

# Governor's EMS and Trauma Advisory Council (GETAC)

## Department of State Health Services (DSHS)

Monday, November 24, 2025  
 Omni Fort Worth  
 Fort Worth Ballroom 4/5  
 1300 Houston Street  
 Fort Worth, Texas 76102

### Meeting Minutes

| Last Name                   | First Name       | Appointed Position                                   | Attendance |        |
|-----------------------------|------------------|--|------------|--------|
|                             |                  |  | In-person  | Online |
| <b>Tyroch, MD, Chair</b>    | <b>Alan</b>      | <b>Trauma Surgeon - per HSC §773.012(b)(14)</b>      | Y          |        |
| <b>Matthews, Vice Chair</b> | <b>Ryan</b>      | <b>Private EMS Provider - per HSC §773.012(b)(5)</b> | Y          |        |
| Booth                       | Donald (Donnie)  | Rural Trauma Facility - per HSC §773.012(b)(11)      |            | N      |
| Clements                    | Mike             | EMS Fire Department - per HSC §773.012(b)(9)         |            | Y      |
| DeLoach, Judge              | Mike             | County EMS Provider - per HSC §773.012(b)(12)        | Y          |        |
| Eastridge, MD               | Brian            | Urban Trauma Facility - per HSC §773.012(b)(10)      | Y          |        |
| Johnson, RN                 | Della            | RN w/Trauma Expertise - per HSC §773.012(b)(15)      | Y          |        |
| Lail                        | Billy (Scott)    | Fire Chief - per HSC §773.012(b)(4)                  | Y          |        |
| Petrilla                    | Brian            | Certified Paramedic - per HSC §773.012(b)(17)        | Y          |        |
| Malone, MD                  | Sharon Ann       | EMS Medical Director - per HSC §773.012(b)(2)        | Y          |        |
| Martinez                    | Ruben            | Public Member - per HSC §773.012(b)(18)              |            | N      |
| Potvin, DNP, RN             | Cassie           | Registered Nurse - per HSC §773.012(b)(3)            | Y          |        |
| Ramirez                     | Daniel (Danny)   | Stand-Alone EMS Agency - per HSC §773.012(b)(16)     |            | N      |
| Ratcliff, MD                | Taylor           | EMS Educator - per HSC §773.012(b)(7)                | Y          |        |
| Remick, MD                  | Katherine (Kate) | Pediatrician - per HSC §773.012(b)(13)               | Y          |        |
| Salter, RN                  | Shawn            | EMS Air Medical Service - per HSC §773.012(b)(8)     | Y          |        |
| Tidwell                     | Rodney           | EMS Volunteer - per HSC §773.012(b)(6)               | Y          |        |
| Troutman, MD                | Gerad            | Emergency Physician - per HSC §773.012(b)(1)         | Y          |        |
| Young                       | Aundrea          | Public Member - per HSC §773.012(b)(18)              |            | Y      |

[Link to Meeting Presentation](#)

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| 1.<br>Call to Order from<br>Recess         | Dr. Tyroch called the GETAC Q4 meeting to order at 4:00 PM. The meeting was conducted in compliance with the Texas Open Meetings Act and was webcast for public record.  |   |                      |   |
| 2.<br>Roll Call                            | The meeting opened with instructions regarding public recording, use of chat for attendance, guidelines on language and confidentiality, and the process for public comments from both virtual and in-person attendees. Sabrina Richardson (DSHS) called the roll for GETAC and noted a quorum of members had been achieved.   |   |                      |   |
| 3.<br>Welcome                              | Dr. Tyroch read the GETAC vision and mission statements.   |   |                      |   |
| 4.<br>Review and<br>Approval of<br>Minutes | The minutes for August 22, 2025, were presented for approval. Chief Scott Lail moved to approve the minutes, and Dr. Kate Remick provided a second. Ryan Matthews noted a couple of minor changes. The motion carried, and the minutes were approved without further discussion.   |   | Minutes<br>approved. |   |
| 5.<br>Chair<br>Announcements               | Dr. Tyroch thanked the EMS/TS staff and the STRAC AV staff for putting the GETAC meetings together throughout the week.  |   |                      |   |
| <b>6. State Reports</b>                    |  |   |                      |   |
| 6.a.<br>DSHS EMS/TS                        | <p>➤ <b>Jorie Klein, Director of EMS/Trauma Systems (EMS/TS) Section,</b> provided an update on the activities occurring since the last GETAC meeting.</p> <p><b>PHWB Funding Allotment</b></p> <p>Currently waiting on the statement of work (SOW) to be approved by DSHS legal. Director Klein shared the funding allotment each RAC would receive. She added that all funding will go out once for the biennium. One of the objectives is to track the benefits of blood products provided by EMS. Currently, 142 EMS providers offer such products, and new funding will raise this number to 491. The aim is to track data on patients receiving these products to assess the real benefits of prehospital whole blood.</p> | Information only.<br>No action items<br>identified. |                      | Continue<br>quarterly<br>updates to<br>Council. |

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|             | <p>Director Klein stated the department already has a potential Exceptional Item (EI) written up for the next year, with plans to continue pursuing Prehospital Whole Blood funding.</p> <p><b>Trauma Rules</b><br/>Director Klein reported that the department has gone through the rules line by line with all levels of trauma facilities. Additionally, the department provided training for the facilities on how to plan and prepare for a site survey, as well as training for the surveyors.</p> <p>Next steps will be the Designation Assessment Questionnaire (DAQ), training for completing the questionnaire, and a PI Tool Kit. Monthly calls will continue in 2026, as well as calls specifically for performance improvement - <i>PI: Ask the Experts</i>.</p> <p><b>Telemedicine</b><br/>The rules include a telemedicine method for counties with fewer than 30,000 residents. This is not new; it was part of the prior rules. Director Klein reported that the department is witnessing a lot of deviation from the rules. She stated that a facility should be able to call telemedicine and receive a response from an ATLS-certified advanced practice practitioner (APP) within 30 minutes; however, what is being seen is that the advanced practice provider works independently and manages the patient without ever contacting the telemedicine physician. The telemedicine physician and APP are supposed to be assessing the patient collaboratively through video. Furthermore, the APP, who was expected to arrive in 30 minutes, didn't appear.</p> <p><b>Transfers</b><br/>The department encourages all surveyors to review transfers and ask how transfers are received at the higher-level facility and acceptance times, as well as how transfers occur out of the transferring facility. Director Klein</p> |   |        |   |

