



**BOARD OF DIRECTORS
QUARTERLY MEETING**

OCTOBER 21, 2024



Chairman	David Persse, MD
Vice Chairman Hospital Services	Tom Flanagan
Vice Chairman Pre-Hospital Services	James Campbell
Secretary	Walter Morrow, RN, CFRN, EMT-P
Treasurer	Lon Squyres
Officer-at-Large	Brent Kaziny, MD MA
Chief Executive Officer	Lori Upton

SouthEast Texas Regional Advisory Council (Trauma Service Area Q)

Austin, Colorado, Fort Bend, Harris, Matagorda, Montgomery, Walker, Waller, and Wharton Counties

SETRAC BOARD OF DIRECTORS QUARTERLY MEETING

October 21, 2024 – 6:30pm

LOCATION – SETRAC Conference Center - 1111 N. Loop West, Suite 160, Houston, TX 77008

- | | |
|--|--|
| 1) CALL TO ORDER / ROLL CALL | David Persse, M.D./
Walter Morrow, RN, CFRN, EMT-P |
| 2) WELCOME | David Persse, M.D. |
| 3) NOMINATIONS COMMITTEE
a. Bylaws Committee update | Tom Flanagan |
| 4) OFFICER REPORTS
A. Chairman
B. Vice Chair Hospital Services
C. Vice Chair Pre-Hospital Services
D. Secretary
E. Member At Large
F. Treasurer
a. Financial Reports | David Persse, MD
Tom Flanagan, BSN, MA, LP
James Campbell
Walter Morrow, RN, CFRN, EMT-P
Brent Kaziny, MD
Lon Squyres |
| 5) EXECUTIVE REPORT – Chief Executive Officer
a. Preparedness and Response Report
b. Emergency Healthcare Systems (EHS) Report

i. Pre-Hospital Committee Presentation | Lori Upton, RN, BSN, MS
Lisa Spivey/Troy Erbenbraut
Suzanne Curran/Melanie Aluotto/
Clayton Ehrlich
Jason Gander |
| 6) REMAINING ACTION ITEMS/BOARD CONSIDERATION
A. Approval of Prior Meeting Minutes
B. Approval of Reports (Financial, Executive)
C. Resolutions/Other Action Items | David Persse, MD |
| 7) GENERAL/OPEN DISCUSSION/AUDIENCE Q&A | David Persse, MD |
| 8) ADJOURNMENT OF GENERAL MEETING | David Persse, MD |
| 9) EXECUTIVE SESSION | David Persse, MD |



Chairman	David Persse, MD
Vice Chair-Hospital Services	Tom Flanagan
Vice Chair-PreHospital Services	James Campbell
Secretary	Walter Morrow, RN, CFRN, EMT-P
Treasurer	Lon Squyres
Officer-at-Large	Brent Kaziny, MD, MA
Chief Executive Officer	Lori Upton

SouthEast Texas Regional Advisory Council (Trauma Service Area Q)

Austin, Colorado, Fort Bend, Harris, Matagorda, Montgomery, Walker, Waller and Wharton Counties

Board Meeting Minutes

August 27, 2024

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

Dr. David Persse, Chairman, called the meeting to order at 6:30pm. The meeting was held in-person at the SETRAC Conference Center. Walter Morrow, Secretary, 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. This meeting, which serves as the annual meeting, was rescheduled from the original July date due to the weather event.

3. **OFFICER REPORTS**

A. Chairman

Dr. Persse discussed how planning for disasters, such as the recent hurricane, makes a difference even when something occurs that is different from what is anticipated. Hurricane Beryl was a category 1 hurricane but had a huge impact on our overall community, particularly in terms of power outages. EMS strike teams were provided by the state to assist at hospitals so EMS agencies in the region could transfer care to the strike team unit and get their crews back on the street. Dr. Persse commended everyone on their service during the event. After action reports are being prepared to determine what items can be improved upon.

B. Vice Chair Hospital Services

James Campbell reported on behalf of Tom Flanagan, who had an excused absence for this meeting.

The following nominations were received for the expiring board member and officer terms:

Memorial Hermann Health System – Tom Flanagan

Harris Health System – Dr. Steven Brass

Fort Bend County – Dudley Wait

Montgomery County – James Campbell

Walker County – Rachel Parker

At-Large #1 – Mark Sloan

The officer terms expiring are as follows:

Vice Chairman of Hospital Services – Tom Flanagan

Secretary – Walter Morrow

No additional nominations were received prior to the meeting or presented during the meeting.

C. Vice Chair Pre-Hospital Services

Mr. Campbell shared that GETAC meetings took place the prior week. A report on pediatric readiness survey was given by Sam Vance at the GETAC meetings which showed that SETRAC performed well on the survey. The expansion of the whole blood program has a lot of momentum on the state level. Positive feedback was received on the wall times during the Hurricane Beryl event with the assistance of the EMS strike teams.

An invitation was sent by SETRAC to participate in the after-action report meeting for the hurricane.

The listserv that was created for EMS leaders is proving to be beneficial.

D. Secretary

Mr. Morrow had no items to report.

E. Officer-at-Large Report

Dr. Brent Kaziny was not able to attend the meeting. There were no items to report.

F. Treasurer Report

Lon Squyres reported on the SETRAC financials which was provided to the board. Highlights include:

- All grant accounts are being spent as expected, including 5 accounts which are in the final month of expenditures.
- Four Investment accounts were liquidated and consolidated into one account through Amegy Bank.
- Unrestricted asset growth shows a total fund balance of \$1,098,533.30.
- SETRAC is very strong financially.

4. EXECUTIVE REPORT

A written report was provided to the board and Ms. Upton provided the following highlights:

- Nhi Hoang has joined the SETRAC team. Ms. Hoang will assist in the finance department as SETRAC's accounting clerk.
- The deadline for open comment on the state's trauma rules is September 3rd. It is suggested that comments be submitted the Thursday or Friday the week before.
- A draft of the RAC assessment was completed. There are six areas that were determined to need a little strengthening to meet the criteria.
- An inquiry from the Fort Bend Auditor's Office brought to SETRAC's attention that some EMTF packets were not previously submitted. The documents have now been submitted and a process have been put in place to ensure that future packets are not missed.
- Money previously held in CDAR accounts that were consolidated into one account has yielded about \$15,000 for the first interest payment.
- Migration to the new payroll system (ADP) is expected to be completed by October 1st.
- SETRAC received \$200,000 in funding from another RAC for the SB8 initiative. The RAC no longer needed the funds for the program. Approximately 240 scholarships have been distributed to date. The final date for the scholarship award is December 31, 2024.

- Each board meeting will have a chair from one of the SETRAC committees to share the priorities and initiatives with the board members. Elizabeth Eason, MD, was in attendance for this meeting to provide an update on behalf of the Perinatal Committee.
- Ms. Upton presented the board with information regarding the SETRAC budgets. The EMS County / RAC funding was highlighted, including how the amounts for RACs are calculated and how much is dispersed for each county/RAC. The amount of funds distributed to SETRAC for this year will be a decrease in funding of approximately \$170,000 from two years ago. The board discussed ways to educate EMS on the importance of submitting accurate run records as well as providing education to legislatures on how funding is distributed. A request was made to have the presentation to the board members electronically.
- Ms. Upton presented the board with the current dues that are charged to stakeholders as well as what other large RACs are charging. A proposal was made by Ms. Upton to change the dues to reflect a base rate of \$500 with an additional \$15 fee per licensed bed for hospitals and a fee of \$100 per licensed ambulance for EMS agencies. Hospitals and EMS agencies can also include an optional \$125 coalition fee. The recommended fees, if approved, would go into effect September 1, 2025. The new rates would result in an increase of approximately \$212,000 which would help offset the previously mentioned \$170,000 decrease in funding for the state and maintain the current staffing and ability to obtain data for the clinical service lines. The board discussed the differences between the current fees as potential increase as well as the additional cost of wrist bands to stakeholders beginning on September 1, 2025.
- Members of the SETRAC staff recently toured more potential locations for a future location for the SETRAC offices. The properties were presented to the board, of which the location on Brittmore Park Drive was highlighted due to its status as being move-in ready.

The board discussed the need for a new office/warehouse location in addition to the differences in monthly costs between the current rent and the potential ownership of a new location. A motion was made to have a group of interested board members visit the proposed location and to let the SETRAC Foundation begin working on a proposal. The motion was seconded and was approved by the board with no objections or abstentions.

