

**SOUTHEAST TEXAS REGIONAL ADVISORY COUNCIL
BOARD OF DIRECTORS QUARTERLY MEETING
APRIL 19, 2021**

LOCATION – entirely a Virtual Meeting (check www.setrac.org for access information)

- 1. CALL TO ORDER (6:30 P.M.) and ROLL CALL** **David Persse, M.D./Graig Temple**

- 2. WELCOME and Introduction of Guests** **David Persse, M.D.**
 - A. Special Award Presentation**
 - B. James Grotta, MD – Mobile Stroke Unit Update**

- 3. OFFICER REPORTS**
 - A. Chairman** **David Persse, M.D.**
 - B. Vice Chair Hospital Services** **Tom Flanagan, BSN, MA, LP**
 - C. Vice Chair Pre-Hospital Services** **John Kowalik**
 - D. Secretary** **Graig Temple**
 - E. Member At Large** **Brent Kaziny, M.D.**
 - F. Treasurer's Report** **Lon Squyres**

- 4. EXECUTIVE OFFICER REPORTS – Chief Executive Officer** **Darrell Pile, MHA**

Vice President Preparedness and Response **Lori Upton, RN, BSN, MS**

- 5. COMMITTEE UPDATES**
 - A. Special Presentation – Perinatal Committee** **David Weisoly, D.O.**
 - B. Regional Healthcare Preparedness Coalition (as submitted)**
 - C. Pre-Hospital Committee (as submitted)**
 - D. Trauma Committee (as submitted)**
 - E. Injury Prevention Committee (as submitted)**
 - F. Pediatric Committee (as submitted)**
 - G. Perinatal Committee (as submitted)**
 - H. Cardiac Committee (as submitted)**
 - I. Stroke Committee (as submitted)**

- 6. REMAINING ACTION ITEMS/BOARD CONSIDERATION** **David Persse, M.D.**
 - A. Prior Meeting Minutes**
 - B. Officer Reports**
 - C. Financial Reports – Performance FY'21; Budget estimates/planning FY'22**
 - D. CEO Report**
 - E. Resolutions/Other Action Items – Vote to affirm committee election results**

- 7. GENERAL DISCUSSION/AUDIENCE Q&A** **David Persse, M.D.**

- 8. ADJOURNMENT** **David Persse, M.D.**



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

Board Meeting Minutes January 25, 2021

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 to board members and the stakeholders in attendance.

3. **OFFICER REPORTS**

A. Chairman

Dr. Persse commended everyone for his/her service during the past year (some for over a year) with the COVID-19 response. Members of the SETRAC, individual board members, and all organizations have done so much. While folks may be fatigued, no one has lost their spark and it is important to maintain that spark. There has been an increasing pressure on emergency departments and EMS in terms of overcrowding and diversions. Some of the current data is showing signs of improvement and we will know soon if we are seeing a crest in the number of COVID-19 cases or a plateau. All in attendance were reminded to continue to lean on each other as we have always done during disasters.

B. Vice Chair Hospital Services

Tom Flanagan echoed the words spoken by Dr. Persse and commented that hospitals are busy again due to the recent surge in COVID-19 patients.

C. Vice Chair Pre-Hospital Services

John Kowalik had no items to report.

D. Secretary

Mr. Temple had no items to report.

E. Officer-at-Large Report

Dr. Brent Kaziny had no items to report.

F. Treasurer Report

Lon Squyres asked Donald Morrison, SETRAC Controller, to give an overview of the written financial reports that were distributed to the board. At this time there are no controversies or any issues or concerns that require attention.

- Grant monies are being used according to plan with nothing over budget or out of variance.
- For the first five months of the fiscal year, revenue has been generated from deployment, the HFD Base Station, and running payroll for Texas Task Force.

- HPP Supplemental Funds A and B, provided for the COVID-19 response, will expire on June 30th.
- The net unrestricted assets growth continues to improve.

