

**BIG COUNTRY REGIONAL ADVISORY COUNCIL
GENERAL ASSEMBLY MEETING MINUTES
1/21/2026**

Roll Call: See Sign in Sheet for Attendance

A quorum was present. Meeting called to order by Russel Thomas at 1:35pm

Minutes of October 15, 2025 meeting approved as posted on website on motion by Kellie Batangan second by Jason Gruben, all in favor, none opposed.

Financial Review –

EMS RAC	\$ 148,829.55
EMS County	\$ 142,609.63
Tobacco	\$ 67,362.27
SB8	\$ 0
Dues Account	\$ 11,0005.59

GRANT REVIEW

EMS County – Disbursements are being made as receipts and proof of payment are received. Deadline for receiving funds is 3/31/2026. Receipts should be from 9/1/2025 – 3/31/2026

EMS RAC – Request for equipment or education for compliant members through 3/31/2026 deadline. Link is on the website to request approval for expense. If the expense is under \$3000, the RAC can make the purchase and have the items shipped directly to the member. If the expense is over \$3000, receipt and proof of purchase should be sent to the RAC office for reimbursement.

RAC Development – Injury Prevention/Education committee is reviewing the requested education.

Reminder: The BCRAC has the following items available to members: Rescue Me tags, thermometers, file of life magnets, STEMI/Stroke magnets, fire extinguishers, CO monitors, night lights, grabbers, non-slip socks, child ID kits, De Chokers and Bike Helmets

SB8 – Reminder Contract has been completed as of 12/31/2024
Anything sent to the RAC office is filed
Final payment submitted to DSHS and DSHS has taken over the monitoring of the SB8. Contact for future payments & oversight is Sabrina Richardson at sabrina.lee.richardson@dshs.texas.gov

Motion to approve the Financial and Grant Review by Deni Davis; second by Jason Gruben; all in favor, none opposed.

Bylaw Review – Updated in July 2025
By-law Review committee will be identified in April for additional review and approval during the July 2026 meeting

Committee Review

STEMI – Committee will begin reviewing STEMI plan as required yearly

Stroke – Updated Plan was approved in October and updated on the website. Stroke Committee made a recommendation for the RAC to host/pay for ESLS Essential Stroke Life Support and to invite Dr. Hibbs to do a 15 minute presentation at a future RAC meeting.

Performance Improvement - Reviewed the previous changes that were added to the current surveys for accuracy. Made recommendations to be added to the Hospital PI survey that would capture the penetrating trauma data requested by GETAC. Reviewed two cases and will be requesting additional information regarding those two cases for additional review.

Hospital – Verified that all hospitals within RAC D have swing beds for rehabilitation to continue to meet the requirements of Assessment. Elisha will be reaching out to train the hospitals regarding Pediatric Readiness.

Budget/Finance – Committee reviewed the last quarter reconciliation reports and found no discrepancies. Monthly reconciliation reports are reviewed by the treasurer.

Education and Injury Prevention –

- Committee reviewed the WHALE cards to be used with the Child Safety Tags and approved printing of the cards and implementation with the WHALE window clings.
- Committee approved the purchase of door assist for the elderly.
- Committee approved the distribution of the Fall Prevention handouts. These will be emailed in PDF form for customization throughout the region and also added to the website under the Education tab for future printing.
- Committee approved spending \$10,000 on the course “The Science of Trauma” this course will be held in place of the July meeting for all members to attend.
- Committee approved \$15,000 to be used to pay for the Cadaver Lab
- Committee approved spending \$10,000 for Stroke Education (tbd)
- Committee approved spending \$11,400 for 30 spots @ \$380 each for Trauma Care After Resuscitation (TCAR)
- Committee approved allocating any funds not committed above for reimbursement of any course by any member. The member should work with the RAC office for assistance when pre-paying the course or send the invoice and proof of payment to the RAC office for reimbursement. The reimbursement was capped at \$500 to course.
- The RAC office will obtain quotes for long shoe horns to be considered for additional fall prevention at a later date

Motion to approve the Education and Injury Prevention recommendations by Dwayne Harris; second by Deni Davis; all in favor, none opposed

Whole Blood – Committee chairs are actively attending the Monday meetings held by DSHS. Hendrick Regional Blood Center intends to roll-out their Whole Blood program late Oct/early Nov of 2026. Expectations are for the Contract to be released by DSHS November 2026. Currently the committee is working towards developing rotation plans, MOUs, Protocols and Procedures.

Pediatric – WHALES have been ordered and received to go with the current child safety car seat tags.

Open Forum

- Medical Directors Dinner - Provide overview of January 13, 2026 Dinner (8 Executive members and 10 Medical Directors attend)
- Reminder that Wristbands will be mandatory beginning 3/2026
- Hendrick Hospital holds Pre-Hospital Meeting quarterly to review Stroke, STEMI & Trauma. Currently those minutes are being shared with the RAC office. Martee Tebow is requesting approval for those minutes to be posted on the RAC website since many of the attendees are RAC members and the information pertains to all RAC members. The meetings are held the 2nd Monday of each quarter. Contact Linda Moffatt to be added to the distribution list of attendees.
- Are there any EMS or Hospitals that have not gotten set up with Pulsara?
Eastland, Sweetwater Fire, Rolling Plains and Aspermont have not gotten set up with Pulsara yet. Jay Ronda with Pulsara is a good contact for additional information and help.
- Reminder of New Survey on the home page and also under Injury Prevention called Injury/Prevention Program Reporting. This should be used to report and track any IP and Education Events. Added a direct link under the Injury Prevention Tab showing what events have occurred. This information would not have been readily available prior to this tool.

