

Disclaimer: These meeting minutes will not be official until approved at the 05/17/13 Governor's EMS and Trauma Advisory Council (GETAC) meeting.

Meeting Minutes
Governor's EMS and Trauma Advisory Council (GETAC)
Friday, March 1, 2013

Council Members

Attendance	Name	Position (representing)
X	Vance Riley, LP	Fire chief, Chair
	Nora Castañeda, M.Ed.	Public member
X	Mike Click, RN	Rural trauma facility
X	Linda W. Dickerson	Public member
X	Alan Tyroch, MD	Trauma surgeon
X	Jodie Harbert III, LP	EMS educator
X	Robert Greenberg, MD	Emergency physician
X	Ryan Matthews, LP	Private EMS provider
X	Donald G. Phillips, DO	EMS medical director
X	Shirley Scholz, RN	EMS air medical
X	John D. Smith, Lieutenant	Fire department
	James (Mike) DeLoach	County EMS provider
X	Ronald M. Stewart, MD	Urban trauma facility
	Robert Vezzetti, MD	Pediatrician
X	Karen Pickard	EMS volunteer

Department of State Health Services Staff

Attendance	Name	Position
X	Kathryn C. Perkins, RN	Assistant Commissioner for the Division of Regulatory Services
X	Jane G. Guerrero, RN	Director, Office of EMS and Trauma Systems Coordination
X	Janna Zumbrun, Acting Assistant Commissioner	Division of Disease Control and Prevention Services

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

The meeting was called to order at 9:01 on Friday, March 1, 2013, at the Crowne Plaza in Austin, Texas. A quorum of the members was present.

Item 2: Approval of Minutes

A motion was made by Donald G. Phillips, DO, and seconded by Mike Click, RN, to approve the meeting minutes from November 12, 2012. All council members were in favor; the motion passed.

Item 3: Chair Report

Chair Vance Riley, LP, read the GETAC mission statement and announced that Ronald Stewart, MD, has been appointed as vice chair for the council.

Item 4: Regulatory Division Report

Kathryn C. Perkins, RN, presented the report. Ms. Perkins reported on the current activities of the Texas Legislative session and reviewed the proposed division budget. No new budget restrictions have been proposed, but the division continues to implement measures to meet the FY2011-2012 budget restrictions. The re-allocation of dedicated fees generated by the division is under discussion by the Legislature, however some conflict is possible if the dedicated fees are used to reduce the allotment from general revenue.

Proposed bills that would impact the division: House Bill 15 creates level-of-care designations for hospitals that provide neonatal and maternal services; the division would be responsible for these programs if mandated by the Legislature. HB 975 requires a certificate-of-need to establish a new EMS service, and HB1342 requires a certificate-of-need to obtain a provider license. Several bills seek to repeal the Driver Responsibility fee, which would reduce trauma funding. HB 245 changes the authority and certification for emergency room physicians to hold mentally ill patients. HB 1656 proposes a new fee to create a fund for air transportation services.

The Texas Medical Board has adopted recommendations from the division to revise the rules for EMS medical directors to include requiring a medical director's course and to limit the number of providers a medical director can serve.

Maxie Bishop will be resigning his position as EMS Director in March.

Item 5: State EMS/Trauma System Coordination Office Report

Jane Guerrero, RN, Director of the Office of EMS/Trauma System Coordination, presented the report. The OEMS/TSC welcomes Starla McLaurin as administrative assistant for Jane Guerrero. The next GETAC meetings will be held May 15-17 in Austin.

Designation report: 267 hospitals are currently designated: 16 Level-I, 13 Level II, 48 Level-III, 190 Level-IV. 31 hospitals are in active pursuit, most as a result of ownership changes, which requires re-designation. 103 hospitals are stroke designated: 1 Level-I pending, 98 Level-II, and 4 Level IV.

Funding report: 3588 funds: \$26 million transferred to HHSC and was matched by federal Medicaid funding. The funding to trauma facilities was increased to \$60 million. If a hospital received less funding through the new reimbursement formula, the difference was reimbursed using a different formulation. Hospitals who were not eligible for funding through the new SDA Trauma Add-On formula were also reimbursed, but at a slower rate. FY13 will follow the same

distribution process. For **FY13** \$57.5 million is appropriated; \$54.7 will be disbursed, with \$26 million transferred to HHSC. **FY12** \$1.1 million distributed to EMS; \$500,000 to RACs. **9-1-1 funds:** \$500,00 distributed; **1131 funds:** just over \$500,000. **Extraordinary Emergency Funds:** \$1 million available for FY13; four services funded so far, leaving 807,000 balance. **Tobacco** \$2.4 million for FY13. **ECA training:** four funded so far, \$11,000 balance. **Local projects grant:** for FY13, 111 applications received; 103 were eligible; 82 grants awarded; for FY14, a webinar is scheduled to provide instructions on how to submit an RFP.

Item 6: Division of Disease Control and Prevention Services Report

Janna Zumbrun, acting assistant commissioner, gave the report. Several vacancies will be filled soon. The live enrollment phase of the Trauma Registry roll-out is underway, with several functions available, including online training for new users and an online user agreement. Some long-term care data entry is underway, with some reports available. Acute trauma care and post-acute care are now linked in the Registry. The system will become NEMESIS and NTBO compliant. Old-format data is still accepted. RAC agreements are being reviewed for potential updates.

Item 7: National Registry Director Presentation

The presentation was given by Severo Rodriguez, director of the National Registry of Emergency Medical Technicians. Mr. Rodriguez gave an overview of the mission and structure of the National Registry, which is a non-profit organization founded in 1970 serving as a national EMS certification organization, providing a valid, uniform process to assess the knowledge and skills required for competent practice required by EMS professionals. The presentation included information on the national make-up of the board of directors and participants, the processes to assess competency and the continuing education requirements. The council discussed aspects of the program and how it may apply to EMS education in Texas.

Item 8: Health Care Systems Preparedness (HPP) Program Report

The report was given by Bruce Clements, section director. A new assistant commissioner, David Gruber, and a new HPP grants manager, Lissette Osborne, were announced. The program is managing funds received from the CDC so that future funding estimates/requests will be accurate. Upcoming initiatives include a crisis standard of care study and an electronic/telephone survey of hospital preparedness.

Item 9: Preparedness Coordinating Council Report

Eric Epley, vice chair, Preparedness Coordinating Council, reported that the council had not met since the previous GETAC meeting.

Item 10: Standing Committee / Task Force Reports

Air Medical Committee

Chair Shirley Scholz, RN, reported.

The committee discussed follow-up questions that will be formally submitted to the EMS Director regarding the regulation of out-of-state providers. The air medical MOU for disaster response is undergoing final approval and revisions, which should be complete by the August meeting. The committee discussed the publication of the Association of Air Medical Services (AAMS) Model State Guidelines and their application to the draft rule changes submitted by the

committee to DSHS. The committee requests a meeting with DSHS to discuss the differences between the requested rule revisions and the Model State Guidelines in order to move the rule revisions forward. The committee discussed Texas House Bill 1656, Emergency Air Medical Transport Act, which would potentially create new revenue through a \$5 fee and matching Medicare funds.

No action items for the council

Cardiac Care Committee

Chair Richard W Smalling, MD, reported.

The committee discussed the survey it will undertake to determine regional ST Segment Elevation Myocardial Infarction (STEMI) care delivery and processes. The survey will be focused and sent directly to the executive directors of the RACs. The goal will be to create, submit and receive survey responses by August. The committee discussed new American College of Cardiology (ACC) / American Heart Association (AHA) STEMI guidelines. They also heard a report on the STEMI system in Oklahoma, which included discussion of the development of rules, a survey and data release forms; a 12-lead jacket program; and use of air medical transport to transfer to STEMI system hospitals. The committee heard a report on the Mission: Lifeline STEMI Systems Accelerator project for data mining in Houston and San Antonio. The committee is developing a process for posting STEMI resource and education materials to the Cardiac Committee webpage, hosted by DSHS. To comply with requests to post only links to the DSHS site, the committee has partnered with SETRAC to host the full-length documents.

No action items for the council.

Disaster/Emergency Preparedness Committee

Chair Eric Epley, EMT-P, reported.

