Last Name	First Name	Appointed Position	Attendance
Tyroch, MD, Chair	Alan	Trauma Surgeon - per HSC §773.012(b)(14)	Yes
Matthews, LP, Vice Chair	Ryan	Private EMS Provider - per HSC §773.012(b)(5)	Yes
Barnhart	Jeff	Rural Trauma Facility - per HSC §773.012(b)(11)	Yes
Campbell, RN	Cassie	Registered Nurse - per HSC §773.012(b)(3)	Yes
Clements	Mike	EMS Fire Department - per HSC §773.012(b)(9)	No
DeLoach, Judge	Mike	County EMS Provider - per HSC §773.012(b)(12)	No
Eastridge, MD	Brian	Urban Trauma Facility - per HSC §773.012(b)(10)	No
Johnson, RN	Della	RN w/Trauma Expertise - per HSC §773.012(b)(15)	Yes
Maes, LP	Lucille	Certified Paramedic - per HSC §773.012(b)(17)	Yes
Malone, MD	Sharon Ann	EMS Medical Director - per HSC §773.012(b)(2)	Yes
Martinez	Ruben	Public Member - per HSC §773.012(b)(18)	Yes
Pickard, RN	Karen	EMS Volunteer - per HSC §773.012(b)(6)	No
Ratcliff, MD	Taylor	EMS Educator - per HSC §773.012(b)(7)	Yes
Salter, RN	Shawn	EMS Air Medical Service - per HSC §773.012(b)(8)	Yes
Troutman, MD	Gerad	Emergency Physician - per HSC §773.012(b)(1)	Yes
Vezetti, MD	Robert	Pediatrician - per HSC §773.012(b)(13)	No
Wait, EMT-P	Dudley	Stand-Alone EMS Agency - per HSC §773.012(b)(16)	Yes

Item	Торіс	Discussion	Action
	Call to Order	Meeting called to order at 8:00 AM by Dr. Tyroch. Deidra Lee with DSHS read the virtual rules of participation and called roll.	No actions required by the members.
	Reading of GETAC Vision and Mission and a moment of silence for all healthcare workers who have fallen ill or died in the line of duty.	Read by Dr. Tyroch. There was a moment of silence.	No action required by the members.
	Review and Approval of November 22, 2021 GETAC Minutes	A motion was made by Dr. Ratcliff to approve the minutes. The motion was seconded by Mr. Salter. The motion passed.	No additional actions required by the members.
1	Chair Report and Discussion – Alan Tyroch, MD, Chair	Dr. Tyroch stated that the GETAC Council is required to update the Strategic Plan and the Procedural Operating Standards. Dr. Tyroch asked the Council members to read the slide regarding Council and Committee Meeting Participation. Dr. Tyroch stated that the Committees define their action items through the review of the Strategic Plan. Dr. Tyroch asked the Council members to review the Committee Focus flowchart.	Chair and the committee members reviewed the flow chart of activities and action and the process. There were no questions or comments. No further actions were required.

2	State Reports		
2 2A	State Reports Texas Board of Nursing: Nursing Workforce Shortage Initiatives Cindy Zolnierek, PhD, RN, CAE Texas Nurses Association	Dr. Zolnierek clarified that she does not work for the Texas Board of Nursing (BON). She is with the Texas Nurses Association (TNA). Dr. Zolnierek stated that Texas does have a nursing shortage. The Nursing Shortage Reduction Program is working on adding more nurses into the workforce. Faculty shortage is an issue. Nurses are concerned about staffing, workplace violence, and environments that support their well-being. Dr. Tyroch noted the impact of COVID-19 on the nursing workforce. Dr. Ratcliff noted the denial rate of potential nursing students. Dr. Zolnierek stated that it is a bottle-neck issue due to the lack of nursing faculty for the nursing programs. Dr. Zolnierek stated that if you improve the work environment of nurses, you are improving the work environment of everyone on the front line. Ms. Campbell asked if TNA has worked with the BON regarding travel nurse issues. Dr. Zolnierek stated that if price gouging is	The discussion focused on available information and sharing of current information and activities. No formal actions were defined. Dr. Tyroch thanked Ms. Zolnierek for her overview of the nursing shortage and for meeting with the council.

