

Governor's EMS and Trauma Advisory Council (GETAC)																
EMS Sub-Committee																
ATTENDANCE																
February 11, 2016																
Name	MAY 2012	OCT 2012	NOV 2012	FEB 2013	MAY 2013	AUG 2013	NOV 2013	FEB 2014	MAY 2014	AUG 2014	NOV 2014	FEB 2015	MAY 2015	AUG 2015	NOV 2015	FEB 2016
Dudley Wait	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	
Brian Petrilla	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	X
Justin Boyd	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	X
Walter Kuykendall								X	X	X	X	X	X	X	X	X
Heidi Cardenas												X	X	X	X	X
James Jones																X
Steven Dralle																X
Juan Adame				X	X	X	X			X	X	X	X		X	
Christopher Alexander								X	X	X	X	X			X	
Jorge Ruiz, Sr.				X	X	X		X	X							
Anthony Gilchrest (Off Feb. 2013)	X	X	X													
Larry Rascon	X		X													
Kevin Deramus	X		X	X	X	X										

1. Meeting called to order at 10:45.

2. Introduction of EMS Committee Members

There are 2 new EMS Committee Members, James Jones and Steven Dralle. All members introduced themselves.

3. Update on status of revisions to the EMS and Trauma Systems rules in 25 TAC, Chapter 157.

Chapter 157 sections related to EMS were approved by GETAC with recommendations to move them through the rule making process with just minor changes. Two sections were not moved forward. 157.02 – Definitions was left open while trauma and stroke close out their rules. 157.05 – Exceptions was not voted on because it was accidentally omitted from the GETAC agenda. On February 8, rule notification changes were done. February 22 it goes in for review with preamble. There will be a 30-day review period. All the stakeholder meetings have been done to try to minimize the feedback to make the process smoother. It will be seen at a work session in May in preparation of being voted on.

Wait – After a great deal of discussion across the State, the decision was made by the EMS Committee to leave the wording “with (MICU, ALS) capabilities” in the rule for vehicle certification types and language was kept to ensure the agency has the equipment to meet that capability. A rule was put in to require end tidal CO2 monitoring as of January 1, 2018 and as of January 1, 2020 there will be a requirement for 12 Lead on MICU licensed vehicles.

4. EMS for Children (EMSC) update.

EMS Crew of the Year – It is to recognize a crew who provided outstanding service to a patient, provided education, worked on pediatric injury prevention or some other service to benefit pediatric medicine. Nominations are due in March 2016.

Voluntarily Pediatric Pilot program being done in conjunction with RAC-A.

Big Country Pediatric Conference - Conference is being done in conjunction with RAC-D on April 20, 2016.

5. Update from EMS and Trauma Registry.

Anyone can join the registry work group to help determine what data is provided so it matches the needs of groups in the State. For the past year, approximately 3 million records were put into the registry. Requests for data went from 400 a year before to 1,800 this past year. The system is now NEMSIS 3 certified. Need providers to start making the change to the NEMSIS format. Implementing a new program for those agencies who only transport so it will be a smaller wizard. The fourth webinar of this year will be February 17. Data set will close August 1, 2016 for the 2015 year.

6. Update on the 911 Commission's telemedicine project.

Kelli Merriweather with the State 911 Commission did a presentation on the new rural telemedicine pilot project. This is a pilot project to provide emergency medical services

instruction and emergency prehospital care instruction through a telemedicine medical service provided by regional resource trauma centers to health care providers in rural trauma facilities and EMS providers in rural areas. The goal is to try to ensure patients get to the most appropriate facility in the least amount of time; determining if they should go straight to a trauma center or they actually don't need a trauma center.

7. Discuss upcoming Rural EMS National Conference in Texas.

It is April 23-24, 2016 in San Antonio. This is the second annual conference; previously in Cheyenne, Wyoming. One of the leading topics will be the 911 telemedicine pilot project. It is geared towards both EMS and hospital groups. It is not only a great education opportunity but a chance to network with rural groups around our state and other states.

8. Explore development of a state-approved process designed to rehabilitate EMS personnel with substance abuse problems and reintegrate them into the EMS workforce.

This issue came up during the stakeholder meetings around the state on rule changes. A number of agencies said they have programs to provide a means of doing so for their employees. It is in the rules that DSHS has the means to approve programs that are out there or to develop a process.

Joe Schmider – Issues with drug use is rampant in the medical field and that includes EMS. Budgets are tough; yet, this is not an issue that can be ignored. It can either be developed as a State program or an individual agency program. It is possible to look at other states that have set up a program. Unfortunately, there is not any real data on suicide among EMS personnel.

Dralle – There would have to be some type of voluntary reporting mechanism that does not have punitive action.

Jeff Mincy – Recommends a statewide program because too many agencies are too small to have their own program.

Brett- Explained the investigation and enforcement process when they receive a drug diversion report. A proposal goes out to do something, but some people do not respond. The employee can show that they are enrolled in a program. The State wants to help but the employee has to respond. It needs to recognize both drugs and alcohol.

Kayea – Some agencies already have a strong program in place. It would be great to have a statewide program but also to have an allowance for those who already have a program in place.

Squyres – We also need to be looking at prevention and not just reaction. What can be done to try to stop people from going down the path of drug/alcohol abuse.

9. Best practices and issues regarding patients carrying firearms on ambulances.

This is going to become even more of an issue with the open carry law.

Kuykendall – The concern in West Texas is what to do with it. Do medics have a right to take it away? If they do so, what do they do with it?

Jonathan Sell - This is a hard topic because it does get into so many legal issues. If not an officer, you do not have the right to ask people if they have a license to carry. Recommends the EMS Committee try to develop a “best practices” white paper.

Schmider – Have already received many phone calls. This needs to be handled locally between the EMS agency, police, and hospitals. This cannot be fixed at the State level. This isn't a totally new problem; people have been able to carry, it just wasn't “open carry”.

Wait – Will put together a group to work on a “Best Practices” white paper. Kayea volunteered to help.

10. Report on Air Medical issues from across the State.

Air medical is still working on this. They are encouraging agencies to take specific problems to the air medical group of their local RAC. This can become another chance to provide best practices from around the State. Wait said they working on finalizing a new process

11. General Public Comment

Course Coordinator course will be in April in Corpus Christie.

Local Projects – With all the funding issues particularly losing tobacco funds, it has decreased from 1.3 million previously to 700,000 for this next year.

12. Agenda Items for future meeting.

13. The meeting was adjourned at 12:00.

A handwritten signature in black ink that reads "Dudley Wait". The signature is written in a cursive style with a large initial 'D'.

Dudley Wait, EMT-P
EMS Committee Chair