Governor's EMS and Trauma Advisory Council (GETAC)
Department of State Health Services (DSHS)

Friday, March 8, 2024
DoubleTree by Hilton Austin, Phoenix Central Ballroom
6505 N Interstate 35
Austin, TX 78752

Meeting Minutes

Last Name	First Name	Appointed Position	Attendance
Tyroch, MD, Chair	Alan	Trauma Surgeon - *per HSC §773.012(b)(14)*	Y
Matthews, Vice Chair	Ryan	Private EMS Provider - *per HSC §773.012(b)(5)*	Y
VACANT		Rural Trauma Facility - *per HSC §773.012(b)(11)*	VACANT - N
Clements	Mike	EMS Fire Department - *per HSC §773.012(b)(9)*	N
DeLoach, Judge	Mike	County EMS Provider - *per HSC §773.012(b)(12)*	Y
Eastridge, MD	Brian	Urban Trauma Facility - *per HSC §773.012(b)(10)*	N
Johnson, RN	Della	RN w/Trauma Expertise - *per HSC §773.012(b)(15)*	Y
Lail	Billy (Scott)	Fire Chief - *per HSC §773.012(b)(4)*	Y
VACANT		Certified Paramedic - *per HSC §773.012(b)(17)*	VACANT - N
Malone, MD	Sharon Ann	EMS Medical Director - *per HSC §773.012(b)(2)*	Y
Marocco	Pete	Public Member - *per HSC §773.012(b)(18)*	Y
Martinez	Ruben	Public Member - *per HSC §773.012(b)(18)*	Y
VACANT		EMS Volunteer - *per HSC §773.012(b)(6)*	VACANT - N
Potvin, RN	Cassie	Registered Nurse - *per HSC §773.012(b)(3)*	Y
Ramirez	Daniel (Danny)	Stand-Alone EMS Agency - *per HSC §773.012(b)(16)*	Y
Ratcliff, MD	Taylor	EMS Educator - *per HSC §773.012(b)(7)*	Y
Remick, MD	Katherine (Kate)	Pediatrician - *per HSC §773.012(b)(13)*	Y
Salter, RN	Shawn	EMS Air Medical Service - *per HSC §773.012(b)(8)*	Y
Troutman, MD	Gerad	Emergency Physician - *per HSC §773.012(b)(1)*	Y

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1. Call to Order	The meeting was called to order at 8:00 AM by Dr. Tyroch.			
2. Roll Call	Roll called by DSHS staff. Quorum met.			
3. GETAC Vision and Mission	GETAC Vision and Mission read by Dr. Tyroch.			
4. Review and Approval of GETAC Minutes	Shawn Salter motioned to approve the November 20, 2023, minutes. Scott Lail seconded the motion.		Approved.	
5.	**Chair Report and Discussion – Alan Tyroch, MD, GETAC Chair**			
	Dr. Alan Tyroch provided a report on the following items: **Texas Trauma System** Dr. Tyroch shared the current numbers and levels of trauma centers in Texas: • Level I – 22 (7.30%) • Level II – 28 (9.30%) • Level III – 58 (19.30%) • Level IV – 193 (64.10%) • Total – 301 He described how the system has grown since the 2010 American College of Surgeons (ACS) consultative visit. The population in Texas in 2010 was 25 million but has since grown to 30 million. Texas has added 6 Level I, 20 Level II, 13 Level II, and 6 Level IV trauma centers since 2010. Dr. Tyroch provided a breakdown of patients seen at designated trauma centers by patient ISS score and trauma center designation level. Including all patients and ISS scores (n= 149,650), 33% were seen at a level I trauma center,			

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	26% at a level II, 22% at a level III, and 19% at a level IV. For patients with an ISS greater than 15 (n=18,954), 46% were seen at a Level I trauma center, 30% at a level II, 16% at a level III, and 8% at a level IV.
	
	To demonstrate that all levels of designated trauma centers have a significant role in the Texas trauma system, Dr. Tyroch shared the following:
	• Level III and Level IV trauma centers comprise 83% of all Texas trauma centers:
	  ○ Level III: 19%
	  ○ Level IV: 64%
	• Level III and Level IV trauma centers initially manage 41% of trauma patients in Texas:
	  ○ Level III: 22%
	  ○ Level IV: 19%
	• Level III and Level IV trauma centers initially manage 24% of severely injured trauma patients (ISS > 15) in Texas:
	  ○ Level III: 16%
	  ○ Level IV: 8%
	He also shared an excerpt from the article "A Matter of Life and Death" in the February 1975 edition of *Texas Monthly,* to illustrate the value of trauma centers*:* "If you were shot in the heart and reached Parkland or Ben Taub Hospitals with visible life signs, you would almost certainly survive. Elsewhere in Texas, you would probably end up dead."
	
	Proposed Trauma Rules
	Dr. Tyroch provided details regarding the current trauma rules and the dates of implementation and/or most recent amendments to those rules:
	• 157.123 (RAC Rules): June 2004			

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	• 157.125 (Designation Requirements) Dec. 2002, Amended 2019 to include the Telemedicine in a county of 30,000. • 157.128 (Denial, Suspension) Sept. 2000 and Amended in 2006 (to address 3588) • 157.130 (Funding) July 2004 • 157.131 (Funding) July 2004 and Amended in April 2006 (to address 3588 and IAP Dr. Tyroch expressed his appreciation for the hard work and hours dedicated to reviewing the public comments received during the formal comment period for the proposed trauma rules. He reported there had been 157 commenters who provided 3,877 public comments on the following rules: • 157.2 Definitions: 264 • 157.123 RACs: 206 • 157.125 Trauma Facility: 3382 • 157.130 Funding: 25 Dr. Tyroch stated the comment review workgroup was composed of representatives from GETAC Council, GETAC Trauma Systems Committee, RACs, TORCH, Texas Hospital Association (THA), and Texas Medical Association (TMA) and that the grouped logged over 17 hours within a span of 7 days reviewing and discussing every comment. He added that each meeting had good representation with anywhere from 22 to 27 attendees. **Public Hearing** Dr. Tyroch announced that a public hearing on the trauma rules will be held at 1 PM this afternoon, March 8, 2024. The hearing will be held both virtually and in person at the Bernstein Building, Room K-100, 1100 W 49th Street, Austin Texas.			

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6.	**State Reports**			
6a. EMS/Trauma Systems Section	**EMS/Trauma Systems (EMS/TS) Section Update** Dr. Timothy Stevenson, Associate Commissioner, Consumer Protection Division, addressed GETAC and thanked them for their work and support on the Trauma rules. **Jorie Klein, Director, provided a report on the following items:** **Uncompensated Care Application** Director Klein stated the current application for uncompensated care will use CY 2022 data for patients entered into the trauma registry from January 1, 2022, through December 31, 2022. She added that applicants will use FY 23 cost for trauma care. The goal is to have the cost information in aggregate form to bring to GETAC in June. The department developed instructions for completing the application and they are posted online. Additionally, Director Klein; Mrs. Stevenson will hold a Q&A session regarding the application process and any questions may be sent to them. A completed application must be received by midnight on May 1,2024. **RAC EMS Allotment** Director Klein shared information on the RAC EMS Allotment funding and eligibility. The allotment is based on CY 2022. The RACs need to validate EMS eligibility, including participation in the RAC, and review EMS run activity data report provided by DSHS. RAC leaders also received a copy of what the facilities submitted for their runs and trauma in 2022. This data provides the opportunity to do a balanced check because RAC calculations for funding is based on size and the number of eligible EMS runs and trauma facility submissions to the trauma registry.	Information only; no actions required.		Continue quarterly updates to the Council.

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6a. continued	**Trauma Rules Timeline** Director Klein provided an update on the timeline for the proposed trauma rules. She stated the rules went before the Executive Council on February 15, 2024, and that the formal public comment period ended February 19, 2024. Looking ahead, the expected date for adopted rules to be published in the Texas Register is May 17, 2024, with a rule effective date of May 22, 2024. The RAC rules (157.123) have a planned implementation date of September 1, 2024. **Public Hearing** Director Klein shared that the March 8 public hearing would begin at 1 PM and would be a hybrid meeting held on Teams and in person at the Bernstein Bldg. in K-100. Online registration for that meeting ended at 5 PM on March 6, 2024, but added that onsite registration would be available until 2 PM at the physical location in K-100. **GETAC Special Meeting, March 20, 2024** GETAC will hold a special meeting on March 20, 2024, from 8 AM to 12:30 PM. Director Klein stated the purpose of this meeting was for GETAC council members to review and discuss the proposed rules and provide recommendations to the department. This meeting will be a hybrid meeting on Teams and in person at the Moreton Bldg. in M-100. **Designation Update** **Elizabeth Stevenson, Designation Programs Manager, provided an update on the following:** **Designated Trauma Facilities**	. Information only; no actions required.		Continue quarterly update to the Council.

