party ISF		4,279.95
Fixed ISF		
Space Costs	5411	789.09
Third Party R.I.P.	5643	412.74
Third Party System Admin	5644	540.00
Total Fixed ISF		1,741.83
Total Expense		15,176.20
Net Revenue (Expense)		(15,176.20)

Brazos Valley Council of Governments

Statement of Revenues and Expenditures - Unposted Transactions Included In Report

8064 - FY18 COUNTY FUNDS 537-17-0220-00001 - \$63,478

From 9/1/2017 Through 3/29/2018

		Current Month Expenses
Expense		
Expense		
Supplies	5510	8,026.00
Delegate Agency Costs	6178	12,828.75
Total Expense		20,854.75
Total Expense		20,854.75
Net Revenue (Expense)		(20,854.75)

Brazos Valley Council of Governments
Check/Voucher Register
From 9/1/2017 Through 8/31/2018

8001 - Brazos Valley Regional Advisory Committee Unrestricted

ID	Effective Date	Check Number	Payee	Check Amount	Transaction Description	Session ID
ANGTEK	12/13/2017	122611	AGNITEK	79.99	AgniTEK Hosting Service-December 2017 Only	CKIM121217
BAYSCOWHICS	11/1/2017	122312	BAYLOR SCOTT & WHITE COLLEGE STA	61.06	Reimb-Baylor Scott & White for Food During CEN Training	CKIM103117
MASTERCARD TIB	11/14/2017	1510692771967-003	MASTERCARD TIB BUSINESS	2,856.74	TO RECORD MASTERCARD STATEMENT ENDING OCTOBER 29, 2017	18CD11011
TETAF	2/21/2018	123184	TEXAS EMS TRAUMA & ACUTE CARE FC	900.00	TETAF 2018 Subscription Fees	CKIM022018
VFIS	3/28/2018	123467	VFIS OF TEXAS	2,065.00	Policy Renewal on VFIS-TR-2063815-09 & VFIS-CM-1058518-09	CKIM032718
WASCOU	10/11/2017	122188	WASHINGTON COUNTY	7,503.31	BVRAC BVWACS Radios Pmt for DEPC, SJEMS, & S&W CS	CKIM101017
Total 1012 - General Oper-BBT10302				13,466.10		

8062 - FY18 TOBACCO RAC 537-17-0220-00001 \$42,780

ID	Effective Date	Check Number	Payee	Check Amount	Transaction Description	Session ID
AMYRIC	12/6/2017	122554	AMY PONZIO	875.79	Air Medical Transport Conference-August 15-18, 2017	CKIM120517
AMYRIC	12/20/2017	122678	AMY PONZIO	1,645.76	GETAC/EMS Conference-Fort Worth-Nov 17-21, 2017	CKIM121917
AMYRIC	2/28/2018	123206	AMY PONZIO	514.00	GETAC/EMS Conference in Austin-Feb 13-15, 2018	CKIM022718
ROGSHE	10/19/2017	EFT-101917-26	ROGER SHERIDAN	102.09	EMTF-7 Coordinating Board-Belton, TX-CTCOG	EFTIM 101717-02
STJOSTEXHEALTH	3/7/2018	123291	CHI ST JOSEPH HOSPITAL	598.07	NRP Class Book Reimbursement	CKIM030618
Total 1012 - General Oper-BBT10302				3,735.71		

8063 - FY18 EMS RAC 537-17-0220-00001 - \$27,386

ID	Effective Date	Check Number	Payee	Check Amount	Transaction Description	Session ID
VERWIR	10/11/2017	122186	VERIZON WIRELESS	151.96	Verizon Acct#320449593-0001 Cycle08/26/17-09/25/17	CKIM101017
VERWIR	11/8/2017	122417	VERIZON WIRELESS	151.96	Verizon Acct #320449593-0001cycle 09/26/17-10/25/17	CKIM110717
VERWIR	12/13/2017	122674	VERIZON WIRELESS	151.96	Verizon ACCT#320449593-0001 CYCLE 10/26/17 11/25/17	CKIM121217
VERWIR	1/10/2018	122858	VERIZON WIRELESS	151.96	VERIZON WIRELESS 11/26/17 - 12/25/17	CKIM010918
VERWIR	2/7/2018	123081	VERIZON WIRELESS	151.96	Verizon Acct # 320449593-0001 cycle 12/26/17-01/25/18	CKIM020618
VERWIR	3/14/2018	123365	VERIZON WIRELESS	151.96	VERIZON WIRELESS SERVICE 01/26/18 THRU 02/25/18	CKIM031318
Total 1012 - General Oper-BBT10302				911.76		

8064 - FY18 COUNTY FUNDS 537-17-0220-00001 - \$63,478

ID	Effective Date	Check Number	Payee	Check Amount	Transaction Description	Session ID
ROBCOUEMS	11/1/2017	122356	ROBERTSON COUNTY EMS	9,697.00	EMS County Grant 537-17-0220-00001	CKIM103117
TEXAMUNI-EMS	2/14/2018	123134	TEXAS A&M UNIVERSITY EMS	3,131.75	EMS County Grant 537-17-0220-00001	CKIM021318
WASCOUEMS	12/6/2017	122605	WASHINGTON COUNTY EMS	8,026.00	EMS County Grant 2017-0220-0001	CKIM120517
Total 1012 - General Oper-BBT10302				20,854.75		

979.595.2800/979.595.2810

Contract Period: 05/1/2017 thru 08/31/2018

Provider Receiving Funds	County	Amount of funding each EMS Provider listed on Exhibit A will receive
Bryan Fire Dept.	Brazos	\$3,131.75
College Station Fire Dept	Brazos	\$3,131.75
St Joseph Regional Health Center EMS	Brazos	\$3,131.75
TX A&M University EMS	Brazos	\$3,131.75
St Joseph Regional Health Center EMS	Burleson	\$7,467
St Joseph Regional Health Center EMS	Grimes	\$9,040
Hilltop Lakes VFD	Leon	\$5,709.50
Jewett EMS	Leon	\$5,709.50
St Joseph Regional Health Center EMS	Madison	\$5,302
Robertson County EMS	Robertson	\$9,697
Washington County EMS	Washington	\$8,026
Total		\$63,478.00

