

Governor's EMS and Trauma Advisory Council (GETAC)

Department of State Health Services (DSHS)

Monday, November 25, 2024

4:00 PM

Omni Fort Worth, 1300 Houston Street

Ft. Worth Ballroom 4 & 5

Fort Worth, Texas 76102

Meeting Minutes

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

[Link to Meeting Presentation](#)

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1. Call to Order	Dr. Tyroch called the meeting to order at 4:02 PM.			
2. Roll Call	Roll was called by DSHS staff member Sabrina Richardson. Quorum met.			
3. GETAC Vision and Mission	GETAC Vision and Mission read by Dr. Tyroch.			
4. Review and Approval of GETAC Minutes	August 23, 2024, minutes approved. Dr. Eastridge motioned to approve; Judge DeLoach provided a second, with none against and no discussion.	Motion to approve the minutes.	Approved.	
5.	Alan Tyroch, MD, GETAC Chair			
GETAC Chair Report and Discussion	Dr. Tyroch commended the council and committee's engagement with their identified priorities and the hard work that has gone into improving the trauma system. He welcomed and introduced the newest council members: Donnie Booth, CEO at Permian Regional Medical Center in West Texas, and Brian Petrilla, Assistant Chief of EMS at Fort Bend County EMS. They shared their backgrounds and expressed gratitude for joining the council.	No actions required.		
6.	State Reports			
6.a.	<i>CHEPR: Director Hoogheem was unavailable. An update will be provided at the March 2025 meeting.</i>			Add to March agenda.
6.b. EMS/Trauma Systems Section	<p>DSHS EMS/Trauma Systems, Jorie Klein, EMS/Trauma Systems Director (Slides 18-31)</p> <ul style="list-style-type: none"> Rules. Director Klein thanked GETAC, GETAC stakeholders, and the rule workgroup for their roles in getting the trauma rules approved. Over 4,000 comments on the original trauma rule package. Individuals were diligent as a new Chapter 157 amended trauma rules were reviewed during the public comment period. All efforts were recognized as the rules moved forward to adoption on November 15th. Again, Ms. Klein stated, the 	Information only; no actions required.		Continue quarterly updates to the Council.

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6.b. continued	<p>department thanks all of the stakeholders for their engagement and continued interest in these rules.</p> <ul style="list-style-type: none"> Designations. Director Klein provided a graphic demonstrating the number of trauma, stroke, maternal, and neonatal facilities currently designated in the state. She explained that facilities “in pursuit” are new hospitals entering the system and typically hospitals already designated but experienced a change of ownership and must redesignate. The discussion highlighted the challenges in rural Texas and the importance of telemedicine and improvements for health care access for the rural environment. Healthcare deserts in Texas pose significant challenges for trauma, stroke, cardiac, pediatric, maternal, and neonatal care. High turnover rates and limited resources, such as a single ambulance in some communities, exacerbate these challenges. Funding. Various funding streams for trauma care were discussed. The allocation of funds to different functions of the healthcare system was explained, illustrating funding comes from multiple accounts, not just one, to provide for RAC Allocations, EMS Allotment Funds, Extraordinary Emergency Funding (EEF) Requests, Hospital Uncompensated Care (UCC) Allocations, and Emergency Care Attendant Training (ECAT) funding. Director Klein demonstrated the funding allocations from FY23 to (as projected) FY27, indicating a steady rate from FY24 to FY27. Data Submissions. Accurate data submission by EMS agencies and hospitals for funding allocation was stressed as a vital factor in funding the RACs. EMS agencies and hospitals must submit trauma registry data to as this is one of funding formula elements specific to RAC funding. The emergency transports in the registry contribute to the funding formula for the provider and the RAC. The RAC is funded using a formula with three variables: the geographical size of the RAC compared to the size of Texas, the population of the RAC compared to the population of Texas, and the percent of EMS and trauma care provided by the RAC (which 	Information only; no actions required.		