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	• Total = 302 (2023 Q4)
	• Applications processed 2023 Q4
	  ○ Applications Received = 24
	  ○ Initial Designations = 1 off of IAP
	  ○ Redesignations = 7
	  ○ Contingent Designations = 3
	  ○ Mrs. Stevenson stated there were 3 new In Active Pursuit recognitions (trauma) in 2023 Q4, and 8 trauma facilities in active pursuit: 4 Level III and 4 Level IV.
	Mrs. Stevenson reported the common themes for contingencies and focused reviews included Nursing Documentation, PI – Audited for appropriateness and quality of care, PI – Actions Taken, PI – Loop Closure, and PI – Screening of appropriate patients.
	
	There are over 70 facilities currently on contingencies. Mrs. Stevenson demonstrated how the department continues to work with facilities. In Q4, there were 96 Program Survey follow-ups (30-minute calls), facility check-ins (1-hour calls), and 121 program assistance/questions (10-15 or more minutes), and 2 surveys attended.
	
	She added the actions the department is taking to help trauma programs be successful:
	• Q4 Removal of Contingencies: Level III - 2, Level IV - 3
	• Level I/II Trauma Facility monthly calls began in January 2024
	• RAC Chairs and EDs invited to monthly facility calls
	• Trauma meeting calls are now on the GoToWebinar platform due to the high volume of those wanting to attend the calls.
	
	Stroke designated facilities			

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	• Total 2023 Q4 = 188 ○ Comprehensive Level I = 43, Advanced Level II=2, Primary Level III = 51 (Primary Level II = 66), Acute Stroke Ready Level IV = 19 (Support Level III = 5). There are only 71 Primary Level II and Support Level III facilities who need to transition over under the new levels. • Increased by four facilities. Since 2023 Q1, two support centers and two primary centers withdrew. Initial designations included seven brand-new acute stroke-ready center designations, seven primary, four advanced, and one comprehensive. • Twenty-one designation applications in 2023 Q4: six Level I, zero Level II, thirteen Level III, and two Level IV. • Stroke Designated facility calls are held on the 2nd Tuesday of each month. Mrs. Stevenson provided an update on the Stroke Workgroup projects currently underway: • Stroke Application Data - Completed • Level IV Acute Stroke Ready DSHS Guidelines - In Progress • Level III DSHS Primary Guidelines • Level I DSHS Comprehensive Guidelines She added the following announcements: • RAC Chairs and EDs invited to monthly facility calls. • The first Level IV Acute Stroke Ready workgroup call was held in December 2023. **Designation Application Process Performance Measures** Performance measures for turning applications around from department receipt of a complete application, including fee, through facility receipt of approved documents. The goal is 30 days. Mrs. Stevenson reported that			

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	currently, trauma is at 77 days, and stroke is at 30. She added that some take longer because there are so many contingencies, and by the time the department can schedule a call with the facility to let them know what their deficiencies are and why they're receiving a contingent designation and then provide their documents to them, it takes additional time. Mrs. Stevenson stated they will continue reducing that time and improving that metric. She added that the Stroke turnaround time is on target. **EMS System Update** **Joseph Schmider, State EMS Director, updated the EMS activities since last quarter.** **Senate Bill 8** Mr. Schmider stated that monthly reports from the RACs indicate that 2,603 scholarships have been given out, totaling $13.8 million in scholarships statewide. Scholarships have been awarded in each of the 22 RACs. Since 10/1/22, 2,520 new personnel have been added to the system. In 2019, there were 68,461 certified personnel in Texas; now, there are 75,707 certified personnel. One of the aspects of this project was to develop a toolkit for the EMS providers. Each RAC, the Texas Ambulance Association, and the Texas EMS Alliance will receive a thumb drive with everything created for the media campaign, including information from focus groups and personnel in Texas and why they're in EMS, why they're in Texas, and why they entered the business. The RACs received theirs during the RAC Q1 meeting on Thursday, 3/7/24. **Rule Update**	Information only; no actions required.		Continue quarterly update to the Council.

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	Texas Administrative Code (TAC) 157.11 will be opened up to add SB 2133 language regarding dialysis transports and to clean up the rule. He stated that in response to the reaction received on legislation from the 87th session that required dialysis patients to be a priority transport during a disaster, the 88th Legislature revised the language to state that dialysis patients could be a preference transport, but they don't have to be put above anyone else who needs more emergent transport. Mr. Schmider added that EMS providers will need to have a policy in place, as the new subsection requires EMS providers to have a plan for transporting dialysis patients to and from an outpatient end-stage renal disease facility during a declared disaster if the patient's normal and alternative modes of transportation cannot be used. The anticipated adoption is August 2024. Additional changes in 157.11 include removing the "intermediate" from EMT since it is now classified as Advanced EMT, clarifying the insurance language for liability protection ($100,000/$300,000 for local governments), and adding language relating to triage tags (25 per unit or participate in RAC triage plan). The informal comment period ends March 13, 2024. Formal comment period will be later this year. **NEMSIS** V5 switch continues to move forward. For more information on NEMSIS and national dashboards go to NEMSIS.org. NEMSIS 3.5.1 will have the ability to enter assault data. **EMS/Trauma Systems Funding Update**			

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	Mrs. Sunita Raj, EMS/Trauma Systems Funding Manager, provided a funding update. **EMS/Trauma Systems Funding Appropriations** Mrs. Raj shared the FY 24 appropriation figures, totaling $111 million for FY24. • 0001 – General Revenue: $7,549,524 • 0512 – Bureau of Emergency Management Account: FY 24 - $3.1 M • 5007 – Commission on State Emer Comm Account: FY24 - $1.75 M • 5108 – EMS, Trauma Facilities/Care System: FY24 - $3.5 M • 5111 – Trauma Facility and EMS Account: FY24 - $96 M **Extraordinary Emergency Fund (EEF)** For FY24, $1M was made available on 9/1/2023. Nine applications were received – four were awarded, and one was denied. So far, $761,141.08 has been expended, leaving $238,858.92 available. The department is continuing to review grants. Received a request this week for $157,000, and are currently reviewing that request. Requests have included ambulance repair, ambulance replacement, cardiac monitor/defibrillator, new ambulance, and ambulance radio. **Regional Advisory Council (RAC) Contracts** Ms. Raj provided the funding breakdown for FY23, FY24, and FY25. RAC Contracts include EMS Allotment, RAC Allotment, RAC Systems Development, and EMS/LPG. RAC contract dates begin 9/1 and end 8/31, and lump sum payments are made for all portions. Mrs. Raj demonstrated the total amounts allocated: FY23 = $9,424,118, FY24 = $9,671,181, and FY25 = $9,805,132. She added that the EI disbursement for $3.3 M started 9/1/23 and have been completed. Waiting on a couple of RACs to submit their verification responses.	Information only. No actions required.		Continue quarterly update to the Council.

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	Uncompensated care (UCC) Mrs. Raj provided an overview of the uncompensated trauma care request. For FY24, applications are open until May 1, 2024; department has received 57 thus far. $95,543,482 allocated for hospitals and $179,621,746 provided from Standard Dollar Amount (SDA) Trauma Add-On.			
6.b. EMS and Trauma Registry	**DSHS Texas EMS and Trauma Registry Update - Jia Benno, Office of Injury Prevention Manager** Ms. Benno presented on the GETAC Injury Prevention and Public Education Committee's fall and firearm data request. **Texas 2019-2022 Heat Activations** Ms. Benno advised that The Emergency Medical Services and Trauma Registries (EMSTR) collects data from EMS providers, hospitals, justices of the peace, medical examiners, and rehabilitation facilities. She added that EMS providers must report all runs to EMSTR under Texas Administrative Code, Title 25, Chapter 103, and that a "run" is a resulting action from a call for assistance where an EMS provider is dispatched to, responds to, provides care to, or transports a person. Ms. Benno provided definitions and methodology notes relevant to the presentation: • EMSTR is a passive surveillance system, and each hospital is required to independently submit a patient's record. • This report includes data from 2018-2022 since 2023 data has not been closed out yet.	Informational only. No action items were identified for the Council.		

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	• Per epidemiology best practice, EMSTR suppressed data when there were fewer than five records to protect identifiable data, noted with an asterisk (*).
	• EMSTR used three age groups for this analysis:
	  ○ Pediatric – Children under the age of 15;
	  ○ Adult – Ages 15-64; and
	  ○ Geriatric – Ages 65+.
	• Injury Severity Score – The Injury Severity Score (ISS) is an anatomical scoring system providing an overall score for patients with multiple injuries. The ISS scoring categories are:
	  ○ ISS 1-8 = mild;
	  ○ ISS 9-15 = moderate;
	  ○ ISS 16-24 = severe; or
	  ○ ISS > 25 = profound.
	• Missing – Providers did not fill in the section.
	• Unintentional – A type of injury that is not deliberate or done with purpose.
	