EMS PROVIDER EXPENDITURE REPORT

SECTION 1:

Name of EMS Provider:	
Physical Address:	
City, State and Zip Code:	
Phone:	

SECTION 2:

EMS/County: FY 2017	Contract Period: 05/01/2017 thru 08/31/2018
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SECTION 3:

Contractor shall submit a list of expenditures with supporting documentation and proof of payment. Examples of acceptable supporting documentation include but are not limited to the following: time records and associated fringe benefits documentation; travel expense reports, mileage logs and travel policies; itemized vendor bills, invoices and receipts; and subcontractor agreements. Examples of acceptable proof of payment include but are not limited to cancelled checks and/or proof of payment by debit/credit card. See Sections 6.02.05 and 6.05.01-6.05.08 of the Contractor's Financial Procedures Manual located online at <http://www.dshs.texas.gov/contracts/cfpm.shtm> for additional guidance on supporting documentation and proof of payment.

Name of EMS Administrator:	
Total amount of allocation this provider received:	\$ -
Name of Person Completing Report:	
Title of Person Completing Report:	
Phone Number of Person Completing Report:	
RAC/County Authorized Person:	
Name/Title:	

List of Expenditure	County	Check #	Amount of Expenditure						Supporting Documentation / Proof of Payment Included (Y/N)
			Supplies	Education/T raining	Equipment	Vehicles	Communication Systems	Other Operational Expenses	
Totals			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

**EMS/LPG
Additional Funding**

BVRAC LPG Spending Plan

Information:

- Complete Spending Plan which details your intent to expend the additional funds being added to your EMS/CO-RAC contract for DSHS approval.
- Quotes and/or specifications are **not** required to be submitted with the Plan. Plan should provide estimates of intended spend down per project, if applicable.
- Program staff will contact you should they have any questions or require additional information.
- Spending Plan Narratives must be submitted by March 20, 2018.
- Spending Plan Narrative total should equal amount of additional funding.
- Changes in Spending Plan must be submitted for review and approval.
- All funds must be expended on or before **August 31, 2018**.
- Please submit to CMUReg.svcs@dshs.texas.gov and Indra.Hernandez@dshs.texas.gov.

RAC: Brazos Valley Regional Advisory Council
Name and Phone Number of Person Completing Spending Plan Narrative: Roger Sheridan (979) 595-2800 x2040
Spending Plan Narrative: Activity: Promote and conduct Bleeding Control (BCon) courses for stakeholders and public members of the community. Project: "Stop The Bleed" Kits purchase (This is a continuation project) Narrative Summary: BVRAC conducts BCON training throughout the seven county region utilizing instructors from all participating facilities and EMS providers. The "Stop The Bleed" kits are used for training aids and provided to organizations that have received the training for augmenting 1 st Aid kits & AEDs. Gaps: Schools, Law Enforcement, Government Facilities, and other entities lack the proper training and equipment to conduct life saving measures. Mitigation Actions: BVRAC is conducting BCON training with the primary focus being Schools. With the increase number of "Stop The Bleed" Kits, this will allow BVRAC to expand the target audience in providing the training and equipment to Law Enforcement, Governmental Agencies, and its citizens. Impact: Educating the Brazos Valley on Bleed Control in addition to having the equipment available for response reduces the loss of life chances and instills the individual confidence to take action when it matters most.
Spending Plan Total: \$7,580



Guidelines for Care of Children in the Emergency Department

This checklist is based on the American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), and Emergency Nurses Association (ENA) 2009 joint policy statement "Guidelines for Care of Children in the Emergency Department," which can be found online at <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;124/4/1233.pdf>. Use the checklist to determine if your emergency department (ED) is prepared to care for children.

Administration and Coordination of the ED for the Care of Children

- ☐ *Physician Coordinator for Pediatric Emergency Care.* The pediatric physician coordinator is a specialist in emergency medicine or pediatric emergency medicine; or if these specialties are not available then pediatrics or family medicine, appointed by the ED medical director, who through training, clinical experience, or focused continuing medical education demonstrates competence in the care of children in emergency settings, including resuscitation.
- ☐ *Nursing Coordinator for Pediatric Emergency Care.* The pediatric nurse coordinator is a registered nurse (RN), appointed by the ED nursing director, who possesses special interest, knowledge, and skill in the emergency care of children.

Physicians, Nurses and Other Healthcare Providers Who Staff the ED

- ☐ Physicians who staff the ED have the necessary skill, knowledge, and training in the emergency evaluation and treatment of children of all ages who may be brought to the ED, consistent with the services provided by the hospital.
- ☐ Nurses and other ED health care providers have the necessary skill, knowledge, and training in providing emergency care to children of all ages who may be brought to the ED, consistent with the services offered by the hospital.
- ☐ Baseline and periodic competency evaluations completed for all ED clinical staff, including physicians, are age specific and include evaluation of skills related to neonates, infants, children, adolescents, and children with special health care needs. (Competencies are determined by each institution's medical and nursing staff privileges policy.)

Guidelines for QI/PI in the ED

- ☐ The QI/PI plan shall include pediatric specific indicators.
- ☐ The pediatric patient care-review process is integrated into the ED QI/PI plan. Components of the process interface with out-of-hospital, ED, trauma, inpatient pediatric, pediatric critical care, and hospital-wide QI or PI activities.

Guidelines for Improving Pediatric Patient Safety

The delivery of pediatric care should reflect an awareness of unique pediatric patient safety concerns and are included in the following policies or practices:

- ☐ Children are weighed in kilograms.
- ☐ Weights are recorded in a prominent place on the medical record.
- ☐ For children who are not weighed, a standard method for estimating weight in kilograms is used (e.g., a length-based system).
- ☐ Infants and children have a full set of vital signs recorded (temperature, heart rate, respiratory rate) in medical record.
- ☐ Blood pressure and pulse oximetry monitoring are available for children of all ages on the basis of illness and injury severity.
- ☐ A process for identifying age-specific abnormal vital signs and notifying the physician of these is present.
- ☐ Processes in place for safe medication storage, prescribing, and delivery that includes precalculated dosing guidelines for children of all ages.
- ☐ Infection-control practices, including hand hygiene and use of personal protective equipment, are implemented and monitored.
- ☐ Pediatric emergency services are culturally and linguistically appropriate.
- ☐ ED environment is safe for children and supports patient- and family-centered care.
- ☐ Patient identification policies meet Joint Commission standards.
- ☐ Policies for the timely reporting and evaluation of patient safety events, medical errors, and unanticipated outcomes are implemented and monitored.

