

Disclaimer: These meeting minutes will not be official until approved at the 08/19/2011 Governor's EMS and Trauma Advisory Council (GETAC) meeting.

**Meeting Minutes**  
**Governor's EMS and Trauma Advisory Council (GETAC)**  
**Friday, May 13, 2011, 9:05 am – 12:28 pm**

**Council Members**

<b>Attendance</b>	<b>Name</b>	<b>Position (representing)</b>
X	Vance Riley, LP	Fire chief, Chair
	Nora Castaneda-Rivas	Public member
X	Mike Click, RN	Rural trauma facility
X	Linda W. Dickerson	Public member
	Luis G. Fernandez, MD	Trauma surgeon or nurse
X	Jodie Harbert III, LP	EMS educator
X	James Randall Loflin, MD	Emergency physician
X	Ryan Matthews, LP	Private EMS provider
X	Donald G. Phillips, DO	EMS medical director
	Shirley Sholz, RN	EMS air medical service
X	John D. Smith, Lieutenant	Fire department
	Robert Vezzetti, MD	Pediatrician
X	Ronald M. Stewart, MD	Urban trauma facility
X	Pete Wolf, EMT-P	EMS volunteer

**Department of State Health Services Staff**

<b>Attendance</b>	<b>Name</b>	<b>Position</b>
X	Kathryn C. Perkins, RN	Assistant Commissioner for the Division of Regulatory Services
	Renee Clack, LNFA	Director, Health Care Quality Section
X	Jane G. Guerrero, RN	Director, Office of EMS and Trauma Systems Coordination
	Adolfo Valadez, MD, MPH	Assistant Commissioner of Prevention and Preparedness
X	Maxie Bishop, LP, RN	State EMS Director

### **Item 1: Governor's EMS and Trauma Advisory Council (GETAC)**

The meeting commenced at 9:05 am on Friday, May 13, 2011, at the Hilton Austin Airport in Austin, Texas. A quorum was present.

### **Item 2: Approval of minutes**

A motion was made by Donald G. Phillips, DO, and seconded by Linda W. Dickerson to approve the meeting minutes from February 25, 2011. All council members were in favor; the motion passed.

### **Item 3: Chair report**

Chair Vance Riley welcomed attendees.

### **Item 4: Regulatory Division Report**

Kathryn C. Perkins, Assistant Commissioner for the Division of Regulatory Services, presented the Division report. The Division has been monitoring more than 225 bills during this legislative session, however most have died in committee or debate. Funding for EMS/TS has been cut by \$5 million this fiscal year. Next year the entire Division expects to see the budget reduced from \$75 million to \$57 million. Although Regulatory has taken a significant cut, current vacancies will be eliminated to avoid full-time employee position cuts. Instead of further cuts, the approach to operations will become more streamlined and more focused on electronic processing. Regulatory fees may be raised. In response to queries from Ryan Matthews and Jodie Harbert, Perkins stated that EMS fees are capped, but the Division may raise fees by 15 percent in other areas, and that depending on how much is appropriated, there may still be a shortfall. Ms. Perkins also briefly discussed SB 1809, SB 1476, SB 1265 and HB 2369.

### **Item 4: State EMS/Trauma Systems Report**

Jane G. Guerrero, Director of the Office of EMS and Trauma Systems Coordination, presented the EMS/TS Report. Mrs. Guerrero and Mr. Maxie Bishop have analyzed 42 bills for impact on EMS/TS. Rule changes and changes to operations will be discussed in the coming months. The office will be investigating ways to become fully electronic and to increase efficiency.

A recent conference call with GETAC committee chairs discussed changes to Chapter 157 rules. The office is seeking vetted comments on rule changes, but this is not yet an open request for public comments. The office must verify that requested changes do not violate stature and draft suggestions into bill language. Committee suggestions should be submitted to the department by September 30, 2011. At the November GETAC meeting the department will present a summary of the suggestions received from the committees. A full draft is not expected to be ready until May or August of 2012. In response to queries from Chair Vance Riley, Mrs. Guerrero stated that the committees will decide how they will approach the review process and that the public will have an opportunity to participate during public comment at the committee meetings.

In cooperation with Chief Nim Kidd, from the Texas Division of Emergency Management, the Office would like to provide information from their Hurricane Conference on emergency plans for the state.

