TRAC V

TRAUMA REGIONAL ADVISORY COUNCIL-V

CAMERON HIDALGO STARR WILLACY

REGIONAL TRAUMA AND EMERGENCY HEALTHCARE SYSTEM PLAN

Rio Grande Valley Trauma Service Area "V"

2024

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INTRODUCTION

A Regional Advisory Council (RAC) is an organized group of local citizens representing all health care entities within a specified Trauma Service Area (TSA). These health care entities include all trauma, cardiac, stroke, perinatal, maternal childcare facilities, physicians, nurses and EMS Providers. A RAC is a formal organization chartered by the Bureau of Emergency Management under legislative mandate to develop and implement a regional emergency medical service/trauma system plan and to oversee trauma system networking to include cardiac, stroke, perinatal and maternal childcare with others in the Trauma Service Area. All counties in the State of Texas have been grouped into 22 TSA's lettered A through V. The Areas are all multi-county and contain a minimum of three counties.

The “Lower Rio Grande Valley Regional Advisory Council on Trauma Service Area V Inc.” was recognized by Department of State Health Services (DSHS) in 1995. The primary purpose of the RAC is to address trauma system development and trauma, cardiac, stroke, perinatal and maternal childcare in the Rio Grande Valley. The Trauma Regional Advisory Council will allow all healthcare and members to have equal opportunities on participation. Trauma Service Area V is the geographic area which lies at the southern-most tip of Texas. It consists of four counties, Cameron, Hidalgo and Starr which border Mexico and Willacy County which lies to the north of Cameron County. There are 13 Hospitals within the region, 12 of which are now trauma designated facilities. Cameron County contains Valley Baptist Medical Center at Brownsville, Valley Regional Medical Center in Brownsville, Harlingen Medical Center, and Valley Baptist Medical Center in Harlingen. Hidalgo County contains Knapp Medical Center in Weslaco, STHS McAllen, Rio Grande Regional Hospital in McAllen, STHS Heart in McAllen, STHS Edinburg, Doctor’s Hospital at Renaissance in Edinburg and Mission Regional Medical Center. Willacy County contains no hospitals, and Starr County Memorial Hospital in Rio Grande City serves as the lone facility in Starr County.

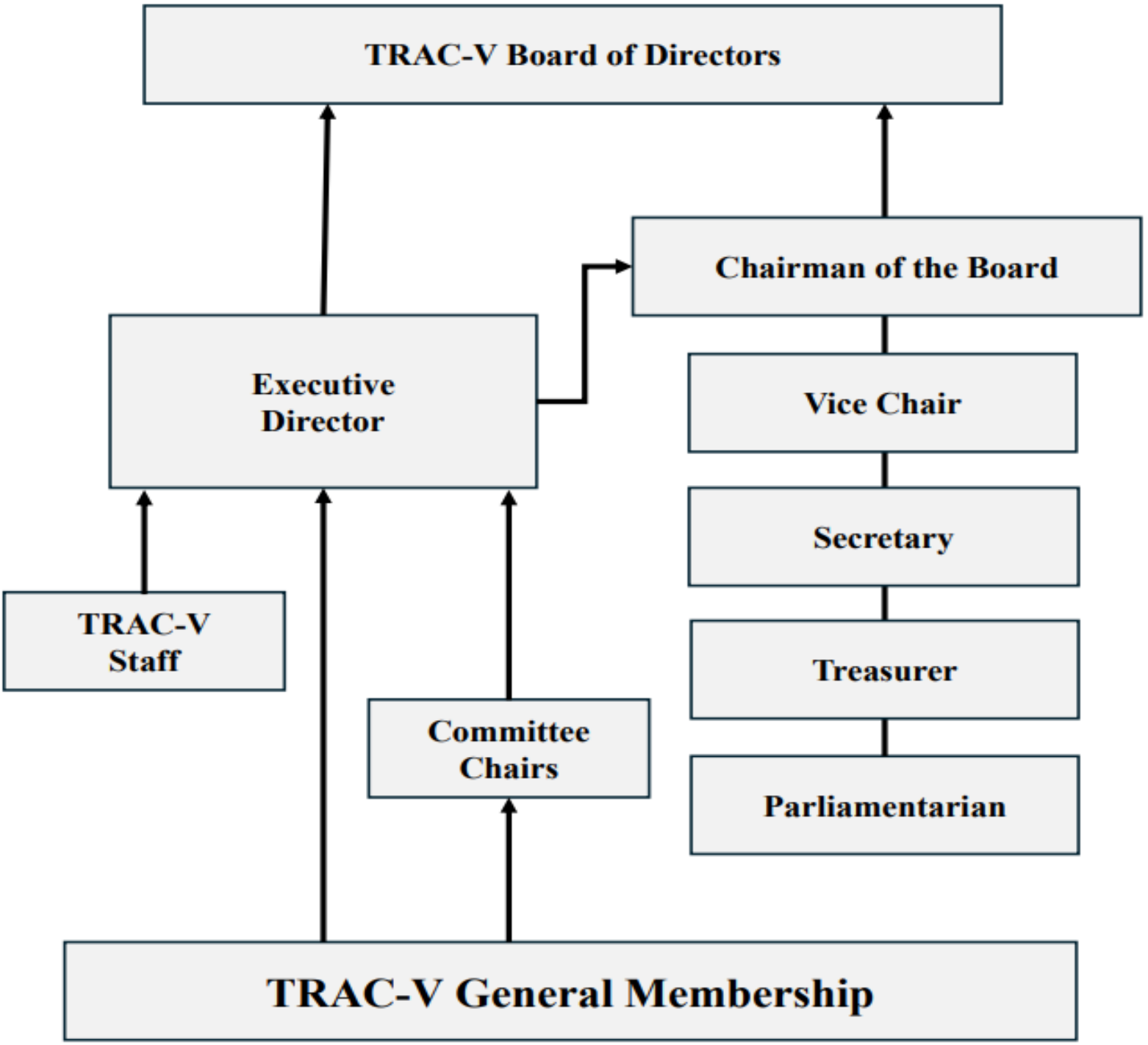
FACILITIES QUICK REFERENCE

County	Facility	Address	Trauma Designation	Stroke Designation	Stroke Capable	PCI Capable	SANE Facility	Bariatric CT Lbs/in	Post ROSC Hypothermia
Hidalgo	**Doctor's Hospital at Renaissance** (956) 362-5100	5501 S. McColl Rd, Edinburg, TX 78539	**I**	**I**	**Yes**	**Yes**	**Yes**	600/70	**Yes**
Hidalgo	**STHS Edinburg** (956) 388-6000	1102 W. Trenton Rd Edinburg, TX 78539	**IV**	**II**	**Yes**	No	**Yes**	450/60	**Yes**
Cameron	**Harlingen Medical Center** (956) 365-1100	5501 Us-77 Harlingen, TX 78550	**IV**	**I**	**Yes**	**Yes**	No	650/70	**Yes**
Hidalgo	**Knapp Medical Center** (956) 968-8567	1401 E. 8th St Weslaco, TX 78596	**III**	**II**	**Yes**	No	No	400/70	**Yes**
Hidalgo	**STHS Heart** (956) 994-2600	1900 S. D Street, McAllen, TX 78503	**IV**	II	**Yes**	**Yes**	No	450/70	**Yes**
Hidalgo	**STHS McAllen** (956) 632-4000	301 W Expy 83 McAllen, TX 78503	**I**	**I**	**Yes**	No	**Yes**	650/113	**Yes**
Hidalgo	**Mission Regional Medical Center** (956) 232-9000	900 S Bryan Rd Mission, TX 78572	**IV**	No	**Yes**	**Yes**	No	660/70	**Yes**
Hidalgo	**Rio Grande Regional Medical Center** (956) 632-6447	101 E Ridge Rd McAllen, TX 78503	**III**	**II**	**Yes**	**Yes**	No	475/49	**Yes**
Starr	**Starr County Memorial Hospital** (956) 487-5561	128 FM 3167 Rio Grande City, TX 78582	**IV**	No	No	Only tPA	No	600/72	No
Cameron	**Valley Baptist Medical Center** (956) 698-5400	1040 W Jefferson St Brownsville, TX 78520	**III**	**II**	**Yes**	**Yes**	No	450/70	**Yes**
Cameron	**Valley Baptist Medical Center** (956) 389-1100	2101 Pease St Harlingen, TX 78550	**II**	**I**	**Yes**	**Yes**	**Yes**	450/70	**Yes**
Cameron	**Valley Regional Medical Center** (956) 350-7150	100 E Alton Gloor Blvd Brownsville, TX 78526	**III**	**II**	**Yes**	**Yes**	**Yes**	500/70	**Yes**
Hidalgo	**Driscoll Children's Hospital RGV** (956) 558-6440	2820 W. Michaelangelo Dr Edinburg, TX 78539	**N/A**	**N/A**	**Yes**	**No**	**Yes**	500/70	**Yes**

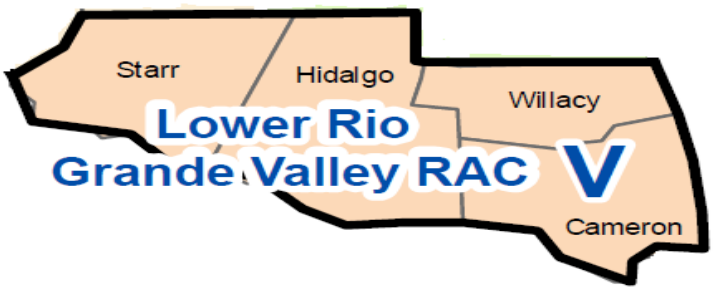
1. Trauma alert patients are transported to the nearest appropriate facility. Sexual assault patients are transported to the nearest SANE facility.
2. Free standing Emergency Centers (FEC's) accept Priority 3 patients. (See TRAC V typing matrix)
3. Stroke capable facilities are able to administer tPA to ischemic stroke patients.

