

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

**Friday, August 19, 2022**  
Holiday Inn Austin Midtown  
Hill Country Rooms A and B  
6000 Middle Fiskville Road  
Austin, TX 78751

**Meeting Minutes**

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

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Item	Agenda	Discussion	Action Plan / Responsible Individual	Status	Comments
	Call to Order	Meeting called to order at 8:02 AM by Dr. Tyroch.	-	-	
	Reading of GETAC Vision and Mission	Read by Dr. Tyroch. There was a moment of silence for those who lost their lives in the line of duty.	-		
	Review and Approval of May 26, 2022, GETAC Minutes	A motion was made by Dr. Troutman to approve the May 26, 2022, minutes. The motion was seconded by Mr. Salter.	The minutes were approved by the Council.	Complete	
1	Chair Report and Discussion – Alan Tyroch, MD, Char	Dr. Tyroch provided a brief overview of the upcoming October GETAC Retreat. The Strategic Plan and Procedural Operating Standards will be discussed at the Retreat. Dr. Tyroch	Council members and committee chairs are expected to attend the meeting, review the agenda and documents provided, and be	Date of Strategic Planning Retreat	Will occur the day before the GETAC Meetings in March of 2023.

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		stated that the Council follows the Open Meetings Act and Public Information Guidelines. All Committee and Council members are expected to participate in a minimum of 50% of the meetings, and missing two consecutive quarterly meetings is subject to review. Dr. Tyroch asked all members to complete the Conflict of Interest Form if they haven’t already completed it.	prepared for the discussion		
2a	Center for Health Emergency Preparedness and Response	<p>Monkeypox update provided by Jennifer A. Shuford, MD, MPH</p> <ul style="list-style-type: none"> <li>▪ Monkeypox caused by monkeypox virus.</li> <li>▪ Two different types of monkeypox: West African and Central African</li> </ul>	No action was taken during this item.	Complete	

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		<ul style="list-style-type: none"><li>▪ Current outbreak is due to West African</li><li>▪ Discovered in 1958; first human case in 1970</li><li>▪ African rodents and non-human primates are thought to harbor virus</li><li>▪ Person-to-person spread is driving the current global outbreak</li><li>▪ Direct contact with rash, scabs, or body fluids</li><li>▪ Exposure to respiratory secretions during prolonged, face-to-face contact</li><li>▪ Contact with items that touched infectious rash or body fluids</li><li>▪ Getting scratched or bitten by infected animal spreads virus too</li></ul>			
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		<ul style="list-style-type: none"><li>▪ 1-3 week incubation period</li><li>▪ Clinical presentation:<ul style="list-style-type: none"><li>• Often starts with a prodrome of fever, malaise, headache, lymphadenopathy</li><li>• Rash usually follows</li><li>• Lesions progress through different phases: enanthem, macules, papules, vesicles, pustules, and then scabs</li><li>• Infectious until scabs fall off and fresh skin is evident</li></ul></li><li>▪ Diagnosis: Nucleic acid amplification test</li><li>▪ Medical countermeasures can be used for: Pre-exposure prophylaxis, post-exposure</li></ul>			
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		<p>prophylaxis, and treatment</p> <ul style="list-style-type: none"><li>▪ Currently, over 13,000 cases reported in the USA</li><li>▪ Texas cases as of August 16, 2022: 991</li><li>▪ 30-39 years old experiencing biggest outbreak, mostly male cases.</li><li>▪ Next Steps in Texas:<ul style="list-style-type: none"><li>• Follow epidemiological trends to understand how to control spread</li><li>• Facilitate testing and ensure test result reliability</li><li>• Increase vaccine delivery across State</li><li>• Facilitate use of tecovirimat (TPOXX) within State</li></ul></li></ul>			
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		<ul style="list-style-type: none"><li>• Strengthen communication with affected populations, providers, and public</li></ul> <p>Dr. Tyroch asked if it was known when it would peak and taper off. Dr. Shuford said that that was unknown at this time.</p> <p>Joe Schmider asked about EMS treatment and transport. Dr. Shuford stated that there isn't specific guidance from the Centers for Disease Control at this time. However, infection control guidance for healthcare settings is addressed.</p>			
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		The monkeypox update is located under “News” on the DSHS website.			
2b	EMS Trauma Systems	<p>Jorie Klein, MSN, MHA, BSN, RN, Director, provided an update for EMS/Trauma Systems.</p> <ul style="list-style-type: none"> <li>▪ Activities <ul style="list-style-type: none"> <li>• Rural level IV/Non-Rural Level IV/III Monthly Calls <ul style="list-style-type: none"> <li>○ Technical Assistance</li> <li>○ Issues with Blood Bank in West Texas</li> <li>○ ISS Coding/Planning for TQIP</li> <li>○ Prolonged Diversion Issues</li> </ul> </li> <li>• RAC Monthly Meetings <ul style="list-style-type: none"> <li>○ Senate Bill 500-Wrist Band Project</li> </ul> </li> </ul> </li> </ul>	<p>Dr. Troutman made a motion to hold the meetings in February, May, and September 2023. Mr. Salter seconded the motion. The motion passed.</p> <p>The budget discussion will continue at the GETAC Retreat.</p> <p>No further actions were defined.</p>	The department will continue to work on hotel contracts for the defined meeting dates.	The Legislative Session may impact hotel space availability.



