



**TEXAS**  
Health and Human  
Services

**Texas Department of State  
Health Services**

# Governor's EMS and Trauma Advisory Council

**Thursday, May 26, 2022**

**8:00 AM CDT**

Alan Tyroch, MD, FACS, FCCM, Chair

Ryan Matthews, LP, Vice Chair

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

Public participation will also be available at:  
Holiday Inn Austin Midtown, Hill Country Rooms A and B  
6000 Middle Fiskville Road  
Austin, TX 78752

# Virtual Rules of Participation



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# 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 Minutes

- March 11, 2022



# GETAC Council Overview

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



# Council / Committee Meeting Participation

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



# Committee 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

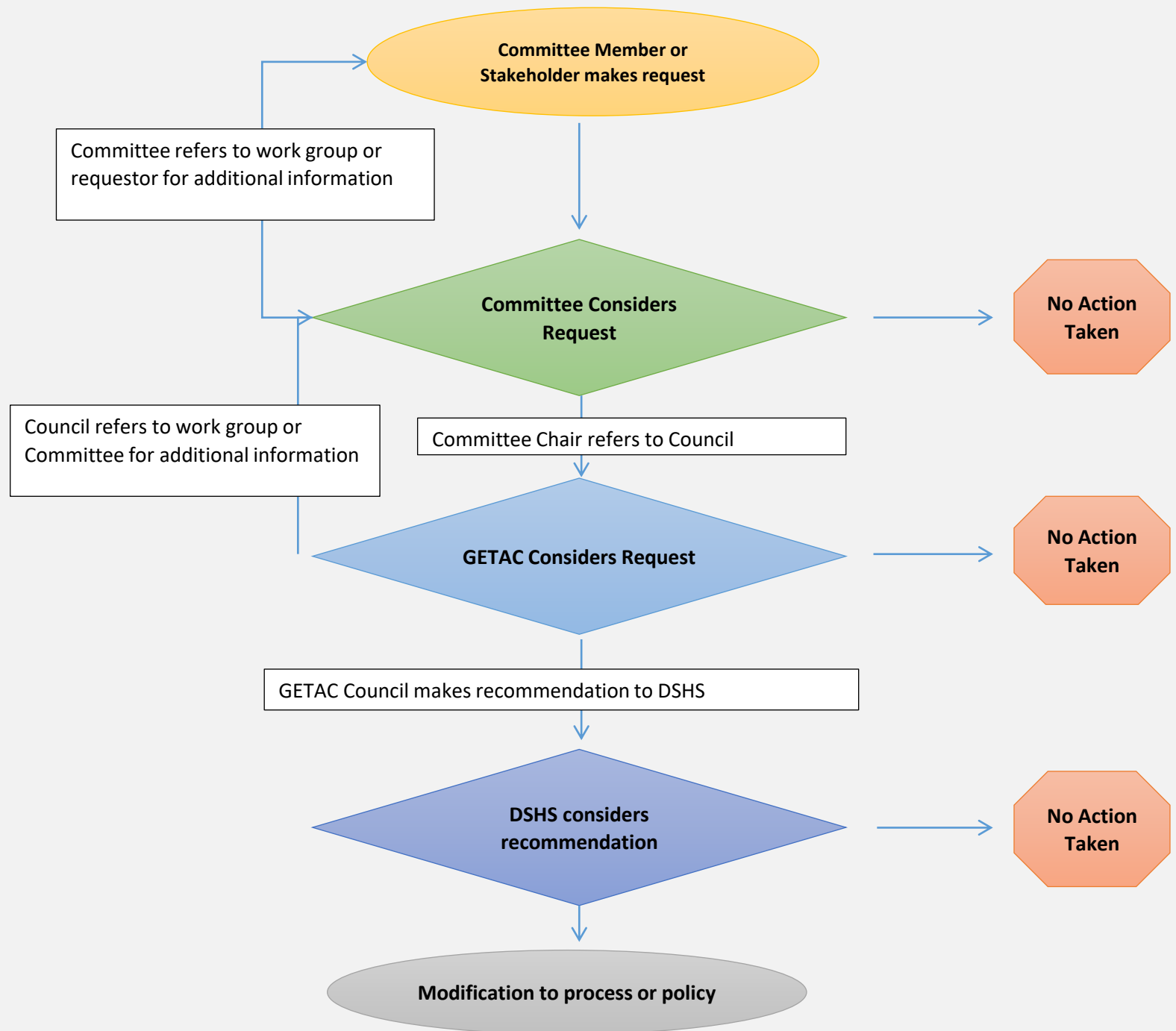


# Strategic Plan Focus

- 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





# New Conflict of Interest

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



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# Center for Health Emergency Preparedness and Response



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# EMS Trauma Systems Update

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



# Rule Update

- TAC 157.122 TSA – Adopt Feb. 17<sup>th</sup> – Effective March 1, 2022
- TAC 157.133 Stroke Rules – Adopt Feb. 17<sup>th</sup> – 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 June 7<sup>th</sup> – 43 week process



# Activities

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

May 19<sup>th</sup>



# ISS Coding; Implementing TQIP Workgroup

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





# Regional Calls – System Concerns

- Calls specific to hospital diversion / closure
- Blood Bank issues



# Designation Concerns

- Designation Process
  - Gaps in programs
  - Performance improvement
  - Registry
  - TPM or TMD
  - Lack of fulfilling the TMD job functions
  - Excessive diversion
  - Lack of RAC participation
  - Lack of outreach education / injury prevention
- Addressing issues with facility leaders: CEO, CNO, medical directors and program managers



**Timothy Stevenson, DVM, PhD,  
DACVM, DACVPM-Epidemiology,  
Commissioner Consumer  
Protection Division - DSHS**



# EMS System Update

Joe Schmider, Texas State EMS Director

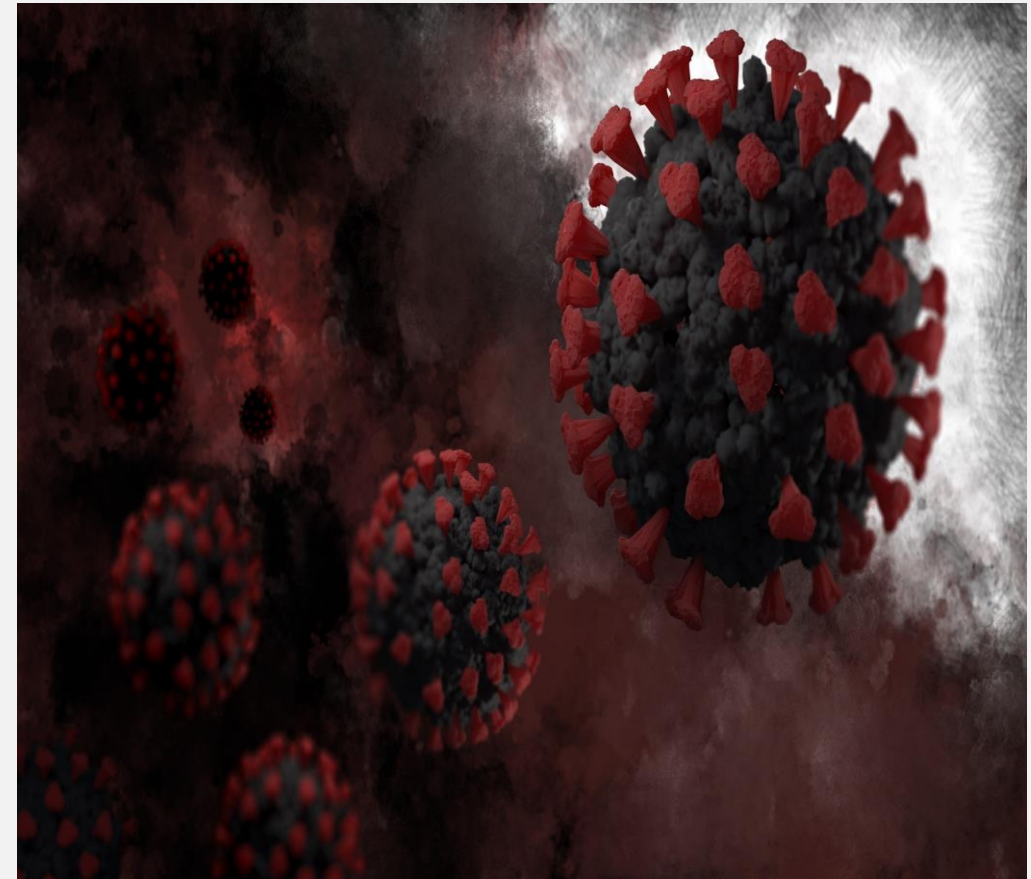


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# COVID-19 Waivers

- Staffing waivers stay in place until August 26, 2022.
- All other waivers have been lifted as of September 1, 2021.



# Wellness Wednesdays

- Wellness message continues to go out to the EMS workforce – 1<sup>st</sup> & 3<sup>rd</sup> 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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# 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

In 2021: **5769** EMS certified personnel did not renew.

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





# Designation Update

Elizabeth Stevenson, RN, Designation Programs Manager



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# Designated Facilities by Program

## **Trauma (301)**

Level I – 20  
Level II - 26  
Level III – 61  
Level IV – 194

## **Stroke (175)**

Level I - 39  
Level II - 117  
Level III – 19

## **Maternal (222)**

Level IV - 32  
Level III - 44  
Level II – 93  
Level I – 53

## **Neonatal (227)**

Level IV – 22  
Level III - 69  
Level II - 54  
Level I – 82



# Designation Data 2021 4<sup>th</sup> Quarter

2021 - 2022	TRAUMA (Q4)	TRAUMA (Q1)	STROKE (Q4)	STROKE (Q1)
Number of Designation Survey Reports Received	<b>23</b>	<b>33</b>	<b>30</b>	<b>28</b>
Level I	0	5	3	4
Level II	1	8	24	23
Level III	7	5	3	1
Level IV	15	15	NA	NA
Number of Initial Designations	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>
Level I	0	0	0	0
Level II	0	2	0	0
Level III	0	1	0	0
Level IV	1	1	NA	NA
Number of Re-Designations	<b>28</b>	<b>33</b>	<b>27</b>	<b>48</b>
Level I	2	6	6	4
Level II	2	8	18	40
Level III	4	6	7	4
Level IV	20	13	NA	NA
<i>(Initial and Re-Designations Awarded by the Commissioner in the Quarter)</i>				



# Designation Data 2021 4<sup>th</sup> Quarter

2021 - 2022	TRAUMA (Q4)	TRAUMA (Q1)
<b>Number of Facilities In Active Pursuit</b>	<b>12</b>	<b>14</b>
Level I	0	0
Level II	0	0
Level III	3	2
Level IV	9	9
<b>New IAP Recognitions</b>	<b>1</b>	<b>3</b>
<b>Number of Facilities with Contingencies</b>	<b>1 (Level II)</b>	<b>1 (Level III)</b>

## 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



# EMS/Trauma Systems Funding

Indra Hernandez, Trauma Systems Specialist



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# EMS/Trauma Systems Funding

## Strategy B.2.1 – EMS and Trauma Care

Develops, implements, and evaluates EMS/Trauma Systems, 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.

## 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 ~ Designating four types of health care facilities (Trauma, Stroke, Neonatal Care, Maternal).

## Appropriation: FY 22 – 123.6M / FY 23 – 123.6M

0001 – General Revenue: FY 22 - \$3.3M / FY 23 - \$3.3M

0512 – Bureau of Emergency Management Account: FY 22 - \$2.6M / FY 23 - \$2.6M

5007 – Commission on State Emer Comm Account: FY 22 – \$1.8M / FY 23 – \$1.8M

5108 – EMS, Trauma Facilities/Care System: FY 22 – \$3.5M / FY 23 – \$3.5M

5111 – Trauma Facility and EMS Account: FY 22 – \$112.8M / FY 23 – \$112.8M

0325 – COVID Relief Fund: FY 22/23 - \$21.7M (SB 8, 87<sup>th</sup> TX Leg., 3<sup>rd</sup> Special Session)



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# Extraordinary Emergency Funds (EEFs):

- FY22: \$1M was made available on 9/1/2021
  - 18 Applications received to date
    - 8 Awarded
    - Total: \$810,865.60
  - Funds available: \$189,134.40
- Requested items:
  - New ambulance/ ambulance remounts
  - Ambulance repairs (financial assistance)
  - Equipment
    - Ventilators
    - Cardiac Monitors

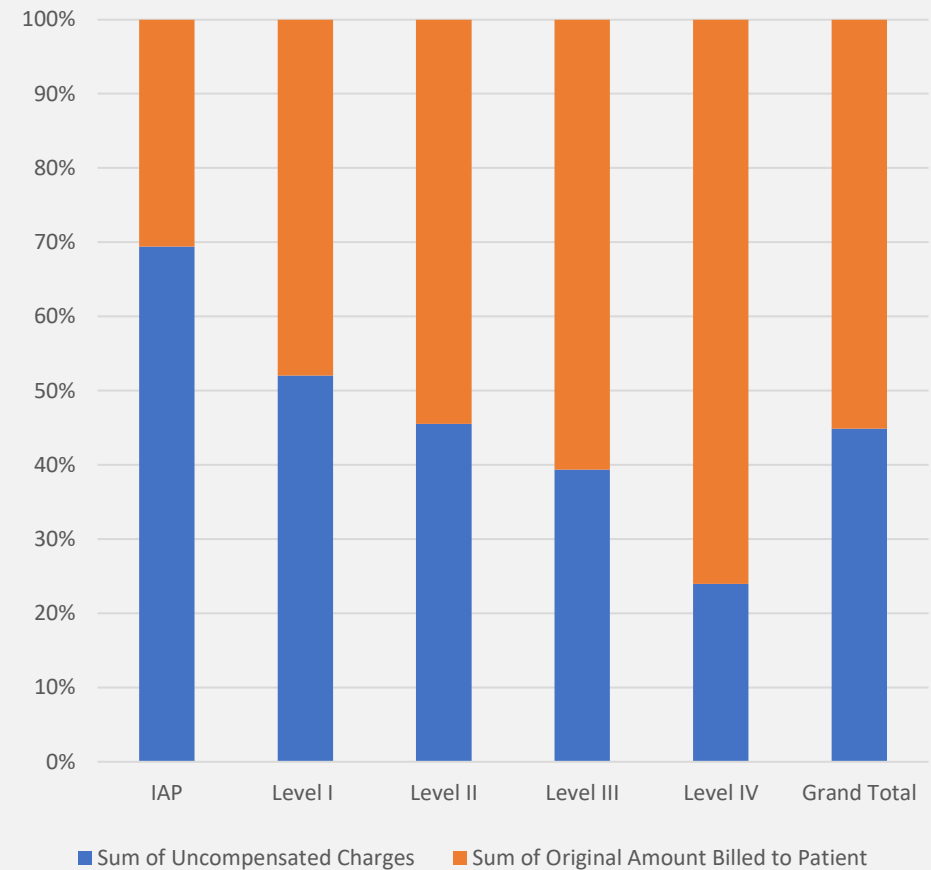


# Hospital Allocation Updates

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

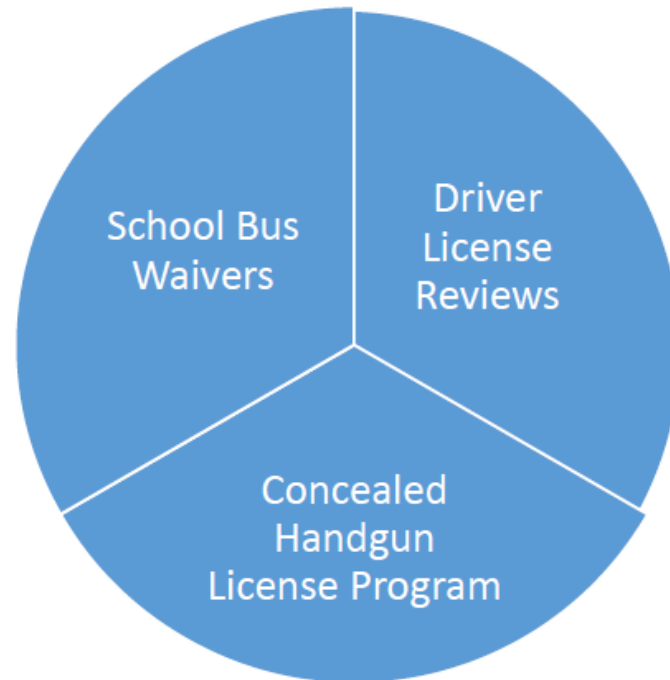
Designation Level	Facilities Submitting UCC Apps	Currently Designated	% UCC submission
IAP	12	18	67%
Level I	20	20	100%
Level II	23	23	100%
Level III	53	61	87%
Level IV	175	193	91%
<b>Grand Total</b>	<b>283</b>	<b>315</b>	<b>90%</b>

UCC Charges Overview





# What is the MAB?



- Physicians advisory board appointed by DSHS Commissioner (per statute):
  - (1) persons licensed to practice medicine in this state, 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
  - (2) persons licensed to practice optometry in this state 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 a handgun
- As requested by Department of Public Safety



# MAB Administrative Support

- Referral Process:
  - Accident Investigations/Reports from Law Enforcement
  - Physician/Healthcare provider referrals
  - Driver License/LTC Renewals
- The MAB convenes remotely and holds weekly meetings
  - 3 physicians per panel
  - 10 cases per review panel
  - Bi-annual Open Meetings to discuss MAB guidelines and operations

Medical Referral Classification	Total Percentage of Cases Referred
Neurological disorders	32%
Blackout	14%
Drug Use/Abuse	10%
Psychiatric disorders	10%
Alcohol Use/Abuse	9%
General/Medical Debilities	7%
Metabolic (Diabetic) Diseases	7%
Cardiovascular Diseases	6%
Vision/Eye Defects	4%
Musculoskeletal Defects	<1%



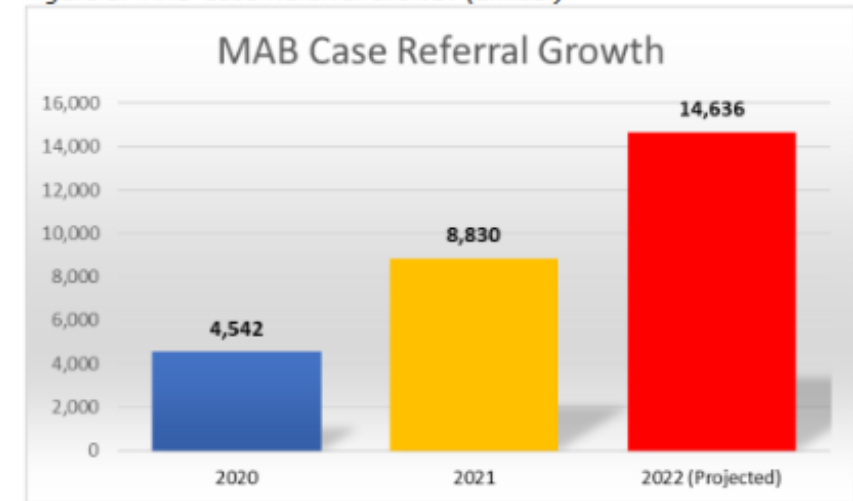
# Impacts and Challenges

## Increased Utilization of MAB

- Growth of Texas
- Possible increases in prevalence of medical/psychiatric condition(s) that could affect driving and judgement
- Developing and updating protocols for the MAB Guide for Determining Driver Limitation

## MAB Case Referrals (2020 – 2022)

Figure 2: MAB Case Referral Growth (annual)



# Closing Remarks

MAB Home Page:

<https://www.dshs.texas.gov/medical-advisory-board/>

Contact information:

Email: [dshsmab@dshs.texas.gov](mailto:dshsmab@dshs.texas.gov)

Phone: (512) 834 – 6738/(512) 834 – 6739



**Questions for  
EMS Trauma Systems?**

**Thank You**

# DSHS Texas EMS and Trauma Registry Update

Jia Benno, MPH, Manager  
Office of Injury Prevention



# Texas Trauma Center Levels and Trauma Incidents by Age 2020 Data

Jia Benno, MPH, Manager  
Office of Injury Prevention Manager  
Date: 05/26/2022

# Introduction

- Per Texas Administrative Code, Title 25, Chapter 103, hospitals must report spinal cord injuries, traumatic brain injuries, and other traumatic injuries.
- The DSHS Emergency Medical Services/Trauma Registries (EMS/TR) is a passive surveillance system and only uses records submitted to the Registries.
- Patients transferred between hospitals will have more than one record as each hospital must independently report to EMS/TR.
- EMS/TR presents the 2020 hospital traumatic injury report data.



# Methodology Notes

- EMS/TR received a total of **137,826** unique patient records.
- Per best practice, data is suppressed when there are less than five records to safeguard potentially identifiable data.

