TEXAS
Health and Human Services

Texas Department of State Health Services

Governor's EMS and Trauma Advisory Council

Friday, March 8, 2024

8: 00 AM (CST)

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

1. Call to Order

2024 Governor's EMS and Trauma Advisory Council Meeting

1st Quarter

TEXAS Health and Human Services

Texas Department of State Health Services

This meeting is being conducted live and virtually through Microsoft Teams.

Public participation is available at:

DoubleTree by Hilton Austin, Phoenix Central Ballroom

6505 N Interstate 35

Austin, TX 78752

Virtual Rules of Participation

Rules of Participation

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

Please understand that the meetings are live on TEAMS and recorded.

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.

To mute/unmute if not using the computer for audio, press	
***6** on Android phones	***6#** on iPhones

Rules of Participation

- **All online participants:** Please sign into the chat with your name and entity you represent and mute your microphone unless speaking.
- **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.

2. Roll Call

Council Members attending virtually: Please have your camera on during today's meeting.

Council Members in the room: Please remember to speak directly into the microphone so that online participants can hear your comments.

TEXAS Health and Human Services

Texas Department of State Health Services

3. Governor's EMS and Trauma Advisory Council Vision and Mission

Vision:

A unified, comprehensive, and effective Emergency Healthcare System.

Mission:

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

Moment of Silence

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

TEXAS Health and Human Services

Texas Department of State Health Services

4. Approval of Minutes

Review and Approval of Minutes

- November 20, 2023

TEXAS Health and Human Services

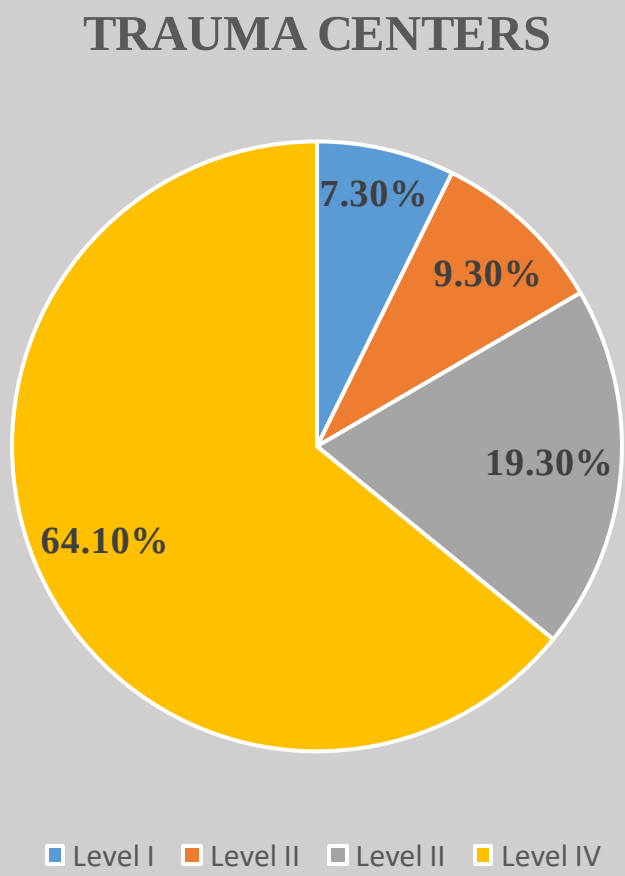
Texas Department of State Health Services

5. Chair Report and Discussion

- **Alan Tyroch, MD, GETAC Chair**

TEXAS TRAUMA SYSTEM

Level I	**22**
Level II	**28**
Level III	**58**
Level IV	**193**
Total	**301**



TEXAS TRAUMA SYSTEM

AMERICAN COLLEGE OF SURGEONS CONSULTATIVE VISIT: 2010

NOW

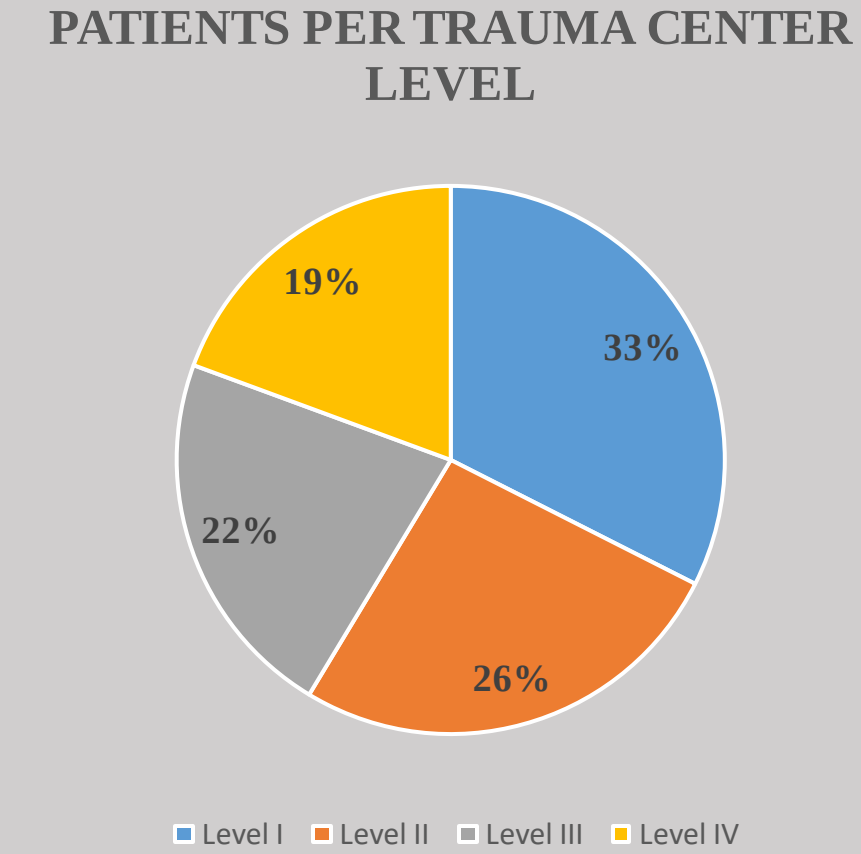
- **Texas population: 30M**
- **Trauma centers:**
  - **I: 22**
  - **II: 28**
  - **III: 58**
  - **IV: 193**
  - **Total: 301**

THEN

- **Texas population: 25M**
- **Trauma centers:**
  - **I: 16**
  - **II: 8**
  - **III: 45**
  - **IV: 187**
  - **Total: 256**

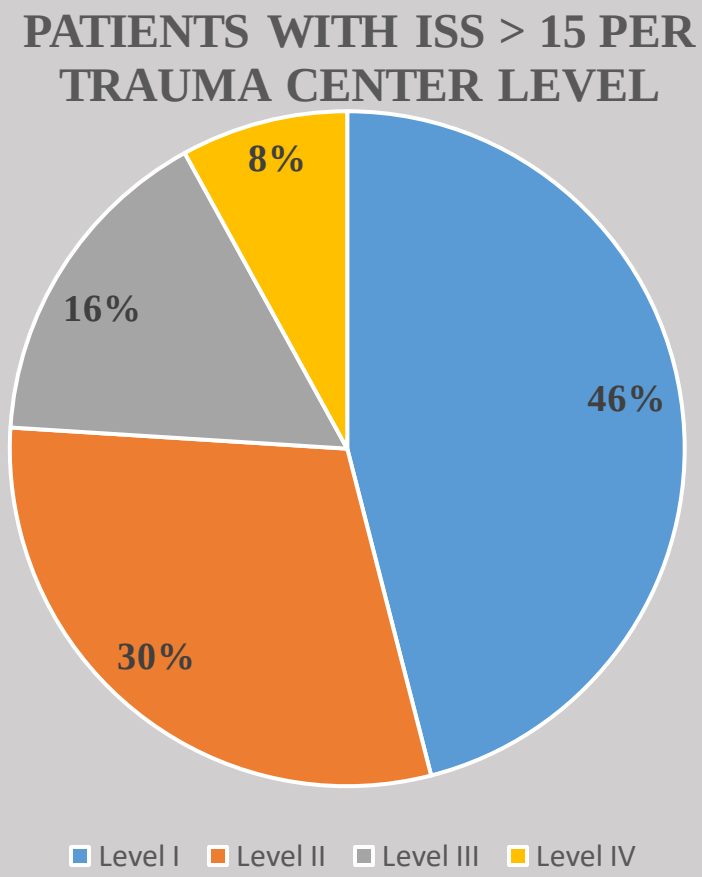
TEXAS TRAUMA SYSTEM

	ISS Score				
	1-9	10-15	16-24	>25	Total
Level I	31,920	8,046	4,857	3,818	48,641
Level II	26,201	7,281	3,426	2,265	39,173
Level III	25,417	4,449	1,782	1,203	32,851
Level IV	24,175	3,207	1,067	536	28,985
Total	107,713	22,983	11,132	7,822	149,650



TEXAS TRAUMA SYSTEM

	ISS: 16-24	ISS ≥ 25	Total
Level I	**4,857**	**3,818**	**8,675**
Level II	**3,426**	**2,265**	**5,691**
Level III	**1,782**	**1,203**	**2,985**
Level IV	**1,067**	**536**	**1,603**
Total	**11,132**	**7,822**	**18,954**



TEXAS TRAUMA SYSTEM

- **Level III and Level IV trauma centers comprise 83% of all Texas trauma centers:**
  - **Level III: 19%**
  - **Level IV: 64%**

- **Level III and Level IV trauma centers initially manage 41% of trauma patients in Texas:**
  - **Level III: 22%**
  - **Level IV: 19%**

- **Level III and Level IV trauma centers initially manage 24% of severely injured trauma patients (ISS > 15) in Texas:**
  - **Level III: 16%**
  - **Level IV: 8%**

All levels of trauma centers have a significant role in the Texas Trauma System.

When funeral

homes
operated

ambulances…

JFK's Hearse

Oswald's Ambulance

ACCIDENTAL DEATH AND DISABILITY: THE NEGLECTED DISEASE OF MODERN SOCIETY

Prepared by the
COMMITTEE ON TRAUMA AND COMMITTEE ON SHOCK
DIVISION OF MEDICAL SCIENCES
NATIONAL ACADEMY OF SCIENCES
NATIONAL RESEARCH COUNCIL

NATIONAL ACADEMY OF SCIENCES
NATIONAL RESEARCH COUNCIL
Washington, D. C., September, 1966

A Matter of Life and Death
Texas Monthly
1975

"If you were shot in the heart and reached Parkland or Ben Taub Hospitals with visible life signs, you would almost certainly survive. Elsewhere in Texas, you would probably end up dead."

TEXAS TRAUMA SYSTEM

Texas Administrative Code

- **157.123 (RAC Rules) June 2004**
- **157.125 (Designation Requirements) Dec. 2002, Amended 2019 to include the Telemedicine in a county of 30,000.**
- **157.128 (Denial, Suspension) Sept. 2000 and Amended in 2006 (to address 3588)**
- **157.130 (Funding) July 2004**
- **157.131 (Funding) July 2004 and Amended in April 2006 (to address 3588 and IAP)**

TEXAS TRAUMA SYSTEM

Public comments received:

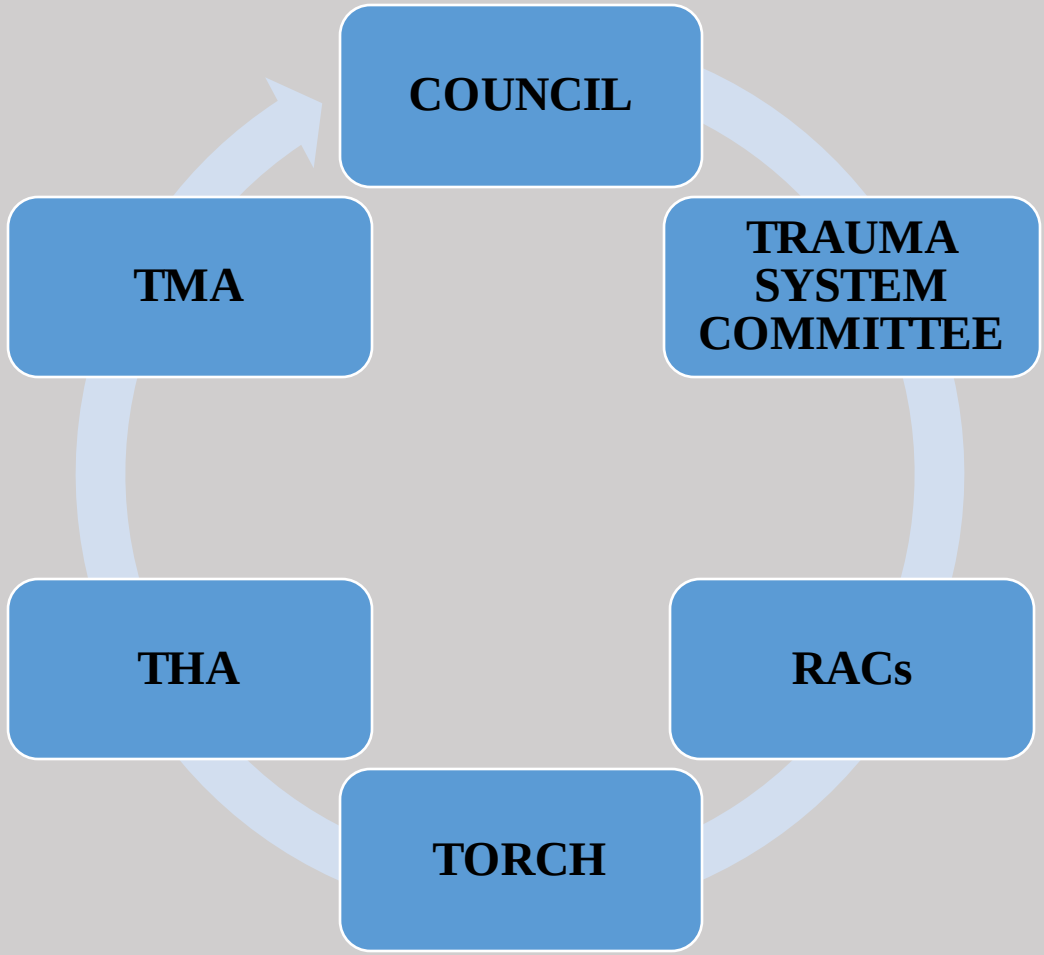
- **Total: 3877**

- **157.2 Definitions: 264**
- **157.123 RACs: 206**
- **157.125 Trauma Facility: 3382**
- **157.130 Funding: 25**

- **Commenters: 157**

TEXAS TRAUMA SYSTEM

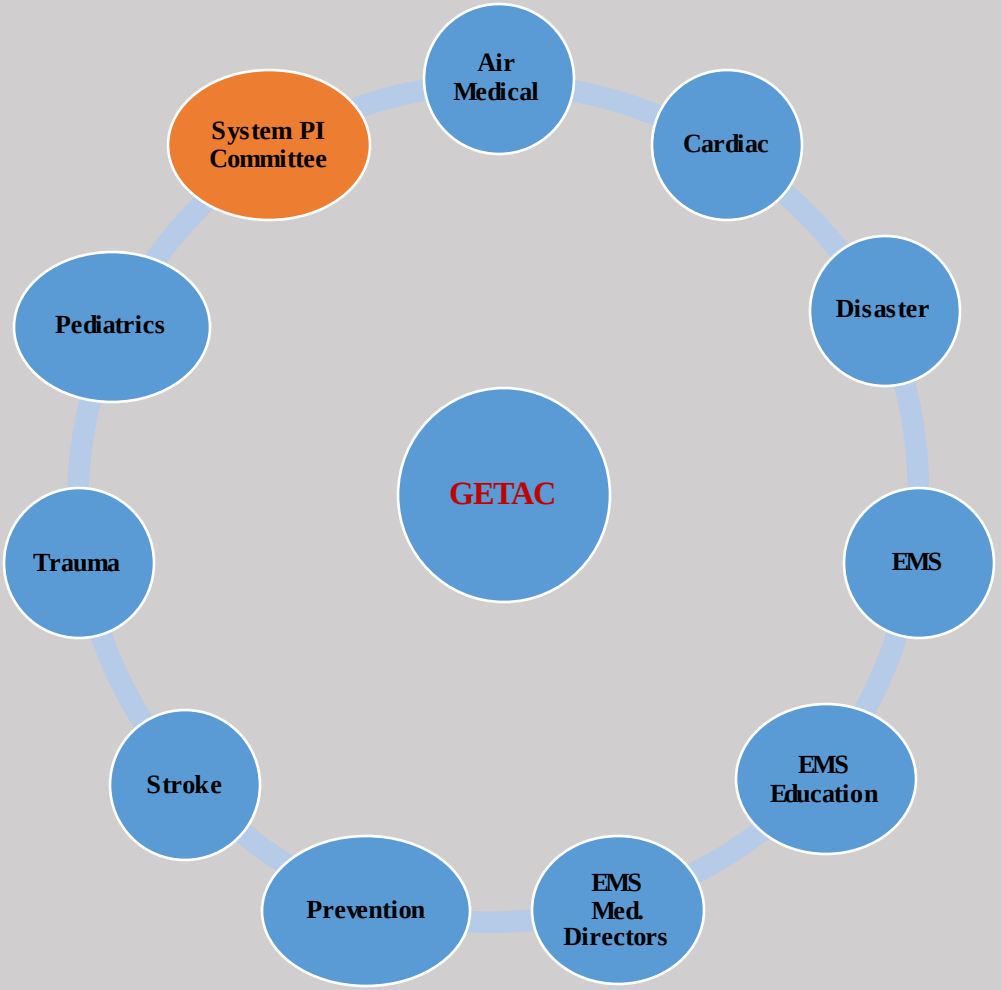
Comment Review Workgroup

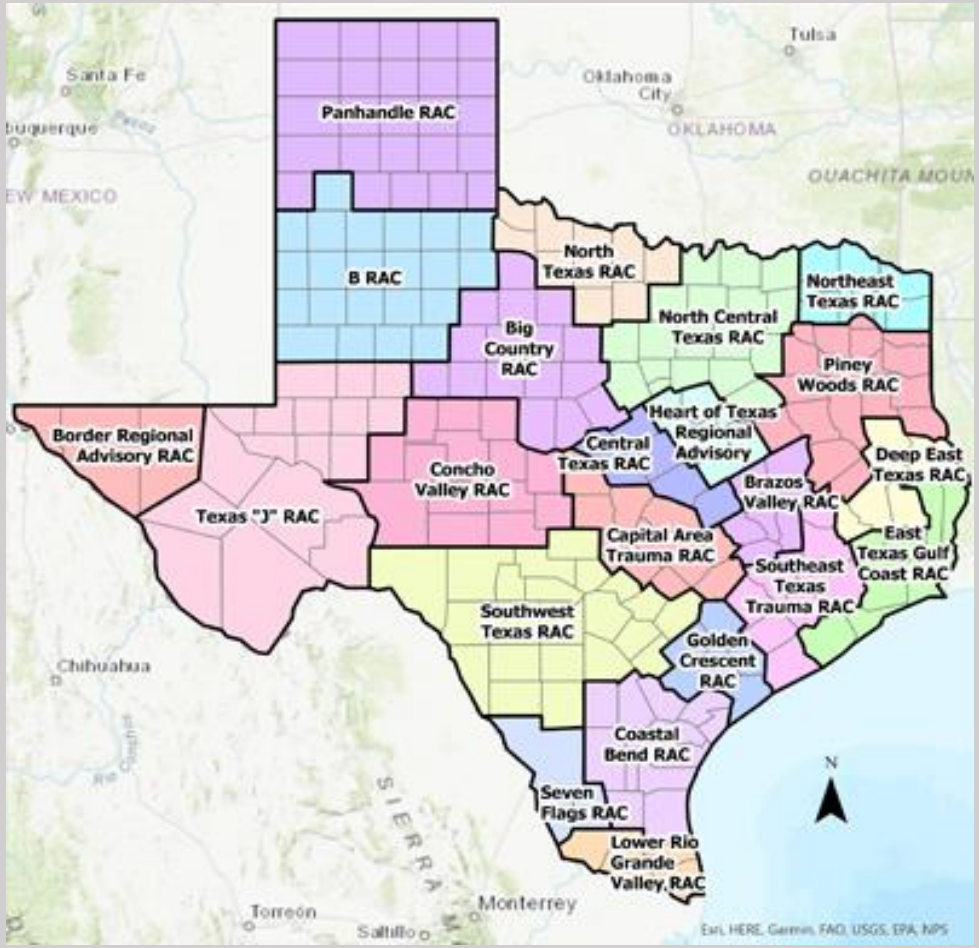


TEXAS TRAUMA SYSTEM

Comment Review Workgroup		
Meeting Dates	**Meeting hours**	**Attendees**
January 31, 2024	**2**	**24**
February 07, 2024	**2**	**24**
February 13, 2024	**2.5**	**25**
February 26, 2024	**2**	**26**
February 27, 2024	**2**	**27**
February 28, 2024	**3**	**22**
February 29, 2024	**3**	**24**

TEXAS TRAUMA SYSTEM





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Texas Department of State Health Services

State Reports

6.a. EMS Trauma Systems Update

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

Uncompensated Care Application

2022 CALENDAR YEAR FOR UCC

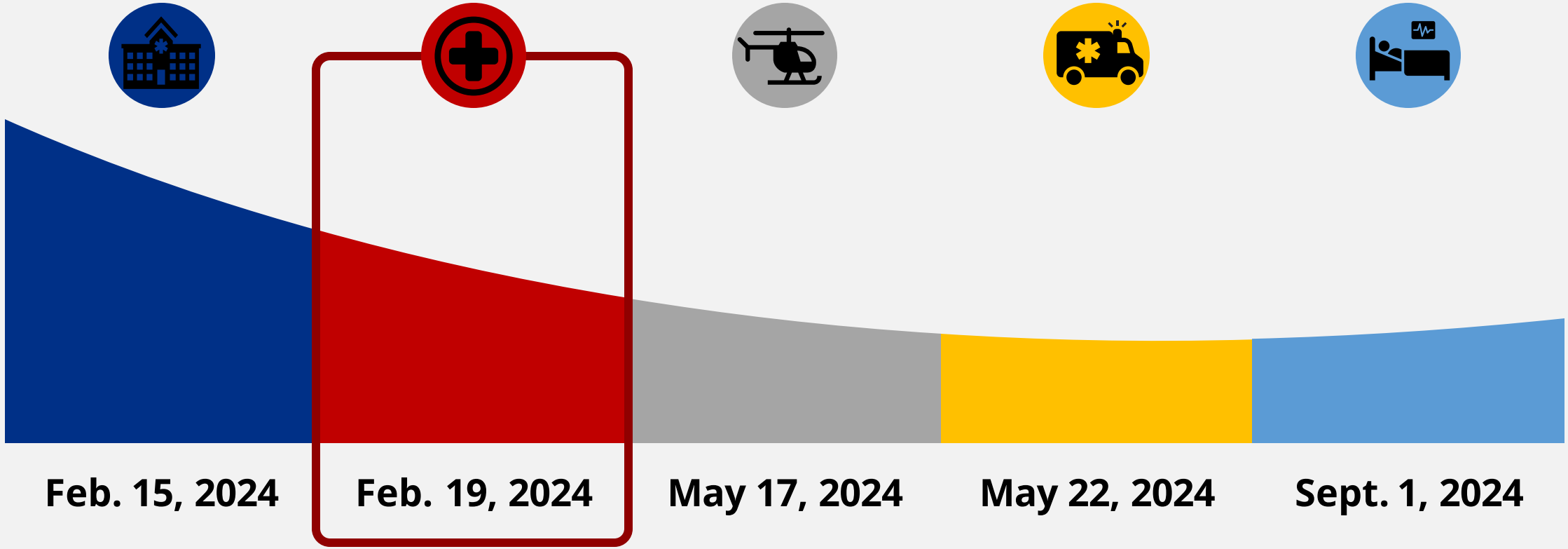
FY23 COST OF TRAUMA CARE

INSTRUCTIONS PLACED ONLINE

RAC EMS Allotment

- Calendar Year 2022
- Validate EMS eligibility – RAC participation
- EMS Runs entered into registry
- Trauma facility submissions

Trauma Rule Timeline



Feb. 15, 2024
Executive Council

Feb. 19, 2024
Public Comment Ends

May 17, 2024
Texas Register Issue Date

May 22, 2024
Rule Effective Date

Sept. 1, 2024
Implementation Date For 157.123 RAC Rules

March 8 Public Hearing

1:00 PM

Bernstein Building 1 pm

8 Mar., 1:00 PM – 8 Mar., 2:00 PM

Onsite registration for comment March 8, 1 pm until 2 pm

Online registration ended March 6, 5 pm

6 Mar., 5:00 PM

GETAC, March 20

8 AM TO 12PM

MORETON BUILDING, M 100

GETAC REVIEW OF PROPOSED RULES

GETAC RECOMMENDATIONS

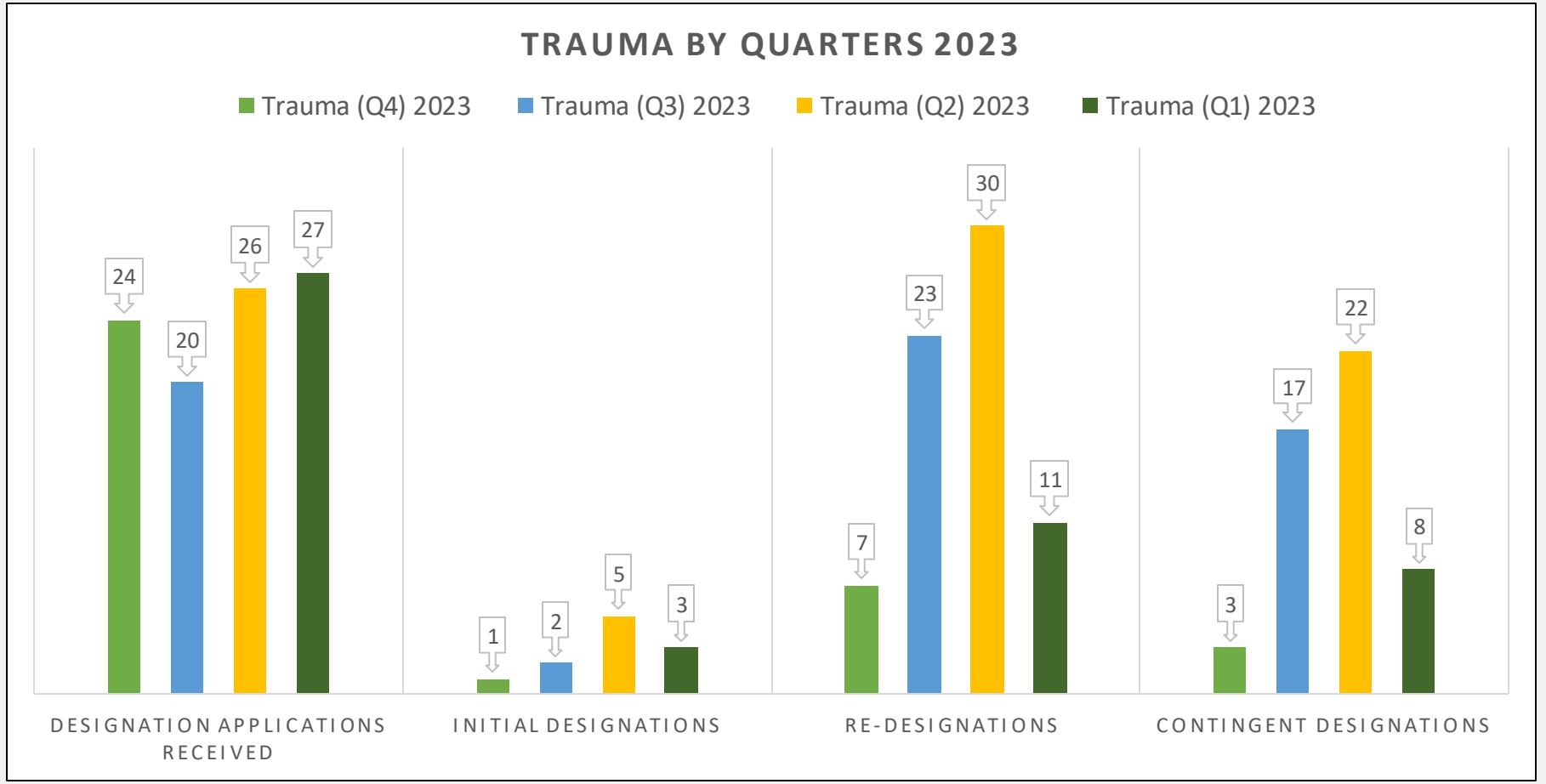
Designation Update

Elizabeth Stevenson, BSN, RN
Designation Programs Manager

Designated Trauma Facilities

Designated Trauma Facilities	4th Quarter 2023	3rd Quarter 2023	2nd Quarter 2023	1st Quarter 2023
Total	302	302	303	301
Level I	22	22	22	22
Level II	28	28	27	26
Level III	58	58	60	61
Level IV	194	194	194	192

Trauma Designation Data



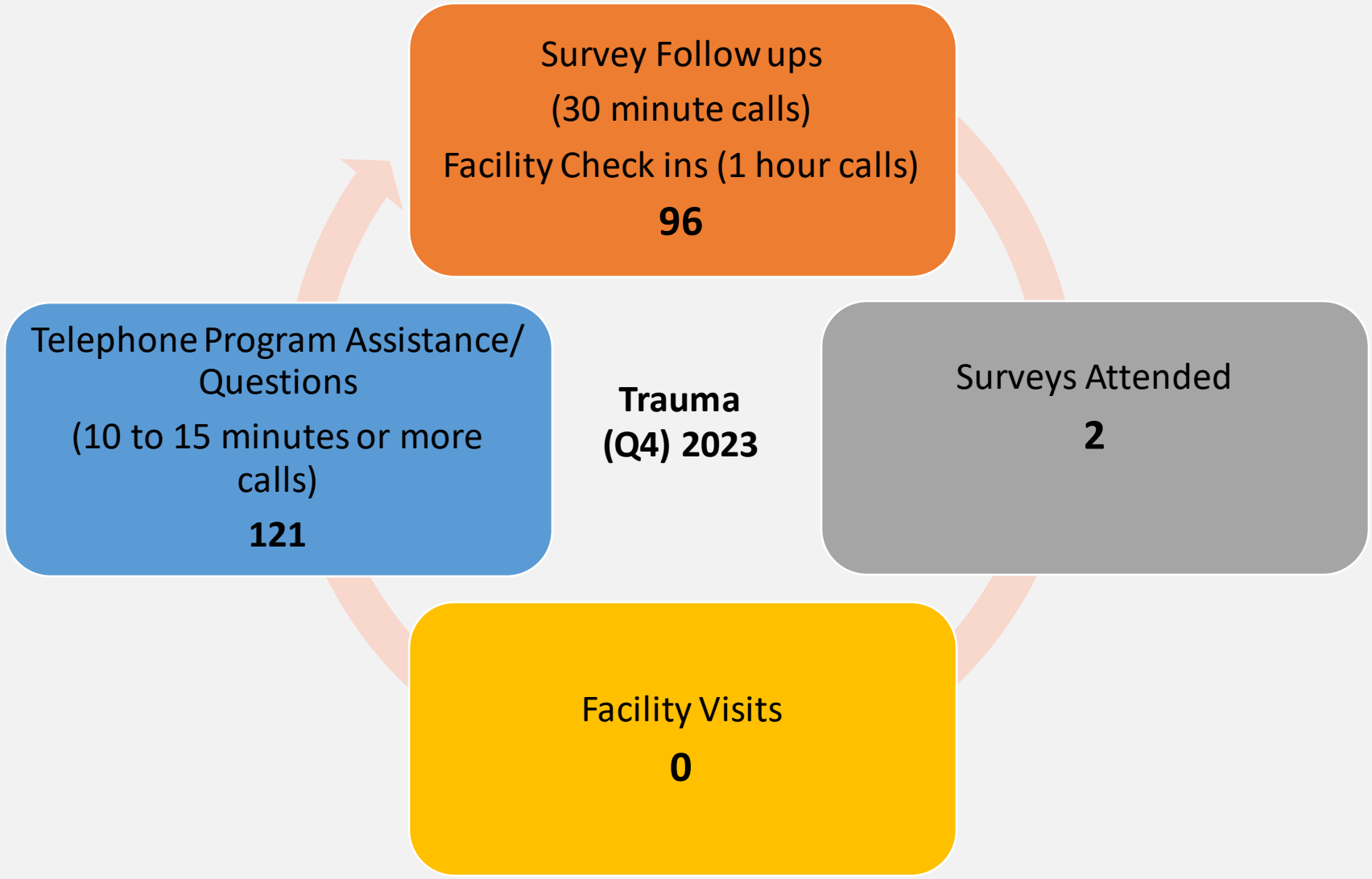
Trauma Designation Data

Trauma 2023	Trauma (Q4) 2023
New IAP Recognitions	**3**
Facilities In Active Pursuit	**8**
Level I	0
Level II	0
Level III	4
Level IV	4
Designated at a Higher Level	**0**
Designated at a Lower Level	**0**

