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

Friday, March 13, 2026
DoubleTree by Hilton Austin
6505 N Interstate 35
Austin, TX 78752

Meeting Minutes

Last Name	First Name	Appointed Position	Attendance	
			In-person	Online
Tyroch, MD, Chair	**Alan**	**Trauma Surgeon - *per HSC §773.012(b)(14)***	**Y**	
Matthews, Vice Chair	**Ryan**	**Private EMS Provider - *per HSC §773.012(b)(5)***	**Y**	
Booth	Donald (Donnie)	Rural Trauma Facility - *per HSC §773.012(b)(11)*		Y
VACANT		EMS Fire Department - *per HSC §773.012(b)(9)*		
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	
VACANT		Registered Nurse - *per HSC §773.012(b)(3)*		
Ramirez	Daniel (Danny)	Stand-Alone EMS Agency - *per HSC §773.012(b)(16)*	Y	
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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Meeting Minutes

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1. Call to Order	Dr. Tyroch called the GETAC FY26 Q2 meeting to order at 8:00 AM. The meeting was conducted in compliance with the Texas Open Meetings Act and was webcast for public record.			
2. 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 roll for GETAC and noted a quorum of members had been achieved.			
3. Welcome	Dr. Tyroch read the GETAC vision and mission statements. A moment of silence was taken for all who had passed since the last GETAC meeting, including GETAC Pediatric Committee member David Firenza, RN.			
4. Review and Approval of Minutes	The minutes for October 28, 2025, and November 24, 2025, were presented for approval. A typo was noted on both minutes. ***Chief Scott Lail moved to approve the minutes with noted changes, and Chief Danny Ramirez provided a second. The motion carried, and the minutes were approved without further discussion.***		Minutes approved.	
5. Chair Announcements	Dr. Tyroch thanked the EMS/TS staff and the STRAC AV staff for putting the GETAC meetings together throughout the week.			
6. State Reports				
a. CHEPR	➢ **Center for Health Emergency Preparedness and Response (CHEPR)** Michelle Petraitis provided an update from CHEPR regarding preparations for the upcoming FIFA World Cup 2026. Sixteen matches will be held in Texas between Sunday, June 14, 2026, and Tuesday, July 14, 2026: nine in Dallas (AT&T Stadium, Arlington) and 7 in Houston (NRG Stadium). Texas expects a dense 30-day period of activities during the 39-day tournament. Key dates include June 11, first match (Mexico City); June 12, first US match (Los Angeles); June 14, first Texas matches (Dallas and Houston); July 4, final match in Houston; July	Information only. No action items identified.		Add to June agenda for an update.

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	14, final Texas match in Dallas; and July 19, championship in New York City. Forty-eight teams in total (first time in World Cup history), 42 of which had already qualified as of February. Of the 10 teams expected to draw large crowds, Texas will see 5: Argentina, England, Portugal, the Netherlands, and Germany. Final 6 teams to qualify in April; teams arrive at base camps in May–June. One Texas base camp confirmed. Saudi Arabia will be in Austin at the Four Seasons Hotel and will utilize the Austin FC stadium. Activation and resource planning are in progress with clear timelines; surveillance and risk categorization products are being disseminated. DSHS leads ESF-8 (Public Health and Medical Services) efforts. Nine lines of effort were identified (e.g., medical surge, food safety/defense, fatality management, potable water guidance). Ongoing partner engagement with federal, regional, and central working groups, including HPP partners; the focus is on gaps, support needs, threats, and responses. Additional activities, in coordination with the Texas Division of Emergency Management (TDEM), include participation in training and exercises. The State Medical Operations Center (SMOC) will mirror State Operations Center (SOC) activations on Texas match days. Planned limited activation at DSHS from June 11 through July 14, representation at SOC on Texas match days. DSHS has been working to develop a list of health conditions and incidents that have an increased potential to affect health around the 2026 FIFA World Cup games in Texas. A multifaceted approach was used to generate a preliminary list of health conditions/incidents of interest.			

