



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 26, 2015

CALL TO ORDER

Dr. Kenneth Mattox, Chair, called the meeting to order at 6:30 pm. The meeting was held at the HCA Division Offices in Houston, Texas.

ROLL CALL

Lon Squyres, Vice Chair Pre-Hospital Services, called roll and a quorum was established.

WELCOME/OPENING REMARKS

Dr. Mattox shared information that may be of interest to the RAC leadership. It included the merits of considering a regional approach to healthcare in a manner similar to SETRACs interface with providers who then set standards and seek to provide care in consistent ways across TSA Q, as well as TSA H and R for nearly 8 million people. He also reminded the group that all need to be prepared for an increased frequency of active shooters in healthcare settings, and he commended Tomball Hospital for its recent management of a situation that had the makings of an active shooter.

Dr. Mattox provided information to clarify challenges faced by Ben Taub hospital as a Level I trauma center. As a very busy facility that is part of the Harris Health System, some of its challenges are unique. He shared that Ben Taub (Harris Health System) has had eighty regulatory agencies visit their hospital over the last year. Like all facilities, they have always responded to any suggestions and/or recommendations immediately and responsibly. Among them, Ben Taub doctors and administrators are considering options to meet American College of Surgeons expectations including the need to add operating rooms and surgeons to cover the call schedule (while it also focuses on decreasing its dependence on 4 bed wards and to make other improvements while non-compensated care rises). A plan will be ready for the ACS when they return in November.

SPECIAL PRESENTATIONS

A. Channel Industries Mutual Aide (CIMA) Overview

Mark Turvey, elected officer of CIMA and Assistant Fire Chief of Lubrizol Corporation, gave a brief overview of CIMA stating it is the largest mutual aid system in the world. CIMA came about after the Texas City disaster in 1947 and was incorporated in 1955. They provide assets to deal with large scale incidents for industrial partners on the Houston Ship Channel. CIMA currently has 120 members comprised of private companies, industrial agencies, volunteer fire departments, etc. that work together collectively to provide coverage largely for companies that are in the unincorporated part of the county where they are unable to call for 911 assistance.

Mr. Turvey stated CIMA appreciates the working relationship with SETRAC that has been nurtured over recent times especially since SETRAC is in an operational role with response assets which is very important to our mission. SETRAC is working with CIMA on developing a process and providing a coordinated response to industrial mass casualty incidents activated by CIMA along the Houston Ship Channel.

Mr. Turvey reported CIMA stood up their own digital radio system two years ago which improved their communications system. They are currently updating their radio programming template to include UHF interoperability channels. CIMA is also setup in EMResource where their Incident Management Teams are trained to activate a mass casualty event so the hospitals will be aware they have an incident working.

B. TETAF Legislative Overview

Courtney DeBower with the Texas EMS Trauma and Acute Care Foundation (TETAF), reported January 13th was the first day of the legislative sessions and all the members have been sworn in. She gave a brief overview of the current elected officials.

Ms. DeBower stated TETAF has three main priorities including:

- Protecting current trauma funding which usually comes in the form of the Driver Responsibility Program.
- To secure specific appropriations for the RACs. TETAF is working with Representative John Zerwas to determine exactly what this will look like and he is very supportive of these efforts.
- Closing the loop-hole opened in 2011 allowing funds to be removed from the tobacco fund.

TETAF is also following other bills related to distracted driving. They are meeting with the Hospital and Medical Associations to share their priorities. They continue to work with the Heart Attack Coalition and the Texas CDC Stroke Council to discuss where they can work together on legislation.

The Texas Trauma and Emergency Healthcare Day will be held on February 17th at the state capital in Austin. This is a good opportunity for us to visit with our Texas lawmakers and share our priorities. New this year is a Survivor Reception being held that evening where they can share their stories.

Ms. DeBower advised the Board members that funding coming into the state is better this year. She stated it is not a huge amount, but we are in a better fiscal climate than we have been.

