

## Meeting Minutes

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

November 24, 2014, 6:01pm

#### Council Members

<b>Attendance</b>	<b>Name</b>	<b>Position (representing)</b>
	Vance Riley, LP	Fire Chief, Chair
	Nora Castañeda	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
	James D. Williams, Lt.	Fire Department
	Brian Eastridge, M.D.	Urban Trauma Facility
X	Alan H. Tyroch, M.D.	Trauma Surgeon
	Robert Vezzetti, M.D.	Pediatrician

## Department of State Health Services Staff

<b>Attendance</b>	<b>Name</b>	<b>Position</b>
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: Governor's EMS and Trauma Advisory Council (GETAC)**

The meeting was called to order at 6:01 pm on Monday, November 24, 2014, at the Omni Hotel in Fort Worth, Texas. A quorum of the members was present. Chairing this council meeting was Vice-Chair Dr. Robert Greenberg. Reading of the GETAC Vision and Mission Statement

**Item 2: Approval of Minutes**

A motion was made by Ryan Matthews, and seconded by Judge James DeLoach, to table the approval of the meeting minutes from August 22, 2014. All council members were in favor; the motion passed.

**Item 3: Chair Report**

Dr. Robert Greenberg welcomed everyone to the meeting and thanked everyone for their participation and attendance to the annual Texas EMS Conference being held in conjunction with the GETAC meetings.

**Item 4: Assistant Commissioner Report, Regulatory Services**

Kathryn C. Perkins, Assistant Commissioner for the Division of Regulatory Services provided this report. The agency has been involved with the response to the Ebola outbreak in Texas, and it has been working with the Regional Advisory Councils (RAC) in planning and coordinating response efforts. The agency is also working towards preparing for the upcoming legislative session. DSHS submitted its Legislative Appropriation Request (LAR) in August 2014 and there were no major issues to report based from the LAR that was submitted for EMS or trauma systems. There was a request to provide a plan on the potential request for a 10% cut and all departments in the division contributed, including EMS/Trauma Systems. Sunset is another topic of discussion going into the upcoming legislative session. The DSHS report for Sunset came out in May 2014 and the Sunset Commission actually voted on the recommendations from this report. These will be moving forward into the DSHS Sunset Bill. There were no major impacts to EMS and trauma systems in this report. There will be two bills submitted on behalf of DSHS. One bill will have all every statute that impacts DSHS listed and will be considered a "clean-up" bill. Things that were changed by HB 2292 that were never corrected in the original statutes will now be corrected in this "clean-up" bill. Then there will be the Sunset Bill which has all the recommendations that were approved by the Sunset Commission. For the Regulatory Division, there were a significant number of recommendations that impacted the division, but not necessarily EMS/Trauma Systems. The Health and Human Services Commission (HHSC) report came out recently with noticeable changes as well. When HB 2292 came out, it took 12 HHSC agencies down to 5 agencies. The recommendation from this report now is to take these 5 agencies and condense them down to 1. A second hearing will take place on December 10, 2014 to vote on this recommendation which will be taken to the legislature in January 2015.

Bill filing has started already and about 570 bills have already been filed and there are a few that should be brought up for attention: HB 142 (Red Light Camera money would be repealed); SB 93 (repeal the Driver's Responsibility Program); HB 237 (state agency may not require that a member of an industrial emergency response team to be licensed or certified; and SB 66 (requires Epi auto-injectors in all schools in the state).

The provisions went into effect September 1, 2014 for SB 8 and HB 3556 and the moratorium ended on August 31, 2014 (CMS Moratorium is still in effect for Harris County). The biannual report that was required for that bill was recently completed and will be posted soon.

### **Item 5: State EMS/Trauma System Coordination Office Report**

Jane Guerrero, Director of the Office of EMS/Trauma Systems Coordination presented this report. The meeting dates for GETAC for 2015 have been set: February 18-20, 2015 (Austin, Texas); May 13-15, 2015(Austin, Texas); August 19-21, 2015 (Austin, Texas); and November 21-23, 2015 (Dallas, Texas in conjunction with the Texas EMS Conference).

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 282 designated trauma facilities and 129 designated stroke facilities at this time in the State of Texas. The Uncompensated Trauma Care (UCC) funding for fiscal year 2015 has \$57.3 million available: \$1.1 million for EMS; \$570,000 for RACs; and \$54.5 million for hospitals. 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 2014, the department funded 11 Extraordinary Emergency Funds (EEF) applications with about a half a million left in the fund. For FY 2015, we have \$1 million available and have currently awarded 4 EEFs with a remaining balance of \$677,000 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 the FY 2015 Local Project Grant (LPG) funding program with the scoring process being finalized and posting the tentative awards next week with the intention to start the contracts in the middle of December. We did experience some contracting challenges to our process

Jane introduced new staff, Susana Gutierrez, new Contract Specialist. She will be working on processing EEF applications as well as ECAT applications for the department, and she will serve as the back-up contact person for the LPG program.

