

Texas EMS Trauma News

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Meet Dr. Greenberg, Chair of the Governor's EMS and Trauma Advisory Council;

Robert D. Greenberg, MD, FACEP is the Chief Medical Officer of Emergency Services, Central Texas Division of Baylor Scott & White. He is also an Associate Professor in the Department of Emergency Medicine at Texas A&M Health Sciences Center College of Medicine in Temple, Texas where he has practiced since 1994.

Dr. Greenberg received his BS in medical technology from Northeast Louisiana University in Monroe, Louisiana. He received his MD from Louisiana State University Medical Center-Shreveport and completed specialty training in Emergency Medicine at the University of Cincinnati Hospital.

He has served in various capacities in his local community, and is currently the President of the Temple Community Clinic that provides charity care to residents of Bell County. He has also served at the state and national levels including the Texas Medical Association (TMA) and American College of Emergency Physicians (ACEP). He is a Past President of the Texas College of Emergency Physicians (TCEP). Dr. Greenberg has represented Texas Emergency Physicians on the Governor's EMS and Trauma Advisory Council (GETAC) since 2011 and was appointed Chair August 2016.

What is GETAC and Why Should You Care?

by Robert D. Greenberg, MD, FACEP

The Governor's EMS and Trauma Advisory Council (GETAC) <http://www.dshs.texas.gov/emstraumasystems/governor.shtm>, was created in 1999 by the Texas Legislature as a 15-member Council "to advise the department regarding matters related to the responsibilities of the executive commissioner, commissioner, and department" in Chapter 773, Emergency Medical Services, of the Health and Safety Code. <https://www.dshs.texas.gov/emstraumasystems/H-SC773intro.shtm>.

Chapter 773.012 details the composition and charge of the Council. Each Council member represents a different stakeholder group in the EMS and trauma system and one-half of the representation is to be from rural areas. It includes a board-certified emergency physician, an EMS medical director, a fire chief, a trauma surgeon or nurse, an EMS educator, an EMS air medical crew member, a county-level EMS provider, a pediatrician with emergency care expertise, an EMS volunteer, two members of the general public and representatives from a rural trauma facility, an urban trauma facility, a fire-based EMS service and a private EMS provider. Regardless of your role, you have a stakeholder representative on the Council.

In brief, GETAC is charged to assess the need for emergency medical services and trauma care systems in Texas and develop strategic plans for the same. The Council meets at least quarterly and appoints committees to assist in executing its charge. A Stroke Committee is mandated by statute. Additional committees address vital areas of the emergency healthcare system. Between the Council and committees, approximately 125 volunteers participate in the 3-day GETAC quarterly meetings. The Texas EMS Trauma and Acute Care Foundation (TETAF) <http://tetaf.org/> provides live streaming and archives of the meetings at <http://www.ustream.tv/channel/getac>. So, even if you cannot attend in person, you can watch via the wonders of the internet at any time.

Within the strategic planning process, GETAC has created a vision and a mission for the Texas Emergency Healthcare System that are read at each committee and Council meeting to remind us of our focus;

Vision and Mission for the Texas Emergency Healthcare System

Vision:

A unified, comprehensive and effective Emergency Healthcare System for a healthy and safe Texas.

Mission:

To promote, develop and maintain a comprehensive data-driven Emergency Healthcare System that will meet the needs of all patients and will raise the standards for high quality community health care by implementing innovative techniques and accountable systems for the delivery of emergency care for the entire population.

It is my job to assure the meetings run smoothly; progress is made at and between meetings and the work-product of the Council is realistic, accessible and actionable. It sometimes seems like the process is painfully slow, except when it seems like we are moving too quickly. We have been accused of not being inclusive and also of being too focused on consensus. I believe it is called change, and the only thing worse than change is stagnation.

I also worry about "mission creep." When you have so many motivated and talented people working together, we can begin to reach beyond our charge and legislative responsibilities. It is a delicate balance and an ongoing challenge. It is also fun and rewarding!

So, what does this really mean and why does it matter to you? We have and will continue to accomplish many great things that benefit Texas. When you are frustrated with something in our system and you ask yourself "why do THEY do that" maybe what you should be thinking is "why don't I do this"

and help shape the future of our emergency healthcare system. Become involved, if we do not do this FOR ourselves, our patients and our communities, someone else will do it TO us. This is a noble endeavor and I invite you to serve with us.

I cannot adequately express my appreciation and admiration to the DSHS staff, volunteers and attendees that contribute to the progress and process of the Council. We owe them for so many things, primarily that of being safe and having the resources should we ever need them. Please remember to reach out to your stakeholder representative and thank them, or for any issues you may have.

Please do not hesitate to reach out to me with any questions, suggestions or concerns. I am here to serve and represent you and most importantly our patients and citizens.

Bobby
Robert D. Greenberg, MD, FACEP
Chair
Governor's EMS and Trauma Advisory Council (GETAC)
<http://www.dshs.texas.gov/emstraumasystems/governor.shtm>

Celebrate!

In May we celebrate the contributions of the individuals who dedicate themselves to the health, safety and well-being of citizens across the nation. Join us in thanking our Texas EMS and nursing personnel and spread the word on trauma prevention throughout your community.

Here are the themes for this year;

National Trauma Awareness Month - Stop the Bleed - <http://www.amtrauma.org/page/NTAM2017>

National Nurses Week- May 6-12 - Nursing: the Balance of Mind, Body, and Spirit - <http://nursingworld.org/NationalNursesWeek>

National EMS Week- 21-27- EMS STRONG: Always in Service - <http://www.acep.org/emsweek/>

These sites offer free toolkits and materials to help you get started.

NEWS FROM THE WEB— SPECIAL EDITION — SOCIAL MEDIA

The 'Selfie Challenge' and Misuse of Patient Images

It's not just about the law, it's about treating others with respect and dignity

Fri, Jul 22, 2016 By Steve Wirth, Esq., EMT-P

The news story from Okaloosa County, Florida, about the criminal investigation alleging that two paramedics were taking “selfies” with patients in various states of consciousness as part of a “selfie challenge” was shocking. How could EMS professionals do such a thing?

Granted, these allegations—like posing with an elderly patient with her breasts exposed, or with an unconscious patient while holding his eyelid open – are among the most graphic and disturbing we have heard. But we are seeing an increase in serious cases involving public safety personnel improperly taking and then misusing patient images. Federal and state laws protect the privacy of patient information—including images—and in many of these cases, the HIPAA privacy regulations are violated. And, as in this case, there can be criminal sanctions against those who violate the patient’s trust in a way that blatantly violates the patient’s dignity as a human being.

The law is clear: HIPAA only permits the use and disclosure of protected health information without authorization in cases where there is a legitimate health care purpose, such as sharing information among health care providers treating the patient, for payment purposes (billing) and for quality improvement.

Taking images of patients for self-gratification, as part of a personal “contest,” or some other type of sick humor is certainly not permissible under HIPAA. Even if the patient consents to the image (as was alleged with some of the photos in this case) that

consent should be in writing and must specifically describe the purpose for which the image will be used. There can also be charges of assault, battery or other crimes for the non-consensual touching of the patient while taking these grotesque images.

But the root cause of these violations of the patient's trust go much deeper. In my view, they are in great part caused by a lack of respect for the patient and a failure to treat others with dignity. This often comes from a bad attitude, or allowing the many difficult—or themselves abusive—patients we encounter to drive our behavior in negative ways. That behavior can then, unfortunately, be reflected in improper, unprofessional and even illegal behavior toward others—and especially the patient. We simply cannot let the negative aspects of the job affect how we treat our patients.

Jim Page said it very well many years ago in a keynote speech he gave at the annual paramedic luncheon at Acadian Ambulance Service in Lafayette, Louisiana: “A wise person once said that a society can best be judged by how it treats the old, infirm, and powerless.” [read the full story](#) - at JEMS

CHOW-How does it affect your facility designation?

CHOW refers to a change in legal ownership and/or the physical location of the facility. When a CHOW occurs, the facility stroke and/or trauma designation is no longer valid and a new designation application will have to be initiated with the incoming owner and/or for the new location. Our office recommends that the facility contact us regarding any CHOW that is planned. We will assist with developing a plan for achieving designation and discuss options to preserve funding eligibility from applicable sources. A resource document providing guidance on CHOW is available on our website along with designation applications at <http://www.dshs.texas.gov/emstraumasystems/formsresources.shtm>.

Texas Children's Hospital receives the first neonatal designation in Texas

Texas Children's Hospital was presented with the first neonatal designation in Texas during a ceremony on April 17. As a level IV Advanced NICU facility, Texas Children's will provide care to the most complex and critically ill neonate/infant patients. Jane Guerrero, Director of the Office of EMS/Trauma Systems Coordination for the Department of State Health Services presented the designation certificate. “The first phase of implementation of House Bill 15 included the development of neonatal designation rules recognizing four levels of neonatal care. These rules became effective in June of 2016. Onsite surveys were begun in November 2016 and have been conducted in multiple facilities”. Ms. Guerrero added, “Texas Children's Hospital is the first facility in Texas to be designated as a Level IV Neonatal Intensive Care Unit (NICU), meeting the standards established in Texas”.

To learn more on Neonatal Levels of Care visit: <http://www.dshs.texas.gov/emstraumasystems/neonatal.aspx>.