	2018-2022 Fatal Fall Data
	Falls seen in a trauma facility where the patient's hospital disposition is deceased:
	• **2018** = 1,060; **2019 =** 1,149; **2020** = 1,261; **2021** = 1,458; **2022** = 1,617
	
	Fatal Falls by Age
	Geriatric age group saw the largest number of fatal falls.
	• **Pediatric** = 76; **Adult** = 1,486; **Geriatric** = 4,983
	
	Fatal Falls by Sex
		Informational only. No action items were identified for the Council.		

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	Ms. Benno stated males had a larger percentage of fatal falls, possibly due to job-related falls. • **Male** = 55%; **Female** = 45% **Fatal Falls Injury Descriptions** Ms. Benno presented the top ten injury descriptions, with falls from slipping, tripping, and stumbling on same level (without subsequent striking against an object) being the top description. • **Fall on same level from slipping, tripping, and stumbling without subsequent striking against object** = 1,957 (29.90%) • **Unspecified fall** = 1,104 (16.87%) • **Other type fall on same level** = 855 (13.06%) • **Fall on same level from slipping, tripping, and stumbling with subsequent striking against other object** = 528 (8.07%) • **Fall from bed** = 367 (5.61%) • **Fall from stairs and steps** = 192 (2.93%) • **Fall on and from ladder** = 167 (2.55%) • **Other type fall from one level to another** = 161 (2.46%) • **Fall from non-moving wheelchair** = 128 (1.96%) • **Fall from chair** = 124 (1.89%) **Fatal Falls by ISS Score** Ms. Benno reported data on fatal falls by ISS score and the length of hospital stay by days. Most fatal falls fell into the ISS 9-15 category. **ISS 0** = 75 **ISS 1-8 (mild)** = 1,454 **ISS 9-15 (moderate)** = 2,604 **ISS 16-24 (severe)** = 596 **ISS ≥25 (profound)** = 1,740 **Missing** = 76	Informational only. No action items were identified for the Council.		

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	Fatal Falls by Length of Hospital Stay (LOS) Most fatal falls had a ≥10 day length of stay in the hospital. **LOS 0** = 480 **LOS 1** = 1,051 **LOS 2** = 763 **LOS 3** = 596 **LOS 4-6** = 1,260 **LOS 7-9** = 765 **LOS ≥10** = 1,400 **Missing** = 200 **Fatal Fall Demographics by ISS score** Ms. Benno shared a data breakdown representing race, ethnicity, and age. Males represent the largest percentage in all ISS categories except ISS 9-15, where females are slightly higher than males. Geriatrics comprised the majority of fatal falls in all ISS categories, and the majority of geriatric fatal falls in the ISS 9-15 category. RAC E had the highest reported rates for all ISS categories except ISS. Regarding race/ethnicity, the data showed significantly higher fatal fall rates among white patients. **ISS 0:** White 80%, Hispanic 9%, Black 8%, Other/Unknown 3% Male = 61%; Female = 39% Pediatric = *, Adult = 11, Geriatric = 64 Top RACs: Q = 35, H = 17, G = 6, E = 5, remainder wither 0 or * LOS: 0 days - *, 1 day - 6, 2 days - *, 3 days - 8, 4 to 6 days - 10, 7 to 9 days - 10, ≥10 days - 21, Missing - 14	Informational only. No action items were identified for the Council.		

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	ISS 1-8 (mild): White 61%, Hispanic 23%, Black 6%, Asian 7%, Other 7%, Unknown 1% Male = 52%; Female = 48% Pediatric = 31, Adult = 399, Geriatric = 1,024 Top 5 RACs: E= 412, Q = 312, O = 116, V = 92, P = 85 LOS: 0 days - 124, 1 day - 215, 2 days - 161, 3 days - 114, 4 to 6 days - 272, 7 to 9 days - 180, ≥10 days - 332, Missing - 56 **ISS 9-15 (moderate):** White 67%, Hispanic 23%, Black 4%, Asian 1%, Other 4%, Unknown 1% Male = 49%; Female = 51% Pediatric = 24, Adult = 405, Geriatric = 2,175 Top 5 RACs: E= 626, Q = 480, P = 199, O = 180, I = 154 LOS: 0 days - 131, 1 day - 316, 2 days - 315, 3 days - 251, 4 to 6 days - 575, 7 to 9 days - 330, ≥10 days - 582, Missing - 104 **ISS 16-24 (severe):** White 62%, Hispanic 24%, Black 5%, Asian 3%, Other 4%, Unknown 2% Male = 64%; Female = 36% Pediatric = 6, Adult = 140, Geriatric = 450 Top 5 RACs: E= 156, Q = 129, O = 50, I = 36, P = 35 LOS: 0 days - 32, 1 day - 89, 2 days - 60, 3 days - 62, 4 to 6 days - 130, 7 to 9 days - 71, ≥10 days - 146, Missing - 6 **ISS ≥25 (profound):** White 59%, Hispanic 24%, Black 7%, Asian 3%, Other 5%, Unknown 2% Male = 65%; Female = 35% Pediatric = 14, Adult = 514, Geriatric = 1,212 Top 5 RACs: E= 510, Q = 398, O = 131, I = 109, P = 97	Informational only. No action items were identified for the Council.		

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	LOS: 0 days - 185, 1 day - 414, 2 days - 213, 3 days - 154, 4 to 6 days - 295, 7 to 9 days - 164, ≥10 days - 302, Missing - 14 ***2018-2022 Firearm EMS Data*** **Firearm EMS Responses by Year** Ms. Benno provided data on the number of firearm responses by EMS for 2018-2022. The data showed a peak in 2021 and then the response fell in 2022. • **2018** = 5,152; **2019 =** 5,873; **2020** = 7,676; **2021** = 8,069; **2022** = 7,326 **Firearm EMS Responses by Race** Black = 10,579 White = 9,425 Hispanic = 8,876 Not Recorded = 4,270 Unknown = 571 Other = 375 **Firearm EMS Responses by Sex** According to the data, 83% of firearm EMS responses were for males, 15% for females, and 2% were unknown. **Firearm EMS Responses by Intent** Ms. Benno demonstrated through the data that assault (14,524) was the main intent resulting in EMS firearm calls, followed by undetermined intent (12,453), self-harm (5,178), and unintentional (1,938). Between 2018 and 2021, the data showed an greater increase each year for assault firearm EMS	Informational only. No action items were identified for the Council.		

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	responses than the rate of increase for other intents. All categories peaked in 2021 and declined slightly in 2022. **Firearm EMS Responses by Sex/Intent** Firearm EMS responses were significantly greater for males than females across all intents. **Firearm EMS Responses by Age/Intent** For 2018-2022, most firearm EMS responses occurred in the 15-24 years of age group (9,351) and steadily decreased in each age category thereafter until 55-64 where it remained steady. For intent, Assaults and undetermined intent were also the highest in the 15-24 years age group and followed the same trend of decreasing steadily across the age categories. While there was not a big difference across the age groups for self-harm, there was a slight upward trend in counts beginning with the 55-64 years of age category, with ages 65+ having the highest number of firearm EMS responses of all age groups (956). **Firearm EMS Responses Patient Disposition** Most patients were treated and transported by EMS (22,442). Of those "dead on scene" and not transported by EMS, resuscitation was attempted with 4,335 patients and there were 2,598 patients where resuscitative efforts were not attempted. **Firearm EMS Responses by RAC** RACs E, O, P, Q, and R had the five highest responses. RAC Q had twice the number of firearm EMS responses (12,788) when compared to the next highest, RAC E (6,173). RAC P had 4,497, RAC O had 2,137, and RAC R had 1,628.	Informational only. No action items were identified for the Council.		

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	Regarding intent, the top intent for all RACs except Q was assault. The top intent in RAC Q was undetermined (8,593), three times the numbers reported for assault (2,788) **Firearm EMS Responses by Hour** The data demonstrated that the least number of firearm EMS responses occurred at 6 AM (570). Beginning at 7 AM (630), the rates steadily rise and peak at 10 PM (2,028) and then fall until 2 AM (1,562) where there is a slight rise, followed by a decline in numbers until 6 AM. **2018-2022 Firearm Trauma Data** Ms. Benno provided data on the number of firearm trauma injuries for 2018-2022. The data showed a peak in 2021 and then slightly falling in 2022. **Firearm Trauma Injuries by Year** • **2018** = 4,070; **2019** = 4,697; **2020** = 6,084; **2021** = 6,544; **2022** = 6,534 **Firearm Trauma Injuries by Race** Black = 9,774 White = 8,448 Hispanic = 7,306 Other = 1,629 Unknown = 605 Asian = 167 **Firearm Trauma Injuries by ISS Score** Most firearm trauma fell into the ISS 1-8 category (11,676), followed by ISS 9-15 (8,187), ISS ≥25 (4,429), and ISS 16-24 (3,100), with the least number of injuries in the ISS 0 category (271).	Informational only. No action items were identified for the Council.		