4. **LEADERSHIP REPORT**

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

- Financial Status – SETRAC is on track to have another successful third-party audit. The current unrestricted fund balance would allow for the organization to run for approximately 18 months if needed.
- Legislative Update – The Texas Legislature is now in session with Representative Dade Phelan serving as Speaker of the House.
- Hospital COVID-19 Capacity – The definition of “capacity” includes any beds that the hospital could use to care for a COVID-19 inpatient, not just the licensed bed numbers. Hospitals are put on the line to submit data on a daily basis and for it to be thorough and accurate, as it is this data that is used by the state to calculate the capacity percentage for the trauma service areas (TSAs) and issue local restrictions if the percentage is above the threshold set by the state.
- Galveston County and Brazoria County judges submitted a request to the Department of State Health Services (DSHS) to be moved from TSA-R to TSA-Q. There has been no decision made at this time.
- COVID Challenges – The pandemic has caused the organization to evolve and for staff to embrace new challenges such developing a system to distribute PPE, and to provide DSHS COVID-19 statistics by hospital, and to work offsite. The volume of patients at hospitals needing care is one of the biggest challenges. The trauma and EMS committees are concerned about the volume and wait times. The EMS Committee is considering how to help agencies solve this issue, including using EMResource to see which hospitals are open, saturated, etc., and by increasing dialogue with hospital leaders.
- Vaccines – At this time, the number of vaccines has a higher demand than supply; however, it is projected that eventually there will be more supply than demand and a concern of not having 80% of the population receiving COVID vaccines. Mr. Pile stressed the need for those in a leadership position to influence the importance of the vaccine to populations that might be skeptical about receiving it.
- SETRAC SB 500 Funds (from the legislature to the RACs) – There is approximately \$180,000 in the grant that needs to be spent by June 1st. DSHS and the SETRAC Board Executive Committee has given permission for a portion of these funds to be used for developing a public education initiative on the importance of receiving the COVID-19 vaccination. Concern was expressed about determining when to begin the campaign as the demand is currently much higher than the vaccine supply. Dr. Persse invited board members to submit to Mr. Pile suggestions on other needs for which the funds should be considered, including the purchase of vehicles for the preparedness program.
- Community Interface – SETRAC continues to interface with an array of community organizations.
- SETRAC Committee Updates – Data provided by the American Heart Association was highlighted:
 - The median time from symptom onset to PCI for cardiac patients is less than the median for Texas and the nation.
 - The percentage of cardiac patients with EMS first medical contact to primary PCI ≤ 90 minutes (≤ 120 minutes when transport ≥ 45 minutes and arrival to PCI ≤ 30 minutes) is higher than Texas and the nation.

- The percentage of stroke patients receiving tPA within 60 minutes and within 45 minutes in our region is favorably higher than the Texas and national rates (and the percentage receiving tPA within 30 minutes is comparable to the nation, but favorably higher than the Texas percentage.)

Vice President Preparedness and Response - A written report was provided and highlighted by Lori Upton. Key points included:

- COVID-19 Data collection and analysis – all three TSAs are under the GA-32 15% rule.
 - The numbers in TSA-H doubled the highest numbers in July. TSA-R is just below the July peak numbers. TSA-Q exceeded the July peaks for general beds. A promising plateau is being seen, but no large increases or decreases are being seen.
 - A GA-32 graph (capacity) is now included on the SETRAC website.
 - SETRAC is monitoring areas of concern (TSA-H and TSA-R ICU usage)
- Warehouse operations – PPE distribution is ongoing. Nearly 18 million N95 masks, 38 million surgical masks, and 11 million gloves have been distributed. The Texas military has been demobilized; however, five persons who were assisting are now working as full-time contractors with the SETRAC team to assist with the distribution.
- Surge capacity and load balancing
 - The medical resorts set up at The Woodlands and Pearland are open for 200 beds (Pearland can do some telemetry beds.)
 - Atrium Medical Center has opened 30 additional COVID ICU beds.
 - CHI Lufkin was one of three facilities chosen for military support and will be able to provide an additional 35 COVID beds the beginning of February.
 - The SETRAC Duty Officer continues to facilitate between 5 to 7 transfers per day.
- Crisis staffing – Approximately 1600 staff is in place with an additional 300+ that is owed. Total approved staffing is 2007. Once Angel Staffing is able to accommodate and the star requests are filled, some of the overcrowding in the emergency departments should be alleviated.
- The Preparedness Symposium is scheduled for October 20-22, 2021. A call for speakers will be announced soon.
- The Training and Exercise staff continue to ensure PPE and decon training is provided to the region. A regional burn tabletop will take place on January 28th virtually and in-person with social distancing. The draft of the Regional Burn Plan will be tested during the tabletop.

5. COMMITTEE REPORTS

A. SPECIAL PRESENTATION – TRAUMA AND INJURY PREVENTION COMMITTEES

Dr. Michelle McNutt, the chair of the Trauma Committee and the Injury Prevention Committee presented data collected by the committees as well as the work and achievements the committees have made over the past year.

The SETRAC Regional Trauma Plan was recently revised and was presented to the board for approval. The pediatric transport guidelines are being revised with assistance from the pediatric and EMS committees to propose a more simplified version. An overview of the revisions made to the trauma plan was provided.

Dr. McNutt shared some preliminary data from an assessment conducted by the Trauma Committee that shows the impact of the addition of Level II designated trauma facilities in the SETRAC region for patients 16 years of age and older. The data provided indicates overall trauma volume increased each year

beginning in 2013, but then slightly decreased in 2018 and 2019. Volume in Level I centers has been relatively stable, even after the addition of Level II centers.

The Trauma Committee is looking at putting together a pre-hospital ketamine best practice guideline to avoid the adverse events that have been seen at hospitals, and the committee is also preparing a poster presentation for the 2021 TQIP conference highlighting the region's work with tourniquet usage.