		asked about not having access to clinical	
		sites. Dr. Zolnierek stated that many hospitals	
		feel maxed out. Mr. Barnhart stated that the	
		shortage will harm rural hospitals. Ms. Klein	
		noted that the nursing workforce issue has	
		the potential to impact care in the rural areas.	
		Dr. Zolnierek noted that loan reduction or	
		forgiveness programs may be helpful. Mr.	
		Wait noted the nursing shortage is impacting	
		the EMS industry as the medics are moving to	
		positions in the hospital setting verses the	
		ambulance. in the Emergency Medical	
		Services (EMS) workforce. Hospitals are hiring	
		paramedics as a solution for vacant nursing	
		positions. A member of the public asked about	
		growing the Certified Nursing Assistant field.	
		Lynn Lail noted that many experienced	
		paramedics are moving into the hospital	
		setting, again adding to the burden of the	
		EMS workforce shortage.	
2B	Center for Health Emergency	No update	
	Preparedness and Response		
2C	EMS Trauma Systems		

<ul> <li>Rule Update</li> <li>Texas Administrative Code (TAC)</li> <li>Texas Administrative Code (TAC)</li> <li>T57.122 TSA - Adopt Feb. 17<sup>th</sup> -</li> <li>Effective March 1, 2022.</li> <li>TAC 157.133 Stroke rules - Adopt Feb.</li> <li>17<sup>th</sup> - Effective Sept. 1, 2022.</li> <li>Trauma Rules Update</li> <li>157.123 Regional</li> <li>Americar</li> <li>Emergency Medical</li> <li>Services/ Trauma System</li> <li>157.125 Requirements for</li> <li>Trauma Facility</li> <li>Texas tra</li> <li>Designation</li> <li>Texas tra</li> <li>Texas tra</li> </ul>	Council did not have any
<ul> <li>Texas Administrative Code (TAC) 157.122 TSA - Adopt Feb. 17<sup>th</sup> - Effective March 1, 2022.</li> <li>TAC 157.133 Stroke rules - Adopt Feb. 17<sup>th</sup> - Effective Sept. 1, 2022.</li> <li>Trauma Rules Update</li> <li>157.123 Regional Emergency Medical Services/ Trauma System</li> <li>157.125 Requirements for Trauma Facility Designation</li> <li>157.128 Denial, ACS 202 Suspension, and Revocation</li> </ul>	tions or action items
157.122 TSA – Adopt Feb. 17 <sup>th</sup> – Effective March 1, 2022. TAC 157.133 Stroke rules – Adopt Feb. 17 <sup>th</sup> – Effective Sept. 1, 2022. Trauma Rules Update The time 157.2 Definitions rules are 157.123 Regional American Emergency Medical release of Services/ Trauma System 157.125 Requirements for Trauma Facility Texas tra Designation requirem 157.128 Denial, ACS 2020 Suspension, and actions w Revocation Council.	rding the rules.
Effective March 1, 2022. • TAC 157.133 Stroke rules – Adopt Feb. 17 <sup>th</sup> – Effective Sept. 1, 2022. • Trauma Rules Update • 157.2 Definitions • 157.123 Regional Emergency Medical • 157.125 Requirements for Trauma Facility Designation • 157.128 Denial, • 157.128 Denial, • ACS 202 Suspension, and Revocation • Council.	
<ul> <li>TAC 157.133 Stroke rules – Adopt Feb. 17<sup>th</sup> – Effective Sept. 1, 2022.</li> <li>Trauma Rules Update</li> <li>157.2 Definitions</li> <li>rules are</li> <li>157.123 Regional</li> <li>Americar</li> <li>Emergency Medical</li> <li>release of Services/ Trauma System</li> <li>157.125 Requirements for</li> <li>Trauma Facility</li> <li>Texas tration</li> <li>157.128 Denial,</li> <li>ACS 2022</li> <li>Suspension, and</li> <li>actions w</li> <li>Revocation</li> </ul>	
17th - Effective Sept. 1, 2022.Trauma Rules Update157.2 Definitions157.123 RegionalAmericarEmergency Medicalrelease ofServices/ Trauma SystemStandard157.125 Requirements forrequiremTrauma Facilityrequirem157.128 Denial,ACS 2021Suspension, andRevocationCouncil.	
<ul> <li>Trauma Rules Update</li> <li>157.2 Definitions</li> <li>rules are</li> <li>157.123 Regional</li> <li>American</li> <li>Emergency Medical</li> <li>release of</li> <li>Services/ Trauma System</li> <li>Standard</li> <li>157.125 Requirements for</li> <li>requirem</li> <li>157.128 Denial,</li> <li>ACS 2021</li> <li>Suspension, and</li> <li>actions w</li> <li>Revocation</li> </ul>	
<ul> <li>157.2 Definitions</li> <li>rules are</li> <li>157.123 Regional</li> <li>American</li> <li>Emergency Medical</li> <li>release of</li> <li>Services/ Trauma System</li> <li>Standard</li> <li>157.125 Requirements for</li> <li>requirem</li> <li>requirem</li> <li>157.128 Denial,</li> <li>ACS 2021</li> <li>Suspension, and</li> <li>actions w</li> <li>Revocation</li> </ul>	timelines for the trauma
Medical Services and Trauma Care Account and Emergency Medical Services, Trauma Facilities and Trauma Care System	are impacted by the rican College of Surgeons ase of the "2022 VRC dards". The goal is to re the recommended as trauma center irements align with the 2022 VRC standards. No ns were defined by the

