Regional Advisory Council
(RAC)
Annual Report

*An Annual Report is to be submitted to DSHS, Office of EMS/Trauma Systems no later than **October 15, 2019**. The annual report will cover the past fiscal year (September 1, 2018 thru August 31, 2019), as stipulated in the Tobacco RAC portion of your FY18 Contract. Additional information may also be entered or submitted as an attachment to this report.*

RAC	SouthEast Texas Regional Advisory Council – TSA Q
Report Period	FROM: September 1, 2018 TO: August 31, 2019

1. On 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.)*

Example table:

Identified Need	Targeted Beneficiary (EMS/Hospital)	How Were These Needs Met?
Education/Training- the need was first identified in the prior year as we embraced the STB national initiative. Our stakeholders requested a task force. Demand for training grew. Last year, the task force divided our large region into territories where local hospitals and EMS agencies more easily managed demand rather than SETRAC being the sole coordinator.	EMS/Hospital/Community	The SETRAC Trauma Committee embraced the National Bleeding Control initiative and House Bill 496. The Workgroup has taken a regional approach to this high influx demand of STB training and 30+ hospitals have trainers along with multiple EMS agencies. Through this collaboration 29 of 38 Independent School Districts have had staff or students trained, along with the IAH airport staff and multiple other high profile service driven agencies.

Education/Training – Some agencies struggle to cover training costs. As a solution, area hospitals and EMS agencies have opened their classes for everyone to attend (regardless of employer).	EMS/Hospital	Area EMS agencies and hospitals have opened classes for everyone to attend at a "no cost" or low-cost basis (and SETRAC posts the schedule). Over a dozen classes have included ACLS, PHTLS, Airway Management, Critical Care Paramedic training, STEMI Accelerator II, and infection control, LVO assessment, etc. This show of mutual support underscores the teamwork that characterizes our RAC.
Education/Training – A subcommittee of the Trauma Committee was formed when members decided that our data base needs to be use to better focuses on a few high priority topics as was done by the Stroke Committee that focused on ischemic strokes only and the Cardiac focused on STEMI and lytics.	EMS/Hospital/Community	The subcommittee's in-depth review especially led to most frequent incidents with complications. The data was compared to national benchmarks. The trauma registrars have now been trained to identify and properly code those incidents. The groundwork was laid to focus on one or two specific incidents for hospital to hospital comparison next year and among the possibilities is tourniquet use in the region.
Prehospital Stroke Guideline Summit	EMS/Hospitals/Community	Time=Brain. Prehospital Stroke Guidelines for EMS agencies to get patients to the right destination when having a stroke to include Large Vessel Occlusions (LVO). Multi-committee collaboration and education developed.
Trauma and Injury Prevention Training		Weekend education from the ATS Injury Prevention course

		and a day-long Trauma Registrars training from our own multi-system experts.

3. Administrative/Operational & Clinical:

   a. How has the RAC identified all healthcare organizations in the region that might be involved in trauma, injury prevention, emergency healthcare, rehabilitation, and disaster management? What efforts did the RAC make to **maximize inclusion** of its constituents into the RAC to continue to develop an integrated trauma system?

All healthcare organizations have been identified by licensure and through stakeholder awareness and feedback regarding new providers and closures, and by periodic reference using the DSHS publication showing licensed facilities in Texas. The SETRAC board and committees are open meetings that enjoy extensive participation from all specialties including acute, long term acute, rehabilitation, psychiatric, freestanding urgent care centers, nursing home facilities, and surgery hospitals as well as fifty-nine “911” agencies and a growing number of transport agencies. Each are also welcomed to attend our Regional Hospital Preparedness Coalition and are part of our geographic HPP corridor meetings that include RAC H and RAC R members. In fact, we operate duplicative disaster preparedness/trauma preparedness meetings in five corridors bimonthly in order to foster attendance by minimizing travel time by stakeholders, and ensuring widespread dissemination of data, and bonding of providers within diverse corridors. Also, SETRAC trauma, stroke and cardiac committee meetings may be attended by conference call.

