

Board of Directors & General Membership Meeting

October 23, 2025
St. David's Medical Center
1230 – 1500
Lunch provided by CareFlite

1. Meeting called to order at 1234

- a. Roll call was performed. The absent members were Rodney Mersiovsky, Samuel Schuleman, John Hamilton, Dr. Fausto Meza, and Dr. Ken Mitchell. A quorum was present.

2. Secretary's Report

- a. Dr. Escott made a motion to approve the secretary's report as presented; Mr. Vandever seconded the motion. All in favor, none opposed, motion carried
- b. Membership Report – Mr. Havron
 - i. Attendance Tracking & Affiliation Listing
 1. Attendees were asked to verify affiliations for their facility and make any changes through the QR code.
 2. Member Representatives were given membership status reports.
 - ii. Membership Updates were displayed for missing dues, data compliance, and agencies that have met the attendance requirements.

3. Treasurers Report – Dr. Escott

- a. As of Aug 2025, there are 2 accounts at Johnson City Bank. CATRAC will be moving to Amegy bank after confirmation that DSHS has been able to successfully make a deposit into the new Amegy account.
 - i. General funds have been moved to Amegy savings account
 - ii. Truist Bank operating account has been moved to Amegy and has been closed.
 - iii. As of August 2025, operating account already moved to Amegy
 - iv. By next General Assembly meeting everything should be moved to Amegy.
- b. Funding by TSA displayed for membership transparency.
- c. Dr. Escott requested a motion to accept Treasurer Report
 - i. Motion made by Mr. Vandever and seconded by Dr. Wood; All in favor, none opposed. Motion carried
- d. CATRAC 2026 Budget displayed and reviewed by Dr. Escott.

- i. Motion to accept budget made by Dr. Jesudass and seconded by Dr. Wood; all in favor, none opposed. Motion carried.
- e. Mr. Havron advised member representatives that they received a document with their FY26 dues amount. See Mrs. Palmer if there are any questions.

4. PUBLIC COMMENT

- a. No Public Comment

5. Chairmans Report – Mr. Oakley

- a. Mr. Oakley announced the Committee and Workgroup Chair Appointments for 2026.
- b. Consent Agenda Options
 - i. Mr. Oakley advised in order to condense time he suggests doing a consent agenda and asked membership for input. No one expressed opposition, so the next meeting will utilize a consent agenda to expedite meeting processes.
- c. Meeting times
 - i. Mr. Oakley would like to shorten the General Membership Meeting time to 1300-1500. The board members were in agreement.
- d. PSAP Workgroup
 - i. Mr. Oakley has asked Highland Lakes Regional Emergency Communications Center (HLRECC) Manager, Stacy Baker, to Chair the PSAP Workgroup.
- e. Public Comments
 - i. CATRAC will move to a registration link, available on the CATRAC website, for public comments.

6. Executive Director Report – Mr. Havron

- a. A listing of all Contract/Agreements executed were provided in the Board packet.
- b. Designation changes were displayed on the screen which included:
 - i. DSHS Trauma Designation for:
 1. Ascension Seton Southwest
 2. Baylor Scott & White-Marble Falls
 3. Dell Children’s Medical Center
 4. Llano Regional Hospital
 - ii. Accreditation Participation Letters signed for:
 1. Trauma: Ascension Seton Northwest
 2. Stroke: CHRISTUS Santa Rosa, San Marcos
- c. EMTF/SMA reimbursements

