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

Friday, August 18, 2023
DoubleTree by Hilton Austin, Phoenix Central Ballroom
6505 N Interstate 35
Austin, TX 78752

Meeting Minutes

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

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Call to Order	The meeting was called to order at 8:00 AM by Dr. Tyroch. Roll called by DSHS staff. Quorum met.			
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 GETAC Minutes	Shawn Salter motioned to approve the June 9, 2023, minutes. Scott Lail seconded the motion.		Approved.	
1	**Chair Report and Discussion – Alan Tyroch, MD, GETAC Chair**			
	Dr. Alan Tyroch provided an update on the following items: **GETAC 2024 Committee Applications** Dr. Tyroch announced the application period for GETAC committees will be open September 1-30, 2023. He added that the application would be posted on the DSHS GETAC webpage, and selections will be made in October and announced in November. **New Documents** Dr. Tyroch shared that the GETAC Committee Guidelines and updated Standard Operating Procedures were available on the website. He added that the draft Texas EMS-Trauma and Emergency Healthcare System Performance Improvement Plan (PI) is also available online; this document is being worked on through the Texas System Performance Improvement Task Force led by Jeff Barnhart and Dr. Kate Remick. **November GETAC Meetings (Q4) & EMS Awards** Dr. Tyroch reminded all in attendance that the next GETAC meetings will be held November 18-20 at the Hilton – Convention Center and that GETAC would meet			

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	at 4 PM (CDT) on Monday, November 20, 2023. He added that the department is currently accepting online nominations for EMS awards; the deadline to submit is 9/15/23. **EMS Handoff in the RACs** Dr. Tyroch encouraged Regional Advisory Council (RAC) leaders to discuss EMS timeouts within their organizations to ensure that they are being done and through consistent processes. He shared his professional opinion that the 40-45 second timeout should be done prior to moving patient from EMS stretcher to hospital gurney.			
2	**State Reports**			
EMS-Trauma Systems Section	**EMS/Trauma Systems Section** **Jori Klein, Director, provided a report on the following items:** **21R151 Trauma Rules** Director Klein stated the trauma rules are currently scheduled to go to the Executive Council on November 16, 2023, and out for public comment from December 22, 2023, through January 22, 2024. The department will review the comments in a manner that creates transparency and collaboration utilizing a group consisting of four members from GETAC, five members of the Trauma Systems Committee, and four RAC leaders. This collaborative team will review the public comments received and evaluate the rule language to identify any necessary language modifications. Director Klein advised that the trauma rules are expected to be adopted in April of 2024 and implemented September 1, 2024 but added a critical reminder that the American College of Surgeons (ACS) 2022 Verification Standards will be in	Council members may monitor individually, but the Council identified no formal actions.	Continue to monitor	

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	effect September 1, 2023, and all ACS surveys after September 1, 2023, will follow the new ACS standards. **TOPIC Courses** The department coordinated five TOPIC courses since June 9, 2023 – three Rural TOPIC courses and two TOPIC Courses. Ms. Klein shared that the classes were successful and stated part of that success is the medical director and the program manager and administrator attending the course together to learn the language and terminology. **RAC Exceptional Item (EI)** The RAC EI is moving forward in September, and contract amendments should be rolling out by mid-September. Each of the 22 RACs will receive $150,000 per year of the biennium, which must be expended at the end of that year. **Designation Site Survey Guidelines** The guidelines are posted, and the department has had at least three maternal and neonatal presentations with TETAF and one with the American College of Obstetricians and Gynecologists (ACOG); the maternal and neonatal guidelines target date will be in effect by January 21, 2023. The purpose of the guidelines is to create consistency across all designation processes, consistency with the surveyors, and to guide the hospitals on preparing for their site survey and organizing their documents. **Contiguous RACs** Director Klein presented a chart detailing the agreed-upon contiguous RACs; she stated they'd be in effect until January 2026 and then reevaluated.	Non actions required. This is being addressed by DSHS CMS, no actions required of Council. Information only, no actions required. Information only, no		

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		actions required.		
	GETAC Committee Guidelines and Standard Operating Procedures (SOP) Director Klein shared that the development of the GETAC Committee guidelines and the final GETAC-approved Standard Operating Procedures were complete and thanked her staff for their role.	Council and Committee Chairs were requested to review.		
	CRASH Project Director Klein stated that Stewart Wang, MD, has done a tremendous job with this project and explained that this project, through car sensors, can predict potential injuries to the human body during a crash. Dr. Wang and his team from Michigan would like to collaborate with Texas and contacted the department for participation. Toyota supports this project with the goal of looking at the International Center for Automotive Medicine (ICAM), the group behind this project whose mission is to understand better, treat, and prevent crash injuries. Dr. Wang's team would like to work with the Texas EMS/Trauma Registry and trauma centers to get additional information to further their research projects. ***Council Comment:*** *Dr. Sharon Malone asked if, due to the data tied to a patient, there was concern about whether or not the driving behavior could be traced back to an individual and used punitively by insurance companies. Ms. Klein responded that while she did not have an answer, the Michigan project has been in place for 20 years, and there has not been an issue. She added that information in reports is de-identified.* ***Council Comment:*** *Dr. Kate Remick shared that since motor vehicle collisions are still a major cause of injury for all ages, this is an important effort toward injury prevention.*	Jorie Klein to schedule time with trauma centers, CRASH Program, and Council to review the CRASH participation opportunities.	Approved.	Presentation to GETAC in November.

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	Council Comment: *Dr. Brian Eastridge asked what was being done with the data gathered. Ms. Klein responded that along with automatic crash response, the group has worked with General Motors (GM) to help with the design of their vehicles regarding safety.* ***Council Comment:*** *Mr. Ryan Matthews discussed that some of the data gathered shows that as you move from the urban areas, cars are older, so from a rural or first-response perspective, the data provides an opportunity to look at the kinds of training for extrication and the kinds of equipment that rural departments might need. He added that he applauds the injury prevention initiative.* ***Council Comment:*** *Dr. Gerad Troutman asked where the funding was coming from. Director Klein stated that ICAM has funding and some grant opportunities from Toyota.* ***Council Comment:*** *Dr. Tyroch shared his support of the effort. He asked what would happen if some trauma centers declined to participate. Ms. Klein replied that the research group would only use the data from the participating trauma centers.* ***Council Comment:*** *Dr. Troutman stated he had questions about logistics – Who owns this, goes to trauma centers, and gathers all the data? Director Klein responded that the CRASH research group has the resources to pull all of that together, and they will manage it.*	Chief Scott Lail motioned to support moving forward to investigate the possibility of this concept. Dr. Taylor Ratcliffe provided a second. No opposition. Motion Passed.	Approved.	
	Planning for 2024 Ms. Klein proposed going out for bids for the following dates for 2024 GETAC meetings: Q1 – March 6-8, Q2 – June 12-14, Q3 – August 21-23, Q4 – Conference in Ft. Worth. She reminded the Council that there must be four meetings in Austin, so the Strategic Planning Retreat would accomplish that requirement. Council selected February 1, 2024 (afternoon) – February 2, 2024 (morning) for retreat.	Mr. Shawn Salter motioned to accept the proposed dates for the 2024 GETAC meetings. Dr.	Council selected the Strategic Planning dates.	2024 Strategic Planning Retreat planned for 2/1/24-2/2/24.

