

Meeting Minutes
Governor's EMS and Trauma Advisory Council (GETAC)
February 20, 2015 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
X	Jodie Harbert III, LP	EMS Educator
X	Ryan Matthews, LP	Private EMS Provider
X	Jeffrey Beeson, D.O.	EMS Medical Director
X	Karen Pickard, RN, LP	EMS Volunteer
	Shirley Scholz, RN	EMS Air Medical Service
X	James D. Williams, Lt.	Fire Department
X	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
X	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 read the vision and mission statement.

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

The meeting was called to order at 9:00 am on Friday 20, 2015, at the Crowne Plaza Hotel, 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 Linda Dickerson to approve the meeting minutes from November 24, 2014 and August 22, 2014. All council members were in favor; the motion passed.

Item 4: Chair Report and Discussion

Chief Riley welcomed everyone to the meeting and apologized for missing the last meeting. He announced that he will be asking each committee to complete a committee report form that Director Guerrero will provide to them. The chair will be asked to complete the form and arrange for it to be projected on the screen while presenting the report.

Item 5: Assistant Commissioner Report, Division for Regulatory Services

Kathryn C. Perkins, Assistant Commissioner for the Division of Regulatory Services provided this report. The legislative session is in full swing and highly discussed themes include: Sunset for DSHS and all other agencies, abortion, handguns, vaping, increasing legislation of synthetic drugs, and decreasing regulation of marijuana. Legislative bills of interest to EMS Trauma Systems include:

- [HB 237](#) and [SB 289](#) relating to the prohibition of regulatory requirements for licensure or certification of firefighters and members of industrial emergency response teams.
- There are three bills related to the West explosion (relating to the reporting of hazardous materials under the Tier II program, which is under the Regulatory Division) proposing to move the program to TCEQ. One is [HB 417](#) relating to storage of certain hazardous chemicals; providing penalties – Section 40 of this bill proposes to transfer responsibility for administration of Chapters 505, 506 and 507 of the Health and Safety Code from the Department of State Health Services to the Texas Commission on Environmental Quality.
- There were a number of bills on state agencies that deal with occupational licensing that relate to not allowing those agencies to use deferred adjudication in decision making when considering crime histories of applicants.
- [HB 1131](#) and [SB 340](#) relating to prohibiting the use of photographic traffic signal enforcement systems (aka red light camera bills).
- [SB 93](#) relating to the repeal of the driver responsibility program.
- [SB 424](#), a bill by Schwertner on hospital licensing that gives the department additional enforcement tools like ability to appoint a trustee and raising administrative penalties.
- [SB 219](#) relating to powers and duties of HHSC and other agencies, licensing of health professionals, clarifying statutory provisions and authorizing the imposition of fees. It is considered to be non-substantive – a cleanup bill. This bill does enormous cleanup of statute language, i.e. Texas Department of Health and Board of Health that no longer exist. It is to eliminate inconsistencies, i.e. outdated, old references. This bill doesn't do anything that is not already in another law somewhere. It just brings together the corrections and clarifications.
- The large Sunset bill – the programmatic Sunset bill – has not been filed yet. It's going to be a very large bill with lots of changes. The final filing date is around March 13th, so it should be coming soon. It's not easy to pass a Sunset bill, so it will be interesting to see the progress in the next few weeks.
- The HHSC Sunset bill (that consolidates agencies within HHSC) has not been filed yet either.

There are expected to be things within the HHSC Sunset bill that will impact DSHS.

- [SB 425](#) relating to freestanding emergency centers, to address issues such as clarifying that they are emergency departments and that the facility will be charging emergency department fees, and responsibility to inform that they don't take insurance in some cases, etc.
- Follow up from the last meeting: the run sheet issue. There was an article in the EMS Trauma Newsletter online that addressed that. We've also had concerns raised about "who do I call about certain licensing issues." We developed a table that lays out the issue about who to call, with call escalation instructions.
- EMS provider survey. I wanted the paper licensing mechanics of licensing to be moved from the Compliance area to the EMS Licensing group. I wanted the higher-level compliance personnel to be working compliance issues, not pushing paper. Stakeholders have asked us to "stop counting widgets." We implemented a customer service process. After licensing, you can go online to evaluate the service. I added this to the surveyors and the surveying process. We had some trepidation, but have been pleasantly surprised and proud of staff. Some of the negative comments have led to this survey process change.