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	Firearm Trauma Injuries by Sex, Intent, and Age The data demonstrated that most traumatic injuries due to firearms were experienced by males (87%) and individuals in the 15-44 age group (20,227 out of 27,928), with a significant number of the injuries due to assault (16,935), followed by unintentional intent (5,813), and self-harm (2,454). **Firearm Trauma Injuries by RAC** RACs E, G, O, P, and Q had the highest numbers of reported traumatic injuries due to firearms. RAC Q ((8,307) and RAC E (7,344) were significantly higher than RACs G (1,119), O (1,660), and P (1,718). **Firearm Trauma Injuries by Emergency Department (ED) Disposition** 60% of patients from the ED went to the operating room, a floor bed, or the intensive care unit. Operating Room (OR) = 6,828 (24.45%) Floor Bed = 6,674 (23.90%) Intensive Care Unit (ICU) = 4,046 (14.49%) Transferred to Another Hospital = 3,606 (12.91%) Home without services = 2,315 (8.29%) Deceased/Expired = 2,121 (7.59%) Observation Unit (<24 hr. stays) = 738 (2.64%) Between 2018 and 2022, the length of stay for firearm-related traumatic injuries ranged from 4.61 (2018) to 6.79 (2019) days. **Resources** Ms. Benno shared these resources:	Informational only. No action items were identified for the Council.		

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	• NEMSIS Technical Resources and Data Dictionaries - https://nemsis.org/technical-resources/version-3/version-3-data-dictionaries/. • National Trauma Data Bank (NTDB) data dictionary - facs.org/quality-programs/trauma/tqp/center-programs/ntdb/ntds. • Coding is based on the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). ***Council Comment:*** *Dr. Remick asked if there were opportunities for inquiries or investigative proposals to (DSHS) or if there's a process for that as the registry becomes more robust to be able to use it for research purposes. Ms. Benno stated there are currently three options for a data request: an online form to receive aggregate data, a public use data file that has specific variables that are not identifiable, or an IRB for line level data about patients.*	Informational only. No action items were identified for the Council.		
7.	**GETAC Committee Reports**			
7a. Air Medical and Specialty Care Transport Committee	**Air Medical and Specialty Care Transport Committee (AMSCT), Lynn Lail, RN, Chair** Lynn Lail presented an update on the committee's 2024 priorities. **2024 Committee Priorities and Current Activities** **1. Performance Improvement** Pediatric Airway Management by Air Medical & Specialty Care Providers: Mrs. Lail reported that the committee AMSCTC will perform a 2-year retrospective and real-time (quarterly) GAMUT (Ground Air Medical qUality Transport) data analysis of Air Medical & Specialty Care Pediatric RSI success without hypoxia, and first pass intubation success rate, in Texas throughout 2024, with the intent of comparing Texas providers to peer performance in other states. **2. Coordinated Clinical Care** Texas Department of Public Safety – State Troopers: Mrs. Lail stated The GETAC AMSCTC will develop an educational program, designed specifically for	No action items were identified for the Council.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	DPS Troopers, outlining the criteria for requesting an air medical asset and how to achieve that goal. Curriculum has not been developed. **3. Prevention** In an effort to increase mental preparedness and wellness among Air Medical & Specialty Care Transport Providers in Texas, the GETAC AMSCTC will work collaboratively with an EMS focused mental health professional/organization (TBD) and the Regional Advisory Committee Chairs, to provide a HEMS focused mental health awareness program to AMSCT providers, in all EMT-F regions in the state, over the next 2 years. Mrs. Lail reported on the AMSCTC 2023 Committee Priority Outcomes: **1. Emergency Preparedness & Response** Safe & Effective Statewide Ground to Air Communication: Mrs. Lail reported that the committee collaboration with the Emergency Medical Task Force (EMTF) and Council of Governments (COGs) on the state interoperability plan review was complete, as was their collaboration with fire department and law enforcement representatives on channel access. She added that a frequency resource document reflecting current regional channels is still in progress with an anticipated completion by June 2024. Education and distribution of the document will occur through RAC chairs as well as through an educational campaign. The document will be placed on the GETAC webpage and the committee will collaborate with Chief Kidd, Texas Division of Emergency Management (TDEM), for emergency operation center (EOC) operation. Mrs. Lail reported that Air Medical Strike Team (MIST) Concept & Process is still in process with a draft completed and continued collaboration with EMTF leadership. Anticipated completion date is June 2024.	No action items were identified for the Council.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	2. Prevention Statewide educational campaign to mitigate the risks of air medical transport for responders, patients, and fellow air medical providers: Mrs. Lail reported the landing zone (LZ) presentation revisions are complete, and the presentation has been sent to the Air Medical Operators Association (AMOA); AMOA is reviewing the presentation and the committee is awaiting feedback. Once that is complete, Mrs. Lail stated she'd bring it to the Council for acceptance and requested to be placed on Council's Q2 agenda. She said she'd send it when the agendas were due so the Council could review it before the next quarterly meeting. The implementation plan was shared and approved by RAC chairs at the RAC Q1 meeting on March 7, 2024. **3. System Integration** Real-time status reporting by all air medical providers in all 22 regions in the State: Mrs. Lail stated the workgroup continues to collaborate with Juvare to ensure all TX air providers' computer-aided dispatch (CAD) systems are "talking" to the nationwide system being created. Approximately 65% of air agencies are complete. Anticipated completion date is prior to Q2 meeting in June 2024. **AMSCTC Action Item Request:** The AMSCT Committee requests to be placed on the Council agenda for the Quarter 2, June 14th, meeting. The purpose of this request is to seek Council approval of the completed LZ presentation, as well as approval to begin education of, and distribution to, the RAC Chairs for end-user access. Distribution of the LZ presentation, for use by EMS/FD/Law Enforcement end users, is intended to aid in mitigating the risks of air medical transport for responders, patients, and air medical providers. Timeline: If Council approves, education of RAC Chairs at Q3 meeting with	Council approved the committee request. No additional action items were identified for the Council.		**Add LZ presentation to June 2024 Q2 GETAC agenda. Mrs. Lail will provide all documents two weeks prior to the Q2 meeting.**