<ul> <li>157.131 Designated Trauma Facility and Emergency Medical Services Account</li> <li>Goal – Adopted in April of 2023 and "implemented September 1, 2023".</li> <li>Activities:</li> <li>Continuing the Rural Level IV/Non-rural Level IV/III monthly technical assistance calls;</li> <li>RAC monthly meetings;</li> <li>Initiate calls with survey organizations/surveyors in April/May System Challenges Being Addressed</li> <li>Regional Calls – Diversion / Closure</li> <li>Calls specific to hospital diversions/closure</li> <li>Long EMS waits at hospitals</li> <li>Waits for transfer patients being accepted</li> <li>Wait for EMS transport for patients being transferred</li> </ul>	

<ul> <li>Impact on Air medical/EMS</li> <li>Introduction of Marcus Foster - CMS Region         <ul> <li>Mr. Salter asked if Mr. Foster will disseminate a letter regarding 45 minutes to an hour wait times in hospitals. Mr. Foster stated that if the hospital is delayed in accepting a patient, the hospital should assess and prioritize the</li> </ul> </li> </ul>	Mr. Foster recommended the hospitals, and the EMS agencies address these issues at the local level and foster open communication when possible. No actions were defined by the Council
should assess and prioritize the patient based on the patient's needs. EMS should build a relationship with the hospital and	defined by the Council
document the situation.	
<ul> <li>Joe Schmider - EMS System Update</li> <li>Joe is out of the office. Brett Hart provided the update.</li> <li>COVID-19 Waivers</li> <li>Staffing waivers stay in place until August 28, 2022.</li> <li>All other waivers lifted as of Sept. 1, 2022</li> <li>Wellness Wednesdays</li> <li>Still working with the Texas Department of Insurance regarding Senate Bill 790</li> </ul>	

Friday, March 11, 2022

 DSHS Central Campus Robert Bernstein Building, Room K-100 1100 West 49 <sup>th</sup> Street Austin, Texas 78756	
<ul> <li>In 2021, 5,769 EMS certified personnel did not renew. This is an increase in non-renewals.</li> <li>Mr. Salter asked if they knew how long the non-renewals were in the profession. Mr. Hart stated there was no analysis. Mr. Hart stated he will look to see how long they were in the profession. Mr. Matthews asked if Mr. Hart could look at the certification level of the non-renewals. Dr. Ratcliff asked if a survey could be sent after 1 year to ask why they didn't renew. Macara Trusty noted that after 1 year of non-renewal, the individual will have to go back to school. The National Registry Re-Entry Pathway is a possibility. Mr. Hart stated that an email will be sent addressing the late re-entry process. Dr. Tyroch asked if Mr. Hart could find out the Trauma Service Areas of those not renewing.</li> </ul>	The Council tasked EMS with additional data regarding the "non-renewals" and bringing this information back to the Council in May.

