

DRAFT ONLY—PERINATAL REGIONAL ADVISORY COUNCIL GUIDELINES

Regional Advisory Councils – DRAFT (version 7.0 –Feb 9, 2016)

SUGGESTED TIMELINE:

Immediately: Some of the Maternity (OB) and Neonatal leaders of the region should make contact with Trauma RAC their region to plan next steps for forming a **Perinatal** Regional Advisory Council

- Notify all hospitals in region that provide OB or Neonatal care of need to “actively participate” in Perinatal RAC as a requirement of designation
- Look for best structure for the Perinatal Regional Advisory Council within the Trauma RAC system (may be a Workgroup or Committee)
- Schedule a meeting (aim for May/June 2016) for all hospitals in region to agree on a structure for Perinatal Regional Advisory Council

At May/June Meeting, need to select a leadership team, approve governing principles, set up meeting structure (need to coordinate with Trauma RAC Leadership). This should be a preliminary structure with intent of a more permanent structure within 2-3 years.

Recommendations for Defining Active Participation: Designation requires every hospital to show “active participation” in region. This should be a relatively “low bar” for the first 2 years during transition. For example, each facility appointing one Neonatal and one Maternity representative, perhaps send basic information via email/online (# deliveries, # beds).

I. Definitions

- a. **Maternal**- dealing with mother, pregnancy
- b. **Neonatal**- dealing with newborn especially the first month of life
- c. **Perinatal**- dealing with both pregnancy, postpartum, and neonatal (includes both maternal and neonatal)
- d. **Perinatal Regional Advisory Council**- stipulated by HB15 but not specified regarding its exact structure. Dept of State Health Services has further defined that these Perinatal Regional Advisory Councils should reside within the Trauma Regional Advisory Council system, and may take the form of a workgroup, committee, or other structure.

II. Background

House Bill 15 (83R) calls for the state of Texas to be divided into neonatal and maternity regions, and to facilitate transfer agreements through regional coordination. To best understand the community needs in the different regions and encourage collaboration and coordination, Perinatal Regional Advisory Councils are to be developed. The purpose of these Perinatal Regional Advisory Councils is to improve the care of the patients in the region; these councils should not have authority to influence specific hospital payments, dictate transfers, or affect specific hospital designation. Participation from the hospitals in the region is vital for proper coordination, yet requirements for participation that are excessive would be unreasonable and onerous. These guidelines are written

DRAFT ONLY—PERINATAL REGIONAL ADVISORY COUNCIL GUIDELINES

to give some examples for overall structure for each region, encourage the avoidance of undesirable practices (such as one hospital taking unfair advantage over another hospital), and provide sufficient leeway to allow each region to construct its own **Perinatal** Regional Advisory Council to best serve its region’s hospitals, practitioners, and patients. Each facility needs to have neonatal designation by Sept 1, 2018 to receive Medicaid payments for newborn care; each facility needs to have maternity designation by Sept 1, 2020 to receive Medicaid payment for obstetrical care by Sept 1, 2020. A requirement of designation is “active participation” in the Perinatal Regional Advisory Council, which has subsequently been defined as the 22 Trauma Regions.