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6.b. continued	<p>is a sum of the EMS emergency transports and the trauma facility trauma submissions to the state registry) compared to the total trauma care for the state. Major hospitals or EMS agencies not submitting to the state registries has a negative impact on RAC funding. The department has shared the EMS transports and trauma registry submission data with the RACs and has asked the RACs to validate that data with the EMS providers and the hospitals and define if the EMS providers are meeting RAC participation requirements. There was additional discussion that the EMS pass through funding is allotted 60% to rural providers and 40% to urban providers.</p> <ul style="list-style-type: none"> • Trauma UCC Applications. The process of applying for uncompensated care funding was detailed, including the funds forwarded to HHSC for the Standard Dollar Amount participation. The new application for 2025 will be posted in January, and it must be completed and returned to the department within ninety-days. The 2023 data set has closed, and the 2024 data set will close in April of 2025. • EEFs. An overview of the EEF funding was shared with the council and stakeholders. EEF funded six ambulances, an ice machine for heat emergencies, and a new engine for an ambulance. • Trauma UCC Charges. Director Klein shared the trauma UCC charges over time (2011-2022). She explained the calculation process with HHSC and standard dollar add-on. HHSC defines if the facility is eligible for the Standard-Dollar add-on, based on the facility’s Medicaid volume to determine the rate of reimbursement based on the level of trauma facility. She added that the uncompensated care funding distribution through HHSC and the increase in Medicaid rates, benefits the entire facility’s. • DSHS Priorities. The department is working to address the introduced legislative bills, the GETAC strategic planning retreat, and hotel contracts for 2025 meeting space. 	Information only; no actions required.		

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6.b. continued	<ul style="list-style-type: none"> Advocacy vs. Education. The distinction between advocacy and education was clarified, particularly in the context of GETAC council members' roles. It was clarified that individuals may advocate outside of their GETAC roles, but meeting comments or presentations/papers with GETAC on them cannot contain advocacy language. <p>DSHS EMS/Trauma Systems, Elizabeth Stevenson, Designation Manager (Slides 32-45)</p> <ul style="list-style-type: none"> Designation Updates and Contingent Designations. Updates on facility designations were provided, noting a high rate of contingent designations due to designation requirements not met. Efforts to address these issues were discussed. There are 14 contingent designations, representing 74% of the total designations from August to October. Contingent designations occur due to the facility not meeting the designation requirements (Slide 37). Mrs. Stevenson reported there are 22 Level I, 28 Level II, 56 Level III, and 191 Level IV trauma facilities in Texas; for stroke care, there are 45 Comprehensive Level I, 6 Advanced Level II, 101 Primary Level III, and 25 Acute Stroke Ready Level IV facilities. Department announcements. Adopted Trauma Rule Q&A meetings will be held in December, focusing on Section 157.125 Comparison Document. Ms. Stevenson reminded council that the trauma facility DSHS Trauma Registry submissions are due at least quarterly. Ms. Stevenson also shared that the Designation Survey Guidelines Appendix B: Trauma Required Screening Events provides an list of event screening items for facilities to review. Lastly she reminded the stakeholders that the Trauma monthly meetings for December were canceled, and reminded everyone to re-register for 2025 trauma monthly calls on DSHS 	Information only; no actions required.		

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6.b. continued	<p>website. She also reminded the trauma facilities to complete the DMEP online course.</p> <p>DSHS EMS/Trauma Systems, Joseph Schmider, State EMS Director (Slides 46-53)</p> <ul style="list-style-type: none"> • Senate Bill 8. Mr. Schmider reported on the success of the scholarship program, which increased the workforce by nearly 10,000 people since October 2022. \$18,570,800 in scholarships were processed through this initiative. He mentioned that a final report is being prepared and can be expected by March. The report will include program details, benefits, and stakeholder information. • Certification Process. Mr. Schmider emphasized the importance of following the certification process outlined on the website, including completing the National Registry Exam, scheduling fingerprinting, and paying fees. He noted the high volume of activity expected between November and February, with 395 education courses ending. • EMS Licensing Processing. Mr. Schmider shared the processing times for all applications from June to August 2024. • Email Communication Issues. There are issues with email communications being blocked, affecting application processes. Mr. Schmider urged attendees to ensure emails are unblocked to facilitate communication, especially regarding applications. • Behavioral Health Survey. A survey is being conducted to ensure compliance with potential legislation requiring eight hours of CVE annually on behavioral health. Mr. Schmider is collaborating with EMS, fire, and law enforcement officials monthly and urged the EMS workforce to complete the survey. QR code provided on Slide 51. <p><i>Council Comment: Mr. Ryan Matthews commended the effort of DSHS to bring in more EMS people and elevate the skills of the current</i></p>	Information only; no actions required.		

