



Chairman	Kenneth Mattox, M.D.
Chief Executive Officer	Darrell Pile
Vice Chair-Hospital Services	Tom Flanagan
Vice Chair-PreHospital Services	Lon Squyres
Secretary	John Kowalik
Treasurer	Amanda Campos
Member at Large	Kristen Turner

SouthEast Texas Regional Advisory Council (Trauma Service Area Q)

Austin, Colorado, Fort Bend, Harris, Matagorda, Montgomery, Walker, Waller and Wharton Counties

Board Meeting Minutes January 17, 2017

CALL TO ORDER

Kenneth Mattox, Chair, called the meeting to order at 6:30 pm. The meeting was held at the Harris County Homeland Security and Emergency Management Office in Houston, Texas.

ROLL CALL

John Kowalik, Secretary, called roll and a quorum was established.

WELCOME/OPENING REMARKS

Dr. Mattox welcomed the Board members and shareholders to the meeting. He introduced Lori Upton to provide an update on the Super Bowl being held at NRG.

SUPER BOWL REPORT

Lori Upton provided an action plan overview for the Catastrophic Medical Operations Center (CMOC) during the Super Bowl events (*PowerPoint presentation filed with the minutes*).

OFFICER REPORTS

A. Chairman's Report

Dr. Mattox thanked the Board and coalition members for their hard work. He stated because of our working together we have gained the attention of the world. He receives calls from all over inquiring about our plans and how we do things.

He announced there will be a short Executive Session at the conclusion of the Board meeting.

B. Vice Chair Hospital Services

No report at this time.

C. Vice Chair Pre-Hospital Services

Lon Squyres reported on the new local project grant process and stated that after several years of discussion by the GETAC EMS Committee, their recommendation has now been accepted by DSHS for RACs to manage the process; however, most of the funds have been depleted. Mr. Squyres stated the RAC will need to devise a mechanism to use the funds that have been allocated, such as a RAC-wide education project. When the State Legislature reconvenes, we can all hope that the fund is restored to levels like the \$1.5m awarded in 2014 statewide (it then funded 14 projects in our RAC and bought or refurbished 21 ambulances statewide).

D. Secretary Report

No report at this time.

E. Member at Large Report

No report at this time.

F. Treasurer's Report/Financial Update

Donald Morrison directed the Board members to the detailed financial reports in the Board binders. He reviewed the financial statements for the quarter ended December 31, 2016, and the cash position for the organization in each bank account. It was noted that the recommendations from the last board meeting were implemented with bank balances about equal between Frost and BBVA Compass banks, respectively. The General Fund for 2016 has been closed and approximately \$33,000 was added to our unrestricted net assets. Mr. Morrison informed the board that unrestricted net assets were available to cover any shortfalls in grant funding if the need arises.

Mr. Morrison then reviewed the various audits completed with the Board. The independent audit report from Belt Harris Pehachek was presented. No audit findings were found for the fifth consecutive year. A review of the recently completed DSHS financial audit found an unsupported expenditure of \$74.25 for supplies bought for an employee in June who started in July. The DSHS review of the EMS County Pass-through funds was completed with no errors. The DSHS program audit of HPP was completed with no observations to report. The Clinical desktop audit and annual report were covered briefly. RAC/EMS and Tobacco financials for FY 2016 are still under review. The UASI grant audit has been completed and no findings reported. Dr. Mattox made a motion to approve the financials and audits, the motion was seconded and passed unanimously.

G. Chief Executive Officer's Report

Darrell Pile stated SETRAC is functioning with more depth made possible by the talents of the staff and that the "sky is the limit" to what we are going to achieve in the future. As examples, he noted that the perfect results from multiple recent audits are remarkable, SETRAC staff and stakeholders successfully handled three disasters in this past year, SETRAC supports a robust "Stop the Bleed" program, and stroke data will be un-blinded at tonight's meeting.