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	The list, which is now final, was created for public health planning purposes and will guide a unified approach should any public health response activities be needed during the World Cup. A companion document that lays out recommended public health preparation, monitoring, and action steps is forthcoming. Coordination is underway with TDEM for resource deployment (e.g., EMS packages) and with other partners for radiation detection, CHEMPACKs, and Strategic National Stockpile (SNS) readiness.			
b. EMSTS	➢ Jorie Klein, Director of EMS/Trauma Systems (EMS/TS) Section, provided an update on the activities occurring since the last GETAC meeting. The PHWB contracts have been fully executed with 20 RACs, allowing them to proceed with purchases and program activities. The department is helping facilities implement new trauma rules (157.126) effective September 1, 2025. This includes monthly calls, surveyor training, PI expert sessions, and a forthcoming Level IV PI toolkit. The Designation Assessment Questionnaire (DAQ) was pulled for revisions and will be re-released. Implementation for the revised DAQ is January 1, 2027. Director Klein reported on a couple of controversial topics: • Transfer feedback – Facilities must have a procedure to provide feedback to transferring facilities and follow it. • Helipad Training - A module has been developed by the GETAC Air Medical and Specialty Care Transport Committee to address the requirement for safety training for staff who may go to a helipad. It was noted that there are two different helipad safety training modules on the GETAC website (one for EMS, one for Facilities) to avoid confusion and ensure correct usage.	Information only. No action items identified.		Continue quarterly updates to Council.

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	• TQIP Participation - Level III facilities must show evidence of TQIP participation during their survey. • Operational & PI Plans - Combining these plans may be acceptable for small, low-volume Level IV facilities but not for larger ones. An update on Trauma Uncompensated Care (UCC) included a discussion on an Excel error in the FY25 distribution that resulted in significant overpayment to six hospitals and underpayment to others. All six overpaid hospitals have been contacted to arrange a plan. The underpaid facilities will be contacted the following week. The applications closed on March 6, 2026. ➢ Designation Unit: Elizabeth Stevenson, RN, Designation Unit Manager, provided a designation report. Designated Trauma Facilities There are 296 designated trauma facilities. In Q1, 25 applications were received, and 30 designations were awarded. The most common deficiencies were related to nursing documentation, disaster management, care guidelines, and the transfer process. Level IV facilities have the highest number of contingencies, often due to high staff turnover. Program activities included site visits by designation coordinators and monthly calls dedicated to clarifying the requirements in the trauma rules. The department held seven DAQ training sessions in February. Additional DAQ training sessions will be offered after the DAQ document is finalized. PI "Ask the Experts" calls have seen strong attendance. Designated Stroke Facilities There are 193 designated stroke facilities, and 29 applications were received in Q1. Monthly Stroke call discussions included survey			

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	expectations and tips, reminders on the redesignation process, educational opportunities, the rural stroke workgroup, and new thrombolytic guidelines, as well as a discussion on the uptick in atypical stroke patients. ➤ Joseph Schmider, State EMS Director, provided EMS Unit updates. Workforce Director Schmider reported that the workforce continues to increase, with a current total of 83,891 personnel. The workforce has increased by 15,417 personnel since October 2022. Mr. Salter requested an analysis to see if the growth in certifications is translating to active participation on ambulances. EMS Education Scholarship Program A new $2.5 million scholarship fund is active and housed with the Texas Workforce Commission. The Texas Workforce Commission launched a $2.5 million scholarship program for EMS education, which also offers support for transportation, food, and rent. NEMSIS The V5 Patch has been completed. Texas will not adopt the minor NEMESIS patches (v3.5.1, v3.5.2) and will instead move directly to v3.6.0 in late 2027 or 2028. It was noted that if an EMS provider implements one of the minor patches, it may impact their ability to send data to the Registry. The Registries communicate this plan to software vendors. 89th Legislative Session Rule Updates The following bills and related rules will be updated per bill requirements and plain language standards, with a target completion date of August 2026.			