- The published SETRAC annual report was distributed to the SETRAC board.
- The SETRAC board strategic retreat is scheduled for November 14th from 10am to 4pm at Amegy Bank on the 610 West Loop. Calendar invitations will be sent.
- **Preparedness and Response** – A written report was provided to the board prior to the meeting.
- **Emergency Healthcare Systems** – Suzanne Curran, Melanie Aluotto, Dr. Elizabeth Eason (Perinatal Committee Chair) and Troy Erbenraut (on behalf of Clayton Ehrlich) provided the following update:
 - The Trauma Committee did not meet due to Hurricane Beryl. The next meeting will take place on Thursday, September 5th.
 - Trauma rules are now open for public comment through September 3rd. A few items receiving concern from SETRAC are the stocking of two units of blood at Level IV facilities at all times, the removal of the need for trauma medical directors to participate in the RAC and attend meetings, and the removal of the nurse surveyor from Level IV surveys.
 - Matagorda Regional Medical Center received recognition at SETRAC and by GETAC on their recent handling of patients involved in an MCI.
 - Trauma facilities are awaiting updated information from the state regarding funding for uncompensated trauma funds.
 - Critical trauma patient transfer times is being reviewed by SETRAC as a project from the GETAC Council.
 - A trauma registry class on inter-rater reliability is scheduled for October.
 - The Trauma Committee is reviewing the care received for burn patients.

- The top five mechanisms of injury reports are being used by the Injury Prevention Committee to determine education.
- SETRAC will take part in the Katy Area Safety Fest on September 28th to provide education on bleeding control, hands-only CPR, and more.
- Robin Hazlett from Texas Children's Hospital is the regional pediatric emergency care coordinator. Ms. Hazlett will work with hospital ERs to ensure they are prepared to work with pediatric patients.
- An EMS pediatric stroke protocol was approved by the GETAC Council and will be introduced to the SETRAC Trauma Committee.
- SETRAC staff has been traveling to lead table-top exercises in hospitals outside of Texas as part of the G7 grant funding.
- The regional stroke plan and charter was approved by the Stroke Committee and was presented to the board for approval.
- The Stroke Committee is reviewing regional data on extended window strokes and rehab utilization in the region for possible performance improvement projects.
- A toolkit is being compiled on how to care for stroke patients during a disaster.
- Two abstracts were submitted on behalf of the Stroke Committee. The first abstract, "Evolution of Stroke Care" was presenting at the International Stroke Conference in February 2024 and the second, "Racial Disparities in Time to Thrombolytics in Southeast Texas" was accepted for presentation at the Neurocritical Care Science (NCS) and will be presented in October 2024.
- CE education on posterior strokes is available on the SETRAC learning management site.
- The regional cardiac plan and charter was approved by the Cardiac Committee and was presented to the board for approval.
- Two events (239 and 21 participants respectively trained in hands-only CPR) have been held as part of the Heart of the Matter program with two additional events planned.
- The American College of Cardiologist's NCDR Chest Pain MI Registry agreement has been signed for quarterly downloads of patient level data and access to the dashboard for national metrics. This will assist with cardiac performance improvement initiatives.
- The regional perinatal plan and charter was approved by the Perinatal Committee and was presented to the board for approval.
- Eight hospitals from the SETRAC region have been participating with the Texas Collaborative for Healthy Mothers and Babies on initiatives pertaining to postpartum preeclampsia. Seven-six percent of the SETRAC hospitals are participating in a project on newborn admission temperatures (the largest project in the state involving neonates.)
- The new maternal rules and HB 1164 for placenta accreta spectrum disorder are in effect. An educational video on placenta accreta spectrum disorder was developed by Dr. Eugene Toy for hospitals and is on the SETRAC website. The video, which provides continuing education credit, has been viewed by more than 700 people.
- The Infant Morbidity and Mortality workgroup is developing a list of QAPI triggers that is being developed for leveling across the state. Current practices are being reviewed with a focus on syphilis and how to affect it.
- The neonatal resuscitation program (NRP) continues to take place throughout the region with a goal of reducing infant mortality through education and skills in the prehospital setting. Twelve classes have been taught with 133 EMS personnel trained.
- The Perinatal Planning workgroup will focus on best practices in disaster preparedness for the NICU and maternal populations.

- The regional goal for NICU babies receiving breastmilk at discharge is 75%. The region is currently at 68%. The regional goal for very low birthweight babies receiving breastmilk at discharge is 55% and is currently at 52%. An abstract was submitted at the Pediatric Academic Societies (PAS) conference titled “Improving Delivery of Breastmilk to VLBW Infants at Time of NICU Discharge Through Collaborative Quality Improvement in a Large Perinatal Care Region in Texas.”
- The regional goal for NICU receiving antibiotics more than one hour after birth was initially $\leq 31\%$. Currently the region is at 26.8%. An abstract was submitted at the Pediatric Academic Societies (PAS) conference titled “Improving Neonatal Antibiotic Administration Timeliness in a Large Regional Quality Improvement Collaborative.”
- The Neonatal and Maternal Program Manager Subcommittee work to keep up with new rules and share tools and lessons learned for leveling. A regional maternal/neonatal disaster plan is being reviewed for hospitals to use as a template.
- The Maternal Subcommittee was recently created and will be focusing on reducing primary C-sections as their first performance improvement project.
- The patient wristbands will be distributed to EMS agencies at the next EMS Committee meeting on September 18th.
- Another RAC will be providing SETRAC with \$200,000 for the Senate Bill 8 scholarship program.
- The EMS Committee is requesting the Blood Products Subcommittee become its own committee due to the interest and need for inclusion of stakeholders other than EMS (hospital champions, surgeons, OB/GYNs, blood banks, etc.)

5. ACTION ITEMS

A. Prior Meeting Minutes

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

B. Reports (Officer, Finance, and Executive)

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

C. Resolutions and/or Other Action Items

a. *Election for expiring board of director positions.*

The names of the nominations for the expiring board of director positions were presented to the board. No additional nominations were received. There being no objections or abstentions, the board voted to approve the slate of nominees. The new terms go into effect at the end of this meeting.

b. *Election for expiring board officer positions.*

The names of the nominations for the expiring board of director positions were presented to the board. No additional nominations were received. There being no objections or abstentions, the board voted to approve the slate of nominees. The new terms go into effect at the end of this meeting.

c. *Approval of the SETRAC Regional Perinatal Plan.*

The plan was presented to the board for approval. There being no objections or abstentions, the board voted to approve the plan as presented.

d. Approval of the Perinatal Committee Charter.

The charter was presented to the board for approval. There being no objections or abstentions, the board voted to approve the plan as presented.

e. Approval of the SETRAC Regional Stroke Plan.

The plan was presented to the board for approval. There being no objections or abstentions, the board voted to approve the plan as presented.

f. Approval of the Stroke Committee Charter.

The charter was presented to the board for approval. There being no objections or abstentions, the board voted to approve the plan as presented.

g. Approval of the SETRAC Regional Cardiac Plan.

The plan was presented to the board for approval. There being no objections or abstentions, the board voted to approve the plan as presented.

h. Approval of the Cardiac Committee Charter.

The charter was presented to the board for approval. There being no objections or abstentions, the board voted to approve the plan as presented.

i. Approval of proposed changes to SETRAC dues.

Voting on this item was tabled. The board would like to implement a change management plan, including a letter from Lori Upton and Dr. David Persse to CEOs to communicate the need for increase in dues, the service SETRAC provides, and the need for a new SETRAC location.

j. Purchase of property for SETRAC offices/warehouse.

The need for a new location for SETRAC as well as potential properties was shared by Ms. Upton with the board. A motion was made by Todd Caliva to have a group of interested board members visit the proposed location (11435 Brittmoore Park Drive) and to let the SETRAC Foundation begin working on a proposal. The motion was seconded by Justin Reed and was approved by the board with no objections or abstentions.

k. Transition of Blood Products Subcommittee to a committee.

The Blood Products Subcommittee is currently a subcommittee of the EMS Committee. The committee has requested of the board to transition the Blood Products Subcommittee to a stand-alone SETRAC committee. Dudley Wait made a motion to transition the Blood Products Subcommittee of the EMS committee to an ad hoc committee of SETRAC to include blood supplier, hospital blood banks, and blood champions in our hospitals along with EMS. The motion was seconded by Mr. Morrow. The board approved transitioning the subcommittee to an ad hoc committee with no objections or abstentions with the potential to become a standing committee in the future.

6. GENERAL / OPEN DISCUSSION

Mr. Wait commented on the success of the EMS strike teams during Hurricane Beryl and raised the concern of wall times during normal operations and not currently being addressed. Ms. Aluotto informed the board that the ED Committee is being reinstated. One of the focuses will be ED wall times but will require the collaborative effort of emergency departments and EMS agencies. Hospital CEOs have been asked to provide a representative for their EDs to attend these committee meetings. Ms. Upton shared that EMResource now has a program that will be free to SETRAC that should be able to show the units at each hospital and the length of time the unit is at the hospital.