Widespread involvement of providers is facilitated by SETRAC maintaining data bases and promoting topics of interest including special initiatives including EMS stroke transport guideline creation and revisions to keep up with evolving treatments, the un-blinding of hospital cardiac and stroke data that is shared with regional EMS partners, injury prevention analysis and community education on key topics including Falls (the #1 cause of traumatic injury), stop the bleed, and bimonthly preparedness meetings the include a significant focus on current events and scheduling educational events/drills. The Perinatal Committee has 100% participation in NICU-based data and the Maternal Mortality and Quality Improvement Workgroup are collaborating on a process improvement plan to include depression and opioid screening. Various list servers have been created to foster communications to an among stakeholders and to promote educational events held by SETRAC and/or by a stakeholder for all stakeholders. Also, the trauma committee led a plan that distributed tourniquets to all EMS agencies and has been expanded to create a robust Stop the Bleed initiative using hospital and EMS providers in the vicinity of the requesting organizations (school districts, churches, etc.). Additionally, the trauma committee has been successful in the creation of a SETRAC registry which is now valuable to the committee and stakeholders in a variety of ways

including analysis of mechanism of injury/opportunities for education, and also to help ensure appropriate use of designated trauma centers in order to minimize chance of capacity issues that are caused by low acuity volume that could be treated elsewhere and for providers to assess volume and mechanism of injury in their zip codes. Stakeholders meet at least quarterly using a committee structure that includes a Pre-hospital committee, Cardiac Committee, Injury Prevention Committee, Pediatric Committee, Perinatal Committee, Trauma Committee, Stroke Committee, and Ad Hoc committees created by the board chair. Likewise, the Board has encouraged EMS representation at all committee meetings yet another opportunity for them to demonstrate their participation with the RAC and encouraging EMS input with all initiatives.

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

A special meeting of the RAC was not necessary.

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

No requests for realignment were received. Although, some hospital providers in the Pearland area have expressed interest in being part of TSA – Q with their parent hospitals.

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.

Participation guidelines, including participation in meetings and submission of data, are widely distributed and attendance records are maintained as a means to assess participation, and a report displaying trauma data by facility is maintained. We will also help providers assess zip-code based trauma data so that business decisions can include an analysis of needs/demands. Trauma center utilization and availability is discussed in committee meetings. In regard to helping facilities to meet designation requirements, SETRAC works in a consultative manner. A SETRAC representative will help facilities problem solve, and a SETRAC representative will attend trauma survey/re-designation surveys when requested. The Trauma Committee is currently standardizing Trauma Activation Criteria across the region. For facilities seeking initial designation, SETRAC will provide regional resources, including pairing the facility with a seasoned trauma manger and trauma registrar/data abstractor expert to aid development of the trauma program. Likewise, for facilities with adverse findings, SETRAC will help the facility problem solve and or make contact with a peer who SETRAC describes as a solid resource. SETRAC had three Level III trauma facilities successfully complete Level II ACS survey and have been awarded DSHS designation as a Level II trauma facility. Another Level III facility has notified SETRAC that it intends to seek designation as a Level II trauma facility, and four non-designated facilities submitted applications to

DSHS as "In Active Pursuit" of trauma designation. All facilities outlined the additional resources being committed to meet the requirements of the certification/designation they are seeking to the Trauma Committee. Beginning with Q1 2018 trauma data, each facility that submitted intent to seek designation, either initial or higher designation, will be moved into the level of designation they are seeking in the SETRAC Regional Registry. This is done so that outcomes/mortality data may be analyzed by the Trauma Data Subcommittee. Likewise, SETRAC interfaces with hospitals and EMS agencies in two other TSAs as the lead EMTF-6 and the lead HPP program contractor covering TSA Q as well as TSA H and R.