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		<ul style="list-style-type: none"> <li>○ Contract Requirements</li> <li>○ Senate Bill 8</li> <li>○ Waiver</li> <li>● Initiate Calls with Survey Organizations/Surveyors             <ul style="list-style-type: none"> <li>○ Survey Guidelines</li> </ul> </li> <li>▪ ISS Coding; Implementing TQIP Workgroup             <ul style="list-style-type: none"> <li>● Targeting Level IV and Level III Facilities</li> <li>● Selected Subject Matter Experts Across Texas</li> <li>● Goal- Two calls per month</li> <li>● AIM: Reduce the 2019 missing ISS scoring rate of 4.57% to less</li> </ul> </li> </ul>	<p>The products of this workgroup are targeted for sharing with stakeholders at the first quarter GETAC meeting</p>		
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		<p>than 2% by December 31, 2023</p> <ul style="list-style-type: none"> <li>• AIM: 70% of the Texas-designated Level III trauma facilities will successfully submit data to TQIP by July 2024.</li> <li>▪ Designation Process             <ul style="list-style-type: none"> <li>• Gaps in programs</li> <li>• Documentation</li> <li>• Performance improvement</li> <li>• Registry</li> <li>• TPM and TMD</li> <li>• Lack of fulfilling the TMD job functions</li> <li>• Excessive diversion</li> <li>• Lack of RAC participation</li> </ul> </li> </ul>	<p>in 2023.No actions were defined.</p> <p>There were no questions and no follow-up actions defined.</p>		
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		<ul style="list-style-type: none"><li>• Lack of outreach education/injury prevention</li><li>• Pediatric over-imaging</li><li>• ACS Reviews-Not verified-Impact Designation</li><li>▪ Addressing issues with facility leaders: CEO, CNO, medical directors, and program managers</li><li>▪ Consistency in Survey Process was discussed.</li><li>▪ Survey Guidelines were reviewed.</li></ul> <p>Future GETAC Meetings</p> <ul style="list-style-type: none"><li>▪ 2022 Retreat – Oct. 20 and 21</li><li>▪ February 15, 16 and 17, 2023</li><li>▪ March 15, 16 and 17, 2023</li></ul>			
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		<ul style="list-style-type: none"> <li>▪ May 17, 18, and 19, 2023</li> <li>▪ June 14, 15, and 16 or June 21, 22, and 23, 2023</li> <li>▪ August 16, 17, and 18, 2023</li> <li>▪ September 13, 14, and 15, 2023</li> <li>▪ 2023 Retreat – Oct. 19 and 20</li> <li>▪ November 18, 19, and 20, 2023</li> </ul> <p>Sabrina Richardson read a comment from Macara Trusty that stated that October dates might interfere with F1 in Austin.</p> <p>Mr. Marocco stated that he supports the dates too.</p>	<p>The department is currently working on hotel contracts. This is a priority action item.</p>		
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		<p>Dr. Tyroch stated that the next meetings would take place November 19-21, 2022, in conjunction with the EMS Conference.</p> <ul style="list-style-type: none"><li>▪ GETAC Committee Member Applications are available September 1- 30<sup>th</sup></li><li>▪ Committee Selection is completed October</li><li>▪ All individuals expiring in December of 2022 must reapply to continue committee membership</li><li>▪ All individuals interested in participating must complete an application.</li></ul> <p>Dr. Troutman asked about diversion. Ms. Klein stated that the diversion is</p>			
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		<p>specifically related to staffing and reiterated that diversion is a request.</p> <p>Budget update provided by Dr. Timothy Stevenson, Associate Commissioner, DSHS Consumer Protection Division</p> <ul style="list-style-type: none"> <li>▪ 5111 is the designated Trauma and EMS funding account.</li> <li>▪ Decrease in funding of uncompensated care to smaller rural hospitals.</li> <li>▪ It was asked at the last meeting if the drop in funding is related to COVID. It doesn't appear to be related since the drop is continuing.</li> </ul>	<p>The council discussed the opportunity of meeting with the Governor to discuss funding of the trauma and emergency healthcare system. This will be further discussed at the retreat.</p>		
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	<ul style="list-style-type: none"><li>▪ The department has briefed leadership about the drop in revenue streams.</li><li>▪ Has met with the Legislative Budget Board.</li><li>▪ Small and rural hospitals will be impacted the most.</li><li>▪ Will bring an update to the GETAC October Retreat.</li></ul> <p>Mr. Salter asked if any other groups were impacted as severely as the Trauma and Emergency Healthcare System. Dr. Stevenson stated that information was not available. Dr. Tyroch noted that the funding source change is</p>			
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		<p>accountable for elements of the decreased revenue.</p> <p>Mr. Salter wanted to know what mechanism, as a Council, GETAC can address to make a recommendation to the department to act on the funding decrease.</p> <p>EMS Systems Update provided by Joe Schmider, Texas State EMS Director.</p> <ul style="list-style-type: none"><li>▪ COVID continues to be a challenge for the healthcare system.</li><li>▪ In accordance with Section 418.016 of the Texas Government Code, the Governor grants DSHS’s request to continue the suspension</li></ul>			
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		<p>of Texas Health and Safety Code §773.050(a) and 25 TAC §157.11(h)(1)-(6) for 90 days beyond the current termination effective date of August 26, 2022, or until the March 13, 2020, disaster declaration is lifted or expires, whichever is first. (Nov. 25, 2022)</p> <ul style="list-style-type: none"><li>▪ Financial impact to include billing and supplies costs.</li><li>▪ EMS Rule Update<ul style="list-style-type: none"><li>• Dialysis amendment<ul style="list-style-type: none"><li>○ Medical Directors Committee adopted a protocol for Council review.</li></ul></li><li>• AED repealed</li><li>• Education Rules</li></ul></li></ul>			
