

Capital Area of Texas Regional Advisory Council
General Membership Meeting
July 25, 2024
1230 – 1400

I. Call to order

Chairman of Board, Ben Oakley, called the meeting to order at 1233. Thank you to Astra Zeneca for sponsoring lunch.

A. Roll Call of the Board of Directors

Mr. Oakley conducted a roll call of the Board of Directors. The following members were absent: Josh Vandever, Dr Ken Mitchell, Justin Soulier, Dr. Fausto Meza absent. Quorum was met.

II. Secretary's Report

A. Approval of June 26th Board of Directors minutes

Motion made by Mr. Wesley Alexander, seconded by Dr. Sally Gillam. All in favor, no abstentions, motion carried

III. Treasurer's Report – Alesia Palmer

A. Reporting period for March through May of 2024.

All required DSHS reporting information has been turned in for the last quarter. We are currently in the final stages of SB8 grant scholarship spend down. At the time of this report, we have 114 scholarships awarded, with four cancellations. There are about eight scholarship grants left that can be funded. The FY25 budget amendment is still waiting approval by DSHS. The original budget has been approved, pending approval on the amendment. As of July, there are roughly 22 outstanding invoices pertaining to membership dues. Two were collected this week, leaving 20 outstanding invoices left. For county pass through, we've processed all except for three, as of this report.

Ms. Palmer reviewed the details of the financial packet, which included:

- As of June, our operating account had \$145k, general fund has \$545k, and our Truist bank account has \$131k.
- As of May, we began the budgetary process with the spend down for HPP side. We will have enough funds to complete the final budget cycle for the HPP FY24 grant. Overall, between HPP, RAC, SB8 scholarship and EI funding, we're in line with not being over budget.

Capital Area of Texas Regional Advisory Council
General Membership Meeting
July 25, 2024
1230 – 1400

Mr. Havron addressed the membership in reference to organizational membership requirements and advised that organizations with past due membership dues have invoices available today.

Mr. Havron stated that there has been a lot of discussions about membership requirements. Agencies with outstanding membership dues were displayed for membership viewing. Mr. Havron advised the membership that CATRAC will work with the organization if needed and could talk with him after the meeting for further discussion and their invoices were on the table. If a letter of participation is requested from a member not in good standing, the membership requirements will be marked as "not met." There is also past due documentation related to the BAA for data sharing. Starflight has one signed by us and is waiting to go through Commissioners Court. There are ongoing negotiations with Baylor Scott & White.

IV. PUBLIC COMMENT

An opportunity was provided for any public comment, there was none. Mr. Oakley advised the membership that the remainder of the meeting will be called out of order due to scheduling.

V. COMMITTEE REPORTS

Perinatal Workgroup – Dr. John Loyd

The group is in the process of scheduling small group meetings to review the Perinatal System portion of the EHS Plan. They're mostly looking at the red/yellow criteria. This is mostly for obstetrical trauma and making sure obstetric trauma gets to the right hospital. We are starting case review within our RAC and looking at best practices on re-enabling obstetrics side. We're going through DSHS designation reviews for neonatal trauma levels. Representatives from AAP, ACOG, and TETAF provided Q/A sessions for neonatal and maternal designation. We are also looking into leveraging RedCap for our secure projects. Dr. Loyd provided an opportunity to ask questions. All questions asked were discussed and answered.

Mr. Havron advised that they are trying to get access to ESSENCE data, but there is a fee and that we requested access to that from DSHS.

Capital Area of Texas Regional Advisory Council
General Membership Meeting
July 25, 2024
1230 – 1400

Data Committee – Diana Norris

Data Management Project – CATRAC staff working on regional registry. Trauma data is expected to be submitted monthly. There are still outstanding CATRAC BAAs. The EMS repository is running. A demo is scheduled for August 7 for the Trauma Registry product.

Education Committee – Rhonda Manor-Coombes

Review of Symposium attendance and vendors

Still have Riding for Ryan flags – reminded what they are for and that they are available to anyone.

The committee did take 14 possible IP projects and have narrowed down to three. The winner was Heat Safety. we will be trying to get info out to public. We are also looking to partner with other organizations to help.

Project Echo with Dr Saucedo is about improving access to medical supply, medical advocacy, resource sharing. Looking to see if this is something that CATRAC can participate in.

Today is World Drowning Prevention Day (July 25, 2024).

Pre-Hospital WorkGroup

No representative present to present. Mr. Oakley provided an opportunity for membership to make a comment on behalf of the group. There were none.

Whole Blood – Dr. Emily Kidd

The group continues to work on projects we've been working on since the beginning. Specifically, data collection aggregations and how we're going to use the data on the uses of whole blood. Working with hospitals to determine patient outcomes. The group continues to develop robust rotation system in our region for prehospital whole blood. We Are Blood did move to the 35-day bags in April which allows EMS agencies and hospitals that carry whole blood to keep them in their possession longer. They're working on a recruitment program called The Hero Program to get donors for whole blood specifically for pre-hospital use. We continue to work with hospital partner to increase rotation capabilities, which in

Capital Area of Texas Regional Advisory Council
General Membership Meeting
July 25, 2024
1230 – 1400

turn increases the number of EMS agencies. There's many waiting in the wings to start utilizing whole blood as soon as we have capability in rotation

AABB (American Association of Blood Banks) has been working with a group of EMS professionals on new guidelines for the use of whole blood in prehospital setting. Current guidelines only address the hospital setting.

