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

Thursday, March 9, 2023
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
Barnhart	Jeff	Rural Trauma Facility - *per HSC §773.012(b)(11)*	Y
Campbell, RN	Cassie	Registered Nurse - *per HSC §773.012(b)(3)*	Y
Clements	Mike	EMS Fire Department - *per HSC §773.012(b)(9)*	Absent
DeLoach, Judge	Mike	County EMS Provider - *per HSC §773.012(b)(12)*	Absent
Eastridge, MD	Brian	Urban Trauma Facility - *per HSC §773.012(b)(10)*	Y
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
Maes, LP	Lucille	Certified Paramedic - *per HSC §773.012(b)(17)*	Y
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
Pickard, RN	Karen	EMS Volunteer - *per HSC §773.012(b)(6)*	Absent
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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Call to Order	Meeting called to order at 8:00 AM by Dr. Tyroch. Roll called by DSHS staff. Quorum met.			
GETAC Vision and Mission	Read by Dr. Tyroch. There was a moment of silence for those who lost their lives in the line of duty.			
Review and Approval of GETAC Minutes	A motion was made by Dr. Troutman to approve the November 21, 2022, minutes. The motion was seconded by Mr. Salter.		Approved	
1	**Chair Report and Discussion – Alan Tyroch, MD, GETAC Chair**			

Strategic Retreat	**Strategic Planning Retreat – Alan Tyroch, MD, GETAC Chair**
	Dr. Tyroch reviewed the discussions that occurred during the March 6th GETAC Strategic Planning session. and continue to update the Texas Strategic Plan. He pointed out key issues related to the GETAC Standard Operating Procedures and the GETAC Strategic Plan.
	• Minor edits to the GETAC Standard Operating Procedures (SOP) document
	• Reviewed the GETAC Strategic Plan – a living document and the plan for the Council to continue to revise to ensure a current document maintained.
	• Council members were assigned to groups to review and revise specific sections of the Strategic Plan.
	• Committee chairs reported their 2023 committee priorities, and they were approved by the Council.
	• The Council adding an 11th committee which will start as a task force- System Performance Improvement (PI) committee
	  ○ Jeff Barnhart will lead that task force to review and define system measures to evaluate outcomes of: EMS, trauma, stroke, pediatrics, and cardiac.
	  ○ The Committee will use data and other sources to review outcomes.
	  ○ All activities will follow HIPAA guidelines.
	  ○ Taskforce (committee) will serve as the operations performance improvement process for the system.
		Updated GETAC SOP document at June 2023 meeting.
		
		Council groups to work on sections and return to June meeting with updates.
			Revisions prepared or June meeting review and approval.
			Council members requested to have revised sections completed by June 2, 2022.
				Agenda item for June 9, 2023, GETAC.
				
				Agenda item for June 9, 2023, GETAC.

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Meeting with Governor's Office	**Update on meeting with Governor Abbott's office – Alan Tyroch, MD, GETAC Chair** Dr. Tyroch provided a brief overview of the meeting that he and several members from the Trauma System Committee had with the Governor's Office staff. The meeting occurred virtually on February 2, 2023. The Purpose of the meeting was to educate and express concerns regarding the trending reduction in trauma funding for uncompensated care and system funding. Dr. Tyroch stated he will follow up with the Governor's office in a few weeks.	No further actions required.	Dr. Tyroch stated this group may continue their communication with the Governor's office.	This issue is closed.
4	**State Reports**			
Center for Health Emergency Preparedness and Response	**DSHS Center for Health Emergency Preparedness and Response (CHEPR)** Ms. Petraitus reviewed the current staffing challenges after COVID The current full-time employee (FTE) count is 59, including the temporary FTEs for State Medical Operations Center (SMOC) finance staff for processing of reimbursements in coordination with Texas Department of Emergency Management (TDEM) and Federal Emergency Management Administration (FEMA). They continue to have 15 vacancies or a 25% vacancy rate. She reported that staffing is managed with contractors and temporary staff of 24 contractors and 6 temporary FTEs. **Legislative Update** Ms. Petraitus reviewed the requested exceptional items (EIs): A hospital system capacity data collection with $2.8 million for FTEs and EMResource software license to collect hospital bed availability and other metrics in alignment with legislation from the 87th legislature (SB 969 and SB 984) is included in an EI. A patient transfer portal with $4.7 million for patient transfer portal software used to facilitate transfers in terms of disaster or emergency response in included in an EI.	No action items were identified for the Council. The Council appreciated the report. No actions were required.	Council may continue to request updates. The Council will follow the EIs.	Closed Council will continue to Monitor.

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	An EI request to support the Emergency Medical Task Force (EMTF) support with $7.4 million to increase funding for the EMTF to support the expanded number of emergency response missions EMTF completes while serving the entire state on behalf of DSHS.
	Ms. Petraitus reviewed the recent response activities that included:
	• Winding down COVID-19 response - Recovery efforts continue, including disposition of leftover equipment and supplies and ongoing FEMA reimbursement, over $8 billion reimbursed for DSHS
	• Continue support of Operation Lone Star at the border with EMS services
	• Supported the January 2023 Deer Park tornado with EMTF resources
	• Supported the State Operations Center (SOC) with February 2023 winter weather ice storm - no significant impacts to public health during incident
	• Supported severe weather response early March 2023 with EMTF resources
	• Wildfire response with EMTF Resources
	She also reviewed the current COVID activities which includes the Demobilization of operations.
	• January 2023: Mobile vaccine team - administered homebound vaccines across the state; vaccines are now widely available through healthcare providers, local health departments, community health clinics, and local pharmacies.
	• March 2023: Mobile infusion team
	• The statewide portal is now closed.
	• DSHS provider support line ready to assist providers requesting therapeutics such as Paxlovid and molnupiravir, or to purchase medications such as remdesivir. The steps to request an order these medications and therapeutics are outlined on the DSHS COVID therapeutics web page now.
	• Federal level - Health and Human Services (HHS) has launched a locator tool in which providers can sign up to be listed
	  ○ Voluntary - DSHS actively encouraging providers to sign up
	  ○ Several rounds of messaging and letters to providers and organizations describing HHSC therapeutics locator tool, the website, and a separate link where providers can sign up to be listed in that tool
		No actions required.	-	

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	○ DSHS provider support line: 833-832-7068, option 0 for therapeutics **She reviewed the warehouse and disposition activities:** • DSHS has a large quantity of equipment and supplies from COVID-19 response • Currently working through items to determine proper disposition and surplus process • Goal is to have this completed by August • Working closely with TDEM to follow best practices **The report included an update on FEMA reimbursement.** • Several contractors and FTE supporting ongoing FEMA reimbursement efforts • Successfully received over $8 billion in reimbursement from FEMA **She included the oIngoing/current projects (non-response related)** **Preparedness efforts** • Planning training and exercises • First draft of DSHS Radiological Incident Annex; working to reinitiate basic plan for DSHS • Working to get two DSHS staff signed off to teach ICS 300 and 400 and offer courses to public health regions (PHR) and local public health and medical partners • Started Homeland Security Exercise and Evaluation Program (H-SEEP) with DSHS staff instructors and offering it through public health regions ○ One scheduled for PHR 11 at the end of March and one in public PHR 4/5 N at the end of May ○ The courses are listed on Preparing Texas website. • Finalizing Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) grants for submission – expect level funding for both ○ For public health emergency preparedness (PHEP) - anticipate approximately $42 million from CDC ○ For the HP grant from Asper, anticipating approximately 16 million. • Hurricane season planning			