TRAC V
TRAUMA REGIONAL ADVISORY COUNCIL-V
CAMERON HIDALGO STARR WILLACY

ORGANIZATIONAL CHART



TRAC-V SERVICE AREA



Cameron County

Cameron County has a population of **426,235** residents. Valley Baptist Medical Center - Brownsville and Valley Regional Medical Center service the areas from Rancho Viejo and Los Fresnos East to South Padre Island and often receive patients from Mexico. Harlingen Medical Center and Valley Baptist Medical Center – Harlingen, generally handle patients from Willacy County and the Harlingen Area as far west as Mercedes. Valley Baptist Medical Center-Harlingen serves as the lead facility for Cameron County and often accommodates traumatic patients from across the Rio Grande Valley.

Hidalgo County

Hidalgo County has a population of **888,367** residents. Knapp Medical Center provides services for the residents of Weslaco and its surrounding area including Mercedes to the East and West to Alamo. STHS Edinburg provides medical care to residents of Southern Brooks County and North of Pharr. Mission Regional Medical Center provides care for residents of Mission and its surrounding areas as far west to Starr County line and east to Ware Rd. in McAllen. STSH McAllen and Rio Grande Regional Hospital provide services to the residents of McAllen and its surrounding communities including Pharr and San Juan. Doctors Hospital at Renaissance operates with the city of Edinburg providing services for Edinburg, McAllen, Pharr and San Juan. Doctors Hospital at Renaissance, South Texas Health Systems McAllen serve as the lead trauma facility in Hidalgo County and the region by serving as the region's only Level I Trauma designated facilities.

Starr County

Starr County has a population of **65,785** residents. Starr County Memorial Hospital is a rural facility. After initial stabilization, patients are transferred to the nearest appropriate facility.

Willacy County

Willacy County has a population of **21,810** residents. Willacy County has no hospitals. The patients from this region are generally transported to Valley Baptist Medical Center-Harlingen or Harlingen Medical Center.

TRAC-V

BOARD OF DIRECTORS

Chair

Carlos H. Palacios-Lascano, MD
Hidalgo County Physician Representative
301 W. 83rd McAllen, TX 78503

Vice-Chair

Wesley Milum
Valley Baptist Medical Center Harlingen
2101 Pease St Harlingen, Tx 78550

Treasurer

Rene Perez
Cameron County EMS 911 Representative
South Texas Emergency Care Foundation
1705 Vermont Harlingen, TX 78552

Secretary

Cat Domian, RN, MSN, CNO
South Texas Health System Edinburg/Childrens
1102 West Trenton, Edinburg, TX 78539

Parliamentarian

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Valley Baptist Medical Center Brownsville
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Brownsville, TX 78520

Cesar Guerra
Knapp Medical Center
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Oziel Garcia
Valley Regional Medical Center
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Lutano Villarreal
Starr County Memorial Hospital
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Jose DeLuna
South Texas Health System McAllen
301 W. 83rd McAllen, TX 78503

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Cameron County EMS Non-911 Representative
Brownsville Fire Department / EMS
1150 East Adams Brownsville, TX 78520

Frank Torres
Willacy County EMS 911 Representative
Willacy County EMS
683 S. 7th Raymondville Texas 78580

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Cameron County Physician Representative
100 Alton Gloor Blvd. Brownsville, Tx 78520

Rolando Guerrero, MD
Starr County Physician Representative
128 N. FM Rd. 3167 Rio Grande City, Tx. 78582

Rolando Ramirez
Starr County EMS 911 Representative
Starr County Memorial Hospital EMS
128 N. FM Rd. 3167 Rio Grande City, Tx. 78582

Danny Ramirez
Hidalgo County Non-911 EMS Representative
City of Pharr EMS
3000 N. Cage Blvd Pharr, TX 78577

John Hovorka, MD
Willacy County Physician Representative
301 W. 83rd McAllen, TX 78503

Ray Marroquin
Hidalgo County 911 EMS Representative
City of Weslaco Fire Department / EMS
120 E 5th St Weslaco, TX 78596

TRAC-V SYSTEM PLANNING AND PARTICIPATION COMMITTEES

Allied Health Committee

Mission:

To improve all emergency healthcare throughout TRAC-V through education by facilitating the development and implementation of education programs including but not limited to the Annual South Padre Island Symposium.

Goal:

- To increase participation and attendance at the South Padre Island Trauma Symposium by
- Recruitment of state and nationally known trauma physicians who are knowledgeable of various trauma related topics.
- Increase the number of attendees at all professional levels by recruiting state and nationally known speakers.
- Increase the number of attendees at all professional levels by advertising in local, regional, and Mexican newspapers (Bi-lingual capabilities available)
- Increase the number of vendors exhibiting their products by beginning early vendor recruitment.
- Expand to a 3-day event to provide hands-on training to fire, EMS and law enforcement.
- Holding future symposiums in conjunction with Texas Ambulance Association annual meeting
- Expand educational opportunities within the region.
- Increase exposure of TRAC-V to the local and regional medical community
- Disseminate information and education to address standards of care through evidence-based practices to decrease morbidity and mortality within the region.

By-Laws Committee

Mission:

Conduct at least one annual review of the Trauma Regional Advisory Council's bylaws and make recommendations for changes and updates.

Cardiac Committee

Mission:

Through a regional collaborative approach, improve cardiovascular health among the Rio Grande Valley residents by evaluating cardiac care, ensuring national guideline-based care in our hospitals and EMS, and advocating for individual and community-based commitment to cardiac health.

Goal:

- To develop a regional cardiac plan to ensure consistent, highest quality of care in the Rio Grande Valley.
- Identify and address educational opportunities for the community for improved cardiac health.
- Identify and address operational and educational opportunities within pre-hospital and hospital systems.

Finance Committee

Mission:

To conduct a yearly review of the Trauma Regional Advisory Councils Financial Statements and make recommendations for investments and/or money management of the TRAC accounts.

Goal:

- The responsibilities for the Financial Committee include but are not limited to:
- Review the accounts and transactions of the TRAC's accounts on an annual basis.
- Work in conjunction with the TRAC's accountants to maintain the account in good.
- Standing Develop recommendations for the TRAC board to invest the surplus funds.

Injury Prevention Public/Education/Special Populations Committee

Mission:

To reduce preventable injuries through the implementation of innovative injury prevention initiatives, increase public awareness and education through the collaboration of community and regional organizations.

Goal:

- The responsibilities for the Injury Prevention Public Education Committee include but are not limited to:
- To monitor injury trends within the region.
- Observe legislative issues regarding public injury prevention and support or oppose those that fit into the strategic plan.
- Plan, develop and participate in Injury Prevention Activities within the TRAC-V (Health fairs, bike fairs, etc.).
- Develop media programs (i.e. billboards, commercials, social media) which will bring awareness to the public and promote injury prevention.
- Partner with local government and organizations to identify and improve injury prevention initiatives within the local communities.

Medical Oversight – Medical Direction Committee

Mission:

The Medical Oversight Committee governs Trauma Service Area V Medical Oversight and Direction. This committee is comprised of Physicians from across the region, working in various capacities including Pre-Hospital Medical Directors, Emergency Room Medical Directors, and Trauma Surgeons. Their mission is to foster an arena of understanding whereby the membership can identify, address and resolve-identified concerns within the region. As these concerns arise the membership addresses the Board of Directors or participates within the committees to develop protocols or policies to improve the quality of trauma care provided in the Rio Grande Valley. The Co-Chairs of this committee consult with Quality Assurance Committee. They also work in conjunction with the Pre-Hospital, Disaster, and Communications Committee in developing the Regional Disaster Plan. This committee will continue to review and evaluate the RAC EMS Protocols, diversion, bypass, and triage guidelines along with the Pre-Hospital, Disaster, and Communication committee. The major benefit of this committee is the improved communication between trauma care physicians from across the Valley. To develop a network of physicians who are committed to the improvement of trauma care and stroke care in the region addressing issues related to Pre-Hospital and Hospital trauma care.

Goals

- The responsibilities for the Medical Oversight Committee include but are not limited to:

- Mentorship and networking between the various medical facilities in the Valley
- To provide support and encouragement to physicians involved in the care of the injured patient. To develop standardized trauma protocols for across the Valley.