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	<p>About 90% of transports occur via ground ambulance (0.6% by air), with 50% going to a general hospital. Data is also collected on whether transport is to a trauma level one, two, three, four, a pediatric center, a STEMI-capable facility, or a stroke center. Ms. Benno provided data on the chief complaints and body locations reported to 9-1-1 dispatch. She reported a decrease of about 3 minutes in response time for all EMS combined from 2019 to 2022 and a consistent 8 to 9-minute response for 9-1-1 calls.</p> <ul style="list-style-type: none"> • March Meeting: Provide data for actual transports resulting from EMS calls. 			<p>March Mtg: Provide data for transports resulting from EMS calls.</p>
7.	GETAC Committee Reports			
7.a. Air Medical and Specialty Care Transport Committee	<p>Air Medical and Specialty Care Transport Committee (AMSCT), Lynn Lail, RN, Chair (Slides 82-87)</p> <p>Mrs. Lail provided an update on the committee’s activities and discussions.</p> <ul style="list-style-type: none"> • The committee decided to abandon the pediatric airway management goal, as it is not currently feasible due to roadblocks, but there is hope to revisit it in the future. • The DPS trooper education program is 90% complete and awaiting review by Sergeant Pryor Templeton. The goal is to present it to a class of cadets or existing troopers for feedback. Council approved request to add document to Q1. • The mental health resource document for HEMS providers will focus on preparation, mental health emergencies, and critical incident management. The goal is to have it completed and approved by the next meeting. Council approved request to add this item to Q1. 	<p>Add to March agenda – approval of DPS Ed document and approval to hold first class.</p> <p>Add HEMS resource to March agenda.</p>		<p>Continue quarterly report to Council.</p>

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<p>7.c.A Prehospital Whole Blood Task Force Update</p>	<p>Prehospital Whole Blood Task Force, Eric Epley, CEM, Chair (Slides 92-99)</p> <ul style="list-style-type: none"> Mr. Epley commented on a task force discussion regarding walking blood banks and their opportunities to improve resuscitative care. He shared the taskforce’s methodology for calculating blood utilization in frontier counties. The taskforce estimates a cost of \$7.2 million for blood supply. Mr. Epley shared the concerns about supply, demand, and cost management raised during the task force meetings. Exploration of alternate blood collection and distribution methods is continuing to be explored by the task force, including the potential for hospitals to draw and distribute blood. He shared that there was discussion on extending blood preservation from 21 to 35 days. The task force’s goal is to make a unit of blood available in every Texas county, focusing on rural areas. He announced that the National Whole Blood Summit will be held in July, with a joint American College of Surgeons Committee on Trauma’s North and South chapter meeting. 	<p>Information only; no actions required.</p>		<p>Continue quarterly report to Council.</p>
<p>7.d. Emergency Medical Services Committee</p>	<p>Emergency Medical Services Committee, Kevin Deramus, LP, Chair (Slides 100-105)</p> <p>Report was presented by James Campbell, Vice-chair. Discussed the increased number of paramedics through SB and how to see where they are being used, EMS wall times, safety and security for EMS personnel, and red lights and sirens.</p> <ul style="list-style-type: none"> Dudley Wait will lead a task force on wall times utilizing the white paper drafted by the committee. Michael Hayes is leading a workgroup focused on workplace violence in EMS and public safety, in general, to see if there's something in survey data that can improve the workplace environment across the board in public service. Requested permission to work collaboratively with DSHS to provide a survey 	<p>Place survey on March agenda.</p>		<p>Continue quarterly report to Council.</p>

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	<p>on workplace violence in EMS to gather some data points for review. Request to be placed on Q1 agenda approved.</p> <ul style="list-style-type: none"> The committee will look at data points to be consistent based on the previous white paper on reducing light and siren use or using them appropriately using clinical data to make sure that agencies are being judicious with lights and siren use. 			
<p align="center">7.e. EMS Education Committee</p>	<p>EMS Education Committee, Macara Trusty, LP, Chair (Slide 106)</p> <p>Report was presented by Joe Schmider. The committee is finalizing draft rules and planning town hall meetings in the first quarter of next year.</p>	<p>No action items were identified for the Council.</p>		<p>Continue quarterly report to Council.</p>
<p align="center">7.f. EMS Medical Directors Committee</p> <p align="center">7.f. continued</p>	<p>EMS Medical Directors Committee, Christopher Winkler, MD, Chair (Slides 107-111)</p> <p>Dr. Winkler discussed pre-hospital blood transfusion, stroke recommendations, and system performance improvement.</p> <ul style="list-style-type: none"> Dr. Winkler commented on pre-hospital blood transfusion challenges, including supply issues and the potential for a walk-in blood bank. He stated that only 70% of people in San Antonio who meet the pre-hospital blood transfusion criteria receive it because of supply issues. Freeze-dried plasma is expected to receive FDA approval soon and can be stored for a year or two, offering a resilient option for pre-hospital settings. Dr. Winckler thanked the council for approving the prehospital stroke algorithm, emphasizing the need for system-specific adaptations. Committee discussion on trauma system wristband processes and the need for discrete, searchable fields for better system performance. Feedback from the EMS MD Committee will be returned to appropriate groups for consideration. 	<p>No action items were identified for the Council.</p>		<p>Continue quarterly report to Council.</p>

