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

Monday, November 20, 2023
Austin Hilton - Convention Center
500 East 4th Street
Austin, TX 78701

## 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 |
| Barnhart | Jeff | Rural Trauma Facility - *per HSC §773.012(b)(11)* | Y |
| Clements | Mike | EMS Fire Department - *per HSC §773.012(b)(9)* | Y |
| 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 |
| Maes, LP | Lucille | Certified Paramedic - *per HSC §773.012(b)(17)* | Y |
| 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)* | Y |
| Pickard, RN | Karen | EMS Volunteer - *per HSC §773.012(b)(6)* | N |
| Potvin, RN | Cassie | Registered Nurse - *per HSC §773.012(b)(3)* | Y |
| Ramirez | Daniel (Danny) | Stand-Alone EMS Agency - *per HSC §773.012(b)(16)* | Y |
| Ratcliff, MD | Taylor | EMS Educator - *per HSC §773.012(b)(7)* | 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 |

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**Department of State Health Services (DSHS)**
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| **1. Call to Order** | The meeting was called to order at 4:00 PM by Dr. Tyroch. | | | |
| **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. Brian Eastridge motioned to approve the August 18, 2023, minutes. Shawn Salter seconded the motion. | | Approved. | |
| **5.** | **Chair Report and Discussion – Alan Tyroch, MD, GETAC Chair** | | | |
| | **Dr. Alan Tyroch provided an update on the following items:**<br><br>**GETAC 2023 Q4 Meetings**<br>Dr. Tyroch expressed his appreciation for the hard work that the GETAC committees are putting forth, adding that the meetings on 11/18 & 11/19 were very productive with robust discussion.<br><br>**Committee Selections for 2024**<br>Dr. Tyroch announced that committee selections had been made in October, and those new terms will be effective January 1, 2024.<br><br>**Departing Council Members**<br>Dr. Tyroch announced that three members from the GETAC Council were ending their terms effective December 31, 2023: Mr. Jeffrey Barnhart, Ms. Lucille Maes, and Ms. Karen Pickard. He gave those members certificates of appreciation for their commitment, time, and hard work on the Council. | | | |

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| | **Upcoming Meeting Dates**<br>Dr. Tyroch shared the GETAC Strategic Planning Retreat would be held at the DoubleTree on 2/1 - 2/2/24. It will begin at 1 PM on 2/1. He added that 2024 Q1 meetings will be held on 3/6-3/8/24.<br><br>**Prehospital Whole Blood Initiative**<br>Dr. Tyroch shared that he presented the concept of prehospital whole-blood resuscitation to seven GETAC committees over the last two days and that Eric Epley would provide an update regarding whole blood later in the meeting.<br><br>**Texas System Performance Improvement (PI) Committee**<br>The task force is moving ahead; a virtual meeting will be scheduled in December to discuss that topic further. Dr. Tyroch announced that Jeff Barnhart is stepping aside; Shawn Salter will now co-chair the task force with Dr. Kate Remick. He added that the draft Texas EMS-Trauma and Emergency Healthcare System Performance Improvement Plan (PI) is available online.<br><br>**Committee Guidelines and GETAC SOPs**<br>Dr. Tyroch urged new committee members to review these documents on the GETAC webpage. | Jorie Klein will schedule a meeting series. | Complete. | December 4, 2023 |
| **6.** | **State Reports** | | | |
| **6a. Center for Health Emergency Preparedness and Response (CHEPR)** | **Center for Health Emergency Preparedness and Response (CHEPR), Jeff Hoogheem, Director, provided a report on the following items:**<br><br>**Staff Updates**<br>Mr. Hoogheem reported that CHEPR continues to have a fair amount of turnover post-Covid. They have 59 full-time positions and 11 vacancies (>18%). | Information only; no actions required. | | |

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| **6a. continued** | **Wildland Fire Response**<br>Emergency medical task forces (EMTFs) have supported wildfire responses across Texas and into Louisiana most of this year, March through September; 82 wildland fire responses were supported from July through September alone. Mr. Hoogheem stated they deployed eight wildland fire packages, including one rapid extraction module and a handful of medical incident support teams (MIST) supporting the responses. Teams had 11,500 encounters with personnel; on the Louisiana deployment alone, they had over 1,100 encounters.<br><br>For 2023, Mr. Hoogheem reported spending > $5 million in medical support for wildland firefighting. He added that the state medical operations center (SMOC) finance team anticipates processing more than 260 EMTF reimbursement packets for the 2023 wildland fire season. Mr. Hoogheem praised all involved with the immense effort required to support the 2023 wildfire season.<br><br>**Post-COVID Activities**<br>Mr. Hoogheem stated they are engaged in recovery operations, particularly inventory disposition and supply maintenance decisions.<br><br>COVID cost to DSHS >$9.9 B; SMOC finance team has worked with Federal Emergency Management Agency (FEMA) and federal partners to receive $8.3 B in reimbursement thus far.<br><br>**Planning Activities**<br>Mr. Hoogheem reported the planning team is working to get things back on track that had to be put aside during the years focused on COVID. One task is updating the basic plan, which is the internal document used in DSHS to assign | | | |

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| **6a. continued** | responsibilities and roles to programs and how they'll support the agency and the state during disaster response. He added that the team will also start working on the respiratory viruses with a pandemic potential plan, adding lessons learned and updates to that plan in early 2024.<br><br>Mr. Hoogheem shared that the SMOC and EMTF participated in the recent statewide complex coordinated terrorist attack exercise in October, providing the opportunity to work with the EMTF Texas Mass Fatality Operations Response Team (TMORT) to exercise those capabilities for mass fatality response.<br><br>Additionally, Mr. Hoogheem shared they are in the early stages of planning an effort with EMTF with a focus on radiation response and how to provide medical support to a radiation response. He added this this will be a big project moving forward into the next year.<br><br>**Funding and Grants**<br>Mr. Hoogheem stated that CHEPR works under the Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) funding grants and that they expect level funding for the next five-year period, which starts in July. He added that they must do a procurement every five years for the hospital preparedness program contractors and partners; the HPP procurement closed on November 9, and the procurement for the state Coordinating Office for EMTF closed on the 17th. He stated they would work through those applications and make selections over the coming months.<br><br>**Hurricane Season**<br>Acknowledging that hurricane season ends in November, Mr. Hoogheem stated the cycle of training and coordination starts now and runs through next | . | | |

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| | May; this includes contractor workshops with all the contractors involved with an activation such as national EMR, oxygen providers, the Texas Funeral Directors Association, vector control, medical staffing, warehousing, etc. | | | |
| **6a. continued** | Similar meetings occur with the divisions inside DSHS. Mr. Hoogheem added that they had started the SMOC annual training, which begins with a 101-overview course and then moves into position, section, and shift-level training with a major exercise between now and next May. | | | Continue annual updates to the Council. |
| | ********** | | | |
| **6b. EMS-Trauma Systems Section** | **EMS/Trauma Systems (EMS/TS) Section**<br>**Jorie Klein, Director, provided a report on the following items:**<br><br>**21R151 Trauma Rules**<br>Ms. Klein reported the trauma rules were scheduled to go to the Executive Council on November 17, 2023, and out for public comment from December 22, 2023, through January 22, 2024, but that did not occur. They were delayed again but will come out for public comment on January 19, 2024, go before the Executive Council on February 15, and then close for comment on February 19. During that public comment time, we will have the same group that we had before.<br><br>The department will review the comments utilizing a group consisting of four members from GETAC, five members of the Trauma Systems Committee, and four RAC leaders. In addition to those individuals, the Texas Hospital Association and Texas Organization of Rural & Community Hospitals (TORCH) will also be invited to review the comments. The rules are anticipated to be adopted on May 17, 2024, sent to the *Texas Register*, and then finally adopted on May 22, 2024. | Information only; no actions required. | | Continue quarterly updates to the Council. |

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| | **Designation Surveys**<br>Ms. Klein reminded us that the ACS 2022 standards went into effect on September 1, 2023. Two hospitals in Texas have gone through the survey process under the new standards; one was Texas Children's, led by Doctor Pryor and Leanne Young. She shared that Texas Children's had an outstanding survey outcome and encouraged those who wanted to know anything about the new survey process to reach out to Leanne.<br><br>Survey guidelines will go into effect when the new rules go into effect for 157.125 in November of 2024. In addition, 157.128, the denial, suspension, and revocation rule, will also go into effect in November 2024. The 157.123 for the RACs will go into effect on September 1, 2024, as the new contract is initiated.<br><br>Ms. Klein addressed the process for the rules and shared a timeline demonstrating the many steps for review and the timeframe for completing those steps. She explained the purpose of the different layers of review (EMS/TS Section, Consumer Protection leadership, Rules Coordination Office, SEPA, legal, and DSHS Leadership) and the many steps to ensure that rules are based on statute and that the department has the authority to implement them, all of with which this rule package is compliant. She advised that there can be forward and backward movement within the process and added that Commissioner Shuford wants to see rule language that is plain and easy to understand, reiterating there is a defined process.<br><br>Ms. Klein offered comments on the specific rules in the trauma rule package: | | | |

