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

Friday, March 8, 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)*	N
Ratcliff, MD	Taylor	EMS Educator - *per HSC §773.012(b)(7)*	Y
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

Governor's EMS and Trauma Advisory Council (GETAC)
Department of State Health Services (DSHS)
Friday, June 14, 2024
Meeting Minutes

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
1. Call to Order	Dr. Tyroch called the meeting to order at 8:08 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	Dr. Kate Remick motioned to approve the March 8, 2024, and March 20, 2024, minutes. Shawn Salter seconded the motion.		Approved.	
5.	**Alan Tyroch, MD, GETAC Chair**			
GETAC Chair Report and Discussion	Dr. Tyroch expressed appreciation for all who successfully brought the GETAC meetings together. He also shared his appreciation for the hard work and movement of the whole blood and system PI task forces. Dr. Tyroch noted that the application period for new committee members will open on September 1, 2024, and close on September 30, 2024.	Information only; no actions required.		
6.	**State Reports**			
6a. EMS/Trauma Systems Section	**EMS/Trauma Systems (EMS/TS) Section Update** *Webcast recording timestamp for State Reports is 5:43.* **Jorie Klein, EMS/TS Director, provided a report on the following items:** **AV Concerns** Director Klein addressed the AV/technological issues from the week. She reported the concerns through Consumer Protection leadership and ACCO legal, along with a request to move to Zoom. The request was denied and a	Information only; no actions required.		Continue quarterly updates to the Council.

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6a. continued	recommendation to move meetings to the Moreton Building was offered. The consensus of GETAC council members and others in attendance was that the hotel location better suits the needs of those who attend. Wanda Helgesen (RAC I) stated the AV was not any better for meetings she attended at the Moreton Building. Dr. Taylor Ratcliff reported he was online for multiple meetings this week and the audio was "fantastic." Dr. Tyroch commented that the room setup was better this quarter as well. **Uncompensated Care** Director Klein stated the current uncompensated care will use CY 2022 data for patients entered into the trauma registry from January 1, 2022, through December 31, 2022. She added the department has created check sheets to ensure that facilities admitting or requesting more than 15 to 20% uncompensated care based on the last year are verified. If the numbers are correct, the process will continue. The department has also encountered issues with facilities that submitted significant increases in their requests, leading to them having to pay back money. **RAC EMS Allotment** Director Klein shared information on the RAC EMS Allotment funding. There are four variables determining the allocation: the size of the RAC, the geographic population, and the number of runs submitted. The RAC total allotment is divided into urban and rural areas, with a 60-40 split between urban and rural. The calendar year of submissions to the state registry also plays a role.			Maintain meeting format and location.

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6a. continued	Director Klein emphasized the importance of timely data submission from trauma facilities and EMS agencies to avoid significant impacts on the RACs' funding allotments. The department is working with the RACs to validate these calculations and ensure accurate data submissions. **Trauma Rules Focus** Director Klein reported that Texas experiences more disasters than any other state. She discussed the importance of disaster declarations in Texas, with 32 declared disasters from January 2017 to July 13, 2024. Texas has had nine incidents with active shooters, including the Uvalde and Allen Mall shootings. Rural care is another issue. Approximately 309 million people in the United States lack access to trauma care, with Level I and II trauma centers typically 60 miles away by ground. Director Klein discussed the rural disparities in access to trauma care. She emphasized that the more rural a person is, the higher the incidence of their death. Rural residents are 14% more likely to die due to factors such as distance, time to treatment, regional variations, prehospital and trauma systems, trauma center designation, and injury severity. Motor vehicle crashes often result in injuries due to going off-road and without seat belts, such as on ATVs. Director Klein emphasized the importance of considering the golden hour in trauma care and the need for improved system solutions. She cited an article that stated hospital closures in rural environments could lead to an additional 25 minutes for the EMS crew to reach and then transport patients and added that this highlights the challenges faced by emergency medicine physicians when dealing with trauma patients coming to their rural facilities.	Information only; no actions required.		

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6a. continued	Director Klein shared an article from Kansas that found that emergency physicians sometimes fear pediatric multi-system trauma patients and struggle to get them out. Director Klein discussed system challenges in Texas, including access, diversion times, specialty services, and transport availability. The growing population and lack of resources in trauma care deserts contribute to these issues. Transfers are another significant challenge, with the rural environment being the greatest. Opportunities for improvement include system development, community paramedicine, and telemedicine, such as the system performance improvement project, which is crucial for Texas. Dr. Kate Remick is leading this project to improve access to care and resources, particularly in trauma care deserts. The system performance improvement initiative is vital for identifying and addressing these challenges, ensuring that Texas's healthcare system remains efficient and accessible to its citizens. **Trauma Rules** Director Klein provided an update on the proposed trauma rules. She stated over 4,000 comments were received during the formal comment period. The rules aimed to align with the American College of Surgeons, providing more time for trauma facilities to implement requirements and decreasing the cost burden of being a trauma facility. However, the rules were pulled in April 2024, meaning they are dead in the water. The department submitted a new RNF and a new rule packet, which does not create an informal comment period but requires a formal comment period of 31 days.	Information only; no actions required.		

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6a. continued	The new packet includes 157.125, which was planned to be repealed in the old rule packet. It is now revised and terminates on August 31, 2025, with the new 157.126 effective September 1, 2025. This allows facilities a longer time to prepare for the designation. If the rule journey continued, facilities would have been required to implement the new requirements within 90 days, according to the legal process and the Rules Coordination Office. The other rules in the new packet (157.2, 157.123, 157.128, 157.130) have little changed since their last appearance. **EMS/Trauma Systems Funding** Director Klein emphasized how crucial it is to establish regulations and allocate funds for Texas's trauma system development. She pointed out that while most other states do not compensate trauma centers or emergency medical services, Texas has more money than most of them and added that Texas is fortunate to have more resources than many other states, which may contribute to its success in this area. Director Klein reiterated that the RAC FY25 EMS Allotment is based, in part, on the number of EMS runs entered into the registry and the number of trauma facility submissions for calendar year 2022. The RACs were given an opportunity to validate EMS eligibility based on RAC participation May 2024. **Extraordinary Emergency Funds (EEFs)** The extraordinary emergency fund receives $1,000,000 annually and has almost spent all its funding. The department has received five applications, five of which have been awarded, and one is currently under review. **UCC Funding Application**	Information only; no actions required.		