- To investigate and possibly implement a regional medical control station for all Valley Pre- Hospital Providers.
- To investigate Pre-Hospital providers compliance to the TRAC protocols and as medical directors strongly encourage their compliance.
- To identify physician educational needs in the region and develop programs for the physicians involved in trauma care in the region.
- To participate in the performance improvement and quality assurance activities of the region and work with PI/AQ committee to develop solutions to identified issues.
- To identify the training needs of the Pre-Hospital Providers and Nurses caring for trauma patients and assist in the development of education offerings.
- Assist in the revision of any of the TRAC plan components.

Perinatal Committee

Mission:

Our mission of the perinatal TRAC-V is to work collaboratively with hospitals and stakeholders to improve perinatal care in our region by utilizing evidence-based practice standards of care and striving to improve perinatal care awareness and outcomes through education within our community, through implementation of maternal designation.

Pre-Hospital, Disaster and Communications Committee

Mission:

To assist in the development of the Trauma Regional Advisory Plans concerning Bypass, Diversion, and disaster preparedness in conjunction with the Medical Oversight committee and the Board of Directors and to identify concerns in the current communication network within the Rio Grande Valley. To develop a plan to improve the method and ability of the TRAC members to communicate effectively within the region.

Goals:

- The responsibilities for the Pre-Hospital, Disaster and Communications Committee includes but are not limited to:

- Develop a regional plan for pre-hospital Triage of trauma patients.
- Develop a regional plan for diversion and bypass of trauma patients.
- To work in conjunction with the medical oversight committee to formalize and approve the regional plans.

- To conduct a yearly disaster preparedness project in conjunction with other outside agencies to critique the regions preparation for a disaster.
- To work in conjunction with other local agencies including the various counties LEPC's.
- To maintain, review and revise the regional Bypass, Diversion and disaster plans in conjunction with the medical oversight committee.
- Develop and maintain a current listing of all hospitals and agencies' contact numbers including dispatch centers.
- To develop and maintain a current listing of dispatching capabilities around the region.
- To investigate and develop solutions to identified communication concerns across the region.

Quality Assurance/Performance Improvement Committee

Mission:

A multi-disciplinary group responsible for monitoring the performance of the regional trauma system as it relates to the quality of patient care through data analysis and formulate plans to provide the citizens of the Rio Grande Valley with the highest quality trauma care possible and to resolve complex issues among any entities/individuals/RAC members that have differences of opinions, so issues are resolved at a local level verses being resolved initially at the State level.

Goals:

- The responsibilities for the Quality Assurance/Alternative Dispute Resolution Performance Improvement Committee include but are not limited to:
- Identifying potential quality assurance issues and develop performance improvement plans and goals.
- Develop a reporting mechanism for pre-hospital and hospital providers to non-judgmentally review cases and improve the delivery of trauma care.
- Develop a mechanism for investigating reports in a non-judgmental, non-threating manner.
- Develop a quality assurance performance improvement system based on system specific data developed by the regional registry.
- To work with the various subcommittees and the Board to develop recommendations and solutions to identified concerns.

South Texas Trauma Coordinators Committee

Mission:

To develop a network of hospital-based health care providers who are committed to the improvement of trauma care in the region. The more experienced Trauma Coordinators have offered to mentor by spending time on an individual basis with the newer Coordinators by inviting them into our facilities and personally showing them how tracking of patients, PI and loop closure is done. We continually strive to assist them through mentorship.

Goals:

- The responsibilities for the South Texas Trauma Coordinators Committee include but are not limited to:
- Mentorship and networking between the various medical facilities in the valley.
- To provide support and encouragement to the facilities emergency care providers who are not seeking trauma designation. Including educational opportunities, training and current DSHS information.
- Planning and providing educational offerings for health care providers in the valley including the annual Trauma Comprehensive Healthcare Symposium.
- Establishing the regional trauma registry and submitting data to it.
- Improvement of and establishment of Trauma Care protocols in the various facilities.
- Providing a mechanism of support to one another to further develop the regional trauma system.
- To work in conjunction with the Prehospital, Disaster and Communication committee to promote effective communication and relations between hospital and pre-hospital providers.
- To work in conjunction with the Local Organ Sharing Alliance to promote education about organ donation.
- Annually recommend TETAF representative to the board prior to annual meeting and reports quarterly to the committee.

Stroke Committee

Mission:

To ensure the most efficient, consistent, and appropriate care of each stroke patient in the Rio Grande Valley.

Goals:

- Identify and integrate our resources for delivery of stroke care.
- Establish system coordination relating to access, guidelines and referrals that will ensure uniformity of care for stroke patients.
- Create system efficiency for patients and programs through quality improvement that will identify patient needs, outcome data and assist with the development of standardized stroke care.
- Develop a Regional Stroke Plan utilizing stroke guidelines and procedures to aid in decision-making patient care scenarios.
- Establish stroke designation of each facility that will be participating in the regional stroke system.
- Develop pre-hospital transport guidelines for stroke identification and rapid assessment up to and including air transportation.
- Develop a system of triage where EMS can determine the appropriate transport destination for evaluation and treatment.
- All participating facilities who maintain a role in the Regional Stroke System shall participate in stroke awareness campaigns and other public education activities.
- Implement inter-hospital transfer plan to ensure patients requiring additional or specialized care and treatment are quickly identified and transferred to the appropriate facility.

TRAC-V EMERGENCY MEDICAL SERVICES PROVIDERS BY COUNTY

HIDALGO COUNTY

- 1St Choice EMS LLC
- Absolute Emergency Medical Service Inc
- Acute Care ambulance Service LLC
- Advanced Cardiac & Trauma EMS Inc. (MOU)
- Ambu-Med LLC
- Ambulance Transportation services LLC
- Baaxten Ambulance LLC
- Caring Hands Medical Service LLC (MOU)
- Carrousel Healthcare Systems Inc DBA
- Cavalry EMS LLC DBA
- City of Mercedes DBA*
- City of Mission Fire EMS
- City of La Joya Fire EMS
- City of Palmview Fire/EMS*
- City of Pharr Emergency Medical Services*
- City of Weslaco Fire Department EMS*
- Exclusive Medical Transport Services LLC DBA
- Fire Emergency Medical Services LLC
- First Care EMS LLC
- First Response EMS, LLC
- Halo EMS LLC DBA
- Juan H Ramirez DBA
- Julian Leija DBA
- Life Star EMS INC DBA
- Lifeline RGV LLC
- Lone Star Care EMS LLC (MOU)
- MedCare EMS INC DBA*
- Med-Life EMS LLC
- Medex Transportation Services INC
- Medical & Trauma Specialist LP (MOU)
- Phoenix Medical Transport LLC
- RGV Ambulance Service LLC
- Rio Care EMS LLC DBA
- ST Michaels Ambulance LLC DBA
- Tu Vida Medical Transport INC DBA
- Vitals Healthcare Systems INC DBA

CAMERON COUNTY

- Brownsville Fire – EMS Department*
- City of Port Isabel EMS DBA*
- City of South Padre Island FD DBA*
- Los Fresnos Ambulance Service INC*
- South Texas Emergency Care Foundation INC DBA*

STARR COUNTY

- ST Louis Angels LLC
- Starr County Memorial Hospital District DBA*
- Trans-Starr EMS LLC (MOU)

WILLACY COUNTY

- Willacy County EMS*

LEGEND

Denotes 911 provider

TRAC-V FIRST RESPONDER ORGANIZATIONS BY COUNTY

HIDALGO COUTNY

- Alton Fire Department
- City of Edinburg DBA
- City of McAllen Fire Department DBA
- Edcouch Volunteer Fire Department
- Pharr Fire Department
- San Juan Police Department DBA

CAMERON COUNTY

- Harlingen Fire Department
- La Feria Volunteer Fire Department
- Laguna Vista Volunteer Fire Department
- San Benito Fire Department

TRAC-V HOSPITALS BY COUNTY

CAMERON COUNTY

- Valley Regional Medical Center
  https://valleyregionalmedicalcenter.com/
- Valley Baptist Medical Center at Brownsville
  https://www.valleybaptist.net/locations/detail/vbmc-brownsville
- Harlingen Medical Center
  https://www.harlingenmedicalcenter.com
- Valley Baptist Medical Center at Harlingen
  https://www.valleybaptist.net/locations/detail/vbmc-harlingen

HIDALGO COUNTY

- Doctors Hospital at Renaissance Health System
  https://www.dhrhealth.com
- STHS Edinburg
  https://www.southtexashealthsystemedinburg.com/
- Driscoll Childrens Hospital
  https://driscollchildrens.org/locations/hospital-rio-grande-valley/
- Knapp Medical Center
  https://www.knappmed.org
- STHS Heart
  https://www.southtexashealthsystemheart.com/
- Mission Regional Medical Center
  https://www.missionrmc.org
- STHS McAllen
  https://www.southtexashealthsystemmcallen.com/
- Rio Grande Regional Hospital
  https://riohealth.com

STARR COUNTY

- Starr County Memorial Hospital
  https://www.starrcountyhospital.com

TRAC-V SYSTEM ACCESS

Basic 911

Basic 911 is a regional system providing dedicated trunk lines, which allow direct routing of emergency calls. Routing is based on the telephone exchange area, and not municipal boundaries. Automatic number identification (ANI) and Automatic location (ALI) are not provided with Basic 911. There are no basic 911 systems within the Rio Grande Valley 911 Emergency Communications Plan.

