

9.f. GETAC EMS Medical Directors Committee Update to Council - March 2025

Christopher Winckler MD, LP Chair

Elizabeth Fagan MD, Vice Chair



GETAC EMS Medical Directors

Priority Not Implemented
Priority Activities Recorded
Priorities Completed and being Monitored

Committee Priorities	Current Activities	Status
Prehospital Stroke Recommendations	EMS Acute Stroke Routing Resource Documents for Pediatric Stroke. Routing Documents are recommendations to be acted on by RACs and/or Agency EMS Medical Directors as best practice per national guidelines. Mission Lifeline Algorithm Revisions. Voted on and Approved. EMS Acute Stroke Routing Resource Documents for Pediatric Stroke. Voted on and Approved.	
Pediatric Consideration for Consultation and Transfer Documents to Review	Will review and make recommendations on the following resource documents: a) Child Physical Abuse Toolkit b) American Burn Association Transfer Guideline c) Pediatric Interfacility Transfer Quality Improvement Plan	

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Emergency Transport Task Force Discussion	Will assist with staffing of task force to develop and recommend interfacility transfer terminology.	
Update on Wall Times in NCTTRAC	North Central Texas Trauma Registry Regional Advisory Council presented wall time performance/times for EMS/hospitals. This information and process will help advise other RACs on how to implement similar programs in their respective systems. Information shared with other RACs/EMS agencies.	

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Discussion on Safe Transport of Pediatrics in Ambulance	Discussed best practices throughout the county on safe transport of pediatrics. GETAC EMS MD Committee discussed what is legal vs best practice, does this need to be an advisory or resource document, or does this need to go into 157.11? Lengthy discussion on what the current law is and what that means practically for EMS implementation. First step for this committee is to try and determine what the current law is regarding safe transport of pediatrics in an ambulance.	
Discussion on Practice of EMS Medical Direction under Texas Medical Board Rule 169	Develop a list of duties and expectation of Texas EMS Medical Directors, previously found in TMB Chapter 197. It would be best to place these duties and expectation in 157.11. This may also be an advisory or resource document.	

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Develop a list of prehospital best practices	Develop resource documents for the State of Texas regarding prehospital care. Topics under consideration include but are not limited to treatment for hemorrhagic shock, MCI for heat, ultrasound, sepsis, etc. Strong consideration will be given to evidence-based prehospital practice. These would be resource documents and would not replace or appropriate any EMS Medical Director's practice of medicine within their EMS agency as prescribed by Texas Administrative Code 169 or 157.	
Discuss acceptable EMS medical director requirements/ courses	This rule was previously in TMB Chapter 197. A Texas Medical Director must within two years of becoming an off-line medical director: have 12 hours of formal CE; be EMS Board certified or complete a DSHS approved medical director course, and completed one hour of formal EMS CME every two years. It is unclear if this language is contained or carried over in TAC 169, or somewhere else in administrative code. The Committee will work to determine the standing of this past requirement.	