Mr. Pile directed the Board members to his report in the Board binders. He reported the state is expecting to have a significant revenue shortfall with which legislators will need to manage. He expressed concern that funds may not exist to replenish the Tobacco Fund which was designated for RACs but instead the funds were quietly taken to fund cancer research. This could lead to the end of RAC funding and the risk is compounded by some legislators asking to repeal the Driver's Responsibility Program. The DRP is the other source of funding for RACs and is a chief source supporting trauma hospitals. Dr. Mattox testified at the summer legislature which produced an interim report for the legislature that came out in December where they have talked about the importance of RACs. Also, Mr. Pile advised he attended the legislative budget board meeting recently to testify and opted to decline after he was approached by a DSHS leader who shared that there was a mistake in their proposed budget and that DSHS intends to ensure that RACs are funded since they have high regard for the work performed by RACs. In fact, news was conveyed to RACs today that the DSHS budget error has been corrected in order to fund RACs. The total amount is not yet known.

Mr. Pile reported Representative Sarah Davis is exploring options that may include designation of eight RACs as "lead RACs" and to seek economies of scale by working more closely together. Should this happen, SETRAC may be a HUB (lead RAC) for three other RACs. He explained that the HUB RACs will work together with the other RACs to facilitate discussions and synergy. He envisioned that the state could set overarching goals and the HUBs would work with their RACs to build plans and set measurable goals that are tailored to the unique needs of each RAC.

In regards to the Hospital Preparedness Program, SETRAC receives \$3 million as the lead contractor for DSHS in trauma service areas Q, H, and R. As the contractor, SETRAC is uniquely held to rules and regulations that must pass audits and uphold federal and state standards. SETRAC has met with the leadership of these RACs to seek input and to emphasize the parameters within which SETRAC must operate. After discussions with TSA-R leaders, a tool was proposed by them and was accepted as an additional method to track topics that are of special interest to the leaders from start to finish (i.e. identifying the need, who is responsible, deadlines, status, etc.). This tool was developed to ensure good faith resolution of topics that are pending and/or escalation of topics that are unresolved.

Mr. Pile provided an overview of focuses for the next six months and concluded by discussing the importance of succession planning. He pointed out that we are at risk of losing four Board officers over the next two years (two this year and two next year).

Preparedness Report

Ms. Upton directed the Board members to the Preparedness report in the Board binders and gave some highlights as follows:

- During the recent audits, they found some best practices used such as; good collaboration in the area, geographically grouped by the corridor system, and they believe SETRAC is a positive influence on the community through partnerships that have been developed.
- Biological PPE and hospital decon trainings are open for class registration. Hospitals can contact Trameka Jewett at trameka.jewett@setrac.org to confirm their registration.
- SETRAC continues to work on a statewide Mass Fatality Plan with the Department of State Health Services (DSHS) and the Harris County Institute of Forensic Science including the development of the Texas Mobile Operations Response Team (TMORT).
- Both ambulances were deployed to UTMB for their fire and evacuation event. Approximately 101 patients were evacuated from one UTMB facility to another UTMB facility. The HFD Ambulance moved between 29 and 33 patients (mostly mothers and babies) from their John Sealy Hospital to their Jane Sealy Hospital.
- SETRAC held a total of 21 classes and trained 143 students between September and December. Planning for the 2017 regional exercise (June 2nd through 9th) will begin after the Super Bowl. This exercise is in conjunction with the state of Texas hurricane exercise. Anyone that would like to serve on the planning committee should contact Trameka Jewett at trameka.jewett@setrac.org.
- The SETRAC website currently sits on the PIER system which is going away the end of January; however, SETRAC has been given an extension through the end of February due to the Super Bowl. The SETRAC IT Department is working to migrate the current website information over to a new website which will be moved in phases.

COMMITTEE REPORTS

A. **Regional Healthcare Preparedness Coalition (RHPC)** – Ms. Upton directed the Board members to the RHPC report in the Board binders and gave some highlights as follows:

- The 2017 Preparedness Coalition Symposium is scheduled for October 11-13 at the Galveston Convention Center. The planning committee will be meeting later this month. Anyone interested in serving on the committee should contact Ms. Upton at lori.upton@setrac.org.
- A second full-scale exercise will be held on February 2018, the Point of Distribution (POD). SETRAC will be working with the hospital emergency management coordinators as to what their facilities' distribution plan is to cover all their employees, families, and physicians with medical countermeasures.
- The Award of Excellence, awarded to Clear Lake Regional in 2016, is being revised to include three levels based upon the size of the facility. Toni Carnie (Tomball Regional Medical Center) is the Chair of this committee. Anyone interested in serving on this committee should contact Ms. Carnie at tcarnie@tomballhospital.org.

