SEVEN FLAGS REGIONAL ADVISORY COUNCIL (SFRAC) BOARD MEETING

AGENDA

Regular Meeting of the SFRAC Board of Directors
Thursday, February 29, 2024, 10:00 a.m. to 12:00 p.m.
City of Laredo Fire/EMS Department Administrative Building, EOC Rm., 2nd Floor Conference Rm.
616 E. Del Mar, Laredo, Texas 78045

AGENDA

24-44 Item 24-44: Call to Order – Chairman, Jorge Delgado
a. Roll Call – Chairman.
b. Introduction of Guests – Chairman.

24-45 *(Tab 1)* Item 24-45: Presented to the Board for Review and Possible Action is the Approval of the Minutes to the SFRAC Board meeting held January 30, 2024 - Chairman.

24-46 *(Tab 2)* Item 24-46: Presented to the Board for Review and Possible Action is the Approval of the SFRAC Bank Fund Balance/Accounts Statement Report, and Expense Report for the Period of January 11, 2024, thru February 10, 2024 – Chairman.

24-47 Item 24-47: Presented to the Board for Discussion and Possible Action is the Approval to Change the Regularly Scheduled Seven Flags Regional Advisory Council Board of Directors Meeting from 10:00 a.m. to 2:00 p.m., Based on Comments Made by Board Members During the January 2024 Meeting – Chairman.

24-48 *(Tab 3)* Item 24-48: Presented to the Board for Discussion and Possible Action is the Approval to Restructure the Existing Committees and Form Individual Committees for the Stroke, Cardiac/STEMI, and Neonatal/NICU From the Hospital Program Components Represented within Both Hospitals in the SFRAC Region and to Approve the Nomination and Appointment of the Respective Chairmen and Vice-Chairmen for Newly Formed Committees Having Vacancies as a Result of Staff Attrition or the Restructuring Process- Chairman.

24-49 *(Tab 4)* Item 24-49 Presented to the Board for Review and Possible Action is a Second Request Seeking Approval and Authorization to Change the Number of Regular Board Meetings Held within a Fiscal Year (i.e., September 1st through August 31st.) from Six (6) to a Modified Quarterly Schedule [i.e., Four (4) Times a Year] to be Held on the Months of September, January, April, and August – Chairman.

24-50 (*Tab 5)* Item 24-50: Presented to the Board for Review and Possible Action is the Approval to Authorize the Re-Distribution of FY24 System Development Grant Award Funds and FY24 EMS County Assistance Grant Funds Among EMS Entities in Good Standing from those SFRAC EMS Entities Not Having Complied with the January 31, 2024, Deadline Submittal of SFRAC Required Membership Application as Per By-Law Guidelines - Chairman

24-51 *(Tab 6)* Item 24-51: Presented to the Board for Discussion and Possible Action is the Approval of the SFRAC Committees Reports – Chairman.

Trauma/Injury Prevention Committee (Chairman: Letisia Colon; Vice-Chairman: Joe Gonzalez)

Perinatal/NICU Committee (Chairman: Angelica Perez; Vice-Chairman: Lupita Cisneros)

Maternal Committee (Chairman: Vacant; Vice-Chairman: Vacant)

EMS/Prehospital Committee: (Chairman: Victor Villarreal; Vice-Chairman: Chantelle Molina)

Stroke/STEMI Committee: (Chairman: Vacant; Vice-Chairman: Angie Alvarez)

24-52 (*Tab 7)* Item 24-52: Presented to the Board for Review and Possible Action is the Approval of the Recommendation Made by the Ad-Hoc Committee to Authorize the Allocation of Available FY24 EMS RAC Exceptional Item (E.I.) Funds Equally Among Participating SFRAC EMS and Hospital Entities in Good Standing with the Organization and in Accordance with DSHS Allowable Costs Associated with EMS RAC Exceptional Item Funding. - Chairman

24-53*(Tab 8)* Item 24-53: Other Business – Chairman.

a. Report on the FY24 Membership Summary (i.e., Membership Fees and Document Submittals) - SFRAC Administrator.
b. Report on the Status of South Texas Wristband/Pulsara Project Among TSA-T EMS Entities and Hospitals – Joe Gonzalez.
c. Report on the Senate Bill 8 State Program – Joe Gonzalez.
d. Discussion Regarding Reporting Hospital Data as Part of the SFRAC Committee Reports at Each of the SFRAC Board of Directors Meetings.
e. Basic Level Presentation Regarding the CARES Program Presented by Ms. Kim Hermie BSN, RN, Texas CARES State Coordinator.

24-54 *(Tab 9)* Item 24-54 Communication/Correspondence – Chairman.

24-55 Item 24-55: Next SFRAC Board meeting – Chairman.

FY24 Meeting Schedule	
Date	**Location**
Friday, September 29, 2023	**Laredo Medical Center, 1700 E. Saunders, 3rd. Floor, Room 3-D (Ortho Unit Gym), Laredo, Texas, 78041**
Monday, October 23, 2023	**City of Laredo Fire/EMS Administrative Building, 616 E. Del Mar, EOC Room, 2nd. Floor, Laredo, Texas, 78045**
Tuesday, January 30, 2024	**City of Laredo Fire/EMS Department Administrative Building, EOC Rm., 2nd Floor Conference Rm.,616 E. Del Mar, Laredo, Texas 78045**
Thursday, February 29, 2024	**City of Laredo Fire/EMS Department Administrative Building, EOC Rm., 2nd Floor Conference Rm.,616 E. Del Mar, Laredo, Texas 78045**
Thursday, May 30, 2024	
Friday, August 30, 2024	

Name	Title/Location	Cell
Jorge Delgado	**TSA-T Chairman**	**(956) 552-8080**
John Keiser	**TSA-T Administrator**	**(956) 693-0536**

24-56 Item 24-56: PUBLIC COMMENT: Individuals/Organizations providing comments are required to complete a SFRAC Public Comment Sign-In Sheet. The Board asks that each presenter's comments pertain to RAC business. The public comment process and matters resulting from the process shall be directed by the Chairman. The Board will not discuss or take immediate action on any agenda or non-agenda item(s) as a result of comments presented during the meeting. The Board will hear the public comments but will not respond in the form of dialog, except to ask questions, if necessary. All information received is subject to verification. Those requesting to address the Board are granted three (3) minutes to address their topic(s). The Board has requested that no insulting, abusive or profane language be used. As each individual speaker begins his/her testimony, they must state their name for the record and state on whose behalf they are providing comments.

24-57 Item 24-57: Adjournment – Chairman.

ITEM 24-45 (TAB 1)

Regular Meeting of the SFRAC Board of Directors
Tuesday, January 30, 2024, 10:00 a.m. to 12:00 p.m.
City of Laredo Fire/EMS Department Administrative Building, EOC Rm., 2nd Floor Conference Rm.
616 E. Del Mar, Laredo, Texas 78045

AGENDA

MINUTES

24-30 Item 24-30: Call to Order – Chairman, Jorge Delgado

The meeting was called to order by the Chairman, Jorge Delgado at 10:06 a.m., Tuesday, January 30, 2024.

a. Roll Call – Chairman.

At the request of the Chairman, Mr. John Keiser, SFRAC Administrator proceeded with the roll call:

Angel Care Ambulance: Reynaldo Veliz (Director) - Present
Bronze Star Ambulance: Absent
City of Laredo Fire/EMS: Chief Silvestre Rodriguez (Vice-Chairman) – Present
Doctors Hospital of Laredo: Letisia Colon (Director) – Present
Priority EMS: Jorge Delgado (Chairman) – Present
Laredo Medical Center: Joe Gonzalez (Treasurer) – Present
Medpoint Ambulance: Juan Medellin (Director) – Present
Webb County Volunteer Fire/EMS: Francisco Martinez (Alternate) Present
Zapata County Fire/EMS: Gabriela Gonzalez (Alternate) – Present
Victorious Care Ambulance Service: Grace Garza (Alternate) – Present
Laredo Lifeline: Christina Lara (Alternate) – Present
Lalitas Ambulance: Rene Castillo (Director) - P
Capital Care EMS: Absent
Texas Superior Ambulance Service: Ismael Flores (Director) - Present
Skyline EMS: Gilbert Garza (Alternate) - Present
Villa Ambulance: Lilianne Paul (Alternate) - Present
Primary Care Ambulance: Armando Parra (Director) – Present
Subject Matter Expert: Janson Delattre – Absent
Member at -Large: John Jones: Present

A quorum of members was met.

b. Introduction of Guests – Chairman.

Manuel Aguilera, Dignicare EMS

24-31 *(Tab 1)* Item 24-31: Presented to the Board for Review and Possible Action in the Approval of the Minutes to the SFRAC Board meeting held October 23, 2023 - Chairman.

A motion to accept the minutes as presented was made by Mr. Reynaldo Veliz and seconded by Chief Silvestre Rodriguez. Motion carried, unanimously.

24-32 *(Tab 2)* Item 24-32: Presented to the Board for Review and Possible Action in the Approval of the SFRAC Bank Fund Balance/Accounts Statement Report, and Expense Report for the Period of October 11, 2023, thru January 10, 2024 – Chairman.

Mr. John Keiser, SFRAC Administrator, presented the Board with the reports for the period found in the action item. A motion to accept the reports as presented was made by Mr. Joe Garza and seconded by Mr. Joe Gonzalez. Motion carried, unanimously.

24-33 *(Tab 3)* Item 24-33: Presented to the Board for Review and Possible Action is the Approval to Ratify the FY24 1st Quarter EMS RAC/Exceptional Item/System development Financial Status Report as Submitted to the Texas Department of State Health Services (DSHS) – Chairman.

SFRAC Administrator presented the reports to the Board indicating that there were no expenses for the period but nevertheless the report needed to be submitted to be and was submitted to DSHS. A motion to approve the reports as presented was made by Mr. Gonzalez and seconded by Mr. Veliz. Motion carried, unanimously.

24-34 *(Tab 4)* Item 24-34: Presented to the Board for Review and Possible Action is the Approval to Ratify the FY23/24 5th Quarter Senate Bill 8 Financial Report as Submitted to the Texas Department of State Health Services (DSHS) - Chairman.

SFRAC Administrator deferred the item to Mr. Joe Gonzalez, in the role of Program Specialist for the SB8 Program. Mr. Gonzalez presented the Board with the report for the 5th Quarter period. He indicated that the additional funds reflected on the report was to be used for courses to be aligned with the City of Laredo Fire/EMS Department, but City of Laredo Legal Department was in the process of reviewing the agreement which is to be the basis for this arrangement.

A motion to accept the report as presented was made by Mr. Veliz and seconded by Mr. Ismael Flores. Motion carried, unanimously.

24-35 *(Tab 5)* Item 24-35: Presented to the Board for Discussion and Possible Action is the Approval to Authorize the SFRAC Chairman to Appoint Members from the SFRAC Board or General Membership to Form an Ad-Hoc Committee to Identify a Project for the Utilization of the Exceptional Item (IE) Funds in the FY24 Grant Cycle - Chairman.

SFRAC Administrator addressed the Board explaining that there had been a contract amendment to the EMS RAC contract that provided an additional $150,000 for the SFRAC region for this fiscal year. Further explaining that the funds were specifically allocated to assist the RAC throughout the state with funds to increase capacity in meeting new rules and obligation being placed by the DSHS on RACs. The funds can also be used for regional projects as approved by RAC Boards. SFRAC Administrator indicated that this fiscal year (i.e., FY24) funds would not be used to contract for services in meeting obligation associated with the new rules and meeting the RAC Self-Assessment measures. With that being the case, the funds would necessarily be used for another purpose in the region, that being regional project(s) or individual projects.