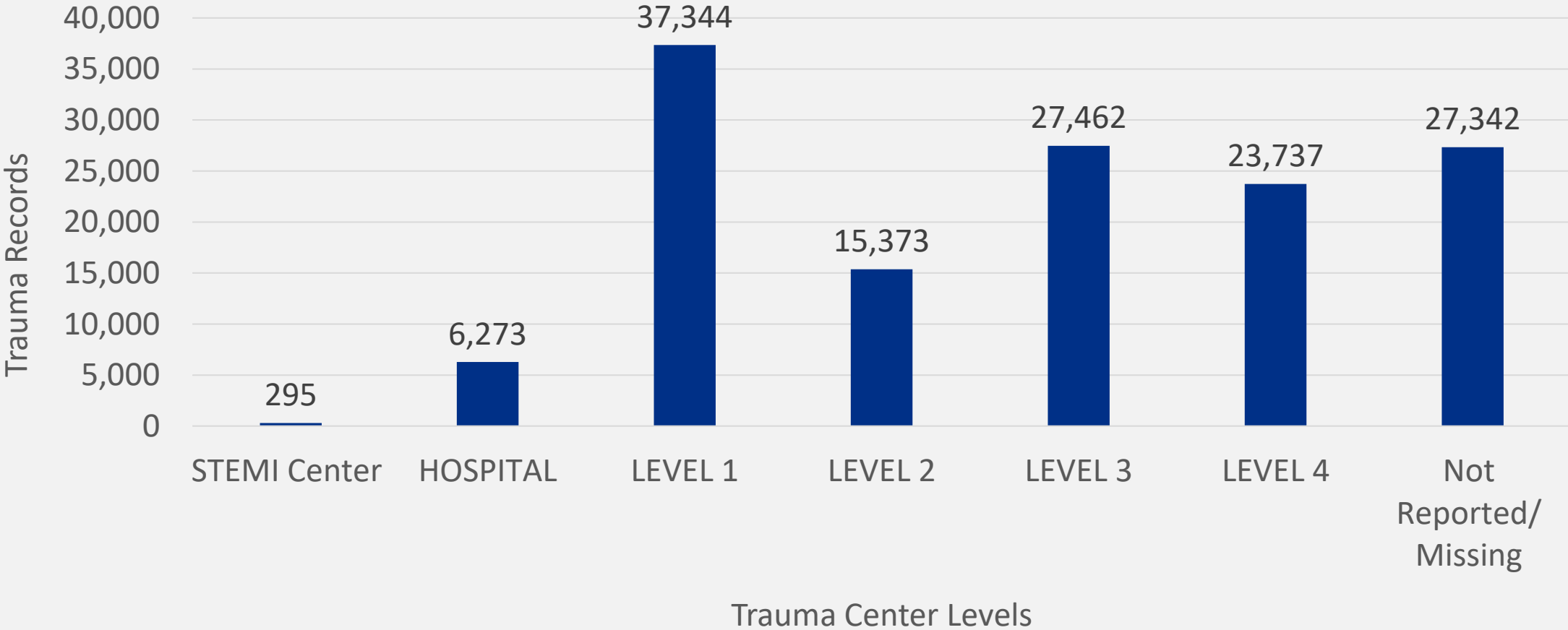
# Definitions

- Level I Trauma – Manage major and severe trauma patients, provide ongoing educational opportunities in trauma related topics for health care professionals and the public, implement targeted injury prevention programs, and conduct trauma research.
- Level II Trauma – Provide similar services to the Level I trauma facility although research and some medical specialty areas are not required for Level II facilities, provide ongoing educational opportunities in trauma related topics for health care professionals and the public, and implement targeted injury prevention programs.
- Level III Trauma – Provide resuscitation, stabilization, and assessment of injury victims and either provide treatment or arrange for appropriate transfer to a higher-level trauma facility, provide ongoing educational opportunities in trauma related topics for health care professionals and the public, and implement targeted injury prevention programs.

# Definitions continued

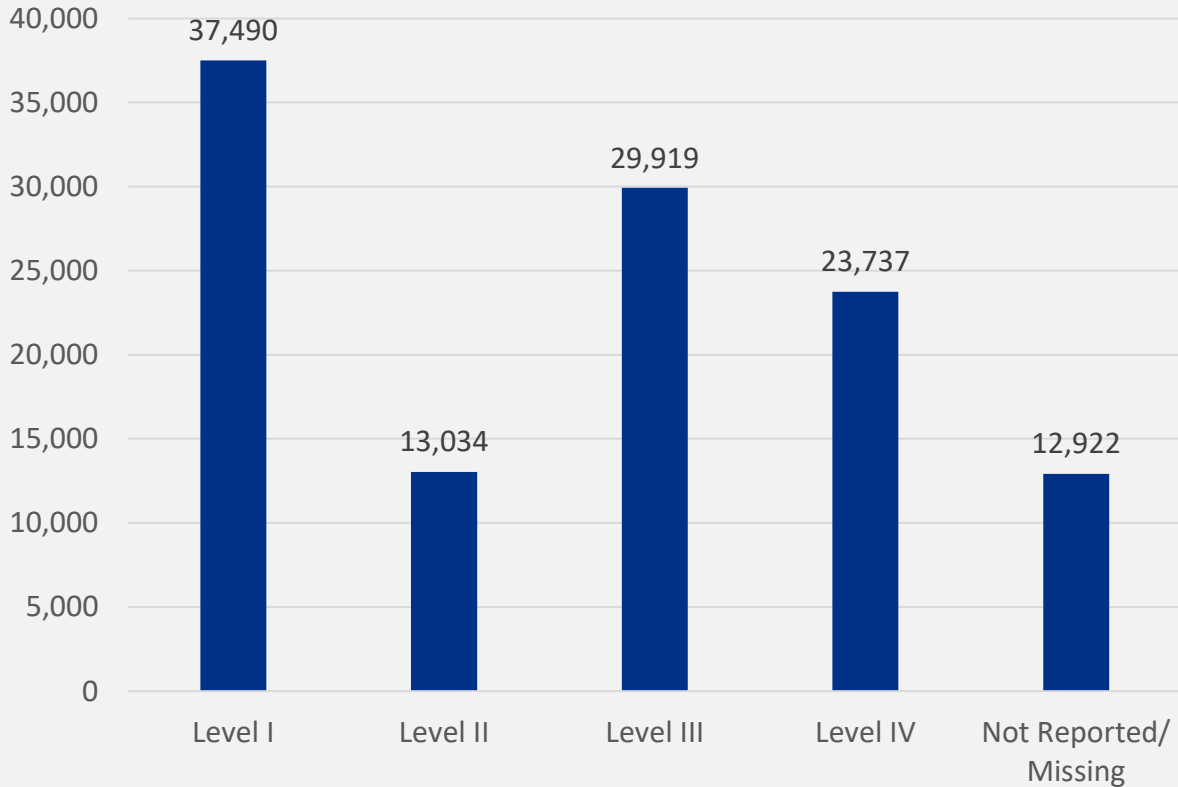
- Level IV Trauma – Provide resuscitation, stabilization, and arrange for appropriate transfer of major and severe patients to a higher-level trauma facility, provide ongoing educational opportunities in trauma related topics for health care professionals and the public, and implement targeted injury prevention programs.
- STEMI Center – Serve as a severe heart attack (or STEMI) hospital with expertise, equipment, facilities, and other resources to administer percutaneous coronary intervention (PCI), according to the American Heart Association.
- Hospital – Provide services, facilities, and beds for use for more than 24 hours for two or more unrelated individuals. Hospitals include facilities that have not yet gone through the designation process or do not plan to go through the designation process.
- Not Reported/ Missing - Trauma Designation Level is not a mandatory field in the EMS/TR registry. Therefore, some hospitals choose not to fill it in.

# Trauma Incidents by Trauma Center Levels, 2020

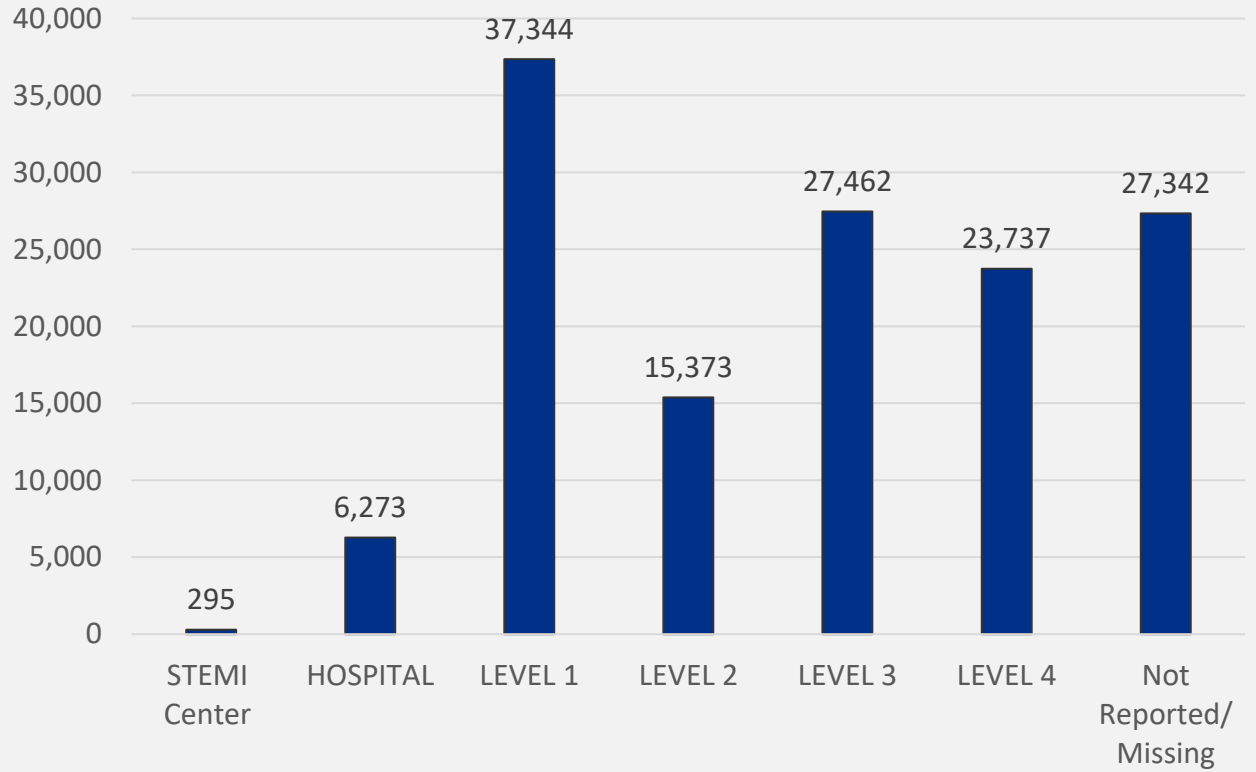


# Trauma Incidents by Trauma Center Level Compare 2011 and 2020

2011 - Trauma Incident by Trauma Center Level



2020 - Trauma Incidents by Trauma Center Level



# Texas Trauma Incidents by Age, 2020

Texas Trauma Incidents by Age				
N=137,826				
Age	Incidents	Percent	Deaths	Fatality Rate
< 1 year	1,644	1.2	27	1.6
1-4	4,507	3.3	48	1.1
5-9	4,725	3.4	35	0.7
10-14	4,511	3.3	49	1.1
15-19	6,690	4.8	205	3.1
20-24	7,838	5.7	274	3.5
25-34	14,927	10.8	478	3.2
35-44	12,589	9.1	363	2.9
45-54	12,014	8.7	364	3.0
55-64	15,489	11.2	449	2.9
65-74	17,693	12.8	481	2.7
75-84	19,218	13.9	585	3.0
≥85	15,962	11.6	489	3.1
Total	137,826	100.0	3853	2.8

# Fatal Trauma Incidents by Age, Compare 2011 & 2020

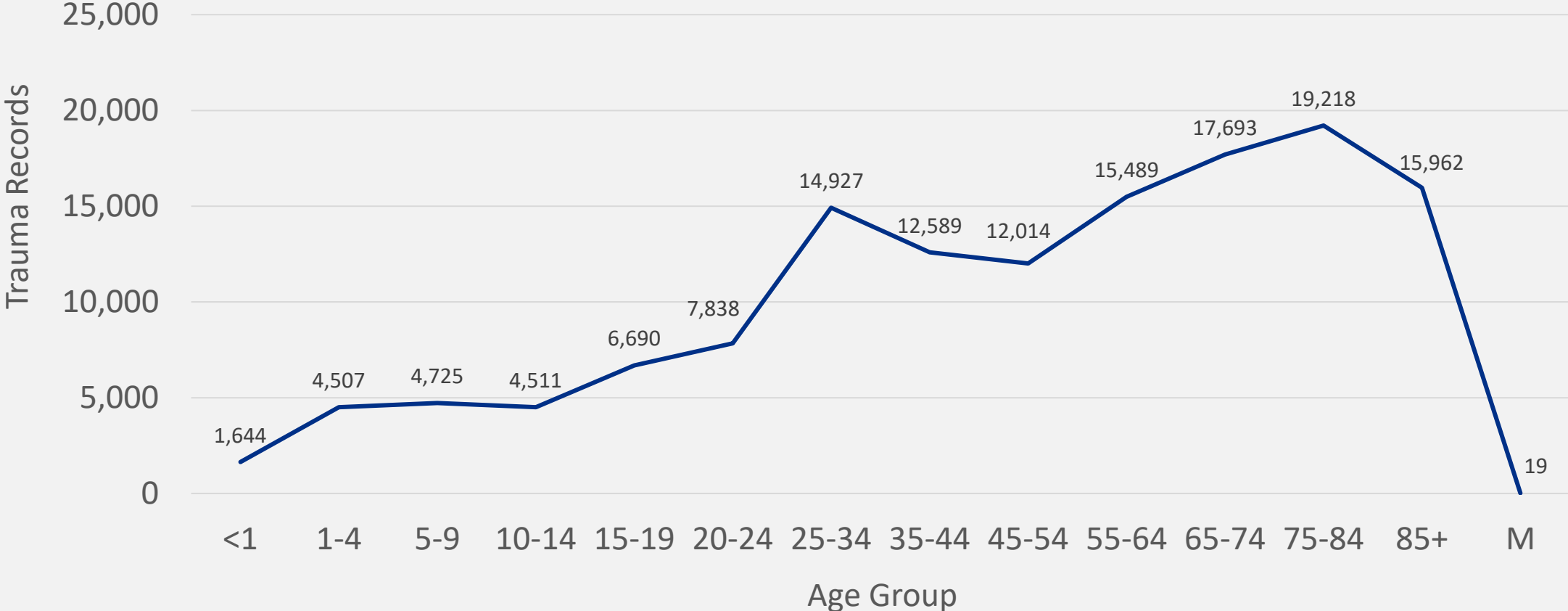
2011 Trauma Incidents by Age

Texas Trauma Incidents by Age				
N=117,122				
Age	Incidents	Percent	Deaths	Case Fatality Rate
< 1 year	1,686	1.4	32	1.9
1 - 4	5,636	4.8	81	1.4
5 - 9	5,092	4.3	29	0.6
10 - 14	4,883	4.2	44	0.9
15 - 19	7,239	6.2	188	2.6
20 - 24	8,959	7.7	249	2.8
25 - 34	14,099	12.0	433	3.1
35 - 44	11,436	9.8	321	2.8
45 - 54	12,653	10.8	352	2.8
55 - 64	11,335	9.7	385	3.4
65 - 74	9,970	8.5	306	3.1
75 - 84	12,895	11.0	423	3.3
≥ 85	11,222	9.6	431	3.8
Total	117,112	100.0	3,274	2.8

2020 Trauma Incidents by Age

Texas Trauma Incidents by Age				
N=137,826				
Age	Incidents	Percent	Deaths	Case Fatality Rate
< 1 year	1,644	1.2	27	1.6
1-4	4,507	3.3	48	1.1
5-9	4,725	3.4	35	0.7
10-14	4,511	3.3	49	1.1
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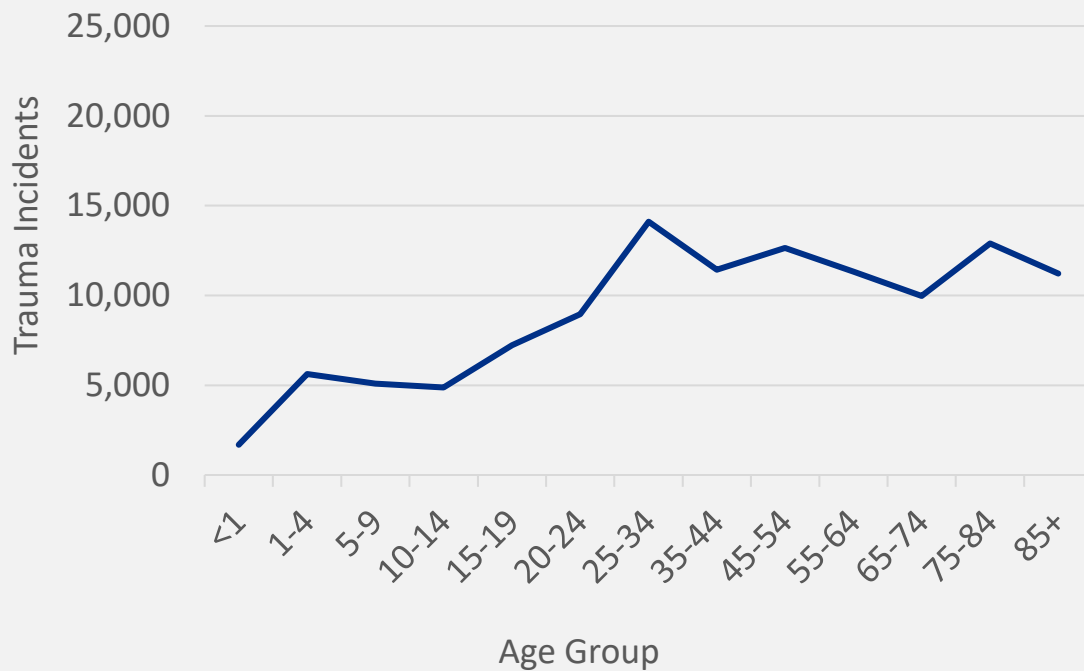
# Trauma Incidents by Age, 2020



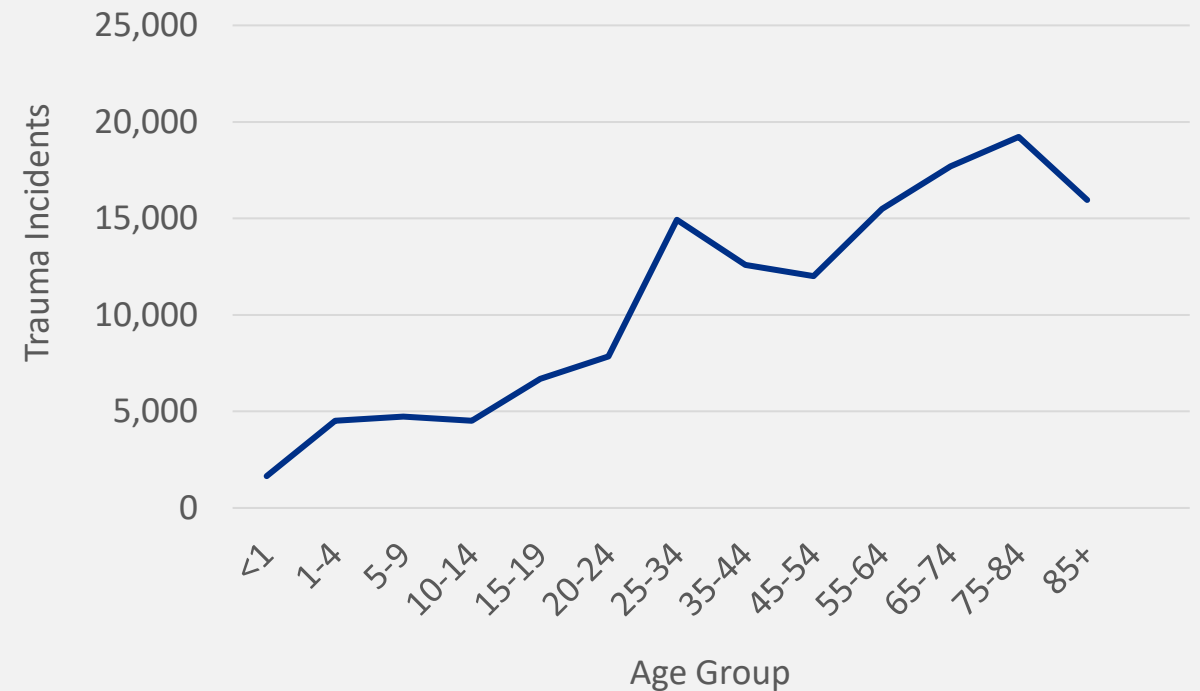


# Trauma Incidents by Age Compare 2011 and 2020

Trauma Incidents, TX, 2011



Trauma Incidents, TX, 2020



**Thank you!**

Texas Trauma Center Levels and  
Trauma Incidents by Age  
2020 Data

[Injury.epi@dshs.texas.gov](mailto:Injury.epi@dshs.texas.gov)

# Trauma Injury Severity Score and Length of Stay by Trauma Service Area (Texas 2020)

Prepared by the Office of Injury Prevention  
May 26, 2022

Jia Benno, MPH

Office of Injury Prevention Manager

# Introduction

- The data used are traumatic injuries reported by hospitals, which must report spinal cord injuries, traumatic brain injuries, and other traumatic injuries specified in Texas Administrative Code, Title 25, Chapter 103.
- This data report includes only records submitted into the registries through a passive surveillance system.
- Patients transferred between hospitals will result in more than one record in the registries since each hospital must independently submit a record to the registries.

# Methodology Notes

- Trauma variables were pulled and cleaned in June 2021.
- Total number of unique patient records received in the EMS/Trauma Registries = 137,826.
- Per epidemiology best practice, data is suppressed when there are less than 5 records to protect identifiable data.

# Trauma Variables

- Traumatic Service Area (TSA)
- Length of Stay (LOS)
- Injury Severity Score (ISS) Ranges used:
  - 0 (less severe);
  - 1-8;
  - 9-15;
  - 16-24; and
  - $\geq 25$ .



