

Meeting Minutes

Governor's EMS and Trauma Advisory Council (GETAC)

August 22, 2014, 9:00am

Council Members

Attendance	Name	Position (representing)
X	Vance Riley, LP	Fire Chief, Chair
	Nora Castañeda-Rivas	Public Member
X	Mike Click, RN	Rural Trauma Facility
X	James (Mike) DeLoach	County EMS Provider
X	Linda W. Dickerson	Public Member
X	Robert D Greenberg, M.D.	Emergency Physician
	Jodie Harbert III, LP	EMS Educator
	Ryan Matthews, LP	Private EMS Provider
X	Jeffrey Beeson, D.O.	EMS Medical Director
X	Karen Pickard, RN, LP	EMS Volunteer
X	Shirley Scholz, RN	EMS Air Medical Service
X	James D. Williams, Lt.	Fire Department
	Brian Eastridge, M.D.	Urban Trauma Facility
X	Alan H. Tyroch, M.D.	Trauma Surgeon
X	Robert Vezzetti, M.D.	Pediatrician

Department of State Health Services Staff

Attendance	Name	Position
	Kathryn C. Perkins, RN	Assistant Commissioner for the Division of Regulatory Services
X	Renee Clack, LNFA	Director, Health Care Quality Section
X	Jane G. Guerrero, RN	Director, Office of EMS and Trauma Systems Coordination
X	Joseph Schmider	State EMS Director, Office of EMS and Trauma Systems
X	Colin Crocker	State Trauma Director, Office of EMS and Trauma Systems

Item 1: Reading of the Vision and Mission Statement

GETAC Chair Chief Riley welcomed everyone to the meeting and reminded everyone to remember the vision of the council: a unified, comprehensive, and effective EMS/Trauma Systems for a healthy, safe Texas. He also stated the mission for the council: to promote, develop, and maintain a comprehensive EMS/Trauma System that will meet the needs of all patients and that will raise the standards for community health care by implementing innovative techniques and systems for the delivery emergency care for the entire population.

Item 2: Governor's EMS and Trauma Advisory Council (GETAC)

The meeting was called to order at 9:01 am on Friday, August 22, 2014, at the Crowne Plaza Hotel in Austin, Texas. A quorum of the members was present.

Item 3: Approval of Minutes

A motion was made by Dr. Robert Greenberg, and seconded by Judge James DeLoach, to approve the meeting minutes from May 16, 2014. All council members were in favor; the motion passed.

Item 4: Chair Report

Chief Riley reported Dr. Robert Greenberg has been selected as the Vice Chair for the Council. The Council agreed to elect to use electronic copies for their meeting packets. The application, "Guidebook", has been implemented for trial. Documents will be posted on the website for everyone to view, print, or download. Stakeholders voiced concerns of not having enough rural and frontier members on the Council and on Committees, and Chief Riley explained how the Committee selection process works.

Item 5: Assistant Commissioner Report

Dave Gruber, Assistant Commissioner Division for Regional and Local Health Services, provided this report. The continued need to support the missions of the EMS and Trauma Systems was discussed. Mr. Gruber mentioned series of meeting will be held to talk to Regional Advisory Councils (RAC) leadership. The issue of establishing standardized hospital codes across the state has been brought up. Dr. Greenberg suggested engaging the Texas Hospital Association in these talks. Sunset review did not address EMS/Trauma as for improvements except for the regulation of it.

John F. Villanacci, Director, Environmental Epidemiology and Disease Registries Section stated the Trauma Registry has added more new staff. The department has been working in three main areas: registry reports, customer service, and basic system improvements. Many new reports have been generated and those reports are readily available. User lock outs seem to be the biggest problem encountered in customer services, and those issues have been fixed. It was announce that hospitals that use web date can now use Nation Trauma Data Bank and Texas Custom Required Questions, delayed XML file upload until September. Still working towards NIMS certified and expects to have that completed this fall. We have received a notice from Texas Department of Transportation stating that we received an award for fiscal year 2015.

Bruce Clemence for crisis standards of care, reported research is being conducted to see what other states are doing and putting together an advisory panel and a group of subject matter experts. Workgroups are being created to develop the annexes; review, edit, and start a stakeholder public outreach process over

the next four to five months and have a finalized report by spring of 2016.

