

Disclaimer: These meeting minutes will not be official until approved at the 11/12/12 Governor's EMS and Trauma Advisory Council (GETAC) meeting.

Meeting Minutes

Governor's EMS and Trauma Advisory Council (GETAC)

August 17, 2012, 9:00am

Council Members

Attendance	Name	Position (representing)
X	Vance Riley, LP	Fire chief, Chair
X	Nora Castaneda-Rivas	Public member
X	Mike Click, RN	Rural trauma facility
	Linda W. Dickerson	Public member
	Luis G. Fernandez, MD	Trauma surgeon or nurse
X	Jodie Harbert III, LP	EMS educator
X	Robert D Greenberg, MD	Emergency physician
X	James (Mike) DeLoach	County EMS Provider
X	Ryan Matthews, LP	Private EMS provider
	Donald G. Phillips, DO	EMS medical director
X	Shirley Scholz, RN	EMS air medical service
X	John D. Smith, Lieutenant	Fire department
	Robert Vezzetti, MD	Pediatrician

Department of State Health Services Staff

Attendance	Name	Position
X	Kathryn C. Perkins, RN	Assistant Commissioner for the Division of Regulatory Services
	Renee Clack, LNFA	Director, Health Care Quality Section
X	Jane G. Guerrero, RN	Director, Office of EMS and Trauma Systems Coordination
X	Lucina Suarez	Acting Assistant Commissioner, Division of Prevention and Preparedness

Item 1: Governor's EMS and Trauma Advisory Council (GETAC)

The meeting was called to order at 9:06 am on Friday, August 17, 2012, at the Hilton Austin Airport in Austin, Texas. A quorum of the members was present.

Item 2: Approval of Minutes

A motion was made by Mike DeLoach and seconded by Jodie Harbert, LP, to approve the meeting minutes from May 11, 2012. All council members were in favor; the motion passed.

Item 3: Chair Report

Chair Vance Riley, LP, read the vision and mission statements for GETAC.

Item 4: Regulatory Division Report

The report was given by Kathryn C. Perkins, Assistant Commissioner, Division for Regulatory Services. Tom Suehs has stepped down as Commissioner of Health and Human Services and will be replaced by Kyle Janek, MD. The Legislative Appropriation Request for FY 2013-14-15 has been entered into the system, requesting only base funding, no new requests for new funding. The Division anticipates additional budget reductions to be required. An overall 10 percent reduction was included in the base funding request, but it did not require program funding cuts, rather \$15 million in trauma funds were included. Next step will be a public hearing in September to move the request forward in the process.

All regulatory programs and HHSC have been directed to examine ways to reduce costs, including fewer inspections, raising fees, and other ways to reduce costs. A self-assessment conducted in June included the possibility of operating at the "risk" level. The division was already operating at reduced levels of activity to control costs and will evaluate additional reductions in activity.

HHSC hired a private consultant to review and make additional suggestions. The consultant group held discussions with stakeholders and a web-based survey is available to provide feedback for the consultant group. A draft report is due from the consultant group in October and a final report is due in December. The final report will be delivered to the Capitol early in the upcoming legislative session. Current recommendations include technological efficiencies.

Coordination with the Texas Medical Board continues to address potential fraud by EMS medical directors. A recent meeting between the TMB and DSHS reviewed specific case information and began development of an MOU for sharing case information.

A City of Houston ordinance has also been implemented to curb fraudulent EMS agencies. Discussions of joint inspections and information sharing are ongoing.

The 5111 uncompensated trauma funds account will be accessed to balance the Division budget, resulting in a slightly lower payout to the RACs.

Item 5: State EMS/Trauma System Coordination Office Report

Trauma and stroke designations: The report was given by Jane G. Guerrero, Director of Office of EMS/Trauma Systems, Division for Regulatory Services, 259 designated trauma facilities; 25 in active pursuit; 96 designated stroke facilities (93 primary, 3 support); 1 pending. The application for Level 1 comprehensive stroke facility will be available September 1, 2012 applications accepted October 1. This certification will be available through The Joint Commission and through Det Norske Veritas (DNV). The process will be similar to the primary designation process.

