

**Northeast Texas Regional Advisory Council  
Executive Board Meeting Minutes  
October 12, 2010**

**Attendance: Shae Watson, Mary Beth Rudel, Norman Prewitt, Ricky Draper, Blaine Jones, Valerie Tumlin, Vornetta Compton, Leigh Ann Scates, Bertha Evans, Jeff Nichols, Kent Klinerman, Mark Mallory, Robin Gage, Russell VanBibber, Dave Dutton, Russell Thrasher**

TOPIC	DISCUSSION	DISPOSITION
Called to Order	Quorum established.	
Approval of the following minutes: 7/8/10	Motion made by Norman Prewitt to accept the minutes as presented. Seconded by Dave Dutton and supported by all committee members present.	
Adjourned to Executive Session	Executive Board discussed the fact that Russell VanBibber's position at Hopkins County Memorial Hospital had been deleted. The committee reviewed the By-Laws and nothing states that the Chair had to be employed by a participating agency.  The committee asked Russell to stay on as RAC Chair.	
Adjourned back into Regular Session		
Board of Director's Video	Each Board member asked to watch the video and sign off.	

By-Laws Review	Discussed the changes to the By-Laws.	
By-Law Approval	Motion to approve and recommend that the 2010-2011 – By-Laws be approved as written was made by Robin Gage. Seconded by Norman Prewitt and supported by all committee members present.	
Elections	<p>The following positions are up for the 2010 – 2011 Election:</p> <ul style="list-style-type: none"> <li>Vice Chair</li> <li>Hospital Representative</li> <li>Nurse Representative</li> <li>Response Partner Representative</li> <li>Rehab Representative</li> <li>Physician Representative</li> </ul> <p>Brenda Stone the current Response Representative has resigned from the COG, so the RAC Chair has appointed Mary Beth Rudel to the Response Partner Representative position.</p> <p>Blaine Jones, the Education Representative submitted his letter of resignation due to travel restraints. The RAC Chair appointed Melynda Hutchings to the Education Representative position.</p>	
Treasurer's Report	<p>See Attached Hand-outs: July 2010 – September 2010 Financial Statements.</p> <p>Tabled the report until the next meeting, as the Executive Director had been out of town at three back-to-back conferences and not able to get the financial documentation to the CPA's office in time to submit electronically to the Finance Committee for review.</p>	
Executive Director's - Financial Report	See Attached Hand-outs: July 2010 – September 2010 Financial Statements.	

