

**Northeast Texas Regional Advisory Council  
General Assembly Committee Meeting Minutes  
April 8, 2010**

**Attendance:** Shae Watson, Blaine Jones, Russell VanBibber, Mike Western, Beckie Cressionnie, Russell Thrasher, Lee House, Ricky Draper, Valerie Tumlinson, Bertha Evans, Keith Kelley, Brenda Stone, Kelley McCauley, Jeff Nichols, Norman Prewitt, Melynda Hutchings, Tim Tennimon, Bryan Naples, Rayna Luensmann, Jason Hinton, Brent Smith, David Witt, Robin Gage, Melinda Krueger, Dr. Nancy Griffin, Sher Fomb, Shernika Young, Kathy Griffis, Patrick Barkley

TOPIC	DISCUSSION	DISPOSITION
Called to Order		
Approval of the following minutes: <i>General Assembly - 1/14/10</i>	Motion made by Norman Prewitt to accept the minutes as presented. Seconded by Robin Gage and supported by all committee members present.	
Treasurer's Report	See Attached Hand-outs: Jan - Feb Financial Statements.  Discussion that Ms. Burnett's signature needs to be on the statements as well as company name.  Motion made by Norman Prewitt to approve the Treasurer's Report. Seconded by Bertha Evans and supported by all committee members present.	
Executive Director's - Financial Report	See Attached Hand-outs: Jan – March Financial Statements from the Executive Director.	

<p>Discussion of changing <i>Committee Meeting times</i></p>	<p>Motion made by Norman Prewitt to approve the Executive Director's Report. Seconded by Bertha Evans and supported by all committee members present.</p> <p>The new meeting structure times will be as follows:          HPG Committees: 8am – 10 am          HPG: 10 am – 11 am          General Assembly Committees: 11 am – 12 Noon          Executive Board: 12 Noon – 1 pm          General Assembly: 1 pm – 2 pm</p> <p>The time changes will take effect in July.</p>	
<p>Executive Directors Report</p>	<p style="text-align: center;"><b>EXECUTIVE DIRECTOR REPORT 3RD Quarter of the FY 2009-2010</b></p> <p><b>Meetings Attended:</b></p> <ul style="list-style-type: none"> <li>➤ <b>1/6/10: WebEOC Committee Meeting – Tyler</b></li> <li>➤ <b>1/11/10: Site/Monitoring Visit - ETMC</b></li> <li>➤ <b>1/12/10: Site/Monitoring Visit – GSMC-Linden &amp; Atlanta Mem.</b></li> <li>➤ <b>1/13/10: Hurex Mid-Term Planning Conference</b></li> </ul>	

	<ul style="list-style-type: none"> <li>➤ <b>1/14/10: HPG/RAC Meetings</b></li> <li>➤ <b>1/19/10: Site/Monitoring Visit – PRMC</b></li> <li>➤ <b>1/20/10: Site/Monitoring Visit – HealthSouth</b></li> <li>➤ <b>1/21/10: Site/Monitoring Visit – St. Michael &amp; WRMC</b></li> <li>➤ <b>1/22/10: Site/Monitoring Visit – TRMC &amp; Hopkins Co. Mem.</b></li> <li>➤ <b>1/26/10: HPP/PHEP Meetings - Austin</b></li> <li>➤ <b>1/28/10: MMA Inventory</b></li> <li>➤ <b>2/3/10: WebEOC Committee Meeting – Tyler</b></li> <li>➤ <b>2/4/10: Medical Reserve Corp Meeting - Paris</b></li> <li>➤ <b>2/11/10: HPG Meeting</b></li> <li>➤ <b>2/15 – 2/18/10: Texas Homeland Security Conference – San Antonio</b></li> <li>➤ <b>2/22/10: Executive Director’s Professional Development Workshop</b></li> <li>➤ <b>2/23 – 2/25/10: GETAC – Austin</b></li> <li>➤ <b>3/2/10: WebEOC Committee Meeting – Tyler</b></li> </ul>	
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<p>HPG:</p> <p>Called to Order</p> <p>Approval of 3/11/10 Minutes</p> <p>TIMS/SNS Presentation</p>	<ul style="list-style-type: none"> <li>➤ <b>3/11/10: HPG &amp; HSWG</b></li> <li>➤ <b>3/16/10: DSHS – Exercise Planning Exercise Conference</b></li> <li>➤ <b>3/18/10: Meeting with CPA</b></li> <li>➤ <b>3/23/10: HPP – Austin</b></li> <li>➤ <b>3/25/10: DSHS – Grant Contractors Meeting – Tyler</b></li> <li>➤ <b>3/30/10: Meeting with Guaranty Bond Bank – Online payroll</b></li> </ul> <p><b>Minutes from these meetings have been e-mailed and passed out during Monthly HPP Meetings.</b></p> <p>Meeting called to order by Mark Mallory at 10:00 am</p> <p>Motion to approve 3/11/10 minutes by Robin Gage. Seconded by Bertha Evans and supported by all members present.</p> <p>Sheryl Gajewsky, DSHS presented our Annual Texas Inventory Management System (TIMS); SNS.</p> <p>When requesting SNS Supplies the proper chain of command for ordering: Hospitals</p>	
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	<ul style="list-style-type: none"> <li>➤ <b>Interoperability Communications</b></li> <li>➤ <b>Mental Health</b></li> <li>➤ <b>Sheltering</b></li> <li>➤ <b>WebEOC Committee</b></li> <li>➤ <b>Responders (Fire/Ems/Law Enforcement)</b></li> <li>➤ <b>MOU'S</b></li> </ul> <p><b>Committee Assignments:</b></p> <ul style="list-style-type: none"> <li>• <b>Review goals/objectives</b></li> <li>• <b>Assignments for next meeting</b></li> <li>• <b>Report Updates</b></li> </ul> <p><b><u>Medical Special Needs Committee</u></b>  <b>Chairperson:</b> Trisha Metrolis  <b>Members:</b> Tangelia Oliver, Brent Smith, Cindy Phelan, Bruce Bushee, Joyce Vanginault, Earnestean Williams, Joe Kelsey, Dawn Sheffield, Scott Reid  <b>Reports:</b> HealthSouth will receive rehabilitation patients that are applicable; BCFS workshop in San Antonio reported that if a pet is identified as a service animal, it has to be allowed in the shelter;  <b>Assignments:</b> follow-up on 4 special needs shelters in Texarkana: Hardy</p>	
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	<p>Memorial on 7<sup>th</sup> street, Christian Care Center, VFW and WRMC; new special needs shelter in Texarkana at HealthSouth, one in Lamar County and one in Hopkins County; new site for non-service animal pets – Tangela and Cindy work on Bowie/Cass area and Joyce work on Hopkins and Lamar County</p> <p><b><u>Health/Medical Committee</u></b>  <b>Chairperson:</b> Lee House  <b>Members:</b> Bertha Evans, Mark Smith, Shae Watson, Jesse Buchanan, Connie Stauter, Beckie Cressionnie  <b>Reports:</b> identified where to get a list of local health departments and obtained it  <b>Assignments:</b> contact persons at each health department to see what is already in place and contact David Leary to see what is already in place at DSHS. Also look into the private sector health providers</p> <p><b><u>WebEOC Committee</u></b>  <b>Chairperson:</b> Mark Mallory  <b>Members:</b> Bill Moss, Victor Wells, Russell Thrasher, Ryan Durham, Eric Hill  <b>Reports:</b> added twitter push to WebEOC, built school and business</p>	
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	<p>closure board, WebEOC server redundancy project completed, held WebEOC workshop in Tyler and trained approximately 250 people, now have a functioning IAP wizard in WebEOC</p> <p><b>Assignments:</b> encourage broader use of WebEOC, continue with DT Tuesday</p> <p><b><u>Sheltering Committee:</u></b>  <b>Chairperson:</b> Dave Hall  <b>Members:</b> Kathy Reynolds, Cindy White, Robert Stidham, Dennis Martin, Jay Sanders, Jason Ricketson  <b>Reports:</b> the only shelter management course is through Red Cross, Dave Hall elected as new chairman since Scoggie passed away  <b>Assignments:</b> get a list of shelters from the Red Cross; work on gathering information on churches and independent shelters</p> <p><b><u>Interoperability Committee</u></b>  <b>Chairperson:</b> Larry McRae  <b>Members:</b> Gerry Allen, Steve Caudle, Doyce Winchester, David Abernathy, Micheal Gilley  <b>Reports:</b> see interoperability work group attachments dated 3-11-10  <b>Assignments:</b> convince COG to allow</p>	
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	<p>purchase of non-P25 purchases, suggest that COG require local jurisdictions to contact all first responder organizations to determine communications needs and document it</p> <p><b><u>MOU Committee</u></b>  <b>Chairperson:</b> Keith Kelley  <b>Members:</b> Mary Beth Rudel, Norman Prewitt, Ronnie Bass, Brian Hendrix, Robin Betts, Alan Pruitt, Lee McNeely, Ricky Draper, Jim Jones  <b>Reports:</b> still no MOU for refrigerated truck , and no contact for railroad involvement in regional drills and exercises  <b>Assignments:</b> identify existing MOU's with various groups and organizations and draft agreements for the health and medical committee to utilize with local and regional health departments</p> <p><b><u>Responders Committee</u></b>  <b>Chairperson:</b> Eric Pearson  <b>Members:</b> Kevin Jenkins, Tim Tennimon, Travis Rhodes, Doug Stanley, Ricky Draper, Judge Jennings, Kent Klinkerman, Wayne Dial, Tim Tennimon, <b>Bruce Bushee</b>  <b>Reports:</b> available members today already have WebEOC access</p>	
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**Assignments:** remind all entities to keep UHF radios up-to-date with state list of interoperable channels, plan practice days for units to locate and communicate on all state channels, and need ICS training region to refresh on NIMS

**Mental Health Committee**

**Chairperson:** Robin Gage

**Members:** Scott Cass, Barbara Seiser, Ronnie Grooms, Bob Hundley, Randy Tuttle, Karen Richard

**Reports:** none

**Assignments:** need more participation from other people and need to have Red Cross and Lakes Regional attend meetings

**III. National Weather Services Presentation**

- a. Presented by Mark Fox - [Mark.Fox@noaa.gov](mailto:Mark.Fox@noaa.gov)

**IV. WebEOC User Workshop Report**

- a. Trained approximately 250 people
- b. Very successful
- c. Also learned a few things to improve upon
- d. Not sure what the future