SFRAC Administrator requested the appointment of an Ad-Hoc Committee of interested members from the Board to discuss and assist in determining how the funds would be spent. At the time no members volunteered. SFRAC administrator indicated that after the meeting if any members would be interested in participating that they send him an email indicating so. A motion to form the ad-hoc committee was made by Mr. Veliz and seconded by Mr. Gonzalez. Motion carried, unanimously.

24-36 *(Tab 6)* Item 24-36: Presented to the Board for Review and Possible Action is the Approval to Authorize Entering into Contract with Aplos, LLC, for the Purchase and Utilization of a Non-Profit Accounting Management Software at a Discounted Annual Rate of One Thousand Eight Hundred and Fourteen Dollars and Forty Cents ($1,814.40) and a One Time Implementation and Set-up Fee of One Thousand Four Hundred and Ninety Nine Dollars ($1,499.00) for a Grand Total of Three Thousand Three Hundred and Thirteen Dollars ($3,313.40). Costs for the Purchase of this Software and Related Services Will be Covered by EMS RAC/Exceptional Item (EI) Contract Funds Dedicated in Part for Staff and Capacity Development Among RACs throughout the State - Chairman.

SFRAC Administrator provided that Board with the results of the most recent fiscal review as performed by DSHS, which resulted in three findings, one of which dealt specifically with the SFRAC's lack of having an adequate accounting system. SFRAC Administrator indicated that several accounting products were considered and the Aplos software provided the best in terms of customer service, technical assistance and training opportunities, and focus on non-profit fund accounting needs. A motion to acquire the Aplos fund accounting software was made by

Ms. Letisia Colon and seconded by Mr. Gonzalez. Motion carried, unanimously.

24-37 *(Tab 7)* Item 24-37: Presented to the Board for Discussion and Possible Action is the Approval to Form an Individual Committee for the Maternal Health Hospital Program Component Representing Both Hospitals in the SFRAC Region and the Nomination and Appointment of a Chairman and Vice-Chairman for the Same Said Committee - Chairman.

SFRAC Administrator addressed the Board reminding them that the new DSHS rules would require the formation of individual committees among the RACs and that at the current time NICU, Perinatal and Maternal are all part of one committee. A motion to form a separate committee for Maternal was made by Mr. Gonzalez and seconded by Ms. Colon. Motion carried unanimously.

24-38 *(Tab 8)* Item 24-38: Presented to the Board for Discussion and Possible Action in the Approval of the SFRAC Committees Reports – Chairman.

Trauma/Injury Prevention Committee (Chairman: Letisia Colon; Vice-Chairman: Joe Gonzalez)

Ms. Letisia Colon reported that on January 9, 2024, a course for Stop the Bleed was conducted for Triumph Highschool. Twenty-Eight staff members from the school received the training. Involved in providing the course were Doctors Hospital, Laredo Medical Center and Laredo College.

Perinatal/NICU/Maternal Committee (Chairman: Angelica Perez; Vice-Chairman: Lupita Cisneros)

No items to report.

EMS/Prehospital Committee: (Chairman: Victor Villarreal; Vice-Chairman: Chantelle Molina)

No actual items to report from the Committee, although Ms. Chantelle Molina briefly mentioned the implementation of code use within the hospitals.

Stroke/STEMI Committee: (Chairman: Jennifer Garcia; Vice-Chairman: Angie Alvarez)

No items to report.

24-39*(Tab 9)* Item 24-39: Other Business – Chairman.

a. Report on the FY24 Membership Summary (i.e., Membership Fees and Document Submittals) - SFRAC Administrator.

SFRAC Administrator presented the Board with a brief report regarding the membership summary, indicating that several members still had not submitted the required documentation which could potentially make them according to the By-Laws, Members Not In Good Standing", which would affect their eligibility status to receive funds.

b. Report on the Status of South Texas Wristband/Pulsara Project Among TSA-T EMS Entities and Hospitals – Joe Gonzalez.

Mr. Joe Gonzalez presented the Board with a report on the status of the ongoing implementation of the wristband/Pulsara project. He indicated that for Pulsara at least 9 entities had created accounts, 2 were in process, and 6 had not started.

c. Report on the Senate Bill 8 State Program – Joe Gonzalez.

Mr. Gonzalez provided the Board with a report on the SB8 Program. According to the information from Mr. Gonzalez' report, 48 students had already taken the course with 9 passing and 10 pending to take the exam. Additionally, 29 students failed the course and only one paid back the tuition cost. All other students not having paid back the tuition have been referred to DSHS for further action in collecting the funds. Mr. Gonzalez also mentioned that the additional $150,000 received under the SB8 program will be used to provide 39 students tuition funds under the City of Laredo. The agreement/MOU is still under review with the City of Laredo legal department.

d. Report on DSHS' Fiscal Support and Oversight Unit Fiscal Monitoring Review Findings of the SFRAC Organization Fiscal Program Component.

SFRAC Administrator presented the Board with documentation regarding the findings of the most recent fiscal review performed by DSHS on the SFRAC organization. He indicated that there were three findings of which all had been addressed with a corrective action plan. The most crucial finding consisted of SFRAC not having a reliable accounting system to manage the organization. As a result of that SFRAC administrator indicated that the new accounting software (i.e., Aplos) would address that issue. In addition, SFRAC Administrator acknowledged that he would be working on developing fiscal policies and procedures for the SFRAC organization which would be separate from the By-Laws.

e. Discussion Regarding Subject Matter Related to the EMS Wall Time White Paper Recently Released by the Governor's Emergency Medical Services (EMS) and Trauma Advisory Council (GETAC).

The item regarding the EMS Wall Time White Paper recently released by GETAC was presented and discussion on the matter ensued. Ms. Diedra Lee, DSHS representative, was also involved in the discourse, providing a perspective from DSHS and a brief history regarding the paper. Chief Silvestre Rodriguez shared with the Board his experience with the local hospitals, primarily Laredo Medical Center, on incidents of Wall Time. He did indicate that discussions with the hospitals are currently taking place to improve Wall/Wait Times. In addition, he agreed to provide data to the Board showing trends over time.

24-40 *(Tab 10)* Item 24-26 Communication/Correspondence – Chairman.

SFRAC Administrator presented the Board with correspondence pertaining to the SFRAC. As part of the correspondence received was an email communication from Ms. Kim Hermie, introducing her as the new State of Texas CARES Coordinator. A second communication was also in the form of an email from Hilary Watt, CBRAC CEO, announcing the availability of disaster training courses for trauma program managers. And the last set of correspondence was again in the form of an email from Kim Hermie, Texas CARES Coordinator, presenting CARES program data collection forms.

24-41 Item 24-41: Next SFRAC Board meeting – Chairman.

FY24 Meeting Schedule	
Date	**Location**
Friday, September 29, 2023	**Laredo Medical Center, 1700 E. Saunders, 3rd. Floor, Room 3-D (Ortho Unit Gym), Laredo, Texas, 78041**
Monday, October 23, 2023	**City of Laredo Fire/EMS Administrative Building, 616 E. Del Mar, EOC Room, 2nd. Floor, Laredo, Texas, 78045**
Tuesday, January 30, 2024	**City of Laredo Fire/EMS Department Administrative Building, EOC Rm., 2nd Floor Conference Rm.,616 E. Del Mar, Laredo, Texas 78045**
Thursday, February 29, 2024	**TBD**
Thursday, May 30, 2024	
Friday, August 30, 2024	

Name	Title/Location	Cell
Jorge Delgado	**TSA-T Chairman**	**(956) 552-8080**
John Keiser	**TSA-T Administrator**	**(956) 693-0536**

24-42 Item 24-42: PUBLIC COMMENT: Individuals/Organizations providing comments are required to complete a SFRAC Public Comment Sign-In Sheet. The Board asks that each presenter's comments pertain to RAC business. The public comment process and matters resulting from the process shall be directed by the Chairman. The Board will not discuss or take immediate action on any agenda or non-agenda item(s) as a result of comments presented during the meeting. The Board will hear the public comments but will not respond in the form of dialog, except to ask questions, if necessary. All information received is subject to verification. Those requesting to address the Board are granted three (3) minutes to address their topic(s). The Board has requested that no insulting, abusive or profane language be used. As each individual speaker begins his/her testimony, they must state their name for the record and state on whose behalf they are providing comments.

No one registered for public comment.

24-43 Item 24-43: Adjournment – Chairman.

A motion to adjourn was made by Mr. Gonzalez and seconded by Chief Rodriguez. Motion carried unanimously. Meeting adjourned.

ITEM 24-46 (TAB 2)

SEVEN FLAGS REGIONAL ADVISORY COUNCIL
FY24 ACCOUNTS STATEMENT REPORT

FY24 SFRAC BANK PROGRAM FUND ACCOUNTS AND ENDING BALANCE REPORT						
Period Ending	EMS County Assistance Fund Closing Balance	EMS RAC Fund Closing Balance	General Fund Closing Balance	System Development Fund Closing Balance	Holding Account Closing Balance (i.e., Senate Bill 8 Program)	Total
08/11/2023 thru 9/10/2023	$568.87	$25,035.60	$32,178.12	$16,479.54	$233,611.96	$307,874.09
9/11/2023 thru 10/10/2023	$39.40	$0.00	$34,797.03	$10,579.42	$226,424.46	$271,840.31
10/11/2023 thru 11/12/2023	$39.40	$0.00	$38,371.03	$7,747.36	$226,424.46	$272,582.25
11/11/2023 thru 12/10/2023	$39.40	$0.00	$36,230.68	$7,275.31	$371,236.96	$414,782.35
12/11/2023 thru 01/10/2024	$90,763.40	$184,067.00	$49,235.68	$53,296.31	$371,236.96	$748,599.35
01/11/2024 thru 02/10/2024	$90,763.40	$172,236.85	$47,922.52	$53,296.31	$371,236.96	$735,456.04

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC
FDIC
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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
1216 SANTA MARIA
LAREDO TX 78040

Date 2/09/24
Primary Account
Enclosures

Page 1
1010591594

EMS County Assistance

CHECKING ACCOUNT

ALERT: As of January 22, 2024, the daily Point of Sale dollar limit for TCB debit cards is $5,000 and the daily ATM withdrawal dollar limit is $2,000. For questions, contact us at (956) 722-8333.

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591594	Statement Dates 1/11/24 thru	2/11/24
Previous Balance	90,763.40	Days in the statement period	32
Deposits/Credits	.00	Average Ledger	90,763.40
Checks/Debits	.00	Average Collected	90,763.40
Service Charge	.00		
Interest Paid	.00		
Current Balance	90,763.40		

DAILY BALANCE INFORMATION

Date	Balance
1/11	90,763.40

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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 2/09/24
Primary Account 1010591495
Enclosures 1

Page 1

CHECKING ACCOUNT

ALERT: As of January 22, 2024, the daily Point of Sale dollar limit for TCB debit cards is $5,000 and the daily ATM withdrawal dollar limit is $2,000. For questions, contact us at (956) 722-8333.

