

**Disclaimer: These meeting minutes will not be official until approved at the 11/24/2008 Governor's EMS and Trauma Advisory Council (GETAC) Meeting**

### **MEETING MINUTES**

Governor's EMS and Trauma Advisory Council (GETAC)

Friday, May 9, 2008, 9:13 a.m. – 12:38 p.m.

**Call to Order:** Chair Edward M. Racht, MD, called the meeting to order at 9:13 a.m. Members present included: Edward M. Racht, MD, Chair; Pete Wolf, EMT-P, 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: Luis G. Fernandez, MD, FACS; and Hector Longoria.

**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, welcomed everyone to the meeting and informed stakeholders and council members of the work-in-progress set-up by Eric Epley, an Air Medical Committee member, for video teleconferencing of this meeting. Because various stakeholders expressed concerns, through the survey report presented by the EMS and Trauma Regulatory Structure Task Force, about making teleconferencing possible, trials were run at this meeting. The teleconferencing project was not successful at this time, but Mr. Epley will be working with the staff of this facility to improve the chances of a successful set-up for the next meeting.

Dr. Racht mentioned his discussions with Gaby Fuentes from the office of Governor Rick Perry concerning the open and expired council member positions for the Governor's EMS and Trauma Advisory Council (GETAC). Dr. Racht will contact Ms. Fuentes to find out whether enough recommendations were presented for consideration. If not, Dr. Racht will call the entities that submitted recommendations and ask for additional names.

Questions were raised about the appointments/reappointments of committee members and the restructure of the organization. Dr. Racht clarified that business should continue as usual until GETAC implements the changes.

Dr. Racht informed the stakeholders of the next GETAC meeting, August 13–15, 2008, which will take place at the Hilton Austin Airport Hotel in Austin, Texas.

### **Department of State Health Services (DSHS) Staff Reports:**

Kathryn C. Perkins, Assistant Commissioner for the Division for Regulatory Services, informed stakeholders that she has been meeting with the legislative budget board as well as legislators in preparation for the upcoming legislative session. One of the major

concerns expressed by stakeholders at these meetings was the balance remaining in the unappropriated funds.

The Division of Regulatory Services has been asked to provide information on the administrative monies that are provided to the Regional Advisory Councils (RAC), and notices have been sent to each of the RACs, respectively, to inform them of what information will need to be provided.

Ms. Perkins briefly discussed the workload increases in the Division of Regulatory Services and the regulatory strategies in EMS and in the health care professional strategies. A dramatic increase throughout the division's regulated entities has become evident. The Regulatory strategies have been turned down during the last three sessions, and the division is working on a possible request that would need the approval of Dr. David Lakey and Commissioner Albert Hawkins. The plan would request more resources for the division because of the rising demands; this plan will be presented to the DSHS Council for support once it is finalized.

Ms. Perkins discussed the response efforts in the events that occurred in San Angelo and thanked all of the providers who offered their support: Acadian Ambulance, American Medical Response, Bulverde-Springs EMS, Canyon Lake EMS, Central EMS, Champion EMS, Cypress Creek EMS, East Texas Medical Center, First Medical Response, Flower Mound EMS, Montgomery County EMS, New Braunfels EMS, Northwest Rural EMS, Seguin Fire/EMS, Trans Star Ambulance, Washington County EMS and Wise County EMS. It was quite a unique operation, and at one point more than 1,000 people were assisting in the operation. The Department of State Health Services is usually the lead agency in state operations, but this time the Department of Family and Protective Services (DFPS) and the Child Protective Services (CPS), along with the Department of Public Safety (DPS), were in command of the operation. That led to some communication difficulties for DSHS. This communication breakdown made it difficult for DSHS to convey what was needed. Besides the stressful and intense nature of this operation, it had an emotional component, which is usually not evident during a hurricane or other disaster situation.

Ms. Perkins has assured the stakeholders that she and her staff will be working with HHSC to ensure prompt payments for providers within 30 days, as stated in the Memorandum of Agreement (MOA).

Ms. Perkins told of DSHS's involvement in another operation after the San Angelo assignment was completed. An End Stage Renal Disease (ESRD) facility had a rash of bad patient outcomes, resulting in deaths. EMS personnel had reported the original complaint when they noticed the increased number of runs to the ESRD.

Ms. Perkins also pointed out the increasing number of emergency suspensions for EMS. Since Ms. Perkins has taken over as Assistant Commissioner, there have been 19 emergency suspensions in EMS. Two additional suspensions were made voluntarily, but those would have resulted in emergency suspensions if they had not been voluntary. Of

these 21 suspensions, ten were drug-related, and nine were sex-related. Of the sex-related incidents, eight of the nine involved children. In years past, the average number of emergency suspensions was about five per year. The rise in this number may be because of increased reporting or there may be other reasons. Full criminal history checks have been taking place for the last four years, but some challenges remain in the system. A recent article noted that about 1 in 20 nurses have a criminal background. This data was gathered from a new database that checks for this type of information. Ms. Perkins feels EMS could be the next field to be investigated by the same database operators.

Ms. Perkins shared information concerning the open records request in regard to the recently published articles about RSI. One person has been making open records requests for almost a year, and it happens to be the same person requesting an EMS database. Issues with criminal background checks, air medical subscriptions, and now RSI are ongoing, and Ms. Perkins wanted to make the council aware of these issues.

Steve Janda, director of the Office of EMS and Trauma Systems Coordination, wanted to personally thank all providers who participated in the response to the events in San Angelo.

Mr. Janda also informed the council of the remaining 2008 GETAC meetings, which are August 13-15, 2008, at the Austin Hilton Airport Hotel and November 22-24 in Fort Worth, Texas, in conjunction with the EMS Conference. The locations of the 2009 meetings not held in conjunction with the EMS Conference are still undecided because of the limited number of hotels willing to offer state rates.

Mr. Janda informed the council of updates to several trauma rules. The following Texas Administrative Codes, under Title 25: Health Care Services, Chapter 157, Emergency Medical Care, have been through public comment and are being sent to Health and Human Services (HHSC) for final reviews and possible approvals: 157.11-Requirements for an EMS Provider License; 157.38-Continuing Education; and 157.44-Emergency Medical Service Instructor Certification. The draft rule 157.132-Regional Trauma Accounts (Red Light Cameras) has been sent to the DSHS Council for review and will be posted on the Texas Register for 30 days for public comments.

Mr. Janda talked about the National Registry passing rate in Texas; the latest statistics are available in *Texas EMS Magazine* for stakeholders to view.

Mr. Janda concluded his report with the topic of trauma funding. In fiscal year 2008, 11 Extraordinary Emergency Funds (EEF) have been dispersed, totaling about \$423,000; \$577,000 is currently left in the account for the remainder of the fiscal year. The EMS/Trauma Systems group dispersed 3588 monies to hospitals. This account was set up for fiscal year 2008 in the following manner: Monies that accumulated in the amounts of \$0-\$51 million would be dispersed; any monies accumulated between the amounts of \$51.7-\$98 million would be considered unappropriated; and any monies collected above \$98 million could be dispersed with permission from the proper authority. As of this

point, \$64 million has been collected in this account, and \$51.7 million is being dispersed to hospitals.

John Villanacci, manager of the Environmental and Injury Epidemiology and Toxicology Branch, reported that efforts to find solutions for the EMS/Trauma Registry are ongoing. A draft charter for the workgroup was developed and will be presented to GETAC some time in the future. The branch is close to finalizing a contract with Texas EMS, Trauma, and Acute Care Foundation (TETAF) to move forward to conduct a best-practices survey. Two main components would make up this process: poll other states for best practices and obtain stakeholder input. This survey would help the branch identify what the new registry should look like.

Several issues have surfaced from discussions in these workgroups; the main issue concerns the 408 funds from the Texas Department of Transportation (TxDOT). A meeting with TRCC has been set up and should occur before the next workgroup session in order to resolve these issues and possibly move forward with the improvements to the Trauma Registry.