The workgroups of the Injury Prevention Committee:

- Falls Prevention Workgroup
 - o are working on virtual webinars created and distributed through SETRAC
 - o held a virtual tai chi class for falls prevention
- Firearm Safety Workgroup
 - o previewed heatmaps to pinpoint top locations of firearm violence by intention to use as a guide for injury prevention efforts
 - o held a meeting with Commissioner Ellis for a possible collaboration on a funded hospitals-based prevention program
- Drowning Prevention Workgroup
 - o created water safety tips for high incident apartment associations and homeowner's associations
- Nursing Home Advanced Directives Joint Conference meeting
 - o working to optimize communication and documentation of advanced directives in order for hospitals to be able to respect patients' wishes and optimize use of hospital resources.

B. REGIONAL HOSPITAL PREPAREDNESS COALITION

This report was submitted to the board prior to the meeting for review and was approved.

C. PRE-HOSPITAL COMMITTEE

This report was submitted to the board prior to the meeting for review and was approved.

D. PEDIATRIC COMMITTEE

This report was submitted to the board prior to the meeting for review and was approved.

E. PERINATAL COMMITTEE

This report was submitted to the board prior to the meeting for review and was approved.

F. CARDIAC COMMITTEE

This report was submitted to the board prior to the meeting for review and was approved.

G. STROKE COMMITTEE

This report was submitted to the board prior to the meeting for review and was approved.

H. BYLAWS COMMITTEE

Mr. Flanagan presented to the board proposed changes recommended by the committee. The changes, provided to the board in a written document prior to the meeting, include:

- The chair will appoint a nominating committee within a reasonable time after the January meeting.
- Executive committee and at-large director positions open for nominations will be announced annually at the April board meeting in accordance with the provision.
- Committee and subcommittee meetings can be held in person, by telephone conference call, or by videoconferencing.

6. ACTION ITEMS

A. Prior Meeting Minutes

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

B. Officer Reports

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

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 revisions from the Trauma Committee as presented by chair, Michelle McNutt, M.D.*

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

2. *Vote to consider proposed bylaws revisions from the Bylaws Committee as presented by the Vice Chair Hospital Services, Tom Flanagan.*

A suggestion was made to remove the email address to submit nominations in the bylaws in the event there are future changes to the email address or how the nominations are to be submitted. There being no further discussion or objections, the board approved the presented revisions with the suggested revision.

7. GENERAL DISCUSSION/AUDIENCE Q&A

No additional items were presented to the board.

8. ADJOURNMENT

Dr. Persse adjourned the meeting at 7:45pm.

SETRAC Board - Secretary: _____

Board Positions Expiring July 2021

EMS

Ft. Bend County	Graig Temple
Montgomery County	James Campbell
Walker County	Dean Casburn

Hospitals

Memorial Hermann	Tom Flanagan
Harris Health System	Ann Barnes, MD

At-Large

Member #1	Mark Sloan
Member #2	Vacant (2 yr term)

Executive Committee

Vice Chair, Hospitals

Secretary

SETRAC - February 28, 2021 YTD Expenditure Report (FY21)

(See Grant Summaries on Page 3 & 4 for Categorical breakdown of the grants)

	Grant	YTD Expenditures	Approved Budget	Variance	% Remaining	Month of Fiscal Year
*1	ASPR 21 - TSA Q	\$ 1,386,999	\$ 2,183,912	\$ 796,913	36.5%	8/12
*2	ASPR 21 - TSA R	\$ 146,945	\$ 469,004	\$ 322,059	68.7%	8/12
*3	ASPR 21 - TSA H	\$ 84,223	\$ 164,669	\$ 80,446	48.9%	8/12
*4	ASPR 21 - EMTF 6	\$ 58,675	\$ 131,736	\$ 73,061	55.5%	8/12
*5	HPP Supplemental Funds A	\$ 387,837	\$ 387,837	\$ -	0.0%	8/12
*6	HPP Supplemental Funds B	\$ 381,003	\$ 1,361,548	\$ 980,545	72.0%	6/12
*7	RAC/EMS 2021 Part A	\$ 352,972	\$ 455,879	\$ 102,907	22.6%	8/16
*8	RAC/EMS 2021 Part B	\$ -	\$ 455,879	\$ 455,879	100.0%	4/12
*9	RAC Development 2021	\$ 131,435	\$ 229,522	\$ 98,087	42.7%	4/12
*10	County Pass Thru 2021 Part A	\$ 32,481	\$ 402,201	\$ 369,720	91.9%	10/16
*11	County Pass Thru 2021 Part B	\$ 32,481	\$ 402,201	\$ 369,720	91.9%	6/12
*12	LPG funds	\$ -	\$ 63,058	\$ 63,058	100.0%	4/4
*13	DSHS SB 500 Funds	\$ 330,413	\$ 342,602	\$ 12,189	3.6%	15/18
*14	HFD Base Station	\$ 1,525,549	\$ 2,015,000	\$ 489,451	24.3%	10/12
	Total	\$ 4,851,013	\$ 9,065,048	\$ 4,214,035	46.5%	

*1-4 ASPR Contracts for FY21 are expending according to budget.