No report was given by Kathryn C. Perkins, Assistant Commissioner for the Division of Regulatory Services.

Item 6: State EMS/Trauma System Coordination Office Report

In the Council's packet, there are two documents: the Funding Report and a flow sheet to show a breakdown of the funds. There are currently 281 designated trauma facilities in the State. This is approximately 50% of the total number of hospitals in the state and the most trauma designations the department has issued up to date. There are 129 designated stroke facilities at this time... 10 Extraordinary Emergency Funds (EEF) applications have been funded year to date with about a half a million left in the fund, and 2 more requests that may be funded before the close of the fiscal year.

Jane introduced new staff, Elizabeth Stevenson, RN, new Designation Program Manager. She was previously with the State as a designation coordinator and has returned. Robert Friedrich has joined our team as the new Program Coordination for the Regional Advisory Councils (RAC).

Revision of rules in Chapter 157 continues, using the suggestions from stakeholders and committees, and tentatively planning to present the edited draft by the November meeting. The attachments will be removed and become a single document. State moratorium will expire September 1, 2014, and no new applications are pending. Administration of Record (AOR) this course will be held at Texas EMS Conference this year in November. The Medical Director course will be available beginning September 1, 2014, through August 31, 2015 for free. After this date, it will be at a cost to the person taking the course. The department is still working to find out if the course will provide Continuing Medical Education (CME) hours. This course will meet the legal requirement put in place by SB 8.

Item 7: Preparedness Coordinating Council

No report from Preparedness was given.

Item 8: Standing Committee / Task Force Reports

Air Medical Committee

This report was given by Shirley Scholz. She thanked Eric Epley for helping with the Memorandum of Agreements (MOA). They will be putting together a workgroup to work with EMTF. Compact in the working with surrounding states, some legislative action will have to be done, several years until this is complete. There will be an education opportunity at the Conference. A day long class sponsored by Air Medical group in the Exhibit Hall will be available. The Texas Association of Air Medical Services (TAAMS) will have annual golf tournament, and a silent auction will also be in the Exhibit Hall.

No action needed.

Cardiac Care Committee

This report was given by Dr. Richard Smalling. The committee reviewed issues, concerns and progress made since its first meeting in February of 2009. The common themes that emerged were: data on regional STEMI care is important but not all RACS have robust data collection and reporting; pre-hospital data collection remains a challenge; very few STEMI patients receive reperfusion therapy within 120 minutes – and the current average is 180 minutes which precludes significant salvage of ischemic

myocardium and virtually guarantees the mortality rate will be 10% or more; pre-hospital ECGs improve STEMI outcomes; and transfers from non-PCI hospitals take much too long. In-hospital mortality in STEMI patients remains unacceptably high. The following priorities were all voted on and passed unanimously: the need to provide a framework for STEMI referral and STEMI PCI centers; establish and maintain a Statewide STEMI registry; and provide mechanisms for standardization and potential funding of STEMI Care in EMS units. Anne Robinson, of CATRAC, gave an update on the ACTION Registry results: 87% of STEMI PCI centers in Texas are participating in the ACTION Registry; STEMI mortality and cardiogenic shock rates are higher in Texas than the rest of the nation; and Symptom onset to reperfusion remains >180 minutes in Texas on average.

Dr. Wozniak reported on his interactions with the DSHS CVD and Stroke Council and introduced Karla Granado and Kiran Bhurtyal who reported on the STEMI Therapy Data collection for the RACs activated by Rider 97 of Senate Bill 1. The initial results suggested: 21 of 22 RACs have executed contracts with DSHS to participate in data collection and analysis; 76% of RACs share data with participating hospitals; 1/3 of RACs collect pre-hospital data; and 60% of RACs have administrative help for data collection and analysis. It was decided that additional information would be gathered regarding specifics such as data requests by Dr. Wozniak and our colleagues in the DSHS Health Promotion Cardiac Disease Prevention Section.

No action needed.

Disaster/Emergency Preparedness Committee

This report was given by Eric Epley. An update from the Texas Disaster Medical System (TDMS) was provided as well as the Emergency Medical Task Force (EMTF) Workgroup Report. There was a legislative update and discussion on the power grid/electromagnetic pulse topic was reported. Agenda items for the next meeting include: Power grid/EMP/ Loss of Infrastructure; long range planning and funding to grow EMTF, not just sustain; core reliable funding for hospitals to respond to disasters; and state guidance for preparation of internal disasters continuity of operations

No action needed.

