

**Capital Area Texas Regional Advisory Council
Board of Director's Meeting
October 26, 2023
12:30 – 3:00pm**

Minutes - DRAFT

I. Call to Order

Ben Oakley called the meeting to order at 12:36pm and encouraged the membership to scan the QR code to effectively collect attendance.

A. Roll Call of Board of Directors

Mr. Oakley conducted the roll call of the Board of Directors. Those present were Josh Vandever, Dr. Ira Wood, John Hamilton, Mike Knipstein, Chief Rob Luckritz, Wesley Alexander, Jim Persons, Ken Strange, James "Scooter" Green, Rodney Mersiovsky, Dr. Samson Jesudass, Dr. Ken Mitchell, and Dawn Handley.

Dawn Handley, COO of Integral Care, was welcomed on the Board of Directors as the Independent Hospitals Representative.

Chief Rob Luckritz, ATCEMS, has also joined the CATRAC Board of Directors as the Travis County Representative.

II. Secretary's Report

A. Approve September 5, 2023, Meeting Minutes

Item 10 states Wesley Alexander made a motion and seconded his own motion. The meeting minutes were corrected to state Ken Strange made the motion to adjourn and Wesley Alexander seconded the motion. Ken Strange made the motion to approve the meeting minutes as amended. Wesley Alexander seconded the motion. 12/0

III. Treasurer's Report

A. IRS Form 990 and 5500

The IRS Form 990, nonprofit tax return, is currently pending Mr. Oakley's signature. The 5500-retirement account IRS filing is complete. 12/0

B. Additional Legislative Funding (RAC & EMTF)

There are two new funding sources from DSHS. Additional State General Revenue (GR) funding has been awarded to EMTF-7 in the amount of \$111,111.00. Additionally, CATRAC received 150k in RAC funding to help offset some of the expenses related to all the new rules. The new funding will be included in the upcoming budget.

C. Financial Report June through August 2023

Alesia Palmer presented the financial report. FY24 grant funding began in July. In September, we received a lump sum payment for both RAC and RAC development. The county grant funds have been awarded. 27 SB8 scholarships have been awarded from June through August. FY23 data fee invoices were mailed out several months ago. The A133 audit has been completed.

There was a question regarding fringe in the budgets. Alesia defined fringe as medical benefits, PTO, taxes, and employer's portion of pay on behalf of employees.

Mike Knipstein made the motion to approve the financial report as presented. This motion was seconded by Josh Vandever. None opposed. Motion carries 14/0

IV. Public Comments

None.

V. Chair Report

Dr. Aileen Ebadat is a member of the GETAC Trauma Systems Committee and reached out to Mr. Oakley to request feedback on transfer delays from the RAC perspective. There was no input from the Board.

VI. Executive Director Report

EMTF-7 activation levels have grown exponentially this year, compared to last year. In 2022, there were a total of 28 EMTF activations. In the last 92 days, we have had 70 activation levels. From a workload perspective, that workflow is on track to quadruple this year compared to last. Great work from Daniel, Branden and Duty Officers.

RAC rules impact everyone - 157.123 governs the RAC organization; 157.125 are the requirements for trauma facility designation; 157.128 is denial, suspension, and revocation statute; 157.130 is the account and trauma fund. 157.131 is going away completely and the two sentences will be included into 157.130. This past Friday, we learned that the public comment period has been pushed further to January -February 2024. We understand that public comments must come before the Executive Council. If the rules do not pass in February, the last option is May. Should the rules not be passed in May, the cycle begins again. There have been multiple concerns that the proposed Level IV rules are impactful in this region if they go through as written.

CATRAC is re-applying for the HPP/EMTF grant. CATRAC has had the HPP program since 2002 but that contract did not initially include the EMTF program. Later, HPP and EMTF merged in 2017. A statement from our Board stating their support is required. We have crafted an initial draft letter and signature page.

The Pulsara soft-launch began on October 2, and the hard-launch is November 1. This implementation is going well. The number of Pulsara channels created daily is rising. There is some necessary discussion regarding the use of standardized acuity, use of patient types, and cancel vs closing patient channels.

