



**BOARD OF DIRECTORS  
QUARTERLY MEETING**

**OCTOBER 18, 2021**

**SOUTHEAST TEXAS REGIONAL ADVISORY COUNCIL  
BOARD OF DIRECTORS QUARTERLY MEETING/ANNUAL MEETING  
OCTOBER 18, 2021**

**LOCATION** – entirely a Virtual Meeting (check [www.setrac.org](http://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** David Persse, M.D.
  
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 (nominations)** Vacant
  - D. **Secretary** Graig Temple
  - E. **Member At Large** Brent Kaziny, M.D.
  - F. **Treasurer’s Report** Lon Squyres
  
4. **EXECUTIVE REPORTS** - Chief Executive Officer Darrell Pile, MHA  
- Vice President Preparedness and Response Lori Upton, RN, BSN, MS
  
5. **COMMITTEE UPDATES**
  - A. **Regional Healthcare Preparedness Coalition** (as submitted)
  - B. **Pre-Hospital Committee** (as submitted)
  - C. **Trauma Committee** (as submitted)
  - D. **Injury Prevention Committee** (as submitted)
  - E. **Pediatric Committee** (as submitted)
  - F. **Perinatal Committee** (as submitted)
  - G. **Cardiac Committee** (as submitted)
  - H. **Stroke Committee** (as submitted)
  
6. **REMAINING ACTION ITEMS/BOARD CONSIDERATION** David Persse, M.D.
  - A. **Prior Meeting Minutes**
  - B. **Officer Reports**
  - C. **Financial Reports**
  - D. **CEO Report**
  - E. **Resolutions/Other Action Items**
  
7. **GENERAL/OPEN DISCUSSION** 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*

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### Board Meeting Minutes July 19, 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 AND INTRODUCTION OF SPECIAL GUESTS**

Dr. Persse welcomed the board members and the stakeholders in attendance. No special guests were in attendance for this meeting.

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

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

Dr. Persse announced that Mr. John Kowalik (Wharton County representative and Vice Chair of Pre-Hospital Services) passed away. Board members and stakeholders present at the meeting reflected on the legacy left by Mr. Kowalik. Dr. Persse asked for a moment of silence and to keep Mr. Kowalik's family and the Wharton EMS community in their thoughts.

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

Tom Flanagan commended and reinforced that hospital staff and physicians, first responders, and the SETRAC team need to be proud of all the work they have done over the last year with the COVID-19 pandemic. Mr. Flanagan asked everyone to remain vigilant and continue social distancing as we work through this next surge of COVID-19 patients that everyone is beginning to experience.

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

Dr. Persse announced that he will meet with Darrell Pile and team to determine how to move forward with filling the vacancy for this position in accordance with the bylaws. Christy Gonzalez of Wharton EMS attended the meeting on Mr. Kowalik's behalf.

##### **D. Secretary**

Mr. Temple had no items to report.

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

Dr. Brent Kaziny stated that in addition to the surge of COVID patients, the children's hospitals in the region are struggling with an overabundance of RSV patients. They will continue to monitor the impact of the new COVID-19 Delta variant on the pediatric population.

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

Lon Squyres reported that the state will be transitioning to a September 1<sup>st</sup> fiscal year start date for each of the statewide clinical grants. The synchronization of the fiscal year periods will coincide with the state's fiscal year and simplify some of the financial reporting processes.

Donald Morrison, SETRAC Controller, provided an overview of the written financial reports that were distributed to the board. Currently there are no controversies or any issues or concerns that require attention.

- Grant monies are being used according to plan with nothing over budget.
- One of the RAC/EMS supplemental funds will have a surplus of approximately \$200,000. The SETRAC budget committee met during the prior week and approved the use of these funds for:
  - Trainings: falls prevention “train the trainer” program, basic stroke emergency support, and books for a neonatal resuscitation program (NRP) course.
  - Communications: internal phone system upgrade, IT server memory upgrade, audio visual equipment, computers for online presentations, database support training.
  - Clinical Data: CAD system (EMResource) for EMS agencies/hospitals, expansion and improvements to clinical databases to include additional collection of information and expansion of current capabilities.
- Local project grant (LPG) funds were distributed to RACs in May with an expenditure due date of August 31<sup>st</sup>. The EMS Committee is determining how to use the funds and will soon have a plan approved by the state.
- The unrestricted assets fund has grown and can help sustain operations for over a year if needed.
- Board members received details of the HPP (3), EMTF-6, and clinical grant (3) budgets in advance and the SETRAC budget committee reviewed each budget in a meeting the prior week. The budgets were presented to the board during the meeting for approval.
- Tiffany Walker has been hired to assist the finance department as well as the clinical department.
- To date, more than 200 reimbursement packages totaling more than \$8 million have been submitted during the last year.

