



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	David Persse, M.D.

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 28, 2019

1. CALL TO ORDER and ROLL CALL

Dr. Kenneth Mattox, Chairman, called the meeting to order at 6:40 pm. The meeting was held at the Harris County Office of Homeland Security and Emergency Management at the Houston TranStar facility in Houston, Texas. John Kowalik, Secretary, called roll and a quorum was established. Dr. David Persse's absence was excused.

2. WELCOME

Dr. Mattox welcomed everyone in attendance and informed the board members that the minutes from the previous meeting will be voted on for approval at the end of the meeting.

3. OFFICER REPORTS

A. Chairman's Report

Dr. Mattox stated he is proud to be associated with the group of people in attendance at the meeting. This group is providing a model not just in trauma and disaster readiness, but in other acute care areas in which SETRAC is involved and expanding its role. He also stated he is incredibly proud to run the agenda as the board seeks what is best for the people they serve.

B. Vice Chair Hospital Services

Tom Flanagan reported that due to Melinda Stephenson's retirement from Kingwood Medical Center, Todd Caliva will be taking her place as the HCA Houston Healthcare representative on the board.

During the presentation of the bylaw revisions in October, one item that was omitted was the addition of the RHPC as an additional SETRAC standing committee (section 5.1.4). A handout of the proposed revision regarding the RHPC committee was provided to the board and was emailed to all members in December, meeting the requirements for making changes to the bylaws. The board voted and unanimously passed the revision with no abstentions. The board also unanimously approved removing "Preparedness" from the list of service line committees (section 5.2) due to the revision of section 5.1.4.

C. Vice Chair Pre-Hospital Services

Lon Squyres reported the state legislature is in session. Among the bills being discussed are capping property tax increases, allowing non-government EMS to file for supplemental funding of Medicaid, and the number of paramedics in an EMS agency that could require additional medical direction.

D. Secretary Report

No items to report.

E. Member-at-Large Report

No items to report.

F. Treasurer Report

A written report was provided to the board and was highlighted by Donald Morrison. All grants are running according to budget. A new fiscal year budget will be presented at the April board for approval at the next meeting. The SETRAC general fund is exceeding budget as explained in the written report.

An independent audit was completed with no findings reported. (Report provided to all members.) Adjusted entries and recommendations from the auditor will be implemented in the next couple of days.

Board attestation and conflict of interest forms were provided to the board members in attendance and are due by Friday, February 1st.

Permission is needed (and was granted) to spend money on Maestro Services to offset initial startup expenses, such as insurance. The general fund is the funding source and profits from future evacuation vest sales and other ventures will offset this investment.

Elections were held for leadership for the clinical committees in accordance with the bylaws. There are some committees whose chair has yet to be determined.

4. LEADERSHIP REPORT

Chief Executive Officer

A written report was provided by Darrell Pile to the board. Highlights of the report include:

- SETRAC manages a budget of approximately \$4.2 million, of which \$4 million are restricted funds. Due to grant restrictions, most of the budget is dedicated to specific items. The SETRAC unrestricted asset account currently has enough funds to absorb an entire year of unadjusted costs normally covered by clinical grant funding.
- Organizationally, SETRAC has a staff of 22 persons, of which 16 are dedicated to preparedness. Therefore, focuses for this year include maximizing clinical committee capabilities and grow special projects and SETRAC awareness locally, statewide, and nationally.
- A meeting will be held with Texas Medical Center leadership to discuss active shooter planning.
- SETRAC is looking to obtain discount media airtime and synergies by joining together four or five hospitals and EMS agencies and looking at market areas where a difference can be made with educating the public.
- Contact with different organizations is being made to strengthen SETRAC's long-term financial standing, including the Tomball Hospital District Foundation.
- Of the 31 senators and 150 house representatives that are members of the Texas Legislature, 10 senators and 39 house members represent the SETRAC region. Lt. Governor Dan Patrick is also from this region. While SETRAC is not a lobbying organization, education of legislators can be done.
- The bylaws for clinical committee leadership have been implemented and each committee has elected three leaders (which were approved by the board later in the meeting.) Each committee will have a chair and two vice chairs.
- The Stroke Committee has a proposal for the board, driven by a GETAC requirement, on the regional EMS stroke transport guideline that will include a focus on large vessel occlusion (LVO) patients.