<ul> <li>Elizabeth Stevenson - Designation Update</li> <li>Staff changes</li> <li>Audrey Green - Trauma/Stroke Designation Coordinator</li> <li>Stroke rules adoption in Feb. 2022</li> <li>Reviewed Designation Data 2021 4<sup>th</sup> Quarter</li> </ul>	The Council did not have any actions items for the Designation Unit.
<ul> <li>Indra Hernandez - EMS/Trauma System</li> <li>Funding <ul> <li>EMS/Trauma Systems Funding Program</li> <li>Overview</li> <li>ECA Training Fund</li> <li>EMS Allotment Fund</li> <li>Governor's Extraordinary</li> <li>Emergency Fund</li> <li>Uncompensated Trauma Care</li> <li>Fund</li> </ul> </li> <li>UCC application closed October 20, 2021</li> <li>Extraordinary Emergency Funds (EEFs)</li> <li>FY22: \$1Million was made available on 9/1/21</li> <li>14 applications received to date</li> <li>Funds available: \$484,974.21</li> </ul>	The Council did not have any actions items for the Designation Unit.

		<ul> <li>Regional Advisory Council (RAC) Contracts</li> <li>RAC Contracts include:         <ul> <li>EMS Allotment</li> <li>RAC Allotment</li> <li>RAC Systems</li> <li>Development</li> <li>EMS/LPG</li> </ul> </li> <li>Start 9/1 and end 8/21</li> </ul>	
2D	Texas EMS and Trauma Registry	<ul> <li>Jia Benno</li> <li>Dr. Manda Hall introduced Ms. Benno.</li> <li>Leading Causes of Injuries 2018-2020 and Double Transfers Report</li> <li>Data used were traumatic injuries reported by hospitals.</li> <li>Non-Fatal Hospitalizations</li> <li>Stayed relatively constant</li> <li>Non-Fatal by Mechanism 2018-2020 <ul> <li>Highest is fall</li> </ul> </li> <li>Pediatric Non-Fatal by Mechanism 2018-2020 <ul> <li>Highest is fall</li> </ul> </li> <li>Non-Fatal Mechanism by Age Group 2020</li> </ul>	The Council stated they were appreciative of the efforts of the State Registry in bringing data forward. The Council asked for clarification regarding the double transfers. Ms. Benno committed to a further review of the double transfers. No additional action items were identified.

Gender 2020 Non-Fatal by Rac Non-Fatal by TSA Top 10 Summary of Non Slide Summary of Non Slide Fatal Trauma Hos Fatal Rate Per Ye Pediatric Fatal Ra See slides Summary of Fatal Summary of Fatal Double Transfer Dou pat disc	ear 2018-2020 ate Per Year 2018-2020 al Data All Ages slide al Data Pediatric slide
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	<ul> <li>Intermediate care facility</li> <li>Another type of institution not defined elsewhere</li> <li>Trauma Related Hospital Dispositions 2020 slide</li> <li>Summary of Double Transfers slide</li> <li>Next Steps</li> <li>Double transfers identified by RAC</li> <li>Double transfers identified by trauma center level</li> <li>Fatal injury data by trauma center level</li> <li>Shared with Pediatric and Injury Prevention Committee</li> <li>May GETAC meeting on EMS data and trauma runs.</li> <li>Dr. Tyroch asked if the benchmark</li> </ul>
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should be before COVID-19 for	
<ul> <li>COVID-19 for double transfers.</li> <li>Belinda Waters wrote in the chat section that double transfers are three hospitals.</li> <li>Heather Biddy asked if the data was based on "inpatient" patients who transferred and needed higher levels of care.</li> <li>Lynn Lail stated that her understanding of a double transfer is that the patient is brought to what was thought to be a definitive care facility and then it is identified that the facility doesn't have the capabilities needed. Then the patient has to be transferred out for true definitive care.</li> </ul>	
<ul> <li>Hilary Watt stated that it's the delay in care that is monitored.</li> <li>Belinda Waters stated that "the</li> </ul>	
Pediatric Committee requested this data to review patients transferred to a facility which then needs to transfer	

		<ul> <li>them for a higher level of care. We also look at the delay in that second transfer. We definitely want the numbers to be low, but this is an area where we want to improve the care."</li> <li>Mr. Matthews thanked Ms. Benno for the data.</li> </ul>	
3	GETAC Committee Reports		
3A	Air Medical and Specialty Care Transport Committee	Lynn Lail, RN, Chair Items needing Council Guidance None Items referred to GETAC for future action None Announcements CCT Capability Matrix Implementation TAC Chapter 157.12 and 157.13 Rule Review – Taskforce has been formed Texas EMS for Children EMS Recognition Program – Equipment list and guideline review with potential endorsement	The Council thanked Ms. Lail for her committee's work. No actions were defined by the Council.

3B	Cardiac Care Committee	<ul> <li>James McCarthy, MD, Chair</li> <li>Welcomed new members</li> <li>Discussed cardiac care center certification. Committee will work offline to bring forth for GETAC to consider the advantages that certifications create for leveling care in cardiac emergencies</li> <li>Items needing Council Guidance         <ul> <li>None</li> </ul> </li> <li>Items referred to GETAC for future action         <ul> <li>None</li> </ul> </li> </ul>	The Council did not have any action items for the Cardiac Committee.
3C	Disaster Preparedness and Response Committee	<ul> <li>Eric Epley, NREMT, Chair</li> <li>Items needing Council Guidance <ul> <li>Statewide EMS/Emergency</li> <li>Medical Task Force</li> <li>Wristband Project</li> <li>COVID-19 Response- To</li> <li>determine best practices</li> </ul> </li> <li>Items referred to GETAC for future action <ul> <li>TDEM Warehouse Project: Request for subject matter experts in hospital supply</li> </ul> </li> </ul>	The Council did not have any action items for the Disaster Preparedness and Response Committee.

	chain, EMS medications and other critical logistical needs • Announcements • MPV 2-04 AMBUS 2.0 being delivered • MPV 1-02 Amarillo Fire to receive an AMBUS	
Emergency Medical Services Committee	<ul> <li>Eddie Martin, EMT-P, Chair <ul> <li>Items needing Council Guidance</li> <li>Wall/Wait/off-load times in the Emergency Room (ER)</li> </ul> </li> <li>Items referred to GETAC for future action <ul> <li>Best Practices for EMS Vehicle Operations</li> </ul> </li> <li>Announcements <ul> <li>Plan on meeting in-between regular GETAC meetings</li> <li>Currently working on EMS Committee Vision and Mission Statement</li> </ul> </li> </ul>	The Council did not have any action items for the Emergency Medical Services Committee.

3E	EMS Education Committee	Macara Trusty, LP, Chair Update provide by Dr. Ratcliff. • Items needing Council Guidance • None • Items referred to GETAC for future action • None • Announcements • Update on Open Enrollment	The Council did not define any action items.
3F	EMS Medical Directors Committee	Heide Abraham, MD, FAEMS, Chair No update	-
3G	Injury Prevention and Public Education Committee	<ul> <li>MaryAnn Contreras, RN, Chair</li> <li>Items needing Council Guidance</li> <li>Bi-annual registry dashboard: top MOI, demographics, outcomes, etc.</li> <li>Topic-specific injury data presentation during 1 quarter.</li> <li>Surveillance program data</li> </ul>	The Council again referred to the Registry presentation by Ms. Bennon, as this presentation will be shared on the website.

		<ul> <li>Items referred to GETAC for future action         <ul> <li>None</li> </ul> </li> <li>Announcements         <ul> <li>Welcome new members</li> <li>Welcome Council Liaisons</li> <li>Collaborating with Pediatric Committees workgroups on concussions and battery ingestion</li> </ul> </li> </ul>	
ЗН	Pediatric Committee	<ul> <li>Belinda Waters, RN, Chair</li> <li>Items needing Council Guidance <ul> <li>None</li> </ul> </li> <li>Items referred to GETAC for future action <ul> <li>Data requests:</li> <li>Drilldown of MOI in unintentional deaths, suicides and homicides</li> <li>Data request for transfers in and out</li> </ul> </li> </ul>	Again, the Council referred to the presentation shared by Ms. Benno, and it will be posted. Council Chair reminded all members, Committee Chairs, and stateholders, that they need to complete a data request form and submit the request through a Committee to the Council as an action item when requesting data from the State Registry for GETAC business or activities.

