

**Capital Area Trauma
Regional Advisory Council
General Membership
Meeting Minutes
July 24, 2008**

I. Call to Order: The meeting was called to order at 1:15 p.m. by RAC Chair, John Sneed.

II. Approval of the Minutes: There was a motion from Scott Fernandez and a 2nd from Teresa Odom to accept the May Executive Board minutes. Dave Reimer made a correction to the May minutes in the Director's Report. Dave stated that the proposed cost sharing plan for spouse benefits costs \$200/month and not \$20/month as it was reported in the minutes. A unanimous vote followed to accept the May Executive Committee minutes with the change Dave Reimer made. There was a motion made by Johnny Campbell to approve the April General Membership minutes and a 2nd by Sherry Brown. A unanimous vote followed.

III. Treasurer's Report: Gaylen Tips provided the Board with an updated report. See Reconciliation Report on file at CATRAC. Gaylen asked the membership to inform her if they would like to see any other type of reports presented. A motion to approve Treasurer's Report was made by Jackie Gondeck and a 2nd given by Lee Charlton. A unanimous vote followed.

IV. Public Comments: none were made

V. Chair Report: John Sneed – Executive Director was hired – Dave Reimer. 3 applicants were interviewed and the board selected Dave.

VI. DSHS Report: no report provided

VII. Trauma Center Update:

Dr. Brown reported: Brackenridge is setting up a research infrastructure and residency program (South Western or UTMB) for Level One designation. This upper level resident education program satisfies requirements for designation for both DCMC and Brack.

G. Tipps reported: Gaylen is putting together a mail out for next year's 2 day Trauma Symposium. Save-the-Date info will be coming out soon. The Symposium will be held at the Convention Center. Their audience focus is on participation from CATRAC, but others may attend from other parts of the state, etc.

Dr. Maxson reported- Dell Children's Medical Center is working through the verification process to prepare for designation. They will be having a consultation visit in the first part of October. The consultation visit is so the American College of Surgeons (ACS) can come in and look at DCMC's existing processes. Regarding ATLS – one of the DCMC Nurse Practitioners and one of the nurses at Brack went through the Course Coordinator Class. State reviewers already came and looked at the course facilities so they are working on dates for First class - will likely be in Sept or early Oct.

VIII. Director's Update:

Dave Reimer reported that he is very grateful that we have the advantage of great regional partnerships and He really appreciates the opportunity to work with the RAC.

Benefits – Obtained benefits from Baptist Child and Family Services and x 3 staff members are covered for Medical and Dental Benefits as of 07-01-08.

OASPR SFY08 – Current OASPR grant year SFY08 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 and patient tracking. EMTrack patient tracking workgroup was formed and will demo equipment and processes at Marble Falls boat race in August. The majority of equipment that was purchased has come in and it will be distributed next week to local hospitals.

OASPR SFY09 – Grant period is from Aug 1 2008 to July 31 2009. Work plan and budget has been turned in and has received approval from State Hospital Planning program managers. It has now been forwarded to Contract group for final approval. We will be issuing a new updated subrecipient agreement for all participating facilities to sign. At the reemphasis of the Board, any facilities receiving funding through the grant are to follow rules of participation as outlined in the agreement. Benchmarks are similar to last year. The allocation is based on # of facilities in the region (we listed 32 hospitals) and population of the region. The priority topics are: 1) communication 2) patient evacuation and tracking 3) alternate care sites and supplies 4) regional partnerships (strong state emphasis) 5) mass fatality - A work group has recently been started regarding mass fatality planning. Involves regional partners from all disciplines.

Capital Area Public Health and Medical Preparedness Coalition – This is a mix of the old IADC, pub health, Austin OEM, and hospital meetings. We met on 6/25 and reviewed the existing regional pan flu plan. The group felt that plans need further discussion this year and they want to get more private sector involvement. This plan as most are is a work in progress. There will be a regional tabletop pan flu drill on July 30th. The upcoming July 30th Pandemic Influenza Exercise. This internet-based exercise is being conducted by Simulation Education Services, Inc. (SES) through a contract with the Texas Department of State Health Services Region 7. Stakeholders throughout the region will participate at local nodes with audio conferencing and internet visual support. The Williamson County node will be located in the St. David's Georgetown Hospital Incident Command Center. Travis County node will be at CTECC.

