

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

May 26, 2022
 Holiday Inn Austin Midtown
 Hill Country Rooms A and B
 6000 Middle Fiskville Road
 Austin, TX 78751

Meeting Minutes

Last Name	First Name	Appointed Position	Attendance
Tyroch, MD, Chair	Alan	Trauma Surgeon - <i>per HSC §773.012(b)(14)</i>	Yes
Matthews, Vice Chair	Ryan	Private EMS Provider - <i>per HSC §773.012(b)(5)</i>	Yes
Barnhart	Jeff	Rural Trauma Facility - <i>per HSC §773.012(b)(11)</i>	Yes
Campbell, RN	Cassie	Registered Nurse - <i>per HSC §773.012(b)(3)</i>	Yes
Clements	Mike	EMS Fire Department - <i>per HSC §773.012(b)(9)</i>	Yes
DeLoach, Judge	Mike	County EMS Provider - <i>per HSC §773.012(b)(12)</i>	Yes
Eastridge, MD	Brian	Urban Trauma Facility - <i>per HSC §773.012(b)(10)</i>	No
Johnson, RN	Della	RN w/Trauma Expertise - <i>per HSC §773.012(b)(15)</i>	Yes
Lail	Billy (Scott)	Fire Chief - <i>per HSC §773.012(b)(4)</i>	Yes
Maes, LP	Lucille	Certified Paramedic - <i>per HSC §773.012(b)(17)</i>	Yes
Malone, MD	Sharon Ann	EMS Medical Director - <i>per HSC §773.012(b)(2)</i>	Yes
Marocco	Pete	Public Member - <i>per HSC §773.012(b)(18)</i>	Yes
Martinez	Ruben	Public Member - <i>per HSC §773.012(b)(18)</i>	Yes
Pickard, RN	Karen	EMS Volunteer - <i>per HSC §773.012(b)(6)</i>	Yes
Ramirez	Daniel (Danny)	Stand-Alone EMS Agency - <i>per HSC §773.012(b)(16)</i>	Yes
Ratcliff, MD	Taylor	EMS Educator - <i>per HSC §773.012(b)(7)</i>	Yes
Remick, MD	Katherine (Kate)	Pediatrician - <i>per HSC §773.012(b)(13)</i>	Yes
Salter, RN	Shawn	EMS Air Medical Service - <i>per HSC §773.012(b)(8)</i>	Yes
Troutman, MD	Gerad	Emergency Physician - <i>per HSC §773.012(b)(1)</i>	Yes

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Item	Topic	Discussion	Action Plan	Responsible Individual	Due Date / Status
	Call to Order	Dr. Tyroch called the meeting to order at 8:01AM. Deidra Lee called roll. There was a quorum.	Members present focused on agenda	All council members	
	Reading of GETAC Vision and Mission	Dr. Tyroch asked the new members to introduce themselves. The GETAC Vision and Mission were read by Dr. Tyroch. Dr. Tyroch asked for a moment of silence for the lives lost since the last GETAC meeting and the recent event in the news.	No actions necessary.	Council Members	
	Review and Approval of March 11, 2022 GETAC Minutes	A motion was made by Jeff Barnhart to approve the March 11, 2022 GETAC minutes. The motion was seconded by Shawn Salter. There was no discussion.	Council Members voted to approve the minutes.	Council Members	
1	Chair Report and Discussion – Alan Tyroch, MD, Chair	Dr. Tyroch provided a brief GETAC Council Overview and stated that the October GETAC retreat will address the	This overview served as the orientation to	Council members are required to	“Conflict of Interest”

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		<p>Strategic Plan and Procedural Operating Standards. Dr. Tyroch stated that the Council follows the Open Meetings Act and Public Information Guidelines.</p> <p>Dr. Tyroch explained the Council/Committee Meeting Participation slide for the 4 new Council members.</p> <ul style="list-style-type: none"> • Members are required to participate in at least 50% of the meetings. • Missing two consecutive quarterly meetings is subject to review. • The focus of the Council and Committees is to focus on the Strategic Plan, which is posted to the GETAC webpage. <p>Dr. Tyroch explained the Committee Selection Process.</p> <ul style="list-style-type: none"> • Geographic Representation 	<p>GETAC for new council members</p>	<p>comply with the open meeting record guidelines, meet participation requirements, and maintain an annual conflict of interest statement on file.</p>	<p>statement are due each February prior to the February meeting.</p>
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		<ul style="list-style-type: none">• Levels/Types of Agency Representation• Regional Advisory Council Participation• Diversity• History of participation at GETAC <p>Dr. Tyroch explained focusing on the Strategic Plan.</p> <ul style="list-style-type: none">• Committees define their action items or deliverables through the review of the strategic plan• Committees gain GETAC Council approval of deliverables and priority setting• Committees address deliverables• Committees make recommendations to GETAC for action items• GETAC Council decides the level of action			
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		<ul style="list-style-type: none"> • GETAC Council makes recommendations to DSHS for action items <p>Dr. Tyroch asked the members to review the flow chart that explained what he previously described.</p> <p>Dr. Tyroch addressed the new Conflict of Interest Form.</p> <ul style="list-style-type: none"> • To be completed by each Council and Committee member annually • Goal is transparency • Subject Matter Experts • Financial Interest Declared • Having a conflict of interest does not mean that you cannot participate in the discussion • If associated financial interested – recommendation and voting – Member should abstain 			
2	State Reports				

