



Chairman	David Persse, 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*

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### Board Meeting Minutes October 19, 2020

#### 1. **CALL TO ORDER / ROLL CALL**

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. **WELCOME**

Dr. Persse welcomed Dr. Sean Savitz who will be providing an update on the Stroke Committee and its initiatives. Dr. Michelle McNutt had planned to provide an update on the Trauma and Injury Prevention Committees but had to cancel due to circumstances beyond her control. The board also welcomed Dr. Jorie Klein, DSHS Director, EMS/Trauma Systems Section, who will be giving an overview of the proposed plan for virtual hospital surveys.

#### 3. **OFFICER REPORTS**

##### A. **Chairman**

Dr. Persse commented that our entire emergency healthcare community has faced some incredible challenges with the pandemic and several weather events and thanked everyone for the great work they have done. That being said, we all need to brace ourselves across the state of Texas and the nation as the pandemic's numbers are moving in the wrong direction.

The annual evaluation for the Chief Executive Officer position has been reviewed by the Executive Committee, who feels Darrell Pile and his entire team has done an excellent job in handling all the work and hurdles encountered during the events of the past year.

##### B. **Vice Chair Hospital Services**

Tom Flanagan reported the Bylaws Committee will hold a virtual meeting on November 10<sup>th</sup> at 5:30pm to review the bylaws and determine if revisions are needed. Recommended changes will be presented to the SETRAC board. A calendar invite will be sent to previous committee meeting attendees.

Mr. Flanagan made a clarification of the term limits for the Executive Committee positions. During the last revision of the bylaws, the positions were realigned so only two would be open for elections each year. The positions were grouped as follows:

- Group One – Chair and Officer-at-Large
- Group Two – Vice Chair of Hospitals and Secretary
- Group Three – Vice Chair of Prehospital and Treasurer

There is no limit to how long a board member may serve in an executive committee position except for the board chair. A board member may serve as chair for two consecutive three-year terms. A board chair completing his/her two terms will serve in the Past Chair position for one year. In the spring, the positions of Vice Chair of Hospitals and Secretary will be open for nominations.

Amanda Danielle has been selected by the county judge for Colorado County to serve as their representative on the board. A motion was made by Mr. Kowalik to accept the board appointment which was seconded by Mr. Lon Squyres. The board members approved the appointment of Ms. Danielle with no objections or abstentions.

Mr. Flanagan reported that quite a few hospitals in the region have given him unsolicited, positive feedback about the work Ms. Lori Upton and her team have done throughout the region with PPE distribution and assisting with the coordination of providing additional nursing staff.

#### **C. Vice Chair Pre-Hospital Services**

John Kowalik echoed the sentiments given in the Vice Chair Hospital Services report as he has received positive feedback from EMS agencies in the region.

#### **D. Secretary**

Mr. Temple had no items to report.

#### **E. Officer-at-Large Report**

Dr. Brent Kaziny announced that he has been invited to be a part of the Back-to-School Work Group that is working closely with the Harris County and the City of Houston health departments. The group is monitoring the testing and positivity rates among the pediatric population while they work with school districts as kids return back-to-school.

#### **F. Treasurer Report**

Mr. Lon Squyres commended the SETRAC financial team for all their work during the pandemic.

SETRAC is currently having a financial audit with its independent auditors. Board members were reminded to complete and return their attestation and interested party forms.

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

- August 31<sup>st</sup> marks the end of the 2020 fiscal year for the operating budget, which had a positive variance of about \$258,000.
- SETRAC recently received the deposit from DSHS for the FY21 RAC clinical programs.
- There are currently 14 budgets running for FY21, which is an increase from previous years. This includes two supplemental funds provided by the Federal government for COVID. Also, the RAC/EMS grants and the County Pass Through grants, previously 16-month periods, are moving to a 12-month period. For that reason, each of these two grants were divided in two in order to ease the financial transition.
- County Pass Thru funding documents will be sent to EMS stakeholders next week. Packets are due back to SETRAC on June 30<sup>th</sup>.

#### 4. LEADERSHIP REPORT

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

- SETRAC continues to look at ways to garner funds without being dependent upon grants alone. Through Maestro, services will be provided by subject matter experts which will fund SETRAC with its profits.
- An overview of SETRAC's relationship with the Department of State Health Services was given. State RAC meetings are held each quarter, of which the most recent meeting recap was provided to the SETRAC board.
- Arrangements to complete the hospital surveys for stroke, trauma, maternal, and neonatal service lines previously postponed due to the COVID pandemic are being made. In the meantime, hospitals are allowing hospitals to file for extensions. There is potential for surveys to take place virtually.
- Several SETRAC initiatives have been postponed due to COVID; however, the following are active:
  - *COVID-19 and influenza response*
  - *IT services expansion*
  - *Philanthropy and joint ventures*
  - *Clinical committee initiatives*

Clinical committees continue to be active with support from providers across all nine counties. Two committee chairs, Michelle McNutt MD (Trauma) and Sean Savitz MD (Stroke) were invited to tonight's meeting to present on the works of their committees; however, Dr. McNutt was not able to attend this meeting.

- *Significant Emergency System of Care utilization/public education focuses*

Utilization of the region's emergency system of care has declined and SETRAC may be able to help re-educate our community and help everyone realize it is best to call 911 in the event of an emergency. Different components of the *For Life's Sake* campaign was presented to the board, which includes newspaper ads, social media posts, digital banner ads, and radio commercials. The funds used for this campaign were authorized through the SB 500 disbursement.

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

- Mr. Jon Clingaman, EMTF-6 Coordinator, took another position with TDEM. Mr. Mikal Orr will join SETRAC as the new EMTF-6 Coordinator beginning November 1<sup>st</sup>.
- Current priorities for SETRAC are:
  - Data collection and analysis
    - DSHS is utilizing our website as well as the COVID task force in Washington D.C.
    - SETRAC is monitoring areas of concern (TSA-H and TSA-R ICU usage)
  - Warehouse operations
    - PPE distribution is ongoing. The most requested items at this time are gloves and isolation gowns.
  - Facilitate load balancing
    - Three medical resorts were set-up to care for COVID patients that need a higher level of care but not necessarily in an ICU environment. These are under contract until the end of the year.

- The military unit set-up at UMMC saw about 50 general COVID patients and was of great assistance during Hurricane Laura. This has since closed down.
- Atrium Medical Center has 30 additional COVID ICU beds that can be used if available.
- Nine healthcare systems in our area agreed to go on a rotational-type basis to accept ICU patients when ICU beds may not be available for other hospitals in our 25-county region.
- Assist partners in need
  - SETRAC has been able to place over 1,600 nurses for crisis staffing in area ICUs and general med-surge floors. (Over 2,000 requests have been received.) Currently a little of 850 crisis nurses remain in 49 of the hospitals in our region. SETRAC continues to query the hospital for the continued need for these nurses as the state is looking to decrease these numbers.
  - The EMTF program is assisting TDEM and the Texas military with mobile testing site support for nursing homes to ensure that the necessary testing supplies were available and the results were delivered in a timely manner.
- During Hurricane Laura, 109 long-term care facilities (1,087 patients) were evacuated in East Texas. These patients were evacuated to other areas locally as well as shelters in San Antonio.
- On October 6<sup>th</sup>, CMS issued new reporting requirements. All hospitals in our 25 county region has been reporting data daily which include many of the new data that CMS is requiring. Three new data points that will be added to the current queries on EMResource are:
  - Number of admitted patients with both confirmed influenza and confirmed COVID-19.
  - Number of deaths for patients with both confirmed influenza and confirmed COVID-19.
  - Number of influenza deaths in the previous 24 hours.

In addition, Remdesivir reporting will become optional after November 4<sup>th</sup>, PPE reporting will only need to be completed on Wednesdays, and psychiatric and rehab facilities will only need to provide the aforementioned daily influenza reporting weekly.

Failure to report can result in letters to the facility and eventually loss of the facilities Medicare/Medicaid reimburse for continuous non-rereporting. SETRAC is working with facilities to ensure they are completing the report correctly to prevent the facilities from showing as non-reporting.

- DSHS has agreed to pay for a one-year API development and support for any hospital that has electronic medical records and would like to report directly into EMResource to prevent incorrect data reporting.
- Hospitals can register with DSHS for becoming a closed-pod vaccine provider for their facility.

## **5. COMMITTEE REPORTS**

### **A. SPECIAL PRESENTATION – STROKE COMMITTEE**

Dr. Savitz presented data collected by the Stroke Committee as well as the work and achievements the committee has made over the past year.

The spring of 2020 saw a decrease in the volume of stroke patients due to COVID-19, which has since begun to increase. Many patients with mild strokes have not been presenting to the hospital and have been staying at home. Those with more severe strokes have been going to the hospital. Some of the stroke patients were COVID+.

SETRAC data reported by hospitals show that the number of stroke patients arriving by EMS decreased in the spring as well, which supports the need to continue with the message of calling 911 if a person is experiencing stroke-like symptoms.

The SETRAC region's rate for tPA utilization continues to be above the national rate. The board has previously received report on the percentage of patients that meet the guideline of receiving tPA within 60 minutes of arrival at the hospital. The committee is now looking at how many are receiving tPA within 45 minutes and within 30 minutes to determine how administration times can be improved without increasing the rates of symptomatic hemorrhages.

SETRAC data also showed that for the patients arriving within 3.5 hours of last known well, two of the main reasons for not providing tPA were due to being deemed as having symptoms rapidly improving or their deficits were too mild. The committee worked to educate various hospitals in our communities to determine whether or not this was appropriate. With the help of this education, the number of patients not receiving tPA due to rapidly improving symptoms have decreased.

The report was approved by the board as submitted with no objections.

#### **B. TRAUMA AND INJURY PREVENTION COMMITTEES**

This report was submitted to the board prior to the meeting for review. The report was approved by the board as submitted with no objections.

#### **C. REGIONAL HOSPITAL PREPAREDNESS COALITION**

This report was submitted to the board prior to the meeting for review. The report was approved by the board as submitted with no objections.

#### **D. PRE-HOSPITAL COMMITTEE**

This report was submitted to the board prior to the meeting for review. The report was approved by the board as submitted with no objections.

#### **E. PEDIATRIC COMMITTEE**

This report was submitted to the board prior to the meeting for review. The report was approved by the board as submitted with no objections.

#### **F. PERINATAL COMMITTEE**

This report was submitted to the board prior to the meeting for review. The report was approved by the board as submitted with no objections.

#### **G. CARDIAC COMMITTEE**

This report was submitted to the board prior to the meeting for review. The report was approved by the board as submitted with no objections.

#### **H. BYLAWS COMMITTEE**

The committee will meet in November to review and discuss any necessary revisions to the current bylaws. A report will be provided at the board meeting in January.

## 6. ACTION ITEMS

### A. Prior Meeting Minutes

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

### B. Officer Reports (including CEO evaluation proposed approval)

A motion was made from the Executive Committee to the board for the approval of a 3% pay raise to Mr. Pile, Chief Executive Officer. There being no further discussion or objections, the board approved the motion.

### C. Financial Report

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

### D. CEO Report

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

### E. Resolutions and/or Other Action Items

1. *Vote to consider proposed trauma plan revision from the Trauma Committee as presented by chair, Michelle McNutt, M.D.*

Dr. McNutt was unable to attend the meeting. This item has been deferred to the next board meeting.

2. *Vote to authorize the executive committee to approve an extended scope of the Public Education Campaign using remaining SB 500 funds with committee chair concurrence in December/January or authorize for an alternative use.*

The Executive Committee approved the use of \$100,000 for the current public education campaign. This resolution would allow to the Executive Committee the ability to approve spending the additional SB 500 funds if a decision is needed before the next board meeting in January 2021.

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

## 7. DSHS DIRECTOR, EMS/TRAUMA SYSTEMS SECTION – COMMENTS

Mr. Pile introduced Dr. Klein to the board. Dr. Klein gave an overview of the initiatives taking place in her section including the following:

- Working with her team to be more engaged by attending meetings (such as RAC board meetings), being involved, and hearing stakeholder issues to help provide solutions.
- Seeing the culture of safety introduced to all service levels and to define, for every event, what the level of harm is to the system and/or patient to better triage issues and begin using a common language.
- Creating a process with the trauma designation rules so people can understand what the documented evidence is for each criteria to be able to move forward.
- Developing virtual survey guidelines for all designations so surveys are completed consistently.

Dr. Klein gave an overview of the virtual survey process. The survey will be similar to the in-person surveys and will use tablets to view the requested departments for the virtual walk-through. The survey organizations

and the hospitals will need an agreement upfront on the platform to use and the hospital will need to submit the requested medical records and documents. DSHS has requested opportunities with each RAC to speak to hospitals and has made a similar request with the Texas Hospital Association to the executive leaders.

**8. GENERAL DISCUSSION/AUDIENCE Q&A**

No additional items were presented to the board.

**9. ADJOURNMENT**

Dr. Persse adjourned the meeting at 8:15pm.

*SETRAC Board - Secretary:* \_\_\_\_\_