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	• 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). • 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. • 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. • 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 of Emergency Management (TDEM) is developing this item. • 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. Requirements for TX wristbands will be added to this round of legislatively mandated rule changes. Rules: Looking Ahead The department will hold webinars in 2026 so that stakeholders can review the changes more thoroughly. GETAC council and committees will review the proposed changes as needed. The Texas EMS Association (TEMSA) will also have an opportunity to review. Target dates for rules are October 2026 for public comments and March 2027 for adoption.			

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	An update on the Stryker EMS Licensing Manager and Program Specialist IV Positions Interviews are in the final stages. Planned start date for both positions in April 2026. EMS Conference 2026 The Texas EMS Conference has received almost 450 speaker proposals.			
c. EMSTR	Emergency Medical Services and Trauma Registries (EMSTR) Update ➢ **Gavin Sussman, EMS and Trauma Registries Manager** The 2025 dataset closes on May 1, 2026. Submissions have increased by 450,000 records, credited to a new compliance process involving RACs. It was reported that the implementation of NEMSIS 3.5.0 in Fall 2025 went smoothly, with no data interruptions despite making "biological sex" a required element. Future updates will add separate fields for stroke assessments and new elements for whole blood administration. The importance of real-time submission for events like the World Cup was emphasized. The state average for receiving an ePCR has improved from 10 days to 22-23 hours. The registry has fulfilled aggregate data requests for *The Washington Post* (EMS request times), Tarrant County Public Health (ISS scores in trauma activations), Medical Civil Rights Initiative (evaluating aggregate carceral transport use), Texas Transportation Institute, and University of Texas at San Antonio (evaluating blood administration efficacy for motor vehicle crash patients and is partnering with the American Heart Association on performance metrics. ➢ **Jia Benno, Newborn Screening and Injury Prevention Section Director**	Information only. No action items identified.		Continue quarterly update to Council.

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	From 2022-2024, approximately 4,500 patients died in trauma-related EMS deaths (annually). Most trauma-related EMS deaths occurred in urban areas (approximately 80%) and to youth and adults between the ages of 15 and 64 (approximately 44%). In both rural and urban areas, MVCs were the leading call to dispatch in trauma-related EMS deaths. For the <15 and 15-64 age groups, MVCs were the leading complaint reported by dispatch in trauma-related EMS deaths. In the age group 65+, falls were the leading complaint reported by dispatch. It was reported that there was a significant amount of missing age data for deceased patients in the EMS registry and that the lack of detailed death data from JP jurisdictions hinders analysis. An email address (injury.fb@dshs.texas.gov) was provided for data-related questions.			
7. Council Action Items				
a. GETAC SOPs	The council formally approved the Standard Operating Procedure (SOP) and committee guidelines. A new, stricter attendance policy (75% total attendance, max 25% virtual) was a key point of discussion but was ultimately approved. ***Chief Ramirez moved to approve the revised GETAC SOPs, and Mr. Salter provided the second. After discussion on the new attendance guidelines, the motion carried, and SOPs were approved as presented.***		Effective immediately	Post SOPs to the GETAC webpage.
b. GETAC Committee Guidelines	***Mr. Salter moved to approve the GETAC Committee Guidelines as presented. Dr. Remick provided the second. Motion carried with no further discussion; Committee Guidelines were approved.***		Effective immediately	Post Committee Guidelines to the GETAC webpage.
8. Discussion: American College of Surgeons (ACS) consultative visit				
a. Texas State Trauma System Plan	The council discussed the "way overdue" need for an American College of Surgeons (ACS) consolidated visit, as the last one was in 2010, and whether funding was available for a visit.			

