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Health and Human  
Services

**Texas Department of State  
Health Services**

# Governor's EMS and Trauma Advisory Council

**Friday, August 18, 2023**

**8:00 AM (CDT)**

Alan Tyroch, MD, FACS, FCCM, Chair

Ryan Matthews, LP, Vice Chair

# Call to Order

## 2023 Governor's EMS and Trauma Advisory Council Meeting 3rd Quarter



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  
6505 N Interstate 35  
Austin, TX 78752

# Virtual Rules of Participation



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# Rules of Participation

- Please be respectful during the meeting to ensure all members can be heard.
- Please do not monopolize the time with your comments.
- Please limit comments to 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 participants will sign into the chat with their name and entity they represent.
- All participants will mute their microphone unless speaking, except the Chair.
- Committee members: Please have your camera on and state your name when speaking.
- Council: Please have your camera on during today's meeting. When speaking or making a motion, please state your name for the meeting record.



# Roll Call

## Council Members:

- If attending virtually, please have your camera on during today's meeting.
- For members in the room, please remember to speak directly into the microphone so that online participants can hear your comments.



# Vision and Mission

## **Vision:**

*A unified, comprehensive, and effective  
Emergency Healthcare System.*

## **Mission:**

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



# Moment of Silence

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



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# Approval of Minutes

## Review and Approval of Minutes

- June 9, 2023



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# Chair Report and Discussion

- Alan Tyroch, MD



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# EMS Trauma Systems Update

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



# Trauma Rules

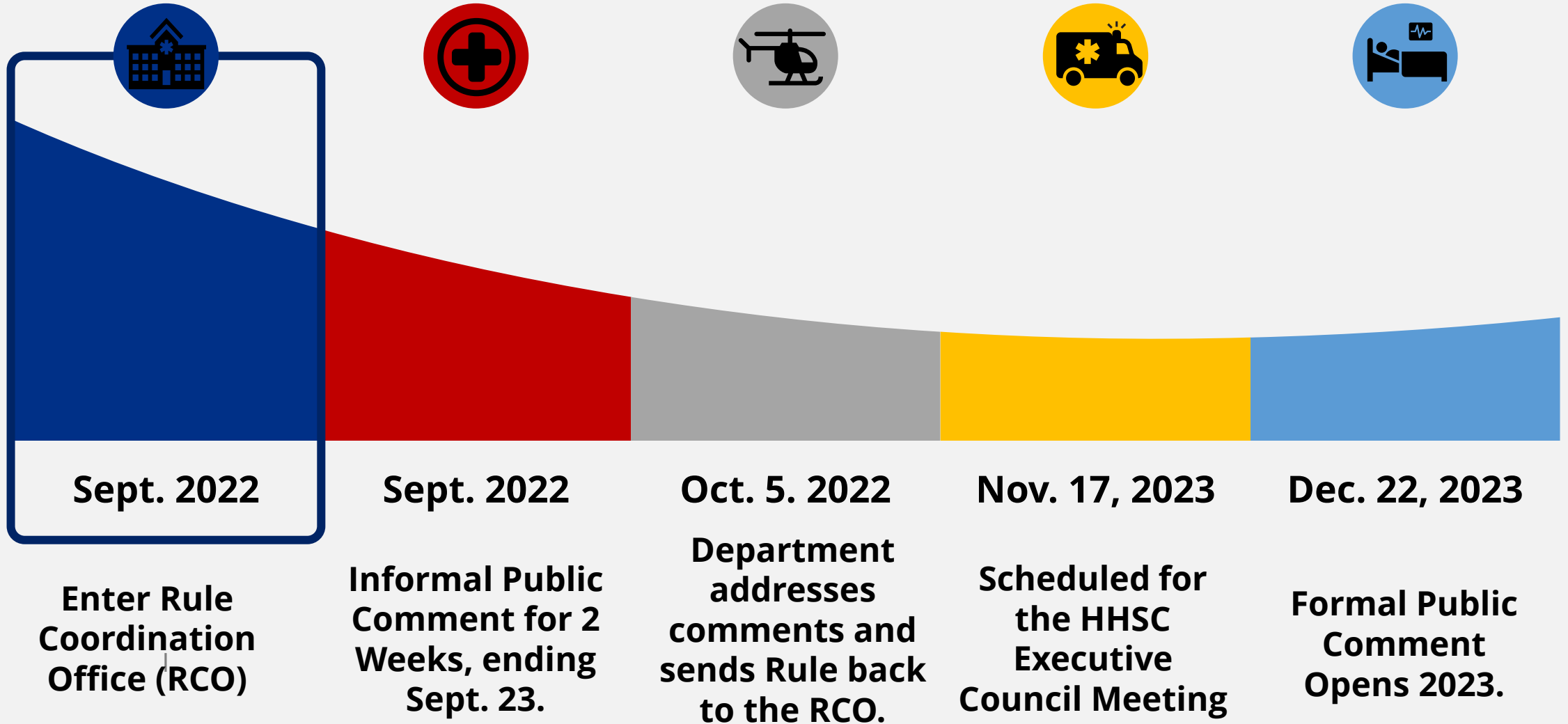


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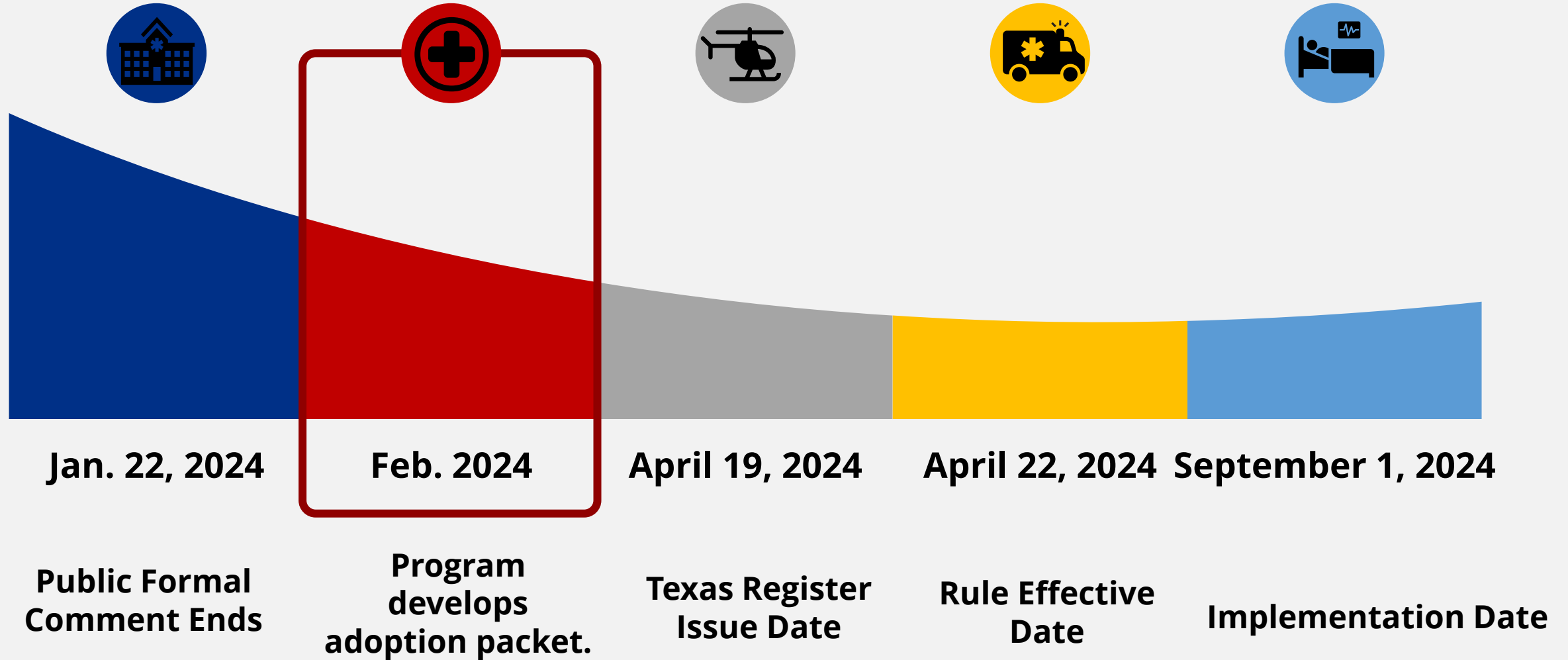
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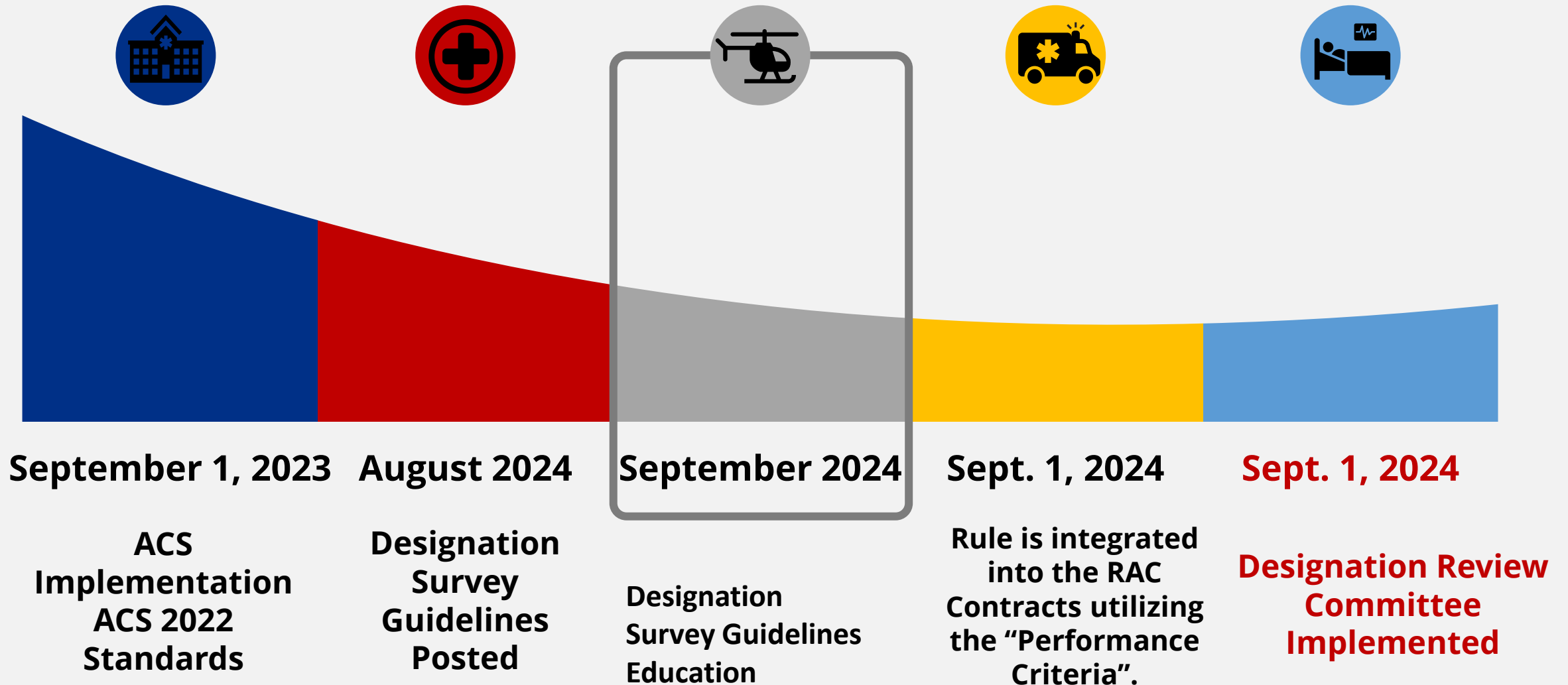
# Trauma Rule Timeline



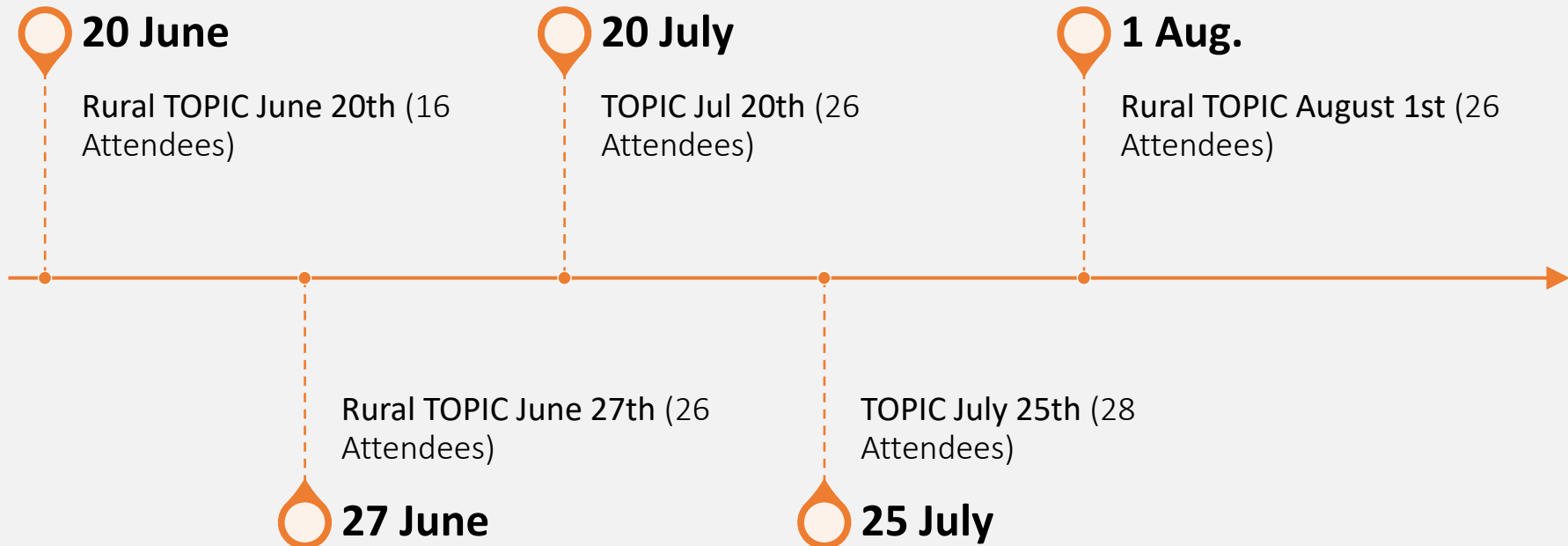
# Trauma Rule Timeline



# Trauma Rule Timeline



# TOPIC Course Completed



# RAC Exceptional Item

- 6.6 M
- 3.3M Annually
- \$150,000 to each RAC
- Contract amendment mid September



# Designation Survey Guidelines

Department of State Health Services

Consumer Protection Division

EMS-Trauma Systems Section's Designation Unit



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# Designation Survey Guidelines

Goals of  
Designation  
Survey Guidelines

Survey  
Expectations

Designation  
Survey Process

Consultation  
Surveys

Designation  
Survey Overview

Department-  
Approved Survey  
Organization's Role

Survey Schedule

Summary

# Contiguous RACs

RAC	Contiguous RACs 2023 – January 2026
A	B
B	A, C, D, J
C	B, D, E
D	B, C, E, L, K
E	C, D, M, G, F
F	E, G
G	F, E, M, N, H
H	G, Q, R
I	J
J	B, K, P, I
K	J, D, O, P

RAC	Contiguous RACs 2023 – January 2026
L	D, M, N, O,
M	E, G, N, L
N	M, G, Q, O, L
O	K, L, N, Q, P
P	J, K, O, S, U, T
Q	O, N, H, R, S
R	H, Q
S	Q, P, U
T	P, U, V
U	S, P, T, V
V	T, U