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	○ Reestablished DSHS SMOC roster with staff from across the agency to call for support during SMOC activation ○ Established roster with staff from across the agency to support in different ICS positions ○ Started SMOC training plan - October of 2022 through May 2023 ▪ Trained 204 DSHS staff to work in SMOC, including training on QuickBase to track State of Texas Assistance Requests (STARs) ▪ SMOC overview training: 23 position-level classes, 8 section-level classes, and 2 shift-level classes ○ Supporting TDEM in review of H120 timeline, the state lines of effort and the SOC playbook, and the hurricane annex. ○ Participating in the state hurricane exercise in May ○ Supporting the Texas Military Department (TMD) air medical exercise. ○ Conducting an evacuation transportation triage training offered to local jurisdictions in April and May; transportation triage is a piece of embarkation hubs ▪ Will also offer as a session at TDEM conference in Fort Worth. ▪ Working with TDEM on team to provide quick overview of embarkation hubs ▪ Working with National EMR (formerly BCFS) to conduct the evacuation triage training ▪ Intent is for local jurisdictions to properly triage evacuees before they get sent to the medical shelter in San Antonio ***Council Comment – Mr. Salter: Is that training just simply limited to EMR under the national contract or other providers going to participate?*** Ms. Petraitis stated training is open to all local jurisdictions who would like to participate in that training. ○ Performing warehouse and equipment preparedness for hurricane inventory to include shelter and bus kits and renewing the AED batteries that are on hand			

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	• Updating state mission assignment template used in deploying contractors or vendors on behalf of DSHS during an emergency or disaster ***Council Comment – Dr. Tyroch: Is the $2.8 million allocated for EMResources per year or every two years?*** Ms. Petraitis will confirm and restated DSHS is requesting funding from the legislature as an EI to support requirement of hospital reporting duties from 87th legislature (SB 969 and SB 984). ***Council Comment – Mr. Salter: Air Medical and Specialty Care Transport Committee discussed EMResources being used to track assets in various Regional Advisory Councils (RACs) throughout the state. When is the current funding is approved through – September?*** Ms. Petraitis stated the cost of EMResource used at the state is covered through HPP dollars. ***Council Comment – Mr. Salter: Is there a plan to review the current quantity of PPE and other supplies from COVID that are stockpiled throughout the state to see if there's can be stakeholder, hospital, EMS agency use of the materials before they degrade?*** Ms. Petraitis stated TDEM is creating a PPE Stockpile Committee or work group; CHEPR is participating but nothing has been decided at this time. For items CHEPR has on hand, anything beyond what is kept for DSHS/HHSC and TDEM will go through the disposition process, which goes through Texas Facilities Commission (TFC) to surplus.	Ms. Petraitis will confirm whether the $2.8 million allocated for EMResources is an annual or biennial allocation.	Monitoring will continue through the legislative session.	
EMS-Trauma Systems Section	**EMS/Trauma Systems Section** **Jori Klein, Director provided a report regarding the status of 21R151 Trauma Rule Amendments:** The trauma rules are on track for the agenda of the Executive Council June 2023 The next step is a 31-day public comment period beginning in July 2023. EMS/TS team will collaborate with the workgroup that includes four RAC leaders, five members from the Trauma Systems Committee, and four members of the GETAC Council. This collaborative team will review the public comments received and evaluate the rule language to identify language modification. The anticipated adoption date of the rule is November of 2023.	The council did not identify any action items.	Continue to monitor	Update will be provided to the council in June.

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	The department shared the designation survey guidelines implemented will be implemented on January 1, 2024. These guidelines will be posted in June after session. Training will begin after June. The department shared that the American College of Surgeons (ACS) 2022 Verification Standards will be in effect September 1, 2023. All ACS surveys after September 1, 2023 will follow the new ACS standards. **Designation survey guidelines** The purpose of the survey guidelines is to create consistency in all surveys, regardless of survey organization or surveyor. All surveyors are required to complete 10 medical records. The guidelines have three sections: ○ Section 1 – Planning for the survey ○ Section 2 – Requirements for survey organizations ○ Section 3 – Requirements for the for the surveyors The guidelines include resources and documents to assist the facilities the operations of a designated facility. Once with the guidelines are posted a series of education will be scheduled for the facilities, survey organizations, and the surveyors. **Department Activities** The department is continuing monthly calls. The goal is open communication with the facilities to ensure everyone is current on processes, and to hear the concerns and needs from the facilities. Calls are scheduled with the following: ○ Rural facilities ○ Non rural Level IV and Level III facilities ○ RACs ○ Survey organizations ○ Rural Trauma Center Project The department is initiating calls with the stroke facilities in April. **Injury Severity Score (ISS) coding/implementing Trauma Quality Improvement Program (TQIP) work group** The workgroup established to assist in ISS Coding / TQIP is continuing to develop resources to assist the facilities. The workgroup is targeting Level IV and Level III facilities. The goal of the workgroup is:	The council did not identify any action items.		Targeted date for posting the survey guidelines is June, following the end of Session.

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	○ Reduce the 2019 missing ISS scoring rate of 4.57% to less than 2% by December 31, 2023 ○ 70% of the Texas designated Level III trauma facilities will successfully submit data to TQIP by July of 2024 • Work products ○ Help facilities understand the ISS coding ○ Help Level IIIs prepare for TQIP process. **Department staffing** • Audited several positions • Medical Advisory Board (MAB) - reviews cases when drivers' licenses or individuals are referred because there is a question about their ability to safely drive. ○ Hired three program specialists, interviewing two more • Funding team ○ Hired a manager and funding program specialist • Designation unit ○ Three open positions for designation coordinators • Created new position - GETAC and Regional Advisory Council specialist ○ This person will help GETAC agenda items, get things posted, and working with the legal team **Funding** **Uncompensated care (UCC)** Ms. Klein provided a review of the uncompensated trauma care request. • 2003 - survey of hospitals (trauma) found uncompensated care to be about $200 million; as the number of hospitals increased, the amount significantly increased • 2022 ○ UCC Applications Received: 291 ○ Total Designated/IAP Trauma Centers: 315 ○ Uncompensated Amount Requested: $1,921,294,591.69 ○ Governor's Extraordinary Emergency Fund (EEF) Dollars Requested: $13,286,822.70 ○ EEF Dollars Awarded: $967,555.14	The council did not identify any action items but did request to continue information to monitor uncompensated care.		

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	○ EEF Dollars Remaining: $32,444.86 • 2023 ○ UCC Applications Received: 297 ○ Total Designated IAP Trauma Centers: 314 ○ Uncompensated Amount Requested: $1,749,813,153.17 ○ EEF Dollars Requested: $353,879.16 ○ EEF Dollars Awarded: $48,879.16 ○ EEF Dollars Remaining: $951,120.84 ***Council Comment – Dr. Tyroch: Does 'requested' mean the amount that UCC cost the hospital?*** EMS/TS Director Klein stated yes, it's cost. It is the total uncompensated care dollars requested by the facility. • Email the department with questions on the application process or amounts. **EI.7 Securing State Trauma System Coordination** • RAC funding support ○ $6.6 million over biennium ▪ $3.3 million FY 2024 ▪ $3.3 million FY 2025 ○ Appropriation status unknown until end of legislative session **Designation Update – Elizabeth Stevenson, Designation Programs Manager** **Trauma designated facilities** • Total = 306, the highest to date • Applications processed per quarter (Q) ○ 2022 Q4 = 28 ○ Several of those were new ○ 3 designated at a higher level ○ 9 IAP ○ 13 Contingent – many contingencies appear to be a result of COVID ○ 6 Follow up – received a regular designation, but had some significant weaknesses in some areas, generally in Quality Assurance, Performance Improvement (QAPI). Trauma and Stroke	The Council did not identify any action items but was thankful for the department's leadership in this request. The Council did not identify any action items but appreciated the continued update of this information.		