<p>MMA Committee</p>	<p><b>holds for another workshop next year</b></p> <p><b>V. Announcements</b></p> <ul style="list-style-type: none"> <li><b>a. HURREX Rehearsal of Concepts Drill – College Station, April 13<sup>th</sup>-15<sup>th</sup></b></li> <li><b>b. HURREX (now being called CATPRO) – in region, May 11<sup>th</sup> -13<sup>th</sup></b></li> <li><b>c. 3<sup>rd</sup> Quarterly Meeting – June 10, 2010 at 12:00 PM</b></li> </ul> <p><b>MOBILE MEDICAL ASSETS COMMITTEE Meeting 4/8/2010</b></p> <p>Attendees:</p> <ul style="list-style-type: none"> <li>Shae Watson</li> <li>Robin Gage</li> <li>Lee House</li> <li>Bertha Evans</li> <li>Victor Wells</li> <li>Jeff Nichols</li> <li>Beckie Cressionnie</li> <li>Norman Prewitt</li> <li>Keith Kelley</li> </ul> <p>Approval of 11/12/09 Minutes:  Motion to accept minutes are written was made by Lee House, seconded by Beckie Cressionnie and supported by all members present.</p>	
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	<p><b>Discussion Items:</b></p> <ul style="list-style-type: none"> <li>➤ Policies &amp; Procedures: <ul style="list-style-type: none"> <li>▪ Robin will bring a draft of TRMC's Patient Care Nursing P&amp;P. The following is a list of P&amp;P that the MMA will need to have: <ul style="list-style-type: none"> <li>○ Hazardous Waste Disposal</li> <li>○ Infection Control</li> <li>○ Intravenous Therapy, Mgt of</li> <li>○ Huber Needle</li> <li>○ Abbreviations, Do Not Use</li> <li>○ Admission/D/C/Transfer Policies</li> <li>○ AMA</li> <li>○ Allergy Bracelet</li> <li>○ Glucose Monitoring</li> <li>○ Code Blue</li> <li>○ Communication Hand-off</li> <li>○ Dressing Change</li> <li>○ Pt. And Family Education</li> <li>○ Pt. Flow Plan</li> <li>○ Pt. ID</li> <li>○ Pronouncing of Death by RN</li> <li>○ Physicians Orders</li> <li>○ Organ Procurement, Justice of the Peace</li> <li>○ Organ Tissue Donation</li> <li>○ Skin/Wound Protocol</li> <li>○ Specimen Collection &amp; Transport</li> <li>○ Universal Protocol</li> <li>○ Urine Specimen Collection</li> <li>○ Venous Access, Peripheral</li> <li>○ Vital Signs</li> </ul> </li> </ul> </li> <li>➤ Paper Form of Facilities Electronic Copies of ER Forms/Trauma Flow Sheet: <ul style="list-style-type: none"> <li>○ Each facility has been asked to</li> </ul> </li> </ul>	
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<p>COMMUNICATIONS COMMITTEE</p>	<p>submit a Paper Form of their electronic copy of an ER Form or Trauma Flow Sheet if they have developed one.</p> <ul style="list-style-type: none"> <li>➤ We began looking at the Lay-Out of the MMA Tentage to determine where we would set-up supplies and equipment. We will complete this task at the next meeting.</li> <li>➤ The committee will also set a date to input all the supplies and equipment into the UPC Scanner.</li> </ul> <p><b>COMMUNICATIONS COMMITTEE</b> <b>Meeting 4/8/2010</b></p> <p>Attendees:</p> <ul style="list-style-type: none"> <li>Shae Watson</li> <li>MaryBeth Rudel</li> <li>Keith Kelley</li> <li>Bill Moss</li> <li>Russell Thrasher</li> <li>Russell VanBibber</li> <li>Lee House</li> <li>Robin Gage</li> <li>Victor Wells</li> <li>Beckie Cressionnie</li> <li>Bertha Evans</li> <li>Mike Sweat</li> <li>Norman Prewitt</li> </ul> <p>Approval of 1/14/10 Minutes: Motion to accept minutes are written was made by</p>	
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	<p>Robin Gage, seconded by Mike Sweat and supported by all members present.</p> <p>Discussion Items:</p> <ul style="list-style-type: none"> <li>➤ Satellite Phones: <ul style="list-style-type: none"> <li>❖ The last of the 3Sat Phones have been ordered.</li> <li>❖ We will begin monthly testing of the Sat Phones during the Disaster Training</li> </ul> </li>   <li>➤ WebEOC Update: <ul style="list-style-type: none"> <li>❖ Disaster Training Tuesday – 4/7/10: <ul style="list-style-type: none"> <li>✓ 28 people participated</li> </ul> </li>   <li>❖ NetWeb Project Update: <ul style="list-style-type: none"> <li>✓ Creation of positions with specific rights and privileges: <ul style="list-style-type: none"> <li>➤ 4 Administrators with full rights: Victor Wells (Team Lead); Russell Thrasher; Bill Moss; Ryan Durham</li> <li>➤ 4 Administrators with limited privileges: Mary Beth Rudel; Shae Watson; Russell VanBibber; Mark Mallory <ul style="list-style-type: none"> <li>▪ These Administrators will aid the 4 Main Administrators during the time of an event</li> </ul> </li> </ul> </li> </ul> </li>   <li>✓ Monthly Work Group Meetings: <ul style="list-style-type: none"> <li>➤ These meetings will be</li> </ul> </li> </ul> </li></ul>	
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	<p>conducted monthly, a couple of days prior to Disaster Training Tuesday's</p> <ul style="list-style-type: none"> <li>➤ Purpose: Admins to discuss and plan items to be taught during Disaster Training Tuesdays</li> </ul> <p>✓ New WebEOC Lay-out:</p> <ul style="list-style-type: none"> <li>➤ Victor has rebuilt the WebEOC screen to it list menu's and boards</li> <li>➤ The boards are listed under the menu choices that it best relates to and is associated with. This concept is based on the ICS Structure</li> </ul> <p>✓ Training Opportunities:</p> <ul style="list-style-type: none"> <li>➤ Committee decided that Conference Calls would be more effective than going into the community.</li> <li>➤ Present the concept and give information about WebEOC during 30 minute presentations either before or after the COG Executive Board Meetings</li> <li>➤ Beginning targeting Emergency Managers first, then incorporate Fire and Law Enforcement</li> </ul>	
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	<ul style="list-style-type: none"> <li>➤ Suggestion: the 2<sup>nd</sup> Monday of each month we have Emergency Managers Monday to train our EM's</li> <li>❖ COG Funding: <ul style="list-style-type: none"> <li>✓ Budget: \$27,000 - \$43,000.00 <ul style="list-style-type: none"> <li>➤ 2 – Servers @ \$8,000.00</li> <li>➤ SAN or NAZ – Back-up Device Solution @ \$10,000.00</li> <li>➤ Pipes</li> <li>➤ Switch - @ \$2,600.00</li> </ul> </li> <li>✓ Budget: \$25,000.00 <ul style="list-style-type: none"> <li>➤ Build a training website that would include: <ul style="list-style-type: none"> <li>▪ Training Documents</li> <li>▪ Training Videos</li> <li>▪ Training Manuals</li> </ul> </li> <li>➤ Possible domain name: trainwebeoctexas.info</li> <li>➤ FaceBook Page - create</li> </ul> </li> </ul> </li> <li>➤ Server Location: <ul style="list-style-type: none"> <li>❖ Suggestion: <ul style="list-style-type: none"> <li>✚ Move the Primary servers back to Paris, for easier access – Russell lives only 3 miles from the location where the servers would be housed.</li> <li>✚ Leave the back-up servers in Texarkana at the COG</li> </ul> </li> </ul> </li> </ul>	
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<p>SYMPOSIUM COMMITTEE</p>	<ul style="list-style-type: none"> <li>❖ WebEOC Administrators will come up with a name for those who need Admin rights to work in the NETMOC and those with IT experience within the IC Position</li> <li>❖ These are people who need Admin rights to reset passwords/unlock people – should be spread-out region wide</li> </ul> <p>➤ COG Key/Equip Access:</p> <ul style="list-style-type: none"> <li>○ We will need to schedule a meeting at the COG to be issued keys for access to get to the servers, if ever needed.</li> </ul> <p style="text-align: center;"><b>SYMPOSIUM COMMITTEE</b> <b>Meeting 4/8/10</b></p> <p>Attendees:</p> <ul style="list-style-type: none"> <li>Shae Watson</li> <li>Victor Wells</li> <li>Robin Gage</li> <li>Beckie Cressionnie</li> <li>Bertha Evans</li> <li>Lee House</li> <li>Keith Kelley</li> <li>Russell Thrasher</li> </ul>	
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	<p>Blaine Jones  Jeff Nichols  Kelley McCauley</p> <p>Call to order at: 11:35 am</p> <p>Approval of 3/11/10 Minutes:  Motion to accept minutes are written was made by Robin Gage, seconded by Bertha Evans and supported by all members present.</p> <p>Discussion Items:</p> <ul style="list-style-type: none"> <li>➤ Committee Chair Reports: <ul style="list-style-type: none"> <li>▪ Speakers/Vendor/Sponsors – Shae: <ul style="list-style-type: none"> <li>▪ Confirmed Speakers to-date are: Dr. Jeff Huffman (Morning Keynote Speaker); Helen Minor (Geriatrics); Dinah Welsh (TETAF – Legislation).</li> <li>▪ The following proposed speakers are awaiting confirmation: Kim Bassinger (Forensics); Dr. Algiers (Afternoon Key Note Speaker – Burns);</li> <li>▪ Vendor/Sponsorship Letters have been mailed</li> <li>▪ Victor will build a Sponsor Tracking Board in WebEOC – to be updated as speakers confirm.</li> </ul> </li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"><li>▪ Credentialing – Russell V.<ul style="list-style-type: none"><li>▪ EMS – CE’s have been secured</li><li>▪ Nursing CEU’s – working on this project with PJC</li><li>▪ CME’s – working with Dinah Welsh of TETAF</li></ul></li> <li>▪ Brochures/Programs – Keith K.<ul style="list-style-type: none"><li>▪ Brochures will be completed as soon as speakers are secured, in the meantime a draft without the speaker info will be put on the website.</li><li>▪ The committee chose Sample #4 for the Save the Date Card with a font change</li></ul></li> <li>▪ Advertising/Marketing – Bertha &amp; Beckie<ul style="list-style-type: none"><li>▪ The committee decided that the following agencies/companies need to be notified:<ul style="list-style-type: none"><li>• Cable Companies: Sudden Link; Cable One; East Texas Broadcasting</li><li>• Newspapers: Texarkana Gazette; Mt.</li></ul></li></ul></li></ul>	
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	<p>Pleasant; Sulphur Springs; Paris</p> <ul style="list-style-type: none"> <li>● Hospital Boards</li> <li>● Radio</li> <li>● Colleges</li> </ul> <ul style="list-style-type: none"> <li>▪ Audio/Sound – Russell T.</li> <li>▪ Hospitality – Robin Gage <ul style="list-style-type: none"> <li>▪ Food will be served instead of participants helping themselves</li> <li>▪ Table/Decorations: will pick-up Red, White, &amp; Blue items around the 4<sup>th</sup> of July.</li> <li>▪ Goody Bags – each entity will be asked to bring items to put in the bags</li> <li>▪ Photographer – we will ask Gaye from TRMC to come and take pictures of the event</li> </ul> </li> </ul> <p>➤ Each chair asked to get members and form these committees to help with the symposium</p> <p>➤ Symposium Outline: Beginning Sketch</p> <ul style="list-style-type: none"> <li>▪ Morning session: Disaster Preparedness</li> <li>▪ Afternoon session: Trauma and Acute Care</li> </ul>	
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	<ul style="list-style-type: none"> <li>▪ Registration - 7:30 – 8:30</li> <li>▪ Welcome – Housekeeping - 8:30 – 9:00</li> <li>▪ Keynote Speaker – Dr. Huffman 9:00 – 11:00</li> <li>▪ Break - 10:00 - 10:20</li> <li>▪ WebEOC - 10:20 – 10:50</li> <li>▪ CanHelp 211 - 11:00 – 11:30</li> <li>▪ National Weather Services - 11:30 – 12:00</li> <li>▪ Lunch</li> <li>▪ Troo the Traumaroo will make two appearances (10:00 – 10:20 Break and after lunch</li> <li>➤ Committee will continue to look for speakers for the afternoon sessions – to focus on Trauma – Acute Care</li> <li>➤ Location: has been secured – Titus County Civic Center -We will use and have the same infrastructural set-up/lay-out as last years</li> <li>➤ Confirmed Speakers: <ul style="list-style-type: none"> <li>▪ Mark Fox – National Weather Service – 30 minutes – morning session <ul style="list-style-type: none"> <li>▪ (817) – 831-1574 (office)</li> <li>▪ (682)- 429-7874 (cell)</li> </ul> </li> <li>▪ Dawn Sheffield – CanHelp211 – 30 minutes – morning session</li> <li>▪ Dr. Huffman – Hopkins Co – Keynote speaker – 1 hour –</li> </ul> </li> </ul>	
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	<p>morning session</p> <ul style="list-style-type: none"> <li>▪ WebEOC Presentation – morning session</li>   <li>▪ Possible afternoon Speakers for Trauma and Acute Care <ul style="list-style-type: none"> <li>▪ Kim Bassinger – Domestic Violence</li> <li>▪ Geriatric Preparedness – Helen Minor</li> <li>▪ Dr. Mark Anderson, Medical Director for Champion – Keynote Speaker – 1 hour – afternoon session</li> <li>▪ Dr. Angiers</li> </ul> </li> </ul> <p>➤ Credentialing:</p> <ul style="list-style-type: none"> <li>○ CE’s (EMS) – Russell V.</li> <li>○ CEU’s (Nurses)</li> <li>○ CME’s (Physicians)</li> </ul> <p>➤ EMS/AeroMedical:</p> <ul style="list-style-type: none"> <li>○ Get EMS and AeroMedical to bring units</li> <li>○ Ask Chief McRae to bring the Mt. Pleasant Mobile Command Unit</li> </ul> <p>➤ Hospital/EMS:</p> <ul style="list-style-type: none"> <li>○ Asked to bring their entities Display Board</li> </ul> <p>Meeting adjourned at 11:18</p>	
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<p>Critical RF Update</p>	<p>Victor Wells has gotten in touch with a Critical RF contact for the software licenses, BlackBerry application for I-Phone Provisions.</p>	
<p>Medical Task Force Presentation - Victor Wells</p>	<p>Texas Regional Emergency Medical Task Force:  Consist of 5 Teams:  25 - Ambulances  5 - Ambulance Strike Teams  25 - RN's  5 - RN Strike Teams  1 - MMA (25 - 30 - Beds)  2 - AM Buses</p> <p>Team will deployed for 72 hours</p> <p>Team members must have taken the following courses:  ICS 100, 200, 300, 400, AHIMT Certs, EMS/ER/IMT management experience</p>	
<p>Training &amp; Exercise Plan</p>	<p>NETRAC FUNCTIONAL EXERCISE INFORMATION</p> <ul style="list-style-type: none"> <li>➤ RAC will need to decide for each year what we want to do as far as Drills/Exercises are concerned: Tabletop; Functional; Full-Scale</li> </ul>	