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| | • 157.2 is the definition set and will be effective immediately after adoption. There are 164 definitions to align the language for stroke, trauma, and EMS across the board.<br>• 157.123 are the RAC rules, and they will go into effect on September 1, 2024, with the new contract for the RACs.<br>• 157.125 outlines the requirements for trauma facility designation, which will go into effect on November 1, 2024.<br>• 157.128 is the denial, suspension, and revocation of trauma and stroke facility Designation, which will go into effect on November 1, 2024.<br>• 157.130 is the funding rule that combines 157.130 and 157.131. Those two current rules have the same language apart from two sentences regarding "In Active Pursuit (IAP)" facilities, so those two IAP sentences have been integrated into the proposed 157.130 with a repeal of the current 157.131.<br><br>**Rules Discussion**<br>Ms. Klein stated the department will review the option of scheduling in-person (Morton Bldg.) and virtual (Teams) meeting discussions. Meeting dates and times will be published on December 15, 2023. She reminded stakeholders that all comments must be received in writing within the official 31-day window for consideration in the rule process.<br><br>**Exceptional Items (EI)**<br>Ms. Klein reported the $6.6 million RAC EI has moved forward with $3.3 M distributed annually. Each RAC received $150,000, and all contracts have been signed. Moving forward, this additional $3.3 M has been added to the annual budget as part of the department's baseline budget.<br><br>Ms. Klein added the additional EI received is related to the Medical Advisory Board (MAB) and explained the function of MAB was to review | Jorie Klein to evaluation options for meetings with stakeholders to review the rules.<br><br>Oshma Raj is the new MAB | Open. | December 15, 2023 |

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| | applicants/holders of driver's licenses who need further evaluation regarding the ability to safely drive. The referral process includes three physicians on the board reviewing client's medical history and rendering an opinion regarding the client's ability to drive safe. This EI allowed funding to move from two full-time employees (FTE) to 13 FTEs.<br><br>**EMS/Trauma Systems Structure**<br>Ms. Klein provided insight into the section's focus on structure and the streamlining and updating processes. She stated that the purpose is to provide written documentation to aid in understanding expectations, coinciding accountability, and establishing consistency in practice.<br>She added that all those documents were discussed in the recently published EMS/TS newsletter with links to many of them, such as the GETAC committee guidelines and the designation survey guidelines.<br><br>Ms. Klein reminded the Council that the designation survey guidelines have three folds:<br>1. Surveyor role and expectations<br>2. The survey organization's role<br>Assist facilities prepare for the survey.<br><br>**Texas Performance Improvement Plan**<br>Ms. Klein shared that the goal of the trauma system performance improvement plan is to integrate common language across the board; for example, if an EMS agency calls Dr. Ratcliff and says they have a situation where they have a moderate level of harm, the common terminology promotes a system understanding of the urgency for review. | manager and will be reporting activities to the Injury Prevention Public Education Committee. | The department is continuing hire staff and on-board physicians. | |

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| | **Uncompensated Care (UCC) Application and Funding**<br>Ms. Klein advised the department is currently reviewing the UCC application. One focus is on the readiness cost for the trauma facility. There have been modifications to the data Excel sheet regarding the entry of the Injury Severity Score (ISS), but it will not change the task. She added that they are already seeing improvements in the overall ISS scoring due to the task forces and work groups focusing on ISS scoring<br><br>**CRASH Project**<br>Ms. Klein Acknowledged that there were many questions about the crash data and the trauma centers' willingness to participate. The CRASH project staff will provide a presentation atthe Strategic Planning meeting in February 2024.<br><br>**GETAC 2024**<br>Retreat, Q1, Q2, and Q3 meetings are at the DoubleTree Hotel in Austin.<br>• Retreat – February 1st afternoon; February 2nd morning<br>• Q1 – March 6-8<br>• Q2 – June 12-14<br>• Q3 – August 21 – 23<br>• November – With EMS Conference in Ft. Worth<br><br>Ms. Klein advised that while meetings will return to the DoubleTree for 2024, that may not be the case for 2025 due to unwavering meeting and parking costs at this hotel. Currently, these meetings cost about $18,500 per meeting.<br><br>**********<br>**Designation Update**<br>Elizabeth Stevenson, Designation Manager, provided an update on facility designation. | Ms. Klein and Ms. Sunita Raj<br><br>Department and CRASH team. | Open.<br><br>Sechedule d for Feb. Strategic planning meeting | December 15, 2023<br><br>The Trauma UCC application notice will be sent to stakeholders once the application has been revised.<br><br>February 2nd |

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| | **Designated Trauma Facilities**<br>• Total = 302 (2023 Q3)<br>• Applications processed per quarter (Q)<br>  ○ 2023 Q3 = 20<br>  ▪ One Level III upgraded to a Level II<br>  ▪ One Level III was downgraded to Level IV (Mid-cycle)<br>  ▪ One Level IV IAP designated<br>  ▪ Two Level IV facilities did not redesignate<br>  ▪ 17 Contingent – 2 Level II, 4 Level III, and 11 Level IV<br>Mrs. Stevenson stated the Level IVs have the largest volume of all trauma-designated facilities and have more contingent contingencies. She added that all facilities are struggling with limited staffing and resources.<br><br>Mrs. Stevenson reported the top contingencies (not all contingencies) cited:<br>• Level II/III: Credentialing of Specialties, Back-Up Call Schedules, PI – Actions Taken, PI – Loop Closure<br>• Level IV: Nursing Documentation, PI – Identification of Variances, CME – ED providers, Credentialing of ED providers, ATLS for ED provider, PI – Loop Closure<br><br>Mrs. Stevenson demonstrated how the department continues to work with facilities. In Q3, there were 87 Program Survey follow-ups (30-minute calls), facility check-ins (1-hour calls), and 94 program assistance/questions (10-15 or more minutes). ***Dr. Tyroch commented on the significant amount of time spent.***<br>She added the actions the department is taking to help trauma programs be successful:<br>• ISS Scoring/TQIP Assistance Workgroup | No actions were requested.<br><br>Information only. No actions required. | | Continue quarterly update to the Council. |

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| | • Website resources developed:<br>  ○ ISS Cheat Sheet<br>  ○ TQIP Benefits for Administrators<br>  ○ Mentorship FAQ's<br>• RAC Chairs and Executive Directors invited to monthly facility calls<br>Mrs. Stevenson provided the following announcements:<br>• No Trauma monthly calls for December.<br>• Level I/II trauma facility monthly calls starting January 2024<br><br>**Stroke designated facilities**<br>• Total 2023 Q3 = 187<br>  ○ Comprehensive Level I = 43, Advanced Level II=3, Primary Level III = 39 (Primary Level II = 79), Acute Stroke Ready Level IV = 12 (Support Level III = 11). While 79 Primary Level IIs still have not yet transitioned, they are all on target, with 30% already transitioned.<br>• Since 2022 Q4, two support centers and two primary centers withdrew. One of the primary centers closed completely, and the other stopped its primary designation due to staffing and physicians. Initial designations included six brand-new acute stroke-ready center designations and five primary. Thirty-five designation applications in Q3: ten Level I, two Level II, fifteen Level III, and eight Level IV.<br>• Stroke Designated facility calls are held on the 2nd Tuesday of each month. There were 110 attendees on the September call. The program managers on the stroke side have expressed interest in a forum to get together, communicate, and have a support community, so these calls draw in many of those program managers.<br>Mrs. Stevenson provided an update on the Stroke Workgroup projects currently underway:<br>• Stroke Application Data - Completed | Update only, no actions requested. | | |

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| | • Level IV Acute Stroke Ready DSHS Guidelines - In Progress<br>• Level III DSHS Primary Guidelines - Planned<br>• Level I DSHS Comprehensive Guidelines - Planned<br><br>She added the following announcements:<br>• RAC Chairs and EDs invited to monthly facility calls<br>• There are no monthly Stroke meeting calls in December except for December 1, the first Level IV Acute Stroke Ready workgroup call. The January call will focus on helping them organize and move forward on a stroke program manager community so they can share practices and have a little boot camp since they are seeing a high turnover in those positions across the state at all levels.<br><br>**Designation Application Process Performance Measures**<br>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, with a current turnaround time of 24 days. Mrs. Stevenson reported that currently, trauma is at 69 days, and stroke is at 36. 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. Mrs. Stevenson stated they will continue reducing that time and improving that metric. She added that the Stroke turnaround time is fairly on target.<br><br>***Council Comment:*** *Ryan Matthews asked how many staff support the designation process and phone calls. Mrs. Stevenson stated the team includes herself, Ms. Klein, and three additional staff members for both Trauma and* | | | |

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| | *Stroke. Mr. Matthews responded, "That's a lot with a little," and expressed his appreciation for the team.*<br>***Council Comment:*** *Dr. Tyroch mentioned the monthly calls for the Level III and IV trauma centers are great calls with good attendance. He sought clarification on the format of the Level I and II trauma calls that will begin in January. Mrs. Stevenson confirmed that it would be a similar format to the Level III and IV calls with trauma medical directors and trauma program directors.*<br><br>**********<br>**EMS System Update**<br>Joseph Schmider, State EMS Director, updated the EMS activities since last quarter.<br><br>**Senate Bill 8 -42.03**<br>Mr. Schmider stated that monthly reports from the RACs indicate that 2,183 scholarships have been given out, totaling $11.5 million in scholarships statewide. There has been a 9% drop rate, but the RACs are working to recoup that money and put it back into the system via additional scholarships. Since 10/1/22, 2,520 personnel have been added to the system. On September 1, 2023, the incentive program ended. $1.3 million in incentive funds were reappropriated toward EMS education scholarships in the RACs that requested more funding. In 2019, there were 68,461 certified personnel in Texas; now, there are 75,163 certified personnel.<br>***Council Comment:*** *Mr. Jeff Barnhart asked if the state knew where the new providers are located and mentioned he saw a DSHS scholarship billboard in Lubbock. Mr. Schmider responded that he did not have new personnel location information with him but that there was no RAC in Texas that has not put new people on the streets. He added that there are 21 billboards throughout Texas.* | Update provided. No actions requested. | | Continue quarterly update to the Council. |

