Capital Area Texas Regional Advisory Council
Board of Director's Meeting
July 27, 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 Dr. Ira Wood, Mike Knipstein, John Hamilton, Wesley Alexander, Jim Persons, Ken Strange, James 'Scooter' Green, Dr. Samson Jesudass, Dr. Ken Mitchell, Dr. Sally Gillam, Lynn Lail, and Dr. Mark Escott. A quorum was established.
Board of Directors not present were Adam Johnson, Rodney Mersiovsky, Josh Vandever, and Thomas McKinney has resigned.

B. Roll Call of Committee & Workgroup Chairs
Mr. Oakley conducted a roll call of the Committee & Workgroup Chairs. Chairs present were Diana Norris, Rhonda Manor-Coombes, Dr. Heidi Abraham, Dr. Taylor Ratcliff, Dr. Emily Kidd, Dr. Mark Escott, Dr. Gaurang Shah, Dr. Jaynes (representing Dr. John Loyd), Peter Williams (representing Dr. Mark Trust)

II. Secretary's Report

A. Approve April 20, 2023, Meeting Minutes
A motion was made by Ken Strange to accept the April meeting minutes as provided. Mike Knipstein seconded the motion. No further discussion and motion carried.

III. Treasurer's Report

A. Financial Report March through May 2023
Mike Knipstein deferred to Alesia Palmer to present the financial report.

Alesia presented the financial report from March through May. Wrapping up through May and will remain within budget spending levels for HPP thus far. Accounting is working on closing out June. Summary breakouts by each grant and category were displayed. As of May, for the TSA-O grant - $636k has been spent, leaving $77k through June. For the TSA - L grant - $136k has been spent, leaving $28k through June. For the TSA – M grant - $138k has been spent, leaving $26k through June. For the TSA – N grant - $103k has been spent, leaving $60k through June. For the EMTF grant - $106K has been spent, leaving $24k through June. For the EMTF Rider grant - $65k has been spent, leaving 59k left. Remaining balances spent all in June.

The remaining RAC financial were reviewed, as presented in the Board Financial packet.

Motion made by Josh Vanderver to approve financial report and seconded by James Green. None opposed.

B. **Updated Accounting Policies**
Accounting policies have been updated to streamline processes, implement more effective internal controls, and ensure audit compliance and daily workflow.

Ken Strange made the motion to approve the updated accounting policies. This motion was seconded by Jim Persons. Motion carried.

C. **County Pass Thru Update**
Eleven payments are complete. Eight payments were sent out last week. Three payments are in-process. No payments are outstanding. Most agencies should have received their funding or will receive it by the end of next week.

D. **Federal Single Audit Update**
The federal single audit is progressing. Accounting has completed inventory review and submitted audit sample pools (e.g., bank statements, daily work, board records, legal documents). The compliance deadline for submission is September 30th. Auditors have requested their standard Board of Director meeting. CATRAC is working to get it scheduled between September 5-7.

IV. Public Comments

A. Crystal Love spoke on the BRAVE Alliance organization located in Cedar Park covering Travis and Williamson counties. BRAVE Alliance cares for victims of acute sexual assault and provide non-acute examinations for adults and children of all ages. There is a second location servicing Blanco County at Community Resource Center in Johnson City. BRAVE Alliance also covers the Children's Advocacy Center in Hill Country. They will soon cover Killeen and Lampasas.
There have been discussions and inquiries regarding the transport of forensic patients, and services available in the region. CATRAC will be working with hospitals to collect that information and ensure transparency. Organizations such as BRAVE Alliance may supplement that and promote organizations collectively.

V. Chair Report

A. Mr. Oakley opened his report by discussing the feedback regarding offering virtual participation. Committee and Workgroup meetings are at the discretion and leadership of the Chair. There is a concern for clinicians who have already scheduled patient procedures and may not be able to leave the hospital, to be able to attend CATRAC meetings in-person. We want to be respectful of clinicians' time away. There is a request for getting our Committee and Workgroup Chairs to align their meetings to occur within the same day if possible, and to offer a virtual option when clinicians

cannot attend physically. Additionally, to the extent possible, there is a request to consider accommodating virtual participation for Chair reports and General Membership meetings, to encourage optimization when possible.

Douglas offered to explore meeting spaces anywhere under the direction of the Chairs. There was a suggestion to rotate meeting locations or having a North/South location. Some of the Chairs have opted to meet full-person due to lack of participation. The EHS Committee meets in person due to the PI component.