# Median and Average Length of Stay by Trauma Service Area

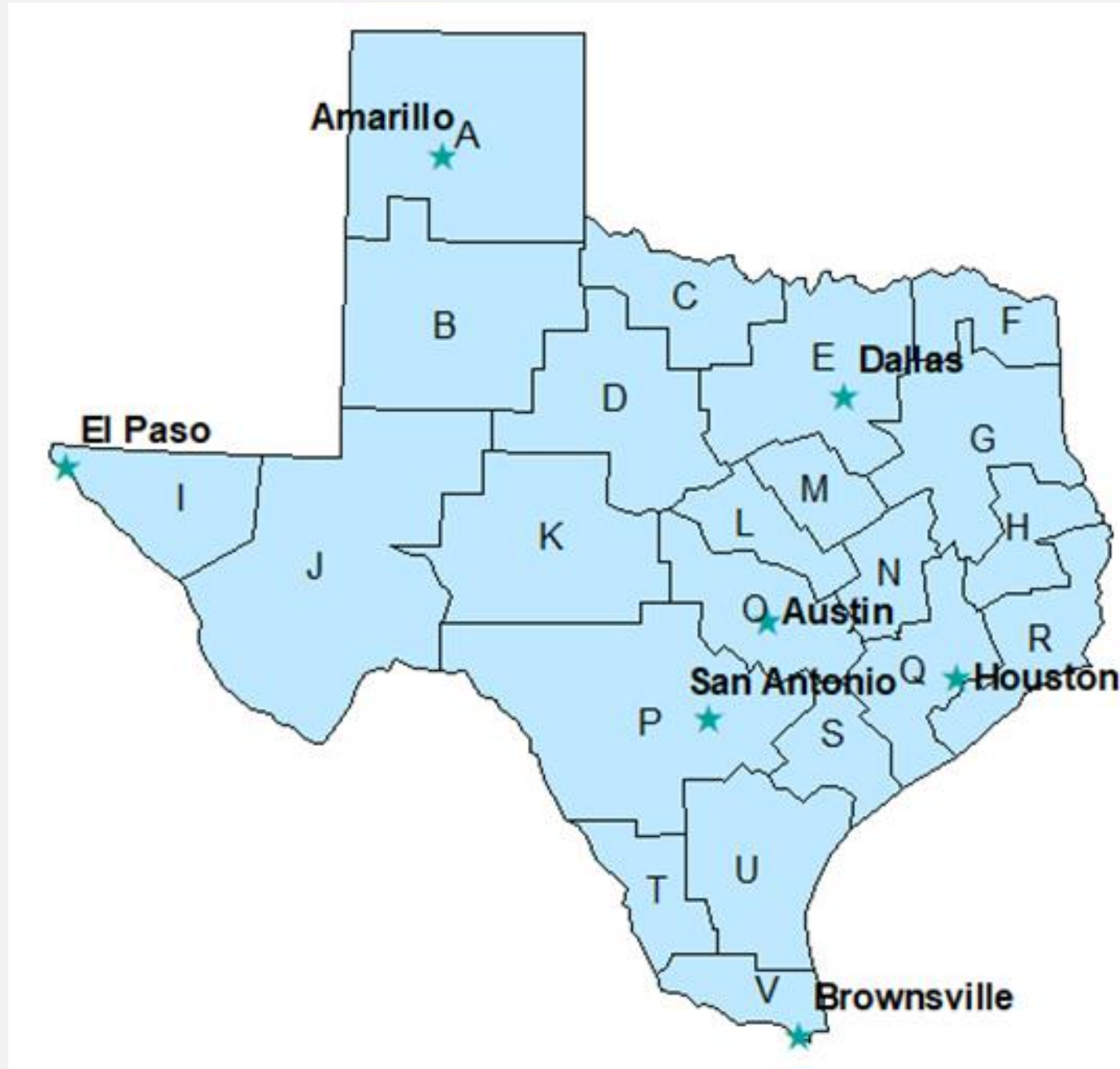


# Definitions

- Length of stay (LOS) is the duration of a single hospitalization episode. Inpatient days are calculated by subtracting day of admission from day of discharge.
- The median is the middle value when a data set is ordered from least to greatest.
- The mean / average of a data set is determined by adding all numbers in the data set and then dividing by the number of values in the set.

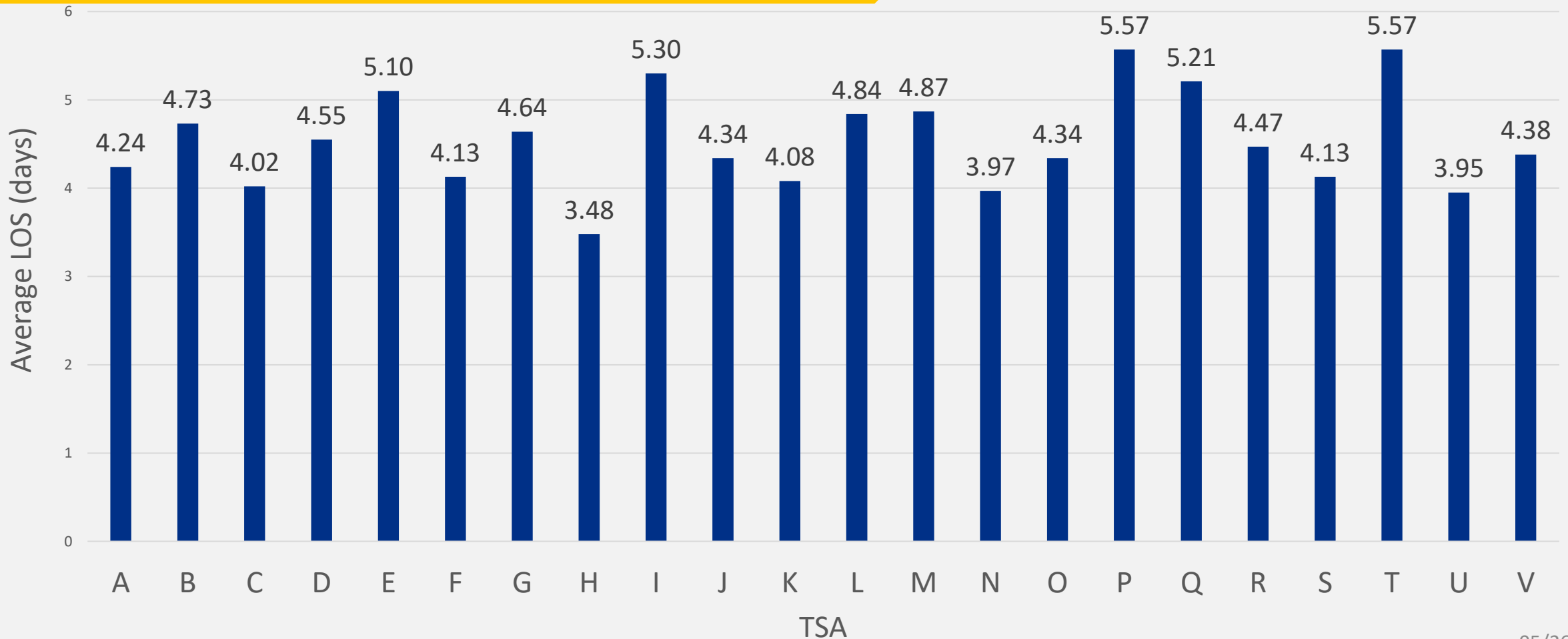


# Trauma Service Areas (TSA)



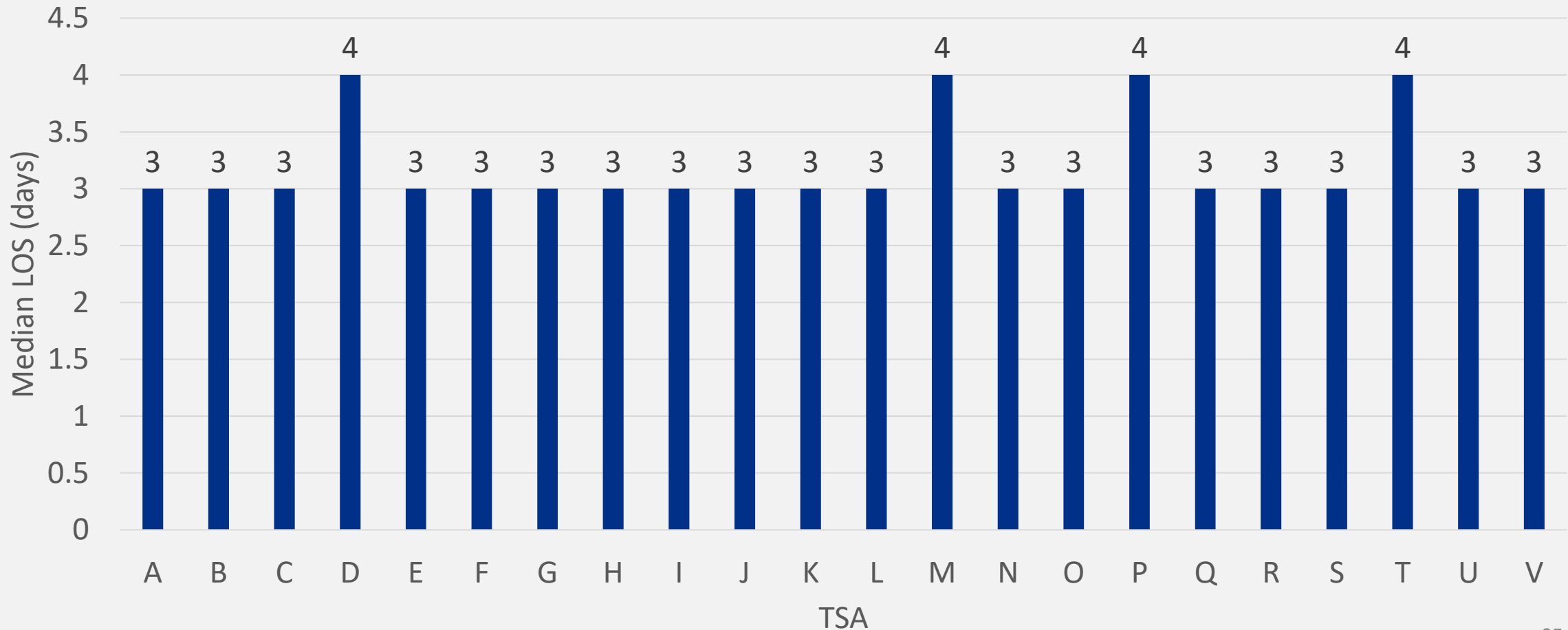
# 2020 – Mean / Average LOS by TSA

## N = 137,826



# 2020 - Median LOS by TSA

## N = 137,826



# Injury Severity Score by Trauma Service Area

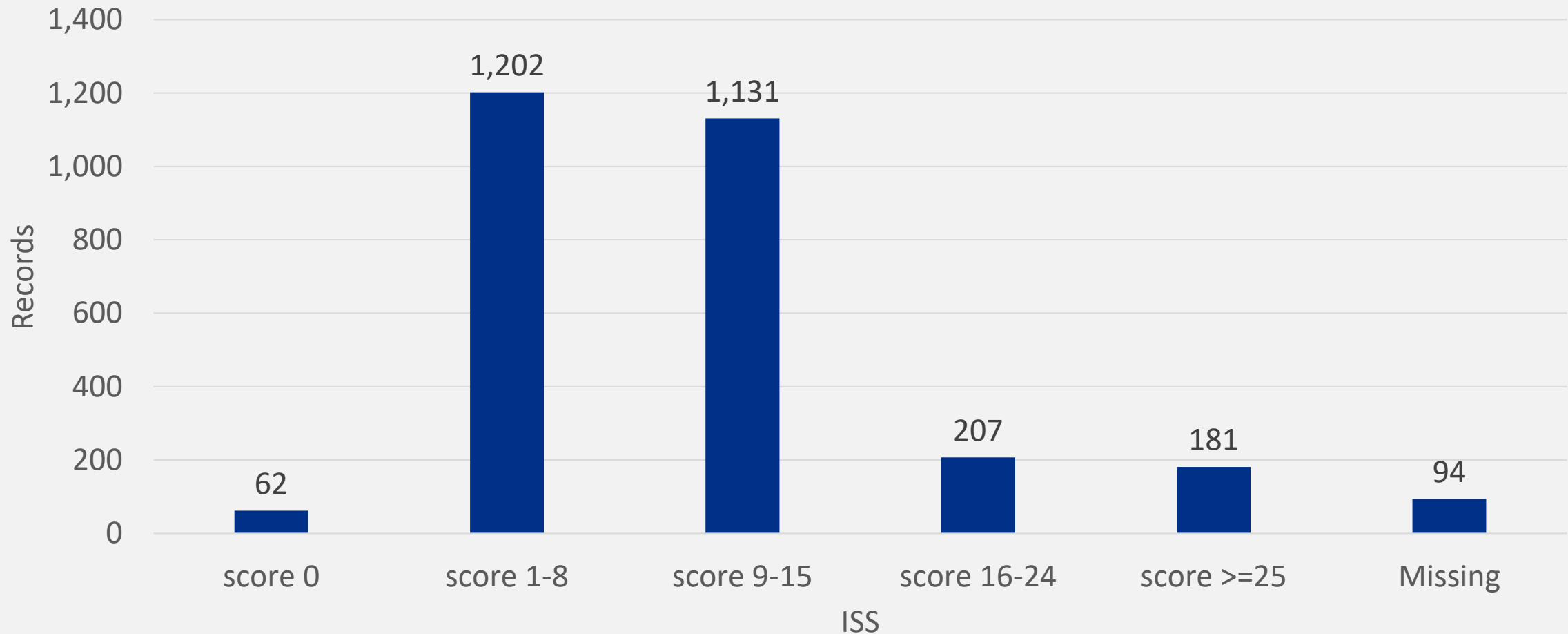


# Definition: Injury Severity Score

The Injury Severity Score (ISS) 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.

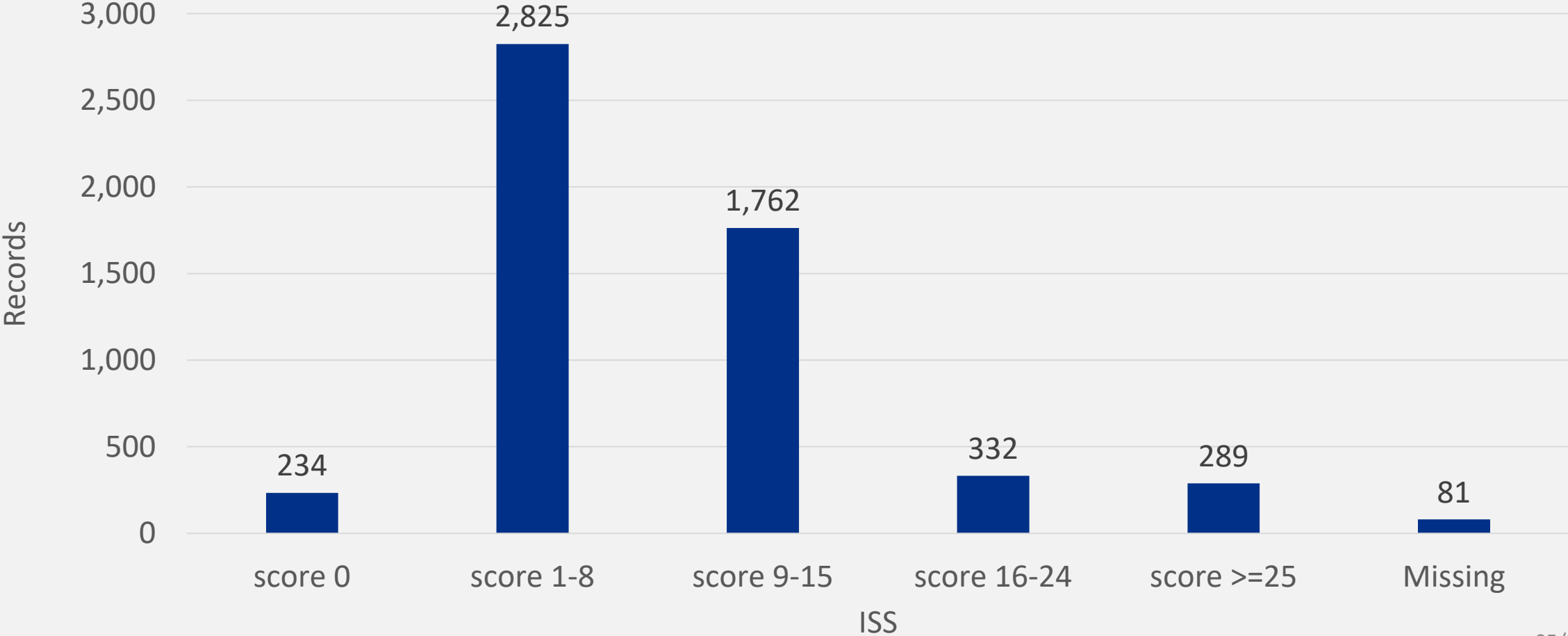
# 2020 - TSA A - ISS

## N = 2,877



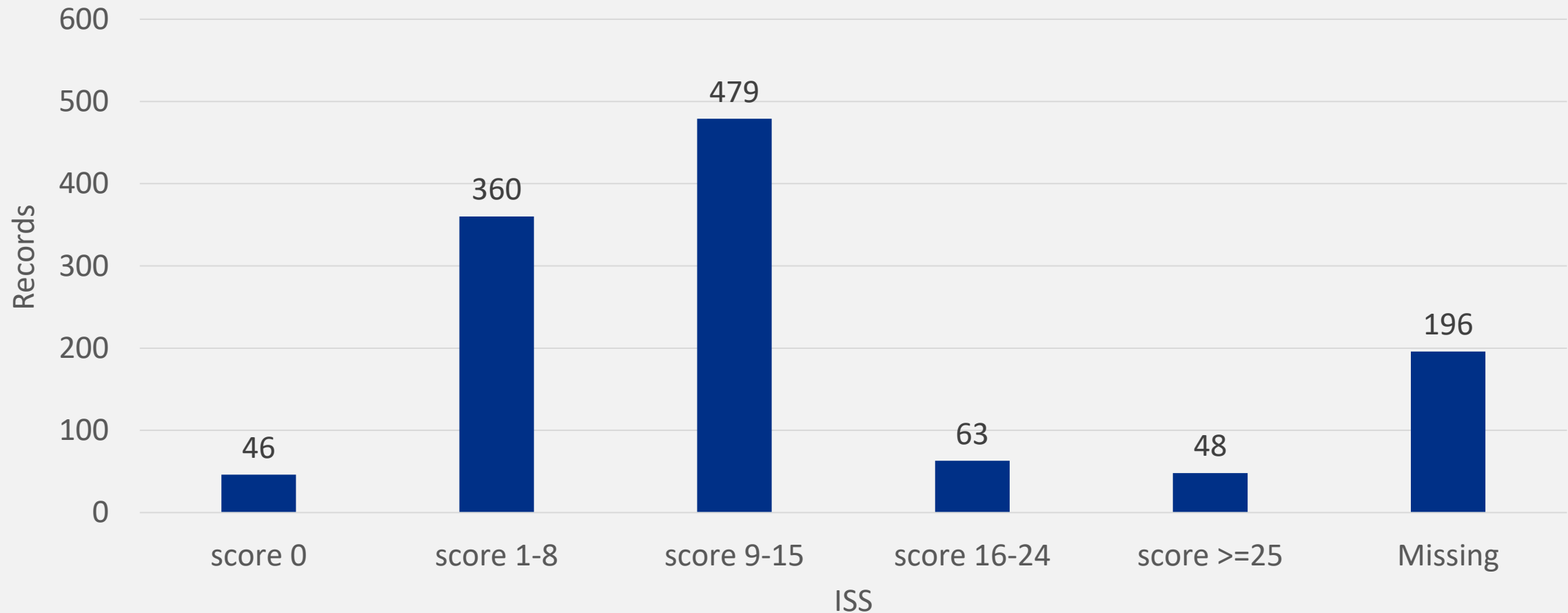
# 2020 - TSA B - ISS

## N = 5,523



# 2020 - TSA C – ISS

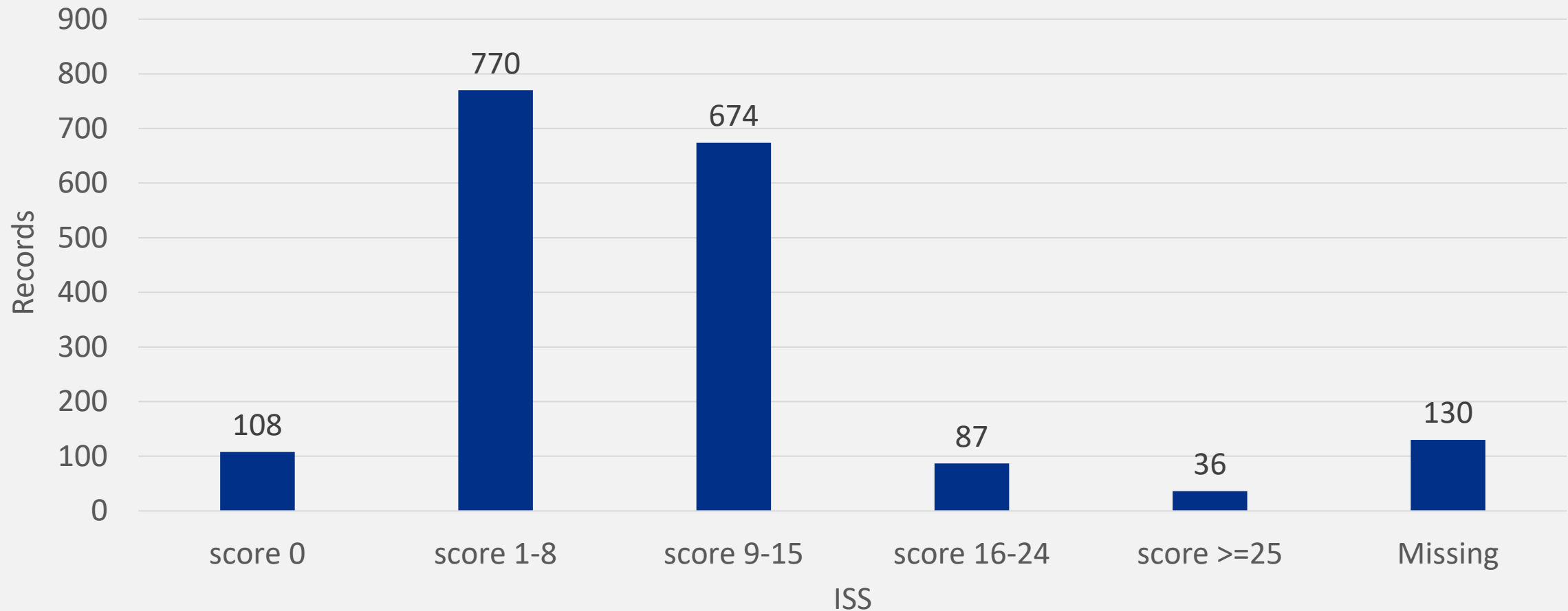
## N = 1,192





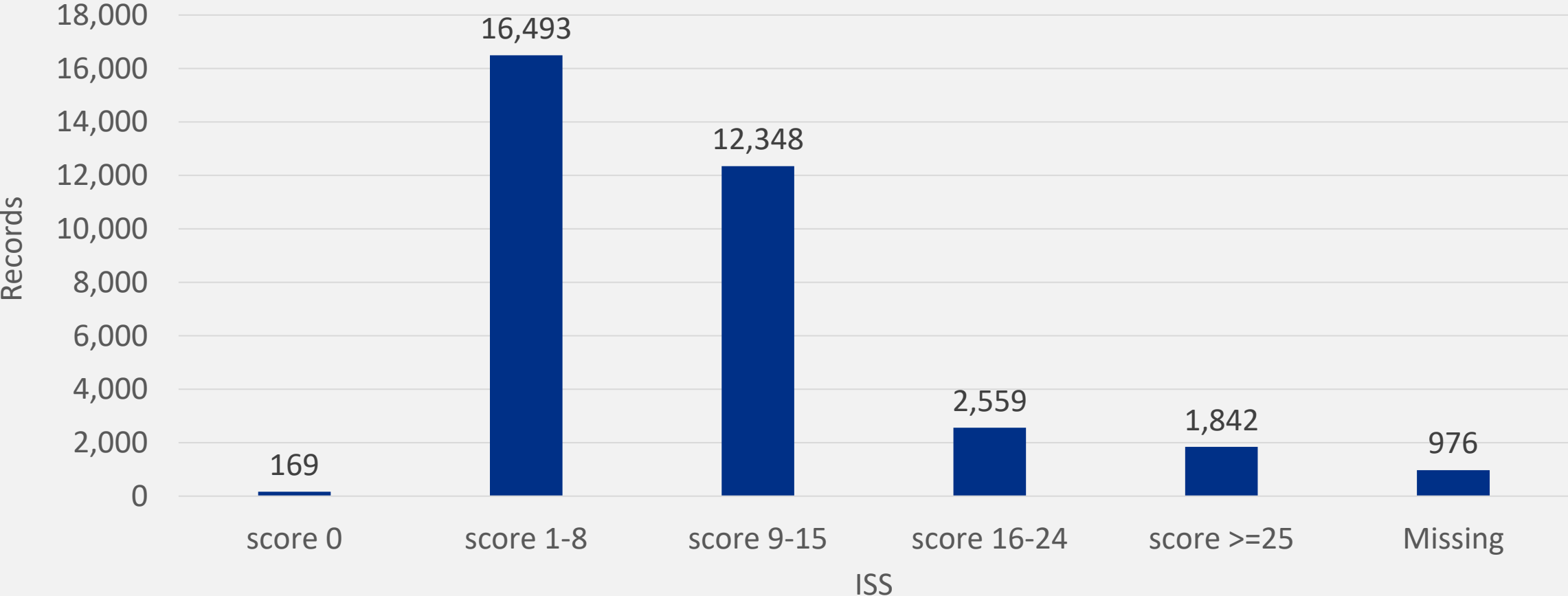
# 2020 - TSA D - ISS

## N = 1,805



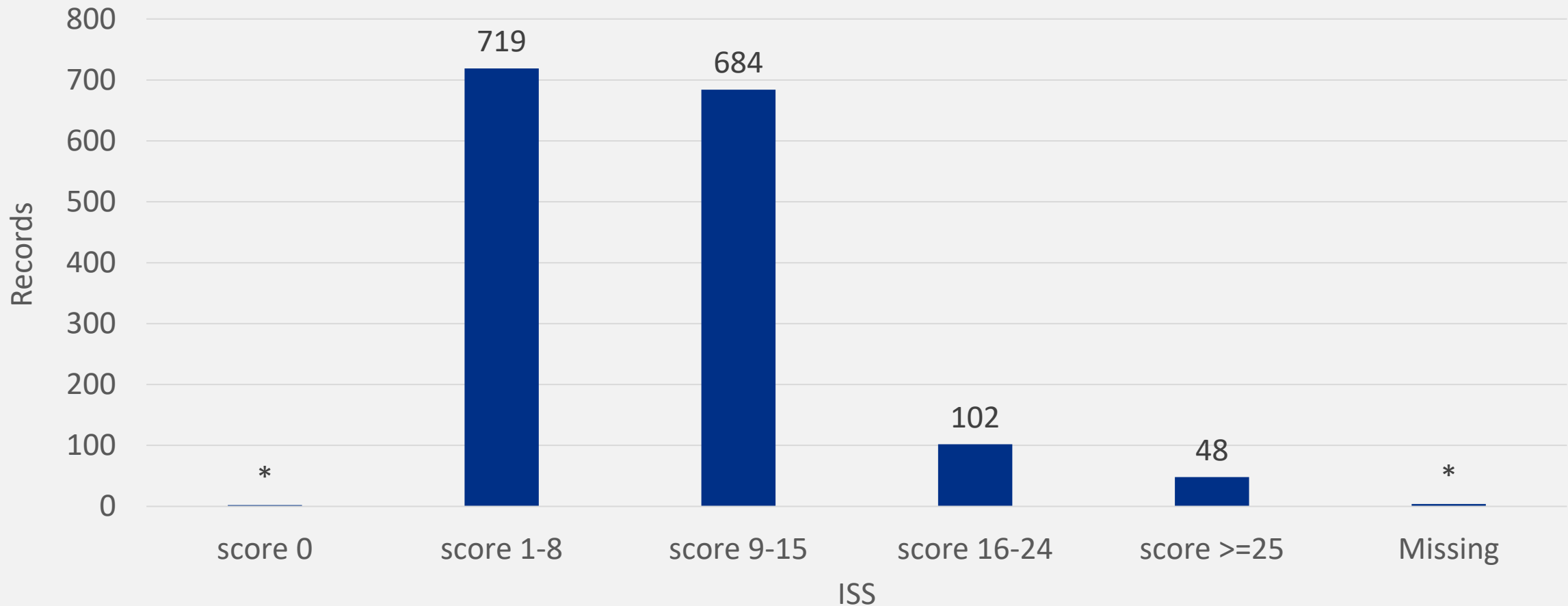
# 2020 - TSA E - ISS

## N = 34,387



# 2020 - TSA F - ISS

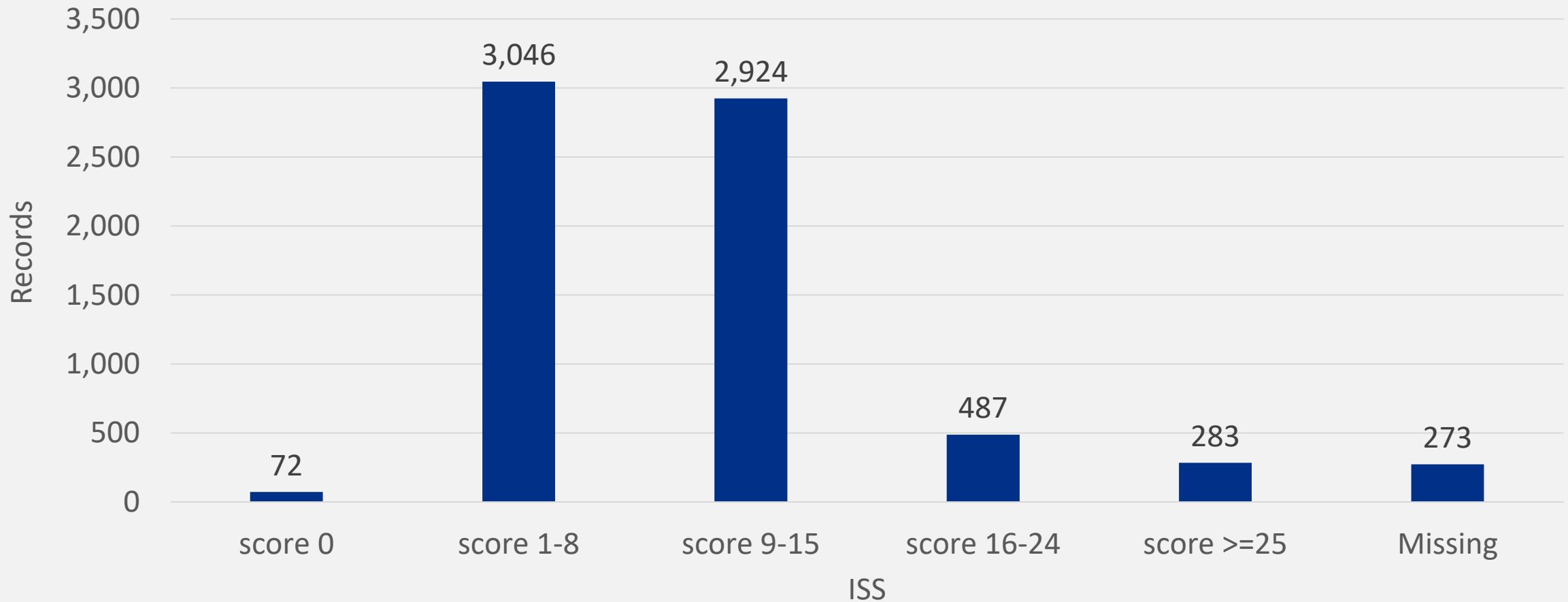
## N = 1,559



\* = less than 5 records so suppressed

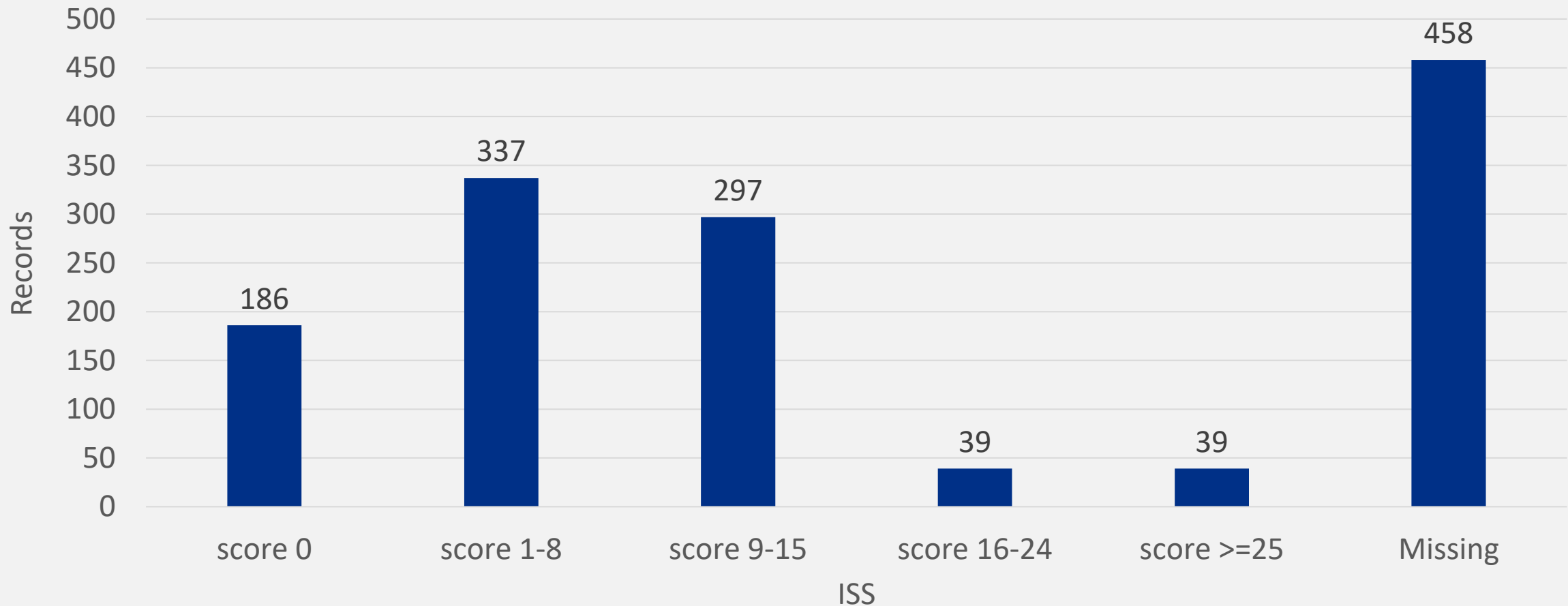
# 2020 - TSA G - ISS

## N = 7,085



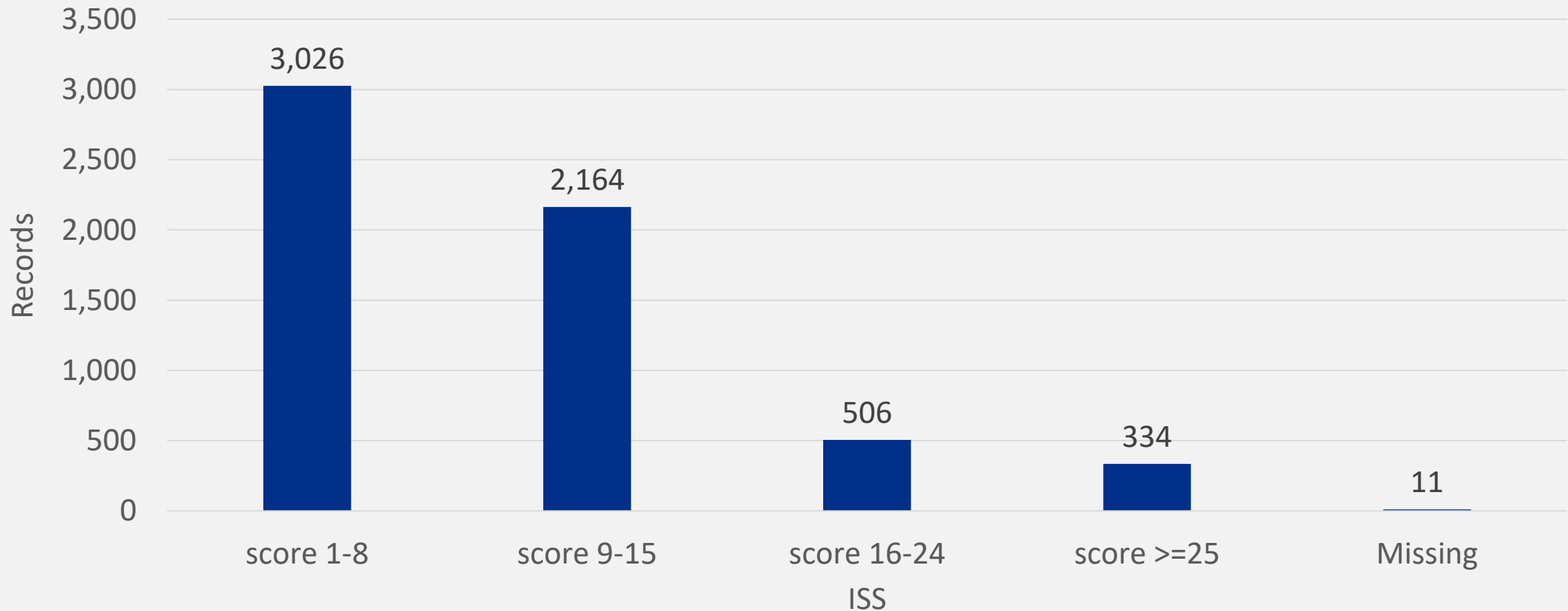
# 2020 - TSA H - ISS

## N = 1,356



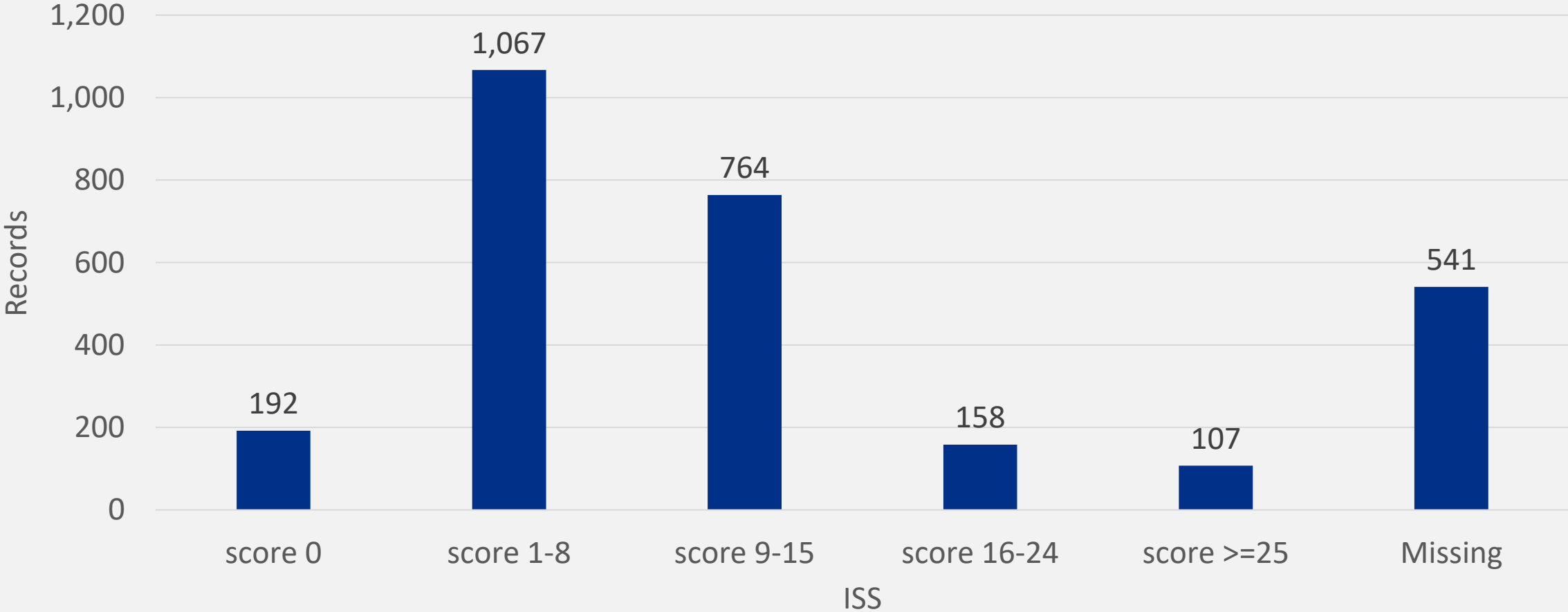
# 2020 - TSA I - ISS

## N = 6,041



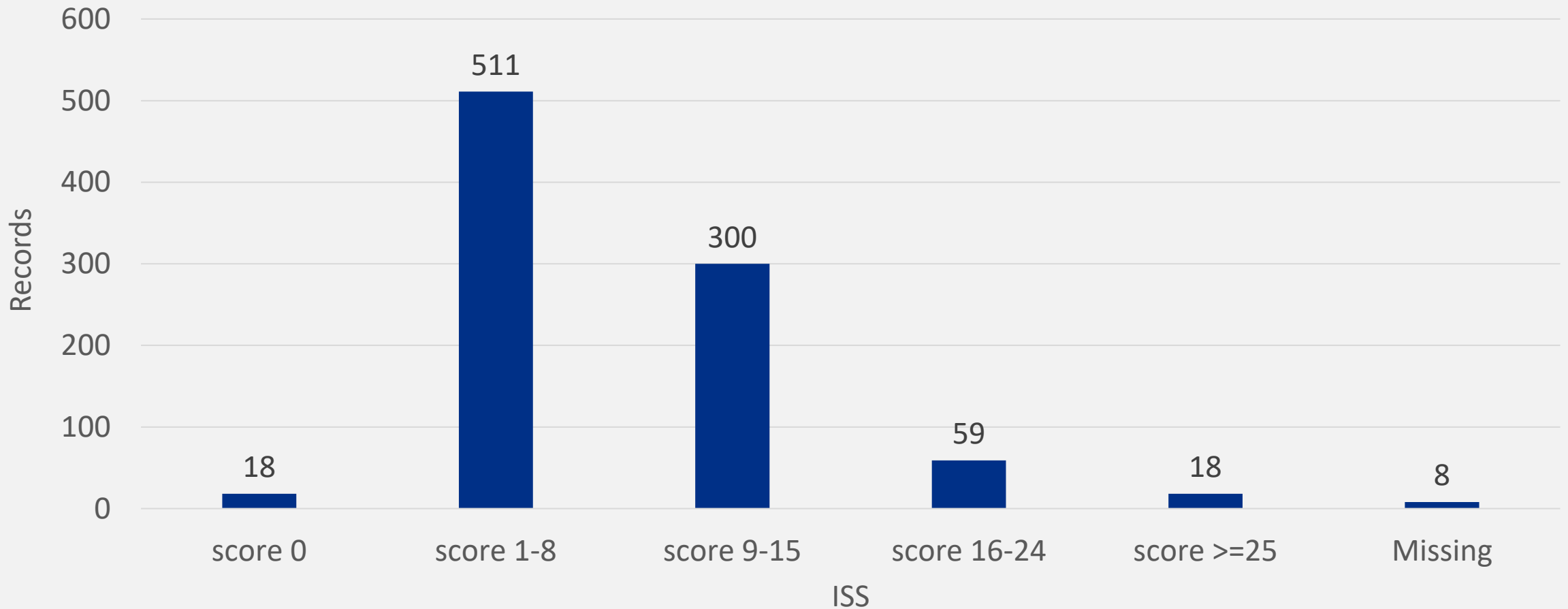
# 2020 - TSA J - ISS

## N = 2,829



# 2020 - TSA K - ISS

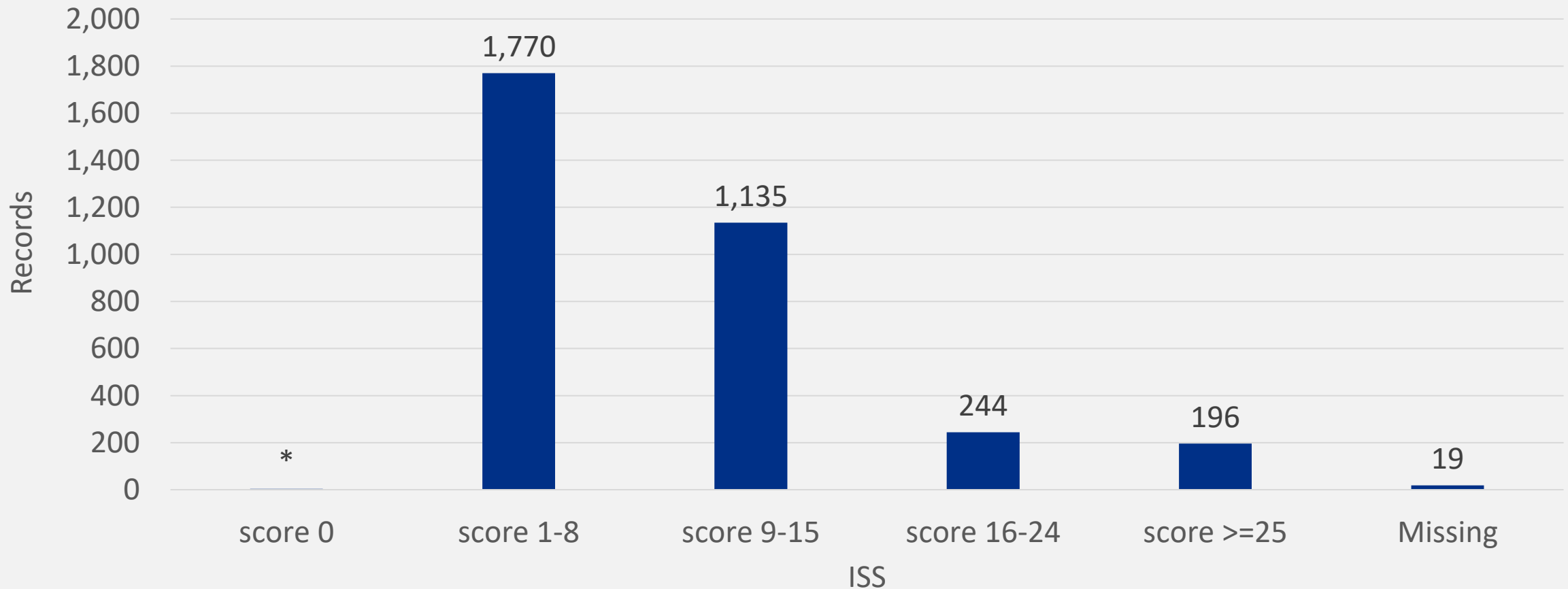
## N = 914





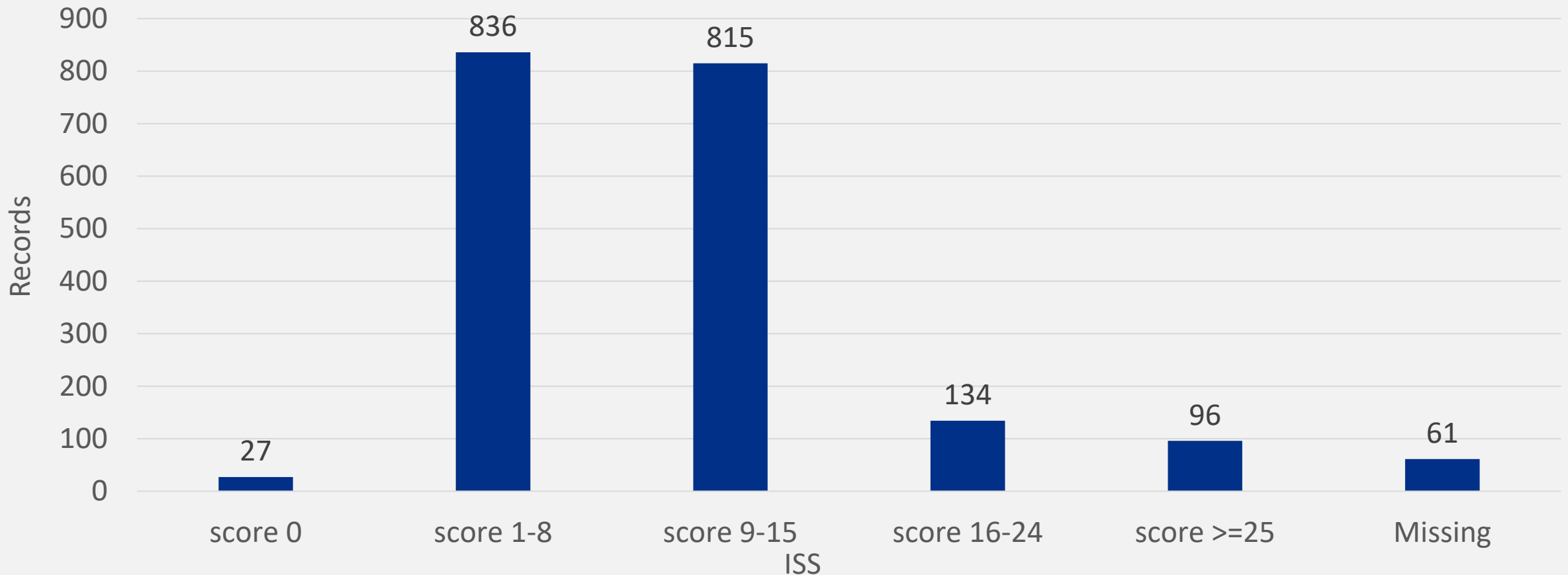
# 2020 - TSA L - ISS

## N = 3,368



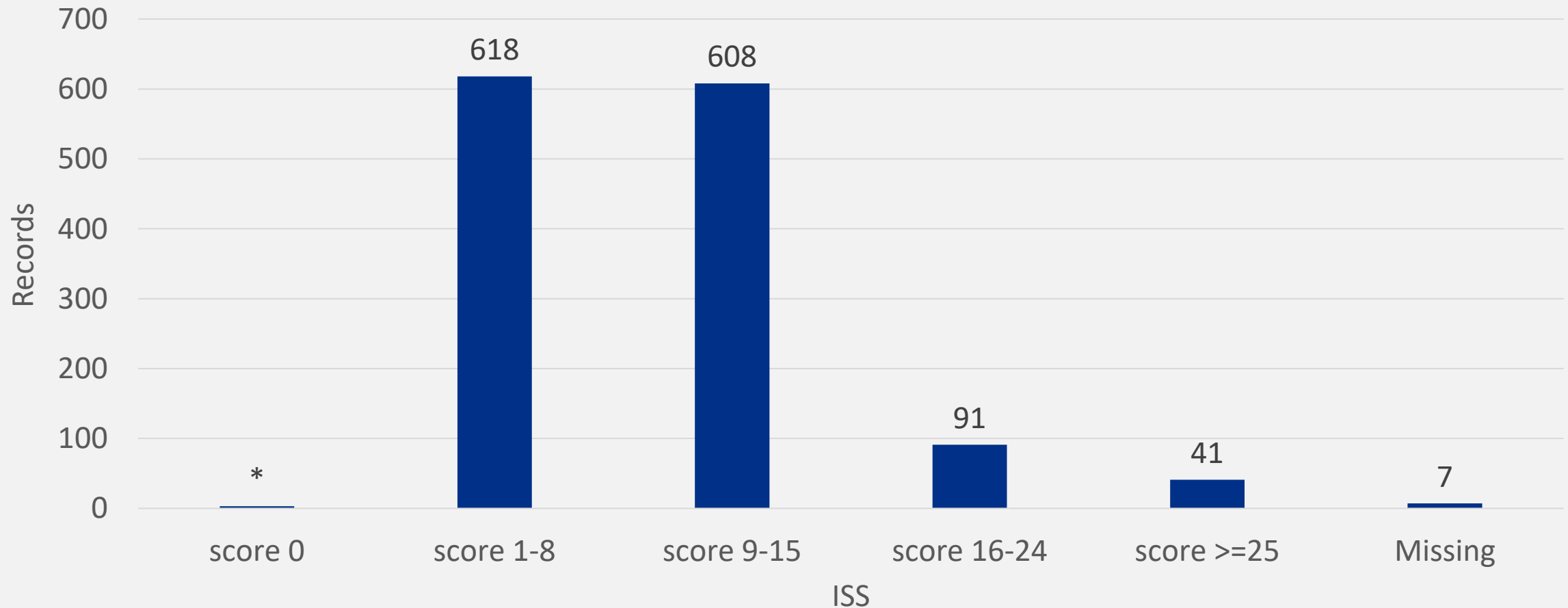
# 2020 - TSA M - ISS

## N = 1,969



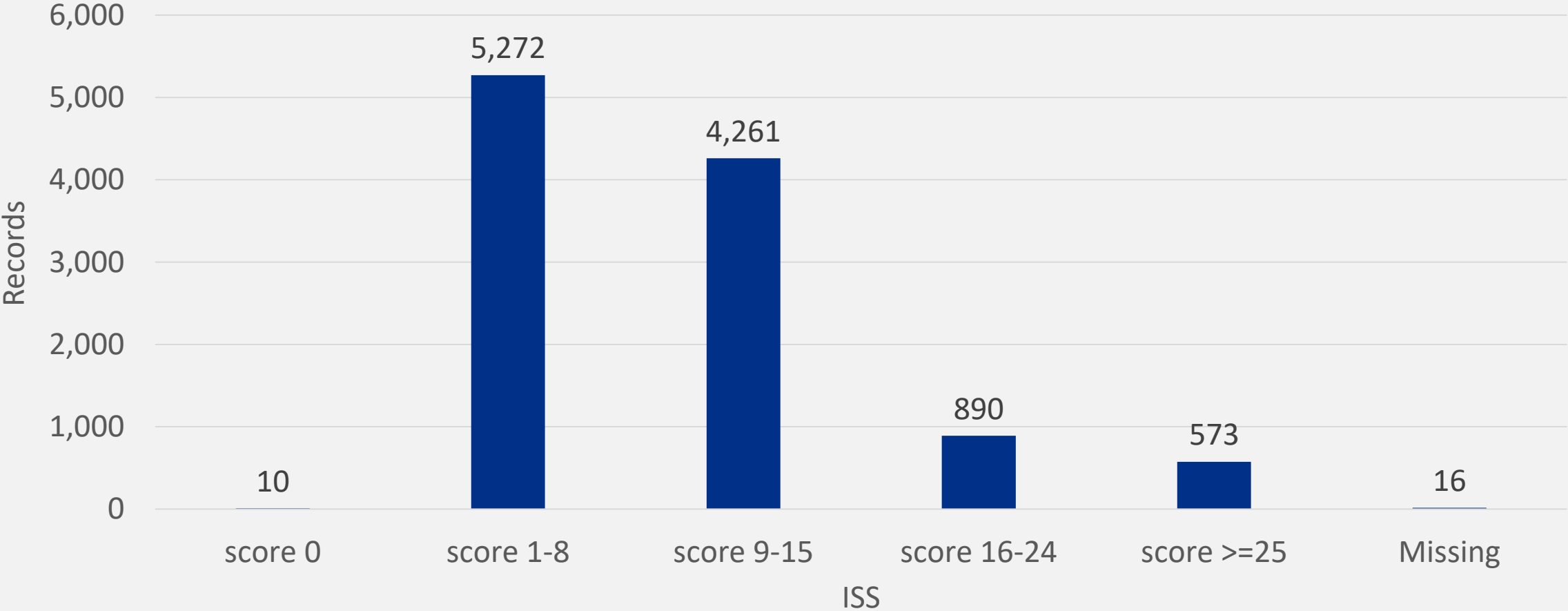
# 2020 - TSA N - ISS

## N = 1,368



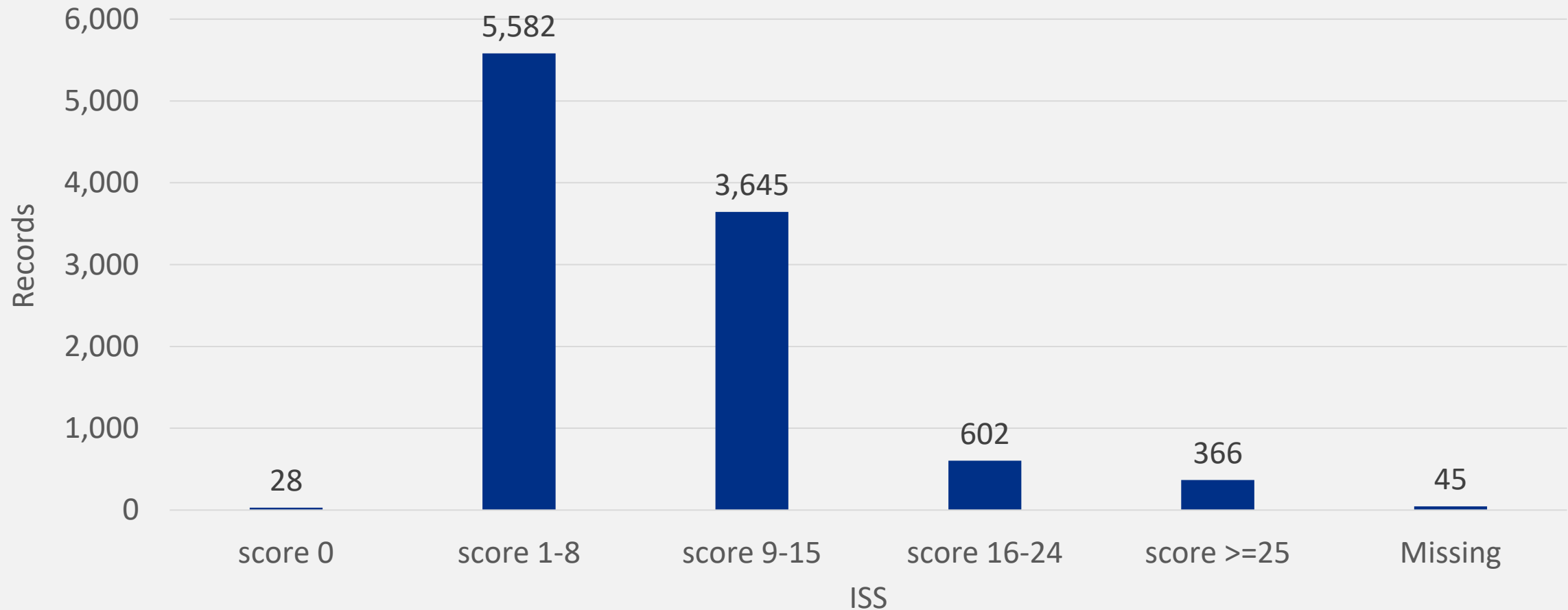
# 2020 - TSA O - ISS

## N = 11,022



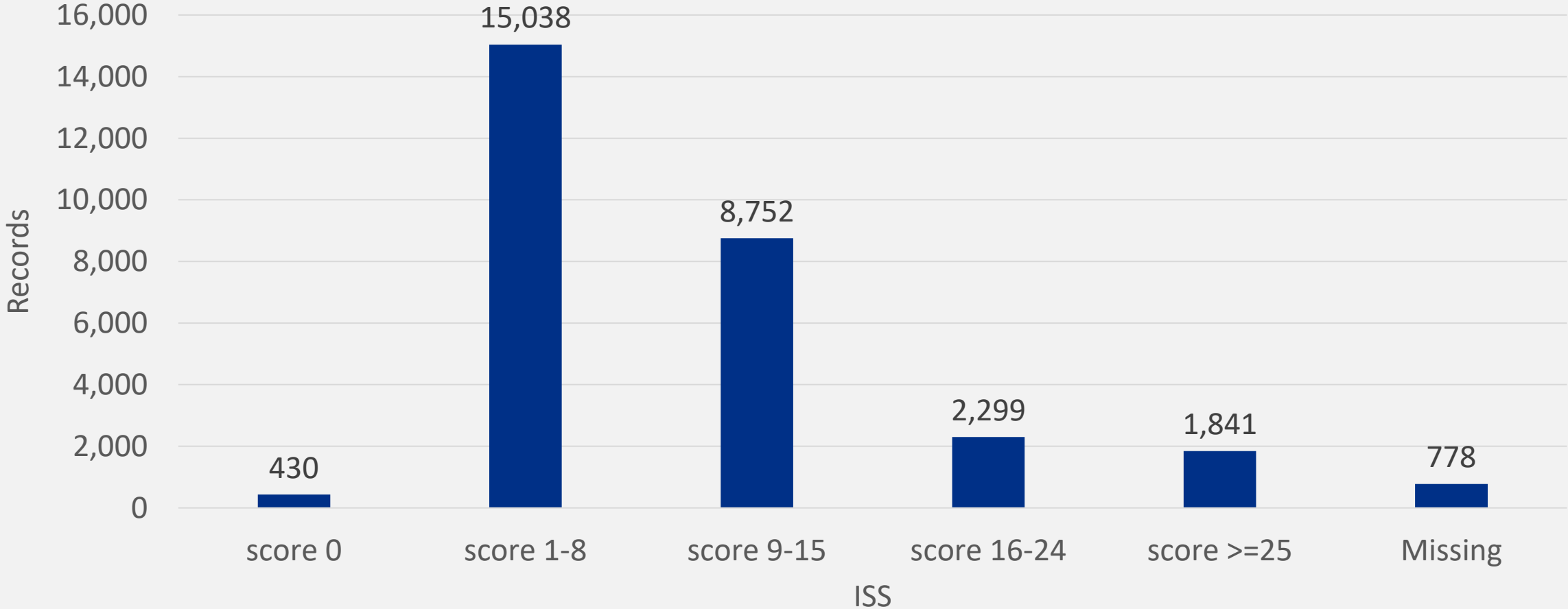
# 2020 - TSA P - ISS

## N = 10,268



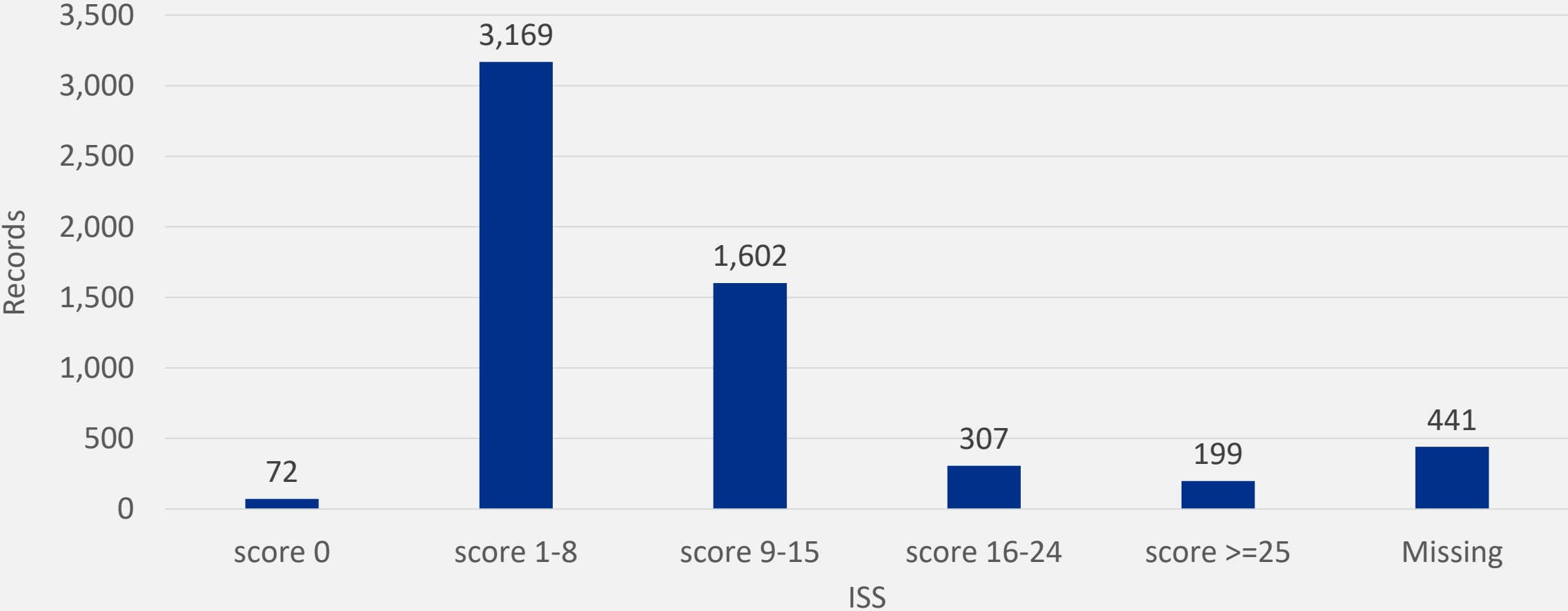
# 2020 - TSA Q - ISS

## N = 29,138



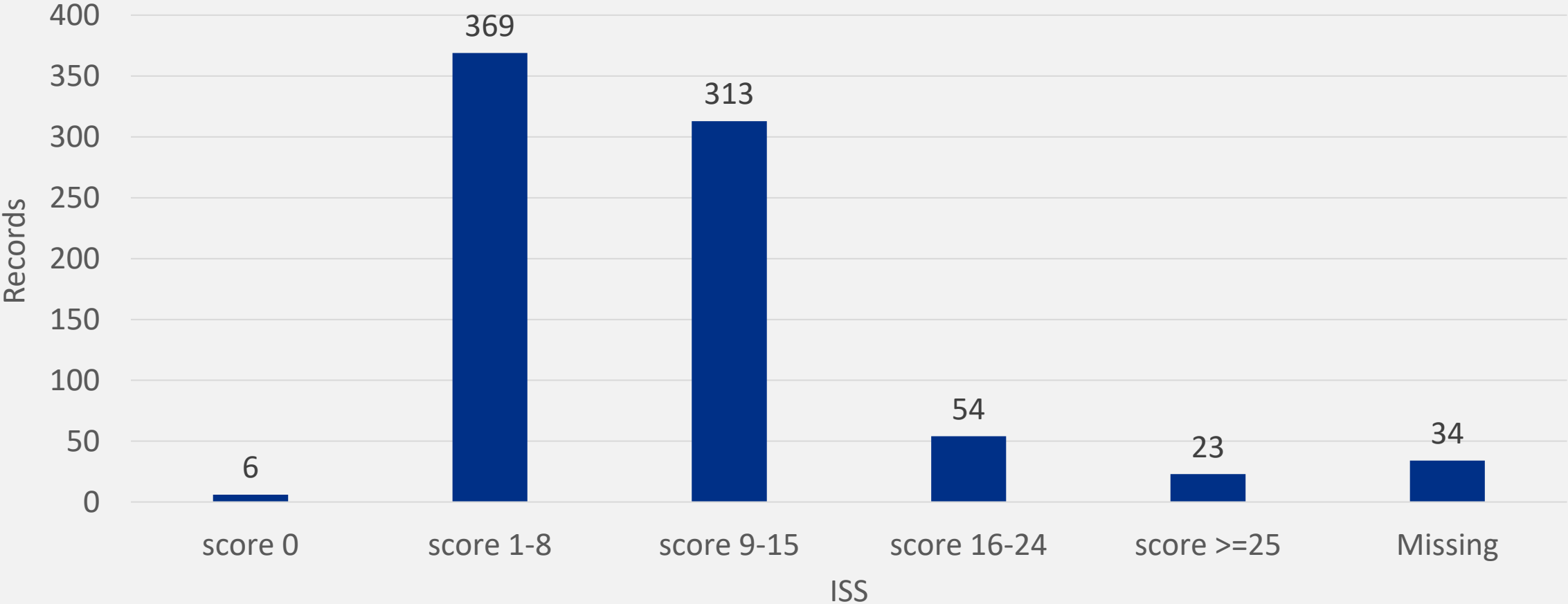
# 2020 - TSA R - ISS

## N = 5,790



# 2020 - TSA S - ISS

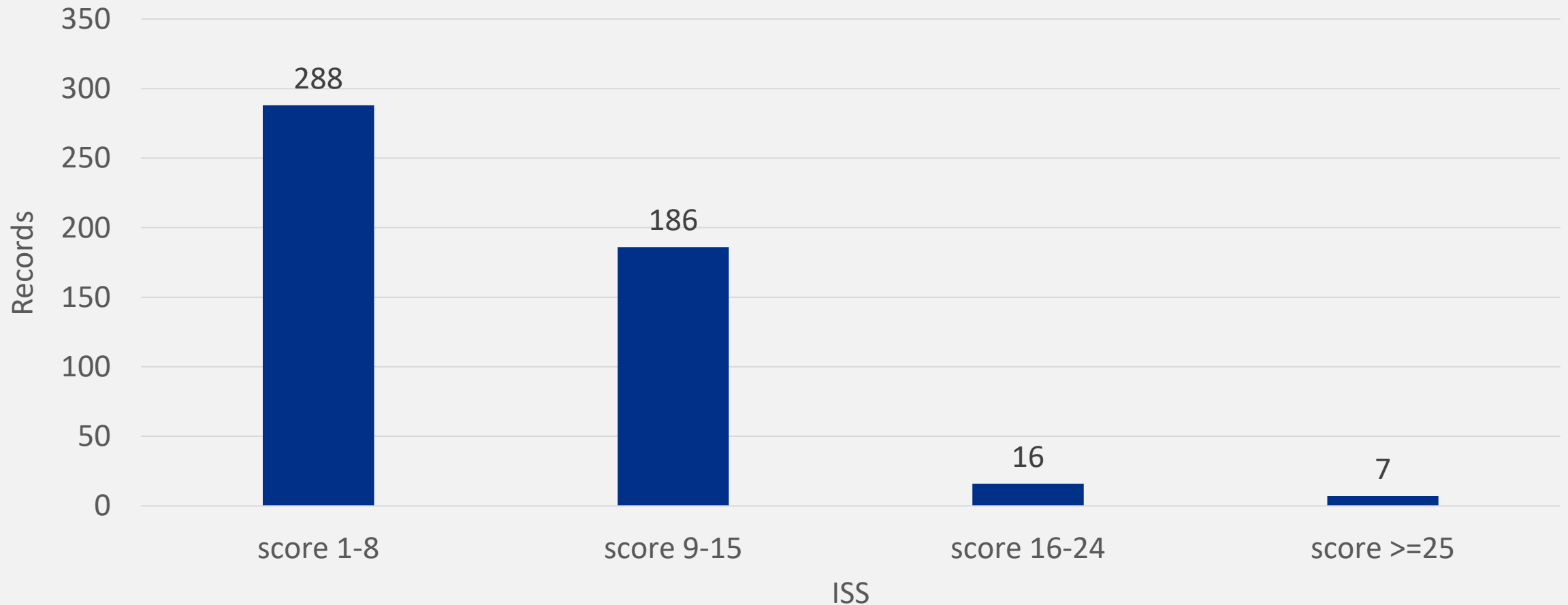
## N = 799





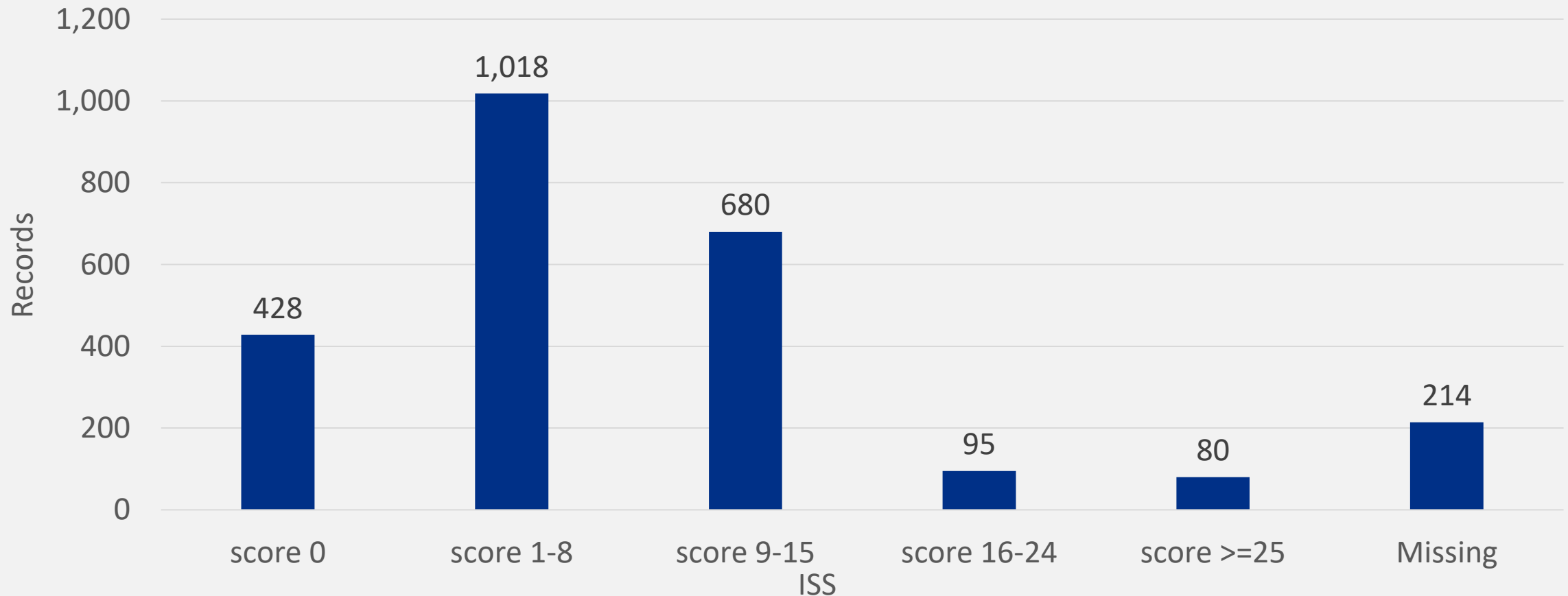
# 2020 - TSA T - ISS

## N = 497



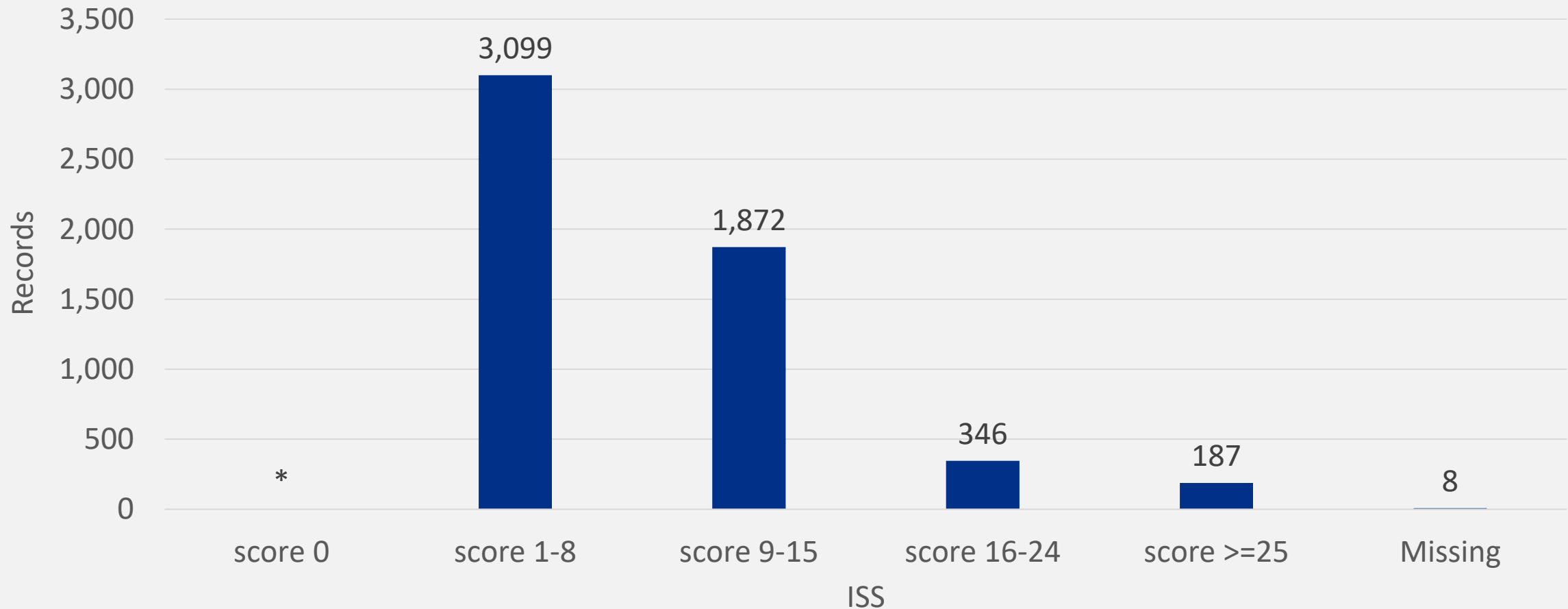
# 2020 - TSA U - ISS

## N = 2,515



# 2020 - TSA V - ISS

## N = 5,513



# Resources

- National Trauma Data Bank (NTDB) data dictionary:  
<https://www.facs.org/quality-programs/trauma/tqp/center-programs/ntdb/ntds>
- NSW Institute of Trauma and Injury Management  
<https://aci.health.nsw.gov.au/get-involved/institute-of-trauma-and-injury-management>
- Coding is based on the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)

**Thank you!**

Trauma Injury Severity Score and Length of Stay  
by Trauma Service Area-Texas-2020

**May 26, 2022**

[Injury.epi@dshs.texas.gov](mailto:Injury.epi@dshs.texas.gov)