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| | Mr. Schmider provided an update on the media campaign "Life Saving. Life Changing. " He reported that between the TV, digital, social media, radio, and billboards, the outreach made between September 1 and the end of October was 27 million impressions throughout Texas; when added to the 25 million last fall, that equates to about 50 million people who have thought about EMS in Texas, even if it's for a couple seconds. Mr. Schmider shared his enthusiasm for the success of the initiative.<br><br>Mr. Schmider shared media files from the campaign, which were created using only Texas EMS personnel. He thanked STRAC for their support in providing the location, EMS individuals, and mobile EMS resources for the photo shoot.<br><br>One of the aspects of this project was to develop a toolkit for the EMS providers. Each RAC, the Texas Ambulance Association, and the Texas EMS Alliance will receive a thumb drive with everything created for the media campaign, including information from focus groups and personnel in Texas and why they're in EMS, why they're in Texas, and why they entered the business.<br>***Council Comment:*** *Mr. Barnhart stated that the billboards are the perfect message for a young person struggling right now. Mr. Schmider concurred and stated they were geared for the 18 to 40-year-old age group.*<br>***Council Comment:*** *Mr. Sean Salter asked if anything was copyrighted in the toolkit. Mr. Schmider confirmed there were no copyright restrictions on the items and that they would be available in English and Spanish.*<br>***Council Comment:*** *Mr. Danny Ramirez stated that the campaign led a couple of individuals to contact his EMS agency inquiring about a career in EMS and thanked Mr. Schmider for the campaign. He added that they are working to integrate certified EMT volunteers into their system.* | Information only. No actions required. | | |

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| | Mr. Schmider shared the importance of remembering that people find out about EMS and how the system is valued online and by the professionals in the field – he stated that EMS professionals are living billboards for EMS and need to be aware of the messages they send to the community.<br><br>Mr. Schmider spoke about the EMS Conference opening speaker, Erika Prosper Nirenberg, and how her message from the HEB outreach perspective could be incorporated into the EMS industry – that it's all about "caring." He stated that the message will beonline and that the department would also put some continuing education (CE) units to it.<br><br>**Rule Update**<br>Mr. Schmider provided an update on SB 422 Military Occupation Licensure and the proposed rule language. He stated that in the past, a spouse of an active duty military person could get a Texas license for three years and start working almost immediately and that this legislation updated the rule to include the active duty military person as well. He added that the rules are complete and in place; they'll go into effect on December 1, 2023, and there is no impact from an EMS standpoint because the department already had a process in place.<br>*Amendment* to Texas Administrative Code (TAC), Title 25 Health Services, Part 1 Department of State Health Services, Chapter 1 Miscellaneous Provisions, Subchapter F Licensure Exemptions, 1.81 Recognition of Out-of-State License of Military Spouse: *amend to include "military member."*<br>*New* Texas Administrative Code (TAC), Title 25 Health Services, Part 1 Department of State Health Services, Chapter 1 Miscellaneous Provisions, *Subchapter G Licensure Exemptions, 1.91 Recognition of Military Veterans.* | Update only. No actions requested. | | |

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| | Texas Administrative Code (TAC) 157.11 will be opened up to add SB 2133 language regarding dialysis transports and to clean up the rule. He stated that in response to the reaction received on legislation from the 87th session that required dialysis patients to be a priority transport during a disaster, the 88th Legislature revised the language to state that dialysis patients could be a preference transport, but they don't have to be put above anyone else who needs more emergent transport. Mr. Schmider added that EMS providers will need to have a policy in place, as the new subsection requires EMS providers to have a plan for transporting dialysis patients to and from an outpatient end-stage renal disease facility during a declared disaster if the patient's normal and alternative modes of transportation cannot be used. The anticipated adoption is August 2024.<br><br>Additional changes in 157.11 include removing the "intermediate" from EMT since it is now classified as Advanced EMT, clarifying the insurance language, and adding language relating to triage tags and RAC triage plan participation.<br><br>**EMS Licensing Processing Time for September & October FY 2024**<br>Mr. Schmider reported that the department has seven staff who process about 20,000 applications a year and commented that a big reason for the longer processing time is incomplete applications being submitted.<br>• EMS Personnel: DSHS processed 4,536 applications; the median processing time was 23 days.<br>• EMS Educators: DSHS processed 331 applications; the median processing time was 116 days.<br>• EMS Providers: DSHS processed 69 applications; the median processing time was 75 days.<br>• First responder organizations: DSHS processed 62 applications; the median processing time was 83 days. | Mr. Schmider will arrange for CE credit.<br><br>DSHS staff will add message to website. | | |

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| | *Council Comment: Ryan Matthews shared his appreciation for the staff that processes the applications.*<br>**********<br>**EMS/Trauma Systems Funding Update**<br>Mrs. Sunita Raj, EMS/Trauma Systems Funding Manager, provided a funding update.<br><br>**EMS/Trauma Systems Funding Appropriations**<br>Mrs. Raj shared the FY 24 appropriation figures, totaling $111 million for FY24, and compared to FY23.<br>• 0001 – General Revenue: $7,549,524<br>• 0512 – Bureau of Emergency Management Account: FY 23 - $2.6 M/ FY 24 - $3.1 M<br>• 5007 – Commission on State Emer Comm Account: FY 23 – $1.8 M/ FY24 - $1.75 M<br>• 5108 – EMS, Trauma Facilities/Care System: FY 23 – $3.5 M / FY24 - $3.5 M<br>• 5111 – Trauma Facility and EMS Account: FY 23 – $112.8 M / FY24 - $96 M<br><br>**Extraordinary Emergency Fund (EEF)**<br>For FY23, $1,000,000 was made available. Nine applications were received, with eight awards made totaling $1,000,000.<br>For FY24, $1M was made available on 9/1/2023. Nine applications were received – four were awarded, and one was denied. So far, $761,141.08 has been expended, leaving $238,858.92 available. The department is continuing to review grants. Requests have included ambulance repair, ambulance replacement,<br>cardiac monitor/defibrillator , and ambulance radio.<br>*Council Comment: Dr. Tyroch asked if this was the item that would limit each applicant to $200,000 moving forward. Mrs. Raj confirmed that the* | | | |

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| | *department is still looking at it, but the plan is to limit the amount awarded for each application.*<br><br>**Regional Advisory Council (RAC) Contracts**<br>Ms. Raj provided the funding breakdown for FY22, FY23, and FY24. RAC Contracts include EMS Allotment, RAC Allotment, RAC Systems Development, and EMS/LPG. RAC contract dates begin 9/1 and end 8/31, and lump sum payments are made for all portions. Mrs. Raj demonstrated the total amounts allocated: FY22 = $9,424,118, FY23 = $9,671,181, and FY24 = $9,805,132. She added that the EI disbursement for $3.3 M has been completed.<br><br>**Uncompensated care (UCC)**<br>Mrs. Raj provided an overview of the uncompensated trauma care request. For FY21, 297 applications were received with $9,995,174.67 funds distributed from 5007, 5108, & 5111, and $188,400,189.56 provided from Standard Dollar Amount (SDA) Trauma Add-On. Mrs. Raj advised that all UCC requests were complete, and all were disbursed promptly. | Information only. No actions required. | | |
| **EMS and Trauma Registry** | **DSHS Texas EMS and Trauma Registry Update - Jia Benno, Office of Injury Prevention Manager**<br>Ms. Benno addressed a question that arose at the RAC Chair/Executive director Meeting earlier in the day. She stated that RACs did not need a Business Associate Agreement (BAA) for data; the Registry will provide aggregate data to all RACs. She added that the data would not be individual patient-level data but aggregate data for the rules.<br><br>As requested from the August 2023 GETAC meeting, Ms. Benno provided a presentation to address the questions regarding the increasing heat in Texas and whether or not there is an increase in heat activations. | Informational only. No action items were identified for the Council. | | |

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| | **Texas 2019-2022 Heat Activations**<br>Ms. Benno 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.<br>*Council Comment: Dr. Tyroch asked what information rehab facilities submit to the Registry. Ms. Benno stated that the Registry receives spinal cord injuries and TBI-type information from rehab facilities.*<br><br>Ms. Benno provided definitions and methodology notes relevant to the presentation:<br>• To look at heat activations in Texas, EMSTR included patients whose primary symptom, provider's primary impression, or provider's secondary impression had heat stroke, effects of heat and light, heat exhaustion, heat fatigue, exposure to excessive heat, sunburn, and more.<br>• This report includes data from 2019-2022 since 2023 data has not been closed out yet.<br>• Per epidemiology best practice, EMSTR suppressed data when there were fewer than five records to protect identifiable data, noted with an asterisk (*).<br>• EMSTR used three age groups for this analysis:<br>o Pediatric – Children under the age of 15;<br>o Adult – Ages 15-64; and<br>o Geriatric – Ages 65+. | | | |

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| | **Heat-Related Activations by Year**<br>While 2020 saw a slight decrease in activations, there has been an increase since then.<br>• **2019 =** 8,032; **2022** = 6,641; **2021** = 7,674; **2022** = 10,966<br><br>**Heat-Related Activations by Month**<br>Ms. Benno noted that 2019-2021 saw more activation in the later months of summer (July and August), but 2022 saw more activation in early summer, specifically May-June, and she expects the same will be present in the 2023 data.<br><br>**Heat-Related Activations by Regional Advisory Council (RAC)**<br>Ms. Benno commented that RAC E, the Dallas Fort Worth area, had 3,700 heat activations in 2022, significantly more than any other RAC in the state.<br><br>**Heat-Related Activations by Age Group**<br>Ms. Benno reported there was a decrease in the number of heat activations in 2020 in all age groups, with most of the heat activations occurring in the adult age group, followed by geriatric and then pediatric.<br><br>**Heat-Related Activations for Pediatrics**<br>When breaking pediatrics down by age groups, Ms. Benno reported that ages 10 to 14 have the highest number for Pediatrics, followed by 5 to 9 and 1 to 4, with the less-than-one-year age group having the lowest number.<br><br>**Heat-Related Activations by Sex**<br>Ms. Benno stated the data indicates about 2/3 of heat activations occur in males instead of females; there were over 7,000 heat activations for males in 2022. | | | |