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	RAC chair distribution at their next monthly/quarterly meeting.			
7b. Cardiac Committee	**Cardiac Care Committee, James McCarthy, MD, Chair** Dr. McCarthy was unable to attend due to a meeting conflict but provided a written report to Council. **2024 Committee Priorities** • Partner with DSHS to identify cardiac data elements currently available in the National Emergency Medical Service Information System (NEMSIS) to generate a report to identify gaps in prehospital emergency care statewide. (Coordinated clinical Care/EMS): Activities in progress include initial data review and discussion. The committee is refining a request for ongoing DSHS collaboration. • Out of Hospital Cardiac Arrest – AED access/bystander CPR Assessment (Emergency preparedness and response): Partnering with DSHS on areas of low AED use and CPR delays • Telecommunicator CPR (Coordinated clinical Care/EMS): Ongoing discussion – Working with DSHS on collaborating with state wide 911 services to identify gaps in telecommunicator CPR. • Dwell time in transferring facilities for time sensitive emergencies: Partnering with DSHS to evaluate opportunities to determine dwell times in EDs for patients requiring transfer for cardiac emergencies. **Action Item** No action items at this time.	No action items were identified for the Council.		
7c. Disaster Committee	**Disaster Preparedness and Response Committee, Eric Epley, NREMT, Chair** Eric Epley presented a briefing on the committee's Q1 meeting and related activities:	No action items were identified for the Council.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	• **EMTF:** Mr. Epley reported that the Panhandle fires are the largest wildfires years in Texas history. He stated there were over 1,800 firefighter contacts and one line-of-duty death of a fire chief. • **Pulsara:** Mr. Epley shared Corey Ricketson's Pulsara report to the committee. presented the wristband integration with Pulsara. February 2023, there were about 25,000 channels in Pulsara and that numbered almost tripled by February 2024 with over 63,000 report channels created. He dded that hospitals can now enter patients into Pulsara for MCI events for patients who arrive POV during disaster situations. There are two triage bands – the original, without triage tabs, and the Next Gen (2.0) that has triage tags. NCTRAC has developed an ED training. • **Eclipse:** Mr. Epley stated the median distance the 180 people who registered for campsites in Kerrville was 1,000 miles. STRAC and CATRAC are working together to head off any potential issues. The concerns lie with areas receiving a significant influx of people and the impact on fire, EMS, and traffic. Ranches are renting off parts of land for campers; anti-venom supplies are being checked and monitored. Additional EMS aircraft are standby. • **Prehospital Whole Blood Task Force:** There are 30 people on the task force at this time. All of the major blood centers are represented. The task force also has trauma and prehospital representatives, as well as members of the Association for the Advancement of Blood & Biotherapies (AABB) prehospital rule-setting task force. Due to meeting space, in-person attendance was limited to task force members, but 60 people/organizations attended virtually. o **Vision:** To provide Texans with emergency blood transfusions when and where they need it, regardless of location. o **Mission:** The mission of the Prehospital Whole Blood task Force is to enhance emergency medical response capabilities, improve	No action items were identified for the Council.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	patient outcomes through the sustainable integration and utilization of whole blood transfusion in prehospital settings. ○ **Purpose:** Our purpose is to improve survival rates now becomes for patients across Texas by ensuring timely access to whole blood, promoting best practices in prehospital transfusion, and fostering collaboration among emergency medical services, hospitals, blood banks, regional advisory councils and other stakeholders. We are dedicated to increasing blood donations and advancing education, research, and policies that support the effective and efficient use of whole blood as a lifesaving intervention and prehospital care. ○ **Goals/Tasks:** ▪ Establish regional rotation systems to ensure lowest wastage and highest efficiency. ▪ Develop an "approved products" list that is supported by participating blood centers. ▪ Develop and implement a common operational picture of prehospital whole blood (PH WB) that is regularly updated. ▪ Develop additional MCI push packs that can be rapidly deployed. (Right now, San Antonio is the only one.) ▪ Develop and implement walking blood bank (WBB) procedures, prioritizing our rural facilities and communities. **Action Item** No action items at this time.	No action items were identified for the Council.		
7d. Emergency Medical Services Committee	**Emergency Medical Services Committee, Kevin Deramus, LP, Chair** Mr. Deramus was unable to attend due to a scheduling conflict but provided a written report to council.	No action items were identified for the Council.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	Hall time / Wall time white paper was approved by GETAC executive council. Mr. Matthews requested the paper b removed from the EMS Committee webpage and placed on GETAC webpage. Mr. Deramus outlined the **EMS Committee's 2024 Priorities** in his written report: 1. Coordinated Clinical Care (Objective 5 & 8.0) - Effects of EMS Wall Times on system performance and patient throughputs. 2. Coordinate Clinical Care (Obj 6) - Discuss and provide guidance on the effects SB8 funding on EMS Vacancies in Texas, specifically paramedic vacancies. 3. Performance Improvement (Obj 1.0) - Focus on reducing the use of Red Lights and Sirens (RLS) statewide. Using the approved Committee white paper as a guiding document. **2023 Committee Priority Outcomes were shared in the report:** 1. Hall time / Wall time white paper was completed. 2. Safety/Security of EMS Personnel: Ongoing discussion on personal safety on volatile scenes. 3. Discussion and preparation for the next active shooter/MCI: Ongoing. Shared a presentation regarding recent Texas incidents and provided a "lessons learned" opportunity at a prior quarterly meeting. Working with private for-profit technology vendors to improve system response (Pulsara) demonstrations and implementation. **2024 Recommended Performance Measures included the following:** 1. Reduction of RLS (Red Lights & Sirens) usage during EMS responses to 911 calls and transportation of patients to definitive care. a. Reduce the use of RLS by 50% for nonpriority 1 responses. Using existing EMD priority determinants to identify universal priority response.	DSHS staff will relocate Wall times white paper, as requested. No action items were identified for the Council.	Complete.	

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	b. Reduce the transport of patients while using RLS by 80% for nonpriority 1 patients. 2. Reduction of EMS Wall Times in Texas and analyze the impact of the associated white papers on the issue. a. Reduce the EMS quantity of "Wall time incidents" by measuring acceptable defined "Patient hand off times" by 80%. **Action Item** No action items at this time.			
7e. EMS Education Committee	**EMS Education Committee, Macara Trusty, LP, Chair** Mrs. Trusty provided an update on the EMS Education Committee priorities for 2024. 1. EMS Education Rules Revision: Combined taskforce meetings continue to review and draft revisions. a. Developing a high school EMT program guidance document for the school districts that are wanting to explore offering high school EMT programs. b. Increasing safety and wellbeing focus for education programs: driver training concepts, the TIMS equivalency concepts, mental health and resiliency education and building that into the culture of the initial education program. Also looking at ways to implement nutrition and meal planning information into some of that health and wellbeing education as well. 2. Promoting Advanced EMT Classes: Working to identify barriers to programs offering Advanced EMT courses. 3. Mrs. Trusty advised the National Registry is sunsetting the psychomotor exam in July 2024. In response to concerns that programs wouldn't have access to the National Registry psychomotor skill sheets anymore, the committee drafted advanced skills sheets. The templates are in a Word	No action items were identified for the Council.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	document so programs can edit them as they see fit based on what their advisory committee and their medical director wanted to do. Mrs. Trusty shared the committee's statement of purpose: *The purpose of the GETAC EMS Education Committee is to advise GETAC on EMS education and practice.* Mrs. Trusty provided verbiage for council to consider in a future revision of the Strategic Plan: *In accordance with Health & Safety Code, Title 9. Safety, Subtitle B. Emergencies, Chapter 773. Emergency Medical Services, Subchapter A. General Provisions, Section 773.012, Subsection (l) "The advisory council shall develop a strategic plan for: 1. "Refining the educational requirements for certification and maintain certification as emergency medical services personnel; and 2. Developing emergency medical services and trauma care systems* ***Council Comment:*** *Danny Ramirez asked if the state is going to start visiting programs where percentage pass percentage are less than 61%, if there was a breakdown between high school and regular programs on pass percentages. Mrs. Trusty stated there's currently no breakdown that we get from national registry on what our high school pass rates are versus your traditional program pass. She added There is strong concern from education programs about how this will impact their program, or how it might impact high school programs because high school EMT students traditionally do not do well the first-time pass rate. Director Schmider added the high school programs had the same problems as the adult classes have had with the dedication of some of the instructors and movement of the classes or classes not happening. He stated as we move forward with Senate Bill 8 and we bring people into the system and give out scholarships, everyone's looking at the whole EMS education program*	No action items were identified for the Council.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	in the state of Texas, and it's our obligation to look at that and try to make improvements. Action Item No action items at this time.	No action items were identified for the Council.		
7f. EMS Medical Directors Committee	**EMS Medical Directors Committee, Christopher Winkler, MD, Chair** Dr. Winckler, EMS Medical Directors Committee chair, shared information about the upcoming Texas National Association of EMS Physicians Conference and provided an update on the committee's priorities for 2024. 1. Effecting policy change regarding no light and sirens response. 2. Blood product for every county in Texas, particularly rural counties. Dr. Winckler estimated that prehospital blood needs could equal more 7,000 units per year. 3. Wall times. Dr. Winckler discussed how the Wall Times White Paper is essentially saying "it is going to take a village to fix the problem, and the problem is EMS waiting at hospitals." 4. Innovative Practice. Dr. Winckler provided examples of innovative practice, such as ways to treat a patient that may not need an ER or hospital, only access to resources, through mobile integrated health (MIH) or paramedicine programs, and effective ways to deal with provider burnout. **Action Item** No action items at this time.	No action items were identified for the Council.		
7g. Injury Prevention & Public Education Committee	**Injury Prevention & Public Education (IPPE) Committee, Mary Ann Contreras, RN, Chair** Ms. Contreras presented an update on the committee's 2024 priorities and activities. **2024 Committee Priorities**	No action items were identified for the Council.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	1. Identify data-driven opportunities to reduce the burden of fall injury and death: Data request surrounding falls and firearm deaths from DSHS presented at March Committee meeting. 2. Incorporate safe firearm storage and screenings into the fabric of organizational culture and operations utilizing effective methodologies: Workday meeting scheduled April 19 to incorporate DSHS data into plan. 3. Provide evidence-based prevention strategies to reduce suicide and increase individual's capacity for a safe and healthy lifestyle: Committee members listened to a presentation "A Public Health Approach to Zero Suicide" by Diane Kaulen and Dr. Angela Cummings, Texas Children's Hospital, given at March meeting. Workday meeting scheduled April 19 to incorporate into plan. 4. Increase the number of certified Child Passenger Safety Technicians in Texas: Workday meeting scheduled in April to incorporate DSHS data into plan. Mrs. Contreras shared the committee's statement of purpose*: The Governor's EMS and Trauma Advisory Council's Injury Prevention/Public Education committee is tasked with equitable promotion of safety, reducing injury risk and fostering a healthy environment for all Texans. The committee will utilize data, research and best practice strategies to define proactive processes, awareness, education of providers, and collaboration with stakeholders to prevent injuries and promote well-being.* **Action Item** No action items at this time.	No action items were identified for the Council.		
7h. Pediatric Committee	**Pediatric Committee, Christi Thornhill, DNP, Chair** Ms. Thornhill provided an update on the committee's 2024 priorities and activities. **2024 Committee Priorities**			