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

The SETRAC Board formerly created an Injury Prevention Committee and receives reports at each board meeting. Falls are the #1 mechanism of injury in adults and pediatrics according to the regional trauma data. Building on the progressive work of the committee and the contributions especially made possible by special programs at Level I trauma hospitals, this year the Adult and Pediatric Committees have taken a deeper dive into the data. Process improvement implementation includes data-driven, targeted populations for community education.

Motor vehicle crashes are the #2 mechanism of injury according to the regional trauma data. Heat maps were created and analyzed for areas of opportunity to implement prevention interventions.

Drowning is the leading cause of injury-related death in children aged 1-4 nationally and third cause of injury-related death in children aged 5-14 nationally. In the state of Texas, drowning is the second leading cause of death in children overall. Due to these statistics SETRAC has developed a Water-safety workgroup that has provided education about reporting, prevention, and educational resources. The workgroup leader has been interviewed on the local news and has a strong community presence.

Houston has seen a rise in homicides is close to 25% from 2017 to 2018. The Injury Prevention Committee has responded to the Mayor's task force and is analyzing data on firearm deaths and injuries as well as models of hospital-based interventions that could be adopted.

The Injury Prevention committee has partnered with the Trauma committee and has developed a robust Stop the Bleed program. Likewise, traditional injury prevention activities, including infant care seat installation training with families, is provided by SETRAC stakeholders in communities' region wide.

A Share Point site is used to improve communication and delivery of injury prevention related information, program components, and trauma data directly between regional trauma program managers and coordinators. This site is open to all regional trauma program managers and coordinators and injury prevention stakeholders and contains a discussion board, document library, announcements, and a calendar showing committee meetings and events.

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 EMS Committee joined with the SETRAC Cardiac Care Committee (CCC) to decrease door to balloon times by encouraging hospitals to honor EMS requests to activate catheterization labs in advance of arrival. The CCC, EMS, and hospital CEO’s have been receiving quarterly feedback in a blinded fashion for 4 years that compares performance by hospital. Feedback to the EMS is now being tracked as well as lytic administration prior to transfer when appropriate. As a result to bringing the care of the patient full circle, EMS agencies transport patients to hospitals that demonstrate readiness and/or work with hospital leaders to determine what steps are being implemented to improve quarterly results.

Also, the EMS Committee joined with the Stroke Committee to focus on door to needle times in the treatment of stroke patients. Feedback is reported quarterly to EMS and hospital CEO’s and the emerging trend over a 4-quarter period is that tPA administration within 60 minutes of Emergency Department arrival has significantly improved. The region is now tracking Door-to-needle times of 45 and 30 minutes. Stroke data to include LVO and revascularization is now being collected. The Prehospital Guideline was revised this past year by uniting EMS agencies and hospitals to ensure a collaborative performance improvement plan to provide timely care.

Likewise, the Preparedness Committee and Trauma Committee, and EMS Committee continue to assess mass casualty driven current events including natural disasters and acts of terrorism worldwide. The committees work closely together, and EMS representatives attend meetings in a cross-sectional manner. Likewise, they have reached out and collaborate with Public Health leaders, jurisdictional leaders, ship channel and coast guard leaders, the Harris County Medical Society, etc. to continuously assess our readiness and to create educational events to test current plans. They are also active with the UASI initiative over five counties and led by the City of Houston. In regard to natural disasters, the united effort and collegial relationships have enabled our healthcare community to endure some significant events as happened during Harvey with multiple disasters within the epic disaster.

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.