*5 ASPR Contract Supplement COVID Funding 1 is budgeted for maintenance/repairs of assets and MMU supplies

*6 ASPR Contract Supplement COVID Funding 2 is budgeted for maintenance/repairs of assets, MMU supplies, and hospital allocations. May also be used for public education.

*7 RAC EMS Part A funds clinical programs from May 1, 2020 to August 31, 2021. This will be the last year with a May 1 start.

*8 RAC EMS Part B funds clinical programs from September 1, 2020 to August 31, 2021.

*9 RAC Development funds clinical programs from September 1, 2020 to August 31, 2021 and includes the Trauma database

*10 County Pass Thru Part A funds eligible EMS agencies from May 1, 2020 to August 31, 2021. Last year with a May 1 start.

*11 County Pass Thru Part B funds eligible EMS agencies from September 1, 2020 to August 31, 2021.

*12 LPG funds are awarded every spring from May 1, 2020 to August 31, 2020. Funds used for Public Education

*13 DSHS SB 500 funds are discretionary funds with required participation in the state wide arm band project

*14 Houston Fire Department Base Station - Reimbursement for actual payroll expenses incurred.

Grant Budget Summary - Categorical Detail

Cash Status: March 31, 2021

Frost Bank Checking	\$ 316,388.00	-This account is the main operational account.
Compass Bank Checking	\$ 793,929.00	-This account is our primary depository account for grant funds.
Compass Bank Savings	\$ 51.00	-This account supports our PayPal transactions for conferences
PayPal Account	\$ 2,672.70	-This account supports receivables for Symposium, other events
Investment Account #1	\$ 448,957.03	-Monies invested in 28-day maturity, FDIC insured certificates of deposit
Investment Account #2	\$ 600,000.00	-Monies invested in 28-day maturity, FDIC insured certificates of deposit

SETRAC Operating Fund YTD September 1 - August31

Revenue

General Revenue	\$ 25,529
FY 2020 Dues	\$ 44,575
FY 2021 Dues	\$ -
STB Kits	\$ 11,052
Response Income	\$ 76,630
HFD Base Station	\$ 114,775

Total Revenue \$ 272,561

Expenses

Contract Services	\$ 15,000
Equipment	\$ -
Operational Supplies	\$ 452
Other	\$ 38,975
Personnel	\$ 12,203
Travel	\$ 111

Total Expenses \$ 66,741

Net Revenue \$ 205,820

Grant Budget Summary - Categorical Detail

	YTD	Budget	Variance
HPP 21 - TSA Q			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ 14,114	\$ 17,146	\$ 3,032
Other	\$ 366,491	\$ 625,326	\$ 258,835
Personnel	\$ 772,301	\$ 1,268,912	\$ 496,611
Travel	\$ 1,096	\$ 12,921	\$ 11,825
Indirect Costs	\$ 232,997	\$ 259,607	\$ 26,610
Total	\$ 1,386,999	\$ 2,183,912	\$ 796,913

HPP 21 - TSA R			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ 881	\$ 2,374	\$ 1,493
Other	\$ 42,096	\$ 51,335	\$ 9,239
Personnel	\$ 76,288	\$ 359,741	\$ 283,453
Travel	\$ 805	\$ 7,433	\$ 6,628
Indirect Costs	\$ 26,875	\$ 48,121	\$ 21,246
Total	\$ 146,945	\$ 469,004	\$ 322,059

HPP 21 - TSA H			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ 184	\$ 822	\$ 638
Other	\$ 8,081	\$ 15,890	\$ 7,809
Personnel	\$ 66,494	\$ 134,180	\$ 67,686
Travel	\$ -	\$ 4,313	\$ 4,313
Indirect Costs	\$ 9,464	\$ 9,464	\$ -
Total	\$ 84,223	\$ 164,669	\$ 80,446

HPP 21 - EMTF 6			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ -	\$ 1,600	\$ 1,600
Other	\$ 15,078	\$ 19,474	\$ 4,396
Personnel	\$ 35,100	\$ 90,475	\$ 55,375
Travel	\$ -	\$ 5,379	\$ 5,379
Indirect Costs	\$ 8,496	\$ 14,808	\$ 6,312
Total	\$ 58,674	\$ 131,736	\$ 73,062

