Governor's EMS and Trauma Advisory Council (GETAC)
Department of State Health Services (DSHS)

Friday, June 9, 2023
DoubleTree by Hilton Austin, Phoenix Central Ballroom
6505 N Interstate 35
Austin, TX 78752

Meeting Minutes

Last Name	First Name	Appointed Position	Attendance
Tyroch, MD, Chair	Alan	Trauma Surgeon - *per HSC §773.012(b)(14)*	Y
Matthews, Vice Chair	Ryan	Private EMS Provider - *per HSC §773.012(b)(5)*	Y
Barnhart	Jeff	Rural Trauma Facility - *per HSC §773.012(b)(11)*	Y
Clements	Mike	EMS Fire Department - *per HSC §773.012(b)(9)*	Absent
DeLoach, Judge	Mike	County EMS Provider - *per HSC §773.012(b)(12)*	Y
Eastridge, MD	Brian	Urban Trauma Facility - *per HSC §773.012(b)(10)*	Y
Johnson, RN	Della	RN w/Trauma Expertise - *per HSC §773.012(b)(15)*	Y
Lail	Billy (Scott)	Fire Chief - *per HSC §773.012(b)(4)*	Y
Maes, LP	Lucille	Certified Paramedic - *per HSC §773.012(b)(17)*	Y
Malone, MD	Sharon Ann	EMS Medical Director - *per HSC §773.012(b)(2)*	Y
Marocco	Pete	Public Member - *per HSC §773.012(b)(18)*	Y
Martinez	Ruben	Public Member - *per HSC §773.012(b)(18)*	Y
Pickard, RN	Karen	EMS Volunteer - *per HSC §773.012(b)(6)*	Y
Potvin, RN	Cassie	Registered Nurse - *per HSC §773.012(b)(3)*	Y
Ramirez	Daniel (Danny)	Stand-Alone EMS Agency - *per HSC §773.012(b)(16)*	Y
Ratcliff, MD	Taylor	EMS Educator - *per HSC §773.012(b)(7)*	Y
Remick, MD	Katherine (Kate)	Pediatrician - *per HSC §773.012(b)(13)*	Y
Salter, RN	Shawn	EMS Air Medical Service - *per HSC §773.012(b)(8)*	Y
Troutman, MD	Gerad	Emergency Physician - *per HSC §773.012(b)(1)*	Absent

Governor's EMS and Trauma Advisory Council (GETAC)
Department of State Health Services (DSHS)
Thursday, March 9, 2023
Meeting Minutes

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
Call to Order	Meeting called to order at 8:00 AM by Dr. Tyroch. Roll called by DSHS staff. Quorum met.			
GETAC Vision and Mission	Read by Dr. Tyroch. There was a moment of silence for those who lost their lives in the line of duty.			
Review and Approval of GETAC Minutes	A motion was made by Shawn Salter to approve the March 9, 2023, minutes. The motion was seconded by Jeff Barnhart.		Approved	
1	**Chair Report and Discussion – Alan Tyroch, MD, GETAC Chair**			
2	**State Reports**			
Center for Health Emergency Preparedness and Response	**DSHS Center for Health Emergency Preparedness and Response (CHEPR)** No report provided.			CHEPR will provide detailed annual report at the November GETAC meetings. Add to November agenda.
EMS-Trauma Systems Section	**EMS/Trauma Systems Section** **Jori Klein, Director provided a report regarding the status of 21R151 Trauma Rule Amendments:** The trauma rules are on track for the agenda of the Executive Council November 2023. The next step is a 31-day public comment period beginning December 2023. January 2024, EMS/TS team will collaborate with the workgroup to address comments. This workgroup includes four RAC leaders, five members from the Trauma Systems Committee, and four members of the GETAC Council. This collaborative team will review the public comments received and evaluate the rule language to identify any necessary language modification. The program will develop the adoption packet February 2024, with a projected posting	Council members may monitor individually but no formal actions were identified by the Council.	Continue to monitor	

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	in the *Texas Register* on April 22, 2024. The anticipated implementation date of the rule is September 2024. On September 1, 2024, the designation process will integrate the new rules, designation review committee will be implemented, and the new rule will be integrated into the RAC contracts utilizing the performance criteria. The department shared that the American College of Surgeons (ACS) 2022 Verification Standards will be in effect September 1, 2023. All ACS surveys after September 1, 2023, will follow the new ACS standards. **Department Activities** The department is continuing monthly calls. Ms. Klein shared her appreciation for Drs. Flaherty, Tyroch, and Greenberg for attending the calls and offering their medical perspectives. The goal is open communication with the facilities to ensure everyone is current on processes and to hear the concerns and needs from the facilities. Calls are scheduled with the following: ○ Rural Level IV facilities ○ Non rural Level IV and Level III facilities ○ Stroke facilities ○ RACs The department is rolling out education for rural Level IV facilities; Ms. Klein has developed a process for the participants to earn continuing education units (CEUs). A trauma lecture series will be provided, and it will include aspects of the trauma program manager course. Dr. Kate Remick will address the pediatric population in the rural education series.			

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	TOPIC Courses provided at no charge to attendees (26 max): Rural TOPIC on 6/20/23, 6/27/23, 8/1/23, and TOPIC on 7/20/23 and 7/25/23. Department paid for these courses so sign up will be through the department, not the Society of Trauma Nurses. Texas will pilot the rural course; it is geared toward the rural facilities and has tools and information to help the rural hospitals. **RAC Exceptional Item** This item passed providing $6.6M over the biennium to be distributed $3.3M annually. Each RAC will receive $150,000. **Designation Survey Guidelines** The purpose of the survey guidelines is to create consistency in all surveys, regardless of survey organization or surveyor. Anticipate rolling these guidelines out by the end of June. These guidelines will set in place standards to help prepare for the site survey, as well as for the survey organization and the actual surveyors. **Texas System Performance Improvement Plan** Implementation date – January 1, 2024. The department will own the majority of this but will lean on GETAC for the operational and system piece of the plan. **CRASH Project** Stewart Wang, MD, from Michigan asked Texas to collaborate on the Crash Data Project. Dr. Wang brings the telemetry piece to crash data and shares reports with automotive medicine to assist in the way cars			

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	are developed. This will be a collaborative effort between Jia Benno's team at the Registry and the Texas trauma system. **Planning for 2024** Retreat Q1 – March 5-6 Q2 – June 10-12 Q3 – August 21 – 23 November – Conference in Ft. Worth Ms. Klein stated that no legislation was drafted to modify the number of GETAC meetings held in the City of Austin, so GETAC is required to continue having four meetings located in Austin each year. **Council Comment:** Dr. Tyroch asked if council wanted to do the retreat in March as was done for 2023; no opposition voiced. **Designation Update** **Trauma designated facilities** • Total = 301 • Applications processed per quarter (Q) o 2022 Q4 = 29 o 2023 Q1 = 10 ▪ 3 designated at a higher level ▪ 8 IAP ▪ 8 Contingent –3 Level III and 5 Level IV o Common themes for contingencies and focused reviews: Trauma PI Plan and Follow through (many are Covid-related), TMD credentialing/job description (medical director not doing medical director functions – oversight of trauma care, not involved in the PI process), ED physician			

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	credentialing/response (deficient with 9 hours of CME), feedback – providing or receiving, specialty physician credentialing/response, TPM 0.8 FTE/reporting structure, trauma registry submissions, continuous PI for 3-year cycle. ○ The department continues to work with facilities to keep them designated. The goal is to keep them in the system when possible. If they have a contingent probationary survey and don't show any improvement, Dr. Stevenson gets involved in the process. • The department's goal is to ensure trauma programs are successful. ○ Actions the department is taking: ▪ Implemented ISS Scoring/TQIP Assistance Workgroup to provide trauma registry mentorship ▪ Website resources developed: • Trauma Registry Mentorship List • TQIP Mentorship List • Benefits of TQIP • ISS Web-Data Entry ▪ TOPIC courses (DSHS sponsored) ▪ Designation staff is providing assistance to facilities with deficiencies. • The ISS Scoring/TQIP Assistance Workgroup created trauma designation resources that can be found on the DSHS Trauma Designation website. These are intended to be quick references. **Stroke designated facilities** • Total 2023 Q1 = 184 • Level IV = 4			

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	• Designation Application Process Performance Measures
	  ○ Performance measures for turning applications around from department receipt of a complete application, including fee, through facility receipt of approved documents.
	  ○ Goal is 30 days with current turnaround time of 35 days.
	• DSHS approved Advanced (Level II) Stroke Designation Guidelines are posted on DSHS Stroke Designation website.
	• Stroke Designated facility calls are held the 2nd Tuesday of each month. The attendees have expressed that many of their issues and challenges are related to resources.
	  ○ First meeting held April 11th - 120 attendees
	  ○ Second meeting held May 9th - 92 attendees
	• Department is developing a workgroup to assist with revision of data collection information on DSHS application.
	• Stroke Designation Website List: Ms. Klein reminded Council that there's a difference in how the department did surveys in the past versus how they are doing them now in regard to the designation level name.
	