#### **4. LEADERSHIP REPORT**

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

- Financial Status – SETRAC has diversified its services as a not-for-profit organization and has several income streams that help minimize dependence on grant sources alone.
- GETAC Update – The trauma rules that RACs must follow were written many years ago and will be undergoing revisions. Stakeholder meetings will be held to review the rules and provide input before presenting a finalized version to DSHS for approval in a year or so.
- Legislative Update – SETRAC’s work to educate legislators about RACs led to terrific results, including legislation that provided funds needed to fill the gap created when DSHS announced that RAC funding would be reduced as part of an overall department reduction. Likewise, the legislature agreed to separately fund the eight Emergency Medical Task Force programs over the next two years (we lead EMTF-6).
- Through the pandemic, clinical committees continue to meet virtually and compare regional data against state and national benchmarks. Once the pandemic situation becomes more relaxed, SETRAC will look forward to having hospitals assist other hospitals whose data shows they may not be at the same level as the others. Updates from each of the clinical committees were provided to the board (documents included in July 2021 board materials.)
- The issue of Advance Directives not always accompanying patients when transferred for emergency care in hospitals EDs continues to be reviewed by the Trauma and the EMS committees.

- SETRAC's legal counsel replied to a subpoena for information that was sent to SETRAC by a local emergency services district. There has been no further activity.
- A statement has been added to the SETRAC website that demonstrates the values of being equitable, supporting diversity, and fostering inclusiveness. SETRAC will assess its work addressing those topics against some parameters adopted by other businesses through the Greater Houston Partnership.
- When stakeholder schedules allow, SETRAC will be planning a meeting to facilitate solutions to minimize the frequency of hospitals declaring "disaster status". A new feature has been added to the IT system that can track how many ambulances are at each hospital, how many are incoming to each hospital, and how many hours/days a hospital requires special status.
- A conference call was recently held for Level IV trauma designated hospitals for feedback on how things were going in the region. Two concerns that were voiced were:
  - Ambulance transfer services sometimes take many hours to arrive at the hospital to transport the patients to their destination and they do not always receive the run records.
  - Sometimes Level IVs have trouble transferring a patient because an MD at a higher-level trauma hospital declines the request because he/she feels that service can be provided at the Level IV facility.
- SETRAC has applied for a Better Business Award for its flexibility and unique services provided during COVID. Winners will be announced in October.
- ASPR recently published a national story that describes how SETRAC successfully managed a surge of patients during COVID-19.

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

- The state mission assignment has been extended through August 31<sup>st</sup>.
- Hospital COVID conference calls will begin again beginning this Thursday.
- Requests have been received from hospitals for state contracted staffing assistance and equipment. The state is continuing to monitor numbers; however, they are not ready to provide the service at this time.
- Warehouse operations – PPE distribution has moved from the supplying of push packs to an on-demand request only. An emergency cache of PPE will be kept on hand. Most of the durable medical equipment has been returned to the state for preventive maintenance and refurbishing. The equipment will be brought back to SETRAC so it can easily be deployed.
- All ACS locations have closed and have returned to normal operations and all crisis staffing as of May 15<sup>th</sup> was returned to the state.
- All budget period 2 deliverables have been completed and delivered to the state and federal government.
- The RHPC Board has approved the budget period 3 workplan as well as the budget. The clinical advisory committee will be working on tightening up the infectious disease plan. The board has an opening for an EMS representative and a co-chair position for the downtown corridor.
- The HPP coordinators continue to work closely with leadership and jurisdictional authorities out in the region to ensure needs are met.
- The information technology department is working to get the EMResource broker app up and running and is continuing to strengthen SETRAC's cyber awareness.
- Jackson Bartlett will be visiting facilities to complete inventory management.
- An NDMS activation tabletop is scheduled for July 21<sup>st</sup> and a cyber tabletop training and exercise will be held as a pre-symposium event.