	<ul style="list-style-type: none"> <li>○ We will participate in Annual State Hurricane Drills/Exercises</li> <li>○ FY 10-11 – Tabletop</li> <li>○ FY 11-12 – Functional Drill (command &amp; control)</li> </ul> <p>Regional drill to capture the NETRAC Regional top 4 HVA's</p> <ol style="list-style-type: none"> <li>1. Severe Weather: Tornados</li> <li>2. Severe Weather: Flash Floods</li> <li>3. Power Outages</li> <li>4. Accident (transportation) on I-30</li> </ol> <p>Regional drill will initially test the following: MOU's between regional Hospitals/EMS and Response Partners</p> <p>Communications Systems: WebEOC EMSystems Interoperable Communications i.e. Radios</p> <p style="text-align: center;"><b>EXERCISE PLANNING CONFERENCE NOTES</b></p> <p>Suggested Meetings:</p> <ul style="list-style-type: none"> <li>➤ Concept and Objectives Meeting</li> <li>➤ Initial Planning Conference (Scenario Development Workshop)</li> <li>➤ Mid Planning Conference</li> <li>➤ Final Planning Conference</li> </ul> <p>Items to Address in these meetings:</p> <ul style="list-style-type: none"> <li>➤ Objectives for the Exercise</li> </ul>	
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	<ul style="list-style-type: none"> <li>➤ Missions to be tested during the Exercise (Prevent, Protect, Response, Recovery)</li> <li>➤ Target Capabilities (OASPR Level I, II, Overarching + any other RAC needs)</li> <li>➤ Participants/Partners that should be asked to participate</li> <li>➤ Exercise Scenario</li> <li>➤ Exercise Activities</li> <li>➤ Outline lay-out: <ul style="list-style-type: none"> <li>○ Capability <ul style="list-style-type: none"> <li>➤ Objective (How to meet this capability) – should be linked to the capability</li> <li>➤ Activities (Describe the activity used to demonstrate the capability) – should also be linked to the capability</li> </ul> </li> </ul> </li> </ul> <p>Submitting Notification of Exercise/Event:</p> <ul style="list-style-type: none"> <li>➤ Must be submitted to DSHS 60 days prior to Exercise</li> </ul> <p>TEEX: Must submit notification asking for them to run the exercise, if you use State funds, if they can't do the exercise, a waiver will be given, so that you</p>	
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	<p>can find another sponsor.  DSHS Exercise Team:  ➤ DSHS Exercise Team can help with the entire planning of your exercise, if notified.</p> <p style="text-align: center;">NETRAC – EXERCISE  CONCEPT &amp; OBJECTIVES MEETING</p> <p>Objectives for the Exercise:  ➤ Conduct a regional exercise using the National Incident Management Systems (NIMS), that will address and test OASPR Level I and II Sub-capabilities and Overarching Capabilities:  1. Exercise MOU’s between regional Hospitals/EMS Agencies and Response Partners.</p> <p>Level I Sub-Capabilities:  Interoperable Communications:    Test the interoperable communications systems, ability to communicate with key partners using the following systems:</p> <p>WebEOC  EMSystems  Critical RF  Satellite Phones</p>	
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	<p>GETS Cards</p> <p>Radio's</p> <p>Activating the NETMOC</p> <p>Tracking of Bed Availability by testing: EMSsystems</p> <p>Testing the Emergency Systems for the Advanced Registration of Volunteer Health Professionals (ESAR-VIP)</p> <p>Fatality Management</p> <p>Medical Evacuation/Shelter in Place</p> <p>Partnership/Coalition Development:</p> <p>Ask Regional Response Partners from the HSWG to participate in the exercise and give feedback/input of what they need to add to the exercise in order to meet their grant requirements.</p> <p>Level II Sub-capabilities:</p> <p>Alternate Care Sites:</p> <p>Possibly set-up an ACS off site</p> <p>Mobile Medical Asset:</p> <p>Set-up the MMA – demonstrate the use of supplies and equipment</p>	
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<p>ID Tags Purchase, Policy for Use</p> <p>Upcoming Events</p> <p>Meeting Adjourned</p>	<p>PPE:</p> <p>Demonstrate the use of PPE</p> <p>Decontamination Equipment:</p> <p>Demonstrate the use of Decontamination Equipment</p> <p>Medical Reserve Corps:</p> <p>Use the Medical Reserve Corps in conjunction with ESAR-VIP piece</p> <p>Critical Infrastructure Protection (CIP)</p> <p>*** We also need to address the Special Needs Population ***</p> <p>Each Hospital/EMS Representative needs to have a Name Badge for identifications for State Meetings, as well as entrance to the NETMOC.</p> <p>We need to explore on-line services vs contracting with a company.</p> <p>ROC Drill - April 13-15  WebEOC Annual Conference - May 17-21  TRMC - TableTop - June 1<sup>st</sup>  Exercise - June 3<sup>rd</sup></p> <p>Motion to adjourn - Keith Kelley</p>	
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<p>GETAC</p>	<p>2<sup>nd</sup> by - Norman Prewitt</p> <p>11:25 am</p> <p><b>GETAC Main Meeting</b></p> <hr/> <p>February 26, 2010 (09:00)</p> <ol style="list-style-type: none"> <li>1. Called to order 09:05 by Pete Wolfe.</li> <li>2. Vance Riley (Victoria Fire Dept.) introduced as new Chair for the committee.</li> <li>3. November 2009 minutes approved.</li> <li>4. Two new council members ... Dickerson (general public) &amp; Phillips (EMS Med Dir)</li> <li>5. Chair Report       <ol style="list-style-type: none"> <li>a. Introduced himself. Supportive of the GETAC process.</li> </ol> </li> <li>6. Assistant Commissioner Report (Kathy Perkins)       <ol style="list-style-type: none"> <li>a. Budget ... hiring freeze in effect. All hirings but be OK'ed at the administrative level. Unknown duration ... through the legislative session??? Most administrative type positions will not be hired at this time. Department will be monitoring changes in various timelines to assess the impact of low-level staffing. Agencies are asked to submit applications early.           <ol style="list-style-type: none"> <li>i. All state agencies ordered to cut 5% from general operations (\$2.1B). Final decisions have not yet been made. State deficit expected to be \$20-30B ... may just be the 1<sup>st</sup> round of budget cuts!!!</li> <li>ii. Some lower risk inspection services will likely be eliminated ... no Trauma/EMS related.</li> <li>iii. Much of the exceptional item money has been offered for forfeit.</li> <li>iv. Some new programs are not going to be implemented.</li> <li>v. Proposed to reduce the 3588 funds by \$5M / year. Lesser of the evils for cuts in Regulatory Services.</li> <li>vi. Hearing a few day ago ... rumor that</li> </ol> </li> </ol> </li> </ol>	
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	<p>comment made needing Level I in mid-size urban areas (Laredo, Midland, etc.) ... Kathy will chase this down. May need some education on the value of Level III's.</p> <ul style="list-style-type: none"> <li>b. EMS / Trauma Systems Report (Jane Guerrero) <ul style="list-style-type: none"> <li>i. 251 ... 16 level I, 8 level II, 45 level III, 182 level IV</li> <li>ii. Stroke Designation program underway ... 25 designated / 15 pursuing. <ul style="list-style-type: none"> <li>1. Working with TETAF on support stroke center survey process ... near approval.</li> </ul> </li> <li>iii. Two open positions for Designation Coordinators ... hiring freeze! Asked TETAF for some help.</li> <li>iv. ACS Consultation Survey <ul style="list-style-type: none"> <li>1. Contract finalized. Scheduled for the May 18-21 (GETAC week). Will send 9 surveyors.</li> <li>2. All GETAC Council members need to be in Austin on the 18th at 5pm.</li> </ul> </li> </ul> </li> </ul> <p>7. EMS / Trauma Registry Report (Dr. Valedéz)</p> <ul style="list-style-type: none"> <li>a. Response to H1N1 and flu season has been very successful.</li> <li>b. Budget ... not very much impact related to Trauma &amp; EMS in Division of Prevention and Preparedness.</li> <li>c. Trauma Registry development remains #1 priority. <ul style="list-style-type: none"> <li>i. Thanks all those on the Registry Solutions workgroup.</li> <li>ii. Selection criteria will represent the "best value" for the State.</li> <li>iii. Hope to have a vendor on board by August 2010. Registry implementation by January 2012.</li> </ul> </li> </ul> <p>8. Air Medical – see notes</p> <ul style="list-style-type: none"> <li>a. Reviewing rotor wing and fixed wing provider licensure rules. Hope to present to GETAC in August 2010.</li> </ul> <p>9. Cardiac – see notes</p> <ul style="list-style-type: none"> <li>a. Discussed all 22 RACs having a cardiac care committee. Need for regional plan development and collection of data.</li> <li>b. Discussed the funding needed to start the cardiac</li> </ul>	
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	<p>systems of care.</p> <ul style="list-style-type: none"> <li>c. Want to encourage all ALS ambulances to move toward 12-lead capabilities. <ul style="list-style-type: none"> <li>i. Need to add training requirements with this initiative.</li> <li>ii. Very expensive proposal ...</li> </ul> </li> </ul> <p>10. Disaster – see notes</p> <ul style="list-style-type: none"> <li>a. Two meetings this week.</li> <li>b. Regional Medical Directors MOA process well underway. Accomplished very quickly. Beverly Ray thanked.</li> <li>c. GETAC Pediatric and CHAT groups thanked for their input on pediatric issues / needs.</li> <li>d. AMB-BUS project near completion.</li> <li>e. Working with TAAMS to produce a guiding document on air medical evacuations.</li> <li>f. Have an Oxygen work group addressing oxygen supply issues ... ambulance unit supply; field hospitals; home health O2 dependant patients. Will be working with major O2 suppliers. Hope to have a plan by June 2010.</li> <li>g. Established a multi-RAC disaster event scenario work group.</li> <li>h.</li> </ul> <p><b>GETAC Main Meeting</b></p> <hr/> <p>February 26, 2010 (09:00)</p> <ul style="list-style-type: none"> <li>11. Called to order 09:05 by Pete Wolfe.</li> <li>12. Vance Riley (Victoria Fire Dept.) introduced as new Chair for the committee.</li> <li>13. November 2009 minutes approved.</li> <li>14. Two new council members ... Dickerson (general public) &amp; Phillips (EMS Med Dir)</li> <li>15. Chair Report <ul style="list-style-type: none"> <li>a. Introduced himself. Supportive of the GETAC process.</li> </ul> </li> <li>16. Assistant Commissioner Report (Kathy Perkins) <ul style="list-style-type: none"> <li>a. Budget ... hiring freeze in effect. All hirings but be OK'ed at the administrative level. Unknown duration ... through the legislative session??? Most administrative type positions will not be hired at this time. Department will be monitoring changes in various timelines to assess the impact of low-level</li> </ul> </li> </ul>	
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	<p>Transportation plans.</p> <p>21. Trauma – see notes</p> <ul style="list-style-type: none"> <li>a. Discussed the ACS consultation survey to Texas ... concern that Trauma providers not involved in the PRQ process. <ul style="list-style-type: none"> <li>i. Schedule of the persons to review has not been solidified yet ... plan to let some review.</li> <li>ii. Meeting schedules will be published in the next 30 days.</li> </ul> </li> <li>b. Discussed the attack on the Drivers Responsibility program ... many articles in the Dallas Morning news. Committee is asking GETAC to request that TETAF work with stakeholders to combat the attack on this law/rule.</li> <li>c. Discussed opportunity to look at establishing a Trauma System Performance Improvement group.</li> <li>d. Discussed Free Standing ERs ... Committee is asking GETAC to require that these facilities participate in the RAC and that regional transport protocols be established.</li> </ul> <p>22. TETAF (Dinah Welch)</p> <ul style="list-style-type: none"> <li>a. Have been monitoring and responding to the proposed state budget cuts. Will keep all posted on developments.</li> <li>b. EMS / Trauma Leadership Summit ... May 7<sup>th</sup> at Dell Children’s Hospital. Goal is to get trauma and EMS leadership with jurisdictional and legislative representative.</li> <li>c. Continue to do Trauma surveys and creating process to do Stroke surveys.</li> <li>d. Currently have survey out to EMS regarding CCMP. Assessing provider interest to base need for establishing a survey process.</li> <li>e. Continue to work individually and with DSHS on a State EMS / Trauma Registry.</li> <li>f. Several educational opportunities in the works / planned. <ul style="list-style-type: none"> <li>i. Registry Summit</li> </ul> </li> <li>g. Monthly conference calls continue ... 1<sup>st</sup> Wednesday at 10am.</li> </ul> <p>23. Preparedness Coordination Council – no report</p> <p>24. DISCUSSION AND POSSIBLE ACTION ITEMS</p> <ul style="list-style-type: none"> <li>a. Open Rules review process ... perpetually updated</li> </ul>	