Enhanced 911

Enhanced 911 is a system, which automatically routes emergency calls to a pre-selected answering point based upon the geographical location from where the call originated. A caller dialing the digits 9-1-1 is routed to the local telephone company central office or CO. The telephone number or ANI is then sent to the public safety answering point (PSAP). With automatic location identification and selective routing, the call is sent to the CO and the computer (9-1-1 database) assigns an address to the phone number, then routes the call to the designated PSAP. In TSA-V, the primary emergency Communication System for public access is enhanced 911. The emergency communications system was implemented providing citizen's access to emergency communications to municipalities and counties.

ANI is a system capability that enables an automatic display of the seven-digit number of the telephone used to place a 911 call. ALI is a system that enables the automatic display of the calling party's name, address and other information.

Alternative Routing (AR) is a selective routing feature, which allows 911 calls to be routed to a designated alternative location of all incoming 911 lines, if the lines of the central system (PSAP) are busy or closed down for a period of time.

Selective Routing (SR) is a telephone system that enables 911 calls from a defined geographical area to be answered at a pre-designated PSAP.

Communications Network

The "Cameron County 911" administers the lower Rio Grande Valley Emergency Medical Services Emergency Communications systems for the county. The communications systems include the following cities: Brownsville, Harlingen, Los Fresnos, South Padre Island and Port Isabel.

The Lower Rio Grande Valley Development Council administers the 911 System for all of Hidalgo County and Willacy County.

TRAC-V COMMUNIATIONS

Communication/Dispatch Center in Trauma Service Area V

Center Location	Level of Resources	Radio Frequencies	Contact Information	Average Response Times	Training for Employees
B F D Brownsville	911 Certified Dispatch PD	800 MHz Trunking Digital System	Aaron Lopes	8 Minutes or Less	In House Training
S T E C Harlingen	911 Certified Dispatch In House	800 MHz Trunking Digital System	Leonard Callier	8 Minutes or Less	In House Training
MED CARE McAllen	911 Certified Dispatch in House	800 MHz Trunking Digital System	Mack Gilbert	5 Minutes or less'	In House Training
Port Isabel	911 Certified Dispatch PD	800 MHz Trunking Digital System	Charlie Wood	5 Minutes or Less	EMD Program
Mission	911 Certified Dispatch PD	800 MHz Trunking Digital System	Joey Flores	5 Minutes or less	In House Training
Raymondville	911 Certified Dispatch In House	800 MHz Trunking Digital System	Frank Torres	10 Minutes or Less	In House Training
S C M H Rio Gande City	911 Certified Dispatch PD	800 MHz Trunking Analog System	Rolando Ramirez	8 Minutes or Less	In House Training
W F D Weslaco	911 Certified Dispatch PD	800 MHz Trunking Digital System	Antonio Lopez	8 Minutes or Less	In House Training
South Padre Island	911 Certified Dispatch PD	800 MHz Trunking Digital System	Emilio Hinojosa	5.3 min	In House Training
Pharr EMS Pharr	911 Certified Dispatch In House	800 MHz Trunking Digital System	Danny Ramirez	8 Minutes or Less	In House Training
M F D Mercedes	911 Certified Mid Valley Dis.	800 MHz Trunking Digital System	Javier Campos	8 Minutes or Less	In House Training
Palmview FD Palmview	911 Certified Dispatch PD	800 MHz Trunking Digital System	Armando Guerrero	8 Minutes or less	In House Training
Los Fresnos	911 Certified Dispatch PD	800 MHz Trunking Digital System	Gene Daniels	8 Minutes or less	In House Training
La Joya FD	911 Certified Dispatch PD	800 MHz Trunking Digital System	Armando Guerrero	8 Minutes or less	In House Training
Skyline EMS	911 Certified Self-Dispatch	800 MHz Trunking Digital System	Jimmy Pittman	8 Minutes or less	In House Training

COMMUNICATION FOR MULTI-AGENCY SCENCE PERSONNEL

All Counties in the TRAC are covered by enhanced 911. Emergency calls are routed through the 911 system.
Communications varies from county to county. Not all EMS systems in the TRAC utilize certified medics for dispatch. The larger communications centers are staffed with EMD personnel and provide pre-arrival instructions.

Programs refer to the flip charts (manual or computerized) when needed. Many systems have calls routed through various other agencies, such as local law enforcement office.

One weakness that has been observed in the TRAC is that some private providers operate on leased business radio frequencies making communications difficult in the event of a major disaster. All of the major 911 EMS providers in the TRAC have the capability to communicate with other responding EMS agencies.
TRAC-V faces difficulties found only along the Border. Radio interference from transmissions in Mexico have long been a problem. The new communications systems are designed to alleviate this problem. Additionally, numerous Federal Agencies to include the U. S. Border Patrol, Customs Service, Coast Guard and the DEA operate in the area. There are hundreds of radios operated by these agencies. Border Patrol is able to communicate direct or by landline to the Emergency response agencies.
Our goal is to improve communications throughout the TRAC. Due to vast expanse of the area and the fact that the TRAC is comprised of Counties along the Border, designing a system to service the length and breadth of the area will require multiple towers and transmission sites at a very high cost. The TRAC is taking the lead in evaluating solutions to these difficult problems.

<u>Conclusion:</u>

Alternatives presently in place for communicating between multiple agencies:

1. Valley wide fire frequency for Fire and EMS
2. Texas EMS and Hospital Frequency 155.340
3. Brownsville & Harlingen has the capability of VHF/UHF trunking PATCH
4. Cell phones

Communications between TRAC members and the office is accomplished by phone and email (nathan@tsav.org) as well as the newly developed EMSystem.

GOAL: To provide a Trauma Decision Scheme to assist with identification of major trauma patients a
References used:

1. American College of Surgeons, Committee on Trauma, Recourse for Optimal Care of the Injured Patient: 1993. Pp19-23.
2. Review of Triage Plans for TSA “G”, TSA “U”, and TSA “B”

and provide direction to EMS providers for transport to the most appropriate trauma facility.

TRAC-V GUIDELINES FOR FIELD TRIAGE OF INJURED PATIENTS

ASSESS INJURY PATTERNS

- Penetrating injuries to head, neck, torso, and proximal extremities
- Skull deformity, suspected skull fracture
- Suspected spinal injury with new motor or sensory loss
- Ches wall instability, deformity, or suspected flail chest
- Suspected pelvic fracture
- Suspected fracture of two or more proximal long bones
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Active bleeding requiring a tourniquet or wound packing with continuous pressure

MEASURE VITAL SIGNS AND MENTAL STATUS

ALL PATIENTS

- Unable to follow commands (motor CGS < 6)
- RR < 10 **OR** > 29 breaths / min
- Respiratory distress or need for respiratory support
- Room-air pulse oximetry < 90%
- SBP < 90 (<110 mm Hg Age > 65)
- 0 – 9 < 70 Pediatric

Transport to closest, most appropriate Trauma Center via ground or air.

Consider a Level I or Level II

Free Standing is not considered an Appropriate Facility

ASSESS MECHANISM OF INJURY AND EVIDENCE OF HIGH ENERGY IMPACT

- High Risk Auto Crash
  - Partial or complete ejection
  - Significant intrusion (including roof)
    - > 12 inches occupant site OR
    - > 18 inches any site OR
    - Need for extrication for entrapped patient
  - Death in passenger compartment
  - Child (age 0-9) unrestrained or in unsecured child safety seat
  - Vehicle telemetry data consistent with severe injury
- Rider separated from transport vehicle with significant impact (e.g. motorcycle, ATV, livestock)
- Pedestrian / bicycle rider thrown, run over, or with significant impact
- Fall from height > 10 feet (all ages)

EMS Judgement

CONSIDER RISK FACTORS, INCLUDING:

- Low-level falls in young children (age < 5 years) or older adults (age > 65 years) with significant head impact
- Anticoagulant use
- Suspicion of child abuse
- Special, high-resource healthcare needs
- Pregnancy > 20 weeks
- Burns in conjunction with trauma
- Children should be triaged preferentially to pediatric capable centers

If concerned, take to a trauma center

Transport to closest, most appropriate Facility

Free Standing is not considered an Appropriate Facility

Appropriate Trauma Facilities

Level I	Level II	Level III	Level IV	
DHR	VBMC HGN	Rio Grande Regional	Harlingen Medical	STHS Edinburg
STHS McAllen		VBMC BRO	Knapp	STHS Heart
		Valley Regional	Mission Regional	Starr County Memorial

TRAC-V Pre-Hospital Stroke Transportation Plan

Hospitals

LEVEL I

Neuro Endovascular Capable Hospitals

CSC- Doctor's Hospital at Renaissance
CSC-McAllen Medical Center
CSC - Valley Baptist Medical Center (Harlingen)

Primary Stroke Centers

Edinburg Regional Medical Center
Harlingen Medical Center
Knapp Medical Center
Mission Medical Center
McAllen Heart Hospital
Rio Grande Regional Hospital
Valley Baptist Medical Center (Brownsville)
Valley Regional Medical Center

