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MEETING MINUTES

Governor's EMS and Trauma Advisory Council (GETAC)

Monday, November 19, 2007, 6:12 p.m. – 9:48 p.m.

Call to Order: Chair Edward M. Racht, MD, called the meeting to order at 6:12 p.m. Members present included: Edward M. Racht, MD, Chair; Pete Wolf, Vice Chair; Luis G. Fernandez, MD, FACS; Jodie Harbert III, LP; Vance L. Riley, MPA, LP; Shirley Scholz, RN, CCRN, EMT-P; F.E. Shaheen III, EMT-P; Joan Shook MD; and Ronald Stewart, MD; Marti VanRavenswaay; and Tivy L. Whitlock. Members absent: Mike Click, RN; Fredrick N. Hagedorn, MD; and Hector Longoria.

Approval of Minutes: *A motion was made by Vance L. Riley, and seconded by Ed Racht, MD, to approve the revised meeting minutes from February 23, 2007. All council members were in favor; the motion passed. A motion was made by Luis G. Fernandez, MD, and seconded by Pete Wolf to approve the meeting minutes from May 25, 2007. All council members were in favor; the motion passed.*

Chair Report: Chair Edward Racht, MD, welcomed everyone to the meeting and shared and thanked them for attending the 2007 EMS Conference in Houston, Texas.

Dr. Racht discussed the postponement of the Governor's EMS and Trauma Advisory Council (GETAC) meetings for August 22-24, 2007 as well as the GETAC retreat being held August 17-19, 2007 due to the events related to Hurricane Dean. The GETAC retreat has been rescheduled to January 25-27, 2008. The goal of this retreat is for the council to look at the structure of the committees, review the responses and comments of the survey that was recently set up for comments from the stakeholders, and possibly work on significant changes for the future of these committees after this retreat.

Dr. Racht also mentioned the committee renewal process applications would normally begin its process in this meeting, but it has been suggested that the present committees stay intact and delay the application process until the results of the GETAC retreat since there is a possibility the structure of the committees will change.

In conclusion to Dr. Racht's report, the meeting dates for 2008 for GETAC are as follows: February 6-8, 2008; May 7-9, 2008; August 13-15, 2008; and November 22-24, 2008, in conjunction with the EMS Conference being held in Fort Worth, Texas. All meetings, with the exception of the November meeting, will be held at the Austin Hilton Airport hotel.

Department of State Health Services (DSHS) Staff Reports:

Kathryn C. Perkins, assistant commissioner for the Division for Regulatory Services, briefly discussed the prior incidents that occurred at the Department of State Health Services Exchange Building which may have affected several EMS stakeholders and personnel throughout the time these incidents were occurring.

Mr. Perkins spoke on the topic of Hurricane Dean and thanked everyone that participated in these evacuation procedures as well as ensuring that all activated providers under the Memorandum of Agreement (MOA) contracts were paid within the 30 days as stated.

Further discussion from Ms. Perkins led to the topics concerning the legislative issues which included the Gurney Car bill. This bill went through two legislative sessions before it was finally passed. Now that the bill has crossed this barrier, stakeholders are now starting to ask questions and showing concerns post-legislative sessions and these questions and concerns when it would have been beneficial for this type of active participation before the bill was passed. The red light camera bill was did not get appropriated, but the Health and Human Services Commission (HHSC) would like for the Department of State Health Services (DSHS) to draft rules pertaining to this bill for adoption. There is still plenty of interest being shown towards this bill and DSHS is working diligently to explore other options to keep this bill alive.

Ms. Perkins also expressed concern on the hospital licensing rule and the time that has been spent on this rule for evaluation. DSHS has spent more than three years on the mandatory review processes. One of the new rule requirements is that counties with a population of more than one hundred thousand people, a hospital must have emergency physician coverage, twenty-four hours a day, seven days a week. In counties with a population of one hundred thousand people or less, a hospital must have emergency physician coverage, on-call, twenty four hours a day, seven days a week. Since its recent implementation, there have been numerous inquiries concerning this new rule and what the public expects as well.

