

## **MEETING MINUTES 5/19/2006**

Governor's EMS and Trauma Advisory Council (GETAC)

Friday, May 19, 2006, 9:15 a.m. – 12:50 p.m.

**Call to Order:** Chair Edward M. Racht MD called the meeting to order at 9:15 a.m. Members present included: Edward M. Racht, MD; Pete Wolf EMT-P, Vice Chair; Gary Cheek, RN, EMT; Mike Click, RN; Fredrick N. Hagedorn, MD; Hector Longoria; Vance L. Riley MPA. LP; Shirley Scholz, RN, CCRN, EMT-P, CMTE; Mario Segura, RN; F.E. Shaheen III, EMT-P; Joan Shook MD; Ronald Stewart, MD; and Marti VanRavenswaay. Members absent: None.

**Approval of Minutes:** *The minutes presented were not the final draft minutes of February 3, 2006. The final draft with corrections for the February 3, 2006 minutes will be presented August 11, 2006, at the next Governor's EMS and Trauma Advisory Council (GETAC) meeting. All council members were in favor; the motion passed.*

**Chair Report:** Dr. Racht welcomed everyone to the meeting and began his remarks by congratulating James Grotta, MD, GETAC Stroke Committee, for being honored as Physician of the Year by the American Heart Association.

Dr. Racht reported that the Council and committee members will eventually need to determine GETAC's position on the final draft of the National EMS Scope of Practice Model.

Dr. Racht then asked Steve Janda, director of the Office of EMS/Trauma Systems Coordination (OEMS/TS), to explain how the Office of the Attorney General has determined that all Council and committee members would be required to complete a training course on the state Open Meetings Act and Public Information Act. According to Senate Bill 286, each elected or appointed official who is a member of a governmental body subject to the Open Meetings Act or the Public Information Act must attend training. Dr. Racht stated that if a Council or committee member does not complete these two courses in the allotted time, he or she may be asked to step down or may be suspended from GETAC or a committee. Those appointed before January 1, 2006, must complete the training no later than January 1, 2007. Those appointed after January 1, 2006, must complete the training no later than 90 days from the appointment date. When a Council or Committee member has completed both the required online training videos, he or she should send a copy of the complete certificates to OEMS/TS to be placed in the member's file.

Dr. Racht noted there was no one present to discuss the EMS Donor Referral Program, and that discussion of this agenda item would be deferred until the August meeting. He also stated that there was no update regarding the topic of committee structure, and that this agenda item would also be deferred until the August meeting. Lastly, Dr. Racht acknowledged Terry Bavousett, state EMS director, who retired May 31.

**Department of State Health Services (DSHS) Staff Reports:** Richard Bays, assistant commissioner for the Division of Regulatory Services, was unable to attend this meeting to read his report. In place of Mr. Bays was Kathryn Perkins, director for Health Care Quality Section (HCQS), who began the Assistant Commissioner's report with remarks about the medical special needs component of disaster planning. Ms. Perkins discussed self or third party registration through 211 call centers of medical special needs patients who may need transportation and/or shelter assistance during disaster situations. Ms. Perkins informed the stakeholders attending this meeting of a draft document that discusses the medical special needs program, and encouraged all to read it. The document includes information about the draft rule which outlines the responsibilities of all hospitals and nursing homes when developing evacuation plans. Within this plan, the facility identifies "sister facilities" to which it will evacuate as well as identifying the modes of transportation of its patients. Ms. Perkins remarked that there is much work to be done on this matter and the agency will be working closely with the Department of Aging and Disability Services (DADS).

Ms. Perkins also discussed working with councils of governments (COGs) to begin identifying local resources and what is needed in disasters; the responsibility of DSHS to evacuate state facilities, including the University of Texas Medical Branch in Galveston; the creation of memorandums of agreement (MOAs) with EMS providers to ensure that assistance will be available for evacuations; the current hospital licensing rules at Intermediate Care Facilities for Persons with Mental Retardation (ICF-MR); the 5 percent cut that state agencies may be asked to make before the next legislative session; the possibility of more consolidation of smaller agencies; the 30 percent collection rate by Department of Public Safety (DPS) for the Driver Responsibility Program (HB 3588); and the fund distribution for this year of \$59 million, with \$27 million from general revenue that must be repaid.