7. ADJOURNMENT

Dr. Persse adjourned the general board meeting at 8:48 pm.

SETRAC Board - Secretary: _____

SETRAC - August 31, 2024 YTD Expenditure Report (FY24 & FY25)

(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 25 - TSA Q	\$ 396,869	\$ 2,183,913	\$ 1,787,044	81.8%	2/12
*2	ASPR 25 - TSA R	\$ 50,454	\$ 469,004	\$ 418,550	89.2%	2/12
*3	ASPR 25 - TSA H	\$ 34,842	\$ 164,669	\$ 129,827	78.8%	2/12
*4	ASPR 25 - EMTF 6	\$ 21,633	\$ 131,736	\$ 110,103	83.6%	2/12
*5	ASPR 25 - EMTF 6 (State funds)	\$ -	\$ 236,111	\$ 236,111	100.0%	2/12
*6	ASPR 24 - EMTF 6 (State funds)	\$ 236,111	\$ 236,111	\$ -	0.0%	14/12
*7	RAC/EMS 2024	\$ 459,606	\$ 503,239	\$ 43,633	8.7%	12/12
*8	RAC Systems Development 2024	\$ 219,637	\$ 219,637	\$ -	0.0%	12/12
*9	RAC/EMS EI Funds	\$ 150,000	\$ 150,000	\$ -	0.0%	12/12
*10	County Pass Thru 2024	\$ 419,588	\$ 419,588	\$ -	0.0%	12/12
*11	G7 Baylor Pediatric Disaster Care	\$ 209,671	\$ 258,956	\$ 49,285	19.0%	11/12
*12	HFD Base Station	\$ 1,577,488	\$ 1,843,106	\$ 265,618	14.4%	11/12
	Total	\$ 3,775,898	\$ 6,816,070	\$ 3,040,172	44.6%	

*1-4 ASPR Contracts for FY25 are expending in accordance with budget.

*5 ASPR EMTF 6 (State funds) FY25 are expending in accordance with budget.

*6 ASPR EMTF 6 (State funds) FY24 are expending in accordance with budget.

*7 FY 24 RAC EMS funds are expending in accordance with budget.

*8 FY24 RAC Development funds are expending in accordance with budget.

*9 FY24 RAC EI funds are expending in accordance with budget.

*10 FY 24 County Pass Thru funds for eligible EMS agencies has no allowable carryforward from FY23

*12 Houston Fire Department Base Station - Reimbursement for actual payroll expenses incurred. Net Revenue is listed on Page 2.

Financial Status

31-Aug-24		
Frost Bank Checking	\$ 204,771.37	-This account an operational account.
PNC Bank Checking	\$ 1,821,532.80	-This account is our primary depository account for grant funds.
PayPal Account	\$ -	-Funds transferred to Chase revenue account
Investment Account #1	\$ -	Liquidated at \$454,564.99
Investment Account #2	\$ -	Liquidated at \$1,569,668.88
Investment Account #3	\$ -	Liquidated at \$505,066.19
Investment Account #4	\$ -	Liquited at \$1,569,686.86
Investment Account #5	\$ -	-Monies invested in 13 week maturity, FDIC insured certificates of deposit
Investment Account #6	\$ -	
Amegy 8781 - Operating Account	\$ 3,026,695.47	-This account is the main operational account.
Amegy 8815 - General Fund Account	\$ -	-This account is General Fund account
Amegy 8807 - Payroll Account	\$ -	-This account is payroll account
Amegy 7211 - EMS/RAC Restricted Funds Acc	\$ -	
Chase 3936 - EMS/RAC	\$ 256,543.77	-This account supports SB8 and EMS RAC business
Chase 1676 - Revenue	\$ 295,744.35	-This account supports general fund business
31-Aug-24		
Amegy 8831 - Foundation Checking	\$ 1,371,117.39	-This account supports Foundation business
Maestro Svcs. Checking Acct.	\$ 94,162.05	-This account supports Maestro Svcs operations

SETRAC Operating Fund FY24 YTD

Revenue (non-grant)		FY 24	Revenue (non-traditional)		FY 24
General Revenue	\$	13,655	General Revenue	\$	-
FY 2024 Dues	\$	48,950			
RHPC Symposium Revenue	\$	210,101			
STB Kits	\$	20,843			
TEEX Income	\$	80,738			
HFD Base Station	\$	230,654			
Total Revenue	\$	604,940			
Expenses (non-grant)					
Contract Services	\$	385			
Business Expenses	\$	1,802			
RHPC Symposium Expenses	\$	170,372			
Operational Supplies	\$	6,542			
Other	\$	101,839			
Personnel	\$	96,346			
Base Station Expenses	\$	40,726			
Travel	\$	(1,052)			
Indirect Expenses	\$	7,501			
Total Expenses	\$	424,461			
Net Revenue	\$	180,479			

Financial Summary - Categorical Budget Detail

	YTD	Budget	Variance
ASPR 25 - TSA Q			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ 21,568	\$ 23,300	\$ 1,732
Other	\$ 124,476	\$ 651,540	\$ 527,064
Personnel	\$ 194,435	\$ 1,231,702	\$ 1,037,267
Travel	\$ 1,221	\$ 58,980	\$ 57,759
Indirect Costs	\$ 55,169	\$ 218,391	\$ 163,222
Total	\$ 396,869	\$ 2,183,913	\$ 1,787,044

ASPR 25 - TSA R			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ 5	\$ 37,025	\$ 37,020
Other	\$ 4,791	\$ 108,889	\$ 104,098
Personnel	\$ 41,831	\$ 257,780	\$ 215,949
Travel	\$ 1,287	\$ 18,410	\$ 17,123
Indirect Costs	\$ 2,540	\$ 46,900	\$ 44,360
Total	\$ 50,454	\$ 469,004	\$ 418,550

ASPR 25 - TSA H			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ 2	\$ 700	\$ 698
Other	\$ 3,843	\$ 29,607	\$ 25,764
Personnel	\$ 30,996	\$ 130,777	\$ 99,781
Travel	\$ -	\$ 3,585	\$ 3,585
Indirect Costs	\$ -	\$ -	\$ -
Total	\$ 34,842	\$ 164,669	\$ 129,827

ASPR 25 - EMTF 6			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ 3	\$ 450	\$ 447
Other	\$ 562	\$ 608	\$ 46
Personnel	\$ 19,935	\$ 112,004	\$ 92,069
Travel	\$ 416	\$ 5,500	\$ 5,084
Indirect Costs	\$ 718	\$ 13,174	\$ 12,456
Total	\$ 21,633	\$ 131,736	\$ 110,103

ASPR 25 - EMTF 6 (State General Revenue)			
Travel	\$ -	\$ 11,958	\$ 11,958
Operational Supplies	\$ -	\$ 178	\$ 178
Contract Services	\$ -	\$ -	\$ -
Other	\$ -	\$ 223,975	\$ 223,975
Total	\$ -	\$ 236,111	\$ 236,111

ASPR 24 - EMTF 6 (State General Revenue)			
Travel	\$ -	\$ -	\$ -
Operational Supplies	\$ 17,040	\$ 17,040	\$ -
Contract Services	\$ -	\$ -	\$ -
Other	\$ 219,071	\$ 219,071	\$ -
Total	\$ 236,111	\$ 236,111	\$ -

Financial Summary - Categorical Budget Detail

	YTD	Budget	Variance
RAC/EMS FY 24			
Operational Supplies	\$ 2,067	\$ 1,760	\$ (307)
Other	\$ 115,479	\$ 135,839	\$ 20,360
Personnel	\$ 258,794	\$ 231,246	\$ (27,548)
Indirect Costs*	\$ 73,688	\$ 127,194	\$ 53,506
Travel	\$ 9,579	\$ 7,200	\$ (2,379)
Total	\$ 459,606	\$ 503,239	\$ 43,633
RAC Development Funds FY24			
Operational Supplies	\$ 880	\$ 880	\$ -
Other	\$ 54,292	\$ 54,292	\$ -
Personnel	\$ 98,468	\$ 98,468	\$ -
Indirect Costs*	\$ 63,597	\$ 63,597	\$ -
Travel	\$ 2,400	\$ 2,400	\$ -
Total	\$ 219,637	\$ 219,637	\$ -
County Funds FY24			
Contract Services	\$ 419,588	\$ 419,588	\$ -
EI Funds FY24			
Other	\$ 150,000	\$ 150,000	\$ -
HFD Base Station			
Personnel and Other	\$ 1,577,488	\$ 1,843,106	\$ 265,618