Common Deficiencies

Common Themes for Contingencies and Focused Reviews:
Nursing Documentation
PI - Audited for appropriateness and quality of care
PI - Actions Taken
PI - Loop Closure
PI - Screening of appropriate patients

Trauma Designation Support



Trauma Designation Assistance

Department Actions:

- Q4 Removal of Contingencies: Level III - 2, Level IV - 3
- Level I/II Trauma Facility monthly calls began in January 2024
- RAC Chairs and EDs invited to monthly facility calls
- Trauma meeting calls are now on the GoToWebinar platform

Designated Stroke Facilities

Designated Stroke Facilities	4th Quarter 2023	3rd Quarter 2023
Total	188	187
Comprehensive Level I	43	43
Advanced Level II	4	3
Primary Level III *Primary Level II*	51 *66*	39 *79*
Acute Stroke Ready Level IV *Support Level III*	19 *5*	12 *11*

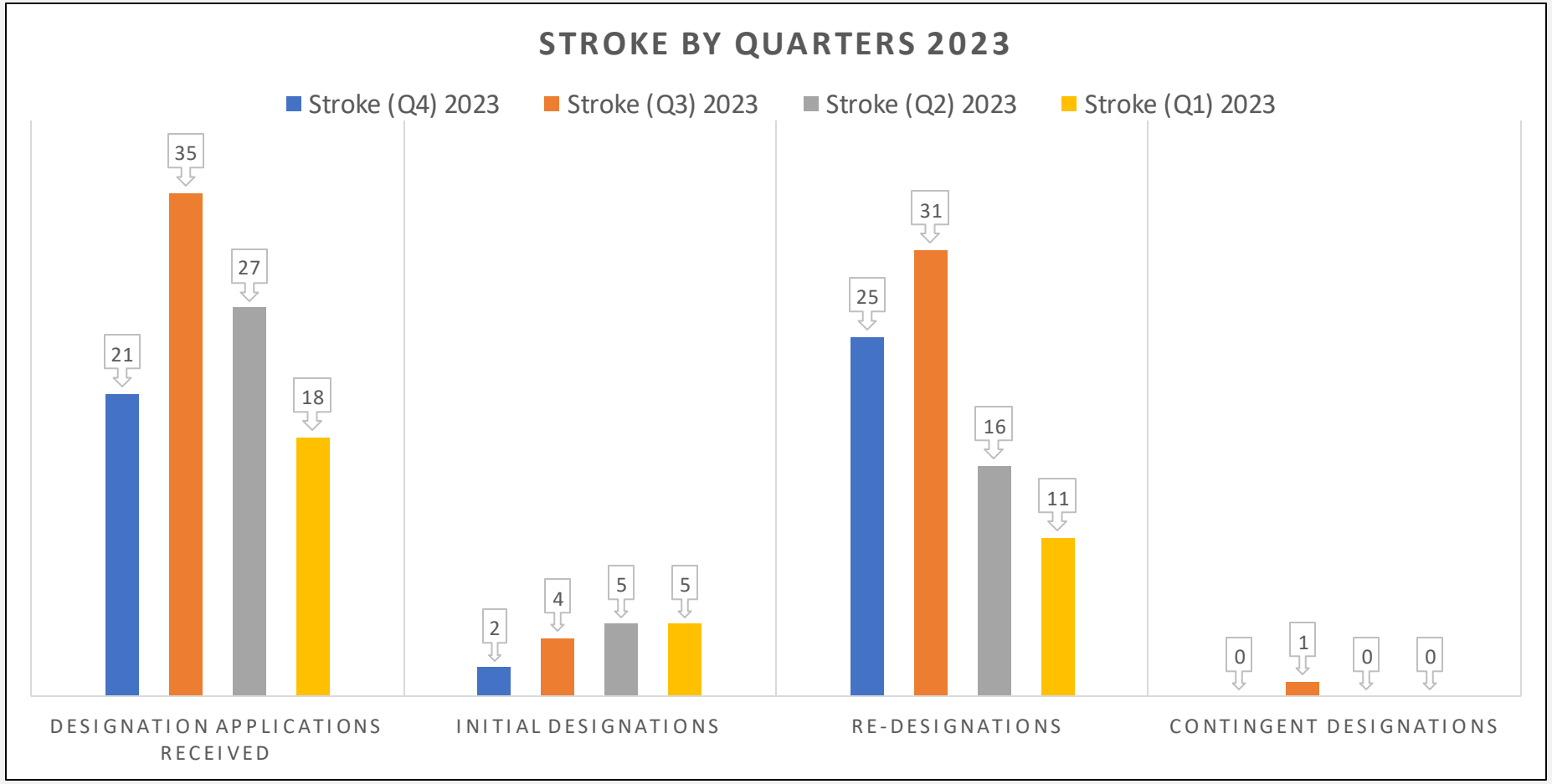
Designated Stroke Facilities

Designated Stroke Facilities	Totals
4th Quarter 2023	188
3rd Quarter 2023	187
2nd Quarter 2023	185
1st Quarter 2023	184

Since 1st Quarter 2023

- Withdrew:
  - 2 Support Centers
  - 2 Primary Center
- Initial Designations:
  - 1 Comprehensive
  - 4 Advanced
  - 7 Primary
  - 7 Acute Stroke Ready Centers

Stroke Designation Data



Stroke Designation Data

Stroke Designation Applications	4th Quarter 2023	3rd Quarter 2023	2nd Quarter 2023	1st Quarter 2023
Level I	6	10	5	5
Level II	0	2	1	1
Level III	13	15	14	9
Level IV	2	8	7	3
Total	21	35	27	18

Stroke Designation Information

Stroke Workgroup Projects

- Stroke Application Data - Completed
- Level IV Acute Stroke Ready DSHS Guidelines - In Progress
- Level III DSHS Primary Guidelines
- Level I DSHS Comprehensive Guidelines

Acute Stroke Ready – Stroke Guidelines Review Workgroup meetings

Designation Application Process Performance Measures

Goal – 30 days

Trauma – 77 days

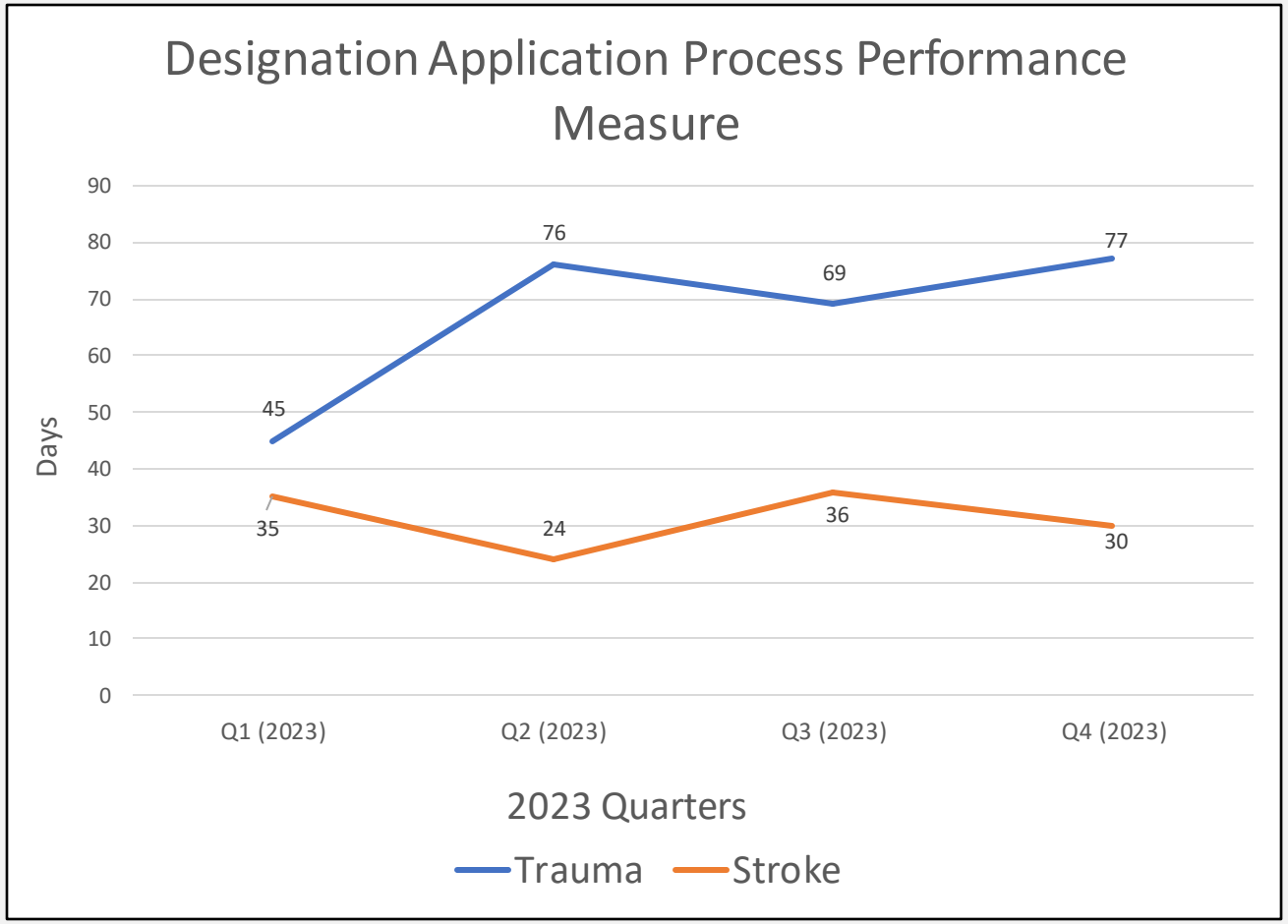
Stroke – 30 days

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

Approved Documents to Facility Distribution:

Goal – 2 days

Avg – 9 days



EMS System Update

Joe Schmider
Texas State EMS Director

Senate Bill 8 Update

- Over 2,603 Education Scholarships processed or in process
- EMS Scholarships in each RAC
- $13,798,200. Million in scholarships processed
- 2,520 new certified EMS personnel since 10/1/22
- 2019 – 68,461 certified personnel; today – **75,707**

(As of 2-28-2024)

Opening Up TAC 157.11

- To add SB 2133 language Dialysis Transports and to do some clean of the rule into current format.
- Correct insurance amounts for local governments to $100,000/$300,000
- 25 triage tags or participate in the RAC triage plan
- The Comment period end March 13, 2024

NEMSIS: V5 switch over Continues to move Forward!

For more information on NEMSIS and national dashboards go to

hhtps://NEMSIS.org.

TEXAS Health and Human Services

Texas Department of State Health Services

EMS/Trauma Systems Funding

Sunita Raj, EMS/Trauma Systems Manager

EMS/Trauma Systems Funding

Appropriation: FY 24 – 111 M

0001 – General Revenue: $7,549,524

0512 – Bureau of Emergency Management Account: FY 24 - $3,1 M

5007 – Commission on State Emer Comm Account: FY24 - 1.75 M

5108 – EMS, Trauma Facilities/Care System: FY24 - $3.5 M

5111 – Trauma Facility and EMS Account: FY24 - $96M

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Extraordinary Emergency Funds (EEFs):

- FY24: $1M was made available on 9/1/2023
  - 9 Applications received
  - 4 Awarded, 1 Denied
  - Total Expended: $761,141.08
  - Funds available: $238,858.92
  - Grant requests applications are under review

Requested items:

- Repair Ambulance And Replace Ambulance
- Cardiac Monitor / Defibrillator
- New Ambulance
- Ambulance Radio

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
- EI payments
  - Start 9/1/2023

	FY 2023	FY 2024	FY 2025
EMS	$4,795,847	$4,876,435	$4,941,600
RAC	$2,597,147	$2,650,510	$2,661,449
System Dev.	$2,278,187	$2,278,187	$2,278,187
EI	$3,300,000	$3,300,000	$3,300,000
Total:	**$9,424,118**	**$9,671,181**	**$9,805,132**

TEXAS Health and Human Services

Texas Department of State Health Services

FY21 UCC Funding Update

- Application are open until May 1st, 2024
- $95,543,482 Allocated for Hospital
- $179,621,746 from SDA Trauma Add-On

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Texas Department of State Health Services

Questions for EMS/Trauma Systems?

Thank You

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Texas EMS and Trauma Registry
Office of Injury Prevention

Jia Benno, MPH
Office of Injury Prevention Manager

Injury Prevention and Public Education Fall and Firearm Data Request

March 8, 2024

Jia Benno, MPH

Injury Prevention Unit Director

Texas EMS and Trauma Registries

- The Emergency Medical Services and Trauma Registries (EMSTR) collects data from EMS providers, hospitals, justices of the peace, medical examiners, and rehabilitation facilities.

- EMS providers and trauma facilities must report all runs and trauma activations to EMSTR under Texas Administrative Code, Title 25, Chapter 103.
  - An EMS run is a resulting action from a call for assistance where an EMS provider is dispatched to, responds to, provides care to, or transports a person.

Methodology Notes

- EMSTR is a passive surveillance system, and each hospital is required to independently submit a patient's record.
- Patients transferred between hospitals will result in more than one record.
- Per epidemiology best practice, EMSTR suppressed data when there were less than 5 records to protect identifiable data, noted with an asterisk (*).
- This presentation includes data from 2018-2022.
- Age groups – when age is broken down into pediatric, adult, and geriatric, the age breakdowns are:
  - Pediatric – Children 15 and younger;
  - Adult – Ages 16-64; and
  - Geriatric – Ages 65+.

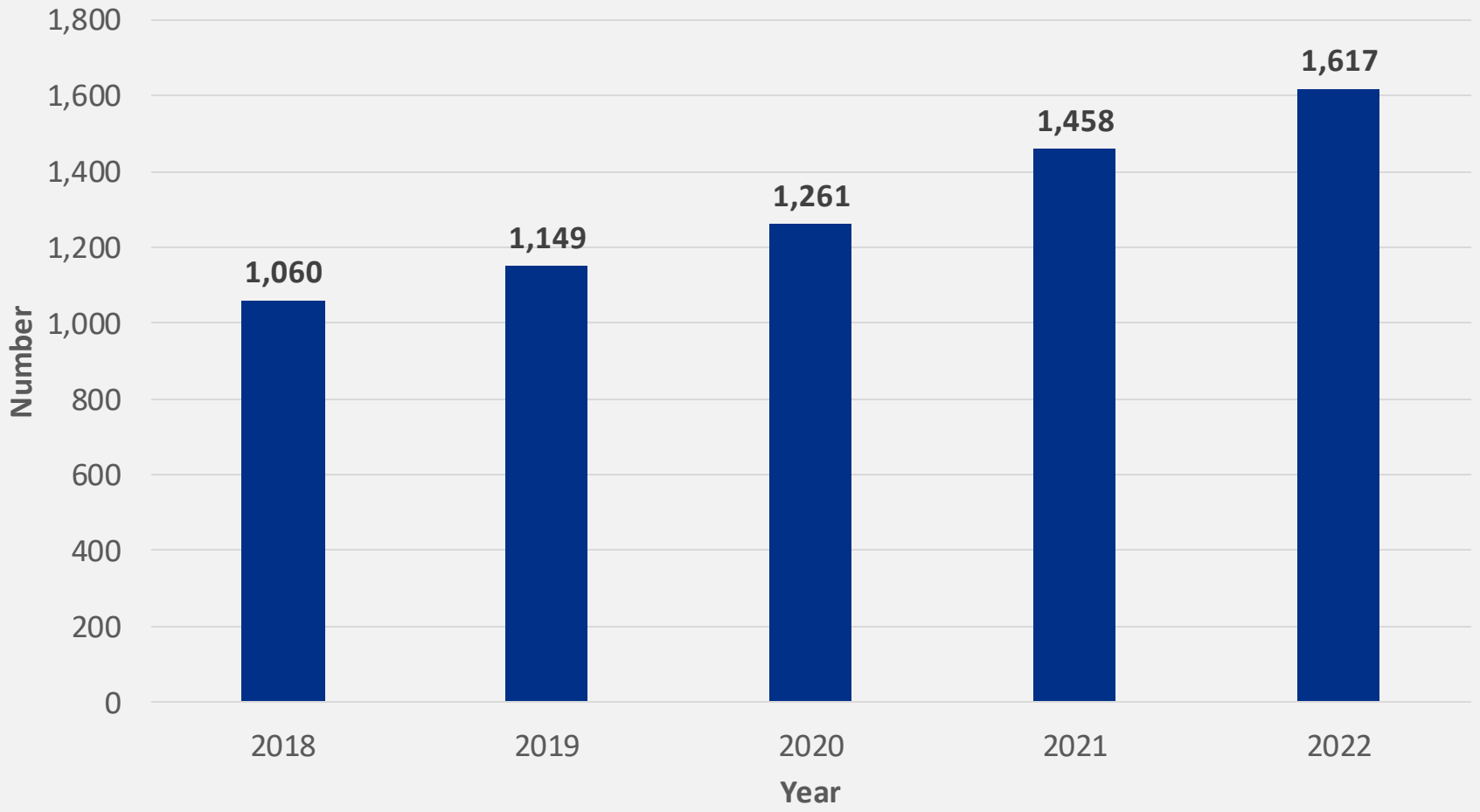
Data Definitions

- Injury Severity Score – The Injury Severity Score (ISS) is an anatomical scoring system providing an overall score for patients with multiple injuries. The ISS scoring categories are:
    - ISS 1-8 = mild;
    - ISS 9-15 = moderate;
    - ISS 16-24 = severe; or
    - ISS $\geq$ 25 = profound.
- Missing – Providers did not fill in the section.
- Unintentional – A type of injury that is not deliberate or done with purpose.

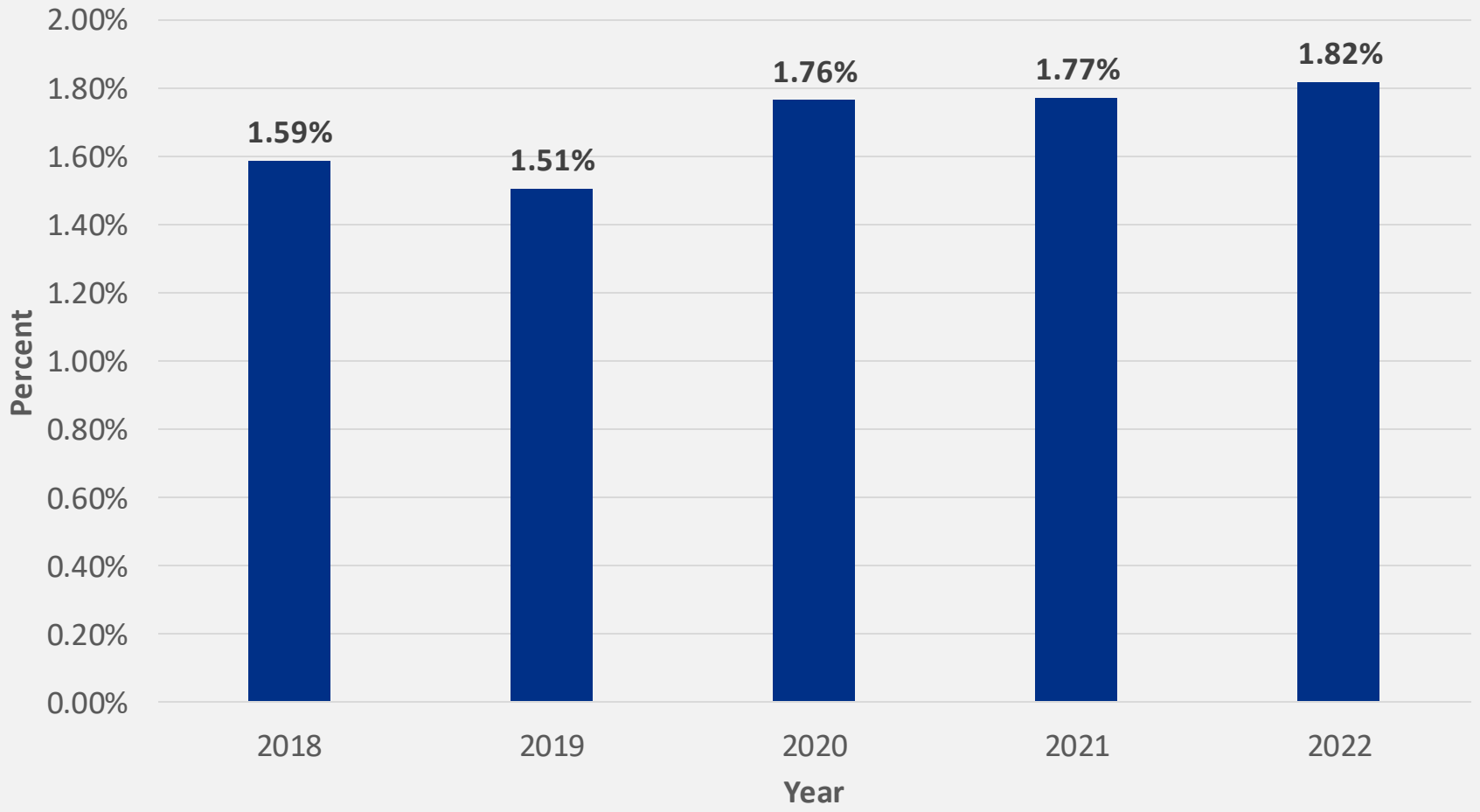
2018-2022
Fatal Fall Data

Falls seen in a trauma facility where the patient's hospital disposition is deceased.

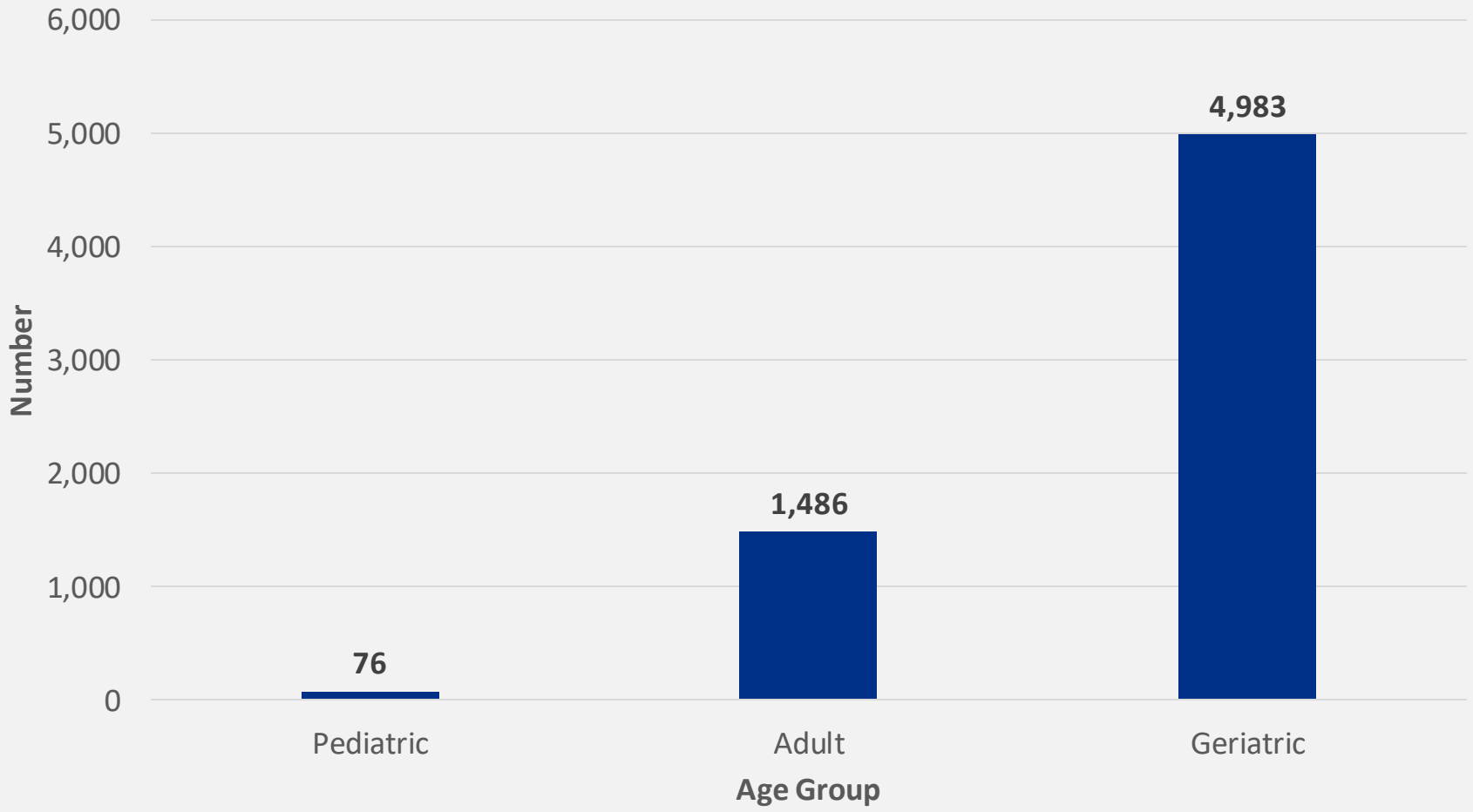
Fatal Falls by Year



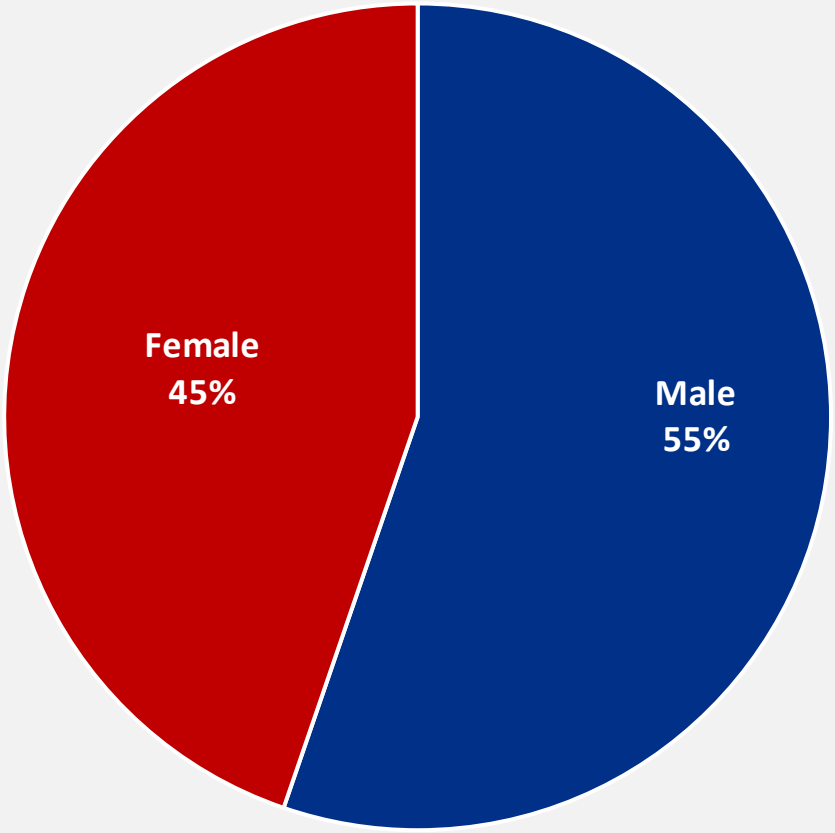
Fatal Fall Percent by Year



Fatal Falls by Age



Fatal Falls by Sex

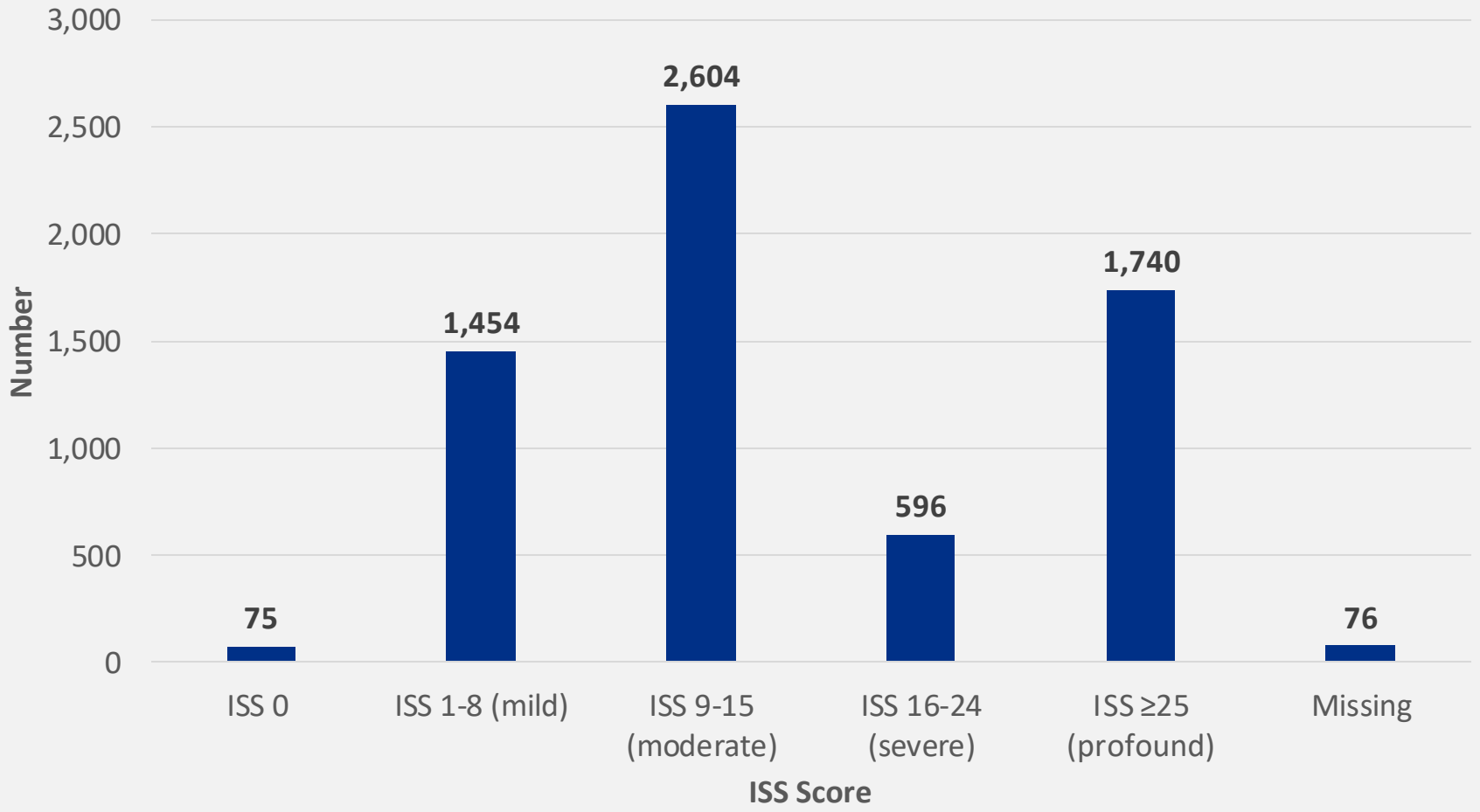


Fatal Falls Injury Descriptions

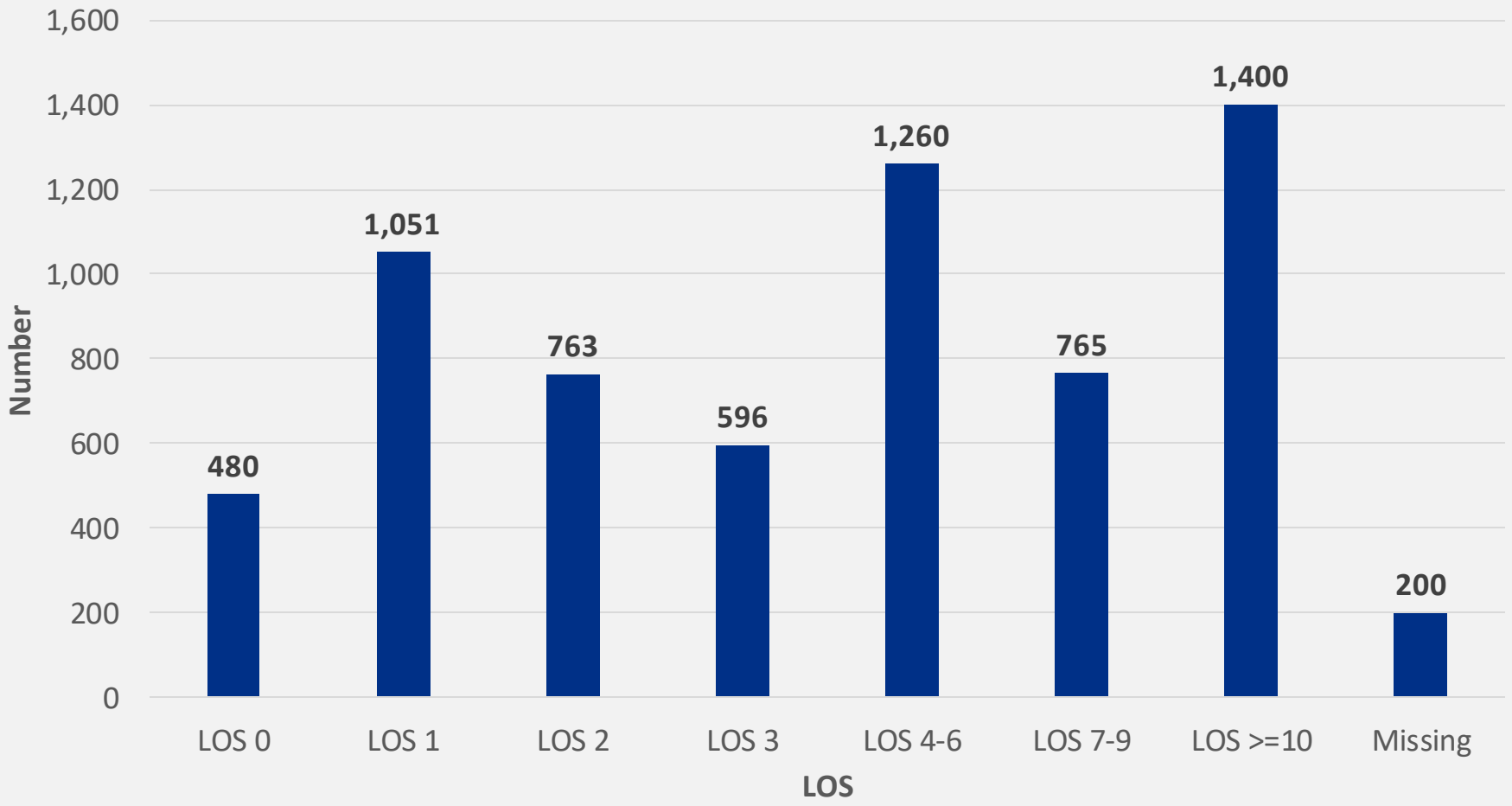
Injury Description	Number	Percent
Fall on same level from slipping, tripping, and stumbling **without** subsequent striking against object	1,957	29.90%
Unspecified fall	1,104	16.87%
Other fall on same level	855	13.06%
Fall on same level from slipping, tripping and stumbling **with** subsequent striking against other object	528	8.07%
Fall from bed	367	5.61%
Fall from stairs and steps	192	2.93%
Fall on and from ladder	167	2.55%
Other fall from one level to another	161	2.46%
Fall from non-moving wheelchair	128	1.96%
Fall from chair	124	1.89%

Note – this only shows the top 10 injury descriptions.

Fatal Falls by ISS Score

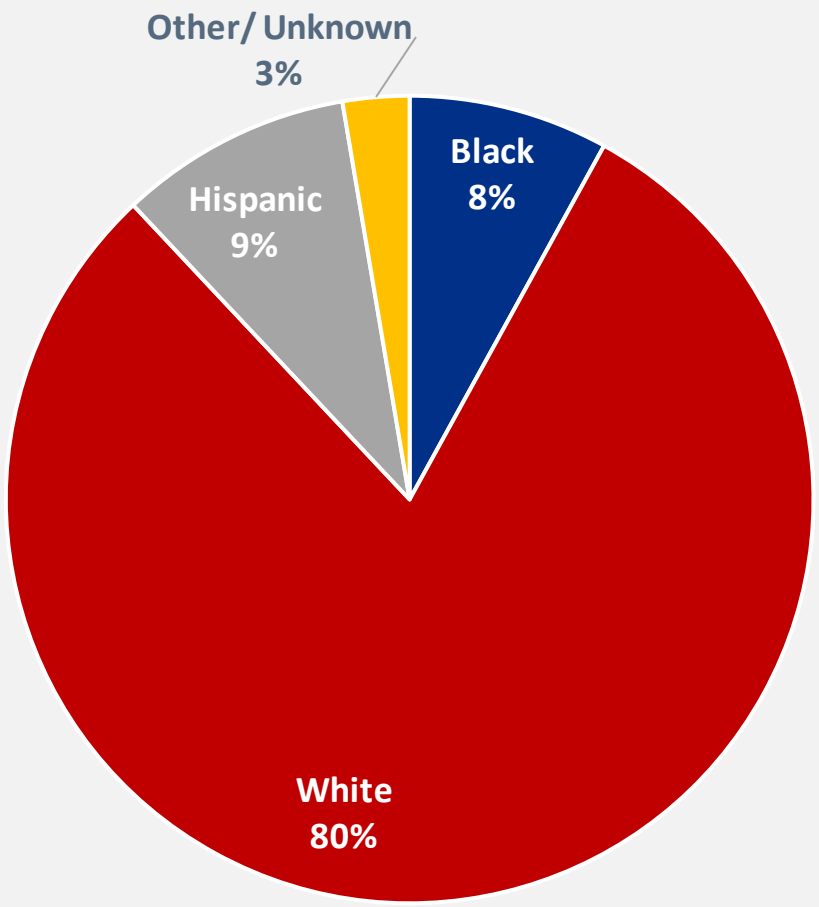


Fatal Falls by Length of Hospital Stay (LOS)