A concern was voiced about the staffing shortages caused by nurses leaving hospitals to work for contract nursing agencies. Dr. Persse suggested this topic be addressed with the RHPC board to determine if it is a topic that can be handled through SETRAC.

## **5. COMMITTEE REPORTS**

The newly elected leaders for each SETRAC committee were recognized by the board.

### **A. REGIONAL HOSPITAL PREPAREDNESS COALITION**

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

The RHPC leadership reviewed the work plan to be submitted to DSHS and the federal government for approval as well as approving the budgets.

The Clinical Advisory Committee will be working on an infectious disease plan.

SETRAC was one of the few RACs that met the objectives for the exercise and the specialty annexes required by the federal government.

### **B. PRE-HOSPITAL COMMITTEE**

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

The committee will focus on having joint committee initiatives.

The mobile integrated health (MIH) subcommittee is doing a lot of great work with a focus on how to work better with hospitals.

Two work groups will meet to develop training for EMS and review data collection needs.

### **C. TRAUMA COMMITTEE**

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

A white paper was submitted to TQIP highlighting the increase in tourniquet usage and the committee is appealing the decision of the AAST regarding an abstract that was submitted regarding the effects of the additions of Level II trauma systems.

### **D. INJURY PREVENTION COMMITTEE**

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

This committee is working with the MIH Subcommittee regarding the inclusion of DNR papers when transporting patients to hospitals.

The falls prevention workgroup will be providing “train the trainer” courses to rollout more tai chi classes to be held throughout the region.

### **E. PEDIATRIC COMMITTEE**

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

The pediatric transport guidelines are being revised for the trauma plan and will be finalized soon.

A virtual pediatric emergency care coordinator (PECC) workshop will be rolled out soon for hospital and EMS stakeholders.

The committee will be working with the EMS Committee to start a discussion around regional messaging regarding best practice for EMS for reporting child abuse.

**F. PERINATAL COMMITTEE**

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

A toolkit was created with tiered benchmarks to improve the timeliness of antibiotic administration to babies and at the appropriate time.

A breastmilk at discharge toolkit has also been created to target the initiation and establishment of breastmilk and fostering the breast culture in the NICU.

Maternal quality measures will begin to be collected.

**G. CARDIAC COMMITTEE**

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

The committee approved the Hearth Healthy Community project and a toolkit is available on the SETRAC website.

**H. STROKE COMMITTEE**

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

Committee leaders are working with SETRAC to develop initiatives and ideas to increase tPA administration and assist outlier facilities.

**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 officer reports as presented.

**C. Financial Report and Proposed Budgets**

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

**D. CEO Report**

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

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

No resolutions or other action items were presented.

**7. GENERAL DISCUSSION / MEMBER FEEDBACK**

Lon Squyres reported there were six positions for the board that were up for renewal or appointment. Each nomination was recommended by their agency or county. These appointments are:

- Dr. Ann Barnes – Harris Health System
- Tom Flanagan – Memorial Hermann Health System

- Graig Temple – Fort Bend County
- James Campbell – Montgomery County
- Dean Cashburn – Walker County
- Mark Sloan – At-Large position

The Healthcare Facility At-Large position remains vacant.

Walter Morrow made a motion to accept the above nominations which was seconded by Todd Caliva. The board voted in favor of accepting the nominations with no objections.

Nominations were received for the following to be reappointed to their executive positions for a three-year term:

- Tom Flanagan – Vice Chair of Hospital Services
- Graig Temple – Secretary

Kevin Schulz made a nomination to close the nominations.

Walter Morrow made a motion to accept the nominations which was seconded by James Campbell. The board voted in favor of accepting the nominations with no objections.

**8. ADJOURNMENT**

Dr. Persse adjourned the meeting at 8:03 pm.