Unrestricted Assets Growth

	GenFY15	Gen FY16	Gen FY17	Gen FY18	Gen FY19	Gen FY20	Gen FY 21	Gen FY 22	Gen FY 23	Gen FY 24	TOTAL
Revenue (Unrestricted)	114,868.11	122,415.57	112,130.48	458,767.59	357,970.13	828,743.55	495,286.00	787,368.00	115,462.00	604,940.02	4,355,910.87
Expense (Grant Offsets)	110,196.24	88,944.99	190,844.81	334,373.01	469,327.17	569,818.67	176,453.00	806,477.00	83,154.00	424,460.59	3,496,092.99
Unrestricted Net Asset	4,671.87	33,470.58	(78,714.33)	124,394.58	(111,357.04)	258,924.88	318,833.00	(19,109.00)	32,308.00	180,479.43	859,817.88
Symposium											52,552.85
Total Fund Balance											912,370.73

Notes:



Preparedness and Response

Lisa Spivey-Director of Preparedness

TSA Q-West Corridor – Kat Samuel

TSA H-Gary Litton

TSA R- Jeremy Way

Training & Exercise – James Meaux & Timothy Chapman

Special Populations - Fidel Calvillo

Overview:

There have been minimal changes since our last meeting, yet our coordinators continue to engage with stakeholders to address their training requirements, inquiries related to Pulsara, and forthcoming drills. We are also addressing queries concerning the impact of Hurricane Helene and the impaired Baxter distribution center. Numerous facilities have been informed by Baxter that their allocations are being revoked, necessitating reordering. Some facilities have started to reduce their services to preserve their allocations, and we have been receiving STAR requests for extra provisions.

Recently, the Director of Regional Preparedness was named as Chair of the TEMAC Evacuation work group.

We are dedicated to utilizing our expertise and delivering consistent support for the readiness and resilience efforts of our stakeholders.

- Actively involving all partners to boost participation in corridor meetings and conducting regular radio checks.
- Sustaining successful collaborations with hospitals, EMS, Fire, Police, Public Health, and City/County EMCs to cultivate robust partnerships.
- Presented at Capital Area Trauma Regional Advisory Council (CATRAC) stakeholder meeting.
- Presented at Adult Protective Services providing an overview of SETRAC.
- Since January 2024 –
 - a. Trained 466 in Stop The Bleed
 - b. Trained 217 in DECON
 - c. Trained 274 in Situational Awareness
- T&E team are working on 2025 Spring Exercise – planning will begin in late August.
- Our Regional Training Exercise Coordinator is completing the AAR for the G7 pediatric Exercise.
- Continuing to work with Pulsara to identify issues and find solutions.
- Special Populations Coordinator recently went through Assisted Living Managers Course, and is now certified in Assisted Living Manager, this course is designed to improve understanding of the day-to-day operations, regulations and emergency planning needed for assisted living facilities.
- Our Special Populations Coordinator continues to engage long term, home health, rehab, and FSEDs into the coalition.



Preparedness and Response

- a. Attends monthly meetings with Disabilities and Access Functional Needs workgroup, Regional Mass Care Coalition and ESRD Network 14.
- b. Holding training sessions with this population to gain better understanding of EMResource.
- c. Conducted two After Action meetings regarding Hurricane Beryl with Special Populations.
- d. Met with HHSC and DSHS to discuss ways to streamline processes to contact nursing homes during disasters.
- e. Met with Harris County Office of Emergency Management to discuss assisting with STEAR medical support during disasters.

Community Events/Exercises:

- Katy Safety Fest
- Technology training EMResource/WebEOC classes has been conducted across the region.
- Participated HCA Houston Healthcare Tomball Full Scale Active Shooter Exercise planning committee.
- Presented Health Human Services Commission meetings for nursing homes, assisted living, home health, hospice and ICf's.

Real World Events:

- CMOC was partially activated for Deer Park Pipeline Explosion.



Preparedness and Response

Troy Erbentraut – Director of Emergency Services & Response

EMTF 6 Coordinator – Grant Kelley

Regional Logistics Manager – Philip Cutler

Mobile Assets Coordinator – Jarad Moreno

Overview:

We continue to have busy a quarter while our response assets remain at a level of preparedness we have had increase in event standbys. We continue to work on development of communications channels with local and state agencies to ensure integrated responses. As we continue to optimize our workflows and set measurable objectives we have been hit with real-world responses and opportunities to gain experience and increase our abilities and responsiveness to the region.

SETRAC continues our effort to transition to StarLink. We have provided equipment for regional Ambuses as well as creating 5 deployable boxes.

Logistics and Mobile Assets:

- StarLink deployable “GO” boxes for the region
- Repair and maintenance of SETRAC assets from Hurricane Beryl
- Went thru all 26 HVAC units to assure state of readiness
- Replace hydraulic system on MCC-604

EMTF:

- Attended the bimonthly EMTF workgroups in San Antonio and Fort Worth.
- Develop, acquire and buildout EMTF-6 deployment boxes for MIST and TFL
- All 4 regional AmBuses have StarLink devices
- Participate in 2-day AAR with EMTF for Hurricane Beryl
- Reach out to community partners (Lufkin, Texan EMS, City Ambulance, HFD, Huffman, Acadian and Ft Bend)



Preparedness and Response

Real World Incidents:

EVENT	LOCATION	TYPE	DATE	ASSIGNED RESOURCES
Freedom over Texas	Local	Event	07/04/2024	Quad, 2-860's with generators and HVAC
North West Community Health 4 th of July	Local	Event	07/04/2024	Zumro 860 with generator and HVAC
Pearland Celebration of Freedom	Local	Event	07/04/2024	Zumro 860 with generator and HVAC
Hurricane Beryl	State	Real-World	07/05/2024	AST, AmBus, MIST, TFL for multiple days. Staging created at NRG
Pearland Juneteenth Celebration	Local	Event	07/15/2024	Zumro 860 with generator and HVAC
Hurricane Francine	State	Real-World	09/10/2024	AmBus, AST, MIST to Beaumont staging
Texas Gator Fest	Local	Event	09/13/2024	Zumro 860 with generator and HVAC
LaPorte pipeline explosion	Regional	Real-World	09/17/2024	2-AmBuses and 7 Ambulances
Texas State Forest Festival	Local	Event	09/18/2024	Quad with generator and HVAC
Silsbee Plant Explosion	Regional	Real-World	09/18/2024	AmBus
Fort Bend Co Fair	Local	Event	09/19/2024	Radio cache
Little York FD / Tac Med Course	Local	Training	09/25/2024	Zumro 860 with Quad, generator and HVAC
Region 4 Security guard testing	Local	Training	09/25/2024	Rescue Randy dummy
Waller Co Fair and Rodeo	Local	Training	09/25/2024	MCC-602 with awning and HVAC
Sam Houston State /Kat Safety Bash	Local	Event	09/25/2024	RCVQ
Walker Co EMS / Fair on the Square	Local	Event	10/04/2024	RCVQ along with 860, generator and HVAC
Cy Fair FD / Fire Fest	Local	Event	10/05/2024	AmBus



Information Technology

Jeremiah Williamson – Director

System Analyst – Jason Nolin

Overview:

This quarter marked significant advancements and strategic improvements across our infrastructure, service continuity, and information security. Despite facing challenges such as storm-induced hardware failures, our team demonstrated resilience and efficiency in maintaining robust operations. We have successfully enhanced our website for the RHPC Symposium, onboarded a new event management system, upgraded our VPN solution, and streamlined our e-commerce operations. Additionally, the installation of Starlink on our mobile assets has greatly improved our service continuity. Our commitment to cybersecurity remains strong, with a high secure score and a notable decrease in phishing threats. These efforts collectively underscore our dedication to supporting SETRAC's mission and ensuring seamless, secure, and efficient operations.

Infrastructure Development:

This quarter, we faced a significant challenge when a recent storm caused power transients, leading to hardware failures within our network. However, our team swiftly responded to the incident, replacing a rack UPS, two access points, a switch, and a router. This prompt response ensured minimal disruption and demonstrated our commitment to maintaining robust and reliable infrastructure.

In preparation for the annual RHPC Symposium, we undertook a significant project to enhance our website for this event. We developed web pages specifically designed for kiosk displays throughout the venue. These pages will provide attendees with real-time schedules for each day's events and will prominently recognize our event sponsors. This initiative will improve the attendee experience and showcase our technological capabilities.

We are excited to announce the onboarding of Humanitix, a new event management system, for the symposium and all other SETRAC events. This system has revolutionized our event coordination and attendee management processes, making them more efficient and user-friendly.

In another significant upgrade, we replaced our outdated VPN with Microsoft's Global Secure Access, a state-of-the-art Secure Service Edge solution. This new solution offers a secure and continuous connection, ensuring services on our network remain protected and available at all times for SETRAC staff.

