



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 October 20, 2014

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

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

WELCOME/OPENING REMARKS

Dr. Mattox gave a brief overview of the important role hospitals and healthcare workers have played in identifying, treating, and managing a variety of contagious diseases over the years. The need to wisely manage EBOLA is similar to precautions taken with other serious diseases. He discussed the recent case in the United States, learning opportunities, and emphasized that as of today, the twenty-one day assessment period has passed for the family and individuals that came in contact with the original patient, and that none became ill with EBOLA. Dr. Mattox also discussed guidance provided by the CDC and discussed the likely role of UTMB Hospital in Galveston as a designated treatment facility if needed. He then welcomed thoughts from Dr. David Persse, HFD and Public Health Medical Director for the City of Houston, as well as Dr. Umair Shah, Director for Harris County Public Health and Environmental Services.

SPECIAL REPORT – EBOLA/PPE PREPAREDNESS

Dr. Persse reported on preparedness and PPE as it relates to EMS personnel. He gave an overview of the processes and procedures in place for EMS personnel transporting infectious disease patients and the assistance needed from the hospitals for showering and doffing their PPE. He stated there was a Town Hall meeting today with hospital leadership, Harris County, and SETRAC to discuss concerns.

The Governor's Task Force recommends a system be setup for screening and/or treatment at the local level. This raises the question whether there will be certain hospitals in the Houston region designated to treat these patients. After discussions today, SETRAC was the designated entity to begin that planning.

Dr. Shah reported on Ebola preparedness as it relates to Public Health issues. The Harris County Public Health and Environmental Services has been working with the Harris County Commissioner's Court to monitor the Ebola issues. He stated the healthcare system wants to be able to take care of the patient yet keep themselves safe at the same time. The Public Health system is designed to support what happens in the healthcare system. The emphasis in a situation involving an infectious disease such as Ebola is to interrupt the chain of transmission. To do this, once the diagnosis is confirmed, we want to isolate the patient, conduct the appropriate infection control of the patient and others that may have come in contact with the patient and/or the PPE, and launch into contact investigation/tracing.

Dr. Shah reminded everyone that the situation needs to be kept in perspective and that "there are three cases in all of the United States". We may have additional cases somewhere in the United States because as long

as the epicenter of Ebola in Africa continues, we will never be able to get to theoretical zero risk here. As the different agencies continue to work to contain the outbreak in Africa on an international level, we want to make sure people understand what the true risk is here in our community. The important key is a three prong message; have you traveled to the three countries (Sierra Leone, Liberia, and/or Guinea) in the last three weeks, do you have symptoms consistent with Ebola, or do you have confirmation that you have touched the body fluids of a confirmed case of Ebola somewhere? Along with this message, the healthcare system must adhere to their protocols as well. Everybody else in our community is NOT AT RISK.

Lori Upton directed the Board members and attendees to the Ebola guidelines in their Board binders/packets and advised these guidelines are being looked at as a regional recommendation. The guidelines have been disseminated to all hospitals and EMS agencies in our twenty-five county region.

Ms. Upton announced SETRAC will be offering "Train-the-Trainer PPE Donning and Doffing" classes replacing the originally scheduled HERT class on November 3rd and 4th in Galveston before the Preparedness Symposium begins on November 5th through 7th.

OFFICER REPORTS

- A. Vice Chair Pre-Hospital Services – Lon Squyres recommended looking into alternate options including the private sector to support the smaller jurisdictions with the transport of Ebola patients. The most important issue on the state call today for EMS is PPE is on backorder and unavailable at this time.
- B. Vice Chair Hospital Services – Tom Flanagan reported the Task Force is currently working on recommendations and changes to the bylaws. The bylaws should be ready to bring to the January meeting with recommendations. The following issues are pending:
 - Review and compare our current bylaws and recommendations with other RACs within the state to ensure there are similarities;
 - SETRAC CEO's compensation.

Also, Mr. Flanagan recommended the hospitals start reaching out to their Disaster Preparedness person to find out where their equipment is, how much do we have, what kind is it, is it ready to go, will it suffice should we receive an Ebola patient, etc.