EMS challenge related to whole blood is that they don't get paid for it, and there's no function for them to get paid. Any whole blood that's given is at expense of EMS and is not sustainable for long periods of time. CMS recently announced that EMS will be able to bill at higher level, called ALS 2, if they use whole blood.

GETAC recently developed a statewide whole blood task force. We have had several discussions about how to make sure that whole blood is available for every Texan. There's lots of movement on whole blood at state and federal level.

EMS Medical Directors – Dr. Chou

Working on hospital capability matrix. Focusing a little beyond just discussions on coverage, but specifically what capabilities/specialties they can provide. The Workgroup was charged with providing feedback on specific headers in the matrix that would be helpful to use for developing transport protocols. Once the group comes to consensus, we will work to determine the best setting for this matrix to live.

EHS – Dr. Taylor Ratcliff

Dr. Ratcliff was not present. Mr. Havron presented on his behalf. The MCI task force has several upcoming meetings to look at AARs of recent MCIs as well as the rollout of the MCI and MFI trailers. Trailers have gone out and they're in their regions. Looking specifically at mass casualty tracking and conducting drills around patient tracking.

The Emergency transfer task force was led by Nick Kopp and Rusty Wood. They're in the final stages of drafting recommendations around when to use 911 EMS provider and when not to for interfacility transfers. There's more dialogue to occur in a future meeting.

In the last EHS meeting, there was a PI case review of an EMS agency that notified the hospitals that they were enroute with a deceased individual which

Capital Area of Texas Regional Advisory Council
General Membership Meeting
July 25, 2024
1230 – 1400

triggered several internal hospital concerns, creating an extension of what would have been a crime scene. As a result, there are some guidelines that the EHS committee is considering on field terminations and transport of descendants. That document will go before Travis County Medical Examiners as well as some county JPs.

Cardiac Workgroup – Dr. Robert Schutt

STEMI receiving center criteria has gone through EHS committee and was approved to move forward for adoption by the board.

Mr. Oakley asked if there were any questions about this document that came in the email, if not we need a motion to adopt the standards. Motion was made and seconded. Dr. Schutt explained the document to the membership and gave them an opportunity to ask questions. Mr. Oakley called for a vote by the membership on whether to adopt the criteria presented by the Cardiac Workgroup. All were in favor and the criteria were adopted.

Stroke Workgroup – Dr. Gaurang Shah

No report.

Trauma – Tara Neeley

Approved mission statement for the group. Waiting on formal comment period for Trauma rules revision. Working on reviewing Trauma System Plan needs, and transitioning the red/yellow criteria to high/moderate risk to avoid any confusion between this document and the red, yellow, green processes for MCI events.

Pediatric – Dr. Katherine Remick

At the last meeting, we presented a view of dashboards and review of points related to it. Since Pediatric Readiness is included in the proposed DSHS trauma rules, The group has been working a lot around pediatric readiness effort. There is a large amount of work being done to foster pediatric emergency care in the region.

The pediatric workgroup met last month and prioritized three measures within the National Quality Initiative.

Capital Area of Texas Regional Advisory Council
General Membership Meeting
July 25, 2024
1230 – 1400

1. Making sure all children who had trauma receive a full set of vital signs.
2. All children sent to ER have a pain assessment done
3. All children present as high risk in categories 1,2, or 3, have a vital sign reassessment.

Very simple, straight forward measures. We have three projects underway:

- Project 1 – Pediatric Capacity & Capabilities during Surge Events
Hospitals have completed the surge capabilities assessment
- Project 2 – Tx Pediatric Readiness Project /NPRQI
Education series underway, identifying hospital level PECC within CATRAC hospitals. Regional Pediatric Care Coordinators are working locally within all hospitals in reference to Pediatric readiness activities.
- Project 3 – Regional Standards for Pediatric MCI. Also, MCI event trying to create some standardized processes for child identification for reunification. There are 3 components to this:
 - i. Recommendations around photographs in terms of style, orientation, and position
 - ii. General guidance regarding the physical descriptors and personal identifiers to capture
 - iii. Create a form that can be adopted regionally that will be used to capture child identifiers.

Mr. Oakley provided an opportunity for membership to ask questions. He also stated that participation in the PPRP (prehospital pediatric readiness project) in our RAC is low. 7 of 19 transport agencies and 11 out of 79 FRO have submitted as of last Friday,

Dr. Remick reminded membership of Pediatric Readiness Educational Series. Pre-hospital is on the first Wednesday of every month.

Mr. Oakley reminded the membership to submit their response to Dr. Remick's poll, this will help Dr. Remmick, and the workgroup get that data.

Healthcare Coalition – Dr. Mark Escott

Dr. Escott has attended the region L & region N meetings. The Clinical Advisory Committee has been formed.

