



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Governor's EMS and Trauma Advisory Council

Friday, June 9, 2023

8:00 AM CDT

Alan Tyroch, MD, FACS, FCCM, Chair

Ryan Matthews, LP, Vice Chair

*This meeting is being conducted live and virtually through
Microsoft Teams.*

Public participation is available at:
DoubleTree by Hilton Austin
6505 N Interstate 35
Austin, TX 78752

Call to Order

2023 Governor's EMS and Trauma Advisory Council Meeting 2nd Quarter



Texas Department of State
Health Services

Vision and Mission

Vision:

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

Mission:

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



Moment of Silence

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



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Virtual Rules of Participation



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Rules of Participation

- Please be respectful during the meeting to ensure all members can be heard.
- Please do not monopolize the time with your comments.
- Please limit comments to three minutes or less.
- Please allow others to voice their opinion without criticism.
- Everyone's voice and opinion matters.
- Please understand that the meetings are live on Teams and recorded.

Rules of Participation

- If you would like to make a statement or ask a question, please put your question in the chat with your name and entity you represent.
Please note: Anonymous entries in the chat are unable to be shared.
- Please do not put your phone on hold at any time if you are using your phone for audio.
- How to mute/unmute if not using the computer for audio:
 - **Android phones: Press *6**
 - **iPhones: Press *6#**

Rules of Participation

- All participants will sign into the chat with their name and entity they represent.
- All participants will mute their microphone unless speaking, except the Chair.
- Committee members: Please have your camera on and state your name when speaking.
- Council: Please have your camera on during today's meeting. When speaking or making a motion, please state your name for the meeting record.

Roll Call

Council Members:

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



Approval of Minutes

Review and Approval of Minutes

- March 9, 2023

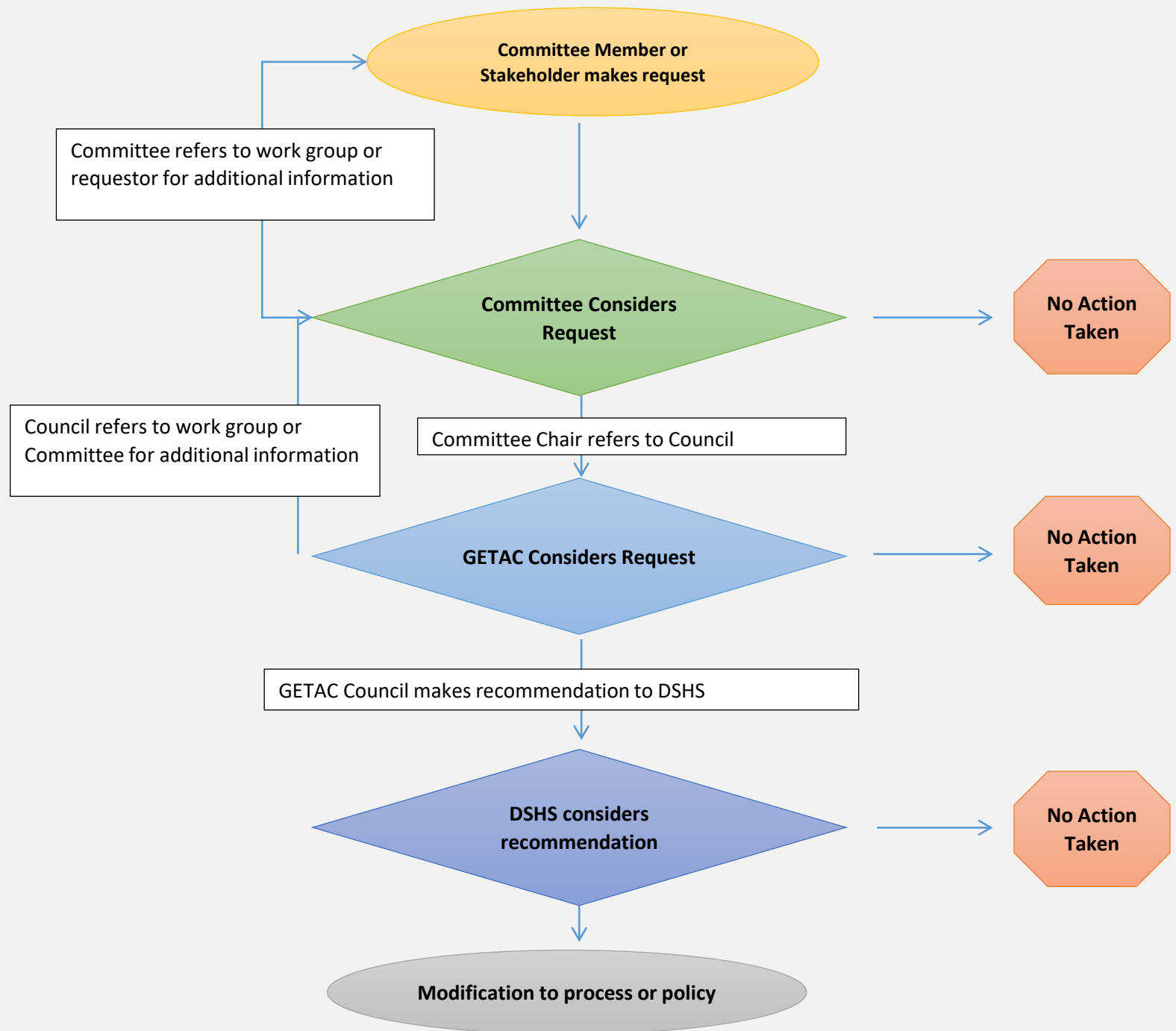


Chair Report and Discussion



Texas Department of State
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Committee Focus





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**Texas Department of State
Health Services**

EMS Trauma Systems Update

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



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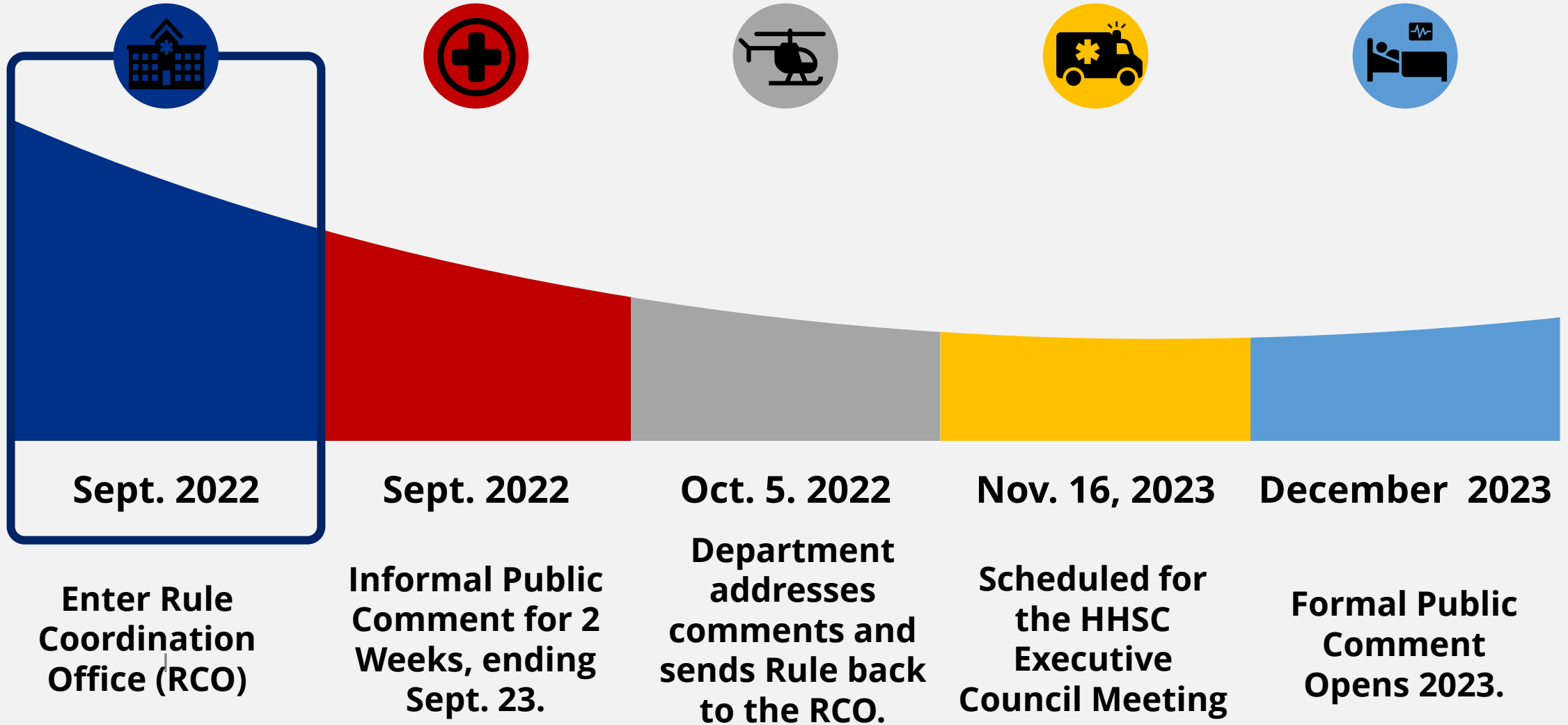
Trauma Rules



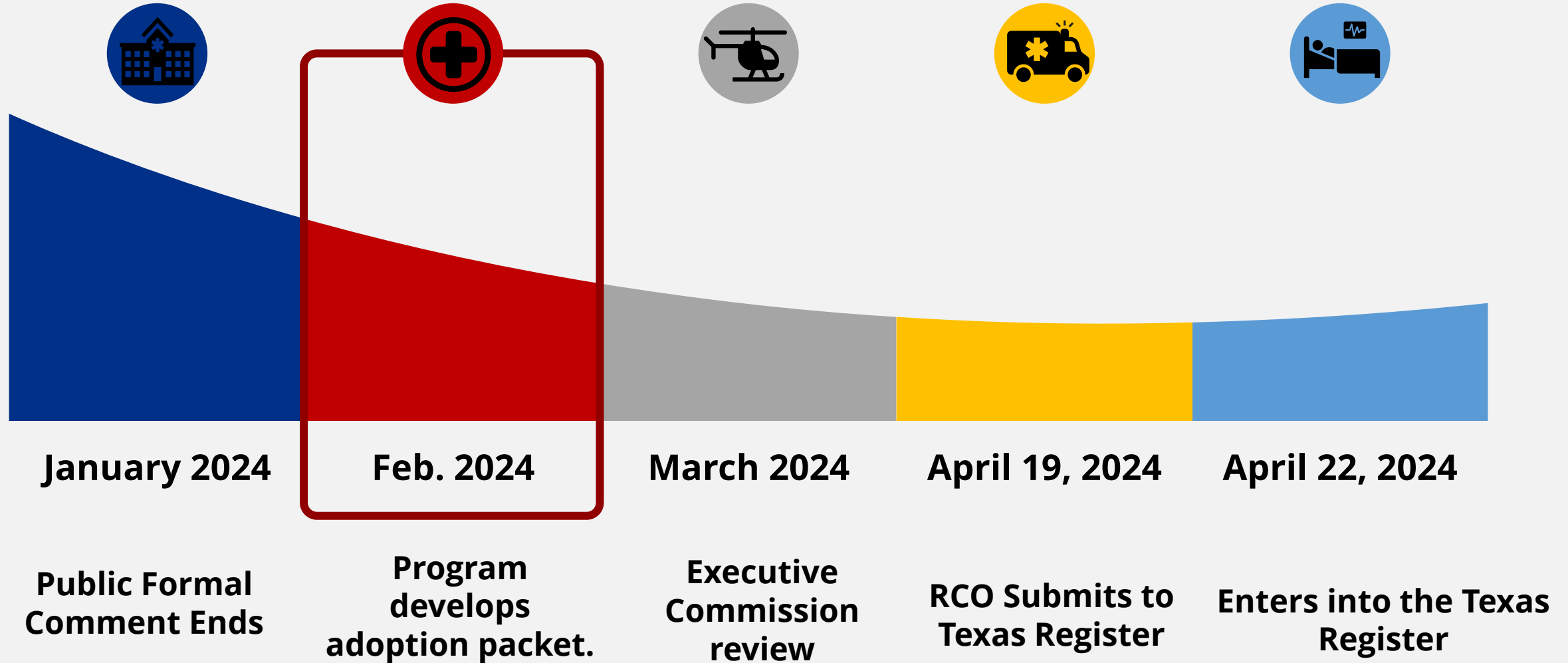
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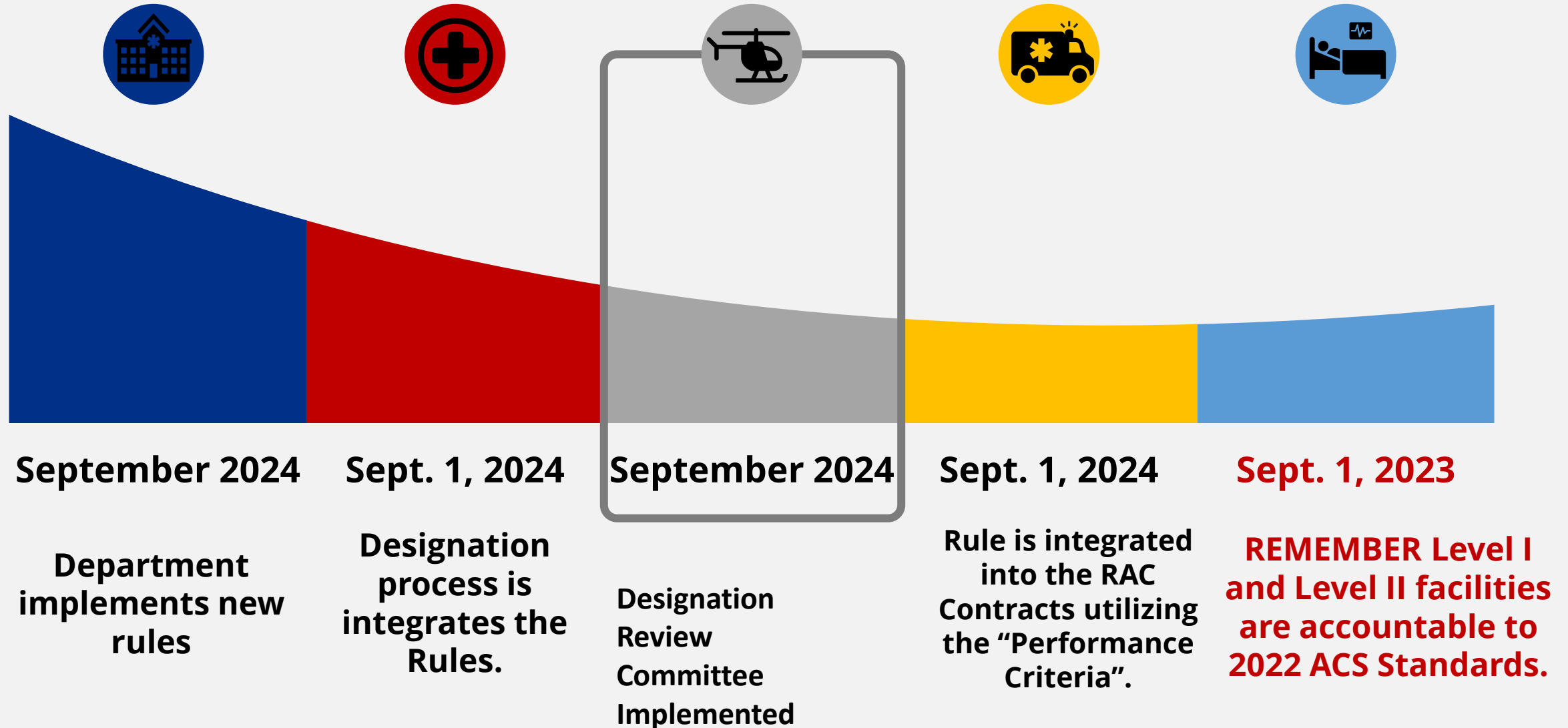
Trauma Rule Timeline



