

Texas EMS Trauma News

Winter 2022

Volume 9 No. 1

Office of EMS Trauma Systems
Texas Department of State Health Services
dshs.texas.gov/emstraumasystems/



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From This Side

By Joe Schmider,
State EMS Director

WE made it through 2021 - goodbye and good riddance to this past year! No one could or would predict all the challenges that were forced upon you; every 10 seconds an ambulance was dispatched in Texas, and each time, you continued to respond. What can I say other than **THANK YOU!**



Here's to hoping 2022 will be easier, but we all know that we still have unfinished challenges to address:

- Ongoing COVID response;
- Recruitment and retention of the EMS and hospital workforce;
- Future EMS education needs;
- Financial challenges;
- Separating our professional life from our family life; and
- Ensuring we are ready for the next dispatch.

So how do we keep moving forward into the new year? I found the following list online; I do not know the author, but they are good steps for each of us to commit to.

- Believe in yourself.
- Never give up.
- Work hard.
- Be kind.
- Stay strong.
- Be grateful.
- Stay humble.
- Keep smiling.

These are simple steps we can all agree to live by. Albert Einstein said, "In the middle of difficulty lies opportunity." We can do anything, as long as we work together. Let's start the new year with hope for a bright future knowing that we are all in this together, and together we are ensuring a strong future for the Texas EMS Trauma System.

Happy New Year and Take Care!
Joe

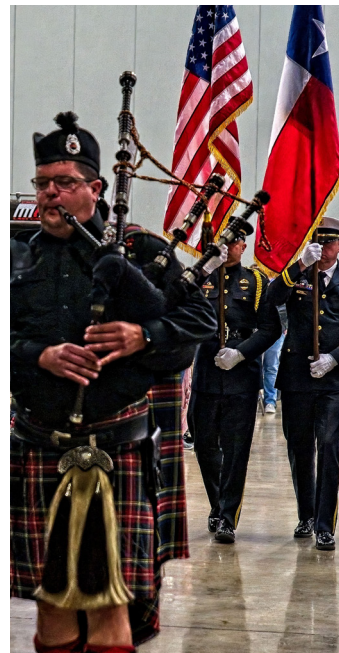
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Photos by Barry Jucha