Community Outreach have occurred in RACD since August

- Hunters Safety
- Street Safety
- Injury Prevention
- Burn Education
- Child Seat Safety Check
- Open House
- Health Fair
- STB
- Fall Prevention
- Wellness Check/Screenings
- Bike Helmet
- Shattered Dreams

Meeting adjourned at 2:42 pm on motion made by Jonathan Galinak, second by Kellie Batangan; all in favor, none opposed.

Respectfully submitted,
Marlee Puckett, Executive Director

General Assembly Sign in Sheet

Date 1/23/2026

Provider	Committee	Member Name	Member Signature
Abilene Fire Department	Whole Blood	Ann Brown	[Signature]
Abilene Fire Department FRO	Injury Prevention and Education		
Air Evac Lifetream Abilene 63	Budget and Finance		
Air Evac Lifetream Eastland	Stroke	Alternate witnessed to be at the meeting	
Air Evac Lifetream Brownwood	Budget and Finance		
Airfile 3p (Native Air)	Budget and Finance		
Citizens	STEMI		
Coleman County Medical Center	Hospital		
Comanche County EMS	Injury Prevention and Education		
Comanche County Medical Center	Performance Improvement		
Cross Plains EMS	Budget and Finance		
Eastland Memorial EMS	STEMI		
Eastland Memorial Hospital	Hospital		
Eula VFD	Injury Prevention and Education		
Fisher County Hospital District EMS	Stroke		
Fisher County Hospital	Performance Improvement		
Hamlin EMS	Stroke		
Haskell County Ambulance Service, Inc.	Injury Prevention and Education		
Haskell Memorial Hospital	Hospital		
Hendrick Medical Center Brownwood	Hospital		
Hendrick Medical Center North	Injury Prevention and Education		
Hendrick Medical Center South	STEMI		
Jim Ned Volunteer Fire Department	Injury Prevention and Education		
Knox County EMS	Performance Improvement		
Knox County Hospital District	Hospital		
Lifeguard Ambulance Service - Brownwood	Performance Improvement		
MetroCare Services, Abilene-LP	Whole Blood		
MITCHELL COUNTY EMS	STEMI		
Mitchell County Hospital	Hospital		
Potosi VFD	STEMI		
Ranger Fd-EmS	Budget and Finance		
Rolling Plains Memorial Hospital	Performance Improvement		
Scurry County EMS	CHAIR		
Shackelford County EMS	Stroke		
Stamford EMS	Stroke		
Stephens Memorial Hospital	Hospital		
Stonewall Memorial EMS	Stroke		
STONEWALL MEMORIAL HOSPITAL	Hospital		
Sweetwater Fire Department	Injury Prevention and Education		
Taylor County EMS	Whole Blood		
Texas State Technical College	Injury Prevention and Education		
Throckmorton County EMS	STEMI		
Throckmorton County Memorial Hospital	Injury Prevention and Education		

AMCN
 HMCN - Trauma
 HMCN

Alternate witnessed to be at the meeting

[Signatures and names of alternate witnesses]

[Signatures and names of members]

Performance Improvement

(committee)

01-21-26

(date)

Old Business:

- Review of new questions added to Quarterly PI questionnaire.
- Was unable to get the additional records for the 2 P.I. cases spoken about in October meeting.

New Business:

- Review of questions that should be added to capture data on GETAC transfer information regarding ~~penetrating~~ ^{severe} trauma transfers over 2 hrs & under 2 hrs
(Penetrating, Blunt or Burns with ISS \geq 10 or greater)
- Discussion of one patient case that was submitted for review. NO negative outcome. Will track & trend.

Comments:

Members in attendance:

Name:
Deni Davis
Tammy Hamilton
Marla Bunnell
Carina Huff
Sarah Thompson
Sean McSunder
Hailey Morrow

Organization:
RPMH
Fisher Co Hospital
HMC-N
HMCW
CFMC
Hailey Morrow - KC EMS

Hospital

PLEASE SEND INFORMATION WHEN DISCOVERED THROUGHOUT THE QUARTER SO REVIEW CAN BE STARTED PRIOR TO RAC MEETING

SEND TO: thamilton@fishercountyhospital.com or denid@rpmh.net

1. Quarter Reporting

- Dec, Jan, Feb
- Mar, Apr, May
- June, July, Aug
- Sep, Oct Nov

2. Name of Entity:

3. Person Completing Report:

4. Number of Trauma Patients sedated in the field with mechanism of injury conducive for head injury?

5. Total number of diversion occurrences for your facility this quarter

6. Total number of hours on diversion for your facility this quarter.

7. Number of ^{Trauma} ~~patients that met the RAC-D definition of "Major Trauma"~~ that were transferred to hospitals outside of RAC-D this quarter.