Trauma Rule Timeline



Trauma Rule Timeline

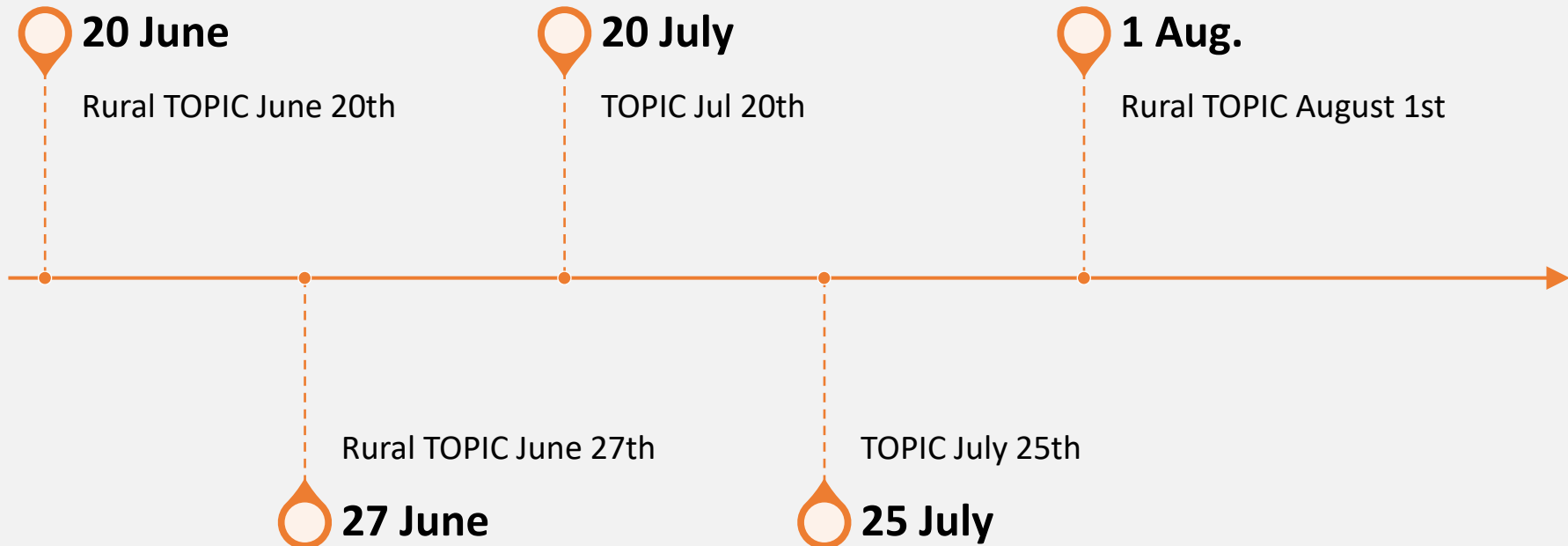


Activities

- Rural Level IV Monthly Calls
- Non-Rural Level IV and Level III Calls
- Stroke Facility Calls
- RAC Calls



TOPIC Course



RAC Exceptional Item

- 6.6 M
- 3.3M Annually
- \$150,000 to each RAC



Designation Survey Guidelines

Department of State Health Services

Consumer Protection Division

EMS-Trauma Systems Section's Designation Unit



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Designation Survey Guidelines

Goals of
Designation
Survey Guidelines

Survey
Expectations

Designation
Survey Process

Consultation
Surveys

Designation
Survey Overview

Department-
Approved Survey
Organization's Role

Survey Schedule

Summary

Texas System Performance Improvement Plan

Implement January 1, 2024



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CRASH Project

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



Planning for 2024

- Retreat
- Q1 – March 5-6
- Q2 – June 10-12
- Q3 – August 21 – 23
- November – Conference in Ft. Worth



Designation Update



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Designated Perinatal Facilities

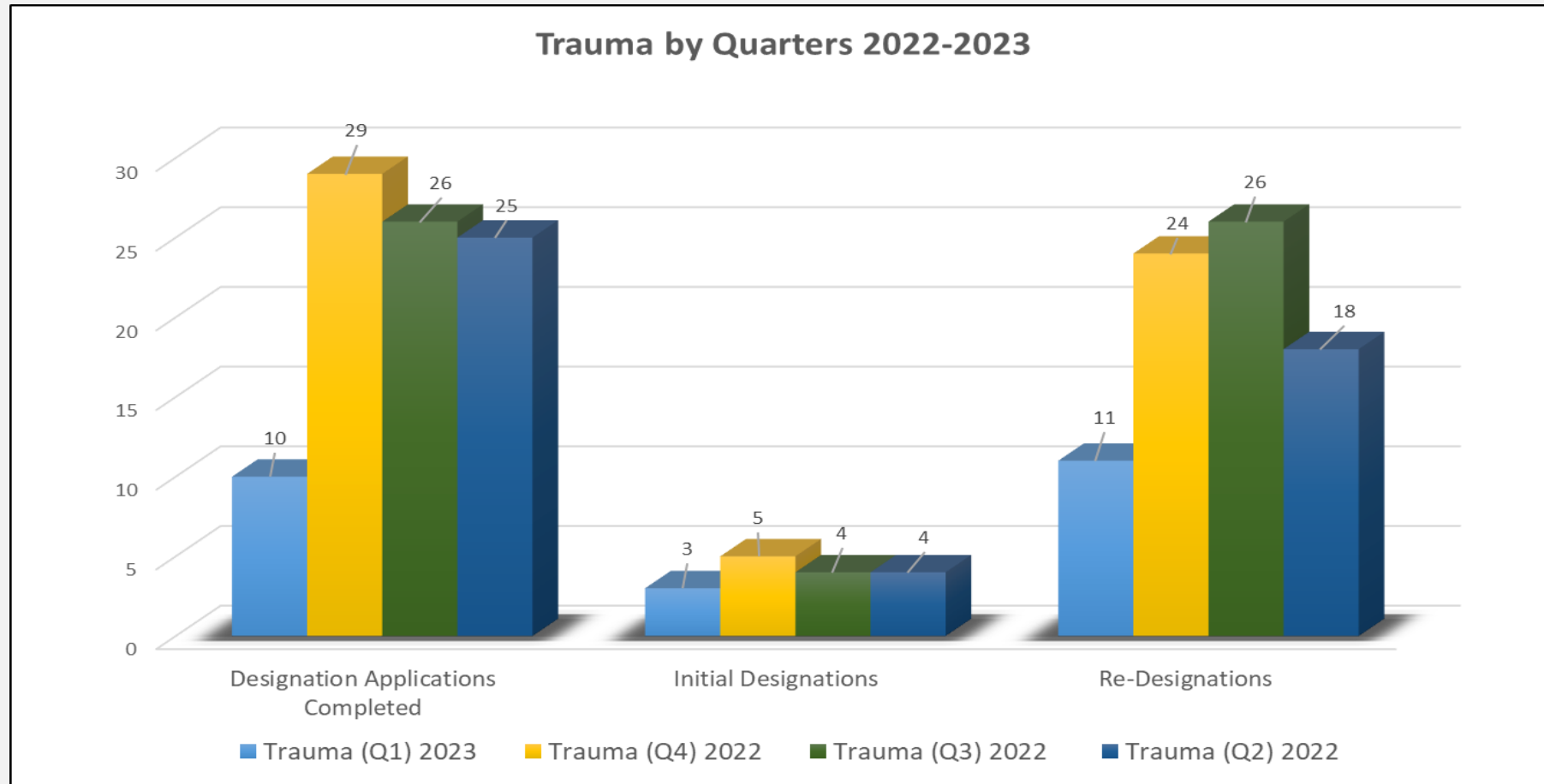
| Designated Maternal Facilities | 1st Quarter 2023 | 4th Quarter 2022 | 3rd Quarter 2022 | 2nd Quarter 2022 |
|---------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Total | 221 | 222 | 222 | 221 |
| Level IV | 32 | 32 | 32 | 32 |
| Level III | 44 | 44 | 44 | 44 |
| Level II | 92 | 93 | 93 | 93 |
| Level I | 53 | 53 | 53 | 53 |

| Designated Neonatal Facilities | 1st Quarter 2023 | 4th Quarter 2022 | 3rd Quarter 2022 | 2nd Quarter 2023 |
|---------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Total | 226 | 227 | 227 | 227 |
| Level IV | 21 | 22 | 22 | 22 |
| Level III | 75 | 73 | 73 | 69 |
| Level II | 51 | 52 | 50 | 54 |
| Level I | 79 | 80 | 82 | 82 |

Designated Trauma Facilities

| Designated Trauma Facilities | 1st Quarter | 4th Quarter | 3rd Quarter | 2nd Quarter |
|------------------------------|-------------|-------------|-------------|-------------|
| | 2023 | 2022 | 2022 | 2022 |
| Total | 301 | 306 | 305 | 303 |
| Level I | 22 | 21 | 20 | 20 |
| Level II | 26 | 26 | 26 | 26 |
| Level III | 61 | 62 | 61 | 59 |
| Level IV | 192 | 197 | 198 | 198 |

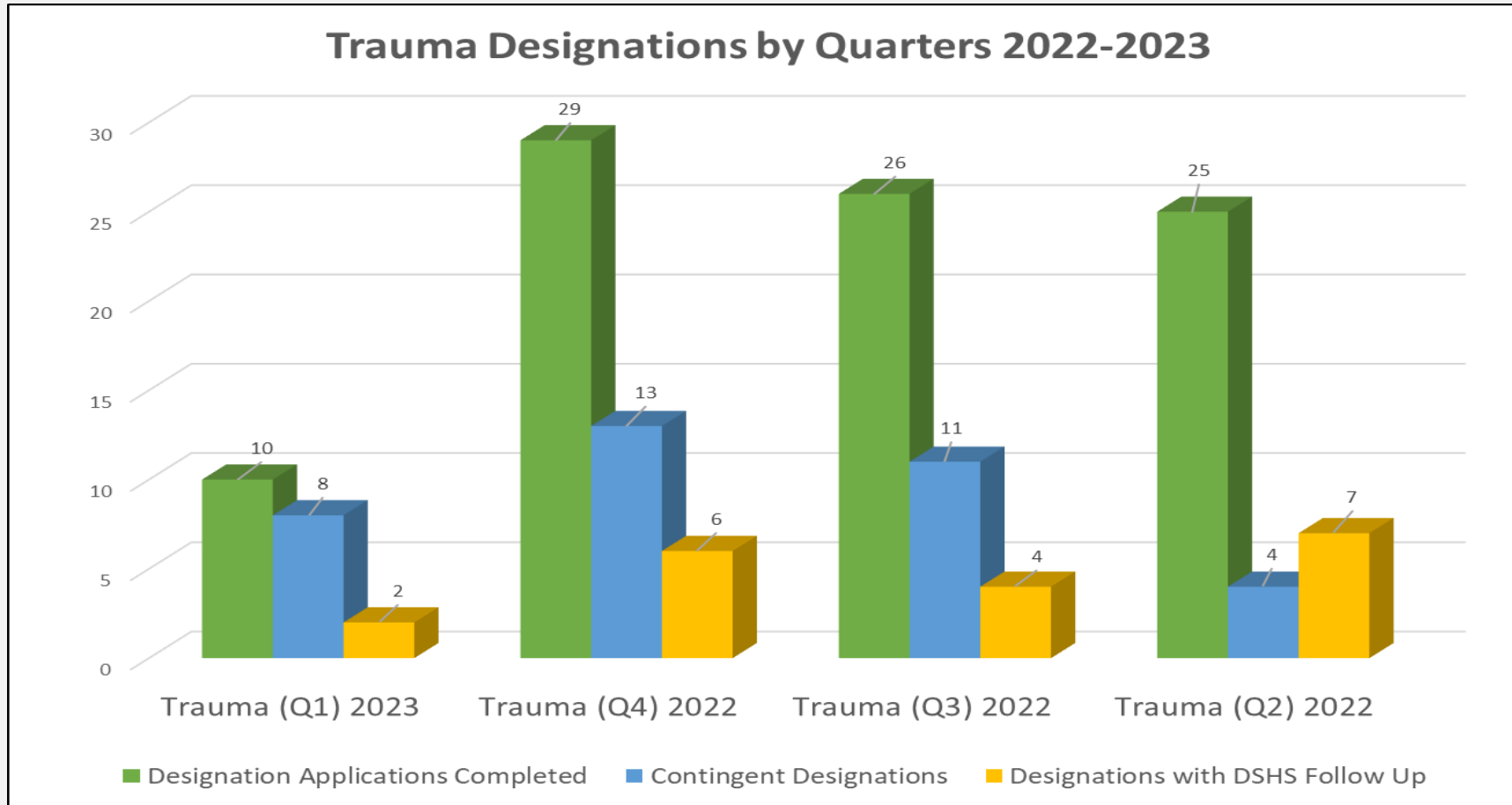
Trauma Designation Data



Trauma Designation Data

| Trauma 2023/2022 | Trauma (Q1) 2023 | Trauma (Q4) 2022 | Trauma (Q3) 2022 | Trauma (Q2) 2022 |
|--|---------------------------------------|---|---------------------------------------|------------------|
| | | | | |
| Designated at a Higher Level | 3 | 3 | 0 | 0 |
| Designated at a Lower Level | 0 | 0 | 1 | 1 |
| | | | | |
| Facilities In Active Pursuit | 8 | 9 | 8 | 10 |
| Level I | 0 | 0 | 0 | 0 |
| Level II | 0 | 0 | 0 | 0 |
| Level III | 4 | 3 | 3 | 4 |
| Level IV | 4 | 6 | 5 | 6 |
| | | | | |
| New IAP Recognitions | 1 | 1 | 0 | 2 |
| | | | | |
| Contingent Designations | 8 | 13 | 11 | 4 |
| Levels of Contingent Designations | Level IV - 5 Level III - 3 | Level IV - 9 Level III - 2 Level II - 1 Level I - 1 (3 Initials) | Level III - 2 Level IV - 9 | Level IV |

Trauma Designation Data



Common Deficiencies

Common Themes for Contingencies and Focused Reviews:

Trauma Performance Improvement Plan and Follow Through

TMD Credentialing/Job Description

ED Physician Credentialing/Response

Feedback – Receiving or Providing

Specialty Physician Credentialing/Response

TPM 0.8 FTE/Reporting Structure

Trauma Registry Submissions

Continuous PI for 3 year cycle

Trauma Designation Support

| Support Provided | 1st Quarter 2023 | 4th Quarter 2022 |
|------------------------------|------------------|------------------|
| Program Assistance/Questions | 91 | 52 |
| Survey Follow up/Check In | 51 | 46 |
| Surveys Attended | 1 | 2 |
| Facility Visits | 1 | 2 |

Trauma Designation Information

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

Actions the department is taking:

- Implemented ISS Scoring/TQIP Assistance Workgroup

Website resources developed:

Trauma Registry Mentorship List

TQIP Mentorship List

Benefits of TQIP










ISS Web-Data Entry

- TOPIC courses (DSHS sponsored)
- Designation Staff providing assistance to facilities with deficiencies

