
GETAC Recap

Attendance: Members present included: Edward M. Racht, MD, chair; Pete Wolf, vice chair; Mike Click, RN; Jodie Harbert III, LP; Vance L. Riley, MPA, LP; Shirley Scholz, RN, CCRN, EMT-P; Joan Shook MD; Ronald Stewart, MD; Marti VanRavenswaay; and Tivy L. Whitlock. Members absent: Hector Longoria and Luis G. Fernandez, MD, FACS.

Approval of Minutes: A motion was made by Marti VanRavenswaay and seconded by Mike Click, to approve the meeting minutes from February 8, 2008. All council members were in favor; the motion passed.

Chair Report: Chair Edward Racht, MD, will follow up in his discussions with Governor Rick Perry concerning the open and expired GETAC slots. As for committees, membership will not change until GETAC votes on restructuring.

Standing Committee/Task Force Reports:

Air Medical Committee – Chair Shirley Scholz, RN, reported the committee discussed in detail the draft on the alternate survey process. The committee would like to meet some time before the August GETAC meeting to continue reviewing the proposed recommendations from the committee and workgroup about the state survey process, using CAMTS standards.

EMS Committee – Chair Pete Wolf, EMT-P, reported the

committee discussion with Texas Engineering Extension Service (TEEX) Leadership Academy program; developing a critical care paramedic course; EMS as an essential service; prehospital intubation policies; and the proposed GETAC reorganization.

Education Committee – Chair Jodie Harbert, LP, reported the committee met in Dallas on April 4 and voted to approve the EMS education simulation document. At the May meeting, the committee discussed the need for clinical rotations to continue being done as they are now; the NREMT's requirement for national accreditation for EMS programs by 2013; a workshop scheduled at the conference about national accreditation for EMS programs; the EMS coordinator's survey; which has a 50 percent participation so far; and the possible dates for a July meeting of the education committee in Tyler (see www.dshs.state.tx.us/emstraumasystems for updates).

Injury Prevention Committee – Chair Gary Kesling, PhD, reported that the committee discussed the Injury Prevention Committee Strategic Plan that will be presented to the council at this meeting. Dr. Kesling and Dr. Robert Folden, chair for the Data Informatics and Research Task Force (DIRT) requested that DIRT become part of the Injury Prevention Committee.

Medical Directors Committee – Chair Steve Ellerbe, DO reported that the committee discussed the Physician Orders for Life-Sustaining Treatment, an advanced directive; the possible recommendation of selecting regional medical directors to

serve as medical support during a statewide emergency; prehospital intubation policies and protocols and the workgroup being set up to discuss that topic; and the development of position papers on prehospital intubation and delegated practice.

Pediatric Committee – Chair Joan Shook, MD, reported the committee discussed the restructure proposal for GETAC.

Stroke Committee – In the absence of chair Neal Rutledge, MD, GETAC Liaison Mike Click, RN, reported that the committee reviewed the draft DSHS rule 157.133-Requirements for a Stroke Facility Designation which is supported by the workgroups and subcommittees involved with the development; and a workgroup to be developed to write TETAF Support Stroke Facility Criteria, led by Beverly Welch.

Trauma Systems Committee – Chair Ronald Stewart, MD, reported that the committee discussed the DSHS rule 157.132-Regional Trauma Account, regarding fund disbursement from traffic signal enforcement; the Advance Trauma Life Support (ATLS) requirements for board certified emergency medicine physicians and the need for either a copy of an ATLS card or a letter with adequate documentation; and the committee's desire to draft a letter encouraging American College of Surgeons (ACS) to allow exceptions to the Level I Criterion requiring continuous rotation of a senior surgical resident, if a facility meets all other requirements and has a recognized commitment to post-graduate education as a part of the trauma program. Also discussed

was continued work to get all the 3588 funds released and GETAC's proposed restructure.

Disaster/Emergency

Preparedness Task Force—Eric

Epley, EMT-P, reported that the task force discussed the events that occurred in San Angelo recently and the importance of having people sign the MOAs for ambulances and personnel; a possible pilot program where regional EMS coordination centers would work directly with the state EMS director in disaster events to notify providers and personnel; and TEEEX's new Ambulance Strike Team Force Leadership courses, which will soon be available around the state.