OFFICER REPORTS

- A. Vice Chair Pre-Hospital Services – Mr. Squyres directed the Board members to the Pre-Hospital Services report in their Board binders. No further updates at this time.
- B. Vice Chair Hospital Services – Tom Flanagan reviewed the bylaw recommendations with the Board members as follows:
 - 1.2.3 – adding TSA H and TSA R in order to include the counties in which they cover. (This is strictly to oversee the Hospital Preparedness Program for these two TSAs.)
 - 3.2.3, 3rd bullet point – the recommendation is to change Harris County Hospital District to Harris Health.
 - 3.2.3, 4th bullet point – the recommendation is to change St. Luke's Episcopal Hospital to CHI – St. Luke's Health.
 - 3.2.3, 5th bullet point – the recommendation is to change The Methodist Hospital System to Houston Methodist.
 - 5.1.3 – due to the recent changes to our RAC and the opportunity to work towards philanthropy support, the recommendation is to change the Budget Committee to Finance/Budget Committee in order to support both the financial and annual budget sides of the RAC.

- 5.2 – the recommendation is to add Pre-hospital and Injury Prevention under to the Service Line Committees.

There was discussion regarding the name changes raising concern regarding possible changes to the bylaws to eliminate the former names due to the district being recognized as a political subdivision in the state of Texas. The recommendations will be forwarded to the Chairman for the Executive Committee to vote to adopt or amend.

- C. Member at Large Report/Nominating Committee – No update at this time.
- D. Treasurer's Report - Donald Morrison, SETRAC Comptroller, directed the Board members to the financial report in their Board binders. He reviewed the quarterly financial statements and cash position of the organization. He further explained the banking operations necessary to protect the organization's assets under the new FDIC rules. He described our system of using a bank for receipt of grant funds and to then use those funds to operate a second bank fund to meet operating expenses. A third account is used to bank excess funds. Each fund is separately protected and insured.
- E. Chief Executive Officer's Report – Darrell Pile directed the Board members to his CEO report in the Board binders. Summarized, he stated SETRAC is starting out this year stronger than ever in our history. The seven SETRAC committees each have meaningful goals that are focused on patients. We have grown in prominence in the local, state, national, and international levels.

Mr. Pile reported the HPP funding will not be reduced this year as previously suggested, but will stay stable at around \$3 million. There will be a new source of funding in the form of Ebola dollars which will exceed \$1 million for our RAC. The rules for distribution are pending state notification.

Mr. Pile reiterated Ms. Debower's statement regarding the importance of the Driver's Responsibility Program to not be repealed. TETAF is leading a RAC supported funding initiative called "Fifty Cents Per Texan". If this happens it will include \$13 million per RAC. These funds will be used for stroke, cardiac, and disaster preparedness, since at this time we are totally dependent on federal dollars for disaster preparedness.

The Heart Attack Coalition, headed by Dr. Smalling, would like to form a coalition statewide. They are forming their legislation with dollars designated for RACs. The CDC Stroke Council will also be forming their legislation with dollars designated for RACs. These funds will allow the RACs to assist these organizations with their data information.

SETRAC would like to hold an awards banquet in October honoring our EMS providers, firefighters, policemen, public servants, hospitals, and healthcare personnel that have gone beyond the call of duty and are folks we believe deserve special recognition throughout our nine county area. We would also like to honor one or two survivors whose life was made possible by multiple providers coming together. This will be initiated by SETRAC, but funded through hospitals, vendors, and others that would like to provide money for this event. Any excess money will go into the general fund.

Mr. Pile stated we are positioned for the regional approach to healthcare concept as we have multiple hospitals focused on access, quality and outcome. It is remarkable the amount of individuals from hospitals, EMS, law enforcement, fire departments, and other agencies coming together for the common good. SETRAC is looking at ways to map data among multiple electronic patient care providers to capture the data to be entered into a single database.

Mr. Pile reported SETRAC is going to be mentioned as a model for how hospitals have come together to review stroke care at the International Stroke Conference to be held in Nashville in March. At this same conference, Covidien is going to distribute our transport guidelines brochure on stroke patients.

Mr. Pile gave a brief overview of the SETRAC committees' accomplishments and commended them on their continued efforts and commitment.

