

**Disclaimer: These meeting minutes will not be official until approved at the 11/23/2009  
Governor's EMS and Trauma Advisory Council (GETAC) Meeting**

**MEETING MINUTES**

Governor's EMS and Trauma Advisory Council (GETAC)

Friday, August 21, 2009, 9:05 a.m. – 12:36 p.m.

**Call to Order:** Interim Chair Pete Wolf called the meeting to order at 9:05 a.m. Members present included Pete Wolf, Interim Chair; Mike Click, RN; Jodie Harbert III, LP; James Randall Loflin, MD; Ryan Matthews, LP; Vance L. Riley, MPA, LP; Joan Shook, MD; John D. Smith; Ronald Stewart, MD; and Marti VanRavenswaay. Members absent: Luis G. Fernandez, MD, FACS; Hector Longoria; and Shirley Scholz, RN, CCRN, EMT-P.

**Approval of Minutes:** *A motion was made by James Randall Loflin, MD, and seconded by Marti VanRavenswaay to approve the meeting minutes from February 20, 2009. All council members were in favor; the motion passed.*

**Chair Report:** Interim Chair Pete Wolf welcomed everyone to the meeting and apologized for the cancellation due to H1N1 planning and preparation efforts of the previously scheduled meeting.

Changes in the procedural rules were presented for the council's review; input and suggestions for changes was encouraged. The new committee application process and deadline will take effect immediately. The application process will now begin September 1, and applicants will have 30 days to submit applications. A portrait photo was requested as part of the new application process in order to help the committee chair and council chair identify applicants.

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

Kathryn C. Perkins, Assistant Commissioner for the Division of Regulatory Services, began her report with an update on the council chair appointment. The Governors Office has

been talking to some organizations and other offices around Texas and has asked for input as well as nominations.

Ms. Perkins also discussed health care reform, stimulus funds and the possible effects on the department. Stimulus funds would be available for the agency, but the impact of the funds would be minimal. If the federal government makes health care universal, there's a possibility that departments with the most money in their accounts, such as uncompensated trauma care, would no longer receive money as everyone would have coverage.

The legislative actions are favorable to DSHS. The requested exceptional item of \$19 million and more than 100 new full time employees was brought to a compromise: \$14.1 million and 110 new full time employees. Ms. Perkins will keep stakeholders posted on the progress of integrating the newly approved resources and employees.

Ms. Perkins spoke about House Bill (HB) 1357 of the 81st Texas Legislature, 2009, relating to regulating free-standing emergency medical care facilities. A question was posed regarding how many of these facilities are operating in Texas and what is the difference between these and urgent care centers. The issue is how these free-standing emergency facilities will fit in with EMS/trauma systems. Currently, some facilities are open only limited hours as opposed to full emergency departments that operate 24 hours a day, seven days a week, but by 2013, it will be mandatory that all free-standing emergency medical care facilities operate 24 hours a day, seven days a week.

Ms. Perkins discussed the appropriation bill Senate Bill of the 81st Texas Legislature 2009 and the rider regulating reimbursement for council members' travel expenses. She announced a travel workshop available for council members at the November GETAC meeting.

Additional funds for fiscal year 2009 came from the red light camera funds. The monies were passed to the Health and Human Services Commission (HHSC), but DSHS will be responsible for dispersing the funds. Trauma service areas where red light camera programs are available will receive \$9.1 million.

\$23.4 million has been requested from the driver responsibility fund, and it is anticipated that this request will be approved at the end of August with disbursement shortly thereafter. Trauma system programs will be appropriated \$75 million for the next two years and will only provide one disbursement.

Jane Guerrero, Director of the Office of EMS and Trauma Systems Coordination, reported that the stroke designation program rule TAC §157.133 has been published. The stroke designation process will be posted on the DSHS website September 1. Ms. Guerrero introduced new Office of EMS/Trauma Systems Coordination staff: Toni Cox, RN and Lisa Fallon RN, who are trauma designation coordinators, and Anne Verstraete who is the new RAC Program Coordinator. Ms. Guerrero reported that 246 Texas hospitals currently have trauma designation status and 13 are in active pursuit. Several bills passed in the last legislative session that mandate changes in the DSHS rules. These rules were presented to each committee, as was a timeline for the rule change process.

