

MEETING MINUTES

Governor's EMS and Trauma Advisory Council (GETAC)

Friday, May 25, 2007, 9:08a.m. – 12:31p.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; Pete Wolf, Vice Chair; Mike Click, RN; 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. Members absent: Luis G. Fernandez, MD, FACS; Fredrick N. Hagedorn, MD; Hector Longoria, Marti VanRavenswaay, and Tivy L. Whitlock.

Approval of Minutes: *Written comments concerning the February 23, 2007, meeting minutes were provided to the Texas Department of State Health Services (DSHS) requesting that 1) the Air Medical Committee's report to GETAC include the following: the committee chair reported that DSHS legal counsel informed committee members that the department is unable to require Commission on the Accreditation of Medical Transport Systems (CAMTS) deemed status as a condition for air ambulance licensure because states are pre-empted from directly or indirectly regulating areas concerning aircraft safety; and 2) both the Air Medical Committee's report and the combined Air Medical Committee/EMS Committees' report to GETAC include the following: the committee chairs reported that DSHS legal counsel informed committee members that portions of the draft EMS subscription rule may be in conflict with federal pre-emption laws.*

It was the consensus of the committee members that approval of the draft February 23, 2007, minutes be postponed until the document is edited to incorporate the two changes and the amended minutes reviewed again on August 24, 2007, at the next scheduled Governor's EMS and Trauma Advisory Council (GETAC) meeting.

Chair Report: Chair Edward Racht, MD, welcomed everyone and began the meeting with an introduction of David L. Lakey, MD, state commissioner of health for the Texas Department of State Health Services (DSHS).

Dr. Lakey extended his greetings to the state EMS/trauma systems community and provide background information involving his career and his experiences with disaster preparedness in Tyler which included working with his local trauma regional advisory council (RAC). He then took questions and comments from the stakeholders in the audience. GETAC member and Trauma Systems Committee chair Ronny Stewart, MD, expressed his deep concerns about the persistent inability of the Texas EMS/Trauma Registry (Registry) to function as it is intended. He stated there is a need for a "comprehensive fix" and to "fundamentally re-organize how the Registry works," and that there was a need for DSHS to recognize this. Eric Epley, chair of the Disaster/Emergency Preparedness Task Force, asked Dr. Lakey to consider that "disaster response is trauma cubed," and noted that disaster preparations and response by DSHS

and the EMS/trauma systems community were interwoven to the extent that success or failure would always be mutual.

Dr. Lakey then discussed current priorities of DSHS which included follow-up activities associate with the recent legislative session, Trauma Registry issues, emergency disaster preparedness, and the items listed on the budget plan for the department. Dr. Lakey also expressed his gratitude and appreciation to everyone that attended this meeting and all the committee meetings.

Dr. Racht reminded all new committee appointees to complete the Texas Open Meetings and Public Information Acts training videos before May 24, 2007. Failure to complete both training programs may result in suspension of the member from the committees.

Dr. Racht also discussed GETAC's August retreat, the purpose of which will be to look at all structural and functional aspects of the council and review the status of the state EMS and trauma systems strategic plan. Another discussion item will be vacancies on the Council and how it affects the ability to have quorums for meetings. He stated he would work with DSHS staff to develop an electronic survey for stakeholders to provide input regarding other topics for discussion at the retreat.

Department of State Health Services (DSHS) Staff Reports:

Kathryn C. Perkins, assistant commissioner for the Division for Regulatory Services, discussed the Texas EMS/Trauma Registry. She stated that state EMS/trauma system funding for providers would not be impacted by the registry's most recent challenges and ongoing inability to accept 2006 and 2007 data-entry attempts by EMS and hospital stakeholders. She also discussed the current legislative session, and that the department was evaluating the challenges it faces from House Bill 1 Rider which requires that DSHS, "to the extent that funds are available," allocate up to \$1.5 million dollars in the next biennium for EMS/regional stroke systems. Ms. Perkins also mentioned that Linda Yoder PhD, a nationally recognized leader in healthcare systems, has recently joined the faculty at the University of Texas at Austin and has been invited to attend the August GETAC meetings. Dr. Stewart asked questions about how appropriations to the Driver Responsibility Program fared during this legislative session, and expressed concerns that it was not tracked well.