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| | **Heat-Related Activations by Race and Ethnicity**<br>According to the data, whites have the highest number, followed by Hispanic/Latino, and black or African American with the lowest.<br><br>**Heat-Related Events by Incident County**<br>Ms. Benno stated that, as expected, most activations occur in the more densely populated counties. She added that from 2019 to 2020, more would occur across the middle of the state. In 2021 and 2022, the numbers increase in general, the middle part of the State between Bexar County and Bell County, Williamson County, Travis County, Tarrant, Dallas, and then Harris.<br>***Council Comment:*** *Dr. Tyroch noted some of the darker blue counties (higher activations) along the Texas-Mexico border and wondered if there is a correlation between higher numbers and migrant location.*<br><br>**Heat-Related Events per 100,000 by Incident County**<br>Ms. Benno further broke the data down based on rates since smaller areas will have fewer heat activations and a smaller population.<br>She reported the data indicated that the actual rates are a lot higher in some of the smaller counties. She added that the rates are increasing dramatically across Texas in 2019, 2020, 2021, and 2022, especially in the middle and northeastern parts of the state.<br><br>**Resources**<br>Ms. Benno shared a couple of resources:<br>• NEMSIS Heat activation dashboard - Heat-Related EMS Activation Surveillance Dashboard – NEMSIS. | | | |

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| | • NEMSIS Technical Resources and Data Dictionaries - https://nemsis.org/technical-resources/version-3/version-3-data-dictionaries/.<br>*Council Comment: Dr. Tyroch asked if the Registry could pull data on burn patients who do not have any other injuries – just burn patients – and added he was surprised that burn patients do not qualify for UCC. Ms. Beno stated the Registry could indeed pull that data. Dr. Tyroch added a follow-up comment that perhaps burn patients – who he said are indeed trauma patients – should be considered as such for UCC in future trauma rules.*<br><br>**********<br><br>**Marissa Rodriguez, Office of Injury Prevention, Safe Riders Team Lead**<br>Marissa Rodriguez also serves as a Texas Child Passenger Safety Coordinator, a role which she shares with another representative from the Department of Transportation. Since child passenger safety in Texas was discussed at the August Council meeting, Ms. Rodriguez prepared a presentation on child passenger safety and barriers.<br><br>**Curriculum Partnership**<br>Ms. Rodriguez shared that certification is a combined effort between the National Highway Traffic Safety Administration (NHTSA), National Child Passenger Safety Board, and National Safety Council; together, they develop and update the curriculum, ensure the integrity of the curriculum is up to par, and manage it through the National Safety Council. The curriculum itself is a program of Safe Kids Worldwide.<br><br>**National Child Passenger Safety (CPS) Certification Training** | Informational only. No action items were identified for the Council. | | |

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| | Ms. Rodriguez explained the national CPS certification training and certification process.<br>• Students must be at least 18 years old and have successfully passed the certification course.<br>• Attend a three to four-day training – Consists of classroom instruction, hands-on activities, skills assessments with car seats and vehicles, and a community checkup event.<br>• To successfully pass, a student must:<br>  ○ Pass three written quizzes and answer 42 out of 50 (84% or greater).<br>  ○ Perform four hands-on skill assessments.<br>  ○ Complete a final assessment working with families in the vehicle on the last day.<br>**CPS Technician Recertification**<br>• To maintain the two-year certification, CPS technicians must:<br>  ○ Conduct five different verified seat checks every year.<br>  ○ Earn six continuing education units (CEUs).<br>  ○ Participate in at least one community education event (checkups, community workshops, or educational sessions).<br>  ○ Pay the $55 recertification fee.<br>• Instructors must:<br>  ○ Complete all CPS technician requirements.<br>  ○ Complete 20 teaching hours for the two-year cycle.<br>  ○ Pay the $60 recertification fee.<br><br>**Certified CPS Technician Overview in Texas**<br>Ms. Rodriguez reported that during COVID, there was a significant decrease in the number of technicians, about a 31% decrease in the workforce educating, training, and putting kids in car seats. Since Covid, and according to the | | | |

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| | October numbers, there has been an 18.8% increase in technicians. On average, the number of instructors has been about 110, and there has been no real increase or decrease from 2019 to 2023.<br><br>**Challenges in Retention and Sustainability**<br>Ms. Rodriguez reported challenges with general certification and retention of child passenger safety technicians.<br>• There is a large demand for certification classes, but there is a limited number of courses available and limited space for classes.<br>• Technician retention struggles:<br>  ○ Only part of job duties – this is not typically a full-time job.<br>  ○ Competing priorities for technicians<br>  ○ Leadership support and understanding of requirements to remain certified, such as skill development and payment.<br>• Mentoring opportunities – Technicians and instructors both need support (one instructor for every 16 technicians)<br><br>**Retention Challenges affected by COVID**<br>During COVID: Safe Kids Worldwide had to develop recertification alternatives to provide CE opportunities to help meet recertification requirements. Technicians and agencies went inactive , and there were changes in job duties and agency priorities. Agencies had to restructure what they were doing, and due to that restructuring, they weren't doing child passenger safety.<br><br>Post-COVID: Recertification alternatives ended Dec 2022. Some technicians were technically certified but out of technical practice, so there was concern about how children were being transported and if the service technicians were ready to continue practicing. There are still technicians who aren't as active but | | | |

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| | are still developing their skill set, and some technicians are not connected to a team or a group of instructors or have someone who can help mentor them.<br><br>**CPS Barriers and Needs**<br>According to the US Census Bureau, Texas gained more residents (9,085,073) than any other state between 2000 and 2022. In 2022, the Texas total population surpassed 30 million; the Texas child population reached approximately 4 million (children ages 0-9); and there was one technician for every 2,370 children.<br><br>Ms. Rodrigues shared a map depicting the state's location and number of technicians. The most significant numbers of technicians and instructors lie in the metro areas: Dallas, Fort Worth, San Antonio, Houston, El Paso, and Austin. There are areas of 1-5 technicians and 1-3 instructors sprinkled throughout the state. Still, there are vast gaps in counties without a child passenger safety seat technician or instructors, according to the map created in September 2023. She added that their goal is to fill some of those gaps, train more people, and provide the support they need to stay mentored and keep their skill set up.<br>***Council Comment:*** *Mr. Shawn Salter asked if hospitals were required to have a child passenger safety certified individual as a condition of discharge of newborn infants. Ms. Rodriguez stated there was no requirement.*<br>***Council Comment:*** *Mr. Salter followed up with a question relating to the large size of Texas and the number of rural areas; he asked Ms. Rodriguez if she foresaw the opportunity to have certified technicians in every county in Texas based on the current requirements. Ms. Rodriguez responded that they would like to see that, and there are best practices out there, such as what the American Academy of Pediatrics (AAP) is putting out, so they push that across hospital systems as a good practice. Still, not all of them do that because they don't have to. She added that even if there's a nurse, a child life specialist, or* | | | |

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| | *somebody who becomes trained, they can't necessarily leave the bedside to install a car seat outside, but some hospitals have that in place. Mr. Salter followed up with an additional question asking if there was anything that might work as a Texas strategy not to replace but supplement, particularly for the rural areas that do not receive this service in their community. Ms. Rodriguez stated that the state has a program, but the regions also have their own programs. They are still learning what the different regions are doing in their area to determine what the real gaps are in the state.*<br>***Council Comment:*** *Dr. Taylor Ratcliff recommended building on the state's effort with the national curriculum, and that while it's arduous and a barrier to getting certified technicians, maybe build on it and make it easier for people to implement in their region to at least get someone with some training looking at car seats, even if they are not certified technicians.*<br>***Council Comment:*** *Mr. Matthews asked where the certification fees go. Ms. Rodrigues stated they receive federal funds through the Department of Transportation (DOT) for their program to conduct what they've outlined in our grant. She reported they have four certifications yearly and receive DOT funds to travel across the state and try to fill some gaps. Mr. Matthews followed up, asking if Ms. Rodriguez felt the payment of fees was a barrier. Ms. Rodriguez stated that some have cited a lack of leadership support as a barrier regarding the time and money to get and stay certified. She added that a national survey conducted before Covid indicated a high turnover in technicians and instructors if the certification and recertification requirements were not related directly to their job. Ms. Benno clarified that the fees do not come to the department; they go to the national Safe Kids organization. Mr. Matthews commented that the two-year certification is very rigorous and doesn't model any process that the members on the Council must follow with their various licenses and certifications.* | | | |

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| | ***Council Comment:*** *Dr. Kate Remick asked if there was value in including this in a high school program to train older students to become child passenger safety technicians to help them if and when they become parents and provide an additional professional development track. Ms. Rodriguez had not heard of an effort to do so but would inquire about the possibility.*<br>***Council Comment:*** *Mr. Ramirez stated that a truck with many car seats was present at a recent training in his area. He inquired if that was provided by the program or something that the individual instructors acquired. Ms. Rodriguez stated it is usually provided through partnerships with local agencies or the agency offering the certification training.*<br>***Public Comment:*** *Ms. Mary Ann Contreras, GETAC Injury Prevention and Public Education Committee chair, asked if there had been a decrease or increase in the death rate of children involved in motor vehicle crashes during the time period in her presentation. Ms. Rodriguez did not have that data, so Ms. Contreras said she would make an official request for it.* | | | |
| **7.** | **GETAC Committee Reports** | | | |
| **7a. Air Medical and Specialty Care Transport Committee** | **Air Medical and Specialty Care Transport Committee (AM&SCT), Lynn Lail, RN, Chair**<br>Lynn Lail presented an update on the committee's 2023 priorities.<br><br>**2023 Committee Priorities with Activities Recorded**<br>Emergency Preparedness and Response<br>• Safe & Effective Statewide Ground-to-Air Communication: Mrs. Lail reported that the committee collaborated with EMTF and the councils of government (COGs) and had researched the state interoperability plan, reading it from front to back. They came up with a list of all the regional channels they use and then tried to find a common thread but reported that all roads led back to VMED 28, which they were trying to avoid. She stated that brought the committee back to having designated frequencies | No action items were identified for the Council. | | |