8. Why was the patient transferred out of the RAC-D area?

9. Trauma patient ^{# of} transferred for higher level of care > 2 hours after arrival this quarter ^{with ISS of 9 or less}

10. Trauma patients ^{# of Severe} with Penetrating Injury & ISS of 10 or higher ^{10.5 - # of these pts with Transfer LOS > 2 hrs}

11. Severe trauma patients with Blunt trauma & ISS of 10 or higher

12. Severe trauma patients with Burns & ISS of 10 or higher ^{# of}

12.5 # of these pts with Transfer LOS > 2 hrs

~~13. Severe trauma patients with other mechanism of injury & ISS of 10 or higher~~

10. Number of transfer delays due to EMS Transportation

11. Number of transfer delays due to bed availability

12. Other (list out other reasons for delay)

13. Number of trauma related pediatric activations.

14. Number of trauma transfer denials (denied acceptance for transfer from your facility)

15. Number of transfer denials due to bed availability

16. Number of transfer denials due to specialty unavailable

17. Other (list out reasons for denial)

18. Number of trauma transfers from your facility whose acceptance time exceeds 30 minutes

19. Number of non ICU trauma admits (> 24 hours) to your facility this quarter.

20. Number of trauma patients admitted to your ICU this quarter

21. Number of trauma admissions with ISS > 9 this quarter.

22. Number of trauma-related deaths with opportunity for improvement this quarter.

23. Number of trauma-related deaths without opportunity for improvement this quarter

24. Number of patients admitted from the ER directly to the OR this quarter

25. How many Stroke transfers were sent to hospitals outside of the RAC-D area?

26. Why were they sent outside of the RAC-D area?

~~27. Was LYTIC given?~~

- Yes
- No

Number of Stroke patients that were given a thrombolytic prior to transfer.

~~28. Was LYTIC given in less than 60 minutes?~~

- Yes
- No

Number of stroke patients that were given a thrombolytic given prior to transfer ~~in~~ in less than 60 minutes

~~29. If delayed, was the reason for delay, patient centered~~

- Yes
- No

List Reasons for delay > 60 minutes for thrombolytic administration

30. HOW MANY STEMI TRANSFERS WERE TRANSFERRED TO HOSPITALS OUTSIDE OF RAC-D?

~~31. WAS LYTIC GIVEN PRIOR TO TRANSFER?~~

- Yes
- No

Number of ~~STEMI~~ STEMI patients that were given a thrombolytic prior to transfer.

32. IF NEEDING RAC-PI TO REVIEW A CHART, PLEASE COMPLETE INFORMATION BELOW.

Age:

33. Gender:

34. No Names - Chart Identification #:

35. Mechanism of Injury:

36. Identified injuries and pertinent information:

37. Patient Outcome:

38. REASON FOR RAC PI COMMITTEE REVIEW:

PLEASE SEND INFORMATION WHEN DISCOVERED THROUGHOUT THE QUARTER SO REVIEW CAN BE STARTED PRIOR TO RAC MEETING

SEND TO: thamilton@fishercountyhospital.com or denid@rpmh.net

Big Country Regional Advisory Council TSA-D
Performance Improvement Form
 ~ Hospital ~

Date: 12/30/2025 10:17:17 AM
 Name of Entity: Hendrick Medical Center-North Trauma Services
 Person Completing Report: Marla Bunnell, BSN, RN
 Reporting Period: Sep, Oct Nov


		Performance Improvement Criteria / Indicators
1	Number of Trauma Patients sedated in the field with mechanism of injury conducive for head injury?	2
2	Total number of diversion occurrences for your facility this quarter	3
3	Total number of hours on diversion for your facility this quarter.	9hr total
4	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	7, Take note, currently still abstracting October charts
5	Why was the patient transferred out of the RAC-D area?	Higher level of care for plastics and complicated neuro.
6	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	12
7	Number of transfer delays due to EMS Transportation	6
8	Number of transfer delays due to bed availability	0
9	Other (list out other reasons for delay)	N/A
10	Number of trauma related pediatric activations	7
11	Number of trauma transfer denials (denied acceptance for transfer from your facility)	0
12	Number of transfer denials due to bed availability	0
13	Number of transfer denials due to specialty unavailable	0
14	Other (list out reasons for denial)	N/A
15	Number of trauma transfers from your facility whose acceptance time exceeds 30 minutes	0
16	Number of non ICU trauma admits (> 24 hours) to your facility this quarter.	-186, October chart abstraction still in progress
17	Number of trauma patients admitted to your ICU this quarter	13
18	Number of trauma admissions with ISS > 9 this quarter.	36
19	Number of trauma-related deaths with opportunity for improvement this quarter.	0
20	Number of trauma-related deaths without opportunity for improvement this quarter	8
21	Number of patients admitted from the ER directly to the OR this quarter	24
22	How many Stroke transfers were sent to hospitals outside of the RAC-D area?	reported to RDC
23	Why were they sent outside of the RAC-D area?	reported to RDC
24	Was LYTIC given?	
25	Was LYTIC given in less than 60 minutes?	
26	If delayed, was the reason for delay, patient centered	
27	HOW MANY STEMI TRANSFERS WERE TRANSFERRED TO HOSPITALS OUTSIDE OF RAC-D?	reported to RDC
28	WAS LYTIC GIVEN PRIOR TO TRANSFER?	

IF NEEDING RAC-PI TO REVIEW A CHART, PLEASE COMPLETE INFORMATION BELOW.