Guidelines for ED Policies, Procedures, and Protocols

Policies, procedures, and protocols for the emergency care of children should be developed and implemented in the areas listed below. These policies may be integrated into overall ED policies as long as pediatric specific issues are addressed.

- ☐ Illness and injury triage.
- ☐ Pediatric patient assessment and reassessment.

Guidelines for ED Policies, Procedures, and Protocols, Cont.

- ☐ Documentation of pediatric vital signs and actions to be taken for abnormal vital signs.
- ☐ Immunization assessment and management of the under-immunized patient.
- ☐ Sedation and analgesia, including medical imaging.
- ☐ Consent, including when parent or legal guardian is not immediately available.
- ☐ Social and mental health issues.
- ☐ Physical or chemical restraint of patients.
- ☐ Child maltreatment and domestic violence reporting criteria, requirements, and processes.
- ☐ Death of the child in the ED.
- ☐ Do not resuscitate (DNR) orders.
- ☐ Family-centered care:
 - ☐ Family involvement in patient decision-making and medication safety processes;
 - ☐ Family presence during all aspects of emergency care;
 - ☐ Patient, family, and caregiver education;
 - ☐ Discharge planning and instruction; and
 - ☐ Bereavement counseling.
- ☐ Communication with the patient's medical home or primary care provider.
- ☐ Medical imaging, specifically policies that address pediatric age- or weight-based appropriate dosing for studies that impart radiation consistent with ALARA (as low as reasonably achievable) principles.

Policies, Procedures, and Protocols for All-Hazard Disaster Preparedness

Policies, procedures, and protocols should also be developed and implemented for all-hazard disaster-preparedness. The plan should address the following preparedness issues:

- ☐ Availability of medications, vaccines, equipment, and trained providers for children.
- ☐ Pediatric surge capacity for injured and non-injured children.
- ☐ Decontamination, isolation, and quarantine of families and children.
- ☐ Minimization of parent-child separation (includes pediatric patient tracking and timely reunification of separated children with their family).
- ☐ Access to specific medical and mental health therapies, and social services for children.
- ☐ Disaster drills which include a pediatric mass casualty incident at least every two years.
- ☐ Care of children with special health care needs.
- ☐ Evacuation of pediatric units and pediatric subspecialty units.

Policies, Procedures, and Protocols for Patient Transfers

- ☐ Written pediatric inter-facility transfer procedures should be established.

Guidelines for ED Support Services

Radiology capability must meet the needs of the children in the community served. Specifically:

- ☐ A process for referring children to appropriate facilities for radiological procedures that exceed the capability of the hospital is established.
- ☐ A process for timely review, interpretation, and reporting of medical imaging by a qualified radiologist is established.

Laboratory capability must meet the needs of the children in the community served, including techniques for small sample sizes. Specifically:

- ☐ A process for referring children or their specimens to appropriate facilities for laboratory studies that exceed the capability of the hospital is established.

Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED

- ☐ Pediatric equipment, supplies, and medications are appropriate for children of all ages and sizes (see list below), and are easily accessible, clearly labeled, and logically organized.
- ☐ ED staff is educated on the location of all items.
- ☐ Daily method in place to verify the proper location and function of equipment and supplies.
- ☐ Medication chart, length-based tape, medical software, or other systems is readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications.

Medications

- | | |
|--|---|
| <input type="radio"/> atropine | <input type="radio"/> antimicrobial agents (parenteral and oral) |
| <input type="radio"/> adenosine | <input type="radio"/> anticonvulsant medications |
| <input type="radio"/> amiodarone | <input type="radio"/> antidotes (common antidotes should be accessible to the ED) |
| <input type="radio"/> antiemetic agents | <input type="radio"/> antipyretic drugs |
| <input type="radio"/> calcium chloride | <input type="radio"/> bronchodilators |
| <input type="radio"/> dextrose (D10W, D50W) | <input type="radio"/> corticosteroids |
| <input type="radio"/> epinephrine (1:1000; 1:10 000 solutions) | <input type="radio"/> inotropic agents |
| <input type="radio"/> lidocaine | <input type="radio"/> neuromuscular blockers |
| <input type="radio"/> magnesium sulfate | <input type="radio"/> sedatives |
| <input type="radio"/> naloxone hydrochloride | <input type="radio"/> vaccines |
| <input type="radio"/> procainamide | <input type="radio"/> vasopressor agents |
| <input type="radio"/> sodium bicarbonate (4.2%, 8.4%) | |
| <input type="radio"/> topical, oral, and parenteral analgesics | |

Equipment/Supplies: General Equipment

- ☐ patient warming device
- ☐ intravenous blood/fluid warmer
- ☐ restraint device
- ☐ weight scale in kilograms (not pounds)
- ☐ tool or chart that incorporates weight (in kilograms) and length to determine equipment size and correct drug dosing
- ☐ age appropriate pain scale-assessment tools

Equipment/Supplies: Monitoring Equipment

- blood pressure cuffs
 - ☐ neonatal
 - ☐ infant
 - ☐ child
 - ☐ adult-arm
 - ☐ adult-thigh
- ☐ electrocardiography monitor/defibrillator with pediatric and adult capabilities including pads/paddles
- ☐ hypothermia thermometer
- ☐ pulse oximeter with pediatric and adult probes
- ☐ doppler ultrasonography devices
- ☐ continuous end-tidal CO2 monitoring device