There are 200 less EMS providers licensed in Texas, as a direct result of a number of issues after the fraud and abuse concerns and the related Houston Chronicle articles. These were addressed by [SB 8](#) / [HB 3556](#), Texas Medical Board changes, intensified inspections in the Houston area, the CMS moratorium.

The program Sunset bill will likely include four things that will affect EMS: a permanent location requirement, an ownership or lease requirement for major equipment, a jurisprudence exam and the ability for DSHS to take enforcement action based on another governmental body's inspection.

- A CMS document came out on February 13th regarding EMTALA and Ebola Virus Disease Questions and Answers: [S&C: 15-24-Hospitals](#).
- Rules for NICU designation are close to completion – [HB 15](#) from previous legislative session directed the department to rules. There is a stakeholder meeting on Wednesday, February 25 at the Pickle Center in Austin. Part of this involves the creation of a perinatal system. There has been lots of debate about making neonatal regions to coincide with trauma RACs. There was no finding provided with this legislation and we don't have the resources to support another regional system. The RACs have taken on Stroke and Cardiac, and they have the desire to take on neonatal. They want us to use Public Health Regions, but they're too big and they don't have resources to support neonatal.

Item 6: State EMS/Trauma System Report, Office of EMS/Trauma Systems Coordination

Jane Guerrero, Director of the Office of EMS/Trauma Systems Coordination presented this 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 296 designated trauma facilities and 134 designated stroke facilities at this time in the State of Texas.

The Uncompensated Trauma Care (UCC) funding application period for Fiscal Year (FY) 2015 has closed and of the 295 eligible hospitals, all 295 hospitals submitted applications before the deadline. The agency will still be participating in the Standard Dollar Amount (SDA) Trauma Add-On program along with the UCC and will be transferring funds in order to match Medicaid funds that will go to selected trauma facilities.

For FY 2015, the department has funded 4 Extraordinary Emergency Funds (EEF) applications and have a remaining balance of \$665,000 for the remainder of the year. There is still funding available for the Emergency Care Attendant Training (ECAT) Program and the department is currently processing 2

ECATs at this time.

The FY 2015 Local Project Grant (LPG) funding program is in process of acquiring approval for the tentative award recommendations through the Procurement and Contracting Services (PCS). For the FY 2016 LPG Program, the Request for Proposal (RFP) will be available in April and we expect the timeline for this funding cycle to be more in line with our usual process with the intention to start FY 2016 EMS/LPG contracts in October 2015.

Staff update: Contract Specialist Linda Reyes will be retiring at the end of March. The position will post after her departure and an update on this position will be provided once it has been filled.

The department will continue to review Chapter 157 rules and start scheduling stakeholder meetings in order to complete this review. EMS Committee will have a meeting scheduled for this in March. The department will follow-up with Trauma Systems and the regions after March. The department is looking to have a draft available for review in August.

Item 7: Assistant Commissioner Report, Environmental Epidemiology and Disease Registries Section

Jana Zumbrum presented this report in place of John Villanacci. Ms. Zumbrum provided an update on the Epidemiology and Injury Surveillance Program activities which Chris Druker will have a presentation available later on this. Educational opportunities have been made available through contracts developed with TETAF to provide introductory training for Trauma Registrars and in Hospital Data Management. TETAF will also provide a similar course from EMS personnel which will occur May 7th in Austin. DSHS has been working with the Association of Automotive Medicine to bring a two-day abbreviated injury scale training to Austin and scheduled to take place June 11th. There is funding available for the department to support staff in travel requests to the RACs which request for technical assistance in items related to the registry. Hospitals can submit National Trauma Data Bank information for hospitals and Texas Custom Questions have been finalized. The section has completed their requirements for the NIMS certification and are awaiting for NIMS to test the system.

Item 8: Assistant Commissioner Report, Division for Regional and Local Health Services

Dave Gruber was not available to present this report.