IV Thrombolytic Available Centers

Starr County Memorial Hospital

1 ASSESMENT On Scene

- Assess and support ABCs
- Vital Signs
- Cincinnati Stroke Scale (FAST)
- VAN Score
- Focused History & Physical Exam
- Determine Time Patient was last known normal
- Determine Blood Glucose Level
- Consider other etiologies, hypoglycemia, seizure, etc.
- ***If VAN positive, patients should be sent to an endovascular capable hospital and notified ahead of time. NeuroIR paged with VAN positive patient arriving. CT/CTA done on arrival.***
- Bring family contact information (preferably a cell phone number) and medication list

2 TREATMENT En Route

- Provide oxygen to maintain O2 saturation > 94%
- Continuous cardiac monitoring
- IV 18-gauge access (2 preferred)
- Treat blood glucose level per protocol
- Do not initiate interventions for hypertension unless directed by medical command
- Maintain patient NPO
- Do not delay transport for pre-hospital interventions
- Rapid transport to appropriate facility as indicated

3 TRANSPORT

- Transport decision should be based on time of onset as appropriate
- Consider Air Medical Transport to decrease transport time
- Recommend transport to nearest stroke facility with no more than 20 minute transportation time

If VAN negative

Primary Stroke Center/ Stroke Ready

If VAN Positive

Comprehensive Stroke Center (CSC)or neuro endovascular capable hospital

If patient shows no weakness then CTA not urgent. Patient is VAN negative.

VAN

1 HOW WEAK IS PATIENT ON ONE SIDE OF THE BODY?

	Mild (minor drift)
	Moderate (severe drift – touches or nearly touches ground)
	Severe
	No Weakness

If patient has **any weakness PLUS any one of the below:**

Visual Disturbance (field cut, double, or blind vision)

Aphasia (inability to speak or understand)

Neglect (gaze to one side or ignoring one side)

This is likely a large artery clot (cortical symptoms) = VAN Positive

2 VISUAL DISTURBANCE?

	Field cut
	Double vision
	Blind new onset
	NONE

3 APHASIA?

	Expressive
	Receptive
	Mixed
	NONE

4 NEGLECT?

	Forced gazed or inability to track one side
	Unable to feel both sides at same time or unable to identify own arm
	Ignoring one side
	NONE

All VAN positive patients should be sent to endovascular capable hospital and notified ahead of time. NeuroIR paged with VAN positive patient arriving. CT/CTA done on arrival

Chest Pain, Suspected Acute Coronary Syndrome

12 LEAD ECG CRITERIA

SIGNS & SYMPTOMS **-OR-** **HISTORY OF**

- Chest pain (any pain between the navel and jaw)
- Chest pressure, discomfort or tightness
- Jaw, arm, shoulder, back pain
- Complaints of "heart racing" or "too slow"
- Syncope
- Severe weakness
- Shortness of breath
- Diaphoresis
- Lightheadedness, Nausea/Vomiting, epigastric pain
- Females, diabetics, and geriatric patients often have atypical pain or only generalized complaints

- Cardiac disease
- Family history of early heart disease
- Diabetes mellitus
- Severe obesity
- Drug use

WHEN IN DOUBT, DO THE ECG!!!

STEMI CRITERIA

ST SEGMENT ELEVATION OF 1mm OR MORE IN TWO CONTIGUOUS LEADS.

IF STEMI INCONCLUSIVE, ISOLATED to V1- V-2, or LBBB; CONSULT PHYSICIAN

IF STEMI CRITERIA MET

ACTIVATE CLOSEST PRIMARY PCI FACILITY

If PCI >120 min or if transport time will be >60 min consider transport to closest Non-PCI facility for Fibrinolytic <30 min from First Medical Contact. Transfer to PCI facility post Fibrinolytic if indicated.

- APPLY OXYGEN
  Titrate to MAINTAIN O2 Sat >92%
- Aspirin 81mg X 4 tablets
- **12 LEAD ECG <5 minutes**
- **Utilize LIFENET EKG TRANSMISSION to NEAREST PCI Center**
- **NTG SL** q 5min x3 IF SBP ≥90 until patient is Pain Free **HOLD IF SBP <90**
  HOLD if Viagra, Revatio or Levitra taken within 24 hours or Cialis within 36 hours as it may cause severe hypotension
- **CAUTION: If ST↑ in Leads II, III, or aVF NTG may cause profound HYPOTENSION**
- **START SALINE LOCKS X2**
- **Morphine or Fentanyl**
  PRN for pain

PRIMARY PCI HOSPITALS

Doctors Hospital at Renaissance	Edinburg, TX	(956) 362-5100
Harlingen Medical Center	Harlingen, TX	(956) 365-1100
Mission Regional Medical Center	Mission, TX	(956) 323-9000
Rio Grande Regional Hospital	McAllen, TX	(956) 632-6447
South Texas Health System Heart	McAllen, TX	(956) 994-2600
Valley Baptist Medical Center HGN	Harlingen, TX	(956) 389-1100
Valley Baptist Medical Center BRO	Brownsville, TX	(956) 698-5400
Valley Regional Medical Center	Brownsville, TX	(956) 350-7150

If transport time will be > 30 minutes, Consider closest Air Transport

(800) 247-3822

EMS SCENE TIME <15 MIN

DOOR-IN- DOOR-OUT <30 MIN

DOOR to FIBRINOLYTICS <30 MIN

FMC to REPERFUSION <90 MIN

TRAC V
TRAUMA REGIONAL ADVISORY COUNCIL-V
CAMERON HIDALGO STARR WILLACY

12/15, Rev. 09/16, 11/16, 05/24

EMS TIME OUT REPORT

M	**Mechanism** or **Medical** Complaint	Name, Age, Gender **Mechanism:** Speed, Mass, Height, Restraints, Number and Type of Collisions, Helmet Use and Damage, Weapon Type **Medical:** Onset, Duration, History, Allergies
I	**Injuries** or **Illness Identified**	Time of Injury or onset of illness List injuries **Head to Toe** Pain, Deformity, Injury Patterns STEMI - 12 lead / Stroke - LAPPS and LAMS / Sepsis - temp
S	**Signs** and **Symptoms**	**Symptoms and Vitals** Initial, Current, Lowest Confirmed BP HR, BP, SPO2, RR, ETCO2, BG GCS: Eyes _____ Verbal _____ Motor _____ Vital signs: first set and significant changes, including glucose
T	**Treatments**	**Tubes, Lines (Location and Size), Fluids** **Medications and Response, Dressings, Splints** **Defibrillation / Pacing**