<ul> <li>Quarterly</li> </ul>
update of state
registry data
dashboard on
Tableau
Announcements
<ul> <li>Christi Thornhill Co Chair</li> </ul>
<ul> <li>Collaboration with Injury</li> </ul>
Prevention on Head Injury
and Battery Ingestions
<ul> <li>EMS-C Voluntary Pediatric</li> </ul>
Readiness Program revisions
to meet challenges of rural
and critical access hospitals.
<ul> <li>EMS-C EMS Recognition</li> </ul>
revisions made and will seek
endorsement at May 2022
meeting
Child Abuse
screening/management
toolkit has been released to
GETAC website and RACs
<ul> <li>Volunteers will participate</li> <li>with Strake Committee to</li> </ul>
with Stroke Committee to

		develop pediatric stroke	
		protocols.	
3I	Stroke Committee	J. Neal Rutledge, MD, Chair	The Council did not have any
		Items needing Council Guidance	action items for the Stroke
		<ul> <li>None</li> </ul>	Committee.
		<ul> <li>New Stroke Rules 157.133 approved</li> </ul>	
		<ul> <li>Workgroup projects in progress</li> </ul>	
		<ul> <li>Recommendations on</li> </ul>	
		Pediatric Transport and	
		Facility Criteria	
		<ul> <li>Recommendations on</li> </ul>	
		Hospital based EMS transfer	
		requests	
		<ul> <li>Recommendations on EMS</li> </ul>	
		stroke required data fields	
		<ul> <li>Tools to help with EMS</li> </ul>	
		training/education	
		Announcements	
		<ul> <li>TCCBDS Stroke Survivors</li> </ul>	
		and Caregiver Conference	
		5/27/22 in Houston	
3J	Trauma Systems Committee	Stephen Flaherty, MD, Chair	The Council did not have any
		Recognize a trauma center each quarter	action items for the Trauma
		<ul> <li>Trauma rules process – monitoring</li> </ul>	System Committee.
		public comment	

Rural trauma gaps	
<ul> <li>Request to state registry in</li> </ul>	
2017 for data to assess	
gaps	
<ul> <li>Grassroots collaborative</li> </ul>	
effort between this	
committee and RACs to	
gather some minimal	
essential data	
<ul> <li>Does Texas have an</li> </ul>	
inclusive trauma system?	
<ul> <li>Trauma system report of designation</li> </ul>	
status	
<ul> <li>Items needing Council guidance</li> </ul>	
<ul> <li>Initiate and perpetuate a</li> </ul>	
quarterly trauma center	
recognition plan	
<ul> <li>Develop an ad hoc working</li> </ul>	
group to review public	
comment for presentation to	
the full committee	
<ul> <li>Request for a report of rural</li> </ul>	
trauma gaps from 2017	
action item	

	<ul> <li>Develop and implement a survey to inform as to whether Texas has an inclusive trauma system.</li> <li>Continue to develop a quarterly report advising the status of the trauma system by monitoring trauma center designations.</li> <li>Items referred to the Council for future action.</li> <li>None</li> </ul>	
4 Update of Texas Administrative Code Title 25 A. 157.125, Requirements for Trauma Facility Designation, Documentation of Evidence Guide B. 157.123 Regional Advisory Councils (RACs) i. Criteria ii. Self-Assessment C. 157.128 Denial, Suspension, and Revocation of Trauma Facility Designation	This item was previously discussed.	The Trauma Rules are scheduled to begin the Rule Coordination Office review process beginning June 7, 2022 with an adoption date in April 2023 and implementation date of September 1, 2023.