Adolfo Valadez, MD, MPH, Assistant Commissioner of Prevention and Preparedness, provided an update on the H1N1 influenza preparation activities. A brief overview of the State Operations Center (SOC) plans for the fall season was presented at the Disaster/Emergency Preparedness Committee meeting. The flu outbreak reached pandemic status on June 11. The H1N1 virus was first tracked in the United States when two unrelated cases were found in San Antonio and Dallas. With reports of H1N1-related deaths coming from Mexico, Texas decided to take the flu outbreak seriously and act quickly. Dr. Valdez described the symptoms and death statistics that prompted an aggressive approach. He noted the high probability that the H1N1 outbreak will reemerge in the fall season, and he emphasized that the department is working with other agencies throughout the state to better prepare for the expected outbreak. He encouraged everyone to take preventative measures by following regular hygiene practices, especially hand-washing and covering your mouth when coughing or sneezing. Designated priority groups will receive vaccinations when they become available. EMS personnel has been in question throughout this period and if you are responding to calls for those that may be a potential H1N1 carrier, then those EMS personnel will also be considered to be part of the priority group.

The primary source for H1N1 influenza information is [www.texasflu.org](http://www.texasflu.org). Dr. Valadez is trying to work out a plan with the 2-1-1 Information and Referral Search to allow providers to call in for information and to receive updates.

Trauma Registry staff discussed its restructuring progress. The department has been working with a vendor to replace the old system and with MGT Management Consultants to

facilitate the transition. Dr. Valadez announced that Texas Department of Public Safety (DPS) funding requesting was successful and will be good for the next three years. The department will continue posting updates and requesting feedback from stakeholders as the project progresses.

Lucinda Suarez, PhD, from the Environment, Epidemiology, and Disease Registries briefly discussed the assessment of the current trauma registry program and how important the research will be. The final report will be due in October. The new system will take two to three years to implement and bring up to full functionality. The department is continuing to address problems in the current system, so that data can continue to be gathered while the new program is installed.

Bill Rippi, from MGT Management Consultants, also provided additional information on its role in restructuring the trauma registry.

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

**Air Medical Committee** – In the absence of Chair Shirley Scholz, RN, committee member Stacy Gregory presented the committee report. The DSHS Memorandum of Agreement for Mutual Aid in Disasters for Rotor Wing Ambulance Providers (MOA) was discussed, and the committee suggested this MOA should include a fixed wing component for air providers who would consider participating in the contract. The committee would need to first adjust the contract language, and it will provide further updates as available. The committee has been working on several “white papers” on best practices. The Texas Association of Air Medical Services (TAAMS) sponsored an air medical summit summary, and the TAAMS workgroup has drafted a plan that incorporates air medical providers into disaster management. This plan has been presented to the Disaster/Emergency Preparedness Committee for feedback and recommendations.

The National Transportation Safety Board (NTSB) webcast hearings, which took place February 3-6, 2009, have public comments available to view online at [www.nts.gov](http://www.nts.gov). The NTSB will release its next summary by September 2009. The meeting included a report to follow up on House Bill (HB) 978, which intends to clarify the authority of the state to regulate helicopter air medical services. Legislation is not moving forward with this bill at this time, but other efforts are still in progress and are being monitored. The final topic of discussion was about the timeline

for rules revisions presented by DSHS. The next air medical rule will open in November 2010. The timeline will be posted on the DSHS website and air medical workgroups will draft recommendations for updates to the rule.

**Cardiac Care Committee** – In the absence of Chair David Persse, MD, committee member Christine Yuhas presented the committee report. Agenda items regarding the development of a mission statement and committee charges were tabled until Chair David Persse could attend. The results of the Regional Advisory Council (RAC) chairs survey was presented by Remmy Morris. All RACs participated in this survey and results were as follows.

