

| Governor's EMS and Trauma Advisory Council (GETAC) | | | | | | | | | | | | | | | | |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| EMS Sub-Committee | | | | | | | | | | | | | | | | |
| ATTENDANCE | | | | | | | | | | | | | | | | |
| February 19, 2015 | | | | | | | | | | | | | | | | |
| Name | MAY 2011 | AUG 2011 | NOV 2011 | FEB 2012 | MAY 2012 | OCT 2012 | NOV 2012 | FEB 2013 | MAY 2013 | AUG 2013 | NOV 2013 | FEB 2014 | MAY 2014 | AUG 2014 | NOV 2014 | FEB 2015 |
| Dudley Wait | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Lucille Maes | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | X |
| Eddie Martin | X | X | X | X | X | X | X | | X | X | X | | X | X | X | |
| Brian Petrilla | X | X | X | X | X | X | X | X | | X | X | X | | X | X | X |
| Lon Squyres | X | X | X | | X | X | X | X | X | X | X | X | | X | X | |
| Justin Boyd | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | |
| Tami Kayea | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Juan Adame | | | | | | | | X | X | X | X | | | X | X | X |
| Christopher Alexander | | | | | | | | | | | | X | X | X | X | X |
| Walter Kuykendall | | | | | | | | | | | | X | X | X | X | X |
| Heidi Cardenas (02/15) | | | | | | | | | | | | | | | | X |
| Jorge Ruiz, Sr. (off 08/2014) | | | | | | | | X | X | X | | X | X | | | |
| Anthony Gilchrest (Off Feb. 2013) | X | X | X | | X | X | X | | | | | | | | | |
| Larry Rascon | X | X | X | X | X | | X | | | | | | | | | |
| Kevin Deramus | X | X | X | X | X | | X | X | X | X | | | | | | |

1. Meeting called to order at 10:30.

2. Ebola virus disease, recommendations provided by the Centers for Disease Control and Prevention (CDC) lessons.

Schmider – Nationally, an after action report is being prepared. For EMS, the key point that will be made is the information is just not getting down to the people in the field. There is grant money that will be coming down; mostly centered on education. Need to not only focus on gloves as we have in the past, but also on social distance when first encountering patients. It is important to remember that there are many nasty diseases out there; not just Ebola.

Wait – The GETAC Disaster Committee is not dropping this. They are going to work on putting together plans for highly infectious patients. The Canadian EMS group has handling of infectious patients down. The difference is they lost paramedics from SARS so they train regularly on it. Hopefully, it won't take that long for us to stay on top of it.

3. Update on status of revisions to the EMS and Trauma Systems rules in Title 25 of the Texas Administrative Code (TAC), Chapter 157.

EMS committee will meet with stakeholders in March to continue reviewing proposed rule changes. Started with 157.11 in December but there is still much more work to do. Have set up March 5 and March 25 as the next dates to meet. (10:00 – 16:00). The meetings will be in the ITT Technical building which is located off 290. Once the draft is complete, will do our historical “road trip” to give more opportunities for review.

Schmider – This is development of the first draft. Everyone will still have opportunity for input if can't make these meetings in March.

4. Air Medical and EMS committees' joint discussion regarding air medical programs that may be engaging non-EMS and non-hospital entities to dial them directly in an emergency possibly bypassing the 911 system.

This issue was raised during public comment during the last EMS Committee meeting. It was decided to have the EMS and Air Medical committees meet together to discuss the issue. It is most often occurring in the oil fields where workers are injured. There have now been some people come forward saying it is a larger problem than just that one area. Do not believe anyone is purposely trying to bypass or sabotage the 911 system; it is just critical to ensure that people are operating correctly to ensure the safety of citizens and protect those agencies operating the correct way.

Last meeting Martin gave a report – In the Midland/Odessa area, it appears that everyone is now on the same page. Some of the issues were more a matter of miscommunication. There were some who voiced concern that an ambulance cannot get there or at least not as quickly. There probably isn't an area an ambulance can't get though maybe not as quickly. It is good to launch air medical early but it needs to go through the 911 system.