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	Dr. Timothy Stevenson, Associate Commissioner, Consumer Protection Division (DSHS), shared his appreciation and recognized the work being done and thanked the GETAC council and committees for what they do; he added that the EMS/Trauma System is in a good place and moving forward. ********** **Designation Update** Elizabeth Stevenson, Designation Manager, provided an update on facility designation. **Perinatal, maternal, and neonatal facilities:** Mrs. Stevenson reported a couple of facilities are closing service lines due to a lack of physicians or nursing staff. Designation staff met with North Carolina and Georgia and will be working with them to share the department's process to develop rules to help those states address the challenges they are experiencing. **Designated Trauma Facilities** • Total = 303 (2023 Q2) • Applications processed per quarter (Q) o 2023 Q2 = 26 ▪ Three designated at a higher level ▪ One designation at a lower level ▪ 0 IAP ▪ 22 Contingent – 7 Level III and 13 Level IV ▪ Three requiring DSHS follow-up o Common themes for contingencies and focused reviews: Nursing documentation, identification of all deviations, actions taken to address deviations, "loop closure" resolutions, TMD	Malone provided the second. No opposition. Motion passed. The Council identified no formal actions. No actions were identified.		Continue quarterly update to the Council.

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	credentialing/program participation, specialty physician credentialing/response, continuous PI for a 3-year cycle. ○ The department continues to work with facilities: Program assistance/questions (50) and Survey follow-up/check-in (80). • The department's goal is to ensure trauma programs are successful. ○ Actions the department is taking: ▪ Implemented ISS Scoring/TQIP Assistance Workgroup to provide trauma registry mentorship ▪ Website resources developed: • Trauma Registry Mentorship List • TQIP Mentorship List • Benefits of TQIP • ISS Web-Data Entry ▪ TOPIC courses (DSHS sponsored) – great attendance at the five thus far. ▪ Designation staff is assisting facilities with deficiencies. ▪ Trauma monthly calls. • The ISS Scoring/TQIP Assistance Workgroup created trauma designation resources that can be found on the DSHS Trauma Designation website. These are intended to be quick references. **Stroke designated facilities** • Total 2023 Q1 = 185 • Level IV = 4 • Designation Application Process Performance Measures ○ Performance measures for turning applications around from department receipt of a complete application, including fee, through facility receipt of approved documents. ○ The goal is 30 days, with a current turnaround time of 24 days.			

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	• Stroke Designated facility calls are held on the 2nd Tuesday of each month. The attendees have expressed that many of their issues and challenges are related to resources.
	  ○ The first meeting was held on April 11 with 120 attendees.
	  ○ The second meeting was held on May 9 with 92 attendees.
	  ○ The third meeting was held on June 13 with 128 attendees.
	• The department is developing a workgroup to assist with revising data collection information on the DSHS application; it meets monthly on the 2nd Wednesday of each month.
	• Stroke Designation Website List: Mrs. Stevenson reminded the Council that there's a difference in how the department did surveys in the past versus how they are doing them now in regard to the designation level name.
	
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	EMS System Update
	Joseph Schmider, State EMS Director, updated the EMS activities since last quarter.
	
	Senate Bill 8
	Joe Schmider provided an update on SB 8 and the current activities of this initiative, including current work on a media campaign with GDC (San Antonio). Mr. Schmider stated that monthly reports from the RACs indicate that 2,082 scholarships have been given out, totaling $11.7 million in scholarships statewide, with only a 3% drop rate. Since 10/1/22, 2,078 personnel have been added to the system. Beginning September 1, 2023, the incentive funds can be reappropriated toward EMS education scholarships.
		No formal actions were identified.
		
		The Council identified no formal actions.		

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	The media campaign "Life Saving. Life Changing. " will begin in late summer 2023 and run through October 2023. It will include TV, social media, billboards, and other resources. Mr. Schmider stated that the media company has researched why people get into EMS and how the public perceives EMS; he will share the data with the department and a toolbox for anyone to use to promote EMS education and careers in their region. Most stock photos of EMS are from Europe; to acquire a library of stock photos of Texans in EMS, a photo shoot was held in mid-July 2023. Mr. Schmider shared the two videos created for the Texas EMS media campaign and thanked STRAC for their support in providing EMS individuals and mobile EMS resources. Mr. Schmider shared the importance of remembering that people find out about EMS and how the system is valued online and by the professionals in the field – he stated that EMS professionals are living billboards for EMS. Overall, Mr. Schmider believes the SB 8 initiative has "slowed the bleeding" on the stress to the EMS system in Texas and shared the email and website for more information. Email: TEAM-TEXAS-EMS@dshs.Texas.gov New Website Address: EMS.Texas.gov **Rule Update** Mr. Schmider provided an update on SB 422 Military Occupation Licensure and the proposed rule language. *Amendment* to Texas Administrative Code (TAC), Title 25 Health Services, Part 1 Department of State Health Services, Chapter 1 Miscellaneous Provisions, Subchapter F Licensure Exemptions, 1.81 Recognition of Out-of-State License of Military Spouse: *amend to include "military member."*			

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	New Texas Administrative Code (TAC), Title 25 Health Services, Part 1 Department of State Health Services, Chapter 1 Miscellaneous Provisions, *Subchapter G Licensure Exemptions, 1.91 Recognition of Military Veterans.* ***Council Comment:*** *Peter Marocco requested clarification of the meaning of the language in 1.81(j)(4) and 1.91(f)(4). Mr. Schmider provided an explanation and the following example: If an applicant with a license is coming from Virginia to work in Texas, the department will look at the Virginia license to determine if the scope of the work and process in Virginia is similar to what is in Texas.* *Mr. Marocco followed up with a request to provide clearer language for the service member who may be reviewing the rule. Mr. Schmider stated that the rule is on an expedited track and that clarification can be placed on the EMS/TS website, but assured Mr. Marocco that he'd take the comments back.* ***Council Comment:*** *Dr. Tyroch asked if this rule also applied to physicians. Mr. Schmider responded in the affirmative.* **Notice of Violation Rule – Appeal Request** Mr. Schmider reminded that notification of a complaint is unnecessary unless an agency wishes for the state to take action. The state investigates official complaints, but personnel issues can be managed within the agency if appropriate. If a complaint is made to DSHS, it becomes formal and goes through the process. He added that when an investigation is done on providers or personnel, and the state plans to take disciplinary action, a notice of violation and proposed action is issued to the person, and they have two options: accept the proposed action or appeal through the State Office of Administrative Hearings (SOAH). He shared the process: (1) A request for an appeal hearing shall be in writing, submitted to the department, and postmarked within 30 days after the date of the notice. The			