2021 TEXAS EMS AWARDS



PRESENTED
NOVEMBER 23
AUSTIN, TX

Winners

EMS Administrator

Terry Hazlett, EMTP
Hereford

EMS Air Medical

Memorial Hermann Life Flight
Houston

EMS Citizen

Robert Golston
Round Rock

EMS Medical Director

Justin Northeim, MD
Sachse

EMS Educator

Wendy Greer, LP
Ryan Kelley, LP
Corpus Christi

EMS Person of the Year

Andrew Castiglione
Seabrook

EMS Provider

Montgomery County Hospital
District
Conroe

EMS Telecommunicator

Travis Pilley
Vidor

EMS Public Information/ Injury Prevention

Claire Zagorski, LP
Round Rock

GETAC Journey of Excellence

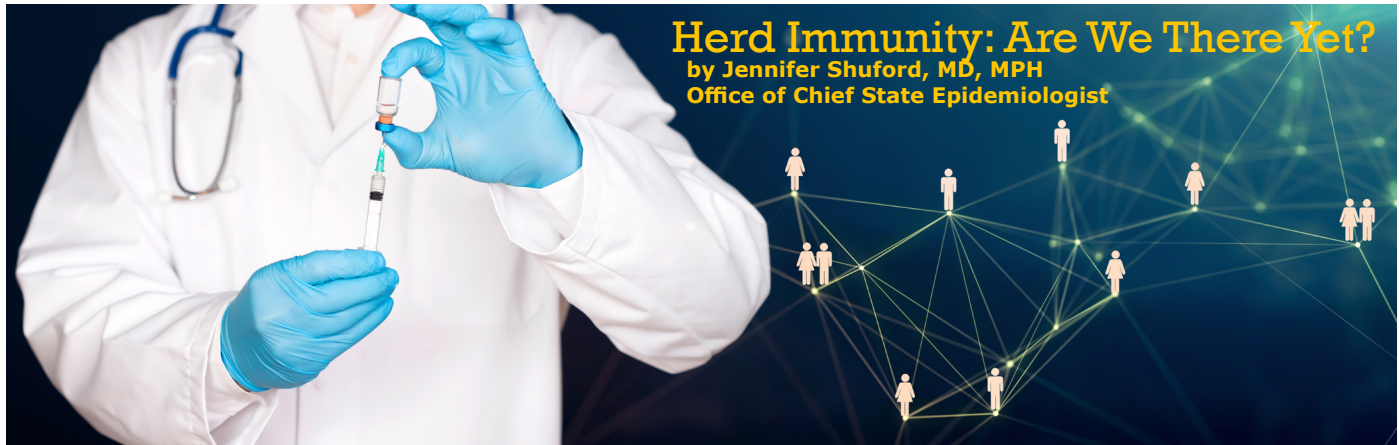
Robert Greenberg, MD
Temple

Lifetime Achievement Award

Jane Greenwald, RN
San Antonio

Lifetime Achievement Award

Kelly Harrell, CMP
Austin



Herd Immunity: Are We There Yet? by Jennifer Shuford, MD, MPH Office of Chief State Epidemiologist

At the beginning of the pandemic, many people were talking about herd immunity and when we would reach it. With outbreaks still happening in Texas, we are not there yet. But are we close? Here are a few questions that I have heard lately, along with some answers.

What is herd immunity?

Herd immunity occurs when enough people in a population have immunity to the infection that the infection cannot spread very well from person to person. When the herd immunity threshold is hit, even people who do not have any immunity get protection from the infection. That's because enough of the other people in the population are immune.

How do we know what the herd immunity threshold is?

There are [calculations](#) we can use to estimate that. But one of the key parts of the calculation is knowing how contagious the virus is. And SARS-CoV-2 (the virus that causes COVID-19) keeps mutating in ways that make it more contagious.

The first strain of SARS-CoV-2 made us think that maybe we would just need about 2/3 of our population to be immune for us to reach herd immunity. But then the Alpha variant took over, and then the Delta variant took over. Each of these was more contagious than the last. Every time the virus became more contagious, the herd immunity threshold rose higher and higher.

Also, natural immunity and vaccine-induced immunity wane over time.

So, the contagiousness of the virus is increasing and the immunity in communities is decreasing. These changes make the herd immunity threshold difficult to estimate.

Will we ever reach herd immunity?

Herd immunity may not be achievable. We may never eliminate the threat of COVID-19. Instead, SARS-CoV-2 may become endemic, meaning that it would be added to the list of respiratory viruses that usually circulate in Texas. But we know that increasing the number of Texans who are immune will help protect our communities, whether or not we reach herd immunity.

Herd Immunity: Are We There Yet? Continued

Do we know how many people in Texas have some level of immunity to COVID-19 and how many don't?

We have a pretty good idea about that now. DSHS and UT School of Public Health collaborated on a project to measure antibody levels in people across Texas. Based on [recent results](#), about 75–80% of Texans have antibodies to SARS-CoV-2, either from a vaccine or from natural infection.

This means at least 20% of Texans have no measurable antibodies to SARS-CoV-2. These people are unlikely to have had previous infection or COVID-19 vaccination, making them very vulnerable to COVID-19. They are also more likely to experience hospitalization, long-term symptoms, or death from COVID-19.

Do vaccine-induced immunity and infection-induced immunity provide the same level of protection?

This is an area of [active research](#). But a [recently published study](#) showed that vaccines provided better protection than previous infection. Our Texas antibody project also found that the levels of antibody were higher in people who were fully vaccinated when compared to unvaccinated people with previous infection.

So, what do we do now?

Getting the COVID-19 vaccine is a safer way to gain immunity than by getting the infection itself. So, it is important for every eligible person to get fully vaccinated. And, [for those people who qualify](#), it's important to get the booster dose, too.

The FDA has authorized vaccines for ages 5 and up. They have also authorized mix-and-match boosters for adults. And Texas has plenty of [COVID-19 vaccines available](#). So now is a great time for us to protect ourselves and our communities by getting the COVID-19 vaccine.