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		<ul style="list-style-type: none"> <li>○ Trying to make easier</li> <li>○ NREMT Resolution Accreditation has had no impact in Texas.</li> <li>○ EMS Rules next</li> <li>● Rule review process</li> </ul> <p>Mr. Matthews asked that while looking at the Education rules, also look at the Continuing Education (CE) rule. CE should be driven by quality assurance and driven from the provider level. Mr. Matthews would like a multidisciplinary workgroup to look at CE. Mr. Matthews asked for a second workgroup to look at the accreditation process.</p>	<p>Mr. Schmider stated that there would be continued discussion of these issues</p>		
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		<p>Macara Trusty stated that the Education Committee has invited the EMS Committee to participate in workgroup meetings to discuss CE. The workgroups also walked through each requirement for accreditation. It was the determination as to who can and cannot run a program, customer service issues, and length of time.</p> <p>Ms. Trusty stated that they might hold another workgroup meeting around October 7<sup>th</sup>.</p> <p>Mr. Schmider stated that during the EMS Conference, he hosts an “Ask Joe” class.</p>	<p>as the rules are formally opened for revision. This will most likely occur after the 2023 Legislative Session.</p>		
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	<p>He suggested discussing this topic during his class.</p> <p>Dr. Malone asked about having a Zoom meeting just to discuss the parameters to meet and to address the CE points that are most needed.</p> <p>Ms. Trusty will take the lead on scheduling the October 7<sup>th</sup> meeting.</p> <p>Mr. Salter stated that the way CE is currently written, people are repeating initial education every recertification period.</p> <p>Dr. Eastridge asked if the pre-hospital individuals want revised CE</p>			
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	<p>requirements. Mr. Matthews stated that most want to learn and enhance skills.</p> <p>Ms. Richardson read a comment from Lynn Lail. Ms. Lail wrote that “if we desire to move paramedicine to being considered a profession, taking steps like this will move us in the right direction.”</p> <p>Ms. Richardson also read a comment about the AED rule and whether it was repealed.</p> <ul style="list-style-type: none"><li>▪ New Website and Email address for Senate Bill 8<ul style="list-style-type: none"><li>• <a href="mailto:TEAM-TEXAS-EMS@dshs.texas.gov">TEAM-TEXAS-EMS@dshs.texas.gov</a></li></ul></li></ul>			
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		<ul style="list-style-type: none"> <li>• <a href="https://www.dshs.texas.gov/Team-Texas-EMS/">https://www.dshs.texas.gov/Team-Texas-EMS/</a></li> </ul> <p>Designation Update provided by Jorie Klein.</p> <ul style="list-style-type: none"> <li>▪ Designated Facilities by Program             <ul style="list-style-type: none"> <li>• Trauma – 303</li> <li>• Stroke – 178</li> <li>• Maternal – 222</li> <li>• Neonatal - 227</li> </ul> </li> <li>▪ Stroke and Trauma Designation Data were discussed</li> </ul> <p>EMS/Trauma Systems Funding update provided by Indra Hernandez.</p> <ul style="list-style-type: none"> <li>▪ Extraordinary Emergency Funds (EEFs)</li> </ul>	<p>No questions or action items were identified.</p>		
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		<ul style="list-style-type: none"><li>• FY22: \$1 million was made available on 9/1/21</li><li>• 19 applications received</li><li>• Nine awarded</li><li>• Funds available: \$165,532.34</li></ul> <p>Dr. Tyroch asked if this funding is specific to EMS or can a hospital ask for it. Ms. Hernandez stated that EMS providers, first responder organizations, and hospitals are eligible.</p> <ul style="list-style-type: none"><li>• Requested items: New ambulance/ambulance remounts, ambulance repairs, equipment</li><li>▪ Hospital Allocation Updates</li></ul>			
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		<ul style="list-style-type: none"> <li>• FY 2020 Info:</li> <li>• SDA Trauma Add-on - \$172.89 million</li> <li>• Non-SDA Hospitals - \$6.54 million</li> <li>• SDA “make whole” - \$2.64 million</li> <li>• FY 2021 – Next application to be released</li> <li>• Tentatively scheduled for Sept 2022</li> <li>• Sign up for email notifications</li> <li>▪ FY 24 EMS Allotment/Allocation <ul style="list-style-type: none"> <li>• Available for EMS providers – provide 911 services, and/or Emergency transfers</li> <li>• First step of process – review eligibility list</li> </ul> </li> </ul>	<p>This discussion raised the issue of decreased funding again. This issue will be further discussed at the GETAC retreat.</p>		
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		<p>and verify entity is listed</p> <ul style="list-style-type: none"><li>• Submit no later than August 31.</li><li>▪ Regional Advisory Councils (RACs)<ul style="list-style-type: none"><li>• FY23 – RAC Contracts (9/1/22 – 8/31/23)</li><li>• EMS/County - \$4.79 million</li><li>• EMS/RAC - \$2.59 million</li><li>• System Development - \$2.27 million</li><li>• EMS Workforce Campaign (SB 8 Funds)</li><li>• Contracting with RACs</li><li>• Contract dates: 9/1/22-12/31/24</li><li>• Total funds awarded: \$20.5 million</li></ul></li></ul>			
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		<ul style="list-style-type: none"><li>• Education/Scholarships - \$12.5 million</li><li>• RAC Admin/Program - \$4.0 million</li><li>• Equipment - \$1.0 million</li><li>• Incentives - \$3.0 million</li></ul>			
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2c	Texas EMS and Trauma Registry	<p>Update provided by Jia Benno, MPH, Manager.</p> <ul style="list-style-type: none"> <li>▪ Provided an update on the Trauma Systems Data Request (Texas 2021) and Injuries Over Time (1999-2020)</li> <li>▪ In 2021, EMS/Trauma Registry received a total of 153,135 unique patient records.</li> <li>▪ Trauma Patients – Shock versus No shock <ul style="list-style-type: none"> <li>• Firearm – Shock- 22.03%; No Shock – 7.84%</li> </ul> </li> </ul>	<p>Ms. Benno will provide an update at the November 2022 GETAC meeting.</p> <p>Mr. Schmider will discuss the data request process at the next GETAC meeting.</p>		

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		<ul style="list-style-type: none"><li>• Fall – Shock 21.48%; No shock – 30.59%</li><li>• Motor Vehicle Accident – Shock 21.48%; No shock – 21.26%</li><li>• Patient’s Age - No major difference in age groups</li><li>• Patient’s Gender – Males are higher in both groups</li><li>• Patient’s Race and Ethnicity</li><li>• Transport Mode – Shock - ground ambulance 72.99%, private/public vehicle/walk-in 16.09%; No Shock – ground ambulance 67.35%, Private/public vehicle/walk-in 24.7%</li></ul>			
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		<ul style="list-style-type: none"><li>• Emergency Department Disposition – Shock – Deceased/Expired 25.30%; No shock – Deceased/expired 1.61%</li><li>• Hospital disposition</li><li>• Hospital Designation – No major difference</li><li>• Regional Advisory Committee – E and Q receive majority of patients</li><li>• Double transfer – Shock .19%; No shock .21%</li><li>• Trauma Patients with and without a Traumatic Brain Injury (TBI)</li><li>• Fall – With TBI 39.09%; without TBI</li></ul>			
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		<p>30.27%; Motor vehicle occupant – With TBI 21.20%, without TBI 21.26%</p> <ul style="list-style-type: none"><li>• Patient’s Age – Higher rate of TBI and without TBI in age group 55-65</li></ul> <p>Dr. Remick asked if pediatrics were included in the data. Ms. Benno stated no.</p> <p>Dr. Tyroch asked if a concussion is included in a TBI. Ms. Benno stated that they use the CSTE definition of TBI. Ms. Benno said she would share the link regarding concussion information with the Council.</p>			
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		<ul style="list-style-type: none"><li>• Patient’s Gender – Males experience more TBI and without TBI than females</li><li>• Transport Mode</li><li>• Emergency Department Disposition</li><li>• Hospital Disposition</li><li>• Hospital Designation</li><li>• RACs</li><li>▪ Trauma Patients with Lower Extremity Open Fractures<ul style="list-style-type: none"><li>• MOI – Firearm 37.2%; Fall 23.69%, MVT 10.76%</li></ul></li></ul> <p>Dr. Tyroch questioned the firearm data point. Ms. Benno said she would verify that information.</p>			
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		<ul style="list-style-type: none"><li>▪ Transport Mode – Level 4 Trauma Centers<ul style="list-style-type: none"><li>• Ground ambulance: 56.47%</li><li>• Private/public/walk-in: 41.51%</li><li>• Helicopter: .80%</li><li>• Police/LE: .55%</li></ul></li><li>▪ Injury Severity Score (ISS) – Level 4 Trauma Centers</li></ul> <p>Dr. Tyroch stated that about a third of the patients with an ISS greater than 15 went to a level 4 trauma center. What percentage of patients with greater than 15 were transferred? Ms. Benno stated that she would follow up with Dr. Tyroch.</p>			
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	<p>Dr. Flaherty thanked Ms. Benno for the data and advocated for a stronger relationship between the Trauma Systems Committee and the Trauma Registry.</p> <p>Mr. Schmider explained the data request process and stated that he would create a flowchart and bring it back to the Council for approval.</p> <p>Mr. Salter thanked Ms. Benno for the data presented.</p> <ul style="list-style-type: none"><li>▪ Injury Fatality Rates Over Time (1999-2020)</li><li>▪ Rural had higher rates</li><li>▪ Increase in suicide fatalities over time</li></ul>			
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		<p>Ms. Benno stated that this information was taken from Web-Based Injury Statistics Query and Reporting System (WISQARS).</p> <p>Dr. Remick suggested creating a small subcommittee to develop data requests and present them to the Trauma Systems Committee and/or the Pediatric Committee.</p> <p>Dr. Flaherty noted that his committee has Liaisons that are from the Council.</p>			
3	GETAC Committee Reports				
3a	Air Medical and Specialty Care Transport Committee	Update provided by Lynn Lail.	No action was taken.		