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	appeal hearing and any appeal from that hearing shall be conducted pursuant to the Administrative Procedure Act, Government Code, Chapter 2001. (2) If the applicant, certificant, licensed paramedic, or petitioner does not request a hearing in writing within 30 days after notice, the individual is deemed to have waived the opportunity for an appeal hearing, and the department may take the proposed action. When action is taken, the department will notify the administrator of record (AOR), the national practitioner database, and the EMS Compact, which includes 25 other states, and the action is listed on the DSHS EMS/TS website under Enforcement Actions. **EMS Licensing Processing Time** Mr. Schmider provided an update on the median application processing times for EMS personnel, EMS educators, EMS providers, and first responder organizations. He stated that DSHS can turn applications around almost immediately if they are complete. Mr. Schmider encouraged applicants to ensure their applications are as complete as possible. He offered that staff would be willing to meet with initial provider applicants to review the application before submitting it. He also stated that initial and renewal certification applicants must get fingerprinted so that DSHS can follow any arrest activity. ********** **Funding** Ms. Klein provided a funding update. **Extraordinary Emergency Fund (EEF)** For FY23, there was $1,000,000 made available. Nine applications were received, with eight awards made totaling $1,000,000. Requested items included Frazer ambulance, Stryker cot, heart monitor, chest compression device, portable radios,			

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	Wheeled Coach Type 1 Ambulance, and funds to remount a pre-existing ambulance. **Regional Advisory Council (RAC) Contracts** Ms. Klein provided the funding breakdown for FY22, FY23, and FY24. RAC Contracts include EMS Allotment, RAC Allotment, RAC Systems Development, and EMS/LPG. RAC contract dates begin 9/1 and end 8/31. **Uncompensated care (UCC)** Ms. Klein provided a review of the uncompensated trauma care request. 297 Applications received with $9,995,174.67 funds distributed from 5007, 5108, & 5111, and $188,400,189.56 provided from Standard Dollar Amount (SDA) Trauma Add-On. Ms. Klein advised that these payments come in three or four checks, which are sent to the address on file with DSHS.	The Council identified no formal action. No actions were identified.		
EMS and Trauma Registry	**DSHS Texas EMS and Trauma Registry Update - Jia Benno, Office of Injury Prevention Manager** **2021 Texas Trauma Injuries for Patients with an Injury Severity Score > 15** Ms. Benno advised that the Texas EMS and Trauma Registry's data used in this presentation are from hospital-reported traumatic injuries and stated that hospitals must report spinal cord injuries, traumatic brain injuries, and other traumatic injuries specified in Texas Administrative Code Title 25, Chapter 103. Ms. Benno reminded that the Registry is a passive surveillance system. She added that patients transferred between hospitals will result in more than one registry record as each hospital must independently submit a patient's record. Ms. Benno provided definitions and methodology notes relevant to the presentation:	No action items were identified for the Council.		

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	• Injury Severity Score - The Injury Severity Score (ISS) is an anatomical scoring system that provides an overall score for patients with multiple injuries. The ISS scoring categories are:
	  ○ ISS Less than 9 = mild (ISS 1-8)
	  ○ ISS 9-15 = major
	  ○ ISS 16-24 = severe
	  ○ ISS > 25 = critical.
	• For this analysis, EMSTR used patients with an ISS of > 15.
	• In 2021, EMSTR received 153,135 unique patient records of all ages. 18,144 (12%) had an ISS > 15.
	• Age groups – three age groups were used for this analysis:
	  ○ Pediatric – Children under the age of 15;
	  ○ Adult – Ages 15-64; and
	  ○ Geriatric – Ages 65+.
	
	2021 Pediatric Trauma Injuries (Children Ages < 15)
	• **Hospital Designation:** 58% of pediatric injuries with an ISS >15 were seen at the Level I trauma center, 14% at a Level II, 11% at a Level III, and 9% at a Level IV.
	• **Emergency Department (ED) Disposition:** 35% of the pediatric patients with an ISS>15 went to an ICU, 21% were transferred, 18% to a floor bed, 14% to the operating room, and about 4% deceased.
	• **Hospital Disposition:** 54% of pediatric injuries with an ISS >15 were discharged home or self care, 8% were transferred to inpatient rehab, and 5% were deceased.
	Ms. Benno presented the breakdown of ED Disposition by trauma center level.
	• **Level I Trauma Center:** 40% went to an ICU, 24% floor bed, 18% operating room, 6% transferred, 2% mortality.			

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	• **Level II Trauma Center:** 40% went to an ICU, 20% floor bed, 18% transferred, and 16% operating room, 6% mortality. Ms. Benno mentioned that during the June 2023 meeting, there were questions as to whether pediatric patients with an ISS greater than or equal to 15 were being transferred or kept at Level III or IV facilities. She provided a breakdown to address those previous questions. • **Level III Trauma Center:** 43% of patients were transferred, 25% went to an ICU, 11% to an operating room, and 9% deceased in the ED. • **Level IV Trauma Center:** 84% of patients were transferred, 8% mortality. Ms. Benno shared the Urban/Rural breakdown for pediatric injuries with an ISS equal to or greater than 15. She demonstrated almost all of those injuries were seen at urban facilities at 97.6%. **2021 Adult Trauma Injuries (Ages 15 to 64)** • **Hospital Designation:** 50% were seen at a Level I trauma facility, 28% at Level II, 14% at Level III, and 6% at Level IV. • **Emergency Department (ED) Disposition:** 41% were sent to the ICU, 24% to the operating room, 12% to a floor bed, 9% were transferred, 7% deceased. • **Hospital Disposition:** Almost half of adult patients were discharged to home or self care, 12% were transferred to inpatient rehab, and 10% were deceased. Ms. Benno presented the breakdown of ED Disposition by trauma center level for adults ages 15 to 64. • **Level I Trauma Center:** 43% were transferred to the ICU, 28% to the operating room, 14% to a floor bed, with 6% mortality. • **Level II Trauma Center:** 50% went to the ICU, 21% to the operating room, 10% to a floor bed, and 8% deceased in the ED. Ms. Benno noted that the percentage of transfers increased at the Level III & Level IV facilities.			