In response to queries from several of the committees, the department researched the Open Meetings Act for possible uses of webcasting and streaming committee and council meetings. The opinion of the Office of General Council (OGC) is that streaming is allowed, but

deliberation through webmeetings is a violation of Open Meeting requirements. The next GETAC meetings will be August 17 to 19.

There are now 262 designated trauma facilities with another 15 in active pursuit; 17 are Level I. Stroke Level II 68 are designated and certified by The Joint Commission (TJC) or DNV. Level II applications (alternate survey process w/TETAF) currently have three applications in and one survey scheduled for July 9. Uncompensated Trauma Care Dispersment update: finalizing UCC application. Completed a 100 percent audit of the 250+ facilities that applied. Looking to disperse in June and disperse \$67 million 9-1-1 contracts/1131/3588 monies soon. Two EFFs have been funded. Have 800,000 dollars left, however with hurricane season, may disperse as emergency funds. If these funds are not dispersed for EFFs, funds will go to hospitals. Local Projects Grant (LPG) update: application closes May 18; available to assist programs seeking paramedic accreditation.

### **Item 6: State EMS/Trauma Registry Report / Division for Preparedness and Prevention Report**

Lucina Suarez of the Division for Preparedness and Prevention presented the report. Development of the new registry is experiencing delays due to obstacles outside the Division's control, such as IBM contract to set up servers. The project manager and staff are seeking ways to pick up time and resume the schedule to launch next year. Although it has been a tough legislative session for this department, which also took federal hits, the TxDot funding is still available for the registry. The department found matching funds in general revenue for this year and is working to find matching funds for next year.

The registry servers have been established by IBM. DSHS IT and Concilience folks have installed software, and the department is ready to incorporate details specific to the Texas trauma system. The registry staff has worked with registry solutions workgroup to finalize data elements. Members of the workgroup have presented recommendations, and the registry staff is already streamlining workflow to take advantage of the new system. In accordance with ACS recommendations, registry staff has been meeting with OEMS/TS and other stakeholders to identify reports that should be part of the system. Registry staff is developing detailed plans for rollout statewide, including contact with injury prevention coordinators at Level I-III hospitals.

Dr. Laura Kalanges, section director for The Health Promotion and Chronic Disease Prevention Section at DSHS, which manages the cardiovascular disease and stroke prevention programs presented a report from the Texas Council for Cardiovascular Disease and Stroke Prevention. They were asked by members of council to render a legal opinion of whether DSHS has authority to establish stroke registry. Following meetings in May, they determined that either the department or the council has authority under existing statutes to establish the registry. Before an official decision would be made, there was a recommendation from their section to form a workgroup to look further at the feasibility and process of creating a stroke registry.

Bruce Clements, Section Director for Community Preparedness, presented a report on preparedness activities. The hospital preparedness program (HPP) was part of a discussion of funding cuts; the program saw a 1.6 % cut. In the past 10 years the State has amassed a significant amount of equipment, teams and resources, but little awareness of these resources is available. TDMS is organizing what is available and a guidance document is being developed to establish what TDMS will be and how resources will be deployed, following the national model. TDMS has established emergency medical task forces organized by region. The numbering system is now better aligned to match the region numbers. Supply storage issues have been

documented, and the inventory process will improve organizing processes, including evaluating the varied supplies that may be needed for one shipment.

Mary Frost reported an update from the Registry Solutions Workgroup (RSWG). The workgroup was formed in response to a needs assessment and a study of best practices that identified the need for an improved trauma registry. A multidisciplinary group of stakeholders participated in the interview and data gathering process, and a vendor was chosen. The workgroup has participated in the recommendation of data elements to be included. The next goal is remain as an advisory group to continue to maintain the registry. Weekly meetings to study data points that may be included, such as information from NEMESIS and the national trauma database. Various other data items will also be collected, such as performance improvement data points will be included for in-house groups that choose to use it as their sole registry. The recommended data elements will be posted for public stakeholder comment online, DSHS will provide forum for electronic comment and feedback.

## **Item 7: Standing Committee / Task force reports**

### **Air Medical Committee**

Alicia Wiren presented report. MOA for full fixed wing and rotor wing brought back by the state for review. Clarification and revisions will be made, especially regarding rates and reimbursement. The committee also reviewed concerns brought forth by Mr. Vaz regarding a utilization review of air medical transport. The workgroup has been in contact and is working with local partners (RAC) to examine partnerships with ground EMS, communications between air med providers, training and utilization. Rule change recommendations already put forth by the committee will also address some of the utilization concerns.