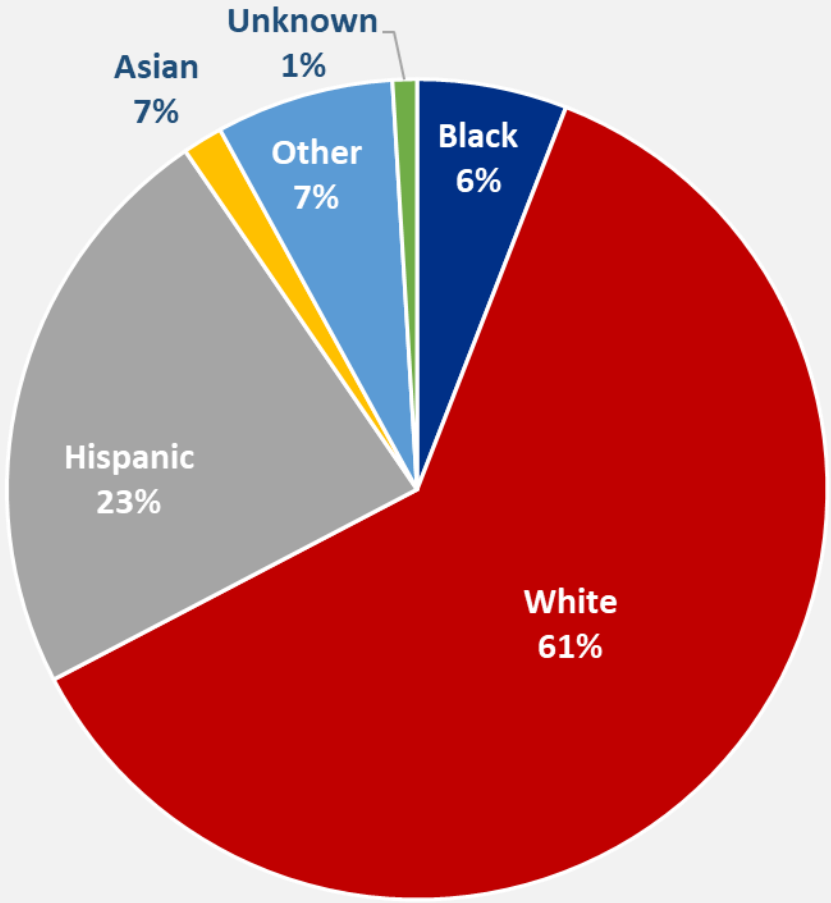


Fatal Fall Demographics by ISS score

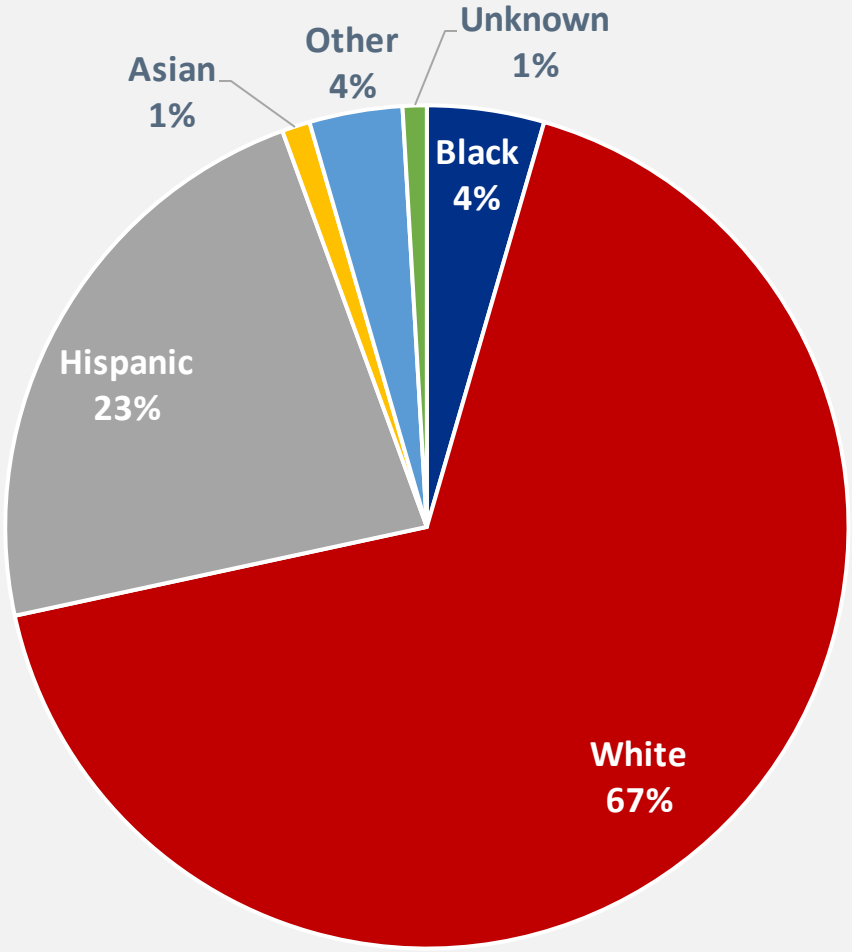
ISS Score 0 by Race and Ethnicity



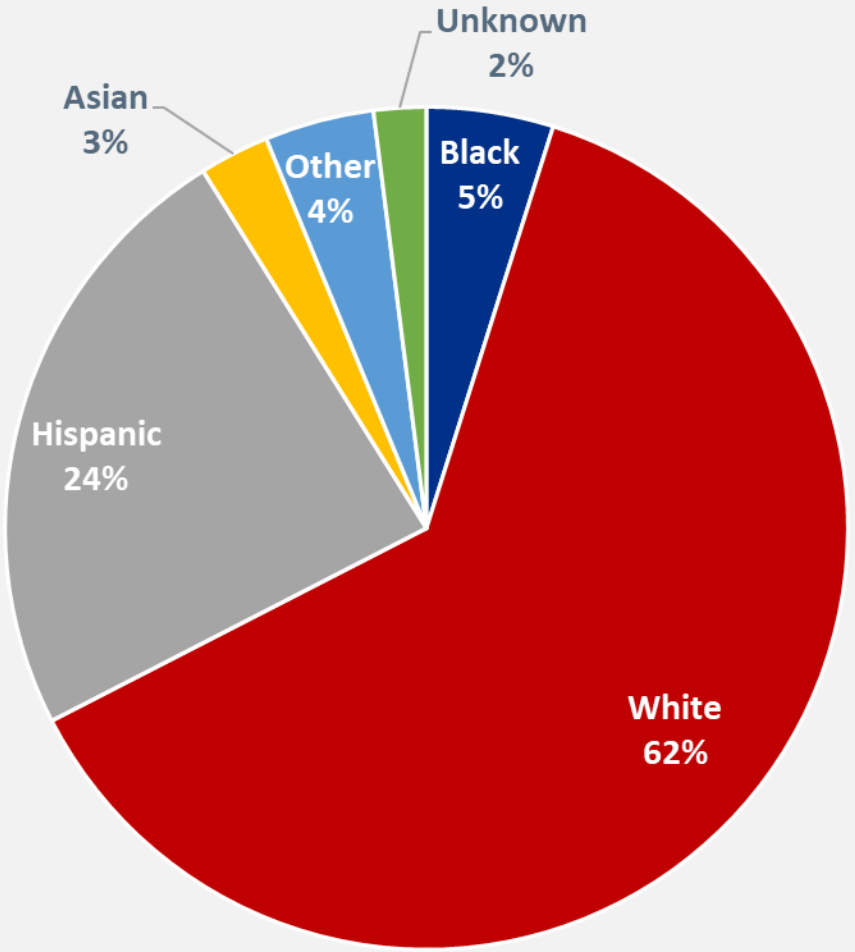
ISS Score 1-8 by Race and Ethnicity



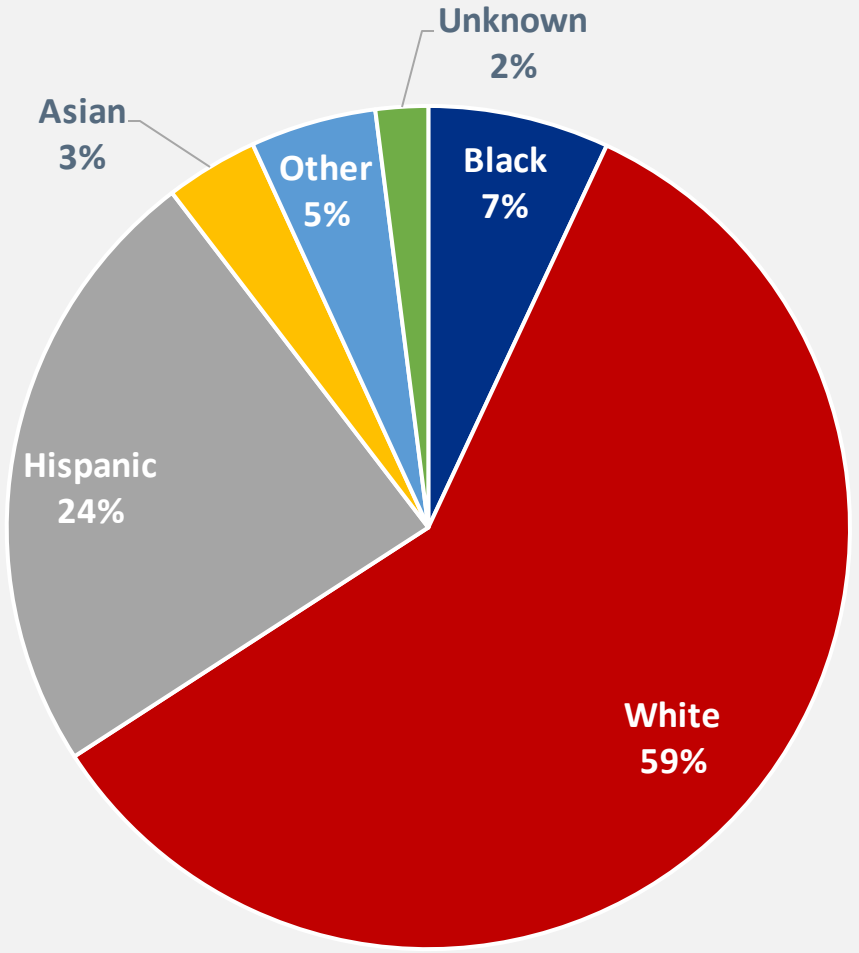
ISS Score 9-15 by Race and Ethnicity



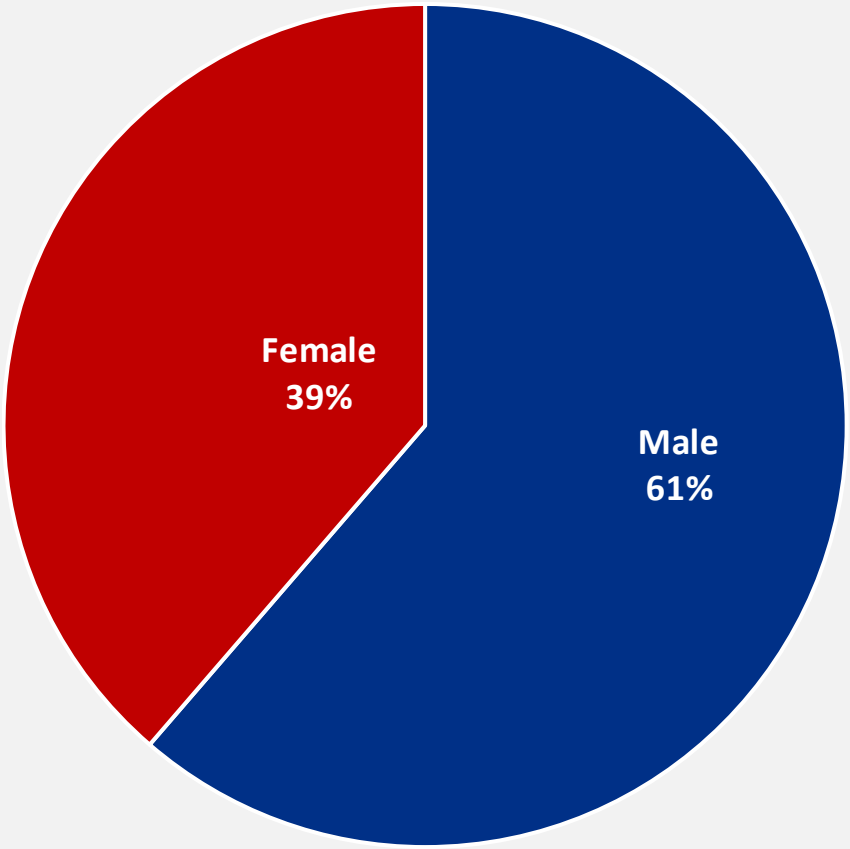
ISS Score 16-24 by Race and Ethnicity



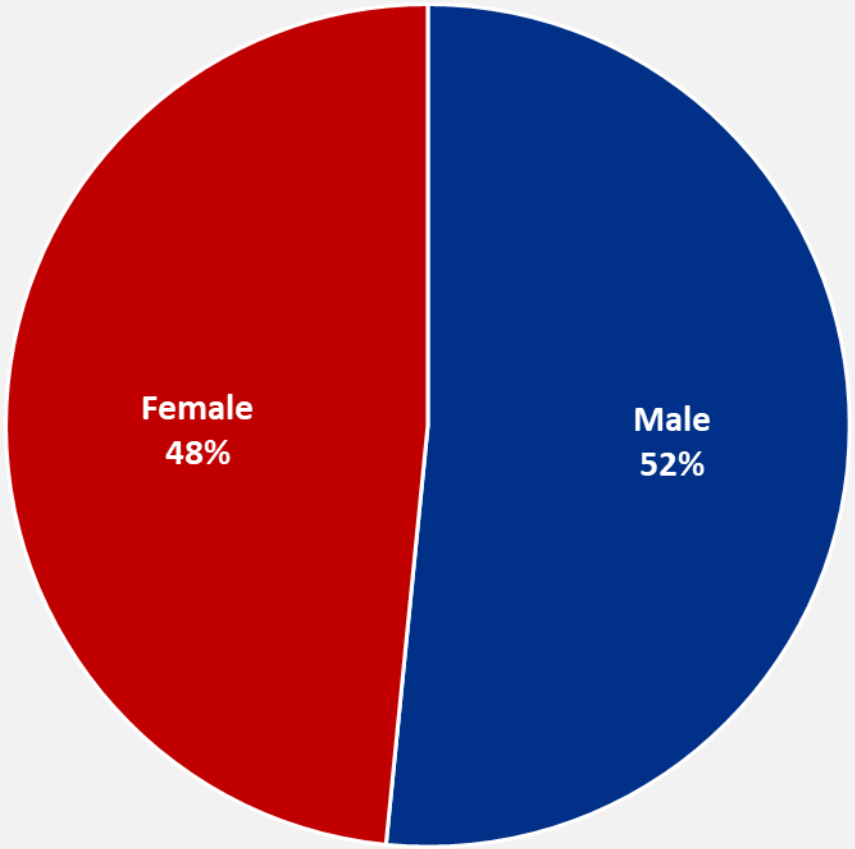
ISS Score ≥ 25 by Race and Ethnicity



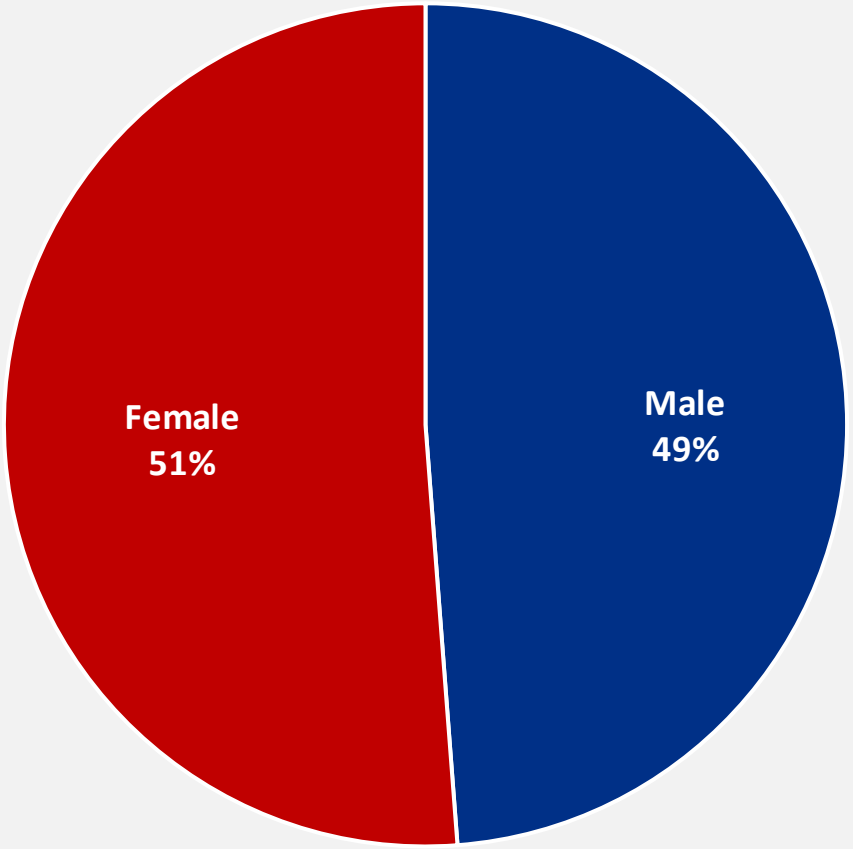
ISS Score 0 by Sex



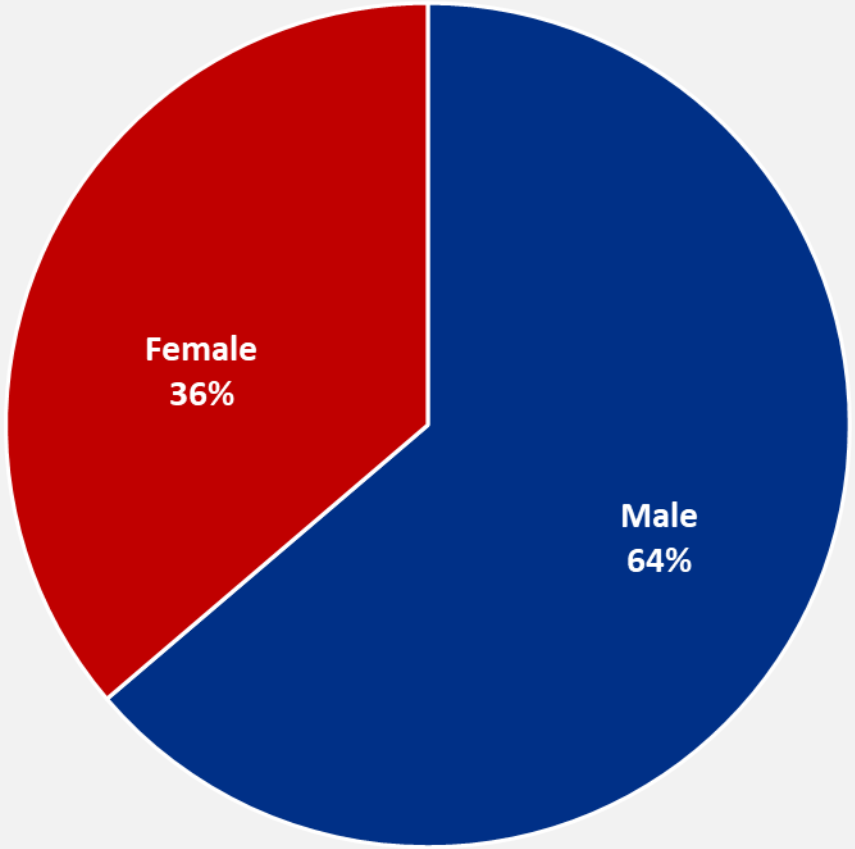
ISS Score 1-8 by Sex



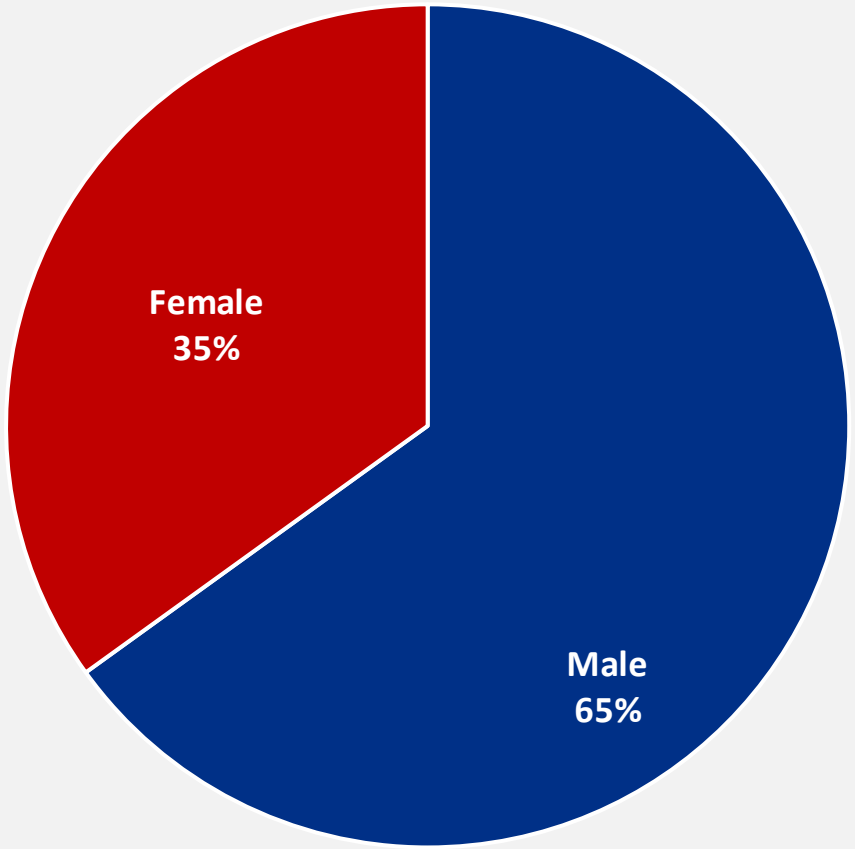
ISS Score 9-15 by Sex



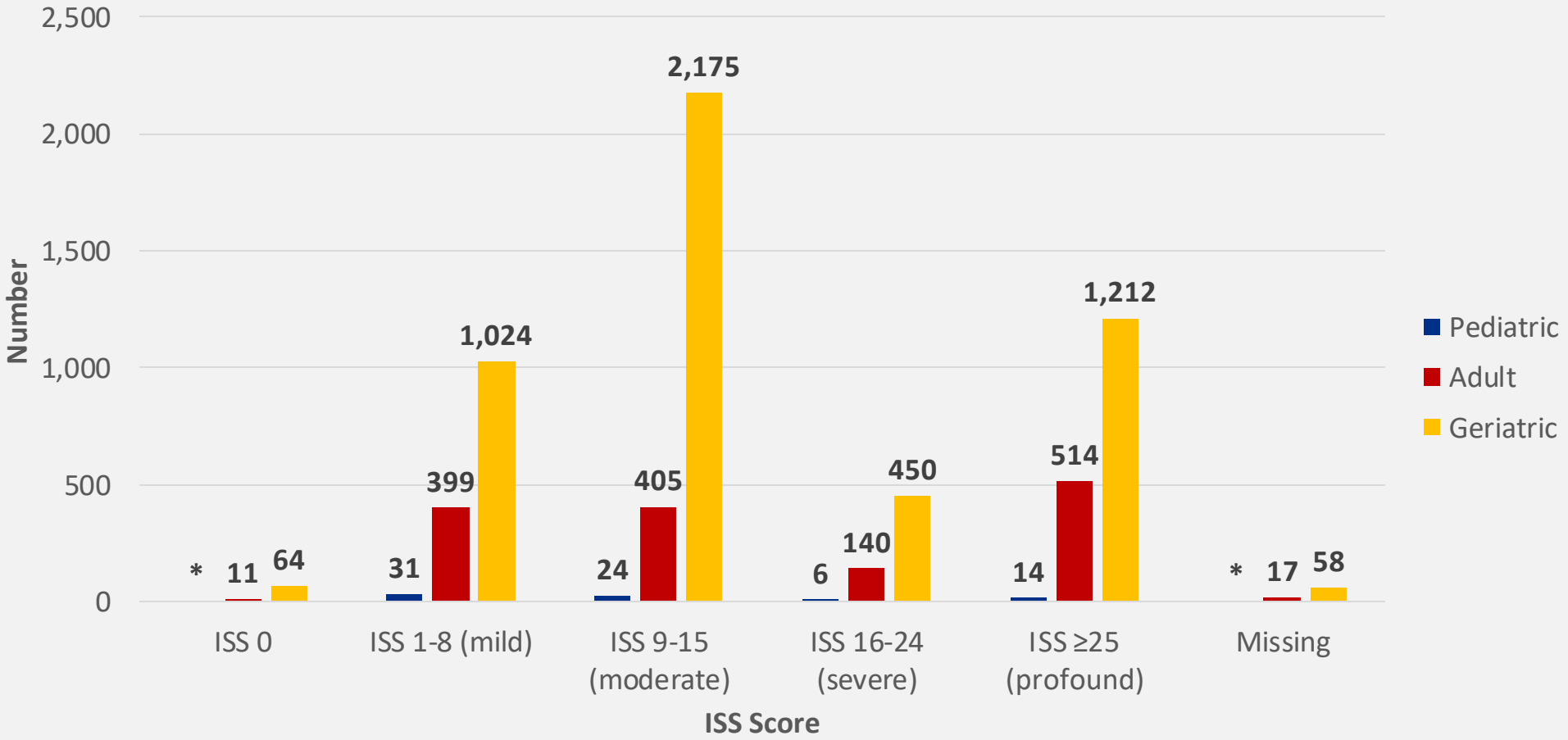
ISS Score 16-24 by Sex



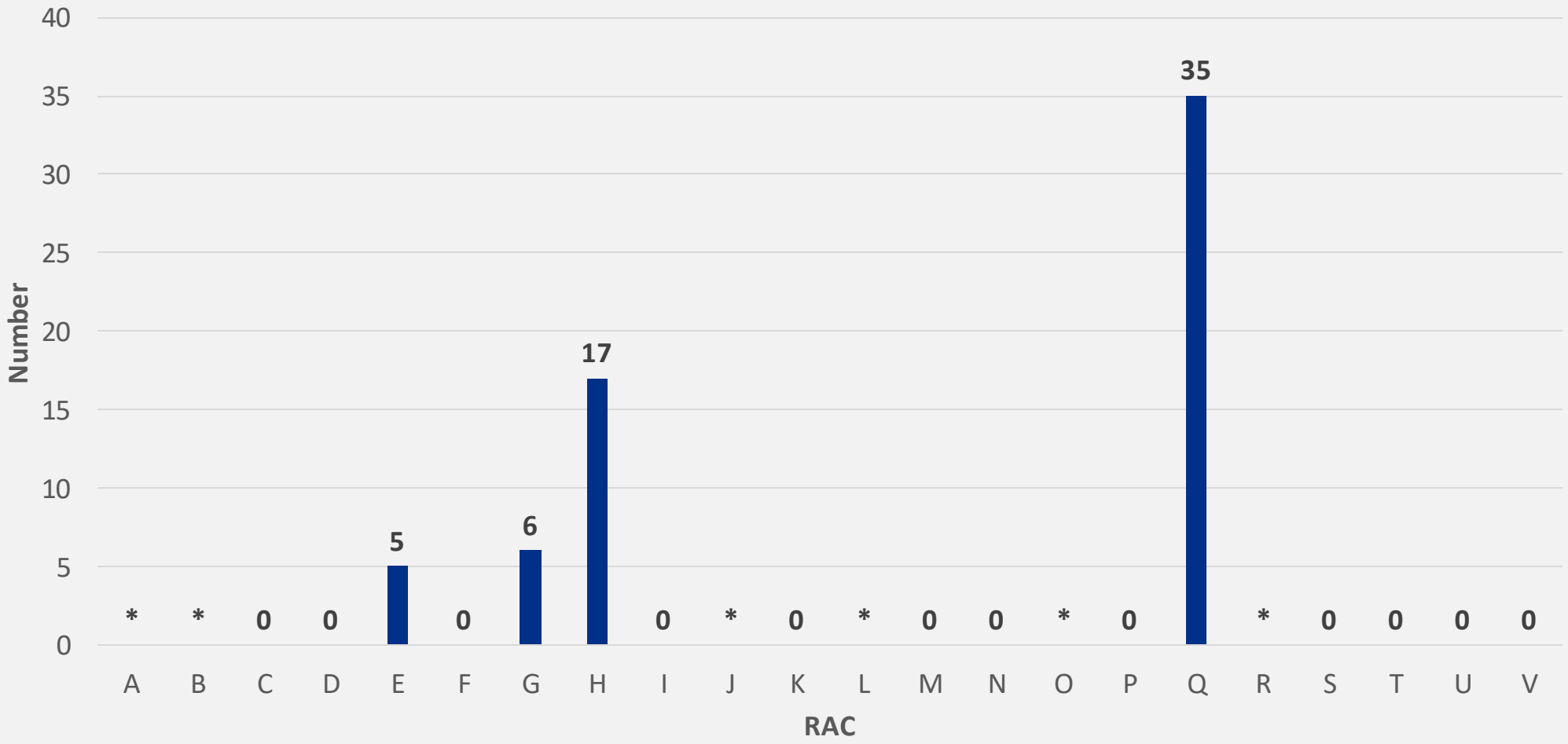
ISS Score ≥ 25 by Sex



ISS Score by Age

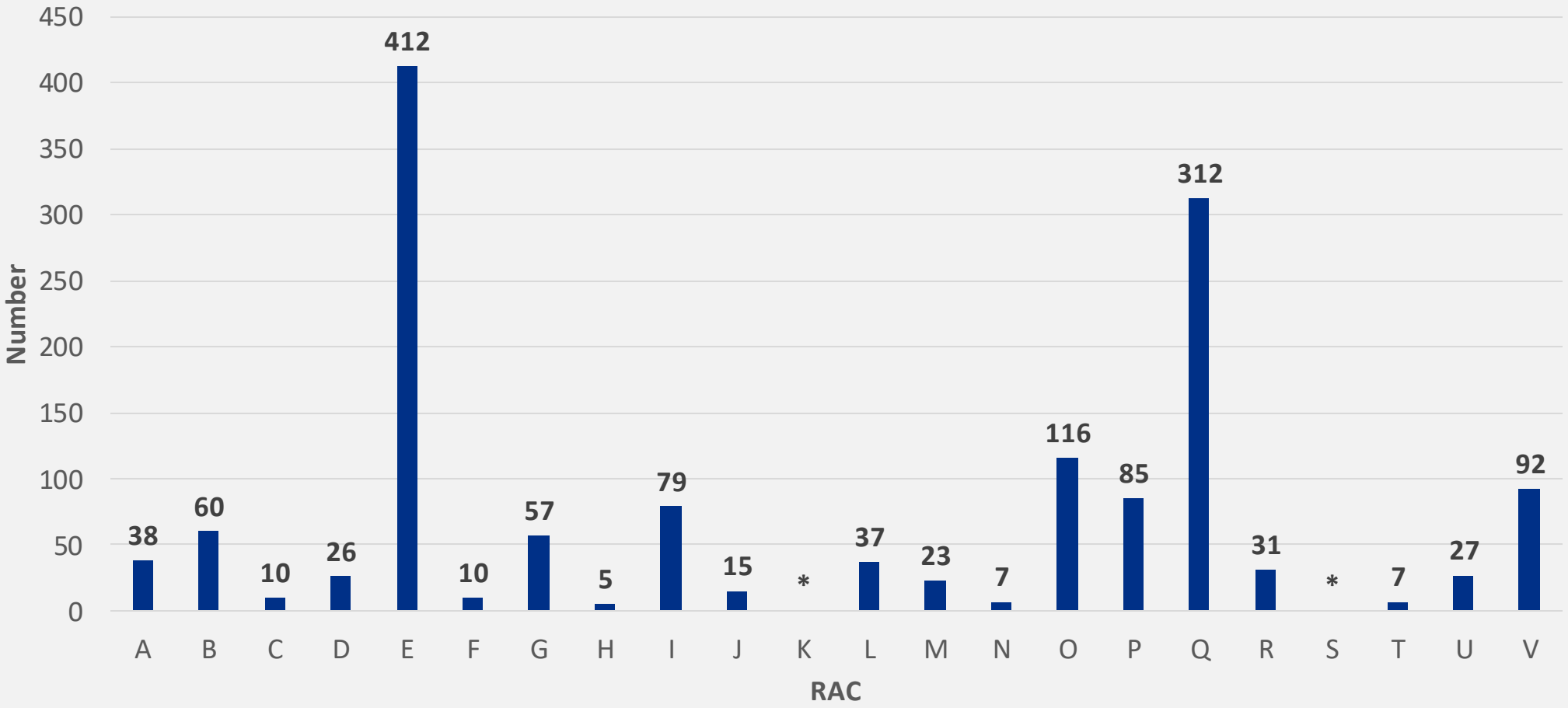


ISS Score 0 by Regional Advisory Council (RAC)



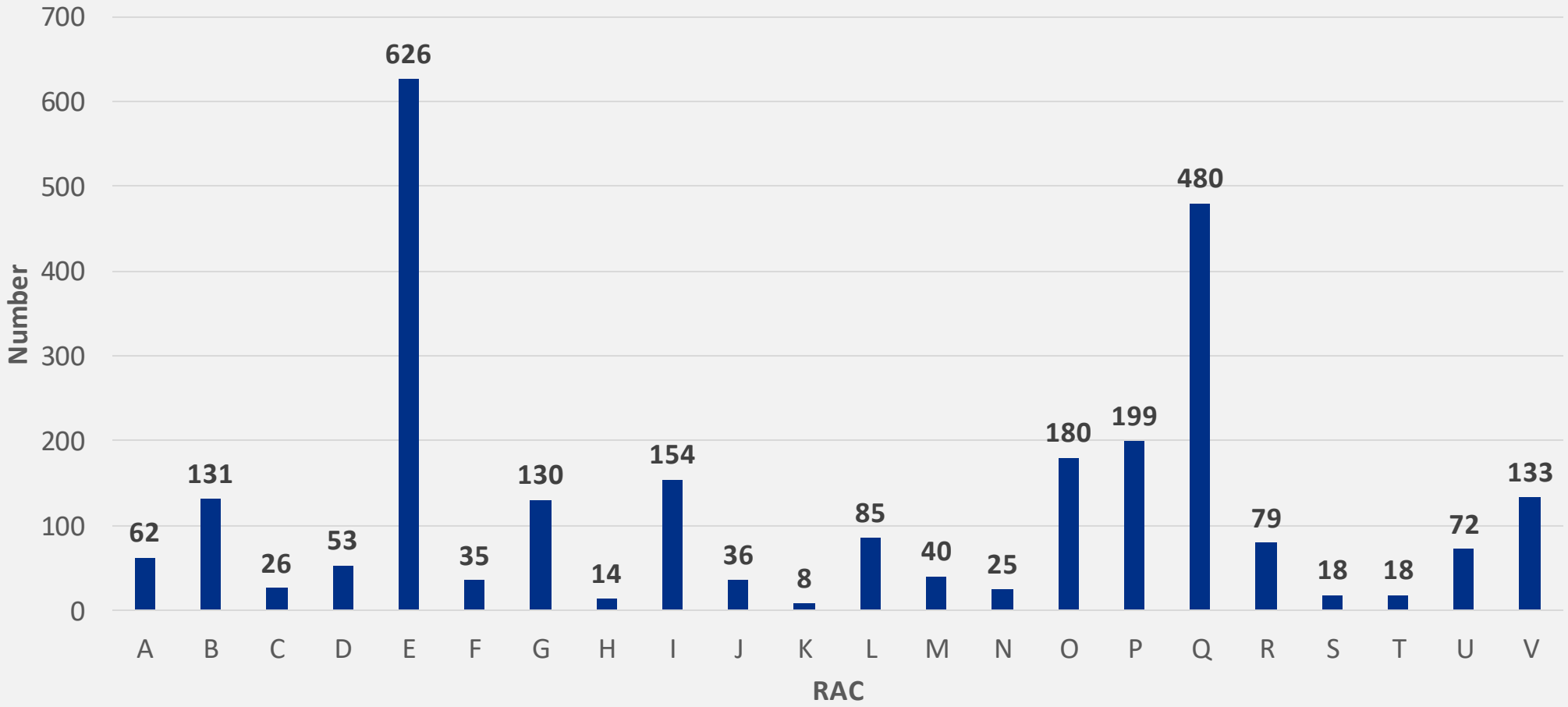
* = less than 5

ISS Score 1-8 (Mild) by RAC

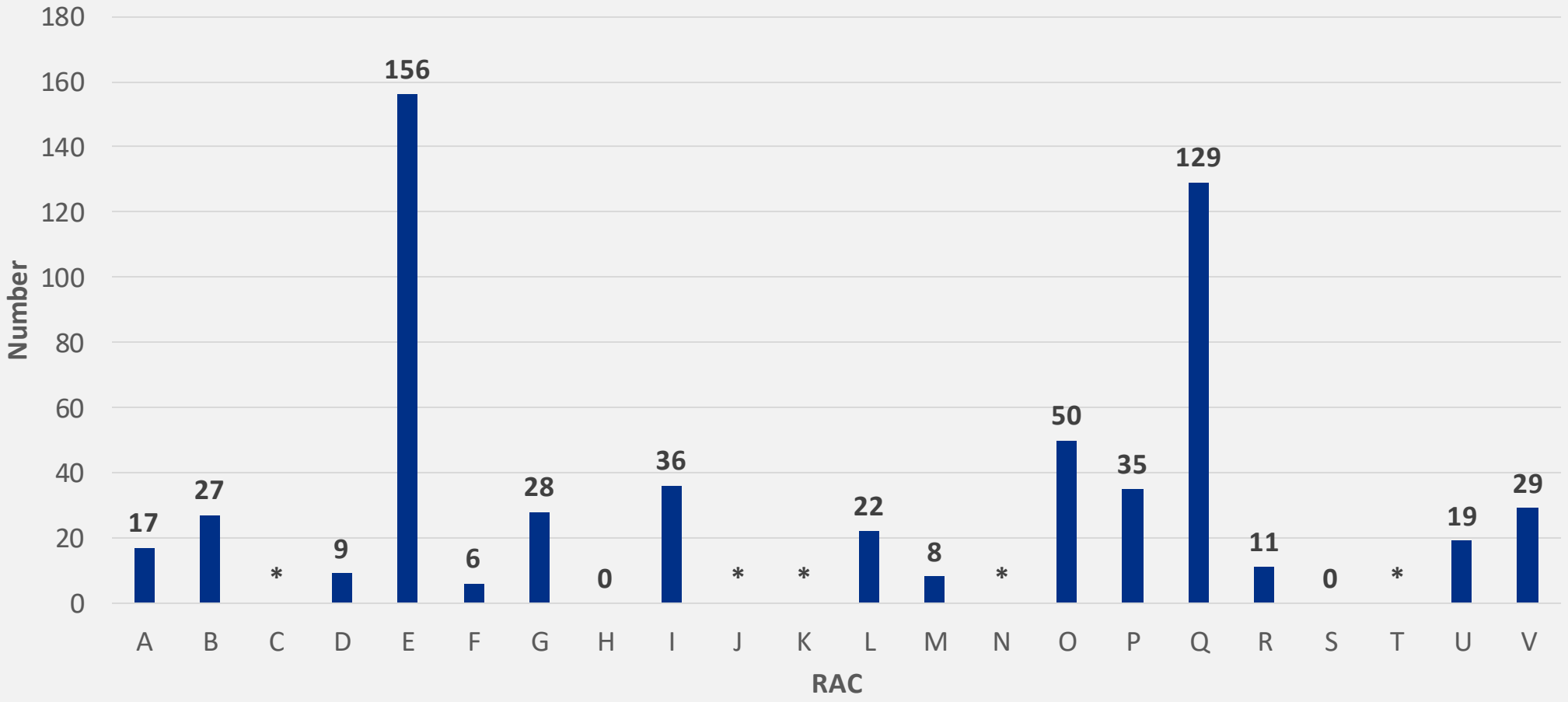


* = less than 5

ISS Score 9-15 (Moderate) by RAC

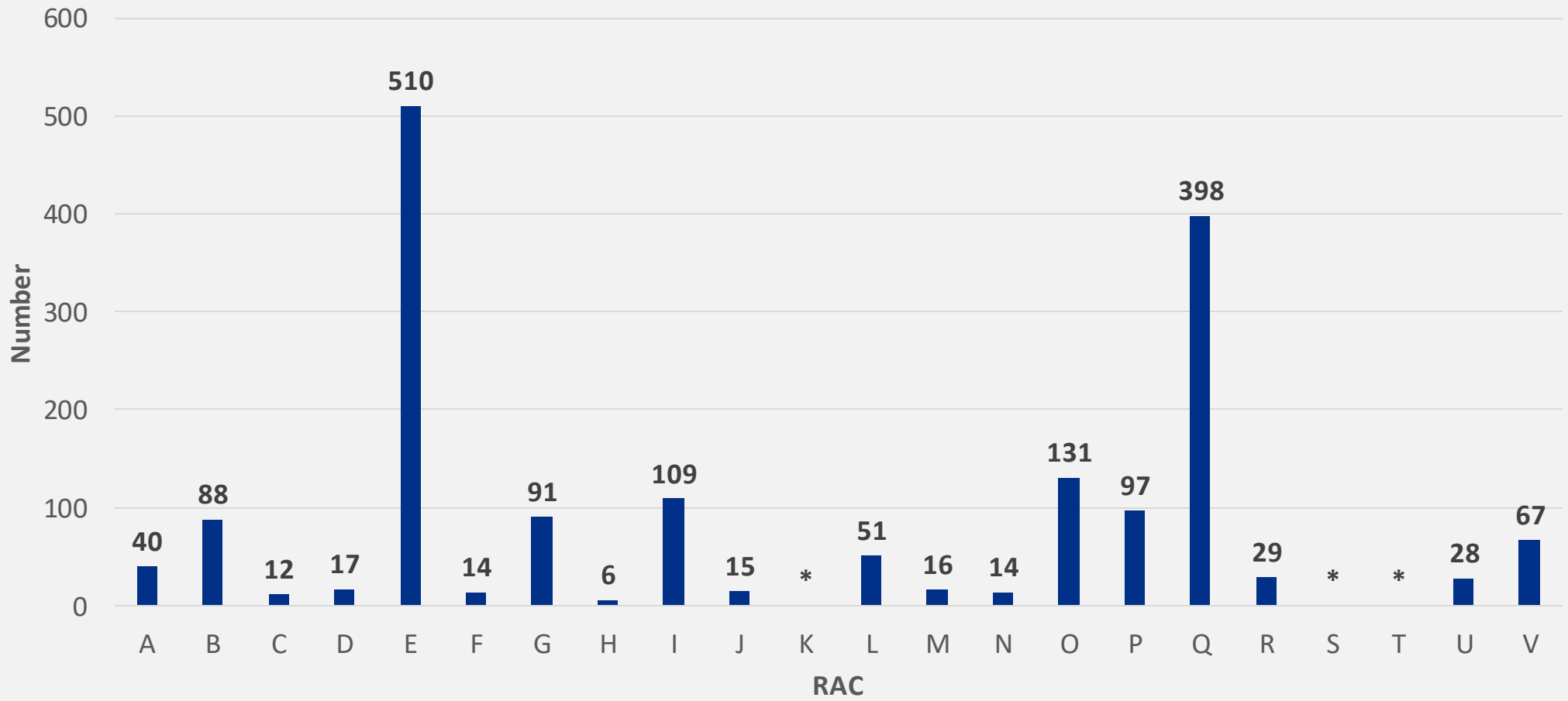


ISS Score 16-24 (Severe) by RAC



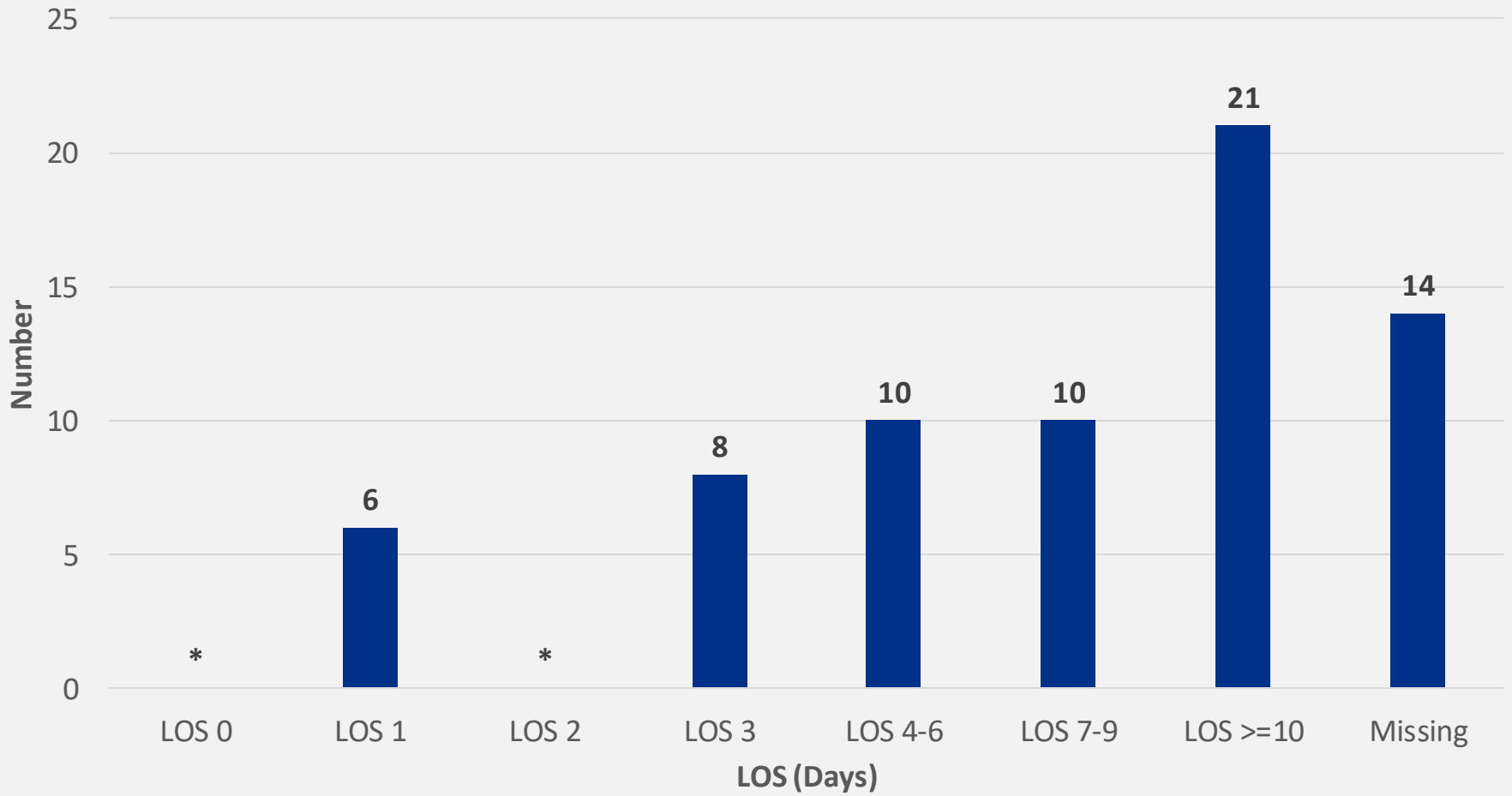
* = less than 5

ISS Score ≥ 25 (Profound) by RAC



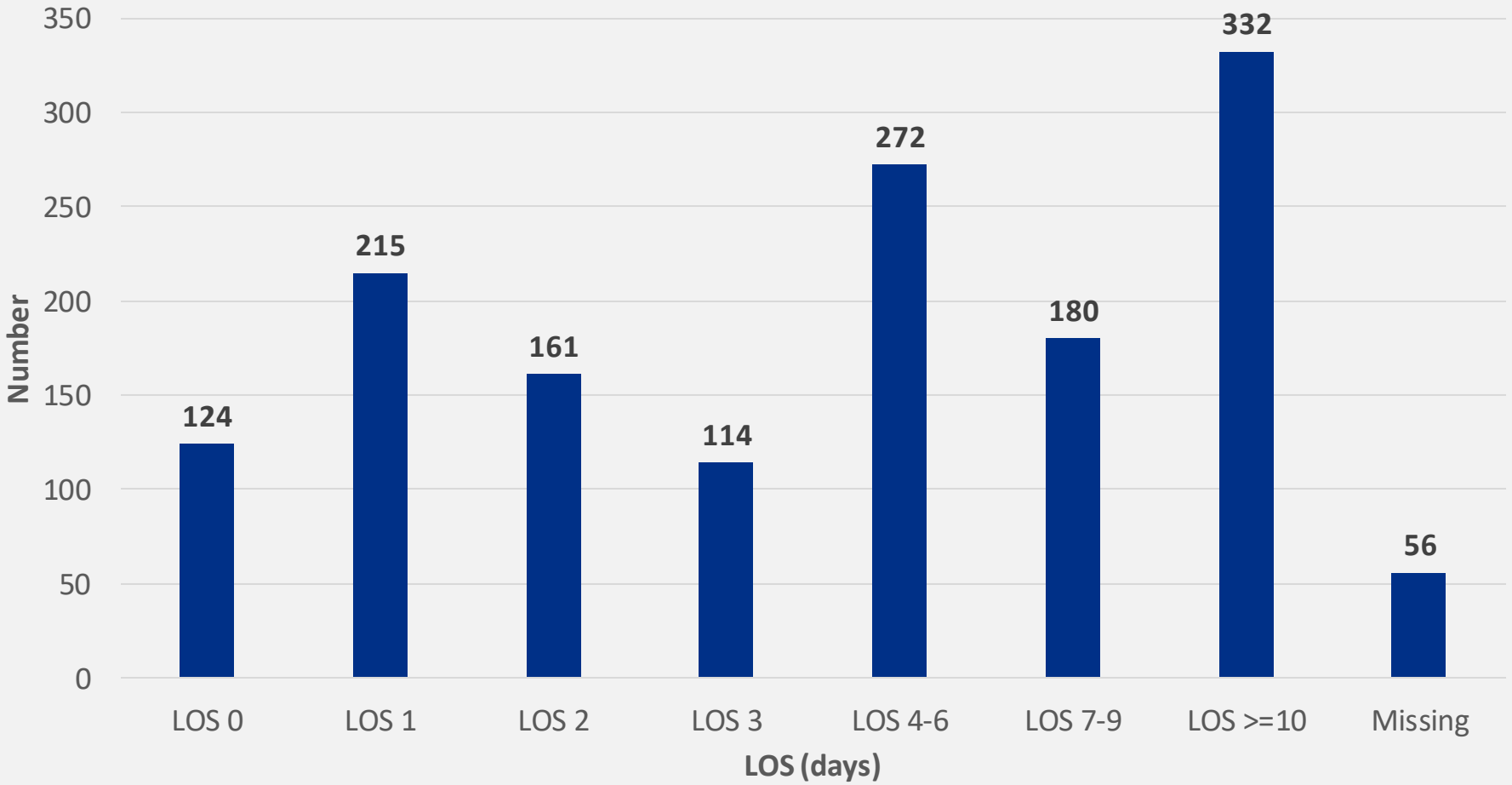
* = less than 5

ISS Score 0 by Length of Hospital Stay (LOS)