New staff: Patricia Ashton-Garcia, RN, and Mike Murray, RN, are two new designation coordinators; one designation coordinator position remains open. The RAC coordinator position is also vacant.

Funding/designation update: 9-1-1 and 1131 hospital funds: \$1 million distributed.

RACs \$1.3 million

EMS \$3 million

FY12 uncompensated trauma funds: 3588: \$54 million appropriated; new distribution model: \$26 million brought matching funds to Medicaid, which will go to 70 participating designated hospitals throughout the year. Non-participating hospitals received funds through previous distribution model with some funds remaining as a balance. The 70 participating hospitals will need to reconcile with HHSC to gain remainder of funds, second distribution expected to begin at a later date.

Local Projects Grant: For FY13, 111 applicants, 103 eligible. 83 grants awarded, pending contract review. \$1.3 million total grants.

Extraordinary Emergency Fund: Four grants funded; \$853,000 remains. This funding was discussed in the RAC chairs meeting with regard to the distribution of funds that remain at the end of a fiscal year. They are currently distributed to hospitals. RAC chairs have asked to be notified monthly of remaining balances, and they will help locate possible applicants; also, any denied applications could be reviewed a second time with the intention of utilizing remaining funds. The council discussed EEF distribution timeframes and justifications.

Item 6: Division for Preparedness and Prevention Report

The report was given by Lucina Suarez, Acting Assistant Commissioner, Division of Prevention and Preparedness: Prevention and Preparedness and Regional and Local Health Service divisions both have vacant director positions, so Commissioner Lakey took the opportunity to reorganize the two groups. Community Preparedness section will move into Regional and Local Health Service (September 1). The new name for the division headed by Dr. Suarez will be Disease Control and Prevention.

Hospital Preparedness Program grants began for the next 12 months; they expect a 33 percent reduction next fiscal year. Discussing RFP process, with an upcoming HPP strategy meeting for all involved entities.

An assessment of FY13 HPP health care preparedness capability is due to DSHS soon and then will go to CDC for analysis.

Community Preparedness director met in Washington regarding the current drug shortages. A workgroup is developing options.

The SMOC is on call for West Nile virus response, including aerial spraying, infection control and public outreach. There have been a total of 509 cases in Texas; 285 have been the neural invasive fever strain. 20 deaths have been reported, with the expectation that that number will rise.

The Texas EMS/Trauma Registry is scheduled to “go live” in September. During the past two weeks training webinars and onsite trainings have been or will be conducted for users. User acceptance training/testing is also ongoing and a test of the system is scheduled. Three draft data dictionaries have been created and sent to users and the Registry Workgroup for comment. They will be further developed after the go-live date. The new system will require some localized software changes. A timeline will be created and support will be available for transitioning away from the old software. Validation conditions based on NEMESIS and NTDB are being developed for implementation after the go-live date. The team is working on performance improvement functions for the registry. Users have been surveyed with regard to whether data entry was needed and whether it would be acceptable to use the state database for local performance statistics.

The council discussed additional aspects of the Registry changes.

Item 7: Preparedness Coordinating Council

No report.

Item 8: Standing Committee / Task Force Reports

Air Medical Committee

Chair Shirley Scholz, RN, presented the report. A subcommittee reported on possible recommendations for changes or additions to stroke or STEMI related rules; no changes recommended. The committee discussed air medical to ground transfers, a group is developing questions specific to this that will be given to DSHS. The committee discussed a gap analysis of Texas air medical rules against draft of model state guidelines published by NASEMSO. The differences were varied, some things were better in Texas rules, some things were better in model

state guidelines, and some things were not addressed at all. The full guidelines will be available soon and the Air Medical Committee will work to address and better match the model state guidelines. The MOA for air medical services is complete and should be available via the web.

No action items for the council.

Cardiac Care Committee

Chair Richard Smalling, MD, presented the report. Kitten Holloway presented results from a DSHS survey of the RACs with regard to stroke and cardiac care. Fifty-five percent of the RACs have a cardiac care and or stroke plan. The committee discussed the reporting and validation of data. A revised methodology may be developed, and the survey could be repeated. The committee discussed Cardiovascular Disease and Stroke Council, with regard to whether there is a dual purpose and improving communication/cross-over. The committee discussed items that could be added to the webpage to offer information on STEMI care. STEMI care system models were presented, and the committee also discussed the idea of giving STEMI case reports to EMS from hospitals. The chair reported on STEMI literature that could be added to committee webpage. STEMI system models and best practices advice were discussed and may be added to the webpage. The committee would like to have success stories presented and posted regularly, as well.

Action items for the council:

The committee seeks approval from GETAC to post information on the committee website or add links to third-party websites. Discussion among the council and Jane Guerrero included whether the committee webpage could host the information, including potential copyright violations, and the use of links for updating purposes. GETAC allows pursuit of this plan without a motion or vote.

Disaster/Emergency Preparedness Committee

Chair Eric Epley presented the report. **State of Texas Emergency Assistance Registry (STEAR):** briefing in Houston; the IPAWS emergency update system was discussed. It will enable the federal government to send geographically based emergency updates to those who have enrolled with their cell phone numbers. **EMTF:** By December 1, 2012, DSHS will no longer use a direct MOA with providers; emergency deployments will be managed through eight lead RACs. **Chief Kidd's** department is making an effort to combine all reimbursements for emergencies. For example, if one city has requests to four agencies/umbrellas going out, they currently file four requests for reimbursement. The department would like to streamline that into one request to cover all four agencies. Ambuses are responding; EMTF is developing media to distribute to inform potential users of the available assets. **Disaster Medical Care with Scarce Resources workgroup:** meeting regularly and developing good plans. An interstate disaster medical collaboration meeting was held in Dallas to compare agencies and operations across participating states. Texas ETN demonstration. The committee heard a briefing from Lach Mullen on social media as an operational tool.

No action items for the council.

Education Committee

Chair Jodie Harbert, LP, presented the report. **Transition course:** DSHS asked for the numbers of hours needed to meet the difference between older courses and the NHTSA National EMS Education Standards (2009) and to meet new National Registry requirements, and a workgroup has been created to address the question. A draft response suggested a paramedic refresher course and a specific transition course. Combining card courses could provide adequate transition content. The committee also discussed the possibility of whether it could be tied to specific CE courses. The committee requests DSHS post the draft for public comment. All topics are included in the draft. The transition is also intended to address gaps found between current and 2009 standards based on a previous gap analysis. Future committee meetings will discuss ideas for military transition courses to meet NR requirements.

Action item requested for November meeting: to rule on the draft recommendations for the transition requirements.

EMS Committee

Chair Dudley Wait presented the report. EMSC update / Air Medical Committee workgroup update on questions regarding air medical to ground transfer processes. Committee will meet in October to discuss suggestions or ideas for rules to help EMS fraud prevention. The committee discussed ideas and best practices to address drug shortages. The committee discussed a letter from HHSC regarding changes to Medicaid funding, including refunds and additional payments, but few services have responded yet. The committee reminded participants that crossover co-payments between Medicare and Medicaid have ended, but HHSC intends to fix the emergency transport gaps. The committee reminded participants to respond to Medicaid (CMS) letters requesting contact information updates.

No action items for the council.

Injury Prevention Committee

No report given.

No action items for the council.

Medical Directors Committee

Chair Robert Greenberg, MD, presented the report. The committee heard reports from various representatives. No public comment. The committee discussed changes to specific language in Texas Medical Board Rule 197 and there has been good collaboration and agreement between Texas Medical Board and EMS medical directors. The committee also established the availability of medical director mentors on the committee webpage. A link to the FEMA medical director handbook is also available on the committee webpage. Upcoming meetings will discuss two position statements.

Action item requested for November meeting: To review a draft position paper regarding EMS transport to non-traditional, freestanding emergency clinics. And to approve a position paper regarding a medical director's responsibility for clinical care provided by EMS students during clinical rotations.