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|             | <p>emphasized that the expectation going forward is for facilities to show how they are monitoring their transfers. She shared the relationship between the DSHS transfer rules and the American College of Surgeons (ACS) expectations.</p> <p><b>Trauma PIPS Process</b><br/>Director Klein described a change in terminology utilizing the terminology for Events/Morbidity/Mortality outlined in 157.126. If a facility has a regional opportunity, it is expected to work with the provider and notify the RAC of the referral.</p> <p><b>Designation Review Committee</b><br/>This committee is specifically designed to review anyone who wants to request an exemption or challenge their level of designation; a facility may ask for one exemption. The request will go to the Committee, and then the department will make a decision. Most of the exemptions received thus far are directly related to physician board certification. The Committee make-up includes:</p> <ul style="list-style-type: none"> <li>• Alan Tyroch, MD – GETAC Chair</li> <li>• Stephen Flaherty, MD – Trauma System Committee Chair</li> <li>• Dawn Koepp – Texas Trauma Coordinators Forum (TTCF)</li> <li>• Two Additional Members               <ul style="list-style-type: none"> <li>○ Robert Greenberg, MD – Emergency Medicine Physician</li> <li>○ Barbara Gaines, MD – Pediatric Trauma Surgeon</li> </ul> </li> </ul> <p><b>Trauma Uncompensated Care (UCC) Funding</b><br/>The Trauma UCC application has been posted, and applications are due by February 25, 2026. Readiness costs are not included in this application to allow for a focus on the rules.</p> |   |        |   |

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|             | <p><b>Level III Trauma Facilities – TQIP</b><br/>                     Director Klein reiterated the requirement for Level III facilities to participate in TQIP as of September 1, 2025. The only exception is Level III Pediatric facilities, since they do not have the opportunity to participate in the ACS TQIP process.</p> <p><b>Trauma Center Cost of Readiness</b><br/>                     Director Klein reported on the Georgia (Level I &amp; II = \$55 M) and Tennessee (Level I-III = \$24 M) costs of readiness and provided resources reviewed. She provided the Texas costs for Levels I-IV and those in active pursuit (IAP), which were significantly higher. Director Klein stated the reason is that the Texas survey is much more explicit, like asking about injury prevention, outreach, education, physician, which the other states do not do. The department is working with the hospital economists to get more information and better data. Director Klein confirmed the Texas costs were reported prior to the new rules taking effect, so the new rules had no impact on the reported costs.</p> <p><b>RAC Self-Assessment</b><br/>                     The RAC self-assessment was completed in August 2025. AN assessment document was provided to the council. The Self-assessment was crafted based on the ACS white book on the system elements. The department spent over 60 hours working with the RACs to fine-tune the assessment. Director Klein shared the average score (all RACs) for each element.</p> <p>➤ <b>Designation Unit:</b> Elizabeth Stevenson, RN, Designation Unit Manager, provided a designation report.</p> <p><b>Designated Trauma Facilities</b><br/>                     Mrs. Stevenson shared the total number of trauma facilities in Texas during the 4<sup>th</sup> quarter and reported there was one less than in the 3<sup>rd</sup></p> |   |        |   |

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|             | <p>quarter, but there were ten new facilities in active pursuit. She shared the designation application numbers, indicating that the total applications completed range between 23 and 32 across all four quarters, with most at Level IV. Of the processed applications, 32% of the 4<sup>th</sup> quarter designations were noncontingent, and 65% were contingent designations. The top four common deficiencies cited include nursing documentation, identification of all variances, TMD participation in PI-Secondary Review, and review for appropriate care. The Trauma Systems Committee requested a more in-depth review to see what is causing the deficiencies at the facilities. Mrs. Steveson shared the FY25 trauma designation data and stated that even though there were a total of 72 contingent designations, 67 facilities had their contingencies lifted after working with the department’s designation coordinators and providing evidence that they were meeting the requirement.</p> <p><b>Department Activities and Information – Trauma</b></p> <ul style="list-style-type: none"> <li>• Holding adopted Trauma Rule Q&amp;A meetings in December</li> <li>• Section 157.125 Adopted Trauma Rule Comparison Documents for Level III and IV are available on the DSHS website</li> <li>• Trauma monthly calls top two topics: Trauma UCC application and Adopted Trauma Rules</li> <li>• Implemented a survey following monthly meeting calls to receive stakeholder feedback on benefits and suggestions for future meeting content</li> <li>• Register for the 2026 trauma monthly meetings.</li> </ul> <p><b>Designated Stroke Facilities-</b></p> <p>Mrs. Stevenson reported the total number of stroke facilities, indicating three additional stroke facilities since the beginning of the fiscal year. Q4 saw the most completed stroke applications of the year at 18, 16 of which were Level III.</p> |   |        |   |

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|             | <p><b>Designation Application Process Performance Measures</b><br/>                     The department has a 30/60 goal, 30 days to process noncontingent applications, and 60 days for contingent. Currently, they are at 49 days for trauma contingent applications and 33 days for non-contingent trauma. Stroke is at 20 days for non-contingent.</p> <p>Director Klein informed Dr. Tyroch that the department will develop and roll out a toolkit for Stroke facilities once the trauma toolkit is out.</p> <p>➤ <b>Joseph Schmider, State EMS Director, provided EMS Unit updates.</b></p> <p>Director Schmider opened with an update on his team’s success from the prior night’s TAAMS Cornhole Tournament Fundraiser – He and Sabrina Richardson finished in 4<sup>th</sup> place.</p> <p><b>Workforce</b><br/>                     Director Schmider reported that the workforce continues to increase, with a total of 82,351 personnel as of November 1, 2025. The workforce has increased by 12,811 personnel since October 2022.</p> <p><b>NEMESIS</b><br/>                     The V5 Patch has been completed. The target date for the V6 update is 2029. This will be the next update Texas will follow. Director Schmider stated that Statute 773 – Rules 157 and 103 – require EMS Providers to submit PCRs, whether 9-1-1 transport or interfacility transfer. The state has filed its first complaint against a provider failing to submit PCRs.<br/> <i>Council Comment: Chief Scott Lail asked what the penalty was for not completing PCRs. Director Schmider stated a provider could be fined up to \$7,200 per day.</i></p> |   |        |   |

