

Governor's EMS and Trauma Advisory Council (GETAC)																
EMS Sub-Committee																
ATTENDANCE																
FEBRUARY 27, 2013																
Name	NOV 2009	JAN 2010	FEB 2010	MAY 2010	JUL 2010	AUG 2010	NOV 2010	FEB 2011	MAY 2011	AUG 2011	NOV 2011	FEB 2012	MAY 2012	OCT 2012	NOV 2012	FEB 2013
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	X
Kevin Deramus	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	X	
Mike Farris	X	X	X		X	X	X	X	X		X					
Brian McNevin (Off in 2012)	X	X		X		X	X	X		X						
Brian Petrilla		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Larry Rascon (2010 Appt)	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 (2011 Appt)							X	X	X	X	X	X	X	X	X	X
Anthony Gilcrest (Off Feb. 2012)							X	X	X	X	X		X	X	X	
Tami Kayea (2012 Appt)											X	X	X	X	X	X
Juan Adame (2013 Appt)																X
Jorge Ruiz, Sr. (2013 Appt)																X

1. Meeting called to order at 16:00.
2. Consider the increase in the number of ground EMS providers in metropolitan areas and to make suggestions to GETAC on rule changes to assist DSHS in addressing this issue.

Dudley Wait discussed the workgroup that met in Houston in January; very well attended. Based on the November GETAC Council feedback and the meeting, a survey will go out to stakeholder. Consensus does exist on a number of items. There needs to be an EMS Administrator class. An individual Administrator should be held accountable where appropriate and not just the agency. It needs to be Texas specific and no education or experience would substitute. There has been a wide range of discussion on the grandfather date for existing administrators ranging from 1 year to 3 renewal cycles. An Administrator should only oversee one paid agency unless receiving a variance from DSHS.

Some ideas did not find consensus: Should an Administrator have a medical certification? What level in the organization should the Administrator be? What if an Administrator had multiple providers? Is there a minimal number of years' experience required? This is where the Committee will focus in its next interim meeting.

Other ideas discussed regarding new Provider applicants included should there be background checks and what would disqualify them? They should have a business plan. All applicants would be inspected between 0-6 months after being licensing.

Mathew Baker, TRAC-V, asked if there was a standard of performance for agencies. There are a tremendous number of agencies in The Valley.

Brian Norris, San Antonio, asked if there had been discussion on qualifications for an Administrator or development of a job description. Dudley Wait stated those ideas are being discussed.

Aaron Patterson, SETRAC, gave the rule definition of EMS Administrator currently in effect pointing out that it stated they are in charge of non-medical operations. That definition would need to be changed if medical certification were required.

Chis Alexander, San Marcos/Hayes EMS, stated certification be required. However, he said there should be flexibility on where the certification came from such as another state.

## **2. Select one (1) committee member to represent the EMS Committee on the Trauma Systems Committee Registry Workgroup (TSCRW).**

Brian Petrilla volunteered to represent the EMS Committee. Lon Squyres made a motion and Justin Boyd seconded. All members voted for the appointment with Brian Petrilla abstaining.

## **3. EMS for Children (EMS-C) update.**

Current EMS Committee member Tony Gilchrist, the EMS-C Director for Texas has resigned from EMS-C and the EMS Committee to pursue another opportunity in Washington D.C. regarding child safety and medical treatment. Dr. Shah gave the report today. Current assessment should be done by end of March. Pediatric Assessment Tools are being posted on EMS-C web site to assist in including pediatrics in local protocols. It includes evidence based guidelines. The Pediatric Respiratory guidelines have currently been adopted in Houston, Austin/Travis County and BioTel (Dallas area) systems. There is also a tool regarding pediatric spinal immobilization guidelines. The third tool to be posted is other sources available to help determine guidelines such as current projects involving pediatric seizure and air transport.