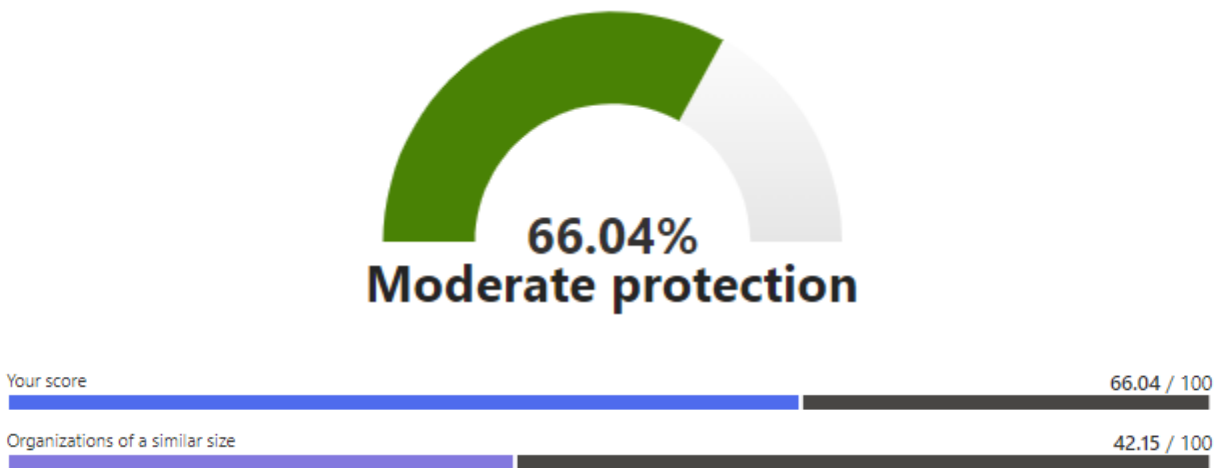
To streamline our e-commerce operations, we transitioned from using Shopify to JotForm for the sales of Stop the Bleed and Pink Vest products. This strategic move leverages our existing services, reduces costs, and enhances operational efficiency, allowing us to serve our community better.

Service Continuity:

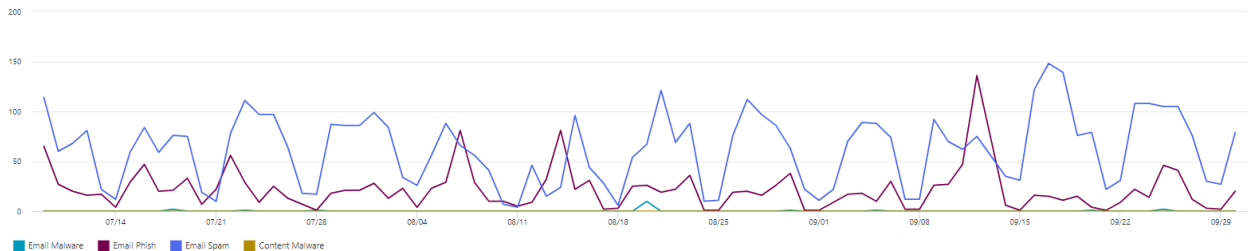
We are thrilled to announce the installation of Starlink on our mobile assets, including RCVQ, MCC 602, and MCC 603. This cutting-edge technology provides a faster, more reliable internet connection, replacing the older VSAT system. With Starlink, our mobile units are now equipped to handle high-speed data transmission, ensuring seamless communication and operational efficiency even in remote locations. This upgrade significantly enhances our mobile capabilities, allowing us to respond more effectively and maintain continuous service under any circumstances.

Information Security:

SETRAC's overall cybersecurity secure score is 68.54%, reflecting a slight decrease of 0.09% from last month. However, it remains 19.59% higher than the average for organizations of a similar size. This score indicates that we have implemented many recommended actions to minimize our risk from cyber attacks.



Our threat protection status shows a welcome decrease in phishing emails this past quarter and a slight reduction in email spam. This report includes detailed information about the threats detected before email delivery to SETRAC, covering relevant detection technologies, policy types, and delivery actions.





RHPC Board

Dr. Kevin Schulz – RHPC Board Chair

Toni Carnie – RHPC Co-Chair

New Business

Board Positions Review

Lisa Spivey reported the RHPC Board has three At Large positions open, with one recently filled by Lt. Lomelo, and an open Public Health County position.

Pulsara

Ms. Spivey reported SETRAC will be meeting with Pulsara in the next couple of weeks to discuss issues from recent feedback and especially issues with entering MCI events to ensure the process is corrected.

Hurricane Beryl AAR Briefing

James Meaux reported the OEM/Public Health AAR was held yesterday morning and the hospitals AAR was held yesterday afternoon. Once the AARs are completed, the Training and Exercise team will distribute them to the coalition members.

Healthcare Preparedness Capabilities

Long Term Care Update (C102)

Lisa Spivey reported Special Populations AARs are scheduled in person as listed below, and the email reminder to register will go out next week.

- September 24th in Wharton Civic Center from 9:30-12.
- September 25th in Houston. At Harris Education Center from 9:30-12.

Training and Exercise Update (C104)

James Meaux reviewed the Training and Exercise Schedule distributed to the coalition members (filed with filed binder).

EMTF Update (C104)

Grant Kelley reported the following EMTF update:

- **New MOAs:**
Colorado County EMS and TEXAN EMS
- **Deployments:**
 - Severe weather in May
 - Full severe weather package 1 Task Force Leader, 2 Mist personnel, 1 Ambulance Strike Team Leader, 5 Ambulances, and 1 Ambus. Assisted with welfare checks and o2 exchanges
 - Hurricane Beryl, 92 member agencies and 469 members deployed from across the state. Four task force leaders, 42 MIST, Type 2 Staging, 9 Ambusses, 110 Ambulances, Type 6 MMUS, 10 Coach Busses staffed with two paramedics each. 2,034 total patient encounters, 1065 total patients treat, and 866 total patients transported. EMTF integrated into multiple agencies and assisted with the increased call volume, provided



RHPC Board

o2 exchanges, deployed MIST and ambulance personnel to mitigate the increased wall time, welfare checks at licensed and unlicensed long term health care facilities.

- Upcoming events:
 - EMS IDR (Infectious Disease Response Unit) training course Oct 2-3 held at SETRAC.
 - Warehouse Day TBD
 - SETRAC Symposium Oct 16th-18th

EMS Update (C104)

Ms. Spivey reported SETRAC will be sending out an email later this month regarding the EMS CAD Broker which will assist in knowing how many ambulances are in route, how many are at the hospital, and what is the average wait time. Other EMS agencies will be invited to join this program.

Inventory Update (C104)

Deferred.

Sub-Committee Updates

RHPC Award of Excellence Committee (C101)

Ms. Carnie reported several submissions have been received and all submissions are due by August 31st. The committee will meet mid-to-late September to review the submissions and select the winners.

Symposium Planning (C101)

Ms. Spivey reported the dates for this year's symposium are October 16th-18th at the Galveston San Luis Convention Center. All hotels are full and SETRAC is expecting a full house. The Thailand group will be attending as well as others from Arizona, New Mexico, and Arkansas.

Clinical Advisory Committee (C101)

Deferred.

Corridor Updates (C101)

Downtown Corridor

Michael Olivier reported Downtown Corridor met on April 5th and the meeting was dedicated to the tabletop exercise. The latest meeting was August 2nd where Pulsara, ASPR Work Plan, Hurricane Beryl were discussed. The next meeting is scheduled for October 4th at SETRAC.

South Corridor

Mike Nixon reported the South Corridor members dedicated the last meeting to the Hurricane Beryl hot wash. The next meeting is scheduled for next week, September 13th at Houston Methodist Clear Lake.

East Corridor

Jeremy Way reported the last East Corridor meeting was dedicated to the Hurricane Beryl hot wash and the next meeting is scheduled for September 20th.

West Corridor

Gabriella Lopez reported the last West Corridor meeting was held on August 23rd at the Montgomery County Hospital District location. There was discussion regarding issues the corridor members have been experiencing with Pulsara, public health issues within the area, and communication during Hurricane Beryl where some members mentioned StarLink. A



RHPC Board

brief tabletop was held which helped bring up speakers we need to present at the upcoming meetings with cybersecurity being a big topic for future discussion. The next meeting is scheduled for October 25th at Columbus Community Hospital.

North Corridor

Stephen Bennett reported the North Corridor meeting was scheduled for July 10th at CHI St. Luke's Livingston but was cancelled due to Hurricane Beryl. The next meeting is scheduled for next week (September 11th) at Lufkin Civic Center where the corridor members will discuss the Hurricane Beryl response, the City of Lufkin Fire is scheduled to present the recent mass casualty event, and Pulsara.

Partner Updates (C101)

Public Health

- **DSHS** – Meaghan Chesley gave an update on COVID information and Epi data for the region and state. She introduced Alexa Wilson new to their department.
- **Harris County Public Health** – Danielle Calhoun reported on the mosquito program and initiatives. They are preparing for a POD exercise in October and working on the AAR for Hurricane Beryl.
- **Houston Health Department (HHD)** – John Fleming reported they continue to work on AARs for Hurricane Beryl. The Health Department is publishing a weekly public illnesses report and anyone who would like to receive it may contact him.

OEM

- **Michael E. DeBakey VA Hospital** – Danny Shine gave an overview of their tabletop held on August 23rd advising some of the issues found, and they will be updating their plan to include Pulsara and remove EMTrack from their patient tracking plan. He will be reaching out to their NDMS partners to continue NDMS bed drills.
- **Brazoria County OEM** – Matthew Grout reported they met with their county oxygen representative to discuss the Hurricane Beryl response and will be touring their air/gas facility.
- **Harris County OEM** – Mark Sloan reported the low-pressure system we have been dealing with for ten days is now moving through the south and to the east but will merge with a tropical wave now going into the Bay of Campeche and then we will see what it does later into next week, but for the weekend we will be at 68 degrees on Sunday. He appreciates the discussions on cybersecurity among the corridors. As we move closer to the election, we are going to see an uptick in critical infrastructure potentially being impacted by nation/state cyber attacks with public health being a primary area (which has been on the potential list for several years) making cybersecurity remain a critical topic for discussion.

EMS

- **Fort Bend County** – Mike Nixon reported their Ambus was sent to San Antonio during Hurricane Beryl but with the impact of the storm it was recalled to Fort Bend. An Ambulance Strike Team was called to the county to assist, and they were there for four or five days which was tremendously helpful. Their MODs trailer was used at the fairgrounds along with a shelter setup. This was posted on Facebook announcing people could come and fill their bottles.
- **Houston Fire Department** – Dr. Schulz reported on their response during Hurricane Beryl.

Other Partners

No other partner updates were presented.



RHPC Board

Open Discussion/Other

Dr. Schulz reviewed the fiscal year 2024-2025 RHPC Board meeting schedule with the coalition members and, with no one opposed, the schedule was approved.

SETRAC

Ms. Spivey announced during the AAR discussion EMS requested a more tailored view of EMResource. SETRAC will bring the EMResource Workgroup back to review the current status.

FBI

John Large and William Briscoe with the FBI introduced themselves and reported they are replacing Joel Holmes' position and are happy to assist and participate in exercises, meetings, etc.



Trauma Committee

Medical Director: Dr Michelle McNutt

Chair: Dr Chad Wilson

Vice Chair: LeAnne Young and Adam Fitzhenry

The next committee meeting will be held on 11/07/2024. During this meeting, we will be voting for the new leadership positions.

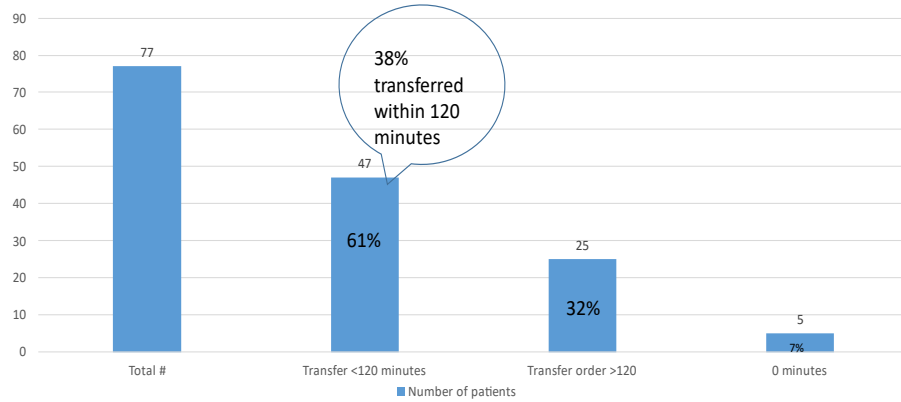
The focus of the committee includes:

- Trauma Rules
 - On the September State call with the Trauma Systems staff, we were informed that the proposed rules are currently working through the DSHS offices, and they remain hopeful that the proposed rules will be adopted at the earliest in November or as late as February.
 - There are currently 300 Trauma Designated Facilities in Texas, with 35 of them being in TSA Q.
 - The current, common areas of concern during survey, especially for Level III and IV facilities are:
 1. The management of rib fractures.
 2. CT Scans without contrast being ordered.
 3. Notification of trauma surgeon being documented.
 4. Not following the facility's guidelines
 5. Not moving irregularities through the PI process.
 6. No activation for patients that meet activation criteria.
- Trauma Registry
 - We continue to work on the State transfer project.

For the age group 16years to 64 years, there were 2038 patients in our 2023 registry with 13 double transfers. The workgroup is digging deeper to identify reasons for the double transfers. We also looked arrival time of day. We had 1071 patients arrive between 7am and 7pm with 7 double transfers and 967 arrive between 7pm and 7am with 6 double transfers. We are also looking at length of time from order to transfer to discharge.

Emergency Healthcare Systems- Trauma, Pediatrics, Injury Prevention Division

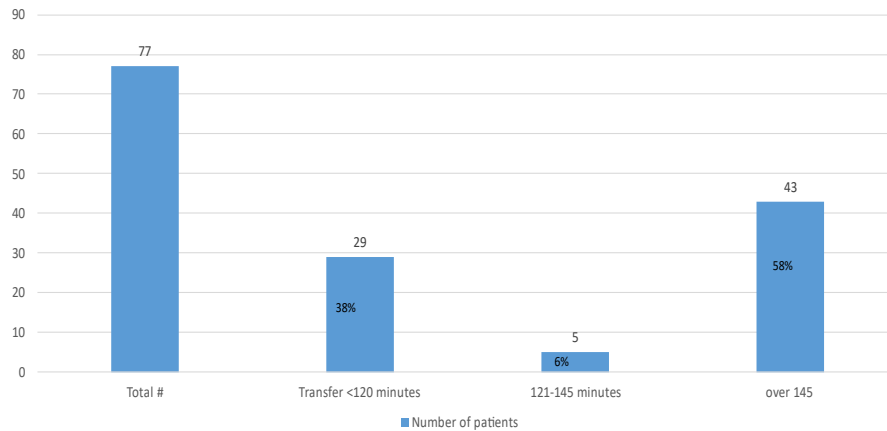
Age 16-64
Patients with GCS <9
ED arrival to ED Discharge Order



All data collected from SETRAC PI Dashboard

8

Age 16-64
Patients with GCS <9
ED arrival to ED discharge time

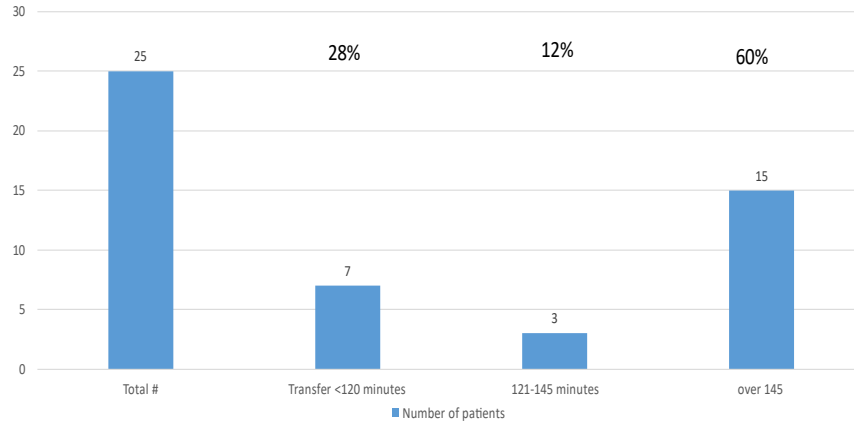


All data collected from SETRAC PI Dashboard

9

Within the over 65 population there were 1288 patients with 17 double transfers. For arrival time 7am to 7pm there were 844 patients with 7 double transfers and 444 patients during 7pm to 7am with 10 double transfers.

Age 65 and over
Patients with GCS <9
ED arrival to ED discharge by Time



All data collected from SETRAC PI Dashboard

23

Summary GCS <9

- Small percent of population that needs focus
 - GCS <9
 - 77 patients in Adults
 - 25 patients in Elderly
 - Only 5.6% of the transfers in Adults and Elderly
- Majority arrive by EMS (when data for adults and Elderly combined)
- Adults arrive more in the 7pm shift with Elderly arriving more in 7am shift
- No clear difference in day of week (when data for adults and Elderly combined)
- Decision to transfer is made early yet small amount get out within 120 minutes

All data collected from SETRAC PI Dashboard

32

Summary Systolic B/P

- Small percent of population that needs focus
 - Systolic <90 for adults and 110 for Elderly
 - 54 patients in Adults
 - 120 patients in Elderly
 - Only 11.9% of the transfers in Adults and Elderly
- Majority arrive by EMS
- No difference in the shift they arrive on (when data for adults and Elderly combined)
- No clear difference in day of week (when data for adults and Elderly combined)
- Decision to transfer is made early yet small amount get out within 120 minutes

All data collected from SETRAC PI Dashboard

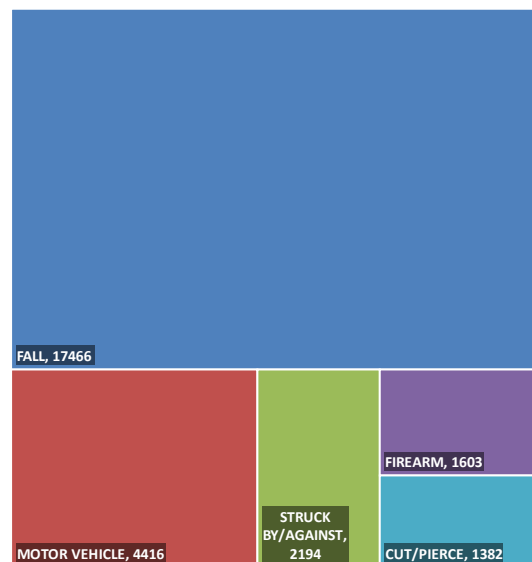
33

- Trauma Data
 - In 2022 we had 34,737 patients included in our regional trauma registry. For CY 2023 we have 35,707 patients.
 - Falls remains our number one mechanism of injury across both pediatric and adult trauma patients.

Top Five Mechanisms of Injury



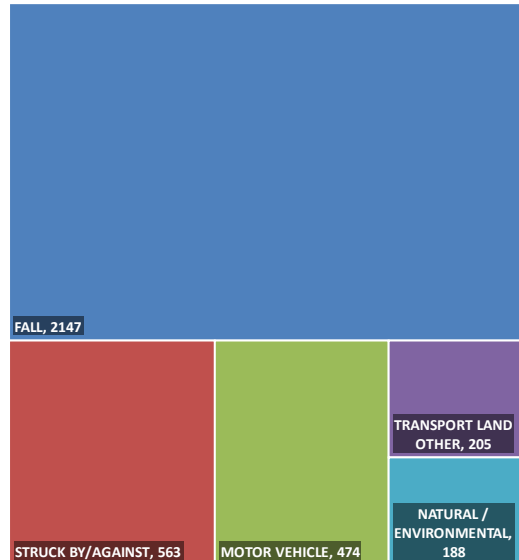
Primary Mechanism	Total	Percent
FALL	17,466	56.1%
MOTOR VEHICLE Occupant – 4,092 – 13.1% Motorcyclist – 135 – 0.4% Unspecified – 189 – 0.6%	4,416	14.1%
STRUCK BY AGAINST (ASSAULTS, UNINTENTIONAL, INTENTIONAL)	2,194	7.0%
FIREARM	1,603	5.1%
CUT PIERCE – STABBINGS/CUTS (ASSAULTS, UNINTENTIONAL, LEGAL INTERVENTION, SELF-INFLICTED, UNDETERMINED)	1,382	4.4%



Top Five Mechanisms of Injury - Pedi



Primary Mechanism	Total	Percent
FALL	2147	47.0%
STRUCK BY AGAINST (ASSAULTS, UNINTENTIONAL, INTENTIONAL)	563	12.3%
MOTOR VEHICLE Occupant – 445 – 9.7% Motorcyclist – 4 – 0.1% Unspecified – 25 – 0.5%	474	10.3%
TRANSPORT LAND OTHER	205	4.5%
NATURAL ENVIRONMENTAL	188	4.1%



*Missing = 222 patients, 4.9%

Because our top 5 mechanisms of injury have been the same for several years, we are going to start looking at the mortality mechanisms of injury. If this is different, we will then change where and how we share our injury prevention education throughout our region.

Injury Prevention Committee

Medical Director: Dr. Shiree Berry, MD; FACS

Chair: Kristen Beckworth, MPH, CHES, CPST-1 Texas Children's Hospital

Vice Chair: Blake Milnes HCESD 5

The next committee meeting will be held on 11/07/2024. During this meeting, we will be voting for the new leadership positions.

The focus of the committee includes:

- Community Education
 - On Saturday, September 28th, 13 members of the Injury Prevention Committee attended the Katy Area Safety Fest. We were able to educate the public on home safety, car safety, hands only CPR, Stop the Bleed and raise awareness about common household poisons and hurricane preparedness. We also showcased one of our Regional Ambuses – you can see all the pictures on the SETRAC Facebook page.
 - In September we held a Stop the Bleed Train the Trainer class with 28 people in attendance. During August and September, there have been 381 trained on Stop the Bleed.
- To continue our collaboration with our many partners, during our September meeting we had a visiting speaker from the Texas A&M Transportation Institute educating us on the “Teens in the Driver Seat” Program.

Pediatric Committee

The Medical Director: Dr. Brent Kaziny
Committee Chair: Dr. Nichole Davis
Vice Chairs: Andre Ruby and Eric Parmley

The next committee meeting will be held on 11/07/2024. During this meeting, we will be voting for the new leadership positions.

The focus of the committee includes:

- Continued collaboration with injury prevention for firearm safety in the pediatric population
- Our Regional Pediatric Emergency Care Coordinator (PECC) has been busy helping Emergency Rooms to complete their Pediatric Readiness Assessments and facilitating pediatric simulations. Robin is currently working with 10 of our Regional Emergency Rooms with 3 of the 10 successfully completing their first simulations. Each of these facilities have established a local PECC who will continue the work to keep the hospital always pediatric ready. The following link provides more information on the Pediatric Readiness Project along with a few of the pediatric simulations. [TXENA Texas Pediatric Readiness Improvement Project - TXENA](#) Research has shown high pediatric readiness in Emergency Rooms, or scoring >87 points on the National Pediatric Readiness Project Assessment improves outcomes for children. While prehospital research is ongoing, a similar impact is anticipated in EMS settings. High pediatric readiness in Emergency Rooms is associated with 76% lower mortality rate in ill children, 60% lower mortality rate in injured children and at least 1,400 children's lives saved across the US each year.
- The G7 "Operation Freefall" exercises have been completed and the After-Action Report has been submitted. The scenario for the 6 tabletop exercises was a microburst storm which caused catastrophic damage to an elementary. For the functional exercise at the Children's Hospital of Atlanta, the scenario was a little different and involved a mass casualty incident at a high school jazz band festival. In both scenarios, several simulated pediatric patients were transported to participating hospitals requiring them to manage both the patient and the process of reunifying patients and families.

Stroke Committee

Stroke Committee – Medical Director: Dr. Sean Savitz

Chair: Dr. Chethan Venkatasubba Rao

Vice Chair: Christy Gonzales and Dr. Bryan Kharbanda

The focus of the committee includes:

- Extended Window Strokes
 - The committee has identified a trend of 70% of patients arriving to a designated stroke facility outside of the 4.5-hour window. Parameters for Extended Window Strokes have been identified as Last Known Well from 4.5 hours – 24 hours. Developing a heatmap to focus regional efforts in areas of high stroke incidence.
- Rehab Utilization
 - The committee aims to identify socio-economic indicators, to include rural vs urban, insured vs uninsured, ethnicity, etc. regarding rehab utilization. A Dashboard is published for the subcommittee to use in a PI project.
- Pre-Hospital Metrics for Stroke
 - Stakeholders have identified EMS metrics that would aide in achieving the committee goals. The metrics have been presented to the EMS Committee and are being evaluated through the EMS data workgroup.
- International Stroke Conference (ISC)
 - Dr. Rao submitted an abstract to ISC with a goal to present on the “Evolution of Stroke Care” within our region at the 2024 ISC. This will highlight gaps to increase transparency and performance improvement. The abstract was accepted January 2024.
 - Dr. Rao submitted an abstract for poster presentation to Neurocritical Care Science (NCS) entitled, “Racial Disparities in Time to Thrombolytics in Southeast Texas.” It was accepted and will be presented October 2024.
- Education
 - 2-day stroke booth camp event with 30 participants was held January 9-10, 2024, providing 12.75 CEs.
 - The bootcamp day 1 provided emergency neuro education to stakeholders. Day 2 was formulated for data abstractors and stroke coordinators to enhance knowledge and provide program support.
 - Posterior stroke CE developed by stroke committee, offers 0.5 contact hours, and is hosted on SETRAC’s LMS, targeting recognition upon presentation. 44 participants completed education.

Cardiac Committee

Medical Director: Dr. James McCarthy

Chair: Dr. Kevin Schulz

Vice Chairs: David Bernard / Dr. Sanket Borgaonkar

- Committee Goal: **Develop community education, including a regional hands-only CPR event.**
 - “Heart of the Matter” community education program in development in collaboration with the stroke and perinatal committees.
 - Program offers hands-only CPR, Stroke, cardiac and maternal education related to blood pressure management, and BE-FAST.
 - High risk zip codes identified through data will be target audience.
 - HEB has donated 100 blood pressure cuffs.
 - Hands-only CPR offering on 4/5/24 at Top Ladies and Teens of Distinction event. The event was held at the Westin Galleria with 239 trained.
 - Event held on 5/29/24 at Overture apartments (55+) with 21 trained.
 - Event held 9/28/24 at Katy Safety fest with 131 trained.
- Committee Goal: **Unified social media presence related to STEMI regional education.**
 - February Heart Health Month featured unified social media messaging.
- Committee Goal: **Develop Regional Cardiac Plan**
 - The Regional Cardiac Plan was approved by stakeholders on 4/28/23 obtaining Board approval 7/17/23. The Regional Cardiac Plan includes:
 - Data submission and meeting participation requirements to remain a member in good standing and maintain PCI status on EMResource and SETRAC’s Cardiac webpage.
 - Requirement to provide case feedback to EMS.
 - Responsibilities of the Medical Director position
- NCDR Chest Pain-MI Registry: Pending revised agreements.
- Patient level data, not to include PHI, will be available once access is obtained.
- Data will be used to meet the data requirements of the RAC self-assessment tool, as well as assist in formulating data driven goals.
- Partnering with EMS committee to develop a safe transfer guideline for balloon pump patients. This project and workgroup came out of a request by stakeholders.

Perinatal Committee

Neonatal Medical Director: Dr. David Weisoly

Maternal Medical Director: OPEN

Committee Chair: Dr. Elizabeth Eason

Vice Chairs: Kendra Folh/ Zach Ward

- The Texas Collaborative for Healthy Mothers and Babies (TCHMB)
 - This group is focusing on recognition and response to postpartum preeclampsia in the Emergency Department (PPED). Eight hospitals from our region have enrolled in the project. The goal is to obtain baseline data and increase the treatment of patients by 50%
 - This group also focuses on improving newborn admission temperatures. RAC Q has strong participation in this project with 76% of our hospitals enrolled.
- Maternal Morbidity & Mortality Workgroup Focus:
 - The new Maternal Rules and House Bill 1164 Placenta Accreta Spectrum Disorder are in effect. Dr. Toy developed an educational video on Placenta Accreta Spectrum to assist hospitals to comply with HB 1164, maternal designation, and preparation for PASD. The video is hosted on the SETRAC Learning Management System and has more than 500 learners. The education offers nursing and paramedic continuing education credits.
 - This group is encouraging all hospitals and clinics to look at the overall treatment of patients to see if we are identifying and diagnosing the conditions as early as possible. This can aide in positively changing the racial and ethnic disparities that lead to increased mortality rate.
- Infant Morbidity & Mortality Workgroup Focus:
 - A list of QAPI triggers is being developed that all hospitals will be encouraged to follow as a way of quality improvement and tracking. Current practices are being reviewed to ensure regional best practices are utilized.
- Perinatal Planning Workgroup Focus:
 - Neonatal Resuscitation Program (NRP): Training for EMS
 - NRP instructors throughout the region have volunteered their time to teach our EMS partners. Nine classes have been held with 162 participants. Classes for 2024 are in planning. The goal is to reduce infant mortality through education and skills in the prehospital setting.
 - This group will begin focusing on ensuring bed reporting is accurate for disaster preparedness.
- Breastmilk at Discharge Workgroup:
 - Project Aim: By January 1, 2024, 75% of all NICU babies will discharge on mother's own milk. According to the Q1-Q4 2022 data, the region is currently at 68.4%.
 - Project Aim: By January 1, 2024, 55% of all VLBW babies will discharge on mother's own milk. According to the Q1-Q4 2022 data, the region is currently at 52.03%.
 - Neonatal designated facilities share their best practices at each meeting.
- Antibiotic Timeliness Workgroup:



Emergency Healthcare Systems- Stroke/Cardiac/Perinatal Division

- The initial project goal was to achieve $\leq 31\%$ of babies receiving antibiotics more than one hour after order or birth. The latest data reflects the region is down to 26.8%. The goal for Jan 2024 is now 20%.
 - The “Beat the Clock” initiative was adopted to decrease the percent of NICU infants receiving antibiotics in the first week of life more than 1 hour after order/birth.
- Neonatal and Maternal Program Manager Subcommittee:
 - This group ensures regional neonatal and maternal program managers and medical directors are abreast of the Texas Administrative Code and support through designation surveys.
- Maternal Subcommittee:
 - Focus of this subcommittee is to address disparities in health and improve morbidity and mortality for the maternal population. The subcommittee is working on primary C-section reduction.



Pre-Hospital/EMS

Medical Director:	Dr. Shane Jenks
Chair:	Jason Gander
Vice Chair:	Kevin Leverence and Dr. Joseph Gill
SETRAC EMS Coordinator:	Clayton Ehrlich

Committee Highlights:

- **Pre-Hospital Committee Leadership**
As the current leadership terms are coming to an end, SETRAC will be sending out nominations for all positions, in accordance with the SETRAC bylaws. The elected members will be confirmed at the January board meeting.
- **EMS Workforce Development Initiative (Senate Bill 8):**
The SETRAC SB8 EMS Scholarship grant is nearing completion, with 97% of the funds expended to date. The scholarship program concludes on 12/31/24, and a report detailing the use of funds will be submitted to the state. To date SETRAC has distributed 241 scholarships (EMT=71, AEMT=15, Paramedic=155).
- **EMS Data:**
SETRAC is attempting to find the best possible process in collecting this data. At the first EMS Data meeting the EMS members agreed for SETRAC to receive the NEMSIS data. This data would provide a significant resource and value to the region. We are working to continue to find a process that would allow SETRAC to receive the data that EMS submits to be able to make data driven decisions for regional performance.
- **Texas EMS Wristband Program:**
The Texas EMS Wristband Program is currently being implemented in the SETRAC region. EMS agencies have received wristbands purchased by SETRAC using end-of-year funding. SETRAC plans to share program details, including training materials and regional expectations during disasters, on its website and through email listservs to ensure stakeholders are well-informed. Additionally, hospital partners will also receive an allotment of wristbands from SETRAC.
- **SETRAC EMS Blood Products Ad Hoc Committee:**
The EMS Blood Products Subcommittee has been restructured and is now the SETRAC Blood Products Committee. During the most recent board meeting, the SETRAC board passed a motion to establish this as a standing ad-hoc committee, separating it from the Pre-Hospital/EMS Committee. This ad-hoc designation allows for the possibility of reintegration under the EMS umbrella once the committee's objectives are achieved. For future board meetings, please refer to the Blood Products Committee Board Report available at the January meeting.
- **Regional Quality of Care:**
The EMS committee has encouraged members to attend other SETRAC committee meetings and have encouraged members of other clinical committees to attend the pre-hospital meetings (stroke, trauma, inj. prev., cardiac, etc.).



PRE-HOSPITAL / EMS COMMITTEE REPORT

EMS Committee Goals for 2023/2024	
Goals	Actions
<ul style="list-style-type: none">• Reengaging the EMS Whole Blood Program	<ul style="list-style-type: none">• Develop a list of providers using pre-hospital blood and creating best practices on being good stewards of whole blood.
<ul style="list-style-type: none">• EMS Data	<ul style="list-style-type: none">• Begin to collect data from EMS partners to make accurate data driven decision on best practices and regional guidelines.
<ul style="list-style-type: none">• Regional MCI Workgroup	<ul style="list-style-type: none">• To engage a group of agencies to determine/ establish common MCI nomenclature and terminology for guidelines to establish best practices for the region.
<ul style="list-style-type: none">• Engage stakeholders	<ul style="list-style-type: none">• To distribute an engagement survey for quality purposes, and to ensure the pre-hospital committee is remaining relevant to its stakeholders.