Trauma Website Resources

Trauma Designation

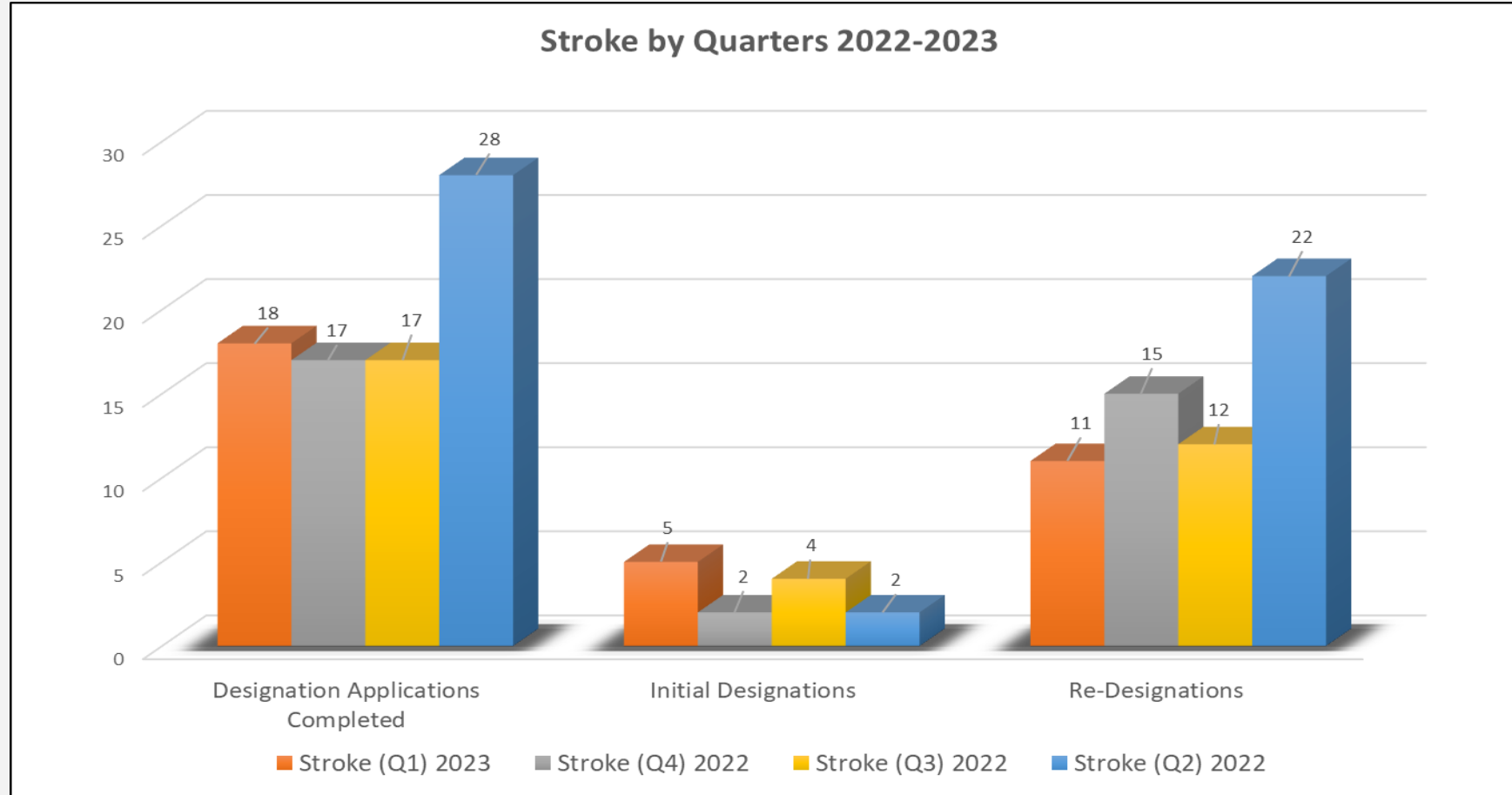
Resources

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

Designated Stroke Facilities

| Designated Stroke Facilities | 1st Quarter | 4th Quarter | 3rd Quarter | 2nd Quarter |
|------------------------------|-------------|-------------|-------------|-------------|
| | 2023 | 2022 | 2022 | 2022 |
| Total | 184 | 181 | 180 | 178 |
| Level I | 43 | 42 | 41 | 39 |
| Level II | 105 | 115 | 119 | 119 |
| Level III | 32 | 23 | 20 | 20 |
| Level IV | 4 | 1 | 0 | 0 |

Stroke Designation Data



Designation Application Process Performance Measures

Goal – 30 days

Trauma – 45 days

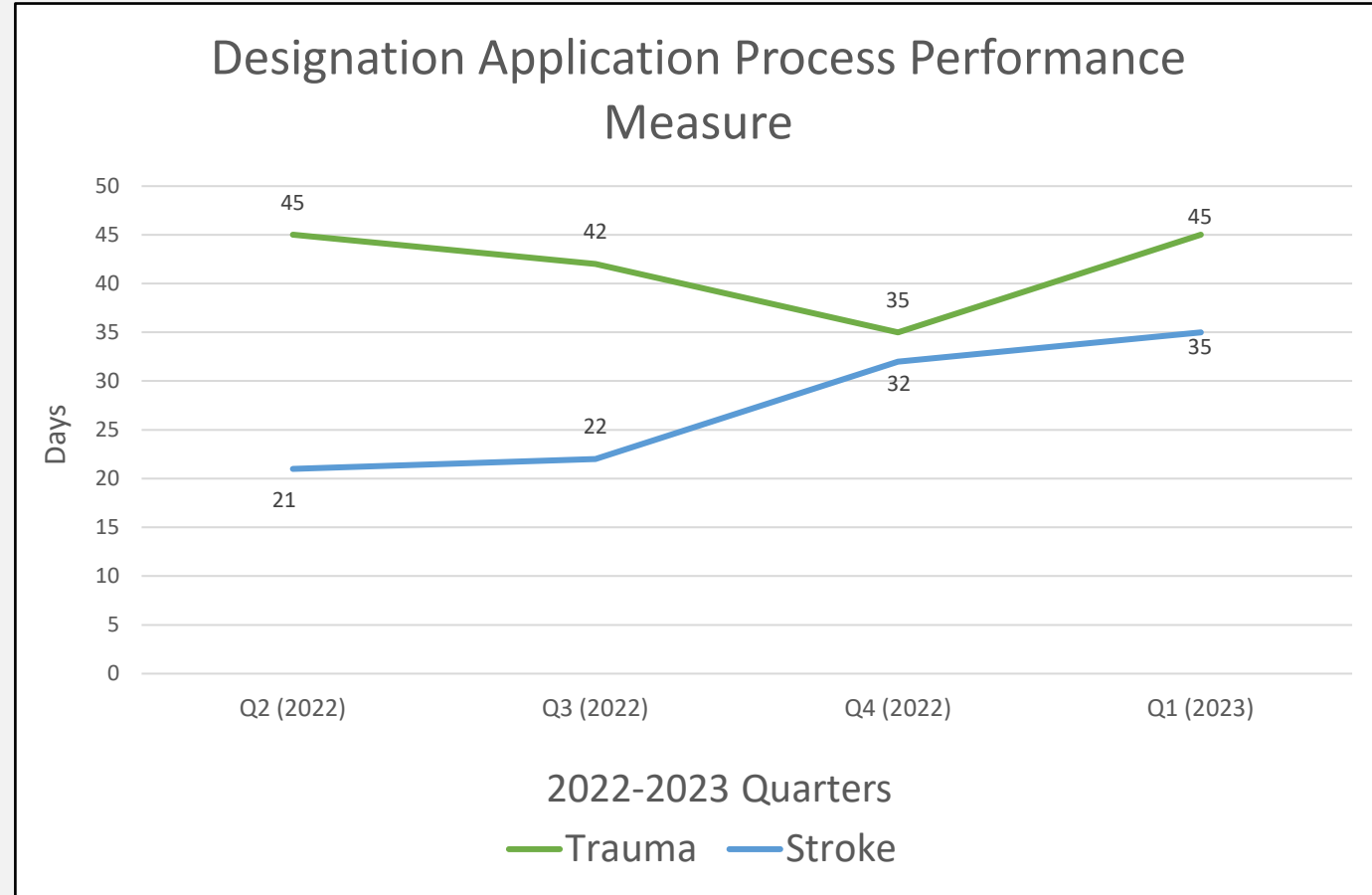
Stroke – 35 days

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

Approved Documents to Facility Distribution:

Goal – 2 days

Avg - 1.5 days



Stroke Designation Information

- DSHS approved Advanced (Level II) Stroke Designation Guidelines posted on DSHS Stroke Designation website
- Stroke Designated facility calls:
 - 2nd Tuesday of each month
 - First meeting held April 11th – 120 attendees
 - Second meeting held May 9th – 92 attendees
- Developing a workgroup to assist revision of data collection information on DSHS application

Stroke Designations Website List

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

EMS/Trauma Systems Funding



EMS/Trauma Systems Funding

Strategy B.2.1 – EMS and Trauma Care

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

Specific activities include:

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

Appropriation: FY 23 – 123.6M

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

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

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

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

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

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



Texas Department of State
Health Services

Extraordinary Emergency Funds (EEFs):

- FY23: \$1M was made available on 9/1/2022
 - 9 Applications received to date
 - 7 Awarded
 - Total: \$839,002.81
 - Funds available: \$160,997.19
- Requested items:
 - Frazer ambulance/ stryker cot and heart monitor
 - Chest Compression Device
 - Portable Radios
 - Wheeled Coach Type 1 Ambulance
 - Funds to remount a pre-existing ambulance



Regional Advisory Council (RAC) Contracts

- RAC Contracts include:

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

- Contract dates:

- Start 9/1
- End 8/31

- Lump sum payments made for all portions **\$9,805,132.00**

| | FY 2021 | FY 2022 | FY 2023 |
|-------------|-------------|-------------|-------------|
| EMS | \$4,218,300 | \$4,595,519 | \$4,876,435 |
| RAC | \$2,428,599 | \$2,557,653 | \$2,650,510 |
| System Dev. | \$2,400,000 | \$2,278,187 | \$2,278,187 |
| LPG | \$650,000 | \$0 | \$0 |



FY21 Uncompensated Trauma Care (UCC) Funding Update

- \$9,995,174.67 available for funding distribution (DSHS)
- \$188,400,189.56 provided for SDA Trauma Add-On (HHSC)
- 297 complete applications received

| Level | # of Applicants | 5007 | 5108 | 5111 | SDA | Total |
|--------------|-----------------|---------------------|---------------------|-----------------------|-------------------------|-------------------------|
| I | 22 | \$320,543.45 | \$332,486.82 | \$3,143,535.78 | \$126,428,371.69 | \$130,224,937.74 |
| II | 25 | \$76,300.33 | \$79,143.26 | \$383,600.23 | \$28,770,553.37 | \$29,309,597.19 |
| III | 58 | \$84,104.85 | \$87,238.58 | \$2,394,510.51 | \$14,007,735.03 | \$16,573,588.97 |
| IV | 189 | \$74,613.27 | \$77,393.34 | \$2,838,006.69 | \$19,193,529.47 | \$22,183,542.77 |
| IAP | 3 | \$0.00 | \$0.00 | \$103,697.46 | \$0.00 | \$103,697.46 |
| Total | 297 | \$555,561.90 | \$576,262.00 | \$8,863,350.67 | \$188,400,189.56 | \$198,395,364.13 |



EMS System Update

Joe Schmider

Texas State EMS Director



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Health Services

Senate Bill 8 Update



The screenshot shows the Texas Department of State Health Services website. The header includes the Texas logo, the text 'TEXAS Health and Human Services | Texas Department of State Health Services', a search bar, and a language selector 'Inicio en español'. A navigation menu contains links for HOME, COVID-19, ABOUT DSHS, NEWS, I AM A..., MOST POPULAR, RESOURCES, ONLINE SERVICES, and CONTACT US. The main content area features a large image of a red and white ambulance with 'AMBULANCE' written on its side. Below the image is the section title 'Team Texas EMS Careers and Opportunities' followed by a thank-you message and a list of links: 'EMS Employment and Education Opportunities', 'Why Join Team Texas EMS?', 'EMS Education, Training and Certification', 'EMS Education and Training Scholarship', and 'A Look at EMS in Texas'. At the bottom, there is a call to action: 'Across Texas, EMS careers, jobs, education, and volunteer opportunities are available now!' and a brief description of the Regional Advisory Councils (RAC).

- Over 1500 Education Scholarships processed or in process
- EMS Scholarships in each RAC
- Over \$9 million scholarships processed or in process
- Receiving monthly reports from the RACs
- Website has been updated
- Media campaign over the summer
- Toolkit for RAC, EMS Providers, and Associations for future campaigns

Website and Email Addresses



EMAIL:
TEAM-TEXAS-EMS@dshs.Texas.gov

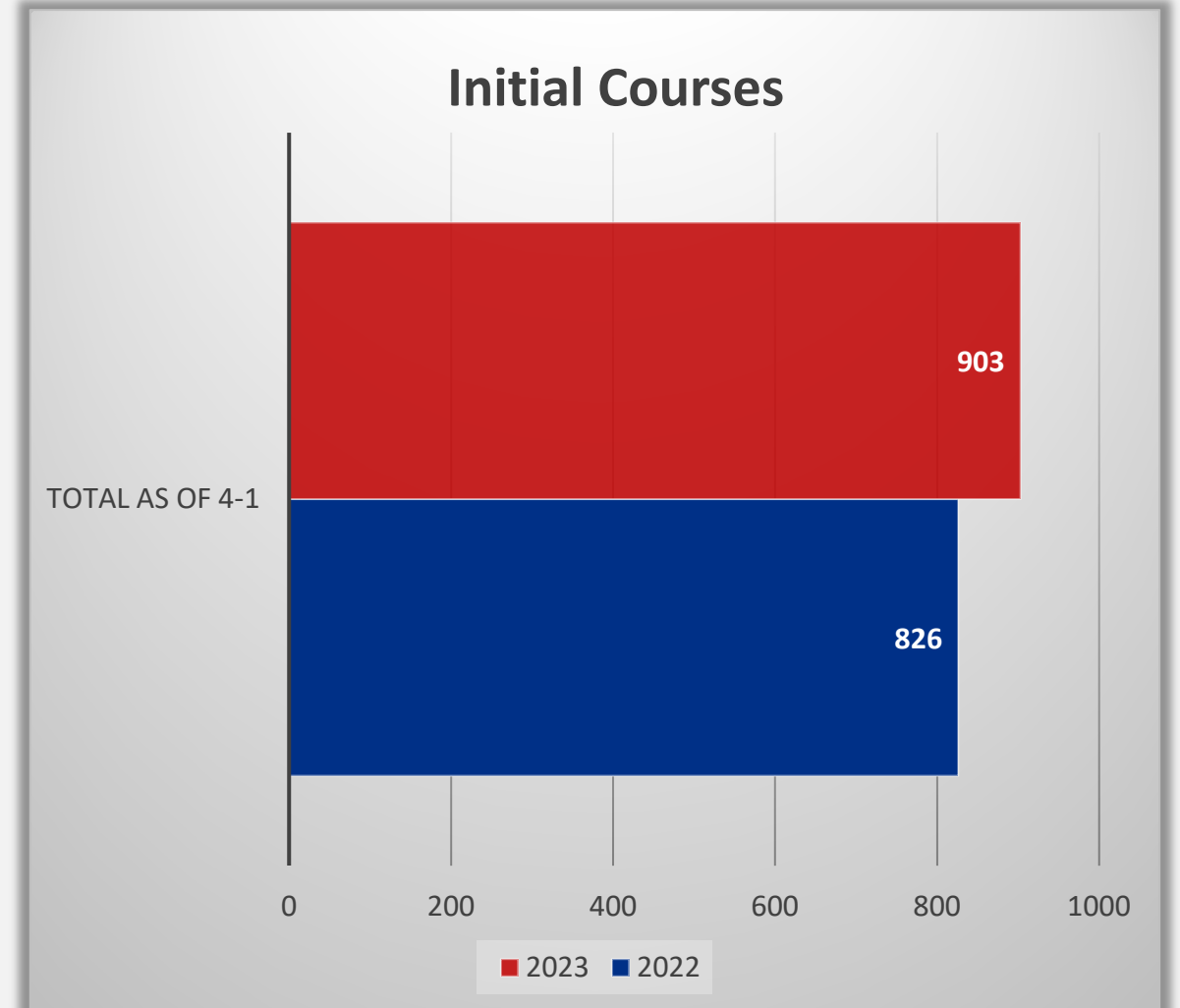


WEBSITE Location:
<https://www.dshs.texas.gov/Team-Texas-EMS/>



EMS Personnel and Initial Course Data

| EMS Personnel | | | |
|---------------------|---------------|---------------|---------------|
| Certification Level | October 2022 | November 2022 | May 2023 |
| ECA | 1,966 | 1,972 | 1,913 |
| EMT | 37,663 | 37,783 | 38,342 |
| AEMT | 3,313 | 3,332 | 3,361 |
| Paramedic | 29,643 | 29,730 | 30,179 |
| TOTAL | 72,643 | 72,817 | 73,795 |



EMS Licensing Processing Time

3rd Quarter FY 2023 (Mar, Apr, May)

- EMS Personnel: DSHS processed 6,797 applications; the median processing time was 15 days.
- EMS Educators: DSHS processed 551 applications; the median processing time was 120 days.
- EMS Providers: DSHS processed 102 applications; the medical processing time was 68 days.
- First responder organizations: DSHS processed 86 applications; the median processing time was 72 days.