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	<p>and for review on the web site. Batches of rules will be presented during each GETAC quarterly meeting week.</p> <ul style="list-style-type: none"> <li>b. GETAC <b>2011</b> Meeting Dates – need to establish contracts soon. Conflicts? All in Austin. <ul style="list-style-type: none"> <li>i. 2/23-25; 5/11-14; 8/17-19; 11/18-23</li> </ul> </li> <li>c. Review of DSHS Ambulance Utilization Plan 2009 Draft – presented in November without the document. Need to OK. This is a fluid document and is posted on the web site.</li> <li>d. Letter of clarification of the eight criminal items listed under the criminal background rule. <ul style="list-style-type: none"> <li>i. Intent of the Department is to keep these individuals out of EMS.</li> <li>ii. Legal says (for those entering the EMS field) if crime committed after 9/1/09 ... not allowed to enter EMS. If committed before 9/1/09 ... will have DSHS review to enter EMS. If already certified, you are essentially grandfathered to remain in EMS. If additional crime, then previous background can be used in DSHS decision making. <ul style="list-style-type: none"> <li>1. Pre-screening should be performed. Local acceptance standards may be stronger than State standards.</li> <li>2. DSHS office is limited in their current ability to perform pre-screening for new applicants. Instruct them to call the DSHS office.</li> <li>3. There is an appeals process for hearing if denied to enter the field.</li> </ul> </li> </ul> </li> <li>e. Several agencies provided certificates and recognition for their response to the Fort Hood incident.</li> <li>f. Open Meetings Training Required. Certificates to Jane Guerrero office. Re-appointments do not have to re-review.</li> </ul> <p>25. Public Comment</p> <ul style="list-style-type: none"> <li>a. Dudley – crime date = effective date</li> <li>b. Dudley – 12 lead on all ambulances ... admirable, but costly. Need to help facilities locate funds. Should include all ambulances ... ground and air.</li> <li>c. Craig Daniel – RAC cardiac care committee ... need</li> </ul>	
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	<p>language to allow for committee structure to address</p> <p>d. Dr. Eastridge – Expresses sincere thanks for support during the Fort Hood tragedy.</p> <p>26. ACTION ITEMS</p> <p>a. All RACs develop a cardiac care committee who ID STEMI centers in the regions, establish transport guidelines, establish minimum data set for hospitals to report, and encourage all ALS ambulances to obtain 12-lead capability.</p> <p>i. Discussed several concerns regarding 12-lead.</p> <p>ii. Fernandez ... Generally the area that could have the greatest impact with 12-lead (rural) is the area without the financial resources to obtain this capability. If funds become available ... this concept should guide the triage distribution of the funds.</p> <p>Passed</p> <p>b. Approve DSHS Ambulance Utilization Plan ... passed.</p> <p>i. Needs to be a “place” for the most up-to-date versions of this plan.</p> <p>c. Ask DSHS to survey the RAC regarding their Stroke Transportation Plan ... passed.</p> <p>d. Support workgroup to combat the attack on the Drivers Responsibility Program ... passed</p> <p>e. The free-standing ER rules will likely require them to participate in the RAC.</p> <p>i. DSHS estimates there will 20-50 of these in the state.</p> <p>ii. Initial provider to have to participate in the RAC as a condition for licensure???</p> <p>f. GETAC meeting dates for 2011 ... passed.</p> <p>g. Rules 157.1 – 157.5 ... direct DSHS to start the process to readopt these five rules.</p> <p>27. Other</p> <p>a. As the DSHS EMS / Trauma Registry activities develop ... now feeling is that a constituency group needs to be created to participate and monitor the development from this point forward. Establish GETAC committee? Subcommittee? Workgroup? DSHS recommends a subcommittee under one of</p>	
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	<p>the GETAC committees. Also the option of creating a Task Force (direct charge and time limited). Will add this topic to May agenda.</p> <p>28. General Public Comment</p> <ul style="list-style-type: none"> <li>a. Sign up for EMS-C newsletter on registration table.</li> <li>b. Psychiatric Medical Screening ... Attorney General ruling saying that psych patient does not have to have a medical screening exam before the psych evaluation.</li> <li>c. Poison Control Centers should have a greater participation role in GETAC. <ul style="list-style-type: none"> <li>i. Dr. Valedes report historical relationship with PC centers and is eager to continue the relationship.</li> </ul> </li> <li>d. CDC Trauma Field Triage Criteria ...???</li> </ul> <p>29. Adjourn at 12:00</p> <p><b>RAC Chairs</b></p> <hr/> <p>February 24, 2010 (17:30)</p> <ul style="list-style-type: none"> <li>1. Called to order by Emily at 17:40.</li> <li>2. Mandatory Application Date for RACs (Secretary of State) <ul style="list-style-type: none"> <li>a. All non-profits are now governed by the Business Organizations Code (avail. Online)</li> <li>b. Corporations are governed under Title 2. Specific provisions rule over general provisions.</li> <li>c. Check with legal to see if Articles of Incorp comply with new Code.</li> <li>d. Required Filings <ul style="list-style-type: none"> <li>i. Periodic Reports ... once every 4 years "upon request". Sent to Registered Agent</li> <li>ii. When Registered Office or Address changes.</li> </ul> </li> <li>e. A Registered Agent must consent in writing beginning 1/1/10.</li> <li>f. <a href="http://www.sos.state.tx.us">www.sos.state.tx.us</a></li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>g. Legal questions can be answered ... FAQ page, etc.</li> </ul> <p>3. EMSC Update (Tony Gilcrest)</p> <ul style="list-style-type: none"> <li>a. Hermann doing a Pediatric Trauma Symposium in April.</li> <li>b. Requesting agencies to send in their protocols to share with others.</li> <li>c. What kinds of continuing education do the RACs need? Most RACs welcome that offer.</li> <li>d. Developing a training program of care of children with special needs. Initial plan is to offer four of these cases around the state, then more later if successful. Will try to involve the parents.</li> <li>e. Pediatric designation ... want to bring this topic back to the table.</li> <li>f. Establish a Regional Pediatric Medical Control as a resource to answer pedi issues. <ul style="list-style-type: none"> <li>i. Some areas with strong pediatric resources and some with little to none.</li> </ul> </li> </ul> <p>4. TETAF Update</p> <ul style="list-style-type: none"> <li>a. Gave an overview of what TETAF is and the products available.</li> <li>b. Seeking other funding sources to look less &amp; less to the RACs for funding.</li> <li>c. Overview of current activities in each division provided.</li> </ul> <p>Appears that TETAF is going to be an approved Support Stroke Center surveyor.</p> <ul style="list-style-type: none"> <li>d. EMS &amp; Trauma Registry Summit – April 20-21, 2010.</li> <li>e. Dinah will come give presentation at the RAC meetings.</li> <li>f. Questions: <ul style="list-style-type: none"> <li>i. No interest in entering data into more than one registry.</li> <li>ii. Can TETAF registry be “THE</li> </ul> </li> </ul>	
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	<p style="text-align: center;">Registry”?</p> <p style="text-align: center;">iii. Level III Stroke survey status?</p> <ol style="list-style-type: none"> <li>5. Trauma Facility Study Update       <ol style="list-style-type: none"> <li>a. Need for additional Level I &amp; II’s. Secured the contract with ACS to do this study. Have had several conference calls with the ACS. Will also ask the ACS to do a statewide trauma systems assessment. ACS will do the on-site review on May 18-21, 2010.</li> <li>b. ACS has requested information on the various RACs. Will be using the RACs applications, annual reports and web site information to assemble this information.</li> <li>c. There will be very limited time to allow trauma providers to review the PRQ that will be assembled by the DSHS staff. Consider a small group of trauma and EMS providers to review the PRQ before submission. Application is due March 18<sup>th</sup>.</li> <li>d. A less-than-ideal survey report could support continued /increased trauma funding from the legislature.</li> </ol> </li> <li>6. Disproportionate Share Hospitals - ½ have submitted information back so far.</li> <li>7. Uncompensated Trauma Care funding application due is 2/26/10.</li> <li>8. Liberty Group ... create an authority to address trauma and burn care in North Texas. Public forum on March 4<sup>th</sup>. <a href="http://www.legacycenterdallas.org">www.legacycenterdallas.org</a> for reading the white paper</li> <li>9. Trauma Registry 2009 data entry deadline is March 30<sup>th</sup>.</li> <li>10. Any RACs collecting data on hypothermia? Extremely few.</li> <li>11. Questions regarding RAC employee status.</li> <li>12. Adjourn at 19:0</li> </ol> <p><b>TETAF</b></p>	
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	<p>February 23, 2010 (17:30)</p> <ol style="list-style-type: none"> <li>1. Called to order by Jorie Klein at 17:27</li> <li>2. Around the room introductions.</li> <li>3. Brenda Putz and Robin Garza recognized for their leadership in coordinating the Injury Prevention workshop.</li> <li>4. Treasurers Report       <ol style="list-style-type: none"> <li>a. 37K / 17K spend</li> <li>b. \$109,563.64</li> <li>c. Doug ... can we get a written financial statement ... yes</li> <li>d. Dinah ... new accounting firm ... working with Jacky to establish more detail.</li> </ol> </li> <li>5. Secretary Report       <ol style="list-style-type: none"> <li>a. February minutes posted earlier.           <ol style="list-style-type: none"> <li>i. RAC F was on the call.</li> <li>ii. Ram was on the call.</li> <li>iii. Jacky motion / Scott second ... unanimous approval.</li> </ol> </li> </ol> </li> <li>6. TETAF Update (handout in packet)       <ol style="list-style-type: none"> <li>a. TETAF approved to provide surveys in Texas. Brenda already working to establish process for surveyor credentialing. Surveyor's course planned for June 2010.</li> <li>b. Reviewed the Trauma Survey process with DSHS ... feedback from hospitals positive.</li> <li>c. Proposed State budget cuts ... State with \$10M budget deficit. We will monitor attempts to cut \$5M each year from 3588 funds. Proposing Medicaid rate cuts (1%) to EMS.           <ol style="list-style-type: none"> <li>i. Dinah attended the 2/12/10 hearing ... hundreds in attendance.</li> <li>ii. TETAF submitted a comment</li> </ol> </li> </ol> </li> </ol>	
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	<p>letter to HHSC ... continue to monitor.</p> <ul style="list-style-type: none"> <li>iii. History of large budget deficits ... same year 3588 bill passed!</li> <li>iv. EMS/Trauma needs to have a concerted voice / walk in tandem.</li> <li>v. Ken Mattox will chair a Trauma/EMS Leadership summit on 5/7/10 (Austin) to discuss the challenges facing us right now.</li> <li>vi. Need to be prepared for the Legislative session in 2011.</li> </ul> <ul style="list-style-type: none"> <li>d. Subscription Fees ... many have already paid.</li> <li>e. Injury Prevention Symposium (TIPS) ... success this Monday. 80 attendees.</li> <li>f. Marvin ... how much involved in EMS Medicaid rate cuts. Unknown. Ask Dudley to obtain that info.</li> <li>g. Dues vs. Subscription fees ... auditors saying the same? Will ultimately have to come through EMS/Trauma Systems offices per Emily. <ul style="list-style-type: none"> <li>i. Eric ... will need strong support if this is true all the way to Asst. Comm. level.</li> <li>ii. Let Dinah know if anything else heard on this issue.</li> </ul> </li> <li>h. Eric ... can State take \$10M from our 3588 funds that are not being given to us? No ... must come from "appropriated" amounts.</li> </ul> <p>7. TETAR Report (handout in packet)</p> <ul style="list-style-type: none"> <li>a. Met via Webinar in February ... successful.</li> <li>b. Discussed the Digital Innovations</li> </ul>	
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	<p>offer. Opened up the February meeting to other vendors. DI and Image Trend presented.</p> <p>c. Discussed how the project needs to proceed.</p> <ul style="list-style-type: none"> <li>i. The validator offer seems like a good process, but currently missing components. <ul style="list-style-type: none"> <li>1. Workgroup recommends to accept the DI offer.</li> </ul> </li> <li>ii. Establish a phased-in approach. <ul style="list-style-type: none"> <li>1. Seek guidance from the Board on how to proceed.</li> <li>2. Met with DSHS leadership and appear very committed to a State Registry.</li> <li>3. TETAF Registry product should add additional value to the State product.</li> <li>4. State Registry = all-inclusive registry? Dinah thinks primarily focusing on EMS/Trauma. <ul style="list-style-type: none"> <li>a. TSA-I not supportive of 2 separate registries, especially if payment required.</li> <li>b. TETAF Registry ... grant funded vs. stakeholder funded? See outside funding will be desired, but need solution for when grant funding is exhausted.</li> <li>c. Scott ... Abandon competing with DSHS on</li> </ul> </li> </ul> </li> </ul>	