The committee discussed the upcoming Texas Division of Emergency Management conference and an upcoming conference on mass fatality response. The committee received a report on the Texas Disaster Medical System (TDMS), which is exploring HIPPA-compliant disaster medical record software and a report from the Emergency Medical taskforce, which included an update on the 12 ambulances in place. The MOU workgroup is moving forward with a job description. M-IST and ambulance staging manager courses have been held and will continue. The committee heard a presentation on the potential effects of an electromagnetic pulse (EMP) and possible precautions and/or disaster management related to this type of event. The council also discussed the development of the Texas Emergency Management Advisory Committee, which will follow the model set by GETAC.

No action items for the council.

Education Committee

Chair Jodie Harbert, LP, reported.

The committee discussed possible development of a statewide standard for EMS certification equivalency and transfer processes between EMS training programs, especially between college and non-college affiliated programs. The committee will begin a data gathering process to determine processes as they currently exist. The committee discussed the absence of medical director requirements for CE programs that may be teaching advanced-level material. The committee discussed the development of agreements between the state regulatory body and out-of-state hospitals and providers that may offer clinical and field experience to Texas students. The committee supports the idea that any appropriate clinical opportunity should be available to

students. The committee discussed the Medical Directors Committee position paper regarding the education program's medical director's responsibility for clinical care provided by students during rotations. The committee agrees that documented communication should be present between both medical directors.

Action item: Jodie Harbert made a motion, seconded by Robert Greenberg, MD, that GETAC endorse and recommend that all EMS education programs must have a medical director. The motion passed.

EMS Committee

Chair Dudley Wait, EMT, reported.

The committee discussed the development of a survey of ideas and recommendations for mitigating the growth of fraudulent ground EMS providers, especially in metropolitan areas. A workgroup meeting in Houston was well attended and generated many ideas that will be presented at the August meeting. The committee heard a report from EMS for Children (EMSC) with regard to the development of a resources website and a pediatric readiness assessment that will be completed in the summer. The committee discussed the progress of the proposed changes to Chapter 157 rules and reported the rule changes enacted by the Texas Medical Board with regard to EMS medical directors. The committee endorses the Medical Directors position paper regarding an education program's medical director's responsibility for clinical care provided during a student's clinical rotations. The committee also supports the Education Committee with regard to out-of-state clinical agreements and the requirement for continuing education programs to have medical directors. The committee discussed EMS-related bills proposed in the current legislative session.

No action items for the council.

Injury Prevention Committee

Chair Shelli Stephens-Stidham reported.

Each of the committee members picked topics to create fact sheets based on the Spectrum of Prevention model. Drafts of these fact sheets were distributed for review. The committee discussed a pending TETAF course on injury prevention and the efforts of EMS Capitol Day.

No action items for the council.

Medical Directors Committee

Chair Robert Greenberg, MD, reported.

The committee will endorse pediatric guidelines. The committee will review the Texas Medical Board rule that EMS medical directors take a medical directors course; and the committee will help create and approve available courses. The committee supports the Education Committee's initiative to require all EMS education programs to have a medical director. The committee will continue to develop a position paper regarding transport to non-traditional emergency care facilities. The committee discussed the role GETAC committees can have in the discussion of mental health treatment.

GETAC Chair Vance Riley charged the committees to discuss patient mental health care in the scope of their committee meetings.

Action items: Robert Greenberg, MD, made a motion, seconded by Jodie Harbert, that GETAC endorse the Medical Directors Committee position paper regarding a medical director's responsibility to determine where to transport based on usual considerations, specifically with

regard to non-traditional, freestanding emergency clinics. The motion passed.

Robert Greenberg, MD, made a motion, seconded by _____, that GETAC endorse the Medical Directors Committee position paper regarding an education program medical director's responsibility for clinical care provided by EMS students during the student's clinical rotations.

Pediatrics Committee

Chair Charles Macias, MD, reported.

The committee heard liaison reports from the other GETAC committees and received an update on EMS for Children activities. The organization has created a website for resources and protocols, and a pediatric readiness assessment that will be completed in the summer. The committee received an update from the State Child Fatality Review team with regard to the completed 2012 report on child fatalities. The committee also finalized its position paper regarding pediatric imaging practices, but the council recommended the position paper be returned to committee for further review.

No action items for the council.

Stroke Committee

Chair Neal Rutledge, MD, reported.