88R Session Update

- SB 1588 Staffing Variances
- HB 624 Firefighter Transports
- SB 422 Military Licensure
- SB 510/HB 3130/HB 4123 Release of personal info
- SB 656 Disability on driver license
- SB 1319 OD Mapping
- SB 2133 Renal Transports
(rules update to 157.11)



**Questions for
EMS/Trauma Systems?**

Thank You

DSHS Texas EMS and Trauma Registry Update

Jia Benno, MPH

Office of Injury Prevention Manager



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Health Services

2019-2021 Texas Pediatric Injuries

Prepared by the Injury Prevention Unit
June 9th, 2023

Jia Benno, MPH

Injury Prevention Unit Director

Texas EMS and Trauma Registries


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

Methodology Notes

- Per epidemiology best practice, EMSTR suppressed data when there were less than 5 records to protect identifiable data, noted with an asterisk (*).
- For this analysis, EMSTR used patients under the age of 15.
- This presentation uses 2019-2021 Texas data:
 - In 2019, EMSTR received **144,926** unique patient records of all ages; 16,490 under the age of 15.
 - In 2020, EMSTR received **137,826** unique patient records of all ages; 15,387 under the age of 15.
 - In 2021, EMSTR received **153,135** unique patient records of all ages; 16,757 under the age of 15.

Pediatric Data Definitions



- Pediatric – Children under the age of 15.
 - Fatality – Either arrived at an emergency department (ED) or hospital with no signs of life or the patient's hospital disposition is deceased.
 - Missing – Providers did not fill in the section.
 - Unintentional – a type of injury that is not deliberate or done with purpose.
- 

2019-2021 Pediatric Trauma Injuries



2019-2021 Pediatric Data

Non-Fatal

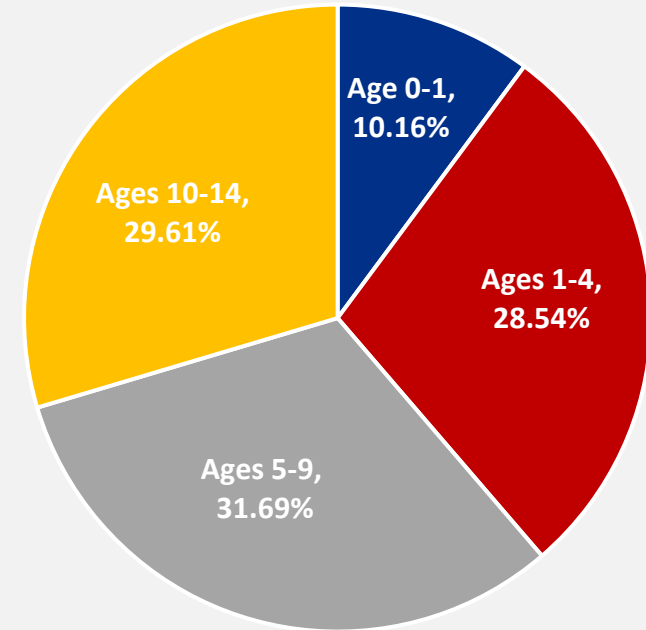
| Year | Record Count |
|-------|--------------|
| 2019 | 16,317 |
| 2020 | 15,228 |
| 2021 | 16,612 |
| Total | 48,157 |

Fatal

| Year | Record Count |
|-------|--------------|
| 2019 | 173 |
| 2020 | 159 |
| 2021 | 145 |
| Total | 477 |

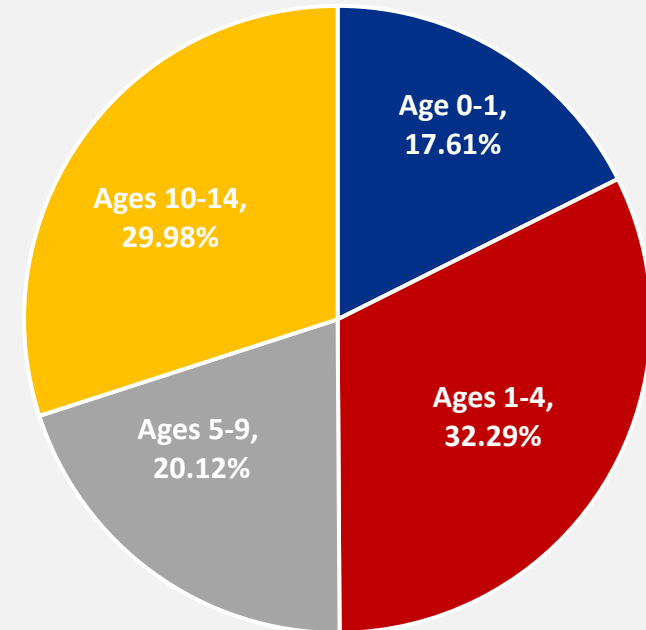
2019-2021 Pediatric Non-Fatal Age Category

| Age Group | Record Count |
|------------|--------------|
| Ages 0-1 | 4,893 |
| Ages 1-4 | 13,742 |
| Ages 5-9 | 15,262 |
| Ages 10-14 | 14,260 |
| Total | 48,157 |

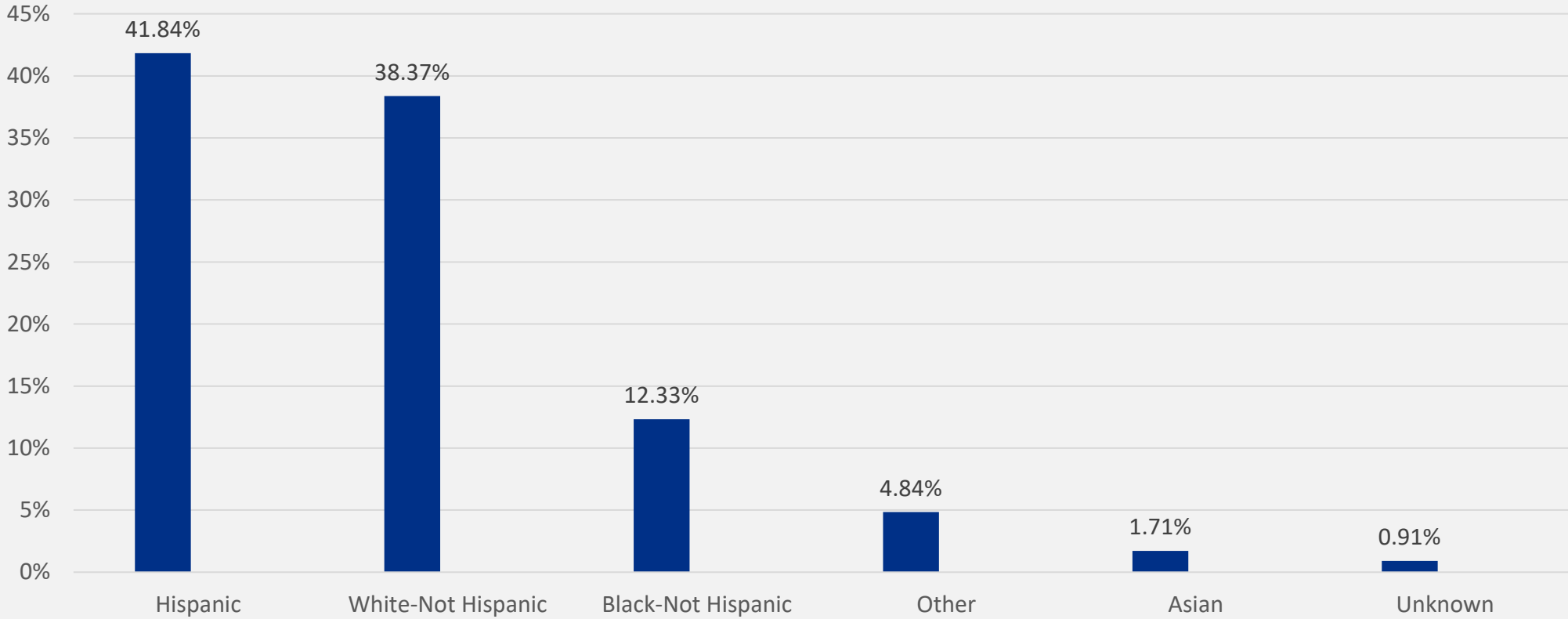


2019-2021 Pediatric Fatal Age Category

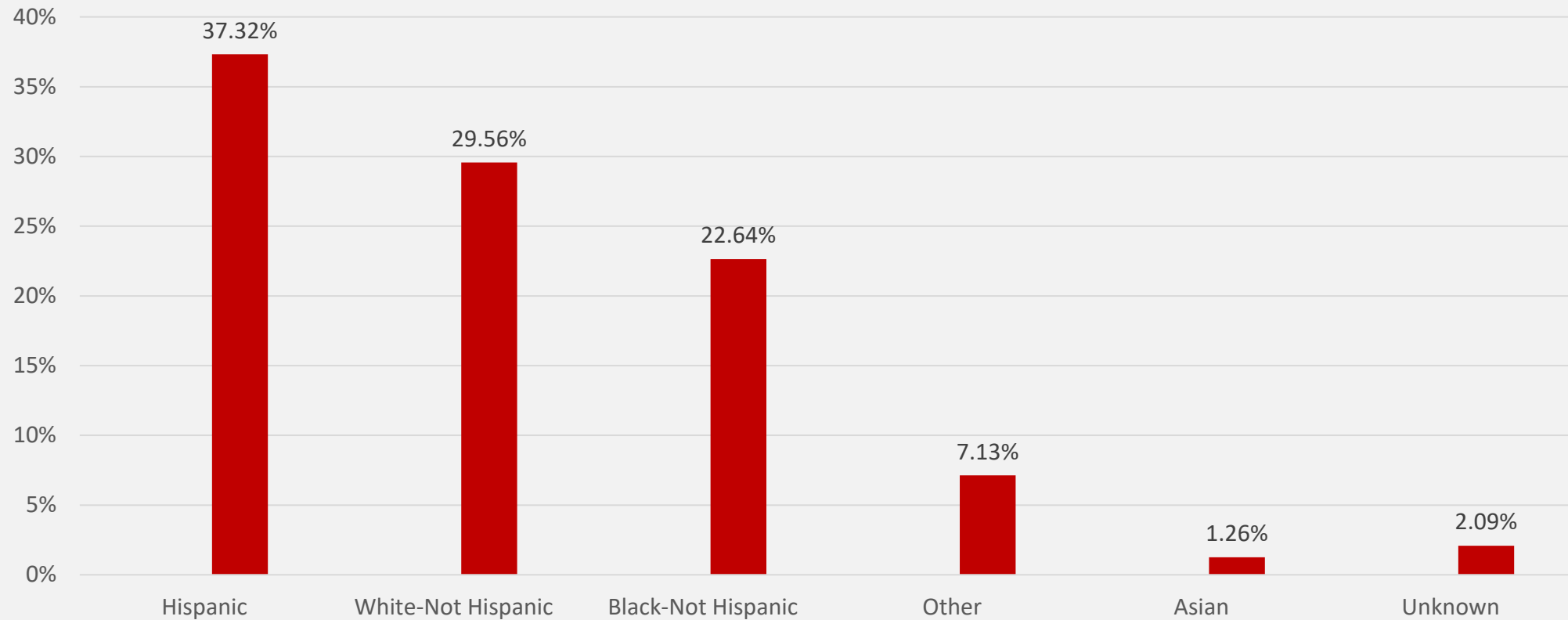
| Age Group | Record Count |
|------------|--------------|
| Age 0-1 | 84 |
| Ages 1-4 | 154 |
| Ages 5-9 | 96 |
| Ages 10-14 | 143 |
| Total | 477 |