Steve Janda, director of OEMS/TS, gave an update of state EMS and Trauma Systems funding programs. He noted that 245 Texas hospitals had currently achieved trauma designation status: Level I-13; Level II-10; Level III-42; Level IV-180; and approximately 3 hospitals in active pursuit of designation. He reminded the Council that the Texas EMS Conference 2006 will be in Dallas.

Linda Jones, Program Manager of the Environmental Epidemiology and Injury Surveillance Group, reported on activities related to the EMS/Trauma Registry, including two grants received to help funding with certain projects for the registry and the availability of 2003 EMS and hospital data. Drowning data reports will be available soon. She also discussed the Crash Outcome Data Evaluation System (CODES) database.

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

**Combined EMS Committee and Air Medical Committee** – Chair Pete Wolf, representing the EMS Committee, and Chair Shirley Scholz, representing the Air Medical Committee, reported that the Committee discussed that since subscription plans are becoming more prevalent in the state, there was discussion that there will need to be a new rule created to address the subscription plans specifically. In developing the new rule, the two committees felt it was time to address several aspects of it in order to set better, clearer guidelines. Several needed changes and additions were identified, including: length of enrollment period; reporting/updating of membership to DSHS; adding a fee or percentage to the surety bond, insuring the cost of administering the return of membership fees (if a provider defaults) isn't borne by the DSHS; advertising material has to be approved by DSHS prior to receiving permission to sell memberships and has to clearly identify the type of service the provider offers (911 vs. non-emergency transfer). This needs to include any advertising, not just prior to start of membership program; and approval to sell memberships must come from the governing board (not individual such as county judge or mayor) of a county or city. Liability insurance requirements were reviewed. Currently, the policy states that a providers' liability insurance carrier must be licensed to do business in Texas, and 3 exceptions to that rule/policy have been granted. The committees determined they would like to have this better defined and will request more information from DSHS. A motion was passed by the combined committees to ask GETAC to recommend to DSHS to not grant any more exceptions to this rule until an updated policy can be adopted. The two committees also made plans for another joint meeting in August.

**Air Medical Committee** – Chair Shirley Scholz reported that the Committee heard from a guest speaker from the Federal Aviation Administration (FAA) regarding information and data that has been collected to show the number of accidents in comparison to the time of day. There were discussions about changes to Rule 157.125 and the requirements for transfers to helicopter pads, as well as discussion about using the Commission on Accreditations of Medical Transport Services (CAMTS) standards and surveyors or a DSHS-approved process for provider licensing purposes. The Committee will collect data to link CAMTS accreditations and crash rates, and it plans to meet again in July or early August for further discussions about CAMTS accreditation.

**EMS Committee** – Chair Pete Wolf reported that Rep. Uresti's aide Ryan Sullivan presented to the committee a letter from the Representative stating his intent in authoring the gurney car bills (HB1126, SB 521). After some discussion, it was suggested that DSHS staff, as well as some EMS Committee members and key stake holders meet with the Representative and/or his staff to ensure everyone has clear understanding of the bills intent. The issue will be addressed again at the next meeting. Discussions were held with no action concerning disaster preparedness; EMS personal protection standards; patient destination issues; and National Registry pass/fail rates. Dr. Racht addressed the committee concerning an EMS Commission Task Force. He informed the group that a task force has been selected and will be named at GETAC, at which time it will be given its charge. EMS being recognized as an essential service was discussed at length. Understanding that getting EMS recognized as an essential service has been identified in GETAC's Strategic Plan, it was decided the EMS Committee would take the lead on this and organize a stake holders meeting in conjunction with the August GETAC meetings. Additionally, some discussions will be held to determine the best course of action to get this accomplished. A motion was made and passed unanimously to move forward on this project. Ambulance reimbursement concerns were also addressed, especially the low and uneven Medicaid

reimbursement rate. After a lengthy discussion and several presentations and informational hand outs distributed demonstrating the need for immediate attention to this matter, the following motion was made and passed unanimously to be sent to GETAC: “GETAC Chair, Dr. Racht, write and send a letter to the elected officials, identified by the Texas Ambulance Association, (identified as the Legislative Budget Board, such Board being the Governor, Lt. Governor, and Speaker of the House) in support of immediate financial relief for Medicaid transports done by licensed EMS Providers in the State of Texas.”