Specific Occurrence Report		
Age: 46	Gender: Male	No Names - Chart Identification #: 20253228
Mechanism of Injury: Sedated in field conducive for head injury. Pt had no traumatic injuries, admitted due to sedation.		
Identified injuries and pertinent information:		

No traumatic injuries identified. See separate email.	
Patient Outcome: Discharged home hospital day 2.	
Reason for RAC PI Committee Review: To review sedation portion performed prehospital which led to pt admission without any traumatic injuries. Please see separate email with more information.	
Please do not fill in this section - For RAC-D PI Committee Review	
<input checked="" type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input checked="" type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
Action Plan <input checked="" type="checkbox"/> No action needed <input checked="" type="checkbox"/> Review with hospital or EMS providers <input checked="" type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other:

Reviewed by Performance Improvement Committee on 1/21/26

Signed Committee Chair: J Davis RN 

~~Have Shackelford Co EMS Review~~

HOSPITAL QUARTERLY REPORT – QUARTER 4 2025

NUMBER OF TRAUMA PATIENTS SEDATED IN THE FIELD WITH HEAD INJURY - 4

NUMBER OF DIVERSION OCCURENCES – 7

TOTAL NUMBER OF HOURS ON DIVERSION - 36

NUMBER OF “MAJOR TRAUMA” PATIENTS TRANSFERRED OUTSIDE OF RAC-D – 65

REASONS FOR TRANSFER OUT OF RAC-D – MULTI-SYSTEM TRAUMA, BURNS, PEDIATRIC TRAUMA, PENETRATING TRAUMA/GSW, SPECIALTY UNAVAILABLE, PATIENT REQUEST, BED AVAILABILITY

TRAUMA PATIENTS TRANSFERRED FOR HLOC >2 HOURS AFTER ARRIVAL – 80

NUMBER OF TRANSFER DELAYS DUE TO EMS TRANSPORTATION – 33

NUMBER OF TRANSFER DELAYS DUE TO BED AVAILABILITY – 2

OTHER REASONS FOR TRANSFER DELAYS >2 HOURS – SYSTEM DELAYS, ADDITIONAL TESTING ORDERED PRIOR TO TRANSFER, AWAITING TEST RESULTS, ER BUSY

NUMBER OF PEDIATRIC TRAUMA ACTIVATIONS – 37

NUMBER OF TRANSFER DENIALS - 7

NUMBER OF TRANSFER DENIALS DUE TO BED AVAILABILITY - 0

NUMBER OF TRANSFER DENIALS DUE TO SPECIALTY UNAVAILABLE – 7

OTHER REASONS FOR TRANSFER DENIALS – N/A

NUMBER OF TRAUMA TRANSFERS WITH ACCEPTANCE TIME >30 MINUTES – 5

NUMBER OF NON-ICU TRAUMA ADMITS >24 HOURS – 268

NUMBER OF ICU TRAUMA ADMITS >24 HOURS – 17

NUMBER OF TRAUMA ADMISSIONS WITH ISS >9 – 53

NUMBER OF TRAUMA DEATHS WITH OPPORTUNITY FOR IMPROVEMENT – N/A

NUMBER OF TRAUMA DEATHS WITHOUT OPPORTUNITY FOR IMPROVEMENT – 10

NUMBER OF TRAUMA PATIENTS ADMITTED ER TO OR – 25

NUMBER OF STROKE PATIENTS TRANSFERRED TO HOSPITALS OUTSIDE RAC-D – 2

REASONS FOR TRANSFER OUTSIDE RAC-D – PATIENT REQUEST

AIR MED QUARTERLY REPORT – QUARTER 4 2025

NUMBER OF OCCURENCES WITH SCENE TIME > 20 MINUTES – 7

REASONS FOR SCENE TIME > 20 MINUTES – CRITICAL PATIENT CARE, PACKAGING, EXTRICATION

NUMBER OF OCCURENCES WITH DISPATCH TO SCENE TIME > 30 MINUTES – N/A

REASONS FOR DISPATCH TO SCENE TIME > 30 MINUTES – N/A

NUMBER OF OCCURENCES WITH LIFT OFF TIME > 10 MINUTES FROM MISSION ACCEPTANCE – 12

REASONS FOR LIFT OFF TIME > 10 MINUTES – FLIGHT PLANNING, PRE-FLIGHT CHECKS, WEATHER CHECKS, PLACED ON STAND-BY, DISPATCH DELAY, PILOT SWITCH OUT

NUMBER OF MISSED FLIGHTS – 34

REASONS FOR MISSED FLIGHTS – WEATHER, MAINTENANCE, STAFFING, PREVIOUSLY COMMITTED

REASONS FOR PATIENT TRANSPORT OUTSIDE RAC-D – MULTI-SYSTEM TRAUMA, BURN

NUMBER OF STROKE PATIENTS TRANSPORTED TO A RAC-D FACILITY FROM SCENE – 3

REASONS FOR TRANSPORT OUTSIDE RAC-D – N/A

NUMBER OF STEMI PATIENTS TRANSPORTED TO A RAC-D FACILITY FROM SCENE – 4

REASONS FOR TRANSPORT OUTSIDE RAC-D – N/A

SPECIFIC OCCURENCES: N/A

EMS QUARTERLY REPORT – QUARTER 4 2025

NUMBER OF TRAUMA PATIENTS SEDATED IN THE FIELD - 9

EXPLANATION OF WHY SEDATION WAS NEEDED – SMOKE INHALATION/AIRWAY COMPROMISE, EXTENDED EXTRICATION WITH TRAPPED EXTREMITY, COMBATIVENESS AFTER CHI, INTUBATION /RSI, MULTIPLE BONY DEFORMITIES

NUMBER OF TIMES SCENE TIME > 20 MINUTES – 163

REASONS FOR SCENE TIME >20 MINUTES – AWAITING AIR TRANSPORT, TRIAGE, PATIENT CARE, EXTRICATION, MULTIPLE PATIENTS AT SCENE