# Texas System Performance Improvement Plan



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# GETAC Committee Guidelines



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# GETAC SOP



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# CRASH Project

- Stewart Wang, MD
- Michigan
- Collaborate with Texas
- Trauma Registry
- Program
- Meeting



# Planning for 2024

- Retreat – February (1 day or afternoon to next morning)
- Q1 – March 6-8
- Q2 – June 12-14
- Q3 – August 21 – 23
- November – Conference in Ft. Worth



# Designation Update

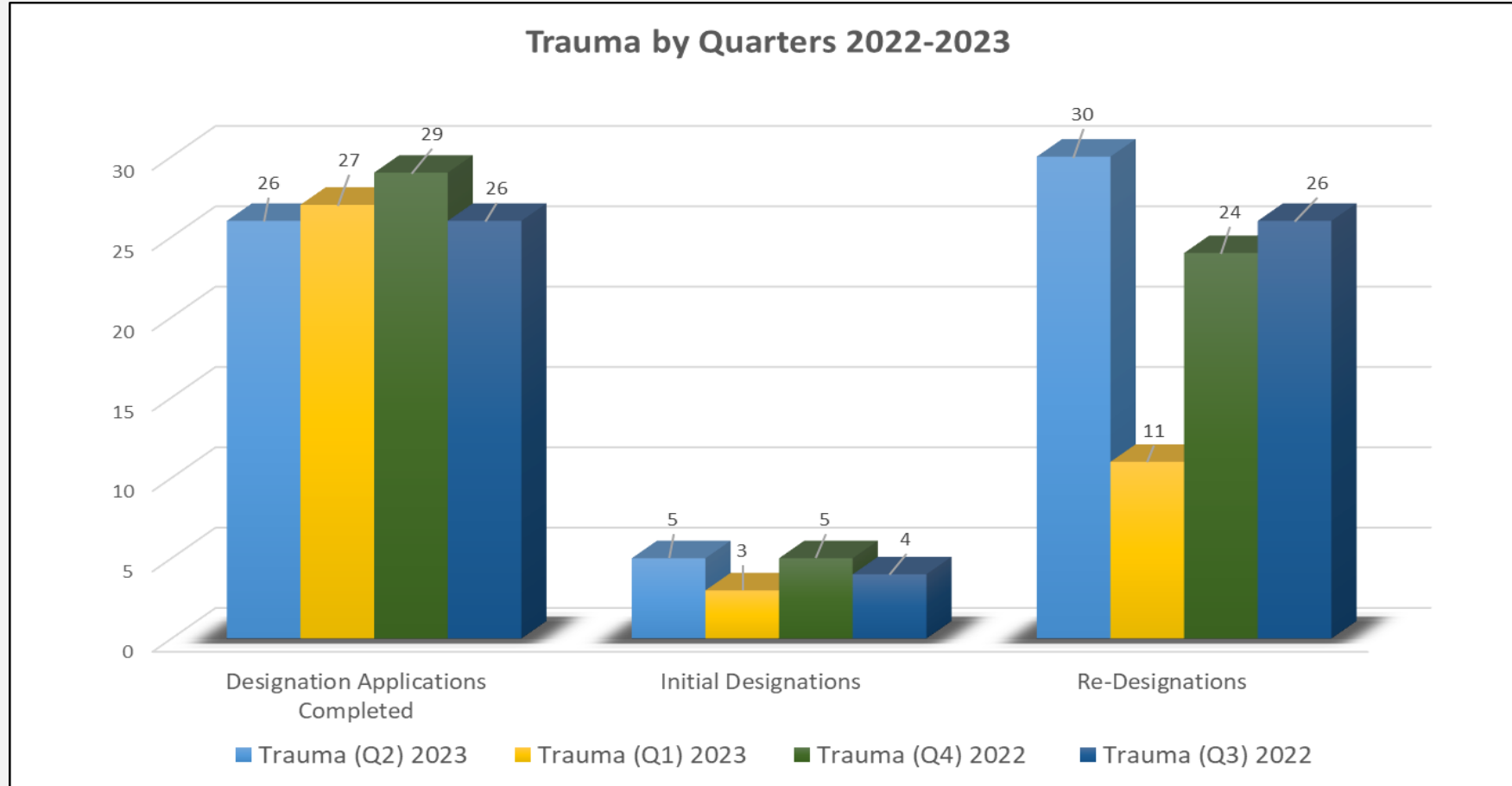
Elizabeth Stevenson, BSN, RN  
Designation Programs Manager



# Designated Trauma Facilities

Designated Trauma Facilities	2nd Quarter	1st Quarter	4th Quarter	3rd Quarter
	2023	2023	2022	2022
Total	303	301	306	305
Level I	22	22	21	20
Level II	27	26	26	26
Level III	60	61	62	61
Level IV	194	192	197	198

# Trauma Designation Data

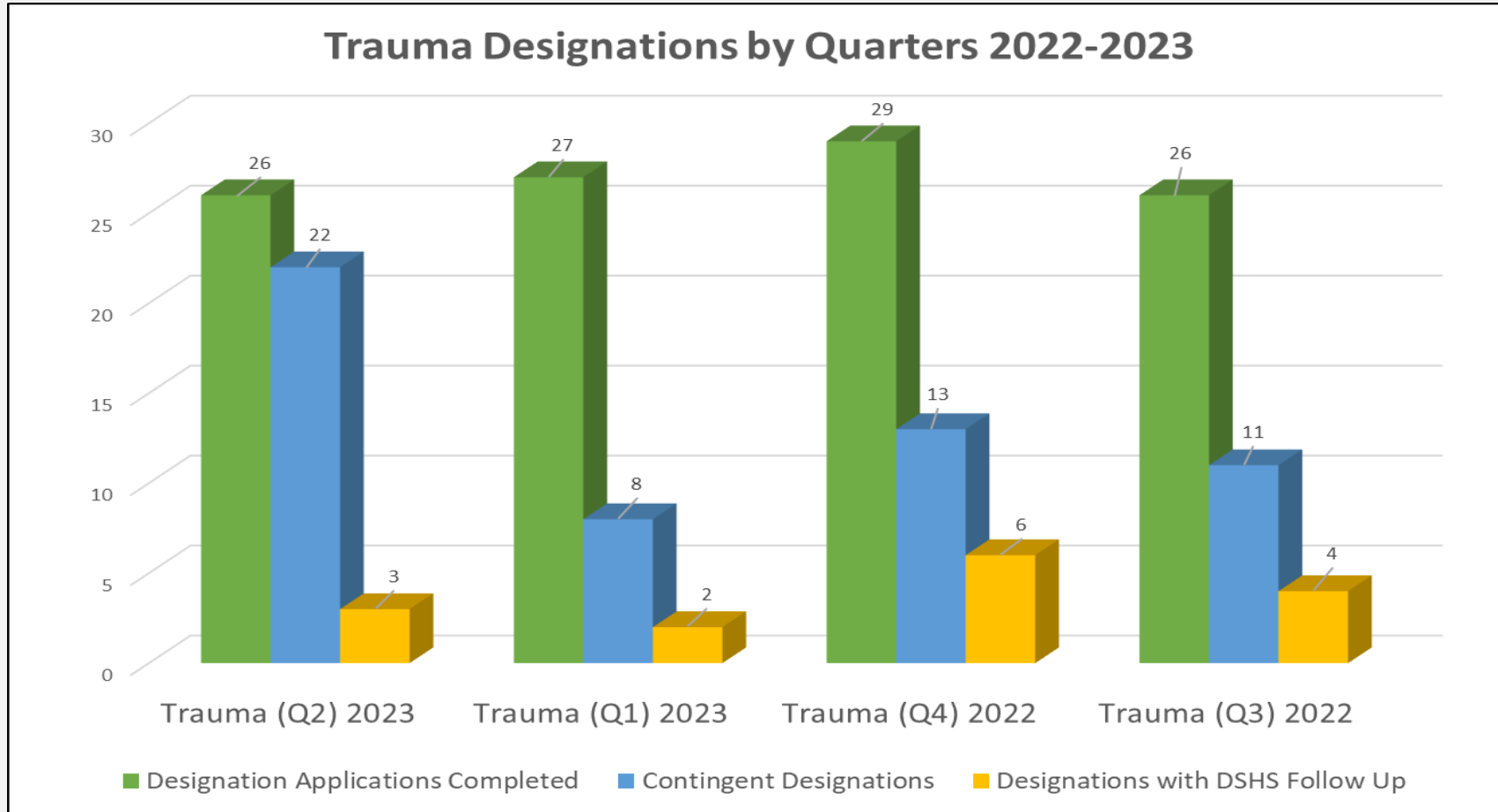




# Trauma Designation Data

Trauma 2023/2022	Trauma (Q2) 2023	Trauma (Q1) 2023	Trauma (Q4) 2022	Trauma (Q3) 2022
<b>Designated at a Higher Level</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>0</b>
<b>Designated at a Lower Level</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Facilities In Active Pursuit</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>8</b>
Level I	0	0	0	0
Level II	0	0	0	0
Level III	3	4	3	3
Level IV	4	4	6	5
<b>New IAP Recognitions</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Contingent Designations</b>	<b>22</b>	<b>8</b>	<b>13</b>	<b>11</b>
<b>Levels of Contingent Designations</b>	Level IV - 13 Level III - 7 Level II - 1 Level I - 1	Level IV - 5 Level III - 3	Level IV - 9 Level III - 2 Level II - 1 Level I - 1 (3 Initials)	Level III - 2 Level IV - 9

# Trauma Designation Data



# Common Deficiencies

## Common Themes for Contingencies and Focused Reviews:

Nursing documentation

Identification of all deviations

Actions taken to address deviations

“Loop Closure” resolutions

TMD credentialing/Program participation

Continuous PI for 3 - year cycle

TMD Participation in PI

Specialty physician credentialing/education

# Trauma Designation Support

<b>Support Provided</b>	<b>2nd Quarter 2023</b>	<b>1st Quarter 2023</b>
Program Assistance/Questions	50	91
Survey Follow up/Check In	80	51
Surveys Attended	0	1
Facility Visits	0	1

# Trauma Designation Information

The goal of DSHS is to ensure trauma programs are successful.

Department Actions:

- ISS Scoring/TQIP Assistance Workgroup

Website resources developed:

Trauma Registry Mentorship List

TQIP Mentorship List

Benefits of TQIP

ISS Web-Data Entry










Attendance on monthly calls for assistance

- TOPIC courses (DSHS sponsored)

# Trauma Website Resources

## Trauma Designation

### Resources

- [DSHS Virtual Survey Guidelines](#) 
- National Pediatric Readiness Quality Initiative - [How Your ED Can Make a Difference in Pediatric Emergency Care](#) 
- Level IV Trauma Center TOPIC Workshop Documents
  - [Trauma Center Performance Improvement Patient Safety \(PIPS\) Master Plan](#) 
  - [Level I Trauma Center Monthly Dashboard](#) 
  - [Trauma Outcomes & Performance Improvement Course- Levels of Harm](#) 
- ISS Scoring/TQIP Assistance Workgroup Resource Documents
  - [Trauma Registry Mentorship List](#) 
  - [ISS Web-Data State Registry Entry](#) 
  - [TQIP Assistance Mentorship List](#) 
  - [Benefits of TQIP](#) 

# Designation Survey Guidelines

## Trauma Facility Designation Documents

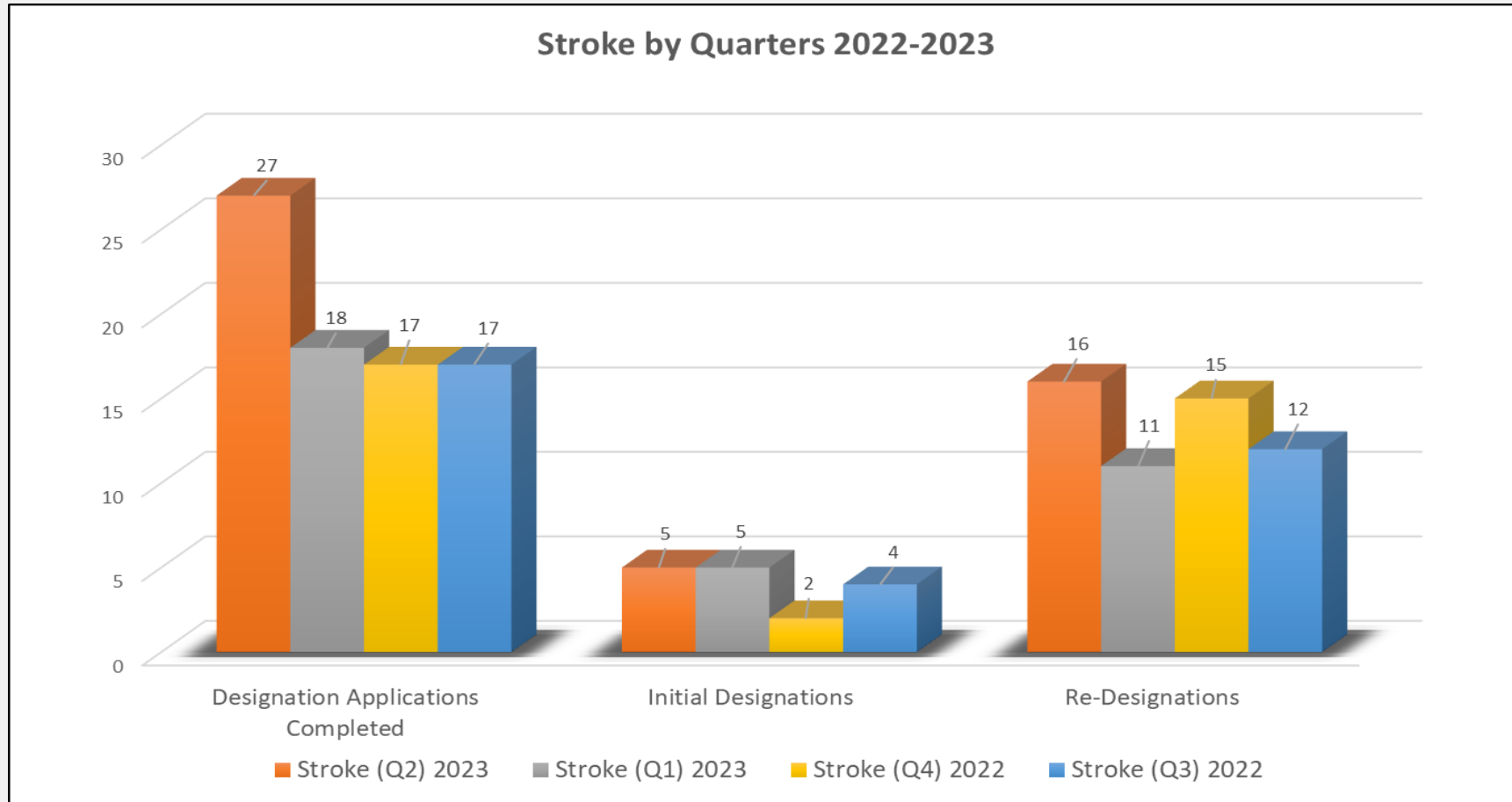
- [Applications and Forms](#)
- [DSHS Designation Program: Facility Update Form](#)
- **New** [Designation Site Surveyor Guidelines](#) 

# Designated Stroke Facilities

Designated Stroke Facilities	2nd Quarter	1st Quarter	4th Quarter	3rd Quarter
	2023	2023	2022	2022
Total	185	184	181	180
Level I	43	43	42	41
Level II	97	105	115	119
Level III	41	32	23	20
Level IV	4	4	1	0