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2a	Center for Health Emergency Preparedness and Response	<p>Update provided by Jeff Hoogheem, Director</p> <ul style="list-style-type: none"> • Thanked the members for meeting in person. • Nationally seeing an increase in COVID-19 cases. Hospitalizations are increasing but at a slower rate. Rate of fatalities is falling but leveling off. • In Texas, COVID-19 cases are increasing. Hospitalizations are not increasing as much. Fatalities are dropping. • Hoping to see a stabilization across Texas. • Deployed over 30,000 medical staff in Texas throughout 2-year COVID-19 response. • 142,000 antibody infusions administered. • DSHS total cost for the COVID-19 response: \$8.6 billion. • Texas total cost: \$14 billion. 	No action items were identified.		
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		<ul style="list-style-type: none"> • At least 3 hurricanes during COVID-19. • Currently focusing on hurricane preparations for upcoming hurricane season. • 2-1-1 COVID-19 hotline still operational. • DSHS COVID-19 webpage still operational. <p>There were no questions from the Council.</p>			
2b	EMS Trauma Systems	<p>Jorie Klein, MSN, MHA, BSN, RN, Director provided an update for EMS Trauma Systems.</p> <ul style="list-style-type: none"> • Rule Update <ul style="list-style-type: none"> ▪ Texas Administrative Code (TAC) 157.122 Trauma Service Area – Adopted February 17, 2022 and effective March 1, 2022 	The Council requested a continued update at the next GETAC meeting regarding funding, the Trauma Rule Amendment	DSHS Timothy Stevenson, Ass. Commissioner for CPD, Jorie Klein, Joseph Schmider, Elizabeth Stevenson,	August GETAC

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		<ul style="list-style-type: none"> ▪ TAC 157.133 Stroke Rules – Adopted February 17, 2022 and will go into effect September 1, 2022. • Trauma Rules Update <ul style="list-style-type: none"> ▪ TAC 157.2 Definitions – Concentrate all definitions for 157 into one area. ▪ 157.123 Regional Emergency Medical Services/ Trauma System <ul style="list-style-type: none"> ○ Worked with Regional Advisory Council (RAC) Chairs on Criteria Document and Self-Assessment. RACs will complete a self-assessment the first year of their contract. During the second year, they will take that self- 	<p>progress, SB.8, and the MAB.</p>	<p>and Indra Hernandez</p>	
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		<p>assessment and will adjust and revise their system plan. Should create a common structure across all RACs.</p> <ul style="list-style-type: none">▪ 157.125 Requirements for Trauma Facility Designation<ul style="list-style-type: none">○ Has not been updated since 2004. Will implement the adoption of all ACS standards for level 1s, 2s, 3s and 4s. Integrated some of the state criteria○ Developing a Designation Review Committee.▪ 157.128 Denial, Suspension, and Revocation			
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		<ul style="list-style-type: none">○ Developing a Designation Review Committee.▪ 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▪ Legal Team – Rules Coordination Office▪ Begin RAC Process June 7th – 43 week rule process▪ Target date of adoption is April 2023 and implementation of September 1, 2023• Department Activities<ul style="list-style-type: none">▪ Rural Level IV / Non-Rural Level IV/III Monthly Calls			
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		<ul style="list-style-type: none"> ○ Technical Assistance ○ Funding – Explain Uncompensated Care Grant ○ Focus on Rule Discussion ▪ RAC Monthly Meetings ▪ Initiate Calls with Survey Organizations/Surveyors on May 19th • ISS Coding; Implementing TQIP Workgroup <ul style="list-style-type: none"> ▪ Targeting Level IV and Level III Facilities ▪ Selected Subject Matter Experts Across Texas <ul style="list-style-type: none"> ○ Work to improve coding and decrease missing data ▪ Goal – Two Calls per month ▪ AIM: Reduce the 2019 missing ISS scoring rate of 			
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		<p>4.57% to less than 2% by December 31, 2023</p> <ul style="list-style-type: none">▪ AIM: 70% of the Texas designated Level III trauma facilities will successfully submit data to TQIP by July of 2024. <ul style="list-style-type: none">• Regional Calls – System Concerns<ul style="list-style-type: none">▪ Calls specific to hospital diversion/closure▪ Blood Bank issues due to low blood supply• Designation Concerns<ul style="list-style-type: none">▪ Gaps in programs▪ Performance improvement▪ Registry▪ TPM and TMD▪ Lack of fulfilling the TMD job functions▪ Excessive diversion▪ Lack of RAC participation			
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		<ul style="list-style-type: none">▪ Lack of outreach education/injury prevention• Addressing issues with facility leaders with calls: CEO, CNO, medical directors and program managers <p>Dr. Tyroch noted that the calls are helpful and asked if the pediatric simulations are for trauma. Ms. Klein responded yes; they are designed to be trauma-related simulations.</p> <p>Timothy Stevenson, DVM, PhD, DACVM, DACVPM-Epidemiology, Commissioner Consumer Protection Division, DSHS, provided an update.</p> <ul style="list-style-type: none">• Provided an update on the potential funding impacts to the EMS Trauma budgets.• There are four accounts that provide funds for the EMS Trauma			
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		<p>System Section. About 91% of EMS Trauma funding comes from Fund 5111.</p> <ul style="list-style-type: none">• Revenue collections for Fund 5111 are down \$20 million to \$21 million a year over the last two years (20% decrease)• Level IV trauma facilities in rural areas may be impacted the most by decreasing appropriations.• Three different revenue streams go into Fund 5111: DWI traffic violations (local jurisdictions), state traffic fines, and Auto Burglary and Theft Prevention Authority (ABTPA)• Impact of COVID-19 on court system and traffic system and two-year delay impacted the \$21 million drop in revenue.			
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		<p>Mr. Barnhart asked about the impact on rural hospitals. Dr. Stevenson stated he understands how important and vital rural hospitals are for Texas and DSHS is reviewing the funding stream process. Dr. Stevenson stated he will come back to the Council with more information at the next Council meeting.</p> <p>Dr. Tyroch asked if the amount that is dropping is about 20%. Dr. Stevenson stated yes and that it is about \$22 million.</p> <p>Dr. Remick stated that at the federal level, there have been a lot of closures of rural hospitals over the last decade. Dr. Remick stated that the Federal Office of Rural Health Policy is looking at an alternative conversion of these hospitals to rural emergency hospitals that would not have impatient</p>			
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		<p>capabilities as an alternative conversion. She asked if Texas is looking at the types of alternatives. She stated they are looking at a creation of a designation away from critical access hospital to a rural emergency hospital. Mrs. Klein stated that this has not been reviewed for Texas. She stated that the rural trauma facility level IV calls are designed to identify challenges and solutions to keep the rural level IV facilities in the system.</p> <p>Mr. Salter asked if an analysis has been completed to determine if the decrease in funds is from legal activities during COVID-19 or if it’s from judges who circumvent the fines for legal settlement. Dr. Stevenson stated that a full analysis has not been completed because of the two-year lag, but that COVID-19 had an impact on driving habits. Dr. Stevenson said that he is not</p>			
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	<p>sure an analysis can be conducted to look at judges.</p> <p>Dr. Ratcliff stated that discussing budgets and funding is confusing and would be a good topic for the GETAC Retreat in October. He suggested discussing how the funding really works.</p> <p>Mr. Matthews asked why the most vulnerable populous would be the one to take the largest hit. Dr. Stevenson agreed and stated that there is little general revenue, and most funding is targeted by statute and rule.</p> <p>Dr. Tyroch asked if TORCH was aware of the budget discussion. Dr. Ratcliff stated that they will be.</p> <p>Mrs. Klein stated that meetings have occurred to discuss the impact on rural</p>			
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		<p>hospitals and EMS, and TORCH has been invited to participate in these calls.</p> <p>Dr. Remick asked for the estimated number of level IV trauma centers in the state. Dr. Tyroch stated that that number will be provided during the meeting during the DSHS update.</p> <p>Joe Schmider, Texas State EMS Director, provided the EMS Systems update.</p> <ul style="list-style-type: none">• Thanked EMS staff for everything they do.• Staffing waivers stay in place until August 26, 2022 or until the declaration is lifted by the Governor.<ul style="list-style-type: none">▪ Variance exception document on website			
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		<ul style="list-style-type: none">• All other waivers have been lifted as of September 1, 2021. <p>Mr. Salter asked if providers are required to notify the state if they are using a waiver. Mr. Schmider stated no. Mr. Salter stated that the state has no idea how many are operating under a waiver. Mr. Schmider stated that he would guess a large number of providers are using waivers. Mr. Salter asked if a review is conducted when someone requests a waiver. Mr. Schmider stated that documentation is required.</p> <ul style="list-style-type: none">• Wellness Wednesdays continue to go out to EMS workforce every 2 weeks (1st and 3rd Wednesday of each month)• Suicide and substance abuse continue to go up for First Responders			
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		<ul style="list-style-type: none">• Hotline number – 1-833-EMS-inTX (1-833-367-4689)<ul style="list-style-type: none">○ Approaching 200 emergency calls and about 50% are getting appropriate treatment. DSHS does not receive information on who is making calls or getting treatment. <p>Dr. Remick asked if Mr. Schmider knew how many calls were received by the helpline. Mr. Schmider stated about 200 calls.</p> <p>Mr. Marocco asked if the calls were being tracked geographically. Deidra Lee stated that the geography is not being tracked.</p>			
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	<p>Mr. Salter noted that each month, the number of calls is increasing.</p> <p>Mr. Clements asked Mr. Schmider to provide monthly breakdowns of the utilization of the helpline to identify trends. Mr. Schmider said he would share the data.</p> <ul style="list-style-type: none">• EMS Workforce Recruitment and Retention<ul style="list-style-type: none">▪ Senate Bill 8, Section 35<ul style="list-style-type: none">○ Increase Number of EMS Personnel – Career Campaign○ Workforce development initiatives – RAC Development Position○ EMS Education – EMS Education for 2,500			
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		<ul style="list-style-type: none">○ Include distance learning – Education incentives○ Focus on rural and underserved areas – Focus on rural and underserved areas <ul style="list-style-type: none">● Licensure Process Data January 2022<ul style="list-style-type: none">▪ In 2021, 5,769 EMS certified personnel did not renew.▪ Conference will focus on recruitment <p>Mr. Salter asked Mr. Schmider if he had a breakdown of paramedics versus EMTs versus advanced in the 5,769 who did not renew. Mr. Schmider stated that that data was shared with the members in an email prior to the meeting.</p>			
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		<p>Mr. Schmider noted the age of those in the profession and stated that younger people should be encouraged to join the profession. Mr. Schmider stated that about \$12 million will be used first, and the rest will be used accordingly.</p> <p>Mrs. Lee read a comment from the chat regarding the budget discuss from Randall Christopher that stated that it is important to develop processes and assurances that the decrease in funding does not become a new normal funding level if and when 5111 revenue rebounds.</p> <p>Elizabeth Stevenson, RN, Designation Programs Manager, provided the Designation update.</p> <ul style="list-style-type: none">• Designated Facilities by Program			
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		<ul style="list-style-type: none"> ▪ Trauma – I: 20, II: 26, III: 61, IV: 194 (301 total) ▪ Stroke – I: 39, II: 117, III: 19 (175 total) ▪ Maternal – IV: 32, III: 33, II: 93, I: 53 (222 total) ▪ Neonatal – IV: 22, III: 69, II: 54, I: 82 (227 total) <ul style="list-style-type: none"> • Designation Data 2021 4th Quarter data • Designation Data 2021 4th Quarter data for Facilities in Active Pursuit <p>Joshua Finholt, Grants and Funding Specialist, provided the EMS/Trauma Systems Funding update on behalf of Indra Hernandez.</p> <ul style="list-style-type: none"> • Strategy B.2.1 – EMS and Trauma Care – Develops, implements, and evaluates EMS/Trauma Systems, 			
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		<p>with an emphasis on EMS, trauma, pediatrics, disaster preparedness, and stroke; includes designation of trauma, stroke, neonatal, maternal and neonatal centers of excellence facilities and dissemination of grant funding.</p> <ul style="list-style-type: none">• Specific activities include: inspecting and licensing EMS personnel and providers. Overseeing the statewide trauma system to ensure critically injured or ill persons get to the right place, in the right amount of time in order to receive optimal care. Medical Advisory Board (MAB). Designating four types of health care facilities (Trauma, Stroke, Neonatal, Maternal)• Extraordinary Emergency Funds (EEFs)			
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		<ul style="list-style-type: none">▪ FY22: \$1M was made available on 9/1/21; 18 applications received to date; 8 awarded; Total: \$810,865▪ Funds available: \$189,134.40▪ Requested items: New ambulance/ambulance remounts; ambulance repairs (financial assistance); Equipment (ventilators and cardiac monitors)• Hospital Allocation Updates<ul style="list-style-type: none">▪ UCC application closed 10/20/21▪ Last 90 days completing audit reviews▪ App included data collection of trauma program operations for further analysis			
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		<p>There were no questions.</p> <p>Mrs. Klein introduced Ida Murguria, RN, JD, a new attorney with Texas Health and Human Services (HHSC).</p> <p>Gavin Sussman, MAB Specialist III, provided an update on the Medical Advisory Board (MAB).</p> <ul style="list-style-type: none">• Physician advisory board appointed by DSHS Commissioner<ul style="list-style-type: none">▪ 1 person licensed to practice medicine in Texas, including physicians who are board certified in internal medicine, psychiatry, neurology, physical medicine, or ophthalmology and who are jointly recommended by the department and the Texas Medical Association; and			
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		<ul style="list-style-type: none">▪ 2 persons licensed to practice optometry in Texas who are jointly recommended by the department and the Texas Optometric Association.• Assess applicants’ medical/psychiatric history on capability to operate a motor vehicle or exercise sound judgement on proper use and storage of handgun• As requested by Department of Public Safety• MAB Administrative Support<ul style="list-style-type: none">▪ Referral Process:<ul style="list-style-type: none">○ Accident Investigations/Reports from Law Enforcement○ Physician/Healthcare Provider referrals○ Driver License/License to Carry Renewals			
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		<ul style="list-style-type: none">▪ The MAB convenes remotely and holds weekly meetings<ul style="list-style-type: none">○ 3 physicians per panel○ 10 cases per review panel○ Bi-annual Open Meetings to discuss MAB guidelines and operations• Impacts and Challenges<ul style="list-style-type: none">▪ Increased Utilization of MAB<ul style="list-style-type: none">○ Growth of Texas○ Possible increases in prevalence of medical/psychiatric conditions that could affect driving and judgement○ Developing and updating protocols for the MAB Guide			
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		<p>for Determining Driver Limitation</p> <ul style="list-style-type: none">○ Projected to be utilized over 14,000 times in 2022○ In need of physicians in the fields of cardiology, psychiatry, and emergency medicine <p>Dr. Tyroch asked for the number of physicians currently on the board and if they meet weekly electronically. Mr. Sussman stated that there are 14 appointed physicians, and they meet weekly electronically. Mr. Sussman stated that each physician is given 10 cases, along with two other physicians who are reviewing the same cases. DPS will use the three opinions to help them make an enforcement action to grant the license, road test, etc.</p>			
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		<p>Dr. Tyroch asked how long the meetings last. Mr. Sussman said they generally take up to 2 hours to form opinions on 10 cases.</p> <p>Mr. Sussman stated that he is here at the meeting looking for as many physicians to volunteer as possible.</p> <p>Dr. Ratcliff asked about the legal protections for the physicians on the board and if their names are disclosed. Mrs. Murguia stated that the department does protect the identity of the physicians. Currently, none of the physicians have been called to a hearing. They can through a subpoena, but the agency will try to protect the physician. Mrs. Murguia stated that the agency would like to write rules to address the issue. Mrs. Murguia stated that the agency is looking for strong</p>			
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		<p>physician leadership for the MAB. Mrs. Murguia also stated that funding is an issue.</p> <p>Mrs. Klein noted the importance of the MAB for public safety and injury prevention.</p> <p>Mr. Maracco asked if there was a duty of a physician to report concerning behavior. Mrs. Murguia stated that there is legal duty to report.</p> <p>Dr. Ratcliff asked if this is something the RACs can share with their Medical Advisory Boards. Mrs. Murguia stated that is something that the department can work on to share with everybody.</p> <p>Dr. Troutman suggested presenting this topic at his upcoming meeting in July.</p>			
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		<p>Dr. Tyroch asked if there was a brochure, and Mr. Sussman recommended visiting the MAB website. Mrs. Klein stated that she can put this topic on the next RAC agenda. Dr. Tyroch stated to keep this topic on the agenda for the next GETAC Council meeting.</p> <p>Dr. Ratcliff wanted more information on the 10 EEFs that were denied. Mrs. Klein stated that it had to be an emergency and not a program that they want to build. She also stated that if the hospital can cover the expense in their budget, it will probably be denied.</p> <p>Mr. Lail noted the backlog of cases for the MAB and how that impacts members who could have returned to driving earlier. Mr. Sussman noted that much of the timeframe is out of the purview of DSHS.</p>			
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2c	Texas EMS and Trauma Registry	<p>Jia Benno, MPH, Manager, provided the update for the Office of Injury Prevention.</p> <ul style="list-style-type: none"> • Department received additional funding to enhance the DSHS EMS/Trauma Registries (EMS/TR). Dr. Hall is planning on attending the Council meeting in August to provide an update. <p>Trauma Center Levels and Trauma Incidents by Age 2020 Data</p> <ul style="list-style-type: none"> • Hospitals must report spinal cord injuries, traumatic brain injuries, and other traumatic injuries • EMS/TR is a passive surveillance system and only uses records submitted to the Registries • Patients transferred between hospitals will have more than 1 record as each hospital must independently report to the EMS/TR 	<p>The Council thanked Ms. Benno for her presentation and the work of the registry in producing these reports and focused on the need for data for decision making and setting priorities for the Council and Committees. The Council requested that continued</p>	<p>Jia Benno and the Texas EMS Trauma Registry Team</p>	<p>August GETAC</p>
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		<ul style="list-style-type: none"> • EMS/TR presents the 2020 hospital traumatic injury report data. • Received 137,826 unique patient records in 2020. • Data is suppressed when there are less than 5 records • Trauma Incidents by Trauma Center Levels 2020: 27% are at level I facilities, 11% at level II, 20% at level III, and 17% at level IV • Compared to 2011, 2020 how double the “not reported/missing” data • Texas Trauma Incidents by Age • Fatality higher in Middle age group • 2011: 117, 122 Trauma Incidents; 2020: 137,826 Trauma Incidents 	<p>data reports be provided as requested by the council.</p>		
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		<p>Dr. Tyroch suggested that the Trauma Systems Committee may want to review this data.</p> <p>Trauma Injury Severity Score and Length of Stay by Trauma Service Area (TSA) (Texas 2020)</p> <ul style="list-style-type: none">• TSA H: 3.48 days; TSA P and TSA T:5.57 days <p>Injury Severity Score (ISS)</p> <ul style="list-style-type: none">• Assesses the combined effects of patients with multiple injuries and is based on an anatomical injury severity classification known as the Abbreviated Injury Scale (AIS). AIS is an anatomically-based injury severity scoring system that classifies each injury by body region on a six-point scale.• 1-8 is minor, 9-15 is moderate, 16-24 is severe, greater than or equal to 24 is very severe			
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		<ul style="list-style-type: none"> Reviewed each TSA by ISS <p>There were no questions.</p>			
2d	Conflict of Interest Discussion	This item was addressed in item 1.	Council members were asked to submit their completed forms if they were outstanding.	Council Members	August GETAC
3	GETAC Committee Reports				
3A	Air Medical and Specialty Care Transport Committee Lynn Lail, RN, Chair	<p>Update provided by Lynn Lail.</p> <ul style="list-style-type: none"> Thanked Committee members for their hard work. Items needing Council Guidance <ul style="list-style-type: none"> None at this time Items referred to GETAC for future action. <ul style="list-style-type: none"> None at this time 	No actions were identified.		