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	<p>within Texas, to expand and support the child passenger safety technician instructor network, and to ensure equitable access to these services. Discussed possibly streamlining child seat training for technicians, proposing a hybrid course with online and in-person components to improve accessibility, especially in rural areas.</p>			
<p align="center">7h. Pediatric Committee</p>	<p>Pediatric Committee, Christi Thornhill, DNP, Chair (Slides 166-120)</p> <p>Ms. Thornhill provided an update on the committee's 2024 priorities and activities.</p> <ul style="list-style-type: none"> The committee developed the final six pediatric simulations and submitted them to the GETAC Executive Council for review. The development and approval of pediatric simulations were discussed, with 13 simulations developed and 30 regional PECs in all 22 RACs trained, resulting in 2,649 people participating in 692 simulations completed across 134 hospitals. Upon final formatting, these will be placed on DSHS website. A committee workgroup is continuing research on sudden cardiac arrest and death; they're working on a resource toolkit to have on the website for parents and athletic trainers. The concussion toolkit was discussed. The toolkit is intended for hospital personnel and parents, especially in rural areas without concussion specialists. Collaboration with EMSC is suggested to avoid duplication and work in tandem towards common goals. Distribution strategies may vary regionally, with suggestions to target coaches and athletic trainers. Council commented the document should align with UIL requirements, which are prescriptive for older children in organized sports and elected to wait until March for approval to ensure thorough review and alignment with existing guidelines. The committee revised an old pediatric consultation transfer document that was last reviewed 18 years ago. Dr. Tyroch 	<p>Add Pediatric Consultation Transfer to March agenda.</p> <p>Add Concussion Toolkit to March agenda.</p>		<p>Continue quarterly report to Council.</p>

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<p>7.h.A. Action Item: Head Injury/Concussion Toolkit</p> <p>7.h.B. Update: TX Pediatric Readiness Improvement Project</p>	<p>requested that it be taken to other committees and GETAC for approval in March. Council requested additional time to review. No action taken. Add to March agenda.</p> <p>Dr. Remick provided an update on pediatric readiness in Texas. (Slides 121-152)</p> <ul style="list-style-type: none"> • 44 hospitals registered with the National Pediatric Readiness Quality Initiative. Hoping to bring some Texas dashboards to GETAC in March. • Texas Pediatric Readiness Improvement Project Update: nearly 2,000 CE credits provided through TETAF. • It was noted that there has been amazing progress in improving pediatric care across the state in the last 18 months. 	<p>Information only; no actions required.</p>		<p>Continue quarterly report to Council.</p>
<p>7i. Stroke Committee</p>	<p>Stroke Committee, Robin Novakovic, MD, Chair (Slides 154-198)</p> <p>Dr. Novakovic provided an update on the committee’s activities and discussions.</p> <ul style="list-style-type: none"> • Dr. Novakovic shared the Texas Stroke Quality Report. Texas is on par with the national average for the door-to-needle time, above the national average for DIDO, and below the national average with door-to-device time and performance of stroke screening tool by EMS. • Discussion focused on improving stroke facility performance, aiming to reduce the median time from 144 minutes to 90 minutes for thrombectomy patients. The breakdown of steps and performance goals was outlined. • Dr. Novakovic shared a letter addressing concerns about neuro-interventionalists covering multiple hospitals simultaneously, affecting patient safety. Dr. Tyroch requested that this item be discussed at SPR (add to agenda) and added to the March agenda for action. 	<p>Add letter of concern to SPR agenda for discussion and to March agenda for action.</p>		<p>Continue quarterly report to Council.</p>

