

**Governor's EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022**

Hilton Austin Hotel, Salon H  
500 East 4th Street  
Austin, Texas 78701

**Meeting Minutes**

Last Name	First Name	Appointed Position	Attendance
Tyroch, MD, Chair	Alan	Trauma Surgeon - <i>per HSC §773.012(b)(14)</i>	x
Matthews, Vice Chair	Ryan	Private EMS Provider - <i>per HSC §773.012(b)(5)</i>	x
Barnhart	Jeff	Rural Trauma Facility - <i>per HSC §773.012(b)(11)</i>	x
Campbell, RN	Cassie	Registered Nurse - <i>per HSC §773.012(b)(3)</i>	x
Clements	Mike	EMS Fire Department - <i>per HSC §773.012(b)(9)</i>	x
DeLoach, Judge	Mike	County EMS Provider - <i>per HSC §773.012(b)(12)</i>	x
Eastridge, MD	Brian	Urban Trauma Facility - <i>per HSC §773.012(b)(10)</i>	x
Johnson, RN	Della	RN w/Trauma Expertise - <i>per HSC §773.012(b)(15)</i>	x
Lail	Billy (Scott)	Fire Chief - <i>per HSC §773.012(b)(4)</i>	x
Maes, LP	Lucille	Certified Paramedic - <i>per HSC §773.012(b)(17)</i>	x
Malone, MD	Sharon Ann	EMS Medical Director - <i>per HSC §773.012(b)(2)</i>	x
Marocco	Pete	Public Member - <i>per HSC §773.012(b)(18)</i>	x
Martinez	Ruben	Public Member - <i>per HSC §773.012(b)(18)</i>	x
Pickard, RN	Karen	EMS Volunteer - <i>per HSC §773.012(b)(6)</i>	Absent
Ramirez	Daniel (Danny)	Stand-Alone EMS Agency - <i>per HSC §773.012(b)(16)</i>	x
Ratcliff, MD	Taylor	EMS Educator - <i>per HSC §773.012(b)(7)</i>	x
Remick, MD	Katherine (Kate)	Pediatrician - <i>per HSC §773.012(b)(13)</i>	x
Salter, RN	Shawn	EMS Air Medical Service - <i>per HSC §773.012(b)(8)</i>	Absent
Troutman, MD	Gerad	Emergency Physician - <i>per HSC §773.012(b)(1)</i>	x

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

Item	Agenda	Discussion	Action Plan / Responsible Individual	Status	Comments
	Call to Order	Meeting called to order at 4:03 PM by Dr. Tyroch.			
	Reading of GETAC Vision and Mission	Read by Dr. Tyroch. There was a moment of silence for those who lost their lives in the line of duty.			
	Review and Approval of August 19, 2022, GETAC Minutes	A motion was made by Mr. Jeff Barnhart to approve the August 19, 2022, minutes. The motion was seconded by Dr. Kate Remick.	The minutes were approved by the Council.	Complete	
1	Chair Report and Discussion – Alan Tyroch, MD, Chair	<p><i>Dr. Alan Tyroch, MD, GETAC Chair, provided an update.</i></p> <p><b>GETAC Retreat</b></p> <ul style="list-style-type: none"> <li>• Brief overview of the dates and location of the upcoming GETAC Retreat.</li> </ul> <p><b>Meeting with the Governor</b></p> <ul style="list-style-type: none"> <li>• Status of group meeting with the Governor’s office to discuss funding of the trauma and emergency healthcare system.</li> <li>• Point-of-contact established with Gov. Abbott’s office.</li> </ul> <p><b>Committee Requests for RACs</b></p> <ul style="list-style-type: none"> <li>• Requested committee chairs attend the RAC Contract meeting held prior to quarterly Council meeting to present any requests for RAC assistance or tasks so that Council will</li> </ul>	<p>Meeting dates to be confirmed by DSHS.</p> <p>Dr. Tyroch will coordinate a meeting date and time with Governor Abbott’s office.</p>	<p>Incomplete</p> <p>Incomplete</p>	<p>Retreat will occur the day before the GETAC Meetings in March 2023 at the Doubletree in Austin.</p>

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<p>know that the request has been discussed with the RACs and RAC affirmation has been received for moving forward or not.</p> <p><b>Committee Focus Flowchart</b></p> <ul style="list-style-type: none"> <li>Discussed the importance of following the Committee Focus flowchart with committee/stakeholder requests.</li> </ul> <p><b>Conflict of Interest Forms</b></p> <ul style="list-style-type: none"> <li>Dr. Tyroch reminded committee and Council members to submit annual Conflict of Interest (CoI) forms by March 2023.</li> </ul>			Members must have annual CoI forms on file with DSHS to participate in March 2023 meetings.
<b>2</b>	<b>State Reports</b>	<b>Discussion</b>	<b>Action Plan / Responsible Individual</b>	<b>Status</b>	<b>Comments</b>
2a	Center for Health Emergency Preparedness and Response	<ul style="list-style-type: none"> <li>No update provided.</li> </ul>			
2b	EMS Trauma Systems	<p><i>Jorie Klein, MSN, MHA, BSN, RN, Director, provided an update for EMS/Trauma Systems.</i></p> <p><b>Trauma Rules Update:</b></p> <ul style="list-style-type: none"> <li>157.2 Definitions</li> <li>157.123 Regional Emergency Medical Services/Trauma System – these are the RAC rules.</li> <li>157.125 Requirements for Trauma Facility Designation</li> </ul>	There were no questions and no follow up actions defined.	.	

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>• 157.128 Denial, Suspension, and Revocation – includes opportunity for trauma and stroke designation review committees to review appeals and requests for waiver or exception</li> <li>• Funding Rules             <ul style="list-style-type: none"> <li>○ 157.130 Emergency Medical Services and Trauma Care Account and Emergency Medical Services, Trauma Facilities and Trauma Care System Fund</li> <li>○ 157.131 Designated Trauma Facility and Emergency Medical Services Account</li> </ul> </li> </ul> <p><b>Trauma Rule Timeline:</b></p> <ul style="list-style-type: none"> <li>• To date – Rules have moved legal review and informal comment. Department addressed informal comments.</li> <li>• February 2023 – Expect rules to be presented at HHSC Executive Council meeting.</li> <li>• March 2023 – Expect rules to come out for 31-day formal comment period.</li> <li>• April 2023 – Program will address formal comments and prepare adoption package.</li> <li>• June 2023 – Rules move through the adoption process.</li> <li>• July 2023 – Anticipate that the rules will be adopted.</li> <li>• January 2024 – All Texas facilities and the RACs will follow the new rules starting January 1, 2024. In addition, the ACS released their 2022 standards for a trauma center verification. And all Level Is &amp; IIs will have to</li> </ul>	<p>There were no questions and no follow up actions defined.</p>		
--	--	--	--	--	--



**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022**

**Meeting Minutes**

		<ul style="list-style-type: none"> <li>• AIM: 70% of the Texas designated Level III trauma facilities will successfully submit data to TQIP by July of 2024.</li> </ul> <p><b>Issues of Concern</b></p> <ul style="list-style-type: none"> <li>• Designation Process             <ul style="list-style-type: none"> <li>○ Gaps in Programs</li> <li>○ Performance Improvement</li> <li>○ Registry</li> <li>○ TPM or TMD</li> <li>○ Lack of Fulfilling the TMD job functions</li> <li>○ Excessive Diversion</li> <li>○ Lack of RAC Participation</li> <li>○ Lack of Outreach Education/Injury Prevention</li> </ul> </li> </ul> <p><b>Funding</b></p> <ul style="list-style-type: none"> <li>• Situation remains the same, still tracking.</li> <li>• Working on Uncompensated Care Grant. Grant is posted on the website. It is due February 10, 2023.</li> </ul> <p><i>EMS Systems Update provided by Joe Schmider, Texas State EMS Director.</i></p> <p><b>Staffing Waiver</b></p> <ul style="list-style-type: none"> <li>• Ends November 25, 2022             <ul style="list-style-type: none"> <li>○ Danny Ramirez asked Mr. Schmider if there was a way to determine who was taking advantage of the waivers.</li> <li>○ Mr. Schmider responded “no,” that there was no requirement for providers to tell the department.</li> </ul> </li> </ul>	<p>No questions or further follow up actions defined.</p> <p>There were no questions and no follow up actions defined.</p> <p>There were no questions and no follow up actions defined.</p> <p>There were no follow up actions defined.</p>		
--	--	--	---	--	--