2019-2021 Pediatric Data Non-Fatal Race and Ethnicity

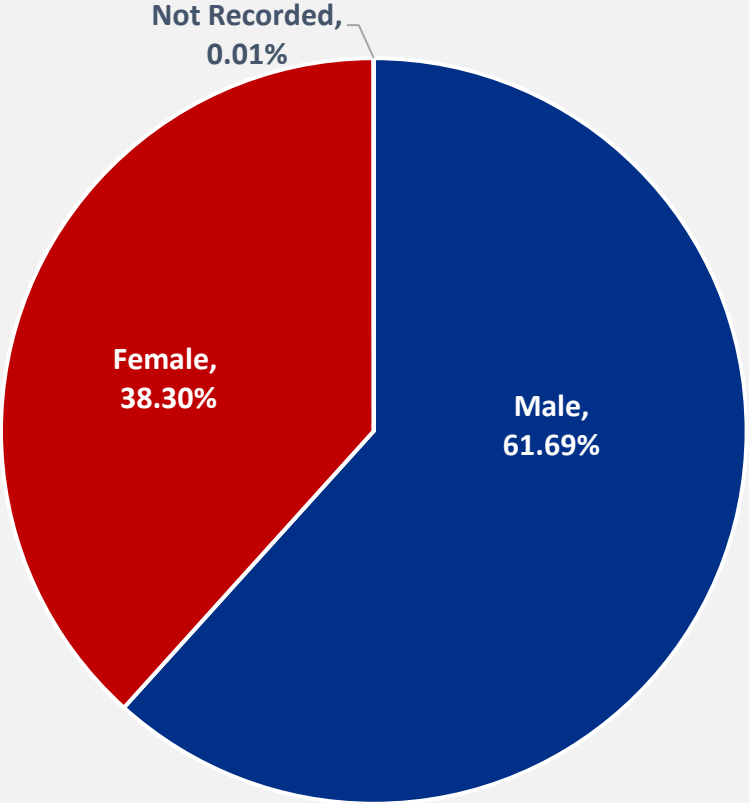


2019-2021 Pediatric Data Fatal Race and Ethnicity

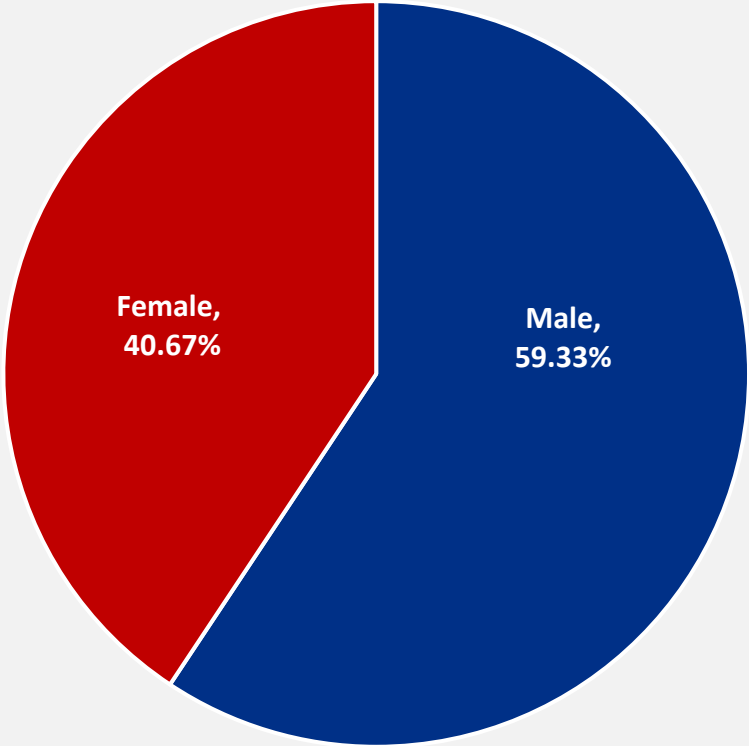


2019-2021 Pediatric Data Gender

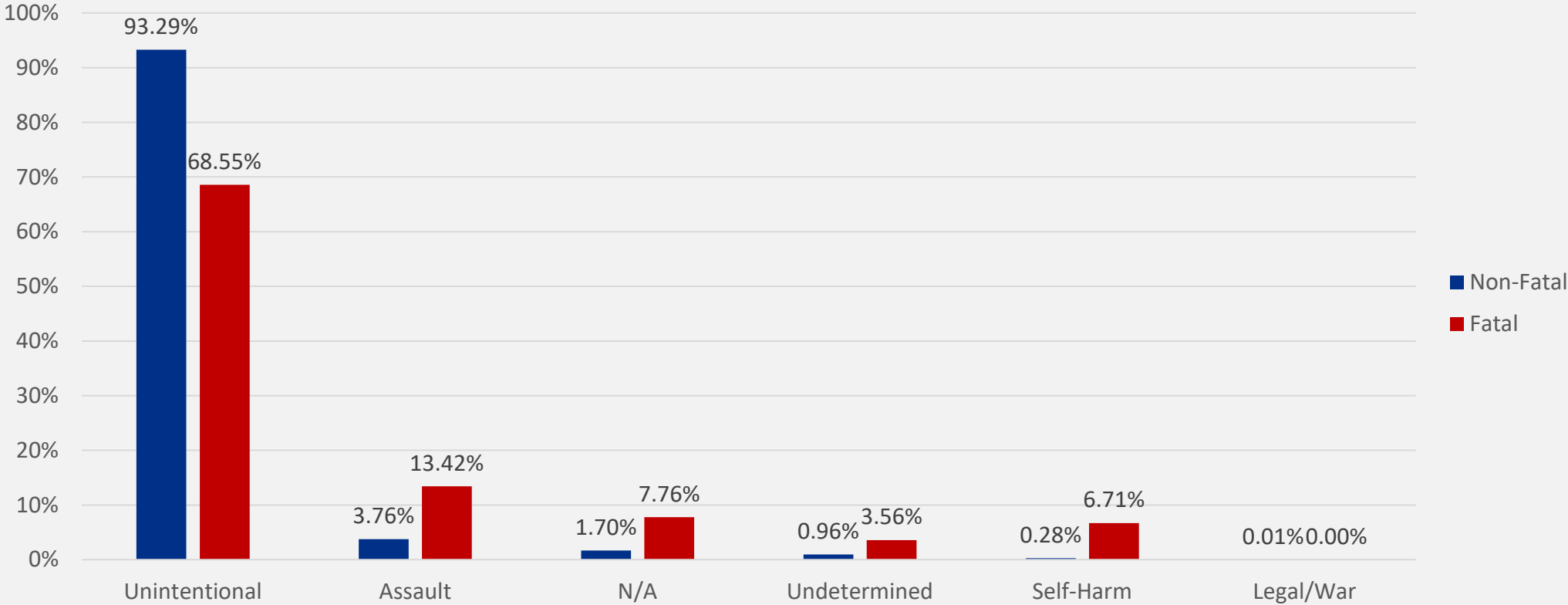
Non-Fatal



Fatal

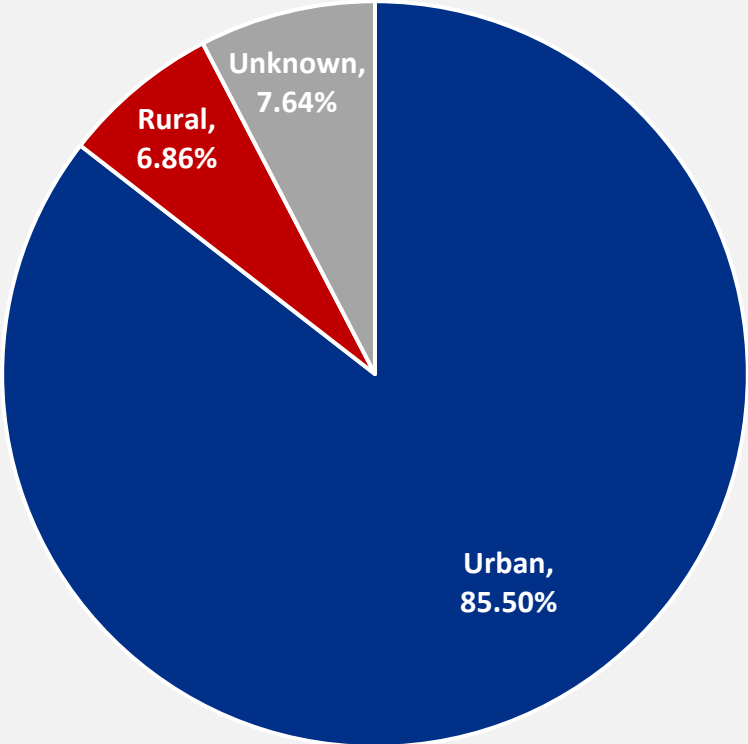


2019-2021 Pediatric Data Intent

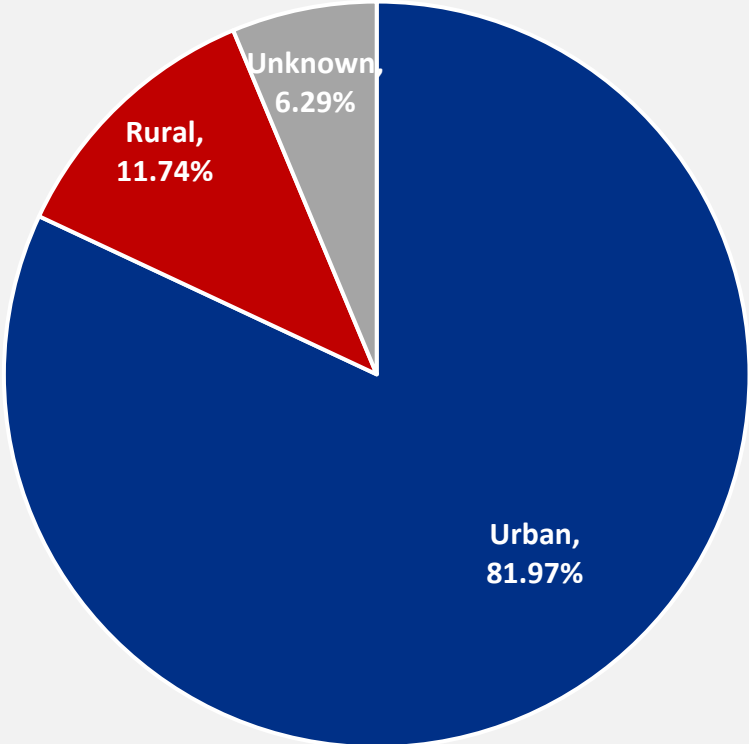


2019-2021 Pediatric Data Urban versus Rural

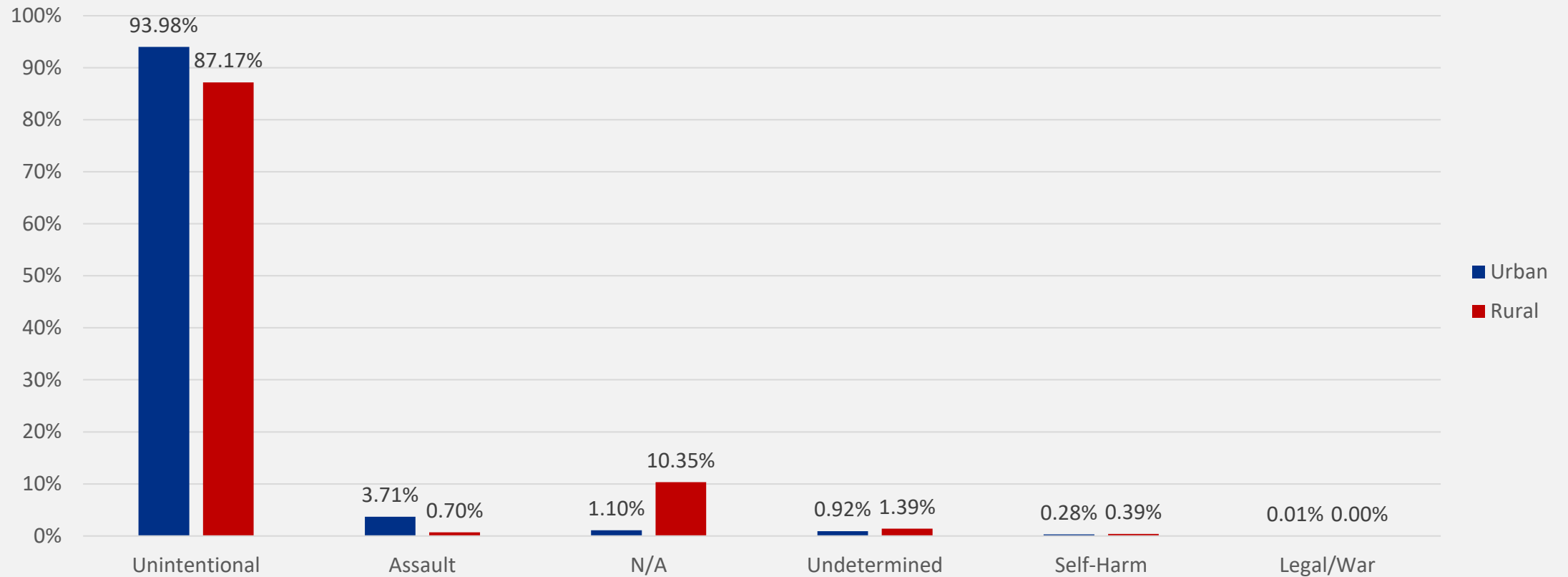
Non-Fatal



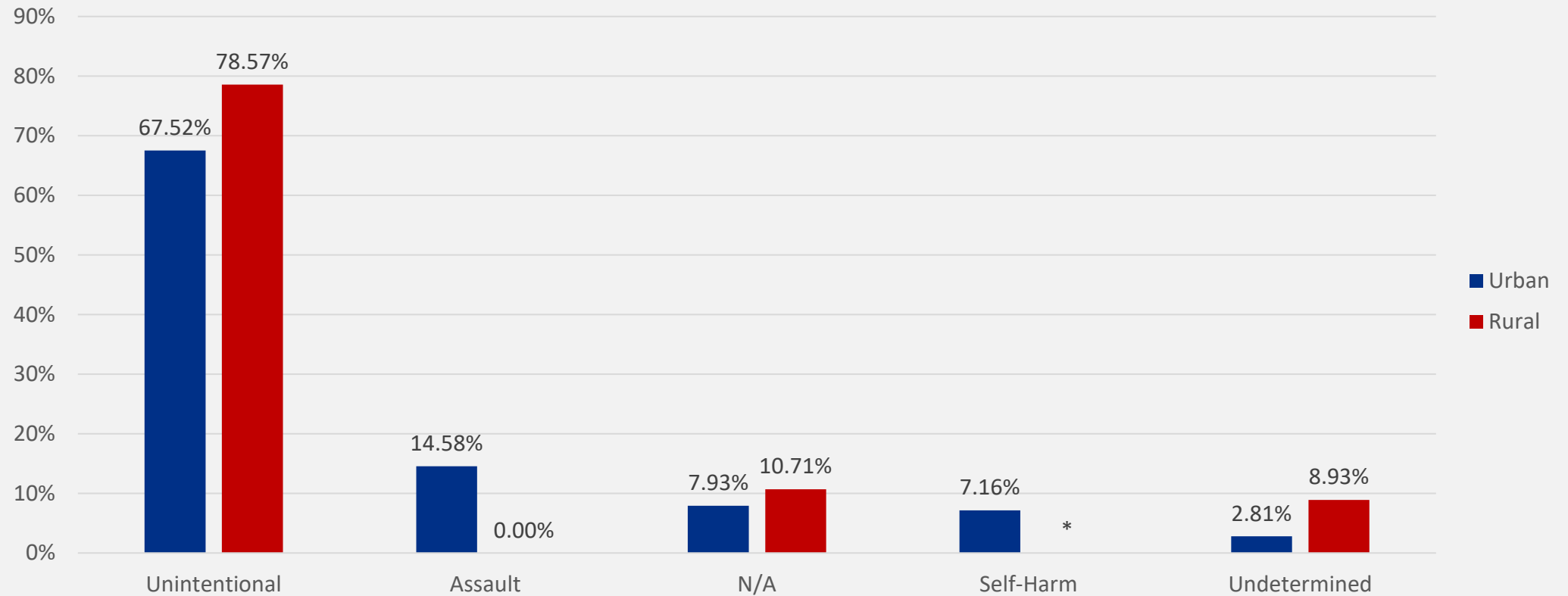
Fatal



2019-2021 Pediatric Non-Fatal Intent by Urban versus Rural



2019-2021 Pediatric Fatal Intent by Urban versus Rural



2019-2021 Pediatric Non-Fatal Mechanism of Injury (MOI)

| MOI | 2019 | 2020 | 2021 |
|--|--------|--------|--------|
| Fall | 45.46% | 42.36% | 45.01% |
| Struck by / Against | 9.48% | 7.22% | 8.53% |
| Motor Vehicle Traffic (MVT) - Occupant | 8.27% | 8.39% | 9.44% |
| Hot Object / Substance | 6.12% | 7.02% | 5.50% |
| Bites and Stings, Nonvenomous | 3.59% | 4.93% | 4.23% |
| Motor Vehicle (MV)-Nontraffic | 3.34% | 5.21% | 4.42% |
| Pedal Cyclist | 2.75% | 4.09% | 2.63% |
| Cut / Pierce | 2.56% | 2.75% | 2.67% |
| Other Land Transport (ATV, etc.) | 1.89% | 2.18% | 2.05% |

Totals will not equal 100% - list is the top MOIs

2019-2021 Pediatric Fatal MOI

| MOI | 2019 | 2020 | 2021 |
|--------------------------------------|--------|--------|--------|
| MVT - Occupant | 21.97% | 25.79% | 24.14% |
| MVT - Pedestrian | 11.56% | 4.40% | 4.83% |
| Fall | 10.40% | 12.58% | 11.72% |
| Firearm | 9.25% | 12.58% | 10.34% |
| Other Specified, Child / Adult Abuse | 4.62% | 8.81% | 15.17% |
| Struck By / Against | 4.05% | * | 3.45% |
| Drowning / Submersion | 3.47% | 4.40% | * |
| Suffocation | 2.89% | 5.03% | * |
| Fire / Flame | 2.89% | * | * |

Totals will not equal 100% - list is the top MOIs

2019-2021 Pediatric Non-Fatal Emergency Department (ED) Disposition

| ED Disposition | Percent |
|---|---------|
| Transferred to Another Hospital | 31.30% |
| Floor Bed | 22.85% |
| Home without services | 15.71% |
| Operating Room | 10.33% |
| Observation unit (unit that provides < 24 hour stays) | 6.95% |
| Intensive Care Unit (ICU) | 6.12% |
| Not Applicable** | 4.65% |
| Admitted to Telemetry Step Down Unit | 0.94% |
| Other (jail, institutional care, mental health) | 0.80% |
| Deceased | 0.17% |
| Left Against Medical Advice | 0.09% |
| Home with services | 0.03% |
| Missing | 0.06% |

Not Applicable** = directly admitted to the hospital

2019-2021 Pediatric Non-Fatal Hospital Designation

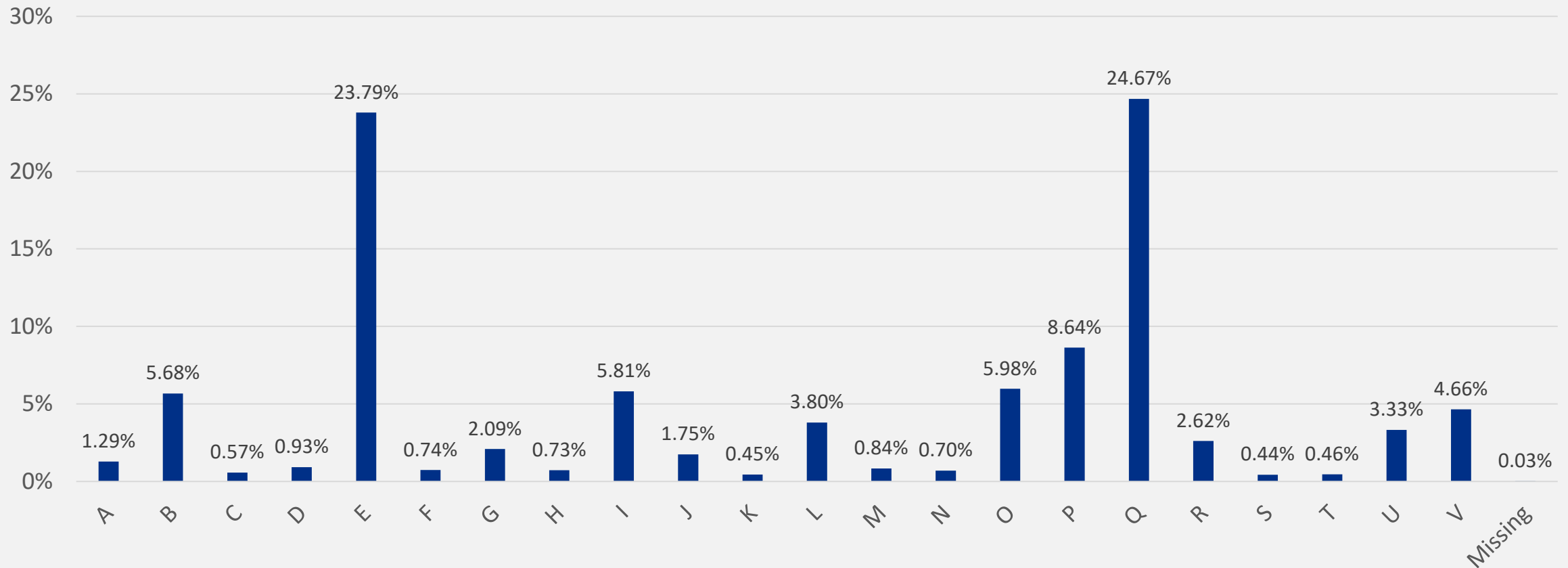
| Designation Level | 2019 | 2020 | 2021 |
|---|--------|--------|--------|
| Trauma Center Level 1 | 32.19% | 34.23% | 42.72% |
| Trauma Center Level 2 | 17.58% | 19.80% | 14.49% |
| Trauma Center Level 3 | 16.08% | 13.92% | 13.51% |
| Trauma Center Level 4 | 22.11% | 19.63% | 18.58% |
| Hospital | 4.06% | 4.78% | 4.74% |
| Pediatric Center | 2.99% | 2.76% | 2.74% |
| STEMI (ST-elevation myocardial infarction) Center | 0.09% | 0.09%* | 0.11% |
| Rural Access Hospital | 0.00% | * | * |
| Missing/ Not Known | 4.90% | 4.79% | 3.09% |