Equipment/Supplies: Vascular Access

- arm boards
 - ☐ infant
 - ☐ child
 - ☐ adult
- umbilical vein catheters
 - ☐ 3.5F
 - ☐ 5.0F
- catheter-over-the-needle device
 - ☐ 14 gauge
 - ☐ 16 gauge
 - ☐ 18 gauge
 - ☐ 20 gauge
 - ☐ 22 gauge
 - ☐ 24 gauge
- central venous catheters (any two sizes)
 - ☐ 4.0F
 - ☐ 5.0F
 - ☐ 6.0F
 - ☐ 7.0F
- intraosseous needles or device
 - ☐ pediatric
 - ☐ adult
- intravenous solutions
 - ☐ normal saline
 - ☐ dextrose 5% in normal saline
 - ☐ dextrose 10% in water
- ☐ IV administration sets with calibrated chambers and extension tubing and/or infusion devices with ability to regulate rate and volume of infusate

Equipment/Supplies: Fracture-Management Devices

- extremity splints
 - ☐ femur splints, pediatric sizes
 - ☐ femur splints, adult sizes
- ☐ spine-stabilization devices appropriate for children of all ages

Equipment/Supplies: Respiratory

- endotracheal tubes
 - ☐ uncuffed 2.5 mm
 - ☐ uncuffed 3.0 mm
 - ☐ cuffed or uncuffed 3.5 mm
 - ☐ cuffed or uncuffed 4.0 mm
 - ☐ cuffed or uncuffed 4.5 mm
 - ☐ cuffed or uncuffed 5.0 mm
 - ☐ cuffed or uncuffed 5.5 mm
 - ☐ cuffed 6.0 mm
 - ☐ cuffed 6.5 mm
 - ☐ cuffed 7.0 mm
 - ☐ cuffed 7.5 mm
 - ☐ cuffed 8.0 mm
- oropharyngeal airways
 - ☐ size 0
 - ☐ size 1
 - ☐ size 2
 - ☐ size 3
 - ☐ size 4
 - ☐ size 5
- stylets for endotracheal tubes
 - ☐ pediatric
 - ☐ adult
- suction catheters
 - ☐ infant
 - ☐ child
 - ☐ adult
- feeding tubes
 - ☐ 5F
 - ☐ 8F
- laryngoscope blades
 - ☐ straight: 0
 - ☐ straight: 1
 - ☐ straight: 2
 - ☐ straight: 3
 - ☐ curved: 2
 - ☐ curved: 3
- tracheostomy tubes
 - ☐ 2.5 mm
 - ☐ 3.0 mm
 - ☐ 3.5 mm
 - ☐ 4.0 mm
 - ☐ 4.5 mm
 - ☐ 5.0 mm
 - ☐ 5.5 mm
- ☐ laryngoscope handle
- ☐ yankauer suction tip
- magill forceps
 - ☐ pediatric
 - ☐ adult
- bag-mask device, self inflating
 - ☐ infant: 450 ml
 - ☐ adult: 1000 ml
- nasopharyngeal airways
 - ☐ infant
 - ☐ child
 - ☐ adult
- masks to fit bag-mask device adaptor
 - ☐ neonatal
 - ☐ infant
 - ☐ child
 - ☐ adult

Equipment/Supplies: Respiratory, Continued

clear oxygen masks

- ☐ standard infant
- ☐ standard child
- ☐ standard adult
- ☐ partial nonrebreather infant
- ☐ nonrebreather child
- ☐ nonrebreather adult

nasal cannulas

- ☐ infant
- ☐ child
- ☐ adult

nasogastric tubes

- ☐ infant: 8F
- ☐ child: 10F
- ☐ adult: 14-18F

laryngeal mask airway

- ☐ size: 1
- ☐ size: 1.5
- ☐ size: 2
- ☐ size: 2.5
- ☐ size: 3
- ☐ size: 4
- ☐ size: 5

Equipment/Supplies: Specialized Pediatric Trays or Kits

- ☐ lumbar puncture tray (including infant/pediatric 22 gauge and adult 18-21 gauge needles)
- ☐ supplies/kit for patients with difficult airway (supraglottic airways of all sizes, laryngeal mask airway, needle cricothyrotomy supplies, surgical cricothyrotomy kit)
- ☐ tube thoracostomy tray
- chest tubes:
 - ☐ infant: 10-12F
 - ☐ child: 16-24 F
 - ☐ adult: 28-40 F
- ☐ newborn delivery kit, including equipment for resuscitation of an infant (umbilical clamp, scissors, bulb syringe, and towel)
- ☐ urinary catheterization kits and urinary (indwelling) catheters (6F-22F)

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

 American College of
Emergency Physicians®
ADVANCING EMERGENCY CARE 



**CHI St. Joseph Health Regional Hospital
Emergency Department
Suicide/Self-Harm Environmental Risk Mitigation Tool**

Criteria	General Pt Rms (1-9, 15-26, RME)	Isolation Rooms (12-14)	Trauma/ Resus (10-11)	BHU (27-29)
<p>All unnecessary equipment and supplies are either removed from the room or placed in a locked cabinet. Includes but not limited to:</p> <ul style="list-style-type: none"> • Step Stools • Emesis Bags • Call light (if replacement plug available) • Rolling Stools • IV pump • BP Cuffs/wire basket supplies • Visitor Chairs • Glove Boxes • Suction Canisters • Trash Can • Oxygen Tanks • IV pole (freestanding or attached to bed) • Bedside Table • Monitor cables • All supplies in drawers that cannot be locked 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Garage door in "down" position.
If equipment use is medically necessary, cords are wrapped and tied securely so they cannot be used as a hanging device. IV poles are acceptable in BHU if they are in use to administer fluids or IV medication. Pole should be removed as soon as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Items such as disinfectants, antiseptics, chemicals, and other solutions are removed from the room or placed in a locked cabinet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient belongings are searched for contraband, labeled, and removed from the patient room to a secure location such as the BHU lockers. Patients are not to have their belongings on the unit or to search through their own bag. Pt cannot have charging cable for their phone. Razors will not be given to patients. No jewelry or rosaries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If meal service is provided, plastic utensils and paper goods are used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pt changed out of street clothes and into "snap" gown or paper scrubs. Hospital socks may be provided, but no shoes to remain with patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitter or mental health tech knows how to call a code burgundy/use BHU alarm systems. In the general patient room area the sitter should call out for help if immediate attention is needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol-based hand gel is removed from the interior of the room and placed in outer hallway for staff use.	<input type="checkbox"/> Cannot remove RME	<input type="checkbox"/> Cannot remove RM14	Cannot remove	Behind garage door
Sharps disposal containers are removed (if loose) or affixed to the wall in such a way that they cannot be accessed.	affixed to wall	affixed to wall	<input type="checkbox"/>	Behind garage door
Unless medical gasses are required, pressure gauges are removed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behind garage door
For non-BHU area bathrooms the door must remain unlocked with staff placed immediately outside when used by at-risk patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicide mitigated bathroom