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	<p>EMS/Trauma Registry and focus on Stroke and CAD solutions?</p> <ul style="list-style-type: none"> <li>i. Eric ... same process as TRAC-IT process. No guarantee that DSHS will get it right.</li> <li>ii. Other ways to sustain ... pay for data requests.</li> </ul> <p>d. Jorie ... gave history of Parkland registry. Must have a voice in the Registry development. Must ask ... why is current Registry not of value ... not functional ... has not grown with other components of Trauma/EMS care.</p> <ul style="list-style-type: none"> <li>i. Must have concurrent reliable data to operate. Where do we want to be in 10 yrs?</li> </ul> <p>e. Doug ... DSHS staff not in attendance at tonight's meeting ... suggests we are not being listened to. We should be interested in what end-users need.</p> <p>f. Dinah ... TETAR</p>	
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	<p>workgroup working to establish features that users would pay for instead of using an inferior DSHS product. Will need grant funds to establish a product to demonstrate the values.</p> <p>g. Brenda ... start with a focus on those entities that could enter data soon ... start small &amp; grow.</p> <p>8. Division Reports</p> <ul style="list-style-type: none"> <li>a. Acute Care – most in San Antonio today at International Stroke Conference.</li> <li>b. Disaster <ul style="list-style-type: none"> <li>i. Anyone that has a tool to assess EM preparedness activities provide to Doug. A super tool will be created</li> <li>ii. Standard tool for MOC development continues to be developed.</li> <li>iii. Discussed RAC-to-RAC MOU's.</li> <li>iv. Web page up. Survey on there regarding standardized code definitions.</li> </ul> </li> <li>c. EMS (Scott Mitchell) <ul style="list-style-type: none"> <li>i. Move forward or abandon CCMP program. Survey in process now. 77 respondents so far ... good response, but poor considering how many EMS agencies there are.</li> <li>ii. Will establish monthly EMS conference calls.</li> <li>iii. Discussed how they can provide</li> </ul> </li> </ul>	
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	<p>“service” to their EMS stakeholders.</p> <ol style="list-style-type: none"> <li>1. FAQ page ... issue resolution process.</li> </ol> <ol style="list-style-type: none"> <li>iv. Discussed the availability of the EMS Medical Director’s course.</li> </ol> <p>d. Injury Prevention</p> <ol style="list-style-type: none"> <li>i. Thanks to all participated in producing the TIPS course. Will continue to mature this program as an annual program.</li> <li>ii. Discussed changing their meeting dates ... info on meeting wizard to come.</li> <li>iii. IP Resource manual ideas developed. Identify the top MOI’s and put a product for each.</li> <li>iv. Partner with GETAC IP Committee on Open Container issues.</li> </ol> <p>e. Pediatric</p> <ol style="list-style-type: none"> <li>i. Discussed pediatric designation process. At least 4 facilities needing Level III designation.</li> <li>ii. EMSC Train-the-Trainer on Special Needs care course in Corpus on May 8<sup>th</sup>.</li> <li>iii. Scott ... need to support the establishment of a Level III Pediatric survey process. <ol style="list-style-type: none"> <li>1. Jorie ... will take at least 2 years to establish pediatric process. Capability exists today to survey as a “Level III” Trauma Center.</li> <li>2. TETAF would facilitate a discussion with CHAT, DSHS, etc if needed.</li> </ol> </li> </ol>	
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	<ul style="list-style-type: none"> <li>f. Professional Education <ul style="list-style-type: none"> <li>i. Goal is to become a CE provider. Would facilitate demonstrating a valuable resource for the RACs.</li> <li>ii. Will establish monthly conference calls.</li> <li>iii. TOPIC course ... 4/17 in Beaumont</li> <li>iv. AAAM in May in Conroe</li> <li>v. Trauma Leadership Summit</li> </ul> </li> <li>g. RAC <ul style="list-style-type: none"> <li>i. Same report as Disaster</li> </ul> </li> <li>h. Trauma <ul style="list-style-type: none"> <li>i. Review of goal of Level III &amp; IV survey process development.</li> <li>ii. Review of goal of Administrator's Education product. <ul style="list-style-type: none"> <li>1. Funding continues to be an issue. Will investigate partnering with the UTMB system.</li> <li>2. May create an interim product with six important trauma topics ... workgroups established.</li> </ul> </li> <li>iii. Discussed on-line webinar type process. Several topics identified ... will proceed.</li> <li>iv. Conference call on March 9<sup>th</sup> at 1pm. Conflict with Acute Care.</li> <li>v. Discussed Legacy Group resurgence ... maintain awareness.</li> </ul> </li> </ul> <p>9. Open Discussion</p> <ul style="list-style-type: none"> <li>a. THA has a Trauma Group. Many do not understand the requirements of Trauma designation and Trauma</li> </ul>	
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	<p>systems. Jorie provided them education.</p> <ul style="list-style-type: none"> <li>b. RAC-U ... February meeting of the various Medical Directors ... huge success.</li> </ul> <p>10. Action Items</p> <ul style="list-style-type: none"> <li>a. Approval of the Financial Report (Scott/???) ... no opposition.</li> <li>b. Recommending that the DI offer be accepted (Eric/Jacky) ... no opposition with Doug abstaining.</li> </ul> <p>11. Next meeting April 2010 ... no TETAF conference call NEXT Wednesday.</p> <p>12. Continue to meet TETAR weekly and the Divisions continue to meet monthly.</p> <p>13. Priorities for next meeting.</p> <ul style="list-style-type: none"> <li>a. Pediatric designation issues.</li> </ul> <p>14. Adjourn at 19:17</p> <p><b>Trauma Systems</b></p> <hr/> <p>February 25, 2010 (09:00)</p> <ul style="list-style-type: none"> <li>1. Called to order by Dr. Daniels.</li> <li>2. TETAF Report – see previous notes. <ul style="list-style-type: none"> <li>a. Injury Prevention course this week was successful.</li> <li>b. Registry development continues ... have obtained a Data validator from Collector.</li> <li>c. EMS Trauma Leadership Summit – May 7<sup>th</sup> in Austin at the Marriott Hotel. <ul style="list-style-type: none"> <li>i. Discuss 3588 and other issues. Poor Economies ... \$5M/yr budget cuts proposed.</li> </ul> </li> <li>d. Continuing the trauma designation process.</li> <li>e. Has obtained tentative approval for the Texas Stroke process.</li> <li>f. Registry summit is planned.</li> </ul> </li> <li>3. ACS Trauma System Consultation <ul style="list-style-type: none"> <li>a. Visit scheduled for May 18-21, 2010. Bringing 9 surveyors.</li> <li>b. Should trauma “providers” review the PRQ.</li> </ul> </li> </ul>	
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	<p>Committee feels that that DSHS should send the PRQ to the Trauma Committee members for review of accurate/missing data and to familiarize themselves with what is being reported to the ACS prior to the on-site review.</p> <ul style="list-style-type: none"> <li>c. The visit is a tool to reflect the state of the system.</li> </ul> <p>4. Drivers Responsibility Program ... under attack by grass-roots groups and various jurisdictions to totally eliminate the program. Stating it is a “flawed” policy. Have gained the backing of several legislators and public officials.</p> <ul style="list-style-type: none"> <li>a. Need to educate them on the increase in trauma facilities since the program.</li> <li>b. Get success stories from patients and trauma facilities resulting from their designation.</li> <li>c. Form a multi-disciplinary workgroup to form a rebuttal. <ul style="list-style-type: none"> <li>i. Idea ... at driver’s license renewal provide public with written education on the program.</li> <li>ii. Idea ... have patients talk about how trauma has benefitted them.</li> <li>iii. Idea ... Create a web site / blog.</li> <li>iv. Idea ... Create a fact sheet for providers to construct letters-to-the-editor.</li> </ul> </li> <li>d. Consider alternative ways to obtain funding ... tax all insurance?</li> <li>e. The program is not flawed ... the structure is fair ... greater benefits the hospitals with larger uninsured populations.</li> <li>f. Dinah – Head up a group quickly to get information prior to the Leadership summit. Will add MADD and other groups to the group.</li> <li>g. Get hospital public relations departments involved?</li> <li>h. Scott – don’t lose focus on our desire to get the “donut hole” money while trying to keep the program alive.</li> <li>i. Jorie – Motion to develop a broad</li> </ul>	
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	<p>stakeholder workgroup under TETAF coordination. Passed.</p> <ul style="list-style-type: none"> <li>j. Dr. Stewart will take the discussion and endorsement to GETAC meeting on Friday.</li> </ul> <p>5. TQIP</p> <ul style="list-style-type: none"> <li>a. Targeting March 31<sup>st</sup> meeting in Dallas. <ul style="list-style-type: none"> <li>i. Texas Trauma PI Meeting</li> <li>ii. System Performance Standards</li> </ul> </li> </ul> <p>6. Freestanding ER's (HB 1357) ... rule writing is in process.</p> <ul style="list-style-type: none"> <li>a. Two classifications based on hours of operation ... by 2013 all have to be open 24/7.</li> <li>b. Rules limit services that can be provided. <ul style="list-style-type: none"> <li>i. Require a governmental body, a medical director and a physician on duty at all times open.</li> <li>ii. EMTALA language in the rule.</li> <li>iii. Have to have Lab, XR, pharmacy services.</li> <li>iv. Have to have transfer agreement with a hospital.</li> <li>v. Have to report statistics on all stays over 23 hours and 911 activations.</li> <li>vi. Have to be licensed by 9/1/10.</li> </ul> </li> <li>c. Rules effective June 2010.</li> <li>d. Potential for patients to get stranded ... transfer agreements of limited value.</li> <li>e. Trauma rules need to address free standing ERs</li> <li>f. Comment in Texas Register ... posted on February 26<sup>th</sup>.</li> <li>g. Centers should participate in the RAC and RAC should define their roles.</li> </ul> <p>7. UTMB Status</p> <ul style="list-style-type: none"> <li>a. Currently functioning as a Level I Trauma Center.</li> <li>b. Planning as ACS survey in fall 2010.</li> <li>c. 400 beds available. 16 ICU beds open. Burn unit open.</li> <li>d. No inpatient psychiatric services.</li> <li>e. No children's hospital.</li> </ul>	
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	<p>f. Expect ALL repairs to be completed by August 2012.</p> <p>8. Geriatric Fatality Review Teams</p> <p>a. Injury Prevention committee is asking the Trauma Committee to discuss development of a Geriatric Fatality Review process.</p> <p>i. Committee points out that geriatric fatalities are much broader than just trauma related.</p> <p>ii. Will place on the May GETAC agenda for discussion.</p> <p>9. Level III Trauma Designation for Children's Hospitals</p> <p>a. Will place on the May GETAC agenda for discussion.</p> <p>10. Adjourn at 10:37</p> <p><b>Stroke</b></p> <hr/> <p>February 24, 2010 (13:00)</p> <p>1. Got there after they started ... 13:21.</p> <p>2. 6/9 members present.</p> <p>3. Discussing RAC Transport Protocols</p> <p>a. Motion that RAC's be surveyed regarding the status of the various components of their regional stroke plans. Passed.</p> <p>b. Will offer model plans at RAC Chairs for those struggling. .</p> <p>4. Jane explained rule revision plans as on all agendas.</p> <p>5. Public Comment</p> <p>a. Brenda ... TETAF has been approved for Support Center survey process. Working on stroke survey course. Also developing a Stroke Surveyor's course.</p>	
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	<ul style="list-style-type: none"> <li>i. Timeline??? Early September 2010?</li> <li>ii. Cost??? Right now \$2,750.</li> <li>iii. Texas is recognized nationally for their Support Center model.</li> </ul> <ul style="list-style-type: none"> <li>b. Brenda ... TETAF Leadership Summit ... May 7<sup>th</sup>.</li> <li>c. Pediatric Stroke <ul style="list-style-type: none"> <li>i. Not addressed in the rule.</li> <li>ii. RAC transport plans should address pediatric stroke</li> <li>iii. Possibly use survey monkey to poll the RACs</li> </ul> </li> <li>d. Pre-Hospital Cincinnati Stroke Scale ... should be able to use other scales.</li> </ul> <p>6. Adjourn at 13:44</p> <p><b>Cardiac</b></p> <hr/> <p>February 24, 2010 (09:00)</p> <ul style="list-style-type: none"> <li>1. Called to order at 09:00</li> <li>2. Three new committee members introduced.</li> <li>3. Draft Mission Statement ... "to facilitate the development of a fully integrated and aggressive emergency cardiac care system for all communities in Texas" ... approved without changes.</li> <li>4. Draft Mantra ... "saving hearts across Texas" ... approved without changes.</li> <li>5. Update in Medical Literature (Dr. Smalling) <ul style="list-style-type: none"> <li>a. 6 times more likely to die of heart attack than trauma ... but NO cardiac system in Texas.</li> <li>b. Houston ... 80% of pre-hospital tPA with dissolved clot in Cath Lab.</li> <li>c. Four studies (2K patients) finds that "PCI</li> </ul> </li> </ul>	
