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Governor's EMS and Trauma Advisory Council (GETAC) Meeting**

MEETING MINUTES

Governor's EMS and Trauma Advisory Council (GETAC)

Friday, August 15, 2008, 9:08 a.m. – 1:11 p.m.

Call to Order: Chair Edward M. Racht, MD, called the meeting to order at 9:08 a.m. Members present included Edward M. Racht, MD, Chair; Pete Wolf, Vice Chair; Mike Click, RN; Jodie Harbert III, LP; Shirley Scholz, RN, CCRN, EMT-P; Ronald Stewart, MD; and Marti VanRavenswaay. Members absent: Luis G. Fernandez, MD, FACS; Hector Longoria; Vance L. Riley, MPA, LP; Joan Shook MD; and Tivy L. Whitlock.

Approval of Minutes: *A motion was made by Marti VanRavenswaay and seconded by Pete Wolf to approve the meeting minutes from May 9, 2008. Ronald Stewart, MD, provided written copy of comments he'd made at the May meeting and requested that they be added to the May meeting minutes. Stewart's comments: "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."*

It was the consensus of the committee members that approval of the draft May 9, 2008, minutes be postponed until edited to incorporate the additional comment. The amended minutes should be reviewed again on November 24, 2008, at the next scheduled Governor's EMS and Trauma Advisory Council (GETAC) meeting.

Chair Report: Dr. Racht introduced newly-appointed GETAC members and re-appointed council members, James Randall Loflin, MD; Ryan Matthews, EMT-P; John D. Smith; Marti VanRavenswaay; Ronald Stewart, MD; and Tivy Whitlock.

Dr. Racht reminded the newly appointed committee members to complete the Texas Public Information Act and Open Meetings Act training videos within 90 days of their appointments. Failure to do so could result in suspension from GETAC.

There have been several discussions about the proposed GETAC structure and Dr. Racht wanted to assure everyone that the Council and stakeholders were still in agreement regarding the proposed restructure. This is the first meeting using the restructure. One exception to the restructure is that the Disaster/Emergency Preparedness Task Force become a committee. Upon recommendation by DSHS staff, it is to remain a task force because of its size until committee selections are made early next year. Additionally, how agenda items are reported by committee chairs and the structure of committees is still being discussed. The re-appointment process for these committees and the newly appointed committees will commence after the EMS Conference in Fort Worth in November.

Dr. Racht explained to stakeholders that with the new committee structure, committee chairs were allowed to have as many task forces and work groups deemed necessary, but to stay within the open meetings law, a quorum of committee members could not be present. If a committee quorum is present at a work group or task force meeting, it is considered a committee meeting, and without proper notification, under the Open Meetings Act, this meeting should not be conducted.

Based on the EMS and Trauma Regulatory Structure Task Force survey results, DSHS reports, committee reports, and any other reports presented at GETAC would only identify summaries of discussions and proposals, so that the majority of the meeting could focus on exchanging ideas and the interactions between committees needed to solve issues and move forward.

Dr. Racht said the response to recent hurricanes demonstrated Texas is better prepared and more organized in these situations than in the past, and Dr. Racht took this opportunity to thank everyone involved.

Dr. Racht informed the stakeholders the next GETAC meeting, November 22-24, 2008, takes place at the Renaissance Worthington Hotel in Fort Worth, Texas, in conjunction with Texas EMS Conference 2008.

Department of State Health Services (DSHS) Staff Reports

Kathryn C. Perkins, Assistant Commissioner for the Division for Regulatory Services, expressed her gratitude to the 21 providers that responded to Tropical Storm Edouard and Hurricane Dolly.

Ms. Perkins informed the stakeholders that the Division for Regulatory Services is developing an appropriation request for the legislative session that begins in January. Ms. Perkins discussed some of the details of the appropriation request and what is being required of the Division. She stated that all programs within the Division are required to come in at base funding; the Division is required to propose a schedule of a 10 percent cut, which is equal to approximately \$10 million. Ms. Perkins said this simply shows different areas where cuts could come from and the impact that those cuts would create; however, it was not required to be included in the appropriation request. In the impact statement, the Division was able to show that the cuts will decrease costs, but the cuts will also reduce revenue to state. Ms. Perkins stated that in the appropriation request, the Division requested GETAC be included in the committees that receive reimbursement for travel.