Steve Janda, director of the Office of EMS and Trauma Systems Coordination, reported that hotel space for 2008 meetings is limited, and that most Austin hotels large enough to accommodate GETAC meetings decline to offer state rates. Because of these constraints, DSHS took advantage of what hotel meeting space is currently available, and reserved hotel space for the following dates in 2008: February 6-8; May 7-9; and August 13-15. The last 2008 meeting will be held November 22-24, in conjunction with the Texas EMS Conference and at a location to be announced in the future pending final negotiations.

Mr. Janda also reported updates on the number of ambulance memoranda of agreement that DSHS currently has for disaster response situations: 135 ground ambulances and 3 air ambulances. He also reviewed the Health and Human Services legal reading on pediatric hospital designation and the removal of the exclusion language for children's hospitals relative to their receiving federal disproportionate share funds. Additionally he briefly discussed an April 27, 2007, memorandum from the Centers for Medicare and Medicaid Services (CMS) relevant to EMS transports and the Emergency Medical Transport and Labor Act (EMTALA) guidelines for hospitals.

Linda Jones, manager of the Texas EMS/Trauma Registry, reported that the Registry has been unavailable to stakeholders for most of the past five months due to a number of issues including a failed hard drive and problems with the servers and the backups. DSHS continues to work towards correcting the problems, and it is expected that the system will be back up early in June. The deadline for EMS providers and hospitals to submit 2006 data will be extended, and the specific date will be determined once the system is back up. Currently, the EMS/Trauma registry contains two full years of public use data files: 2003 and 2004.

Ms. Jones also reported that Registry data has been used to support injury-related legislation including motorcycle helmets, traumatic brain injury (TBI), and booster seats. Using registry data, the state TBI Advisory Council was successful in demonstrating the need for and getting an Office of Brain Injury with 1.5 full time equivalent (FTEs) staff.

Other Registry developments include: continuing to work on becoming compliant with National EMS Information System (NEMSIS); continuing to work with the GETAC Pediatric Committee regarding national EMS For Children (EMSC) performance measures; the signing of a memorandum of understanding between DSHS and the Texas Department of Transportation (TxDot) concerning a Traffic Records Coordinating Committee; and a discussion with upper-level DSHS leadership requesting assistance in determining the best long-term solution for maintaining the Registry.

Standing Committee/Task Force Reports:

Air Medical Committee – Chair Shirley Scholz reported the committee reviewed the responses from the U.S. Department of Transportation regarding “Lifeguard” helicopters and access to public or “prior permission required” helipads. The committee will be forwarding these same questions to the Center for Medicaid and Medicare Services (CMS) for an opinion as to how the questions relate to possible Emergency Medical Treatment and Active Labor Act (EMTALA) violations. The committee also discussed federally pre-empted items during state licensure survey processes and requesting the support from the GETAC for all general hospitals to have a designated area for air medical helicopters access as part of the hospital licensing rules. 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 reported the committee discussed the Strategic Planning for EMS Education in Texas and the desire of committee members to conduct a day-long session to further discuss this topic on July 20, 2007, with a designated location still pending. The Disaster Emergency Preparedness Task Force presented its draft document with new changes to the committee with for the committee to review. The recommendations to accept the changes was motioned by Steve Dralle and seconded by Al Garcia, and the motion passed unanimously. The committee discussed EMS personnel background checks, including how they should be conducted by the coordinators of each education program. The committee expressed concerns with regard to the process of certification at DSHS and its background check process. Further discussion of this topic will take place at the next scheduled meeting in August. The committee ended this scheduled meeting and continued on, along with the EMS Committee and Medical Directors Committee, to review and amend any changes needed to the Comprehensive Clinical Management Plan (CCMP) draft document which were presented also to the Medical Directors for discussion and suggestions.