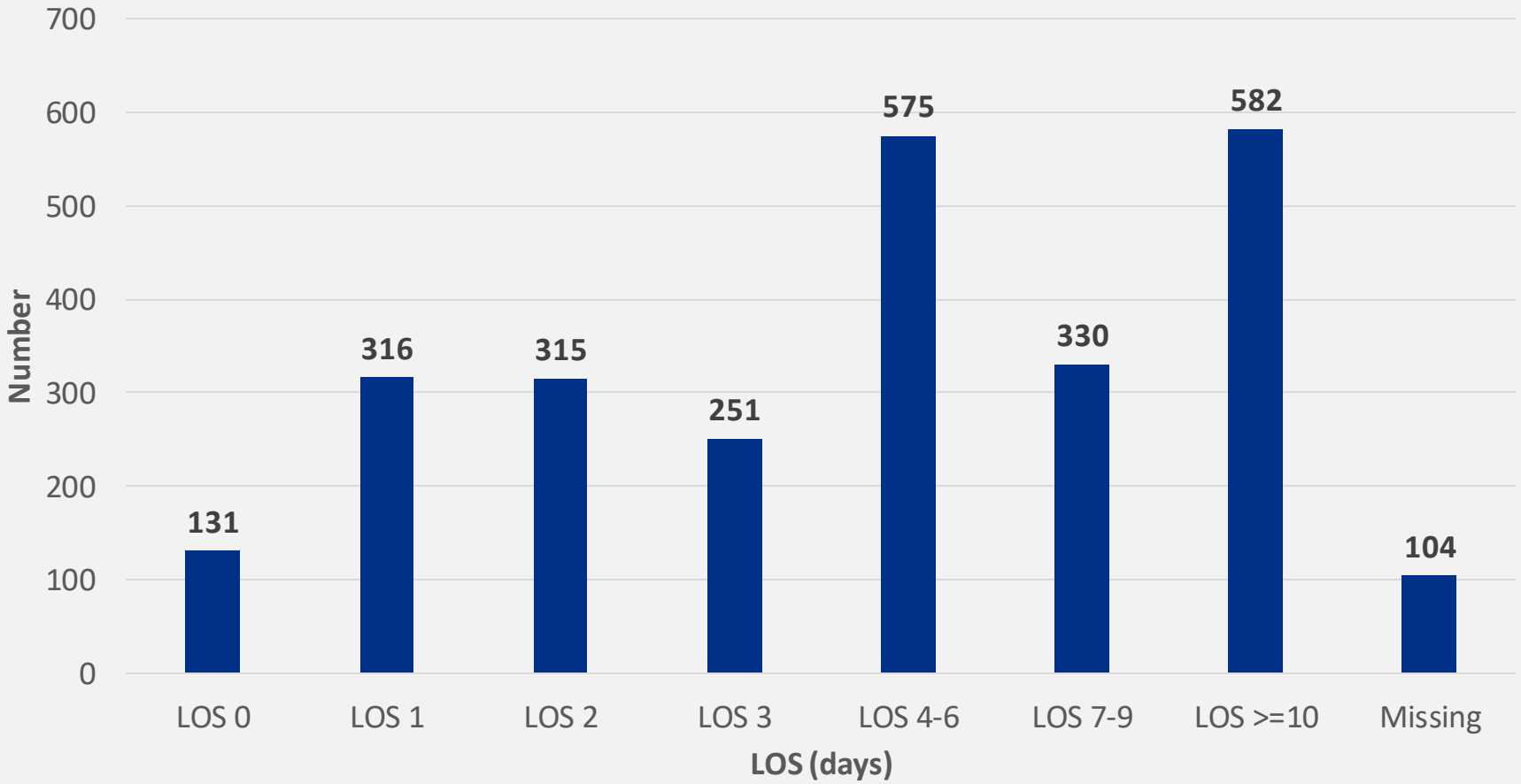
* = less than 5

ISS Score 1-8 (Mild) by LOS

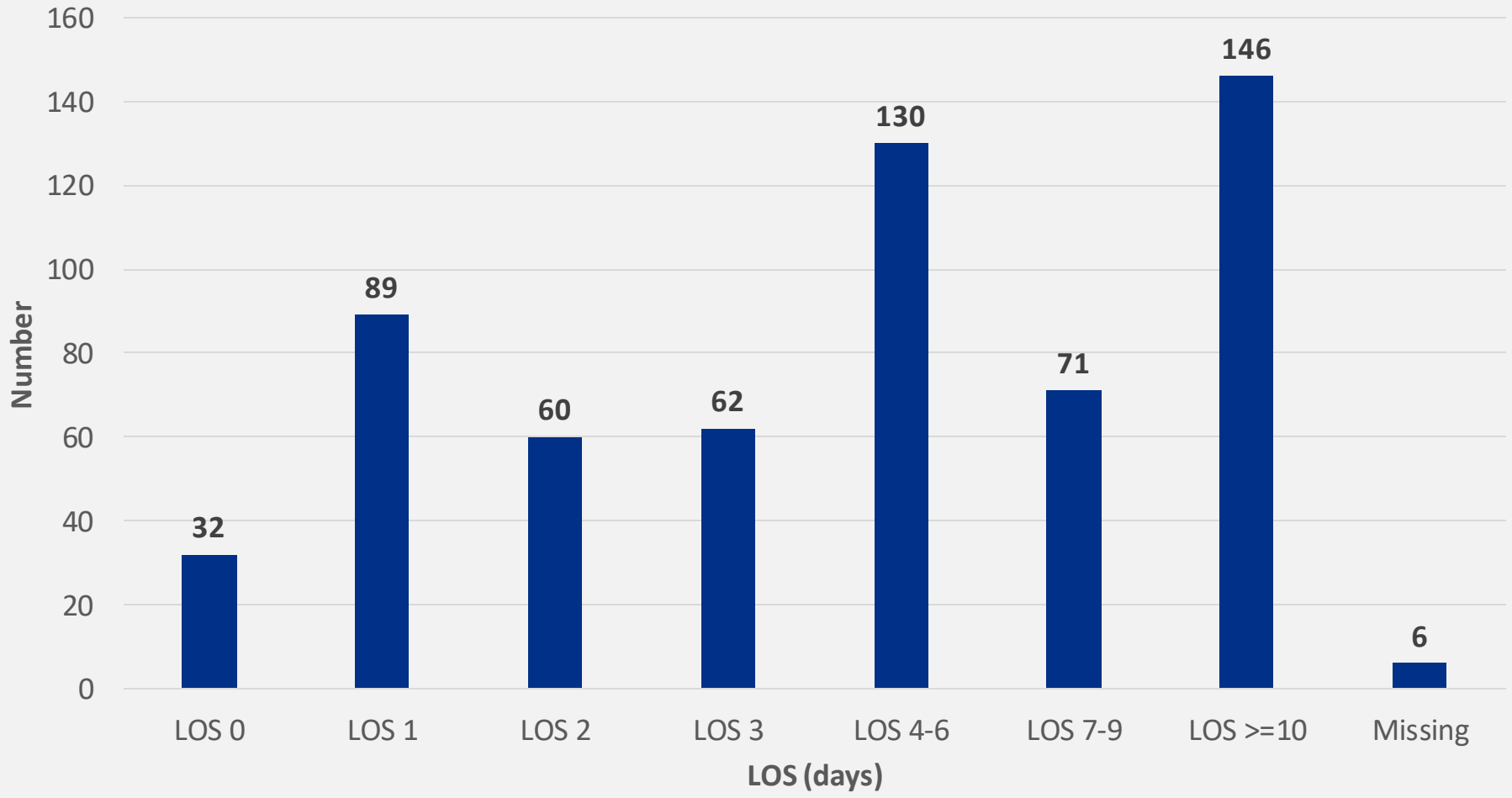


* = less than 5

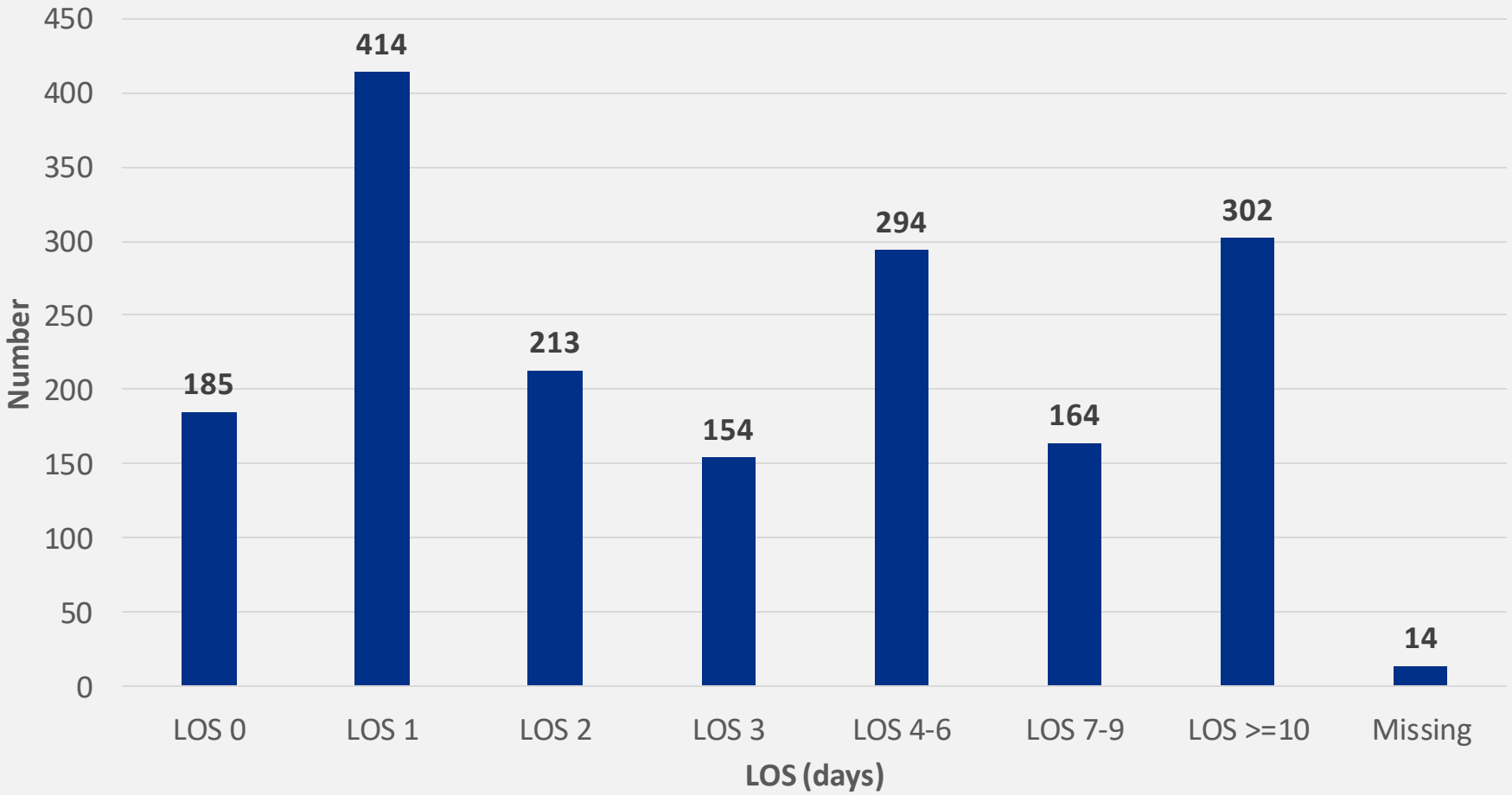
ISS Score 9-15 (Moderate) by LOS



ISS Score 16-24 (Severe) by LOS

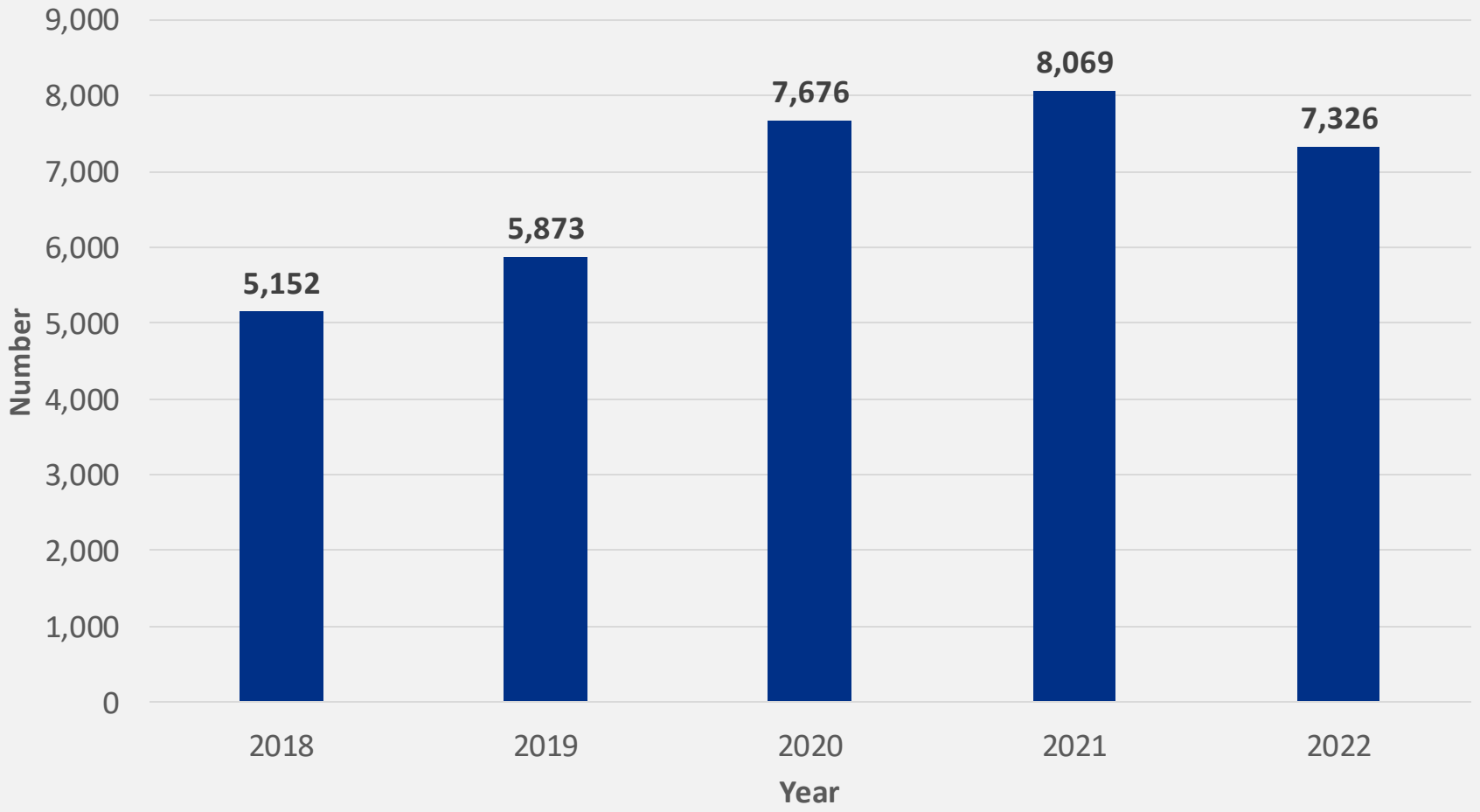


ISS ≥ 25 (Profound) by LOS

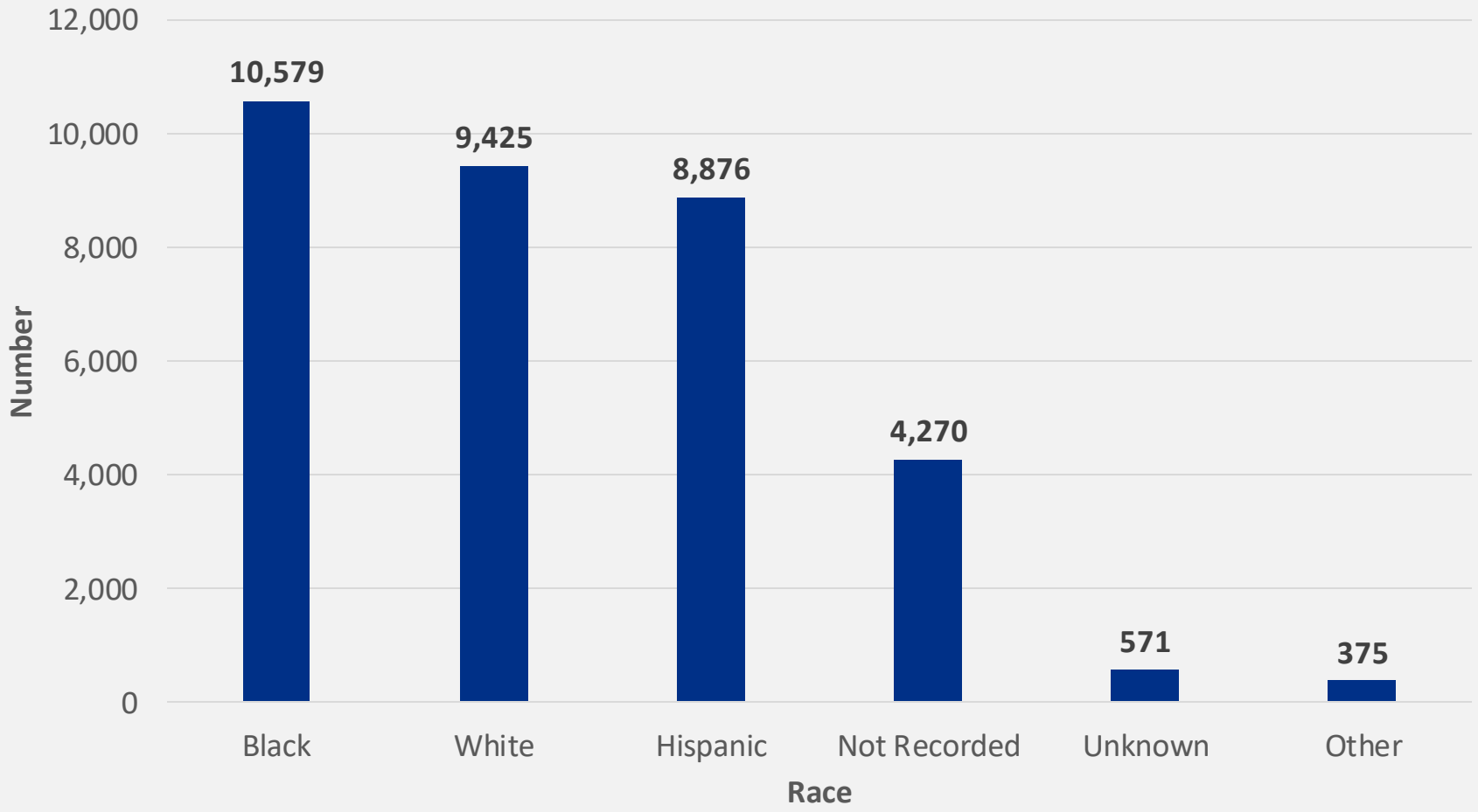


2018-2022
Firearm EMS data

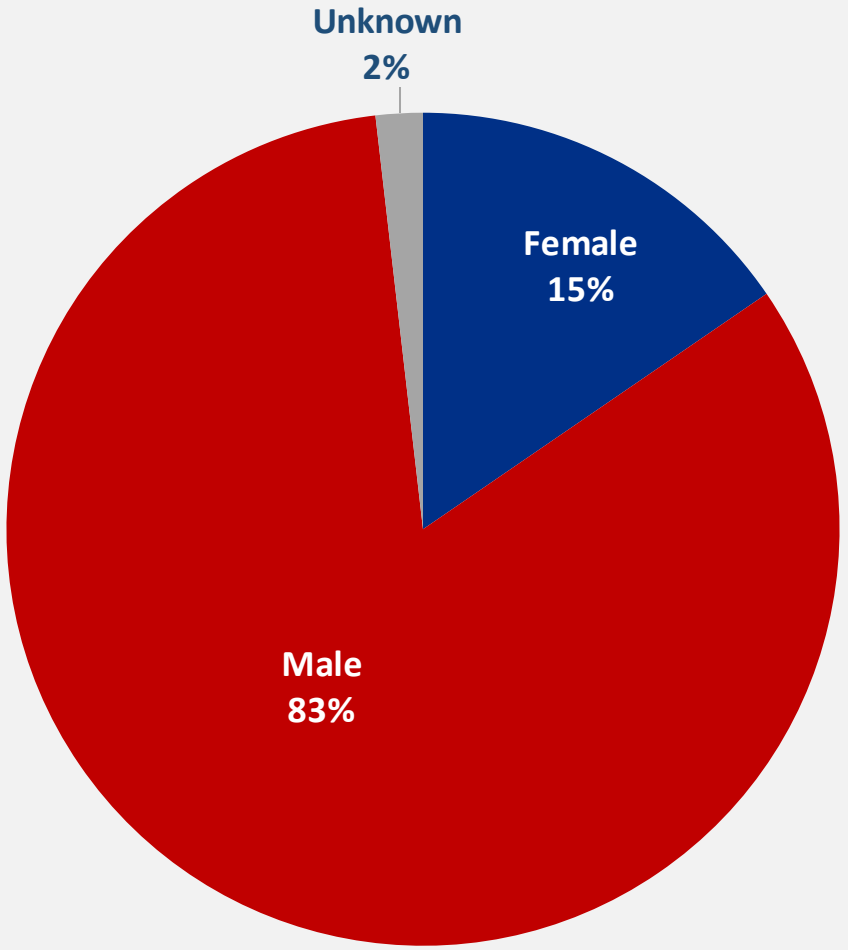
Firearm EMS Responses by Year



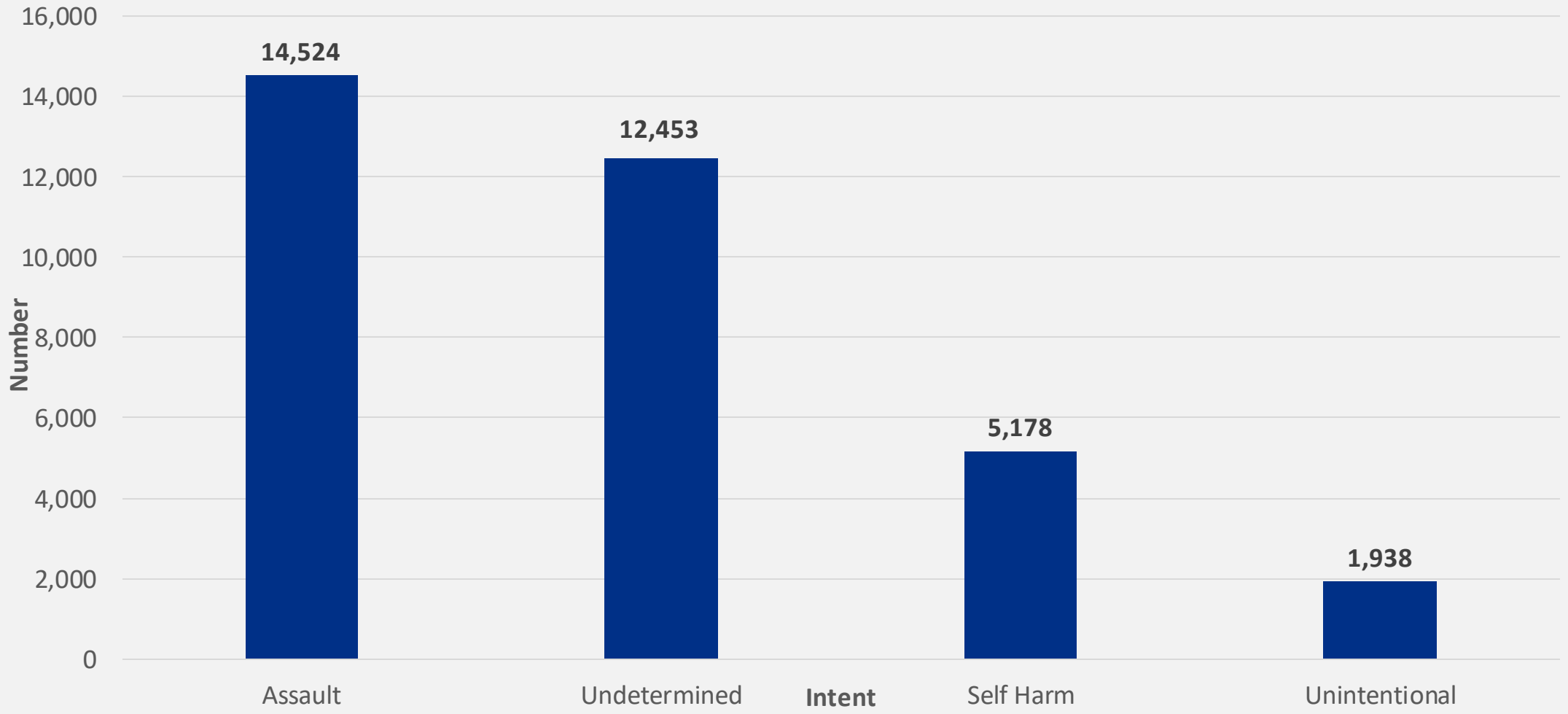
Firearm EMS Responses by Race



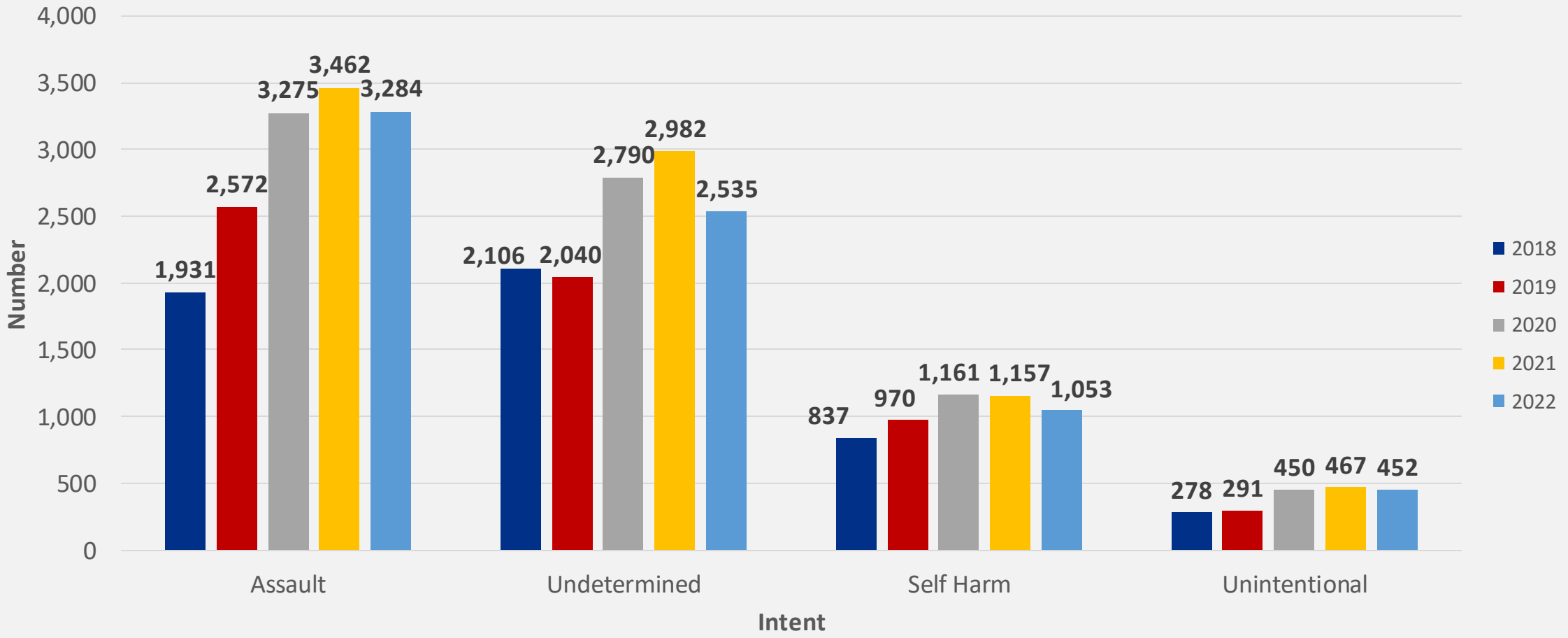
Firearm EMS Responses by Sex



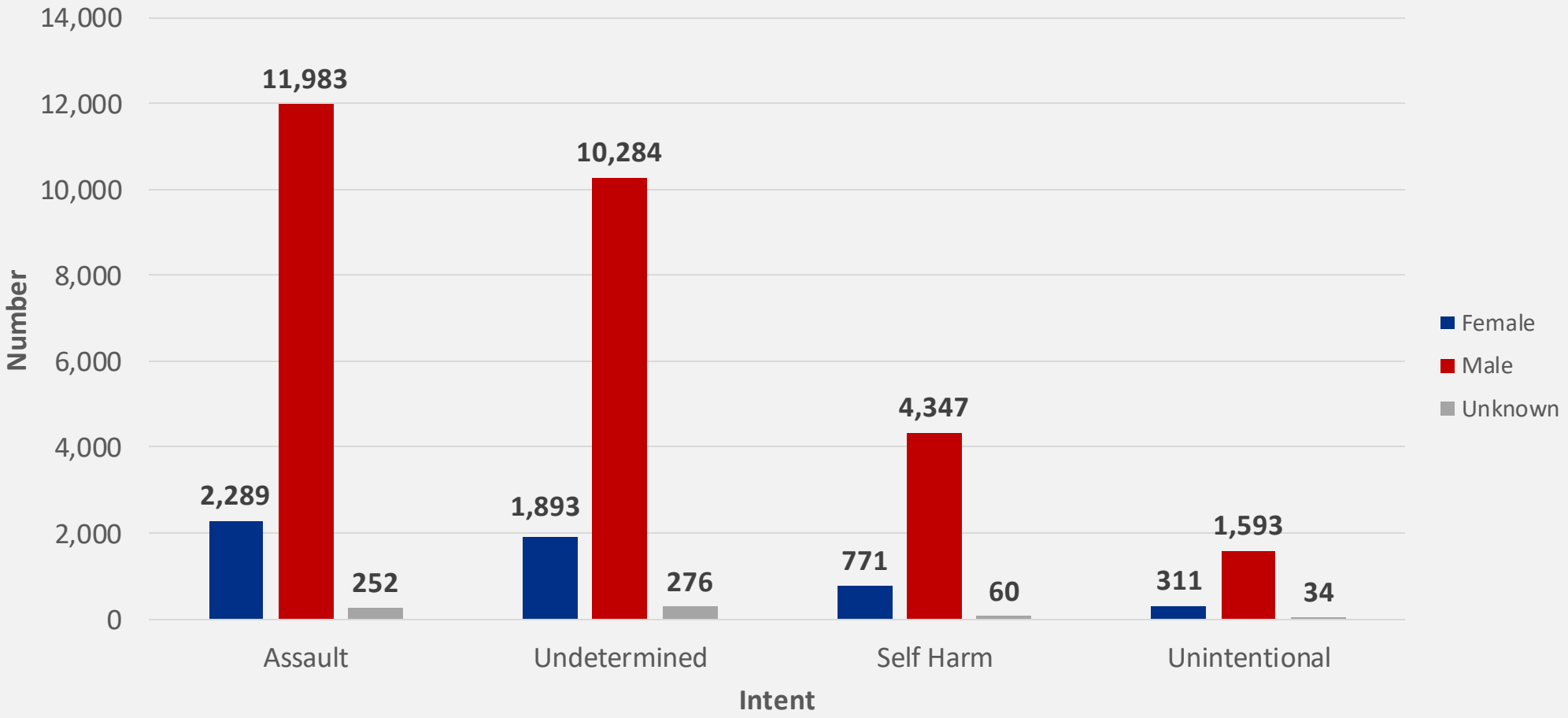
Firearm EMS Responses by Intent



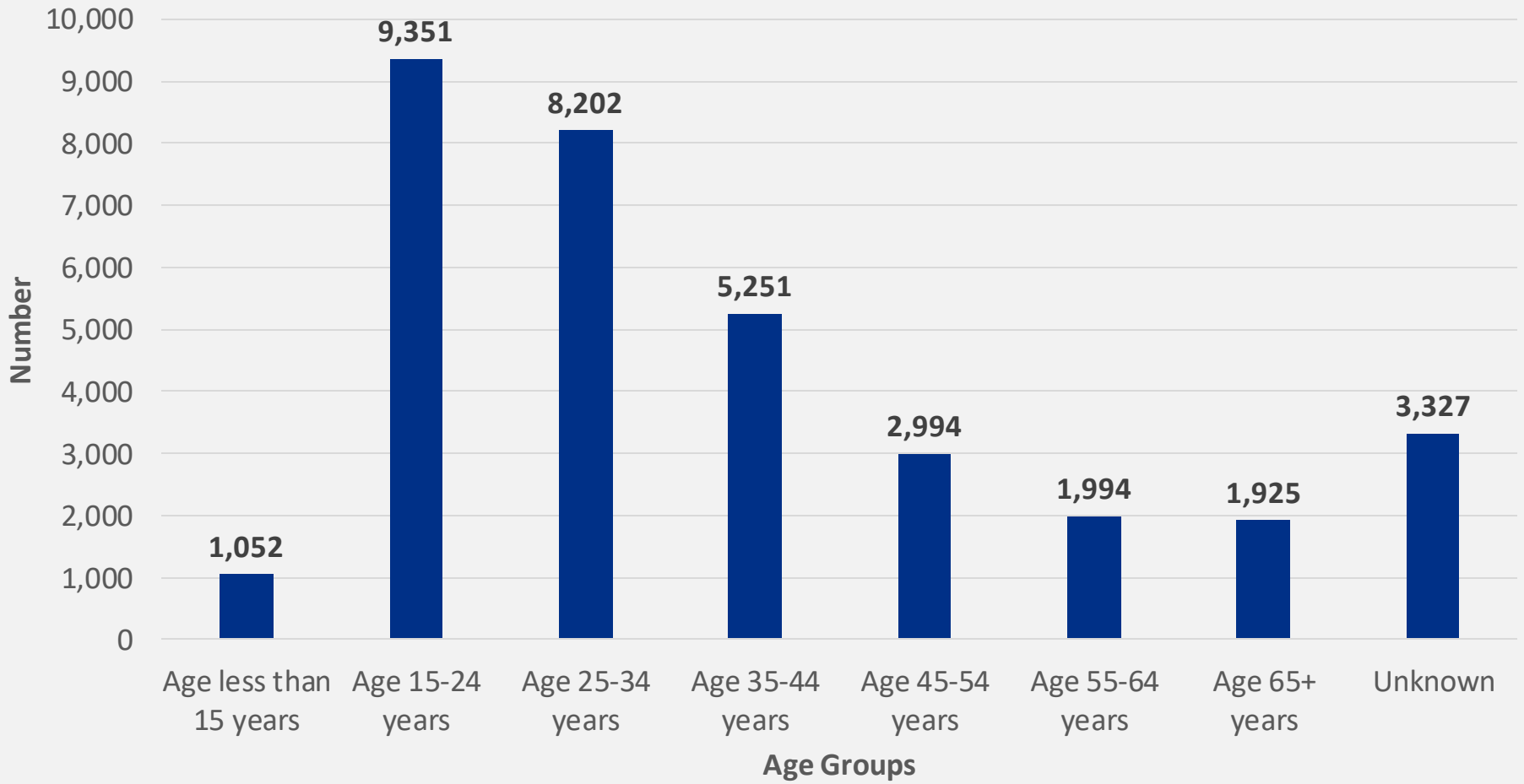
Firearm EMS Responses by Intent and Year