Schmider has given some data that EMS and Air Medical will get together and look over to determine if the problem is real or how much of a problem it is.

Eric Epley met with the air medical in STRAC and created a letter of attestation that basically says they will have a stipulation that the person requesting them

must call 911 when they contract with non-medical entities. The air medical groups are now taking it back to their attorneys and managers to review.

Christine with STRAC suggested polling the RAC's to see what if any issues they are having in their areas. Wait said he would ask tonight at the RAC Chair meeting.

5. Review of EMS rule 25 TAC 157.11(m)(9) to address the various requirements for an EMS provider's delivery of its patient care reports to medical facilities at the time and location of its patient drop off at the medical facility and how to improve the sharing of the medical facility's outcome data of that patient with the EMS provider.

Jennifer Gardner, NCTTRAC – starting on this issue in March 2014. A work group has been meeting for 2 hours each month for 6 months. They have received DSHS approval for an electronic patient care reporting hand off. A regional hospital data hub is being created. Wording about electronic reports is being added to rule 157.11. (PowerPoint Presentation gave more detailed background information on the work being done.) There currently are 9 hospitals utilizing the hospital hub in conjunction with Grapevine FD, Cook County EMS, and Sherman FD. Other departments are close to joining the hospital hub. For now, 2-3 people at the hospital have access. Will also look to track the feedback from the hospitals to the EMS agencies.

Ryan Matthews questioned if the hub met the requirements 157.11 because he had previously been told it didn't. Schmider said it does meet the intent of the rule and the rule language is being updated. The hospital just has to be able to get the information easily

6. Update on DSHS Local Project Grants and recent changes on the outcomes of the most recent process.

Indra Hernandez, Contracts Manager for Local Project Grants – tentative award list has been submitted. It will be posted for review as soon as it is approved which can take up to two weeks. There were some misunderstandings at times due to the recent changes but did work through them. If anyone has concerns that they cannot meet the contract requirements by August 31 due to the delay in coming out with the awards list, need to let them know as soon as possible. It is possible that EEF funds can be utilized. However, will be on track for next year and do not expect any of the delays that occurred this year.

Wait asked if the change in award amounts affected number of awards allowed. Hernandez said they did see some impact but not major. Believes there were

some positive impacts such as being able to award some projects they may not have in the past.

- 7. Regarding the interstate recognition, cooperation and accountability of EMS personnel working across state boundaries, consider the model legislation document entitled, “Recognition of EMS Personnel Licensure Compact (REPLICA),” that is posted on the National Association of State EMS Officials (NASEMSO) website at www.nasemso.org/projects/interstatecompacts/index.asp.**

Cleans up the process for individuals who are crossing over state lines during patient care. Allows for sharing of information between states should a medic be moving between states or does not provide appropriate care in a state other than where they are licensed. The first 10 states will make up the board of this compact. Dr. Beeson said it is important for the legislation to get put in this year because if we are not one of the first 10 states to enter the compact then it will happen, but we will not have a seat at the table when the rules of how it will function are being written. It will help with reciprocity and education.

- 8. Trauma Systems Committee Registry Workgroup (TSCRW) Update. Combined with the agenda item Report on EMS Trauma Registry.**

Chris Drucker and his associates gave a PowerPoint presentation on the current status of the registry and data. In the past, we were just interested in getting the data into the registry. Now that we are looking deeper, there are some issues with data completeness and accuracy. Currently waiting on Nemsis to come test so the registry gets the Nemsis stamp of approval. TAC Title 25 Section 103.5 covers the reporting requirements for EMS Providers. Alexander said he had tried to gain information from the registry but could not find out how his service is doing much less compare to any other services. Per registry: The data validity report on states what information was submitted. Plan to have the error corrected by May at the latest that is preventing access to one's agency data. Can contact one of the epidemiologist if needing a specific report on an agencies data. Need to use 800 number or email off web site. Petrilla pointed out that it is encouraging to not only see more people working on the registry but the stability of the group there.