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

**Air Medical Committee** – Chair Shirley Scholz, RN, reported the committee held two meetings discussing the draft on the alternate survey process. Only a small portion of the proposed language concerning the alternative survey process needs to be reviewed by the Air Medical Committee. It was proposed to change the language to explain that there are two options for state licensure: (a) a state survey process; and (b) accreditation by a nationally recognized accrediting organization. Implementing this language was postponed until an actual alternative process has been developed. The committee has agreed to use Commission on Accreditation of Air Medical Transport Services (CAMTS) standards as the state survey process but will delete areas that are federally pre-empted. 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 had a very productive meeting and discussed several topics. A discussion with Texas Engineering Extension Service (TEEX) Leadership Academy program about leadership classes and opportunities to partner with TEEX for the possibility of rural funding was productive. There was also discussion on the possibility of developing a critical care paramedic course, but the committee wanted to take more time to evaluate whether this type of higher course training and certification would be of interest and beneficial. The topic of EMS as an essential service was briefly discussed, and stakeholders are beginning to be more actively involved in having EMS recognized as an essential service. Prehospital intubation policies, a topic discussed in other committee meetings, was another topic of conversation; and the committee has come up with a recommendation for some of the protocols for reporting. Final discussions focused on the reorganization of GETAC, which will be presented later in the meeting.

**Education Committee** – Chair Jodie Harbert, LP, reported the committee met in Dallas, Texas, on April 4, 2008, where agenda items for the GETAC meeting in May were discussed. The committee drafted the EMS simulation document and voted to approve the draft. The committee also came to an agreement concerning the “clinical experience” as related to time spent in the classroom; it was decided that clinical should be left as-is with real-life situations. Discussions continued about national accreditation for EMS programs by 2013, and Dr. George Hatch was invited to this meeting for further discussion on this topic. Information presented by Dr. Hatch will be posted on the GETAC website. The EMS Coordinator’s survey has been distributed to coordinators who are on the National Registry email list; roughly 50 percent participation has occurred so far. Mr. Harbert informed the council that a workshop will be held at this year’s conference regarding the national accreditation of paramedics. The workshop will cover self-study requirements and will be coordinated by Jeff McDonald. Mr. Harbert concluded the meeting by informing stakeholders of the next Education Committee meeting possibly on July 11, 2008, or July 18, 2008, in Tyler, Texas. Definite information and finalized plans will be released to stakeholders when a decision is made.

**Injury Prevention Committee** – Chair Gary Kesling, PhD, reported that the committee discussed the Injury Prevention Committee Strategic Plan, which 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), formally requested the council approve integration of DIRT into the Injury Prevention Committee. A standing sub-committee on data informatics and research would then be established.

**Medical Directors Committee** – Chair Steve Ellerbe, DO, reported that the committee discussed the Physician Orders for Life-Sustaining Treatment Paradigm and have agreed to have a motion and a draft by the next meeting. Discussions regarding state disaster preparedness planning resulted in the possible recommendation of appointing regional medical directors to selected posts to serve as medical support contacts for medics in necessary operations. The committee also discussed the topic of pre-hospital intubation policies and protocols; the intention is to meet with Dudley Wait, member of the EMS Committee, and the workgroup being set up in order to develop a plan of action by the next GETAC meeting. The committee is also looking to develop two position papers on pre-hospital intubation practices and would like to speak to the delagative practice of medicine.

**Pediatric Committee** – Chair Joan Shook, MD, reported the committee mainly discussed the restructure of the organization and input will be provided later in this meeting.

**Stroke Committee** – In the absence of Chair Neal Rutledge, MD, GETAC Liaison Mike Click, RN, reported that the committee reviewed the draft DSHS rule, Title 25 of the Texas Administration Code, 157.133-Requirements for a Stroke Facility Designation. The workgroups and subcommittees involved in the development of this draft support the Stroke Facility TETAF criteria discussed at this meeting. The committee also decided to

develop a workgroup, which will be led by Beverly Welch, to write TETAF Support Stroke Facility Criteria.