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| | in the state's various regions. The committee's next steps will be to reach out to law enforcement and the fire departments in those areas to ensure that lists developed match the frequencies they utilize in those situations. Mrs. Lail shared that the next part of that project would be to finalize the document as a reference document so that when air medical providers cross into regions that are unfamiliar to them, they will have a specific reference to utilize, and they will know what channels to talk on; once that document is created and with the Council's approval, we will provide education and distribution of that document to the RAC chairs. Education and distribution will also be added to the committee's educational campaign; the committee hopes to have it posted to the GETAC website as a resource and to collaborate with Chief Kidd for Emergency Operations Center (EOC) distribution.<br><br>• Finalize/materialize the Air Medical Strike Team (MIST) concept and process: Mrs. Lail stated the draft is complete, and during their next midterm workshop, that work group will be working with Sara Jensen to formalize the final draft, and then the committee will bring it to Council for acceptance.<br><br>Prevention<br>• Statewide educational campaign to mitigate the risks of air medical transport for responders, patients, and fellow air medical providers: Mrs. Lail reported the landing zone (LZ) presentation revisions are complete, and the presentation has been sent to the Air Medical Operators Association (AMOA); AMOA is reviewing the presentation and the committee is awaiting feedback. Once that is complete, Mrs. Lail stated she'd bring it to the Council for acceptance. She said she'd send it when the agendas were due so the Council could review it before the next quarterly meeting. | Mrs. Lail will provide final presentation to the Council | | Add LZ presentation to March 2024 Q1 GETAC agenda. |

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| | • Mrs. Lail reported that work on the educational document for flight crews highlighting key points, special considerations, & links to educate air and ground providers on Federal Aviation Administration (FAA) policies & local best practices had to slow down, but that will be the focus of the workgroup's midterm activity.<br><br>System Integration<br>• Real-time status reporting by all air medical providers in all 22 regions in the State: Mrs. Lail stated the workgroup continues to collaborate with Juvare to ensure all TX air providers' computer-aided dispatch (CAD) systems are "talking" to the nationwide system being created. Only two agencies need to be put in the national database; the committee workgroup is working with those two agencies to expedite that process, and once that is complete and everyone is functional, it will be pushed out.<br><br>• Mrs. Lail stated the education would occur through the RAC chairs to roll out the projects to their agencies and teach people how to appropriately utilize the unified system that will give the real-time status reporting of all aircraft within the state so that providers can look at the real-time assets that are available to them. The goal is to have this complete by 2024 Q1 meetings.<br><br>***Council Comment:*** *Dr. Ratcliff requested that Mrs. Lail present the Real-time status reporting dashboard to the Council. Mrs. Lail agreed to collaborate with Juvare to provide a live presentation when the dashboard is ready.*<br>**Committee items needing council guidance:**<br>None identified at this time.<br>**Stakeholder items needing council guidance:** | at 2024 Q1 Council mtg. | | |

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| | None identified at this time.<br>**Items referred to GETAC for future action:**<br>None identified at this time. | | | |
| **7b. Cardiac Committee** | **Cardiac Care Committee, James McCarthy, MD, Chair**<br><br>Dr. McCarthy was unable to attend due to a meeting conflict. Mr. Schmider provided an update on the Cardiac Committee's 2023 priorities and activities.<br><br>**2023 Committee Priorities with Activities Recorded**<br>• 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 include initial data presentation and discussion. The committee is refining a request for ongoing DSHS collaboration.<br><br>• Out of Hospital Cardiac Arrest – AED access/bystander CPR Assessment (Emergency preparedness and response): The committee discussed the feasibility of a volunteer network of CPR-certified people in Texas to assist when a call goes out for a cardiac event to reduce the time from onset of cardiac arrest to somebody doing CPR – is there a way to get the public in there to help. The questions from the discussion include insurance, lawsuit protection, and other legal concerns, with an agreement to do more research.<br>***Council Comment:*** *Mr. Morocco, Council Liaison to the Cardiac Committee, elaborated on the volunteer system, stating that some systems/apps offer a more integrated approach where volunteers are vetted (background/security checks), receive formal training, and earn a certificate. He added that others* | No additional action items were identified for the Council. | | |

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| | *put out a broad alert to the public, and any Good Samaritan coverage should cover anybody who signs up for this.*<br>*Council Comment: Dr. Ratcliff stated the EMS Medical Directors and EMS Committees have experience with the public notification systems that are in use all across our state, although they're siloed. He added that those two committees could talk with the Cardiac Committee. He advised there were pros and cons to all of those programs, and the question of liability remains, but he suggested asking for clarity at a state level on what that looks like.*<br><br>• Telecommunicator CPR (Coordinated clinical Care/EMS): Ongoing discussion – planned RAC communication regarding regional variations.<br>***Council Comment:*** *Mr. Salter asked Mr. Schmider for information to help identify what percentage of dispatch centers do any type of emergency medical priority dispatching in Texas. Mr. Schmider responded that using the data from the PCR's, they can tell if bystander CPR was done before EMS got on location, if there was an AED in place, and if it was used or not. Mr. Salter followed up, stating there was recent legislation passed requiring dispatchers to undergo CPR certification but not requiring implementation of a plan on how to assess a patient over the phone to determine if a cardiac arrest is occurring.*<br>***Council Comment:*** *Mr. Salter offered a reminder that EMS is still recovering from the mass exodus of EMS personnel due to Covid, "our shock state, our low flow state" of not having enough individuals to staff ambulances, which reduced the number of vehicles on the road, as well as fatigue management and individuals working. Mr. Schmider stated it was a complex, multifaceted issue that included billing and transport approval. Mr. Salter added patient complexity and the lack of a vast network of critical care transport vehicles to the issue's complexity.*<br><br>• Identify priorities for the GETAC PI committee: | | | |

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| | ○ Dwell time in transferring facilities for time-sensitive emergencies<br>○ Regional disparities in pre-EMS arrival CPR and AED<br>**Action Item**<br>**Request:** The Cardiac Care Committee requests coordination with the Trauma Systems Committee on shared stakeholder feedback regarding patient transfer delays.<br><br>**Purpose:** This request aims to review the concern that a lack of available EMS personnel/units remains a significant challenge for transferring facilities, with rural regions disproportionately impacted.<br><br>**Intended impact or benefit:** The intended impact of the cross-committee collaboration and coordination would be identifying areas of concern and opportunities to reduce transfer delays.<br><br>**Timeline or relevant deadlines:** The committee would like to have a report to GETAC at the March 2024 meeting.<br><br>Ms. Klein added clarification regarding the transfer issue. She stated members of the audience shared concerns during the committee meeting. One problem was when a physician requested the patient to be transferred, they wanted them on a monitor with a paramedic, and many of these are in rural communities, so that means that there wasn't anybody to go with the patient without depleting the entire resources in the county;<br>the other issue was taking the monitor. Ms. Klein added many questions were asking if there is a different way to look at and approach these delays, that it's not only about getting the receiving hospital to accept, but it was also about the transport team being able to show up. She added that issues with transfers and response times have been factors in discussions during committee | Dr. Malone motioned to table this request until they had more data. Mr. Salter provided the second. Motion passed. | Motion to table approved. | Undetermined date. |

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| | meetings over the last couple of days – stroke, cardiac, and trauma in particular.<br>***Council Comment:*** *Mr. Matthews commented some patient flow is outside of EMS control and that he didn't know of a single EMS system, even before COVID, that had an unlimited amount of resources to field because people can't get on the same page with who is the most acute and in what category. He stated that there are complexities outside of certain facets within the transfer paradigm that can be controlled, and he'd like to see that component rolled into the transfer discussion. Dr. Troutman mentioned one crucial step is to know the regional resources available – EMS and facility.*<br>***Council Comment:*** *Dr. Malone requested additional time to look at this issue because it's assumed that the problem only lies with EMS, but she stated that's not the case; Dr. Tyroch concurred. Dr. Malone asked to table this item. Dr. Remick agreed and added that when determining measures, they need to be actionable, and there needs to be buy-in from the RACs who will be following them. Mr. Salter agreed, "…once we get the RACs to start to look at these times at the local level and then evaluate the cost of factors for those delays building that system, that infrastructure right now looks like a big elephant to eat. We've got to cut it into smaller pieces, and the RACs are the way to do that."* | | | |
| **7c. Disaster Committee** | **Disaster Preparedness and Response Committee, Eric Epley, NREMT, Chair**<br><br>Eric Epley presented a briefing on the committee's Q4 meeting:<br>• **EMTF:** He stated that Sara Jensen reported 2023 as one of the largest wildfire years yet during her Emergency Medical Task Force (EMTF) briefing.<br><br>• **Pulsara:** Corey Ricketson presented the wristband integration with Pulsara. Since January 2023, 388,000 patient channels have been created, and we have over 800 hospitals and EMS agencies on board with Pulsar. He shared | | | |

