

# Governor's EMS & Trauma Advisory Council

Strategic Planning Discussion 2008



**Saturday mornings in cockroach households**

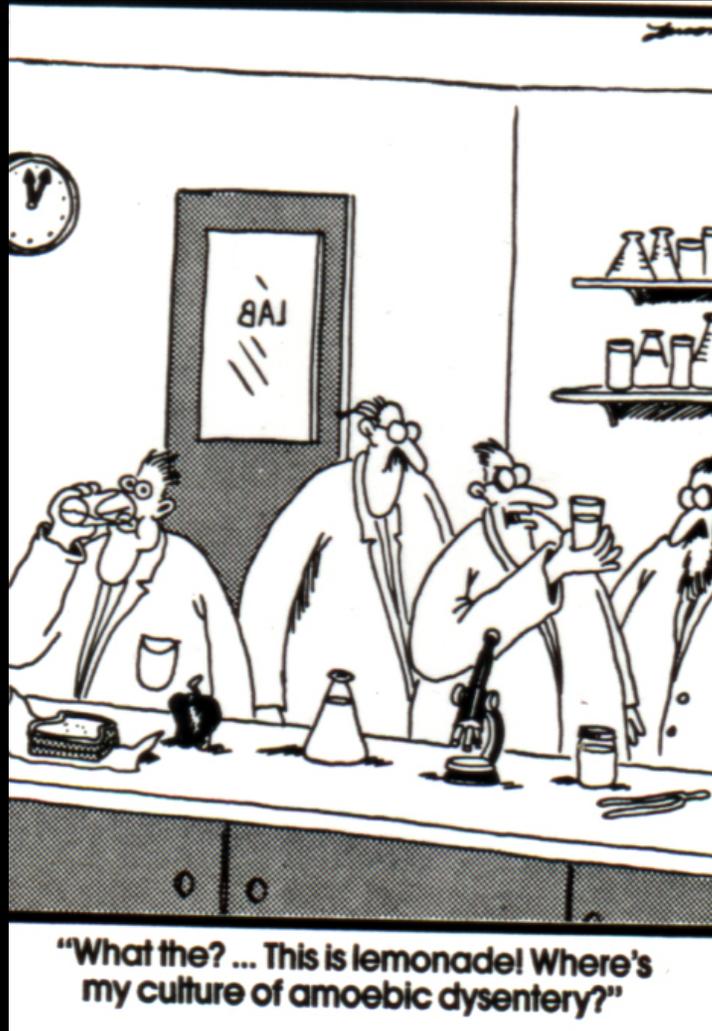
# Overview of the process and proposed plan...

- Why we did this
- How we did this
- What we did

# Why?

- GETAC has been in existence for almost 10 years
- The science *and the business* components of EMS & Trauma care have changed
- The responsibilities of GETAC have evolved
- The National EMS & Trauma environments have changed (and continue to change rapidly)
- Some individuals and organized stakeholder groups have expressed concern about the functionality and responsiveness of the current GETAC structure

# What did we look at?



# What did we look at?

- The empowering legislation for GETAC (1999)
- The Strategic Plan developed in 2001
- The report and results of the EMS Regulatory Structure Task Force
- Our current initiatives and structure
- Our Mission
- Personal perspectives

# What are the concerns?



**"Got him, Byron! It's something in the *Vespuia* genus, all right—  
and oooweeeee does he look mad!"**

# What are the concerns?

- The current GETAC Committee structure doesn't flow efficiently
- Information discussed (or the work product developed) does not make it out to the right individuals or organizations that can help make change
- The need for frequent combined Committee meetings suggests we don't have the right TYPE of membership on Committees
- Meeting schedules and agendas often force public comment time to the end when many people have left

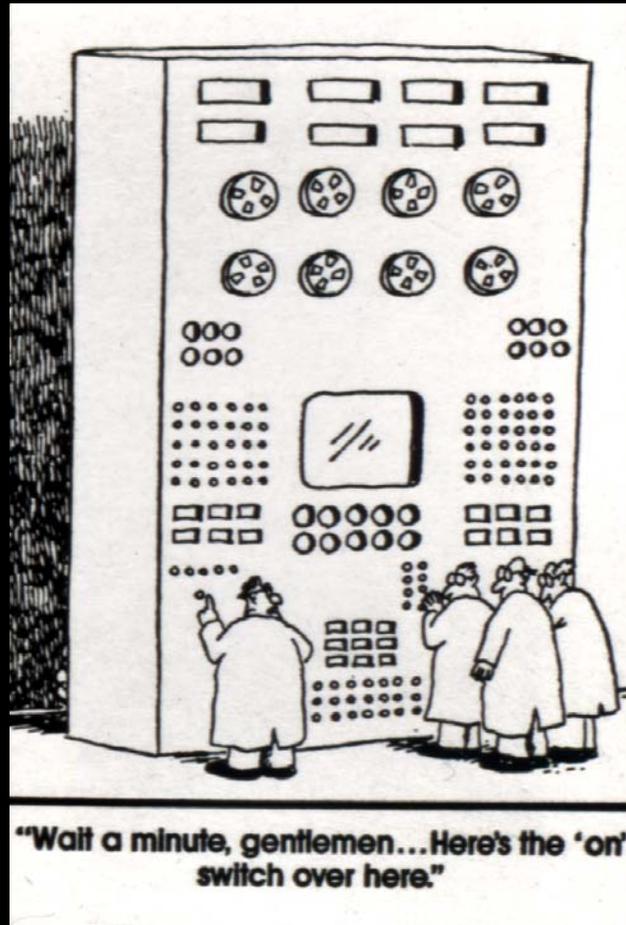
# What are the concerns?

