

**SOUTHWEST TEXAS
REGIONAL ADVISORY COUNCIL
for
TRAUMA SERVICE AREA-P**

**Regional Trauma System Plan
2009**

Revised April 21, 2009

**STRAC
7500 Hwy 90 West
Suite 200
San Antonio, TX 78227
210-822-5379 – Office
210-820-3888 - Fax**

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Overview of Trauma Service Area P

Description

Trauma Service Area P is composed of twenty two counties, with a total land mass of 26,770 square miles. Total population of TSA- P exceeds 2.4 million. There are three (3) urban counties (more than 50,000 population); fifteen (15) rural counties (less than 50, 000 population with more than six persons per square mile), and four (4) frontier counties (population with less than six persons per square mile).

Seven of the counties in TSA-P do not have hospitals and are dependent upon adjacent counties for acute care/inpatient care. All counties in TSA-P have EMS/First Responder agencies, with level of service ranging from Basic Life Support (BLS) to Mobile Intensive Care Unit (MICU) capabilities.

The large land mass of TSA-P, and the distances between rural facilities and the comprehensive trauma centers in San Antonio present a challenge for transfer of the acutely injured patient. Wherever feasible and appropriate, transport of critical patients identified by STRAC patient criteria (Trauma Alert, Heart Alert, Stroke Alert or similar) by air medical transportation resources is encouraged. The development of MEDCOM, which coordinates inter-hospital transfers, has decreased the bureaucratic obstacles for transfer and decreased acceptance time to approximately nine to ten minutes from first request by the transferring facility.

Table 1 summarizes the EMS agencies and number of designated acute care facilities per county available for care of the trauma patient.

County Profiles

Table 1: TSA-P County Profiles and Trauma Care Resources

County	Land Mass (Square Miles)	Total Population	County Type (pop per sq mi)	EMS /First Responder Agencies	Designated Acute Care Facilities
Atascosa	1,232	38,628	Rural (27)	3	0
Bandera	792	17,645	Rural (16)	1	N/A
Bexar	1,246	1,392,931	Urban (1,051)	27	10
Comal	562	78,021	Urban (119)	4	0
Dimmitt	1,331	10,248	Rural (7.8)	3	1
Edwards	2,120	2,162	Frontier (1.27)	1	N/A
Frio	1,133	16,252	Rural (13.7)	1	1
Gillespie	1,061	20,814	Rural (18.4)	2	0
Gonzales	1,068	18,628	Rural (16.4)	1	1
Guadalupe	711	89,023	Urban (101)	5	1
Karnes	750	15,446	Rural (16.7)	1	0
Kendall	663	23,743	Rural (28.9)	1	N/A
Kerr	1,106	43,653	Rural (37)	1	0
Kinney	1,364	3,379	Frontier (2.4)	1	N/A
LaSalle	1,489	5,866	Frontier (4.0)	1	N/A
Maverick	1,280	47,297	Rural (34.3)	2	1
Medina	1,328	39,304	Rural (24.5)	3	1
Real	700	3,047	Frontier (3.8)	2	N/A
Uvalde	1,557	25,926	Rural (15.9)	3	1
Val Verde	3,171	44,856	Rural (13.6)	1	1
Wilson	807	32,408	Rural (32)	5	0
Zavala	1,299	11,600	Rural (9.2)	1	N/A
Total	26,770	1,827,953		70	18

TSA-P EMS Summary by County

EMS Agency	Address	City	State	Zip	County	Contact Person	Phone#	Fax #	E-mail Address
1st Priority A mbulance	900 Northeast Loop 410	San Antonio	TX	78209	Bexar	Brian Norris	210-930- 4357		bnorris.1stp@gmail.com
A-1 First Response EMS	1700 South Saint Marys Street	San Antonio	TX	78210	Bexar				
Air Evac LifeTeam	PO BOX 8161	Horseshoe Bay	TX	78657	Comal	Terri Thompson	417-274- 2270		thompsonteri@air- evac.com
Air Medical, LTD	1806 Entrance Dr	New Braunfels	TX	78130	Guadalupe	Joe McCart	830-625- 3500		
Akin Ambulance	P.O. Box 1780	Seguin	TX	78155	Guadalupe	Scott Akin	830-534- 3474	830-372- 1244	akinambulance@the- cia.net
Alamo Area Ambulance	PO Box 291183	San Antonio	TX	78229	Bexar	John Pegues	210-682- 5911	210-682- 5913	
Alamo Heights Fire/EMS	6116 Broadway	San Antonio	TX	78209	Bexar	Bill Woodward	210-824- 1281/210- 415-5588 (24hrs)	210-828- 3006	bwoodward@ci.alamo- heights-tx.us
Allen Ambulance Service	2897 N.E. Loop 410	San Antonio	TX	78218	Bexar	Roger Saenz	210- 681- 0111		
Amb-Trans Ambulance Service	538 W. Woodlawn	San Antonio	TX	78212	Bexar	Maurice Shaner	210-734- 7552	210-734- 2292	maury@ambitrans.com
Ambulance Billing Systems	5368 Fredericksburg Road Suite 310	San Antonio	TX	78229	Bexar	Steve McCormick	210-375- 1700	210-366- 9050	

EMS Agency	Address	City	State	Zip	County	Contact Person	Phone#	Fax #	E-mail Address
American Medical Response Inc.	11911 Radium	San Antonio	TX	78216	Bexar	Kenneth Bouldin	210-599-9208, ext 57129	210-599-9590	kbouldin@amr-ems.com
American Metropolitan Amb. Co.	5051 IH 10 West Suite 1	San Antonio	TX	78201	Bexar	Pablo Salazar	210-344-7002	210-344-9860	amacems@aol.com
Americana Ambulance	4127 E. Southcross	San Antonio	TX	78222	Bexar	Danny Metcalf	210-590-1911	210-590-1924	dannymetcalf@americanaambulance.com
Amistad Ambulance Transports	3912 East Highway 90	Del Rio	TX	78840	Val Verde	Arnold Chacon	830-298-9796	830-298-3040	
Apollo Ambulance Service Inc	107 Turner Lane	Floresville	TX	78114	Wilson	Jesse Davis	830-393-8555	830-393-8829	apolloamb@yahoo.com
Atascosa County EMS	915 Main St.	Jourdanton	TX	78026	Atascosa	Jimmy Day	830-769-2702	830-767-2047	ACES@intersatx.net
Balcones Heights Fire Dept	3300 Hillcrest	San Antonio	TX	78201	Bexar	Ben Hoeffner	210-735-9206	210-732-2869	
Bandera County EMS	P.O. Box 5	Bandera	TX	78003	Bandera	Cindy Martin	830-796-4282	830-796-4929	c.martin@78003.com
Bexar/Bulverde Fire Dept	PO BOX 45	Bulverde	TX	78163	Bexar	Tabor Mahan	830-438-2342		
Boerne Fire Dept.	726 N. Main	Boerne	TX	78006	Kendall	Jeff Fincke	830-249-8645	830-249-7874	
Border EMS	902 Orange	McAllen	TX	78501	Dimmitt	James Unwin	830-876-9778		
Bulverde-Spring Branch EMS	P.O. Box 38	Spring Branch	TX	78070	Cornal	Scott Wilkinson	210-241-1701/830-980-9452	830-980-7563	swilkinson@bsbems.org
Canyon Lake Fire/ EMS	P.O. Box 2140	Canyon Lake	TX	78130	Cornal	Shawn Wherry	830-907-2922	830-907-2408	chief500@gvfc.com

EMS Agency	Address	City	State	Zip	County	Contact Person	Phone#	Fax #	E-mail Address
Castle Hills Fire Dept.	Castle Hills Fire Dept.	Castle Hills	TX	78213	Bexar	Gerry Riedel, Fire Chief	210-342-2341 X217	210-341-6188	
China Grove Vol. Fire & Rescue	2456 B FM 1516	San Antonio	TX	78263	Bexar	Mike Winfield, Chief	210-859-2410	210-648-4923	
Cibolo Vol. Fire Dept.	P.O. Box 206	Cibolo	TX	78108	Guadalupe	Roger Niemietz, Chief	210-659-2673	210-658-8817	
Community EMS, Inc.	3006 Avenue G	Hondo	TX	78861	Medina	Sherry Trouten	830-288-6434	830-741-3396	community011@sbcglobal.net
Converse EMS	107 Station Street	Converse	TX	78109	Bexar	Gene Baldwin	210-658-8900	210-658-2222	cfdchief@sabx.rr.com
Cotulla EMS	P.O. Box 65	Cotulla	TX	78014	LaSalle	Frank Jenrings	830-879-3331	830-879-4827	cotullaems@sbcglobal.net
Crystal City EMS	101 East Dimmit St.	Crystal City	TX	78839	Zavala	Kimberly Samanieg-Mtz	830-374-7757	830-374-2123	ems_cc@yahoo.com
Devine EMS	303 South Teel Drive	Devine	TX	78016	Medina	Mike Farris	830-663-2121/210-260-3403	830-663-2500	mvems@sbcglobal.net
Dimmit County EMS	P.O. Box 341	Carrizo Springs	TX	78834	Dimmit	Rachel Montoya	830-854-0509	830-876-5590	dcems@sbcglobal.net
Eagle Creek EMS	11382 FM 775	Floresville	TX	78114	Wilson	Shirley Schriber	210-478-0790	830-393-0143	code03shur@aol.com / 210-478-0790
Eagle Pass Ambulance LLC	2320 Del Rio Boulevard	El Paso	TX	78852		Jesse Zavala	830-773-0787		
Eagle Pass Fire Department	2558 El Indio Hwy	Eagle Pass	TX	78852	Maverick	Roeglio De La Cruz	830-757-4231	830-757-9152	epfdchief@cityofeaglepas.s.com
Edwards County EMS	P.O. Box 185	Rocksprings	TX	78880	Edwards	Mike Farris	210-260-3403	830-683-2459	mvems@sbcglobal.net

EMS Agency	Address	City	State	Zip	County	Contact Person	Phone#	Fax #	E-mail Address
Emerald Ambulance	P.O. Box 690193	San Antonio	TX	78260	Bexar	Raymond Sotelo, Jr.	210-877-7355		
Esterella Medical Masters	700 S. Zarzamora, Ste LLE	San Antonio	TX	78237	Bexar	Suzanne Saldivar	210-434-2488		
Evening Star Ambulance	909 Main Street	Jourdanton	TX	78026				830-769-3238	
Express Care Ambulance	900 NE Loop 410	San Antonio	TX	78209	Bexar	Tina D. De los Santos	210-669-6548		tinadlopez1972@yahoo.com
First Medical Response of Texas	3720 Gattis School Rd #800, P.O. Box 264	Round Rock	TX	78664	Lenawee	Edwin Reyes	2104658911	5122334929	firstmedicalresponse@austin.tx.gov
Fredericksburg EMS	126 West Main	Fredericksburg	TX	78624	Gillespie	Wallace Britton	830-990-2024	830-997-1861	wbritton@fbgtx.org
Frio Canyon EMS	P.O. Box 803	Leakey	TX	78873	Real	Dianne Rogers	830-232-4317	830-232-4317	fcems@hctc.net
Frio County EMS	500 E. San Antonio St. #5	Pearsall	TX	78061	Frio	Teresa Humphreys	830-334-3201/210-415-5388 (24hrs)	830-334-0025	teresabilling@yahoo.com
Gemini Ambulance Service Inc.	2897 NE Loop 410	San Antonio	TX	78217	Bexar	Chris Willis	210-494-1069	210-737-2453	cswillis242@hotmail.com
Geronimo Vol. Fire Dept.	P.O. Box 51	Geronimo	TX	78115	Guadalupe	Wayman Krueger, Chief	830-606-0549	830-401-2322	
Gonzales County EMS	P.O. Box 62	Gonzales	TX	78629	Gonzales	Jim Russell or Robert McCauley	830-672-7675	830-672-2222	gcems@gvec.net
Harper Volunteer Fire Department	P.O. Box 154	Harper	TX	78631	Gillespie	Kimberley Long	830-864-5185	830-864-5778	kimlong@kctc.com
Hillcrest EMS	P.O. Box 291192	San Antonio	TX	78229	Bexar		832-277-5193		