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	Shawn Salter moved to formally recommend state-level funding for an ACS consolidated visit for the Texas Trauma System. Dr. Eastridge provided the second. Motion carried with no further discussion.			
9. GETAC Committee Action Items				
a. AMSCT	**Air Medical and Specialty Care Transport Committee (AMSCT) – Lynn Lail, RN, Chair** Lynn Lail provided an update on the committee's priorities. Work groups are active on fatigue management, a cross-regional NOTAM project, and minimum requirements for critical care ground transport. The goal is to bring finalized documents to committees in June and the Council by August 2026. The committee will finalize 157.12 and 157.13 and bring them to the committees in June 2026 and to the council in August 2026.	No action items were identified for the Council.		Continue Quarterly report to Council. Add AM&SCT to EMS and EMS MD committee Q3 agendas.
b. Cardiac	**Cardiac Care Committee – Craig Cooley, MD, Chair** Dr. Cooley is launching workgroups to address barriers to telecommunicator-provided CPR and evaluate national models for creating a statewide cardiac center designation system to improve quality data collection for STEMI, resuscitation, and ECMO centers, with a goal to present guidelines by August or November 2026. Director Schmider is fostering a partnership with the Commission on State Emergency Communications and will provide updates on collaboration. Bystander CPR will be reviewed in June.	No action items were identified for the Council.		Continue quarterly report to Council.
c. Pediatric	**Pediatric Committee – Christi Thornhill, DNP, Chair** The committee continues to refine a pediatric transfusion/massive transfusion guideline, a pediatric pain assessment and intervention guideline, and a pediatric sudden cardiac arrest toolkit.	No action items were identified for the Council.		Continue quarterly report to Council.

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	The committee will continue to monitor utilization of 13 pediatric simulations by regional PRISMS and requested data from the state regarding compliance with bi-annual simulations in alignment with rule 157.126. Mrs. Stevenson, DSHS, will provide data on facility compliance with new pediatric readiness rules. The committee expects to present the pediatric sudden cardiac arrest toolkit in June 2026.			Add Toolkit to Council Q3 agenda.
d. IPPE	**Injury Prevention & Public Education (IPPE) Committee – Mary Ann Contreras, RN** The committee highlighted the ACT FAST firearm safety program. They are also addressing barriers to expanding child passenger safety (CPS) technician programs and are working to develop a Texas Water Safety Prevention Plan. They will report back on potential solutions for the CPS technician program after attending the Lifesavers Conference in April.	No action items were identified for the Council.		Continue quarterly report to Council.
e. EMS	**Emergency Medical Services (EMS) Committee – Kevin Deramus, LP, Chair** The 157 workgroup is working through 157.11 and 157.14 to provide a framework for recommendations to DSHS/GETAC for revision of the rules. Work continues on this with monthly public meetings where the rules are being reviewed line by line. This meeting is open to the public. Dwayne Howerton will present the workgroup's recommendations at the upcoming Texas EMS Medical Directors Conference. The Workplace Violence on EMS Personnel survey action item was deferred to June.	No action items were identified for the Council.		Continue quarterly report to Council. Add survey to Q3 council agenda.
f. Trauma	**Trauma Systems Committee – Stephen Flaherty, MD, Chair** The TETAF Delayed Trauma Transfer Ranking Survey Analysis, based on a survey sent to regional facilities, was reviewed. The survey had a 90% response rate from Level I-IV centers. "Delayed transfer by an agency" and "delay in transfer decision time" were the top factors in both rural and	No action items were identified for the Council.		Continue quarterly report to Council.

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	urban settings. Very robust discussions followed, including advocating for a better "auto-accept" system to reduce time to acceptance while still allowing for provider-to-provider communication. Discussions highlighted that transport resources are shared across trauma, cardiac, stroke, and pediatric needs, creating competition and a lack of coordination, adding that health systems are "robbing" citizens by using taxpayer-funded 9-1-1 ambulances for routine inter-facility transfers, leaving communities without emergency coverage. An example was given of Del Rio's single ambulance being gone for five hours on a transfer. It was argued that sending and receiving hospitals, particularly large health systems that benefit from high-acuity patients, should pay into a pool for a dedicated medical transport service, stating the current data collection will be the "bonus" needed to drive policy change. Discussion continued on the critical lack of dedicated transport resources for inter-facility transfers, adding that the use of the public 9-1-1 system for these transfers is unsustainable and places an undue burden on taxpayers and emergency response capabilities. There was a recommendation to continue and expand discussions with the TMA and THA to present the data and convince health systems to partner in solving the transport issue. It was further recommended that the next iteration of the TETAF data review include a breakdown of Level III and IV urban facilities to analyze and better understand the transfer decision delays in capable urban centers. Mr. Matthews stated he would re-energize and steer the conversation to the multidisciplinary Time Sensitive Transfer Deconfliction Workgroup to address the time-sensitive transfer and transport issue and create deliverables; he encouraged interested individuals to join a roundtable discussion.			