- i. Reminder that there are still teams deployed for the July flooding incidents. Some have very large packets. We would like to get those packets submitted within 60 days of demobilization.
 - ii. If there are questions about the packet, talk to Mr. Sturdevant.
 - d. DSHS requires an annual report and a narrative. They have been completed, submitted to DSHS, and emailed to the general membership.
 - e. Staffing updates
 - i. Tre Tremillo is the new HPP-M Coordinator.
 - ii. Jackie Hussey is the new Emergency Healthcare Systems Program Manager.
 - iii. Brie Gerner is the new Whole Blood Program Manager.
 - f. Upcoming Purchases
 - i. Mass fatality trailer repairs that were included in the 2026 budget that was approved earlier. For transparency, the repairs for the trailer are greater than Mr. Havron's spending authority. No action is needed at this time, since it was provided in prior budget approval.
 - ii. CATRAC is moving forward with an RFI for centralized air medical dispatch processes and transparency. More to follow once that is completed.
 - iii. CATRAC will be executing the Whole Blood contract with DSHS. Understanding that 22 RACs and prehospital agencies will be ordering whole blood equipment at the same time, and with the deliverable being due within 45 days, waiting until the next quarterly meeting in February 2026 will not allow enough time to get spending approval, as required by DSHS, and still be timely with the purchase as required by the contract.
 - 1. Mr. Havron requested board approval to create a small group with Board approval to act on behalf of the Board to move forward with the whole blood purchases. Mr. Havron requests Board Chairman, Treasurer, Pre-hospital Vice Chairman and Whole Blood Workgroup Chair, and ATCEMS Josh Todd to be in the group. Dr. Jesudass made a motion to approve; Dr. Gillam seconded the motion. A short discussion occurred. All approved, none opposed; motion carried.

7. Board of Directors Elections

- a. Secretary of Board – John Hamilton, no other nominations.
- b. Burnet Williamson County – Starla McLaurin, no other nominations.
- c. Lee/Fayette County – Rodney Mersiovsky, no other nominations.
- d. BSW – Dr. Sally Gillam, no other nominations.
- e. HPP Coalition Chair – Shandel Anderson nominated, no other nominations.

- f. All nominees were elected by acclamation.
- 8. DATA COMMITTEE – Diana Norris**
- a. Regional Data Repository
 - i. We are very close to having dashboards for pre-hospital and trauma metrics. There is new software that is going live on Monday and will allow the data analyst to pull data in a meaningful way. Validation for the software is pending.
 - ii. We are meeting weekly with ESO and one of the results will be having prehospital SME and trauma SME that will help ESO understand what we are requesting. Ms. Norris requested Carla Jones be added as she is very familiar with CATRAC. Still working on what the other repositories will look like.
 - b. GETAC Trauma Transfer Delays
 - i. Dr. Flaherty, GETAC Trauma Systems chair, is looking at extended severe trauma transfers that take longer than two hours. CATRAC will be meeting to look at and talk about what our processes are and how we're going to look at them. Mr. Havron stated that Dr. Flaherty requested CATRAC to present why the transfer time has not decreased since they began talking about this topic.
- 9. Education/Injury Prevention Committee – Rhonda Manor-Coombes**
- a. W.H.A.L.E.
 - i. Stickers have been ordered and will be distributed. See Mrs. Manor-Coombes for information on where to order more.
 - b. Injury Prevention Initiatives
 - i. Discussion will occur on who is using the flyers and how to determine the effectiveness.
 - c. Riding for Ryan
 - i. Flags are available to put on bikes, wheelchairs, and anywhere visibility is needed.
 - d. Take 10
 - i. In the process of rebranding Take 10 to CATRAC, following the transition. The group is coming up with Train-the-Trainers and trying to get a list of instructors, similar to Stop the Bleed.
 - e. Symposium
 - i. The 2025 symposium was a success. Some items from the survey are that it should be longer and the group is considering a 2-day event for next year. Several topics were suggested. The group would like to provide these topics and has a need for speakers. If you know anyone, please let the workgroup know. The 2026 Symposium is tentatively scheduled for the end of August.

- f. Mrs. Manor-Coombes and Mrs. Ruiz are now certified child passenger safety technicians.

10. Pre-Hospital Committee– Dr. Emily Smith

- i. Regional NEMSQA data collection is underway, and there is work to establish the dashboard.
- ii. Air medical is trying to find a way to streamline the process of requesting air medical assets.