The committee discussed the stroke data collection effort through the RACs, focusing on a registry-style method. A representative from the American Heart Association presented information from the National Cardiovascular Data Registry. The committee discussed an EMS stroke education initiative, including incorporating input from the Education and Medical Directors committees. The stroke survey workgroup suggested short, ongoing surveys that would go to RACs on a regular basis. The committee heard a presentation on a cardiovascular/stroke initiative to find full-time data collectors with regard to national trials and machines, and a second presentation focused on a national certification program for stroke-ready hospitals. The national requirements were similar or equal to current Texas requirements.

No action items for the council.

Trauma Systems Committee

Chair Jorie Klein, RN, reported.

The committee reviewed data from the 2012 report from the Trauma Registry, and discussed important trauma statistics and trends. The committee received a brief update regarding the status of proposed trauma-based changes to Chapter 157 rules. The committee discussed the decision by the American College of Surgeons (ACS) to *not* require trauma registrars to take specific courses and put specific registry requirements into rule. The committee will draft a letter to the ACS to request it reconsider the decision. The committee created a "best practices" workgroup to communicate trauma recommendations and share data.

Action item: Robert Greenberg, MD, made a motion, seconded by Linda Dickerson, that GETAC support a letter to the ACS from the Trauma Systems Committee asking the ACS to make specific changes to its registry guidelines. The motion passed.

Item 11: GETAC Liaison Summaries

Texas EMS, Trauma and Acute Care Foundation (TETAF)

Dinah Welsh reported.

TETAF held the second "Trauma Day at the Capitol," which had a great response and

included a brief meeting with Governor Perry. They were able to highlight how all EMS and trauma systems are affected by changes in funding, especially the 5111 account. TETAF has taken a protective stance on the RACs and other systems receiving new mandates without funding, i.e. the neonatal hospital designation bill. TETAF will be sending regular emails and alerts for support throughout the legislative session. TETAF will continue to offer education webinars.

Item 12: Discussion and Possible Action Items

The Council discussed the Chapter 157 rules revision with Jane Guerrero. The OEMS/TSC is currently reviewing all recommendations, but the process is slow. A timeline for draft rule revision cannot be given at this time.

The Council discussed new policies for posting GETAC documents to the DSHS website. Documents relevant to GETAC and the committee meetings will be posted for a limited time. Other resource documents can be posted to individual pages via links to other websites. The full policy will be posted online.

Item 13: Public Comment

Dudley Wait, representing the Texas Ambulance Association, reported on SB 53 regarding ALS status and Medicaid payment rules. Two other bills propose to allow EMS to scan the magnetic stripe on driver's licenses to gather data. Other bills related to direct payment from health and auto insurance companies and the allowance of rural EMS providers to carry a handgun on duty were also reported.

The TAA continues to follow the progress of Medicare equalization payments, with regard to co-pays no longer provided to EMS providers. TAA requests that all stakeholders be involved to get industry consensus and support to change the process.

TAA will host a conference soon.

Jodie Harbert submitted a document that was presented by a stakeholder regarding transition courses, to be discussed at the May meeting.

Item 14: Recess

The meeting recessed at 12:23 to break for lunch.

Item 15: Organize the quarterly GETAC business into two-day meetings

The meeting reconvened at 12:43. The Council and attending committee chairs discussed the feasibility of organizing the GETAC and committee meetings into two-day sessions, in accordance with the strategic plan document developed at the June 27, 2012 strategic planning session.

The possibility of shorter committee meetings was considered, as was longer work days. The proposed schedule would include an opening GETAC meeting to give committee-wide reports and set committee priorities. Committee meetings would follow, and the Council would end with a shorter meeting to take any motions for actions and public comment.

The Council discussed how schedule changes would affect other, non-GETAC meetings that are regularly scheduled in conjunction with the GETAC dates and locations.

Action item: Ryan Matthews, LP, made a motion, seconded by Robert Greenberg, MD, to start and end committee and council meetings in two calendar days for three meetings in 2014, with

schedule details to be determined at the next meeting. The motion passed.

Further discussion continued after the motion regarding the possibility of reserving meeting space for three days, but arrange the meeting schedule to fill only two days, if agreed upon by committees and other stakeholder groups.

Action item: Ronald Stewart, MD, made a motion, seconded by Robert Greenberg, MD, that DSHS should request meeting space for Wednesday, Thursday, and Friday meetings as currently scheduled. The motion passed.

Item 16: Adjournment

The meeting was adjourned at 3:22 pm.