- C. Member at Large Report/Nominating Committee – Kristen Turner nominated Amanda Campos with Matagorda EMS and a current SETRAC Board member for the open Treasurer position. There being no other nominations, a motion was made to approve Amanda Campos as Treasurer, the motion was seconded, and the Board members approved the nomination.

Ms. Turner announced Texas Children's Hospital has named Dr. Paul Sirbaugh to fill their position on the Board.

- D. Treasurer's Report - Donald Morrison, SETRAC Comptroller, directed the Board members to the financial report in their Board binders. He reviewed each grant and how the funds were allocated. The SETRAC fiscal year runs from September 1st through August 31st, and the ASPR grant runs from July 1st through June 30th.
- E. Chief Executive Officer's Report – Darrell Pile directed the Board members to his CEO report in the Board binders and was pleased to report there will not be a reduction in HPP funding next year as previously anticipated. He also mentioned that according to David Gruber, Assistant Commissioner for the state, the Tobacco funds should also stay consistent. The Driver's Responsibility Program is controversial as some judges are not fond of the program and the burden it places on the courts; therefore, legislative action could ensue to change the way the program is administered or to find alternate funding for EMS.

Mr. Pile reported there is a new Heart Attack Coalition being formed and led by Dr. Richard Smalling which looks strong and should be funded. The SETRAC membership dues were strong and ahead of last year. SETRAC has a new associate member, Shell Oil Corporation. He directed the Board members to the brochure for the philanthropic plan which is now underway and he believes we will generate in excess of \$300,000 in revenue from this initiative.

Mr. Pile advised there will be a resolution at the end of the meeting suggesting the Injury Prevention Committee be elevated from its current ad hoc status to be a permanent clinical committee of SETRAC. Mr. Pile also shared a unique role recently played by SETRAC. SETRAC was able to get notifications out to a targeted group in a matter of minutes as demonstrated when the Houston Police Department asked us to get a message to as many physicians as possible regarding a kidnapping scam. We were able to get the message to all physicians in our region through our list serves and through the Houston Medical Society.

Mr. Pile gave a brief report on the Thailand Delegation that visited our region last month. The delegation included representatives from the National Institute for Emergency Medicine, their Public Health agency, and hospitals in Thailand. Lori Upton shared a slideshow of the places toured during their visit (TranStar, Houston Emergency Center, City of Houston 911 Dispatch Center, Texas Medical Center, and the SETRAC office and warehouse which houses the regional assets). They were very impressed and grateful for the hospitality shown to them.

COMMITTEE REPORTS

- A. Regional Healthcare Preparedness Coalition – Ms. Upton directed the Board members to the Regional Healthcare Preparedness Coalition (RHPC) report in the Board binders. She announced the RHPC formed a Task Force on the development of a healthcare coalition recognition of excellence award. She directed the Board members to her report for the criteria that must be met to be recognized throughout this region as a center of excellence in these areas. The startup of the program will be announced at this year's symposium in November and the first award will be presented at the 2015 Preparedness Symposium.
- B. Pre-Hospital Committee – John Kowalik reported, due to the recent bad weather the committee was unable to meet; therefore he had nothing further to add to the written report in the Board binders. He advised the EMS agencies in attendance that they should be receiving an email with their funding and allocation information by the end of this week and they will probably be meeting via conference call. Of interest, in order to foster quality improvement, members are encouraged to attend meetings of other committees and participate in discussions that can lead to improvement in areas such as stroke care, cardiac care, and trauma care. A report from those meetings is now part of the EMS committee meeting.
- C. Pediatric Committee – Dr. Charles Cox reported he has no further business to add to the written report in the Board binders.
- D. Trauma Committee – Dr. Robert Winchell, Chair of the American College of Surgeons Regional System of Consultation Committee, gave an overview on the process of how a lower designated trauma facility can become a higher designated facility and how they pursue the volume of trauma patients needed.

Dr. John Holcomb directed the Board members to the trauma report in the Board binders. He reported the committee members discussed and reviewed in detail all Clear Lake Hospital's capabilities and triage criteria. He stated there is not a written process for going from a Level III to a Level II, but he believes they have worked out a process that could be used as a template. He stated the committee members were 100% unanimous that Clear Lake Hospital is ready to be moved to a Level II status and begin receiving patients. Dr. Holcomb made a motion that the adult triage criteria in the region be

revised to show “Level I/II” instead of only “Level I”, the motion was seconded, and the Board members unanimously carried the motion.