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	<p>immediately after fibrinolysis” better than “fibrinolysis followed by elective PCI”.</p> <p>d. Comments:</p> <ul style="list-style-type: none"> <li>i. Public education to activate the system critical. Big educational programs prove improved activation times, but public memory is short. Focus must be to decrease the “total ischemic time”.</li> <li>ii. Data collection is critical.</li> </ul> <p>6. RAC Progress in Creating Cardiac Committees</p> <ul style="list-style-type: none"> <li>a. 16/22 RACs have some form of a committee to discuss acute care and/or cardiac.</li> <li>b. Some RACs are very aggressive, organized, etc ... others are resource poor.</li> <li>c. Triage criteria and destination protocols are being developed in some of the RACs</li> <li>d. Some QI activities / data collection is occurring.</li> <li>e. Will be providing RAC Chairs a resource manual tonight to help them get started.</li> </ul> <p>7. Committee Next Steps</p> <ul style="list-style-type: none"> <li>a. Set the goal that all 22 RACs have a stand-alone Cardiac Committee. <ul style="list-style-type: none"> <li>i. Challenges ... resources in the rural areas, funding, etc.</li> <li>ii. Committee’s role to request funding??? Limited.</li> <li>iii. Lengthy discussion on how to get this goal accomplished.</li> </ul> </li> <li>b. Define / Identify Acute Cardiac Care facilities.</li> <li>c. Develop EMS destination protocols for STEMI.</li> <li>d. Identify minimum data sets to be reported to EMS providers for continued recognition as a cardiac cath center.</li> </ul> <p>8. Review / Repeal / Readopt of section 157 in Tx Admin Code</p> <ul style="list-style-type: none"> <li>a. Will be bringing new sections in small groups to each future committee meeting for council review.</li> <li>b. 157.1 ... Propose to readopt and add CCMP</li> <li>c. 157.2 ... Propose to readopt and change leadership language (housekeeping edits).</li> <li>d. 157.3 ... Propose to readopt and revise timeline notice information</li> </ul>	
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	<p>e. 157.4 ... Propose to readopt with a minor revision.</p> <p>f. 157.5 ... Propose to readopt and change leadership language regarding Bureau Chief.</p> <p>g. Jane gave a review of the rule making / change process.</p> <p>9. Public Comment</p> <p>a. Eric ... RACs want to do the right thing. Currently using trauma funding to develop stroke and STEMI systems. Opportunity for TETAF to help. Cardiologists must be involved at the RAC and Legislative levels. Must give serious thought to a functional registry for collecting STEMI systems data.</p> <p>b. Jay Kovar ... this committee possesses the power of support and persuasion and guidance. Hospitals in RACs that have not previously participated because they don't do trauma should become active in the RACs to establish medical systems of care.</p> <p>10. Action Items</p> <p>a. All of the RACs develop a Cardiac Care committee to focus on the four items established by this committee ...</p> <p>i. What about requiring all EMS providers having the capability to perform 12-lead capability. Significant cost obstacles! DSHS Local Projects Grants opportunity? Motion amended to also include encouraging all EMS providers to obtain 12-lead capability.</p> <p>ii. Should consider establishing essential criteria for STEMI systems. <i>Motion passed.</i></p> <p>iii. Eric ... suggests establishing a day-long meeting to look at all system elements ... not just the ones discussed today.</p> <p>iv. Brenda ... The TETAF Leadership Summit would benefit from this committees attendance.</p> <p>11. Adjourn at 10:35.</p> <p><b>Pediatrics</b></p> <hr/> <p>February 25, 2010 (13:00)</p>	
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	<ol style="list-style-type: none"> <li>1. Called to order by Dr. Shook at 13:04</li> <li>2. 10 members present.</li> <li>3. Committee liaison reports.       <ol style="list-style-type: none"> <li>a. ACS survey – pediatric components of the PRQ reviewed by Pedi committee? Will send.</li> </ol> </li> <li>4. Child Fatality Review Teams</li>   <li>5. EMSC Presentation – see previous notes.       <ol style="list-style-type: none"> <li>a. EMSC Day will be during EMS week in May. Seeking stories on crews who did a good job on a pediatric case or issue.</li> <li>b. EMSC Performance measures provided to committee members.</li> </ol> </li> <li>6. ACEP and AAP Ambulance Equipment Guideline Recommendations       <ol style="list-style-type: none"> <li>a. List compared to previous Pediatric Committee recommendations ... no significant differences.</li> <li>b. Send a copy to EMS and Medical Director’s Committee.</li> <li>c. Committee endorsed these recommendations.</li> </ol> </li> <li>7. Editorial changes to statement of purpose for the GETAC-Pediatric Committee       <ol style="list-style-type: none"> <li>a. Will send out to committee members for evaluation and feedback</li> </ol> </li> <li>8. Infection Surveillance Report       <ol style="list-style-type: none"> <li>a. Limited information due to HIPPA issues.</li> </ol> </li> <li>9. Safe Sleeping Recommendations for Infants – no discussion</li> <li>10. Patients Medications being administered in the Pre-Hospital setting       <ol style="list-style-type: none"> <li>a. Mother of child with Congenital Adrenal Hyperplasia. Need to be able to give Solu-Cortef during an adrenal crisis. Want a position paper from the committee that this drug be placed on the ambulances.</li> <li>b. Many of the parents of special needs children have gotten to the point of not trusting the capabilities of 911 responders ... so just taking child to hospital in private vehicle.</li> </ol> </li> </ol>	
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	<ul style="list-style-type: none"> <li>c. Auto-Injector?</li> <li>d. Texas areas not covered by MICU level of care? Changes daily.</li> </ul> <ol style="list-style-type: none"> <li>11. Level III Pediatric Trauma Centers <ul style="list-style-type: none"> <li>a. Some hospitals unable to meet Level I or II criteria. Need process to designate as a Level III.</li> <li>b. Ask GETAC</li> </ul> </li> <li>12. Hard Hats for Little Heads – bike helmet program by TMA ... since 1994. Matching program buy some/get some free (1:1 up to 50, then sliding scale less than 1:1). Also have other bicycle safety materials.</li> <li>13. Open Meetings Requirements</li> <li>14. Open rules timeline</li> <li>15. Open Comment <ul style="list-style-type: none"> <li>a. Guidelines for Care of Children in the ED – good resource.</li> <li>b. Jorie ... recommends adding a representative from the Poison Centers to the committee.</li> </ul> </li> <li>16. Adjourn at 14:28</li> </ol> <p><b>Injury Prevention</b></p> <hr/> <p>February 24, 2010 (16:00)</p> <ol style="list-style-type: none"> <li>1. Called to order at 16:04</li> <li>2. 10 members present. New members Introduced.</li> <li>3. Child Fatality Review Teams (Susan Rodrigues) <ul style="list-style-type: none"> <li>a. Overview of CFRT on a national, state and local level.</li> <li>b. 187/254 with CFRT team.</li> <li>c. Brazoria, Gregg, Comal, Angelina, Bowie, Rockwall, Maverick &amp; Navarro are largest counties without a team. Susan wants to help these counties establish a CFRT.</li> <li>d. GETAC and RACs should seek partnerships with CFRTs in Prevention efforts.</li> </ul> </li> <li>4. Review of committee actions on 'Safe Sleeping' prevention programs.</li> </ol>	
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	<ul style="list-style-type: none"> <li>a. Actually a Texas law (HB1510) requiring parental education on Immunization, shaken baby and SIDS techniques.</li> <li>5. Geriatric Fatality Review Teams – additional information from stakeholders has not been provided. <ul style="list-style-type: none"> <li>a. All trauma related deaths are reviewed in the hospitals.</li> <li>b. Refer to Trauma Systems.</li> <li>c. Limited focus? All trauma needs review, but trauma is 8<sup>th</sup> leading cause of death in those &gt;60yrs. Many trauma are being reviewed, while non-trauma is not.</li> </ul> </li> <li>6. Injury Prevention Workforce Survey results <ul style="list-style-type: none"> <li>a. 400 responses</li> </ul> </li> <li>7. Update on State Trauma Registry Project <ul style="list-style-type: none"> <li>a. MTG report has been posted. Have evaluated many registries for “best practices”.</li> <li>b. Have begun using the results of the MTG report to evaluate various aspects.</li> <li>c. Registry Solutions Workgroup has been formed that includes various stakeholders.</li> <li>d. RFO should be placed in Texas Register in a couple of months for public comment.</li> <li>e. Outside target date for new registry is 1/1/12.</li> </ul> </li> <li>8. TETAF Update <ul style="list-style-type: none"> <li>a. Continue to move forward with a “registry solution”. Agreed to work with Digital Innovations on a data validator. DVD analogy ... have the movie, but don't have the TV or DVD player. Have a workgroup meeting weekly to work on the registry solution.</li> <li>b. Are DSHS and TETAF sharing information. TETAF does their development in an open environment. Dinah's sincere hope is to work collaboratively with the DSHS.</li> <li>c. Initial blush appears the TETAF product would be outsourced.</li> <li>d. Timeline? Have established a “work-in-phases” approach. Target date should be defined in 3-6 months.</li> <li>e. TETAF Registry Summit on April 20-21, 2010 at Austin Marriot Hotel South.</li> </ul> </li> <li>9. Committee support for a Statewide Anoxic Brain Injury Prevention and Improved Central Nervous System Recovery methods</li> </ul>	
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	<ul style="list-style-type: none"> <li>a. Cooling Quickly Works ... prevention of brain injury after a cardiac arrest with CPR and return of spontaneous circulation. Many of these individuals are not neurologically normal. A campaign has been started in Texas to establish this as a standard of care in EMS vehicles.</li> <li>b. Montgomery County EMS has trialed the AHA guidelines and found significant improvements in outcomes. Ice cold IV solutions followed by cooling blankets in the hospital.</li> <li>c. Will post an outline of the indications and technique on the GETAC web site.</li> <li>d. Need to take to the EMS committee.</li> </ul> <p>10. Committee support for Suicide Prevention Resources</p> <p>11. Use the committee web site as a resource. A lot of information posted on there.</p> <p>12. Committee Member Summaries and Proposals</p> <ul style="list-style-type: none"> <li>a. Legislative Affairs <ul style="list-style-type: none"> <li>i. Getting a lot of support for various entities to improve the meeting of the booster seat law. Be sure to thank legislators for passing the law last session. Also send Paula Yuma your success stories for a report to the legislature on the successes.</li> <li>ii. MADD asking for committees support to pursue sobriety checkpoints again in the next legislative session. CDC interested in getting this passed in Texas. Motion to continue to support previous committee position statements on this topic ... passed.</li> </ul> </li> <li>b. Education and Programs – no report</li> <li>c. External Stakeholder Relations – no report</li> <li>d. Research and Surveillance – no report</li> </ul> <p>13. Hardhats for Little Head ... free bike helmet and information program.</p> <p>14. Agenda suspended for time</p> <p>15. Adjourn at 17:30</p> <p><b>Air Medical</b></p> <hr/> <p>February 25, 2010 (14:30)</p> <p>1. Called to order at 14:36.</p>	
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	<ol style="list-style-type: none"> <li>2. Roll call ... 12 members present.</li> <li>3. Southwest Medivac had a crash earlier this month ... keep them in your prayers.</li> <li>4. New committee members introduced.</li> <li>5. Report from TAAMS Disaster Plan <ol style="list-style-type: none"> <li>a. Approved "typing" of various airports (1-5) ... Intl airports to a football field.</li> <li>b. Working on H-120 timeline for evacuations by air medical. <ol style="list-style-type: none"> <li>i. Helispot Manager to coordinate at each facility in the evacuation.</li> </ol> </li> </ol> </li> <li>6. Open meetings training required for new members.</li> <li>7. Open rule review timeline – process explained by DSHS</li> <li>8. Review of 157.12 and 157.13 <ol style="list-style-type: none"> <li>a. Review of workgroup activities so far. Have reviewed the entire Program Guidebook. Have started a review of the Licensure Rule.</li> <li>b. Section-by-section review of the Licensure Rule.</li> <li>c. Operational Standards <ol style="list-style-type: none"> <li>i. Discussed language regarding securing special stretcher types.</li> <li>ii. Discussed need for specific 3-chamber IV pumps.</li> </ol> </li> <li>d. Discussed demonstrating how ethical conduct and complaints are handled.</li> <li>e. Want to add a statement about no fear of retaliation when reporting ethical concerns.</li> </ol> </li> <li>9. Adjourn at 4:00pm</li> </ol> <p><b>EMS Education</b></p> <hr/> <p>February 24, 2010 Did Not Attend</p>	
