Board of Directors & General Membership Meeting

Feb 26, 2026
1300-1500

1. **Call to order**
    a. Meeting called to order at 1301. A roll call of board of directors was done by Chairman Ben Oakley. Absent members: Dr. Mitchell, Sam Schuleman. A quorum is present.
2. **Secretary's Report**
    a. Dr. Escott made a motion to approve the minutes; Mr. Vandever seconded the motion. All in favor, none opposed.
    b. Membership Report Displayed for attendees
        i. Outstanding Membership Dues Balances as of Feb. 04, 2026, were displayed
        ii. Members who were not in Data Compliance as of Feb 24, 2026, were displayed
        iii. The Membership Attendance Update reporting system is on hold due to technical issues. If the organization needs a participation letter, contact CATRAC. The data is available and can be generated manually.
3. **Treasurer's Report – Dr. Mark Escott**
    a. Financial report Sep 2025-Dec 2025
        i. General Fund and operations accounts are stable
        ii. Year-to-date expenditures through December 2025 were displayed
    b. A133 Single Audit Update
        i. Engagement letter is completed
        ii. Kickoff occurred in February
    c. Banking Update
        i. Johnson City Bank General Fund account closed in January
        ii. Johnson City Bank Operating account used for bill paying and salary will be closed at the end of month after outstanding checks have been cashed.
        iii. There is a financial reserve of six months.
        iv. Displayed Expenditure report for July 2025 to Dec 2025 for HPP and Sep 2025 to Dec 2025 for RAC
        v. Dr Wood made motion to accept the treasurer's report; Dr. Jesudass seconded the motion. All in favor, none opposed. Motion carried.
4. **Public Comment**
    a. Ms. Sher Isada, Dell Medical School UT
        i. Introduced herself and spoke on her project for the pediatric readiness qualitative research study.
            1. Dr Escott made related comments in support of the project

b. Ms. Lynn Lail, CareFlite
    i. Ms. Lail made public comments regarding trauma designation rules related to Helo pad and landing zone training.

5. **Chair Report – Mr. Ben Oakley**
    a. No report this quarter
    b. Annual report is available
6. **Executive Directors Report – Mr. Douglas Havron**
    a. Contract and Agreements executed are in the board packet that was emailed
    b. DSHS Designation Updates and Participation Letters were reviewed
    c. RMOC Activations for the ice storm were substantial this round. There is $3.17 million in reimbursements from SMA since we began tracking this almost 3 years ago. Currently there is $2.25 million in pending reimbursement at DSHS. This speaks to the number of deployments and the amount of resources being deployed.
    d. Strategic Plan Assessment – Mr. Havron reviewed the SWOT Analysis provided in the board packet. Mr. Oakley stated the strategic plan should be evaluated yearly and believes the needs have not changed, and some of the lack of progress is due to lack of funding. Dr. Escott agreed and encouraged members to let their board representatives know if there are any comments.
    e. The 2025 CATRAC Annual Report is available and will go out to legislators in the next few days. Thank you to the staff for putting that together.
    f. The new HPP and EMTF contracts have been signed. Effective on March 1, there are some minor structural changes. Adam Stocking and Tre Tremillo will move to Readiness and Response Coordinators to align with the new grant funding. Brianna will be the Exercise and Training Coordinator for the 29 counties that the EMTF and HPP program serve. Herman Iles has taken on Special Populations Coordinator where the largest gap happens during emergencies. This combines us into a singular healthcare coalition budget.
    g. Mr. Daniel Sturdevant presented certificates of appreciation to the agencies that responded to July 2025 flooding.
7. **Committee Reports**
    a. Data Committee, Diana Norris
        i. Perinatal data set and submission cadence have been approved by the various workgroups. Same cadence will be monthly, anything later than 90 days will be delinquent and will affect participation
        ii. Dashboard development and data validation. Both trauma and prehospital dashboards are being developed, and we're in the process of validating them.
        iii. Stroke and cardiac dataset-ongoing technical conversations regarding how the data will be obtained, what it looks like, and how it interfaces with us. There have been lots of meetings with vendors, and we are still in discussion with them.