Each of our clinical committees encompass a triad leadership made up of a physician, a hospital and an EMS representative (as co-chairs with one being selected as chair). Additionally, physicians attend as members of our emergency system of care committees, and physicians occupy two of six seats on our board executive committee, and seven of nineteen seats on our board of directors. Physicians from a broad geographic area desire to be leaders within SETRAC and compete for chairmanships. In short, our focus on SQI/PI with MD input has expanded beyond a single committee to be a key focus across all committees. In regard to addressing adverse patient outcomes, our board strives for resolution to be achieved by the parties in dispute and, if needed, will make our conference room available as a neutral meeting location for resolution. The protection of PHI and compliance with HIPPA regulations is highly important to SETRAC. SETRAC may intensify monitoring of data and increase steps to identify trends following notification of a dispute (and after reported resolution). Regarding performance issues on a hospital basis, quarterly the CEO reports provide updates to hospital administrators and spotlight stroke and cardiac opportunities. Our own trauma, stroke, cardiac and perinatal registry is of assistance in identifying trends. Likewise, each committee is currently identifying key data elements for a routine CEO report so that variances are more easily noticed. If requested, SETRAC, including SETRAC physician leaders, will meet with hospital leaders to spotlight needs and provide recommendations. This past year a Stroke Joint Conference Committee formed to revise the Pre-hospital Stroke guidelines and devise a plan for education of EMS agencies related to Large Vessel Occlusion (LVO) assessment.

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.).

We actively work to encourage EMS and first responder organization involvement in the RAC. All are encouraged to attend our Pre-hospital committee meetings held six times per year (at a minimum, they must attend 50% to be in good standing as a participant). The meeting dates and times are posted on the SETRAC website (www.setrac.org) and reminders are sent through our list servers. To accommodate attendance, the meetings are held at the centrally located SETRAC Office. Also, SETRAC helps to announce and promote training that is opened by fellow agencies for others to attend. Also, to further assist with EMS agency involvement, EMS agencies are encouraged to attend other committees. Our Pediatric Committee offers Medic and Nurse CEU’s to encourage participation and professional growth. Also, when conference calling is possible, meetings may be attended by telephone. Likewise, video conferencing is used when a

topic requires wide focus. Extra steps have been taken to build even greater participation by ambulance providers who are required by state law to participate.

Also, training is provided by SETRAC and other stakeholders to EMS and first responder organizations. The training has included Emergency Neurological Life Support, 12 lead EKG education, Respiratory/Cardiac Symposium, and WebEOC training, and others.

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

No significant problems or areas of concern identified. However, we lost our only two clinical nurses when DSHS announced that funding would in the second year of this cycle. The decision was reversed but the trained staff had departed.

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 Pubic Accounts?

   Information is correct.

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

   No issues have occurred that required technical assistance.

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

   Report is posted on SETRAC website at www.SETRAC.org

10-15-2019

RAC Chair | Date Submitted

Regional Advisory Council
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Annual Report

Complete and include with the Annual Report the following:
Attachment A – Officers/Board Members
Attachment B – Annual Bylaws Affidavit
Attachment C – Annual Regional Trauma System Plan Affidavit

Annual Participation Report

Attachment D – Designated Hospitals
Attachment E – Hospitals Seeking Designation
Attachment F – EMS Providers
Attachment G - First Responder Organizations

Attachment A
Officers/Board Members

Board of Directors

EMS Representative

Austin County
Walter Morrow, RN
EMS Chief
Austin Co. EMS
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Fort Bend County
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Montgomery County Hospital District
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Waller County
Bo Hashaw
EMS Director

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Wharton County
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Director
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Hospital Representative

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Chief Executive Officer
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Harris Health System
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Memorial Hermann
Tom Flanagan - Vice Chair Hospital Services
Chief Operating Officer
Memorial Hermann TMC
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Chief Executive Officer
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CHI-St. Luke's Health System
Nancy R. Hellyer
Chief Administrative Officer
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Texas Children's Hospital
Brent Kaziny, MD MA – Member-At-Large
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Email: bxkaziny@texaschildrens.org

At Large Representative

At Large #1
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At Large #2
Vacant

Service Line Representative

Regional Healthcare Preparedness Coalition
Toni Carnie
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ATTACHMENT B
ANNUAL BYLAWS AFFIDAVIT

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

RAC NAME: SETRAC has completed an annual review and/or revision of the RAC's Bylaws with a documented date of and ratified by member organizations on October 15, 2018.