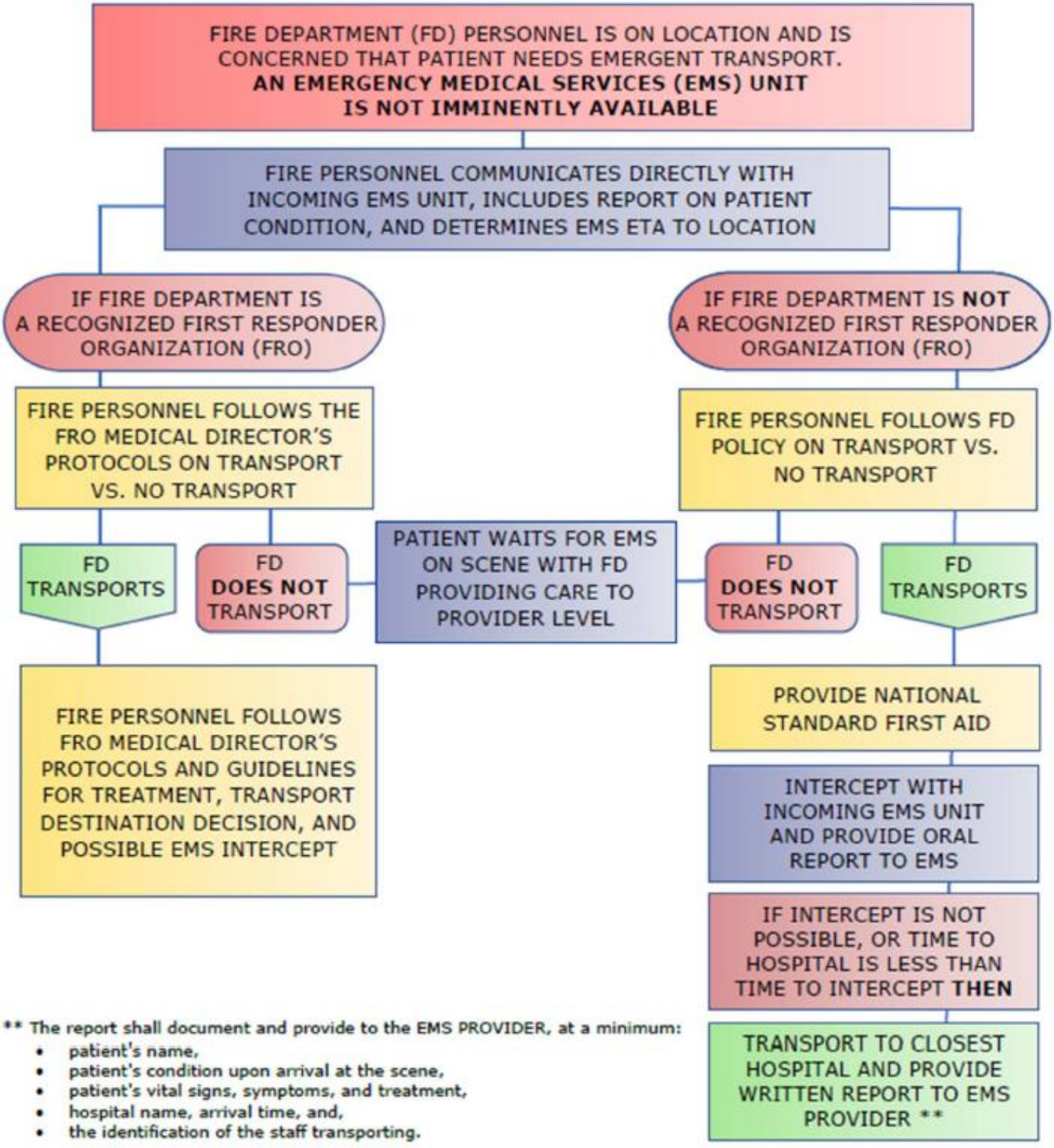
Approved 2021-02-12

TRAC V
TRAUMA REGIONAL ADVISORY COUNCIL-V

The EMS Time Out mirrors other types of health care time outs, such as medication administration cross check and pre-operative right site, right patient, and right procedure confirmations.
The 40 second report best occurs on the EMS stretcher prior to patient movement to the ED stretcher.

House Bill 624

Recommendation for fire departments transporting when EMS is delayed



** The report shall document and provide to the EMS PROVIDER, at a minimum:

- patient's name,
- patient's condition upon arrival at the scene,
- patient's vital signs, symptoms, and treatment,
- hospital name, arrival time, and,
- the identification of the staff transporting.

Air Medical Activation Guidelines

Consider Air Medical Evacuation if patient assessment determines that air medical evacuation criteria is met.

Primary Assessment & Vital Signs

Adult with:
- Glascow Coma Scale ≤12 or
- Evidence of Shock w/heart rate >120 or <60 & <90 Systolic BP or
- Respiratory distress with rate <10 or >35 or BP <70 (1 to 6 y/o)
- Revised Trauma Score ≤10

Pediatric (<15 y/o) with:
- Pediatric trauma score <11
- Impaired Respirations for any reason
- Continued altered level/loss of consciousness
- Systolic BP <60 (Birth to 1 yr) BP <80 (7 to 14 y/o)

→ YES → Consider Helicopter to ensure rapid transport to nearest *appropriate facility*)

* Ground transport to nearest *appropriate facility* (if <20 minutes)

Assess Anatomy of Injury

Patients:

Trauma
- Penetrating Injuries to head, neck, torso & extremities proximal to elbow & knee
- Flail Chest
- Two or more long bone fractures
- Pelvic fractures
- Limb paralysis
- Amputation proximal to wrist or ankle
- Scalping or degloving injuries.

Burns
- Adults w/2nd degree >10% TBS
- Children w/2nd degree >10% TBS
- All w/3rd degree >2% TBS
- All inhalation injuries
- 2nd/rd degree burns to face, hands, feet, or genitalia
- All burns associated w/ other trauma

→ YES → Consider Helicopter to ensure rapid transport to nearest **appropriate facility)**

* Ground transport to nearest **appropriate facility** (if <30 minutes)

NO

Evaluate for Mechanism of injury & High energy impact.

- Pediatric (<17 y/o) ..... Fall >10 feet

Adult/Pediatric
- Ejection from automobile
- Extrication time >20 minutes
- Rollover
- Crash major auto deformity >20 inches
- Crash, passenger compartment intrusion >12 inches
- Motorcycle crash >20 mph or rider separated from bike
- Death in same passenger compartment
- Fall >20 feet
- Crash, initial speed >20 mph
- Auto-Pedestrian or auto-bike >5 mph
- Pedestrian thrown or run over
- Impalement injuries.
- Complicated handlebar injuries

→ YES → Consider Helicopter to ensure rapid transport to nearest **appropriate facility) Consider Trauma Alert**

* Ground transport to nearest **appropriate facility** (if<30 minutes)

NO

- Bleeding disorder or on anticoagulants
- Cardiac disease, respiratory distress, diabetes, cirrhosis, morbid obesity
- Age <5 or >55 y/o
- Pregnancy 2nd or 3rd trimester
- Immunosuppressed

→ YES → Consider Helicopter to ensure rapid transport to nearest **appropriate facility) Consider Trauma Alert**

* Ground transport to nearest **appropriate facility** (if<30 minutes)

NO

Transport to nearest appropriate facility

TRAC V
TRAUMA REGIONAL ADVISORY COUNCIL-V
CAMERON HIDALGO STARR WILLACY

AIR MEDICAL ACTIVATION PLAN

Purpose: These Air Medical Provider (AMP) activation guidelines are intended to provide a standardized method for ground emergency medical service providers to request a scene response by an AMP, to reduce delays in providing optimal care for severely ill or injured patients, and to decrease mortality and morbidity. AMP resources should be utilized in accordance with the regional trauma plan.

Guidelines for Activation & Selection of AMP:

The EMS provider should comply with TRAC-V approved triage criteria to activate AMP transport.

Factors that should be considered are:

A. Location of incident	E. Weather/Visibility at the scene	I. Diversions
B. Number of patients	F. If any other AMP was requested	J. MCI event
C. Age of patients	G. Response time of AMP(s) ***	
D. Scene / LZ Obstructions	H. Distance to AMI/Stroke Centers	

*** The total AMP response time (response time + scene time + transport time) will result in delivery of the patient(s) to the most appropriate trauma designated facility faster than transport by ground ambulance.

If the patient requires an airway and patient requires Rapid Sequence intubation ((RSI) and is not available with ground EMS, AMP activation should be considered.

Other considerations: Trauma patients meeting criteria for AMP dispatch should be transported to the nearest appropriate Trauma designated facility.

AMP Selection Considerations: The following parameters may be considered in the development of TRAC-V AMP activation criteria when more than one AMP provides service in the Trauma Service Area (TSA):

1. The AMP should meet the minimum TRAC-V participation standards in the TRAC in their primary service area;
2. The AMP should participate as requested in TRAC-V performance improvement activities;
3. The AMP utilized for patient treatment and transport should be the AMP that best meets the patient's care and transport needs, including:
    a. Performance criteria (dispatch + response time + scene time + transport time)
    b. Clinical capabilities

Operational Interface and Safety: AMP should demonstrate safe operations at all times. Safe operations standards include safety standards such as those endorsed by the Federal Aviation Administration, the National Association of EMS Pilots, National Association of Air Medical Services and the Committee on Accreditation of Air Medical Transportation Services.

Clinical and operational performance improvement (PI): Standards such as those endorsed by the Federal Aviation Administration, the National Association of EMS Pilots, National Association of Air Medical Services and the Committee on Accreditation of Air Medical Transportation Services.

DIVERSION POLICY

Subject: Diversion of Ambulance Traffic from Emergency Facilities

Purpose: To develop a standardized diversion policy that identifies area specific trauma resources and assures continual access to the appropriate trauma facility for each trauma patient.

Statements: System hospital facilities, both Trauma Center and non-Trauma centers, should request diversion activation only when the resources and capabilities of that facility have been exhausted to the point that further ambulance traffic would jeopardize the care and treatment of patients at that facility as well as any subsequent patient transported by an ambulance.

It is recognized in advance that no diversion strategy can guarantee total compliance with these guidelines, and it is likely that ambulances will deliver patients to hospitals which have requested diversion activation. It is further understood that a request for diversion activation is honored as a courtesy but the local EMS system. All Requests for Diversion are for CODE 1 Status Patients Only.

Diversion requests DO NOT apply to those patients with extremely life-threatening conditions (e.g. cardiac or respiratory compromise, Cardiac Arrest, lack of airway control or other problems that must be immediately addressed by a physician).

Procedure:

1. Each facility will develop procedures for their facility to be placed on diversion status and procedures for implementation of these guidelines including regional notification system.
    a. Suggested reasons for facility diversion for Provisional requests might include, but not limited to:
        - Trauma Surgeon/General surgeon/Orthopedic Surgeon/Neurosurgeon is not available.
        - Inoperable CT Scanner
        - Multiple Critical Patients in the ED or Numerous ED Hold
    b. Priority Requests might include, but not limited to:
        - Physical Plant Failure/Structural Compromise
        - Disaster Activation Response
    c. Detailed Requests
        - No in-house bed availability
        - (ICU, Pediatrics, Telemetry, Med/Surg)

2. Each facility shall designate a person responsible for decisions regarding diversion status. The Trauma Medical Directors in conjunction with the Emergency Department physician shall be notified in cases of Trauma Diversion.

3. Each facility must have a Local Mass Casualty plan and know how to activate the other resources within the TSA-V if needed.

TRAC-V FACILITY DIVERSION POLICY (CONTNUED)

4. Each facility must have policies and procedures in place to open critical beds in the event of mass casualty.

5. Communication of Diversion Status:
    - A representative from hospital administration must notify EMResource, an online medical direction source.

6. Time Period for diversion status:
    - Diversion request will be in allotments up to eight (4) hours of four hours with updates in EMResource every four hours. A hospital may deactivate a diversion request at any time.

7. EMS shall inform the patient and or family of the diversion status of this facility and the distance to the next closest facility. EMS may override the family's request if it is deemed necessary to transport to said facility in order to obtain the level of care necessary for treating the patient. Online medical control should be notified if the patient or family requests the diverted facility or severity of the patients warrants EMS to transport there for stabilization. Section 1867 does not obligate the ambulance service to transport the patient to that hospital.

8. Each EMS system will be requested to document and report to the TSA "V" QI Committee those situations where a diversion request has not been honored.

HCFA Division of Health Standards and Quality Bureau (HSCB) Section 1867 © (2). Social Security Act 1867 defines "Appropriate Transfer".

TRAC-V TRAUMA FACILITY BYPASS PLAN

Goal: Trauma patients who are medically unstable, unconscious, or at high risk for multiple and/or server injuries will be quickly identified and transported to an appropriate trauma system hospital.

Decision Criteria:

Transportation protocols must ensure that patients who meet triage criteria as outlined in the TRAC-V Triage Decision Scheme Bypass Protocols will be transported directly to an appropriate trauma facility rather than the nearest hospital except under the following circumstances.

1. If unable to establish and/or maintain an adequate airway, or in the case of traumatic cardiac arrest.
2. A Level IV facility may be appropriate if the expected transport time to Level III trauma center is excessive (>20 min) and there is a qualified physician at the Level IV Facility's Emergency Department.
3. Medical control (EMS Medical Director) may wish to order bypass in any of the above situation as appropriate such as when a facility is unable to meet hospital or when there are patients in need of specialty care.
4. If expected transport time to the nearest facility is excessive (>30 min) or if prolonged extrication time is expected, the EMS crew or medical control may consider activation of air transportation resources if they are available within the area. Refer to air medical evacuation guidelines.

Currently, each provider utilizes their medical control through their unit radios or hand-helds. All 911 providers are on 800 Trunked Analog/Digital Frequencies; however, there are a few non- 911 providers that are still on VHF. If the radio communications are down, the providers do have cellular and digital telephones as well as a Microwave communications system that are available to them.

Currently, the enhanced 911 system is available in every county. Currently all providers are dispatched by 911 call centers. The 3 private services that are contracted by the cities to provide their 911 service have enhanced 911 system located at their facility. The remaining private providers that provide 911 service are dispatch through the enhanced 911 service provided by that County.

TRAC V FACILITY TRIAGE CRITERIA

Purpose:

The purpose of the Regional Facility Triage Criteria Scheme is:

1. To categorize patients for determination of facility transport and/or transfer
2. To specify facility action plans for transfer of patients
3. To include pediatric and burn criteria for patient transport and/or transfer.

Description of the Facility Triage Action Plan:

The Triage decision scheme is an algorithmic approach to differentiating patient categories as well as mechanism of injury for stabilization and determination for transfer to a higher level of care facility.

Patient categories define the severity of the patients according to critical and urgent. Critical patients meet criteria for instability of hemodynamic and neurological functions, as well as specific anatomical injury patterns that place them at a high suspicion for significant risk. These patients generally meet the requirement for trauma code activation. Urgent categorized patients are those that are evaluated for evidence of mechanism of injury, high energy impact and age or disease specific history and in most cases, meet the activation of trauma alert activation.

The facility triage action plan is included below to assist the facilities in determining where a trauma patient should be transferred. General guidelines for admission service and guidelines for transport, to ensure "the right patient gets to the right facility, in the right amount of time".

Rio Grande Valley Trauma Regional Advisory Committee Facility Triage Action Plan.

Patient Arrives At	**Critical Adult Patient**	**Urgent Adult Patient**	**Critical or Urgent Pediatric Patient**	**Critical or Urgent Burn Patient**
Level III	Assess patient & Stabilize. If specialists available may admit or consider transport to nearest higher level of care.	Assess patient & Stabilize. If Specialist available may Admit or consider transport To nearest higher level of care.	Assess patient & Stabilize. For Critical patients consider transfer to Pediatric facility ASAP.	Assess patient & Stabilize. For critical patients Consider transfer to Pediatric Facility ASAP.
Level IV	Stabilize and transfer ASAP	Stabilize and transfer ASAP	Assess patient & Stabilize. Transfer To Pediatric Facility ASAP.	Stabilize and transfer ASAP.

TRAC V INTER VALLEY HOSPITAL TRANSFERS

Inter-valley trauma transfers will adhere to the EMTALA guidelines and will be carried out in accordance with the individual hospitals transfer policies and procedures, including but not limited to the MOT, notification process and transportation arrangements.

It is essential that trauma patients presenting to any of the facilities, who will require transfer to a higher level of care, or for services not available are identified expeditiously. This process will be monitored by the hospitals Quality Assurance/Performance Improvement process for appropriate completion of transfer arrangements and rapid transport to an appropriate facility.

To provide the highest quality of trauma care and in accordance with Department of State Health Services Guidelines any required communication or Performance Improvement information will be exchanged between trauma coordinators/managers. All information utilized for performance improvement purposes is considered confidential and non-discoverable.

Any system or care issue identified will be discussed with the trauma coordinator/manager or trauma medical director, if no resolution is obtained, information may be forwarded to the Trauma Regional Advisory Council Quality Assurance Committee for review.

Each individual facility is required to maintain a trauma database in order to meet the minimum requirements for designation and is required to upload their data to the state on a quarterly basis. Since all of the hospitals have been designated, they now have the ability to perform this function.

Texas Trauma Registry: injury.web@dshs.state.tx.us or (512) 776-7268

Each facility has also determined and implemented a method to determine which patients meet their criteria for inclusion into their facilities database according to the definitions developed by the Texas Department of Health and the American College of Surgeons.

Stroke Inter-facility Transfer Guidelines

EMS Transfer of Acute Ischemic Stroke with Thrombolytic Infusing/ Post Thrombolytic infusion
Document Vitals prior to transport and verify if SBP<180 mm Hg and DBP <105 mm Hg - If BP above limits, sending hospital should initiate antihypertensive medications, and EMS transport should continue to monitor and treat blood pressure during transport. **Blood pressure management** – goal < 180 mm Hg systolic, <105 mm Hg diastolic – Call Medical Control for systolic/diastolic exceeding these parameters. **Recommended BP Control:** *If BP > 180/105 mmHg:* ▪ Labetolol [Normodyne] 10 mg IV push over 1 minute x 1 followed by continuous IV infusion 2-8 mg/min; Do NOT give if pulse less than 65. ▪ If Labetolol [Normodyne] ineffective and SBP>180 mm Hg and/or DBP>105 mm Hg initiate Nicardipine [Cardene] IV infusion at 5 mg/hour. Titrate until SBP<180mm Hg and/or DBP<105 mm Hg by 2.5 mg/h every 10 minutes (Maximum dose 15mg/hour).
Verify total dose and time of IV Thrombolytic [Activase/Tenecteplase] bolus - If dose complete prior to transport, verify and document time of completion - If IV Alteplase (Activase) dose administration will continue en route: o Verify estimated time of completion - If IV Alteplase (Activase) dose completed en route attach 50 ml Normal Saline and continue at same rate o Document and notify receiving RN of time dose completed
Monitoring
Document vital signs:BP, HR, pulse ox monitoring Every 15 minutes for the first 2 hours Every 30 minutes for the next 6 hours
Document neuro checks (Glascow Coma Scale, Pupil Assessment, Focal Deficit) Every 15 minutes for the first 2 hours Every 30 minutes for the next 6 hours
For any acute worsening of neurological condition, or if patient develops new headache, acute hypertension, nausea or vomiting, call medical control (receiving physician) for further instructions. If IV Alteplase (Activase) is being administered, **discontinue IV Alteplase [Activase] infusion** immediately.
Monitor for signs of bleeding and angioedema (orofacial swelling). If Angioedema noted, call medical control [receiving physician). If IV Alteplase (Activase) is being administered, **discontinue IV Alteplase [Activase] infusion** immediately. Angioedema recommended treatment: ▪ Administer IV methylprednisolone 125 mg ▪ Administer IV diphenhydramine 50 mg. Administer ranitidine 50 mg IV or famotidine 20 mg IV. If there is further increase in angioedema, administer epinephrine (0.1%). 0.3 mL subcutaneously or by nebulizer 0.5 mL
Completion of IV Alteplase (Activase) infusion – Infuse 50 ml Normal saline at same rate to ensure all drug delivery

Provide copy of monitoring and treatment provided during transport to receiving RN at accepting facility.
EMS Transfer of Patients with Hemorrhagic Stroke
Heart Rate, Blood Pressure, pulse ox monitoring
Document vital signs every 15 minutes
Document neuro checks (Glascow Coma Scale, Pupil Assessment, Focal Deficit) every 15 minutes
Intracerebral Hemorrhage Blood pressure management – goal ~ 130 – 150 mm Hg Systolic, Call medical control for systolic exceeding these parameters **Subarachnoid Hemorrhage: Systolic blood pressure to <160 mm Hg is reasonable *(Class IIa; Level of Evidence C).*** Recommended treatment for hypertension with Labetalol 10 mg over 1 – 2 min x1. Communicate response to treatment. If Labetalol ineffective, anticipate initiation of Nicardipine drip, 5 mg/hour, may be increased 2.5 mg every 5 min to a maximum of 15mg/hr
Contact medical control for systolic BP < 110/50 mm Hg, or heart rate < 50
Monitor for signs of increasing intracranial pressure (Change in LOC, increasing pulse pressure, abnormal posturing, change in pupils)
Elevate head 30 degrees
Monitor for changes in ability to maintain airway
Transfer of Ischemic Stroke without IV Thrombolytic
In patients with BP ≥220/120 mm Hg who did not receive IV Thrombolytic or EVT and have no comorbid conditions requiring acute antihypertensive treatment, the benefit of initiating or reinitiating treatment of hypertension within the first 48 to 72 hours is uncertain. It might be reasonable to lower BP by 15% during the first 24 hours after onset of stroke.