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



## SETRAC - September 30, 2021 YTD Expenditure Report (FY22)

(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 22 - TSA Q	\$ 977,518	\$ 2,358,912	\$ 1,381,394	58.6%	3/12
*2 ASPR 22 - TSA R	\$ 100,684	\$ 469,004	\$ 368,320	78.5%	3/12
*3 ASPR 22 - TSA H	\$ 50,133	\$ 164,669	\$ 114,536	69.6%	3/12
*4 ASPR 22 - EMTF 6	\$ 39,154	\$ 131,736	\$ 92,582	70.3%	3/12
*5 RAC/EMS 2021	\$ 392,213	\$ 455,879	\$ 63,666	14.0%	13/15
*6 RAC/EMS 2022	\$ -	\$ 480,104	\$ 480,104	100.0%	1/12
*7 RAC Development 2022	\$ -	\$ 198,414	\$ 198,414	100.0%	1/12
*8 County Pass Thru 2022	\$ -	\$ 439,364	\$ 439,364	100.0%	1/12
*9 HFD Base Station	\$ 1,452,108	\$ 2,066,045	\$ 613,937	29.7%	9/12
<b>Total</b>	<b>\$ 3,011,810</b>	<b>\$ 6,764,127</b>	<b>\$ 3,752,317</b>	<b>55.5%</b>	

\*1-4 ASPR Contracts for FY22 are expending in accordance with budget.

\*5 FY 21 RAC EMS funds for clinical programs have been extended to November 30, 2021.

\*6 FY 22 RAC EMS funds for clinical programs from Sep 1, 2021 to Aug 31, 2022.

\*7 FY22 RAC Development funds for clinical programs from Sep 1, 2021 to Aug 31, 2022 and includes the Trauma database.

\*8 FY 22 County Pass Thru funds for eligible EMS agencies from Sep 1, 2021 to Aug 31, 2022.

\*9 Houston Fire Department Base Station - Reimbursement for actual payroll expenses incurred.

## Financial Summary - Categorical Detail

	YTD	Budget	Variance
<b>HPP 22 - TSA Q</b>			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ 6,217	\$ 17,146	\$ 10,929
Other	\$ 455,194	\$ 675,326	\$ 220,132
Personnel	\$ 446,980	\$ 1,268,912	\$ 821,932
Travel	\$ 6,075	\$ 12,921	\$ 6,846
Additional EMTF	\$ -	\$ 125,000	\$ 125,000
Indirect Costs	\$ 63,052	\$ 259,607	\$ 196,555
<b>Total</b>	<b>\$ 977,518</b>	<b>\$ 2,358,912</b>	<b>\$ 1,256,394</b>
<b>HPP 22 - TSA R</b>			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ 316	\$ 2,374	\$ 2,058
Other	\$ 22,198	\$ 51,335	\$ 29,137
Personnel	\$ 67,290	\$ 359,741	\$ 292,451
Travel	\$ -	\$ 7,433	\$ 7,433
Indirect Costs	\$ 10,880	\$ 48,121	\$ 37,241
<b>Total</b>	<b>\$ 100,684</b>	<b>\$ 469,004</b>	<b>\$ 368,320</b>
<b>HPP 22 - TSA H</b>			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ 163	\$ 822	\$ 659
Other	\$ 9,337	\$ 15,890	\$ 6,553
Personnel	\$ 35,132	\$ 134,180	\$ 99,048
Travel	\$ -	\$ 4,313	\$ 4,313
Indirect Costs	\$ 5,500	\$ 9,464	\$ 3,964
<b>Total</b>	<b>\$ 50,133</b>	<b>\$ 164,669</b>	<b>\$ 114,536</b>
<b>HPP 22 - EMTF 6</b>			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ -	\$ 1,600	\$ 1,600
Other	\$ 10,063	\$ 19,474	\$ 9,411
Personnel	\$ 24,700	\$ 90,475	\$ 65,775
Travel	\$ -	\$ 5,379	\$ 5,379
Indirect Costs	\$ 4,390	\$ 14,808	\$ 10,418
<b>Total</b>	<b>\$ 39,154</b>	<b>\$ 131,736</b>	<b>\$ 92,582</b>