The department is working with the Trauma Registry in planning some training sessions for the Trauma Registrars, particularly for the Levels III and IV facilities.

### **Item 6: Assistant Commissioner Report, Disease Control and Prevention Services**

John F. Villanacci, Director, Environmental Epidemiology and Disease Registries Section, announced that Christopher J. Drucker, PhD, has been chosen as the new branch manager over the Injury and EMS/Trauma Registry. The section has been working with stakeholders closely to identify areas where collaboration can take place, including: data reporting and data quality; methods used to disseminate and communicate data; and general overall system improvements. The department was able to receive funding from the Texas Department of Transportation (TxDOT) and will continue to move forward with this funding to improve the registry. The department is contracting with Texas EMS, Trauma, and Acute Care Foundation (TETAF) to develop an EMS data management training course similar to what has been developed for hospitals. This course will provide an overview of data collection and data management, specifically to EMS personnel. It is tentatively scheduled to begin in the summer of 2015, and the department is looking to reimburse up to 22 EMS personnel and hospital personnel to attend this course. The department will also be holding webinars on a variety of registry topics and will be encouraging users to visit the website regularly for updates and information as it becomes available. They are working on new ways for hospitals to upload data for the National Trauma Data Bank and Texas Custom Required Questions. The department is still working towards NIMS certified and has submitted the necessary documentation to begin this process.

### **Item 7: Assistant Commissioner Report, Division for Regional and Local Health Services**

No report was given.

### **Item 8: Preparedness Coordinating Council**

No report was given.

### **Item 9: Standing Committee / Task Force Reports**

#### **Air Medical Committee**

In the absence of Committee Chair Shirley Scholz, Committee Member Alicia McDonald presented the report. The committee discussed the accomplishments of this committee since its inception and provided a finalized report to the council for review. Discussions on recommendations specific to air medical from the Centers for Disease Control and Prevention (CDC) regarding Ebola virus disease took place within the committee. A presentation on the Pediatric EMS Recognition Program was presented from the EMS for Children State Partnership and the committee was asked to come up with recommendations specific to air medical care for children. The committee decided to develop a workgroup to focus on this request and to develop possible recommendations. The committee is working with the Emergency Medical Task Force (EMTF) to review the reimbursement fee schedule for fixed wing aircraft disaster response for a draft Memorandum of Agreement for the next meeting. Other discussion items were related to the need to develop disaster-related training courses from the air medical side. The committee has a motion to help with “typing” of airports for disaster response which provides details of available resources that are relevant to disaster response. There were preliminary discussions regarding the revision of “A Strategic Plan for the Texas EMS/Trauma System” document and it was decided that the committee would meet in January to continue this discussion.

*No action needed.*

#### **Cardiac Care Committee**

In the absence of Committee Chair Dr. Richard Smalling, Committee Member Catherine Bissell presented the report. The committee recognized members that were finishing their term of service. Dr. Smalling presented information regarding the efforts to advance ST Segment Elevation Myocardial Infarction (STEMI) care in Texas: The Texas Heart Attack Coalition. Lonnie Denne presented the results of the American Heart Associations (AHA) ACTION Registry. Dr. Neal Rutledge discussed with the committee the potential for greater interaction of this committee with the DSHS Cardiovascular Disease and Stroke Council which he proposed that legislation be scripted to add a voting position to the Cardiovascular Disease and Stroke Council that is a member of the Cardiac Care Committee. The list of accomplishments of this committee will be emailed to the council for review as requested.

A motion was presented to the council to consider changing the document name to “A Strategic Plan for the Texas Emergency Healthcare System” in order to include all efforts partaking in the Texas healthcare system. Dr. Greenburg will add this to the next agenda as an item to discuss and for consideration.

A motion was made to request that the following agenda item be added to the GETAC agenda: making STEMI a reportable disease as reported by the EMS Medical Directors which the Cardiac Care Committee is in favor of.

*No action needed.*

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

This report was given by Eric Epley. Updates were provided on the Texas Disaster Medical System (TDMS) and the Emergency Medical Task Force (EMTF) Workgroup Report. There was a presentation from Dan Woodfin from the Energy Reliability of Texas on power grids/EMP/loss of infrastructure. The first national AMBUS conference was organized and set up at the Texas EMS Conference. Training days for the Medical Incident Support Team (M-IST) and Ambulance Staging Manager (ASM) have been announced to take place April 1<sup>st</sup> and 2<sup>nd</sup> (ASM); and April 29<sup>th</sup> and 30<sup>th</sup> (M-IST) with the location to be determined. The committee went over its 2015 committee goals and agreed to start on an infectious disease workgroup to focus directly on hospital and EMS issues as well as look into crisis standards of care efforts when there is severe power loss. There were discussion on addressing various requirements for an EMS provider's delivery of its patients to medical facilities at the time and location of patient drop off.

*No action needed.*

### **Education Committee**

This report was given by Jodie Harbert. The committee identified and listed the accomplishments since its inception and will email the report to the GETAC Chair as well as DSHS as requested. The recommendations from the CDC related to the Ebola virus disease were discussed in detail at this meeting. The committee reviewed letter developed by the Panhandle RAC, identifying existing EMS educational opportunities available in the rural and frontier areas and develop strategies to fill any identified gaps. After further discussion with the Panhandle RAC Chair about this item, it was decided that members of the Education Committee will travel to their area to provide needed assistance and discuss specific needs as a result of this letter. This letter was sent to the Council and it has been returned to the Panhandle RAC with a response as requested. The committee will continue to develop the community health curriculum for Advanced Practice Paramedic/Advanced Community Paramedic. The committee reviewed the State EMS/Trauma Strategic Plan and sent their recommendations over to the council before the meeting. The committee is looking to create an EMS Educators course and will be announcing its training session soon. The next meeting will be January 16th in Waco, Texas.

*No action needed.*

### **EMS Committee**

This report was given by Dudley Wait. The committee discussed its accomplishments since its inception and will be sending their list to the council for review. The recommendations provided by the CDC regarding the Ebola virus disease were looked at and the committee would like to focus their efforts in preparation for the next major outbreak and apply learned lessons as well. The next breakout may not necessarily be Ebola, but it could be other diseases and preparations for this type of magnitude should be considered while preparing. The revisions to the EMS and Trauma Systems rules in Title 25 of the Texas Administrative Code (TAC), Chapter 157 will be reviewed by the committee and are planning to start in December by scheduling a committee meeting to begin preparing for this review. The joint discussions with Air Medical Committee did not formally take place at this meeting, but the RACs will be asked to discuss this in their areas and collect information to use for the formation of an air medical and EMS workgroup, pending the council's permission and possibly adding members from the Medical Directors and Trauma Systems. The committee looked at the EMS rule in TAC 157.11(m) (9) which addresses the

various requirements for an EMS provider's delivery of its patients care reports to medical facilities at the time and location of its patient drop off and concluded there may be some recommendations to this in which the use of technology would be considered a solution along with some best practices.

***No action needed.***

### **Injury Prevention Committee**

This report was given by Committee Chair Dr. Shelli Stidham. There were 6 open positions on this committee and 6 applications were submitted; thus all positions were filled with reappoints and new members for this committee. The committee discussed the accomplishments of this committee since its inception and will provide this report to DSHS as well as the council for review. Injury reports were provided from the Texas EMS, Trauma, and Acute Care Foundation (TETAF) and from the Texas Trauma Care Foundation (TTCF). Discussions regarding what types of reports the committee would like to be able to receive from the State Trauma Registry were had among the committee members. Dr. Chris Drucker from the EMS/Trauma Registry will come to the February committee meeting to present information on injury indicators currently being worked on. The committee created an Injury Prevention Committee activities list for 2015, and it has been sent over to the council and will wait for their response on whether to move forward with their plans. Lastly, updates were provided on the Injury-Free Texas website which is now live and considered a "one-stop shop" website that has best practices listed for injury prevention programs.

#### ***Action Items/Motions:***

***The committee would like to request for the endorsement of the committee's document, entitled: "Hospital Based Injury Prevention Components" developed for use to enhance hospital-based injury prevention programs by defining essential core components and providing supporting materials to achieve those core components***

***The committee would like to request for the endorsement of the committee's May 14, 2014 position paper, entitled: "Workforce Development"***

### **Medical Directors Committee**

This report was given by Dr. Robert Greenburg. The committee looked at the EMS rule in TAC 157.11(m) (9) which addresses the various requirements for an EMS provider's delivery of its patients care reports to medical facilities at the time and location of its patient drop off. The Medical Directors Committee looked at this as well and is recommending the policy statement titled "Transfer of Patient Care between EMS Providers and Receiving Facilities", along with what is already in rule, to address this problem. The committee would like to bring forward two future agenda items: a discussion of developing a Medical Director Provider template that is similar to the First Responder agreement or similar to a Memorandum of Agreement which the State would help develop for providers and medical directors to better define; and the committee would like to ask the council to support distribution of information on Prehospital Hydroxycobalamin as a treatment for Fire-Associated Cyanide Poisoning. Lastly, Dr. Jeff Beeson will take over as Committee Chair for the Medical Directors Committee.