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	1. Coordinated Clinical Care: Pediatric Readiness and Simulation: a. Workgroup has created one fully-vetted pediatric simulation. b. Workgroup has developed 4 pediatric simulation scenarios. c. Workgroup currently developing an additional 10 simulation scenarios. d. Regional PECC's have been trained and will complete simulation training with at least 2 facilities within their RAC by April 2024 2. Performance Improvement: Identify 2-3 measurable pediatric performance improvement Texas PI initiatives. The committee will work with TETAF and the state to get percentages up. a. Pediatric Readiness participation by Texas Hospitals and EMS Agencies-EMSC is meeting with RAC's. b. Trauma Center compliance with quarterly pediatric simulations-EMSC is meeting with RAC's. c. EMS Agency compliance in utilizing pediatric equipment in skills training/competency. 3. Research Sudden Cardiac Arrests/Deaths (SCA/SCD) in pediatrics and ECG opt-out vs opt-in for sports physicals: Tabitha Selvester has started research and will be leading this workgroup. a. Pediatric Committee continues to work with the Stroke Committee to develop pediatric stroke guidelines. Reviewing children's hospitals pediatric stroke protocols and reviewing evidence-based practice guidelines. b. Development of a pediatric stroke guideline 4. Pediatric Committee continues to collaborate for 2 workgroups (pediatric concussion/head injury and magnet/battery ingestion). a. Development of pediatric concussion/head injury toolkit b. Development of pediatric magnet/battery ingestion toolkit.			

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	Action Item Request: The committee requests that pediatric simulation approval be added on quarterly GETAC Council agendas (June 2024, August 2024, November 2024), a process for offline review and approval of simulation cases as content is approved by the pediatric committee, and that the simulation cases be posted to the DSHS website following final formatting. The purpose of this request is for a timely approval process to roll out pediatric simulation for designated trauma centers throughout the state of Texas with the intended impact of improving pediatric outcomes through the utilization of pediatric simulation in designated trauma centers in Texas. ***Council Comment:*** *Mrs. Potvin asked if these scenarios were the same as those on the Texas ENA website. Ms. Thornhill stated the ones on the Texas ENA site aren't the fully completed scenarios. The committee is taking them and going a little deeper with the scenario.* The council agreed to utilize the GETAC Executive Committee to expedite the process.	As the scenarios are approved, Ms. Thornhill will send to Deidra Lee to forward to GETAC Executive Council. No additional action items were identified for the Council.	Open	Quarterly beginning June 2024, then August 2024 and November 2024. Add to Q2, Q3, and Q4 council agendas.
7i. Stroke Committee	**Stroke Committee, Robin Novakovic, MD, Chair** Dr. Novakavic provided an update on the committee's 2024 priorities and activities and shared the committee's revised statement of purpose. **Stoke Committee's statement of purpose**: to promote optimal stroke care and outcomes, aiming to reduce burden of stroke on individuals, families and communities and reduce the disparity in stroke care within the state. The Committee shall work to coordinate efforts among health care providers, hospitals, EMS, and other stakeholders who are involved in stroke care within the State of Texas. These efforts shall ensure that stroke patients receive appropriate treatment in a timely manner, whether they are in rural, urban, or suburban regions of the state, and the goals will be achieved by focusing on	No action items were identified for the Council.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	quality improvement, education, training, stroke care at the facility level, triage and transport by ground or by air in the prehospital setting or during interfacility transfers, public awareness and prevention, data collection, and research and advocacy. **2024 Committee Priorities** ASA Mission Lifeline Prehospital Stroke algorithm – Recommendation: • Revisions were reviewed and approved by the Stroke Committee. Presented to the GETAC EMS Committee, the EMS Medical Directors Committee, the RACs, and the GETAC Air Medical Committee. The EMS Medical Directors Committee requested that it be unbranded and create a data dictionary. Establish recommendations for stroke facility infrastructure: • The Stroke System of Care Work Group is outlining the best practices and recommendations to present to the Stroke Committee. Pediatric Stroke Task Force: • Committee reviewed and approved edits by Sam Vance for prehospital best practices for management, transport, and interfacility transfers. Submitted to the Pediatric Committee and will move to other committees once pediatric approves it. Next steps: minimum capability recommendations for pediatric hospitals to be recognized as capable of caring for pediatric stroke. Report and disseminate quarterly Texas Stroke Quality Performance Report: • This report comes from Get With the Guidelines. The committee reviews and shares it with the Texas Council of Cardiovascular Disease and Stroke. The committee will share with other committees who'd like to see it. It looks at both the stroke hospitals and prehospital settings. Use the quality			

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	report with RAC/rural/urban/suburban benchmark groups to identify barriers to stroke care and opportunities for improvement. Interfacility Stroke Terminology • Reviewed and approved revisions shared by other GETAC committees. Establish research opportunities in Texas to help advance stroke care: • Working on a Texas study looking at whether providing standardized stroke education improves performance. DIDO performance recommendations: • Stroke Committee approved revisions. Reviewing input received from GETAC Committees. Long term goal is to collect data to outline barriers for interfacility transfers and opportunities to facilitate faster DIDO. Dr. Novakovic-White shared the median DIDO time in Texas for thrombectomy eligible patients as it compares to the nation. Texas EMS Stroke Survey: • This came from performance measures where opportunities for doing better were identified. In the prehospital setting, based on the GWTG data, when looking at stroke screening tools that are performed and documented for those that are diagnosed with a stroke, the tool is being implemented between 20 to 51% of the time. National is at 34% and Texas is at 32%. Identifying strokes in the field can get patients to the right hospital so they can get appropriate treatments quicker. Stroke, Air Medical, EMS Medical Directors Committees helped with and approved the survey revisions. Once EMS reviews and approves, the Stroke Committee will present to the RACs.			

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	Provide a list of recommended stroke education and certification courses: • A list of courses and certifications about stroke educational opportunities was approved. This will be an ongoing effort to identify opportunities for stroke education for providers. Stroke Education Resource for stroke facilities: • Working with DSHS/GETAC to find the best way to provide a stroke education resource. Link to a facility stroke education page current suggestion. Work with DSHS to outline recommendations for stroke facility-level rules: • Ongoing. DSHS to provide update. Dr. Novakovic created a summary document of the initiatives undertaken by the committee. **Action Item** The Stroke Committee recognizes there are significant barriers to stroke care in rural and some urban regions and believes there would be value in a rural stroke task force to help identify those barriers and propose opportunities that could be implemented for improvement. Mr. Salter moved to recommend that Dr. Novakovic establish a rural stroke work group that is made up of Stroke Committee members and other subject matter experts from other committees or external entities. Chief Lail provided a second. Motion passed.	Motion to approve Dr. Novakovic's request to form a work group focusing on rural stroke access to care. Motion passed. No additional action items were identified for the Council.	Approved	

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
7j. Trauma Systems Committee	**Trauma Systems Committee, Stephen Flaherty, MD, Chair** Dr. Flaherty provided an update on the committee's 2024 priorities and activities. He stated they continue to support the trauma rules process; select members have participated as advisors to the department in the review of written public comment. The committee will continue with 2023 workgroups to assess the rural trauma gap, facilitate RAC communication, monitor trauma center designation process, and provide advocacy for funding issues. Two new elements will be added for 2024: burn centers and the prehospital whole blood program. Dr. Flaherty reported that there is activity from the OIG regarding trauma activation fees. The national COT is active to monitor the situation. The funding workgroup will monitor and report quarterly. Two of their particular foci of concern, at least initially, are that there may be some hospitals who are billing trauma activation fees without having trauma center designation status, and there may be some centers with trauma center designation status who are billing without appropriate documentation that the patient meets the necessary standards to be billed as a trauma patient. Dr. Flaherty reported the workgroup looking at designation process will continue to remain engaged to try to get more granular information through the whole system that might help us focus on solutions and continue to work with the department who has been putting on very frequent web-based seminars and telephone calls to provide information and education. The committee's contribution to the State PI Plan activity will be related to the transfer of patients with severe injury and monitoring that process with severely injured patients having either a Glasgow coma score (GCS) less than	No action items were identified for the Council.		