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	Designation Coordinator meets with facility every 6 weeks to ensure follow through with submitted plan of correction and facility QAPI.
	Council Comment – Dr. Tyroch: Are the programs struggling with their performance improvement (PI) mostly Level III & IVs? Mrs. Stevenson stated the majority struggling with PI are generally the Level IV facilities.
	• Common deficiencies
	  ○ Performance improvement and follow through
	  ○ Nursing documentation
	  ○ Continuing Medical Education (CME)
	  ○ Continuous PI for three-year cycle (rural Level IVs having a gap in program)
	• 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.
	  ○ Goal 30 days
	  ○ Currently 35 days
	Perinatal designated facilities
	• Designated maternal facilities = 222
	• Designated neonatal facilities = 227
	Stroke designated facilities
	• Total = 181
	• Level IV = 1
	• Movement will be seen between the Level II, III, and IV as the department designates at the new levels.
	  ○ Level I will change as facilities upgrade
	  ○ Level II, III, and IV and four, movement as the Primary Level IIs move down to the Level III, with advanced or thrombectomy capable into the Level II
	• Old and new designation levels comprise totals; shift will occur as initial and redesignations come in.
	• Designation Application Process Performance Measures			

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<tr><td></td><td>Performance measures for turning applications around from Department receipt of a complete application, including fee, through facility receipt of approved documents.
Goal 30 days
Currently 32 days
• Facilities listed on the website
Designated after September 1, 2022, includes the new levels
Designated before September 1, 2022, does not include new levels
EMS System Update – Joseph Schmider, State EMS Director
Senate Bill 8
Joe Schmider provided an update on SB 8 and the current activities of this initiative.
Over 1400 Education Scholarships processed or in process as of 2/13/23
EMS Scholarships in each RAC
Over $6 million scholarships processed or in process
Receiving monthly reports from the RACs
Website has been updated
$330,000 free advertising from META until end of March for program ads on Instagram and Facebook
Second round of funds to RACs
1000 new EMS license or IPO since September 2022
89 initial education courses
Advertising company will have a toolkit available for the RACs to use to continue promoting recruitment; meeting with RACs over 6 meetings – rural, urban, and rural/urban combo.
February 14 – 20, 2023: 42-question survey with 624 people throughout Texas, ages 17 to 40, no connection with EMS, and income of 75,000 or less.
Council Comment – Dr. Tyroch: How were surveys conducted? EMS Director Schmider stated surveys were conducted via text and phone.
88R Legislative Session Update
Joe Schmider provided an overview of the Session and Bills impacting the EMS and trauma system.</td><td>Council stated they were grateful for the SB 8 funding the process demonstrated by this funding. No action items were identified.

Council members may monitor individually but</td><td></td><td>EMS Advertising survey report may be available for June 2023 meeting.</td></tr>
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	• Tracking about 2324 bills that could impact EMS • HB 93 and SB 324- Intoxication • HB 1204/ HB 1775/ HB 1776/ SB 334– involved ESDs • HB 664 Firefighter Transports - Allow firefighters, if they decide in communication with EMS on the scene of an event that it would be quicker to load and transport the patient to the hospital on the fire truck • HB 2233 FR Wellness Education - First Responder wellness education, six hours required • HB 2356 Grants for Stroke Ambulance • SB 510 Release of personal info • SB 656 Disability on driver license - Disability bill allows a person with a communication issue to register documentation with Texas Department of Transportation (TX DOT) or Department of Motor Vehicles (DMV) to mark communication disability on their driver's license • SB 525 Mobility devices – EMS would be responsible for arranging transport of mobility devices • HB 3467 adds some new practitioners to the system - Community health paramedic, RN, PA, and MD • SB 1588 - Staffing variance, removes $30 fee and ability to get variance for equipment • SB 422 Military Licensure - Allows military member or spouse if they had a business and license in another state similar to the same kind of license in Texas to operate for three years without getting a license ***Council Comment – Dr. Tyroch: Does that bill apply to physicians?*** Director Schmider stated that this applies to anyone who gets a license from the department in the state of Texas and only applies to active-duty military, not retired. ***Council Comment – Dr. Ratcliff: What is the current process for active-duty military?*** Director Schmider stated that from an EMS standpoint, active military go right to the top of the list with appropriate documentation. Once fingerprinted, they get certified.	no formal actions were identified by the Council.		

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EMS and Trauma Registry	**DSHS Texas EMS and Trauma Registry Update - Jia Benno, Office of Injury Prevention Manager**
	Jia Benno provided an update on the registries.
	Missing submissions lags
	• Started with EMS
	    ○ 90 days to submit data
	    ○ Some organizations are submitting them within a day, three days, seven days
	    ○ Others submitting after 90 days and up to a year; reaching out to those organizations to educate offer assistance
	• Trauma is next
	Council Comment Dr. Tyroch: When these agencies or hospitals haven't submitted data for a year, what's the reason – lack of personnel or is it educational? Ms. Benno stated that they have only contacted EMS agencies, and many are small organizations with personnel or communication issues or have a lack of fully understanding the process.
	Council Comment – Mr. Salter: When you or your staff contacts the agency, are they speaking to the people in charge of submitting the data or the accountable representative for the organization? Ms. Benno stated they are reaching out to the accountable person for the organization and looping RACs in on the conversation.
	Geriatric Trauma Systems Data (Texas 2021)
	Introduction
	• The data used are hospital-reported traumatic injuries. Hospitals must report spinal cord injuries, traumatic brain injuries, and other traumatic injuries specified in Texas Administrative Code, Title 25, Chapter 103.
	• This data report includes only records submitted into the Emergency Medical Services/Trauma Registries (EMS/TR) through a passive surveillance system.
	• Patients transferred between hospitals will result in more than one registry record since each hospital must independently submit a patient's record to the registries.
	Methodology
		No action items were identified for the Council.
		
		Council again confirmed with Ms. Benno their gratitude for the data and the opportunity to review the data. Dr. Tyroch questioned if the Trauma System Committee		

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	• In June 2022, EMS/TR pulled and cleaned 2021 trauma variables. • In 2021, EMS/TR received a total of 153,135 unique patient records. • Per epidemiology best practice, EMS/TR suppressed data when there were less than 5 records to protect identifiable data, noted with a "*." • For this request, EMS/TR used patients ages 65 and older. **Definitions** • Shock – a patient with a blood pressure (BP) of 90 systolic or less on arrival or admission to the trauma center. • Double Transfer – a patient who arrives at a facility by a transfer from another facility and is then transferred out. **Data to support the trauma rules** Data presented was the percent transferred in, percent transferred out, double transfers, deceased in emergency department (ED), the length of stay in days (LOS), and the mortality (either arrived with no signs of life or died in the hospital) **Injury severity score of 11 to 14** • Level I: Total 890, transferred in 46.29%, transferred out 0.00%, double transfer 0.00%, deceased *, LOS 6.86, mortality 3.93% • Level II: Total 840, transferred in 25.83%, transferred out 0.60%, double transfer 0.00%, deceased *, LOS 5.54, mortality 3.81% • Level III: Total 505, transferred in 11.68%, transferred out 22.57%, double transfer *, deceased 0.99%, LOS 5.92, mortality 4.36% • Level IV: Total 424, transferred in 3.30%, transferred out 59.91%, double transfer *, deceased *, LOS 5.13, mortality 1.65% **Injury severity score of 15 to 24** • Level I: Total 1,166, transferred in 47.26%, transferred out 0.00%, double transfer 0.00%, deceased 0.77%, LOS 7.93, mortality 8.32% • Level II: Total 1,086, transferred in 31.03%, transferred out 0.46%, double transfer *, deceased 1.10%, LOS 6.87, mortality 5.89% • Level III: Total 641, transferred in 14.35%, transferred out 27.15%, double transfer *, deceased *, LOS 7.20, mortality 4.21% • Level IV: Total 424, transferred in 7.84%, transferred out 66.27%, double transfer *, deceased *, LOS 5.99, mortality 3.33%	should change the shock blood pressure parameter for 90 to 110?		