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591495	Statement Dates 1/11/24 thru	2/11/24
Previous Balance	184,067.00	Days in the statement period	32
Deposits/Credits	.00	Average Ledger	181,479.15
3 Checks/Debits	11,830.15	Average Collected	181,479.15
Service Charge	.00		
Interest Paid	.00		
Current Balance	172,236.85		

CHECKS AND WITHDRAWALS

Date	Description	Amount
2/05	PURCHASE Aplos Software PPD 9000021251	1,499.00-
2/05	PURCHASE Aplos Software PPD 9000021251	1,814.40-

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
2/05	1005	8,516.75

* Denotes missing check numbers

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Date 2/09/24 Page 2
Primary Account 1010591495
Enclosures 1

TCB COURTESY CHECKING 1010591495 (Continued)

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
1/11	184,067.00	2/05	172,236.85

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1005
88-2431/1149

12/15/2023
Date

Pay to the Order of South Texas Development Council $ 8,516.75
Eight Thousand five hundred sixteen 75/100 Dollars

Texas Community Bank
5775 McPherson Rd. Laredo, Texas 78041
956-723-6333

Sidonia Bailey

For 1st Admin payout FY24

⑆114924810⑆1005 ⑈1010591495⑈

DDA REGULAR CHECK 1005 Date: 02/05 Amount: $8,516.75

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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRUMA SERVICES AREA T
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 2/09/24
Primary Account 1010591396
Enclosures 2

Page 1

CHECKING ACCOUNT

ALERT: As of January 22, 2024, the daily Point of Sale dollar limit for TCB debit cards is $5,000 and the daily ATM withdrawal dollar limit is $2,000. For questions, contact us at (956) 722-8333.

TCB COURTESY CHECKING		Number of Enclosures	2
Account Number	1010591396	Statement Dates 1/11/24 thru	2/11/24
Previous Balance	49,235.68	Days in the statement period	32
1 Deposits/Credits	750.00	Average Ledger	48,784.28
2 Checks/Debits	2,063.16	Average Collected	48,784.28
Service Charge	.00		
Interest Paid	.00		
Current Balance	47,922.52		

DEPOSITS AND ADDITIONS

Date	Description	Amount
2/01	DDA REGULAR DEPOSIT	750.00

CHECKS AND WITHDRAWALS

Date	Description	Amount
2/01	DBT CRD 1650 01/31/24 22326548 ZOOM.US 888-799-9666 WWW.ZOOM.US CA C#3893	159.90-

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
2/01	1012	1,903.26

* Denotes missing check numbers

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6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
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Date 2/09/24 Page 2
Primary Account 1010591396
Enclosures 2

TCB COURTESY CHECKING 1010591396 (Continued)

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
1/11	49,235.68	2/01	47,922.52

Texas Community Bank

CHECKING DEPOSIT

Date Feb 1, 24

Name Seven Flags Regional Medpoint Ambulance

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER 1010591396

SIGN HERE FOR CASH RECEIVED OF ACCOUNT(S)

CASH

750.00

TOTAL

750.00

⑆5057⑈0011⑆ 1010591396⑈

DDA REGULAR DEPOSIT Date: 02/01 Amount: $750.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1012

Date 1/30/2024

Pay to the Order of Joe Gonzalez $1,903.26

One thousand nine hundred three 26/100 Dollars

Texas Community Bank
0721 McPherson Rd. Laredo, Texas 78041
956-723-8303

For Fund reis ov Jrpmts reim

⑆114924810⑆1012 ⑈1010591396⑈

DDA REGULAR CHECK 1012 Date: 02/01 Amount: $1,903.26

Texas Community Bank
6721 McPherson Road
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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 2/09/24
Primary Account 1010591693
Enclosures

Page 1

CHECKING ACCOUNT

ALERT: As of January 22, 2024, the daily Point of Sale dollar limit for TCB debit cards is $5,000 and the daily ATM withdrawal dollar limit is $2,000. For questions, contact us at (956) 722-8333.

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591693	Statement Dates 1/11/24 thru	2/11/24
Previous Balance	53,296.31	Days in the statement period	32
Deposits/Credits	.00	Average Ledger	53,296.31
Checks/Debits	.00	Average Collected	53,296.31
Service Charge	.00		
Interest Paid	.00		
Current Balance	53,296.31		

DAILY BALANCE INFORMATION

Date	Balance
1/11	53,296.31

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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 2/09/24
Primary Account 1010591792
Enclosures

Page 1

CHECKING ACCOUNT

ALERT: As of January 22, 2024, the daily Point of Sale dollar limit for TCB debit cards is $5,000 and the daily ATM withdrawal dollar limit is $2,000. For questions, contact us at (956) 722-8333.

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591792	Statement Dates 1/11/24 thru	2/11/24
Previous Balance	371,236.96	Days in the statement period	32
Deposits/Credits	.00	Average Ledger	371,236.96
Checks/Debits	.00	Average Collected	371,236.96
Service Charge	.00		
Interest Paid	.00		
Current Balance	371,236.96		

DAILY BALANCE INFORMATION

Date	Balance
1/11	371,236.96

FY24 OPERATING BUDGET EXPENSE REPORT (FEBRUARY)

FY24 SFRAC GENERAL FUND MEMBERSHIP REVENUE SUMMARY	
General Fund Projected Membership Revenue for FY24	$15,150.00
Actual Membership Funds Collected to Date	$10,950.00
Total (+/-) %	($4,200.00)

FY24 GRANT PROGRAM FUNDS	
EMS County Assistance Grant (Regular)	$90,724.00
Senate Bill 500 Funding	$0.00
System Development (i.e., Tobacco)	$46,021.00
Exceptional Item (E.I.) Legislative Funding (EMS RAC)	$150,000.00
EMS RAC Grant (Regular)	$34,067.00
FY24 Fund Raiser (Bowlathon)	$10,305.00
Total	$331,117.00

FY24 General Fund (Program Operation) Expenditures

	Projected Cost	Actual Cost (Paid)	Difference
Post Office Fee	$180.00	$176.00	$4.00
VFIS Insurance	$1,500.00		$1,500.00
TETAF Dues	$900.00	$1,000.00	-$100.00
DHSH Re: (Payment of Disallowed Cost)	$0.00	$303.21	-$303.21
CPA IRS Filing/Income Statement	$1,000.00		$1,000.00
RAC Chair/GETAC Travel (November 2023, Austin, Tx.)	$3,800.00	$1,271.35	$2,528.65
GETAC Travel (February 2024, Austin, Tx., Required)	$2,000.00		$2,000.00
GETAC Travel (August 2024 Austin, Tx., Required)	$3,800.00		$3,800.00
TETAF Annual Workshop/Confernce	$0.00		$0.00
GoDaddy Web Site Renewal (Debit)	$400.00	$381.09	$18.91
Zoom	$159.00	$159.00	$0.00
Subtotal	$13,739.00	$3,290.65	$10,448.35
Total Under/Over Budget:			-$10,448.35

FY24 EMS County Assistance Grant Allocations

	Projected Cost	Actual Cost Paid	Difference
Bronze Starr Ambulance	$5,383.64		$5,383.64
Laredo Fire Department EMS/Fire	$5,383.62		$5,383.62
Angel Care Ambulance	$5,383.64		$5,383.64
Webb County Volunteer Fire/EMS	$5,383.64		$5,383.64
Victorious Care Ambulance	$5,383.64		$5,383.64
Priority EMS	$5,383.64		$5,383.64
Zapata County Fire/EMS	$14,934.00		$14,934.00
Texas Superior Ambulance	$5,383.64		$5,383.64
Laredo Lifeline	$5,383.64		$5,383.64
Medpoint Ambulance	$5,383.64		$5,383.64
Villa Ambulance	$5,383.64		$5,383.64
Lalitas Ambulance Care	$5,383.62		$5,383.62
Skyline EMS	$16,570.00		$16,570.00
Subtotal	$90,724.00	$0.00	$90,724.00

FY24 General Fund (Fund Raisers)

	Funds Generated	Total Funds for Project Utilization	Balance
Bowlathon	$10,305.00	$0.00	$10,305.00
Subtotal	**$10,305.00**	**$0.00**	$10,305.00

FY24 EMS RAC Grant

	Projected Cost	Actual Cost Paid	Difference
Administrative Fee (1st Qtr.)	$8,516.75	$8,516.75	$0.00
Administrative Fee (2nd Qtr.)	$8,516.75	$0.00	$8,516.75
Administrative Fee (3rd Qtr.)	$8,516.75	$0.00	$8,516.75
Adminstrative Fee (4th Qtr.)	$8,516.75	$0.00	$8,516.75
Subtotal	**$34,067.00**	**$8,516.75**	$25,550.25

FY24 System Development Grant Allocations

	Projected Cost	Actual Cost	Difference
Bronze Starr Ambulance	$3,068.06		
Laredo Fire Department EMS/Fire	$3,068.06		
Angel Care Ambulance	$3,068.06		
Webb County Volunteer Fire/EMS	$3,068.06		
Victorious Care Ambulance	$3,068.06		
Priority EMS	$3,068.06		
Laredo Lifeline	$3,068.06		
Villa Ambulance	$3,068.06		
Texas Superior Ambulance	$3,068.06		
Zapata County Fire/EMS	$3,068.11		
Laredo Medical Center	$3,068.06		
Doctors Hospital of Laredo	$3,068.06		
Lalitas Ambulance Care	$3,068.06		
Medpoint Ambulance	$3,068.06		
Skyline EMS	$3,068.11		
Subtotal	$46,021.00		$0.00

FY24 EMS RAC Grant (Exeptional Item Funds) $150,000

	Projected Cost	Actual Cost Paid	Fund Balance
Project Funding (To Be Determined)	$150,000.00		$150,000.00
Aplos Accounting Software Purchasee	$1,814.00	$1,814.00	-$1,814.00
Aplos Accounting Software Set Up Fee	$1,499.00	$1,499.00	-$1,499.00
Subtotal	**$150,000.00**		$146,687.00

Other

	Projected Cost	Actual Cost	Difference
Subtotal			$0.00

Senate Bill 8 Grant Program Funding

	Projected Cost	Actual Expenditures	Balance
Education/Scholarships	$454,334.00	$123,661.88	$330,672.12
RAC Administration	$73,293.09	$40,175.25	$33,117.84
Equipment	$0.00		
Incentives	$0.00		
Subtotal	**$527,627.09**	**$163,837.13**	$363,789.96

Local Planning Grant (LPG)

	Projected Cost	Actual Cost	Difference
To Be Determined	$0.00	$0.00	$0.00
			$0.00
			$0.00
Subtotal			$0.00

ITEM 24- 48 (TAB 3)

FY24 MATERNAL COMMITEE

CHAIRMAN:

Present: ___ Absent ___

MEETING DATE:

VICE-CHAIRMAN:

Present ___ Absent ___

LOCATION:

NAME	TITLE	COMPANY	PHONE	EMAIL
Stacey Lopez	Maternal Program Manager	Doctors Hospital of Laredo	956-523-2272	Stacey.lopez@uhsinc.com
Guadalupe P. Cisneros	Director	Doctors Hospital of Laredo	956-523-2273	Guadalupe.cisnernos@uhsinc.com
Dr. David Benavides	Maternal Medical Director	Doctors Hospital of Laredo		
Maria Santillan	Maternal Program Manager	Laredo Medical Center	956-796-4146	Maria_santillan@chs.net
Leticia Murillo	Clinical Coordinator	Laredo Medical Center	956-796-4516	Leticia_murillo@chs.net
Maria Uribe	Director Women's Services	Laredo Medical Center	956-796-4501	Maria_uribe@chs.net
Dr. George Trivette	Maternal Medical Director	Laredo Medical Center		