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|             | <p><b>89<sup>th</sup> Legislative Session Rule Updates</b></p> <p>Director Schmider provided a brief rule update. Senate Bill 1818, which is the military licensing for a provisional license for military members, veterans, and military member spouses, has an adoption date of December 1, 2025. He also provided information on what was being updated and the requirements for certification/licensure.</p> <p>The following bills and related rules will be updated per bill requirements and plain language standards, with a target completion date of August 2026.</p> <ul style="list-style-type: none"> <li>• 157.32/33/34 - House Bill (HB) 743 Human Trafficking Education: Requires EMS and emergency departments (ED) to be educated on human trafficking and how to recognize it. This will be a requirement for initial education and then every four years with continuing education (CE).</li> <li>• 157.11 - HB 33 Active Shooting Education: Schools, EMS, fire, police, and Emergency Management will be required to plan together and conduct/participate in drills. It will be added to the 157.11 rules. There is a reporting requirement with this.</li> <li>• 157.11 - HB 149 AI Policy: If a provider uses AI to treat or determine the needs of a patient, they will have to have a policy and disclose that to the patient.</li> <li>• 157.36 - HB 35 Peer Support System: This bill ensures that each organization has somebody looking after their staff. Law enforcement passed this a few years ago and implemented a process. The rules will include that the state cannot take disciplinary action against someone participating in peer support. Texas Division on Emergency Management (TDEM) is developing this item..</li> <li>• 157.37 - SB 1021 Stalking Conviction: A stalking conviction will disqualify someone from certification. This applies to all arrests for stalking after September 1, 2025.</li> </ul> |   |        |   |

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|             | <p><i>Council Comment: Mr. Shawn Salter asked if the stalking conviction applied to other healthcare licenses issued by the state or just EMS. Director Schmider stated he has to check to be certain.</i></p> <p>Director Schmider noted that the requirements for wristbands would be added to this round of legislatively mandated rule changes.</p> <p><b>Rules: Looking Ahead</b><br/>Director Schmider reported that the department will hold webinars in early 2026 so that stakeholders can review the changes more thoroughly. GETAC council and committees will review the proposed changes at the March 2026 meetings. The Texas EMS Association (TEMSA) will also have an opportunity to review.</p> <p>Target dates: Public comments (30-day) April 2026 and adoption August 2026.</p> <p><b>HB 3000 Rural Ambulance Grants</b><br/>Director Schmider thanked Judge Mike DeLoach for his work on HB 3000. The draft rules were published on Friday, November 21. They were also sent to GETAC, the RACs, and the AORs. They are open for public comments for 30 days. This program falls under the state Comptroller’s Office and guidance.</p> <p><b>Red Lights and Sirens (RLS) Usage</b><br/>Director Schmider reported the department had to complete a survey for NHTSA on the use of RLS and commented that Gavin ran some great data. He stated that despite how much this has been a conversation about the dangers of using red lights and sirens, the needle really hasn’t moved, showing a 2% difference between 2024 and 2025. The EMS Committee has a workgroup looking at this in greater detail.</p> |   |        |   |

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|  | <p><b>Announcements</b><br/>Director Schmider announced the upcoming retirements of both Mattie Mendoza and Brett Hart, each one serving more than 25 years in the department.</p>  |  |        |  |
| <p><b>6.b.<br/>DSHS Injury Prevention Unit</b></p> | <ul style="list-style-type: none"> <li>• <b>Gavin Sussman, EMSTR Program Manager</b></li> </ul> <p><b>National EMS Information System (NEMSIS)</b><br/>Mr. Sussman reported that Critical Patch 5 was designed to make the patient's biological sex available in addition to the patient's gender. Providers had the option to use either during the summer, and then Critical Patch 6 made that a hard validation requirement; therefore, we're going to have to see the patient's biological sex in every record for it to pass state validation. The registry currently collects over 100,000 records a week. Mr. Sussman praised the work of the RACs, vendors, and providers.</p> <p><b>National Association of State EMS Officials (NASEMSO)</b><br/>Mr. Sussman reported the following NASEMSO updates:</p> <ul style="list-style-type: none"> <li>• Produced a <a href="#">Blood Product Administration Guidance</a>.</li> <li>• Released an <a href="#">Executive Order 14168</a> position statement on gender and sex and recommendations to maintain compliance while minimizing interruption.</li> <li>• Developed a multi-state data request framework to minimize duplication between states and requestors.</li> <li>• Developed an <a href="#">algorithm</a> to uniformly calculate EMS times (response, time spent on scene, transport time, etc.) using NEMSIS elements.</li> <li>• Working with DSHS and the Texas Water Safety Coalition on a case definition for identifying submersion incidents in the EMS dataset.</li> </ul> <p><b>EMS &amp; Trauma Registries (EMSTR)</b></p> | <p>Information only.<br/>No action items identified.</p> |        | <p>Continue quarterly update to Council.</p> |

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|             | <p>Mr. Sussman reported that EMSTR collects reportable event data from EMS providers, hospitals, justices of the peace, medical examiners, Long Term Acute Care (LTAC) facilities, and rehabilitation facilities. In November 2023, EMSTR launched a new data reporting system capable of collecting the Texas Wristband number in EMS and trauma patient records. He stated that there are well over 4.6 million records for 2025, and he expects to hit 5.2 million in early January. He commended Director Schmider’s team for their efforts that contributed to the increased reporting. EMSTR anticipates closing the 2025 datasets on 05/01/2026.</p> <p>Mr. Sussman stated the worst performing agency is averaging about 1,200 hours after the dispatch before uploading their records, but there are others who are averaging 5 hours. He implored providers to send in a copy initially and then overwrite later instead of waiting to complete the provider QI process. He added that that was one of the main features of 3.5, but there’s a lot of value to getting real-time data for looking at certain things, such as the overdose rate or the rate of motor vehicle crashes.</p> <p>Mr. Sussman reported EMSTR contacted over 250 EMS providers, 120 trauma facilities, and 250 general hospitals with missing data and forged partnerships with the Regional Advisory Councils (RACs) and DSHS EMS/Trauma Systems to improve compliance.</p> <p><b>EMSTR Data Quality Webinar Series</b><br/>Webinars are hosted every 6-8 weeks. Training focuses on areas of performance improvement, which are streamed live and recorded. EMSTR provides Continuing Education (CEs) for EMS personnel (CEs started with the September webinar). Attendance varies between 100 and 250 facilities. Upcoming events include an EMS-AOR Training Video (November 2025). Documentation When it Matters Most for EMS (<a href="#">September 11, 2025</a>) and Hospital Data Management Training (<a href="#">October 30, 2025</a>) have been posted for review. Hospital topics include Universal</p> |   |        |   |

