



# **BOARD OF DIRECTORS QUARTERLY MEETING**

**JANUARY 26, 2026**



Chairman Dr. Brent Kaziny  
Past Chair Dr. David Persse  
Vice Chairman Hospital Services Sterling Taylor  
Vice Chairman Pre-Hospital Services James Campbell  
Secretary Walter Morrow  
Treasurer Lon Squyres  
Officer-at-Large Dr. Kevin Schulz  
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

January 26, 2026 – 6:30pm

Virtual Meeting held via Zoom

|  |   |
|--|---|
| <b>1) CALL TO ORDER / ROLL CALL</b>  | <b>Brent Kaziny, MD</b><br><b>Walter Morrow, RN, CFRN, EMT-P</b>  |
| <b>2) WELCOME</b><br>A. Stroke Committee Presentation  | <b>Brent Kaziny, MD</b><br><b>Haris Kamal, MD</b>   |
| <b>3) OFFICER REPORTS</b><br>A. Chairman<br>B. Vice Chair Hospital Services<br>C. Vice Chair Pre-Hospital Services<br>D. Secretary<br>E. Member At Large<br>F. Treasurer<br>a. Financial reports   | <b>Brent Kaziny, MD</b><br><b>Sterling Taylor</b><br><b>James Campbell</b><br><b>Walter Morrow</b><br><b>Kevin Schulz, MD</b><br><b>Lon Squyres</b> |
| <b>4) EXECUTIVE REPORT</b> – Chief Executive Officer<br>a. Preparedness and Response report<br>b. Emergency Healthcare Systems (EHS) report  | <b>Lori Upton</b><br><b>Lisa Spivey/Troy Erbentraut</b><br><b>Suzanne Curran/Melanie Aluotto/</b><br><b>Clayton Ehrlich</b>                         |
| <b>5) OPEN DISCUSSION</b><br>A. Cadence for Future Board Meetings  | <b>Brent Kaziny, MD</b>   |
| <b>6) REMAINING ACTION ITEMS/BOARD CONSIDERATION</b><br>A. Approval of Prior Meeting Minutes<br>B. Approval of Reports (Financial, Executive)<br>C. Resolutions/Other Action Items<br>a. Confirmation of EHS service line medical director election results<br>b. Confirmation of RHPC board member election/appointments<br>c. Approval of resolution for cadence for future board meetings | <b>Brent Kaziny, MD</b>   |
| <b>7) PUBLIC COMMENT</b>   | <b>Brent Kaziny, MD</b>   |
| <b>8) ADJOURN</b>  | <b>Brent Kaziny, MD</b>   |

**Next Meeting:** April 20, 2026 – 6:30pm, Location TBD



|                                     |                  |
|-------------------------------------|------------------|
| Chairman                            | Dr. Brent Kaziny |
| Past Chair                          | Dr. David Persse |
| Vice Chairman Hospital Services     | Sterling Taylor  |
| Vice Chairman Pre-Hospital Services | James Campbell   |
| Secretary                           | Walter Morrow    |
| Treasurer                           | Lon Squyres      |
| Officer-at-Large                    | Dr. Kevin Schulz |
| 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 October 20, 2025

#### 1. CALL TO ORDER / ROLL CALL

Dr. Brent Kaziny, Chairman, called the meeting to order at 6:30 pm. The meeting was held in-person at Houston TranStar. Walter Morrow, Secretary, called roll and a quorum was established.

#### 2. WELCOME

Dr. Kaziny welcomed the board members and the stakeholders in attendance. The agenda for the meeting was reviewed.

#### 3. OFFICER REPORTS

##### A. Chairman

Dr. Kaziny congratulated the SETRAC team on putting together an impressive symposium and encouraged others to attend in the future.

Lori Upton asked the board members if a board orientation (for all members) would be beneficial. The members of the board agreed it would be beneficial and that four hours would be feasible.

##### B. Vice Chair Hospital Services

Sterling Taylor had no items to report.

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

Mr. Campbell was unable to attend the meeting and there were no items to report on his behalf.

##### D. Secretary

Mr. Morrow had no items to report.

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

Dr. Kaziny reported on behalf of Dr. Kevin Schulz, who was unable to attend the meeting.

Dr. Schulz will take over the task of looking into stakeholder engagement and attendance at SETRAC board meetings. Dr. Kaziny presented two issues up for date regarding the structure of the meetings: should the nature of the quarterly meetings be revised (frequency, addition of virtual option) and should bigger meetings be held to include more of the membership.

The board discussed possible changes which included:

- move meetings to daytime hours (after lunch, late afternoon)
- offer a virtual option with cameras on and include a required percentage of in-person attendance
- increase the frequency of regular meetings (no meals needed)

- use quarterly meetings for general membership meetings (include SETRAC staff reports)
- have a discussion of approval items before the board meeting
- move the meeting to different locations around the region

Goal is to narrow down options, obtain board feedback, and involve the Bylaws Committee should any of the bylaws need to be revised. Dr. Kaziny will relay the discussion points made at this meeting back to Dr. Schulz.

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

Lon Squyres was unable to attend the meeting and Tiffany Walker reported on his behalf. Hard copies of the SETRAC financials were provided to the board. Highlights include:

- The fiscal year for the HPP grants has begun and the clinical grants are wrapping up. Numbers are reflective of August 31<sup>st</sup>.
- One agency did not submit a reimbursement packet for county funds leaving \$1,383.13 carried forward. This is the first year that funds can be carried forward.
- Reimbursement money for the July 4<sup>th</sup> flooding event will be reflected in the Amegy account at the next board meeting (money was received in September and is not included in this report.)
- The general fund report will be revised to show revenue and expenses going forward.
- All grant accounts are on track with spending. July and August incur large annual expenses that fall within the HPP budget.
- Paperwork to dissolve Maestro Services has been received and will be filed this week. Once officially dissolved, the funds will be moved to the Amegy account. The final tax return will be due 6 months after the last day of business.

#### **4. EXECUTIVE REPORT**

**Chief Executive Officer** - Lori Upton provided a written report to the board. Highlights include:

- DSHS has awarded SETRAC with the HPP and EMTF contracts from 2026-30. The current HPP contract will end January 31, 2026. The next contract will run from February 1, 2026 – January 31, 2027. It is unsure why the dates have been revised. EMTF will remain the same, however, the funds will not be released until February 1<sup>st</sup>. EMTF funds cannot be carried over and must be spent from February 2026 – August 2026. Also, items must meet a \$10,000 minimum in order to be considered “equipment” (an increase of \$5,000 from the previous budget.)
- Due to the current government shutdown, DSHS has shared that reimbursements will continue but may be slow.
- Future funding remains in limbo until a determination is made whether HPP will be fully funded or cut to \$65 million.
- All furniture has been moved from the SETRAC location at 1111 N. Loop West to the warehouse location at 5115 Rosslyn Dr. Board members are welcome to stop by to tour the new offices. On September 23<sup>rd</sup>, the SETRAC Foundation signed an agreement with the owner of the warehouse. All current leases will convey to the new owner. The bankers anticipate a November 2025 close date.
- Bill Desmond has assumed the role of Base Station Manager following the untimely passing of Stephen Scott.
- All G7 exercises were completed with good feedback received. Suzanne Curran and Ms. Upton traveled across the G7 region completing seven exercises in less than seven weeks. Dr. Kaziny shared the SETRAC newsletter covering the central Texas flooding with the person who is over of the three Pediatric Disaster Care Centers of Excellence, who then distributed it others with high remarks for SETRAC.

- Funding may not be continuing past 2028 for the new federal grant to institute Juvare's real-time bed availability feature that meets the CMS daily requirements. There would be no cost to hospitals that sign on during the grant period (through 2028).
- One of the HPP regions either did not bid or did not score high enough in their bid to receive an HPP or EMTF contract. An RFP was submitted to DSHS for the contract. The region is contiguous with RAC Q and RAC R and would expand SETRAC's footprint to Oklahoma and Louisiana. The contract is a little more than \$3 million over the next 5 years.
- An RFP has been developed and submitted to the board for review and approval. The RFP is in reference to obtaining a contractor to help facilitate improving employee engagement and satisfaction.
- EHS committees continue to push the envelope in identifying new ways to help save lives and decrease wait times, getting people into definitive care early.
  - Behavioral health and EMS wait times continue to be addressed.
  - The Perinatal Committee is working with the City of Houston Health Department on a congenital syphilis PI project.
  - The Stroke Committee has formed work groups to improve outcomes related to extended window strokes and stroke rehab utilization.
  - The Cardiac Committee is developing a best practice toolkit to improve door-in door-out times.
  - The EMS Committee has expanded and is exploring regional guidance on the reduction of light and sirens usage. A standardized limited data use agreement will be forthcoming. A signed mutual aid agreement has been signed with RAC-R to develop the Southeast Texas Regional Whole Blood Program. It is not yet known how much of the \$10 million allocated by the state will be awarded to SETRAC.

**Guest Speaker – Injury Prevention Committee** – Blake Milnes gave a presentation on Harris County ESD 5's home inspection program which has led to the decrease in falls in their area. For 2025, the agency has seen a reduction of 17% in 911 calls by frequent system users and calls regarding falls and lift-assists have been cut in half from the previous year.

Ms. Upton presented Harris County ESD 5 with the CEO Award of Excellence for Injury Prevention for their work with this community outreach initiative.

**Preparedness and Response** – A written report was provided to the board prior to the meeting. Lisa Spivey and Troy Erbentraut provided the following update:

- Ms. Spivey reported that she and Mr. Erbentraut will be attending an early morning exercise with CIMA as they continue to build a relationship with the group.
- Regional exercises and training technology are being condensed and held regionally.
- The TSA-H Manager is working with TSA-H on their Pediatric Disaster Response Plan.
- The Special Populations Manager was requested to be a member of the Harris County Pct. 1 Senior Care Facility Task Force.
- Coalition calls for FIFA World Cup 2026 continue as well as calls for mental health.
- Mr. Erbentraut thanked Philip Cutler, Regional Logistics and Inventory Coordinator, for his service at SETRAC including loading heavy equipment, providing muscle work at the warehouse, and maintaining the assets in good condition.
- The GC-11 has been submitted to DSHS.

- The 860 and quad tents are showing their age. While they are not currently at end-of-life, replacements will need to be looked into in the near future.
- Deployment to the Hill Country continues with resources from our region as well as in East Texas to assist with wildland fires.
- EMTF is having an after-action in San Antonio this week regarding the Hill Country flooding.

**Emergency Healthcare Systems** – A written report was provided to the board prior to the meeting. Suzanne Curran, Melanie Aluotto, and Troy Erbentraut (on behalf of Clayton Ehrlich) provided the following updates:

- DSHS will be funding the whole blood product program and providing money to each RAC; however, the allocation amounts have not been announced. SETRAC will be required to hold a number of blood drives during the year by the state.
- The SETRAC region is looking at utilizing a vending model where blood products will be purchased through Gulf Coast Regional Blood Center via a vending machine. Each machine costs approximately \$5,000 to \$6,000. SETRAC is currently the only RAC looking at using this model. Two apps are currently being reviewed by the Blood Products Committee. A contract is being worked on for coolers to help track temperatures.
- The following trauma centers have recently received their designation/re-designation:
  - Memorial Hermann Southeast – Level III
  - Ben Taub Hospital – Level I
  - Memorial Hermann TMC – Level I
  - UTMB Clear Lake – Level II
- ESO has been working with SETRAC and trauma facilities with trauma data submissions in the new registry. While the issues are believed to have been fixed, the Trauma Committee has not been able to review trauma data at the most recent meeting.
- Work continues on the GETAC Transfer PI project. An update will be provided by Ms. Curran at the next GETAC meeting. The goal is to improve transfer times for patients and benchmark facilities against each other.
- The Pediatric Committee continues to look at education and ensuring EDs are ready, especially Level IV facilities.
- National Injury Prevention Day is November 18<sup>th</sup>. A request was made for hospitals to turn hospitals green in recognition of the national initiative.
- The Extended Window Stroke work group is using data to analyze the impact of the Heart of the Matter program and targeted social media campaigns. The social data in the high areas of extended window strokes is also being reviewed to see if the needs of that specific population can be met. This will be tracked over the next three years.
- The Stroke Rehab work group are using data to analyze rehab referrals over the years. Interventions will include region-wide education on rehab utilization and referral patterns. A committee member will also be working with the GETAC post-acute care work group. A pilot program of five facilities has begun involving making post discharge calls to stroke patients and asking a series of questions related to the usage of outpatient rehab.
- The next Heart of the Matter program has reached 655 participants. The next event will take place on November 4<sup>th</sup> at Clements High School. The educational program along with Stop-the-Bleed training will be provided for the Houston Marathon runners.
- A Cardiac Committee work group will be developing a door-in door-out (DIDO) toolkit with education rolling out to non-PCI centers and freestanding EDs to help reduce DIDO times.

- SETRAC is partnering with the American Heart Association to pilot a “4-minute city” program, based on the program used by the McKinney Fire Department. Monthly meetings will include Fort Bend EMS to build the program which will have an AED and someone that can initiate bystander CPR within 4 minutes or someone needing assistance.
- The NRP program has trained 209 medics in 18 classes.
- Antibiotic timeliness for neonates has improved to 26.3% for Q2 2025 with a goal of less than 25%. Breastmilk on discharge rates are currently at 71.2% with a goal of 75% or higher.
- The Maternal Subcommittee is developing data points to collect to track c-sections performed in the region and syphilis rates with hopes of beginning the collection with January 2026 data.
- A contract is being negotiated with ESO for collection of EMS data to assist in tracking EMS wall times. A data use agreement will be distributed to regional EMS agencies for permission to review the data.
- The Behavioral Health LOS in EDs work group identified top concerns were delays in LEO transfers, placing non-resource patients, and obtaining in-patient beds for all behavioral health patients. The number of patients awaiting transport has been added to the dataset. The ED directors will be reviewing their facility submissions as the current rate of submission is 46%. Ms. Spivey and Ms. Upton learned through a meeting with Pct 1 of the existence of an after-hours court that can assist with providing OPCs. A toolkit is being developed to share with EDs.

## 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. *Approval of nomination for Matagorda County board position*

A motion was made to approve Justin Cude to the Matagorda County board position as nominated by Matagorda County Judge Bobby Seiferman. The motion was seconded and the board unanimously approved the nomination.

#### b. *Approval of RFP for consulting services for enhancing employee engagement and satisfaction*

A motion was made and seconded to approve the RFP submitted to the board by Ms. Upton for the enlistment of a third-party organizational resiliency group to address employee concerns.

A discussion was held and the motion was revised to change the development of the plan in the RFP to have a draft of the final plan presented to the board and the questions and responses for the RFP be received by both the CEO and the board chair. The revised motion was approved unanimously by the board.