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	Lynn Lail, RN, Chair	<ul style="list-style-type: none"> <li>▪ Items needing Council guidance.               <ul style="list-style-type: none"> <li>• None</li> </ul> </li> <li>▪ Items referred to GETAC for future action               <ul style="list-style-type: none"> <li>• None</li> </ul> </li> <li>▪ Announcement.               <ul style="list-style-type: none"> <li>• Taskforce #1 – Lessons learned from COVID Response</li> <li>• Taskforce #2 – Neonate and Pedi equipment list recommendations</li> <li>• “A revisit” – Texas Administrative Code 157.12- Rotor-wing Air Ambulance – Subsection (b)</li> </ul> </li> </ul>			
3b	Cardiac Care Committee James McCarthy, MD, Chair	No update was provided.			

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3c	<p>Disaster Preparedness and Response Committee Eric Epley, NREMT, Chair</p>	<p>Update provided by Eric Epley.</p> <ul style="list-style-type: none"> <li>▪ Items needing Council guidance. <ul style="list-style-type: none"> <li>• Statewide EMS/Emergency Medical Task Force (EMTF) Wristband Project. <ul style="list-style-type: none"> <li>○ Joint workgroup with EMS Committee.</li> </ul> </li> </ul> </li> </ul> <p>Ms. Richardson read a comment regarding who is enforcing the wristband and who will audit it. The questions are to be used only for disaster tracking or for every EMS run and what funding is available to support this endeavor.</p>	<p>A motion was made to approve a joint workgroup with Disaster Preparedness and Response and the EMS Committee regarding the wristband project rollout. This motion was approved by the Council. The next step is schedule the meeting and have discussion at the next RAC Contractors meeting.</p>		<p>The next RAC Contractor meeting will occur during the GETAC Meetings.</p>
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		<p>A motion was made to start a joint workgroup committee between EMS and Disaster Preparedness and Response to have a steering process for the wristband rollout statewide.</p> <p>Mr. Salter made the motion. Dr. Troutman seconded the motion.</p> <p>A comment was made to include the RACs.</p> <p>The motion passed.</p> <ul style="list-style-type: none"><li>• COVID-19 Response: Committee will gather information on COVID response to determine</li></ul>			
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		<p>best practices and concerns</p> <ul style="list-style-type: none"><li>▪ Items referred to GETAC for future action<ul style="list-style-type: none"><li>• TDEM Supply Chain Tool: TDEM offering to provide available warehouses to increase PAR levels through vendors and providers</li></ul></li><li>▪ TX EMTF Program Updates and Announcements.<ul style="list-style-type: none"><li>• EMTF Education: 2 MIST, 1 ASMT, 1 MEDL, and 1 Refresher course completed.</li><li>• Uvalde Response: Whole Blood (Air Med), TFL, MIST, AMBUS, ASTs, MMU, RNSTs (26-Mission Days)</li></ul></li></ul>			
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		Ms. Richardson read a follow-up question regarding the wristband project and the Trauma Registry. Christine Reeves stated that it is not currently in the Trauma Registry.			
3d	Emergency Medical Services Committee Eddie Martin, EMT-P, Chair	Update provided by Joe Schmider. <ul style="list-style-type: none"> <li>▪ Items needing Council guidance. <ul style="list-style-type: none"> <li>• Disaster and EMS Committee working together to move forward with the wristband project</li> <li>• Disaster, EMS Committee and other stakeholders working with TDEM on the</li> </ul> </li> </ul>	Action items are related to the wristband project and the TDEM warehouse opportunity. No additional action items were recommended.	Wristband meeting is pending.	



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		<p>“What if” warehouse stockpile project</p> <ul style="list-style-type: none"> <li>▪ Items referred to GETAC for future action <ul style="list-style-type: none"> <li>• None</li> </ul> </li> <li>▪ Announcement. <ul style="list-style-type: none"> <li>• Governor extended Staffing Waiver until Nov. 25, 2022</li> <li>• NREMT rescinded Resolution 22-13 concerning the accreditation of EMT-P programs</li> </ul> </li> </ul>			
3e	EMS Education Committee Macara Trusty, LP, Chair	<p>Update provided by Macara Trusty.</p> <ul style="list-style-type: none"> <li>▪ Items needing Council guidance. <ul style="list-style-type: none"> <li>• Submitted EMS Education Committee’s requested addition to the Strategic Plan.</li> </ul> </li> </ul>	No action was taken.		Pending the GETAC Strategic Meeting to

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		<p>Would like Council feedback.</p> <ul style="list-style-type: none"> <li>▪ Items referred to GETAC for future action <ul style="list-style-type: none"> <li>• How to grow EMS professionals within the systems that we have.</li> </ul> </li> <li>▪ Announcement. <ul style="list-style-type: none"> <li>• Piloting civilian to paramedic programs.</li> <li>• Civilian to advanced EMT program in El Paso.</li> <li>• Drafted a combined agenda on October 7 in Temple College.</li> </ul> </li> </ul>		review recommendations.	
3f	EMS Medical Directors Committee Heidi Abraham, MD, FAEMS, Chair	<p>Update provided by Gerad Troutman, MD.</p> <ul style="list-style-type: none"> <li>▪ Items needing Council guidance.</li> </ul>	A motion was made to approve the Sample Protocol for End Stage Renal Disease. The motion passed.		