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>• Variance process in place for those experiencing hardship – see <a href="#">EMS/Trauma Systems website</a> for <a href="#">variance form</a>.             <ul style="list-style-type: none"> <li>○ Approximately 30-40 EMS providers use a variance every year.</li> </ul> </li> <li>• <b>Senate Bill 8 Recruitment and Retention Update</b></li> <li>• Meeting with a media company</li> <li>• Scholarships are being disbursed</li> <li>• Email: <a href="mailto:TEAM-TEXAS-EMS@dshs.texas.gov">TEAM-TEXAS-EMS@dshs.texas.gov</a></li> <li>• <a href="#">Website</a> live since September 1, 2022             <ul style="list-style-type: none"> <li>○ Education Scholarships</li> <li>○ EMS Programs by Counties</li> <li>○ Includes online courses</li> <li>○ RAC information</li> <li>○ Certification process</li> <li>○ NREMT Information</li> <li>○ Videos from EMS Providers</li> <li>○ Spreadsheet of current EMS Providers with contact information</li> </ul> </li> <li>• Incentive program</li> <li>• Course Coordinator Reimbursement</li> <li>• <b>Pre-filed Legislation</b></li> <li>• House Bill 624 - Fire and other vehicles can transport a person to the hospital, based on a protocol developed by RAC or EMS provider, if they believe there's going to be a delay in EMS getting to the scene.</li> <li>• House Bill 93 – Cannot certify someone in EMS who is convicted of DUI two or more times.</li> </ul>	<p>There were no questions and no follow up actions defined.</p> <p>There were no follow up actions defined.</p>		
--	--	---	--	--	--

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>○ Dr. Tyroch asked if this would go retroactive, and Mr. Schmider stated it would not.</li> <li>○ Mike Clements asked Mr. Schmider to repeat the bill number.</li> </ul> <p><i>Designation Update provided by Elizabeth Stevenson, BSN, RN, Designation Programs Manager.</i></p> <p><b>Designated Facilities by Program</b></p> <ul style="list-style-type: none"> <li>• Trauma – 305</li> <li>• Stroke – 180</li> <li>• Maternal – 222</li> <li>• Neonatal - 227</li> </ul> <p><b>Stroke and Trauma Designation Data were discussed</b></p> <ul style="list-style-type: none"> <li>• Redesignations vs. Initial Designations; In Active Pursuit (IAP)</li> <li>• Common deficiencies</li> <li>• Designation Application Process Performance Measures</li> <li>• Designation Support</li> </ul> <p><b>Stroke Designations Website List</b></p> <ul style="list-style-type: none"> <li>• After September 1, 2022:             <ul style="list-style-type: none"> <li>○ Comprehensive (Level I)</li> <li>○ Advanced (Level II)</li> <li>○ Primary (Level III)</li> <li>○ Acute Stroke Ready (Level IV)</li> <li>○ <i>Primary (Level II)</i></li> <li>○ <i>Support (Level III)</i></li> </ul> </li> </ul> <p><b>Survey Organization Approval</b></p>	<p>There were no questions and no follow up actions defined.</p>		
--	--	---	--	--	--

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>• Survey organizations for all designation programs will need to complete application to conduct surveys in Texas.</li> <li>• Application released after January 1, 2023</li> <li>• Dr. Tyroch commented that he received a reminder about the American College of Surgeons (ACS) Committee on Trauma (COT) about the Level 4 survey and the opportunity to add input. Ms. Klein stated that the survey was sent out by the department to the rural facilities.</li> </ul>			
2c	Texas EMS and Trauma Registry	<p><i>Update provided by Jia Benno, MPH, Manager.</i></p> <p><b>Trauma Systems Data Request (Texas 2021) and Injuries Over Time (1999-2020) Part II</b></p> <ul style="list-style-type: none"> <li>• Part I presented at August 2022 GETAC meeting.</li> <li>• In 2021, EMS/Trauma Registry received a total of 153,135 unique patient records.</li> <li>• Data request included patients between ages 16 and 64</li> </ul> <p><b>Data to support trauma rules presented (*categories with less than five records not included):</b></p> <ul style="list-style-type: none"> <li>• Injury Severity Score (ISS) 11-14 <ul style="list-style-type: none"> <li>○ Transferred In <ul style="list-style-type: none"> <li>▪ Level I= 34.46 %</li> <li>▪ Level II= 24.03%</li> <li>▪ Level III= 12.51%</li> <li>▪ Level IV= 3.10%</li> </ul> </li> <li>○ Transferred Out</li> </ul> </li> </ul>	There were no questions and no follow up actions defined.		2021-2022 Data will be available to present at August 2023 GETAC meeting.

**Governor's EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>▪ Level I= 0.23%</li> <li>▪ Level II= 1.77%</li> <li>▪ Level III= 21.50%</li> <li>▪ Level IV= 66.06%</li> <li>○ Double Transfer <ul style="list-style-type: none"> <li>▪ Level I= *</li> <li>▪ Level II= *</li> <li>▪ Level III= 0.63%</li> <li>▪ Level IV= *</li> </ul> </li> <li>○ Length of Stay (average days) <ul style="list-style-type: none"> <li>▪ Level I= 6.59</li> <li>▪ Level II= 5.49</li> <li>▪ Level III= 5.90</li> <li>▪ Level IV= 4.67</li> </ul> </li> <li>○ Mortality <ul style="list-style-type: none"> <li>▪ Level I= 1.87%</li> <li>▪ Level II= 2.11%</li> <li>▪ Level III= 2.42%</li> <li>▪ Level IV= 1.94%</li> </ul> </li> <li>• Injury Severity Score (ISS) 15-24 <ul style="list-style-type: none"> <li>○ Transferred In <ul style="list-style-type: none"> <li>▪ Level I= 33.60%</li> <li>▪ Level II= 25.69%</li> <li>▪ Level III= 12.56%</li> <li>▪ Level IV= 7.11%</li> </ul> </li> <li>○ Transferred Out <ul style="list-style-type: none"> <li>▪ Level I= 0.56%</li> <li>▪ Level II= 2.07%</li> <li>▪ Level III= 22.00%</li> <li>▪ Level IV= 69.45%</li> </ul> </li> <li>○ Double Transfer</li> </ul> </li> </ul>			
--	--	---	--	--	--

**Governor's EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>▪ Level I= 0.25%</li> <li>▪ Level II= *</li> <li>▪ Level III= *</li> <li>▪ Level IV= 0.62%</li> <li>○ Length of Stay (average days) <ul style="list-style-type: none"> <li>▪ Level I= 8.95</li> <li>▪ Level II= 8.08</li> <li>▪ Level III= 8.33</li> <li>▪ Level IV= 6.03</li> </ul> </li> <li>○ Mortality <ul style="list-style-type: none"> <li>▪ Level I= 5.45%</li> <li>▪ Level II= 5.46%</li> <li>▪ Level III= 6.44%</li> <li>▪ Level IV= 3.12%</li> </ul> </li> <li>• Injury Severity Score (ISS) ≥25 <ul style="list-style-type: none"> <li>○ Transferred in <ul style="list-style-type: none"> <li>▪ Level I= 25.65%</li> <li>▪ Level II= 19.85%</li> <li>▪ Level III= 10.79%</li> <li>▪ Level IV= 8.54%</li> </ul> </li> <li>○ Transferred out <ul style="list-style-type: none"> <li>▪ Level I= 0.70%</li> <li>▪ Level II= 1.37%</li> <li>▪ Level III= 15.38%</li> <li>▪ Level IV= 57.80%</li> </ul> </li> <li>○ Double Transfer <ul style="list-style-type: none"> <li>▪ Level I= 0.21%</li> <li>▪ Level II= 0.00%</li> <li>▪ Level III= *</li> <li>▪ Level IV= *</li> </ul> </li> </ul> </li> </ul>			
--	--	--	--	--	--

