

Governor's EMS and Trauma Advisory Council (GETAC)																
EMS Sub-Committee																
ATTENDANCE																
May 15, 2013																
Name	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	MAR 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						
Brian McNevin (Off in 2012)	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		
Lon Squyres	X	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	X
Anthony Gilcrest (Off Feb. 2013)						X	X	X	X	X		X	X	X		
Tami Kayea (2012 Appt)										X	X	X	X	X	X	X
Juan Adame (2013 Appt)															X	X
Jorge Ruiz, Sr. (2013 Appt)															X	X

1. Meeting called to order at 9:00.
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 recommendations from the workgroup that met in San Antonio on April 26, 2013. Full notes from meeting are below.

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

Sam Vance, new EMS For Children program manager, gave update. EMS week for Children is next week as is EMS Week; hope to have something next year which is the 30th

year of EMS-C. In the process of updating contact information in preparation for the new survey on pediatric equipment/capabilities.

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

Jane Guerrero - Currently there is no timeline on when the draft will be completed; no progress has been made since February. Legislation session has been made priority. Will start working again next month when legislation sessions ends. The hope is to have it completed by November and meet with Committee chairs.

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, the group was able to work with Maxie Bishop developing some questions prior to his departure. They are now working with Jane now on determining who best to get those questions to for a response and will formulate a report once that information is obtained.

6. Update from Emergency Medical Task Force (EMTF)/Disaster Preparedness Committee on ambulance MOAs for 2013 hurricane season.

There was been a forecast that storms may hit earlier than normal this year. There is now a new MOA that goes through the RAC and needs to be signed. The language is almost identical it just goes through the RAC as opposed to the State. It is very important to try to get all of these signed in the next 16 days. The EMTF's were able to stand up more resources when the tornadoes were in and around Dallas than the State was able to deploy during Hurricane Ike. The process is very effective and needs everyone to participate.

7. Update on drug shortages and compounding pharmacy issues.

Dudley Wait stated that Sodium Bicarb, Atropine, and D-50 are currently an issue. Luckily, there is no longer a shortage of controlled substances. Dr. Moore stated that agencies such as his are going to D-10 as opposed to D-50. It takes a little longer to infuse but with less negative side effects. Dudley stated when the shortage happened 2-3 years ago that many agencies went to D-10 and never returned to D-50. Reminder: compounding pharmacies should be accredited.

8. Presentation: EMS Data Analysis....Tammy Sajak, Epidemiology Studies/EMS/Trauma Registry

John Hellsten and Kristi Metzger has been working on the data and what the goals are. Helston presented that information. The group has been charged with coming up with a group of reports that is helpful for each agency. He said it is critical to know "What questions are you trying to answer." It is better to give the group what you are trying to accomplish than what data you think you need.

Dr. Moore stated the trauma surgeons would like to see it broken down further if possible by types of trauma – blunt v penetrating, etc. Christine Reece stated the RAC needs to be able to just query information when needed. Often not possible to know ahead of time what data will be needed – don't know what needs to be known until need to know it. Tammay Sajak said they not only are working on canned reports but will have epidemiologist available to help run such queries. The data will be available to people who are qualified to analyze such data and authorized for that type of access. Some data sets will be PHI and some will not be identifiable and open to everyone. (More information on obtaining access to data is to be presented in the Medical Director's Committee meeting.)

9. Report on Trauma Systems Committee Registry Workgroup (TSCRW)

No report at this time.

10. GETAC committee and Council meetings schedule changes.

During the last GETAC Council meeting in February, there was a great deal of discussion on proposed schedule changes that included the GETAC Executive Committee. There have been 5 different scheduling proposals.

All proposals include the following:
 Begin with a 1 hour GETAC meeting
 Allows for 10 Committee Meetings
 Day 2 start time of 0800
 End with a 2 hour GETAC meeting

	Day 1 Begins	Day 1 Ends	Day 2 Ends	Lunch?	1 hour mtgs	1 1/2 hour mtgs
A	1300	1800	1600	NA/No	10	0
B	1300	1750	1600	NA/No	10*	0
C	1000	1800	2000	Yes/Yes	0	10
D	900	1730	1830	Yes/Yes	2	8
E	830	1700	1700	Yes/Yes	5	5

Option E

Eddie Martin likes option E with committee meetings 60 or 90 minutes so it can be based on needs of committee. Lon Squire – Likes E but the 30 minute time difference could be important on flight times. Lucille Maes agreed. Shirley Scholz, Chair of Air Medical, stated that for those who fly in from the Lubbock area might squeak in if it starts at 0900 but not at 0830. Bobby Saunders, AMR Amarillo, stated that he is not going to get a flight out after 18:00 so it is 2 nights at a hotel either way. Eddie Walker said he likes Option E best as they normally come in the night before anyway. Tami Kayea stated another huge benefit of E is the 17:00 end time that allows for networking of agencies.