HHS Updates Self-Disclosure Protocol

Health Care Fraud Self-Disclosure Protocol

2021 UPDATES

WHAT CHANGED?

- Increased the minimum amounts required to settle under the SDP to match new statutory minimum penalty amounts.
- Required SDP submissions to be made through HHS-OIG's web site.
- Added references to OIG's 2019 Grant and Contract Self-Disclosure Protocols.
- Clarified that CIA Reportable Events can be disclosed under the SDP.
- Clarified that DOJ sometimes settles SDP cases.
- Clarified that disclosers must include damages to each affected Federal health care program and the sum of all damages.
- Made technical changes to statistics, terminology, and background facts.

WHAT DIDN'T CHANGE?

- Timelines and content requirements.
- Methods for calculation of damages.
- Timely settlement with a lower multiplier and an exclusion release.

OIG.HHS.GOV/SDP

Persons who wish to voluntarily disclose self-discovered evidence of potential fraud to OIG may do so under the Health Care Fraud Self-Disclosure Protocol (SDP).

Self-disclosure gives persons the opportunity to avoid the costs and disruptions associated with a Government-directed investigation and civil or administrative litigation.

Visit the [HHS Office of Inspector General website](#) for more information.

GETAC Committee Member Selections

The Governor's EMS and Trauma Advisory Council mission is to continuously enhance our EMS and Trauma system for our stakeholders in Texas as we meet the emergency health care needs of all Texans. This mission is met by the GETAC council members' continued support through the endless work of dedicated professionals serving on various committees. I would like to express my appreciation to the outgoing committee members, along with council member Chief Robert Isbell, Jr., for their commitment of time and service to fulfill our vision of a unified, comprehensive, and effective Emergency Healthcare System. I also welcome new committee members to the Team as together we progress the Texas EMS Trauma System forward in these challenging times.

Dr. Alan Tyroch
GETAC Committee Chair

Air Medical and Specialty Care Transport Committee

Outgoing:

Michael Farris, Trey Howard,
Melissa Kendrick, Kellie Quinn, DO

Reappointed:

Lynn Lail (Chair), Cherish Brodbeck,
Brandon Joines, Hashim Zaidi

Newly Appointed:

Daniel Oakes, Darin Smith

Cardiac Care Committee

Outgoing:

Erika Anderson, Jebadiah Bera,
Todd Haugen, Patrick Murphy

Reappointed:

Neil White, Alexa Timbrook

Newly Appointed:

Krista Knowles

Disaster Response and Preparedness Committee

Outgoing:

Rick Antonisse, Sharon Beasley,
Angela Gentry

Reappointed:

Angela Cornelius, Jacob Johnson, Keith
Noble, Erik Richenberger, Marcus Smith

Newly Appointed:

Joe Fowler, Michael Nofzinger,
Candice Smith

Trauma Systems Committee

Outgoing: Krystal Jordan, Kristie Brown, Alex Ramos, Elizabeth Scherer MD, Heather Strange, Lori Vinson

Reappointed: Lori Robb, Kathy Rodgers

Newly Appointed: Josephine Livingston, Timothy Nunez, Shawn Patton, Daniel Bonville, Rosemarie George, Kelle Harrison

Emergency Medical Services Committee

New Chair

Eddie Martin

Outgoing:

Jeffrey Mincy, John Baker,
Michael Hayes, Douglas Hooten,
Tami Kayea, Selena Xie

Reappointed:

Jim Jones, Brian Petrilla

Newly Appointed:

Aaron Clouse, Terry Hazlett,
Dwayne Howerton, Donald Janes,
Edward Turner, Keir Vernon,

EMS Education Committee

Reappointed:

Macara Trusty, (Chair) Melissa Stuive,
Terri King, Jacob Braddock,
Wilfred Langfeldt

EMS Medical Directors Committee

Reappointed:

David Persse, Katherine Remick

Newly Appointed:

Javier Cortinas

Injury Prevention and Public Education Committee

New Chair

Mary Ann Contreras

Outgoing:

Shelli Stephens-Stidham, Ruben Pena,
Mariselda Salazar, Brittney Tice

Reappointed:

Cary Cain, Cassandra Dillon, Courtney
Edwards, Timothy Spice

Newly Appointed:

Nisi Bennett, Enoc Espinoza,
Veronica Silva, Shabana Yusuf

Pediatric Committee

Outgoing:

Prashant Joshi, Verne Walker

Reappointed:

Charles Jaquith, Tabitha Selvester

Newly Appointed:

Sondra Epley, Roger Timperlake,
Samuel Vance

Stroke Committee:

Outgoing:

Robert Dickson MD, Melisa Frisby,
Amanda Webb

Reappointed:

Candace McAlpine, Darrell Pile,
Johanna Morton

Newly Appointed:

Allison Capetillo, Janine Mazabob,
Avni Kapadia

Heroes Helpline Virtual Lobby

Now Available

Let's face it – 2021 was hard, but through it all, the light of hope remained visible for most. The Heroes Helpline is a free, confidential service implemented to help first responders across Texas who may be experiencing symptoms of mental health or substance use disorders.

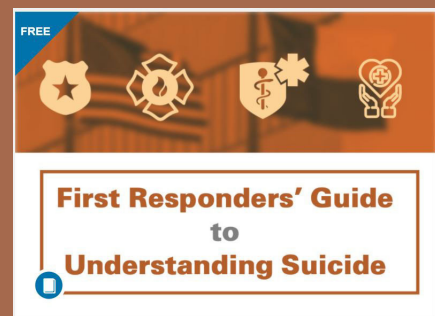
[Visit the virtual lobby](#)



2022: Be the One

When you are setting your personal resolutions and goals for 2022, please consider adding one for your co-workers: Resolve to be the one who reaches out. The helpline is available for those in need, as well as for those who want to help but aren't sure how.

CALL TOLL-FREE
1-833-367-4689 | 1-833-EMS-INTX
AVAILABLE 24/7



Self-paced course
1 credit
[Click image for details](#)

BE THE ONE

Offer a shoulder for support - listen to them and help them find external resources for help.

Show them that they matter and that you care. Remember that actions speak louder than words.

Let them know their journey does not have to be taken alone – encourage them to join you for a run or walk to strengthen the connection.



Visit our Virtual Lobby to Text during Business Hours (8 am to 5 pm, Monday through Friday) at

go.uth.edu/textheroeshelpline

Or call us for free, confidential, 24/7 telephonic support

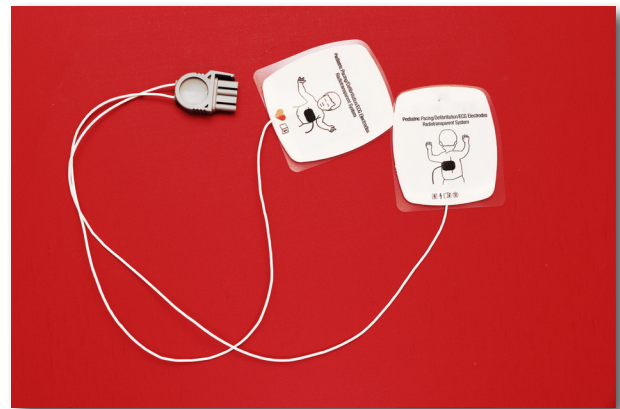
833-367-4689

Ensuring Pediatric Defibrillator Pad Compatibility to Provide Appropriate Care

During the December 2021 meeting of the Pediatric Emergency Care Council of the National Association of State EMS Officials (NASEMSO), some concerning issues regarding pediatric defibrillator pad incompatibility were identified by at least two states. One issue is that defibrillator pads are not being used in accordance with manufacturers recommendations by their EMS providers for pediatric patients. Using pads that are not in accordance with manufacturers recommendations results in the inability to provide appropriate care to pediatric patients when needed.