## Financial Summary - Categorical Detail

	YTD	Budget	Variance	
<b>RAC/EMS FY 21</b>				
Contractual Services	\$ 17,344	\$ 17,344	\$ 0	
Operational Supplies	\$ 3,981	\$ 755	\$ (3,226)	
Other	\$ 103,874	\$ 103,874	\$ 0	
Personnel	\$ 188,238	\$ 235,199	\$ 46,961	\$ 235,199.00
Indirect Costs	\$ 78,776	\$ 91,176	\$ 12,400	
Travel	\$ -	\$ 7,531	\$ 7,531	
<b>Total</b>	<b>\$ 392,213</b>	<b>\$ 455,879</b>	<b>\$ 63,666</b>	
<b>RAC/EMS FY 22</b>				
Operational Supplies	\$ -	\$ 755	\$ 755	
Other	\$ -	\$ 67,313	\$ 67,313	
Personnel	\$ -	\$ 354,295	\$ 354,295	
Indirect Costs	\$ -	\$ 50,268	\$ 50,268	
Travel	\$ -	\$ 7,473	\$ 7,473	
<b>Total</b>	<b>\$ -</b>	<b>\$ 480,104</b>	<b>\$ 480,104</b>	
<b>RAC Development Funds FY22</b>				
Operational Supplies	\$ -	\$ 755	\$ 755	
Other	\$ -	\$ 34,479	\$ 34,479	
Personnel	\$ -	\$ 128,800	\$ 128,800	
Indirect Costs	\$ -	\$ 27,411	\$ 27,411	
Travel	\$ -	\$ 6,969	\$ 6,969	
<b>Total</b>	<b>\$ -</b>	<b>\$ 198,414</b>	<b>\$ 198,414</b>	
<b>County Funds FY22</b>				
Contract Services	\$ -	\$ 439,364	\$ 439,364	
<b>HFD Base Station</b>				
Personnel	\$ 1,452,108	\$ 2,066,045	\$ 613,937	



**RHPC Board Meeting**  
August 6, 2021  
Zoom Meeting



**New Business**

• **COVID Response Update**

Lori Upton reported the COVID numbers are rising, and the facilities are being stressed. As of this morning, there were 741 people being held in emergency departments awaiting transfer. She has forwarded an email to the state requesting contract nurses be put back in place and the re-activation of the alternate care sites that were in place during the last two COVID surges. She also requested funding to increase the community paramedicine programs to assist in alleviating some of the overcrowding in the emergency departments. As of today, a response has not been received from anyone at the state level. The email also went to our ASPR representative who has shared it with the federal government and the White House. The White House has supposedly been in contact with the Governor's office. An updated email will be sent to the state again with our region's requests. Requests should be submitted through the STAR process so they can be pushed up to the state. SETRAC is also working to help open a Regional Patient Transfer Center to assist the facilities in transferring patients.

**Healthcare Preparedness Capabilities**

**Long Term Care Update (C102)**

Hilal Salami gave the following Special Populations update to the coalition members:

- SETRAC continues to onboard facilities and agencies and increase regional participation in the coalition, to include bedded facilities, home based care & hospice, federal clinics, and other non-hospital organization.
- SETRAC continues to also work with the dialysis group on regional planning and education New Texas approved bills affects group – Generator power or alternate power source (HB04132 and HB04225 and SB0612 dead), **SB1876 passed** – Communicating closure and hour reduction with surrounding healthcare partners, OEM, and coalitions. Bill also states that facilities need to submit EOP plans to OEM offices and RACs, facilities, coalitions, and surrounding healthcare partners.
- COVID cases have been reported in couple of LTC facilities, still minor and in single digits but facilities have increased visitor restrictions and other partner access controls.
- TDEM letters have been received by regional HHSC offices (LTC regulatory body) and is being shared with facilities regarding funding availability through city and county jurisdictions for staffing increase assistance at their corresponding facilities. Letter directed facilities to reach out to their local OEM offices for their application and approval process to receive funding in that regard. Where prior to that, facilities that needed staffing assistance during the pandemic went through a request process with HHSC and if approved, had a STAR created for them that was filed by the state.

**EMTF Update (C104)**

Mikal Orr reported EMTF-6 has no assets or teams deployed in the region or state.