Preparedness Report

Lori Upton directed the Board members to the Preparedness report in their Board binders. She gave a brief overview of some of the highlights including:

- SETRAC met with the public health officials and hospital CEOs to discuss an Ebola Regional plan. We now have a Regional Ebola Transport Ambulance plan (RETA) that has been exercised. Acadian, AMR, and Baystar have agreed to man the transport of these patients. A full-scale exercise will be conducted in mid-February transporting patients from a facility in Houston to a treatment facility at UTMB. This exercise will be repeated for Texas Children's Hospital as they are also an Ebola treatment center. Once the After Action Reports are completed, we will forward them to public health officials for approval, and then we will distribute the plan to everyone.
- The Department of Aging and Disability Services (DADS) recently sent out a letter to their nursing facilities to register for EMResource. This is going to be a huge undertaking to get all 500 facilities entered in the system, user access information created and distributed, and to train their personnel on the system.
- Recently Houston Methodist West reached out to SETRAC for the use of the portable morgue unit due to construction temporarily shutting down their morgue services. St. Luke's The Woodlands also experienced loss of internet and phone services and SETRAC was able to deploy RCV-Q to their location. She directed the Board members to the list of SETRAC assets included in the report and reminded the hospitals they are available for emergencies and special events upon request.
- SETRAC received approval from the State of Texas as an EMS CE provider. SETRAC is working on approval to become ANCC accredited to provide nursing CEs.
- SETRAC has scheduled forty-eight HAZMAT classes for hospital first receivers to be hosted throughout the region. Exercise planning is underway for the 2015 functional exercise, "Purple Haze."
- The 2014 Preparedness Symposium held over 400 attendees with excellent reviews. The first two days before the symposium, SETRAC held donning and doffing classes and trained 120 people. The hospitals have been received COOP training and SETRAC is now working with the EMS agencies to schedule their training.
- The Regional MMU Team has added UTMB Galveston and Tomball Regional Hospital personnel to the deployable MMU Team. EMTF-6 is still looking for an agreement with regional hospitals that are immediately available for Type 3 pharmacy cache. She asked anyone interested in providing this service for SETRAC or EMTF-6 to contact Mark Sastre.
- Dr. Mattox reported Mr. Pile and Ms. Upton have been invited by the Thailand Ministry of Health to present at their international conference. The Executive Committee has approved special funds be set aside for their travel. The Thailand Ministry of Health is equivalent to our Homeland Security Department/FEMA Department.

COMMITTEE REPORTS

- A. Regional Healthcare Preparedness Coalition (RHPC) – Sharon Nalls directed the Board members to the Regional Healthcare Preparedness Coalition report in the Board binders. She reported the corridor chairs and co-chairs met in January and discussed the capability performance gaps and identified the top priorities. The goal is to have everything completed by the end of the grant period which is 2017.

Ms. Nalls reminded the hospitals that the ASPR agreement states they are to participate in at least one full-scale exercise a year, and she encouraged them to participate in the upcoming full-scale regional exercise.

Information sharing is continuing to occur to build the integration between the Deep East Texas COG and the Southeast Texas servers along with the state WebEOC boards. The integration of these boards give us better visibility to see what is coming our way not only regionally, but statewide. We continue to use ESAR-VP for volunteer event registry.

Ms. Nalls asked everyone to mark their calendars to attend the 2015 Preparedness Symposium in Galveston scheduled for November 4th through 6th.

- B. Pre-Hospital Committee – Mr. Squyres directed the Board members to the EMS report in the Board binders. Chris Collier mentioned the Stroke System of Care survey was sent to EMS agencies for completion. The results of this survey will be provided to the Department of State Health Services.
- C. Pediatric Committee – Catherine Bissell directed the Board members to the pediatric report in the Board binders. She reported the first two quarters of 2014 reporting has improved from trauma facilities. The Pediatric Committee is looking to expand on the current collection of data reported by trauma facilities. The trauma guidelines need to be updated due the introduction of Level II trauma facilities in the region. A Patient Care Record (PCR) workgroup meeting is scheduled for February 4th (from 2:00 to 3:30 pm at SETRAC) to discuss the receipt of EMS run records and getting them included in patient medical records. This meeting will include representatives from EMS agencies and the Pediatric trauma, stroke, and cardiac clinical lines.
- D. Trauma Committee – Dr. John Holcomb directed the Board members to the trauma report in the Board binders. He reported a subcommittee is being formed to discuss a process for evaluating requests for cases that could use performance improvement. Eric Bank is exploring the use of blood products on ground ambulances for trauma patients.

