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

Friday, August 23, 2024
DoubleTree by Hilton Austin, Phoenix Central Ballroom
6505 N Interstate 35
Austin, TX 78752

Meeting Minutes

Last Name	First Name	Appointed Position	Attendance
Tyroch, MD, Chair	Alan	Trauma Surgeon - *per HSC §773.012(b)(14)*	Y
Matthews, Vice Chair	Ryan	Private EMS Provider - *per HSC §773.012(b)(5)*	Y
VACANT		Rural Trauma Facility - *per HSC §773.012(b)(11)*	VACANT - N
Clements	Mike	EMS Fire Department - *per HSC §773.012(b)(9)*	N
DeLoach, Judge	Mike	County EMS Provider - *per HSC §773.012(b)(12)*	Y
Eastridge, MD	Brian	Urban Trauma Facility - *per HSC §773.012(b)(10)*	Y
Johnson, RN	Della	RN w/Trauma Expertise - *per HSC §773.012(b)(15)*	Y
Lail	Billy (Scott)	Fire Chief - *per HSC §773.012(b)(4)*	Y
VACANT		Certified Paramedic - *per HSC §773.012(b)(17)*	VACANT - N
Malone, MD	Sharon Ann	EMS Medical Director - *per HSC §773.012(b)(2)*	Y
Marocco	Pete	Public Member - *per HSC §773.012(b)(18)*	Y
Martinez	Ruben	Public Member - *per HSC §773.012(b)(18)*	N
VACANT		EMS Volunteer - *per HSC §773.012(b)(6)*	VACANT - N
Potvin, RN	Cassie	Registered Nurse - *per HSC §773.012(b)(3)*	Y
Ramirez	Daniel (Danny)	Stand-Alone EMS Agency - *per HSC §773.012(b)(16)*	Y
Ratcliff, MD	Taylor	EMS Educator - *per HSC §773.012(b)(7)*	N
Remick, MD	Katherine (Kate)	Pediatrician - *per HSC §773.012(b)(13)*	Y
Salter, RN	Shawn	EMS Air Medical Service - *per HSC §773.012(b)(8)*	Y
Troutman, MD	Gerad	Emergency Physician - *per HSC §773.012(b)(1)*	Y

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Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
1. Call to Order	Dr. Tyroch called the meeting to order at 8:00 AM.			
2. Roll Call	Roll called by DSHS staff. Quorum met.			
3. GETAC Vision and Mission	GETAC Vision and Mission read by Dr. Tyroch.			
4. Review and Approval of GETAC Minutes	Shawn Salter motioned to approve the June 14, 2024, minutes. Dr. Eastridge seconded the motion. Motion passed.	Motion to approve the minutes.	Approved.	
5.	**Alan Tyroch, MD, GETAC Chair**			
GETAC Chair Report and Discussion	Dr. Tyroch announced that there are three openings on the council, and committee applications will be open from September 1st to September 30th. The next meeting will be held in Fort Worth at the Omni from November 23rd to 25th, with the council meeting on the 25th.	Place the link to the Governor's appointment webpage on the GETAC Council webpage.	Complete.	
6.	**State Reports**			
6.a. EMS/Trauma Systems Section	**EMS/Trauma Systems (EMS/TS) Section Update** Jorie Klein, EMS/TS Director, provided a report on the following items: • **Data Submission** A current priority is to close out 2023 data submissions and start working on 2024 data. Two hospitals have not submitted their 2023 data; follow-ups are ongoing. Director Klein announced that the 2024 data submission period will close March 2025. RAC and uncompensated care (UCC) funding are tied to	Information only; no actions required.		Continue quarterly updates to the Council.

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6.a. continued	data submissions; Director Klein reiterated the importance of data submissions to the EMS and Trauma Registries. • **RAC Funding and Contracts** RAC funding and trauma uncompensated care payments are being worked on. An error in fund distribution for the UCC payments is being corrected, and checks will be sent on September 1st. Emails will be sent to facilities. Director Klein encouraged those with questions to call her. • **GETAC 2025** Director Klein shared the proposed dates for GETAC meetings in 2025. Meeting location has not yet been determined as the bidding process is underway. *GETAC Retreat: January 30-31* *Q1: March 4-7* *Q2: June 17-20* *Q3: August 19-22* • **Sunset Preparation** Another current priority is Sunset preparation. Section leadership is meeting with five organizations involved in the Sunset preparation process. Four have completed documentation specific to the Sunset process, and one will complete it on Monday. • **Trauma Rules** Public comments on trauma rules were accepted beginning August 2nd, with an executive hearing on August 15th. The formal comment period will close on September 3rd. Once the formal comment period closes, Elizabeth Stevenson and Director Klein will coordinate two meetings with the same group who reviewed the previous comments, including members from the GETAC Trauma Systems Committee, GETAC Council, and the RACs. The	Information only; no actions required.		

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6.a. continued	comments will be reviewed, and potential language changes discussed. Following that review, the adoption packet will be completed. Once the trauma rules are adopted, training on trauma designation survey guidelines will begin for facilities and surveyors. • **Contingent Designations** Director Klein discussed statistics on contingent designations for level 3 and level 4 facilities in 2023 and 2024. Action plans are provided to facilities to avoid repeat surveys. • **EMS Trauma System Celebration** Director Klein thanked Trauma and Acute Care Foundation (TETAF) for their celebration recognizing the thirty-five-year journey of the EMS trauma system. **Designation Update** Elizabeth Stevenson, Designation Programs Manager, provided an update on the following: • **Designated Trauma Facilities** From April 2024 to July 2024, there were 299 designated trauma facilities, down from 300. Most applications were for Level IV designations (13 of 19 total). One new facility was added to the trauma designated facilities from April to July 2024. Two new In Active Pursuit (AIP) recognitions were made, with nine AIP facilities. The department processed 15 trauma designations: 14 renewals and 1 initial designation. Eleven of those were contingent designations. Mrs. Stevenson	Information only; no actions required.		

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6.a. continued	stated that while the department previously accepted a plan of correction in good faith that the facility would follow through and correct those requirements, it is now transitioning to a follow-up process where the department meets with those facilities to ensure that they are meeting requirements. Mrs. Stevenson reported the common deficiencies seen are related to performance improvement, nursing documentation, and TPM 0.8 FTE. She shared the actions the department is taking to help trauma programs be successful: ▪ DSHS meetings on Proposed Trauma Rules held July 23 and August 21, 2024 ▪ Revised TOPIC Course provided on August 20, 2024 ▪ DMEP course registration (309 slots for TPMs; 309 slots for TMDs). This was sponsored by department through Emergency Preparedness. The department is working with ACS regarding registration name changes. Mrs. Stevenson encouraged those with questions to contact her. ▪ Rural Level IV and Level I/II Facility designation calls occur on the 2nd Wednesday of each month. ▪ Non-Rural Level IV and Level III Facility designation calls occur the 4th Wednesday of each month. ▪ Trauma meeting calls are now on the GoToWebinar platform due to the high volume of those wanting to attend the calls. • **Stroke designated facilities** From December 2023 to April 2024, the number of designated stroke facilities increased by 1 to 189. There are only 21 facilities left that need to	Information only; no actions required.		

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6.a. continued	redesignate at the newly defined levels. Most applications were for Primary Level III designations (19 of 24 total). Mrs. Stevenson reported on the current Stroke Workgroup projects: ▪ Stroke Application Data - Completed ▪ At the facilities' request, Level IV facilities will have their own call. Level IV Acute Stroke Ready designation calls will begin on September 12, 2024, at 2:00 PM, on TEAMS. ▪ Stroke designation calls occur the 2nd Tuesday of each month on the GoToWebinar platform • **Designation Application Process Performance Measures** Performance measures for turning applications around from department receipt of a complete application, including fee, through facility receipt of approved documents. The goal is 30 days for non-contingent and 60 for contingent designation. Mrs. Stevenson reported that currently, trauma is at 22 days for non-contingent designations, 47 days for contingent designations, and 21 days for stroke designations (very few contingent stroke designations). • **Application Fee Payments** Mrs. Stevenson reminded facilities to submit remittance form with payments for timely application processing. ***Council Comment:*** *Dr. Tyroch remarked that the monthly calls are very helpful for the facilities and encouraged trauma medical directors to join the trauma calls. He also commended the designation unit on the improved processing times and falling under the targeted goal.*	Information only; no actions required.		

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6.a. continued	**EMS System Update** Joseph Schmider, State EMS Director, provided an update on EMS activities since last quarter: • **Senate Bill 8 Scholarships** Over 3,069 scholarships amounting to $16.2 million have been given out across all 22 RACs since October 1, 2022. There are 9,108 newly certified EMS personnel since October 1, 2022. Efforts are ongoing to retain people in the system. RACs are working together to provide as many scholarships as possible. Once the RAC contract ends, the department will take over monitoring the EMS commitment of students through a random audit process. The Department of State Health Services Communications Department is re-running commercials to recruit people to join the system – Mr. Schmider expects an uptick in applications. *Council Comment: Mr. Ramirez asked if FROs would be eligible to receive SB8 scholarship funds. Mr. Schmider stated that the legislation was written for EMS providers only, but hopefully, any possible new funding would include FROs.* • **Patient Care Records** The department has worked to increase submissions to the EMS and trauma registries, with over five million records collected. Mr. Schmider commended ESO and Image Trend for their assistance in the process. Mr. Schmider clarified that patient care records are required for all patient interactions, even if no patient is found, and added that there would be disciplinary consequences for providers who do not submit records. *Council Comment: Dr. Remick asked if Mr. Schmider had any information as to when the pediatric metrics would be live on the NEMSIS dashboard. Mr.*	Information only; no actions required.		

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6.a. continued	*Schmider stated he had no new information. He encouraged attendees to visit the NEMSIS dashboard to view the information available.* • **Independent Practitioners** Mr. Schmider reminded EMS personnel must work under a medical director and follow proper protocols; they cannot operate independently. *Council Comment: Mr. Salter asked if there was a specific location where individuals could go for more information. Mr. Schmider asked that questions come to him.* • **Fort Worth Conference** The conference will be held in Ft. Worth on November 23-26 and will include a cornhole fundraiser on Sunday night to raise scholarship funds for LODD family members. • **Application Processing** Challenges in processing applications for education providers and EMS personnel were discussed, emphasizing following the correct process to avoid delays and adding *@dshs.texas.gov* to the safe sender list. • **Electronic Certifications** Certifications for first responder organizations and EMS providers are now available online and will be delivered to the secure mailbox in DSHS online accounts. Personnel updates are now able to be completed online as well. Questions to EMSProviderFRO@dshs.texas.gov. *Council Comment: Mr. Salter praised the system updates and inquired if other updates, such as vehicle updates, would be available in the portal. Brett Hart stated those types of updates would be available at a later date.* • **Complaint Process** The complaint process form is now available online, making filing and categorizing complaints easier.	Information only. No actions required.		

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6.a. continued	**EMS/Trauma Systems Funding Update – Jorie Klein, Director, EMS/Trauma Systems Section** Director Klein explained the funding streams supporting EMS, Trauma, and uncompensated care (UCC). • Hospital UCC, specific to trauma: $82.1 million to HHSC to do the additional drawdown for funding. • Extraordinary Emergency Funds (EEFs): $1 million available on 9/1/23. $214,000 rolled over from FY2023. Seventeen applications were received – eight were awarded, five were denied, and four were withdrawn. Total expended: $1,213,994.89, with $5.11 remaining. Mr. Schmider and the team will review the standard cost for an ambulance and monitor to determine a flat amount for those requests and help the dollars go further. • Director Klein reminded the hospitals and EMS agencies that their data submissions impact RAC funding. • The EI funding that began on 9/1/23 will continue. Director Klein provided a UCC funding update: • Applications closed on May 15, 2024. 290 hospitals applied, five IAP. • There was $89,684,544.86 allocated to hospitals, but almost $3 billion in requests. $175,159,949.74 from SDA Trauma Add-On. • Some facilities submitted charges that did not meet the NTDB criteria, or the patient was admitted less than 23 hours, leading to reductions.			
6.b. EMS and Trauma Registry	**6b. DSHS Texas EMS and Trauma Registry Update - Jia Benno, Office of Injury Prevention Manager** Ms. Benno presented on Emergency Medical Services (EMS) Stroke and Cardiac Data for 2019-2022. She advised that The Emergency Medical	Informational only. No action items were identified for the Council.		