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>○ Length of Stay (average days) <ul style="list-style-type: none"> <li>▪ Level I= 14.20</li> <li>▪ Level II= 11.83</li> <li>▪ Level III= 11.75</li> <li>▪ Level IV= 7.08</li> </ul> </li> <li>○ Mortality <ul style="list-style-type: none"> <li>▪ Level I= 24.44%</li> <li>▪ Level II= 27.12%</li> <li>▪ Level III= 25.26%</li> <li>▪ Level IV= 12.20%</li> </ul> </li> </ul> <p>Dr. Tyroch commented that it seemed odd that 43% of patients with ISS 25 or higher stayed at a Level IV.</p> <p><b>Breakdown of Number of Traumatic Brain Injuries (TBI) &amp; Glasgow Coma Scale (GCS) Criteria (all trauma centers)</b></p> <ul style="list-style-type: none"> <li>○ TBI= 2,722</li> <li>○ TBI+GCS 9-12 arriving at Emergency Department (ED)= 132</li> <li>○ TBI+GCS ≤ 8 arriving at ED= 645</li> <li>○ TBI+GCS ≤12 and at least 1 blood pressure (BP) ≤ 90 Systolic incident arriving at ED= 147</li> </ul> <p>Dr. Tyroch commented that the numbers seem extremely low. Dr. Kate Remick questioned if it was possibly a coding issue. Jia Benno mentioned that the TBI definition was based on ACS criteria. Jorie Klein commented that these are abbreviated injury (AIS) scores for TBI that were included and that's all that was looked at – not weighted on severity.</p>	<p>There were no follow up actions defined.</p>		
--	--	--	---	--	--

**Governor's EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>• Mechanism of Injury (MOI) by GCS Criteria             <ul style="list-style-type: none"> <li>○ Fall                 <ul style="list-style-type: none"> <li>▪ TBI= 30.09%</li> <li>▪ TBI and 9-12 GCS=43.18%</li> <li>▪ TBI+GCS ≤ 8= 26.36%</li> <li>▪ TBI+GCS ≤12 and ≤ 90 Systolic= 12.24%</li> </ul> </li> <li>○ MVT – Occupant                 <ul style="list-style-type: none"> <li>▪ TBI= 21.20%</li> <li>▪ TBI and 9-12 GCS= 18.94%</li> <li>▪ TBI+GCS ≤ 8= 17.98%</li> <li>▪ TBI+GCS ≤12 and ≤ 90 Systolic= 21.77%</li> </ul> </li> <li>○ Struck By/Against                 <ul style="list-style-type: none"> <li>▪ TBI= 12.78%</li> <li>▪ TBI and 9-12 GCS= 12.88%</li> <li>▪ TBI+GCS ≤ 8= 6.98%</li> <li>▪ TBI+GCS ≤12 and ≤ 90 Systolic= *</li> </ul> </li> </ul> </li> <li>• Patient's Age by GCS Criteria             <ul style="list-style-type: none"> <li>○ Ages 16-24                 <ul style="list-style-type: none"> <li>▪ TBI= 21.86%</li> <li>▪ TBI and 9-12 GCS=22.73%</li> <li>▪ TBI+GCS ≤ 8= 24.65%</li> <li>▪ TBI+GCS ≤12 and ≤ 90 Systolic= 28.57%</li> </ul> </li> <li>○ Ages 25-34                 <ul style="list-style-type: none"> <li>▪ TBI= 19.73%</li> <li>▪ TBI and 9-12 GCS= 18.94%</li> <li>▪ TBI+GCS ≤ 8= 22.33%</li> </ul> </li> </ul> </li> </ul>			
--	--	---	--	--	--

**Governor's EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ TBI+GCS <math>\leq 12</math> and <math>\leq 90</math> Systolic= 27.21%</li> </ul> </li> <li>○ Ages 35-44           <ul style="list-style-type: none"> <li>▪ TBI= 16.09%</li> <li>▪ TBI and 9-12 GCS= 17.42%</li> <li>▪ TBI+GCS <math>\leq 8</math>= 21.86%</li> <li>▪ TBI+GCS <math>\leq 12</math> and <math>\leq 90</math> Systolic= 8.84</li> </ul> </li> <li>○ Ages 45-54           <ul style="list-style-type: none"> <li>▪ TBI= 17.71%</li> <li>▪ TBI and 9-12 GCS= 18.18%</li> <li>▪ TBI+GCS <math>\leq 8</math>= 15.81%</li> <li>▪ TBI+GCS <math>\leq 12</math> and <math>\leq 90</math> Systolic= 14.97%</li> </ul> </li> <li>○ Ages 55-65           <ul style="list-style-type: none"> <li>▪ TBI= 16.09%</li> <li>▪ TBI and 9-12 GCS= 22.73%</li> <li>▪ TBI+GCS <math>\leq 8</math>= 15.35%</li> <li>▪ TBI+GCS <math>\leq 12</math> and <math>\leq 90</math> Systolic= 20.41%</li> </ul> </li> <li>• Gender among the groupings: Males higher than females but no real difference between the groupings within gender.</li> <li>• Race and ethnicity among the groupings: no real difference between the groupings within race and ethnicity.</li> <li>• Transport Mode by GCS Criteria           <ul style="list-style-type: none"> <li>○ Ground Ambulance               <ul style="list-style-type: none"> <li>▪ TBI= 72.30%</li> <li>▪ TBI and 9-12 GCS= 89.39%</li> <li>▪ TBI+GCS <math>\leq 8</math>= 75.04%</li> </ul> </li> </ul> </li> </ul>			
--	--	--	--	--	--

**Governor's EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>▪ TBI+GCS <math>\leq 12</math> and <math>\leq 90</math> Systolic= 81.63</li> <li>○ Private/Public Vehicle/Walk-in             <ul style="list-style-type: none"> <li>▪ TBI= 18.88%</li> <li>▪ TBI and 9-12 GCS= 6.06%</li> <li>▪ TBI+GCS <math>\leq 8</math>= 7.29%</li> <li>▪ TBI+GCS <math>\leq 12</math> and <math>\leq 90</math> Systolic= 4.76%</li> </ul> </li> <li>○ Helicopter Ambulance             <ul style="list-style-type: none"> <li>▪ TBI= 7.86%</li> <li>▪ TBI and 9-12 GCS= 3.79%</li> <li>▪ TBI+GCS <math>\leq 8</math>= 16.59%</li> <li>▪ TBI+GCS <math>\leq 12</math> and <math>\leq 90</math> Systolic= 11.56%</li> </ul> </li> <li>• ED Disposition – TBI vs TBI and 9-12 GCS vs TBI+GCS <math>\leq 8</math> <ul style="list-style-type: none"> <li>○ Intensive Care Unit (ICU)                 <ul style="list-style-type: none"> <li>▪ TBI= 29.90%</li> <li>▪ TBI and 9-12 GCS= 53.03%</li> <li>▪ TBI+GCS <math>\leq 8</math>= 44.81%</li> </ul> </li> <li>○ Transferred to Another Hospital                 <ul style="list-style-type: none"> <li>▪ TBI= 20.35%</li> <li>▪ TBI and 9-12 GCS= 23.48%</li> <li>▪ TBI+GCS <math>\leq 8</math>= 11.32%</li> </ul> </li> <li>○ Deceased/Expired                 <ul style="list-style-type: none"> <li>▪ TBI= 4.41%</li> <li>▪ TBI and 9-12 GCS= 0.0%</li> <li>▪ TBI+GCS <math>\leq 8</math>= 18.60%</li> </ul> </li> </ul> </li> </ul>			
--	--	--	--	--	--

**Governor's EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>• ED Disposition – TBI vs TBI+GCS <math>\leq 12</math> and at Least One BP <math>\leq 90</math> Systolic Incident             <ul style="list-style-type: none"> <li>○ Intensive Care Unit (ICU)                 <ul style="list-style-type: none"> <li>▪ TBI= 29.90%</li> <li>▪ TBI+GCS <math>\leq 12</math> and <math>\leq 90</math> Systolic= 17.01%</li> </ul> </li> <li>○ Transferred to Another Hospital                 <ul style="list-style-type: none"> <li>▪ TBI= 20.35%</li> <li>▪ TBI+GCS <math>\leq 12</math> and <math>\leq 90</math> Systolic= 4.76%</li> </ul> </li> <li>○ Deceased/Expired                 <ul style="list-style-type: none"> <li>▪ TBI= 4.41%</li> <li>▪ TBI+GCS <math>\leq 12</math> and <math>\leq 90</math> Systolic= 56.46%</li> </ul> </li> </ul> </li> <li>• Hospital Disposition – TBI vs TBI and 9-12 GCS (NA is if ED disposition is left against medical advice, deceased, discharged home or self-care, Hospice court or law enforcement or inpatient rehab.)             <ul style="list-style-type: none"> <li>○ Discharge to home or self-care                 <ul style="list-style-type: none"> <li>▪ TBI= 46.29%</li> <li>▪ TBI and 9-12 GCS= 45.45%</li> </ul> </li> <li>○ N/A                 <ul style="list-style-type: none"> <li>▪ TBI= 32.07%</li> <li>▪ TBI and 9-12 GCS= 25.76%</li> </ul> </li> <li>○ Deceased/Expired                 <ul style="list-style-type: none"> <li>▪ TBI= 6.25%</li> <li>▪ TBI and 9-12 GCS= *</li> </ul> </li> </ul> </li> <li>• Hospital Disposition – TBI vs TBI+GCS <math>\leq 8</math> <ul style="list-style-type: none"> <li>○ Discharge to home or self-care</li> </ul> </li> </ul>			
--	--	--	--	--	--