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<p>7.i.A. Action Item: ASA Mission Lifeline Prehospital Stroke Algorithm</p>	<ul style="list-style-type: none"> • Action Item: Prehospital Stroke Algorithm. Dr. Ratcliff requested that the flowchart be cleaned up. Dr. Troutman motioned to approve the document with a cleaning up of the flowchart. Dr. Ratcliff provided a second. No additional discussion. The motion was passed, and the document was approved as a resource. 	<p>The committee will reformat the flowchart.</p>	<p>Approved.</p>	
<p>7.i.B. Action Item: Pediatric Stroke Task Force Triage Recommendation</p>	<ul style="list-style-type: none"> • Action Item: Pediatric Stroke Task Force Triage Recommendation. No action taken – withdrawn by Dr. Novakovic for additional revision. Will bring back at March 2025 meeting. 	<p>Add to March agenda.</p>	<p>Withdrawn until March 2025.</p>	
<p>7.i.C. Action Item: Interfacility Stroke Terminology Document</p>	<ul style="list-style-type: none"> • Action Item: Interfacility Stroke Terminology Document. Dr. Eastridge motioned to approve, and Mr. Matthews provided a second. There was a debate on the effectiveness of the proposed document and the need for universal terminology for time-sensitive illnesses, including a need to address the root causes of issues with resource availability and mass communication for transferring critical patients. Discussion regarding all time-sensitive issues followed with a roll call vote: 0 in favor/12 opposed/2 abstentions. Motion failed. Discuss the inter-facility stroke terminology and performance recommendations at the retreat-add to agenda. 	<p>Add Interfacility Terminology document to SPR agenda for discussion and to March agenda for action.</p>	<p>The motion to approve failed.</p>	
<p>7.i.D. Action Item: Door-in/Door-out (DIDO) Performance Recommendations</p>	<ul style="list-style-type: none"> • Action Item: Door-in/Door-out (DIDO) Performance Recommendations. Mr. Salter motioned to support the position statement from the stroke center as a recommended best practice for facilities to try to achieve the goal of optimizing door-in-door-out times for thrombectomy patients to 90 minutes. Mr. Matthews provided a second. Roll call vote: 12 in favor/0 opposed/2 abstentions. Motion passed. 		<p>Approved.</p>	

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	<ul style="list-style-type: none"> Dr. Flaherty introduced a UT-funded initiative using AI to improve trauma system performance, focusing on delays in care and adverse outcomes. 			
8.	GETAC Task Force Updates			
8.a. Texas System Performance Improvement (PI) Plan and PI Task Force	<p>Texas System Performance Improvement (PI) Plan and PI Task Force, Kate Remick, MD, Chair (Slides 202-210)</p> <p>Dr. Remick provided an update of the task force activities.</p> <ul style="list-style-type: none"> The task force has met monthly. Top five PI measures will include: <ul style="list-style-type: none"> Time from arrival to departure for unstable injured patients (transfers) Door-to-needle time for patients with acute ischemic stroke Rate of severe maternal morbidity events Percent of EMS “stroke” patients with a stroke screening scale Pediatric readiness score for designated trauma centers The report included a discussion of the stratification of data for patients, focusing on door-to-needle times and the challenges with missing data for blunt versus penetrating injuries. SMART aims for each measure were approved by the council by a show of hands. No opposition. The proposed reporting schedule for various measures was outlined: <ul style="list-style-type: none"> Q1 will report on pre-hospital stroke screen and door-to-needle times. Q2 will focus on trauma measures and PEDS Ready scores. Q3 will again report on pre-hospital stroke and door-to-needle times. Q4 will cover the transfer of unstable injured patients and severe maternal morbidity events. 		Approved	Continue quarterly updates.

