

**Capital Area of Texas Regional Advisory Council**  
General Membership Meeting  
February 27, 2025  
1230 – 1500

Thank you to Compression Works for sponsoring today's lunch. Nicole Lezzi, with Compression Works, presented information about their product. Mr. Havron made some housekeeping announcements.

- I. Meeting called to order at 12:32 by Chairman Ben Oakley, and roll call was performed.
    - a. There is a quorum present.
    - b. Mr. Oakley introduced Shandel Milburn and Starla McLaurin as the newest members of the Board of Directors.
  - II. Secretary's Report
    - a. James Green made a motion to accept the January Board of Directors meeting minutes. Josh Vandever seconded the motion. All were in favor, none opposed, motion carried.
  - III. Membership Report
    - a. Mr. Havron reported on membership accounts that are out of compliance due to outstanding balances and data compliance.
    - b. For questions regarding outstanding balances, please see Financial Controller, Alesia.
    - c. Outstanding data submission refers to agencies that are not submitting data into the trauma registry.
    - d. Mr. Havron displayed organizations that are in good standing for attendance and reminded the membership of committee attendance requirements.
  - IV. Treasurers Report
- Dr. Escott presented the Treasurer's Report, including:
- a. ASPR 2025 grants have been completed.
  - b. RAC Development grant first quarter vouchers are complete.
  - c. EMTF rider funding for FY25 reimbursement payment vouchers have been completed.
  - d. SB8 funding is closed, and the final report has been submitted to DSHS.
  - e. FY2024 DSHS Audit is complete with no significant findings.
  - f. A-133 engagement letter is complete, and the kickoff meeting is scheduled for March.
  - g. The FY25 budget amendment has been submitted.

- h. As of January, there are 9 outstanding invoices totaling \$2700.
- i. CY2023 990 was completed.
- j. Dr. Escott reviewed account balances for all three bank accounts and highlighted the 6-month reserve set at \$935,000.

Mr. Havron reminded the membership that further details about the financial summary are in the board packet. Question and discussion occurred. Dr. Samson Jesudass made a motion to approve the financial report. Mr. Vandever seconded the motion. All in favor, none opposed, motion carried.

V. DSHS Program Audit

- a. Mr. Havron advised that the Board Members were sent an updated version of the audit that included DSHS acceptance of our response.
- b. DSHS audit disallowed an expense of \$95.50 that has been refunded. A second item is related to the detailed inventory. There were a few clerical errors that were found which have been corrected. The response has been accepted by DSHS.

VI. Public Comments

- a. None

VII. Chairmans Report

- a. No report available

VIII. Executive Directors Report

- a. Mr. Havron reviewed his report, including contracts and agreements executed since his last report.
- b. Mr. Havron spoke briefly about Ascension Seton Hays' DSHS designation update.
- c. Mr. Havron introduced Lindsay Upson as our staff accountant, Tony Serpe as the HPP Manager, and Brandon Thorpe who has returned from military deployment.
- d. CATRAC staff has cleaned up the data fields in EMResource View. Now, when a bed report is completed details about the hospital will show for the time of the incident and then goes away at the end of the incident. There is now a field for ED Door codes for first responders to quickly reference. CATRAC requests that hospitals ensure the door code is input. EMS and Hospitals were asked to check the list of employees in EMResource under your organizations name and make sure they are correct.
- e. DSHS contract revision is underway which includes an updated HPP budget. The RFA for the hospital preparedness program is forthcoming for bidding.

- f. Mr. Havron has chosen not to fill the Director of Operations position, which allows for some cost saving and those have been redistributed within those budgets. These have already been approved by DSHS.
- g. RMOC Update – Busy with political protests and other activations. We are entering severe weather season which increases activity, including measles outbreak and exposure concerns. Dr. Mark Escott made comments regarding the importance of vaccinations and creating guidance on decontamination, excessive off load times and encouraged membership to have conversations around surge.
- h. RMOC has a few SMA reimbursements still pending, and we are close to DSHS approving the 60–90-day plan.
- i. The 2024 Annual Report is available for membership.