Item 9: Preparedness Coordinating Council (PCC)

Eric Epley presented the report. The PCC met and elected a new chair since Dr. Riggins stepped down. In that meeting, the council elected Eddie Olivares, Health Director for Hidalgo County Public Health, as the new chair. He assumed that role after the meeting, as Eric Epley, Vice Chair, served as interim chair for the meeting. The council discussed Ebola (there was an after-action report done by the department), and the DSHS exceptional item budget, particularly items that are designated to Ebola, during the meeting.

Item 10: Standing Committee / Task Force Reports

Air Medical Committee

In the absence of Chair Shirley Scholz, Ryan Matthews presented the Air Medical committee report. Air medical is continuing to work on fixed wing rates for the disaster response MOA. They are working with the EMS Committee on the issue of some air medical providers allegedly advertising to bypass the 911 system & contract for emergency medical response directly.

No action needed.

Cardiac Care Committee

Chair Dr. Richard Smalling presented this report. Stephanie Chapman, from Border RAC, reported current ACTION Registry data. 134 of the PCI centers in Texas, out of 154 total, about 85% are submitting their data to the registry. The participation of PCI centers in Texas are higher than the national average. Dr. Smalling said Dr. Roberto Rodriguez, an epidemiologist with DSHS who has been working with the Rider 97 project and stroke and STEMI data, reported that 4% of adults in Texas have heart attacks, and for every 100,000 people in Texas, 45 died of heart attack between 2008 and 2012. 60% were walk-ins and 78% had their first ECG at the hospital. Prehospital ECGs have been shown to dramatically shorten the time from onset of symptoms to treatment. If a patient presents to a non PCI center, the average door-in-to-door-out time is 45 minutes, which was considered to be much too long. If a patient presents to one of those non-PCI hospitals and does not receive a PCI within 90 minutes, over 34% did not receive fibrinolytics, which was considered to be another violation of current guidelines. The “sweet spot” for STEMI care is EMS, so that’s what the committee is going to focus on.

No action needed.

Disaster/Emergency Preparedness Committee

Chair Eric Epley presented this report. The committee discussed the EMTF. The Preparedness Coordinating Council is in search for sponsorship in the House and Senate for a funding bill that may turn into a rider for two years of funding. The recommendation of two years was made because it is uncertain what will happen to DSHS with the Sunset bill. HPP funding went from \$35 million to \$15 million last year. The committee was told FY 16 is level funded, but that is only because of the Ebola crisis. The federal grant funding this fiscal year is 36% less than the year before. The federal funding has allowed the building of a system, but now, to sustain the program, it will require long-term state funding. An additional capability being discussed is the adding of an Infectious Disease Response Unit, or IDRU. It is the committee’s hope to integrate it with the existing EMTF system, not a separate duplicative system.

The committee voted to recommend that the IDRU capability be placed in the EMTF program. We would like to put that on the next council agenda for your vote of support. The committee believes there is a gap in information sharing regarding high consequence infectious disease. The final issue addressed the three major components/stakeholder groups of disaster response: public health, acute care (hospitals) and EMS. Chief Nim Kidd wants the RACs to be fully integrated in the DDC process so that they are representing EMS and hospitals in those efforts. The TDEM conference is going to be in San Antonio at the same time as the May 2015 quarterly meetings for GETAC in Austin and the committee will hold its next meeting in conjunction with this conference.

No action needed.

Education Committee

Chair Jodie Harbert presented the Education committee report. The Education committee met in an interim meeting in Waco on January 16th, and again this week. The Community Health Paramedic curriculum development was discussed and will likely continue for quite some time. It is uncertain whether it will eventually be a certification: a state-level responsibility or a role of the EMS provider. There will be a Community Integrated Mobile Health Symposium that is looking at improving patient outcomes and reducing costs on April 24th from 7:00am to 4:30pm in Grand Prairie at the Uptown Theater. The committee discussed stroke specific CE as requested by the Stroke Committee. HT Fillingim presented a report to the Education committee on recent stroke studies that indicate EMS is missing some stroke signs that may delay transport of stroke patients to the appropriate facility. Other topics that were discussed were: educational lessons learned, and recommendations and treatment of patients with communicable diseases by EMS students during clinical internships. There will be a Texas EMS Educators Summit in Corpus Christi on April 10 – April 11. Brett Hart from DSHS reported that the coordinator’s update would include information about our course monitoring process, the site visit process, course records review, and a panel discussion for questions. This will count for a course update but is not a mandatory update. The next meeting will be on April 19th in Corpus Christi, just before the Educator’s Summit. The committee had planned to go to Amarillo in April for our interim meeting, but

moved to Corpus Christi. We will still have a meeting in Amarillo some time.