Pediatric Committee

Chair Charles Macias, MD, presented the report. An update from EMSC was presented, including results of a medical director survey. It reported that 21 percent of calls for online medical control are pediatric-related. An EMSC federal initiative investigating pediatric evidence-based research was discussed with regard to this information being useful to local agencies in establishing their own protocols. The child fatality review team update was tabled. The committee finalized a position paper regarding pediatric imaging practices. The council discussed the nature of the position paper in comparison to medical practice guidelines. The paper must not go beyond the boundaries of what the council can endorse and distribute. The committee intends to also explore additional venues for distributing the position paper.

Action items for the council: The committee requests that GETAC endorse the pediatric imaging position paper at the November meeting.

Stroke Committee

Chair Neal Rutledge, MD, presented the report. The committee heard a presentation on the stroke data collected by SETRAC. American Heart Association representatives presented an overview of **root** initiative in Dallas, where they are collecting STEMI data. A subcommittee has been formed to develop a RAC /Stroke committee collection of surveys that can be used for best-practice models improving stroke care. Comprehensive stroke center designations will affect transport plans, begin designation in 2013. Kitten Holloway presented the survey of RACs on stroke and cardiac care. Fifteen of sixteen participating RACs had stroke plans. More information will be distributed to RACs as a public outreach effort. A subcommittee will examine sharing information among RACs. No public comments.

No action items for the council.

Trauma Systems Committee

Chair Jorie Klein presented the report. The committee discussed Chapter 157 rules and approved some changes. The Texas Trauma Registry was discussed extensively. The committee suggests that a new workgroup be developed and that the regular Registry Solutions workgroup sessions be held in conjunction with GETAC. Committee suggests the new workgroup include representatives from each of the other committees. The committee would like to begin to develop a state-wide trauma system plan with input from the committees, council and stakeholders. The council discussed The committee thanks the 14 RACs who participated in the trauma information and poster session held in conjunction with the committee meetings.

Item 9: GETAC Liaison Summaries**Texas EMS, Trauma and Acute Care Foundation (TETAF)**

TETAF is working to become a recognized CE provider and is arranging classes for EMS Lunch-and-Learn sessions in the fall. Data management and stroke symposiums are also scheduled. TETAF is preparing for the next legislative session, including lobbies to protect EMS/trauma funds. TETAF is preparing a public survey to gauge the public perception of EMS/trauma systems. A polling service will manage the 10-12 question survey. EMS/Trauma Day at the Capitol will be February 26, 2013. TETAF will host a fundraiser and celebration at Esther's Follies during Texas EMS Conference.

Item 10: Review of the approved GETAC Strategic Plan

An executive committee will be created to choose future committee members. Greenberg, DeLoach, Riley volunteered. Committee members must complete and application if a term is expiring. New applicants and those seeking reappointment must submit completed applications by September 30, 2012.

The 10-committee structure will remain, but committees will be reviewed every two years. The GETAC chair will appoint council members to sit on each committee. Suggested topics will be vetted through GETAC. The council will charge committees with topics, and the committees will be expected to give recommendations regarding the assigned topic at the following meeting.

Adjustments to meeting schedules are under review. The meeting structure will be changed to a two-day format with specific meeting times still under discussion. Stakeholders are invited to offer opinions via discussions with council members.

Item 11: Discussion and Possible Action Items

The committee discussions of possible Chapter 157 rule changes have been extensive and have required an extension of the OEMS/TS timeframe for reviewing the suggested changes. A draft of new rules will be presented by January 15, 2013. The committee chairs will be invited to review the working draft before the January presentation. The Legislative session may create conflicts among the OEMS/TS review team. After the draft document is presented, an all-committee meeting will be scheduled to discuss feedback on why/why not specific changes were implemented. The Council will review the final draft, and additional changes will be discussed.

No action items were put to vote.

Item 12: Public Comment

G.K. Sprinkle presented a report from Texas Ambulance Association regarding Medicaid crossover payment redistribution.

Item 13: Adjournment

The meeting was adjourned at 11:30 am.