

**Capital Area Trauma
Regional Advisory Council
Executive Board
Meeting Minutes
June 26, 2008**

- I. Call to Order:** The meeting was called to order at 13:04 by RAC Vice Chair, Jackie Gondeck.
- II. Approval of the Minutes:** There was a motion from Glenda Ragland and a 2nd from Tom Partin to accept the minutes with revision to the month the Child Passenger Safety Technician course will be offered at DCMC suggested by J. Brown. A unanimous vote followed.
- III. Treasurer's Report:** Gaylen Tips provided the Board with an updated report highlighting the RAC's accounting activity in the past month. Please see reconciliation report on file for more details. Dr. Maxon began a discussion regarding the status of EMsystems use in the RAC and who is currently using it. Discussion included questions about how current the info on bed availability is, how could EMS services practically view the info in real time to make a transport decision, how often in a day the info should be updated, and who should be responsible for that task. Some board members mentioned that they are aware of some hospitals that update 2 times/day (am and pm) and that the charge nurse in the ED is responsible. Dr. Maxon stressed that all hospitals should put in current info so the region can use that information. D. Reimer suggested that the HPG take up this discussion and revisit the subject of hospitals entering current data. A motion to approve Treasurer's Report was made by M. Tucker and a 2nd given by Dr. Maxon. A unanimous vote followed.
- IV. Director's Report:**
- Benefits -** Dave Reimer reported that after shopping around and researching Baptist Child and Family Services will be providing the RAC employee benefits. Dave found out that several other RACs use them too. Dave proposed a cost-sharing plan for spouse benefits that would cost the RAC about \$20/mo. for all the current RAC employees. Dave anticipates a cost increase for benefits in 2009 and has included that in upcoming grant budgets. He will spread the fees for benefits across all the RAC grant sources. Total cost is about \$1,700/mo. Dave anticipates the benefits will commence in 2-3 weeks. Dave reminded the Board that we sought our own benefits pkg per the auditor's suggestion to not be tied to a particular facility such as Llano Memorial in the past.
- OASPR –** Dave reported that the current OASPR grant year is winding down and ends officially on 7/31/08. The major project this year was focused on communications and ensuring that all the hospitals in the region have radios. Some money was used for a patient tracking program called EMTrack. A work group for that has just been formed and they plan to pilot test the program at the Marble Falls Boat Races. Dave mentioned that the new grant year amounts have been allocated and the benchmarks are similar to

last year. The allocation is usually based on # of facilities in the region (we listed 32) and population. The priority topics are: 1) communication 2) patient evacuation 3) alternate care sites 4) regional partnerships (emphasis on this again this yr). A work group has recently been started regarding mass fatality planning. The group includes funeral directors, and others involved in caring for remains.

Public Health Coalition- This is a mix of the old IADC, pub health, Austin OEM, and hospitals. Dave stressed the need for more hospitals to participate in this group. They met on 6/25 and reviewed the existing regional pan flu plan. The group felt that details need further discussion this year and they want to get more private sector involvement. Dave stated that this plan was destined to be a work in progress. Dr. Maxon began a discussion about ownership of this cmte. There was discussion about DSHS's role in setting grant planning deliverables. Dave and Dr. Maxon both agreed that the RAC should take the lead on regional coordination of medical plng and disaster plng. for health care. There will be a regional tabletop pan flu drill on July 30th. Dave will share more info on this with the Board at a later date.

Dave mentioned the concept of a Medical Operations Center in this area. This became a point of discussion after Katrina. Houston and San Antonio are already using a regional med ops model. Dave mentioned that HOTRAC, CTRAC, and BVRAC are interested in looking into whether we would benefit from a regional med ops ctr. Dave said they were in the fact finding stage. S. Janda added that GETAC has suggested that a few pilot projects begin in two RACS (Piney woods area and STRAC). An update on that will be provided at the August GETAC mtg.

EMS County Grant- Dave mentioned that this pass through grant totaled \$108K and goes directly to EMS agencies. The RAC administers an annual needs assessment tool and the EMS agencies indicate their funding needs. There is a formula for allocating funds. S. Fernandez requested that the needs assessment tool be reviewed to be sure we are measuring and reporting the most current needs, especially as it relates to RAC membership. J.Gondeck reminded the Board that we discussed making a RAC brochure and doing a mail out to increase membership. Dave indicated that the RAC website needs to be beefed up and could be a member recruiting tool. Scott thanked Michelle for her work to date on the website.