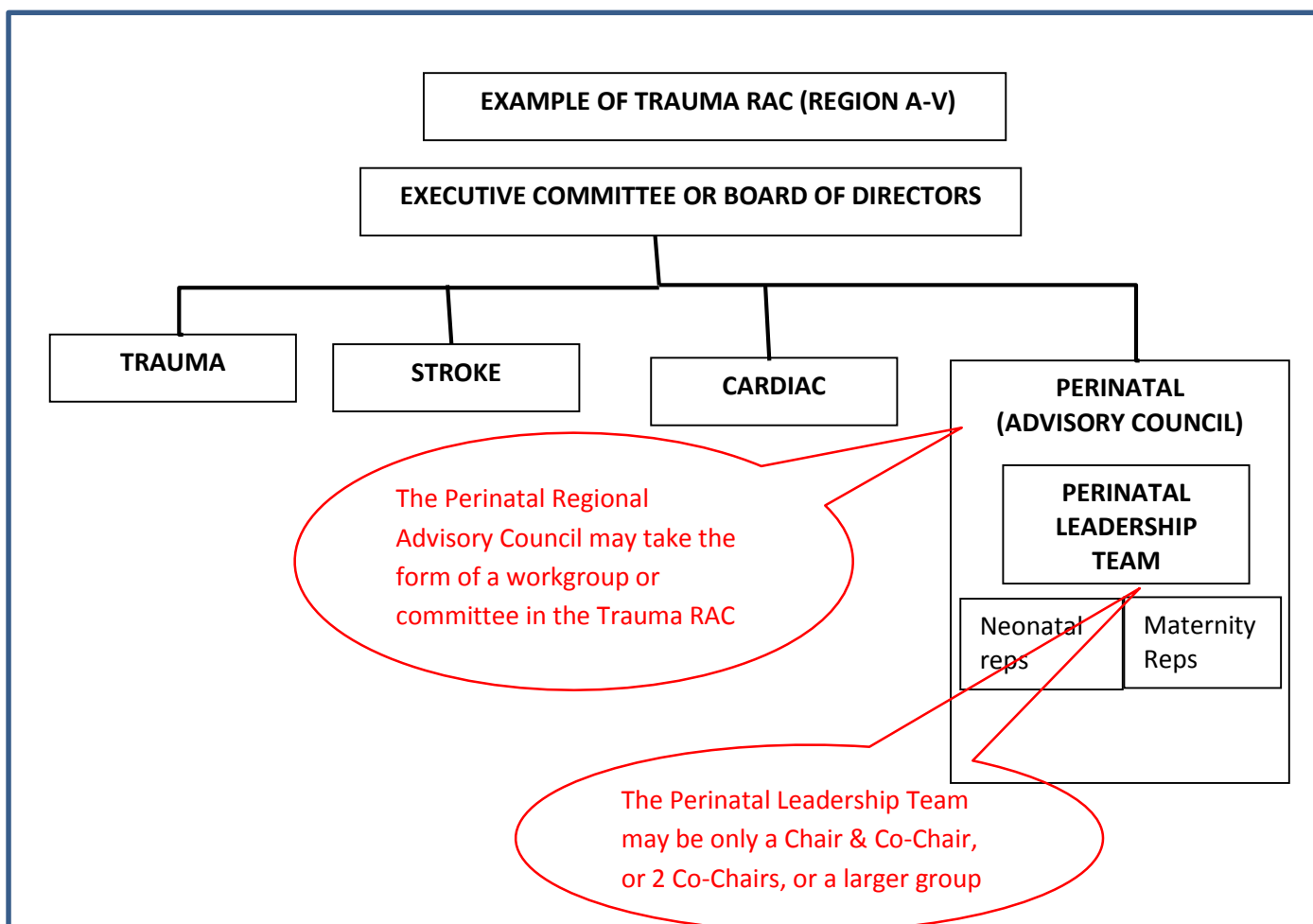
- III. The state of Texas will be divided into regions based on the 22 Trauma Regions, and each of the Perinatal Regional Advisory Councils will be under the Trauma RAC system, and may be in the form of a workgroup or committee (likely analogous to stroke or cardiac). **Because each of the Trauma RACs is unique and independent, the exact working structure may differ from region to region. There is the option of Perinatal Regional Advisory Councils being composed of two or more regions for logistical reasons.**

- IV. PURPOSE, MISSION, AND SCOPE
 - a. Each region of the state will have a Perinatal Regional Advisory Council, which needs to fit within the context and rules of the Trauma RAC (work group vs committee etc)
 - b. **Example of Purpose Statement:** “The Purpose of the Perinatal Regional Advisory Council is to improve the quality of healthcare and access to care for pregnant women and newborns in the region.”
 - c. **Example of Execution:** The Means by which the Perinatal Regional Advisory Councils will reach their goals will be by collaboration of the healthcare providers and healthcare facilities in the region, and partnering with other community entities, and working within the current Trauma RAC framework. By improved education, communication, collaboration, quality improvement, and resource coordination, the patients in the region will be served.
 - d. **Example of Mission Statement** for each Perinatal Regional Advisory Council: “Each patient in the region should have the best possible neonatal and maternity medical care”
 - e. The Perinatal Regional Advisory Councils will **not** have any oversight over referral or transfer of patients, payments or denial of services, or specific patient complaints
 - f. **Dealing with Data:** The Perinatal Regional Advisory Councils will deal with outcome or other data in aggregate form such as per region or per county, and not via specific hospital. The data is derived from hospital data that is collated and de-identified, but must be confidential and protected. The Perinatal Regional Advisory Councils will not be authorized to investigate specific hospitals or healthcare providers, will not have input into a specific hospital’s application for designation, and are not the proper venue for specific patient or hospital complaints, or peer review matters.

- V. **SOME EXAMPLES OF COMPOSITION**

DRAFT ONLY—PERINATAL REGIONAL ADVISORY COUNCIL GUIDELINES

- a. The Perinatal Regional Advisory Council for each region should be composed of both neonatal and maternity representatives.
- b. Each hospital in a particular region should appoint two (2) representatives to the Perinatal Regional Advisory Council. Please recall that **there will be separate designations for neonatal and maternal level of care regardless if they are in the same facility or not.**
 - i. Since most hospitals provide both obstetrical and newborn care, they should appoint one neonatal representative and one maternity representative, one of whom must be a clinical practitioner. Alternates with suitable credentials may be named.
 - ii. Each licensed hospital per location is **separately designated** and should have unique representatives. For example a hospital system cannot have one individual representing multiple hospitals. Likewise, one individual cannot represent multiple independent hospitals.
 - iii. Less commonly, a hospital that provides only newborn care (children’s hospitals) will appoint two neonatal representatives, one of whom will be a clinical practitioner. Alternates with suitable credentials may be named.