In some EMS agencies, the agency or their personnel are placing Zoll Pedi-padz in the Zoll AED Plus units (Automated External Defibrillators). While these pads are manufactured by Zoll, they are not compatible with the Zoll AED Plus units and will not plug into the unit. The pediatric pads required for the Zoll AED Plus units are the Pedi-padz II. One reason identified as to why this may be happening is that the stock for BLS and ALS defibrillators are in the same area, with personnel seeing the word "Pedi" and grabbing the wrong pads. Additionally, at least one AED was found to have pediatric pads with packaging that had red writing and a circle with a line through it around an AED symbol stating, "Not for AED use."

Another issue identified is some EMS agencies with the Physio-Control Lifepak 15 monitor/defibrillator are using non-manufacturer recommended defibrillator pads. The non-manufacturer pads may have therapy limitations for both age and weight ranges for infants and children in both the manual and AED mode. The packaging on some non-manufacturer made pads state they cannot be used for patients weighing under 22 pounds, and in the AED mode are not to be used for patients under eight years of age. Regardless of pad type, the Lifepak 15 operator's manual, in section 5 under "Automated External Defibrillation (AED) Intended Use," states: "In AED mode, the Lifepak 15 monitor/defibrillator is not intended for use on pediatric patients less than eight years old."



The Emergency Medical Services for Children (EMSC) State Partnership, Texas would like to remind all of our EMS providers, first responder organizations, and personnel to verify all monitor/defibrillators and AEDs have the correct manufacturer recommended pads stocked in all units to ensure that pediatric patients always receive appropriate, pediatric specific energy levels.

The EMSC State Partnership, Texas is a statewide collaborative project funded through the Health Resource and Services Administration's EMS for Children Program. Baylor College of Medicine is the site of the Texas EMSC office and is working in partnership with the largest children's hospitals in Texas, their affiliated colleges of medicine, and representatives of the Texas Department of State Health Services. Through this collaboration, the EMSC State Partnership, Texas has created the infrastructure to assess and achieve defined EMSC Performance Measures. In addition, the EMSC State Partnership, Texas works tirelessly to improve education, research, and pediatric prehospital care. For more information, go to www.bcm.edu/emsc.

Haven't "SEEN" You In A While

By Chuck Rowe, A.A.S., on behalf of all of the EMS Trauma System staff



There are so many different adages that we can use to describe how long it has been since we have been in the same room with co-workers and peers. There is "forever and a day" which is hard to do since "forever" pretty much covers it. Haven't seen you "in a coon's age" can be anywhere between 3 years in the wild to as much as 20 for a domesticated racoon! But suffice it to say it has been longer than many of us prefer. As a group, we not only battled the virus itself, but also the challenges of maintaining production and staying on top of all the little things that are required of our positions. And we have done that very well.

Now we are having the opportunities to personally interact again! I am looking forward to getting together with co-workers, peers, and stakeholders. Our next challenge will be processing and prioritizing what we have learned about maintaining business practices. What do we keep? What needs to be tweaked? What do we let go? At the end, we should have a much more efficient work model, and one that won't require a significant change should a new challenge arise.

For now, while it lasts, we should embrace the opportunity to personally interact with each other and make or renew professional relationships. There is so much more communication we do with body language that can't be observed in the virtual setting. So attend those meetings and conferences if you feel safe. Follow the guidelines that still may be required in some settings. Embrace this emergence of personal interactions again, smile and appreciate the moment.

I look forward to personally engaging with all of those I have missed over the last year. Thank you for all you do!!



Ambulance providers encouraged to respond timely to ground ambulance study

Senate Bill 790, passed in 2021, requires the Texas Department of Insurance (TDI) to conduct a study on the balance billing practices of ground ambulance service providers, variations in prices, proportions of services that are in-network, trends in network inclusion, and factors contributing to the network status of ground ambulances.

This report collects information from licensed EMS ground ambulance providers operating in Texas. The reporting period is from January 1, 2019, to December 31, 2020.

Submissions are due February 1, 2022.

You may find the reporting form, instructions, and FAQ on [TDI's website](#). We encourage you to respond as soon as possible to meet the requirements of this priority legislation.

Texas Wristband Project

Background

The Texas Wristband seeks to resolve two persistent issues in pre-hospital medicine: disparate electronic health systems and accounting for patients during disaster or mass casualty incidents.