<p>Executive Directors Report</p>	<p>Tabled the report until the next meeting, as the Executive Director had been out of town at three back-to-back conferences and not able to get the financial documentation to the CPA's office in time to submit electronically to the Finance Committee for review.</p> <p style="text-align: center;"><b>EXECUTIVE DIRECTOR REPORT 1st Quarter of the FY 2010 - 2011</b></p> <p><b>Meetings Attended:</b></p> <ul style="list-style-type: none"> <li>➤ <b>7/8/10: HPG/RAC Meetings; HPG Committee Meetings</b></li> <li>➤ <b>7/27 - 28/10: HPP – Austin &amp; PHEP – Austin</b></li> <li>➤ <b>8/4/10: WebEOC Workshop Meeting</b></li> <li>➤ <b>8/6/10: MMU meeting with Dallas RAC-E</b></li> <li>➤ <b>8/12/10: Annual Workshop</b></li> <li>➤ <b>8/17/10: HPP - Austin</b></li> <li>➤ <b>9/2/10: Homeland Security Advisory Council Meeting</b></li> <li>➤ <b>9/9/10: MMU and Symposium Set-up</b></li> <li>➤ <b>9/10/10: Symposium</b></li> <li>➤ <b>9/15/10: Homeland Security Work</b></li> </ul>	
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<p>Committees: Drills/Exercise</p>	<p style="text-align: center;"><b>DRILLS/EXERCISE COMMITTEE</b> <b>Meeting 10/12/10</b></p> <p>Attendees:</p> <ul style="list-style-type: none"> <li>Shae Watson</li> <li>Steve Trogden</li> <li>Melynda Hutchings</li> <li>Nancy West</li> <li>Norman Prewitt</li> <li>Brent Smith</li> <li>Dave Dutton</li> <li>Mary Beth Rudel</li> <li>Bertha Evans</li> <li>Jesse Buchanan</li> <li>Blaine Jones</li> <li>Jeff Nichols</li> <li>Russell Thrasher</li> <li>Beckie Cressionnie</li> <li>Mark Mallory</li> <li>Robin Gage</li> <li>Kent Klinkerman</li> </ul> <p>Discussion Items:</p> <p>Steve Trogden with DSHS Exercise Team presented information and discuss how we needed to proceed with planning for our Regional Functional Exercise.</p> <p>Functional Exercise Date Set:</p> <ul style="list-style-type: none"> <li>➤ April 5, 2012</li> </ul> <p>Planning efforts:</p> <ul style="list-style-type: none"> <li>➤ Hand-out distributed</li> <li>➤ Need to designate and Exercise Manager/Director and Alternate</li> <li>➤ Type of Exercise: Functional with some Full-Scale aspects</li> <li>➤ Participants – who needs to play</li> </ul>	
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<p>HPP/PHEP - Austin</p>	<ul style="list-style-type: none"> <li>➤ How this exercise can be designed to build in Joint Commission Standards for meeting hospital exercise requirements</li> <li>➤ Meetings needed: <ul style="list-style-type: none"> <li>○ Initial Planning –</li> <li>○ Concept/Objective Meeting – 12/15 (2-4)</li> <li>○ Mid-Term Planning Conference</li> <li>○ Final Planning Conference</li> <li>○ Train the Evaluator</li> </ul> </li> </ul> <p>Exercise Scenario's and Locations:</p> <ul style="list-style-type: none"> <li>➤ Flash Floods: Hopkins County – Hopkins Co Mem.</li> <li>➤ Tornado: Bowie County – St. Michael, Wadley, HealthSouth</li> <li>➤ Transportation Accident: Titus County - Titus Regional</li> <li>➤ Power Outages: ETMC – Clarksville, Atlanta Mem, GSMC-Linden, Paris Regional</li> </ul> <p style="text-align: center;">Texas Department of State Health Services Public Health Emergency Preparedness (PHEP) Program July 20, 2010</p> <p style="text-align: center;">Crowne Plaza Austin, TX</p> <p>Opening Remarks</p> <p>“Responding in Crisis” – Vered Kater, RN, BSA, CNS</p> <ul style="list-style-type: none"> <li>➤ Speaker from Jerusalem</li> <li>➤ Discussed the different issues of</li> </ul>	
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	<p>healthcare in America vs the Middle East and how the issues can be different, but similar at the same time</p> <ul style="list-style-type: none"> <li>➤ Prerequisites for Health <ul style="list-style-type: none"> <li>○ Clean water</li> <li>○ Shelter</li> <li>○ Money/Income</li> <li>○ Peace</li> <li>○ Education</li> <li>○ Food</li> <li>○ Stable ecosystem</li> <li>○ Resources</li> <li>○ Social Justice</li> <li>○ Equity</li> </ul> </li>   <li>➤ Health &amp; Safety promotion is carried out by: <ul style="list-style-type: none"> <li>○ Advocate <ul style="list-style-type: none"> <li>○ Target Key Community Leaders <ul style="list-style-type: none"> <li>▪ Listen – Trust – Language</li> <li>▪ Be transparent in your plans</li> </ul> </li> </ul> </li>   <li>○ Enable the people to take control <ul style="list-style-type: none"> <li>▪ Ownership – Pride – Community – Participate - Preparedness</li> </ul> </li>   <li>○ Mediate</li> </ul> </li>   <li>➤ Use Technology &amp; Save Lives</li> <li>➤ See Hand-out</li> </ul> <p>Disaster Mental Health – Chance Freeman</p> <ul style="list-style-type: none"> <li>➤ Discussed Significant Events in our History and how we, Texans &amp; Americans</li> </ul>	
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	<p>handled the situation</p> <ul style="list-style-type: none"> <li>○ Kennedy Assassination</li> <li>○ Space Shuttle Crash</li> <li>○ Hurricane Katrina &amp; Rita</li> <li>○ Floods in the Valley</li> </ul> <p>➤ Key Concepts of a Disaster</p> <ul style="list-style-type: none"> <li>○ People pull together during and after a disaster</li> <li>○ Stress and grief are normal reactions to abnormal situation</li> <li>○ Emotional reactions relate to problems of living</li> <li>○ Services must be tailored to cultural and community norms</li> <li>○ Support systems are crucial</li> </ul> <p>➤ Emotional Response</p> <ul style="list-style-type: none"> <li>○ Depression – sadness</li> <li>○ Irritability – anger – resentment</li> <li>○ Anxiety – fear</li> </ul> <p>➤ Behavior Response</p> <ul style="list-style-type: none"> <li>○ Poor work performance</li> <li>○ Crying easily</li> <li>○ Hypervigilance</li> <li>○ Increased drug/alcohol abuse</li> <li>○ Sensitivity to loud noises</li> <li>○ Sleep difficulties</li> </ul> <p>➤ Physical Responses</p> <ul style="list-style-type: none"> <li>○ Sleep Disturbances</li> <li>○ Eating Disorders</li> </ul> <p>Medical Special Needs Roles &amp; Preparedness Efforts – Glenn Bason</p> <p>Texas Health and Human Services Commission – 211 Program - Mary Mays</p>	
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<p>HPP - 7/8/10 Call to order</p> <p>Approval of Minutes</p> <p>Drills and Exercise Committee</p>	<p>Meeting called to order by Russell VanBibber at 10:05 am</p> <p>Motion to approve 6/10/10 minutes by Norman Prewitt. Seconded by Keith Kelley and supported by all members present.</p> <p style="text-align: center;"><b>DRILLS/EXERCISE COMMITTEE</b> <b>Meeting 7/8/10</b></p> <p>Attendees:  Shae Watson  Russell VanBibber  Norman Prewitt  Bertha Evans  Brenda Stone  Jesse Buchanan  Robin Gage  Russell Thrasher  Keith Kelley  Beckie Cressionnie</p> <p>Motion to approve 5/13/10 minutes made by Bertha Evans. Seconded by Robin Gage and supported by all members present.</p> <p>Discussion Items:</p> <p>Shae contacted Steve Troden with DSHS to make sure that the Exercise Team will be able to help us develop and plan the Exercise. Mr. Troden will come and meet with the Drills and Exercise Team on October 14<sup>th</sup>.</p>	
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	<p>Functional Exercise Date Set:</p> <ul style="list-style-type: none"> <li>➤ April 5, 2012</li> </ul> <p>Discussed the Exercise Planning Conference:</p> <ul style="list-style-type: none"> <li>➤ Discusses some of the concepts and objectives for the exercise</li> <li>➤ Need to add the list of items to be tested: <ul style="list-style-type: none"> <li>○ Ambulance Strike Teams</li> <li>○ Ambulance Staging</li> <li>○ MIST Team</li> <li>○ RLO – DDC</li> <li>○ NETMOC and MACC</li> </ul> </li> </ul> <p>Exercise Scenario's and Locations:</p> <ul style="list-style-type: none"> <li>➤ Flash Floods: Hopkins County – Hopkins Co Mem.</li> <li>➤ Tornado: Bowie County – St. Michael, Wadley, HealthSouth</li> <li>➤ Transportation Accident: Titus County - Titus Regional</li> <li>➤ Power Outages: ETMC – Clarksville, Atlanta Mem, GSMC-Linden, Paris Regional</li> </ul> <p>Upcoming Drills and Exercises:</p> <ul style="list-style-type: none"> <li>➤ TAAS – Hazmat Class (8hrs) - August 6<sup>th</sup> - Texarkana</li> <li>➤ TAAS – Haz-Whooper (40 hrs) - Mid August - Texarkana</li> <li>➤ Hopkins Co Mem. - July 28<sup>th</sup> – Evacuation Drill – Bomb Threat</li> </ul> <p>Motion to adjourn made at 8:50 by Russell VanBibber, seconded by Jesse Buchanan, supported</p>	