Ms. Perkins informed the stakeholders that exceptional item requests have also been submitted. The exceptional item request to distribute additional EMS/Trauma monies was submitted on July 25, 2008, and should be approved and distributed soon. Another exceptional item request submitted is for more full-time employees (FTEs) due to an increase in certifications and licensures in the past five years. Each time there is an increase in licensing, a increase in complaint in-takes, customer service requests and surveys also occurs, yet DSHS has not received any additional resources or full-time employees for these purposes. She said the Division would need 185 new FTEs to process the workload it currently faces; therefore, the exceptional item request will be submitted and the Division will be the number two priority for DSHS.

Ms. Perkins also discussed recent medical air crashes. She and Dr. David Lakey, Commissioner of the Department of State Health Services, discussed the concerns particular to Texas and Dr. Lakey requested a briefing document to describe the issues surrounding air medical safety. Ms. Perkins stated she will be meeting again with the Commissioner regarding the briefing document, which was in draft form at the time of their meeting. She also stated that DSHS has contacted the Federal Aviation Administration (FAA) and is attempting to establish a partnership with them. Ms. Perkins concluded her report by introducing Mr. Steve Buckner from the Fort Worth Regional FAA office.

Mr. Steve Buckner stated he had discussions with DSHS and believes the Department and the FAA can have combined visits with providers, at which the FAA would make suggestions providers could accept that would mitigate risk. Safety program managers are available to join DSHS surveyors and could offer suggestions to providers without imposing punitive actions. Mr. Buckner added that while new legislative changes could take up to three years to implement, local FAA representatives can accompany surveyors on inspections, and they can give suggestions on how to correct problems they may see.

Renee Clack, Director of Health Care Quality Section, provided the state report for the Office of EMS/Trauma Systems Coordination. Ms. Clack introduced the newest employee of the EMS/Trauma Systems Coordination Unit: Emily Parsons is the new manager for the EMS/Trauma Systems Group. Ms. Clack also informed the stakeholders that a replacement for Steve Janda had been selected. Jane G. Guerrero will officially join the EMS/Trauma Systems Coordination Unit as director on September 15, 2008.

Ms. Clack reported that the modifications to 157.11 EMS Provider, 157.38 Continuing Education, and 157.44 EMS Instructor rules will become effective on August 17, 2008. She advised to pay close attention to the changes in the EMS provider rules, although DSHS will not begin enforcing the new rules until January 1, 2009. Ms. Clack further reported that the revisions to the 157.132 rules received no comments during the open comment period and were sent forward for adoption. However, there is no appropriation to implement the rules. The Department anticipates them becoming final near August 21, 2008. She also said DSHS will distribute the 911 and 1131 monies to hospitals by the end of August.

Ms. Clack ended her report by announcing the 2009 GETAC meeting dates:
February 25-27, 2009
May 13-15, 2009
August 19-21, 2009
November 21-23, 2009

Casey Blass, Director of Disease Prevention & Intervention Section, reported that the timeline for replacing the Texas EMS/Trauma Registry had been delayed because the proposed plan was deemed not acceptable use of the Texas Department of Transportation's (TxDOT) funds. He added that DSHS worked with TxDOT to create a modified plan, but the changes will lengthen the timeframe. Mr. Blass stated that TxDOT is asking for a more formal study and recommendation to assess the options for a new Trauma Registry. TxDOT requires stakeholder input and participation; requires a maintenance contractor be hired (which was done earlier this

summer); requires a project manager be hired (this person was recently hired and will be starting in the near future). Mr. Blass continued that the next process is a formal RFP to select a new trauma registry for the state, and a vendor will be selected based on that process. He added that the timeline for this process has been extended another year, and the new system will be introduced sometime in 2010 rather than 2009. Mr. Blass reiterated that the current funding source is TxDOT, and their guidelines and requirements must be followed.

Mr. Blass informed the stakeholders that the department worked on an exceptional item request for the EMS/Trauma Registry by justifying why the funding was needed. Because of that, the department has developed an exceptional item request in the amount of \$1.6 million for two years to support additional staff, IT support and other ongoing operating costs. He advised that stakeholders need to speak up and support it. Mr. Blass added that this request also includes other registries, including cancer registry and birth defects registry, but the key support is for the trauma registry. Mr. Blass concluded his report by stating the public use data file for 2005/2006 is now ready.