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	<p><b>EMS Committee</b></p> <hr/> <p>February 25, 2010 (10:30)</p> <ol style="list-style-type: none"> <li>1. Called to order at 10:45</li> <li>2. EMSC update – see previous notes</li> <li>3. EMS accreditation program       <ol style="list-style-type: none"> <li>a. A great deal of discussion on this topic in the EMS Education committee meeting. Leave on the agenda.</li> </ol> </li> <li>4. Update on rules 157.36 and 157.37       <ol style="list-style-type: none"> <li>a. Legal opinion received on grand-fathered certified personnel having one of the major crimes will be discussed at the GETAC meeting tomorrow.</li> </ol> </li> <li>5. Narcotic Issues and Best Practices Work Group update       <ol style="list-style-type: none"> <li>a. Met in January.</li> <li>b. Draft best practices document will be forthcoming.</li> <li>c. DPS has been very good to work with.</li> </ol> </li> <li>6. Review of Rule 157.1 – 157.5       <ol style="list-style-type: none"> <li>a. Spreadsheet available on DSHS website.</li> <li>b. Will be presenting “batched” group of rules for committee to review/discuss.</li> </ol> </li> <li>7. Texas County EMS Reporting Proposal       <ol style="list-style-type: none"> <li>a. Request for county report on EMS status failed horribly.</li> <li>b. EMS committee has been asked to craft an example report template.           <ol style="list-style-type: none"> <li>i. Draft created ... example on the DSHS GETAC web site.</li> </ol> </li> </ol> </li> <li>8. Children with Congenital Hyperplasia discussion ... see other committee notes on this topic.</li> </ol> <p><b>EMS Medical Directors</b></p> <hr/> <p>February 25, 2010 (16:00)</p>	
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	<ol style="list-style-type: none"> <li>1. Called to order 16:10</li> <li>2. Regional Medical Directors for the Medical Operations Center in a Disaster. Some issues include       <ol style="list-style-type: none"> <li>a. Qualifications? Commissioner of Health could alter qualifications if necessary.</li> <li>b. Needs NIMS education.</li> <li>c. Physically located at the MOC? No if constant redundant commo available.</li> <li>d. Local RACs would accept the applications and the Medical Directors committee would create a list of "approved" Medical Directors.</li> </ol> </li> <li>3. Development of a Medical Director Registration System       <ol style="list-style-type: none"> <li>a. DSHS has a poor electronic data base system.           <ol style="list-style-type: none"> <li>i. This system is not necessarily updated upon the change of a Medical Director.</li> </ol> </li> <li>b. Current system will show accurate information from outside of two years from now.</li> <li>c. This is a reasonable report for the committee ... send to chairman.</li> </ol> </li> <li>4. CCMP Update (Dinah)       <ol style="list-style-type: none"> <li>a. TETAF has experience doing surveys.</li> <li>b. TETAF is interested in pursuing a surveying status for CCMP.</li> <li>c. Survey Monkey on CCMP open now. TETAF wants to assess the statewide interest in CCMP. Based on survey results, the TETAF Board will determine if they want to move forward with this program.</li> </ol> </li> <li>5. Position Statement on AED Availability and Access       <ol style="list-style-type: none"> <li>a. All agree the need for AED</li> <li>b. Unable to get underlying rhythm information to the receiving ED doctor or cardiologist.</li> </ol> </li> </ol>	
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	<ul style="list-style-type: none"> <li>c. Need to establish AED specification and operations standards for Texas?</li> <li>d. DSHS has a Medical Device division that interacts with the FDA ... will give them the issue.</li> <li>6. Medical Director Training/Education Needs <ul style="list-style-type: none"> <li>a. Plan to get list of Medical Directors from DSHS and perform a survey on educational / training thoughts.</li> </ul> </li> <li>7. EMS Providers Giving Patient Medications outside their Protocols. <ul style="list-style-type: none"> <li>a. Solu-Cortef for Congenital Adrenal Hyperplasia (CAH).</li> <li>b. No Texas EMS medication formulary. Some legislators and many physicians have provided written support letters for the CARES Foundation. Several other states have already addressed EMS Formulary issues.</li> <li>c. Instead of requiring every ambulance to carry this drug, parents should personally talk to their local EMS agencies.</li> <li>d. Medical Directors should educate their medics on CAH.</li> <li>e. CARES Foundation should provide education on CAH for publish in EMS magazine.</li> <li>f. Committee should encourage Medical Directors to establish protocols for rare diseases.</li> </ul> </li> <li>8. Hard Hats for Little Heads – Tx Med. Assoc. Program giving ... see previous notes.</li> <li>9. Open Meetings Education – must complete by 3/31</li> <li>10. Open Rules Review Process.</li> <li>11. Other <ul style="list-style-type: none"> <li>a. Law enforcement presence for mental health patients (Dr. Moore)</li> <li>b. ACEP / AAP Recommended Equipment List for ambulances provided to the committee.</li> </ul> </li> </ul>	
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	<p>12. Public Comment</p> <ul style="list-style-type: none"> <li>a. EMSC Update – see previous notes. <ul style="list-style-type: none"> <li>i. Developing education program on handling death in the field for EMS providers.</li> <li>ii. Pediatric online medical control <ul style="list-style-type: none"> <li>1. Intent is to provide this medical expertise resource where it does not currently exist.</li> <li>2. CHAT group is supportive of the program and will participate.</li> <li>3. Committee supportive of the concept. Will discuss further in May.</li> </ul> </li> </ul> </li> </ul> <p>13. Adjourn at 17:29</p> <p><b>Disaster Committee</b></p> <hr/> <p>February 24, 2010 (10:30)</p> <ul style="list-style-type: none"> <li>1. Called to order at 10:40</li> <li>2. 14/19 present</li> <li>3. Some of the agenda items accomplished at meeting yesterday.</li> <li>4. Report from Hospital Disaster Reimbursement Workgroup <ul style="list-style-type: none"> <li>a. Must establish consistency on how hospitals are reimbursed.</li> <li>b. Workgroup has released a paper.</li> </ul> </li> <li>5. Report from Ambulance Staging Logistics Workgroup. <ul style="list-style-type: none"> <li>a. Recommendations for most of these</li> </ul> </li> </ul>	
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	<p>issues have been addressed at the Office of Emergency Management level.</p> <ul style="list-style-type: none"> <li>b. Group will meet again in mid-March (invitation only).</li> <li>c. Still some oxygen supply issues remaining (home health needs).</li> <li>d. DME needs will need to be addressed in the future meetings.</li> </ul> <ul style="list-style-type: none"> <li>6. Regional Medical Directors – contract language is moving forward.</li> <li>7. Litter Ambulance workgroup – simple Greyhound to a rolling 20-bed plumbed EMS vehicle. There would be other levels in between these extremes. Will define each “type” of vehicle.</li> <li>8. GETAC Disaster Task Force Whitepaper – tabled.</li> <li>9. DSHS MOA for Disaster MOA for Ground Ambulance workgroup – tabled.</li> <li>10. Regional EMS Resource Coordination Centers – Tyler and San Antonio <ul style="list-style-type: none"> <li>a. Structure will be a “call-down tree” process.</li> </ul> </li> <li>11. Regional Medical Task Force – idea resurrected recently <ul style="list-style-type: none"> <li>a. Need about 8 across the state?</li> <li>b. Yesterday ... deployable medical station should be 12-hour operation/shifts. Like the idea of a BCEM physician, mid-level provider, nurses, techs, and clerks.</li> <li>c. Non-Federal Public Safety Licensing using 25 kHz Radio Systems Migrate to Narrow Band 1.5 kHz channels by 1/1/13 ... skipped.</li> </ul> </li> <li>12. EMSC State Partnership Presentation (Anthony Gilcrest) <ul style="list-style-type: none"> <li>a. Working on pediatric specific education projects</li> <li>b. Looking to make sure EMS agencies have appropriate protocols and equipment.</li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>c. Looking at the feasibility of regionalizing the Medical Direction of pediatric care. <ul style="list-style-type: none"> <li>i. Ask the committee how this concept might benefit during a disaster situation.</li> </ul> </li> <li>d. Think that categorization of Pediatric hospitals is needed.</li> <li>e. This committee would like the Medical Direction concept be sent to the EMS Medical Directors committee.</li> </ul> <p>13. Discussion of Regional Disaster Scenarios in Texas</p> <ul style="list-style-type: none"> <li>a. Local vs. RAC vs. Inter-RAC vs. State response.</li> <li>b. Scenario examples to work on ... mass shooting, large venue bombing, railroad derail with hazmat, numerous victim burn events, border violence, tornado, mass multi-victim MVC ...</li> <li>c. Will establish a workgroup</li> <li>d. The burn hospital providers already have a mass casualty plan. Need to share this with the EMS and Hospital Providers.</li> <li>e. Some agency already has 15 categories of disasters that may help identify scenarios.</li> </ul> <p>14. Volunteer Registry – ESARVIP personnel not here – tabled.</p> <p>15. All but 1 committee member has completed committee orientation / education requirements.</p> <p>16. Jane explained the proposed rule review process. Committees should review the rules under evaluation and be prepared to comment at their future meetings.</p> <ul style="list-style-type: none"> <li>a. High band radio issues (all EMS vehicles need one) need to be addressed in the rules.</li> </ul> <p>17. TAAMS group has created a disaster scenario work plan. Will post on the Disaster</p>	
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<p>RAC - Executive Director's Professional Development Workshop</p>	<p>committee list server. If interested in joining list server, let Eric know.</p> <p>18. Public Comment</p> <p>a. Eric discussed the Disaster Task Force concept.</p> <p>19. Adjourn at 11:55</p> <p>RAC ADMINISTRATORS RETREAT FEBRUARY 22, 2010 AUSTIN, TX</p> <p>Discussion Items:</p> <ul style="list-style-type: none"> <li>• Budgeting Information <ul style="list-style-type: none"> <li>○ NCTTRAC presented their budget spreadsheets and information that is presented to their board</li> <li>○ SETTRAC presented their budget spreadsheets and information that is presented to their board</li> <li>○ See Hand-outs</li> </ul> </li> <li>• Amending Articles of Incorporation <ul style="list-style-type: none"> <li>○ When it's appropriate and should be done</li> </ul> </li> <li>• Board Structure <ul style="list-style-type: none"> <li>○ Wanda has spoken to a Non-Profit Organization about coming to one of our Development</li> </ul> </li> </ul>	
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	<p>Workshops and presenting information</p> <ul style="list-style-type: none"> <li>○ Discussed the re-structure for RAC Chairs</li> <li>● HPP side of the House <ul style="list-style-type: none"> <li>○ Base-line Practices, look at what each RAC has purchased in the way of Equipment</li> <li>○ Look at Medical Strike Teams &amp; AmBuses – strategically placed statewide</li> </ul> </li> <li>● Quazsi-Governmental <ul style="list-style-type: none"> <li>○ Research to see if RAC’s need to go this route</li> <li>○ Seek some guidance from Dinah Welsh with TETAF for Legislative help</li> </ul> </li> <li>● Discussed Mission Statements: <ul style="list-style-type: none"> <li>○ Suggestion that all RAC’s have the same statement</li> <li>○ TSA-A has the shortest, most simple to the point statement: <ul style="list-style-type: none"> <li>▪ “Doing the right thing for the right patient at</li> </ul> </li> </ul> </li> </ul>	
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<p>Hospital/QI/Registry</p>	<p>b. Identify minimum data sets to be reported to local EMS provider agencies for continued recognition as a 24/7 Cardiac Care Center.</p> <p>The committee discussed the following items:</p> <ol style="list-style-type: none"> <li>1. 2 Hospital Cases discussed</li> <li>2. Emergent equipment</li> <li>3. TRAC-IT and ICD-9 Codes and ISS Scores</li> </ol>	
<p>EMS/Aeromedical</p>	<p>The committee discussed the following items:</p> <ol style="list-style-type: none"> <li>1. LPG for BackBoards</li> <li>2. DSHS Townhall meeting in Tyler</li> <li>3. MOA facilities or Mission Strike Teams</li> <li>4. Received information from Valorie concerning provider renewal</li> <li>5. Organize RAC Strike Teams</li> <li>6. Strike Team Committee Heads: Mike, Russell, Bryan</li> </ol>	
<p>Education/Pedi/Injury Prevention</p>	<p>The committee discussed the following items:</p> <ol style="list-style-type: none"> <li>1. The following events will take place region wide:</li> </ol>	