Education Committee

This report was given by Jodie Harbert. The taskforce for Community Health Curriculum have met twice and is led by Jay Cloud. If you would like to participate in this taskforce, email Jay Cloud:

jaycloudLP@gmail.com. There was discussion to add pharmacology, operation, history, regulation, home care equipment, pharmacodynamics, physiology and pathophysiology. The package should in modules/tiers with foundational material. The committee will look to the medical director's committee for feedback and direction before introducing this to the other committees. Joe Schmider and Brett hart from DSHS advised the committee that there are currently 16 programs in the state of Texas that have Advances Practice/Advanced Community Paramedics doing right now. We have the list of these providers and are reaching out to them to share their programs with the education committee. The committee thinks this trainings should be voluntary. The committee discussed legislation for reimbursement and buy in from other groups as well. Committee will continue to work on better definitions and examine the goals of the Community health program. We will look at European models and Canada. Jay's group will audit each of the 16 groups, clarify definitions with MD/providers, and clarify goals using NAEMT newsletter, modify the Minnesota definitions. A survey of task-practice

analysis will also need to be performed.

No action needed.

EMS Committee

This report was given by Dudley Wait. The committee reviewed the proposed revisions to Title 25 of the Texas Administrative Code (TAC), Section 157.11 regarding changes mandated by House Bill (HB) 3556 and Senate Bill (SB) 8 of the 83rd Legislative Session, 2013. Joseph Schmider, State EMS Director, mentioned the new rules have been in place as of August 6. New providers can apply but must meet all new requirements. No new applications received as of Wednesday of last week in preparation of the moratorium ending. Medicare is extending their moratorium in Harris County and 12 surrounding counties.

Sam Vance from the EMS for Children (EMSC) reported he received national data on EMS reassessment and putting it together to present for February. This program will allow EMS agencies to receive Gold, Silver or Bronze recognition based upon the pediatric education and equipment that they carry.

An update on issues on drug shortages and pharmaceutical compounding of drugs was discussed and the Food and Drug Administration (FDA) approved a Denmark company to send saline which has greatly improved the supply of saline in the country. An update on the Trauma Systems Committee Registry Workgroup (TSCRW) was given by Jane Guerrero. The workgroup is meeting at 11:30 to review RAC level data that the registry has put together of hospital and EMS data. Agencies will be contacted who are not submitting data to inform them that it will be an issue at their next renewal. The letter will offer assistance for those needing it. Rob Kline, Project Manager for EMS/Trauma Registry reported all the elements are modeled in the State system to take in the date points from EMS agencies. The data dictionary and codes should be in place in the fall. The current feedback log is cumbersome and not very readable. In the near future, the feedback will be in the form of a .pdf that will be easy to read and understand. It will go back to the agency that submits the data.

There were discussions on considering alternatives for leftover Extraordinary Emergency Funds (EEFs) other than going to hospitals for uncompensated trauma care. Once it was determined that there were some funds left over, the State went back and reviewed previously denied requests and granted those. Mr. Wait asked that DSHS look back at the wording so that EEF funds could roll over to the next year and not be lost to EMS. Hospitals have mentioned that patients are being left without any report being left, and the EMS Committee has been asked to look at the problem. Agenda items for the next meeting include: Air Medical and EMS Joint Discussion regarding Air Medical programs that may be engaging non-EMS and non-Hospital entities to dial them directly in an emergency possibly bypassing the 911 system; and discussions on EMS patient care reports provided to receiving emergency facilities, as required by 25 TAC; 157.11(m)(9).

No action needed.

Injury Prevention Committee

This report was given by Dr. Shelli Stidham. Courtney Edwards reported on the Texas Trauma Coordinators Forum (TTCF) current progress. This included the “Just Drive” campaign. There is a tool kit on the Texas EMS, Trauma, and Acute Care Foundation (TETAF) website. TETAF is planning on

TIPS symposium in February including topics on auto ped, head trauma, and Just Drive. National Safety Council is working on curriculum for home based parent taught drivers education. Most school curriculum does not include driver's education. Ms. Edwards also reported on the review of hospital based injury prevention STEADI program. The program was presented at Texas ENA, Safe States, geriatric and trauma department from Parkland. The program is based on the CDC STEADI tool kit. Concepts for fall prevention. The algorithm is adjusted/augmented to fit the hospital setting. They are identifying modifiable risk factors: including mechanism of injury, history, and involving the community paramedic. Including all healthcare team members in this program is easier to do because the order set is included in the EMR. Clinical practice guidelines are improved for geriatric and Dr. Stidham noted the CDC website for STEADI toolkit.