	Funding Manager
	Ms. Klein introduced the new EMS/Trauma Systems funding manager, Sunita Raj, and sought questions on the travel reimbursement process for GETAC members. None identified.
	
	Extraordinary Emergency Fund (EEF)
	For FY23, there was $1,000,000 made available. Nine applications have been received thus far and seven awards have been made totaling $839,002.81; that leaves $160,000, and there are several requests that the department is working through right now.			

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	Regional Advisory Council (RAC) Contracts Ms. Klein provided the funding breakdown for FY21, FY22, and FY23. RAC Contracts include EMS Allotment, RAC Allotment, RAC Systems Development, and EMS/LPG. RAC contract dates begin 9/1 and end 8/31. In response to questions regarding RACs pooling the EMS pass-through dollars, the department added language in the rules to document the process for doing so: • RAC must communicate to all EMS agencies that there is a project requesting pooling of funds; they must have notice. • There has to be a vote and there has to be a majority vote by the EMS providers that they support the pooling of the money for a specific project. • If an EMS agency votes against it, then that agency is still entitled to receive their full amount of the EMS money. This will move forward in the rules, and the department will honor that process this year with a new contract and then moving forward. **Uncompensated care (UCC)** Ms. Klein provided a review of the uncompensated trauma care request. $1.7 billion requested for uncompensated trauma care. $188 million was distributed or is in the process of being distributed to the trauma facilities this year for uncompensated trauma care. There was $9,995,174.67 left over after pulling the $188 million that went to the standard dollar amount (SDA). That money is pulled and sent to Texas Health and Human Services Commission (HHSC). HHSC matches it. The $9,995,174.67 is typically distributed to the facilities			

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	who do not have enough Medicare patients to meet the requirements for the standard dollar amount. ******* **EMS System Update – Joseph Schmider, State EMS Director** **Online Attendance** Dr. Tyroch asked how many people were online, and Mr. Schmider stated there were 45 on the GETAC call and 701 total over the past two days of committee meetings. **Senate Bill 8** Joe Schmider provided an update on SB 8 and the current activities of this initiative, including current work on a media campaign with GDC (San Antonio). Mr. Schmider stated that monthly reports are received from the RACs, which indicate that 1,643 scholarships have been given out totaling $9.8 million in scholarships statewide. He commended the strong support from RACs and shared that three RACs are already out of money for obligations to scholarships. To support a second round of scholarships, he will draft a letter to the education programs to inform that any application approved on or after September 1, 2023, will no longer be eligible for the incentive program so that the incentive funds can be reappropriated toward EMS education scholarships. The media campaign will begin late summer 2023 and will include TV, social media, billboards, and other resources. Mr. Schmider stated that the media company has done great research on why people get into EMS and how the public perceives EMS; he will share the data with the department, as well as a toolbox for anyone to use to promote EMS			

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	education and careers in their region. Most stock photos of EMS are from Europe; to acquire a library of stock photos of Texans in EMS, there will be a photo shoot mid-July 2023. Mr. Schmider shared the importance of remembering that people find out about EMS and how the system is valued not only online, but from the professionals in the field – he stated that EMS professionals are living billboards for EMS. Overall, Mr. Schmider believes the SB 8 initiative has "slowed the bleeding" on the stress to the EMS system in Texas and shared the email and website for more information. Email: TEAM-TEXAS-EMS@dshs.Texas.gov Website: https://www.dshs.texas.gov/Team-Texas-EMS/ **EMS Personnel & Initial Courses Update** Mr. Schmider mentioned there have been about 75 more courses occur so far this year when compared to this time last year, making a lot of opportunities for education. He added that the number of EMS personnel is increasing at all levels but expressed disappointment that the department isn't seeing major jumps on the advanced EMT personnel number. Mr. Schmider commented that AEMTs can get their skills on the street quicker than paramedics and that there should be consideration for increasing their numbers, especially in rural areas. **EMS Licensing Processing Time** Mr. Schmider provided an update on the median application processing times for EMS personnel, EMS educators, EMS providers,			

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	and first responder organizations. He stated DSHS can turn applications around almost immediately if they are complete. Mr. Schmider encouraged applicants to ensure their applications are as complete as possible and offered that staff will be willing to meet with initial provider applicants to look over the application prior to submitting. He also stated that initial certification applicants must get fingerprinted so that DSHS can follow any arrest activity. DSHS has two full-time staff that investigate (for certification purposes) roughly 50 arrests of licensed/certified EMS personnel per month. Mr. Schmider commended the work the EMS investigators do to keep everything current and moving. **88R Legislative Session Update** Mr. Schmider provided an update on the bills that relate to and/or impact EMS and stated that these bills have either been signed or are waiting to be signed by Governor Abbott. • SB 1588 Staffing Variances • HB 624 Firefighter Transports – Sam Vance, EMS for Children (EMSC), volunteered to assist the RACs by drafting pediatric guidelines for the RACs to implement or revise if they choose. • SB 422 Military Licensure – Mr. Schmider stated this was similar to the bill a couple of sessions ago that allowed military spouses certified in other states to be automatically licensed in Texas for three years. This bill adds military members. • SB 510/HB 3130/HB 4123 Release of personal info • SB 656 Disability on driver license – Individuals who have a hard time communicating can have a notation stating so on their driver's license. • SB 1319 OD Mapping			

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	• SB 2133 Renal Transports – Will require a rule update to 157.11 **Patient Care Record (PCR) Submissions** Mr. Schmider stated that he is working with the EMS and Trauma Registry (EMS/TR) to reach out to providers and support those who are not submitting PCRs as required. The Registry provides weekly reports to Mrs. Schmider, and the team works with providers to determine any issues and fill in the gaps. Mr. Schmider commended the work EMS/TR is doing and appreciates the support in making EMS providers accountable for the data submitted (or not submitted).			
EMS and Trauma Registry	**DSHS Texas EMS and Trauma Registry Update - Jia Benno, Office of Injury Prevention Manager** Ms. Benno gave a data presentation on 2019-2021 pediatric injuries in Texas. She advised that the Texas EMS and Trauma Registry's data used in this presentation are from hospital-reported traumatic injuries and stated that hospitals must report spinal cord injuries, traumatic brain injuries, and other traumatic injuries specified in Texas Administrative Code Title 25, Chapter 103. Ms. Benno reminded that the Registry is a passive surveillance system. She added that patients transferred between hospitals will result in more than one registry record as each hospital must independently submit a patient's record. For this presentation, the Registry used patients under the age of 15, aligning with the GETAC definition of a pediatric patient. She provided definitions relevant to the presentation: • Pediatric – Children under the age of 15.	No action items were identified for the Council.		

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	• Fatality – Either arrived at an emergency department (ED) or hospital with no signs of life or the patient's hospital disposition is deceased. • Missing – Providers did not fill in the section. • Unintentional – a type of injury that is not deliberate or done with purpose. **Total Number of Pediatric Fatal and Non-fatal Injuries for 2019-2021** The presentation included the number of non-fatal and fatal traumatic injuries for 2019, 2020, and 2021. Ms. Benno stated that the data showed a slight decrease with non-fatal traumatic injuries in pediatric patients from 2019 to 2020 as expected with COVID and then that increased again with 2021. **Pediatric Fatal and Non-fatal Injuries for 2019-2021 by Age** When looking at age categories, Ms. Benno stated that the data showed the highest percentage of non-fatal traumatic injuries in ages 5-9, followed by 10-14 years of age, then ages 1-4, with the lowest percentage in the 0 to 1-year-old age group. For fatal traumatic injuries, that data indicated the highest percentage of fatal traumatic injuries occur in ages 1-4, followed by 10 to 14 years of age, then 5-9, with 0-1 years of age group having the lowest percentage. **Pediatric Fatal and Non-fatal Injuries for 2019-2021 by Race and Ethnicity** Ms. Benno presented data showing a breakdown by race and ethnicity for 2019-2021 non-fatal pediatric traumatic injuries: 42% were			