	<p>Hopkins Co – KSS – April 10<sup>th</sup>  Paris – KSS – May 1<sup>st</sup>  Titus – KSS – April 24<sup>th</sup></p> <p>Pediatric Education @ PJC  Education Building – April 16<sup>th</sup> –  8:30 – 4:30 (Lunch provided)</p> <p>TNCC – Titus:  May 27 – 28  June 17 – 18</p> <p>ENPC – Paris:  May 20 – 22  June 3 – 4  July 1 – 2</p> <p>Monthly ACLS renewals and initial</p> <p>ACLS – Hopkins – April 24<sup>th</sup>  Renewal and initial</p> <p>Bike Helmet Rodeo’s – Hopkins –  1<sup>st</sup> week of May (giving helmets to  1<sup>st</sup> graders)</p> <p>DWI Awareness – Shattered Dream  – April – Como/Picketon</p> <p>April 14<sup>th</sup> – DWI Awareness –  Cumby</p>	
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<p>Entities Grant Financial Status Report - Update</p> <p>Leadership Conference - TETAF &amp; State Legislature</p> <p>Meeting Adjourned</p>	<p>Life Choices – Hughes Springs HS – May 6th</p> <p>Status Report of entities who have submitted receipts and received their reimbursement handed out.</p> <p>Stressed the receipt deadline – July 1<sup>st</sup>. If receipts are not received by 5 pm on the deadline date, funds will be reallocated.</p> <p>May 7<sup>th</sup> the members of TETAF have asked all Texas Hospital CEO's, Trauma Coordinators, and Trauma Registrars to please be in Austin to meet with the Texas State Legislatures</p> <p>Motion to adjourn made by Norman Prewitt, seconded by Bertha Evans and supported by all Executive Board Members.</p> <p>Adjourned at 3:10</p>	
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Minutes recorded by Shae Watson – Executive Director