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g. EMS MD	**EMS Medical Directors (MD) Committee – CJ Winckler, MD, Chair** The committee voted to hone their focus on two priorities: developing best-practice recommendations for heat-related mass casualty incidents and	No action items were identified for the Council.		Continue quarterly report to Council.
h. Stroke	**Stroke Committee – Robin Novakovic, MD, Chair** Highlights from the 2024 American Heart Association (AHA) guideline updates were reviewed. New AHA guidelines expand treatment windows for thrombolysis and thrombectomy and, for the first time, address pediatric stroke. The Texas Pediatric Stroke Task Force plans to release clarifying resources on the new pediatric recommendations. The council expressed a strong need for a validated pediatric stroke assessment tool. Texas is nearing its goal of a 30-minute door-to-needle time for 50% of stroke patients. To further improve, a new "door-in-door-out" best practice guide is being released. The Rural Stroke Work Group's survey closed with excellent participation. The workgroup will review and analyze the data from the rural stroke barriers/challenges needs assessment survey and will present the results in August. The committee will update resource documents and algorithms to reflect the new AHA guidelines and present them for approval in June 2026. The Pediatric Stroke Task Force will create a "tip sheet" for pediatric stroke that reflects the new guidelines and present it in June 2026. The committee is revising its DIDO (door-in-door-out) performance goals and will present them in June 2026.	No action items were identified for the Council.		Continue quarterly report to Council. Add updated docs to council Q3 agenda.
i. EMS Education	**GETAC EMS Education Committee – Macara Trusty, LP, Chair** The High School Guidance document has been drafted and is in final revision stages. Once approved by the committee, it will be forwarded to the council for recommendation for adoption by DSHS as a guidance	No action items were identified for the Council.		Continue quarterly report to Council.

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	document only. The document includes guidance on mental health support for students to address a gap in mental health support for high school EMT students who are exposed to traumatic events during ride-along calls; provider resources often don't extend to students, and high schools need to establish support mechanisms beyond standard guidance counselors. Open enrollment pilot programs are showing success, with Del Mar College reporting a 91% first-time NREMT pass rate			
j. Disaster	**Disaster Preparedness and Response Committee, Eric Epley, CEM, Chair** It was reported that the Emergency Medical Task Force is managing rising activation levels while maintaining consistent, high-quality care across the state. The committee is continuing to communicate the growing need for wristband use, particularly within initiatives such as the Prehospital Whole Blood Task Force. It was reported that the recurring problem of managing uninjured people (the "known well") during an MCI needs a standardized solution. The committee submitted a new, four-part framework using the Pulsara platform to manage the patients, the "known well," missing persons, and the deceased in separate but linked incidents during an MCI. This digital solution is designed to provide immediate answers to families. ***Since this item was not presented as an action item on the council agenda, Dr. Ratcliff moved for the council to pass a resolution to move forward with the family reunification framework aggressively and quickly as a statewide resource. Mr. Salter provided the second. Motion carried, and resolution passed. Dr. Tyroch requested that this item be placed on the June agenda for a formal vote.*** National Disaster Medical System (NDMS) 2.0 Pilot Project impacts on Texas were discussed, emphasizing Texas's critical role in the NDMS. If Walter Reed becomes full as a result of an overseas conflict, military	No action items were identified for the Council.		Continue quarterly report to Council. Add framework to council Q3 agenda for formal vote.