No action needed.

EMS Committee

Chair Dudley Wait presented the EMS committee report. The committee discussed the Ebola virus and other infectious diseases of consequence, and will monitor the Disaster/Emergency Preparedness committee's work on that. Mr. Wait suggested this should continue to be an agenda item for our committee. The committee met in December and reviewed EMS rules, and completed the review of 25 TAC §157.11 that day. Interim committee meetings will continue to be held to review the rules, and the next meeting is being scheduled for the beginning of March. The discussion on air medical allegedly bypassing the 911 EMS system continued, and the committee recommends a work group to first determine the scope of the problem. 25 TAC §157.11(m)(9) was discussed regarding EMS patient care reports to be left at the hospital.

No action needed.

Injury Prevention Committee

Chair Shelly Stephens-Stidham presented the committee report. The committee met in a workday meeting in San Antonio on January 30th and again this week for the regular quarterly meeting. TETAF will be sponsoring their Trauma and Injury Prevention Coordinators training in conjunction with GETAC at the August council meeting. It will be the Monday before GETAC at Dell Children's Hospital in Austin. The committee heard reports by Dr. Chris Drucker on Texas Injury Indicators which the state submits to CDC. The IP committee had requested some specific data reports from the Trauma Registry. They reported on 2013 data. Last year the IP committee developed a document on injury prevention components from hospital based injury prevention programs. At the IP workday meeting, the committee began development of an implementation plan for those components and discussed ways to evaluate that document. The committee drew up a 15 question questionnaire that will be distributed to RACs during the May quarterly meeting. Several RACs have indicated they will heavily promote the document. The questionnaire will poll hospitals to determine if hospitals are making any changes based on the injury prevention component document. Amy Baily, the State Child Fatality Review Team Coordinator, presented information on a drowning prevention workgroup to the committee, and they are hoping to have funds available in late spring or early summer to distribute the drowning prevention information. The committee received reports about ongoing or upcoming national and state conferences. The National Safety Council will be sponsoring a summit in Austin on March 30th and 31st for injury prevention coordinators and trauma coordinators. There was an update on the Injury Free Texas website that the University of North Carolina Injury Prevention Research Center is funding (www.injuryfreetexas.org). The website has a lot of categorical, evidenced-based policy information, and it also includes information on unintentional poisoning, suicide, etc. that may link you to another site. The next meeting is scheduled to take place in Houston on April 24th.

No action needed.

Medical Directors Committee

Chair Jeff Beeson, D.O., presented the Medical Directors report. The committee will be making sample protocols available for when EMS personnel are requested or ordered by law enforcement (as mandated by [HB 434](#), 83rd Texas Legislature / [Transportation Code §724.017](#)) to make blood draws. There was discussion about inappropriate use of air medical, ground, and other services during inter-facility transports. The committee will develop a position statement on this issue and bring to the next council meeting. Drs. Bradley, Moore, and Troutman will be working on a position statement on transport of patients with behavioral issues and will bring to the next council meeting. Several months ago the committee endorsed a position by multiple organizations regarding clinical clearance and selective utilization of spinal motion restrictive devices. The committee will be collecting sample protocols and post them on the Medical Directors webpage for other medical directors to review or use. Dr. Remick

gave a presentation on Pediatric Transfer and Transport Guidelines and the committee recommended some word changes, so the document continues to be developed. Dr. Greenberg presented committee accomplishments. Committee action items include: making a recommendation on stroke CE; adding on the next agenda to consider endorsement of the pediatric recognition program that EMSC will present.

Action Items/Motions:

The committee requests the following items be considered by the council: Consideration and/or position statements regarding inter-facility transports; recommendations and/or a position statement on the Pediatric Recognition Program.