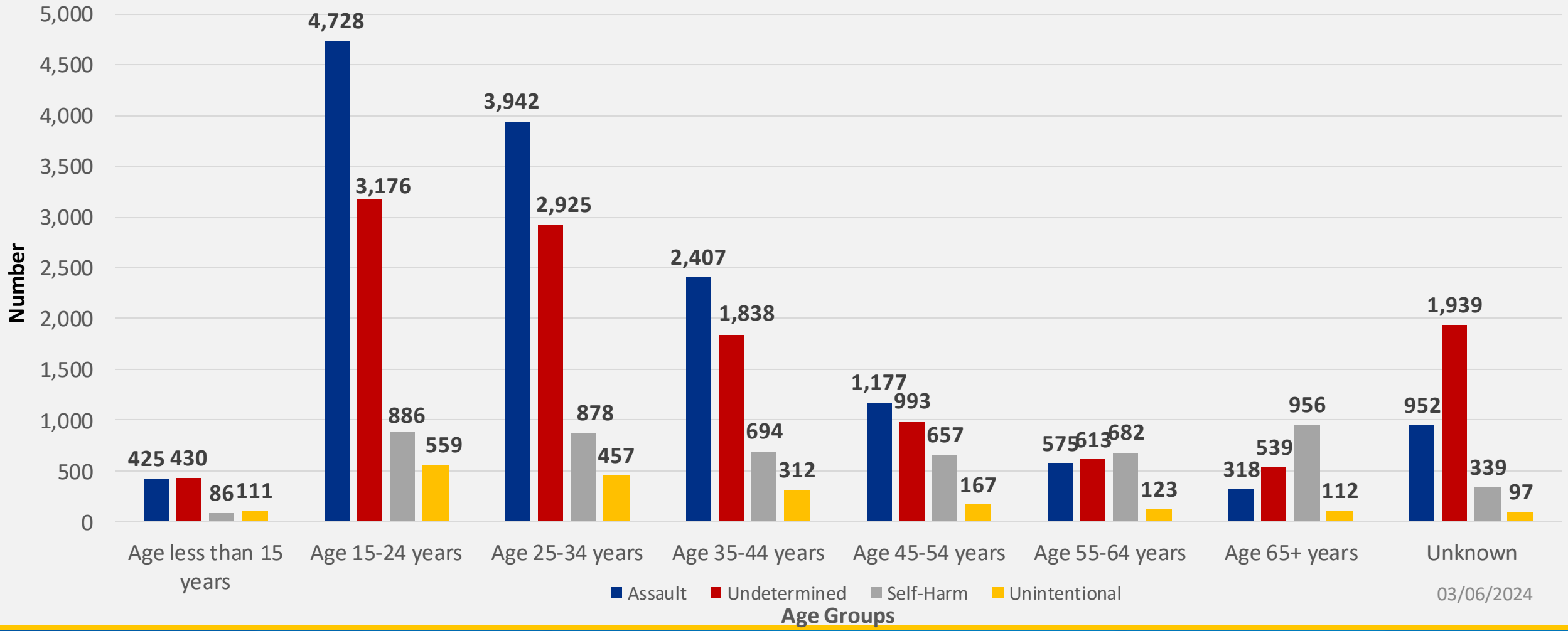
Firearm EMS Responses by Intent and Sex



Firearm EMS Responses by Age

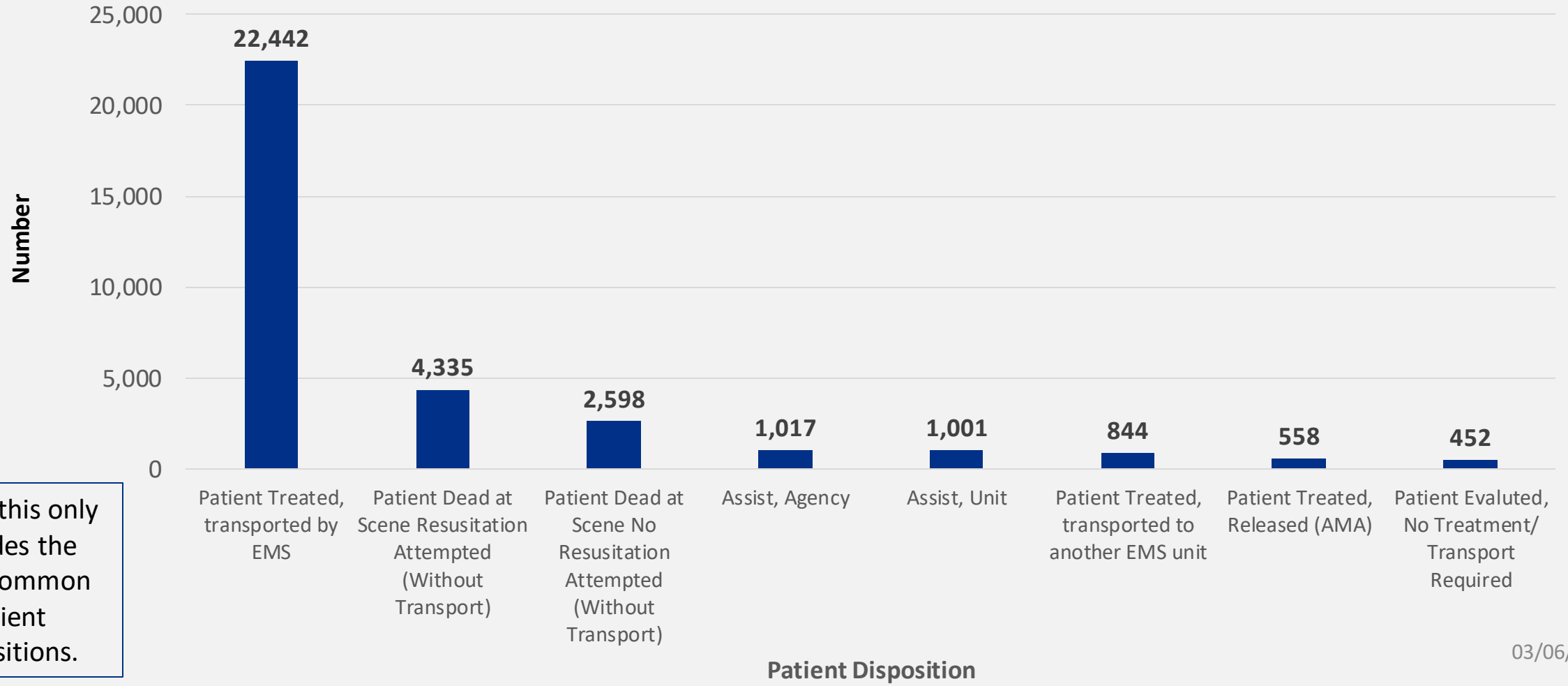


Firearm EMS Responses by Age and Intent



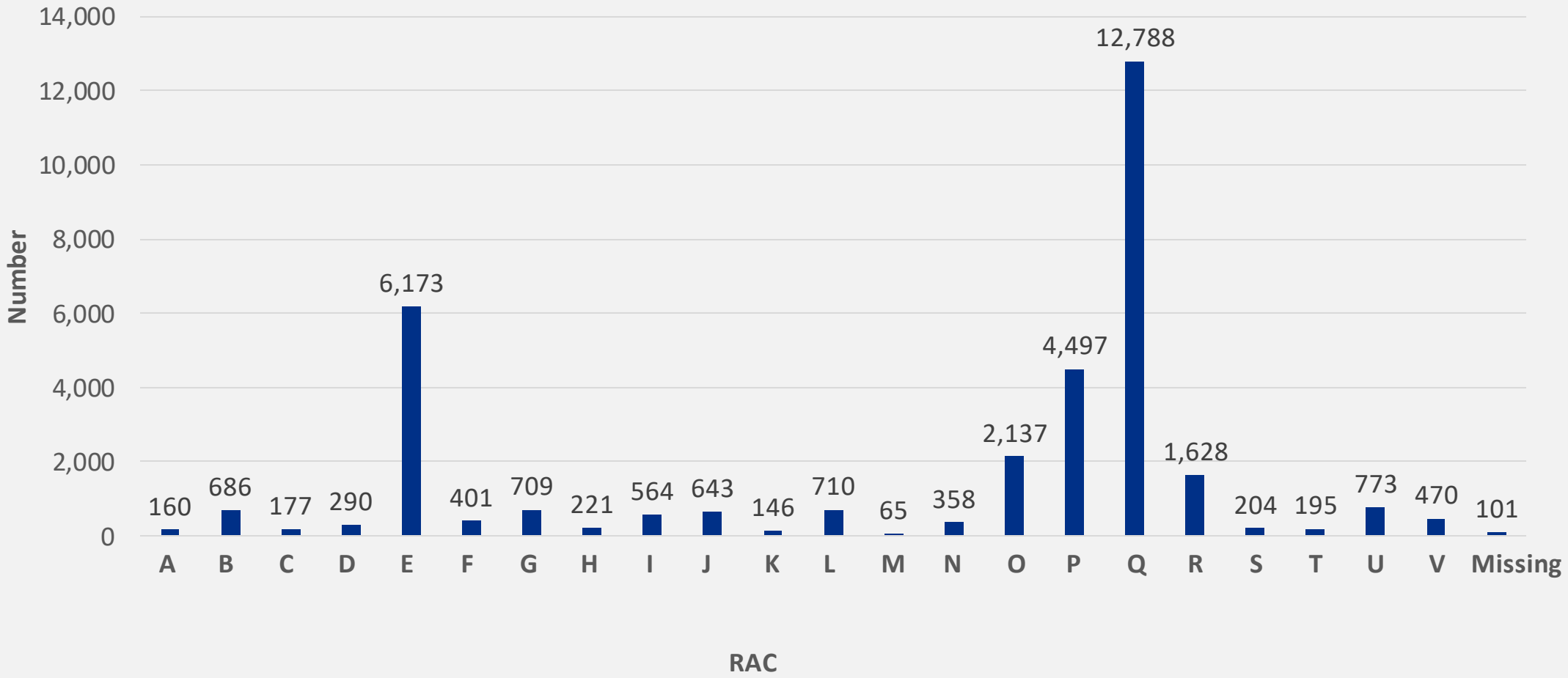
03/06/2024

Firearm EMS Responses Patient Disposition

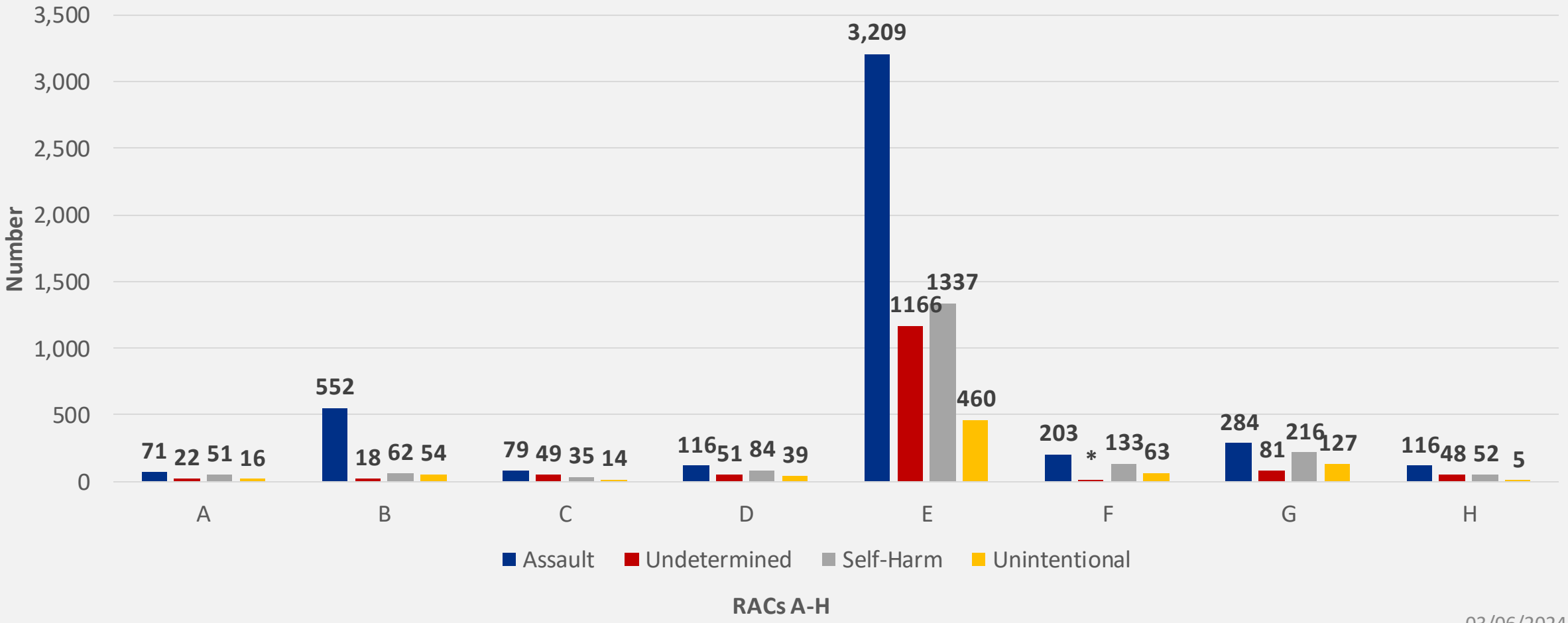


Note – this only includes the most common patient dispositions.

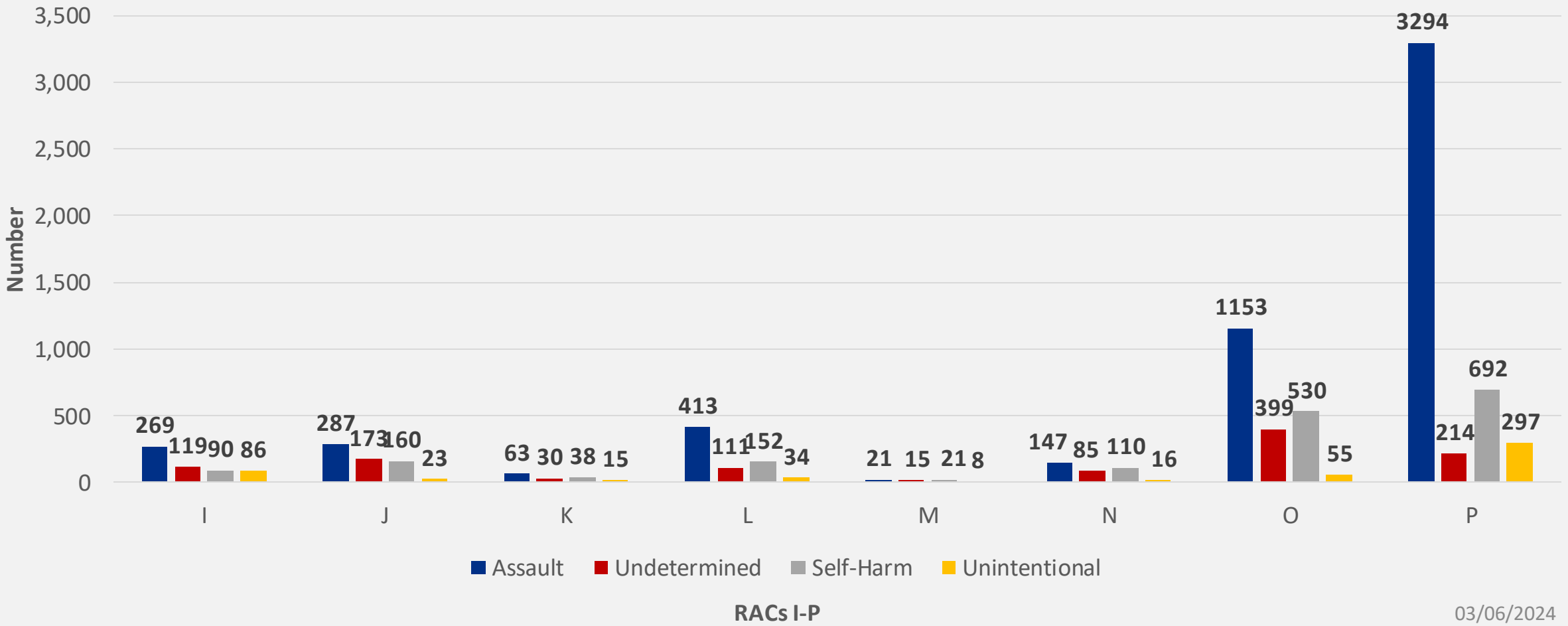
Firearm EMS Responses by RAC



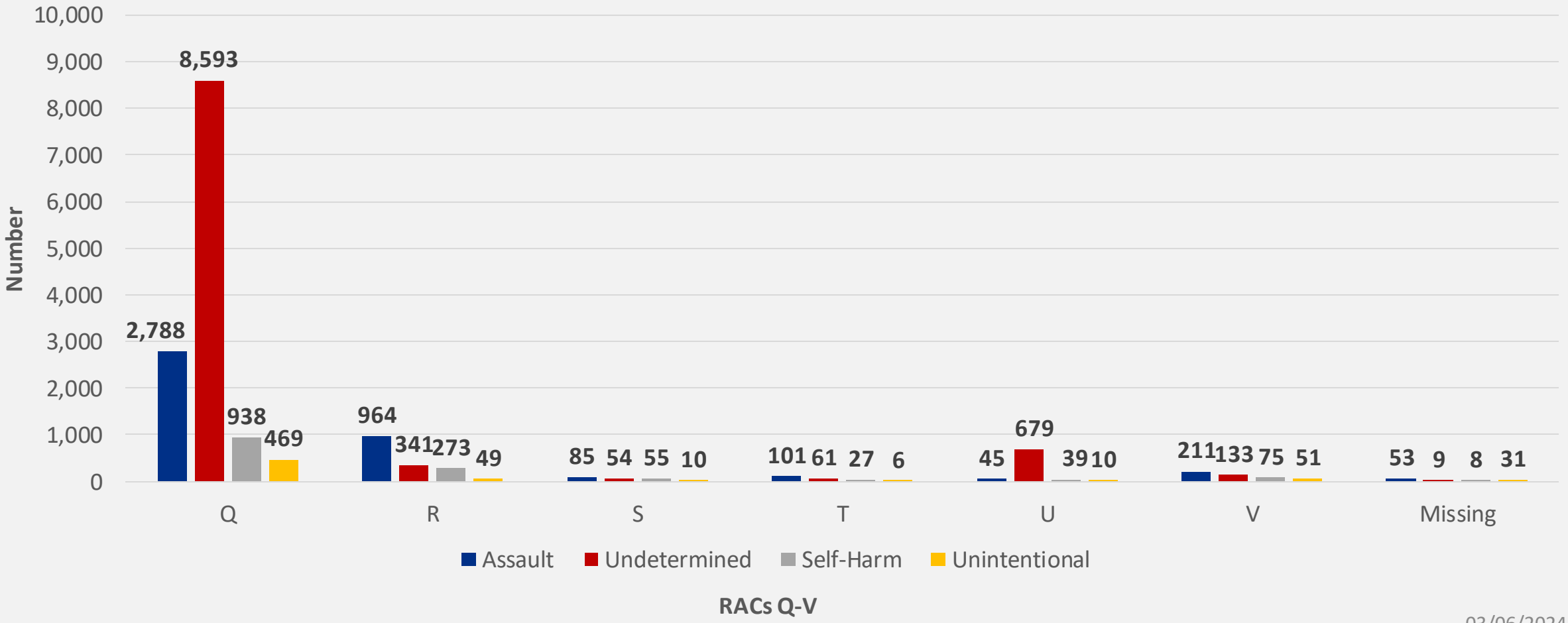
Firearm EMS Responses by RAC and Intent (A-H)



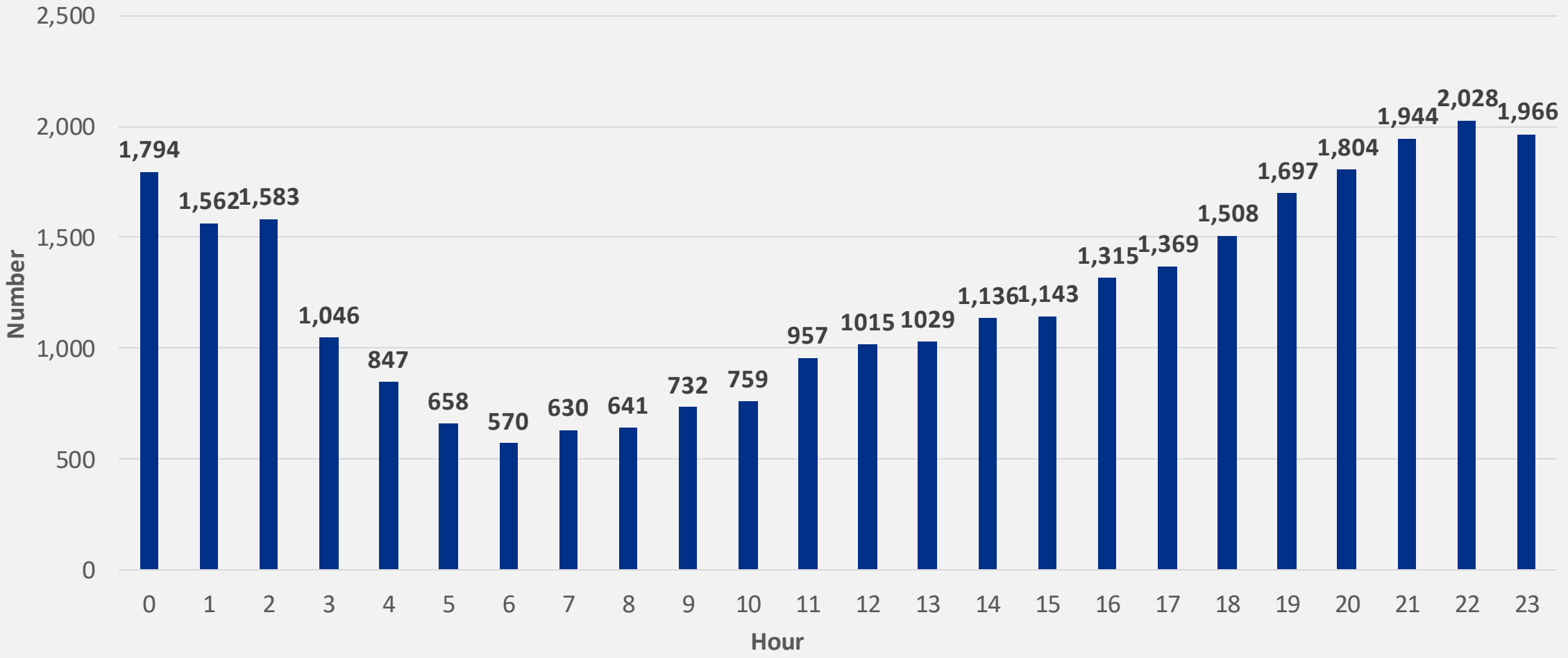
Firearm EMS Responses by RAC and Intent (I-P)



Firearm EMS Responses by RAC and Intent (Q-V)