The target audience includes representatives from public health, hospitals, schools, emergency management, law enforcement, emergency medical services, fire departments, local government, and elected officials.

RMOC – Regional Medical Operations Center. This concept has been utilized in some other RACS as one result of the past Hurricane events. It was seen as a useful tool in dealing with Hospital evacuation scenarios. Issues of some hospitals being overwhelmed with evacuees while others having none. A need to spread the patients out. A workgroup was started which involves COGS, RACS, Public Health and others to see if such a group is warranted here. Work group members are listed below:

Regional Advisory Councils (RACs)	Emergency Management (OEM)
Brenda Putz, Brazos Valley RAC (TSA-N)	Dewey Ratliff, Bosque County EMC
Dave Reimer, Capital Area Trauma RAC (TSA-O)	Billy Atkins, City of Austin OEM
Danielle Schmitz, Central Texas RAC (TSA-L)	Lindy McGinnis, City of Austin OEM
Jerry Loden, Heart of Texas RAC (TSA-M)	
Public Health	Councils of Governments (COGs)
David Parrott, Waco-McLennan County Public Health District	Ed Schaefer, Capital Area Council of Governments
Jeff Hoogheem, Williamson County & Cities Health District	Robin Wiatrek, Capital Area Councils of Governments
Brett Marsh, Bell County Health District	
Ray Apodaca, DSHS Central Office	
Yolanda Holmes, DSHS Region 7	

EMS County Grant – 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, which is based on EMS run volume, response acreage, and population. Funds are being distributed this week to involved County Reps who in turn will disperse these funds among organizations in their counties. We have revised the need assessment tool this year and are getting those returned.

Web site – Michelle is in the process of Web site changes. We want to make it an informative area that will generate more interest and membership participation.

Pulse Oximeters – The RAC had used some leftover funds to buy pulse oximeters for the EMS providers. There are some left that need to go out into the field. If your organization is interested, please leave your contact info with me.

Hurricane Dolly – State operations for Hurricane Dolly started gearing up last Friday. As the event progressed from Tropical Storm, the State took the initiative to treat it at least as a Cat. II. State activated twice-daily Hospital bed counts Mon at 1500. Some bugs need to be worked out with a few hospitals. WebEOC is becoming a major communication force within the region and state. All bed reports I receive are entered to state using WebEOC. We have had many of our regional partners sending staff to assist

with Dolly. Regional Bed Availability reporting has been terminated as of 0355 statewide except for RACs T, U, and V.

Notice was posted to EMResource at 0811 to end Bed reporting for TSA – O, with notice to be removed from Regional viewing area at 0900. Just a reminder that EMResource used to be called EMSsystem. EMSsystem is now used as the company name with products of EMResource (bed tracking and Hospital status), EMTrack (patient tracking software) and EMCredential (volunteer registration).

WebEOC – CATRAC is working with Ed Schaefer at CAPCOG with setting up specific boards that may be beneficial to hospitals for use during events. Future plans include training and drills to help familiarize personnel with WebEOC. It is becoming the documentation of choice by a large majority of regional and state organizations.

Old Business

I. TETAF Membership-

Dave Reimer reported -The General Membership voted for CAT-RAC to join in this Foundation. TETAF has taken the lead on designation and surveying facilities. Over time the cost for this process has increased some – becoming a member of TETAF includes reduced fees. The CAT-RAC has paid 1 year of dues to date. All the RACs except for one have paid their dues. TETAF was involved for a bit with the state registry, but they have moved off that and they are looking for a project coordinator. Dave will mail out a fee schedule for designation to the RAC members so they can see the costs.

II. Officers Reorganization

John Sneed reported that the Vice Chair slot had become vacant and that Jackie Gondeck is now Vice Chair and Juliette Brown took her place as Secretary.

III. Vacant Board Member Positions

Nominations were taken from the floor for the Registered Nurse & Blanco County positions.