Adoption of new EMS rules

After years of work, the EMS rules have been adopted and went into effect on February 12, 2017. In order for you to better understand the changes and additions to the Texas Administrative Code (Rules), DSHS has created an [Adopted EMS Rules presentation](#). The presentation does not cover every change but provides a good guideline for the major changes. For a current version of the rules go to <http://dshs.texas.gov/emstraumasystems/ruldraft.shtm>.

What's happening with the Jurisprudence Exam?

This is one question DSHS is asked almost daily. The target date for starting this program is September 1st, 2017. A Jurisprudence Exam course will be required for anyone applying for any level of initial certification/licensure and each time it is renewed. Any currently approved Continuing Education Sponsor will be able to provide this course. We will keep you informed as more information becomes available.

Thanks for your dedication and support on the drafting of the new EMS rules. Together we will continue to move the Texas EMS system forward!

Adding an EMS Vehicle

So your EMS services' call volume has increased and you need to add additional EMS vehicles to maintain your quality of patient care... what do you do now and what do you need to submit to DSHS?

Before vehicle(s) are placed into service:

Start the process by sending the following documents and appropriate fees to the DSHS Austin field office address listed on the forms. EMS Provider forms can be found at dshs.texas.gov/emstraumasystems/provfro.shtm.

- EMS Provider Vehicle Form
 - You will need to have VIN #, License Tag # along with other identifying information for the vehicle(s).
 - Motor vehicle liability insurance as required under the Texas Transportation Code.
 - ☐ DSHS will need an updated certificate of insurance that includes all of the EMS Provider's existing insured vehicles plus the new vehicle(s) and has DSHS as the certificate holder.
- Proof of ownership
 - It can be in the form of a copy of the title, registration from the DMV, certificate of origin (front and back), lease agreement, exempt registrations (government only), or an affidavit identifying applicant as the owner.
- Updated copy of your Staffing Plan
 - You must account for how the new vehicle will be used.
- Updated copy of your EMS Personnel Form
 - Assuring the department that you have enough personnel to safely and adequately staff all authorized EMS vehicles of the Provider's operational fleet.
- In some cases you may need to update your station location addresses and service area with DSHS.

Once documentation has been sent:

Be aware that it could take our EMS Certification & Licensing department up to 6 weeks to process your EMS vehicle addition. They will print and mail you your authorization(s), which you will need to place in your EMS vehicle prior to putting them into service.

Once you have received your authorization(s), you are free to start using your EMS vehicle(s). Your local DSHS regional office may set up a date and time or make an unannounced visit to inspect your newly added vehicle(s) to ensure that you have all the minimum equipment, supplies and medications as per your latest Medical Director's approved Protocols and Equipment, Supply and Medication List. Keep in mind that each DSHS authorized EMS vehicle must have its own set of equipment, supplies and medications.

External links to other sites are intended to be informational and do not have the endorsement of the Texas Department of State Health Services. These sites may also not be accessible to persons with disabilities.

NEWS FROM THE WEB

FEATURED ARTICLES

The Minnesota Department of Health has published a Community Paramedic (CP) Toolkit to assist employers and organizations who are planning to hire Community Paramedics. The toolkit and background resources are available on our Toolkit webpage at <http://www.health.state.mn.us/divs/orhpc/toolkit.html>

[Calif. EMT Sued After Posting Graphic Photos of Patient's Injuries Online](#)

The 21-year-old victim lost a leg in an motorcycle crash.

Additional Reading

Homes for Texas Heroes Home Loan Program: www.tsahc.org/homeownership/loans-down-payment-assistance The program, spearheaded by the Texas legislature, provides a 30-year fixed rate home loan to Texas EMS personnel, firefighters, peace officers and others. In addition, this program offers down payment and closing cost assistance of up to 5% of the mortgage loan amount, in the form of a grant.

Bulletin of the American College of Surgeons: <http://bulletin.facs.org/>

The Bulletin of the American College of Surgeons is published monthly by the American College of Surgeons.

Washington Update: <http://www.nasemso.org/NewsAndPublications/TheWashingtonUpdate/>

The Washington Update is produced bi-monthly by the National Association of State EMS Officials in cooperation with NHTSA OEMS, with funds also provided by HHS EMSC.

NACo County News: <http://www.naco.org/newsroom/countynews/Current%20Issue/1-13-14/Pages/default.aspx> The voice of American counties.

The Pony Express: <https://www.bcm.edu/departments/pediatrics/texasemsc/?pmid=15790>

Official Newsletter of the EMSC State Partnership, Texas.

Integrated Healthcare Delivery: <http://ihdelivery.com/>

Integrated Healthcare Delivery focuses on improving the patient experience of care through inter-professional collaborations.