EMS Agency	Address	City	State	Zip	County	Contact Person	Phone#	Fax.#	E-mail Address
Karnes County EMS	707 West Main	Kenedy	TX	78119	Karnes	John Smart	830-583-5145	830-583-2211	jsmart@wirelessfrontier.net
Kendall County EMS	1175 N. Main	Boerne	TX	78006	Kendall	Jeff Fincke	830-249-3721	830-249-7936	Jeff276@aol.com
Kerrville Fire/EMS	87 Coronado Street Suite 200	Kerrville	TX	78028	Kerr	Eric W. Maloney	830-257-5333	830-257-6705	ericm@kerrville.org
Kinney County EMS	P.O. Box 1499	Brackettville	TX	78832	Kinney	Bruce Hudgens	830-563-5187	830-563-9949	kc911@sbcglobal.net
Kirby EMS	115 Baurnan Street	Kirby	TX	78219	Bexar	Chuck Smith	210-661-2612	210-661-8074	roquemedic960@stic.net
La Vernia EMS	P.O. Box 308	La Vernia	TX	78121	Wilson	Marian Rye	830-779-1709 or 830-779-2159	830-779-5049	lvems@lavernia.net
Lake Dunlap Area VFD	915 Potthast	New Braunfels	TX	78130	Guadalupe	Scott Wiley, Chief	830-626-8497 or 830-237-1424 cell		maverickambulance@yahoo.com
Leon Valley Fire/EMS	6400 El Verde Road	San Antonio	TX	78238	Bexar	Stan Irwin	210-684-3219	210-521-5612	lvfd@satax.tx.com
Live Oak Fire Department	8001 Shin Oak	Live Oak	TX	78233	Bexar	Chief Brian Elbel	210-653-9140x241	210657-7930	belbel@ci.live-oak.tx.us
Lone Star Ambulance	1388 Williams	Eagle Pass	TX	78852	Maverick	Louis Gonzales	830-968-3740	830-758-1192	
Maverick Ambulance	1995 E Main St	Eagle Pass	TX	78852	Maverick	Adriam Davila	830-752-1126	830-752-1130	
MCA-Med Care Ambulance	P.O. Box 625	Adkins	TX	78101		Mitchell Shaner	210-337-7772		Medcareambulance@prodigy.net
Medical Reliance	7231 Poss Road	San Antonio	TX	78240	Bexar	Edgar Martinez	210-734-5275		

EMS Agency	Address	City	State	Zip	County	Contact Person	Phone#	Fax #	E-mail Address
Medina Valley EMS	P.O. Box 1367	Castroville	TX	78009	Medina	Mike Farris	210-260-3403	830-931-2772	mrvems@sbcglobal.net
Metro Ambulance Service, Inc.	P.O. Box 912	Schertz	TX	78154	Guadalupe	Susan Baldwin-Back	210-945-2022	210-945-8955	sbeck@txdirect.net
NC Ambulance Service	10112 Huebner Rd	San Antonio	TX	78240	Bexar		210-641-2900		
New Berlin Vol Fire Dept.	P O Box 392	LaVernia	TX	78121	Guadalupe	Kurt Strey	830-914-4980	830-779-1715	
New Braunfels Fire Department	P.O. Box 311747	New Braunfels	TX	78131	Comal	Mark Eliot	830-221-4264	830-608-2149	meliot@nbtexas.org
Nueces Canyon EMS	P.O. Box 460	Camp Wood	TX	78833	Real	Stephen Stephens	830-278-8494	830-591-1701	sstephensmedic@yahoo.com
Pulse Ambulance Service	P.O. Box 681225	San Antonio	TX	78250	Bexar	Nancy Hungerford	210-647-1453		
Quality Ambulance	619 Second St.	Pleasanton	TX	78064	Atascosa	Ed Mattis	210-884-6119	830-569-3872	
Sabinal EMS	PO BOX 104	Sabinal	TX	78881	Uvalde	Irma L. Rodriguez	830-591-7690/830-591-7690 (cell)	830-988-2217	irma@rbq.net
San Antonio AirLife	111 Dallas Street	San Antonio	TX	78205	Bexar	Shawn Salter	210-297-9608	210-297-0900	solizsteve@air-evac.com
San Antonio Fire Dept /EMS	115 Auditorium Circle	San Antonio	TX	78205	Bexar	Jesse Renteria	210-532-1900	210-207-8055	C851@sanantonio.gov
Schertz EMS	1404-B Schertz Parkway	Schertz	TX	78154	Guadalupe	Dudley Wait	210-658-6678	210-945-0310	dwait@ci.schertz.tx.us
Schertz Fire Dept.	1404 Schertz Pky P.O. Drawer 1	Schertz	TX	78154	Guadalupe	Eloy Friesenhahn, Chief	210-658-7477x1311		efriesenhahn@ci.schertz.tx.us

EMS Agency	Address	City	State	Zip	County	Contact Person	Phone#	Fax #	E-mail Address
Seguin Fire/EMS	110 Elm Street	Seguin	TX	78155	Guadalupe	Scott Mycue	830-401-2311	830-401-2358	firechief@ci.seguin.tx.us
Shavano Park EMS	15604 NW Military HWY	San Antonio	TX	78231	Bexar	Mike Naughton	210-492-1111	210-492-5884	mnaughton@shavanopark.org
Sisterdale Vol. Fire Dept.	P.O. Box 6038	Sisterdale	TX	78006	Kendall	Shannon Stockton, EMT-P	830-324-6737	830-324-6765	
Sonterra Medical Response	202 N. Loop 1604 W. Ste 119	San Antonio	TX	78232	Bexar	Brent Drost	210-852-5034	210-481-5098	dbadmedman3@aol.com
Southerncross Ambulance Service	P.O. Box 311295	New Braunfels	TX	78131	Cornal	Rick Anderson	830-629-2920	210-629-0857	southerncrossops@satx.rr.com
Southwest EMS aka HMKC Enterprise LP	4926 Research	San Antonio	TX	78240	Bexar	Mike West	210-877-1348		
STARFlight	7800 Old Manor Road	Austin	TX	78724	Travis	Casey Ping	512 854-6460		casey.ping@ci.austin.tx.us
Stockdale EMS	P.O. Box 341	Stockdale	TX	78160	Wilson	David Rice	830-996-3087	830-996-1607	david.rice@stockdalees.org
Terrell Hills Fire Dept.	5100 N. New Braunfels	San Antonio	TX	78209	Bexar	Buddy Kuhn, Chief	210-824-7401	210-822-2297	
Tx Regional EMS, Inc	1601 N. Second St	Pleasanton	TX	78064	Atascosa	Dennis Kelley	830-569-5755	830-569-5665	aggjmedic@yahoo.com
United Ambulance	PO BOX 762698	San Antonio	TX	78245	Bexar	Jason Peterek	210-259-1919	210-681-6905	unitedambulance@sbcglobal.net
United Medical Transports	P.O. Box 4289	Del Rio	TX	78841	Val Verde	Marco Antonio Perales	830-757-4067		

EMS Agency	Address	City	State	Zip	County	Contact Person	Phone#	Fax #	E-mail Address
Universal City Fire Dept.	2150 Universal City Blvd	Universal City	TX	78148	bexar	Ross Wallace, Fire Chief	210-659-0333x250	210-659-7062	
University Hospital EMS	4502 Medical Drive, MS 15-2	San Antonio	TX	78229	Bexar	Jeanne Wilson	210-358-3946	210-358-5978	jeannewilson@hotmail.com
Utopia EMS	P.O. Box 393	Utopia	TX	78884	Uvalde	Gary Davis	830-966-2435/830-279-6530 (cell)	830-966-2335	tataw@xramp.net
Uvalde EMS	P.O. Box 64	Uvalde	TX	78802	Uvalde	Stephen Stephens	830-278-8494	830-591-1701	ssstephensmedic@yahoo.com
Val Verde EMS	801 Bedell	Del Rio	TX	78840	Val Verde	Dennis Huebner	830-703-1701	830-774-2416	dennis.hebner@wvrmc.org
Wilson County ERT	602 5th Street	Stockdale	TX	78160	Wilson	Edwin Baker, Chief	830-996-3599	830-393-7359	wcert@felipsis.net

TSA-P Hospital Summary by County

County	Hospital	City	Urban or Rural	Trauma Level
General Hospitals				
Bexar	Baptist Medical Center	San Antonio	Urban	4
Bexar	Brooke Army Medical Center	Ft. Sam Houston	Urban	1
Bexar	Christus Santa Rosa Children's Hospital	San Antonio	Urban	ND
Bexar	Christus Santa Rosa City Centre	San Antonio	Urban	3
Bexar	Christus Santa Rosa Medical Center	San Antonio	Urban	4
Comal	Christus Santa Rosa McKenna	New Braunfels	Rural	4
Bexar	Christus Santa Rosa - Westover Hills	San Antonio	Rural	ND
La Salle	Community General Hospital	Dilley	Rural	4
Wilson	Connally Memorial Medical Center	Floresville	Rural	4
Dimmit	Dimmit County Memorial Hospital	Carrizo Springs	Rural	4
Frio	Frio Regional Hospital	Pearsall	Rural	4
Maverick	Ft. Duncan Medical Center	Eagle Pass	Rural	4

Gonzales	Gonzales Healthcare System	Gonzales	Rural	4
Guadalupe	Guadalupe Regional Medical Center	Seguin	Rural	4
Gillespie	Hill Country Memorial Hospital	Fredericksburg	Rural	4
Kerr	Kerrville VA Medical Center	Kerrville	Rural	ND
Medina	Medina Regional Hospital	Hondo	Rural	4
Bexar	Methodist Ambulatory Surgery Center	San Antonio	Urban	ND
Bexar	Methodist Children's Hospital	San Antonio	Urban	3
Bexar	Methodist Hospital	San Antonio	Urban	3
Bexar	Methodist Specialty and Transplant Hospital	San Antonio	Urban	4
Bexar	Metropolitan Methodist Hospital	San Antonio	Urban	4
Bexar	Methodist Hospital Stone Oak	San Antonio	Urban	ND
Bexar	Nix Health Care System	San Antonio	Urban	ND
Bexar	North Central Baptist Hospital	San Antonio	Urban	4
Bexar	Northeast Baptist Hospital	San Antonio	Urban	4
Bexar	Northeast Methodist Hospital	San Antonio	Urban	4
Karnes	Otto Kaiser Memorial Hospital	Kenedy	Rural	ND
Kerr	Peterson Regional Hospital	Kerrville	Rural	ND
Jourdanton	South Texas Regional Medical Center	Jourdanton	Rural	4

Bexar	South Texas Veterans Health Care Center	San Antonio	Urban	ND
Bexar	Southeast Baptist Hospital	San Antonio	Urban	4
Bexar	Southwest General Hospital	San Antonio	Urban	4
Bexar	South Texas Spine & Surgical Hospital	San Antonio	Urban	ND
Bexar	St. Luke's Baptist Hospital	San Antonio	Urban	4
Bexar	TexSan Heart Hospital	San Antonio	Urban	ND
Bexar	University Hospital	San Antonio	Urban	1
Uvalde	Uvalde Memorial Hospital	Uvalde	Rural	4
Val Verde	Val Verde Regional Medical Center	Del Rio	Rural	4
Bexar	Wilford Hall Medical Center	Lackland AFB	Urban	1

Specialty Hospitals

Bexar	The Compass Hospital of San Antonio	San Antonio	Urban	ND
Bexar	Healthsouth RIOSA	San Antonio	Urban	ND
Bexar	Foundations Surgical Hospital	San Antonio	Urban	ND
Bexar	Innova Hospital San Antonio	San Antonio	Urban	ND
Kerr	Kerrville State Hospital	Kerrville	Rural	4
Bexar	Kindred Hospital	San Antonio	Urban	ND

Bexar	La Hacienda Treatment Center	Hunt	Rural	ND
Bexar	Laurel Ridge Treatment Center	San Antonio	Urban	ND
Bexar	LifeCare Hospitals of San Antonio	San Antonio	Urban	ND
Bexar	Mission Vista Behavioral Health Center	San Antonio	Urban	ND
Bexar	Promise Specialty Hospital (SW General)	San Antonio	Urban	ND
Bexar	San Antonio State Hospital	San Antonio	Urban	ND
Bexar	San Antonio Warm Springs Rehab Hospital	San Antonio	Urban	ND
Bexar	Select Specialty Hospital of San Antonio (BMC)	San Antonio	Urban	ND
Bexar	Southwest Mental Health Center	San Antonio	Urban	ND
Bexar	Texas Center for Infectious Diseases	San Antonio	Urban	ND
Bexar	Texas Specialty Hospital at San Antonio	San Antonio	Urban	ND

Southwest Texas Regional Advisory Council (STRAC)

Certificate of Recognition



THE TEXAS DEPARTMENT OF HEALTH

Certificate of Recognition

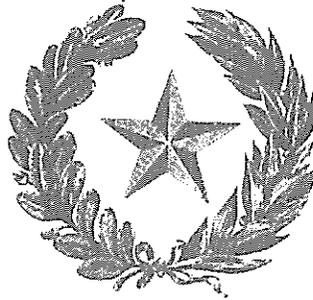
Southwest Texas Regional Advisory Council

The health care entities in Trauma Service Area-P are recognized for their leadership in establishing a Regional Advisory Council, a major step in improving the quality of trauma care in Atascosa, Bandera, Bexar, Comal, Dimmit, Edwards, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Kinney, La Salle, Maverick, Medina, Real, Uvalde, Val Verde, Wilson and Zavala counties.

