



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

April 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 introduced and welcomed two new Board members, Gay Nord and Jared Cosper.

OFFICER REPORTS

- A. Chairman's Report** - Dr. Mattox gave a brief statement regarding some events that have occurred since the Board members met in January. They included the fact that a new President has been elected and that new appointees and new members of Congress may affect our local operations in the months/years to come. He also described the Ben Taub active shooter incident. He explained that the Incident Command did not have time to form due to the swift action of law enforcement arriving on the scene within three minutes of the call, therefore prompting staff training of "run, hide, fight" into action. Many of the areas people hid were in cell phone dead-zones. Issues developed in the operating rooms and ICU during this incident. Dr. Mattox advised he is suggesting to the highest level of Homeland Security he can communicate with that as police officers come into a healthcare facility, the emergency room, operating room, delivery room, and ICU have two armed officers stationed in the rooms the entire time and become the Incident Command communication. Ben Taub is going back to the drawing board and creating a "white paper" for the New England Journal of Medicine on those things they learned are different than what was learned in the drills with the FBI.

Dr. Mattox also shared that the Texas House of Representatives made a resolution on some of the work SETRAC has been carrying out. Mr. Pile directed the Board members to their binders that includes a resolution presented by Representative Cecil Bell to the House of Representatives and was approved. The resolution honored local providers who are credited for saving the life of a man after an 18-ton mobile home fell on top of him while he was working to level the home. The responders included the Harris County Sheriff's Department, a towing company, Montgomery County Hospital District EMS, Magnolia Fire Department, Tomball Regional Medical Center, Life Flight, and Memorial Hermann Hospital Texas Medical Center. The collaboration of providers proved how a strong emergency response system can save lives.

B. Vice Chair Hospital Services - Tom Flanagan directed the Board members to the "Minutes and Reports" section in the binders. He reported the By-Laws Subcommittee reconvened to review Section 4.2 of the by-laws which currently states "No officer can serve in the same office for more than three consecutive terms (each term being two years)". The subcommittee made a recommendation to the Board that the wording be changed to read; "No officer may serve in the same office for more than four consecutive terms" (which would be eight years). There was in-depth discussion on how to rotate someone off the Board. The By-Laws Subcommittee requested approval to continue working on this portion of the by-laws to identify options/recommendations that will be presented to the Board members in July. Mr. Flanagan requested a vote on this by-law matter. Dr. Mattox presented the motion to extend the opportunities for the nominating committee to nominate an officer up to four terms, the motion was seconded, and the motion was unanimously approved.

Under the CVD Contract, hospital stroke and cardiac data is reported to Department of State Health Services (DSHS) every six months. However, DSHS requested RAC data in a new format that raised concerns that hospitals could be identified. Darrell Pile requested that Mr. Flanagan, Vice Chair for hospitals, review the report format to determine if he agreed that hospitals might be compromised if data was reported as DSHS was requesting. Mr. Flanagan stated he did not agree with the new format as it was evident hospitals were identifiable. Mr. Pile shared the concerns with the state and they agreed to accept a revised data report from SETRAC. The San Antonio RAC (STRAC) raised similar concerns and submitted the data report in a revised format as well.

C. Vice Chair Pre-Hospital Services- Lon Squyres reported due to diminished funds for the local project grant this year, the state decided to send the funds directly to the RACs. During the Pre-Hospital Committee meeting, the RAC decided to use the funds for educational purposes. The Emergency Healthcare Conference was made available with several other opportunities coming soon. Agencies should contact Mr. Squyres by July 2017 if there are educational needs.

Senate Bill 2 proposes revenue caps for local governments. Most of the EMS funds that come to this area provides everything to EMS vehicles, fire trucks, staff, etc. and come through property taxes. Currently, if your community grows the cap is 8%. If it goes above 8% citizens can force you to hold an election. The proposal is it be lowered to 4% and a mandatory election. The bill sadly passed through the senate with flying colors with only sixty uniform staff able to testify out of hundreds in Austin. Now it is the Houses turn and we should see them debate it. Members of the Texas Municipal League need to watch for the announcement to testify (possibly next week) as they are asking that we come testify for the House Ways and Means Committee.

D. Secretary Report - John Kowalik reported on changes to the Texas Administrative Code 157. The code now states that every ambulance provider (911 or other) must participate and be involved in a RAC. Current EMS membership in SETRAC is 52 EMS providers. With reports received from DSHS there are currently 170 EMS providers within all SETRAC counties. This will increase EMS providers now required to participate by 120+ members. EMS leadership met and plans are being developed to accommodate the new increase in membership for EMS providers. Mr. Kowalik requested the Board members approve participation rules for the EMS who will now need to demonstrate their interface with SETRAC. Dr. Mattox presented the motion as proposed by John Kowlaik to accept the proposed EMS provider participation requirements listed below:

In order for an EMS provider to be listed in good standing each EMS provider must meet the SETRAC participation requirements. The member EMS agency must:

- Attend 6 meetings a year (During the fiscal year between September 1st – August 31st)
 - Three (3) must be EMS SQI meetings
 - Three (3) can be of the following categories: SETRAC Board meetings, RHPC Corridor meetings, Clinical meetings (Stroke, Cardiac, or Trauma).

- One person cannot represent multiple EMS agencies.
- Be current on yearly membership dues.

A motion was made to approve the EMS participation definition. The Pre-Hospital Committee presented therefore no second was needed. The Board members unanimously approved to accept the proposed definition. Of importance, it was also agreed that EMS agencies desiring to be members will fall under the existing membership fee structure. We have heard that DSHS may not favor the idea and we will provide more details if our plan is challenged.

Ms. Robin Garza asked the Board members if the definition of participation could be extended to hospitals as well. Discussion ensued and Mr. Flanagan made a motion to table this discussion until the next meeting, Ms. Sharon Nalls seconded the motion, and the Board members unanimously approved.

- E. Member at Large Report** – Dr. David Persee spent time acknowledging the fine work of the RAC helping to ensure the region's readiness for untoward events during the Super Bowl and other highly attended events in Houston. He remarked that while for some cities preparations require extensive advance preparations, Houston manages multiple large scale events several times per year. He also commented on the fine work of the cardiac and stroke committees who have un-blinded key clinical data for hospital leaders to compare performances and to foster dialogue with their EMS providers since those agencies will naturally seek facilities that demonstrate a consistent ability to meet clinical needs in a timely way.
- F. Treasurer's Report/Financial Update** - Donald Morrison directed the Board members to the detailed financial reports in the Board binders. The clinical grants, RAC/EMS and Tobacco will spend out in April 2017. CVD is spent out and closed. ASPR HPP & Ebola grants will end on June 30th and are expected to be spent down. County Pass Thru funds run through August 31st. Agencies have until July 31st to request their funds. Any unclaimed funds will be redistributed to other eligible agencies. Mr. Morrison reviewed pages 2 and 3 of the report will gives more detailed information about grant spending at the categorical level. On page 5, Mr. Morrison reviewed the FY 2018 federal and state budgets that have been submitted and approved by DSHS. The RAC/EMS 2018 budget is \$82,000 less than the previous year due to a problem with EMS Trauma calls being counted in the Texas Trauma Registry. An effort is being led to correct the deficiencies identified the Trauma Registry involving DSHS staff and officials from our largest EMS stakeholders. A motion was made to accept the financial reports as presented and passed unanimously. A second motion was made to approve the FY 2018 budgets as presented on page 5 and passed unanimously. A brief conversation was held on the cash status of the organization and the ability to continue operations for one year depending on State of Texas budget appropriations going forward.
- G. Chief Executive Officer's Report** - Darrell Pile reviewed his written reported and emphasized that the state legislature is facing financial challenges and have announced a \$1.4 million budget deficit due to revenues declining. This can place grant funding for RACs at risk as can some legislation that if passed, can inadvertently interfere with revenue streams important to trauma hospitals, EMS agencies and RACs i.e. there is a call to eliminate the Drivers' Responsibility Program.

Mr. Pile reviewed some of the factors that help describe SETRAC's current financial stability. They include the fact that our general fund has grown since 2012 and now has over \$354,000 on hand; the Hospital Preparedness Program (HPP) grant has successfully been submitted and we have been told we are the entity that will be awarded the contract; the conclusion of the current legislative session should result in the DSHS funding RACs out of their budget; and perhaps other providers will become RAC dues paying members since we are adding approximately 1,000 nursing homes and 200 other providers under our disaster preparedness program. He added that RACs have requested an additional \$6 million in

funding for the twenty-two RACs, and that SETRAC has begun submission of grant requests to businesses and philanthropic organizations, and finally that House Bill 1148 by Houston's representative Sarah Davis passed the house and is awaiting senate approval (it too could help the financial standing of SETRAC).