### **Cardiac Care Committee**

Christine Yuhas presented the report for Chair David Persse. Lonie Denne, Senior Director of Mission: Lifeline, presented the committee with 2010 data from the American Heart Association's Texas STEMI Progress Report. Robert Wozniak, MD, gave a presentation on results of the STEMI survey, but lacked participants. The committee will resend the presentation link to increase stakeholder participation. Dudley Wait gave a presentation on STRAC cardiac care and its own STEMI registry. Karen Pickard reported on a fire marshal survey that indicated 58 percent of patients in rural Texas can be at a Level I hospital or stroke center within 30 minutes; 97 percent have access to and use air medical. Announcement: David Persse will not come back as committee chair, but will renew as committee member. The committee had no action items for the council.

### **Disaster / Emergency Preparedness Committee**

Dudley Wait presented the report for Chair Eric Epley. The committee discussed the EMTF renumbering, which was described previously, and discussed functional needs issues, which were covered at emergency management conference, especially sheltering ideas/changes.

Eight EMTF regions established: five strike teams are needed for each region. If completely staffed, then three times more ambulances will be available in a disaster without accessing FEMA assets. The committee discussed a VHF radio communications plan for ambulances and staging. This was formed into a 205 memo and given to DPS coordination group, as a plan for staging. Led to discussion of deployable ambulances being equipped with VHF mobile radio for interoperability and quick availability. Utah guidelines for pandemic was discussed by Dr.

Moriber; workgroup with DSHS staff, work product out February GETAC meeting. The committee had no action items for the council.

### **Education Committee**

Chair Jodie Harbert presented the report. The committee met in April and on Thursday. They discussed EMT-I certification and the possible adoption of Advanced EMT (AEMT) certification from the 2009 National EMS Education Standards report. Currently there is no formal transition to AEMT in Texas, and a transition course will be available for those seeking NR AEMT certification. New NR certificants will test at AEMT for the middle level. The committee will seek public input to determine whether Texas will name them AEMT or EMT-I, after next legislative session. It is likely the Education Committee, through stakeholder input will develop the curriculum if there is a change.

As a result of cooperation between the Education Committee, EMS Committee and DSHS, Local Project Grants are now available to assist programs seeking paramedic accreditation. This was widely requested because financial assistance is often a factor preventing programs from seeking accreditation.

The committee reviewed the 2009 National EMS Education Standards Gap Analysis, and will continue to meet with EMS Committee and Medical directors committee to get input on suggested changes. Trying to get ready for public comment in August on what skills the committee would recommend for each level.

Accreditation was polarizing and heavily lobbied at legislature. A task force created from several committees was established to determine whether accreditation is needed, and, if yes, how did we want to get there. There are varying views on how to get there, often as a result of miscommunication, which the workgroup is working to dispel. In April, the workgroup held a 15th meeting to help programs get accreditation paperwork completed. The Education Committee is continuing to work with programs to help overcome application hurdles whenever requested. More workshops are being organized and requested. Next meeting July 8, 2011. The Education Committee passed a motion to reaffirm to GETAC to support accreditation adoption by 2013, corresponding with National Registry requirements

In response to queries from Donald Phillips, Harbert stated that two curriculums are being reviewed, I-85 and I-99, with regard to the AEMT shift. This question will be discussed in the next couple of meetings to decide which of the two curriculums will be followed to prepare students to take the NR AEMT test.

### **EMS Committee**

Chair Dudley Wait presented the report. The committee discussed the Gap Analysis report mentioned by Jodie Harbert. They reviewed it April, and posted a number of comments and had questions. They would like to meet with the Education Committee and Medical Directors Committee to discuss the questions. Providers would like to address how standards of care are changing, adding skill sets, and making sure students are prepared for taking the national test. The committee heard a presentation from Texas Emergency Medical Services for Children (EMSC) giving an overview of a survey comparing Texas and the United States, an update on pediatric specific medical online control, and protocol compilation.

The committee discussed accreditation and the task force, which is preparing a survey. Members also discussed VHF radio, and whether recommendations/requirements should be introduced when reviewing chapter 157 changes, or would they be better placed in MOAs. The

radio debate focused on the possibility of creating an unfunded mandate, future technology advances, and creating a rule for all ambulances regardless of whether they will ever be deployed. The Chapter 157 rule discussion also addressed whether the DSHS-assigned ambulance number used in regulatory can be changed to both benefit regulatory and be used in staging areas. There was also a brief update from the registry workgroup. The committee had no action items for the council.