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<p>GETAC</p>	<p><b>GETAC</b>  <b>August 20, 2010 (09:00)</b></p> <hr/> <ol style="list-style-type: none"> <li>1. Called to order at 09:05 by Chair (Vance Riley) ... 13 members present</li> <li>2. Intro two new council members (public and pediatric doctor)</li> <li>3. Chair Report       <ol style="list-style-type: none"> <li>a. Applications for the subcommittees will be posted in September. Usually get around 200 applications. DSHS sorts and GETAC selects. Send electronically or in hard-copy.</li> </ol> </li> <li>4. Asst. Commissioners Report       <ol style="list-style-type: none"> <li>a. Legislative session activity beginning to ramp up. Bills language/topics are being developed.</li> <li>b. Kathy testified at the Public Safety committee on the Drivers Responsibility program. Focused her testimony on the increase in trauma centers. Continues to be unrest about the program. Still a couple of well-organized groups against it.</li> <li>c. Working on appropriations requests. Will submit soon. Will be public after that for review. LBB Hearing in September to express the priorities of the department. Trauma Systems is rated as a high priority in the department.           <ol style="list-style-type: none"> <li>i. Lost \$2-4M of exceptional item money. Not a big hit.</li> </ol> </li> <li>d. The session will be a difficult one ... budget (18-20B) will be the main issue.</li> <li>e. This will be the redistricting session.</li> <li>f. Healthcare reform will impact the session. Other divisions more than Kathy's division.</li> </ol> </li> </ol>	
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	<ul style="list-style-type: none"> <li>g. Hiring freeze continues in Kathy's areas, as well as other areas in the Department. The missing positions in other areas, indirectly impacts productivity in Kathy's areas. Freeze will likely continue through the session.</li> <li>h. ACS Survey Report has been received. Houston / Galveston pieces due to legislators by 12/01 ... will be a priority in the department. Then will look at all the recommendations. <ul style="list-style-type: none"> <li>i. GETAC Chair ... no big rush to act on other ACS recommendation? Only if the recommendation requires legislative approval/action ... late to begin that process. GETAC planning to perform review of the Strategic plan in June.</li> </ul> </li> <li>i. Ongoing Egg recall is affecting Texas ... cook!</li> </ul> <p>5. Office EMS/Trauma Systems Report</p> <ul style="list-style-type: none"> <li>a. Kathy Moon hired as a new designation coordinator. Still have 1 open spot and are interviewing ... hope to have filled by Sept / Oct. Will be working on trauma and stroke.</li> <li>b. 258 designated trauma centers + 14 in active pursuit.</li> <li>c. 57 designated primary stroke centers. Working on the designation process for Support Stroke Centers. 3<sup>rd</sup> designation coordinator will bear a great amount of this work. <ul style="list-style-type: none"> <li>i. Hoping to have stroke survey process in early 2011</li> </ul> </li> <li>d. New EMS Managers in Arlington and Houston.</li> <li>e. Funding</li> </ul>	
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	<ul style="list-style-type: none"> <li>i. 3588 – Distributed \$75M</li> <li>ii. LPG – Distributed \$103M (?)</li> </ul> <p>f. Will have an open forum at the EMS conference to review the ACS Trauma Systems report.</p> <p>6. Assistant Commissioners Report</p> <ul style="list-style-type: none"> <li>a. Met with RAC Chairs last night</li> <li>b. His department likewise is in the appropriations planning phase. Effected by hiring freezes.</li> <li>c. Cardiovascular Council not affected too much by budget cuts / freezes.</li> <li>d. Healthcare reform will have a major impact in Dr. Valadez’s areas.</li> <li>e. Monitoring and applying for various grants to help funding. Information Technology is a ripe field for funding right now. There is one such grant worth \$29M they are pursuing. There is another grant / funding for the department to update/combine 12 different registries.</li> <li>f. Hiring a new State Epidemiologist Director.</li> <li>g. Reacting to flooding from Hurricane Alex.</li> </ul> <p>h. Trauma Registry</p> <ul style="list-style-type: none"> <li>i. Original RFO received two proposals after being posted to the electronic bulletin board to 1,800 vendors. Reported that many industry-specific vendors did not know about the RFO. Opted to put out a second RFO (due today). <ul style="list-style-type: none"> <li>1. RFO evaluation team cannot have non-departmental participants. Avoids any potential conflict of interest.</li> <li>2. Expect a few weeks to</li> </ul> </li> </ul>	
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	<p>evaluate. Vendor selection by Oct. 1<sup>st</sup>.</p> <p>3. Will be selecting the vendor with the “best value” ... not cheapest necessarily.</p> <p>i. HPP Issues</p> <p>i. The Match – looking for a solution at the “state” level for this money. Believe a strong solution has been identified.</p> <p>ii. Future directions will likely involve “Community Resilience” ... integrated healthcare systems approach (all healthcare fields). Official guidance will be provided to the DSHS in early 2011 as the application process begins.</p> <p>7. Committee Reports</p> <p>a. <u>Air Medical</u></p> <p>i. Discussed DSHS timeline for the EMS Air Medical rules ... drafts-to-finalization.</p> <p>ii. Workgroup will review the mission / charges ... report in November.</p> <p>iii. Discussed future topics to discuss at future meetings.</p> <p>b. <u>Cardiac Care</u> – <i>see those notes</i></p> <p>i. STEMI database presentation</p> <p>ii. RAC mortality rate presentation ... disparities throughout the state</p> <p>1. Will develop a subcommittee to evaluate STEMI data processes in Texas.</p> <p>iii. Dallas County grant funded study being planned presentation.</p> <p>iv. TETAF Mission and Purpose presentation</p>	
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	<ul style="list-style-type: none"> <li>v. Reviewed the current charge ... still applies.</li> <li>c. <u>Disaster</u> – <i>see those notes</i> <ul style="list-style-type: none"> <li>i. Met two days this week</li> <li>ii. Reviewed the Hurricane Alex response for opportunities.</li> <li>iii. Medical Incident Team workgroup formed.</li> <li>iv. TAR systems discussed. Concern that the data is not concurrent / accurate ... developing a workgroup to look at this data collection process.</li> <li>v. Air Gas project is completed ... big bottles at the staging issues. <ul style="list-style-type: none"> <li>1. Still issues with DME and home oxygen.</li> </ul> </li> <li>vi. EMS Medical Directors contract process is complete. DSHS to handle from this point.</li> <li>vii. Reviewed the Utah pandemic triage guidelines ... need to consider a Texas product. Forming a joint workgroup with EMS Medical Directors.</li> <li>viii. Briefing on POST ... larger issue that disaster specific</li> <li>ix. Disaster Scenarios Project complete. Eight scenario sets developed. Passed out to the RAC Chairs last night ... targeting multi-regional responses.</li> <li>x. Reviewed / Updated Mission.</li> </ul> </li> <li>d. <u>Education</u> <ul style="list-style-type: none"> <li>i. Have met twice (June &amp; this week)</li> <li>ii. 2009 Gap Analysis – What knowledge &amp; skill are required to meet national standards. <ul style="list-style-type: none"> <li>1. Seven different focus areas</li> </ul> </li> </ul> </li> </ul>	
