TEXAS
Health and Human Services

Texas Department of State Health Services

Governor's EMS and Trauma Advisory Council

Friday, August 19, 2022

8:00 AM CDT

Alan Tyroch, MD, FACS, FCCM, Chair
Ryan Matthews, LP, Vice Chair

This meeting will be conducted live and virtually through Microsoft Teams.

Public participation will also be available at:

Holiday Inn Austin Midtown, Hill Country Rooms A and B

6000 Middle Fiskville Road

Austin, TX 78752

Virtual Rules of Participation

Rules of Participation

- Please be respectful during the meeting to ensure all members can be heard.
- Please do not monopolize the time with your comments.
- Please limit comments to 3 minutes or less.
- Please allow others to voice their opinion without criticism.
- Everyone’s voice and opinion matters.

Rules of Participation

- If you would like to make a statement or ask a question, please put your question in the chat with your name and entity you represent.

  Please note: Anonymous entries in the chat are unable to be shared.

- Please do not put your phone on hold at any time if you are using your phone for audio.
- How to mute/unmute if not using the computer for audio:
  - **Android phones: Press *6**
  - **iPhones: Press *6#**

Rules of Participation

- All participants will sign into the chat with their name and entity they represent.
- All participants will mute their microphone unless speaking, except the Chair.
- Committee members: Please have your camera on and state your name when speaking.
- Council: Please have your camera on during today's meeting. When speaking or making a motion, please state your name for the meeting record.

Call to Order

&

Roll Call

TEXAS
Health and Human Services

Texas Department of State Health Services

Vision and Mission

Vision:

A unified, comprehensive, and effective Emergency Healthcare System.

Mission:

To promote, develop, and advance an accountable, patient-centered Trauma and Emergency Healthcare System.

Moment of Silence

Let's take a moment of silence for those who have died or suffered since we last met.

TEXAS Health and Human Services

Texas Department of State Health Services

Approval of Minutes

Review and Approval Minutes

- May 26, 2022 Minutes

TEXAS
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Texas Department of State Health Services

GETAC Council Overview

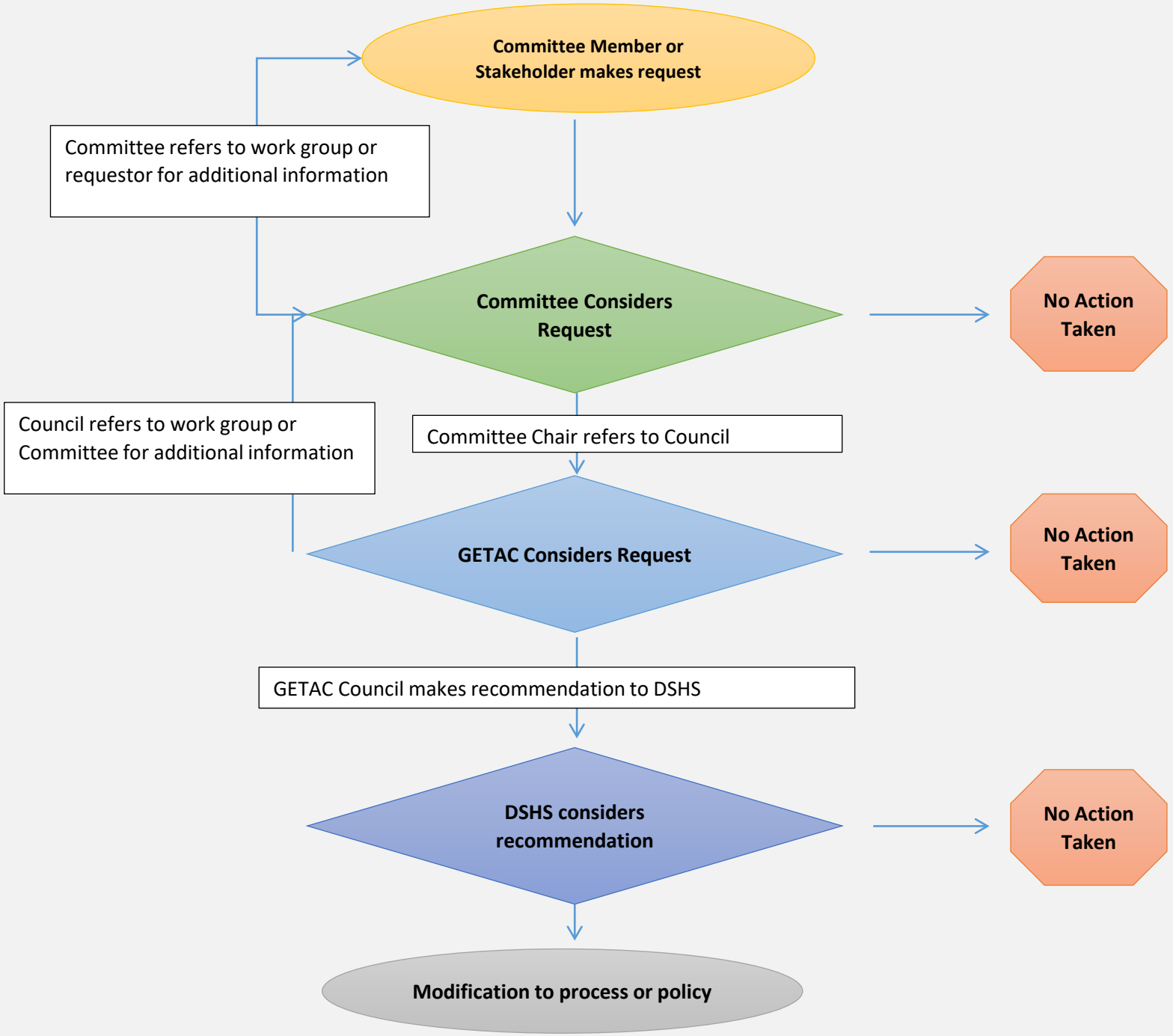
- Required updates to Strategic Plan and Procedural Operating Standards
  - Rotate Years

- Open Meetings & Public Information Guidelines

Council / Committee Meeting Participation

- Attendance
  - Minimum of 50% participation
  - Missing two consecutive quarterly meetings is subject to review
- Assignments
  - Workgroups
  - Task Force
- Communication
  - Prior notice if unable to attend meeting, workgroup, taskforce activity
  - Return communication in timely manner
- Focus on Strategic Plan

Committee Focus



New Conflict of Interest

- Each Council and Committee Member
- Completed Conflict of Interest on File Annually
- Goal is Transparency
- Recognized as Subject Matter Experts
- Financial Interest Declared
- Does not Mean You Can Not Participate in Discussion
- If Associated Financial Interested – Recommendation and Voting-Should Abstain

State Reports

Center for Health Emergency Preparedness and Response

EMS/Trauma Systems Update

Jorie Klein, MSN, MHA, BSN, RN, Director

Activities

- Rural Level IV / Non-Rural Level IV/III Monthly Calls
  - Technical Assistance
  - Issues with Blood Bank in West Texas
  - ISS Coding / Planning for TQIP
  - Prolonged Diversion Issues
- RAC Monthly Meetings
  - Senate Bill 500 – Wrist Band Project
  - Contract Requirements
  - SB 8
  - Waiver
- Initiate Calls with Survey Organizations / Surveyors
  - Survey Guidelines

ISS Coding; Implementing TQIP Workgroup

- Targeting Level IV and Level III Facilities
- Selected Subject Matter Experts Across Texas
- Goal – Two Calls Per Month
- AIM: Reduce the 2019 missing ISS scoring rate of 4.57% to less than 2% by December 31, 2023.
- AIM: 70% of the Texas designated Level III trauma facilities will successfully submit data to TQIP by July of 2024.

ISS Coding / Implementing TQIP Workgroup

Define the infrastructure and budget to support participation in the TQIP Program and Texas TQIP Collaborative.

Develop quick reference guides to assist the trauma medical director, trauma program manager, and registry understand the TQIP data initiatives and how to interpret the TQIP data.

Develop a list of resources to assist in managing data for the TQIP Program.

Develop a quick reference for the trauma program administrator regarding the TQIP needs.

Explore options for small mentorship groups.

Designation Opportunities

- Designation Process
  - Gaps in programs
  - Documentation
  - Performance improvement
  - Registry
  - TPM or TMD
  - Lack of fulfilling the TMD job functions
  - **Excessive diversion**
  - Lack of RAC participation
  - Lack of outreach education / injury prevention
  - **Pediatric over-imaging**
  - ACS Reviews – Not verified – Impact Designation
- Addressing issues with facility leaders: CEO, CNO, medical directors and program managers

Consistency In Survey Process

- Survey Guidelines

- Hospital Process – Designed to Assist Facilities
  - Designation Application
  - Designation Application Fees
  - Required Forms and Documents
  - Completion of a Pre-Review Questionnaire
  - Site Survey Preparation
  - Data Management for Survey

Survey Guidelines

- Approved Department Survey Organization
  - Application
  - Survey Credentialing and Expectations
  - Conflict of Interest
  - Annual Survey Expectations
  - Surveyor Performance / Feedback
  - Surveyor Medical Record Reviews
  - Survey Report

Site Survey

- Consultations
- Designation Surveys
- Focused Reviews within 12-18 Months
- Re-Survey 12-18 Months

- Site Survey Team Compositions
  - Level III
  - Level IV

Site Surveys

- Virtual
- Hybrid
- On-Site

Site Survey Schedule

- Scheduling – Survey Organization
- Open Conference
- Review Most Recent Survey Findings & Improvements or Program Enhancements
- Hospital Tour / Review
- Interviews
- Document Review
- Medical Record Reviews
- Survey Team Discussion (Closed Meeting)
- Day Two
- Closed Meeting with Program
- Delivering Findings
- Closing Remarks

Site Survey Process

- Medical Record Reviews
  - 10 Medical Record Reviews / Surveyor
  - Defined Types of Cases
  - Phases of Care
    - Standard of Care Provided
    - Program Guidelines Followed
    - Designation Requirements Met
    - TPIPS PS Issues Identified by Hospital
    - TPIPS PS Issues Identified by Reviewer Not Identified by Hospital
    - TPIPS PS Process Effective in Creating Change – Loop Closure
    - Accuracy of ISS Scores
    - Completion of Trauma Registry Profile
  - Summary
    - Standard of Care Provided
    - TPIPS PS Process Effective
    - Designation Requirements Met
    - Opportunities for Improvement

Survey Process

- Complete Requirements Met Checklist
- Lead Reviewer Defines Assignments

Post Survey Expectations

- Designation Requirements Met Checklist Completed
  - Matches Information in Medical Records
  - Completed Medical Record Reviews
- Survey Report back to the facility in 30 days
- Communication with the Department if 3 or More Requirements Not Met
  - Corrective Action Plan with Timeline

Post Survey

- **Contingent Survey** – 3 Requirements Not Met
  - Corrective Action Plan
  - May Require a Focused Review in 12 – 18 Months
- **Contingent Probationary Survey** – 4 or More Requirements Not Met
  - Defined Corrective Action Plan
  - May Require a Re-Survey within 12 – 18 Months
- Downgrade / Denial of Designation
  - Defined by Department
- Feedback / Follow-up with Survey Organization
- Appeal Process

Goals of Survey Guidelines

- Consistency In Survey Process
- Regardless of Survey Organization
- Fair, Efficient Process Across the Board

- Written Guidelines
- Structured Process
- Legal Review and Approval

Survey Guidelines

- Designation Review Committee
  - Appeals
  - Waivers
  - Exception
  - Monitor requirements creating barriers

Next Step

- Define Types of Medical Records for Review
- Training – After September 15, 2022
- Go Live – January 1, 2023

Future GETAC Meeting

- 2022 Retreat – October 20 and 21
- February 15, 16, 17 2023
- March 15, 16, 17, 2023
- May 17, 18, 19, 2023
- June 14, 15, 16 or June 21, 22, 23, 2023
- August 16, 17, 18, 2023
- September 13, 14, 15, 2023
- October 19 and 20 Retreat
- November 18, 19, 20, 2023

GETAC Committee Member Application

- September 1 – September 30th
- Committee Selection in October
- All individuals expiring in December of 2022 must reapply
- All individuals interested in participating must apply

Associate Commissioner DSHS Consumer Protection Division

Timothy Stevenson, DVM, PhD, DACVM, DACVPM-Epidemiology

EMS System Update

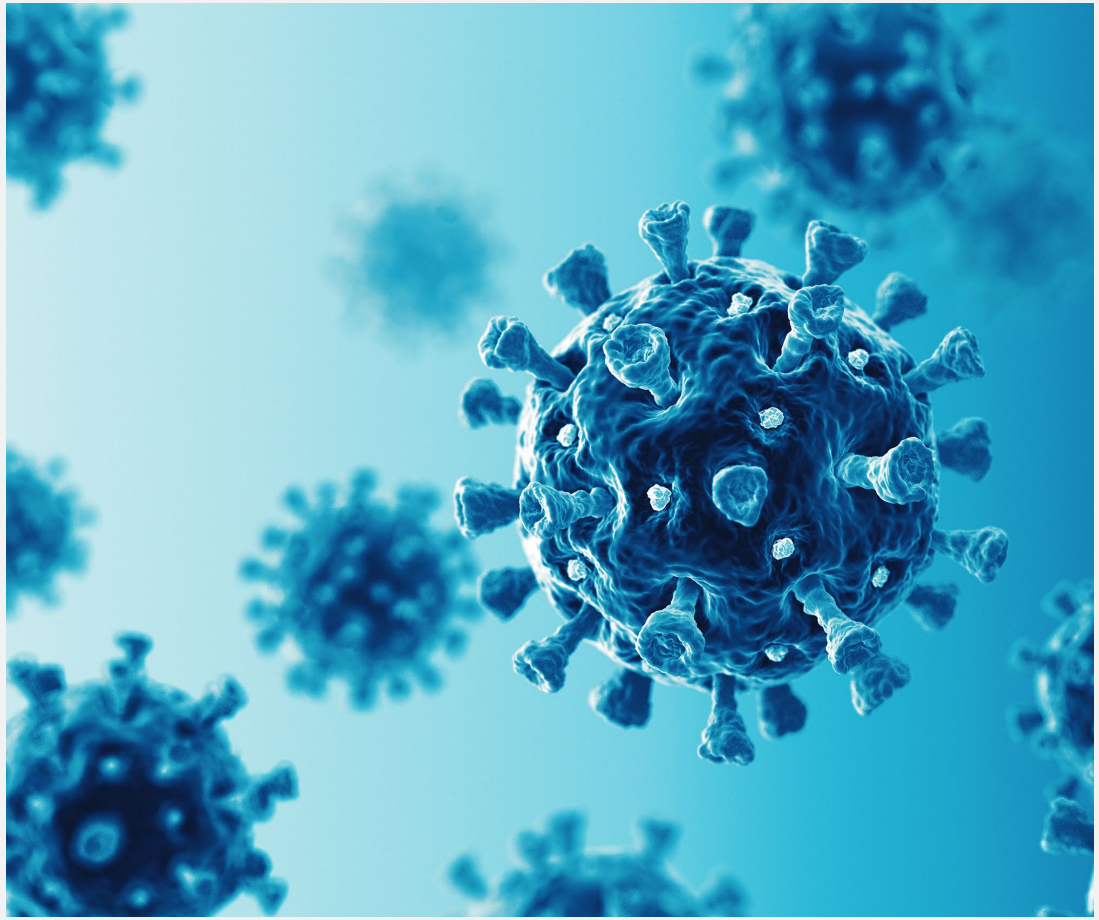
Joe Schmider, Texas State EMS Director

Impact of COVID

- Continues to be a challenge to the healthcare system
- In accordance with Section 418.016 of the Texas Government Code, the Office of the Governor grants DSHS's request to continue the suspension of Texas Health and Safety Code § 773.050(a) and 25 TAC §157.11(h)(1)-(6) for 90 days beyond the current termination effective date of August 26, 2022, or until the March 13, 2020, disaster declaration is lifted or expires, whichever is earlier.

NOVEMBER 25th, 2022

- Financial impact to include billing and supplies costs



EMS Rule Update

- Dialysis amendment
- AED repealed
- Education Rules
  - a) Trying to make easier
  - b) NREMT Resolution
  - c) EMS Rules next
- Rule review process

THANK YOU!

- TxEMS Alliance
- Tx Ambulance Association
- GETAC
- RACs
- 100’s of stakeholders
- Tx Legislators
- and the Governor

Website Under Development

- Education Scholarships
- EMS Programs by Counties
- Includes online courses
- RAC information
- Certification process
- NREMT Information
- Videos from EMS Providers
- Spreadsheet of current EMS Providers with contact information

Website/Email addresses

EMAIL:
TEAM-TEXAS-EMS@dshs.Texas.gov

WEBSITE Location:
https://www.dshs.texas.gov/Team-Texas-EMS/

TEXAS Health and Human Services

Texas Department of State Health Services

Education Scholarships

Scholarships

- EMT $2,000 = 1 year of service
- AEMT $3,200 = 2 years of service
- Paramedic $8,000 = 2 years of service

COMMITMENT WITH CURRENT EMS PROVIDER: 96 hours per month

Incentive Program- EMS Education or EMS Provider

- $100 for EMT
- $150 for AEMT
- $200 for Paramedic

STUDENTS THAT PASS THE NREMT EXAM ON THE FIRST TRY!

For currently certified personnel

EMT
- Initial
- $2,000.00

AEMT
- Upgrade
- $3,200.00

EMTP
- Upgrade
- $8,000.00

What if the person does not complete the requirements?

Returned funds go back to the education sponsor to be used to support future scholarships.

Step 1
- The Education Sponsor tries to get the funds back!

Step 2
- Then Regional Advisory Council

Step 3
- Final enforcement – DSHS

RAC Support

Two-year statement of work

½ the funding in September 2022

½ funding in January 2023

Funds to support the administrative needs for this project

All applications will go through the RACs

Fund to support the equipment needs for additional EMS education courses.

Funding returned can be used for other EMS Education scholarships

Play book for RACs

EMS Conference focusing on Retention

Designation Update

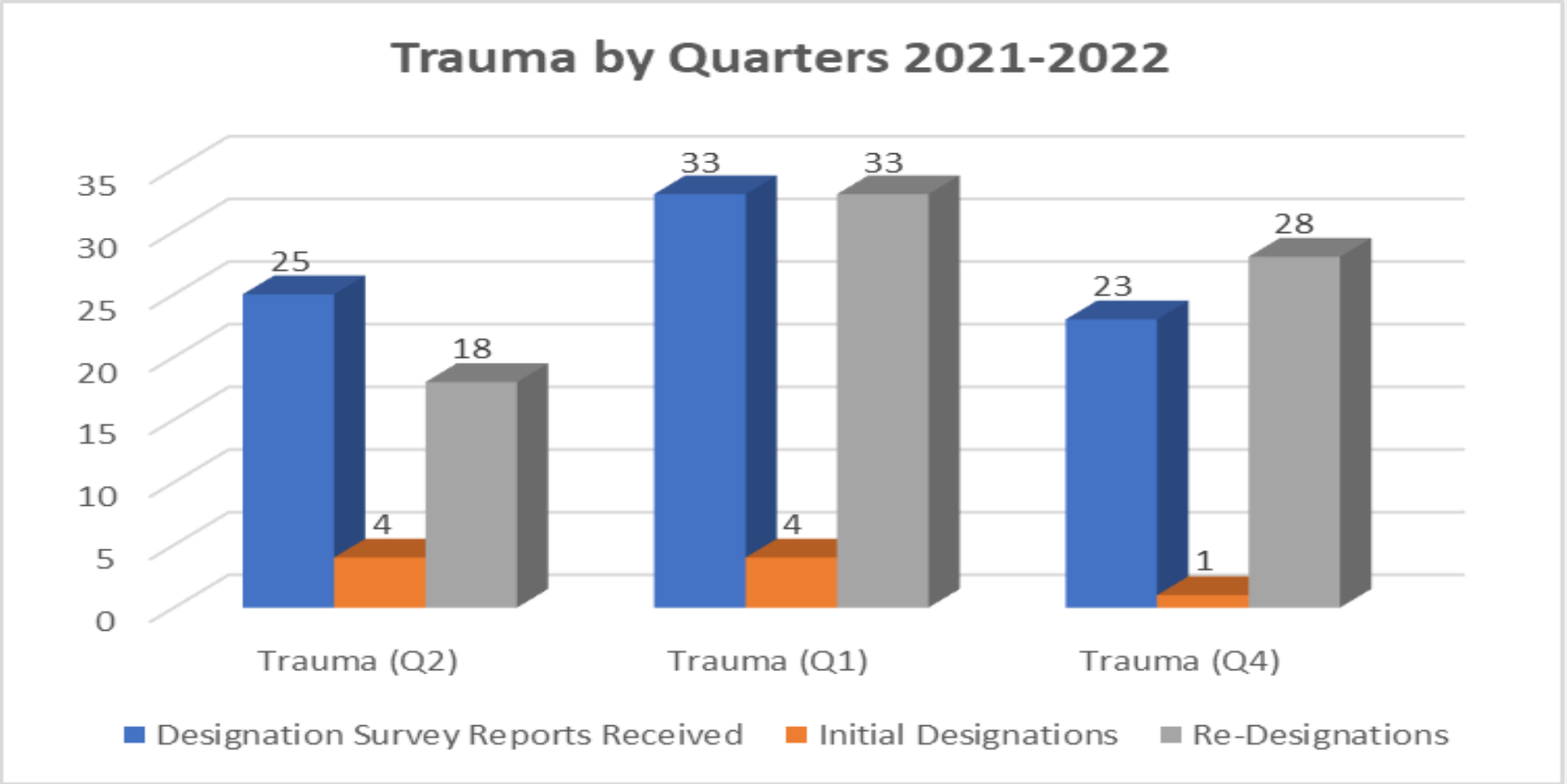
Elizabeth Stevenson, BSN, RN, Designation Programs Manager

Designated Facilities by Program

Trauma (303)	Stroke (178)	Maternal (222)	Neonatal (227)
Level I – 20	Level I - 39	Level IV - 32	Level IV – 22
Level II - 26	Level II - 119	Level III - 44	Level III - 73
Level III – 59	Level III – 20	Level II – 93	Level II - 50
Level IV – 198		Level I – 53	Level I – 82
IAP - 11			

Trauma (301)	Stroke (175)	Maternal (222)	Neonatal (227)
Level I – 20	Level I - 39	Level IV - 32	Level IV – 22
Level II - 26	Level II - 117	Level III - 44	Level III - 69
Level III – 61	Level III – 19	Level II – 93	Level II - 54
Level IV – 194		Level I – 53	Level I – 82

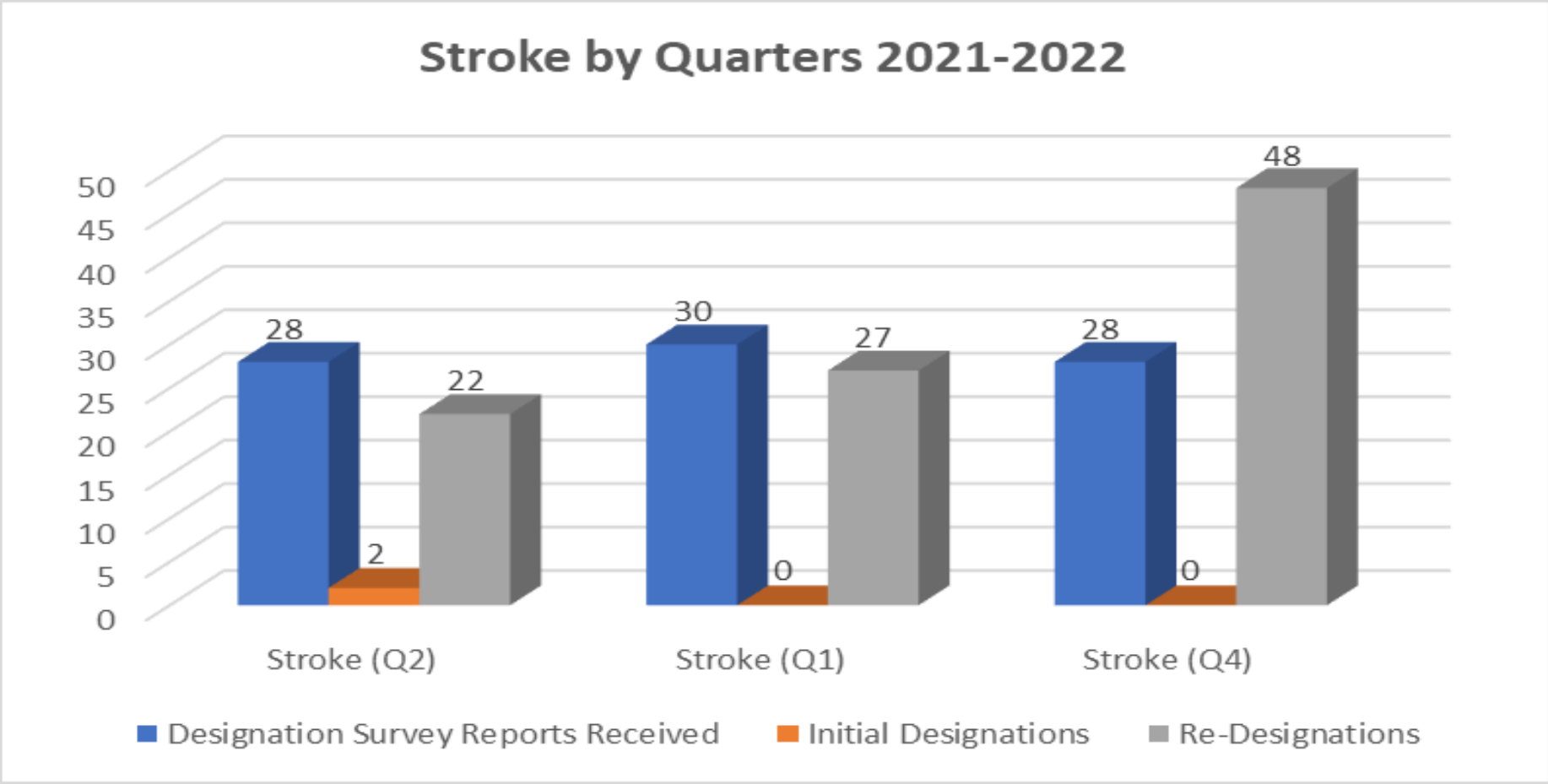
Trauma Designation Data



Trauma Designation Data

Trauma 2021 - 2022	Trauma (Q2)	Trauma (Q1)	Trauma (Q4)
Designated at a Higher Level	**0**	**2**	**0**
Designated at a Lower Level	**1**	**0**	**0**
Facilities In Active Pursuit	**10**	**14**	**12**
Level I	0	0	0
Level II	0	0	0
Level III	4	2	3
Level IV	6	9	9
New IAP Recognitions	**2**	**3**	**1**
Contingent Designations	**4**	**1**	**1**
Level of Contingent Designation	**Level IV**	**Level III**	**Level II**

Stroke Designation Data



Designation Application Process Performance Measure

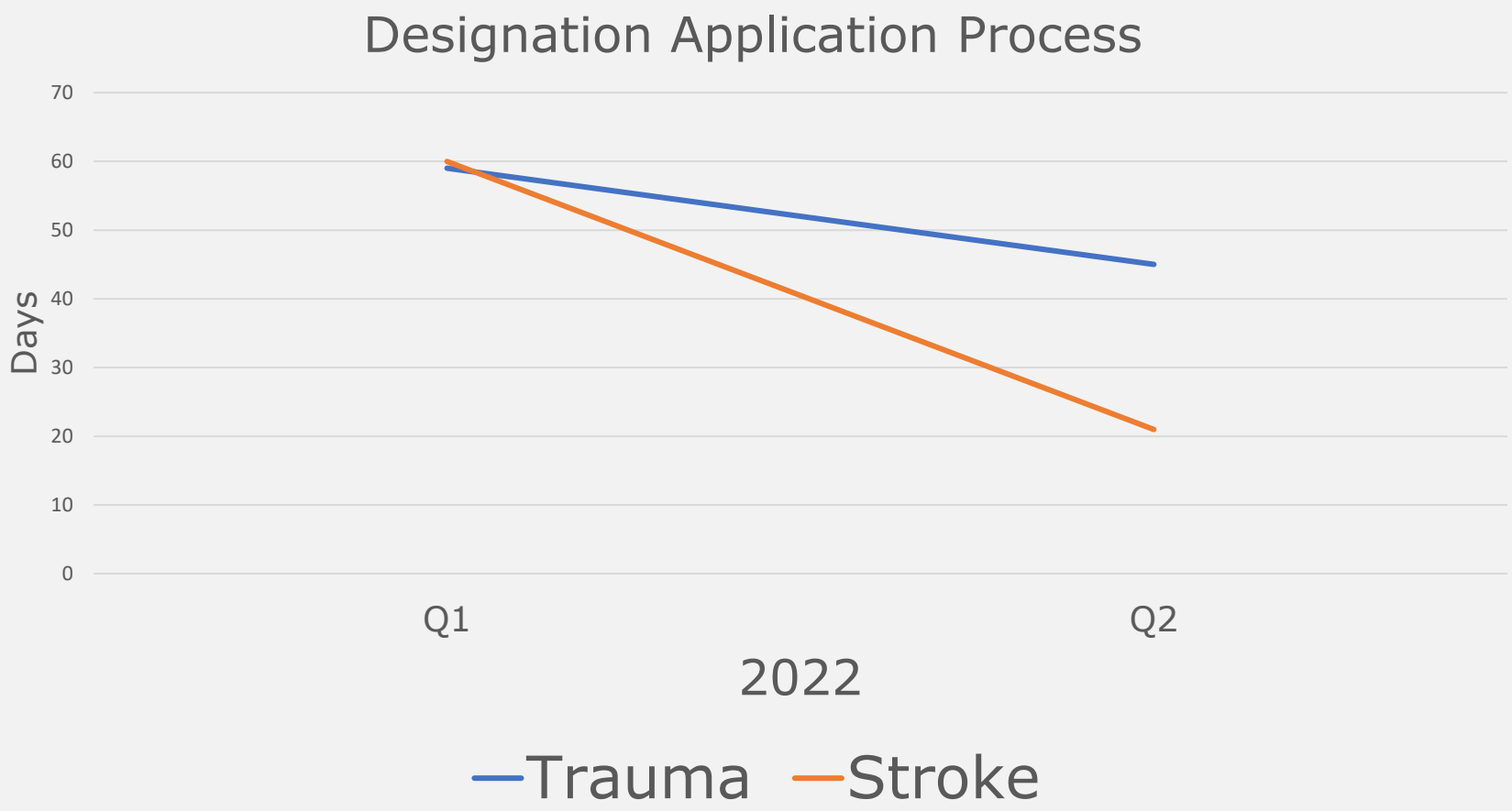
Goal – 30 days

Trauma – 45 days

Stroke – 21 days

Department Receipt of a Complete Application including Fee through Facility Receipt of Approved Documents.

Approved Documents to Facilities – ½ - 1 day.



EMS/Trauma Systems Funding

Indra Hernandez, Trauma Systems Specialist

Extraordinary Emergency Funds (EEFs)

- FY22: $1M was made available on 9/1/2021
  - 19 Applications received to date
    - 9 Awarded
    - Total: $834,467.66
  - Funds available: $165,532.34

- Requested items:
  - New ambulance/ ambulance remounts
  - Ambulance repairs (financial assistance)
  - Equipment
    - Ventilators
    - Cardiac Monitors

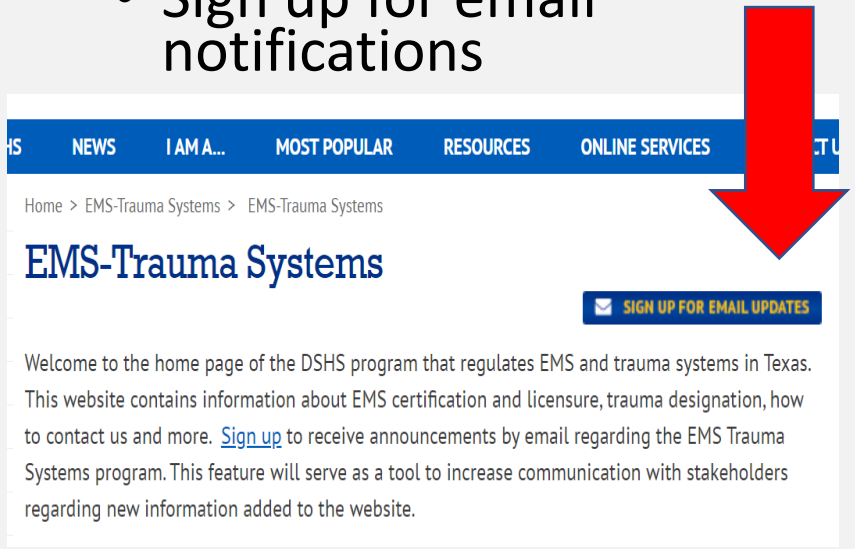
Hospital Allocation Updates

FY 2020 Info

- FY20 Payment Distribution (Fund 5111)**
  - SDA Trauma Add-On
    - Total Paid: $172.89M
    - # of fac: 144
  - Non-SDA Hospitals
    - Total Paid: $6.54M
    - # of fac: 147
  - SDA “make whole”
    - Total Paid: $2.64M
    - # of fac: 21
- Total amount disbursed to hospitals related to uncompensated trauma care
  - Combined total - $182.08M
  - DSHS portion - $9.18M
- Other Payments Issued
  - 5007 - $506K
  - 5108 - $574K
  - Paid to 288 trauma designated facilities

FY 2021 Info

- FY21 - Next application to be released
- Tentatively scheduled for Sept 2022
- Sign up for email notifications



TEXAS Health and Human Services

Texas Department of State Health Services

FY24 EMS Allotment/Allocation Eligibility

- Available for EMS providers
  - Provide 911 services; and/or
  - Emergency transfers
- First step of process
  - Review eligibility list (online)
  - Verify entity is listed
    - In county of licensure
    - Updated contract on file
    - Geo-political status
- **Submit no later than August 31st**

TEXAS Health and Human Services

Texas Department of State Health Services

Regional Advisory Councils (RACs)

- FY23 - RAC Contracts (9/1/22 – 8/31/23)
  - EMS/County - $4.79M
  - EMS/RAC - $2.59M
  - System Development - $2.27M
- EMS Workforce Campaign (SB 8 Funds)
  - Contracting with RACs
  - Contract dates: 9/1/22 – 12/31/24
  - Total funds awarded: $20.5M
    - Education/Scholarships - $12.5M
    - RAC Admin/Program - $4.0M
    - Equipment - $1.0M
    - Incentives - $3.0M

Questions for EMS/Trauma Systems?

Thank You

DSHS Texas EMS and Trauma Registry Update

Jia Benno, MPH, Manager
Office of Injury Prevention

Trauma Systems Data Request (Texas 2021) and Injuries Over Time (1999-2020)

Prepared by the Office of Injury Prevention

August 19, 2022

Jia Benno, MPH

Office of Injury Prevention Manager

Introduction

EMS & Trauma Registries
Texas Department of State Health Services

- The data used are hospital-reported traumatic injuries. Hospitals must report spinal cord injuries, traumatic brain injuries, and other traumatic injuries specified in Texas Administrative Code, Title 25, Chapter 103.

- This data report includes only records submitted into the Emergency Medical Services/Trauma Registries (EMS/TR) through a passive surveillance system.

- Patients transferred between hospitals will result in more than one registries record since each hospital must independently submit a patient's record to the registries.

Methodology Notes

EMS & Trauma Registries
Texas Department of State Health Services

- In June 2022, EMS/TR pulled and cleaned 2021 trauma variables.
- In 2021, EMS/TR received a total of **153,135** unique patient records.
- Per epidemiology best practice, EMS/TR suppressed data when there were less than 5 records to protect identifiable data, noted with a “*”.

Definitions

EMS & Trauma Registries
Texas Department of State Health Services

- Shock – a patient with a blood pressure (BP) of 90 systolic or less on arrival or admission to the trauma center. For this request, EMS/TR used patients ages 16-65.
- Double Transfer – a patient who arrives at a facility by a transfer from another facility and is then transferred out.
- Missing – Providers did not fill in the section.

Governor's EMS and Trauma Advisory Committee (GETAC) Data Request – Trauma Systems Subcommittee

Trauma Patients – Shock versus No Shock

Mechanism of Injury (MOI) – Shock versus No Shock

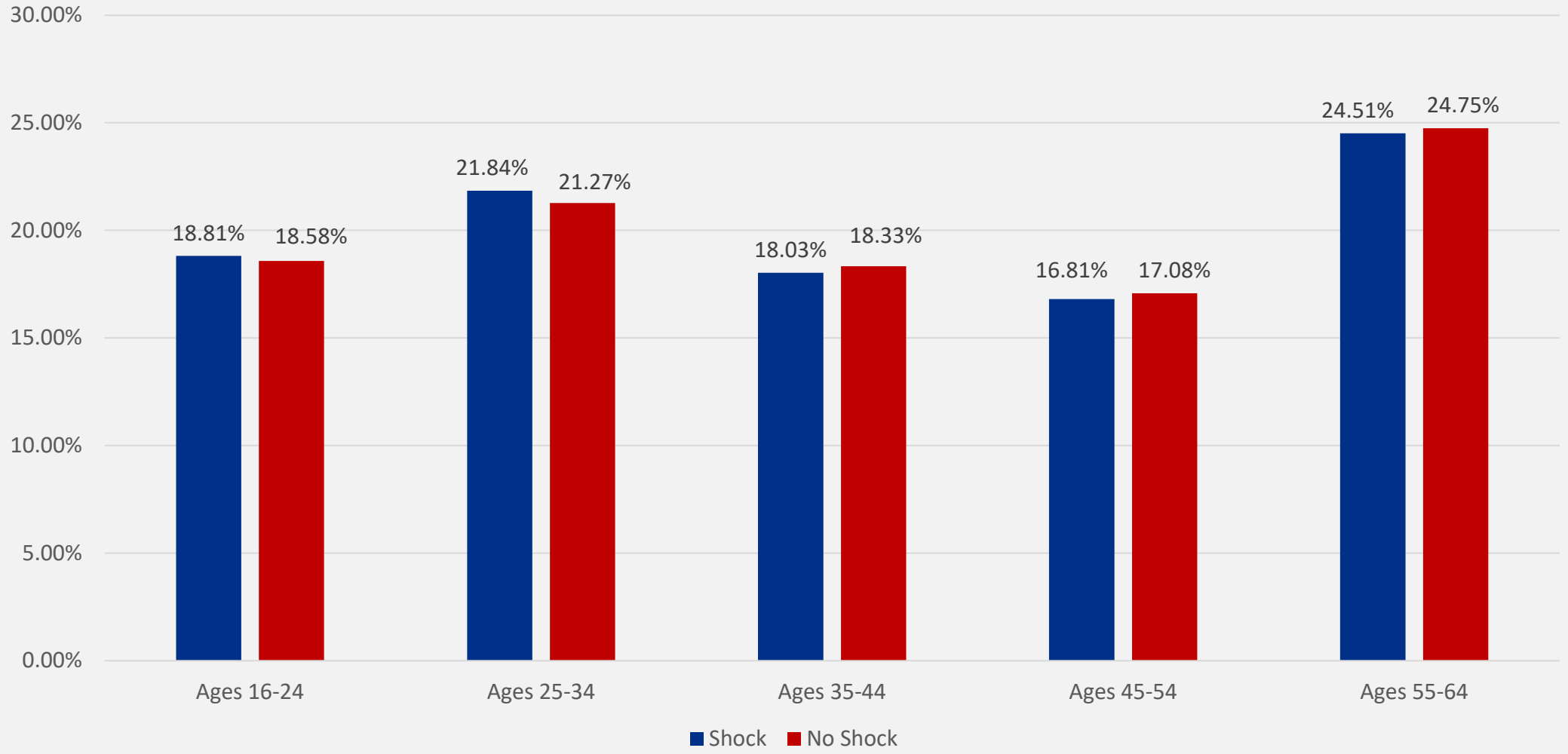
Shock patients – 4,194; No shock patients – 76,024

MOI	Shock	No Shock
Firearm	22.03%	7.84%
Fall	21.48%	30.59%
Motor Vehicle Traffic (MVT) - Occupant	21.48%	21.26%
Cut / Pierce	6.94%	6.74%
MVT - Motorcyclist	5.10%	4.60%
MVT - Pedestrian	4.98%	2.53%
Struck By / Against	4.74%	9.05%
Not Applicable	1.93%	0.98%
Motor Vehicle (MV) - Non-Traffic	1.88%	3.18%
Other*	9.44%	13.23%

*Other includes other land transport, bites and stings, pedal cyclist, machinery, hot object/ substance, etc.

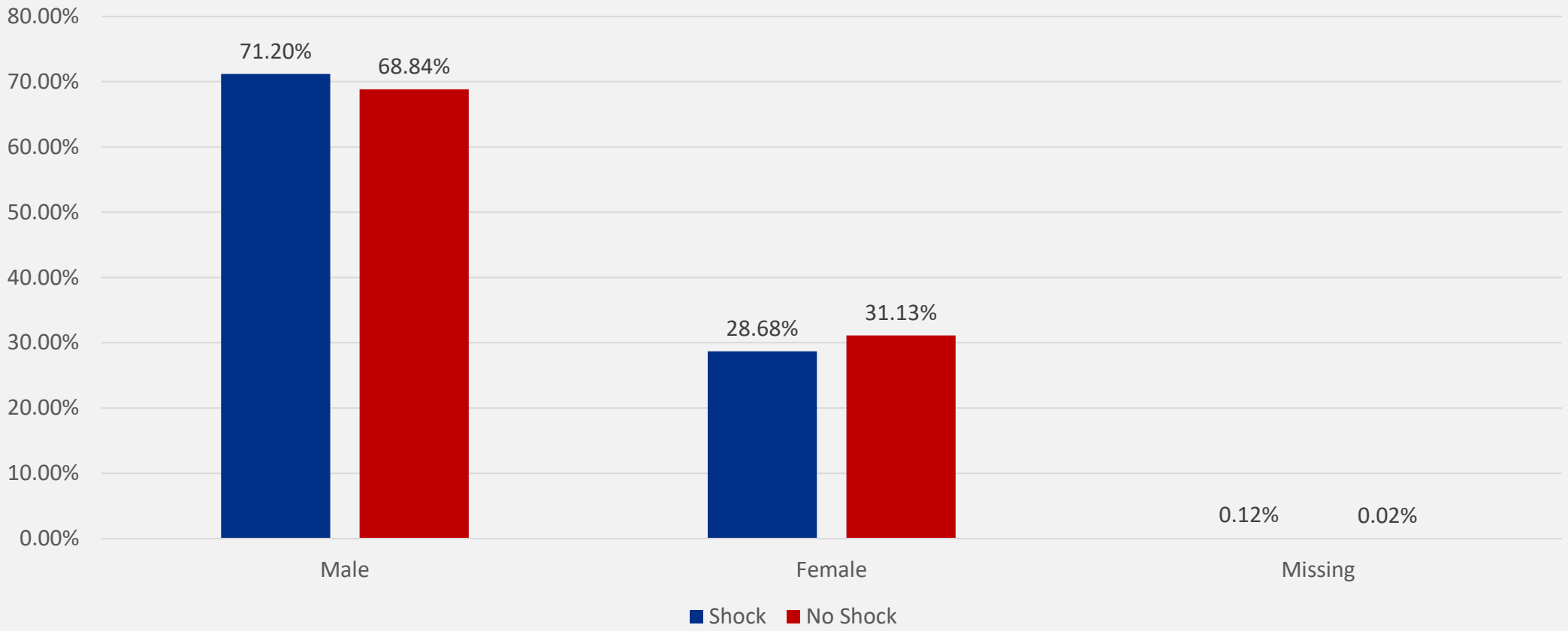
Patient's Age – Shock versus No Shock

Shock patients – 4,194; No shock patients – 76,024



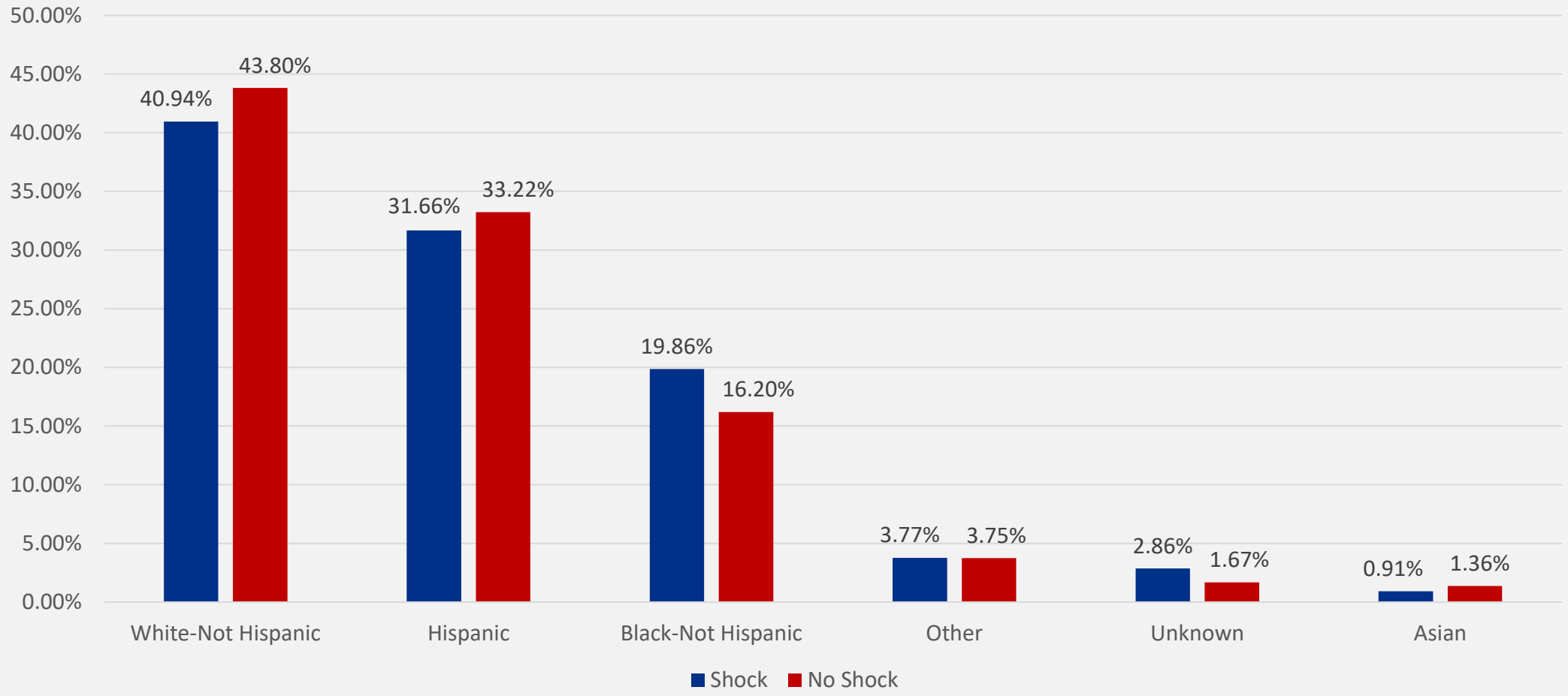
Patient's Gender – Shock versus No Shock

Shock patients – 4,194; No shock patients – 76,024



Patient's Race and Ethnicity – Shock versus No Shock

Shock patients – 4,194; No shock patients – 76,024



Transport Mode – Shock versus No Shock

Shock patients – 4,194; No shock patients – 76,024

Transport Mode	Shock	No Shock
Ground Ambulance	72.99%	67.35%
Private / Public Vehicle / Walk in	16.09%	24.77%
Helicopter Ambulance	8.63%	6.57%
Other	0.83%	0.22%
Fixed-Wing Ambulance	0.33%	0.28%
Not Known / Not Recorded	0.26%	0.17%
Police	0.21%	0.56%
Missing	0.64%	0.07%

Emergency Department (ED) Disposition – Shock versus No Shock

Shock patients – 4,194; No shock patients – 76,024

ED Disposition	Shock	No Shock
Deceased / Expired	25.30%	1.61%
Operating Room	19.50%	13.00%
Floor Bed	17.05%	35.36%
Intensive Care Unit (ICU)	15.64%	13.89%
Transferred to Another Hospital	9.06%	15.41%
Not Applicable	4.24%	1.94%
Telemetry / Step down unit	4.15%	6.72%
Home without services	2.46%	7.72%
Observation unit (unit that provides < 24 hour stays)	1.50%	3.60%
Left Against Medical Advice	0.17%	0.32%
Other (jail, institutional care, mental health)	*	0.36%
Home with services	*	0.02%
Missing	0.79%	0.05%

Hospital Disposition – Shock versus No Shock

Shock patients – 4,194; No shock patients – 76,024

Hospital Disposition	Shock	No Shock
Not Applicable	37.15%	25.45%
Discharged home or self-care	33.98%	55.80%
Deceased / Expired	8.89%	1.80%
Discharged / Transferred to inpatient rehab or designated unit	5.44%	4.81%
Discharged / Transferred home under home health care	4.22%	4.27%
Discharged / Transferred to Skilled Nursing Facility	3.12%	2.73%
Left against medical advice	1.65%	1.55%
Discharged / Transferred to a short-term general hospital	1.38%	0.68%
Discharged / Transferred to a Long-Term Care Hospital	1.14%	0.45%
Discharged to court / Law Enforcement (LE)	1.03%	1.34%
Discharged to hospice care	0.64%	0.24%
Discharged to psychiatric hospital	0.52%	0.57%

N/A is reported if ED disposition is left against medical advice, deceased, discharged home or self-care, hospice, court/ law enforcement, or inpatient rehab.

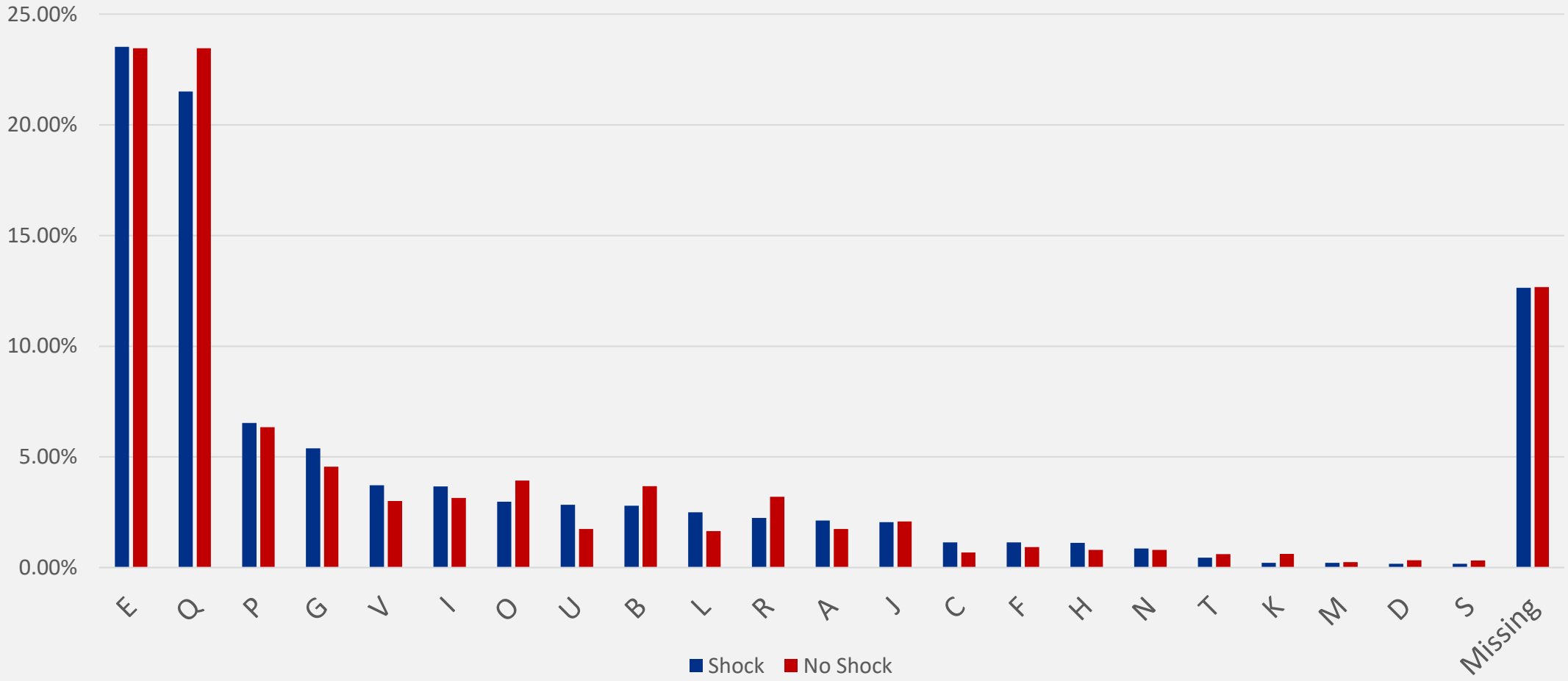
Hospital Designation – Shock versus No Shock

Shock patients – 4,194; No shock patients – 76,024

Designation Level	Shock	No Shock
Trauma Center Level 1	34.50%	34.20%
Trauma Center Level 2	8.56%	9.56%
Trauma Center Level 3	21.72%	21.63%
Trauma Center Level 4	14.33%	13.74%
Hospital	5.39%	4.68%
STEMI (ST-elevation myocardial infarction) Center	0.26%	0.15%
Pediatric Center	*	0.08%
Rural Access Hospital	0.00%	0.01%
Missing	15.21%	15.96%

Regional Advisory Committee (RAC) – Shock versus No Shock

Shock patients – 4,194; No shock patients – 76,024



Double Transfers – Shock versus No Shock

Shock patients – 4,194; No shock patients – 76,024

	Shock	No Shock
Double Transfer	0.19%	0.21%

Trauma Patients with and without a Traumatic Brain Injury (TBI)

MOI – TBI versus Without TBI

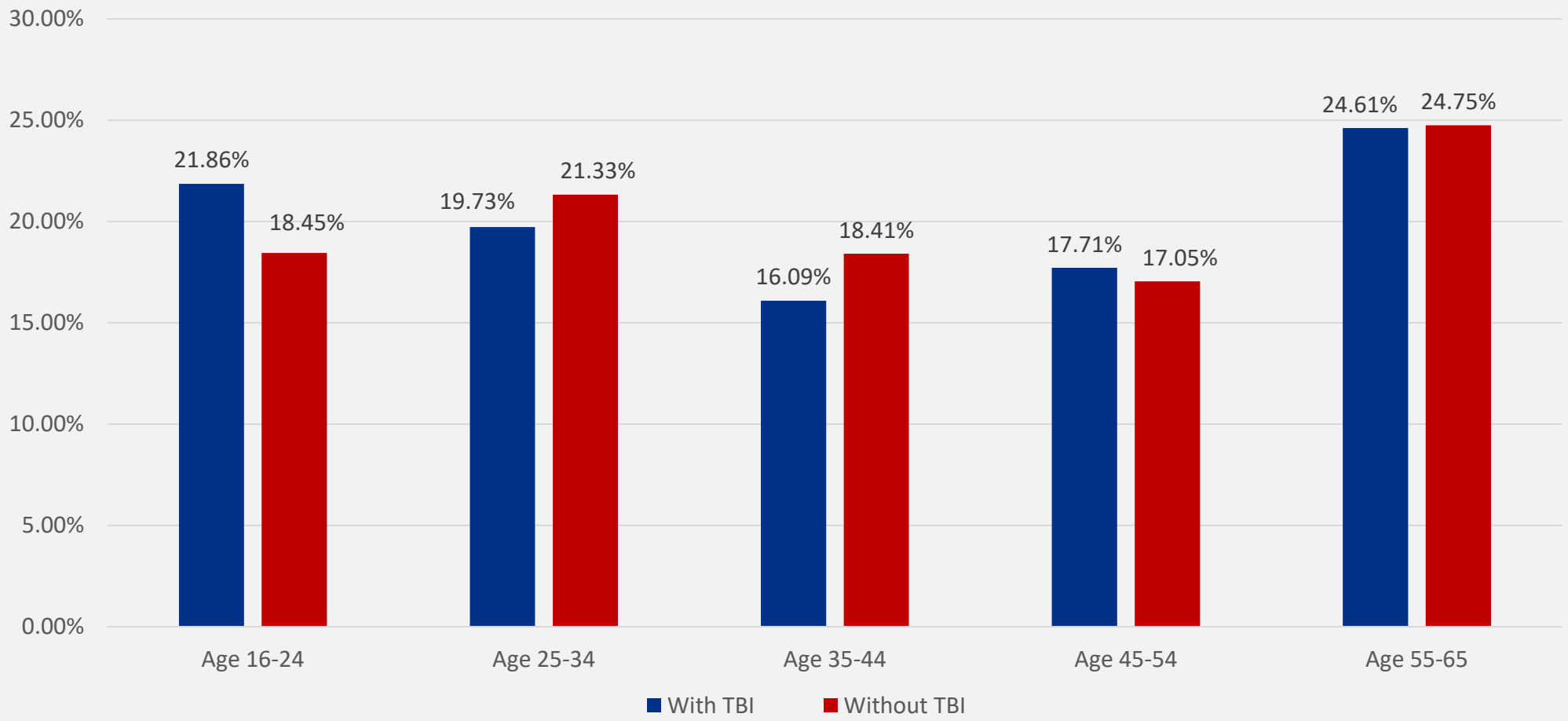
TBI patients – 2,722; Patients without TBI – 73,302

MOI	With TBI	Without TBI
Fall	39.09%	30.27%
MVT - Occupant	21.20%	21.26%
Struck By / Against	12.78%	8.91%
Firearm	8.96%	7.80%
MVT - Motorcyclist	3.75%	4.63%
MV – Non-Traffic	3.20%	3.18%
MVT - Pedestrian	2.46%	2.53%
Other Land Transport	1.29%	1.12%
Not Applicable	1.25%	0.97%
Cut / Pierce	1.18%	6.94%
Other*	4.84%	10.80%

*Other includes pedal cyclist, natural/ environmental, machinery, etc.

Patient's Age – TBI versus Without TBI

TBI patients – 2,722; Patients without TBI– 73,302



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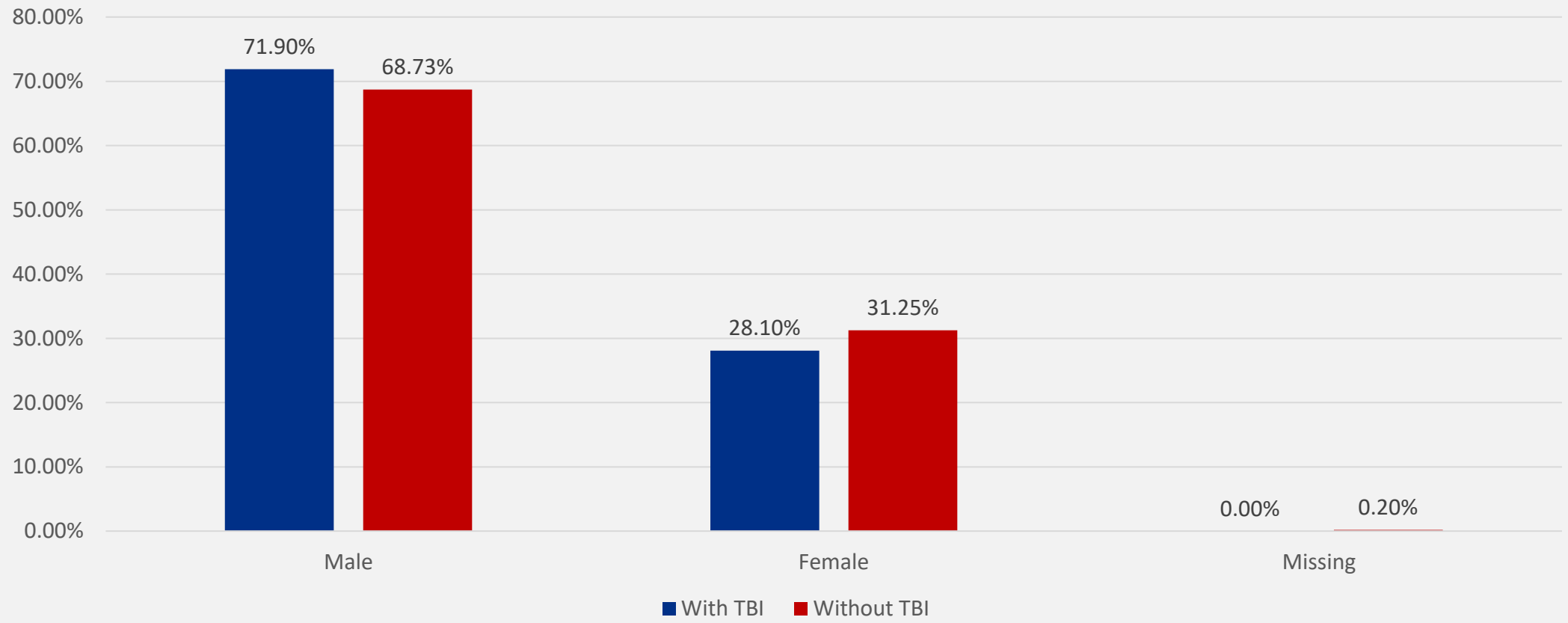
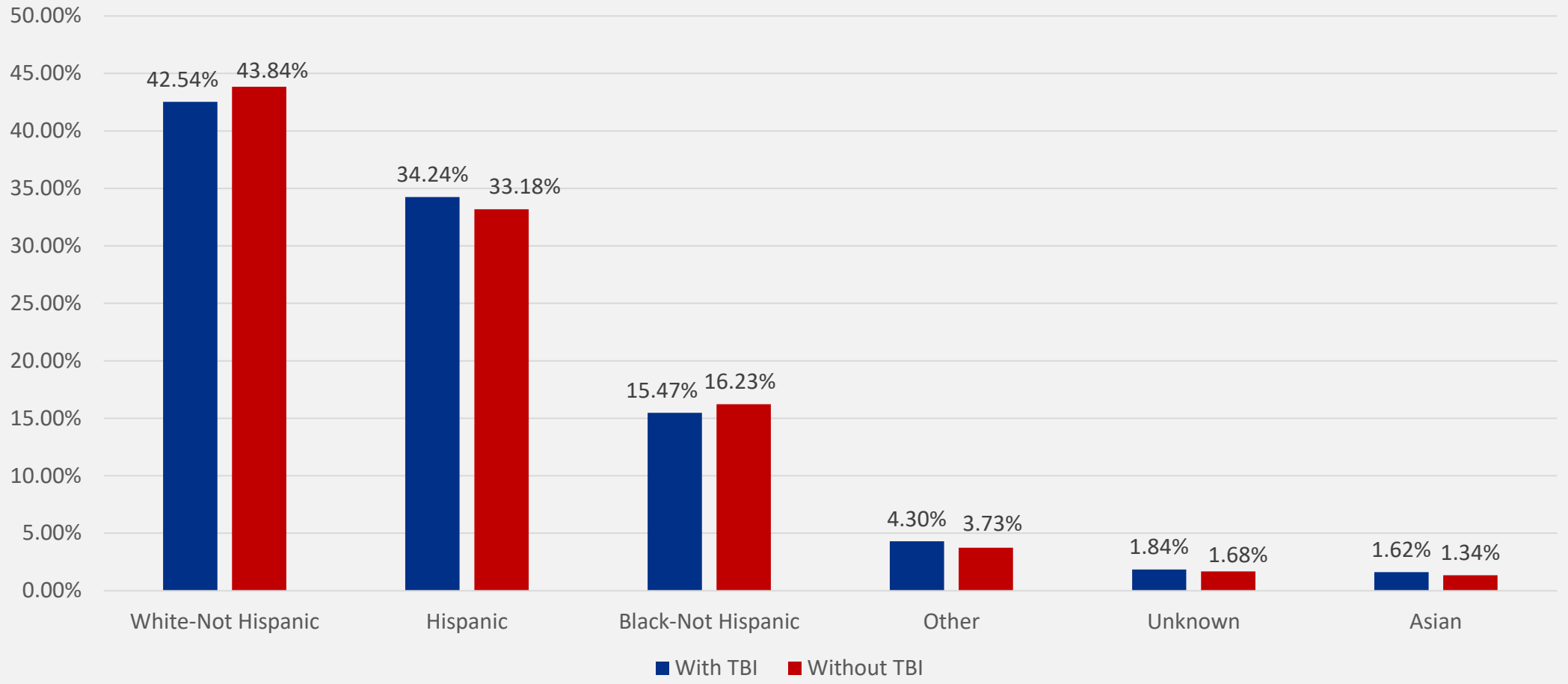