Capital Area of Texas Regional Advisory Council
General Membership Meeting
July 25, 2024
1230 – 1400

We have introduced a charter and governance document that is undergoing revisions. We cancelled the last meeting due to everyone being deployed. Hopefully we will adopt the charter and governance document at the next meeting.

We have consensus on proposed budget amendments. CAPCOG advised they have a plan in place to introduce and maintain a regional calendar to list things like drills, exercises, etc for regional situational awareness. Think they are still finalizing that plan.

APH is looking for additional sites for they syndrome and surveillance. They are interested in FSED and clinics to ensure a broad spectrum of representations across the community to detect anomalies in disease patterns.

There was discussion for the need for increased EMTF participation in the region, due to increase number of activations so that we can spread patients across more groups in the region.

Priorities for this year include working on the work plan, completing Regional Hazard Vulnerability Assessment. In terms of disaster preparedness in regard to mass patient movement, cyber-attacks, and extended healthcare downtime are the most common occurrences. Mr. Oakley adv that they forgot to approve the treasurer's report. He needed a motion to accept the treasurer's report. A motion made and seconded. All were in favor, motion carried.

Executive Director Report – Douglas Havron

The new hires are Jake McDonald, Sangeetha Dattam, and Jenny Williams. Standard disclosures, contracts and agreements that were executed are in the board packet. The next round will be a very long list of BAAs & Participating Agency Agreements. If your organization has not signed your HPP Hospital Preparedness Program Participating Agency Agreement or Agreements as some must sign two, those are past due.

Douglas signed the RAC contract, overall, RAC funding for us is down 4%, all of that equated to 12.2% of RAC operational budget cut. EMS pass through money and development money remains the same. Have asked questions, there's a document for the board to review. DSHS has stated that formula issue is statutory and must be divided 60/40. 60 to rural, 40 to urban, but if you look at it from a per capita perspective, there's some organizations that are getting \$16 per capita, our equivalent to that is \$0.59; from a run perspective they're getting \$15 per run, here it's \$1.20 per run. There

Capital Area of Texas Regional Advisory Council
General Membership Meeting
July 25, 2024
1230 – 1400

are organizations with a smaller number of members and patients that are getting 2.5 to 3 times of what we get.

Wall-time process went into effect June 3rd at 7am. Have had multiple calls that were escalated to hospital leadership and C-suites. We have met with them and the wall time issues have dropped significantly.

SMA reimbursement, if you're deployed on SMA, need packet turned in within 90 days. We have to review, clean up and negotiate with DSHS. It will take some time for us to turn it around due to the number of packets that are going to be turned in. We ask that it be turned in within 90 days of demobilization.

County pass through funds, the report has changed, thank you to those agencies that contributed some of their funding back to RAC regional data initiative.

Senate Bill 8, we have about 8 paramedic scholarships left. That money goes away December 31st. I was asked what my plan was for the remainder of the funds if I was going to return funds back to the state. I'm asking that you all go find 8 students to use for the remainder of the scholarship funds.

Next week, will email a listing to all members that has all the organization that you're affiliated, with all the different roles, and the names we have on that. We ask that you update that roster so we can make sure all the list serves are updated. Any changes to that, please go to our website and put in a listserv update. That will create a case that we can work those and not have multiple versions of paper.

Self Assessment – Kat Knight

Ms. Knight explained the DSHS Self Assessment Tool.

The RAC scores itself, anything less than 3 requires an action plan. The timeline is how it will be completed, we are currently at step 4.

Jasmine Castenada de Morales provided an update on the data registry project and explained how we rated ourselves and why.

Jenny Williams spoke on the EHS Plan Strategy. As a part of the self-assessment is the requirement to look at each of the EHS plans annually, update, make changes, and provide enough time for that review process and approval. We have met with most

Capital Area of Texas Regional Advisory Council
General Membership Meeting
July 25, 2024
1230 – 1400

committees and proposed the new workflow to them where each one will have a set period to review their plan. Tried to base it off those that have been approved so far. We're asking for volunteers for the committee proposed to go over 4 weeks to review current plan, push to committee for review and to the board for final review. Proposed calendar reviewed. This allows us to have all plans approved by November. We ask that we have a pediatric volunteer for each workgroup to make sure we have that aspect with each plan.

DSHS Rules – Douglas Havron

The first change in RAC rules took all requirements and put them in the contract.

At the next step, DSHS moved forward to repeal 157.131, and the language will get adopted into 157.130. In addition, DSHS repealed Trauma Rule 157.125, they have to create a new rule 157.126. Have now opened 157.11 for EMS providers that has been pushed back to Q1 of 2025, we'll keep you up to date as the timeline changes. The entire rule process has begun again, there will not be an informal comment as that has passed, there will be a formal comment period in the next few weeks. The new rule is effective Sep of 2025.

Those that are Level 3, the alignment with American College of Surgeon standards is baked into that new rule. Those at Level 4, there are standards at this time, you're subject to what's in the rule. Questions asked and discussed.

OPEN DISCUSSION

Provided opportunity to membership.

Next meeting Oct 24th @ St. David's Main.

Meeting adjourned at 1400.