**Training:**

- 1 Team member sent to MEDL course May 17<sup>th</sup>-19<sup>th</sup>
- 6 team members sent to ASMT course June 15<sup>th</sup> – 16<sup>th</sup>
- Mr. Orr and Chris Collier attended the COVID 2020 AAR June 27<sup>th</sup> – 28<sup>th</sup>
- IDRU training/exercise with UTMB Galveston & Acadian EMS July 22<sup>nd</sup>

**Activations:**

- EMTF-6 is staffing 2 ambulances and 4 crew for a border support mission in Dilley, Texas. The SMA is for 30 days.
- Splashtown Hazmat Response – MPV 601, 603, 604 15 patients transported to MH TMC
- Lyonell Bassell Hazmat – MPV 601 & 603 14 patients transported to Methodist Clearlake

**Sub-Committee Updates**

**RHPC Award of Excellence Committee (C101)**

All application documents for the RHPC Award of Excellence are posted on the SETRAC website. The deadline to submit is August 31<sup>st</sup> and then the committee will begin reviewing the submissions.

**Symposium Planning (C101)**

The symposium is scheduled for October 20<sup>th</sup> – 22<sup>nd</sup>, 2021, and there are still rooms available at the Hilton. Venues for the pool reception and beach party are confirmed.

**Clinical Advisory Committee (C101)**

The Clinical Advisory Committee continues to look for a Chair. The work plan given to the committee by the state is to focus on the burn annex, which has been completed, and infectious disease, which has also been completed apart from adjusting the regional plan as well as what has been done during the pandemic to bring it all together in to one infectious disease plan. Anyone interested in working with the committee can contact Ms. Upton at [lori.upton@setrac.org](mailto:lori.upton@setrac.org).

**Corridor Updates** (C101)

**Downtown Corridor** – Ray Higgins reported the Downtown Corridor met on June 4<sup>th</sup> and discussed COVID response issues and the severe weather event. The next meeting is scheduled for October 1<sup>st</sup> depending on how this current COVID surge plays out will determine if the corridor meeting will be in-person or virtual.

**South Corridor** – Mike Nixon reported the July 9<sup>th</sup> South Corridor meeting was cancelled due to a severe weather event. The next meeting is scheduled for September 10<sup>th</sup>.

**East Corridor** – Lydia Worthen announced the East Corridor met on July 23<sup>rd</sup> and discussed COVID response, meeting location sites, and increasing participation by conducting trainings at the meetings.

**North Corridor** – Gary Litton reported the North Corridor met on June 9<sup>th</sup> in Livingston and a presentation on the Onalaska tornado event in April 2020 presented by their hospital and EMS partners. The next meeting is scheduled for August 11<sup>th</sup> at CHI Lufkin.

**West Corridor** – Ms. Carnie reported the West Corridor met on July 30<sup>th</sup>. Radio checks are going well at above the 50% mark. The next meeting is scheduled for September 24<sup>th</sup>, and it is depending on this current COVID surge whether it will be an in-person or zoom meeting.

**Partner Updates** (C101)

**Public Health**

**Harris County Public Health Department (HCPH)** – Mac McClendon reported HCPH is ramping up as the need for testing has increased to the point more staffing is required to meet the needs of the communities.

**Department of State Health Service (DSHS)** – Bobbiejean Garcia introduced their second HAI Epidemiology personnel in the region, Amy Tresal.

**Houston Public Health Department (HPHD)** –John Fleming reported HPHD is also experiencing an increase in testing numbers, even higher than before.

## **EMS**

**SETRAC**– Chris Collier reported the EMS Committee is looking at saturation challenges due to overuse of the 911 system – in regard to such incidents as COVID and the Winter Storm. This is a two-fold issue: Internal disaster should not be the workaround when hospitals are saturated because it causes a cascading event of overwhelming other hospitals, leading to additional internal disaster declarations.

Chris provided an overview of the response to Hurricane Harbor and LB incidents.

With the increasing patient loads, increasing wall times and waits – instead of blaming each other, if coalition members are having process disagreements, please to reach out to SETRAC when their having issues, the intent is not to solve your problems, but to put you in touch with the right contact or assist in coming up with a solution.

Ms. Spivey encouraged the facilities to have the appropriate staff take EMResource/EMTrack training to help minimize some of these issues. Email requests to [exercise@setrac.org](mailto:exercise@setrac.org) for day and/or evening trainings.

**Fort Bend EMS** – Mike Nixon reported they are working with their hospital partners trying to help them do what is best for their emergency rooms. They have a meeting with their big system next week to look at some strategies (i.e. alternate destinations, transporting patients to Free-Standing EDs, etc.).