Guidelines for Transferring Facility:

THE FOLLOWING DOCUMENTS/INFORMATION SHOULD BE SENT WITH THE PATIENT AT THE TIME OF TRANSFER:

Ischemic Stroke w/ Thrombolytics:

ED documentation that includes assessments and treatments provided to include:

- Time last known well
- NIHSS and vital signs prior to IV Thrombolytic administration
- Total dose of IV Thrombolytic administration.
- Time of bolus dose [Activase (Alteplase) / Tenecteplase] and initiation of infusion [Activase (Alteplase)
- Vital signs every 15 minutes after IV Thrombolytic administration
- Time of IV Alteplase [Activase] infusion dose completed (if completed prior to transfer attach 50cc Normal Saline and continue at same rate)
- A copy of monitoring and treatment provided during transport.

Reference: Powers, W.J, et al (2019) Guidelines for Management of Acute Ischemic Stroke: 2019 Update

Connolly, E.S. et al. (2012) Guidelines for the management of aneurysmal subarachnoid hemorrhage

Greenberg, S.M., et al. (2022) Guidelines for the Management of Patients with Spontaneous Intracerebral Hemorrhage

TRAC-V Regional Education

The TRAC-V approaches regional education through various lenses but places a concentrated effort on improving public awareness and the work done by its members to the community and providing quality education events and courses to the health care providers in the region. To accomplish these tasks, TRAC-V utilizes the Injury Prevention / Public Education / Special Populations Committee, Allied Health Committee, and specialty committees like Stroke, Cardiac, Perinatal, and Pre-Hospital.

TRAC-V is committed to providing at least one large-scale educational event per year. The most attended and long-standing event is known as the South Texas Comprehensive Healthcare Symposium which provides Continuing Education credits for our region's healthcare workforce and out of Valley attendees. Lecturers and presenters are brought in not only from around the Valley, but nationally as well. The Symposium draws an international audience and offers the opportunity to network and connect with peers in other sub-specialties. TRAC-V also provides a wide variety of educational courses throughout the year for all levels of health care providers, from pre-hospital employees to surgeons

Currently, South Texas College, Texas State Technical College, RGV College, and Texas Southmost College offer degrees and certifications for Pre-Hospital providers. Hospitals in the region have become active educators through collaborative efforts put forth by their trauma coordinators and injury prevention specialists.

Courses offered regularly in the Rio Grande Valley, by prehospital providers, health care and educational institutions include but are not limited to: CPR, BLS, PHTLS (Pre-Hospital Trauma Life Support), ACLS (Advanced Cardiac Life Support), PALS (Pediatric Advanced Life Support), PEPP (Pediatric Education Pre-Hospital Provider), ENPC (Emergency Nurses Pediatric Course), TNCC (Trauma Nursing Core Course) and ATLS (Advanced Trauma Life Support).

Quality Assurance/Performance Improvement Committee

Case Review Request

Instructions: You may submit any issue you define as a performance improvement issue that needs review. The QA/PI Committee, however, may decide the issue is not appropriate for system discussion and recommend that it is managed internally in your facility or agency. The QA/PI Committee meets monthly. You will be notified when your case is up for review. If you have any questions, please call 956-364-2022.

1.Please fill out the attached Quality Assurance/Performance Improvement Committee Case Review Request Form.

2.Please email with a cover sheet to nathan@tsav.org and cindy@tsav.org

3.Please include your contact information to ensure we are able to reach you for any questions about the submission.

What happens to my submission?

1.Once your request has been received, you will receive confirmation within one business day from the TRAC QA/PI that your submission is being processed.

2. Your request will be forwarded to the QA/PI Committee Chair, Co-Chair, and the TRAC Executive Director for review.

3.The QA/PI Committee Chair, Co-Chair, and TRAC Executive Director will make the determination if the case warrants presentation at Trauma QA/PI Committee.

4.All parties involved will be notified.

5.If the case will be reviewed at System QA/PI Committee, TRAC will compile any associated documents and/or recordings necessary to provide to the QA/PI Committee.

6.All parties will be notified when the case is up for review and invited to the meeting.

7.Results of the review will be available on request to the involved parties.

Confidentiality:

- This document may contain CONFIDENTIAL information.

- All proceedings and records of the LRGV Regional Advisory Council on Trauma (TRAC) Performance Improvement Committee are confidential. All professional review actions and communications made to or from the TRAC Quality Assurance/Performance Improvement Committee are privileged communications under Texas and federal law. TEX. OCC. CODE ANN. Chps. 151 and 160; Tex. Health and Safety Code § 161.032; and 42 USC § 11101.

- Your signature below indicates you understand that you are not to discuss any committee business outside of the committee, to include any/all written information, discussions, verbal testimony, etc. You also understand that failure to uphold these laws may result in criminal charges.

_____ _____

Signature **Date**

Print Name: _____

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QA/PI MEDICAL OVERSIGHT ALGORITHM

Step 1: It is recommended that when an Incident/Concern occurs administrators form both entities attempt to resolve the issue.

Step 2: If issues is not resolved, fill out “form” send to RAC Executive Director

- 2.1: Incident data gathered by impartial subcommittee members. Finding discussed at QI subcommittees member.

Step 3: QA/PI Committee will meet and review or attempt to resolve the issue. QA/PI Committee may request the presence of a member of another committee depending on the nature of the incident or level of concern.

Step 4: If not resolved at the QA/PI Committee, the Incident/Concern will go to the Medical Oversight Committee.

Step 5: If not resolved at this point the Incident/Concern will be forwarded to DSHS after Board notification or the appropriate regulatory agency.

*Some issues will require reporting to certain regulatory agencies at the time the Executive Director or QA/PI Committee of the Incident /Concern.

LRGV TRAUMA REGIONAL ADVISORY COUNCIL PERFORMANCE IMPROVEMENT COMMITTEE CASE REVIEW REQUEST

Today's date:

Your Name and Title:

Name _____

Title _____

Name and Title of Person

Referring the case: _____

Name Title

Your Facility or Agency

Name: _____

Date of Event: _____

Your Contact Phone

Number and Email: _____

Phone Number: _____

Note: the QA/PI Committee reviews system issues. You may submit any issue you define as a system issue that needs review. The QA/PI Committee, however, may decide the issue is not appropriate for system discussion and recommend that it is managed internally in your facility or agency. The QA/PI Committee will meet monthly.

Please describe the event:

_____

_____

_____

_____

What actions have you taken to address the problem? (Example: contacted agency PI person and requested run sheet/chart; talked with PI person and informed them of issue, etc.)

_____

_____

_____

_____

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Initial Review by QA/PI Chair

Date reviewed:_____

Regional System Issue Determination: regional issue, appropriate for QA/PI Committee
__non-regional issue between the involved entities
__trend that should be reviewed by QA/PI Committee

Recommendation:
(check all that apply)
___Refer to QA/PI Committee
___More in-depth information is required
___Do not refer to QA/PI Committee

Chair or designee will discuss with referring agency or facility to obtain names and specifics.
_____
Hospital or Facility Name
_____
EMS or Agency Name
_____
Other Committee Review

Date referred to QA/PI Committee: _____
Summary of Discussion:
_____
Determination:
_____regional system issue
_____ regional system issue but requires review by committee due to a trend
_____ not a regional system issue and will be referred back for internal review

Determination: _ System related__ Disease Related__ Provider related cannot be determined

Preventability: Non-preventable with opportunity for improvement Potentially preventable Cannot be determined

Corrective Actions: _ Unnecessary__ Trend__ Education__ Guideline / Protocol Counseling Peer-review presentation Resource Enhancement Process Improvement Privilege/credentialing action Other

Corrective Action(s):

_____ Requires written communication from TRAC in the form of:
_____ Recommendations for improvement
1._____
2. _____
3. _____

_____ Education on:
_____

One-on-one discussion between:
_____

And _____

_____ Referral to home RAC (if outside TSA-V)

_____ Requires verbal communication.
_____ Communication is unnecessary.
_____ Communication is inappropriate.

Person(s) responsible for taking corrective action(s):
_____

Date to be completed: _____
Completion Date: _____

_____

Signature of QA/PI Chair

_____

Date of Signature