- 68% are working towards a ST-Segment Elevation Myocardial Infarction (STEMI) system
- 36% have designated committees actively meeting for 12 months or more
- 18% have committee or workgroup name variances
- 14% have formed committees within 12 months
- 4% will form a committee within 12 months
- 27% do not have a committee

Loni Denne from the American Heart Association (AHA) presented information regarding the Mission Lifeline Initiative. AHA plans to define a STEMI certification process and present it through a third party affiliate. This certification would be divided into three levels. Currently two RACs are participating in this Mission Lifeline. Presentations by DSHS and the Texas EMS, Trauma, and Acute Care Foundation (TETAF) briefly described the GETAC structure and the TETAF purpose.

**Disaster/Emergency Preparedness Committee** – Chair Eric Epley began by introducing Dr. Valadez, who spoke about H1N1 influenza information presented at the Texas Pandemic Influenza Regional Conference. Dr. Valadez shared lessons and key points with regard to the H1N1 influenza events in 2009

The committee offered its assistance to this division **Division of Prevention and Preparedness** in developing an ethics committee that would help develop guidelines for altered standards of care. The TAAMS air medical disaster response plan briefing was shared with the committee members. The Committee will review this document before the next committee

meeting, and Mr. Epley will send the revised document to the committee. Committee member Emily Kidd, MD, summarized the Regional Medical Director Disaster Response operations report and thanked the participants. Dr. Kidd mentioned the agreement that DSHS is drafting to contract with individual physicians in the event of a disaster. Beverly Ray will work on drafting language for the document, and the workgroup would like to send letters to all RACs requesting EMS Medical Directors recommendations. It was also suggested that DSHS include a section in the MOA that would be signed by EMS medical directors to acknowledge that assigned personnel are working under their direction during emergencies or declared disasters. The discussion regarding altered conditions and altered standards of care is ongoing. The working group will develop a one-page set of guidelines in the event of a disaster this year. The DSHS MOA for ground ambulances workgroup report was presented by Dudley Wait. He reviewed a conference call that was held to discuss several items pertaining to the MOA, including reimbursement amounts, reimbursements for additional equipment, Medical Director's acknowledgement, eliminate specifying number of units available, utilizing MOA with local jurisdictions, and supply units with radios. Mr. Wait also summarized the American Medical Response (AMR) position statement on Response to Federal Disasters, stating FEMA will not activate Texas agencies for a Texas disaster.

**EMS Committee** – Chair Dudley Wait reported that the committee reviewed the DSHS rules in Title 25 of the Texas Administrative Code, Sections 157.25, 157.36, and 157.133. The timeline for revisions to EMS/trauma systems rules was presented to the committee by DSHS as well as the process involved in rule review. The changes implemented by House Bill (HB) 846 and HB 2845 of the 81st Texas Legislature, Sections 157.36 and 157.37, were reviewed and discussed. Both rules are still being revised, and additional clarification is needed from DSHS legal department. It was requested and agreed upon by the committee members to submit a letter to Maxie Bishop, seeking clarification of 157.37 e(5)(A) and (B) of the proposed rule.

**Education Committee** – The Education Committee did not meet at this time, no report was given.

**Injury Prevention Committee** – Chair Rick Moore presented summaries from the work

group meetings from May 1, 2009, and June 11, 2009. A final review of the proposed injury prevention rules within the DSHS rules in Title 25 of the Texas Administrative Code was presented at this meeting. Information about student athlete heat-related illness prevention, safe sleeping for babies, and safe steps coalition was presented. Subcommittee summaries were presented: Paula Yuma-booster seat law; Shelli Stephens-Stidham-TETAF Injury Prevention course planned for February; and Ram Perez-external stakeholder relations. The committee agreed to review Dr. Hougen's heat related illness paper and would like to draft a consensus statement in response to the information presented. The committee agreed there was not enough evidence of the effectiveness of safe step coalition and would not be providing a statement of support. The proposed injury prevention rules were forwarded to the Trauma Systems Committee and the committee agreed to discuss the topic on safe sleeping for babies in the future.