B. **Pre-Hospital Committee** – No report at this time.

C. **Pediatric Committee** – Dr. Charles Cox reported their goals for the year were set in the last sub-committee meeting as follows:

- Regional protocols for transporting with burn injury management.
- EMS feedback device/tool for arranging EMS providers based on any intake of pediatric patients.

D. **Trauma Committee** – In addition to the report in the board binder, Mr. Eric Bank shared that two facilities that were in active pursuit of Level II have received their designation. They are HCA's Conroe Regional Medical Center and Clear Lake Regional Medical Center.

Mr. Bank also discussed his thoughts about our Stop the Bleed program. He believes that the Stop the Bleed Workgroup is a good hybrid of EMS and Trauma including the new Level II's and in-pursuit facilities. This program has blossomed quite heartily and the science from American College of Surgery (ACS) and the studies that are out are strong (Pre-hospital Emergency Care Journal and Hartford Consensus). He advised the Board members there are several projects in progress which are in need of continued support. Mr. Bank requested this workgroup be made an official sub-committee under Trauma Committee and stated we need to work with Mr. Pile to move forward with the program (covering "what is our plan", "how do we continue maintaining free classes", etc.).

Dr. Mattox stated the Executive Committee endorses everything Mr. Bank's shared regarding Stop the Bleed. He advised there are increasing voices saying successful application of a tourniquet does not necessarily mean a life is being saved and there are now some cautions coming to say we have a responsibility to intensely review the data which is needed to revise education to teach the proper application of a tourniquet. Dr. Mattox stated a sub-committee is not needed to continue the work of the Injury Prevention and Trauma committees. He agrees Stop the Bleed is a robust program; however, robust programs need to be analyzed. He recommends that the team examine applicable literature to ensure that our plans are wise and embrace published findings.

E. **Injury Prevention Committee** – Blake Lynch reported the Injury Prevention Committee maintains priority in the Stop the Bleed campaign. The committee has trained over 100 trainers in the region in the past three months thanks to funding from the SETRAC Board. Trainings have been held with Cy-Fair ISD, Katy ISD, CERT, medical students, and hospital employees in the area. Five more classes are being planned for January and February and, due to the demand, another train-the-trainer course is scheduled for Thursday, January 19th. Anyone interested in becoming a trainer can contact Suzanne Curran at suzanne.curran@setrac.org.

Discussion also included Falls prevention since Falls continue to be the number one mechanism of traumatic injury within our region, and is a priority for our Injury Prevention Committee. A Matter of Balance program is being considered which is an eight-week course for older adults, and twenty members of the workgroup have been trained to teach the course with two courses currently underway. The workgroup is also working with EMS on how the workgroup can partner with them to prevent falls within our region. Mr. Blake Lynch stated there is great representation and participation within the workgroup from individuals all over the SETRAC region. He thanked the Board members and the Injury Prevention Committee members for all the support and outreach efforts.

In regards to Stop the Bleed, Mr. Pile acknowledged the passion from the Trauma and Injury Prevention Committees. Speaking as the CEO of SETRAC, he stated the Stop the Bleed program is pulling a lot of resources from SETRAC to be able to accommodate the program. He agreed with the comments made and is not saying we need to stop the program; however, at the same time SETRAC cannot afford to give up their Trauma Coordinator to only be working on Stop the Bleed. There needs to be discussion and a plan to embrace this program with SETRAC having a less labor-intensive role. Mr. Pile advised he went to the Executive Committee to request a "timeout" due to the demand the program is placing on SETRAC. He explained a "timeout" means we continue to meet all of our obligations, and at the same time come together to agree on options to meet growing demands without unduly consuming SETRAC resources. For instance, perhaps stakeholders can agree on the role for SETRAC and it may include setting guidelines, providing some support, but rolling implementation out to hospitals and EMS agencies to locally implement when requests are received.