### **Injury Prevention Committee**

Rick Moore presented the report. The committee met in April and on Wednesday. They received reports from Texas Trauma Coordinators Forum (TTCF) and Texas EMS Trauma & Acute Care Foundation (TETAF) on the works of their injury prevention committees and discussed collaborating together as three committees.

ACS recommends implementing ten evidence-based strategies as presented by TETAF. The committee also reviewed Matter of Balance, a fall prevention program. It is not evidence-based to prevent falls, but it does help people understand how not to fall, so support is allowed. The committee also heard a presentation from registry solutions workgroup on data elements. There was discussion related to ASC recommendations made to injury prevention -- they just received a previous Texas injury prevention plan and needed to review before going forward with recommendations.

Information from the hypothermia task force was presented by Susan Birchfield, and two items will be reviewed in the Chapter 157 rule revision.

Public comment: Easy access to evidence based strategies will be presented at next meeting. review proposed data elements.

Action items: Letter of support for red light cameras was submitted to GETAC. It recommended an addition to the letter, stating that red light cameras are an injury prevention tool, and was submitted back to GETAC for approval. Request GETAC update safe sleep position statement to mirror updated from.

### **Medical Directors Committee**

Donald G. Phillips, DO, presented the report. The committee met on Thursday. They discussed pediatric EMS resource and equipment, disaster and incident medical direction, resource allocation and triage during catastrophic situations, pending legislation items, and the 157 rule review. There was also broad discussion of accreditation, which brought about the following action item.

**Action item:** Motion made to the council: medical director's committee's affirmation of previously agreed upon deadline of 2013 for accreditation of paramedic education programs.

### **Pediatrics Committee**

Chair Charles Macias presented the report. Discussion began with committee liaison reports. Most significant was a review of performance improvement measures and RACs as they relate to pediatrics. The child fatality review team provided an update, and the coordinator for CFRT will become a regular part of committee meetings as we work with them to expand the number of children covered in the state. 93.3 in 2006 was 50%. EMSC update was limited due to NEDARC presentation. The registry solutions workgroup gave a presentation and the process and timelines of Chapter 157 changes was discussed. Each person will be assigned a portion; the committee

will meet in June, and a final report will be given in September. The committee had no action items for the council and there was no public comment.

### **Stroke Committee**

No report was presented.

### **Trauma Systems Committee**

Ronald Stewart, MD, presented the report. The committee met on Wednesday. TETAF presented a review of where driver responsibility program funding stands—there is a request for 20 million reduction over next biennium. Other efforts of TETAF: clarification of process of online streaming of meetings.

Announcement: Dr. Stewart will step down as chair but will continue as committee member. Jorie Klein volunteered to assume the Interim Chair responsibilities. Council thanked Stewart for commitment to position as chair.

### **Item 8: GETAC Liaison Summaries**

**DSHS Preparedness Coordination Council**– No report

**Traumatic Brain Injury Advisory Council**– No report

**DSHS Hospital Licensing Rules Review Workgroup**– No report

### **Texas EMS, Trauma and Acute Care Foundation (TETAF)**

Dinah Welch presented the report. Approximately 65 people present in this room; 108 viewers on current webcast. It is a great tool, but the ability to interact is important. The online streaming is a good benefit for those who are unable to attend the meeting. TETAF will also stream video from the GETAC meeting in August and will investigate with DSHS whether committee meetings can also be streamed. The live stream is available from a link on the TETAF website, which is undergoing regular updates. Listserves are the main communication now, but TETAF is working toward more direct communication, such as discussion boards hosted and archived on their website.

TETAF was involved in legislative process. Questions about driver responsibility program; all bills trying to dismantle it were non-starters because of huge fiscal notes. The state would lose as much as \$80 million without the program. Trauma survey for Level III and IV hospital designations will continue to be managed by TETAF. Stroke surveys are also managed by TETAF. Three stroke support facility applications have been received by the state. One review has been scheduled by TETAF. Trauma systems division has been examining rules, and a rule revision workgroup will share recommendations with GETAC. TETAF will host a “bat cruise” in Austin on August 17, 2011.