2021 Grant Budget Summary - Categorical Detail

	YTD	Budget	Variance
RAC/EMS FY 21 Pt A			
Operational Supplies	\$ 6,801	\$ 755	\$ (6,046)
Other	\$ 113,488	\$ 32,313	\$ (81,175)
Personnel	\$ 173,567	\$ 324,104	\$ 150,537
Indirect Costs	\$ 59,116	\$ 91,176	\$ 32,060
Travel	\$ -	\$ 7,531	\$ 7,531
Total	\$ 352,972	\$ 455,879	\$ 102,907
RAC/EMS FY 21 Pt B			
Operational Supplies	\$ -	\$ 755	\$ 755
Other	\$ -	\$ 32,313	\$ 32,313
Personnel	\$ -	\$ 385,745	\$ 385,745
Indirect Costs	\$ -	\$ 29,535	\$ 29,535
Travel	\$ -	\$ 7,531	\$ 7,531
Total	\$ -	\$ 455,879	\$ 455,879
RAC Development Funds			
Operational Supplies	\$ 535	\$ 755	\$ 220
Other	\$ 15,533	\$ 65,587	\$ 50,054
Personnel	\$ 93,834	\$ 128,800	\$ 34,966
Indirect Costs	\$ 21,533	\$ 27,371	\$ 5,838
Travel	\$ -	\$ 7,009	\$ 7,009
Total	\$ 131,435	\$ 229,522	\$ 98,087
County Funds Pt A			
Contract Services	\$ 32,481	\$ 402,201	\$ 369,720
County Funds Pt B			
Contract Services	\$ 32,481	\$ 402,201	\$ 369,720
HPP Supplemental Funds A			
Supplies	\$ 149,860	\$ 149,860	\$ -
Other	\$ 237,977	\$ 237,977	\$ -
Total	\$ 387,837	\$ 387,837	\$ -
HPP Supplemental Funds B			
Supplies	\$ -	\$ 391,992	\$ 391,992
Contractual	\$ -	\$ 461,019	\$ 461,019
Other	\$ 381,003	\$ 508,537	\$ 127,534
Total	\$ 381,003	\$ 1,361,548	\$ 980,545
DSHS SB 500			
Contract Services	\$ 330,413	\$ 342,602	\$ 12,189
HFD Base Station			
Personnel	\$ 1,525,549	\$ 2,015,000	\$ 489,451
LPG Funds			
Public Education Program	\$ 63,058	\$ 63,058	\$ -

Unrestricted Assets Growth

	GenFY15	Gen FY16	Gen FY17	Gen FY18	Gen FY19	Gen FY20	Gen FY 21	TOTAL
Revenue (Unrestricted)	114,868.11	122,415.57	112,130.48	458,767.59	357,970.13	828,743.55	272,561.00	2,625,415.85
Expense (Grant Offsets)	110,196.24	88,944.99	190,844.81	334,373.01	469,327.17	569,818.67	66,741.00	2,072,289.40
Unrestricted Net Asset	4,671.87	33,470.58	(78,714.33)	124,394.58	(111,357.04)	258,924.88	205,820.00	553,126.45
Symposium								48,836.00
Total Fund Balance								601,962.45

Notes:

FY22 HPP Grant Budget Summary - Categorical Detail

	YTD	Budget	Variance
HPP 22 - TSA Q			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ -	\$ 17,146	\$ 17,146
Other	\$ -	\$ 625,326	\$ 625,326
Personnel	\$ -	\$ 1,268,912	\$ 1,268,912
Travel	\$ -	\$ 12,921	\$ 12,921
Indirect Costs	\$ -	\$ 259,607	\$ 259,607
Total	\$ -	\$ 2,183,912	\$ 2,183,912
HPP 22 - TSA R			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ -	\$ 2,374	\$ 2,374
Other	\$ -	\$ 51,335	\$ 51,335
Personnel	\$ -	\$ 359,741	\$ 359,741
Travel	\$ -	\$ 7,433	\$ 7,433
Indirect Costs	\$ -	\$ 48,121	\$ 48,121
Total	\$ -	\$ 469,004	\$ 469,004
HPP 22 - TSA H			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ -	\$ 822	\$ 822
Other	\$ -	\$ 15,890	\$ 15,890
Personnel	\$ -	\$ 134,180	\$ 134,180
Travel	\$ -	\$ 4,313	\$ 4,313
Indirect Costs	\$ -	\$ 9,464	\$ 9,464
Total	\$ -	\$ 164,669	\$ 164,669
HPP 22 - EMTF 6			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ -	\$ 1,600	\$ 1,600
Other	\$ -	\$ 19,474	\$ 19,474
Personnel	\$ -	\$ 90,475	\$ 90,475
Travel	\$ -	\$ 5,379	\$ 5,379
Indirect Costs	\$ -	\$ 14,808	\$ 14,808
Total	\$ -	\$ 131,736	\$ 131,736

Trauma Committee – The chair is Dr. Michelle McNutt. The committee met virtually on 1.7.2021 and 3.4.2021. This committee operates with a subcommittee and several workgroups currently focused on regional data collection, trauma related research projects, and education. In tandem with the Pediatric Committee and EMS Committee, the trauma committee leads an initiative to standardize and combine the adult and pediatric transport guideline into one document.

The committee continues to discuss dosage guidelines for pre-hospital Ketamine usage. EMS partners within the trauma committee continue to work with Gulf Coast Blood Center to consider a path for whole blood. Progress for this project has been delayed due to COVID-19 as well as the national blood bank industry's efforts to standardize distribution.

The Trauma Data subcommittee reviews regional hospital-based data as well as regional clinical complications to identify areas of improvement, to include improper documentation of ISS scores. Virtual registrar education workshops are being developed to ensure data is captured accurately. This education will be combined with AIS coding education aide in correcting errors in ISS documentation. The education is planned to occur in Quarter 2 of 2021.