**CHI St. Joseph Health Regional Hospital
Emergency Department
Suicide/Self-Harm Environmental Risk Mitigation Tool**

Check outlets for normalcy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicide mitigated rooms
Sitter or mental health tech has reviewed the list of “at risk” items remaining in the room with the primary nurse (see below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Immovable Equipment/Possible Ligature or Weapon Risks

<p><u>General Population Rooms (1-26)</u></p> <ul style="list-style-type: none"> • Cloud computer/mouse • Patient Monitor/Ethernet cables • Wire hanging basket • Patient call light • Stretcher side rails • Gown/Sheet provided to pt • Thermometer • Glass sliding doors • “It’s the law” framed picture on wall • Emesis Bag Dispenser • Television (cables exposed in back) • Sharps Boxes affixed to walls • Overhead “boom” light • Clock on wall • Paper Towel Dispenser • Soap Dispenser • Sink/faucet • Cabinet handles • Door handles • Proximity to exit • Coat/belongings hook • Outlets • Ledge area/decorative display around TV has ligature points • Patient communication board • Lighting fixtures are not tamper resistant 	<p><u>Additional Considerations Rooms</u></p> <ul style="list-style-type: none"> • Rooms 8, 9, & 19-22—Exterior glass windows and window shade • Room 14 Private bathroom • Rooms 12-14—Doors require “wave” sensor to open • Rooms 12 & 13 Anti Room w/ additional ligature risk cabinets/sink • Rooms 10 & 11 <ul style="list-style-type: none"> ○ Should be used only as last resort for hemodynamically unstable patients. ○ All equipment not in use should be removed from the room for the at risk patient including but not limited to: <ul style="list-style-type: none"> ▪ Silver Supply Cabinets ▪ Airway Cart ▪ Unused supplies on boom ▪ Hover mat ▪ Bair Hugger ▪ Level I Infuser ▪ Mayo Stands ▪ Wall Suction ▪ Oxygen pressure valves ▪ IV poles/pumps ▪ Step stool ▪ Emesis Bags ▪ Gloves
<p>Patients at risk for suicide that are hemodynamically stable should be roomed as follows upon arrival to the department:</p> <ol style="list-style-type: none"> 1. BHU if available 2. Rooms 1-7, 15-18, or 23-36 3. Rooms 8, 9, or 19-22 4. Rooms 12-13 5. Room 14 6. Rooms 10 & 11 	

Enter Name of Organization
Environmental Risk Mitigation Tool

This tool is to be used in any inpatient / outpatient care area except for inpatient psychiatric care units

ENTER CARE LOCATION: _____

INSTRUCTIONS

This tool is to be used each shift to document that the care environment has been risk mitigated when a patient has been determined to be at risk of harm to self or others. Because the environment may not be ligature risk corrected, patients identified as being at risk of harm to self or others shall be under one of the following levels of observation:

- Low Risk = Continuous Visual Observation (A staff member may observe more than one patient simultaneously)
- High Risk = Continuous 1:1 Observation (A staff member may only observe one patient)

ITEM	RISK MITIGATED	COMMENTS
PATIENT ROOM / AREA		
• Windows / mirrors are break proof or resistant	Y N NA	
• Electrical outlets are ground-fault interrupted or otherwise designed to prevent injury by inserting objects into them.	Y N NA	
• Lighting fixtures are either not accessible to patients or are tamper resistant	Y N NA	
• Plastic trash can liners are not used	Y N NA	
• Sharps such as needles and instrumentation are removed from the room or placed behind a locked cabinet	Y N NA	
• Sharps disposal containers are removed or affixed in such a way that they cannot be accessed.	Y N NA	
• Alcohol-based hand gel is removed from the interior of the room and placed in the outer hallway for staff use.	Y N NA	
• All unnecessary equipment and supplies are either removed from the room or placed behind a locked cabinet	Y N NA	
• If equipment use is necessary, cords are wrapped and tied securely so that they cannot be used as a hanging device	Y N NA	
• Unless medical gases are required, pressure gauges are removed	Y N NA	
• Items such as disinfectants, antiseptics, chemicals, and other solutions are removed from the room or placed behind a locked cabinet	Y N NA	
• Patient belongings searched for contraband are placed behind a locked cabinet for safe keeping	Y N NA	
• Visitors (if any) are informed of prohibition on bringing dangerous items for the patient	Y N NA	
• If meal service is provided, plastic utensils and paper goods are used. Utensils are collected at the end of each meal	Y N NA	
• Bathroom / shower are locked when not in use. Staff remain directly outside the bathroom / shower with a low-risk patient with the door unlocked during use. Staff remain in the bathroom / shower with a high-risk patient during use	Y N NA	
• Other:	Y N NA	

Signature / Title

Patient Sticker

Date / Time

Enter Name of Organization
SUICIDE RISK ASSESMENT & CARE PLAN

Directions

- Only those individuals qualified by education, training, and scope of practice - as well as authorized by policy - may conduct an assessment of suicide risk. A plan of care must be developed for any positive assessment (use back of form).
- This assessment / reassessment must be completed on any patient seen in a psychiatric care setting (inpatient or outpatient) and on patients seeking or requiring treatment for emotional or behavioral (psychiatric) disorders in a general acute care hospital (including inpatient care units, the Emergency Department, and primary care clinics)