Regional Director Preparedness

A written report was provided by Lori Upton to the board. Highlights of the report include:

- The review of the CMOC plan and all its annexes is being completed.
- As requested by stakeholders in an end-of-the-year survey, bio-incidents and medical counter measure training and exercises will be a focus for this year, which fits in well with our public health partner's full-scale exercise planned for October.
- A new risk-based formula has been implemented for new money that will be coming with the ASPR funding. It is unknown at this time how much is going to be included.
- A surge exercise, required annually by ASPR, is planned for all hospitals. Because of the large bed capacity percentage that would need to be evacuated and surged into other hospitals the 25-county region, permission was received to break the exercise up by corridors.
- SETRAC was not awarded the ASPR grant that was applied for last fall; however, SETRAC was contacted by one of the awardees (Nebraska) for input on how to get buy-in to set up a medical operation center.
- Coordinators have been active with table top exercises – many based on the topic of active attacks at hospitals and medical countermeasures.
- The SETRAC regional exercise, Operation Blindside, will take place May 1st and 2nd. Table-top exercises are being held ahead of time.
- A full-scale medical countermeasures exercise will be taking place October 25th and 26th, which will include having a pod distribution location at the SETRAC warehouse.
- SETRAC is able to provide nursing CEs for hospital decontamination training and is looking to become a CE provider for long-term care administrators.
- Funds provided by Rebuild Texas and helped SETRAC to obtain two new Chevy Tahoes and a high-water vehicle which will help SETRAC meet medical needs in the region if supplies and staff need to be transported to flooded areas.
- There are currently 118 MOAs with regional partners for EMTF.
- Kat Samuel will be working with Hilal Salami to help bring in CMS providers that fall under department of aging and disability services become involved with the larger coalition.
- The SETRAC IT department is working to filter spam from the list servers. SETRAC members are asked to contact SETRAC if they are getting spam and phishing emails from a SETRAC address.
- The annual RHPC Symposium will take place in Galveston from October 9th – 11th. Speaker packets for those who would like to present at the symposium are available online.
- SETRAC met with the new Harris County judge and briefed her on SETRAC's role in regional emergency management.

5. ACTION ITEMS

- A. Prior Meeting Minutes – There being no concerns or issues, the minutes were approved as circulated.
- B. Financial Report – There being no concerns or issues, the report was approved as circulated.
- C. CEO Report – There being no concerns or issues, the report was approved as circulated.

D. Resolutions and/or Other Action Items –

- *Bylaws amendment to reinsert omitted RHPC language* – There being no concerns or issues, the amendment is approved.

- *Stroke Committee – Proposed EMS Transport Guideline*

Dr. Sean Savitz presented the proposed transport guidelines on behalf of the Stroke Committee, a copy of which was provided to the board. A meeting with providers and stakeholders was held on January 23rd to review drafted guidelines and share their opinions.

The protocol has a section for prehospital assessments and a section for destination decision. Four stroke scales widely used in the prehospital setting in this region have been included.

A discussion by the board took place which included (but not limited to):

- o EMS agency training to ensure staff competency with a selected scale
- o could the guidelines lead to unintended consequences for primary stroke centers
- o whether or not the guidelines will cause an over triaging of patients and overwhelm comprehensive stroke centers
- o what data needs to be tracked and utilized in a meaningful way

There was a motion to accept the document and proposal from the Stroke Committee as well as a subsequent motion to create an implementation plan by representatives of the Stroke and EMS Committees. Both motions were seconded and approved with no objections or abstentions.

The implementation plan for the guideline should include discussion of the following items:

- o how training will be provided to EMS
- o what data will be collected and assess if the scales are working or if the changes are needed
- o the merits of the region using less than four stroke scales.

Dr. Savitz was asked to bring the protocol to the April board meeting for review and approval with a plan of implementation and education; however, this agenda item can be deferred to the July meeting if April is not feasible.

- *Ratification of committee election results* – There being no concerns or issues, the election results were approved and ratified.

- *Committee reports (consensus)* - There being no concerns or issues, the reports stand as circulated.

6. GENERAL DISCUSSION/AUDIENCE Q&A

There were no items for discussion or Q&A.

7. ADJOURNMENT

Dr. Mattox adjourned the meeting at 8:17 pm.

John Kowalik, Secretary: _____