- 9. Update on EMS provider license applications for initial applicants, the Administrator of Record (AOR) course and other changes, implemented as a result of Senate Bill 8, 83rd Legislature, 2013.**

Did not discuss

10. Update from Emergency Medical Task Forces (EMTF).

Joe Palfini – new State EMTF coordinator. Victor Wells has taken on different responsibilities within STRAC. ASM and MIST course dates have been published. The State is trying to obtain some grant funding to help supplement State funding which has been decreasing over the years.

11. EMS for Children (EMSC) update.

Sam Vance – The 2013/2014 National Survey Report is done but can defer to May. Will be reviewed in detail in May.

12. Identify and list the accomplishments of this committee since its inception and report back to the GETAC Council.

Out of time during meeting. Below are items posted from previous meeting.

- Changes to subscription program were developed in 2008.
- Weighed in heavily on accreditation and traveled around the State seeking stakeholder input.
- Rule revision meetings were held and traveled around the State seeking stakeholder input in 2011.
- EMS as an essential service was worked on though it did not move forward.
- Worked strongly on rule revisions for combatting fraud in the system. Many were incorporated in Senate Bill 8.
- Traveled around the State in 2013 seeking stakeholder input for Senate Bill 8.
- Created a paper of ideas for future legislation to combat fraud in 2014.
- AOR class creation.

13. General Public Comment

Derrick Jackovich – Requested to speak on the provider surveys being done by Compliance. The provider survey checklist has actually been around since 2011. However, some changes have not allowed them to start conducting the surveys. A key is the reduction in number of new service applications and increased efficiency brought about with technology. This new process is focused on 157.11(m) and began in May 2014. When a provider is selected for survey, a letter goes out to them to schedule the survey and have them submit certain documentation ahead of time. It is scheduled so that the needed people will be there and hopefully it will go smoothly. Working on a FAQ that will hopefully come out in the next newsletter. There will also be a link put on the web site for the checklist. Encourage everyone to complete the customer satisfaction survey so they get feedback both positive and negative on how they are doing. Wait asked what happens if deficiency found. Response: If you have an issue with the

finding, talk with the person at the time or go to the zone manager. Otherwise, you will receive a list of deficiencies and given information on how to correct and a time by which to have the items corrected. Cardenas – It was very good when DSHS meet with agencies from the Dallas area. It was helpful but still seemed like there were some areas of ambiguity where items were a matter of the surveyors interpretation. Matthews clarified there are several different “surveys” – initial certification, renewal certification, and then site survey’s which is the 157.11(m) that is now being done since May 2014. Wait – Many people are concerned because it seems that rules are often interpreted by different compliance officers differently throughout the state. Jackovich said consistency is always on ongoing problem but they are working strongly through training to get consistency. If an agency truly believes there are a problem, talk to the zone manager or even take it through a rebuttal process. Fern – At one time, there were a number of best practices and they were placed into rules. They are looking more for those agencies who just take a QA plan off a bookstore shelf and aren’t trying to truly to establish a QA plan. That will cause further questions to be asked.

House Bill 1547 – EEF. The funds if not spent had been sent to hospitals. This bill would allow the money to stay available up to two million dollars. Any amounts over that at the end of a fiscal year would then go to the local project grants.

14. Agenda Items for future meeting.

Stroke CE – Kayea stated it does not seem reasonable to alter our CE structure based on a study of only 10 patients; there is a difference between “not identified” and the medic not believing it was a stroke. Medics are told we cannot diagnose. Stroke CE is critical but there too many other options. Probably most of us get Stroke CE in our systems. Whittling our CE down to an hour for this and an hour for that becomes overly burdensome; particularly for medium to large size agencies.

DSHS Site Surveys

Air Medical workgroup report

15. The meeting was adjourned at 12:00.

A handwritten signature in black ink, appearing to read "Dudley Wait". The signature is written in a cursive, flowing style.

Dudley Wait, EMT-P
EMS Committee Chair