

## Meeting Minutes

### Governor's EMS and Trauma Advisory Council (GETAC)

May 13, 2016 9:00 am

Disclaimer: These meeting minutes will not be official until approved at the August 26, 2016 Governor's EMS and Trauma Advisory Council (GETAC) meeting.

The GETAC quarterly meetings can be viewed at <http://www.ustream.tv/channel/getac>. This webcast archive service is provided by the Texas EMS, Trauma, and Acute Care Foundation (TETAF).

### Council Members

<b>Attendance</b>	<b>Name</b>	<b>Position (representing)</b>
Y	Mike Click, RN	Rural Trauma Facility
N	James (Mike) DeLoach	County EMS Provider
Y	Linda W. Dickerson	Public Member
Y	Robert D Greenberg, M.D.	Emergency Physician
N	Jodie Harbert III, LP	EMS Educator
Y	Ryan Matthews, LP	Private EMS Provider
Y	Jeffrey Beeson, D.O.	EMS Medical Director
Y	Karen Pickard, RN, LP	EMS Volunteer
Y	Shirley Scholz, RN	EMS Air Medical Service
Y	Brian Eastridge, M.D.	Urban Trauma Facility
Y	Alan H. Tyroch, M.D.	Trauma Surgeon
Y	Robert Vezzetti, M.D.	Pediatrician

## Department of State Health Services Staff

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

### Governor's EMS and Trauma Advisory Council (GETAC)

Dr. Robert Greenberg, Interim Chair, called the meeting to order at 9:00 am on Friday, May 13, 2016 at the Wyndham Garden in Austin, Texas. A quorum of the members was present.

### Approval of Minutes

A motion was made by Dr. Alan Tyroch and seconded by doctors Jeffrey Beeson and Brian Eastridge to approve the meeting minutes from February 2016 meeting. All council members were in favor; the motion passed.

### Chair Report and Discussion

Dr. Robert Greenberg reported on the status of Council membership going forward. To date, the Governor's appointment office had not completed chair or member appointment decisions for GETAC. No specific dates were given as to when the appointments would be made. He indicated committee membership applications would be posted in September with the selection process coinciding with the Council annual retreat. Dr. Greenberg will attend and testify, if needed, the week of May 16<sup>th</sup> when the EMS rules will be presented to DSHS Council. The final decision on recommendations should be published on the DSHS website by mid-July.

**Action Item:** A Doodle poll will be conducted to determine the best day during the week of October 24<sup>th</sup> for the Council retreat.

### Assistant Commissioner Report, Division for Regulatory Services

Jane G. Guerrero, Director, of EMS/Trauma Systems Coordination reported for Kathryn C. Perkins. Ms. Guerrero combined the Division for Regulatory Services and State EMS/Trauma System reports.

### **State EMS/Trauma System Report, Office of EMS/Trauma Systems Coordination**

Jane Guerrero, Director of EMS/Trauma Systems Coordination recognized Texas EMS Trauma & Acute Care Foundation (TETAF) staff for assisting in posting GETAC documents on their website during this DSHS website outage. Ms. Guerrero reported that it's anticipated the website will be operational for the August 2016 GETAC meetings. Ms. Guerrero reported challenges continue in the contracting process and to address these challenges, the contract management unit (CMU) of DSHS will assimilate all contracts in the regulatory services similar to the preparedness contracts for hospitals and the regions, but would have to hire additional staff and currently are in the process of doing so. Ms. Guerrero indicated that the Office of EMS/Trauma would retain oversight of programmatic functions that include statement of work and deliverables and it is anticipated to be complete by the end of this fiscal year.

Ms. Guerrero also reported \$1.3 M came out of 5111 for FY16 and FY17 so contracts for EMS County and EMS RAC will be slightly increased. Ms. Guerrero also indicated that tobacco funds for FY17 have gone down with an anticipated reduction of \$840K to the endowment fund. Ms. Guerrero suspects that after this upcoming session, there will be no funds left in the endowment fund.

With regards to the rule revision process, the trauma and stroke rules have been held so that all 16 EMS sections could be moved through the process. The remainder of the rule revisions have been put on hold due to personnel shortages. DSHS is currently in the process of hiring two designation coordinators to assist with the designation program but do not anticipate getting started until September.

Ms. Guerrero indicated there was a \$300K balance in the Extraordinary Emergency Funds for emergency services purchases.

***Action items: Ms. Guerrero will research the balance of corpus of the endowment fund and send to council members to include the Funding Report. No further action required.***

### **Assistant Commissioner Report, Division for Disease Control and Prevention Services**

Heidi Bojes, Director of Environmental Epidemiology and Disease Registries Section reported that the only change to the Texas EMS and Trauma Registry System program would be the hiring of an epidemiologist. Once accomplished, the program will be fully staffed..

The Injury program has focused efforts in education opportunities for EMS and Trauma personnel and improving injury program visibility. This has been accomplished by the dissemination of data via weblinks to various reports and general usability improvements to the EMS & Trauma Registry system. The DSHS contracted with TETAF to provide educational opportunities for EMS & Trauma personnel on hospital and EMS data management trainings. Scholarships and reimbursements for travel expenses are available for up to 22 participants, per training session. The hospital data management training was held at the Woodlands in February and an EMS data management training is scheduled for June 15, 2016 in Belton, Texas at the

Central Texas RAC headquarters.

With regards to injury program visibility and dissemination of data, plans are currently underway for registry operations team to conduct RAC visits between May and August of 2016. The registry operations support team will coordinate efforts with various RAC directors to schedule visits to review and discuss registry issues. Staff is always available to RACs via webinars, conference calls, and data requests. The next quarterly Trauma webinar is scheduled for May 18, 2016 at 10:00 am. Program staff has linked the Texas Department of Transportation crash records with EMS and hospital records for 2014 that will be posted on the website. RAC committees have requested various reports and their support team was able to generate reports on bicycle injury, occupant vs non occupant injury, Exocrine Pancreatic Insufficiency guidelines, using EMS response time, hospital impacted injuries, burden of injuries, firearm report, pediatric report, and also data cross report. She reported that the Injury Prevention Program Committee submitted proposed changes to the injury prevention control rules and that the proposed rules changes are scheduled to go before the DSHS Health Services Council in August, 2016. Pending approval, proposed rules will be published in the Texas Register in October, 2016 for public comment. Concerning improvements of EMS & Trauma registry system, they are currently working to move to the XML submission process that will assist in getting to national standards compliance and uniformity. Registry staff are collaborating with Texas A&M Transportation Institute to create a report comparing rural and urban motor vehicle crashes and outcomes that will yield a driving safety toolkit for rural areas to make communities. The program is also collaborating with the Dallas Injury Prevention Center to capture images of Dallas roadways that are unsafe and make recommendations on how they can be made safer. Lastly, they are working with stakeholders to implement changes to their system to improve workloads and efficiencies in reporting.

*No action is required on this agenda item*

#### **Assistant Commissioner Report, Division for Regional and Local Health Services**

No report was given

#### **Standing Committee / Task Force Reports**

##### **Air Medical Committee**

Shirley Scholz reported the committee voted to endorse the proposed Voluntary Pediatric Facility Recognition Program. The Air Medical committee had a strategic session to address issues that needed to be addressed going forward. A white paper was presented regarding the inclusion of air medical and quality performance measures in all the RACs. In an effort to ensure participation and continuity, the committee will work on developing a matrix for RACs to use at the Trauma Service Area level.

The committee is also working on developing an orientation process for new committee members. It will include background, history and the future role of the air medical committee. Shirley Scholz mentioned one such role would be to have a committee representative present at all other GETAC committees. The committee is also examining issues surrounding drones and the potential dangers to air medical aircraft. Finally, the committee is looking at putting a plan in

place for disasters and evacuation emergency response, with a specific focus on how the air medical community could support such a plan.

*No action was required for this agenda item.*

### **Cardiac Care Committee**

Dr. Smalling reiterated the importance of collecting prehospital, hospital and other data elements from RACs for the Heart Attack and Stroke Data Collection Initiative as an effective way to assess the spectrum of heart attack and stroke care in Texas. To date, 14 RACs have agreed to participate in this activity. Fifty three percent (53%) of available hospitals in Texas are participating in this activity. Forty-one percent (41%) are rural and fifty nine percent (59%) are urban.

In a review of annual committee goals, Dr. Smalling reminded the Council that the first goal was to look at prehospital data collection, the second goal was how to improve transport on the various systems of care guidelines of patients, and the third to examine air medical situations where helicopters or long distance transport EMS facilities report directly to scene either summoning a helicopter to bring patient to a PCI center or transporting by ground to a PCI center.

*Dr. Smalling will submit Cardiac Care Committee Report to GETAC Chair by COB Friday, May 13, 2016. No other action was required for this agenda item.*

### **Disaster/Emergency Preparedness Committee**

Wanda Helgesen (for Eric Epley) stated that as a result of a meeting held in March with personal protective equipment subject matter experts, the committee had begun a process to determine exactly what type of supplies were needed and how they could be distributed in the future. The committee also reviewed recent activations of the Emergency Medical Task Force (EMTF) in response to the Orange County floods and severe weather in North Texas. A discussion ensued regarding rostering, housing and shelter-in-place for individuals to facilitate a more rapid response capability. The committee is working on concerns regarding potential disconnect of individuals within hospitals and practitioners. A simple survey was suggested, but identifying individuals and funding seemed to be a question before proceeding. The committee supports the Voluntary Pediatric Facility Recognition Program specifically around hospitals having pediatric considerations within disaster plans.

*No action was required for this agenda item.*

### **Education Committee**

Dr. Greenberg presented on behalf of Jodie Harbert and requested a moment a silence for two Education Committee members that had recently passed.

Dr. Greenberg reported the Education Committee is working on a bleeding control (BCON) course for the upcoming EMS conference in Dallas. The committee is looking at a job description for EMS programs for education and reviewing for education at all EMS levels.

*No action was required for this agenda item.*

### **EMS Committee**

Tami Kayea (for Dudley Wait) stated that four workgroups had recently been developed; 1) best practices for firearms on ambulances due to recent open carry legislation; 2) developing a state approved process to rehabilitate EMS personnel for return to the workforce; 3) create a position paper for certain patient transfers being accomplished with private vehicles; and 4) collaborating with the Medical Directors Committee on creating a template for a medical director's agreement.

The workgroups are scheduled to meet between May and August. Regarding overall medic wellness and resiliency, the committee asked the GETAC council to expand scope of rehabilitation and recovery workgroup to include overall wellness and resiliency. Rehabilitation recovery would be major topic and continue to examine issues such as fatigue and stress that can lead to chemical or other types of dependencies. The EMS committee voted unanimously to support the Pediatric Facility Recognition Program and is asking the GETAC Council to support this program. Dr. Greenberg and Council members saw no issue on expanding the rehabilitation and recovery workgroups scope of work and a recommendation was given to invite a member from the Injury Prevention Committee.

***No action was required for this agenda item.***

### **Injury Prevention Committee**

Shelli Stephens-Stidham reported that the DSHS epidemiology section had completed the 2013 Burden of Injury report. She noted it was very thorough and will be reproduced every year and that their 2014 report would likely be available in November of 2016. She stated a submersion injury report was scheduled to be available to the committee in February of 2017. The committee is working on the *Evidence-Based Strategies to Prevent Distracting Driving Fact Sheet* that includes a companion piece containing references and research. Ms. Stidham stated it is the committee's intent to have it finished after the July 29<sup>th</sup> Injury Prevention Committee working meeting. It should be ready for review and approval by the GETAC Council at the August meeting. The next fact sheet the committee will be working on will be on evidence-based strategies to prevent older adult falls. Ms. Stidham estimates that will take 6-7 months to complete once they are done with the *Evidence-Based Strategies to Prevent Distracting Driving Fact Sheet*.

The 1<sup>st</sup> Texas Injury Prevention Leadership Symposium was held in San Antonio on May 2-3, 2016 in which 27 people attended by invitation only. The *Hospital-Based Injury Prevention Components* document was highlighted at the Biennial Texas Emergency Nurses Association (ENA) meeting held in Seabrook in early April of 2016 and was subsequently published in the *Journal of Emergency Nurses*. It was also accepted as an abstract at the World Injury Conference in Finland (scheduled for September of 2016).

***Ms. Stidham will send the Evidence-based Strategies to Prevent Distracting Driving fact sheet to Mr. Colin Crocker at the conclusion of the July 29<sup>th</sup> meeting and he will send it to GETAC council members prior to the August 26, 2016 GETAC meeting as an action item for the agenda.***

***Mr. Crocker will also send GETAC members the 2013 Burden of Injury Report.***

***No other action was required for this agenda item.***

### **Medical Directors Committee**

Dr. Jeff Beeson reported the committee had met and moved to support the Pediatric Facility Recognition Program. There was also discussion around a presentation given by Dr. Bryan McNally regarding Cardiac Arrest Registry to Enhance Survival (CARES). Other subcommittees of the Medical Directors Committee had not met so Dr. Beeson asked agenda items 2, 7, and 9 of the "Discussion, public comment, and possible action items" agenda item be included in the August GETAC Council meeting.