The Trauma Research workgroup, in collaboration with UT Health, submitted an abstract entitled *"Effects of the Addition of Level II Trauma Centers to A Historically Level I Dominated System"* to the American Association for the Surgery of Trauma (AAST) on 3.5.2021. If selected, a manuscript will be drafted and submitted for publication.

This workgroup is also working to develop a poster presentation for the 2021 TQIP Annual Scientific Meeting and Training conference highlighting the increase in tourniquet usage from 2018 through 2020. The workgroup's goal is to showcase the creative and positive strides that SETRAC has made in tourniquet usage.

Pediatrics Committee – The chair is Dr. Brent Kaziny. The committee met virtually on 2.11.2021. The revisions to the Pediatric Transport Guidelines for the Trauma Plan were reviewed. A workgroup has been established to standardize the adult and pediatric guideline. Finalized version will be presented to the Trauma Committee for approval.

This committee operates with three subgroups that focus on child abuse screening tools, publishing a regional pediatric practice guideline annually, and providing committee education for continuing education credit. The Regionwide Child Physical Abuse Screening Tool is in development and the agenda for the virtual Pediatric Emergency Care Coordinator (PECC) Workshop has been created and speakers have been confirmed for this special opportunity.

Perinatal Committee – The chair is Dr. David Weisoly. The last meeting was held virtually on 3.23.2021 with over 100 stakeholders in attendance. The next meeting will be held on 6.9.2021. This committee has created an organizational structure that enables it to capitalize on the high volume of interested stakeholders. Likewise, Dr. Weisoly is working with SETRAC to develop blinded CEO reports for hospitals to compare and contrast neonatal and maternal performance.

This committee operates with 4 workgroups: The Maternal Morbidity and Mortality, Low Birthweight Infant Mortality, Perinatal Planning, and Perinatal QI workgroups. Within these workgroups, certain projects are developed based on the quarterly review of data metrics. This committee remains committed to the collection of neonatal data via the SETRAC Clinical Database and is working to establish quality metrics for the collection of maternal data. Routine virtual meetings to include, monthly Maternal focused best practice meetings, quarterly Neonatal and Maternal Program Manager Collaborative meetings, and PRN Neonatal focused best practice meetings will continue.

- The Perinatal Quality Improvement workgroup, led by Dr. Weisoly, is engaged with multiple quality improvement projects to improve certain neonatal data metrics. Also, “Quality Awards” criteria are being developed to recognized hospitals that improve neonatal and maternal metrics. Other focuses include:
 - The Perinatal Database and Frequently Asked Question (FAQ) Document project group led by Jon Fry and Dr. Madhu Kulkarni maintains and updates the database, data dictionary, FAQ document, and database user guide as needed. This living document was developed for those submitting neonatal data. Additions to this document will include maternal measures to guide those who will submit maternal data and address any questions or concerns from stakeholders.
 - The Antibiotic Timeliness project group led by Dr. Hanine Hajj and Soji Tom, is currently working to establish tiered benchmarks for improvement of administration timeliness and timeliness of orders. Members are collaborating with their hospital’s pharmacy department to determine areas of improvement while focusing on reducing delays in placing orders for antibiotics (see Exhibit 1).
 - Dr. Carey Eppes and Kendra Folh, lead the Maternal Quality Measures project group in tandem with Dr. Toy’ Maternal Mortality workgroup to develop metrics for Substance Abuse and Depression Screening, Post-Partum Hemorrhage and Transfusions, and Timely Treatment for Hypertension.
 - The Breastmilk at Discharge project group is a QI workgroup led by Dr. Tiffany Molina and Dr. Elizabeth Sager. This group has targeted the initiation and establishment of breast milk and fostering the breast milk culture in the NICU. Project goals and tiered strategies for improvement have been provided to the committee and placed on the SETRAC Perinatal webpage as a regional resource (see Exhibits 2-3). Quality awards are being planned for facilities that show improvement.
- The Morbidity and Mortality workgroup led by Dr. Eugene Toy’s with assistance from Dr. Carey Eppes and Dr. Christina Davidson developed a draft list of Maternal Quality Assurance and Performance Improvement (QAPI) triggers based on the CDC Severe Morbidity Indicators. Once complete, the document will be proposed to the committee for approval.

- The Perinatal Planning workgroup led by Dr. Sophia Tsakiri and Patrick Vermaas is working with hospital Emergency Managers to ensure bed reporting for moms and babies is accurate in EMResource and working with SETRAC to offer Neonatal Resuscitation Training to our EMS partners.
- The Low Birthweight Infant Mortality workgroup is led by Dr. Lisa Owens. The workgroup has finalized their first project, The Safe Sleep Toolkit, and made it available to stakeholders via the Perinatal webpage. An audit, via survey, is now being performed to measure its utilization. The workgroup plans to focus on improving Late Onset Sepsis Prevention to include skin integrity, PICC line usage, humidity, and CLABSI reduction.