#### c. *Approval of the SETRAC Mass Casualty Incident Response Guideline*

A motion was made to approve the guideline which was previously approved by the RHPC board. The board unanimously approved the guideline as presented.

## 6. **GENERAL / OPEN DISCUSSION**

### **RHPC Symposium**

Dudley Wait reiterated Dr. Kaziny's appreciation of the symposium, specifically the opening speaker for the Friday morning general session regarding school shootings from the shooter's perspective. A round of applause was given to the SETRAC team.

**ADJOURNMENT**

Dr. Kaziny adjourned the meeting at 8:13 pm. An executive session was held following the meeting.

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

## SETRAC - December 31, 2025 YTD Expenditure Report (FY26)

(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           | ASPR26 - TSA Q                    | \$ 827,166          | \$ 2,183,912        | \$ 1,356,746        | 62.1%        | 6/12                 |
| *2           | ASPR26 - TSA R                    | \$ 106,902          | \$ 469,004          | \$ 362,102          | 77.2%        | 6/12                 |
| *3           | ASPR26 - TSA H                    | \$ 65,133           | \$ 164,669          | \$ 99,536           | 60.4%        | 6/12                 |
| *4           | ASPR26 - EMTF 6                   | \$ 63,564           | \$ 131,736          | \$ 68,172           | 51.7%        | 6/12                 |
| *5           | ASPR26 - EMTF 6 (State funds)     | \$ 69,212           | \$ 236,111          | \$ 166,899          | 70.7%        | 6/12                 |
| *6           | RAC/EMS FY26                      | \$ 3,465            | \$ 410,789          | \$ 407,324          | 99.2%        | 4/12                 |
| *7           | RAC Systems Development FY26      | \$ 204,468          | \$ 219,637          | \$ 15,169           | 6.9%         | 4/12                 |
| *8           | RAC/EMS EI Funds                  | \$ 83,520           | \$ 150,000          | \$ 66,480           | 44.3%        | 4/12                 |
| *9           | County Pass Thru FY26             | \$ -                | \$ 386,605          | \$ 386,605          | 100.0%       | 4/12                 |
| *10          | G7 Baylor Pediatric Disaster Care | \$ -                | \$ -                | \$ -                |              |                      |
| *11          | HFD Base Station                  | \$ 732,203          | \$ 2,784,547        | \$ 2,052,344        | 73.7%        | 6/12                 |
| <b>Total</b> |                                   | <b>\$ 2,155,632</b> | <b>\$ 7,137,010</b> | <b>\$ 4,981,378</b> | <b>69.8%</b> |                      |

\*1-4 ASPR Contracts for FY26 are expending in accordance with budget.

\*5 ASPR EMTF 6 (State funds) FY26 are expending in accordance with budget.

\*6 FY 26 RAC EMS funds are expending in accordance with budget.

\*7 FY26 RAC Development funds are expending in accordance with budget.

\*8 FY26 RAC EI funds are expending in accordance with budget.

\*9 FY 26 County Pass Thru funds for eligible EMS agencies has no allowable carryforward from FY23

\*11 Houston Fire Department Base Station - Reimbursement for actual payroll expenses incurred. Net Revenue is listed on Page 2.

## Financial Status

| 12/31/2025                                    |                 |  |
|---|-----------------|--|
| Frost Bank Checking                           | \$ 15,556.63    | -This account is being phased out                                    |
| PNC Bank Checking                             | \$ 231,394.50   | -This account is being phased out                                    |
| Amegy 8781 - Operating Account (ICS)          | \$ 1,858,471.66 | -This account is the main operational account.                       |
| Amegy 8815 - General Fund Account (ICS)       | \$ 3,552,811.20 | -This account is General Fund account                                |
| Amegy 8807 - Payroll Account                  | \$ -            | -This account is payroll account - Funds sweep to ICS                |
| Amegy 7211 - EMS/RAC Restricted Funds Account | \$ -            | -This account supports SB8 and EMS RAC business - Funds sweep to ICS |
| Chase 3936 - EMS/RAC                          | \$ 10,853.16    | -This account is being phased out                                    |
| Chase 1676 - Revenue                          | \$ 76,772.45    | -This account is being phased out                                    |
| Amegy 8831 - Foundation Checking              | \$ 1,342,515.33 | -This account supports Foundation business                           |
| Maestro Svcs. Checking Acct.                  | \$ 86,824.77    | -This account supports Maestro Svcs operations                       |

SETRAC Operating Fund FY26 YTD - 09.01.2025 - 08.31.2026

| Revenue (non-grant)        | FY26       |
|----------------------------|------------|
| General Revenue            | \$ 48,886  |
| FY 2026 Dues               | \$ 84,525  |
| RHPC Symposium Revenue     | \$ 184,740 |
| STB Kits Sales             | \$ 598     |
| TEEX Income Admin Fee      | \$ 90,020  |
| HFD Base Station Admin Fee | \$ 129,946 |

Total Revenue \$ 538,715

Expenses (non-grant)

|                                 |            |
|---------------------------------|------------|
| Contract Services               | \$ -       |
| STB Expenses                    | \$ 427     |
| RHPC Symposium Expenses         | \$ 196,952 |
| Operational Supplies & Expenses | \$ 98,973  |
| Other                           | \$ 42,000  |
| Travel                          | \$ 1,755   |
| Indirect Expenses*              | \$ 80,255  |

*\*Includes all personnel and operating expenses to support general fund activities*

Total Expenses \$ 420,362

Net Revenue \$ 118,353

## Financial Summary - Categorical Budget Detail

|   | YTD               | Budget              | Variance            |
|---|-------------------|---------------------|---------------------|
| <b>ASPR 26 - TSA Q</b>                          |                   |                     |                     |
| Contract Services                               | \$ -              | \$ -                | \$ -                |
| Equipment                                       | \$ -              | \$ -                | \$ -                |
| Operational Supplies                            | \$ 1,890          | \$ 37,100           | \$ 35,210           |
| Other   | \$ 205,682        | \$ 570,384          | \$ 364,702          |
| Personnel                                       | \$ 525,326        | \$ 1,222,733        | \$ 697,407          |
| Travel  | \$ 6,962          | \$ 68,837           | \$ 61,875           |
| Indirect Costs                                  | \$ 87,307         | \$ 284,858          | \$ 197,551          |
| <b>Total</b>                                    | <b>\$ 827,166</b> | <b>\$ 2,183,912</b> | <b>\$ 1,356,746</b> |
| <b>ASPR 26 - TSA R</b>                          |                   |                     |                     |
| Contract Services                               | \$ -              | \$ -                | \$ -                |
| Equipment                                       | \$ -              | \$ -                | \$ -                |
| Operational Supplies                            | \$ 52             | \$ 43,441           | \$ 43,389           |
| Other   | \$ 11,757         | \$ 138,012          | \$ 126,255          |
| Personnel                                       | \$ 84,822         | \$ 222,967          | \$ 138,145          |
| Travel  | \$ 562            | \$ 3,410            | \$ 2,848            |
| Indirect Costs                                  | \$ 9,708          | \$ 61,174           | \$ 51,466           |
| <b>Total</b>                                    | <b>\$ 106,902</b> | <b>\$ 469,004</b>   | <b>\$ 362,102</b>   |
| <b>ASPR 26 - TSA H</b>                          |                   |                     |                     |
| Contract Services                               | \$ -              | \$ -                | \$ -                |
| Equipment                                       | \$ -              | \$ -                | \$ -                |
| Operational Supplies                            | \$ -              | \$ 700              | \$ 700              |
| Other   | \$ 5,316          | \$ 24,624           | \$ 19,308           |
| Personnel                                       | \$ 59,817         | \$ 135,050          | \$ 75,233           |
| Travel  | \$ -              | \$ 4,295            | \$ 4,295            |
| Indirect Costs                                  | \$ -              | \$ -                | \$ -                |
| <b>Total</b>                                    | <b>\$ 65,133</b>  | <b>\$ 164,669</b>   | <b>\$ 99,536</b>    |
| <b>ASPR 26 - EMTF 6</b>                         |                   |                     |                     |
| Contract Services                               | \$ -              | \$ -                | \$ -                |
| Equipment                                       | \$ -              | \$ -                | \$ -                |
| Operational Supplies                            | \$ 33             | \$ 349              | \$ 316              |
| Other   | \$ 7,246          | \$ 2,713            | \$ (4,533)          |
| Personnel                                       | \$ 49,446         | \$ 111,493          | \$ 62,047           |
| Travel  | \$ 86             | \$ -                | \$ (86)             |
| Indirect Costs                                  | \$ 6,752          | \$ 17,181           | \$ 10,429           |
| <b>Total</b>                                    | <b>\$ 63,564</b>  | <b>\$ 131,736</b>   | <b>\$ 68,172</b>    |
| <b>ASPR 26 - EMTF 6 (State General Revenue)</b> |                   |                     |                     |
| Travel  | \$ 432            | \$ 16,312           | \$ 15,880           |
| Operational Supplies                            | \$ -              | \$ -                | \$ -                |
| Personnel                                       | \$ 2,104          | \$ 6,997            | \$ 4,893            |
| Other   | \$ 66,676         | \$ 212,802          | \$ 146,126          |
| <b>Total</b>                                    | <b>\$ 69,212</b>  | <b>\$ 236,111</b>   | <b>\$ 166,899</b>   |

## Financial Summary - Categorical Budget Detail

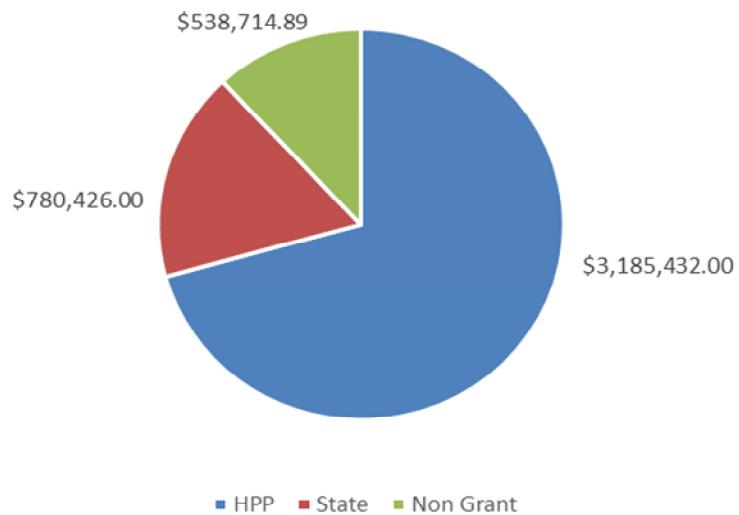
|                                   | YTD               | Budget            | Variance          |
|-----------------------------------|-------------------|-------------------|-------------------|
| <b>RAC/EMS FY 26</b>              |                   |                   |                   |
| Operational Supplies              | \$ -              | \$ 4,097          | \$ 4,097          |
| Other                             | \$ 51             | \$ 116,390        | \$ 116,339        |
| Personnel                         | \$ 3,414          | \$ 117,170        | \$ 113,756        |
| Indirect Costs*                   | \$ -              | \$ 137,799        | \$ 137,799        |
| Travel                            | \$ -              | \$ 35,334         | \$ 35,334         |
| <b>Total</b>                      | <b>\$ 3,465</b>   | <b>\$ 410,789</b> | <b>\$ 407,324</b> |
|                                   | \$ -              |                   |                   |
| <b>RAC Development Funds FY26</b> |                   |                   |                   |
| Operational Supplies              | \$ 162            | \$ 1,903          | \$ 1,741          |
| Other                             | \$ 23,857         | \$ 23,857         | \$ 0              |
| Personnel                         | \$ 163,271        | \$ 163,271        | \$ (0)            |
| Indirect Costs*                   | \$ 15,468         | \$ 26,654         | \$ 11,186         |
| Travel                            | \$ 1,710          | \$ 3,951          | \$ 2,241          |
| <b>Total</b>                      | <b>\$ 204,468</b> | <b>\$ 219,637</b> | <b>\$ 15,169</b>  |
| <b>County Funds FY26</b>          |                   |                   |                   |
| Contract Services                 | \$ -              | \$ 386,605        | \$ 386,605        |
| <b>EI Funds FY26</b>              |                   |                   |                   |
| Other                             | \$ 83,520         | \$ 150,000        | \$ 66,480.0       |
| <b>HFD Base Station</b>           |                   |                   |                   |
| Personnel and Other               | \$ 732,203        | \$ 2,784,547      | \$ 2,052,344      |

### Unrestricted Assets Growth

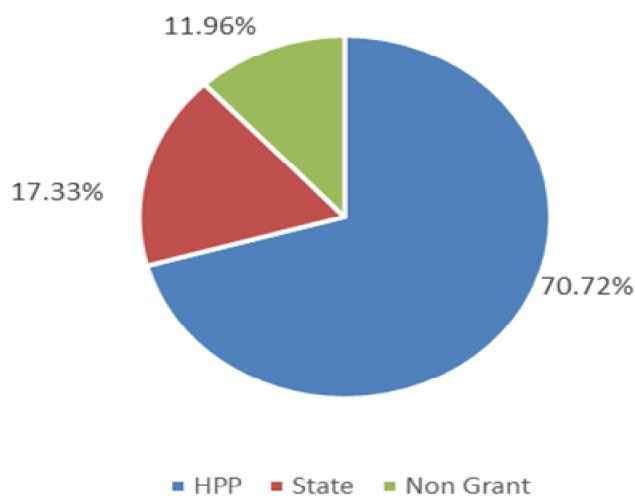
|                        | GenFY15      | Gen FY16     | Gen FY17     | Gen FY18     | Gen FY19     | Gen FY20     | Gen FY 21    | Gen FY 22    | Gen FY 23    | Gen FY 24    | Gen FY 25    | Gen FY 26    |
|------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Revenue                | 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   | 1,980,058.75 | 538,714.89   |
| Expense                | 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   | 1,538,600.84 | 420,361.86   |
| 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   | 441,457.91   | 118,353.03   |
| Total Fund Balance     | 1,835,409.42 | 1,868,880.00 | 1,947,594.33 | 2,071,988.91 | 2,183,345.95 | 2,442,270.83 | 2,761,103.83 | 2,780,212.83 | 2,812,520.83 | 2,993,000.26 | 3,434,458.17 | 3,552,811.20 |

Notes:

### Funding Sources



### Percent of Total Funding





## Executive Reports

# Preparedness and Response

## January 2026

### Lisa Spivey – Director of Regional Preparedness

TSA Q-West Corridor – Kat Samuel

TSA H-Gary Litton

TSA R- Jeremy Way

Training & Exercise – Timothy Chapman

Special Populations - Fidel Calvillo

### Overview

The past year has been challenging—from the loss of team members to tornadoes, back-to-back MCIs, and major technological changes. Through it all, our team has shown incredible resilience, dedication, and professionalism, rising to every challenge and continuing to move the mission of SETRAC forward.