2019-2021 Pediatric Fatal Hospital Designation

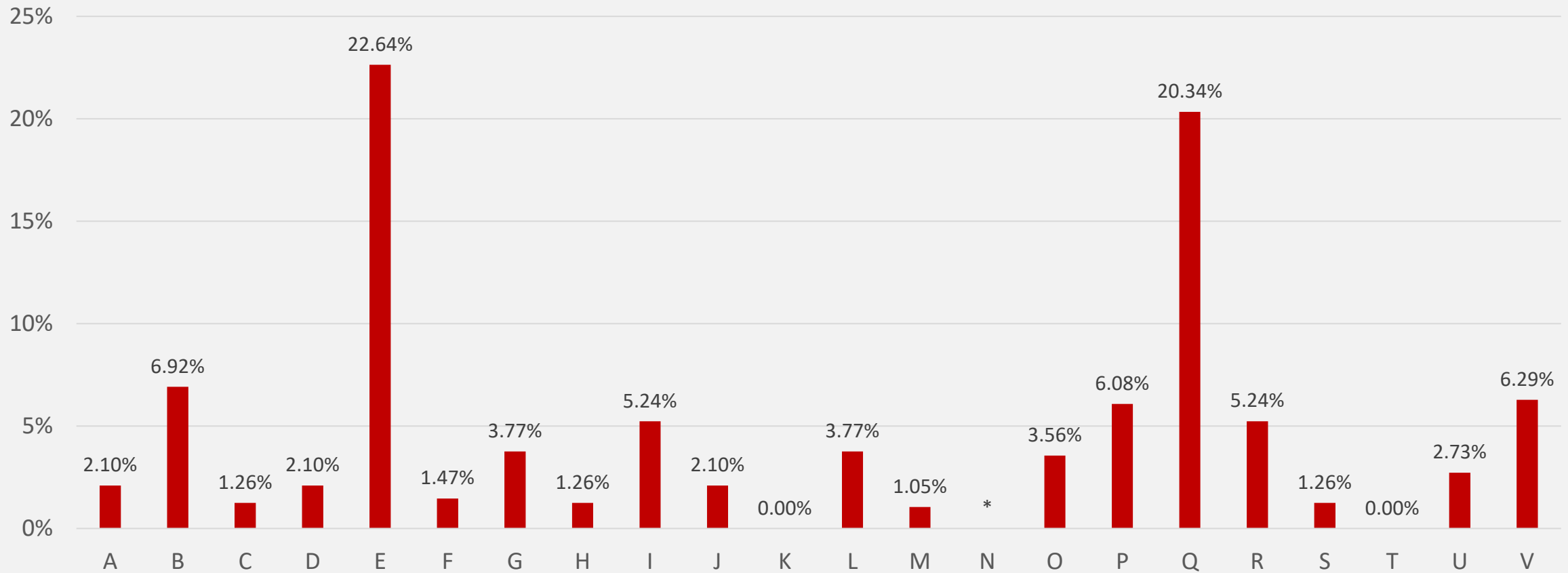
| Designation Level | 2019 | 2020 | 2021 |
|-----------------------|--------|--------|--------|
| Trauma Center Level 1 | 34.68% | 34.59% | 45.52% |
| Trauma Center Level 2 | 15.03% | 16.35% | 14.48% |
| Trauma Center Level 3 | 25.44% | 11.32% | 14.48% |
| Trauma Center Level 4 | 14.45% | 27.05% | 17.93% |
| Other** | 7.51% | 5.66% | 4.83% |
| Missing / Not Known | 2.89% | 5.03% | * |

Other** = includes Hospital, Pediatric Center, and STEMI Center

2019-2021 Pediatric Non-Fatal By Regional Advisory Council (RAC)



2019-2021 Pediatric Fatal By RAC



Resources

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

Thank you!

2019-2021 Texas Pediatric Injuries

June 9th, 2023

injury.epi@dshs.texas.gov



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GETAC Air Medical & Specialty Care Transport Committee Report June 2023

Lynn K. Lail BSN, RN, CFRN, LP

Cherish Brodbeck RN, LP



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Air Medical & SCT Committee

Priority Not Implemented
 Priority Activities Recorded
 Priorities Completed and being Monitored

| Committee Priorities | Current Activities | Status |
|--|---|--------------------|
| <p>Safe & Effective Statewide Ground to Air Communication</p> <p>Finalize/Materialize the Air Medical Strike Team (MIST) Concept & Process</p> | <p>Mid-quarter taskforce work</p> <ul style="list-style-type: none"> *RAC Chair’s meeting presentation *Doodle Poll of 22 RAC EMS Agencies & Fire Depts *Development & revisions of guidelines *Creation of resource list (FBOs, fuel, etc.) | <p>In Progress</p> |
| <p>Statewide Educational Campaign to Mitigate Risks of Air Medical Transport</p> | <p>Mid-quarter taskforce work</p> <ul style="list-style-type: none"> *Development of a GETAC LZ & Helipad Safety PowerPoint for Statewide use *Creation of an educational document highlighting key points, special cons., & links to educate air and ground providers on FAA policies & local best practices | <p>In Progress</p> |

Air Medical & SCT Committee

Priority Not Implemented
Priority Activities Recorded
Priorities Completed and being Monitored

| Committee Priorities | Current Activities | Status |
|--|---|-------------|
| Real-Time Status Reporting, by all Air Medical Providers, in all 22 Regions of the State | Mid-quarter taskforce work *Doodle Poll of 22 RAC Chairs *Evaluation of data to establish existing infrastructure | In Progress |
| Performance Improvement | Mid-quarter taskforce work *Development of 2 Performance Improvement Measures | In Progress |

Air Medical & SCT Committee

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

GETAC Cardiac Care Committee Report June 2023

James J. McCarthy MD



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Cardiac Care Committee

Priority Not Implemented
Priority Activities Recorded
Priorities Completed and being Monitored

| Committee Priorities | Current Activities | Status |
|---|---|-------------|
| Partner with DSHS to identify cardiac data elements currently available in the National Emergency Medical Service Information System (NEMSIS) | Report from DSHS today outlining data available and request process. Committee with discuss offline with a plan for a request into DSHS and anticipated report back for next committee meeting. | In progress |
| Out of Hospital Cardiac Arrest – AED access/bystander CPR - assessment | Will partner with DSHS to determine if registry data can assist in assessment. | In progress |
| Telecommunicator CPR (Coordinated clinical Care/EMS). | Telecommunicators to be invited to next committee meeting to discuss observed gaps in care. | In progress |
| Identify priorities for GETAC PI committee | Work off line to have suggestions for fall meeting. | Inprogress |

Cardiac Care Committee

- Committee items needing council guidance
 1. Nothing at this time
- Stakeholder items needing council guidance
 1. Nothing at this time
- Items referred to GETAC for future action
 1. Nothing at this time

GETAC Disaster Preparedness & Response Committee Report June 2023

Eric Epley, CEM

Wanda Helgesen, RN



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GETAC Disaster Preparedness & Response

Priority Not Implemented
Priority Activities Recorded
Priorities Completed and being Monitored

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

GETAC Disaster Preparedness & Response

- Items referred to GETAC for future action/ Guidance:
 1. TDEM Supply Chain Tool: Workgroup participation began with 32 individuals from 23 agencies. Requesting assistance in increasing participation from hospitals & EMS agencies for this important issue.
- GETAC Council Updates:
 1. Statewide EMS Wristband Project: Pulsara coordination taking place - 310 Contracted EMS agencies/ 404 Contracted Hospitals. DSHS & EMTF have purchased Pulsara MED OPS, Pulsara UNITED for EMS, and Pulsara ONE for Hospitals across Texas. Using Pulsara as the method to deliver patient reports from EMS to hospitals daily ensures that your organization is using the same tool in an MCI as you are every day.
 2. 2023 Hurricane Overview: TDEM presented 2023 hurricane outlook for the State of Texas. Main Takeaway: Lack of La Niña/Presence of El Niño.
- TX EMTF Program Updates & Announcements
 - Completed Training Courses:
 - MIST Initial: March 28-29, Austin (32 students) & April 13-14, Dallas (34 students)
 - MEDL: April 26-28, San Antonio (26 students)
 - TFL/MIST Refresher: May 25-26, San Antonio (18 attendees)

GETAC EMS Education Committee Report June 2023

Macara Trusty, Chair



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EMS Education Committee

Priority Not Implemented
Priority Activities Recorded
Priorities Completed and being Monitored

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

EMS Education Committee

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

GETAC EMS Medical Directors Committee Report June 2023

Christopher Winkler, MD, Chair



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EMS Medical Directors Committee

Committee will put forth to executive committee the language regarding EMS patient handoffs to hospitals as approved by EMS Med Director's committee.

Ready to assist with any request from RACs regarding the Fire Truck treat and transport guideline.

The committee is considering utilizing NEMSQA criteria for our performance improvement recommendations.

GETAC Injury Prevention & Public Education Committee Report June 2023

Mary Ann Contreras

Courtney Edwards



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Injury Prevention & Public Education

Priority Not Implemented
Priority Activities Recorded
Priorities Completed and being Monitored

| Committee Priorities | Current Activities | Status |
|---------------------------------------|--|--------|
| Suicide prevention | Continuing work on Spectrum of Prevention tool Workday agenda | |
| Safe Storage of Firearms | Continuing work on Spectrum of Prevention tool Workday agenda | |
| Increasing data collection for TXVDRS | Will begin establishing relationships with ME Offices to increase data submission from Medical Examiner's Offices to meet participation requirements for the Texas Violent Death Reporting System. | |
| Safe Transport of Children by EMS | Work with EMSC, Pediatrics, EMS committees to develop guidance regarding safe transport children. July workday- Review document from EMSC, begin identifying best practice strategy | |

Injury Prevention & Public Education

- Committee items needing council guidance
 1. Nothing at this time
- Stakeholder items needing council guidance
 1. Nothing at this time
- Items referred to GETAC for future action
 1. Identifying PI IVP smart goal with measurable outcomes for Texas System Improvement Plan

GETAC Pediatric Committee Report June 2023

Belinda Waters

Christi Thornhill



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Pediatric Committee

Priority Not Implemented
Priority Activities Recorded
Priorities Completed and being Monitored

| Committee Priorities | Current Activities | Status |
|--|---|------------------------------|
| Pediatric Readiness | 1. Develop 12 pediatric scenarios to be used for quarterly simulations with five having suspicion for abuse | Priority Not Implemented |
| Identify 2-3 measurable pediatric performance improvement measures | 1. Pediatric Readiness participation by Texas Hospitals and EMS Agencies 2. | Priority Activities Recorded |
| Complete GAP Analysis of Texas Pediatric Trauma System Score Report | 1. Report distributed to committee members 2. Subcommittee developed for GAP analysis | Priority Activities Recorded |
| Collaboration with RAC Chairs, EMS, EMS Medical Director, Injury Prevention and Air Medical Committees regarding Safe Transport of Children by EMS | | Priority Not Implemented |

Pediatric Committee

- Committee items needing council guidance
 - The Pediatric Committee requests to have a committee member serve on the new Texas Process Improvement Committee
- Stakeholder items needing council guidance
 1. The Texas EMS for Children Program requests the Council endorse efforts of the Voluntary Pediatric Recognition Program (VPRP) encouraging Level I – IV designated trauma centers participation in the statewide program to reduce morbidity and mortality in critically ill and injured children.
 2. The Texas EMS for Children Program requests the Council endorse efforts of the National Pediatric Readiness Quality Initiative (NPRQI) including hospital emergency department participation in a state and nationwide platform that provides a free, secured, web-based platform that allows EDs to track quality metrics and performance.
- Items referred to GETAC for future action
 - Request for support of requesting an increase in Health Resources and Services Administration (HRSA) funding

GETAC Stroke Committee Report June 2023

Robin Novakavic-White, MD

Sean Savitz, MD



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Stroke Committee

Priority Not Implemented
Priority Activities Recorded
Priorities Completed and being Monitored

| Committee Priorities | Current Activities | Status |
|--|---|--------|
| ASA Mission Lifeline Prehospital Stroke algorithm – Recommendation | Approved by Stroke Committee, seeking approval from EMS, EMS Medical Directors, RAC and Air Medical Committees | |
| Establish recommendation for stroke facility infrastructure | The Stroke System of Care Work Group is outlining the best practices and recommendations to present to the Stroke Committee. | |
| Pediatric Task Force | Outline prehospital best practices for management, transport, interfacility transfers, and minimum capabilities recommendations for pediatric hospital to be recognized as capable of caring for pediatric stroke | |
| Provide list of recommended stroke education and certification courses | Compiling a list of courses and certifications pertaining to stroke education at all levels. List will be reviewed by the Education Work Group before presenting to Stroke Committee | |

Stroke Committee

Priority Not Implemented
Priority Activities Recorded
Priorities Completed and being Monitored

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

Stroke Committee

- Committee items needing council guidance
 1. Item None at this time
 2. Item
- Stakeholder items needing council guidance
 1. Item None at this time
 2. Item
- Items referred to GETAC for future action
 1. Item Mission Lifeline Prehospital Stroke Algorithm
 2. Item

GETAC Trauma Systems Committee Report June 2023

Stephen Flaherty, MD, Chair

Jeff Barnhart, Brian Eastridge, MD, Della Johnson, RN, Alan Tyroch, MD, Council
Liaisons



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Trauma Systems Committee

- Level 4, 96 beds
- 12 bed ED
- Ricky Thomas TMD
- Amy Vivion TPM
- 41 miles to Level 2

- Greyhound bus
- Weather limits Aeromed
- 10 adults, 3 peds
- 5 life-threatening injuries



Trauma Systems Committee

- **Trauma rules process**

- Process delayed
- Now anticipate formal comments in late Sept or October
- This committee will be prepared to support with a workgroup-sized element to assist the Department in reviewing comments.