Justin Boyd said it is important to take into account how other groups that meet are able to mesh into the new schedule. It makes it difficult to make a decision without knowing how it will affect the other organizations. Though it is not the State's priority, it is a key factor.

Bryan Norris, San Antonio, asked why it is so critical to change the schedule when it doesn't seem to truly affect the number of nights people have to stay in a hotel.

Scott Christopher feels like need to take into account other groups even if not priority. Option B does give other groups an option to meet prior to day 1. Dudley Wait stated the concern is the 50 minute committee time. Some committees said they could cram in what they need while others feel it would prevent them from covering needed information. It would result in more specially called meetings.

A quick show of hands of EMS Committee and audience was done on whether people would come in the day before and go home after last meeting on Day 2.

Option E – With a 8:30 start time, most would come in the day before. Split on who would go home after 16:00 end time on Day 2.

Option D – 30 minute later start time did not make a difference in travel decisions.

Option C – The 10:00 start time did get a few more people who would come in Day 1.

However, everyone would go home the next day; no one stating they would head home after 20:00 end time.

There was a pretty strong consensus that Option E was most favored and Option D would be next best for EMS. Jane Guerero stated GETAC asked that all Options be ranked.

Most Desirable to Least Desirable

Option E

Option D

Option B

Option C

Option A

11. General Public Comment

None

12. Next Workgroup Meeting

It was requested that the next workgroup meeting be held in The Valley. It was also recommended that it be done the day before GETAC in August. Jane Guerero stated that the new schedule will be piloted in August. It was determined to wait on setting a time and place until the new schedule is selected.

13. The meeting was adjourned at 10:30.

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

EMS Committee Rule Revisions and Additions To Implement Policies to Increase Regulations on Potentially Fraudulent Providers

Committee members present at the workgroup meeting April 26, 2013:

Brian Petrilla, Juan Adame, Jorge Ruiz, Lucille Maes, Tami Kayea

Others present Bryan Norris

After a lengthy discussion it is the workgroups opinion; the Administrator of Record (AOR) requirement be enhanced by creating an EMS AOR certification/license. By enhancing the education of this select group of professionals and holding them accountable personally the instances of fraud and apathy would in our opinion decline statewide. EMS AOR is person identified as the lead person in an organization who is responsible for the administrative operations of the entity and is the contact person for DSHS. Texas

Administrative Code Title 25 section 157.11 should be changed to include the new requirements for the AOR.

Increased requirements on Administrator of Record:

EMS AOR should not be required to hold an EMS certification or licensure since this role is administrative and is responsible overseeing the business of the organization. Medical oversight should remain with the Medical Director of record. (EMS Certification or Licensure is suggested for the EMS AOR but not required.)

EMS AOR would be accountable for department rule violations and subject to discipline, suspension or revocation based on the severity of the violation. EMS AOR certification/licenses revoked should not be allowed to reapply. Reference Chapter 157.36 licensure.

EMS AOR requires a background check and must meet same guidelines as certified personnel plus must not be banned from participating in governmental payer programs. (CMS Background Checks)

EMS AOR can only be an AOR for one paid agency and 3 volunteer agencies concurrently. Short-term variance can be given for local need

EMS AOR for new provider licenses,

- Must complete the course before a new provider license is given.

Current providers,

- 2 years to complete the instruction after initial rule become effective, then 1 year after hire or appointment.

EMS AOR course should be administered in similar fashion to the current Course Coordinator program and it should be provided across the state to help alleviate travel issues for smaller, volunteer type services.

1. Course – EMS AOR
 - a. Minimum of 40 hours
 - b. Suggested course content
 - a. Chapter 157 overview
 - b. DSHS overview
 - c. Controlled Substances – DEA and DPS
 - d. Legal Responsibilities – OIG, FBI, CMS, and HHSC
 - e. RAC / EMTF
 - f. Labor Board
 - g. Texas Medical Board
 - h. Workplace Safety
- a. CE –minimum of 8 hours per year-
- b. EMS AOR should be tied to individual and not the agency

Other suggested enhancements

- Background check requirements for new and renewal provider license:
 - Should be done on everyone who has the same percentage ownership as CMS and HHSC requires to be disclosed
 - Same background check qualifications as certified personnel and must not be banned from participating in governmental payer programs. Should be covered under Chapter 157.16.
- CMS will require a Compliance Plan and Compliance CE in 2014 this should be required for all licensed providers statewide.
- Business Plan should be required for new license applicants.
 - Business plan that is certified by a Texas licensed CPA that it meets the requirements / qualifications as set forth by the Small Business Administration
- Post Licensing Evaluation should be completed within 1 year of issuance of a new provider license.
- Increased Accountability on EMS Personnel
 - Should be done where appropriate.
- DSHS should publish “discipline manual” like the Education Manual
- Peer review board. A rotating appointment