October 20, 1993
DATE


DAVID R. SMITH, MD, COMMISSIONER
TEXAS DEPARTMENT OF HEALTH

Articles of Incorporation



The State of Texas

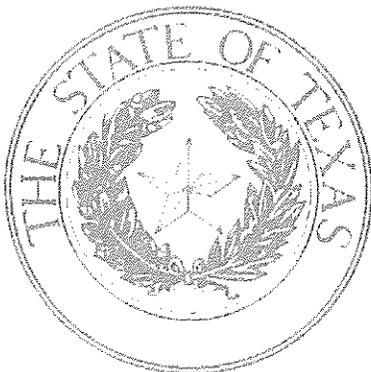
SECRETARY OF STATE

IT IS HEREBY CERTIFIED that the attached is/are true and correct copies of the following described document(s) on file in this office:

SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL.
FILE NO. 1484653-1

ARTICLES OF INCORPORATION

MARCH 30, 1998



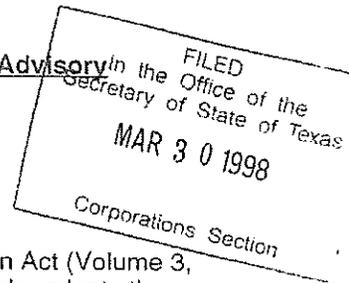
IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in the City of Austin, on June 28, 1999.

 DLM

Elton Bomer
Secretary of State

Articles of Incorporation for the Southwest Texas Regional Advisory Council

FILED in the Office of the Secretary of State of Texas
March 28, 1997
Corporations Section



Pursuant to article 1396-3.02 of the Texas Non-Profit Corporation Act (Volume 3, Vernon's Texas Civil Statutes) the undersigned incorporator hereby adopts the following Articles of Incorporation.

Article 1. Name

The name of this corporation is the the Southwest Texas Regional Advisory Council.

Article 2. Registered Agent

The name and address of the registered agent and registered office of this corporation is:

Ronald M. Stewart, M.D.
4502 Medical Drive
San Antonio, Texas 78229
United States of America

Article 3. Non-profit Purpose

This corporation is non-profit, and its purpose is to promote the public health by improving injury prevention, education, and injury related research. This corporation is organized exclusively for one or more of the purposes as specified in Section 501(c)(3) of the Internal Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Article 4. Initial Directors

The number of initial directors of this corporation shall be three and the names and addresses of the initial directors are as follows:

Ronald M. Stewart, M.D.
Department of Surgery
University of Texas Health Science Center at San Antonio
Room 237F
7703 Floyd Curl Drive
San Antonio, Texas 78284
United States of America

Pennie Koopman
8620 N. New Braunfels, Suite 420
San Antonio, Texas 78217

Kathy Fletcher
801 Bedell Ave.
Del Rio, Texas 78840

Article 5. Incorporator

The name and address of the incorporator of this corporation is:

Ronald M. Stewart, M.D.
6214 Ashford Point
San Antonio, Texas 78240
United States of America

Article 6. Duration

The period of the duration of this corporation is perpetual.

Article 7. Members

The classes, rights, privileges, qualifications, and obligations of members of this corporation, if any, are as stated in the bylaws of this corporation.

Article 8. Dissolution

Upon the dissolution of this corporation, its assets remaining after payment or provision for payment, of all debts and liabilities of this corporation shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or shall be distributed to the federal government, or to a state or local government.

Article 9. Tax Exemption Provisions

No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation except as otherwise provided by Section 501(h) of the Internal Revenue Code, and this corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of, or in opposition to, any candidate for public office.

List of Committees

(All standing committee chair appointments expire at the STRAC annual meeting in October)

Education

Chair Shirley Schriber, EMPT (Eagle Creek EMS Director)
Co-Chair Beth Tracy, MSN, RN, CEN(UT Health Science Center Faculty Associate Administrator)

Field Data Collection Steering Committee (STRAC Clinical Informatics Trauma Data Project)

Chair Preston Love, RN, BSN, MS (STRAC Division Director)

Pre-Hospital Care

Chair Mike Farris, LP (Medina County EMS Director)
Vice-Chair Dudley Wait, LP (Schertz EMS Director)

Medcom Advisory Board

Chair Ronald Stewart, MD (University Hospital)

Trauma System Performance Improvement

Chair Brian Eastridge, MD (San Antonio Military Medical Center-North)
Co-Chair Chillon Lambeck, RN, BSN (Christus Santa Rosa Healthcare System)

EMS/Hospital Disaster Group (EHDG)

Chair Eric Epley, EMT-P (STRAC Executive Director)
Co-Chair Robert Cocke, LP (STRAC Division Director)

Trauma Coordinators Forum

Chair Tracy Cotner-Pouncy, RN, BSN (SAMMC-South)

Regional Registry

Chair Preston Love, RN, BSN, MS (STRAC Division Director)

Injury Prevention

Chair Sheila Taylor, RN (Dimmit County Memorial Hospital)

CEO Advisory Board

Chair Ronald Stewart, MD (University Hospital)

Regional Stroke Systems Committee

Chair Ronald Stewart, MD (University Hospital)
Co-Chair Eric Epley, EMT-P (STRAC Executive Director)

Regional Cardiac Systems Committee

Chair Dudley Wait, LP (Schertz EMS Director)
Co-Chair Eric Epley, EMT-P (STRAC Executive Director)

EMS Medical Directors Committee

Chair Craig Manifold, MD (San Antonio EMS Medical Director)

Air Medical Providers Group

Chair Mike Farris, LP (Medina County EMS Director)

Related Committees

Diversion Task Force

Chair Bill Rasco, GSAHC

Governor's EMS and Trauma Advisory Council (GETAC)

Chair Pete Wolf

Regional Emergency Medical Preparedness Steering Committee (REMPSC)

Chair Harry Smith, GSAHC

AACOG Regional Emergency Preparedness Advisory Committee (REPAC)

Chair Judge Danny Scheel

BYLAWS
Of the
SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL
FOR TRAUMA SERVICE AREA-P
August 1, 2008

These Bylaws govern the operations of the Southwest Texas Regional Advisory Council (STRAC), which is a 501(c)3 non-profit organization functioning according to Department of State Health Services Rules 157.2 (2/17/92), and organized in accordance with the Texas Non-Profit Corporation Act. This Regional Advisory Council (RAC) is an organization of local citizens and member organizations representing all licensed health care entities within Trauma Service Area "P" (TSA-P).

ARTICLE 1

Mission

The mission of the Southwest Texas Regional Advisory Council is to reduce injury, death and disability, promote optimal trauma care to all persons injured in Trauma Service Area P (TSA-P), and to resolve conflicts and difficulties that may be encountered in the provision of trauma care, without regard to race, gender, color, creed, national origin, disability, or ability to pay. The STRAC shall develop, implement, and provide supervisory guidance for the regional trauma system operating in TSA-P. STRAC shall provide the working infrastructure necessary to satisfy the requirements set forth in the most current Texas Trauma Rules as promulgated by the Department of State Health Services.

ARTICLE 2

Definitions

- 2.1 Trauma Service Area – P: TSA-P includes the Texas counties of: Atascosa, Bandera, Bexar, Comal, Dimmit, Edwards, Frio, Gillespie, Gonzales, Guadalupe, Karnes, Kendall, Kerr, Kinney, LaSalle, Maverick, Medina, Real, Uvalde, Val Verde, Wilson and Zavala.
- 2.2 Membership: Refer to Articles 4 and 5.
- 2.3 Other: All other definitions are in accordance with those set forth by the Texas Department of State Health Services (DSHS).
- 2.4 Executive Committee: the Board of Directors for the Southwest Texas Regional Advisory Council, a 501(c)3 Organization, incorporated in the State of Texas.
- 2.5 Fiscal Year: September 1 – August 31

ARTICLE 3

Functions

- 3.1 Develop and continually update a trauma system plan for TSA-P and submit to the Department of State Health Services as required by the most current Texas Trauma Rules.
- 3.2 Determine methods for, and requirements governing, efficient and expedient inter-facility transfers that are most appropriate for the patient's needs for trauma care and/or rehabilitative services. These methods shall include, but not be limited to, the definition and determination of criteria for triage and criteria for patient transfer.
- 3.3 Provide a forum for communication between parties of the trauma care system to enhance networking and coordination of patient care issues.
- 3.4 Provide the public with information regarding trauma care and injury prevention.
 - 3.4.1 Support 9-1-1 and public access to trauma care.
 - 3.4.2 Support programs designed to facilitate prevention of trauma and to educate the public as to its importance.
- 3.5 Develop and implement guidelines designed to enhance the quality of trauma care provided within TSA-P.
 - 3.5.1 Assist member organizations in attaining/maintaining trauma designation or EMS licensure at the level appropriate to their available resources.
 - 3.5.2 Specify and conduct performance improvement activities.
- 3.6 Provide a forum to resolve disputes, provide voluntary non-binding mediation, and enhance collaboration among STRAC members/participants.
- 3.7 Endorse programs and adopt measures that will improve funding of trauma care services.
- 3.8 Develop and continually update a regional disaster plan for EMS and hospitals within TSA-P, as required by the most current Texas Trauma Rules and legislative mandates. Regional disaster planning and development is coordinated with appropriate state and local agencies.
- 3.9 Collaborate with local public health authorities to facilitate the integration of acute health care (clinical medicine) and public health initiatives.

ARTICLE 4

Membership and Dues

- 4.1 Membership Qualifications and Definitions
 - 4.1.1 General or Individual Member: A person or organization that resides, or provides trauma care in, TSA-P and meets at least one of the following criteria:
 - 4.1.1.1 An Emergency Medical Services provider or representative
 - 4.1.1.2 A health care professional involved in trauma care
 - 4.1.1.3 An employee or representative of a trauma care facility
 - 4.1.1.4 A local government or council of governments representative
 - 4.1.1.5 An individual or organization whose primary function or role is public safety and/or emergency management, injury prevention or rehabilitation.

- 4.1.2 Member Organization: Any licensed EMS provider or licensed hospital in Trauma Service Area P.
- 4.1.3 Member Organization Representative (MOR): An individual designated by the member organization to participate in STRAC activities. The member organization must submit the name of their representative in writing to the STRAC office. This submission will remain effective until STRAC is otherwise notified by the member organization. The MOR is authorized to vote on behalf of their member organization in any STRAC decisions.
 - 4.1.3.1 Hospital submissions for MOR must be signed by the hospital executive who has the ultimate authority for the trauma program (level of Vice-President or above).
 - 4.1.3.2 EMS submissions for MOR must be signed by the EMS Chief or Director.
- 4.1.3 Active Participant: A member organization that meets the requirements of "active participation," as defined by the current trauma plan (site the paragraph in TP). (Definitions of active participation are agreed upon by STRAC member organizations).
- 4.1.4 Voting Member: A member organization that is considered an "active participant," as determined by the most recent active participant report submitted to DSHS.
- 4.1.5 STRAC administrative staff is accorded privileges and responsibilities of voting member organizations, but are not afforded voting rights, nor have dues requirements
- 4.2 The Executive Committee will certify active participation in the STRAC, as defined in the trauma system plan.
- 4.3 The Voting Membership may set and change the amount of any dues or fees payable to the STRAC by its members. Dues are payable on the first day of the Fiscal Year.

ARTICLE 5

Voting Membership

- 5.1 Voting Member: A member organization that is considered an "active participant," as determined by the most recent active participant report submitted to DSHS.
- 5.2 Each member organization is allowed only one vote, regardless of number of individuals present from their organization. A list of voting member organizations is maintained by the STRAC office.
- 5.3 All other STRAC members are non-voting members.
- 5.4 Regular and routine business of the STRAC meetings is accomplished by voting members, in accordance with Robert's Rules of Order. The Vice-Chair shall monitor parliamentary procedure.

- 5.5 For the purpose of conducting official business of the STRAC, a quorum is defined as any voting members present, and at least two Executive Committee members.

ARTICLE 6

Executive Committee

- 6.1 The Executive Committee shall consist of the:

- Chair
- Immediate Past-Chair
- Chair Emeritus
- Vice-Chair
- Secretary
- Treasurer
- Executive Director
- one level 4 Rural Hospital
- one Level 4 at large
- one Suburban EMS
- one Rural EMS
- one EMS at large
- one Air Medical Provider representative.

The following entities will have standing appointments to the Executive Committee:

- Baptist Health System
- Brooke Army Medical Center
- Christus Santa Rosa Healthcare
- Methodist Healthcare
- University Hospital
- Wilford Hall Medical Center.
- one San Antonio EMS

The Chair Emeritus and Executive Director positions are non-voting members of the Executive Committee. If a member is elected to a position on the Executive Committee and is a representative of an entity to hold a standing appointment on the executive committee. That member will fill both positions.

- 6.2 Executive Committee responsibilities:

- 6.2.1 The Executive Committee, as elected representatives of the membership, is responsible for all business and activities of the organization.
- 6.2.2 Oversees all committees.
- 6.2.3 Ensures that all RAC funds are obligated in accordance with state and federal regulations.
- 6.2.4 Appoints replacement officers as needed.