The Prehospital Committee, EHS Committee, and Whole Blood Workgroup have decided to meet in-person and have aligned their meeting days. Looking into a centralized meeting location. The challenge is due to the large geographic area.

VI. Executive Director Report

Updated contracts and agreements are included in the Board packet.

CATRAC has now moved into the Cedar Park office. Thank you to the team. CATRAC is in a much better place today.

There continues to be several EMTF deployments; Wildfire, MIST, strike teams, WPU deployments. RMOC was activated for evacuation of nursing homes in Madison County.

In this last legislative session, the distribution of $6.6 million to all 22 RACs was approved. We expect to see this coming in a future contract amendment.

Outstanding SMAs are Bryan Fire, Texas A&M EMS, San Marcos Hays County EMS, and CATRAC (expenditures picked up for a deployment). There are four new ones for Austin-Travis County EMS and five old. $650-700k in outstanding debt to ATCEMS for past deployments. Working through that with DSHS.

Education Institution incentives for EMS scholarships will end September 1, 2023. Additionally, if not spent at the end of this year, CATRAC will need to give the dollars back to DSHS.

Take 10 courses are rolling out in August. Take 10 will also be presented at the Texas EMS conference. More to come.

The request forms option is live on the CATRAC website. Any requests to CATRAC, such as equipment, distribution list management, resource request, training request, hospital participation letter, should be submitted through the request form.

Oscar Lagunas has joined us as the HCC- M coordinator. Christina replaced Jasmine as Executive Assistant. Jasmine has transitioned into the data analyst role. Tiffani Hall is now the staff accountant.

Legislative bills that have passed include SB2133, which requires emergency planning for the transport of ESRD patients during a declared disaster. SB510 is related to disclosing personal information in tax appraisal records. SB656 touches on health condition or

disability designation on driver's licenses. SB1319 is related to overdose mapping for public safety purposes. HB624 is related to emergency medical transport by firefighters in a vehicle that is not a registered ambulance.

The special assessment invoices were mailed out with a letter introducing the topic to Senior Executives. The contract for vendor is in final negotiation.

DSHS Trauma Rule is scheduled for public comment this winter (December/January).

Attendance rosters are included in the master packet that went out to the general membership.

VI. Committee Reports

A. Data Committee – Diana Norris

1. A vendor has been chosen. ESO is vendor agnostic. Because EMS/NEMSIS data are national standards, most likely to be the first two to move forward. Still discussing logistics and what the repository will look like. The Data Committee will work to collaborate on a data dictionary per service line. The intent is to analyze data that is already being collected by hospitals and EMS that can be interfaced/submitted to regional registry.
2. Unmet needs include having the trauma workgroup identify 3-5 data points to review. Need prehospital data/outcome measures although we have a data set. Need to narrow down whole blood metrics. Some of that data is already collected. DUA/BAA is the next initiative.

B. Education/Injury Prevention Committee – Rhonda Manor-Coombes

1. The Symposium has been booked for July 26, 2024. Going out next is the call for presenters. Thank you, Jim, for booking the Wilco training room. Committee needs help to build out the symposium.
2. Take 10 – envision combining Take 10 with STB. Attendees want to know about CPR or Take 10. Some Train the Trainer is developing.
3. Tasked with coming up with IP trailer for out-reach community events and provide some education on drinking/driving. Reached out to Judge Smith in Hays County and asked about a vehicle. Rhonda was told that she is able to borrow a vehicle from the junk yard but must return it after use. Please let us know if there is an available vehicle to donate to CATRAC to provide education to the community.
4. CATRAC can now provide BLS training.

C. Prehospital Committee – Dr. Heidi Abraham

1. Most items are covered elsewhere. Reminder: Eclipse April 8, 2024.

a. Whole Blood Workgroup – Dr. Emily Kidd

1. The Workgroup has met twice since the last General Membership meeting. The MOU was revised and finalized. It is important to note that the MOU is a living document and is periodically reviewed.
2. There is an increase in hospitals willing to administer whole blood in trauma bay and ICUs. There will be discussion with OB as well. The push for more rotation centers is intended to improve overall patient care. If there is an increase in hospital whole blood use and hospitals are willing to rotate with EMS, there will be more

availability for blood rotation and a reduction in wastage, especially for rural agencies. There are four hospitals in the region using whole blood and willing to serve as a rotation center. CATRAC Staff, Dr. Kidd, Dr. Abraham, and Dr. Ratcliff plan to speak with hospitals to increase use and understanding of the whole blood program.