Mr. Vandever made a motion to accept the revised HPP budget. Dr. Escott seconded the motion. All in favor, none opposed, motion carried.

#### IX. Committee Report

##### a. Data Committee

- i. EMS repository is running, and we are working on the development of the trauma repository.
- ii. Data governance guidelines were approved in the January Board meeting.
- iii. BAAs for all are due June 31·2024.
- iv. EMS data is up and running, and we are now about to run regional reports.
- v. Mr. Havron advised that he was at a meeting with ESO and they are now importing all the trauma files into the trauma repository.

##### b. Education and injury Prevention

- i. 2025 Education Symposium planning has begun. Currently searching for a location for approximately 100 attendees and 10 vendors. The topics will be different this year, and the length of the symposium will be either 1 or 1.5 days with the ½ day for pre-symposium education.
- ii. The firework safety and carbon monoxide safety flyers for the community have been completed and disseminated to the members.
- iii. 2<sup>nd</sup> quarter safety information flyers will be for snake bites and water safety
- iv. The W.H.A.L.E. project was a success. We had to stop taking orders so that we could catch up, and we are currently looking for a sponsor to help offset the cost.

##### c. Prehospital Committee

- i. The bloodborne pathogen flyer is ready for board approval.
  - ii. We will be hosting a field training for prehospital clinicians. We are still in the early planning stages.
  - iii. The Prehospital System Plan review was moved to the next meeting to allow committee members to review the plan more closely.
  - iv. The bloodborne pathogen exposure flyer was approved.
- d. Whole Blood
  - i. Continuing to look at patient outcome data to measure effectiveness of prehospital whole blood.
  - ii. Jasmine will be leading the data reconciliation task force. She has sent an email looking for a date for their first meeting.
  - iii. The whole blood rotation project is making progress on a possible rotation pilot. Representatives from multiple agencies met this morning to discuss developing a pilot project to start at St. Davis South Austin, more information to come at the next meeting.
  - iv. GETAC Whole Blood Task Force meeting is asking Senate finance to put a \$4 million rider into the budget this year to start whole blood program in rural area. The goal is to have one unit of whole blood available in every county of Texas.
  - v. The latest version of the blood form is version 2, if anyone is using an older version, version 2 is available at the meeting for you to pick up.
- e. EMS Medical Director
  - i. Touching up the previous project to establish capability matrixes for hospitals and EMS agencies to have a better idea of where to transport patients. These will publish to EMResource.
  - ii. Continuing to work with the cardiac group and Dr. Schutt to develop STEMI receiving center criteria.
- f. EHS
  - i. Will be asking CATRAC to set up a small task force with air medical, EHS, prehospital committee to start navigating the creation of an Air Medical Dispatch Task Force.
  - ii. The stroke transport guidelines have been revised, and we are requesting board approval for the final version.
  - iii. Finalizing the STEMI receiving guidelines and criteria that the hospitals will use to submit to CATRAC.
- g. Cardiac
  - i. No report
- h. Perinatal

- i. No report

- i. Stroke

- i. Working on the stroke system plan revision and will have a draft review for the workgroup to view at the next meeting.
- ii. The Stroke Workgroup has approved the stroke triage guidelines and have approval from the EHS Committee.
- iii. All the Stroke medical directors (including pediatric) from the region revised the final version of the guidelines.
- iv. There are opportunities to reach out to the community and EMS. The stroke group will work with the Education Committee on that.
- v. Dr. Jesudass made a motion to adopt the Stroke PreHospital Triage Guidelines, Mr. Vandever seconded the motion. All approved, none opposed, motion carried.
- vi. Mr. Oakley requested a motion to add the stroke plan and bloodborne pathogens into the EHS plan. Mr. Green made a motion to add the stroke plan and bloodborne pathogens to the EHS plan. Dr. Jesudass seconded the motion. All were in favor, none opposed, motion carried.