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|             | <p>Unique Identifier (UJID), Texas Wristband, transfer facility, and prehospital provider information; and abbreviated Injury Score (AIS) and procedure coding improvements. EMS topics include Stroke Assessment, Stroke Severity Scoring, Patient Identifiers, and Pre-Arrival Alert documentation; blood product documentation, Texas Wristbands, and improving Clinical Times documentation.</p> <p>Mr. Sussman provided a couple of examples where NEMSIS can identify detailed quality issues. He reported that providers have suggested that if certain fields are required instead of optional, such as with stroke assessment when dispatched to a potential stroke patient, the data quality would improve. EMSTR is working to improve statewide stroke assessment performance to align with GETAC recommendations.</p> <p>Mr. Sussman provided examples of how NEMSIS can also help identify performance issues for providers, such as with pain assessment in the injured patient.</p> <p><b>Texas Wristband Number</b></p> <p>Mr. Sussman explained how the wristband effectively links the EMS and trauma patient together so EMS can receive the outcome information on how they're performing: <i>Did the patient survive to hospital discharge? What procedures or interventions were given? Did they improve their outcome?</i> He reported that very few providers (4.10 % for 2025) are actually putting the wristband into their ePCR, and he noticed many of them are in the same areas, so they're likely using the same products. RAC F is at 20.82%, with the rest below 7.41%. Mr. Sussman reported that trauma patient wristband completion is doing a little better at 12.33 % for 2025. RACs A, C, K, N, and S are above 58%, with the rest coming in at 39% or below.</p> <p><i>Council Comment: Dr. Tyroch asked if everybody from EMS is uploading electronically or if some people are still doing it manually. Mr. Sussman</i></p> |   |        |   |

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|  | <p><i>responded that a couple of providers manually enter the data, but they are typically between 50 and 300 PCRs a year, typically seasonal providers.</i></p> <p><i>Council Comment: Mr. Matthews asked if there was a way for a provider to see their wristband performance data. Mr. Sussman stated that providers can log into the state system and see what information EMSTR is receiving, such as the wristband number. Mr. Sussman added that he’d be happy to spot-check for any provider interested. Mr. Matthews followed up with a webinar request for providers and the wristband process.</i></p> <p><i>Council Comment: Chief Petrilla asked if they could receive a guidance document, such as FAQs, on using the IAmOnline program. Mr. Sussman responded that he’d work on FAQs and would reach out to Chief Petrilla for feedback.</i></p> <p><b>Helpful Resources for Registry Users</b></p> <p>Mr. Sussman provided the following resources:</p> <ul style="list-style-type: none"> <li>• <a href="#">EMSTR Reports SHARP Reporting Guide</a> - “How to” run each report available in EMSTR Online.</li> <li>• <a href="#">EMSTR FAQs</a> - Common questions and answers.</li> <li>• <a href="#">EMS Reporting Requirements</a> – Highlight Requirements for ePCR Reporting in Texas.</li> <li>• <a href="#">Data Quality Webinar Series</a> – EMSTR hosts these educational webinars every 6-8 weeks.</li> <li>• <a href="#">NEMSIS 3.5 Data Dictionary</a> – National EMS element listing and collection rules</li> <li>• <a href="#">NEMSIS Public Research Dataset</a> – National EMS Dataset (published through CY 2024)</li> <li>• <a href="#">NEMSIS Public Dashboards</a> – Analysis Tools</li> </ul> |  |        |                                       |
| <b>6. GETAC Committee Action Items</b> |  |  |        |                                       |
| 6.a.                                   | <b>Air Medical and Specialty Care Transport Committee (AMSCT), Lynn Lail, RN, Chair</b>  |  |        |                                       |

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| <p><b>Air Medical and Specialty Care Transport Committee</b></p> | <p>Lynn Lail provided an update on the committee’s priorities.</p> <p><b>Pediatric Securement in Ambulances</b><br/>The workgroup has developed language for a rule concerning the safe transport of pediatric patients. They continue to participate in the EMS Committee’s monthly 157 rule revision workgroup meeting and work independently on 157.12 &amp; 157.13 language.</p> <p><b>Fatigue Risk Management Programs (FRMP) for Air Medical &amp; Specialty Care Transport Providers</b><br/>Mrs. Lail reported that supporting research and data collection are complete, allowing for the development of a White Paper supporting the implementation &amp; utilization of an FRMP.</p> <p><b>No Surprises Act (NSA) Education</b><br/>Air Medical resource utilization guidelines have been included in this resource document. The completed document is now posted on the GETAC AM&amp;SCT webpage.</p> <p><b>Trauma Facility Helipad Safety &amp; Landing Zone Training Presentation</b><br/>The course has been completed and received American Nurses Credentialing Center (ANCC) nursing credit approval. It is now live on the TETAF and DSHS websites.</p> <p><b>Pulsara Implementation Guidelines for the Air Medical Provider</b><br/>The completed document is now posted on the GETAC AM&amp;SCT webpage.</p> <p><b>OLOS Dispatch System Project</b><br/>Transport.Net presentation provided at the AM&amp;SCT Committee Mtg. No further action needed.</p> <p><b>TAAMS Cornhole Tournament</b></p> | <p>No action items were identified for the Council.</p> |        | <p>Continue Quarterly report to Council.</p> |

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|---|--|--|--------------------|--|
|   | <p>Mrs. Lail expressed her gratitude for the RACs and other sponsors, as TAAMS was able to raise \$48,000 for the Hall of Honor.</p> <p>No action items.</p>   |  |                    |  |
| <p><b>6.b.<br/>Cardiac<br/>Committee</b></p>  | <p><b>Cardiac Care Committee, James McCarthy, MD, Chair</b></p> <p>The committee continues to focus on the following priorities:</p> <ul style="list-style-type: none"> <li>• Promote timely transfer of cardiac emergencies to a higher level of care when required.</li> <li>• Evaluate penetration of CPR instructions prior to EMS arrival.</li> <li>• Evaluate PSAP centers to determine if pre-arrival, life-saving instructions are provided.</li> <li>• Educate policymakers on the Texas Emergency Healthcare System.</li> </ul> <p>No action items.</p>  | <p>No action items were identified for the Council.</p>  |                    | <p>Continue quarterly report to Council.</p> |
| <p><b>6.c.<br/>Disaster<br/>Committee</b></p> | <p><b>Disaster Preparedness and Response Committee, Eric Epley, CEM, Chair</b></p> <p><b>Emergency Medical Task Force (EMTF) Program</b></p> <p>Mr. Epley provided updates on current activities: MIST course last week and Peer Support efforts underway.</p> <p><b>GETAC Pre-Hospital Whole Blood Task Force</b></p> <p>The Task Force has a document for council approval:</p> <ul style="list-style-type: none"> <li>• Recommendations for PHWB Transfusion Criteria for publication and use in the PHWBTF pilot program. <ul style="list-style-type: none"> <li>○ PHWB Public Education Awareness</li> <li>○ PHWB Maternal Guidelines</li> <li>○ PHWB EMS Medical Director Transfusion Guidelines</li> </ul> </li> </ul> <p>The GETAC Executive Committee will review the Maternal Guidelines, done in collaboration with the Perinatal Advisory Council (PAC), and the EMS Medical Director Transfusion Guidelines once edits are complete to keep the documents moving.</p> | <p>No action items were identified for the Council.</p> <p>Executive Committee to review both the EMS MD and Maternal Guidelines</p> | <p>In process.</p> | <p>Continue quarterly report to Council.</p> |

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|   | <p>The Public Education Awareness document was not presented. Add to FY26 Q2 agenda (March).</p> <p><i>Council Comment: Dr. Ratcliff asked if there had been any ownership of the process for counseling Rh-negative women. Mr. Epley stated that they have chosen to say the facility has ownership, but without getting too prescriptive in the document. Dr. Remick stated she’d like it to be more specific that the facility will take ownership of the counseling. Director Klein stated that the contract states that the hospital is responsible for counseling.</i></p>  |   |        | <p>Add Public Education Awareness document to March agenda.</p>                      |
| <p><b>6.d.<br/>Emergency<br/>Medical Services<br/>Committee</b></p> | <p><b>Emergency Medical Services Committee, Kevin Deramus, LP, Chair</b></p> <p>Dudley Wait provided an update from the committee.</p> <p><b>Rule Revision 157.11</b><br/>Dwayne Howerton is chairing this workgroup to provide a framework for recommendations to DSHS/GETAC for revision recommendations. Work continues on this with monthly public meetings where the rules are being reviewed line by line. This meeting is open to the public.</p> <p><b>Reduction of Red Lights and Sirens usage</b><br/>The committee has approved the position statement on RLS usage. The workgroup will now look at more data and best practices to move forward on the topic.</p> <p><b>Workplace Violence on EMS Personnel – ACTION ITEM</b><br/>Chief Hayes was leading the committee workgroup to discuss the ever-increasing concern and problem of workplace violence involving EMS personnel. The committee asked the GETAC council to approve the proposed survey for DSHS to send out to the AORs for each provider. There's a section for the AORs, and there's a section for the field personnel. Director Schmider stated that there needs to be a definition of violence and asked who was getting the data. Chief Wait stated the data</p> | <p>No action items were identified for the Council.</p> |        | <p>Continue quarterly report to the Council.</p> <p>Add to March council agenda.</p> |

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|  | <p>would come back to the workgroup, and a definition of violence would be included.</p> <p><i>Council Comment: Chief Lail asked if there was a mechanism to capture a provider's already established definition of workplace violence. Chief Wait responded that a great first question could be "What is your definition of workplace violence?"</i></p> <p>Chief Lail motioned to recommend that DSHS send the survey on workplace violence to AORs, once DSHS approves the content. Mr. Matthews provided the second for discussion. Questions were reviewed, and a robust discussion ensued. Motion and second withdrawn. Council requested this come back in March after the workgroup discusses further. Add to the March agenda.</p>   |   |        | \  |
| <p><b>6.e.<br/>Pediatric<br/>Committee</b></p> | <p><b>Pediatric Committee, Christi Thornhill, DNP, Chair</b></p> <p>Dr. Thornhill reported that the committee is still working on the pediatric transfusion/massive transfusion guideline, with plans to bring it to the March GETAC. The pediatric pain assessment intervention guideline is also still in process. The committee has reviewed available data to monitor for complete vital signs and weight recorded in kilograms for pediatric patients, and Sam Vance will report to the committee twice a year to continue reviewing the data.</p> <p>Dr. Thornhill reported that the button battery ingestion and best practice guideline has been completed, as well as the toolkit for the sudden cardiac arrest and death in pediatric patients. Both are action items for the council.</p> <p>The committee will monitor utilization of 13 pediatric simulations by regional PRISMS and will request data from the state regarding compliance with bi-annual simulations in alignment with rule 157.126.</p> <p>The committee brought the following action items to Council:</p> |   |        | <p>Continue quarterly report to Council.</p> |

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|   | <ul style="list-style-type: none"> <li>• Approval of the Citizen and EMS education regarding Button Battery Ingestions</li> <li>• Approval of the Sudden Cardiac Arrest in Pediatrics toolkit</li> <li>• Approval of the Pediatric Consideration for Consultation and Transfer document</li> </ul> <p><i>Council Comment: Dr. Ratcliff expressed concern that the document didn't mention much on the atypical presentation of cardiac arrest, such as in the pediatric athlete. He felt the document could be strengthened. Dr. Remick stated she felt the audience of the document was not clear. The document will go back to the committee workgroup.</i></p> <p>Dr. Tyroch requested a motion to approve the Pediatric Consideration for Consultation and Transfer document and the public resource for the Magnet/Battery Ingestion Toolkit. Dr. Remick motioned to approve the two documents, and Chief Lail provided the second. Motion carried. No further discussion. Documents approved.</p> | <p>Dr. Remick motion to approve; Chief Lail seconded.</p> <p>No action items were identified for the Council.</p> | <p>Approved</p> | <p>Add Cardiac arrest toolkit to March 2025 GETAC agenda.</p> <p>Post both documents on Pediatric Committee webpage.</p> |
| <p><b>6.f.<br/>Injury Prevention &amp; Public Education Committee</b></p> | <p><b>Injury Prevention &amp; Public Education (IPPE) Committee, Mary Ann Contreras, RN, Chair</b></p> <p>Mrs. Contreras reported that the committee is focusing on the top three mechanisms of injury. New committee member Blake Milnes will share elements of the current strategies used in a reduction of 9-1-1 fall calls in Harris Co. at the next quarterly IPPE meeting.</p> <p>Mrs. Contreras stated that Courtney Edwards developed a community education PP to be shared with all RACS for individual branding to support the PHWB initiative, including education on the importance of community donation for WB.</p> <p>The drowning prevention workgroup is collaborating to align with existing state and national plans to promote drowning prevention strategies for public consumption across the State of Texas. The committee received a</p>   | <p>No action items were identified for the Council.</p>   |                 | <p>Continue quarterly report to Council.</p>   |