Steve Janda, director of the Office of EMS and Trauma Systems Coordination, reported the public license search is now operating properly on the Department of State Health Services (DSHS) website and stakeholders may now check for EMS personnel, First Responders Organizations (FRO), and Continuing Education (CE) programs

Mr. Janda also reported updates on the number of ambulance Memoranda of Agreement (MOA) that DSHS currently has for disaster response situations: 196 ground ambulances and 6 air ambulances. These numbers, along with the providers that have MOA contracts with DSHS are also available through the DSHS website for public view. The current MOA contract is being reviewed by DSHS for possible changes and stakeholder input will be solicited for this review as well.

Mr. Janda continued with the discussion of the EMS Trauma Registry, in regards to setting funding amounts, is available for the fiscal year 2008 which is being disbursed

through the Regional Advisory Council (RAC), based on accepted EMS runs that were submitted to the registry. Providers can log on to their registered accounts to view the information that was submitted for 2006 and can either accept or reject the posted information. If the information posted is incorrect or not accurate, the provider can submit an Affidavit form, which can be downloaded from the DSHS website, before December 7, 2007.

Mr. Janda concluded his report with an update on the state EMS and trauma systems funding program. Mr. Janda reported that 243 Texas hospitals currently had achieved trauma designation status: Level I – 13; Level II – 9; Level III – 42; and Level IV – 179. There are 14 hospitals in active pursuit of designation. In the fiscal year 2008, there were \$25.5 million appropriated moneys that had accumulated in the 3588 account. The EMS local project grants fund was able to grant 77 of the 90 entities that applied for the grant and were able to distribute \$1.1 million of the \$2.2 million that were requested. The Emergency Care Attendant (ECA) training fund is made available to increase the availability of certified EMS personnel training in rural and counties where local training is not available. Organizations that are located in rural areas which are directly and/or indirectly responsible for providing emergency medical services in their area.

Maxie Bishop, state EMS director, updated the council about the National Registry EMS scores were released recently and compared Texas scores to national scores. The passing rates were as follows:

	Texas	National
First Responders	80%	78%
EMT-Basic	72%	72%
EMT-Intermediate	73%	68%
EMT-Paramedic	64%	65%

Since Texas moved to computerized testing on January 1, scores have been improving in all categories with the exception of EMT-paramedic. This may be because there have not been many established programs that help prepare these students for the National Registry exam, Mr. Bishop said. Mr. Bishop will be posting these numbers on the DSHS website for public view and his intention is not to embarrass or discourage anyone involved.

John Vohlachi(?), representative of the Texas EMS/Trauma Registry, started with an apology to the stakeholders for the problems and issues the Trauma Registry has been experiencing and the delays it has been causing its stakeholders. He reported that a meeting has been set up with Dr. David Lakey, Commissioner of the Department of State Health Services to discuss with him the concerns from the stakeholders as well as from the organization and possible, long-term strategies to keep this Registry effectively working. A short term solutions has been implemented. The Registry was able to purchase three new servers which are to be used as a production server, test server, and a

back-up server, respectively. New, updated software was purchased as well to help with some of the Registry issues. The Registry has been able to identify several external funding sources to assist with funding issues, but it is now looking into internal groups for funding sources as well to assist with Registry funding

Standing Committee/Task Force Reports:

Air Medical Committee – Chair Shirley Scholz, RN, reported the committee discussed the responses from the U.S. Department of Transportation regarding “Lifeguard” helicopters and access to public or “prior permission required” helipads. The committee had forwarded these inquiries to the Center for Medicaid and Medicare Services (CMS) for an explanation as to how the questions relate to possible Emergency Medical Treatment and Active Labor Act (EMTALA) violations and did receive a response. These responses will be posted on the GETAC website for public view. There has been a designated workgroup assigned to work on an alternative state licensure program and this work group is planning to have a telephone conference some time in the future to come up with a substitute for Commission on Accreditation of Air Medical Services (CAMTS) standards for air ambulance licensing. New language was drafted for the helipad recommendations after discussion to further clarify the intent of the rule. The committee is asking for the support from GETAC for all general hospitals to have a designated area for air medical helicopters access as part of the hospital licensing rules. The committee also asked that the language that was stricken from the hospital licensing rule from the May 25, 2007 GETAC meeting, be reconsidered and resubmitted into the rule once again with certain changes that will be presented as an action item for GETAC. Lastly, the committee discussed the possibility of the FAA and DSHS conducting joint surveys of air medical providers in Texas.