EMS Committee – Chair Pete Wolf reported the committee received updates from the EMS and Trauma Regulatory Structure Task Force and the Disaster/Emergency Preparedness Task Force. The committee briefly discussed the topic of “EMS as an essential service” at this meeting, but will discuss the topic in greater detail at the scheduled GETAC retreat in August to prepare for the next legislative session. The EMS gurney car bill was also discussed at this meeting, and the committee was informed that this bill had been appended to the House Bill (HB) 10 and is still alive in the current legislative session. Committee member Brian Petrilla spoke about the delivery of pre-hospital care reports to receiving hospitals and clarified any confusion that may have been circulating about the current policy. The committee also took into consideration the issues found in the Trauma Registry and are also supporting the Trauma Systems Committee in the suggestion and participation of improving this database reporting. Strategic planning for EMS education in Texas was discussed by Allen Johnson, and a work group will be formed to formulate a plan. The committee ended this scheduled meeting and continued on, along with the Medical Directors Committee and Education Committee, to review and amend any changes needed to the Comprehensive Clinical Management Plan (CCMP) draft document which were later presented to the Medical Directors for discussion and suggestions.

Injury Prevention Committee – In the absence of chair Gary Kesling, committee member Rick Moore reported that the committee discussed its support for the Regional Advisory Council (RAC) Chairs, as well as the Trauma Systems Committee in their pursuit of identifying a solution on how to provide steady funding for the Trauma Registry in order to continue the program. The committee also requested that the Injury Prevention Committee continue to be included in work groups, task forces, and meetings concerning the Trauma Registry and its future. The committee will begin “The Multi-Team Impact Project” to identify target injury populations; to identify representative countermeasure intervention and prevention programs; and to identify evaluative tools.

Medical Directors Committee – In the absence of chair Steve Ellerbe, DO, committee member Mitch Moriber, DO, reported that the committee reviewed the Stroke Committee’s draft recommendations and discussed some of the EMS medical directors’ concerns which include the effectiveness of stroke treatments and the emergency transport plan. The committee also discussed alternative standards to pandemic flu care and cardiac and respiratory arrest that would be made available on medical buses during disaster situations, and it will be discussed further at the next scheduled meeting in August. The committee ended this scheduled meeting and continued on, along with the EMS Committee and Education Committee, to review and identify changes needed to the Comprehensive Clinical Management Plan (CCMP) draft document which was presented to committee members for discussion and suggestions.

Pediatric Committee – Chair Joan Shook, MD, reported the committee discussed the national Emergency Medical Services for Children (EMSC) performance measures as they related to a grant received by the DSHS EMS/Trauma Registry program and its support for data acquisition through EMSC which would allow the committee to compare Texas with the rest of the nation and develop targeted improvement programs. The committee fully supports the proposed surveys to be conducted by the Texas EMS/Trauma Registry staff, and desires that GETAC encourage stakeholders to respond when they receive the surveys. Committee members also discussed essential equipment for ambulances, on-line and off-line medical control for EMS providers and transfer agreements.

Stroke Committee – Chair Neal Rutledge, MD, reported the committee requested and was given a presentation pertaining to the history of the Regional Advisory Councils (RACs) by Mr. Janda. This was followed by an overview of the committee’s current recommendations for a stroke emergency transport plan and Texas stroke center designation, as well as recent legislative funding by Dr. Rutledge. A stakeholder comment period filled the remainder of the four-hour meeting and included a line-item review of the committee’s recommendations. Modifications to the document included nine items: changing the wording of stroke “victims” to “people;” changing education requirements for the stroke medical director so that they are Joint Commission-equivalent; adding percentage, as well as number of treated cases to reporting requirements; adding RAC participation requirements as part of the facility designation; adding detailed compliance to the signed CEO affidavit; adding a letter of support, cooperation and participation in RACs to compliance requirements for stroke facilities; add priorities to rapid transports or transfers to plan principles; adding emergency medical dispatch (EMD) training recommendations; and changing the wording from “personnel” to “providers” in the training description.