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	casualties will be sent to BAMC in San Antonio, requiring Texas to load-balance hundreds of patients. As a standing readiness requirement, Texas agencies should remain aware of their potential role in the NDMS and be prepared to activate regional plans.			
10. Task Force Updates and Action Items				
a. PHWBTF	**Prehospital Whole Blood Task Force – Eric Epley, NREMT-P, CEM** Eric Epley reported on the task force's recent meeting, covering initiatives beyond contract implementation, including walking blood banks, future use of spray-dried plasma, and a tiered disaster response system. The task force spent significant time discussing the need to advance walking blood bank programs, which are not part of the current contract. Hendricks Regional Medical Center and UMC El Paso were identified as potential pilot sites; the task force will engage in conversations with them to establish them as pilot sites. The task force discussed preparing a best-practice recommendation for the use of spray-dried plasma once it becomes available. They are advocating for equipping every ambulance with two units of spray-dried plasma once it becomes available in the US. The task force will continue working with the AirMed committee to build out the statewide air medical map to show blood availability. They are also monitoring drone technology for blood delivery, but noted the current cost is prohibitive. A three-tiered system for blood supply in a disaster was reviewed: • Tier 1: MCI Push-Pack: A 20-unit whole blood cache for fast, local response. • Tier 2: BERC (Blood Emergency Readiness Corps): A "blood mutual aid" program where rotating blood centers hold back units to backfill an affected region's blood provider. • Tier 3: AABB Disaster Response Program: The national-level response.	No additional action items were identified for the Council.		Continue quarterly report to Council.

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	The task force approved version 1.0 of the essential data fields. Director Klein clarified that participation in the prehospital blood initiative has no impact on a hospital's trauma designation. While not tied to trauma designation, hospitals are required to use a specific wristband, conduct an EMS timeout, and provide feedback to EMS agencies. ***Chief Ramirez moved to approve the PHWB public education campaign developed by the GETAC IPPE Committee. Dr. Ratcliff offered the second. Motion carried.***			Post to the GETAC webpage.
b. BCTF	**Burn Care Task Force – Amber Tucker, RN, and Taylor Ratcliff, MD, co-chairs** The Burn Care Task Force is focused on improving data collection and advancing burn telemedicine by resolving liability and logistical issues.	No action items were identified for the Council.		Continue quarterly report to Council.
c. TSTDTF	**Time-sensitive Transfer Deconfliction Task Force** No activities this quarter.	No action items were identified for the Council.		Continue quarterly report to Council.
11. System Collaborative on Outcome Review (SCOR)				
	Kate Remick, MD, and Shawn Salter, RN, LP – SCOR Co-chairs 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: 1. Time from arrival to departure for unstable injured patients by age, 2. Stroke data, including prehospital stroke scale performance for suspected strokes (sex, RAC), and 3. AHA Semiannual GETAC Stroke Quality Report The data presented showed a steady increase in prehospital stroke scale administration (to 67.5% in the first half of 2025) and an increase in median trauma transfer times in 2024. A significant data discrepancy was noted between GWTG registry data (showing low use of prehospital stroke screening) and EMS registry data (showing a much higher rate of 68%).	No additional action items were identified for the Council.		Continue quarterly report to the Council.

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	The council requested a side-by-side comparison of the EMS Registry and GWTG data to understand the discrepancy. Dr. Remick requested approval for SCOR to identify a replacement measure for Severe Maternal Morbidity and Mortality Rates. ***Mr. Salter moved to approve SCOR's request to identify a replacement measure. Chief Ramirez provided the second. Motion carried without further discussion.***			Add replacement measure to the June Council agenda.
12. GETAC Executive Committee Activities Summary				
	Executive Committee – Alan Tyroch, MD; Ryan Matthews, LP; and Scott Lail, EMT-P No activities to report this quarter.	No action items were identified for the Council.		
13. TX Pediatric Readiness Improvement Project (PRIP) Update				
TX PRIP	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 & IV trauma centers who are seeking education on pediatric emergency and trauma care. The National Peds Ready assessment is active, and the National Pediatric Readiness Project Toolkit has been updated. Dr. Remick reviewed the pediatric simulations available, with the newest on DKA. She shared the names of the PRISMS in each RAC. Eighty hospitals in Texas have registered with NPRQI, and 45 have completed their new participating organization agreements. Forty sites are entering data, and 7,980 records have been submitted thus far. Six RACs have registered with NPQRI. To date, NPQRI has impacted 195,200 pediatric patients in Texas.	No action items were identified for the Council.		Continue quarterly report to the Council.