Mr. Pile stated the clinical committees are making tremendous clinical strides on many fronts simultaneously. Less than a year ago, the Perinatal Committee was established and they are already working together as if they have been together for years.

SETRAC is currently installing a sophisticated data base that will streamline reporting, incorporate EMS data, and enable us to potentially market the service to other RACs and/or states as a business venture. We will own this system and in fact it may be a system other RACs and states may want to utilize and we can charge for the service.

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

- SETRAC has been awarded the HPP contract encompassing TSA Q, R, and H regions and will be in effect from 2017 to 2022. Hospital agreements will be going out as a five-year agreement instead of a one-year agreement as in the past fifteen years.
- The regional exercise "Operation Tempest" will align with the State Hurricane Charlie exercise as well as the federal National Disaster Medical System (NDMS) air evacuation exercise (June 1st through 9th). Nursing homes will be participating in this exercise.
- SETRAC recently held our third annual "Garage Sale".
- The Preparedness Symposium dates are October 11th through 13th at the San Luis Convention Center in Galveston, Texas. We have speakers from Paris France, San Bernardino, and Israel confirmed. This year we are partnering with bParati Healthcare Coalition to present pre-symposium workshop for healthcare coalition leadership on October 9th and 10th at the Hilton Hotel in Galveston, Texas. The bParati Healthcare Coalition group would like to partner with us continuously which will give us national recognition.
- Some of the "hot topics" being discussed and trainings being conducted in the corridors are NDMS overviews, building surge capacity, exercise development, decon and evacuation equipment overview, and Point of Dispensing plans for healthcare.
- Coordinators have completed hurricane evacuation/shelter in place tabletop exercises with each corridor in preparation for the upcoming full-scale hurricane exercise in June.
- Provided medical support and patient tracking for Super Bowl LI. There were 256 individuals seen with related medical issues related to Super Bowl during the ten days, and 22% of those were admitted to hospitals. The top three mechanisms of injury were sprangs and strains, cuts and scrapes, lacerations and medical conditions. EMTrack was used on the scene and at the hospitals which provided a vast amount of data. SETRAC assets were on stand-by if needed. Dr. Mattox, Dr. Persse, and Ms. Upton thanked everyone that worked the Super Bowl for their outstanding collaboration ensuring patients received proper care and the event was a complete success.
- There were twenty-four training classes held and 280 students trained from January through April.
- EMTF6 is currently developing the Regional "Medical Unit Rehab Crew" team to provide medical care and support to deployed teams in the field.

- The IT Department migrated the website from PIER to a new hosted server within a twenty-four hour period. Enhancement is coming soon.

COMMITTEE REPORTS

- A. **Regional Healthcare Preparedness Coalition (RHPC)** – Ms. Nalls directed the Board members to the RHPC report in the Board binders and gave some highlights as follows:
- The Corridors continue to meet on a regular basis. The Chairs and Co-Chairs will be up for nomination in June.
 - There will be a full-scale exercise in February 2018 with DSHS on the distribution of medical countermeasures. She encouraged the facilities to review their internal plans for dispensing medications.
 - 3M recently came out with the ten-year shelf life of the PAPR rubber butyl hoods.
 - The SETRAC website has all Corridor meeting minutes, approved regional plans, and planning templates available under the Preparedness tab.
 - Ms. Nalls announced she has submitted her letter of resignation to the City of Houston effective May 19th. She has spent half of her working career in Houston and is amazed by the amount of growth she has seen in healthcare coalition building and disaster preparedness planning and response. She stated it has been a privilege to have been a part of it.
- B. **Pre-Hospital Committee** – No further report outside the EMS Committee Board Update in the board binder.
- C. **Pediatric Committee** – Ms. Tammi Culp stated they would like to see more participation from other facilities, especially to move forward with burn care. No further report outside the Pediatric Committee report in the board binder.
- D. **Trauma Committee** –Mr. Eric Bank reported the trauma data submitted is through 3rd quarter 2016. Falls remains the leading cause of injury with over 38%. The Trauma Committee strongly supports Stop the Bleed program.
- E. **Injury Prevention Committee** – Ms. Garza touched on a few high points from the Injury Prevention Committee report in the board binder. Fall prevention is their number one mechanism. They are working with a program called “A Matter of Balance” with several master trainers in the region as well as lay leaders that can get the program out to the community.

The Prevention Committee is working with Dr. Drake (University of Texas School of Nursing) to analyze some of the fall data (trends/patterns) to give the committee some direction to plan their prevention efforts.