# Stroke Designation Data



# Designation Application Process Performance Measures

Goal – 30 days

Trauma – 76 days

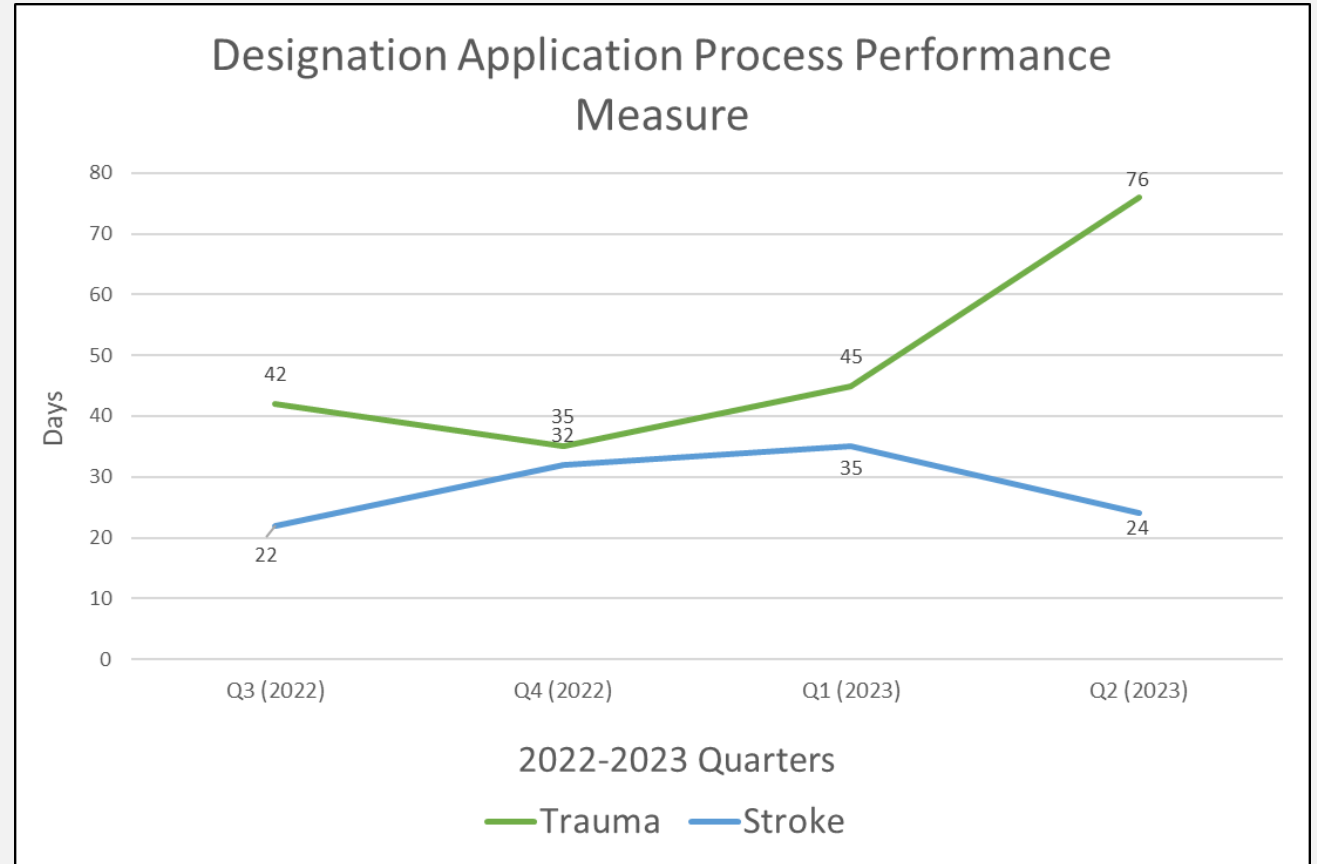
Stroke – 24 days

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

Approved Documents to Facility Distribution:

Goal – 2 days

Avg – 2 days



# Stroke Designation Information

- Stroke Designated facility calls:
  - 2<sup>nd</sup> Tuesday of each month
    - First meeting held April 11<sup>th</sup> - 120 attendees
    - Second meeting held May 9<sup>th</sup> - 92 attendees
    - Third meeting held June 13<sup>th</sup> - 128 attendees
- Stroke Workgroup meeting monthly 2<sup>nd</sup> Wednesday of each month.
  - Projects - Application revision

# Stroke Designations Website List

Stroke Levels Designated After September 1, 2022	Stroke Levels Designated Before September 1, 2022
<ul style="list-style-type: none"><li>• <b>Comprehensive (Level I)</b></li><li>• <b>Advanced (Level II)</b></li><li>• <b>Primary (Level III)</b></li><li>• <b>Acute Stroke Ready (Level IV)</b></li><li>• Primary (Level II)</li><li>• Support (Level III)</li></ul>	<ul style="list-style-type: none"><li>• <b>Comprehensive (Level I)</b></li><li>• <b>Primary (Level II)</b></li><li>• <b>Support (Level III)</b></li></ul>

# EMS System Update

Joe Schmider

Texas State EMS Director



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# Senate Bill 8 Update

LIFE SAVING.   
LIFE CHANGING.

Emergency Medical Services

[EMS.Texas.gov](https://www.ems.texas.gov)

- Over 2,082 Education Scholarships processed or in process
- EMS Scholarships in each RAC
- Over \$11.7 million scholarships processed or in process
- 2,078 new certified EMS personnel since 10-1-2022
- 9-1-2023 end of Incentive program
- 2019 68,461 certified personnel, today 74,357

# CAMPAIGN: *Life Saving. Life Changing.*

## TOTAL MEDIA BUY – \$439,871

- Statewide Run: Aug 28 – Oct 31, 2023
- Projected 26 million Impressions
- TV, Digital, Social Media, Radio, Billboards



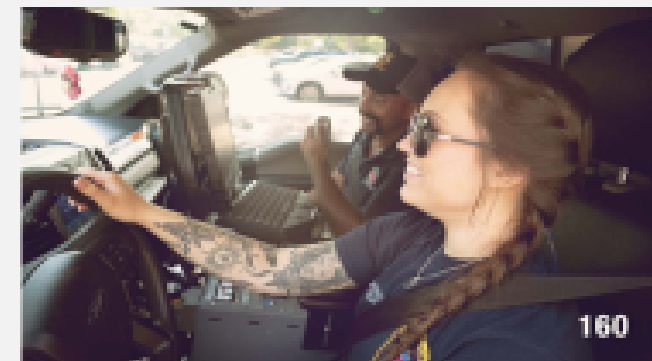
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# WEBSITE & TOOLKIT

**NEW WEB ADDRESS – [EMS.Texas.gov](https://www.ems.texas.gov)**

## **MATERIALS TO RECRUIT/RETAIN**

- Texas-Specific Career Infographics
- Template Commercials, Billboards, Brochures, etc.
- Recruitment Strategies
- Retention Best Practices
- English and Spanish Testimonials
- Distribution to RACs and state associations (in Sep)





# Rule Reviews

## SB 422 Military Occupation Licensure

DSHS –Licensure exemption  
subchapter F Out of State  
License 1.81

**Amend:** to add in military  
member

DSHS –Licensure  
exemption subchapter G Out  
of State License 1.91

**New:** to include military  
veterans



# Notice of Violation Rule--Appeal Request

(1) A request for an appeal hearing shall be in writing and submitted to the department and postmarked within **30 days** after the date of the notice. The appeal hearing and any appeal from that hearing shall be conducted pursuant to the Administrative Procedure Act, Government Code, Chapter 2001.

(2) If the applicant, certificant, licensed paramedic, or petitioner does not request a hearing in writing within **30 days** after notice, the individual is deemed to have waived the opportunity for an appeal hearing and the department may take the proposed action.



# EMS Licensing Processing Time June & July 2023

- EMS Personnel: DSHS processed 5,339 applications; the median processing time was 11 days.
- EMS Educators: DSHS processed 323 applications; the median processing time was 107 days.
- EMS Providers: DSHS processed 55 applications; the median processing time was 71 days.
- First responder organizations: DSHS processed 48 applications; the median processing time was 75 days.



# EMS/Trauma Systems Funding

Sunita Raj, EMS/Trauma Systems Manager



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# EMS/Trauma Systems Funding

## Strategy B.2.1 – EMS and Trauma Care

Develops, implements, and evaluates EMS/Trauma Systems, with an emphasis on EMS, trauma, pediatrics, disaster preparedness, and stroke; includes designation of trauma, stroke, neonatal, maternal and neonatal centers of excellence facilities and dissemination of grant funding.

## Specific activities include:

Inspecting and licensing EMS personnel and providers. ~ Overseeing the statewide trauma system to ensure critically injured or ill persons get to the right place, in the right amount of time in order to receive optimal care. ~ Medical Advisory Board ~ Designating four types of health care facilities (Trauma, Stroke, Neonatal Care, Maternal).

## Appropriation: FY 23 – 123.6M

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

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

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

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

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

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



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# Extraordinary Emergency Funds (EEFs):

- FY23: \$1M was made available on 9/1/2022
  - 9 Applications received to date
  - 8 Awarded
  - Total Expended: \$1M
  - Funds available: \$0
- Requested items:
  - Frazer ambulance/ stryker cot and heart monitor
  - Chest Compression Device
  - Portable Radios
  - Wheeled Coach Type 1 Ambulance
  - Funds to remount a pre-existing ambulance



# Regional Advisory Council (RAC) Contracts

- RAC Contracts include:

- EMS Allotment
- RAC Allotment
- RAC Systems Development
- EMS/LPG

- Contract dates:

- Start 9/1
- End 8/31

- Lump sum payments made for all portions

	FY 2022	FY 2023	FY 2024
EMS	\$4,595,519	\$4,795,847	\$4,876,435
RAC	\$2,428,599	\$2,597,147	\$2,650,510
System Dev.	\$2,400,000	\$2,278,187	\$2,278,187
LPG	\$650,000	\$0	\$0



# FY21 UCC Funding Update

- 297 Applications received
- \$9,995,174.67 funds distributed from 5007, 5108, & 5111
- \$188,400,189.56 provided from SDA Trauma Add-On

Level	5007	5108	5111	SDA	Total
I	\$320,543.45	\$332,486.82	\$3,143,535.78	\$126,428,371.69	\$130,224,937.74
II	\$76,300.33	\$79,143.26	\$383,600.23	\$28,770,553.37	\$29,309,597.19
III	\$84,104.85	\$87,238.58	\$2,394,510.51	\$14,007,735.03	\$16,573,588.97
IV	\$74,613.27	\$77,393.34	\$2,838,006.69	\$19,193,529.47	\$22,183,542.77
IAP	\$0.00	\$0.00	\$103,697.46	\$0.00	\$103,697.46
<b>Total</b>	<b>\$555,561.90</b>	<b>\$576,262.00</b>	<b>\$8,863,350.67</b>	<b>\$188,400,189.56</b>	<b>\$198,395,364.13</b>





# Questions for EMS/Trauma Systems?

*Thank You*

# DSHS Texas EMS and Trauma Registry Update

Jia Benno, MPH

Office of Injury Prevention Manager





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# 2021 Texas Trauma Injuries for Patients with an Injury Severity Score $\geq 15$

Prepared by the Injury Prevention Unit  
August 18<sup>th</sup>, 2023

Jia Benno, MPH

Injury Prevention Unit Director

# Texas EMS and Trauma Registries

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- The data used are hospital-reported traumatic injuries. Hospitals must report spinal cord injuries, traumatic brain injuries, and other traumatic injuries specified in Texas Administrative Code, Title 25, Chapter 103.
- This data report includes only records submitted into the Emergency Medical Services and Trauma Registries (EMSTR) through a passive surveillance system.
- Patients transferred between hospitals will result in more than one registries record since each hospital must independently submit a patient's record to the registries.

# Data Definitions

- Injury Severity Score - The Injury Severity Score (ISS) is an anatomical scoring system that provides an overall score for patients with multiple injuries. The ISS scoring categories are:
  - ISS Less than 9 = **mild (ISS 1-8)**.
  - ISS 9-15 = **major**.
  - ISS 16-24 = **severe**.
  - ISS  $\geq$  25 = **critical**.
- Missing – Trauma facility did not fill in the section.

# Methodology Notes

- Per epidemiology best practice, EMSTR suppressed data when there were less than 5 records to protect identifiable data, noted with an asterisk (\*).
- For this analysis, EMSTR used patients with an **ISS of  $\geq 15$** .
- In 2021, EMSTR received **153,135** unique patient records of all ages. 18,144 (12%) had an ISS  $\geq 15$ .
- Age groups – three age groups were used for this analysis:
  - Pediatric – Children under the age of 15;
  - Adult – Ages 15-64; and
  - Geriatric – Ages 65+.

# 2021 Pediatric Trauma Injuries (Children Ages < 15)





# 2021 Pediatric Hospital Designation

Designation Level	Count	Percent
Trauma Center Level I	662	57.52%
Trauma Center Level II	162	14.07%
Trauma Center Level III	131	11.38%
Trauma Center Level IV	102	8.86%
Hospital	29	2.52%
Pediatric Facilities	25	2.17%
STEMI (ST-elevation myocardial infarction) Center	*	*
Missing / Not Known	38	3.30%

# 2021 Pediatric Emergency Department (ED) Disposition

ED Disposition	Number	Percent
Intensive Care Unit (ICU)	400	34.75%
Transferred to Another Hospital	243	21.11%
Floor Bed	209	18.16%
Operating Room	162	14.07%
Deceased	47	4.08%
Observation unit (unit that provides < 24-hour stays)	29	2.52%
Not Applicable**	26	2.26%
Telemetry / step-down unit	23	2.00%
Home without services	9	0.78%
Other (jail, institutional care, mental health, etc.)	*	*