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	Dr. Remick shared the pediatric dashboard available to hospital PECCs. The performance dashboards have QI tracking capabilities. 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.			
14. Texas EMS, Trauma & Acute Care Foundation (TETAF)				
TETAF	**Dinah Welsh, TETAF President/CEO** Mrs. Welsh shared the recent updates to the TETAF board: Kelly Galloway from RAC A; John Baker from RAC B; Dr. Christina Chan from Dallas, a surveyor with a strong background; Dr. Jessica Ehrig, who continues her role; Jennifer Carr from RAC U; and Dr. Terri Major-Kincaid, an expert in perinatal palliative care. Mrs. Welsh commented that Dr. Major-Kinkaid's passion and expertise in perinatal issues are particularly valuable as TETAF's involvement in this area grows. These new board members will participate in the TETAF committees focused on advocacy, education, survey verification, governance, and finance. TETAF's preparations for the upcoming session are underway, including the formulation of legislative priorities to be approved by the board and presented at the next GETAC meeting. A key focus has been TETAF's engagement with the Sunset Advisory Commission, as they discuss the review processes involving the Department of State Health Services and Health and Human Services Commission. Mrs. Welsh reported that a topic addressed during discussions with the Sunset Advisory Commission highlights ongoing data challenges within the system, particularly for regional advisory councils (RACs). TETAF's goal is to enhance the information flow into the registry to support regional	Information only. No action items identified.		

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	registries effectively. TETAF is developing materials for the RACs to use as they meet with their legislators during the interim. She added that funding remains a critical concern, affecting trauma hospitals and emergency medical services, and as TETAF navigates the legislative landscape, they recognize the great need for funding in these areas amidst tighter budgets. Mrs. Welsh stated that perinatal health services have become increasingly prominent within Texas and emphasized the importance of improving care for mothers and babies across the state. An area of focus includes birthing centers, where TETAF seeks to enhance outcomes, acknowledging that while many provide excellent care, there are instances of mothers and infants not receiving optimal services. Mrs. Welsh mentioned that many committee meetings generate ideas for legislative advocacy for TETAF and encouraged input from committee chairs and members on emerging issues to aid in these efforts. TETAF continues to offer continuing education through its virtual Texas Quality Care Forum. The next forum is on Tuesday, March 31, at 11:00 AM, and the topic is "Wired for Damage: Understanding Electrical Burn Injuries." TETAF is launching The Roundtable, an opportunity to come to the table to discuss and ask important questions on important topics affecting trauma, stroke, maternal, and neonatal care, as well as other potential topics, such as advocacy. The TETAF Hospital Data Management Course (HDMC) was held virtually in February with a full cohort of learners.			

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Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	Mrs. Welsh shared information regarding the upcoming fundraiser for the TETAF Rural Trauma System Development Fund. It will be held at Tumble 22 on June 2 at 5 PM.			
15. Meeting Dates	**2026** • FY26 Q3: June 2-5, 2026 (Austin) • FY26 Q4: August 25-28, 2026 (Austin) • FY27 Strategic Planning Session/Committee Selection: October 14-15, 2026 (Austin) • FY27 Q1: November 20-23, 2026 (Fort Worth) **2027** • FY27 Q2: March 9-12 (Austin) • FY27 Q2: June 15-18 (Austin) • FY27 Q3: August 17-20 (Austin) • FY28 Strategic Planning Session/Committee Selection: October 13-14 (Austin)			
13. Public Comment	No registered public comments.			
14. Final Announcements	None.			
15. Adjournment	Dr. Tyroch adjourned the GETAC FY26 Q2 meeting at 11:38 AM.			

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