# Conflict of Interest Discussion

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



# GETAC Committee Reports

## March 2022

### Air Medical and Specialty Care Transport Committee

Lynn Lail, RN, Chair



# GETAC Committee Reports November 2021

## Cardiac Care Committee

James McCarthy, MD, Chair





# GETAC Committee Reports March 2022

Disaster Preparedness and Response Committee

Eric Epley, NREMT, Chair



# GETAC Committee Reports March 2022

Emergency Medical Services Committee

Eddie Martin, EMT-P, Chair



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# GETAC Committee Reports

## March 2022

EMS Education Committee

Macara Trusty, LP, Chair



# GETAC Committee Reports

## March 2022

EMS Medical Directors Committee

Heidi Abraham, MD, FAEMS, Chair



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# GETAC Committee Reports

## March 2022

Injury Prevention & Public Education Committee

Mary Ann Contreras, RN, Chair



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# GETAC Committee Reports

## March 2022

Pediatric Committee

Belinda Waters, RN, Chair



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# GETAC Committee Reports

## March 2022

Stroke Committee

J Neal Rutledge, MD



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# GETAC Committee Reports

## March 2022

Trauma Systems Committee

Stephen Flaherty, MD, Chair



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# Agenda Items



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# 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 Emergency Medical Services /Trauma Systems, 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, Regional Trauma Account
- f. **157.122** Trauma Service Areas
- g. **157.133** Requirements for Stroke Facility Designation
- h. **157.11** Dialysis Protocol for EMS Providers
- i. **157.41** Automated External Defibrillator (AED) for Public Access Defibrillation

# Agenda Item 5

**GETAC Members and Committees Professional Behavior**

# Agenda Item 6

**GETAC Council Members and Conflict of Interest Review**

# Agenda Item 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**

# Agenda Item 8

## Discussion of Rural Priorities

# Agenda Item 9

**Continued discussion of formation of GETAC Regional  
Advisory Committee**