Nominees for Registered Nurse were:

Cindy St Andre – Experience that Cindy noted included: works at Seton NW ,RN, 11 yrs at SNW, currently Trauma Coordinator

Cat Gan – Experience that Cat noted included: RN in Austin area for 16 yrs, 13 yrs at St. David's, SANE nurse, currently in Master's Program in Nursing Education, EMS liaison for GETAC, stemi and Stroke educator for St. David's Partnership

Marge DeRenzo – Experience that Marge noted included: ER Director at St. David's Georgetown 3-4 yrs, has CEN, was Travis Co representative on the CAT-RAC Board in the past

Sherry Brown- Seton Highland Lakes- declined the nomination

Marcy Ferris - Experience that Marcy noted included: Trauma Coordinator at Seton Williamson, 10+ yrs of ER and ICU experience, flight nurse

A vote was taken - Cat Gann received the most votes and is the new RN representative on the Board

Nominees for Blanco County were:

Sue Thompson – Sue has been the Trauma Registrar at St David's for 20 yrs.

Sue was unopposed – she is the new Blanco County representative on the Board.

New Business:

I. Committee Reports & Action Items:

Disaster Management – no one from this committee was here to report – many are working due to Hurricane Dolly right now.

Education – (met combined with pre-hosp today)

Scott Fernandez reported: The committee is looking for ways to drum up interest for re-vitalization of the RAC education programs. They are looking for suggestions and feedback. They hope to receive some new ideas and will also look at data from the needs assessments to determine areas of interest or need. All feedback on this subject can be sent to Michelle at the CAT-RAC.

Pre-hosp – this committee discussed setting up some deliverables and priorities for education. Membership issues were also discussed and the committee is looking forward to some website changes that may help increase membership. They have researched who might be likely RAC membership candidates and they are working on putting together a letter to send out to those individuals to introduce them to the RAC. The committee also looked at revisions and suggested changes to the RAC trauma protocols – they are still seeking suggestions. The committee will work on the revisions between meetings and will forward draft changes to the board. Additionally, they are working on re-vitalizing the emblem for the RAC and moving it into production.

The committee solicited input on how the committee meetings can be improved.

Stroke

CATRAC Stroke Transport Protocols- Dr. Harding reported:

A draft of the guidelines was handed out. Dr. Harding explained that two additional edits were made today in the meeting and are not reflected on the copy handed out. He explained the edits and asked for Board approval. Steve Janda added that the stroke center designation components are not requirements but instead recommendations. This additional edit was incorporated in the draft and received Board approval. Scott Fernandez reported that there is still a chance to do on-line stroke education. He strongly encouraged pre-hospital providers to take this. People can contact Michelle for more information on this subject. Dr. Harding reported that there are plans to host a 6 hr stroke education class for EMS and nurses sometime in January 2009. CEUs will be provided. He was asked if this course will be open to folks outside the RAC and said “yes” they may register too. There was some discussion about fees for the course. There was general consensus that a nominal fee should be charged to at least cover food and materials costs. Gaylen suggested about \$30-\$40 and she mentioned that a fee also helps with people committing and getting a head count for food orders. There was a question about which stroke centers are included in the protocols. Dr. Harding explained that only TJC designation centers are included.

A motion to approve the Stroke Transport Protocols was made by Dr. Harding with a 2nd made by Sherry Brown. A unanimous vote followed.

Budget & Bylaws – Government Relations

Juliette Brown reported that these committees met together and made some suggested revisions to the By-Laws. Dave had prepared a list of items that needed reviewing. All items were minor in nature. An updated version will be distributed to the RAC members for review. Juliette conducted a review of Interim Legislative Committee charges to explore what might impact RAC business or members. Many of the committees are looking at various aspects of Medicaid reform. Several other committee tasks relate to the medical field and one task is related to reconciling potential conflicts due to overlapping taxing jurisdictions in the areas of the state served by ESDs. More information will be provided as the Legislative Session start in January gets closer. Paula Yuma will report on the booster seat bill in the Injury Prevention Committee report.

Pre-Hospital Care & Transportation – Hospital Care & Mgmt.

No one from this committee was here to report.

