



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

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 1st 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 31st. 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 31st.
- 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 15th 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 21st 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

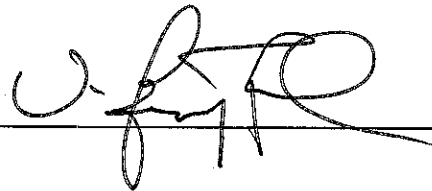
Kevin Schulz made a nomination to close the nominations.

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:



A handwritten signature in black ink, appearing to be 'J. Persse', is written over a horizontal line. The signature is stylized and cursive.