#### ***Action Items/Motions:***

***The Medical Directors Committee would like to recommend the policy statement titled "Transfer of Patient Care between EMS Providers and Receiving Facilities" be endorsed by the council as presented.***

### **Pediatric Committee**

This report was given by Committee Chair Dr. Charles Macias. The GETAC strategic plan update agenda item will be discussed at the December committee meeting that has been scheduled. An update on the Child Fatality Review Team was presented with a new designee appointed. The position paper on minimizing x-ray computed tomography (CT) radiation, which has already been endorsed by the council, is the focus of the rule revision for 2016-2017. The committee is working with the EMS for Children State Partnership to see how the committee can support a Voluntary Pediatric Facility Recognition Program and trying to consolidate different response efforts to be presented at the next council meeting. The update on pediatric transfer guidelines/interfacility transport-review draft document will be shared with other GETAC subcommittees and the Pediatrics Committee will bring the final draft to the council with any revisions. There were discussions on the EMS Clinical Guidelines Project and the Pediatric Evidence-based Guidelines. Lastly, the Trauma Registry update discussion led to focus on having pediatric initiatives in the registry and see what the report looks like in order to consolidate the annual report with pediatric information to be included.

*No action needed.*

### **Stroke Committee**

This report was given by Dr. Rutledge. The committee discussed the accomplishments of this committee since its inception. It also discussed updates on the Lone Star Stroke consortium and the Texas Council on Cardiovascular Disease and Stroke (TCCVDS). With the assistance of the RACs and DSHS, TCCVDS has its first gap analysis completed in regards to care in our state (presentation). 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 by the committee. 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.***

***The committee would like to recommend the Brain Attack Coalition (BAC) standards for stroke ready hospitals be accepted as basis for approval of certification programs of Level III stroke support facilities.***

### **Trauma Systems Committee**

This report was given by Committee Chair Jorie Klein. Ms. Klein provided the council with a PowerPoint presentation that included the committee's accomplishments since its inception. The committee has asked for any participants in the Ebola virus disease efforts to share their best practices and lessons learned so the information can be posted to the website for others to view. The committee has previously reviewed DSHS EMS and Trauma System Rules, in Title 25 of the Texas Administrative Code, Chapter 157, and made recommendations to DSHS with regard to the process for applying for trauma facility designation

The committee went through the following reports: Trauma Systems Committee Registry Workgroup, Trauma Systems Committee Trauma Medical Director's workgroup, Trauma Systems Committee Mid-

Level Provider workgroup, Trauma Systems Committee Regional Advisory Council (RAC) System Development workgroup, Trauma Registrar's Trauma Registry Workgroup, and Trauma Electronic Medical Record Implementation Workgroup. The committee reviewed the 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. The Trauma Systems Committee recommended going electronic with this reporting as well, but their main concern was focused more on how to ensure that the electronic data would be retrievable for the facilities if there is more than one operating system being utilized for this electronic transition.

The committee would like to add a motion against the motion presented by the Cardiac Care Committee, to not change the document "A Strategic Plan for the Texas EMS/Trauma System" because trauma efforts are still moving forward and the committee doesn't want to give the impression that the trauma system efforts have been completed or concluded.

*The committee would like to recommended going electronic with this reporting as well, but their main concern was focused more on how to ensure that the electronic data would be retrievable for the facilities if there is more than one operating system being utilized for this electronic transition.*

#### **Item 9: GETAC Liaison Summaries**

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

This report was given by Dinah Welsh. The legislative session is quickly approaching and the foundation's focus for this is regarding the funding being made available for better patient care. There has been a billed filed (SB 93) for the Driver Responsibility Program (DRP) to repeal the program. The foundation is anticipating that there will be legislation submitted to improve the DRP as well which TETAF is in favor of because it is the most significant form of funding for EMS, trauma, and RACs. Lastly, TETAF will be hosting the Trauma and Emergency Health Care Day at the Capitol taking place in Austin on February 17, 2015 and hopes to see many of our stakeholders participate in these efforts.

##### **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. Mr. Vance is requesting to be placed on the council's agenda to be able to present the collected data at the February meeting.