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	nine or hypotension using age specific criteria. The expectation is that 80% of those severely injured patients be transferred out within less than two hours and that all variances will be reviewed at the RAC level. Stop the Bleed ACS version 3 has been delayed, so that activity is on standby for now. Action Item None identified at this time.	No action items were identified for the Council.		
8.	**GETAC Strategic Plan**			
	Council received the final version of the strategic plan to review prior to the meeting. Two minor changes were made per suggestions from Mr. Ramirez. Mr. Salter moved to accept the Strategic Plan as presented with the two modifications made. Mr. Ramirez provided a second. Motion Passed.	Motion to approve by Mr. Salter, second by Mr. Ramirez	Approved	Add to webpage
9.	**GETAC Committee Guidelines**			
	Dr. Tyroch requested that all familiarize themselves with the GETAC Committee Guidelines. ***Council Comment:*** *Mr. Salter shared a concern regarding physical attendance at committee meetings. Dr. Tyroch stated committees all met quorum with virtual attendance as well. Director Klein stated the ACCO allows for virtual or physical attendance. Mr. Ramirez moved to approve guidelines. Dr. Ratcliff provided a second. Guidelines approved.*	Motion to approve. Second provided. Motion passed.	Approved	Mrs. Lee will share committee virtual attendance numbers with Council. Post final document to webpage.

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10.	**GETAC Standard Operating Procedures**			
	Ryan Matthews moved to approve the Standard Operating Procedures as presented. Dr. Remick provided the second. Motion passed.	Motion to approve. Second provided. Motion passed.	Approved	Post final document to webpage.
11.	**Texas System Performance Improvement (PI) Plan and PI Task Force**			
Update	Dr. Kate Remick, the task force co-chair, provided an update. The task force meets the first Monday of each month. Twenty measures have been proposed and the goal is to prioritize five well-defined measures capturing the most priority conditions like trauma, cardiac, stroke, pediatric, maternal, perinatal and these may be defined at the patient, facility, regional, and/or state level. The task force has begun ensuring standardized definitions and identifying the data sources for each of those measures and will use a modified Delphi process for prioritizing them. Once they're well defined, the list of proposed measures will go out to all task force members to provide a score based National Quality Forum (NQF) criteria. Will bring initial ranking to Council in June. ***Council Comment:*** *Dr. Tyroch commended the task force on the momentum and energy toward establishing actionable system PI measures. Mr. Salter commented on the effective meetings that Dr. Remick produces and the valuable opportunity to learn about this process.*	No action items were identified for the Council. Task Force to complete first round of ranking.	 In progress.	 Q2 GETAC Council meeting – June 14, 2024.
12.	**Burn Care Task Force**			
	Dr. Tyroch reported that in 2022, only 11 burn patients were included in the registry. He added that he has more than that at his facility and it's not a burn center. Dr. Tyroch stated there are 11 burn centers in Texas; 7 are American Burn Association (ABA) certified. The purpose of the Burn Care Task Force would be to see how we could incorporate the burn population into the	Motion to create task force by Dr. Remick – 2nd by Mr. Salter.	Task force Approved.	

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	trauma/EMS healthcare system – Dr. Tyroch asked the council for their thoughts on forming one. Dr. Remick moved to create a burn care task force. Mr. Salter provided a second. Motion passed. Chief Mike Clements was nominated to chair the task force by Dr. Ratcliff, and Dr. Troutman provided a second. Dr. Ratcliff stated he'd chair the task force if Chief Clements could not do so.	Motion passed. Mike Clements will chair the task force.		
13.	**Action Items**			
	No additional items identified at this time.			
14.	**Stakeholder Presentation**			
	Pediatric Disaster Preparedness Guidance Document for Hospitals – Sam Vance, LP, Pediatric Disaster Workgroup Mr. Vance presented the Pediatric Disaster Preparedness Guidance Document for Hospitals to the council for awareness purposes only and stated the purpose was not to seek council endorsement. He reported that one of the issues found in the 2021 National Pediatric Readiness Project assessment was that only 46% of respondents within Texas indicated that pediatrics is included in the disaster planning process. There are two facilities that are recognized as Pediatric Ready, and 26 are currently in the facility recognition process. Facilities interested in the process can visit www.bcm.edu/EMSC for more information. Mr. Vance stated the document is intended to be a resource tool for emergency departments to augment their emergency operations plan. He added that it is not intended to serve as a medical care document; facilities would need to work with their administration, as well as their Emergency Management team, with the usage of this document. Resources include links to nationally recognized resources, such as a pediatric specific hazard vulnerability assessment, pediatric mental health resources, and resources for disaster preparedness for children with special health care needs, among others.	Information only; no actions required.		

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	Mr. Vance reported the work group will disseminate the document to stakeholders within the following week. He added the workgroup is working on a one-page infographic to accompany the guidance document. Additionally, the workgroup is working on an emergency operations plan template for those hospitals that may not have a pediatric disaster plan. Mr. Vance would like to see the documents posted on the DSHS GETAC website, particularly under the Disaster and Pediatric Committee sections. The RACs agreed to send out to the regional stakeholders. *Dr. Ratcliff advised Mr. Vance that he identified an error/broken link to the National EMSC resource link on the state EMSC webpage.*			
15.	**Stakeholder Presentation**			
	National Prehospital Pediatric Readiness Project (PPRP) Assessment – Sam Vance, EMS for Children (EMSC) State Partnership, Texas Assessment will be conducted the first week of May 2024. Mr. Vance stated this is the very first comprehensive national assessment of our EMS agencies to be conducted. It is designed to be similar to the NPRP assessment for hospitals. Once you hit the submit button, an email response gives you your agency's peds-ready score on a scale of zero to 100, along with a gap analysis report that will list some areas of opportunity and provide links to resources to help address those areas. It will also give a comparative analysis to other similar sized agencies in the nation. Mr. Vance stated the assessment will assess all of the ground EMS agencies that respond to 911 calls, both transport and non-transporting agencies, including first responder organizations that are licensed through DSHS. The assessment takes 30-45 minutes to complete. All agencies that participate will be entered into a drawing to win one of three fully stocked Broselow bags. Mr. Vance will send the RACs regular updates on how the RACs are responding to the PPRP and obtain their assistance with encouraging the EMS agencies in the RAC to participate.	Information only; no actions required.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	Council Comment: *Dr. Remick requested that Mr. Vance share details regarding the NEMSIS pediatric dashboard during a future update to GETAC to demonstrate the future opportunities of relaying how pediatric readiness is associated with quality of care.*			
16.	**Stakeholder Presentation**			
	Texas EMS Trauma Acute Care Foundation (TETAF) Report Dinah Welsh, President/CEO of TETAF, provided an update on change in TETAF staff. **TETAF Board of Directors** The TETAF General Assembly, comprised of two members from each of the 22 Regional Advisory Councils (RACs), elected new board members during its annual meeting in December. New board members are: • Cherish Brodbeck, MSN, RNC-OB, LP, CMTE • Kate Drone, MJ, BSN, LSSBB, RNC-OB, C-EFM, C-ONQS • Carlos Palacio, MD, FACS • Jon-Michael Parker, RN, BSN • Traceee Rose, MSN, RN, CCNS-BC, CCRN-K Additionally, the TETAF General Assembly elected a new chair who will serve on the TETAF Board of Directors. Wanda Helgeson was named Chair; Danny Updike, Vice Chair; Kate Schafer, Treasurer; Scott Christopher, Secretary; and Eric Epley, General Assembly Chair. The TETAF Board appointed Bill Bonny, BA, LP to fulfill the unexpired term after Kathy Perkins, RN, MBA needed to resign to care for a family member. TETAF recently named new members to its five committees (Advocacy, Education, Finance, Governance, and Survey Verification). Committee appointments are made every two years.	Information only; no actions required.		

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	Advocacy • TETAF recently named new members to the TETAF Advocacy Committee which will meet soon to begin preparations for the 89th Texas Legislative Session. Wanda Helgesen is the new chair of the Advocacy Committee. • TETAF conducted multiple meetings with hospital partners and stakeholders regarding the proposed trauma rules and conducted a meeting with RAC leaders to discuss the proposed RAC rules. TETAF's Dinah Welsh and Terri Rowden provided oral comments to the proposed trauma designation rules during the February 15 meeting of the Texas Health and Human Services Commission Executive Council meeting. TETAF also provided written comments to the proposed trauma rules and proposed RAC rules. Ms. Welsh stated she is reassured by the people that are leading the initiative because at the end of the day, she feels like patient care is paramount. She added that the opportunity to improve patient care in this state is within these rules and recognized the efforts of those who have worked diligently on them. • Ms. Welsh mentioned that as she sits through GETAC committee meetings, she recognizes many issues that TETAF should put on their radar and encouraged others to reach out to TETAF if they recognize things that TETAF might be able to help champion through the legislative session. She stated TETAF was formed, surveys were to be an advocacy extension of the GETAC community and that she wants to be that moving forward. • Ms. Welsh stated funding is still an issue. She added that TETAF is pleased with the $6 million that the department was integral in getting for the RACs and hopes to see that maintained and this next legislative session. • Ms. Welsh asked for clarification regarding the posted meeting announcement for the March 20, 2024, GETAC meeting where the council will review and discuss the proposed trauma rules amongst themselves in an open meeting. The meeting posting indicated a time for public comment	Information only; no actions required.		