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	<p>identified.</p> <ol style="list-style-type: none"> <li>2. Goal is to meet/exceed the standards for educational requirements.</li> <li>3. Will be working with EMS and Medical Director's committees to finalize this.</li> </ol> <ol style="list-style-type: none"> <li>iii. Finished EMS Education Training manual. Sending to DSHS for review / approval.</li> <li>iv. Working on submissions for scientific data to present at the EMS conference.</li> <li>v. Reviewed charge ... will meet October (El Paso?) to determine changes needed.</li> <li>vi. EMS Medical Directors course held in Dallas area. 30 participants. Next 11/20.</li> </ol> <p>e. <u>EMS</u> – met this week.</p> <ol style="list-style-type: none"> <li>i. Accreditation update provided.</li> <li>ii. Reviewed 157.1 – 157.5</li> <li>iii. Updated by EMS-C <ol style="list-style-type: none"> <li>1. Heard proposal on establishing Regional Pediatric Medical Direction.</li> </ol> </li> <li>iv. Discussed Narcotic Control White paper. No laws specifically address the EMS providers. Causing issues with DPS. There are 4 DEA offices and their management / oversight is not consistent. Couple of significant concerns at the DEA offices. <ol style="list-style-type: none"> <li>1. Rural – parking units at night at home.</li> <li>2. ED issued narcotics being</li> </ol> </li> </ol>	
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	<p>provided to the EMS providers ... in case needed.</p> <ol style="list-style-type: none"> <li>3. Invite the DEA for discussions at the EMS conference?</li> <li>v. Will be reviewing mission and charge at November meeting.</li> <li>vi. Discussed Extraordinary Emergency Funds and Local Project Grants processes/concerns.</li> <li>vii. Will meet in October.</li> </ol> <p>f. <u>Injury Prevention</u> – Met this week.</p> <ol style="list-style-type: none"> <li>i. Tabled the topic of Geriatric Fatality Review ... come legal concerns.</li> <li>ii. Discussed Red Light Camera injury prevention techniques. <ol style="list-style-type: none"> <li>1. 43% decrease in side-impact collisions and only 5% increase in rear-end collisions.</li> <li>2. Request GETAC council to support Red Light Cameras as an injury prevention tool.</li> </ol> </li> <li>iii. Receive information from Linda Galvan on Fall Prevention program(s). Will work to make available and further develop in future committee meetings.</li> <li>iv. Approved a resolution of support for MADD <ol style="list-style-type: none"> <li>1. Texas is 1/11 states without Sobriety Checkpoints.</li> <li>2. Request GETAC establish a similar resolution.</li> </ol> </li> <li>v. Received a presentation from TX Trauma Registry on data that is available now.</li> <li>vi. RAC-G presented some injury</li> </ol>	
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	<p>prevention activities they are working on.</p> <p>vii. Will review mission and charge at future meeting.</p> <p>g. <u>Medical Directors</u> – <i>see those notes</i>.</p> <p>i. Presentation on Incident Medical Direction</p> <p>ii. Discussed AED ... ability to extract data once in the ED.</p> <p>iii. Discussed Medical Director education ... online training down the road?</p> <p>iv. Discussed alternate regional pediatric Medical Direction ... particularly for rural areas.</p> <p>v. Discussed illness-specific medications. Position paper developed. Read to committee.</p> <p>vi. Discussed out-of-hospital DNR. Heard a personal story.</p> <p>vii. Discussed Medical Director needs for disaster shelters.</p> <p>viii. Will discuss the ACS recommendation for a State Medical Director at a future meeting.</p> <p>h. <u>Pediatrics</u> – <i>see those notes</i></p> <p>i. Received an update from EMS-C program.</p> <p>ii. Discussed Level III designation.</p> <p>iii. Discussed establishing best practices at future meetings. Develop a clearinghouse.</p> <p>i. <u>Stroke</u></p> <p>i. No Quorum</p> <p>ii. Received a report from DSHS on transportation plans.</p> <p>iii. TETAF report on status of Stroke Survey process. Stroke</p>	
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	<p>symposium and surveyor courses are planned for later this year.</p> <ul style="list-style-type: none"> <li>iv. Recognized award-winning Texas Stroke center from US News &amp; World Report mag.</li> <li>v. Will start working on pediatric stroke protocols.</li> <li>vi. Will be looking at certified stroke centers refusing patient transfers.</li> </ul> <p>j. <u>Trauma</u> – <i>see those notes</i></p> <ul style="list-style-type: none"> <li>i. Receive Foundation Report ... numerous trauma-related activities.</li> <li>ii. Discussed strategies to protect the Drivers Responsibility program. We all need to tell OUR stories ... can have a significant impact. <ul style="list-style-type: none"> <li>1. Funding Coalition has been formed.</li> <li>2. Several Trauma providers have been testifying at committees.</li> </ul> </li> <li>iii. Discussed the future step for responding to the ACS report. Will try to set up a 1-day meeting to review the report with other GETAC committees sometime in mid-October.</li> <li>iv. Will further discuss trauma performance improvement plan at the October meeting.</li> <li>v. Received word that rules for free-standing ERs rules passed. Will leave on the agenda to monitor for concerns arising in the future.</li> <li>vi. Reviewed mission and charge ... OK as currently stated.</li> </ul>	
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	<p>8. TETAF Report</p> <ul style="list-style-type: none"> <li>a. TX EMS/Trauma Funding Coalition formed ... 60 members as of this AM. Link to survey to become a member on the TETAF web site .... <a href="http://surveymonkey.com/s/texasemstraumafundingcoalition">surveymonkey.com/s/texasemstraumafundingcoalition</a> <ul style="list-style-type: none"> <li>i. Seeking / establishing partnerships with various “associations” for lobbying power.</li> </ul> </li> <li>b. Focusing on preserving the Driver’s Responsibility program ... got to get OUR story out there.</li> <li>c. Hosting a Stroke Symposium on September 17<sup>th</sup> in Austin.</li> <li>d. Continue to develop a Support Stroke Center survey process. Surveyor applications available and course planned for November.</li> <li>e. Held a Board Strategic planning meeting a couple of weeks ago.</li> <li>f. Reviewing the ACS report for opportunities that TETAF can help implement.</li> <li>g. Board nominations for Chair, Treasurer, and 2 Dir. at Large positions being sought from RACs.</li> </ul> <p>9. Committee Term Limits</p> <ul style="list-style-type: none"> <li>a. V. Riley recommends a 1-year prohibition from serving on a committee after 1-2 terms. <ul style="list-style-type: none"> <li>i. Concern of losing productive members being replaced by lesser quality.</li> <li>ii. Prohibited membership will not prevent individual from voicing opinion from the audience.</li> <li>iii. Limiting to two terms (6 years) is fair.</li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>iv. Public member ... takes a year to learn the process and get oriented.</li> <li>v. Trauma systems committee should have larger representation.</li> <li>vi. Sometimes 'groups' of people work well together ... term limits could jeopardize momentum.</li> <li>vii. Commitment and Financial Support for individual to attend the meeting must be practically considered.</li> <li>viii. There is some degree of natural attrition through promotions, moving, etc.</li> <li>ix. Disaster Chair opposes term limits</li> <li>x. Injury Prevention Chair opposes term limits <ul style="list-style-type: none"> <li>1. IP Professionals are necessary on the committee.</li> </ul> </li> <li>xi. Table discussion to June 2011 Strategic Planning meeting.</li> </ul> <p>10. Review GETAC Mission and Charge – GETAC Chair wants to perform an assessment of current committee status.</p> <p>11. ACS 2010 Survey Report</p> <ul style="list-style-type: none"> <li>a. Need more time to digest this work. Keep as an agenda item.</li> <li>b. Dr. Stewart publicly thanked the DSHS staff for their tremendous amount of work in the survey process. He also thanked the stakeholders that participated in the ACS review.</li> </ul> <p>12. Public Comment - None</p> <p>13. Action Items</p> <ul style="list-style-type: none"> <li>a. Motion: GETAC support the adoption of Physician Orders for Life Sustaining Treatment (POLST) ... to allow forwarding to the legislature. Would not replace the out-of-hospital DNR process.</li> </ul>	
