



Board of Directors & General Assembly Meeting

July 23, 2026

1300-1500

Lunch provided by RSS Patient Decontamination

1. Call to Order

- a. The meeting was called to order at 1300 by Chairman of the Board, Ben Oakley. A roll call was conducted, quorum confirmed. Absent members were Josh Vandever, Dr. Ira Wood, Starla McLaurin, Dr. Sally Gillam, and Dr. Sri Chalikonda. Mr. Oakley encouraged all attendees to scan the QR code to capture attendance.

2. Secretary's Report

- a. Consent Agenda Review includes 06/23/26 meeting minutes, outstanding membership dues, and data compliance update. Dr. Mitchell made a motion to approve the consent agenda, Dr. Escott seconded the motion. All in favor, none opposed, motion carried.
- b. Membership Report and Attendance Tracking - Organizations with outstanding membership dues and agencies not in compliance with data were displayed for membership. Mr. Oakley advised attendees that the affiliation report was being passed around and Mr. Havron requested facility member representatives to specifically look at maternal and neonatal medical directors and the associated program managers and ensure they are correct.

3. Treasurer's report – Dr. Mark Escott

- a. Dr. Escott informed the general membership that the Federal HPP (Hospital Preparedness Program) Grant, which is how Public Health Emergency Preparedness is funded, along with public health infrastructure grants, remains uncertain in the federal budget. Dr. Escott encouraged attendees to contact federal representatives and senators to advocate for continued public health preparedness funding.
- b. Dr. Escott also made a statement regarding DSHS and how they are currently under sunset review, and that they have already identified a need for a disaster response reimbursement buffer fund. Dr. Escott urged attendees to contact their state officials or the Sunset Commission to support a DSHS



buffer fund for disaster reimbursements. Mr. Oakley stated that the information Dr. Escott discussed will be emailed to stakeholders for educational purposes.

- c. Outstanding Membership Dues displayed for membership and requested that the invoices to be addressed as soon as possible.
- d. Dr. Escott reviewed multiple grant reimbursements and audits that have been completed. DSHS approved the budget change. All accounts with Johnson City Bank have been closed and are not in Amegy bank account. Dr. Escott reviewed balances in all accounts.
- e. Motion to approve financial report made by John Hamilton, seconded by Robert Luckritz, all in favor, none opposed. Motion carried.

4. Public Comment

- a. None

5. Chairman's Report

- a. None

6. Executive Director's Report

- a. Contract and agreements that have been executed, participation letters that have been signed, and DSHS designation updates have been listed in the board packet that was previously emailed to the board.
- b. The state has issued new SMA reimbursement guidance for deployment. The timeline has shortened from six months to 90 days; potentially as few as 45 days. Daniel Sturdevant and Branden Thorpe will be scheduling time with EMTF organizations to review the changes to the reimbursement process and requirements.
- c. Staffing changes to CATRAC. Jasmine Castenada has left the organization, and Sean Vajgrt has taken her place.
- d. CATRAC has launched a podcast and will be working with every committee and work group chair to come in and talk about the group and work that you do within the group. Mr. Havron reviewed the episodes that have been recorded and are planned. A QR code was displayed for membership to scan to get to the first podcast and requested membership share the podcast.

7. Committee Reports

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

- i. The group has been concentrating on the 3rd annual Education Symposium. Currently there are only 29 registered. The morning will be education sessions, and the afternoon will be a “megasim”



beginning with EMS and a pediatric patient following through to in hospital.

- ii. The group decided to put a hold on Take 10 due to the symposium.
- iii. Waiting on new data analyst to fully onboard before moving forward with the fall prevention initiative.
- iv. We are working with Travis County Medical Society on handgun safety and education.

b. Prehospital Committee – Dr. Ryan Ramsey

- i. Nick Moore with Williamson County has agreed to be vice chair of the committee.
- ii. Currently, the group is working on critical care handoffs.
- iii. Dr. Ramsey supports increasing pre-hospital attendance at the symposium. He also requested the membership to let him know if there were any projects they would like to request.

c. Whole Blood Workgroup – Brieanna Gerner

- i. Ms. Gerner advised that all but 3 of the APRU's have been distributed. All Delta ice equipment has arrived and has been inventoried and will be ready for distribution at the Whole Blood meeting on August 12th. For agencies that are already using the APRU prior to today, Ms. Gerner has requested the serial number so that they can be activated and added to Blood Comm and receive a Blood Comm device. Ms. Gerner reviewed the planned implementation for all APRUs and associated devices. She advised membership that they should expect an email from We Are Blood continuing with the validation process. If you don't know which group your agency is in, email Ms. Gerner.
- ii. Regional Whole Blood data is not currently available due to new data analyst. Mr. Vajgrt is working on becoming familiar with all the software that we use.
- iii. There are two new hospitals for whole blood rotation; Dell Seton and St. Davids Round Rock. Currently waiting for approval from their administration.
- iv. All prehospital providers should have received an email requesting an internal distribution list for your agency. The list is who should be notified when there are alerts issued. In addition, Ms. Gerner is requesting the name of the medical director and their email address



in order to route the whole blood JotForm to the correct people. Ms. Gerner will be following up with membership next week if she has not received the information.