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|   | <p>Syndromic surveillance presentation by Dr. Rohit Sheno. Dr. Cary Cain provided an overview of APHA/VIPR strategies to reduce firearm injury and death with consideration of SDOH elements. Next steps will be to begin collaborative work with the Stroke Committee to raise public awareness and understanding of the urgency of timely care during stroke events.</p> <p>No action items.</p>   |   |        |  |
| <p><b>6.g.<br/>Stroke Committee</b></p> | <p><b>Stroke Committee, Robin Novakovic, MD, Chair</b><br/>Dr. Novakovic shared the Stroke Committee’s 2026 Committee Priorities and sought Council approval.</p> <p><b>GETAC Stroke Quality Report and System Performance</b><br/>Dr. Novakovic reported that the committee reviewed the GETAC stroke quality report from Get with Guidelines. Jia Benno presented EMSTR rural stroke data to the committee, and they hope to identify definite barriers in the rural stroke survey that went out. The committee also hopes to identify some opportunities for improvement as they look at the state’s door-in/door-out (DIDO) times.</p> <p>The committee has three new non-voting liaison roles for AHA, DMV, and the Joint Commission that will be advising the stroke committee, as indicated.</p> <p>Dr. Novakovic reported that all GETAC-approved Stroke documents have been posted on the Stroke Committee’s webpage.</p> <p>The committee will have a DIDO best practice guide to present to GETAC at the March meeting. This guidance comes from stroke facilities that have identified times of less than 90 minutes for patients in need of thrombectomy.</p> |   |        | <p>Continue quarterly report to the Council.</p> |

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|             | <p>The committee is still working on funding to complete the TEAM EMS-Ed Study, but they are working on standard education that will go out or be part of the study.</p> <p>The Rural Stroke Needs Assessment is live. The workgroup is looking for any EMS providers, critical access providers, or hospital providers in rural counties to participate in the studies so that the workgroup can help identify barriers to care.</p> <p><b>Committee Action Items</b></p> <ul style="list-style-type: none"> <li>• The Pediatric Stroke Tip Sheet is still under review by the Pediatric Stroke Task Force.</li> <li>• NEURO IR Recommendation: Dr. Eastridge made a motion to approve the recommendation, and Mr. Salter provided the second. Discussion followed. Dr. Ratcliff expressed his concerns about the recommendation. After a roll call vote, there were no yeas, so approval was not achieved. The council requested more time to consider the document and its unintended consequences.</li> <li>• Promotion of Mission Lifeline EMS Stroke Recognition (<a href="https://www.heart.org/en/-/media/Files/Professional/Quality-Improvement/Mission-Lifeline/2025-EMS-ML-Measure-Narratives-Final.pdf?sc_lang=en">https://www.heart.org/en/-/media/Files/Professional/Quality-Improvement/Mission-Lifeline/2025-EMS-ML-Measure-Narratives-Final.pdf?sc_lang=en</a>): Chief Lail motioned to approve posting to the Stroke Committee webpage. Dr. Ratcliff provided a second. No opposition. No further discussion. Motion carried. Promotion approved.</li> <li>• Texas Stroke Awareness Campaign and Texas Rural Stroke Awareness Campaign: Mr. Salter motioned to approve the committee’s efforts to pursue information to make recommendations about the Texas Stroke Awareness campaign, after consultation. Chief Petrilla provided the second. No opposition. Motion carried and pursuit approved. Mr. Salter provided insight regarding dispatch centers in Texas, and Dr. Ratcliff added that this is much bigger than providing a one-pager.</li> </ul> | <p>Motion – Dr. Eastridge.<br/>Second – Mr. Salter.<br/>Discussion and roll call vote – zero votes to approve.</p> <p>Mr. Salter motioned to approve the campaign. Chief Petrilla – second.</p> <p>No additional action items were identified for the Council.</p> | <p>Not approved.</p> <p>Approved.</p> | <p>Add tip sheet to Council March agenda.<br/>Add Neuro IR Rec. to March Agenda</p> <p>Add Mission Lifeline information to the committee webpage.</p> |

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| <p align="center"><b>6.h.<br/>EMS Education Committee</b></p>         | <p><b>EMS Education Committee, Macara Trusty, LP, Chair</b><br/>The committee is continuing with rule revision recommendations, improving access to initial education programs, and developing a guidance document for high school EMT programs.<br/>No action items.</p>  | <p>No action items were identified for the Council.</p>  |                  | <p>Continue quarterly report to the Council.</p>   |
| <p align="center"><b>6.i.<br/>EMS Medical Directors Committee</b></p> | <p><b>EMS Medical Directors Committee, Christopher Winckler, MD, Chair</b><br/><br/>Dr. Winckler addressed a question presented earlier in the day regarding a patient refusing transport after a transfusion. He stated AABB rules for pre-hospital transfusions say that the EMS Med director is the transfusion authority, so the Med Director would be responsible for getting counseling information to that patient. Drs. Winckler, Abraham, and Palacio are on the PHWB task force.<br/><br/>Dr. Jarvis is working on an approved Medical Director course for Texas.<br/><br/>Dr. Winckler presented the Red Lights &amp; Sirens Position Statement for council approval. Dr. Remick motioned to approve the RLS Position Statement. Chief Lail provided a second. No further discussion. All in favor. Statement approved.</p> | <p>No additional action items were identified for the Council.<br/><br/><br/><br/><br/><br/><br/><br/><br/><br/>Dr. Remick motioned to approve, Chief Lail Second.</p>       | <p>Approved.</p> | <p>Continue quarterly report to the Council.<br/><br/><br/><br/><br/><br/><br/><br/><br/><br/>Post to GETAC webpage.</p> |
| <p align="center"><b>6.j.<br/>Trauma Systems Committee</b></p>        | <p><b>Trauma Systems Committee, Stephen Flaherty, MD, Chair</b><br/>Dr. Flaherty provided an update.<br/><br/><b>Transfer Delays for Trauma Patients</b><br/>An update was provided on the SCOR project (transfer delays for patients with severe hypotension or GCS &lt; 9). All 2024 data is in, but the data has gotten worse. Dr. Flaherty stated the Project is not on track to meet the committee’s specific aim of improvement by 2026. Workgroup meetings with selected RAC directors show directed activity is occurring. The Systems workgroup recommends a focus on gathering data specific to patients with penetrating trauma, severe age-specific hypotension, or GCS &lt;9, with greater than 2 hours to transfer. Dr. Eastridge motioned to</p>  | <p>No action items were identified for the Council.<br/><br/><br/><br/><br/><br/><br/><br/><br/><br/>Dr. Eastridge motioned to approve committee focusing on penetrating</p> | <p>Approved.</p> | <p>Continue quarterly report to the Council.</p>   |

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|             | <p>approve the initiative to look at the transfer delays associated with penetrating trauma. Dr. Remick provided a second for discussion.<br/> <i>Council Comment: Dr. Tyroch asked who was going to gather the data. Dr. Flaherty responded that it would go to the RACs, and the department provided a tool for the process.</i><br/>                     After further discussion, Dr. Tyroch called for a vote. All in favor; no opposition. Motion carried.</p> <p>The committee would like to develop an advisory letter to trauma center leadership teams and then follow up with education, such as a single PowerPoint presentation with talking points. The education would be carried out by Trauma Systems Committee members. Dr. Tyroch asked if the committee would have something for the Council at the March meeting – Dr. Flaherty responded in the affirmative. Dr. Remick moved to approve; Dr. Eastridge seconded. All in favor, none opposed. Motion carried.</p> <p>Dr. Flaherty reported that SCOR requested the committee participate with the pediatric committee to help define severely injured children, to help inform a project looking at mortality in severely injured patients compared to the pediatric readiness score of the institution.</p> <p>Director Schmider reminded GETAC that they are an advisory committee to the department, so when something goes out, it must go through the proper department approvals first.</p> <p>Dr. Flaherty provided an update from the Office of the Inspector General (OIG) regarding the assessment of trauma activation fees. The OIG released a report where they found significant billing abnormalities according to the definitions that they used for what they thought should be a billing abnormality. That was associated with a significant revenue impact, and their extrapolation of that is that if this sample is reflective of the entire population of trauma centers, there's a \$2.4 billion per year on allowable charges that's happening. This is an external agency that</p> | <p>trauma only. Dr. Remick – second.</p> <p>Dr. Remick moved to approve the committee letter and education to trauma center leadership. Dr. Eastridge – second.</p> | <p>Approved.</p> | <p>Add Letter and education to March Council agenda.</p> |

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|  | <p>reports their findings to CMS and CMS disagreed on several points and definitions of allowable findings. Dr. Flaherty stated this was a significant concern. The was further discussion on the topic.</p>   |  |        |  |
| <p align="center"><b>9.<br/>SCOR</b></p> | <p><b>Kate Remick, MD, and Shawn Salter, RN, LP – SCOR Co-chairs</b></p> <p>Dr. Remick reported that SCOR is continuing to track trends, both positive and negative, for the top five clinical measures. The measures reviewed for the quarterly meeting (FY 26 Q1) were:</p> <ol style="list-style-type: none"> <li>1. Time from arrival-to-departure for unstable injured patients, and</li> <li>2. Rate of severe maternal morbidity events.</li> </ol> <p>Regarding transfers, SCOR will take a more granular approach to the trauma transfer delays moving forward, and Jia has agreed to report out the median transfer times for us with ICRs to see how far over 120 minutes the state is compared to national standards. Jia Benno shared the trauma transfer data for January 1, 2022, to December 31, 2024.</p> <p>Trauma Delay Definitions:</p> <ul style="list-style-type: none"> <li>• Severe trauma patients are injured patients with: <ul style="list-style-type: none"> <li>○ Glasgow Coma Scale (GCS) &lt;9 or Systolic Blood Pressure (SBP) &lt;110 for geriatric (65+) patients.</li> <li>○ GCS &lt;9 or SBP &lt;90 for adults aged 15-64.</li> <li>○ GCS &lt;9 or SBP &lt;70 + 2 x (the child’s age in years) for pediatric / children less than 15.</li> <li>○ Note: SBP is the arrival SBP at the hospital.</li> </ul> </li> <li>• Transfer time = the time from arrival to departure from the sending facility for transferred patients.</li> <li>• Transfer delay = defined as two (2) or more hours from arrival to departure.</li> </ul> <p>Looking at <i>Severe Trauma Patients – Total Number Transferred</i>, 1,607 (11%) of the 14,982 total patients defined as severe trauma patients were transferred. The majority of those were geriatric patients (985), followed by 515 adults and 107 pediatric patients. When looking at the transfer times for all ages combined, the rate of transfers at 2+ hours increased steadily</p> | <p>No additional action items were identified for the Council.</p> |        | <p>Continue quarterly report to the Council.</p> |

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|  | <p>over 2002-2024, with 79% of severe trauma patients being transferred out after 2 hours. Jia reported that there are pretty significant increases across all age categories, but in the geriatric population over the age of 65, 87% were transferred in more than two hours. The majority of patients are transferred at 2+ hours regardless of sex or race.</p> <p>Ms. Benno shared the 2024 data for penetrating trauma. While the data demonstrated 55% of severe patients were transferred out within 2 hours, 45% were transferred outside of that window. The focus will be on Level III and IV trauma facility transfers, since that is where the majority of transfers occur. For transfers at 2+ hours, Level III were at 81.53 % (of 406 severe trauma transfers) and Level IV were at 77.32% (of 820 severe trauma transfers).</p> <p>Ms. Benno demonstrated the data by RAC, stating there were increases across the board, and all RACs were struggling with this issue.</p> <p>Dr. Remick stated SCOR had difficulty acquiring usable data for the rate of severe maternal morbidity events, but they have recently learned of efforts underway to provide better opportunities for reporting this data. She will bring this data back to the Council in March.</p> |   |        | <p>Add to the March Council agenda.</p>          |
| <p><b>9.<br/>TX Pediatric<br/>Readiness<br/>Improvement<br/>Project Update</b></p> | <p>Dr. Remick reported that education has been going well. It’s on the third Thursday of the month at 10:00 AM and can be found on the DSHS, ENA, and EMSC websites. Over 1,000 people are registering for these sessions, with usually around 200 attending live. Over the course of this last year, 1,500 evaluations were completed with an average of 4.82 CE hours awarded. Most of those in attendance are not PECCS. They’re people from mostly Level III &amp; IV trauma centers who are seeking education on pediatric emergency and trauma care. Dr. Remick shared the pediatric dashboard available to hospital PECCs. The RACs requested a list of the PRISMs and their associated</p>   | <p>No action items were identified for the Council.</p> |        | <p>Continue quarterly report to the Council.</p> |

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|   | <p>RACs, so one will be provided at the next meeting. Dr. Remick reviewed the pediatric simulations available, with the newest on DKA. NPQRI is moving to a new system, which has caused a lag in data entry, but the new system is said to be more user-friendly. There have been close to 30,000 records submitted, 80 hospitals in Texas have registered with NPRQI, and 45 have completed their new participating organization agreements.</p> <p>Dr. Remick provided an update on how Texas is comparing with the nation on certain core measures, with % of pediatric patients with weight documented in kilograms and % of adolescents who are assessed with a suicide screening tool being opportunities for improvement. She also shared future QI engagement opportunities.</p> |  |        |   |
| <b>10. Task Force Action Items</b>                                      |   |  |        |   |
| <b>10.a.<br/>Burn Care</b>  | Dr. Ratcliff reported that the last Burn Care meeting had to be cancelled due to flights being shut down and people being stuck at TQIP. The next meeting will be on January 12, 2026.  | No action items were identified for the Council. |        | Continue quarterly report to the Council.   |
| <b>10.b.<br/>Time-Sensitive<br/>Deconfliction<br/>Task Force</b>        | Mr. Matthews stated this is still a work in progress.   | No action items were identified for the Council. |        | Continue quarterly report to the Council.   |
| <b>10.c.<br/>Pre-hospital<br/>Whole Blood<br/>(PHWB) Task<br/>Force</b> | <b>See 6.c above.</b>   |  |        |   |
| <b>11.<br/>Executive<br/>Committee<br/>Activities</b>                   | The Executive Committee had no activities to report this quarter.   |  |        |   |