Death by Trauma is a multi-facility project in collaboration with the Medical Examiner’s Office. All the trauma death data from 2014 has been pulled and reviewed as part of Phase 1 of this process. Completing Phase 1 is partnering the EMS data with the hospital data. Moving into Phase II, they are going to look at all the potential preventable and preventable trauma deaths which is currently estimated at 37.2% preventability rate. Once reviewed, there should be some good quality and data-driven decisions in improving our trauma care, and we will be leading the state in this type of effort.

Ms. Garza directed the Board members to House Concurrent Resolution 65 which recognizes the Stop the Bleed campaign and encourages all Texas residents to participate and support this program.

The next Injury Prevention Committee meeting is scheduled for April 26th. Ms. Garza encouraged EMS partners as well as hospitals to participate.

Ms. Garza advised the Stop the Bleed Focus Group (five individuals representing EMS and each level of trauma centers) has met on several occasions and has since presented a proposal to the Board members containing several core concepts as follows:

- SETRAC should and will remain in support of this programmatic concept, Stop the Bleed.
- The focus group understands SETRAC does not have the man power to facilitate this program through the training, education, and scheduling required. They are proposing a subcommittee be developed and approved by the SETRAC Board which will fall under the Injury Prevention Committee or Trauma Committee be formalized to guide this initiative.
- The Stop the Bleed be formalized and the focus group recognizes that SETRAC will not provide or purchase supplies and/or materials to organizations or businesses for the purpose of program implementation, but will sustain a cache of supplies solely for training purposes.

The focus group presented two main requests to the Board members. They included action for the Stop the Bleed Program be adopted and formalized under the Injury Prevention Committee or Trauma Committee; and, the subcommittee adopt the focus groups' recommendations on program development and evolution of the program.

Dr. Mattox shared that the tasks for SETRAC, as an organization should be to Support the program, Stop the Bleed; and develop a task force subcommittee to continue to address Stop the Bleed as a program without overly relying on the limited manpower of SETRAC; and, that SETRAC not to be a purchaser of the kits due to budgetary issues.

Dr. Mattox then requested a motion to receive the report from the focus group. A motion was made, the motion was seconded, and the Board members unanimously approved the motion.

After discussion, Dr. Mattox accepted a motion to appoint a separate adhoc committee to lead the entire Stop the Bleed initiative. This committee will be evaluated and in twelve months for continuation or to be ceased. The motion was seconded, and the Board members unanimously carried the motion. Candidates interested in chairing the ad hoc committee should submit their resume for consideration and appointment by Dr. Mattox.

- F. **Perinatal Committee** – Dr. David Weisoly reported on behalf of Dr. Eugene Toy. He directed the Board members to the Perinatal Committee report in the board binder. Numerous Neonatal ICUs in the region have been surveyed and will be surveyed in the coming months. The state's first two Level IV Designated Neonatal ICUs are located in our region; Children's Memorial Hermann and Texas Children's Hospital. The committee is looking at quality management and performance improvement measures for Neonatals and will begin looking a maternal measures next summer. The committee is currently seeking nominations for the co-chair position.
- G. **Cardiac Committee** – Dr. McCarthy reported 95% of STEMI patients were treated within the guidelines of 90 minutes, and 61% of transport patients are treated within the guidelines. The administration of lytics for patients transferred to PCI centers has improved in the region. The quarter 4 cardiac data will be unblinded. Hospitals have a seven-day period to review the report prior to release of the report.
- H. **Stroke Committee** – Dr. Jose Suarez reported Clear Lake Regional Medical Center intends to seek designation as a comprehensive stroke center. Bayshore Medical Center, Houston Northwest Medical Center and Conroe Regional Medical Center have been re-designated as primary (Level II) stroke centers. While tPA treatment in the region is higher than the national rate, there continues to be a need to educate the public about stroke as 69% of patients do not seek treatment in a timely manner. SETRAC Stroke Committee presented a research poster based on our regional data at the 2017 International Stroke Conference. The manuscript is being compiled for submission and the committee is working with a statistician who is creating an economic model showing the cost savings of timely tPA treatment.

It was also reported that Stroke data for Quarter III 2017 has been un-blinded and forwarded to hospital CEOs and to twelve EMS agencies who completed the brief in-service that regards proper use of the data. The report seems to be well received and there have been no concerns raised.

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 January meeting minutes were unanimously approved.
- B. Financial Report – This report was unanimously approved during Mr. Morrison’s presentation under Officer Reports, Item F (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 8:25 pm.

John Kowalik, Secretary:


