



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 \leq 90 minutes (\leq 120 minutes when transport \geq 45 minutes and arrival to PCI \leq 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:


