



Chairman	David Persse, MD
Past Chair	Kenneth Mattox, MD
Vice Chair-Hospital Services	Tom Flanagan
Vice Chair-PreHospital Services	John Kowalik
Secretary	Graig Temple
Treasurer	Lon Squyres
Officer-at-Large	Brent Kaziny, MD, MA
Chief Executive Officer	Darrell Pile

SouthEast Texas Regional Advisory Council (Trauma Service Area Q)

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

Board Meeting Minutes July 20, 2020

1. CALL TO ORDER / ROLL CALL AND WELCOME

Dr. David Persse, Chairman, called the meeting to order at 6:30 pm. The meeting was held virtually via GoToMeeting. Graig Temple called roll and a quorum was established.

2. OFFICER REPORTS

A. Chairman

Dr. Persse announced that Mattox's final board meeting as past chair would have taken place in April. Because the April meeting was cancelled due to the COVID-19 pandemic, Dr. Mattox was been invited to attend this meeting to fulfill his term. Dr. Persse expressed his gratitude for Dr. Mattox's leadership and guidance over the past year and his work as chairman of the board.

Dr. Persse also shared that he personally tracked a recent complaint involving SETRAC and found it to be unsubstantiated and untrue. A rumor had spread that SETRAC staff had filed a complaint with HHS regarding a patient transfer. After talking with a Health and Human Services Commission's investigator, Dr. Persse confirmed that the allegation was not true and she was complimentary of SETRAC.

B. Vice Chair Hospital Services

Tom Flanagan reported that Elizabeth Youngblood, president of CHI Baylor St. Luke's Medical Center has appointed Dr. Syed Raza to fill the open seat for CHI St. Luke's Health System. Dr. Raza serves as the chief medical officer at CHI St. Luke's Hospital – The Woodlands as well as Lakeside and Springwood hospitals.

This meeting serves as the annual meeting. The following terms are expiring as of this meeting:

- Walter Morrow – Austin County EMS
- Lon Squyres – Harris County EMS
- John Kowalik – Wharton County EMS
- Wayne Voss – Houston Methodist Health System
- Brent Kaziny, MD – Texas Children's Health System

The above representatives were re-nominated by the appropriate authorities to continue in those seats. The board voted and approved the nominations with no objections or abstentions.

The following board officer positions are set to expire as of this meeting:

- John Kowalik – Vice Chair – Prehospital Services
- Lon Squyres – Treasurer

The above representatives expressed interest in continuing to serve in their positions. No other nominations were received. The board voted and approved the nominations with no objections or abstentions.

The Bylaws Committee will convene once the pandemic is more manageable. Mr. Flanagan will be reaching out to members of the committee to set up a Zoom meeting to revisit certain sections of the bylaws.

C. Secretary

Mr. Temple had no items to report.

D. Vice Chair Pre-Hospital Services

John Kowalik gave appreciation to SETRAC on the current COVID-19 response, including the assistance provided to EMS agencies with personal protective equipment (PPE). Appreciation was also given to the hospitals by Dr. Persse for their dedication to being able to get ambulances back in service when bringing patients to their hospitals.

E. Officer-at-Large Report

Dr. Brent Kaziny had no items to report.

F. Treasurer Report

Mr. Lon Squyres appointed Donald Morrison to give an overview of the written financial reports that were distributed to the board.

- June 30, 2020, marks the end of the fiscal year for the HPP, RAC/EMS 2020, and RAC Development 2020 grants.
- EMS agencies who have not submitted their County Pass Through fund packets were sent email reminders. Reports are due to the state on July 31st.
- Dues have begun to be collected.
- In February, that state approved the HPP program with additional monies, of which SETRAC received \$387,000. A month later, SETRAC received additional funding from the federal government via the state in the amount of approximately \$1.3 million. This money has been budgeted for use with purchasing needed supplies as well as maintenance and report on aging equipment.
- Going forward, funding for all clinical programs will now have the start date of September 1st. Monies for the RAC/EMS funds are significantly more than received in the past. Although it is hoped that this amount will be received for next year, the current COVID-19 response could decrease the amount.
- As authorized by the board in the January meeting, SETRAC has access to a \$100,000 line of credit through Frost Bank if needed.
- External auditors issued a clean report. The state found no financial irregularities; however, SETRAC was given an “opinion” to request bids for financial services which is required every six years. An RFP has been issued with a deadline of July 24th. The bids will be reviewed by the Executive Committee and an accounting firm will be hired for the audit that begins this fall.

3. LEADERSHIP REPORT

Chief Executive Officer - A written report was provided by Darrell Pile to the board. Highlights include:

- Funding provided by the SB 500 disbursement and supplemental HPP funding has not been spent but options are being considered for board approval including a public messaging campaign. In addition to the SB 500 monies, there are now additional HPP funds for purchasing supplies and equipment for the preparedness program. To the extent funds remain after replacing expired or worn equipment, stakeholder input will be sought.
- Tonya Carter and Grace Farquhar have absorbed the duties that were previously managed by a Director of Clinical Services to ensure that clinical committees and initiatives continue to move forward. The step enhances the roles of two highly talented employees and is cost effective.
- Factoid memos are being sent to hospital CEOs to keep them informed of SETRAC's operations during the pandemic.
- Profitable ventures continue to be researched through Maestro Services.
- SETRAC staff are largely currently working from home, the warehouse, and the CMOC.
- The state is using the SETRAC graphical COVID-19 data displays as a model to show state data. This data is also receiving hits from international locations.
- Members of the EMS Committee has noticed that during the pandemic the volume of heart attacks and strokes has decreased while the number of patients needing resuscitation and mortality rates seemed to increase. The stroke and cardiac committees have joined with the EMS committee to see if their data is in line with prehospital data. Data shows this is an issue on a national level as well.
- EMS meetings have centered around the COVID-19 response. Subgroups were formed to work on response guidelines during the pandemic, including staffing shortages, responding to calls, and transporting to alternative sites.
- SETRAC is working on providing information in EMResource to help EMS agencies and hospitals with load balancing.
- There is a state-wide interest by RACs for the state to purchase Pulsara for all providers in the state. Dr. Persse tasked Mr. Pile, Mr. Flanagan, Mr. Kowalik and the EMS Committee to discuss this initiative to obtain more information and determine if it is appropriate for this region. Several board members voiced their opinions on this initiative of which all were in favor. The Pulsara initiative would not replace EMResource.
- At the request of Perinatal Committee chair, Dr. Weisly, Dr. Peter Hotez gave a presentation about COVID transmission at the most recent Perinatal Committee. The committee is very active and Dr. Weisly will be asked to attend a future board meeting to discuss the activities including tracking of perinatal data region wide.
- The Cardiac Committee is beginning to focus on hospital transfer data. Education will be rolled out by the subcommittees. Likewise, the cardiac committee has added more data elements for comparison among hospital CEOs. Lytics administration continues to be a major focus with transferring hospitals.
- The Stroke Committee continues to be very active. Among there many focuses, they are considering creation of a CEO report specific to low-performing stroke facilities in order to provide peer support.
- The Pediatric Committee continues to provide education to nurse and EMS professionals and is working on a virtual Pediatric Emergency Care Coordinator Symposium.
- The entire trauma plan is being extensively reviewed by the Trauma Committee. The plan will be ready for approval by the board at the next board meeting. The process has included a breakdown and delegation of sections among committee members.

Regional Director Preparedness - A written report was provided and highlighted by Lori Upton. Key points included:

- PPE is being distributed seven days a week to over:
 - 200 hospitals
 - 800 long-term care facilities and nursing homes
 - 300 EMS agencies
 - 26 jurisdictions
 - 1,800 doctors and dentists
 - 1,000 home-health, funeral homes, shelters, and other organizations that care for those diagnosed with COVID-19

Assisting with the distribution is the Texas Military Division and a few folks from TEEEX; however, this assistance may be going away at the end of the month so contract help is being hired. Healthcare organizations can register online for PPE distributions.

- Remdesivir supplies from the federal government were delivered to the assigned hospitals during the July 4th weekend. Ventilators, concentrators, and IV pumps continue to be pushed to the RACs to fill the immediate needs of STAR requests. Ms. Upton provided an overview of how STAR system requests should be completed and how they are processed.
- SETRAC continues to collect data from hospitals daily. Those facilities whose numbers seem to be tracking differently than they were will get a call from SETRAC to ensure the data is accurate.
- SETRAC has placed between 300 and 400 nurses throughout hospitals in our 25 counties. Currently there is over 600 outstanding requests for nursing staff. Only registered nurses and respiratory therapists are covered by the state contract at this time. Ms. Upton provided an overview on how staffing requests are handled.
- Weekly update calls are being held with hospitals.
- This year's RHPC symposium has been cancelled. All sponsors and vendors have been notified.
- A hurricane tabletop exercise was held for all corridors.
- Three medical resorts are now open to assist with surge capacity. Another 18-bed ICU location is under review at the state level. A mixed unit is being worked on by the military in conjunction with United Memorial Medical Center (UMMC). The unit is expected to be finalized in the morning and ready for admissions.
- EMTF is working with TDEM and the Texas military to get all the nursing homes in the 25-county region tested and retested as necessary. This will soon be handed off to a vendor.
- The larger hospital systems have agreed to a rotation for emergency transfers when a critical access hospital is in need of an ICU bed and all other resources have been exhausted.
- SETRAC is assisting facilities who are experiencing delays with funeral homes picking up deceased patients.

Public Messaging Campaign – Based on key SETRAC committee members reporting a decline in regional emergency system of care utilization and mortalities increasing, SETRAC reached out to Newman and Newman, Inc. to propose a public education campaign that helps to allay COVID fears so that patients readily use the sophisticated emergency system of care we have created.

Kelli Newman gave a very preliminary presentation to the board on a “Make the Call” campaign which included an overview of the marketing strategy, timetable, sample ads, and cost. Final pricing and examples were not ready. Mr. Pile suggested that the completed presentation could be presented to the executive committee for approval if the board likes the concept. The campaign would be funded by the money provided to SETRAC through SB 500.

Board members raised concerns about how effective the campaign might be at this time due to hospitals doing similar COVID campaigns designed to reassure the public about steps being taken to prevent the spread of COVID in hospitals. Other concerns discussed included ability to track the effectiveness of the campaign and the financial investment compared to a million or more dollars being invested by hospitals to abate COVID concerns. The topic was tabled for further thought and revisit if desired.

4. ACTION ITEMS

A. Prior Meeting Minutes

There being no further discussion or objections, the board approved the minutes as presented.

B. Financial Report

There being no further discussion or objections, the board approved the report as presented.

C. CEO Report

There being no further discussion or objections, the board approved the report as presented.

D. Resolutions and/or Other Action Items

1. Vote to approve proposed trauma plan revisions from the Trauma Committee.

This item has been deferred to the next board meeting.

2. Vote to authorize the executive committee to approve the scope of our public messaging campaign.

A motion was made by Mark Sloan to hold this item for further review until the next board meeting. In the meantime, the executive committee will do their due diligence on this campaign (comparatively to what the hospitals, jurisdictions, and other campaigns may be doing). The motion was seconded by Mr. Temple. The motion was carried by the board with no objections or abstentions.

3. Vote to approve the purchase request for preparedness supplies and equipment as recommended by Lori Upton and the RHPC.

A request of \$106,000 has been made by Ms. Upton to replace monitoring equipment. A motion was made by Mr. Sloan to approve the request. The motion was seconded by Mr. Flanagan. The motion was carried by the board with no objections or abstentions.

5. GENERAL DISCUSSION/AUDIENCE Q&A

Mr. Sloan commended SETRAC for adapting to create data during this pandemic as it is crucial to the local government in making decisions and understanding what is happening with the hospital systems.

6. ADJOURNMENT

Dr. Persse adjourned the meeting at 8:45pm.

SETRAC Board - Secretary: _____