#### **Item 10: Discussion and Possible Action Items**

##### ***1. Review of the Panhandle Regional Advisory Council's (RAC) letter of request—regarding the need for EMS educational opportunities in rural and frontier areas.***

The Education Committee reviewed the letter developed by the Panhandle RAC, identifying existing EMS educational opportunities available in the rural and frontier areas and develop strategies to fill any identified gaps. After further discussion with the Panhandle RAC Chair about this item, it was decided that members of the Education Committee will travel to their area to provide needed assistance and discuss specific needs as a result of this letter. This letter was sent to the Council and it has been returned to the Panhandle RAC with a response as requested. No further action is needed at this time.

***2. Committee feedback on the progress of EMS patient care reports provided to receiving medical emergency facilities, as required by rule in Title 25 of the Texas Administrative Code (TAC), Chapter 157, §157.11(m)(9).***

The Air Medical, EMS, Medical Directors, Disaster/Emergency Preparedness, and Trauma Committees were charged with this review and provide input as appropriate to their committee. 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. Problems incurred are that the report ends up in the patient chart, and it is not part of the patient chart. The EMS Committee concluded there may be some recommendations to this in which the use of technology would be considered a solution along with some best practices. Since the department is getting ready to open up the rule review process, this would be the best time to look at any needed or possible changes to improve on this. The Medical Directors Committee looked at this as well and is recommending the policy statement titled “Transfer of Patient Care between EMS Providers and Receiving Facilities”, along with what is already in rule, to address this problem. Trauma Systems Committee recommended going electronic with this reporting as well, but their main concern was focused more on how to ensure that the electronic data would be retrievable for the facilities if there is more than one operating system being utilized for this electronic transition.

***The Medical Directors Committee would like to recommend the policy statement titled “Transfer of Patient Care between EMS Providers and Receiving Facilities” be endorsed by the council as presented. Jodie Harbert recommended that this document be shared with other committees for further review before endorsing this state. Mr. Harbert has requested that this document be made available to the Education Committee for the next meeting for further review. The council would like to also add this policy statement to the next meeting agenda for review and discussion. It was also asked if the council would like to recommend any needed rule change to the current rule that covers this section. The council did not see the need to recommend any rule change to the current rule. No further action was taken on this agenda item at this time.***

***3. Receive and consider feedback from committees for the revision of the 2002 document “A Strategic Plan for the Texas EMS/Trauma System.”***

Dr. Greenburg reviewed Trauma System Plan timeline and mentioned that we are still on schedule and information will be provided at the February meeting in order to meet the August 2015 deadline.

***4. Standardization of various hospital internal emergency response codes for patient arrests, fire, bomb threat, and others, to ensure the codes mean the same thing in all hospitals.***

Moved to February meeting.

***5. Endorsement of the GETAC Injury Prevention Committee’s document, entitled: “Hospital Based Injury Prevention Components” developed for use to enhance hospital-based injury prevention programs by defining essential core components and providing supporting materials to achieve those core components***

***A motion was made by Jodie Harbert and seconded by Mike DeLoach on this request and the motion passed unanimously.***

***6. Endorsement of the GETAC Injury Prevention Committee’s May 14, 2014 position paper, entitled: “Workforce Development”***

***A motion was made by Dr. Alan Tyroch and seconded by Jodie Harbert on this request and the motion passed unanimously.***

***7. Discussion of 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.***

The use of Brain Attack Coalition (BAC) new standards for stroke ready hospitals as criteria for certification programs of Level III stroke support facilities was discussed by the committee. The committee is asking for the endorsement of using these standards for Level III support stroke facilities to forward over to DSHS to implement into the support stroke facilities criteria for certification.

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

***8. Discussion and possible recommendation for stroke specific continuing education requirements for EMS personnel certification and recertification.***

Discussions took place and it was decided that this should be discussed with the EMS and Education Committees. This item will be moved to February meeting.

***9. Report from all committees on their accomplishments since the inception of the committee***

Some committees have been emailing their lists to the council for review and others were not able to complete this agenda item in the time allotted for their meeting and will provide input at the next meeting.

**Item 11: General Public Comment**

**Item 12: Review and List Agenda Items for Next Meeting**

- A. Joint discussions with Air Medical and EMS about 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
- B. ST Segment Elevation Myocardial Infarction (STEMI) as a reportable disease
- C. Categorization or designation of Free Standing Emergency Departments (FSEDs) and other facilities providing emergency care
- D. how to improve the sharing of a medical facility's patient outcome data with EMS providers
- E. Pediatric Transfer and Transport Guidelines approval
- F. 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.

**Item 13: Next Meeting Date**

February 20, 2015 at the Crowne Plaza Hotel in Austin, Texas.

**Item 14: Adjournment**

The meeting was adjourned at 9:26 pm.