**Trauma Systems Committee** – Chair Ronald Stewart, MD, reported that the committee discussed the DSHS rule, Title 25 of the Texas Administration Code, 157.132-Regional Trauma Account, regarding fund disbursement from traffic signal enforcement. The committee was able to clarify the issues concerning the Advance Cardiac Life Support (ACLS) requirements for board certified emergency medicine physicians and decided that either a copy of an ACLS card or a letter with adequate documentation would be sufficient. Detailed discussions took place on the topic of the American College of Surgeons (ACS) Level I Verification Criteria, which requires a continuous surgical residency rotation. The committee unanimously agreed that a letter should be drafted by the committee chair to the ACS VRC encouraging the VRC 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. The committee talked about the 3588 funds distribution; the need for continued diligence to release all the funds available was emphasized. The final discussion of this committee concerned the restructure of the organization, and input will be shared with the group throughout this meeting.

**Disaster/Emergency Preparedness Task Force** – Eric Epley, EMT-P, reported that the task force discussed the events that occurred recently in San Angelo and wanted to recognize DSHS for its support during the events and for implementing the Memorandum of Agreements (MOA) in order to deploy ambulances, strike teams, and personnel. Mr. Epley reminded interested parties to sign both the MOA for ambulances as well as the MOA for personnel. The task force is looking to pilot a new program, for a short time, where regional EMS coordination centers would work directly with Maxie Bishop, state EMS director, in disaster events. Instead of calling multiple individual providers and coordinators for assistance and deployment, Mr. Bishop would contact only a handful of coordinators while ensuring the messages reach the needed providers. The group also talked about the Texas WebEOC project. Mr. Epley announced that TEEX has finished developing a curriculum for Ambulance Strike Team Force Leadership courses, which will soon be made available throughout the state. Anyone interested should contact their RAC for further information, including start-up dates and locations.

**DSHS Preparedness Coordination Council** – No report was made available.

**Traumatic Brain Injury Advisory Council** – Todd Maxson, MD, reported that the council continues to provide updated information and resources to patients, family members, and survivors of traumatic brain injuries. The council has made this information readily available via the internet so that patients could make educated decisions and plans. The council also discussed preparing for the next legislative sessions and the possibility for funding opportunities for both pediatric and adult patients.

**DSHS Hospital Licensing Rules Review Workgroup** – No report was made available.

**Texas EMS, Trauma, and Acute Care Foundation (TETAF)** – Jorie Klein, RN, reported that the foundation passed its new bylaws and has also created a RAC division and a Pediatrics division within the foundation. The job description for the CEO for the RAC chair Project Manager has been approved and will be presented at the next meeting; a manager and an administrative assistant position will become available as well. The first survey is scheduled with Level III and Level IV process. The foundation has been working with Linda Jones, manager of the Texas EMS/Trauma Registry, to hire a project manager and to accumulate additional feedback from other states on other types of registry programs. The foundation would also like to receive feedback and specific needs from the regions here in Texas. The foundation intends to send personal surveys to hospitals, medical directors, EMS providers, and others who would benefit from the 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](http://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.

One last comment made by Dr. Ronald Stewart, concerning air safety proceeded as the following: *“The federal and now apparently the state bureaucracy seems to be inhibiting changes that would make air medical safer. One of your friends and probably some of your patients will die because the industry is resistant to implementing the technologies and systems that make command aviation safer and government is apparently incapable of making these changes.”*

#### **Action Items:**

*A motion was made by Vance Riley and seconded by Ronald Stewart to adopt the restructure as defined; adding the Disaster/Emergency Preparedness Task Force as a committee but leaving off the Cardiac Care Committee at this time. This does not define that the council will meet on Wednesday before the committee meetings, as suggested; pending further research of the appropriateness of these informal meetings. A motion to table this action item and continue discussing this topic was proposed because of disagreement from stakeholders. The council will reintroduce this topic in public comment again for further discussion. The council unanimously agreed to table the proposed motion.*

*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 that process in the August GETAC meetings. As the process moves forward in the coming months, new suggestions, new procedural rules, and further discussions on adjoining the Cardiac Care Committee will continue to be discussed in the next scheduled meetings. The motion passed unanimously.*

*A motion was made by 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 the Committee would begin the initial process to move this forward. The motion passed unanimously.*

**Future meeting dates in 2008:** August 13-15, 2008; and November 22-24 in Fort Worth, Texas, in conjunction with the 2008 EMS Conference.

**Adjournment:** The meeting was adjourned at 12:38 p.m.