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6a. continued	The Uncompensated Funding Application (UCC) opened on February 1st and closed on May 16th, 2024, with 291 hospitals submitting applications. CY22 data is used for FY25 allocations. The request for uncompensated care is higher than ever, with $2,988,230,798 requested. Of the $95 million allocated to hospitals, $82 million is pulled out and sent to HHSC to support uncompensated care. This results in $179,621,746 for hospitals meeting standard dollar amount (SDA) add-on requirements. There is $8 million left for facilities not meeting SDA requirements, leading to many Level IV facilities receiving $20,000 a year for uncompensated care. Director Klein emphasized that it was important for everyone to understand the department's thoughts on moving forward with rules, compensation, RAC allocations, EMS allocations, and hospitals. She added that 2021 data was skipped because of COVID. Some facilities saw a significant increase in uncompensated care, and the department has contacted those who had a 15-20% higher request than in 2020. ***Council Comment:*** *Dr. Tyroch emphasized the importance of accurate information on the UCC applications to show the legislature the true cost of EMS and trauma care. He added that he believes that this information will eventually yield dividends, as it will provide a clearer understanding of the financial burden.* ***Council Comment:*** *Dr. Remick asked, regarding social vulnerabilities, if the EMS/Trauma team has looked at the distribution of the requests or if there was a disproportionate request for funds among certain facilities. Director Klein responded that the team has not looked at that but is starting to share the social vulnerability data with its leadership team. The team follows legislative mandates for distributing funds using the funding formula outlined by statutes. Many of the most vulnerable counties are near the US-Mexico border and many don't have a hospital. There is a $17 million rural*	Information only; no actions required.		

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	grant opportunity that facilities can apply for, and the department is willing to assist them if they are interested. Dr. Tyroch requested a copy of the grant. ***Council Comment:*** *Dr. Tyroch asked Director Klein to share what EMS/TS has done regarding DMEP courses for Texas facilities. Director Klein advised that Level I trauma facilities must have their medical director complete the Disaster Management Emergency Preparedness Course, sponsored by the American College of Surgeons. The course teaches how to transition from normal operations to disaster mode for mass casualty events. The course is available online and costs $295.00. EMS/TS worked with Jeff Hoogheem, CHEPR Director, and paid for enrollment for 620 courses. A list of trauma, medical director, and trauma program managers has been sent to the American College of Surgeons. Upon enrollment, participants have over a year to complete the course and receive continuing education. While this was done to prevent travel and allow flexibility for completion, the ultimate goal is for participants to see the value in the course and then bring these courses to a regional level and encourage collaboration among facilities to improve operational processes.* **Elizabeth Stevenson, Designation Programs Manager, provided an update on the following:** **Designated Trauma Facilities** From December 2023 to April 2024, there were 300 designated trauma facilities, down from 302. Most applications were for Level IV designations (26 of 33 total). Two new In Active Pursuit (AIP) recognitions were made, with eight AIP facilities.	Director Klein will forward a copy of the grant opportunity to Dr. Tyroch.	Incomplete	

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	The department processed 53 trauma designations: 48 renewal and 5 initial designations. Forty-two of those were contingent designations. Mrs. Stevenson 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 Performance Improvement and Nursing Documentation as ever-present deficiencies. She shared the actions the department is taking to help trauma programs be successful and encouraged attendees to sign up for GovDelivery notifications: • Level I/II Trauma Facility monthly calls began in January 2024 • RAC Chairs and EDs invited to monthly facility calls • Trauma meeting calls are now on the GoToWebinar platform 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 remained the same at 188. There are only 43 facilities left that need to redesignate at the newly defined levels. Most applications were for Primary Level III designations (27 of 34 total). **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	Information only; no actions required.		

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	41 days for non-contingent designations, 57 days for contingent designations, and 21 days for stroke designations (very few contingent stroke designations). She added that some take longer because there are so many contingencies, and by the time the department can schedule a call with the facility to let them know what their deficiencies are and why they're receiving a contingent designation and then provide their documents to them, it takes additional time; therefore, the goal for contingent was moved to 60 days. Mrs. Stevenson noted that a facility's failure to submit remittance negatively impacts the turn-around time. ***Council Comment:*** *Dr. Tyroch inquired about the monthly attendance on the stroke calls, and Mrs. Stevenson reported great attendance with a lot of stakeholder participation and discussion.* **EMS System Update** Joseph Schmider, State EMS Director, updated the EMS activities since last quarter. **Senate Bill 8** Mr. Schmider stated that monthly reports from the RACs indicate that 2,811 scholarships have been given out, totaling $15,055,200 million in scholarships statewide. Scholarships have been awarded in each of the 22 RACs. Since 10/1/22, 8,052 new personnel have been added to the system. In 2019, there were 68,461 certified personnel in Texas, and there are currently 76,526 certified personnel, which is more than pre-COVID. He added that the challenge will be keeping those newly certified people.	Information only. No actions required.		

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	Scholarships end December 2024. Both the RACs and EMS/TS have resources available for Texas EMS recruiting campaigns. ***Council Comment:*** *Mr. Matthews shared his appreciation for Mr. Schmider's leadership in this campaign. He added that the increase in personnel numbers is "staggering," especially following the "hemorrhaging" of field staff right after COVID. Mr. Matthews commented that the campaign model is one that other states are looking at and reiterated his appreciation for all the hard work of Mr. Schmider and his staff.* ***Council Comment:*** *Dr. Ratcliff stated the campaign has been "wildly successful" and asked Mr. Schmider for advice for helping to continue the success even without the funding? Mr. Schmider stated the scholarships provided an opportunity for those who couldn't upgrade current certifications due to cost. He added that additional funding has been requested. Mr. Schmider encouraged all to use the resources provided through the project, such as the graphics, sound bites, and other related media, to foster interest through recruitment campaigns. Additionally, Mr. Schmider stated that the people in the field are the best advertisement for EMS – the community sees what EMS personnel do every day, good or bad.* ***Council Comment:*** *Dr. Remick echoed the appreciation shared and asked if the department was tracking the number of certified personnel within the 76,000 certified who are active in the pre-hospital workforce. She mentioned that during COVID, she recalled hearing that only 50% of EMS personnel were active. Mr. Schmider responded that with the new version of NEMSIS, there have been some issues getting all of the data, but once everything is back on track, that number can be provided.* ***Council Comment:*** *Mr. Salter asked if organizations such as TETAF had sought to build a coalition to back additional legislative funding efforts. Mr. Schmider responded that the Texas EMS Alliance was looking into that effort*	Information only. No actions required.		

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	and that he'd like to see first responder organizations included since they are usually first on scene in rural areas. **Rule Update** The department opened Texas Administrative Code 157.11 to include SB 2133 language on Dialysis Transports, correct local government insurance amounts to $100,000/$300,000, and state that ambulances must carry 25 triage tags or participate in the RAC triage plan. ***Council Comment**: Mr. Salter stated that EMS directors receive letters from dialysis centers as part of their licensing requirements, and they have consistently included the priority statement from the last legislative session in every letter and meeting with them. This is due to the dialysis transports being a significant concern for these centers.* ***Council Comment:** Mr. Salter expressed his concern about eliminating triage tags due to the potential risks of disasters affecting digital connectivity, stating triage tags serve as a failsafe mechanism, and the cost of 25 per ambulance is a minimal expense. Dr. Ratcliff agreed and suggested a general understanding that the tag doesn't have to be a rectangular tag with tear-off strips; it can be a unique identifier with a severity designation.* **NEMSIS EMS Activations Dashboard** The National Emergency Management System (NEMSIS) has developed dashboard with a map that updates every two weeks at the national level, providing data on EMS activations. NEMSIS gets 75% of the records within a couple of days – the CDC uses this resource. This data comes from patient care records sent to NEMSIS. Mr. Schmider shared a graphic detailing heat-related EMS activations and stated there was one on overdose responses as	Information only. No actions required.		