Is a current copy of the RAC's bylaws available for review on the RAC's web site?
[X] YES [ ] NO

If NO, is a copy is attached to this report?
[ ] YES [X] NO

A page summarizing revisions/additions made to the bylaws this contract reporting year is attached to this report.
[X] YES [ ] NO

10-15-2019

RAC Chair | Date Submitted

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ATTACHMENT C
ANNUAL REGIONAL TRAUMA SYSTEM PLAN AFFIDAVIT

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

RAC NAME: SETRAC 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 May 3, 2018 .

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

COMPONENT	DATE
Access to the System	5/30/19
Communication	5/30/19
Medical Oversight	5/30/19
Pre-hospital Triage Criteria	5/30/19
Diversion Policies	5/30/19
Bypass Protocols	5/30/19
Regional Medical Control	5/30/19
Facility Triage Criteria	5/30/19
Inter-hospital Transfers	5/30/19
Designation of Trauma Facilities, Planning for	5/30/19
Performance Improvement	5/30/19
Regional Trauma Treatment Protocols	5/30/19
Regional Helicopter Activation Protocols	5/30/19
Injury Prevention	5/30/19

Is a current copy of the RAC's regional trauma system plan available for review on the RAC's web site?
[X] YES [ ] NO

If NO, has one has been attached with this report?
[ ] YES [X] NO

A page summarizing revisions/additions made to the regional trauma system plan this contract reporting year is attached to this report.
[ ] YES [X] NO

10-15-2019

RAC Chair | Date Submitted

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ATTACHMENT D
ANNUAL PARTICIPATION REPORT

DESIGNATED HOSPITALS

Ben Taub General Hospital	Tomball Regional Medical Center
Memorial Hermann TMC	CHI Baylor St. Lukes Medical Center
Texas Children's Hospital	CHI St Lukes The Woodlands Hospital
Memorial Hermann Children's Hospital	Kingwood Medical Center
Clear Lake Regional Medical Center	West Houston Medical Center
Conroe Regional Medical Center	Houston Methodist Hospital
Memorial Hermann The Woodlands	Houston Methodist San Jacinto Hospital
Bay Shore Medical Center	Houston Methodist Sugarland Hospital
Cypress Fairbanks Medical Center	Houston Methodist West Hospital
Lyndon B. Johnson General Hospital	Houston Methodist Willowbrook Hosp.
Houston Northwest Medical Center	Memorial Hermann Memorial City
Memorial Hermann Greater Heights	Memorial Hermann Northeast
Memorial Hermann Southeast	DeBakey VA Medical Center
Memorial Hermann Southwest	North Cypress Medical Center
Oak Bend Medical Center (Jackson Street)	CHI St. Lukes Lakeside
St. Joseph Medical Center	CHI St. Lukes Patients Medical Center
Bellville Community Hospital	CHI St. Lukes Sugarland
Columbus Community Hospital	CHI St. Lukes The Vintage
El Campo Memorial Hospital	Houston Methodist St. John Hospital
Huntsville Memorial Hospital	Houston Methodist The Woodlands
Matagorda Regional Medical Center	The Woman's Hospital of Texas
Memorial Hermann Katy	
Memorial Hermann Sugarland	
OakBend Medical Center – Williams Way	
Rice Medical Center	
St. Joseph Medical Center – The Heights	
United Memorial Medical Center	