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		<ul style="list-style-type: none"> <li>• None</li> <li>▪ Items referred to GETAC for future action</li> <li>• DSHS Medical Director Patch</li> <li>• Place Sample Protocol on Website for HD in Disasters</li> </ul> <p>Dr. Remick made a motion to approve the End Stage Renal Disease dialysis sample protocol. The motion was seconded by Dr. Eastridge. The motion passed.</p> <ul style="list-style-type: none"> <li>▪ Announcements.             <ul style="list-style-type: none"> <li>• None</li> </ul> </li> </ul>			
3g	Injury Prevention and Public Education	Update provided by Mary Ann Contreras.	No action was taken.		

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	<p>Committee Mary Ann Contreras, RN, Chair</p>	<ul style="list-style-type: none"><li>▪ Items needing Council guidance.<ul style="list-style-type: none"><li>• None</li></ul></li><li>▪ July workday meeting: discussion on public health approach, the role of IP to influence health and reduce burden of injury in Texas, exploring collaborations with non-traditional partner</li><li>▪ Cody Jones: Asst. Commander, Boating Law Administrator, Law Enforcement Division, Texas Parks and Wildlife Department<ul style="list-style-type: none"><li>• Comprehensive overview of recreational boating in Texas, accidents, drownings, types of</li></ul></li></ul>			
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		<p>water-craft, laws, and compliance</p> <ul style="list-style-type: none"><li>• Education for safety and injury prevention, identification of opportunities to improve safety compliance</li><li>• GETAC IP committee can partner: Legislative education, data sharing, partner in water safety/injury prevention efforts</li><li>• Continuing partnership with the pediatric committee for best practices to reduce battery and magnet ingestion</li></ul> <ul style="list-style-type: none"><li>▪ Standing agenda item:<ul style="list-style-type: none"><li>• Integration of health equity/diversity within</li></ul></li></ul>			
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		<p>the role of injury and violence prevention</p> <ul style="list-style-type: none"> <li>• Identifying concepts of operationalizing equity/diversity into IPV practice</li> </ul>			
Thre e h	<p>Pediatric Committee Belinda Waters, RN, Chair</p>	<p>Update provided by Belinda Waters.</p> <ul style="list-style-type: none"> <li>▪ Items needing Council guidance. <ul style="list-style-type: none"> <li>• None</li> </ul> </li> <li>▪ Items referred to GETAC for future action <ul style="list-style-type: none"> <li>• None</li> </ul> </li> <li>▪ Announcement. <ul style="list-style-type: none"> <li>• Reviewing proposed Trauma Rules during public comment period</li> <li>• Working with Injury Prevention Committee on two workgroups</li> </ul> </li> </ul>	<p>No action was taken.</p>		

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		<p>(concussion and head injury and magnet and battery ingestion)</p> <ul style="list-style-type: none"> <li>• 1 Committee member working with Stroke Committee on pediatric stroke education and protocols</li> <li>• Sam Vance is leading a workgroup with Disaster Committee regarding pediatric-specific guidelines.</li> </ul>			
3i	Stroke Committee Stroke Committee J. Neal Rutledge, MD	<p>Update provided by Robin Novakovic-White, MD.</p> <ul style="list-style-type: none"> <li>▪ Items needing Council guidance. <ul style="list-style-type: none"> <li>• None</li> </ul> </li> <li>▪ Review of Section 157.133 Requirements</li> </ul>	<p>A motion was made for the RACs to bring pediatric stroke data to the Stroke Committee. The motion passed.</p>		

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		<p>for Stroke Facility Designation. Outlined plan for dissemination of highlights presented at the meeting to RACs.</p> <ul style="list-style-type: none"><li>▪ Discussed plan on how DSHS will complete a list of criteria for Vendors surveying hospitals as Advanced Stroke Centers Level 2. List will be distributed to Stroke Committee members for review, and voting will be planned for the November Stroke Committee meeting</li><li>▪ Working on Pediatric Transport and Facility Criteria recommendations. Dr. Borowski will lead the initiative</li></ul>			
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		<ul style="list-style-type: none"><li>▪ Working on recommendations for EMS (NEMESIS) stroke required data fields and usage. Working with RDC to see if data could be imported to the repository to allow quality review</li><li>▪ Working on a state-wide survey assessing use of stroke screening and stroke severity tools used in the prehospital setting</li><li>▪ Update on the Regional Advisory Council Data Collaborative – Southwest Texas Regional Advisory Council</li></ul> <p>There was a discussion on making a motion regarding how many pediatric</p>			
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		<p>hospitals recognized as stroke facilities within the RACs are capable of taking care of pediatric stroke patients. The RACs will bring the data to the Stroke Committee.</p> <p>Dr. Remick made the motion, and Dr. Eastridge seconded the motion. There was no discussion. The motion passed.</p>			
3j	Trauma Systems Committee Stephen Flaherty, MD, Chair	<p>Update provided by Stephen Flaherty, MD.</p> <ul style="list-style-type: none"> <li>▪ Recognize a trauma center each quarter – continuing to develop</li> <li>▪ Trauma rules process <ul style="list-style-type: none"> <li>• Standing by to monitor public comment</li> </ul> </li> </ul>	A motion was made to develop a survey for the RACs to complete regarding changing UCC and the impact on trauma systems. The motion passed.	Stephen Flaherty, MD	