DISPATCH TIME TO SCENE TIME > 30 MINUTES – 19

REASONS FOR DISPATCH TO SCENE TIME > 30 MINUTES – INCREASED DISTANCE TO SCENE, STAGING WITH LAW ENFORCEMENT

NUMBER OF TRAUMA RELATED PEDIATRIC ACTIVATIONS – 2

NUMBER OF "MAJOR TRAUMA" PATIENTS TRANSFERRED OUTSIDE OF RAC-D – 11

REASONS FOR TRANSFER OUT OF RAC-D – MULTIPLE TRAUMA, PENETRATING TRAUMA, BURNS INVOLVING UPPER AIRWAY, NEED FOR HLOC

NUMBER OF TRAUMA-RELATED PTS PRONOUNCED DEAD AT SCENE W/O OPPORTUNITY FOR IMPROVEMENT – 10

NUMBER OF TRAUMA DEATHS WITH OPPORTUNITY FOR IMPROVEMENT – N/A

NUMBER OF TIMES AIR MEDICAL REQUESTED BUT UNABLE TO RESPOND – 6

REASONS AIR MEDICAL UNABLE TO RESPOND TO TRAUMA PATIENT – WEATHER, PLACED ON STAND-BY

NUMBER OF TIMES AIR MEDICAL UNABLE TO RESPOND TO A STROKE PATIENT – 2

REASONS – NOT LISTED

NUMBER OF TIMES AIR MEDICAL UNABLE TO RESPOND TO A STEMI PATIENT – 1

REASONS – WEATHER

HOW MANY STROKE PATIENTS WERE TRANSPORTED BY EMS TO A RAC-D HOSPITAL FROM THE SCENE – 77

REASONS STROKE PATIENT WAS TAKEN STRAIGHT TO A HOSPITAL OUTSIDE RAC-D – N/A

HOW MANY STEMI PATIENTS WERE TRANSPORTED BY EMS TO A RAC-D HOSPITAL FROM THE SCENE – 25

REASONS STEMI PATIENT WAS TAKEN STRAIGHT TO A HOSPITAL OUTSIDE RAC-D – N/A

SPECIFIC OCCURENCES: N/A

Performance Improvement

- Review each survey to make sure the recently added questions gather the intended information and are placed correctly in the survey
- Review to add additional questions for penetrating trauma under 2 hours and over 2 hours

Performance Improvement

(committee)

10-15-25

(date)

Old Business:

Reviewed & Updated Quarterly P.I Questions for Air, EMS & Hospital

New Business:

- Discussed the reported cases from December through August.
- Updating ^{or reformatting} P.I forms to be ready to complete in December - ^{Deleting STEMI from}
- Reminding everyone that the section for specific occurrence only ^{needs} to be completed if you need RAC review

Comments:

Will be requesting additional information & records for 2 P.I. cases for further review via email and/or Teams prior to next in-person meeting.

Name:

Members in attendance:

Organization:

Deni Davis

RPM H

Evel Woyace

Hmc North

Carina Hill

HME North

marla Bunnell

HMCN

Kelly Hyde

Hmc North / RAC - Dated Director

Timmy Hamilton

Fisher Hospital

Wesley Feist

Commonwealth County Med Center

Juan Myrillo

KCH EMS

Kenny Dennis

LGA - Brown County EMS

STEMI

(committee)

1/21/2025

(date)

Old Business:

Working on Stemi Data From RDC pulled by PT

New Business:

No New business

Comments:

Members in attendance:

Name:

Jason Greubert
Linda Maffett
Josh Lofis
Kelby Hodges
Kellie Butanzen
Taryn Kidin
Ben Callis

Organization:

Mitchell County EMS
Hendrick Medical Center
Eastland EMS
Throckmorton Co EMS
Citizess EMS
Potosi VFD
Potosi VFD.

Old Business:

Passed STEMI Plan

PI Report 2 STEMI

- Did patient receive a lytic (#)

- State why patient is transported out (#)

New Business:

① STEMI Data from the RDC will be pulled by PI

Comments:

Members in attendance:

Name:

Kellie Butangan

Jason Gribble

Linda Mattatt

Gail Scroggs

Kelby Hodges

Leather Loftis

Jarun Biden

Lexie Feist

Organization:

Citizens EMS

Mitchell Centre EMS

HMC South/North - Arri Cookd.

HMC AMT - Stroke Navigator

Throckmorton Co EMS

Eastland Memorial Hospital EMS

Potosi VFD

Comanche County Medical Center

Hospital

(committee)

11/21/26

(date)

Old Business:

Critical Access Hospital in Rusk - KH

New Business:

↪ Pediatric Readiness Assessment is due soon
Pulaski Co Hospital
Lemcom for Rural Veterans Care App due in March

Comments:

Members in attendance:

Name:

Shaia Kuebler RN

Dannel Ferguson RN

Yvette L. L. L.

Mechan Skelton RN

Dwayne Harris ~

Andela Bell, RN

Holly Edgar, RN

Krystina HARBOLD RN

Hester Kise RN

Organization:

Knox County Hospital

Eastland Memorial

Mitchell County Hospital

Haskell Memorial Hospital

Hendrick Medical Center Brownwood

Coleman County Medical Center

Stephens Memorial Hospital

Stephens Memorial Hospital

Stonewall Memorial Hosp

Hospital

(committee)

10/15/25

(date)

Old Business:

~~Podiatric Resid Class a Flight!~~ will reach out to her about class to train us.