APPENDIX A – SAMPLE MEETING STRUCTURE

I. MEETING REQUIREMENTS

- a. The meeting requirements should be consistent with the region’s current practice.
- b. Each region’s Perinatal Advisory Council should aim to meet several times a year (such as four times a year, once a quarter).
- c. Ideally, at least one meeting each calendar year should be designated as the Annual Meeting and with face-to-face in which business and voting is conducted. The other meetings may be by telephonic or videoconferencing if desired. Distance or logistics of the region may allow for flexibility.
- d. **NOTE:** At the time of application for designation, each hospital **MUST DEMONSTRATE ACTIVE INVOLVEMENT IN ITS PERINATAL RAC.** Thus, a Perinatal RAC must be formed, and define active involvement and document whether a hospital has met this definition. During the initial transition, the Perinatal RAC may elect to be more lenient in its definition of “active participation” and then more formalized in 2 years, example by 2018.
- e. Written minutes should be kept of each Perinatal Advisory Council meeting. All minutes must be made submitted in a timely manner as per the Trauma Regional Advisory Council procedure.

II. FACILITY ATTENDANCE REQUIREMENTS

- a. Each hospital that receives state neonatal and/or maternity designation must actively participate in their region’s Perinatal Regional Advisory Council meetings (which is required in HB15)
- b. Active Participation by a facility in the Perinatal Regional Advisory Council should be defined as fulfilling requirements as set up by the region. It would be ideal to discuss with the current Trauma RAC leadership for consistency. (Example of one option):
 - i. the facility’s two representatives or designees each individually attending a minimum of 50% of Perinatal Regional Advisory Council meetings each calendar year, and
 - ii. at least one representative attending the Annual face-to-face meeting.
- c. If either representative fails to attend at least 50% of meetings in any calendar year, that facility will be noncompliant with the attendance requirement and be in jeopardy of losing designation status.
- d. Examples
 - i. Hospital XYZ appoints representatives A and B to the Regional Advisory Council.
 1. Representative A attends Spring, Summer meetings, but misses Fall and Winter meetings.
 2. Representative B attends the Summer and Winter (Annual) meeting. The face-to-face Annual Meeting is in the Winter.
 3. Hospital XYZ is in compliance with the attendance requirement because Representative A and attended 50% of meetings, and Representative B has

DRAFT ONLY—PERINATAL REGIONAL ADVISORY COUNCIL GUIDELINES

attended 50% of meetings, and at least one (Representative B) attended the face-to-face meeting.

- ii. Hospital ABC appoints representatives D and E to the Regional Advisory Council.
 - 1. Both of the representatives attend the Spring and Summer meetings, but no others.
 - 2. The Winter meeting is the Annual Face-to-face meeting (neither rep attended)
 - 3. The facility is noncompliant with the attendance requirement and faces possible loss of designation status.
- iii. Hospital DEF appoints representatives Y and Z to the Regional Advisory Council.
 - 1. Representative Y attends each of the 3 quarterly meetings, and designee R attends the Winter face-to-face meeting.
 - 2. Representative Z attends the Winter face-to-face meeting and no other meeting and did not arrange for an alternate to attend.
 - 3. Hospital DEF is noncompliant with attendance since Representative Z did not attend at least 50%.

III. ORGANIZATION OF PERINATAL REGIONAL ADVISORY COUNCIL

- a. **FEB-MAR 2016:** A group of perinatal leaders in EACH region should organize as an ad hoc committee for the purpose of disseminating information, and coordinating a first meeting, and contacting the Trauma RAC leadership for guidance and coordination. This initial leadership group may consist of Perinatal Advisory Council members or other interested parties, and **should not** be viewed as self-appointed Perinatal RAC leadership.
- b. At its first meeting, the **Perinatal** Regional Advisory Council members should appoint a Leadership Team, in consultation with the Trauma RAC leadership. Options include a Chair, Vice Chair, and Secretary, or a Leadership “Group” (ie, Committee) composed of an equal number of neonatal and maternity representatives, in general numbering approximately 10-14 members, and in consultation with the Trauma RAC leadership.
 - i. The process of nomination to the Leadership Team should be an open process with adequate notice, and selection of the Leadership Team should be based on an individual’s qualifications as well as representative area (ie, rural area, level II facility). Any single hospital system should in general be limited to 2 nominees per region.
 - ii. Because of the large geographic or population size of the region, the Perinatal Regional Advisory Council committee may choose to subdivide the region into 2 or 3 smaller subregions for more convenient communication or collaboration. Subregions may also choose to meet, but those meetings are not applicable to the Meetings Attendance Requirement (IV-c, and V).