# Agenda Item 10

**Continued discussion of rule revision and priorities**



# Agenda Item 11

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

# GETAC Stakeholder Reports



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# GETAC Stakeholder Reports

## May 26, 2022

Texas EMS, Trauma & Acute Care Foundation (TETAF)

Dinah Welsh, TETAF President/CEO



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# Texas EMS, Trauma & Acute Care Foundation Update

**Dinah Welsh, TETAF President/CEO**

Thursday, May 26, 2022



# TETAF Committees

- TETAF committee selections of stakeholders have been announced for TETAF's five committees: Advocacy, Education, Finance, Governance, and Survey Verification.



# Surveys – Trauma, Stroke, Maternal, and Neonatal

- TETAF staff and surveyors are revising our stroke survey process to align with the new rule TAC 157.133 that goes into effect September 1, 2022.

# Education

- Earlier this month, in partnership with the Texas Trauma Coordinators Forum (TTCF), TETAF provided continuing education with the Texas Trauma Designation Education Course (TTDEC).
- The TETAF Hospital Data Management Course (HDMC) will be June 27-28, 2022. Learn more and register at [www.tetaf.org/hdmc](http://www.tetaf.org/hdmc).

# Advocacy

- The TETAF Advocacy team is conducting regular planning meetings during the interim to prepare for the 88<sup>th</sup> Legislative Session.
- The TETAF Advocacy team requested that the Senate Health and Human Services Committee review health data collection, and it is included in the interim charges as follows:
  - **Public Health Data:** Review the processes for public health data collection and coordination by local and 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.



## Collaboration (Texas Trauma Quality Improvement Program)

- TETAF continues to provide administrative support to the Texas TQIP Collaborative.
- Texas TQIP's new coordinator, Laura Garlow, is working to resume regular activity within the collaborative.
- Texas TQIP will meet again in Summer 2022.

# GETAC Stakeholder Reports

## May 26, 2022

EMS for Children (EMSC) State Partnership

Sam Vance, MHA, LP, Program Manager



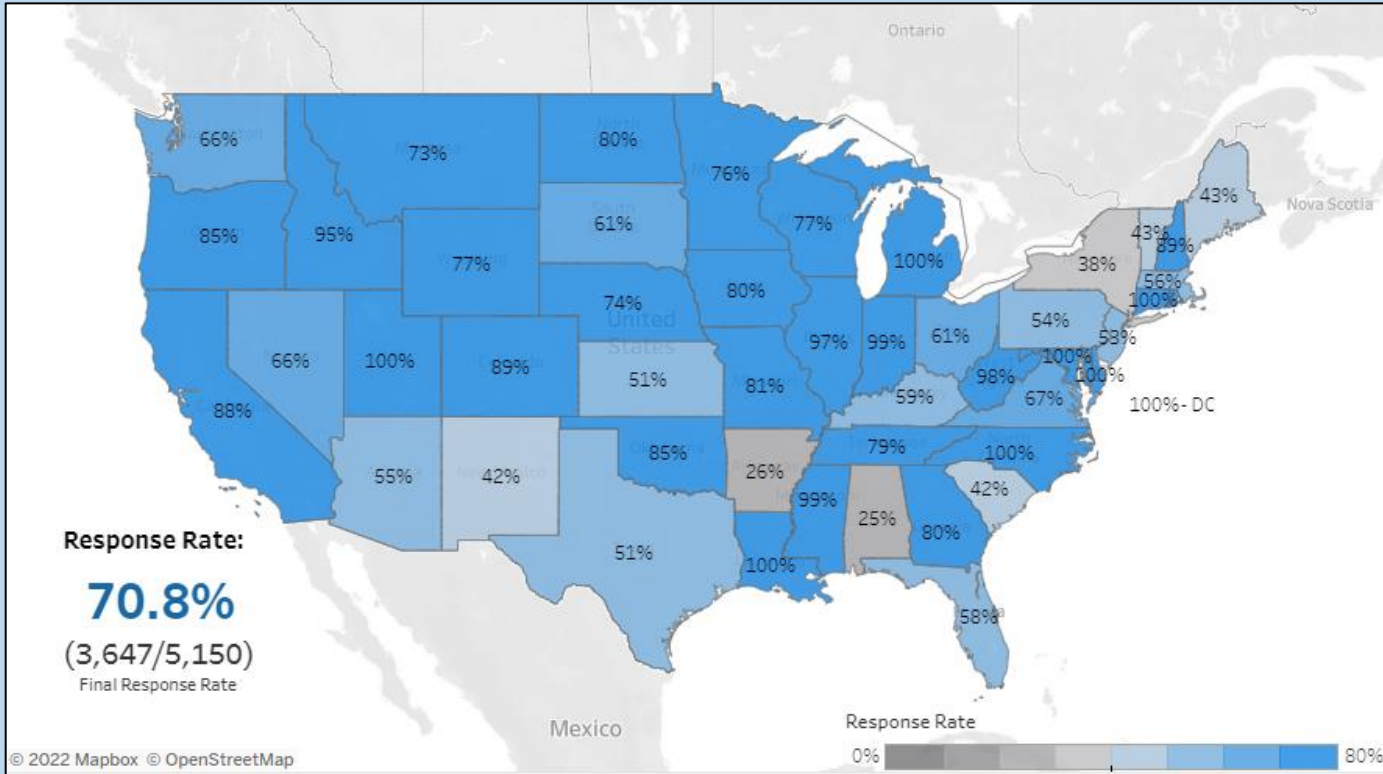


# EMS for Children State Partnership, Texas update



May 26, 2022



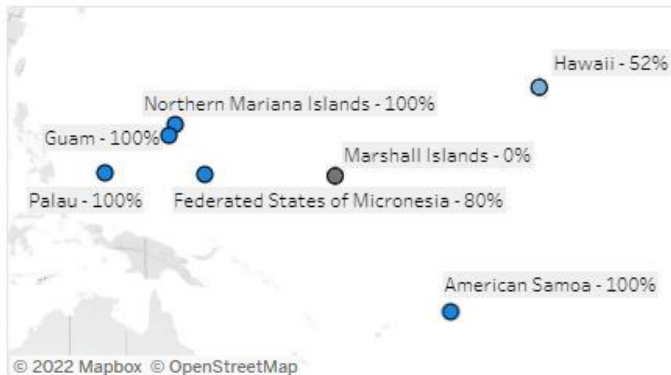
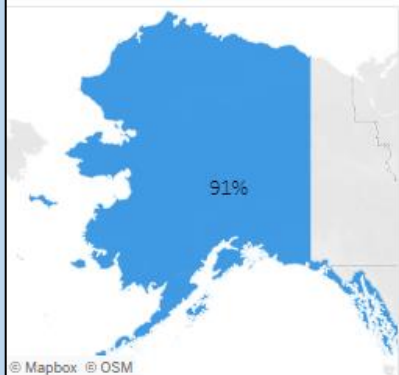