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6.b. continued	Services and Trauma Registries (EMSTR) collects data from EMS providers, hospitals, justices of the peace, medical examiners, and rehabilitation facilities. She added that EMS providers must report all runs to EMSTR under Texas Administrative Code, Title 25, Chapter 103, and that a "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. She explained the difference between NEMSIS and EMSTR: The EMS and trauma registry is a Texas-specific program mandated by legislation, whereas NEMSIS is the National EMS Information System collecting data from all 50 states.
	
	EMSTR Submission Status
	• Increase in EMS Records
	  ○ 2022: 4.6 million EMS records.
	  ○ 2023: 4.9 million EMS records.
	  ○ 2024: 2.7 million EMS records collected so far. Ms. Benno expects over 5 million for 2024 total.
	• Increase in Trauma Records
	  ○ 2022: 162,000 trauma records.
	  ○ 2023: Over 230,000 trauma records.
	  ○ 2024: 68,536 records collected thus far.
	
	Stroke Data Request for 2019-2022
	Followed NEMSIS Inclusion Criteria – All Suspected Strokes: Primary symptom, other associated symptom, provider's primary impression or provider's secondary impression variables included International Classification of Diseases Tenth Revision (ICD-10) codes:
	• G45 – Transient cerebral ischemic attacks and related syndromes;			

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6.b. continued	• G46 – Vascular syndromes of brain in cerebrovascular diseases; • I60 – Nontraumatic subarachnoid hemorrhage; • I61 – Nontraumatic intracerebral hemorrhage; and • I63 – Cerebral infarction. Protocols used were "Medical – Stroke/TIA." Stroke Scale Result was "Positive." Ms. Benno reported 211,387 total suspected strokes for 2019-2022, increasing each year. Suspected strokes accounted for 1 -1.5% of all EMS runs during this time period. During the same period, there were 639 suspected strokes in those under 18 and 208,692 for patients 18 or older. There were 2,056 records without an age. Data quality has improved over the years. A stroke scale was performed on average 39.41% of the time with suspected stroke patients, increasing each year from 18.93% in 2019 to 47.18% in 2022. National average: 26% in 2019 and 2020. Ms. Benno reported by RAC, highlighting RACs B, N, and S with having stroke screening scales performed in almost or over 90% of suspected stroke occurrences. The Cincinnati Stroke Scale is performed significantly more often than Los Angeles or FAST and increased between 2019 and 2022. For the Stroke Severity Scale, "other" was chosen most of the time. Ms. Benno noted that the Vision, Aphasia, Neglect (VAN) is often used in Texas and could be part of "Other Stroke Scale Types" in NEMSIS. Regarding stroke scale results, 26-30% of all suspected strokes score "positive." By test, 61% of Cincinnati, 30.8% of Los Angeles, and 74.9% of FAST tests performed indicated a positive result. While having the fewest tests performed, Los Angeles has the highest non-conclusive rate at 26.8%.	Informational only. No action items were identified for the Council.		

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6.b. continued	For stroke severity tests, MEND had the highest non-conclusive rate at 46.8%. Positive results were indicated in 28.1% of MEND tests, 83.7% of NIH tests, and 52.5% of tests entered as "Other." *Council Comment: Dr. Tyroch sought confirmation that these numbers come from EMS and exclude patients who arrived at the ED in their own vehicle. Ms. Benno responded in the affirmative.* **Cardiac Data Request for 2019-2022** Ms. Benno provided the inclusion criteria and definitions for the cardiac data analysis and reported on the response and request times for patients transferred between facilities. Patients within the Texas EMS dataset (trauma not included): • Incident location of the hospital – emergency department (ED), hallway, or inpatient. • Destination type – hospital ED or hospital non-ED bed. • Cardiac patients – Protocols used were any cardiac arrest or cardiac-related events. • Request time – Time recorded between Public Safety Answering Point (PSAP) and unit arrival on scene. • Response time – Time recorded between unit notified of dispatch and unit arrival on scene time. Looking at Texas transfer request and response times for all patients (382,120), the mean request time was 80.6 minutes, with a median of 36 minutes. The response time mean was 28 minutes with a median of 21 minutes. For cardiac patients (6,262), the mean request time was 41.3 minutes, and the median was 19 minutes. The mean response time for cardiac patients was 22.8 minutes, with a 16-minute median time.	Informational only. No action items were identified for the Council.		

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6.b. continued	RAC I had the highest mean request time of 80.5 minutes (median=39) for cardiac patients, and RAC V had the highest median time of 42 minutes (mean=50.5). RAC U had the highest mean response time of 37.3 minutes and the highest median response time of 30 minutes for cardiac patients. The request and response times for cardiac patients are much less than when looking at all patients. While cardiac data analysis shows lower response and request times for cardiac patients, there is a need to refine the definition to avoid over-counting. Ms. Benno and the team will continue to work with the Cardiac Committee to refine the definition of cardiac patients and differentiate between severe and non-severe cases. To sign up to receive periodic injury prevention-related updates, Ms. Benno directed attendees to the injury prevention webpage: dshs.texas.gov/injury-prevention. *Public Comment: Dr. Novakovic added that 42-48% of stroke patients arrive at ED by EMS; sometimes, one patient may receive both the stroke screening and the stroke severity scales, which may provide a "double-dipping" in patient numbers. She added there was a little bit of a bias in the numbers since the data presented only showed "suspected stroke" and didn't include patients who did have a stroke, and no scale was performed.* *Council comment: Mr. Matthews asked if there was a risk of data loss due to the transition to NEMSIS 3.5. Ms. Benno stated that they were working with NEMSIS on the transfer from 3.4 to 3.5 and didn't believe there was a data loss. Mr. Sussman added that while the transition to NEMSIS 3.5 posed challenges, a one-month cutover period helped mitigate data loss. Some EMS providers had difficulty transitioning to 3.5; a manual process was required*	Informational only. No action items were identified for the Council.		

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6.b. continued	*for data translation. NEMSIS 3.4 records were accepted until December 8, 2023; the national repository required 3.5 records beginning December 31, 2023.* ***D*r. Timothy Stevenson, Associate Commissioner for Consumer Protection, DSHS** Dr. Stevenson thanked GETAC for their continued hard work and the feedback provided during the recent rules process.	Informational only. No action items were identified for the Council.		
7.	**GETAC Committee Reports**			
7.a. Air Medical and Specialty Care Transport Committee	*Webcast recording timestamp for GETAC Committee Reports is 59:55.* **Air Medical and Specialty Care Transport Committee (AMSCT), Lynn Lail, RN, Chair** Lynn Lail presented on the committee's 2024 priorities. **2024 Committee Priorities** 1. Performance Improvement: Pediatric Airway Management by Air Medical & Specialty Care Providers a. In Progress: With the support & monetary sponsorship of TAAMS, the GETAC AMSCTC will perform a 2-year retrospective and real-time (quarterly) Ground Air Medical qUality Transport (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 Mental health awareness that's specific to helicopter crew. a. In Progress: The GETAC AMSCTC will develop an educational program, designed specifically for DPS Troopers, outlining the			Continue quarterly report to Council.

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7.a. continued	criteria for requesting an air medical asset and how to achieve that goal. 3. Prevention: HEMS Specific Mental Health Awareness a. In Progress: 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 two years. Mrs. Lail also reported on the outcome of the committee's 2023 priorities: 1. Emergency Preparedness & Response: Safe & Effective Statewide Ground to Air Communication a. Complete: Created a frequency resource document reflecting current regional channels in use. This will remain a living document with routine review. It is intended as a resource document that will be available on the GETAC website. Education & distribution via RAC Chairs – November 2024. The Interoperability list was presented to GETAC for approval. *Council Comment: Dr. Tyroch stated this list addresses a safety issue.* **Mr. Salter motioned to approve and make it available to all RACs, and Mr. Ramirez provided a second. No additional discussion. Motion passed.** 2. Emergency Preparedness & Response: Finalize/Materialize the Air Medical Strike Team (MIST) Concept & Process a. Complete: Continued collaboration with EMT-F leadership. Resource document to be presented and utilized within EMT-F structure.	Motion to approve the interoperability list and make available to the RACs. EMSTS staff add list to webpage.	Approved. Incomplete	

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
7.a. continued	3. Prevention: Statewide Educational Campaign to Mitigate Risks for Air Medical Transport a. Complete: Landing zone presentation revisions complete and approved by AMOA. Approved by GETAC in June 2024. Rolled out to RACs on August 22, 2024. 4. System Integration: Real-time status reporting by all air medical providers in all 22 regions of the state a. Collaboration with Juvare to ensure all TX air providers' CAD systems are "talking" to the nationwide system being created. Approximately 90% of all air agencies are participating. RAC chairs were educated, and the system went live on August 22, 2024.	No additional action items were identified for the Council.		
7.b. Cardiac Committee	**Cardiac Care Committee, James McCarthy, MD, Chair** Dr. Craig Cooley, committee vice chair, provided a report to Council. **2024 Committee Priorities** 1. Coordinated clinical Care/EMS: Partner with DSHS to identify cardiac data elements currently available in the National Emergency Medical Service Information System (NEMSIS). a. In Progress: Reviewed dataset from DSHS on "emergent" cardiac patient transfers. Good start but need to look at definitions more closely for true time-dependent patients. 2. Out of Hospital Cardiac Arrest – AED access/bystander CPR Assessment (Emergency preparedness and response): Partnering with DSHS on areas of low AED use and CPR delays. a. In Progress: Made the final GETAC PI list; the review process is moving forward. 3. Telecommunicator CPR (Coordinated clinical Care/EMS): a. In Progress: A brief update that information has been obtained – will be reviewed at the November meeting.	No action items were identified for the Council.		Continue quarterly report to Council.

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
7.b. continued	4. 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. a. Will review definitions and refine data request. **Action Item** None at this time.			
7.c. Disaster Committee	**Disaster Preparedness and Response Committee, Eric Epley, NREMT, Chair** Mr. Epley provided an update on the committee's activities and discussions. 1. The committee reviewed and approved the Air Medical and Specialty Care Transport Committee's Interoperability Document. 2. The committee received EMTF updates, including the Hurricane Beryl response and a new technique used that placed EMTF ambulances out-of-service at hospitals with significant wall times. This allowed the transfer of care from offloading Houston Fire ambulance personnel to the EMTF ambulance personnel for patient monitoring and allowed Houston Fire assets to return to service. Mr. Epley discussed the possibility of an EMS Wall Times Task Force with Kevin Deramus, the EMS Committee chair. 3. The committee reviewed the Prehospital Whole Blood Task Force report. **Action Items** No action items at this time.	No action items were identified for the Council.		Continue quarterly report to Council.
7.d. Emergency Medical Services Committee	**Emergency Medical Services Committee, Kevin Deramus, LP, Chair** Mr. Deramus provided a report on the committee's priorities to council. **2023 priorities** 1. Completed: Hall time white paper is posted on GETAC webpage. 2. In Progress: Safety and security of EMS personnel is still in progress, with discussions on personal safety at volatile scenes. 3. Ongoing: Discussions/preparations for active shooter/MCI incidents.			Continue quarterly report to Council.

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
7.d. continued	**2024 Priorities** 1. Reduction of RLS (Red Lights & Sirens) usage during EMS responses to 911 calls and transportation of patients to definitive care. a. Reduce the use of RLS by 50% for nonpriority 1 responses. Using existing EMD priority determinants to identify universal priority response. b. Reduce the transport of patients while using RLS by 80% for nonpriority 1 patients. 2. Reduction of EMS Wall Times in Texas and analyze the impact of the associated white papers on the issue. a. Reduce the EMS quantity of "Wall time incidents" by measuring acceptable defined "Patient hand-off times" by 80%. **Action Item** The committee requested to form a task force to analyze the impact of EMS wall time data across Texas. The task force, in collaboration with the RACs, Medical Directors, and other identified stakeholders, will collect comparative data across all regions of Texas to identify any impacts and work to identify and share novel approaches to reduce the impact on EMS Wall Times across Texas. *Council Comment: Dr. Tyroch stated there was not one easy solution and added that the Texas Hospital Association and TORCH would be valuable members.* **Dr. Remick motioned to approve a Wall time task force to address the issues in the state. Dr. Malone provided the second. No additional discussion. Motion passed.**	Motion to approve formation of a multidisciplinary Wall Time Task Force. No additional action items were identified for the Council.	Approved	
7.e. EMS Education Committee	**EMS Education Committee, Macara Trusty, LP, Chair** Mr. Schmider provided a brief update. The committee reviewed draft rules. **Action Item -** No action items at this time.	No action items were identified for the Council.		Continue quarterly report to Council.

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7.f. EMS Medical Directors Committee	**EMS Medical Directors Committee, Christopher Winkler, MD, Chair** Dr. Winckler, chair of the EMS Medical Directors Committee, provided an update on the committee's activities. 1. The committee discussed the stroke documents from the Stroke Committee. The discussion on stroke protocols was extensive, and further work is needed to finalize the language. The committee could not move forward with a vote to support the protocols at this time. Drs. Winckler, Fagan, and Novakovic-White will work together on the language. Dr. Winckler added that EMS medical directors should advise on items such as the stroke protocols, similar to past advisory roles but felt that protocols should not be overly prescriptive to avoid encroaching on medical directors' practices. 2. Dr. Winckler is planning to have an MCI Heat resource available for November. 3. The committee discussed the use of prehospital blood. He added there is no standard of care research comparing blood use in hospitals versus pre-hospital settings. Pre-hospital blood use is considered best practice despite the lack of specific research. Freeze-dried plasma could be a good alternative for MCIs if whole blood is not available. Public Comment: Mr. Schmider thanked Dr. Winckler and other doctors with GETAC for their educational contributions on EMS Lighthouse podcast. **Action Item** No action items at this time.	No action items were identified for the Council.		Continue quarterly report to Council.
7.g. Injury Prevention &	**Injury Prevention & Public Education (IPPE) Committee, Mary Ann Contreras, RN, Chair** Ms. Contreras presented an update on the committee's 2024 priorities and activities.	No action items were identified for the Council.		Continue quarterly report to Council.

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Public Education Committee	**2024 Committee Priorities** 1. In Progress: Identify data-driven opportunities to reduce the burden of fall injury and death. a. Data analysis is pending. 2. Completed: Compose the Spectrum of Prevention/best practice paper for secure firearm storage utilizing effective methodologies, including applicable resources and evidence-informed strategies. a. Will submit to Council for review and approval for vote in November's GETAC meeting. 3. In Progress: Compose the Spectrum of Prevention /best practice paper for prevention strategies to reduce suicide and increase an individual's capacity for a safe and healthy lifestyle. a. The committee work group will meet for a workday to complete final revisions. 4. In Progress: Increase the number of certified Child Passenger Safety Technicians (CPST) in Texas. The goal is to gain a well-rounded perspective of the system issues in Texas from stakeholders and data sources, identify opportunities to improve these issues and associated barriers, establish a set of statewide CPST capacity goals for 2030, and utilize a series of data indicators to measure progress. a. First workday meeting held with over 100 participants/stakeholders present. b. Next steps are to identify goals and align strategies. c. Initial data compiled identified: 1,854 Technicians to 4,741,075 children; 1 Technician to every 2,557 children; conduct ~10 inspections a day. **Action Item** No action items at this time.			Add Spectrum of Prevention/best practice paper for secure firearm storage to Q4 agenda.

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
7h. Pediatric Committee	**Pediatric Committee, Christi Thornhill, DNP, Chair** Ms. Thornhill provided an update on the committee's 2024 priorities and activities. **2024 Committee Priorities** 1. Coordinated Clinical Care: Pediatric Readiness and Simulation – In Progress a. Workgroup has developed 7 pediatric simulation scenarios and currently developing an additional 8 simulation scenarios. b. 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 – In Progress. a. Pediatric Readiness participation by Texas Hospitals and EMS Agencies-EMSC is meeting with RACs. b. Trauma Center compliance with quarterly pediatric simulations-EMSC is meeting with RACs. c. EMS Agency compliance in utilizing pediatric equipment in skills training/competency. 3. Research Sudden Cardiac Arrests/Deaths (SCA/SCD) in pediatrics and ECG opt-out vs opt-in for sports physicals – In Progress. a. Tabitha Selvester and started research and will be leading this workgroup. b. Requests for interested parties to join the workgroup. 4. Pediatric Committee work with the Stroke Committee to develop pediatric stroke guidelines – Complete. a. Reviewed and approved children's hospitals pediatric stroke protocols and evidence-based practice guidelines.			Continue quarterly report to Council.

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
7.h. continued	5. Pediatric Committee continues to collaborate for 2 workgroups (pediatric concussion/head injury and magnet/battery ingestion) – In Progress. a. Development of pediatric concussion/head injury toolkit b. Development of pediatric magnet/battery ingestion toolkit. c. Requested these items be added to the GETAC Q4 agenda for approval. **Action items** 1. Request the 4 simulations approved by the Pediatric Committee be approved by the GETAC Executive Committee. 2. Requests that the simulation cases are posted to the DSHS website following final formatting. 3. Request that the Head Injury/Concussion Toolkit approved by the Pediatric Committee be added to the November GETAC Council Committee Agenda for approval. The Executive Committee approved the simulation cases and the request to post to the website. Add head injury/concussion toolkit to Q4 agenda. **Texas Pediatric Readiness Project** Dr. Remick provided an update on the education aspect of the project. 1. The EMS Pediatric Readiness Education Series provides free CE for the webinars. CE provided by TETAF. Educational initiatives have seen high participation and are crucial for integrating evidence-based practices. Over 1,500 individuals registered for events with high evaluation scores. 2. *QR codes for more information and to register for NPRQI can be found at webinar recording timestamp 2:02:44* NPRQI aims to support low-volume EDs in Texas and other states in adopting quality improvement efforts by promoting multidisciplinary quality improvement efforts. RAC dashboards activate once five sites in a region are	Post simulations to DSHS website upon final formatting (Adrienne Kitchen).	Incomplete	Add head injury/ concussion toolkit to Q4 GETAC agenda.

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7.h. continued	registered. There are 39 hospitals in Texas registered or in the process of registering with NPRQI. The initiative is multidisciplinary and includes basic safety and protection measures. Nurses and physicians are primary champions, especially in rural communities. The platform is inclusive and not competitive.	No additional action items were identified for the Council.		
7i. Stroke Committee	**Stroke Committee, Robin Novakovic, MD, Chair** Dr. Novakovic provided an update on the committee's Q3 activities. The committee reviewed a presentation from the EMS and Trauma Registry on EMS stroke screening performance reported in NEMSIS. The committee also reviewed the Texas Stroke Quality report and shared the report with the Texas Council of Cardiovascular Disease and Stroke. The committee uses the report to identify barriers to stroke care and opportunities for improvement. Dr. Novakovic reported that the stroke metrics the committee focuses on include median door to needle, median DIDO for acute therapy eligible patients, EMS stroke screening for LVO, and EMS pre-arrival notification. Texas median door-to-needle time is 38 minutes, compared to 40 minutes nationally. 1. Texas median door-in, door-out time to higher level care is 146 minutes compared to 135 minutes nationally. 2. Screening tool performance rate is about 16% in Texas, compared to national rate of 16.6%. 3. Texas pre-notification rate is almost 50% compared to 57% nationally. Dr. Novakovic shared data from the Get With the Guidelines for Texas. Dr. Tyroch requested clarification on how patients are arriving at the hospital. Dr. Novakovic will look at the data by stroke center types. **2024 Committee Priorities**			Continue quarterly report to Council.

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
7.i. continued	**1. ASA Mission Lifeline Prehospital Stroke Algorithm – In progress** a. ASA Mission Lifeline Prehospital Stroke algorithm was presented to the EMS Medical Director Committees. The EMS Medical Directors deferred approval until language revisions were made. Dr. Novakovic will work with Drs. Winckler and Fagan from the EMS Medical Directors Committee to revise the language and present to GETAC and the RACs in November. **2. Pediatric Stroke Task Force– In progress** a. The Pediatric Stroke Task Force drafted an algorithm for the triage of pediatric patients in the prehospital setting. The committee has reviewed and approved the latest revisions to prehospital best practices for management, transport, and interfacility transfers. This has been presented to the Pediatric Committee at their Q3 meeting. The current version added a LVO screening tool. The document will go back to the other committees for review with the anticipation of it going to Council in November. **3. Interfacility Stroke Terminology– In progress** a. Dr. Novakovic reviewed the revisions shared by other GETAC committees. Will bring back to EMS Medical Directors Committee, RACs, and GETAC Council in November. **4. DIDO Performance Recommendations– In progress** a. Stroke Committee approved revisions. Reviewing input received from GETAC Committees. Long term goal is to collect data to outline barriers for interfacility transfers and opportunities to facilitate faster DIDO Hoping to bring back in August for approval.			Add ASA Mission Lifeline Prehospital Stroke Algorithm to GETAC Q4, EMS MD, and RAC agendas. Add EMS Pediatric Stroke Triage Recommendation document to the Q4 agenda. Add Interfacility Stroke Terminology document to EMS MD, RAC, and Council Q4 agenda. Add DIDO Performance Recommendations to EMS MD,

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7.i. continued	**5. Establish Research Opportunities – In Progress** a. Working on a Texas study looking at the benefits of a standardized education or stroke screening and stroke management in the pre-hospital setting. **6. Texas EMS Stroke Screening Survey – In progress** a. Approved by GETAC last quarter. Dr. Novakovic is working with Mr. Schmider on distributing the survey. **7. Stroke Committee-endorsed Education and Certification Courses - Complete** **8. Stroke Facility Infrastructure Recommendations– In progress** a. Dr. Novakovic is working with DSHS for access to stroke education. Mrs. Stevenson will report back to committee in November. **9. Stroke Coordinator/Manager Mentorship Survey** a. The committee education work group is developing a survey to help pair mentor/mentee. Director Klein and Mrs. Stevenson are serving as advisors. Goal is to present to GETAC in November. **10. Rural Stroke Work Group** a. Dr. Novakovic sought interested parties for the work group and provided a QR code to sign up. QR code can be found at webcast recording timestamp 2:23:00. The Committee is working with DSHS to outline recommendations for stroke rules for Acute Stroke Ready Hospitals (ASRH). The Stroke Committee recommended adopting American Stroke Association (ASA) guidelines as a resource instead of outdated Brain Attack Coalition (BAC) guidelines.	Elizabeth Stevenson – access to stroke education on website. Motion to approve use of ASA over BAC guidelines.	Incomplete Approved	RAC, and Council Q4 agenda. November Stroke Committee meeting. Add survey to GETAC Q4 Agenda.

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7.i. continued	**Dr. Eastridge motioned to approve the committee's recommendation to use the ASA guidelines instead of the BAC guidelines. Mr. Salter provided a second. No additional discussion. Motion passed.**	No additional action items were identified for the Council.		
7j. Trauma Systems Committee	**Trauma Systems Committee, Stephen Flaherty, MD, Chair** Dr. Flaherty provided an update on the committee's 2024 priorities and activities. To highlight the important work of the smaller trauma centers, Dr. Flaherty shared the committee's Q3 Trauma Spotlight facility, Matagorda Regional Medical Center. On the morning of March 22nd, around shift change time, the ER staff were notified that there had been a serious car wreck close to the hospital. As the EMS Chief was giving the hospital the information about the injured, a second wreck happened in the same place due to rubbernecking. MRMC received 5 critical patients from EMS – including one of their own nurses who had just finished her shift. Injuries included multiple patients with fractured pelvis and femurs. Being a small facility, they did not have enough supplies and splints, so they had to make do with sheets etc. All 5 critical patients were transferred to a level I in Houston and all survived. Trauma Program Manager is Krisann Shoemaker, ED Director is Christy Hoke, and TMD is Dr. Young. Dr. Flaherty stated the committee continues to support the trauma rules process; select members have participated as advisors to the department in the review of written public comment and are in standby mode. The committee's workgroups have been realigned into five Trauma System Committee pillars:	No action items were identified for the Council.		Continue quarterly report to Council.

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7.j. continued	1. Data Pillar (Barreda) a. Trauma transfers - Collaborative with RAC Communication Pillar b. Migration in and out of the trauma system (gaining and losing trauma centers) - Collaborative with Financial Health Pillar c. Inclusive trauma system (designated and not designated) - Collaborative with RAC Communication 2. Inclusive Trauma System Pillar (Scherer) a. Migration in and out of the trauma system - Collaborative with Financial Health Pillar b. Inclusive trauma system ▪ Designation survey hotspots ▪ Designation survey consistency • Collaborative with RAC Communication, DSHS, and TETAF c. Education to administrative teams on importance of getting and maintaining designation. 3. RAC communication Pillar (Adams) a. Migration in and out of the trauma system - Collaborative with Financial Health Pillar b. Inclusive trauma system - Collaborative with RAC Communication c. Designation survey hotspots - Collaborative with DSHS 4. Financial Health Pillar (Rodgers) a. Migration in and out of the trauma system - Collaborative with Financial Health Pillar b. Inclusive trauma system - Collaborative with RAC Communication c. Designation survey hotspots - Collaborative with DSHS 5. Pediatric Injury Pillar (Pryor and Evans)			

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7.j. continued	a. Radiographic imaging duplication – Collaborative with Data and RAC Communication Pillars b. Key Stakeholders (TBD) **Action Item** None identified at this time.			
8.	**GETAC Task Force Updates**			
8.a. Update	**Texas System Performance Improvement (PI) Plan and PI Task Force - Kate Remick, MD, Chair** Dr. Remick reported on the top five performance improvement measures identified by the task force using a modified Delphi process: 1. Time from arrival to departure for unstable injured patients (transfers) 2. Door-to-needle time for patients with acute ischemic stroke 3. Rate of severe maternal morbidity events 4. Percent of EMS "stroke" patients with a stroke screening scale 5. Pediatric readiness score for designated trauma centers Future task force discussion topics will include reporting structure, stratification, frequency of reports, data transparency, and specific aims for selected measures. January 2025 is the implementation goal date. **Dr. Troutman motioned to approve the top five measures identified by the task force, and Mr. Salter provided a second. Motion passed.**	Motion to approve the identified measures. No action items were identified for the Council.	Approved	Continue quarterly updates.
8.b. Update	**Burn Care Task Force – Taylor Ratcliff, MD, and Mike Clements, Co-chairs** Current activities include a conference call. Dr. Tyroch will provide a charge.			
8.c. Update	**Prehospital Whole Blood Task Force, Eric Epley, Chair** Timestamp on presentation - 1:59:06 The prehospital whole blood task force met on Tuesday, 8/20/24, from 1 PM to 4 PM. Mr. Epley provided the following update regarding task force activities:	No action items were identified for the Council.		Continue quarterly updates.

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8.c. continued	1. CMS rules comments are accepted through Prehospital Blood Transfusion Initiative Coalition (PHBTIC) - due Sept 5th. 2. Mr. Epley reported on the Whole Blood EMS and Hospital Survey results. 3. The task force did a deep dive into Blood Center Operations and methodologies, understanding everyone's perspective. 4. The task force will be utilizing NCTTRAC equipment EMS unit kit list pricing and survey results for Legislative ask. 5. Bradford Ray, MD, a pathologist from UMC-EP to present Component Vs. Whole Blood Business case. 6. Mr. Epley will visit the South and North Chapters of ACS COT meetings. Mr. Epley reported that the availability of whole blood varies dramatically, and blood centers are too regimented. There are informal rules that prevent some places from providing whole blood. *Council Comment: Dr. Eastridge commented that there needs to be an understanding of why prehospital agencies and hospitals are saying no to whole blood. He added that there is great potential in the rural areas.*			
9.	**Proposed Rule Amendments**			
9.a.	**Trauma Rules, Title 25 Chapter 157 concerning Emergency Medical Care 157.2, 157.123, 157.125, 157.125, 157.128, 157.130** Director Klein provided an opportunity for the council and attendees to ask questions. She reported that the department has had online Q&A meetings over the last few weeks and an in-person opportunity this week.	No action items were identified for the Council.		Continue quarterly update to Council.
9.b.	**EMS Rules, Title 25 Chapter 157, concerning Dialysis Transport, 157.11 Draft Dialysis Rules** Mr. Schmider discussed the required amendment to 157.11 in order to comply with Senate Bill (S.B.) 2133, 88th Legislature, Regular Session, relating to the transport of dialysis patients during a declared disaster**.** Additional amendments were made regarding triage tags (Ambulances can	No action items were identified for the Council.		

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	either keep carrying 25 triage bags or participate in a RAC triage plan) and liability coverage (reduced from $500,000 to $300,000). Council reviewed the proposed language. • Official public comment dates: 11-1-2024 until 12-2-2024 • Rule effective date 3-6-2025 • Rule can be re-open to address any other change after these rules are adopted. *Council Comment: Mr. Salter commented that triage of patients fell under the medical director's purview and expressed discontent with legislation encroaching upon that.*			
10.	**Executive Committee Activities**			
	The GETAC Executive Committee approved the pediatric scenarios Newborn Resuscitation, Penetrating Trauma, Intentional Overdose, and Hanging.		Approved	
11.	**Stakeholder Presentation**			
	Texas EMS Trauma Acute Care Foundation (TETAF) Report Dinah Welsh, President/CEO of TETAF, shared the following update on TETAF activities and priorities: **Advocacy** TETAF held a virtual stakeholder meeting with more than 120 attending on August 6 to discuss the proposed trauma rules. Additionally, Dinah Welsh, Wanda Helgesen (TETAF Board Chair and Border RAC Executive Director), and Dr. Craig Rhyne (Retired Trauma Surgeon, TETAF Surveyor, Former TETAF Board Chair) provided oral comments regarding the rules during the August 15 meeting of the Texas Health and Human Services Executive Council. TETAF will provide formal written comments on the newly proposed trauma rules.	Information only; no actions required.		Continue quarterly update to Council.

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	The TETAF Advocacy Committee is meeting regularly to prepare for the 89th Texas Legislative Session and focused on the TETAF Legislative Priorities: 1. Working with legislators to acknowledge the critical role that RACs play, 2. Funding the trauma system, 3. Perinatal database, and 4. Improve and fund regional data collection throughout the state. **Surveys – Trauma, Stroke, Maternal, and Neonatal** The number of surveys continues at a steady pace for all survey service lines in the last quarter. TETAF has surveyors out in every corner of the state. Trauma and maternal continue to be the two busiest service lines, followed by neonatal and stroke. TETAF is anticipating a slightly slower fiscal year with the perinatal survey cycles and a chance to "catch their breath" after a busy year. **Education** The next virtual TETAF Hospital Data Management Course (HDMC) will be October 29-30. This course meets the current state rule requirements for Level III and Level IV trauma registrars and is designed to improve the skill sets of the data entry specialist. Contact hours can be earned upon completion of the course. Go to www.tetaf.org/hdmc to sign up and be notified of the next course. TETAF and Texas Perinatal Services continue to offer exclusive, free educational opportunities to our hospital partners via Mighty Networks. TETAF and Texas Perinatal Services continue to offer exclusive, free educational opportunities to our hospital partners via Mighty Networks: www.tetaf-tps.mn.co. Mrs. Welsh reported that there have been almost 1,600 CEs awarded for the NPRP education.			

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	Collaboration Dr. Palacio provided an update on TQIP. TETAF continues to provide support to Texas TQIP. Texas TQIP membership is growing. Membership is currently open to Level I and Level II participating TQIP trauma centers in Texas. Dr. Palacio reported that board selections are complete, and they are currently seeking a coordinator which will be a contracted position with TETAF. The collaborative will begin working on a trauma event dashboard tracking seven specific items and hope to have an abstract by 2025. The collaborative hopes to expand its membership to Level III hospitals next year. Anyone from a Level III trauma center can attend the meetings, but they are not voting members, yet, of the collaborative. TETAF continues to provide all continuing education for the Texas Trauma Coordinators Forum and participate in their educational activities and welcomes the opportunity to be a resource, support, and/or participate in any meetings to further build the trauma and emergency care network. Mrs. Welsh announced that TETAF hosted the 35th Anniversary Celebration of the Texas Trauma System on August 20, 2024, and offered her appreciation to the 45 sponsors and more than 230 people who attended. Proceeds from the event will benefit the TETAF Rural Trauma System Development Fund. TETAF honored individuals who they deemed "founders" of the Texas Trauma System: Mike Click (rural trauma), Kathy Perkins, Dr. "Red" Duke, Dr. Craig Rhyne, Judy England, Dr. Maddox. *Council Comment: Mr. Salter asked what Mrs. Welsh thought about building on the success of SB8 for retention of EMS personnel. She stated coordinating*			

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	with the Texas EMS Alliance would be beneficial and be sure to communicate with legislators about the success of the project.			
12.	**Culture of Safety**			
Update	**Discussion, review, and recommendations: Initiatives that instill a culture of safety for responders and the public with a focus on operations and safe driving practices.** No discussion or update.	No action items were identified for the Council.		
13.	**Rural Priorities**			
Update	**Discussion: Rural Priorities** No discussion or update.	No action items were identified for the Council.		
14.	**Initiatives, Programs, Research**			
Update	**Discussion and possible action: Initiatives, programs, and potential research that might improve the Trauma and Emergency Healthcare System in Texas** No discussion or update.	No action items were identified for the Council.		
15.	**Public Comment**			
Final Comment	No online comments provided. Dudley Wait provided additional comment on the evolution of the dialysis bill and language. He added that the Texas EMS Alliance is heavily involved with the retention of EMS personnel and the sustainability of the program through the Texas Work Force Commission.			
16. Announcements	No additional announcements were made.			
17. Next Meeting Dates	• Quarterly Meetings: ○ Q4 – November 23-25, 2024, in conjunction with the Texas EMS Conference in Ft. Worth.			

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18. Adjournment	Dr. Tyroch adjourned the meeting at 11:14 AM.			