

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

Wednesday, March 20, 2024  
 DSHS Moreton Building  
 Room M-100, First Floor  
 1100 West 49th Street  
 Austin, Texas 78756  
**Meeting Minutes**

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

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1. Call to Order	The meeting was called to order at 8:13 AM by Dr. Tyroch.			
2. Roll Call	Roll called by DSHS staff. Ms. Richardson (DSHS) advised the chair that he did not have a quorum, and advised the council they could discuss items, but could not act on them. <b>A quorum (10 members) was met at 9:58 AM.</b> GETAC Vision and Mission read by Dr. Tyroch.			
3. Review of the Proposed Trauma Rules Proposed by DSHS	<p>Title 25, Texas Administrative Code Chapter 157, as related to Senate Bill (S.B.) 330, 79th Legislature, Regular Session, 2005; House Bill (H.B.) 15, 83rd Legislature, Regular Session, 2013; H.B. 3433, 84th Legislature, Regular Session, 2015; S.B. 984, 87th Legislature, Regular Session, 2021; S.B. 969, 87th Legislature, Regular Session, 2021; and S.B. 1397, 87th Legislature, Regular Session, 2021.</p> <p>DSHS proposes amendments to Title 25, Texas Administrative Code, §157.2 concerning Definitions and §157.128 concerning Denial, Suspension, and Revocation of Trauma Facility Designation.</p> <p>DSHS also proposes the repeal of §157.123 concerning Regional Emergency Medical Services/Trauma Systems; §157.125 concerning Requirements for Trauma Facility Designation; §157.130 concerning Emergency Medical Services and Trauma Care System Account and Emergency Medical Services, Trauma Facilities, and Trauma Care System Fund; and §157.131 concerning Designated Trauma Facility and Emergency Medical Services Account.</p> <p>DSHS further proposes new §157.123 concerning Regional Advisory Councils, §157.125 concerning Requirements for Trauma Facility Designation, and §157.130 concerning Funds for Emergency Medical Services, Trauma Facilities, and Trauma Care Systems, and the Designated Trauma Facility and Emergency</p>			

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	<p>Services Account. The proposed rules were published in the January 19, 2024, issue of the Texas Register (<a href="https://www.sos.state.tx.us/texreg/archive/January192024/Proposed%20Rules/25.HEALTH%20SERVICES.html#6">https://www.sos.state.tx.us/texreg/archive/January192024/Proposed%20Rules/25.HEALTH%20SERVICES.html#6</a>).</p> <p>Dr. Tyroch requested to review the proposed rule document line by line.</p> <p><b>The council reviewed and discussed the proposed amendments to Section 157.2.</b></p> <ul style="list-style-type: none"> <li>• Dr. Tyroch asked Director Jorie Klein to confirm that Advanced Level III trauma facilities (#9) would be reviewed by ACS or another entity and that the review would follow ACS criteria. Director Klein confirmed his statement to be correct.</li> <li>• Danny Ramirez raised a question about line 97, Basic Level IV trauma facility (#20), regarding the language “ISS of 15 or greater.” He stated that 15 or greater encompasses definition for both major and severe trauma. Dr. Tyroch stated he felt the definition was ok and it becomes clearer throughout the document when referring to ISS categories, specifically page 10.</li> <li>• Dr. Tyroch commented there was some redundancy on lines 142 and 143 for Comprehensive level I trauma facility (#30) and suggested a minor edit to remove repetitive words (trauma facility).</li> <li>• Dr. Tyroch asked how the department anticipated lines 154 and 155 of Concurrent performance improvement (#31) being monitored at the primary level for 80% compliance and how it would be measured for 14 days of discharge. Director Klein responded that it can be determined by the date of the primary review and the date of discharge.</li> </ul>			

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	<ul style="list-style-type: none"> <li>• Dr. Tyroch sought clarification on line 183 for Contingent probationary designation (#35) regarding “may require a full survey.” Director Klein stated that it depends on the issues, and it depends on their action plan.</li> <li>• Ryan Matthews asked if line 233 on Diversion (#51) regarding procedure was an absolute, or if it was still understood that it's a request for EMS to bypass. Director Klein stated it is a request and the hospital must have a procedure of how they're going to do address it. She added that the language “a request to EMS” for clarification purposes.</li> <li>• Dr. Tyroch commented that line 309 that if the definition is for Emergency prehospital care (#65), why is the definition referring to a healthcare facility for prehospital care. Director Klein responded that there are situations and places where the paramedics will continue to provide care within the facility. Ryan Matthews asked for language to clarify that situation. Dr. Remick commented that the definition was clearer before “by EMS personnel” was stricken from the original text. Director Klein stated that she would confer with Mr. Schmider and possibly revert to the original language.</li> <li>• Dr. Tyroch requested to add “advanced practice providers’ to Health care entity (#75). Dr. Remick concurred.</li> <li>• Dr. Tyroch commented that the Injury Severity Score (#78) is a standard definition. Mr. Salter connected the definition to Mr. Ramirez’s comment on definition 20. Dr. Remick stated it would make sense to align the two - #20 and #75.</li> <li>• Dr. Tyroch recommended leaving “ACS standards” in the definition on line 427 (#84)</li> <li>• Dr. Tyroch recommended abbreviating American College of Surgeons on line 472.</li> <li>• On line 592, Dr. Tyroch asked if the population had been confirmed for Rural County (120). Director Klein commented that the 50,000 population</li> </ul>			