**TEXAS**

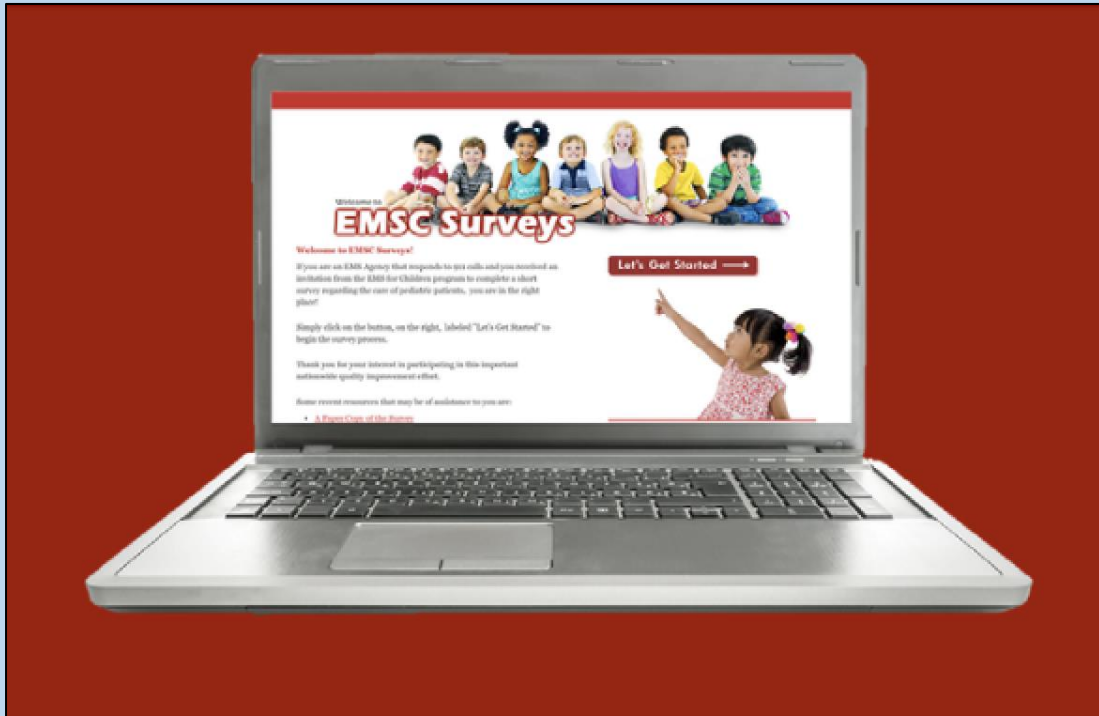
**NUMERATOR: 267**

**DENOMINATOR: 525**

**RESPONSE RATE: 50.9%**



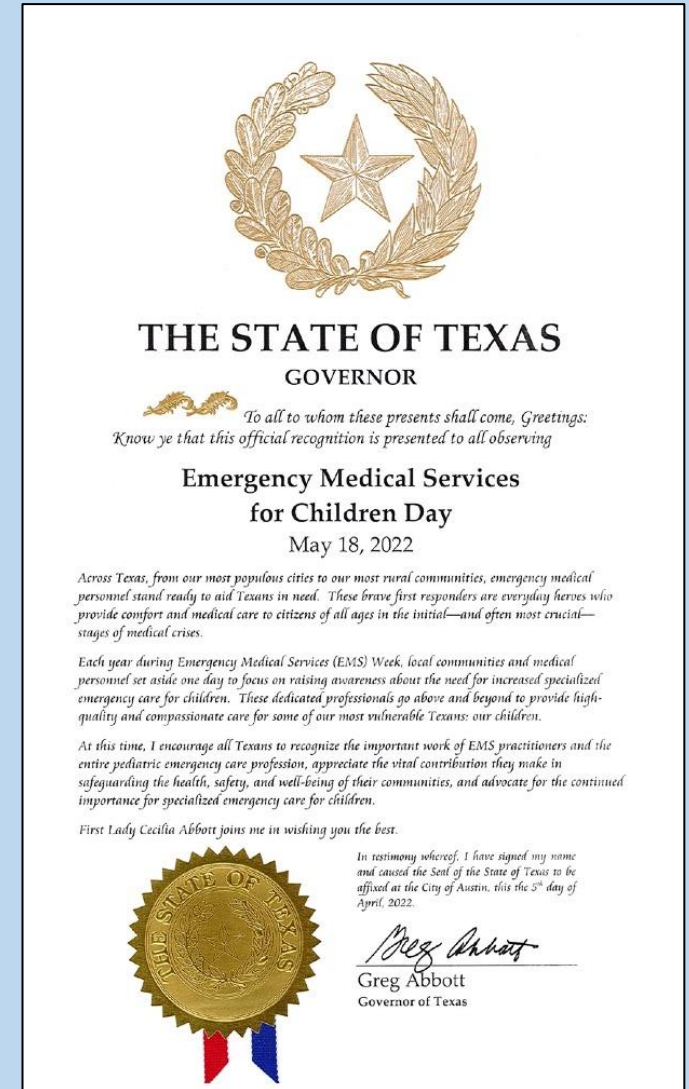
# 2022 EMSC Survey



- 531 ground EMS agencies surveyed
- 295 responded
- 55.6% response rate
  
- Finalized results will be available sometime in mid to late May 2022

# EMSC Day Proclamation

- 2022 EMS Week: May 15 – 22
- 2022 EMS for Children Day: May 18
- Governor Abbot issued a proclamation observing May 18, 2022, as Emergency Medical Services for Children Day in Texas



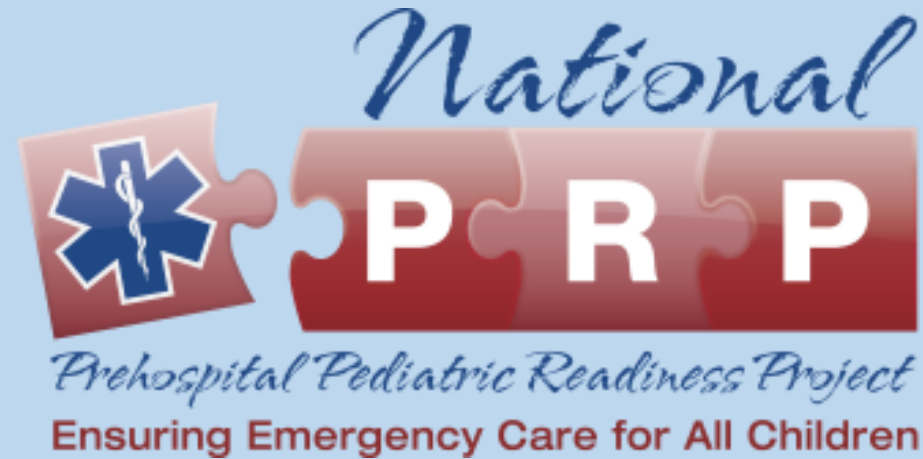
# EMSC Crew of the Year Award



- Bradley Starkey, Paramedic
- Margaret Williams, Paramedic
- Galveston Area Ambulance Authority

*Demonstrated exceptional effort in the development of a pediatric quality improvement program*

# Prehospital Pediatric Readiness Project

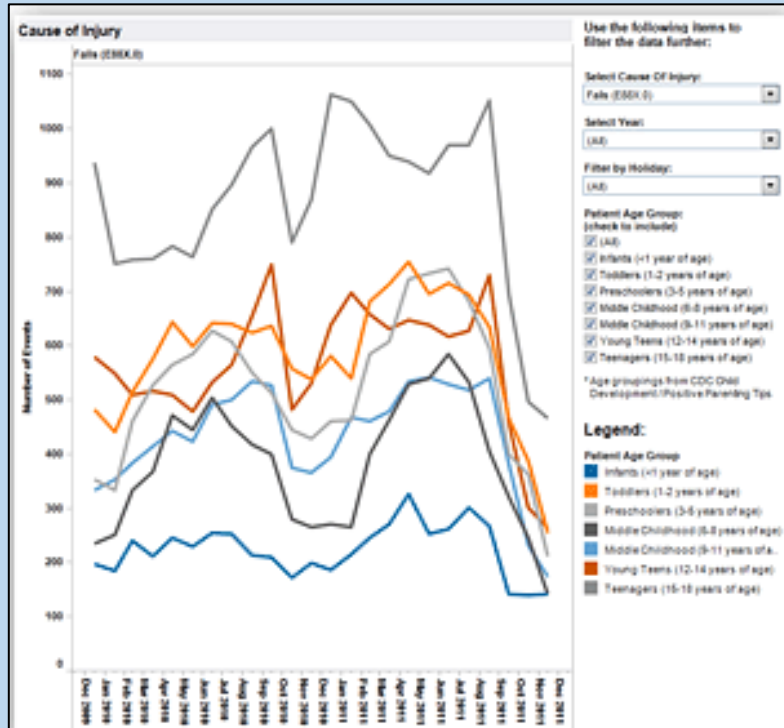


*To improve pediatric emergency care outcomes and patient safety within the prehospital environment (local, regional, and state levels).*

- EMS Agency Checklist
- EMS Agency Toolkit
- Texas EMS Recognition Program



# NEMESIS Pediatric Dashboard



The goal of this project is to integrate evidence-based quality measures, including elements of the upcoming Pediatric Prehospital Pediatric Readiness Assessment into NEMESIS Pediatric Dashboards.

ANY  
QUESTIONS  
?