## **OEM**

**Texas City OEM** – Tom Munoz reported they conducted exercises involving the health and mental health piece. They are monitoring the COVID surge closely and have increased their TSAs. A document will be airing next week to encourage people to get vaccinated. On August 10th they are conducting a “back to school” vaccination day.

**Harris County OEM** – Mark Sloan reported as well as monitoring the current COVID surge, they are monitoring hurricane season as there is still that risk and threat. There are a few storms moving off the coast of Africa. The National Hurricane Service and Hurricane Center are still expecting a very active hurricane season. As the region continues to monitor the COVID situation, we cannot drop our guard to our preparedness for the continuing hurricane season which peaks on September 10th.

**Sugar Land OEM** – Gabe Lavine advised of a training opportunity for EMS agencies coming out August 16th to August 21st. This winter/early January they will be conducting a full-scale exercise with the hospitals.

**Mayor’s Office of Homeland Security Public Safety** – Austen McMillin announced Mark Rayne is the acting EOC for the City of Houston until the new EOC starts soon.

**VA OEM** – Danny Shine (Area Emergency Manager) stated he is the NDMS/FTC Coordinator for the region, and he is also the person to contact for partner/hospital MOAs. He can be reached by email at [danny.shine@va.gov](mailto:danny.shine@va.gov) and/or by phone at 713-794-8492. There are currently 51 MOAs standing and they are working on the NDMS tabletop exercise AAR.

The Veterans’ Patient Transfer Center phone number is 713-794-7109 with hours from 0800 to 1630, and after business hours the calls are switched to their Medical Administrative Assistant at 713-791-1414, x-23808 or x-23809.

## PRE-HOSPITAL / EMS COMMITTEE REPORT for the SETRAC BOARD

October 18<sup>th</sup>, 2021

**Committee Chair(s):** Justin Reed, Allen Sims, Dr. Lesley Osborn  
**SETRAC Liaison:** Chris Collier

**Meeting Schedule:** Past: July 16<sup>th</sup>, 2021  
September 17<sup>th</sup>, 2021  
Upcoming: November 12<sup>th</sup>, 2021  
January 21<sup>st</sup>, 2022

### Subcommittees or Task Forces:

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

The MIH-CP Subcommittee designed and presented an infographic to the committee for facilities to put up in their hospital to remind staff to include DNR information when transferring patients to the next care point. The MIH-CP Subcommittee will meet with Hilal Salami (SETRAC) to determine best way to distribute the infographic to the nursing homes and any associated costs.

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

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### Committee Highlights:

- **Utilizing 911 for STEMI/Stroke/Trauma Inter-Facility Rapid Transports (Multiple)**  
Hospitals are having issues with finding transportation and getting patients transferred for higher level of care in a timely manner. Although the COVID pandemic may be part of the problem, this issue has continued to group for STEMI, stroke, and trauma patients and is a barrier to meeting quality initiatives for time critical patients. A discussion by the committee prompted the following:
  - For some facilities, the contracted EMS provider may also be the area's 911 provided.
  - Not all 911 agencies may have the specialized equipment or capabilities to provide the care needed for the patient.
  - 911 response may be abused by calling for non-emergent issues. Criteria and time frames prompting the need for a rapid transfer would need to be provided. Collecting data from hospitals and/or EMS agencies may help determine how often the 911 system is being used for non-emergent transfers.
- **Texas Cares Initiative** - A regional report was shared with the committee that compares all participating hospitals and EMS agencies in the SETRAC region to Texas and the nation. When comparing the regional data to that of the state and nation:
  - Demographics are similar.
  - Our region is more likely to have a bystander a person going into cardiac arrest and initiate CPR; however, the number of bystanders using AEDs is substantially lower.
  - Our region's patients have less Vfib and asystole but substantially more PEA.
  - Patients in our region are less likely to have hypothermia care provided in the field and substantially less likely to do field termination.
  - Utstein survival is significantly higher. The bystander witnessed group had better neurological outcomes for patients than the unwitnessed group.
- **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 Texas CARES program, EMS Whole Blood, Out of Hospital DNR, EMS LVO assessment, LyondellBassell MCI, Critical Care Transport Matrix, and Prehospital use of Ketamine.

**Perinatal Committee** – The chair is Dr. David Weisoly with Kendra Folh and Patrick Vermaas serving as Vice Chair. The last meeting was held virtually on 9.8.2021. The next meeting will be held on 12.8.2021. The main focuses of the committee include:

- CEO Reports: A comprehensive view of regional maternal and neonatal data for participating hospital CEOs
- Neonatal and Maternal Program Manager Collaborative: Monthly discussions around legislative changes and best practices
- Neonatal Resuscitation Training for EMS: Textbooks have been ordered. Confirming location and scheduling dates for the in-person training
- Perinatal Clinical Database: Electronic collection of maternal data began July 2021

**Cardiac Committee** - The chair is Dr. James McCarthy with Dr. Kevin Schulz and David Bernard serving as Vice Chair. This committee meets quarterly and met virtually on 7.23.2021. The next Committee meeting will be held on 10.22.2021. The main focuses of the committee include:

- HEART Healthy Community Program: Toolkit will be presented at the SETRAC Preparedness Symposium and promoted to the community through local marketing
- STEMI Coordinator Meetings: Inaugural meeting held on 9.1.21. Will hold every 6 weeks and focus on improving percentage of First Hospital DIDO times
- STEMI Abstractor Education: Education workgroup members to develop general education for accurate data abstraction
- Non-PCI and FSED Education: Standardized guidelines established. Working to establish physician support for peer-to-peer education
- Cardiac Consortium: Virtual presentation with CEUs to highlight the importance of timely lytic administration, heart attack risk factors, and cardiac care best practices

**Stroke Committee** – The chair is Dr. Sean Savitz with Andy Adams and Dr. Bryan Kharbanda serving as Vice Chair. The committee met virtually on 7.28.2021 and 9.22.21. The next committee meeting will be held on 11.17.21. The main focuses of the committee include:

- Accuracy of LVO data: Develop regional goals based on the LVO data trends once accurate data is available. Pending review of data by participating facilities
- Regional Stroke Plan: Annual review of stroke plan for potential edits
- Too Mild Project: Completion of funding proposal to Genentech for sponsorship of regionwide education on “too mild” diagnosis regarding tPA administration



**Trauma Committee** – The chair is Dr. Michelle McNutt with Christine Campbell and Eric Bank serving as Vice Chair. The committee met virtually on 9.2.2021. The next meeting will be held on 11.4.21. The main focuses of the committee include:

- New Trauma Rules: Assessing the updated trauma rules and the creation of the RAC rules; effective in 2023
- Trauma Plan: Revisions complete. Motion for approval will be made at next committee meeting
- Double Transfers: Data drilldown to ensure accuracy in hospital arrival method
- Abstractor Education: Assist Level IV facilities with all needs, to include data collection and transfers
- Trauma/EMS Collaboration: Development of pre-hospital Ketamine use guideline and Whole Blood component therapy program

**Injury Prevention Committee** – The chair is Dr. Anthony Arredondo with Jessica Yell and Kacey Sammons serving as Vice Chair. The committee met virtually on 8.12.2021. The next meeting will be held on 10.14.21. The main focuses of the committee include:

- Committee Focus: Developing new goals and focus points for the committee
- Tai Chi Train the Trainer Course: Funding approved. Dates for course confirmed. Phase 1 of education in progress
- Firearm Safety: Pending Commissioner Ellis' office for collaboration.
- Education: Establishing unified social media messaging for National Injury Prevention Day

**Pediatrics Committee** – The chair is Dr. Brent Kaziny with Sarah Beth Abbott and Xavier De La Rosa serving as Vice Chair. The committee met virtually on 8.12.2021. The next meeting will be held on 10.14.21. The main focuses of the committee include:

- Pediatric Emergency Care Coordinator Workshop: Virtual education held on 8.26.21 to highlight the role and importance of a PEC Coordinator
- Regionwide Child Physical Abuse Screening Tool: Tool for hospital and pre-hospital usage. Pending updates from GETAC
- Pediatric/EMS Collaboration: Final version of Pedi transport guideline approved by the Pedi Committee
- Education: Confirming guest speakers for continuous education and CEU opportunities