***Dr. Greenberg acknowledge Dr. Beeson's request to include agenda items 2, 7, and 9 of the "Discussion, public comment, and possible action items" agenda item be included in the August 26<sup>th</sup> GETAC council meeting. No other action was required for this agenda item.***

### **Pediatrics Committee**

Dr. Charles Macias reported the committee discussed a number of items that were included in the attachment sent to GETAC as part of their report. Included were updates on the activities of the Child Fatality Review team, National Pediatric Readiness Project, the EMS State Partnership Report, a Trauma registry update, and information on the Paramedicine Scope for Pediatrics. Dr. Macias indicated the committee needed guidance from the Council on the possibility of merging the EMS for Children (EMSC) Advisory Committee with the GETAC Pediatrics Committee. Dr. Macias noted the committee finds redundancy in having two separate committees addressing the same issues. This merger would allow all workgroup activity to occur normally, but any voting would occur under the Pediatric Committee, as it would remain the governing body. The Pediatric Committee proposed the two groups be merged and stated the merger had been vetted and supported by both committees and the DSHS EMS/Trauma Systems Coordination team. Dr. Macias indicated that the integrity of this group would remain at the state level with added resources from the national level. Dr. Macias asked that GETAC endorse the proposed merger but Dr. Greenberg indicated this item would need to be reviewed and discussed, with possible action at the August 26, 2016 meeting, as consideration and endorsement was not on the agenda for today's meeting.

Dr. Macias asked for additional guidance from the Council as related to Voluntary Pediatric Facility Recognition Program. Dr. Macias indicated the Pediatrics Committee supports, in concept, a Voluntary Pediatric Facility Recognition Program. He stated the intent to bring before the Council an implementation plan as part of a second phase that includes baseline guidelines for care of children in set facilities. Dr. Greenberg noted this item was not on the agenda therefore, the Council could not endorse the Voluntary Facility Recognition Program. Endorsement of the program be listed as an agenda item on the August 26, 2016 agenda for Council to review, discuss and possibly take action on.

***Proposal for GETAC council to endorse the merger of the EMSC advisory committee and Pediatric Committee will be an agenda item to be includes on August 26, 2016 GETAC council meeting agenda with possible action to be taken on. Dr. Macias will send to Collin the EMSC advisory committee roles as supporting documentation for the GETAC council to review regarding the merger prior to the August 26, 2016 meeting.***

***Proposal for GETAC council to endorse the Voluntary Facility Recognition Program will be an agenda item to be included on the August 26, 2016 GETAC council meeting agenda with possible action to be taken on.***

*No other action was required for this agenda item.*

### **Stroke Committee**

Dr. Neal Rutledge reported the Education and Training workgroup have developed a list of stroke resources for first responders, medical directors, and RACs. Dr. Rutledge noted the list of stroke resources was not a mandate and should be regarded instead as an available resource. The Stroke Committee requested guidance from GETAC on where to post the list on and it was indicated that the DSHS GETAC website would be appropriate. Dr. Greenberg then asked for this list to be added to agenda item at the next meeting for Council to review and approve.

The Transportation workgroup is still working on a first responders' guide (referred to by Dr. Rutledge as “road rules”) to best assess large vessel occlusions. At this time there are “several that are good, but none that are perfect”. Recommendation from Stroke Committee is for each RAC to determine which tool is best for regions.

The next item of interest reported was an acknowledgement of the complexity of pediatric strokes. This sentiment was also confirmed by the Pediatrics Committee. Recommendation from Stroke Committee is that pediatric patients need better pediatric facilities.

The Texas Council on Cardiovascular Disease and Stroke requested from Stroke Committee and Cardiac Care Committee input on which known sustain points are best studied for state assessment to address gaps in services.

*Dr. Rutledge will send the stroke resource list to Mr. Crocker from DSHS who will disseminate to GETAC members.*

*Dr. Rutledge will send slide presentations to Council members on stroke centers and stroke research*

*Agenda Items for August 26, 2016 GETAC meeting:*

- *Review and approval of Stroke Resource List will be an agenda action item.*
- *Education training workshop recommendations for ASRH, DMV and CIHQ to serve as certifying agencies for level III stroke support facilities for review and approval.*
- *Review and approve proposed prehospital data collection elements for the Heart Attack and Stroke Data Collection Initiative.*

### **Trauma Systems Committee**

Jorie Klein reported the Trauma Systems Committee Registry Solutions Work Group met and was looking for 20 certified registrars from trauma designated level 3s and 4s to help with the injury severity scoring validation project. The goal is to aid the DSHS in identifying and addressing any potential variances between calculated and reported scores.

The Medical Directors Work Group of the Trauma Systems Committee supported and approved the Burn Clinical Practice Guidelines produced by TETAF. These guidelines are posted and ready to be distributed. The Advance Practice Provider Work Group is working to identify potential job description templates, career ladders, orientation manuals, and other education

materials for these individuals so that other facilities can adopt and use. Ms. Klein reported that Texas Quality Improvement Initiative (TQIP) provided a great report and that all level 1's and 2's have expressed interest in participating in Texas TQIP. Cost to participate in TQIP is \$9K at national level and another \$1K for data analysis, with a discounted rate of \$900.

Mrs. Klein reported several stop the bleed classes were held in Austin between early April and mid-May. The Trauma Systems Committee is also collaborating with the Society of Trauma Nurses and wants to engage the Texas Emergency Nurses Association and other nursing organizations regarding educational opportunities and seeks to create a map defining where there is a need for trauma, stroke and cardiac centers.

There was acknowledgement that May is Trauma Awareness Month. A survey designed to assess the status of RACs and Texas trauma centers will be introduced to the Council in August for discussion and possible approval. The Trauma Systems Committee plans to disseminate the survey for comment on methodology and question item development and should have results and feedback for the Council in August. If Council agrees with the proposed survey questions and methodology, the actual survey would go out and survey data results will be made available to Council by February 2017. Ultimately, Mrs. Klein indicated this data would be used to prepare for the legislative year and interim study.

Lastly, Mrs. Klein requested that an agenda item regarding the status of the Texas Bleeding Control website being developed for BCON classes be added to the August Council agenda.

*Discussion, review and possible action on "Survey to look at the needs assessment and status of RACs and Trauma centers" will be added as an agenda item for the August 26, 2016 GETAC meeting.*

*Status of website being developed for BCON class be added to the August 26 2016 agenda for discussion and possible action.*

*No other action is required for this agenda item.*

## **GETAC Liaison Summaries**

### **Texas EMS, Trauma and Acute Care Foundation (TETAF)**

Dinah Welsh reported TETAF is working on the legislative interim study and a hearing is scheduled in two months. The hearing will be convened by the House Appropriations and the House Public Health committees with the intent to do a thorough study of the trauma and emergency healthcare system, with specific examinations of funding, duplications in systems, strengths of system i.e., a SWOT analysis with special focus on designated trauma facilities, EMS, RACs, and EMTFs. The hearing will also assess the challenges rural communities face in delivering trauma and emergency health care. TETAF anticipates an opportunity to influence who will be invited to testify and is working with legislative committee staff to inform and educate them about specific challenges. For example, although the Texas fatality rate is 1% lower than the national average, legislators are looking at this and are asking why additional funds need to be appropriated. Ms. Welsh indicated reductions in budgets across all state agencies and as a result many hospitals and agencies closing. She stated that the goal of TETAF,

GETAC and other committees in this arena was to link together to show and inform the need to collectively improve the delivery of trauma and emergency healthcare. Mrs. Welsh reiterated the importance of participation in Texas TQIP and noted the three requirements to participate. She also noted that the success of the Michigan TQIP is a result of Blue Cross and Blue Shield supporting through funding and overall support of the system. Mrs. Welsh provided a status update on the NICU and Maternal & Child Health survey process and said both are being pushed forward strongly and that TETAF was working to build a survey process that must be functional within six months. Finally, Mrs. Welsh noted that the BCON course at the Capitol in early May was able to reach a number of legislative staff, which helped build awareness of need and value.

### **EMS for Children State Partnership update**

Mr. Sam Vance formally announced that the National Resource Center for EMS for Children in Washington D.C. was sunsetted and new grant was awarded to the Baylor College of Medicine in Houston. The Houston center will now serve as the national resource center. He emphasized this as a point of pride for the state of Texas as all national meetings for EMSC will take place in Houston moving forward. Mr. Vance indicated the week of May 16<sup>th</sup> is EMS week, and Wednesday, May 19<sup>th</sup> is Children's EMS Day. The 2016 EMS for Children's Crew of the Year Award goes to the Children's Transport Team from Children's Health-Children's Medical Center in Dallas. Mr. Vance also indicated that Brian Sperry from the Children's Hospital Association of Texas (CHAT) has retired and that Stacy Wilson, JD, has been named as the President.

