

| Governor's EMS and Trauma Advisory Council (GETAC) | | | | | | | | | | | | | | | | |
|----------------------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| EMS Sub-Committee | | | | | | | | | | | | | | | | |
| ATTENDANCE | | | | | | | | | | | | | | | | |
| May 12, 2016 | | | | | | | | | | | | | | | | |
| Name | 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 | MAY 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 | |
| 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 | X |
| James Jones | | | | | | | | | | | | | | | X | X |
| Steven Dralle | | | | | | | | | | | | | | | X | 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 | | | | | | | | | | | | | | |
| Larry Rascon | | X | | | | | | | | | | | | | | |
| Kevin Deramus | | X | X | X | X | | | | | | | | | | | |

Meeting called to order at 10:30.

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

Brett Hart - Revisions are with the DSHS Council and are being prepared to publish in the Texas Register. They will then be open for public comment. It is requested that public comments be made by email as it is easier for DSHS to respond and track. DSHS will respond to comments. Adoption goal is January 2017.

Topic of Juris Prudence exams came up at another meeting. The goal is to ensure that people know the material not to fail people. The cost with the initial company to administer the exam is \$40 per person. They are continuing to look at other options to reduce the cost.

2. EMS for Children Update.

Dr. Kate Remick, EMS for Children Advisory Council – The national assessment in 2013 showed that there are some significant gaps in pediatric care and/or preparedness. An online tool box was created to help facilities bridge the gap. It has been shown in other states that a facility recognition program does bolster the quality of care for pediatrics. There is a desire to create some type of recognition program here in Texas. It is not known at this time specifically how it would look. Would like an endorsement to move forward with creating a recognition program. The program creation would involve input from all the stakeholders. Open meetings will be held. Tami Kayea motions to endorse the program. Brian Petrilla seconds motion. It is unanimously approved.

Sam Vance – Will be doing a presentation for CMC Dallas at their hanger in Love Field.

3. Update from the Texas EMS and Trauma Registries.

Judy Whitfield – Proceeding with implementation of Nemsis 3.3.4. They are asking vendors to submit files. The legacy files will be going down in January 1, 2017 and only 'xml' files will be accepted. There is an upcoming data management course being offered. One person from each RAC will be funded – registration and travel. Website is currently down for maintenance. A temporary website has been established with most of the registry resources including the user's manual. Petrilla expressed concern on the timeline asked if it is all or none; could both data be collected for a short time. It was originally going to be January 2016. The vendors asked for more time so it was extended to 2017. Wait asked what level of confidence they are on January 1, 2017 timeline. The concerns will go back to get information since the project manager was not in attendance. Dr. Beeson said it is important to push your vendor to get it done. Providers can go to Nemsis website to see if their vendor is listed as being compliant or in process of converting. Wait pointed out that Texas is the largest state not Nemsis compliant and there was a push to become compliant. Now it is time to push to make it happen.

4. Update from the workgroup exploring the development of a state-approved process designed to rehabilitate EMS personnel with substance abuse problems and reintegrate them into the EMS workforce.

DSHS has the ability to approve programs but one has never been set up. It was recommended in February's meeting that a workgroup be set up to develop some best practices. Several people have volunteered but would like a few more.

5. Update from the workgroup regarding best practices and issues regarding patients carrying firearms and ambulances.

Open Carry was approved in January 2016 in Texas. The group is looking at putting together a paper of best practices. Justin Boyd will head the group. Several people have volunteered but still looking for more. Boyd said the first step will be meeting with DSHS to see what programs currently exist and the direction they would like to see it head.

6. Update on Air Medical issues from across the state and the potential creating of a workgroup, in collaboration with the Air Medical Committee to address them.

Wait said the Air Medical Committee is working within their group on some of the issues. He has not been able to meet with that committee to see about forming a workgroup. If anyone is interested in being part of it, let Wait know.

7. Update on the development of a workgroup, in collaboration with the medical Director's Committee, with the purpose of formulating template language for EMS Medical Director agreements.