- Sustaining relationships with hospitals, EMS, Fire, Police, Public Health, and City/County EMCs to cultivate robust partnerships.
- Meeting with jurisdictional and regional partners to provide program updates.
- T&E has rescheduled the CHEMPREP Workshop for end of February
- Continuing to build relationships with Region 4 and ISD's.
- Continuing with Coalition calls for FIFA World Cup 2026.
- Continuing with calls for Mental Health.
- Two of our HPP Managers spoke at the National Healthcare Coalition Preparedness Conference and were the only coalition to present.
- Our Special Populations Manager has conducted FIFA meetings with his group, including the FSED's, to prepare for WC 2026.
- Meeting with the State Department to discuss Pulsara and coordination for reunification in the event of an MCI, and processes for locating patients in healthcare facilities.
- The End-of-Year survey was conducted and closed on January 9<sup>TH</sup>. The results help identify areas where facilities require assistance and inform gap analysis and planning efforts.
- Meeting with DSHS and DSHS Public Health for World Cup 2026 Coordination Meetings.
- SETRAC transitioned from the WAVE app, which was discontinued in November 2025, to regional radios for facilities. The radios were purchased using end-of-year funds.
- SETRAC has also transitioned from WebEOC to Juvare's new WebEOC-NEXUS platform. Online training has been posted to our website, and additional virtual training courses are currently being scheduled for the region.



## Executive Reports – Preparedness and Response (continued)

### Community Events/Exercises:

- Technology training EMResource/WebEOC classes have been conducted across the region.
- Collaborating with Pulsara to continue to work with hospitals and EMS agencies with training.
- Conducted a coalition MCI Triage/Pulsara training with Baptist Beaumont & Mont Belvieu Fire Department.
- Participated in an Active Attack with Fire (as a weapon) FSX for CIMA Zone
- Two of our HPP Managers spoke at the National Healthcare Conference as the only Coalition presenting.
- TSA-R Manager was requested by CIMA Leadership to be included in a review workgroup to review and update current MCI Protocols and SOG for CIMA.
- Conducted an NDMS bed report
- Conducted a DSHS Public Health Mandatory Bed Report
- Ongoing technology drills

### Real World Events:

- MCI: Dow Freeport Plant B Fire-October 2025
- MCI: Oneok Explosion-October 2025
- MCI: Downtown Explosion 1319 Texas- October 2025
- In October, three healthcare facilities declared Internal Disaster status, with a cumulative duration of 18.74 hours. Reasons were Communications and Utility Failure.
- In December, four\* healthcare facilities declared Internal Disaster status, with a cumulative duration of 11.78 hours. Reasons were Utility Failure, Infrastructure Damage, Communications. *\*One particular facility was on Internal Disaster for an extended period inappropriately, we have reached out and provided education about the appropriate use of Internal Disaster.*



## Executive Reports – Preparedness and Response (continued)

### Troy Erbentraut – Director of Response

EMTF 6 Coordinator – Grant Kelley

Regional Logistics and Inventory Coordinator – Philip Cutler

Regional Response Manager – Clayton Ehrlich

### Executive Summary

The Emergency Services and Response Division continues to demonstrate operational excellence through sustained regional deployments, proactive outreach, and focused goal-setting for 2026. In 2025, EMTF-6 achieved its highest activation levels on record, with a total of **368 responders** deployed across multiple incidents from January 1 to December 31:

- California EMAC: 5 responders
- Disaster Day: 15 responders
- Crystal Beach “Jeep” Weekend: 54 responders
- 2025 TX Wildfire Season: 41 responders
- 2025 Winter Weather: 1 responder
- 2025 Severe Weather and tropical storm prepositioning: 36 responders
- 2025 TX Hill Country Flooding: 216 responders

Key highlights include the longest continuous deployment of EMTF-6 assets (ongoing in Central Texas and the Hill Country since July 5, 2025), successful consolidation of warehouse operations to the 5115 location, significant progress in building partnerships and capabilities across EMS, EMTF-6, and Logistics, and ongoing development of the regional whole blood program on the EMS side. The division remains committed to enhancing regional preparedness, resource management, and response effectiveness in alignment with SETRAC’s mission.

### Current Activities and Achievements

- **Warehouse and Inventory Management:** Operations have been fully consolidated at the 5115 location. Active inventory management is underway to address emerging space constraints and optimize storage efficiency.
- **EMTF-6 Deployments:** Regional EMTF-6 assets have been continuously deployed in Central Texas and the Hill Country since July 5, 2025, the most sustained response period on record for EMTF-6. This ongoing effort underscores the task force’s dedication and capacity while maintaining close monitoring to ensure resource sustainability.
- **Outreach and Preparedness:** SETRAC and EMTF-6 are being actively promoted through regional outreach initiatives, including classes on EMTF deployment basics. Growing interest from nurses has generated strong momentum toward developing specialized RN strike teams to enhance medical response capabilities.
- **Regional Engagement:** The revival of bimonthly Regional EMTF Workgroups has been successful, with the December 2025 meeting attended by 27 partners. Discussions focused on 2026 planning, goal setting, and participation expectations.



## Executive Reports – Preparedness and Response (continued)

### 2026 Division Goals

#### EMS

- Develop a regional whole blood program in Southeast Texas, enabling EMS agencies to access blood products for prehospital transfusions. The Southeast Texas Blood Program is a large-scale, multi-region initiative requiring extensive coordination and development.
- Establish Business Associate Agreements (BAAs) between regional EMS agencies and SETRAC to facilitate greater access to EMS data (including blood data submissions) and extend similar agreements to the hospital side for clinical data.
- Through the Prehospital Committee, develop regional guidance on reducing lights and sirens use during responses and transports to enhance provider and public safety without compromising patient care.
- Continuing full implementation of the Texas EMS Wristband Program across the SETRAC region, encouraging daily integration by EMS and hospital partners and mandatory use during disasters for patient tracking. Integration with DSHS EMS and trauma datasets now support electronic record linkage, improving accountability in mass casualty and evacuation scenarios.

#### EMTF-6

- Review and update the EMTF Memorandum of Agreement (MOA) process: remove inactive partners, refresh signatures, and deliver an accurate roster of participating agencies (currently 93 EMS/FD and 37 hospital partners in WebEOC) by Q1 2026.
- Streamline mass notification processes by updating points of contact across all communication methods to improve resource request efficiency.
- Sustain bimonthly Regional EMTF Workgroups to foster collaboration and planning.
- Develop and launch a regional Ambulance Strike Team Leader (ASTL) course—currently absent from statewide offerings—to address identified needs, with rollout targeted prior to the 2026 hurricane season.

#### Logistics

- Complete entry of all SETRAC assets into the Operative IQ inventory management system for improved searchability and accurate serial number tracking.
- Conduct a comprehensive evaluation of warehouse readiness and deployable assets (trailers, vehicles, generators, radios, medical caches), optimizing storage and deployment processes.
- Reestablish a consistent maintenance schedule for all assets and equipment, including prioritization of current needs and implementation of structured service cycles to ensure reliability, compliance, and extended asset lifespan.

#### Closing

The Emergency Services and Response Division remains steadfast in advancing SETRAC's mission through efficient resource management, robust response capabilities, and proactive regional engagement. We appreciate the Board's continued guidance and support as we execute these initiatives in 2026.

### Real World Incidents:

| EVENT   | LOCATION | TYPE       | DATE             | ASSIGNED RESOURCES              |
|---|----------|------------|------------------|---------------------------------|
| Woodland Heights Medical Center - Texas State Forest Festival | Local    | Event      | 09/17/2025       | quad                            |
| LBJ Hospital – morgue refurbishment                           | Local    | Real-world | 09/24/2025       | DPMU morgue trailer             |
| Harris County Institute of Forensic Sciences                  | Local    | Real-world | 10/13/2025       | DPMU morgue trailer             |
| Waller Co OEM / PV A&M homecoming                             | Local    | Event      | 10/21/2025       | Quad & generator                |
| Wildfire deployment   | Regional | Real-world | 10/21-11/04/2025 | MedL, WPU & ambulance           |
| HFD – Houston ½ marathon                                      | Local    | Event      | 10/26/2025       | Quad & generator                |
| Wildfire deployment   | Regional | Real-world | 11/11-11/19/2025 | MedL, TechSpec, WPU & Ambulance |
| EMTF-6 MMU orientation in Port Arthur                         | Regional | Exercise   | 11/12/2025       | 860, quad & generator           |
| Cy Fair FD – Fire Fest  | Local    | Event      | 11/15/2025       | Ambus                           |
| CIPC – mass casualty incident                                 | Local    | Exercise   | 11/21/2025       | AmBus & 5 ambulances            |
| LBJ Charity Event   | Local    | Event      | 12/08/2025       | Radio cache                     |
| Harris County Institute of Forensic Sciences                  | Local    | Real-world | 12/24/2025       | DPMU morgue trailer             |
|   |          |            |                  |                                 |



FIFA World Cup starting Thursday June 11 – Sunday July 19, 2026



## Executive Report

# Information Technology Services

## January 2026

**Jeremiah Williamson – Director of Information Technology Services**

IT Systems Analyst – Jason Nolin

### Overview

This quarter, traditionally a slower period for major IT projects, allowed the team to focus on backlog tasks, infrastructure maintenance, and professional development. During this time, SETRAC IT successfully managed 326 support tasks, with the highest volume in Security (88), followed by Service-related (60) and Website support (43). Other categories included Hardware (38), User Assistance (28), Radio communications (22), Software (9), Projects (5), Personnel (3), and Other (21). These accomplishments underscore IT's role as a continuous enabler of cybersecurity, infrastructure reliability, communications support, user productivity, and reflect the dedicated efforts of our in-house IT team, whose deep institutional knowledge and immediate availability enable rapid, context-aware responses that directly support SETRAC's mission-critical operations and regional partnerships.

Key highlights include:

- Deploying the Regional Communications Vehicle (RCVQ) for the Off the Grid (OTG) Drill, supporting coordinated participation from 21 facilities and agencies with 32 radio operators.
- Enabling a statewide stroke education program for 911 operators through SETRAC's online Learning Management System (LMS).
- Modernizing file services by migrating the legacy on-premises file server to a secure cloud-based platform (Microsoft SharePoint Online and Azure), improving data protection, access controls, availability, usability, and manageability.
- Successfully relocating the organization's main office to the warehouse facility, with full planning and implementation of required technology, network, and infrastructure components to ensure uninterrupted operations.

Additionally, contributed an article to SETRAC's newsletter titled "Safeguarding SETRAC: Real Attacks, Real Defense, Zero Disruption," highlighting our cybersecurity resilience.

### Infrastructure Development:

- Developed a revised version of Partner Manager, with an official staff release imminent. Built using Microsoft's low-code Power Apps platform, which simplifies development, Partner Manager centralizes data for 100+ SETRAC partners, streamlining contact and location information. This fosters workflow efficiency and knowledge transfer, with the next phase targeting financial and compliance data.
- Created an automated notification system for Mailman listservs using Microsoft Power Automate. These monthly notifications inform thousands of subscribers about their subscriptions and provide unsubscribe assistance, saving an estimated 5 hours monthly in manual work.
- Held the first IT Advisory Group meeting with strong participation. This group will meet quarterly to address SETRAC's technology needs, user training, and empowerment, ensuring IT aligns with organizational goals.

- Fully transitioned from an on-premises telephony system to cloud-based providing flexibility and portability for SETRAC's communication needs.
- Reduced our on-premises footprint by migrating our file server to Microsoft SharePoint Online and Azure. This milestone supports SETRAC's dynamic future, enhances operational flexibility, and strengthens disaster resilience through cloud-based backups.

### Service Continuity:

- Closed 331 support tickets, ensuring reliable support for SETRAC staff and partners.
- Enhanced cybersecurity for the SETRAC Data Repository by onboarding Microsoft Defender for Endpoint, ensuring robust protection and availability for partner data.
- Shifted meeting support to dynamic remote locations, including coordinating and alternatively providing audio and video resource availability.
- Mitigated four cyber attacks targeting business email compromise and fraud via email phishing, leveraging Microsoft Defender alerts for rapid response.

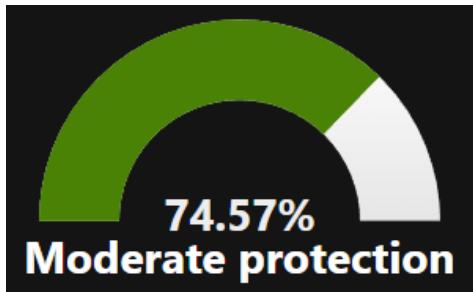
### Information Security:

Powered by Microsoft Defender for Endpoint, this snapshot reflects SETRAC's preparedness for cyber threats, measuring threat detection, response, and device security.

SETRAC's security score is 74.57%, up 9.58% from last quarter and 27.56% higher than non-profits of similar size (50–100 employees). We resolved 14 incidents and 42 alerts this quarter. Ongoing phishing awareness drills will further strengthen our defenses.

#### Secure Score

*SETRAC's overall cybersecurity strength has **improved by 9.58%** since last quarter. A higher number indicates more recommended actions have been taken, which minimized our risk from attacks.*



### Protection Against Specific Types of Threats

#### Phishing protection increased by 22.56% Ransomware protection increased by 17.79%

| Attack name           | Your score              |
|-----------------------|-------------------------|
| Phishing protection   | <b>97.56%</b> (+22.56%) |
| Ransomware protection | <b>81.59%</b> (+17.79%) |

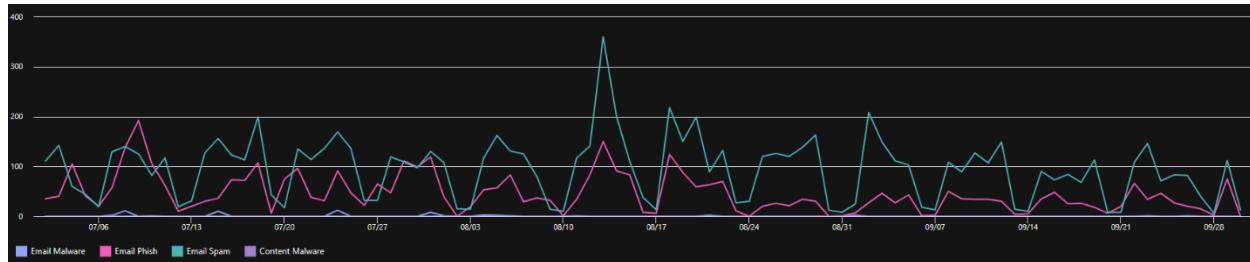
### Tracked Severe Suspicious or Malicious Activities

#### 14 incidents and 42 alerts were resolved

All active incidents      All active alerts  
**0**      **0**

### Threat Protection Status

*The Threat protection status provides information about threats found prior to email delivery, covering relevant detection technologies, policy types, and delivery actions.*



### Next Quarter Outlook

In the next quarter, IT will:

- Launch staff training on Power Apps and SharePoint to enhance tool adoption.
- Continue fostering the IT Advisory Group development for feedback on technology needs.
- Continue cloud migrations to reduce on-premises reliance, targeting a **40% reduction** in on-premises infrastructure.
- Strengthen cybersecurity with exercise-driven phishing education to address emerging threats, and modern identity protection and awareness.