FY24 CARDIAC / STEMI COMMITEE

CHAIRMAN:

MEETING DATE:

Present: ___ Absent ___

VICE-CHAIRMAN:

LOCATION:

Present ___ Absent ___

NAME	TITLE	COMPANY	PHONE	EMAIL
Cristina Paez, BSN, RN	Chest Pain Coordinator	Laredo Medical Center	Office 956-796-3177	cristina_paez@chs.net
Chantel E. Molina, DNP, RN	Stroke Coordinator	Laredo Medical Center	Office 956-796-3218 Cell 361-231-0207	chantel_molina@chs.net
Vanessa Serna, BSN, RN	Trauma Coordinator	Laredo Medical Center	Office 956-796-4117	vanessa_serna@chs.net
Vanessa Gonzalez, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	vanessa_villarreal@chs.net
Corissa Nino, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	corissa_nino@chs.net
Ernesto Hernandez, MSN, RN	ED Director	Laredo Medical Center	Office 956-796-4171	ernesto_hernandez@chs.net
Juanita Fernandez, BSN, RN	ICU Clinical Coordinator	Laredo Medical Center	Office 956-796-4746	juanita_fernandez@chs.net
Rosie Tamez, BSN, RN	Chest Pain Coordinator	Doctors Hospital of Laredo	Office 956-523-2738 Cell (956) 771-3446	Rosa.Tamez@uhsinc.com
Angie Avila, RN	Stroke Coordinator	Doctors Hospital of Laredo	Office 956-523-2269 Cell (956) 334-4640	
Letisia Colon, BSN, RN	Trauma Coordinator	Doctors Hospital of Laredo	Office 956-523-2193 Cell (956) 523-9933	letisia.colon@uhsinc.com
Rosa Rodriguez, RN	ED Manager	Doctors Hospital of Laredo	Office 956-523-2196 Cell (956) 206-8360	

FY24 STROKE COMMITEE

CHAIRMAN:

Present: ___ Absent ___

MEETING DATE:

VICE-CHAIRMAN:

Present ___ Absent ___

LOCATION:

NAME	TITLE	COMPANY	PHONE	EMAIL
Chantel E. Molina, DNP, RN	Stroke Coordinator	Laredo Medical Center	Office 956-796-3218 Cell 361-231-0207	chantel_molina@chs.net
Cristina Paez, BSN, RN	Chest Pain Coordinator	Laredo Medical Center	Office 956-796-3177	cristina_paez@chs.net
Vanessa Serna, BSN, RN	Trauma Coordinator	Laredo Medical Center	Office 956-796-4117	vanessa_serna@chs.net
Vanessa Gonzalez, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	vanessa_villarreal@chs.net
Corissa Nino, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	corissa_nino@chs.net
Ernesto Hernandez, MSN, RN	ED Director	Laredo Medical Center	Office 956-796-4171	ernesto_hernandez@chs.net
Juanita Fernandez, BSN, RN	ICU Clinical Coordinator	Laredo Medical Center	Office 956-796-4746	juanita_fernandez@chs.net
Rosie Tamez, BSN, RN	Chest Pain Coordinator	Doctors Hospital of Laredo	Office 956-523-2738 Cell (956) 771-3446	Rosa.Tamez@uhsinc.com
Angie Avila, RN	Stroke Coordinator	Doctors Hospital of Laredo	Office 956-523-2269 Cell (956) 334-4640	Angelica.Salinas@uhsinc.com
Letisia Colon, BSN, RN	Trauma Coordinator	Doctors Hospital of Laredo	Office 956-523-2193 Cell (956) 523-9933	Letisia.Colon@uhsinc.com
Rosa Rodriguez, RN	ED Manager	Doctors Hospital of Laredo	Office 956-523-2196 Cell (956) 206-8360	Rosa.Rodriguez@uhsinc.com

FY24 NEONATAL / NICU COMMITEE

CHAIRMAN:

ANGELICA PEREZ

MEETING DATE:

Present: ___ Absent ___

VICE-CHAIRMAN:

LOCATION:

Present ___ Absent ___

NAME	TITLE	COMPANY	PHONE	EMAIL
Angelica Perez	NPM	LMC	956-326-0676	angelica_perez@chs.net
Dr. Satbir Chhina	NMD	LMC	956-206-0112	sschhina@icloud
Patricia Diaz	NICU Director	LMC	956-251-8351	patricia_diaz1@chs.net
Lisa Y. Gonzalez	NICU Program Manager	DHL	956-523-2232	Lisa.Gonzalez2@uhsinc.com
Lilliana Limas	Neonatal Director	DHL	956-523-2113	Lilliana.limas@uhsinc.com
Dr. Roberto Villegas	Neonatal Medical Director	DHL	956-523-2104	Roberto.VillegasMD@uhsinc.com

FY24 TRAUMA / INJURY PREVENTION COMMITEE

CHAIRMAN: Leticia Colon

Present: ___ Absent ___

MEETING DATE:

VICE-CHAIRMAN: Jose Gonzalez

Present ___ Absent ___

LOCATION:

NAME	TITLE	COMPANY	PHONE	EMAIL
Vanessa Serna	Trauma Coordinator	Laredo Medical Center	956-796-4117	Vanessa_serna@chs.net
Alma Hernandez	Trauma Registrar	Laredo Medical Center	956-796-2309	Alma_hernandez1@chs.net

FY24 EMS / PRE-HOSPITAL COMMITEE

CHAIRMAN:

Present: ___ Absent ___

MEETING DATE:

VICE-CHAIRMAN:

Present ___ Absent ___

LOCATION:

NAME	TITLE	COMPANY	PHONE	EMAIL
Peter Gonzalez	Supervisor	Laredo Lifeline, L.L.C.	956-251-3787	lifelinepeter@yahoo.com

ITEM 24-49 (TAB 4)

2024 CALENDAR

JANUARY 2024						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY 2024						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

MARCH 2024						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL 2024						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY 2024						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE 2024						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

JULY 2024						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

AUGUST 2024						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER 2024						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

OCTOBER 2024						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER 2024						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

DECEMBER 2024						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Jan 01: New Year's Day
Jan 15: Martin Luther King Day
Feb 19: Presidents Day

May 27: Memorial Day
Jul 04: Independence Day
Sep 02: Labor Day

Oct 14: Columbus Day
Nov 11: Veterans' Day
Nov 28: Thanksgiving

Dec 25: Christmas Day

CalendarQuickly.com

ITEM 24-50 (TAB 5)

FY24 System Development Grant Re-Allocated Totals

	Projected Allocation Totals	Re-Distributed Funds Added	Adjusted Allocation Totals
Bronze Starr Ambulance	$3,068.06	$219.15	$3,287.21
Laredo Fire Department EMS/Fire	$3,068.06	$219.15	$3,287.21
Angel Care Ambulance	$3,068.06	$219.15	$3,287.21
Webb County Volunteer Fire/EMS	$3,068.06	$219.15	$3,287.21
Victorious Care Ambulance	$3,068.06	$219.15	$3,287.21
Priority EMS	$3,068.06	$219.15	$3,287.21
Laredo Lifeline	$3,068.06	$219.15	$3,287.21
Villa Ambulance	$3,068.06	$219.15	$3,287.21
Texas Superior Ambulance	$3,068.06	$219.15	$3,287.21
Zapata County Fire/EMS	$3,068.11	$219.13	$3,287.24
Laredo Medical Center	$3,068.06	$219.15	$3,287.21
Doctors Hospital of Laredo	$3,068.06	$219.15	$3,287.21
Lalitas Ambulance Care	$3,068.06		
Medpoint Ambulance	$3,068.06	$219.15	$3,287.21
Skyline EMS	$3,068.11	$219.13	$3,287.24
Subtotal	$46,021.00	$3,068.06	$46,021.00

Grand Total: $46,021.00

FY24 EMS County Assistance Grant Allocations

	Projected Allocation Totals	Re-Distributed Funds Added	Adusted Totals
Bronze Starr Ambulance	$5,383.62	$538.38	$5,922.00
Laredo Fire Department EMS/Fire	$5,383.64	$538.36	$5,922.00
Angel Care Ambulance	$5,383.64	$538.36	$5,922.00
Webb County Volunteer Fire/EMS	$5,383.64	$538.36	$5,922.00
Victorious Care Ambulance	$5,383.64	$538.36	$5,922.00
Priority EMS	$5,383.62	$538.38	$5,922.00
Zapata County Fire/EMS	$14,934.00		$14,934.00
Texas Superior Ambulance	$5,383.64	$538.36	$5,922.00
Laredo Lifeline	$5,383.64	$538.36	$5,922.00
Medpoint Ambulance	$5,383.64	$538.36	$5,922.00
Villa Ambulance	$5,383.64	$538.36	$5,922.00
Lalitas Ambulance Care	$5,383.64		
Skyline EMS	$16,570.00		$16,570.00
Subtotal	**$90,724.00**	**$5,383.64**	**$90,724.00**

Grant Total: $90,724.00

ITEM 24-51 (TAB 6)

SEVEN FLAGS REGIONAL ADVISORY COUNCIL
FY24 COMMITTEES SIGN-IN SHEET

TRAUMA / INJURY PREVENTION	DATE: FEBRUARTY 29, 2024	CHAIRPERSON: *Letisia Colon*		VICE-CHAIR: *Jose "Joe" Gonzalez, Jr.*
Member Name	**Representing**	**Department**	**Phone**	**Email Address**
Jaime A. Lopez	City of Laredo Fire Dept.	EMS	956-236-8212	jlopez3@ci.laredo.tx.us
Adolfo Martinez	Angel Care Ambulance	EMS	956-242-9814	fitomassge@hotmail.com
Angel Garcia	Angel Care Ambulance	EMS	956-763-3590	lineman51@gmail.com

SEVEN FLAGS REGIONAL ADVISORY COUNCIL
FY24 COMMITTEES SIGN-IN SHEET

PERINATAL / NICU/ COMMITTEE	DATE: FEBRUARY 29, 2024	CHAIRPERSON: *Angelica Perez*		VICE-CHAIR: *Guadalupe "Lupita" Cisneros*
Member Name	**Representing**	**Department**	**Phone**	**Email Address**
Laura Uribe	Laredo Medical Center	Maternal	956-763-2088	maria_uribe@chs.net
Leticia Murrillo	Laredo Medical Center	Maternal	956-763-2088	leticia_murill@chs.net
Gabriela K. Arzuaga	Doctors Hospital of Laredo	Maternal	956-523-2115	gabriela.arzuaga@uhsinc.com
Rachelle V. Gonzalez	Doctors Hospital of Laredo	Maternal	956-523-2272	rochelle.gonzalez@uhsinc.com
Lilliana Limas Macias	Doctors Hospital of Laredo	Neonatal	956-523-2113	lilliana.limas@uhsinc.com

FY24 MATERNAL COMMITEE

CHAIRMAN:

Present: ___ Absent ___

MEETING DATE:

VICE-CHAIRMAN:

Present ___ Absent ___

LOCATION:

NAME	TITLE	COMPANY	PHONE	EMAIL
Stacey Lopez	Maternal Program Manager	Doctors Hospital of Laredo	956-523-2272	Stacey.lopez@uhsinc.com
Guadalupe P. Cisneros	Director	Doctors Hospital of Laredo	956-523-2273	Guadalupe.cisnernos@uhsinc.com
Dr. David Benavides	Maternal Medical Director	Doctors Hospital of Laredo		
Maria Santillan	Maternal Program Manager	Laredo Medical Center	956-796-4146	Maria_santillan@chs.net
Leticia Murillo	Clinical Coordinator	Laredo Medical Center	956-796-4516	Leticia_murillo@chs.net
Maria Uribe	Director Women's Services	Laredo Medical Center	956-796-4501	Maria_uribe@chs.net
Dr. George Trivette	Maternal Medical Director	Laredo Medical Center		

SEVEN FLAGS REGIONAL ADVISORY COUNCIL
FY24 COMMITTEES SIGN-IN SHEET

EMS/ PRE-HOSPITAL COMMITTEE	DATE: February 29, 2024	CHAIRPERSON: *Victor Villarreal*	VICE-CHAIR: *Chantelle Molina*	
Member Name	**Representing**	**Department**	**Phone**	**Email Address**
Peter Gonzalez	Laredo Lifeline	EMS	956-251-3787	lifelinepeter@yahoo.com
Jaime A. Lopez	Laredo Fire Dept.	EMS	956-236-8212	jlopez3@ci.laredo.tx.us
Rene Castillo	Lalitas Ambulance	EMS	956-606-2169	rcr7474@gmail.com
Ismael Flores	Texas Superior Ambulance	EMS	956-251-6722	texassuperior.ismael@gmail.com
Johnny Cordero	Skyline EMS	EMS	956-246-4442	skyline.ems@gmail.com

SEVEN FLAGS REGIONAL ADVISORY COUNCIL
FY24 COMMITTEES SIGN-IN SHEET

STROKE / STEMI COMMITTEE	DATE: FEBRUARY 29, 2024	CHAIRPERSON: *Jennifer Garcia*		VICE-CHAIR: *Angelica "Angie" Alvarez*
Member Name	**Representing**	**Department**	**Phone**	**Email Address**
Jaime A. Lopez	City of Laredo Fire Dept.	EMS	956-236-8212	jlopez3@ci.laredo.tx.us

ITEM 24-52 (TAB 7)

FY24 EMS RAC EXCEPTIONAL ITEM (E.I.) FUNDING ALLOCATION PLAN	
Entity	**Allocation Totals**
Bronze Starr Ambulance	$10,477.64
Laredo Fire Department EMS/Fire	$10,477.64
Angel Care Ambulance	$10,477.64
Webb County Volunteer Fire/EMS	$10,477.64
Victorious Care Ambulance	$10,477.64
Priority EMS	$10,477.64
Laredo Lifeline	$10,477.64
Villa Ambulance	$10,477.64
Texas Superior Ambulance	$10,477.64
Zapata County Fire/EMS	$10,477.66
Laredo Medical Center	$10,477.64
Doctors Hospital of Laredo	$10,477.64
Medpoint Ambulance	$10,477.64
Skyline EMS	$10,477.66
TOTAL:	$146,687.00

ITEM 24-53 (TAB 8)

ITEM 24-53-a. (TAB 8)

FY24 SFRAC Membership Summary

TSA	Entity Name	County	Application submitted	EMS Affidavit Submitted	Needs Assessment Submitted	Date Paid/Date Deposited	Check Number	Amount Due/Paid	Board Meeting (9/29/2023)	Board Meeting (10/23/2023)	No Board Meeting (11/2023)	No Board Meeting (12/2023)	Board Meeting (1/30/2024)	Board Meeting (2/29/2024)	No Board Meeting (3/2024)	No Board Meeting (04/2024)	Board Meeting (5/30/2024)	No Board Meeting (6/2024)	No Board Meeting 07/2024	Board Meeting (08/2024)
T	Primary Care Ambulance (Joined: August 28, 2023)	Webb	Yes	Yes	Yes	10-31-2023/ 11-1-2023	#1126	FY24 Membership Fees: $750/Paid: $750.00/Bal. $0	P	P			P							
T	Angel Care Ambulance, LCC (Fully Vested)	Webb	Yes	Yes	Yes	No	No	FY24 Membership Fees: $750/Paid: $0 Bal/ $750	P	P			P							
T	Bronze Star Ambulance Service, LLC (Fully Vested)	Webb	Yes	Yes	Yes	9-11-2023/ 9-16-2023	#6016	FY24 Membership Fees: $750/Paid: $750.00 / Bal. $0	P	A			A							
T	City of Laredo Fire Department (Fully Vested)	Webb	Yes	Yes	Yes	10-26-2023/ 11-6-2023	#635308	FY24 Membership Fees: $750/Paid: $750/Bal. $0	P	P			P							
T	Doctors Hospital of Laredo (Fully Vested)	Webb	Yes	N/A	Yes	12-6-2023/ 12 18-2023	#062123429	FY24 Membership Fees: $1,950/Paid: $1950/Bal. $0	P	P			P							
T	Lalitas Ambulance Care (Membership Initiated (Fully Vested)	Webb	No	No	No	No	No	FY24 Membership Fees: $750 / Paid: $0/ Bal. $750	P	A			P							
T	Laredo Lifeline, LLC (Fully Vested)	Webb	Yes	Yes	Yes	10-28-2023/ 11-27-2023	#2591	FY24 Membership Fees: $750/Paid: $750/Bal. $0	P	P			P							
T	Texas Superior Ambulance (Fully Vested)	Webb	Yes	Yes	Yes	9-18-2023/ 9-27-2023	#5459	FY24 Membership Fees: $750 /Paid: $750/Bal. $0.00	P	P			P							

FY24 SFRAC Membership Summary

T	Capital Care EMS (Fully Vested)	Webb	No	No	No	No	No	FY23 Membership Fees: $750 + FY23 Late Fees: $100 = $850 / FY24 Membership Fees: $750/Paid: $0/ Bal. $750/ Total Due: $1,600	P	A			A							
T	Laredo Medical Center (Fully Vested)	Webb	Yes	N/A	Yes	No	No	FY24 Membership Fees: $1,950/Paid: $0/Bal $1,950	P	P			P							
T	Priority EMS (Fully Vested)	Webb	Yes	Yes	Yes	9-20-2023/ 11 6-2023	#0584	FY24 Membership Fees: $750/Paid: $750/Bal. $0	P	P			P							
T	Medpoint Ambulance, Inc. (Fully Vested)	Webb	Yes	Yes	Yes	01-31-2024/ 2 1-2024	#3971	FY24 Membership Fees: $750/Paid: $750/ Bal. $0	P	P			P							
T	Victorious Care Ambulance (Fully Vested)	Webb	Yes	Yes	Yes	9-13-2023/ 9-27-2023	#5459	FY24 Membership Fees: $750/Paid: $0/ Bal. $750	P	P			P							
T	Webb County Volunteer Fire/EMS (Fully Vested)	Webb	Yes	Yes	Yes	12-15-2023/ 12-16-2023	#49932	FY24 Membership Fees: $750/Paid: $750/ Bal. $0	P	A			P							
T	Skyline EMS, (Fully Vested)	Jim Hogg	Yes	Yes	Yes	9/29/2023/ 10/4/2023	#9192	FY24 Membership Fees: $750/Paid: $750/ Bal. $0	P	P			P							
T	Zapata County Fire/EMS (Fully Vested)	Zapata	Yes	Yes	Yes	10-18-2023/ 10-19-2023	#3575	FY24 Membership Fees: $750/Paid: $750/ Bal. $0	P	P			P							
T	Villa Ambulance Service (Board Approved Membership Fully Vested)	Webb	Yes	Yes	No	9-29-2023/ 10/4/2023	#1427	FY24 Membership Fees: $750/ Paid: $750/ Bal. $0	P	P			P							

ITEM 24-53-e. (TAB 8)

Introduction to CARES

(Cardiac Arrest Registry to Enhance Survival)

CARES
Cardiac Arrest Registry
to Enhance Survival

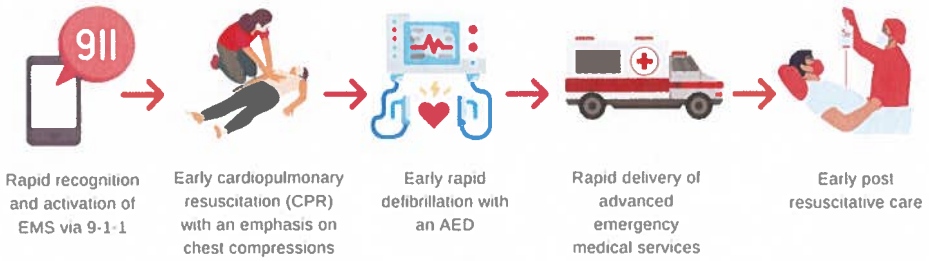
Contents

Importance of OHCA Data Collection

EMS treated out-of-hospital cardiac arrest (OHCA) affects more than 350,000 Americans each year and is the third leading cause of disability adjusted life years (DALY) in the United States, behind cardiovascular disease and back pain. About 90 percent of people who experience an out-of-hospital cardiac arrest die. However, community-specific survival rates vary markedly in the United States.

Cardiac arrest resuscitation is an important measure of a community's emergency response readiness. Successful resuscitation requires involvement by a range of individuals – including bystanders, emergency medical dispatchers, first responders, paramedics, and hospital providers – and depends on rapid performance of a series of critical actions intended to maximize the chances of survival following cardiac arrest, known as "the chain of survival". The links in this chain include activation of the emergency response system, rapid provision of CPR, early defibrillation, prompt delivery of EMS care, and early post-resuscitative care. It is the range in timeliness and quality of these links in the chain of survival that create the wide variation in survival rates. For every minute of cardiac arrest without CPR or defibrillation, a patient's chance of survival falls by 7-10%. Performing bystander CPR can nearly double survival and public access defibrillation results in an almost 50% survival rate for patients presenting in a shockable rhythm.

Critical actions needed to improve chances of survival of an out-of-hospital cardiac arrest



Measurement is key to improving quality of care and patient outcomes. In 2015, the Institute of Medicine released "Strategies to Improve Cardiac Arrest Survival: A Time to Act," which recommended the establishment of a national cardiac arrest registry to monitor performance, identify problems, and track progress. Comprehensive surveillance and reporting are the foundations for improving patient outcomes. Reliable and accurate data are critical toward developing metrics, identifying benchmarks, revising education and training materials, and implementing best practices.

Brief History of CARES

In 2004, the Centers for Disease Control and Prevention (CDC) established CARES in collaboration with the Department of Emergency Medicine at the Emory University School of Medicine, with a mission to help communities determine standardized outcome measures for OHCA allowing for quality improvement efforts and benchmarking capability to improve care and increase survival. The program allows participating EMS systems to compare their performance to de-identified aggregate statistics, allowing for longitudinal benchmarking capability at the local, regional, and national level. By creating a user-friendly system to collect OHCA data and forming a network to share best practices, CARES has transformed the manner in which EMS agencies address OHCA.

CARES began in Atlanta, Georgia collecting nearly 1,500 OHCA events in 2006. As displayed on the CARES Participant Map, the program has since expanded to include 33 state-based registries and more than 50 individual community sites. CARES represents a catchment area of more than 178 million people or approximately 53% of the US population. To date, the registry has captured over one million records, with more than 2,300 EMS agencies and 2,500 hospitals participating nationwide.