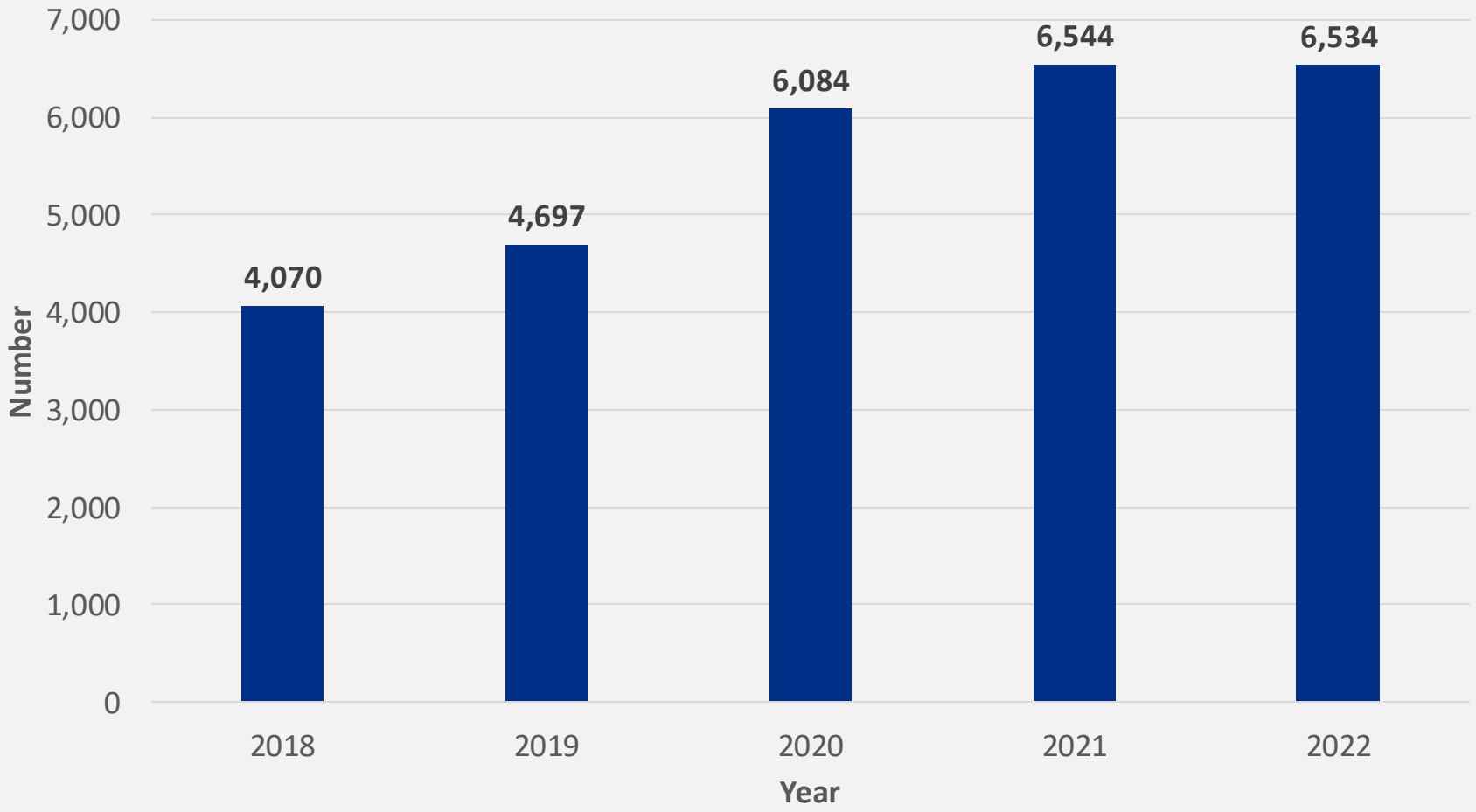


Firearm EMS Responses by Hour

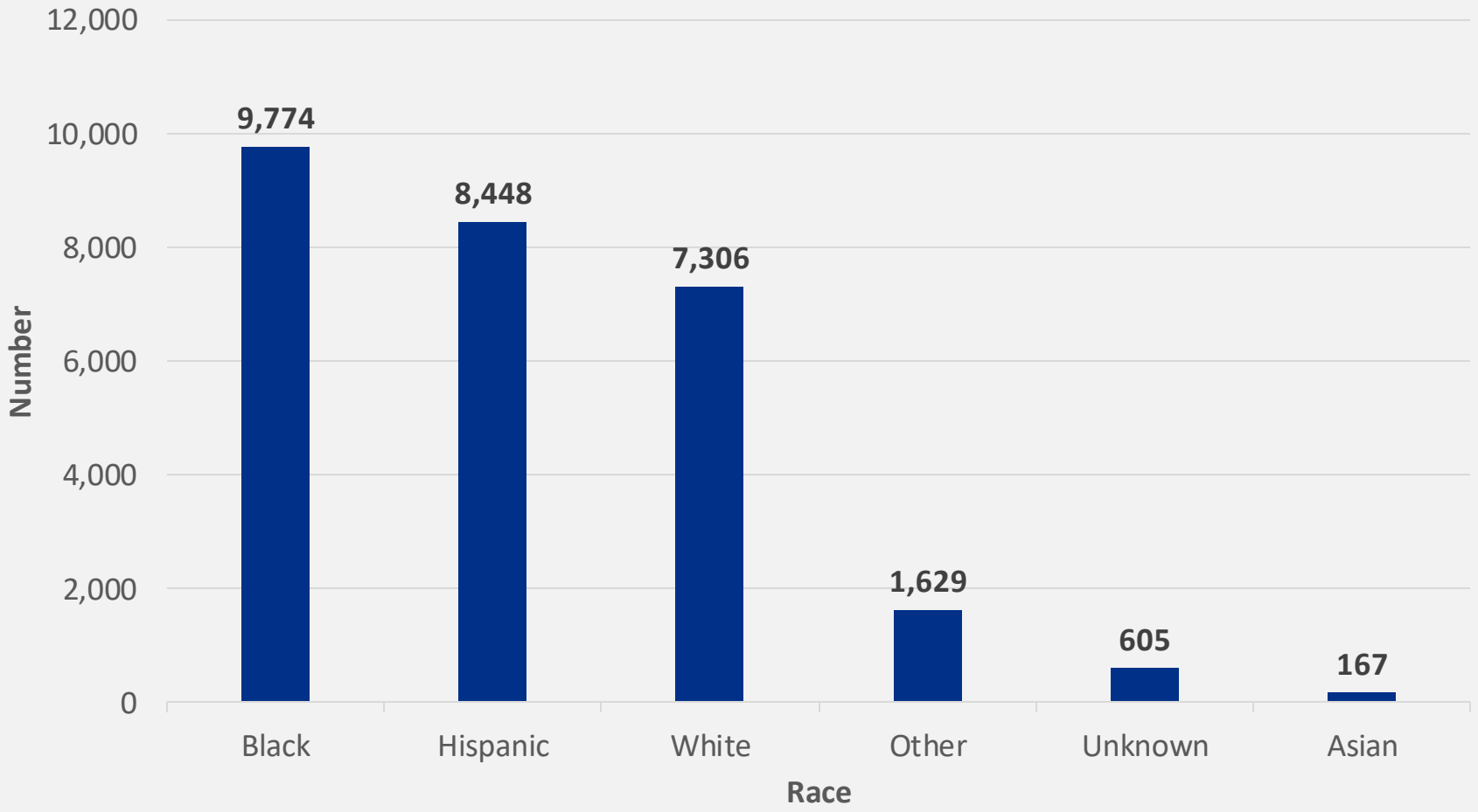


2018-2022
Firearm Trauma data

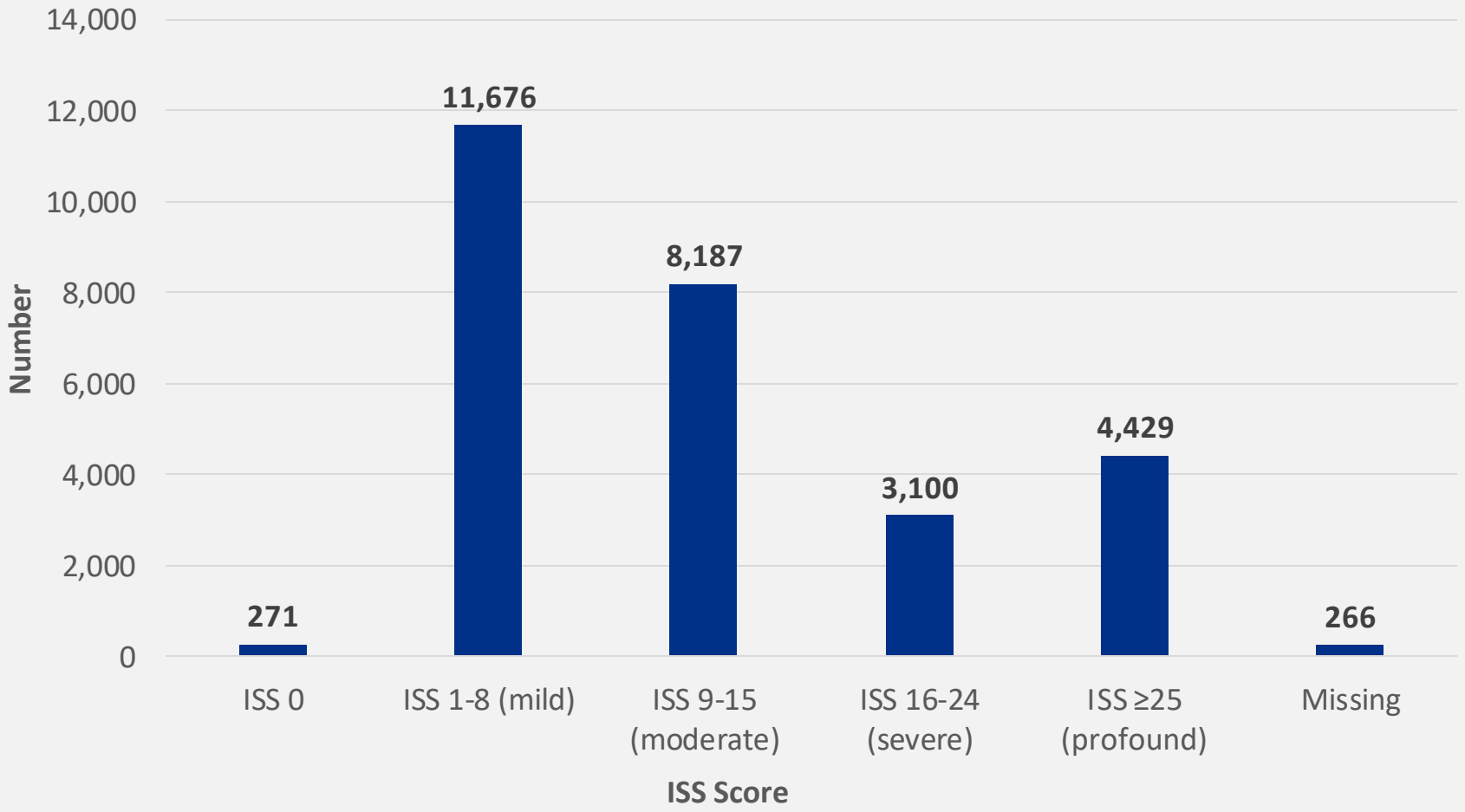
Firearm Trauma Injuries by Year



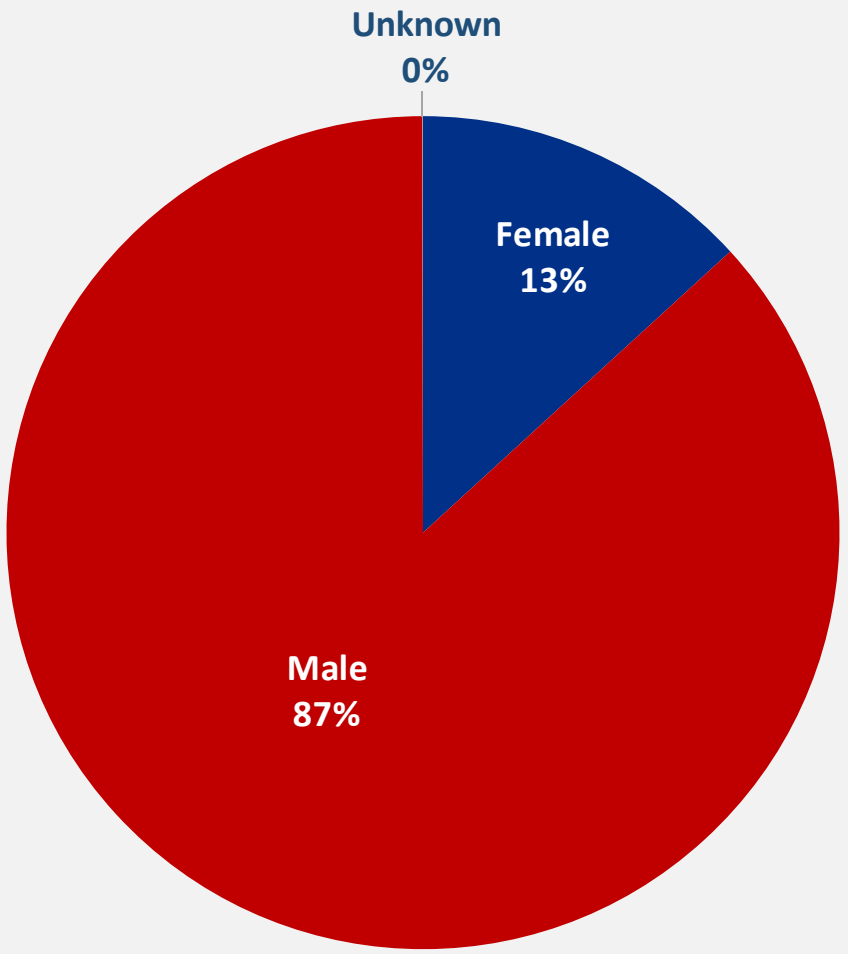
Firearm Trauma Injuries by Race



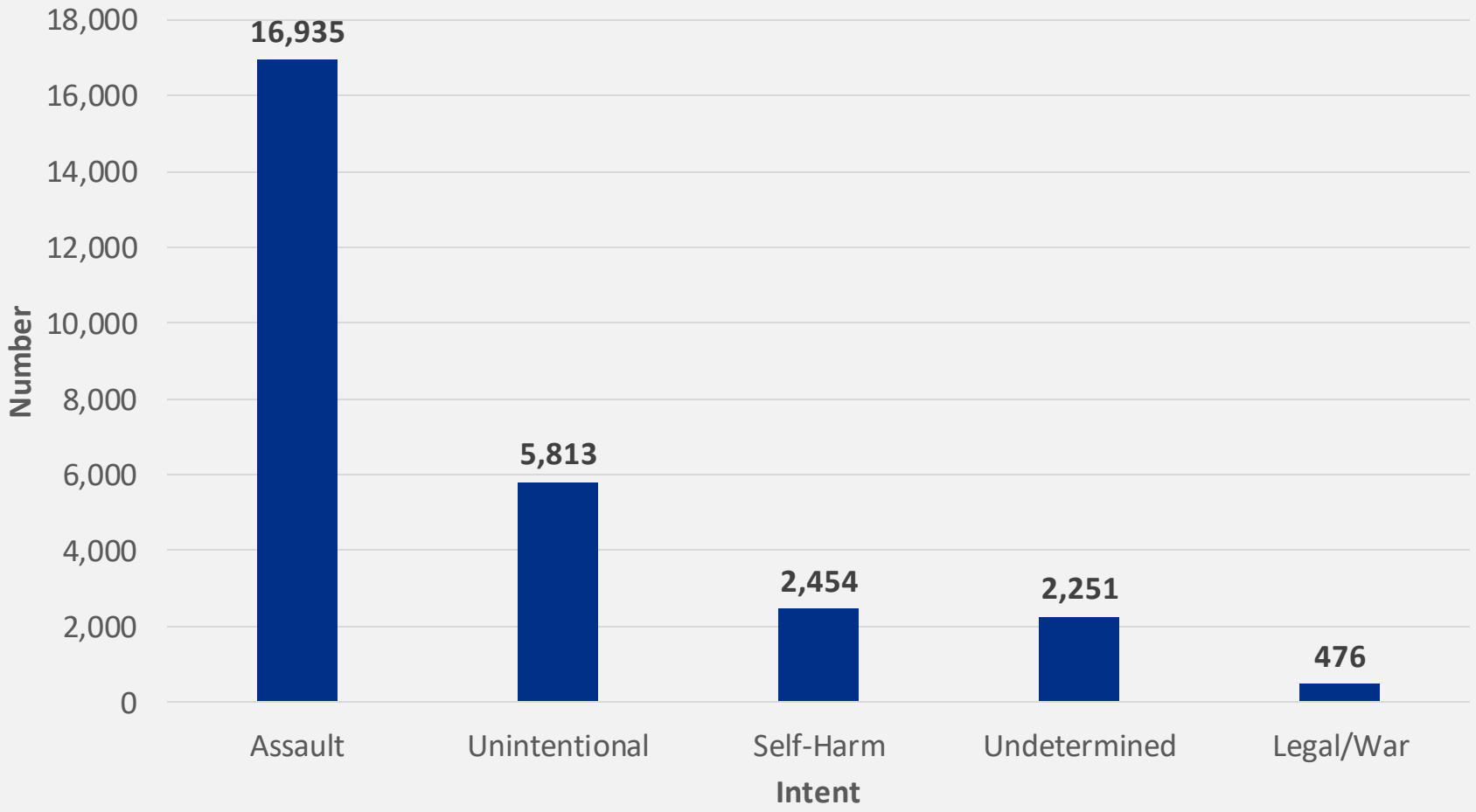
Firearm Trauma Injuries by ISS Score



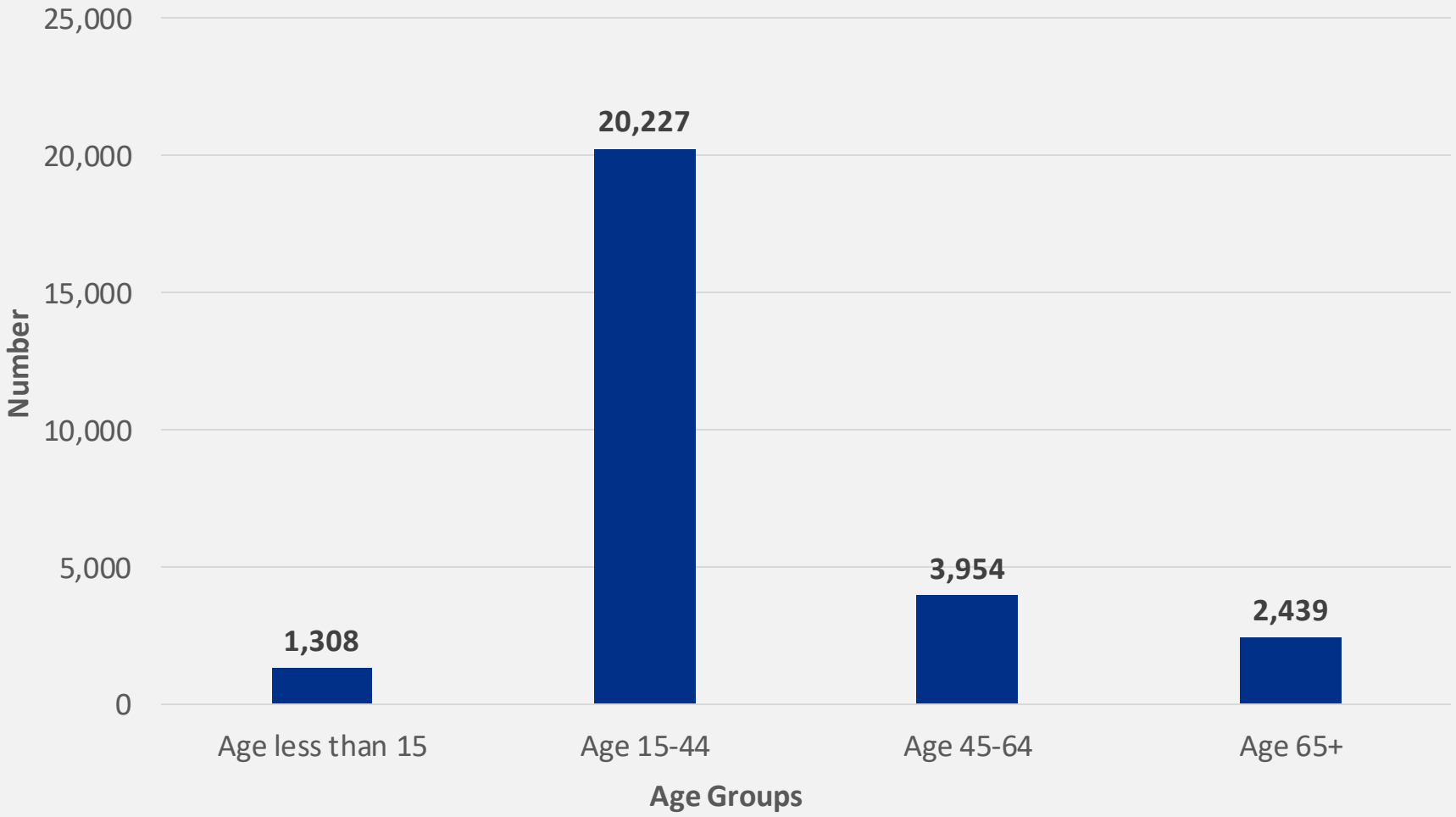
Firearm Trauma Injuries by Sex



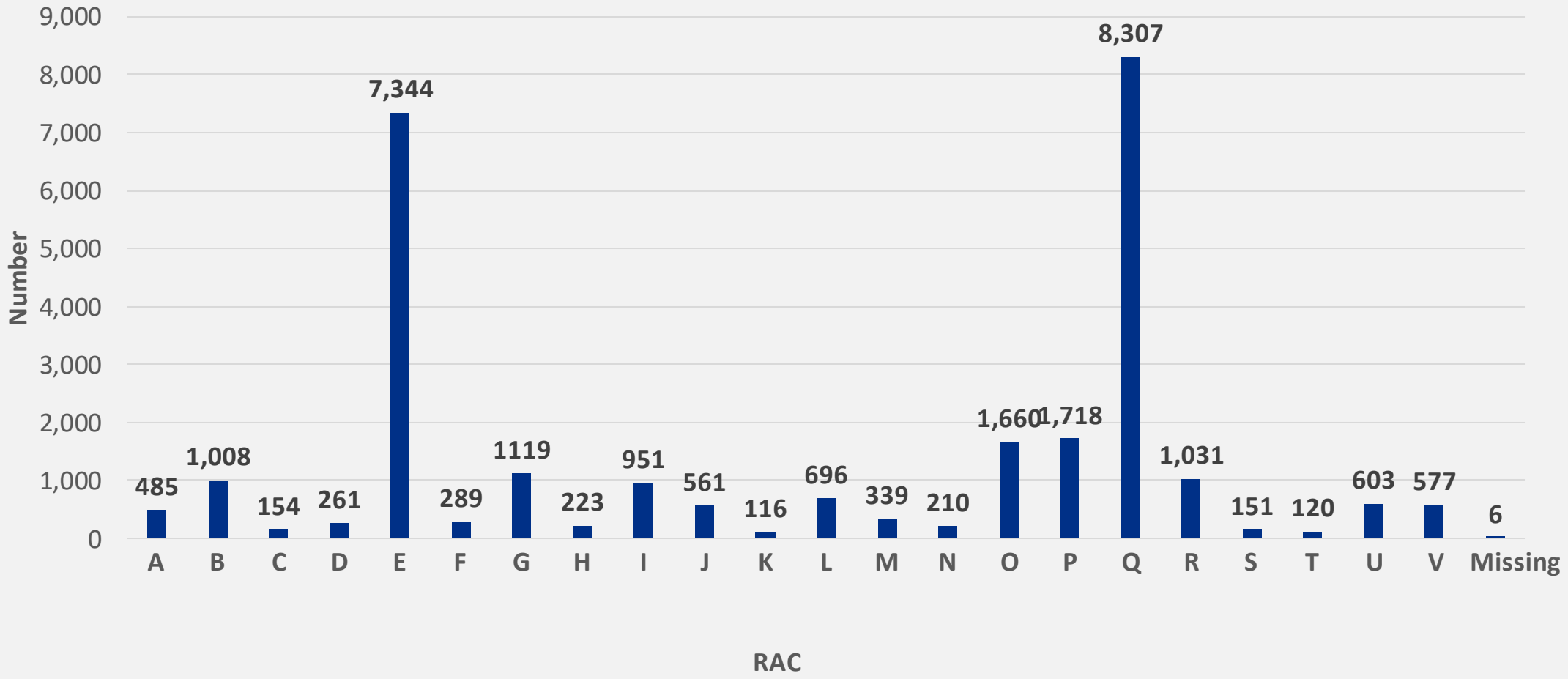
Firearm Trauma Injuries by Intent



Firearm Trauma Injuries by Age



Firearm Trauma Injuries by RAC



Firearm Trauma Injuries by Emergency Department (ED) Disposition

ED Disposition	Number	Percent
Operating Room	6,828	24.45%
Floor bed (general admission, non specialty unit)	6,674	23.90%
Intensive Care Unit (ICU)	4,046	14.49%
Transferred to Another Hospital	3,606	12.91%
Home without services	2,315	8.29%
Deceased/ Expired	2,121	7.59%
Observation unit (unit that provides <24 hour stays)	738	2.64%

Note – Only included the top ED dispositions

Firearm Trauma Injuries by Length of Stay

Year	Number of Days
2018	4.61 Days
2019	6.79 Days
2020	6.49 Days
2021	5.97 Days
2022	6.08 Days

Resources

- NEMSIS Technical Resources and Data Dictionaries - nemsis.org/technical-resources/version-3/version-3-data-dictionaries/.
- National Trauma Data Bank (NTDB) data dictionary - facs.org/quality-programs/trauma/tqp/center-programs/ntdb/ntds.
- Coding is based on the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM).

Thank you!

Injury Prevention and Public Education Fall and Firearm Data Request

March 8, 2024

injury.epi@dshs.texas.gov

TEXAS
Health and Human Services

Texas Department of State Health Services

7. GETAC Committee Reports

7.a. GETAC Air Medical & Specialty Care Transport Committee

Chair: Lynn K. Lail BSN, RN, CFRN, LP

Vice-Chair: Cherish Brodbeck RN, LP

AMSCT Committee

2024 Committee Priorities Update

Priority Not Implemented
Priority Activities Recorded
Priority Completed and Monitored

Committee Priorities	Current Activities	Status
1. **Performance Improvement**: *Pediatric Airway Management by Air Medical & Specialty Care Providers*	*The GETAC AMSCTC will perform a 2 year retrospective and real-time (quarterly) GAMUT data analysis of Air Medical & Specialty Care Pediatric RSI success without hypoxia, and first pass intubation success rate, in Texas throughout 2024, with the intent of comparing Texas providers to peer performance in other states.*	
2. **Coordinated Clinical Care:** *Texas Department of Public Safety – State Troopers*	*The GETAC AMSCTC will develop an educational program, designed specifically for DPS Troopers, outlining the criteria for requesting an air medical asset and how to achieve that goal.*	

AMSCT Committee

2024 Committee Priorities Update

Priority Not Implemented
Priority Activities Recorded
Priority Completed and Monitored

Committee Priorities	Current Activities	Status
3. **Prevention:** *HEMS Specific Mental Health Awareness*	*In an effort to increase mental preparedness and wellness among Air Medical & Specialty Care Transport Providers in Texas, the GETAC AMSCTC will work collaboratively with an EMS focused mental health professional/organization (TBD) and the Regional Advisory Committee Chairs, to provide a HEMS focused mental health awareness program to AMSCT providers, in all EMT-F regions in the state, over the next 2 years.*	

Air Medical & SCT Committee
2023 Committee Priority Outcomes

Priority Not Implemented
Priority Activities Recorded
Priorities Completed and being Monitored

Committee Priorities	Current Activities	Status
Emergency Preparedness & Response	Collaboration with EMT-F & COGs – State Interoperability Plan review	Complete
Safe & Effective Statewide Ground to Air Communication	Collaboration with FD & Law Enforcement – channel access	Complete
	Create frequency resource document reflecting current regional channels in use *Education & distribution via RAC Chairs *Education & distribution with Educational Campaign *Resource on GETAC website *Collaborate with Chief Kidd for EOC distribution ***Anticipated completion June 2024**	In Progress
Finalize/Materialize the Air Medical Strike Team (MIST) Concept & Process	Draft complete * Continued collaboration with EMT-F leadership ***Anticipated completion April 2024**	In Progress

Air Medical & SCT Committee
2023 Committee Priority Outcomes

Priority Not Implemented
Priority Activities Recorded
Priorities Completed and being Monitored

Committee Priorities	Current Activities	Status
Prevention **Statewide Educational Campaign to Mitigate Risks for Air Medical Transport**	• LZ Presentation revisions complete • LZ presentation has been sent to AMOA for approval *Waiting for response from AMOA *Loading videos partially complete *Roll out to RAC Chairs – March 7th, 2024 ***Today requesting to be placed on Q2 Council agenda**	Complete Complete Complete
System Integration **Real-Time Status Reporting, by all Air Medical Providers, in all 22 Regions of the State**	• Collaboration with Juvare to ensure all TX air providers' CAD systems are "talking" to the nationwide system being created • Approximately 65% of air agencies are complete ***Anticipated completion date = prior to Q2 GETAC meeting**	

GETAC Committee/Stakeholder Action Item Request for Council March 2024

Lynn K. Lail BSN, RN, CFRN, LP

Air Medical & Specialty Care Transport Committee

Action Item Request and Purpose

- The AMSCT Committee requests to be placed on the Council agenda for the Quarter 2, June 14th, meeting.

- The purpose of this request is to seek Council approval of the completed LZ presentation, as well as approval to begin education of, and distribution to, the RAC Chairs for end-user access.

Benefit and Timeline

- Distribution of the LZ presentation, for use by EMS/FD/Law Enforcement end users, is intended to aid in mitigating the risks of air medical transport for responders, patients, and air medical providers.

- Timeline
  - Presentation to RAC Chairs complete on 3/7/2024
  - Request to be placed on Council Agenda for Q2 – to be completed on 3/8/2024
  - If Council approves, education of RAC Chairs at Q3 meeting
  - RAC chair distribution at their next monthly/quarterly meeting.

7.b. GETAC Cardiac Care Committee

Chair: James J. McCarthy MD

Vice-Chair: Craig Cooley, MD

Cardiac Care Committee

2024 Committee Priorities Update

Priority Not Implemented
Priority Activities Recorded
Priority Completed and Monitored

Committee Priorities	Current Activities	Status
Partner with DSHS to identify cardiac data elements currently available in the National Emergency Medical Service Information System (NEMSIS)	Refining DSHS request for ongoing collaboration	Data review
Out of Hospital Cardiac Arrest – AED access/bystander CPR - assessment	Partnering with DSHS on areas of low AED use and CPR delays	In progress
Telecommunicator CPR (Coordinated clinical Care/EMS).	Working with DSHS on collaborating with state wide 911 services to identify gaps in telecommunicator CPR.	In progress
Dwell time in transferring facilities for time sensitive emergencies	Partnering with DSHS to evaluate opportunities to determine dwell times in EDs for patients requiring transfer for cardiac emergencies.	In progress

7.c. GETAC Disaster Preparedness and Response Committee

Chair: Eric Epley, CEM

Vice-Chair: Wanda Helgesen, RN

7.d. GETAC Emergency Medical Services (EMS) Committee

Chair: Kevin Deramus, LP

Vice-Chair: James Campbell

EMS Committee

2024 Committee Priorities

Strategic Plan Pillar & Objective	Corresponding Strategic Plan Pillar Strategy
1. Coordinated Clinical Care (Objective 5 & 8.0) Effects of EMS Wall Times on system performance and patient throughputs.	*3. Define data elements necessary to evaluate emergency healthcare system effectiveness.* *4. Promote prevention education and timely access to definitive care and rehabilitation services*
2. Coordinate Clinical Care (Obj #6) Discuss and provide guidance on the effects SB8 funding on EMS Vacancies in Texas. Specifically paramedic vacancies.	*3. Define data elements necessary to evaluate necessary to evaluate healthcare system effectiveness*
3. Pillar -Performance Improvement Obj- 1.0 Focus on reducing the use of Red Lights and Sirens (RLS) statewide. Using the approved Committee white paper as a guiding document.	*2. Utilize evidence-based best practices to improve outcomes for patients, as well as healthcare providers, and promote the Culture of Safety across all entities of the system.*

EMS Committee

2023 Committee Priority Outcomes

Priority Not Implemented
Priority Activities Recorded
Priority Completed and Monitored

Committee Priorities	Outcomes	Status
Hall time / Wall time white paper	*COMPLETED*	
Safety / Security EMS Personnel	Work in Progress: Discussion on personal safety on volatile scenes. Previously, the Committee's White Paper on the use of RLS	
Discussion and preparation for the next active shooter / MCI	Presentation regarding recent Texas incidents and provided a "lessons learned" opportunity. Working with private for-profit technology vendors to improve system response (Pulsara) demonstrations and implementation.	

EMS Committee

2024 Recommended Performance Improvement Initiatives

Priority Not Implemented
Priority Activities Recorded
Priority Completed and Monitored

Committee PI Initiatives	Recommended Performance Measure	Accepted
Reduction of RLS (Red Lights & Sirens) usage during EMS responses to 911 calls and transportation of patients to definitive care.	*Reduce the use of RLS by 50% for nonpriority 1 responses. Using existing EMD priority determinants to identify universal priority response.* *Reduce the transport of patients while using RLS by 80% for nonpriority 1 patients.*	
Reduction of EMS Wall Times in Texas and analyze the impact of the associated white papers on the issue.	Reduce the EMS quantity of "Wall time incidents" by measuring acceptable defined "Patient hand off times" by 80%.	

7.e. GETAC EMS Education Committee

Chair: Macara Trusty, LP

Vice-Chair: Christopher Nations, LP

EMS Education Committee

2024 Committee Priorities Update

Priority Not Implemented
Priority Activities Recorded
Priority Completed and Monitored

Committee Priorities	Current Activities	Status
1. EMS Education Rules Revision	*Combined taskforce meetings continue to review and draft revisions.*	
2. Promoting Advanced EMT Classes	*Working to identify barriers to programs offering Advanced EMT courses.*	
3. Advanced Skills sheets	*Drafted and approved by Committee; request Council to recommend to DSHS for use.*	

GETAC Committee/Stakeholder Action Item Request for Council March 2024

Macara Trusty

EMS Education

Action Item Request and Purpose

- Statement of Purpose:

"The purpose of the GETAC EMS Education Committee is to advise GETAC on EMS education and practices"

Action Item Request and Purpose

- Review and adopt GETAC Strategic Plan Supporting Document

In accordance with Health & Safety Code, Title 9. Safety, Subtitle B. Emergencies, Chapter 773. Emergency Medical Services, Subchapter A. General Provisions, Section 773.012, Subsection (l)“The advisory council shall develop a strategic plan for:

1. “refining the educational requirements for certification and maintain certification as emergency medical services personnel; and
2. Developing emergency medical services and trauma care systems

7.f. GETAC EMS Medical Directors Committee

Chair: Christopher Winkler, MD

Vice-Chair: Elizabeth Fagan, MD

7.g. GETAC Injury Prevention & Public Education Committee

Chair: Mary Ann Contreras, RN

Vice-Chair: Courtney Edwards, DNP

IPPE Committee

3/2024 Committee Priorities Update

Priority Not Implemented
Priority Activities Recorded
Priority Completed and Monitored

Committee Priorities	Current Activities	Status
1. Identify data-driven opportunities to reduce the burden of fall injury and death	*Data request surrounding falls and firearm deaths from DSHS presented at March Committee meeting.*	
2. Incorporate safe firearm storage and screenings into the fabric of organizational culture and operations utilizing effective methodologies	*Workday meeting scheduled in April to incorporate DSHS data into plan*	
3. Provide evidence-based prevention strategies to reduce suicide and increase individual's capacity for a safe and healthy lifestyle.	*Presentation: A Public Health Approach to Zero Suicide- Diane Kaulen and Dr. Angela Cummings Texas Children's Hospital given at March meeting. Workday meeting scheduled in April to incorporate into plan*	

IPPE Committee

3/2024 Committee Priorities Update

Priority Not Implemented
Priority Activities Recorded
Priority Completed and Monitored

Committee Priorities	Current Activities	Status
4. Increase the number of certified Child Passenger Safety Technicians in Texas	*Workday meeting scheduled in April to incorporate DSHS data into plan*	
Statement of Purpose: *The Governor's EMS and Trauma Advisory Council's Injury Prevention/Public Education committee is tasked with equitable promotion of safety, reducing injury risk and fostering a healthy environment for all Texans. The committee will utilize data, research and best practice strategies to define proactive processes, awareness, education of providers, and collaboration with stakeholders to prevent injuries and promote well-being.*	*Completed*	

7.h. GETAC Pediatric Committee

Chair: Belinda Waters, RN

Vice-Chair: Christi Thornhill, DNP

Pediatric Committee

2024 Committee Priorities Update

Priority Not Implemented
Priority Activities Recorded
Priority Completed and Monitored

Committee Priorities	Current Activities	Status
1. Coordinated Clinical Care: *Pediatric Readiness and Simulation*	*1. Workgroup has developed 1 pediatric simulation scenarios* *2. Workgroup currently developing an additional 14 simulation scenarios* *3. Regional PECC's have been trained and will complete simulation training with at least 2 facilities within their RAC by April 2024*	
2. Performance Improvement: Identify 2-3 measurable pediatric performance improvement Texas PI initiatives.	1. Pediatric Readiness participation by Texas Hospitals and EMS Agencies-EMSC is meting with RAC's 2. Trauma Center compliance with quarterly pediatric simulations-EMSC is meeting with RAC's 3. EMS Agency compliance in utilizing pediatric equipment in skills training/competency	

Pediatric Committee 2024
Committee Priorities Update

Priority Not Implemented
Priority Activities Recorded
Priority Completed and Monitored

Committee Priorities	Current Activities	Status
1. Coordinated Clinical Care: *Pediatric Readiness and Simulation*	*1. Workgroup has developed 4 pediatric simulation scenarios* *2. Workgroup currently developing an additional 10 simulation scenarios* *3. Regional PECC's have been trained and will complete simulation training with at least 2 facilities within their RAC by April 2024*	
2. Performance Improvement: Identify 2-3 measurable pediatric performance improvement Texas PI initiatives.	1. Pediatric Readiness participation by Texas Hospitals and EMS Agencies-EMSC is meting with RAC's 2. Trauma Center compliance with quarterly pediatric simulations-EMSC is meeting with RAC's 3. EMS Agency compliance in utilizing pediatric equipment in skills training/competency	

Pediatric Committee 2024
Committee Priorities Update

Priority Not Implemented
Priority Activities Recorded
Priority Completed and Monitored

Committee Priorities	Outcomes	Status
Research Sudden Cardiac Arrests/Deaths (SCA/SCD) in pediatrics and ECG opt-out vs opt-in for sports physicals	1. Tabitha Selvester and started research and will be leading this workgroup. 2. Requests for interested parties to join the workgroup.	
Pediatric Committee continues to work with the Stroke Committee to develop pediatric stroke guidelines.	1. Reviewing children's hospitals pediatric stroke protocols and reviewing evidence based practice guidelines. 2. Development of a pediatric stroke guideline	
Pediatric Committee continues to collaborate for 2 workgroups (pediatric concussion/head injury and magnet/battery ingestion).	1. Development of pediatric concussion/head injury toolkit 2. Development of pediatric magnet/battery ingestion toolkit.	