**Governor's EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>▪ TBI= 46.29%</li> <li>▪ TBI+GCS ≤8= 25.74%</li> <li>○ N/A <ul style="list-style-type: none"> <li>▪ TBI= 32.07%</li> <li>▪ TBI+GCS ≤8= 31.47%</li> </ul> </li> <li>○ Deceased/Expired <ul style="list-style-type: none"> <li>▪ TBI= 6.25%</li> <li>▪ TBI+GCS ≤8= 22.95%</li> </ul> </li> <li>• Hospital Disposition – TBI vs TBI+GCS ≤12 and at Least One BP ≤ 90 Systolic Incident <ul style="list-style-type: none"> <li>○ Discharge to home or self-care <ul style="list-style-type: none"> <li>▪ TBI= 46.29%</li> <li>▪ TBI+GCS ≤12 and ≤ 90 Systolic= 11.56%</li> </ul> </li> <li>○ Transferred to Another Hospital <ul style="list-style-type: none"> <li>▪ TBI= 32.07%</li> <li>▪ TBI+GCS ≤12 and ≤ 90 Systolic= 61.90%</li> </ul> </li> <li>○ Deceased/Expired <ul style="list-style-type: none"> <li>▪ TBI= 6.25%</li> <li>▪ TBI+GCS ≤12 and ≤ 90 Systolic= 20.41%</li> </ul> </li> </ul> </li> <li>• Hospital Designation by GCS Criteria <ul style="list-style-type: none"> <li>○ Level I Trauma Center <ul style="list-style-type: none"> <li>▪ TBI= 30.42%</li> <li>▪ TBI and 9-12 GCS=33.33%</li> <li>▪ TBI+GCS ≤ 8= 37.83%</li> <li>▪ TBI+GCS ≤ 12 and ≤ 90 Systolic= 30.61%</li> </ul> </li> <li>○ Level II Trauma Center</li> </ul> </li> </ul>			
--	--	---	--	--	--

**Governor's EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>▪ TBI= 7.38%</li> <li>▪ TBI and 9-12 GCS= 7.58%</li> <li>▪ TBI+GCS ≤ 8= 9.92%</li> <li>▪ TBI+GCS ≤ 12 and ≤ 90 Systolic= 8.84</li> <li>○ Level III Trauma Center <ul style="list-style-type: none"> <li>▪ TBI= 24.72%</li> <li>▪ TBI and 9-12 GCS=26.52%</li> <li>▪ TBI+GCS ≤ 8= 22.79%</li> <li>▪ TBI+GCS ≤ 12 and ≤ 90 Systolic= 29.25%</li> </ul> </li> <li>○ Level IV Trauma Center <ul style="list-style-type: none"> <li>▪ TBI= 15.42%</li> <li>▪ TBI and 9-12 GCS=12.20%</li> <li>▪ TBI+GCS ≤ 8= 10.23%</li> <li>▪ TBI+GCS ≤ 12 and ≤ 90 Systolic= 10.20%</li> </ul> </li> <li>• Regional Advisory Council – E and Q receive majority of patients</li> </ul> <p><b>Trauma Patients with Spinal Cord Injury (SCI)</b></p> <ul style="list-style-type: none"> <li>• Spinal Cord = 361; Spinal cord + shock = 29</li> <li>• Mechanism of Injury <ul style="list-style-type: none"> <li>○ Fall – Shock 17.24%; No shock – 41.83%</li> <li>○ Motor Vehicle Accident – Shock 24.14%; No shock – 29.09%</li> <li>○ Firearm – Shock- 31.03%; No Shock – 6.93%</li> </ul> </li> <li>• Patient's Age – Trauma Patients with SCI or SCI + Shock</li> </ul>	<p>There were no questions and no follow up actions defined.</p>		
--	--	---	--	--	--

**Governor's EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>○ Ages 16-24 <ul style="list-style-type: none"> <li>▪ No Shock= *</li> <li>▪ Shock= 13.30%</li> </ul> </li> <li>○ Ages 25-34 <ul style="list-style-type: none"> <li>▪ No Shock=27.59%</li> <li>▪ Shock= 19.94%</li> </ul> </li> <li>○ Ages 35-44 <ul style="list-style-type: none"> <li>▪ No Shock= 27.59%</li> <li>▪ Shock= 20.50%</li> </ul> </li> <li>○ Ages 45-54 <ul style="list-style-type: none"> <li>▪ No Shock= *</li> <li>▪ Shock= 21.33%</li> </ul> </li> <li>○ Ages 55-65 <ul style="list-style-type: none"> <li>▪ No Shock= 20.69%</li> <li>▪ Shock= 24.93%</li> </ul> </li> <li>● Patient's Gender – Trauma Patients with SCI or SCI + Shock <ul style="list-style-type: none"> <li>○ Male <ul style="list-style-type: none"> <li>▪ No Shock= 79.31%</li> <li>▪ Shock= 71.47%</li> </ul> </li> <li>○ Female <ul style="list-style-type: none"> <li>▪ No Shock=20.69%</li> <li>▪ Shock= 28.53%</li> </ul> </li> </ul> </li> <li>● Patient's Race and Ethnicity – Trauma Patients with SCI or SCI + Shock <ul style="list-style-type: none"> <li>○ White-Not Hispanic <ul style="list-style-type: none"> <li>▪ No Shock= 24.14%</li> <li>▪ Shock= 38.78%</li> </ul> </li> <li>○ Hispanic <ul style="list-style-type: none"> <li>▪ No Shock=44.84%</li> </ul> </li> </ul> </li> </ul>			
--	--	---	--	--	--

**Governor's EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>▪ Shock= 30.47%</li> <li>○ Black-Not Hispanic             <ul style="list-style-type: none"> <li>▪ No Shock= 27.59%</li> <li>▪ Shock= 22.16%</li> </ul> </li> <li>• Transport Mode             <ul style="list-style-type: none"> <li>○ Ground Ambulance                 <ul style="list-style-type: none"> <li>▪ SCI= 76.73%</li> <li>▪ SCI+Shock= 75.86%</li> </ul> </li> <li>○ Private/public vehicle/walk-in                 <ul style="list-style-type: none"> <li>▪ SCI= 11.63%</li> <li>▪ SCI+Shock= 0.0%</li> </ul> </li> <li>○ Helicopter Ambulance                 <ul style="list-style-type: none"> <li>▪ SCI=11.08%</li> <li>▪ SCI+Shock= 20.69%</li> </ul> </li> </ul> </li> <li>• Emergency Department Disposition –Trauma Patients with SCI or SCI+Shock             <ul style="list-style-type: none"> <li>○ Intensive Care Unit (ICU)                 <ul style="list-style-type: none"> <li>▪ SCI= 37.4%</li> <li>▪ SCI+Shock= 41.38%</li> </ul> </li> <li>○ Operating Room                 <ul style="list-style-type: none"> <li>▪ SCI= 13.85%</li> <li>▪ SCI+Shock = 27.59%</li> </ul> </li> <li>○ Deceased/Expired                 <ul style="list-style-type: none"> <li>▪ SCI= 1.66%</li> <li>▪ SCI+Shock = 17.24%</li> </ul> </li> </ul> </li> <li>• Hospital disposition (NA is if ED disposition is left against medical advice, deceased, discharged home or self-care, Hospice court or law enforcement or inpatient rehab.)</li> </ul>			
--	--	--	--	--	--