- E. Injury Prevention Committee – Suzanne Curran directed the Board members to the injury prevention report in the Board binders. She reported the Injury Prevention Committee worked with the UT Nursing School, who conducted some research based on trauma registry data. Falls were found to be the leading cause of trauma among the elderly so they are looking at ways to get falls education into the local nursing homes. The committee is also working on the “Just Drive” campaign by working with the high schools, junior high schools, and colleges to educate students on texting and driving. Upon Dr. Mattox’ inquiry, Ms. Curran stated there were no objections from the committee to go from an ad hoc committee to a standing committee.
- F. Cardiac Committee – Dr. James McCarthy directed the Board members to the cardiac report in the Board binders. He added they recently held the STEMI Texas Conference at Rice University in conjunction with Scott and White.
- G. Stroke Committee – Dr. Jose Suarez directed the Board members to the stroke report in the Board binders. He reported the data collection has been expanded to include the EMS information. He gave a brief overview of their lessons learned from the data. He announced the Southeast Regional Conference will be held in Houston and sponsored by the American Heart Association. The conference will be split into two components; one strictly for coordinators and the other for EMS and hospital Emergency Neurological Life Support (ENLS).

Dr. Suarez stated they have sent a survey out to all the local free-standing emergency departments and urgent care centers and they are looking forward to analyzing capabilities. He should be able to share more information at the next meeting. He advised the Board members that Dr. Sarah Livesay is unable to continue her role as co-chair and they will be considering options to fill the role.

ACTION ITEMS/BOARD CONSIDERATION

- A. Prior Meeting Minutes Approval
The minutes were unanimously approved with one change.
- B. Financial Report and Investment Policy Approval
There were no objections to approval of the financial report and investment policy and they were 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

The following motion was unanimously approved by the Board members:

By motion of the SETRAC Board of Directors, the SETRAC Quarterly financial report is accepted as presented.

The following motion was unanimously approved by the Board members:

By motion of the SETRAC Board of Directors, the Comptroller is authorized to move SETRAC banking functions from BBVA Compass Bank to Frost Bank. Furthermore, the Comptroller, acting

as the Investment Officer, and with approval of the Finance Committee, shall invest SETRAC money market funds in FDIC insured Certificates of Deposit with Frost Bank.

Injury Prevention Committee – The following motion was unanimously approved by the Board members:

By motion of the SETRAC Board of Directors, the Ad Hoc Injury Prevention Committee shall now become a standing clinical committee of SETRAC. The committee will establish quarterly goals, it will be governed by the SETRAC bylaws, and provide an update to the board at quarterly meetings and more frequently to the SETRAC CEO if requested. The chair of the Ad Hoc committee shall be the chair of the standing committee until such time that an election is held in compliance with the SETRAC Bylaws. The committee chair and members will be responsible for creation and maintenance of minutes from each meeting, arranging for volunteers as the need arises, and shall only require SETRAC staff time or financial support on a limited basis and as preapproved by the CEO. As SETRAC clinical manpower grows, steps will be taken by the CEO to expand resources to support the work of the new committee. A member of the SETRAC staff shall attend meetings of the SETRAC Injury Prevention Committee.*

GENERAL DISCUSSION/AUDIENCE Q&A

There was no further discussion at this time.

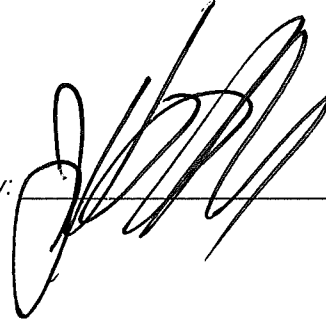
ANNOUNCEMENTS

No further business or announcements.

ADJOURN

There was a motion to adjourn the meeting, the motion was seconded, and Dr. Mattox adjourned the meeting at 7:41 pm.

John Kowalik, Secretary:

A handwritten signature in black ink, appearing to be 'John Kowalik', written over a horizontal line.