Very valuable feedback has been received on pediatric equipment that should be on an ambulance. From that feedback, a list will be published later this year of recommended equipment as well as equipment that should be removed. Some equipment is also recommended to be moved from BLS list to ALS list. The new version should be published later in 2013. Another assessment will be conducted July-September 2013. A sample is done of Texas agencies based on geography to ensure adequate representation throughout the state.

**4. Review the current DSHS EMS and Trauma Systems rules in Title 25 of the Texas Administrative Code (TAC), Chapter 157 and recommend changes/additions to DSHS**

Jane Guerrero - Currently there is no timeline on when the draft will be completed. Other projects have been made priority; however, progress has been made.

**5. Report from the workgroup examining the language in 25 TAC 157.11, Requirements for an EMS Provider License, and 25 TAC 157.13, Fixed-wing Air Ambulance Operations, regarding patient care issues when EMS ground and air providers are present.**

Per Justin Boyd, waiting on formal response from the State, but it is still moving forward.

**6. Review the Texas Medical Board administrative code rules, Title 22 Texas Administrative Code (TAC), Chapter 197, Emergency Medical Service.**

Dr. Greenberg gave update. The rule change is complete and in effect. It requires 12 hours of formal CME in the area of EMS medical direction, attend an approved DSHS EMS medical director course, or be board certified in Emergency Medical Services. It also requires an additional 2 hours CME per year in the area of EMS medical direction. It limits the numbers of providers a Medical Director can oversee to 20 (transporting agencies not individual medics) unless they achieve a variance from DSHS.

**7. Review of the GETAC Medical Directors Committee position paper regarding education program medical director's responsibility for clinical care provided by EMS students during the student's clinical rotations.**

Kevin Deramus stated he thinks it is a good idea because it is important for the Medical Directors to know who their agency is involved with both as agencies and hospitals clinicals. Tami Kayea agreed in the intent of the rule request but voiced concern over the legal complications when Medical Direction is a contractor. Dr. Moore said the main concern is what protocols are going to be followed. Dr. Manifold said the other concern was communication between the agency and Medical Direction because there have been gaps historically. Arnold from South Texas EMS training program stated it should be part of contract with Medical Direction and not individually determined. Maxie Bishop stated it is going to be legally complicated and tedious; however, the Medical Directors need to protect themselves. Justin Boyd made a motion and Lucille Maes seconded. All members approved supporting Medical Direction's rule change.

**8. General Public Comment**

Justin Boyd – Education committee brought up discussion of clinical rotations at sites out of the State of Texas. He suggested that it is something the EMS Committee needs to stay informed on.

Dudley Wait – Education and Medical Directors sub committees requested that all CE need to have a Medical Director to get a CE number. In November, the GETAC Council determined to hold off on making a decision on changing the format of the meetings. The Executive group of GETAC asked each committee to discuss whether they felt their committee could meet for less

than 90 minutes and still complete their business. All committee members agreed EMS needs to stay at 90 minutes.

Dinah Welsh, TETAF, spoke on some of the pending legislation that affects EMS. HB975 and HB1342 regard a Certificate of Need for new providers. SB159/HB802, HB567/HB654, and SB223/HB1591 legislation deals with what constitutes an emergency vehicle. HB409 states the EMS medical director the GETAC shall serve as the State EMS medical director. SB53 defines ALS services with recommendation to add language that includes ALS assessment. HB521 would direct that payments from auto insurance companies would go to EMS provider instead of insurer. A similar bill would direct health insurance companies to pay directly to EMS provider. Another proposed bill would make it legal for medics to scan the magnetic strip on drivers' licenses. Several bills such as HB104 and HB790 have been put forth to repeal the Driver Responsibility Program. Several bills address blood specimen collection, HB434, HB435, HB516, and HB1658. SB261 would require AED instruction as part of secondary education curriculum. HP531 by Rep. Ken King would allow emergency workers to carry a handgun in an area of 50,000 people or less into areas currently not allowed under CHL. Tami Kayea stated that Rep. King has been asked to write in language the employers must approve and to protect the employers/agencies.

**9. The meeting was adjourned at 17:30.**