Pulse Oximeters – Dave mentioned that the RAC had used some leftover funds to buy pulse oximeters for the EMS providers. There are about 20 left that need to go out into the field. Members can request them by contacting Dave before July 30th. Dave will make an announcement at the General Membership Mtg. in July.

V. Public Comments: none were made

VI. Chair Report: Jackie Gondeck reporting for John Sneed. Jackie reported that there had been a Stroke Cmte. meeting just before the board meeting. Dr. Harding reported that they are finalizing transport protocols for our region. The cmte. has proposed hosting a Stroke Conference in the fall of '08. They are putting the word out that they are looking for presenters. The conference will be about 4 hours long and will

have approved CMEs for nurses and paramedics. It will be a collaborative effort btwn all the neuro centers since they all have to provide education Dr. Maxon suggested he could find a pedi stroke presenter. Dr. Harding has prepared a grant to the state for money to fund education. The grant has been submitted and he is waiting to hear if it will be awarded. The TX legislature is looking into stroke data and has requested info on this topic. Dr. Harding feels our region needs to do more education for paramedics, nurses, & the public. He may be able to secure some free air time to show the FAST video for community stroke education purposes.

VII. DSHS Report: Arlen Bohlenbauer provided the following updates:

FY 09 Tobacco grant application is due July 1

FY07 EMS RAC expense report is due Sept 12

Aug RAC chair mtg is on July 14th 5-7 at the Austin Hilton

Emily Parson is the new EMS TS Manager – replaced Kim

VIII. Trauma Center Update:

G. Tipps reported – Brack has re-designated the parking areas around loading dock. The public will not be allowed in that area anymore. Brack will be using a towing company to enforce this. Gaylen asked that people please direct families to park in the pkg garage.

Dr. Maxon reported- DCMC hired S. Janda as the new Trauma Services Director. The facility has been open almost one year and has admitted about 750 trauma pts. Dr. Maxon shared that in the next year DCMC will ask the ACS for a consultative visit and then ask for a designation. He announced that he'd like to host combined ATLS classes with several facilities and rotate the location. One of the Trauma Services Nurse Practitioners has taken the instructor class and will teach. He hopes we can to build this capacity to meet demand in this region and begin holding collaborative classes this summer. He added that we need to hold slots for nurses and paramedics for the ATCN certificate. All agreed that there is a big need for this type of training.

Old Business

I. Hepatitis-B Vaccinations for San Saba EMS: total request = \$3183

(see handout on file with follow up questions and answers listed) Glenda answered all of the follow-up questions that the Board raised at the last meeting. She explained that San Saba EMS is a completely volunteer service. They have about 2 yrs worth of newly trained people that need the vaccine. The volunteers typically get TB, flu, Hep B (3 shots). The budget this yr does not include enough to cover vaccine costs. Their budget has been getting smaller lately due to donations decreasing and capital equipment costs. Glenda announced that they hired a Director in May and he will be helping to grow the service in San Saba. He plans to attend July RAC mtg. There was discussion about whether or not the students should pick up the fee for the vaccines. Glenda explained that San Saba offers free EMS classes (EMTs and ECAs) and still struggles to get personnel into the class. She said it would not be realistic to require students to get an expensive hep B vaccine prior to taking class – this would certainly reduce the number of people in the classes even further. There was discussion about recouping vaccine costs for students that drop out of the class. Glenda said there is already a system set up to

recover course materials costs so she could easily monitor that and also seek reimbursement for vaccine costs too. The Board agreed that a lump sum would be given to San Saba EMS for personnel vaccines and San Saba EMS would manage drop outs and reimbursements and move reimbursed funds forward for future students vaccines. D. Reimer suggested that the Board consider funding the first 2 shots in the series out of existing grant funds and provide funds for the 3rd shots as funds permit in next grant cycle. S. Fernandez made a motion to this effect and a 2nd was given by L. Charlton. A unanimous vote followed.