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	Hispanic, about 39% were White, Not-Hispanic, 12% were Black-Not Hispanic, 4% were Other, 2% were Asian, and about 1% were unknown. She stated this data appears complete and complements the general population well. With fatal pediatric traumatic injuries, Hispanic and White-Not Hispanic stay relatively the same, but the data shows a higher percentage of fatal traumatic injuries in Black-Not Hispanic than non-fatal traumatic injuries in the same group. **Pediatric Fatal and Non-fatal Injuries for 2019-2021 by Gender** Ms. Benno also presented the data by gender and stated that it does not show much difference between non-fatal and fatal pediatric traumatic injuries for 2019-2021, but there are more of both seen in males than females. **Pediatric Fatal and Non-fatal Injuries for 2019-2021 by Intent** When looking at intent, for non-fatal traumatic injuries, the data shows that 93% are unintentional. Unintentional injuries account for 69% of fatal pediatric traumatic injuries. Ms. Benno stated that there is a higher percentage of fatal injuries with assault and self-harm compared to non-fatal injuries in these groups, as well as the N/A group. Regarding the N/A group for intent – Ms. Benno explained that the injury did not fall into one of the categories (unintentional, assault, undetermined, self-harm, legal/war) when entered. She shared that this is a data-quality issue and expects the data for 2022 to be of much better quality, as improvements have been made year over year.			

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	Pediatric Fatal and Non-fatal Injuries for 2019-2021, Urban vs Rural Comparing non-fatal intent by urban versus rural, there is a slightly higher percentage for urban non-fatal traumatic injuries from unintentional intent and assault. There is a higher percentage of N/A for rural, but Ms. Benno explained this is likely due to data quality and that's something that is improving over time. When looking at fatal injuries by intent, the data shows a lower percentage of unintentional injuries in urban areas but a higher percentage of fatal assault and self-harm in the urban areas. **Pediatric Fatal and Non-Fatal Mechanism of Injury (MOI) for 2019-2021** Ms. Benno wanted to see the differences in pediatric fatal and non-Fatal MOI between 2019-2021, since 2020 was a COVID year. For non-fatal traumatic injuries in pediatric patients, the data isn't showing that many differences with the MOI, as the numbers remained relatively consistent across that span: 45% due to fall, 9-10% struck by/against, and 8-9% motor vehicle occupant. Looking at the MOI in fatal injuries, the data shows the highest percentage is in the motor vehicle occupant category with about 24%. Ms. Benno pointed out that while that category remained consistent between 2019-2021, fatal pediatric pedestrian injuries dropped dramatically between 2019 (11.56%) and 2020 (4.40%) and 2021 (4.83%). She also shared child/adult abuse increased between 2019 (4.62%), 2020 (8.81%), and 2021 (15.17%).			

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	Pediatric Fatal and Non-Fatal Emergency Department (ED) Disposition for2019-2021 When looking at emergency department disposition for non-fatal pediatric traumatic injuries, about 31% were transferred to another hospital, 23% floor bed, 15% home without services, 10% operating room, and 7% observation unit. From 2019 to 2021, there was an increase in the number of both fatal and non-fatal pediatric traumatic injuries seen at a Level I facility and a decrease at the other facilities. **Injury Severity Score (ISS) for All Pediatric in 2019-2021** Looking at different age group breakdowns, Ms. Benno stated that the data didn't show many differences for 2019-2021. In ages less than 1-year, 67-68% of injuries were mild, with a split between the moderate, severe, and profound injuries. For all the other age groups, about 80% were mild injuries. **Pediatric Fatal and Non-Fatal by Regional Advisory Council (RAC) for 2019-2021** Ms. Benno stated that the data showed the highest percentage in both fatal and non-fatal pediatric Traumatic injuries in RACs Q and E and a slight increase in RAC V for fatal injuries. **Council Comment:** Dr. Remick thanked Ms. Benno for her presentation and requested clarification on the number of pediatric patients were transferred. Dr. Remick stated that assuming most of the transfers are coming from rural facilities – Level IIIs and IVs – Ms. Benno's data showed a higher proportion of children that were coming to Level Is and IIs. She added that because of the double counting of records and	Ms. Benno will look further into the data to see where pediatric transfers are coming from.		

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	patients transferred, it still seemed like it's a large proportion of IIIs and IVs and asked for clarification. Ms. Benno responded that she could dig into the data a little more. She added that when looking at pediatric transfers previously, there was discussion with Dr. Tyroch regarding transfers from the main hospital to the pediatric facility, so even though those are technically different centers, they may be included in the data. Ms. Benno stated she could look into whether the data shows where the other transfers are occurring and get back to Council. **Council Comment:** Dr. Remick asked if Ms. Benno could provide a breakdown of individual sites within the RACs to use some form of this data for performance improvement (PI) purposes? Ms. Benno stated that the Registry could work with individual agencies on their data but would not want to give agency-specific data to everyone. She added that this is some of the work that the Registry has been doing with ISS and the TQIP work group to provide information from within that RAC to the RAC executive so that they can work on QI with individual agencies. **Council Comment:** Dr. Tyroch acknowledged how important Ms. Benno and her team will be with the new GETAC PI Committee. **Council Comment:** Dr. Ratcliff requested that an "n" be added to the percentages since just a few records can dramatically change the percentages. Ms. Benno said she would add an "n" to future presentations. *******			

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	Dr. Tyroch requested that Dr. Stephen Flaherty explain the bag that he brought to the GETAC committee and council meetings. Dr. Flaherty explained that, as a trauma surgeon, he thought it was important to have equipment visible and on hand for providing immediate care for traumatic injuries, especially where large groups gather. He explained that he was able to leverage corporate sponsors to provide a trauma bag that he will bring to all GETAC meetings and place it where people see it and use if necessary.			
3	**GETAC Committee Reports**			
Air Medical and Specialty Care Transport Committee	**Air Medical and Specialty Care Transport Committee (AM&SCT), Lynn Lail, RN, Chair** Lynn Lail presented an update on the status of the committee's 2023 priorities. **2023 Committee Priorities with Activities Recorded** Emergency Preparedness and Response • Safe & Effective Statewide Ground to Air Communication: Mrs. Lail stated that the AM&SCT Committee, along with other stakeholders, has been pursuing increased safety by exploring air-to-ground radio communications and looking for ways to streamline and simplify that process and gather information. She added that the RACs are a good place to start and asked Council permission to send a Doodle Poll to the RAC chairs to specifically inquire as to which frequencies are utilized in their areas by EMS and fire departments to communicate ground to air. **Council Comment:** Dr. Tyroch confirmed for the Council that this item was brought to the RACs at the quarterly RAC Chair and Executive Director Meeting, and they agreed to support.	AM&SCT Chair Lynn Lail asked Council for approval to send a Doodle Poll to the 22 RACs' EMS agencies and fire departments to compile a resource list of radio frequencies and regional air medical and specialty care	Closed	

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	Council Comment: Dr. Ratcliff asked if this was mainly a factfinding mission to see how people are communicating. Mrs. Lail confirmed that it is a factfinding mission and added that it is based on their research and information from Mr. Eric Epley, the GETAC Disaster Prevention and Response Committee chair showing there is no consistent frequency that is available to all air and ground providers across the state. She explained that COVID brought the issue to light because flight transports were very unusual and had crews flying into unfamiliar areas with unknown frequencies, making them unable to effectively communicate with hospitals or ground resources. Mrs. Lail added that while V-Med 28 is available, it is line-of-sight only and presents some safety issues. She stated the committee's goal for Air Medical providers is to be able to speak between regions, and a regional resource list for air medical providers would be very helpful. • Finalize/materialize the Air Medical Strike Team (MIST) concept and process: Mrs. Lail stated that the committee was working on defining those guidelines and plans to have them finalized by the next meeting. She added that the committee was also creating a resource list which will identify fixed-base operator (FBO) fuel and various other resources that air medical providers need when operating in other regions. **Council Comment:** Mr. Salter clarified that the MIST (Medical Incident Support Team) discussed in this case is the Emergency Medical Task Force (EMTF) MIST, not the EMS hand-off MIST (Mechanism, Injuries, Signs/Symptoms, Treatment) report. Dr. Ratcliff followed up by asking Mrs. Lail if she has communicated with EMTF regarding the Air Medical Strike Team (MIST). Mrs. Lail confirmed Mr. Salter's clarifying statement and stated that the task force working on this item has	transport assets. Approval was granted. No additional action items were identified for the Council.		