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| | that Brazos Valley RAC chair Chief Billy Rice from St. Joseph EMS reported their Pulsara use with mass casualty incidents (MCIs) is 100%. They also use it for mass gatherings, such as A&M football games.<br><br>**Action Item**<br>Mr. Epley stated the GETAC Disaster Committee would like to ask for consideration to create a prehospital whole blood task force through GETAC. It would be a joint task force with the Disaster Trauma Systems, EMS, EMS Medical Directors, and Air Medical Committees and would be open attendance. He added that Florida already has a statewide coalition, and Texas was doing this before them, and he'd like to make sure the state is "staying up with the times."<br>***Council Comment:*** *Dr. Tyroch recommended adding the Pediatric Committee as well.*<br><br>Mr. Epley provided background on the National Disaster Medical System (NDMS) 2.0 Pilot Project:<br>• 5-year project<br>• Funded through the National Defense Authorization Act (NDAA)<br>• A Department of Defense (DoD) and Uniformed Services University (USU) project with five sites: Capital Region in DC, San Antonio, Omaha, Denver, and Sacramento<br>Mr. Epley stated the purpose of the project is to rebuild the national disaster medical system, primarily focused on the ICMA, which is the intercontinental medical operations plan to move wounded soldiers back to the states and then have then to have them moved into civilian hospitals with a planning factor of 1,000 patients a day for 100 days. He explained that San Antonio is the focus of the post-acute care phase, so there will be a project focused on post-acute care coordination. | Mr. Danny Ramirez made a motion for GETAC to approve the creation of a Prehospital Whole Blood Task Force. Mr. Jeff Barnhart provided a second. All approved. Motion Passed. | Approved. | |

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| | Mr. Epley stated the project will be built like a scalable Regional Medical Operations Center (RMOC) plan of action and an EMTF medical unit plan for being in a peer-near-peer relationship to receive military patients. There will also be a big exercise, possibly integrating using Pulsara from what they call the aerial point of embarkation (APOE). He mentioned that the Pulsara communications tools used for the El Paso migration during COVID worked well to move 250-300 patients. He added that the NDMS system could benefit greatly from it, so it will be used for testing in one of the San Antonio pilot projects.<br><br>***Council Comment:*** *Dr. Remick asked if there had been any discussion about what types of images would be uploaded using Pulsara (more broadly), specifically for patient identification or reunification. Mr. Epley responded by saying there had been discussions on the patient reunification process about head and shoulders versus whole body because you get both for clothes matching and things like that in an MCI. He added that there had been discussions around an active shooter incident like the Uvalde situation, but there have been no formal recommendations at this time. However, that discussion continues.*<br><br>Mr. Epley announced that the Texas Cardiac Arrest Registry to Enhance Survival (CARES) will be migrating on January 1, 2024, from the UT Houston Emergency Medicine Department to the Texas RAC Data Collaborative (RDC). It will align with the stroke and cardiac service lines and be funded jointly through the RACs and the EMS partners that are part of CARES. The RDC will be hiring a coordinator or two. Mr. Epley shared his enthusiasm for the prospect of a long-term sustainable structure and that there is shared governance through the RAC Data Collaborative, which lets every RAC have an equal vote | No additional action items were identified for the Council. | | |

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| | on the RAC data collaborative. He added that it is important for the stakeholders giving the data to participate in the governance of the data from all clinical databases.<br><br>***Council Comment:*** *Mr. Ramirez asked if all the information and questions would remain the same. Mr. Epley responded in the affirmative, stating the only difference is where the data is housed and where the employee works – CARES would not change otherwise.*<br>***Council Comment:*** *Mr. Salter asked if all RACs were participating and if all RACs were funding. Mr. Epley stated, "Yes."*<br>*Council Comment: Dr. Tyroch asked Mr. Epley to explain how Pulsara for EMS and communication is free to the hospitals.*<br>*Mr. Epley explained the 88th Legislature, as part of the budget, assigned DSHS $5 M of the biennium, $2.5 M a year, to continue the hospital transfer portal and keep it operational. He stated that DSHS assigned that mission task to him because he already had the system up and running. Mr. Epley added that dollars are making sure Pulsara is free for all EMS and hospital for the EMS report to the hospital and to the hospital if it wants to transfer to a tertiary center. The state pays for the EMS patient report, MCI management, and hospital-to-hospital transfer parts. Any internal uses, such as uses for teams within the hospital, are additional options but at the hospital's expense.*<br>*Dr. Tyroch followed up, asking how long the state will fund this. Mr. Epley stated it is in the DSHS core budget, so it would be funded as long as the budget continues to get approved.*<br>***Council Comment:*** *Mr. Matthews asked if the data would be open source. Mr. Epley stated that Pulsara would work with any EMR.* | | | |
| **7d.** | **Emergency Medical Services Committee, Eddie Martin, EMT-P, Chair** | Dr. Malone motioned to | Approved. | The final document will |

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| **Emergency Medical Services Committee** | Mr. Martin was unable to attend due to a scheduling conflict. Mr. Matthews updated the EMS Committee's 2023 priorities and activities.<br><br>• Hall time / Wall time white paper: Finishing up the final draft<br>Mr. Dudley Wait stated he implemented the items in the white paper and saw a 20% reduction in wall/hall times. Dr. Fagan said she shared the document with a facility with a significant wall time problem, and they experienced a similar response "with an evaporation of wall time problems." A discussion ensued on how to get this document out as quickly as possible to help with the flu/RSV/Covid season. The wall time workgroup agreed to complete the paper within the next two weeks and send it to the EMS Medical Directors and EMS Committees for five days to review and offer comments, and then send it to the GETAC Executive Committee for approval to move out. Dr. Tyroch asked if the Council had any issues with it, and no one shared a concern.<br><br>• Safety / Security EMS Personnel: Work in progress<br><br>• Discussion and preparation for the next active shooter / MCI: Great presentation, on-going | move the wall time white paper through the executive committee process, and Mr. Lail provided the second. Motion passed.<br><br>The executive committee will review the document. | Open | be approved via the GETAC executive committee.<br><br>December 18, 2023 |
| **7e. EMS Education Committee** | **EMS Education Committee, Macara Trusty, LP, Chair**<br>Dr. Ratcliff presented an update on the committee's 2023 priorities and activities. He stated there was an ongoing discussion about recommendations and timeline recommendations for initial certification programs, again highlighting bridge programs in the pilot that are working well and more conversation about decreases in CE hours.<br><br>**2023 Committee Priorities – Priority Activities Recorded**<br>Review/Revise EMS Education Rules to meet the needs of the workforce and the patients that are treated and transported daily: | No action items were identified for the Council. | | |

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| | • Mrs. Trusty stated the committee's primary focus is working through the EMS education rule revision. A task force is working through the revisions, including Air Med committee members, EMS committee members, DSHS EMS and education staff, and medical directors. She also stated that the committee, in collaboration with the Texas Association of EMS Educators, has developed Advanced Life Support (ALS) skills sheets, and drafts have been sent to the committee for review.<br><br>No committee items or stakeholder items needed Council guidance or items referred to GETAC for future action. | | | |
| **7f. EMS Medical Directors Committee** | **EMS Medical Directors Committee, Christopher Winkler, MD, Chair**<br><br>Dr. Elizabeth Fagan, EMS Medical Directors Committee vice-chair, provided an update on the committee's activities.<br>• The committee endorsed the National Association of State EMS Officials (NASEMSO) pediatric interim transport guidelines.<br><br>• The committee endorsed the stroke survey for education, with some changes to the language, with which Doctor Novakovic agreed.<br>• The committee did not endorse the national practice guideline recommendations in the form in which they were presented. Still, Dr. Jarvis has agreed to sit on a stroke subcommittee to bring those recommendations back and package them so that they would be specific for Texas and our communities.<br><br>Dr. Fagan did not have committee items or stakeholder items needing Council guidance, nor did she have items referred to GETAC for future action. | No action items were identified for the Council. | | |

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| **7g. Injury Prevention & Public Education Committee** | **Injury Prevention & Public Education (IPPE) Committee, Mary Ann Contreras, RN, Chair**<br>Ms. Contreras presented an update on the committee's 2023 priorities and activities.<br><br>**2023 Committee Priorities with Activities Recorded**<br>Suicide prevention and Safe storage of firearms:<br>• Committee work groups continue to meet and focus on these two priorities and are updating their spectrum of prevention strategy tools and performance improvement outcome measures.<br><br>Increase the number of certified Child Passenger Safety Technicians in Texas:<br>• Establish a subcommittee to recommend increasing the number of certified technicians in Texas. The committee will review current data/information presented in today's report from the state.<br><br>**2023 Committee Priorities – Completed and being monitored**<br>Safe Transport of Children by EMS:<br>• Work with EMSC, Pediatrics, and EMS committees to develop guidance regarding safe transport of children.<br><br>**Action Item**<br>**Request:** Ms. Contreras requested, on behalf of the IPPE Committee, Data from the Texas Trauma Registry on the number of deaths with a mechanism of injury (MOI) of "fall" admitted to designated trauma facilities over a five-year period grouped by specific RACs; with ISS score grouped by 1-8, 9-15, 16-24, and 25 and higher; age; sex; race/ethnicity; and length of hospital stay. | Dr. Ratcliff made a motion to approve the IPPE committee's data request. Mr. Salter made the second. Discussion occurred. | Approved. | March 2024, Q1 meeting |

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| | **Purpose:** Ms. Contreras stated the purpose of the request was to analyze regional data to provide a baseline of details regarding regional trends and associated risk factors in specific populations of patients admitted to designated trauma facilities with an MOI of "fall."<br><br>**Intended impact or benefit:** Ms. Contreras shared that the expected benefit would be the identification of potential interventions that could prevent fall-related fatalities, improve patient care, refine preventative strategies, inform healthcare policy to enhance overall safety, and reduce mortality rates associated with falls.<br><br>**Timeline:** She requested the data by the March 2024 GETAC quarterly meeting. *Council Comment: Dr. Tyroch asked Jia Benno if the Registry could extract data showing multiple admissions for falls, such as with the elderly, and disposition. Jia stated she will review options of reporting falls.. There was robust discussion on other data elements to include, such as height and trauma activation, but the decision was to begin with deaths from falls and drill down from there.* | Motion passed.<br><br>Jorie Klein will consult with the Registry regarding the possibility of data showing an" n" value for falls before death.<br><br>No additional action items were identified for the Council. | Open. | |
| **7h. Pediatric Committee** | **Pediatric Committee, Belinda Waters, RN, Chair**<br>Ms. Waters provided an update on the committee's 2023 priorities and activities.<br><br>**2023 Committee Priorities Completed and Being Monitored**<br>Collaboration with RAC Chairs, EMS, EMS Medical Director, Injury Prevention, and Air Medical Committees regarding Safe Transport of Children by EMS:<br>• Mrs. Waters reported that the committee collaborated with multiple committees regarding the safe transport of children by EMS, and a guidance document has been completed. She added that the | No action items were identified for the Council. | | |