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	<ul style="list-style-type: none"> The December task force meeting is canceled. The next meeting will be on January 6, 2025. Dr. Tyroch requested that the PI task force be added to the SPR agenda. <p><i>Director Klein emphasized the importance of presentation slides for showcasing the work done by GETAC and the benefits to Texans. The department is required to develop an annual comprehensive report outlining GETAC council and committee activities. This report is viewed by various leaders to determine the council’s necessity. The report is crucial for demonstrating the council’s work and justifying its continuation.</i></p>	Add to SPR agenda.		
8.b. Burn Care Task Force	<p>Burn Care Task Force, Gerad Troutman, MD, and Mike Clements, Co-chairs (Slide 211)</p> <p>Dr. Tyroch provided an update on the task force activities.</p> <ul style="list-style-type: none"> There are 11 burn centers in Texas; seven are ABA-verified. Dr. Tyroch compared that to the number of trauma centers – 50 Level I and II trauma centers. The task force aims to address educational deficits in burn care at trauma centers and improve patient transfer processes. Dr. Tyroch highlighted the educational deficit in trauma centers regarding burn care and the difficulty in transferring patients from trauma centers to burn centers. The task force aims to gather more data on burn care needs and transfer trends in the state. The Burn Care Task Force will meet on the second Monday of the month at 3 p.m. Central Time. DSHS to set up a meeting series. 	<p>No action items were identified for the Council.</p> <p>Set up meeting series (D. Lee)</p>	Complete.	Continue quarterly updates
8.c. EMS Wall-times Task Force	EMS Wall-times Task Force, Dudley Wait, Chair (Slide 212)	No action items were identified for the Council.		Continue quarterly updates.

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	<i>The Wall times task force had no update – it is still in the organization process.</i>			
9.	Executive Council Activities			
	Executive Council to review six pediatric scenarios. (Slide 213)			
10.	Stakeholder Presentation			
	<p>Texas EMS Trauma Acute Care Foundation (TETAF) Report (Slides 214-220)</p> <p>Dinah Welsh, President/CEO of TETAF, shared the following update on TETAF activities and priorities:</p> <ul style="list-style-type: none"> The legislative session preparation report discussed the preparation for the upcoming legislative session, focusing on legislative priorities such as the role of regional advisory councils, increasing funding for the Texas trauma system, establishing a statewide perinatal database, and improving regional healthcare data collection efforts. Ms. Welsh stated that their focus is to help legislators understand, appreciate, and recognize the role of the regional advisory councils. She added that the state created levels of care for maternal and neonatal patients with no data to show a starting point for where we are, and while they believe that care is improving in the state, they see maternal mortality numbers that continue to show the state not doing that well. TETAF will focus on supporting efforts to improve and fund regional healthcare data collection. Ms. Welsh stated that TETAF will be ready to work with its surveyors, hospital partners, and DSHS to ensure preparedness and understanding of changes with the new trauma rules. The volume of surveys in order are currently trauma, maternal, neonatal, and stroke; perinatal surveys are slowing due to the low designation cycle year. 	Information only; no actions required.		Continue quarterly update to Council.

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	<ul style="list-style-type: none"> TETAF continues to focus on education, renewing its application for continuing education provider status and planning educational offerings. Ms. Welsh highlighted TETAF’s collaboration with various committees and organizations, including TQIP, and shared the success of the Rural Trauma System Development Fund fundraiser. 			
11.	Culture of Safety			
Update	<p>Discussion, review, and recommendations: Initiatives that instill a culture of safety for responders and the public with a focus on operations and safe driving practices. No additional discussion or update.</p>	No action items were identified for the Council.		
12.	Rural Priorities			
Update	<p>Discussion: Rural Priorities No additional discussion or update.</p>	No action items were identified for the Council.		
13.	Initiatives, Programs, Research			
Update	<p>Discussion and possible action: Initiatives, programs, and potential research that might improve the Trauma and Emergency Healthcare System in Texas No additional discussion or update.</p>	No action items were identified for the Council.		
14.	Public Comment			
	<ul style="list-style-type: none"> Robert Greenberg, MD, past GETAC chair, commended the council and the department for successfully moving the trauma rule project through to proposal process to adoption. Joe Schmider commented on the EMS Compact and Texas' leadership in EMS. Texas's leadership in EMS and the EMS Compact was acknowledged, highlighting the state's role in facilitating license mobility and accountability. 			
15.	Announcements			

Governor’s EMS and Trauma Advisory Council (GETAC)

Department of State Health Services (DSHS)

Monday, November 25, 2024

Meeting Minutes

Agenda Item	Discussion	Action Plan/ Responsible Individual	Status	Comments/ Targeted Completion Date
	<ul style="list-style-type: none">Proposed 2025 GETAC quarterly dates were shared again. (Slide 226)			
16.	Adjournment			
	<ul style="list-style-type: none">Dr. Tyroch adjourned the Q4 GETAC meeting at 7:14 PM.			