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	reached out to EMTF and collaboration to refine the concept and process will begin soon. Prevention • Statewide educational campaign to mitigate the risks of air medical transport for responders, patients, and fellow air medical providers: Mrs. Lail stated that the committee is working to create a helipad safety PowerPoint that can be utilized statewide and then customized for agencies in the service areas to facilitate safety when working with air medical. She added that the committee is working to create an educational document which highlights key points, special considerations, and provides links to different websites and informational areas to better educate air and ground providers on Federal Aviation Administration (FAA) policies and best practices. Once completed, Mrs. Lail stated these items would be submitted to GETAC for support and approval. System Integration • Real-time status reporting by all air medical providers, in all 22 regions in the State: Mrs. Lail stated the committee will be working with a couple of RAC chairs who offered to help refine this focus by creating a better doodle poll. She added that the goal was to send a poll after the August meeting, and the intent of this focus is to provide real time status reporting by all air medical providers in the 22 regions throughout the state. Mrs. Lail explained that this is not currently happening; therefore, the committee aims to facilitate a process that allows agencies to know what assets are available to them and hopefully better utilize and access those air medical assets in each region.			

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	Performance Improvement • Mrs. Lail stated that the committee has will have a midterm workgroup to allow the various taskforces to provide two performance measures to the Council in August. Mrs. Lail did not have committee items or stakeholder items needing Council guidance, nor did she have items referred to GETAC for future action.			
Cardiac Committee	**Cardiac Care Committee, James McCarthy, MD, Chair** James McCarthy presented an update on the status of the Cardiac Committee's 2023 priorities and activities. **2023 Committee Priorities with Activities Recorded** 1. Partner with DSHS to identify cardiac data elements currently available in the National Emergency Medical Service Information System (NEMSIS) to generate a report to identify gaps in pre-hospital emergency care statewide. (Coordinated clinical Care/EMS): Dr. McCarthy stated that the committee had very robust discussions about the data that is available through the DSHS EMS/TS Registry, specifically with the movement to the new NEMSIS, a platform that starts this fall. He added that there was discussion about what the collaborative efforts could help uncover about out-of-hospital cardiac arrest throughout the entire state. Dr. McCarthy said he'd pose questions to the Registry and hoped to have a report back for the next Cardiac Care Committee meeting. 2. Out of Hospital Cardiac Arrest – AED access/bystander CPR Assessment (Emergency preparedness and response): Dr.	No action items were identified for the Council.		

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	McCarthy shared that the committee will partner with DHSH to determine if registry data can assist in assessment. 3. Telecommunicator CPR (Coordinated clinical Care/EMS): Dr. McCarthy stated that telecommunicators will be invited to next committee meeting to discuss observed gaps in care. 4. Identify priorities for GETAC PI Committee: The committee will have their suggestions ready by the August meeting. Dr. McCarthy did not have committee items or stakeholder items needing Council guidance, nor did he have items referred to GETAC for future action.			
Disaster Committee	**Disaster Preparedness and Response Committee, Eric Epley, NREMT, Chair** Eric Epley presented an update on the status of the committee's 2023 priorities and activities. **2023 Committee Priorities – Completed and Being Monitored** Evaluate and improve the Texas Emergency Medical Task Force (EMTF) based on real-world responses and data from the field: Mr. Epley stated that the committee is continuing to evaluate and improve the Texas EMTF program and statewide tracking. He reported 310 Texas EMS agencies and 404 hospitals are signed up for Pulsara and added that there are over 125,000 images and patient reports happening over Pulsara every day. **Council Comment:** Dr. Tyroch asked Mr. Epley to briefly explain Pulsara. Mr. Epley explained that Pulsara is an app purchased by the department and used since COVID. He further explained that it is an app that the paramedics and emergency departments (ED) can use to communicate a report through text images, scanning, driver's license, etcetera, instead of having to call and give a radio or a phone report.	No action items were identified for the Council.		

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	The app alerts the ED through an iPad or iPhone, and then the ED can alert other teams such as stroke teams or sepsis teams. It's useful with interfacility transfers. Pulsara was used in El Paso during the COVID crisis when moving 250 critical patients and eliminated about 40 phone calls. Mr. Epley stated that the patient goes into a digital space where transfer centers and regional medical operation centers (RMOCs) can facilitate patient transfers. He added that this resource will be very important moving forward, even when not in crisis mode. **2023 Committee Priorities – Activities Recorded** Improve patient tracking utilizing the Texas EMS wristband along with Pulsara: Mr. Epley connected the value of Pulsara to wristband use during disasters and triage efforts. Scanning the wristbands during disasters can provide a summary of how many red, yellow, green, and black tags are on scene, how many are in transport, and how many are in the hospital. He reported that DSHS and EMTF have purchased Pulsara MED OPS, Pulsara United for EMS, and Pulsara ONE for hospitals. Support the supply chain/PPE operations & storage for Texas hospitals & EMS agencies in concert with Texas Department of Emergency Management (TDEM): Mr. Epley reported that workgroup meetings are on-going, and they are working on improving hospital participation. **Additional updates** Mr. Epley shared that TDEM presented their 2023 hurricane outlook for the State of Texas. Main Takeaway: Lack of La Niña/Presence of El Niño, expecting 6 hurricanes with two being major. Mr. Epley stated			

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	that the state needs to be prepared for a hurricane despite the lower prediction from presence of El Niño. TX EMTF Program Completed Training Courses • MIST Initial: March 28-29, Austin (32 students) & April 13-14, Dallas (34 students) • MEDL: April 26-28, San Antonio (26 students) • TFL/MIST Refresher: May 25-26, San Antonio (18 attendees) Mr. Epley also stated that the committee discussed Title 42 impact on heat-related mass casualty incident (MCI) response. He added the southern part of the state has been preparing; STRAC has had several events leading up to Title 42, one being an event with 200 possible patients with heat-related emergencies on a train in a remote area. He reiterated the importance of having plans and the ability to move assets forward, particularly in areas where it takes hours to get mutual aid. In response to Ms. Klein's request for more ICS 300 courses for trauma program managers (as required by new rule), Mr. Epley shared that Chief Kidd (TDEM), arranged to provide a Trauma 300 course that will be a core ICS class. He added that local emergency management personnel would be in attendance to brief the trauma program managers about the local emergency operations center (EOC) and area TDEM representatives. The courses would include EMTF and Pulsara briefings.	Mr. Epley stated work is underway to create regional ICS 300 courses for trauma program managers to comply with new trauma rules.	This will require follow up.	Anticipated implementation date for new rules is 9/1/24.

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Emergency Medical Services Committee	**Emergency Medical Services Committee, Eddie Martin, EMT-P, Chair** Mr. Martin did not have committee items or stakeholder items needing Council guidance, nor did he have items referred to GETAC for future action.	No action items were identified for the Council.		
EMS Education Committee	**EMS Education Committee, Macara Trusty, LP, Chair** Ms. Trusty presented an update on the status of the committee's 2023 priorities and activities. **2023 Committee Priorities – Priority Activities Recorded** Review/Revise EMS Education Rules to meet the needs of the workforce and the patients that are treated and transported daily: Mrs. Trusty stated the committee's primary focus is working through the EMS education rule revision. Currently, there is a task force working through the revisions, including Air Med committee members, EMS committee members, DSHS EMS and education staff, and medical directors. She also stated that the committee, in collaboration with Texas Association of EMS Educators, has developed Advanced Life Support (ALS). Mrs. Trusty did not have committee items or stakeholder items needing Council guidance, nor did he have items referred to GETAC for future action.	No action items were identified for the Council.		
EMS Medical Directors Committee	**EMS Medical Directors Committee, Christopher Winkler, MD, Chair** Dr. Sharon Malone, Council Liaison to the EMS Medical Directors Committee, presented Dr. Winkler's update regarding the committee's 2023 priorities and activities.			