ASSESSMENT / REASSESSMENT OF SUICIDE RISK

Factors that Increase Likelihood (Lethality) of a Suicide Attempt	Present	Factors that Decrease Likelihood (Lethality) of a Suicide Attempt	Present
• Current Attempt to Harm Self / Suicide	Y N	• Willing to Contract Not to Harm Self	Y N
• Suicide Ideation with Concrete Plan	Y N	• Has No Specific Plan to Harm Self	Y N
• Command Hallucinations to Self-Harm	Y N	• Is Communicative and Engaged	Y N
• Chronic, Debilitating Medical Illness	Y N	• Is Willing to Seek Treatment / Assistance	Y N
• Limited or No Social Support	Y N	• Demonstrates Positive Coping Skills	Y N
• Past History of Attempts	Y N	• Religious / Cultural Barriers to Suicide	Y N
• Recent Significant Life Changing Event	Y N	• Has Family in <u>Continuous</u> Attendance	Y N
• Situational or Chronic Depression	Y N	• Has Strong Family / Social Support	Y N
• Verbalizes Suicidal Ideation	Y N	• Other	Y N

DETERMINATION OF LETHALITY

Check the box (only one) that best applies

- ☐ Patient appears to have a high degree of lethality. (Required if any **bolded** factors are present)
- ☐ Patient appears to have a low degree of lethality.
- ☐ Suicide risk assessment appears to be negative. Check only if no factors that increase likelihood of suicide are present.

*Lethality is defined as the likelihood of the patient actively attempting to harm him/herself

COMMENTS / NOTES

Signature / Title of Person Performing Assessment

Date / Time

SEE BACK SIDE OF FORM
FOR PLAN OF CARE

Place Patient Label
Here

PLAN OF CARE / GUIDELINES FOR PATIENT MANAGEMENT

Care Setting	Low Lethality Risk Level	High Lethality Risk Level
INPATIENT CARE UNIT EMERGENCY DEPARTMENT OUTPATIENT CLINIC / CARE SETTING	<ul style="list-style-type: none"> Reassess lethality risk at least once each day for inpatient settings and each visit for emergency department and outpatient settings. Encourage patient to verbalize feelings and to alert staff if change in level of lethality Place patient on continuous observation. More than one patient may be observed at the same time as long as continuous observation is maintained If patient needs to use the restroom or shower, staff must remain in continuous attendance outside the door with the door unlocked Remove dangerous items from patient's room that can be used to harm self Search belongings and remove any dangerous articles Monitor visitors to assure that no dangerous articles are brought in for the patient <input type="checkbox"/> Other (describe):	<ul style="list-style-type: none"> Reassess lethality risk at least once each day for inpatient settings and each visit for emergency department and outpatient settings Encourage patient to verbalize feelings and to alert staff if change in level of lethality Place patient on continuous 1:1 observation. Staff member may not observe more than one patient. If patient needs to use the restroom or shower, staff must remain in continuous observed attendance Remove dangerous items from patient's room that can be used to harm self Search belongings and remove any dangerous articles Monitor visitors to assure that no dangerous articles are brought in for the patient Transfer patient to an appropriate behavioral health setting when able <input type="checkbox"/> Other (describe):
INPATIENT PSYCHIATRIC UNIT PSYCHIATRIC HOSPITAL	<ul style="list-style-type: none"> Reassess lethality risk at least once each day Encourage patient to verbalize feeling and to alert staff if change in level of lethality If <u>all</u> potential ligature and other safety risks in the patient's care environment are corrected, the patient may be placed on 15 minute observation. If there are <u>any</u> potential ligature or other safety risks present in the patient's care environment, then place patient on continuous observation. More than one patient may be observed at the same time as long as continuous observation is maintained <ul style="list-style-type: none"> If patient needs to use the restroom or shower, staff must remain in continuous attendance outside the door with the door unlocked Remove dangerous items from patient's room that can be used to harm self Search belongings and remove any dangerous articles Monitor visitors to assure that no dangerous articles are brought in for the patient <input type="checkbox"/> Other (describe):	<ul style="list-style-type: none"> Reassess lethality risk at least once each day Encourage patient to verbalize feeling and to alert staff if change in level of lethality If <u>all</u> potential ligature and other safety risks in the patient's care environment are corrected, the patient may be placed on continuous observation. More than one patient may be observed at the same time as long as continuous observation is maintained <ul style="list-style-type: none"> If patient needs to use the restroom or shower, staff must remain in continuous attendance outside the door with the door unlocked If there are <u>any</u> potential ligature or other safety risks present, in the patient's care environment, then place patient on continuous 1:1 observation. Staff member may not observe more than one patient. <ul style="list-style-type: none"> If patient needs to use the restroom or shower, staff must remain in continuous observed attendance Remove dangerous items from patient's room that can be used to harm self Search belongings and remove any dangerous articles Monitor visitors to assure that no dangerous articles are brought in for the patient <input type="checkbox"/> Other (describe):

Initials	Signature / Title	Date / Time

2018 Brazos Valley Regional Cardiovascular & Stroke Symposium

Click to Register

<https://www.eventbrite.com/e/brazos-valley-regional-cardiovascular-stroke-symposium-tickets-44432507827>

Breakfast

7:30am – 8:00am	Registration and Continental Breakfast
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Morning – Stroke Session

08:00am – 08:20am	Welcome to the BVRAC Cardiovascular & Stroke Symposium – Opening Regional Data
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08:20am – 09:10am	Presentation: Stroke Systems of Care Presentation Presenter, Credentials, TBA
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09:10am – 10:00	Presentation: Intracranial & Subarachnoid Hemorrhage Zachary Stewart, MD., ER Physician, Stroke Program Medical Director, Baylor Scott & White College Station
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10:00am – 10:15am	Break
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10:15am - 11:40am	Keynote Address: Posterior Strokes; Code Strokes DaiWai Olson, Ph.D., R.N., CCRN, FNCS Associate Professor, UT Southwestern Medical Center, Neurology & Neurotherapeutics
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11:40am - 12:30pm	Presentation: Endovascular Therapy Dr. Brad White, MD, Ph.D. CHI St. Joseph Health, Stroke Program Medical Director Associate Professor Texas A&M Health Science Center, College of Medicine
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Lunch & Vendor Fair