# Regional Healthcare Preparedness Coalition (RHPC) Board Report

## January 2026

(Taken from meeting minutes for November 7, 2025)

### New Business

- **Preparedness Coalition Symposium Review**

SETRAC acknowledged and thanked the following Award of Excellence winners:

- Small – Tyler County Hospital
- Medium – Houston Methodist West
- Large – Memorial Hermann Texas Medical Center
- Partnering Organization – Harris County Office of Homeland Security & Emergency Management

Attendance at this year's symposium declined due to budget cuts and the government shutdown; however, despite these challenges, participation still reached approximately 350 to 400 attendees, speakers, and sponsors.

### Healthcare Preparedness Capabilities

#### **Long Term Care Update (C102)**

Fidel Calvillo reported on the following Special Populations issues:

1. Emergency Preparedness Bootcamps in our Region have been held on September 18<sup>th</sup> for South Corridor in Brazoria County. Bootcamps, June 24<sup>th</sup> in Montgomery County for West Corridor and August 14 East Corridor Chambers County.
2. Participated with Texas HHSC Region 4 annual provider meetings (4) on emergency preparedness in August and September.
3. Providing SP presentations to community events and local committees.
4. Continue to work with new facilities to be part of RHPC and provide emergency preparedness guidance.
5. Reached out to the TDEM STEAR Rep to discuss the new STEAR online registration for LTCS and home health/hospice providers.
6. New EMResource event for LTC/ALFs to provide facility and operational updates during an event.
7. FSEDs meetings were held on July 17<sup>th</sup> and August 19<sup>th</sup> to discuss FIFA WC regional plans and patient tracking.
8. Special Populations meeting scheduled for October 7<sup>th</sup> to discuss FIFA WC regional plans.

Dr. Schulz noted that this event will have an impact across the entire region, meaning communities farther out will also be affected and should prepare accordingly. On December 5th, the schedule will be released, revealing which teams are playing in which locations which is information that will give us a clearer picture of what to expect on game days. Then, in January, we'll learn whether our city has been selected as a training camp site for any of the teams.

### Training and Exercise Update (C104)

The Training and Exercise Schedule was distributed to the coalition members. (*T&E schedule filed with RHPC Board minutes filed binder*).

- Timothy Chapman reported the CHEMPREP Workshop that was scheduled for November 19<sup>th</sup> but due to the government shutdown there have been no conversations to reschedule; therefore, this class is cancelled. SETRAC is moving forward, utilizing this same work group, to work on the regional exercise and tabletops for next year.
- More Pulsara training will be pushed out to prepare for the World Cup. Pulsara has also uploaded a “How to Evacuation” training onto the SETRAC website.
- An Off the Grid drill has been scheduled for December 3<sup>rd</sup> and CMOC-101 training at the Houston Emergency Center (HEC) will begin on December 5<sup>th</sup>. Registration is open for both on the website.
- There is now a resource tab on the SETRAC website under the World Cup webpage that SETRAC worked with the forensic nursing partners with a list of hospitals that can conduct the SANE exams as well as a list of hospitals outside our region, and a group that will conduct mobile SANE exams. There is also a tab for NTZ, for human trafficking training and to help identify the signs.

### EMTF Update (C104)

Grant Kelley submitted his EMTF report as follows:

#### EMTF-6 Activity

- EMTF continues to support the search and recovery efforts in Kerrville by providing force protection for the Texas Task Force and DPS Dive teams.
- Fire weather is significant across the state and EMTF has multiple Wildland Fire Support Teams prepositioned to provide force protection to the Wildland Firefighters.
- 10.15.2025 - MMU 2.0 was on display at the SETRAC Symposium. EMTF is working with SCO to house it beginning in Q1 of 2026 for training prior to the World Cup.
- 10.23.2025 - EMTF completed its initial hotwash of the Texas Hill Country response — a few good takeaways for improvement.
- 10.28.2025 - EMTF 6 Held regional Workgroups at Humble Fire Rescue. Discussions on future trainings and regional program development.
- 11.12.2025 - MMU Training at the Medical Center of SETX in Port Arthur TX
- 11.19/11.20 - EMTF MIST Training in San Antonio
- 11.23.2025 - EMTF Workgroups at the EMS conference (In Person only)

### EMS Update (C104)

*Deferred*

### Inventory Update (C104)

Mr. Calvillo reported the WAVE app is going to be discontinued and emails should go out to the users identifying the end date.

### World Cup Update

World Cup update was covered in the Special Populations and EMTF updates.

### Sub-Committee Updates

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

The awards winners were announced under "New Business".

#### **Symposium Planning (C101)**

SETRAC will begin planning for the 2026 symposium in January. Anyone that would like to become a member of the planning committee, please send an email to Lisa Spivey ([lisa.spivey@setrac.org](mailto:lisa.spivey@setrac.org)) or Roxie Ward ([roxie.ward@setrac.org](mailto:roxie.ward@setrac.org)). Minimum requirements are you must be able to attend symposium planning meetings (initially they are once a month and as we get closer to the date they will be scheduled more frequently), and you must be able to stay through the duration of the symposium and participate and assist where needed.

#### **Clinical Advisory Committee (C101)**

*Deferred*

### Corridor Updates (C101)

**Downtown Corridor** – Ashlee Thruman shared that the Downtown Corridor convened on October 3rd at SETRAC, noting increased attendance. During the meeting, Jax Kincaid provided an overview of Pulsara. The next Downtown Corridor meeting is set for December 5th at the Harris Health Corporate Offices.

**South Corridor** – Mike Nixon reported the South Corridor is scheduled to meet next Friday (November 14th).

**East Corridor** – Lydia Worthen reported that the East Corridor met on September 19th, with their next meeting scheduled for December 5th in Chambers County. Attendance has been lower than usual, and efforts are underway to increase participation. The corridor is also coordinating MCI and Pulsara training sessions. Jeremy Way led training in Chambers County in October, followed by another session yesterday in Mont Belvieu for several fire departments. An additional training is being planned for Liberty County in January.

**West Corridor** – Joe Schorre shared that the West Corridor recently convened at Houston Methodist West, where HCA Houston Healthcare Kingwood presented on the back-to-back MCIs that occurred in September. The next meeting is planned for December at Memorial Hermann Memorial City and will feature a presentation on EMTF MIST. In February, the group will meet at City Ambulance for an AMBUS tour, along with an overview of evacuation procedures and the resources required.

**North Corridor** – Stephen Bennett shared that the North Corridor convened on Wednesday, September 10th, at the Lufkin Civic Center. During the meeting, the Acadian AMBUS was showcased and discussions focused on pediatric evacuation. The next session is set for November 12th at The Fredonia Hotel & Convention Center in Nacogdoches.

### Partners Update Summary (C101)

#### **Public Health**

##### Harris County Public Health

Kimberly Hobson reported Harris County Public Health recently conducted their FEC Exercise, and the After Action Report is now in progress.

##### Galveston County Health District

The Galveston County Health District, in coordination with the Office of Emergency Management, is preparing a forward disaster response plan to support evacuation efforts for both residents of Galveston County and visitors to the area and is expected to be available in 2026.

### Houston Health Department

John Fleming reported the Houston Health Department hosted a Regional Administrative Preparedness Workshop on 10/13/25. Thanks to Troy Erbentraut for presenting on EMTF and the recruitment process used by SETRAC to roster EMTF partners. The Workshop provided needed discussion on emergency contracting, procurement, and staffing as well as touching on a handful of systems-based needs like whole community/DAFN integration, EMPower individual dataset request and utilization processes, Patient Unified Lookup System for Emergencies (PULSE) national level health information exchange, Medical Reserve Corps as a staffing resource, and public health law updates. The discussion was fruitful and included expert direction in creating \$0 contracts with spending authority within a government (e.g. City of Houston) context. Several participants indicated that they intend to implement different aspects of the workshop.

On Tuesday 11/18/25 HHD will be hosting a Bird Flu TTX. The TTX will include an overview of Bird Flu, the One Health approach needed to stay on top of this ever-emerging threat, and scenario-based exercise play. Participation from healthcare partners (e.g. Infection Control Practitioners, Long Term Care, ED and Family Medicine Physicians, Nurses, and patient screening staff) is welcome. The invitation flyer will be distributed through SETRAC.

### **OEM**

*Deferred – no reports given.*

### **EMS**

#### Fort Bend County EMS

Michael Nixon announced they have new ultrasound technology supporting the whole blood program. Fort Bend County EMS also introduced a refreshed brand identity for their fleet, sharing the update across social media.

### Open Discussion/New Business

#### • **Partner Updates Minutes Recording**

Roxie Ward (SETRAC) sought approval from the coalition members to begin asking partners to submit their updates in advance or directly following the meeting, allowing for more accurate documentation in the meeting minutes starting with the January 2026 meeting. The coalition members expressed their support for the proposal. Dr. Schulz then brought the request to a vote. Scott Reeves moved to approve the request, John Fleming seconded the motion, and it was unanimously approved by the coalition members. A reminder will be added to the agendas and meeting reminders.

#### • **End of Year Survey**

SETRAC will be sending out the End of Year survey next week with responses due back in January.

#### • **Decontamination Team Coverage**

Carrie Cox with Texas Children's Hospital asked coalition members with decontamination teams to share how they manage coverage across all shifts and how this is monitored. Dr. Schulz encouraged those facilities to connect with Ms. Cox to support the development of their processes and procedures.

*The next RHPC Board meeting is scheduled for January 9, 2026, at Harris County OEM/Transtar, 1st Floor Conference Room (6922 Old Katy Road, Houston, TX 77024).*

## Stroke Committee

### Stroke Committee – Medical Director: Dr. Sean Savitz

Chair: Dr. Haris Kamal

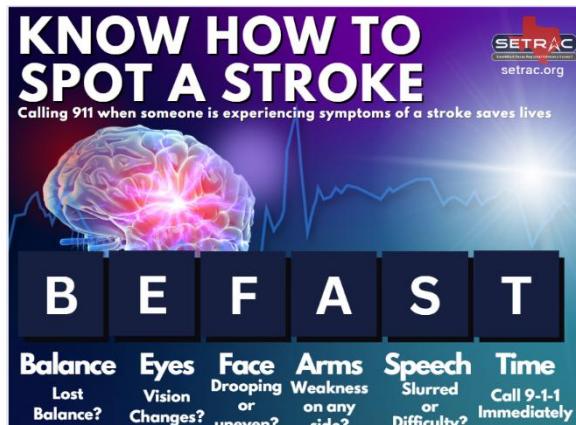
Vice Chair: Tonia Shelton, Stephen Autrey

**The committee has requested confirmation of Dr. Sean Savitz as Medical Director.**

The focus of the committee includes:

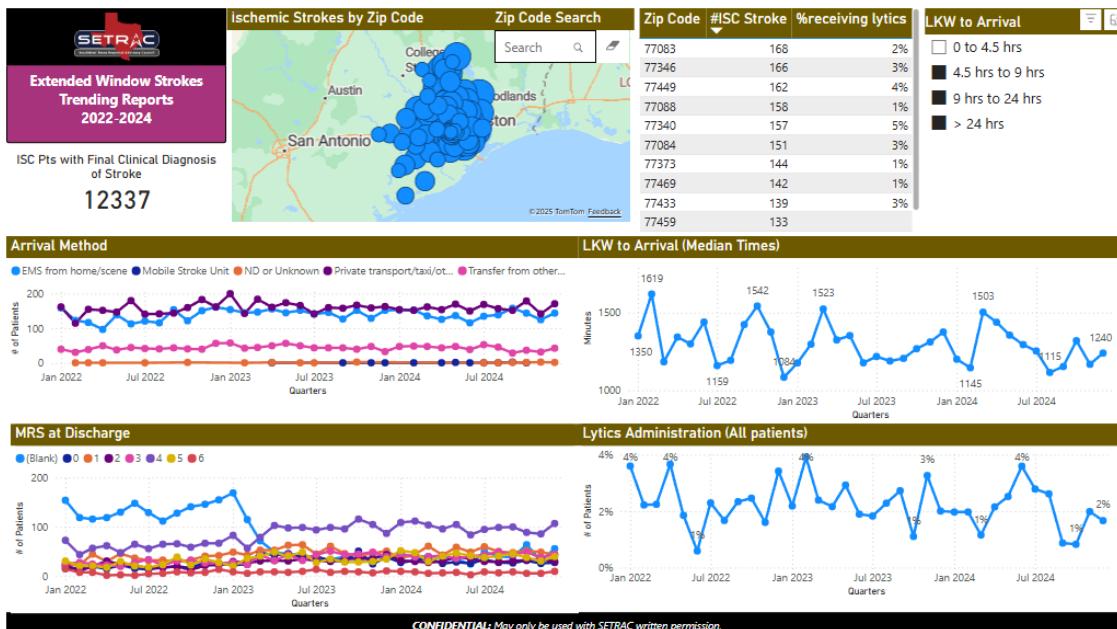
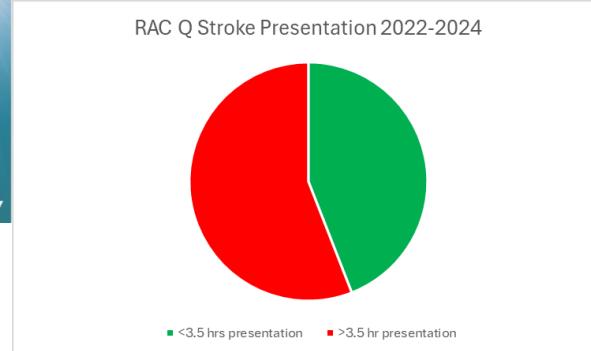
- **Extended Window Strokes**

- The Extended Window Workgroup developed a PI Project to reduce the incidence of patients presenting outside of the 0-4.5 hour window. Targeted education is being provided through Heart of the Matter Program to zip codes with the highest incidence of extended window strokes. Social Media campaigns are also aimed at stroke recognition and calling 911. **Data is being trended over the next year to determine outcomes of reducing time to presentation.**



*Highlighted findings are:*

- Almost 50% came in via private vehicle
- 77083, 77346, 77449 were the zip codes with the highest number of extended window presentations.
- From 2022-2024 22,059 ischemic strokes presented in our region, 9,722 (44.07%) were in the 3.5 hr window, 12,337 (55.93%) were outside of the window

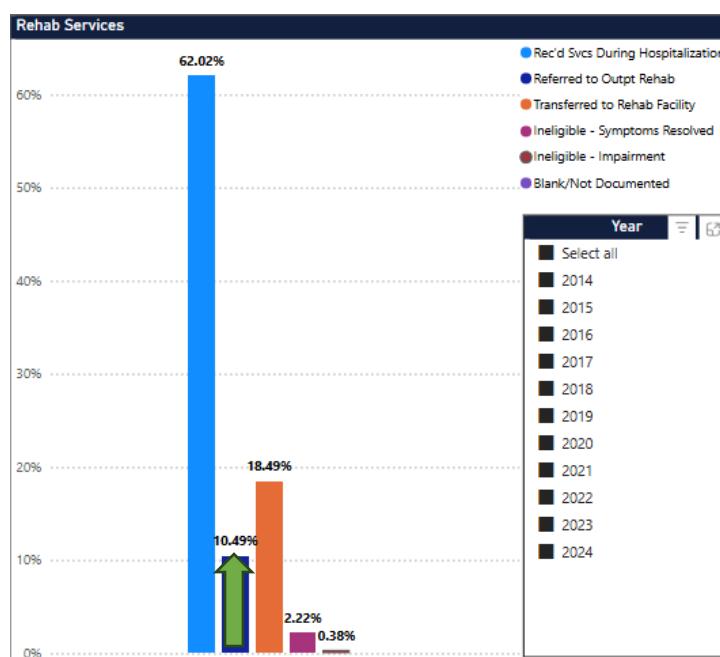
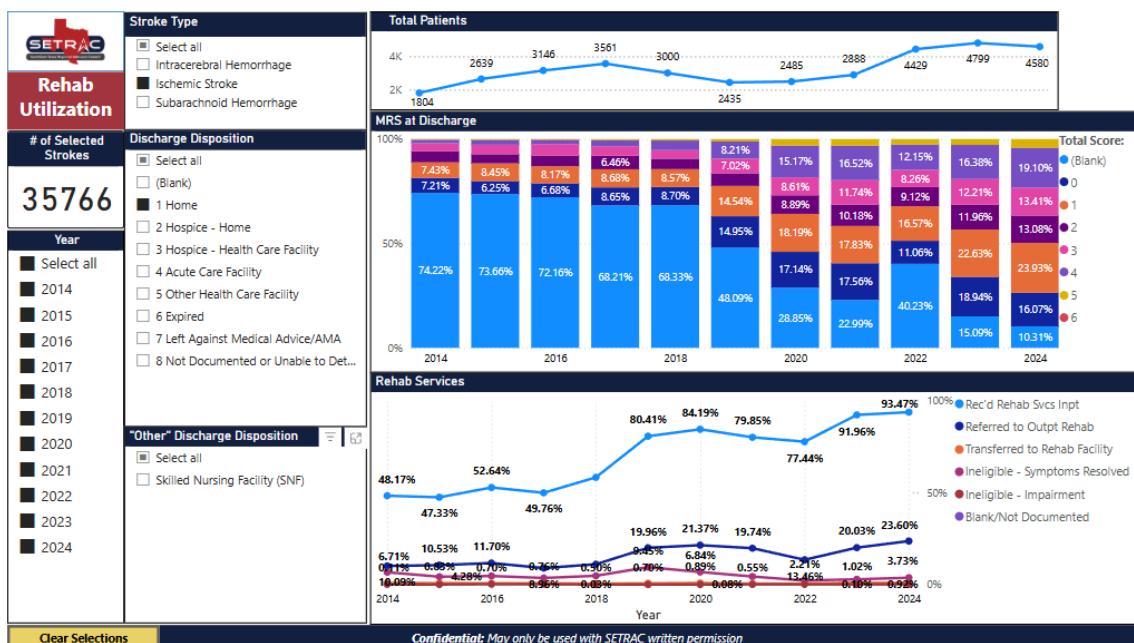


### Rehab Utilization

- 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 analyzing the data for a PI project.
- The Stroke Rehab workgroup is developing a PI Project to improve outpatient rehab referrals. A **pilot of 5 facilities is performing post discharge calls** to gain data on the usage of outpatient rehab and what barriers are present. Data will be submitted through March 2026 and analyzed by the workgroup.

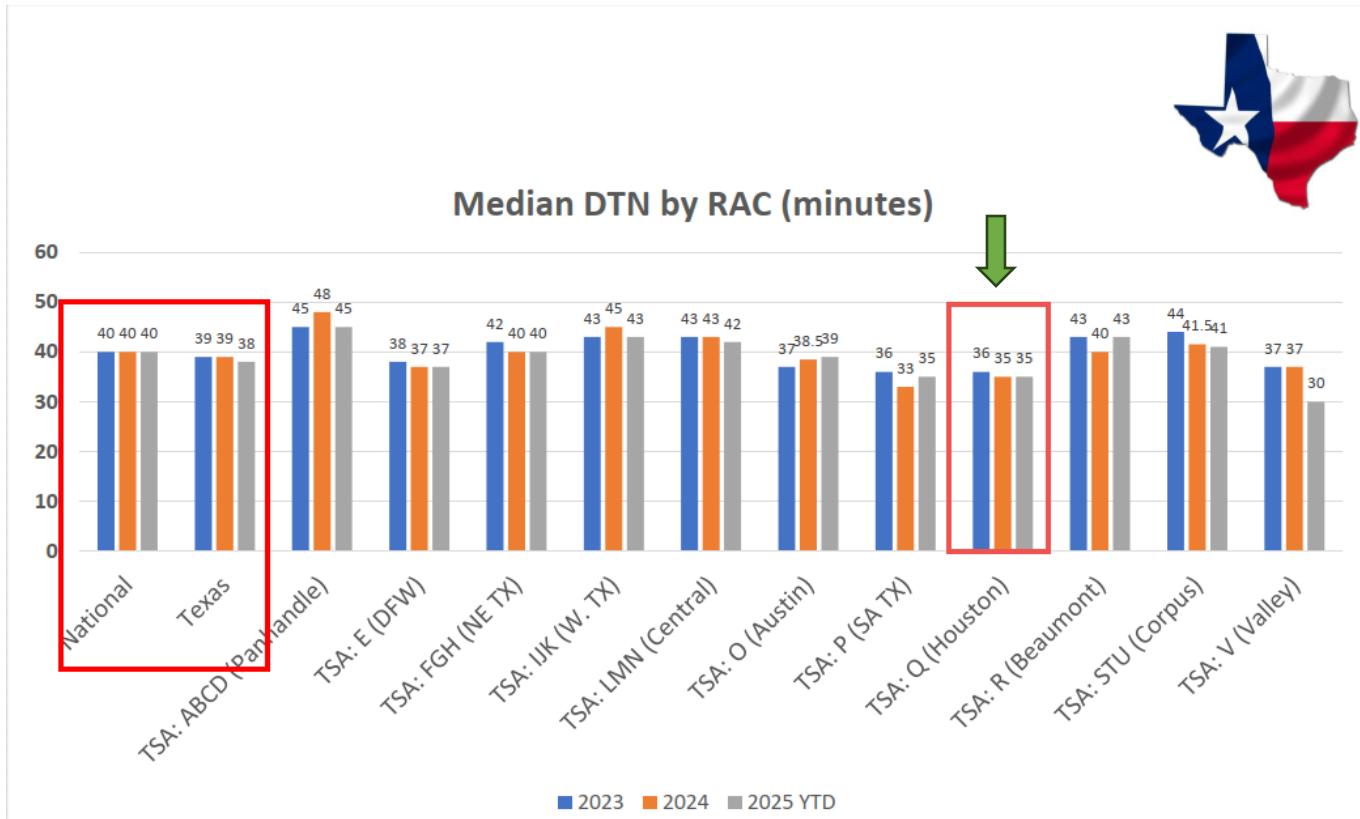
*Highlighted findings are:*

- Patients receiving outpatient referrals are about 26%  with the filters:
  - Discharged home
  - MRS on discharge 2-4
- The current rate of referrals is in line with national rates.



- GETAC Updates

- The SETRAC LMS will be the platform for stroke education of 911 operators and EMS across the state through GETAC stroke committee.
- Recommendation for Neuro IR call coverage – *not approved*
- Proposed 2026 GETAC Stroke Committee Priorities - *approved*
- Statewide stroke awareness campaign and rural stroke awareness campaign proposals – *approved*
- Mission: Lifeline EMS Recognition. [Mission Lifeline EMS Stroke Recognition](#) - *approved*
- Below is the GETAC report for DTN by RAC.



Disclaimer: Get with The Guideline reports are generated from a live registry. All data is subject to change. Report generated on 10/20/25.

## Cardiac Committee

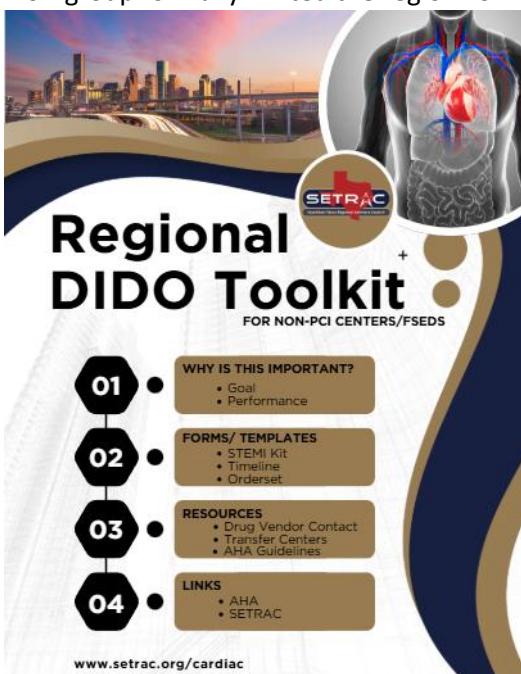
**Medical Director: Dr. Kevin Schulz**

**Chair: Cathy Williamson**

**Vice Chairs: Dr. Waleed Kayani / Jake Varner**

- **The committee has requested confirmation of Dr. Kevin Schulz as Medical Director.**
- Committee Goal: **Develop community education, including a regional hands-only CPR event.**
  - “Heart of the Matter” community education program in collaboration with the stroke committee.
  - Program offers hands-only CPR, Stroke, cardiac and education related to blood pressure management, and BE-FAST.
  - High risk zip codes identified through data are target audience.
  - HEB donated 100 blood pressure cuffs. We currently have about 12 left.
  - To date, **704 community members have been trained.**
  - 1/11/25 American Legion Houston, TX
  - 3/10/25 HLSR Houston, TX
  - 4/3/25 Dulles High School Sugarland, TX
  - 4/23/25 Houston Christian University Houston, TX
  - 6/25/25 Second Baptist Church Houston, TX
  - 7/10/25 CompassRN Camp at TMC Innovation Center
  - 7/26/25 New Faith Christian Church
  - 11/4/25 Clements High School
  - 2/7/26 Katy First United Church
  - **Partnership with Houston Marathon and World Cup Volunteers to provide hands-only CPR.**
- NCDR Chest Pain-MI Registry:
  - To date, **16 hospitals/ 35 (45%)** have signed agreements.
  - Patient level data, not to include PHI, will be available.
  - Data will be used to meet the data requirements of the RAC self-assessment tool, as well as assist in formulating data driven goals and PI projects.
- NCDR work group is reviewing the cardiac data dictionary and has developed a way for data to be pulled from NCDR for SETRAC regional reporting.

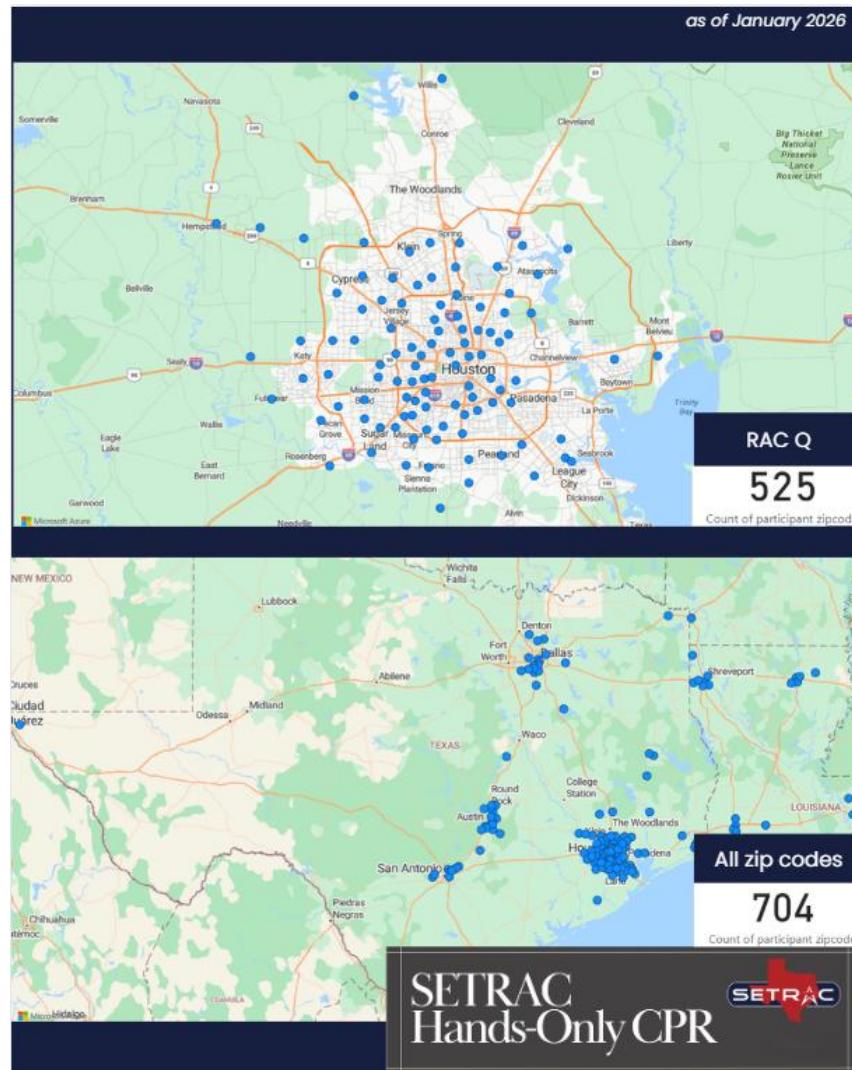
- DIDO workgroup is developing a DIDO Toolkit to reduce STEMI transfer times in the region. The workgroup formally invited the region FSEDS to gain perspective and feedback on the DIDO kit.