- 6.2.5 Authorizes all agreements and contracts.
 - 6.2.6 Assigns and delegates responsibilities to officers, committees, and staff to accomplish functions/obligations of the RAC.
 - 6.2.7 Monitors and reviews financial status of the organization.
 - 6.2.8 Plans strategic fiscal management
 - 6.2.9 Authorizes proper staffing plan of RAC Office
 - 6.2.10 Oversight of adherence to bylaws and the trauma system plan
- 6:3 Executive Committee Member requirements
- 6.3.1 An Executive Committee Member is required to attend at least 75% of all executive committee meetings.
 - 6.3.2 An Executive Committee Member who does not meet the attendance requirements may be removed from the committee at the discretion of the committee.
 - 6.3.3 Absences resulting from military or other institutionally assigned deployments are exempt from 6.3.1 requirements.
- 6:4 The Executive Committee will meet a minimum of 4 times per year.
- 6.5 At least one Director At-Large must be from an EMS agency; at least one Director At-Large must be from a hospital. The third Director At-Large can be from either an EMS agency or hospital.
- 6.6 Director At-Large Terms of Office
- 6.6.1 Director At-Large, EMS - two year term, elected in even years.
 - 6.6.2 Director At-Large, Hospital - two year term, elected in odd years.
 - 6.6.3 Director At-Large, EMS/Hospital - two year term, elected in odd years.

ARTICLE 7

Officers and Elected Executive Committee Members

- 7.1 Officers and elected executive committee members are elected by a simple majority of the voting membership, with terms to commence immediately following the Annual membership meeting.
- 7.1.1. Officers: Chair, Vice Chair, Secretary, and Treasurer
 - 7.1.5 Elected Executive Committee Members : Level 4 Rural Hospital, Level 4 at Large, Suburban EMS, Rural EMS, EMS at Large, Air Medical Provider
- 7.2 Officers Terms of Office
- 7.2.1 Chair – two-year term, elected in even years.
 - 7.2.2 Vice Chair – two-year term, elected in odd years.
 - 7.2.3 Secretary – two-year term, elected in even years.
 - 7.2.4 Treasurer – two-year term, elected in odd years.
- 7.3 Appointed Members serving as officers

7.3.1 If any appointed member is elected as an officer, that member shall serve in both capacities.

ARTICLE 8

Election of Officers

- 8.1 The Chair shall appoint a Nominating Committee, to consist of at least three members of the voting membership. The Nominating Committee shall ensure the availability of the officer candidates and propose a slate of nominations for consideration by voting members. The list of nominees must be submitted to the STRAC office at least sixty (60) days prior to the annual meeting.
- 8.1.1 Nominations shall also be accepted from any STRAC members, if submitted to the STRAC office at least sixty (60) days prior to annual meeting.
- 8.1.1.1 Candidates must be employed by (or actively volunteer with) a voting member organization.
- 8.1.1.2 Candidates must express a desire to serve.
- 8.2 Election of officers shall occur prior to the annual meeting. Ballots are distributed to all voting member organization representatives. Election of officers is determined by simple majority of ballots returned.
- 8.3 Officers assume their respective positions immediately following their installation as officers by the Chair, Vice-Chair, or Executive Director, which occurs at the annual meeting.
- 8.4 The Chair and Secretary oversee the election process.
- 8.5 Executive Committee Members must be currently employed by (or actively volunteer with) a voting member organization.
- 8.6 An officer who does not comply with assigned responsibilities may be removed by a two-thirds (2/3) vote of the voting members present at a STRAC meeting; the Chair cannot vote. A replacement officer is appointed by the Executive Committee.
- 8.7 In the event an office is vacated by resignation or other cause, a replacement officer is appointed by the Executive Committee.

ARTICLE 9

Duties of Officers

- 9.1 The Chair is the executive officer of the STRAC. Responsibilities of the Chair:
- 9.1.1 Sets the agenda and presides at all meetings of STRAC.
- 9.1.2 Appoints all committee chairs.
- 9.1.3 Makes interim appointments as necessary, with approval of the Executive Committee.
- 9.1.4 Signs agreements and contracts, after authorization by the Executive Committee.
- 9.1.5 Calls special meetings when necessary.

- 9.1.6 Ensures that the STRAC is represented at all appropriate state and regional meetings.
- 9.1.7 Ensures that voting member organizations are informed of all appropriate state and legislative activities.
- 9.1.8 Performs other tasks as deemed necessary by the Executive Committee.

- 9.2 Responsibilities of the Vice-Chair:
 - 9.2.1 Performs the duties of Chair in the absence of the Chair.
 - 9.2.2 Performs duties assigned by the Chair, the Executive Committee, or voting member organizations.

- 9.3 Responsibilities of the Secretary:
 - 9.3.1 Disseminates all notices required by the Bylaws.
 - 9.3.2 Maintains a meeting attendance roster for member organizations.
 - 9.3.3 Maintains a database of current names and mailing addresses for all member organizations.
 - 9.3.4 Keeps minutes of all proceedings of the Executive Committee and for STRAC membership meetings.
 - 9.3.5 Manages the correspondence of the organization.

- 9.4 Responsibilities of the Treasurer:
 - 9.4.1 Manages all funds and assets of the STRAC, as provided in the Bylaws, or as directed by the Executive Committee.
 - 9.4.2 Monitors monies due and payable to the STRAC.
 - 9.4.3 Supervises the preparation of the annual budget with assistance from STRAC staff, and presents to Executive Committee for approval.
 - 9.4.3.1 After Executive Committee approval, presents draft budget to voting membership for final approval.
 - 9.4.3.2 Provides membership with a variance report that compares budgeted income and expenses with actual income and expenses.
 - 9.4.4 Monitors the financial records of the STRAC and arranges for an independent annual audit, as directed by the Executive Committee.

ARTICLE 10

Meetings

- 10.1 The Annual General Meeting occurs each fall, and is open to all members. A meeting notice is mailed distributed to all member organizations at least thirty (30) calendar days prior to the meeting.

- 10.2 Regular membership meetings, to include the Annual General Meeting, are held six times a year. Voting member organizations are notified of these meetings in writing, at least thirty (30) calendar days before the meeting.
 - 10.2.1 All regular membership meetings are held within TSA-P.
 - 10.2.2 The final agenda item of the Annual Meeting shall set the meeting times and locations for the coming fiscal year.

- 10.3 Special membership meetings may be called by the Chair, or at the request of any five (5) representatives of voting member organizations. Written notice is provided to member organizations and Executive Committee members at least seven (7) calendar days in advance, and shall state the date, time, location and purpose of the meeting.. At least one-third (1/3) of the Executive Committee should be present at special meetings.
- 10.4 Emergency meetings of the Executive Committee may be called by the Chair, and actions are addressed at the next meeting of the general membership. Executive Committee members are notified of the, date, time, location and purpose of the emergency meetings. A simple majority of the Executive Committee members is required at emergency meetings.
- 10.5 For the purpose of conducting official business of the STRAC, a quorum is defined as any voting members present, and at least two Executive Committee members

ARTICLE 11

Standing Committees

- 11.1 Structure, Composition and Areas of Emphasis
 - 11.1.1 Standing committees are broadly representative of the general membership, specific to the focus of the committee. Standing committee membership is limited to representatives of voting member organizations. Committee meeting attendance is limited to standing committee members, voting member organization representatives, and guests invited at the discretion of the standing committee chair.
 - 11.1.2 The Chair or Executive Committee may assign additional focus areas to standing committees as necessary.
 - 11.1.3 Standing committee charges, focus areas, and structure are defined in the Trauma System Plan.
 - 11.1.4 Standing committee chairs are appointed annually by the STRAC Chair.
 - 11.1.5 Standing committee chairs may be removed at the discretion of the Executive Committee. A replacement chair is appointed by the Executive Committee
 - 11.1.6 Standing Committee chairs must be currently employed by (or actively volunteer with) a voting member organization
- 11.2 STRAC Standing Committees:
 - 11.2.1 Injury Prevention Committee
 - 11.2.2 Pre-Hospital Care Committee
 - 11.2.3 Hospital Care and Management Committee
 - 11.2.4 Performance Improvement Committee
 - 11.2.4.1 Performance improvement process follows the guidelines detailed in Section 161.031 – 161.032 and Section 773.092(e) of the Texas Health and Safety Code, which detail the confidentiality afforded activities of this type.
 - 11.2.5 EMS/Hospital Disaster Group (EHDG)
 - 11.2.6 Trauma Coordinator's Committee
 - 11.2.7 Regional Registry Committee
 - 11.2.8 Field Data Collection Steering Committee

- 11.2.9 Education Committee
- 11.2.10 Pediatric Committee
- 11.3 Air Medical Provider Advisory Group (AMPAG)
 - 11.3.1 Advises STRAC membership on issues related to air medical transport.
 - 11.3.2 Works with the Pre Hospital Committee to develop Air Medical Protocols.
- 11.4 Regional Stroke Systems Committee
- 11.5 Regional Cardiac Systems Committee

ARTICLE 12

Transactions of the STRAC

- 12.1 Contracts: The Executive Committee may authorize any agent of the STRAC to enter into a contract, or to execute and deliver any instrument in the name of, and on behalf of, the STRAC.
- 12.2 Banking: All funds of the STRAC are deposited to the credit of the STRAC in banks, trust companies, or other depositories selected by the Executive Committee.
- 12.3 Gifts: The Executive Committee may accept on behalf of the STRAC, or may make contributions to charitable organizations, gifts that are not prohibited by any laws, articles, or regulations in the State of Texas.
- 12.4 Conflicts of Interest: The STRAC shall not make any loan to any member or officer of the STRAC, and shall not transact personal business with any Executive Committee member or officer.
- 12.5 Prohibited Acts: As long as the STRAC is in existence, no officer or member shall act in violation of the Bylaws or a binding obligation of the STRAC, and shall NOT:
 - 12.5.1 Act with the intention of harming the STRAC or its operations.
 - 12.5.2 Act in any manner that would make it impossible or unnecessarily difficult to carry on the intended or ordinary business of the STRAC
 - 12.5.3 Receive an improper personal benefit from operation of, or participation, in STRAC
 - 12.5.4 Use the assets of the STRAC, directly or indirectly, for any purpose other than carrying on the business of the STRAC.
 - 12.5.5 Wrongfully transfer or dispose of STRAC property
 - 12.5.6 Use the name of the STRAC or any trademark or trade name adopted by the STRAC, except on behalf of the STRAC in the ordinary course of the STRAC business.
 - 12.5.7 Disclose any of the STRAC business practices, trade secrets, or any other information (not generally known to the community) to any person not authorized to receive it.

ARTICLE 13

Books and Records

- 13.1 The STRAC shall keep correct and complete books and records of account. These documents may be inspected and/or copied for any designated representative of a voting member

organization. Such requests to review, inspect, or receive copies of the books and records of the STRAC must be made in writing to the Executive Committee, with reasonable notice, and during normal business hours.

- 13.2 The Executive Committee may establish reasonable fees for copying STRAC books and records.
- 13.3 STRAC will assess the needs of its membership through the standing committees, work groups and other evaluation assessment tools.

ARTICLE 14

Proxies

- 14.1 A designated person wishing to vote by proxy must present a written statement to the STRAC office (or to a STRAC staff member) on the organization's letterhead. The statement must be signed by the member organization representative (or higher authority within the organization), and must confirm the individual's authorization to cast a vote on behalf of the member organization.

ARTICLE 15

- 15.1 STRAC is prepared to support additional non-trauma related missions mandated by State or Federal Authorities including, but not limited to, the Department of the State Health Services or Department of Homeland Security. This support may include coordination or supplying of services and/or administrative support/oversight for these endeavors, at the direction of the Executive Committee. These missions may include, but are not limited to, terrorism preparedness and response initiatives, stroke/cardiac system designation or other emergency healthcare system-related initiatives.

ARTICLE 16

Bylaws

- 16.1 The Bylaws may be altered, amended, or repealed and new bylaws adopted by a two-thirds (2/3) majority of voting members present at any STRAC membership meeting..
- 16.2 The Bylaws are construed in accordance with the laws of the State of Texas.
- 16.3 If any bylaw is held to be invalid, illegal, or unenforceable in any respect, the invalidity, illegality, or enforceability shall not affect any other provision, and the Bylaws are construed as if the invalid, illegal, or unenforceable provision had not been included in the bylaw.
- 16.4 The Bylaws are binding upon the Executive Committee and the general membership.
- 16.5 An annual review of the Bylaws is conducted by an Ad Hoc Bylaws committee to address changes within STRAC, and to maintain compliance with DSHS legislation. Suggested

amendments may be presented during any general membership meeting. A two-third (2/3) majority of voting members present is required for approval

CERTIFICATION OF SECRETARY

I certify that I am the duly elected and acting Secretary of the Southwest Texas Trauma Regional Advisory Council and that the foregoing Bylaws constitute the Bylaws of the STRAC. These Bylaws were duly adopted at a meeting of the general members of the STRAC.