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	<p>Provides for much more instruction on the ‘treatments’ an individual prefers. Primarily targeted to end-of-life time periods. DSHS can prepare a resolution for the November meeting ... will be timely for Legislative needs. Need legal guidance to avoid crossing the ‘lobbying’ threshold. Motion withdrawn. New motion to have DSHS draft resolution for evaluation at November meeting ... passed.</p> <p>b. Motion: GETAC support Red Light Cameras as an injury prevention tool. Same lobbying issues as above. Will be DSHS draft resolution for approval in November. Amendment added to include using Sobriety Checkpoints as an injury prevention tool also.</p> <p>i. Committee questioned the arguments against the Driver’s Responsibility Program. Kathy Perkins explained various issues being presented ... passed.</p> <p>c. Motion: to support the Med. Dir. position paper on illness-specific medications in EMS.</p> <p>14. 2011 Meeting dates</p> <p>a. February 23-25 – Airport Hilton</p> <p>b. May 11-13 – Airport Hilton</p> <p>c. August 17-19 – Airport Hilton</p> <p>d. November – Austin EMS Conference</p> <p>15. Public Comment – None</p> <p>16. Adjourn at 11:55.</p> <p><b>RAC CHAIRS</b>  <b>AUGUST 19, 2010 (5:30)</b></p> <hr/> <p>1. Called to order by Emily Parsons at 17:30</p>	
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	<p>2. EMS-C Update</p> <ul style="list-style-type: none"> <li>a. Have developed a continuing education program. Have many programs. Most of the courses are basic level courses, advanced courses are available. Currently, live instruction ... computer-based courses planned. Tangible CE provided for EMS ... not nursing.</li> <li>b. Putting together review teams for protocol reviews. Will be seeking protocols from various agencies to compile as a resource document.</li> <li>c. Will be asking each RAC if they have on-line pediatric medical direction, and if they are willing to participate in a project to establish regional medical direction.</li> <li>d. EMS survey out right now closes on September 13<sup>th</sup>. RACs need to help get the providers to complete the survey. 80% response rate required.</li> </ul> <p>3. Pediatric Committee Report</p> <ul style="list-style-type: none"> <li>a. ACEP/AAP/ENA – recently released guidelines for care of pediatric patient. Need to review this document to assess your hospital’s readiness.</li> </ul> <p>4. Ryan Beal – Using Available Data Sources Presentation (Injury Surveillance Sources)</p> <ul style="list-style-type: none"> <li>a. Trauma Occurrences ... 1 death :18 Hospitalizations : 250 ED visits</li> <li>b. Presentation will be placed on the website.</li> <li>c. Resources ... <ul style="list-style-type: none"> <li>i. <a href="http://safestates.org">safestates.org</a></li> <li>ii. <a href="http://cdc.gov/injury/wisqars/index.html">cdc.gov/injury/wisqars/index.html</a></li> <li>iii. <a href="http://cdc.gov/injury/wisqars/inventoryinjurydatasys.html">cdc.gov/injury/wisqars/inventoryinjurydatasys.html</a></li> <li>iv. Death data ... Bureau of vital statistics <ul style="list-style-type: none"> <li>1. Most all deaths in Texas are included.</li> </ul> </li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>2. Lags behind ... most recent now is 2007</li> <li>3. Not trauma specific</li> <li>4. <a href="http://soupsfin.tdh.state.tx.us/deathdoc.htm">soupsfin.tdh.state.tx.us/deathdoc.htm</a></li> <li>5. <a href="http://dshs.state.tx.us/chs/vstat/">dshs.state.tx.us/chs/vstat/</a></li> <li>v. Fatality Analysis Rating System <ul style="list-style-type: none"> <li>1. Relatively recent data</li> <li>2. Local data available</li> </ul> </li> <li>vi. Hospital Discharge Data <ul style="list-style-type: none"> <li>1. Relatively recent data</li> <li>2. Based on uniform billing code</li> <li>3. Restricted use ... must be purchased</li> <li>4. Limited trauma data</li> <li>5. <a href="http://dshs.state.tx.us/thcic/">dshs.state.tx.us/thcic/</a></li> </ul> </li> <li>vii. EMS / Trauma Registry <ul style="list-style-type: none"> <li>1. Two data sets ... EMS and Trauma</li> <li>2. Recent data ... 2009 available</li> <li>3. Limited access to data summaries</li> <li>4. 51% hospitals submitting ... 95% trauma hospitals reporting.</li> </ul> </li> <li>viii. Youth Risk Behavior Surveillance System <ul style="list-style-type: none"> <li>1. Injury focused</li> <li>2. Limited local information ... basically state and national level reports.</li> <li>3. Self Reported</li> <li>4. <a href="http://dshs.state.tx.us/chs/yrbs/">dshs.state.tx.us/chs/yrbs/</a></li> <li>5. <a href="http://cdc.gov/healthyyouth/yrbs/index.htm">cdc.gov/healthyyouth/yrbs/index/htm</a></li> </ul> </li> <li>ix. Other <ul style="list-style-type: none"> <li>1. <a href="http://nemsis.org">nemsis.org</a></li> <li>2. <a href="http://ntdbdatacenter.com/default.aspx">ntdbdatacenter.com/default.aspx</a></li> <li>3. <a href="http://www-nrd.nhtsa.dot.gov">www-nrd.nhtsa.dot.gov</a></li> <li>4. <a href="http://www.dot.state.tx.us/drivers_vehic">www.dot.state.tx.us/drivers_vehic</a></li> </ul> </li> </ul>	
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	<p style="text-align: center;">les/crash_records/forms.htm</p> <ol style="list-style-type: none"> <li>5. Contract/Funding Update       <ol style="list-style-type: none"> <li>a. ACS Report ...           <ol style="list-style-type: none"> <li>i. Trauma Systems discussing having a stakeholder / GETAC review of the recommendations in the report.</li> </ol> </li> <li>b. Tobacco final report due 10/15</li> <li>c. FY10 EMS County and EMS RAC initial reports due 9/15</li> <li>d. In a couple of weeks ... disbursing the 911/1131 funds ... \$2.2M, includes \$831K from EEF.</li> <li>e. LPG announcements are on the web site ... period ends 8/31/10</li> </ol> </li> <li>6. Trauma Registry Update – Dr. Valadez       <ol style="list-style-type: none"> <li>a. Continue to focus on the goal ... improving trauma &amp; disaster systems.</li> <li>b. RFO ... face-validity ... sent to 1800 agencies on electronic bulletin board ... got two responses ... some industry-specific vendors not notified ... decided to repost. Current RFO closes on 8/20. Depending on number of RFO's received, will depend on how long to evaluate them ... estimate selection and vendor on board by 10/1/10.           <ol style="list-style-type: none"> <li>i. Composition of the evaluation team is driven by state rules ... no outside participation.</li> <li>ii. Will select on “best-value” analysis ... not “cheapest”.</li> </ol> </li> <li>c. Plan to continue the Registry workgroup.</li> <li>d. Rider in last legislative session gave Epi \$1M to replace/combine 12 different registries in TX. Trauma registry is included in this grouping.</li> <li>e. (Eric Epley) thanks to Registry group for re-submitting the RFO. AND thank you</li> </ol> </li> </ol>	
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	<p>for coming to personally present to us.</p> <p>7. Hospital Preparedness Program</p> <p>a. A lot of changes in these distribution programs. RACs need to educate themselves as much as possible.</p> <p>b. Current issues related to “matching” funds.</p> <p>i. DSHS thinks they are close to finding a solution with using LPG, Extraordinary Emergency Funds, and/or Tobacco funds.</p> <p>ii. (Doug Havron / Eric) Thanked Dr. Valadez for the group’s efforts.</p> <p>iii. (Eric) There is a disconnect between contract oversight and contract management.</p> <p>1. Frustrations at an all-time high. Dr. Valadez acknowledges the disconnect.</p> <p>2. (Brenda Anderson-Cole) Sentiments of Eric/Doug shared with the smaller RACs. All RACs support Eric’s / Doug’s sentiments/comments.</p> <p>iv. Audits are better ... but rules need to stay the same from audit-to-audit.</p> <p>1. (Wanda Helgesen) Auditors do not know what RACs are / purpose.</p> <p>c. Upcoming anticipated changes</p> <p>i. Will be looking to create more ‘systems’ between hospital, public health, emergency management, etc. Anticipate new guidance being distributed in May 2011.</p> <p>ii. National Security Healthcare plan (need to look at it) ... focuses on community resiliency. Ten</p>	
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components are addressed.