**Governor's EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>○ Discharged Home or Self-care <ul style="list-style-type: none"> <li>▪ SCI= 49.03%</li> <li>▪ SCI+Shock= 34.48%</li> </ul> </li> <li>○ Discharged/Transferred to Inpatient Rehab or Designated Unit <ul style="list-style-type: none"> <li>▪ SCI= 21.33%</li> <li>▪ SCI+Shock = 20.69%</li> </ul> </li> <li>○ N/A <ul style="list-style-type: none"> <li>▪ SCI= 14.68%</li> <li>▪ SCI+Shock = 20.69%</li> </ul> </li> <li>● Hospital Designation – higher percentage of SCI+Shock patients at Level I Trauma Centers, whereas SCI alone is spread out among Level I, II, II, and IV Trauma Centers.</li> <li>● Regional Advisory Council – E and Q receive majority of patients</li> </ul> <p><b>Trauma Patients with Pelvic Fractures and Pelvic Fractures with Shock</b></p> <ul style="list-style-type: none"> <li>● Pelvic Fractures = 848; Pelvic Fracture + shock = 38</li> <li>● Mechanism of Injury <ul style="list-style-type: none"> <li>○ Fall – Shock 21.05%; No shock 43.28%</li> <li>○ Motor Vehicle Accident (Occupant) – Shock 31.58%; No shock 22.64%</li> <li>○ Firearm – Shock 21.05%; No Shock 10.73%</li> </ul> </li> </ul> <p>Dr. Tyroch questioned the number of pelvic fracture patients in the data as being too low for the entire state. Christine Reeves, Central Texas RAC, commented the following: information was</p>			
--	--	---	--	--	--

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<p>not input into the registry in 2021 like it should’ve been due to a large turnover in trauma program managers (TPM); 2021 information is still being entered by AIS; if AIS training has not been completed, then the information may or may not be scored correctly. Dr. Malone stated that receiving data is progress and appreciated Ms. Benno for the presentation.</p> <ul style="list-style-type: none"> <li>• Patient’s Age – Trauma Patients with Pelvic Fractures and Pelvic Fractures + Shock <ul style="list-style-type: none"> <li>○ Ages 16-24 <ul style="list-style-type: none"> <li>▪ No Shock= 18.87%</li> <li>▪ Shock= 26.32%</li> </ul> </li> <li>○ Ages 25-34 <ul style="list-style-type: none"> <li>▪ No Shock=17.22%</li> <li>▪ Shock= 21.05%</li> </ul> </li> <li>○ Ages 35-44 <ul style="list-style-type: none"> <li>▪ No Shock= 13.68%</li> <li>▪ Shock= 13.16%</li> </ul> </li> <li>○ Ages 45-54 <ul style="list-style-type: none"> <li>▪ No Shock= 14.74%</li> <li>▪ Shock= *</li> </ul> </li> <li>○ Ages 55-65 <ul style="list-style-type: none"> <li>▪ No Shock= 35.50%</li> <li>▪ Shock= 28.95%</li> </ul> </li> </ul> </li> <li>• Patient’s Gender – Males experience more pelvic fractures than females</li> <li>• Transport – No real differences between pelvic fractures with shock and without.</li> <li>• ED Disposition – Similar results between pelvic fractures with shock and without. Dr. Tyroch</li> </ul>			
--	--	--	--	--	--

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<p>commented that there has to be something wrong with the numbers. Jia Benno agreed to look at that further.</p> <ul style="list-style-type: none"> <li>• Hospital Designation – Trauma Patients with Pelvic Fractures (PFx) and Pelvic Fractures + Shock (PFx+S) <ul style="list-style-type: none"> <li>○ Level I Trauma Center <ul style="list-style-type: none"> <li>▪ PFX= 30.90%</li> <li>▪ PFX+S =18.42%</li> </ul> </li> <li>○ Level II Trauma Center <ul style="list-style-type: none"> <li>▪ PFX= 11.6%</li> <li>▪ PFX+S =21.05%</li> </ul> </li> <li>○ Level III Trauma Center <ul style="list-style-type: none"> <li>▪ PFX= 22.17%</li> <li>▪ PFX+S =31.58%</li> </ul> </li> <li>○ Level IV Trauma Center <ul style="list-style-type: none"> <li>▪ PFX= 12.62%</li> <li>▪ PFX+S =15.79%</li> </ul> </li> </ul> </li> <li>• Regional Advisory Council – E and Q receive majority of patients</li> </ul> <p>Dr. Remick questioned whether within the data the ability exists to determine when in the progression of care the death occurred. Jia Benno stated that they should be able to pull that data. Dr. Remick asked if there was a plan to map performance with specific quality indicators to monitor progress. Jia Benno responded that year-to-year monitoring is the plan. Mr. Schmider commented that the option to select “other” or skipping fields on Patient Care Records (PCRs) is hindering the ability to collect data. He</p>	<p>Jia Benno agreed to investigate accuracy of total cases.</p> <p>Jia Benno will include data representing where in the progression of care a patient</p>	<p>Incomplete</p> <p>Incomplete</p>	<p>NEMSIS 3.5 will be used nationwide March 2023 for PCR data collection.</p>
--	--	--	--	-------------------------------------	---

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<p>also stated NEMSIS 3.5 will be onboard in March 2023 with good data features. Dr. Ratcliffe commented that the primary impressions and diagnosis list within the NEMSIS data set is restrictive. Ms. Klein thanked Jia for presenting data and stated that pediatric and geriatric data will be presented in future reports.</p>	expired in future presentations.		
<b>3</b>	<b>GETAC Committee Reports</b>	<b>Discussion</b>	<b>Action Plan / Responsible Individual</b>	<b>Status</b>	<b>Comments</b>
3a	<p>Air Medical and Specialty Care Transport Committee Lynn Lail, RN, Chair</p>	<p><i>Update provided by Lynn Lail.</i></p> <ul style="list-style-type: none"> <li>• Items needing Council guidance <ul style="list-style-type: none"> <li>○ None</li> </ul> </li> <li>• Items referred to GETAC for future action <ul style="list-style-type: none"> <li>○ None</li> </ul> </li> <li>• Announcement. <ul style="list-style-type: none"> <li>○ Taskforce #1 - Neonatal &amp; Pediatric equipment recommendations for rotor wing aircraft have been completed &amp; approved by the committee. Will be presented to the National Pediatric Readiness Program Committee for consideration.</li> <li>○ Taskforce #2 - M.I.S.T Taskforce members will be reviewing the critique of Hurricane Harvey to ensure that all areas of opportunity have been addressed.</li> <li>○ Committee will begin to formally prepare suggested revisions to TAC 157.12 &amp; 157.13, from the list of items compiled by a Taskforce earlier in the year. This will be</li> </ul> </li> </ul>	No action was taken.		

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		in preparation for the upcoming official rule revision.			
3b	Cardiac Care Committee James McCarthy, MD, Chair	<p><i>Update provided by Dr. James McCarthy.</i></p> <ul style="list-style-type: none"> <li>• Items Needing Council Guidance <ul style="list-style-type: none"> <li>○ The GETAC strategic plan specifically states an objective to “Identify data-driven opportunities to reduce the burden of injury, stroke, and cardiac disease.” And on page 21 the critical importance of the need for high quality data is discussed. <ul style="list-style-type: none"> <li>▪ The committee recognized two critical weaknesses in the ability to execute on our Strategic Plan that we believe should be addresses in the GETAC Strategic plan: <ul style="list-style-type: none"> <li>▶ The lack of reporting of cardiac/stemi data since 2020.</li> <li>▶ The lack of a credentialing process for cardiac receiving centers.</li> </ul> </li> </ul> </li> </ul> </li> <li>• Items Referred to GETAC for Future Action <ul style="list-style-type: none"> <li>○ Given that CARES only represents 45% of the population we would request that the GETAC council approve of us requesting that DSHS work with us on an EMS registry data report specifically to see if additional understanding can be gained of the gaps in cardiac arrect care in our rural community.</li> </ul> </li> <li>• Committee Announcements</li> </ul>	Jia Benno, Jorie Klein, and Joe Schmider will review the cardiac-related data included in PCRs.	Incomplete	Dr. Tyroch asked Eric Epley to present RAC Data Collaborative work on Stroke data at March GETAC to demonstrate data capabilities for Cardiac.

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>○ Several committee members are cycling off this year and were thanked for their service.</li> <li>○ We were made aware that the RACs are discussing on December 8th (among other things) sustainable funding for CARES – We acknowledged our appreciation and encouraged their consideration as well as strategies to expand data collection especially in the rural parts of the state.</li> </ul>			
3c	<p>Disaster Preparedness and Response Committee Eric Epley, NREMT, Chair</p>	<p><i>Update provided by Eric Epley.</i></p> <ul style="list-style-type: none"> <li>• Items Referred to GETAC Council for Future Action/Guidance <ul style="list-style-type: none"> <li>○ TDEM Supply Chain Tool: Workgroup participation began with 32 individuals from 23 agencies. Requesting assistance in increasing participation from hospitals &amp; EMS agencies for this important issue.</li> </ul> </li> <li>• Update to GETAC Council <ul style="list-style-type: none"> <li>○ Statewide EMS Wristband Project: New committee meeting monthly &amp; working on 1-pager to be distributed.</li> <li>○ GETAC Pediatric/RSV Workgroup: Committee will gather information on to determine best practices &amp; concerns once approved.</li> </ul> </li> <li>• Committee Announcements <ul style="list-style-type: none"> <li>○ TX EMTF Program Updates <ul style="list-style-type: none"> <li>▪ DEMOB Complete: Border Support 10/21/22 (989 days)</li> </ul> </li> </ul> </li> </ul>	No action was taken.		