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	well. He added that the map is useful for tracking trends around the country and by state. ***Council Comment:*** *Dr. Tyroch commented on how the map shows areas where migrant crossings occur, such as Hudspeth County, and how there were six heat-related migrant deaths the week prior.* ***Council comment:*** *Dr. Ratcliff queried attendees by a show of hands how many of their agencies or emergency departments were prepared to do ice water immersion colling for heat stroke – roughly one third responded affirmatively. He added it might be a good addition to the Summer EMS/Trauma Systems newsletter.* Heat-related Resources were shared by Mr. Schmider: ***NEMSIS Dashboard****:* https://nemsis.org/ ***STRAC Heat-related resources:*** https://www.strac.org/?s=heat ***NASEMSO Guidelines:*** https://nasemso.org/wp-content/uploads/National-Model-EMS-Clinical-Guidelines_2022.pdf **OOH-DNR Education Opportunity** Mr. Schmider reported that the department now has an out-of-hospital DNR (OOH-DNR) education presentation for EMS personnel. Adrienne Kitchen developed the presentation, which is geared towards EMS personnel in the back of the truck. The video is an opportunity for CE and will be included in the department's newsletter. **NEMSIS 3.5** Mr. Schmider reported that the Registry team is working on getting everyone on board with NEMSIS 3.5. However, 150 organizations need to contact the Registry to update their business agreements in the data system.	Consider heat-related article in Summer 2024 newsletter.	Complete.	

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	The trauma data set will close on July 1, 2024, and the EMS data set for 2023 will close on August 1st, 2024. The RACs have been notified regarding the entities not submitting data. After July 1, the state will make contact with the entities not onboard or not submitting, and a notice of violation will be issued, requiring a written plan of correction to move forward. There has been progress with 136,000 records submitted to NEMSIS in a 24-hour period this week. **HIPAA** The Office of Civil Rights has introduced new rules for police officers to obtain PHI effective June 25th, 2024. Providing patient information without a court order will result in a HIPAA violation. Joe will send the information out. ***Council Comment:*** *Mr. Matthews commented that EMS is not well-versed in subpoenas for medical records, as patients can deny their records' release unless a judge signs the subpoena. He added that this is something that has been focused on and encouraged entities to consult their legal department. Mr. Salter echoed the concern with conversations that occur at the scene of an event between coordinating entities (fire, EMS, law enforcement), adding that a patient's name is part of PHI.* ***Council Comment:*** *Mr. Salter shared his concern over the new OSHA rules and how they will impact the business of EMS.* Mr. Schmider thanked Dr. Sharon Malone for her service to the state as the state medical advisor and shared that Dr. Malone was recognized at the National Association of State EMS Officials (NASEMSO) meeting for representing Texas at the national level.	Mr. Schmider will provide additional information on the final rule on HIPPA and PHI requested by law enforcement.	Complete.	

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6.b. EMS and Trauma Registry	**6b. DSHS Texas EMS and Trauma Registry Update - Jia Benno, Office of Injury Prevention Manager** Ms. Benno stated the 2023 trauma data set would be closing on July 1, 2024, and the 2023 EMS data set would close on August 1, 2024. She asked EMS agencies to confirm if they have completed and submitted their 2023 data or if they have a business associate agreement (BAA) on file. If they submit through a vendor, they can contact the injury inbox at injury.webthatdshs.texas.gov for assistance. **Emergency Medical Services (EMS) Non-Fatal Drug Poisoning Data 2019-2022** **and Texas Overdose Data to Action (TODA)** Ms. Benno presented on Emergency Medical Services (EMS) Non-Fatal Drug Poisoning Data for 2019-2022. She advised that The Emergency Medical 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. Ms. Benno provided definitions and methodology notes relevant to the presentation: • EMSTR is a passive surveillance system, and each hospital is required to independently submit a patient's record. • This report includes data from 2019-2022 since 2023 data has not been closed out yet.	Informational only. No action items were identified for the Council.		

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	• Per epidemiology best practice, EMSTR suppressed data when there were fewer than five records to protect identifiable data, noted with an asterisk (*). • This report followed the NEMSIS inclusion criteria. • Fatal drug poisonings were excluded from this presentation. **Inclusion Criteria for Non-fatal Drug Poisonings** Non-Fatal drug poisoning criteria include primary symptoms, other associated symptoms, and provider's impressions. ICD-10 codes are used to identify poisonings, opioids, cannabis, sedatives, stimulants, cocaine, hallucinogens, inhalants, and other psychoactive substances. Protocols used include general overdose, beta-blocker poisoning, calcium channel blocker poisoning, opioid poisoning, and stimulant poisoning. **Inclusion Criteria for Non-fatal Opioid Drug Poisonings** The criteria for non-fatal opioid drug poisoning include primary symptoms, other associated symptoms, and provider's impressions, and include ICD 10 codes for opioids, heroin, opioids, methadone, synthetic narcotics, and other narcotics. ICD 10 codes are used to identify primary symptoms, associated symptoms, provider's impressions, and secondary impressions associated with opioid abuse, dependence, or use. The protocols utilized were medical opioid poisoning or overdose. **2019-2022 Non-Fatal Opioid Drug Poisoning EMS Data** **All Non-Fatal Drug Poisonings** • **EMS Responses by Year**	Informational only. No action items were identified for the Council.		

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	From 2019 to 2020, there was an increase from 45,433 to 64,789 in EMS responses to drug poisoning, but from 2020 to 2022, there were approximately 55,000 EMS responses annually. • **EMS Responses by Race, Sex, and Age** About 50% of responses were white, about 22% were Hispanic or Latino, and about 22% were black or African American. Looking at it by sex, about 59% are male and 41% are female. The majority are occurring in the 15 to 44 age group, with the highest number in the 25 to 34 age group. • **EMS Responses by RAC** The highest number occurred in RAC E, the Dallas Fort Worth area, followed by RAC Q, the Harris County area, and then RAC O, the Austin area. • **EMS Average Response Time by Setting and RAC** Overall, the response time for nonfatal drug poisonings is slightly over 9.33 minutes. It's slightly higher in rural areas, at 12.34 minutes than in urban areas, at 9 minutes. Not reported or unknown settings are 14.48 minutes. Response times range from 7.2 minutes (RAC T) up to about 14.6 minutes (RAC H), with response times higher in rural areas than in urban areas. • **EMS Responses by Hour and Month** When looking at it by hour of the day, there are more responses between 7 PM (10,337) and 10 PM (10,233), with the lowest at 5 AM (3,612). By month, there aren't too many differences by month in the year, a little bit less in January and February. Overall, there are 13,000-16,000 per month. • **All Non-Fatal Drug Poisoning EMS Responses by Year and Setting**	Informational only. No action items were identified for the Council.		

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	Over 90% occur in urban areas of Texas compared to rural areas, but there are no real differences by year when looking at all nonfatal. • **All Non-Fatal Drug Poisoning EMS Responses by Narcan Administration** Narcan was administered for nonfatal drug poisonings 9% of the time. **2019-2022 Non-Fatal Opioid Drug Poisoning EMS Data** • **EMS Responses by Year** Ms. Benno reported a dramatic increase in the number of opioid-related nonfatal drug poisoning EMS responses from 5,000 in 2019 to almost 10,000 in 2022. When looking at all non-fatal drug poisonings in 2019-2022, opioid-related drug poisonings increased from 11% of all non-fatal drug poisonings in 2019 to 17% of all non-fatal drug poisonings reported in 2022. • **EMS Responses by Race, Sex, and Age** About 54% of responses were white, about 22% were Hispanic or Latino, and about 13% were black or African American. 64.2% of EMS responses for non-fatal opioid drug poisons were for males and 35.5% for females. Ages 25-34 age group had a significantly higher number of responses at 9,052, followed by the 35-44 age group at 6,429. • **EMS Responses by RAC** RACs E (Dallas area) and Q (Houston area) have the highest number of responses, followed by O (Austin area), and then P (San Antonio area). • **EMS Average Response Time by Setting and RAC**	Informational only. No action items were identified for the Council.		

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	The opioid-related non-fatal drug poisonings have lower response times when compared to all non-fatal drug poisonings. Overall = 7.94, Rural = 9.98, Urban = 7.79. Ms. Benno reported impressive times across RACs, ranging from 6.15 (I) to 12.32 (H). • **EMS Responses by Hour and Month** The greatest number of responses occur between 7 PM and 10 PM. January and February see the least, but overall steady the rest of the year. • **EMS Responses by Year and Setting** The increase in opioid-related non-fatal drug poisoning is occurring in the urban areas, from 4,683 in 2019 to 9,018 in 2022. • **EMS Responses by Narcan Administration** Ms. Benno stated EMS should be administering Narcan when they suspect opioid drug poisoning; the data shows this is only occurring about 33% of the time. She wondered if this was a question of access to Narcan or education and stated it could be an area to look at in the future. When looking at Narcan administration across rural and urban settings, there is not much difference in the percentage of times Narcan is administered. The majority of RACs are not administering Narcan most of the time; however, RACs P and T are administering Narcan more times than not. **Texas Overdose Data to Action (TODA)** Ms. Benno provided an overview of the project. The CDC has awarded a 5-year grant opportunity to this project focusing on fatal and non-fatal drug poisonings, aiming to use data to drive prevention activities across the state.	Informational only. No action items were identified for the Council.		

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	Three surveillance strategies were discussed: infrastructure, morbidity, and mortality. Infrastructure involves hiring staff, accessing data, and IRB applications. Morbidity involves collecting data from EMS, hospitalization, billing, and justice of the peace reports. Mortality surveillance includes death certificates, justice of the peace reports, toxicology reports, and medical examiner reports, similar to the national violent Death Reporting System program. Ms. Benno shared the prevention strategies that she felt applied to GETAC and the EMS/trauma community. Strategy six focuses on provider education on pain management, screening, and diagnosis of substance use disorder, with universal screening in the ED and linking people to care. Strategy seven focuses on public health and public safety partnerships, working with EMS providers and law enforcement, and focusing on community, paramedicine, and Narcan administration and training. Strategies eight and nine are harm reduction and community-based linkage to care, using patient navigators to connect people to services. Ms. Benno's team is collaborating with the Texas A&M Public Policy Research Institute to conduct a landscape analysis to identify drug poisonings, their causes, and resource gaps. The data will be collected and disseminated, and a dashboard will be created for the website to identify additional data points, collaboration opportunities, and gaps in services and resources. RACs E and Q are also individually funded by the grant opportunity (OD2A). Ms. Benno encouraged those not already working with the OD2A groups in the Dallas and Houston areas to reach out to her and she'd get them connected.	Information only. No actions required.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	Public Comment: *Dr. CJ Winckler, chair of the GETAC EMS Medical Directors Committee, asked for more in-depth information on the response times, such as respiratory difficulty. Ms. Benno stated she could look at that.* ***Council Comment:*** *Mr. Salter asked if this data came from a prehospital primary impression of overdose, and Ms. Benno responded in the affirmative. Council Comment: Mr. Salter stated there are other parameters that factor into the decision to provide Narcan and asked Ms. Benno's thoughts on the data. Ms. Benno responded that if there is a suspicion of opioid overdose, then hopefully, Narcan would be given. She added that if there is a response area that had different protocols, that would be good to know for the data. Dr. Tyroch stated Narcan may not be automatically given and that it likely depends on the level of consciousness and respiratory rate. Dr. Ratcliff commented that a lot of Narcan is administered by law enforcement colleagues prior to EMS arrival and asked if that data would be captured if it's documented in the EMS report; Ms. Benno responded in the affirmative. Mr. Matthews commented that his agency sees Narcan as an airway drug and only given when that is compromised or there is an altered level of consciousness and suggested the those be part of the data query for a better picture of missed opportunities. He added that he greatly appreciates the data that the team brings to GETAC and the conversations that it brings to the table.* **Dr. 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.	Information only. No actions required.		
7.	**GETAC Committee Reports**			

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
7a. Air Medical and Specialty Care Transport Committee	*Webcast recording timestamp for GETAC Committee Reports is 1:24:09.* **Air Medical and Specialty Care Transport Committee (AMSCT), Lynn Lail, RN, Chair** Cherish Brodbeck, the committee vice-chair, presented a wrap-up on the committee's 2023 priorities: **Emergency Preparedness & Response** 1. Safe & Effective Statewide Ground-to-Air Communication - Created frequency resource document reflecting current regional channels in use. This living document was presented to other GETAC committees for feedback. Will bring document to GETAC in August. 2. Finalize/Materialize the Air Medical Strike Team (MIST) Concept & Process - Continued collaboration with EMTF leadership, resource document to be presented and utilized within EMTF structure. **Prevention** 1. Statewide Educational Campaign to Mitigate Risks for Air Medical Transport – LZ Presentation complete. Requesting to be placed on Q3 council agenda. ***Council Comment:*** *Mr. Salter, council liaison to the AM&SCT Committee, commented that the intent of this presentation was to be a template for RACs or programs to personalize. Ms. Brodbeck added that this is intended to be a resource document only, not a mandate, and can be modified to fit the needs of different parts of the region.* **System Integration** 1. Real-Time Status Reporting, by all Air Medical Providers, in all 22 Regions of the State - Collaboration with Juvare to ensure all TX air providers' CAD systems are "talking" to the nationwide system being			Add communication document to AUG Agenda