12:30pm – 1:00pm	Lunch & Learn: Heart Failure Management – Zoll Life Vest
------------------	---

1:00pm – 2:00pm	Vendor Fair Rounds
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Afternoon – Cardiac Session

2:00pm – 2:50pm	Presentation: Prehospital STEMI Treatment & EKG Recognition Billy Rice, Flight Paramedic CHI St. Joseph, Air Med 12 Supervisor
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2:50pm – 3:40pm	Presentation: Atrial Fibrillation Management, Cardiac Electrophysiology & Devices Dr. Thomas Meade, MD Electrophysiology, Baylor Scott & White College Station
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3:40-3:55	Break
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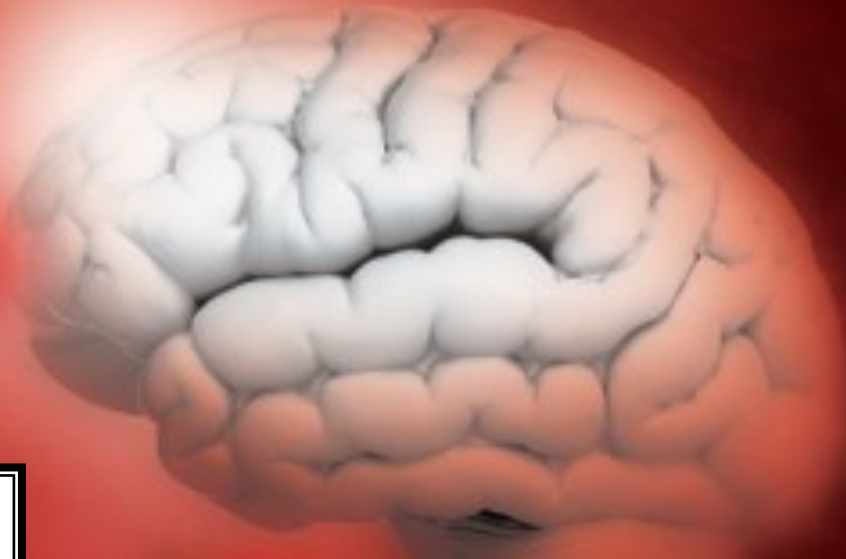
3:55--4:45	Presentation: Care of the Acute ACS, NSTEMI, STEMI patient Dr. Lammoglia, MD, Cardiology, College Station Medical Center Associate Professor of Medicine, Texas A&M University Health Science Center
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4:45pm – 5:00pm	Poll Everyone
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5:00pm – 5:30pm	Closing, Evaluations & Vendor Fair Prizes
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Nursing Continuing Education: Baylor Scott and White Health is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Please join us for a Lunch Presentation
Friday, April 6, 2018 12:00 pm



Registration

<https://www.eventbrite.com/e/neurothrombecomydeveloping-optimal-regional-systems-of-care-tickets-44350575766>

NEUROTHROMBECTOMY—DEVELOPING OPTIMAL REGIONAL SYSTEMS OF CARE

Presented By: Robert Dickson, MD, FACEP, FAEMS, FACEM

Medical Director, Montgomery County Hospital District EMS

Assistant Professor, Emergency Medicine, Baylor College of Medicine, Houston



Location:

Brazos Valley Council of Governments
3991 E. 29th Street
Bryan, Texas 77802

Minutes
Brazos Valley Regional Advisory Council
Perinatal Meeting
1200 February 1, 2016
Brazos Valley Council of Governments Building
3991 E. 29th Street, Bryan, Texas 77802

Members Present

<u>Position</u>	<u>Board Member</u>	<u>Agency</u>	<u>Absent/ Present</u>
Neonatal Co-Chair	Dr. Geddie	CHI St. Joseph Health Regional	Present
Maternity Co-Chair	Cathy Collier	BSWH College Station	Present
Secretary	Rebecca Brossart	College Station Medical Center	Present
Member	Jennifer Stansbury	BSWH Brenham	Absent
Member	Tami Depenning	BSWH College Station	Present
Member	Pauline Wiechkoske	BSWH College Station	Present
Member	Dr. Hilal	BSWH College Station	Present
Member	Shirley Huddleston	CHI St. Joseph	Present
Member	Lori Abdalla	CHI St. Joseph	Present
Member	Dr. Adcock	College Station Medical Center	Present
Member	Connie Miles	College Station Medical Center	Present

Staff Present

<u>Position</u>	<u>Staff</u>	<u>Agency</u>	<u>Absent/ Present</u>
Program Manager	Roger Sheridan	BVCOG	Present
	Amanda Lugar	BVRAC	Absent

Guest Present

<u>Position</u>	<u>Staff</u>	<u>Agency</u>	<u>Absent/ Present</u>
Executive Director	Dave Reimer	CATRAC	Present

- I. **Call to Order** - The meeting was called to order at 1202 P.M. by Dr. Geddie
- II. **Introductions** - New member Connie Miles, director of Woman's services for the MED was introduced

Minutes
Brazos Valley Regional Advisory Council
Perinatal Meeting
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III. Approval of Meeting Minutes – Dr. Adcock motioned to approve December, 2017 meeting minutes. Pauline Wiechkoske second; motion carried.

IV. Discussion/Action Items

A. County wide EMT Education (NRP class)

Classes are scheduled for February 6 and 8 from 9-12 and 1-4. All instructors be at BVCG bldg. to set up by 8 a.m. Please bring snacks to share. Coffee will be provided. Only 3 have signed up on the roster, but expecting more to come just for the skills check off. Pauline will bring scenarios, laminated apgar charts and oxygen range charts. Instructors need to bring anything they have to teach a class ie: sim dolls, meds, IV supplies, Pulse ox probes, LMA, bag & masks etc. Pauline will email out the scenarios

B. NICU Surveys

All the hospitals in BCS have completed their surveys. The MED received its official letter of level 3 designation in Nov. CHI St. Joseph and BSWH college station are waiting to hear. There are only 10 level 3 designated thus far across the state.