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>• ACTIVATED: SWX PKG + [1] AMBUS - Tornado Outbreak 11/4/22</li> </ul>			
3d	Emergency Medical Services Committee Eddie Martin, EMT-P, Chair	<p><i>Update provided by Eddie Martin.</i></p> <ul style="list-style-type: none"> <li>• Items Needing Council Guidance <ul style="list-style-type: none"> <li>○ Forming a work group for Verbal/Non-Verbal intervention self-defense tactics for EMS.</li> </ul> </li> <li>• Items Referred to GETAC for Future Action <ul style="list-style-type: none"> <li>○ None</li> </ul> </li> <li>• Committee Announcement <ul style="list-style-type: none"> <li>○ EMS Committee Retreat in Ozona, TX – Date TBD</li> </ul> </li> </ul>	Lucille Maes made a motion to allow the formation of a Verbal/Non-Verbal intervention self-defense tactics for EMS workgroup. Motion passed with no objection.		
3e	EMS Education Committee Macara Trusty, LP, Chair	<p><i>Update provided by Joe Schmider.</i></p> <ul style="list-style-type: none"> <li>• Items Needing Council Guidance <ul style="list-style-type: none"> <li>○ N/A</li> </ul> </li> <li>• Items Referred to GETAC for Future Action <ul style="list-style-type: none"> <li>○ N/A</li> </ul> </li> <li>• Committee Announcements <ul style="list-style-type: none"> <li>○ Open Enrollment Paramedic going well.</li> <li>○ Looking for more AEMT programs willing to try open enrollment.</li> <li>○ Rule regarding Continuing Education being evaluated, open for revision.</li> </ul> </li> </ul>	No action was taken.	Pending the GETAC Strategic Meeting to review recommendations.	
3f	EMS Medical Directors Committee Heidi Abraham, MD, FAEMS, Chair	No update provided.			

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

3g	<p>Injury Prevention and Public Education Committee Mary Ann Contreras, RN, Chair</p>	<p><i>Update provided by Courtney Edwards, Vice-chair.</i></p> <ul style="list-style-type: none"> <li>• Items Needing Council Guidance <ul style="list-style-type: none"> <li>○ Request for letter of support for UTMB, BCM, and UT HSC Houston to apply for a for a CDC Injury Control Research Center (ICRC) in Texas</li> </ul> </li> <li>• Items Referred to GETAC for Future Action <ul style="list-style-type: none"> <li>○ None at this time</li> </ul> </li> <li>• Committee Announcements <ul style="list-style-type: none"> <li>○ Jia Benno, Manager, provided a presentation on the progress of the Texas Violent Death Reporting System (TVDRS) Current counties participating: Harris, Bexar, Dallas and Tarrant with expansion to all counties planned by 2027.</li> <li>○ Dr. Molly Johnson, Research Scientist, Drowning Prevention &amp; Water Safety Program at Dell Children’s Medical Center gave a report on unintentional drowning, and strategy to mitigate.</li> <li>○ Next IPPE meeting March 6.</li> <li>○ Committee thanked Nisi Bennett, Enoch Espinoza, Dr. Mark Sparkman, and Dr. Shabana Yusuf for their service and contribution as they are rolling off the committee.</li> </ul> </li> </ul>	No action was taken.		
3h	<p>Pediatric Committee Belinda Waters, RN, Chair</p>	<p><i>Update provided by Joe Schmider for Belinda Waters.</i></p> <ul style="list-style-type: none"> <li>• Items Needing Council Guidance <ul style="list-style-type: none"> <li>○ Approval of collaboration between Disaster Committee and Pediatric Committee for</li> </ul> </li> </ul>	Motion to approve pediatric/disaster		

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<p>development of pediatric disaster protocols for non-pediatric hospitals.</p> <ul style="list-style-type: none"> <li>• Items Referred to GETAC for Future Action <ul style="list-style-type: none"> <li>○ None</li> </ul> </li> <li>• Committee Announcements <ul style="list-style-type: none"> <li>○ Pediatric committee continues to collaborate with the Injury Prevention Committee with two work groups: one on pediatric concussion and head injury education and a second one for magnet battery ingestion education and support.</li> <li>○ Pediatric committee will be working with the stroke committee on developing pediatric stroke protocols.</li> <li>○ Small group will start working with a member from the Trauma Systems committee to develop parameters for shock in the pediatric patient.</li> <li>○ Identified a future initiative to promote pediatric mental health care.</li> </ul> </li> </ul>	<p>workgroup made by Dr. Remick. Chief Billy Lail provided a second. Motion passed.</p>		
3i	<p>Stroke Committee Stroke Committee J. Neal Rutledge, MD</p>	<p><i>Update provided by J. Neal Rutledge, MD</i> After decades of service on GETAC Stroke Committee, Dr. Rutledge is retiring; this is his final GETAC meeting as Stroke Committee Chair.</p> <ul style="list-style-type: none"> <li>• Items needing Council guidance. <ul style="list-style-type: none"> <li>○ Recommend acceptance of DSHS Advance Stroke Center (Lvl 2) certification guidelines.</li> </ul> </li> </ul>	<p>Recommendation of GETAC approval of the Advanced Level II certification guidelines to be placed on March 2023 GETAC agenda.</p>		

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>▪ Dr. Ratcliff requested additional time to review the 10-page document and revisit in March 2023.</li> <li>○ Working on Pediatric Transport and Facility Criteria recommendations.             <ul style="list-style-type: none"> <li>▪ Dr. Tyroch asked if a presentation in March 2023; Dr. Rutledge stated it would not be ready.</li> </ul> </li> <li>○ Sending recommendations for EMS (NEMSIS) stroke required data fields and usage to EMS Medical Directors and RAC committees. Recommendation includes changing certain fields from optional to essential.             <ul style="list-style-type: none"> <li>▪ Focus of this request was regarding data entry during pre-hospital care, “what is the least amount of data that is most salient to doing review of cases and state data” (Dr. Rutledge).</li> <li>▪ Dr. Remick asked if the Stroke Committee discussed an age range of patients for this because there isn't a validated screening tool that someone would necessarily select. Joe Schmider responded that the questions will be essential if a stroke is suspected, regardless of patient age.</li> <li>▪ Kevin Cunningham asked if the list could be sent to the RACs to send out</li> </ul> </li> </ul>	<p>Joe Schmider requested a list of the items to take back to weekly meeting with the Registry.</p>		
--	--	---	---	--	--

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<p>to the EMS providers to start adding if they are not already using them. Joe Schmider said it would be in NEMSIS 3.5 and requested that no changes be made until then.</p> <ul style="list-style-type: none"> <li>○ Sending recommendations on Inter-Facility Stroke transport language and recommendation to EMS Medical Directors and RAC committees. Review of Section 157.133 Requirements for Stroke Facility Designation. Outlined plan for dissemination of highlights presented at the meeting to RACs.</li> <li>● Items Referred to GETAC for Future Action             <ul style="list-style-type: none"> <li>○ None</li> </ul> </li> <li>● Committee Announcements             <ul style="list-style-type: none"> <li>○ TCCVDS Stroke Survivors and Caregiver Conference is Friday, 5/19/2023, in Odessa, Texas, to promote stroke care in the rural and frontier areas.</li> </ul> </li> <li>● Dr. Robert Greenberg, past Chair of GETAC, shared his personal appreciation for the work that Dr. Rutledge and the Stroke Committee have done over the years.</li> </ul>			
3j	Trauma Systems Committee Stephen Flaherty, MD, Chair	<p><i>Update provided by Stephen Flaherty, MD.</i></p> <ul style="list-style-type: none"> <li>● Recognize a trauma center each quarter             <ul style="list-style-type: none"> <li>○ Uvalde Memorial Hospital – Level 4</li> <li>○ Baylor Scott &amp; White Temple – Level 1</li> </ul> </li> <li>● Trauma rules process</li> </ul>			