CARES Case Definition

CARES captures data on all non-traumatic out-of-hospital cardiac arrests where resuscitation is attempted by a 911 Responder (CPR and/or defibrillation). This also includes patients that receive an AED shock by a bystander prior to the arrival of 911 Responders. Inclusion and exclusion criteria are described below in **Tables 1 and 2**:

Table 1. CARES inclusion criteria (all of the following must be met)
• Patients of all ages who experience a non-traumatic, out-of-hospital cardiac arrest.
• Patients who are pulseless on arrival of 911 Responder; OR • Patients who become pulseless in the presence of 911 Responder; OR • Patients who have a pulse on arrival of EMS, where a successful attempt at defibrillation was undertaken by a bystander prior to arrival of 911 Responder.

Table 2. CARES exclusion criteria (any of the following)
• Unworked/untreated cardiac arrests, to include codes that are terminated immediately upon arrival of EMS because the patient is not a viable candidate for resuscitation due to: ○ Injuries incompatible with life. ○ The presence of rigor mortis or lividity. ○ Signs of decomposition. ○ Presence of a valid DNR.
• Private EMS transport that did not involve 911 dispatch.
• Cardiac arrest of clear and obvious traumatic etiology.
• Bystander suspected cardiac arrest, where ROSC was achieved without the need for defibrillation or 911 Responder CPR.

Data Collection & Elements

Data collection within CARES is based on the Utstein-style definitions – a standardized template of uniform reporting guidelines for clinical variables and patient outcomes that was developed by international resuscitation experts.[1,2] The Utstein template can be used within hospitals, EMS systems, or communities and enables identification of areas that need improvement and comparisons across systems.

The CARES web-based software (https://mycares.net/), links three sources to describe each OHCA event: 1) 911 call center data, 2) EMS data, and 3) hospital data. Data can be submitted in two ways:

1. Using a data-entry form on the CARES website for manual input.
2. Daily upload from an agency's electronic patient-care record (ePCR) system.
   - *Please note, only applicable if using a CARES-compliant ePCR vendor and the EMS agency meets the minimum requirement of at least 10 CARES-qualifying cases per month.*

Access to the CARES website is restricted to authorized users, who are prohibited from viewing data from another agency or hospital.

[1] Cummins RO, Chamberlain DA, Abramson NS, et al. Recommended guidelines for uniform reporting of data from out-of-hospital cardiac arrest: The Utstein style. A statement for health professionals from a Task Force of the American Heart Association, the European Resuscitation Council, the Heart and Stroke Foundation of Canada, and the Australian Resuscitation Council. Circulation. 84:960-975.

[2] Perkins GD, Jacobs IG, Nadkarni VM, et al. Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports: Update of the Utstein Resuscitation Registry Templates for Out-of-Hospital Cardiac Arrest: A Statement for Healthcare Professionals From a Task Force of the International Liaison Committee on Resuscitation and the American Heart Association Emergency Cardiovascular Care Committee and the Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation. Resuscitation. 96:328-340.

The required and optional CARES elements collected from 911 call centers, EMS providers, and receiving hospitals are described below in **Table 3**.

Table 3. CARES data elements

	Dispatch	EMS	Hospital
Required	None; supplemental data completion is encouraged	Patient demographics (i.e., name, age, date of birth, incident address, sex, and race/ethnicity) Arrest circumstances (i.e., location type, witness status, and etiology) Resuscitation-specific data (i.e., CPR initiation, AED application, defibrillation, initial arrest rhythm, return of spontaneous circulation [ROSC], field hypothermia, and pre-hospital survival status)	Emergency department outcome Provision of therapeutic hypothermia (TTM) Hospital outcome Discharge location Neurological outcome at discharge (using the Cerebral Performance Categories [CPC] Scale)
Supplemental	Time call received at dispatch center, time of dispatch, time en route, time of arrival at the scene, time of arrival at ED	Pre-hospital interventions (i.e., usage of mechanical CPR device, ITD, 12 Lead, automated CPR feedback device, and advanced airway; administration of drugs; and diagnosis of STEMI) Treatment times (i.e., time of arrest, CPR, defibrillation, sustained ROSC, and field termination)	Hospital procedures (i.e., coronary angiography, CABG, and stent or ICD placement), date/time of discharge/death, and Medical Record Number

The CARES dataset is geocoded on an annual basis and linked to a number of census-tract level variables: median household income, median age, race/ethnicity, unemployment rate, poverty status, urbanicity, and educational attainment.

Reporting Capability

The CARES software includes functionality to automate data analysis for participating EMS agencies. The reports include 911 response intervals, delivery rates of critical interventions (i.e., bystander CPR, dispatcher CPR, public access defibrillation [PAD]), and community rates of survival using the Utstein template. An EMS agency has continuous access to their data and can generate reports by date range at their convenience. The software is also capable of aggregate reporting such that CARES staff can generate custom reports for benchmarking and surveillance purposes. In addition, hospitals have access to facility-specific reports, allowing users to view pre-hospital and in-hospital characteristics of their patient population with benchmarking capability. A robust query feature also allows agencies and hospitals to create customized searches of their data. These search results can be easily exported to Microsoft Excel for further analysis.

Sample EMS Reports: Utstein Survival Report, CARES Survival Report, CARES Summary Report, EMS CAD Times Report, and Demographics Report

Sample Hospital Reports: Hospital Survival Report, Hospital Benchmarking Report

Sample Dispatcher Assisted-CPR Report

CARES in Action

CARES releases an Annual Report in the spring and uses this publication as an opportunity to highlight innovative and impactful work being done in CARES states and communities, in the "CARES in Action" section. These reports are hosted under the Data tab of our website.

Additional case studies, testimonials, and letters of support can be found in the CARES in Action document.

Additional Resources

Internal Resources

- CARES Fact Sheet
- MMWR Document

External Resources

- Resuscitation Academy
- HeartRescue
- Citizen CPR Foundation

CARES EMS FAQ

What is CARES?

CARES stands for the Cardiac Arrest Registry to Enhance Survival. CARES is a collaborative effort of the Centers for Disease Control and Prevention (CDC) and Emory University, Woodruff Health Sciences. The ultimate goal of CARES is to improve survival from sudden cardiac death. The registry is designed to help local EMS administrators and medical directors identify who is affected, when and where cardiac arrest events occur, which elements of the system are functioning properly and which elements are not, and how changes can be made to improve cardiac arrest outcomes. CARES utilizes an internet database system that reduces time involved in registering out-of-hospital cardiac arrest (OHCA) events, tracking patient outcomes with hospitals prospectively, and response time intervals associated with First Responder and EMS agencies.

What are the benefits of participation?

CARES participants can generate multiple reports in real-time via secure online access, allowing for longitudinal, internal benchmarking. Both locally and nationally, there is increasing emphasis on the role of data collection as the foundation for improving care. In 2015, the Institute of Medicine released "Strategies to Improve Cardiac Arrest Survival: A Time to Act", the first of eight recommendations was the establishment of a national cardiac arrest registry "to monitor performance in terms of both success and failure, identify problems, and track progress." By participating in CARES, EMS providers and hospitals are taking the initial step to saving lives in their community.

What does participating in CARES involve?

CARES asks that a designated contact be established at each participating EMS agency. This contact serves as the local CARES administrator for the agency and oversees CARES operations. The EMS contact is the liaison between the EMS agency and CARES staff throughout participation with CARES. The EMS contact works closely with CARES staff to determine the most appropriate methods for starting data collection and program implementation and monitors data collection for the EMS agency and participating hospitals.

How does data get into CARES?

There are two methods of data entry into the CARES database. 1) The CARES dataset can be entered via desktop computer by the CARES EMS contact or the EMS field providers/supervisors. 2) For agencies with more than 10 records a month, the CARES dataset can be automatically extracted from the electronic Patient Care Report which then auto-populates the CARES registry. Please see the CARES website for more information on our upload process.

How does CARES collect hospital outcomes?

CARES encourages voluntary participation from hospitals where the participating EMS agency transports cardiac arrest patients. A CARES contact person needs to be identified at each participating hospital. The only requirements for a contact are that he/she has access to hospital records to obtain outcome data and has a clinical background. The hospital dataset consists of five simple questions and is only required for worked arrests of non-traumatic etiology where the EMS crew indicates there was ongoing resuscitation in the emergency department. The

hospital contact will be given access to the CARES website (https://mycares.net) and can enter hospital outcomes at their convenience.

Is the CARES website secure?

CARES uses Secure Socket Layer (SSL) encryption technology in transmitting Protected Health Information to redundant secure AWS EC2 servers to help ensure the integrity and privacy of the Protected Health Information provided to them via the Internet. Encryption involves systematically scrambling numbers and letters, so that even if someone managed to intercept the information, they would not be able to decode the information. In order to take advantage of this encryption technology, customers need to have an Internet browser that will support 128-bit encryption. The data is protected with an encrypted database with daily backups, and is securely accessible with redundant pathways via the CARES website. The entire system is protected by cutting edge AWS protection, with off-site data archiving to assure data integrity even in the event of a catastrophe.

Does CARES use identifiable patient information?

Yes, CARES requires the use of a patient's name and date of birth (DOB) to link the EMS record with the hospital outcomes. The name and DOB are provided by the EMS agency. Once a record is determined to be complete by CARES staff, the record is de-identified, or "scrubbed", of patient name and DOB.

How does HIPAA apply?

CARES was approved and considered exempt from further review by the Emory University IRB. CARES is considered to be a quality improvement/assurance program conducted by a covered entity and is thus considered "healthcare operations." Therefore CARES is not subject to Privacy Rule requirements for research activities or patient authorization. In general, the Privacy Rule permits the use or disclosure of patient information for a registry if the registries are supporting public health activities and/or registries developed for health care operations of health care providers, such as QA/QI. For more information, please see the letter from the CDC and the Memorandum of Understanding between Emory/CARES and the CDC on the CARES website.

Who has access to the data?

Each participating EMS agency has access to all of the EMS and hospital data for their respective patients. EMS agencies do not have access to data from other participating agencies. Hospital contacts can view but not edit the EMS portion of the CARES form for patients transported to their facility and do not have access to other hospitals' data. However, Integrated Health Systems can request permission to establish a multi-hospital CARES account allowing for centralized data access and institutional level reporting. If the state is a CARES participant, the state coordinator has access to all EMS and hospital data within the state. CARES staff has access to all EMS and hospital data for monitoring and de-identification purposes.

What is the data used for?