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| | recommendation was sent to the RACs for firefighters to ride on the transport.<br><br>**2023 Committee Priorities – Activities Recorded**<br>Identify two to three measurable pediatric performance improvement measures:<br>• Mrs. Waters reported that the committee identified three PI measures – Pediatric Readiness participation by Texas Hospitals and EMS Agencies, Trauma Center compliance with quarterly pediatric simulations, and EMS Agency compliance in utilizing pediatric equipment in skills training/competency.<br><br>Pediatric Readiness:<br>• Mrs. Waters reported that the committee had developed twelve pediatric scenario narratives and objectives to be used for quarterly simulations and that they are working with other entities for Super Pediatric Emergency Care Coordinator (PECC) training and online simulation with SimBox. They are building the scenarios to be in person as well as on video; one is complete, and the goal is to have four by 1/11/24 to begin training the Super PECCs and to have 40 hospitals do training in the first quarter of 2024.<br><br>Complete GAP Analysis of Texas Pediatric Trauma System Score Report:<br>• Mrs. Waters reported the committee had reviewed the document, and there were questions about who completed it for the State of Texas (2017) as there was conflicting information that the committee feels is inaccurate. They have been granted permission to redo the pediatric data with a relaunching of the survey. | | | |

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| | Research Sudden Cardiac Arrests/Deaths (SCA/SCD) in pediatrics and ECG opt-out vs opt-in for sports physicals:<br>• As approved by GETAC in August 2023, Mrs. Waters stated that Tabitha Selvester has started research on the topic and will lead this workgroup. She added the committee was requesting for interested parties to join the workgroup.<br>***Council Comment:*** *Dr. Ratcliff asked who the recommendations on the non-EMS vehicle transport. She stated it went to the RAC Chairs and GETAC Air Medical, EMS, EMS Medical Directors, and Injury Prevention Committees.*<br><br>**Committee items needing council guidance:**<br>None identified at this time.<br>**Stakeholder items needing council guidance:**<br>None identified at this time.<br>**Items referred to GETAC for future action:**<br>None identified at this time. | | | |
| **7i. Stroke Committee** | **Stroke Committee, Robin Novakovic, MD, Chair**<br>Dr. Novakavic provided an update on the committee's 2023 priorities and activities.<br><br>**2023 Committee Priorities with activities recorded**<br>ASA Mission Lifeline Prehospital Stroke algorithm – Recommendation:<br>• The algorithm was approved by the Stroke Committee, seeking approval from the GETAC EMS Committee, the RACs, and the GETAC Air Medical Committee. The EMS Medical Directors Committee requested that it be unbranded; the Stroke Committee will seek input specific to Texas.<br><br>Establish recommendations for stroke facility infrastructure: | No action items were identified for the Council. | | |

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| | • The Stroke System of Care Work Group is outlining the best practices and recommendations to present to the Stroke Committee.<br><br>Pediatric Task Force:<br>• The pediatric task force includes 33 members through the different committees and individuals in the outlying areas representing pediatric stroke. The stroke committee approved a proposal for prehospital best practices for management, transport, and interfacility transfers. Will submit it to other committees. Next steps: minimum capability recommendations for pediatric hospitals to be recognized as capable of caring for pediatric stroke.<br><br>Interfacility Stroke Terminology<br>• Collect the appropriate data to outline the barriers to interfacility transfers and whether stroke terminology could facilitate faster door-in/door-out (DIDO). The committee discussed having a common language that hospitals could speak with EMS and between the transferring and receiving hospitals. The committee was asked to get more information in terms of performance and identifying where the barriers may lie between the receiving and transferring hospital and EMS; that requires data to be put into the DIDO layer and Get With the Guidelines, so they've asked the stroke facilities to participate with putting that information in.<br><br>Establish research opportunities in Texas to help advance stroke care:<br>• Working on a Texas study looking at providing standardized stroke education and then looking at its impact both before the intervention with the stroke education and then after. Considering different ways this could be performed, possibly through the RACs. | | | |

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| | DIDO performance recommendations:<br>• Stroke Committee approved. Receiving input from GETAC Committees.<br><br>Texas EMS Stroke Survey:<br>• Stroke Committee and Air Medical approved. The EMS and EMS Medical Directors Committees will help with the language so it can be more useful. The survey is trying to assess what stroke screening tools are currently being used, how often they're being utilized, and how confident the EMS providers feel in performing the tools, intending to understand where there might be opportunities for providing more education and the differences in the different screening tools and different regions.<br><br>Provide a list of recommended stroke education and certification courses:<br>• Compiling a list of courses and certifications about stroke education at all levels. The Education Work Group will review the list before presenting it to the Stroke Committee.<br><br>Stroke Education Resource for stroke facilities:<br>• Working with DSHS/GETAC to find the best way to provide a stroke education resource. Link to a facilities stroke education page current suggestion.<br><br>Work with DSHS to outline recommendations for stroke facility-level rules:<br>• Task force meeting 12/2023<br><br>**2023 Committee Priorities - Completed and being Monitored**<br>Report and disseminate quarterly Texas Stroke Quality Performance Report:<br>• This report comes from Get With the Guidelines. The committee reviews and shares it with the Texas Council of Cardiovascular Disease and Stroke. | | | |

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| | The committee will share with other committees who'd like to see it. It looks at both the stroke hospitals and prehospital settings. Use the quality report with RAC/rural/urban/suburban benchmark groups to identify barriers to stroke care and opportunities for improvement.<br><br>GETAC Stroke Committee Performance Measures:<br>• Median door-to-needle (DTN), Median DIDO, Percentage Stroke Screening Tool Performed and Documented<br><br>**2023 Committee Priorities – Not Yet Implemented**<br>• Revision GETAC Stroke Committee Purpose<br><br>Dr. Novakovic did not have any committee or stakeholder items needing Council guidance. | | | |
| **7j. Trauma Systems Committee** | **Trauma Systems Committee, Stephen Flaherty, MD, Chair**<br>Dr. Flaherty provided an update on the committee's 2023 priorities and activities. He also bid farewell to Kevin Cunningham, who is departing from the Trauma Systems Committee, and thanked him for serving the committee and prehospital interests well.<br><br>**2023 Committee Priorities**<br>Use data to assess the system: Dr. Flaherty reported the committee's workgroup developed a framework for assessing trauma transfer delays using data from the Trauma Registry and had preliminary validation of variance from expected performance. He added that the committee would recommend turning this into a state-system PI project representing the trauma system. | | | |

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| | Facilitate RAC communication: Dr. Flaherty shared that the workgroup has established contact with RAC leaders, and they have a preliminary assessment of opportunities.<br>Monitor designation process: Dr. Flaherty stated they'd have more information on this in the next quarter, but **c**oordination with DSHS has been established, along with ongoing assessment.<br><br>Monitor trauma funding: Dr. Flaherty reported the workgroup continues to monitor for opportunities to advocate for the trauma system.<br><br>**Action Item**<br>**WHAT:** The committee requests the adoption of the following as a state-level PI project: "Assess the performance of the trauma system in transferring severely injured patients to an appropriate level of care."<br><br>**WHY:** Dr. Flaherty stated that optimal care is provided in the system when injured patients receive timely care at the appropriate level trauma center. He added that anecdotal reports suggest that there are important variances from expected performance in this regard in the Texas trauma system.<br>Dr. Flaherty shared a chart from the Registry showing, by individual RACs, the time until transfer for severe patients in 2020-2022. He explained the threshold set for severely injured patients – Glasgow Coma Score (GCS) less than nine, blood pressure less than 110 for those over 65, and blood pressure less than 90 if under 65. He added this does not require any sophisticated imaging or anything else, that these are things that should be able to be identified within 10 to 15 minutes of arrival, and that should trigger the transfer out, certainly within two hours. He demonstrated that across all RACs, a fair number of severe patients are being transferred out more than two hours. | | | |

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| | ***Council Comment:*** *Dr. Tyroch asked if the blood pressure (bp) was the first prehospital or hospital measurement. Ms. Benno stated it was the initial hospital BP check. Dr. Tyroch followed up with a question to Dr. Flaherty about whether or not there needed to be another layer of sophistication if first BP was 89 but normal after that. Dr. Flaherty responded that that would fall on the RAC PI process and how they look at it, but this "would set a mark on the wall." Dr. Tyroch stated he thought all RACs evaluate patient transfer times. Dr. Flaherty responded that not all RACs have an organized PI process to look at this particular thing.*<br>***Council Comment:*** *Dr. Eastridge suggested it might be helpful to calculate a rate of fallouts rather than just raw numbers. Dr. Flaherty stated they had those percentages as part of the data.*<br>***Council Comment:*** *Referring to the time until transfer for severe patients in the 2020-2022 data chart, Mr. Salter asked if the patients were known to be severely injured upon arrival or if there was a delayed imaging study that found something that put them in the severity category. Dr. Flaherty responded that the data is from objective criteria – bp and GCS – that should be available within 15 minutes of arrival.*<br>***Public Comment:*** *Chris Campbell asked if the focus could be on unstable patients only. Dr. Flaherty stated that "unstable" was a difficult term because unstable requires measurements over time and a comparison as to whether somebody is getting better. He added that severely injured could be defined in other ways, such as looking at anion gap and lactic acid, but that's asking a lot for Level IV facilities.*<br>***Public Comment:*** *Christine Reeves, Central Texas RAC, commented that they have a definition for "severe trauma patients" in her RAC. She added that the severe didn't come after the transfer; it started at the beginning and was not necessarily because of a delay.* | | | |