Education Committee – Chair Jodie Harbert, LP, reported the committee discussed the provider licensing rule 157.11 and the recent addition from legislation, concerning the requirement for all licensed EMS vehicles to carry EpiPens or its equivalence. The instructor certification rule (157.44) was also mentioned in the meeting but there were no recommendations or changes made to it. Issues concerning the National Registry (NR) were mentioned, including ideas and suggestions on how the National Registry (NR) could be more practical with its skills exams. In regards to the simulations in lieu of clinicals, there are optional sites that can be utilized in place of the hospital sites that are currently available and more information will be available at the next scheduled meeting for this committee. Three members of the Education Committee formed a subcommittee to address ongoing issues within EMS education and are looking into the possibility of developing a survey which would include: medical directors, providers, educators, and any other personnel in relation to the EMS field for feedback. The Scope of Practice was discussed and reviewed in this meeting and minor changes were suggested and made which shall be presented to the council for voting. The Education Committee is looking to meet again in mid-January of next year to further discuss issues concerning the EMS curriculum; national accreditation; and the process for formulating mandatory background checks for future EMS applicants.

EMS Committee – Chair Pete Wolf, EMT-P reported the committee discussed the EMS subscription rule (157.XX) and the friendly amendment to remove the verbiage concerning air medical providers as requested at the May GETAC meeting. The committee recognized that there are possible concerns with this rule if this wording is removed and can possibly affect the existing provider licensing rule 157.11. It was decided to make a motion at the GETAC meeting to reinstate the original verbiage into the subscription rule 157.XX. The provider licensing rule 157.11 was discussed at the meeting in regards to the recent addition from legislation, concerning the requirement for all licensed EMS vehicles to carry EpiPens or its equivalence. The instructor certification rule 157.44 was mentioned in the meeting but there were no recommendations or changes made to it. Presenter Shawn Salter with San Antonio AirLife lectured on infectious disease exposures to EMS personnel; and the EMS Committee, along with the Medical Directors Committee will present the notion of forming a task force specific for these issues and concerns to GETAC.

Injury Prevention Committee – Chair Gary Kesling, PhD reported that the committee discussed key issues and planning for the next legislative session. The issues and current plans concerning the EMS/Trauma Registry and the committee’s joint efforts to continue supporting the EMS/Trauma Registry were brought into discussion at this meeting. Topics related to the Texas EMS, Trauma and Acute Care Foundation and Injury Prevention collaboration with the foundation was part the agenda for the committee. The talk about trying to launch a pilot project in relation to a peer review section for the Texas EMS publications on Prevention and Research and more information was provided by the Data Informatics and Research Task Force (DIRT).

Medical Directors Committee – In the absence of chair Steve Ellerbe, DO, committee member John Griswell, MD, reported that the committee reviewed and unanimously decided to request that GETAC place a formal request to the necessary state government officials that all funds allocated to trauma facilities, EMS providers, and Regional Advisory Councils (RAC) in House Bill (HB) 3588 of the 78th Legislature and Senate Bill (SB) 1119 of the 80th Legislature be dispersed to the awarded entities as intended. The topic of infectious disease and the lack of addressing the issues in a uniformed manner was another topic discussed at this committee meeting. The committee is in favor of developing a standardized system to assist in surveying and treating exposures of infectious disease to public safety personnel. The issues concerning the EMS/Trauma Registry and its inconsistencies of data retrieval was also talked about in the meeting and a recommendation on this issue is to allow a “user-friendly”, timely extraction and study of this data. The Medical Directors also discussed and unanimously agreed that GETAC should consider taking steps to assisting the Disaster Preparedness Task Force in becoming a standing committee. Other topics discussed and agreed upon were the proposed recommendations of provider licensing rule 157.11 regarding anaphylaxis treatment by Emergency Medical Services (EMS) personnel and ground transportation of stretcher patients as well as the instructor certification rule 157.44 regarding instructor certification with the added proposed change that reporting to the State of poor behavior is to occur “when known”.