### **Discussion, public comment, and possible action on the following items**

- 1. *Discussion regarding the form and function of GETAC committee agenda items and agenda redundancy ...*** This item was discussed by various council members and concerned the structure and framework of not only the GETAC agenda items and agenda redundancy, but also the structure and framework of the various committee meetings that meet prior to the GETAC meeting as well. It was agreed the Council would examine and address streamlining the committee and Council processes and roles at the October 2016 GETAC council retreat, and will include visiting and updating the Texas Healthcare System Plan. The goal is to have this report finished before the next legislative session.  
***Action item for this agenda item: Mr. Colin Crocker will send all committee reports to council members.***
- 2. *Progress update regarding the development of a position statement addressing privately operated vehicle transports for patients being transferred between medical facilities...***  
Dr. Beeson indicated no update at this time and requested to leave on agenda for August 26, 2016 meeting
- 3. *Information sharing for high-consequence infectious disease...*** No discussion on this agenda item but will leave on agenda as a reoccurring agenda item

4. ***Update from task force on freestanding emergency departments and other facilities providing emergency care and the potential categorization or designation of such entities...***Dr. Greenberg indicated that a meeting following the GETAC meeting would be held to further address this agenda item
  
5. ***How to improve the sharing of a medical facility's patient outcome data with Emergency Medical Services providers...*** Dr. Greenberg indicated that a letter from Kathy Perkins had previously addressed this agenda item and that it would be removed as and agenda item
  
6. ***Review the final edited version of the Pediatric Committee's report titled Pediatric Transfer and Transport Guidelines and accompanying plan of action...***Was discussed during the Pediatric Committee's report and will be presented to GETAC council for review and approval at August 26, 2016 meeting.
  
7. ***Gaps and/or differences between the Texas Medical Practice Act in the Texas Occupations Code and the Texas Medical Board rules in Title 22 of the Texas Administrative Code (TAC), Chapter 197, entitled: "Emergency Medical Service", and the Texas Department of State Health Services Emergency Medical Services rules in 25 TAC 157...***  
Dr. Beeson indicated no update at this time and requested to leave on agenda for August 26, 2016 meeting
  
8. ***Update on Texas effort to develop a coalition relating to the empowering of the public to serve as first responders in intentional mass-casualty and active shooter events (also referred to as BCON efforts)...***This agenda item was discussed during the Trauma Systems Committee report given by Jorie Klein.

***Update from the Cardiac Arrest Registry to Enhance Survival (CARES)*** Dr. Beeson provided a background on CARES in Texas and introduced Dr. Bryan McNally, M.D., MPH who presented the CARES 2015 Texas Report Summary. Prior to presentation, Dr. Greenberg asked for the total cost to implement CARES statewide. Dr. Beeson indicated that the total statewide implementation cost would be \$150K, including the cost for an FTE statewide coordinator, subscription fees for the current 12 participating agencies,

with the intent of adding up to 100 participating agencies. Currently, 25% of Texas is contributing data by population in the 12 hospitals/agencies participating. The other 75% who are not utilizing CARES are utilizing the state EMS & Trauma Registry and also submit data through RACs. RACs currently use their cardiovascular funds to capture data, of which Texas Department of Transportation provides the majority of funds, but not enough to sustain. Dr. McNally indicated data collected through the CARES registry is able to capture location of arrest, arrest witnessed status, who initiated CPR, if an automated external defibrillator (AED) was applied prior to EMS arrival, who first applied AED, return of spontaneous circulation, field hypothermia, and survival rates. Dr. Beeson added that this is a public health issue and data from the CARES registry can help address the issue. Dr. Beeson indicated the new RAC collaborative data website will offer the opportunity for any agencies/hospitals who wished to be added to the list serve of Texas CARES participating agencies/hospitals.

***Action item for this agenda item: Information on CARES will be posted on the DSHS website for agencies/hospitals who want to take on this effort on adding this registry statewide. This agenda item will be added to the 8/26/2016 agenda.***

### **Motions**

No motions on items 1 - 9 on the "Discussion, public comment, and possible action on the following items" agenda item.

### **Public Comment**

There was public comment provided by Dr. Beeson regarding US HB 4365 regarding laws regulating controlled substances. He encouraged Texas citizens to contact their respective US Representative to express their opinion on this bill noting that it has bipartisan support with EMS, Fire and Law Enforcement all in agreement.

***No action was taken on this issue.***

### **Review and List Agenda Items for Next Meeting**

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

### **Next Meeting Date**

August 26<sup>th</sup>, 2016 at the Wyndham Garden in Austin Texas

### **Item 16: Adjournment**

The meeting was adjourned at 11:51am