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	• **Level III Trauma Center:** 25% of patients were transferred to a higher level of care, 29% to the ICU, 21% to the operating room, 13% to a floor bed, with a 6% mortality. • **Level IV Trauma Center:** Ms. Benno stated that a lower percentage of adults than pediatrics were transferred out from a Level IV, but there was still a large transfer percentage at 70% transferred from a Level IV facility, 9% in the ICU, 6% to a floor bed, with 7% mortality. Ms. Benno shared the Urban/Rural breakdown for adult injuries with an ISS equal to or greater than 15. She demonstrated almost all of those injuries were seen at urban facilities at 97.7%. • **Adult Deceased by Urban and Rural:** While most injuries were seen at urban facilities, there wasn't a meaningful difference when calculating percentages of adults deceased at urban (6.55%) versus rural (7.66%) ED. For adults who died in the hospital, urban was 9.64% and rural was *% (records less than 5). **2021 Geriatric Trauma Injuries (Ages > 65)** • **Hospital Designation:** 1/3 at a Level I trauma facility, about 1/3 at Level II, and 1/3 at Level III and IV. • **Emergency Department (ED) Disposition:** 48% went to an ICU, 15% were transferred, 14% to a floor bed, 9% to the operating room, 2.56% died in ED. • **Hospital Disposition:** 19% were discharged to home or self care, 17% to a skilled nursing facility, 16% were transferred to inpatient rehab, and 11% deceased in the hospital. Ms. Benno presented the breakdown of ED Disposition by trauma center level for geriatrics (Ages > 65). • **Level I Trauma Center:** 56% were transferred to the ICU, 15% to a floor bed, 12% operating room, with 3% mortality.			

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	• **Level II Trauma Center:** 62% went to the ICU, 12% to a floor bed, 9% to the operating room, and 2% mortality. Ms. Benno noted that the percentage of transfers increased at the Level III & Level IV facilities. • **Level III Trauma Center:** 38% to the ICU, 26% were transferred to a higher level of care, 18% to a floor bed, 9% operating room, 3% mortality. • **Level IV Trauma Center:** 63% transferred from a Level IV facility, 15% to the ICU, 9% to a floor bed, with 2% mortality. Ms. Benno shared the Urban/Rural breakdown for geriatric injuries with an ISS equal to or greater than 15. She demonstrated almost all of those injuries were seen at urban facilities at 96.33%. • **Geriatric Deceased by Urban and Rural:** More urban facilities saw geriatric trauma patients, and while there was no major difference between deceased in ED when looking at urban (2.53%) vs. rural (3.29%), there was a more significant difference when comparing deceased in hospital: 11.6% urban vs. 3.29% rural. **2021 Pediatric Traumatic Brain Injuries (TBIs)** • **Age:** <1 (30.49%), 1-4 (26.16%), 5-9 (20.15%), and 10-24 (23.20%) • **Hospital Designation by Age:** Most pediatric TBIs are seen by Level I Trauma Centers, followed by Level II and Level IV, with Level III seeing the fewest. • **Transfer by Age:** <1 (46.05%), 1-4 (42.63%), 5-9 (38.12%), and 10-24 (38.09%) • **ISS Score by Age:** 2/3 are ISS of 1-8 or 9-15, highest in the <1 and 1-4 age groups. 1/3 are ISS 16-24 and > or equal to 25, highest in the 10-14 age group. • **Deceased in ED by Age Group:** All groups between 1-2%. Age <1 (*), Age 1-4 (1.84%), Age 5-9 (1.28%), Age 10-14 (1.39%) • **Deceased in Hospital by Age Group:** All groups between 1.35-1.48%, except ages 10-14. Age <1 (1.48%), Age 1-4 (1.35%), Age 5-9 (1.44%), Age 10-14 (2.77%)			

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	Council Comment: *Dr. Kate Remick thanked Ms. Benno for the data and stated the findings are interesting and consistent with some recent data that shows about 80% of TBI injuries are mild but can have long-term potential devastating effects in terms of functional outcomes for children. She added that there is an opportunity for increased recognition of concussions and appropriate referrals.* ***Council Comment:*** *Dr. Ratcliff asked if heat illness data was being collected. Mr. Schmider stated that NEMSIS puts out a heat map weekly and added that the Registry would collect the data if it is done on a patient care record by all. Per Dr. Tyroch's request, Mr. Schmider and the Registry will look into what kind of data can be pulled regarding heat illness. Dr. Ratcliff stated he'd be happy to help with the data definitions for the report. Dr. Remick requested the report present across all age groups, from pediatric to geriatric, and map by dates.* ***Comment:*** *Mary Ann Contreras mentioned that there is no FEMA assistance for heat disasters, yet heat causes the most deaths in the US of any weather disaster.*	Mr. Schmider and EMSTR will look into what kind of data can be pulled regarding heat illness. Dr. Ratcliff will assist with data definitions.	Open.	Q4 GETAC meeting
3	**GETAC Committee Reports**			
Air Medical and Specialty Care Transport Committee	**Air Medical and Specialty Care Transport Committee (AM&SCT), Lynn Lail, RN, Chair** Lynn Lail presented an update on the committee's 2023 priorities. **2023 Committee Priorities with Activities Recorded** Emergency Preparedness and Response • Safe & Effective Statewide Ground-to-Air Communication: Mrs. Lail sent a Doodle Poll to the RAC chairs to specifically inquire which frequencies are utilized in their areas by EMS and fire departments to communicate ground-to-air. Planned mid-quarter task force work: Collaborate with EMT-F to create designated regional ground-to-air channels and confirm that all regional agencies can talk to EMT-F command.	No action items were identified for the Council.		

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	• Finalize/materialize the Air Medical Strike Team (MIST) concept and process: Mrs. Lail stated that the committee was working on a second revision of the guidelines, and once that is complete, a resource document will be created. Prevention • Statewide educational campaign to mitigate the risks of air medical transport for responders, patients, and fellow air medical providers: Mrs. Lail reported that Version 1.0 of LZ & Helipad Safety PowerPoint for Statewide use is complete. Request GETAC Council permission to push the PowerPoint to the RACs for review & input and include/collaborate with the Air Medical Operators Association (AMOA) on this project. (Mr. Matthews stated support was granted in the initial request last quarter.) Planned mid-quarter task force work includes completing version 2.0 of LZ PowerPoint with the RACs' input and creating an educational document highlighting key points, special considerations, & links to educate air and ground providers on FAA policies & local best practices. ***Council Comment:*** *Chief Scott Lail requested Mr. Schmider consider CE credit when this educational opportunity is pushed out. Mr. Salter suggested extending CE consideration or process that would qualify for CE through the Texas Fire Commission and law enforcement colleagues through the Texas Commission on Law Enforcement (TCOLE), as well as a consideration for including a representative from those entities and their CEO issuing department in the workgroup to help develop at a single product to meet the needs for all three disciplines.* System Integration • Real-time status reporting by all air medical providers in all 22 regions in the State: Mrs. Lail stated the planned mid-quarter task force work would include			