DATED THIS ____ DAY of _____, 200__

(Signature)

(Printed Name) Secretary of the STRAC

List of Current Officers, 2008- 20010

Chair Ronald Stewart, MD
Director, Trauma & Emergency Surgery Service
Department of Surgery, UTHSCSA
7703 Floyd Curl Drive
San Antonio, Texas 78284
Office: 210-567-3623
Fax: 210-567-6890
Term ends: Sept, 2011

Treasurer Dudley Wait
Director, Schertz EMS
1400 Schertz Parkway
Schertz, TX 78154
Office: 210-658-6678
Fax: 210-945-0310
Term ends: Sept, 2009

Emeritus Chair Charles Bauer, MD
Department of Surgery,
THSCSA
7703 Floyd Curl Drive
San Antonio, Texas 78284
Page: 210-756-2458
No term expiration

At Large (Hospital)
Jennifer Broughton
Trauma Coordinator
Southwest General
7400 Barlite Boulevard
San Antonio, TX 78224
Office: 210-921-8629
Term ends: Sept, 2009

Vice Chair Brian Eastridge
Joint TheatreTrauma Systems
3851 Roger Brooke Drive
Fort Sam Houston, TX 78234
(210) 916-5250
Term ends: Sept 2009

At-Large (EMS) Mike Farris, LP
Director, Medina Valley EMS
P.O. Box 1367
Castroville, TX 78009
Office: 830-931-2777
Term ends: Sept, 2011

Secretary Sherry Trouten
EMS Director
Community EMS
3006 Avenue G
Hondo TX, 78861
Office: 830-288-6434
Term ends Sept 2011

At-Large - Either
Karla Rushing
Trauma Coordinator
3100 Avenue E
Hondo, Tx 78867
830-426-7780
Term Ends: Sept, 2009

Rural EMS Shirley Schriber
11382 FM 775
Floresville, TX 78114
210-478-0790
830-221-4264
Term ends Sept 2009

Suburban EMS Mark Elliot
New Braunfels Fire Dept
PO BOX 311747
New Braunfels, TX 78131
Term ends Sept 2011

Standing Appointments
Air Medical Provider
Baptist Health System
Brooke Army Medical Center
Christus Santa Rosa Healthcare
Methodist Health System
University Healthcare
Wilford Hall Medical Center
San Antonio EMS

Elections are held annually before the October Annual Meeting, between the August and October meetings. See Bylaws for further details.

List of Committees

(All standing committee chair appointments expire at the STRAC annual meeting in October)

Education

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Co-Chair Beth Tracy, MSN, RN, CEN(UT Health Science Center Faculty Associate Administrator)

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Chair Pete Wolf

Regional Emergency Medical Preparedness Steering Committee (REMPSC)

Chair Harry Smith, GSAHC

AACOG Regional Emergency Preparedness Advisory Committee (REPAC)

Chair Judge Danny Scheel

STRAC Member Participation Requirements

STRAC's membership consists of all aspects of the trauma patient care continuum. However, EMS and hospital members have regulatory requirements to fulfill by maintaining "active participation" on the RAC.

All members are encouraged to be active participants, but the STRAC reports the active participation of EMS providers, hospitals and first responder organizations to the Texas Dept. of State Health Services (DSHS) for funding eligibility and other regulatory functions. STRAC's fiscal year is identical to the DSHS fiscal year, which begins September 1 and ends August 31. The first meeting is the annual meeting each October.

EMS agency active participation requirements:

1. Attend at least 50% of general STRAC meetings (3 of 6) annually.
2. Participate in at least 50% of one committee annually.
3. Pay annual dues of \$150 per licensed ambulance* (Dues may be waived if written request is submitted)

*EMS agencies receive a \$50/ambulance dues discount for participation in the data project

Hospital active participation requirements:

1. Attend at least 50% of general STRAC meetings (3 of 6) annually.
2. Participate in at least 50% of one committee annually.
3. Pay annual dues of \$15/licensed bed*.

*Hospitals receive a \$3/licensed bed dues discount for participation in the data project

First Responder Organization active participation requirements:

1. Attend at least 33% of general STRAC meetings (2 of 6) annually.
2. Pay annual dues of \$50. (Dues may be waived if written request is submitted)

Noncompliance of requirements

Agencies that do not meet STRAC Active Participation requirements will not be listed on the Active Participation report each year to DSHS and are not allowed to vote in STRAC proceedings. Further, members who are not active participants may not be eligible to participate in various regional projects like the STRAC-ID badging system.

System Access

There are a number of systems available for access to emergency care. Basic 911 is a system providing dedicated trunk lines that allow direct routing of emergency calls. Enhanced 911 is a system which automatically routes emergency calls to a pre-selected answering point based upon geographical location from which the call originated. Automatic Number Identification (ANI) and Automatic Location Identification (ALI) are available only with Enhanced 911.

Bexar Metro 911 has authority for the counties surrounding San Antonio (Bexar, Comal, Guadalupe) and provides both monetary and technical assistance to each area's PSAP (Public Safety Answering Point). Bexar Metro 911 also provides educational offerings to area elementary schools on the proper use of the 911 system.

Back up systems for the civilian population to 911 include regular phone numbers listed in the front of phone books, but realistically if 911 is inoperable, the entire telephone system is likely to be down. There is currently no back up to the telephone system for access to EMS if the telephone system is down.

Within Trauma Service Area P, all residents have access to the EMS system utilizing 911. Table 2 summarizes system access throughout the region by county.

Communications

There are a variety of methods for dispatching emergency medical services within TSA-P. Each county has its own dispatch center, usually the county law enforcement agency. There is no centralized dispatch center for the region.

Few of the agencies in TSA-P currently have formal EMD dispatchers in place, more commonly the callback number is given to the EMS unit responding, and who then makes a cell phone call to the residence in an effort to give some type of pre-arrival instructions. While certainly not ideal, this informal method of EMD has resulted in positive outcomes. Another problem facing EMS agencies within STRAC is the lack of rapid and consistent communication pathways to mutual aid agencies, on-line medical control and MEDCOM. For some agencies, they have places in their coverage area where there are NO communications capabilities at all, requiring the EMS agency to utilize the hard-line telephone system to communicate with their dispatch center. This lack of consistent and comprehensive communications system throughout the region creates difficulties for other STRAC related projects, such as regionalized medical control.

Plan: The advantages of having a regional EMS communications center capable of assisting all EMS agencies with Emergency Medical Dispatch functions, on-line medical control, assisting with disaster, mutual aid, and air medical response and providing assistance with hospital diversion and bed availability is being explored by the Medcom Advisory Board that oversees the MEDCOM program. Long term plans to this end include on-going discussions in the Pre-hospital Committee, EMS Hospital Disaster Group (EHDG) and the Education Committee. Further discussion about appropriate expansion of the MEDCOM program will be held with the Medcom Advisory Board, which oversees the Trauma MEDCOM.

EMSystem or a similar capability should continue to be utilized to communicate ER diversion and other critical information. EMSystem is managed by STRAC and provides data to the Diversion Task Force for evaluation/review.

WebEOC is utilized in times of crisis and has been highly valuable in tracking assets, personnel and exchanging information real-time among hospitals, the Regional Medical Operations Center, the EOC, and the State of Texas. Future plans include training all EMS agencies and hospitals to utilize WebEOC. WebEOC is a joint project between the STRAC and the City of San Antonio's Office of Emergency Management. WebEOC is managed by STRAC, with oversight/input from the Emergency Management Coordinator for the City.

Physician Medical Oversight

Medical oversight is defined as the assistance given to the RAC in system planning by a physician or group of physicians designated by the RAC to provide technical assistance. Input from the medical community is critical to the success of the RAC. Physician participation by Trauma Surgery and Emergency Medicine specialists remains high in all aspects of the STRAC.

Within TSA-P, the following committees have physician oversight:

- Trauma Performance Improvement
- Medcom Advisory Group
- Executive Committee
- Strategic Planning Committee (Ad Hoc)
- Trauma Plan Review Committee (Ad Hoc)
- Bylaws Review Committee (Ad Hoc)
- Regional Cardiac Systems Committee
- Regional Stroke Systems Committee
- Regional Stroke Performance Improvement Committee
- Regional Cardiac Systems Committee

Pre-Hospital Trauma Triage and Bypass Algorithm

Hospital bypass is defined as transporting the patient to the nearest hospital that has the appropriate level of care for the patient's suspected severity of injury. The goal of the TSA-P regional trauma system plan is to deliver the right patient to the right facility in the right amount of time. To accomplish this, a "Bypass" of the nearest facility in favor of transport to a facility with the appropriate resources may be required. Bypass reduces the amount of time from injury to definitive care at a Level I Trauma Center by eliminating inter-hospital transfer issues.

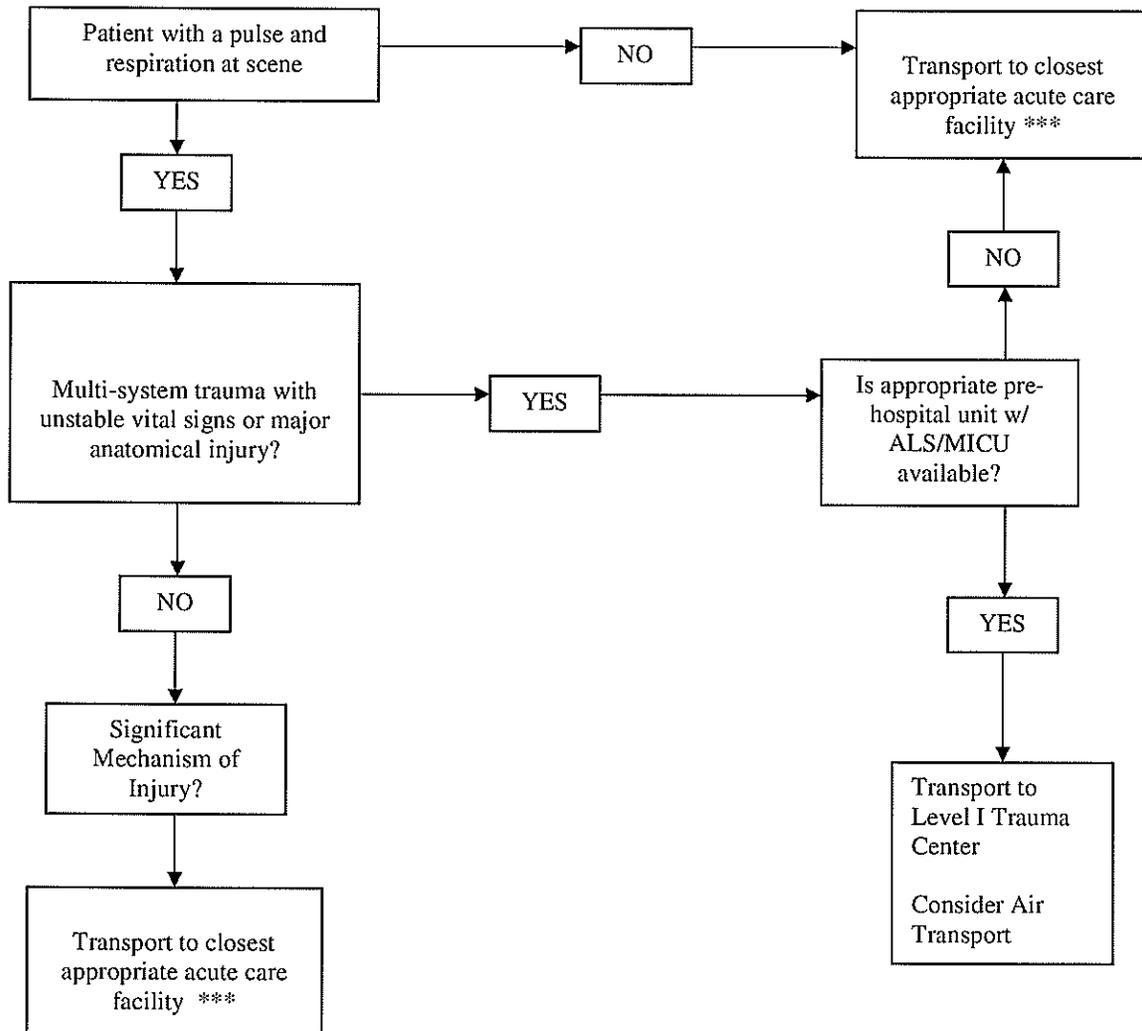
The STRAC supports the Bypass of "nearest" hospital in favor of a Level I Trauma Center for those patients who are deemed to have severe injury or the potential for same. There are, however, special circumstances where Bypass may not be the optimal choice, such as areas where on-scene advanced life support is not available and the patient requires ALS procedures.

When a patient is without pulse or breath at the scene, and CPR is initiated, transport to the nearest acute care facility is again the most prudent action.