Pediatric Committee – Chair Joan Shook, MD, reported the committee was presented with the Emergency Medical Services for Children (EMSC) National Resource Center survey results of performance measures from representatives from this organization in regards to where Texas rates in comparison to the rest of the nation. Based on the results, the committee concluded that data needs to be reviewed in more detail; provide more support in the distribution of future surveys; present information collected and discussed from the group in the council meetings for other committees to be informed and understand; look into forming a “non-responders” focus group to assist in investigating reasons for lack of responses in surveys; and developing and “frequently asked questions” sheet to be placed with future surveys. Other topics discussed at the Pediatrics Committee meeting included: hurricane preparedness and supplies; transportation needs for pediatric patients in the event of an evacuation; the provider licensing rule 157.11 concerning the requirement for all licensed EMS vehicles to carry EpiPens or its equivalence; and the Homeland Security sponsored meeting being held in San Antonio, December 3-7, 2007.

Stroke Committee – In the absence of chair Neal Rutledge, MD, committee member Brent Dalley, CCEMT-P, reported that the committee viewed two presentations at this meeting. The first presentation was the American Stroke Association Stroke System Overview presented by Dennis Milne, VP, ASA. The second presentation was presented by Jennifer Smith from the Department of State Health Services (DSHS), concerning the status of the GETAC recommendations on stroke education and training. As a result of this presentation, a subcommittee being organized will review and make possible recommendations for acceptable EMS training programs. The GETAC recommendation draft on stroke center facility designation and transport plans was reviewed and discussed by Kathryn C. Perkins, Assistant Commissioner for the Division for Regulatory Services at this meeting. Finally, the Regional Advisory Council (RAC) stroke survey letter was presented and reviewed by Stroke Committee member Brent Dalley to the committee at this meeting and the committee is looking to present a finalized draft of the stroke facility proposed rule at the future May 2008 GETAC meeting.

Trauma Systems Committee – Chair Ronald Stewart, MD, reported that the committee was in full support for the request for the exception to Level III trauma facility designation criterion; and the committee agrees to precede with the designation criteria as is. The committee also discussed the issues concerning the Trauma Registry and is ready to present a motion to GETAC from this topic. The committee would like to establish a work group to develop specific recommendations concerning the Senate Bill (SB) 1119 and would report these recommendations by the next meeting. The committee also discussed the draft DSHS rule 157.132: Regional Trauma Account and possible motions including working with DSHS on this draft rule.

Disaster/Emergency Preparedness Task Force—Eric Epley, EMT-P, reported that the task force would like to work with DSHS when the agency begins its rewriting process of the Memorandum of Agreement Mutual Aid in Disaster for ground ambulances. After the evacuation process that recently occurred during Hurricane Dean, the task force would like to recommend that the roles emergency preparedness groups play in this

process should be better defined to ensure the evacuation procedure is effective and completed in a timely fashion.

EMS and Trauma Regulatory Task Force –Co-chair Dudley Wait, EMT-P, demonstrated a PowerPoint presentation at the meeting concerning the results of the recent survey conducted by this regulatory task force. The presentation was based on results from questions in relation to EMS issues and the roles played in EMS by DSHS and GETAC.

Other Reports/Public Comment on Action Items:

DSHS Preparedness Coordination Council – No report was made available.

Traumatic Brain Injury Advisory Council – No report was made available.