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	Injury severity score 25 and greater
	• Level I: Total 787, transferred in 45.24%, transferred out *, double transfer 0.00%, deceased 7.12%, LOS 9.20, mortality 26.30%
	• Level II: Total 1,086, transferred in 29.14%, transferred out *, double transfer 0.00%, deceased 4.54%, LOS 7.70, mortality 21.82%
	• Level III: Total 337, transferred in 15.43%, transferred out 24.33%, double transfer *, deceased 5.93%, LOS 8.57, mortality 20.77%
	• Level IV: Total 424, transferred in 9.23%, transferred out 55.35%, double transfer *, deceased 3.32%, LOS 6.38, mortality 9.23%
	Geriatric data: Shock (2,290) versus no shock (58,671)
	• Mechanism of Injury (MO)
	  ○ Falls: 76.29% shock, 86.66% no shock
	  ○ Motor Vehicle Traffic (MVT) – Occupant: 8.65% shock, 5.25% no shock
	• Age: 65 to 74, 75 to 84, and 85+
	• Gender:
	  ○ Shock: male 44.28%, female 55.72%
	  ○ No shock: male 38.74%, female 61.24%
	• Race and ethnicity: No major differences between the groups.
	• Transport mode:
	  ○ No major differences between the groups.
	  ○ Most in both groups arrive by ground ambulance, followed by private/public vehicle/walk in
	• ED disposition:
	  ○ No shock: about 50% floor bed, 12% ICU, and 12.5% transferred to another hospital
	  ○ Shock: about 36 % floor bed, 16% ICU, 8.5% transferred to another hospital
	  ○ Higher percentage for deceased/expired with shock patients at 7.6% compared to less than 1% with patients with no shock
	• Hospital disposition:
	  ○ Discharged/transferred to skilled nursing facility: 24.85% shock, 27.40% no shock			

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	○ Discharged home or self-care: 18.25% shock, 22.34% no shock ○ Not applicable: 18.08% shock, 15.96% no shock (Not applicable is left against medical advice, deceased, discharged home or self-care hospice, or court of law enforcement.) • Hospital designation: No major differences between the groups for Levels I-IV • RAC: E and Q highest • Double transfers: Less than 1% ***Council Comment – Dr. Tyroch: Should we ask the Trauma Committee to consider changing the definition for geriatric blood pressure activation at 110 versus 90.*** Ms. Benno stated they would look at 110 vs 90 data to see if there is a difference. **Geriatric data: Traumatic brain injury (TBI) 6,738, without TBI 54,223** • Mechanism of Injury (MO) ○ Falls: 84.62% with TBI, 86.47% without TBI ○ Motor Vehicle Traffic (MVT) – Occupant: 7.12% with TBI, 5.17% without TBI • Age: higher percentage without TBI in 65-74 and 85+ groups, slightly higher percentage with TBI in 75-84 • Gender: ○ Males: Higher percentage TBI versus no TBI ○ Females: Higher percentage no TBI versus TBI • Race and ethnicity: ○ No major differences between the groups. • Transport mode: ○ No major differences between the groups, except helicopter - 8% TBI versus 2% without a TBI ○ Most in both groups arrive by ground ambulance, followed by private/public vehicle/walk in • ED disposition: ○ TBI: about 39% ICU, and 20% floor bed, 18% transferred to another hospital			

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	○ No TBI: about 56 % floor bed, 9% ICU, 12% transferred to another hospital • Hospital disposition: ○ Discharged home or self-care: 27.35 TBI, 21.55% no TBI ○ Not applicable: 22.80% TBI, 15.20% no TBI (Not applicable is left against medical advice, deceased, discharged home or self-care Hospice, or court of law enforcement.) • Hospital designation: 29% TBI at Level I and 25% no TBI at Level IV • RAC: E and Q higher TBI than no TBI • Double transfers: 0.13% TBI, 0.22% no TBI **Geriatric data: Lower extremity fractures (602)** • Mechanism of Injury (MO): 55% due to fall, 17% motor vehicle occupant • Age: 65-74 (58.64%), 75-84 (27.74%), 85+ (13.62%) • Gender: 59% were female and 42% were male • Race and ethnicity: 3/4 are white, non-Hispanic, 17% Hispanic, and 6% black non-Hispanic ***Council Comment- Dr. Tyroch: Does this include geriatric hips, or is this only femurs and tibia/fibula fractures?*** EMS/TS Director Klein confirmed data includes geriatric hips. • Transport mode: 80%, arrived by ground ambulance, 12% by helicopter ambulance, and 7% private public walking • ED disposition: 40% floor bed, 30% operating room, and 11% ICU • Hospital disposition: 29% transferred to skilled nursing facility, 20% inpatient rehab or designated unit, and 19% discharged home or to self-care • Hospital designation: 30% Level I, 34% Level II, 19% Level III, and 13% Level IV • RAC: E and Q highest **General information for geriatric patients at Level IV Trauma Centers (14,862)** • Transport mode: 73.29% arrive by ground ambulance and 25.53% arrive by private/public vehicle/walk-in. • ED disposition: 50% floor bed, 33% transferred to another hospital, 2% operating room (OR)			

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date

	• Hospital disposition: 25% are transferred to a skilled nursing facility
	• Injury Severity Score (ISS):
	  ○ 36% - ISS 0
	  ○ 35.78% - ISS 1-8
	  ○ 51.20% - ISS 9-15
	  ○ 3.43% - ISS 16-24
	  ○ 1.82% - ISS ³ 25
	• RAC: E, P, and Q highest
	Council Comment – Mr. Salter: With the Texas wristband required to be entered on various patient records in the future, is this an opportunity to connect these various data sources from hospitals and EMS and tie one patient across the continuum of care? Ms. Benno stated that the data is optional in MAVEN, so education on what's important to enter and how we can use that information will help the ability to use that variable.			

Regional Data Collaborative	**Regional Advisory Council Data Collaborative (RDC)** Eric Epley provided an overview of the current initiatives of the Regional Data Collaborative. • Introduction of RDC Leadership Team: Genevieve Guerrero, Registries Manager; Traceee Rose; Acute Care Division Director – manages project; Lawrence Rhodes, Data Analytics Division Director; Ryan Ahlfors, IT Director; and Jordan Ghawi, Government Relations/Strategic Conditions Division Director • Background: Legislature funding provided for RACs gather data on cardiac and stroke. STRAC serves as host, but the collaborative consists of the RACs. All but three RACs have opted in to the RDC. • National registries engagement: Arrangements with national data repositories to save hospitals having to enter data twice. Requires hospitals to give permission to allow those national repositories to give us data to RDC - permission process is underway with many already in place with many hospitals. For hospitals that do not participate in those national registries, a manual entry process is available. Assembled data allows for comparative analysis.	No action items were identified for the Council.		