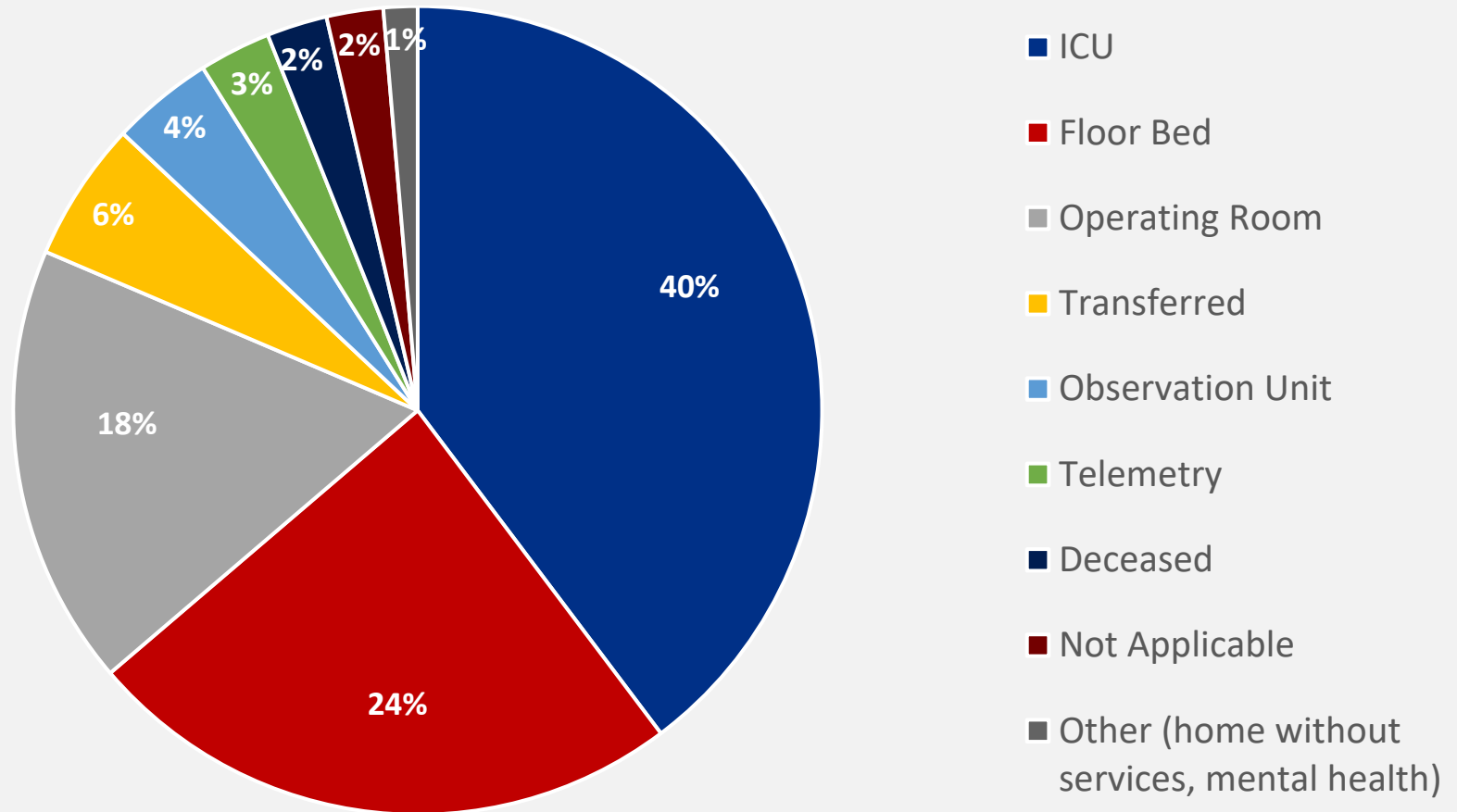
Not Applicable\*\* = directly admitted to the hospital

# 2021 Pediatric Hospital Disposition

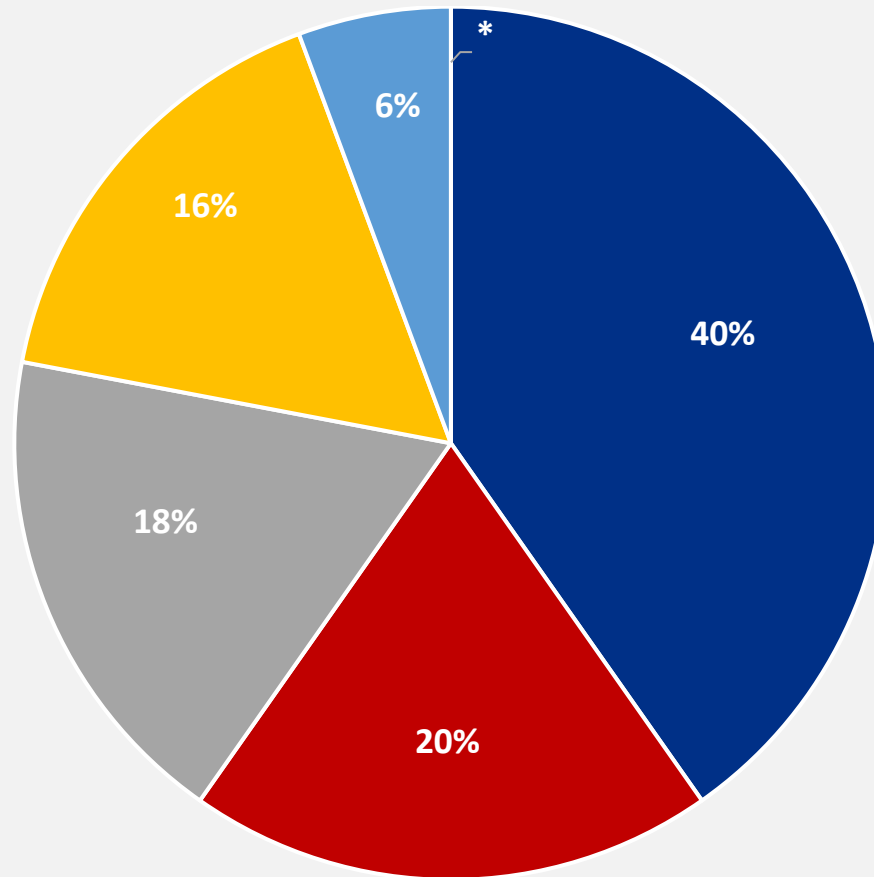
ED Disposition	Number	Percent
Discharged to home or self-care	619	53.78%
Not Applicable**	302	26.24%
Discharged / transferred to inpatient rehab	90	7.82%
Deceased	60	5.21%
Discharged / transferred to short-term general hospital	37	3.21%
Discharged / transferred to home health	37	3.21%
Discharged / transferred to court/ law enforcement	*	*
Discharged / transferred to Skilled Nursing Facility	*	*
Discharged / transferred to a psychiatric hospital	*	*
Discharged / transferred to another type of institution	*	*

Not Applicable\*\* = ED disposition was transferred to another facility, deceased, home without services, or other

# 2021 Pediatric ED Disposition Level I Trauma

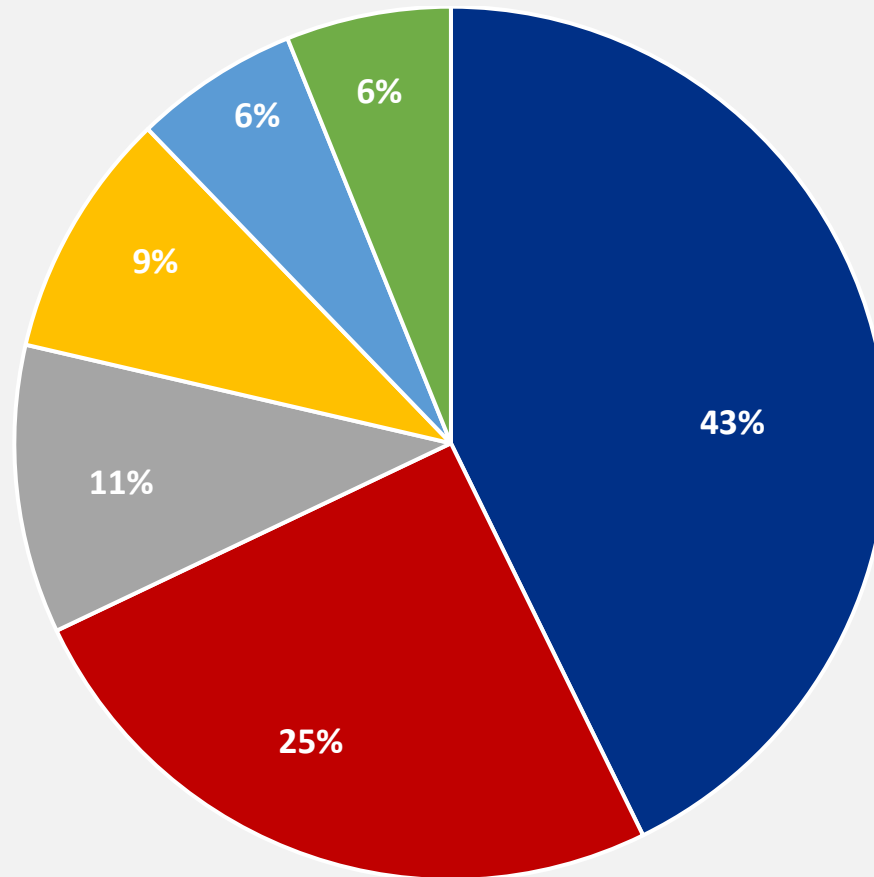


# 2021 Pediatric ED Disposition Level II Trauma



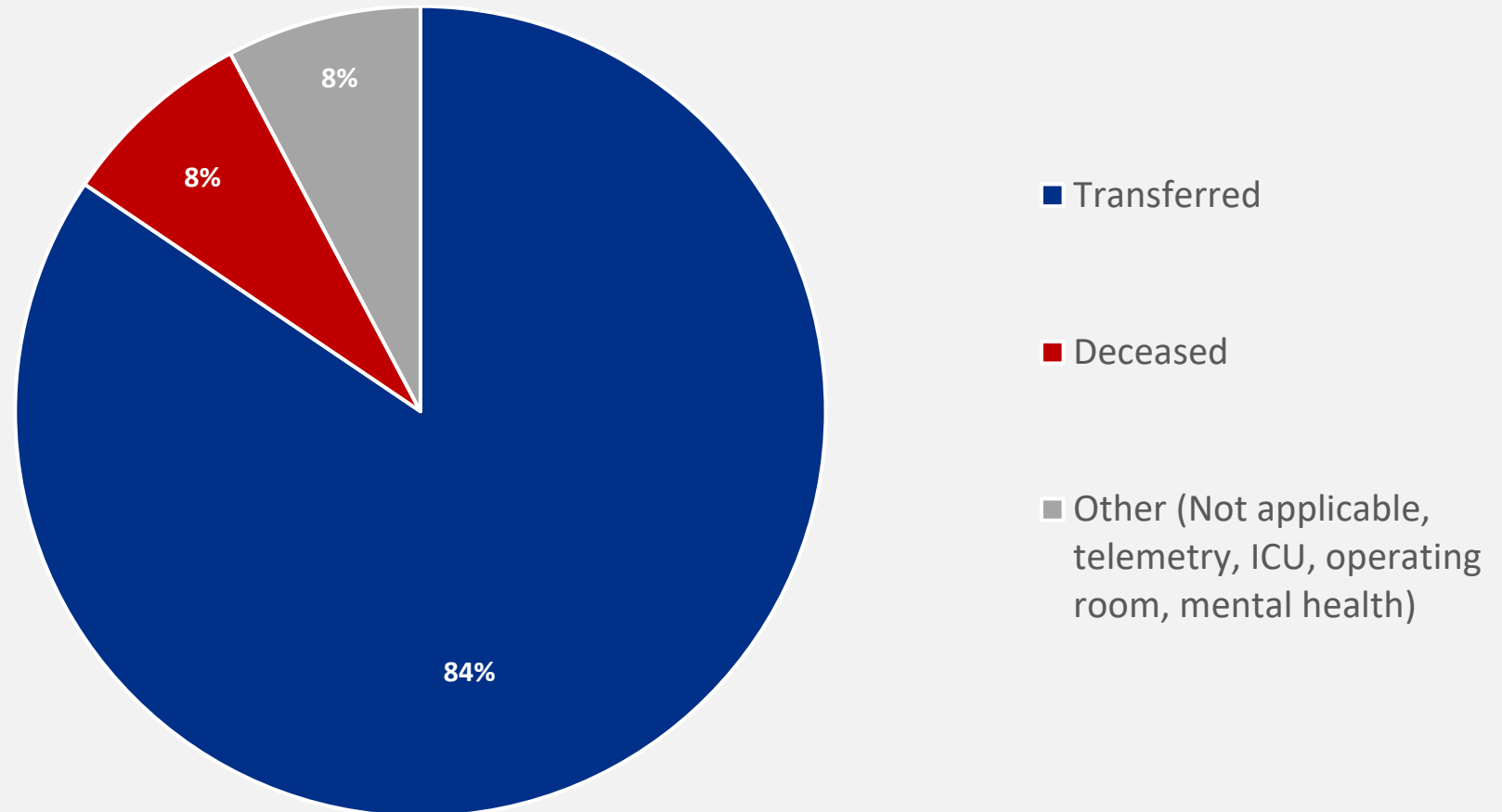
- ICU
- Floor Bed
- Transferred
- Operating Room
- Deceased
- Other (Not applicable, other)

# 2021 Pediatric ED Disposition Level III Trauma

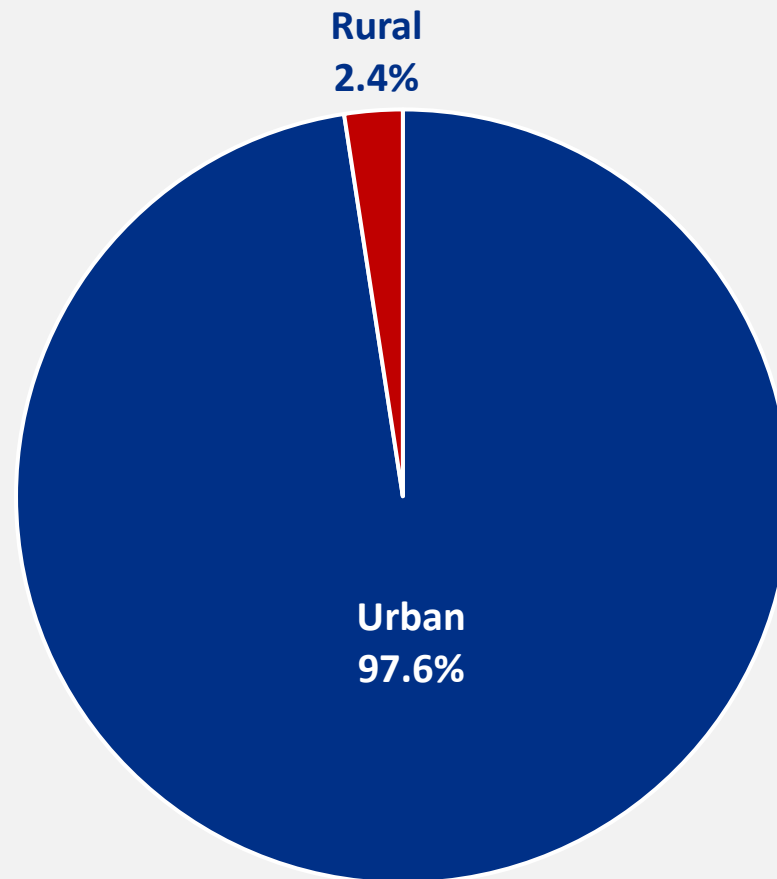


- Transferred
- ICU
- Operating Room
- Deceased
- Floor Bed
- Other (Not applicable, other, telemetry)

# 2021 Pediatric ED Disposition Level IV Trauma



# 2021 Pediatric Urban versus Rural





# 2021 Adult Trauma Injuries (Ages 15 to 64)



# 2021 Adult Hospital Designation

Designation Level	Count	Percent
Trauma Center Level I	5,726	49.83%
Trauma Center Level II	3,172	27.60%
Trauma Center Level III	1,561	13.58%
Trauma Center Level IV	631	5.49%
Hospital	243	2.11%
STEMI (ST-elevation myocardial infarction) Center	6	0.05%
Missing / Not Known	152	1.32%

# 2021 Adult ED Disposition

ED Disposition	Number	Percent
Intensive Care Unit (ICU)	4,682	40.74%
Operating Room	2,691	23.42%
Floor Bed	1,373	11.95%
Transferred to Another Hospital	1,019	8.87%
Deceased	756	6.58%
Telemetry / step-down unit	654	5.69%
Not Applicable**	141	1.23%
Observation unit (unit that provides < 24-hour stays)	105	0.91%
Home without services	49	0.43%
Other (jail, institutional care, mental health, etc.)	13	0.11%
Left against medical advice	6	0.05%
Home with services	*	*
Missing	*	*