# GETAC Stakeholder Reports

## May 26, 2022

Texas Cardiovascular Disease and Stroke Council  
J Neal Rutledge, MD



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# GETAC Stakeholder Reports

## May 26, 2022

Texas Cardiac Arrest Registry to Enhance Survival  
(TX CARES)  
Micah Panczyk



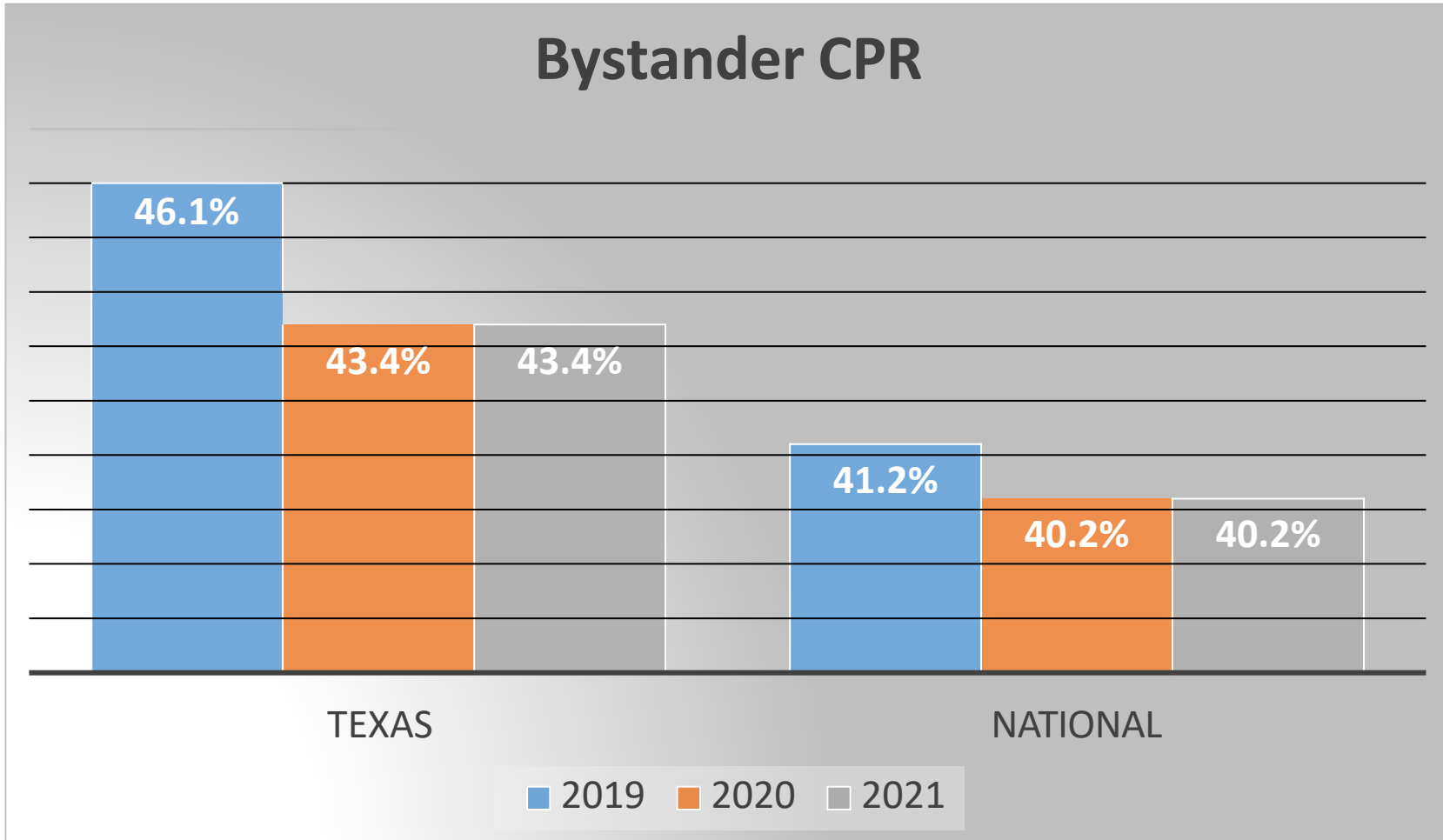
# Texas-CARES

Presentation to GETAC Council

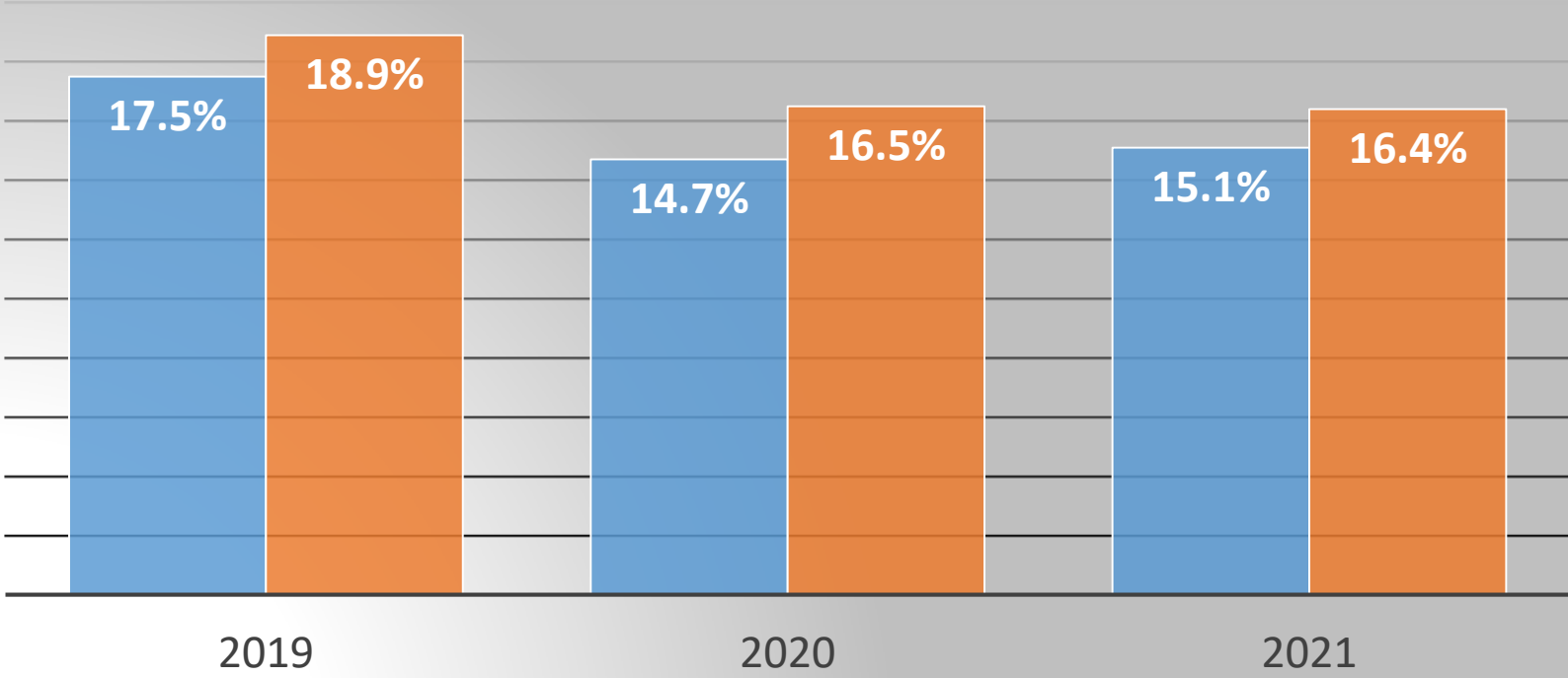
May 26, 2022



# Bystander CPR

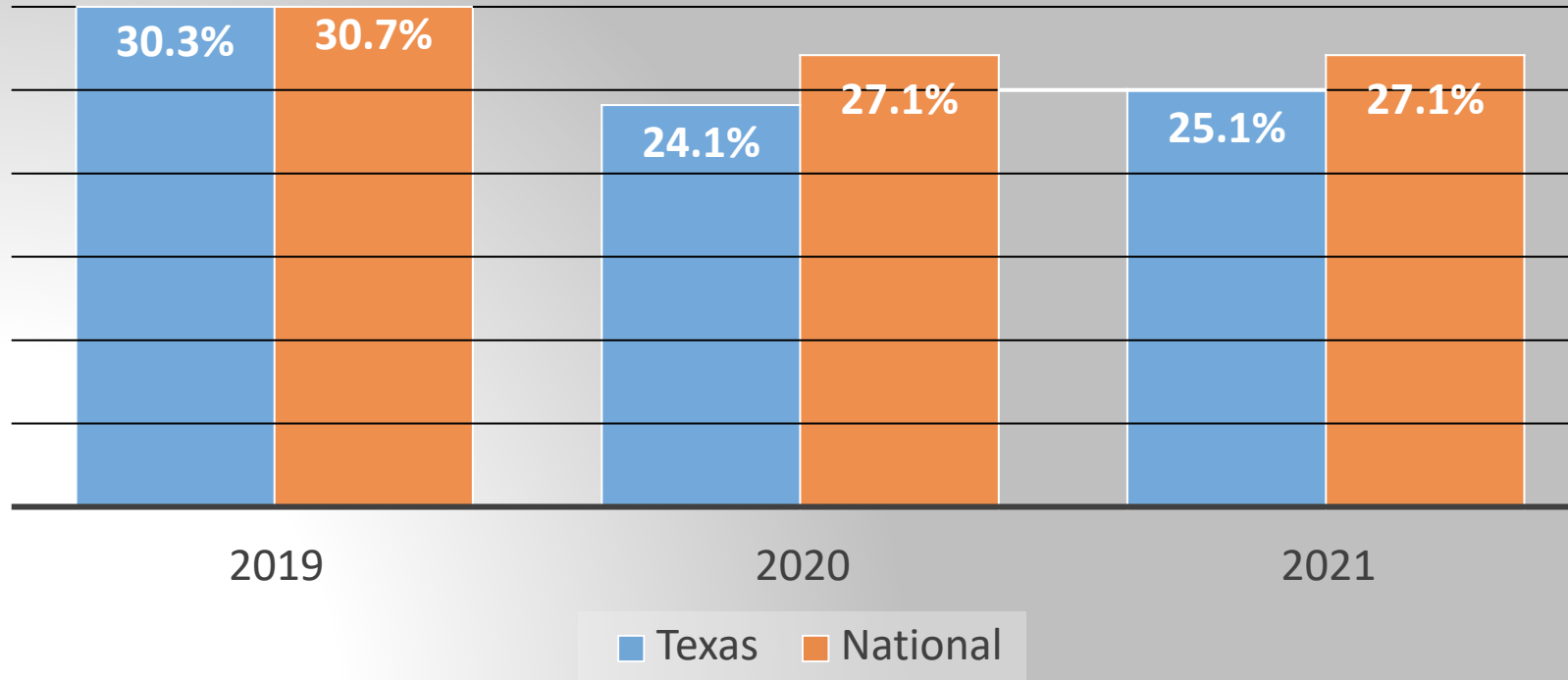


# Shockable Rhythm



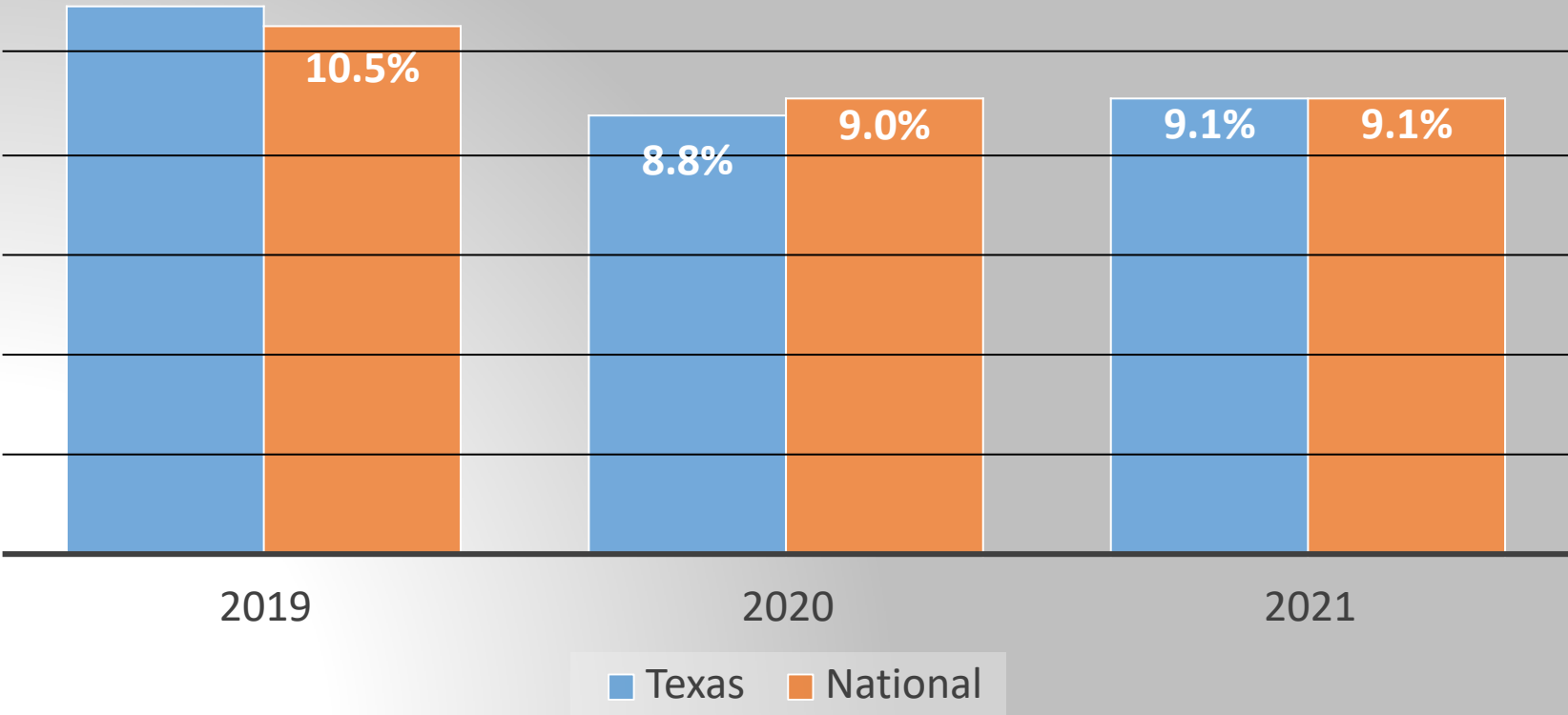
■ Texas ■ National

## Sustained ROSC

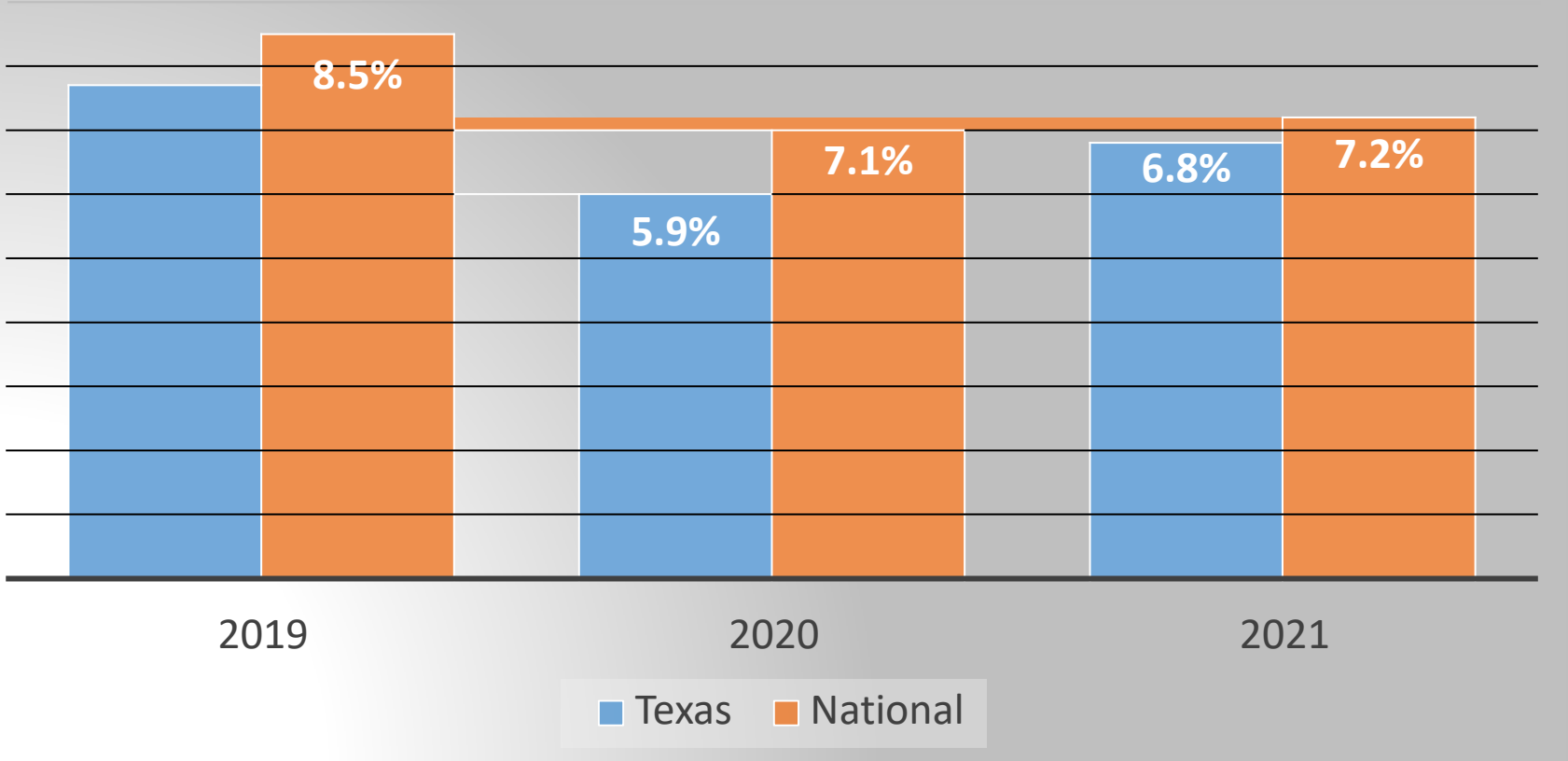




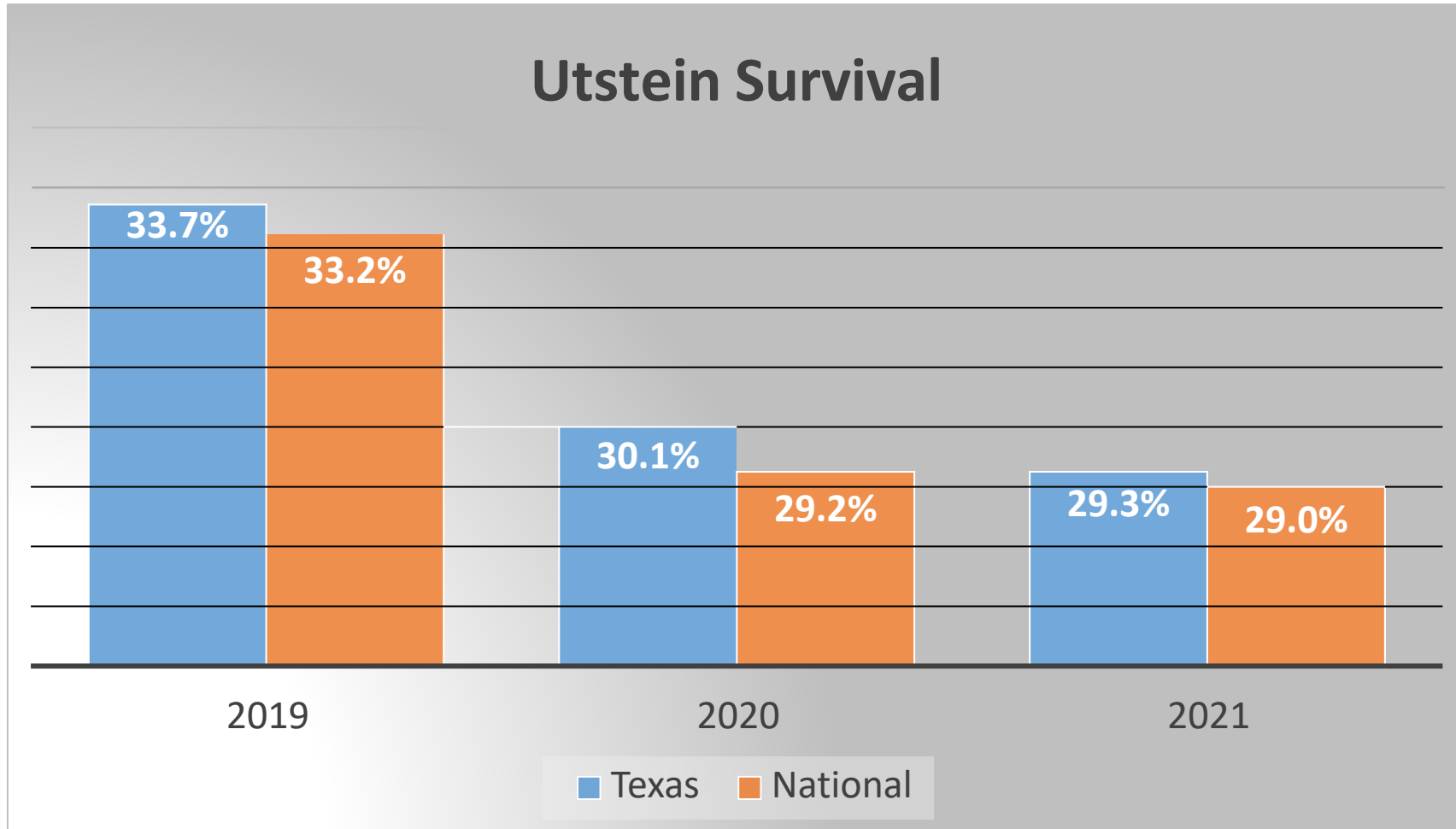
# Survival To Discharge



# Survival With Good/Moderate CPC

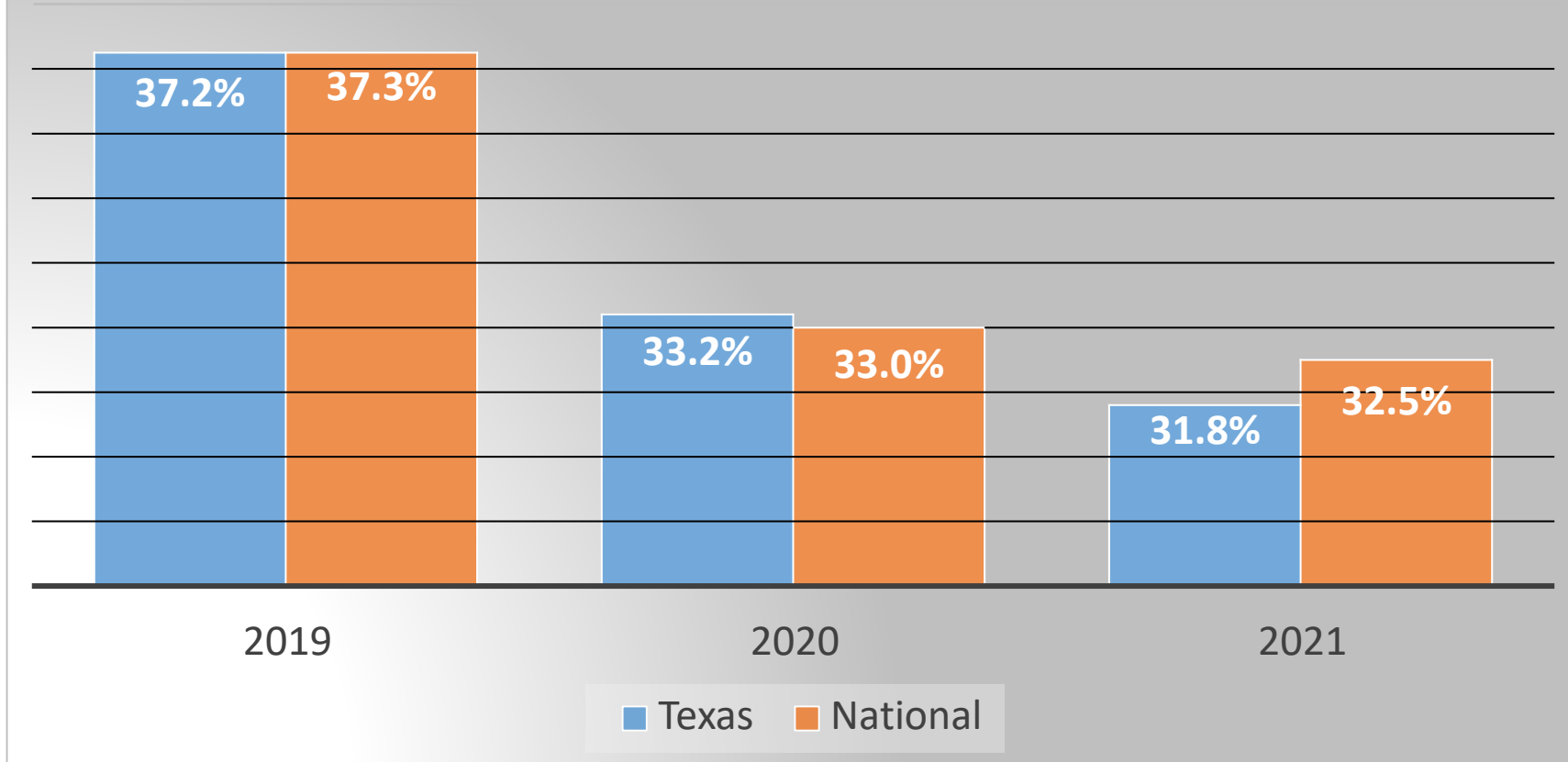


## Utstein Survival



*Utstein = Witnessed by bystander and found in a shockable rhythm*

## Utstein Bystander Survival



*Utstein Bystander = Witnessed by bystander, found in shockable rhythm, and received some bystander intervention (CPR and/or AED application)*

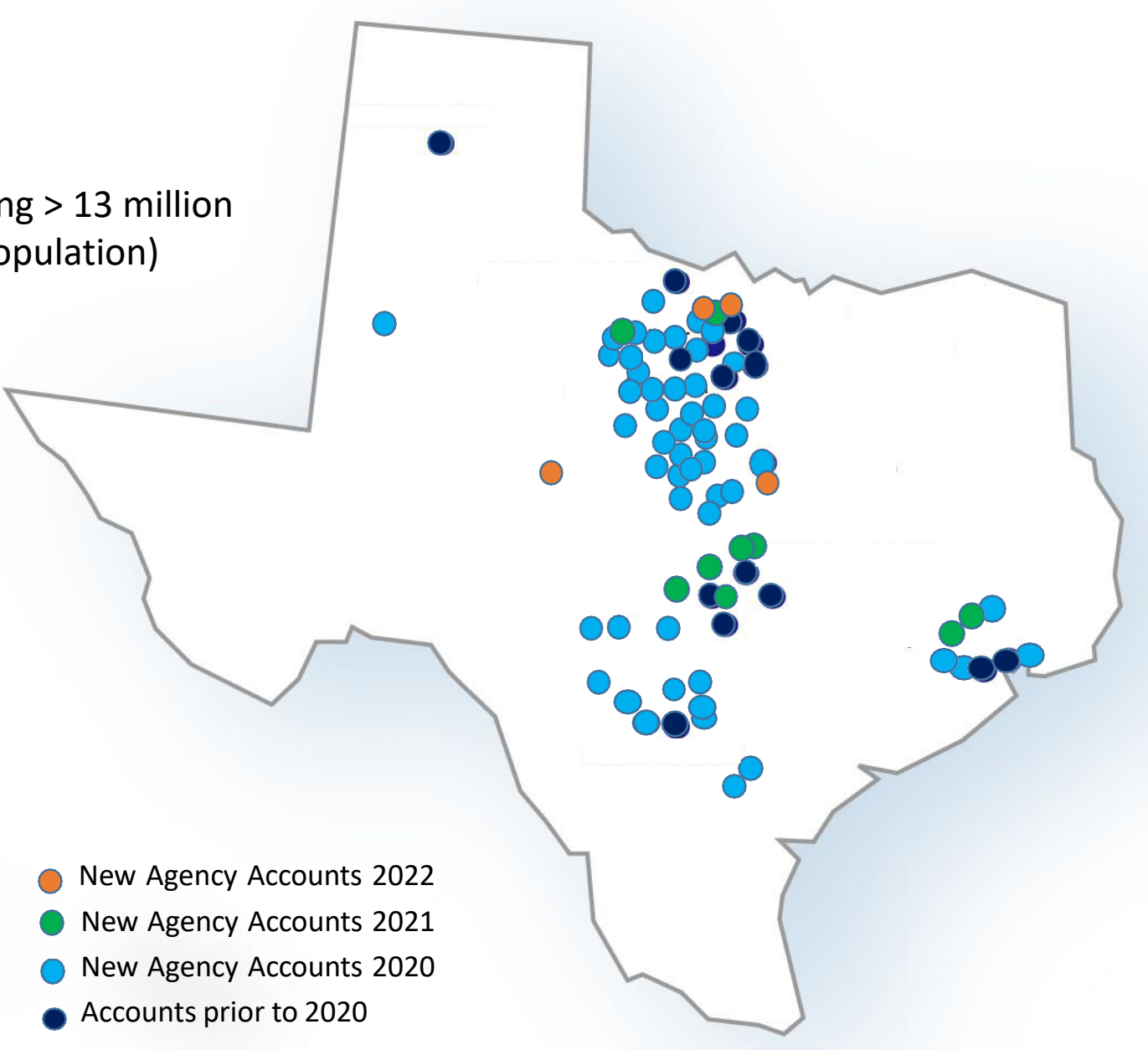
# Summary

- Prehospital event and process measures in general appear worse in Texas and nationally in 2020 and 2021 than in 2019
- Patient outcomes appear worse in Texas and nationally in 2020 and 2021 than in 2019

# Agency Accounts

## Coverage

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



For more information, please contact

Micah Panczyk

Texas-CARES State Coordinator

UTHealth at Houston

[micah.j.panczyk@uth.tmc.edu](mailto:micah.j.panczyk@uth.tmc.edu)

602-918-3530

<https://tx-cares.com>



# GETAC Stakeholder Reports

## May 26, 2022

Texas Suicide Prevention Coalition

Christine Reeves



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# Texas Suicide Prevention Council

- The major focus at the time is implementation of the 9-8-8 starting in July 2022.
- There will be a monthly local coalitions conference call starting this month. The first call is scheduled for June 7<sup>th</sup>.
- As more information is received, information will begin to be shared including outreach and public awareness tools.

# GETAC Stakeholder Reports

## May 26, 2022

Stop the Bleed Texas Coalition

Christine Reeves



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# 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. There is a plan to provide a draft sample of this report to GETAC next quarter.
- The Coalition and its members have been very busy with Stop the Bleed Month activities. They plan to have a summary of activities for the next set of GETAC meetings.
- Special thanks to TETAF again this year for securing a proclamation from the Governor for Stop the Bleed Texas Day, May 19<sup>th</sup>.

# GETAC Stakeholder Reports

## May 26, 2022

### Texas Wristband Project

Christine Reeves



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# Texas Wristband Project

- All RACs are implementing the project in their regions, but the target implementation timeline is December 2022.
- Good news from Registry. There will be a Texas required field in the Texas EMS & Trauma Registry for all EMS providers and trauma designated facilities beginning January 2023 when the NEMESIS update is complete.

# 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

**August 17<sup>th</sup> – 19<sup>th</sup>, 2022**

**Holiday Hill Midtown**

**Adjournment**

**Thank you!**