DRAFT ONLY—PERINATAL REGIONAL ADVISORY COUNCIL GUIDELINES

c. LEADERSHIP TEAM

- i. Composition: The composition of the Leadership Team should be diverse.
 1. Care should be taken to ensure that the leadership team is geographically diverse, represent different hospitals or hospital systems, smaller as well as larger hospitals, and community hospitals as well as academic centers.
 2. Care should be taken to ensure that the Leadership team have an approximately equal number of maternity and neonatal representatives
 3. The Leadership team should have a mixture of expertise and experience including physicians, nurses, and hospital administrators

ii. CHAIRS

1. Each Leadership team should choose its two Co-Chairs or Chair and Vice Chair, one representing neonatal care, and one representing maternity care; they should not be from the same institution, physician group, or hospital system
2. A member of the state Perinatal Advisory Council who practices in the region may be asked by the Leadership team to serve ex officio on the Board, but should not be a chairperson

- iii. DUTIES- the Leadership team has responsibility to oversee the Perinatal Regional Advisory Council (which may be a workgroup or committee under the Trauma RAC system), schedule meetings, set the agenda, provide organization to the Advisory Council, keep accurate attendance to meetings, ensure minutes of all meetings are kept and distributed, promote an orderly transition of officers, and ensure fair representation from the various facilities and geographic areas of the state

iv. JURISDICTION OF PERINATAL LEADERSHIP TEAM-

1. The leadership team should not be viewed as “the rule making entity” for the region, but be the vehicle to allow broad input and discussion, and represent the needs of the region, and the voices and concern of the region’s healthcare providers and facilities.
2. Leadership should avoid actions that are self-promoting or give unfair advantage to one’s own institution, and should avoid issues represents a clear conflict of interest.

- v. ATTENDANCE RECORDS – Because of the strict requirement for attendance, the Leadership team should ensure that each facility have access to their representatives’ attendance with percent attendance for the calendar year.

- vi. The Perinatal Regional Advisory Council Chair or designee, in consultation with the Trauma RAC leadership, should formally notify any facility that have one or more representative failing to meet the attendance requirement, and the Department of State Health Services should also be promptly notified.

- vii. The Chair will serve also as a liaison to the Trauma RAC Leadership.

DRAFT ONLY—PERINATAL REGIONAL ADVISORY COUNCIL GUIDELINES

- viii. SOME EXAMPLES OF TERMS (These are only suggestions)- Leadership team members should have terms of no more than 3 years, and preferably rotate off after their term.
 - 1. Consecutive terms may be discouraged; however, non-consecutive terms of service may be allowed.
 - 2. STAGGERED TERMS-
 - a. Because the first Perinatal Leadership team has all of its members starting simultaneously and would turn over in its entirety when the terms are completed, the Perinatal Regional Advisory Council may choose to designate up to half of the first Leadership team members to one extra year of service (maximum 4 years for total term) to allow for overlap in Leadership team.
 - b. However, for each circumstance after the first Leadership team terms, each Leadership member's term is limited to a maximum of 3 years.

- d. RULES AND ADOPTION OF RULES-
 - i. Each Perinatal Regional Advisory Council should determine its rules and overall structure with consultation with its region's Trauma RAC leadership. The perinatal RAC may choose to empower its Leadership team to draft proposed rules, but the entire Perinatal RAC should vote (example, with at least 2/3 approving any rules or changes to rules).
Other examples:
 - 1. Rules relevant to the Leadership team's internal operating procedures should be developed and approved by the leadership team by at least 2/3 majority.
 - 2. Rules that may affect matters outside the simple operating of the Leadership team should be taken to the entire **Perinatal** Regional Advisory Council for vote.
 - a. Substantial decisions such as proposed changes to RULES or proposed region quality project must have at least 2/3 approval of the Leadership team to then present to the entire Regional Advisory Council.
 - i. Exceptions include urgent issues or unanticipated circumstances that require timely intervention. In these cases, the Perinatal Leadership team may approve a change in the rule by 2/3 approval of the Perinatal Leadership Team in consultation with the Trauma RAC Leadership, but send the specific rule change to the full Perinatal Regional Advisory Council with the rationale.
 - b. Less substantial decisions such as approval of minutes may be determined by a simple majority.

- e. Written Report- Each Perinatal Regional Advisory Council should submit a written report once a year (Due Nov 1) to the state Perinatal Advisory Council, HHSC, and the state DSHS with the following:

DRAFT ONLY—PERINATAL REGIONAL ADVISORY COUNCIL GUIDELINES

- i. Summary of the meetings for the year, key discussions and resolutions, and notable events
- ii. Quality Improvement Project(s)
 1. Describe the outcome of any region Quality Improvement projects from the past year including successes, lessons learned, challenges, and next steps. As much as possible, quantitative and meaningful data should be used in the report.
 2. Describe at least one quality improvement project for the region the upcoming year. The quality improvement project should be patient and community centered. Ideally, the project should use aggregate data for the region identifying a significant quality of care concern, and a proposed plan to address the issue.
- iii. Listing of any educational programs that were developed for the region including location, attendance, impact, and their rationale
- iv. Best practices identified in facilities or practices in the region, including the background, facility or community, patients served, implementation, and effects.
- v. Address the region's outcomes that fall below national or state average (aggregate data), or other issues assigned by the DSHS, HHSC, or the State Perinatal Advisory Council; this should include explanations for the possible reason(s) for the suboptimal outcomes, and proposed strategies to improve outcomes.
- vi. Other Comments or Recommendations

DRAFT ONLY—PERINATAL REGIONAL ADVISORY COUNCIL GUIDELINES

APPENDIX B: Contact Resources

TSA-A Panhandle RAC 6707 Wolflin STE 100 Amarillo, Texas 79106 RAC Website	
RAC Chair Perry Perkins Tele: 806/655-7726 Fax: 806/322-1292 Email: perry.perkins@panhandlerac.com	Chair-Elect Justin Boyd Tele: 806/270-0870 Fax: 806/322-1292 Email: jboyd348@yahoo.com or justin.boyd@panhandlerac.com
Executive Director Derek Vaughan Tele: 806/322-1290 Cell: 806-231-7127 Fax: 806/322-1292 Email: derek.vaughan@panhandlerac.com	
TSA-B RAC (BRAC) Mailing: PO Box 53597, Lubbock, Texas 79453 Physical: 3602 Slide Road , Unit B22A Lubbock, Texas 79414 RAC Website	
RAC Chair Jeannie Bennett Tele: 806/891-7839 Email: MBen651431@aol.com	Vice-Chair Rusty Powers Tele: 806/296-1170 Email: rpowers@plainviewtx.org
Executive Director Jim Waters Tele: 806/535-2638 Fax: 806/791-5260 Email: jwaters299@aol.com	
TSA-C North Texas RAC Mailing: PO Box 3706, Wichita Falls, Texas 76301 Physical: 1501 Brook Avenue, Ste. B, Wichita Falls, Texas 76301 RAC Website	
RAC Chair Kim Stringfellow Tele: 940/764-3083 Fax: 940/764-2160 Email: kstringfellow@unitedregional.org	Vice-Chair Roger Ritchie Tele: 940/447-5081 Email: ritchieroger@air-evac.com
Executive Director Melissa Whitelaw	

DRAFT ONLY—PERINATAL REGIONAL ADVISORY COUNCIL GUIDELINES

Tele 940/234-0981
 Fax 940/234-0982
 Email: melissa.whitelaw@ntrac.org

TSA-D Big Country RAC
 4373 Rio Mesa Dr., Abilene, Texas 79606
[RAC Website](#)

RAC Chair
 H.T. Fillingim
 Tele: 325/660-7610
 Fax: 325/428-1119
 Email: hfillingim@sbcglobal.net

Vice-Chair
 Grant Madden, Sweetwater Fire Department
 Tele: 325/235-4304
 Other : 325/933-0346
 Email: gmadden@coswtr.org

Executive Coordinator
 Marlee Puckett
 Tele: 325/660-6081
 Fax: 877/412-3701
 Email: marlee_puckett@yahoo.com

TSA-E North Central Texas Trauma RAC
 600 Six Flags Dr. #160Arlington, Texas 76011
[RAC Website](#)

RAC Chair
 Ricky Reeves
 Tele: 972/219-3558
 Fax: 972/219-3704
 Cell: 214/912-8880
 Email: rreeves@cityoflewisville.com

Vice-Chair
 Jorie Klein
 Tele: 214/590-8717
 Fax: 214/590-4081
 Cell: 214/208-9919
 Email: Jorie.Klein@phhs.org

Executive Director
 Rick Antonisse
 Tele: 817/608-0390
 Fax: 817/608-0399
 Email: rantonisse@ncttrac.org

Administrator
 Tele: 817-608-0390
 Fax: 817-608-0399
 Email: admin@ncttrac.org

TSA-F Northeast Texas RAC
 Mailing: PO Box 5948 Texarkana, Texas 75505
 Physical: 2600 North Robison Road Ste. 203 Texarkana, Texas 75599
[RAC Website](#)

RAC Chair
 Robin Gage, RN
 Tele: 903/255-0282
 Fax: 903/255-0283
 Email: Robin.Gage@parisrnc.com

Past Chair
 Russell VanBibber
 Tele: 903/255-0282
 Fax: 903/255-0283
 Email: russell.vanbibber@netrac.org

DRAFT ONLY—PERINATAL REGIONAL ADVISORY COUNCIL GUIDELINES

Executive Director

Shae Watson
Tele: 903/255-0282
Fax: 903/255-0283
Cell: 903/314-1051
Email: shae.watson@netrac.org

TSA-G Piney Woods RAC
100 E Ferguson Street #708 Tyler, Texas 75702
[RAC Website](#)

RAC Chair

Jerri Pendarvis, RN
Tele: 903/238-8988
Cell: 903/399-3537
Fax: 903/291-2632
Email: jpendarvis@championems.com

Vice-Chair

Jeff Akin
Tele: 903/570-6314
Email: jmakin@etmc.org

Executive Director

Sheryl Coffey
Tele: 903/593-4722
Cell: 903/312-2960
Fax: 903/593-5092
Email: sheryl@rac-g.org

TSA-H Deep East Texas RAC
300 East Shepherd Avenue, Suite 154, Lufkin, TX 75901
[RAC Website](#)

RAC Chair

Scott Christopher, RN
Tele: 936/462-4373
Cell: 936/552-6863
Fax: 936/639-0616
Email: scott.christopher@tenethealth.com

Vice-Chair

Sondra Wilson
Tele: 409/283-6425
Fax: 409/283-7424
Email: sondra10@sbcglobal.net

Manager

Peyton Ware
Tele: 936/639-0600
Fax: 936/639-0616
Email: detrac@detrac.org

[Go to top](#)

TSA-I Border RAC
200 N. Kansas Suite 213, El Paso, Texas 79901-1410
[RAC Website](#)

RAC Chair**Chair-Elect**

DRAFT ONLY—PERINATAL REGIONAL ADVISORY COUNCIL GUIDELINES

Todd Haugen Email: todd.haugen@hcahealthcare.com	Alex Ramos Email: Aramos@umcelpaso.org
Executive Director Wanda Helgesen, RN Tele: 915/838-3202 Fax: 915/584-8852 Email: wanda@borderrac.org	
TSA-J Texas "J" RAC Mailing: PO Box 7964, Midland, Texas 79708-7964 Physical: Midland Memorial Hospital- West Campus, 4214 Andrews Hwy, Midland, TX 79707 RAC Website	
RAC Chair Amanda Everett Tele: 432/640-2212 Email: aeverett1@echd.org	Vice-Chair Donny Booth Tele: 432/464-2374 Email: dbooth@pernianregional.com
Interim Executive Director Danny Updike Tele: 325/456-2370 Email: txjrac@midland-memorial.com	
TSA-K Concho Valley RAC Mailing: PO Box 60125 San Angelo , Texas 76906 Physical: 2018 Pulliam Street; San Angelo, Texas 76905 RAC Website RAC E-Mail	
RAC Chair Eddie Martin Tele: 325/392-3404 Fax: 325/392-3605 Email: ems.director@co.crockett.tx.us or chair@cvmrac.org	Vice Chair Jon-Michael, Parker Tele: 325/387-1280 Email: jparker@sonora-hospital.org or vice-chair@cvmrac.org
Executive Director Danny Updike Tele: 325/659-7197 & 7198 Fax: 325/659-7107 Email: cvmrac@shannonhealth.org or coordinator@cvmrac.org	Treasurer Larry Collom Tele: 325/754-4553 Fax: 325/659-7107 Email: lkollom@aol.com
TSA-L Central Texas RAC Mailing: PO Box 729, Belton, Texas 76513 Physical: 2180 N. Main Street; Ste. H-5, Belton, Texas 76513-1919	

DRAFT ONLY—PERINATAL REGIONAL ADVISORY COUNCIL GUIDELINES

RAC Website

RAC Chair

Terry Valentino, RN, BSN
Tele: 254/724-8202
Fax: 254/501-7639
Email: tvalentino@sw.org

Vice-Chair

Taylor Ratcliff, MD
Tele: 254/724-1068
Email: tratcliff@sw.org

CTRAC Coordinator

Jennifer Henager
Tele: 254/770-2316
Cell: 254/300-3271
Fax: 254/770-2382
Email: admin@tsa-l.com

[Go to top](#)

TSA-M Heart of Texas RAC
3000 Herring Avenue, Waco, Texas 76708
[RAC Website](#)

RAC Chair

Lori Boyett, RN, BSN
Tele: 254/202-5390
Fax: 254/202-5349
Email: lboyett@sw.org

Vice-Chair

Steven Clinkscales
Tele: 254-580-9023
Fax: 254-580-9085
E-Mail: Steven.Clinkscales@air-evac.com

Executive Director

Curtis McDonald
Tele: 254/202-8740
Fax: 254/202-8749
Email: execdirect@hotrac.org

TSA-N Brazos Valley RAC
Center of Regional Services, PO Drawer 4128, 3991 East 29th Street, Bryan, Texas
77805
[RAC Website](#)

RAC Chair

Billy Rice
Tele: 979/774-2119
Email: Billyr@st-Joseph.org

Vice-Chair

Kevin Deramus
Email: kderamus@wacounty.com

Administrator

Roger Sheridan
Tele: 979/595-2801
Fax: 979/595-2810

DRAFT ONLY—PERINATAL REGIONAL ADVISORY COUNCIL GUIDELINES

Email: roger.sheridan@bvcoq.org

TSA-O Capital Area Trauma RAC
4100 Ed Bluestein Ste. 200 Austin, Texas 78721-2301
[RAC Website](#)

RAC Chair

Kenny Schnell
Tele: 512/963-2635
Fax: 512/943-1269
Email: kschnell@wilco.org

Vice-Chair

Scott Fernandes
Tele: 512/266-2533
Fax: 512/266-2777
Email: sfernandes@ltfr.org

Executive Director

Dave Reimer
Tele: 512/926-6184
Fax: 512/926-2777
Email: executivedirector@catrac.org

RAC Secretary

Marilyn Hollingsworth
Tele: 512/926.6184
Fax: 512/926-2777
Email: accounting@catrac.org

TSA-P Southwest Texas RAC
7500 Highway 90 W Ste 200 San Antonio, Texas 78227-4023
[RAC Website](#)

RAC Chair

Ronald M. Stewart, MD
Tele: 210/567-3623
Fax: 210/567-6890
Email: stewartr@uthscsa.edu

Vice-Chair

Brian Eastridge, MD
Tele: 210/916-5250
Fax: 210/916-1602
Email: eastridge@uthscsa.edu

Executive Director

Eric Epley
Tele: 210/822-5379
Fax: 210/820-3888
Email: eric@strac.org

Administration

Michelle Jones
Tele: 210/233-5837
Fax: 210/233-5851
Email: Michelle.Jones@strac.org

[Go to top](#)

TSA-Q Southeast Texas RAC
Mailing: 1111 North Loop West, Suite 160, Houston, Texas 77008-5806
Physical: 1111 North Loop West, Suite 160, Houston, Texas 77008-5806
[RAC Website](#)

Chief Executive Officer

Darrell Pile
Tele: 281/822-4444
Fax: 281/822-4668
Email: darrell.pile@setrac.org

Comptroller

Donald H. Morrison
Tele: 281/822-4455
Fax: 281/822-4668
Email: donald.morrison@setrac.org

DRAFT ONLY—PERINATAL REGIONAL ADVISORY COUNCIL GUIDELINES

<p>RAC Chair Kenneth Mattox, MD Tele: 713/873-3440 Fax: 713/796-9605 Email: kmattox@aol.com</p>	<p>Vice Chair Lon Squyres Tele: 713/674-8424 Fax: 713/675-8525 Email: jcchief@pdq.net</p>
<p>TSA-R East Texas Gulf Coast RAC Mailing: PO Box 1015 Manvel, Texas 77578 Physical: 6931 Masters, Manvel, Texas 77578 RAC Website</p>	
<p>RAC Chair Jeff Thibodeaux Tele: 409/259-1111 Fax: 337/521-3660 Email: jthibodeaux@acadian.com</p>	<p>Chair-Elect Darlene Farek Tele: 409/989-5542 Fax: 409/989-5382 Email: darlene.farek@christushealth.org</p>
<p>Treasurer Dave Ferguson Tele: 281/489-6144 Fax: 281/489-0024 Email: dferguson@manvelems.org</p>	<p>Secretary Kathy Rodgers Tele: 409/899-7862 Fax: Email: Kathy.rodgers@christushealth.org</p>
<p>Administration Tele: 281/519-8780 Fax: 281/489-0024 racinfo@manvelems.org</p>	
<p>TSA-S Golden Crescent RAC c/o Citizens Medical Center 2701 Hospital Drive Victoria, Texas 77901 RAC Website</p>	
<p>RAC Chair Carolyn Knox Tele: 361/572-5128 Email: carolynk@cmcvtx.org</p>	<p>Vice-Chair Lisa Price Tele: 361/788-6683 Fax: 361/788-6684 Email: lisa.price@detar.com</p>
<p>RAC Secretary Robbie Kirk Tele: 361/574-1519 Email: rkirk@cmcvtx.org</p>	
<p>TSA-T Seven Flags RAC Mailing: PO Box 2187, Laredo, Tx. 78043 Physical: 1002 Dicky Lane, Laredo, Texas 78043 (** Please do not send mail or packages to physical location. Use mailing address</p>	

DRAFT ONLY—PERINATAL REGIONAL ADVISORY COUNCIL GUIDELINES

for all mail or packages**))

RAC Chair
 Carlos Garza, MD
 Tele: 956/723-7900
 Email: cristina_102006@hotmail.com

Vice-Chair
 Cristen Rojas
 Tele: 956/523-2193
 Email: cristen.rojas@uhsinc.com

RAC Administrator
 John R Keiser
 Tele: 956/722-3995
 Fax: 956/722-2670
 Email: jrkeiser@stdc.cog.tx.us

Secretary
 Ricardo Ramos
 Tel: 956/718-6000
 Fax: 956/725-579
 Email: rros42@ci.laredo.tx.us

TSA-U Coastal Bend RAC
 Mailing: PO Box 18460, Corpus Christi, TX 78480
 Physical: 725 Elizabeth Street, Corpus Christi, Texas 78404
[RAC Website](#)

RAC Chair
 Mickie Flores
 Tele: 361/826-3941
 Mobile: 361/549-9122
 Email: mickief@cctexas.com

Vice-Chair
 Douglas Lamendola
 Email: Dlamen8416@aol.com

Executive Director
 Hilary Watt
 Tele: 361/939-7177
 Fax: 361/939-7117
 Email: hilary@cbrac.org

TSA-V Lower Rio Grande Valley RAC
 1409 Stuart Place Road, Suite D, Harlingen, Texas 78552
[RAC Website](#)

RAC Chair
 Frank Torres
 Tele: 956/689-5456
 Email: willems@prontonet.net

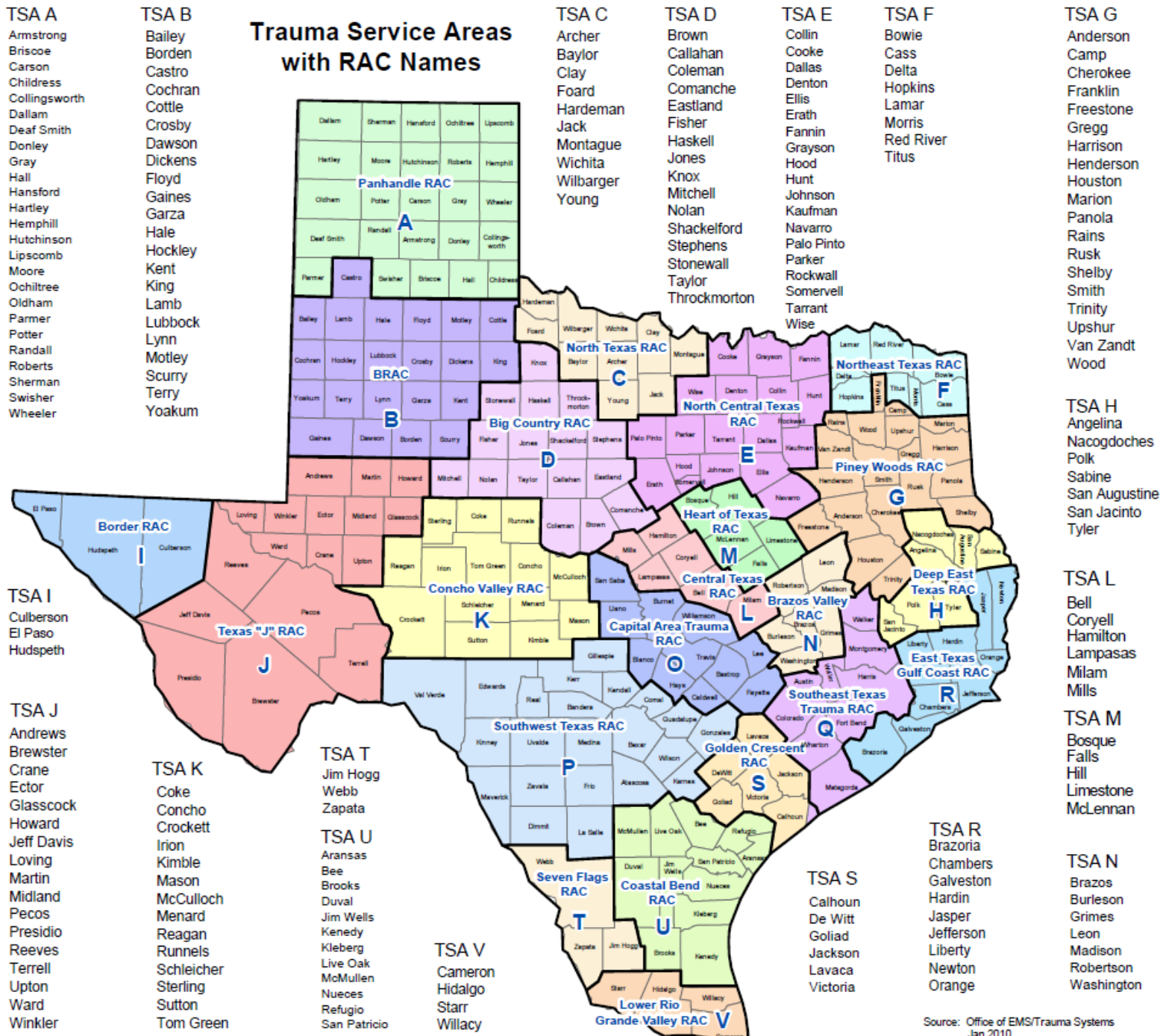
Vice-Chair
 Jerry Dominguez
 Tele: 956/994-2723
 Email: jerry.dominguez@uhsrgv.com

Executive Director
 David Luna, PhD
 Tele: 956/364-2022
 Fax: 956/364-2662
 Email: david@tsav.org

Finance Officer
 Rene Perez
 Tele: 956/364-2711
 Email: RPerez@stec-ems.org

DRAFT ONLY—PERINATAL REGIONAL ADVISORY COUNCIL GUIDELINES

APPENDIX C: MAP OF REGIONS



Source: Office of EMS/Trauma Systems
 Jan 2010
 Mapped by GIS Staff, Center for Health Statistics
 May 2010