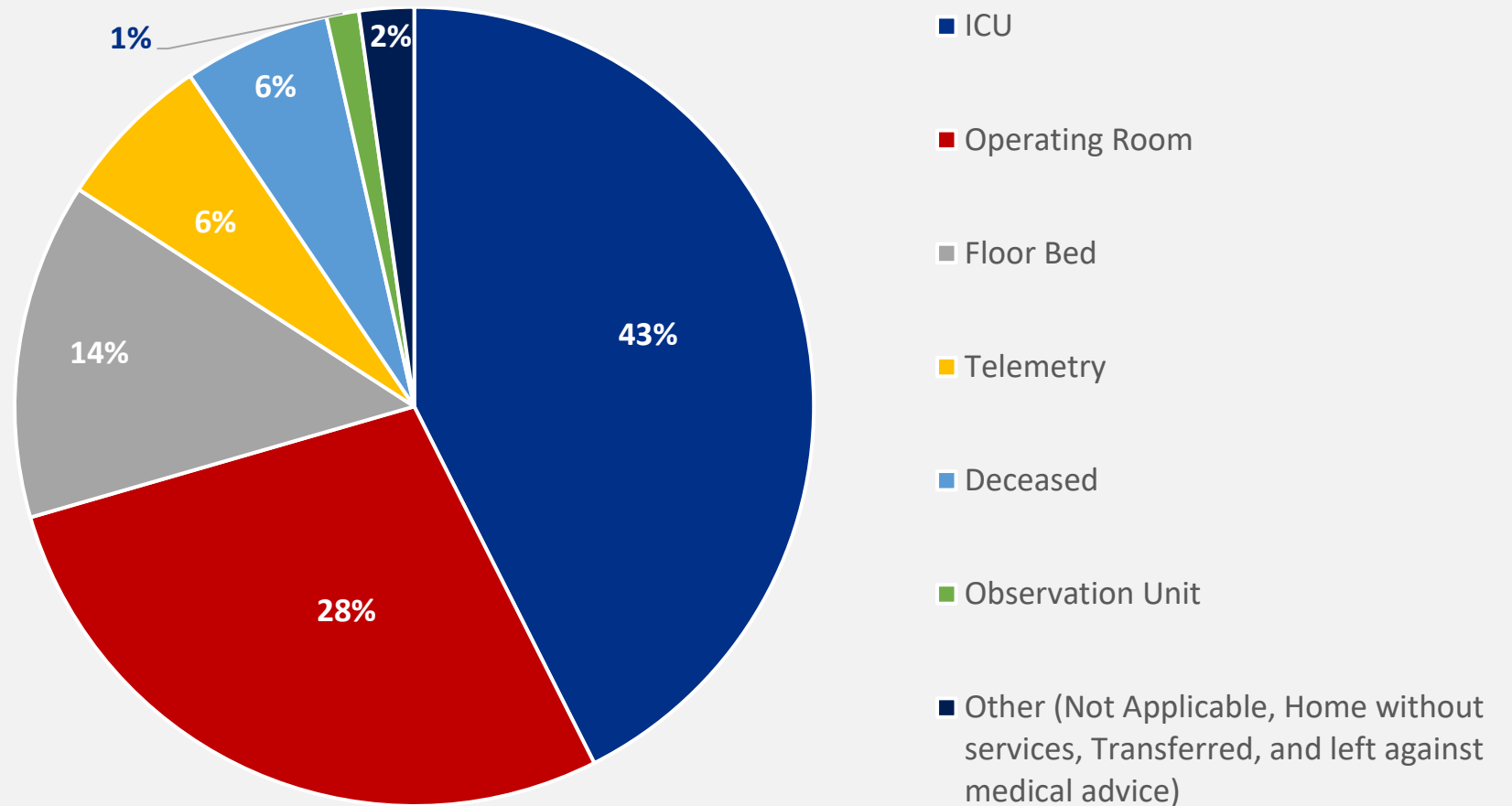
Not Applicable\*\* = directly admitted to the hospital

# 2021 Adult Hospital Disposition

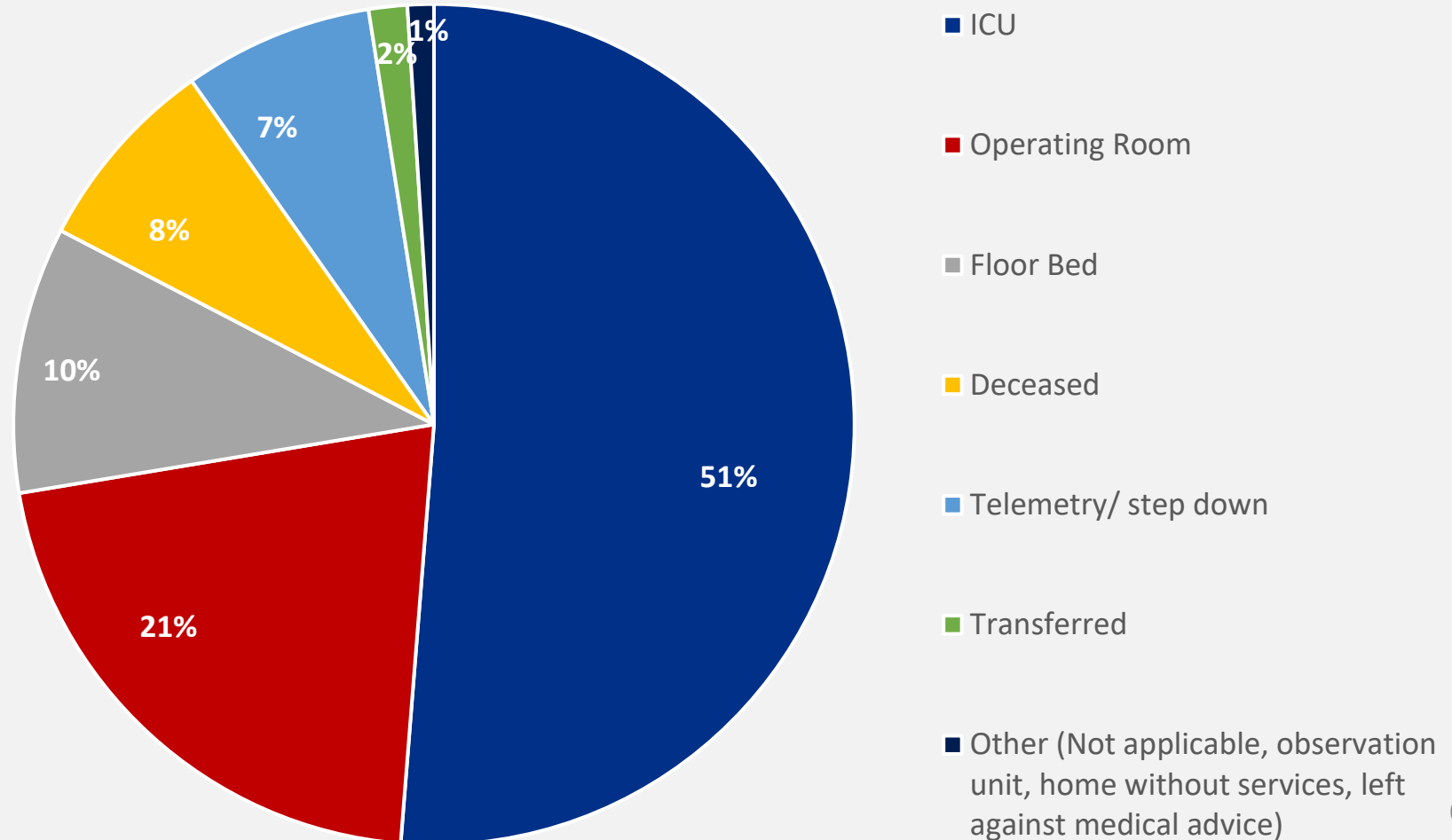
ED Disposition	Number	Percent
Discharged to home or self-care	5,462	47.53%
Not Applicable**	1,844	16.05%
Discharged / transferred to inpatient rehab	1,407	12.24%
Deceased	1,084	9.43%
Discharged / transferred to home health	457	3.98%
Discharged / transferred to Skilled Nursing Facility	355	3.09%
Discharged / transferred to Long Term Care Hospital (LTCH)	241	2.10%
Left against medical advice	207	1.80%
Discharged / transferred to short-term general hospital	138	1.20%
Discharged / transferred to court/ law enforcement	124	1.08%
Discharged / transferred to hospice care	83	0.73%
Discharged / transferred to a psychiatric hospital	57	0.50%
Discharged / transferred to another type of institution	16	0.14%
Discharged / transferred to an Intermediate Care Facility	15	0.13%
Not known / Not recorded	*	*

Not Applicable\*\* = ED disposition was transferred to another facility, deceased, home without services, or other.

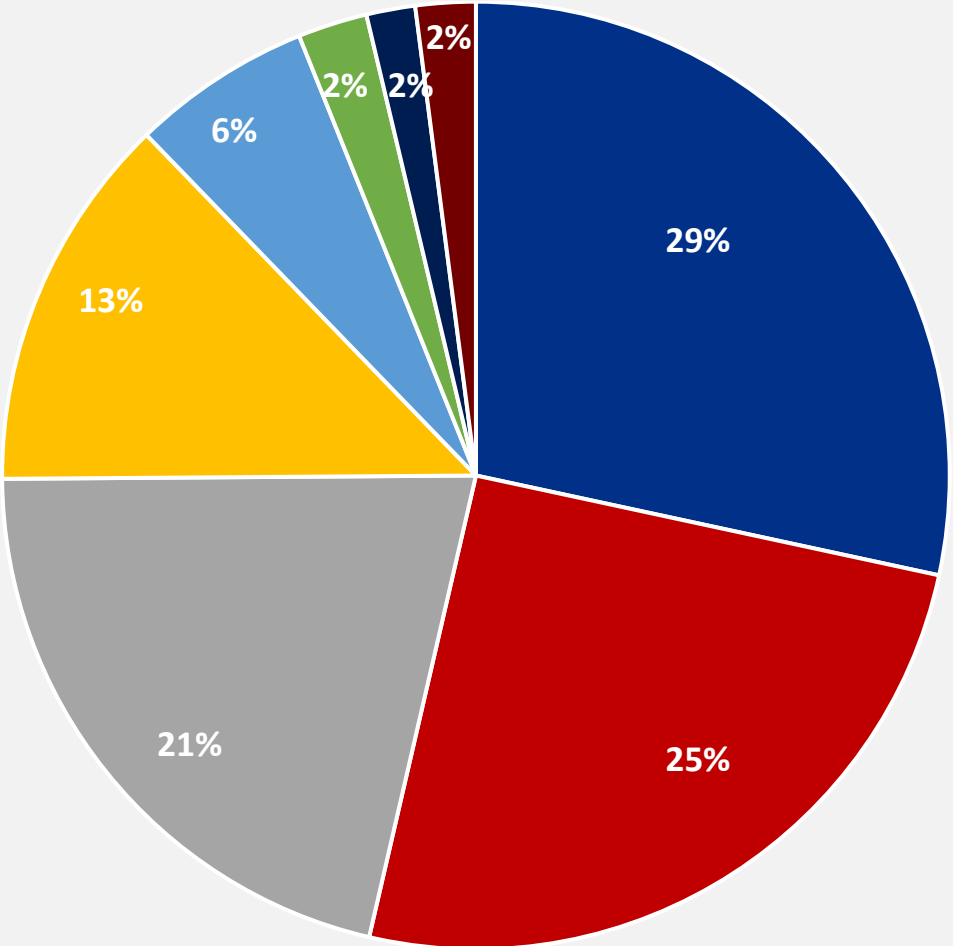
# 2021 Adult ED Disposition Level I Trauma



# 2021 Adult ED Disposition Level II Trauma

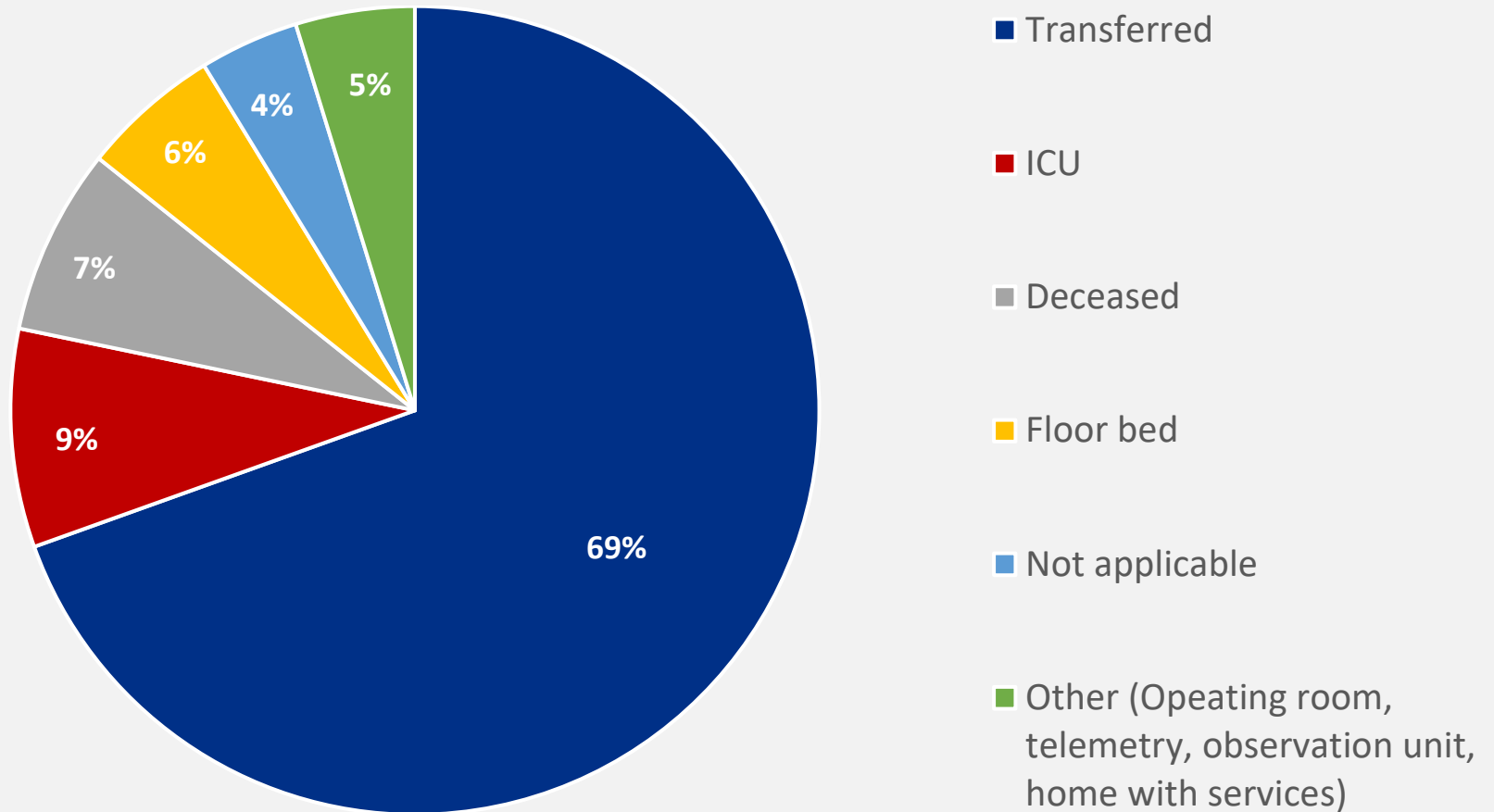


# 2021 Adult ED Disposition Level III Trauma



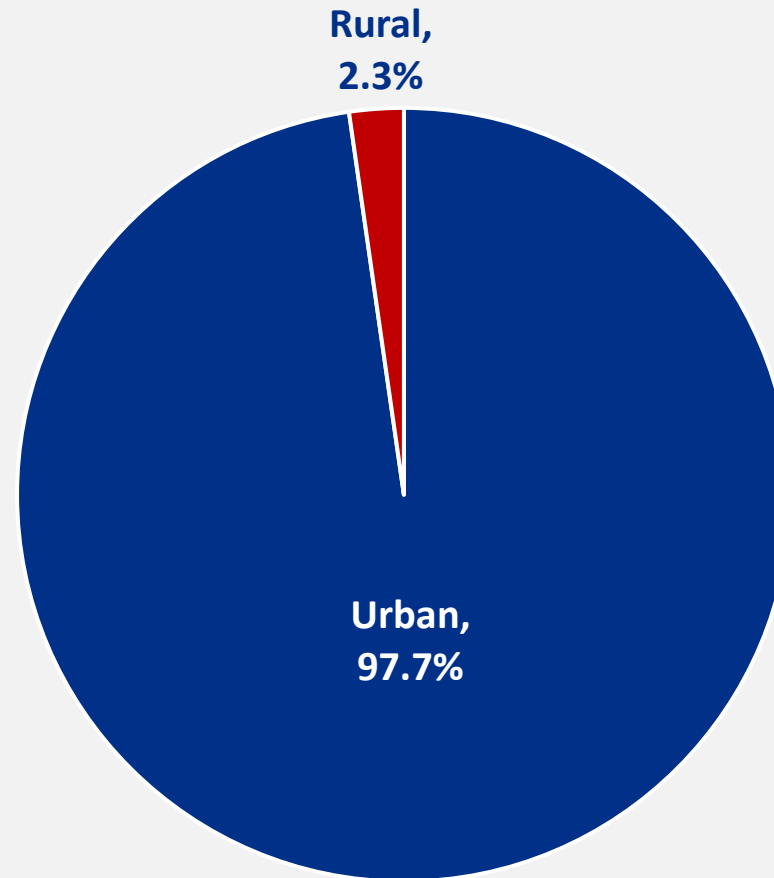
- ICU
- Transferred
- Operating Room
- Floor Bed
- Deceased
- Telemetry/ step down
- Observation unit
- Other (Not applicable, home without services, left against medical advice, jail, mental health)