Pediatric Committee

The Pediatric committee did not meet at the February quarterly meeting. Sam Vance gave the Pediatric committee report in conjunction with his EMS for Children report.

No action needed.

Stroke Committee

Chair Dr. Neal Rutledge presented the Stroke committee report. The Texas Council on Cardiovascular Disease and Stroke (TCCVDS) presented the committee with an update. The TCCVDS is pushing for a legislative rider to address prevention, acute care, and remediation for heart disease and stroke. They are championing funding for RACs for data collection, direct money to the RACs, or even a grant program in an attempt to get telemetry, EKGs, etc. A presentation was given by Dr. Paul Hansen at the Stroke committee meeting regarding the MR CLEAN randomized clinical trial on endovascular treatment that was done in the Netherlands. Several other studies, ESCAPE, EXTEND IA, SWIFT PRIME, were presented at a recent international stroke conference. These studies showed that if a patient had a large vessel occlusion (statistically, 1 out of 3), the patient is twice as likely to have a good outcome by having an endovascular approach. Regarding stroke education, the studies have brought to the forefront that in large vessel occlusions, treatment protocols are being advocated for providing tPA followed by endovascular surgery, making it even more important for EMS to transport these patients directly to designated stroke centers. Our state is a 3-tiered system, consisting of Comprehensive, Primary and Support stroke facilities. The committee discussed possible stroke certification of free standing ERs. The background is that many small, rural hospitals are struggling or dissolving, but the ERs are still there and EMS transports patients to some of those. The difficulty of certifying them is that in cities, many of the facilities shouldn't be certified for stroke care, but in rural settings, some of the facilities may be useful. This will be discussed some more and brought back to the council when more information is gathered. The committee discussed uptime requirements for stroke designation. If a facility doesn't comply with uptime requirements, they are required to report it to EMS providers and to the state within 5 days.

No action needed.

Trauma Systems Committee

Chair Jorie Klein presented the Trauma Systems committee report. The Trauma Systems committee met on Thursday and reviewed data that was pulled from the Trauma Registry. There were 121,000 injuries reported to the Registry, as reported by approximately 500 hospitals. The national trauma databank shows the mortality rate is about 3.8%. The data pulled out of the Trauma Registry shows the Texas mortality rate to be 2.69%. The committee continues to discuss the National Trauma databank. For participants in the National Trauma Data Bank, there is a data validation process to ensure record completeness. The committee asked the state to move forward and implement a similar data validation process, which they have done. A committee accomplishments report was provided to the council in November. The committee is looking at a benchmark report and is working with Dr. Chris Drucker and his team. This data will be sent to RAC chairs and executive directors to review before the discussion. TETAF, the American Trauma Society, and the Texas Trauma Coordinators Forum met May 13th to discuss the

development of a survivor's network program. It addressed trauma, but could be applied to cardiac, stroke or pediatric patient populations. Dr. Robert Winchell, the Chair of the American College of Surgeons Trauma Systems Consultation/Planning Committee, will be helping RACs work with data and data interpretation. The electronic medical record workgroup's Courtney Edwards and Wendy McNabb have developed a guideline for hospitals to implement an electronic medical records system, particularly for trauma and will be posted on the website. There was discussion about trauma center specialty designation, and it was decided that such facilities would have to go through the full designation process to accomplish this. There was a reminder that new ACS new criteria will go into effect on July 1st. Any hospital that applies for designation after that date will have to meet the new standards. In May, the committee will try to bring together the TQIP (Trauma Quality Improvement Program) hospitals in Texas to look at how we are going to use and share data. Ms. Klein asked GETAC for permission to appoint a vice chair for the Trauma Systems committee. There was no objection, so she appointed Dr. Eastridge as vice chair.

No action needed.