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	collaboration with Juvare to ensure all TX air providers' CAD systems are "talking" to the nationwide system being created. Performance Improvement • Mrs. Lail stated that the committee will have a midterm workgroup to plan mid-quarter task force work to develop two Performance Improvement Metrics: one patient care-focused and one safety-focused metric. Dr. Tyroch asked Mrs. Lail to share the committee's perspective on the EMS handoff. Mrs. Lail stated that air medical providers have the unique experience of going into various shared care facilities and interacting with different trauma and medical teams, and everyone does something different. The committee feels the most important thing that needs to be focused on is that an EMS timeout is being taken and that the EMS providers, air or ground, take a more proactive role by when they enter the room, simply stating to the clinicians there, "Would you like report before or after the move?"			
Cardiac Committee	**Cardiac Care Committee, James McCarthy, MD, Chair** James McCarthy updated the Cardiac Committee's 2023 priorities and activities. **2023 Committee Priorities with Activities Recorded** • Partner with DSHS to identify cardiac data elements currently available in the National Emergency Medical Service Information System (NEMSIS) to generate a report to identify gaps in prehospital emergency care statewide. (Coordinated clinical Care/EMS): Dr. McCarthy stated that the committee had a great initial interim meeting looking into the NEMSIS EMS registry data from the state and sought Council approval to work with DSHS to query the state NEMSIS database to understand regional variation in bystander CPR rates in the state of Texas.	Shawn Salter motioned to allow the Cardiac Care Committee to work with DSHS to query our state NEMSIS database to	Approved.	

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	Council Comments: *Mr. Salter requested that part of the consideration be given to whether or not the 911 call was answered by a center that gives pre-arrival CPR instructions. Mr. Ramirez requested to see a question on whether someone was asked to do CPR and if that person refused. Dr. Remick stated that a disproportionate number of children do not receive bystander CPR and requested the committee also consider age variation. Dr. McCarthy agreed.* • Out of Hospital Cardiac Arrest – AED access/bystander CPR Assessment (Emergency preparedness and response): Dr. McCarthy stated the committee had not made as much progress on the potential integration of public access AED and the lay public into a 911 response, when available. A work group that will pick that up for next quarter. • Telecommunicator CPR (Coordinated clinical Care/EMS): Initial presentation on challenges to Telecommunicator implementation under existing Texas law. Dr. McCarty stated the committee does not have a clear plan yet but will be working offline to understand the barriers in implementation. He added that the two biggest barriers, even with good instruction, are the person calling is too distraught to take instructions or that the person there cannot move the patient into a position where they can do effective CPR.	evaluate the regional variation in bystander CPR rates within Texas. Danny Ramirez provided a second. Motion passed. No additional action items were identified for the Council.		
Disaster Committee	**Disaster Preparedness and Response Committee, Eric Epley, NREMT, Chair** Wanda Helgesen, Vice-chair, presented an update on the committee's 2023 priorities and activities. **2023 Committee Priorities – Completed and Being Monitored** • One of the main priorities that the committee continues to work on is improving the effectiveness of the emergency medical task force, looking at the responses, and identifying ways to continue to improve by using the data from responses to guide discussions going forward.	No action items were identified for the Council.		

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	2023 Committee Priorities – Activities Recorded • The committee continues to work on patient tracking and the use of the EMS wristband, as well as identifying gaps and opportunities to improve them. • Support the supply chain/PPE operations & storage for Texas hospitals & EMS agencies in concert with the Texas Department of Emergency Management (TDEM): Ms. Helgesen reported that the committee continues to work on the supply chain and PPE issues and working to get more large hospital systems involved in helping with the rotation of the PPE. **Additional updates** **Items referred to GETAC for future action/guidance:** • TEMAC & GETAC Disaster Committee joint MCI/Active Shooter workgroup. GETAC offered support for the workgroup. **GETAC Council Updates:** • Statewide EMS Wristband Project: Pulsara coordination taking place - 354 Contracted EMS agencies/ 423 Contracted Hospitals. DSHS & EMTF have purchased Pulsara MED OPS, Pulsara UNITED for EMS, and Pulsara ONE for Hospitals across Texas. Using Pulsara to deliver patient reports from EMS to hospitals daily ensures that your organization uses the same tool in an MCI as you do every day. • Regional Heat-Related MCI Response: Due to the increase in heat-related MCIs in TSA-P, the STRAC EMS committee disaster workgroup has developed an effective method to deliver TEMP bags/Ice to the scene. **TX EMTF Program Updates & Announcements:** • Last 30 Days: 42 Different Fires • 4,514 Patient Encounters (26 Treated, 2 Transported)			

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	• Completed Training Courses: MIST Initial, MEDL & TFL			
Emergency Medical Services Committee	**Emergency Medical Services Committee, Eddie Martin, EMT-P, Chair** Mr. Martin did not have committee items or stakeholder items needing Council guidance, nor did he have items referred to GETAC for future action. Dr. Tyroch expressed his appreciation for the City of Allen Fire Rescue presentation.	No action items were identified for the Council.		
EMS Education Committee	**EMS Education Committee, Macara Trusty, LP, Chair** Ms. Trusty presented an update on the committee's 2023 priorities and activities. **2023 Committee Priorities – Priority Activities Recorded** Review/Revise EMS Education Rules to meet the needs of the workforce and the patients that are treated and transported daily: • Mrs. Trusty stated the committee's primary focus is working through the EMS education rule revision. A task force is working through the revisions, including Air Med committee members, EMS committee members, DSHS EMS and education staff, and medical directors. She also stated that the committee, in collaboration with the Texas Association of EMS Educators, has developed Advanced Life Support (ALS) skills sheets, and drafts have been sent to the committee for review. ***Council Comment:*** *Cassie Potvin requested EMS Education consider having EMS timeout on their agenda to educate on it and the importance of it since it will be a state requirement. Mrs. Trusty acknowledged the importance and stated the committee would start implementing the EMS timeout in the initial education programs. She added it would be a good template for students entering their field rotation and internships. Dr. Ratcliff followed up by tasking the committee to focus on a format.*	Cassie Potvin motioned for the EMS Education Committee to work on EMS timeout education for prehospital EMS personnel. Dr. Ratcliff provided a second. Motion passed.	Approved.	

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	Mrs. Trusty did not have committee items or stakeholder items needing Council guidance, nor did he have items referred to GETAC for future action.			
EMS Medical Directors Committee	**EMS Medical Directors Committee, Christopher Winkler, MD, Chair** Mr. Schmider provided an update. • The committee talked about the National Assessment for Pediatrics, and they will review outcome measures and the consensus document on car seat passenger safety for November. Dr. Winkler did not have committee items or stakeholder items needing Council guidance, nor did he have items referred to GETAC for future action.			
Injury Prevention & Public Education Committee	**Injury Prevention & Public Education Committee, Mary Ann Contreras, RN, Chair** Ms. Contreras presented an update on the committee's 2023 priorities and activities. **2023 Committee Priorities with Activities Recorded** Suicide prevention and Safe storage of firearms: • Committee work groups continue to meet and focus on these two priorities and are updating their spectrum of prevention strategy tools. • Mrs. Contreras shared that the last two quarterly meetings have included education from Texas Parks and Wildlife and the Texas Department of Public Safety, bringing awareness to the state's strategies to implement and encourage safe storage and teach safe use of firearms. Increasing data collection for TXVDRS: • Establishing relationships with ME Offices to increase data submission for TVDRS; Hurdle with ME office capacity to complete exams/submit reports/ limited staffing.	Mr. Schmider will call NHTSA EMS office to share and discuss concerns regarding the time to certify and the curriculum.		

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	2023 Committee Priorities – Completed and being monitored Safe Transport of Children by EMS: • Courtney Edwards worked with EMSC in developing/completing the guidance document for the safe transport of children. **Council Guidance and Future Action** The committee would like to establish a work group to explore child passenger safety challenges for the state of Texas. The workgroup of child passenger safety stakeholders would aim to understand current capacity levels related to technicians, instructors, and inspection service providers/agencies. The goal: establish a voluntary, statewide, and measurable challenge to inspire the growth of new technicians and instructors, grow the number of CPST courses offered for technicians' certification, and the number of inspection sites and/or number of seats inspected in the state. ***Council Comment:*** *Danny Ramirez asked how many instructors are currently in Texas. Mrs. Contreras stated that according to Safe Kids, there were 109 instructors and a little over 1,700 technicians as of June 2023. Dr. Ratcliff noted the time requirement to get certified and suggested the work group look at the curriculum. Jia Benno shared that it is a national certification through Safe Kids that utilizes a national curriculum.* *Several comments were shared regarding the time required for certification and the lack of asynchronous learning opportunities. Mr. Schmider offered to call the National Highway Transportation Safety Administration (NHTSA) EMS office to share concerns.* ***Council Comments:*** *Mr. Matthews requested that the workgroup add to their list of facts how many certified clinicians there were before the COVID pandemic. Mr. Salter requested they explore the possibility of recertifying those lost during the*	Cassie Potvin made a motion supporting injury prevention's request to develop a workgroup around car seat passenger safety courses and work with the RACs and other entities to make that occur. Pete Marocco provided a second. Motion Passed. No additional action items were identified for the Council.	Approved.	

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	pandemic through an expedited process instead of going through another 32-hour course.			
Pediatric Committee	**Pediatric Committee, Belinda Waters, RN, Chair** Ms. Waters provided an update on the committee's 2023 priorities and activities. **2023 Committee Priorities Completed and Being Monitored** Identify two to three measurable pediatric performance improvement measures: • Mrs. Waters reported that the committee identified three PI measures – Pediatric Readiness participation by Texas Hospitals and EMS Agencies, Trauma Center compliance with quarterly pediatric simulations, and EMS Agency compliance in utilizing pediatric equipment in skills training/competency. Collaboration with RAC Chairs, EMS, EMS Medical Director, Injury Prevention, and Air Medical Committees regarding Safe Transport of Children by EMS: • Mrs. Waters reported that the committee collaborated with multiple committees regarding the safe transport of children by EMS, and a guidance document has been completed. **2023 Committee Priorities – Activities Recorded** Pediatric Readiness: • Mrs. Waters reported that the committee had developed twelve pediatric scenario narratives and objectives to be used for quarterly simulations and that they are working with other entities for Super PECC training (01/2024) and online simulation with SimBox. ***Council Comment:*** *Dr. Tyroch acknowledged the importance of every facility having a Pediatric Emergency Care Coordinator (PECC), which also brings scores into the 4th quartile. He added being in the 4th quartile makes a difference in pediatric patient outcomes for trauma and illness across all hospital levels.*			

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	He added this should be one of the top goals for the RACs to ensure all hospitals are getting into the 4th quartile at some point and EMS as well. Complete GAP Analysis of Texas Pediatric Trauma System Score Report: • Mrs. Waters reported the committee had reviewed the document, and there were questions about who completed it for the State of Texas (2017) as there was conflicting information that the committee feels is inaccurate. They are working with Dr. Remick regarding who answered the assessment in 2017 and will request to complete the assessment again. **Committee items needing council guidance** The Pediatric Committee requests to develop a workgroup regarding sudden cardiac death in pediatrics and ECG opt-out vs. opt-in for sports physicals to start gathering data regarding the prevalence, incidence of this occurring, and the cost of the ECG in the situations. ECGs are not required, but a physical is, and ECGs could identify potential cardiac issues that aren't identified in the physical. ***Council Comment:*** *Dr. Remick asked where the data on prevalence/occurrence would come from. Mr. Schmider said he could work with Ms. Benno to gather data on cardiac arrest in a public place and filter by age.* *Chief Lail stated that the language on the opt-in/opt-out form is confusing and offered personal experience, having just filled one out for his child. Mrs. Waters noted the committee would look into getting the language reviewed.* *Dr. Malone stated she'd like to know who reads the ECGs at large physical clinics and if there would be a liability issue.* **Stakeholder items needing council guidance** None **Items referred to GETAC for future action**	Mr. Schmider will work with EMSTR to gather data on pediatric sudden death. Mr. Salter motioned for the pediatric committee to develop a workgroup regarding sudden cardiac death in Pediatrics and ECG opt-in versus opt-out for sports physicals. Dr. Remick provided a second. Motion passed.	Approved.	

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	Request support for requesting an increase in Health Resources and Services Administration (HRSA) funding. ***Council Comment:*** *Dr. Remick shared that the federal EMS for Children program is up for reauthorization in 2024, so this provides an opportunity to educate legislators on the importance of this funding and where there is value in increasing funding to states for these programs. Dr. Tyroch noted that Texas receives the same funding as Rhode Island. Mr. Schmider advised that he was attending the meeting in September, so there is no need for a letter.*	No additional action items were identified for the Council.		
Stroke Committee	**Stroke Committee, Robin Novakovic, MD, Chair** **2023 Committee Priorities with activities recorded** ASA Mission Lifeline Prehospital Stroke algorithm – Recommendation: • Approved by Stroke Committee, seeking approval from EMS, EMS Medical Directors, RAC, and Air Medical Committee on the algorithm from the GETAC EMS, EMS Medical Directors, and Air Medical Committees, as well as the RAC Chairs. Establish recommendations 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 hospitals to be recognized as capable of caring for pediatric stroke Provide a list of recommended stroke education and certification courses:	No action items were identified for the Council.		

