



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Governor's EMS and Trauma Advisory Council

Thursday, March 9, 2023

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:
DoubleTree by Hilton Austin
6505 N Interstate 35
Austin, TX 78752

Virtual Rules of Participation



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Health Services

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

2023 Governor's EMS and Trauma Advisory Council Meeting



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.



Roll Call

Council Members:

- If attending virtually, please have your camera on during today's meeting.
- For members in the room, please remember to speak directly into the microphone so that online participants can hear your comments.



Approval of Minutes

Review and Approval Minutes

- November 21, 2022



Texas Department of State
Health Services

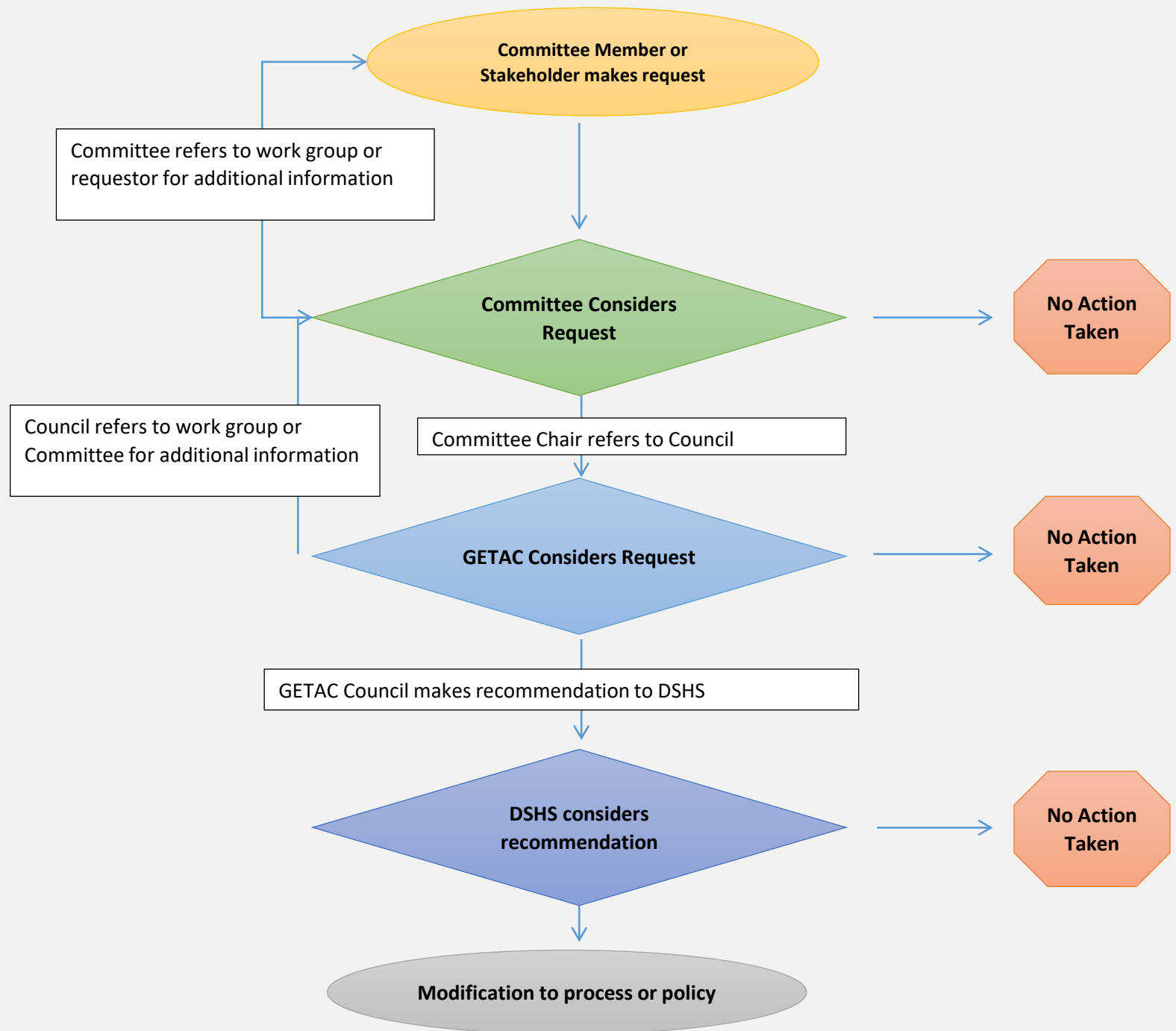
Chair Report and Discussion

- Update from Strategic Retreat
- Update on meeting with the Governor's Office



Texas Department of State
Health Services

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

Council and committee members **cannot participate in GETAC meetings without an annual Conflict of Interest form on file with DSHS.**



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**Texas Department of State
Health Services**

Center for Health Emergency Preparedness and Response

Michelle Petraitis, Response and Recovery Unit
Director



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EMS Trauma Systems Update

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

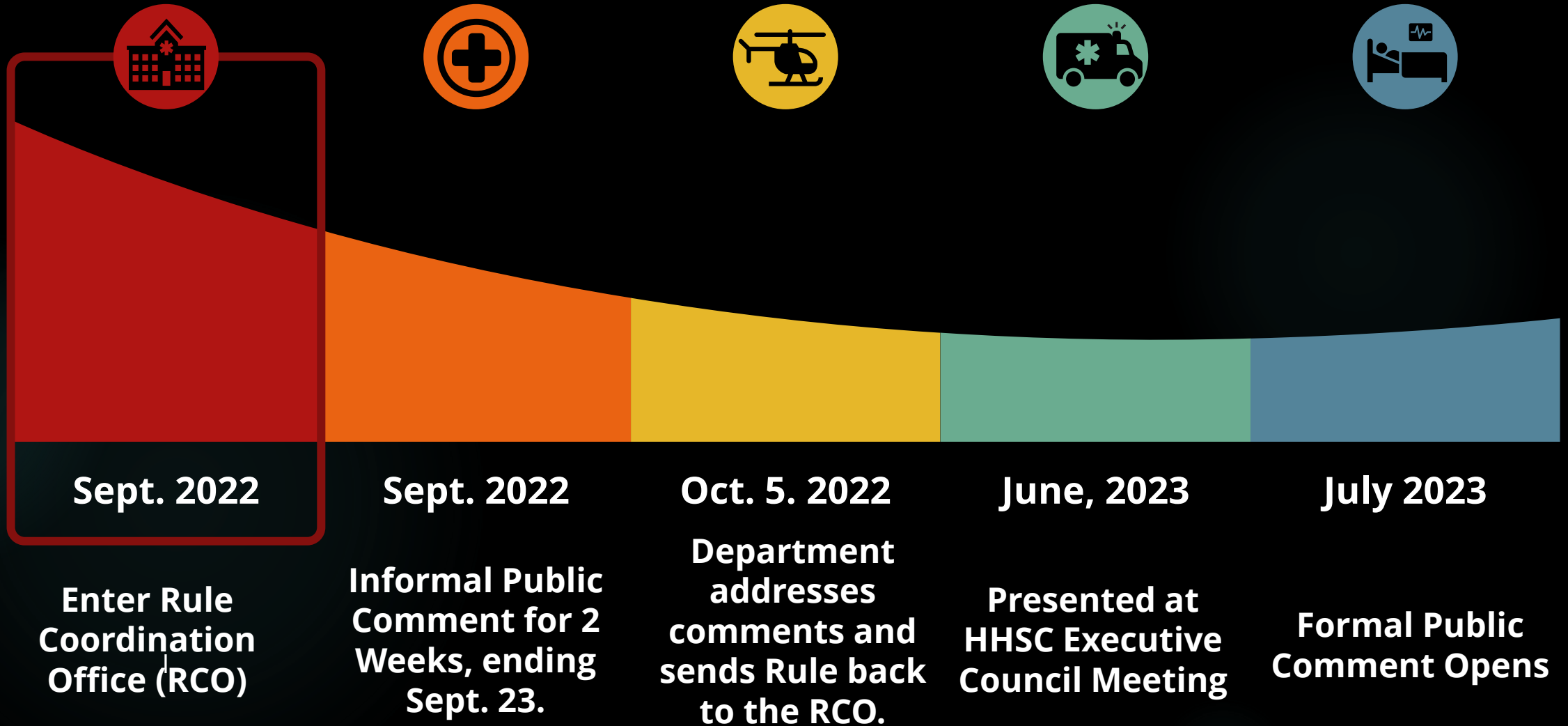


Trauma Rules Update

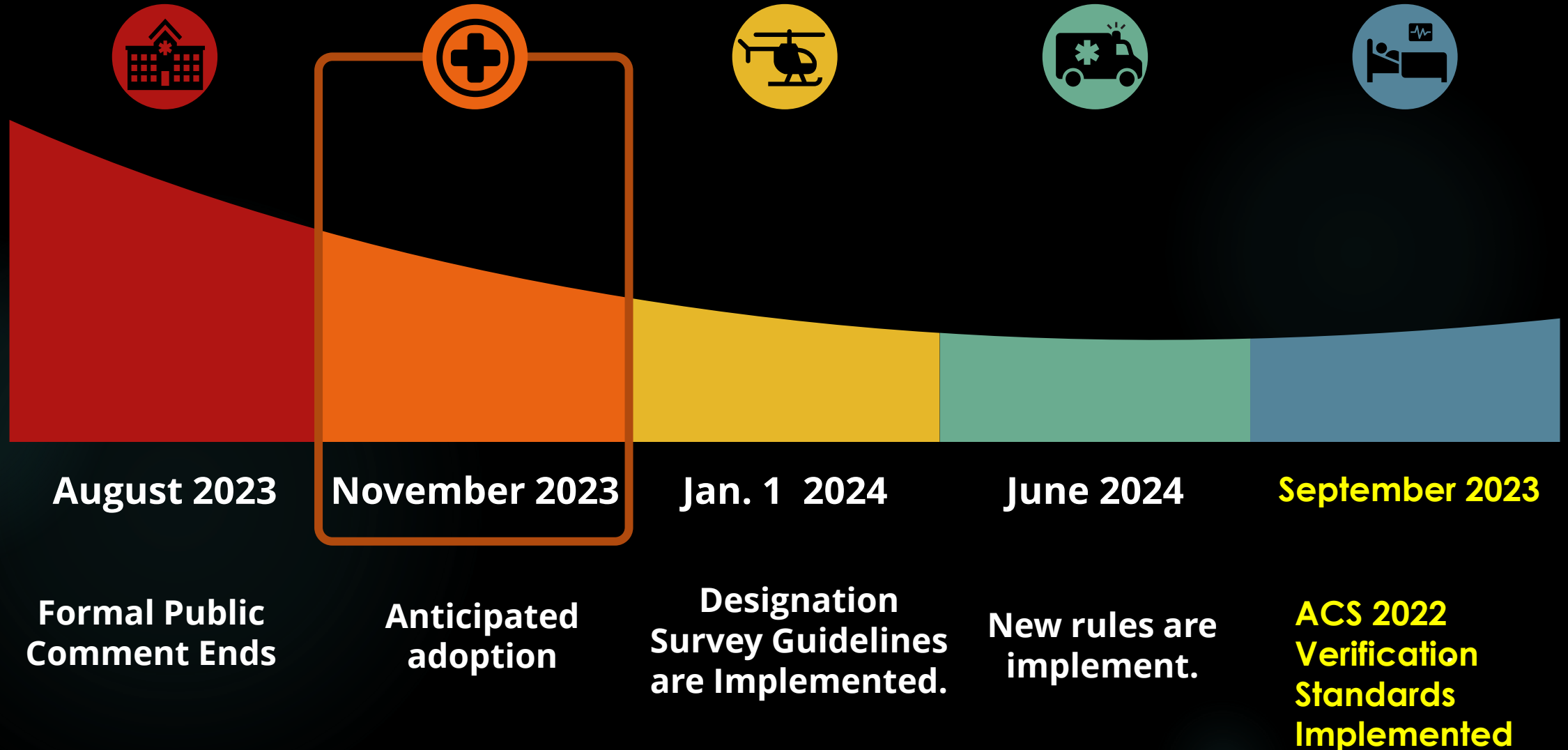
- 157.2 Definitions
- 157.123 Regional Emergency Medical Services /Trauma System
- 157.125 Requirements for Trauma Facility Designation
- 157.128 Denial, Suspension, and Revocation
- 157.130 Emergency Medical Services and Trauma Care Account and Emergency Medical Services, Trauma Facilities and Trauma Care System Fund
- 157.131 Designated Trauma Facility and Emergency Medical Services Account



Trauma Rule Timeline



Trauma Rule Timeline



Texas Designation Survey Guidelines



Guidelines apply to all designated surveys



Goal: standardize the survey processes

Facility Survey Planning and Preparedness
Survey Organization Expectations
Surveyor Expectations



Posted in April of 2023



**Survey Organizations – Applications
September 1**



**Survey Guidelines Implementation –
January 1, 2024**



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Health Services

Activities

- Rural Level IV and Non-Rural Level IV/III Monthly Calls
 - Technical Assistance
- RAC Monthly Meetings
- Initiate Calls with Survey Organizations / Surveyors
- Rural Trauma Center Project
- Initiate Stroke Facility Calls



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.



Department Staffing

- Audited positions
- Medical Advisory Board
 - Hired 3 PS I
 - Two additional positions PS III PS I
- Funding
 - Manager IV
 - Funding PS III
- Designation Unit
 - 3 Designation Coordinators
- GETAC and Regional Advisory Council Specialist



FUNDING



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Uncompensated Trauma Care Grant



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UCC Historical Request

FY	\$\$ Requested	Number of Hospitals
2020	\$ 457,280,449.49	291
2019	\$ 411,557,019.85	296
2018	\$ 405,366,220.07	296
2017	\$ 359,205,190.93	286
2016	\$ 325,680,583.91	289
2015	\$ 308,972,602.79	293
2014	\$ 290,614,114.25	295
2013	\$ 259,417,766.40	286
2012	\$ 234,102,983.54	281
2011	\$ 210,733,441.65	268



UCC

2023

- UCC Applications Received: 297
- Total Designated IAP Trauma Centers: 314
- Uncompensated Amount Requested: \$1,749,813,153.17
- EEF Dollars Requested: \$353,879.16
- EEF Dollars Awarded: \$48,879.16
- EEF Dollars Remaining: \$951,120.84

2022

- UCC Applications Received: 291
- Total Designated IAP Trauma Centers: 315
- Uncompensated Amount Requested: \$1,921,294,591.69
- EEF Dollars Requested: \$13,286,822.70
- EEF Dollars Awarded: \$967,555.14
- EEF Dollars Remaining: \$32,444.86



El.7 Securing State Trauma System Coordination

- ◆ **RAC Funding Support, \$6.6 M:** to provide additional funding for each Regional Advisory Council to keep pace with increasing responsibilities, including compliance with statutory requirements.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	\$3.3 M	\$3.3 M	\$6.6 M
All Funds	\$3.3 M	\$3.3 M	\$6.6 M

FTEs	Program Data	Number
FY 2024: 0	Regional Advisory Councils	22
FY 2025: 0		



Designation Update

Elizabeth Stevenson, BSN, RN
Designation Programs Manager

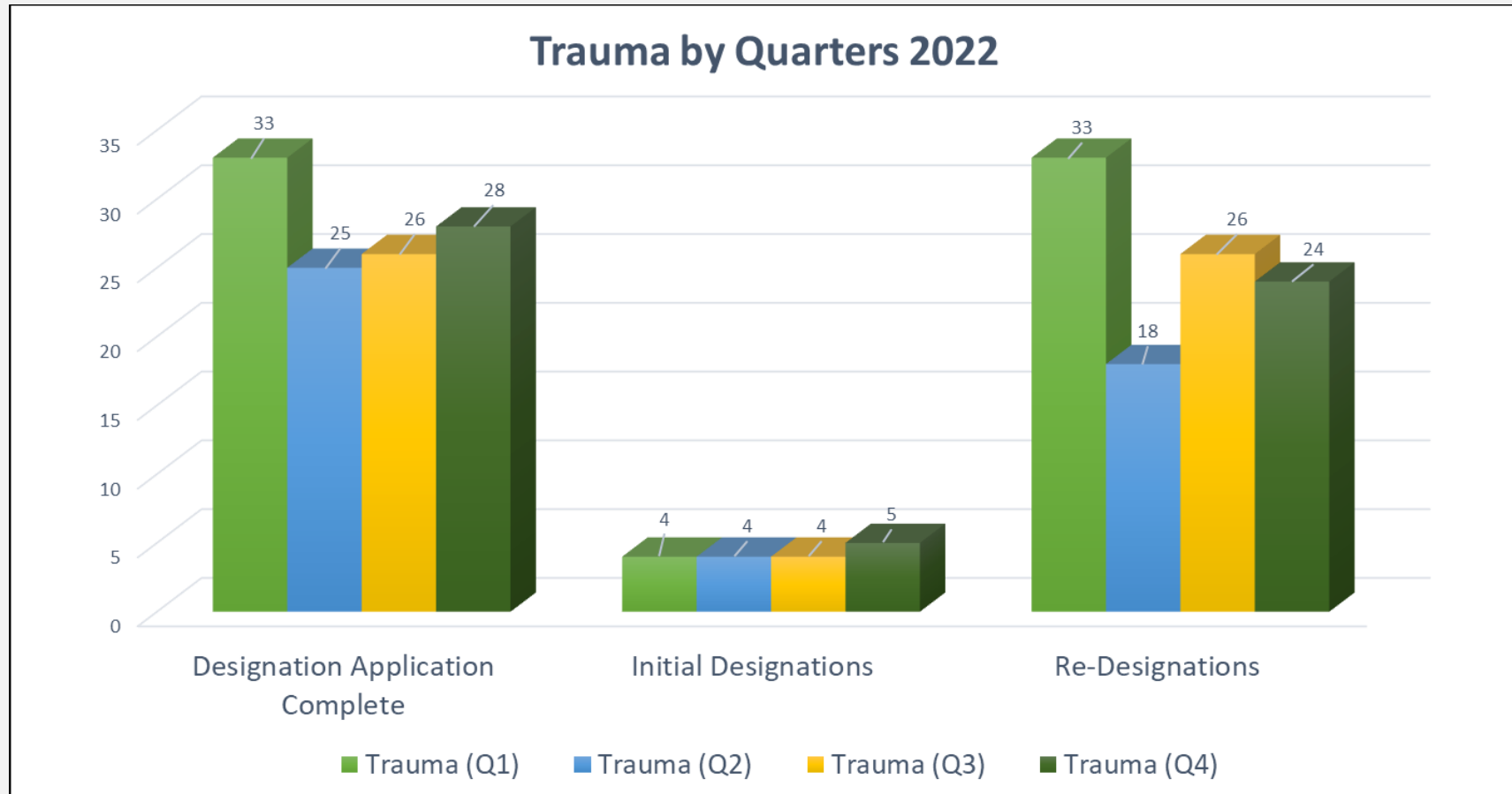


Designated Trauma Facilities

Designated Trauma Facilities	1st Quarter	2nd Quarter	3rd Quarter	4 th Quarter
	2022	2022	2022	2022
Total	301	303	305	306
Level I	20	20	20	21
Level II	26	26	26	26
Level III	61	59	61	62
Level IV	194	198	198	197



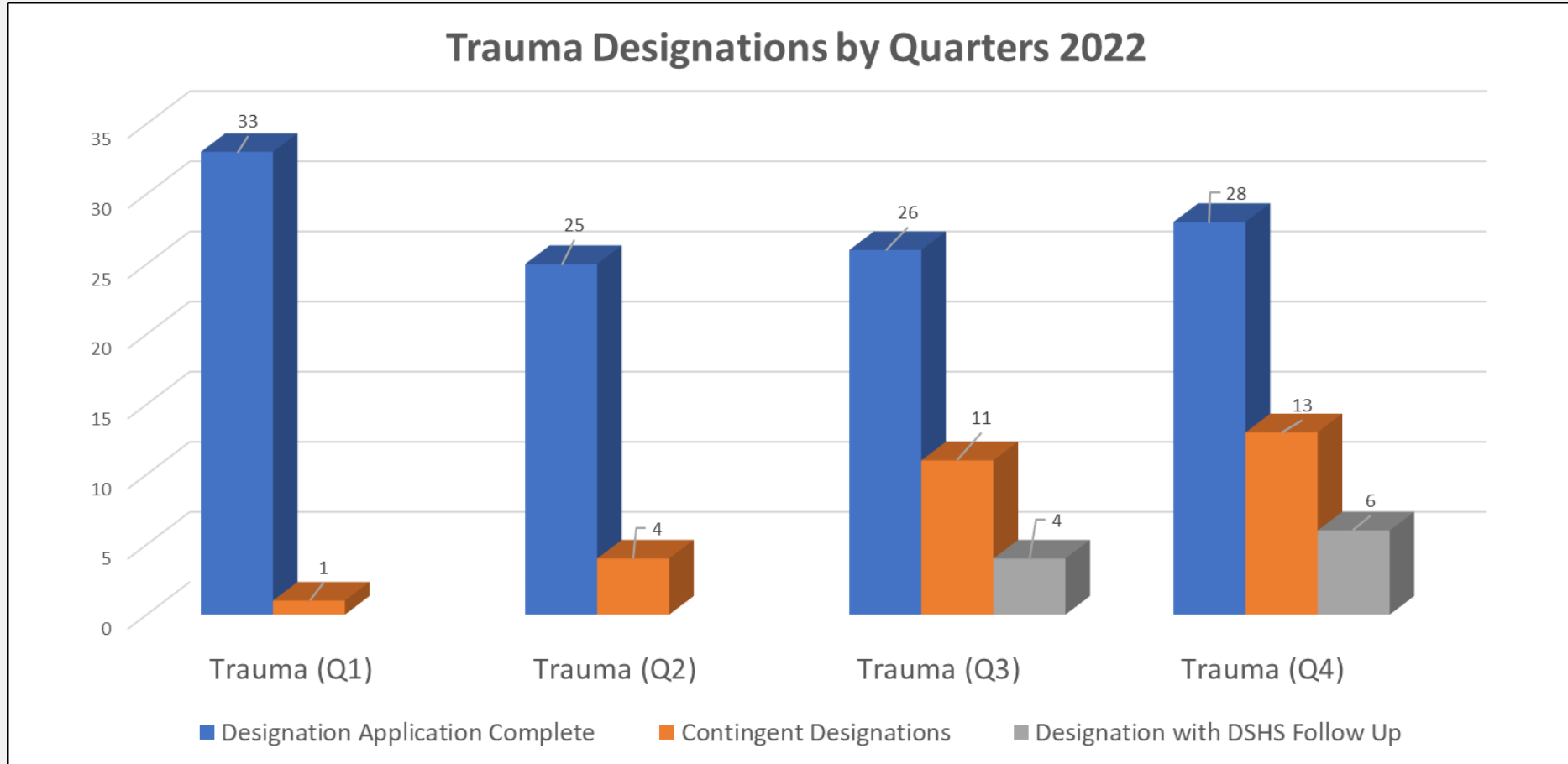
Trauma Designation Data



Trauma Designation Data

Trauma 2022	Trauma (Q1)	Trauma (Q2)	Trauma (Q3)	Trauma (Q4)
Designated at a Higher Level	2	0	0	3
Designated at a Lower Level	0	1	1	0
Facilities In Active Pursuit	14	12	8	9
Level I	0	0	0	0
Level II	0	0	0	0
Level III	2	4	3	3
Level IV	9	6	5	6
New IAP Recognitions	3	2	0	1
Contingent Designations	1	4	11	13
Level of Contingent Designation	Level III	Level IV	Level III - 2, Level IV - 9	Level IV-9 Level III-2 Level II-1 Level I-1 (3 Initials)

Trauma Designation Data



Common Deficiencies

Common Theme for Contingencies and Focused Review:

Trauma Performance Improvement Plan and Follow Through

Nursing Documentation

TMD CME/JD

ED Physician CME/Response

Specialty Physician Credentialing/Response

Continuous PI for 3yr cycle

Nursing w/TNCC, ACLS

Protocols/Standards

Education Provided for Staff/Community

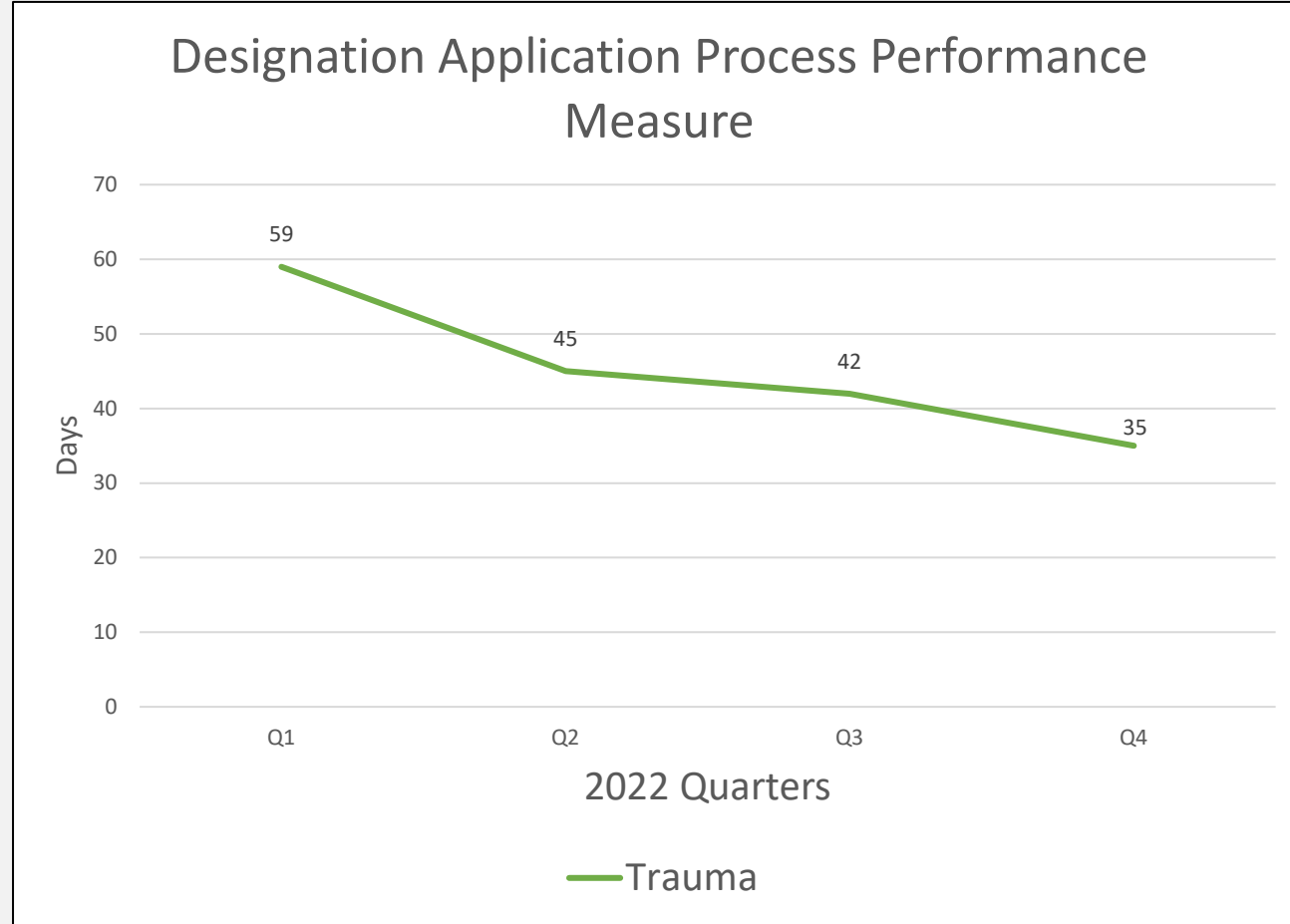
Designation Application Process Performance Measures

Goal – 30 days

Trauma – 35 days

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

Approved Documents to Facilities – 2 days.



Designation Support Trauma

Support Provided	4 th Quarter 2022
Program assistance/questions	52
Survey Follow up/Check In	46
Surveys Attended	2
Facility Visits	2

Designated Perinatal Facilities

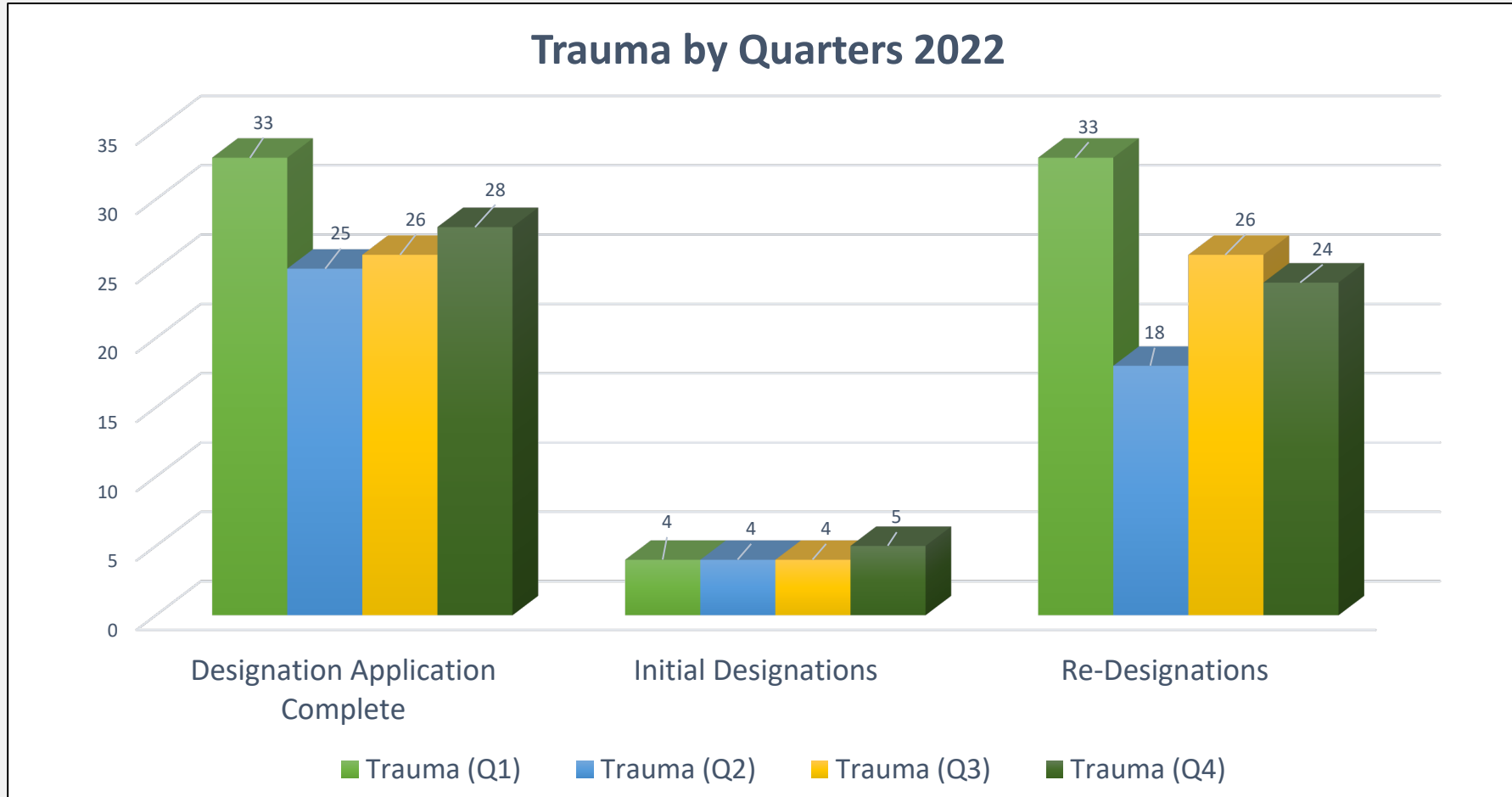
Designated Maternal Facilities	1st Quarter 2022	2nd Quarter 2022	3rd Quarter 2022	4th Quarter 2022
Total	222	222	222	222
Level IV	32	32	32	32
Level III	44	44	44	44
Level II	93	93	93	93
Level I	53	53	53	53

Designated Neonatal Facilities	1st Quarter 2022	2nd Quarter 2022	3rd Quarter 2022	4th Quarter 2022
Total	227	227	227	227
Level IV	22	22	22	22
Level III	66	69	73	73
Level II	57	54	50	52
Level I	82	82	82	80

Designated Trauma Facilities

Designated Trauma Facilities	1st Quarter	2nd Quarter	3rd Quarter	4 th Quarter
	2022	2022	2022	2022
Total	301	303	305	306
Level I	20	20	20	21
Level II	26	26	26	26
Level III	61	59	61	62
Level IV	194	198	198	197

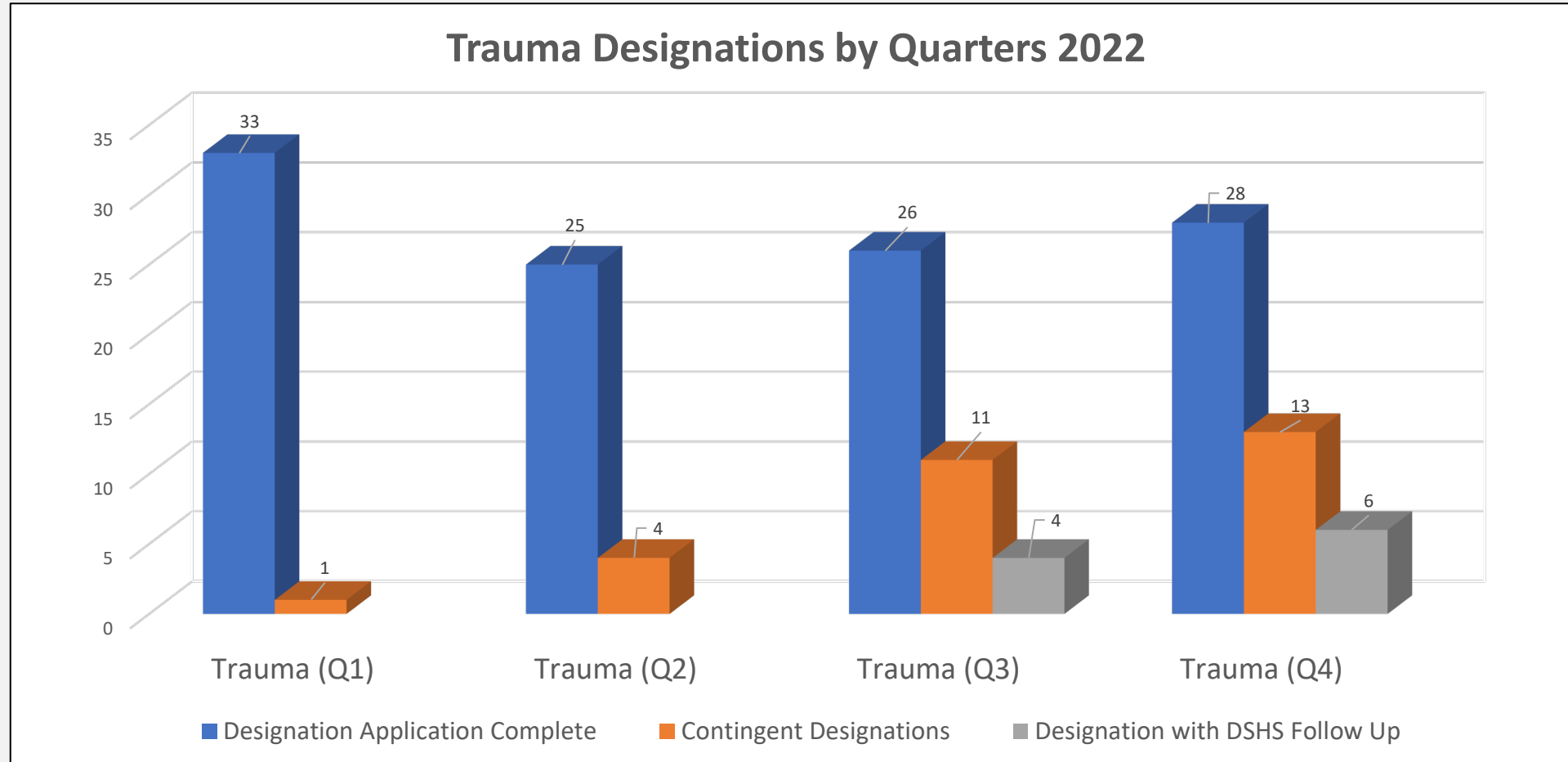
Trauma Designation Data



Trauma Designation Data

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Designated at a Higher Level	2	0	0	3
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Facilities In Active Pursuit	14	12	8	9
Level I	0	0	0	0
Level II	0	0	0	0
Level III	2	4	3	3
Level IV	9	6	5	6
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Trauma Designation Data



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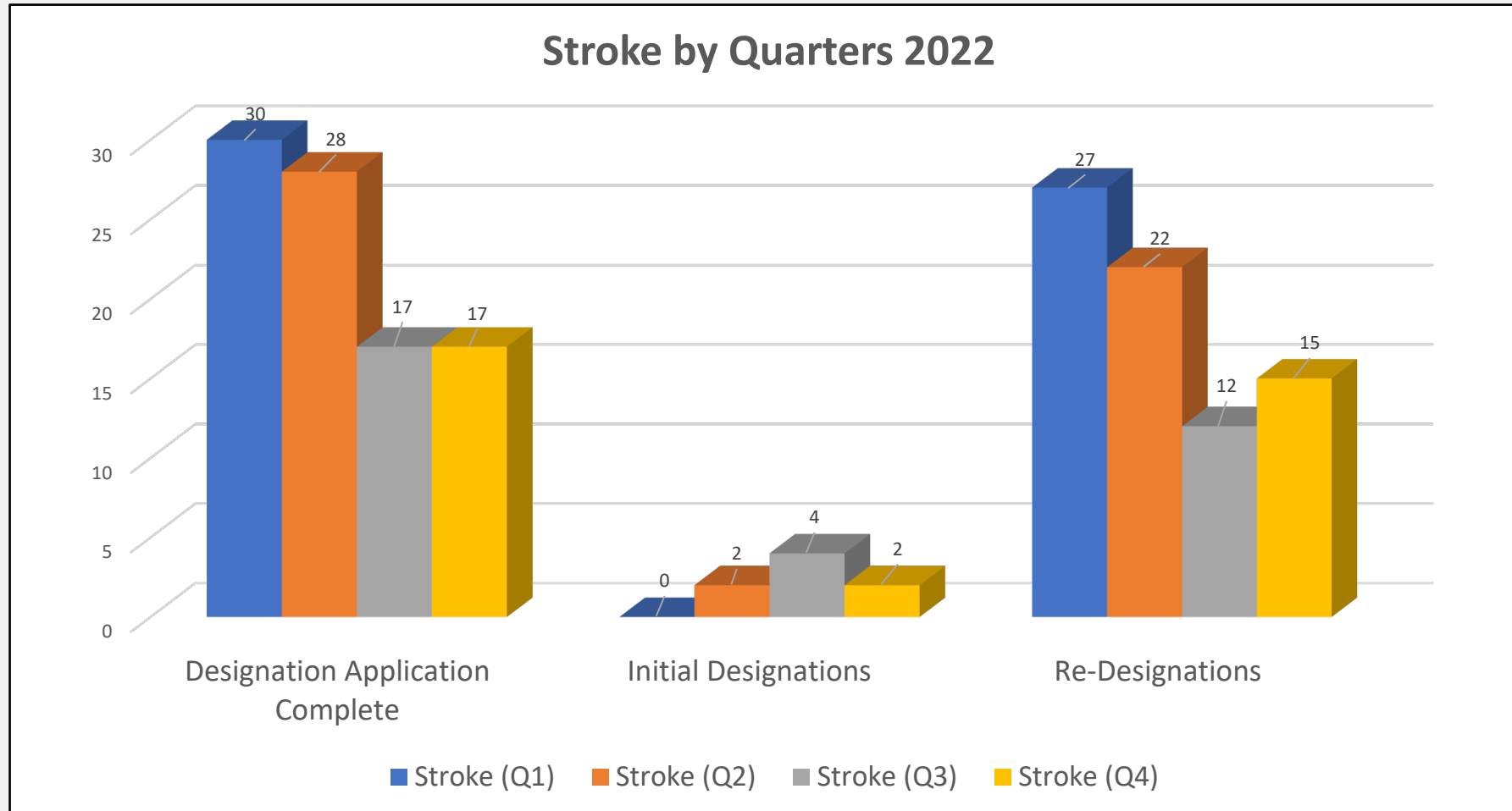
Designation Support Trauma

Support Provided	4 th Quarter 2022
Program assistance/questions	52
Survey Follow up/Check In	46
Surveys Attended	2
Facility Visits	2

Designated Stroke Facilities

Designated Stroke Facilities	1st Quarter	2nd Quarter	3rd Quarter	4 th Quarter
	2022	2022	2022	2022
Total	175	178	180	181
Level I	39	39	41	42
Level II	117	119	119	115
Level III	19	20	20	23
Level IV	0	0	0	1

Stroke Designation Data



Designation Application Process Performance Measures

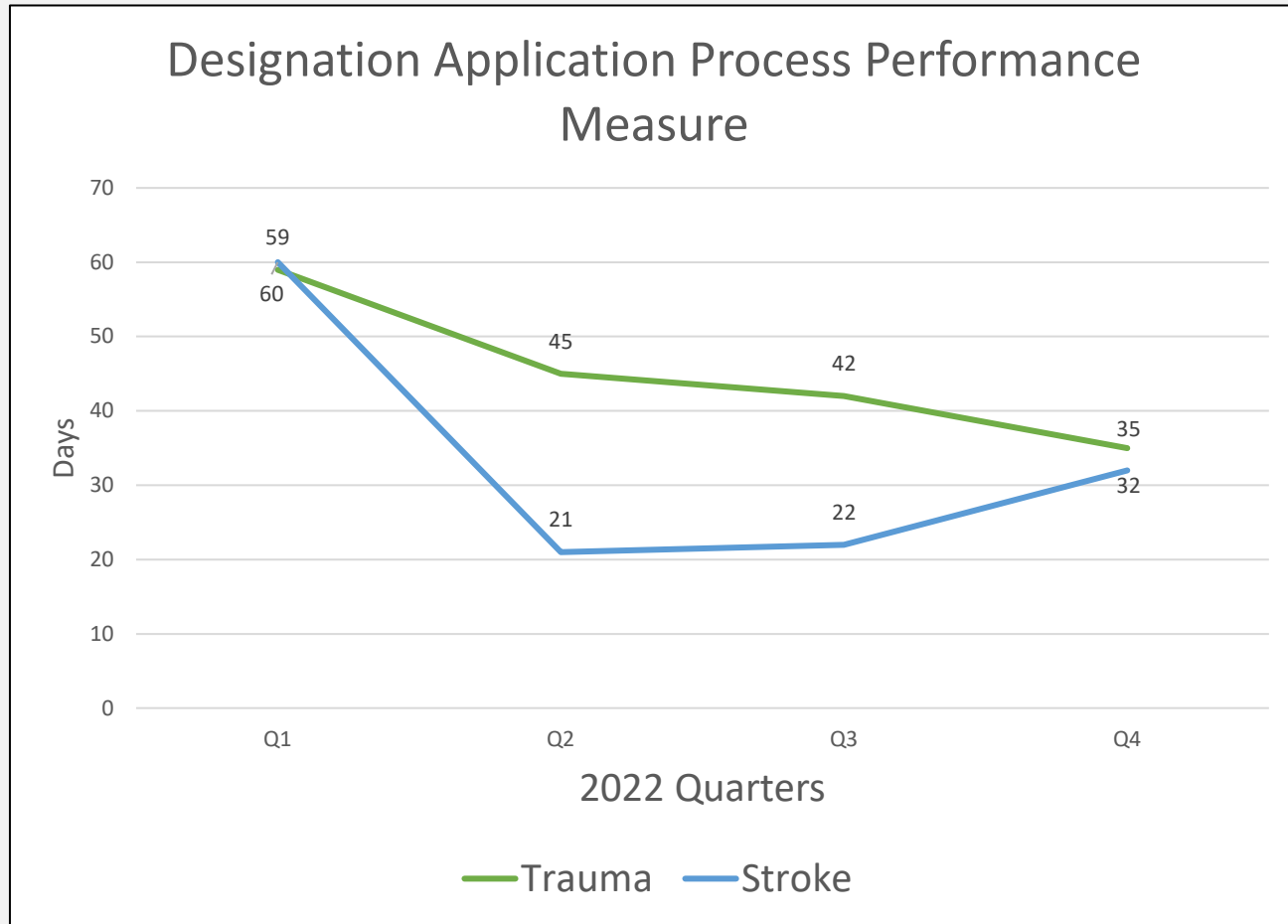
Goal – 30 days

Trauma – 35 days

Stroke – 32 days

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

Approved Documents to Facilities – 2 days.



Stroke Designations Website List

Stroke Levels Designated After September 1, 2022	Stroke Levels Designated Before September 1, 2022
<ul style="list-style-type: none">• Comprehensive (Level I)• Advanced (Level II)• Primary (Level III)• Acute Stroke Ready (Level IV)• Primary (Level II)• Support (Level III)	<ul style="list-style-type: none">• Comprehensive (Level I)• Primary (Level II)• Support (Level III)

EMS System Update

Joe Schmider

Texas State EMS Director



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Senate Bill 8 Update



The screenshot shows the Texas Department of State Health Services website. The header includes the Texas logo, the text 'TEXAS Health and Human Services | Texas Department of State Health Services', a search bar, and a language selector 'Inicio en español'. A navigation menu contains links for HOME, COVID-19, ABOUT DSHS, NEWS, I AM A..., MOST POPULAR, RESOURCES, ONLINE SERVICES, and CONTACT US. The main content area features a blurred image of a red and white ambulance with 'AMBULANCE' written on its side. Below the image is the section title 'Team Texas EMS Careers and Opportunities' followed by a thank-you message and a list of five links: 'EMS Employment and Education Opportunities', 'Why Join Team Texas EMS?', 'EMS Education, Training and Certification', 'EMS Education and Training Scholarship', and 'A Look at EMS in Texas'. At the bottom, there is a bold heading 'Across Texas, EMS careers, jobs, education, and volunteer opportunities are available now!' and a paragraph explaining that Regional Advisory Councils (RAC) manage EMS and trauma services and provide information on career, job, education, scholarship, or volunteer opportunities.

- Over 1400 Education Scholarships processed or in process
- EMS Scholarships in each RAC
- Over \$6 million scholarships processed or in process
- Receiving monthly reports from the RACs
- Website has been updated
- \$330,000 from META until end of March
- Second round of funds to RACs

Website and Email Addresses



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

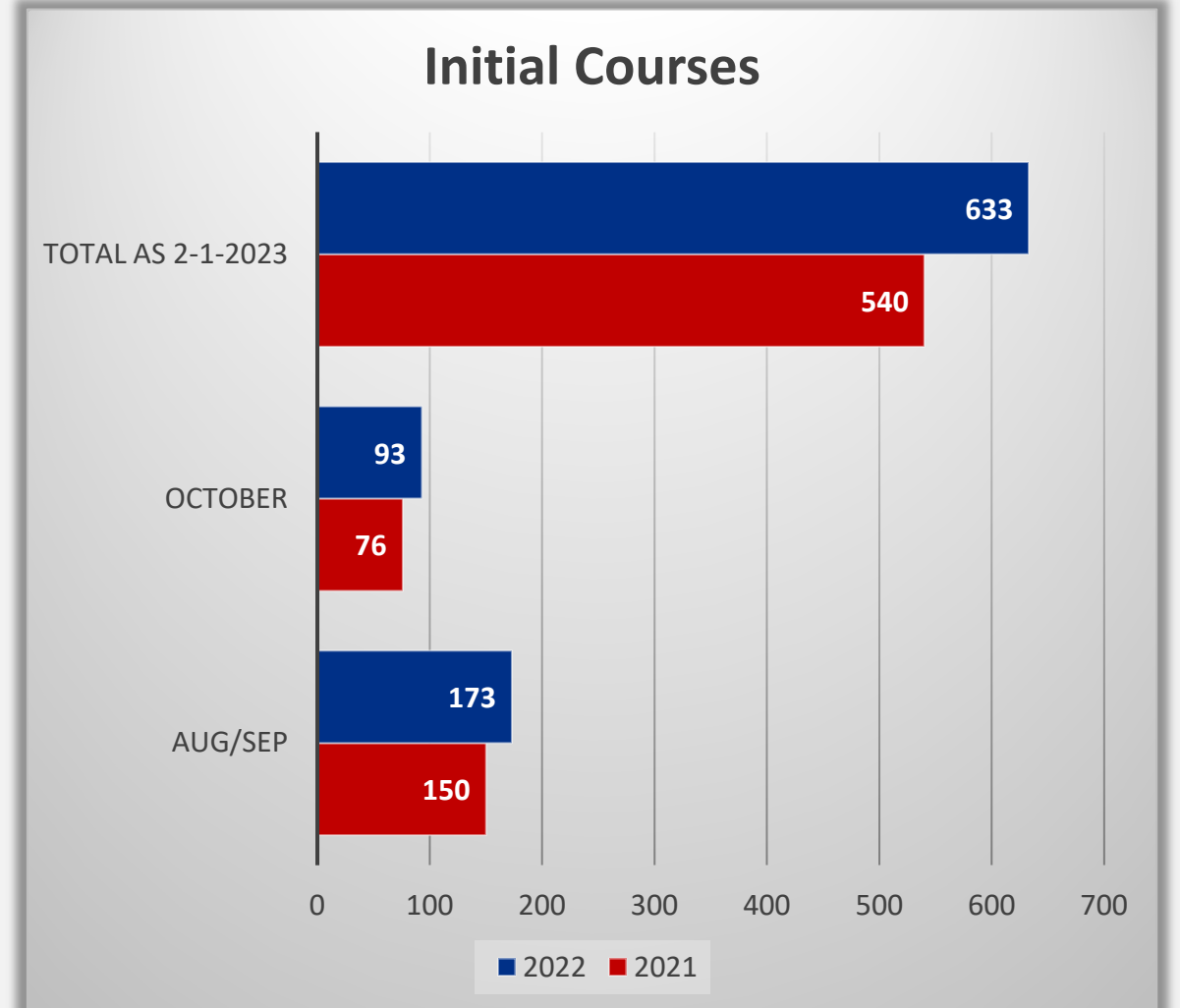


WEBSITE Location:
<https://www.dshs.texas.gov/Team-Texas-EMS/>



EMS Personnel and Initial Course Data

EMS Personnel			
Certification Level	October 2022	November 2022	January 2023
ECA	1,966	1,972	1,939
EMT	37,663	37,783	37,965
AEMT	3,313	3,332	3,340
Paramedic	29,643	29,730	29,982
TOTAL	72,643	72,817	73,226



88R Session Update

- HB 93 and SB 324- Intoxication
- HB 1204/ HB 1775/ HB 1776/ SB 334– involved ESDs
- HB 664 Firefighter Transports
- HB 2233 FR Wellness Education
- HB 2356 Grants for Stroke Amb.
- SB 422 Military Licensure
- SB 510 Release of personal info
- SB 656 Disability on driver license
- SB 525 Mobility devices



Questions for EMS/Trauma Systems?

Thank You

DSHS Texas EMS and Trauma Registry Update

Jia Benno, MPH

Office of Injury Prevention Manager



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Health Services**

Geriatric Trauma Systems Data (Texas 2021)

Prepared by the Injury Prevention Unit
March 9th, 2023

Jia Benno, MPH

Injury Prevention Unit Director

Introduction

- 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

- 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 “*”.
- For this request, EMS/TR used patients ages 65 and older.

Definitions

- Shock – a patient with a blood pressure (BP) of 90 systolic or less on arrival or admission to the trauma center.
- 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.

Data to Support the Trauma Rules



Injury Severity Score (ISS) 11-14

	Total	Transferred In	Transferred Out	Double Transfer	Deceased	LOS**	Mortality
Level I	890	46.29%	0.00%	0.00%	*	6.86	3.93%
Level II	840	25.83%	0.60%	0.00%	*	5.54	3.81%
Level III	505	11.68%	22.57%	*	0.99%	5.92	4.36%
Level IV	424	3.30%	59.91%	*	*	5.13	1.65%

**Length of Stay (LOS) – the average length of stay in days for each trauma center level

ISS 15-24

	Total	Transferred In	Transferred Out	Double Transfer	Deceased	LOS**	Mortality
Level I	1,166	47.26%	0.00%	0.00%	0.77%	7.93	8.32%
Level II	1,086	31.03%	0.46%	*	1.10%	6.87	5.89%
Level III	641	14.35%	27.15%	*	*	7.20	4.21%
Level IV	510	7.84%	66.27%	*	*	5.99	3.33%

**LOS – the average length of stay in days for each trauma center level

ISS \geq 25

	Total	Transferred In	Transferred Out	Double Transfer	Deceased	LOS**	Mortality
Level I	787	45.24%	*	0.00%	7.12%	9.20	26.30%
Level II	683	29.14%	*	0.00%	4.54%	7.70	21.82%
Level III	337	15.43%	24.33%	*	5.93%	8.57	20.77%
Level IV	271	9.23%	55.35%	*	3.32%	6.38	9.23%

**LOS – the average length of stay in days for each trauma center level

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



Trauma Patients – Shock versus No Shock



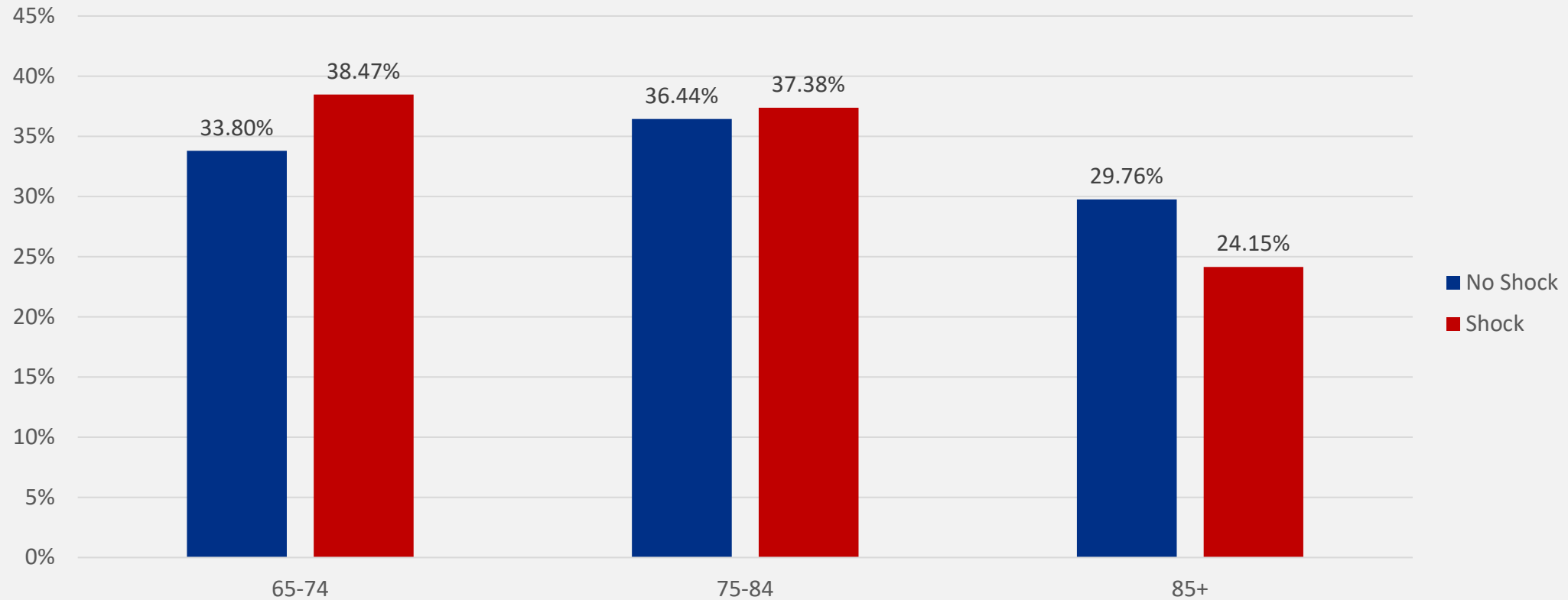
Mechanism of Injury (MOI) – Shock versus No Shock

Shock patients – 2,290; No shock patients – 58,671

MOI	Shock	No Shock
Fall	76.29%	86.66%
Motor Vehicle Traffic (MVT) - Occupant	8.65%	5.25%
Not Applicable	2.14%	0.47%
MVT - Pedestrian	1.92%	0.46%
Firearm	1.92%	0.36%
Struck by/Against	1.62%	1.49%
Cut/Pierce	1.05%	0.63%
Pedestrian, Other	0.92%	0.23%
MV-Nontraffic	0.87%	0.56%

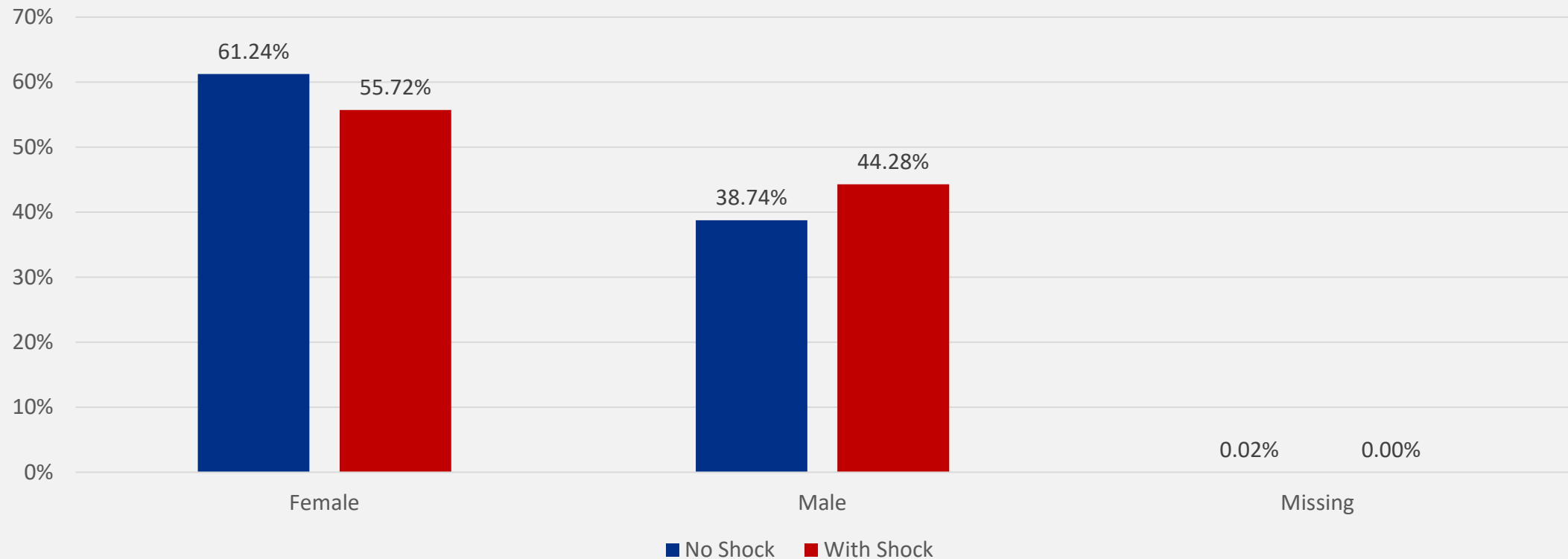
Patient's Age – Shock versus No Shock

Shock patients – 2,290; No shock patients – 58,671



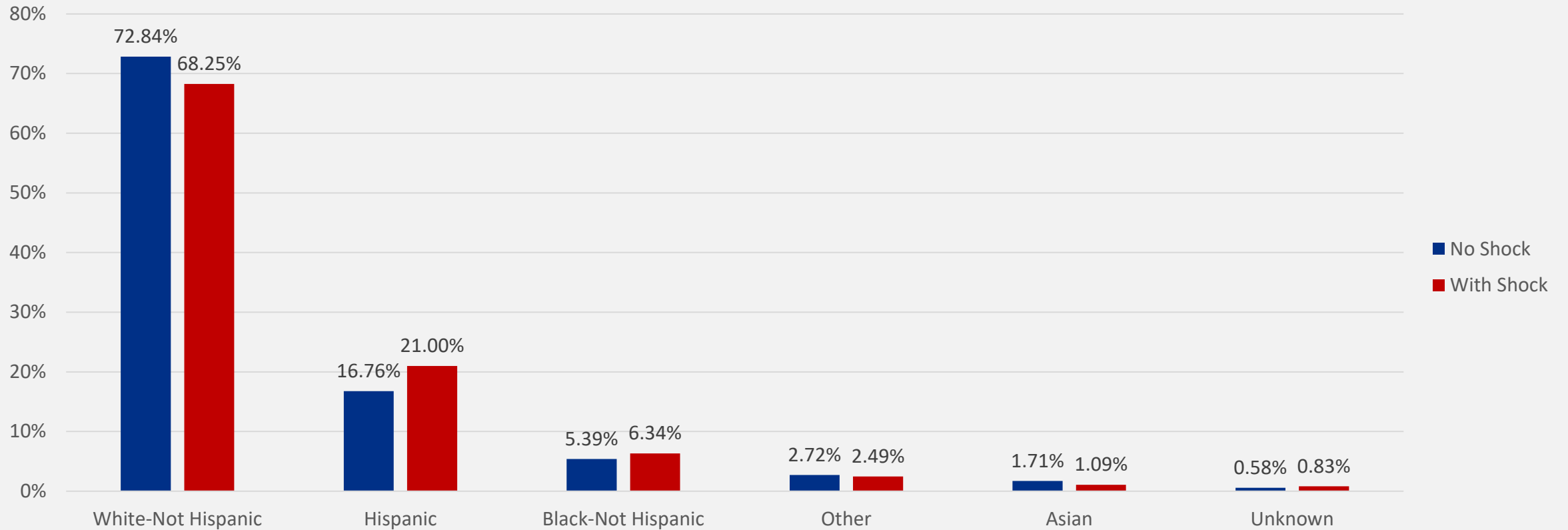
Patient's Gender – Shock versus No Shock

Shock patients – 2,290; No shock patients – 58,671



Patient's Race and Ethnicity – Shock versus No Shock

Shock patients – 2,290; No shock patients – 58,671



Transport Mode – Shock versus No Shock

Shock patients – 2,290; No shock patients – 58,671

Transport Mode	Shock	No Shock
Ground Ambulance	75.63%	79.34%
Private / Public Vehicle / Walk in	16.90%	17.39%
Helicopter Ambulance	5.59%	2.75%
Not Known / Not Recorded	0.83%	0.23%
Fixed-Wing Ambulance	0.22%	0.15%
Other	*	0.06%
Police	*	0.02%
Missing	0.74%	0.06%

Emergency Department (ED) Disposition – Shock versus No Shock

Shock patients – 2,290; No shock patients – 58,671

ED Disposition	Shock	No Shock
Floor Bed	36.33%	52.40%
Intensive Care Unit (ICU)	16.29%	12.06%
Not Applicable	10.92%	2.50%
Transferred to Another Hospital	8.47%	12.48%
Telemetry / Step down unit	8.34%	9.68%
Operating Room	7.86%	4.66%
Deceased/Expired	7.60%	0.19%
Home without services	1.88%	2.90%
Observation unit (unit that provides < 24 hour stays)	1.35%	2.73%
Home with services	*	0.04%
Left Against Medical Advice	*	0.08%
Other (jail, institutional care, mental health)	*	0.26%
Missing	0.83%	*

Hospital Disposition – Shock versus No Shock

Shock patients – 2,290; No shock patients – 58,671

Hospital Disposition	Shock	No Shock
Discharged / Transferred to Skilled Nursing Facility	24.85%	27.40%
Discharged home or self-care	18.25%	22.34%
Not Applicable**	18.08%	15.96%
Discharged / Transferred to inpatient rehab or designated unit	14.67%	15.60%
Discharged/Transferred to home under care of organized home health	11.14%	10.94%
Deceased / Expired	6.55%	2.24%
Discharged / Transferred to hospice care	2.66%	2.45%
Discharged / Transferred to a Long-Term Care Hospital	1.09%	0.59%
Discharged / Transferred to a short-term general hospital	1.00%	0.72%
Left against medical advice or discontinued care	0.26%	0.38%
Other***	0.61%	1.38%
Missing	0.83%	0.02%

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.

Other*** includes transferred to intermediate care facility, another type of rehabilitation, to psychiatric care, etc.

Hospital Designation – Shock versus No Shock

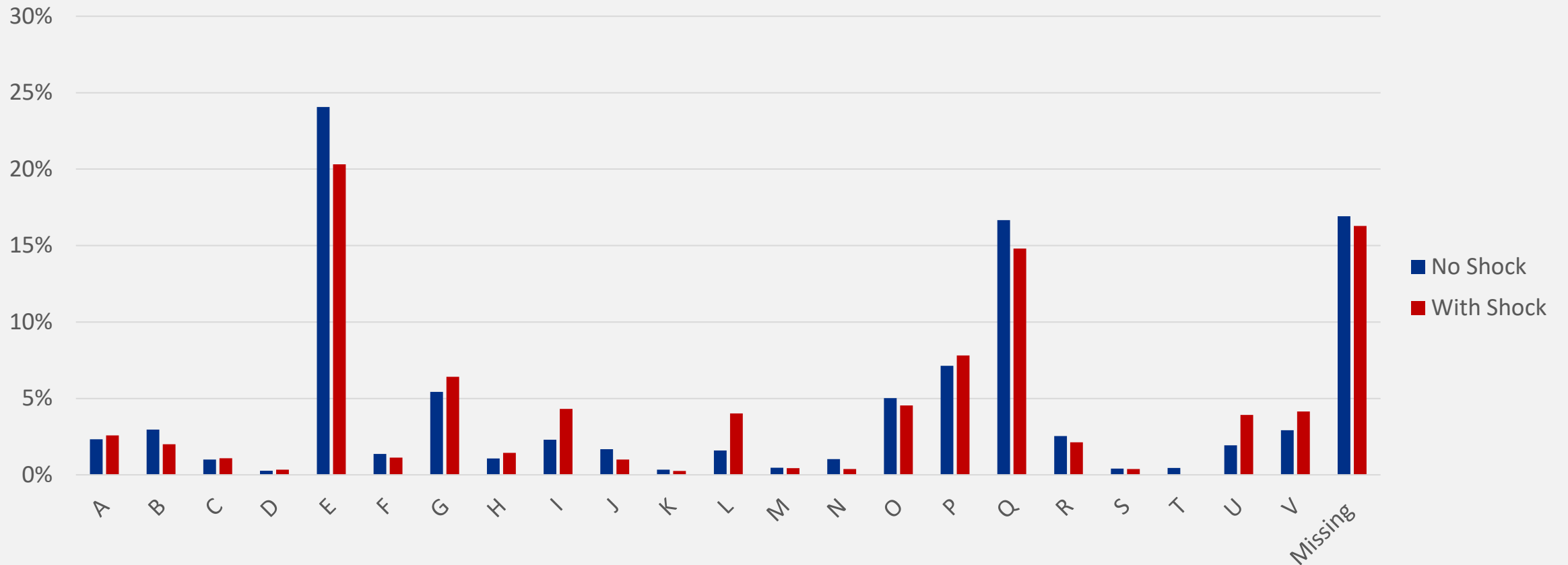
Shock patients – 2,290; No shock patients – 58,671

Designation Level	Shock	No Shock
Trauma Center Level 1	22.62%	19.18%
Trauma Center Level 2	24.93%	24.12%
Trauma Center Level 3	17.55%	22.42%
Trauma Center Level 4	24.72%	24.37%
Hospital	5.15%	4.42%
STEMI (ST-elevation myocardial infarction) Center	*	0.23%
Other**	*	*
Missing	4.85%	5.24%

**Other includes pediatric center, rural access hospital, etc.

Regional Advisory Committee (RAC) – Shock versus No Shock

Shock patients – 2,290; No shock patients – 58,671



Double Transfers – Shock versus No Shock

Shock patients – 2,290; No shock patients – 58,671

	Shock	No Shock
Double Transfer	*	0.22%

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



MOI – TBI versus Without TBI

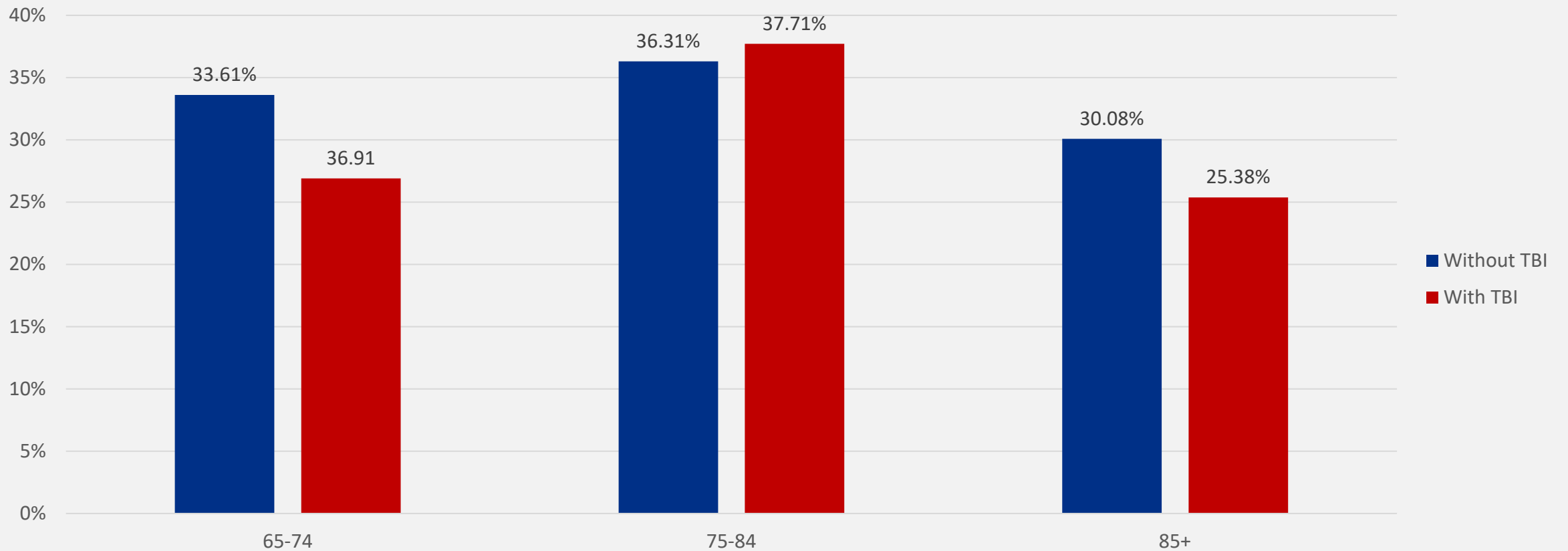
TBI patients – 6,738; Patients without TBI – 54,223

MOI	With TBI	Without TBI
Fall	84.62%	86.47%
MVT – Occupant	7.12%	5.17%
Struck By / Against	1.59%	1.48%
MVT – Pedestrian	1.25%	0.43%
Firearm	0.91%	0.36%
MVT – Motorcyclist	0.88%	0.36%
MV – Non-Traffic	0.70%	0.56%
Pedal Cyclist, Other	0.55%	0.41%
Other**	2.38%	4.76%

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

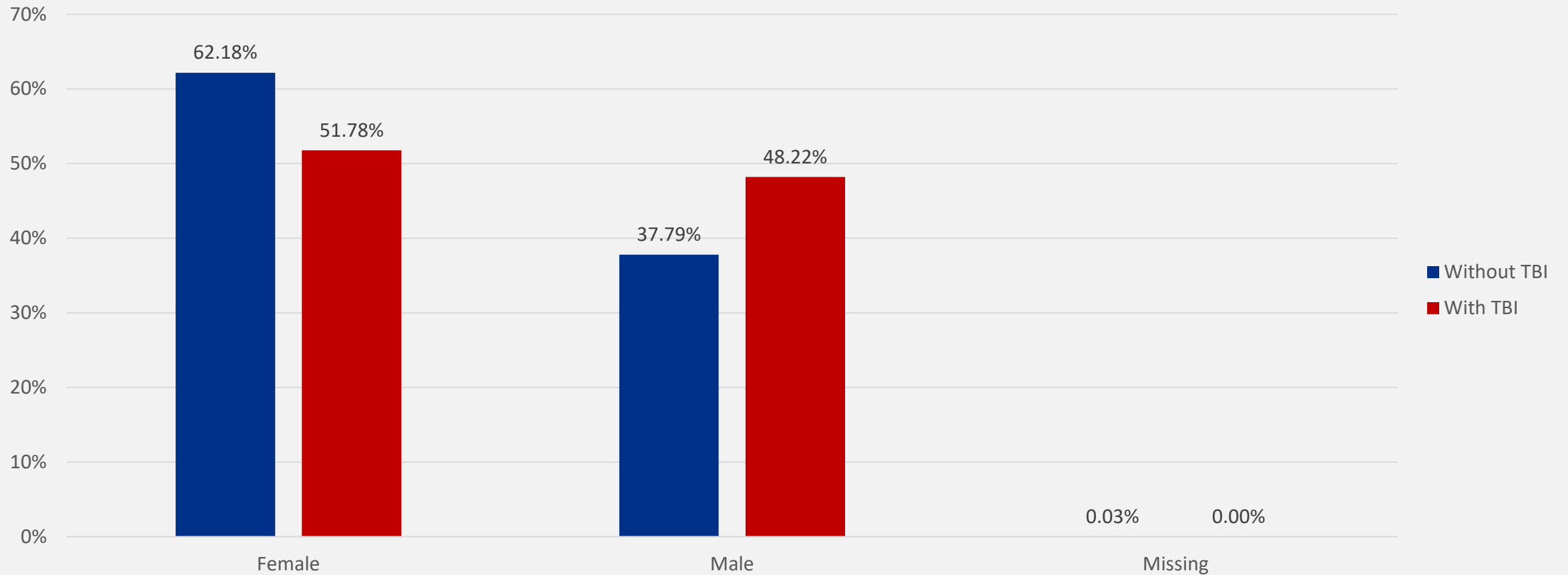
Patient's Age – TBI versus Without TBI

TBI patients – 6,738; Patients without TBI – 54,223



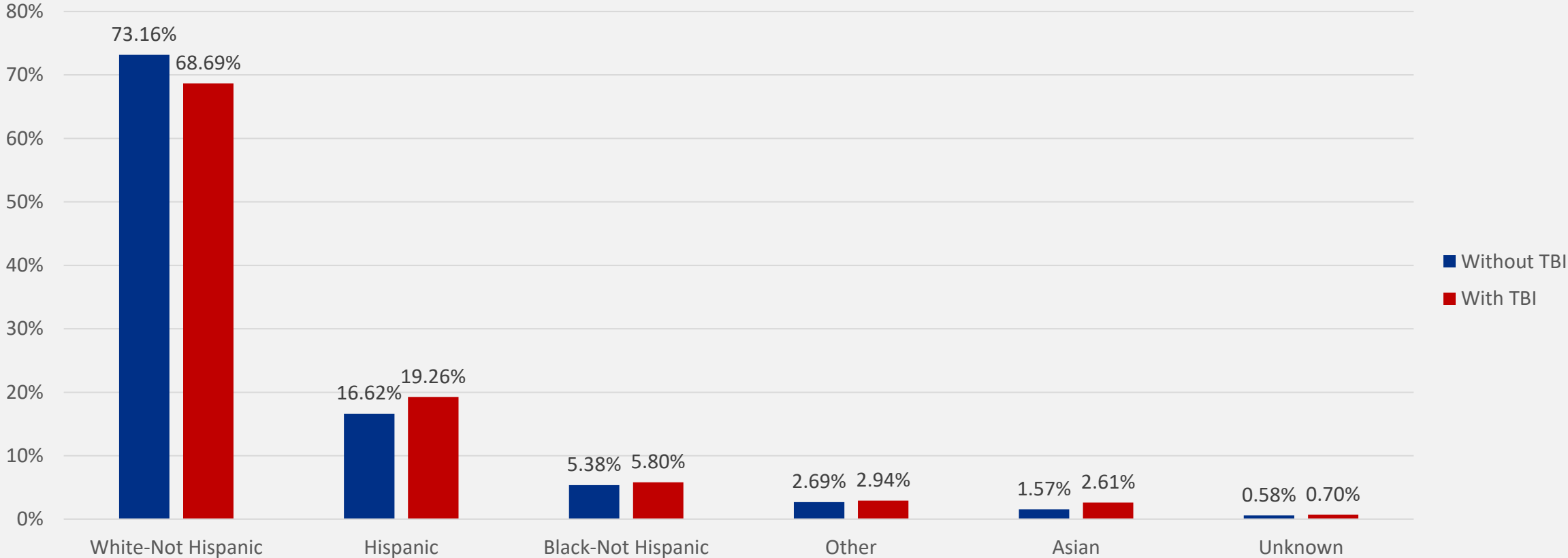
Patient' Gender – TBI versus Without TBI

TBI patients – 6,738; Patients without TBI – 54,223



Patient's Race and Ethnicity – TBI versus Without TBI

TBI patients – 6,738; Patients without TBI – 54,223



Transport Mode – TBI versus Without TBI

TBI patients – 6,738; Patients without TBI – 54,223

Transport Mode	With TBI	Without TBI
Ground Ambulance	78.17%	79.33%
Private / Public Vehicle / Walk-in	13.49%	17.85%
Helicopter Ambulance	7.90%	2.23%
Fixed-wing Ambulance	0.24%	0.15%
Not Known / Not Recorded	0.12%	0.27%
Other	0.09%	0.05%
Police	0.00%	0.02%

ED Disposition – TBI versus Without TBI

TBI patients – 6,738; Patients without TBI – 54,223

ED Disposition	With TBI	Without TBI
Intensive Care Unit (ICU)	38.88%	8.91%
Floor bed (general admission, non specialty unit bed)	20.14%	55.73%
Transferred to Another Hospital	18.34%	11.59%
Telemetry / step-down unit (less acuity than ICU)	10.45%	9.53%
Operating Room	3.37%	4.96%
Home without services	2.61%	2.90%
Observation unit (unit that provides < 24 hour stays)	2.34%	2.72%
Not Applicable	2.02%	2.92%
Deceased / Expired	1.63%	0.33%
Other (jail, institutional care, mental health, etc.)	0.15%	0.26%
Home with Services	*	0.04%
Left against medical advice	*	0.09%

Hospital Disposition – TBI versus Without TBI

TBI patients – 6,738; Patients without TBI – 54,223

Hospital Disposition	With TBI	Without TBI
Discharged to home or self-care	27.35%	21.55%
Not Applicable**	22.80%	15.20%
Discharged / Transferred to Skilled Nursing Facility	14.72%	28.86%
Discharged / Transferred to inpatient rehab or designated unit	10.31%	16.21%
Discharged / Transferred to home under care of organized home health	9.65%	11.10%
Deceased / Expired	6.84%	1.85%
Discharged to hospice care	5.06%	2.14%
Discharged / Transferred to Long Term Care Hospital	1.31%	0.52%
Discharged / Transferred to a short-term general hospital	0.64%	0.74%
Discharged/Transferred to an Intermediate Care Facility (ICF)	0.55%	0.86%
Other***	0.77%	0.97%

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.

Other*** includes left against medical advice, transferred to another institution, transferred to a psych hospital, etc.

Hospital Designation – TBI versus Without TBI

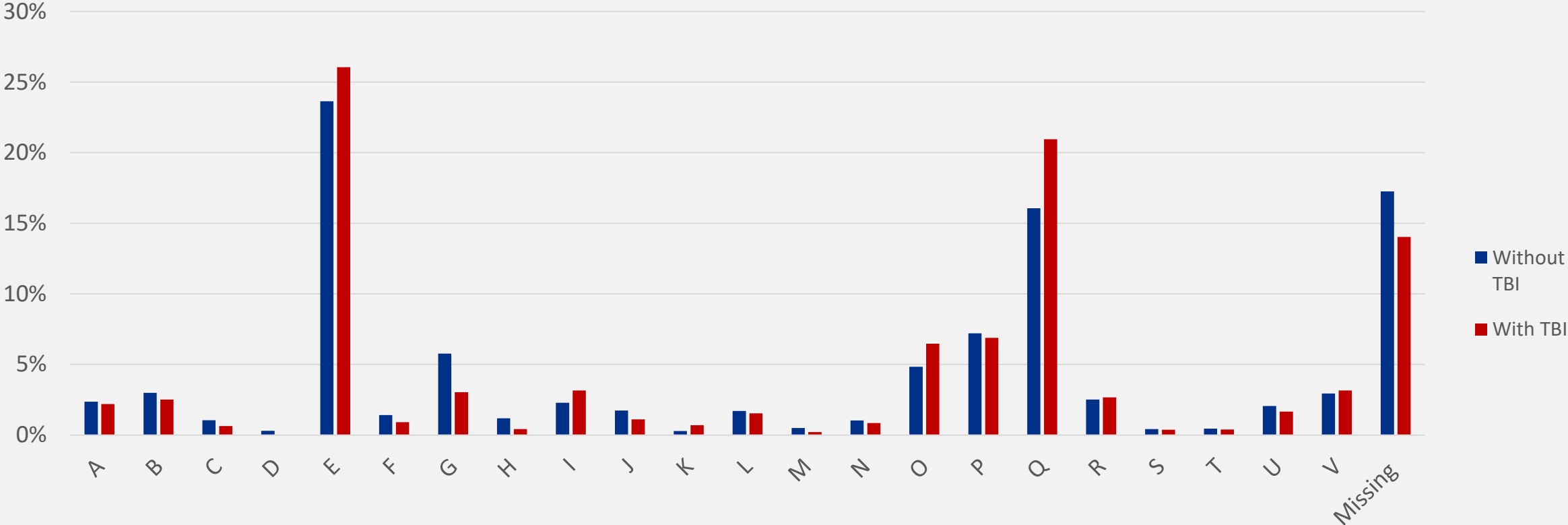
TBI patients – 6,738; Patients without TBI – 54,223

Hospital Designation	With TBI	Without TBI
Trauma Center Level 1	28.41%	18.18%
Trauma Center Level 2	27.83%	23.70%
Trauma Center Level 3	18.88%	22.65%
Trauma Center Level 4	17.72%	25.21%
Hospital	3.59%	4.56%
STEMI Center	0.27%	0.22%
Other**	*	*
Missing	3.29%	5.47%

**Other includes pediatric center, rural access hospital, etc.

RAC – TBI versus Without TBI

TBI patients – 6,738; Patients without TBI – 54,223



Double Transfers – TBI versus Without TBI

TBI patients – 6,738; Patients without TBI – 54,223

	With TBI	Without TBI
Double Transfer	0.13%	0.22%

Trauma Patients with Lower Extremity Open Fractures



MOI – Lower Extremity Fractures

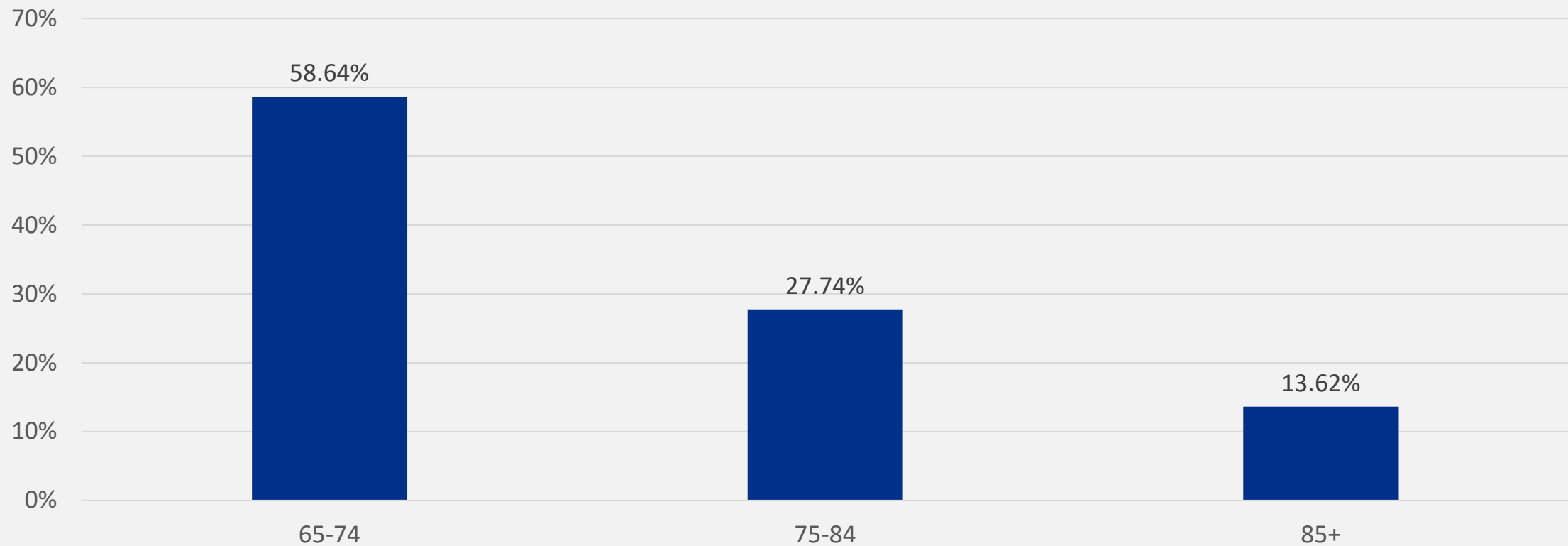
Lower extremity fractures – 602

MOI	Percent
Fall	54.49%
MVT - Occupant	16.45%
Firearm	5.32%
MVT - Pedestrian	4.82%
MVT - Motorcyclist	4.49%
Pedestrian, Other	2.82%
Struck By / Against	2.33%
MV Non-Traffic	1.99%
Machinery	1.50%
Other**	5.79%

**Other includes natural/ environmental, overexertion, cut/pierce, etc.

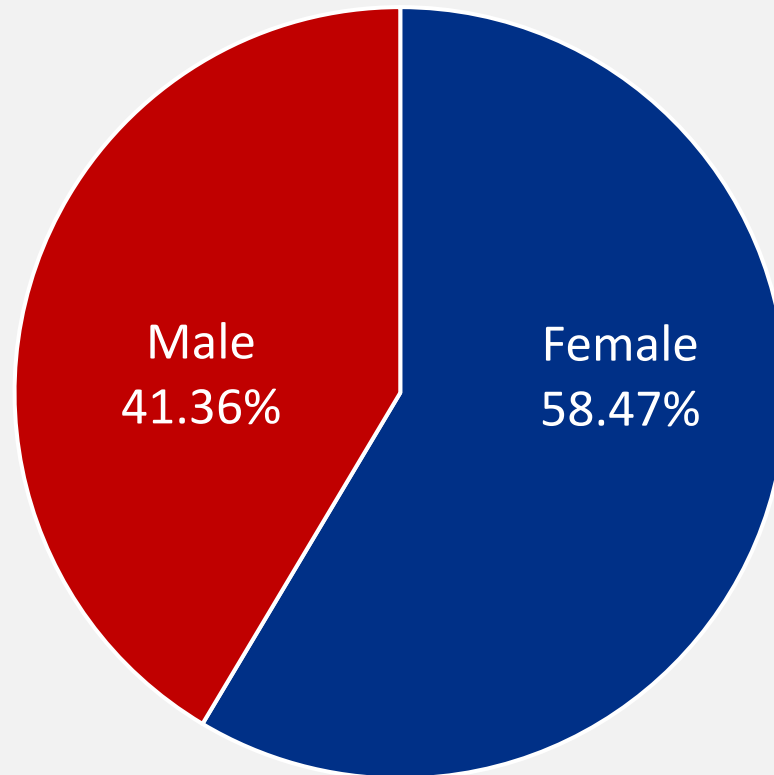
Patient's Age – Lower Extremity Fractures

Lower extremity fractures – 602



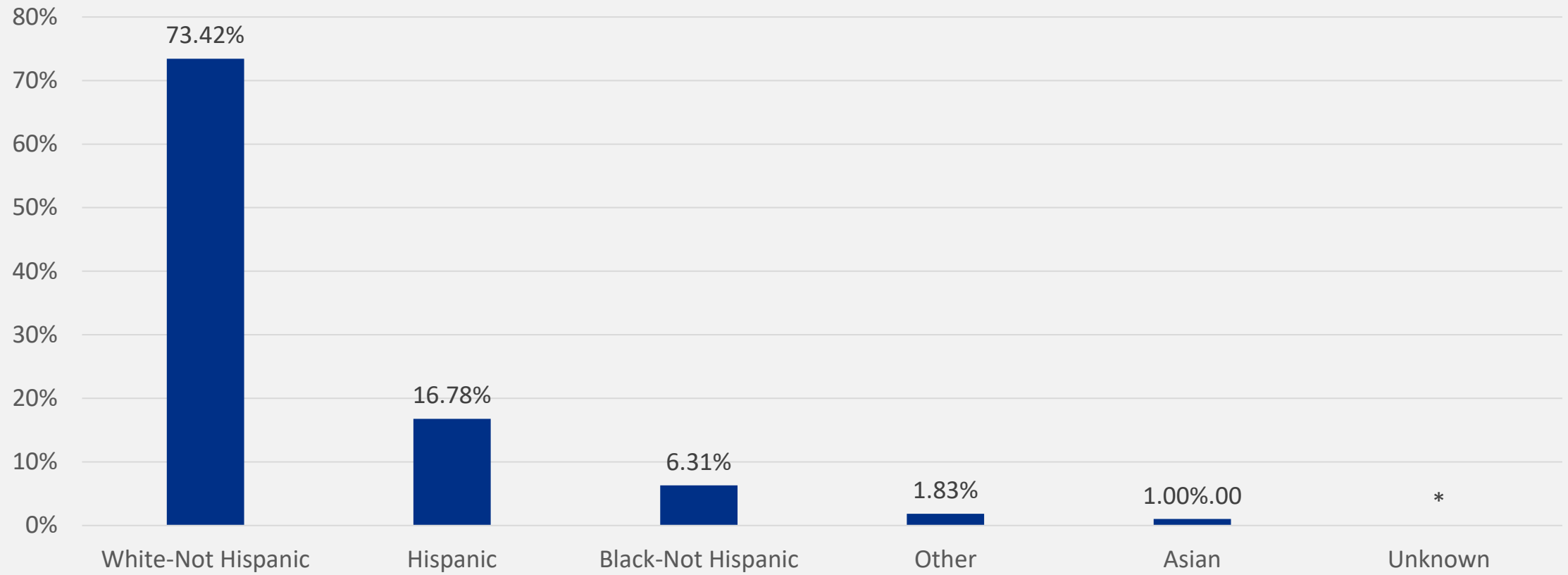
Patient's Gender – Lower Extremity Fractures

Lower extremity fractures – 602



Patient's Race and Ethnicity – Lower Extremity Fractures

Lower extremity fractures – 602



Transport – Lower Extremity Fractures

Lower extremity fractures – 602

Transport	Percent
Ground Ambulance	80.73%
Helicopter Ambulance	12.13%
Private / Public Vehicle / Walk in	6.64%
Not Known / Recorded	*
Fixed-wing Ambulance	*

ED Disposition – Lower Extremity Fractures

Lower extremity fractures – 602

ED Disposition	Percent
Floor Bed	39.20%
Operating Room	29.90%
ICU	10.96%
Telemetry / Step down unit	7.48%
Transferred to Another Hospital	7.48%
Deceased / expired	2.82%
Not Applicable	1.00%
Observation Unit	1.00%
Home without services	*

Hospital Disposition – Lower Extremity Fractures

Lower extremity fractures – 602

Hospital Disposition	Percent
Discharged / Transferred to Skilled Nursing Facility	28.74%
Discharged / Transferred to inpatient rehab or designated unit	19.93%
Discharged home or self-care	18.11%
Discharged/Transferred to home under care of organized home health	12.29%
Not Applicable**	10.47%
Deceased / Expired	4.65%
Discharged / Transferred to a Long-Term Care Hospital	1.99%
Discharged/Transferred to hospice care	1.83%
Discharged/Transferred to an Intermediate Care Facility (ICF)	0.83%
Other***	1.16%

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.

Other*** is reported if transferred to another short-term general hospital, transferred to another type of institution, rehab, etc.

03/09/2023

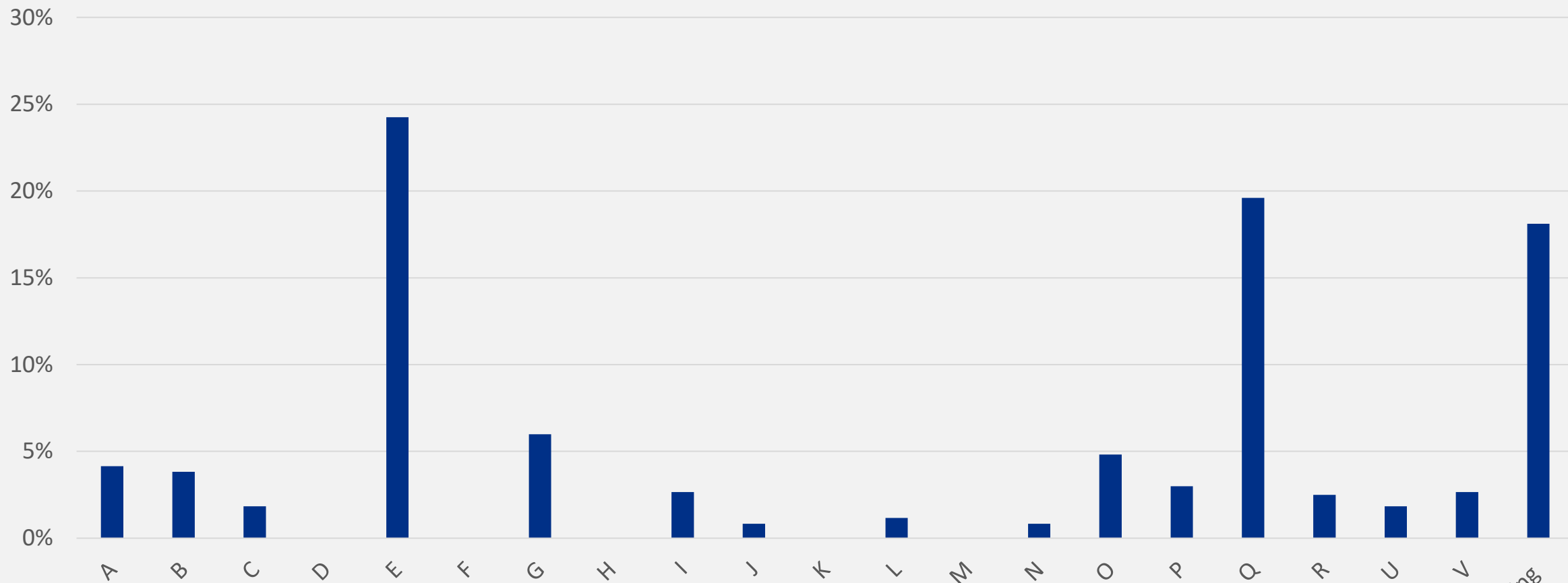
Hospital Designation – Lower Extremity Fractures

Lower extremity fractures – 602

Hospital Designation	Percent
Trauma Center Level 1	30.07%
Trauma Center Level 2	33.55%
Trauma Center Level 3	18.60%
Trauma Center Level 4	12.46%
Hospital	2.66%
Missing	2.66%

RAC – Lower Extremity Fractures

Lower extremity fractures – 602



Missing

03/09/2023

Level 4 Trauma Centers



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Transport Mode – Level 4 Trauma Centers

Level 4 Trauma Center patients – 14,862

Transport Mode	Percent
Ground Ambulance	73.29%
Private / Public Vehicle / Walk in	25.53%
Not Known / Not Recorded	0.36%
Helicopter Ambulance	0.33%
Other	0.13%
Fixed-Wing Ambulance	0.06%
Missing	0.29%

ED Disposition – Level 4 Trauma Centers

Level 4 Trauma Center patients – 14,862

ED Disposition	Percent
Floor Bed	48.12%
Transferred to Another Hospital	33.33%
Telemetry / Step down unit	5.40%
N/A	4.11%
ICU	3.12%
Operating Room	1.98%
Observation Unit	1.86%
Home without services	1.11%
Other (jail, institutional care, mental health, etc.)	0.36%
Deceased / expired	0.35%
Home with services	0.08%
Left against medical advice	0.07%
Missing	0.11%

Hospital Disposition – Level 4 Trauma Centers

Level 4 Trauma Center patients – 14,862

Hospital Disposition	Percent
Not Applicable**	35.29%
Discharged / Transferred to Skilled Nursing Facility	25.00%
Discharged home or self-care	13.39%
Discharged / Transferred to inpatient rehab or designated unit	10.87%
Discharged/Transferred to home under care of organized home health	9.50%
Discharged to hospice care	1.51%
Discharged / Transferred to a short-term general hospital	1.39%
Deceased / Expired	1.09%
Discharged/Transferred to another type of rehabilitation	0.80%
Discharged to Long Term Care Hospital	0.42%
Missing	0.15%
Other***	0.59%

Not Applicable** is reported if ED disposition is left against medical advice, deceased, discharged home or self-care, hospice, court/ law enforcement, or inpatient rehab

Other*** is reported if transferred to another institution, left against medical advice, not known, transferred to intermediate care facility, or transferred to a psych hospital

03/09/2023

Injury Severity Score (ISS) – Level 4 Trauma Centers

Level 4 Trauma Center patients – 14,862

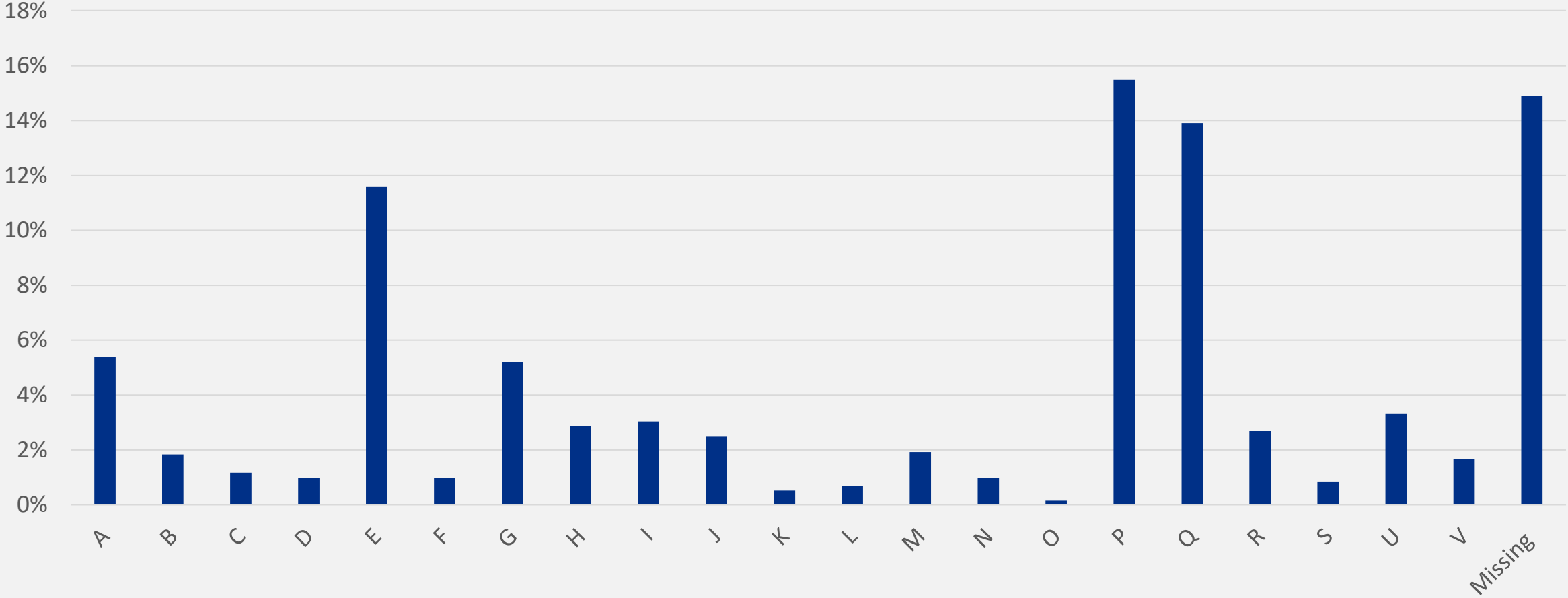
ISS	Percent
0	7.77%
1-8	35.78%
9-15	51.20%
16-24	3.43%
≥ 25	1.82%

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 – 14,862



Resources

- National Trauma Data Bank (NTDB) data dictionary - [facs.org/quality-programs/trauma/tqp/center-programs/ntdb/ntds](https://www.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](https://www.cdc.gov/wisqars/).

Thank you!

Trauma Systems Data Request (Texas 2021)

March 9th, 2023

injury.epi@dshs.texas.gov

Regional Advisory Council Data Collaborative (RDC) Update

Eric Epley, NREMT



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GETAC Committee Reports

March 2023

Air Medical and Specialty Care Transport Committee
Lynn Lail, RN, Chair



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Air Medical & Specialty Care Transport Committee

2023 Committee Priorities

Emergency Preparedness and Response

- Safe & effective statewide ground to air communication
- Finalize/materialize the Air Medical Strike Team (MIST) concept and process

Prevention

- Statewide educational campaign to mitigate the risks of air medical transport for responders, patients, and fellow air medical providers

System Integration

- Real-time status reporting by all air medical providers, in all 22 regions in the State

Performance Improvement

- Standing agenda item that promotes sharing best practice, transparency, and capabilities that support process improvement statewide.

GETAC Committee Reports

March 2023

Cardiac Care Committee

James McCarthy, MD, Chair



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Cardiac Care Committee

- **Items needing council guidance**
 - **None currently – priorities listed in next slide.**
- **Items referred to GETAC for future action**
 - **No current action items.**

Cardiac Care Committee top 3 priorities

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).
2. Out of Hospital Cardiac Arrest – AED access/bystander CPR (Emergency preparedness and response)
3. Telecommunicator CPR (Coordinated clinical Care/EMS).

GETAC Committee Reports

March 2023

Disaster Preparedness and Response Committee

Eric Epley, NREMT, Chair



GETAC Disaster Preparedness & Response Committee

2023 Committee Priorities

1. Evaluate and improve the Texas Emergency Medical Task Force based on real-world responses and data from the field.
2. Improve patient tracking utilizing the Texas EMS wristband along with Pulsara.
3. Support the supply chain/PPE operations & storage for Texas hospitals & EMS agencies in concert with TDEM.

GETAC Committee Reports

March 2023

Emergency Medical Services Committee

Eddie Martin, EMT-P, Chair



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Emergency Medical Services Committee

2023 Committee Priorities

- Resilience / Retention in EMS
- Mental Health of the Workforce
- MCI Response and Readiness

GETAC Committee Reports

March 2023

EMS Education Committee

Macara Trusty, LP, Chair



EMS Education Committee

2023 Committee Priorities

- Review/Revise EMS Education Rules to meet the needs of the workforce and the patients that are treated and transported daily.
- Continue to Improve access to initial EMS Education Programs.
 - a. Promote Advanced EMT (AEMT) courses.
 - b. Review and enhance advanced placement and open enrollment opportunities
 - c. Develop guidance document for High School EMT Programs
- Increasing safety & well-being focus for EMS education programs
 - a. Consider Driver training concepts
 - b. Consider Mental Health and Resiliency education
 - c. Consider Nutrition/Meal planning information

GETAC Committee Reports

March 2023

EMS Medical Directors Committee

Heidi Abraham, MD, FAEMS, Chair



GETAC Committee Reports

March 2023

Injury Prevention & Public Education Committee

Mary Ann Contreras, RN, Chair



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Injury Prevention and Public Education

2023 Committee Priorities

- Applying evidence-based practice in suicide prevention strategies
- Safe storage of firearms
- Utilization of the Social Determinants of Health with the implementation of injury and violence prevention strategies

GETAC Committee Reports

March 2023

Pediatric Committee

Belinda Waters, RN, Chair



Pediatric Committee

2023 Committee Priorities

Coordinated Clinical Care:

- Disseminate current information on best practices and educational opportunities in the care of pediatric patients
- Develop standards to minimize the time from onset of illness or injury to definitive care in pediatric patients
- Expand the uptake of pediatric readiness in emergency departments

System Integration:

- Work with the RACs to incorporate all patient populations into system design
- Encourage RACs to ensure pediatric issues will be addressed in their agendas, goals, practices, and policies

Performance Improvement:

- Promote and reinforce the fact that robust PI efforts improves pediatric patient outcomes
- Educate and encourage all healthcare systems to maintain a Culture of Safety environment
- Encourage each RAC to integrate a PI process into their emergency healthcare system plan
- Assist DSHS to develop, implement, and maintain a state-wide system performance Improvement committee.

GETAC Committee Reports

March 2023

Stroke Committee

Robin Novakovic, MD



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Stroke Committee

2023 Committee Priorities

1. Establish and review a quarterly **quality report** on stroke performance for the state of Texas.
2. Increase access to stroke care by endorsing a **prehospital triage algorithm** that makes recommendations for the rural, suburban, and urban areas across the state of Texas.
3. Establish recommendations for prehospital triage and management, and interfacility transfers for patients with **pediatric stroke**.

GETAC Committee Reports

March 2023

Trauma Systems Committee

Stephen Flaherty, MD, Chair



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Trauma Systems Committee

Hereford Regional Medical Center

- Panhandle...Level 4
- Kati Alley PhD, RN ED Director and TPM
- 2 trauma rooms, pedi room, psych room, 7 treatment rooms
- EMS is hospital based



Trauma Systems Committee

- John Peter Smith, Forth Worth...Level 1
 - Raj Ghandi, Danielle Sherar and Cassie Lyell
 - Serves a population of 2.5 million
 - 5 ACS verifications
 - Lead center in a regional pre-hospital blood program



Trauma Systems Committee

- New Committee Members
 - Jennifer Carr, RN
 - Elizabeth Scherer, MD
 - Dawn Koepp, MSN
 - Aileen Ebadat, MD

Trauma Systems Committee

- **Trauma rules process**

- Anticipating formal public comment period to open in July
- Plan an additional committee meeting to provide education on the rules prior to the opening of the formal comment period.
- Plan workgroup meetings during the comment period to provide timely advice to the department on comments received

Trauma Systems Committee

- **Trauma System Assessment**

- Funding
 - Presentation by Dr. Tyroch to staff of the Governor was successful
 - Are there future education opportunities for the committee to consider?
- System surveillance – clinical performance
 - Recent data product reviewed
 - Identified number of severely injured patients managed at a Level 4 facility appears higher than expected
- Trauma system designation surveillance
 - Developing approach
- RAC development surveillance
 - Developing a RAC survey regarding funding

Trauma System Committee

2023 Committee Priorities

- Trauma rules
 - Assist the Department in assessing public comments
 - Recommend changes to facilitate approval and implementation of the new rules
- Funding
 - Identify opportunities
 - Develop education products
- Trauma system monitoring
 - Designation process
 - Distribution of resources
- Data analysis
 - Develop standard reports
 - Provide initial assessment of reports to inform the Council
- RAC development

Trauma Systems Committee

- Items needing Council guidance
 - Workgroup would like to provide trauma system finance information to key state leaders
 - Committee to add an additional full virtual meeting to provide an opportunity for stakeholders to ask questions about the new rules
 - Committee to add virtual or hybrid workgroup meetings during the formal comment period to assess any comments and provide recommendations to DSHS
 - Approval to request data from DSHS on the following
 - Key performance indicators characterizing severely injured patients managed at Level 4 trauma centers
 - Assess variances to the Best Practice Guidelines for pelvic fracture management. Determine and measure key performance indicators to be determined by the workgroup.

Trauma Systems Committee

Items referred to the Council for future action

None

Agenda Items



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Agenda Item 6

- RAC Self-Assessment Tool

Agenda Item 7

- Pediatric Trauma System Assessment Score Review and NPRQI
- Texas score was 69
- Recommendations to improve pediatric care

Agenda Item 8

- RAC Contractor Meeting
- Committee Chairs and GETAC Liaisons
 - Request activities that involve the RACs please attend and brief the RAC Chairs/Executive Directors

Agenda Item 9

Action Items:

- DSHS Advanced Stroke Level II Designation Requirements

Agenda Item 10

- 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 11

- Discussion of Rural Priorities

Agenda Item 12

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

GETAC Stakeholder Reports



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GETAC Stakeholder Reports

March 2023

EMS for Children (EMSC) State Partnership

Sam Vance, MHA, LP, Program Manager





EMS for Children State Partnership Update

Governor's EMS and Trauma Advisory Council

March 9, 2023



EMSC Notice of Award

- April 1, 2023 – March 31, 2027
- New performance measures:
 - Facility Recognition Program
 - EMS Recognition Program
 - Peds Disaster readiness in ED and EMS
 - Family partnership and leadership

U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Maternal and Child Health Bureau

Division of Child, Adolescent and Family Health

Emergency Medical Services for Children State Partnership

Funding Opportunity Number: HRSA-23-063

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings Number: 93.127

Application Due Date: November 7, 2022

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

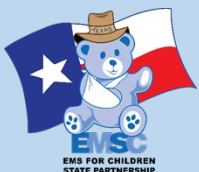
Issuance Date: August 9, 2022

Jocelyn Hulbert
Public Health Analyst/Project Officer
Division of Child, Adolescent and Family Health
Emergency Medical Services for Children Branch
Telephone: (301) 443-7436
Email: JHulbert@hrsa.gov

See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 300w-9 (Title XIX, § 1910 of the Public Health Service Act)

Baylor
College of
Medicine



2023 EMSC Survey



- Launched January 4, 2023
- Ends March 31, 2023
- 528 EMS agencies surveyed
 - State response rate
- PPRP Assessment, 2024

State Partnership Project Updates

- EMS Recognition Program
- Crew of the Year Award/EMSC Day
- National Pediatric Readiness Project (NPRP) Assessment
- Voluntary Pediatric Recognition Program (VPRP)

EIIC Project Updates

- ED Stop Collaborative
- Peds Ready Quality Collaborative (PRQC)
- Pediatric Education and Advocacy Kit (PEAK)

ANY
QUESTIONS
?

GETAC Stakeholder Reports

March 2023

Statewide Wristband Project

Christine Reeves



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Texas EMS Wristband Project

At the last Steering Group meeting, several things were confirmed:

- ✓ Texas will have two types of bands:
 - 1) Version 1 is the current band that is being used.
 - 2) Version 2 integrates triage.
- ✓ Draft documents are currently in process and should be ready soon for dissemination.

Texas EMS Wristband Project – cont'd

- ✓ Hospital representation has increased on Steering Group.
- ✓ The meeting continues to be open. Reach out to Christine, Eric, or Eddie to become included or simply share ideas and comments with us.

GETAC Stakeholder Reports

March 2023

Stop the Bleed Texas Coalition

Christine Reeves



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Stop the Bleed Texas Coalition

- The Coalition is close to releasing its Train-the-Trainer Program. Thanks to the co-chairs of the Planning & Education Workgroup: Jennifer Carr (Christus Health System) and Rachel Lindsay (CATRAC).
- The Coalition plans to focus on the use of “celebrities” in our outreach for May 2023 Stop the Bleed Month.

Stop the Bleed Coalition – cont'd

- The Coalition hopes more jurisdictions pass proclamations for May as *Stop the Bleed Month*. Visit www.stopthebleedtexas.org website for more information. Challenge to Trauma Centers and EMS agencies across Texas. Check out your local process now so your timing for approval falls in early May.
- Be sure to share public courses as well as pictures from completed trainings and events for the Coalition to share on social media.

GETAC Stakeholder Reports

March 2023

Texas Cardiovascular Disease and Stroke Council

J Neal Rutledge, MD



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GETAC Stakeholder Reports

March 2023

Texas Cardiac Arrest Registry to Enhance Survival
(TX CARES)

Micah Panczyk



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Texas-CARES

March 2023



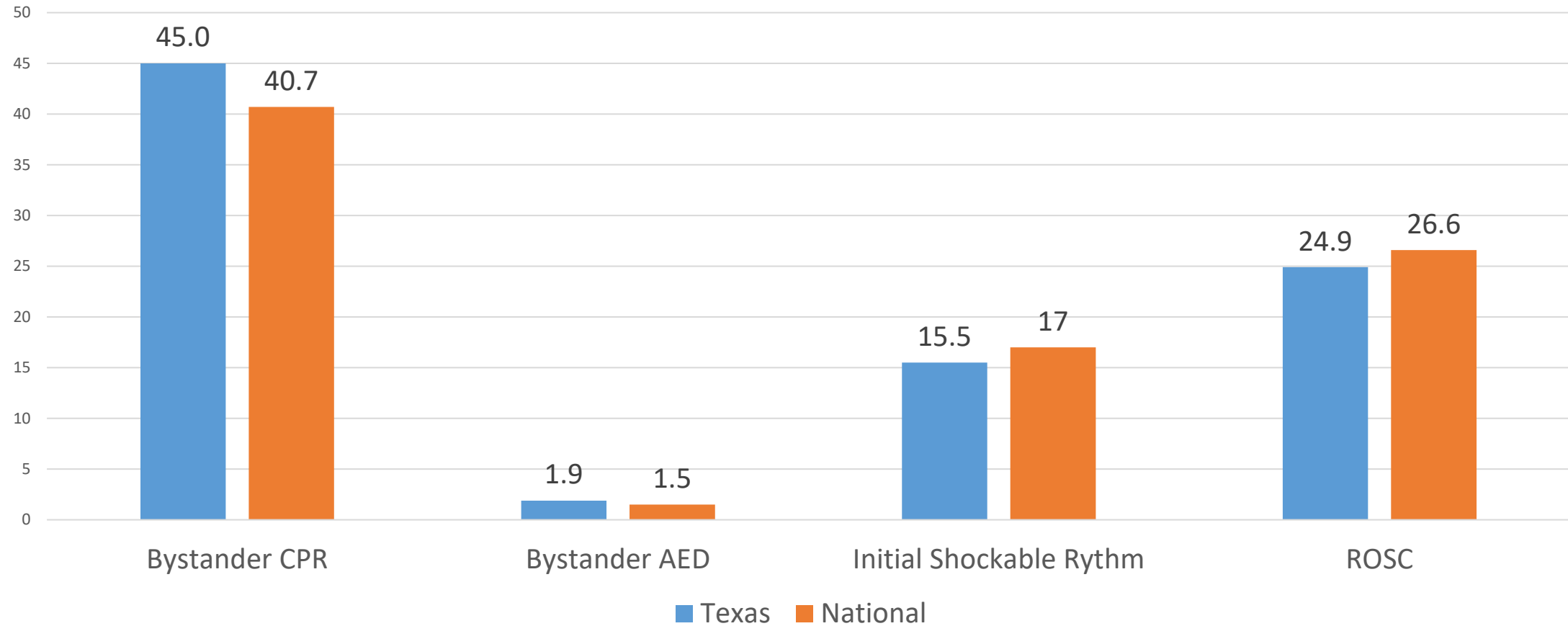
CARES Summary Report

Demographic and Survival Characteristics of OHCA

Non-Traumatic Etiology | Arrest Witness Status: All | Date of Arrest: 01/01/22-12/31/22

Data	State (All Agencies) N=11034	National N=147259
Age	N=11034	N=147237
Mean	61.8	62.2
Median	65.0	65.0
Gender (%)	N=11034	N=147255
Female	4250 (38.5)	55089 (37.4)
Male	6780 (61.4)	92127 (62.6)
Race (%)	N=11034	N=147255
American-Indian/Alaskan	16 (0.1)	580 (0.4)
Asian	294 (2.7)	3756 (2.6)
Black/African-American	2454 (22.2)	31435 (21.3)
Hispanic/Latino	2427 (22.0)	11963 (8.1)
Native Hawaiian/Pacific Islander	15 (0.1)	675 (0.5)
White	5401 (48.9)	75377 (51.2)
Multi-racial	35 (0.3)	590 (0.4)
Unknown	392 (3.6)	22879 (15.5)
Location of Arrest (%)	N=11034	N=147259
Home/Residence	7665 (69.5)	106780 (72.5)
Nursing Home	1453 (13.2)	15050(10.2)
Public Setting	1916 (17.4)	25429 (17.3)
Arrest witnessed (%)	N=11034	N=147248
Bystander Witnessed	4036 (36.6)	54942 (37.3)
Witnessed by 911 Responder	1373 (12.4)	17152 (11.6)
Unwitnessed	5625 (51.0)	75154 (51.0)