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| | ***Council Comment:*** *Dr. Ratcliff asked if this had been shared with the RACs and if they were supportive. Dr. Flaherty stated it was shared with the RACs, and they supported it. Ms. Klein reminded that each RAC must have a system PI moving forward with the new rules and suggested checking with each RAC to see where they're at with their system PI if they're monitoring any of the transfers. Dr. Remick added that for equity purposes, provide the reported numbers by percentage to allow for benchmarking across the RACs to understand better where they stand relative to other RACs. Dr. Flaherty agreed to provide percentages.*<br>***Public Comment:*** *Wanda Helgesen, Border RAC, commented that there were things going on in the state during that period that limited the number of inpatient beds and extremely difficult transfers across the state. Dr. Flaherty responded that transfer delays have been a concern for 7-9 years and discussed anecdotally, adding that this is just a preliminary assessment worth looking at.*<br>***Council Comment:*** *Dr. Ratcliff commented this is future informative data to determine where the problem lies, such as a lack of accepting facilities or EMS critical care transport and agreed with the RAC system PI aspect of looking at this.*<br>***Council Comment:*** *Dr. Tyroch asked if the RACs already have a process. Ms. Klein responded that there are two questions to focus on* ***1)*** *Determine how many RACs have a functioning systems performance improvement process and how many of them are looking at transfers, and* ***2)*** *Ask the RACs that do and those that don't have a system and place to start monitoring the list of criteria that the Trauma Systems Committee outlines, which means a hospital would have to say they identified that there's a variance and then send that forward through the systems PI process.*<br>***Council Comment:*** *Mr. Matthews asked if 2018-2019 data could be pulled to address the concern with Covid bias. Ms. Benno said she could pull that information. Dr. Flaherty added that the ask he is bringing forward requests the* | Dr. Ratcliff motioned to approve the requested project for looking at door-in/ door- | Approved. | |

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| | *RACs to look at the first six months of 2023, post-Covid, as a starting point for looking at the data and making forward decisions.*<br>After robust discussion, Dr. Tyroch stated the Council should recommend that the two-hour delay be looked at through a PI process.<br><br>**EXPECTED BENEFIT:** Severely injured patients requiring transfer to high-level centers will have higher survival rates and less impairment of functional outcomes when transfer times are optimized.<br><br>**TIMELINE:** Dr. Flaherty proposed setting a PI process place and asking the RACs to look at some of this information and assess again within their regions. The committee requests the following timeline:<br>Q1 2024: RACs self-assess regional transfer time information for CY2023.<br>Q2 2024: RACs demonstrate that they have completed the RAC PI plan to assess regional opportunities to improve transfer times.<br>Q3 2024: RACs present preliminary assessment of variances contributing to transfer delays.<br><br>**Motion to approve:** Dr. Ratcliff made a motion to approve the project for Dr. Flaherty's team looking at door-in/door-out times from referring facilities for severely injured patients that are determined by the geriatric and the non-geriatric systolic blood pressure and GCS less than 9, including approval to work with the Registry and acknowledging the quarterly schedule. Second was provided by Mr. Lail. Dr. Ratcliff asked if Ms. Klein would confirm this item as a state PI qualifier. Ms. Klein stated that was a council decision.<br><br>Dr. Flaherty also suggested another state PI process that looks at our whole blood program and develops some markers related to that as well. | out times from referring facilities for severely injured patients as a state PI focus. Motion seconded by Mr. Lail. Motion passed. | | |
| **8.** | **GETAC Strategic Plan Review** | | | |

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| **Update** | Dr. Tyroch stated the plan is to discuss changes at the Strategic Planning Retreat on February 1-2, 2024, finalize the document, and present it for approval. | DSHS staff will send the most recent version to the Council. | | Add to Strategic Planning Retreat agenda to finalize. |
| **9.** | **Texas System Performance Improvement (PI) Plan and PI Task Force** | | | |
| **Update** | Dr. Kate Remick, the task force co-chair, provided an update. The task force met in early November 2023. Dr. Remick stated Mr. Jeff Barnhart will transition to other efforts and leave the task force. She welcomed Mr. Salter as co-chair. The task force will meet virtually to move forward with the next steps and bring a plan back to GETAC. That meeting will be on 12/4/23. | No action items were identified for the Council. | | *Rescheduled for 1/8/24.* |
| **10.** | **Action Items** | | | |
| **10a. Position Statement** | Position Statement 2023-A: Support for National Pediatric Readiness Quality Initiative (NPRQI) | Mr. Matthews made a motion to approve the documents presented. Mr. Salter provided a second. Motion passed. | Approved. | Post to GETAC Council webpage. |
| **11.** | **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**<br>No discussion or update. | No action items were identified for the Council. | | |
| **12.** | **Rural Priorities** | | | |

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| **Update** | **Discussion: Rural Priorities**<br>No discussion or update. | No action items were identified for the Council. | | |
| **13.** | **Initiatives, Programs, Research** | | | |
| **Update** | **Discussion and possible action: Initiatives, programs, and potential research that might improve the Trauma and Emergency Healthcare System in Texas**<br>No discussion or update. | No action items were identified for the Council. | | |
| **14.** | **GETAC Stakeholders Report** | | | |
| **TETAF** | **Texas EMS Trauma Acute Care Foundation (TETAF)**<br>Dinah Welsh, TETAF President/CEO, Provided an update on TETAF activities.<br>**Advocacy**<br>• The TETAF Advocacy Committee has remained vigilant in monitoring activities and discussions during the Special Sessions, including the current Fourth Called Special Session. She reminded the Council that it was during a special session that the tobacco funds that helped to fund the trauma system were being depleted, so although things have been pretty quiet, TETAF continues to monitor.<br>• The TETAF Advocacy Team will soon begin preparations for the 89th Texas Legislative Session that begins January 2025.<br>• TETAF has had discussions with the Texas Department of State Health Services (DSHS) Office of EMS/Trauma Systems regarding its Legislative Appropriations Request and funding for the Regional Advisory Councils, a statewide perinatal database, plus needs for the Texas Trauma System. She added that TETAF is thrilled that the $3.3 million that went to the RACs is now considered part of the DSHS base budget but reminded that they will have to continue to fight to maintain those funds, there's never solid | No action items were identified for the Council. | | |

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| | funding as at the legislative level is only permanent, dedicated, and designated until the next Legislature meets. She appreciated the department putting that funding in its base budget.<br>**Surveys – Trauma, Stroke, Maternal, and Neonatal**<br>• The number of surveys continued steadily for all survey service lines in the last quarter. Trauma and maternal continue to be the two busiest service lines.<br>• TETAF continues to monitor rule updates and their impact on hospitals, surveys, and surveyor requirements. She stated that she knows the intent is to improve the trauma system but worries about some of the emergency department physician requirements and ensuring that if those move forward, they will have a new pool of emergency physicians to train for conducting surveys.<br>• Ms. Welsh reported that when it comes to the trauma rules, they are positioning themselves to be prepared but trying not to get ahead of themselves.<br>**Education**<br>• The most recent TETAF Hospital Data Management Course (HDMC) was held virtually in November. Mark your calendar for the next **TETAF HDMC on June 6-7, 2024**. Visit https://tetaf.org/hdmc/ for details. This course is held twice a year. Ms. Welsh encouraged the hospital personnel to share the course information and stated that the feedback received pointed to the value of the course.<br>• TETAF and Texas Perinatal Services continue to offer the Texas Quality Care Forum (TQCF) each month with rotating topics focused on trauma, stroke, maternal, neonatal, and acute care, and they are trying to build in some EMS topics.<br>• TETAF and Texas Perinatal Services continue to offer exclusive, free educational opportunities to our hospital partners via Mighty Networks. | | | |

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| | Ms. Welsh stated it is a valuable resource for information for all TETAF service lines.<br>**Collaboration**<br>• TETAF continues to support Texas TQIP; it has been under the TETAF umbrella but operates as its own entity.<br>  ○ Drs. Justin Regner and Charles Bayouth have stepped down as co-medical directors for Texas TQIP.<br>  ○ Members of the Texas TQIP Collaborative will meet at the ACS TQIP Conference in Louisville, KY, on December 1-3, 2023. Dr. Carlos Palacio has agreed to lead that meeting.<br>  ○ Ms. Welsh mentioned there was much discussion with TQIP and Level III coming in and how to make sure that we are learning from that data and growing as a system.<br>• TETAF continues to provide all continuing education for the Texas Trauma Coordinators Forum and participate in their educational activities.<br>• TETAF/Texas Perinatal Services will again sponsor the Texas Collaborative for Healthy Mothers and Babies (TCHMB) Summit in Austin from February 28 to March 1, 2024.<br>• TETAF welcomes the opportunity to be a resource or participate in any meetings to further build the trauma and emergency care network. | | | |
| **15. Final Public Comments** | The list of those registered for public comment was read by Ms. Lee Richardson (DSHS).<br>A written public comment was submitted to the department by Lisa Ross from Lock Arms for Life. Ms. Lee Richardson read the statement into the meeting record. | | | |
| **16. Announcements** | No additional announcements were made. | | | |
| **17.** | • Strategic Planning Retreat: February 1st PM – February 2nd AM at the DoubleTree Hotel | | | |

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| **Next Meeting Dates** | • Quarterly Meetings:<br>○ Q1 – March 6-8, DoubleTree Hotel<br>○ Q2 – June 12-14, DoubleTree Hotel<br>○ Q3 – August 21-23, DoubleTree Hotel<br>○ Q4 – November 23-25, 2024, in conjunction with the Texas EMS Conference in Ft. Worth. | | | |
| **18. Adjournment** | Dr. Tyroch adjourned the meeting at 7:19 PM. | | | |