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		<p>anticipated impact on care for the injured.</p> <ul style="list-style-type: none"> <li>• Committee requests data from the department about uncompensated care funding and budgeting for programs relating to care of injured patients.</li> <li>• Committee requests data reports on trauma system performance are presented to the Committee before each reaches the Council. This is to allow the Committee to advise the Council regarding the information in the reports.</li> <li>▪ Items referred to Council for future action</li> </ul>	<p>and the Trauma System Committee Chair to schedule and meet with Governor Abbott or his office to discuss the trauma systems funding shortfall to see if the State can identify an interim mechanism to address this year’s decrease back to the 2019 funding amount of \$114 million as a temporary stop-gap maneuver. The motion passed.</p>	<p>Stephen Flaherty, MD</p>	
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		<ul style="list-style-type: none"><li>• None</li></ul> <p>There was a discussion regarding having budgetary line items from the department, including specific information related to uncompensated care funding (UCC).</p> <p>There was a discussion regarding having the Council’s approval to initiate the education of key stakeholders to keep them informed about what is projected regarding UCC and possible impact of that on trauma systems.</p> <p>There was a discussion about working with the RAC chairs regarding the impact</p>			
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		<p>of UCC. The Committee would create a questionnaire to see if it will cause a decrease in rural and frontier centers.</p> <p>Mr. Salter stated that the Committee should be specific on what the department will provide regarding UCC.</p> <p>Dr. Flaherty stated that the Committee would like to work with the RACs to develop a survey tool to monitor the impact of UCC.</p> <p>Mr. Salter made a motion to develop a survey for the RACs to complete regarding changing UCC and the impact on trauma systems.</p>			
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	<p>The motion was seconded by Dr. Eastridge. There was no discussion. The motion passed.</p> <p>Dr. Flaherty requested developing a survey tool with the RACs to understand the processes of imaging sharing processes and the impacts on care.</p> <p>Dr. Eastridge made the motion. The motion was seconded by Ms. Salter. There was no discussion. The motion passed.</p> <p>There was a discussion regarding understanding UCC and the budgetary process of the department</p>			
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		<p>for funding the trauma system.</p> <p>Mr. Salter stated that Ms. Hernandez already provides budgetary information.</p> <p>Mr. Salter made a motion to create a group of Council members to work with the Trauma Systems Committee Chair and Ms. Hernandez to develop a list of specific data points that the department currently measures or has the ability to measure to produce the requested report. The motion was seconded by Dr. Remick. The motion passed.</p> <p>Dr. Eastridge asked about the actionable outcome of</p>			
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	<p>the data. Dr. Flaherty stated that it might help guide lawmakers with decisions.</p> <p>Mr. Salter made a motion that a group of Council members and the Trauma System Committee Chair to schedule and meet with Governor Abbott to discuss the trauma systems funding shortfall that is being experienced this year to see if the State can identify a mechanism to address this year’s decrease to at least the 2019 dollars as a stop-gap maneuver.</p> <p>Dr. Tyroch stated that the Council does not advise the Governor but advises the department.</p>			
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		<p>Dr. Troutman asked for an amendment to include the Governor’s office.</p> <p>Mr. Salter amended his motion to state that a group of Council members and the Trauma System Committee Chair schedule and meet with Governor Abbott or his office to discuss the trauma systems funding shortfall to see if the State can identify an interim mechanism to address this year’s decrease back to the 2019 funding amount of \$114 million as a temporary stop-gap maneuver.</p>			
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		The motion was seconded by Dr. Eastridge. The motion passed.			
4	GETAC & Committee Members’ professional behavior	This will be discussed at the Strategic Retreat.	No actions were identified.		
5	GETAC Council Members and Conflict of Interest Review	This item was previously discussed.	No additional actions were identified.		
6	Discussion, review, and recommendations for initiatives that instill a culture of safety for responders and the public with a focus on operations and safe driving	There was no update for this item.			

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	practices				
7	Trauma Rule Amendments Recommendations - Update	There was not an update for this item, as this was discussed in the State’s report.			
8	Discussion of Rural Priorities	There was no update for this item.			
9	Discussion and possible actions on initiatives, programs, and potential research that might improve the Trauma and Emergency Healthcare System in Texas.	There was no update for this item.			
10	GETAC Stakeholder Reports				
10a	Texas EMS, Trauma, and Acute Care Foundation (TETAF)	Update provided by Dinah Welsh. <ul style="list-style-type: none"> <li>▪ 5 TETAF Committees comprised of TETAF</li> </ul>	No actions for the Council were identified.		

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	Dinah Welsh, TETAF President/CEO	Board of Directors and Stakeholders have been meeting during the summer <ul style="list-style-type: none"><li>▪ TETAF Advocacy Committee is preparing for the upcoming Legislative Session</li><li>▪ TETAF staff and surveyors are revising the stroke survey process to align with new rule TAC 157.133 that goes into effect 9.1.22</li><li>▪ Texas Perinatal Services has provided surveyor refresher training for its maternal and neonatal surveyors</li><li>▪ TETAF is interviewing for a trauma and acute care director</li></ul>			
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**Governor’s EMS and Trauma Advisory Council (GETAC)  
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	<ul style="list-style-type: none"><li>▪ Brenda Putz, TETAF’s vice president of operations, will retire on 8.31.22 after 14 years</li><li>▪ Texas Perinatal Services offers monthly forums for its hospital partners</li><li>▪ TETAF Hospital Data Management Course will be Nov. 2-3, 2022</li><li>▪ TETAF Advocacy team conducting planning meetings to prepare for Legislative Session</li><li>▪ Three members of TETAF Advocacy provided testimony on June 27 to Texas Senate Health and Human Services Committee</li></ul> <p>There was a brief discussion on funding issues. Ms.</p>			
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		<p>Welsh will provide the Council with information about funding.</p> <ul style="list-style-type: none"> <li>▪ TETAF provides administrative support to Texas TQIP Collaborative</li> <li>▪ Texas TQIP will meet virtually on August 22.</li> <li>▪ TETAF has launched in a community platform called Might Networks</li> </ul> <p>Ms. Welsh thanked Ms. Putz for her years of service with TETAF. Ms. Putz stated that the Council should pursue the trauma systems funding issue.</p>			
10b	EMS for Children (EMSC) State Partnership	Update provided by Sam Vance.	No action items were identified for the Council.		