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>○ Workgroup participated in review/changes from informal comments</li> <li>○ Standing by to assist with review/changes from formal comments</li> <li>● Rural trauma gaps             <ul style="list-style-type: none"> <li>○ Workgroup to collaborate with RACs to assess the impact of decreasing trauma system funding and to understand the processes of image sharing and its impact on trauma care</li> <li>○ Workgroup to focus on educating key leaders on the impact of decreasing trauma system funding</li> </ul> </li> <li>● Trauma system assessment             <ul style="list-style-type: none"> <li>○ Workgroup to collaborate with DSHS and TETAF monitoring the status of designated centers</li> <li>○ Workgroup to collaborate with DSHS and data section to assess the approved trauma reports and recommend refinements to those reports</li> </ul> </li> <li>● Items needing Council guidance             <ul style="list-style-type: none"> <li>○ Recommend defining geriatric hypotension as Systolic Blood Pressure (SBP)&lt;110 mmHg                 <ul style="list-style-type: none"> <li>▪ Dr. Tyroch sought clarification that geriatric definition is 65 and older and that hypotension for this age group would be anything less than 110 mmHg, not 110 and below. Dr. Flaharty confirmed.</li> </ul> </li> </ul> </li> </ul>	<p>Pediatric age and geriatric hypotension definitions to be placed on March 2023 GETAC agenda.</p>		
--	--	--	---	--	--

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>○ Recommend defining pediatrics as any patient under 15 years of age             <ul style="list-style-type: none"> <li>▪ Working with the Pediatric Committee to bring back recommendations of blood pressure requirements for blood pressure standards to define hypotension in the pediatric group</li> </ul> </li> <li>○ Dr. Tyroch commented that the American College of Surgeons (ACS) and the Centers for Disease Control (CDC) use these same numbers.</li> <li>○ Dr. Tyroch asked for clarification regarding the Trauma Systems Committee request to the RACs regarding an imaging survey together and who would execute the survey.             <ul style="list-style-type: none"> <li>▪ Dr. Flaharty stated that Lori Robb will be lead on integrating with the RACs to develop the right questions.</li> <li>▪ Dr. Flaharty stated another survey would be the financial component for uncompensated care and the impact of what is projected to be a significant decrease and the importance of having continued funding for the system.</li> </ul> </li> <li>● Items referred to Council for future action             <ul style="list-style-type: none"> <li>● Continued efforts to arrange a meeting with representatives from the Governor’s office to discuss trauma</li> </ul> </li> </ul>	<p>Per Dr. Tyroch’s request, Dr. Flaharty said the Trauma Committee should have the pediatric hypotension definition recommendation by the March 2023 meeting.</p>		
--	--	--	--	--	--

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

	<b>Agenda Items</b>	<b>Discussion</b>	<b>Action Plan / Responsible Individual</b>	<b>Status</b>	<b>Comments</b>
4	Discussion and possible action on the Trauma Registry Flowchart	<p><i>Overview on updated data request process flowchart provided by Joe Schmider.</i></p> <ul style="list-style-type: none"> <li>• Data request flows from Committee to Council to DSHS to Registry.</li> <li>• Fulfilled data request flows from Registry to committee for committee to report out to Council.</li> </ul>	<p>No actions were identified.</p> <p>Per Dr. Tyroch’s inquiry, the flowchart document will reside on the GETAC website as a resource document on the committee section.</p>		
5	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	This item was previously discussed.	No additional actions were identified.		
6	Update – Trauma Rule Amendments Recommendations	There was not an update for this item as this was discussed in the State’s report.	No additional actions were identified.		
7	Discussion of Rural	There was not an update for this item.			

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

	Priorities				
8	Discussion and possible actions on initiatives, programs, and potential research that might improve the Trauma and Emergency Healthcare System in Texas.	There was not an update for this item.			
<b>9</b>	<b>GETAC Stakeholder Reports</b>	<b>Discussion</b>	<b>Action Plan / Responsible Individual</b>	<b>Status</b>	<b>Comments</b>
9a	Texas EMS, Trauma, and Acute Care Foundation (TETAF) Dinah Welsh, TETAF President/CEO	<p><i>Update provided by Dinah Welsh.</i></p> <ul style="list-style-type: none"> <li>• TETAF Advocacy Committee is among the busiest of TETAF’s five committees. This committee is preparing for the upcoming 88th Legislative Session and refining TETAF’s legislative priorities.</li> <li>• TETAF’s Governance Committee is preparing for the December 8, 2022, TETAF General Assembly meeting and election for the TETAF Board of Directors – six open positions.</li> <li>• TETAF submitted comments to the proposed draft changes to Texas Administrative Code (TAC) Rule 157.125, Requirements for Trauma Facility Designation.</li> <li>• TETAF hired Terri Rowden, BSN, RN, TCRN, as its new survey services senior director. Terri will manage the trauma and stroke service line</li> </ul>	No action items were identified for the Council.		

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<p>operations for TETAF and provide expertise and collaboration to ensure quality is maintained in all TETAF and Texas Perinatal Services service lines. She has been a TETAF surveyor for ten years.</p> <ul style="list-style-type: none"><li>• The TETAF Hospital Data Management Course (HDMC) was held virtually in November. More opportunities for the TETAF HDMC in 2023 will be announced soon.</li><li>• The Texas Perinatal Forum will transition to the Texas Quality Care Forum starting in January 2023. The Texas Quality Care Forum will be monthly and will offer a wider variety of topics that include trauma, stroke, maternal, neonatal, and acute care.</li><li>• TETAF continues to offer exclusive, free educational opportunities to our hospital partners via Mighty Networks. To join Mighty Networks, visit <a href="http://www.tetaf-tps.mn.co">www.tetaf-tps.mn.co</a>.</li><li>• The TETAF Advocacy team is conducting regular planning meetings during the interim to prepare for the 88th Legislative Session.<ul style="list-style-type: none"><li>○ The legislative appropriation for account 5111 is \$58 million less than the budget revenue estimate from last session.</li></ul></li><li>• TETAF met with leaders at the Texas Department of State Health Services (DSHS) to discuss concerns of potential funding cuts to the trauma system.</li></ul>			
--	--	---	--	--	--

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>• TETAF testified during the Legislative Budget Board’s Joint Budget Hearing to review DSHS’ Legislative Appropriations Request (LAR).</li> <li>• TETAF’s Legislative Work Group will meet via Zoom every other week throughout the session beginning on January 20, 2023.</li> <li>• Texas TQIP met virtually on August 22 and will meet in Phoenix during the national TQIP conference on December 11-13, 2022.</li> <li>• TETAF is once again sponsoring the Texas Collaborative for Healthy Mothers and Babies Summit.</li> </ul> <p>Dr. Tyroch asked if TETAF met with Governor Abbott while meeting with legislators. Ms. Welsh commented that they have a good line of communication with the Governor’s</p>			
9b	EMS for Children (EMSC) State Partnership Sam Vance, MHA, LP, Program Manager	<p><i>Update provided by Sam Vance.</i></p> <ul style="list-style-type: none"> <li>• Submitted grant renewal for State partnership grant at the beginning of November for the next 4-year period of 2023 to 2027. There are four focus areas: <ul style="list-style-type: none"> <li>○ Increasing voluntary pediatric facility recognition program</li> <li>○ EMS recognition program</li> <li>○ Pediatric disaster preparedness in emergency departments and EMS</li> <li>○ Family partnership and leadership</li> </ul> </li> <li>• Administration for Strategic Preparedness and Response (ASPR) Pediatric Disaster Care Centers of Excellence</li> </ul>	No action items were identified for the Council.		