The STRAC recommends the use of the Prehospital Trauma Triage and Bypass Algorithm developed for TSA-P and based on materials published by the American College of Surgeons and approved by the Texas Department of State Health Services. Emergency care providers at the scene should utilize the Triage Algorithm, in conjunction with on-line medical control to evaluate the level of care required by the injured person and to determine the patient's initial transport destination. If on-line medical control is not available, then the agency's Standard Operating Procedures (SOPs) and/or protocols should reflect decision-making based on the Triage Algorithm.

The purpose of the Hospital Bypass Guideline is to assist field personnel with selection of the appropriate destination (see next page).

Pre-Hospital Trauma Triage and Bypass Algorithm
Southwest Texas Regional Advisory Council
Trauma Service Area-P



*** Indicates that the STRAC highly encourages these transports to go to a designated trauma facility if at all possible.



STRAC (TSA - P)
TRAUMA ALERT CRITERIA
 (Adult patients > 16 years of age)

Rev 3/2009

MEDCOM 800-247-6428 toll-free
 210-233-5815 SA local

1 Red or 2 Blue Criteria = TRAUMA ALERT*
Choose all that apply

ONE OR MORE RED CRITERIA	TWO OR MORE BLUE CRITERIA
R1 GCS \leq 12 due to trauma R2 ACTIVE airway assistance required (i.e., more than supplemental O2 without airway adjunct) R3 No radial pulse AND heart rate \geq 120 R4 BP < 90 systolic R5 Best Motor Response \leq 4 R6 Acute Paralysis, loss of sensation, or suspected spinal cord injury. R7 Amputation proximal to wrist or ankle R8 \geq 15 % BSA 2 nd /3 rd degree burns R9 Penetrating injury to head, neck, torso, excluding superficial wounds R10 Pulseless Injured Extremity R11 Two or more long bone fractures (on different extremities)	B1 Reliable loss of consciousness > 5 minutes B2 Sustained respiratory rate \geq 30 B3 Sustained heart rate \geq 120 (with radial pulse) and BP \geq 90 systolic B4 Best Motor Response = 5 B5 Degloving injury or flap avulsion > 5 inches B6 Single long bone fracture site due to Motor Vehicle Crash B7 Single long bone fracture site due to fall from \geq 10 feet B8 Age \geq 55 B9 Ejection from vehicle (excludes open vehicles) B10 Driver with deformed steering wheel B11 Death in the same vehicle

Paramedic intuition - No Red criteria identified BUT Severe Injury suspected



STRAC (TSA - P)
TRAUMA ALERT CRITERIA
 (Pedi patients \leq 16 years of age)

Rev 3/2009

MEDCOM 800-247-6428 toll-free
 210-233-5815 SA local

1 Red or 2 Blue Criteria = TRAUMA ALERT*
Choose all that apply

ONE OR MORE RED CRITERIA	TWO OR MORE BLUE CRITERIA
R1 Patient not "awake and appropriate" R2 ACTIVE airway assistance required (i.e., more than supplemental O2 without airway adjunct) R3 Weak carotid/femoral pulse or Absent distal pulses R4 Degloving injury, major flap avulsion R5 Acute Paralysis, loss of sensation, or suspected spinal cord injury. R6 Amputation proximal to wrist or ankle R7 \geq 10% TBSA 2 nd /3 rd degree burns R8 Penetrating injury to head, neck or torso R9 Pulseless Injured Extremity R10 2 or more closed long bone fracture sites R11 Any open long bone fracture	B1 Reliable history of any LOC and/or Amnesia B2 Weight < 10 Kg (< 22 lbs.) or RED or PURPLE Broselow Tape Zone B3 Single closed long bone fracture site B4 Ejection from vehicle (excludes open vehicles) B5 Death in the same vehicle

Paramedic Intuition - No Red criteria identified BUT Severe Injury suspected

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Trauma Diversion

Trauma diversion is defined as routing EMS agencies to other facilities due to a temporary inability to provide care for trauma patients. Each hospital is responsible for developing its own written diversion policy and procedures, to include:

1. Criteria for diversion;
2. Person responsible for decision making about diversion;
3. Internal policy for utilization of EMSystem that is consistent with the Diversion TF Memorandum of Understanding.
4. Record keeping and performance improvement review of each diversion.

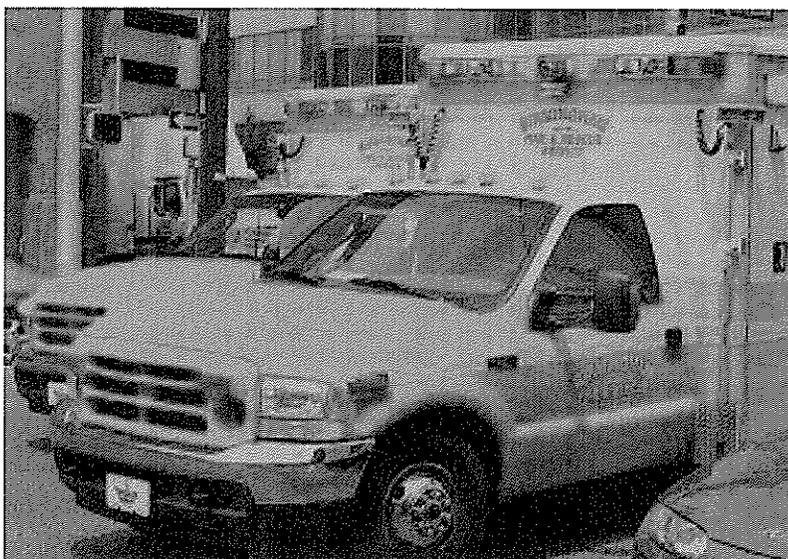
Plan: The STRAC and the Greater San Antonio Hospital Council are co-sponsors of the Diversion Task Force, which has a Memorandum of Understanding (pg39) that outlines the regional policies and procedures for ED diversion. STRAC hospitals and EMS agencies utilize EMResource, a product of EMSystem that is provided statewide by the DSHS. EMResource is a web-based status tool that allows each facility the ability to modify their diversion status via the web. All EMS agencies and hospitals in the STRAC region have user accounts on EMResource. Each user on EMSystem can be configured to alert personnel by pager, email and the website itself as to specific divert status.

At a minimum, each STRAC member hospital should have a current Diversion TF MOU on file and have the STRAC Trauma Diversion Policy in place as well. (See next page.)



SAN ANTONIO DIVERSION TASK FORCE

MEMORANDUM OF UNDERSTANDING



San Antonio Diversion Task Force

Memorandum of Understanding

Background

The San Antonio Diversion Task Force (DTF) was formed in late 2000 to address the Emergency Department overcrowding crisis in the hospitals in San Antonio and South Texas and the resulting diversion of EMS units from one hospital to the next. Diversion is a process of temporarily routing EMS patients away from overwhelmed Emergency Departments so that the EMS patients do not receive delayed care or suffer potentially poor outcomes.

The task force is a combined effort of the major healthcare systems, EMS agencies, the Greater San Antonio Hospital Council, the Southwest Texas Regional Advisory Council and the Bexar County Medical Society. The DTF meets regularly to address ongoing diversion issues and review diversion data.

The Diversion Task Force identified notification of diversion status to affected entities and collection of diversion hour data as two significant factors requiring improvement. To this end, the commercial off the shelf product, EMSsystem (www.emssystem.com) was selected to provide real-time diversion status notification and data collection. EMSsystem is in most major metropolitan healthcare markets in the US and is deployed throughout Texas.

EMSsystem also provides the ability to gather critical information during Mass Casualty Incidents (MCIs) and other high-profile events. Critical communications with hospitals and EMS via email, pager, cell phone and other pertinent notifications is paramount to successful crisis response.

This document delineates the roles and responsibilities of the organizations who sign this MOU.

abbreviations/definitions

1. **AOD** – Administrator on Duty
2. **Diversion Override** – The changing of a hospital's status from Divert to Diversion Override as per the Diversion Override/MCI plan. (See attached)
3. **DTF** – Diversion Task Force
4. **EMS agency** - means 911 EMS providers in TSA-P, although in general, it refers to the EMS agencies in the Metro San Antonio area, which is defined as Bexar County and the counties contiguous to Bexar County.
5. **GSAHC** – Greater San Antonio Hospital Council
6. **Hospitals** – Any hospital in TSA-P
7. **MCI** – Mass Casualty Incident
8. **Patient Parking** – The practice of holding patients on the transport EMS agencies stretchers while awaiting a bed to place the patient in. This practice is considered patient parking even if the ED is processing and assuming care for the patient while they are on the EMS stretcher.
9. **POC** – Point of Contact
10. **Primary POC** – The POC that is routinely available to handle diversion concerns on a daily basis. Examples would be Emergency Physicians, ED Directors, EMS shift commanders, etc.
11. **Senior Administrative POC** – The POC that is ultimately responsible for overseeing the organization's response to diversion issues and have the authority to speak on behalf of the organization. This POC will handle concerns that cannot be resolved by the Primary POC. Examples would be System Directors, COOs, CEOs, EMS Chiefs, EMS Medical Directors, etc.
12. **STRAC** - Southwest Texas Regional Advisory Council
13. **TSA-P** – Trauma Service Area – P. TSA-P is the 22 county region in and around San Antonio designated by the Department of State Health Services. (See attached map)

Organizations agree to the following rules/responsibilities

1. Hospitals will utilize the EMSsystem website to adjust their diversion status. Each hospital Emergency Department and EMS agency will have a functioning computer terminal with Internet access, configured with a recent version of an internet browser, located in a prominent position in the department/center at all times. It is recommended that computers with network-type Internet connections also have backup standard modem dial-up capabilities and an ISP account in case of network failure

2. Each facility will ensure the EMSSystem website is active and functioning properly daily
3. Hospitals and EMS agencies agree to ensure their personnel are knowledgeable with the DTF MOU and any policies & procedures and appendices.
4. All Parties (hospitals and EMS agencies) recognize and agree that diversion status is a request from the hospital to the EMS agency. EMS agencies may transport patients that have special medical circumstances to a diverted facility if the EMS crew believes that it may be in the patient's overall best interest. Examples of special medical circumstances include but are not limited to patients discharged within 72 hours from the diverted facility, transplant patients, patients with recent surgery at the diverted facility, obstetrical patients, etc.
 There are patients that do not have special medical circumstances but insist on being transported to a diverted facility due to personal preference, physician direction, health plan guidance, or other non-medical reasons.
 Before transporting either of these patients (special medical circumstances and/or patients insisting to be transported to a diverted facility), the EMS agency will inform the patient that hospitals make diversion decisions based on patient safety and real time capabilities and that EMS agencies use this information in determining the best transport location for each patient. The EMS crew will follow their agency's policies and procedures when transporting to a diverted facility for any reason. The reason for over-ride will be reported as a courtesy to the receiving Emergency Department
5. Each hospital and EMS agency will have a Primary Point of Contact (Primary POC) that is rapidly available to address immediate concerns related to diversion. Each hospital and EMS agency will also designate a Senior Administrative POC that will serve as the POC for escalated complaints or other communications. The POCs should be roles, not specific people. (See definitions section for further information on POCs) MEDCOM will maintain an up-to-date list of Primary POCs and Senior Administrative POCs and their contact numbers. This list will be distributed to the DTF MOU signatories as well.
6. Conflicts shall be directed to the Primary POC. When complaints or conflicts occur, all parties are strongly encouraged to contact the Primary POC as soon as practical so that corrective action can be taken and important details can be captured. If no resolution is found, the complainant has the option to contact the Senior Administrative POC.
7. DTF has designated the STRAC Performance Improvement committee to assist with conflict resolution and system review. .
8. All organizations signing the DTF MOU will support and comply with the guidelines and policies established by the Diversion Task Force.
9. Status change decisions will be made by the Primary POC or their designee in accordance with any pertinent facility guidelines. Personnel that are responsible for EMSSystem status changes will be assigned a unique password and will be responsible for security of that password.
10. EMS agencies will be considered "notified" within 5 minutes of any change to the EMSSystem Diversion website.
11. Each facility agrees that if its diversion status changes from "Open" to any of the "Divert" categories, EMS units that have left the scene of an incident enroute to that facility shall complete the transport if determined necessary by the field EMS crew.
12. MEDCOM will notify San Antonio Fire/EMS dispatch of all hospital status changes within 5 minutes, with accurate and comprehensive information about the status change.
13. When in a "Divert" status each facility will update the system every 4 hrs. If the status is not updated, the facility will revert to "Open" status.
14. Hospitals agree to divert utilizing only the EMSSystem divert categories.
15. All parties agree not to place inappropriate comments on the website. Only pertinent operational comments will be allowed. Inappropriate comments may be removed by MEDCOM or San Antonio EMS.
16. Hospitals not specifically on diversion to OB patients shall accept obstetrical patients (OB) > than 20 weeks gestation. ED diversion status does not apply to this subpopulation of EMS patients, unless they are specifically on divert to OB patients.
17. Psychiatric patients will be considered either medical or trauma patients with respect to diversion decisions. There is no specific psychiatric divert category on EMSSystem.
18. Hospitals will accept Code 3 Plus (Code3+) patients at any time, regardless of diversion status. Code 3+ patients, defined as patients in extremis, include patients with BP<70, CPR in progress, patients in need of emergency airway control and at the EMS Medical Control directive.