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	Sam Vance, MHA, LP, Program Manager	<ul style="list-style-type: none"> <li>▪ Texas EMS Agency Survey Results</li> <li>▪ 531 surveyed; 295 responded</li> <li>▪ Pediatric Emergency Care Coordinator: 21.6%</li> <li>▪ Use of Pediatric Specific Equipment: 34.6%</li> </ul>			
10c	Texas Cardiovascular Disease and Stroke Council	No update for this item.	No action items were identified for the Council.		
10d	Texas Cardiac Arrest Registry to Enhance Survival (TX CARES) Micah Panczyk	Update provided by Micah Panczyk. <ul style="list-style-type: none"> <li>▪ Discussed patient demographics</li> <li>▪ Location of arrest</li> <li>▪ Witnessed Status</li> <li>▪ Who initiated CPR?</li> <li>▪ AED Applied Prior to EMS Arrival?</li> <li>▪ Initial rhythm</li> <li>▪ Sustained ROSC</li> </ul>	No action items were identified for the Council.		



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		<ul style="list-style-type: none"> <li>▪ Overall Survival</li> <li>▪ Survival: Witnessed and Shockable</li> <li>▪ Texas CARES Data Summary Report</li> </ul>			
10e	Texas Suicide Prevention Council Christine Reeves	<p>Update provided by Christine Reeves.</p> <ul style="list-style-type: none"> <li>▪ 988 rolled out as the new number for the National Suicide and Crisis Lifeline on July 16<sup>th</sup></li> <li>▪ Local coalitions have begun meeting together on a regular basis to share lessons learned and have speakers on different projects around the nation</li> </ul> <p>Dr. Troutman asked who answers the 988 phones. Ms. Reeves stated that three centers in Texas</p>	No action items were identified by the Council.		

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		answer the initial calls. Dr. Troutman asked if it was an algorithmic approach. Ms. Reeves stated that it was.			
10f	Stop the Bleed Texas Coalition Christine Reeves	Update provided by Christine Reeves. <ul style="list-style-type: none"> <li>▪ Stop the Bleed Texas Coalition continues to work with the DSHS Registry Staff on a data collection project related to bleeding control. Needed longer to ensure data is as “clean” as possible. <ul style="list-style-type: none"> <li>• Will be provided at the November GETAC meeting</li> </ul> </li> <li>▪ STB Month was a success.</li> </ul>	No action items were identified for the Council.		

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		<ul style="list-style-type: none"> <li>▪ Next STB TX Coalition meeting is 9.9.22 via TEAMS</li> </ul>			
10g	Statewide Wristband Project Christine Reeves	<p>Update provided by Christine Reeves.</p> <ul style="list-style-type: none"> <li>▪ EMS and hospitals across Texas are still working toward January 2023 deadline</li> <li>▪ Texas EMS and Trauma Registry delayed NEMSIS update to March 2023</li> <li>▪ Discussions continue with different partners and entities to use this wristband as a unique identifier</li> <li>▪ Looking for success stories to share</li> <li>▪ Implementation across Texas is the focus</li> </ul>	Dr. Tyroch recommended these issues need to combine with the motion previously discussed regarding a combined meeting with Disaster and EMS for consistency.		
	Announcements				

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	<p>Final Public Comment</p>	<p>Ms. Richardson read the names of people who registered for public comment.</p> <p>Wanda Helgesen provided public comment. She stated that she would like the items that come before all committees to be made available to stakeholders for public comment. Dr. Tyroch asked if there was a deadline to submit handouts for meetings. Ms. Klein stated that there is no deadline for Committees, but we request that they be turned in about ten days before the meetings. There was a discussion regarding when Chairs submit items to the department for</p>	<p>The department will continue to ask for handouts be submitted ten days in advance of the meeting for posting for access.</p>		
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		<p>meetings. There was also a discussion on CARES and rural areas. Ms. Helgesen also made a comment on the RAC meeting structure.</p> <p>Mr. Matthews noted that the GETAC members’ contact information was removed from the GETAC webpage and asked about having a repository for the information if someone needs to contact a member.</p> <p>Mr. Schmider stated that the DSHS website was being redesigned and most changes cannot be made until October.</p>	<p>The department will evaluate options when the new website is implemented.</p>		
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	Next meeting dates	<p>Dr. Tyroch noted the GETAC Retreat that is scheduled for October 20 and 21.</p> <p>The next Council meeting will be with the EMS Conference in November in Austin.</p>			
	Adjournment – Alan Tyroch, MD, Chair	Dr. Troutman made a motion to adjourn. The motion was seconded by Mr. Salter. The meeting adjourned at 11:59 AM.			