Dr. Rutledge concluded by stating the committee recommended that GETAC endorse the document with the modifications verbally presented, and recommend that DSHS move forward with drafting rule language based on the recommendations. Dr. Shook stated that she didn’t see the needs of pediatric stroke patients addressed in the document; Dr. Rutledge replied that the Texas Association of Pediatric Neurology (TAPN) was working

on pediatric stroke guidelines. Dr. Shook then asked if TAPN's recommendations would be incorporated into the final document draft, and Dr. Rutledge replied in the affirmative.

Trauma Systems Committee – Chair Ronald Stewart, MD, reported that the committee discussed the usual updates which include: Designated Trauma Facility and Emergency Medical Services Account; Texas EMS, Trauma, and Acute Care Foundations (TETAF); and uncompensated trauma care funding workgroup. Todd Maxson, MD, a member of the Trauma Systems Committee, presented the committee with a set of guidelines and principles concerning the pediatric inter-facility transfers that will be forwarded to the Department of State Health Services (DSHS) as a recommendation to be included into rule. One of the new guidelines from the American College Surgeons (ACS) *Resources for Optimal Care of the Trauma Patient: 2006* concerning the requirement for directors of intensive care units (ICU) at Level I (one) trauma centers to be board-certified was discussed, and the committee decided it would write a letter to the ACS seeking clarification. The committee also discussed the need for improvement of the Texas EMS/Trauma Registry and will be presenting a motion to the council regarding a review of the Registry's management structure.

Disaster/Emergency Preparedness Task Force—Eric Epley reported that the task force has been working on drafted recommendations for almost a year and are now ready to be presented to the GETAC for consideration and approval and then forwarded to DSHS. Mr. Epley also stated a future focus of this task force will be encouraging providers to sign the new Memoranda of Agreement (MOAs) with the state if they have not previously filled one out. Mr. Epley also discussed the creation of regional operations centers to be made available during times of disaster, and informed the council about ambulance strike teams and their role during the recent tragedies in Eagle Pass, Texas. Mr. Epley stated he will meet with Emily Dean, MD, assistant medical director for Houston Fire Department/EMS, to work on possible modifications to of the document to better define the procedures for a patient that expires while being evacuated. Dr. Racht thanked Mr. Epley and the task force members for their dedication. He further commented that the structure of the task force would remain status quo for the present, and it would be determined at the August GETAC retreat how it would continue to function in the future. Ms. Perkins stated that Commissioner Lakey has charged Assistant Commissioner for Community Preparedness Debra Stabeno and herself with integrating the task force's recommendations with those from other committees advising the department, including the Preparedness Coordination Council.

EMS and Trauma Regulatory Task Force –Co-chair Dudley Wait, EMT-P, reported the task force has developed a number of documents and recommendations, but has not completed a final draft document to present to the council members. The task force will be having a meeting before the next scheduled GETAC meeting in August to prepare a final draft document for the council to review. Dr. Racht requested this document be prepared before the August GETAC meeting and be available for the scheduled GETAC retreat in August.

Other Reports/Public Comment on Action Items:

DSHS Preparedness Coordination Council – GETAC liaison Leon Charpentier reported the council discussed the proposed process of patient tracking which includes the use of a bar code system to minimize system delays. The council also discussed the DSHS ambulance Memorandum of Agreement (MOA) contracts. The next meeting is scheduled for June 18, 2007.

Traumatic Brain Injury Advisory Council – Linda Jones of the Texas EMS/Trauma Registry reported that while the Trauma Brain Injury Advisory Council was unsuccessful in its efforts to see better motorcycle helmet legislation passed this legislative session, HB 1919 which requires insurance companies to provide coverage for neurocognitive rehabilitation was passed. Additionally, the council was successful in getting funding for an Office of Brain Injury (with 1 ½ staff positions) included in the Health and Human Services Commission's legislative appropriations request.

DSHS Hospital Licensing Rules Review Workgroup – No report was made available. Dr. Racht suggested terminating the council's liaison relationship with this work group.