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	• The committee is compiling courses and certifications on stroke education at all levels. The Education Work Group will review the list before presenting it to the Stroke Committee. Interfacility Stroke Terminology: • The committee is collecting the appropriate data to outline the barriers to interfacility transfers and whether stroke terminology could facilitate faster door-in/door-out (DIDO) times. Establish research opportunities in Texas to help advance stroke care: • The Research Work Group is outlining options and will propose them to the Stroke Committee at the November 2023 meeting. DIDO performance recommendations: • Stroke Committee approval will be presented to the GETAC Committees for review. Texas EMS Stroke Survey: • Stroke Committee to review, and following approval, will submit to GETAC Committees. **2023 Committee Priorities - Completed and being Monitored** 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. Dr. Novakovic did not have any committee or stakeholder items needing Council guidance.			

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Trauma Systems Committee	**Trauma Systems Committee, Stephen Flaherty, MD, Chair** Dr. Flaherty provided an update on the committee's 2023 priorities and activities. **2023 Committee Priorities** Trauma rules: • Dr. Flaherty relayed that the adoption process was delayed, and formal comments were not expected until late December 2023. He added that the committee will provide a workgroup-sized element prepared to assist the department in reviewing formal comments. Trauma System Assessment: • Dr. Flaherty stated that transfer delays remain a concern. STRAC has been working on a pilot project within their area to quantify and identify specific areas. He anticipates a more robust report at the next quarterly meeting. Over the next quarter, the committee plans to work with the state registry team to see what data elements might be able to be pulled out from a statewide level that will help further characterize this. • Additionally, the committee is looking at the system assessment and is now focusing on the designation process and facilities. Dr. Flaherty stated hotspots on trauma surveys have been identified, particularly performance improvement being an area that results in contingencies, so the committee will investigate that a little further. • The committee is going to work with the RAC chairs and their PI committees to see what information they might be able to get, particularly looking at whether or not there is good penetration of the TOPIC course at the rural facilities, specifically with trauma medical directors and which of the specific PI elements are problematic. Dr. Flaherty added that the Level III and IV monthly calls put forth and supported by DSHS are visionary in helping them	No action items were identified for the Council. Dr. Flaherty and Dr. Nunez to meet with STRAC to explore opportunities for improvement. No additional information at this time.		

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	get the support they need to be prepared for their traumas surveys. He shared that another area that came up concerns the consistency of surveys and the application of surveyor results, so the committee will continue to work with the department on changes being made to reports. • Dr. Flaherty stated that Dr. Timothy Nunez (Trauma Committee) has been tasked with military-civilian facility integration, such as which military facilities are actively participating in the trauma system and which facilities are assisting with skills sustainment (not training) for military personnel. The goal is to provide a better picture characterizing everything Texas does regarding military-civilian integration and cooperation. ***Council Comment:*** *Mr. Salter asked if there was a requirement for notification or application to the Department of Defense (DoD) for an active duty military member who wanted to also work in a civilian practice. Dr. Flaherty responded that the local commander must approve off-duty employment.* Stop the Bleed: Dr. Flaherty shared an update from the Stop the Bleed (STB) Texas Coalition. STB TX Coalition has been very successful with the Texas Train-the-Trainer virtual course. The Education Workgroup continues improving it and is working on a toolkit for RACs and others. A newsletter was provided to GETAC with information collected for STB activities for May - STB Month. The coalition wishes to thank the CATRAC team for their work on the newsletter. STB V3 is still anticipated to be approved at the ACS Congress in October. The Packing workgroup chaired by Christine Reeves has been asked to consider whether V3 should include specific training for packing junctional and head injuries and a few other small things. **Announcements**			

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	Trauma Center Recognition: Ochiltree General Hospital, Perrytown, in the Texas Panhandle, is a Level IV facility with 25 ED beds. They recently had an F3 tornado come straight through their town at 5:00 PM on June 15, and it substantially damaged their EMS/fire building and equipment and resulted in communications and power outages. Dr. Flaherty acknowledged the work from RAC A and surrounding communities to support Perrytown. He explained the Level IV trauma facility received 100 patients, admitted some, and transferred 40 out. Dr. Flaherty reiterated the importance of hospital preparedness and emergency management in hospitals, discussed the ACS requirement, and proposed trauma rules requiring hospitals to have someone on staff who has been to the disaster management and emergency preparedness course. He used the tornadic event in Perrytown as an example of the importance of this. Dr. Flaherty did not have committee items or stakeholder items needing Council guidance, nor did he have items referred to GETAC for future action.			
8				
EMS Timeout/ Handoff	No additional updates.	No action items were identified for the Council.		
9				
GETAC Strategic Plan Update	The department compiled all revision suggestions into one document for review and consideration. The Council decided to move forward with reviewing revision suggestions prior to the Q4 meeting in November. Ms. Klein stated the department would put the suggestions together on one document to make it easier to view.	No action items were identified for the Council.		Add to November agenda to finalize.
10				

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Texas System Performance Improvement Plan and PI Task Force Update	Tabled until November.	No action items were identified for the Council.		
11				
Rules for Senate Bill (SB) 422	Addressed during Mr. Schmider's update.	No action items were identified for the Council.		
12				
Action Items	a. CRASH Data request for participation: Jorie Klein addressed her update. No additional discussion or action is required. b. The Texas EMS for Children Program requests the Council endorse the Voluntary Pediatric Recognition Program (VPRP) efforts, encouraging Level I – IV designated trauma centers' participation in the statewide program to reduce morbidity and mortality in critically ill and injured children. ***Council Comment:*** *Dr. Tyroch sought clarification on this item and asked if it was different from the completed survey. Mrs. Waters stated this was different from the survey – it was a program to recognize those participating in the pediatric readiness program. Dr. Remick advised this has already been endorsed prior to implementation.* c. The Texas EMS for Children Program requests the Council endorse efforts of the National Pediatric Readiness Quality Initiative (NPRQI), including hospital emergency department participation, in a state and nationwide platform that provides a free, secured, web-based platform that allows emergency	Cassie Potvin made a motion for GETAC to endorse the efforts of the	Approved.	

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	departments (EDs) to track quality metrics and performance: Dr. Remick stated this item was a request for GETAC to support or endorse NPRQI, which includes open-access, free quality improvement dashboards that look at process-based measures of care as opposed to the data that's entered into the trauma registry, which is more outcomes-based. She added that the idea was to use these as a mechanism for sites to choose, not mandate, if they would like to enroll to be able to look at their pediatric emergency care performance, benchmark that performance with hospitals across the state, and then be able to drive improvement efforts through real-time snapshots, visualization, and the ability to stratify by disparities. d. Council's educational letter to Health Resources & Services Administration (HRSA) – No further discussion or action needed on this item. e. Pediatric Rural Trauma Education Quality Initiatives: Dr. Remick stated this item was a request for approval of the conceptual framework for the virtual education, which was to align with the simulated cases and to provide evidence-based practice guidelines that are directly related to the proposed simulation and then to provide recommendations on improvement strategies and potential measures to guide improvement efforts. She added there's no requirement or mandate; this is just an effort to try to support the rural trauma centers in meeting the new Texas trauma rules that are being proposed. She also advised that she is on PI on this grant and will abstain from providing thoughts on this action item. – No additional discussion is required. ***Council Comment:*** *Mrs. Potvin asked if this had been brought before the Texas Hospital Association (THA) or other organizations that could help bring it into the hospitals. Dr. Remick responded that 25 national professional organizations were involved in the development of the measures and the dashboards; it did not specifically include the American Hospital Association or those chapters, but it did*	National Pediatric Readiness Quality Initiative (NPRQI), including hospital emergency department participation, in a state and nationwide platform that provides a free, secured, web-based platform that allows emergency departments (EDs) to track quality metrics and performance. Dr. Brian Eastridge provided a second.		

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	include the Joint Commission, federal agencies, NASEMSO, American College of Surgeons, as well as others. f. Connecting stakeholders to Council Members: In response to a stakeholder request for a communication tool to connect with the GETAC Council and committee members, the program developed an online email form. Inquiries will go to a dedicated inbox: GETAC@dshs.texas.gov. The program will monitor that inbox and route questions as appropriate. Council or committee members may respond directly to the inquiry or prepare a response for the program to send as a return response. g. October 2024 Retreat: The retreat will be on February 1-2, 2023.	Motion Passed.		
13				
Culture of Safety	**Discussion, review, and recommendations: Initiatives that instill a culture of safety for responders and the public with a focus on operations and safe driving practices** No discussion or update.	No action items were identified for the Council.		
14				
Rural Priorities	**Discussion: Rural Priorities** No discussion or update.	No action items were identified for the Council.		
15				
Initiatives, Programs, Research	**Discussion and possible action: Initiatives, programs, and potential research that might improve the Trauma and Emergency Healthcare System in Texas** No discussion or update.	No action items were identified for the Council.		
13	**GETAC Stakeholders Reports**			

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TETAF	**Texas EMS Trauma Acute Care Foundation (TETAF)** Dinah Welsh, TETAF President/CEO, Provided an update on TETAF activities. **Surveys – Trauma, Stroke, Maternal, and Neonatal** • The number of surveys continued at a steady pace for all survey service lines in the last quarter. Trauma and maternal are currently the two busiest service lines. Mrs. Welsh stated that the volume is very high with 77 scheduled surveys between now and the end of the year. She added that both TETAF and the hospitals are anxiously awaiting to see what's in the trauma rules. • TETAF continues to monitor rule updates and their impact on hospitals, surveys, and surveyor requirements. She added her support for the improved patient care focus of the new trauma rules but expressed concern for the number of new surveyors that would be required, indicating that they could see a quadrupling of surveyors going to the facilities and that would be significant for the hospitals, system, and TETAF. Mrs. Welsh provided an example: 44 surveyors will be going out to the hospitals on the 30 remaining trauma surveys this year. TETAF is trying to get a sense of how large the need will be for trauma surveyors, doctors, nurses, and emergency physicians. Mrs. Welsh added that TETAF does not currently have surveyors that are emergency physicians and will need to add them if the trauma rules go forward as proposed. ***Council Comment:*** *Dr. Tyroch asked how many trauma surveyors TETAF currently had. Mrs. Welsh estimated 40 total surveyors – 12 surgeons, and 25 nurses. Dr. Tyroch responded that 40 did not seem like enough, and Mrs. Welsh concurred and stated it was alarming with the number of contingencies that are being required of the hospitals. She added that while the trauma surveyors are not vast, they are efficient, well-seasoned, and well-practiced. Mrs. Welsh conversely pointed out that the perinatal world is still getting accustomed to a system approach that extends beyond a focus on their hospital, patients, and babies to improve processes that would affect the "abysmal" maternal mortality rates in*	No action items were identified for the Council.		

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	Texas. She stated that the maternal and neonatal side in a high training zone and constantly seeking qualified candidates in that area, and while this area is not so much about trauma, it is about the acute care emergency healthcare system and improving the care of those moms and babies. ○ TETAF submitted a letter to the Texas Department of State Health Services (DSHS) regarding concerns about the contiguous Regional Advisory Council (RAC) rule language and the impact this has on hospitals and the survey process. Mrs. Welsh shared her appreciation to Director Klein and her team for looking at that language and working with TETAF to help them ensure they are using their surveyors as best they can while at the same time eliminating any conflicts. ○ TETAF is reviewing and will continue discussions with DSHS regarding the newly published Texas Designation Survey Guidelines. Mrs. Welsh stated that TETAF appreciated the guidelines and the impact on continuity between surveyor teams and surveying organizations. **Education** • The next TETAF Hospital Data Management Course (HDMC) will be on November 6-7, 2023. Registration starts September 25. Visit https://tetaf.org/hdmc/ for details. • TETAF and Texas Perinatal Services continue to offer the Texas Quality Care Forum (TQCF) each month with topics focused on trauma, stroke, maternal, neonatal, and acute care, as well as EMS topics. These are free, one-hour courses. • TETAF and Texas Perinatal Services continue to offer exclusive, free educational opportunities to our hospital partners via Mighty Networks. **Advocacy** • The TETAF Advocacy Committee will meet again in the next month to prepare for the 89th Texas Legislative Session.			

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	○ Along with a continued focus on trauma, emergency, and acute care needs, plus the Regional Advisory Council's (RACs) needs, TETAF will continue to prioritize maternal care. • A third special session has not been called, but if one is called in the fall, the TETAF Advocacy Committee will remain vigilant in monitoring activities and discussions during a special session and the interim. **Collaboration** • TETAF continues to provide support to Texas TQIP. The collaborative met virtually in April and will have its next meeting this fall. • TETAF continues to provide all continuing education for the Texas Trauma Coordinators Forum and participate in their educational activities. • TETAF welcomes the opportunity to be a resource and/or participate in any meetings to further build the trauma and emergency care network. Mrs. Welsh shared that TETAF is seeking leaders in trauma, emergency healthcare, neonatal, maternal, stroke, disaster, RACs as new board members and encouraged those interested in serving on the board of a 501c3 nonprofit organization to consider TETAF.			
Final Council Comments	Director Klein requested that video presentations be sent to the department two days before the meeting. Please send to Deidra.lee@dshs.texas.gov.			
Final Public Comments	List of those registered for public comment read by Ms. Lee Richardson (DSHS). No public comments.			
Next Meeting Dates	• November 18-20, 2023, in conjunction with the Texas EMS Conference in Austin			
Adjournment	The meeting was adjourned by Dr. Tyroch at 11:48 AM.			