iv. GETAC Prehospital whole blood data requirements are a part of this plan.
v. Mr. Vandever made a motion to approve sending the letter requested by Dr. Jaynes, seconded by Dr. Escott all in favor, none opposed

b. Education/IP Committee, Rhonda Manor-Coombes

i. 2026 Symposium will be Sep 25 at the UT Commons Center. Will be securing vendors and speakers next so if you anyone is interested contact Kat or Jackie. We want to be sure to cover prehospital and hospital topics and ensure it is well rounded. Scan the QR code if you are interested.
ii. The Committee is trying to utilize data to drive the flyer type. We are collaborating across the region with different organizations. The information is also being posted to social media so that it can be shared
iii. Working on a Train-the-Trainer video for Take10 and updating the presentation.
iv. Stop the bleed Train-the-Trainer presentation is complete and is currently being reviewed prior to release.

c. Prehospital Committee, Dr. Emily Smith

i. Wall times dashboards are being established. The committee is currently evaluating which data sources are needed.
ii. Air medical workgroup is working on the possibility of a centralized dispatch for a unified point of contact

d. Whole Blood WG, Brieanna Gerner

i. 2024-2025 Data Report the workgroup continues to use CATRAC data collection and CATRAC app until the state data program (RDC) is running. Everyone will be onboarded so it's all the same.
ii. Ongoing discussion to obtain data on pediatric outcomes, FCP, and shock indices.
iii. Data regarding the 2024-2025 whole blood utilization chart displayed by:
    1. Patient type
    2. ED Disposition of Patients
    3. Hospital Disposition of Patients Admitted
    4. Mortality Rate by Age Group
iv. The second project the workgroup is working on is to increase whole blood usage throughout CATRAC and HOTRAC region
    1. Hays ESD 9 is ready to onboard with We Are Blood and are currently in the validation process and onboarding them with the data collection JotForm.
    2. Calwell County, Marble Falls, and Fayette County are in the validation process with We Are Blood.
v. The third project for the workgroup is to work with regional blood providers to promote blood donations by working with patients that

received prehospital whole blood and work with them to share their story about how donating blood can make a difference in patient outcomes.

vi. State whole blood contract update – the state RAC tracker has been used to follow the implementation of the draft whole blood program. Some of the prehospital agencies have seen CATRAC's version of the tracker; the state tracker has the same information.

vii. Mr. Havron provided an update to the Whole Blood Contract that was received by DSHS and HHSC. Mr. Havron stated that there are several inconsistencies. There are several privacy and security concerns, questions with the structure of Business Associate Agreements (BAA). The contract was sent to outside council for review. A summary of recommendations from legal counsel was displayed for attendees. A detailed assessment from outside counsel was provided to the Board of Directors. Mr. Havron requested the Board's recommendation on whether to sign the contract or not.
    1. Discussion occurred.
    2. Mr. Oakley recommended Mr. Havron attempt to negotiate contract language with DSHS before signing the Whole Blood Contract.

viii. Dr Escott made a motion to "sign the contract as is." Ms. Anderson seconded the motion. 1 in favor, 13 against; motion failed.

ix. Dr Escott made a motion to "hold a special board meeting, virtually, with council, in the next 2-3 weeks to negotiate." 12 in favor, 2 opposed. Motion carries.

x. Mr. Havron will craft a list of contract questions for DSHS.

e. EMS Medical Director, Dr. Taylor Ratcliff

i. Physician recruitment efforts to increase EMS physician attendance

ii. Cardiac Arrest center of Excellence designation

f. **Dispatch WG, Stacy Baker-Marberry**

i. Group is still working on coming together

g. EHS Committee, Molly Huntley-Levine, Gay Levine

i. Looking at regional data and diversion trends related to CT outages

ii. Stroke & cardiac workflow looking at using AHA Get with The Guidelines and planning a May stroke awareness outreach

iii. Trauma Rules & System Updates - BSW in Round Rock and Taylor were successful trauma surveys.

h. Cardiac WG, Dr Robert Schutt – Claire Gerhardstein

i. Working on the cardiac data set, currently waiting on ESO

ii. Canceled STEMI Activations- will begin looking at cancelation for 3 months.

