

RAC Chair Meeting Notes

Wednesday, May 11, 2011

Question regarding Open Meetings Act

Prior to the meeting getting started, while DSHS staff and stakeholders were trying to get seating arrangements ready, and hoping to get the meeting started earlier than the stated agenda begin time of 5:45 pm, someone asked if the department was bound by Open Meeting Act requirements to start the meeting as stated on the previously published agenda. The answer to that question was no. The RAC Chair meeting is not an official GETAC advisory committee. The meeting is not subject to the Open Meetings Act because the Chairs are not serving as public or government officials, as are the members of the GETAC Committees and Council members. The Chairs meeting is not in service as a governmental body and not exercising governmental decision-making. Rather, the Chairs meetings are a contractual requirement of the RACs with DSHS. The purpose of the meeting is toward development of the regional trauma systems and statewide trauma system (emergency healthcare system) as a whole, as charged by statute. The RAC Chairs meeting started early at 5:10 pm.

EMSC Update

Tony Gilchrest reminded the attendees that at last quarter's GETAC meetings, EMSC had presented the results of their survey of state EMS agencies regarding essential pediatric equipment, medical direction, protocols, and regional pediatric trauma system plans. At this GETAC meeting, in the Pediatric Committee, a follow-up presentation from the National EMS for Children Data Center (NEDARC) would show that survey was used to see where Texas measures up against the rest of the country. Tony introduced Mike Ely of NEDARC. In short, Mike said that NEDARC was established in 1984 to ensure children get needed pre-hospital care. To carry out that mission, NEDARC has been trying to collect uniform data from each state. He offered hearty congratulations to Texas for making the 80% participation rate. Kent Page, statistician for NEDARC, said that he had good statistical validity confidence in the random sample taken from Texas, though not necessarily at the RAC level. Basically, Texas compared well to national averages. There were no outliers in any area. Tony Gilchrest said that several RACs had asked for their regional data and he would be happy to provide it. Tony also said he had cost figures on needed items and funding ideas to help each RAC solve whatever issues may exist in their regions.

Registry Solutions Work Group (RSWG)

Debbie Hutton, a hospital registrar from University Health System in Antonio, and also serving on the Registry Solution Work Group, presented: "Stakeholder Update - Building a New Trauma Registry". (A copy of her presentation will be posted on the DSHS trauma website under RAC Chairs Documents for May 11, 2011.) She said after the RFO was awarded to Consilience, weekly conference calls of the RSWG resumed to recommend data elements for the new registry. Their recommendations, consistent with the MTG Management Consultants assessment (TRISA) and the ACS Trauma System Assessment recommendations would include both the National EMS Information System (NEMIS) and the National Trauma Data Bank (NTDB) data elements be collected in the Texas Trauma Registry. Additional elements may be recommended based on whether they pertained to system performance improvement or patient outcome evaluation. Leigh Anne Bedrich of RAC E commented that most EMS agencies have NEMIS, but will have to buy NTDB, a significant financial burden for EMS. Dr. John Villanacci, Director of the DSHS Environmental and Injury Epidemiology and Toxicology Unit, replied that recommendations will be made by the RSWG. Stakeholders will be able to submit comments and questions on a form provided on the website and will be posted to the website as FAQs.

Seating Arrangement

Emily Parsons noted that for three years, the seating arrangement of the RAC Chairs meeting has continued to remain a divisive issue among stakeholders and DSHS staff. Emily outlined the only options the state has to offer:

1. Continue meeting in the big GETAC room, but without changing the table configuration or audio-visual setup, needed by the GETAC committee meeting the next morning.
2. Accommodate the desire of the Chairs and EDs to sit next to each other in the smaller pop-off room and not have an audio-visual setup or audience space.

Emily asked for comments or suggestions. Todd Haugen, Chair of Border RAC (I), said he would prefer the large room, but would rather have the Executive Directors sit at the table. Lori Boyett, Chair for Heart of Texas RAC M, said she thought EDs had a better daily working knowledge of contract issues, while most Chairs were clinical in orientation, and better suited to discussions and presentations on best practices. No one was opposed to the suggestion to leave the issue of who sits at the table entirely to the RACs. Twenty-two chairs at the GETAC table configuration will be provided, and seating in the audience is always available. The seating arrangement will never be on the agenda again.

Contract and Funding Update

The review of backup Excel data submissions for Uncompensated Trauma Care Allotments to hospitals is almost complete. OEMS/TS is awaiting 12 facilities backup Excel figures for their applications. Disbursement of approximately \$67 M is expected to go out in June.

The Tobacco third quarter financial report is due June 6th. (A copy of the Funding Program Update for May 11, 2011, will be posted on the DSHS trauma website under RAC Chairs Documents for May 11, 2011.)

Emily discussed some trauma survey changes. From now on survey requirements will be recorded as either "Met" or "Not Met". There will no longer be a "Met with Recommendations." Significant deficiencies will require corrective action or a mid-cycle survey. The department is talking now with TETAF, surveyors, and facilities. Lori Boyett commented that she would like to see a FAQ section like that of ACS, defining how facilities meet specific criteria. TETAF will develop a surveyor's only page that will have a FAQ.