New Business:

- Critical Access Revals - all hospitals in RAC
- Knox Co Hospital - SWB
- Haskell Hospital - SWB
- Mitchell Co Hosp - SWB
- Stephens Memorial - SWB
- Coleman Hospital - SWB

Comments:

Members in attendance:

Name:

- Shelia Kuehler
- Yvette Woods
- Dwayne Harris
- Teresa Sainz
- Angela Bell
- Meghan Shelton

Organization:

- Knox Co Hospital
- Mitchell County Hospital
- Hendrick Medical Center BWO
- Stephens Memorial Hospital
- Coleman County Medical Center
- Haskell Memorial Hospital

Old Business:

New Business:

- Print white cards to include, with items already in stock? ⁶⁰
- Door Assistants? Log Sheet for NS? ⁷⁰
- Fall handout Printout? ⁸⁰
- Cadaver Lab → \$15,000
- The Science of Trauma → \$10,000
- Stroke education → \$10,000
- TEAR ~~for~~ 30 spots @ \$380 each \$11,400
- \$14,000 for reimbursement for any course must provide Marilee with Invoice/cancelled check

Comments:

Members in attendance:

Name:	Organization:
JOSHUA CHAPMAN	COMANCHE COUNTY EMS
Jenathan Gorkinak	Evie VFD
Chris Taylor	SWEETWATER FD
Stephanie Cantu	Hendrick North TPM
John Foster	Franklin County EMS
Justin Ray	Abilene Fire
Kinsi Voss	Rockwall County Memorial Hospital
Spencer Jackson	Hendrick north - ED educator
Tina BRANDON	Jim Neel VFD
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Education and Injury Prevention –

- Need to determine what/if any education will be provided
- Cadaver Lab – Interest from last year and carry over of those that didn't get to attend. Can we provide this training for those that didn't get to attend last year?
- Was it approved to order the door assist for the elderly?

Received this from TETAF

RAC Groups to Receive Reduced Price for TETAF Hospital Data Management Course

TETAF will offer reduced pricing of \$350 for the TETAF Hospital Data Management Course (HDMC) to any groups that the Regional Advisory Councils (RACs) would like to register for the course. **This price is good at any time until the last day of registration on February 20.**

patients may not see:

- loose rugs
- poor lighting
- cluttered walkway



- They can assess can assess medical history, medications, and mobility **on the spot**.
- They're not just a responder, they're a support beam for their patients making them feel safer.

SWOT: Community Paramedics in Fall Prevention

Strengths:

- Older adults trust EMS more than other healthcare providers.
- CP's can spot risks and/or implement easy safety changes on the spot.
- Patients get more personalized care
- Great for older adults whose family members live far away.

S

Weaknesses:

- Requires extra training and fundings.
- Older adults may feel uneasy having EMS vehicles or personnel regularly visiting.

W

Opportunities:

- Reduces unnecessary hospital trips.
- CP's can share insights directly with doctors.
- Provide home safety advice in people's living spaces.
- Education and training opportunity on fall prevention resources

O

Threats:

- Without reimbursement, it's hard to sustain these prevention visits.
- Records from CP's may not integrate well with doctor systems.
- Some patients may resist help.

T

(National Institute of Health)

with balance issues, or mobility challenges.

- Review recent medical procedures (e.g., joint replacements, sedation) that make individuals more susceptible to falling

2) HAZARD REDUCTION

- Assess both environmental and physical risk factors and mitigate risks wherever possible.

3) EDUCATION ON EQUIPMENT AND ENVIRONMENT

- Recommend adaptive equipment or home modifications to reduce fall risk.
- Provide training on mobility aids, such as proper cane or walker usage
- Suggest changes like relocating medication to minimize the need for bending or reaching.

4) CONTINUAL REASSESSMENT OF HIGH-RISK PATIENTS

- Regular follow-ups help ensure the patient remains safe over time.
- Reassessment also helps evaluate whether interventions have been effective.
- Ongoing monitoring allows for new risks to be addressed promptly.

5) MINIMIZE TRAVEL, MAXIMIZE SAFETY

- For patients with limited mobility or wheelchair dependence, community paramedics can deliver care in-home.
- This includes contacting physicians, managing medications, and performing basic assessments, reducing the need for frequent travel.

Email: joshua.cast@julota.com
Phone Number: +1 833-445-1600



Fall Risk Assessments in MIH-CP

In the U.S., falls from adults result in:



\$55 billion in healthcare costs annually



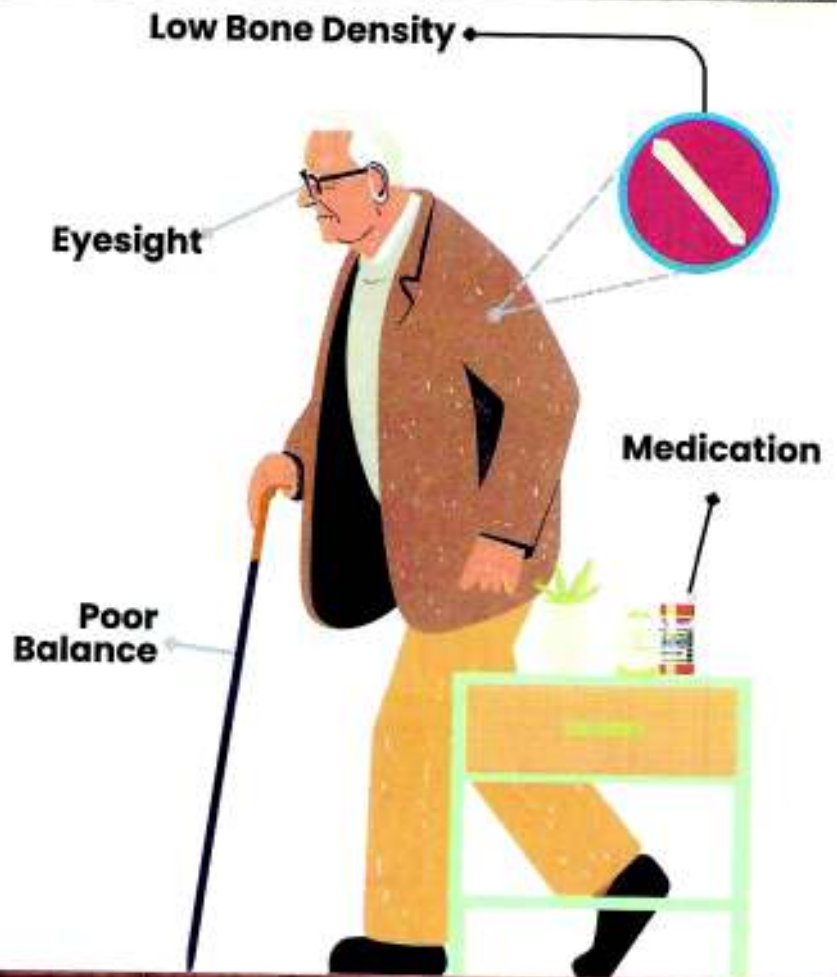
32,000 deaths annually

Falls Can Cause:

- Broken wrists, arms, ankles
- Hip fractures
- Head injuries
- Brain Trauma

Fear of falling can lead to reduced activity, which causes weakness and raises the risk of future falls.

What increases a person's risk of falls?



Community Paramedics As a Solution:

- Community Paramedics prioritize proactive care, oftentimes in a patient's home, rather than a hospital.
- They see what doctors and, most important, elderly

Fall Risk Assessment Steps:

1) FALL RISK ASSESSMENT (BEFORE AN INJURY)

- Identify individuals most at risk of falling, such as older adults, those



W.H.A.L.E. – We Have A Little Emergency!

The W.H.A.L.E. Vehicle Window Decal should be placed in the lower rear corner of the back seat windows. Two decals are placed on

either side of the car, letting rescuers know the occupants participate in the W.H.A.L.E. program and they can find information on the back of the car seat.

The W.H.A.L.E. Information Label is a 4"x5" label and should be completed and attached to the back of the Car Seat, this placement protects the child's privacy while providing responders with valuable medical and contact information about the child.

In the event of an emergency, this will give EMS and First Responders the information to locate caregivers, provide necessary information to the receiving hospital, and provide safe care for your child.



W.H.A.L.E. – We Have A Little Emergency!

The W.H.A.L.E. Vehicle Window Decal should be placed in the lower rear corner of the back seat windows. Two decals are placed on

either side of the car, letting rescuers know the occupants participate in the W.H.A.L.E. program and they can find information on the back of the car seat.

The W.H.A.L.E. Information Label is a 4"x5" label and should be completed and attached to the back of the Car Seat, this placement protects the child's privacy while providing responders with valuable medical and contact information about the child.

In the event of an emergency, this will give EMS and First Responders the information to locate caregivers, provide necessary information to the receiving hospital, and provide safe care for your child.



W.H.A.L.E. – We Have A Little Emergency!

The W.H.A.L.E. Vehicle Window Decal should be placed in the lower rear corner of the back seat windows. Two decals are placed on

either side of the car, letting rescuers know the occupants participate in the W.H.A.L.E. program and they can find information on the back of the car seat.

The W.H.A.L.E. Information Label is a 4"x5" label and should be completed and attached to the back of the Car Seat, this placement protects the child's privacy while providing responders with valuable medical and contact information about the child.

In the event of an emergency, this will give EMS and First Responders the information to locate caregivers, provide necessary information to the receiving hospital, and provide safe care for your child.



W.H.A.L.E. – We Have A Little Emergency!

The W.H.A.L.E. Vehicle Window Decal should be placed in the lower rear corner of the back seat windows. Two decals are placed on

either side of the car, letting rescuers know the occupants participate in the W.H.A.L.E. program and they can find information on the back of the car seat.

The W.H.A.L.E. Information Label is a 4"x5" label and should be completed and attached to the back of the Car Seat, this placement protects the child's privacy while providing responders with valuable medical and contact information about the child.

In the event of an emergency, this will give EMS and First Responders the information to locate caregivers, provide necessary information to the receiving hospital, and provide safe care for your child.

Old Business:

New Business:

\$70K Per Development Area - ~~talked~~ \$150K → \$50K per member

Keep stock of items ~~with sticker~~ ^{Cling} or window sticker?

Additional item to carry (Assist to get out of car handle) - TBD

Comments:

Members in attendance:

Name:

Organization:

- Jonathan Galinski
- Jessica Chapman
- Chris Taylor
- Ira McCullough
- Brian Buckley
- Kinsi Voss
- John Foster
- Brenna Hennen
- Justin Ray
- Stephanie Cheng

- Eula VFD
- Camanche EFD
- Sweetwater FD
- Jimned VFD
- Sweetwater FD
- Throckmorton County Memorial Hospital
- Haskell County Ambulance
- Hendrick Health Trauma Services
- Abilene Fire Dept FFD
- Hendrick North

Whole Blood

(committee)

Jan 21, 2026

(date)

Old Business:

Still waiting on contract from OSHS. Also still waiting on Hendrich Blood Center to start making/using whole blood.