Standing Committee/Task Force Reports

Air Medical Committee – Chair Shirley Scholz, RN, reported the committee continued editing the Commission on Accreditation of Air Medical Services (CAMTS) standards and using its safety standards. At the conclusion of this process, the committee realized the end-product of this alternative process was a simplified version of the already established CAMTS standards. The committee discussed using the CAMTS standards in its entirety, but it wanted to add specific points found in Senate Bill (SB) 3229-Air Medical Safety Improvement Act of 2008, sponsored by Senator Maria Cantwell, to increase the safety of the crew and passengers in air ambulances by requiring necessary technologies to ensure safety. The committee unanimously agreed to recommend to the council to use CAMTS standards in addition to Senator Cantwell's points in SB 3229 as a survey tool for state licensure for air medical programs. The committee will discuss the joint survey process with the FAA Safety Team at the next scheduled meeting, as well as assist during legislative sessions regarding ways to improve aviation safety for air ambulances.

EMS Committee – Chair Pete Wolf, EMT-P, reported the committee discussed the GETAC restructure that will take effect when the new procedural rules are approved. The topic of having EMS designated as an essential service was brought to the committee's attention. The next legislative session will begin soon, and the committee needs to identify legislators who can speak on their behalf to push this idea forward. The committee will also be contacting EMS stakeholders and organizations for support. The EMT Critical Care Paramedic Certification program was discussed; the need for an additional level of EMT certification is not recommended at this time. If a need is identified in the future, the committee will address the proposal at that time. Prehospital intubation and Rapid Sequence Intubation/Pharmacologically Assisted Intubation (RSI/PAI) issues were discussed. The purpose of this is to bring groups in for further discussion on the negative media reports concerning the procedures for intubation and RSI/PAI issues. The committee would like to demonstrate that steps are being taken to rectify the problems and to avoid legislative involvement. Stakeholders and the public will be notified upon completion of these steps. Future items to be discussed by the committee include criminal background check procedures, Trauma Registry issues and the fact that some Emergency Care

Attendant (ECA) level students in rural areas are not prepared to pass the National Registry (NR) test.

Education Committee – Chair Jodie Harbert, LP, reported the committee met in Tyler, Texas, on July 11, 2008, as a workgroup to discuss the posted agenda items. Title 25 of Texas Administrative Code, Chapter 157, Section 157.37, Certification or Licensure of Persons with Criminal Backgrounds, was discussed, and the idea to include certain language found in the Texas Chapter 53 of Texas Occupations Code, Consequences of Criminal Convictions, in order to exclude certain persons who have convictions of certain crimes from certification or licensure. The committee chair has asked that a subcommittee be assembled to continue working on this project and report an update at the next meeting. The committee will recommend to GETAC the teachings and usage of Wave Form Caponography on patients who are intubated by EMS personnel or transported by EMS personnel. Simulation education for EMS programs in labs, but not in lieu of clinical practice, was also recommended by the committee, but only for advanced courses. The results of the EMS course coordinator survey will be further explored at the next meeting and recommendations will be made. The Education Committee is in favor of the North Central Texas Trauma Regional Advisory Council “Preparing Medical Directors” course at the EMS Preconference on November 21, 2008, at the Worthington Hotel in Fort Worth. Finally, the next Education Committee meeting/workshop will be held in San Antonio at the University of Texas-San Antonio Health Science Center in October 2008.

Injury Prevention Committee – Chair Gary Kesling, PhD., reported that the committee discussed the development and implementation of the *Injury Prevention Strategic Plan* as well as identified the chairs and the standing sub-committees: Legislative Affairs, Education and Programs, Communications Inter/Extra GETAC, and Research and Surveillance. The goals of the Strategic Plan were identified as “champions” and consist of the following: definitions, developing fiscally-based support, developing and implementing standardized injury prevention criteria for designated trauma centers, increasing access to and adding links with GETAC, promoting and supporting research on injury prevention and utilizing and expanding surveillance systems. The committee will continue implementing the developed Strategic Plan and will have more information on its progress at the next meeting.

Medical Directors Committee – In the absence of Chair Steve Ellerbe, DO, committee member Donald Gordon, PhD, MD, reported that the committee would like to recommend that GETAC adopt the Physician Orders for Life Sustaining Treatment (POLST) Paradigm. The committee would like to have some legislative support and action behind this paradigm as well as have DSHS review the document to provide legal opinions. The committee is hoping to have representatives from POLST at the next medical directors meeting with sample forms available for GETAC members to review. With regard to rapid sequence intubation (RSI) and pharmacologically assisted intubation (PAI) issues, the committee would like to continue research on these topics and possibly post a draft position paper on the Internet. A position paper on delegated medical practices was reviewed by the committee but was minimized to two sentences: “It is the position of the Medical Directors Committee of the Governor’s EMS and Trauma Advisory Council that medical directors should fulfill their responsibilities under Texas Rule-Chapter 197; and be actively involved in the EMS arena.” The committee consensus is also to delegate medical practice and provide the best opportunity for the delivery of optimum care

when called upon by the Texas EMS and trauma systems.

Pediatric Committee – In the absence of chair Joan Shook, MD, committee member Charles Jaquith, LP, reported the committee discussed the restructure of GETAC and wanted to express the importance of having a pediatric liaison in other committees. The committee discussed the presentation on submersion and reviewed data related to drowning and near-drowning incidents involving children. The committee is interested in creating a registry through the state containing this type of information, which can help prevent such tragedies. The Pediatrics Committee has also been informed about the outsourcing of the Trauma Registry and would like to add its support on this decision to find an alternative program.

Stroke Committee – In the absence of Chair Neal Rutledge, MD, GETAC liaison Mike Click, RN, reported that the committee reviewed the draft DSHS rule at Title 25 of the Texas Administration Code, 157.133, Requirements for a Stroke Facility Designation. The work groups and sub-committees that have been involved with the development of this draft support the Stroke Facility Texas EMS, Trauma, and Acute Care Foundation (TETAF) criteria that were discussed at this meeting. The committee also discussed the possibility of having a Comprehensive Stroke Center (CSC) certification by TETAF, but that has been deferred until the results of the 15th American Stroke Association meeting are released. The Stroke Committee is in favor of the Support Stroke Facility Criteria being published for comments and review. Lastly, the committee requests that the Stroke Committee meetings be moved to Wednesday mornings in order to coordinate with the Texas Stroke Coordinators Forum that is held on Tuesdays.

Trauma Systems Committee – Chair Ronald Stewart, MD, reported that the committee discussed pediatric and adult trauma facility designation and ways to make the current Texas trauma designations more consistent with the American College of Surgeons (ACS) verification rules and policies. Committee member Todd Maxson, MD, will bring forth to GETAC, from the Trauma Systems Committee, a series of questions that the committee would like to have reviewed by DSHS legal support regarding the trauma designation rule (157.125) supporting pediatric facility designation. Currently, the rule only allows a facility to be designated at the appropriate level as a trauma facility whether or not the ACS verification is for a trauma center, a pediatric trauma center or for both. Seven questions will be presented to DSHS council:

1. If a facility can advertise itself as a pediatric trauma center because the ACS recognizes this center as one, even though the state designated it as a trauma center;
2. Giving DSHS the ability to classify a general health care facility as a pediatric trauma center;
3. Verifying if the state grants permission to DSHS to have authority to change designation statutes, through legal procedures, to reclassify categories to match those of ACS;
4. If it is even necessary to follow legal procedures for this reclassification;
5. Appropriate language that should be presented to legislature for these requested changes;
6. Whether the state has granted DSHS permission to designate Level III pediatric trauma facilities; and
7. Steps necessary for DSHS to authorize a Level III pediatric trauma center.

A representative from Driscoll reported that free-standing pediatric facilities may not have adult supplies or equipment on hand. Dr. Maxson stated that pediatric hospitals must have the capacity

to care for non-pediatric patients. Dr. Stewart emphasized this is a similar situation to adult trauma centers treating very young children. There was a discussion about opening the rules for this and other issues. Lastly, the committee is looking to form either a work group or sub-committee that would focus on developing a best practices strategy for dealing with patient issues and the way care is provided for these patients.