# 2021 Adult ED Disposition Level IV Trauma





# 2021 Adult Urban versus Rural



# 2021 Adult Deceased by Urban and Rural

	Deceased in ED	Total Number	Percent
Urban	736	11,230	6.55%
Rural	20	261	7.66%

	Deceased in Hospital	Total Number	Percent
Urban	1083	11,230	9.64%
Rural	*	261	*

# 2021 Geriatric Trauma Injuries (Ages $\geq$ 65)



# 2021 Geriatric Hospital Designation

Designation Level	Count	Percent
Trauma Center Level I	1,953	33.49%
Trauma Center Level II	1,788	30.66%
Trauma Center Level III	978	16.77%
Trauma Center Level IV	783	13.43%
Hospital	176	3.02%
STEMI (ST-elevation myocardial infarction) Center	8	0.14%
Missing / Not Known	145	2.49%

# 2021 Geriatric ED Disposition

ED Disposition	Number	Percent
Intensive Care Unit (ICU)	2,785	47.76%
Transferred to Another Hospital	883	15.14%
Floor Bed	824	14.13%
Operating Room	503	8.63%
Telemetry / step-down unit	443	7.60%
Deceased	149	2.56%
Not Applicable**	135	2.32%
Observation unit (unit that provides < 24-hour stays)	66	1.13%
Home without services	37	0.63%
Other (jail, institutional care, mental health, etc.)	*	*
Home with services	*	*
Left against medical advice	*	*

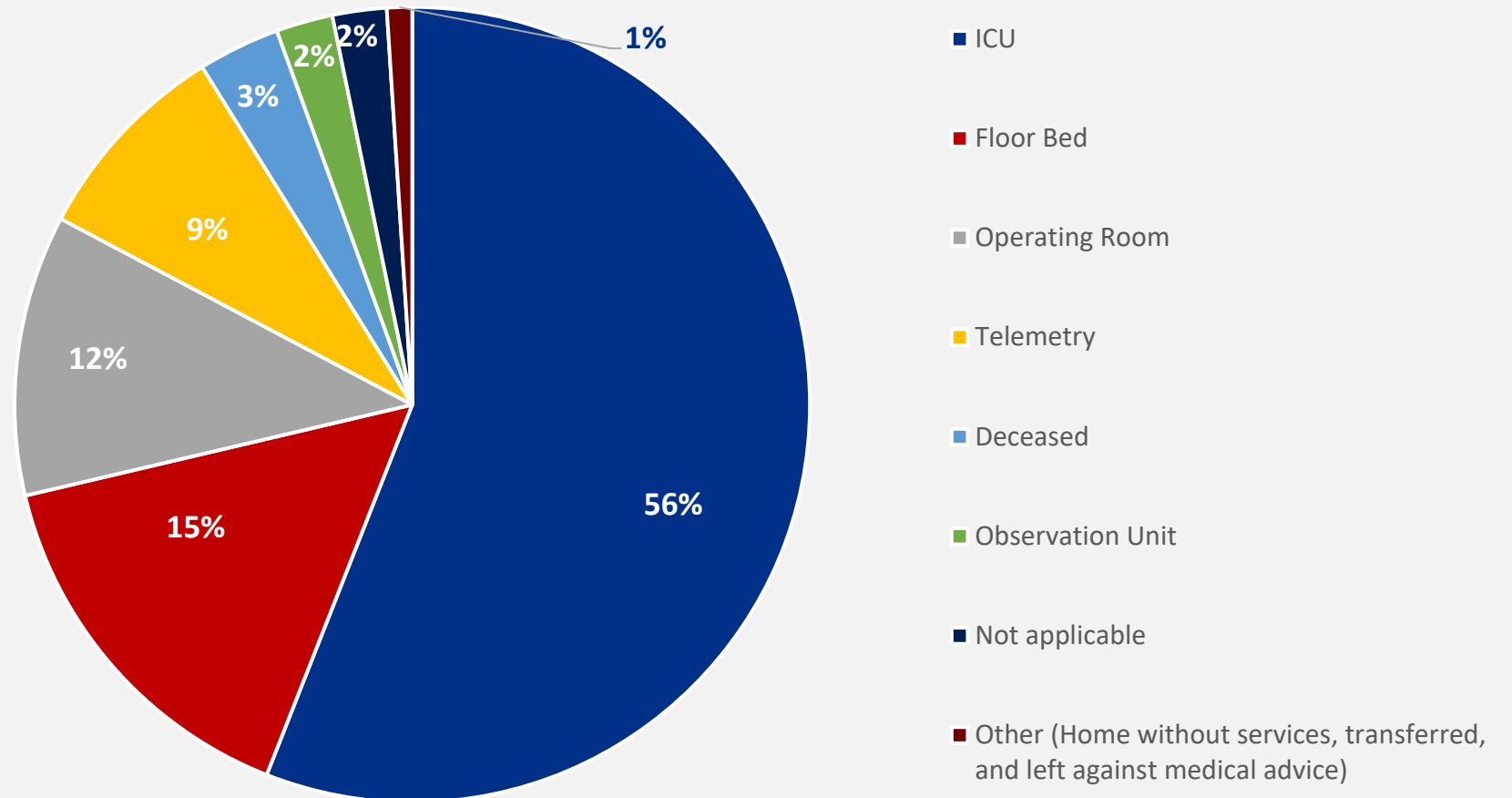
Not Applicable\*\* = directly admitted to the hospital

# 2021 Geriatric Hospital Disposition

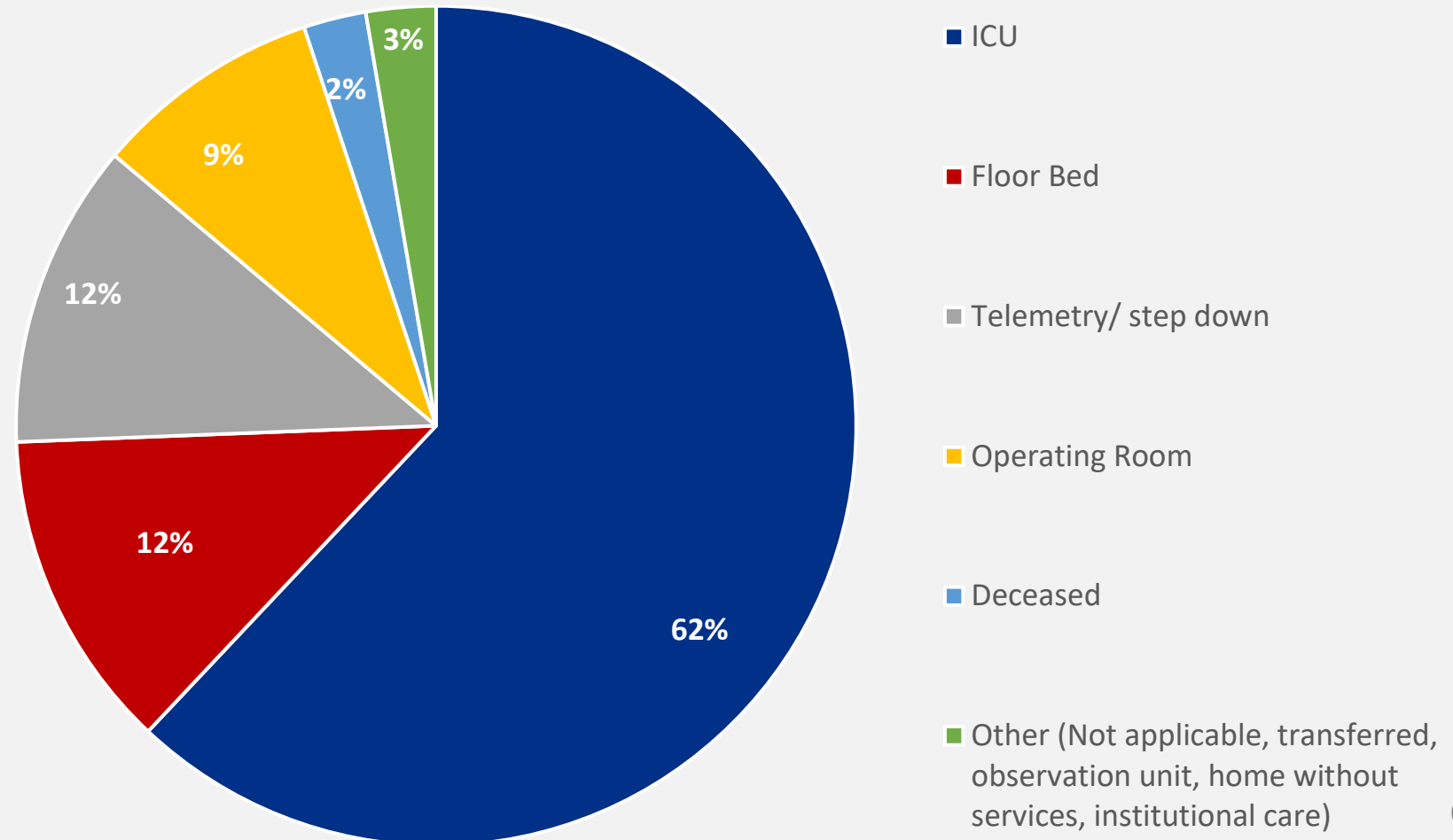
ED Disposition	Number	Percent
Discharged to home or self-care	1,123	19.26%
Not Applicable**	1,075	18.44%
Discharged / transferred to Skilled Nursing Facility	976	16.74%
Discharged / transferred to inpatient rehab	908	15.57%
Deceased	634	10.87%
Discharged / transferred to home health	458	7.85%
Discharged / transferred to hospice care	421	7.22%
Discharged / transferred to Long Term Care Hospital (LTCH)	119	2.04%
Discharged / transferred to short-term general hospital	41	0.70%
Discharged / transferred to an Intermediate Care Facility	37	0.63%
Left against medical advice	27	0.46%
Discharged / transferred to a psychiatric hospital	5	0.09%
Discharged / transferred to another type of institution	*	*
Discharged / transferred to court/ law enforcement	*	*
Discharged / transferred to another type of rehab	*	*
Not known / Not recorded	*	*

Not Applicable\*\* = ED disposition was transferred to another facility, deceased, home without services, or other