<table>
<tr><th>Agenda Item</th><th>Discussion</th><th>Action Plan/ Responsible Individual</th><th>Status</th><th>Comments/Targeted Completion Date</th></tr>
<tr><td></td><td>• RDC Organization: RAC Executive Committee (Governance Committee) and subcommittees (Data Request and Technical); the Technical Committee building dashboards to present to RACs
• National Registries: Get with the Guidelines-Stroke; Get with the Guidelines-CAD; ACC-NCDR Cardiac
Council Comment- Dr. Tyroch: What are the weaknesses? Mr. Epley stated that funding was the weakness. Dr. Tyroch asked about RDC budget and followed up with how funding could be secured. Mr. Epley stated that it costs $2.5 million to fund the RDCs work and that bills underway in the legislative session to secure funding.
Council Comment – Dr. Ratcliff: Would any of that money help us with CARES? Mr. Epley responded, "Yes."</td><td></td><td></td><td></td></tr>
<tr><td>5</td><td>GETAC Committee Reports</td><td></td><td></td><td></td></tr>
<tr><td>Air Medical and Specialty Care Transport Committee</td><td>Air Medical and Specialty Care Transport Committee, Lynn Lail, RN, Chair
Lynn Lail presented the committees 2023 priorities and committee summary.
2023 Committee Priorities
• Emergency Preparedness and Response
    ○ Safe & effective statewide ground to air communication
    ○ Finalize/materialize the Air Medical Strike Team (MIST) concept and process
• Prevention
    ○ Statewide educational campaign to mitigate the risks of air medical transport for responders, patients, and fellow air medical providers
    ○ System Integration
    ○ Real-time status reporting by all air medical providers, in all 22 regions in the State
• Performance Improvement
    ○ Standing agenda item that promotes sharing best practice, transparency, and capabilities that support process improvement statewide.</td><td>No action items were identified for the Council.</td><td></td><td></td></tr>
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Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	Additional updates Planning a midterm workshop for our group so that we can take the product of those three task forces and hopefully come back to the June.			
Cardiac Committee	**Cardiac Care Committee, James McCarthy, MD, Chair** James McCarthy presented the Cardiac Committee's 2023 priorities and committee activities. **2023 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 pre-hospital emergency care statewide. (Coordinated clinical Care/EMS). • Out of Hospital Cardiac Arrest – AED access/bystander CPR (Emergency preparedness and response) • Telecommunicator CPR (Coordinated clinical Care/EMS) ***Council Comment – Mr. Salter: Looked at International Association of Emergency Dispatch (IAED), 25% of the state's population is covered by centers that are associated with the IAED, which provides pre-arrival medical care instructions.***	No action items were identified for the Council.		
Disaster Committee	**Disaster Preparedness and Response Committee, Eric Epley, NREMT, Chair** Eric Epley presented the committee's 2023 priorities and the committees activities. **2023 Committee Priorities** • Evaluate and improve the Texas Emergency Medical Task Force based on real-world responses and data from the field. • Improve patient tracking utilizing the Texas EMS wristband along with Pulsara. • Support the supply chain/PPE operations & storage for Texas hospitals & EMS agencies in concert with TDEM. **Additional updates** • TDEM has secured funding to build several 288,000 sq. ft. warehouses all over Texas.	No action items were identified for the Council.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	• Workgroup between Disaster Committee and EMS for Children (EMSC) to address pediatric representation in Mass Casualty Incident (MCI) training. ***Council comment- Dr. Tyroch: Could you explain the whole blood process and how it's sent?*** Mr. Epley stated San Antonio has a regional whole blood consortium with South Texas Blood and Tissue Center, which is the provider. University Hospital serves as a rotation center and there are 48 units of whole blood in the field on ambulances every day that gets rotated through back to the blood and tissue center and back through the trauma center with less than a 1% waste. STRAC has a standard pre-authorized state mission assignment to send whole blood anywhere needed in the state in less than 2 hours.			
Emergency Medical Services Committee	**Emergency Medical Services Committee, Eddie Martin, EMT-P, Chair** Eddie Martin presented the committee's 2023 priorities and committee activities. **2023 Committee Priorities** • Resilience / Retention in EMS • Mental Health of the Workforce • MCI Response and Readiness ***Council comment – Dr. Tyroch: Is EMS Committee working with Disaster Committee?*** Mr. Martin responded in the affirmative. ***Council Comment – Dr. Ratcliff: Do we have an idea on widespread acceptance on the 2.0 wristband, its availability, and ability to order it?*** Eric Epley stated the version one wristbands purchased with SB 500 (86R) funds are being used in the pilot program and will likely always exist because this version is less expensive than 2.0 version, which should be available to show Council in June.	No action items were identified for the Council.		
EMS Education Committee	**EMS Education Committee, Macara Trusty, LP, Chair** Ms. Trusty presented the committee's 2023 priorities and committee activities. **2023 Committee Priorities** • Review/Revise EMS Education Rules to meet the needs of the workforce and the patients that are treated and transported daily. • Continue to Improve access to initial EMS Education Programs. ○ Promote Advanced EMT (AEMT) courses.	No action items were identified for the Council.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	○ Review and enhance advanced placement and open enrollment opportunities ○ Develop guidance document for High School EMT Programs • Increasing safety & well-being focus for EMS education programs ○ Consider Driver training concepts ○ Consider Mental Health and Resiliency education ○ Consider Nutrition/Meal planning information ***Council Comment – Dr. Ratcliff: The Education Committee is requesting adding EMS as one of the pillars in the strategic plan. Dr. Tyroch asked for more information on the discussion. Mr. Salter responded that EMS is not individually referenced in the Strategic Plan, while all the other pillars are mentioned and added that four individuals agreed to work on that project to develop that as a section.***			
EMS Medical Directors Committee	**EMS Medical Directors Committee, Heidi Abraham, MD, FAEMS, Chair** No action items	No action items were identified for the Council.		
Injury Prevention & Public Education Committee	**Injury Prevention & Public Education Committee, Mary Ann Contreras, RN, Chair** Ms. Contreras presented the committee's 2023 priorities and committee activities. **2023 Committee Priorities** • Applying evidence-based practice in suicide prevention strategies • Safe storage of firearms • Utilization of the Social Determinants of Health with the implementation of injury and violence prevention strategies **Additional updates** • Requesting suicide data from DSHS (Trauma registry, vital statistics) regarding suicides, including RAC, demographic, veteran, and death certificate data. ***Council Comment- Mr. Salter: Suicide determination of death is made at the scene, so there's not a hospital record that exists for those patients and limited EMS data.*** Ms. Benno stated that suicide patients would not show up in	Requested the Council's guidance on access to the vital statistics regarding suicide. There was a question if EMS and Trauma Registry data is available regarding suicide.	This will require follow-up.	Targeting the June Meeting

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	EMS/T Registry data if they're not like being transported by EMS or being seen at trauma facility, but it would show up in vital statistics. • Requested Council's approval in guiding the request for vital statistics data and suggestions for dashboard. ***Council comment – Dr. Tyroch: Are there any other organizations in Texas with suicide data to help with this request?*** Christine Reeves, GETAC representative to the Suicide Prevention Council, responded that they are working on this effort and suggested a working group to include herself along with Ms. Contreras, Ms. Benno, Council, and vital statistics. ***Council Comment – Mr. Salter: Texas has a very big disparity in in the declaration of death process. There's the physician process, established medical examiner districts with a physician making the determination of death. The vast majority of Texas is covered by justice of the peace, who have limited training in their declaration of death process. The way death is declared is highly variable in Texas.*** ***Council Comment- Dr. Tyroch: Is the EMS/Trauma Registry able to pull data from the registry for suicide attempts?*** Ms. Benno responded that it depends on if the attempt is categorized as trauma like NTDB criteria and suggested partnering with another group to look at overall hospitalizations. • Dr. Tyroch, with Council's approval, requested Christine Reeves, Mary Ann Contreras, and Jia Benno purse the effort to gather comprehensive data on suicides and suicide attempts. • Dr. Tyroch confirmed that the IPPE Committee's focus on firearms remain on storage, and Ms. Contreras agreed.			
Pediatric Committee	**Pediatric Committee, Belinda Waters, RN, Chair** Ms. Waters provided an update on the committee's 2023 priorities and committee activities. **2023 Committee Priorities** Coordinated Clinical Care: • Disseminate current information on best practices and educational opportunities in the care of pediatric patients • Develop standards to minimize the time from onset of illness or injury to definitive care in pediatric patients	Pediatric Committee requested representation on the developing System PI Task Force – Committee.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	• Expand the uptake of pediatric readiness in emergency departments System Integration: • Work with the RACs to incorporate all patient populations into system design • Encourage RACs to ensure pediatric issues will be addressed in their agendas, goals, practices, and policies Performance Improvement: • Promote and reinforce the fact that robust PI efforts improves pediatric patient outcomes • Educate and encourage all healthcare systems to maintain a Culture of Safety environment • Encourage each RAC to integrate a PI process into their emergency healthcare system plan • Assist DSHS to develop, implement, and maintain a state-wide system performance Improvement committee. **Additional Updates** • Working with the GETAC Disaster Preparedness and Response Committee on pediatric disaster protocols and guidelines for the non-pediatric hospitals. • Worked with the Trauma Systems Committee to develop a definition for shock and pediatric patients. • Committee reviewed the gaps in the Pediatric Trauma System assessment score. Texas scored 66.9%. New Texas trauma rules will take care of some of the gaps. • Referred for future GETAC action: Pediatric committee would like to have representation on the Texas Performance Improvement Committee that's being developed.			
Stroke Committee	**Stroke Committee, Robin Novakovic, MD, Chair** Dr. Novakovic provided an update on the committee's 2023 priorities and committee activities. **2023 Committee Priorities** • Establish and review a quarterly quality report on stroke performance for the state of Texas.	Stroke Committee requested the Council approve the Advanced Stroke Center		