10-15-2019

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ATTACHMENT E
ANNUAL PARTICIPATION REPORT

HOSPITALS SEEKING DESIGNATION

OakBend Medical Center - Wharton

10-15-2019

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Date Submitted

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ATTACHMENT F
ANNUAL PARTICIPATION REPORT

EMS PROVIDERS

Acadian Ambulance	Houston Fire Department
American Medical Response – Houston	Humble Fire Department EMS
Atascocita Volunteer Fire Department	Huntsville-Walker County EMS
Austin County EMS	Jacinto City Fire Department
Baytown Fire Department	Jersey Village Fire Department
Bellaire Fire Department	Katy Fire Department
Channelview Fire Department	Kemah Fire Department
City of La Porte EMS	League City Volunteer EMS
City of Nassau Bay EMS	Matagorda County EMS
City of South Houston EMS	Memorial Hermann Life Flight
Clear Lake Emergency Medical Corps	Montgomery County HD EMS
Colorado County EMS	North Channel EMS
Community Volunteer Fire Department	Northwest Community Health
Cy-Fair Volunteer Fire Department	Pearland Fire Department EMS
Cypress Creek EMS	PHI Air Medical
Deer Park Volunteer Fire Department	Rosehill Fire Department EMS
East Bernard EMS	Shell Oil Company LLC
El Campo EMS	South Lake Houston EMS
Fort Bend County EMS	SouthEast Volunteer Fire Dept.
Friendswood Fire Department EMS	Village Fire Department
Galena Park Fire Department	Waller County EMS
Garwood Volunteer Fire Department	West University Place FD
Harris County Emergency Corps	Westlake Volunteer FD
Harris County ESD #4	Wharton EMS
Harris County ESD #5	Village Fire Department
Harris County ESD #48	City of Sugar Land
Highlands Volunteer Fire Department	

10-15-2019

RAC Chair | Date Submitted

ATTACHMENT G
ANNUAL PARTICIPATION REPORT

RECOGNIZED FIRST RESPONDER ORGANIZATIONS

Federal Bureau of Investigation
Houston Police Department
Harris County Sheriff's Office
EMS partners listed above

10-15-2019

RAC Chair   Date Submitted

ATTACHMENT H
ANNUAL PARTICIPATION REPORT

Stakeholders that would include at a minimum participation on regional/local committees for the development/maturation of the regional systems.

Federal Bureau of Investigation
Houston Police Department
Harris County Sheriff's Office
Non-911 EMS agencies (4)
Public Health Agencies (5)
Dialysis Centers (16)
Home Health Agencies (5)
Jurisdictional Partners (17)
Local chapters of health care professional organizations (2)
Local public health agencies (5)
Non-governmental agencies (2)
Skilled nursing, nursing, and long-term care facilities (121)
Free Standing EDs, Other specialties (99)

10-15-2019

RAC Chair | Date Submitted

Original language in the Bylaws 9th Revision – Changes, additions, and deletions

ADD: Other Committees:

5.1.4 **Regional Healthcare Preparedness Coalition**. The RHPC is open to all healthcare, emergency medical services providers, public health professionals, jurisdictional entities, business, and volunteer organizations within the pre-designated preparedness region. The RHPC will establish a leadership structure which shall consist of select members of the region to include: 5 Healthcare Representatives (1 each from the 5 RHPC planning corridors), 1 SETRAC EMS Disaster Committee member, 1 City OEM Representative, 1 County OEM representative, 1 City Public Health Representative, 1 County Public Health Representative, 3 At-large positions chosen by the SETRAC Board Chair, and the SETRAC Director of Preparedness. From these members, the RHPC Chair will be elected and will serve a three-year term as a member of the SETRAC Board of Directors. The RHPC shall report to the Executive Committee and to the Board. The RHPC shall adopt a separate charter to guide its mission. The purposes, functions, and duties of the RHPC shall be as follows:

(a) To identify planning gaps and opportunities for region-wide disaster preparedness, response, and recovery.

(b) To facilitate integrated planning efforts through corridor meetings and with other committees, agencies, and community/regional resources as appropriate.

(c) To recommend and advise the Budget Committee, Executive Committee, and/or the Board regarding the potential uses of grant funds and other donations.

(d) To work with the Organization's staff, including the Director of Preparedness and the Chief Executive Officer, to facilitate achievement of the RHPC's mission and grant resource expectations.

5.2 **Service Line Committees** – remove Preparedness