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	created. Approximately 90% of air agencies are complete. Anticipated completion date prior to Q3 GETAC meeting. Action Item for GETAC: The LZ presentation was shown to the GETAC council. Ms. Brodbeck stated Christus has agreed to provide CE for this education. ***Mr. Salter motioned that the Landing Zone Training Course PowerPoint offered by the Air Medical Specialty Care and Transport Committee be adopted and approved for placement on the state website and distribution to the RACs"; Mr. Lail provided the second. The motion was approved.*** Mr. Schmider asked for permission to "jazz" it up – Ms. Brodbeck approved. Dr. Ratcliff requested that there be a slide that states, "This presentation is not a substitute for training with your local agency." **2024 Priorities** Ms. Brodbeck stated the committee has defined the workgroups for the priorities and provided a brief overview of the priorities. 1. Pediatric airway management: Looking at first pass success of intubation for the pediatric population and working towards improving care for those pediatric patients across the state. 2. Education: Looking at state trooper education and working with them on requesting an air medical resource. 3. Mental health awareness that's specific to helicopter crew.	Mrs. Kitchen will finalize LZ presentation before dissemination to RACs and posting to GETAC webpage. No additional action items were identified for the Council.	Incomplete	Continue quarterly report to Council.
7b. Cardiac Committee	**Cardiac Care Committee, James McCarthy, MD, Chair** Dr. McCarthy was unable to attend due to a meeting conflict but provided a written report to Council.	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
	2024 Committee Priorities • Partner with DSHS to identify cardiac data elements currently available in the National Emergency Medical Service Information System (NEMSIS) to generate a report to identify gaps in prehospital emergency care statewide. (Coordinated clinical Care/EMS): Activities in progress refining DSHS request for ongoing collaboration – further discussion about data elements. • 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 – now pending GETAC PI decision on in will be included as a topic to explore for CCC to continue to work on. • Telecommunicator CPR (Coordinated clinical Care/EMS): To review North Central RAC survey tool on Telecommunicator CPR • 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. Revised Data request in progress. **Action Item** Data requests • Out of Hospital Cardiac Arrest • Dwell time in EDs for cardiac emergencies requiring transfer for higher level of care. • ***Council Comment:*** *Dr. Ratcliff questioned why not use the Texas CARES data that is already available. Mr. Schmider stated the state registry is more dispersed across the state, whereas CARES may be a*			

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	limited data set and not reflective of what's happening throughout Texas. Dr. Ratcliff responded that it would be good to compare the two and encouraged the Cardiac Care Committee to tie the data review to outcome. ***Dr. Ratcliff motioned to move the data requests forward: out-of-hospital cardiac arrests and dwell time in EDs for cardiac emergencies requiring transfer for a higher level of care. Dr. Remick provide a second. Approved.***			
7c. Disaster Committee	**Disaster Preparedness and Response Committee, Eric Epley, NREMT, Chair** Mr. Epley provided an update on the committee's activities and discussions. The committee reviewed a report from Sarah Jensen from the EMTF State Coordination Office on response and training efforts over the last quarter. The committee discussed heat emergencies and the use of temp bags and MCI plans used by some regions. The TDEM meteorologist provided a briefing on the hurricane season forecast, which is expected to be one of the busiest on record. The committee also discussed the wristband and Pulsara. There have been 78,000 entries in May alone. To date, 120 MCI instances have been created in PULSARA and utilized. A new practice tool was developed by STRAC to help people build muscle memory by scanning a driver's license with a Texas wristband and EMS wristband with a barcode. This one-page resource document can be used to teach registrars or clerks at hospitals how to use the Pulsara tools effectively. **Prehospital Whole Blood Task Force** The prehospital whole blood task force met on Tuesday, 6/11/24, 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 report to Council.

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	• AABB and AHRQ Draft rules re: Prehospital Whole Blood are out for comment. It was suggested that one comment document be submitted from the task force instead of individual comments. • Walking Blood Bank Discussion: Learn how to effectively and safely conduct a walking blood bank at a smaller hospital for immediate use. • Blood Center Donor challenges: Concern over whole blood continuing to deplete their pool of regular donors and the impact that could have on the regular blood supply system. • Rotation Systems: focus on finding Level I trauma centers in the state willing to serve as a rotation site and get a champion surgeon who will push that and then work to develop rotation systems with that Level I trauma center and the blood center of that area. The more blood a trauma center uses, the more units you can put in the field, and STRAC has 56 units of blood every day in the field consistently just from one rotation center and with less than 1% wastage. That that's the model we could do at every Level I trauma center in the state. • Inviting the ACS COT north and south chapter chairs to the next meeting. Council Comment: Dr. Ratcliff asked if the task force was going to identify why the larger trauma centers are not using whole blood. Mr. Epley stated there were challenges associated with going between whole blood every day and randomized component therapy, but added there is a growing body and much literature to support it. **Action Items** No action items at this time.			Add Whole Blood Task Force as agenda item.

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
7d. Emergency Medical Services Committee	**Emergency Medical Services Committee, Kevin Deramus, LP, Chair** Mr. Deramus was unable to attend due to a scheduling conflict James Campbell, EMS Committee vice-chair, provided a report to council. The EMS Committee stroke work group provided input to the Stroke Committee and approved the proposed Stroke Committee recommendations with a vote. Once Don Janes can verify the work to ensure the finalized document includes the revisions the work group approved, the Stroke Committee can move forward with that item. The committee discussed the potential impact of artificial intelligence (AI) on public safety departments and their direct impacts on the EMS professions. Ms. Heather Benoit, Executive Director of Innovations from SGR, presented a comprehensive overview of AI, including five types and the strengths in government, as well as weaknesses and threats. The committee plans to continue discussions to ensure awareness of AI's strengths, weaknesses, and threats in EMS and fire. The presentation emphasized the need for continued awareness and collaboration in the field. The committee received updates from DSHS, Eric Epley with the Prehospital Whole Blood Task Force, Dr. Remick with the System PI Task Force, and Michael Mock with an overview of the FAA reauthorization and its potential impact on the EMS community. Mr. Campbell provided an update on the 2023 priorities: • Hall time white paper was completed and posted on GETAC webpage.	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
	• Safety and security of EMS personnel is still in progress, with discussions on personal safety at volatile scenes. The committee completed a white paper on the use of red lights and sirens. • Discussions/preparations for active shooter/MCI incidents are ongoing. Presentation regarding the Allen, TX, mall incident provided a "lessons learned" opportunity. Continuing to work with Pulsara to improve system response demonstrations and implementation. The committee reviewed the Israeli response to Hamas for best practices with a video presentation that came forward from Israel and pushed that out to the agencies across the state to show how Israel EMS handles mass casualty response. Mr. Campbell reported Jim Jones will be stepping away from the committee. **2024 Recommended Performance Measures included the following:** 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** No action items at this time.	Mrs. Lee will remove Jim Jones from committee docs.	Incomplete	