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| <p align="center"><b>12.<br/>TETAF</b></p> | <p><b>Dinah Welsh, TETAF President/CEO</b><br/> <b>Advocacy</b><br/>                     TETAF submitted recommendations for allocation of funds from the One Big Beautiful Bill Act as it relates to rural health care, with a focus on maternal and rural health care. Mrs. Welsh provided an update on SB 672 – Hospitals must submit a summary of patient diversion plan for cyber-attacks or power outages to HHSC by December 1. She commented that it is a quick turnaround, but a lot of hospitals already have these plans in place; however, TETAF feels it’s really a diversion plan that is not actionable.</p> <p>The 90<sup>th</sup> Texas Legislative Session begins January 12, 2027, so the TETAF Advocacy Committee is meeting monthly to prepare and draft the TETAF Legislative Priorities. TETAF is very interested in data access and will pursue it in the next legislative session if a resolution is not achieved before then to provide access to that data. Other items of interest include funding and ways to expand available funding and birthing center oversight.</p> <p><b>Surveys – Trauma, Stroke, Maternal, &amp; Neonatal</b><br/>                     The current volume of surveys in order is trauma, maternal, neonatal, and stroke. TETAF has surveyed under the new trauma rules and guidelines. While surveyors and hospitals have had a few challenges, they are working through the new processes. TETAF/Texas Perinatal Services are recruiting physician reviewers for maternal, neonatal, and trauma. Anyone interested may email Terri Rowden (trowden@tetaf.org) for trauma and Jessica Phillips (jphillips@tetaf.org) for maternal and neonatal.</p> <p><b>TETAF Education</b><br/>                     TETAF continues to offer continuing education through its virtual Texas Quality Care Forum. The next forum is on Monday, December 1 at 10:00 a.m. CST. The TETAF Hospital Data Management Course (HDMC) will</p> | <p>Information only.<br/>                     No action items identified.</p> |        |   |

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|-------------|---|---|--------|---|
|             | <p>once again be offered virtually in Spring 2026. Dates will be announced soon; visit <a href="http://www.tetaf.org/hdmc">www.tetaf.org/hdmc</a> for updates.</p> <p><b>TETAF Board of Directors – Election</b><br/>Mrs. Welsh reported that TETAF has a big election coming up. About a third of the board is elected every December. She shared a list of the individuals nominated. At the General Assembly meeting, members will vote on the nominees. The General Assembly is made up of two members from each RAC, and from the list of 8 nominated individuals, 6 will be elected. Two of them are currently serving and are eligible to serve another three-year term. Mrs. Welsh stated that TETAF has a number of very seasoned board members who will roll off for at least a year before they're eligible again; they can only serve two consecutive three-year terms. Wanda Helgesen, Danny Updike, Scott Christopher, Kate Schafer, Dr. Maddox, and Dr. Wisoli will all be rolling off. TETAF also hosts the RAC Summit, which will take place over that same time period – December 11th and 12<sup>th</sup>.</p> <p><b>TETAF Collaboration</b><br/>TETAF continues to provide support to the Texas TQIP Collaborative. Texas TQIP held its final quarterly meeting earlier this month during the ACS TQIP Conference in Chicago. It has also met with interested trauma facilities to establish a pediatric collaborative. Mrs. Welsh reported that there were a dozen pediatric centers, Level I and II centers, that are very interested in the new pediatric collaborative</p> <p>For questions about Texas TQIP, email <a href="mailto:texastqip@tetaf.org">texastqip@tetaf.org</a>. Mrs. Welsh stated TETAF welcomes the opportunity to be a resource, support, and/or participant in any meetings to further build the trauma and emergency care network.</p> <p><b>TETAF Rural Trauma System Development Fund</b></p> |   |        |   |

**Governor’s EMS and Trauma Advisory Council (GETAC)**

**Department of State Health Services (DSHS)**

Monday, November 24, 2025

Meeting Minutes

| Agenda Item  | Discussion   | Action Plan/<br>Responsible<br>Individual | Status | Comments/<br>Targeted<br>Completion<br>Date |
|--|--|---|--------|---|
|  | <p>Mrs. Welsh shared information about the TETAF Rural Trauma System Development Fund and provided a QR code to learn more and apply for scholarships to reimburse rural trauma facilities for the necessary education to meet the trauma designation requirements. She stated there was limited funding, but they hope to continue the fund. TETAF will have a Kendra Scott Day, where 20% of the proceeds from the Congress Ave. store in Austin on 12/10/25 will go to that fund.</p> <p>Council Comment: Dr. Remick asked if TETAF could support the issue with image transfer service infrastructure within the state. Mrs. Welsh stated TETAF would love to engage in those discussions on how to better advocate at the state level, as it’s already in line with TETASF’s thinking around telehealth for rural facilities.</p> |   |        |   |
| <p align="center"><b>13.<br/>2026 Meeting<br/>Dates</b></p>  | <ul style="list-style-type: none"> <li>• FY26 Q1: November 21-24, 2025 (Fort Worth)</li> <li>• FY26 Q2: March 10-13, 2026 (Austin)</li> <li>• FY26 Q3: June 2-5, 2026 (Austin)</li> <li>• FY26 Q4: August 25-28, 2026 (Austin)</li> <li>• FY27 Strategic Planning Session/Committee Selection: October 14-15, 2026 (Austin)</li> <li>• FY27 Q1: November 22-25, 2026 (Fort Worth)</li> </ul>   |   |        |   |
| <p align="center"><b>13.<br/>Public Comment</b></p>          | <p>No registered public comments.</p>  |   |        |   |
| <p align="center"><b>14.<br/>Final<br/>Announcements</b></p> | <p>None.</p>   |   |        |   |
| <p align="center"><b>15.<br/>Adjournment</b></p>             | <p>Dr. Tyroch thanked everyone for the hard work that went into the last few days and adjourned the GETAC FY26 meeting at 6:59 PM.</p>   |   |        |   |