Stroke Committee – The chair is Dr. Sean Savitz and the group met virtually on 3.24.2021. Quarter 4 2020 data reflects substantial improvements in Door to Needle (D2N) time metric for patients receiving tPA (see Exhibit 4). There has also been a positive reduction in documentation of “Rapid Improvement” for patients whose symptoms have returned to baseline (see Exhibit 5).

SETRAC has begun gathering preliminary LVO data from all Comprehensive Stroke Centers and thrombectomy capable facilities. A workgroup has been established to discuss meaningful ways to view the data.

SETRAC continues to host monthly stakeholder led education sessions alternating between the stroke data subcommittee meetings, the stroke coordinators subcommittee meetings, and stroke committee meetings. With a continuous goal of improving stroke care in our region, each stroke designated hospital is scheduled to collaboratively share a quality improvement project or best practice guideline that has proven effective at their facility. All facilities are aware of their designated month to present.

Cardiac Committee - The chair is Dr. James McCarthy. This committee meets quarterly and met virtually on 1.22.2021. The next Committee meeting will be held on 4.23.2021. The committee continues to focus on reducing Door-In Door-Out (DIDO) times and lytic administration.

The leader of the Cardiac Education workgroup is developing basic education for PCI facilities to educate non-PCI facilities regarding the 10/30 project, lytic administration, and transfer guidelines. A letter is being developed for facilities not providing lytics and non-PCI facilities.

A date of Sept 29th, World Heart Day, has been set for the Cardiac Consortium. Attendees will receive a certificate as well as CEUs from SETRAC after completion of all lectures.

At the next meeting, the HEART Healthy Community Program will present the revised requirements of the program and corresponding documents for administrative and committee approval. The overarching plan is to provide a document that serves as a tool for interested communities to implement and encourage heart healthy menu options in local restaurants, and for residents to be better educated about ways they can improve their heart health.

All incomplete 2020 goals have rolled over to 2021 to include a partnership between a PCI facility and a free-standing non-PCI facility for mentorship on best practices in regard to transfers, achieving D2B<120 minutes for all transfer patients, hands-only CPR community education, and social media presence related to stroke and STEMI regional education.

Injury Prevention Committee – The chair is Dr. Michelle McNutt. The committee met virtually on 2.11.2021. The current focus remains on ensuring nursing home facilities provide a patient's advance directives to EMS agencies at time of patient transport. A joint committee has been established between EMS, physicians, and nursing home leaders and met on 2.23.2021 to discuss solutions, increased communication, and best practices. SETRAC is currently seeking LTC leaders to participate.

The Falls Prevention workgroup has scheduled another virtual fall prevention program for older adults. A virtual Fire and Falls Prevention program was hosted by SETRAC in collaboration with Huffman EMS and Sugarland Fire and EMS on 3.23.2021. The group continues to seek funding sources/grants.

The Firearm Safety workgroup leader met with Commissioner Ellis' office for collaboration with hospital and community-based programs for 2021. The workgroup is considering ways to provide community education and to identify ways to address in-hospital violence, and funding.

The Drowning Prevention workgroup developed water safety flyers and tip sheets in English and Spanish for high incident apartment associations, homeowner's association, and area hospitals identified by drill down of regional submersion data. Flyers have been distributed to apartment complexes in our region.

PRE-HOSPITAL / EMS COMMITTEE REPORT for the SETRAC BOARD

April 19, 2021

Committee Chair(s): John Kowalik, Allen Sims, Dr. Cameron Decker

SETRAC Liaison: Chris Collier

Meeting Schedule:

Past:	January 15, 2021
	March 19, 2021
Upcoming:	May 21, 2021
	July 16, 2021

Subcommittees or Task Forces:

(MIH/CP) Mobile Integrated Health / Community Paramedicine:

- The group continues to meet prior to the EMS meeting currently focusing on ways to ensure DNRs are transported with patients. A number of challenges and barriers are under consideration, including the fact that the DNR may be part of an electronic medical record. The group is also reviewing proposed legislation.

* * * *

Participation: Meetings tend to include representatives from 4+/- hospitals and 60+/- EMS agencies.

* * * *

Year to Date Committee Highlights:

- **EMS Waivers due to COVID-** DSHS reported that the governor's mandate regarding no masks and business occupancies at 100% does not affect the governor's emergency declaration of a 90-day extension on certifications and licensing nor does it affect the variance waiver. EMS providers that do a variance are reminded that approval must be made by the medical director (whether or not the staff person is certified or if their certification has been extended), the role of the staff person is explained, and an expiration date. The expiration date can be renewed as long as the variance waiver remains in place.
- **COVID Path Forward-** Members of the committee shared changes their agencies have implemented or are considering now that COVID numbers seem to be decreasing and vaccinations are available. Included in the discussion were:
 - creation of a tiered system based on benchmarks for operational shifts
 - restarting in-person meetings and trainings
 - relaxation of the use of masks for individuals who have been fully vaccinated in accordance with the CDC guidelines
 - reimplementing the use of nebulizers in ambulances.
- **Regional Quality of Care** –the committee has addressed a variety of topics and has encouraged members to attend other SETRAC committee meetings and encouraged those members to attend our meetings (stroke, trauma, inj. prev., cardiac, etc.). The group has received presentation and discussion regarding the CARES program, Alternative EMS Transport Plans, Out of Hospital DNR, Antigen testing discussion, and discussion on Level I and Level II Trauma Center transport destinations by EMS.