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	EMS MIST (Mechanism, Injuries, Signs/Symptoms, Treatment) Hand-off Dr. Malone stated that the committee held a discussion regarding the transfer of a patient from EMS care to the hospital's care (the MIST handoff). She relayed the following statement: "The EMS providers should give a succinct, patient handoff report to receiving teams in a hospital, and this should be accomplished prior to moving a patient from an EMS stretcher to a hospital ER bed. In addition, critical interventions and monitoring equipment such as waveform end-tidal CO2 and pacing should be removed only after the transfer to the ED bed is complete to avoid displacement of airways or loss of pacing capture." Dr. Malone added that this statement was approved by the EMS Medical Directors Committee. She also shared anecdotal support of this statement. **Council Comment:** Dr. Tyroch added that when the trauma rules are approved, the MIST handoff (timeout) will be an expectation in 157.125(C)(19). He stated that it was a topic of debate when he brought it forward at the RAC Chair/ED meeting on 6/8/23, specifically when the timeout is performed – before or after the patient is moved from the EMS stretcher to the hospital gurney. Dr. Tyroch confirmed that the EMS Medical Directors Committee is advocating for a MIST handoff/EMS timeout to occur prior to moving the patient and agreed with Dr. Malone that it's a "catch your breath" moment. **Council Comment:** Dr. Ratcliff stated that the discussion gets passionate when talking about activated trauma versus medical and suggested a collaboration between the committees to reach some consensus; he agreed that a standardized process is expected and generally supported but there's a	Dr. Ratcliff made a motion for the Council to come to a consensus on an EMS handoff/timeout tool, including a	Approved	This Item will be placed on the Council Q3 agenda in August 2023. This item will be placed on the EMS,

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	big divide in opinion when talking about unstable trauma patients. Dr. Ratcliff suggested that there be a decision on what to do as a state and have a system in place to track outcomes such as an adverse event registry to make the decision data-informed at some point. **Council Comment:** Dr. Tyroch, referencing complaints received, added that the handoff/timeout needs to be regionally consistent so that when EMS arrives to a hospital it's a consistent process. **Council Comment:** Mr. Salter stated that the challenge identified is regional variation in the timeout/hand off process and that there is variation within regions as well. He added that the 40-second timeout may or may not make a difference in a rapidly declining trauma patient and submitted that GETAC would need to define exactly what the recommended practice would be. **The Council discussed the purpose of the statement:** Dr. Malone shared that, to her knowledge, the EMS Medical Directors Committee was looking for an opinion of whether the Council would support this position and did not recall anything actionable. She added that GETAC support has a credential of its own and conveys to the services and hospitals working together that this very important. Mr. Salter agreed with Dr. Malone and explained that the EMS Medical Directors Committee conversation centered around a position statement that defined specific items such as patients with advanced airways in place where end tidal CO2 is being monitored and patients receiving transcutaneous pacing. He added that the statement defined specific things that mandated that those devices cannot be moved	strong look at MIST, and to support committee collaboration between the EMS, EMS Medical Directors, Air Medical, Cardiac, and Trauma Systems Committees as they define best practices on where that report takes place. Mr. Salter seconded. Motion passed. Dr. Malone will take the lead with the multi-committee workgroup.		EMS Medical Directors, Air Medical, Cardiac, and Trauma Systems Committees' Q3 agendas in August 2023.

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	before the MIST report is complete and that there is a game plan for transitioning the patient. **Council Comment:** Dr. Ratcliff voiced his support for a standardized process, whether MIST or another form of EMS handoff/timeout. He stated, however, that where it occurs needs to be a collaborative process between the various GETAC committees: Air Medical, EMS Medical Directors, EMS, and Trauma Systems. **Motion to Support:** Dr. Ratcliff reiterated that GETAC generally supports the standardized handoff process. He followed with a motion for the Council to come to a consensus on an EMS handoff/timeout tool, including a strong look at MIST, and to support committee collaboration between the EMS, EMS Medical Directors, Air Medical, Cardiac, and Trauma Systems Committees as they define best practices on where that report takes place. Mr. Salter provided a second to Dr. Ratcliff's motion. **Public Comment:** Cristine Reeves, Central Texas RAC, stated that since there is variation within the region that the Council might want to include representatives from the entities doing the before and/or after transfer of patient between EMS and hospital in future discussions. Dr. Ratcliff responded that the collaboration between the committees will be the deep dive into best practices on where the report take place – before or after patient transfer from EMS to hospital. **Council Comment:** Mr. Salter presented an item for open discussion. He stated that while GETAC is focusing on the pre-hospital delivery of the patient to the emergency department, that interfacility transfers	Mr. Salter made a motion for the same work group focusing on EMS handoff/timeout to address hospital handoff/timeout on interfacility transfers. Ryan Matthews	Approved.	This Item will be placed on the Council Q3 agenda in August 2023. This item will be placed on the EMS, EMS Medical Directors, Air Medical, Cardiac, and Trauma Systems Committees' Q3

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	be considered regarding an EMS safety timeout, as there is not typically much of a patient report provided from the hospital to EMS prior to transport from one facility to another due to the electronic and digital sharing of files between facilities. Dr. Ratcliff requested that this topic be considered a separate item. Mr. Salter made a motion for the same work group focusing on EMS handoff/timeout to address hospital handoff/timeout on interfacility transfers. Ryan Matthews provided a second to Mr. Salter's motion. **Public Comment:** Belinda Waters, Pediatric Committee, requested the Council consider calling the EMS timeout/handoff "EMS Timeout," as that terminology is already being used, and it's an understood cue for everyone to be quiet and listen. Additional updates: • Ready to assist with any request from RACs regarding the Fire Truck treat and transport guideline. • The committee is considering utilizing NEMSQA criteria for performance improvement recommendations Dr. Winkler did not have committee items or stakeholder items needing Council guidance, nor did he have items referred to GETAC for future action.	seconded. Motion passed. No additional action items identified for the Council.		agendas in August 2023.
Injury Prevention & Public Education Committee	**Injury Prevention & Public Education Committee, Mary Ann Contreras, RN, Chair** Ms. Contreras presented an update on the committee's 2023 priorities and activities. **2023 Committee Priorities with Activities Recorded**	No action items were identified for the Council.		

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	Suicide prevention and Safe storage of firearms: Committee met in May for a divided work group meeting to focus on these two priorities and are updating their spectrum of prevention. Mrs. Contreras explained that the spectrum of prevention is a strategy that has continuous multiple layers when looking at one particular mechanism of injury and those layers are changing organizational practice, fostering coalitions, policy changes, organizational change, individual education, and community education. She stated that when you address a problem with the multiple layers, you have better results. **Q2 Meeting Update** The Committee had a presenter from Texas Parks and Wildlife, Steve Hall. Mr. Hall talked about the state's education on hunter safety and firearms. He also shared data from 1966 to present showing deaths and injuries dramatically decreasing since beginning the safety courses. Dr. Tyroch commented that the data presented during the committee meeting was impressive. The state courses are available on different venues, online and in person, and Mr. Hall has taught classes at schools, high school agriculture classes, and hunting groups. **2023 Committee Priorities – Not Yet Implemented** Increasing data collection for Texas Violent Death Reporting System (TXVDRS): Mrs. Contreras stated that the committee will begin establishing relationships within the committee and respective counties, as well as establish relationships with Medical Examiners' offices, to increase data submission for the EMS/TR team in order to meet the participant requirements for the Texas Violent Death Reporting System. Mrs.			

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	Contreras added that the committee has begun collaborating to strategize a plan for this priority. Safe Transport of Children by EMS: The committee will be working with EMS for Children (EMSC), along with the GETAC Pediatric and EMS committees, to develop a guideline regarding safe transport of children by fire departments. This priority will be on the July work-day agenda. **Council Guidance and Future Action** Mrs. Contreras stated that the committee doesn't have anything at this time requiring Council guidance. She added that there were no stakeholder items needing guidance. Upcoming items for future Council action will be the committee's identified injury and violence prevention smart goals with some measurable outcomes for the Texas System Performance Improvement Plan.			
Pediatric Committee	**Pediatric Committee, Belinda Waters, RN, Chair** Ms. Waters provided an update on the status of the committee's 2023 priorities and activities. **2023 Committee Priorities with Activities Recorded** Identify two to three measurable pediatric performance improvement measures: Mrs. Waters reported that the committee discussed tracking Pediatric Readiness participation by Texas hospitals and EMS agencies as possible PI measures and would present the committee's final decision at the Q3 Council meeting in August 2023.			

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	Complete GAP Analysis of Texas Pediatric Trauma System Score Report: Mrs. Waters shared a top priority for the committee is to complete the gap analysis of Texas Pediatric Trauma System Score; Texas scored 66.9%. She stated that the proposed trauma rules will help improve the score, but the committee will still work on a gap analysis. She added that the report was distributed to the committee members, and a subcommittee has been developed with hopes of making progress before the August 2023 meeting. **Council Comment:** Dr. Tyroch urged participants to view the report. **2023 Committee Priorities – Not Yet Implemented** Pediatric Readiness: Mrs. Waters reported that the committee has been tasked with developing twelve pediatric scenarios to be used for quarterly simulations, with five having suspicion for abuse. She stated the committee would get started on that task. Collaboration with RAC Chairs, EMS, EMS Medical Director, Injury Prevention and Air Medical Committees regarding Safe Transport of Children by EMS: Mrs. Waters reported that the committee will collaborate with the multiple committees regarding the safe transport of children by EMS. She added that this collaborative effort will be led by Sam Vance, as well as one additional Pediatric Committee member. **Committee items needing council guidance** The Pediatric Committee requests to have a committee member serve on the new Texas Process Improvement Committee: Dr. Tyroch stated it's a task force at the moment; Dr. Remick is co-chairing the task force and there would be pediatric representation on the PI Committee when it's formed.			