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Increase access to stroke care by endorsing a prehospital triage algorithm the makes recommendations for the rural, suburban, and urban areas across the state of Texas.
Establish recommendations for prehospital triage and management, and interfacility transfers for patients with pediatric stroke.

Announcements

Starting a pediatric stroke task force, led by Doctor Stewart Fraser

Seeking members not only from experts in pediatric stroke across the state, but also members from the EMS committee, EMS medical directors, and we will be reaching out to our Pediatric colleagues.
Tasks include looking at recommendations for best management in the prehospital setting as well as triage and interfacility transfers and making recommendations for requirements of a pediatric hospital seeking designation as a stroke facility

Committee is outlining essential documentation for NEMSIS in the prehospital setting for patients suspected of having stroke looking at interfacility stroke terminology that the committee presented at the EMS and EMS medical director committees.
Committee has introduced a Mission: Lifeline® stroke algorithm for prehospital triage that we will seek to collaborate on for a recommendation of best practices
Initiated looking at performance for quality at each session and will be working with Get With The Guidelines as well as RDC to help with that quality report
North Texas Stoke Coordinators group provided a presentation looking at our current state of infrastructure in stoke programs for the state of Texas.

Action item
Advanced Stroke Center Level II Certification and Designation Requirements - Committee is requesting GETAC recommendations and approval.</td><td>Level II Certification and Designation Requirements.

Mr. Barnhart - motion to approve Advanced Stroke Center Level II Guidelines. Second by Dr. Eastridge.</td><td>Approved</td><td></td></tr>
<tr><td>Trauma Systems Committee</td><td>Trauma Systems Committee, Stephen Flaherty, MD, Chair
Dr. Flaherty reviewed the committee's 2023 priorities and committee activities.
2023 Committee Priorities</td><td>No action items were identified for the Council.</td><td></td><td></td></tr>
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Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date

	• Trauma rules
	  ○ Assist the Department in assessing public comments
	  ○ Recommend changes to facilitate approval and implementation of the new rules
	• Funding
	  ○ Identify opportunities
	  ○ Develop education products
	• Trauma system monitoring
	  ○ Designation process
	  ○ Distribution of resources
	• Data analysis
	  ○ Develop standard reports
	  ○ Provide initial assessment of reports to inform the Council
	• RAC development
	Announcements
	Trauma Center Recognition
	• Hereford Regional Medical Center in Panhandle; Level IV; Kati Alley, PhD, RN, ED Director, and TPM; two trauma rooms; pediatric room; psych room; seven treatment rooms; EMS is hospital-based
	• John Peter Smith in Fort Worth; Level I; Raj Ghandi, Danielle Sherar, and Cassie Lyell; serves a population of 2.5 million; 5 ACS verifications; lead center in a regional pre-hospital blood program
	Trauma rules process
	• Anticipating formal public comment period to open in July
	• Plan an additional committee meeting to provide education on the rules prior to the opening of the formal comment period.
	• Plan workgroup meetings during the comment period to provide timely advice to the department on comments received
	Trauma System Assessment
	• Funding
	  ○ Presentation by Dr. Tyroch to staff of the Governor was successful
	  ○ Discussing future education opportunities for the committee to consider
		Motion by Mr. Salter to allow the Trauma Systems Committee to establish KPIs to characterize severely injured patients managed at Level IV trauma centers, receive reports from EMS/T Registry, request and assess variances to the best practice guidelines for pelvic fracture management, and determine	Approved
			
			Staff will post the best practice guidelines.
				June GETAC

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date

	• System surveillance – clinical performance
	  ○ Recent data product reviewed
	  ○ Identified number of severely injured patients managed at a Level IV facility appears higher than expected
	• Trauma system designation surveillance
	  ○ Developing approach
	• RAC development surveillance
	  ○ Developing a RAC survey regarding funding
	Items needing Council guidance
	• Workgroup would like to provide trauma system finance information to key state leaders
	• Committee to add an additional full virtual meeting to provide an opportunity for stakeholders to ask questions about the new rules
	• Committee to add virtual or hybrid workgroup meetings during the formal comment period to assess any comments and provide recommendations to DSHS
	• Approval to request data from DSHS on the following
	  ○ Key performance indicators (KPIs) characterizing severely injured patients managed at Level IV trauma centers
	  ○ Assess variances to the Best Practice Guidelines for pelvic fracture management. Determine and measure KPIs to be determined by the workgroup.
	Council Comment – Mr. Salter: Regarding pelvic fracture management - both prehospital and hospital management or just trauma center management?
	Dr. Flaherty stated the best practice guidelines encompass all.
		and measure KPIs to be determined by the work group working with Ms. Benno. Second by Dr. Eastridge. Request guidelines be posted on the DSHS website.		

Regional Advisory Council Self-Assessment Tool	**Regional Advisory Council (RAC) Self-Assessment Tool** This tool has been discussed at the RAC level. The rules are moving forward. Comments have been received and are being addressed. If there are any additional comments from the Council, please let Director Klein know so that the comments can be discussed and possibly integrated.	No action items were identified for the Council.		