3. There is an increase in the number of EMS agencies involved in the whole blood program. Currently there are two ground agencies and 1 air agency administering whole blood, with four more agencies currently onboarding.
4. The CATRAC Whole Blood dashboard was reviewed again at the last meeting. We are continuing to refine data. The Workgroup decided to explore more detail on what the blood is being used for as the current form does not specify that. Will change in the next month or two.
5. Future projects include developing a mechanism for MCI cache in this region. Rachel and Kat will start a draft for the whole blood section in the EHS plan. Working with PCR to discuss benefits and potential use in OB population.

D. EHS Committee – Dr. Taylor Ratcliff

1. The Cardiac system plan was approved by the EHS committee.
2. The PCR has formally requested a bylaws revision of the attendance requirements to be inclusive of a rolling 24-month period.
3. EMResource data, such as facility and service line diversion, is being reviewed in the Committee. Working to identify a pattern of usage. It is clear that some facilities are comfortable using EMResource and some are not. It is important for everyone to know the status of those facilities. CATRAC staff will work on improved visualization on that data.
4. Radiology image transfer care discussions. When the patient is assessed, had imaging in a rural facility and is transferred, images are not usable. The Committee will work to develop best practice. CATRAC staff are working on sending out a survey on what systems are being used and how data is transferred.

a. Cardiac Workgroup – Dr. Robert Schutt

1. The Workgroup was charged with meeting regulatory requirements and goals from the Board. The Cardiac System Plan was revised to meet the standard of care nationally, with intent to update the plan as new guidelines are published.
    i. Dr. Escott asked about including post cardiac resuscitation care and how to address that within our system. Is there any general guidance on optimal treatment for ROSC patients?
    ii. There are many variations of physician practice and has not been pushed by clear evidence. Will work to add to the Cardiac System Plan. Will add to the agenda and move process forward.
2. When considering air medical transport for STEMI care, the current language can be interpreted in different ways.
    i. According to national guidelines, 120 minutes from FMC to device is acceptable if transport is greater than 45 minutes. If transport is less than 45 minutes, 90-minute FMC to device is acceptable.
    ii. Dr. Kidd mentioned that one of the RAC’s important functions is to provide guidance based on evidence. Air medical may get patient there

quicker. Concern is putting a specific time limit on it as it may paint ourselves in a box. Need to consider geographical differences and consider the distance of the air provider.

iii. Language to be added to the plan consists of "If total transport time from FMC to definitive care is less by air than ground, air transport should be considered"

3. A motion to approve the Cardiac System Plan was made by Wesley Alexander and seconded by Lynn Lail. None opposed.

b. Perinatal Workgroup – Dr. John Loyd (Represented by Dr. Charlie Jaynes)

1. Dr. Jaynes is the vice-chair for the CATRAC PCR. On January 8, the Maternal and Neonatal Rules were updated to include the Neonatal Program Manager, Neonatal Medical Directors, Maternal Program Managers and Maternal Medical Directors must show evidence of meeting RAC attendance requirements. The PCR recommends amending the bylaws to be inclusive of 75% attendance in a rolling 24-month period.
2. Reached agreement to share data. CATRAC is working on DUA for data exchange.
3. The next PCR/Perinatal Workgroup meeting is September 21. Dr. Kidd will be attending to address the whole blood program.

c. Stroke Workgroup – Dr. Gaurang Shah

1. The Stroke Workgroup has been charged with creating a pediatric stroke plan. There was discussion of disseminating the Dell Children's pediatric stroke protocol to non-pediatric stroke centers. The Workgroup is also working to update the stroke transport guidelines to be inclusive of pediatric strokes.
2. Updated EMResource stroke view to include primary stroke centers.
3. Working with the data committee to finalize data collection.

d. Trauma Workgroup - Dr. Mark Trust (Represented by Peter Williams)

1. Continue to work on trauma plan with hope to finish this fall.

E. Health & Medical Preparedness Coalition - Dr. Mark Escott

1. Considering Emergency Preparedness software. Some technologies are not very usable for planning and responding to emergencies. RAVE Mobile (Motorola) provided a demo at the last GETAC session. Will enhance the ability for first responders to know what they are responding to. Discussing more.
2. Chemical tabletop exercise is required and is due by March 2024. The annex has been rewritten. The pediatric and burn exercise was completed in April 2023. The AAR is due.
    i. Since there are many exercises scheduled with participation expectations, there is a request for the HCC to develop a master exercise schedule and to align exercises where multiple requirements are met. HPP is a federal regulation.