Introduction

An aqua wristband was developed to contain an alpha-numeric value and a simple bar code. While the bar code is not necessary, it does allow those with scanning capability to expedite entry and reduce the risk of error. Wristbands are distributed to EMS providers, and they are tasked with applying a wristband to any patient who is transported to a hospital. Hospitals are then responsible for recording the Texas Wristband number that is found on the wristband. Once more, it can be recorded manually or by scanning. If the patient should be admitted or transferred, the Texas Wristband will be maintained by the next party or entity. The Texas Wristband is ultimately removed once that patient has achieved final disposition or discharge.

Reported Benefits

- EMS provider tracking down a patient transported to hospital. When a John Doe is transported, it can sometimes be difficult for another party to obtain follow-up from a hospital without providing innumerable “other” identifiers to narrow down the patient. The Texas Wristband number drastically reduces the amount of time involved trying to identify a patient for follow-up.
- Overcoming information-sharing permissions. Each party who encounters the patient has an ethical and legal responsibility to protect the patient’s identifying information. It’s also true that each party has a right to their respective data associated with that patient to perform clinical quality improvement reviews, billing, and other performance measures.
- Completing patient record/demographics. What might have taken an hour to track down with multiple calls and verifications now is completed simply by reporting the Texas Wristband number which helps to locate the number/patient faster but also serves as a validation that the inquiring EMS provider was involved with the care of that patient.
- Maintaining existing systems without wholesale changes. One challenge that arises any time multiple parties attempt to create new, compatible solutions is that their existing options are limited to what their unique vendor can provide. Oftentimes, those solutions are unique or incompatible with a competitor’s solution. The Texas Wristband can be adopted by all EMS and hospital partners without the need to adopt new technologies or pay for additional capabilities.

Future Applications



- Reconciliation of records reported into databanks or registries to “match” duplicates. The technical aspects of such a capability have been discussed at length in multiple statewide forums. While there is not a mechanism today that performs this function, the Texas Wristband number has the potential to serve as the framework for this to be executed for any patient that access the emergency healthcare system.
- Near real-time location reporting. In a scenario that involves multiple individuals being moved from one place to another, it is necessary to be able to account for which person entered which point of service at which time or date. Having a unique identifier such as the Texas Wristband may help to speed up both moving and accounting for large groups of people. The wristband itself does not perform any electronic function Improving patient outcomes.

To take deliberate steps toward eliminating adverse outcomes and improving optimal patient outcomes, we must be able to observe interventions and outcomes throughout the continuum of care. The infrastructure to perform a complete review of a patient encounter remains incomplete and sometimes difficult to navigate. Each party involved in a patient’s care has a vested interest in improving the way they deliver care.



RULES

| Title | Rule Number | Process Status |
|--|---|------------------------------|
| Neonatal Hospital Designation | New Rules | Draft rules under review |
| Stroke and Trauma | Texas Administrative Code Repeal §157.132 New/Replace §157.122, §157.133 | Adoption packet under review |
| Automated External Defibrillator (AED) | Texas Administrative Code Repeal §157.41 | Under final review |
| Hospital Level of Care: Designation for Maternal Care and Placenta Accreta Spectrum Disorder | Texas Administrative Code §133.202 through §133.210 | Draft rules under review |
| Trauma Designation | Texas Administrative Code §157.123 §157.125 §157.128 §157.130 §157.131 | Draft rules under review |
| Dialysis Protocol for EMS Providers | Texas Administrative Code Amendment to §157.11 | Draft rule under review |

CENTRAL STAFF MOVE

Central EMS-Trauma Systems staff completed the move from its former headquarters at the Exchange Building in northeast Austin to the Moreton Building on main campus. The main phone numbers will remain the same, but there have been changes to the program fax numbers. Here is a list of updated contact information.

Mailing Address:

PO Box 149347
Austin, TX 78714-9347
(All USPS mail must go to this address)

Physical Address:

DSHS Consumer Protection Division
1100 W. 49th Street
Austin, TX 78756
(Only special service deliveries, such as UPS or Federal Express [not USPS], are received at this address.)