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Pediatric Trauma System Assessment Score	**Pediatric Trauma System Assessment Score Review and NPRQI** No additional updates. Texas score - 66.9%.	No action items were identified for the Council.		
RAC Contractor Meeting	**RAC Contractor Meeting** Committee Chairs and GETAC Liaisons, please attend and brief the RAC Chairs/Executive Directors when requesting activities that involve the RACs. No action items.	No action items were identified for the Council.		
9	**Action Items**			
Advanced Stroke Level II Designation Requirements	**DSHS Advanced Stroke Level II Designation Requirements** Discussed and approved during Stroke Committee update (page 24).	Council approved the requirements.	Approved	
Culture of Safety	**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 update or action items.	No action items were identified for the Council.		
Rural Priorities	**Discussion: Rural Priorities** No update or action items.	No action items were identified for the Council.		
Potential Initiatives and Research	**Discussion and possible action: Initiatives, programs, and potential research that might improve the Trauma and Emergency Healthcare System in Texas** No update or action items.	No action items were identified for the Council.		
13	**GETAC Stakeholders Reports**			
EMS for Children (EMSC)	**EMS for Children (EMSC) State Partnership, Sam Vance, Program Manager** Sam Vance provide the EMSC report. **EMSC Notice of Award** • Four-year grant cycle: April 1, 2023 – March 31, 2027 • New EMSC performance measures ○ Facility Recognition Program	There was discussion of email notifications but no formal action items were		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	◦ EMS Recognition Program ◦ Peds Disaster readiness in ED and EMS ◦ Family partnership and leadership **2023 EMSC Survey** • Launched January 4, 2023 • Ends March 31, 2023 • 528 EMS agencies surveyed: Does EMS agency have a pediatric emergency care coordinator? Is agency doing skill competencies with personnel to see if they know how to use their pediatric equipment? ◦ State response rate 18.2% ***Council Comment – Dr. Tyroch: How does the survey get out to them? Is there anything that Council can do to assist with a better response rate because it ends in this month, right?*** Mr. Vance stated that the EMS for Children Data Center has done the majority of the communication via e-mail which comes from University of Utah, so they may not recognize that and may not open it and that he has sent follow up emails. • PPRP Assessment, 2024: ◦ Similar to the National Pediatric Readiness Project Assessment for the hospitals. ◦ First comprehensive assessment of EMS agencies conducted like this across the country ◦ EMS agency submits scores and gets comparison of results to similar-sized pediatric-ready EMS agencies across the country and gap analysis for opportunities for improvement ***Council Comment - Dr. Tyroch: Is there any other way of getting this information out so that it shows familiar to the recipient?*** Mr. Vance stated that they've used familiar organizations like Texas College of Emergency Physicians with greater success, so that may be the route they go moving forward and he will follow up with phone calls next week to bump the participation numbers. ***Council Comment – Dr. Tyroch: It would be great to get this to the RACs to get out because this is what can help us drive our state pediatric readiness score up.*** Mr. Vance stated that he'd send to RACs next week.	identified for the Council.		

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	Council Comment – Mr. Salter: Would like the e-mail address from which the survey was delivered, to see if it was filtered as SPAM or to go back to his medical director and quality assurance director to see if they received and completed the assessment. Mr. Vance responded in the affirmative.
	Council Comment – Dr. Tyroch: Anything we can do to help you out with these numbers because we really need to push pediatric readiness forward.
	State Partnership Project Updates
	• EMS Recognition Program
	  ○ Revised and published June 2022
	  ○ Victoria Fire Department was first to complete the assessment - February 21, 2023
	• Crew of the Year Award/EMSC Day
	  ○ EMS week is May 21st through the 27th
	  ○ Wednesday of EMS Week is always EMS for Children Day
	  ○ Crew of the Year Award presented on EMS for Children Day
	    ▪ Awarded to a crew that has done an outstanding job on a medical or trauma call involving children, an agency that has created a pediatric-specific QI process, or agency doing some unique pediatric-focused community outreach
	    ▪ Nominations through April 15, 2023; currently have ten
	    ▪ Information available on website
	• National Pediatric Readiness Project (NPRP) Assessment
	  ○ ACS requirements and the new trauma rules that will be out later this next year require trauma centers to complete the NPRP assessment provide an action plan on how they will address any gaps identified
	  ○ Assessment is still open in the QI phase
	  ○ ACS has contacted EMSC Data Center and Mr. Vance for the names of the Level I and IIs that have and have not completed the assessment
	Council Comment – Dr. Tyroch: From the state level, this is required of all 306 trauma centers. EMS/TS Director Klein stated that was correct - Texas has defined this requirement for all levels of trauma centers. All trauma centers			

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	with an identified gap must have an action plan to address the gap and conduct one simulation for the Pediatrics resuscitation quarterly. It's also in the performance criteria for the RACs
	• Voluntary Pediatric Recognition Program (VPRP)
	  ○ Facility recognition program
	  ○ Sally Snow - coordinator for recognition program, as well as trying to increase the number of pediatric emergency care coordinators in Eds
	  ○ Facilities taking part in this recognition program will completely cover the requirements in the new trauma rules
	EIIC Project Updates
	• ED Stop Collaborative
	  ○ Suicide is the 2nd leading cause of death in children ages 10 to 18
	  ○ From 2007 to 2015, emergency department visits for suicide attempts amongst that age group doubled
	  ○ Bringing together ED-based teams across the nation with pediatric mental health experts to exchange evidence-based best practices
	  ○ 89 total facilities across the country involved with seven Texas teams participating
	• Peds Ready Quality Collaborative (PRQC)
	  ○ Focusing on topics of pediatric patient safety, PEDs assessment and reassessment, pain management, and suicide
	• Pediatric Education and Advocacy Kit (PEAK)
	  ○ Available through the EMS for children Innovation and Improvement Center
	  ○ Collection of best practice educational resources for the continuum of care from prehospital through hospital
	  ○ Currently have kits related to suicide and agitation, as well as seizure and pain management			

Statewide Wristband Project	**Statewide Wristband Project, Christine Reeves**
	• At the last Steering Group meeting, several things were confirmed:
	  ○ Texas will have two types of bands:
	    ▪ Version 1 - the current band that is being used
		No action items were identified for the Council.		This item will be removed from future agendas.

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	▪ Version 2 - integrates triage ○ Draft documents are currently in process and should be ready soon for dissemination. • Hospital representation has increased on Steering Group. • The meeting continues to be open. Reach out to Christine Reeves, Eric Epley, or Eddie Martin to become included or simply share ideas and comments with us. • Mrs. Reeves asked Council if this still need to be a standing item since Disaster and EMS Committees are updated on the project through their respective committees**.** Dr. Tyroch and Council agreed to remove it and receive updates through the committees.			
Stop the Bleed Texas Coalition	**Stop the Bleed Texas Coalition, Christine Reeves** • The Coalition is close to releasing its Train-the-Trainer Program. Thanks to the co-chairs of the Planning & Education Workgroup: Jennifer Carr (Christus Health System) and Rachel Lindsay (CATRAC). • The Coalition plans to focus on the use of "celebrities" in our outreach for May 2023 Stop the Bleed Month. • The Coalition hopes more jurisdictions pass proclamations for May as *Stop the Bleed Month*. Visit www.stopthebleedtexas.org website for more information. Challenge to Trauma Centers and EMS agencies across Texas. Check out your local process now so your timing for approval falls in early May. • Be sure to share public courses as well as pictures from completed trainings and events for the Coalition to share on social media. • Version 3 will come out November or December and focus more on pressure and packing and less on tourniquet usage, data collected by the ACS shows tourniquets are not always placed appropriately or in inappropriate situations. ***Council Comment - Dr. Tyroch: I'm glad they're emphasizing the direct pressure more because we see so many tourniquets that are just way inappropriately placed, and to be honest, we're never needed.*** ***Council Comment – Mr. Salter: With regard to the wound packing, have there been discussions that include using nontraditional material to pack a wound?***	No action items were identified for the Council.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	Mrs. Reeves stated that nontraditional packing has been part of the discussion and in the notes – that you just need something to pack with and stated that they may need to enhance that topic more. ***Dr. Tyroch commented that Stop the Bleed is moving down to grade 5.*** Mrs. Reeves stated that the material will be at a fifth-grade level as well. Mr. Vance stated that EMS agencies, when using tourniquets, use ones that fit pediatric patients; many don't carry tourniquets that will work on children that age or that size. Mrs. Reeves replied that the new conversation will be on strength of pressure and wound packing and not application of tourniquet on pediatric patients. ***Council Comment - Dr. Ratcliff: Is there data in the trauma literature to support that it is easier to control arterial hemorrhage on a 10-year-old than on a 17-year-old?*** Mrs. Reeves responded that there's nothing in trauma but there is on the education side of the house that the material we're teaching is too difficult for third grade to process when an incident occurs. ***Council Comment – Ryan Matthews: Is your organization following legislature on the issue of grade level and are you getting an opportunity to weigh in?*** Mrs. Reeves stated that the representative pushing third grade was willing to go to fifth grade, in line with the ACS.			
Texas Cardiovascular Disease and Stroke Council	**Texas Cardiovascular Disease and Stroke Council** No update	No action items were identified for the Council.		