# 2021 Geriatric ED Disposition Level I Trauma

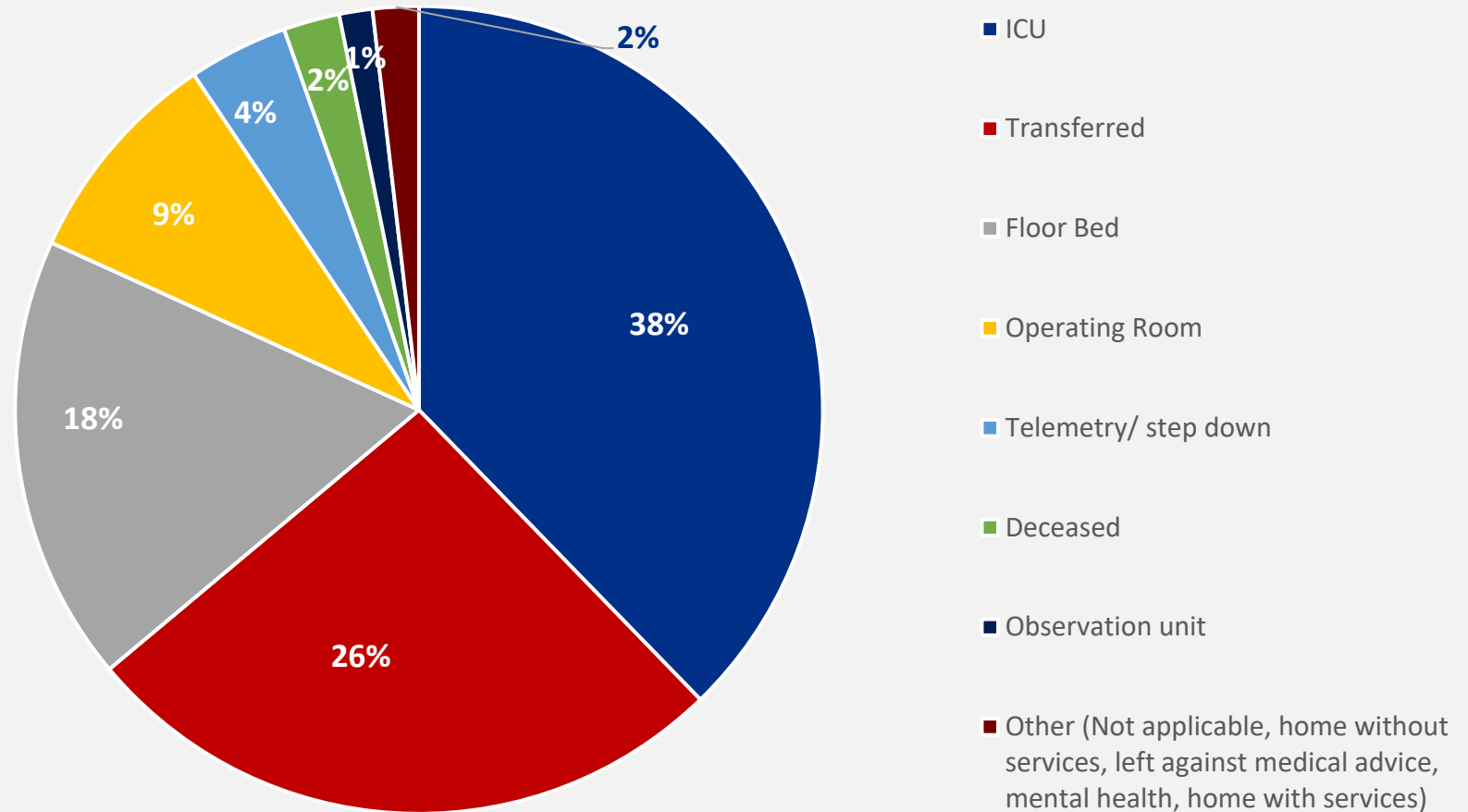


# 2021 Geriatric ED Disposition Level II Trauma

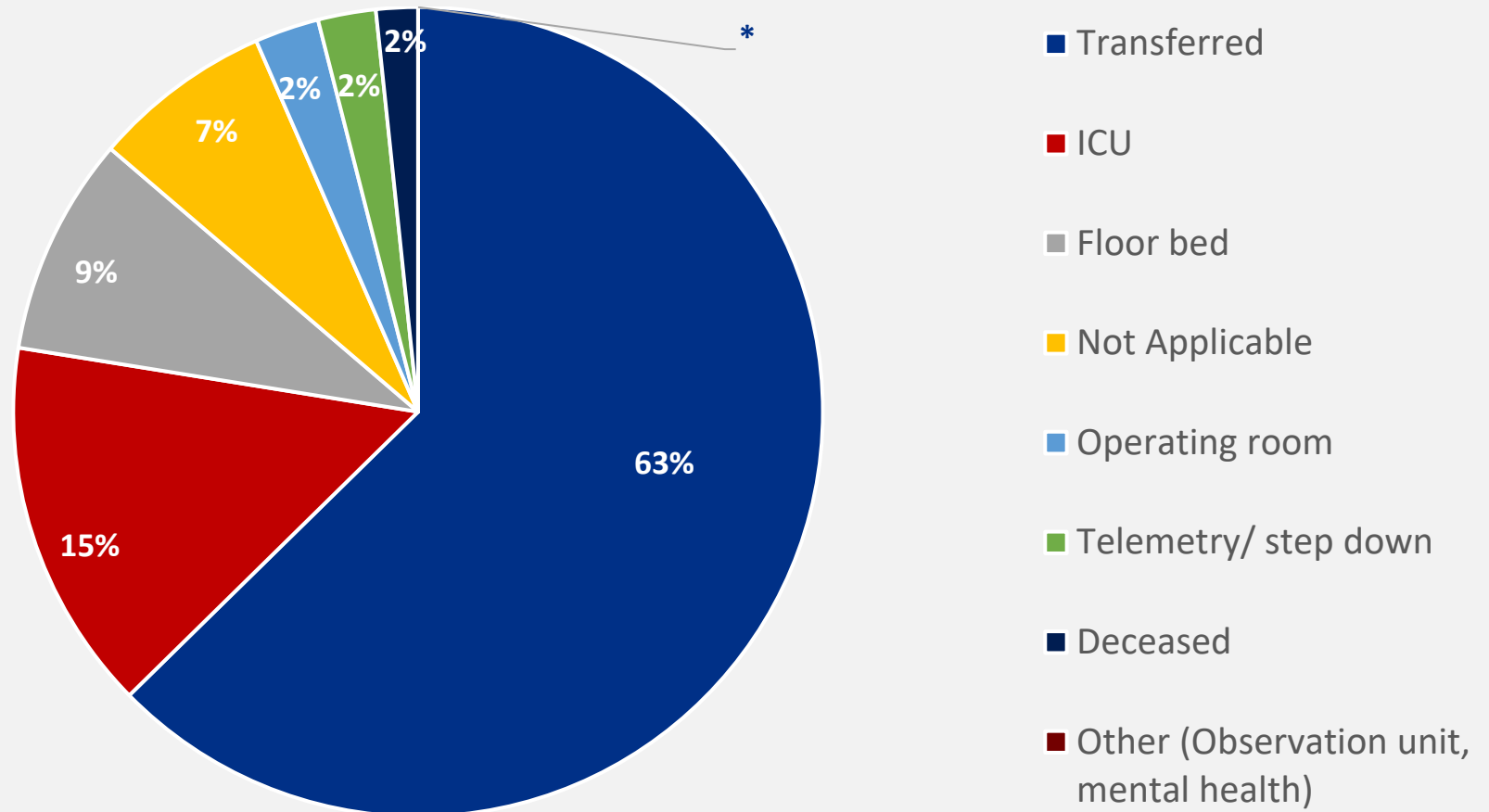




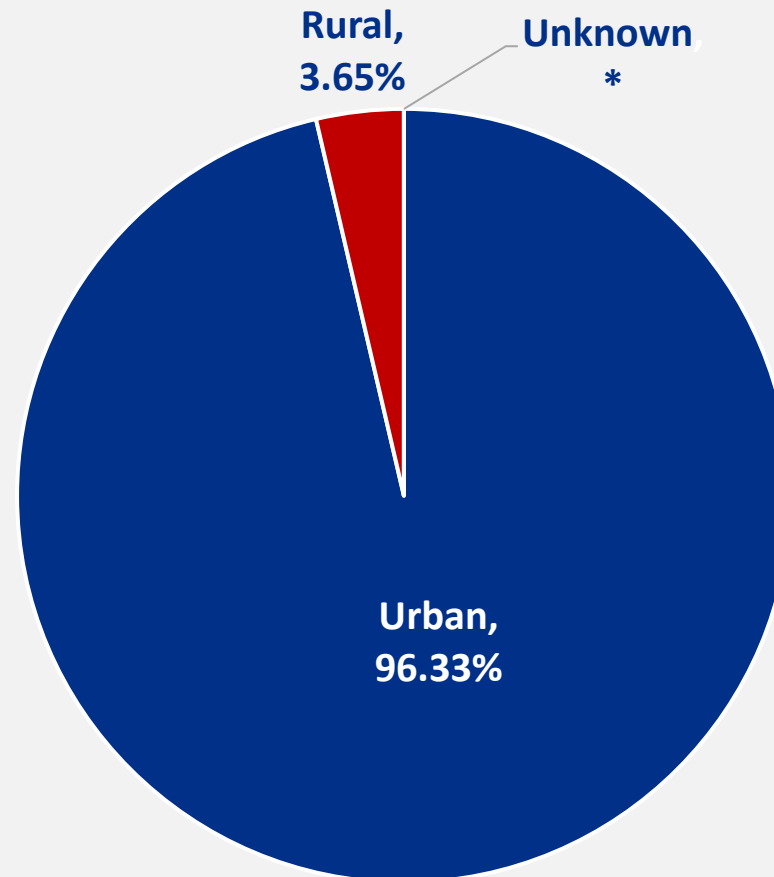
# 2021 Geriatric ED Disposition Level III Trauma



# 2021 Geriatric ED Disposition Level IV Trauma



# 2021 Geriatric Urban versus Rural



# 2021 Geriatric Deceased by Urban and Rural

	Deceased in ED	Total Number	Percent
Urban	142	5,617	2.53%
Rural	7	213	3.29%

	Deceased in Hospital	Total Number	Percent
Urban	627	5,617	11.16%
Rural	7	213	3.29%

# 2021 Pediatric Traumatic Brain Injuries (TBIs)



# 2021 Pediatric TBIs by Age

Age Group	Count	Percent
Age < 1	949	30.49%
Age 1-4	814	26.16%
Age 5-9	627	20.15%
Age 10-14	722	23.20%
<b>Total</b>	<b>3,112</b>	<b>100.00%</b>

# 2021 Pediatric TBI – Hospital Designation by Age

Designation Level	Age <1	Age 1-4	Age 5-9	Age 10-14	Total
Trauma Center Level I	441	380	340	377	1,538
Trauma Center Level II	151	141	100	117	509
Trauma Center Level III	128	87	80	90	385
Trauma Center Level IV	131	119	81	75	406
<b>Total</b>	<b>851</b>	<b>727</b>	<b>601</b>	<b>659</b>	<b>2,838</b>

# 2021 Pediatric TBI – Transfer by Age

Age Group	# of Transfer	Total in Age	Percent
Age < 1	437	949	46.05%
Age 1-4	347	814	42.63%
Age 5-9	239	627	38.12%
Age 10-14	275	722	38.09%
<b>Total</b>	<b>1,298</b>	<b>3,112</b>	<b>41.71%</b>



# 2021 Pediatric TBI – ISS Score by Age

Injury Severity Score	Age <1	Age 1-4	Age 5-9	Age 10-14	Total
0	16	9	*	*	31
1-8	444	398	256	268	1,366
9-15	329	250	226	236	1,041
16-24	100	84	78	101	363
≥ 25	60	73	64	114	311
<b>Total</b>	<b>949</b>	<b>814</b>	<b>627</b>	<b>722</b>	<b>3,112</b>

# 2021 Pediatric TBI – Deceased in ED by Age Group

Age Group	Deceased in ED	Total Number	Percent
Age < 1	*	949	*
Age 1-4	15	814	1.84%
Age 5-9	8	627	1.28%
Age 10-14	10	722	1.39%
<b>Total</b>	<b>37</b>	<b>3,112</b>	<b>1.19%</b>

# 2021 Pediatric TBI – Deceased in Hospital by Age Group

Age Group	Deceased in Hospital	Total Number	Percent
Age < 1	14	949	1.48%
Age 1-4	11	814	1.35%
Age 5-9	9	627	1.44%
Age 10-14	20	722	2.77%
<b>Total</b>	<b>54</b>	<b>3,112</b>	<b>1.74%</b>

# Resources

- National Trauma Data Bank (NTDB) data dictionary - [facs.org/quality-programs/trauma/tqp/center-programs/ntdb/ntds](https://facs.org/quality-programs/trauma/tqp/center-programs/ntdb/ntds).
- NSW Institute of Trauma and Injury Management - [aci.health.nsw.gov.au/get-involved/institute-of-trauma-and-injury-management](https://aci.health.nsw.gov.au/get-involved/institute-of-trauma-and-injury-management).
- Coding is based on the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM).
- Web-Based Injury Statistics Query and Reporting System - [WISQARS \(Web-based Injury Statistics Query and Reporting System\) | Injury Center | CDC](https://www.cdc.gov/injury/wisqars/).

# Thank you!

2021 Texas Trauma Injuries for Patients with an Injury Severity Score  $\geq$  15

August 18<sup>th</sup>, 2023

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



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# GETAC Air Medical & Specialty Care Transport Committee Report August 2023

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

Vice-Chair: Cherish Brodbeck RN, LP



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# Air Medical & SCT Committee

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and being Monitored

Committee Priorities	Current Activities	Status
<p><b>Safe &amp; Effective Statewide Ground to Air Communication</b></p> <p><b>Finalize/Materialize the Air Medical Strike Team (MIST) Concept &amp; Process</b></p>	<p>Doodle Poll of 22 RAC EMS Agencies &amp; Fire Depts</p> <p>Planned mid-quarter taskforce work</p> <ul style="list-style-type: none"> <li>*Collaborate with EMT-F to create designated regional ground to air channels and to confirm that all agencies in their region are able to talk to EMT-F command.</li> </ul>	<p>Complete</p> <p>In Progress</p>
	<ul style="list-style-type: none"> <li>*Second revision of guidelines</li> </ul>	<p>In Progress</p> <p>In Progress</p>
	<ul style="list-style-type: none"> <li>*Creation of resource list (FBOs, fuel, etc.)</li> </ul>	<p>Not yet started</p>



# Air Medical & SCT Committee

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and being Monitored

Committee Priorities	Current Activities	Status
<p><b>Statewide Educational Campaign to Mitigate Risks of Air Medical Transport</b></p>	<p>Version 1.0 of LZ &amp; Helipad Safety PowerPoint for Statewide use</p> <p>Request GETAC Council permission to:</p> <ul style="list-style-type: none"> <li>1- push the PowerPoint to the RACs for review &amp; input</li> <li>2- include/collaborate with AMOA on this project</li> </ul>	<p>Complete</p> <p>In Progress</p>
	<p>Planned mid-quarter taskforce work</p> <ul style="list-style-type: none"> <li>*If approved, complete version 2.0 of LZ PowerPoint with the RACs' input</li> <li>*Creation of an educational document highlighting key points, special cons., &amp; links to educate air and ground providers on FAA policies &amp; local best practices</li> </ul>	<p>In Progress</p>

# Air Medical & SCT Committee

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and being Monitored

Committee Priorities	Current Activities	Status
<b>Real-Time Status Reporting, by all Air Medical Providers, in all 22 Regions of the State</b>	2 <sup>nd</sup> RAC Chair survey cancelled  Planned mid-quarter taskforce work *Collaborate with Juvare to ensure all TX air providers' CAD systems are "talking" to the nationwide system being created	In Progress
<b>Performance Improvement</b>	Planned mid-quarter taskforce work *Development of 2 Performance Improvement Metrics One patient care focused One safety focused	In Progress

# Air Medical & SCT Committee

- Committee items needing council guidance
  1. LZ PowerPoint review by the RACs
  2. AMOA (Air Medical Operators Association) involvement in LZ project
- Stakeholder items needing council guidance
  1. None at this time
- Items referred to GETAC for future action
  1. None at this time

# GETAC Cardiac Care Committee Report August 2023

Chair: James J. McCarthy MD



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# Cardiac Care Committee

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and being 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)	Initial meeting and prelim data	In progress
Out of Hospital Cardiac Arrest – AED access/bystander CPR - assessment	GETAC council Request	In progress
Telecommunicator CPR (Coordinated clinical Care/EMS).	Initial presentation on challenges to Telecommunicator implementation under existing Texas law.	In progress
Identify priorities for GETAC PI committee	Work off line to have suggestions for fall meeting.	In progress

# Cardiac Care Committee

- Committee items needing council guidance
  1. Seeing Council approval to work with DSHS to query state NEMESIS data base to understand regional variation in bystander CPR rates in the the state of Texas.
- Stakeholder items needing council guidance
  1. Nothing at this time
- Items referred to GETAC for future action
  1. Initial recommendation for PI committee to work with RACs/DSHS to understand barriers to implementation of Telecommunicator CPR education and implementation as directed under H.B. 786. Full proposal to follow in November GETAC meeting.