CATRAC is part of a competitive bid for a subaward from UT Austin for the CAPTRS game, or the Center for Forecasting and Outbreak Analytics, conducted under the direction of Dr. Lauren Myer and others. CAPTRS aims to provide predictive analytics and data science for pandemic preparedness. CATRAC's role is to serve as an intermediary to the real world to show how boots on the ground respond to the outcomes of CAPTRS.

Through partnership with UT and Dell Medical School, CATRAC was also awarded subrecipient funding from the Pediatric Pandemic Network funded by the Health Services Administration. This project works with the pediatric hospitals to create a more coordinated disaster response for pediatric patients. This award was given to CATRAC to support early identification and potential standardized criteria that can be used for large surge events or IFT. The goal is to review current transfers and why they're happening. Second is to review pediatric disaster capabilities that exist across CATRAC. Last would be to work with all sites to review factors that influence the decision to transfer during surge events or pandemic disasters.

At the July Board meeting, CATRAC was asked to revisit the Common Badging initiative. The project would provide individual badges to prehospital providers for access to hospital entry doors. The biggest challenge would be the exchange of data with hospitals. We have reached out to the security teams at Baylor Scott & White, Ascension, and HCA systems to discuss their concerns with the initiative. We found that some systems have centralized security access but do not translate to all healthcare systems. We are aware of some RACs who have implemented a regional badging system; however, we must address two challenges: ensure the card is compatible of the current security technology, and getting information from the system to that independent security that may be centralized or is independent. We have put together a 5-year draft budget that reviews the set-up cost for technology for hospitals to be able to manage their own permissions.

Every current medic would receive a badge during rollout as a part of implementation. Every current medic would be printed a badge on rollout as a part of implementation (no cost). Beyond implementation, the cost would be \$27.50 a badge; or leverage upcoming FY24 EMS passthrough funds if EMS partners agree to transfer those funds to the RAC. Should we use passthrough funds, each badge would cost \$10.50 a badge going forward over a five-year period. Infrastructure costs are included in these estimates. Before any Board action, there would need to be discussion with hospital security representatives.

Hospitals would absorb cost for IT personnel who would program the system to communicate with the CATRAC system and manage how and when that data is consumed. The second solution involves using TIBCO to facilitate the API exchange of data for multiple different sources and styles. If we choose not to use TIBCO, there is a human component involving sending a report to hospitals and the hospital security team would have to type in the badge numbers.

- Dr. Mitchell stated that hospitals did not initiate this request, but St. David's is on board with the initiative. Most St. David's hospitals in CATRAC are currently using different badging systems. There is no standardization centrally or across St. David's hospitals. This is a challenge but is still possible.

- Dr. Jesudass added that Ascension uses a centralized system and will be happy to explore this initiative.

A hospital security director wanted to remind CATRAC that law enforcement partners also need access to the ED door. That group issued law enforcement officers badges, but the badges were poorly managed, and the hospitals had to turn the door codes on again. The door code may still exist for personnel not EMS related. The recommendation is to develop a task force who will propose a recommendation to the Board. The task force would include security representatives from hospitals.

- Dr. Wood asked if the hospitals have expressed interest in this project. Dr. Mitchell would like to move forward if EMS feels strongly about it. Standardizing badges would be safer than having a door code.

TDEM does not currently work with hospitals to manage access to hospital ED doors. If we move forward with this project, it warrants further technical discussion. Ken Strange made a motion to develop a task force to develop a final recommendation on this initiative. Jim Persons seconded. 13/1. Motion carries.

Ken Strange has agreed to Chair this task force. There is intent for an update in February, but a formal recommendation will be made in Q2.

VII. Committee Reports

Committee & Workgroup Chairs present: Diana Norris, Rhonda Manor-Coombes, Dr. Emily Kidd, Dr. Marc Trust, Dr. Rob Schutt, & Dr. Kate Remick.