**Medical Directors Committee** – In the absence of Chair Steve Ellerbe, DO, committee member James Randy Loflin, MD, presented the committee summary. The committee received reports on the Medical Directors registry, Comprehensive Clinical Management Program (CCMP) updates, and the Disaster/Emergency Preparedness Committee. The committee discussed and agreed to move forward with the recommended revisions to the DSHS rules in Title 25 of the Texas Administrative Code.

**Pediatric Committee** – Chair Joan Shook, MD, began her report with the committee liaison reports. Committee member Charles Macias, MD, introduced Tony Gilchrest as the new project coordinator for the EMSC State Partnership Grant program. Awareness of EMSC is low throughout the state, and Mr. Gilchrest is looking for assistance initiating statewide programs. An article in *Texas EMS Magazine* about EMSC will be available in the November issue, and a booth at the Texas EMS Conference in Fort Worth will be available to distribute information and answer questions. Dr. Shook mentioned that the Children's Transport Association of Texas is working on a report about transporting critically ill children that should be available for the next meeting. Information on the EMS education and training of teachers will be posted on the EMSC website once it is up and running. The committee decided that a liaison should be appointed to attend the Child Fatality Review Team in order to leverage the interest of the committee in the

most effective way. Ambulance equipment guidelines were discussed. The committee will review the equipment lists provided by the American College of Emergency Physicians (ACEP) and American Academy of Pediatrics (AAP) and compare them to the list generated two years ago in order to produce a gap analysis for further discussion. Committee members Britton Devillier and Dr. Macias will be contacting the National Highway Traffic Safety Administration (NHTSA) grant representatives to find out how pediatrics can become involved. The discussion of free-standing emergency care facilities was of concern to the committee because the pediatrics and medical community may have only a limited amount of input in this process. The committee would like to be included in notifications for meetings and updates.

**Stroke Committee** – Chair Neal Rutledge, MD, reported the main focus of this meeting was the discussion of the drafted DSHS rule 157.133: Requirements of a Stroke Facility Designation, which was published on August 21, 2009, and will become effective September 1, 2009. TETAF stated it will be working with coordinators throughout Texas to develop a survey process for the support facilities, including working on recruiting stroke coordinators involved in this process if it is acceptable to DSHS. The review of “in active pursuit” language by DSHS was also mentioned because it is not in the recently adopted stroke rule. The meeting concluded with the presentation from DSHS regarding the timeline for revision of rules.

**Trauma Systems Committee** – Chair Ronald Stewart, MD, reported the committee began with a summary report from Texas EMS, Trauma, and Acute Care Foundation (TETAF). A subcommittee for the Trauma Registry/TQIP was established, but it has not been able to meet because of H1N1 coordination efforts. Committee member Shahid Shafi, MD, presented the national program pilot study. Details can be found at the American College of Surgeons website. A presentation was made by committee member Jim Parisi on post-Hurricane Ike efforts toward reestablishing the University of Texas Medical Branch (UTMB) in Galveston. The group discussed directing Texas Driver Responsibility Program dollars to UTMB trauma centers or other groups. A mandate to assess the need for additional level 1 and 2 facilities was part of Senate Bill 1-Rider 90 of the 81st Texas Legislature 2009-Trauma Facility Study; however no funding was provided. The group discussed several options with feedback from the stakeholders in the audience. It was proposed that the RACs could do their own surveys, but this approach

might be confounded by local bias and be limited by a lack of national standards. The group discussed having the ACS perform this survey. The ACS Trauma Systems Committee provides trauma system evaluation services and could perform this assessment with focused questions on the number and level of trauma centers required in each RAC. The cost of the ACS service is approximately \$60,000. The committee and the audience felt that this evaluation would be the most objective.

The committee recommended moving forward with the ACS evaluation and unanimously felt that this would meet the Rider's requirements at a reasonable cost. The group also discussed the role and ability of DSHS to require facilities to upgrade to a higher level of designation if there is a community need and the facility has the staff and capability to meet that need. With this in mind, it was suggested to wait to review the RAC implementation guideline until the ACS survey is completed for each region. Updates were given by DSHS regarding the Texas Drives Responsibility Act Fund and the timeline for revisions to EMS/trauma system rules. The last item discussed was the proposed injury prevention rules that would strengthen 157.125 by adding Level III injury prevention criteria. The committee reviewed this information agreed to consider this in the rule making process when deemed appropriate.

**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)**– Diana Welsh, CEO of TETAF, presented the surveys and education programs currently being offered by the foundation. TETAF will host a Stroke Symposium on September 14, 2009, and an Injury Prevention program in February 2010, which is still in the planning stages. The proposed stroke survey process is still in progress and TETAF would like to have the draft proposal to DSHS no later than two weeks to follow up with needed discussions. TETAF is also interested in assisting with CCMP, but

funding for this project became the main issue in this discussion. The reconstruction of the Trauma Registry is also on TETAF's proposed projects. Now that steady revenue is available for the project, it should be easier for the foundation to lend administrative assistance. The gala event planned for November was rescheduled to May 2010 to avoid conflicts with the Texas EMS Conference.

### **General Public Comment**

General public comments included money increases from Medicaid for air and ground ambulances and a suggestion to involve the EMS Committee in the investigation of required Medical Directors classes since Medical Directors work closely with EMS providers and personnel.

### **Action Items**

*A motion was made by Pete Wolf, EMT-P, and seconded by Ronald Stewart, MD, to accept the drafted Governor's EMS and Trauma Advisory Council procedural rules with one exception. The section titled "work groups" will be deleted. The motion passed unanimously.*

*A motion was made by Vance Riley and seconded by Ronald Stewart, MD, to accept the Regional Advisory Council implementation guidelines as written. The motion passed unanimously.*

*A motion was made by Ryan Matthews, EMT-P, and seconded by Joan Shook, MD, to accept the recommendations for revisions and additions to DSHS EMS rules in Title 25 of the Texas Administrative Code, Chapter 157.25, Out-of-Hospital/Do-Not-Resuscitate (DNR). The motion passed unanimously.*

*A motion was made by Vance Riley and seconded by Ronald Stewart, MD, to accept the recommendations for revisions and additions to DSHS EMS rules in Title 25 of the Texas Administrative Code, Chapter 157.36, Disciplinary Action (Personnel). The motion passed unanimously.*

*A motion was made by Mike Click, RN, and seconded by Marti VanRavenswaay, to accept the recommendations for revisions and additions to DSHS EMS rules in Title 25 of the Texas Administrative Code, Chapter 157.37, Certification or Licensure of Persons with Criminal Backgrounds. The motion passed unanimously.*

*A motion was made by Ronald Stewart, MD, and seconded by Vance Riley to accept a recommendation by the Trauma Systems Committee to request DSHS request a state survey from the American College of Surgeons Trauma System Evaluation and Planning Committee (TSEPC) to review the Texas trauma system. This review should include an overall evaluation of the system, and should specifically evaluate the appropriate number of Level I, II, III, and IV trauma centers in each Regional Advisory Council. The motion passed unanimously.*

*A motion made by Ryan Matthews, EMT-P, and seconded by Joan Shook, MD, to request a letter be drafted by GETAC to ask for clarification of the eight items listed under the DSHS EMS rules in Title 25 of the Texas Administrative Code, Chapter 157.37, Certification or Licensure of Persons with Criminal Backgrounds, sections (e)(5)(A)(i-viii). The motion passed unanimously.*

*A motion made by Jodie Harbert, LP, and seconded by Marti VanRavenswaay to request support from GETAC for the idea to require medical directors to complete a medical director's course within one year of signing with a provider or by 2013. After further discussion, a friendly amendment was made by Ryan Matthews, EMT-P, and seconded by Marti VanRavenswaay to have GETAC support the investigation of all avenues that would lead to a requirement for medical directors to complete a department-approved medical director's course(s). GETAC would also work with the Texas Medical Board to accomplish this investigation. The motion passed unanimously.*

**Meeting dates in 2009:** November 21-23, in conjunction with Texas EMS Conference, held in Fort Worth, Texas.

**Adjournment:** The meeting was adjourned at 12:36 p.m.