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>○ Dr. Brent Kaziny, Texas Children's Hospital, received the ASPR grant for the Pediatric Disaster Care Centers of Excellence, and they are calling that the G7 that involves the 7 Gulf Coast states in that collaborative.</li> <li>○ Developing a coordinated pediatric disaster care capability for pediatric patient care in disasters.</li> <li>○ Dr. Remick commented that Dr. Kazny’s work is critically important for developing and implementing pediatric disaster response into regional healthcare coalitions.</li> <li>● EMSC Innovation and Improvement Center is starting a QI collaborative – ED STOP (screening and treatment treating options for pediatric) suicide collaborative. It aims to optimize the care of children and adolescents who arrive in the ED presenting with acute suicidality.             <ul style="list-style-type: none"> <li>○ February 2023 – November 2023</li> <li>○ Eight, one-hour monthly sessions</li> <li>○ Work with national experts</li> <li>○ Earn CEUs, CEs, or MOC Part 4 credits</li> <li>○ Dr. Remick commented that suicide is the 2<sup>nd</sup> leading cause of death of children over the age of ten, it’s at epidemic proportions, the rate is increasing most greatly in children under the age of ten, and rates are twice as high in rural areas. She also</li> </ul> </li> </ul>			
--	--	--	--	--	--

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<p>stated the goal of this quality improvement collaborative is to support emergency departments across the country, but especially those in low-resource areas to improve their clinical care processes.</p> <ul style="list-style-type: none"> <li>• 2023 EMSC Survey <ul style="list-style-type: none"> <li>○ HRSA conducting EMS surveys yearly</li> <li>○ Will launch January 4, 2023</li> <li>○ Prehospital Pediatric Readiness Project (PPRP) Survey – 2024</li> <li>○ Pete Morocco asked how often EMS is being called into action, either by pleas for help or by someone during an attempted suicide and are there opportunities for intervention? Dr. Remick stated that a study in Florida showed 6% of pediatric EMS transports were for mental health emergencies; additionally, there has been a 400% increase in pediatric ED visits for self-harm over the last ten years.</li> <li>○ Pete Morocco offered a general comment regarding exploration of changes to the approach to pediatric mental health emergencies. Dr. Remick inquired as to GETAC jurisdiction to review mental health facilities across the state for capacity and capabilities as it impacts EMS and trauma.</li> </ul> </li> <li>• Dr. Remick inquired whether pediatric and EMS recognition could be utilized or adopted in any way through GETAC. Jorie Klein responded:</li> </ul>	<p>Jorie Klein stated that she’d locate the name of the chair of the Mental Health Council and possible opportunity to collaborate on the issue.</p>		
--	--	---	--	--	--

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<ul style="list-style-type: none"> <li>○ Completion of the Pediatric Readiness Survey is a requirement in the new rules.</li> <li>○ Gaps are to be addressed</li> <li>○ Adult facilities are required to do a pediatric simulation on a quarterly basis and that simulation has to have some type of critique. The outcome would have to be integrated into the performance improvement process.</li> </ul>			
9c	Texas Cardiovascular Disease and Stroke Council	<p><i>Update provided by Dr. J. Neal Rutledge.</i></p> <ul style="list-style-type: none"> <li>● The charge of the Texas Cardiovascular Disease and Stroke Council is to oversee heart disease and stroke for the state and report to the legislature and make recommendations.</li> <li>● The list of recommendations for the 88th legislature was approved, and there are several that directly affect the work in GETAC. <ul style="list-style-type: none"> <li>○ Expansion of hospitals and physicians capable of performing clot retrieval services across the state.</li> <li>○ Financial support in the form of grants to help cash-strapped rural hospitals develop emergency stroke programs and certification.</li> <li>○ Develop a cost-effective data collection and monitoring system to allow better evaluation of stroke-related systems of care across the state or resources to support the RACs to collect and analyze stroke data.</li> </ul> </li> </ul>	No action items were identified for the Council.		

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

9d	Texas Cardiac Arrest Registry to Enhance Survival (TX CARES) Micah Panczyk	<p><i>Update provided by Micah Panczyk.</i></p> <ul style="list-style-type: none"> <li>• Texas CARES Data Summary Report</li> <li>• Discussed patient demographics</li> <li>• Location of arrest – More nursing home arrests in Texas vs. nationally</li> <li>• Bystander-initiated CPR – 45% Texas, 40% nationally</li> <li>• AED Applied Prior to EMS Arrival – Texas 25% higher than national</li> <li>• Overall Survival</li> <li>• Agency account distribution – Covers 48% of state’s population</li> <li>• Rural vs. Urban – CPR, AED, response time &amp; outcome, and post-arrest care analyses. Average of 4 minutes difference in response time in urban vs. rural.</li> <li>• Patient &amp; event characteristics</li> <li>• Care &amp; outcome – Telecommunicator-assisted CPR as effective in improving outcomes as bystander CPR without telecommunicator assistance.</li> <li>• Event factors impacting cardiac arrest survival</li> <li>• Texas-CARES Symposium</li> </ul> <p>Dr. Rutledge commented that there is still no funding for the CARES registry in Texas. He expressed concern for the disparity in telecommunicator level of assistance in different parts of the state and that the problem is solvable.</p>	No action items were identified for the Council.		
----	---	--	--	--	--

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022**

**Meeting Minutes**

9e	Texas Suicide Prevention Council Christine Reeves	<p><i>Update provided by Christine Reeves.</i></p> <ul style="list-style-type: none"> <li>• Since the local coalition leaders have been meeting, information sharing is higher than it has ever been across the State. The meetings are pulling our State closer together for suicide prevention.</li> <li>• Focus areas remain as youth (in general), LGBTQ+ community, and the Armed Forces (active &amp; retired). New areas such as workplace and healthcare workers is rising.</li> <li>• The 2023 Texas Suicide Prevention Symposium is planned for mid-June in New Braunfels. More information to come.</li> </ul>	No action items were identified by the Council.		
9f	Stop the Bleed Texas Coalition Christine Reeves	<p><i>Update provided by Christine Reeves.</i></p> <ul style="list-style-type: none"> <li>• Ms. Reeves was one of 31 people chosen from across the Nation to serve on the ACS STB Version 3 Workgroup. Dr. Lillian Liao was also chosen to serve. Feel free to forward any suggestions their way.</li> <li>• Our STB TX Coalition will take time off for the holidays and not meet again until after the first of year, so be on the lookout for the invite.</li> <li>• Contact creeves@centraltexasrac.org to get added to the list &amp; invite or to be removed.</li> </ul>	No action items were identified for the Council.		
9g	Statewide Wristband Project Christine Reeves	<p><i>Update provided by Christine Reeves.</i></p> <ul style="list-style-type: none"> <li>• Texas EMS Wristband Project Steering Workgroup was formed at the August GETAC Council meeting as a joint effort between the Disaster and EMS Committees. <ul style="list-style-type: none"> <li>• The Steering Workgroup has met 3 times. The meetings are open to anyone in our</li> </ul> </li> </ul>	No action items were identified for the Council.		

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

		<p>emergency healthcare community. If you are interested in participating let Eric Epley, Eddie Martin, or Christine Reeves know.</p> <ul style="list-style-type: none"> <li>• The Steering Workgroup is the place where succusses, concerns, suggestions, changes, etc. can be brought for discussion, action, and consensus.</li> <li>• Goal: To have all patients that ride in an ambulance get a Texas EMS Wristband. The number is recorded by the EMS agencies and hospitals involved with the treatment of the patient for that event into their electronic medical records systems. Preferably in a field that can be queried.</li> <li>• The Steering Workgroup agreed on some basic principles:             <ul style="list-style-type: none"> <li>○ The number will be formatted as TX – first letter of vendor name – 6-digit alphanumeric characters.</li> <li>○ It must have a barcode and be human readable.</li> <li>○ Changing name back to Texas EMS Wristband, since the patients are related/involved with EMS.</li> <li>○ It is anticipated that Texas may have two levels of wristbands that may be chosen by the RAC and its EMS partners.</li> </ul> </li> <li>• Next Steps: The Steering Workgroup will be developing a one-pager about the project, as well as standardized training materials.</li> </ul>			
--	--	--	--	--	--

**Governor’s EMS and Trauma Advisory Council (GETAC)  
Department of State Health Services (DSHS)**

**Monday, November 21, 2022  
Meeting Minutes**

	<b>Announcements</b>	<b>Discussion</b>	<b>Action Plan/ Responsible Individual</b>	<b>Status</b>	<b>Comments</b>
	Final Public Comment	<p>Cristine Reeves, executive director for Central Texas RAC, stated the RAC is hosting a variety of courses through Trauma Center Association of America during 2023.</p> <p>Mr. Matthews noted that the GETAC members’ contact information was removed from the GETAC webpage and asked about having a repository for the information if someone needs to contact a member.</p> <p>Ms. Richardson read the names of people who registered for public comment.</p>			
	Next meeting dates	<ul style="list-style-type: none"> <li>• March 6-9, 2023</li> <li>• June 6-9, 2023</li> <li>• August 14-18, 2023</li> <li>• November 19-22, 2023</li> </ul>			Retreat March 6, 2023, 10 AM to 7 PM. Will be at the Doubletree.
	Adjournment – Alan Tyroch, MD, Chair	Chief Lail made a motion to adjourn. The motion was seconded by Dr. Remick. The meeting adjourned at 7:06 PM.			