After in-depth discussion regarding plans to maintain the Stop the Bleed program, Dr. Mattox appointed Robin Garza (Injury Prevention Committee Chairperson) to head a task force that examines the program, its merits, and options to ensure resources are wisely managed. This task force is to review the issues and return to the April Board meeting (90 days) with options and recommendations regarding how to proceed with the program.

- F. **Perinatal Committee** – Dr. Eugene Toy reported the Perinatal Committee met in December. A tabletop exercise was conducted looking at best practices where many good ideas were submitted. He shared that comradery among providers is progressing nicely and that clinical indicators are being considered for data gathering.
- G. **Cardiac Committee** – Catherine Bissell directed the Board members to the Cardia Committee report in the Board binders. She announced the Emergency Healthcare Conference is coming up on April 12th and 13th. The Texas Department of State Health Services (DSHS) has recommended we partner together with other Texas RACs to bring benefits across broad regions and enable the conference to possibly become an annual statewide conference. Several RACs have expressed an interest in participating.

Regarding SETRAC data reports, Ms. Bissell and Dr. David Persse met last week to create a tutorial video for EMS to ensure that the data is well understood. They are asking EMS agencies to identify those individuals within their organizations that want to receive the SETRAC data reports and send this information to her at catherine.bissell@setrac.org or Grace Farquhar at grace.farquhar@setrac.org. Once contact information is received, SETRAC will send out an email with a link to a presentation by Dr. Persse explaining the elements of the report. SETRAC will also ensure they are aware this report is not for public information, but is shared among the SETRAC shareholders for use by our individual committees and EMS agencies. The first data to be unblinded is the third quarter 2016 stroke data.

Mr. Pile reported SETRAC will be providing the hospitals with the names of the EMS contacts receiving the reports and EMS will likewise receive the names of the hospital contacts. SETRAC is encouraging both the hospitals and EMS agencies to discuss the report.

- H. **Stroke Committee** – Dr. Jose Suarez directed the Board members to the Stroke Committee report in the Board binders. He announced that Belville St. Joseph Hospital was successfully re-designated as a stroke hospital in October 2016.

Dr. Suarez reviewed the third quarter data indicating 70% of patients did not receive tPA due to presenting at the hospital too late (3.5-hour window). The Stroke Committee is working to educate the community so people can recognize the symptoms and get to the hospital sooner.

Dr. Suarez directed the Board members to page 11 of the Stroke Report indicating the hospitals that have provided information. He gave an overview of the data and stated they agreed to unblind both the number of patients treated within sixty minutes and those that were treated outside the window. Dr. Mattox stressed the importance of the data and shared how proud he is of this accomplishment. He especially thanked Dr. Persse for consistently emphasizing the need, and thanked those involved in working on the data and gaining support for the data to be un-blinded for reference by hospitals and EMS agencies.

Dr. Suarez advised their poster was accepted to be presented at the International Stroke Conference next month in Houston. The poster will be presented on behalf of all participating SETRAC hospitals and describes the increase in the proportion of patients that have been treated with tPA since the first quarter of 2014 as a result of their united approach. The committee has since received IRB approval from Baylor College of Medicine IRB and now have all the data needed. They are working with a biostatistician to analyze the data and trends. Dr. Suarez believes the study will show that the economic savings resulting from this initiative will be substantial.

Dr. Suarez reported they are deploying the F.A.S.T. decals again from January through May 2017 and are hoping to get the message out to more people due to the Super Bowl, the International Stroke Conference, and the Emergency Healthcare Conference.

ACTION ITEMS

- A. Prior Meeting Minutes Approval - There was a motion to approve the minutes, the motion was seconded, and the Board members carried the motion. The October meeting minutes were unanimously approved.
- B. Financial Report – This report was unanimously approved during Mr. Morrison's presentation under Officer Reports, Item G (Treasurer's Report/Financial Report).
- C. CEO Report – There was a motion to approve the CEO report, the motion was seconded, and the Board members carried the motion. The CEO report was unanimously approved.
- D. Resolutions and/or Other Action Items - No further resolutions and/or action items were presented.

GENERAL DISCUSSION/AUDIENCE Q&A

No further discussion or questions were presented.

ADJOURN

Dr. Mattox adjourned the meeting at 8:10 pm.

John Kowalik, Secretary:


