TEXAS
Health and Human Services

Texas Department of State Health Services

Governor's EMS and Trauma Advisory Council

Friday, March 11, 2022

8:00 AM CDT

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

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

Public participation will also be available at:

DSHS Central Campus

Robert Bernstein Building, Room K-100

1100 West 49th Street

Austin, Texas 78756

Virtual Rules of Participation

Rules of Participation

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

Rules of Participation

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

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

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

Rules of Participation

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

Call to Order

&

Roll Call

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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.

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Approval of Minutes

Review and Approval of November 22, 2021 Minutes

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GETAC Council

- Required updates to Strategic Plan and Procedural Operating Standards
  - Rotate Years
- Open Meetings & Public Information Guidelines

Council / Committee Meeting Participation

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

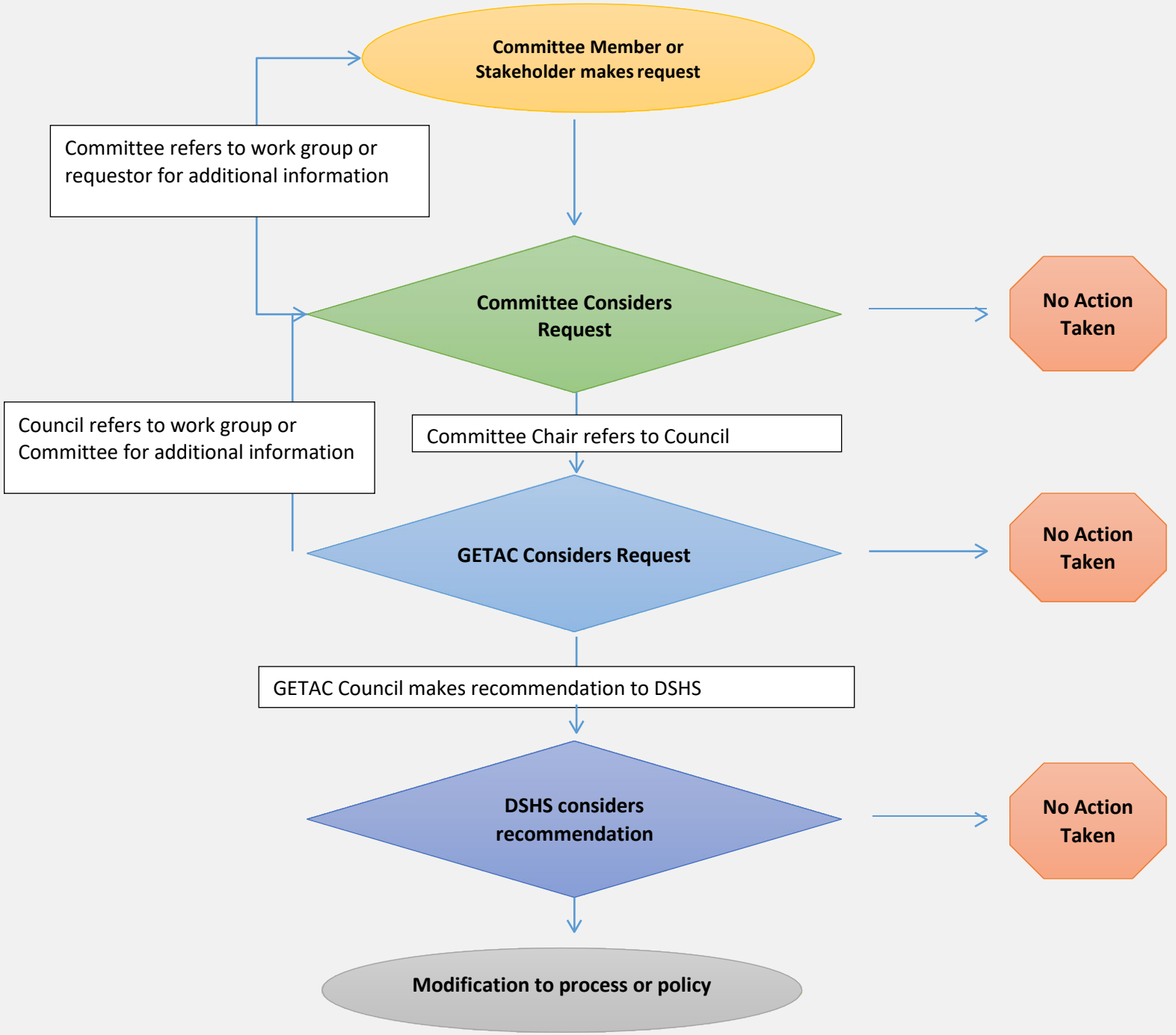
Committee Selection Process

- GETAC Council Chair, Vice-Chair, Committee Liaisons
- Committee Chair, Vice-Chair
- Focus
  - Geographic Representation
  - Levels / Types of Agency Representation
  - Regional Advisory Council Participation
  - Diversity
  - History of participation at GETAC

Strategic Plan Focus

- 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
- GETAC Council makes recommendations to DSHS for action items

Committee Focus



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Texas Board of Nursing: Nursing Workforce Shortage Initiatives

Cindy Zolnierek, PhD, RN, CAE

Center for Health Emergency Preparedness and Response

EMS Trauma Systems Update

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

Rule Update

- TAC 157.122 TSA – Adopt Feb. 17th – Effective March 1, 2022
- TAC 157.133 Stroke Rules – Adopt Feb. 17th – Effective September 1, 2022.

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
- Legal Team – RCO
- Begin RAC Process March 20th

Activities

- Rural Level IV / Non-Rural Level IV/III Monthly Calls
  - Technical Assistance
  - Funding – Explain Uncompensated Care Grant
  - Rule Discussion
- RAC Monthly Meetings
- Initiate Calls with Survey Organizations / Surveyors in April/May

Regional Calls – Diversion /Closure

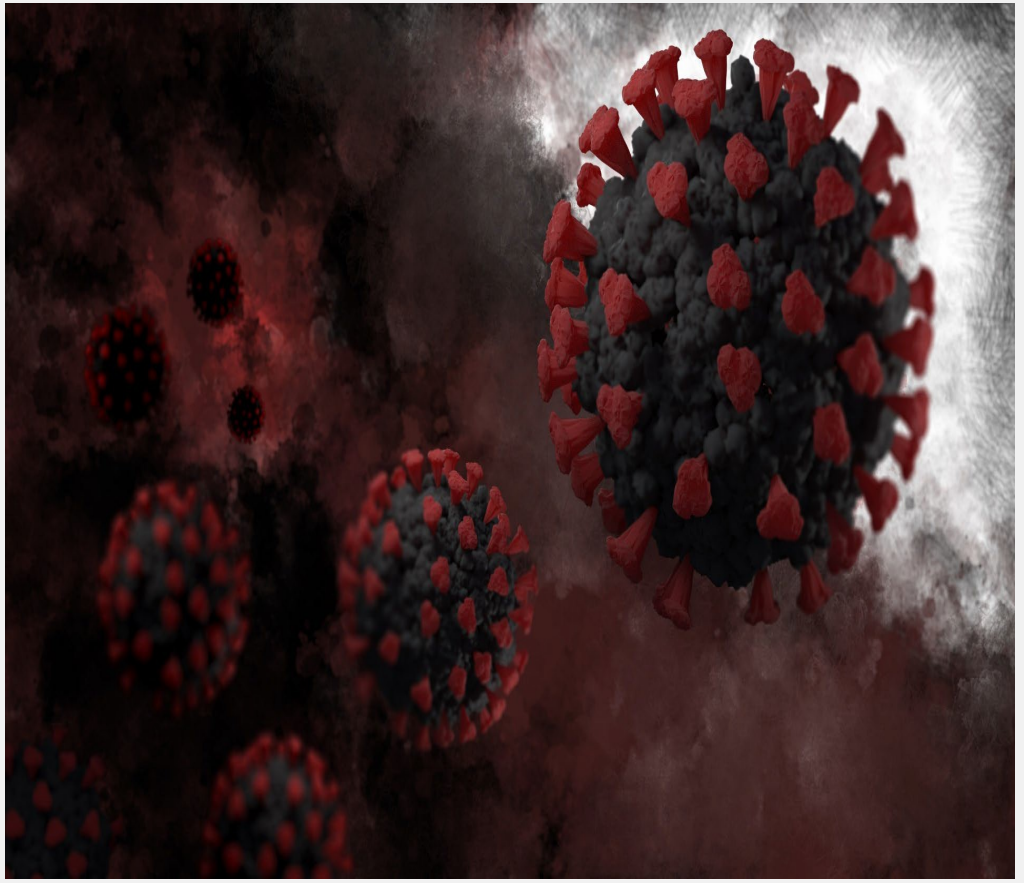
- Calls specific to hospital diversion / closure
- Long EMS waits at hospitals
- Waits for transfer patients being accepted
- Wait for EMS transport for patients being transferred
- Impact on system
- Impact on Air medical / EMS
- Introduction of Marcus Foster – CMS Region

EMS System Update

Joe Schmider, Texas State EMS Director

COVID-19 Waivers

- Staffing waivers stay in place until August 28, 2022.
- All other waivers have been lifted as of September 1, 2021.



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Wellness Wednesdays

- Wellness message continues to go out to the EMS workforce – 1st & 3rd Wednesday of the month.
- Suicide and substance abuse continue to go up for First Responders.

Hotline number:

1-833-EMS-inTX

(1-833-367-4689)

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Ongoing Senate Bill 790

Section 3 - Study on the Balance Billing Practices of Ground Ambulance Providers

EMS Workforce Recruitment & Retention

SB 8 Section 35	$21.7 Million
Increase # of EMS Personnel	Career Campaign
Workforce development initiatives	RAC Development Position
EMS Education	EMS Education for 2500
Include distance learning	Education incentives
Focus on rural and underserved areas	Focus on rural and underserved areas

Licensure Process Data
January 2022

License	Renewal
EMS Provider	32
First Responder Organization (FRO)	29
Average # of days to process	92
Median # of days to process	92

Certification	Initial	Renewal
ECA	49	20
EMT	1103	551
AEMT	2	53
PARAMEDIC	112	378
LP	33	138
Average # of days to process		56
Median # of days to process		19

In 2021: 5769 EMS certified personnel did not renew.

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Designation Update

Elizabeth Stevenson, RN, Designation Programs Manager

Designated Program Staff

- Audrey Green, RN – Trauma/Stroke Designation Coordinator
- Mike Murray retired December 31, 2021
- Dominique Potter and Kathie Stephens leaving in February
- Open Positions:
  - Administrative Assistant II
  - Program Specialist I
  - Designation Coordinator – Trauma/Stroke
  - Designation Coordinator – Performance Improvement
  - Designation Coordinator (3) - Perinatal

Designated Facilities by Program

Trauma (300)	Stroke (175)	Neonatal (227)	Maternal (222)
Level I – 19	Level I - 39	Level IV - 22	Level IV – 32
Level II – 25	Level II – 117	Level III – 66	Level III - 44
Level III – 63	Level III – 19	Level II – 57	Level II - 93
Level IV – 193		Level I – 82	Level I – 53
IAP – 16			

Designation Activities

- Stroke Rules Adoption February 2022
- Expected facility compliance for surveys by September 1, 2022.
- Maternal Rules – Revised after informal comments. Internal approval.
- Neonatal Rules – Revised after informal comments. Internal approval.
- Developing compliance documents for the stroke, maternal and neonatal rule revisions.
- Strategic Review Reports for Maternal and Neonatal Designations – Posted on the Legislative Reports Website.
- Performance Measures Designation Application Review and Approval Process
- QAPI Education Series for Perinatal Designation Programs – Beginning February for facility staff during the monthly virtual meetings.

Designation Data 2021 4th Quarter

2021 4th Quarter	TRAUMA	STROKE
Number of Designation Survey Reports Received	**23**	**30**
Level I	0	3
Level II	1	24
Level III	7	3
Level IV	15	NA
Number of Initial Designations	**1**	**0**
Level I	0	0
Level II	0	0
Level III	0	0
Level IV	1	NA
Number of Re-Designations	**28**	**27**
Level I	2	6
Level II	2	18
Level III	4	7
Level IV	20	NA
(Initial Designations and Re-Designations Tracked by the Commissioner Award dates.)		

Number of Facilities In Active Pursuit	**12**
Level I	0
Level II	0
Level III	3
Level IV	9
New IAP Recognitions	**1**
Number of Facilities with Contingencies (Level II Trauma)	**1**
Common Theme for Contingencies and Focused Review:	
Trauma Performance Improvement Plan and Follow Through	
Documentation	
Registry Timeliness	
Trauma Team Activation Compliance	
Trauma Medical Director Role	
Trauma Program Manager Role	

Designation Data 2021 4th Quarter

2021 4th Quarter	Trauma	Stroke
Number of Facilities with Designation Applications Completed within 30 Days	2	0
Level I	0	0
Level II	0	0
Level III	2	0
Level IV	0	NA
(30 Days begins with Receipt of Survey Report and ends with awarded Designation Letter and Certificate delivered to the facility.)		

- No trauma or stroke facilities identified for the following:
- Awards of designations at a higher or lower level.
- Designation appeals submitted
- Designation denials

EMS/Trauma Systems Funding

Indra Hernandez, Trauma Systems Specialist

EMS/Trauma Systems Funding Program Overview

- **ECA Training Fund**
  - Purpose: To facilitate initial training of Emergency Care Attendants (ECA) in rural or underserved areas of the state.
  - Eligibility: Department-licensed EMS providers and registered first responder organizations located in a rural or underserved areas.
- **EMS Allotment Fund**
  - Purpose: To fund the cost of supplies, operational expenses, education and training, equipment, vehicles, and communications systems for local emergency medical services.
  - Eligibility: Licensed EMS providers (911 and emergency transport) that meet ALL RAC eligibility/participation requirements for the previous year (meeting attendance, participation in performance improvement activities, utilization of regional trauma plan protocols).

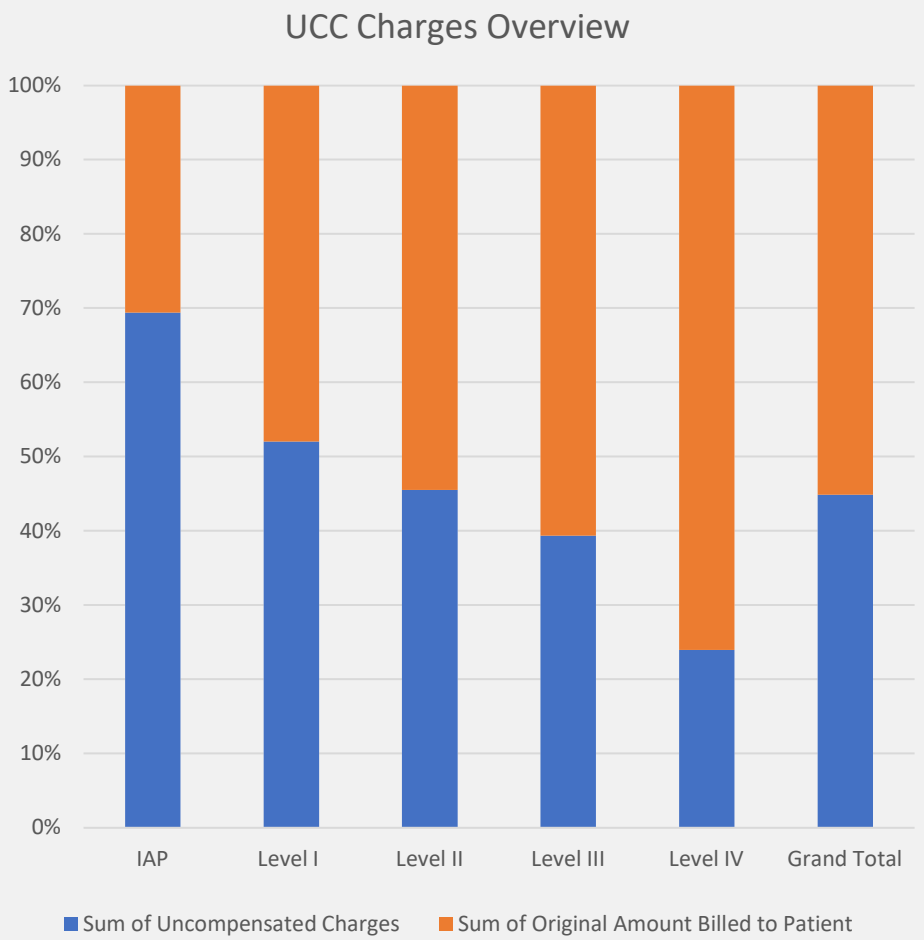
EMS/Trauma Systems Funding Program Overview (cont.)

- **Governor's Extraordinary Emergency Fund**
  - Purpose: To support the emergent, unexpected needs of EMS providers or DSHS-approved organizations.
  - Eligibility: Department-licensed EMS providers, department-registered first responder organizations, and licensed hospitals.
- **Uncompensated Trauma Care Fund**
  - Purpose: To fund a portion of the uncompensated trauma care provided at facilities designated as state trauma facilities.
  - Eligibility: Must be a designated trauma facility by the application due date or meet "in active pursuit of trauma designation" requirements by the application due date.

Hospital Allocation Updates

- UCC application closed October 20, 2021.
- Last 90 days completing audit reviews.
- App included data collection of trauma program operations for further analysis.

Designation Level	Facilities Submitting UCC Apps	Currently Designated	% UCC submission
IAP	12	18	67%
Level I	20	20	100%
Level II	23	23	100%
Level III	53	61	87%
Level IV	175	193	91%
Grand Total	***283***	***315***	***90%***



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Extraordinary Emergency Funds (EEFs):

- FY22: $1M was made available on 9/1/2021
  - 14 Applications received to date
    - 5 Approved
    - 1 Pending
  - Funds available: $484,974.21

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

Regional Advisory Council (RAC) Contracts

- RAC Contracts include:
  - EMS Allotment
  - RAC Allotment
  - RAC Systems Development
  - EMS/LPG
- Contract dates:
  - Start 9/1
  - End 8/31
- Lump sum payments made for all portions

	FY 2021	FY 2022	FY 2023 (est.)
EMS	$4,218,300	$4,595,519	$4,595,519
RAC	$2,428,599	$2,557,653	$2,557,653
System Dev.	$2,400,000	$2,278,187	$2,278,187
LPG	$650,000	$0	TBD

Questions for EMS Trauma Systems?

Thank You

DSHS Texas EMS and Trauma Registry Update

Jia Benno, MPH, Manager
Office of Injury Prevention

Leading Causes of Injuries 2018-2020 and Double Transfers 2020

Prepared by the Office of Injury Prevention

March 11, 2022

Jia Benno, MPH

Office of Injury Prevention Manager

Methodology

Emergency Medical Services/Trauma Registries - notes

- The data used were traumatic injuries reported by hospitals. (Specified in Texas Administrative Code, Title 25, Chapter 103)
- The data used were reported to the Emergency Medical Services/Trauma Registries (EMS/TR) through a passive surveillance system. Non-fatal and fatal data was based on the trauma dataset, not hospitalization or death files.
- Transfers between hospitals resulted in more than one record as each hospital must independently report to EMS/TR.
- Non-missing cells with nonzero values less than 5 were suppressed and noted by an asterisk.

Variables Identified 2018-2020

Non-fatal and Fatal Trauma Hospitalizations

- Intent
- Unintentional
- Assault
- Self-harm
- Undetermined
- Legal/War

Mechanism

- Fall
- Motor Vehicle – Occupant
- Firearm
- Struck by/Against
- Cut/Pierce
- Hot Object/Substance
- Motor Vehicle – Motorcyclist
- Motor Vehicle - Pedestrian

Demographics

Texas Population 2018-2020

All Ages Population Estimates

- 2018 – 28,702,243 (State Demographer)
- 2019 – 29,001,602 (State Demographer)
- 2020 – 29,527,941 (Census quick facts)

Pediatric Population Estimates (Ages 0-17)

- 2018 – 7,370,193 (Census)
- 2019 – 7,437,514 (Census)
- 2020 – 7,515,129 (Census)

NON-FATAL TRAUMA HOSPITALIZATIONS

Non-Fatal Hospitalizations 2018-2020

	All Ages	
	Counts	Rates
2018	129,222	450.22
2019	141,437	487.69
2020	133,973	453.72

	Pediatric	
	Counts	Rates
2018	18,640	252.91
2019	20,105	270.32
2020	18,817	250.39

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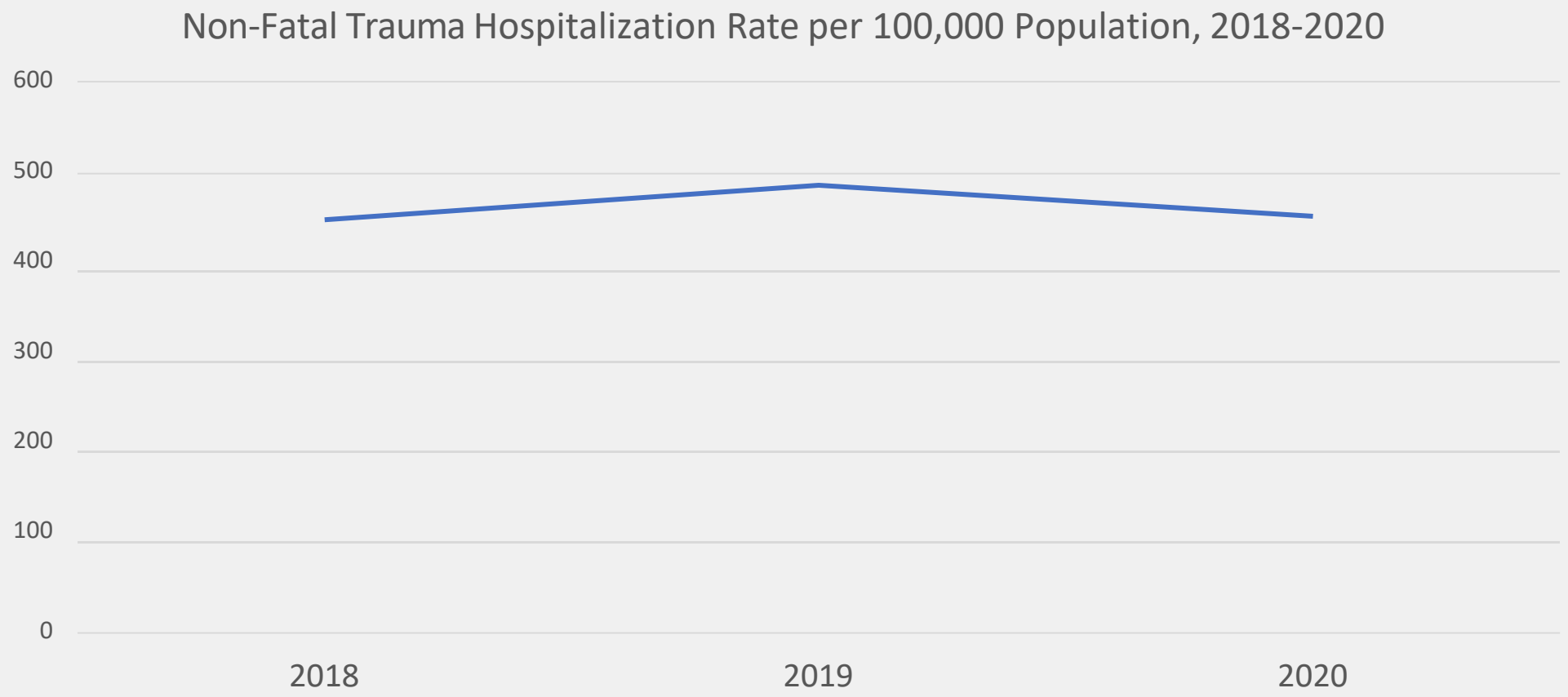
Non-Fatal Rate per Year 2018-2020



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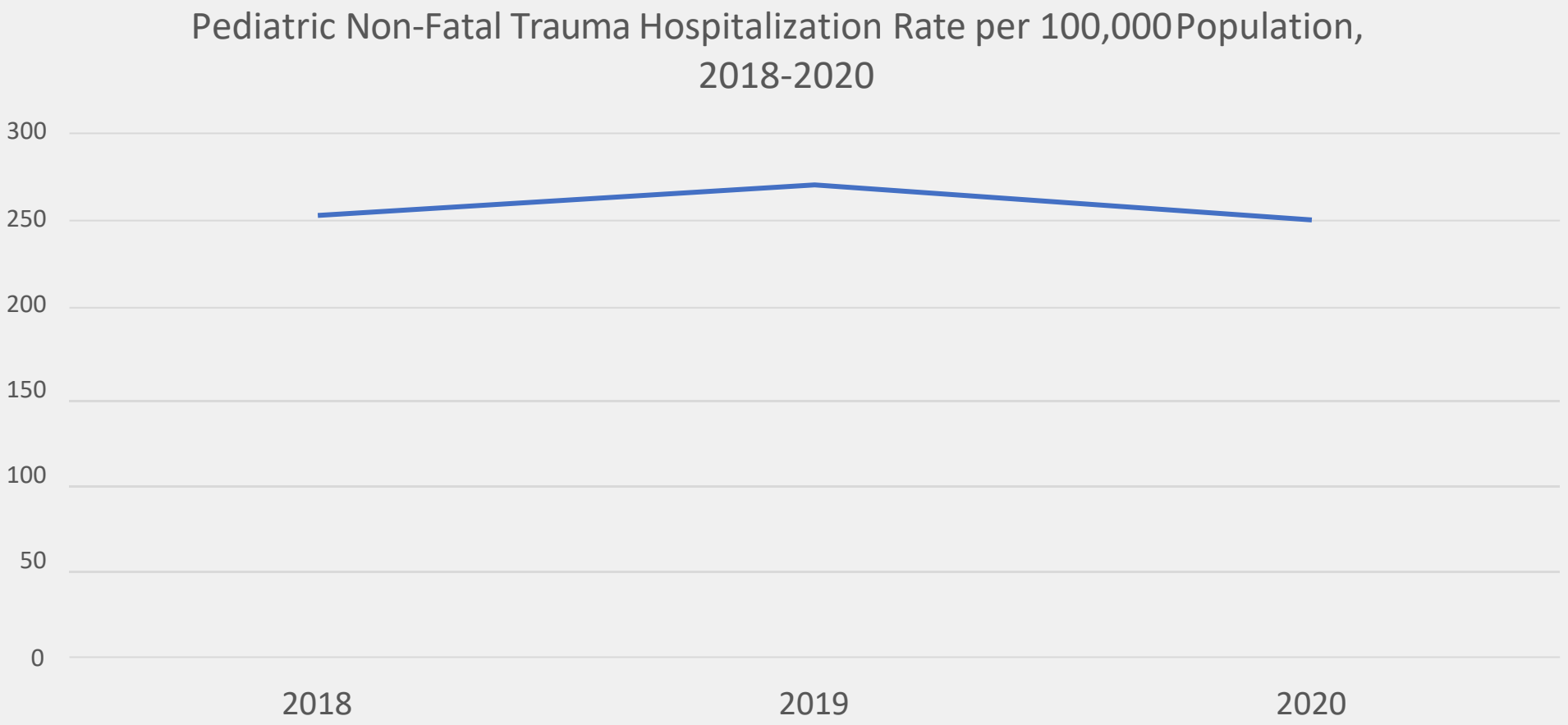
Pediatric Non-Fatal Rate per Year 2018-2020



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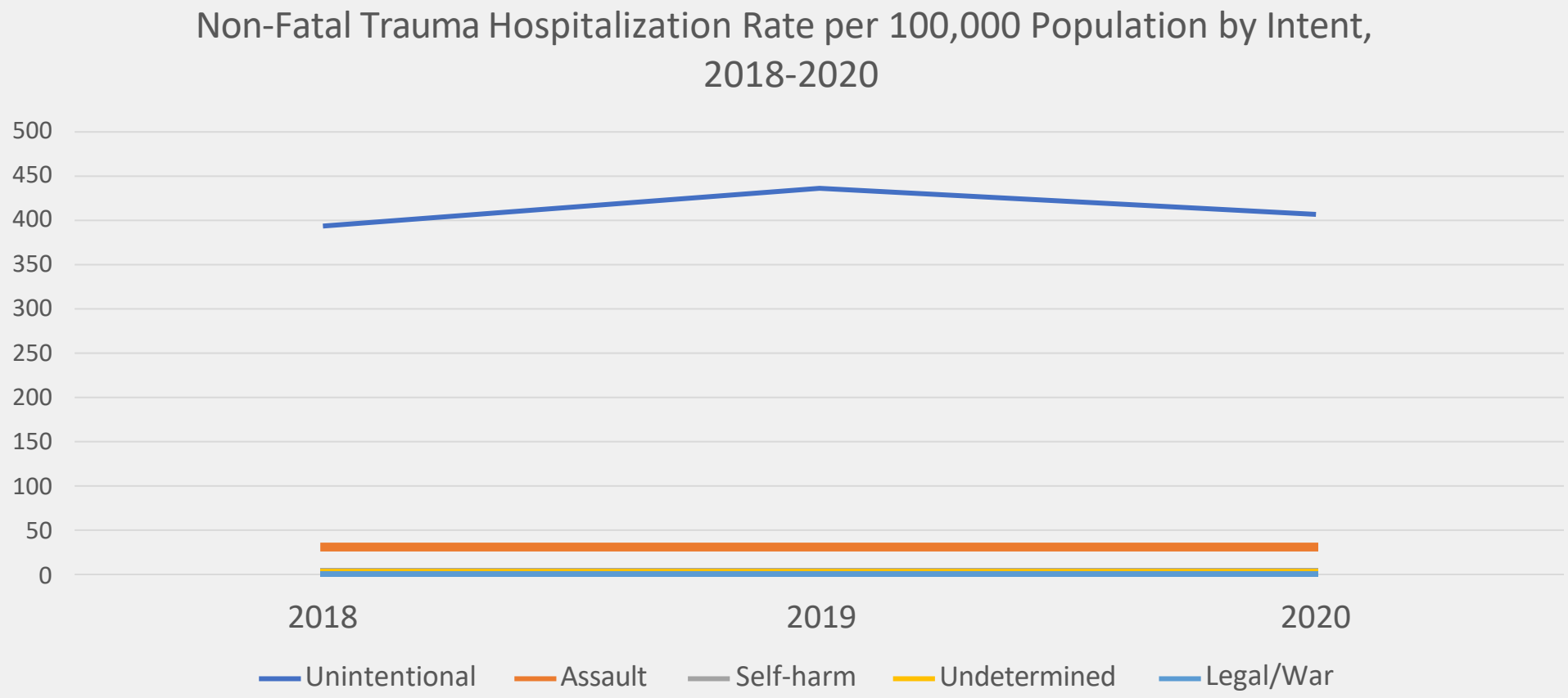
Non-Fatal by Intent 2018-2020



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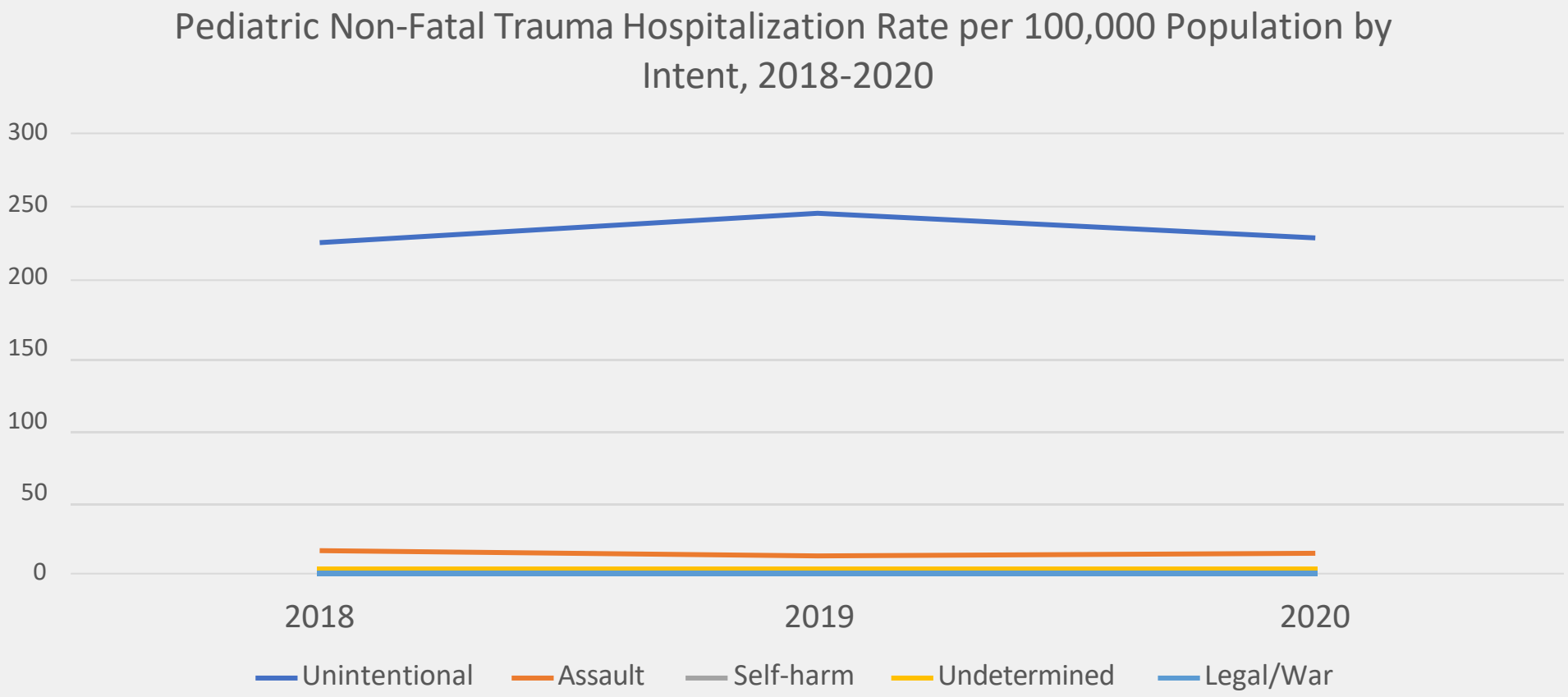
Pediatric Non-Fatal by Intent 2018-2020



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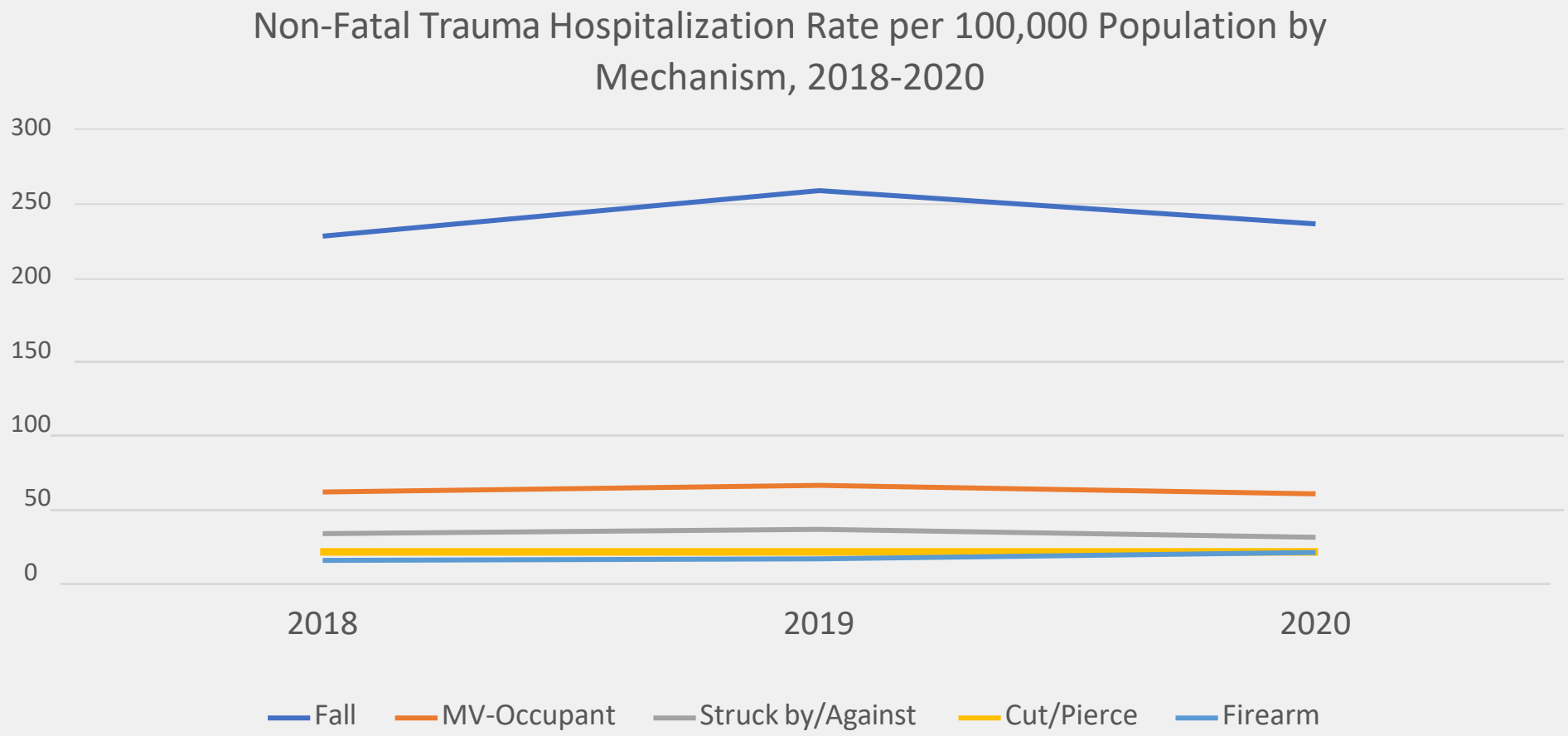
Non-Fatal by Mechanism 2018-2020



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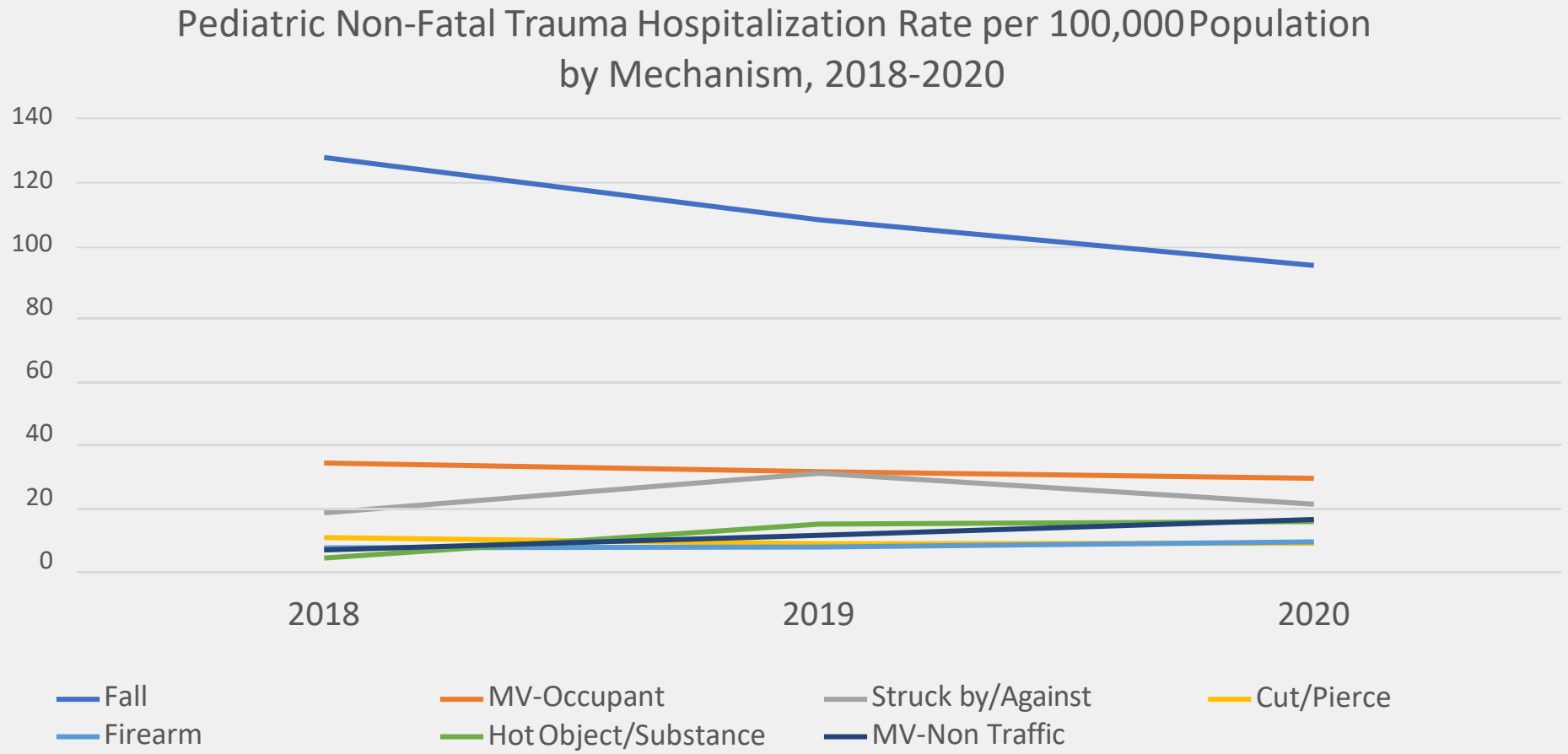
Pediatric Non-Fatal by Mechanism 2018-2020



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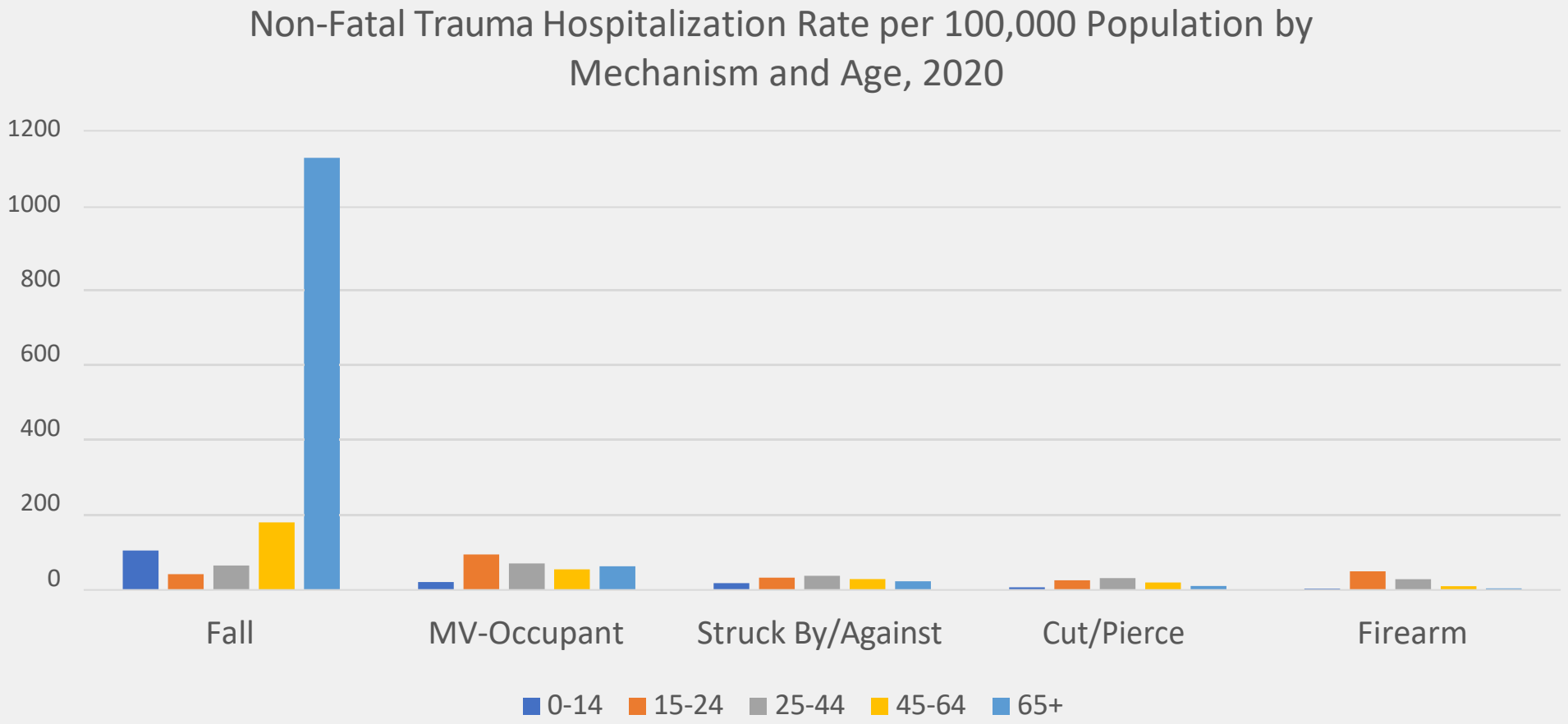
Non-Fatal Mechanism by Age Group 2020



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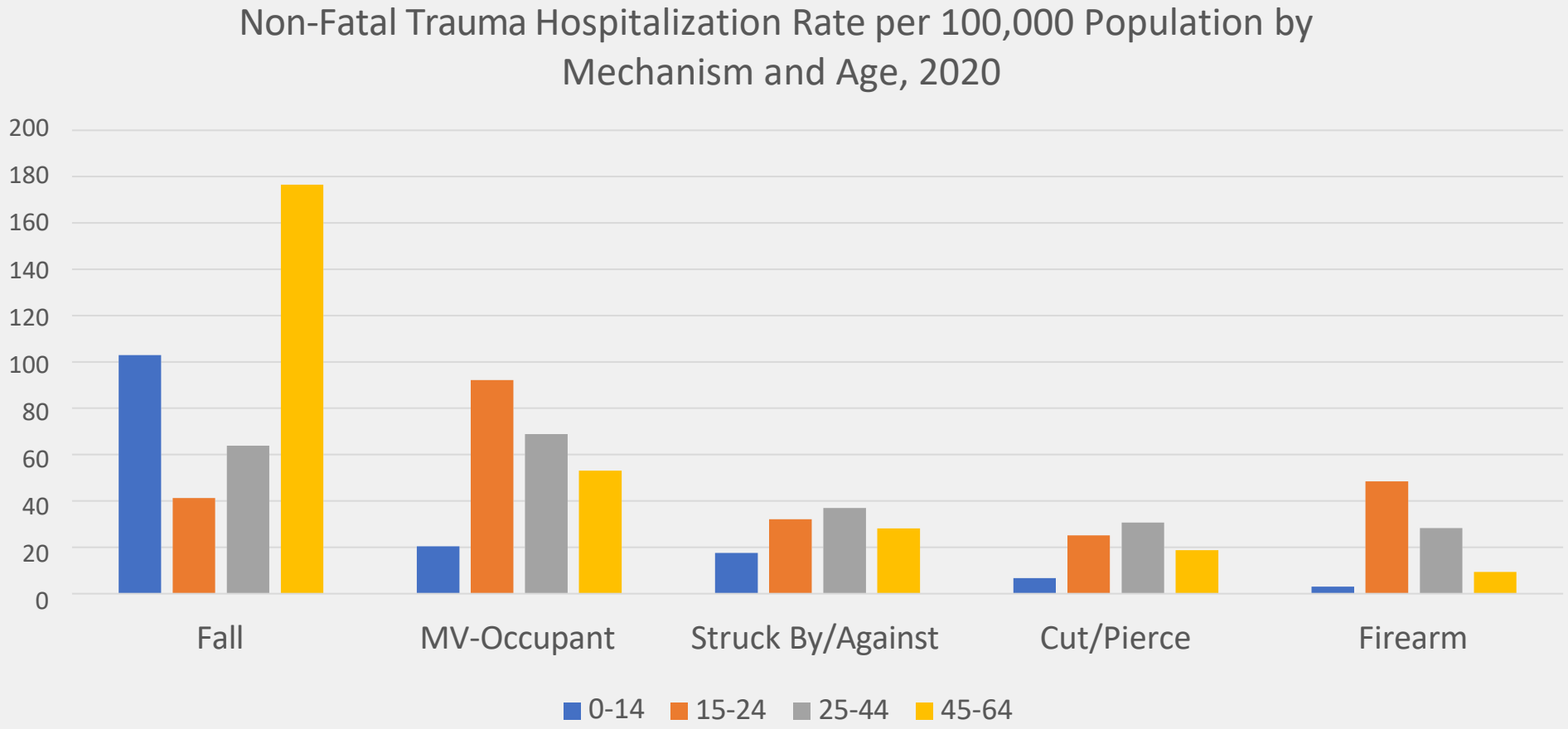
Non-Fatal Mechanism by Age Group Excluding 65+ 2020



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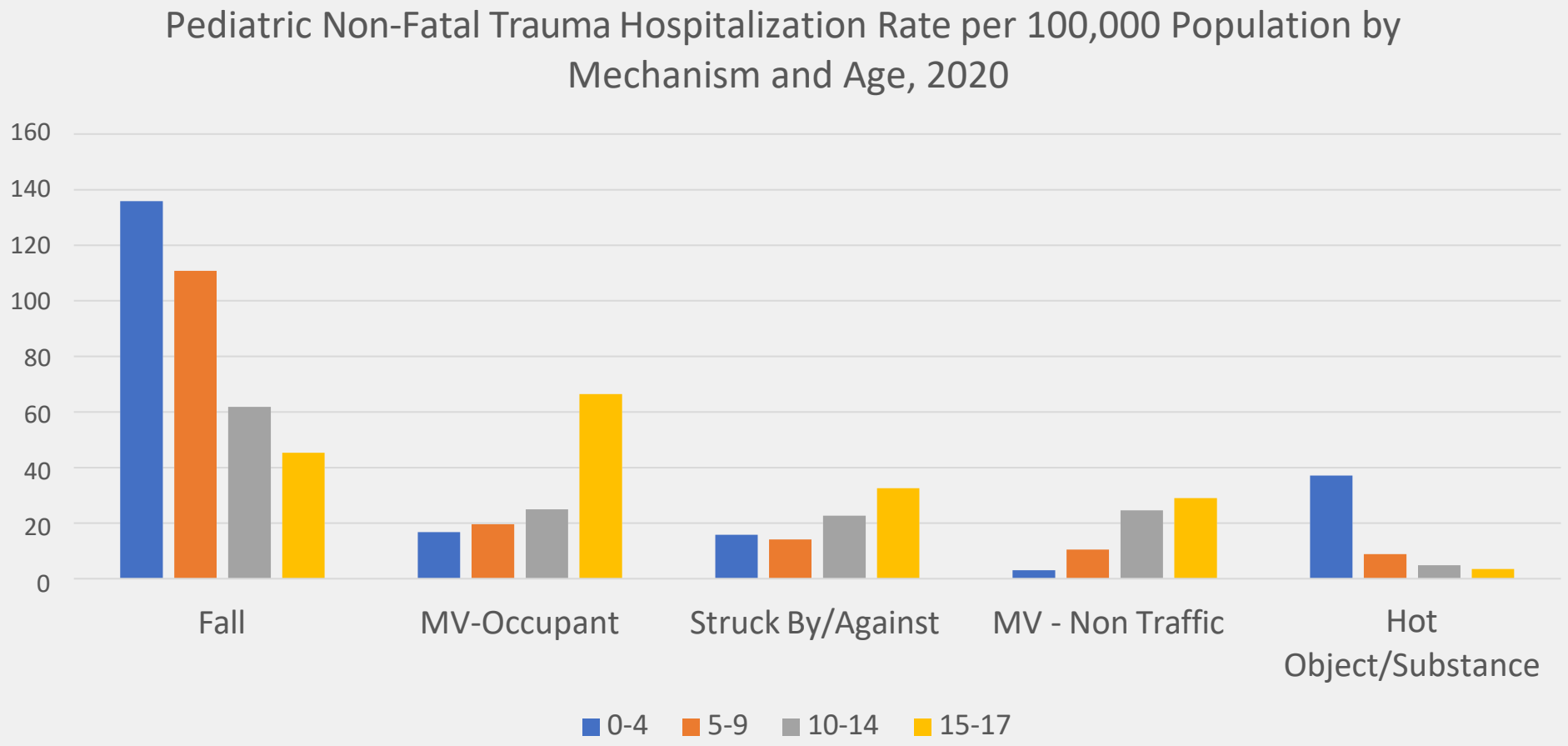
Pediatric Non-Fatal Mechanism by Age Group 2020



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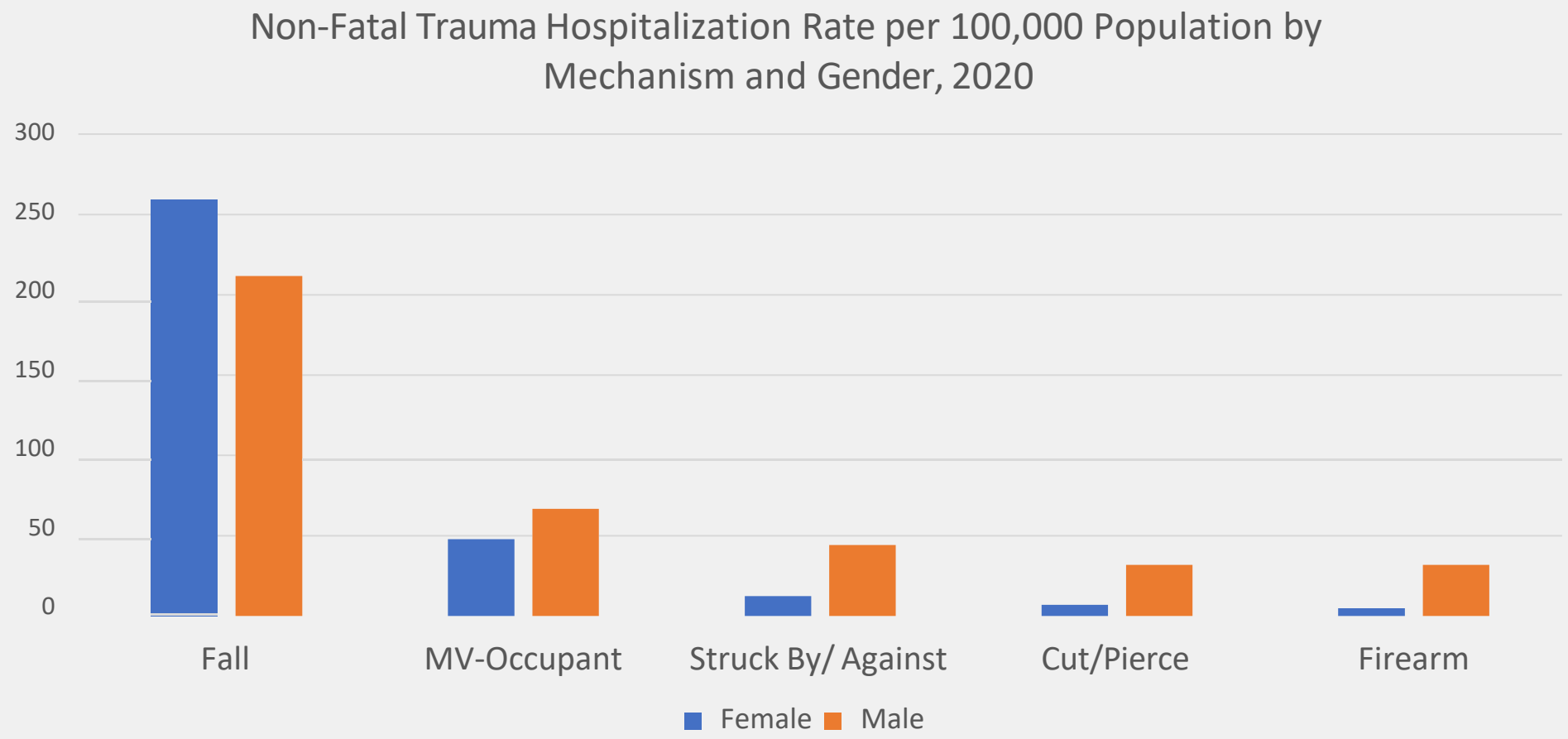
Non-Fatal by Mechanism and Gender 2020



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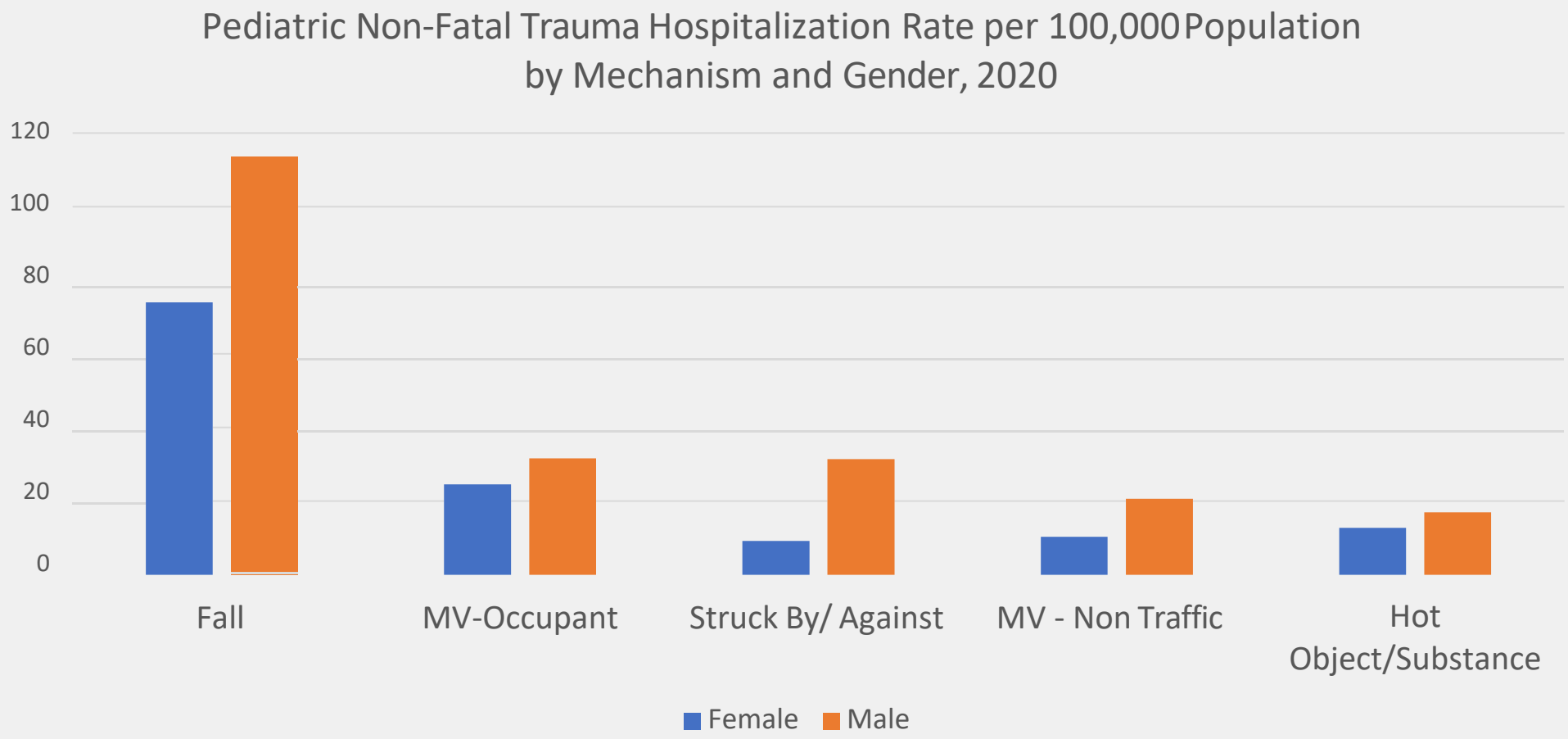
Pediatric Non-Fatal by Mechanism and Gender 2020



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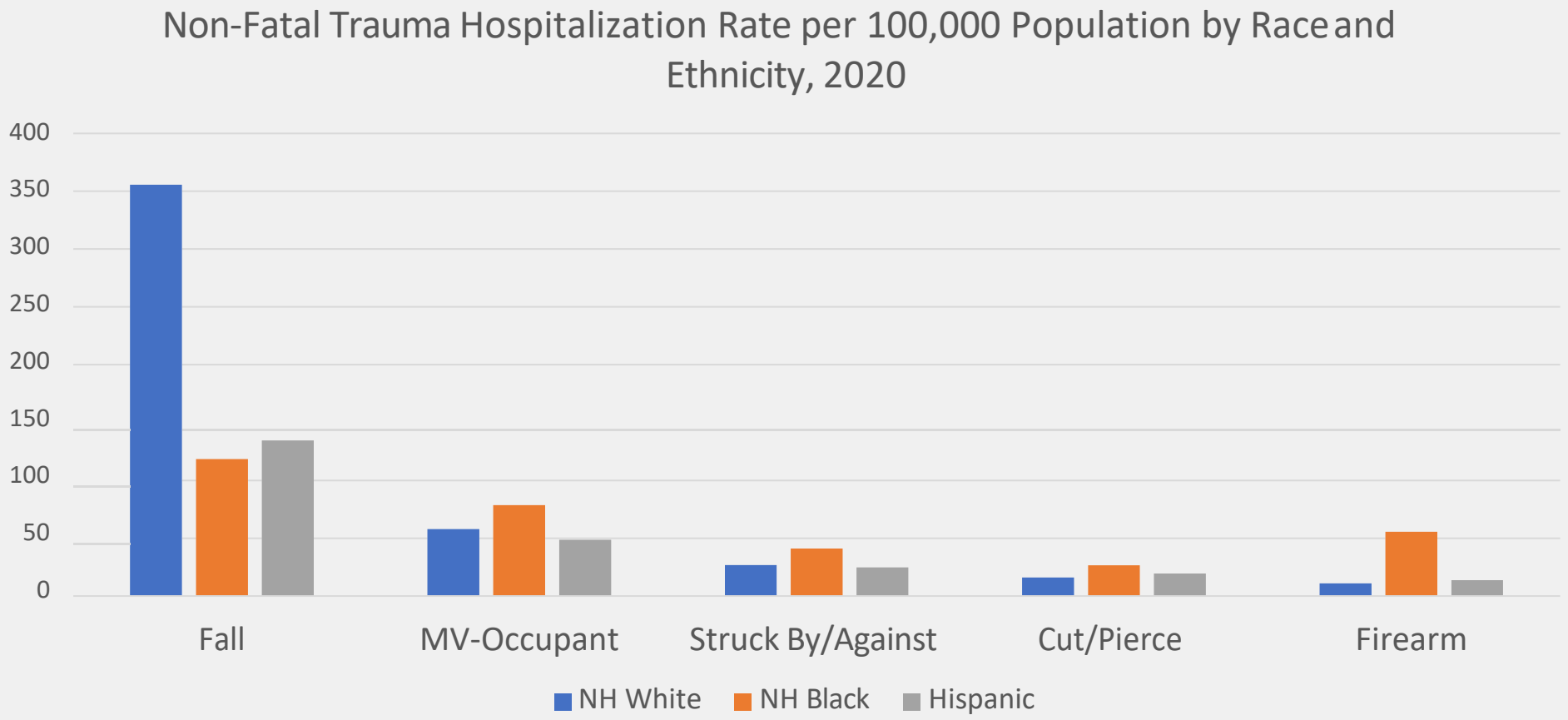
Non-Fatal by Race and Ethnicity 2020



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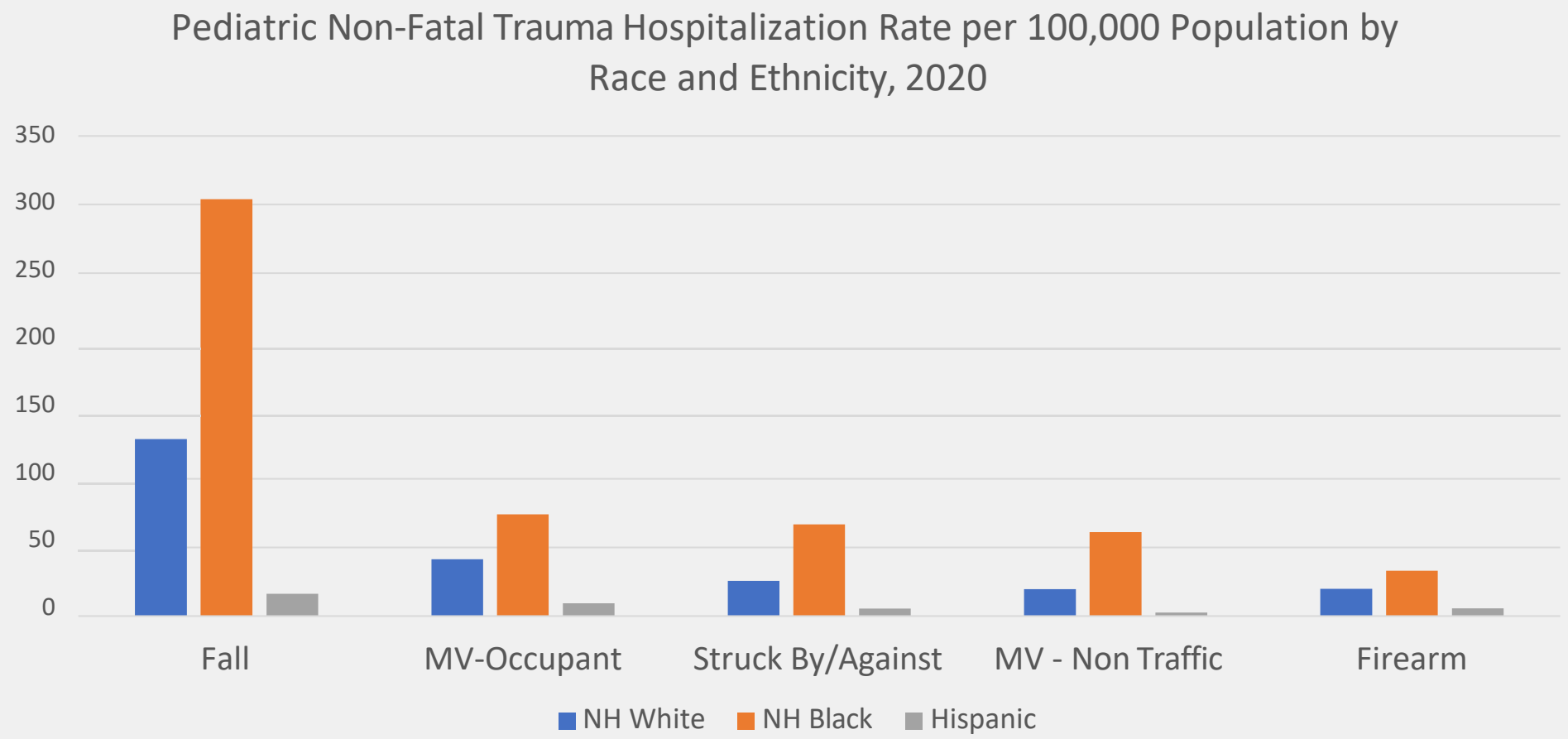
Pediatric Non-Fatal by Race and Ethnicity 2020



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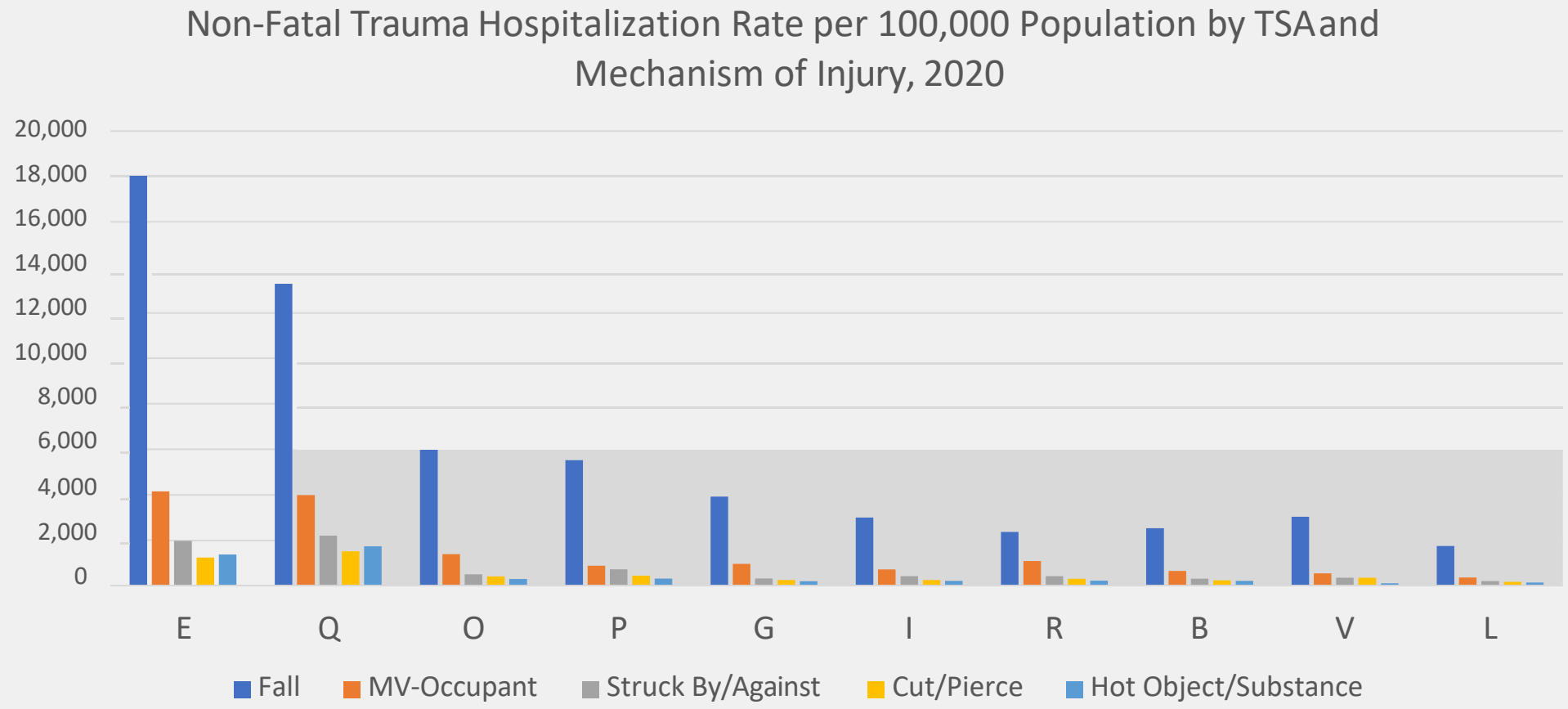
Non-Fatal by TSA and Mechanism 2020 – Top 10



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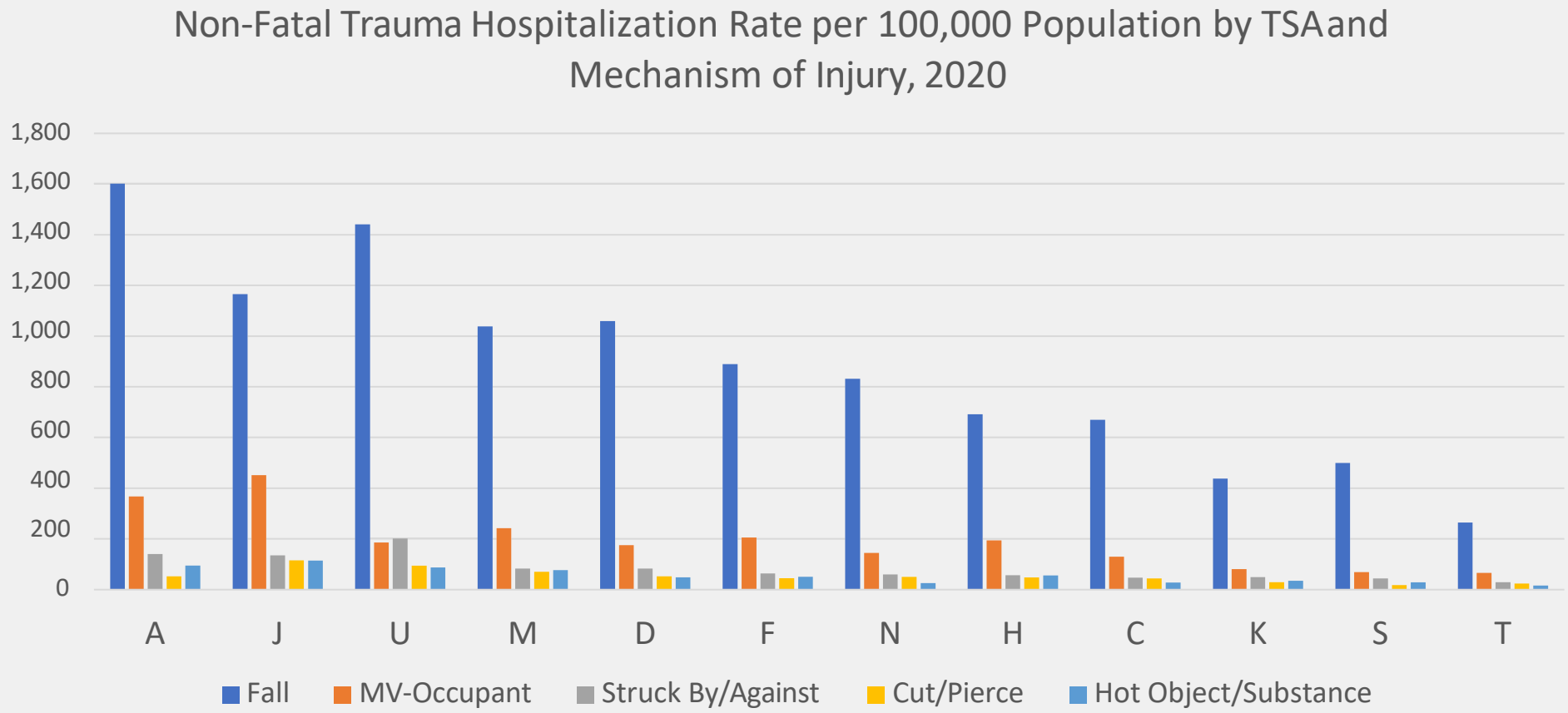
Non-Fatal by TSA and Mechanism 2020 – Lower 12



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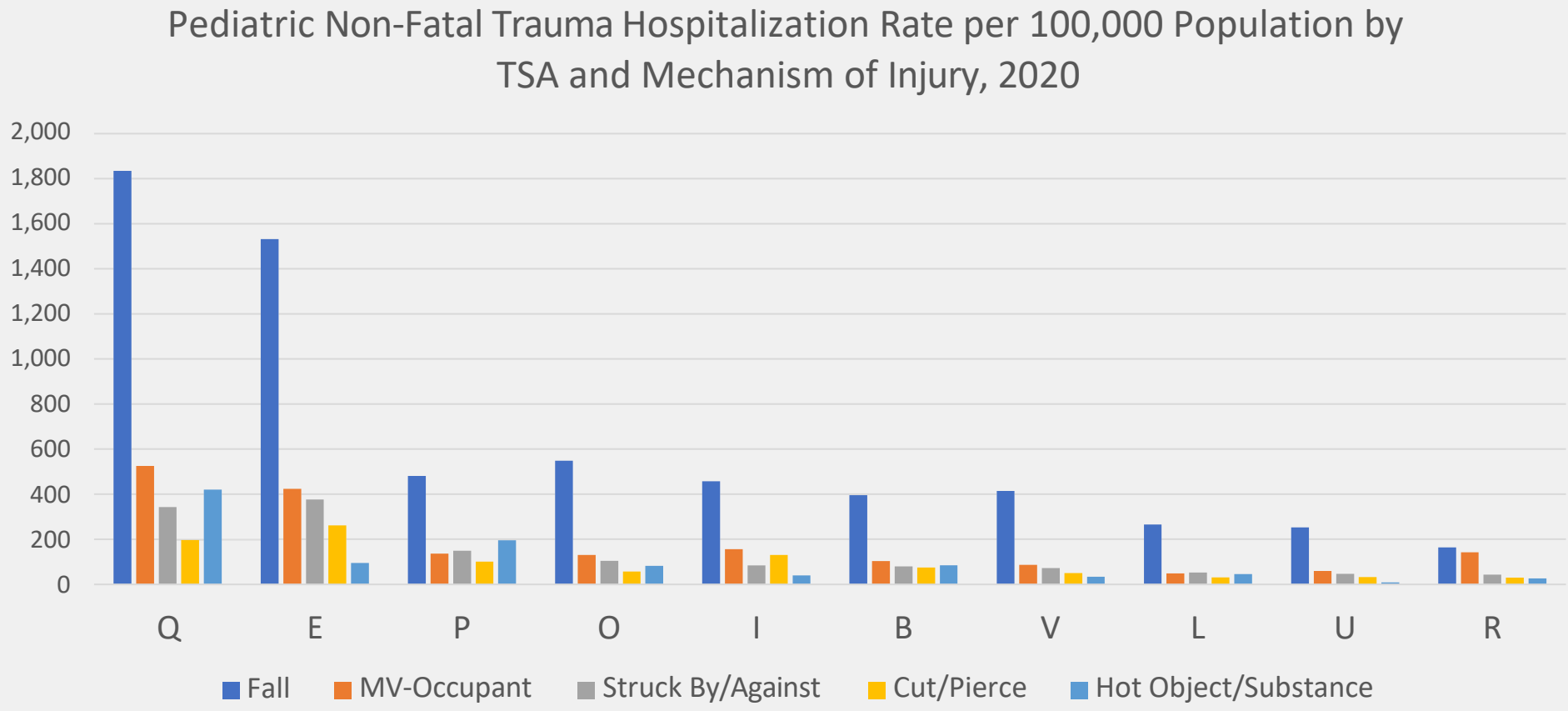
Pediatric Non-Fatal by TSA and Mechanism 2020 – Top 10



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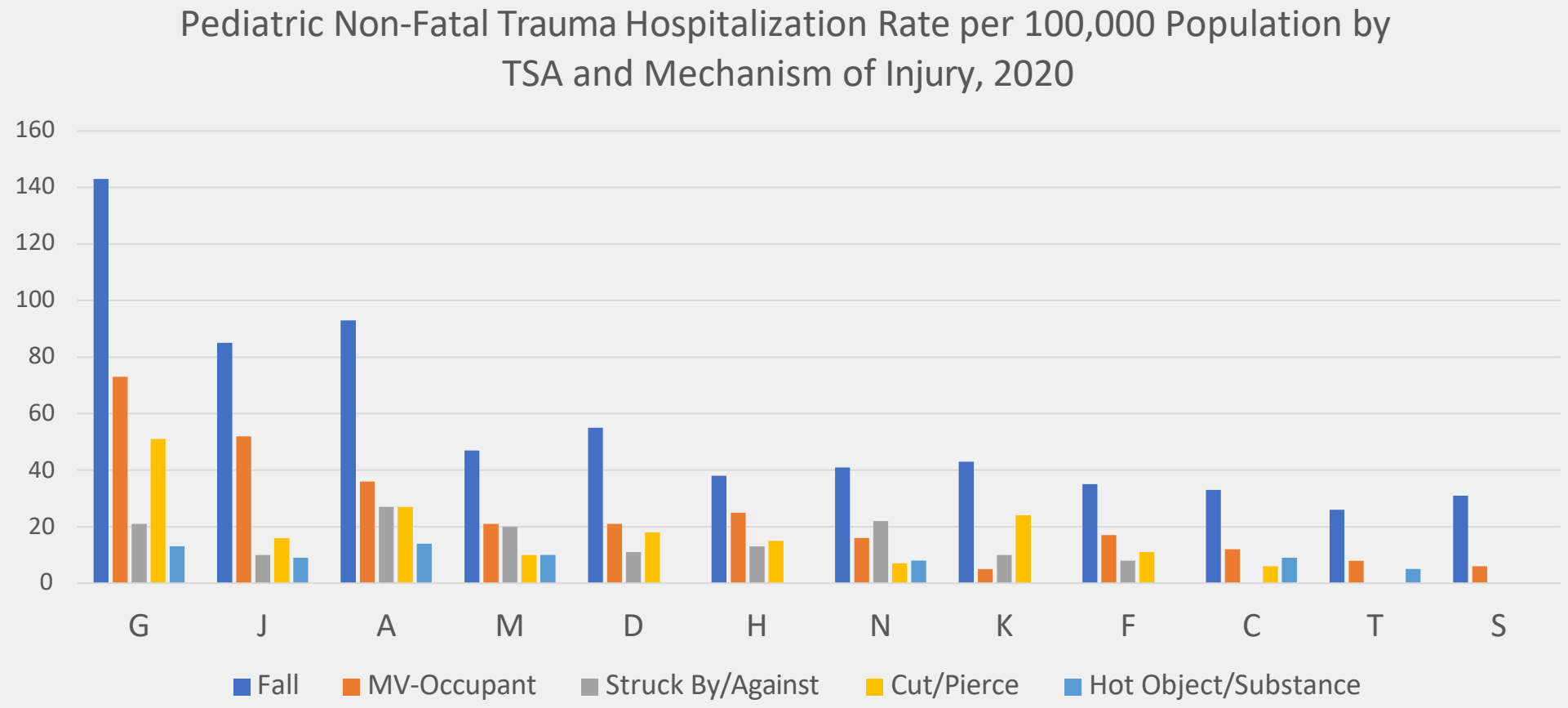
Pediatric Non-Fatal by TSA and Mechanism 2020 – Lower 12



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Summary of Non-Fatal Data All Ages

- Non-fatal rates remained relatively constant from 2018-2020.
- Unintentional injury was the leading intent across the three-year period.
- Falls were the leading mechanism of injury.
- Adults 65+ had the highest rate of falls; Ages 15-24 had the highest rate of MV-occupant and firearm.
- Females had higher rates of non-fatal falls, while males had higher rates of non-fatal MV-occupant, struck by/ against, cut/ pierce, and firearm.
- Non-Hispanic Whites had higher rates of non-fatal falls; Non-Hispanic Blacks had higher rates for all other mechanisms (MV-occupant, struck by/ against, cut/pierce, and firearm).

Summary of Non-Fatal Data Pediatric

- Non-fatal rates remained relatively constant for 2018-2020.
- Unintentional injury was the leading intent.
- Falls were the leading mechanism of injury. Rate of falls decreased significantly between 2018 and 2020.
- Ages 0-4 had the highest rate of non-fatal falls and hot object/ substance; Ages 15-17 had the highest rate of non-fatal MV-occupant; struck by/ against, and MV-non-traffic.
- Males had higher rates for all mechanisms of non-fatal injuries.
- Non-Hispanic Black children had higher rates for all mechanisms of non-fatal injuries.

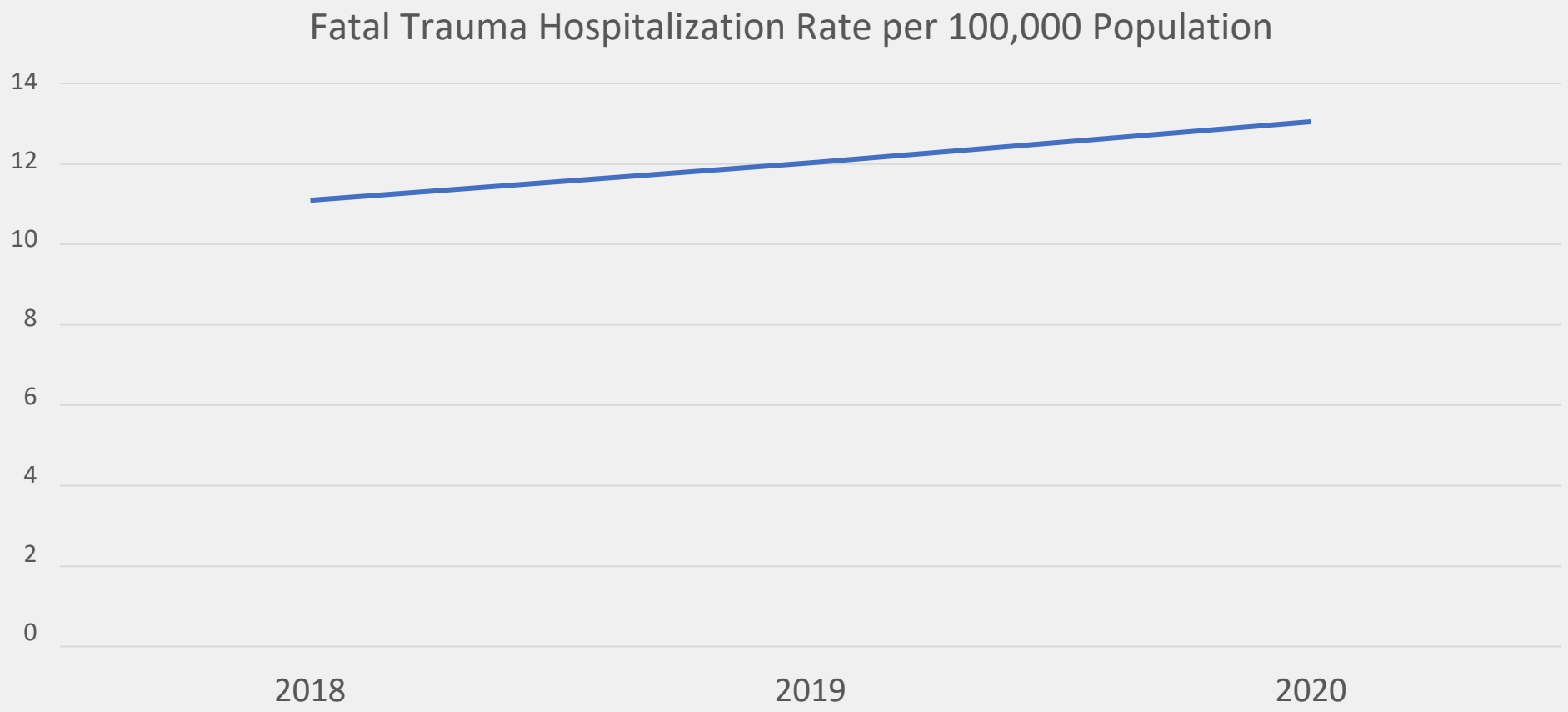
FATAL TRAUMA HOSPITALIZATIONS

Fatal Hospitalizations 2018-2020

	All Ages	
	Counts	Rates
2018	3,185	11.10
2019	3,489	12.03
2020	3,853	13.05

	Pediatrics	
	Counts	Rates
2018	245	3.32
2019	257	3.46
2020	256	3.41

Fatal Rate per Year 2018-2020



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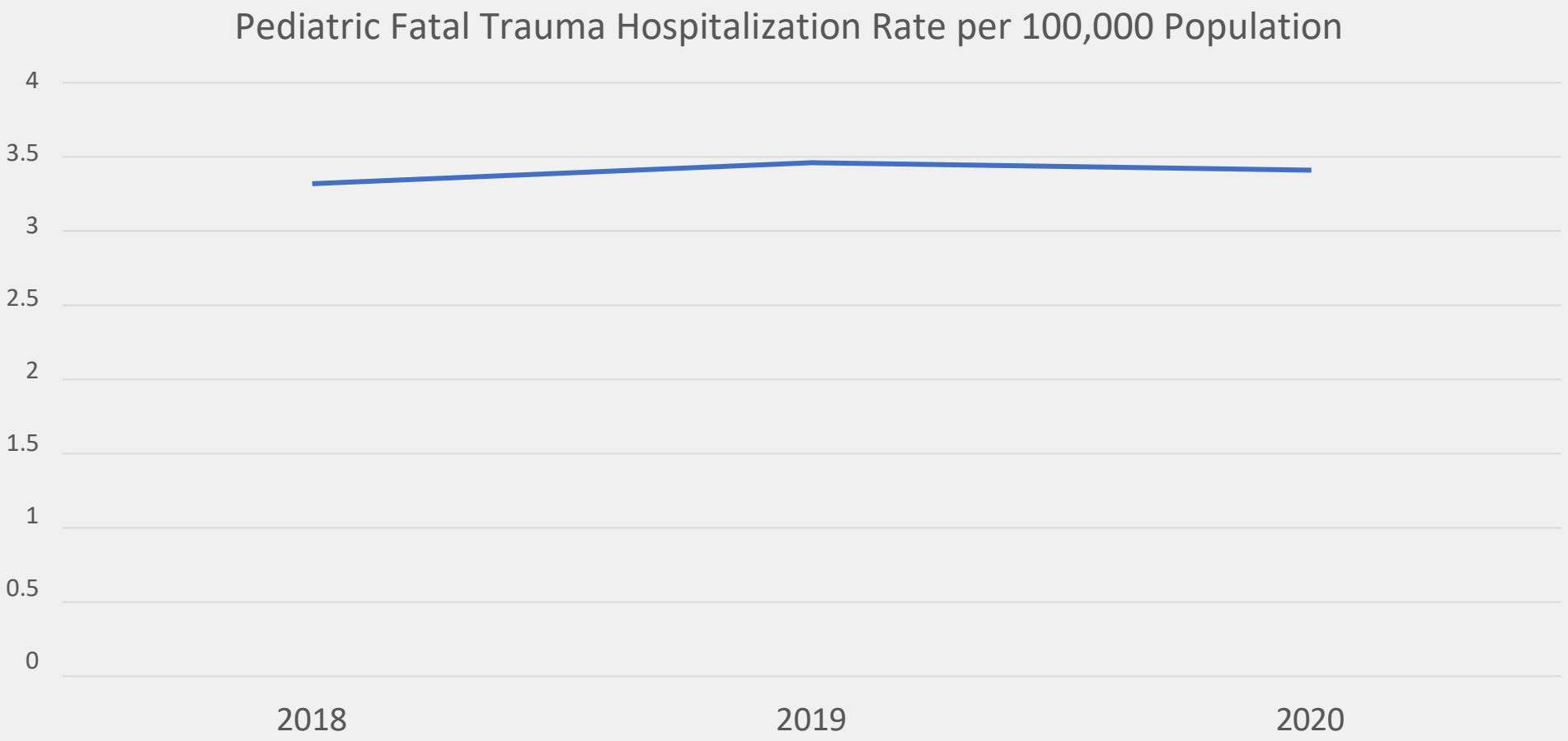
Texas Department of State Health Services

Pediatric Fatal Rate per Year 2018-2020



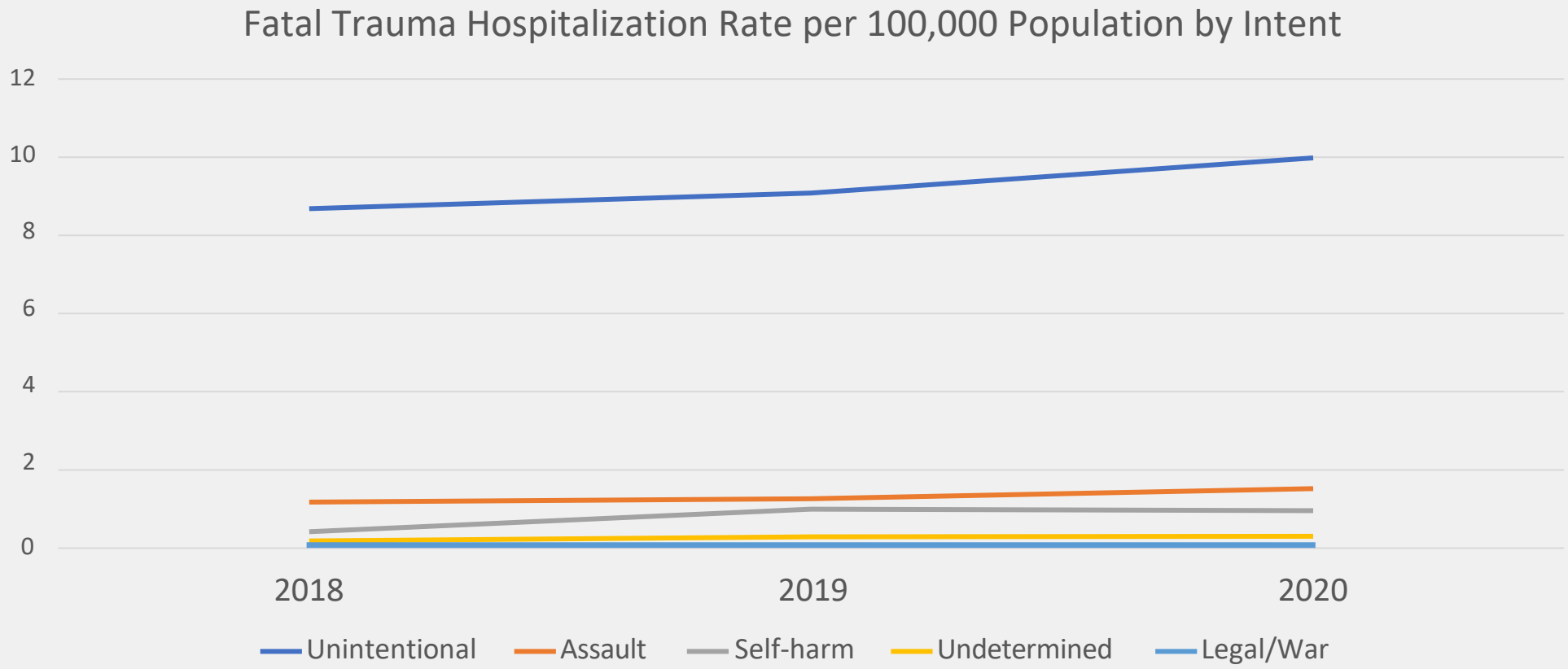
TEXAS Health and Human Services

Texas Department of State Health Services

Prepared by the Office of Injury Prevention, February 2022

March 11, 2022

Fatal by Intent 2018-2020



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Texas Department of State Health Services