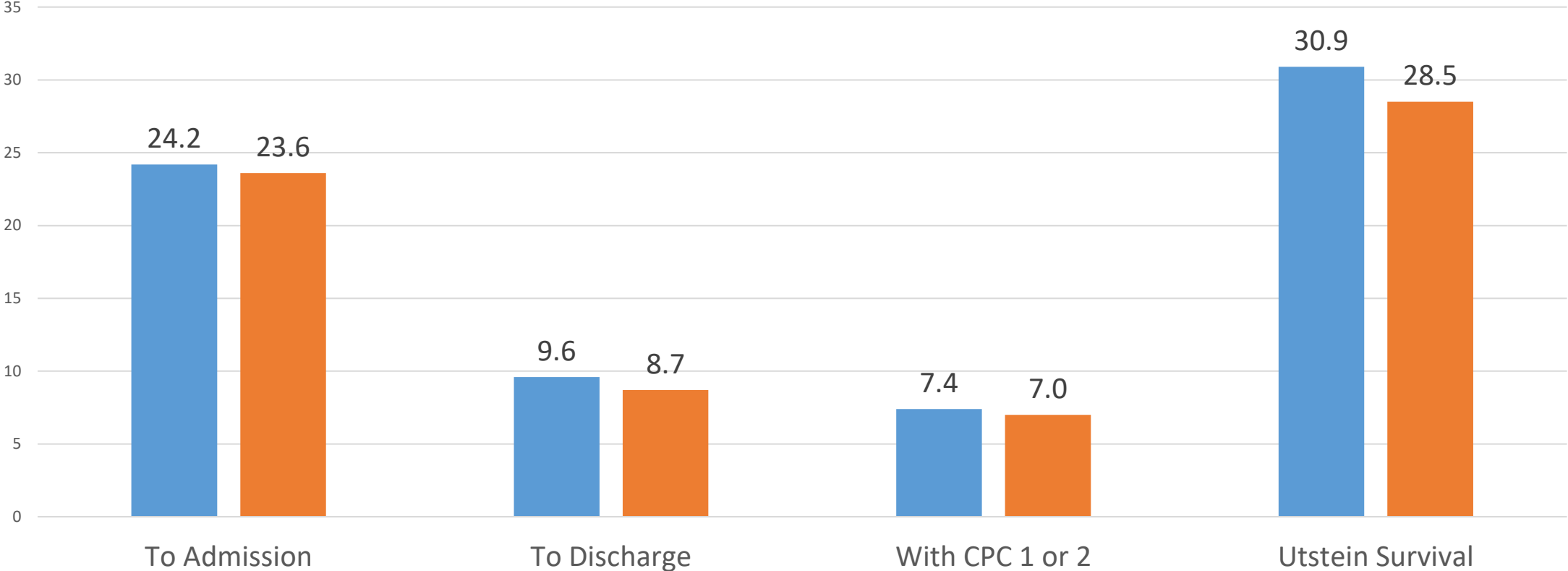
2022 Prehospital Metrics



N=11,034

N=147,259

2022 Patient Outcomes



■ Texas ■ National

N=11,034

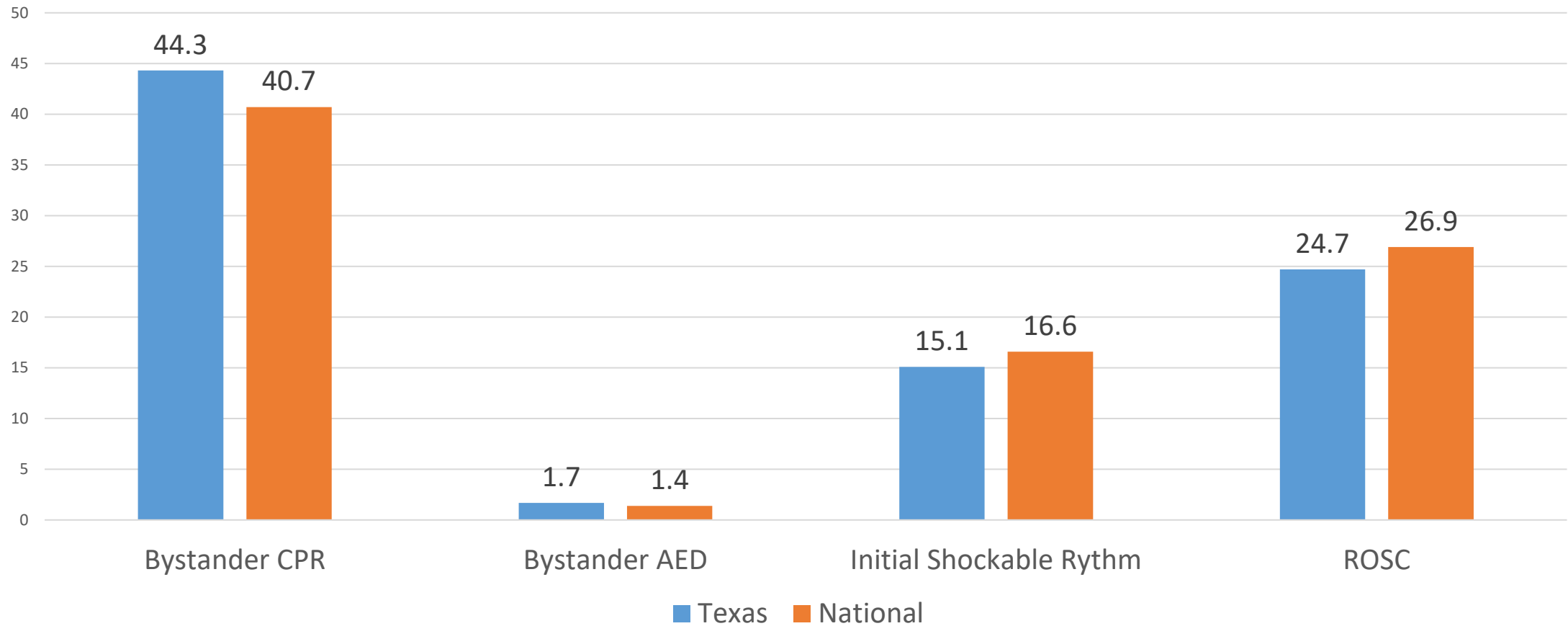
N=147,259

.006

.026



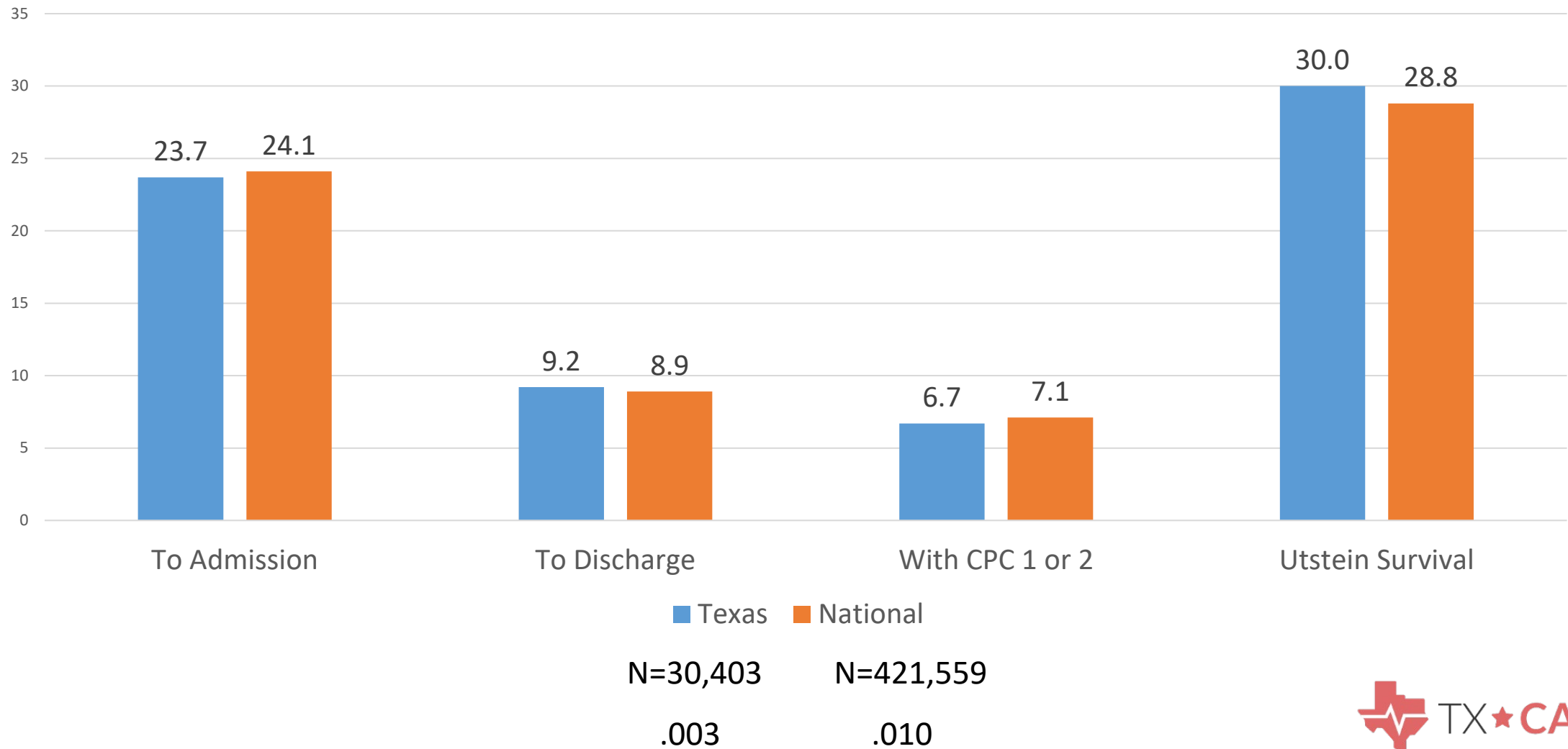
2020-2022 Prehospital Metrics



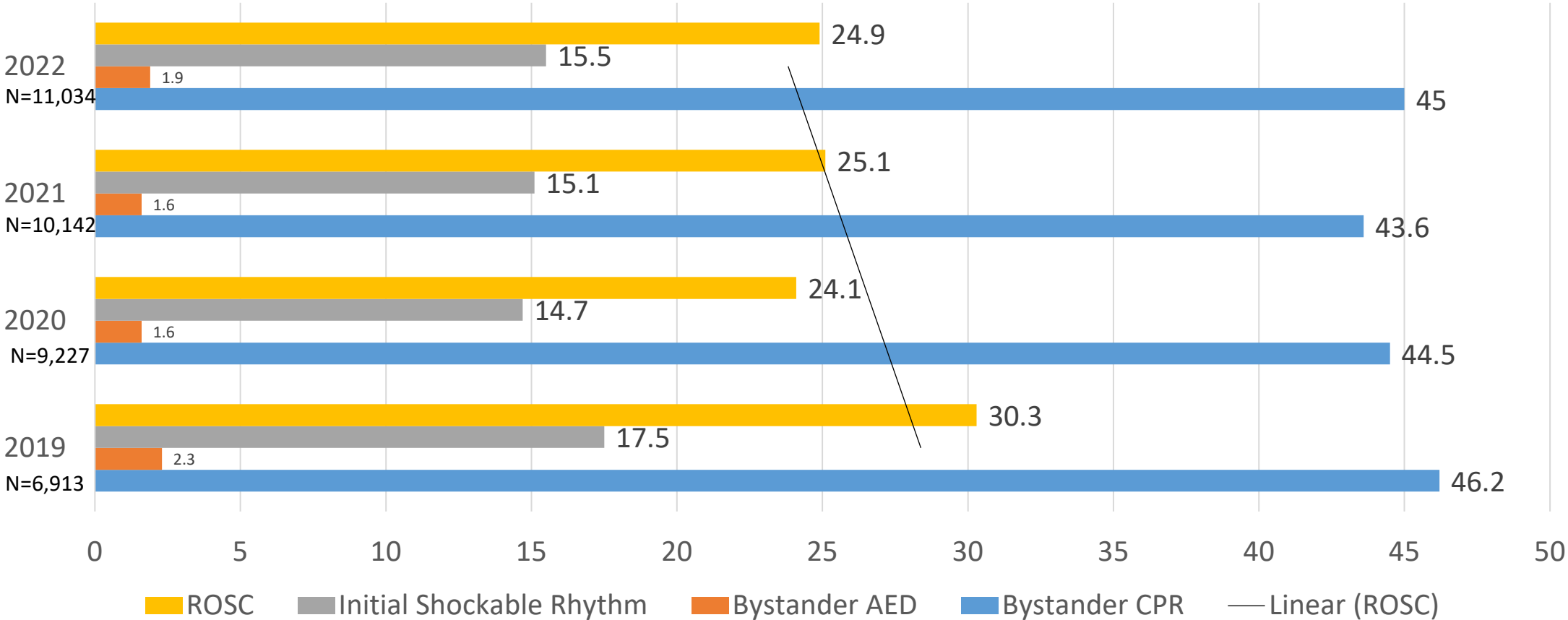
N=30,403

N=421,559

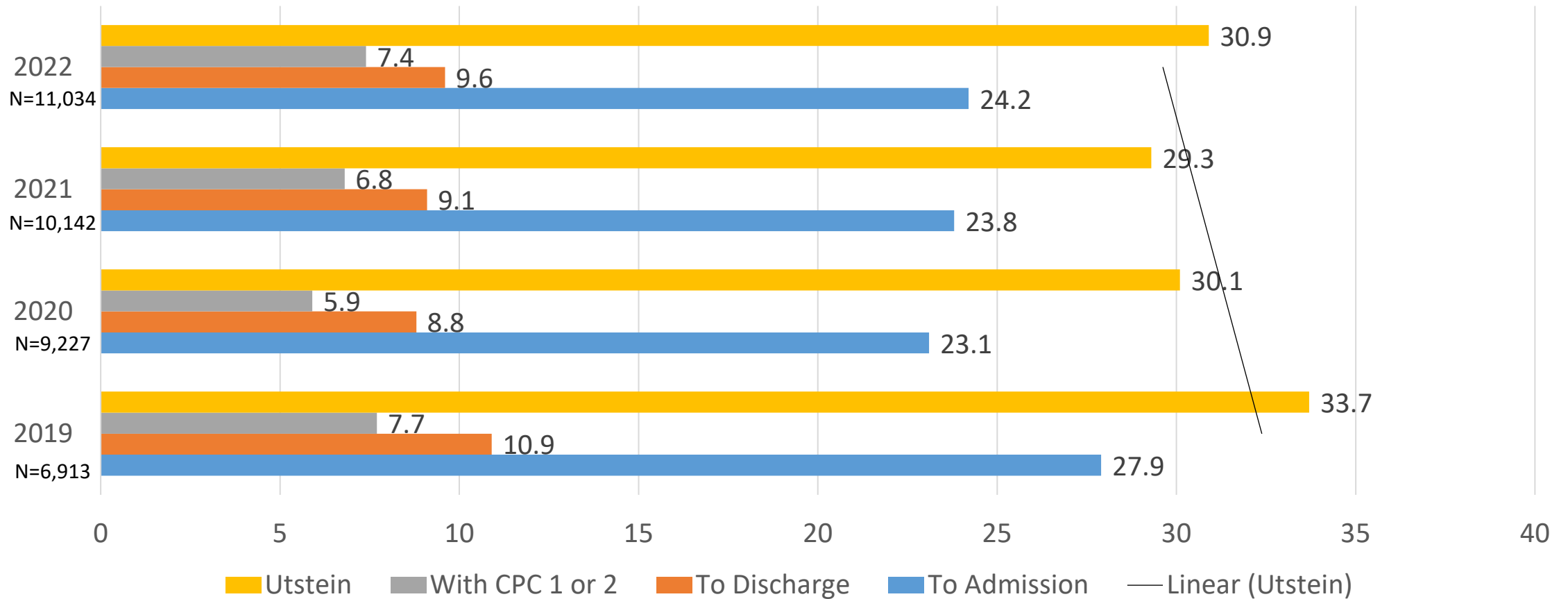
2020-2022 Patient Outcomes



2019-2022 Texas Prehospital Metrics



2019-2022 Texas Patient Outcomes



QI Research Findings to Date

- Significant differences in bystander response & outcomes across communities
- Significant disparities in bystander response & outcomes associated with neighborhood, socioeconomic status & rural vs. urban
- Significant disparities in post-arrest care & outcomes associated with minority status and may reflect disparities in care between hospitals
- Significant increase in OHCA incidence & mortality associated with COVID-19

New Agencies

- Channelview Fire Department
- City of Pharr EMS
- Cy-Fair Fire Department
- Harris County ESD 48 Fire Department
- Hurst Fire Department
- Irving Fire Department
- Titus Regional Medical Center EMS
- Van Alstyne Fire Department

Pending enrollments

- Dallas Fire-Rescue Department
- Harris County ESD11 Mobile Healthcare

For more information, please contact

Micah Panczyk

Texas-CARES State Coordinator

UTHealth at Houston

micah.j.panczyk@uth.tmc.edu

602-918-3530

<https://tx-cares.com>



GETAC Stakeholder Reports March 2023

Texas EMS, Trauma & Acute Care Foundation (TETAF)

Dinah Welsh, TETAF President/CEO



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Services

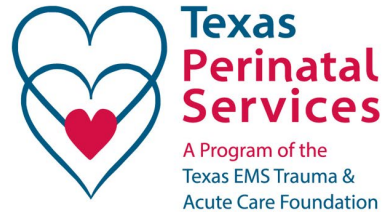
Texas Department of State
Health Services

Texas EMS, Trauma & Acute Care Foundation Update

Dinah Welsh

TETAF President/CEO

Thursday, March 9, 2023



Surveys – Trauma, Stroke, Maternal, and Neonatal

- ❑ TETAF submitted comments to the proposed Hospital Level of Care Designations for Neonatal Care rules.
- ❑ The number of requests for surveys to be scheduled has increased significantly for all survey service lines in the last quarter.

Education

- ❑ Courtney Edwards is the new education coordinator for TETAF. She assumes the role held by Rose Bolenbacher who retired at the end of 2022.
- ❑ The Texas Perinatal Forum transitioned to the Texas Quality Care Forum in January. The Texas Quality Care Forum will be monthly and will offer a wider variety of topics that include trauma, stroke, maternal, neonatal, and acute care. This month's forum will be **March 29 at 11:00 a.m.** and will focus on how a case goes through the trauma PI process.
- ❑ TETAF continues to offer exclusive, free educational opportunities to our hospital partners via Mighty Networks.

Scan with the camera on your phone to register for the forum.



Scan with the camera on your phone to join Mighty Networks or visit www.tetaf-tps.mn.co



Advocacy

- ❑ The TETAF Advocacy Committee meets every other week to strategize, review bills, and discuss legislative activity.
- ❑ After TETAF met with leaders at the Texas Department of State Health Services (DSHS) to discuss concerns of potential funding cuts to the trauma system, DSHS included an exceptional item to its budget for \$6.6 million for the Regional Advisory Councils (RACs).
- ❑ Wanda Helgesen (BorderRAC executive director, TETAF Board of Directors member, and TETAF Advocacy Committee chair) provided oral and written testimony regarding the TETAF RAC Funding Request to the Senate Finance Committee and House Appropriations Article II Subcommittee.
- ❑ TETAF/Texas Perinatal Services drafted a rider requesting funding for a statewide perinatal database, with the support and assistance from the Texas Collaborative for Healthy Mothers and Babies (TCHMB).
- ❑ TETAF's Legislative Work Group meets via Zoom every other week throughout the session. The next meeting is **Friday, March 3, at 9:30 a.m.**



Scan with the camera on your phone to register for the work group.

Advocacy

Senate Finance

Sen. Joan Huffman, chair – Houston
Sen. Juan “Chuy” Hinojosa, vice-chair – McAllen
Sen. Paul Bettencourt – Houston
Sen. Donna Campbell – New Braunfels
Sen. Brandon Creighton – Conroe
Sen. Pete Flores – Pleasanton
Sen. Bob Hall – Edgewood
Sen. Kelly Hancock – North Richland Hills
Sen. Bryan Hughes – Mineola
Sen. Lois Kolkhorst – Brenham
Sen. Robert Nichols – Jacksonville
Sen. Angela Paxton – McKinney
Sen. Charles Perry – Lubbock
Sen. Charles Schwertner – Georgetown
Sen. Royce West – Dallas
Sen. John Whitmire – Houston
Sen. Judith Zaffirini – Laredo

House Appropriations

Rep. Greg Bonnen, chair – Friendswood
Rep. Mary E. Gonzalez – Clint
Rep. Steve Allison – San Antonio
Rep. Cecil Bell – Magnolia
Rep. John Bryant – Dallas
Rep. Mano DeAyala – Houston
Rep. Gary Gates – Richmond
Rep. Barbara Gervin-Hawkins – San Antonio
Rep. Donna Howard – Austin
Rep. Carrie Isaac – Dripping Springs
Rep. Jacey Jetton – Richmond
Rep. Jarvis Johnson – Houston
Rep. Armando Martinez – Weslaco
Rep. Trey Martinez Fischer – San Antonio
Rep. Geanie W. Morrison – Victoria
Rep. Angela Orr – Itasca
Rep. Evalina “Lina” Ortega – El Paso

Rep. Toni Rose – Dallas

Rep. David Spiller – Jacksboro

Rep. Lynn Stuckey – Denton

Rep. Carl Tepper – Lubbock

Rep. Kronda Thimesch –
Lewisville

Rep. Ed Thompson – Pearland

Rep. Steve Toth – The Woodlands

Rep. Gary VanDeaver – New
Boston

Rep. Armando Walle – Houston

Rep. Gene Wu – Houston

*Highlighted members also serve on Article II subcommittee

Advocacy

Implementation, Management, and Integration of Regional Emergency Health Care Systems – \$16 million for the biennium

Operations - \$6 million

- Funds will support RACs in meeting the state's new RAC standards. RACs need qualified staff to elevate the trauma and emergency health care system in Texas, implement impending rule changes with increased scope, respond to mass casualty events, make data-informed decisions, and reduce death and disability from trauma, cardiac, stroke, and perinatal events.

Outreach and Education Programs to Decrease Death and Disability - \$5 million

- Funds will be used for education on regional health issues. Professional education examples provided to health care professionals include burn care, neonatal resuscitation, and items identified by regional quality assurance and performance improvement (QAPI) and the Governor's EMS and Trauma Advisory Council (GETAC). Community education on topics like Stop the Bleed, hands-only CPR, shaken baby syndrome, drowning prevention, suicide prevention, and fall prevention all contribute to a healthy and resilient Texas.

Training for Mass Casualty Incidents - \$5 million

- Funds will allow each RAC to coordinate training and tabletop, functional, and full-scale exercises to prepare the medical response to situations such as mass-casualty incidents, transportation incidents, structural collapse, active shooter/threat incidents, and weather-related events.
- Communication is critical during large-scale incident response. Therefore, efforts will include exercising the Texas Statewide Communications Interoperability Plan to improve regional communication interoperability between health care facilities, EMS, and first responders.

Advocacy

Regional Data Collection – \$9 million for the biennium

Data Collection, Analysis, and Development of Acute Emergency Health Care Initiatives - \$4 million

- Provide regional emergency health care providers with tools for secure data reporting, ensure quality and accuracy of submitted data, and conduct agency follow-ups. Granular patient data at the regional level allows medical providers to have a greater understanding of patient needs and supports efforts to improve patient outcomes in multiple systems of care including cardiac, stroke, trauma, and other acute care initiatives. Regional best practices influence statewide improvement in patient care.

Statewide Perinatal Database - \$5 million

- TETAF and the RACs support the recommendation of the Texas Collaborative for Healthy Mothers and Babies to establish a statewide perinatal database. There is a critical need for data that hospitals can use for qualitative measures, and for the state to improve care and determine where resources and education should focus.

Collaboration

- ❑ Texas TQIP met in Phoenix during the national TQIP conference on December 11-13.
- ❑ TETAF provided an advocacy update to the Texas ACS chapter prior to its Day at the Capitol last month.
- ❑ TETAF once again sponsored the Texas Collaborative for Healthy Mothers and Babies (TCHMB) Summit held in Austin in February.

GETAC Stakeholder Reports

March 2023

Texas Suicide Prevention Coalition

Christine Reeves



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Texas Department of State
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Texas Suicide Prevention Council

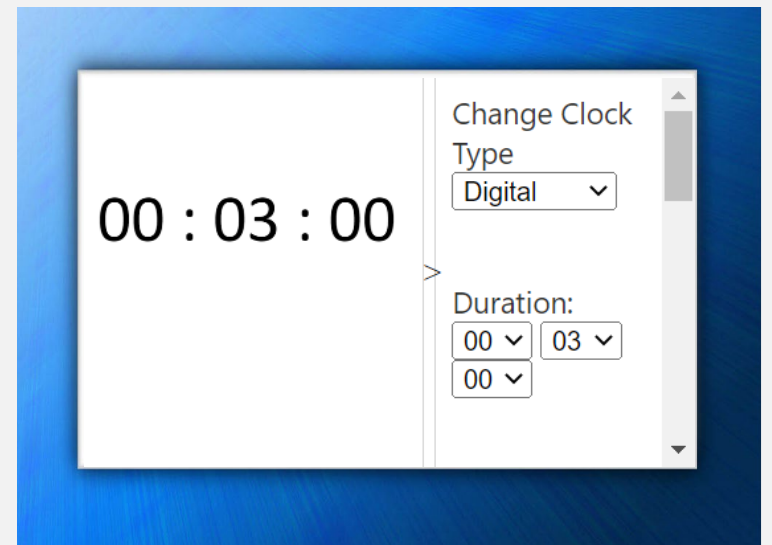
- The 2023 Texas Suicide Prevention Symposium is June 13-15, 2023, in New Braunfels. It may be attended either in person or virtually. Our first in-person conference since 2018.
- Christine Reeves was elected to the Council's Executive Committee as Secretary.
- May is Mental Health Awareness Month. The Council will post on social media to remind everyone of 9-8-8 and crisis & suicide prevention.

Final 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
- Organization you represent
- Agenda item you would like to address.



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Texas Department of State
Health Services

Next Council Meeting Dates

June 7-9, 2023, at the DoubleTree by Hilton Austin

August 16-18, 2023, at the DoubleTree by Hilton Austin

November 18-21, 2023, in conjunction with the Texas EMS Conference in Austin



Adjournment



Texas Department of State
Health Services

Thank you for all you do to support the GETAC mission to promote, develop, and advance an accountable, patient-centered Trauma and Emergency Healthcare System!