VIII. By-Laws Review and Revision

A. By-Laws Amendment

1. The proposed amendment suggested after the Q2 General Membership meeting was inclusive of the new Texas Administrative Code language,

regarding Maternal and Neonatal designation. The amendment should also encompass the anticipated participation requirements in the upcoming Texas Administrative Code trauma rules. There was feedback from the EHS Committee to clearly define participation tracking within a rolling 24-month basis.

In the bylaws, the attendance for a particular individual at the General Membership meetings is defined by the organization leader. Regarding Committee and Workgroup attendance, individuals working for a hospital network, and do not have a primary affiliation, will be credited for all applicable sites. The exception to attendance requirements is those who are listed in rule, by title.

Jim Persons made a motion to accept the amendment to adding "Active membership, on a rolling 24-month basis". This motion was seconded by James 'Scooter' Green. The General membership voted with overall consensus in favor of the amendment and none were opposed.

IX. Pulsara Task Force Update – Dr. Emily Kidd & Sam Schuleman

A. Pulsara Task Force Recommendation

1. The Task Force formally recommended to the Board of Directors to adopt the use of Pulsara as a regional standard.
2. The rationale for this recommendation is to provide "*A consistent delivery method for pre-hospital information to hospitals, that is concise and allows for enhanced and critical information exchange; allowing hospital teams to prepare for patient arrival, promote better communication, be aware of patient needs throughout the healthcare visit, decrease on-scene provider workload (less duplication of entry by a single provider), and to provide an accurate record across all continuum of all providers in the healthcare continuum.*

   Daily use of the system will promote muscle memory for use of Pulsara during disaster or MCI. "
3. If CATRAC were to move forward with using Pulsara for every patient, this initiative would not be listed in law or mandated but would be a regional expectation if approved. Pulsara would be used for every patient, following the DMIST format, with exceptions for STEMI, Stroke, and Trauma patients. The radio reports will still be used as a backup.
4. The EMS-ED patient handoff communication, as well as MCI activations, are paid for by the State and are no cost to CATRAC. This version of the software is adequate for regional expectations. A proposed timeline was displayed with intent to be fully implemented by November 1, 2023. If approved, a more detailed timeline will be developed.
5. Each health system has a representative and will provide input for the project plan. The timeline can be modified if needed.
6. Dr. Escott made a motion to adopt Pulsara in our region and accept the implementation timeline as presented. Wesley Alexander seconded.

X. Open Discussion

A. EMS-ED Handoff

Douglas received a letter signed by many Trauma Medical Directors with a request to convene a meeting between a small group of EMS and a representative from trauma medical directors to discuss setting a regional standard that an EMS timeout will occur on the hospital gurney. EMS timeout is listed in draft trauma rule, however, does not specify where timeout occurs. The other request was that the report be delivered in the DMIST format. This topic was discussed in GETAC Committees and Council and will remain on the agenda for the August session.

A short survey was distributed to ED and EMS leadership on current handoff processes. Research does not qualitatively indicate that the timeout occurs with the patient on the EMS stretcher or hospital gurney. As of April 2014, this region moved forward with EMS timeout as best practice but did not mention a location. About 50% of the time, timeout does not occur. From the survey results, there was no consensus on where the timeout should occur.

Douglas recommends updating the EHS plan to include handoff expectations, expand the group to be multidisciplinary, and consider a regional IRB study. Douglas will have a follow-up meeting with a regulatory body about this topic. There is also an ACS physician leading research on this topic. There will be a PI referral going to EHS committee in next meeting. The regional study must be measurable and evidence-based and is listed in the DSHS Self-Assessment Tool.

Lynn Lail made a motion for CATRAC to update the EHS plan, expand the group, explore feasibility of an IRB approved study, and conduct literature review of existing evidence related to transition of care in relation to timeout. This motion was seconded by Wesley Alexander. Motion carried.

XI. Review Action Items

A. Board Meeting Minutes
   i. Approved. No further action needed.

B. Treasurer's Report
   i. Approved. No further action needed.

C. By-Laws Revision
   i. Approved. Added "Active membership, on a rolling 24-month basis is defined as".

D. Pulsara Action
   i. Approved as a regional expectation.

XII. Next Meeting

A. October 26,2023 at St. David's Medical Center

XIII. Adjourn

A. Wesley Alexander made the motion to adjourn at 3:07pm. Ken Strange seconded the motion.