A. Data Committee – Diana Norris

The Data Committee has established metrics for prehospital, trauma, stroke, whole blood, neonatal & maternal. Prehospital and trauma will go first because there is a national standard data set. Next steps are defining that definition based on national dictionary. We are still pending pediatric specific metrics. The BAA is being developed. The approach is to meet with each health system. There may be different variations of a BAA based on individual system.

We have not addressed the DUA yet. The first meeting with a health system is in a few weeks. The team will receive feedback and then meet with the next health system.

B. Education/IP Committee – Rhonda Manor-Coombes

The CATRAC Symposium is scheduled for July 26, 2024, at Williamson County EMS Training Center. There is a speaker application on CATRAC website.

Rhonda is still working on securing an Injury Prevention trailer. Looking for a car or motorcycle that's been in an accident to take into the community to provide injury prevention education to the community.

Working on incorporating Take 10 education into the trainings CATRAC is providing to the community. Rachel Lindsay and Rhonda are now BLS instructors.

C. Prehospital Committee – Dr. Heidi Abraham

Rachel Lindsay reported on behalf of Dr. Abraham. At the last Prehospital Committee meeting, there was a presentation from BRAVE alliance. More conversation regarding SANE nurse availability and coverage is ongoing.

Finalized the prehospital data metrics for Data Committee.

a. EMS Medical Directors

Rachel Lindsay reported on behalf of the Workgroup. At the last meeting, Texas HB 624 and SB 1876 were reviewed. The EMS MD approved utilizing the guidelines and incorporating them into EHS plan. Handoff discussion is ongoing. Participation in this workgroup is low.

b. Whole Blood WG – Dr. Emily Kidd

The mission & vision statements have been finalized.

The blood administration forms have been updated with the intent to collect additional data. Some changes to the form include adding the wristband number, more detail on type of call, and more hospitals listed in the destination box. These forms have been ordered and will soon be available to EMS partners.

We have been working on increasing the number of EMS agencies carrying hold blood. ATCEMS & Acadian are the only agencies currently carrying blood. Williamson County EMS is in their trial process. Lockhart EMS is in validation phase. North Blanco EMS in progress. Several agencies are looking to use South Texas Blood & Tissue because that process is currently more readily available. We continue to work with We Are Blood. Several hospitals partners are using whole blood or stock whole blood for their trauma departments. CATRAC and We are Blood have meetings scheduled with SAMC and RRMCM with intent to increase rotation.

D. EHS Committee – Dr. Taylor Ratcliff

Dr. Ratcliff was not present, and a representative was not sent to report on the EHS Committee.

a. Cardiac WG – Dr. Robert Schutt

The Cardiac Workgroup was charged with post ROSC care in the last general membership meeting. Since then, an ECMO subgroup met and reviewed data regarding eCPR trials. Most outcomes to those trials are negative. Pending follow-up discussion on transport guidelines and what the hospital and EMS responsibilities are. Regional guidelines around resuscitation centers are in progress, such as target temperature monitoring, following AHA protocols, etc.

The concept of cardiac arrest receiving hospital came from the ECMO meeting. What are the minimum capabilities of a hospital who may receive a cardiac arrest patient or a STEMI patient? This is an opportunity for CATRAC to develop expectations around minimum cardiac capabilities for each hospital. Several EMS agencies are interested in this project. ATCEMS and Williamson County EMS have previously developed agreements for STEMI receiving hospitals following certain criteria. This letter of attestation would be RAC wide.

Dr. Schutt asked for 3-6 months to develop the criteria. Dr. Ira Wood made a motion for the Cardiac Workgroup to pursue regional attestation guidelines for CATRAC on STEMI and post-resuscitation centers. This motion was seconded by Josh Vandever.

c. Perinatal WG – Dr. John Loyd

There was not a representative present to report on the Perinatal Workgroup.

d. Stroke WG – Dr. Gaurang Shah

Malissa Mieth reported on behalf of Dr. Shah. The Stroke Workgroup is developing pediatric and adult stroke transport guidelines. Once approved, it will go to the Pediatric Workgroup.