Trauma Systems Committee

- **Trauma System Assessment**
 - Concerns persist that hospitals might give up designation status
 - Financing
 - Rules changes
 - No specific trends yet identified
 - Financing was secured this legislative session

Trauma Systems Committee

- **Stop the Bleed**

- The attempt to lower the age for STB training to 3rd grade did NOT pass
- Student courses and Train the Trainer events remain well attended and are continuing
- A modification to the training platform was a huge success

Trauma Systems Committee

- Items needing Council guidance
 - None

Trauma Systems Committee

Items referred to the Council for future action

None



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Agenda Items



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Agenda Item 4

- GETAC Standard Operating Procedures Update

Agenda Item 5

- GETAC Strategic Plan Update

Agenda Item 6

- Texas System Performance Improvement Plan and PI Task Force Update

Agenda Item 7

- Pediatric Rural Trauma Education Quality Initiatives

IMPROVING PEDIATRIC OUTCOMES IN TEXAS TRAUMA CENTERS

KATE REMICK, MD, FAAP, FACEP, FAEMS

Associate Professor, Departments of Pediatrics and Surgery

Associate Chair for Quality, Innovation, and Outreach

Co-Director, National EMS for Children Innovation and Improvement Center

Medical Director, San Marcos Hays County EMS System

Executive Director, National Pediatric Readiness Quality Initiative

EMS Director, Pediatric Emergency Medicine Fellowship, Dell Medical School

TALKING POINTS

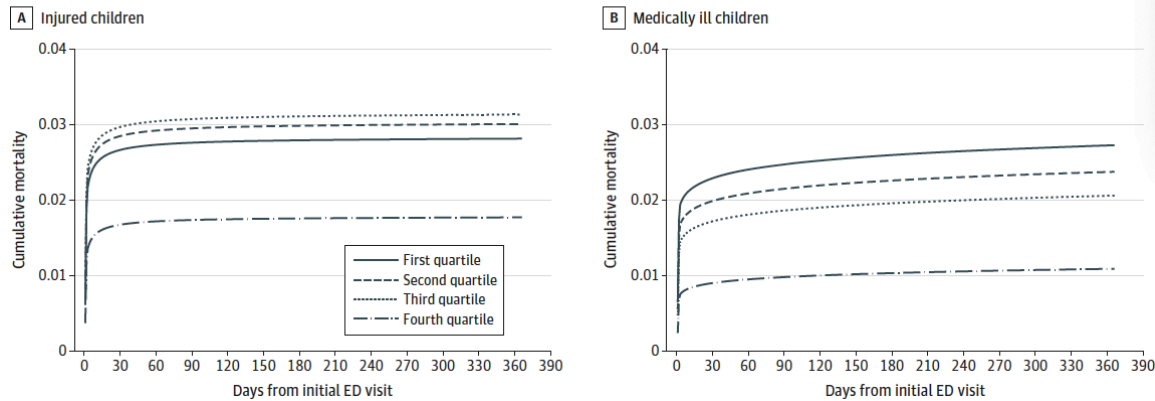
- Relationship between pediatric readiness and mortality
- Transformational model to improve pediatric outcomes
- Proposed educational curriculum for Texas trauma center levels III and IV
- Data strategy to track performance
- Benefits to State of Texas

January 13, 2023

Emergency Department Pediatric Readiness and Short-term and Long-term Mortality Among Children Receiving Emergency Care

Craig D. Newgard, MD, MPH¹; Amber Lin, MS¹; Susan Malveau, MS¹; [et al](#)

Adjusted Time to Death for Injured and Medical Children, by Emergency Department (ED) Pediatric Readiness



4-fold decrease in mortality for critically-ill children in EDs with wPRS 93+

2-fold decrease in mortality for injured children in trauma centers with wPRS 89+

60% (injured) to 76% (ill) lower odds of in-hospital death in high-readiness ED

The Burden of Care: Level III/IV (Non-Fatal)

2019-2021 Pediatric Non-Fatal Hospital Designation

| Designation Level | 2019 | 2020 | 2021 |
|-----------------------|--------|--------|--------|
| Trauma Center Level 1 | 32.19% | 34.23% | 42.72% |
| Trauma Center Level 2 | 17.58% | 19.80% | 14.49% |
| Trauma Center Level 3 | 16.08% | 13.92% | 13.51% |
| Trauma Center Level 4 | 22.11% | 19.63% | 18.58% |
| Hospital | 4.06% | 4.78% | 4.74% |
| Pediatric Center | 2.99% | 2.76% | 2.74% |

- Level III/IV Combined
 - 2019: 38.2%
 - 2020: 33.3%
 - 2021: 32.1%

The Burden of Care: Level III/IV (Fatal)

2019-2021 Pediatric Fatal Hospital Designation

| Designation Level | 2019 | 2020 | 2021 |
|-----------------------|--------|--------|--------|
| Trauma Center Level 1 | 34.68% | 34.59% | 45.52% |
| Trauma Center Level 2 | 15.03% | 16.35% | 14.48% |
| Trauma Center Level 3 | 25.44% | 11.32% | 14.48% |
| Trauma Center Level 4 | 14.45% | 27.05% | 17.93% |

- Level III/IV Combined
 - 2019: 39.9%
 - 2020: 38.4%
 - 2021: 32.4%



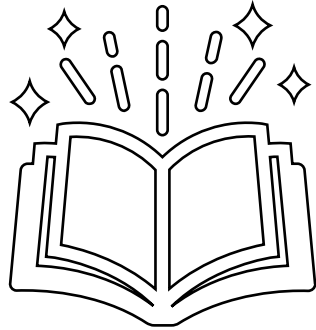
THE CHARGE:

Develop a transformational model to improve pediatric outcomes in Texas' rural Trauma Centers



Improving Pediatric Outcomes in Rural Trauma Centers

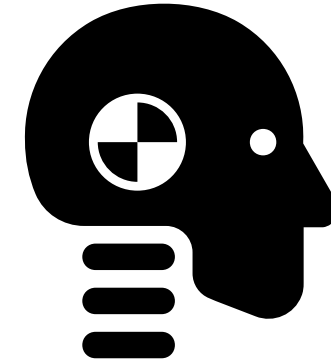
- Proposed Texas Trauma Rules
 - **Pediatric trauma simulations**
 - **Education and Training**
 - **Equipment and supplies**
 - **Annual NPRP assessment**
- Foundational for adoption
 - Iterative improvements
 - Integration of evidence-based practice
 - Performance/Data visualization



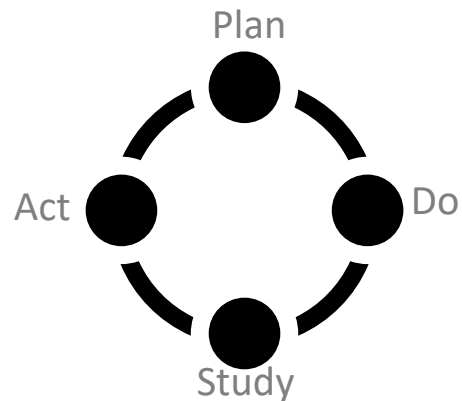
Integration of Pediatric
Evidence-Based Medicine



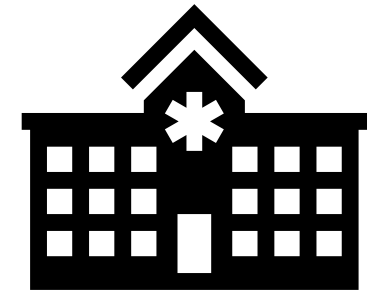
Ultimately:
**Improved Pediatric
Patient Outcomes**



Application of Knowledge
through Simulation Activities



Sustained High Performance
through QI/PI



Demonstrate Pediatric
Readiness



NPRP Assessment

Tool for identifying gaps in pediatric readiness across all EDs



NPRP Toolkit and Checklist

Resources for addressing gaps identified by the assessment



ED-focused QI Collaboratives

Forums for developing, implementing, and sharing care improvement strategies



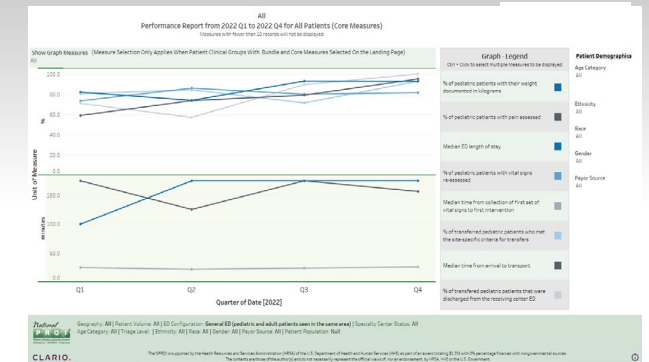
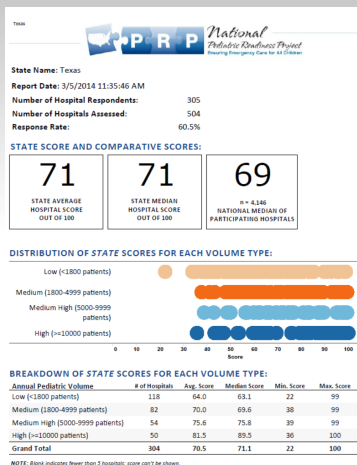
NPRQI

Web-based analytics portal to assess quality of clinical care processes



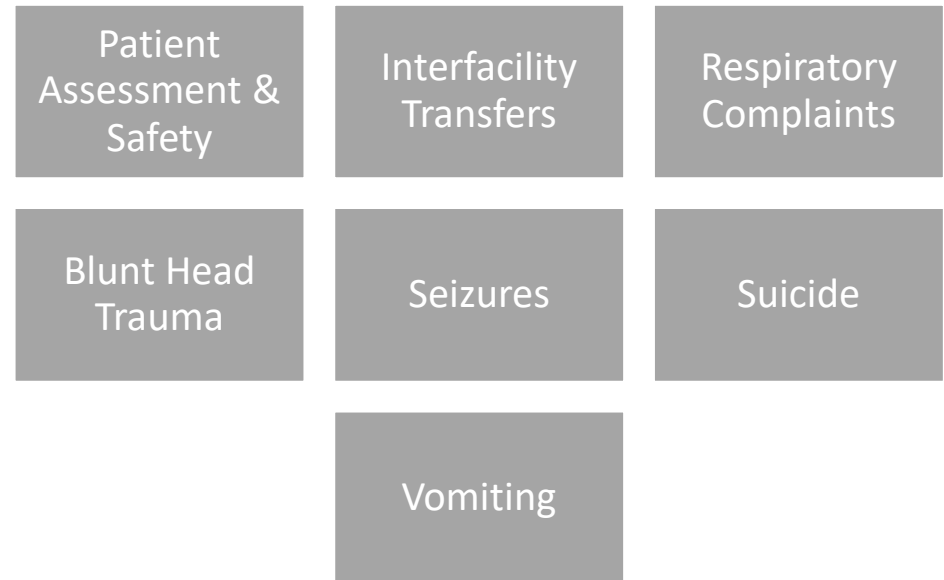
Facility Recognition Programs

State-based programs that recognize EDs for their pediatric readiness based on state-specific criteria





(28) Pediatric-Specific Quality Measures Across Seven Clinical Areas of Focus



NPRQI was designed specifically for lower volume EDs | Focus on the undifferentiated pediatric patient



High-Frequency Conditions

2019-2021 Pediatric Non-Fatal Mechanism of Injury (MOI)

| MOI | 2019 | 2020 | 2021 |
|--|--------|--------|--------|
| Fall | 45.46% | 42.36% | 45.01% |
| Struck by / Against | 9.48% | 7.22% | 8.53% |
| Motor Vehicle Traffic (MVT) - Occupant | 8.27% | 8.39% | 9.44% |

Crosswalk with NPRQI

- Process of Care:
 - Assessment/Reassessment
 - Time to first intervention
 - Time to transfer
- Clinical Conditions:
 - Blunt Head Trauma
 - Pain Management
 - Seizures

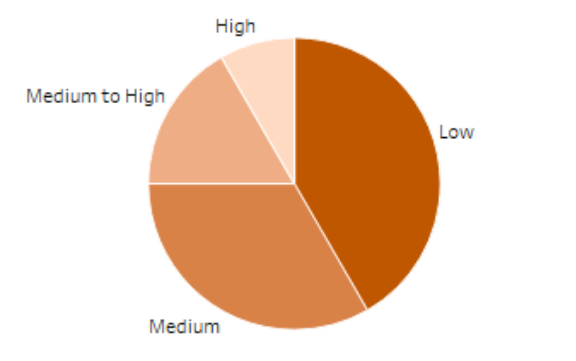
NPRQI Reporting Dashboard

12 Sites / 977 Records

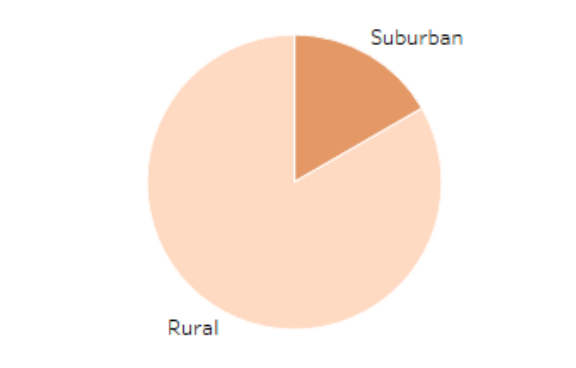
Make your selections from the green filter bar, and Click "GO" to return your report

| Year | Quarter | Site | Results View | Patient Clinical Group |
|------------------------------|---|------|--------------|------------------------------|
| Select all that apply All | Limit the # of Quarters by selecting Year(s) first All | All | Table | All Patients (Core Measures) |

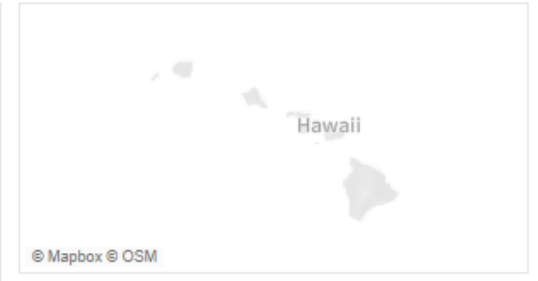
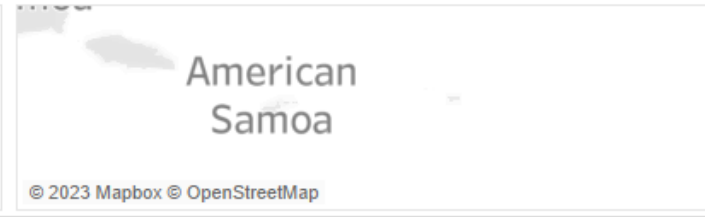
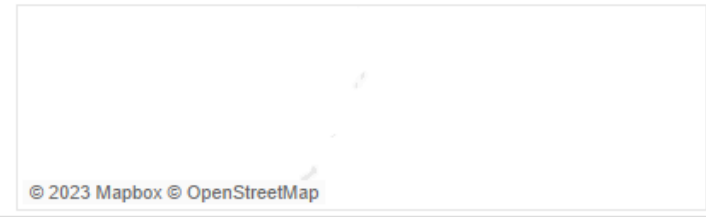
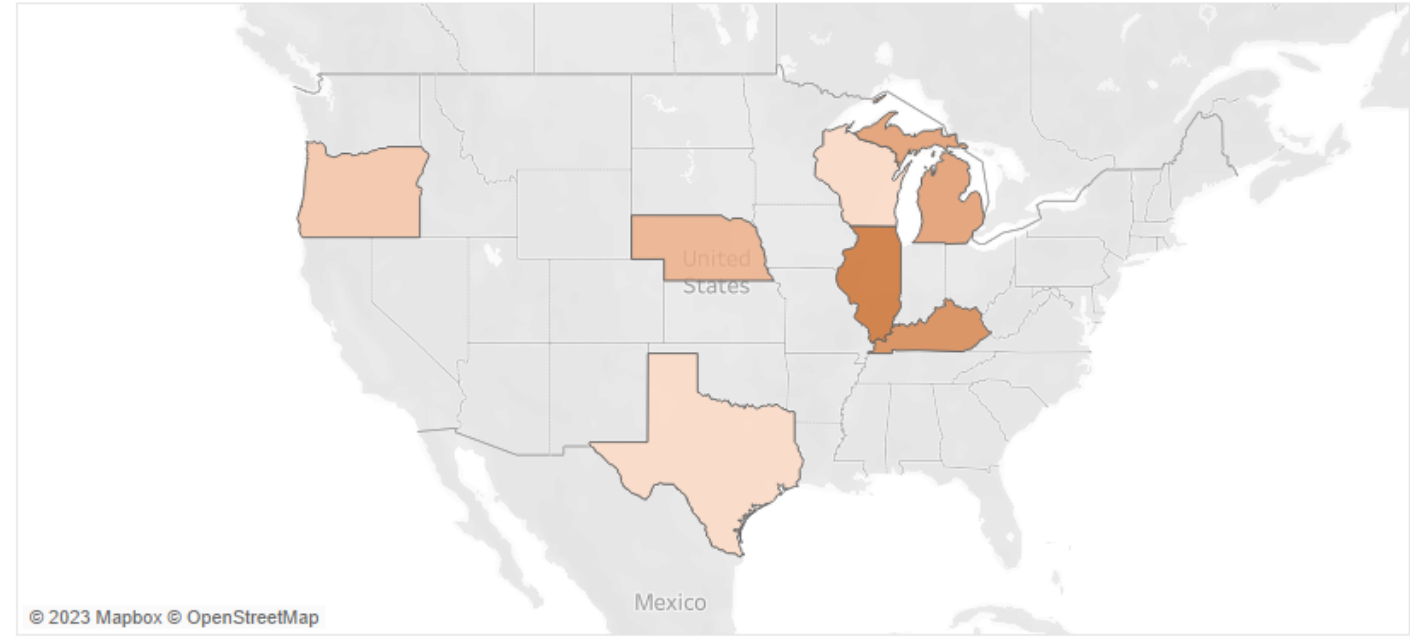
Number of Sites by Patient Volume Category