[Map to DSHS-EMS location](#)

Phone Numbers

EMS/Trauma Systems (512) 834-6700
EMS Complaints (512-834-6765
EMS Compliance (512) 834-6665

Fax Numbers

EMS/Trauma Systems (512) 834-6736
EMS Certification (512) 206-3779
EMS Central Unit (512) 206-3780
EMS Compliance (512) 834-6625

UPDATES

EMS & TRAUMA REGISTRY NEMSIS 3.5 UPGRADE

While we currently use NEMSIS 3.3.4, we have begun the process of upgrading to NEMSIS 3.5. This process is anticipated to take the better part of calendar year 2022, with the plan to start accepting NEMSIS 3.5 records in the early part of 2023. This serves as our initial announcement.

As we reach certain milestones in our development process, we will send further updates, such as "Development Work completed by Vendor." You are highly encouraged to reach out to the software vendor for your agency to ensure they are ready for this transition by early 2023.



STOP THE BLEED

We have a lot of exciting things brewing and would love to have more people join the Stop the Bleed Texas Coalition, join the listserv, and/or volunteer on one of our workgroups.

The ACS COTs are getting back into the swing of their legislative activities. As things are pushed forward from that group, we will share with our Texas partners to mirror. Texas is further ahead of all the states in legislation to support Stop the Bleed or bleeding control activities.

The ACS announced that National Stop the Bleed® Day would be the Thursday of EMS Week. Thursday's focus is "Save-A-Life Day" (CPR & Stop the Bleed®)

STOP THE BLEED® Podcast Series Announced



Tune in to The [STOP THE BLEED® Podcast](#) to hear from medical professionals, trainers, survivors, bystanders, and to learn about the importance of the STOP THE BLEED® campaign. The campaign, a U.S. Department of Defense initiative, aims to create a more resilient nation by better preparing the public to save lives in the event of a traumatic bleeding emergency. Listen in bi-weekly and be prepared to act.

To volunteer or join the email listserv, please email creeves@hotrac.org or for more information go to the Coalition website at www.stopthebleedtx.org.

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NEWS

NHTSA's EMS Update: Learn more about current projects and efforts in EMS from NHTSA and its Federal partners.

CDC Newsroom: View the latest CDC public health news and press releases.

Bulletin of the American College of Surgeons: *The Bulletin of the American College of Surgeons is published monthly by the American College of Surgeons.*

Washington Update: The Washington Update is produced bi-monthly by the National Association of State EMS Officials in cooperation with NHTSA OEMS, with funds also provided by HHS EMSC.

NACo County News: The voice of American counties.

EMSC Pulse: The EMSC Pulse Newsletter is a digest of program news and activities. Each issue includes a wealth of information about the pediatric emergency medical care community.

Integrated Healthcare Delivery: Integrated Healthcare Delivery focuses on improving the patient experience of care through inter-professional collaborations.

External links to other sites are intended to be informational and do not have the endorsement of the Texas Department of State Health Services. These sites may also not be accessible to persons with disabilities.

Links

GETAC: Visit the Governor's EMS and Trauma Advisory Council web page to view council, committees, and meeting information

Rules: This page contains links to the Texas Administrative Code rules pertaining to EMS/Trauma Systems.

Disciplinary actions: This page provides public notice of disciplinary action by the Department of State Health Services and the Consumer Protection Division, Consumer Safety Unit.

Staff Contacts: This page provides contact information for the Office of EMS/Trauma Systems staff and programs.

Preparedness: The Center for Health Emergency Preparedness and Response is to provide public health leadership and improve health and well-being in Texas.

Homes for Texas Heroes Home Loan Program: The program, spearheaded by the Texas legislature, provides a 30-year fixed rate home loan to Texas EMS personnel, firefighters, peace officers and others. In addition, this program offers down payment and closing cost assistance of up to 5% of the mortgage loan amount, in the form of a grant.



The Code
Green
Campaign



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Questions, comments or suggestions about *Texas EMS Trauma News*? Contact us at EMSTraumaNews@dshs.state.tx.us.