Process for submitting suggestions for TAC chapter 157

The RAC Task Force recommendations should be suggested in the appropriate GETAC Committee. Each GETAC committee chair (or their designated committee member) will submit recommendations for changes to Chapter 157 to DSHS using the DSHS form supplied to all committee chairs. Comments will be submitted as follows:

- Submit only suggestions that have been fully vetted through the committee process.
- Enter the suggestions onto the electronic form provided by DSHS including all the current rule reference.
- Suggestions can include a general or specific statement regarding the cited rule section. Think concept, this is not in specific rule language, specific rule language will be written by department staff to include Office of General Council (OGC).
- Submit using the electronic form. Submission directions are detailed on the form.
- The department is not soliciting open public input.
- Suggestions must be vetted through the appropriate GETAC committee and then submitted by the committee chair with the committee's suggestions.

- All committee suggestions will result from committee activity that has been held in meetings that meet the Open Meetings requirements.
- Anyone who does not currently serve on a committee of GETAC can participate in the process by attending the committee meeting and participating in the process.
- The deadline for committee submission of vetted suggestions is September 30, 2011.
- A summary of all the committee comments will be presented at the November GETAC Council meeting.

RAC Response to ACS Recommendations

During the Governor's EMS and Trauma Advisory Council (GETAC) Council meeting, Monday, November 22, 2010, Wanda Helgesen suggested the development of an ACS review recommendation workgroup. She proposed that the potential workgroup should have two initial charges: to evaluate RAC components of the report and to review the ACS's recommendations related to RACs and provide recommendations as deemed appropriate. Ronald Stewart, MD, nominated Wanda Helgesen to chair this potential workgroup and she accepted the nomination.

Wanda Helgesen, representing the RAC Task Force, said the RAC's approach has been to address the ACS recommendations and the rule review together, as they were interwoven. She reported that the April 8th meeting in Houston focused on the HRSA, *Model Trauma System Planning and Evaluation* section on Benchmarks, Indicators, and Scoring. Wanda acknowledged that not all RACs were represented at the meeting and the work of the task force was not complete. She said that RACs would receive documents ahead of the next RAC Chairs meeting in August for review and final recommendations.

Wanda pointed out that much of the current rule references the process of creating RACs. The RACs thought that since the task of RAC development around the state has been accomplished, the rule revision should eliminate those sections. The workgroup would like to see RACs referred to as "performance improvement organizations". The workgroup would like to look at other states' rules and make a recommendation mainly to a performance improvement plan, starting with 4 or 5 indicators and measurements that each RAC could do. Carrie Hecht, Chair of RAC E, spoke up to emphasize that Emily is asking all RACs to comment on the ACS Recommendations working document that Trauma Systems and DSHS have already reviewed. RACs need to send those comments to Wanda. Wanda will need the RACs responses within a week or two. Wanda suggested several interim meetings by the end of July, or at least one more time as a minimum. Lori Boyett asked if there were any "hot spots" for the group meeting tonight. All agreed the biggest concern at this time is resources. Lori reminded the group that GETAC Council's future strategic planning process needs input from RACs on all the ACS recommendations, not only those that refer to PI. She was clear that RAC M could not take on any more than they are already doing, at this time. RAC U volunteered to take on the PI issue, separate from RAC response to ACS recommendations.

Wanda asked for input from the group on how they get their membership to report data. Panhandle RAC commented that they had 100% compliance to the registry by survey monkey. RAC E targets those members who struggle, and then work with them extensively. That effort has resulted in the last 2 quarters at 100% reporting for RAC E. RAC E's regional registry includes the collection of stroke, cardiac and submersion data. Their board will not submit letters of participation unless the member organization is reporting data. Billy Rice, Chair from Brazos Valley--RAC N, said all organizations were reporting through a WebEOC board built by a 19 year-old computer geek from Texas A&M, and that anyone could get it done too. RAC J said they have 90-95% compliance turning everything in the old-fashioned way, manually, by hand. Data reporting in RAC J was a necessary part of "good standing". Russell VanBibber,

RAC F Chair, said that members do not get a check from the RAC unless they have met regional quarterly reporting and participation requirements.

Christine Reeves, ED for HOTRAC (M), pointed out that data reporting means money to the RAC. Specifically, EMS funding for 911 providers and Uncompensated Care distributions were mentioned. At HOTRAC, the Physicians Advisory Committee reviews all data, which is then blinded for membership to see trends and issues. They do not have a regional registry and the paperwork involved is a major hurdle.

Wanda warned RACs that ultimately, not reporting data will hurt the RAC financially. Dudley Wait said the trauma funding carrot is wearing thin for stroke and cardiac systems development. The RACs must work with TETAF to begin preparations to get stroke funded and cardiac legislatively mandated in the future. Wanda and Dudley were concerned that RACs may be penalized by a requirement to report data. Christine Reeves said the issue has never impacted RAC M. Once membership understands that their data reporting affects RAC funding, the data shows up.

Jane Guerrero mentioned that TTCF had decided they could not offer a nursing track this year at the EMS Conference. Jane had initiated talks with Nim Kidd on having an Emergency Management track. She asked the RAC Chairs and EDs if they would be interested in a RAC Education track at the Conference this year. The interest level was positive for a RAC Education track. Wanda Helgesen and Sheryl Coffey said they would get together a list of RAC Education topics for the Conference. A "New Chairs and Board Members Orientation" was mentioned as a needed topic. Someone mentioned Non Profit Resource Centers or GreenLights.org for HR and finance courses.

A TDEMs presentation was of interest to participants for the next meeting in August. Lori Boyett thought no more than one presentation per RAC Chairs meeting would leave time to discuss other items of interest. Wanda thought subjects related to injury prevention should be presented in the GETAC Injury Prevention Committee, for those interested.