1. Very little planning to date on recovery planning.
2. (Alan Johnson) should we begin thinking about community planning ... YES. (Eric) state guidance would allow the RACs to begin planning now.
8. Room set up ... OK
9. Example Regional Disaster plan distributed.
10. Adjourn @ 19:26

***TETAF General Meeting  
August 17, 2010 (17:30)***

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1. *Called to order by Jorie at 17:44.*
2. *Round-the-room introductions.*
3. *Moment of silence for recently fallen EMS provider from Champion EMS.*
4. *Treasurers Report*
  - a. *Still working on detailed report.*
  - b. *Balances in checking (\$13,986.90) and saving (\$196,852.42) accounts reported.*
  - c. *Operating on a \$77K loss year-to-date.*
5. *Secretary's Report*
  - a. *Minutes from August 4<sup>th</sup> meeting will be presented at 9/2010 conf. call.*
6. *TETAF Update*
  - a. *Handout provide*
    - i. *Strategic Planning meeting on 8/4/10*
    - ii. *Developing SMART goals.*
    - iii. *Attended House Public Safety Committee ... several trauma system providers were present and testified. Good opportunity*

	<p><i>to educate them on healthcare and where the funds from DRP are sent.</i></p> <p><i>iv. ACS report released ... studying recommendations for where TETAF can contribute to future systems development.</i></p> <p><i>b. EMS/Trauma Funding Coalition met today. Moving forward. Working to develop partnerships with the “associations” that can help our efforts through lobbying.</i></p> <p><i>i. Coalition concerns</i></p> <p><i>1. (Scott Mitchell) Bordering on lobbying? RAC’s using state funds ... since they are subscribers/members of TETAF, is this placing RACs / TETAF members in some jeopardy. (Dinah) TETAF aware of the boundaries and is excited about the “associations” proactive activities involving TETAF issues. Will be seeking legal guidance.</i></p> <p><i>ii. Survey monkey link information to become a coalition member provided.</i></p> <p><i>7. Bylaw Revisions</i></p> <p><i>a. (Lisa Price) Elected vs. Appointed in section 6.3 ... should be consistent as elected.</i></p> <p><i>b. (Scott Christopher) Change “will” to “may in section 6.1</i></p> <p><i>c. Motion to approve with these changes. Doug Havron (1<sup>st</sup>) / Jacky Bets (2<sup>nd</sup>) ... no opposition</i></p>	
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	<p>8. <i>Strategic Planning</i></p> <ul style="list-style-type: none"> <li>a. <i>SMART goals ... developing</i></li> <li>b. <i>Budget ... no automatic \$14K. Each division will have to justify / request their budgets for Board approval.</i></li> <li>c. <i>Subscription Fees ... Handout provided. 2011 same as 2010. Dinah explained that the Trauma survey process is a revenue generator, but continue to operate at a slow loss.</i> <ul style="list-style-type: none"> <li>i. <i>History of subscription fees reviewed by Dinah.</i></li> <li>ii. <i>Continue to examine methods to structure the subscription fees ... i.e. base rate + ala-cart add ons.</i></li> <li>iii. <i>Considering an increase (10-15%) in raising the Trauma survey fees.</i></li> <li>iv. <i>(Wanda Helgeson) Is additional staff being considered? Yes.</i></li> <li>v. <i>(Beverly Welch) How was funding formula developed? RAC population. Other methods were considered. (Beverly Welch) May need to consider charging the RACs more to help fill the operating financial gap. (Jorie Klein) Board wants to do many things, but not enough funding. Board will entertain any suggestions to improve funding and opportunities. (Eric Epley) No Level III's have used ACS ... cost for ACS survey is \$15K. RACs have an obligation to support their members. Need to focus on the programs TETAF is doing will and further develop</i></li> </ul> </li> </ul>	
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	<p><i>those activities. (Doug Havron) From board perspective, if a product service line is losing money then need to evaluate the process. (Eric) recommends putting together a workgroup composed of TETAF and Level III stakeholders ... raise RAC fees or raise survey fees or stop the survey process. (Jorie) Uncompensated care is a significant infusion of funds to the hospitals. Jorie highlighted some comparisons between TETAF and Joint Commission offerings. Have to make TETAF financially viable for the future. If interested in working on the workgroup, send Dinah an email. Poll of audience agrees fees should be raised to stay in business. (Jorie) Board will revisit subscription and survey fees and bring recommendations back to the membership.</i></p> <p>9. <i>Board Nominations / Elections</i></p> <ul style="list-style-type: none"> <li>a. <i>Will vote on new members in November</i></li> <li>b. <i>Nomination forms will be available on the TETAF web site.</i> <ul style="list-style-type: none"> <li>i. <i>Discuss your nominations with the party ... are they willing.</i></li> <li>ii. <i>Board member expectations form will be placed on the web site.</i></li> </ul> </li> <li>c. <i>Each Board member must submit a succession plan for who will take your place.</i></li> <li>d. <i>Positions up for re-election</i></li> </ul>	
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	<p>reviewed. (Chair, Treasurer and D@L #2 &amp;4).</p> <p>10. Division Reports</p> <p>a. <u>Acute Care</u></p> <p>i. Stroke Support Symposium</p> <p>ii. Stroke Surveyors Course ... application on the web site</p> <p>iii. AHA representative at today's meeting ... working on mapping cardiac centers in Texas.</p> <p>iv. Discussed budget needs. Want to do education at some point in future.</p> <p>b. <u>Disaster</u> - A lot of Task Force activity at the state level</p> <p>c. <u>EMS</u></p> <p>i. Producing EMS Medical Directors Course. Had one in Dallas area last week. Good attendance. Will be offering at the EMS conference and later taking to the valley and west Texas.</p> <p>d. <u>Injury Prevention</u></p> <p>i. Only two participants. Frustration! Encourage RAC participation in all divisions.</p> <p>ii. Planning 2<sup>nd</sup> TIPS Conference in February 2011. Did a survey monkey and have determined topics for the conference. Need expert speakers.</p> <p>iii. Continue to work on the Injury Prevention manual.</p> <p>e. <u>Pediatrics</u></p> <p>i. Discussed SMART goals.</p> <p>ii. ENA/AAP – ED Preparedness to care for children document. Will distribute and follow up</p>	
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	<p><i>with survey monkey to see how facilities measure up.</i></p> <p><i>iii. Will look and Level III and IV trauma criteria related to pediatrics.</i></p> <p><i>f. <u>Professional Education</u></i></p> <p><i>g. <u>RAC</u></i></p> <p><i>i. Discussed strategies to approach influential persons regarding EMS / Trauma funding.</i></p> <p><i>ii. Discussed funding and fees. They will for a sub-committee to look at financial issues.</i></p> <p><i>iii. Planning annual RAC education meeting.</i></p> <p><i>h. <u>Trauma</u></i></p> <p><i>i. Draft Administrators product continues.</i></p> <p><i>ii. Conf call planned on 9/14.</i></p> <p><i>11. ACS Report</i></p> <p><i>a. Jorie has developed a power point and will post on the web site.</i></p> <p><i>b. Various organizations need to assess their role in the recommendations.</i></p> <p><i>12. Open Discussion</i></p> <p><i>a. (Tina Leech) More involved leads to better understanding of the need for participating in TETAF and the advantages. Is there a short document that describes the benefits of TETAF. Discussed at Strategic Planning meeting.</i></p> <p><i>13. August Action Items - none</i></p> <p><i>14. Next Meeting – 9/1/10 at 10am ... conference call.</i></p> <p><i>a. Budget</i></p> <p><i>b. Nomination</i></p> <p><i>c. Division Activities and structure.</i></p>	
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- d. November face-to-face planned for Nov 20<sup>th</sup>.*
- e. Coalition meets on 9/21*
- 15. Adjourn at 19:07*