DSHS Hospital Licensing Rules Review Workgroup – Jim Parisi reported that the rule to have all hospitals in compliance with available helipads went forward.

Texas EMS, Trauma, and Acute Care Foundation (TETAF)– Jorie Klein, RN, reported that the foundation is made up of six divisions at the moment and a recommendation to add __??__ by-laws was mentioned at the Regional Advisory Council (RAC) meeting and at a Pediatrics division. Updates for the existing groups are as followed: EMS and Trauma divisions are focusing on the Comprehensive Clinical Management Program (CCMP); the Disaster division is focusing on the RMOC; Education has been working on a site survey; Injury Prevention division has stepped down; and the Stroke division would like to assist in the process of creating stroke centers but need to discuss the funding issues and language content as it is being presented.

General Public Comment:

Public comments were heard on a number of issues, including: the lack of comments and participation on the Epi-pen rule before it became a rule; the concerns and troubles the Trauma Registry is foregoing; suggestions and possible solutions to the Trauma Registry malfunctions; and comments pertaining to readmitting the Air Medical language that was taken out of the subscription rule from the previous meeting.

Action Items:

A motion was made by Pete Wolf and seconded by Shirley Scholz to request that the GETAC council rescind the friendly amendment to exclude Air Medical from the draft subscription plan rule 157.11 and move forward with the original document as written by the Combined EMS/Air Medical Committees. The motion passed unanimously.

A motion was made by Jodie Harbert and seconded by Luis Fernandez, MD to adopt rule 157.44-Instructor Certification with one minor change in line (W) “failure to notify the department when any current student or certified or licensed program employee is arrested or convicted for any crime” and add the words “when known as described”. The motion passed unanimously.

A motion was made by Pete Wolf and seconded by Jodie Harbert to approve rule 157.11-Provider Licensing as presented by staff from the Texas Department of State Health Services staff with no changes. The motion passed unanimously.

A motion was made by Shirley Scholz and seconded by Marti VanRavenswaay to add the word “secure” to the Texas Hospital Licensing rule so as to read: “...or other safe and secure landing area...”; to add language to read “...size and construction to allow and licensed air ambulance in the state of Texas up to medium twin or 14,000 pounds max gross weight, to land safely. For an aircraft greater than 14,000 pounds, such as may be used by the military during disasters, the hospital will have a plan for an alternative landing area, which could be a street or a parking lot that could be secured. Hospital construction in the future will incorporate these requirements into their plan.”; and add language at the end that hospitals granted a waiver to the rule must make that waiver known to the public by generally accepted notification processes. The motion passed unanimously.

A motion was made by Ronald Stewart, MD to suspend Trauma Registry submissions January 1, 2008 until such time that the problems associated with the Trauma Registry are corrected satisfactory to the Governors EMS and Trauma Advisory Council. A friendly amendment was made by Luis Fernandez, MD that there will be an assembled group of internal/external stakeholders that will work on acceptable resolutions in a reasonable time frame. A friendly amendment was made by Pete Wolf to suspend Trauma Registry submissions until the next scheduled Governors EMS and Trauma Advisory Council meeting set for February 6-8, 2008. This revised motion was made by Ronald Stewart, MD and seconded by Luis Fernandez, MD to suspend Trauma Registry submission after the February 9, 2008 if the problems associated with the Trauma Registry are not addressed satisfactory to the Governors EMS and Trauma Advisory Council. A group of internal/external stakeholders will be assembled to work on specific issues or resolutions in a reasonable time frame. The motion passed unanimously.

A motion was made by Pete Wolf and seconded by Luis Fernandez, MD to request that the Governors EMS and Trauma Advisory Council ask the Governor, the Speaker and the Lt. Governor that all funds allocated to trauma facilities, EMS providers, and Regional Advisory Councils in House Bill 3588 of the 78th Legislature and the Senate Bill 1119 of the 80th Legislature actually be appropriated to these entities. The motion passed.

Future meeting dates in 2008: February 6-8, 2008; May 7-9, 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 9:48 p.m.