Aero Medical

There was discussion about safety and night vision goggles. A backlog has been reported right now due to military activity. A suggestion was made to give a closer look at the concept of helicopter safety when two are landing at the same time and the same hospital.

Pediatric - Injury Prevention

Paula Yuma presented several items:

The DCMC Injury Prevention Program has started a Special Needs Transportation Program which focuses on assisting families with transporting children in special needs car seats or other special vehicle restraints. The program has just begun, but preliminary data suggests that about 30% of families attending the Neuromuscular clinic at DCMC will possibly need assistance with transporting their special needs child. Paula will put together a proposal requesting funding for special needs car seats by the next board mtg.

An advocacy group has formed to assist with getting a booster seat bill passed in the next legislative session. Senator Zaffarini has taken this on in the Senate. A House member has been discussed, but not confirmed. Potential opposition to the bill may come from car pooling folks. P. Yuma will forward more information on this to the Injury Prevention Committee.

The state injury prevention committee at GETAC is working out priorities and a strategic plan. Their focus is on assisting stakeholder in implementing programs instead of doing the programs themselves.

Other discussion included:

176 helmets were given out by Smithville in health fairs thanks to an award given to them by the RAC.

Sharon Price – at St. Marks will be making a funding request in the future.

Geriatric Falls – Gaylen mentioned that there is not a lot of injury prevention for the home setting on this topic. Some of the level IV hospitals may start doing this. Gaylen is looking at data for re-admits for falls at home. A suggestion was made for a possible program that covers the whole spectrum – level IVs in ER and Brack at home.

Some suggested methods for delivering injury prevention information were case managers, OT, home health care providers. A suggestion was made to pull together several stakeholders and form a multidisciplinary group. The group could write a grant for pilot program.

Robin Wiatrek from CAPCOG mentioned their Area Agency on Aging is working on a Train the Trainer program with Meals on Wheels providers, etc.

Performance Improvement – did not meet

Dr. Brown commented that he had not gotten any referrals for case reviews from the RAC membership in a whole year. Scott Fernandez suggested that we could possibly put PI in the Trauma Transport Protocols. It was noted that it's in there, but they have not been approved – could Hospital and Pre-Hosp sit down together to look at them.

Dr. Maxson pointed out that PI is mandated by GETAC. He suggested several system filters re: out of RAC transfers.

J. Brown suggested that we send out reminder emails between meetings encouraging submissions for review. She mentioned that we could have some processes that we'd like to look at in our back pocket for times when no specific incident has been brought up for review. General discussion concluded that the process could be improved if the RAC re-sends out the PI form and reminds agencies of the process. Additionally, some thought that the general membership needs more education about PI and what it does.

II. Committee Structure Discussion:

J. Brown explained that at the last board meeting there was discussion about possibly streamlining the committee meetings at the general membership meetings. One of the goals of a revised structure would allow those people with multiple interests and job responsibilities to sit in on different committees. Discussion at the June board meeting yielded a draft structure that was included in the handout packet. The membership was

asked to review the draft diagram that illustrates suggested changes to the general membership committee meeting structure (see CAT-RAC files for a copy). Dr. Brown raised the question of why it was necessary to have everyone participate in the Stroke Committee. Some felt that this was necessary for the short term since the Stroke Committee is currently working on policies that are far-reaching. Dave asked the membership to send all feedback and ideas about the proposed structure change to him.

III. Discussion and Scuttlebutt:

AeroVac announced that they have been CAMES certified.

Tracy Forrester from Star Flight expressed thanks for the support after the recent crash.

Steve Janda reminded the membership that DSHS 3588 uncompensated trauma care funds are being disseminated next month.

Dave Reimer asked that the membership review the CAT-RAC voting criteria & eligibility guidance. Michelle updated the name badges and added the voting information on the back of the badges for easy reference. CAT-RAC will be sending out an update letter to members requesting current information for your agency or area. The information will be used to update membership records.

**IV. Next Meeting Update: Executive Board: August 28, 2008
Combined General Membership: October 23, 2008**

V. Adjournment: With no further business to discuss the meeting was adjourned at 2:46 p.m.

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