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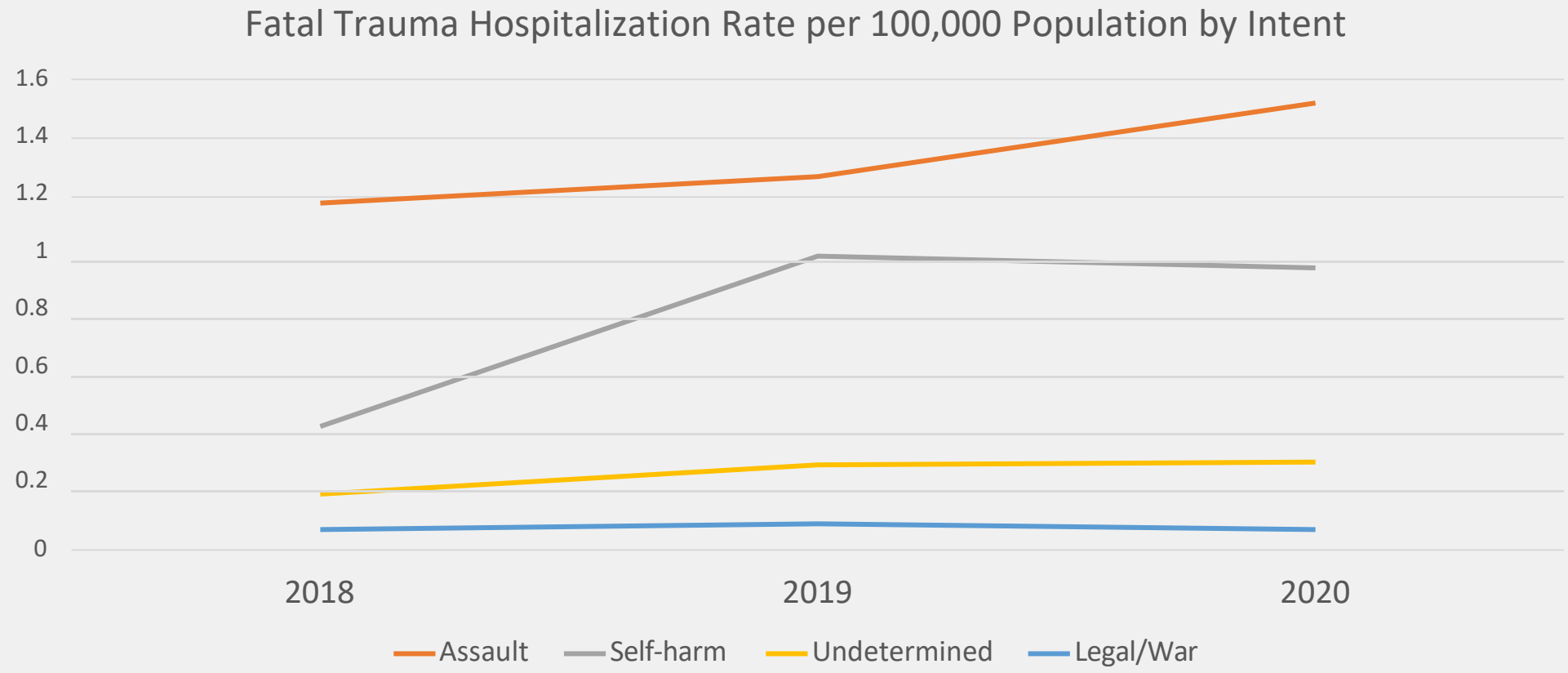
March 11, 2022

Fatal by Intent removing unintentional 2018-2020



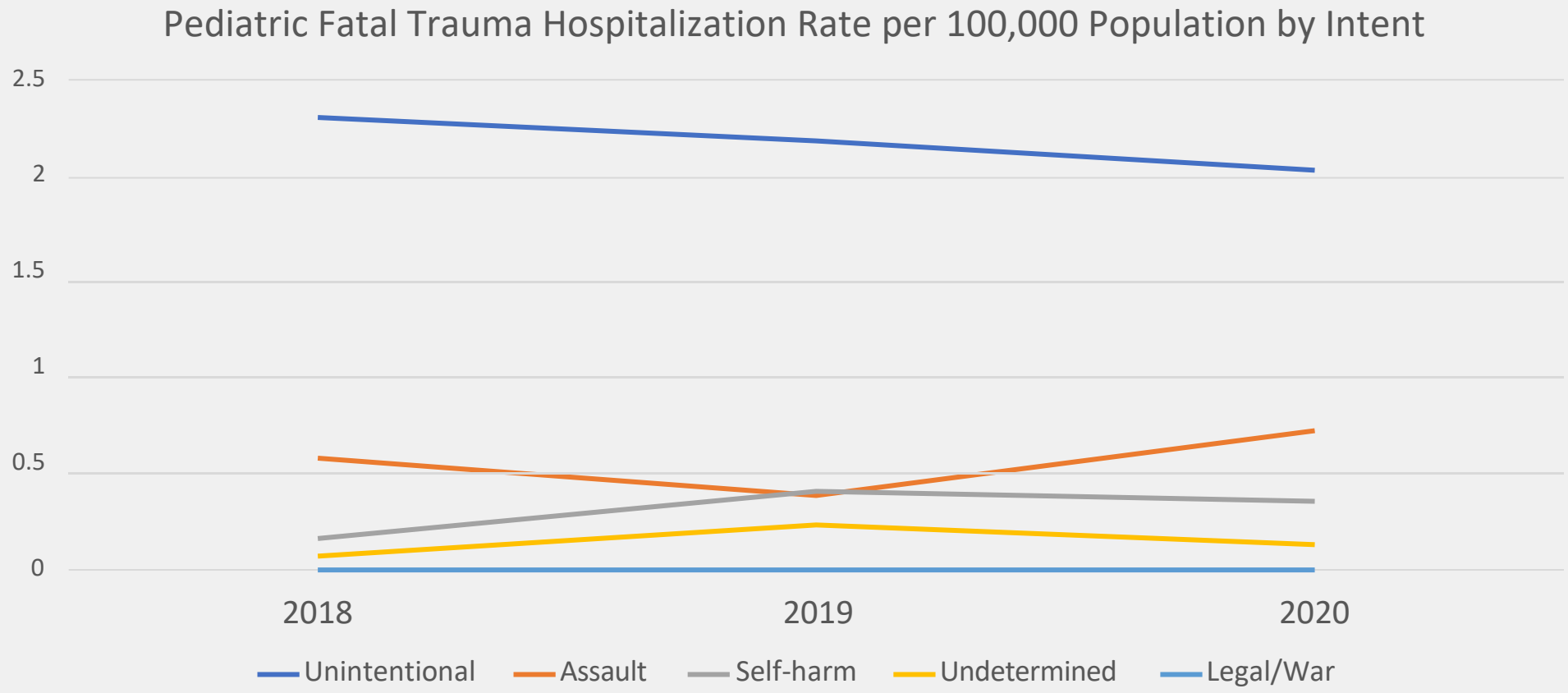
TEXAS Health and Human Services

Texas Department of State Health Services

Prepared by the Office of Injury Prevention, February 2022

March 11, 2022

Pediatric Fatal by Intent 2018-2020



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Texas Department of State Health Services

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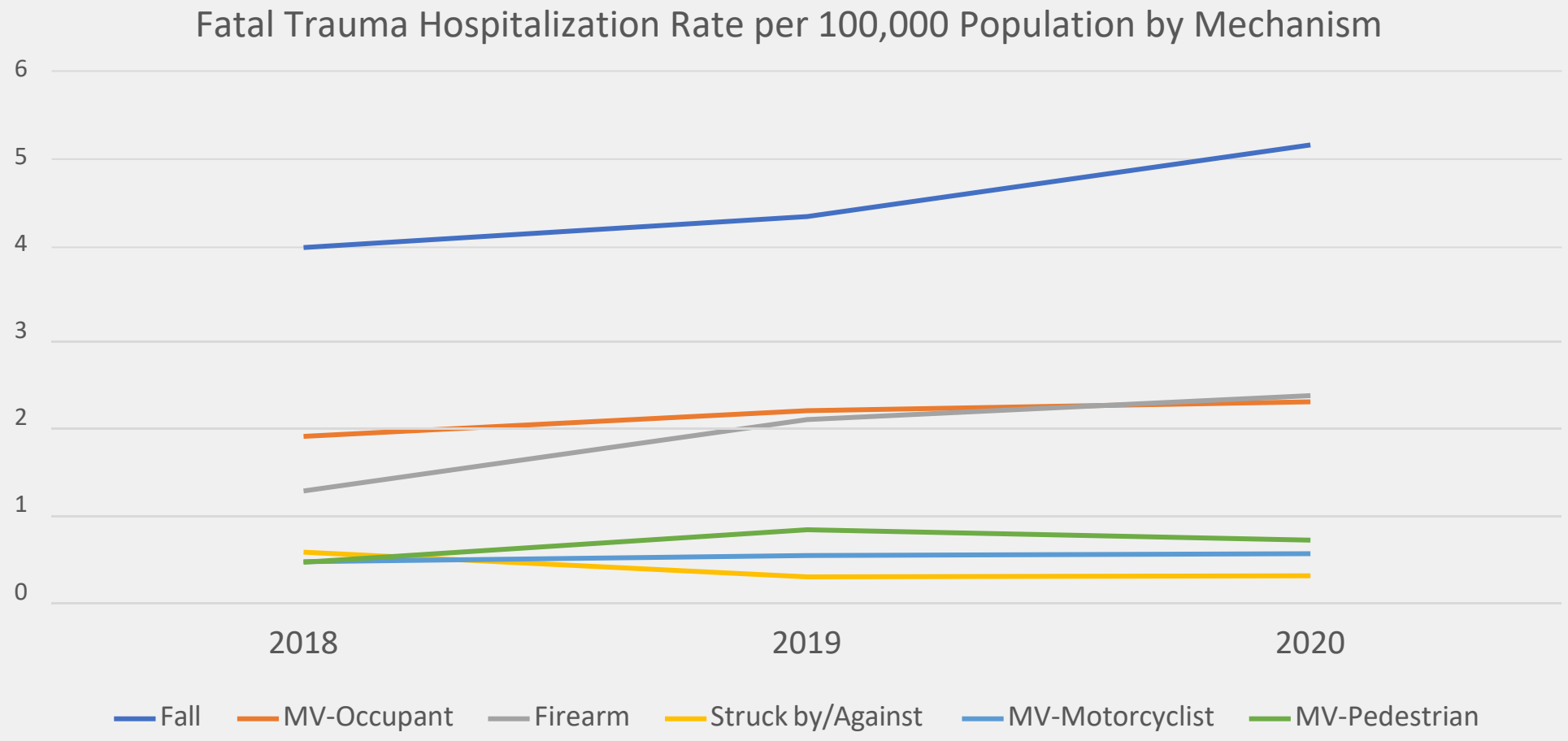
Fatal by Mechanism 2018-2020



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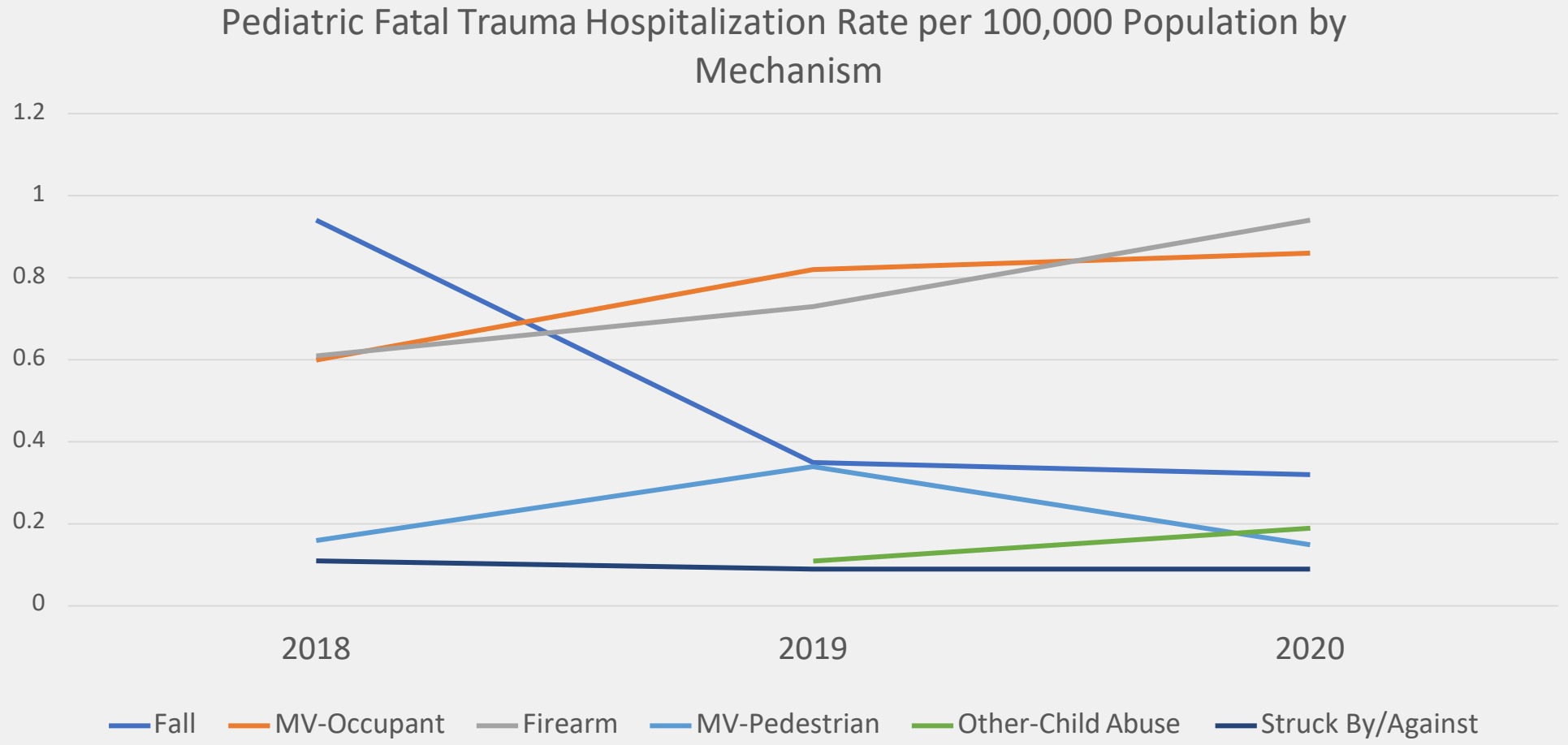
March 11, 2022

Pediatric Fatal by Mechanism 2018-2020



TEXAS Health and Human Services

Texas Department of State Health Services

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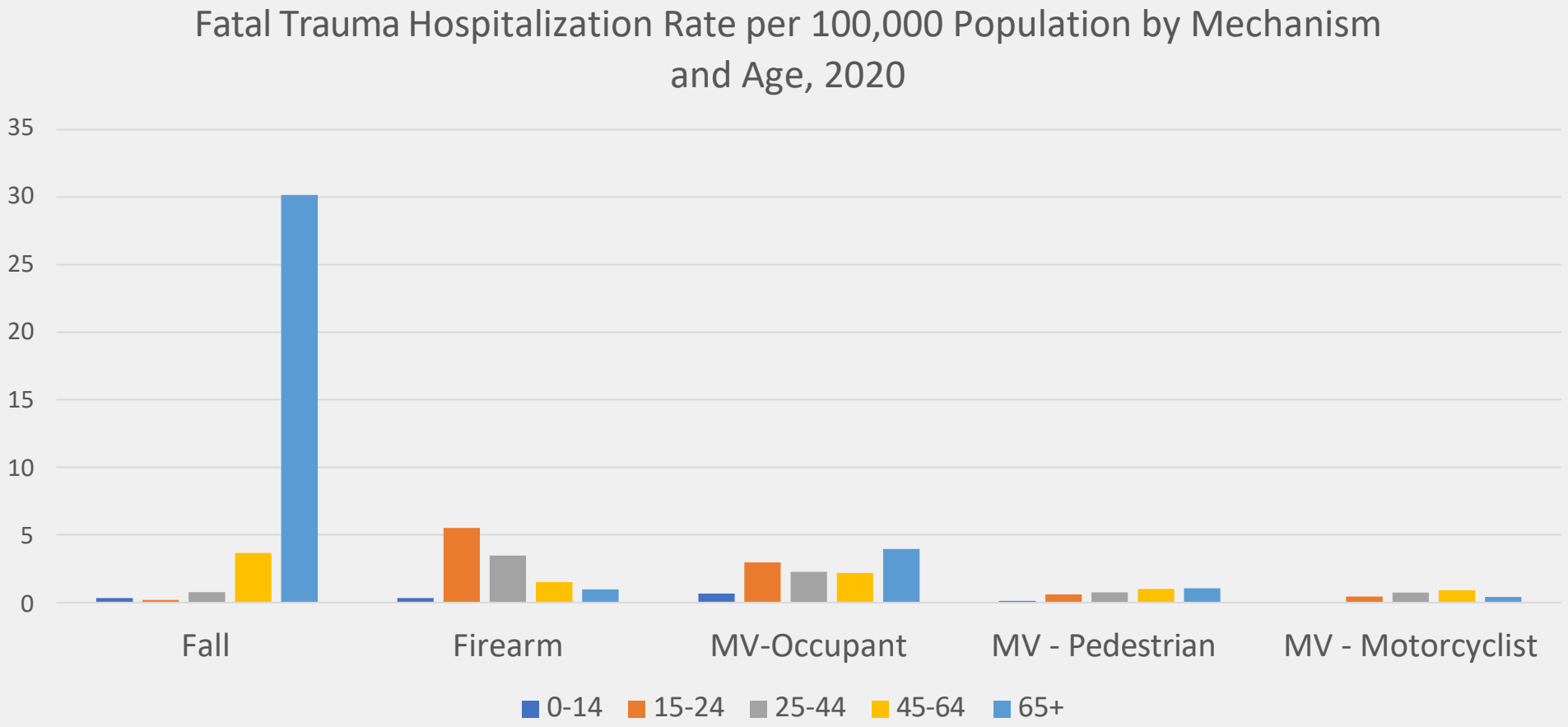
March 11, 2022

Fatal Mechanism by Age Group 2020



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Texas Department of State Health Services

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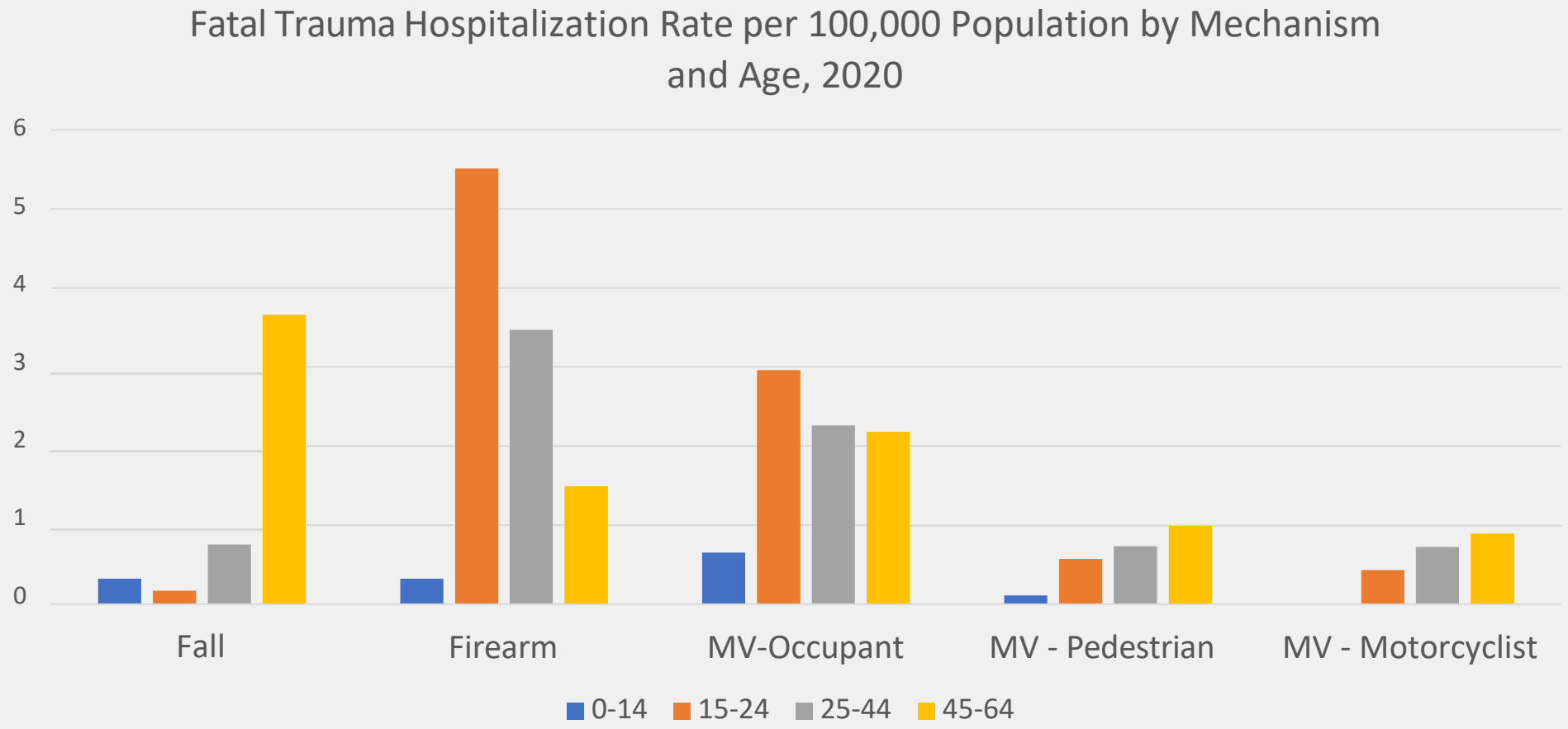
March 11, 2022

Fatal Mechanism by Age Group Removing Ages 65+ 2020



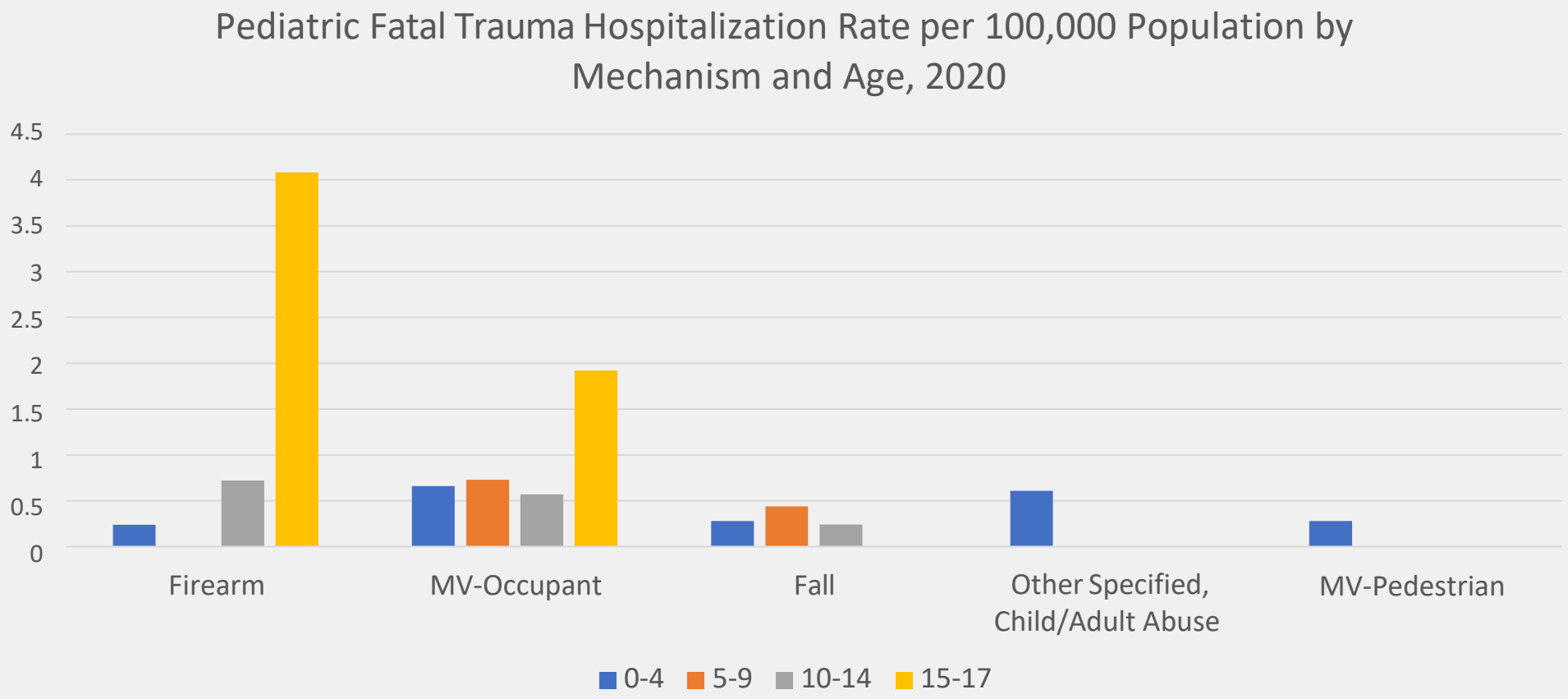
TEXAS Health and Human Services

Texas Department of State Health Services

Prepared by the Office of Injury Prevention, February 2022

March 11, 2022

Pediatric Fatal Mechanism by Age Group 2020



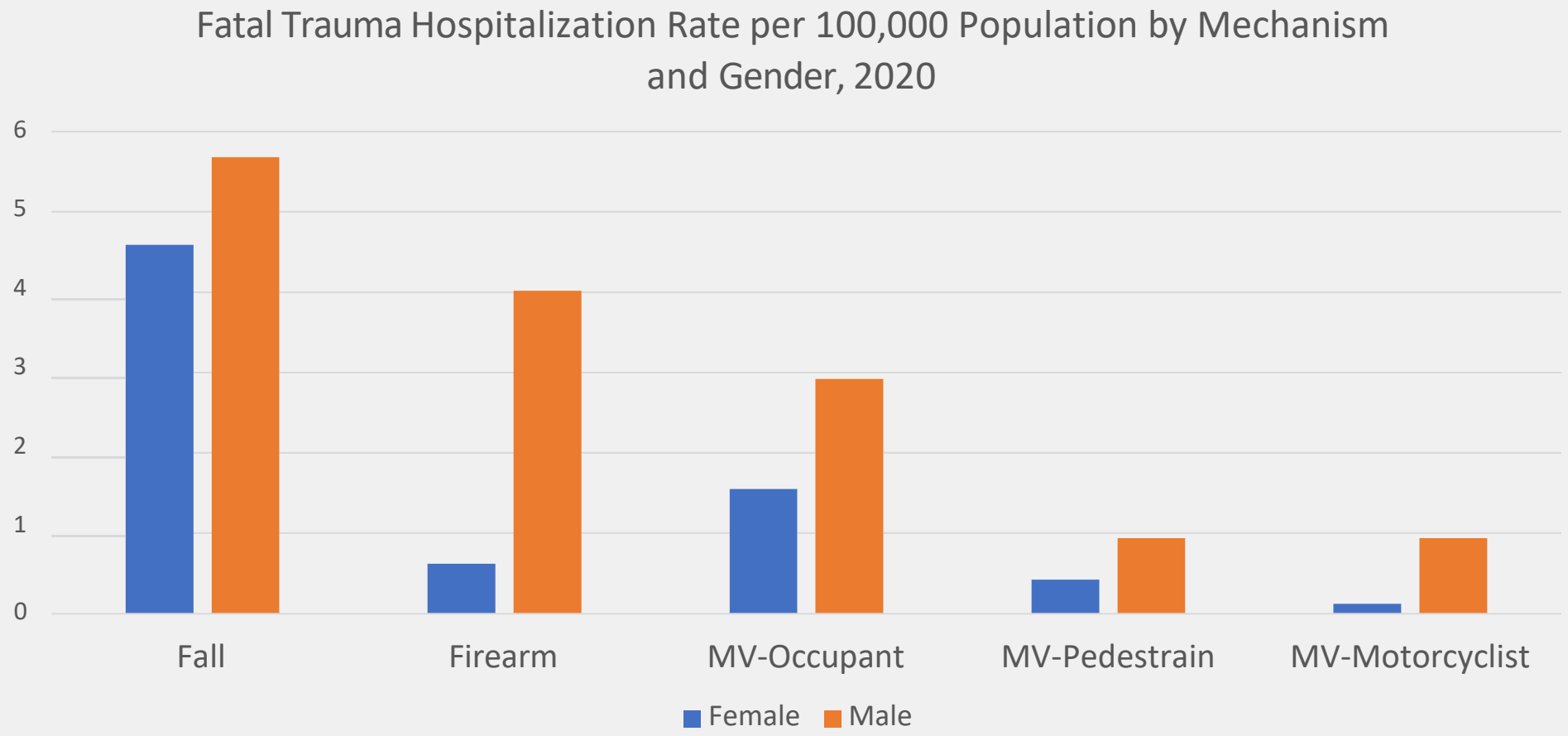
TEXAS Health and Human Services

Texas Department of State Health Services

Prepared by the Office of Injury Prevention, February 2022

March 11, 2022

Fatal by Mechanism and Gender 2020



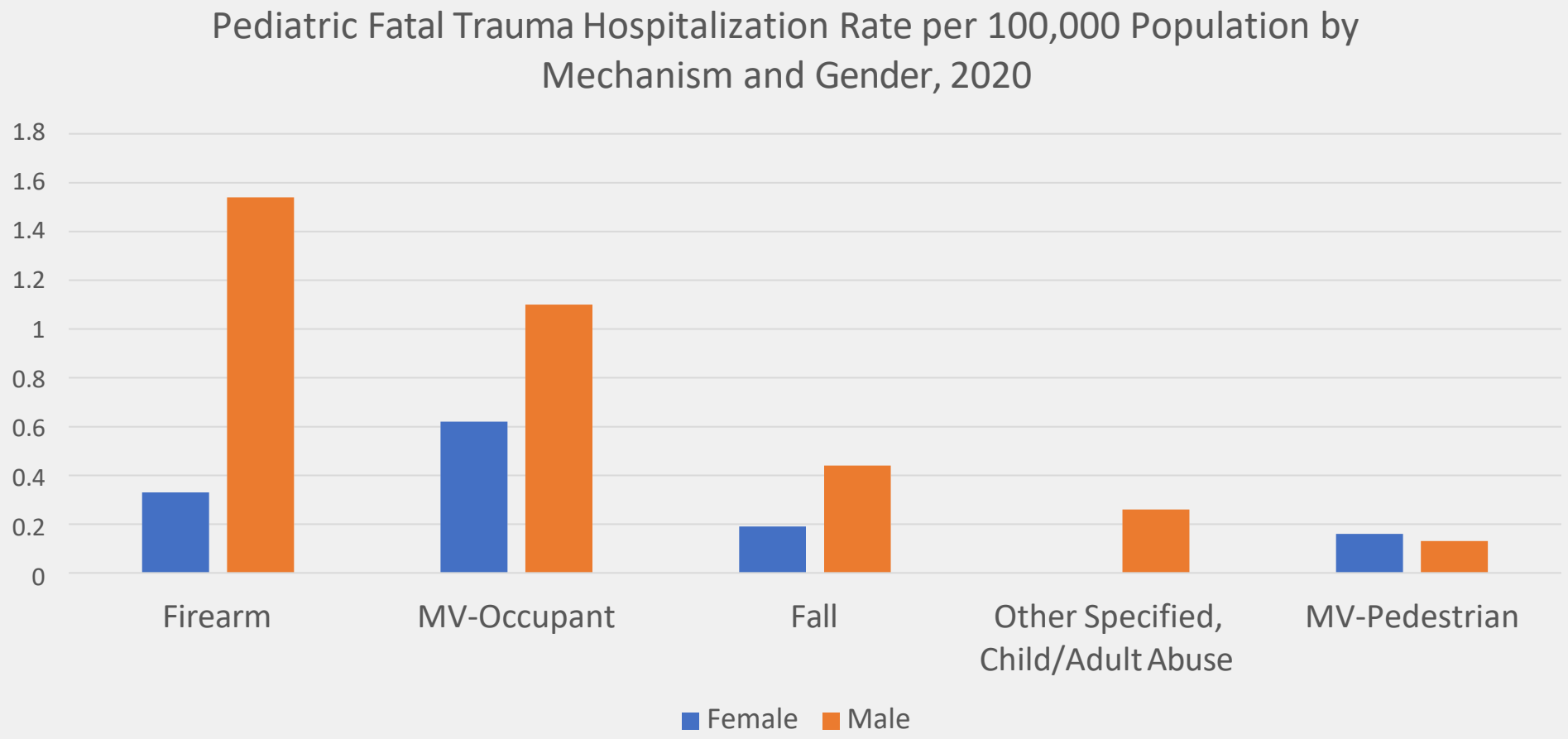
TEXAS Health and Human Services

Texas Department of State Health Services

Prepared by the Office of Injury Prevention, February 2022

March 11, 2022

Pediatric Fatal by Mechanism and Gender 2020



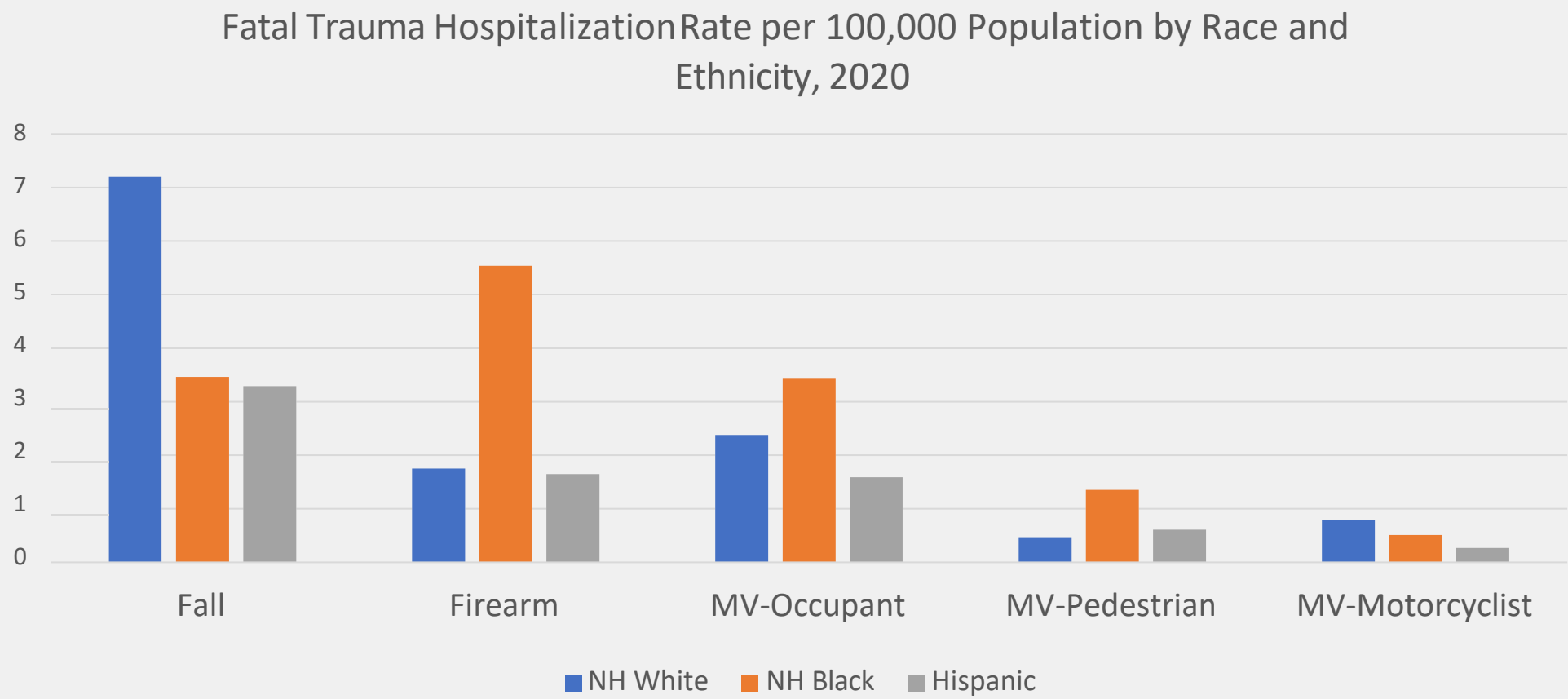
TEXAS Health and Human Services

Texas Department of State Health Services

Prepared by the Office of Injury Prevention, February 2022

March 11, 2022

Fatal by Race and Ethnicity 2020



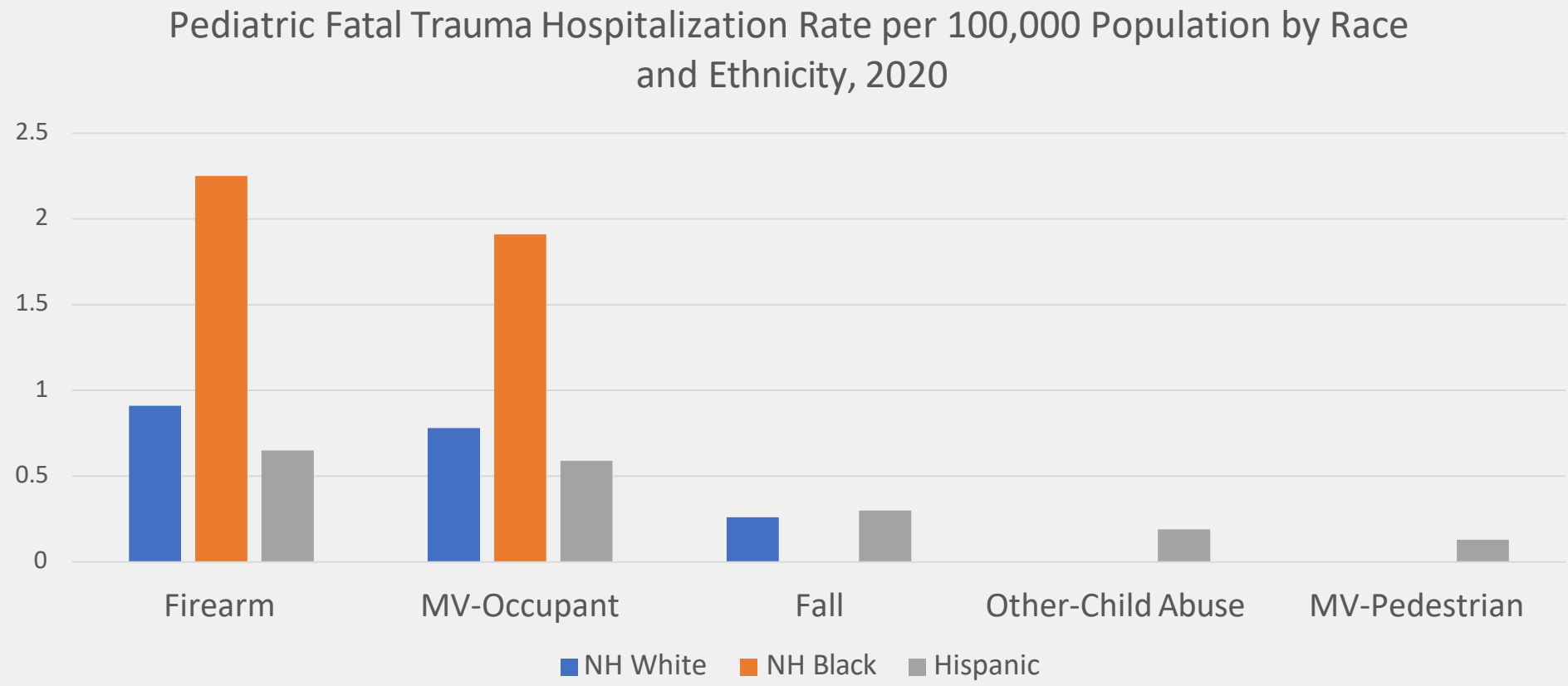
TEXAS Health and Human Services

Texas Department of State Health Services

Prepared by the Office of Injury Prevention, February 2022

March 11, 2022

Pediatric Fatal by Race and Ethnicity 2020



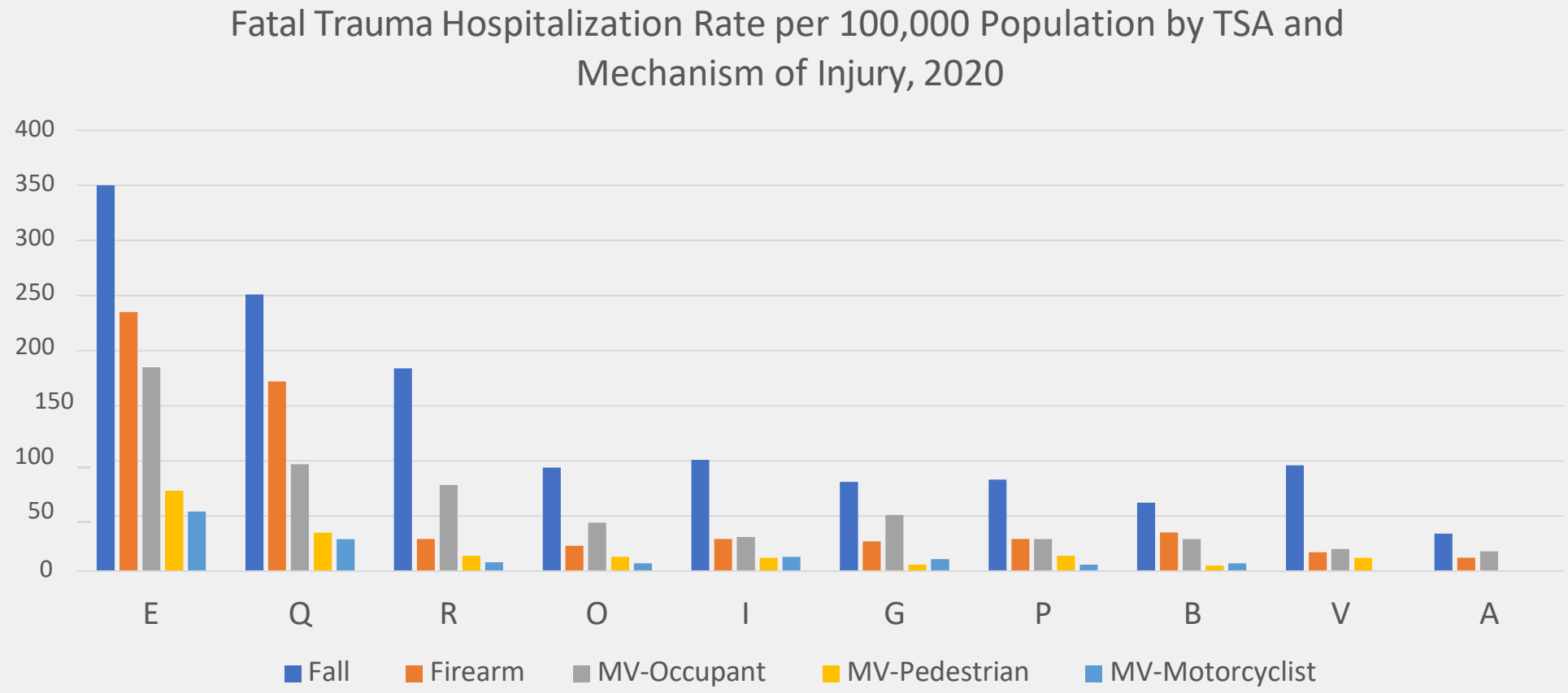
TEXAS Health and Human Services

Texas Department of State Health Services

Prepared by the Office of Injury Prevention, February 2022

March 11, 2022

Fatal by TSA and Mechanism 2020 – Top 10



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Texas Department of State Health Services

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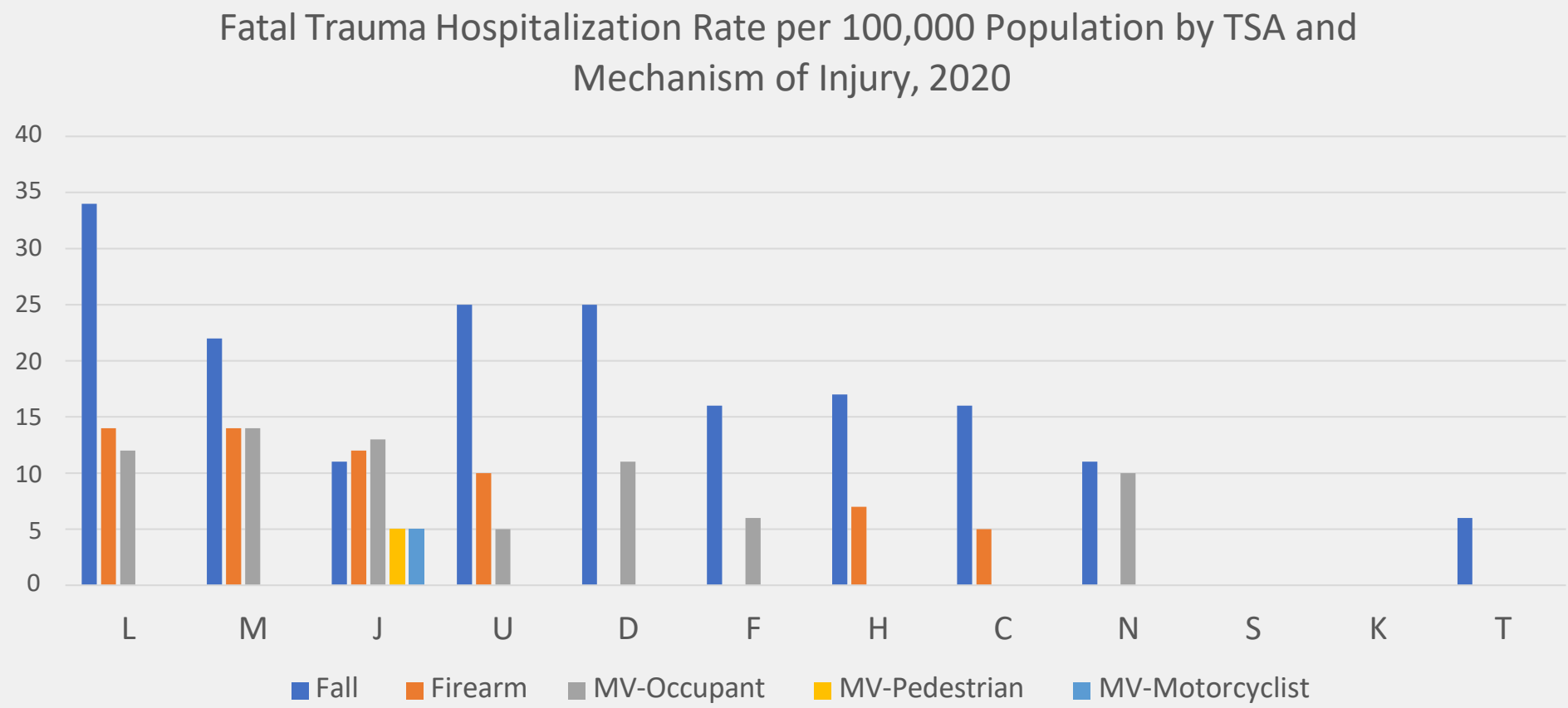
March 11, 2022

Fatal by TSA and Mechanism 2020 – Lower 12



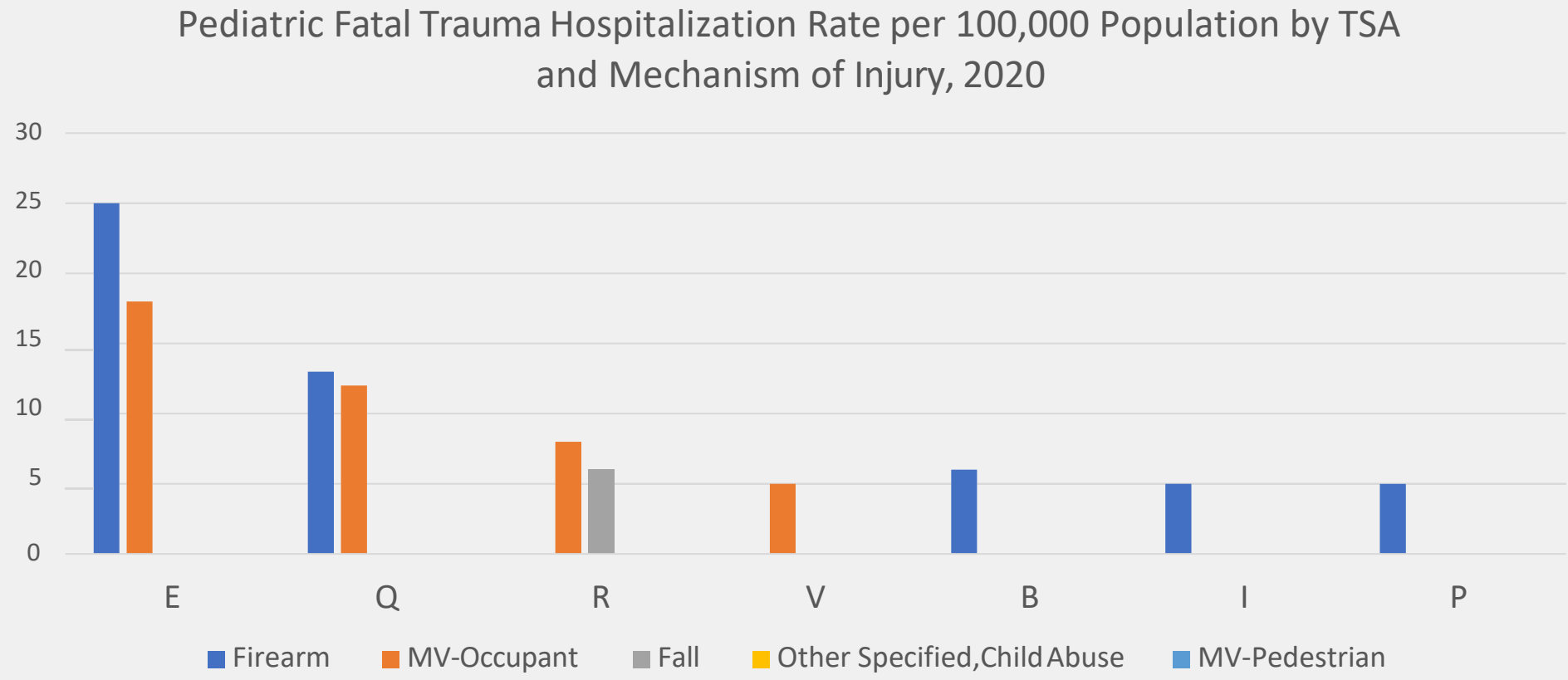
TEXAS Health and Human Services

Texas Department of State Health Services

Prepared by the Office of Injury Prevention, February 2022

March 11, 2022

Pediatric Fatal Hospitalizations by TSA and Mechanism 2020



Note: the remaining TSAs are not displayed as the corresponding records are all under 5 and would all need to be suppressed.

TEXAS Health and Human Services

Texas Department of State Health Services

Prepared by the Office of Injury Prevention, February 2022

March 11, 2022

Summary of Fatal Data All Ages

- Fatal rates increased steadily from 2018-2020.
- Unintentional injury remained the leading intent. Increase in rate of assault and self-harm between 2018 and 2020.
- Falls were the primary injury mechanism and increased steadily over the three-year period.
- Adults 65+ had the highest rate of fatal falls, MV-occupant, and MV pedestrian; Ages 15-24 had the highest rate of fatal firearm.
- Males had higher rates for all mechanisms.
- Non-Hispanic Whites had more fatal hospitalizations due to falls or MV-motorcyclists; Non-Hispanic Blacks had more fatal hospitalizations due to firearm, MV-occupant, and MV-pedestrian.

Summary of Fatal Data Pediatric

- Fatal rates remained constant from 2018-2020.
- Unintentional injury remained the primary intent and decreased steadily over the three-year period.
- In 2018, falls were the primary mechanism for all ages, but the rate decreased between 2018 and 2019/2020. For 2019 and 2020, MV-occupant and firearm were the leading mechanisms for fatal pediatric hospitalizations.
- Ages 15-17 had the highest rates of fatal firearm and MV-occupant.
- Males had higher rates of firearm, MV-occupant, fall, and child abuse.
- Non-Hispanic Blacks had higher rates of fatal firearm and MV-occupant.

Double Transfers 2020 Data

Double Transfers Methodology

Double Transfers include patients who are discharged from one facility to either a:

- Short-Term General Hospital for Inpatient Care;
- Intermediate Care Facility (ICF); or
- Another Type of Institution not Defined Elsewhere.

Non-missing cells with nonzero values less than 5 were suppressed and noted by an asterisk.

Trauma Related Hospital Dispositions 2020

N=137,679

Hospital Dispositions	Counts
Discharged/Transferred to a Short-Term General Hospital for Inpatient Care	960
Discharged/Transferred to an Intermediate Care Facility (ICF)	519
Discharged/Transferred to Another Type of Institution not Defined Elsewhere	192

TEXAS Health and Human Services

Texas Department of State Health Services

Double Transfers by Age 2020

	Age Categories in Years									
	0-14		15-24		25-44		45-64		65+	
Hospital Dispositions	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Short-Term General Hospital for Inpatient Care	75	7.81%	123	12.81%	157	16.35%	201	20.94%	404	42.08%
Intermediate Care Facility (ICF)	*	*	7	1.35%	9	1.73%	50	9.63%	452	87.09%
Another Type of Institution not Defined Elsewhere	12	6.25%	15	7.81%	30	15.63%	39	20.31%	96	50.00%

Length of Stay in Age Groups Combined 2020

	Length of Stay							
	< 1 Day		2-3 Days		4-7 Days		8+ Days	
Hospital Dispositions	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Short-Term General Hospital for Inpatient Care	545	56.77%	181	18.85%	121	12.60%	113	11.77%
Intermediate Care Facility (ICF)	20	3.85%	93	17.92%	265	51.06%	141	27.17%
Another Type of Institution not Defined Elsewhere	42	21.88%	55	28.65%	45	23.44%	50	26.04%

Length of Stay in Age Group < 15 2020

	Length of Stay							
	< 1 Day		2-3 Days		4-7 Days		8+ Days	
Hospital Dispositions	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Short-Term General Hospital for Inpatient Care	55	73.33%	14	18.67%	*	*	5	6.67%
Intermediate Care Facility (ICF)	*	*	*	*	*	*	*	*
Another Type of Institution not Defined Elsewhere	*	*	*	*	*	*	*	*

Length of Stay in Age Group 15 – 24 2020

	Length of Stay							
	< 1 Day		2-3 Days		4-7 Days		8+ Days	
Hospital Dispositions	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Short-Term General Hospital for Inpatient Care	83	67.48%	14	11.38%	13	10.57%	13	10.57%
Intermediate Care Facility (ICF)	*	*	*	*	*	*	5	71.43%
Another Type of Institution not Defined Elsewhere	6	40.00%	*	*	*	*	5	33.33%

Length of Stay in Age Group 25 – 44 2020

	Length of Stay							
	< 1 Day		2-3 Days		4-7 Days		8+ Days	
Hospital Dispositions	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Short-Term General Hospital for Inpatient Care	94	59.87%	25	15.92%	17	10.83%	21	13.38%
Intermediate Care Facility (ICF)	*	*	*	*	*	*	7	77.78%
Another Type of Institution not Defined Elsewhere	7	23.33%	13	43.33%	5	16.67%	5	16.67%

Length of Stay in Age Group 45 – 64 2020

	Length of Stay							
	< 1 Day		2-3 Days		4-7 Days		8+ Days	
Hospital Dispositions	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Short-Term General Hospital for Inpatient Care	114	56.72%	36	17.91%	26	12.94%	25	12.44%
Intermediate Care Facility (ICF)	*	*	10	20.00%	19	38.00%	17	34.00%
Another Type of Institution not Defined Elsewhere	9	23.08%	6	15.38%	9	23.08%	15	38.46%

Length of Stay in Age Group 65+ 2020

	Length of Stay							
	< 1 Day		2-3 Days		4-7 Days		8+ Days	
Hospital Dispositions	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Short-Term General Hospital for Inpatient Care	199	49.26%	92	22.77%	64	15.84%	49	12.13%
Intermediate Care Facility (ICF)	12	2.65%	83	18.36%	245	54.2%	112	24.78%
Another Type of Institution not Defined Elsewhere	16	16.67%	30	31.25%	28	29.17%	22	22.92%

Pediatric Hospital Dispositions 2020

N = 19,064

Hospital Dispositions	Counts
Discharged/Transferred to a Short-Term General Hospital for Inpatient Care	112
Discharged/Transferred to an Intermediate Care Facility (ICF)	*
Discharged/Transferred to Another Type of Institution not Defined Elsewhere	16

Length of Stay for Pediatric Patients 2020

	Length of Stay							
	< 1 Day		2-3 Days		4-7 Days		8+ Days	
Hospital Dispositions	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Short-Term General Hospital for Inpatient Care	86	76.79%	15	13.39%	5	4.46%	6	5.36%
Intermediate Care Facility (ICF)	*	*	*	*	*	*	*	*
Another Type of Institution not Defined Elsewhere	6	37.5%	*	*	*	*	*	*

Summary of Double Transfers

- Patients 65 and over had the most double transfers across hospital dispositions.
- The majority (56.77%) of double transfers (all ages) to a short-term general hospital for inpatient care were transferred in less than one day.
- Most double transfer pediatric patients were transferred to a short-term hospital for care.
- Over 75% of pediatric double transfers to a short-term hospital for inpatient care were transferred within one day.

Next Steps

- Double Transfers identified by Regional Advisory Council (RAC)
- Double Transfers identified by trauma center level
- Fatal Injury data by trauma center level
- Portions of the complete presentation will be shared with Injury Prevention/Public Education and Pediatric subcommittees
- Data Presentations for May GETAC meeting

Resources

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

- Injury Indicators Case Definitions: Thomas KE, Johnson RL. State injury indicators report: Instructions for preparing 2019 data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2021.
  - Coding is based on the ICD10CM (International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM))

QUESTIONS?

Thank you!

Leading Causes of Injuries 2018-2020 and
Double Transfers 2020

Jia Benno, OIP Manager

Injury.web@dshs.texas.gov

GETAC Committee Reports March 2022

Air Medical and Specialty Care Transport Committee

Lynn Lail, RN, Chair

Air Medical and Specialty Care Transport Committee

- Items needing Council guidance
  1. None at this time

- Items referred to GETAC for future action
  1. None at this time

- Announcements
  1. CCT Capability Matrix Implementation
  2. TAC Chapter 157.12 & 157.13 Rule Review
     - A taskforce has been formed.
  3. Texas EMS for Children EMS Recognition Program
     - Equipment list & guideline review with potential endorsement

GETAC Committee Reports November 2021

Cardiac Care Committee

James McCarthy, MD, Chair

Cardiac Care Committee

- Welcomed new members
- The committee discussed cardiac center certification similar as to what exists in Trauma, Stroke, Neonatal care. The committee will work offline to bring forth for GETAC to consider the advantages that these certifications create for leveling care in cardiac emergencies.

- Items needing council guidance
  - No items needing Council Guidance at this time

- Items referred to GETAC for future action
  - No items referred for future action at this time.

GETAC Committee Reports March 2022

Disaster Preparedness and Response Committee

Eric Epley, NREMT, Chair

GETAC Disaster Preparedness and Response Committee

- Items needing Council guidance
  1. Statewide EMS/Emergency Medical Task Force (EMTF) Wristband Project
  2. COVID-19 Response: Committee will gather information on COVID response to determine best practices & concerns.
- Items referred to GETAC for future action
  1. TDEM Warehouse Project: Request for GETAC Disaster Preparedness and Response Committee to provide Subject Matter Experts (SME's) in hospital supply chain, EMS medications & other critical logistical needs.
- Items needing council guidance
  1. MPV 2-04 AMBUS 2.0 being delivered
  2. MPV 1-02 Amarillo Fire to receive an AMBUS

GETAC Committee Reports March 2022

Emergency Medical Services Committee

Eddie Martin, EMT-P, Chair

Emergency Medical Services Committee

- Items needing Council guidance
  1. Wall / Wait / off-load times in the ER

- Items referred to GETAC for future action
  1. Best Practices for EMS vehicle operations (1 page document).

- Announcements
  1. Planning on meeting in conjunction with the education committee meetings in-between the regular GETAC Meetings
  2. Currently working on EMS Committee Vision and Mission Statement final draft expected soon.

GETAC Committee Reports March 2022

EMS Education Committee

Macara Trusty, LP, Chair

EMS Education Committee

- Items needing council guidance
  1. N/A

- Items referred to GETAC for future action
  1.N/A

- Announcements
  1.Update on Open Enrollment (Civilian to Paramedic or AEMT Programs)

GETAC Committee Reports March 2022

EMS Medical Directors Committee

Heidi Abraham, MD, FAEMS, Chair

GETAC Committee Reports March 2022

Injury Prevention & Public Education Committee

Mary Ann Contreras, RN, Chair

Public Education Injury Prevention

- Items needing council guidance
  1. Bi-annual registry dashboard: top MOI, demographics, outcomes, etc.
  2. Topic-specific injury data presentation during one quarter (e.g., submersion, TBI etc.)
  3. Surveillance program data (e.g., Child Fatality Review, Texas Violent Death Reporting System, etc.) presented during another quarter
- Items referred to GETAC for future action
  - None at this time
- Announcements
  1. Welcome: Courtney Edwards co-chair, Nisi Bennett, Enoc Espinoza, Veronica Silva, Shabana Yusuf
  2. Welcome: Council liaisons Della Johnson and Ruben Martinez
  3. PE & IP collaborating with Pediatric Committees workgroups on concussions and battery ingestion

GETAC Committee Reports March 2022

Pediatric Committee

Belinda Waters, RN, Chair

Pediatric Committee

- Items needing council guidance
  None

- Items referred to GETAC for future action
  Data requests:
  - Drilldown of MOI in unintentional deaths, suicides and homicides (pending)
  - Data request for transfers in and out (pending)
  - Quarterly update of state registry data dashboard on Tableau

- Announcements
  - Christi Thornhill Committee Co-Chair
  - Collaboration with Injury Prevention Committee on Head Injury/Concussion Workgroup and Magnet/Battery Ingestion Workgroup
  - EMS-C Voluntary Pediatric Readiness Program revisions to meet challenges of rural and critical access hospitals
  - EMS-C EMS Recognition revisions made and will seek endorsement at May 2022 meeting
  - Child Abuse Screening/Management Toolkit has been released to GETAC website and RACs
  - Volunteers will participate with GETAC Stroke Committee to develop Pediatric Stroke Protocols

GETAC Committee Reports March 2022

Stroke Committee

J Neal Rutledge, MD

Stroke Committee

- No council guidance requested
- New Stroke Rules 157.133 approved!
  Effective 2/17/2022, Surveys starting 9/1/2022
- Workgroup projects in progress
  1. Recommendations on Pediatric Transport and Facility Criteria
  2. Recommendations on Hospital based EMS transfer requests
  3. Recommendations on EMS (NEMSIS) stroke required data fields
  4. Tools to help with EMS training/education (AHORA/RAPIDO)
- Announcements
  1. TCCVDS Stroke Survivors and Caregiver Conference on 5/27/2022 in Houston

GETAC Committee Reports March 2022

Trauma Systems Committee

Stephen Flaherty, MD, Chair

Trauma Systems Committee

- Recognize a trauma center each quarter
- Trauma rules process
  - Standing by to monitor public comment
- Rural trauma gaps
  - Request to state registry in 2017 for data to assess gaps
  - Grassroots collaborative effort between this committee and RACS to gather some minimal essential data
  - Does Texas have an inclusive trauma system?
- Trauma system report of designation status

Trauma Systems Committee

- Items needing Council guidance
  - Initiate and perpetuate a quarterly trauma center recognition plan
  - Develop an adhoc working group to review public comment for presentation to the full committee
  - Request for a report of rural trauma gaps from 2017 action item
  - Collaborate with the RAC Chairs to collect a rudimentary data set about care gaps
  - Develop and implement a survey to inform as to whether Texas has an inclusive trauma system. Participants could include TORCH, TMA, Texas Orthopedics and CHAT
  - Continue to develop a quarterly report advising the status of the trauma system by monitoring trauma center designations.
- Items referred to the Council for future action
  - None

Agenda Items

Agenda Item 4

Update of Texas Administrative Code Title 25

A. **157.125** Requirements for Trauma Facility Designation, Documentation of Evidence Guide
B. **157.123** Regional Advisory Councils (RACs)
    i. Criteria
    ii. Self-Assessment
C. **157.128** Denial, Suspension, and Revocation of Trauma Facility Designation
D. **157.130** EMS and Trauma Care System Account
E. **157.131** Designated Trauma Facility and Emergency Medical Services Account
F. **157.132** Regional Trauma Account
G. **157.122** Trauma Service Areas
H. **157.133** Requirements for Stroke Facility Designation
I. **157.11** Dialysis Protocol for EMS Providers
J. **157.41** Automated External Defibrillator (AED)

Agenda Item 5

Standard Operating Procedures

- Report overview of the October 14-15, 2021, GETAC Retreat

- **Each Council member will complete a conflict-of-interest statement annually and forward the statement to the Council Chair prior to the first quarter meeting.**

- **Committee members must complete an annual conflict-of-interest statement each year prior to the first quarter GETAC meeting and send the statement to the Committee Chair.**

Standard Operating Procedure Recommended Revisions

10. REMOVAL FROM the COUNCIL or COMMITTEE

The GETAC Executive Committee will review all referrals of committee unprofessional conduct with the Committee Chair and the Committee Liaison. If unprofessional conduct is confirmed, the Chair of GETAC makes the recommendation to remove the individual from the committee to the department.

The GETAC Executive Council will review referrals of Council unprofessional conduct. If Council unprofessional conduct is confirmed, the Chair of GETAC will forward a recommendation of removal from GETAC to the Governor's Appointment Office.

Agenda Item 6

GETAC Council Members and Conflict of Interest Review.

If the recommended revisions to the Standard Operating Procedures are approved -

Conflict of Interest Statement will be forwarded to each council member and each committee member

Agenda Item 7

GETAC Council follow-up regarding discussion of the Texas EMS-Trauma State Registry.

Agenda Item 8

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 9

Discussion of Rural Priorities.

Agenda Item 10

Continued discussion of formation of GETAC Regional Advisory Committee.

Agenda Item 11

Continued discussion of rule revision and priorities.

Agenda Item 12

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

GETAC Stakeholder Reports

GETAC Stakeholder Reports March 11, 2022

Texas EMS, Trauma & Acute Care Foundation (TETAF)

Dinah Welsh, TETAF President/CEO

Texas EMS, Trauma & Acute Care Foundation Update

Dinah Welsh, TETAF President/CEO

March 11, 2022

TETAF
TEXAS EMS TRAUMA & ACUTE CARE FOUNDATION

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

TETAF Staff, Board of Directors, and Committees

- TETAF welcomes Jessica Phillips, MAS, BSN, RNC-OB, C-EFM, C-ONQS, as its new perinatal program director who started in January leading its maternal and neonatal survey service lines.
- The TETAF General Assembly elected five individuals to theTETAF Board of Directors. Scott Christopher, BBA, BSN, RN, LP; Kathy Perkins, RN, MBA, and Danny Updike, RN, CCRN, EMT-LP have returned to the board for another term. Dan Little, MD and Rhonda Manor-Coombes, BSN, RN, TCRN are new to the TETAF Board.
- Joseph Petty, MD, FACOG was appointed in January by the TETAF Board to fill a one-year term vacated by a former board member who resigned due to new employment.
- TETAF committee selections will be announced this month for stakeholders who submitted interest to serve on one of five committees: Advocacy, Education, Finance, Governance, and Survey Verification.

Surveys – Trauma, Stroke, Maternal, and Neonatal

- TETAF/Texas Perinatal Services submitted recommendations for the draft maternal level of care designation rule and neonatal level of care designation rule.
- TETAF staff continues to participate in the ongoing effort by the Texas Department of State Health Services (DSHS) to revise all trauma system and stroke rules.

Education

- TETAF is currently planning its education schedule for 2022 with additional offerings of the TETAF Hospital Data Management Course and other courses.

Advocacy

- The TETAF Advocacy team is conducting regular planning meetings during the interim to prepare for the 88th Legislative Session.
- During the interim, TETAF will request that the legislature examine perinatal data collection efforts.

Collaboration (Texas Trauma Quality Improvement Program)

- Texas TQIP has hired Laura Garlow, MHA, BSN, RN, TCRN as its new coordinator. Laura will assist Texas TQIP a few hours each month with duties and preparation for quarterly meetings.
- Texas TQIP will meet again in Spring 2022.

GETAC Stakeholder Reports March 11, 2022

EMS for Children (EMSC) State Partnership

Sam Vance, MHA, LP, Program Manager

Baylor College of Medicine

EMS FOR CHILDREN STATE PARTNERSHIP

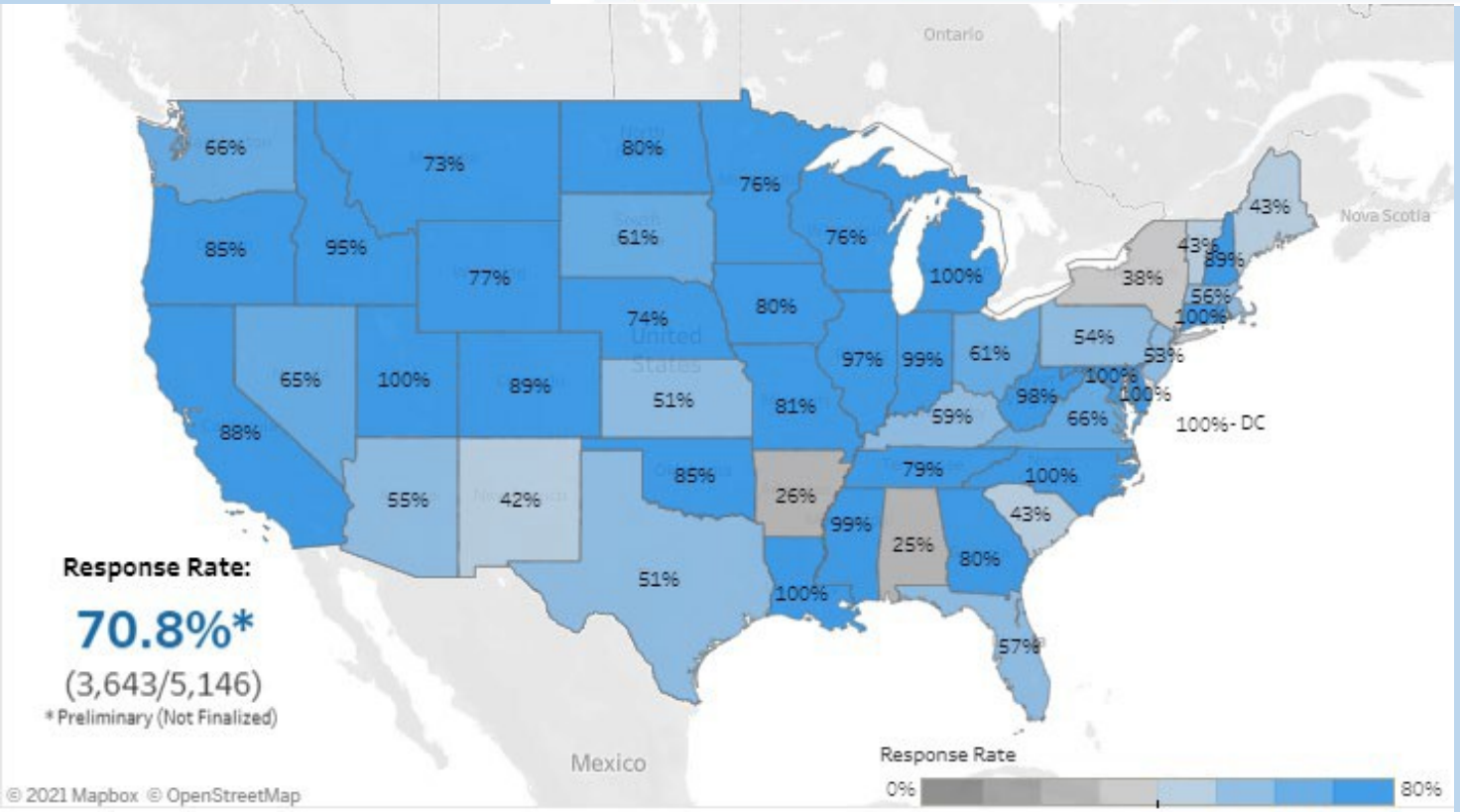
EMS for Children State Partnership, Texas update

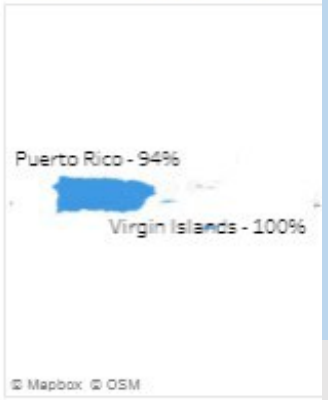
March 11, 2022

2022 EMSC Survey

- Current Response Rate
- Responding agencies will receive a basic score and summary report.

National PRP Pediatric Readiness Project
Ensuring Emergency Care for All Children



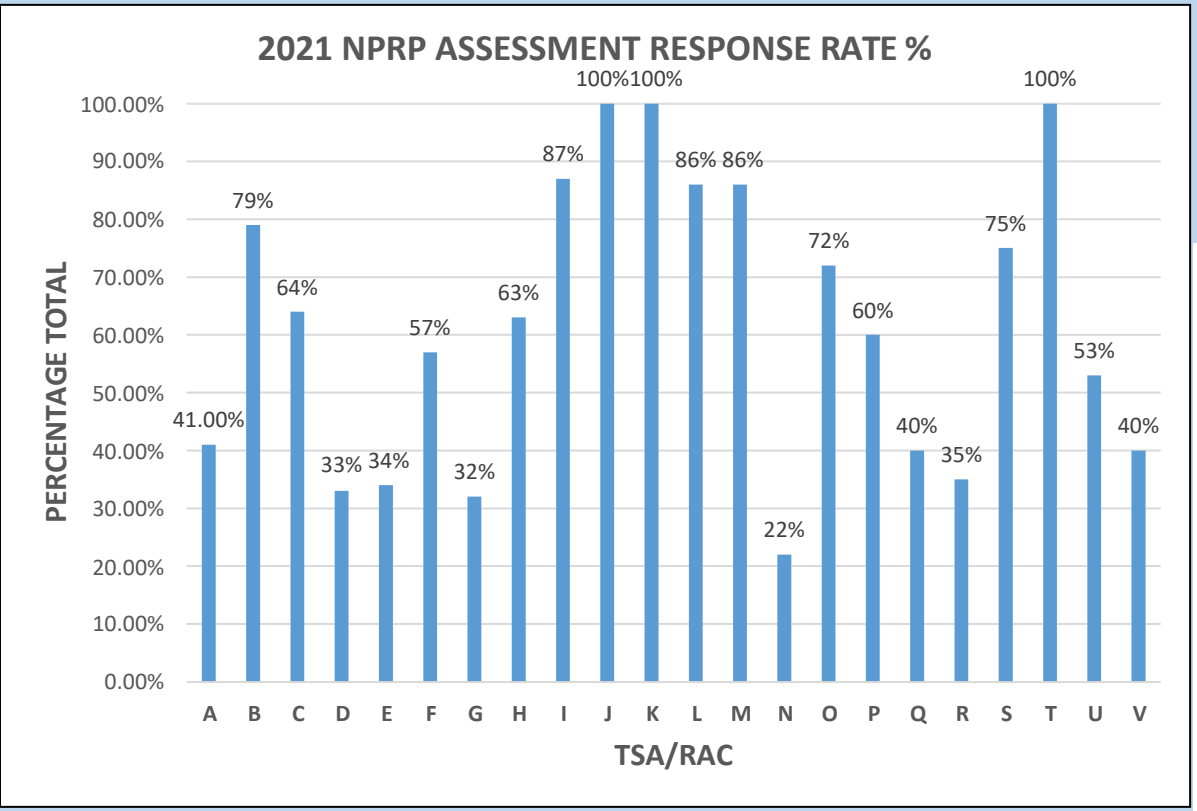


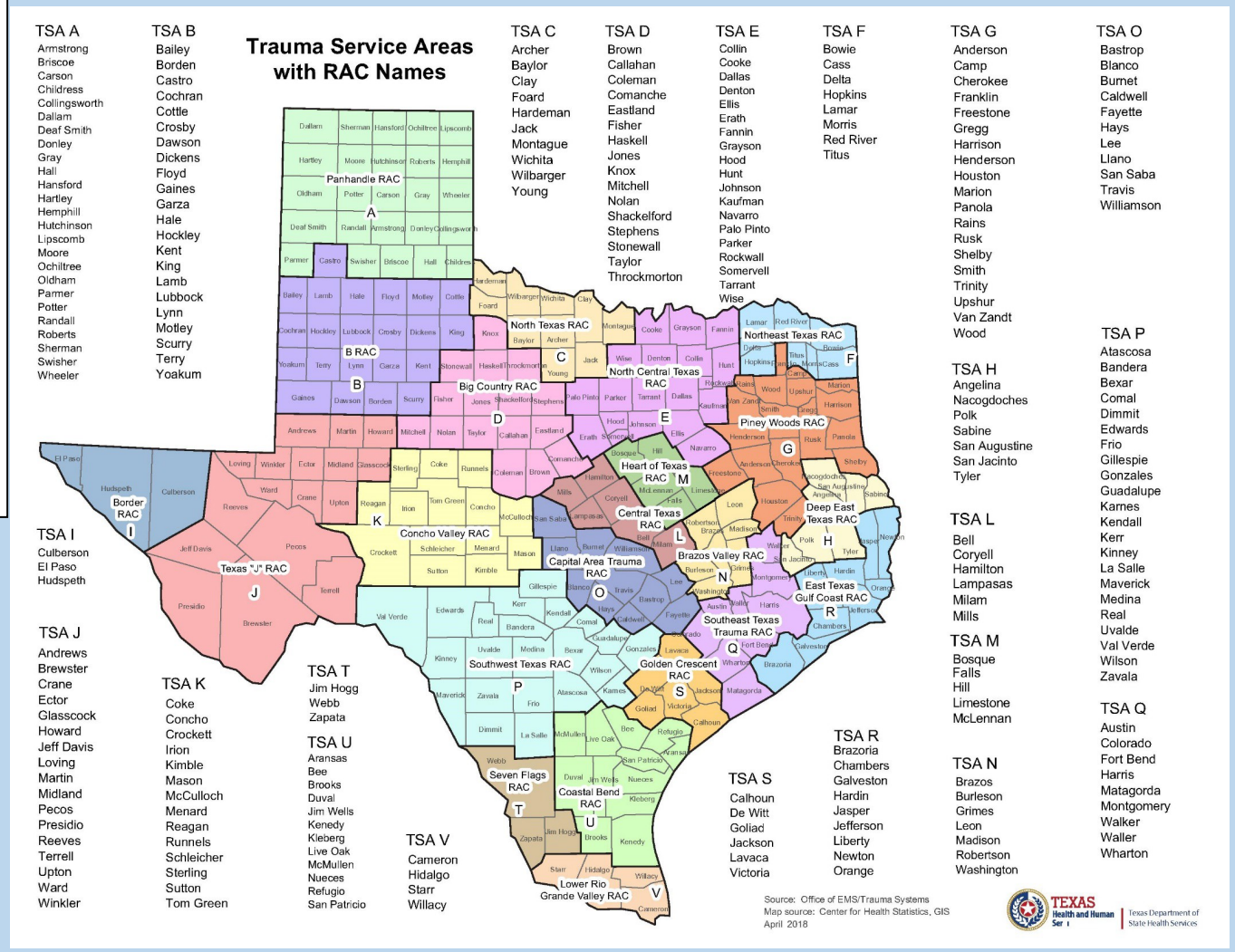
TEXAS

NUMERATOR: 267

DENOMINATOR: 525

RESPONSE RATE: 50.9%





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EMSC EMS FOR CHILDREN STATE PARTNERSHIP

2021 NPRP Assessment

	Overall Numbers > Numbers by Pediatric Volume in the Last Year				
	Overall (N = 265)	Low (N = 151)	Medium (N = 68)	Medium High (N = 25)	High (N = 21)
Weighted Pediatric Readiness Score					
Mean	73.7	69.9	75.3	76.3	92.6
Median	74.0	69.0	76.0	78.3	97.5

Areas of Concern

	Overall Numbers > Numbers by Pediatric Volume in the Last Year				
	Overall (N = 265)	**Low (N = 151)**	**Medium (N = 68)**	**Medium High (N = 25)**	**High (N = 21)**
22. [Gateway] Does your ED have a physician coordinator—sometimes referred to as a pediatric emergency care coordinator (PECC) or pediatric champion—who is assigned the role of overseeing various administrative aspects of pediatric emergency care (e.g., oversees quality improvement, collaborates with nursing, ensures pediatric skills of staff, develops and periodically reviews policies)?					
Our ED has a physician coordinator that is filled by an MD or DO	111/265 (41.9%)	47/151 (31.1%)	31/68 (45.6%)	15/25 (60.0%)	18/21 (85.7%)
Our ED does NOT HAVE a physician coordinator at this time	152/265 (57.4%)	102/151 (67.5%)	37/68 (54.4%)	10/25 (40.0%)	3/21 (14.3%)

Baylor College of Medicine

EMSC EMS FOR CHILDREN STATE PARTNERSHIP

Areas of Concern

	Overall Numbers > Numbers by Pediatric Volume in the Last Year				
	Overall (N = 265)	**Low (N = 151)**	**Medium (N = 68)**	**Medium High (N = 25)**	**High (N = 21)**
25. [Gateway] Does your ED have a nurse coordinator—sometimes referred to as a pediatric emergency care coordinator (PECC) or pediatric champion—who is assigned the role of overseeing various administrative aspects of pediatric emergency care (e.g., facilitates continuing education, facilitates quality improvement activities, ensures pediatric specific elements are included in orientation of staff)?					
Our ED has a nurse coordinator that is filled by an RN	117/265 (44.2%)	57/151 (37.7%)	26/68 (38.2%)	16/25 (64.0%)	18/21 (85.7%)
Our ED does NOT HAVE a nurse coordinator at this time	148/265 (55.8%)	94/151 (62.3%)	42/68 (61.8%)	9/25 (36.0%)	3/21 (14.3%)

Areas of Concern

	Overall Numbers > Numbers by Pediatric Volume in the Last Year				
	Overall (N = 265)	Low (N = 151)	Medium (N = 68)	Medium High (N = 25)	High (N = 21)
62. [Gateway] Does your hospital disaster plan address issues specific to the care of children (e.g., pediatric surge capacity, patient tracking and reunification, pediatric decontamination)?	121/265 (45.7%)	55/151 (36.4%)	35/68 (51.5%)	15/25 (60.0%)	16/21 (76.2%)

Areas of Concern

- QI Plan for Pediatrics: 52.8%
- Triage Policy that addresses ill or injured children: 66.8%
- Immunization assessment and management of under immunized: 54.3%
- Policy for promoting family centered care: 69.4%

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GETAC Stakeholder Reports March 11, 2022

Texas Cardiovascular Disease and Stroke Council

J Neal Rutledge, MD

GETAC Stakeholder Reports March 11, 2022

Texas Cardiac Arrest Registry to Enhance Survival (TX CARES)

Micah Panczyk

Texas-CARES

Program Update

Governor's EMS and Trauma Advisory Council

March 11, 2022

TX CARES

2021 Data Summary

TX CARES

CARES Summary Report

Demographic and Survival Characteristics of Q CA

Noni-Traumallc Bi ology j Ane.s:t. W i n ess S:ta us.: All | Date of Arrest: 01ffl1/21 -12!31121

Data	State (All Aganclas) N 10637	Natlonal N 146953
Age	**N-'111637**	**N-'11469'118**
Mean	62.1	62.0
Median	65.0	64.0
Gender(%)	**N-'111637**	**N='ll4694!4**
Female	4160 (39.1)	55078 (37.5)
Male	6473 (60.9)	91823 (62.5)
Race (%)	**N-'111637**	**N-'114695'11**
Am erican-Indian/Alaskan	12 (0.1)	571 (0.4)
Asian	280 (2 . 6),	3592 (2.4),
Black/African-American	2418 (2 2	32006 (21.8)
Hispanfc/Latino	26 1 7 24.6	12647 (8.6
Na tlve Hawaiian/Pacific Islander	21 (0.2)	774 (0.5)
White	4923 (46.3)	73670 (50.1)
M ultl-racial	25 (0.2)	489 (0.3)
Unknown	341 (3 . 2}	23202 (15.8)
L ocatlon of Arrest (%)	**N-'111637**	**N-'114695'11**
Home/Residence	7567 (71.1)	108201 (73.6)
Nursing hlome	1330 (12.5)	147'97 (1 0 .1)
Public Setting	17 0 (16.4)	23953 (16.3)
Arrest witnessed (%)	**N-'111637**	**N='ll4694l6**
Bystander Witnessed	4039 (38.0)	55174 (37.5)
Witnessed by 911 Res ponder	1490 | 4.0)	17868 (12.2)
Unwitnessed	5108 (48.0)	73904 (50.3)
Wrho In itiated **CPR?** (%)	**N '111637**	**N:'1148940**
Not Applicable	2 (0.0)	66 (0 .0)
BystaM er	4664 (143.)	59709 40.6
First Responder	3013 (28.3)	45214 (30.8)
Emergency Medli cal SelVf:oes (EMS)	2958 (27.8)	4195 (28.5)
Was an AIEID appHed pmlor to , IE!MS arlll1va l ? (%)	**N-'111637**	**N='ll46950**
Yes	342 1 (32 .2)	40964 (27.9)
No	72 1 6 (67 .8)	105986 (72.1)

TX• CARES

CARES Summary Report

Demographic and Survival Characteristics of Ql CA

Non-Tra1.1mallcB lolngy I An est. Wi ness Sta 1.1s: All | Date of Arrest: 01ffi1121-121311 21

Who first applied automated exl er lilal **deflbr'll ator'1** (%)	N- 3418	N :40 93 5
Bystander	881 (25.8)	8477 (20.7)
First Responder	2537 (74.2)	32458(7'9.3)
		1.7%
Who first defibrillated the patfen tl (%)	**N 10637**	
Not Applicable	7587 (71.3)	
Bystander	174 (1.6}	
First Responder	510 (4.8)	
Respo:nd in gi EMS Personnel	2366 (22.2)	
First A **rrest** Rhyflhm (%)	**N 10613**	
VfibN tachJUn I!mown Shockable Rhythm	1621 (15-2)	
A.systo le	5610 (52.8)	
Idio, ven tricu lar/PEA	3023 (28_4)	
Unknown iunshodkable Rhythm	379 (3.6}	
Sustailn ed ROSC (%)	**N 1063'6**	
Yes	2688 (25.3)	
No	7948 (74.7)	
Was hypothe'flliia care ptlovided In the lieldr? (%)	**N 10637**	
Yes	117 (1.1)	
No	10520 (918.9)	
Pfle hospiltal **Outcome** (%)	**N- 10637**	
Pronounced in the Field	4289 (40.3)	
Pronounced in ED	174,0,(16.4)	
Ongoing Resuscitation in ED	4608 (43.3)	
Overall Survlval (%)	**N-10637**	
Overall Survival to Hospital Admission	2532 (23.8)	
Overall Survival to Hospital Disoharge	988 (a.3}	
With Good or Moderate Cerebral Performanoe	737 (6.9 89	
M fss ing hosprital outcome		
Utstein.. SLHVival (%)	**N 959** 29.5%	
iuts tein Bystandert Sur v iva l! {%)	N 615	

N- 145933
104097 (71 .3)
1910 (1.3)
7931 (5.4}
31995 (21.9)
IN - 1 46916
24051 (16.4)
78063 (53.1)
32712 {22.3)
12090 (8.2)
N- 146848
39707 {27.0)
107141 (73.0)
N- 146943
4148 (2.8}

142795 (97.2)
Nc146953
6194'9 (42.2)
14735 (10.0)
70269 (47.8)
IN =1 46953
34166 (23.2)
12486 (_S)
9760 {6.6
3981
Nc1424S
26 .7
IN - 8351
30.1%

TX•

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Enrollment

TX CARES

2021 Agency Accounts & Populations Served

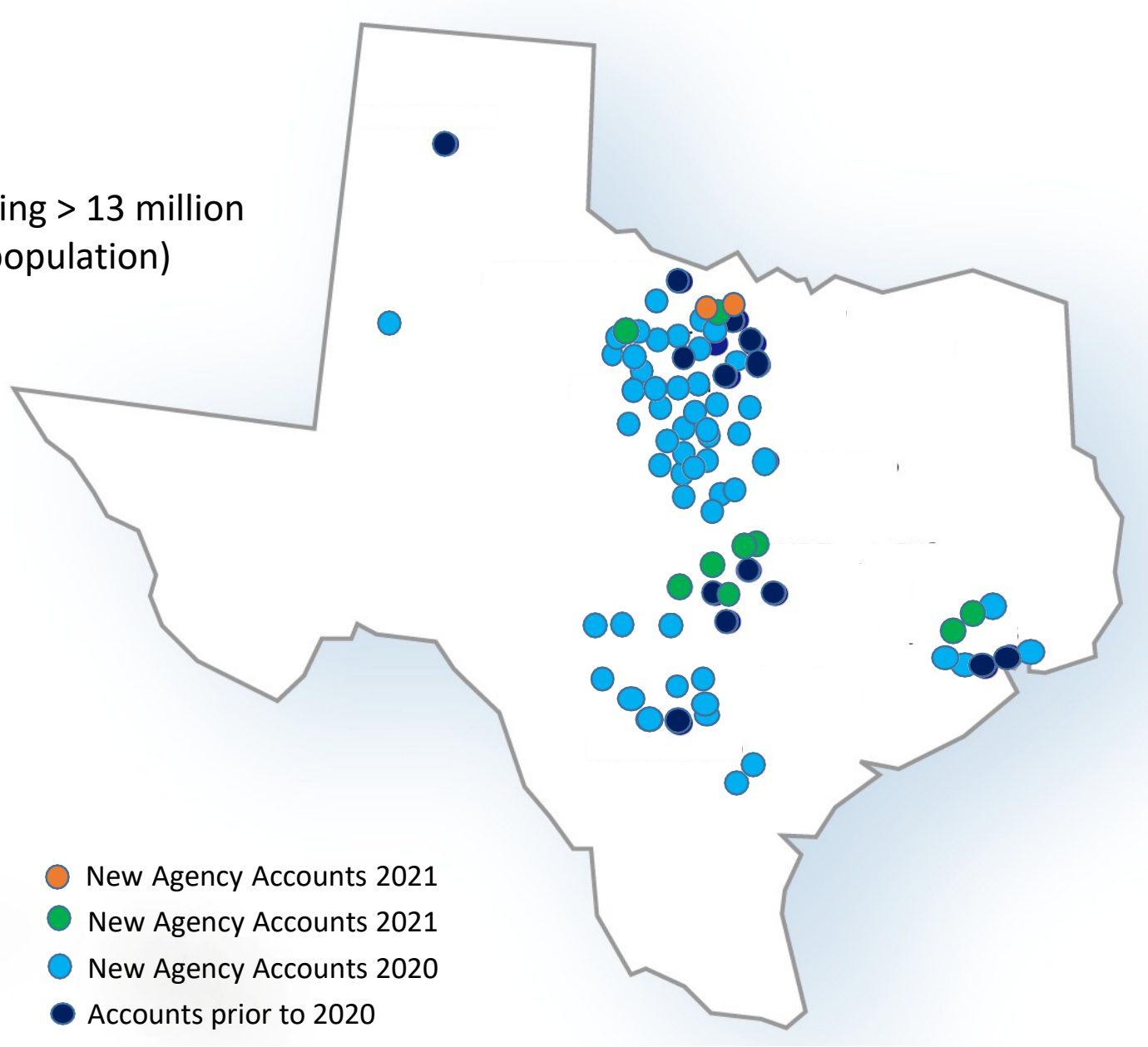
Agency	Population
City of Schertz EMS	150,000
Coppell FD	42,000
Coryell Health EMS	20,000
Harris County Emergency Corps	400,000
Killeen FD	157,632
Mexia FD	25,000
Montgomery County Hospital District	607,391
Parker County Hospital District	141,000
South Limestone Hospital District	9,000
	1,552,023

TX★CARES

Agency Accounts

Coverage

78 agency accounts covering > 13 million people (~45% statewide population)



TX★CARES

Special Thanks To …

- SETRAC
- San Antonio Fire Department
- Williamson County EMS

TX CARES

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

https://tx-cares.com/2022/01/21/why-cares-survivor-video-testimonial/

TX★CARES

GETAC Stakeholder Reports March 11, 2022

Texas Suicide Prevention Coalition

Christine Reeves

Texas Suicide Prevention Council

- The Council continues coordinating the planning efforts to bring Texas into alignment changing the National Suicide Hotline to 9-8-8 by December 2022. The implementation plan was submitted to the project manager, and we are still waiting on the feedback. Our next planning meeting will be December 14th.

- The Council held its Annual Texas Suicide Prevention Conference on March 2-4, 2022, virtually. There were more than 2000 attendees which covered all corners of Texas as well as other States and Countries. A lot of great presentations and insights provided related to youth, veterans, and outreach. For more information go to www.texassuicidepreventioncouncil.org.

GETAC Stakeholder Reports March 11, 2022

Stop the Bleed Texas Coalition

Christine Reeves

Stop the Bleed Texas Coalition

- The Stop the Bleed Texas Coalition continues to work with the DSHS Registry Staff on a data collection project related to bleeding control. An initial report was shared with the Coalition at its last meeting on February 18th.
- The Coalition continues to work on activities for May as Stop the Bleed Month and National Stop the Bleed Day on May 19th. More to come on this activity.
- Check out our website, www.stopthebleedtx.org, like us on FaceBook, and follow us on Instagram for updates.
- The Council continues to provide a monthly newsletters with updates from the Council as well as the RACs.

GETAC Stakeholder Reports March 11, 2022

Texas Wristband Project

Christine Reeves

Texas Wristband Project

- The Texas Wristband Project is still in progress. **All RACs are implementing the project in their Regions.**
- Implementation is slower than anticipated due to several items:
    1. Vast number of Texas EMS runs.
    2. Delay in EMR integration.
    3. Many EMS Providers and hospitals do not plan to implement without a requirement from DSHS.

General Public Comment

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

Announcements

Next Council Meeting Dates

Adjournment

Thank you!