Clear Lake Regional Medical Center and Conroe Regional Medical Center are currently in active pursuit of Level II trauma designation. This will be reflected in facility's comments section of EMResource facility comments section to ensure other facilities and EMS agencies are aware of their status.

Dr. Holcomb reminded the Board members of the PCR meeting reported under the Pediatric Committee report.

- E. Injury Prevention Committee – Robin Garza directed the Board members to the injury prevention report in the Board binders. She reported the committee is working the UT Health School of Nursing on a seat belt safety project by providing seat belt related trauma data. The committee is currently working on the "Just Drive" initiative to bring awareness of distracted driving to the region. Information and marketing materials can be downloaded through the SETRAC website.

SETRAC continues to work with UT Health School of Nursing in promoting the "Stranded Motorist" campaign which reminds drivers to stay in their vehicles if stranded on the road.

Members of the committee participated in a car safety clinic in October where information was provided regarding the "Stranded Motorist" and "Just Drive" campaigns. The committee will participate in this event annually. The committee is looking into implementing a falls prevention initiative for the region.

The committees' goals for 2015 include making injury prevention materials readily available to the region, catalog injury prevention activities, and strengthen RAC-wide injury prevention initiatives.

- F. Cardiac Committee – Dr. Todd Caliva directed the Board members to the cardiac report in the Board binders. He announced the Cardiac Committee will be expanding its current of data to include EMS measures. The Data/QI subcommittee will meet to discuss unblinding SETRAC STEMI data. A regional survey will be sent to facilities in the region to identify PCI facilities.

The STEMI Conference held in October through a partnership with Scott & White was very successful. The committee will look into the possibility of partnering with the SETRAC Stroke Committee for a cardiovascular conference in 2016. Dr. James McCarthy and Ms. Bissell were appointed to the Governor's EMS and Trauma Advisory Council (GETAC) Cardiac Care Committee for a three year term.

The SETRAC region was recognized as one of the most improved in door-to-balloon times by the Duke STEMI project. Although this project has now closed, regional reports will continue to be provided to facilities using Action Registry.

- G. Stroke Committee – Dr. Jose Suarez directed the Board members to the stroke report in the Board binders. He reported the committee has expanded its collection of data. The data provided to the Board members was reviewed. He stated the committee will look at the data in more detail to determine where education to providers and the public may be needed.

The committee is seeing an increase in attendance by EMS representatives. Dr. Suarez reminded the Board members of the PCR meeting reported under the Pediatric Committee report above in section C.

Dr. Suarez announced the Houston Stroke Conference will be take place April 30th through May 1st in partnership with the American Heart Association. An ENLS course will be held on April 29th.

Surveys were completed by free-standing emergency rooms in the region regarding stroke care. SETRAC will meet with those facilities requesting more information on the region's stroke system of care.

A suggestion was made to Dr. Suarez to incorporating discussion regarding pediatric strokes.

ACTION ITEMS/BOARD CONSIDERATION

- A. Prior Meeting Minutes Approval
The minutes were unanimously approved as written.
- B. Financial Report Approval
A motion was made to approve the financial report, the motion was seconded there were no objections to approval of the report and it was unanimously approved.
- C. CEO Report Approval
There were no objections to approval of the CEO report and it was unanimously approved.
- D. Other Action Items

GENERAL DISCUSSION/AUDIENCE Q&A

There was no further discussion at this time.

ANNOUNCEMENTS

Daniel Kosler, Board representative from Ft. Bend County EMS, announced his resignation from the SETRAC Board due to his retirement. Dr. Mattox recognized him for his years of service and awarded him with a plaque on behalf of the Board members.

ADJOURN

There was a motion to adjourn the meeting, the motion was seconded, and Dr. Mattox adjourned the meeting at 8:30 pm.

John Kowalik, Secretary: _____