# GETAC Disaster Preparedness & Response Committee Report August 2023

Chair: Eric Epley, CEM Vice-Chair:  
Wanda Helgesen, RN



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# GETAC Disaster Preparedness & Response

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and being Monitored

Committee Priorities	Current Activities	Status
Evaluate and improve the Texas Emergency Medical Task Force based on real-world responses and data from the field.	<ul style="list-style-type: none"> <li>- Review wildfire deployment data</li> <li>- Program &amp; workgroup updates</li> <li>- 2023 Educational overview</li> <li>- Updating training opportunities</li> </ul>	
Improve patient tracking utilizing the Texas EMS wristband along with Pulsara.	<ul style="list-style-type: none"> <li>- Pulsara statewide updates</li> <li>- Real world examples reviewed</li> <li>- Reviewing Pulsara data &amp; usage</li> </ul>	
Support the supply chain/PPE operations & storage for Texas hospitals & EMS agencies in concert with TDEM.	<ul style="list-style-type: none"> <li>- Workgroup meetings are on-going</li> <li>- Working on hospital participation</li> </ul>	



# GETAC Disaster Preparedness & Response

- Items referred to GETAC for future action/guidance:
  1. TEMAC & GETAC Disaster Committee joint MCI/Active Shooter workgroup.
- GETAC Council Updates:
  1. Statewide EMS Wristband Project: Pulsara coordination taking place - 354 Contracted EMS agencies/ 423 Contracted Hospitals. DSHS & EMTF have purchased Pulsara MED OPS, Pulsara UNITED for EMS, and Pulsara ONE for Hospitals across Texas. Using Pulsara as the method to deliver patient reports from EMS to hospitals daily ensures that your organization is using the same tool in an MCI as you are every day.
  2. Regional Heat-Related MCI Response: Due to the increase in heat-related MCIs in TSA-P, the STRAC EMS committee disaster workgroup has developed an effective method to deliver TEMP bags/Ice to the scene.
- TX EMTF Program Updates & Announcements
  - Last 30 Days: 42 Different Fires
  - 4,514 Patient Encounters (26 Treated, 2 Transported)Completed Training Courses:
  - MIST Initial, MEDL & TFL

# GETAC Emergency Medical Services Committee Report August 2023

Eddie Martin, EMT-P, Chair

Kevin Deramus, Vice-chair



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# Emergency Medical Services (EMS) Committee

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and being  
Monitored

Committee Priorities	Current Activities	Status
Hall time / Wall time white paper	Finishing up - draft	Priority Activities Recorded
Safety / Security EMS Personnel	Work in progress	Priority Not Implemented
Discussion and preparation for the next active shooter / MCI	Great presentation, on-going	Priority Not Implemented

# Emergency Medical Services (EMS) Committee

- Committee items needing council guidance
  1. Active Shooter workgroup GETAC / TEMAC
- Stakeholder items needing council guidance
  1. N/A
- Items referred to GETAC for future action
  1. N/A

# GETAC EMS Education Committee Report August 2023

Chair: Macara Trusty



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# EMS Education Committee

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and being  
Monitored

Committee Priorities	Current Activities	Status
Rule Revisions	Special workgroups working through rule revisions for EMS Education rules	
ALS Skill Sheets	Drafts sent to committee, pending review	

# EMS Education Committee

- Committee items needing council guidance
  1. N/A
- Stakeholder items needing council guidance
  1. N/A
- Items referred to GETAC for future action
  1. N/A

# GETAC EMS Medical Directors Committee Report August 2023

Chair: Christopher Winkler, MD



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# GETAC Injury Prevention & Public Education Committee Report August 2023

Chair: Mary Ann Contreras

Vice-Chair: Courtney Edwards



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# Injury Prevention & Public Education

**Priority Not Implemented**  
**Priority Activities Recorded**  
**Priorities Completed and being Monitored**

Committee Priorities	Current Activities	Status
Suicide prevention	Continuing work on Spectrum of Prevention strategy tool	Priority Activities Recorded
Safe Storage of Firearms	Education from Texas Parks and Wildlife, and Texas Department of Public Safety Continuing work on Spectrum of Prevention strategy tool	Priority Activities Recorded
Increasing data collection for TXVDRS	Establishing relationships with ME Offices to increase data submission for TVDRS: Hurdle with ME office capacity to complete exams/submit reports/ limited staffing.	Priority Activities Recorded
Safe Transport of Children by EMS	Courtney Edwards worked with EMSC in developing/completing the guidance document for safe transport of children.	Priorities Completed and being Monitored

# Injury Prevention & Public Education

- Committee items needing council guidance-Workgroup to explore a child passenger safety challenge for Texas.
  - Last 3 years due to the impact of Covid: child passenger safety resources/efforts are drastically reduced.
  - Technicians and instructors are experiencing burnout.
  - Community demand for training, inspection services, and child safety seat resources has increased
  - Workgroup of child passenger safety stakeholders would aim to understand current capacity levels related to technicians, instructors, inspection service providers/agencies.
  - The goal: establish a voluntary, statewide, and measurable challenge to inspire the growth of new technicians and instructors, grow the number of CPST courses offered for technicians certification, and the number of inspection sites and/or number of seats inspected in the state.
- Stakeholder items needing council guidance
  1. Nothing at this time
- Items referred to GETAC for future action
  1. Identifying PI IPPE smart goal with measurable outcomes for Texas System Improvement Plan

# GETAC Pediatric Committee Report August 2023

Chair: Belinda Waters

Vice-Chair: Christi Thornhill



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# Pediatric Committee

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and being Monitored

Committee Priorities	Current Activities	Status
Pediatric Readiness and Simulation	<ol style="list-style-type: none"><li>1. Workgroup developed 12 pediatric scenario brief narratives/objectives</li><li>2. Working with other entities for Super PECC training (01/2024) and online simulation with SimBox</li></ol>	Priority Not Implemented
Identify 2-3 measurable pediatric performance improvement measures for Texas PI initiative	<ol style="list-style-type: none"><li>1. Pediatric Readiness participation by Texas Hospitals and EMS Agencies</li><li>2. Trauma Center compliance with quarterly pediatric simulations</li><li>3. EMS Agency compliance in utilizing pediatric equipment in skills training/competency</li></ol>	Priorities Completed and being Monitored

# Pediatric Committee

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and being Monitored

Committee Priorities	Current Activities	Status
Complete GAP Analysis of Texas Pediatric Trauma System Score Report	<ol style="list-style-type: none"><li>1. Reviewed document</li><li>2. Working with Dr. Remick regarding who answered assessment in 2017 and request to complete assessment again</li></ol>	
Collaboration with RAC Chairs, EMS, EMS Medical Director, Injury Prevention and Air Medical Committees regarding Safe Transport of Children by EMS	Lead by Sam Vance, met with other committees and request for endorsement	

# Pediatric Committee

- Committee items needing council guidance
  - ▶ The Pediatric Committee requests to develop a workgroup regarding sudden cardiac death in pediatrics and ECG opt-out vs opt-in for sports physicals
- Stakeholder items needing council guidance
  - ▶ None
- Items referred to GETAC for future action
  - ▶ Request for support of requesting an increase in Health Resources and Services Administration (HRSA) funding

# GETAC Stroke Committee Report August 2023

Chair: Robin Novakavic-White, MD

Vice-Chair: Sean Savitz, MD



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# Stroke Committee

**Priority Not Implemented**  
**Priority Activities Recorded**  
**Priorities Completed and being Monitored**

Committee Priorities	Current Activities	Status
ASA Mission Lifeline Prehospital Stroke algorithm – Recommendation	Approved by Stroke Committee, seeking approval from EMS, EMS Medical Directors, RAC and Air Medical Committees	Priority Activities Recorded
Establish recommendation for stroke facility infrastructure	The Stroke System of Care Work Group is outlining the best practices and recommendations to present to the Stroke Committee.	Priority Activities Recorded
Pediatric Task Force	Outline prehospital best practices for management, transport, interfacility transfers, and minimum capabilities recommendations for pediatric hospital to be recognized as capable of caring for pediatric stroke	Priority Activities Recorded
Provide list of recommended stroke education and certification courses	Compiling a list of courses and certifications pertaining to stroke education at all levels. List will be reviewed by the Education Work Group before presenting to Stroke Committee	Priority Not Implemented

# Stroke Committee

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and being Monitored

Committee Priorities	Current Activities	Status
Report and disseminate quarterly Texas Stroke Quality Performance Report	Use the quality report with RAC benchmark groups to identify barriers to stroke care and opportunities for improvement.	
Interfacility Stroke Terminology	Collect the appropriate data to outline the barriers to interfacility transfers and whether stroke terminology could facilitate faster DIDO	
Establish research opportunity in the state of Texas to help advance stroke care	Research Work Group outlining options and will make proposal to the Stroke Committee	
DIDO performance recommendations	Stroke Committee approval and will be presented to the GETAC Committees for review	

# Stroke Committee

**Priority Not Implemented**  
**Priority Activities Recorded**  
**Priorities Completed and being Monitored**

Committee Priorities	Current Activities	Status
Texas EMS Stroke Survey	Stroke Committee to review, following approval will submit to GETAC Committees	

# Stroke Committee

- Committee items needing council guidance
  1. None at this time
- Stakeholder items needing council guidance
  1. None at this time
- Items referred to GETAC for future action
  1. None at this time

# GETAC Trauma Systems Committee Report August 2023

Chair: Stephen Flaherty, MD

Vice-Chair: Lori Robb, RN



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# Trauma Systems Committee

- Level 4, 25 beds
- 4 bed ED
- Manon Childers, MD TMD
- D'Anda Lear TPM
- 41 miles to Level 2
  
- F3 tornado 15 Jun 5pm
- EMS/Fire significant damage
- Comm/Power out
- RAC-A support
- 100 pts, 2 admit, 40 transfer



# Trauma Systems Committee

1. STB TX Coalition has been very successful with the Texas Train-the-Trainer virtual course. The Education Workgroup continues to make it better. They are working on a toolkit for RACs and others to use. Thanks to Rachel Lindsay at CATRAC.
2. A newsletter is provided for the GETAC Council with information collected for STB activities for May - STB Month. Thanks to CATRAC Team for their work on the newsletter.
3. STB V3 is still anticipated to be approved at the ACS Congress in October. The Packing workgroup chaired by Christine Reeves has been asked to consider whether V3 should include specific training for packing junctional and head injuries and a few other small things.

# Trauma Systems Committee

- **Trauma rules process**
  - Moving forward
  - Now anticipate formal public comments open late December 2023
  - This committee will be prepared to support with a workgroup-sized element to assist the Department in reviewing comments.



# Trauma Systems Committee

- **Trauma System Assessment**
  - Transfer delays are a reported concern
  - STRAC has developed a pilot project to quantify and identify specific areas to improve
  - Committee workgroup will assess ability to assess state data repository

# Trauma Systems Committee

- Trauma System Assessment
  - Common hotspots on trauma surveys identified
    - PI are the top three
      - Committee will seek data (specific criteria, TOPIC )
      - Committee will coordinate with RACs for support
      - DSHS calls are visionary
    - Consistency of surveys and application of survey results may be a factor
      - Committee will request summary data to better characterize

# Trauma Systems Committee

- Trauma System Assessment
  - Military-Civilian cooperation is not characterized
    - Develop an annual report
      - Military facilities participating in the trauma system
      - Civilian facilities providing skill sustainment for military personnel

# Trauma Systems Committee

- Items needing Council guidance
  - None

# Trauma Systems Committee

**Items referred to the Council for future action**

None



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# Agenda Items



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# Agenda Item 8

## EMS Timeout/Handoff

- a. EMS patient transfer to hospital care
- b. Hospital patient transfer to EMS care for interfacility transports



# Agenda Item 9

- GETAC Strategic Plan Section Review

# Agenda Item 10

- Texas System Performance Improvement Plan and PI Task Force Update

# Agenda Item 11

## Rules for Senate Bill (SB) 422

- a. SB 422 rule-making relates to the authority of certain military service members to engage in a business or occupation in the State of Texas.
- b. Proposed rule change and new rule: Texas Administrative Code Title 25, Part 1, Chapter 1, Subchapter F. Licensure Exemptions, Rule §1.81 Recognition of Out-of-State License of a Military Service Member and Military Spouse and Texas Administrative Code Title 25, Part 1, Chapter 1, Subchapter G. Alternative Licensing for Military, New Rule § 1.91 Alternative Licensing for Military Service Members, Military Spouses, and Military Veterans.

# Agenda Item 12

## Action Items

- a. CRASH Data request for participation – Jorie Klein
- b. The Texas EMS for Children Program requests the Council endorse efforts of the Voluntary Pediatric Recognition Program (VPRP), encouraging Level I – IV designated trauma centers' participation in the statewide program to reduce morbidity and mortality in critically ill and injured children.
- c. The Texas EMS for Children Program requests the Council endorse efforts of the National Pediatric Readiness Quality Initiative (NPRQI), including hospital emergency department participation in a state and nationwide platform that provides a free, secured, web-based platform that allows emergency departments (EDs) to track quality metrics and performance.
- d. Council's educational letter to Health Resources & Services Administration (HRSA)
- e. Pediatric Rural Trauma Education Quality Initiatives
- f. Connecting stakeholders to Council Members
- g. October 2024 GETAC Retreat

# Agenda Item 13

- Discussion, review, and recommendations for initiatives that instill a culture of safety for responders and the public with a focus on operations and safe driving practices

# Agenda Item 14

- Discussion of Rural Priorities

# Agenda Item 15

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

# GETAC Stakeholder Updates



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# Texas EMS, Trauma & Acute Care Foundation (TETAF) August 2023

Dinah Welsh, TETAF President/CEO



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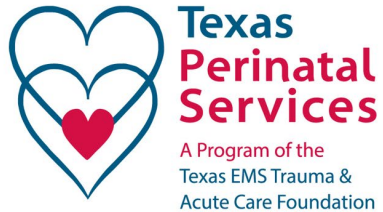
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# Texas EMS, Trauma & Acute Care Foundation Update

**Dinah Welsh**

*TETAF President/CEO*

Friday, August 18, 2023



# 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 are currently the two busiest service lines.
- ❑ TETAF continues to monitor rule updates and the impact they may have on hospitals, surveys, and surveyor requirements.
  - ❑ TETAF submitted a letter to the Texas Department of State Health Services (DSHS) regarding concerns about the contiguous Regional Advisory Council (RAC) rule and the impact this has on hospitals and the survey process.
- ❑ TETAF is reviewing and will continue discussions with DSHS regarding the newly published Texas Designation Survey Guidelines

# Education

- ❑ The next TETAF Hospital Data Management Course (HDMC) will be on November 6-7, 2023. Registration starts September 25. Visit <https://tetaf.org/hdmc/> for details.
- ❑ 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.
- ❑ 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](http://www.tetaf-tps.mn.co)*



# Advocacy

- ❑ The TETAF Advocacy Committee will meet again in the next month to prepare for the 89<sup>th</sup> Texas Legislative Session.
  - ❑ Along with a continued focus on trauma, emergency, and acute care needs, plus the needs of the Regional Advisory Councils (RACs), TETAF will continue to make maternal care a priority.
- ❑ A third special session has not been called, but if one is called in the fall, the TETAF Advocacy Committee will remain vigilant monitoring activities and discussions during a special session and the interim.

# Collaboration

- ❑ TETAF continues to provide support to Texas TQIP. The collaborative met virtually in April and will have its next meeting this fall.
- ❑ TETAF continues to provide all continuing education for the Texas Trauma Coordinators Forum and participate in their educational activities.
- ❑ TETAF welcomes the opportunity to be a resource and/or participate in any meetings to further build the trauma and emergency care network.

# Regional Advisory Council (RAC) Chairs/Executive Directors August 2023

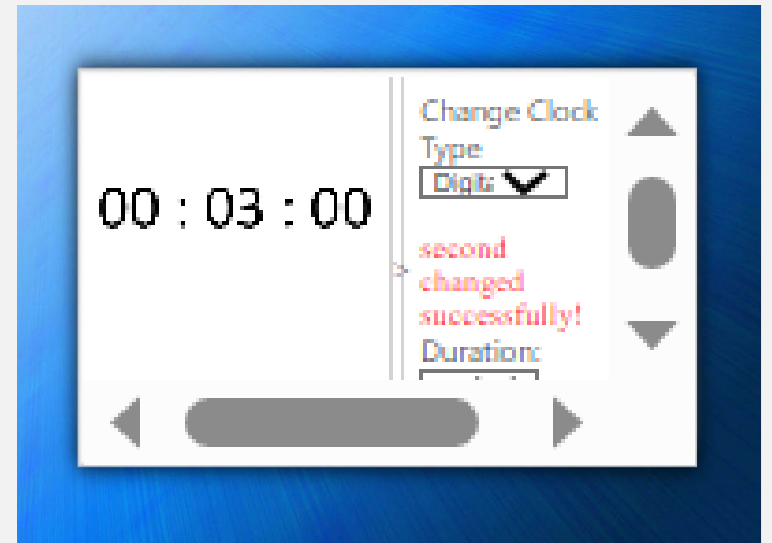


# Final Public Comment

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

Please state the following when asking questions or making comments:

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



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# Next Council Meeting Dates

**November 18-20, 2023**, in conjunction with the Texas EMS Conference in Austin



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# Adjournment



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*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!*