GETAC Committee/Stakeholder Action Item Request for Council March 2024

Christi Thornhill, DNP, APRN, ENP, ACNP-BC, CPNP-AC, CP-SANE

Pediatric Committee

Action Item Request and Purpose

- Please provide a **single**, clear and concise statement defining your action item request:
  - Request pediatric simulation approval on quarterly GETAC Council agendas
  - Requests a process for offline review and approval of simulation cases as content is approved by the pediatric committee.
  - Requests that the simulation cases are posted to the DSHS website following final formatting.

- In **one** clear and concise statement, please explain the purpose for this request:
  - A timely approval process to roll out pediatric simulation for designated trauma centers throughout the state of Texas.

Benefit and Timeline

- What is the intended impact or benefit resulting from this request? Please provide a clear and concise response in a single statement.
  - Improving pediatric outcomes through the utilization of pediatric simulation in designated trauma centers in Texas.

- Please provide the timeline or relevant deadlines for this request.
  - June 2024
  - August 2024
  - November 2024

12. Burn Care Task Force

7.i. GETAC Stroke Committee

Chair: Robin Novakavic-White, MD

Vice-Chair: Sean Savitz, MD

7.j. GETAC Trauma Systems Committee

Stephen Flaherty, MD, FACS

Lori Robb, MHA, BSN-RN, TCRN, NHDP-BC

Trauma System Committee

2024 Committee Priorities Update

Priority Not Implemented
Priority Activities Recorded
Priority Completed and Monitored

Committee Priorities	Current Activities	Status
1. Support the Trauma Rules process	Select committee members participated in review of public written comments as advisors to the Department	
2. Workgroup identification	**We continue with the following workgroups** Assess the rural trauma gap Facilitate RAC communication Monitor trauma center designation process. Advocacy for funding issues **Add two new elements** Burn centers Pre-hospital blood program	
3. Funding	There is activity from the OIG regarding trauma activation fees. The national COT is active to monitor the situation Funding workgroup will monitor and report quarterly	

Trauma System Committee

2024 Committee Priorities Update

Priority Not Implemented
Priority Activities Recorded
Priority Completed and Monitored

Committee Priorities	Current Activities	Status
4. Designation process	35% contingencies Nursing documentation Performance Improvement	
5. State PI Plan	Monitor transfer of severely injured patients GCS < 9 or… Hypotension using age-specific SBP guidelines 80% < 2 hours All variances reviewed at RAC system PI	
6.Stop the Bleed	ACS version 3 delayed to “later”	

8. GETAC Strategic Plan

9. GETAC Committee Guidelines

9. GETAC Committee Guidelines

10. GETAC Standard Operating Procedures

11. Texas System Performance Improvement (PI) Plan and PI Task Force Update

System PI Workgroup Update

Governor's EMS and Trauma Advisory Council

March 8, 2024

Members of System PI Workgroup

- Chair – Dr. Kate Remick
- Vice Chair – Shawn Salter
- GETAC Executive Committee
  - Ryan Matthews
  - Dr. Alan Tyroch
- DSHS
  - Jorie Klein
  - Joseph Schmider
  - Elizabeth Stevenson
  - Deidra Lee
  - Adrienne Kitchen
- John Henderson
- Dr. Patrick Ramsey
- Cassie Potvin
- Lynn Lail
- Dr. Robin Novakovic
- Dr. Stephen Flaherty
- Eric Epley
- Wanda Helgesen
- Dr. Sadhana Chheda

System PI Workgroup: Goals

- 20 measures proposed
- Prioritize 5 well-defined measures that are feasible to collect, important, actionable, and scientifically acceptable
- Measures reflect:
  1) Health outcomes/clinical care across the system (prehospital/hospital, rural and urban)
  2) System performance or system efficiency/effectiveness
  3) Disparities or degree of equity
  4) Captures most priority conditions/diseases: trauma, cardiac, stroke, pediatric, maternal/perinatal
  5) Patient, facility, regional, and/or state level performance

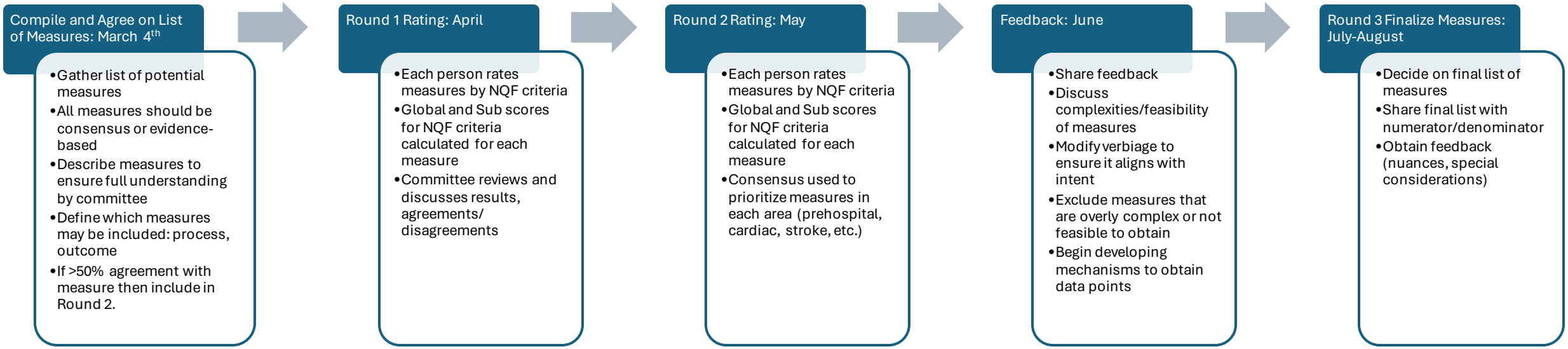
Measures Development

- Standardized language and definitions
  - E.g. - Level of Harm, Levels of Review
- Importance of data/data sources to derive measures, representation from diverse perspectives
- Align with Systems PI plan:
  - Scope: prehospital, cardiac, geriatric, pediatric, stroke, trauma, maternal and neonatal, RACs, including comparable data from other states and system reviews.
- Start with 5 measures, may expand over time
  - Focus on Outcome and Process measures
- Use National Quality Forum Criteria for prioritization
  - Importance (for outcomes), Scientific acceptability, Feasibility to measure, Usability (to drive improvement over time)
- Consensus-driven (Delphi) process
  - Each System PI Committee member will participate in 2-3 rounds of rating and discussing proposed measures, integrating feedback from multidisciplinary stakeholders, and prioritizing top measures for proposed implementation.
  - Following measures adoption, the Systems PI Committee will continue to work closely with DSHS and GETAC to track and report progress on measures, and provide recommendations on readiness to adopt new measures, and revise or abandon current measures.

Review Proposed Measures and Data Sources

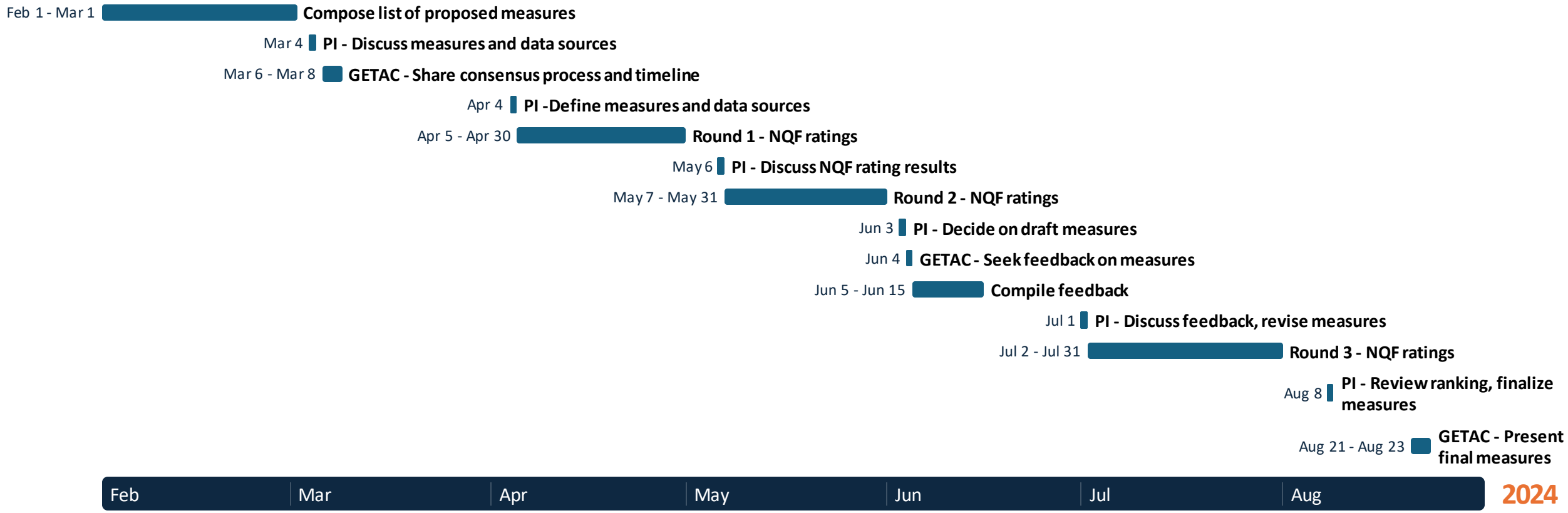
Pediatric	Pediatric readiness participation by Texas Hospitals and EMS agencies-EMSC is meeting with RAC's
Pediatric	Trauma center compliance with quarterly pediatric simulations-EMSC is meeting with RAC's
Pediatric	EMS agency compliance in utilizing pediatric equipment and skills training/competency
Cardiac	Dwell time in transferring facilities for time sensitive emergencies.
Cardiac	Regional disparities in pre-EMS arrival CPR and AED
EMS	Reduction of RLS (Red Lights & Sirens) usage during EMS responses to 911 calls and transportation of patients to definitive care.
EMS	Reduction of EMS Wall Times in Texas and analyze the impact of the associated white papers on the issue.
IPPE	Facilities, per designation level, who are <u>not</u> able to provide screening, interventions, and resources for screening, interventions, and resources for substance use and misuse and mental health.
Stroke	Median DTN, Median DIDO, Percentage Stroke Screening Tool Performed and Documented
RACs	The pediatric readiness score.
RACs	The percent of member hospitals meeting participation requirements.
RACs	The percent of member EMS agencies meeting participation requirements per individual RAC requirements.
Air Med	Double transfer percentage of trauma, cardiac, and stroke patients (start with trauma only)
Air Med	Number of occurrences of trauma scene times greater than 20 minutes per quarter
Trauma	Door-in/door-out times from referring facilities for severely injured patients
Trauma	Whole blood program

Delphi Process: Overview



System Performance Improvement Workgroup

Proposed Timeline



13. Action Items

TEXAS
Health and Human Services

Texas Department of State Health Services

14. Texas Pediatric Disaster Preparedness Guidance for Hospitals

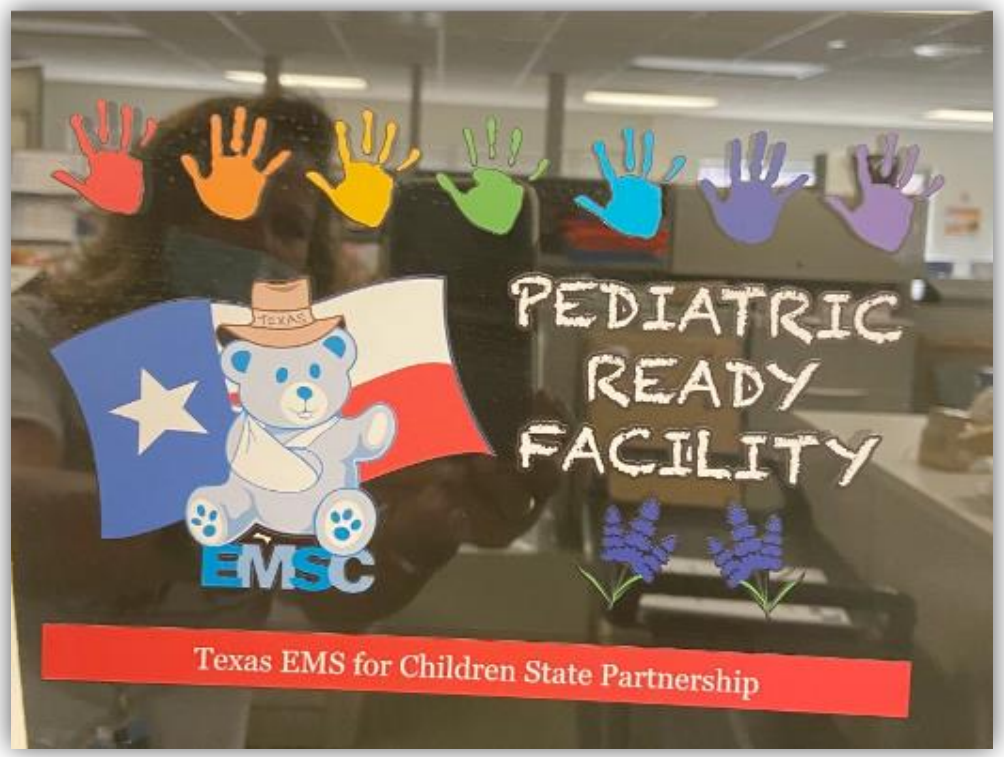
Area of Concern: Disaster Plan

	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%)

National EMSC Performance Measure Objective

- By 2027, 75% of emergency departments nationwide, and within each state, will have disaster plans that address the needs of children.

National PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children



"As a guiding principle, assuring excellence in pediatric emergency care on a daily basis is the best preparedness for pediatric disaster care." [1]

Research has shown that in addition to other aspects of pediatric readiness, trauma centers that have a pediatric specific disaster plan have lower pediatric mortality rates.[2]

1. Illinois Emergency Medical Services for Children/Illinois Department of Public Health and Ann and Robert H. Lurie Children's Hospital of Chicago. (2018). Pediatric Disaster Preparedness Guidelines for Hospitals, Third Edition.
2. Melhado, C.G., Yorkgitis, B.K., Remick, K. et al. Pediatric Readiness and Trauma Centers: History, Relevance, and Practical Application. Curr Trauma Rep (2023).

Acknowledgment Pediatric Preparedness Workgroup			
Name	Title	Organization	Role
Brent Kaziny, MD, MA	Principal Investigator Gulf 7 Pediatric Disaster Network, Medical Director of Emergency Management, Co-Director Disaster Preparedness Domain	Texas Children's Hospital and EMS for Children Innovation and Improvement Center	National Pediatric Disaster Organization Representative
Christi Thornhill, DNP, APRN, ENP, ACNP-BC, CPNP-AC, CP-SANE	Trauma Program Director CARE Team, Fostering Health and Surgical Clinical Excellence Program	Cook Children's Medical Center	Pediatric Committee Representative
Connie Vega	HPP Program Specialist, Permian Basin Health Care Coalition Specialist	Border RAC TSA J	Regional HPP and HCC Representative
Crissie Richardson, MS, RN, CEN, CPEN	Director of Nursing, Vice Chair, TXENA Peds Committee	Premier Care, ER and Urgent Care	FSED Representative
Lori Upton	Chief Executive Officer	Southeast Texas Regional Advisory Council	Disaster Preparedness and Response Committee Representative
Michael Bell, MPH, PMP, CTCM	Hospital Preparedness Program Manager	Center for Health Emergency Preparedness and Response, Division for Regional and Local Health Operations	State HPP Representative
Suzanne Curran, RN, BSN	Director of Emergency Healthcare Systems - Trauma and Pediatrics	Southeast Texas Regional Advisory Council	RAC Representative
Nichole Davis, MD, MEd	Site Principal Investigator Gulf 7 Pediatric Disaster Network, Associate Director Pediatric Disaster Preparedness	Texas Children's Hospital	Children's Hospital Disaster Preparedness Representative
Eric Parmley, RN	Trauma Nurse Coordinator	Texas Children's Hospital	Pediatric Injury Prevention Representative
June Ness- Delgado	Trauma Process Improvement Coordinator	Corpus Christi Medical Center	General Hospital with no Pediatric ED, admits peds to adult ICU
Lisa Treleaven, Ed.D., LPC	Family Advisory Network Representative	Texas EMS for Children and Texas Parent to Parent	Patient and Family Advocate
LeAnne Young, MSN, RN, TCRN	Assistant Clinical Director Trauma and Injury Prevention	Texas Children's Hospital	Level I Pediatric Trauma Center Representative
Ragan Stevens, RN	Pediatric Neonatal Transport Team, Nurse	Medical City Healthcare	Specialty Care Transport
Stacy Greiner, MSN, RN, C-NPT	Pediatric Neonatal Transport Team, Supervisor	Medical City Healthcare	Specialty Care Transport
Sam Vance, MHA, LP	Manager, EMS for Children State Partnership Grant, Texas	Baylor College of Medicine	EMS for Children

Pediatric Disaster Preparedness Guidance for Hospitals

Emergency Operations Plan/Disaster Plan	Hazard Vulnerability Assessment	Community Partnerships	Surge Capacity
Patient Management and Treatment	Medications and Equipment	Decontamination	Reunification/Patient Identification
Safety and Security	Behavioral Health Support	Children with Special Healthcare Needs	Disaster Exercises and Drills

Next Steps

- **Disseminate to Stakeholders**
  - DSHS Office of EMS and Trauma Systems
  - Governors EMS and Trauma Advisory Council (GETAC) and Committees
  - Regional Advisory Councils (RACs)
  - DSHS Hospital Preparedness Program (HPP)
  - Texas Trauma Coordinators Forum (TTCF)
  - Texas College of Emergency Physicians (TCEP)
  - Texas Chapter of the National Association of EMS Physicians (TX NAEMSP)
  - Texas Organization of Rural and Community Hospitals (TORCH)
  - Texas Hospital Association (THA)
  - Children's Hospital Association of Texas (CHAT)
  - Newsletters
  - Social Media
- **One-Page Accompanying Checklist**
- **Emergency Operations Plan Template**

Questions

15. Texas EMS for Children Update

March 6 – 8, 2024

EMSC
Emergency Medical Services for Children

What about this big, huge, long national assessment I keep hearing about?????

National PRP
Prehospital Pediatric Readiness Project
Ensuring Emergency Care for All Children

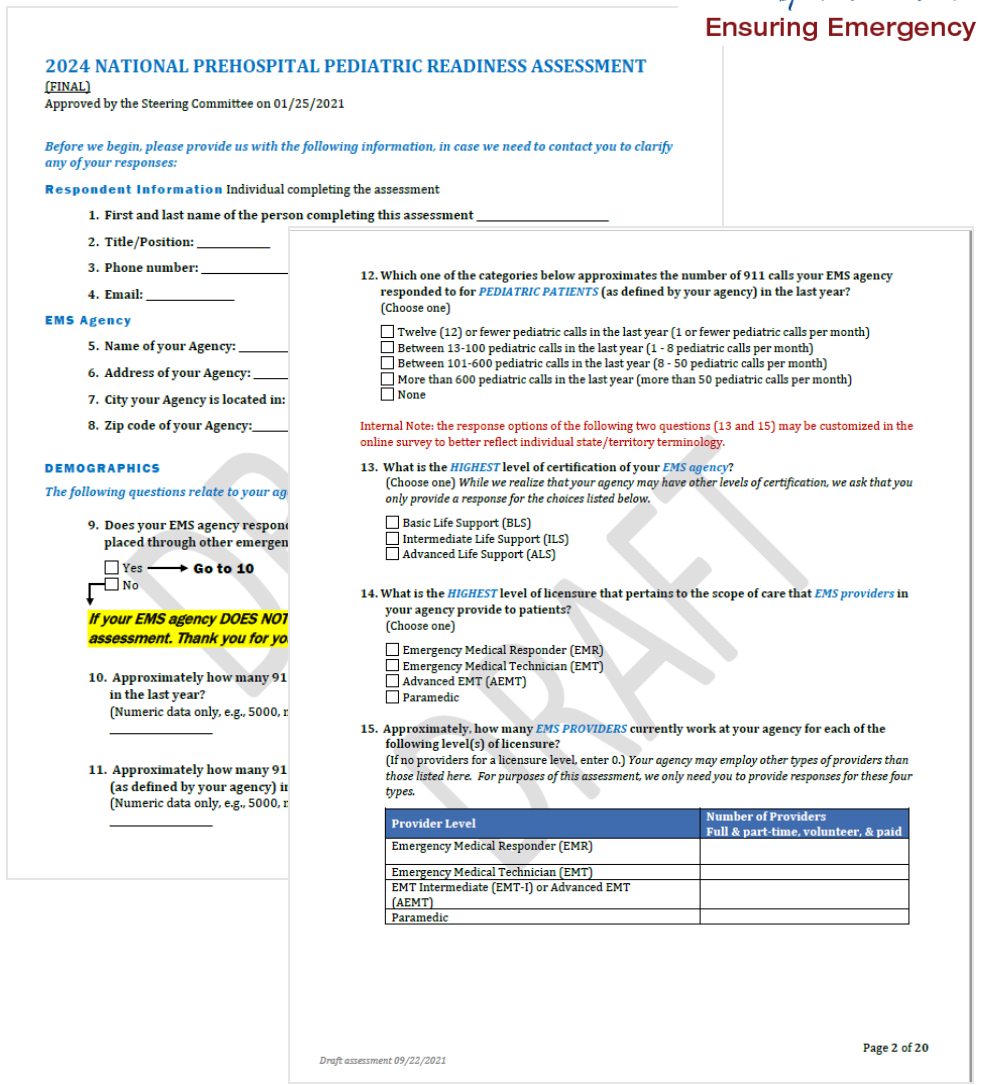
Assessment Coming in 2024!

The PPRP Assessment is based on the 2020 Pediatric Readiness in Emergency Medical Services Systems joint policy statement and technical report. It is a national multi-phase initiative, focused on the prehospital EMS system. The assessment is led by the EMS for Children Program in partnership with more than 30 national organizations and stakeholders.

Endorsed by the Governor's EMS and Trauma Advisory Council

2024 Prehospital Pediatric Readiness Assessment Overview

- Comprehensive 146-item scored assessment of pediatric readiness in EMS systems
- Online, open access
- Benchmarking with similar EMS agencies (by annual pediatric volume)
- Immediate access to overall weighted pediatric readiness score
- Agency-specific gap report with link to evidence-based resources
- Intended for all 9-1-1 responding agencies



2024 NATIONAL PREHOSPITAL PEDIATRIC READINESS ASSESSMENT

[FINAL]

Approved by the Steering Committee on 01/25/2021

Before we begin, please provide us with the following information, in case we need to contact you to clarify any of your responses:

Respondent Information Individual completing the assessment

1. First and last name of the person completing this assessment _____
2. Title/Position: _____
3. Phone number: _____
4. Email: _____

EMS Agency

5. Name of your Agency: _____
6. Address of your Agency: _____
7. City your Agency is located in:
8. Zip code of your Agency:_____

DEMOGRAPHICS

The following questions relate to your ag

9. Does your EMS agency respon
placed through other emergen

☐ Yes → **Go to 10**
☐ No

If your EMS agency DOES NOT assessment. Thank you for yo

10. Approximately how many 91
in the last year?
(Numeric data only, e.g., 5000, r
_____

11. Approximately how many 91
(as defined by your agency) i
(Numeric data only, e.g., 5000, r
_____

12. Which one of the categories below approximates the number of 911 calls your EMS agency responded to for *PEDIATRIC PATIENTS* (as defined by your agency) in the last year?
(Choose one)

☐ Twelve (12) or fewer pediatric calls in the last year (1 or fewer pediatric calls per month)
☐ Between 13-100 pediatric calls in the last year (1 - 8 pediatric calls per month)
☐ Between 101-600 pediatric calls in the last year (8 - 50 pediatric calls per month)
☐ More than 600 pediatric calls in the last year (more than 50 pediatric calls per month)
☐ None

Internal Note: the response options of the following two questions (13 and 15) may be customized in the online survey to better reflect individual state/territory terminology.

13. What is the *HIGHEST* level of certification of your *EMS agency*?
(Choose one) *While we realize that your agency may have other levels of certification, we ask that you only provide a response for the choices listed below.*

☐ Basic Life Support (BLS)
☐ Intermediate Life Support (ILS)
☐ Advanced Life Support (ALS)

14. What is the *HIGHEST* level of licensure that pertains to the scope of care that *EMS providers* in your agency provide to patients?
(Choose one)

☐ Emergency Medical Responder (EMR)
☐ Emergency Medical Technician (EMT)
☐ Advanced EMT (AEMT)
☐ Paramedic

15. Approximately, how many *EMS PROVIDERS* currently work at your agency for each of the following level(s) of licensure?
(If no providers for a licensure level, enter 0.) *Your agency may employ other types of providers than those listed here. For purposes of this assessment, we only need you to provide responses for these four types.*

Provider Level	Number of Providers Full & part-time, volunteer, & paid
Emergency Medical Responder (EMR)	
Emergency Medical Technician (EMT)	
EMT Intermediate (EMT-I) or Advanced EMT (AEMT)	
Paramedic	

Draft assessment 09/22/2021

Page 2 of 20

PPRP Assessment Scores

National PRP
Prehospital Pediatric Readiness Project
Ensuring Emergency Care for All Children

Domain	Points
Education and Competencies for Providers	16
Equipment and Supplies	11
Coordination of Pediatric Emergency Care	13
Interactions with Systems of Care	10
Patient and Family Centered Care in EMS	10
Patient and Medication Safety	14
Policies, Procedures, and Protocols	13
Quality Improvement/ Performance Improvement	13

PPRP Assessment Pilot: General Comments

- Overall easy to answer and straightforward
- Completed in one session, easy to return if not
- Most used a computer to complete, one used a phone
- Information will be valuable for future QI efforts
- Average time to complete: 30-45 minutes

EMSC Emergency Medical Services for Children

National PRP Prehospital Pediatric Readiness Project
Ensuring Emergency Care for All Children

PPRP Assessment: Engaging Stakeholders

- UT Health San Antonio
- Texas EMS Alliance
- TXNAEMSP
- RACs
- Broselow Bag Drawing

EMSC Emergency Medical Services for Children

National PRP Prehospital Pediatric Readiness Project
Ensuring Emergency Care for All Children

Questions

16. Texas EMS, Trauma & Acute Care Foundation (TETAF) March 2024

Dinah Welsh, TETAF President/CEO

Texas EMS, Trauma & Acute Care Foundation Update

Dinah Welsh

TETAF President/CEO

Friday, March 8, 2024

TETAF
TEXAS EMS TRAUMA & ACUTE CARE FOUNDATION

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

TETAF Board of Directors

- The TETAF General Assembly, comprised of two members from each of the 22 Regional Advisory Councils (RACs), elected new board members during its annual meeting in December. New board members are:
  - Cherish Brodbeck, MSN, RNC-OB, LP, CMTE
  - Kate Drone, MJ, BSN, LSSBB, RNC-OB, C-EFM, C-ONQS
  - Carlos Palacio, MD, FACS
  - Jon-Michael Parker, RN, BSN
  - Traceee Rose, MSN, RN, CCNS-BC, CCRN-K
  - Additionally, the TETAF General Assembly elected a new chair who will serve on the TETAF Board of Directors. Eric Epley, CEM was elected to serve in this role in which he previously served three years ago.
- The TETAF Board appointed Bill Bonny, BA, LP to fulfill the unexpired term after Kathy Perkins, RN, MBA needed to resign to care for a family member.
- TETAF recently named new members to its five committees (Advocacy, Education, Finance, Governance, and Survey Verification). Committee appointments are made every two years.

Advocacy

- TETAF recently named new members to the TETAF Advocacy Committee which will meet soon to begin preparations for the 89th Texas Legislative Session.
- TETAF conducted multiple meetings with hospital partners and stakeholders regarding the proposed trauma rules and conducted a meeting with RAC leaders to discuss the proposed RAC rules. TETAF's Dinah Welsh and Terri Rowden provided oral comments to the proposed trauma designation rules during the February 15 meeting of the Texas Health and Human Services Commission Executive Council meeting. TETAF also provided written comments to the proposed trauma rules and proposed RAC rules.

Surveys – Trauma, Stroke, Maternal, and Neonatal

- The number of surveys continues at a steady pace for all survey service lines in the last quarter. Trauma and maternal continue to be the two busiest service lines, followed by neonatal and stroke.
- TETAF's perinatal division, Texas Perinatal Services, has provided verification surveys for hospitals seeking designation under the neonatal designation rules that went into effect in January.

Education

- Mark your calendar for the next virtual TETAF Hospital Data Management Course on **June 6-7, 2024**. Visit https://tetaf.org/hdmc/ for details and to receive early notification of the TETAF HDMC early bird discount.
- TETAF and Texas Perinatal Services continue to offer the Texas Quality Care Forum (TQCF) each month with topics focused on trauma, stroke, maternal, neonatal, and acute care, as well as EMS topics. The next TQCF is on **Tuesday, March 19 at 1:00 p.m. CDT**. Go to https://lnk.bio/tetaf_tps to register for the forum via Zoom.
- TETAF and Texas Perinatal Services continue to offer exclusive, free educational opportunities to our hospital partners via Mighty Networks.

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

Collaboration

- TETAF continues to provide support to Texas TQIP.
  - Dr. Carlos Palacio led a meeting for Texas TQIP during the ACS TQIP Conference in December and has since led three additional meetings, including one this week in-person in Austin.
- TETAF continues to provide all continuing education for the Texas Trauma Coordinators Forum and participate in their educational activities.
- TETAF/Texas Perinatal Services was once again a sponsor for the Texas Collaborative for Healthy Mothers and Babies (TCHMB) Summit in Austin and sponsored the SPEAK UP Champion™ Implicit and Explicit Racial Bias Conference.
- TETAF is also a sponsor for the upcoming Texas Organization of Rural & Community Hospitals (TORCH) Spring Conference, April 1-4 in Arlington, Texas.
- TETAF welcomes the opportunity to be a resource, support, and/or participate in any meetings to further build the trauma and emergency care network.

17. 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

19. Discussion of Rural Priorities

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

20. Final Public Comment

Three minutes is the allocated allotment of time for public comment.

Please state the following when making comments:

- Your name
- Organization you represent
- Agenda item you would like to address.

TEXAS Health and Human Services

Texas Department of State Health Services

21. Announcements

TEXAS
Health and Human Services

Texas Department of State Health Services

22. Next Council Meeting Dates

Quarterly Meetings:

- **Q2 –** June 12-14, DoubleTree Hotel
- **Q3 –** August 21-23, DoubleTree Hotel
- **Q4 –** November 23-25, 2024, in conjunction with the Texas EMS Conference in Ft. Worth.

23. Adjournment

Alan Tyroch, MD, GETAC Chair

TEXAS Health and Human Services

Texas Department of State Health Services

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