i. Perinatal WG, Dr. Charles Jaynes

i. The Perinatal Data Set has received approval from the Data Committee and the EHS committee. Dr. Jaynes requests board approval of the data set. If approved, Dr. Jaynes requests a letter be sent to senior administrators at the hospitals to provide appropriate resources to staff to alleviate any strain on nursing staff and administrative staff.
ii. Recent survey regarding Everly's law (H.B.37) for bereavement support for families with infant loss.
iii. Will be retiring the perinatal dot map and utilizing EMResource for maternal/neonatal view. Dot Mat is a duplication of what is available in EMResource.

j. Stroke WG, Sara Andrews

i. Stroke smart material started last year. It is on the CATRAC website, and we are now looking at how to get the work out to hospitals, clinics, etc.
ii. In collaboration with EHS looking at VAN / Cincinnati in Pulsara to improve door to groin (DTG) times. The challenge is that the information is not making it into Pulsara. We need to make sure we're asking the right questions to get the right data. More work to come on that project
iii. The 2026 Clinical Practice Guidelines and Impact on Stroke System of Care publication was just released. It contains information on pediatric stroke and treatment, extended window in carefully selected patients. Surprisingly, they stated that if transport to a higher level of care is greater than 45 minutes, there is no benefit.

k. Trauma WG, Tara Neeley

i. Extended trauma transfers, the workgroup is in the process of collecting data and reconciling the fields use
ii. Discussion regarding the whole blood data set and duplication in data request

l. Pediatric WG, Dr. Shyam Sivasankar

i. Pediatric Readiness Workshop will be April 21st. Registration is open. It has been sent to specific groups and will be opened up to the public at a later date.

m. Mental Health WG, Annie Burwell

i. Standardize and improve process for Psych Admissions, we are currently gathering updated facility information to update the psychiatric hospital matrix to eventually incorporate it into EMResource.
ii. Disaster Behavioral Health, there is early discussion related to standardization and deployment practices
iii. First Responder behavioral health; we are all in agreement that there is a need for peer support and formal resources. The group is

in the process of implementing MindME for EMTF and other interested departments.

n. **Performance Improvement, Dr. Kate Remik**
    i. Four cases were reviewed. One was referred to EHS committee regarding standardized feedback form for all transfers and what elements to include. A second review referred to the EHS committee regarding high-risk handoffs and preventing adverse events. Infection control reporting was next with recommendation to call CATRAC duty officer to ensure healthcare systems report infection disease results and engage CMOs to establish the process.
    ii. Regional performance measures, the committee is awaiting proposed measures from the committees
    iii. Unstable trauma transfers, CATRAC data analyst is working on collecting data regarding transfers.

o. **Coalition & Clinical Advisory Committee, Shandel Anderson**
    i. Pulsara Boot Camp training was held with 105 participants
    ii. MRSE Exercise will be on April 15th, we are at the midpoint with planning
    iii. HCC Reorganization - all TSAs in Region 7 (TSA L, M, N, O) will be merged into a single healthcare coalition. All TSAs, except region O, will have a chair appointed. TSA-O has appointed a new chair and is currently working on appointing a co-chair. Each TSA will meet quarterly, and each chair will roll up report to the Clinical and Coalition Advisory Council (C&CAC). The co-chairs for the C&CAC will be Shandel Anderson and Douglas Havron.
    iv. Pulsara triage incident day has been planned. The timeline and workflow have been reviewed by the Board of Directors and is ready to be distributed.
    v. Six-month redundancy communication drills; there has been a notable increase in participation across the region. The stakeholders will be informed that this data will be reported to DSHS and participation is an expectation by DSHS. Various response rates chart displayed for membership and explained.
    vi. Dr. Escott made general comments regarding the work CATRAC has done to increase participation in drills.

8. New Business
    a. County Pass Through Funding & Regional Projects
        i. Mr. Havron displayed spreadsheet of regional project options. The Board of Directors request these items be sent for electronic vote.
    b. Bylaws Amendment
        i. Received comments regarding the bylaw amendment. Bylaw changes reviewed and displayed for membership. Dr Wood made motion to accept; Mr. Hamilton seconded the motion. All general membership representatives were in favor, none opposed, motion carries

9. Open Discussion
    a. There were none
10. Review Action Items
    a. Board Meeting Minutes
    b. Treasurer's Report
    c. Bylaws Amendment
11. Next Meeting
    a. April 23, 2026, at Williamson County EMS HQ
12. Adjourn at 1505 motion made Dr Escott