Dr. Perrse is heading the group. This is to develop a template Medical Director Agreement for agencies and Medical Director's to use to make sure both agencies clearly understand expectations between both sides of the relationship. Looking to appoint 3 people to assist the Medical Director's group.

8. Update from workgroup investigating transfer patients being moved by private vehicle.

In February, Dr. Greenberg brought the request to put out a best practices document on transferring of patients by private vehicle. The issue is that people are being transferred by ambulance that do not require that level of care. Boyd said in California there is an Uber type app to transport none emergency medical patients. The driver on the app was shown to be an EMT-B. The web site for the app is www.saferideapp.org.

9. EMS shift lengths and fatigue.

There is concern that some medics are working 48-96 hours straight. There is documented evidence of fatigue risk. Chief Ernie Rodriguez, Austin-Travis County EMS, spoke on the topic. Their agency first starting looking at the issue in 2013 and continues working it. They went from a 56 hour work week to a 48 hour work week. The medics hourly rate is increased to keep the medics from losing income. They are currently looking at going from a 48 to a 42 hour work week by doing a long week and short week. It is not just about being tired that day, but developing cumulative fatigue and stress. On average, public safety personnel live 15 years less. At about 16 years, EMS personnel have an increased risk of anxiety and other mental health issues. These problems include alcohol use, drug use, divorce, and suicide as well as undiagnosed PTSD. There are some things that can be done to help. The older generations live to work but younger generations work to live. It is important to understand that it is not a work ethic problem but a cultural shift. Need to have programs that focus on regular medical exams, fitness, and well-being. The 24/48 hours shifts are used worldwide and have been one so very successfully when looking at workload and rest period. There is an assumption that shorter shifts are better; however, that is not necessarily true. They have their challenges as well. It is important to provide support for personnel such as peer teams

lead by a mental health professional, access to mental health support services or chaplaincy programs. Ultimately, it is a cultural change. Austin-Travis County has a blend of shifts based on areas and length of shift. They monitor the workload looking not just at run volume but the rest opportunities between the runs. If someone wants to work an additional shift, they haven't found an online program to assess mental fatigue but require so much rest before can work additional shifts. Military pilots have an online assessment they take to measure mental sharpness but it doesn't transfer to what we do. Brett asked if they monitor second jobs. Rodriguez said they are required to notify if working second jobs but they do not monitor the number of hours worked in other jobs. Lucille Maes said that one national study on fatigue said 60% of those reported it was due to second jobs. There is also a need to be aware of the number of military members coming into EMS/Fire service that already have PTSD. Petrilla asked Rodriguez if they have seen improvements. He said that a follow up survey has shown a very positive impact. Wait said that Rodriguez will be doing a longer presentation on this at the EMS Alliance Conference in July. Anthony Luna said it is seen by the State on a daily basis. It is good that it is finally being talked about and addressed. Curtis brought up the Code Green program that does a lot of work in the field. Their RAC is focusing on mental health during EMS Week. Dralle suggested expanding the recovery group to include topic.

10. Committee attendee feedback regarding the April 20-22, 2016, Rural EMS National Conference in Texas.

Boyd – There about 150 participates from about 25 states coming as far as Alaska. Texas has signed the REPLICA agreement along with 6 other states. When 10 have signed, it will move forward. About 50% of the participants were from Texas.

11. General Public Comment

Dr. McNally gave a short presentation of CARES. It is designed to help agencies collect data on out-of-hospital cardiac arrest. The goal is to establish a national registry of cardiac arrest data to help develop successful cardiac arrest therapies. Wait - It came from NAEMSP to work to get Texas on board. It may be cost prohibitive for an individual agency but wouldn't be if done statewide or regionally.

Lucille Maes – May has been named Fallen First Responder awareness month.

Brett Hart – National Registry is changing to a paramedic skills portfolio for testing in August. The new CE requirements went into effect April 1, 2016. They lowered the amount of CE hours required for recertification.

12. The meeting was adjourned at 12:00.



Dudley Wait, EMT-P
EMS Committee Chair