CARES data helps local EMS administrators and medical directors identify which elements of the system are functioning properly and which elements are not, and how changes can be made to improve cardiac arrest outcomes. Using the CARES software, the EMS agency will have the ability to generate "real-time" Utstein Survival Reports, EMS and First Responder response interval reports, as well as demographic reports. The EMS agency can use this data to inform

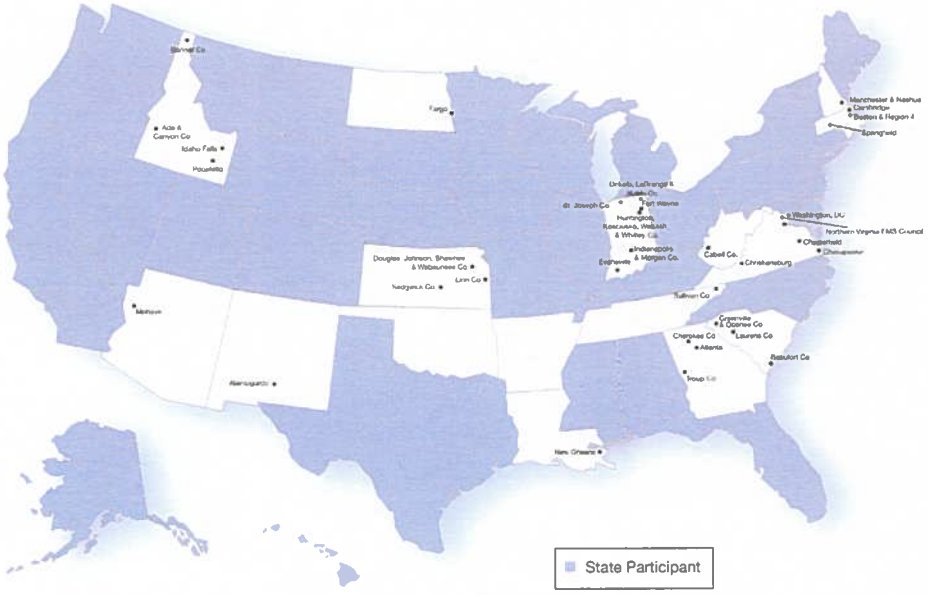
system changes that will improve outcomes for cardiac arrest patients. CARES allows for confidential internal benchmarking for the participating EMS agency. CARES data is also de-identified and aggregated each April allowing for annual reports to be shared locally, regionally, statewide and nationally for both benchmarking and research purposes. CARES participates in Healthy People 2020 in an effort to track bystander preparedness at the community level. External use of the dataset is managed through a formal data sharing process.

How do I obtain more information about CARES?

More information is available via the CARES website (https://mycares.net). Visit the CARES homepage and select the "About CARES" tab. Please feel free to contact CARES staff with any questions (information found on the "Contact Us" webpage).

CURRENT SITES

Current CARES members represent EMS agencies and hospitals that serve more than 175 million Americans, and the registry contains more than 1 million cardiac arrest cases.



To learn more about CARES, visit mycares.net or contact us at cares@emory.edu.

CARES
Cardiac Arrest Registry to Enhance Survival

EMORY | WOODRUFF HEALTH SCIENCES CENTER

Sudden cardiac arrest can affect anyone, anywhere, at any time. A 12-year-old girl in a school classroom. A 31-year-old father jogging in the park. A 60-year-old grandmother at home with her family.

Every year, more than 300,000 people experience an out-of-hospital cardiac arrest in the United States. Unfortunately, the majority of these patients do not survive.

That's where CARES can make a difference. CARES helps communities measure performance and identify how to improve cardiac arrest survival rates.

To find out how CARES can help your community, read on >>

CARES
Cardiac Arrest Registry to Enhance Survival

The survival rate from sudden cardiac arrest in many cities and towns across the United States has remained stagnant for decades. Yet some communities have found ways to significantly improve a patient's chance of surviving cardiac arrest—often with simple changes to 911 dispatch procedures or EMS training and protocols. The process of collecting and measuring data alone seems to make a significant difference in survival rates.

While many communities have discovered ways to increase survival rates, others struggle to know if they're moving in the right direction.

Show your commitment to saving lives from cardiac arrest by enrolling your community in CARES today.

WHAT IS CARES?

CARES—the Cardiac Arrest Registry to Enhance Survival—was established by the U.S. Centers for Disease Control and Prevention and Emory University to improve survival from cardiac arrest through out-of-hospital cardiac arrest (OHCA) data collection in the United States. Communities that join CARES commit to entering cardiac arrest data from EMS agencies and hospitals into a national database in order to track their performance confidentially over time and improve the quality of patient care—and ultimately prevent needless deaths.

"What a community can gain from measuring and truly understanding the quality of its cardiac arrest care and cardiac arrest patient outcomes is invaluable—and I think CARES is the best way we can do that."

DOUGLAS KUPAS, MD
COMMONWEALTH EMS MEDICAL DIRECTOR, PENNSYLVANIA DEPARTMENT OF HEALTH

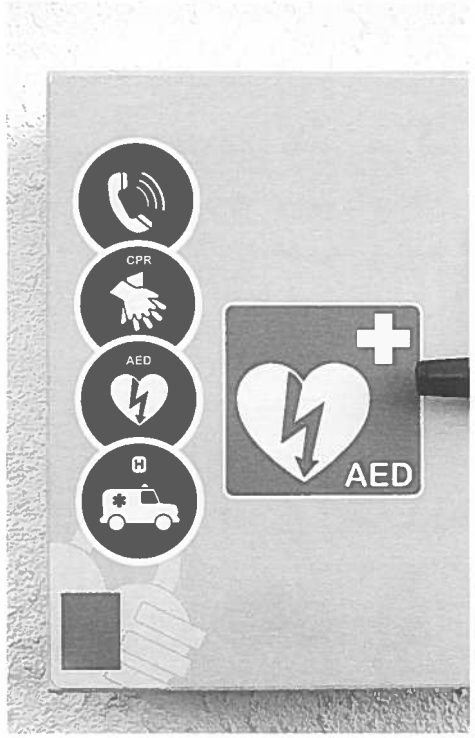
By joining CARES, communities gain more than just access to information that will help them improve performance and save lives. They also contribute to one of the largest EMS registries in the world, and one of the few that also includes patient outcome information from hospitals. Those features enable CARES data to be used to conduct vital research that furthers our knowledge of cardiac arrest treatment and saves countless lives for years to come.

WHO USES CARES?

- Hospitals
- State EMS officials
- Ambulance services
- Fire departments
- Researchers

CARES HELPS PARTICIPANTS DETERMINE:

- Who is affected by cardiac arrest?
- Where and when are cardiac arrest events occurring?
- How do our cardiac arrest survival rates compare to other communities?
- Where can we make improvements in care that will save more lives?



BENEFITS OF JOINING CARES

- Join a network of communities working together to increase survival from sudden cardiac arrest.
- Compare your community to local, state, and national performance and discover ways to improve your emergency medical system's response to cardiac arrest.
- Use simple, HIPAA-compliant, web-based software to link EMS and hospital data, creating a single record for each OHCA event.
- Access multiple real-time reporting features, including charts, graphs, and tables for use in reports, presentations, and more.
- Receive training and ongoing support from CARES staff to get the most out of participation, including one-on-one consultation to review your community's annual reports and comparison to national benchmarks.

Subscriptions are available at both the state level and the community level. If your community is interested in improving cardiac arrest care, CARES wants to talk with you. Learn more at mycares.net or email us at cares@emory.edu.

CARES®
Cardiac Arrest Regist
to Enhance Survival

Cardiac Arrest Registry to Enhance Survival

Part E: Hospital Section

47 - ER Outcome

- ☐ Died in the ED
- ☐ Admitted to hospital
- ☐ Transferred to another acute care facility from the ED

48 - Was hypothermia care initiated or continued in the hospital

- ☐ Yes
- ☐ No

49 - Hospital Outcome

- ☐ Died in the hospital
- ☐ Discharged alive
- ☐ Patient made DNR
  - If yes, choose one of the following:
  - ☐ Died in the hospital
  - ☐ Discharged alive
  - ☐ Transferred to another acute care hospital
  - ☐ Not yet determined
- ☐ Transferred to another acute care hospital
- ☐ Not yet determined

50 - Discharge From The Hospital

- ☐ Home/Residence
- ☐ Rehabilitation Facility
- ☐ Skilled Nursing Facility/Hospice

51 - Neurological Outcome At Discharge From Hospital

- ☐ Good Cerebral Performance (CPC 1)
- ☐ Moderate Cerebral Disability (CPC 2)
- ☐ Severe Cerebral Disability (CPC 3)
- ☐ Coma, Vegetative State (CPC 4)

Hospital procedures

52 - Why was hypothermia care not initiated or continued in the hospital?

- ☐ Awake/Following commands
- ☐ DNR/Family request
- ☐ Unwitnessed cardiac arrest
- ☐ Unshockable rhythm
- ☐ No TH program in place
- ☐ Other
- ☐ Unknown

53 - Date and time of Discharge/Death

☐☐ / ☐☐ / ☐☐ ☐☐ : ☐☐

Hour Minute

54 - Was the final diagnosis acute myocardial infarction ☐ Yes ☐ No ☐ Unknown

55 - Coronary Angiography Performed ☐ Yes ☐ No ☐ Unknown

If 'Yes', provide date and time:

☐☐ / ☐☐ / ☐☐ ☐☐ : ☐☐

Hour Minute

56 - Was a cardiac stent placed ☐ Yes ☐ No ☐ Unknown

57 - CABG performed ☐ Yes ☐ No ☐ Unknown

58 - Was an ICD placed and/or scheduled ☐ Yes ☐ No ☐ Unknown

59 - Hospital Medical Record Number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Hospital Comments

ITEM 24-54 (TAB 9)

TEXAS
Health and Human Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

February 1, 2024

Jorge Delgado, Board Chairman
Seven Flags Regional Advisory Council
P.O. Box 450094
Laredo, TX 78045

Dear Mr. Delgado:

The Texas Department of State Health Services (DSHS) Fiscal Support and Oversight Unit has completed the fiscal monitoring review of the EMS/CO-RAC SB8 and EMS/CO-RAC grants. The review covered the period of March 2023 through May 2023. The primary objective of this review was to determine if The Seven Flags Regional Advisory Council complied with the fiscal requirements of federal and state grant regulations, DSHS policies and procedures, and the contract provisions.

The attached report details the scope and methodology of the fiscal review. The review resulted in three findings. After an analysis of the management responses, the questioned costs of $303.21 associated with finding #2 are now disallowed. Please follow the instructions included with the enclosed report to resolve the disallowed amount. A follow-up team will be in contact regarding the implementation of the corrective action plans.

We appreciate the cooperation extended to us by the management and staff of The Seven Flags Regional Advisory Council during this review. Please contact David Lupercio, Audit Manager at 512-217-3085 or me at 512-776-6991, if you have any questions. For technical assistance, please email FSTA@dshs.texas.gov.

Sincerely,

Ann H. Duncan

Ann H. Duncan, CPA, MPA, CFE
Director, Fiscal Support and Oversight
Office of Compliance and Accountability

Enclosure

cc: John Keiser, Regional Programs Director

Fiscal Support and Oversight
Fiscal Compliance Review Report
The Seven Flags Regional Advisory Council on Trauma
February 1, 2024

Objective:

To determine whether The Seven Flags Regional Advisory Council on Trauma (Seven Flags) financial management system and the amounts paid for the contracts referenced below complied with applicable state and federal regulations, Department of State Health Services (DSHS) rules, and contract term and conditions.

Contracts and Period Reviewed:

Contract Number	Program ID	Contract Term	Contract Amount	Review Period
HHS001256500001	EMS/CO-RAC SB8	9/15/2022-12/31/2024	$525,627.09	3/1/2023-5/31/2023
HHS000124600014	EMS/CO-RAC	5/01/2018-8/31/2023	$858,146.00	3/1/2023-5/31/2023

Legend for Program Abbreviations:

EMS/CO-RAC-SB8 - Emergency Medical Services/County-Regional Advisory Council -Senate Bill 8

EMS/CO-RAC - Emergency Medical Services/County-Regional Advisory Council

Fieldwork Conducted: November 2023

Scope: The scope of this review encompassed an analysis of policies, procedures, and supporting documentation for:

- Other contract expenditures - A total of 19 expenditure transactions were tested from the following expense budget categories: Equipment purchases, Scholarships, and administrative expenses.
- Cost Allocation Plan - Methodologies and the application to expenditures were tested.
- Equipment paid by DSHS - Testing included verification of existence and reporting accuracy.
- General compliance with rules, regulations, and contract provisions.