- workgroup was formed to begin working towards this project in our region. We are collaborating with AHA and Ft. Bend EMS on this project and are in the process of developing a pilot.

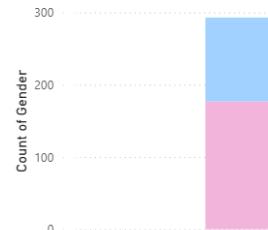


## Executive Report - Emergency Healthcare Systems (continued)



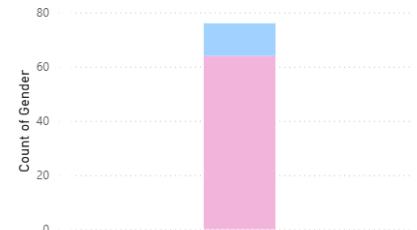
Gender ♀ Female ♂ Male

Black or African American



Gender ♀ Female ♂ Male

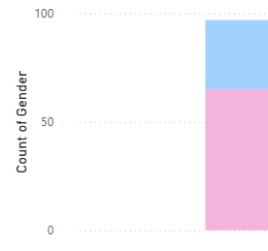
Asian



**Hands-Only CPR Participant by Gender and Race**

Gender ♀ Female ♂ Male

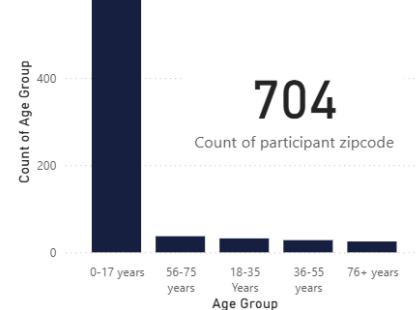
White



**Hands-Only CPR Participant by Age Group**

Count of participant zipcode

**704**



## Perinatal Committee

**Neonatal Medical Director: Dr. David Weisoly**

**Maternal Medical Director: Dr. Leslie Rafanan**

**Committee Chair: Dr. Elizabeth Eason**

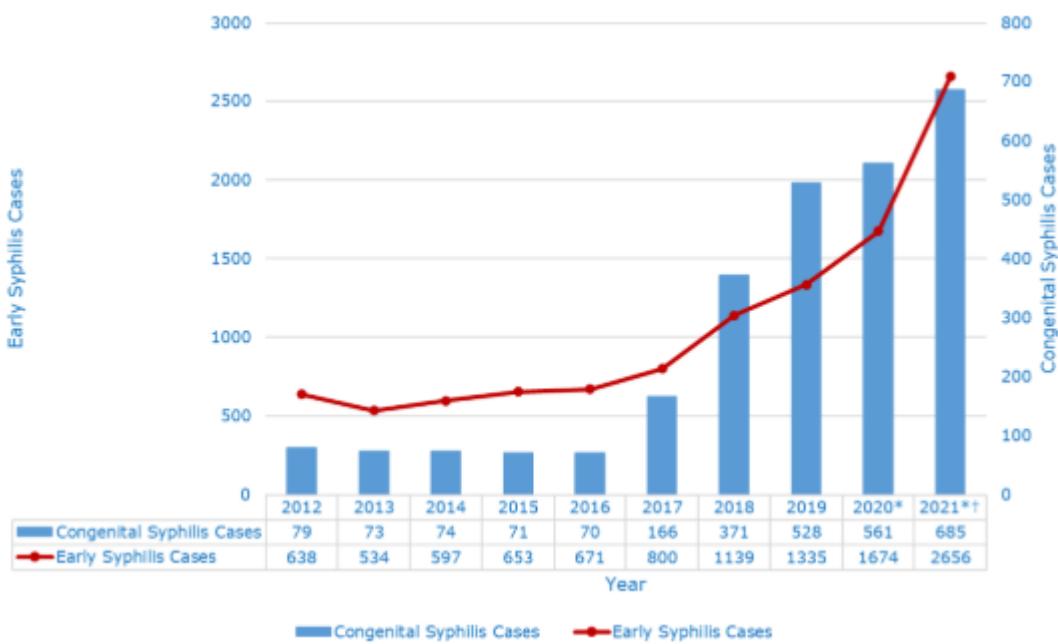
**Vice Chairs: Kate Drone / Zach Ward**

**The committee has requested confirmation of David Weisoly as Neonatal Medical Director and Dr. Leslie Rafanan as Maternal Medical Director.**

- **The Texas Collaborative for Healthy Mothers and Babies (TCHMB)**

**Texas Congenital Syphilis Toolkit Pilot Initiative for Maternity Care Clinics**

In collaboration with DSHS, TCHMB will develop, pilot test, and disseminate a toolkit addressing Congenital Syphilis (CS) for maternity care professionals at outpatient clinics as part of an initiative to integrate best practices and tailored strategies to improve timeliness of syphilis screening, diagnosis, treatment during pregnancy, and follow-up care. It will include materials such as visual aids for identifying syphilis in pregnant women, treatment guidelines, a decision-making flowchart, and other educational materials that support maternity care professionals. A pilot group will begin testing in December 2025 with statewide dissemination starting in October 2026.



**Breastfeeding and Safe Sleep Initiative for Hospitals**

The goal of the LASSO-TX Project is to develop a TCHMB-led quality improvement (QI) initiative focused on improving breastfeeding and use of mother's own milk for Texas infants, along with promotion of safe infant sleep best practices. This initiative is in the planning phase.

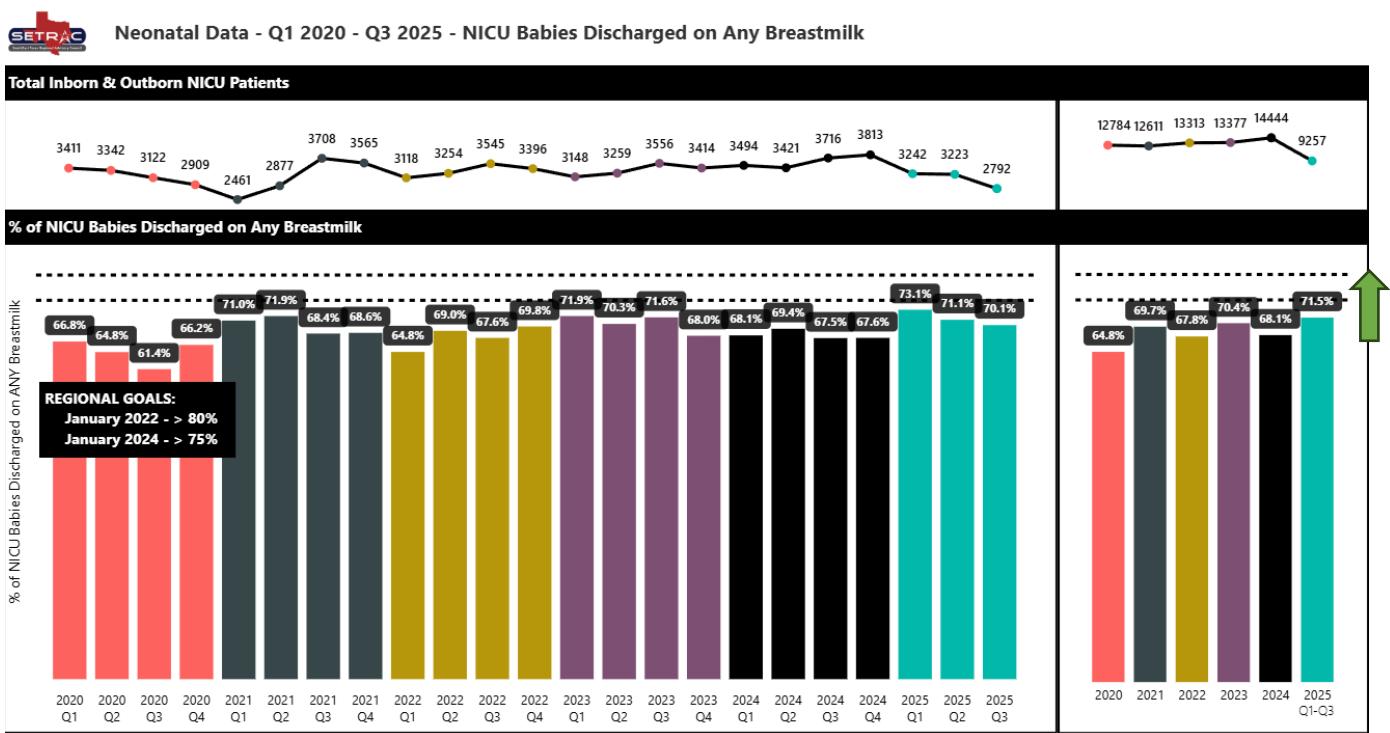
- **Maternal Morbidity & Mortality Workgroup Focus:**

- 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 aid in positively changing the racial and ethnic disparities that lead to increased mortality rate. At each meeting, Dr. Toy presents education highlighting maternal near misses and the group discusses barriers and solutions.

- **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. **18 classes have been held with 209 participants.** The goal is to reduce infant mortality through education and skills in the prehospital setting.
  - This group is developing templates for best practices in NICU and Maternal disaster plans.

- **Breastmilk at Discharge Workgroup:**



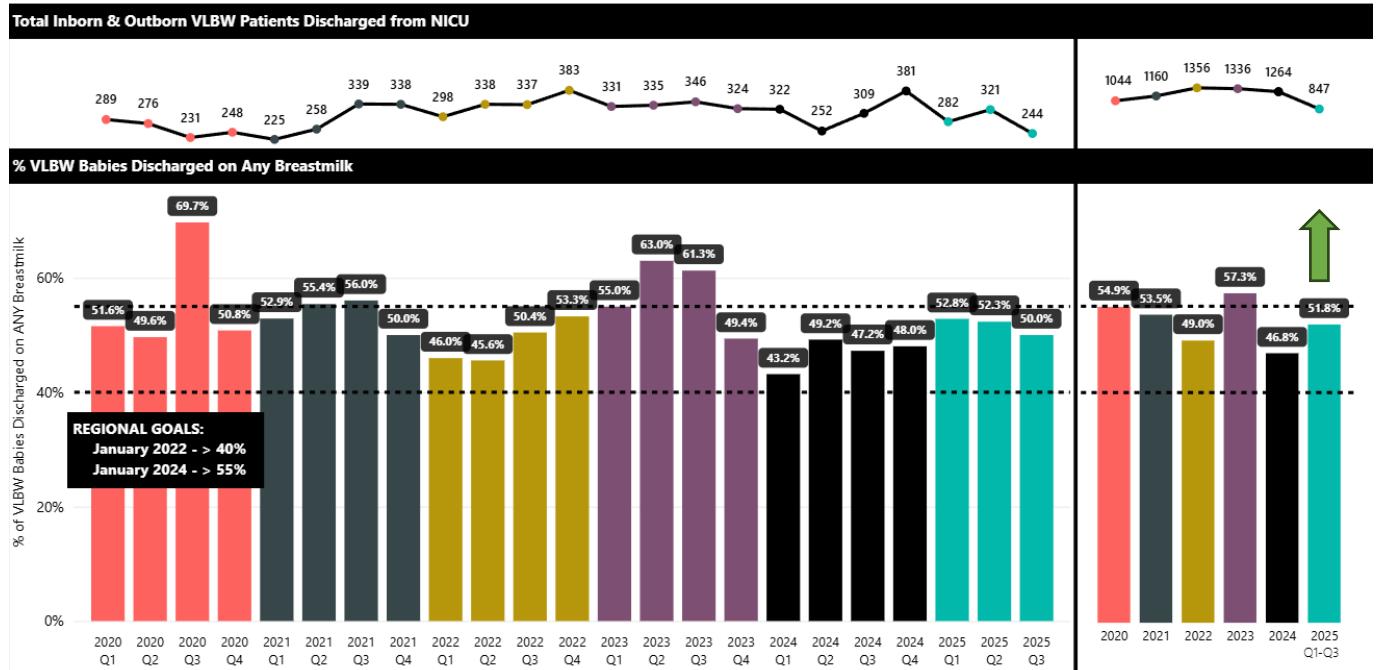
**CONFIDENTIAL:** May only be used with SETRAC written permission

- Project Aim: By January 1, 2026, 75% of all NICU babies will discharge on mother's own milk. According to the Q1-Q3 2025 data, the region is currently at **71.5%**. 
- Project Aim: By January 1, 2026, 55% of all VLBW babies will discharge on mother's own milk. According to the Q1-Q3 2025 data, the region is currently at **51.8%**. 

## Executive Report - Emergency Healthcare Systems (continued)



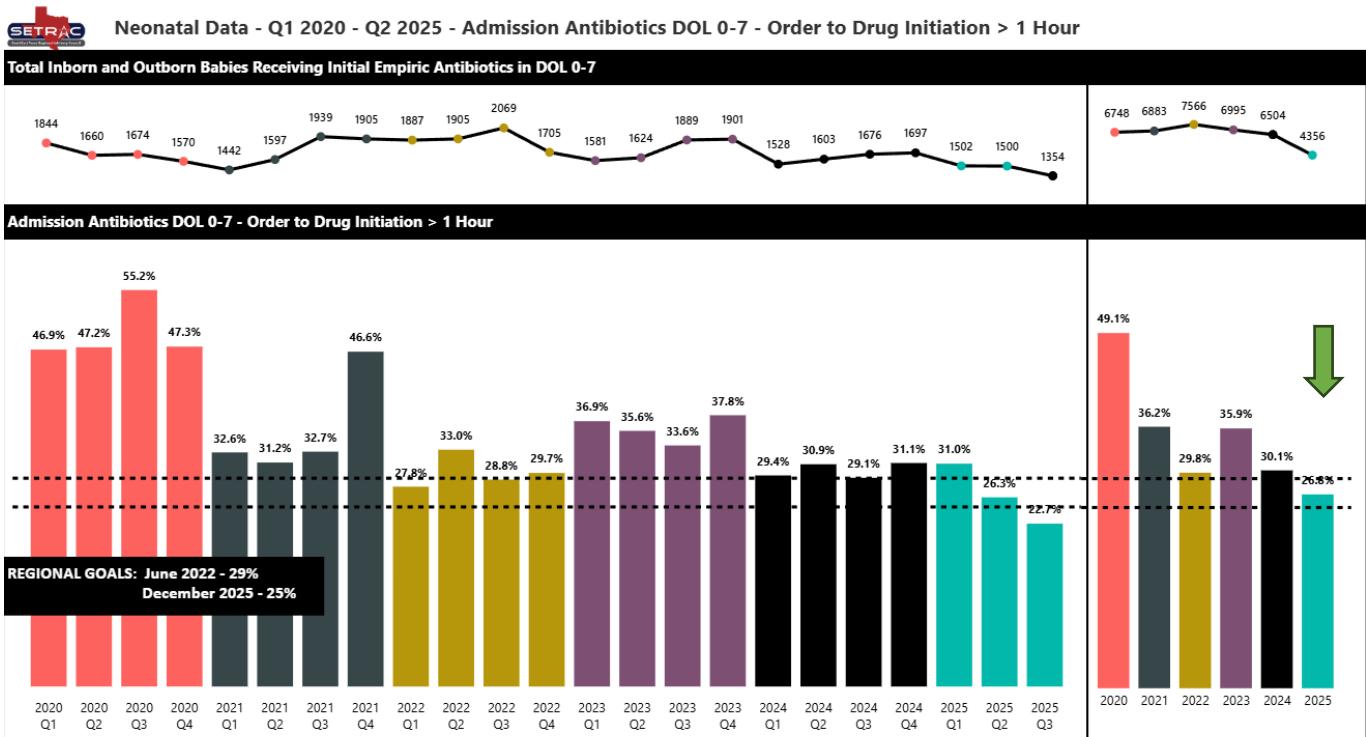
### Neonatal Data - Q1 2020 - Q3 2025 - VLBW Babies Discharged on Any Breastmilk



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- Neonatal designated facilities share their best practices at each meeting.