11. Whole Blood – Dr. Emily Kidd

- a. Statewide Whole blood Initiative
 - i. There will be several requirements to meet the state's whole blood contract.
 - ii. DSHS gave RAC option to share a Whole Blood Coordinator, which we will be doing with HOTRAC.
 - iii. We have moved to fully digital data management and collection. EMS Medical Directors get notifications within minutes to sign orders for whole blood administration.
 - iv. Meeting biweekly to meet about the implementation project.

12. EMS Medical Director – Mr. Havron

- a. There was discussion in the group about Whole Blood Workgroup initiative that Dr. Kidd referenced specifically related to the pediatric/geriatric populations.
- b. Cardiac WG joint initiative for cardiopulmonary resuscitation centers and how that might look going forward.

13. Cardiac Workgroup – Dr. Robert Schutt

- a. STEMI Receiving Center recognition is live.
- b. Cardiac Arrest Receiving Center Recognition
 - i. We are creating a task force of EMS medical directors and cardiac workgroup members to recommend criteria and discuss options.
- c. Cardiac Data Metrics
 - i. We are determining if we can align with currently used registries.

14. Perinatal Workgroup - Dr. John Loyd

- a. No report

15. Stroke Workgroup – Sarah Andrews

- a. No report

16. Trauma Workgroup – Tara Neeley

- a. TMD Designee JotForm is live.
- b. Trauma Diversion
 - i. Revisited the EHS plan and confirmed that hospitals do not have to close the entire facility; they can close by service line for trauma-specific circumstances.

- c. Trauma Rules
 - i. Discussed compliance and collaborating with each other.

17. Pediatric – Dr. Shyam Sivasankar

- i. Pediatric workshop date has been set for April 21, 2026. There will be a beginner track and advanced track for previous attendees.

18. Mental Health Workgroup – Marisa Malik

- a. The Regional Mental Health Capabilities matrix is now in EMResource.

19. EHS Committee – Gay Kurtz

- a. Hospital System Round Table – this is a new standing agenda item for hospitals to provide updates and introduce new topics of discussion related to EHS mission
- b. Hospital Capabilities matrix
 - i. The updated matrix has been posted to EMResource and will be sent out every 6 months to member representatives. Members were encouraged to notify CATRAC of any needed revisions.
- c. EMResource TVs
 - i. TVs have been purchased. Still working through how best to implement those and how the connection will work. CATRAC is to provide a one-pager for hospital leadership.
- d. Post meeting survey
 - i. The Committee will be creating an opportunity to give meeting feedback and future agenda items.

20. Performance Improvement Committee – Dr Kate Remick

- a. Case Reviews
 - i. The Committee has had a few cases submitted for review. One of the items that came up was the recommendation that we put forth a statement that “All emergency departments are resuscitation centers for the purpose of accepting patients of any age in extremis.” This is merely guidance.
- b. As a reminder for those that don’t attend GETAC meetings, there were 5 performance measures approved by GETAC. Now that lives in System Collaborative for Performance Review. Dr. Remick reviewed and explained the PI measures.

21. Coalition & Clinical Advisory – Shandel Anderson

- a. Regional Airport Full Scale Exercise
 - i. Led by CAPCOG with CATRAC. Will be getting other regions and TSAs involved and creating a large-scale exercise. Next planning meeting will be in November.
- b. Regional Healthcare HVA alignment

- i. CATRAC is streamlining the process and what is being asked of the hospitals. The next HVA will be due in Sept 2026.
- c. Cybersecurity Assessment and Extended Healthcare Downtime Plan
 - i. CATRAC brought together a large multi-disciplinary team and developed a downtime plan.
- d. All completed HPP Deliverables were displayed for membership transparency.
 - i. Regional Communication Drill has been completed regionally with all healthcare partners. Data displayed for membership review and transparency.

22. Open Discussion

- a. Dr. Jesudass made general comments related to several topics discussed earlier in the meeting.
- b. Mr. Havron presented STEMI recognition center certificates to all facility representatives. Photo opportunity followed.

23. Meeting adjourned at 1412, following a motion to adjourn made by Mr. Vandever and seconded by Mr. Soulier