	<ul> <li>D. 157.130 EMS and Trauma Care System Account</li> <li>E. 157.131 Designated Trauma Facility and Emergency Medical Services Account</li> <li>F. 157.132 Regional Trauma Account</li> <li>G. 157.122 Trauma Service Areas</li> <li>H. 157.133 Requirements for Stroke Facility Designation</li> <li>I. 157.11 Dialysis Protocol for EMS Providers</li> <li>J. 157.41 Automated External Defibrillator (AED)</li> </ul>		
5	Report overview of the October 14-15, 2021, GETAC Retreat – Standard Operating Procedures	Dr. Tyroch asked the Council members to read the slide regarding unprofessional conduct. Mr. Wait stated that some members may be vendors or have conflicts of interest on certain topics. Dr. Tyroch discussed the GETAC Executive Council. Mr. Matthews noted that due process was needed. Dr. Malone stated that they should separate the bullets on the slide, and that the first bullet is appropriate. Dr. Tyroch stated	The Council members reviewed the information and the proposed revisions to the Council Standard Operating Procedures. Council members requested the item be moved to the May agenda for further discussion. No action items taken regarding "unprofessional behavior".

that this slide (Standard Operating Procedure Recommended Revisions) be moved to the May 2022 agenda.
The second issues the Council members were asked to review was related to "Conflict-of- Interest". Mr. Barnhart made a motion to add to the Standard Operating Procedures the following statement "Each Council member will complete a conflict-of-interest statement annually and forward the statement to the Council Chair prior to the first quarter meeting." Mr. Salter seconded the motion. The motion passed.
Mr. Barnhart made a motion to add to the Standard Operating Procedures the statement "Committee members must complete an annual conflict-of-interest statement each year prior to the first quarter GETAC meeting and send the statement to the Committee Chair." Mr. Matthews suggested adding language to describe what the Committee
Chair does with the form. Mr. Barnhart amended his motion to "Committee members

		must complete an annual conflict-of-interest statement each year prior to the first quarter GETAC meeting and send the statement to the Committee Chair and Council Chair for review." Dr. Troutman seconded the motion. The motion passed.	
6	GETAC Council Members and Conflict of Interest Review	Discussed in item 5.	
7	GETAC Council follow-up regarding discussion of the Texas EMS-Trauma State Registry	Dr. Tyroch shared information regarding a meeting between several Council members, the Commissioner, Associate Commissioner of Consumer Protection, and the Associate Commissioner of CHI.	No action items taken.
8	Discussion, review, and recommendations for initiatives that instill a culture of safety for responders and the public with a focus on operations and safe driving practices	The Council did not identify any issues.	No action items taken.
9	Discussion of Rural Priorities	Dr. Ratcliff asked if the Council would be interested in discussing in the future what it would look like to look at how to facilitate emergency medical dispatch prioritization	Dr. Ratcliff to discuss this item at the next Council meeting.

		a success the states Dy. Towards and states that the	
		across the state. Dr. Tyroch asked to put this	
		on the next GETAC agenda.	
10	Continued discussion of formation	Mr. Epley noted that the problem with this is	The RAC Chairs were asked to
	of GETAC Regional Advisory	the quorum concern. Mr. Epley suggested	bring recommendations to the
	Committee	swapping the term "committee" for	May GETAC Council meeting.
		"taskforce". Dr. Tyroch stated that this can be	
		an action item for the May GETAC meeting.	
11	Continued discussion of rule	A brief discussion regarding the rules and	Rules will remain on the
	revision and priorities	timelines occurred.	agenda for the May GETAC
	·		meeting.
12	Discussion and possible actions on	No issues were brought forward.	No actions items were
	initiatives, programs, and		identified.
	potential research that might		
	improve the Emergency		
	Healthcare System in Texas.		
13	GETAC Stakeholder Reports		
13A	Texas EMS, Trauma, and Acute	Dinah Welsh, TETAF President/CEO	No action items were
	Care Foundation (TETAF)	• Ms. Welsh provided an update with	identified.
		slides that are posted to the GETAC	
		webpage.	
		New director, new Board of Directors	
		members	
		TETAF/Texas Perinatal Services	
		submitted recommendations for the	
		draft maternal level of care designation	

