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

**MEETING MINUTES**

Governor's EMS and Trauma Advisory Council (GETAC)

Monday, November 24, 2008, 6:01 p.m. – 8:56 p.m.

**Call to Order:** Chair Edward M. Racht, MD, called the meeting to order at 6:01 p.m. Members present included Edward M. Racht, MD, Chair; Pete Wolf, Vice Chair; Mike Click, RN; Luis G. Fernandez, MD, FACS; Jodie Harbert III, LP; James Randall Loflin, MD; Ryan Matthews, LP; Shirley Scholz, RN, CCRN, EMT-P; Vance L. Riley, MPA, LP; Joan Shook MD; John D. Smith Ronald Stewart, MD; Marti VanRavenswaay; and Tivy L. Whitlock. Members absent: Hector Longoria.

**Approval of Minutes:** *A motion was made by Tivy Whitlock and seconded by Luis G. Fernandez, MD, to approve the meeting minutes from August 15, 2008. All council members were in favor; the motion passed.*

*A motion was made by Luis G. Fernandez, MD, and seconded by Shirley Scholz to approve the meeting minutes from May 9, 2008. All council members were in favor; the motion passed.*

**Chair Report:** Chair Edward Racht, MD, welcomed everyone to the meeting and announced this would be his final meeting as chair for the Governor's EMS and Trauma Advisory Council (GETAC). Discussions with the Governor's Appointments Office on possible replacements have already begun, along with discussions regarding the appointment of a new Austin-Travis County EMS Medical Director. The vice chair of GETAC, Pete Wolf, will serve as the acting chair for GETAC until the position is filled.

Interested stakeholders may begin submitting their applications for any available committee positions. As approved in the previous GETAC meeting, each of the 10 committees will have 11 positions unless a committee chair requests the number of positions be increased. The two new GETAC committees are Disaster/Emergency Preparedness Committee and Cardiac Care Committee.

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

Kathryn C. Perkins, Assistant Commissioner for the Division of Regulatory Services, expressed her gratitude to all the providers that responded to the four major storms that occurred this hurricane season. Ms. Perkins specifically recognized American Medical Response, who responded to all four events.

The legislative session has unofficially commenced with the pre-filing of bills, but the official calendar start date of the 81st legislative session is January 13, 2009.

Ms. Perkins updated stakeholders on the exceptional item for the regulatory strategies for this legislative session; Commissioner Albert Hawkins has approved this request. A request is in for the five regulatory strategies that include the health care professionals (where EMS is included) and health care facilities. The total for the five strategies being requested is \$18.5 million and 133 new full-time employees (FTEs). This is the second priority listed for DSHS. Details of the

requested five regulatory strategies will be listed on the Legislative Budget Board website.

Ms. Perkins also presented the Office of EMS/Trauma Systems Coordination report. She began the report by announcing the 2009 GETAC meeting dates:

February 25-27, 2009

May 13-15, 2009

August 19-21, 2009

November 21-23, 2009

These meetings will be held at the Omni Southpark Hotel in Austin, Texas.

It was announced that Maxie Bishop, state EMS director, will serve on the National Association of State EMS Officials (NASEMSO) Air Medical Task Force.

Ms. Perkins introduced Jane Guerrero as the director of the Office of EMS/Trauma Systems Coordination.

Ms. Perkins concluded her report with an award presentation to Dr. Ed Racht for his participation in GETAC and for his dedication as chair of this council.

Dr. Adolpho Valadez, Assistant Commissioner of Prevention and Preparedness, was present to discuss ongoing issues with the EMS Trauma Registry. Dr. Valadez has been working with EMS/Trauma Systems to obtain feedback on how to improve the use of the information from the EMS Trauma Registry. Dr. Valadez has been made aware of all concerns and technical issues from stakeholders. The Prevention and Preparedness Division will be working with TETAF on possible alternatives and suggestions for improvements to this registry.