Item 11: GETAC Liaison Summaries

Texas EMS, Trauma and Acute Care Foundation (TETAF)

This report was given by Dinah Welsh. TETAF staff recently hired Courtney DeBower, who comes from the American Heart Association. She is the new Legislative Communications Coordinator. TETAF Day at the Capitol was this week, and it was successful. Many of the TETAF tasks this session are funding-related. Senate finance and House appropriations have geared-up, so this was an appropriate time for our "day." Dr. Eastridge testified at both the House appropriations subcommittee and the Senate finance subcommittee. Darrell Pyle also testified at those committees. A document has been passed around that is to give you an idea of what TETAF is asking for this session. The number one priority is overall trauma system funding. Representative Turner is asking for the release of some monies that have been sitting in the red light camera fund, and account 5111, the driver responsibility program. There is \$111 million dollars sitting in those accounts, that Rep. Turner is asking be released to trauma systems. Rep. Turner filed a bill this week calling for consolidation of the red light camera fund and account 5111. Nothing has been appropriated out of the red light camera fund, and since the distribution plan for both accounts mirror each other, it makes sense to consolidate them. There continues to be a lot of discussion about the driver responsibility program. Some legislators are looking at alternatives to the driver responsibility program. TETAF is asking the legislature to consider funding the RACs at 50¢ per Texan, which amounts to \$26 million dollars per biennium. The RACs already receive state funds, but it is minimal – about \$4 million per year. This is from tobacco money and driver responsibility program money. TETAF is asking the legislature to consider specific funds that would go directly to RACs.

EMS for Children State Partnership update

The report was given by Sam Vance. It included a short referral regarding the Pediatric committee report. The Pediatric committee last met in December to discuss the GETAC strategic plan. The committee didn't meet this session.

EMSC update: a report on the National EMS reassessment that was conducted in 2013 and 2014, but Mr. Vance was not able to present to the committees, and he would like to present this report before bringing it to the council in May. The recognition program presented to the Medical Directors committee will be presented to the council after the Medical Directors committee makes a recommendation.

Item 12: Discussion and Possible Action Items

1. Discussion and possible recommendation for stroke - specific continuing education requirements for EMS personnel certification and recertification. Report from the Stroke/Education Committee workgroups.

This item was brought up during the Education committee report by Jodie Harbert. The council chair asked Dr. Rutledge to provide input. Dr. Rutledge asked that the agenda item be brought to the next meeting. Dr. Rutledge pointed out that there is a rule requirement that states that RACs stroke patients

will be cared for by health professionals with documented education and skills in the assessment and care of stroke throughout the prehospital and hospital course. The council had no objection to the council chair decision to bring this item back to the next agenda.

2. Discussion and possible recommendations on categorization or designation of Free Standing Emergency Departments (FSEDs) and other facilities providing emergency care

Dr. Greenberg gave a general explanation of the issue regarding FSEDs: they are prolific and popping up everywhere, and there are also other facilities, i.e. micro hospitals and urgent care facilities. Most consumers – even EMS providers – can't tell the difference between an urgent care facility and an emergency department. Some FSEDs want EMS traffic and some do not. In some areas, FSEDs are helpful to the trauma system, or at least to the emergency medical system, but in some areas they are detrimental.

A motion was made by Dr. Greenberg and seconded by Dr. Beeson to create a workgroup to study FSEDs and other similar facilities. The motion passed unanimously.

3. Discussion and possible recommendations on ST Segment Elevation Myocardial Infarction (STEMI) as a reportable disease.

This item was brought up during the Cardiac Care committee report by Dr. Smalling. We are missing important data from hospitals that are not participating in the ACTION Registry. Council members had no objection to Jodie Harbert's suggestion that the council bring this item back on the next agenda. The chair charged Dr. Smalling with developing something specific to vote on, such as a white paper, position paper or recommendation for council action. Members pointed out that designated trauma centers are required under their designation rules to report certain data. Dr. Smalling concluded that if there is no STEMI designation, there is no existing structure to require reporting STEMI data.

4. Discussion and possible recommendations 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

This item was discussed during the Air Medical committee report. Ryan Matthews reported that more investigation into this may be necessary. It is unclear whether this has actually happened, or that there was an allegation that a provider advertised to offer air service directly (considered by some as bypassing the 911 system). Dr. Beeson reported that he attended the Air Medical committee meeting and confirmed that the committee is going to go back and try to collect more data on this issue – in an effort to determine whether this was just reported or actually happening. This issue was also discussed during the EMS committee report.