- There should be an increased depth and complexity of each Committee so more issues are represented.
- Strengthen and focus the core mission of GETAC by identifying problems and building a collaborative system from the ground (experts) up.
- The length of the meeting days is increasing – Hard to attend all relevant meetings
- Need to focus on longer term issues and solutions

# What are the concerns?

- GETAC Council members do not stay until the end of the meeting and jeopardize a quorum
- Committee & DSHS reports take too much time
- DSHS Staff reports are repeated too often, taking up Committee time
- Follow through in Committees and GETAC is not consistent
- Several key players or areas are not strategically represented
  - RACs
  - Disaster functions
  - STEMI Systems
- The San Antonio traffic is getting worse.

# What are our accomplishments?



# What are our collective accomplishments?

- Inclusive decision making / Consensus process
- *Tremendous* increase in interest and participation by stakeholders (both individuals and organizations)
- Legislative recognition of GETAC approach and function
- Significant strides in both EMS & Trauma System development in past decade
- More proaction / Less reaction
- We aren't fighting among ourselves (as much)

# The proposed changes...



# Principles of the proposed changes

- Increase efficiency
- Increase participation by interested individuals and organizations (seat at the table and time)
- Increase coordination and collaboration between groups
- Communicate messages effectively and consistently
- Increase strategic interaction

## Broad overview of the proposed changes

- Define who we advise and advise them
- Define what GETAC produces and produce it
- Change structure to accomplish the above :
  - Efficiently
  - Effectively
  - Inclusively
  - Predictably

## We advise:

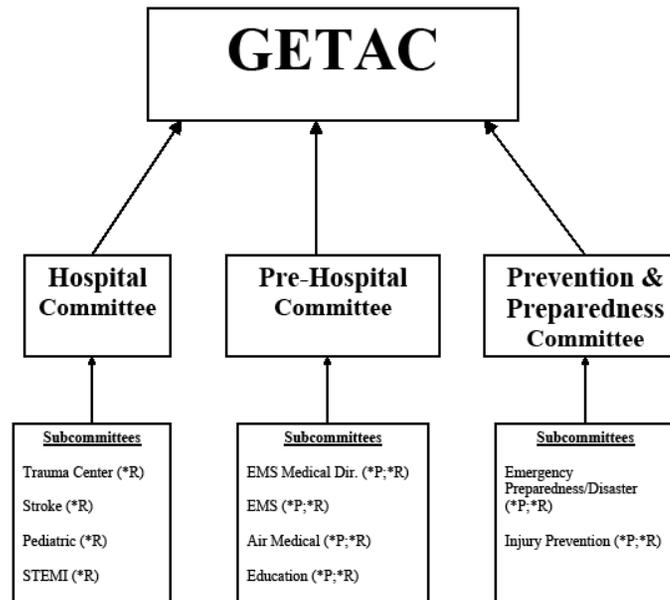
- The Governor's Office
- The Department of State Health Services
- The Health and Human Services  
Commission Chair
- Ourselves
- Our spouses and significant others...

## Our GETAC Products are:

- Recommendations for Rule development / change
- Recommendations for Policy development / change
- Education - Best Practices / Position papers / Data
- Strategic initiatives

# Proposed Committee / Subcommittee structure

GETAC Retreat—January 25-27, 2008 **DRAFT**



**NOTES:**

**3 Committees:** 9 members each, including the Chair, comprised of 2 members from each Subcommittee + the Chair; Chairs are GETAC members and appointed by GETAC Chair; Chairs may appoint Vice-Chair from Subcommittee member pool

**10± Subcommittees:** 11 members; \*designated seats: R=RAC; P=Pediatric  
Subcommittee Chairs may appoint Workgroups as needed

Quorums for all: simple majority

# Proposed Committee / Subcommittee structure

- The ability to form Work Groups on any specific issue with content experts

# Proposed meeting structure

## Wednesday:

One Committee meets 12 noon to 1p

Two Committees meet 1p to 2p

2 Subcommittees will meet simultaneously as needed from

2p to 4p

4p to 6p

## Thursday:

2 Subcommittees will meet simultaneously as needed from

8a to 10a

10a to 12 noon

1p to 3p

Two Committees meet 3p to 5p

One Committee meets 5p to 7p

# Proposed meeting structure

## Friday:

GETAC 8a to 12 noon

- DSHS EMS/Trauma Systems Report
- Hospital; Pre-Hospital; and Prevention & Preparedness Committee Reports
- Discussions; Public Comment

# Summary of proposed changes

- Increase efficiency by redesigning Committee / Subcommittee structures
- Integrate like functions and allow combined subcommittee meetings (don't allow structure to interfere with function)
- Advise appropriate entities after every meeting
- All action items should be consistent with our goals of GETAC product
- Increase participation / dialogue / discussion amongst all of us
- Be respectful of time and obligation to participate

# THANKS, BY THE WAY...

- DSHS Staff
- Everyone who's been on this ride for the past 9 years
- My GETAC Colleagues...

# Questions / Discussion?