		<ul> <li>and neonatal level of care designation rule.</li> <li>Continue to work with DSHS on trauma and stroke rules.</li> <li>TETAF is planning the education schedule for 2022.</li> <li>Texas TQIP will meet in Spring of 2022.</li> </ul>	
13B	EMS for Children (EMSC) State Partnership	<ul> <li>Sam Vance, MHA, LP, Program Manager</li> <li>Mr. Vance provided an update with slides that are posted to the GETAC webpage.</li> <li>2022 EMSC Survey Update <ul> <li>Began Jan 5 and ends March 31</li> <li>212 have responded so far.</li> </ul> </li> <li>Pediatric Readiness Project Update</li> <li>2021 NPRP Assessment Update</li> <li>Areas of Concern Update</li> <li>Dr. Tyroch asked how 265 became the denominator. Mr. Vance stated it was the number that responded to the survey. Dr. Tyroch asked if Mr. Vance could remove the free-standing emergency rooms from the hospitals. Mr. Wait discussed the different types of</li> </ul>	No action items were identified.

		<ul> <li>emergency centers. Mr. Vance said that he could try to separate the free- standing emergency centers from the hospital centers.</li> <li>Christine Reeves stated that not just trauma centers completed the Pediatric Readiness Assessment.</li> <li>Mr. Vance stated he will send the final numbers to the RACs.</li> </ul>	
13C	Texas Cardiovascular Disease and Stroke Council	No update.	No action items.
13D	Texas Cardiac Arrest Registry to Enhance Survival (TX CARES)	<ul> <li>Micah Panczyk provided the update.</li> <li>CARES Summary Report Update</li> <li>2021 Agency Accounts and Populations Served</li> <li>Paper may be published before May 2022 GETAC meeting.</li> </ul>	No action items were identified.
13E	Texas Suicide Prevention Council	<ul> <li>Christine Reeves provided the update.</li> <li>The Council continues coordinating efforts to bring Texas into alignment changing the National Suicide Hotline to 9-8-8 by December 2022.</li> </ul>	No action items were identified.
13F	Stop the Bleed Texas Coalition	<ul> <li>Christine Reeves provided the update.</li> <li>Coalition continues to work with DSHS Registry Staff on data collection.</li> </ul>	Dr. Tyroch thanked the Coalition for their hard work. No action items.

	Announcements	Sabrina Forsyth read the names of those who registered for public comment.	No actions were recommended.
		<ul> <li>Mr. Wait asked that Ms. Reeves and Mr.</li> <li>Schmider provide an update for the office of EMS/Trauma in May of the long-term goals of this program. Ms. Reeves stated that her update in May will be longer.</li> <li>Tonya Guffey asked if there is a way to get the wording for the bands. Ms. Reeves said that she will talk to Ms. Guffey offline about her question.</li> </ul>	
13G	Statewide Wristband Project	<ul> <li>Christine Reeves provided the update.</li> <li>Still in progress. All RACs are implementing the project in their Regions.</li> <li>Implementation is slower than anticipated.</li> </ul>	Ms. Reeves was asked to provide an update at the May GETAC Council meeting.
		<ul> <li>May is Stop the Bleed Month and May 19 is Stop the Bleed Day</li> <li>Dr. Malone noted the importance of the simplistic way to get help regarding the 9-8-8 number.</li> </ul>	

Adjournment – Alan Tyroch, MD, Chair	Dr. Troutman made a motion to adjourn. The motion was seconded by Dr. Ratcliff. The meeting adjourned at 11:46 AM.	
Next meeting dates	Indra Hernandez provided the update. Currently a room on DSHS campus has been reserved for May 24-26, but other off-campus locations are being pursued. DSHS is working with stakeholder groups to find off-site locations.	The department is continuing to partner with stakeholders to finalize the meeting location.
	<ul> <li>Wanda Helgesen with Border RAC stated that they are encouraged by the reports coming out of the Trauma Registry.</li> <li>Christine Reeves said her update will be in the next EMS Magazine.</li> <li>Mr. Salter suggested moving Public Comment to the beginning of the meeting.</li> <li>Mr. Wait said that people may sign up to make public comment just to make sure they can be heard. Mr. Wait suggested clarifying the public comment sign-up instructions. Mr.</li> <li>Wait also suggested allowing those who want to make public comment on items not on the agenda at the beginning of the meeting.</li> </ul>	