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	Stakeholder items needing council guidance 1. The Texas EMS for Children Program requests the Council endorse efforts of the Voluntary Pediatric Recognition Program (VPRP) encouraging Level I – IV designated trauma centers participation in the statewide program to reduce morbidity and mortality in critically ill and injured children. 2. The Texas EMS for Children Program requests the Council endorse efforts of the National Pediatric Readiness Quality Initiative (NPRQI) including hospital emergency department participation in a state and nationwide platform that provides a free, secured, web-based platform that allows EDs to track quality metrics and performance. **Items referred to GETAC for future action** Support of requesting an increase in Health Resources and Services Administration (HRSA) funding: Dr. Tyroch shared that the HRSA funding has dropped for the state of Texas, even though Texas is bigger (population) than other states but they receive the same amount of money. Mrs. Waters stated the HRSA funding is not based on population for each state; there are already requests from Florida, California, and other high population states, but nothing has changed so far. She offered that a letter of request from the Council that might be something that would provide movement on the issue. **Council Comment:** Dr. Remick explained that HRSA provides the state-based grant programs to help integrate pediatric needs into emergency care systems. She agreed that in terms of equal funding to every single state and US territory, regardless of size, complexity, rural areas, etc., this has been asked of HRSA multiple times from the grantees themselves. Dr. Remick stated that while a letter of support from	HRSA educational letter drafting workgroup will	Open	Stakeholder Items Needing Guidance #1 & #2 to be placed on Council Q3 agenda in August 2023. This item will be placed on Council's Q3 agenda in August.

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	GETAC may not result in additional funding, there's no harm in submitting one. Dr. Tyroch agreed with Dr. Remick. Mrs. Waters requested that Dr. Remick, Mr. Vance, and Mr. Schmider work with her on the details of the letter to present to Council. Dr. Remick stated she'd be happy to work on the letter but due to her position with a federal program, she's not able to sign the letter. **Council Comment:** Mr. Matthews asked if this was considered lobbying. Mr. Schmider stated the letter would be educational in nature with the purpose of sharing the ongoing EMSC projects in Texas and requesting reconsideration of funding allocation. **Council Comment:** Mr. Salter requested that GETAC explore the idea of encouraging all hospitals across the nation to participate in the Voluntary Pediatric Recognition Program (VPRP), whether or not they do so as a trauma center. He questioned whether pediatric fatalities are happening because the patient's first entry is into a non-trauma center and added that trauma centers have a planned, organized response for the critical patient coming in as a victim of trauma. Mr. Salter further explained that trauma centers oftentimes benefit from spillover to the medical patient by being prepared with that system, team-like approach to trauma. Dr. Ratcliff agreed with Mr. Salter and added that the EMSC programs emphasize many things, such as making sure that staff know how to use pediatric equipment and that drills and true readiness exercises are conducted.	consist of Mrs. Waters, Dr. Remick, Mr. Vance, and Mr. Schmider.		
Stroke Committee	**Stroke Committee, Robin Novakovic, MD, Chair** Dr. Novakovic provided an update on the status of the committee's 2023 priorities and activities. **2023 Committee Priorities with activities recorded**	No action items were identified for the Council.		

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	ASA Mission Lifeline Prehospital Stroke algorithm – Recommendation: Dr. Novakovic stated that the algorithm was approved by the Stroke Committee. She explained that the algorithm outlines the best management of stroke in the prehospital setting by helping providers screen and identify stroke, as well as identify large vessel strokes, and then gives a recommendation on where to transport. Dr. Novakovic shared that the committee will be seeking recommendations and input on the algorithm from the GETAC EMS, EMS Medical Directors, and Air Medical Committees, as well as the RAC Chairs. Establish recommendation for stroke facility infrastructure: The Stroke Committee's Stroke System of Care Work Group is outlining the best practices and recommendations to present to the Stroke Committee. Pediatric Task Force: Dr. Novakovic explained the focus of the task force led by Dr. Stuart Fraser. She stated that Dr. Fraser reported to the committee that the task force has 33 members, including EMS, ED medical directors, and pediatric vascular surgeons and that it is crafting a recommendation for best practices for the prehospital setting in terms of identifying, managing, and where to transport pediatric patients suspected of having a stroke. The task force will also be looking at best practice recommendations for interfacility transfers, as well as minimum requirements that a pediatric hospital should have if they want to be recognized as capable for caring for pediatric strokes. Provide list of recommended stroke education and certification courses: The committee is compiling a vetted list of courses and certifications pertaining to stroke education at all levels. Once			

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	completed, the list will be reviewed by the Education Work Group before presenting to the Stroke Committee. Report and disseminate quarterly Texas Stroke Quality Performance Report: Dr. Novakovic stated that the committee will review the quarterly stroke performance data from Get with the Guidelines which has data submitted from 180 of 181 stroke facilities in Texas. Interfacility Stroke Terminology: The committee is collecting the appropriate data to outline the barriers to interfacility transfers and whether stroke terminology could facilitate faster door-in/door-out (DIDO) times. Establish research opportunity in the state of Texas to help advance stroke care: The committee is looking at performing research in the state; the Research Work Group is outlining options and will make a proposal to the Stroke Committee at the August 2023 meeting. Dr. Novakovic did not have any committee items or stakeholder items needing Council guidance at this time. She stated that the Mission Lifeline Prehospital Stroke Algorithm would be an item that the committee would bring to Council in near future.			
Trauma Systems Committee	**Trauma Systems Committee, Stephen Flaherty, MD, Chair** Dr. Flaherty provided an update on the status of the committee's 2023 priorities and activities. **2023 Committee Priorities** Trauma rules: Dr. Flaherty relayed that the adoption process was delayed, and formal comments were not expected until late September/October 2023. He added that the committee will provide a	No action items were identified for the Council.		

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	workgroup-sized element prepared to assist the department in reviewing formal comments. Trauma System Assessment: Dr. Flaherty stated that concerns persist regarding hospitals possibly having to give up designation status due to financing and rules changes that impact funding; the RACs have assisted with surveying the issues. He added that there are no specific trends identified yet, just concerns, and this hopefully will be aided by the completion of this legislative session where the financing was secured. Stop the Bleed: Dr. Flaherty stated that Stop the Bleed Texas Coalition is now reporting through the Trauma Systems Committee and shared his appreciation for the work that the Coalition is doing. He provided announcements from their report to the committee including an unsuccessful legislative attempt to lower the age for Stop the Bleed training to 3rd grade. He added that the Coalition continues to monitor the courses that are provided, both student courses and Train the Trainer events, and shared that a recent modification to the training platform was a huge success. **Announcements** Trauma Center Recognition: Christus Spohn Hospital – Kleburg responded to a Greyhound bus vs. 18-wheeler with many casualties. Dr. Flaherty explained the small Level IV trauma facility received ten adults and three pediatric patients, five of them with life-threatening injuries. He added that the movement of patients from the scene or anywhere else was limited by weather and grounded Air Medical			

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	assets. He shared that this situation shows the importance of trauma centers. Dr. Flaherty did not have committee items or stakeholder items needing Council guidance, nor did he have items referred to GETAC for future action.			
4				
GETAC Standard Operating Procedures Update	A revised draft of the GETAC Standard Operating Procedures was projected for Council to view. Dr. Tyroch explained the changes made and purpose. The revisions included the following: • Quorum will include Council members in attendance both virtually and physically. • How Vice-chair is appointed • How the third appointee of the Executive Committee is appointed and term (Dr. Malone is currently the appointee) • Election of committee vice-chair and vice-chair duties **Council Comment:** Mr. Matthews stated that since everything else was well-scripted regarding appointments and terms that there should be a timeframe for committee chairs as well to ensure they want to continue or that there are no changes with a job or a role in their organization that makes serving in that capacity no longer appropriate. Ms. Klein stated that since she has been in her role, the committee chair appointments are evaluated every year, particularly if the chair is up for reappointment to the committee. She added that the Executive Committee has some discussion about the committee chair's performance and ability to keep things moving. Mr. Salter made the motion to provide additional to add to the revised draft (8. Committee Structure, end of paragraph three): *Additionally,*	Mr. Salter made a motion to add language regarding annual committee chair review. Mr. Matthews seconded. Motion passed.	Approved. Language added.	

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	the Council's Executive Council will review the committee chair's performance, willingness to continue to serve, and any conflict changes annually and provide feedback on any identified improvement opportunities. Mr. Matthews seconded the motion. After discussion on adding the PI committee and where it would fit on the schedule, the Council elected to table the discussion. Mr. Salter motioned that the Council rescind the previous action of adding the System Performance Improvement Committee remove it from being a committee. Dr. Ratcliff provided a second. Dr. Ratcliff requested discussion on realigning the committees to pre-hospital and hospital days, placing EMS, EMS Education, EMS Medical Directors, Disaster, and Air medical committees on one day and Trauma, Stroke, Cardiac, Pediatric, and IPPE on the other. Ms. Klein stated that Mr. Schmider had mentioned combining some of the EMS committees. Dr. Tyroch requested that be a topic of discussion at the next GETAC retreat. Mr. Barnhart made the motion to accept the changes to the SOP document. Mrs. Potvin made the second.	Mr. Salter motioned to remove the 11th committee previously added. Dr. Ratcliff seconded. Motion passed. Council will consider combining EMS committees and realignment of meetings.	Approved. No 11th committee added. Tabled.	To be discussed at the next Strategic Planning Retreat.
5				
GETAC Strategic Plan Update	The Council decided to move forward with reviewing revision suggestions by sections over the course of the upcoming quarters and finalize at the next Strategic Planning Retreat. Ms. Klein stated the department would put the suggestions together on one document to make it easier to view.	The department will compile suggestions onto one document and send to Council for review.	Open	July 15, 2023.

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		Council will review sections at upcoming meetings.		Add Strategic Plan section review to upcoming agendas.
6				
Texas System Performance Improvement Plan and PI Task Force Update	Mr. Barnhart provided an update on the initial task force meeting held on June 8, 2023. • Doctor Remick will be the Vice-chair. • The focus will be a high-level overview of performance improvement. • Committee chairs will provide two to three measurable items and present to Council in August. • Anticipated start date is January 2024. • Finalizing task force members. Per Mr. Barnhart's request, Dr. Remick explained the Delphi process. She stated that it is a standardized approach to determining priority areas for measurement, and the approach is based around utilizing common criteria. First step is to begin ranking and scoring items according to four foundational elements, which is the importance to improving the care or outcomes of a community and or patient. The second would be the usability of that measure in being able to take action. The third is the feasibility of being able to acquire the measurement on a regular basis, and the last is its scientific/operational acceptability. The Delphi process works through a series of two to three rounds, where the committee that's engaged in the scoring and ranking will provide an individualized score, come back together, discuss those scores, and individuals can champion particular measures. They go back, re-rank, re-discuss, and then the third round is when the	Committee and RAC chairs will provide two to three measurable items to the task force. Dr. Remick will assist the department with a template to provide to RAC and committee	Open Open	Q3 GETAC meeting in August. Prior to Q3 GETAC meeting in August.

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	measures are finalized based on the discussions. Dr. Remick stated that the Delphi process allows for each individual to have equal input and common points of discussion. Dr. Remick added that the task force was requesting measurable items from the committees, including a proposed numerator, denominator, and data source. A request was made for a template to be provided to the committee and RAC chairs to guide in the request. Dr. Remick stated she could assist with the template. Mr. Barnhart stated the task force would meet again before the Q3 meetings. Dr. Tyroch expressed concern that the PI Committee would not be able to be up and running by 2024. Dr. Remick offered a response that if the scoring and ranking happened offline, and if the task force members created scores and had repeated virtual meetings throughout the fall, she anticipated a standardized set of measures could be proposed to the Council for review and approval in the beginning of 2024. Dr. Tyroch mentioned that he could not find systematic PI efforts in other states, that all were trauma-centric, and he expressed his excitement regarding the possible opportunities provided through this committee.	chairs regarding the measurable items request. Mr. Barnhart to schedule Zoom meeting.		Prior to Q3 GETAC meeting in August.
7				
Pediatric Rural Trauma Education	Dr. Remick presented on the importance of pediatric readiness and spoke about pediatric education for rural trauma centers and the quality initiative that is part of the National Pediatric Readiness Project (NPRP).	No action items were identified for the Council.		

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Quality Initiatives	She shared data from a study of 983 trauma centers around the country that looked at outcomes for children based on the pediatric readiness scores of those centers. The data demonstrated a survival benefit exists from pediatric readiness; this study estimated that among those 983 trauma centers, 1,442 lives might have been saved if all of those centers were pediatric ready. Dr. Remick pointed out that one-third of Texas' pediatric patients are going to Level III and IV trauma centers and explained that there's an opportunity to focus on and transform the delivery of pediatric care in those facilities for both trauma and medical patients as those facilities improve their readiness. To improve patient outcomes in Level III and IV facilities, Dr. Remick proposed an active transformational model: Integration of Pediatric Evidence-Based Medicine, Application of Knowledge through Simulation Activities, Sustained High Performance through QI/PI, and Demonstrate Pediatric Readiness. She proposed that the effort to help facilities implement pediatric readiness include providing the evidence, the clinical-based pathway, the way to conduct simulation to drive current practices and make improvements, a way to improve practices, and best practices currently being used, as well as show how to sustain performance by looking at quality measures related to those clinical evidence-based pathways. Dr. Remick explained the five major components of the National Pediatric Readiness Project:			

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	1. NPRP Assessment – Tool for identifying gaps in pediatric readiness across all Eds 2. NPRP Toolkit & Checklist – Resources for addressing gaps identified by the assessment 3. ED-focused QI Collaboratives – Forums for developing, implementing, and sharing care improvement strategies 4. NPRQI – Web-based analytics portal to assess quality of clinical care processes designed specifically for lower volume EDs and a focus on the undifferentiated pediatric patient 5. Facility Recognition Programs – State-based programs that recognize EDs for their pediatric readiness based on state-specific criteria. Texas is one of 20 who have implemented this program. Dr. Remick shared a view of the NPRQI Reporting Dashboard and stated that Texas has a dashboard, but she would also like to see one for the RACs. Dr. Remick shared additional reports available through NPRQI. She also suggested mechanisms to engage in NPRQI – as an individual site, a health system/hospital network, a RAC-driven regional effort, and/or participation in the Pediatric Readiness Quality Collaborative. Dr. Remick stated the key benefits for Texas include alignment with the trauma rules, the opportunity to evaluate and address disparities in pediatric care, and tools to empower individual trauma centers and RACs. Dr. Tyroch asked what the next steps would be. Dr. Remick responded that the first step is to work with the Pediatric Committee to define 12 simulations and then using those to define the educational curriculum for these trauma centers.			

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	Dr. Tyroch asked how NPRQI is funded if there is no cost to the hospitals to participate. Dr. Remick stated it is currently funded through the EMS for Children program, and it is part of the National Pediatric Readiness Project. Dr. Tyroch asked what the staff commitments were. Dr. Remick responded that the recommendation is to have a pediatric emergency care coordinator, one that has physician level perspective and one with the nurse level perspective, and that they work as an effective dyad. She added that for the purposes of the education or QI work, there are no specifications regarding who can participate. Dr. Tyroch asked how the hospital is giving the data to the collaborative group. Dr. Remick clarified NPRQI is not a formal collaborative, that it's a free, self-paced Open Access platform. She added that it is web-based so once the hospital enrolls, they have immediate access to their own dashboard, a real time snapshot of their performance. She further elaborated that the hospital has access to all of their data and can pull their own data for further analysis at any time. Dr. Tyroch asked Ms. Klein for her thoughts on Dr. Remick's presentation. Ms. Klein shared her appreciation for Dr. Remick and stated the department is trying to bring the education to the rural Level IVs because traveling is a budgeting concern for those facilities. She stated this is one part of a two-prong approach for improving patient care – the other is trauma.			Add educational framework to the Q3 agenda in August.

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	Dr. Remick requested to bring the educational framework back to Council for a vote in August. Mr. Matthews asked if there was going to be an opportunity for EMS participation in the smaller rural hospitals. Dr. Remick stated there is a project underway called the Prehospital Pediatric Readiness Project, which has the five arms similar to what she shared about the National Pediatric Readiness Project. She added that the quality improvement dashboard arm of it is being built through NEMSIS, and they are currently in the process of selecting quality measures for inclusion in the pediatric dashboards. Dr. Remick also mentioned that the NEMSIS data will likely be available at state aggregate level only, and while they may be able to link to some EMS agency characteristics, she was not certain that the functionality would be as empowering. Mr. Salter shared his enthusiasm for the potential opportunities available through this initiative. Ms. Klein added that the department has encouraged the facilities on the rural Level IV calls to bring their EMS partners to the call and to invite all of their EMS providers to the CE and education opportunities rolled out by the department. Dr. Tyroch praised the quality of the monthly calls.			
8				
Senate Bill 422 Amends Occupations Code	Mr. Schmider stated that this item is not ready for the Council to take action on at this time.	No action items were identified for the Council.		Place on Q3 agenda in August.
9				

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
Action Items	None identified for Q2.			
10				
Culture of Safety	**Discussion, review, and recommendations: Initiatives that instill a culture of safety for responders and the public with a focus on operations and safe driving practices** No update or action items.	No action items were identified for the Council.		
11				
Rural Priorities	**Discussion: Rural Priorities** Dr. Tyroch stated this was discussed in Item 7. No update or action items.	No action items were identified for the Council.		
12				
Potential Initiatives and Research	**Discussion and possible action: Initiatives, programs, and potential research that might improve the Trauma and Emergency Healthcare System in Texas** No update or action items.	No action items were identified for the Council.		
13	**GETAC Stakeholders Reports**			
TETAF	**Texas EMS Trauma Acute Care Foundation (TETAF), Terri Rowden, TETAF Survey Services Senior Director** Ms. Rowden reported that the number of requests for Trauma, Stroke, Maternal, and Neonatal surveys to be scheduled continued at a steady pace for all survey service lines in the last quarter. She added that TETAF's perinatal division, Texas Perinatal Services, has trained new surveyors to meet the demand for surveys and new rule requirements. Ms. Rowden stated that Ms. Klein has helped with the training, and TETAF continues to train more surveyors in an effort to have enough to fill that service line as well as meet all the new requirements that are going on in that area. Ms. Rowden stated TETAF continues to monitor	No action items were identified for the Council.		

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	rule updates and the impact they may have on hospitals, surveys, and surveyor requirements. Dr. Tyroch asked if TETAF had enough surveyors. Ms. Rowden replied that they could use more obstetric (OB) surveyors but those are always a challenging area due to the scheduling difficulties. She added that they anticipate the need for a number of new surveyors as the trauma rules move forward. She stated that, currently, there is not a rule for emergency physician participation but expects that it will come out with the trauma rules and then TETAF will definitely be looking for surveyors at that time. Regarding education opportunities, Ms. Rowden reported that TETAF provided credit hours to learners who completed the TETAF Hospital Data Management Course (HDMC); it's a two-day course that TETAF has developed to provide basic registry data and training for program managers and registrars to help them meet the requirements for that specific training. She added that the next HDMC will be on November 6-7, 2023. Ms. Rowden also shared TETAF hosted a virtual STOP THE BLEED® Train the Trainer course instructing 120 participants on National Stop the Bleed Day (May 25). Additionally, TETAF and Texas Perinatal Services continue to offer exclusive, free educational opportunities to our hospital partners via Mighty Networks; this started as perinatal, but they are now pulling trauma into the activities with the focus on taking a specific case and performing PI. Ms. Rowden shared the following TETAF advocacy activities and stated the TETAF Advocacy Committee will remain vigilant monitoring activities and discussions during the Special Sessions and interim.			

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	• TETAF monitored more than 90 bills, providing input on many. TETAF also provided in-person testimony at the Capitol, conducted bi-weekly meetings with the TETAF Legislative Work Group, created handouts and sample letters for stakeholders to advocate, and spent numerous hours speaking with legislators. • The Texas Legislature appropriated $6.6 million for the biennium to the Regional Advisory Councils (RACs) recognizing the increased demands of the RACs. This increase is the largest since RAC funding was established and is an almost 70% increase in funding. • Legislators approved $10.9 million for the biennium for the Maternal Health Quality Improvement System and Maternal Mortality Review Information Application to improve data quality; however, this is not the statewide perinatal database that TETAF and other organizations advocated to improve outcomes for mothers and newborns in Texas. • Collections for Account 5111 have decreased. The legislature acknowledged this by appropriating General Revenue dollars to make up the difference. A total of $96 million for FY24 and $98.1 million for FY25 will be appropriated to Account 5111. In addition, Sen. Joan Huffman, chair of the Senate Finance Committee, intends to examine current collections and determine where improvements need to be made during the next legislative session. o House Bill 1 requires a report from the Texas Health and Human Services Commission on uncompensated trauma care provided throughout Texas. The report will provide information on the amount of funds hospitals receive through governmental entities for uncompensated trauma care and payments received by physicians, or physician groups, for providing medical care to uninsured trauma			

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	patients. TETAF will monitor and provide input where appropriate. Ms. Rowden reported TETAF continues to provide support to Texas TQIP. The collaborative met virtually on April 19 and will have its next meeting this summer. She added that TETAF continues to provide all continuing education for the Texas Trauma Coordinators Forum and participates in their educational activities; TETAF is also looking at the possibility of becoming an EMS CE provider. Ms. Rowden closed her report by sharing that TETAF welcomes the opportunity to be a resource and/or participate in any meetings to further build the trauma and emergency care network.			
Final Council Comments	Mr. Salter stated there has been a substantial and continued track of responses to behavioral health emergencies and added that there hasn't been any significant improvements in funding on how to deal with behavioral health emergencies as a nation or as a state. He asked Mr. Schmider if the department tracks providers who are assaulted, and if not, if Mr. Schmider felt this should be done to gather data on what the field is experiencing. Mr. Schmider stated that a GETAC Committee brought this topic up. He added that he supports the idea and will do some research to bring back in August. Mr. Salter commented that behavioral health management for prehospital providers is a much larger problem now than it has ever been. He added that there are not a lot of courses that have been developed for that process and would like to see a consideration for the state of Texas developing some type of training course to deal with the assessment of patients	Mr. Schmider will review other states and research the idea of tracking assaults on providers of EMS and provide an update at the Q3 meeting.		August 18, 2023, GETAC meeting.

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	displaying a critical health crisis, including de-escalation techniques and prevention of provider and bystander harm. Mr. Schmider responded that there are sessions on behavioral health and safe operations at the Texas EMS Conference each year. He added the national education standards require a certain number of hours on operations, behavioral health, and mental health. Mr. Dudley Wait provided information on the 40-hour crisis intervention training (CIT) that law enforcement is required to complete and stated that some law enforcement agencies open that training up to EMS personnel as well. He explained that CIT is training for police officers on less-than-lethal approaches to incidents involving behavioral health. Mr. Wait requested that Council and DSHS revisit the topic of posting GETAC Council and Committee member contact information on the GETAC webpage. Ms. Klein advised the information had been taken off of the GETAC webpage (DSHS) due to harassment of a committee member. She was open to finding a solution and stated that the department could create a GETAC mailbox that could be monitored by EMS/TS who would forward email to the appropriate Council/Committee member(s). Mrs. Reeves stated that people could also contact the RACs to be put in touch with a GETAC member. Dr. Tyroch requested this item be put on the Q3 agenda to finalize a plan. Mrs. Reeves expressed her appreciation as a tax-paying Texan for the additional funding provided to the RACs to support the work they are doing for EMS and trauma.	Council will finalize a plan for Connecting stakeholders to members.	Open	Add to Q3 agenda. Add RAC Chair/ED update to agendas under stakeholder updates.

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	MS. Klein asked the Council if they wanted someone from the RACs to provide an update during stakeholder comments – the Council agreed.			
Final Public Comments	List of those registered for public comment read by Mrs. Lee (DSHS). No public comments.			
Next Meeting Dates	• August 16-18, 2023, at the DoubleTree by Hilton Austin • November 18-21, 2023, in conjunction with the Texas EMS Conference in Austin • Council discussed the dates for 2024 and the requirement to have four quarterly meetings in Austin. To meet the requirement, the Council agreed to hold the 2024 Strategic Planning Retreat in October in Austin since the 2024 Texas EMS Conference will be held in Ft. Worth. Actual date in October TBD.	DSHS will explore available dates for October 2024 retreat date.	Open	Add to Q3 agenda.
Adjournment	Meeting adjourned by Dr. Tyroch at 11:33 AM.			