- v. There is not an MSA agreement update at this time. Ms. Gerner advises that the CATRAC app is not going away.
- vi. CATRAC will host a *Virtual Blood Drive*. Between June 30 and Aug 2, anyone that signs up to donate blood can use our group code in the comments. Please share and encourage them to use our group code.

d. EMS MEDICAL DIRECTORS – Ben Oakley

- i. The group meetings are now held in conjunction with the Travis County Medical Society's bimonthly meeting in order to facilitate some physician recruitment.
- ii. Regarding ROSC Center of Excellence Designation. The Medical Directors would like to report on de-identified CPC 1 and 2 discharge rates as well as capabilities listing. The Cardiac Workgroup is concerned that it would be used to drive and direct volume. They are working to resolve the disagreement. The EMS Medical Directors feel that there is incomplete cardiac arrest survival data from some EMS agencies and hospitals. Historically, that information is housed in CARES. However, CARES has become expensive and there are other means to accomplish the same goal. Comments were made by Dr. Escott, Dr Schutt, Mr. Havron, Mr. Oakley, and Dr. Remick. Dr. Escott made a motion to direct staff to explore the utilization of the repository to collect cardiac arrest and cardiac outcome data from hospitals for further action at the next meeting. Mr. Charles seconded the motion. Further discussion by Dr. Mitchell. All in favor, none opposed motion carries.

e. AIR MEDICAL WORKGROUP – Lynn Lail

- i. The first meeting was held on June 10th; the group elected a Vice Chair, Jose Flores with Air Evac Marble Falls.
- ii. Our meeting cadence will follow the EHS committee meetings for convenience. The next meeting will be on August 12th at 1300. We have created a statement of purpose and goals, which was reviewed for attendees. Next project is workgroup growth.

f. EHS Committee



- i. No report. Mr. Oakley stated that they are working on creating a critical care handoff task force but had no further information.

g. CARDIAC WORKGROUP – Dr. Robert Schutt

- i. Much of the information was discussed during the EMS Medical Directors report

h. PERINATAL WORKGROUP – Dr. Charles Jaynes

- i. The group has been looking at membership attendance and how that is collected and reported. The group reviewed the bylaws and clarified the attendance expectation.
- ii. The perinatal data set is ready, and we will begin collecting data in September.
- iii. A Midwife Task Force has been created to recruit additional midwives to the Perinatal Workgroup.
- iv. The Perinatal Trauma Taskforce met with the Trauma Workgroup regarding an EMS roadside delivery in which the infant was transported by a second unit. The infant arrived at the hospital before the mother and was without identifiers. There is work now being done to get secondary security devices to hold the baby in these situations.

i. STROKE WORKGROUP – SARAH ANDREWS

- i. The Stroke workgroup is updating its System of Care document and addressing communication challenges, with recommendations and summaries due by the next quarterly meeting in October 2026. Updates will include incorporating relevant documents published by the GETAC Stroke committee. There is a significant challenge in defining the term “high performing certified stroke center” which appears in the proposed GETAC guidelines.
- ii. A second task force was created to work on recommendations to improve the documentation and communication of pre-hospital stroke screens from the field to the hospital. The group should have a summary and recommendations at the next quarterly meeting in October 2026. Dr. Ghodsianzadeh will be providing an educational webinar on Cincinnati and VAN.
- iii. HHSC has approved a grant fund to Ascension Texas for Texas’ first Mobile Stroke Unit (MSU).

j. TRAUMA WORKGROUP – TARA NEELEY



- i. The workgroup has agreed on the data points and collection methods for the delayed transfer dashboard. The workgroup is coordinating with the Data Committee to create the JotForm for reporting. The data will mirror one that was previously established by GETAC.
- ii. Based on feedback, the workgroup will align with designation requirements by changing its process for participation letters. The workgroup has agreed on a three-year interval to meet designation requirements and request that when requesting a participation letter to include which three years to look at.