The report from the Texas Children's Hospital Association included: the study of IVP projects and programs within the state; an injury report based on recent research from advocacy groups, programs from CHAT/not for profit pediatric facilities; investigations regarding abusive head trauma and child fatality review teams; training materials for safe sleep are available; and the need to intensify the communication to other VIP groups, stakeholders, what to do, recommendations, working informally, advocacy from GETAC Injury Prevention Group.

The review and approval of hospital-based injury prevention program components and materials was discussed. The committee has been working on the injury prevention (IP) component document and the IP portion of the strategic plan. The next step is to schedule a meeting between GETAC IP and CHAT groups. The final product is almost ready and awaiting on public comment for the IP program components on the GETAC website. The intent is to present to GETAC council for their approval at November meeting. The components will be put on TETAF website for review and draft copies can be made available. The document contains pertinent components of a hospital based IP program including sections on- data, partner with others, formal and continuing education for IP coordinator, using evidence informed strategies, and evaluation

A motion was passed to recommend the components document to GETAC council with recommended changes. Each committee member to work on reviewing and updates on the GETAC strategic plan.
No action needed.

Medical Directors Committee

This report was given by Dr. Greenburg. Reports from EMS-Support from the Committee for the concept with the caveat regarding the nomenclature, compilation and technology was discussed along with the Trauma/EMS Plan-majority of meeting. An EMSC update was presented as well as acknowledgement of the free training that can be found on this website: www.medicaldirectoronline.com. Todd Haugen mentioned that the endorsement and resource document for Spine Precaution and use of long backboards isn't online. This was resolved this morning.

No action needed.

Pediatric Committee

This report was given by Dr. Sainz. Several items were discussed and included: looking for representative for Children Fatality Review Team; minimizing ionizing radiation in children; the Pediatric

Facility Program; an EMSC Update; an update on Pediatric Transfer Guidelines; the Texas Supplemental Nutrition Assistance Program (SNAP) in Fort Worth to be used as an example; and the GETAC Strategic Plan.

No action needed.

Stroke Committee

This report was given by Dr. Rutledge. The committee discussed the update on Texas Council on Cardiovascular Disease and Stroke (TCCVDS), chronic stroke remediation and data from RAC survey on STEMI and stroke in progress. Karla Granado from DSHS gave update on RAC data collection in process. Results will be given to RACs, GETAC, TCCVDS and legislature. The recommendation to use Get with the Guidelines (GWTG) Stroke hospital database for state stroke designation was discussed. Rather than recommending a proprietary database, elements that apply to preadmission and admission common to GWTG and other databases in use will be developed by a subcommittee. The use of Brain Attack Coalition (BAC) new standards for stroke ready hospitals as criteria to approve certification programs of Level III stroke support facilities was approved. The recommendation that 4 hours of stroke related continuing education be required for recertifying EMS personnel approved last meeting was reconfirmed. The Transport Bypass Workgroup is working on recommendations for adding severity adjusted triage criteria as a hospital bypass option for RACs.

Action Items/Motions:

The recommendation was repeated for the EMS recertification require up to 4 hours of stroke specific content continuing education. This would become part of the 4 year recertification cycle currently required for EMS. The hours would be in lieu of existing general content time and assigned stroke specific content time. This would NOT add additional hours to the recertification.

Recommendation the Brain Attack Coalition (BAC) standards for stroke ready hospitals be accepted as basis for approval of certification programs of Level II stroke support facilities.

Trauma Systems Committee

This report was given by Jorie Klein. The committee discussed the Registry Workgroup Update. Clarification was needed of NIMIS III, Business Association Agreement. Other discussions included: falls and motor vehicle crashes (highest injury pattern and also highest in death); Trauma Medical Workgroup; Advanced Practice Workgroup; a white paper for Electronic Medical Record; and TQIP

No action needed.