Patient's Race and Ethnicity – TBI versus Without TBI

TBI patients – 2,722; Patients without TBI– 73,302



Transport Mode – TBI versus Without TBI

TBI patients – 2,722; Patients without TBI– 73,302

Transport Mode	With TBI	Without TBI
Ground Ambulance	72.30%	67.17%
Private / Public Vehicle / Walk-in	18.88%	24.99%
Helicopter Ambulance	7.86%	6.52%
Police	0.37%	0.57%
Fixed-wing Ambulance	0.29%	0.28%
Not Known / Not Recorded	0.18%	0.17%
Other	*	0.23%
Missing	0.00%	0.07%

ED Disposition – TBI versus Without TBI

TBI patients – 2,722; Patients without TBI– 73,302

ED Disposition	With TBI	Without TBI
Intensive Care Unit (ICU)	29.90%	13.29%
Transferred to Another Hospital	20.35%	15.23%
Floor bed (general admission, non specialty unit bed)	19.58%	35.94%
Telemetry / step-down unit (less acuity than ICU)	6.83%	6.71%
Home without services	6.47%	7.77%
Operating Room	6.17%	13.25%
Deceased / Expired	4.41%	1.51%
Observation unit (unit that provides < 24 hour stays)	3.20%	3.62%
Not Applicable	2.20%	1.93%
Left against medical advice	0.48%	0.32%
Other (jail, institutional care, mental health, etc.)	0.33%	0.36%
Home with Services	*	0.02%
Missing	*	0.05%

Hospital Disposition – TBI versus Without TBI

TBI patients – 2,722; Patients without TBI– 73,302

Hospital Disposition	With TBI	Without TBI
Discharged to home or self-care	46.29%	56.16%
Not Applicable	32.07%	25.21%
Deceased / Expired	6.25%	1.64%
Discharged / Transferred to inpatient rehab or designated unit	5.51%	4.79%
Discharged / Transferred to home under care of organized home health	2.53%	4.33%
Left against medical advice	2.46%	1.51%
Discharged / Transferred to Skilled Nursing Facility	1.58%	2.77%
Discharged / Transferred to court / LE	0.81%	1.36%
Discharged / Transferred to Long Term Care Hospital	0.70%	0.44%
Discharged / Transferred to a short-term general hospital	0.62%	0.68%
Discharged to hospice care	0.55%	0.23%
Discharged to a psychiatric hospital	0.51%	0.57%

N/A is reported if ED disposition is left against medical advice, deceased, discharged home or self-care, hospice, court/ law enforcement, or inpatient rehab.

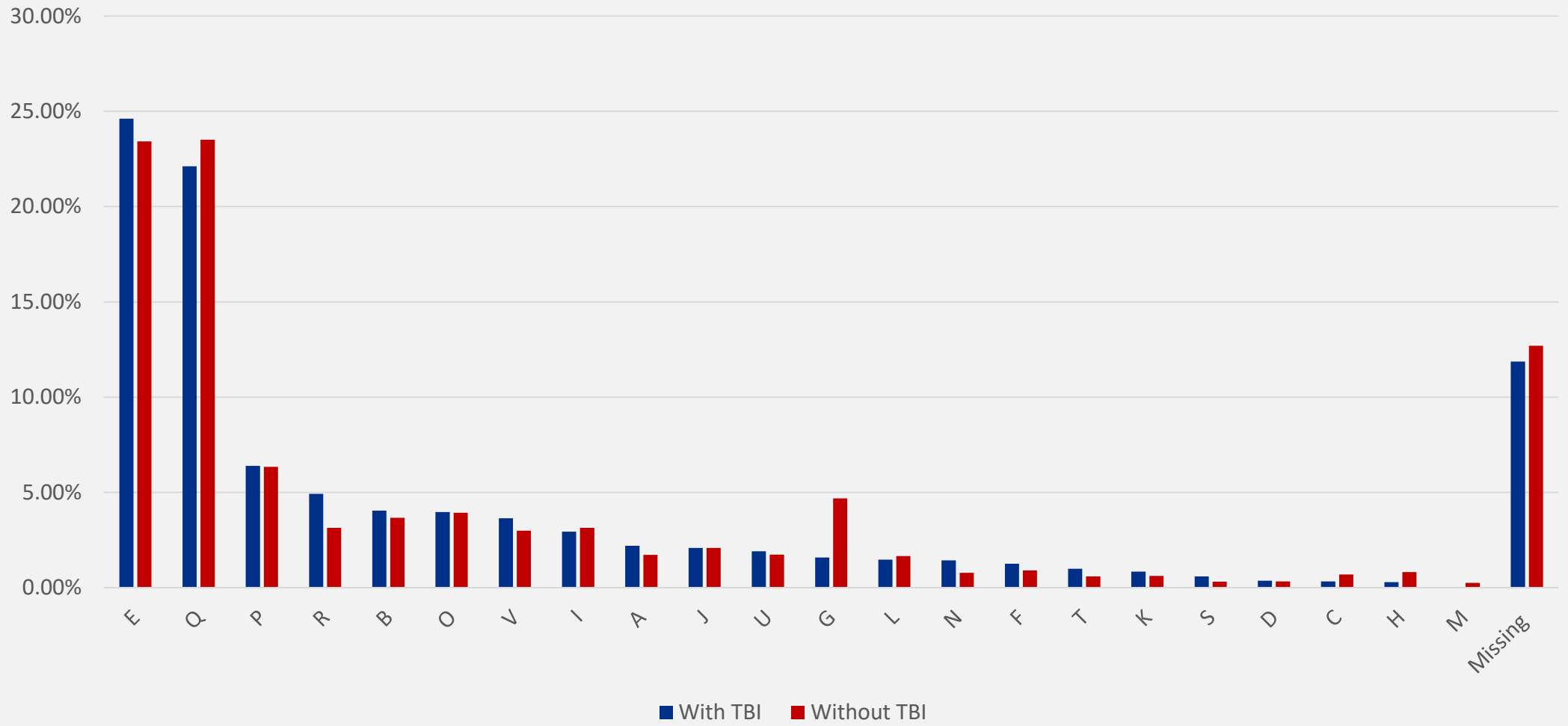
Hospital Designation – TBI versus Without TBI

TBI patients – 2,722; Patients without TBI– 73,302

Hospital Designation	With TBI	Without TBI
Trauma Center Level 1	30.42%	34.35%
Trauma Center Level 2	7.38%	9.64%
Trauma Center Level 3	24.72%	21.51%
Trauma Center Level 4	15.43%	13.67%
Hospital	4.85%	4.67%
STEMI Center	*	0.15%
Pediatric Center	*	0.08%
Rural Access Hospital	0.00%	0.01%
Missing	16.97%	15.92%

RAC – TBI versus Without TBI

TBI patients – 2,722; Patients without TBI– 73,302



Double Transfers – TBI versus Without TBI

TBI patients – 2,722; Patients without TBI– 73,302

	With TBI	Without TBI
Double Transfer	0.37%	0.21%

Trauma Patients with Lower Extremity Open Fractures

MOI – Lower Extremity Fractures

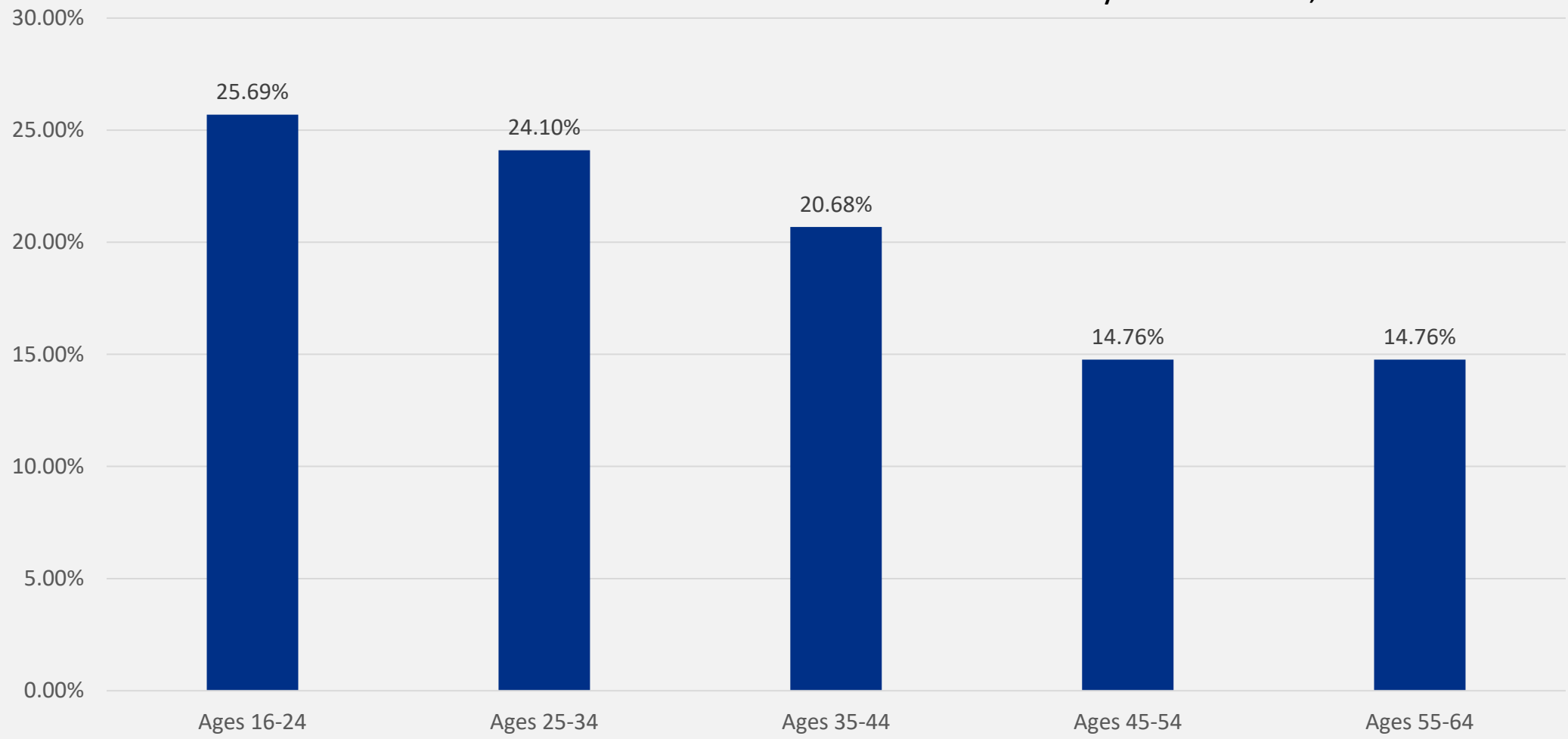
Lower extremity fractures – 1,199

MOI	Percent
Firearm	37.20%
Fall	23.69%
MVT - Occupant	10.76%
MVT - Motorcyclist	4.50%
Cut / Pierce	4.42%
Struck By / Against	4.00%
MVT - Pedestrian	3.34%
MV Non-Traffic	3.17%
Other*	8.92%

*Other includes other land transport, machinery, bites and stings, pedal cyclist, overexertion, environmental, etc.

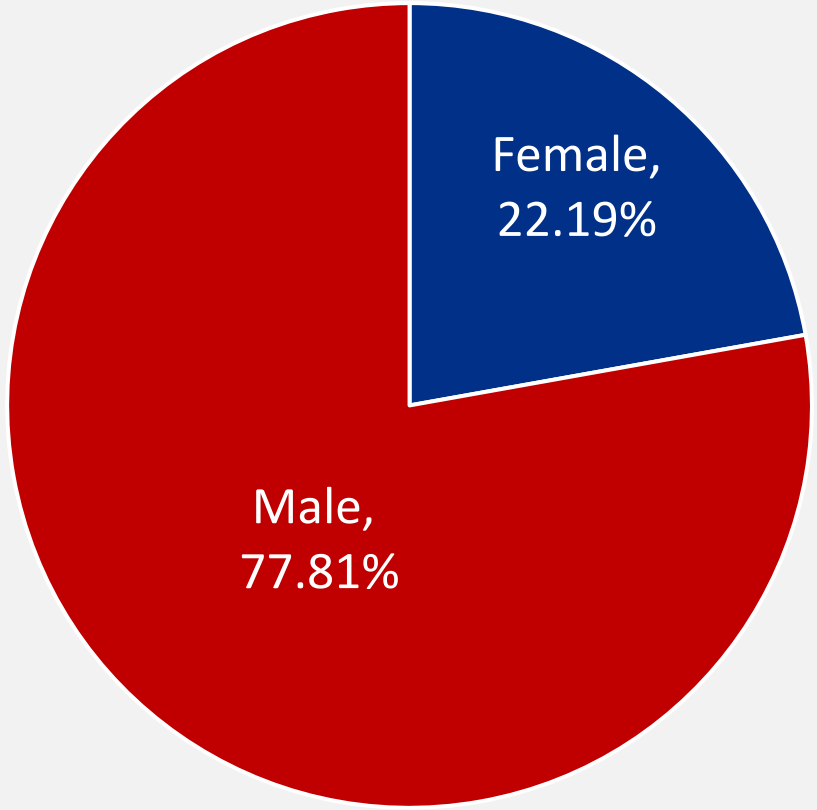
Patient's Age – Lower Extremity Fractures

Lower extremity fractures – 1,199



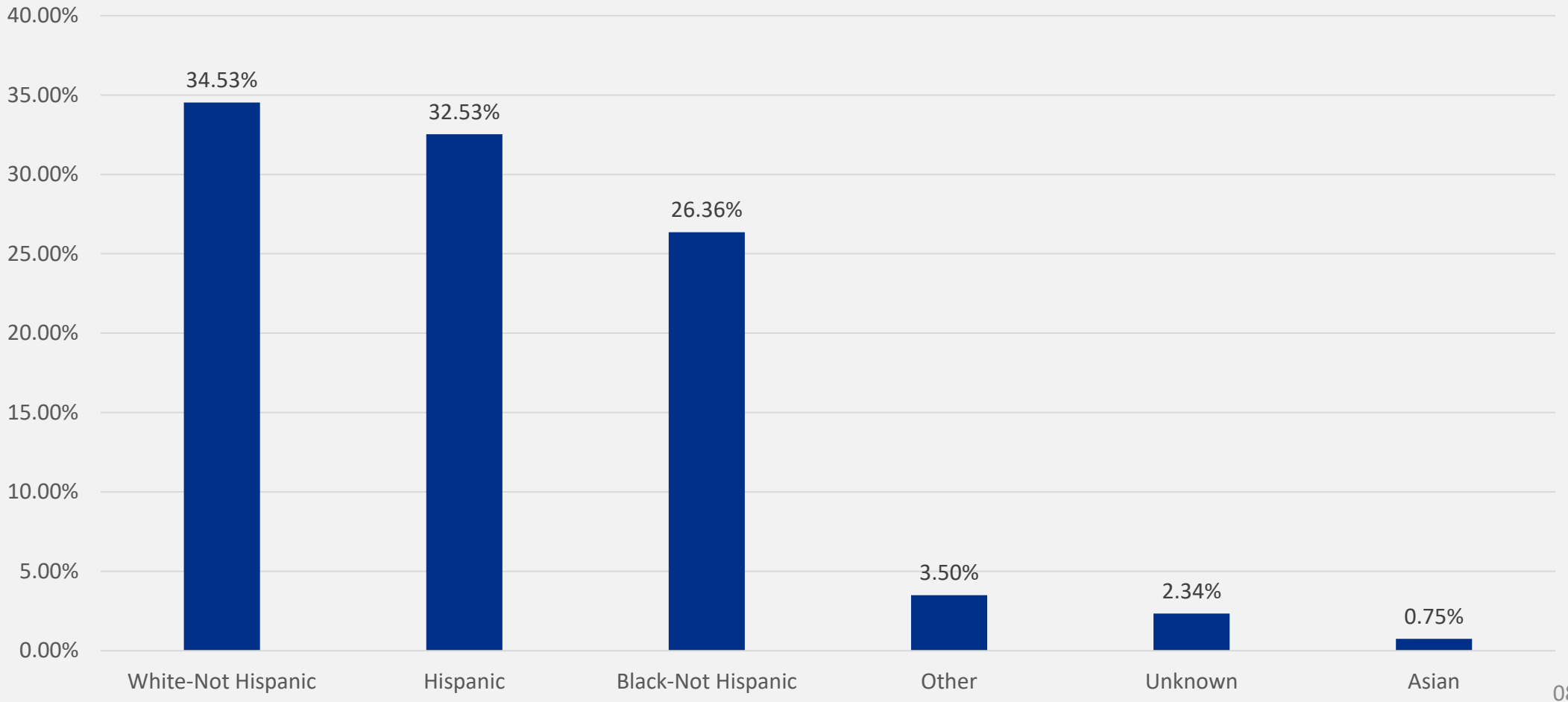
Patient's Gender – Lower Extremity Fractures

Lower extremity fractures – 1,199



Patient's Race and Ethnicity – Lower Extremity Fractures

Lower extremity fractures – 1,199



Transport – Lower Extremity Fractures

Lower extremity fractures – 1,199

Transport	Percent
Ground Ambulance	72.64%
Private / Public Vehicle / Walk in	19.68%
Helicopter Ambulance	6.76%
Other	*
Fixed-Wing Ambulance	*
Not Known / Recorded	*
Police	*

ED Disposition – Lower Extremity Fractures

Lower extremity fractures – 1,199

ED Disposition	Percent
Floor Bed	44.04%
Operating Room	31.53%
Transferred to Another Hospital	8.59%
Telemetry / Step down unit	6.26%
ICU	4.34%
Observation Unit	2.17%
Deceased / expired	1.33%
Home without services	1.00%
Not Applicable	0.75%

Hospital Disposition – Lower Extremity Fractures

Lower extremity fractures – 1,199

Hospital Disposition	Percent
Discharged home or self-care	71.14%
Not Applicable	10.93%
Discharged / Transferred home under care of home health	6.09%
Discharged / Transferred to inpatient rehab or designated unit	4.00%
Discharged / Transferred to Skilled Nursing Facility	2.42%
Left against medical advice	2.00%
Discharged to court / LE	1.92%
Deceased / expired	0.50%
Discharged / Transferred to a Long-Term Care Hospital	*
Discharged / Transferred to a short-term general hospital	*

N/A is reported if ED disposition is left against medical advice, deceased, discharged home or self-care, hospice, court/ law enforcement, or inpatient rehab.

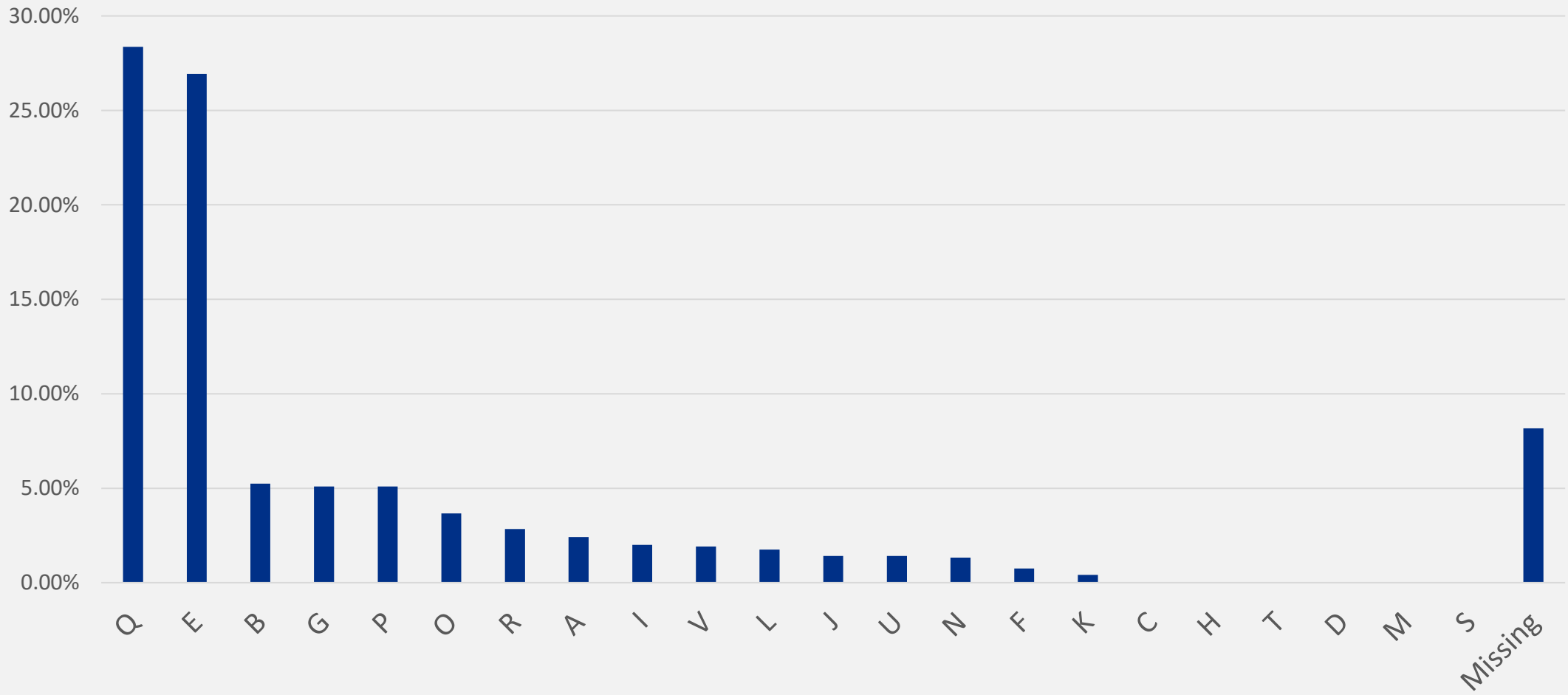
Hospital Designation – Lower Extremity Fractures

Lower extremity fractures – 1,199

Hospital Designation	Percent
Trauma Center Level 1	39.70%
Trauma Center Level 2	10.93%
Trauma Center Level 3	22.85%
Trauma Center Level 4	8.92%
Hospital	3.25%
Missing	14.35%

RAC – Lower Extremity Fractures

Lower extremity fractures – 1,199



Level 4 Trauma Centers

Transport Mode – Level 4 Trauma Centers

Level 4 Trauma Center patients – 10,444

Transport Mode	Percent
Ground Ambulance	56.47%
Private / Public Vehicle / Walk in	41.51%
Helicopter Ambulance	0.80%
Police / LE	0.55%
Not Known / Recorded	0.34%
Other	0.17%
Fixed-Wing Ambulance	*
Missing	0.13%

Trauma Type – Level 4 Trauma Centers

Level 4 Trauma Center patients – 10,444

Trauma	Percent
Blunt	29.92%
Penetrating	4.65%
Other	1.91%
Burn	1.38%
Not Recorded	10.98%
Not Applicable	0.09%
Missing	51.07%

ED Disposition – Level 4 Trauma Centers

Level 4 Trauma Center patients – 10,444

ED Disposition	Percent
Transferred to Another Hospital	50.09%
Floor Bed	24.60%
Operating Room	5.71%
ICU	5.27%
Telemetry / Step down unit	4.59%
Home without services	2.78%
N/A	2.59%
Deceased / expired	1.72%
Observation Unit	1.70%
Other	0.60%
Left against medical advice	0.11%
Home with services	0.05%
Missing	0.20%

Hospital Disposition – Level 4 Trauma Centers

Level 4 Trauma Center patients – 10,444

Hospital Disposition	Percent
Not Applicable	55.36%
Discharged home or self-care	30.25%
Discharged / Transferred home under care of home health	4.23%
Discharged / Transferred to inpatient rehab or designated unit	3.02%
Discharged / Transferred to Skilled Nursing Facility	2.87%
Discharged / Transferred to a short-term general hospital	0.92%
Left against medical advice	0.84%
Deceased / Expired	0.64%
Discharged to court / LE	0.56%
Discharged to psychiatric hospital	0.35%
Discharged to Long Term Care Hospital	0.26%
Discharged to hospice care	0.20%
Discharged to another type of institution	0.16%
Missing	0.15%

Injury Severity Score (ISS) – Level 4 Trauma Centers

Level 4 Trauma Center patients – 10,444

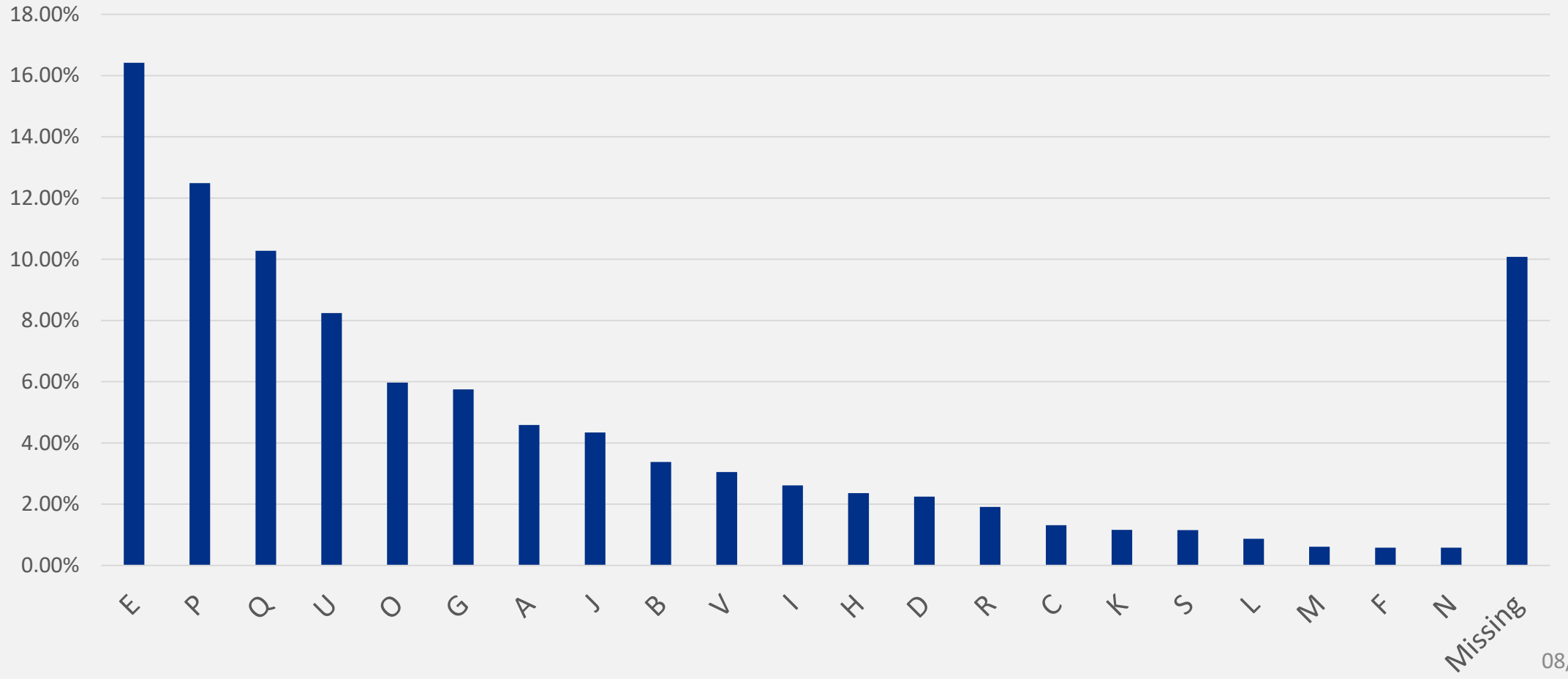
ISS	Percent
0	9.21%
1-8	57.54%
9-15	25.65%
16-24	4.63%
≥ 25	2.97%

ISS Levels (out of a possible 75 points):

- 0 – no injury;
- 1-8 – minor to moderate injury;
- 9-15 – serious injury;
- 16-24 – severe injury;
- ≥25 – Critical injury.

RAC –
Level 4 Trauma Centers

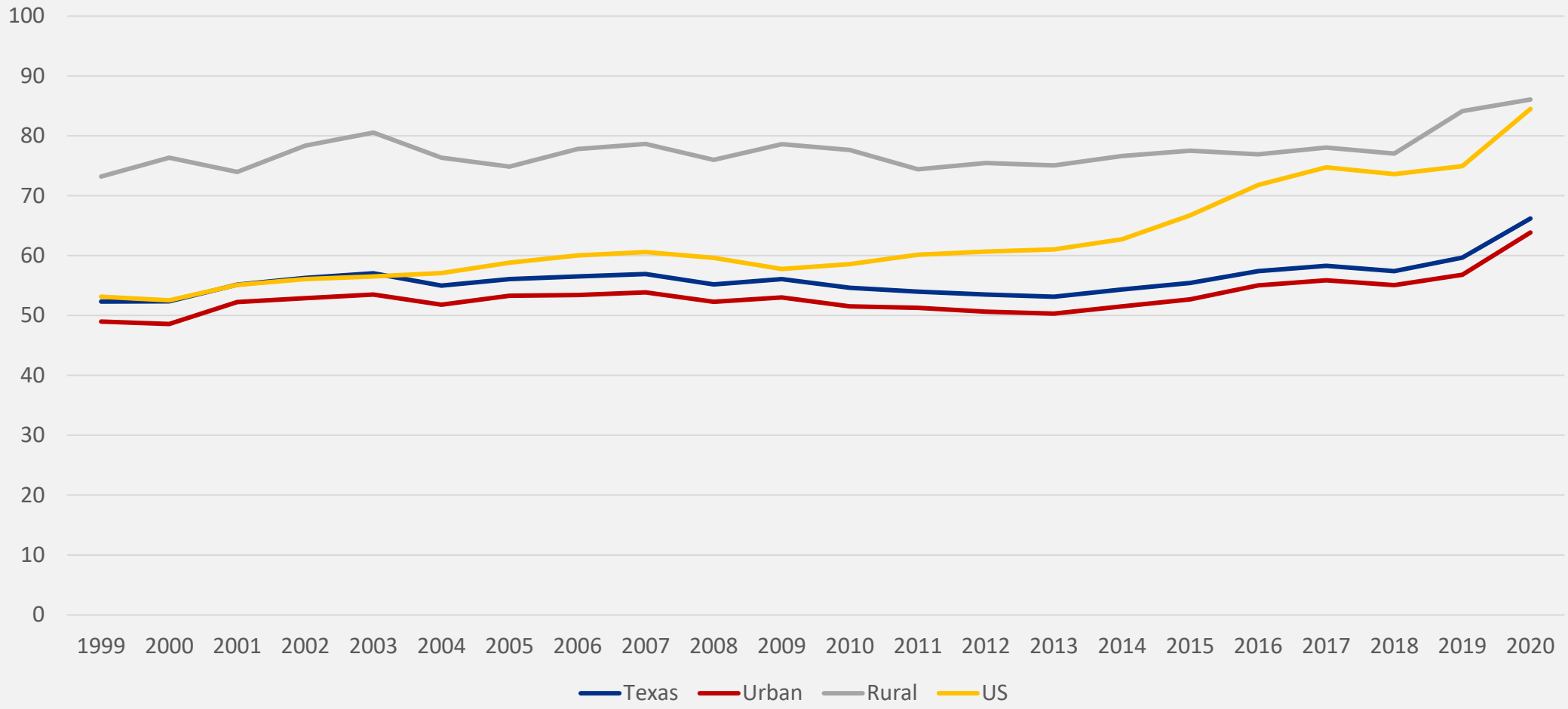
Level 4 Trauma Center patients – 10,444



Injury Fatality Rates Over Time (1999-2020) All Ages

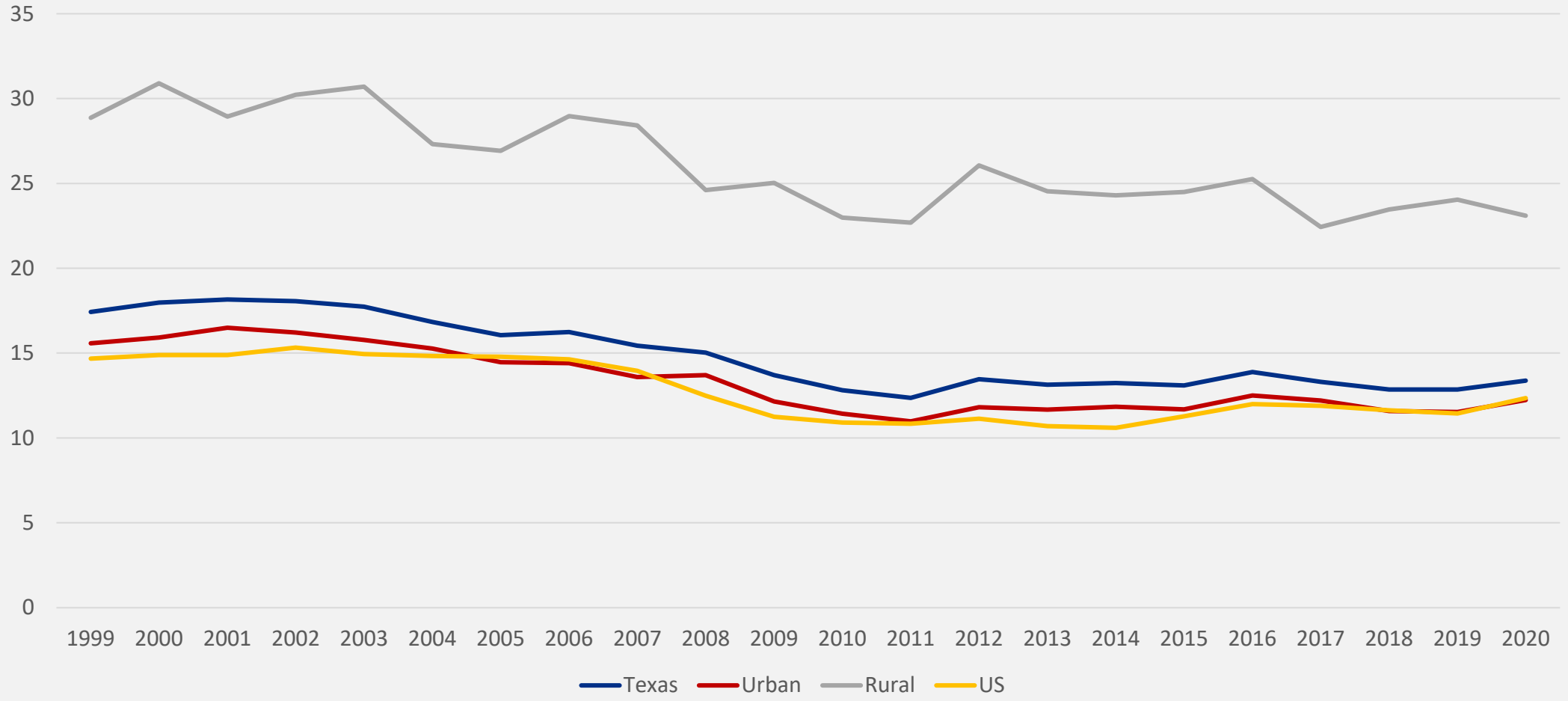
Rates per 100,000

Injury Fatality Rates Over Time



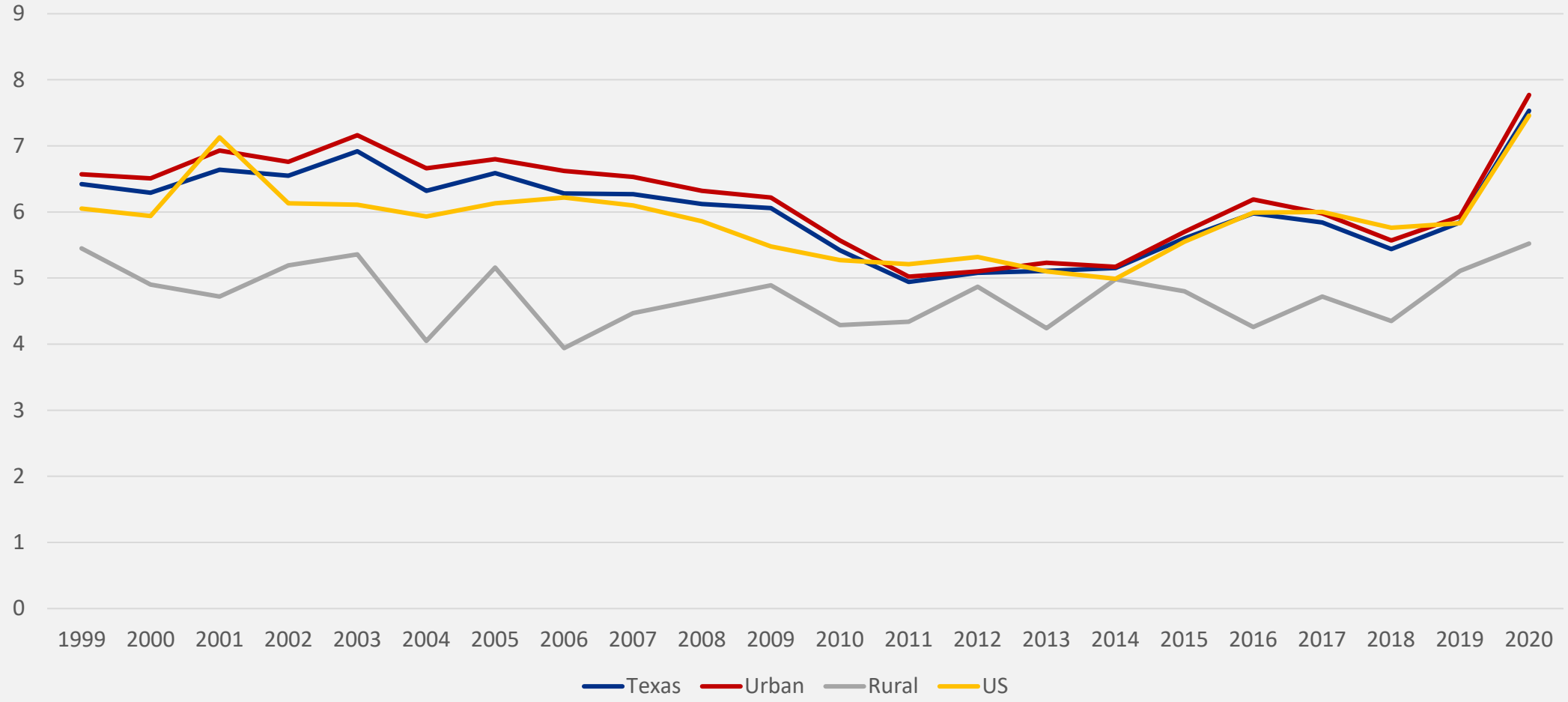
Source: WISQARS

Motor Vehicle Traffic (MVT) Fatality Rates Over Time



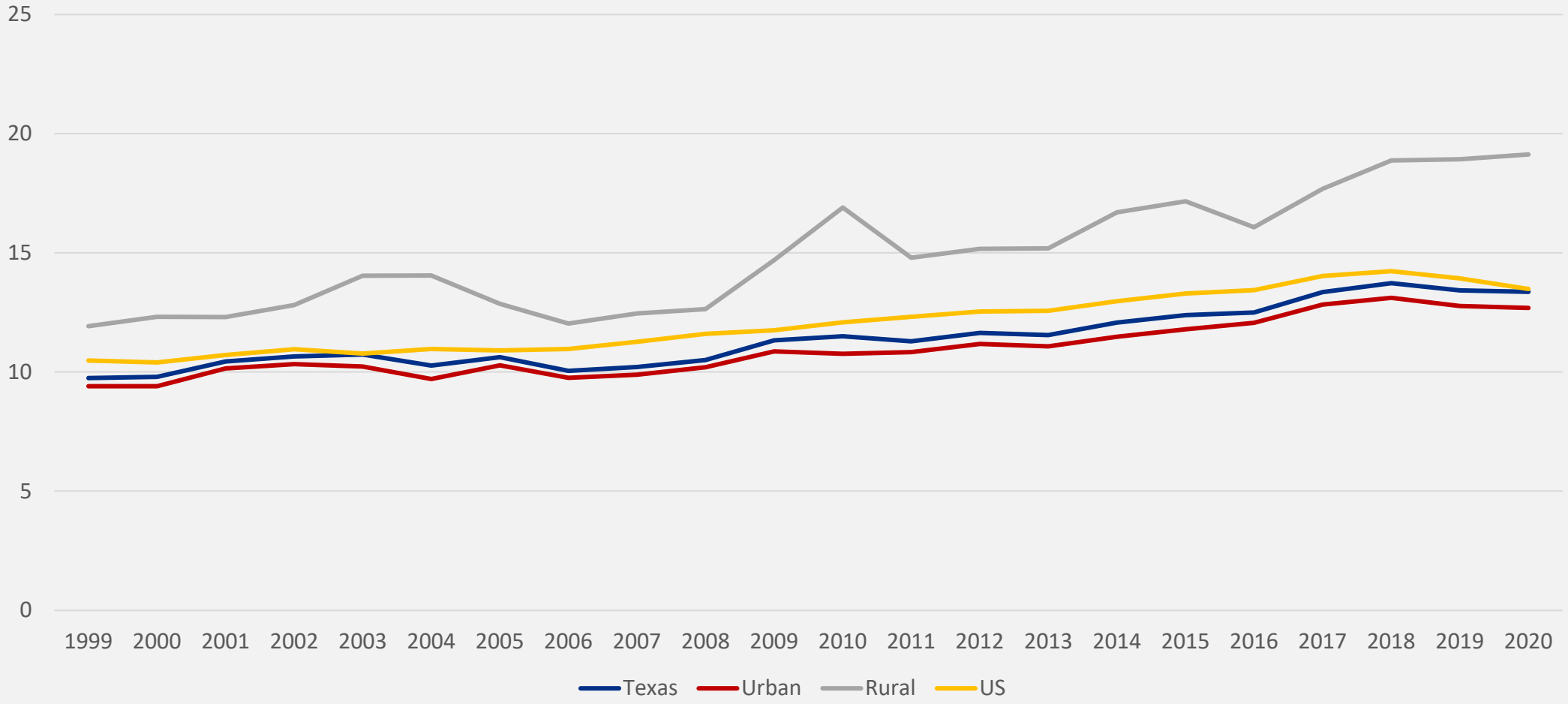
Source: WISQARS

Homicide Fatality Rates Over Time



Source: WISQARS

Suicide Fatality Rates Over Time



Source: WISQARS

Resources

EMS & Trauma Registries
Texas Department of State Health Services

- National Trauma Data Bank (NTDB) data dictionary - facs.org/quality-programs/trauma/tqp/center-programs/ntdb/ntds.
- NSW Institute of Trauma and Injury Management - aci.health.nsw.gov.au/get-involved/institute-of-trauma-and-injury-management.
- Coding is based on the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM).
- Web-Based Injury Statistics Query and Reporting System - WISQARS (Web-based Injury Statistics Query and Reporting System)|Injury Center|CDC

Thank you!

Trauma Systems Data Request (Texas 2021)

and Injuries Over time (1999-2020)

August 19, 2022

injury.epi@dshs.texas.gov

GETAC Committee Reports

GETAC Committee Reports August 2022

Air Medical and Specialty Care Transport Committee

Lynn Lail, RN, Chair

GETAC Committee Reports August 2022

Cardiac Care Committee

James McCarthy, MD, Chair

GETAC Committee Reports August 2022

Disaster Preparedness and Response Committee

Eric Epley, NREMT, Chair

GETAC Committee Reports August 2022

Emergency Medical Services Committee

Eddie Martin, EMT-P, Chair

GETAC Committee Reports August 2022

EMS Education Committee

Macara Trusty, LP, Chair

GETAC Committee Reports August 2022

EMS Medical Directors Committee

Heidi Abraham, MD, FAEMS, Chair

GETAC Committee Reports August 2022

Injury Prevention & Public Education Committee

Mary Ann Contreras, RN, Chair

GETAC Committee Reports August 2022

Pediatric Committee

Belinda Waters, RN, Chair

GETAC Committee Reports August 2022

Stroke Committee

J Neal Rutledge, MD

GETAC Committee Reports August 2022

Trauma Systems Committee

Stephen Flaherty, MD, Chair

Agenda Items

Agenda Item 4

GETAC Members and Committees Professional Behavior

Agenda Item 5

GETAC Council Members and Conflict of Interest Review

Agenda Item 6

Discussion, review, and recommendations for initiatives that instill a culture of safety for responders and the public with a focus on operations and safe driving practices.

Agenda Item 7

Trauma Rule Amendments Recommendations – Update

Agenda Item 8

Discussion of Rural Priorities

Agenda Item 9

Discussion and possible actions on initiatives, programs, and potential research that might improve the Trauma and Emergency Healthcare System in Texas.

GETAC Stakeholder Reports

GETAC Stakeholder Reports August 2022

Texas EMS, Trauma & Acute Care Foundation (TETAF)

Dinah Welsh, TETAF President/CEO

Texas EMS, Trauma & Acute Care Foundation Update

Dinah Welsh, TETAF President/CEO

Friday, August 19, 2022

TETAF
TEXAS EMS TRAUMA & ACUTE CARE FOUNDATION

Texas Perinatal Services
A Program of the Texas EMS Trauma & Acute Care Foundation

TETAF Committees

- All five TETAF committees comprised of members of the TETAF Board of Directors and stakeholders (Advocacy, Education, Finance, Governance, and Survey Verification) have been actively meeting during the summer months.
- TETAF Advocacy Committee is among the busiest preparing for the upcoming 88th Legislative Session and determining TETAF's legislative priorities.

Surveys – Trauma, Stroke, Maternal, and Neonatal

- TETAF staff and surveyors are revising our stroke survey process to align with the new rule TAC 157.133 that goes into effect September 1, 2022.
  - TETAF is providing training during the month of August for all stroke surveyors and for our stroke hospital partners.
- TETAF's perinatal division, Texas Perinatal Services, has provided surveyor refresher training for its maternal and neonatal surveyors ahead of the next designation cycles.
- Texas Perinatal Services' perinatal program director, Jessica Phillips, provided a presentation on our surveyor selection process and survey process during the Perinatal Advisory Council meeting on July 27.
- TETAF is in the process of interviewing for a trauma and acute care director who will lead the organization's trauma and stroke survey service lines.
- Brenda Putz, TETAF's vice president of operations, will retire on August 31 after 14 years with the organization.

Education

- Texas Perinatal Services continues to offer its monthly forums for its hospital partners. Additionally, we are providing brief, live educational opportunities in Mighty Networks.
- The TETAF Hospital Data Management Course (HDMC) will be November 2-3, 2022. More details will be announced soon on www.tetaf.org.

Advocacy

- The TETAF Advocacy team is conducting regular planning meetings during the interim to prepare for the 88th Legislative Session.
- Three members of the TETAF Advocacy team provided testimony during the Texas Senate Health and Human Services Committee meeting on June 27. All three testified on the public health data interim charge.
- TETAF president and CEO, Dinah Welsh, testified during the Texas Department of State Health Services (DSHS) Legislative Appropriations Request (LAR) stakeholder meeting on July 26 requesting increased funding for the Regional Advisory Councils (RACs) to support additional program requirements.

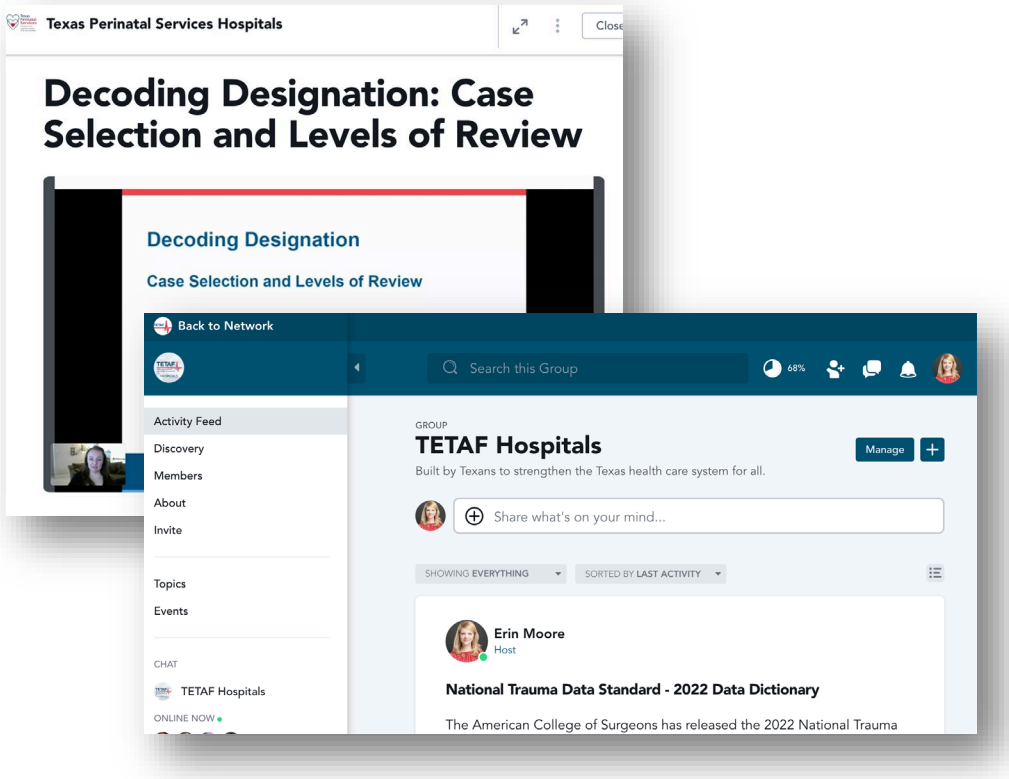
Collaboration (Texas Trauma Quality Improvement Program)

- TETAF continues to provide administrative support to the Texas TQIP Collaborative.
- Texas TQIP will meet virtually on August 22.

Collaboration

TETAF has launched in a “community” platform called Mighty Networks.

- Within Mighty Networks, TETAF has a variety of groups for our hospital partners, RAC members, and stakeholders. A legislative workgroup is also in development.
- TETAF shares resources, engages in discussions, and hosts brief live educational and informative opportunities.



Request to join our groups

Brenda Putz to Retire August 31

GETAC Stakeholder Reports August 2022

EMS for Children (EMSC) State Partnership

Sam Vance, MHA, LP, Program Manager

Baylor College of Medicine

EMS FOR CHILDREN STATE PARTNERSHIP

EMS for Children State Partnership, Texas update

August 19, 2022

Texas EMS for Children 2022 EMS Agency Survey Results

Sam Vance, MHA, LP
Manager, Texas EMS for Children Program

Objectives

- Measure the degree to which state/territories have ensured the operational capacity to provide pediatric emergency care by assessing the percentage of EMS agencies that have:
  1. Pediatric Emergency Care Coordinator (PECC) – PM 02
  2. Use of Pediatric Specific Equipment – PM 03

- Measure how we are doing over time by looking at Performance Measure trends from 2017-2018 through 2021

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EMSC EMS FOR CHILDREN STATE PARTNERSHIP

Texas EMS for Children Program

2022 EMS Agency Survey Results

Texas Data Collection Numbers:

Number of Respondents: 295

Number Surveyed: 531

Response Rate: 55.6%

Number of Records in Dataset (after data cleaning)*: 294

*Data cleaning includes removing agencies that do not respond to 911, duplicates, etc.

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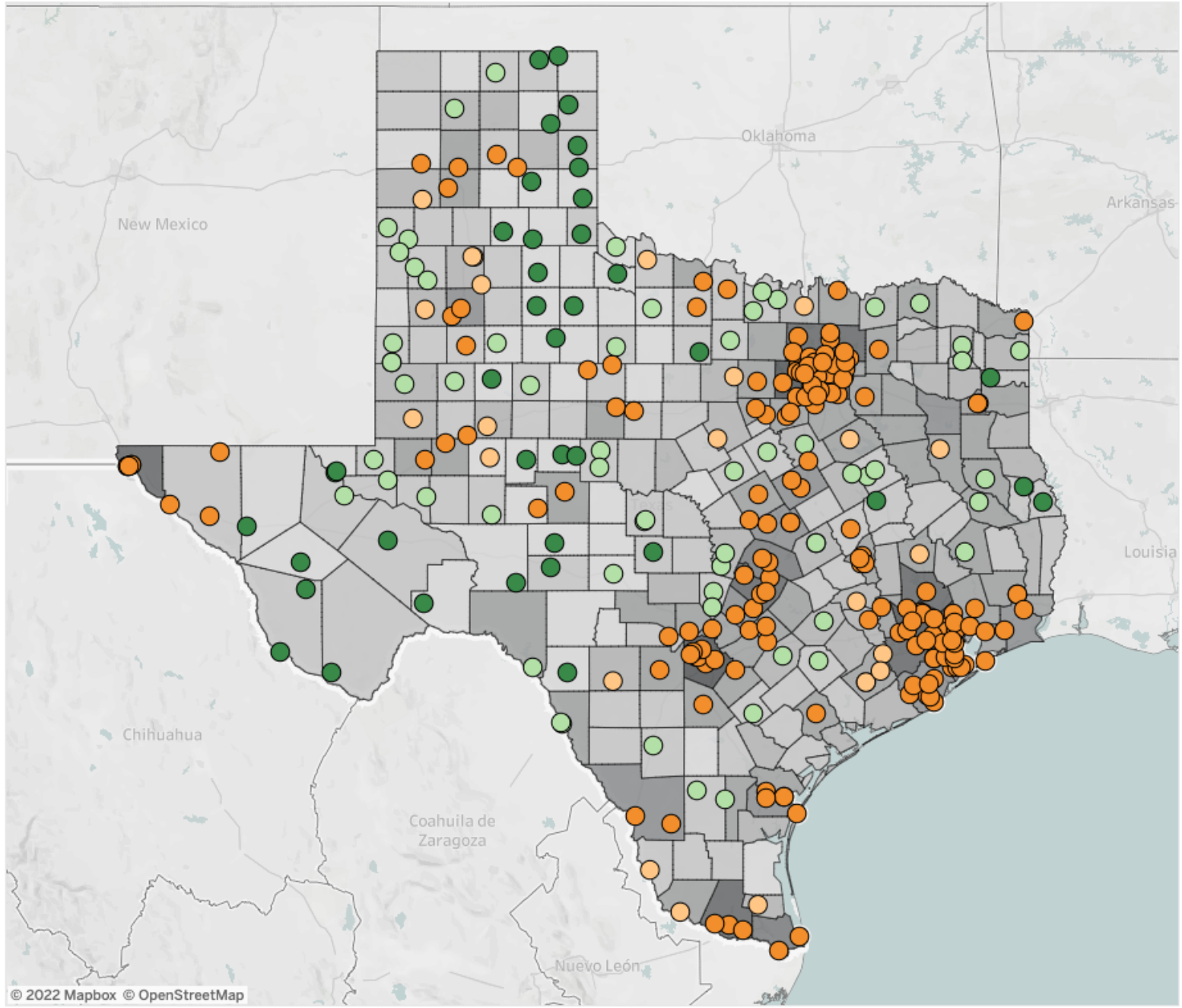
EMS FOR CHILDREN STATE PARTNERSHIP

Texas 2022 Map of ALL Agencies in the NEDARC Contact List Management System (CLMS)



Took Survey?
Yes

EMS Licensure:
(All)

Pediatric Volume:
(All)

Urbanicity:
- Urban
- Suburban
- Rural
- Remote

18 and Under Population*:
- 0 to 1,000
- 1,001 to 5,000
- 5,001 to 10,000
- 10,001 to 50,000
- 50,001 to 100,000
- 100,001 to 150,000
- 150,001 to 350,000
- Over 350,000

*Population Data from the U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Agency Demographics 2022

TEXAS

Pediatric Call Volume by Number of Agencies and Association with PECCs:			
	Num of Agencies	Num of PECCs	% of those Agencies with a PECC
HIGH: More than 600 pediatric calls in the last year (more than 50 pediatric calls per month)	25	12	48.0%
MEDIUM HIGH: Between 101-600 pediatric calls in the last year (8 - 50 pediatric calls per month)	60	18	30.0%
MEDIUM: Between 13-100 pediatric calls in the last year (1 - 8 pediatric calls per month)	132	26	19.7%
LOW: Twelve (12) or fewer pediatric calls in the last year (1 or fewer pediatric calls per month)	68	7	10.3%
None	8	1	12.5%
Did Not Respond to Question	1	0	0.0%
Grand Total	**294**	**64**	**21.8%**

Pediatric Emergency Care Coordinator (EMSC 02)

Pediatric Emergency Care Coordinator (EMSC 02):

21.6%

(63/292)

(Exclusions See Above)

A respondent needed to answer **YES** to "Having a designated individual who coordinates pediatric emergency care" in the survey to meet this measure.

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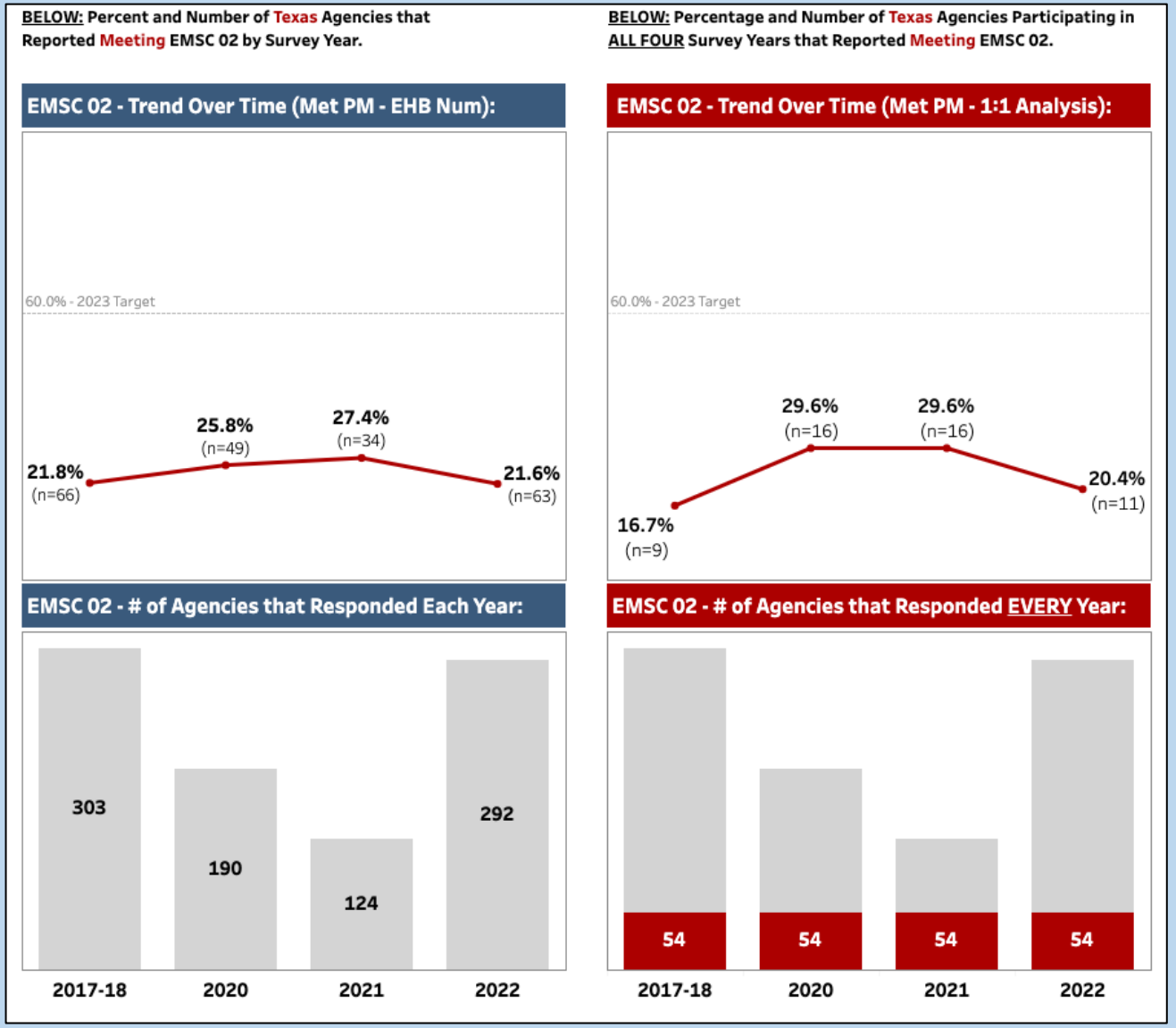
EMS FOR CHILDREN STATE PARTNERSHIP

Pediatric Emergency Care Coordinator (EMSC 02)

BELOW: Percent and Number of Texas Agencies that Reported Meeting EMSC 02 by Survey Year.

BELOW: Percentage and Number of Texas Agencies Participating in ALL FOUR Survey Years that Reported Meeting EMSC 02.



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EMS FOR CHILDREN STATE PARTNERSHIP

Use of Pediatric Specific Equipment (EMSC 03)

Use of Pediatric-Specific Equipment (EMSC 03):

34.6%

(101/292)

(Exclusions See Above)

See pg. 35 in the "EMSC for Children Performance Measures, Implementation Manual for State Partnership Grantees, Effective March 1st, 2017" for an explanation of the scoring.

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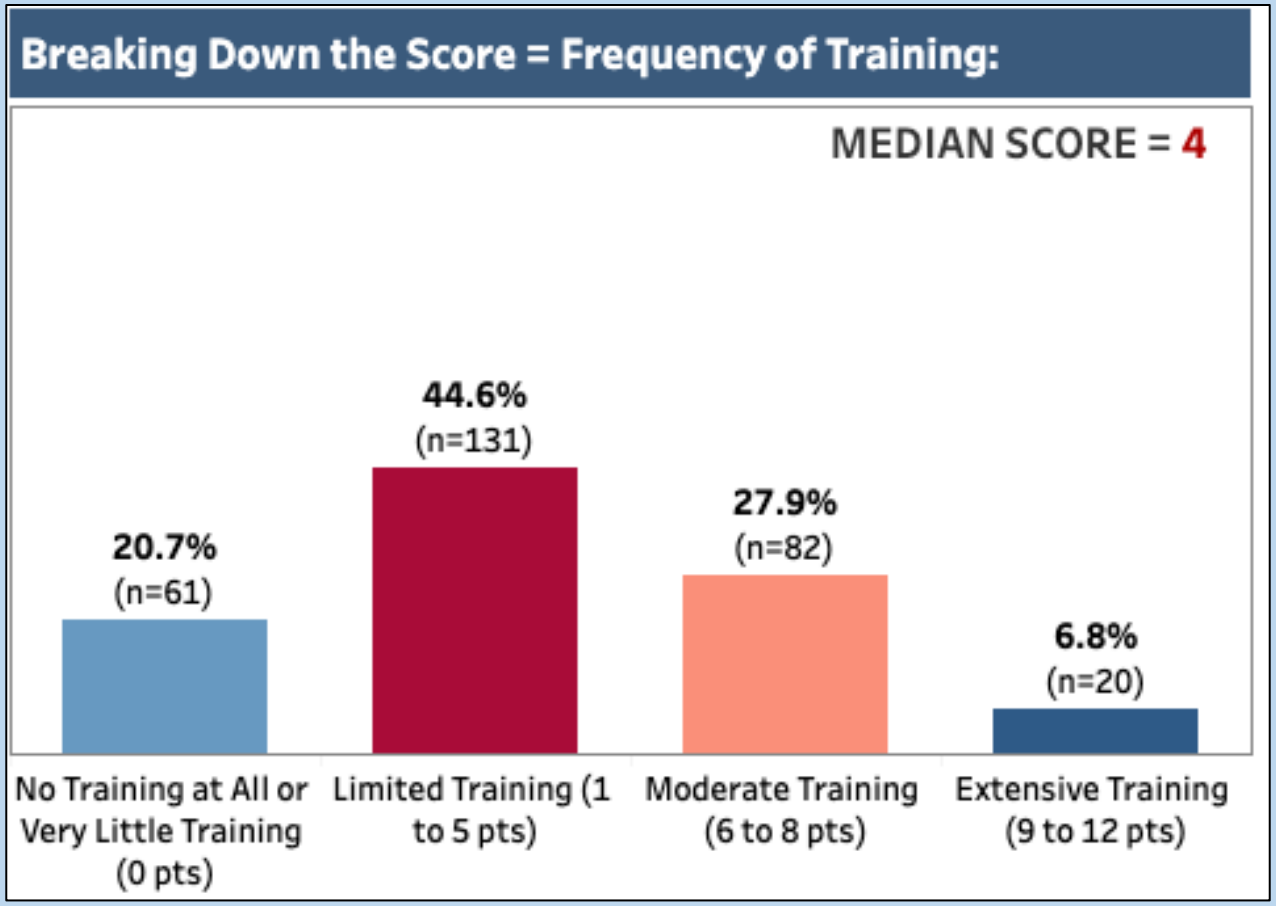
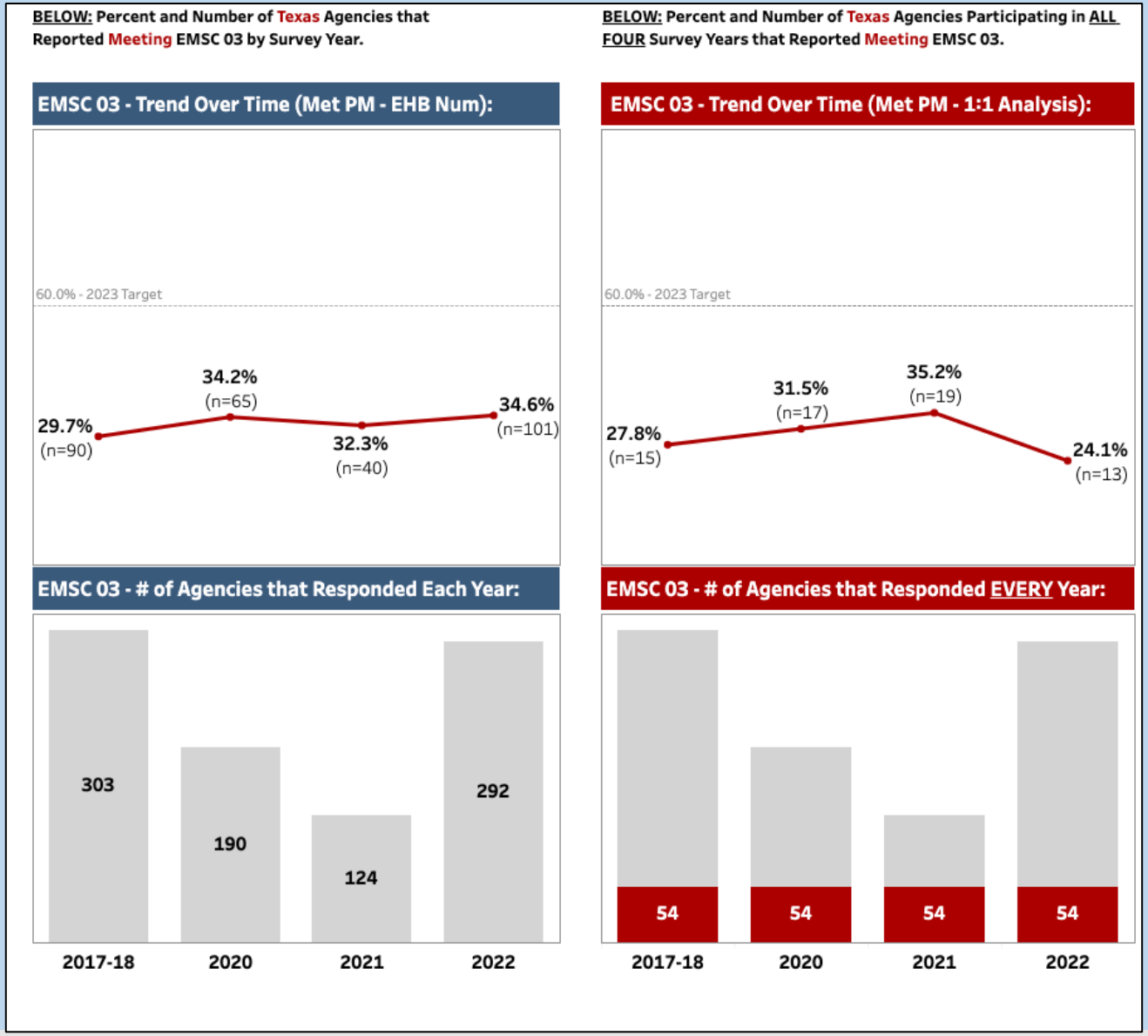
EMS FOR CHILDREN STATE PARTNERSHIP

Use of Pediatric Specific Equipment (EMSC 03)

TEXAS



Use of Pediatric Specific Equipment (EMSC 03)



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EMS FOR CHILDREN STATE PARTNERSHIP

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EMS FOR CHILDREN STATE PARTNERSHIP

GETAC Stakeholder Reports August 2022

Texas Cardiovascular Disease and Stroke Council

J Neal Rutledge, MD

GETAC Stakeholder Reports August 2022

Texas Cardiac Arrest Registry to Enhance Survival (TX CARES)

Micah Panczyk

Texas-CARES

Presentation to GETAC

2022 First Quarter

August 19, 2022

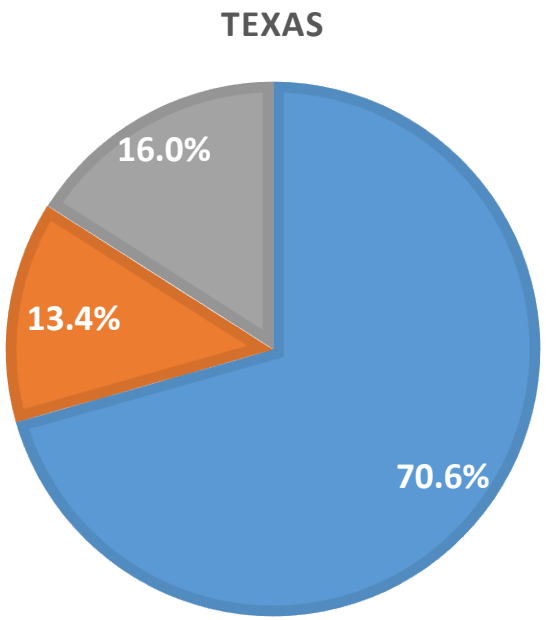
TX★CARES

Patient Demographics

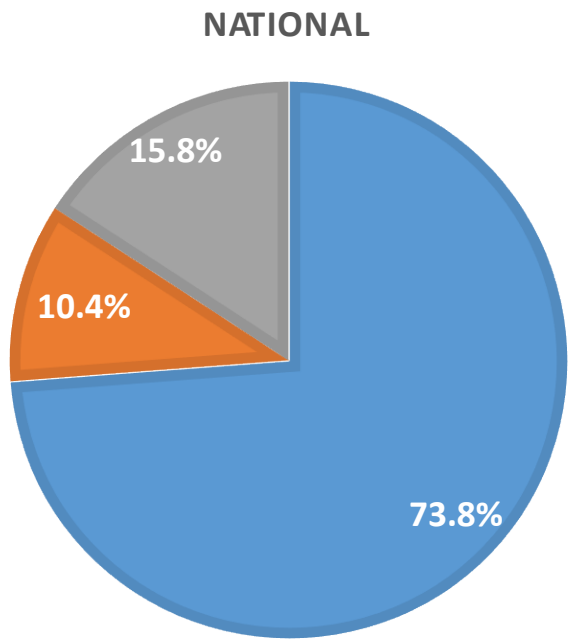
Data	State (All Agencies) N=2961	National N=38891
Age	**N=2961**	**N=38885**
Mean	62.7	63.0
Median	65.0	65.0
Gender (%)	**N=2961**	**N=38889**
Female	1140 (38.5)	14814 (38.1)
Male	1820 (61.5)	24064 (61.9)
Race (%)	**N=2961**	**N=38888**
American-Indian/Alaskan	3 (0.1)	121 (0.3)
Asian	79 (2.7)	980 (2.5)
Black/African-American	683 (23.1)	8655 (22.3)
Hispanic/Latino	669 (22.6)	3232 (8.3)
Native Hawaiian/Pacific Islander	6 (0.2)	170 (0.4)
White	1398 (47.2)	19480 (50.1)
Multi-racial	9 (0.3)	159 (0.4)
Unknown	114 (3.9)	6091 (15.7)

TX★CARES

Location of Arrest



N=2,961

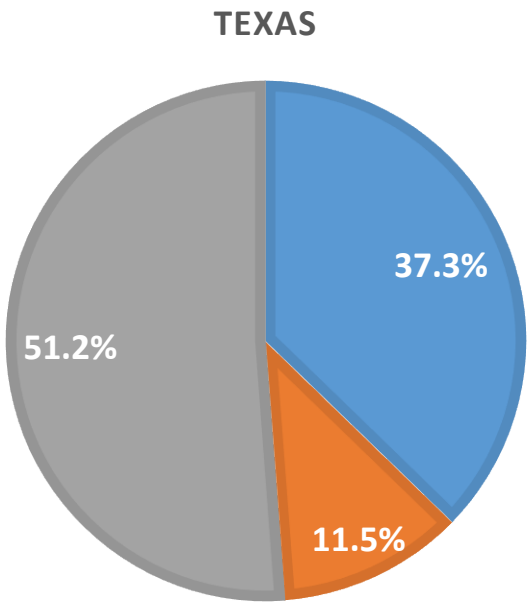


N=38,897

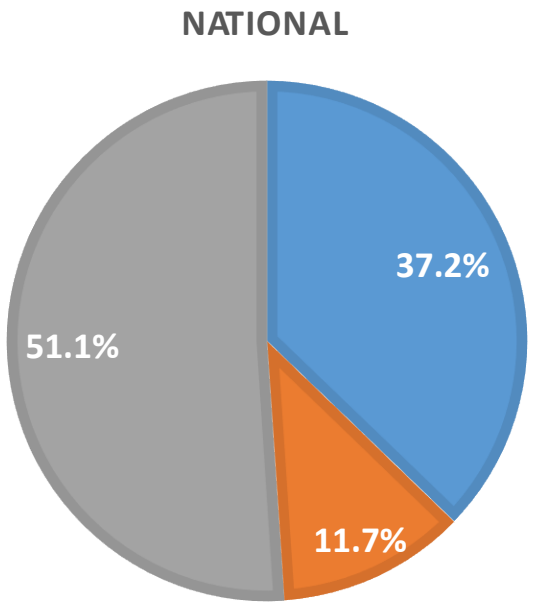
Home/Residence Nursing Home Public Setting

TX★CARES

Witnessed Status



N=2,959



N=38,885

Bystander Witnessed 911 Responder Witnessed Unwitnessed

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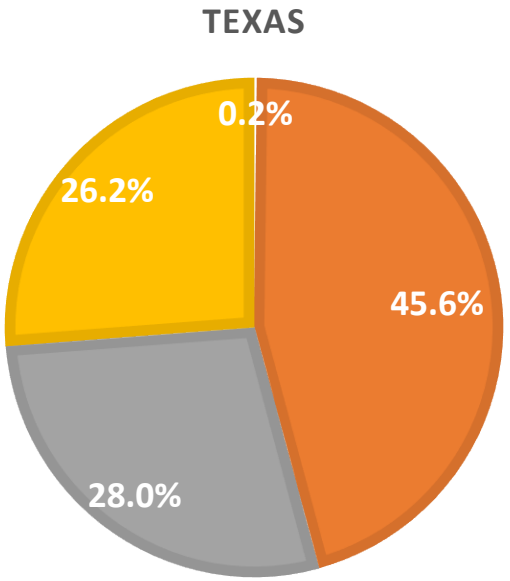
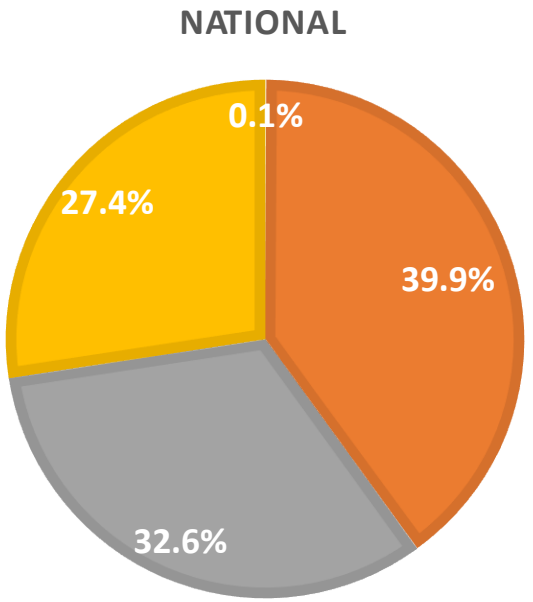
Who Initiated CPR?



N=2,961



N=38,830

Not Applicable Bystander First Responder EMS

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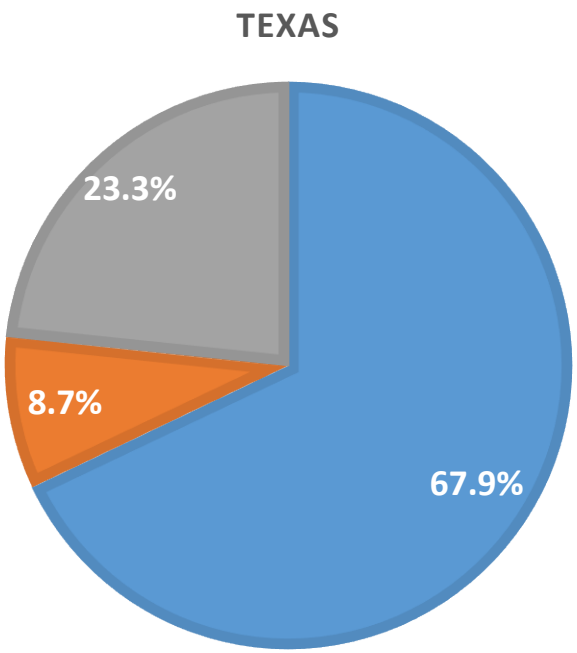
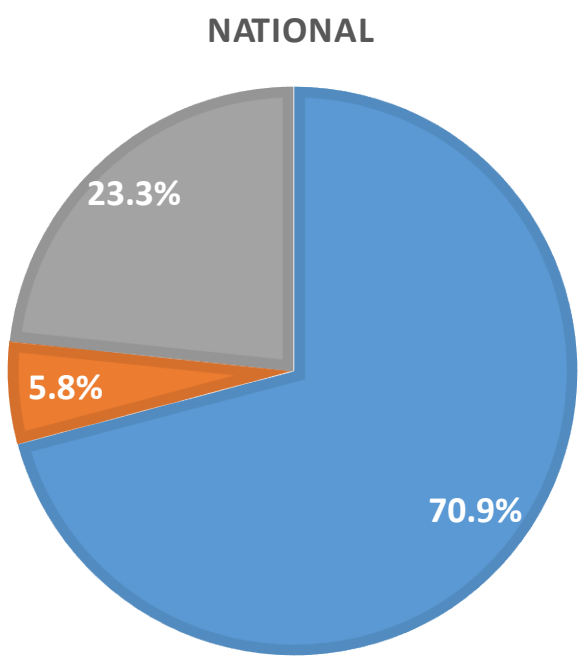
AED Applied Prior To EMS Arrival?



N=2,961



N=38,885

No Yes, by bystander Yes by First Responder

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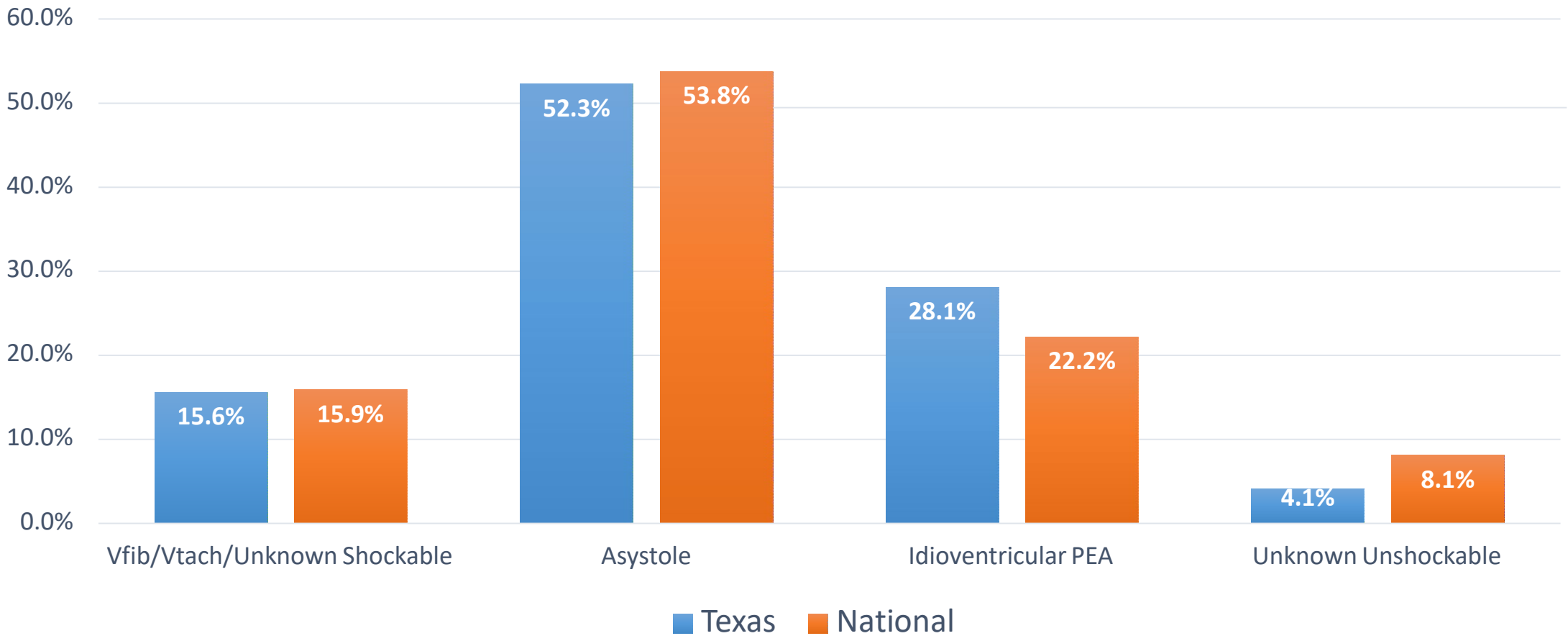
Initial Rhythm



N=2,953 N=38,848

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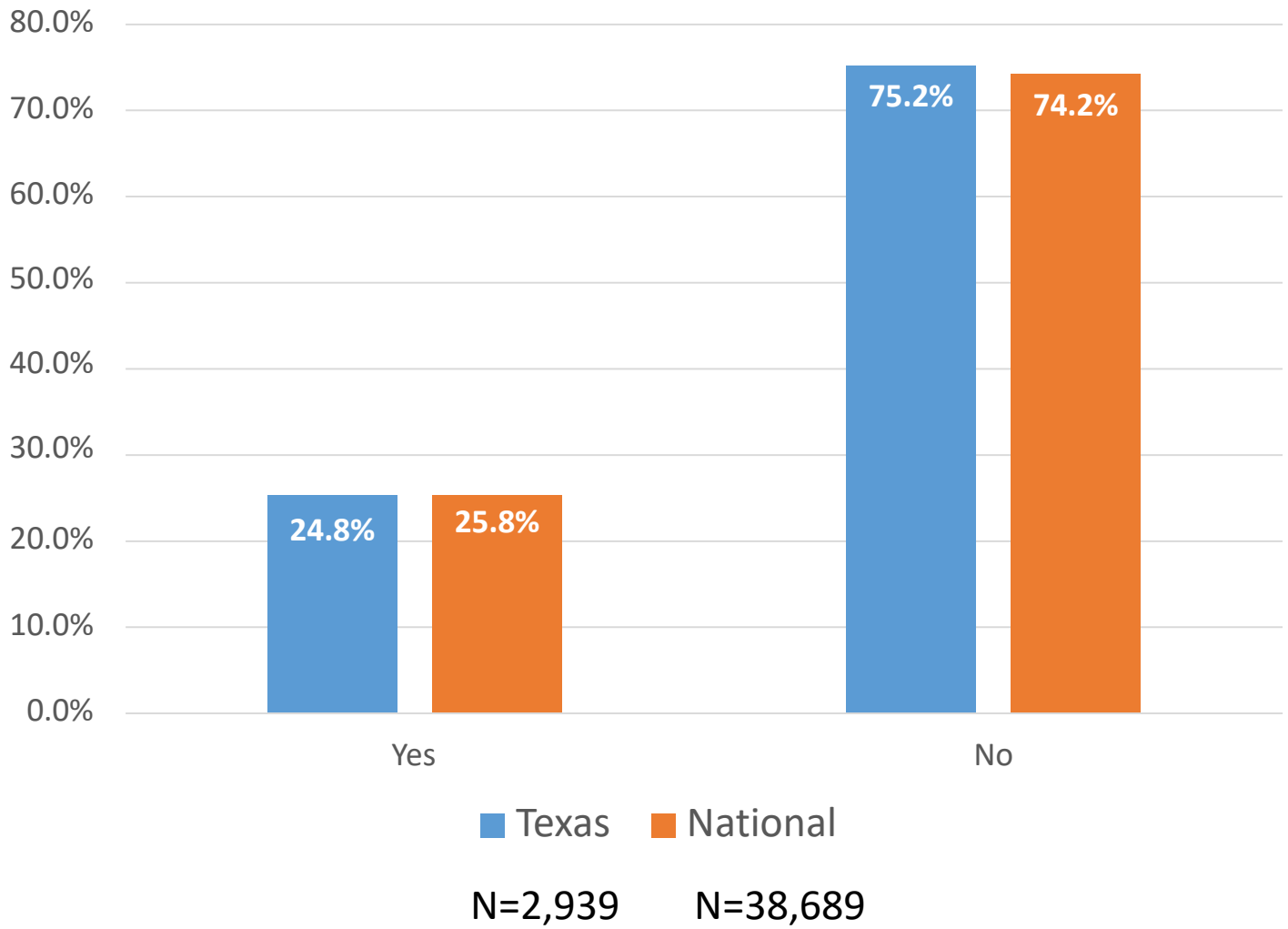
Sustained ROSC



N=2,939 N=38,689

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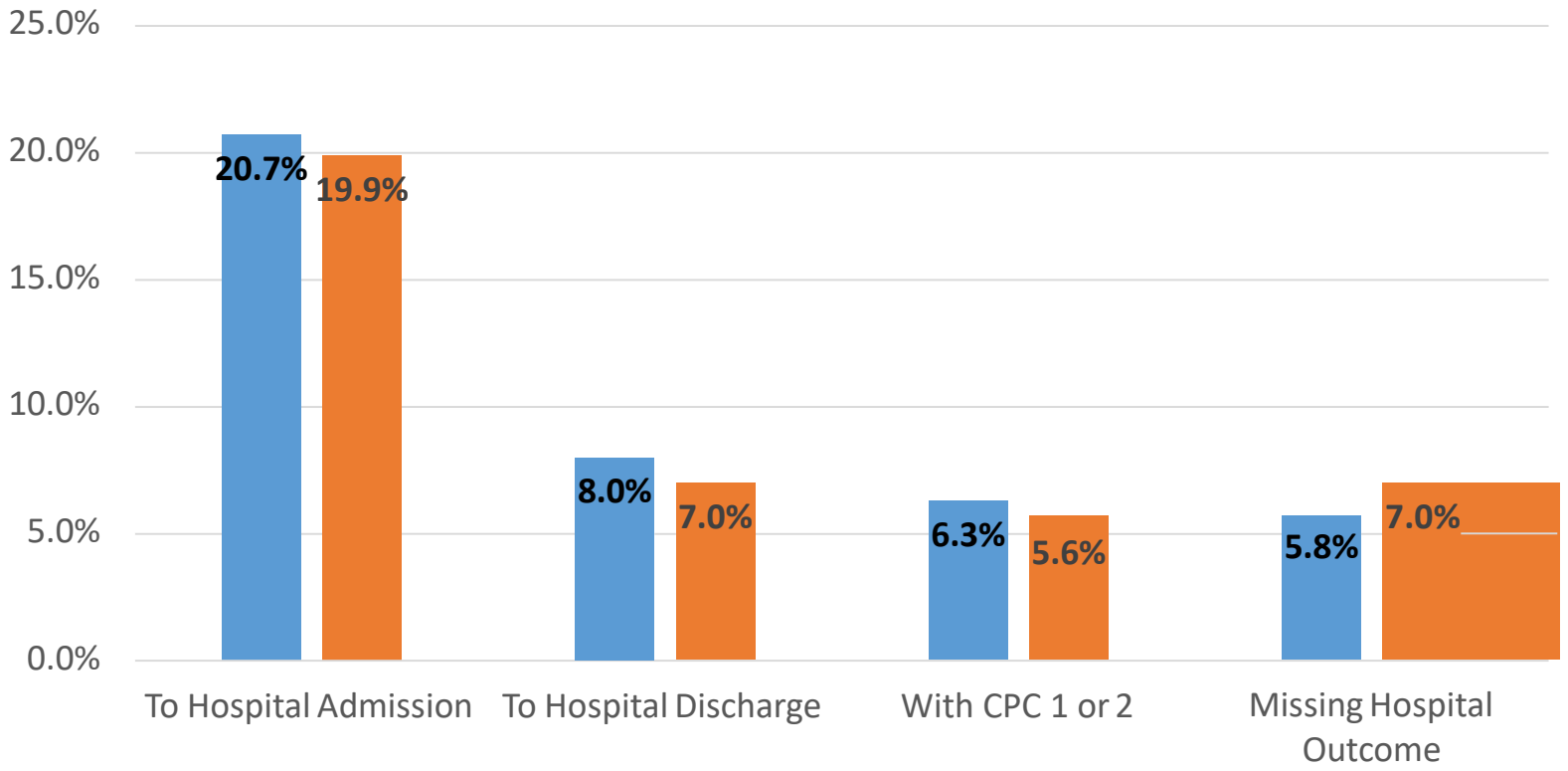
Overall Survival



N=2,961 N=38,891

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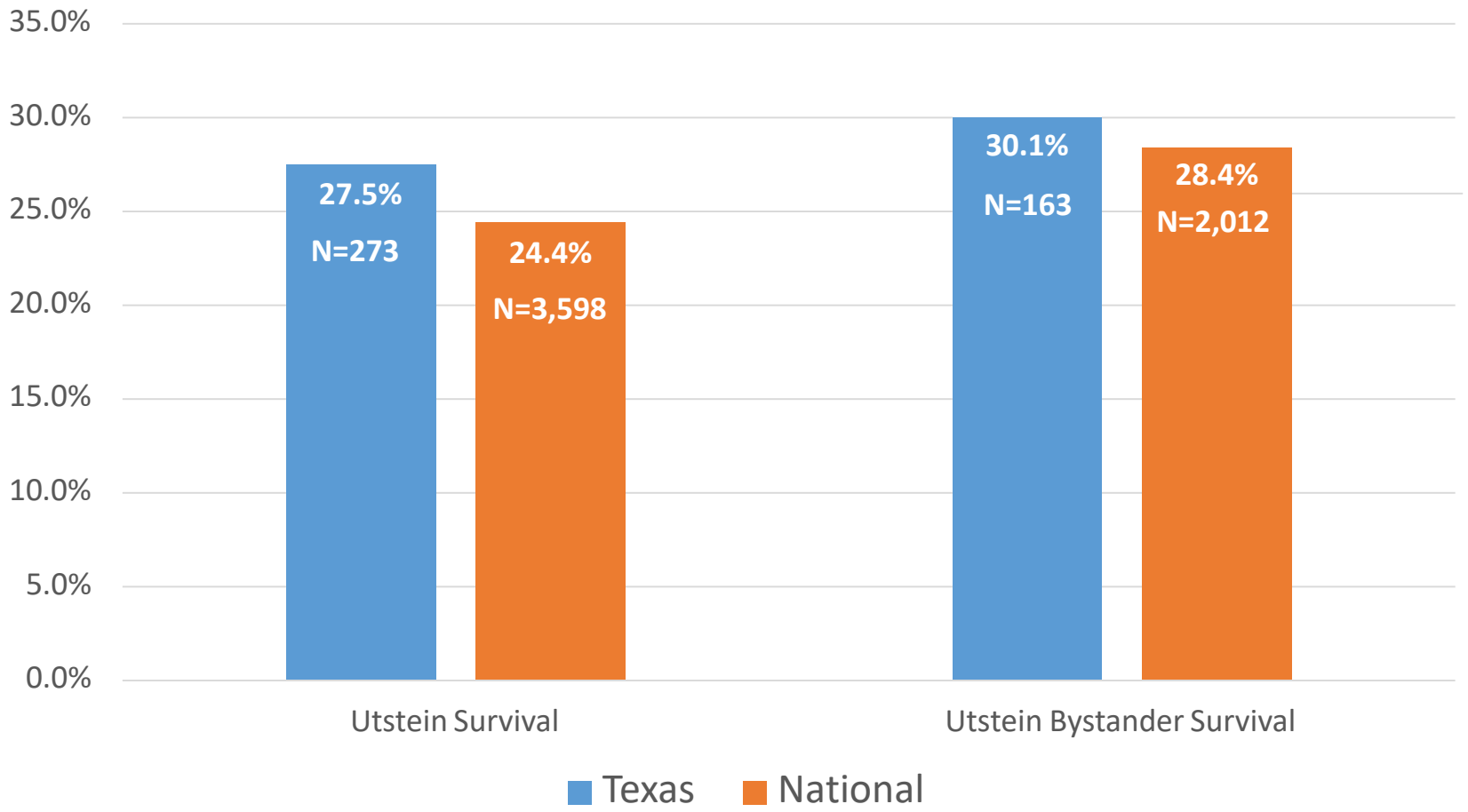
Survival: Witnessed & Shockable



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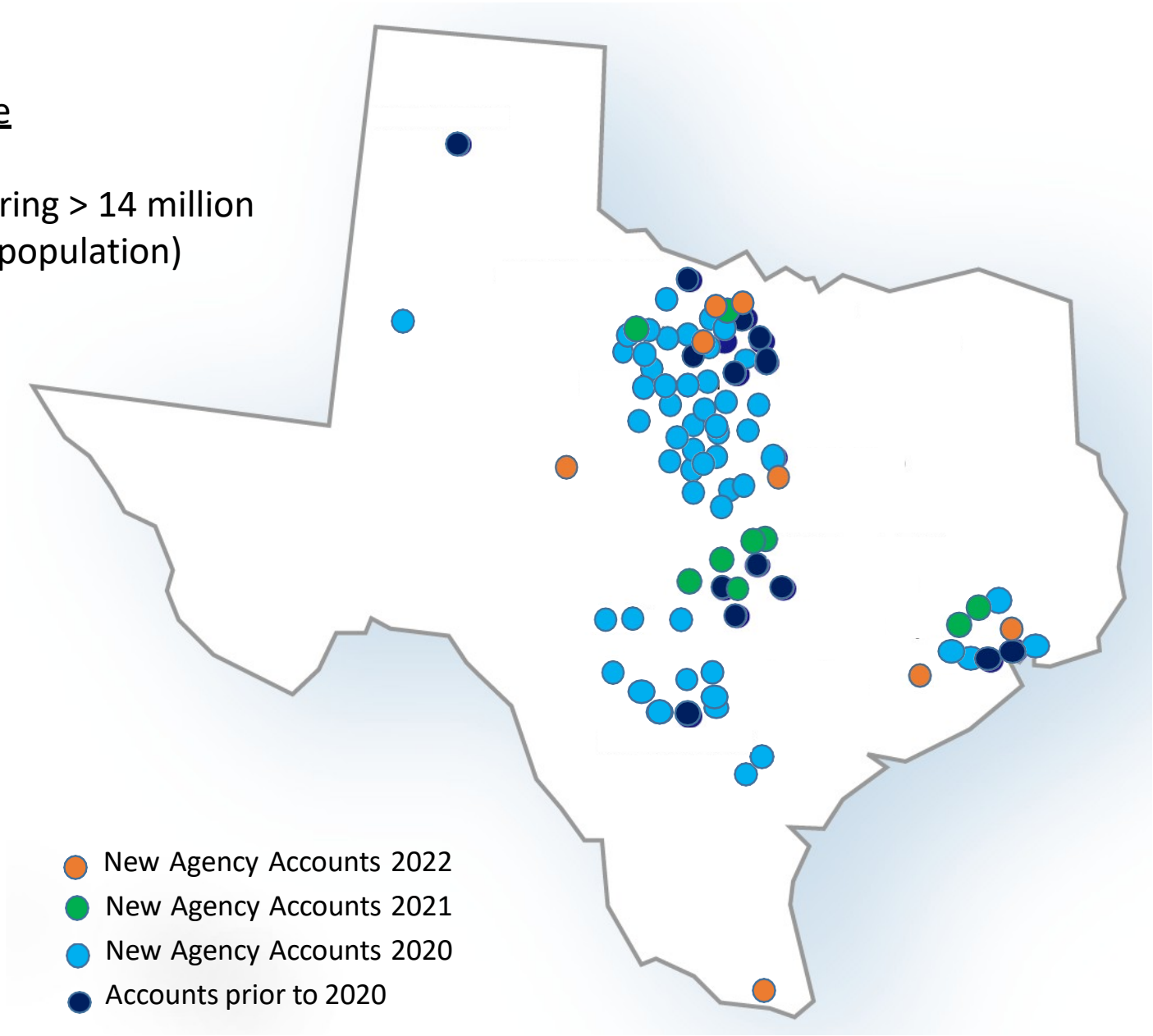
Agency Accounts

Coverage

83 agency accounts covering > 14 million people (~48% statewide population)



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UTHealth Houston | McGovern Medical School

TX CARES DATA SUMMARY REPORT

Demographic & Event Characteristics and Patient Outcomes After Out-of-Hospital Cardiac Arrest in 2021

N = 10,142

TEXAS DEMOGRAPHICS

Non-traumatic etiology with resuscitation attempted

60.9%
of the cardiac arrests occurred in men

62.1 Years
Average age (all arrests)

LOCATION OF ARREST

Most cardiac arrests in Texas occurred at home, similar to national statistics

71.2%
Home/ Residence

12.5%
Nursing Home

16.3%
Public Setting

ARREST WITNESSED STATUS

First Responder	1,426	14.1%
Bystander	3,814	37.6%
Unwitnessed	4,902	48.3%

WHO INITIATED CPR?

Bystander	4,419	43.6%
First Responder	2,891	28.5%
Emergency Medical Services (EMS)	2,830	27.9%
Not Applicable	2	0.0%

BYSTANDER AED APPLICATION

In cases when Automated External Defibrillator was applied

25.7%
were applied by bystanders in Texas

20.7%
were applied by bystanders nationally

SUSTAINED ROSC

Return of Spontaneous Circulation

25.1%
of cardiac arrests had sustained ROSC, compared to 27.1% nationally

SURVIVAL*

2,417 (23.8%)
patients survived to hospital admission

927 (9.1%)
patients survived to hospital discharge

686 (6.8%)
patients retained good or moderate cerebral performance

*Utstein Survival (survival among witnessed and shockable arrests) = 265/904 (29.3%)

For more information, please contact

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UTHealth at Houston

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602-918-3530

https://tx-cares.com

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GETAC Stakeholder Reports August 2022

Texas Suicide Prevention Coalition

Christine Reeves

Texas Suicide Prevention Council

- 9-8-8 rolled out as the new number for the National Suicide & Crisis Lifeline on July 16th.
- The local coalitions have begun meeting together on a regular basis to shared lessons learned and have speakers on different projects around the nation.

GETAC Stakeholder Reports August 2022

Stop the Bleed Texas Coalition

Christine Reeves

Stop the Bleed Texas Coalition

- The Stop the Bleed Texas Coalition continues to work with the DSHS Registry Staff on a data collection project related to bleeding control. We found we needed a little longer to ensure the data is as 'clean' as possible.
- STB Month was a success. Please see the Summer newsletter for more information.
- Our next STB TX Coalition meeting is scheduled for Friday, September 9th at 1000 via TEAMS. Contact creeves@centraltexasrac.org to get added to the list & invite.

GETAC Stakeholder Reports August 2022

Texas Wristband Project

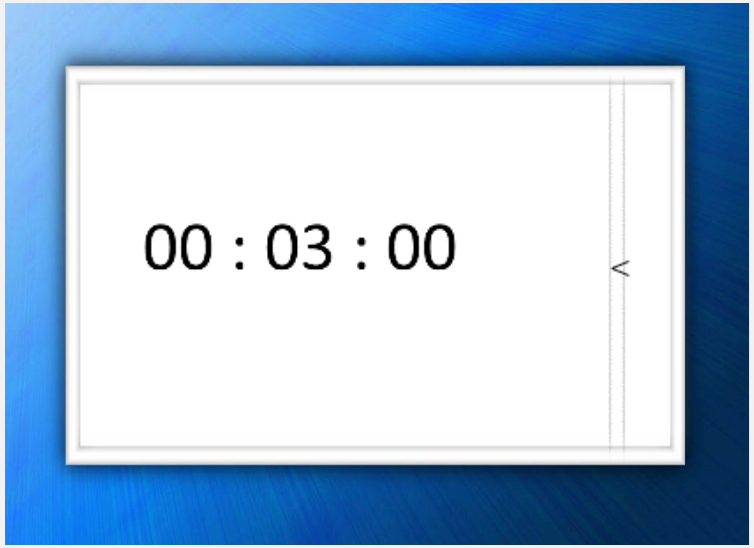
Christine Reeves

Texas Wristband Project

- The EMS & hospitals across the State are still working towards the January 2023 deadline that was set.
- The Texas EMS & Trauma Registry has delayed the NEMSIS update to March 2023.
- Discussions continue with a lot of different partners and entities to use this wristband as a unique identifier.
- We are still looking for success stories to share. There a been a few discussions are possible enhancements to the next version of the wristband, such as addition of a title, the use of TX before the number, adding all characters as alpha-numeric. Any changes will not make the current band unusable. There is no timeline at the time for changes to occur.
- Implementation across all the State is our focus.

General Public Comment

- Three minutes is the allocated allotment of time for public comment.
- Please state the following when asking questions or making comments:
    - your name,
    - the organization you represent, and
    - the agenda item you would like to address.



Announcements

Next Council Meeting Dates:

Adjournment

Thank you!