**Trauma Systems**  
**August 19, 2010 (09:00)**

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1. Called to order at 09:07 by Dr. Stewart ... Roll call ... 13 members present
2. TETAF Report
  - a. EMS / Trauma Coalition is gaining momentum. Email to sign up provided. About 50 organizations and 50 individuals have signed up so far. Strength in numbers.
    - i. Critical to be 'loud' NOW because the budget is being scrutinized very closely NOW.
    - ii. Everybody has a great story to tell ... legislators need/want to hear this.
    - iii. TETAF should widely distribute coalition communication (through RACs).
    - iv. Notification of the payable, poverty focused, and maintaining licensure are the three primary issues the opposition is presenting.
    - v. DPS not proactive to protect the program. Need dialog to get them to support the program.
      1. Offer DPS increased admin fees? Point out their personal benefit for their officers for maintaining the Trauma system.
      2. Approach the high-level DPS

	<p>leadership to determine how we can work together.</p> <ul style="list-style-type: none"> <li>vi. TETAF web site has several educational documents regarding the DRP.</li> <li>vii. Story needs to be that all the funds are vital and need to be released; and we want to support fixing the problems in the program.</li> <li>viii. Alternative funding techniques do not create as much money as 3588 has. An alternative funding source does not currently exist.</li> </ul> <ul style="list-style-type: none"> <li>b. Several legislative meetings since last GETAC on DRP. Several Trauma System committee members have testified. Legislators are longing for the positives of the DRP.</li> <li>c. Evaluating the ACS Texas Trauma Systems report.</li> <li>d. Strategic planning meeting a couple of weeks ago. Trauma programs strong. Developing Stroke initiatives / programs.</li> <li>e. The Registry RFO ... initial release was quietly announced ... 2<sup>nd</sup> release is out now.</li> </ul> <p>3. ACS Trauma Systems Report.</p> <ul style="list-style-type: none"> <li>a. Dr. Stewart thanked everyone for participating. Everyone performed great.</li> <li>b. Thanks to DSHS for releasing the report so soon.</li> <li>c. Not enough time today to review the document. Some have suggested a day-long meeting to review the report and strategize / prioritize. Discussed having a meeting before the November meeting ... difficult. Discussed having an October meeting. Need to have a broadly</li> </ul>	
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	<p>inclusive invitee list. Avoid the 1<sup>st</sup> week of October. Where? Austin!</p> <ul style="list-style-type: none"> <li>d. DSHS is considering an open forum meeting during the EMS Conference.</li> <li>e. Develop a process to post electronic comments on the DSHS web site.</li> <li>f. Better to strategize <i>before</i> the Legislative session.</li> </ul> <p>4. Trauma Systems PI Workgroup Report</p> <ul style="list-style-type: none"> <li>a. Draft plan was reviewed by a group. Ideal if we could work the details of the draft document at the same time as reviewing the ACS report.</li> <li>b. Opportunities for getting pre-hospital providers up and running with PI. Several RACs don't have efficient PI programs.</li> <li>c. Need to start small, build credibility, then grow the activities.</li> </ul> <p>5. Free-Standing ED's</p> <ul style="list-style-type: none"> <li>a. Rules went into effect June 1<sup>st</sup>. DSHS accepting applications. No figures on the volume right now. Have licensed one out of Houston so far.</li> <li>b. Issues identified should be brought forward to address at the State level. Will leave subject on the agenda for now.</li> </ul> <p>6. Review of Committee Charge</p> <ul style="list-style-type: none"> <li>a. GETAC Chair has asked committees to review their charge.</li> <li>b. Reduce Trauma related M&amp;M in Texas. Need to re-evaluate the Trauma Systems strategic plan. GETAC Chair is looking at reviewing the strategic plan in the summer 2011.</li> </ul> <p>7. Open Forum</p> <ul style="list-style-type: none"> <li>a. Injury Prevention needs?</li> <li>b. Cooks Childrens verified as a Level II.</li> <li>c. Texas Childrens surveyed yesterday with</li> </ul>	
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	<p>no deficiencies.</p> <p>8. Adjourn 10:15</p> <p><b>Pediatrics</b>  <b>August 18, 2010 (09:00)</b></p> <hr/> <ol style="list-style-type: none"> <li>1. Called to order at 09:04 ... 8 members present.</li> <li>2. New Chair ... Dr. Mathias</li> <li>3. Liaison Reports.</li> <li>4. EMS-C Update       <ol style="list-style-type: none"> <li>a. Developed a continuing education program.</li> <li>b. Launched EMS-C survey to gain info for future planning. 56% return.</li> <li>c. Briefly explained the EMS-C performance measures.</li> <li>d. Formed a Family Advocacy Network. Working well so far. Goal ... get local community support to learn about their local EMS/Trauma system.</li> <li>e. Awarded a grant to evaluate and launch evidenced-based protocols.</li> <li>f. Continue to work on various other EMS-C projects. Many included in the ACS survey report.</li> <li>g. Protocol Resource Document ... development of the reference tool is ongoing. Will be a resource to get example protocols. Hopefully have completed in a year or so.           <ol style="list-style-type: none"> <li>i. EMS-C not an advocate of establishing State Protocols.</li> </ol> </li> <li>h. Position Statement (Draft) – Hospital based Pediatric Medical Direction is available in all areas of the state. Regional pediatric medical control?</li> </ol> </li> </ol>	
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	<ul style="list-style-type: none"> <li>i. Committee to review and send comments to EMS-C program.</li> </ul> <ol style="list-style-type: none"> <li>5. Child Fatality Review Teams – Historically sporadic interactions with this group. <ul style="list-style-type: none"> <li>a. Three primary issues identified ... Teen suicide, Fire/Burn, Gun Safety</li> <li>b. 66 teams that cover 90% of counties. Currently 15 teams in development.</li> <li>c. Counties without ... Shelby, San Augustine are included.</li> <li>d. Have requested that CFRT representative at all future meetings.</li> </ul> </li> <li>6. Editorial “changes to statement of purpose for the committee</li> <li>7. ACS Survey Report <ul style="list-style-type: none"> <li>a. The 11-page report will be sent to the Legislature.</li> <li>b. The link for the 118-page document has been to all legislative offices.</li> <li>c. Committee will review the document and make recommendations on what items need to be pursued / endorsed by GETAC at future meetings.</li> </ul> </li> <li>8. Level III Designation for Pedi Hospitals <ul style="list-style-type: none"> <li>a. Driscoll Children’s Hospital history of establishing their capability as a Level III or Level II. The current rule regarding free-standing pediatric facilities contradicts itself. Driscoll has asked for an “exception” to the rule. The rule will be open for review in May 2011 ... may not meet Driscoll’s timeline. Separation designating adult from pediatric hospitals / trauma centers would likely require a statute change.</li> </ul> </li> </ol>	
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	<p>9. Quality Initiatives</p> <p>10. Review Charge – original charge read to the members.</p> <ul style="list-style-type: none"> <li>a. Committee content with the way things currently read.</li> <li>b. (Sally Snow) ... Is Injury Prevention included? No.</li> <li>c. Group asked to bring back their ideas on best-practices the committee should pursue.</li> </ul> <p>11. Open Forum</p> <ul style="list-style-type: none"> <li>a. (Sally Snow) ... Pediatric Guidelines Checklist has been recently released for ED's to assess their readiness for taking care of pediatric patients. Has Pediatric committee made a recommendation that GETAC endorse the activity of all ED's performing an assessment of their readiness to care for children. RACs should educate their providers on this document.</li> </ul> <p>12. Adjourn at 10:17.</p> <p><b>EMS Education</b>  <b>August 18, 2010 (10:30) ... <i>Didn't Attend</i></b></p> <hr/> <p><b>Stroke Committee</b>  <b>August 18, 2010 (1:00)</b></p> <hr/> <ul style="list-style-type: none"> <li>1. Called to order by Beverly Welch at 1:02pm. 4 members present ... no quorum.</li> <li>2. RAC Survey Requesting Local Transport Plans <ul style="list-style-type: none"> <li>a. DSHS Cardiovascular group requested the survey. Survey is written ... pending approval ... then to RACs. Has cardiac and stroke</li> </ul> </li> </ul>	
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	<p>related questions.</p> <ul style="list-style-type: none"> <li>b. Committee requests an explanation of the various DSHS entities looking at these things and why they want this information.</li> </ul> <p>3. TETAF - Second annual Stroke Symposium on September 17<sup>th</sup>. Posted applications for TETAF Stroke Surveyors. Course planned. Hopefully get the Stroke Survey process rolled out in early 2011.</p> <p>4. Review of initial committee charge – Request from GETAC Chairman.</p> <ul style="list-style-type: none"> <li>a. Mission and goals sent two years ago. Beverly will review with Dr. Rutledge</li> </ul> <p>5. Public comment</p> <ul style="list-style-type: none"> <li>a. (Wanda Helgesen) Designated stroke facilities forced to accept stroke transfers?</li> <li>b. (Wanda Helgesen) Stroke centers have to participate in regional PI activities?</li> <li>c. (Beverly Welch) Recognized recently awarded US News &amp; World Report Stroke Center recognition.</li> </ul> <p>6. Adjourn at 1:17 pm.</p> <p><b>Cardiovascular Committee</b>  <b>August 18, 2010 (2:30p)</b></p> <hr/> <ul style="list-style-type: none"> <li>1. Called to order at 2:30 by Dr. Pearce ... 9 members present.</li> <li>2. Presentation on Pre-Hospital lytic therapy for STEMI coupled with urgent PCI to reduce ischemic time in Houston. <ul style="list-style-type: none"> <li>a. 3,000 patients enrolled.</li> <li>b. Discussed building patient data base tools to capture the information and compatible</li> </ul> </li> </ul>	
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	<p>and consistent with other Chest Pain / STEMI data bases.</p> <ul style="list-style-type: none"> <li>c. Protocol included transmission to ED physician; ½ lytic dose, 40U IV Heparin, 600 Plavix</li> <li>d. Follow ups at 1, 6, 12 months ... recurrent MI, Stroke, Bleeding, Revascularization?</li> <li>e. Data showing best to limit ischemia time to &lt;120 minutes.</li> <li>f. UT School of Public Health has created a STEMI Registry compatible with the Action Registry. Idea is to move this process statewide.</li> <li>g. Only about ½ the PCI centers in TX are using the Action Registry. Need to find a way to get them all to use it.</li> </ul> <p>3. AHA Presentation ... reports on mortality rates per RAC and aggregate D2B Data per RAC.</p> <ul style="list-style-type: none"> <li>a. Dr. Pearce would like for Texas to be ‘ahead-of-the-curve’ in establishing best practices in chest pain and STEMI care. Don’t wait on the various regulatory bodies to tell us how to do it ... accept that we will stumble along the way sometimes.</li> </ul> <p>4. AHA looking at doing a study to evaluate pre-hospital care in the Dallas area. Evaluate equipment gaps, data entry, and professional training and education.</p> <p>5. TETAF Presentation – a synopsis of the purpose, history and goals of the organization.</p> <p>6. Review of Committee Charge – no recommendations to change the current charge.</p> <p>7. Adjourn to adjacent room at 15:57 to discuss forming PI / data workgroup.</p> <p><b>Disaster</b>  <b>August 18, 2010 (16:00)</b></p> <hr/>	
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	<ol style="list-style-type: none"> <li>1. Called to order by E. Epley at 16:01 ... 14 members present.</li> <li>2. Moment of silence for fallen EMT from East Texas.</li> <li>3. Review of agenda items covered at yesterday's meeting.</li> <li>4. Regional EMS Resource Coordination Center       <ol style="list-style-type: none"> <li>a. Each RAC send Maxie Bishop 24/7 point-of-contact information to locally assess EMS units.</li> <li>b. LeAnn offered another idea that the ambulance strike-team workgroup will work on.</li> </ol> </li> <li>5. Texas Volunteer Registry / ESAR-VHP – Defer to Kelly Adams for full presentation later.       <ol style="list-style-type: none"> <li>a. Current costs TX \$468K/year and only 591 registered in the system.</li> <li>b. Need to confirm and learn what the other (i-info) registration system is about.           <ol style="list-style-type: none"> <li>i. (Daniel) ... rumor i-info being abandoned.</li> </ol> </li> </ol> </li> <li>6. Physician Orders for Life Sustaining Treatment Paradigm       <ol style="list-style-type: none"> <li>a. Reviewed by EMS Medical Directors two years ago.</li> <li>b. Form completed per the individual's wishes that they would carry with them. To be completed in the last year(s) of life. Can be revoked at any time. There are various levels of treatment to choose from. Applies to disaster preparation ... seeing more and more of these individuals requiring evacuation.</li> </ol> </li> <li>7. Emergency Partial Suspension for certain EMT licensing law.       <ol style="list-style-type: none"> <li>a. Suspending EMS providers' suspension status to specifically respond to a specific disaster event. Does not allow the</li> </ol> </li> </ol>	
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	<p>provider to work anywhere else. Will review the language from the recent Louisiana governor’s proclamation during the oil spill.</p> <ol style="list-style-type: none"> <li>8. Utah Triage Guidelines for Pandemic Influenza       <ol style="list-style-type: none"> <li>a. To be implemented during a surge event. Example presented overhead.</li> <li>b. Texas has had a bio-ethical team in the past, but no production to this level.</li> <li>c. A few hospitals in the audience have used this/similar tools.</li> <li>d. Should the Public Health Authorities (or Disaster committee) take the lead on this concept?</li> <li>e. There are other states that have this type of thing ... gather all and review for best practices and create one for Texas with multi-disciplinary stakeholder input.</li> </ol> </li> <li>9. Eric invited and encouraged anyone interested to participate in committee and workgroups.</li> <li>10. University of North Carolina Dialysis Study – information shared with group only.</li> <li>11. Review Committee Charge ...       <ol style="list-style-type: none"> <li>a. Consider including non-Texans in the mission statement ... “all people in Texas”</li> <li>b. Unsure if the ‘committee’ has ever had a charge. The Taskforce did have a specific charge.</li> </ol> </li> <li>12. Action Items       <ol style="list-style-type: none"> <li>a. Take new mission language to GETAC.</li> <li>b. From Yesterday ...           <ol style="list-style-type: none"> <li>i. Develop a medical incident support team workgroup.</li> <li>ii. Rename several of the workgroups</li> <li>iii. Combine AMBUS related workgroups.</li> <li>iv. Disaster Scenario Development workgroup draft document be moved to RAC Chairs.</li> </ol> </li> </ol> </li> </ol>	
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- v. Develop Transportation Assistance Registry workgroup to evaluate for best practices.
- 13. Future meeting dates announced.
- 14. Adjourn at 17:21

***EMS Medical Directors  
August 19, 2010 (10:30)***

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- 1. *I arrived late at 10:40 ... already in progress ... 10 members present.*
- 2. *Alternate / Back Up Pediatric Medical Direction*
  - a. *Intent is to provide a regional resource so that areas that do not have a strong Medical directorship, can have timely access.*
  - b. *Dr. Moore ... Texas rules regarding Medical Direction are clear. This program could create conflict between local Medical Director and regional director?*
  - c. *Who would fund the program?*
  - d. *Would be a voluntary decision if an agency wanted to utilize the resource.*
  - e. *Motion that this position statement be endorsed with the addition of TCEP. Passes with 1 nay vote.*
  - f. *Receiving physician should have input in the care being provided to the patient prior to arrival at his hospital.*
  - g. *Will require education of EMS to many of the physicians providing this Medical Control.*
  - h. *Committee feels this project is still a work in progress and wants to be kept updated.*
- 3. *Incident Medical Direction during Disasters*
  - a. *Plan development continues to move*