- Antibiotic Timeliness Workgroup:



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- Project Aim: By January 1, 2026, ≤25% of babies receiving antibiotics were administered more than one hour after order or birth. According to the Q1-Q3 2025 data, the region is currently at 26.8%. 
- 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. Baseline data prior to implementation showed the region at 28.7%
- **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.
  - The subcommittee developed an education request process so that facilities can meet designation requirements and support needs of programs throughout the region. Members are assigned to complete education requests for facilities.
- **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 and discussing data needs to address this regional issue. Required data points are developed and will start collection beginning Jan 2026.
- **Syphilis Taskforce:**
  - Working with the various health departments to strengthen communication of resources and process. The meetings are well attended by the health department. Goal is to educate providers in the region and include the ED setting. Required data points are developed and will start collection beginning Jan 2026.

## Emergency Services Committee

Committee Chair: Dr. Michael Gonzalez

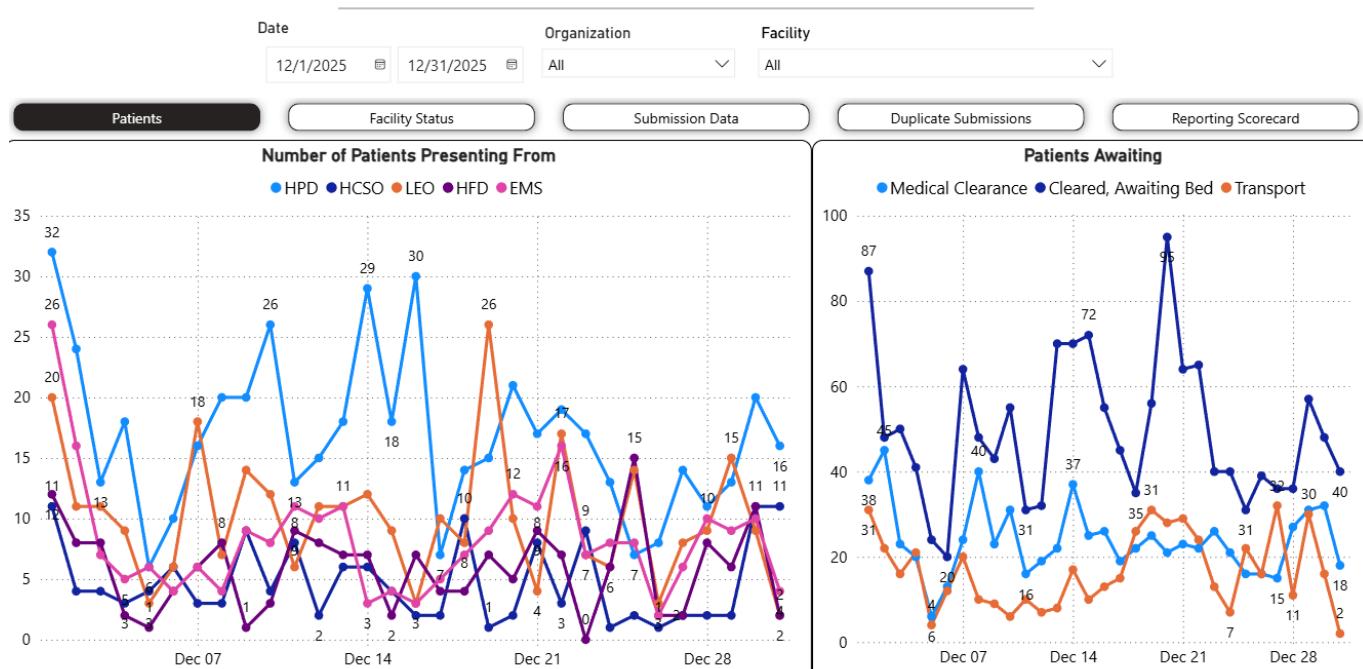
Vice Chairs: Candace Aguilera- Mitchell, Lisa Martinez

**The committee has requested confirmation of Dr. Katarzyna Kimmel as Medical Director.**

- **EMS Wall Times workgroup** ESO contracts are finalized and currently building dashboards for EMS data on wall time. DUAs to be sent to EMS services to obtain data.
- **Behavioral Health LOS in EDs workgroup** met and reviewed current data being submitted. The workgroup discussed after-hour processes they were unaware of for obtaining OPC and LEO transfer. Toolkit being developed with resources for BH process. *Barrier: Contact with After Hours Court to determine process.*
- **Delays are being communicated to PCT 1 for feedback to share with the hospitals.**
- Top concerns identified to date are:
  - Delays in LEO transfer
  - After hours OPC by judge

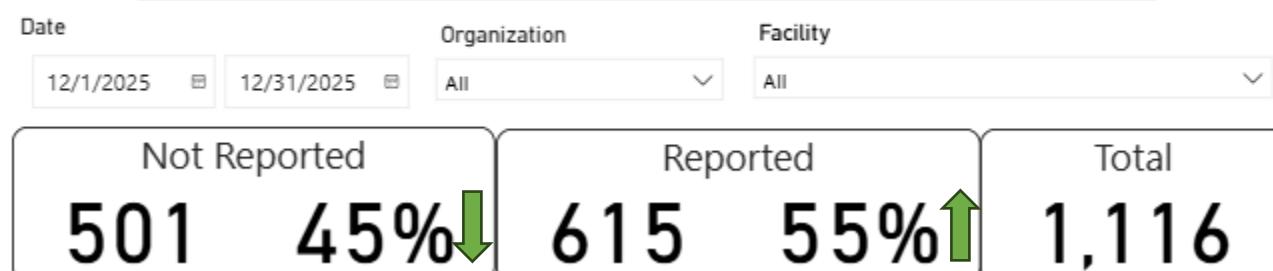
### Behavioral Health Patients

*Patients Presenting with EDO*



### Reporting Scorecard

*Tally of Facilities Who Reported and Did Not Report*



## Education

SETRAC offers Continuing Education for Nurses and provides a free platform for convenient access to learning via our LMS site, RACedu. Below is the summary of Nursing education provided.

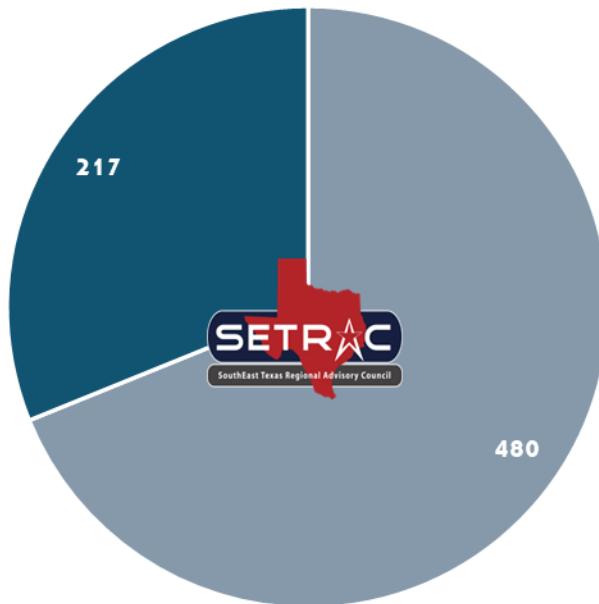
### 2025 SETRAC Continuing Education Participants

Total: 697

Continuing Education Hour Offered: 108.75

Total Continuing Education Hours Provided: 2,173 hours

42 Education Activities



■ Number of Nurses

■ Other Learners (Pre-hospital Provider, Physician, etc.)



### Trauma Committee

**Medical Director: Dr Michelle McNutt**

**Chair: Dr Shiree Berry**

**Vice Chair: Rebecca Crocker and Adam Fitzhenry**

The next committee meeting will be held on February 5, 2026.

The focus of the committee includes:

- Trauma Rules, Trauma Surveys and the ACS
  - Since the last time we met the following facilities have been redesignated:  
HCA Houston Healthcare Southeast - Advanced Level III  
HCA Houston Healthcare North Cypress - Advanced Level III  
Women's Hospital of Texas - Level IV.

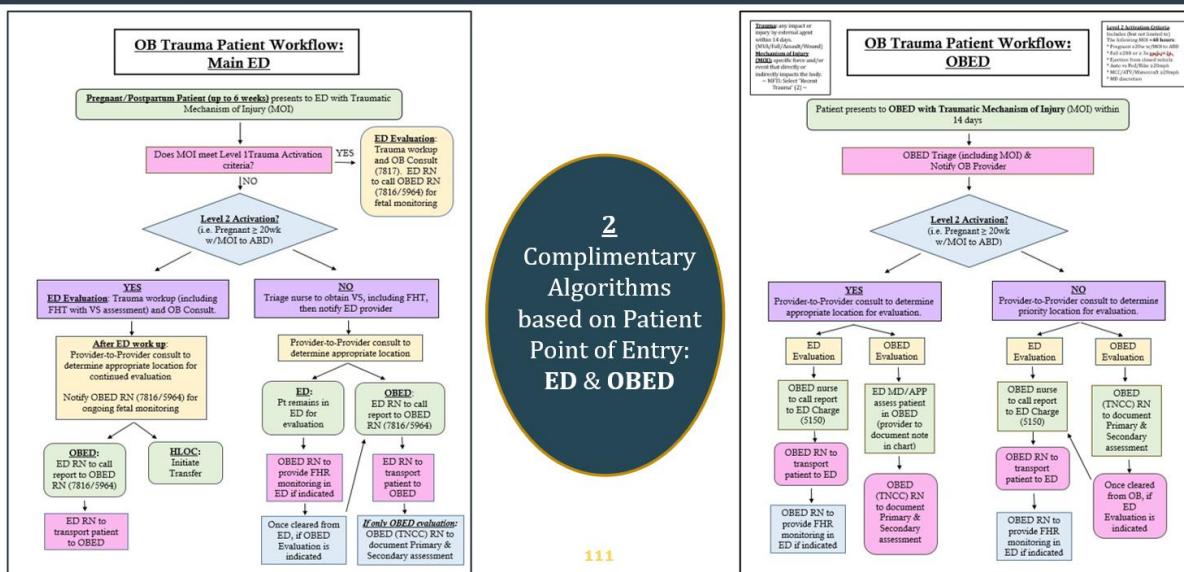
As we move into 2026, we have 32 trauma designated facilities and 3 in active pursuit of designation to serve a population of over 7.2 million people.

Level I – 2 Pediatric and 2 Adult  
Level II – 6 Adult and 1 Adult IAP  
Level III – 7 Adult and 2 Adult IAP  
Level IV – 12 Adult

- The common deficiencies during survey as reported at GETAC are
  1. Nursing documentation
  2. Identification of all variances
  3. TMD participation in PI – Secondary Review
  4. Review for appropriate care
- These are our 2025 and 2026 committee goals:
  1. Complete the assessment of patients transferred to appropriate initial facilities and track transfers and double transfers – ongoing (please see update below)
  2. SETRAC blood product workgroup has an operational program by the end of the year – ongoing (there will be an additional report in the EMS updates)
  3. Supporting smaller Level III and IV facilities with standardized policies and procedures related to changes and expectations from the state - ongoing
  4. Standardize EMS feedback and follow up - ongoing
  5. Mentorship program for new Trauma Program Managers - ongoing
  6. IRR on chart abstraction – ongoing
- We continue to have a best practice education at each meeting. In December, Lori Foster the Trauma Program Manager at Memorial Hermann Sugar Land presented a great update on improving comprehensive assessment

through collaborative delineation and education resulting in a nurse driven OB trauma workflow algorithm. Our best practice education topics are shared widely across our region.

# Workflow Algorithms:



- Trauma Registry / Trauma Data
  - We were unable to review 2025 data during the past year due to continued issues with ESO. Grace and I continue to meet with ESO very regularly and they are aware that we need this information before the middle of January.
  - Our annual Trauma Registry Workshop is scheduled for February. We will be concentrating on
    1. New National Trauma Data Standards for the primary medical event element – to indicate pre-injury medical conditions that have a high risk of permanent disability or death which could impact care decisions and influence outcomes. For example the patient experienced a documented primary medical event (stroke, MI, cardiac arrest, intracranial bleeding, sepsis) that immediately preceded the traumatic injury.
    2. Data validation including IRR and how we use the results to identify educational opportunities at a facility and a regional level.
    3. Coding of a trauma chart so that across the region we are all coding the same way. This in turn will improve the quality of our data.
  - The GETAC Trauma Committee continues to look at the transfer times for the sickest trauma patients. The data that we have been able to gather from the repository has been much more in depth than the state's data. While our workgroup continues to take a deep dive into the "why" behind the delay in transfer for the critical trauma patient, the GETAC trauma committee has decided to concentrate on penetrating injuries only. TETAF in conjunction with the RAC Chairs has sent out a short questionnaire to the trauma facilities to try to establish the why behind the delay in transferring to a higher level of care.

# Defining the Opportunity: Project Charter

**Process Owner:** Sheila Lopez, MHHS and Chris Campbell, HCA  
**GreenBelt:** Katie Fisher, MHHS

**Project Sponsor:** Suzanne Curran, SETRAC  
**Project Departments:** SETRAC Trauma Centers

**Problem Statement:** There has been an opportunity from GETAC to analyze timely transfers within each RAC. This workgroup has been established to review and analyze data from our regional repository to identify opportunities for improvement within SETRAC.

**Metrics:** Emergent transfers (ED arrival to transfer ≤ 2 hours), urgent transfers, and non-emergent transfers

**Team Members:** Suzanne Curran (SETRAC), Sheila Lopez (MHHS TSL), Chris Campbell (HCA TSL), Katie Fisher (MHHS Level 3), Lori Foster (MHHS Level 4), LeAnne Young (TCH Level 1 Pediatrics), Kodieann McQueen (HCA Level 2), Stephen Mora (Harris Health Level 1), Julie Matson (UTMB Level 2), Grace Farquhar (SETRAC), Brett Dodwell (MHHS Data Analytics), Dr. Berry (HCA Level 2, SETRAC Trauma Committee Medical Chair)

**Secondary Customers:** Trauma Program Managers and Medical Directors within SETRAC

**Project Goal(s)/Key Measures:**

- Goal of Phase 1: To identify barriers existing in the region that are causing delays in transfer to higher level of care for patients meeting phase 1 criteria.
- Address barriers within the region to reduce delays in emergent transfers to higher level of care.

**Resources Needed:**

- Adapt and utilize the provided transfer excel provided by DSHS
- Data deep dives for cases identified requiring information within project scope.

**Project Scope:**

**Phase 1:**

- Adult trauma population ages 16-64 with initial GCS < 9 and/or systolic BP < 90 that exceeded ED arrival to ED departure of 2 hours on arrival.

**Phase 2:**

- Pediatric trauma population (ages 15 or less) with initial GCS < 9 and/or age specific hypotension that exceeded ED arrival to ED departure of 2 hours on arrival.

**Phase 3:**

- Geriatric trauma population (ages 65 plus) with initial GCS < 9 and/or age specific hypotension that exceeded ED arrival to ED departure of 2 hours on arrival.

**Out of Scope:**

- Patients who are transferred in 2 hours or less with initial GCS < 9 and/or sys BP < 90 or age specific hypotension.
- Patients who have incomplete data submitted to regional repository.

**Project Alignment with Strategic Plan:** This project aligns with SETRAC's mission and strategic goals by strengthening regional collaboration to reduce transfer times, improve access to timely trauma care, and optimize outcomes for both adult and pediatric patients. By leveraging data analysis and shared learning, this project supports SETRAC's commitment to advancing health outcomes through evidence-based practices, coalition building, and continuous system improvement.

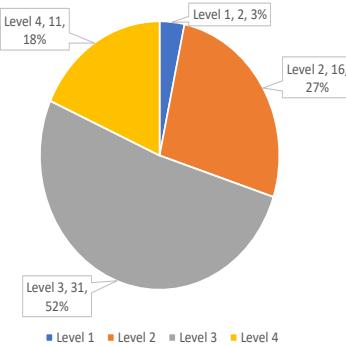
## Analyze by Data Review: Initial GCS < 9

(GCS obtained within 30 minutes of arrival in accordance with NTDS dictionary definitions)

Total Patients Submitted with GCS < 9: 85  
 Total Patients transferred in ≤ 2 hours: 36  
 Total Patients transferred in > 2 hours: 49  
 Opportunity for Improvement Rate: 58%

Total Patients broken down by facility level:  
 Level 1: 2  
 Level 2: 14  
 Level 3: 53  
 Level 4: 16

**Total Patients Transferring Out > 2 hours by Facility Level**



**Action Plan:**

- Have level 1 centers identify what caused delays of their 2 cases
- NA, Blank, and Level 2 activations need deep dives from individual facilities to identify why these patients were not highest level activation.

\*\* Statistics Review identified 39 blanks for initial GCS in data submissions, these have been excluded from data \*\*

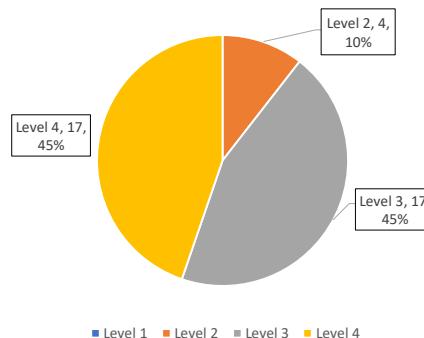
### Analyze by Data Review: Initial Systolic BP < 90

(BP obtained within 30 minutes of arrival in accordance with NTDS dictionary definitions)

Total Patients Submitted with Initial Systolic BP < 90: 60  
 Total Patients transferred in ≤ 2 hours: 22  
 Total Patients transferred in > 2 hours: 38  
**Opportunity for Improvement Rate: 63%**

Total Patients broken down by facility level:  
 Level 1: 0  
 Level 2: 4  
 Level 3: 23  
 Level 4: 33

Total Patients Transferring Out > 2 hours by Facility Level



**Action Plan:**

1. Have level 2 centers identify what caused delays of their 12 cases
2. NA, Blank, and Level 2 activations need deep dives from individual facilities to identify why these patients were not highest level activation.

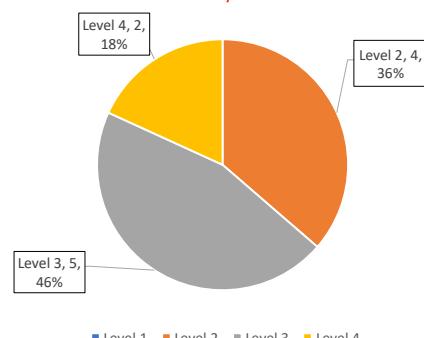
### Analyze by Data Review: Initial Systolic BP < 90 and Initial GCS < 9

(GCS and BP obtained within 30 minutes of arrival in accordance with NTDS dictionary definitions)

Total Patients Submitted with Initial Systolic BP < 90: 60  
 Total Patients transferred in ≤ 2 hours: 22  
 Total Patients transferred in > 2 hours: 38  
**Opportunity for Improvement Rate: 63%**

Total Patients broken down by facility level:  
 Level 1: 0  
 Level 2: 4  
 Level 3: 8  
 Level 4: 3

Total Patients Transferring Out > 2 hours by Facility Level



**Action Plan:**

1. Have level 2 centers identify what caused delays of their 12 cases
2. NA, Blank, and Level 2 activations need deep dives from individual facilities to identify why these patients were not highest level activation.

Our goal is to reduce ED arrival to decision to transfer times by 80% for pediatric patients arriving with GCS < 9 and/or age specific hypotension, and in adult patients arriving with GCS < 9 and/or systolic BP <90.

We are also striving for campus specific measures and benchmark goals of pediatric door to decision within 30 minutes 80% of the time, and adult door to decision within 60 minutes 80% of the time.



### Injury Prevention Committee

**Medical Director: Dr. Shiree Berry, MD; FACS**

**Chair: Dr Mary Lytwyn**

**Vice Chair: Blake Milnes and Alyssa Badillo**

The next committee meeting will be held on February 5, 2026.

The focus of the committee includes:

- Stop the Bleed – STB classes remain in high demand. We held 14 classes and taught this life saving skill to 724 individuals between October and December 2025. The total number of classes taught in 2025 was 94 with 3,195 attendees. We are actively booking classes for 2026 and have slots filled for January, February and March 2026.
- Community education – we continue to educate in our community. These events include car seat safety, falls, bicycle safety and general safety in the home focused on the older population.
- National Injury Prevention Day was November 18<sup>th</sup>. We had several of our hospitals participate in wearing green and posting their community events on social media. Several of our Injury Preventionists attended Houston City Hall on the evening of November 18<sup>th</sup> where they were presented with a proclamation from the city council. Council members acknowledged the impact of their work and commitment to preventing injuries across Houston.



### Pediatric Committee

**The Medical Director: Dr. Brent Kaziny**

**Committee Chair: Dr. Nichole Davis**

**Vice Chairs: Jessica Yell and Rebecca Williams**

The next committee meeting will be held on February 5, 2026.

The focus of the committee includes:

- Our PRISMS (Pediatric Readiness Improvement and Simulation Mentors) continue to bring specialist pediatric education in the form of simulations that have been pre-approved by the GETAC Committee. This free education is available to any Emergency Room within our Region.
- Emergency Room enrollment in the National Pediatric Readiness Quality Initiative (NPRQI) remains slow. Once an ER has met the participation requirements, they will have access to benchmark themselves with similar sized emergency rooms across the state.
- Education - Dr Lemke brought us updates from the AHA for pediatric resuscitation, including the following BLS changes - in infant CPR no longer use the 2-finger technique, instead always use one hand or two thumbs, and minimize interruptions to a 10 second maximum pause.

### Regional Performance Improvement Review

Our Regional PI Review group has met twice recently.

- The group determined that the first case represents Mortality Without Identified Opportunities for Improvement. There was a suggestion to compare current regional air medical provider guidelines related to management/diversion criteria of traumatic cardiac arrest during transport. Once we receive these guidelines, if variations are identified, this may present an opportunity to explore the development of future regional guidance.
- The second case was a little different in that it involved another RAC. Both RAC's were involved in the discussion. The group determined this case represents Mortality with Identified Opportunities for Improvement. We identified opportunities with education, including tourniquet transition in the ER, trauma resuscitation, timely transfer of the critically injured trauma patient, trauma documentation.

Education has already started and one of our Level I and a Level II facility have offered to provide hands-on education.

For Regional PI Review please complete the form on our website and submit to Lori Upton.



## Executive Report – Emergency Healthcare Systems (continued)

### Prehospital/EMS Committee

**The Medical Director:** Dr. Lars Thestrup

**Committee Chair:** Jason Gander

**Vice Chairs:** Joshua Taylor, Dr. Joseph Gill

The next committee meeting will be held on January 21, 2026.

#### **COMMITTEE HIGHLIGHTS**

- Regional Time-Out Form
  - The EMS Committee is beginning to work on the development of a Regional Time-Out Form intended to support patient safety, communication, and consistency during high-risk or high-acuity prehospital care events. This effort aligns with national patient safety best practices and focuses on standardizing a brief, structured pause to confirm critical information prior to key interventions or patient handoff. The committee is reviewing existing models, gathering input from EMS medical directors and operational leaders, and evaluating how a regional form could be implemented in a manner that minimizes workflow disruption while adding meaningful safety value. Ongoing discussion will focus on practicality, adaptability, and optional adoption by agencies across the region.
- EMS Committee Meeting (January)
  - At the January EMS Committee meeting, Harris County Public Health provided an overview of Project HOPE, with a focused presentation on the Texas HEROES program and its relevance to first responders across the region. The presentation highlighted available resources, referral pathways, and support services designed to address behavioral health needs, occupational stress, and overall wellness among first responders. The Texas HEROES program was emphasized as a particularly valuable resource for EMS agencies, offering confidential support, education, and connections to behavioral health services tailored specifically to emergency response professionals. Committee members found the presentation to be informative and timely, underscoring the importance of increasing awareness while encouraging utilization of the program throughout the region.
- Reduction of Lights and Sirens
  - The EMS Committee continues its review of potential regional guidance related to the use of lights and sirens during EMS responses and patient transport. The focus of this work remains on enhancing both provider and public safety while preserving timely, high-quality patient care. Several EMS agencies within the region have already implemented internal policies that restrict lights and sirens usage based on defined clinical and operational criteria. In response, SETRAC is assessing the feasibility of developing optional regional best-practice guidance that agencies could adopt or tailor to their local operations. The committee is reviewing national literature, state-level efforts, and existing local policies to inform this work. Engagement with EMS medical directors, field personnel, and other stakeholders will continue to ensure any recommendations are realistic and regionally relevant.



## Executive Report – Emergency Healthcare Systems (continued)

- Texas EMS Wristband Program:
  - Implementation of the Texas EMS Wristband Program remains ongoing throughout the SETRAC region. EMS agencies and hospital partners are encouraged to incorporate wristband use into routine operations and to utilize them during disaster response for patient tracking and accountability. The Texas Department of State Health Services (DSHS) has incorporated the wristband data element into statewide EMS and trauma data systems, allowing for improved electronic linkage between prehospital and hospital records. This capability supports patient tracking during disasters, mass casualty incidents, and large-scale evacuations. Additional program details remain available on the SETRAC website.
- EMS County/Pass Through Funds:
  - SETRAC has begun reviewing the FY26 funding allocation and related planning considerations. Breakdown of County Funds FY26 is listed below per county.

### SOUTHEAST TEXAS REGIONAL ADVISORY COUNCIL

|            |              |
|------------|--------------|
| Austin     | \$10,732.00  |
| Colorado   | \$14,941.00  |
| Fort Bend  | \$37,079.00  |
| Harris     | \$223,955.00 |
| Matagorda  | \$17,657.00  |
| Montgomery | \$40,034.00  |
| Walker     | \$14,527.00  |
| Waller     | \$9,983.00   |
| Wharton    | \$17,697.00  |

**TOTAL DOLLAR AMOUNT: \$386,605.00**

- 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.).



### Blood Products Committee

**The Medical Director:** Dr. Joseph Gill

**Committee Chair(s):** Eric Bank, Dudley Wait, Juli Melanson, Dr. Lars Thestrup, Kelly Sears (RAC-R Representative), BVRAC Representative (Vacant)

The next committee meeting will be held on February 4, 2026.

#### Committee Highlights:

- The EMS Blood Products Committee continues to advance the development of the Southeast Texas Regional Blood Program with a focus on coordination, sustainability, and expanding access to prehospital blood products across the region. The committee remains engaged with statewide and national partners, including the GETAC Whole Blood Task Force, the Prehospital Blood Transfusion Initiative Coalition, regional blood centers, and other key stakeholders to support alignment and best practices as the program continues to mature.
- Since the previous reporting period, SETRAC has executed Memoranda of Understanding (MOUs) with RAC-R and BVRAC to formally unify efforts toward development of a shared Southeast Texas Regional Blood Program. This collaborative approach reflects the practical realities of blood supplier service areas, which do not always align with traditional RAC boundaries, and establishes a framework for shared governance, coordination, and regional implementation.
- During the 89th Texas Legislative Session, \$10 million was appropriated to the Texas Department of State Health Services to support the statewide expansion of prehospital whole blood programs. DSHS is currently finalizing the statement of work and grant funding agreements for distribution of these funds, and SETRAC continues to coordinate with state and regional partners as this process moves forward. Additional detail regarding funding allocations and program planning will be provided once agreements are finalized.
- In parallel with these efforts, the committee is actively working with two vendors to develop Point of Dispensing (POD) concepts to support EMS blood rotation and replenishment. These POD models are intended to improve access, reduce waste, and support operational efficiency while ensuring readiness for both routine responses and large-scale incidents. As the program continues to evolve rapidly, the committee remains focused on building a robust, scalable, and ultimately self-sustaining regional blood program that can adapt to changing guidance, funding structures, and operational needs.

## Executive Report – Emergency Healthcare Systems (continued)