Tx CARES	**Texas Cardiac Arrest Registry to Enhance Survival (TX CARES), Micah Panczyk**
	• Texas CARES Data 2022 Summary Report – Demographic and survival characteristics of OHCA
	    ○ The percentage of Hispanic and Latino patients in Texas (22%) versus the country at large (8.1%).
	    ○ Data shows patients from majority Hispanic/Latino neighborhoods are significantly less likely to receive
		No action items were identified for the Council.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	bystander CPR, bystander AED application, and to survive to hospital discharge. • 2022 Prehospital metrics ○ Bystander-initiated CPR – 45% Texas, 40.7% nationally ○ AED Applied Prior to EMS Arrival – 1.9% Texas, 1.5% nationally ○ Initial shockable rhythm – 15.5% Texas, 17% nationally ○ ROSC – 24.9% Texas, 26.6% nationally • 2022 Patient outcomes ○ Marginally higher Utstein survival in Texas ○ Utstein patients are those that have witnessed arrests and initial shockable rhythms • 2020-2022 Prehospital metrics and patient outcomes: Cumulative numbers look very similar to the 2022 numbers alone. • 2019-2022 Prehospital metrics and patient outcomes: Outcome measures are clearly reduced in 2020, 2021, and 2022 versus their values in 2019 (pre-Covid reference). • QI research findings to date ○ Significant differences in bystander response & outcomes across communities ○ Significant disparities in bystander response & outcomes associated with neighborhood, socioeconomic status, & rural vs. urban ○ Significant disparities in post-arrest care & outcomes associated with minority status and may reflect disparities in care between hospitals ○ Hospitals providing higher rates of percutaneous coronary intervention, targeted temperature management, and left heart catheterization have higher survival to discharge irrespective of community bystander CPR status			

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	○ Significant increase in OHCA incidence & mortality associated with COVID-19 • Approaching 2/3 coverage statewide			
TETAF	**Texas EMS Trauma Acute Care Foundation (TETAF), Dinah Welsh, *President/CEO*** • TETAF submitted comments to the proposed Hospital Level of Care Designations for Neonatal Care rules. • The number of requests for surveys to be scheduled has increased significantly for all survey service lines in the last quarter. • Courtney Edwards is the new education coordinator for TETAF. • The Texas Perinatal Forum transitioned to the Texas Quality Care Forum in January. It will be monthly and will offer topics that include trauma, stroke, maternal, neonatal, and acute care. This month's forum will be March 29 at 11:00 a.m. and will focus on how a case goes through the trauma PI process. • TETAF continues to offer exclusive, free educational opportunities to our hospital partners via Mighty Networks. • The TETAF Advocacy Committee meets every other week to strategize, review bills, and discuss legislative activity. • After TETAF met with leaders at the Texas Department of State Health Services (DSHS) to discuss concerns of potential funding cuts to the trauma system, DSHS included an exceptional item to its budget for $6.6 million for the Regional Advisory Councils (RACs). • Wanda Helgesen (BorderRAC executive director, TETAF Board of Directors member, and TETAF Advocacy Committee chair) provided oral and written testimony regarding the TETAF RAC Funding Request to the Senate Finance Committee and House Appropriations Article II Subcommittee. • TETAF/Texas Perinatal Services drafted a rider requesting funding for a statewide perinatal database, with the support and assistance from the Texas Collaborative for Healthy Mothers and Babies (TCHMB). • TETAF's Legislative Work Group meets via Zoom every other week throughout the session. The next meeting is Friday, March 17, at 9:30 a.m.	No action items were identified for the Council.		

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	• Provided list of Texas Senate Finance and House Appropriations Committee Members, highlighting Article II workgroup/subcommittee • Implementation, Management, and Integration of Regional Emergency Health Care Systems – $16 million for the biennium ○ Operations - $6 million ▪ Funds will support RACs in meeting the state's new RAC standards. RACs need qualified staff to elevate the trauma and emergency health care system in Texas, implement impending rule changes with increased scope, respond to mass casualty events, make data-informed decisions, and reduce death and disability from trauma, cardiac, stroke, and perinatal events. ○ Outreach and Education Programs to Decrease Death and Disability - $5 million ▪ Funds will be used for education on regional health issues. Professional education examples provided to health care professionals include burn care, neonatal resuscitation, and items identified by regional quality assurance and performance improvement (QAPI) and the Governor's EMS and Trauma Advisory Council (GETAC). Community education on topics like Stop the Bleed, hands-only CPR, shaken baby syndrome, drowning prevention, suicide prevention, and fall prevention all contribute to a healthy and resilient Texas. ○ Training for Mass Casualty Incidents - $5 million ▪ Funds will allow each RAC to coordinate training and tabletop, functional, and full-scale exercises to prepare the medical response to situations such as mass-casualty incidents, transportation incidents, structural collapse, active shooter/threat incidents, and weather-related events. ▪ Communication is critical during large-scale incident response. Therefore, efforts will include exercising the			

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	Texas Statewide Communications Interoperability Plan to improve regional communication interoperability between health care facilities, EMS, and first responders. • Regional Data Collection – $9 million for the biennium ○ Data Collection, Analysis, and Development of Acute Emergency Health Care Initiatives - $4 million ▪ Provide regional emergency health care providers with tools for secure data reporting, ensure quality and accuracy of submitted data, and conduct agency follow-ups. Granular patient data at the regional level allows medical providers to have a greater understanding of patient needs and supports efforts to improve patient outcomes in multiple systems of care including cardiac, stroke, trauma, and other acute care initiatives. Regional best practices influence statewide improvement in patient care. ○ Statewide Perinatal Database - $5 million ▪ TETAF and the RACs support the recommendation of the Texas Collaborative for Healthy Mothers and Babies to establish a statewide perinatal database. There is a critical need for data that hospitals can use for qualitative measures, and for the state to improve care and determine where resources and education should focus. • Texas TQIP met in Phoenix during the national TQIP conference on December 11-13. • TETAF provided an advocacy update to the Texas ACS chapter prior to its Day at the Capitol last month. • TETAF once again sponsored the Texas Collaborative for Healthy Mothers and Babies (TCHMB) Summit held in Austin in February. • Continue to have discussions about account 5111			
Texas Suicide Prevention Council	**Texas Suicide Prevention Council, Christine Reeves** • The 2023 Texas Suicide Prevention Symposium is June 13-15, 2023, in New Braunfels. It may be attended either in person or virtually but cannot register to do both (not hybrid). Our first in-person conference since 2018.	No action items were identified for the Council.		

Governor's EMS and Trauma Advisory Council (GETAC)
Department of State Health Services (DSHS)
Thursday, March 9, 2023
Meeting Minutes

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/Targeted Completion Date
	• Christine Reeves was elected to the Council's Executive Committee as Secretary. • May is Mental Health Awareness Month. The Council will post on social media to remind everyone of 9-8-8 and crisis & suicide prevention.			
Announcements	Ms. Klein stated that the TQIP best practice guidelines for mental health and substance misuse screening with all the trauma centers and RACs. This was also sent to all RACs.	No actions		
Public Comments	List of those registered for public comment read by Ms. Richardson (DSHS). No public comments.			
Next Meeting Dates	• June 7-9, 2023, at the DoubleTree by Hilton Austin • August 16-18, 2023, at the DoubleTree by Hilton Austin • November 18-21, 2023, in conjunction with the Texas EMS Conference in Austin			
Adjournment	Meeting adjourned by Dr. Tyroch at 11:11 AM.			