Item 9: GETAC Liaison Summaries

Texas EMS, Trauma and Acute Care Foundation (TETAF)

This report was given by Jorie Klein. The brochure for the Conference in Los Pines was mentioned. The activities at the Capitol were reported, and it was also mentioned that the fund raiser was a success. TETAF will continue to be involved at the Legislative level for funding support.

EMS for Children State Partnership update

The report was given by Sam Vance. He received the national data from the National EMS reassess that was conducted, and a report will be prepared for the Council at the February. He has completed the draft

process for the EMS Recognition Program, and the final product will go to the Council for approval.

Item 10: Discussion and Possible Action Items

1. EMS patient care reports provided to receiving emergency facilities, as required by rule in Title 25 of the Texas Administrative Code (TAC), Chapter 157, §157.11(m)(9). Many times patients are left by Paramedics with no physical documentation since it is all electronic. Stakeholders are asking for something left at the patient bedside to know what happened. Rule still says that something must be left at the patient bedside. Some places use a 30 second rule, but they still need something else at the patient bedside. The rule needs to be enforced. National Issue, solution is Committees need to work together to get this resolved. Problems incurred are that the report ends up in the patient chart, and it is not part of the patient chart. Public Comment was made by a few people. Mike Click asks for good communication, and a team effort. Assignment to revise and update the current rule if need be, EMS, Medical Director, Trauma System, and Air Medical. Is the rule appropriate or does it need to be expanded? The patient information that is left at the bedside is what? Jorie Klein suggested an email address from the hospital for EMS to be able to follow up with; it is currently in place at Parkland. Stakeholder comment Dudley Wait: How do we and what do we leave at the time of patient transfer? What do we leave and how to do leave it when it is completed by the pre-hospital agency? How can we work towards a better sharing of outcome data after the fact? Basic continuity of care for the patient needs to be done. DSHS can change the rule so that the patient care can continue. Possibility of an EMS/Hospital liaison to obtain information from EMS for the hospital and from follow information for EMS.

We charge EMS, Air Medical, Trauma Systems, Disaster/Emergency Preparedness and Medical Director Committee to review rule Chapter 157, §157.11(m)(9) to address the requirements for EMS reports at the time of patient drop off, the requirement of delivery for a complete EMS report, and how to improve the sharing of the outcome data of that patient with the EMS service.

2. Revision of the 2002 document “A Strategic Plan for the Texas EMS/Trauma System.” Dr. Greenburg reviewed Trauma System Plan timeline from Dr. Eastridge. Every Committee has looked at the plan, and Dr. Greenburg recommends sending that recommendation to him, Dr. Eastridge, Chief Riley, so it can be brought to the November meeting. Goal would be public comment on the Trauma System Plan will be held through February and May meetings, with a final product August 2015. The Council would like to see what each Committee would like to have edited on the plan. Disaster Emergency Preparedness Committee would like a section; the Council suggested that it would fall under Preparedness.

3. GETAC strategic planning session in accordance with Health and Safety Code, Chapter 773, Section 773.012(l). Could an RFP be done to continue using The Litaker Group for the Strategic Plan.
Moved to November meeting.

Item 11: General Public Comment

Stakeholder presented a PowerPoint on Kaizen from NCTRAC.

Item 12: Review and List Agenda Items for Next Meeting

A. Standardization of Hospital alerting codes

- B. Data use issue
- C. Hospital based injury prevention plan
- D. Workforce development white papers.
- E. Repeat recommendation that EMS recertification require up to 4 hours of stroke specific content continuing education. This would become part of the 4 year recertification cycle currently required for EMS. The hours would be in lieu of existing general content time and assigned stroke specific content time. This would NOT add additional hours to the recertification.
- F. Recommendation the Brain Attack Coalition (BAC) standards for stroke ready hospitals be accepted as basis for approval of certification programs of Level II stroke support facilities.

NOTE: Application for new Committee Members will be posted on our website beginning September 2nd through October 1st. Application come to the Department, please include picture if possible. If your term is about to expire you must reapply. After application period has closed the Selection Committee will review applications and a selection will be made.

Item 13: Next Meeting Date

November 24, 2014 at the Omni Fort Worth in Fort Worth, Texas.

Item 14: Adjournment

The meeting was adjourned at 12:20 pm.