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

**Air Medical Committee** – Chair Shirley Scholz, RN, reported the committee was unable to have a discussion on the agenda item regarding the possible joint DSHS and Federal Aviation Association (FAA) inspections/surveys. Discussions of future action items included a report from Texas Association of Air Medical Services (TAAMS), a sponsored Air Medical summit and discussion on the proposals for safety initiatives from the summit. The TAAMS report may include how the Air Medical Committee can participate and what needs to be done in the future. There will also be discussions on forming workgroups to identify needs and formulate plans regarding clinical issues, safety issues, medical operations, FAA preemptions, the Airline Deregulation Act, the Commission on Accreditation of Air Medical Services (CAMTS) standards and other areas as needed. The need to formulate an alternative survey process for state licensure that may include FAA representatives, CAMTS representatives and others as needed was also discussed. There were no action items to present at this meeting.

**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 next legislative session will begin soon, and the committee would like to identify legislators who can speak on their behalf to push forward the designation of EMS as an essential service. The committee will also contact the Texas Ambulance Association (TAA) to draft language for a bill to be presented at this legislative session with the help of TAA lobbyists.

Prehospital intubation and rapid sequence intubation/pharmacologically-assisted intubation (RSI/PAI) issues were discussed. Dudley Wait, committee member, reminded those present of the panel discussion concerning this topic at Texas EMS Conference and encouraged everyone to

listen and participate. Mr. Wait is still organizing a summit to bring together leaders from across the state and from many different facets of the industry to work through RSI/PAI issues. The Medical Directors Committee is also working on this issue and may partner with the EMS Committee in arranging the summit.

The committee reported progress on the proposal to strengthen DSHS's authority with regard to initial certification and recertification of individuals with criminal backgrounds. On this topic, the following motion was made, seconded and passed (unanimously) to be forwarded to GETAC for support:

*For GETAC to support legislation to strengthen DSHS's ability to use criminal background as a determinant for initial and continued certification to include exempting EMS from Chapter 53 of the Occupations Code and inserting appropriate language in Chapter 773 of the Health Safety Code.*

Several committee members wanted to reopen and readdress section 157.11, EMS Provider Licensure Rule, requiring providers to display license numbers in two-inch lettering on all units. The committee also wanted to add language addressing needs identified by the Disaster Preparedness Task Force. The following motion was made, seconded and passed (split vote) to be forwarded to GETAC for support:

*For GETAC to support the EMS Committee, asking DSHS to allow them to open 157.11, EMS Provider Licensure Rule, to work on possible revisions.*

The discussion continued on this agenda item, specifically concerning the two-inch lettering requirement. Because the rule can't be changed (to remove the verbiage) without opening it and going through the entire process, and because enforcement will start January 1, 2009, the following motion was made, seconded and passed (split vote) to be forwarded to GETAC for support:

*For GETAC to ask DSHS to place a moratorium on enforcement of the particular section of 157.11, Provider Licensure Rule, concerning the placement of the provider's license number in two-inch tall letters on both sides of all ambulances.*

Finally, an overview of the EMS response during the hurricane season was presented, stating EMS is learning more each time and getting better with every activation. Everyone was encouraged to submit requests for reimbursement as soon as possible.

**Education Committee** – Chair Jodie Harbert, LP, reported the committee met in San Antonio, Texas, on October 24, 2008, as a workgroup to discuss the posted agenda items. The EMS Coordinator Survey from EMS providers and EMS programs was discussed at this meeting. The committee also discussed plans on how to move forward with National Accreditation Process for EMS Programs by 2013. The Education Committee would like to use future meeting times to assist individuals with self-study materials and answer questions on the accreditation process. Airway management education in EMS was also discussed: the Education Committee should, in the future, address capnography; O<sub>2</sub>; how to intubate; and how to know when to intubate. Research is being conducted in order to make information available as soon as possible for the public. Future agenda items include teaching and training in languages other than English (Spanish), drafting a legislative document regarding criminal background checks for EMS personnel, updates on the medical directors course and a national accreditation update/workshop. The next meeting will be on January 30, 2009, and the location will be announced as soon as it is available.

**Injury Prevention Committee** – In the absence of Chair Gary Kesling, committee member Rick Moore reported too few committee members were present at this meeting to reach a quorum. The only topic presented at this meeting was on child/passenger safety issues.