- j. Trauma

- i. The group is collaborating with the Data Committee for Performance Improvement Project.
- ii. High and Moderate field triage have been approved in the virtual January board meeting.
- iii. The trauma rules and needs assessment were implemented in September. We are seeking clarification from the state regarding measures and compliance.
- iv. Trauma Designee form was sent out to all Trauma Medical Directors and Trauma Program managers. The state clarified that it should be another provider. This goes into effect September 1, 2025.
- v. At the next meeting, we will work on the self-assessment.

- k. Pediatric

- i. The mission is to get all facilities in the region on board with pediatric readiness.
- ii. There will be a one-day pediatric readiness workshop on April 22<sup>nd</sup>. It will be at Dell Children's Hospital. The workshop is targeted to H-PECCS. We are allowing 2 representatives per site and will open it to

a wider audience in middle March if space allows. The workshop will cover the fundamentals of pediatric readiness, therapy assessment, data reports, facilitation simulation, and quality improvement.

- iii. The committee is working with the education committee on W.H.A.L.E. project car seat stickers.

l. Mental Health

- i. At the last meeting we focused on the problem statement to drive the work we do in the workgroup. CATRAC provided data to support the work we will be doing.
- ii. 12% of psychiatric patients that were taken to the ER, were directly transported to a psychiatric facility. Trying to focus on seeing alternative spots for psychiatric patients to address overcrowding in the ER.
- iii. Currently, the workgroup is comprised of local mental health authorities. We are going back to the community to identify individuals to add to the workgroup such as social workers, community health paramedics, mobile crisis team, and the sobering center.

m. Performance Improvement

- i. Currently, the biggest issue for this committee is securing the committee members. We are requesting assistance in identifying potential members. We are looking for ED physicians and nurses to be on the committee, per the bylaws.
- ii. We are hoping to have a meeting in the next quarter and our first action will be to develop a framework that we will work under

n. Coalition & Clinical Advisory

- i. For the communication drills, we are moving away from doing radio drills and moving toward Pulsara drills.
- ii. In April, there will be a full-scale exercise of a cyberattack that will take out power grids and include MCIs. Contact the group if you want to participate.
- iii. S.T.E.A.R. will be at the next quarterly meeting to present on rostering vulnerable populations in a disaster.
- iv. The HVA has been an invaluable tool for us. CATRAC will clean it up and disseminate to members.
- v. CAPCOG has created a regional drill calendar for better visibility for organizational participation.

o. Legislative Update and Rules

- i. Code 157.123 of the RAC Rules states that RAC must maintain a virtual option. We currently do that in committees and work groups, therefore, we meet that requirement.
      - ii. There is conversation around whether a Trauma Medical Director Designee can be anyone the TMD designates or should it be someone with equal credentials.
      - iii. A TMD Designation form will be sent out.
    - p. Proposed changes
      - i. Senator Alvarado has sponsored SB 722 regarding mobile stroke units and a grant program. There is specific language regarding the use of TPA.
      - ii. Senate Bill 1018 regarding traffic fine revenue that may change the way trauma and RAC funding is calculated at the very top level.
      - iii. Senate Bill 672 related to hospitals having a diversion plan that is submitted to and reviewed by HHSC.
      - iv. House Bill 637 lowers the age for Stop the Bleed training in public schools to 4<sup>th</sup> grade.
      - v. House Bill 2058 is regarding palliative care and perinatal palliative care.
      - vi. House Bill 3000 is regarding financial assistance to EMS in rural counties, related to securing apparatus.
      - vii. House Bill 1656 allows paramedics to do emergency detention orders on a mental health patient.
      - viii. Dr Escott spoke about an emergency physician bill.
      - ix. If there are any other legislation that you are watching, send it to Douglas and he will compile a list for everyone.
- X. Open Discussion
  - a. None
- XI. Review/Action Items
  - a. None
- XII. Next Meeting
  - a. Future meeting dates are being reviewed.
  - b. We are going to delete the calendar invites and resend them for the July meeting and other meetings on the calendar.
  - c. The executive committee was requested to stay after the meeting to talk with Mr. Havron.
- XIII. Meeting Adjourned
  - a. At 1406

- b. Motion to adjourn made by Dr. Escott and seconded by Mr. Schuleman