Issues/Concerns for Board Attention:

None

Regional Healthcare Preparedness Coalition

Board Report

April 2021

Winter Weather Response

Dr. Schulz opened discussion to the coalition members regarding the recent winter weather response and identified improvements.

1. **Shelters for people showing up in the ERs because they have nowhere else to go.
Need sheltering for general population as well as medical/special needs sheltering.**
2. **Power Outage**
3. **Dialysis Centers**
4. **Water Outage/Boil Water Notice**
5. **EMS**
6. **Proactive Communication**

COVID Response Update

The state is requiring SETRAC to decrease the current staffing by 12.5% every week until April 9th, then DSHS will reevaluate. These nurses are for COVID beds and SETRAC will continue to monitor the curve.

From mid-December to the end of February there have been over 471 requested replacements with most of those cases now coming up COVID-negative. Due to numbers dropping, regular beds opening, and the request for transfers switching from COVID-positive to negative patients, effective Monday (March 8th), the SETRAC duty officers will no longer be serving as the regional transport center to assist with finding a bed for those COVID-negative patients. Transfer will be following the regular transfer processes going forward.

Healthcare Preparedness Capabilities

- **Long Term Care Update (C102)**
There is a marked decrease in COVID cases and outbreaks in Long Term Care Facilities, home health resident population and dialysis centers. PPE distribution continues for both the LTC group (748 facilities and dialysis clinics currently on rotation) and the Home Care group (769 agencies currently on rotation) monthly for each. Most LTC Facility based organizations have received vaccine allotment to their staff and now going through residents and populations with underlying health conditions.
- **Training and Exercise Update (C104)**
Adam Lee reported the Burn AAR has been completed and will be submitted to DSHS for approval.
The Winter Storm After Action Conference was held March 22nd at 9:00 am.

John Wingate reported all requirements for SETRAC to provide Nursing CEs have been completed and SETRAC is now a CE provider for Nursing, EMS, and Nursing Home Administrators.

SETRAC continues to hold WebEOC/EMResource/EMTrack trainings with the next training scheduled for March 11th at 1:00 pm. Registration can be found under the Education tab à Register for Training à Click on the EMResource/EMTrack/WebEOC button,

The Training and Exercise Team are working to get a date finalized for an ABLS class. An e-mail will be sent out with registration information. Training will be provided on an “as-needed-bases”. To inquire on training availability or set up a training, please email exercise@setrac.org.

- **EMTF Update (C104)**

Mikal Orr reported EMTF-6 continues to support requests for resources and personnel in response to COVID-19 surges around the state. As of 12/17/20, all EMTF-6 resources (40 total personnel) have demobilized from the El Paso surge mission.

At the request of Baptist Beaumont hospital, we assisted with the establishment of an alternative care site at the hospital to provide for ER overflow, which reduces strain on hospital resources and provides available beds and resources to care for COVID positive patients.

- **Inventory Update**

Jackson Bartlett announced there will be a 100% eyes-on inventory conducted this year. He will be scheduling a date and time with each of the facilities to conduct an inventory of both durable equipment and consumables of their preparedness stock. The overall objective is to have all inventories conducted prior to year-end, as well as all inventory reflected accurately in the WiseTrack system.

- **Clinical Advisory Committee**

Tina Rose provided an update on the Regional Burn Plan Annex as well as notified the group that she would no longer be remaining in her role at City of Houston and could no longer Chair this committee.

The Clinical Advisory Committee will need to replace Tina as Chair of the Committee

- **SETRAC/EMS**

Chris Collier reported hospitals may see EMS providers using alternative methods when transporting patients to the emergency room, in particular the hand-off process. To reduce ambulance wait time in the emergency rooms, some agencies are sending personnel to sit with the patient to allow the ambulance to go back into service.

- **Public Health**

Vaccine roll-outs are taking priority at this time.

A health advisory was sent out yesterday for Ebola to let people know there are two Ebola outbreaks; one in Guinea and the other in the Republic of Congo. Hospitals and EMS agencies were encouraged to ensure their Ebola plans and procedures are relevant and valid.

- **FBI/Law Enforcement**

SETRAC was notified that there is a third party out there selling vaccine appointments to international residents. It looks like they are spoofing an appointment reminder that goes back to the people after they have paid for their vaccine or appointment and they do not tell them where to go for their vaccine. When the people contact the call center, they are told they are having trouble with other locations and they need to go to hospital "X" which is not a valid location/appointment.

- **OEM**

Continue to deal with the effects from the ice storm

Continue to focus on COVID response. Some concerns with the 100% re-opening of Texas.

Multiple incidents over the past year, in addition to COVID, and each single event has created a new opportunity for us to learn and try to mitigate potential issues.