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	<p>is a CDC definition, and the 68,750 is a Medicaid definition; waiting to hear from legal team as to which definition to go with.</p> <ul style="list-style-type: none"> <li>• Line 677, Mr. Ramirez recommended removing “when responding to an EMS dispatch and” to remain congruent with NEMSIS.</li> <li>• Trauma patient (#149), Drs. Tyroch and Remick requested adding advanced practice provider (APP).</li> <li>• Line 774, When in service (#158). Mr. Ramirez and others stated this was not a good definition and requested that it be reviewed to reflect “when in service means that they’re available to take a call, but once they’ve been dispatched, they are not available to take anything else.”</li> <li>• Line 770, Verification (#157), Dr. Remick suggested including “a process used by the ACS or other department-approved organization.”</li> </ul> <p><b>The council reviewed and discussed the proposed new Section 157.123 (RAC Rules).</b></p> <ul style="list-style-type: none"> <li>• Dr. Tyroch’s request, Director Klein confirmed that 157.123(d) included language specific to Senate Bill 984 and 969 regarding a continuous data collected every day, even outside of disaster/pandemic.</li> <li>• Director Klein clarified 157.123(e) at Dr. Tyroch’s request. She stated this section is directly related to the bill passed by Senator Hinojosa, and it is specifically targeting RAC V – the only Texas county touching both the border of Mexico and the Gulf of Mexico.</li> <li>• Line 910, 157.132(h), recommended explicitly stating 10 business days.</li> </ul> <p><b>The council reviewed and discussed the proposed new Section 157.125 (Designation Requirements).</b></p> <ul style="list-style-type: none"> <li>• Line 950, 157.125(d)(3)(C) – Mr. Matthews asked if the language correlated with the CMS definition.</li> </ul>			

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	<ul style="list-style-type: none"> <li>• There was council agreement that main hospitals would be monitoring trauma patients at the satellite facilities.</li> <li>• Line 1019, Mr. Ramirez commented this language is Page 3, where it has ISS 15 or greater but is outside the definitions. Dr. Tyroch recommended consistency.</li> <li>• Dr. Tyroch asked for clarification on lines 1175-6 regarding whether screening was for substance or physical abuse. Director Klein stated it was referring to physical abuse.</li> <li>• Mr. Ramirez proposed looking at the language regarding ISS on 1243 and 1256 – same comment as previously mentioned regarding ISS. His recommendation is to say “10 or greater” so that it falls into the ISS core of major trauma.</li> <li>• Dr. Tyroch sought clarification on the course mentioned in lines 1316-1317. Director Klein stated any could apply as long as they are related to trauma.</li> <li>• Line 1312, Dr. Tyroch stated the same adjustments could be made to ISS for consistency. Discussion was had regarding trauma medical director requirements. Director Klein advised there are ACS standards for Levels I, II, and III, and there are currently requirements for Level IV in the 2014 ACS standards.</li> <li>• Dr. Tyroch commented that he hoped the RACs would capture mortality and morbidity data to identify regional opportunity for improvement.</li> <li>• Dr. Tyroch commented that everything must follow ACS expectations.</li> <li>• Line 1677 – Mr. Ramirez commented on making sure there is consistency with ISS and Page 10.</li> <li>• Line 1781 add “are”: “...transfer guidelines that <u>are</u> monitored...”</li> <li>• Line 1891 – Mr. Ramirez reminded of ISS consistency.</li> <li>• Line 1899: Dr. Tyroch commented that he’s agrees with low volume Level IV facilities having option to do survey.</li> <li>• Dr. Tyroch discussed the survey team language. Dr. Remick asked if there was any concern from TETAF. Dr. Tyroch stated that to the best of his recollection, TETAF stated they could follow through.</li> </ul>			

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	<ul style="list-style-type: none"> <li>• Mr. Salter asked what the constituent concern was regarding the survey team composition. Director Klein replied that it was about the cost and some of the physicians in smaller hospitals resent a nurse telling them how they should manage their patients.</li> </ul> <p><b><i>Ms. Richardson (DSHS) advised Dr. Tyroch that the council had established a quorum of members present.</i></b></p> <ul style="list-style-type: none"> <li>• Line 1964: Cassie Potvin shared her concern that an emergency medicine or family practice physician may not have the multidisciplinary knowledge that a nurse or program manager could provide with regard to trauma programs or PI. Dr. Tyroch asked about the cost of adding another surveyor to the process for Level IV facilities. Director Klein state the ACS cost is \$3,500 per additional surveyor. She added that she could not speak to the in-state survey process costs. Mr. Salter thanked the department for being sensitive to the financial burdens on the Level IV entities.</li> </ul> <p><b>The council reviewed and discussed the proposed amendments to Section 157.128 (Denial, Suspension).</b></p> <ul style="list-style-type: none"> <li>• No Comments</li> </ul> <p><b>The council reviewed and discussed the proposed new Section 157.130 (Funding).</b></p> <ul style="list-style-type: none"> <li>• Line 2022-23. Mr. Ramirez asked if first responder organizations had to be licensed or certified by the state. Director Klein stated she’d have Mr. Schmider review this item for clarification.</li> </ul> <p>Once the entire document was reviewed, Dr. Tyroch asked council if there was anything to go back and review further. The council declined.</p>	<p>Mr. Schmider to review lines 2022-23 and confirm.</p>		

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	<p>Mr. Marocco stated there had been concern on implementation timeline and reported there had been a request for an extended timeline based on TETAF recommendations.</p> <p>Dr. Tyroch expressed appreciation for the resource document that supported the rules.</p> <p>Director Klein shared the proposed trauma rule amendment timeline:</p> <ul style="list-style-type: none"> <li>• 3/21/24 Program (EMS/TS, Dr. Stevenson, Dr. Shuford) routes adoption packet to the Rules Coordination Office (RCO)</li> <li>• 4/9/24 Program sends packet to legal for review</li> <li>• 5/2/24 RCO submits information to the <i>Texas Register</i></li> <li>• 5/17/24 <i>Texas Register</i> issue date – rules posted and visible</li> <li>• 5/22/24 Rules effective</li> </ul> <p>She added that RACs would be responsible for new criteria on September 1, 2024, with the new criteria written into their new contract. Survey teams align on September 1, 2024, and trauma facilities will be held accountable to the new rules beginning on January 1, 2025.</p> <p>Director Klein thanked those who submitted comments and the workgroup who worked through the comments. She added there was healthy and robust discussion that led to the product before the council. Dr. Tyroch responded that the process was a very effective and transparent process that reviewed 3,900 comments. He shared his appreciation for the department’s due diligence to show stakeholder input.</p>			
<p align="center"><b>4. Action Item</b></p>	<p>GETAC Recommendations Regarding Proposed EMS-Trauma Rules, Title 25, Texas Administrative Code Chapter 157</p>			



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	<p>Mr. Salter asked a procedural question regarding council’s discussion and review of the rules. Dr. Tyroch stated the discussion itself would suffice.</p>			
<p align="center"><b>5. Public Comment</b></p>	<p>Attendees were reminded that the public comment period is for GETAC-related comment outside of the proposed trauma rules only.</p> <p>Dr. Tyroch recognized online attendee Douglas Havron, RAC O, to provide comment not related to the trauma rule.</p> <p>Mr. Havron commented that rule packet 21R151 is made up of multiple rules but stated that only one was reviewed today. He stated all of the rules in the packet impact the emergency and trauma healthcare system and inquired how the Council plans to review those rules the way it did the trauma rule, contemplate the changes in those rules, and then make recommendations to the department.</p> <p>Dr. Tyroch asked Director Klein to assist in addressing the question. Director Klein stated the following rules were reviewed and discussed in today’s meeting:</p> <ul style="list-style-type: none"> <li>• 157.2 – Definitions</li> <li>• 157.123 – RAC requirements</li> <li>• 157.125 – Designation requirements</li> <li>• 157.128 – Appeal process</li> <li>• 157.130 – Funding</li> </ul> <p>Dr. Tyroch asked Mr. Havron which rule he was inquiring about, and Mr. Havron stated he was specifically speaking to 157.123, the RAC rule. Dr. Tyroch confirmed the RAC rule was discussed. Mr. Havron followed up asking if council reviewed that rule in the same manner as the others. Dr. Tyroch responded in the affirmative and there was confirmation the rule had been discussed specifically regarding Senate Bill 769 and 984 as well.</p>			

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<b>6. Adjournment</b>	Dr. Tyroch adjourned the meeting at 10:22 AM.			