**Medical Directors Committee** – In the absence of Chair Steve Ellerbe, DO, committee member James Randy Loflin, MD, reported too few committee members were present at this meeting to reach a quorum. The only topics presented at this meeting were the Physicians Orders for Life-Sustaining Treatment presentation, the need for an accurate EMS medical directors list for the state of Texas and a mentoring program for EMS medical directors.

**Pediatric Committee** – Chair Joan Shook, MD, reported the committee discussed the restructure of the organization and wanted to express the importance of having a pediatric liaison in other committees. The liaison assignments are listed below:

COMMITTEE	PRIMARY	SECONDARY
Air Medical	Charles Jaquith	Britton Devillier
EMS	Kimberly Aaron	Paulette Williams
Education	Paulette Williams	Wayne Rutherford
Injury Prevention	David Wesson	Sally Snow
Medical Directors	Charles Macias	Maeve Sheehan
Stroke	Maeve Sheehan	Kimberly Aaron
Trauma Systems	Sally Snow	Muriel Lanford
RAC Chairs	Britton Devillier	Kimberly Aaron
Disaster/Emergency Preparedness	Muriel Lanford	Bonnie Hartstein

The liaisons will introduce themselves at each meeting. An EMS for Children (EMSC) update was provided and state data has been submitted to the national database. This information should be available for viewing on the epidemiology web site shortly. The EMSC State Partnership grant recipient for 2009 will be announced in January.

There was also discussion on the transport of critically ill children during disaster situations. Currently no system is in place to manage the evacuation of critically ill children for NICU and PICU; these transports require special training and equipment that are available from only a few providers. The committee, along with the Pediatric Disaster, Coalition has been working on a white paper, which will be available through GETAC documents. The committee would like to work with CHAT to create a children's transport association with the goal of having a representative at the RMOC in the event of a disaster.

A presentation about a database for submersion reporting (drowning incidents) was made available at this meeting. This was a follow-up to a presentation at the last meeting. The plan for this database reporting is to secure grant funding to perform a 24-month pilot program in order to view its success in Texas. Items to be discussed at the next scheduled meeting include GETAC committee liaison reports, EMSC updates, transport of critically ill children in the event of a disaster, emergency responses at schools and training and staffing of prehospital personnel related to pediatrics.

**Stroke Committee** – In the absence of Chair Neal Rutledge, MD, GETAC liaison Mike Click, RN, reported that the committee established an ER-to-ER transfer patient guideline and is

establishing a workgroup for this project. The committee also discussed the DSHS rule at Title 25 of the Texas Administration Code, 157.133, Requirements for a Stroke Facility Designation, as well as the American Stroke Association Comprehensive Stroke Center (CSC) criteria. The committee will be presenting action items to the Council regarding Rule 157.133 (supporting the stroke facility criteria with an amendment) and asking for an extension of the stroke certification.

**Trauma Systems Committee** – In the absence of Chair Ronald Stewart, MD, Jorie Klein reported that the committee discussed the EMS Trauma Registry and intends to move forward with the plans that are already being implemented for this registry. The committee would also like to create a list of the trauma rules that need to be revisited that can then be discussed at the Trauma Systems Committee meeting.

**Disaster/Emergency Preparedness Task Force** – Eric Epley, EMT-P, reported that the task force reviewed the After Action Report (AAR) from recent hurricane responses. The Pediatric Disaster Coalition/Children’s Transport Association of Texas will be integrated into the disaster preparation plans to focus on children’s transport needs in Texas. The task force would like to “pre-identify” any available assets for Texas when faced with a disaster; and templates are being drafted to help keep better track of incoming assets. There was also discussion of developing a regional EMS task force and the possibility of drafting a manual that will outline a detailed chain of command to use in times of disaster.

**DSHS Preparedness Coordination Council** – No representative was available at the meeting to present a summary for the council.

**Traumatic Brain Injury Advisory Council** – No representative was available at the meeting to present a summary for the council.