DSHS Preparedness

Coordination Council – No report available.

Traumatic Brain Injury Advisory

Council – Todd Maxson, MD, reported that the council continues to provide updated information and resources for patients, family members, and survivors of traumatic brain injuries and has made this information readily available via the internet. The council also discussed preparing for the next legislative sessions.

DSHS Hospital Licensing Rules

Review Workgroup – No report available.

Texas EMS, Trauma, and Acute Care Foundation (TETAF)—Jorie

Klein, RN, reported that the foundation passed its new bylaws; created a RAC division and a Pediatrics division; approved the job description for the CEO and other positions; scheduled the first surveys for Level III and Level IV designation; and wants to get input from around the state about what to include in a new EMS/trauma

registry.

General Public Comment:

Dr. Racht summarized the present structure of GETAC, the discussions at the GETAC retreat held in January, and a preliminary draft of the new GETAC structure, which reduces the number of committees to three and increases the number of workgroups (PowerPoint presentation available on the website at www.dshs.state.tx.us/emstraumasystems).

The general consensus of the stakeholders was that having only three committees would not benefit the committee structure, would not make it easier to collaborate and could create barriers within the committees. GETAC discussed continuing with the current structure, with the addition of Disaster/Emergency Preparedness and Cardiac Care committees, but implementing more accountability. Committee chairs would be responsible for working on their own agenda items instead of having DSHS do it. Committees would have a chair, a vice chair and a secretary, and would be responsible for their own meeting documentation, following through on projects and issues, and passing along any action items to GETAC. Every committee would be able to assign a "work group" as needed, and these work groups would not have to post agenda or meeting notifications. The intention of these changes is for the committees to clearly define what is expected. The output of each meeting would then have more accountability.

There were some concerns shared by some of the council members about the size of this restructure, the amount of time spent on discussion items in

meetings, and the length of committee reports for GETAC. The additional committees would possibly add another day of committee meetings and the resources to fund more meetings would be difficult. If several committees were to meet simultaneously, it would alleviate the stress of funding and space accommodation, but it may cause conflicts for stakeholders attending meetings.

A suggestion was made that GETAC should have two separate sessions: one informal meeting prior to all committee meetings for briefing and a formal meeting after the committees have met. Another suggestion from the audience about the restructure was to have the committee chairs informally meet before the committee meetings for collaboration and discussion on shared topics. Stakeholders felt that the Disaster/Emergency Preparedness Task Force should be added as a committee at this time since it is already an existing group; some wanted further discussion on the addition of a Cardiac Care Committee.

Other public comment: Dudley Wait, EMS Committee vice chair, covered rapid sequence intubation and the possibility of having all committees affected by this to come up with solutions to the issues raised recently in the media. Lorie Lefevers, an Education Committee member, asked about the progress of the proposed letter regarding the Houston/Galveston Area Council Work Commission cutting scholarship for EMS programs. Dr. Racht will follow up with the stakeholders for the next scheduled meeting on that topic.

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Action Items:

A motion was made by Vance Riley and seconded by Ronald Stewart to adopt the current structure with the addition of the Disaster/Emergency Preparedness Task Force as a committee now and the Cardiac Care Committee later. Questions arose about whether the motion included GETAC meeting on Wednesday informally before the start of the other meetings. After further discussion from stakeholders, Council unanimously agreed to table proposed motion pending further research of the appropriateness of these informal meetings. A motion was made by Pete Wolf and seconded by Tivy Whitlock to move forward with the proposal of having nine committees in place starting at the August GETAC meetings along with new procedural rules drafted. The motion passed unanimously.

A motion was made Jodie Harbert, and seconded by Joan Shook, MD, to have GETAC support the adoption of National Accreditation of EMS programs by 2013, which corresponds to the National Registry requirements. There would be no rule changes or amendments at this time, but would begin the initial process to move this forward. The motion passed unanimously.

Future meeting dates in 2008:

August 13-15, 2008, in Austin; and November 22-24 in Fort Worth, Texas, in conjunction with the 2008 EMS Conference.