V. Open forum

A. We discussed dropping EBM for less than 1500 gm infants because all facilities numbers are good. We will add for one for the labor side. We will look at prenatal steroid use. We are thinking about breaking it into 2 categories; less than 34 weeks and 34.0-36.6 weeks. For the next meeting we need to be looking at how our data is set up so it will be easy to track.

B. NICU data: Each facility needs to continue to collect NICU data. We will continue to review the data every quarter.

VI. Next meeting April 5th, 2018

VII. Adjourn at 1252



Brazos Valley Regional Advisory Council

Smoke and Tobacco-Free Workplace Policy

The Brazos Valley Regional Advisory Council (BVRAC) has a vital interest in maintaining a healthy and a safe environment for its Board Members, General Membership, Staff, and visitors. BVRAC shall adhere to Section 1.18 Grantee's Certification of Meeting or exceeding Tobacco-Free Workplace Policy minimum standards. This rule identifies BVRAC leased property defined as offices and common meeting area spaces where smoking and tobacco use is restricted.

Definition: (Smoking and Tobacco) All forms of smoking and tobacco products including but not limited to cigarettes, cigars, pipes, water pipes (hookah), electronic cigarettes, smokeless tobacco, snuff and chewing tobacco.

The Brazos Valley Regional Advisory Council maintains a smoke and tobacco-free office and common meeting area spaces.

- No smoking or other use of tobacco products (including, but not limited to, cigarettes, pipes, cigars, snuff, or chewing tobacco) is permitted in any part of the building.
- It is the responsibility of all members including visitors, to observe these requirements. This rule relies on the thoughtfulness, consideration and cooperation of smokers and tobacco-users for its success. Those violating this rule should be reminded of this rule and asked to comply.
- All parties with purview over facilities shall ensure that the rule is communicated to everyone who occupies space in the facility.
- This policy will extend to 30' beyond building structure to include sidewalks and parking areas.
- The administrator will provide signage upon request. Violations of this rule may result in corrective action as prescribed by the board of directors. Visitors refusing to comply may be asked to leave the facilities.

BVRAC is committed to supporting all members and staff who wish to stop using tobacco products. Information on tobacco and smoking are provided through links to Quitline at <https://www.quitnow.net/texas> and Texas Department of State Health Services <https://www.dshs.texas.gov/tobacco/links.shtm>.

BVRAC Budget Allocation 4-5-17 to 8-31-18

(TOBACCO FUND \$58,332) & (EMS RAC FUND \$27,386) = \$85,718.00									UNRESTRICTED FUNDS (FUND 8001)					COUNTY (FUND)
(FUND) Mgmt	(FUND) Gen Oper	GETAC	Board	Education	Injury Prevention	Sys QI	Pre Hospital	Hosp Care & Mgmt	Mgmt	BOBV	Education	Symposium	PALS / ACLS	County
9999	9999	8018	8017	8001	8004	8003	8022	8023	9999	8024	8001	8002	8014	8054
Salaries (5110)	-								-	-	-	-	-	-
Fringes (5151-5152, 5180, 5182-5183, 5192)	-								-	-	-	-	-	-
3rd Party ISF (5645-5647, 5918, 6150, 6153)	-								-	-	-	-	-	-
Fixed ISF (5411,5643,5644)	-								-	-	-	-	-	-
Travel (5310)		-	-	-	-				-	-	-	-	-	-
Training (5798)			-	-	-				-	-	-	-	-	-
Prof Fees (5215)									-	-	-	-	-	-
Supplies (5510)	-				-				-	-	-	-	-	-
Phone (5648)		-							-	-	-	-	-	-
Insurance (5771)									-	-	-	-	-	-
Membership Dues (5790)									-	-	-	-	-	-
Other (5791, 5762)		-							-	-	-	-	-	-
Pass Thru (6178)									-	-	-	-	-	-
Outreach (5722)		-							-	-	-	-	-	-
Total Tobacco & EMS									Total Unrestricted					
\$ -									\$ -					

BUDGET	54,554	4,600	4,064	1,000	10,000	10,000	-	-	1,500	16,000	4,000	-	3,000	2,000	63,478
REMAIN BUDGET	\$ 54,554	\$ 4,600	\$ 4,064	\$ 1,000	\$ 10,000	\$ 10,000	\$ -	\$ -	\$ 1,500	\$ 16,000	\$ 4,000		\$ 3,000	\$ 2,000	\$ 63,478
REMAIN %	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%	100.00%	100.00%		100.00%	100.00%	

54554 salary 52965 3%
 4600 gen
 4064 getac
 1000 brd
 10000 edu
 10000 ij
 1500 hc
 85718 tot

Revenue
 Members 8,000
 Insurance 3,000
 BVWAC 7547
 Pof Serv \$1,000
 TETAF 2,000
 Christ Party 800
 BOBV ??? BOBV 4000
 Symposium ??? PALS/ACLS 2000
 Symposium 3000
 25587

**Brazos Valley Regional Advisory Council
Member Agency Participation**

2018

	February	April	June	August	October	December	Attendance 2018
Hospitals							
Baylor Scott & White College Station	X						
Baylor Scott & White Brenham	X						
College Station Medical Center	X						
CAPROCK	X						
CHI St. Joseph Regional Bryan	X						
CHI St. Joseph Burleson	X						
CHI St. Joseph Grimes	X						
CHI St. Joseph Madison	X						
The Physicians Centre	X						
EMS Agencies							
Bryan Fire Department	X						
College Station Fire Department	X						
Hilltop Lakes VFD	X						
Jewitt	X						
PHI							
Robertson County EMS	X						
St. Joseph EMS	X						
Texas A&M University EMS	X						
Allegiance Mobile Health	X						
City Ambulance	New						
Washington County EMS	X						
FRO's/Other Institutions							
Washington County First Responders							
Washington County OEM	X						
**Brazos County Health Department							
Colleges							
**Blinn College	X						

X= Attended Meeting.

?=Absent

**= Non Voting Agencies