### **Item 9: Discussion and possible action items**

The Council reviewed the following items:

**GETAC Task Force for paramedic training.** Jodie Harbert, Steven Ellerby, DO, and Dudley Wait lead the paramedic training task force. Jodie Harbert began the task force report. At the GETAC meeting in November, participants requested the creation of this task force with the goals of determining whether paramedic program accreditation is something we want to pursue,

and if so how do we get there? Three conference calls with representation from each group (education, medical direction, EMS provider) have been held. The task force is preparing a survey that will in part address what can be done to help identify gaps, needs and needed resources to help paramedic programs achieve accreditation.

Dudley Wait continues the report: Conference calls have included lengthy discussion of the charges put before the workgroup. Some members are seeking clarification of the charges put to the task force, determine whether an accreditation deadline must be established, and guidance from the Council on how it would like to receive the task force report: with recommendations or without. The task force is also focusing on information-sharing in order to get people to take the survey: medical directors, EMS providers and educators will each be represented/targeted.

The Council, committee members and DSHS discussed the charges put to the task force, including whether an accreditation deadline should be recommended by GETAC. An action item was submitted by the Medical Directors Committee recommending GETAC reaffirm a motion passed by GETAC in 2008 [May 2008 motion reprinted here from the meeting minutes]: “A motion was made by Jodie Harbert and seconded by Joan Shook, MD, to have GETAC support the adoption of National Accreditation of EMS programs by 2013, which corresponds to the National Registry requirements. There would be no rule changes or amendments at this time, but the Committee would begin the initial process to move this forward. The motion passed unanimously.”

***Action Item: A motion was made by Donald G. Phillips, DO, and seconded by James Randall Loflin, MD, to reaffirm the motion submitted for GETAC approval in 2008.***

Discussion among Council members, committee members and stakeholders continued.

Ronald M. Stewart, MD, requested a move to table the discussion/motion. Seconded by Ryan Matthews. The motion failed.

The motion under discussion was repeated by the chair: ***Motion is to reaffirm the 2008 motion made by GETAC to support a Jan 1, 2013 deadline for accreditation of paramedic training programs. The motion passed 7:2; the chair abstained from the vote.***

### **2009 National U.S. education gap analysis review**

Jodie Harbert began the discussion. The 2009 gap analysis [NASEMSO] is part of the national standard curriculum for EMS training (all levels) looking at the gap between the standard recommendations and what is happening in Texas. The educators are reviewing the data. The NASEMSO report indicates what the national standard curriculum recommendations are, but there is also a space to add what should be taught as a standard skill set. At the paramedic level, the education committee voted to teach everything in the gap analysis, allowing the medical directors and the operators to dictate what they will allow a paramedic to actually do, because a person might work for multiple entities with different protocols and different skill sets. We asked the EMS committee and the medical directors committee to examine the gap analysis and also give their recommendations. Dudley Wait presented it to EMS Committee in April; they came up with questions and will meet with the Education Committee at the next workgroup to address concerns and offer additions. A service's medical director would dictate which skills a person would or would not use, so their input (through the Medical Directors Committee) is also sought.

The goal is to complete these reviews and to offer recommendations to the Council in August, for approval by GETAC in November.

**Review of the process, method and timeline for GETAC with regard to the rules in chapter 157**

Jane Guerrero reminded the Council that this issue was covered in the DSHS report.

**Item 10: Public comment**

Discussion was opened among Council members, committee members and stakeholders regarding clarification of the intent of the motion passed at this meeting.

G. K. Sprinkle, with Texas Ambulance Association, opened discussion of the Texas Sunset Advisory Commission, which has set 2013 as the legislative session for reviewing DSHS and determining whether or not it will be reauthorized. The assumption is that health and human services agencies would be authorized, but there is an option during this process to make changes and to do different things as legislators put the authorization together. This process can be a way of encouraging and gathering information from stakeholders, and GETAC can be very proactive in helping stakeholders understand the process. So that by the time in 2012 when the Sunset Advisory Commission is holding hearings and gathering stakeholder information through questionnaires, the group will have something for them to support and go forward. GETAC could consider establishing a task force or work in some way as a group to get that information to stakeholders.

Remmy Morris, of Seton Hospitals, encouraged the Council and stakeholders to review a brochure created by her and others that will be distributed inside hospital physician lounges. It will begin distribution during EMS Week. The work is a compilation of information from several EMS agencies intended to help answer, "Why did you bring the patient here?" and also to inform hospital physicians that EMS is in step with current medical science. Although it was originally intended to be only one issue, several more are in progress.

**Item 11: Adjournment**

The meeting was adjourned at 12:28 pm.