**Education Committee** – Chair Jodie Harbert III reported that he has been working with the Texas Hospital Association (THA) to obtain permission to create a learning video for Health Insurance Portability and Accountability Act (HIPAA) requirements that satisfies all requirements in one session. Mr. Harbert made a note in the Committee meeting that the National Association of EMS Educators Instructor Course has not been updated since 1986, and that tests are based on standards put together at that time. He made a recommendation to the Committee and those attending to consider using the 2002 guidelines and course as part of the instructor’s course but still continue using the methodology from the teaching guidelines found in the 1986 course. The committee discussed passing rates for the NR exams including what factors may influence results, and endorsed the DSHS plan to mail NR scores to education programs, and then to post the results on the OEMS\TS website.

**Injury Prevention Committee** – Chair Gary Kesling PhD reported that the Committee discussed making available injury prevention reports on the web. He also stated that the Injury Prevention Committee serves as a resource for child safety seats as well as motorcycle safety and other prevention topics. The committee also discussed reviewing a web-based injury prevention curriculum that would offer CE credits, as well as the Committee’s development of a strategic plan for injury prevention.

**Medical Directors Committee** – Chair Steve Ellerbe, DO reported that the Committee discussed proposing procedures for all medical directors to follow, and setting up a joint meeting with the Pediatric Committee to discuss the issue of pediatric equipment on ambulances. The committee also discussed the possibility of a more flexible Out-of-Hospital Do-Not-Resuscitate (OOH-DNR) form and the degree of progress to date of the Comprehensive Clinical Management Program (CCMP). The committee also reviewed draft changes to the EMS rotor wing rule.

**Pediatric Committee** – Chair Joan Shook MD reported that the Committee discussed the legal opinion on children’s hospitals and disproportionate share hospital (DSH) monies; recommended that trauma designation requirements for disproportionate share hospital (DSH) monies be extended to children’s hospitals; discussed a proposal for guidelines for Regional Advisory Councils (RACs) regarding pediatric patients; and requested a joint meeting with the Medical Directors Committee in August to discuss pediatric equipment. Jan Melton-Kessel of DSHS reported on the department’s disaster plan for the special needs population. Dr. Shook commented on the lack of information about children in the Litaker after action report and the lack of a pediatric component to the upcoming Governor’s Division of Emergency Management (GDEM) hurricane preparedness workshop in Beaumont.

**Stroke Committee** – Chair Dr. J. Neal Rutledge was absent due to a family illness; in his stead, Dr. Racht reported that the Stroke Committee was developing a state stroke plan draft to

included training requirements on recognition and treatment of stroke; early treatment protocols for rapid transport, and coordination of efforts with other agencies. The Stroke Committee will review this document at the meeting set in August.

**Trauma Committee** – Chair Ronald Stewart MD reported that the Committee discussed the crisis in neurotrauma care; reasons for hospital diversion; issues with pediatric transfers; a unanimous recommendation to endorse proposed changes to Rule 157.131 Designated Trauma Facility and EMS Account; the legal opinion on children’s hospitals and disproportionate share hospital (DSH) monies; recommended that trauma designation requirements for disproportionate share hospital (DSH) monies be extended to children’s hospitals; and isolated neurosurgical injury patients in Level IV trauma facilities.

**Comprehensive Clinical Management Program (CCMP) Strike Force** – Co-chair Leigh Anne Bedrich reported that three EMS services participated in the pilot program and further details about the survey process now need to be developed. There will be a pre-conference class at the Texas EMS Conference 2006 to discuss CCMP.

**EMS and Trauma Regulatory Task Force** – Dr. Racht introduced co-chairs F.E. Shaheen, EMT-P and Dudley Wait, EMT-P, BBA, and announced the names of task force member appointments. He also gave the task force its three-fold charge: to define current problems or issues that lead to the formation of the task force; list the pros and cons of the current regulatory structure; and list the pros and cons of alternatives to existing regulatory structures. The task force was directed to report its findings through the EMS, Medical Directors, and Trauma Systems Committees. Dr. Racht then discussed the need for the task force to move quickly because of the timeline before the next legislative session, encouraged it to work through the issues as a group, and challenged it to “unite us in discussion”.