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		<ul style="list-style-type: none">• Announcements<ul style="list-style-type: none">▪ Taskforce #1- Rule 157.12 and 157.13 revision proposals<ul style="list-style-type: none">○ Met March 8th▪ Taskforce #2 – Lessons learned from COVID related to Air Medical and Specialty Care Transport teams<ul style="list-style-type: none">○ Will present at August meeting▪ Taskforce #3 – Neonatal and Pediatric equipment recommendations for rotor wing aircraft, in support of the National Pediatric Readiness Program <p>Mr. Schmider stated that he has received reports of unsecured equipment in air ambulances. Mr. Schmider would like to work with the</p>			
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		Committee to promote education about this topic.			
3B	Cardiac Care Committee	Committee did not meet.			No update provided.
3C	Disaster Preparedness and Response Committee Eric Epley, NREMT, Chair	Update provided by Eric Epley. <ul style="list-style-type: none"> • Thanked TDEM for their assistance. • Items needing Council Guidance <ul style="list-style-type: none"> ▪ Statewide EMS/Emergency Medical Task Force (EMTF) Wristband Project ▪ COVID-19 Response: Committee will gather information on COVID response to determine best practices and concerns. • Items referred to GETAC for future action. <ul style="list-style-type: none"> ▪ Texas Department of Emergency Management (TDEM) Supply Chain Tool: TDEM offering to provide available warehouses to 	No actions taken specific to the Disaster Committee		

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		<p>increase PAR levels through vendors and providers.</p> <ul style="list-style-type: none"> • TX EMTF Program Updates and Announcements <ul style="list-style-type: none"> ▪ EMTF Education: 2 MIST, 1 ASMT, 1 MEDL, and 1 Refresher Course by mid-June ▪ AMBUS Response: Recent Multiple-Region AMBUS response with wristband success in GCRAC. • Thanked local EMS for their response to the recent situation in Uvalde, Texas. • Brief discussion on blood bank shortage and transfer of whole blood to emergency locations in Texas. 			
9	Continued discussion of formation of GETAC Regional Advisory Committee	<p>Discussion led by Eric Epley.</p> <ul style="list-style-type: none"> • Suggestion is to leverage the current RAC Contractor meeting and not create a separate GETAC 	The Council members approved this change and it	Committee Charis and RAC Contractor	August 18, 2022: 5:50 pm

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		<p>RAC Committee or RAC Task Force.</p> <ul style="list-style-type: none"> • Recommend calling it the RAC Leadership meeting or RAC Leadership Contractor meeting • Recommend that it occurs on Thursday night at 5:30pm (night before GETAC Council meeting), instead of the current Wednesday night schedule, allowing all Committee Chairs to attend the meeting and discuss items/projects that may require RAC assistance. After discussing with the RAC Leadership meeting, the Committee Chair can bring the item/project before the Council the following day for further action. <p>Mr. Matthews asked who would be attending this meeting (RAC Chairs, Executive directors, or RAC leadership).</p>	<p>will be implements on August 18, 2022 at 5:30 pm during the August GETAC meeting.</p>	<p>meeting member</p>	
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		<p>Mr. Epley stated that the person who has authority or delegated authority will be in attendance. Mrs. Klein stated that the meetings are now streaming and executive directors and chairs can both participate.</p> <p>Dr. Tyroch asked Mr. Epley what action he needs from the Council regarding this topic. Mr. Epley stated that he’s proposing:</p> <ol style="list-style-type: none">1. that the Council rename the current RAC Chairs Contractor meeting to the RAC Leadership Contractor meeting; and2. move the current meeting from Wednesday at 5:30pm to Thursday at 5:30pm (move to the night before the Council meeting)3. Ask the Committee Chairs to bring their items/projects requiring RAC assistance to the			
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		<p>new RAC Leadership Contractor meeting for further discussion. After this meeting, the Committee Chair will present the item/project to the Council on the following day for further action or discussion.</p> <p>Mr. Matthews asked about RAC representation for rules or input on other items. Mr. Schmider stated that the agency has always embraced input from the RACs but are only required to work with GETAC.</p> <p>Mrs. Klein stated that the Council has the final decision whether or not they are going to support the idea/project, based on its alignment with the Strategic Plan.</p> <p>Mr. Matthews made a motion to accept the plan that the RAC Contractor</p>			
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		<p>meeting be renamed appropriately and that it is moved to a time that is best suited to allow the process to seamlessly move forward before this meeting. Dr. Malone seconded the motion. Mr. Salter asked to add that the committee chairs be asked to make every effort to attend that meeting if they have any RAC initiatives or any initiatives that would involve RACs. Mr. Matthews stated that his motion is to go forward with it with the understanding that that would be a Standard Operating Procedure. The motion passed.</p> <p>Mr. Schmider stated that the department will draft a flow chart of this process to get it in record and will bring it to the next Council meeting.</p>			
3D	Emergency Medical Services Committee Eddie Martin, EMT-P,	<p>Update provided by Eddie Martin.</p> <ul style="list-style-type: none"> Discussed medication shortages and supply shortages; EMS 	No actions were identified.		

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	Chair	<p>Committee may work with Disaster Committee on this topic</p> <ul style="list-style-type: none"> • Items needing Council Guidance <ul style="list-style-type: none"> ▪ None • Items referred to GETAC for future action. <ul style="list-style-type: none"> ▪ Discussed Wall times Hall times; Workgroup working on this topic. Workgroup has met multiple times. Now moving item to Medical Director’s Committee for a joint workgroup to develop a best-practices document. Will go before Council once completed. • Announcements <ul style="list-style-type: none"> ▪ Created vision/mission statement: “To Develop a comprehensive, accessible, and sustainable EMS delivery system, through collaboration, innovation, 			
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		training, safety, research, and efficiency, to provide the highest quality prehospital patient care.”			
3E	EMS Education Committee Macara Trusty, LP, Chair	<p>Lucille Maes, LP, provided the first part of the update.</p> <ul style="list-style-type: none"> • Discussed accreditation issue in rural areas • Items needing Council Guidance <ul style="list-style-type: none"> ▪ None • Items referred to GETAC for future action. <ul style="list-style-type: none"> ▪ EMS Education Committee addition to GETAC Strategic Plan ▪ BLS Sample Skills Training Sheets Recommend for DSHS website • Announcements <ul style="list-style-type: none"> ▪ Laredo Fire Department starting “open enrollment” Paramedic Pilot, July 2022 	No actions were identified.		

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		<ul style="list-style-type: none">▪ ProAction EMS Institute starting “open enrollment” AEMT, July 2022 <p>Dr. Ratcliff asked about conducting an education capacity study and adding it to the next agenda. He would like to determine the number of seats available in various education programs across Texas and if those in the rural communities could fill the empty seats (in-person or virtually)</p> <p>Mrs. Trusty joined the meeting and stated that this has been studied and the problem is getting people to want to go into those seats. There are some concerns about students not being college-ready. There may also be a lack of interest in entering the program.</p> <p>Dr. Ratcliff would still like to see hard data. Mr. Schmider stated that the</p>			
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		<p>approved classes are posted to the EMS webpage. Mr. Schmider said that hopefully Senate Bill 8 will help fill those seats.</p> <p>Mrs. Trusty stated that between 2017 and 2021, about 18,000 people let their certifications lapse, and 7,000 happened between 2020 and 2021. It has been discussed to reach out to those individuals and reengage them. Possible solutions include free refresher course material and possibly host a national psychomotor exam during the state conference.</p> <p>Mr. Salter noted the difference in skillsets of those who trained virtually versus those who had in-person learning. He also stated that many people don’t enjoy virtual learning.</p>			
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3F	EMS Medical Directors Committee Heidi Abraham, MD, FAEMS, Chair	Update provided by Sharon Malone, MD. <ul style="list-style-type: none"> • Items needing Council Guidance <ul style="list-style-type: none"> ▪ None • Items referred to GETAC for future action. <ul style="list-style-type: none"> ▪ None • Announcements <ul style="list-style-type: none"> ▪ Approved EMS physician/EMS medical directors’ patches ▪ Trauma and Resiliency Center still accepting PTSD patients – call 713/486-2630. This is anonymous for the patient. Encourage colleagues to seek help. ▪ Endorsed the EMS Committee document listing ways for an agency’s medical director to become more involved. 	No actions were identified.		
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		<p>Dr. Troutman noted that money is an issue for lack of participation.</p> <p>There was discussion if Council approval was needed for the patches. Mr. Schmider stated that he will need to ask the Legal Department about an EMS physician’s patch.</p>			
3G	<p>Injury Prevention and Public Education Committee Mary Ann Contreras, RN, Chair</p>	<p>Update provided by Mary Ann Contreras.</p> <ul style="list-style-type: none"> • No items to bring for Council approval. • Grey book changes discussion: <ul style="list-style-type: none"> ▪ Collaboration community partners that are non-traditional ▪ Focus on risk and protective factors • Partnership with Pediatric committee: Evidence Based Practice/White Paper <ul style="list-style-type: none"> ▪ Concussion 	No actions were identified.		

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		<ul style="list-style-type: none"> ▪ Battery/Magnet ingestion • Standing agenda item: <ul style="list-style-type: none"> ▪ Integration of health equity/diversity within the role of injury and violence prevention ▪ Concepts of operationalizing equity/diversity into IPV work <p>Dr. Tyroch asked for an explanation of health equity and diversity. Mrs. Contreras stated that it is the inclusion of those underserved by many things, including social determinants of health.</p>			
3H	Pediatric Committee Belinda Waters, RN, Chair	<p>Update provided by Belinda Waters.</p> <ul style="list-style-type: none"> • Items needing Council Guidance <ul style="list-style-type: none"> ▪ None • Items referred to GETAC for future action. <ul style="list-style-type: none"> ▪ Request in February for quarterly updates of state 	Pediatric Committee requested data for the February meeting from the EMS	Belinda Waters and Jia Benno	February 2023 GETAC

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		<p>registry data on the data dashboard on Tableau. Has been reported at Council meeting in March and Pediatric Committee Tuesday, Trauma Systems was asking for data recently.</p> <ul style="list-style-type: none"> • Announcements <ul style="list-style-type: none"> ▪ Will be collaborating with Injury Prevention Committee for 2 workgroups, one on pediatric concussion and head injury education and the other on magnet battery ingestion education and support. ▪ Will be working with Stroke Committee on developing pediatric stroke protocols. ▪ New Trauma rule requirement for quarterly 	Trauma Registry.		
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		<p>pediatric trauma simulation with medical staff leadership. Surveys are every 3 years but will require each year’s documentation of the simulations.</p> <ul style="list-style-type: none">▪ Dr. Kathari announced as new medical director for EMS-C▪ Stopthebleedtexas.org is website for Texas Stop the Bleed Coalition which lists resources, some instructions, and class dates.▪ Jia Benno, DSHS, presented 2018-2020 data which was requested by the committee including double transfers, most were 0-4 years of age and the large majority were transferred from level I			
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		trauma centers to children’s hospitals. In 2019, of 20,000 total transfers with 228 double transfers and 192 from level I, and in 2020, 19,000 total with 263 double transfers and 193 level Is.			
3I	Stroke Committee J. Neal Rutledge, MD	Update provided by Neal Rutledge, MD. <ul style="list-style-type: none"> • Items needing Council Guidance <ul style="list-style-type: none"> ▪ None • Discussed plan on how DSHS will develop criteria for Vendors surveying hospitals as Advanced Stroke Centers Level II. • Multiple meetings are planned and will include all stakeholders. • Working on Pediatric Transport and Facility Criteria recommendations. 	No actions were identified for this meeting. New Stroke Rules are targeted for implementation in September of 2022.	DSHS, stroke facilities and survey organizations	September 1, 2022 go live date for new Stroke Rules

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		<ul style="list-style-type: none"> • Working on recommendations for EMS (NEMSIS) stroke required data fields and usage • Working on various EMS/Public training/education aids, discussed Israel’s public emergency training, United Hatzalah Program as example. • Announcements <ul style="list-style-type: none"> ▪ TCCVDS Stroke Survivors and Caregivers Conference Friday 5/27/22 in Houston <p>Mr. Marocco stated that he was a fan of the United Hatzalah program and warrants more discussion.</p>			
3J	Trauma Systems Committee Stephen Flaherty, MD, Chair	<p>Update provided by Stephen Flaherty, MD.</p> <ul style="list-style-type: none"> • Provided his view from a Trauma Systems perspective on the situation in Uvalde 	Actions continue to focus on the Trauma Rule Amendments	DSHS	Update at August GETAC

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		<ul style="list-style-type: none">• Recognize a trauma center each quarter – begin quarter 3• Monitoring trauma rules process<ul style="list-style-type: none">▪ Standing by to monitor public comment• Rural trauma gaps<ul style="list-style-type: none">▪ Query to RAC Chairs (Lorrie Robb) – unnecessary transfers<ul style="list-style-type: none">○ Technology related (record sharing, radiology image sharing)○ Access to care (direct referral to outpatient care?)○ Subject matter expert support (“comfort”, education)			
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		<ul style="list-style-type: none">• Does Texas have an inclusive trauma system?<ul style="list-style-type: none">▪ In development• Trauma system report of designation status• Items needing Council Guidance<ul style="list-style-type: none">▪ Collaborate with the Texas Health Services Authority regarding development of an integrated health information exchange▪ Assess status of radiology image sharing▪ Assess remote care potential for burn centers▪ Would like to see report on double transfers• Items referred to GETAC for future action.<ul style="list-style-type: none">▪ None <p>Dr. Tyroch suggested having the double transfer information presented to the</p>			
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		Trauma Systems Committee from Mrs. Benno.			
4	Update of Texas Administrative Code Title 25 a. 157.125, Requirements for Trauma Facility Designation, Documentation of Evidence Guide b. 157.123, Regional Emergency Medical Services/Trauma Systems, Regional Advisory Councils (RACs) i. Criteria	This item was addressed during item 2b.	Actions continue to focus on the Trauma Rule Amendments.	DSHS	August GETAC

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	<ul style="list-style-type: none">ii. Self-Assessmentc. 157.128, Denial, Suspension, and Revocation of Trauma Facility Designationd. 157.130, EMS and Trauma Service Arease. 157.131, Designated Trauma Facility and Emergency Medical Services Account, Regional Trauma Accountf. 157.122, Trauma Service Areasg. 157.133, Requirements for Stroke Facility				
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	<p>Designation</p> <p>h. 157.11 Dialysis Protocol for EMS Providers</p> <p>i. 157.41 Automated External Defibrillator (AED) for Public Access Defibrillation</p>				
5	GETAC Members and Committees professional behavior	This item was tabled to a future meeting. Dr. Tyroch suggested moving it to the GETAC Retreat.	Council tabled this for October Retreat	Alan Tyroch, MD	GETAC October Retreat
6	GETAC Council Members and Conflict of Interest Review	This item was discussed during item 2b.	Council and Committee members are required to complete an annual "Conflict of Interest"	Council members	February GETAC meetings

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			Statement and have on file by the February GETAC meeting.		
7	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	This item was not discussed.			
8	Discussion of Rural Priorities	This item was not discussed.			
9	Continued discussion of formation of GETAC Regional Advisory Committee	This item was discussed during 3C.	Actions defined in 3C.		
10	Continued discussion of rule revision and priorities	This item was not discussed.			

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11	Discussion and possible actions on initiatives, programs, and potential research that might improve the Trauma and Emergency Healthcare System in Texas.	This item was not discussed.			
12	GETAC Stakeholder Reports				
12a	Texas EMS, Trauma, and Acute Care Foundation (TETAF) Dinah Welsh, TETAF President/CEO	Dinah Welsh provided the update. <ul style="list-style-type: none"> • TETAF Committee selection of stakeholders have been announced for TETAF’s 5 Committees: Advocacy, Education, Finance, Governance, and Survey Verification • TETAF staff and surveyors are revising our stroke survey process to align with the new rule TAC 157.133 that goes into effect 9.1.22. 	No actions were identified		

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Meeting Minutes

		<ul style="list-style-type: none">• In May, in partnership with the Texas Trauma Coordinators Forum (TTCF), TETAF provided continuing education with the Texas Trauma Designation Education Course (TTDEC)• TETAF Hospital Data Management Course (HDMC) is June 27-28, 2022. www.tetaf.org/hdmc• TETAF Advocacy team is conducting regular planning meetings during the interim to prepare for 88th Texas Legislative Session.• TETAF Advocacy team requested that the Senate Health and Human Services Committee review health data collection, and it’s included in the interim charges as follows:<ul style="list-style-type: none">▪ Public Health Data – Review the processes and coordination by local and			
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		<p>state entities, as well as regional trauma centers. Identify any continuing barriers to the real-time dissemination of data concerning health care facility capacity – including data that can expedite timely care – and mortality rates, as well as other information that can assist in public policy decisions.</p> <ul style="list-style-type: none"> • TETAF continues to provide administrative support to the Texas TQIP Collaborative • Texas TQIP’s new coordinator is working to resume regular activity within the collaborative • Texas TQIP will meet again in Summer 2022 			
12b	EMS for Children (EMSC) State Partnership	<p>Update provided by Sam Vance.</p> <ul style="list-style-type: none"> • Introduced Dr. Kathari 	No actions were identified.		

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	<p>Sam Vance, MHA, LP, Program Manager</p>	<ul style="list-style-type: none">• Pediatric Readiness Project assessment is online for hospital emergency departments. In quality improvement period of assessment.• If someone needs a copy of their assessment, contact Mr. Vance.• 2022 EMSC survey ended March 31st.• Surveyed 531 ground EMS agencies• 295 responded• 55.6% response rate• Finalized results will be available in late May• May 15-22: 2022 EMS Week• May 18: 2022 EMS for Children Day• EMSC Crew of the Year Award• Prehospital Pediatric Readiness Project<ul style="list-style-type: none">▪ To improve pediatric emergency care outcomes			
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		<p>and patient safety within the prehospital environment</p> <ul style="list-style-type: none"> ○ EMS Agency Checklist ○ EMS Agency Toolkit ○ Texas EMS Recognition Program <ul style="list-style-type: none"> ● NEMSIS Pediatric Dashboard <ul style="list-style-type: none"> ▪ Goal of project is to integrate evidence-based quality measures, including elements of the upcoming Pediatric Prehospital Pediatric Readiness Assessment into NEMSIS Pediatric Dashboard <p>Mr. Matthews took over the meeting in Dr. Tyroch’s absence.</p>			
12c	Texas Cardiovascular Disease and Stroke	No update was provided.			

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12d	Texas Cardiac Arrest Registry to Enhance Survival (TX CARES) Micah Panczyk	Update provided by Micah Panczyk. <ul style="list-style-type: none"> • Bystander CPR: Texas versus National • Shockable Rhythm • Sustained ROSC • Survival to Discharge • Survival with Good/Moderate CPC • Utstein Survival • Utstein Bystander Survival • Prehospital event and process measures in general appear worse in Texas and nationally in 2020 and 2021 than 2019 • Patient outcomes appear worse in Texas and nationally in 2020 and 2021 than in 2019 	No actions were identified.		
12e	Texas Suicide Prevention Council Christine Reeves	Update provided by Christine Reeves. <ul style="list-style-type: none"> • Major focus at the time is implementation of the 9-8-8 starting in July of 2022 	No actions were identified.		

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		<ul style="list-style-type: none"> • There will be a monthly local coalitions conference call starting. The first call will be June 7th. • More information will be shared at it is known. 			
12f	Stop the Bleed Texas Coalition Christine Reeves	<p>Update provided by Christine Reeves.</p> <ul style="list-style-type: none"> • May is Stop the Bleed Month • May 19 is Stop the Bleed Day • Continues to work with DSHS Registry staff on a data collection project related to bleeding control. There is a plan to provide a draft sample of this report to GETAC next quarter. • The Coalition and its members have been busy with Stop the Bleed Month activities. They plan to have a summary of activities for the next set of GETAC meetings. • Thanks to TETAF for securing a proclamation from the Governor 	No actions were identified.		

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		for Stop the Bleed Texas Day, May 19 th .			
12g	Statewide Wristband Project Christine Reeves	Update provided by Christine Reeves. <ul style="list-style-type: none"> All RACs are implementing the project in their regions, but target implementation is Dec. 2022. There will be a Texas required field in the Texas EMS and Trauma Registry for all EMS providers and trauma designated facilities beginning January 2023 when the NEMESIS update is complete. 	No actions were identified.		
	Announcements				
	Final Public Comment	Sabrina Richardson read the names of people who registered for public comment. Shelli Stidham provided public comment. Mrs. Stidham stated that when she previously served on the Injury Prevention and Public Education	No actions were taken.		

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		Committee, she worked on a position statement on the safe storage of firearms and would like the document to move forward and not stay silent on the topic.			
	Next meeting dates	The next meeting dates are August 17-19, 2022 at the Holiday Inn Austin Midtown. There was discussion about the October GETAC Retreat. Dr. Ratcliff stated that October 20 th had been previously discussed. Mrs. Klein said that she would look at the availability of that date and will get back to the members.	DSHS will send out meeting announcements and location. DSHS will provide proposed 2023 GETAC dates.	DSHS	August GETAC
	Adjournment – Alan Tyroch, MD, Chair	Mr. Matthews asked for a motion to adjourn. Dr. Troutman made a motion. The motion was seconded by Mr. Salter. The meeting adjourned at 11:42am.	Members adjourned.		

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