	<p><i>forward. If interested ... join the group.</i></p> <p><i>b. Utah Triage guidelines for pandemic event ... request committee to review/discuss and provide representation on this workgroup.</i></p> <p><i>i. Many plans out there ... desire is to review them all and develop a 'best-practice' document. Will discuss at November meeting.</i></p> <p><i>c. Physicians Order for Life-Sustaining Treatment (POLST)</i></p> <p><i>i. Designed for individual in last stages of life. Doesn't limit treatment like a DNR does.</i></p> <p><i>ii. Can be individually decided on the degree of treatment desired.</i></p> <p><i>iii. Need to have a witness statement added.</i></p> <p><i>iv. The program will require legislative support / guidance.</i></p> <p><i>v. Request committee to endorse this program to strengthen continuity of care. Motion made to support the continued development of the POST program. Passed</i></p> <p><i>4. Promoting Access to Illness-Specific Medications</i></p> <p><i>a. Draft position paper reviewed.</i></p> <p><i>i. Should be left up to the local Medical Director to define the formulary.</i></p> <p><i>ii. Local Medical Directors should work with their community(s) to address the various needs and capabilities and issues.</i></p> <p><i>iii. Position paper passes as presented.</i></p> <p><i>5. Out of Hospital DNR</i></p> <p><i>a. Individual presented a personal story about his father. Identified Living Will information on scene (medic called on-</i></p>	
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	<p><i>call physician) and EMS stopped. Family said “don’t stop!” and tried to attempt resuscitation themselves and were restrained by the EMS providers. This patient’s Living Will did not have DNR and wife had power of attorney. Family contacted local and state agencies to report this. State investigation found the story to be unsubstantiated. Filed a complaint against the physician who gave the Living Will with the Medical Board. They responded they have no jurisdiction on the issues. Nobody has taken responsibility and family will continue for justice. Family recommends erring on the side of continuing resuscitation.</i></p> <ul style="list-style-type: none"> <li><i>i. Family says if initial call to City Manger would have demonstrated accountability and review of the incident, they would have dropped the issue.</i></li> <li><i>ii. Wife state medic should have discussed his plans to stop with her before commanding other crews to stop resuscitation.</i></li> </ul> <ul style="list-style-type: none"> <li><i>b. Committee is striving to make out-of-hospital decisions easier.</i></li> <li><i>c. Bringing these issues forward allows the committee to improve EMS care/processes throughout the State.</i></li> </ul> <p><i>6. Medical Direction for Disaster Shelters</i></p> <ul style="list-style-type: none"> <li><i>a. EMS being placed in the ‘middle’ for patients at shelters who have medication needs and are taking these patients to the ED for medication refills/Rx. If shelter Medical Director, could address the medication issue without tying up the EMS and the ED.</i></li> <li><i>b. Local public health authorities should</i></li> </ul>	
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	<p><i>develop protocols / policies to address the issue.</i></p> <p><i>c. Red Cross shelters are not allowed to stock any medications.</i></p> <p><b>7. Position Statement for a State EMS Medical Director</b></p> <p><i>a. Goes against the 'grain' of the committee's historical philosophy.</i></p> <p><i>b. ACS report recommends a State Med Dir and a Regional Med Dir in each RAC.</i></p> <p><i>c. Position ... Med Dir committee should reaffirm the authority of the local medical director. Recommend a State Med Dir should be an employee with a job description with measurable performance goals. Function as an agencies Med Dir only in emergency periods where local Medical control has been lost.</i></p> <p><i>d. Many of the areas in the State would benefit from a State Medical Director.</i></p> <p><i>e. Just because the ACS recommends it, doesn't make it a good idea (audience applause). Texas historically prides itself on 'local' control. Caution should be taken on this issue.</i></p> <p><i>f. Motion to endorse the concept of a State Medical Director.</i></p> <p><b>8. Review of Committee Charge</b></p> <p><b>EMS Committee</b>  <b>August 19, 2010 (13:00) – Didn't Attend</b></p> <hr/> <p><b>Injury Prevention</b>  <b>August 19, 2010 (14:30) – Didn't Attend</b></p> <hr/> <p><b>Air Medical</b></p>	
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**August 19, 2010 (16:00) – Didn't Attend**

**EMS / Trauma Funding Coalition  
August 17, 2010 (15:00)**

1. Called to order by Jorie at 15;15.
2. Round the room introductions and reason for attending.
3. State Issues Update
  - a. Summary of House Public Safety Hearing on 8.10.10.
    - i. Committee interested in the benefits of the program. All they've heard is negative. Opportunity to tell the positive stories regarding the trauma system were told.
    - ii. Threats identified ... the benefits on the trauma system have not been communicated well.
    - iii. There are some legislators who support health trauma care funding ... state income tax??
    - iv. Last legislator to speak agreed Trauma systems are necessary, but 3588 not the way to fund it ... need to look for alternate funding source.
  - b. Last Coalition conference call identified the Registry as a critical functional component.
  - c. 2003 was year 3588 passed. Why trauma funding successful in 2003? ... perfect storm ... malpractice legislation, diversion, etc. ... healthcare a 'hot' topic.
  - d. None of the other states have developed a funding stream as successful as 3588.
4. Rules of Engagement
  - a. Everyone's voice is equal.
5. Coalition Update

	<ul style="list-style-type: none"> <li>a. Participation ... list of group who have signed up distributed.</li> <li>b. Various “associations” have signed up as coalition members. <ul style="list-style-type: none"> <li>i. THA has offered critical resources.</li> <li>ii. Coalition is currently broad-based and we want to maintain that front.</li> <li>iii. Consider targeting Rehab associations.</li> <li>iv. Consider including Chambers of Comm., Rotaries, etc. Trauma affects all. <ul style="list-style-type: none"> <li>1. Local discussion with editorial boards of newspapers to educate.</li> </ul> </li> </ul> </li> </ul> <p>6. Need to educate yourself on the following ...</p> <ul style="list-style-type: none"> <li>a. How much money each hospital got.</li> <li>b. TETAF tools of information.</li> <li>c. Educate yourself on DPS recommendations.</li> <li>d. Learn your trauma community ... then go and learn RAC level resources. Need to be able to talk on these issues at any time.</li> <li>e. Know what the barriers are.</li> <li>f. Complete the survey monkey out there.</li> <li>g. Know what your physician call pay numbers are.</li> <li>h. Know what your injury prevention spending is.</li> <li>i. Team up with local TV stations to get the messages out.</li> <li>j. Identify 5 people of influence and educate them on the above ... do by November meetings.</li> <li>k. TETAF limited in manpower to get the message out ... need to lean on RACs to accomplish.</li> </ul> <p>7. Open Discussion</p> <ul style="list-style-type: none"> <li>a. What has state done to collect the money? They outsourced it and that agency has the capability to aggressively collect, but have</li> </ul>	
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<p>Increase of Dues</p>	<p>not activated some of these capabilities. Large percentage has not been collected.</p> <ul style="list-style-type: none"> <li>b. Court System and law enforcement are strongly against it ... too labor intensive. <ul style="list-style-type: none"> <li>i. Educate the court systems where the money is going.</li> </ul> </li> <li>c. DPS looking to cut costs ... targeting their public education officers. <ul style="list-style-type: none"> <li>i. Typically driving-related focused ... many more mechanism of injuries.</li> <li>ii. Partner with AARP?</li> </ul> </li> <li>d. The status of the three 'focus' areas from the initial coalition meeting. In various stages of development and on-going activity.</li> <li>e. How can TETAF bring more EMS to the table? Keep TAA and TX Fire Chiefs informed. <ul style="list-style-type: none"> <li>i. Educate them on the collapse of the system (less hospitals) if funding goes away.</li> <li>ii. Provide each RAC EMS subcommittee on the need for funding.</li> </ul> </li> </ul> <p>8. Next conference call 9/21/10 at 14:00.  9. TETAF will announce links to the 2010 uncompensated trauma care distributions, and the recent collection recommendations.  10. Adjourn 16:37</p> <p>Discussed that dues have been \$400.00 for the last 13 years.</p> <p>Questioned asked: Is it time to increase dues?</p> <p>An Ad Hoc Committee (Robin Gage, Norman Prewitt, Kent Klinkerman, Vornetta Compton) will review and come up with a fee structure.</p>	
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