Disaster/Emergency Preparedness Task Force – Eric Epley, EMT-P, reported that the task force has been given committee status, but because its structure would need to be reconfigured, it remained a task force for this meeting. Mr. Epley pointed out that discussions in after-action reports regarding the tropical storms and hurricanes this season acknowledge that Texas has risen to the occasion, and all the training and available courses for responders and providers have truly paid off. These have been some of the better deployment operations and he thanked everyone involved in all of the exercises. Full integration of the search and rescue team with Texas Task Force One (TTF-1) for the first time and an assigned strike team leader for this group was a success. Mr. Epley also pointed out that the money that has been invested in new equipment and technology has been a success and a necessity. A conference call will be set up with the affected jurisdictions in future operations in order to better prepare for deployment processes as well as to better communicate action plans with these areas. A suggestion to change the name of the DSHS MACC to something more simple or distinctive was voiced in order to avoid confusion with the rest of the regional MACCs activated throughout the state. The need for a well-defined organization command structure in evacuation events is necessary and was frequently expressed after these hurricane operations. The group feels strongly about emphasizing the use of very high frequency (VHF) radios in every ambulance that responds to state disasters and would like to take the necessary steps forward to make this possible. A pilot project was discussed with regional EMS coordination centers; and every Regional Advisory Council (RAC) would have a point of contact to serve as a “dispatch” center to assist in cases of evacuation. Finally, the new concept of a Regional EMS and Medical Task Force was discussed. The possibility of making four to eight large regional task forces available throughout the state was offered. These task forces would consist of five ambulance strike teams, five nurse strike teams, two ambulance buses, and a small, 25 to 40 patient mobile field station. These task forces would be located throughout the state and could be called upon when disaster strikes.

DSHS Preparedness Coordination Council – No representative was available at the meeting to present a summary for the council, but a report was provided prior to the meeting and was posted to the GETAC website for reference.

Traumatic Brain Injury Advisory Council – Todd Maxson, MD, reported that the council is starting to work on a legislative agenda and would like to send out an invitation statewide for more stakeholders interested in being members of this council; specifically, family members of survivors, military personnel and their family members. Interested parties should contact Dr. Maxson, who will provide more information and details.

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 would like to thank all the people who have assisted with the progress of this foundation. Brenda Putz has been creating a process for trauma care evaluations and working

closely with various resources on this project. The foundation has posted a CEO position and a manager position on the TETAF website for public viewing and application. The application deadline for both positions will be August 31, 2008, in anticipation of filling the positions no later than January 5, 2009. Since the previous meeting, the trauma section of the foundation has conducted 15 to 20 site surveys with more completions anticipated. In addition, the trauma foundation is coordinating efforts in educating administrators on the needs of trauma centers. On October 2, 2008, the second site survey training course will be offered, and it is the only course available in the state with this type of information. From the EMS Division side of the foundation, the Comprehensive Clinical Management Program (CCMP) has been set as a top priority, and the Division would like to look at the potential of creating a site survey process as well. The Disaster Preparedness Division plans to work with all regions in order to establish a Regional Medical Operations Center (RMOC) in each of region and create a best practices procedure, as well. In the Injury Prevention Division, the goal is to build stakeholder's support; in addition to this, it would like to merge the Texas branch of the American Trauma Society into the Injury Prevention Division of the foundation. The education department has been working with Beth Tracy in developing a continuing nurse education (CNE) program to help facilities provide better services. Previous meetings included discussions on adding a RAC division and a pediatrics division to the foundation; at this meeting chairs were appointed to the each group -- Terry Cook for RACs and Sally Snow for pediatrics. The group also discussed the issues involved with the Trauma Registry, and TETAF would like to offer support and be a partner in developing this new process. One of the concerns expressed about the registry is that data definitions are difficult to understand and configure; therefore, a coordinated effort should be made to clear up this issue on both receiver and sender ends.

General Public Comment

Dr. Racht reviewed the restructure of GETAC with all those present. Currently, ten standing committees are in place under GETAC: Air Medical, EMS, Education, Injury Prevention, Medical Directors, Pediatrics, Stroke, Trauma Systems, and now the Disaster/Emergency Preparedness Committee and Cardiac Care Committee. The committee chairs will submit agendas to DSHS in the requested time, and each committee will be able to appoint as many sub-committees or work groups as deemed necessary. As many people as needed can be assigned to the sub-committees and work groups. The usual quorum rule still stands, and the option of having combined meetings is also available. From the last meeting, the decision of upgrading the Disaster/Emergency Preparedness Task Force to a committee was agreed upon, but the decision was held off until this meeting because of the structure the task force currently employs. Dr. Racht asked the council and the general public for comments on this system for any additional modifications.

Public comments were made regarding the new restructure by Thelma Lemley, specifically about modifying the number of committee members. Eric Epley spoke regarding the size of each committee and whether the maximum number would remain 19 instead of the proposed 11 members for each committee. Rick Moore spoke in favor of the structure proposed by Remmy Morris regarding adding the Cardiac Care Committee. Curtis Smith spoke of the meeting time lengths for each committee for each day. The current times set for GETAC meetings are 8:00 A.M. to 7:00 P.M. It is difficult as a provider and for other stakeholders to be away from their

business because of long meetings, and he requested the committee consider reconfiguring meeting time slots to try to accommodate attendees.

In response to these comments and questions, Dr. Racht answered each concern accordingly. If the restructure process was brought back to the committees for voting once again, it would slow down the appointment/reappointment process for these committees and it would take longer to implicate this new structure. As for the size of committees, currently committees were having a difficult time with regular attendance and reaching a quorum. Other committees felt that there were not enough members to completely cover all areas deemed necessary. With this in mind, the size of each committee cannot be an overwhelming number that the committee would not be able to accommodate; thus, 11 members seemed to meet both concerns. It was also stated by Dr. Racht that committee chairs and council members would meet before the committee meetings to discuss necessary issues and concerns. With regard to adding the Cardiac Care Committee, a set timeline to when this committee would be added was never established, but would be discussed in the future. In the final response to comments, regarding meeting time lengths, Dr. Racht suggested the meeting lengths be trimmed down to 90 minutes, effective in November, for the next scheduled GETAC meetings.

Other public comments include the following: the audience and stakeholders applauded the efforts put forth by the Air Medical Committee for standing firmly on their positions; disappointment was expressed on the voting results for GETAC restructure in regards to the number appointed to each committee; Trauma Registry concerns about funding from House Bill (HB) 3588 monies; and proposed legislative changes in regards to HB 3588 distributions.

Action Items

A motion was made by Jodie Harbert and seconded by Marti VanRavenswaay to accept the proposed committee structure for GETAC. A friendly amendment to the motion was made by Shirley Scholz to accept the proposed committee structure for GETAC with the potential of 10 committees and the recommendation that the number of members per committee be set at 11; but with the potential to increase the number of committee members after discussions with the committee chair. Mr. Harbert expressed concern regarding the potential number of requests to increase the number of committee members and suggested a maximum be set for these requests. Ryan Matthews suggested that each committee chair should decide the number of members per committee; therefore, minimum or maximum numbers of committee members would not need to be established. Pete Wolf recommended the council proceed with the originally proposed structure for a trial period, allowing the committees to adjust to the new structure. The final motion was made by Jodie Harbert and seconded by Marti VanRavenswaay to adopt the proposed committee structure for GETAC, as written, with the potential for 11 committees and the recommendation that the number of committee members be set at 11. The motion passed unanimously.

A motion was made by Shirley Scholz and seconded by Marti VanRavenswaay to adopt the idea of using CAMTS standards plus U.S. Senator Maria Cantwell's (D-Wash) points in Senate Bill 3229 as a survey tool for state licensure for air medical programs. The motion passed unanimously.

A motion was made by Pete Wolf and seconded by Shirley Scholz to endorse TETAF moving forward with the data gathering process for the Trauma Registry using the necessary survey(s) and possibly working with DSHS to complete these processes. The motion passed unanimously.

A motion was made by James Loflin and seconded by Jodie Harbert to endorse the state of Texas' adoption of the Physician Order for Life-Sustaining Treatment paradigm and to move forward with this process. The motion passed unanimously.

A motion was made by James Loflin and seconded by Pete Wolf to endorse the following statement presented by the Medical Directors Committee: "It is the position of the Medical Directors Committee of the Governor's EMS and Trauma Advisory Council that medical directors should fulfill their responsibilities under Texas Rule-Chapter 197; and be actively involved in the EMS arena. The committee consensus is also to delegate medical practice and provide the best opportunity for the delivery of optimum care for patients when called upon by the Texas EMS and trauma systems." The motion passed unanimously.

A motion was made by Mike Click and seconded by Shirley Scholz to approve the drafted DSHS rule, Section 157.133 Requirements for Stroke Facility Designation. The motion passed unanimously.

A motion was made by Jodie Harbert and seconded by Mike Click to revise the committee structure so the current structure still holds 11 members per committee, but the committee chair can ask to increase that number, with the approval of the council. The motion passed unanimously.

Future meeting dates in 2009: February 25-27, May 13-15, August 19-21, and November 21-23, in conjunction with the EMS Conference being held in Fort Worth, Texas.

Adjournment: The meeting was adjourned at 1:11 p.m.