Texas EMS, Trauma, and Acute Care Foundation (TETAF)– Jorie Klein, RN, reported that the foundation met May 22, 2007, and was able to work through the meeting packet presented at this meeting. The meeting minutes for April were approved, but the application process involving the Regional Advisory Council (RAC) and the voting structure was not approved. Ms. Klein also reported the budgets that have been set up for the usage of RACs is \$14,000 each, totaling of \$126,000, to be dispersed and used at each member RAC's discretion. Money not spent by RAC will be swept into a general revenue account that will be set up. The foundation would like to create a Texas Hall of Fame for EMS, Trauma, and Acute Care in order to honor those that deserve recognition. The foundation was also able to form standing committees in the foundation such as a nomination committee; management committee; finance committee; by-laws committee; and mentorship committee. Finally, the foundation addressed the opportunity to conduct site surveys of Level III and Level IV facilities, and collaborate with the Trauma Systems Committee and DSHS to ensure the drafted forms and the procedures for this project are effective and manageable.

General Public Comment:

Public comment was heard on a number of issues, including the support for the Disaster/Emergency Preparedness draft recommendations; the support of the approving the Comprehensive Clinical Management Plan (CCMP) draft document with the modifications made in the meeting; the need to address the issues concerning subscriptions rules for air medical and ground ambulance providers; and both support and non-support for moving forward with the Stroke Committee draft recommendations.

Action Items:

A motion was made by Vance Riley and seconded by Mr. Harbert to postpone approval of the February 23, 2007, meeting minutes until the next scheduled meeting in August. The motion passed unanimously.

A motion was made by Mr. Harbert and seconded by Ms. Scholz to endorse the Comprehensive Clinical Management Plan (CCMP) draft document that was distributed to council members after it was modified by DSHS staff following discussion at the Education Committee, EMS Committee, and Medical Directors Committee meetings. The motion passed unanimously.

A motion was made by Dr. Shook and seconded by Mr. Wolf to endorse and support the Emergency Medical Services for Children (EMSC) performance measure surveys that will be sent to stakeholders by Texas EMS/Trauma Registry staff. The motion passed unanimously.

A motion was made by Mr. Wolf and seconded by Dr. Shook to support the Trauma Systems Committee's recommendation that the current management structure of the Texas EMS/Trauma Registry and the challenges facing it be re-evaluated, and for the Council to work with DSHS to correct the issues. The motion passed unanimously.

A motion was made by Mr. Harbert and seconded by Mr. Riley to accept the recommendations from the Disaster/Emergency Task Force as presented, while recognizing that it is a "flowing document." The motion passed unanimously.

A motion was made by F.E. Shaheen to accept the recommendations for Title 25 of the Texas Administrative Code, 157.XX EMS Subscription Plans draft document. A friendly amendment was offered by Mr. Wolf to remove the language concerning the air medical providers and accept the document for ground ambulances in order to move forward to approve this document. Mr. Shaheen accepted the friendly amendment and Shirley Scholz then seconded the motion. The motion passed unanimously.

A motion was made by Ms. Scholz and seconded by Mr. Shaheen for the Texas hospital licensing rules to incorporate a process to ensure immediate and rapid access to the emergency department from a designated helipad, helistop, or other safe landing area for air ambulances at all licensed general hospitals. This helipad or other area must be available for use 24 hours a day/7 days a week. The helipad shall be of appropriate size and construction to allow any licensed air ambulance in the State of Texas to land safely. The process would be generally consistent with the requirements for trauma facility designation of all levels as defined in 25 TAC 157.125(x)(I)(2)). A waiver process shall be incorporated to accommodate specific concerns. The waiver process shall have independent reviewers, as well a DSHS review process. The motion was passed unanimously.

A motion was made by Mike Click and seconded by Mr. Shaheen to accept the Stroke Committee's draft recommendations in the GETAC report to the legislature and that DSHS begin drafting a rule. The motion passed unanimously.

Future meeting dates in 2007: August 22-24 in Austin, Texas; and November 17-19 in Houston, Texas, in conjunction with the 2007 EMS Conference.

Adjournment: The meeting was adjourned at 12:31 p.m.