The EMS committee recommended to the council that a work group of EMS, Air Medical and Medical Directors, Trauma Systems committees and members of RACs be assembled to: 1) define the scope of the problem, and if necessary, 2) determine ways to improve/solve the problem. Dudley Wait agreed to set up the work group, gather participants and find someone to lead the group.

A motion was made by Ryan Matthews and seconded by Mike DeLoach on this request and the motion passed unanimously.

Council member Mike Click volunteered to provide some information regarding this issue to the committee.

5. Discussion and possible recommendations on how to improve the sharing of a medical facility's patient outcome data with EMS providers.

Chief Riley led the discussion of this item.

The council chair charged the EMS and the Medical Director committees to work together to come up with a position statement on the sharing of medical facilities' patient outcome data for the council to adopt. There was no opposition from council members.

6. Discussion and possible endorsement of American College of Physicians (ACEP)/Emergency Nurses Association (ENA)/National Association of Emergency Medical Technicians (NAEMT)/National Association of State Emergency Medical Service Officials (NASEMSO) joint position statement on Transfer of Patient Care between EMS Providers and Receiving Facilities

Dr. Greenberg gave an overview of the issue. He recalled a lot of discussion between EMS, Trauma Systems and Medical Directors committees regarding what needs to be reported. The rule appears to be adequate as written, as it does not specifically require a paper report. Upon reviewing the joint position statement, the Medical Directors committee voted to recommend endorsement.

A motion by Dr. Greenberg, and seconded by Ryan Matthews, to endorse the joint position statement [Transfer of Patient Care Between EMS Providers and Receiving Facilities](#). The motion passed.

7. Report on Pediatric Transfer and Transport Guidelines from Charles Macias, MD, MPH

Sam Vance presented information on this item: Dr. Remick presented the Pediatric Interfacility Transport Guidelines to the Medical Directors committee, but Dr. Macias was unable to get it on the agendas of the Air Medical, Disaster/Emergency Preparedness, EMS and Trauma Systems committees. Dr. Macias would like to have it placed on the May GETAC agenda along with the following items: the Pediatric Recognition Program, the Pediatric Interfacility Transport Guidelines and the National EMS Reassessment.

8. Discussion and possible recommendations regarding gaps (breaks in continuity) between The Medical Practice Act, Texas Medical Board (TMB) Rule 197 and Texas Administrative Code (TAC) Chapter 157 (David Persse, MD, and the Medical Directors Committee)

The council agreed to table this item until the next meeting.

9. Discussion and possible recommendations on National Association of Emergency Medical Services Physicians (NAEMSP) 2014 Abstract #84 Outcomes from Prehospital Hydroxycobalamin for Fire-Associated Cyanide Poisoning in a Major Metropolitan Emergency Medical Service as an educational item that should be widely disseminated to the EMS community (David Persse, MD, and Medical Directors Committee)

This was an educational item that was pointed out to the Medical Directors committee. A link to cyanide toxicity treatment and management information is provided on the GETAC committee documents webpage at <http://www.dshs.state.tx.us/emstraumasystems/GETACFebruary2015Documents.aspx>.

10. Review and update of The Strategic Plan for the Texas EMS/Trauma System

Dr. Eastridge presented the strategic plan revisions. A title change was discussed. Strategic Plan for Texas EMS Trauma and the Emergency Healthcare System and Strategic Plan for Texas EMS Trauma and Acute Care System were considered. General comments about the document included the need to generalize much of the verbiage, make it clear why the document is important and to update acronyms. Many specific suggestions on wording and language were suggested through public comment and from council members. The document will incorporate the suggested changes and may be posted for public review, although it was pointed out that only the agenda item identifying the intent for GETAC review and approval of the strategic plan must be posted. Chief Riley suggested that the document be posted with the changes. The next steps include development of a draft document that moves from the “what” to the “how” to help promote implementation.

11. Discussion and possible recommendations on renaming the Texas Trauma and EMS System strategic plan report

Discussed in item 10.

Item 13: General Public Comment

No public comment was presented.

Item 14: Review and List Agenda Items for Next Meeting

Items will be compiled and emailed to the department for processing.

Item 15: Next Meeting Date

May 15, 2015 at the Crowne Plaza Hotel in Austin, Texas.

Item 16: Adjournment

The meeting was adjourned at 1:20pm