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
7e. EMS Education Committee	**EMS Education Committee, Macara Trusty, LP, Chair** Mr. Schmider a brief update. The committee reviewed education rules and would like to hold a couple of webinars with stakeholders to review the concepts. Council supported the request. **Action Item** No action items at this time.	No action items were identified for the Council.		Continue quarterly report to Council.
7f. 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. The committee discussed prehospital blood and what the EMS medical director can do to facilitate it. Dr. Winckler discussed a white paper he provided in 2018 on how prehospital balanced blood-based resuscitation is the best thing for patients in hemorrhagic shock, whether from trauma or medical, and the possibility of the committee drafting a document on the topic to provide guidance for colleagues not familiar with prehospital blood. Dr. Winckler reported the committee discussed burnout and the dangers of red lights and sirens. The committee also discussed wall times in hospital emergency departments (ED). Dr. Winckler commented that the excessive time spent waiting on the transfer of care in the ED affects the contract that providers have with taxpayers to have a unit in service for them in their service area; he emphasized the service area is not the wall at the hospital. **Action Item** No action items at this time.	No action items were identified for the Council.		Continue quarterly report to Council. Add Stroke Committee to EMS MD Q3 agenda.

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
7g. Injury Prevention & Public Education Committee	**Injury Prevention & Public Education (IPPE) Committee, Mary Ann Contreras, RN, Chair** Ms. Contreras presented an update on the committee's 2024 priorities and activities. **2024 Committee Priorities** 1. Identify data-driven opportunities to reduce the burden of fall injury and death: Data analysis is pending. Mrs. Contreras thanked Ms. Benno for the data provided. 2. Compose the Spectrum of Prevention/best practice paper for secure firearm storage utilizing effective methodologies, including applicable resources and evidence-informed strategies: The committee work group met in April for a workday to add resources to the Spectrum of Prevention paper. 3. 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: The committee work group met in April for a workday to add resources to the Spectrum of Prevention paper. Mrs. Contreras reported that the Spectrum of Prevention paper should be complete by Q3 meeting. *4.* Increase the number of certified Child Passenger Safety Technicians in Texas: Mrs. Contreras reported that initial data for Texas indicates there is roughly one technician to every 2,557 children and provided a QR code for those interested in participating in a series of workgroup roundtable meetings (virtual). *The timestamp on the webcast recording for the QR code is 2:16:29.* **Action Item**	No action items were identified for the Council.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	No action items at this time.			
7h. Pediatric Committee	**Pediatric Committee, Christi Thornhill, DNP, Chair** Ms. Thornhill provided an update on the committee's 2024 priorities and activities. The pediatric committee voted to approve the three pediatric simulations (NAT, Respiratory, and Abdominal Trauma) and to move them forward to the GETAC Executive Council. Additionally, the committee requests that the simulations be posted to the GETAC webpage following final formatting. The committee will continue to work on additional simulations, with five by the Q3 meeting and the remainder by the Q4 meeting so that they can all be in place when new trauma rules take effect. ***Mr. Salter made a motion to approve the three scenarios (NAT, Respiratory, and Abdominal Trauma) provided by the Pediatric Committee. Dr. Remick provided the second. Motion passed. Approved***. The committee will clean up the simulations to look like the ImPACTS booklets and request they be posted on the GETAC website; they'll also be on the Texas Emergency Nurses Association (ENA) website. The committee will develop a rolling calendar to review the resources on its webpage every three years to ensure they remain current. The head injury toolkit is expected to be completed and ready for a vote at the Q3 meeting. Ms. Thornhill shared that Sam Vance reported that the Texas Pediatric Readiness Project assessment has had good participation so far with 156 EMS (14%) agencies responding. She added that Ms. Snow reported that there were 30 regional pediatric emergency care coordinators (PECCs) on			Continue quarterly report to Council.

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	board with the Texas Pediatric Readiness Quality Improvement project, representing 21 of the 22 RACs, and they're working with over 146 hospital emergency departments (EDs) in Texas to assist with improvement in their pediatric readiness. Ms. Thornhill stated the regional PECCs conducted over 80 simulations and are working with ED leaders to complete their national pediatric readiness assessment. The regional PECCs are assisting with action plans to close gaps and improve pediatric readiness scores. The goal is to identify and train hospital PECCs to take over the simulation. They have reported success with emergency departments identifying hospital-based PECCs, and many of the RACs have provided funding to purchase mannequins for hospitals to facilitate the simulation. This initiative aims to improve pediatric readiness scores across the region. The pediatric readiness improvement Virtual Webinar series began in January of 2024. The webinars are presented live on the 2nd Thursday of every month at 7:00 AM, and they are recorded for future viewing and offer CE with that future viewing as well. **Action Item Request:** The committee requests data from the EMS registry, looking at out-of-hospital cardiac events by age and location and then broken down by those that had a return of spontaneous circulation (ROSC) and fatalities. Ms. Benno stated that the Registry would provide data related to pediatric cardiac arrest EMS responses at a sports field or school, but not at a sports-related level of specificity. Mr. Schmider requested that the Cardiac Committee and Pediatric Committee combine their requests. ***Public Comment:*** *Mrs. Rose commented that the CARES registry can offer information as well, especially outcome data.*			Quarterly beginning June 2024, then August 2024 and November 2024. Add to Q2, Q3, and Q4 council agendas.

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	Dr. Remick made a motion to approve that the data analysis of pediatric out of hospital cardiac arrest in schools and sports fields. Mr. Salter provided a second. Motion passed. Approved. Texas Pediatric Readiness Project Dr. Remick provided an update on the project. The EMS Pediatric Readiness Education Series provides free CE for the webinars. CE provided by TETAF. The project is able to get an attendance breakdown for each session that indicates RAC, PECC representation, designated trauma center levels, and state. Present data demonstrates a large percentage of attendees who self-identify as a PECC and a high participate among Level IIIs and IVs, which was the intention. Dr. Remick provided some stats on the National Pediatric Readiness Quality Improvement: 33 sites in Texas have registered, many of the measures align with new trauma rules (i.e., pain assessment, GCS assessment, vital signs, and suicide screening for children 12 and older). The national geographic breakdown shows 1/3 rural and about 45% URBAN. To date, almost 10,000 pediatric patient records have been entered into the national system for the purposes of benchmarking. *QR codes for more information and to register for NPRQI can be found at webinar recording timestamp 2:35:31.*	No additional action items were identified for the Council.		
7i. Stroke Committee	**Stroke Committee, Robin Novakovic, MD, Chair** Dr. Novakavic provided an update on the committee's Q2 activities. The committee reviewed presentations from Dr. Remick with the System PI Task Force and with Director Klein and Mrs. Stevenson from DSHS with an update on acute stroke-ready facility rules. Dr. Novakovic reported the committee reviewed the Texas quality performance report for stroke. The committee shared the performance measures outlined by Get With The Guidelines	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
	(GWTG) with the Texas Council of Cardiovascular Disease and Stroke. One of the things that the committee recognized in the GWTG measures is there may be a difference between the data that is recorded there and what may actually be happening in the field, so the committee is requesting the Council's approval for data from the Texas EMS Registry. The data requested is the percentage in raw numbers of transports where a stroke screening tool is used, the stroke severity tool that's performed and documented, the type of stroke severity tools that are used, and the pre-notification for patients suspected of having a stroke. Ms. Benno confirmed those variables are available. ***Mr. Salter moved to support the data request. Dr. Ratcliff provided the second and added that it might be beneficial to start with patients where the primary/secondary impression that might indicate stroke (altered mental status, dizziness, paralysis) to narrow down results. Motion was approved.*** **ASA Mission Lifeline Prehospital Stroke Algorithm** ASA Mission Lifeline Prehospital Stroke algorithm was presented to EMS and EMS Medical Director Committees and RAC leadership. EMS Medical Directors deferred approval until 08/2024. **Stroke Facility Infrastructure Recommendations** The stroke facility and infrastructure requirements were discussed. The Stroke System of Care (SSOC) Work Group is outlining best practices and recommendations to present to the Stroke Committee. SSOC Work Group will review Brain Attack Coalition (BAC) guidelines and alternatives and make recommendations to the Stroke Committee on 08/24. **Pediatric Stroke Task Force**			

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	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 submitted to the Pediatric Committee with a plan present at their Q3 meeting. The algorithm was reviewed by Air Medical, and a request for revisions was submitted to the Task Force. The next steps are determining minimum capability recommendations for pediatric hospitals to be recognized as capable of caring for pediatric stroke. Dr. Novakovic requested the GETAC council's recommendation on language when referring to hospitals recognized as capable of caring for pediatric stroke. Dr. Tyroch opened it up for discussion. Director Klein stated the trauma and stroke rules do not provide for pediatric designation. She added the facility can be recognized as a stroke facility with pediatric capabilities, similar to trauma facilities; if verified by the ACS, it can claim to be a pediatric trauma facility, but designated as a trauma facility in Texas. Dr. Novakovic sought input on the patient age aspect of the triage algorithm with regard to treatment at comprehensive stroke centers. She added the goal was to give flexibility but also help facilitate the triage discussion in the RACs. Hoping to bring back in August for approval. **Interfacility Stroke Terminology** Dr. Novakovic reviewed the revisions shared by other GETAC committees. Hoping to bring back in August for approval. **DIDO Performance Recommendations**			Add to Q3 Council agenda Add to Q3 agenda

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	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. **Establish Research Opportunities** Working on a Texas study looking at the benefits of a standardized education or stroke screening and stroke management in the pre-hospital setting. **Texas EMS Stroke Screening Survey** This survey is intended to understand what our current state of practice for large vessel screening stroke screening is, what is the current state of education and how confident do our EMS providers feel and working up stroke in the field. Approved by all but EMS Committee. RACs agreed to disseminate. Dr. Tyroch asked who would be completing the surveys. Dr. Novakovic advised EMS personnel, medical directors, advanced practice providers, RNs, anyone that's really involved with EMS and prehospital care. Dr. Ratcliff shared concern that the individual completing the survey needs to be knowledgeable of the data. Dr. Tyroch and Mr. Matthews stated it would be better to send though DSHS. Mr. Schmider stated that department staff would work with Dr. Novakovic to send out the survey (3:00:08). Dr. Novakovic stated this survey was a segue into the research project on standardized education. ***Dr. Tyroch asked for a motion to approve: Mr. Matthews moved to approve, and Mr. Salter provided a second. Motion passed.*** **Rural Stroke Work Group**	Mr. Schmider and staff will meet with Dr. Novakovic to work out survey details.	Incomplete	Add to Q3 Agenda Add to Q3 agenda.

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	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 3:03:11.	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 Level IV trauma centers, Dr. Flaherty shared the committee's Q2 Trauma Spotlight facility: St. David's N Austin Medical Center and Children's Hospital • The hospital has 441 beds and 32 ED beds. • Despite not routinely treating severe trauma, the hospital faced a car crash involving the hospital, resulting in one DOA and multiple casualties. • The hospital used the AMBUS and transferred some patients to a sister hospital. He stated they continue 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 will continue with 2023 workgroups to assess the rural trauma gap and transfer delays. This will be one of the performance improvement measures with the state PI task force. The committee will continue to facilitate RAC communication and the rules process and seek to educate facility leadership in the Level III and Level IV hospitals about what it really means to lead a trauma center at that level. Additionally, the committee will monitor the trauma center designation process and	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
	gains/losses. Dr. Flaherty said despite little movement in the numbers, it's worth a deep dive into the impact those gains/losses have on the system. Dr. Flaherty reported that there is activity from the OIG regarding trauma activation fees. The national COT is actively monitoring the situation. The funding workgroup will monitor and report quarterly. The proposed trauma rules state that Trauma Medical Directors (TMDs) must privilege non-surgeons who manage injured patients. TMDs are responsible for ensuring surgeons have the appropriate credentials and training. However, there is a growing trend of patients staying on non-surgical services for longer periods, with more care being managed by non-surgeons. The committee will begin working on guidance for the trauma medical directors, relying heavily on the TQIP best practice guidelines. There was robust discussion on the transfer data the committee is reviewing. **Action Item** None identified at this time.	No action items were identified for the Council.		
8.	**Texas System Performance Improvement (PI) Plan and PI Task Force**			
Update	Dr. Kate Remick, the task force co-chair, provided an update on the final eleven measures selected through a Delphi process. The final review will be held during two virtual sessions on June 17 and 24. The goal is to have the top three to five measures for council at the Q3 meeting.	No action items were identified for the Council.		Q3 GETAC Council agenda
9.	**Burn Care Task Force**			

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	Dr. Tyroch stated burns are trauma, but they don't really have a voice at this level at the Council or the Trauma System Committee. He added that Director Klein and Mrs. Stevenson have reported surveys indicate issues with how the patients are being managed and transferred to the burn centers. Dr. Tyroch stated that the task force would include Mike Clements as lead, Dr. Ratcliff, Dr. Flaherty, Director Klein, Mr. Matthews, himself, and a few other burn care representatives.			Planning meeting – July 24.
10.	**Proposed Trauma Rule Amendments**			
	No additional updates.			
11.	**Executive Council Activities**			
	Pediatric Simulation approvals will fall to the Executive Council members Dr. Tyroch, Ryan Matthews, and Dr. Malone.			
12.	**Action Items**			
	AM&SCT LZ Presentation approved.			
13.	**Stakeholder Presentation**			
	Texas EMS Trauma Acute Care Foundation (TETAF) Report Dinah Welsh, President/CEO of TETAF, expressed gratitude for being on the GETAC agenda, acknowledged its crucial role in working with patients and the state of Texas, and appreciated the opportunity to serve patients and support GETAC. She shared the following update on TETAF activities and priorities: **Advocacy** The board passed legislative priorities focusing on funding, particularly the $6.6 million state-appropriated for racks. The board appreciates the $150,000 increase and plans to work with the legislature to recognize the crucial role racks play in regional healthcare system delivery. Funding is the top priority.	Information only; no actions required.		Continue quarterly update to Council.

