CALL TO ORDER

Allen Sims called the meeting to order and welcomed the meeting attendees. The meeting was held virtually via GoToMeeting.

INTRODUCTIONS

No introductions were made.

DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
EMS PERFORMANCE **Old Business** • **Local Project Grant Funding** Three projects were funded by the local project grant funding for the fiscal that closed: - Building out the continuing education system for EMS through the learning management system. Approximately 15 to 20 courses would be available free of charge to EMS agency personnel and will include topics such as patient assessment (stroke, cardiac, trauma, etc.) as well as regional guidelines and processes. Some of these courses will be available in the next 30 days. - Further development of the EMS CAD system and purchasing additional server space for the software. - CARES funding for one year. If enough interested is garnered, this topic may be presented to the SETRAC board for additional funding through RAC funds. The EMS education workgroup will begin looking at projects that may be funded through next year's local projects grant allocation	No action items or recommendations.	Standing report.

DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
so there won't be a time crunch and the funds can better utilized.		
• **EMS County Funding** Letters and packages will be distributed in the next 3 to 4 weeks. These packages will be due back to SETRAC by July 31, 2022. Last year's award had additional funds due to the change of the fiscal year recognized by the state so this year's funding is not expected to be as much.	No action items or recommendations.	Standing report.
• **EMS Run Affidavit** There is no update at this time due to the COVID pandemic. The state is continuing to use the affidavit numbers that were provided a couple of years ago.	Update will be provided as information is received.	Standing report.
New Business		
• **SETRAC Leadership Update** At this time, the COVID census is starting to trend downward in the 25-county HPP region. Two skilled nursing facilities known as "medical resorts" have been approved by the state to assist as alternative care sites in the SETRAC region. These facilities offer many high grade capabilities and can assist in decompressing saturated hospitals by taking in patients from those hospitals and decreasing emergency department wait times.	No action items or recommendations.	Standing report.
• **Legislative Update** Governor Abbott recently called a special session for the Texas Legislature. SETRAC wrote to members of the House and Senate in our region to get their support to present the need to reopen funding for agency nurses before any other agenda items were presented at the special session. The funding for agency nurses was approved; however, the process is slow as the	No action items or recommendations.	Standing report.

DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
agency nurses are from out-of-state. • **DSHS EMS Compliance 6/5s Update** Waivers previously set to expire on September 1st were extended to January 2022. This includes the waiver that assists with staffing shortages by requiring only one certified person to be on the ambulance while another person approved by the medical director is able to drive the ambulance.	No action items or recommendations.	Standing report.
• **GETAC Update** GETAC will be presenting a rollout of new rules for RACs. The rules will include a robust plan for RACs to collect and act on data. EMS will need to show how regional data is being used to improve quality. The new rules are expected to be implemented in 2023. GETAC will be asked to consider a recommendation from its Stroke Committee to have EMS agencies place wristbands on stroke patients to tie into the patient's medical record at the hospital, similar to the trauma wristband project. having wrist band (like the trauma wrist band project). This will assist in tracking patient outcomes.	A recommendation was made to have SETRAC invite the agency that worked on the wristband project in Arkansas to present on how they were able to successfully implement the project in that state.	Standing report.
JOINT COMMITTEE INITIATIVES **Old Business** • **EMS Whole Blood Program (Trauma)** No updates provided.	No action items or recommendations.	Update to be provided at next meeting.
• **Texas CARES Initiative (Cardiac)** 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.	Any agency or hospital wishing to join in the initiative can reach out to Micah Praczyk for additional information.	Update to be provided at next meeting.

DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
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. SETRAC funding is being used for one year to provide this service to EMS agencies for no cost.		
• **Advanced Directives/DNRs from Nursing Homes (Trauma/MIH)** 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.	Update to be provided at next meeting.
• **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.	The suggested next step is to have committee leaders as well as Houston Fire and private agencies meet to discuss this topic.	Update to be provided at next meeting.

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Each of the SETRAC acute care committees are looking to the EMS Committee to determine what the standard should be (if at all) for using 911 as an alternative to transport time critical patients when options are slow or not available. Sample verbiage of a suggested position statement was shared with the committee. 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. Next steps – EMS and each clinical committee come together to meet as a workgroup? Develop criteria (predone by committee?) Get committee chairs to meet (or designee) with prepared language. And then finalize. Include private agencies input.		
• **Pre-Hospital Use of Ketamine (Trauma)** No updates provided.	No action items or recommendations.	Standing report.
• **Heart Healthy Community Program (Cardiac)** Information and a toolkit is available on the SETRAC website for anyone interested in participating in the program. A presentation will be given at this year's RHPC symposium.	No action items or recommendations.	Standing report.
• **Falls Prevention Awareness (Injury Prevention)**		

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Tai Chi training courses will be held for those interested in leading these classes to assist with falls prevention in older adults. The program is open to EMS agencies with just a few slots available.	Those wishing to participate in the "train the trainer" program can contact Tonya Carter (SETRAC) for more information.	Standing report.
New Business		
• **EMS LVO Assessment Review (Stroke)** Hospitals are currently reviewing their data to determine if they are missing information for EMS stroke severity scales or if it is not being accurately abstracted.	No action items or recommendations.	Standing report.
Trauma Transport Algorithm (Trauma) The final draft of the algorithm was presented to the committee. This algorithm combines what was previously separate algorithms for pediatric and adult trauma patients. The algorithm was approved by the committee with no voiced opposition.	The algorithm will be presented to the Trauma Committee for approval and for inclusion in the regional trauma plan.	Standing report.
SUBCOMMITTEE / WORKGROUPS		
• **Mobile Integrated Health Subcommittee Update** In addition to the DNR documentation topic, the subcommittee is working on finalizing a definition for "community paramedic". ESD 48's publication regarding reducing readmission rates for post-MI patients	No action items or recommendations.	Standing report.
• **EMS Education Workgroup** The workgroup has not convened due to the COVID surge. The workgroup will look input topics for CE courses as well as future projects for local project funding.	Meeting invites will be sent, most likely within the next 30 days.	Standing report.
• **EMS Data Workgroup**		

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The workgroup has not convened due to the COVID surge. The workgroup will meet soon to determine what data points should be collected that will benefit EMS at a whole.	Meeting invites will be sent, most likely within the next 30 days.	Standing report.
EMS SYSTEMS QUALITY IMPROVEMENT (SQI) **Old Business** • **EMResource CAD Interface Update** Developers are currently working on mapping data from Montgomery County Hospital District to EMResource as well as including additional information such as the number of ambulances that have been to a specific hospital over the past 2 to 3 hours.	No action items or recommendations.	Update to be provided at next meeting.
• **Inter-Facility Transfers** • See "*Utilizing 911 for STEMI/Stroke/Trauma Inter-Facility Rapid Transports (Multiple)*".	No action items or recommendations.	Update to be provided at next meeting.
New Business • **SETRAC Committee Updates** Funding for NRP training for EMS has been approved. Dates and locations will be announced once course supplies have been received and instructors have been lined up.	No action items or recommendations.	Standing report.
• **LaPorte EMS – LyondellBassell MCI** Chief Lisa Camp of LaPorte EMS gave a presentation on the MCI event that occurred on July 27th. Communication was difficult on scene due to the need for two triage zones located one mile apart with the hot zone in the middle; however, the response from EMS partners, SETRAC, and hospitals wonderful. Standard practice moving forward for SETRAC will be to send two AMBUSes whenever one is requested (one will serve as a backup	No action items or recommendations.	Closed.

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just in case it is needed.) SETRAC will work with hospital partners to train night staff on EMResource and WebEOC so they are better prepared should an event occur.		
EMS DISASTER **Old Business** • **COVID Update** See *"SETRAC Leadership Update"*. **New Business** • **Emergency Medical Task Force (EMTF) Update** No report provided due to time constraints. • **Regional Healthcare Preparedness Coalition Update** The RHPC symposium will take place in October. COVID-19 safety protocols will be in place.	No action items or recommendations. No action items or recommendations. No action items or recommendations.	Standing report. Standing report. Standing report.
AIR MEDICAL **Old Business** No items to report. **New Business** • **Standardized Response Time Language** GETAC has developed a statement regarding standardized response time language. GETAC has agreed that all air medical providers should provide an estimated time of arrival as well as the "clock time" that they are expected to arrive on location. This will allow providers on scene to make accurate and patient focused decisions regarding their possible need to begin transport	No action items or recommendations. Suggestion was made to have SETRAC adopt this as best practice as the air medical providers appear to be doing this practice already.	Standing report. Closed.

DISCUSSION	ACTION/RECOMMENDATION	FOLLOW-UP
rather than waiting on the secondary responders and will clear up any miscommunications. • **Critical Care Transport Matrix** A matrix that GETAC has asked RACs to consider was shown to the committee. Included in the matrix are capabilities of the air medical providers. The committee agreed that this matrix would be helpful. The matrix can also include critical care ground transport information. One caveat about the matrix is that the capabilities are listed but it may not be accurate in real time usage if there is understaffing or units are out-of-service.	A presentation will be made at the next EMS Committee meeting for committee members to review to determine what data should be included to assist with transport decisions. A method to keep the documented up to date will need to be determined as well.	Update to be provided at an upcoming meeting.
ITEMS FOR DISCUSSION Due to time constraints, no additional items were discussed.	. No action items or recommendations.	Closed.
ADJOURN Due to time constraints, the meeting was adjourned. The next meeting will take place November 12, 2021.	No action items or recommendations.	Closed.