19. Hospitals and EMS agree to utilize the STRAC definition of pediatric patients, which is not yet 17 y/o, or 17 y/o with a pediatrician as their primary care physician for transport decisions.
20. There is no penalty for a facility to go on diversion status..
21. Hospitals agree to participate in the San Antonio EMS Diversion Override/MCI plan. This plan will be developed by the San Antonio EMS Division, in conjunction with the local EMS Medical Directors, Diversion Task Force members, and Southwest Texas Regional Advisory Council (STRAC). The plan will be shared with the Greater San Antonio Hospital Council and the Bexar County Medical Society. The Diversion Override/MCI Plan will define procedures to follow should it occur that an unacceptable number of facilities within a specific geographic boundary are on diversion simultaneously. The plan will specify the override of any divert status of hospitals for a specified length of time until the city emergency is determined to be over.
22. A monthly report identifying diversion hours by facility is available through the EMSsystem website to each hospital, San Antonio EMS and STRAC.
23. Patient parking will be discouraged. Hospitals will make every attempt to have patients off of the EMS stretcher and receive patient report within twenty (20) minutes of the patient's arrival. Hospitals will also work to communicate the status of beds and timeframes for moving patients to all EMS units waiting in the ED. If off-loading delays >20 minutes occur, SAEMS Dispatch will contact the hospital 24/7 POC. If no resolution is reached, SAEMS reserves the right to take appropriate action(s) as they deem necessary. Actions could include escalating the complaint process, up to placing the facility on Divert.
24. Department of Defense facilities retain the option to abstain from this Memorandum of Understanding during time of war or other national security concern or at any time at the DoD's discretion.

term

This memorandum of understanding is in effect on the date on which it is signed and remains in effect for a period of three (3) years or if written notification is received revoking the Memorandum of Understanding with the Diversion Task Force. All parties reserve the right to terminate this MOU at any time, with or without cause. Thirty (30) day written notification is required for termination of the MOU.

Organization: *Insert Hospital Name here*

Primary POC: _____

Primary POC Contact number: _____

Senior Administrative POC: _____

Senior Administrative POC Contact number: _____

CEO signature: _____

CEO Name: Head Administrator/CEO

Date: _____

DIVERSION TASK FORCE REPRESENTATIVES:

Agency	Representative(s)
Alamo City Medical Group	Bruce Begia MD, Frank Vitale, Lisa Perez
American Medical Response	Larry Miller MD, Ashley Klaerner, Shane Clark
Baptist Health System	Byron Freemyer MD, Bill Waechter, David Heitzman, Sam Spencer, Wendy DeLeon, Gina Grnach
Bexar County Medical Society, EMS Committee	John Wisniewski, Donald Gordon MD PhD, Charles Bauer MD, Stephen Gelfond MD
Brooke Army Medical Center	COL David Bitterman, COL Mary Ann McAfee MD, COL David Hayes MD, LTC David Sees MD, LTC Donald Crawford MD, Russell Martin MD, Cynthia Villarreal, Ann Halliday
CHRISTUS Santa Rosa Hospital -City Centre -Children's -Medical Center -Westover Hills -New Braunfels	Michael McBride, Gorav Bohil MD, Melissa Low Marcy Doderer, Gorav Bohil MD Michael McBride, Gorav Bohil MD Jeff Bourgeois, Gorav Bohil MD John Forney MD, Gabriel Mendoza
City of Leon Valley EMS	Donald Gordon MD PhD
City of Schertz/STRAC EMS Committee Co-chair	Dudley Wait
Dept. of State Health Services	Jane Guerrero
Emergency Physicians Affiliates	Robert Kottman MD, James Potyka MD
Greater San Antonio Hospital Council	Bill Rasco, Harry Smith, Georgia Thomas
Laurel Ridge Hospital	Beto Quezada PhD
Medina Valley EMS/STRAC EMS Committee Chair	Mike Farris
Methodist Healthcare System	Mark McLoone, Michael Beaver, Jeannette Skinner, Wright Hartsell MD, Michael Huott MD, Eileen Huss, Lisa Cole, Susan Sewell
Nix Health Care System	Jackie Goerges
SA Health Care Coordinating Council	Col Sven Berg MD, COL Mary Ann McAfee MD
San Antonio Airlife	Wayne Hilliard PhD, Melissa Hoeffner (COM)
San Antonio Fire Dept. – COM/EMS	Chief Mario Guerra (COM/EMS), Lt. E.P. Flores (COM/EMS) , Lt. Max Weltens (COM), Craig Manifold DO (EMS), Emily Kidd MD (EMS) Capt. Joseph Hemann (EMS), Capt. Jesse Renteria (EMS), Capt. Nathan Peacock (EMS)
San Antonio Police Department	Deputy Chief Harry Griffin
South Texas Veterans Healthcare System	Jim Moore MD, Brad Harris
Southwest General Hospital	Salvador Abrams MD, Rene Jaso MD, Jennifer Broughton
Southwest Texas Regional Advisory Council	Eric Epley, Robert Cocke, Monica Jones
TexSan Heart Hospital	Robert Wiggins MD, Felix Alicea
US Army Institute of Surgical Research	COL Lorne Blackbourne
University Health System	Greg Rufe, Claire Escamilla MD, Francisco Saenz, Susan McKinley
UT Health Science Center – San Antonio EMT/SAFD-EMS	Charles Bauer MD, Claire Escamilla MD, Craig Manifold DO, Emily Kidd MD, Ronald Stewart MD, Lance Villers PhD
Wilford Hall Medical Center	Maj Stephanie Savage MD, Maj Julio Lairer DO, Tracy Cotner-Pouncy

STRAC

TRAUMA DIVERSION POLICY

1. The purpose of the trauma diversion policy is to establish the criteria by which a trauma facility in Trauma Service Area P (TSA-P) may recommend that injured patients are temporarily diverted away from their emergency department to other regional facilities.
2. Each hospital participating in STRAC must keep an up to date Diversion Task Force Memorandum of Understanding (MOU) on file at STRAC. Further, to comply with DSHS requirements, each hospital must maintain an internal policy/plan for trauma diversion. At a minimum, the policy/plan must address the following issues:
 - A. Events Triggering Diversion
 - B. Person responsible to activate diversion
 - C. Utilization of EMS system for establishing diversion
 - D. Record keeping.
3. The following guidelines are established as the minimum criteria to be included in all diversion policies. Each trauma facility is strongly encouraged to modify and enhance these guidelines to best define the practice for their care area.
 - A. Events Triggering Diversion:
 1. Physical plant inadequacy - loss of water, power, or air-conditioning; environmental contamination
 2. Emergency Department Saturation: The resources of the ED have been temporarily overwhelmed (e.g., monitored beds, personnel)
 3. Equipment failure: X-ray, lab, medical gases unavailable
 4. Overwhelmed resources: shortage of appropriate physician or other professional staff manpower; other resources necessary for proper patient care in shortage
 5. Internal disasters: Fire, bomb threat, etc.
 - B. Person Responsible
 1. The person or persons empowered to activate the Diversion Policy must be clearly specified by each facility. Activation of the Diversion Policy is internal to each facility and does not require approval from any outside agency.
 - C. Method
 1. Each facility must specify the people, agencies and organizations to be notified when the Diversion Policy is activated. At a minimum this must include utilization of EMS system.
 - D. Record keeping
 1. The EMS system website data is collected and reviewed by the Diversion Task Force
 2. Data may reviewed by the STRAC PI committee.

Hospital Trauma Transfer Triage Algorithm

There are three designated Comprehensive (Level I) Trauma Centers in San Antonio: University Hospital (UH), San Antonio Military Medical Center-North (Brooke Army Medical Center or BAMC) and San Antonio Military Medical Center-South (Wilford Hall Medical Center or WHMC). Transfers into one of these centers are coordinated through a centralized point of contact, the Regional Medical Communications Center (MEDCOM). Since its inception in July 1997, MEDCOM has decreased the transfer acceptance time to an average of nine to 10 minutes.

The procedure for accessing the Level I Trauma Centers through MEDCOM is:

- Step 1: Physician at transferring hospital determines need for transfer of patient to a higher level of care. The STRAC encourages transferring physicians to complete the determination for transfer within 30 minutes of patient arrival at the initial facility by utilizing the Trauma Alert Criteria (red/blue criteria). The STRAC System Performance Improvement Committee monitors patient transfers with Trauma Alert (red/blue) criteria that exceed 30 minutes from the time the patient is admitted to the transferring ER to the time MEDCOM is called to initiate transfer of the trauma patient. .
- Step 2: MEDCOM is called (1-800-247-6428 or 210-233-5815) and requests a trauma transfer process commence. Calls to MEDCOM prior to the determination that the patient will indeed need to be transferred (ie calls for "heads up") does not stop the clock. Only a valid request for transfer will do so.
- Step 3: Trauma MEDCOM notifies appropriate Level I Trauma Facility of request for transfer. Level I Trauma Facilities rotate transfer acceptance in the following order: University Hospital, Brooke Army Medical Center, University Hospital, Wilford Hall Medical Center.
- Step 4: Level I Trauma Facility accepts patient and communicates with transferring facility for report on patient. If Initial level 1 unable to accept, other level 1's will be contacted.
- Step 5: Patient is transferred by most appropriate inter-hospital transport method (ground or air). If facility is more than twenty-five miles (25) or twenty-five (25) minutes transport time from the Level I Trauma facility and Trauma Alert (red/blue) criteria are present, air medical transport is recommended where available.

Plan: STRAC Trauma System Performance Improvement committee has monitored trauma transfers in TSA-P for over 10 years. Education of the transferring facilities on the indications for transfer to a Level I Trauma Center are conducted through STRAC meetings via the Trauma Coordinators and continuing to distribute posters with MEDCOM procedures and indications for transfer to a Level I Trauma Center. (See next page.)

Interhospital Transfer of Trauma Patients: Guidelines and Principles

Principle: Any injured patient should be transferred to a higher level of care when the medical needs of the patient outstrip the resources available at the initial treating facility. In general, the Trauma Alert (red/blue) criteria can be utilized to identify the most critical patients for transfer. However, there are other patients that may not meet Trauma Alert criteria but are still valid and appropriate trauma transfers to the Level I trauma centers.

Criteria for Consideration of Transfer to Level I Facility

Physiologic Instability

Central Nervous System

- Brain Injury
 - Penetrating injury or open fracture
 - Depressed skull fracture
 - Glasgow coma score (GCS) less than 14 or GCS deterioration
 - Lateralizing signs
- Spinal Cord Injury or vertebral injury

Chest

- Major chest wall injury or pulmonary contusion
- Wide mediastinum or other signs of great vessel injury
- Potential cardiac injury
- Multiple rib fractures

Abdomen

- Penetrating abdominal trauma
- Potential solid organ injury

Pelvis

- Unstable pelvic fracture
 - Fracture through the sacrum or sacroiliac joint
- Open pelvic fracture or perineal wound

Major extremity injury

- Decreased or absent peripheral pulse or signs of ischemia
- Open long bone fracture
- Complex soft tissue wound

Multiple system injury

- Brain injury combined with torso or extremity trauma
- Burns plus associated mechanical trauma
- Multiple long bone fractures

Access to trauma care is one of the major system goals and problems in South Texas. The Southwest Regional Advisory Council for Trauma (STRAC) has set a goal to have total transfer times of less than one hour. With the advent of the MEDCOM program, transfer acceptance times have significantly decreased (mean 9 minutes). Total transfer times are still significantly greater than the target goal. The time required to make the decision to transfer accounts for the greatest bulk of the transfer delay. It is critical to make the decision to transfer early. Attempts to stabilize and treat the patient should be continued until the transfer is completed; however, the most severely injured patients will not be stable prior to transfer. Inability to completely stabilize a patient is not a contraindication for transfer. Our system goal is to have all interhospital transfers take less than an hour. The decision to transfer should be made early and be based upon the Trauma Alert (red/blue) criteria and clinical presentation.

MEDCOM: 1-800-247-6428 (local 210-233-5815)

Regional Medical Control

Regional medical control is defined as a centralized location for receiving on-line and off-line medical orders and for regional development of treatment protocols. As defined, there is no regional medical control in TSA-P, although treatment protocols are routinely shared informally between agencies. Further, Diversion, Trauma Alert, Heart Alert and Stroke Alert criteria and other non-medical order issues are handled through the STRAC EMS committee.

Presently, each EMS agency has its own medical director and standard operating procedures (SOPs).

Plan: There are no short term plans to create a regional medical control entity within TSA-P. However, the advantages of having a regionalized medical control system are clear. Long term plans to this end include on-going discussions in the STRAC EMS Committee and the formation of a STRAC EMS Medical Directors Committee consisting of EMS medical directors and other interested physicians throughout the region.

Table 4 summarizes the methods of medical control throughout the region. This information is currently used for disaster management planning.

Designation of Trauma Facilities

The STRAC has encouraged all hospitals within Trauma Service Area P to participate in the trauma system and seek the appropriate level of designation. As of April 2009, twenty four hospitals, or 77%, within the service area have been designated. There are three Comprehensive (Level I) Trauma Facilities (all in San Antonio, Bexar County), two General (Level III) Trauma Facilities and nineteen Basic (Level IV) Trauma Facilities. There are currently no hospitals designated as major (Level II), nor have any hospitals indicated a desire to seek this level of designation. Some Basic Facilities are due for re-designation and continue to evaluate their need to upgrade their designation level. The STRAC Executive Committee has assisted in the evaluation of "under-designating" facilities.

All other hospitals within the region are in the process of designating, or have declared their intent to designate with the exception of the following hospitals: Community Hospital (Dilley), Nix (San Antonio), Peterson Regional Hospital (Kerrville), Texsan Heart Hospital (San Antonio), Methodist Hospital Stone Oak (San Antonio), and Christus Santa Rosa Westover Hills (San Antonio), Otto Kaiser memorial Hospital (Kenedy), .

Plan: Primary assistance for initial designation and re-designation for TSA-P hospitals comes from the Texas EMS, Trauma and Acute Care Foundation Designation Manual. Extensive resources for the designation process exist within this committee, as many of its members routinely assist DSHS staff with designation visits throughout the state. Continued efforts from the Trauma Coordinators Committee will attempt to change the decisions of the seven hospitals that are currently undesignated and have expressed no interest in designating.

Trauma System Performance Improvement Program

The Trauma System Performance Improvement Program for TSA-P

The Southwest Texas Regional Advisory Council continuously seeks to improve the performance of the trauma system within Trauma Service Area-P in order to reduce death and disability; to resolve conflicts which may be encountered in the provision of trauma care regardless of age, race, religion, sex, nationality, ability to pay, diagnosis or prognosis.

See next page for program.

SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL

PERFORMANCE IMPROVEMENT PROGRAM

MISSION AND GOAL

The Southwest Texas Regional Advisory Council (STRAC)'s ultimate goal is to reduce death and injury in Trauma Service Area P; to resolve conflicts and difficulties that may be encountered in the provision of trauma care, regardless of age, race, religion, sex, nationality, ability to pay, diagnosis or prognosis; to assure that all patients receive optimal level of care.

The purpose of continuous performance improvement (PI) is to provide ongoing improvement activities designed to objectively and systematically monitor and evaluate the quality of patient care through analysis; to identify and pursue opportunities to improve patient care; to sustain improvement over time.

The Trauma Service Area P Performance Improvement Plan is designed to achieve the following goal:

The STRAC Trauma system PI process will be used as a mechanism for identifying educational needs and opportunities for improvement in trauma patient care and system processes.

METHODOLOGY

A. The Southwest Texas Regional Advisory Council Performance Improvement Committee has adopted the FOCUS PDCA MODEL. The FOCUS PDCA Model is a performance road map that guides our quality efforts with the principles and concepts for patient and system-centered care, performance improvement, and Trauma Service Area P's strategic plan. FOCUS PDCA Model is a nine-phase method for identifying, implementing, and evaluating process improvements. Its purpose is to enable the health care providers of Trauma Service Area P to improve outcomes and decrease the cost of trauma care. Performance improvement projects will follow this methodology.

1. "F" Find a Process to Improve
2. "O" Organize To Improve the process
3. "C" Clarify Current Knowledge of the Process
4. "U" Understand Sources of Process Variation
5. "S" Select the Process Improvement
6. "P" Plan an Approach
7. "D" Do the Activity
8. "C" Check the Results
9. "A" Act on the Results

Potential trauma population to be monitored

1. Any patient with ICD9-CM discharge diagnosis of 800.00-959.9; excluding diagnosis code between 800.00 and 959.9, including 940-949 (burns), excluding 905-909 (late effects of injuries), 910-924 (blisters, contusions, abrasions, and insect bites), 930-939 (foreign bodies).
2. All trauma-related hospital admissions
3. All injury-related deaths in ED or after admission

Indicators

1. Was EMS response to trauma scene > 30 minutes
2. Was intubation successful for patient with GCS of < 8 on EMS arrival
3. Was EMS scene time > 20 minutes
4. Was MEDCOM contacted within 60 minutes of patient arrival to ED
5. Was intubation successful for patient with GCS of < 8 in ED

Thresholds

The STRAC PI Committee will establish, for each indicator, a predetermined threshold when further evaluation must be triggered. The threshold value is determined based on current standards, literature, experience, or internal benchmarks. Typically, thresholds are set between 90% and 100%.

Data

Data are collected and organized for review under the direction of the STRAC PI Chairperson and the PI committee members. The primary source of system data is the STRAC Regional Registry and the participating hospitals' trauma registries.

Evaluation

The STRAC PI Committee will analyze the performance data collected and determine if further investigation or information needed. The evaluation of performance includes data related to workload, level of expertise, quality of care and system variables. When areas of concern are identified, root causes will be sought. These elements may be systems issues or knowledge deficits.

Intervention

When the evaluation process identifies an opportunity for improvement, a course of action is planned and implemented. Actions are directed to the root cause with the overall goal being to improve quality of care.

Communication

Results of the trauma performance improvement initiative will be communicated to STRAC on a regular basis, and actions based on the results will be forwarded to the appropriate representative at facility or agency.

PROCESS

- A. The process of performance improvement begins with the collection of qualitative and quantitative information at both the patient level and the systems level.
- B. The review process will examine the appropriateness of care, effectiveness of care, responsiveness of the system and identify opportunities for improvement based on review.
- C. There will be ongoing monitoring and evaluation of care of trauma patients.
- D. Specific clinical indicators will be used to identify potential concerns.

STRAC PI section 151099

Rehabilitation

This plan component was added in July 1998. The STRAC is continues to analyze regional rehabilitation resources.

Plan: Expected completion date of analysis is December 2009. Short-term goal has been met to provide a Rehabilitation Resources Guide for the region to assist hospitals in obtaining rehabilitation for patients. A long-term goal (January 2015) is to develop a Regional Rehabilitation Referral System that creates cooperative effort for placement and funding issues throughout the region.

Rehabilitation Resource Guide

San Antonio Rehabilitation Facilities

Hospital Based:

Southeast Baptist Hospital Rehab	4214 E Southcross	297-3000	08 beds
St Luke's Baptist	7930 Floyd Curl	297-5000	15 beds
CHRISTUS/Santa Rosa Rehabilitation	2827 Babcock	705-6100	25 beds
Methodist Transplant Hospital	8026 Floyd Curl	575-8110	14 beds
Methodist Metro Hospital	1310 McCullough	208-2200	10 beds
NE Methodist Hospital	12412 Judson	650-4949	13 beds
NIX Hospital	414 Navarro	271-1800	16 beds
University Hospital	4502 Medical Dr.	358-4000	25 beds
Southwest General Hospital	7400 Barlite Blvd	921-2000	25 beds

Free Standing:

Compass Hospital	14743 Jones Maltzberger	402-0029	25 beds
RIOSA	9119 Cinnamon Hill	691-0737	108 beds
I.H.S. Hospital	7310 Oak Hill	308-0261	30 beds
Vencor Hospital	3636 Medical Dr	616-0616	59 beds
Warm Springs	5101 Medical Dr.	616-0100	60 beds

Rural Facilities

Guadalupe Valley			Swing Beds
Connally Memorial			8 - Swing
South Texas Regional		830-769-3515	9 Rehab

Regional Multi-Casualty Incident Plan

This plan component was added July 1998. It is updated regularly through the EMS/Hospital Disaster Group (EHDG).

There are numerous organizations that conduct disaster planning and exercises within TSA-P. The STRAC has recognized the value of integrating regional planning with the resources currently available in Bexar County.

The Committee has reviewed and prioritized disaster threats for the region.

1. Hazardous Materials and Weapons of Mass Destruction: Nuclear, Biological, Chemical, Radiological, Explosive
2. Aircraft Crashes
3. Natural (tornadoes and floods)

Plan: By August 2009, complete the development of the Regional Disaster Response plan that fully integrates EMS, Hospital and Public Health (ESF-8) TSA-P regional concerns and resources into the San Antonio, and AACOG/MRGCOG regional response plans. Further, ensure that any ESF-8 plans integrate into the Alamo Regional Command Center and the GDEM Disaster District plans for Region 3B

Continue the development and response of Regional EMS Strike Teams by sponsoring/organizing Strike Team Leader courses, meetings of the STL coordinators.

Continue development of MEDCOM as the Regional EMS Coordination Center for the activation of all EMS disaster resources.

Continuation of the MCI Trailer project. MCI trailers are currently placed in the following areas:

MCI 1	Uvalde
MCI 2	Stockdale
MCI 3	Victoria
MCI 4	Boerne
MCI 5	Del Rio
MCI 6	Reserve

Ensure all EMS agencies and Hospitals are fully national Incident Management System (NIMS) compliant and trained. This will be done in a variety of ways, including direct educational support, table top and functional exercises and continuing education on NIMS.

Continue to make available to the region information and training opportunities for Weapons of Mass Destruction and participate in any table-top exercises or other training events.

Continue support for the STRAC Emergency Operations Division, including the Regional Rescue Team primarily for Swiftwater Rescue purposes. One of the strong advantages of the RACs is the unique capability to bring Fire/EMS agencies from a large geographic area that otherwise would have no formal method of integration. This capability provides EMS with mutual aid type agreements through the RAC that would otherwise not exist. These agreements allow resources to be pooled, with clear advantages for Disaster response. A STRAC-sponsored regional rescue team has been developed and is a primary component of the STRAC Regional Disaster Plan.

Continue support for the Emergency Response Unit (ERU) Command/Communications Trailer. The ERU has been a highly successful project that allows communications and Incident Commanders to coexist in a 38' gooseneck command trailer. The trailer is dispatched via MEDCOM at 1-800-247-6428 and is available 24 hrs a day, 7 days a week to any public safety agency in the TSA-P.

Regional Injury Prevention and Public Education

Statement

Trauma is a preventable “disease” and a well-planned community information and prevention program is an integral part of an effective trauma system. The ultimate goal of an organized trauma system is to prevent injuries. The trauma system lead agency and care providers should organize a program to share information with the public regarding the nature of injury, the need for a trauma system, and trauma system development. The public information and prevention program should also address the need for educating the public about how to safely approach an injury scene, how to access the trauma care system, and how to provide assistance to the injured until professional help arrives. In addition, problems specific to each community, as identified using the Trauma Registry data for that community, should be instituted.

The establishment of a broad based community task force with members from public and private sectors interested in trauma prevention activities can be useful in creating a systematic approach that will reduce fragmentation and intensify community efforts. Membership of the community prevention constituency includes representatives from fire and police agencies, professional health care organizations, department of motor vehicle agencies, state alcohol and drug abuse agencies, local church and civic groups, children’s service agencies and acute health care facilities.

TSA-P Injury Prevention and Public Education Activities

TSA-P has been an active participant in providing injury prevention education and activities for the region through their hospitals. Safe Kids chapters in San Antonio and Del Rio are strong projects conducted by STRAC members and STRAC supports all efforts of the South Texas Injury Prevention Research Center.

Plan: Continue support for various projects, such as Child Seat Technician courses, inspections, Shattered Dreams project, Safe Kids projects and other efforts by the South Texas Injury Prevention Research Center.

Annual Plan Review Procedure

Annually the STRAC Chair, the chairs of each committee or their designees and other interested STRAC members will meet as the Plan Review Task Force to review and revise the TSA-P Trauma System Plan to reflect changes that have occurred in the system. The revised plan will be presented to the Voting Membership before the Annual General Meeting at the next scheduled STRAC meeting for review and approval at that time.

2009 Plan Review Members:

Dr. Ronald M. Stewart	University Hospital
Mike Farris	Medina County EMS
Lisa Cole	Methodist Healthcare System
Karla Rushing	Medina Community Hospital
Shawn Salter	San Antonio AirLife
Chillon Montgomery	Christus Santa Rosa
Eric Epley	STRAC
Dudley Wait	Schertz EMS
Shirley Schriber	Eagle Creek Vol EMS
Monica Jones	STRAC
Preston Love	STRAC
Jennifer Broughton	SW General Hospital
Dr. Stephanie Savage	Wilford Hall Medical Center
Tracy Cotner Pouncy	Wilford Hall Medical Center
Maj Mark Gunst	Wilford Hall Medical Center
Gina Pickard	Brooke Army Medical Center
Russ Martin	Brooke Army Medical Center
Mark Eliot	New Braunfels Fire Department
Chief Mario Guerra	San Antonio EMS

This plan is respectfully submitted to the Texas Department of State Health Services,
Bureau of Emergency Management.

Ronald M. Stewart, MD
Chair
Southwest Texas Regional Advisory Council

Date