e. Trauma WG – Dr. Marc Trust

Dr. Trust reported the trauma data metrics for the CATRAC registry have been submitted. The workgroup is also working on finalizing the revisions to the trauma system plan. There is some discussion on field triage language. Recent guidelines were published by ACS COT about a year ago. More to come.

f. Pediatric WG – Dr. Kate Remick

Dr. Remick reported the Pediatric Workgroup is working on consensus on transfer criteria during surge events and pediatric readiness support as an outcome from the proposed trauma rules. Pediatric Readiness Quality Initiative includes competency and training, access to NPRQI dashboards, and access to monthly virtual education sessions specific to the level of trauma center with pediatric simulations. This project was approved and endorsed by the GETAC Pediatric Committee. The Texas ENA and Trauma Coordinators quorum, along with the RACs, are working to identify at least one PECC per RAC who will work to support pediatric readiness in emergency departments.

The Workgroup is also developing a mission/vision statement.

The stroke transport guidelines were reviewed with minor recommendations. Pending further discussion.

Williamson County EMS, ATCEMS, and San Marcos Hays County EMS have been asked to participate in a pediatric prehospital airway management study. Updates will be brought to this group for community consultation.

g. Health Care Coalition – Dr. Mark Escott

Melissa Hamaker reported on behalf of Dr. Escott. This year, the Coalition focused on chemical annex & functional or full-scale exercise focused on chemical and surge of patients. If interested, please reach out.

Working on equipping mass fatality incident trailers in each of the HCC regions and ensuring they are able to deploy.

VIII. Board of Director's Elections

A. Treasurer

Josh Vandever nominated Mike Knipstein as Treasurer. Mike was re-elected as the Treasurer.
13/0

B. San Saba / Llano County Representative

For County Representatives, nominees must have the nomination form submitted by the County Judge or County Commissioner. Representative must be a senior clinical representative that resides or works in the county they represent.

Wesley Alexander was nominated and re-elected as the San Saba/Llano County Representative via ballot.

C. Caldwell / Bastrop County Representative

Nominees included:

- Cean Charles – Director of Lockhart EMS. Nominated by Judge Hayden.
- James “Scooter” Green – Air Medical Base Supervisor for PHI for both Caldwell County & Bastrop County. Nominated by Judge Klaus.

Scooter was re-elected as the Caldwell/Bastrop County Representative via ballot.

D. HCA – St. David's Healthcare Representative

The hospital representative is a system or division level clinical executive.

Dr. Ken Mitchell was nominated by Dr. Huffstutler. Dr. Mitchell was re-elected as the HCA – St. David's Healthcare Representative via ballot.

E. Air Medical Representative

The Air Medical representative is a senior clinical representative from the air medical providers.

Nominees included:

- Lynn Lail – Chief Flight Nurse for CareFlite and the Chair for GETAC Air Medical and Specialty Transport Committee.
- Justin Soulier – Director of Medical Operations at Travis County STAR Flight. Nominated by Dr. Taylor Ratcliff.

Justin was elected as the Air Medical Representative via ballot.

IX. Regional Data Registry RFP Selection

Several months ago, CATRAC issued an RFP for a data registry. The General Membership passed a special assessment to all members based on a budget appropriate for a vendor technology solution and FTE to support that process. CATRAC is moving forward with an agreement with ESO with an implementation timeline prior to January 1, 2024. This lines up with finalizing the BAAs and DUAs. Expectation to receive data effective 1/1/24.

X. Open Discussion

CATRAC Staff were told that the ESO and Pulsara integration is targeted for the first week of November.

XI. Review Action Items

A. Board Meeting Minutes

Approved with recommended changes; no further action needed.

B. Treasurer's Report

Approved as presented; no further action needed.

C. Elections

All positions were appointed.

XII. Next Meeting

The next meeting will be February 22, 2024 at Dell Children's Medical Center.

Jim Persons recommended having the July 25th meeting at Williamson County EMS rather than Wimberley due to the CATRAC Symposium the next day. Calendar invites will be sent out once finalized from CATRAC no-reply.

XIII. Motion to adjourn

Ken Strange made the motion to adjourn. Dr. Ira Wood seconded.