k. PEDIATRIC WORKGROUP – DR. SHYAM SIVISANKAR

- i. The group is working with the Education/Injury Prevention Committee to help coordinate the pre-hospital and in-hospital simulation that will be a part of the symposium in September.
- ii. The workgroup is reviewing the Pediatric Readiness Project assessment that has been submitted by the hospitals in order to identify any opportunities to improve care across the system.

l. MENTAL HEALTH WORKGROUP – ANNIE BURWELL

- i. The workgroup has formed a subgroup to focus on creating a peer support group with the assistance of Brandon Hill with Hays County ESD 9 and collaborating with TDEM to be able to make a call and request peer support.
- ii. The project on improving disaster behavioral health response has been delayed and is currently staying informed of who is deployed and to what incidents and the outcome.
- iii. The primary project is building out the behavioral health system on EMResource to make it visible to pre-hospital and in hospital can use it to help transfer patients and trying to make the process more streamlined. Ms. Burwell reminded the attendees that when working with mental health patients, law enforcement must also be involved to make treatment decisions. Therefore, the group may need to have some law enforcement representation when making some of these decisions. There are a few psychiatric hospitals in EMResource and hope to increase the number. Dr. Escott and Mr. Havron made comments regarding the need for law enforcement involvement in mental health holds.



m. PERFORMANCE IMPROVEMENT COMMITTEE– DR. KATE REMICK

- i. The committee has received approximately six to nine cases to review. The first case is reporting a discordance between trauma center designation and maternal perinatal center designation. What the group has noticed is that higher level trauma centers are co-located with lower level maternal centers and vice versa. This creates challenges for prehospital responders in determining where to transport injured obstetric patients.
- ii. Discussions have begun around creating a perinatal trauma task force. The first meeting has been scheduled, and the task force will be looking at recommendations and how to inform and advise EMS crews about destinations for these patients.
- iii. EMS crews are bringing patients to the hospital under life saving treatments and upon handoff to the ED, the treatments are discontinued which results in severe, adverse outcomes for the patient. We are currently requesting volunteers to work in this task force to help come up with potential solutions.
- iv. There is a gap in consumer feedback from low level trauma centers which makes it difficult to identify opportunities for improvement. This issue is being referred back to the Trauma workgroup to explore if a standardized process can be developed. The PI committee is still awaiting proposed measure from Committees and Workgroups regarding regional performance measures.
- v. Performance Improvement metrics related to whole blood are in progress.

n. HEALTHCARE COALITION– SHANDEL ANDERSON

- i. Pulsara Communication Drill has been made a reoccurring drill on the 13th of every month. Bulk wristband purchase has been made and delivered to all ERs to support the drill. At this time, the free-standing ERs are not involved in the drills but will bring them in at a later date.
- ii. EMResource monitors in the ERs continues; currently at 35% completion and on target to complete by Sept 30th.
- iii. The healthcare coalition has been reorganized. All TSAs have now been combined into one clinical and coalition advisory council. There are two co-chairs, Ms. Anderson and Mr. Havron. Nominations have been received for committee positions and the group will vote at the



next meeting on August 20th. Ms. Anderson then reviewed which seats will be voted on at the next meeting.

- iv. Ms. Anderson reviewed the current HPP deliverables that are due for in the next 90 days. All deliverables are a requirement from and are reported to DSHS.

o. DATA COMMITTEE – DIANA NORRIS

- i. Due to a transition in CATRAC's data analyst, the committee has not met for several months. The dashboards are still in process. The group is validating the data that is shown in GETAC versus what the regional repositories show.
- ii. Stroke and Cardiac data discussion was reviewed earlier and there is ongoing conversations with the vendor.
- iii. Perinatal data submission is to begin on September 1st.
- iv. The PI committee will be reviewing wall times at their next meeting.
- v. The final data set has been established for whole blood; it is different from the GETAC data set. A process will need to be developed to avoid redundant information collection.

p. NEW BUSINESS

- i. EMTF7 recognized all agencies that have deployed in response to emergency activations around the state.
 - 1. Agencies recognized: Austin-Travis County EMS, Travis County ESD 1, CHI St Joseph EMS, City Ambulance, Blanco EMS, Fayette County EMS, Buda Fire & EMS, San Marcos-Hays County EMS, College Station Fire & EMS, Baylor Scott & White HealthCare, and North Hays EMS.

q. MEETING ADJOURNED

- i. Motion to adjourn made by Mr. Schuleman; seconded by Mr. Tisdell
- ii. Meeting adjourned at 1428