Number of Sites by Geographic Category



Participation in the National Pediatric Readiness Quality Initiative



All

Performance Report from 2022 Q1 to 2022 Q4 for All Patients (Core Measures)

Measures with fewer than 10 records will not be displayed

*Cohort performance represents the average of site performances for sites within the same patient volume category (displayed with minimum of 5 sites)

**National performance represents the average of site performances across all participating sites (displayed with a minimum of 5 sites)

[Back to Landing](#)

ow: < 1,800 pediatric pati..

| Bundle | # of Sites | # of Records | Quality Measure | Your Performance | National Performance ** | Cohort Performance * | |
|----------------------|------------|--------------|---|------------------|-------------------------|----------------------|---|
| ASSESSMENT | 5 | 451 | % of pediatric patients with their weight documented in kilograms | 90.7 % | 84.8 % | 89.5 % | ⊙ |
| | | | % of pediatric patients with pain assessed | 73.6 % | 77.0 % | 73.5 % | ⊙ |
| | | | Median ED length of stay | 175.0 minutes | 140.0 minutes | 161.9 minutes | ⊙ |
| ABNORMAL VITAL SIGNS | 5 | 283 | % of pediatric patients with vital signs re-assessed | 81.6 % | 79.6 % | 80.0 % | ⊙ |
| | | | Median time from collection of first set of vital signs to first intervention | 25.0 minutes | 26.8 minutes | 26.8 minutes | ⊙ |
| TRANSFER OF PATIENTS | 5 | 156 | % of transferred pediatric patients who met the site-specific criteria for transfers | 91.3 % | 78.5 % | 91.1 % | ⊙ |
| | | | Median time from arrival to transport | 175.0 minutes | 128.1 minutes | 152.2 minutes | ⊙ |
| | | | % of transferred pediatric patients that were discharged from the receiving center ED | 85.6 % | 76.1 % | 82.2 % | ⊙ |



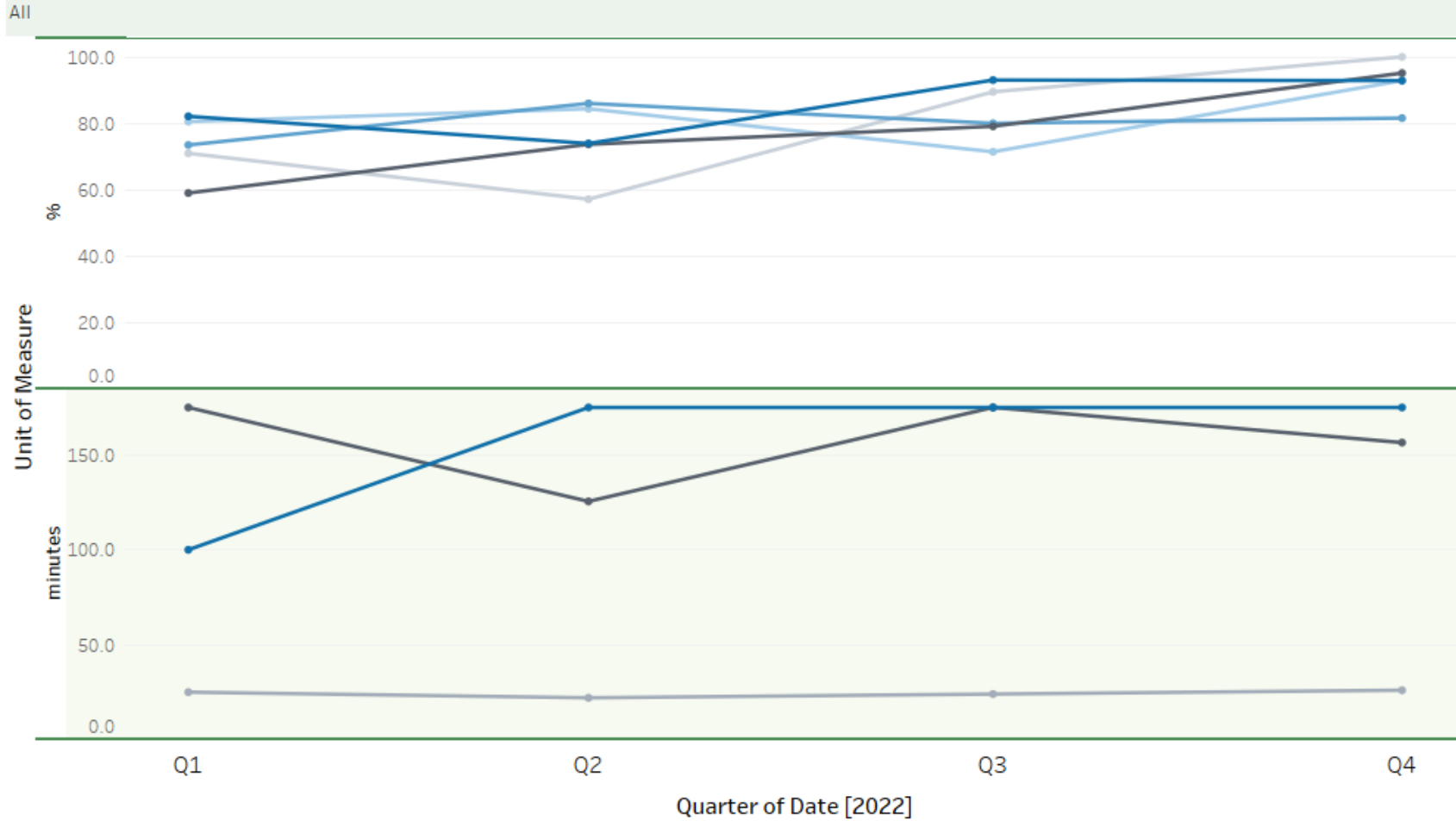
Geography: All | Patient Volume: All | ED Configuration: General ED (pediatric and adult patients seen in the same area) | Specialty Center Status: All
 Age Category: All | Triage Level: | Ethnicity: All | Race: All | Gender: All | Payor Source: All | Patient Population: Null

All

Performance Report from 2022 Q1 to 2022 Q4 for All Patients (Core Measures)

Measures with fewer than 10 records will not be displayed

Show Graph Measures (Measure Selection Only Applies When Patient Clinical Groups With Bundle and Core Measures Selected On the Landing Page)



Graph - Legend

Ctrl + Click to select multiple Measures to be displayed

% of pediatric patients with their weight documented in kilograms



% of pediatric patients with pain assessed



Median ED length of stay



% of pediatric patients with vital signs re-assessed



Median time from collection of first set of vital signs to first intervention



% of transferred pediatric patients who met the site-specific criteria for transfers



Median time from arrival to transport



% of transferred pediatric patients that were discharged from the receiving center ED



Patient Demographics

Age Category
All

Ethnicity
All

Race
All

Gender
All

Payor Source
All



Geography: All | Patient Volume: All | ED Configuration: General ED (pediatric and adult patients seen in the same area) | Specialty Center Status: All
Age Category: All | Triage Level: | Ethnicity: All | Race: All | Gender: All | Payor Source: All | Patient Population: Null

Measure • Reflect • Improve

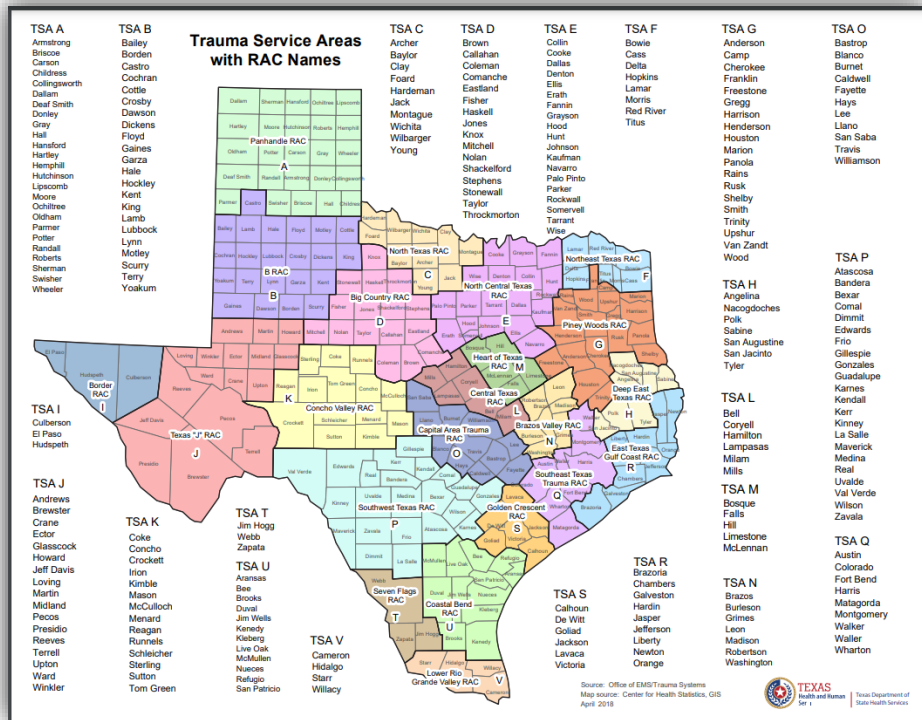
National



Pediatric Readiness Quality Initiative
Measure • Reflect • Improve

Mechanisms to Engage in NPRQI

- As an individual site
- As a health system or hospital network
- RAC-driven regional effort
- Participation in the Pediatric Readiness Quality Collaborative



Key Benefits for the State of Texas

- Alignment with TX Trauma Rules
- Opportunity to evaluate and address disparities in pediatric care
- Provide a tool to empower individual trauma centers and RACs

Agenda Item 8

- Senate Bill 422 amends Occupations Code

The proposed amendment to §1.81 adds that an active military service member stationed at a military installation in Texas and is currently licensed in good standing by another jurisdiction that has licensing requirements substantially equivalent to the requirements of a license in this state the department shall issue a verification letter recognizing the licensure. The verification letter will expire three years from date of issuance or when the military service member is no longer stationed at a military installation in Texas, whichever comes first.

Agenda Item 9

Action Items

Agenda Item 10

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

Agenda Item 11

- Discussion of Rural Priorities

Agenda Item 12

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



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GETAC Stakeholder Reports

June 2023

Texas EMS, Trauma & Acute Care Foundation (TETAF)

Terri Rowden, BSN, RN, TCRN

TETAF Survey Services Senior Director



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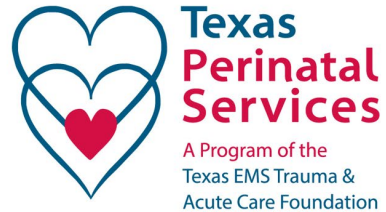
Texas Department of State
Health Services

Texas EMS, Trauma & Acute Care Foundation Update

Terri Rowden, BSN, RN, TCRN

TETAF Survey Services Senior Director

Friday, June 9, 2023



Surveys – Trauma, Stroke, Maternal, and Neonatal

- ❑ The number of requests for surveys to be scheduled continues at a steady pace for all survey service lines in the last quarter.
- ❑ TETAF's perinatal division, Texas Perinatal Services, has trained new surveyors to meet the demand for surveys and new rule requirements.
- ❑ TETAF continues to monitor rule updates and the impact they may have on hospitals, surveys, and surveyor requirements.

Education

- ❑ Last week, TETAF provided credit hours to learners who completed the TETAF Hospital Data Management Course (HDMC). The next HDMC will be on November 6-7, 2023.
- ❑ On National Stop the Bleed Day (May 25), TETAF hosted a virtual STOP THE BLEED® Train the Trainer course instructing 120 participants.
- ❑ TETAF and Texas Perinatal Services continue to offer exclusive, free educational opportunities to our hospital partners via Mighty Networks.

*Scan with the camera on
your phone to join Mighty
Networks or visit
www.tetaf-tps.mn.co*



Advocacy

- ❑ TETAF monitored more than 90 bills, providing input on many. TETAF also provided in-person testimony at the Capitol, conducted bi-weekly meetings with the TETAF Legislative Work Group, created handouts and sample letters for stakeholders to advocate, and spent numerous hours speaking with legislators.
- ❑ The Texas Legislature appropriated \$6.6 million for the biennium to the Regional Advisory Councils (RACs) recognizing the increased demands of the RACs. This increase is the largest since RAC funding was established and is an almost 70% increase in funding.
- ❑ Legislators approved \$10.9 million for the biennium for the Maternal Health Quality Improvement System and Maternal Mortality Review Information Application to improve data quality; however, this is not the statewide perinatal database that TETAF and other organizations advocated to improve outcomes for mothers and newborns in Texas.
- ❑ Collections for Account 5111 have decreased. The legislature acknowledged this by appropriating General Revenue dollars to make up the difference. A total of \$96 million for FY24 and \$98.1 million for FY25 will be appropriated to Account 5111. In addition, Sen. Joan Huffman, chair of the Senate Finance Committee, intends to examine current collections and determine where improvements need to be made during the next legislative session.
 - ❑ House Bill 1 requires a report from the Texas Health and Human Services Commission on uncompensated trauma care provided throughout Texas. The report will provide information on the amount of funds hospitals receive through governmental entities for uncompensated trauma care and payments received by physicians, or physician groups, for providing medical care to uninsured trauma patients. TETAF will monitor and provide input where appropriate.
- ❑ TETAF Advocacy Committee will remain vigilant monitoring activities and discussions during the Special Sessions and interim.

Collaboration

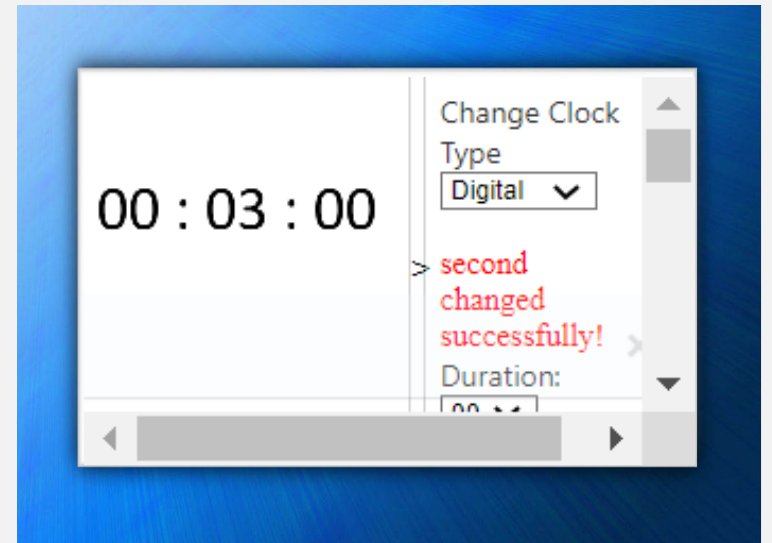
- ❑ TETAF continues to provide support to Texas TQIP. The collaborative met virtually on April 19 and will have its next meeting this summer.
- ❑ TETAF continues to provide all continuing education for the Texas Trauma Coordinators Forum and participate in their educational activities.
- ❑ TETAF welcomes the opportunity to be a resource and/or participate in any meetings to further build the trauma and emergency care network.

Final Public Comment

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

Please state the following when asking questions or making comments:

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



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Next Council Meeting Dates

August 16-18, 2023, at the DoubleTree by Hilton Austin

November 18-21, 2023, in conjunction with the Texas EMS Conference in Austin



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Adjournment



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Thank you for all you do to support the GETAC mission to promote, develop, and advance an accountable, patient-centered Trauma and Emergency Healthcare System!