The DSHS fiscal monitoring team reviewed the agency's accounting policies and procedures to determine whether they were adequate to ensure accurate, current, and complete disclosure of the financial results of grant activities. The monitoring team examined the documentation to verify the source and application of contract funds. We also reviewed documentation and interviewed agency staff to determine whether the agency complied with applicable federal and state regulations, DSHS policies and procedures, and contract provisions. In some instances, the results of the independent audit and/or other audits were relied on to determine grant compliance with specific provisions.

Detailed Findings and Recommendations

The fiscal review resulted in three findings, as detailed below. The first finding is related to internal controls and several policies and procedures that were not provided. The second finding pertains to sales tax charged to the EMS/CO-RAC grant. The third finding is related to discrepancies with the property inventory report (GC-11). A questioned cost of $303.21 is associated with Finding #2.

Finding #1 DSHS Financial Admin/Internal Controls - Deficient

Condition: The following issues were noted during review of the agency's policies, procedures, Chart of Accounts and monthly bank reconciliations.

1. The grantee does not have written policies and/or procedures covering the following areas:

    a. Accounting
    b. Procurement of Goods and Services
    c. Fixed Assets Inventory
    d. Records Retention
    e. Information Technology

2. The grantee did not provide the Chart of Accounts, as requested by DSHS.

3. The grantee did not submit copies of monthly bank reconciliations, as requested by DSHS.

As a result, DSHS does not have reasonable assurance that DSHS grants are managed in accordance with the terms and conditions outlined in the contracts.

Criteria: 2 CFR §200.303, states in part, "*The non-Federal entity must: (a) Establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award.*"

Green Book, Standards for Internal Control in the Federal Government, section 3.10, states in part, "*Effective documentation assists in management's design of internal control by establishing and communicating the who, what, when, where, and why of internal control execution to personnel. Documentation also provides a means to retain organizational knowledge and mitigate the risk of having that knowledge limited to a few personnel, as well as a means to communicate that knowledge as needed to external parties, such as external auditors.*"

Questioned Cost: $0.00

Recommendation: To resolve this finding, submit a corrective action plan (CAP) to ensure board approved policies and/or procedures are written and adopted covering the areas specified above and that requested documents such as monthly bank reconciliations and the Chart of Accounts are made available upon request.

Management Response: "*SFRAC Administrator will address these deficiencies in the following manner:*

1) *Develop a Financial Policies and Procedures Manual containing all the areas identified in the review as not having been met in addition to a comprehensive content layout to create a framework for operating standards and general fiscal expectations for internal control as an organization. The proposed Financial Policies and Procedures Manual will be a separate document from the existing SFRAC By-Laws.*
2) *Acquire (i.e., purchase) and implement accounting software which provides the needs specific to fund accounting for non-profits such as the SFRAC organization. The software program shall have the capability to create charts of accounts, bank reconciliation, generate other financial management reports as needed such as financial statements.*"

Responsible Party: *Development of Financial Policies and Procedures: John R. Keiser, SFRAC Administrator*

Acquisition and implementation of a fund accounting software: John R. Keiser, SFRAC Administrator

Approval of Financial Policies and Procedures and purchase of fund accounting software: SFRAC Board of Directors/Executive Board:

Jorge Delgado, Chairman

Silvestre Rodriguez, Vice Chairman

Jose "Joe" Gonzalez, Jr., Treasurer

Letisia Colon, Secretary

Implementation Date:
Development and adoption of the proposed financial policies and procedures manual: Initial request; May 1, 2024.

Purchase and Implementation of fund accounting software license: February 1, 2024.

DSHS Reply: The management response was reviewed and accepted.

Finding #2 DSHS Expenditures - Unallowable

Condition: Two out of nineteen expenditures tested for the grants included $303.21 of state sales tax, which is an unallowable charge to DSHS. The expenditures were for equipment purchases charged to the EMS/CO-RAC SB8 grant.

Criteria: 2 CFR 200: § 200.470 Taxes (including Value Added Tax) states in part, *"(b) For nonprofit organizations and IHEs: (1) In general, taxes which the nonfederal entity is required to pay and which are paid or accrued in accordance with GAAP, and payments made to local governments in lieu of taxes which are commensurate with the local government services received are allowable, except for: (i) Taxes from which exemptions are available to the non-Federal entity directly or which are available to the non-Federal entity based on an exemption afforded the Federal government and, in the latter case, when the Federal awarding agency makes available the necessary exemption certificates, (ii) Special assessments on land which represent capital improvements, and (iii) Federal income taxes."*

Questioned Cost: $303.21

Recommendation: To resolve this finding:

1. Submit a payment of $303.21 to DSHS according to the instructions included in the Final Report.

2. Submit a CAP that specifically details the policies and/or procedures that will be implemented to ensure unallowable sales tax will not be charged to DSHS grants.

Management Response: *"To avoid the issue of paying non-allowable sales tax in the future, SFRAC administrator has obtained a credit/debit card under the name of the SFRAC organization, this way any purchase(s) made in the future requiring the use of a credit/debit card can apply the tax-exempt status. The SFRAC organization currently does have an active tax-exempt status.*

SFRAC will submit a remittance check in the amount of $303.21 to DSHS to cover the disallowed sales tax expenditure made during the purchase of the SFRAC equipment for Dell Corporation."

Responsible Party: *John R. Keiser, SFRAC Administrator*

Implementation Date: *February 29, 2024*

DSHS Reply: The management response was reviewed and accepted.

Disallowed Cost: $303.21

Finding #3 DSHS Equipment - Inaccurate/Incomplete report

Condition: The following discrepancies were noted during the review of the fiscal year 2023 Property Inventory Report (GC-11):

1. Two items reported on the fiscal year 2023 GC-11 form submitted to DSHS have incorrect purchase dates. The grantee reported the items were acquired on February 22, 2022. However, the invoice for the equipment states that the purchase date was February 21, 2023.

2. In addition, these same two items were listed with incorrect unit cost amounts. The grantee included the sales tax charged on the purchase of these items in the reported unit cost amounts (See Finding #2).

As a result, Seven Flags RAC is not in compliance with the GC-11 reporting requirements.

Criteria: Uniform Grant Management Standards (UGMS) June 2004, Subpart C, Post Award Requirements — Financial Administration, .20 Standards for financial management systems, states in part: *"(a) A state must expend and account for grant funds in accordance with state laws and procedures for expending and accounting for its own funds. Fiscal control and accounting procedures of the state, as well as its subgrantees, must be sufficient to— (1) Permit preparation of reports required by this part and the statutes authorizing the grant. (b) The financial management systems of other grantees and sub-grantees must meet the following standards- (3) Internal control. Effective control and accountability must be maintained for all grant and subgrant cash, real and personal property, and other assets. Grantees and subgrantees must adequately safeguard all such property and must assure that it is used solely for authorized purposes.";* and .32 Equipment, states, in part: *"(d) Management requirements. Procedures for managing equipment (including replacement equipment), whether acquired in whole or in part with grant funds, until disposition takes place will, as a minimum, meet the following requirements: (1) Property records must be maintained that include a description of the property, a serial number or other identification number, the source of property, who holds title, the acquisition date, and cost of the property, percentage of federal or state participation in the cost of the property, the location, use and condition of the property, and any ultimate disposition data including the date of disposal and sale price of the property. (2) A physical inventory of the property must be taken, and the results reconciled with the property records at least once every two years. (3) A control system must be developed to ensure adequate safeguards to prevent loss, damage, or theft of the property. Any loss, damage, or theft shall be investigated."*

Questioned Cost: $0.00

Recommendation: To resolve this finding, submit a CAP to ensure future Property Inventory Reports (form GC-11) are complete and accurate. The discrepancies noted above must be corrected in the next annual Property Inventory Report submission.

Management Response: *"SFRAC Administrator admittingly recognizes the misinformation contained in the GC-11 report, however, attributes the misinformation to an oversight error and typo. SFRAC administrator has already made the corrections on the GC-11 form to reflect the correct unit costs (less the tax) and the correct purchase date (See Attached).*

Henceforth, SFRAC administrator will make deliberate and concerted effort to ensure that the information inputted and contained in the GC-11 is accurate."

Responsible Party: *John R. Keiser, SFRAC Administrator*

Implementation Date: *January 31, 2024*

DSHS Reply: The management response was reviewed and accepted.

Seven Flags Regional Advisory Council
Trauma Service Area - T

January 31, 2024

Elizabeth Stevenson, R.N.
Stroke Designation Program Manager
Texas Department of State Health Services EMS/Trauma Systems
Attn: Stroke Designation Program
PO Box 149347 MC 1876
Austin, TX 78714-9347

Re: Laredo Medical Center Participation Confirmation Letter (Stroke Re-designation).

Dear Ms. Stevenson:

This letter is to confirm that Laredo Medical Center is an active participant of the Seven Flags Advisory Council (SFRAC) and in good standing with the organization. Attendance of the SFRAC Board meetings by Laredo Medical Center representatives is in compliance with SFRAC attendance rules, as well as the submittal of required documentation and payment of SFRAC membership fees. All documentation associated with Laredo Medical Center's active participation, and "Good Standing" status are on file with the Seven Flags RAC.

Furthermore, Laredo Medical Center's involvement in the Seven Flags RAC includes the active participation among the RAC's various committees.

Should you have any questions or require additional information please feel free to contact me at your earliest convenience at 956-722-3995 or via email at jrkeiser@stdc.cog.tx.us.

Sincerely,

John R. Keiser
SFRAC Administrator (TSA-T)

Jorge Delgado, Chairman
Silvestre Rodriguez, Vice Chairman
P.O. Box 450094, Laredo, Texas 78045
Jose Gonzalez, Jr., Treasurer
Letisia Colon, Secretary

Seven Flags Regional Advisory Council
Trauma Service Area - T

February 19, 2024

Elizabeth Stevenson, R.N.
Stroke Designation Program Manager
Texas Department of State Health Services EMS/Trauma Systems
PO Box 149347 MC 1876
Austin, TX 78714-9347

Re: Laredo Medical Center Participation Confirmation Letter (Neonatal/NICU).

Dear Ms. Stevenson:

This letter is to confirm that Laredo Medical Center is an active participant of the Seven Flags Advisory Council (SFRAC) and in good standing with the organization. Attendance of the SFRAC Board meetings by Laredo Medical Center representatives is in compliance with SFRAC attendance rules, as well as the submittal of required documentation and payment of SFRAC membership fees. All documentation associated with Laredo Medical Center's active participation, and "Good Standing" status are on file with the Seven Flags RAC.

Furthermore, Laredo Medical Center's involvement in the Seven Flags RAC includes the active participation among the RAC's various committees, inclusive of the Neonatal/NICU Committee.

Should you have any questions or require additional information please feel free to contact me at your earliest convenience at 956-722-3995 or via email at jrkeiser@stdc.cog.tx.us.

Sincerely,

John R. Keiser
SFRAC Administrator (TSA-T)