New Business:

Discussed the whole blood program manager position & should we look to partner w other RACs or do that independently. Discussed we could be looking at ~~get~~ equipment, MOUs, & Protocols in the meantime until contract is in place. Discussed weekly PITW/BTF meetings & the task list they created.

Comments:

Members in attendance:

Name:

David Allman
Aaron Maxwell
Dr. Wes Hamilton
Cibella Ramirez Keeney
BRYAN CAWOLL

Organization:

Taylor Co. EMS
Abilene Fire
Metrocare / Abilene Fire
metrocare
METROCORE/HWZ

Air Evac Lifeteam

Prehospital Blood Product Transfusion Record

Patient Name:	Transporting PCR #	Receiving Facility Medical Record #:
---------------	--------------------	--------------------------------------

Product Unit Number (Affix sticker below, or write unit number)	Product Type (Check One)	Transfusion Date & Start Time	Transfusion Complete* (Check One)	Transfusion Reaction** (Check One)	Transporting Medic/RN Initials
1.	<input type="checkbox"/> PRBC <input type="checkbox"/> Plasma <input type="checkbox"/> LTOWB		<input type="checkbox"/> Yes <input type="checkbox"/> Ongoing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	<input type="checkbox"/> PRBC <input type="checkbox"/> Plasma <input type="checkbox"/> LTOWB		<input type="checkbox"/> Yes <input type="checkbox"/> Ongoing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	<input type="checkbox"/> PRBC <input type="checkbox"/> Plasma <input type="checkbox"/> LTOWB		<input type="checkbox"/> Yes <input type="checkbox"/> Ongoing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transporting Unit Name		Receiving Facility : _____		Type of Call (Check One): <input type="checkbox"/> Scene Call <input type="checkbox"/> Interfacility Transfer	
Reason for Transfusion: <input type="checkbox"/> Trauma <input type="checkbox"/> OB/GYN <input type="checkbox"/> GI Bleed <input type="checkbox"/> Other		Comments:			

**If blood product transfusion is ongoing at time of patient transfer to hospital, document "Ongoing."
 **Document actions taken in 'Comments' Section at the time of patient drop-off at receiving hospital.*

Mandatory Blood Product & Blood Form Tracking

- Transporting crew keep the original leave a copy AND the blood bag to the Emergency/Trauma Team.
- Emergency Department keep Copy; AND the blood bag to the Blood Bank/Transfusion Services.
- **Transporting Crew:** Take a photo, load to PCR and to documentation of the "Blood Usage" Smarsheet Chicklet

Actions to take for suspected transfusion reaction:

- ✓ **STOP TRANSFUSION**
- ✓ Disconnect tubing from infusion site; flush site with normal saline
- ✓ Keep line open with normal saline
- ✓ Re-initiate new transfusion if deemed clinically essential
- ✓ Document actions taken in 'Comments' section

Blood Bag & Form given to: _____
PRINTED NAME SIGNATURE

Whole Blood Committee

(committee)

10/15/25

(date)

Old Business:

None - this is first "official" meeting.

New Business:

Still waiting to see what contract language looks like from DSHS. Hendrick Regional Blood Center looking to roll out their internal whole blood program late Oct/early Nov. Conducting internal recruiting of male donors OPOS for low titer testing + potential addition to LTOWB donor list. Expecting RAC to receive contract from DSHS by end of November latest. Likely 1st & 2nd QTR 2026 before were ready to physically place blood on ambulances. In the meantime, have plenty of work to do developing rotation plans, MOUs, protocols, procedures, etc. Our recommendation is that this Whole Blood Committee will adopt + approve MOUs w/ agencies looking to participate in this contract program so we can ensure compliance w/ standards + contract language. Approx. 7 EMS agencies Comments: not including ~~air~~ who have existing equipment, etc. in place.

Members in attendance:

Name:

James Bryant +
Wesley Hamilton
Jessica Wentling
Brenna Forber
Aaron Maxwell
David Allman

Organization:

Metrocare
Metrocare / Abilene Fire
AirTex
Hendrick Regional Blood Center
Abilene Fire
Taylor Co. EMS

(Please return minutes to BCRAC Secretary after committee meetings)

Stroke Committee

(committee)

1/21/2026

(date)

Old Business:

Elizabeth Henry - Rehab options in region

New Business:

stroke education for regional hospitals and EMS

Essential

Future ESLS Emergency Stroke Life Support

Dr Hibbs/designee share 15 min education on stroke regional system of care/VAN score - prehospital committee

Need proposed education by end of month

Comments:

Members in attendance:

Name:

Organization:

Mantel Tebow

Folby Heron

Chase Davis

Brayley

Kristin Tamminga

Ashley McDonald

Judith

Hendrick Medical Center South

Shackelford EMS

Fisher County EMS

AKL 115

Hendrick Medical Center Brownwood

Stanford EMS

Hamilton EMS

Stroke Committee

(committee)

10/15/2025
(date)

Old Business:

PI Questions

New Business:

How many stroke transfers outside RACD?

Why?

Lytic?

Et

< 100 min or patient centered reason

Jan 13 - Medical Director Dinner

Stroke Plan - Update stroke designation once certificate received from DSHS

Elizabeth Henry - Choice - Rehab in region

Comments:

Members in attendance:

Name:

Christopher McDonald

Michael Herron

Chase Jarvis

Separe and

Martey Tabow

Marylinda Dean

Kateh Tamminga

Scott Aelos

Organization:

Stamford EMS

Shackelford Co EMS

Hendrick Health

Steuwally Mem Hosp EMS

Hendrick Medical Center Brownwood

Hamlin EMS