The Board acknowledged that this was an exceptional need and an urgent need and is not a typical request to the RAC. J. Brown suggested looking at future budget years and allocating set funds for this type of emergency request.

II. Employee Benefits: See Director's Report.

New Business:

I. Vacant Board Seats – Blanco County, Registered Nurse: Kat Gann, Marge Dizenzo (former bd. member) are both interested in the RN spot, Sue Thompson is interested in the Blanco County spot. Voting will occur in Gen Membership Mtg. next month.

II. Helicopter Transport Issues: Recent crashes – J. Gondeck raised the issue of possible air transport shopping occurring due to declined requests at one air transport service. Jackie raised the issue of whether or not we sign letters of agreement to disclose a previous turn down to the next air service contacted and she asked for board members thought on this. Members thought that air service is responsible for knowing current conditions and possible hazards that caused other service to turn down a transport request. They felt that this is a courtesy but should not be a requirement of hospitals. S. Gillaspia mentioned that he still has concerns about appropriate helicopter use vs. truck transport in our region.

III. Continuing Education: S. Fernandez reported that there is lower participation than desired, but classes are still going forward. It has been hard finding TNCC instructors. Scott asked if we can use some of the education money in the budget for training instructors. The Board thought this was an appropriate use of funds. Scott pointed out that the revised needs assessment should reflect this need and that we can use education money to build a cadre of TNCC instructors. Chris Parker mentioned that the NAEMSE (National Assoc. of Emerg. Educators) course held recently was a great course and very well received. There were 70 attendees total, mostly from our RAC. They would like to come back next year and do another one – and also a Level II course

IV. Conference Calling: J. Gondeck raised the issue of conference calling and asked if we should we continue to do this? D. Reimer asked do we need to develop policies & procedures for conf calls? Possibly linked to the attendance policy and the type of

meeting. There was discussion on the type of meeting- Bd mtg vs. subcmte mtg and the value of in-person participation and networking. Gas prices were also mentioned as a current concern. J. Brown mentioned that typically formal board meetings do not have conference calling. S. Janda asked if video conferencing be an option like the Victoria area RAC does. Dr. Maxon suggested that perhaps we permit a board member to conference call into a meeting one time per year. The Board recommended tabling the subject until Dave can collect more info from other RACs that have come up with alternatives to in-person mtg attendance.

V. Discussion and Scuttlebutt: Gaylen provided a summary of audit expenses (see handout packet) so that board members were aware of how much audits cost the RAC. There was discussion of possibly changing the committee meeting structure at General Membership meetings. Issues related to this subject included people wanting to attend more than one committee meeting, length of general membership meetings, and shorter meetings might require some committee work to occur in between General Membership meetings. The idea of having everyone participate in some of the committees was discussed as well as including an action item only report-out at the board meeting that follows the General Membership mtg. Dr. Maxon proposed that we might be able to select broader categories for committees for example hospital, pre-hospital, PI, budget, etc. The hospital and pre-hospital committees would meet concurrently and include discussion of aero medical, pedi, disaster management, and injury prevention issues (formerly stand alone committees). Then the action items from that discussion can be shared at the report-out to the larger group. This idea appealed to the board and a meeting flow concept was created. J. Brown will create a diagram and send it to Dave so it can be shared with all board members. This concept will be shared at the July General Membership meeting to obtain feedback.

Steve Janda shared that DSHS has announced a statewide shortage of rabies vaccine (post bite therapy) and that Brack will no longer be a depot for it. Due to this there is a greater emphasis on proper screening for the shot. There is a toll free number for docs to call to pre-screen and see if vaccine will be given for a patient. Dave will send the number out to EMS services and hospitals

S. Gillaspia asked for a Cedar Park Regional Hospital and Scott and White Round Rock stroke STEMI protocol update. Dr. Harding reported that neither has a 24 hr cath lab, but Seton Williamson does.

VI. The next Board meeting will be Thursday, July 24, 2008. General Membership at DCMC

VII. Adjournment: With no further business to discuss the meeting was adjourned at 15:37.

Respectfully submitted by:
Juliette Brown, MHS, CHES
CATRAC Secretary