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	Priority two is discussing the funding for the trauma system, specifically the $3 billion in Uncompensated Trauma Care. When account 5111 was created, Kathy Perkins revealed that the number was $200 million in 2004. At the time, this seemed like a safe number to take to the legislature, but it is now up to $3 billion. The number of hospitals has increased from 200 to 300. The state has about $200 million allocated to trauma facilities for Uncompensated Trauma Care. This amount allocated has remained stable, but the requests and requests for funding continue to increase. Ms. Welsh reported Senator Huffman, Chair of the Finance Committee, has indicated a desire to look at these numbers and shared a commitment to working with legislators to acknowledge the significant burden hospitals experience with the impact of Uncompensated Trauma Care and work towards reducing this issue. The third priority is the development of a statewide perinatal database to improve patient care in neonatal and maternal care facilities, as the current system was created without real data. The goal is to identify areas for improvement in the system to improve care for mothers and babies in Texas. National reports show that maternal mortality rates are far inferior to other industrialized nations, and Ms. Welsh believes that a perinatal database could help address these issues. Priority four involves overall data collection. Ms. Welsh believes that data does improve systems of care, particularly regional systems of care, so she's looking to improve trauma, stroke, and cardiac regional data. Ms. Welsh reported that TETAF has a great lobby team they work with, and if there are any issues that TETAF could support, please reach out to her. Ms.			

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	Welsh stated they continue to be involved with the trauma rules and recognized the amount of work that Director Klein and her team put into the rules process. **Surveys – Trauma, Stroke, Maternal, and Neonatal** Ms. Welsh reported that TETAF currently provides surveys to Level III and Level IV trauma facilities at this time, as well as all levels of stroke and all but Level I neonatal and maternal facilities. The number of surveys continued at a steady pace for all survey service lines in the last quarter. Trauma and maternal continue to be the two busiest service lines, followed by neonatal and stroke. TETAF recently hired a part-time survey operations associate, Alexandria Anderson-Spivey, to assist with survey scheduling operations. **Education** Ms. Welsh shared her appreciation for the pediatric readiness educational opportunities. The next TETAF Hospital Data Management Course (HDMC) course will be in Fall 2024. Go to www.tetaf.org/hdmc to sign up and be notified of the next course. TETAF and Texas Perinatal Services continue to offer the Texas Quality Care Forum (TQCF) each month with topics focused on trauma, stroke, maternal, neonatal, and acute care, as well as EMS topics. The next TQCF is on Wednesday, July 17, at 10:00 a.m. CDT. This month, TETAF will offer CE for those who complete the forum and final questionnaire. Go to the TETAF website under Events to register via Zoom.			

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date

	TETAF and Texas Perinatal Services continue to offer exclusive, free educational opportunities to our hospital partners via Mighty Networks: www.tetaf-tps.mn.co.
	
	Collaboration
	Ms. Welsh reported TETAF continues to provide support to Texas TQIP.
	• A new Executive Committee has been named:
	  ○ Chair – Dr. Carlos Palacio, Trauma Surgeon at South Texas Health System, McAllen
	  ○ Vice Chair – Dr. Michael Wandling, Trauma Medical Director at Memorial Hermann Medical Center, Houston
	  ○ Vice Chair – Cassie Lyell – Executive Director of Trauma & Burn Services at University Health, San Antonio
	  ○ Member – Danielle Sherar – Executive Director of Trauma, Acute Care Surgery & Forensics at JPS Health, Ft. Worth
	  ○ Member – Anne Feeler – Trauma Service Manager-Registry at Parkland Health, Dallas
	• TETAF continues to provide all continuing education for the Texas Trauma Coordinators Forum and participates in their educational activities.
	• TETAF welcomes the opportunity to be a resource, support, and/or participate in any meetings to further build the trauma and emergency care network.
	
	Council Comment: *Dr. Tyroch asked how TQIP would disseminate the information to the Level I & II facilities so that the TQIP champions could participate. Ms. Welsh responded that the quarterly meetings are hybrid for maximum participation and that Dr. Palacio is working to get a regular*			

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	meeting schedule finalized. She said they are working on having an accurate contact list. Ms. Welsh mentioned there is a lot of value in meeting in person, but the challenge is pulling people together. Dr. Tyroch asked if all trauma centers were aware that the TQIP collaborative had been re-energized. Ms. Welsh responded that they should and that the meeting notices are going out to program managers and medical directors. Dr. Tyroch responded that he had not received one. Ms. Welsh stated they are working on cleaning the distribution list and may contract for administrative support. Ms. Welsh announced that on August 20, 2024, TETAF would host a gala celebrating 35 years of the Texas trauma system and honor those who have helped grow the system. Ms. Welsh reported that TETAF has created a new fund, TETAF Rural Trauma System Development Fund. TETAF recognizes the challenges of rural trauma in this state and wants to give back to those hospitals and areas that struggle to maintain Trauma Care in Texas. She Ms. Welsh added that this fund should not be confused with the state's fund. ***Council Comment**: Dr. Tyroch asked if TETAF talked about whole-blood funding. Ms. Welsh stated that is an issue that TETAF will get behind but not lead. She said there's definitely interest on the legislative front, but what that looks like and where the legislature can possibly provide funds is still in question.*			
14.	**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.		
15.	**Rural Priorities**			

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
Update	**Discussion: Rural Priorities** No discussion or update.	No action items were identified for the Council.		
16.	**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.		
17.	**Public Comment**			
Final Comment	June Ness Delgado asked if there was any consideration of bringing a maternal component to GETAC. Director Klein responded in the negative, adding that the Perinatal Advisory Council represents maternal and neonatal well. Drs. Remick and Tyroch have also integrated PAC members into the System PI Task Force. The list of those registered for public comment was read by Ms. Richardson (DSHS). Christine Reeves from RAC L announced the TCAA's Trauma Center budget and Finance Basic Course will be held on August 12th. She will send information to trauma program managers. She also announced that RAC L is now CENTEX RAC.			
18. Announcements	No additional announcements were made.			
19. Next Meeting Dates	• Quarterly Meetings: ○ Q3 – August 21-23, DoubleTree Hotel			

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	○ Q4 – November 23-25, 2024, in conjunction with the Texas EMS Conference in Ft. Worth.			
20. Adjournment	Dr. Tyroch adjourned the meeting at 11:44 AM.			