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	on the agenda, but she felt it was confusing and awkward since there were no public comments on the trauma rules allowed at the meeting since the official public comment period and public hearing on the proposed trauma rules had ended. Director Klein explained that the public comment item on the agenda is for anything related to GETAC, but not the proposed trauma rules in that forum. Ms. Welsh thanked director Klein for the clarification because she didn't want TETAF to be a "clanging symbol." **Surveys – Trauma, Stroke, Maternal, and Neonatal** • The number of surveys continues at a steady pace for all survey service lines in the last quarter. Trauma and maternal continue to be the two busiest service lines, followed by neonatal and stroke. She added they are in a perinatal spike year and have hiring a survey coordinator. Interested individuals can find more information on the TETAF webpage. ***Council Comment:*** *Dr. Tyroch asked if TETAF had enough Trauma surveyors, to which Ms. Welsh replied, "Currently, yes." Ms. Welsh added that if the new rules are passed with new requirements, then they will need to hire more surveyors, but at the moment they are not training or recruiting new trauma surveyors because it's a lengthy process. She stated they are actively recruiting for perinatal surveyors due to the spike. She added that there are years where they do ten maternal and NICU surveys and this year they are doing over 70 for both.* • TETAF's perinatal division, Texas Perinatal Services, has provided verification surveys for hospitals seeking designation under the neonatal designation rules that went into effect in January. **Education** • **Mark your calendar for the next virtual TETAF Hospital Data Management** Course on June 6-7, 2024. Visit https://tetaf.org/hdmc/ for details and to receive early notification of the TETAF HDMC early bird discount.	Information only; no actions required.		

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	• TETAF and Texas Perinatal Services continue to offer the Texas Quality Care Forum (TQCF) each month with topics focused on trauma, stroke, maternal, neonatal, and acute care, as well as EMS topics. The next TQCF is on Tuesday, March 19 at 1:00 p.m. CDT. Go to https://lnk.bio/tetaf_tps to register for the forum via Zoom. • TETAF and Texas Perinatal Services continue to offer exclusive, free educational opportunities to our hospital partners via Mighty Networks: www.tetaf-tps.mn.co. **Collaboration** • TETAF continues to provide support to Texas TQIP. • Dr. Carlos Palacio led a meeting for Texas TQIP during the ACS TQIP Conference in December and has since led three additional meetings, including one this week in-person in Austin. • TETAF continues to provide all continuing education for the Texas Trauma Coordinators Forum and participate in their educational activities. • TETAF/Texas Perinatal Services was once again a sponsor for the Texas Collaborative for Healthy Mothers and Babies (TCHMB) Summit in Austin and sponsored the SPEAK UP Champion™ Implicit and Explicit Racial Bias Conference. • TETAF is also a sponsor for the upcoming Texas Organization of Rural & Community Hospitals (TORCH) Spring Conference, April 1-4 in Arlington, Texas. • TETAF welcomes the opportunity to be a resource, support, and/or participate in any meetings to further build the trauma and emergency care network. Ms. Welsh thanked GETAC for everything they do to make the system better. ***Council Comment:*** *Dr. Tyroch asked if there was a calendar for TQIP. Ms. Welsh stated that Dr. Palacio was working to get things on a regular schedule but,*	Information only; no actions required.		

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	tentatively speaking, they will be on the Wednesday morning of GETAC week at 7 AM. Meetings will be virtual as well. Dr. Tyroch asked how trauma centers that TQIP members are already know about this collaborative after the COVID hiatus. Ms. Welsh stated they were cleaning their lists and ensuring that they have contacts for all facilities that report data to TQIP and encouraged facilities to reach out to her if they are not getting information. *Council Comment: Dr. Tyroch asked Ms. Welsh if she could confirm that there is discussion that there will work in the legislature on reimbursement for whole blood. Ms. Welsh stated they submitted a line for support on the whole blood front when asked by the department to submit appropriation requests.* Ms. Welsh announced that August 20, 2024, TETAF would host a gala celebrating 35 year of the Texas trauma system.			
17.	**Culture of Safety**			
Update	**Discussion, review, and recommendations: Initiatives that instill a culture of safety for responders and the public with a focus on operations and safe driving practices.** No discussion or update.	No action items were identified for the Council.		
18.	**Rural Priorities**			
Update	**Discussion: Rural Priorities** No discussion or update.	No action items were identified for the Council.		
19.	**Initiatives, Programs, Research**			
Update	**Discussion and possible action: Initiatives, programs, and potential research that might improve the Trauma and Emergency Healthcare System in Texas** No discussion or update.	No action items were identified for the Council.		

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20. Final Public Comments	Pete Marocco reported on a topic that the Cardiac Committee has worked on and asked to discuss how civilian volunteers could be utilized within the current EMS system utilizing one of the many platforms available on networks. He stated that some that are linked to 911 where it's centralized and it's integrated and volunteers are trained and vetted. He added that others are not integrated but have publicly available information that's sends out essentially a beacon when there is a 911 alert. Mr. Marocco stated he'd like to send 3-4 questions out to the RACs to see if that is something they'd like to explore. Mr. Marocco offered the following suggested questions: 1. Are you interested in exploring integrating volunteers into your RAC EMS strategies? 2. Are you interested in centralized, coordinated cooperation with volunteers and platforms to improve first contact response times? 3. If volunteers are involved, would you rather be entirely independent or have trained and vetted volunteers? Mr. Schmider suggested that Mr. Marocco bring the proposal to the RAC monthly call or quarterly meeting to begin dialogue. Dr. Ratcliff stated there are effective systems available to consider leveraging to try and get care to people, CPR started, even from the layperson perspective, as soon as possible. Dr. Ratcliff requested that Mr. Marocco bring the topic to each of the next quarterly committee meetings and the next council meeting to talk about these ideas and show some of this technology. Christine Reeves announced that the Central Texas RAC is holding the Trauma Centers Association of America (TCAA) PI workshop on March 21, 2024. Dudley Wait, representing SETRAC, shared an issue related to critical care ground transports and specialty care medical equipment such as balloon	Mr. Marocco will attend Q2 committee meetings, RAC chairs meeting, and Council meeting to discuss the prospect of using civilian volunteers in EMS.	Open	Add Mr. Marocco and topic to RAC quarterly agenda. Add item to AMSCTC agenda.

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	pumps. Ground crews arrive at such transports without the experience to operate specialty care equipment, so the request was that the Air Medical, EMS, and Cardiac Care Committees take a look at this issue and develop some type of document that could help both hospitals and EMS agencies to plan this type of situation out before the EMS crew is standing at the bedside. The request is for the Council to add this as an agenda item for the Air Medical and Specialty Care Transport to develop a work group from several committees to build this document that could be used across the state. Lynn Lail stated part of this guidance is in place already and part of some regional planning. Mr. Matthews added that starting with informatics that explain to each level of people in the decision matrix what is or is not available is a great place to start. The list of those registered for public comment was read by Mrs. Lee (DSHS). Pete Marocco asked if the GETAC should be more proactive in opioid use and Narcan use with regard to education. Dr. Ratcliff stated that EMS is well-versed and law enforcement is trained and there are mechanisms in place for mapping overdoses. The Council consensus was that medically this has been addressed. Mr. Schmider mentioned HHSC and TTOR have a good handle on the community engagement piece.	The AMSCTC Committee will discuss a work group at their q2 meeting. Send TTOR link to council.	Open	
21. Announcements	No additional announcements were made.			
22. Next Meeting Dates	• Public Hearing on Proposed Trauma Rules: o March 8, 2024, Bernstein Bldg., K-100, 1100 W. 49th St., Austin @ 1 PM • GETAC Review of Proposed Trauma Rules: o March 20, 2024, Morton Bldg., M-100, 100 W. 49th St., Austin @ 8 AM • Quarterly Meetings: o Q2 – June 12-14, DoubleTree Hotel o Q3 – August 21-23, DoubleTree Hotel			

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	○ Q4 – November 23-25, 2024, in conjunction with the Texas EMS Conference in Ft. Worth.			
23. Adjournment	Dr. Tyroch adjourned the meeting at 11:37 AM.			