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

**Texas EMS, Trauma, and Acute Care Foundation (TETAF)**– Jorie Klein, RN, presented reports from the foundation. From the EMS Division side of the foundation, the Comprehensive Clinical Management Program (CCMP) was reviewed and site survey processes will begin next year. The Disaster Preparedness Division has appointed a new director for this group. The Regional Advisory Council (RAC) division has developed designation criteria for the foundation. In the Injury Prevention Division, a public service announcement is in the works for this foundation. The foundation praised Dr. Ed Racht for his assistance and dedication in developing the foundation. There was also a presentation about the late Thelma Lemley, honoring her dedication and contributions to EMS and the foundation.

### **General Public Comment**

Public comment was heard on a number of issues and topics, including a request by Eric Epley to raise the committee member appointments for the Disaster/Emergency Preparedness Committee to 19. Vice Chair Pete Wolf and Disaster/Emergency Preparedness Task Force Co-chair Eric Epley will work together on this request before the February meetings when the task force officially becomes a committee. A clarification request was made by Beverly Welch on the stroke rule packet on the request for an extension on the rule from 2 years to 3 years and

attaching the essential criteria material along with the proposed rule. Legal representation for DSHS explained that the proposed stroke rule has already been moving through the rules process and has been presented to the DSHS board for review. It would not be possible to add in new pieces to the proposed rule at this point. A suggestion was made to allow the proposed rule to pass as is, and then open up the rule when allowable. The essential criteria is listed in the rule as a guideline for designations but cannot be considered as part of the rule until it is approved by HHSC. Another suggestion was made to pull this rule out of DSHS council, insert the essential criteria along with the requested change of designation time, then return it to the February meetings for review. Finally, EMS as an essential service was discussed. This goal has been on the EMS Committee agenda for quite some time and stakeholders would like to see progress. The Texas Ambulance Association (TAA) has drafted language for a bill on this topic, and all stakeholders are invited to their meetings to discuss suggestions and changes that will move the process forward.

### **Action Items**

*A motion was made by Pete Wolf and seconded by Marti VanRavenswaay for GETAC to support legislation to strengthen DSHS's ability to use criminal background as a determinant for initial and continued certification, including exempting EMS from Chapter 53 of the Occupations Code and inserting appropriate language in Chapter 773 of the Health Safety Code. The motion passed unanimously.*

*A motion was made by Pete Wolf and seconded by Ryan Matthews for GETAC to support the EMS Committee's request for DSHS to allow the committee to reopen discussion of 157.11, EMS Provider Licensure Rule, to work on possible revisions. The motion was approved with 10 in favor and four opposed.*

*A motion was made by Pete Wolf and seconded by Vance Riley for GETAC to ask DSHS to place a moratorium on enforcement of the particular section of 157.11, Provider Licensure Rule, concerning the placement of the provider's license number in 2-inch tall letters on both sides of all ambulances. The motion failed to pass with six in favor and eight opposed.*

*A motion was made by Joan Shook, MD, and seconded by Tivy Whitlock that all committees include liaison reports as a standing item on their agendas. The motion was approved with 13 in favor and one opposed.*

*A motion was made by Mike Click and seconded by Vance Riley that GETAC approve the support stroke facility criteria designation with the amendment of physician and nurse comment on National Institute of Health Stroke Skill (NIHSS) competency or certification. The motion passed unanimously.*

*A motion was made by Mike Click and seconded by Vance Riley to amend the rule 157.133 for a three-year designation for a stroke facility rather than a two-year designation. The motion passed unanimously. Kathy Perkins stated that the motion would be taken under advisement, but that DSHS declines to act on the motion at this time.*

*A motion was made by John Smith and seconded by Randy Loflin, MD, to have the GETAC chair and standing committee chair jointly discuss the size of each standing committee and increase them if needed. A friendly amendment was made by Ryan Matthews noting if the committee cannot agree on a consensus, then it be brought to GETAC for discussion. That amendment was not accepted, due to the next GETAC meeting date being after the selection process will be completed. Pete Wolf suggested that a third person, someone from the Department of State Health Services, work with the GETAC Chair and Committee Chair (if needed) in deciding whether it is necessary to increase the number of members on a particular committee, with the decision ultimately resting with the GETAC chair. The motion passed unanimously.*

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

**Adjournment:** The meeting was adjourned at 8:56 p.m.