**Disaster/Emergency Preparedness** – Dr. Racht discussed the role of the task force and reported that the tri-chairs—Chris Callsen; Jorie Klein; and Eric Epley—had met with DSHS Assistant Commissioners Debra Stabeno and Rick Bays to discuss ways in which the task force could work closely with DSHS and the Governor’s Division of Emergency Management (GDEM). He informed the tri-chairs that they could appoint the task force membership and work with any appropriate agency. Dr. Shook recommended that representatives from the Pediatric Committee be included in this task force, and Marti VanRavenswaay recommended that there also be a voice for the elderly population.

**Other Reports/Public Comment on Action Items:**

DSHS Preparedness Coordination Council –Leon Charpentier, Liaison for GETAC reported that EMS should have some sort of service training for cases such as contagious diseases and has also asked this suggestion to be enforceable and mandatory. Mr. Charpentier stated that there are similarities in the discussions at the quarterly meetings with Commissioner of Health Eduardo Sanchez MD.

DSHS Hospital Licensing Rules Review Workgroup – Jim Parisi, liaison for GETAC, reported on emergency bed capacity during hurricanes; the possibility of having emergency generators a

requirement for all hospitals; 'niche' hospital staffing; requiring general hospitals located in cities with 100,000 or more people to have a qualified physician for trauma; and a new category of anesthesia assistants who are not licensed yet in Texas.

Texas Foundation for EMS/Trauma Care – Dinah Welch, Texas Hospital Association representative, reported that the interim board finalized its bylaws in April and the organization has become a functioning entity; and that RACs will play a large role in the membership, voting and permanent board. The foundation board will meet prior to the next GETAC meeting.

**General Public Comment:**

Public comment was heard on a number of issues, including liability insurance; EMS as an essential service; raising Medicaid reimbursement rates; and the desire for the CCMP process to be moved forward.

**Action Items:**

*A motion was made by Dr. Shook and seconded by Mario Segura for GETAC to write a letter to the Health and Human Services Commission (HHSC) recommending that trauma designation requirements for distributing disproportionate share hospital (DSH) monies be extended to children's hospitals to encourage their participation in the state trauma system. The motion passed unanimously.*

*A motion was made by Mr. Wolf and seconded by Dr. Shook to recommend that DSHS allow no more exceptions to liability insurance requirements until the Air Medical and EMS Committees have had further discussions about the issue. The motion passed unanimously.*

*A motion was made by Mr. Wolf and second by Ms. VanRavenswaay for the EMS Committee to organize a stakeholders meeting to explore how EMS can be recognized as an essential provider and a county's authority to regulate EMS services. The motion passed unanimously.*

*A motion was made by Mr. Wolf and seconded by Mr. Shaheen to write a letter to state officials that calls for reimbursement relief for ambulance providers, and that the letter be sent to stakeholders and forwarded to all others that may benefit from the correspondence. The motion passed unanimously.*

*A motion was made by Ms. Scholz and seconded by Vance Riley to make the following changes to the document entitled "157.12 Air Medical draft rule language– Draft 1/25/06":*  
*(5) (A): from "...a team of Department of State Health Services (DSHS) approved surveyors." to "...a Department of State Health Services (DSHS) approved process."; and*  
*(5) (E): from "The survey shall be based upon standards in the Sixth Edition (October 2004) of the Accreditation Standards of the Commission on Accreditation of Medical Transport Systems (CAMTS)." to "The survey shall be based upon current standards of the Accreditation Standards of the Commission on Accreditation of Medical Transport Systems (CAMTS)."*  
*The motion was passed unanimously.*

*A motion was made by Dr. Stewart and seconded by Mr. Wolf to send proposed changes to §157.125 Requirements for Trauma Facility Designation for approval to the Health and Human Services Commission and proposed changes to §157.131 Designated Trauma Facility*

**and Emergency Medical Services Account for approval to the DSHS Council. The motion passed unanimously.**

***A motion was made by Dr. Stewart and seconded by Mr. Shaheen to endorse the CCMP process moving forward to the next level. The motion passed unanimously.***

**Meeting Dates for 2006:** August 9-11, 2006 in Austin; and November 18-20 in conjunction with the 2006 Texas EMS Conference in Dallas.

**Adjournment:** The meeting was adjourned at 12:50 p.m.