



AGENDA

**Injury Prevention and Public Education Committee Meeting
Governor’s EMS and Trauma Advisory Council (GETAC)**

Department of State Health Services (DSHS)
Wyndham Garden Austin
3401 South IH 35, Austin, TX 78741
Wednesday, June 26th, 2019
1:00 P.M.

Shelli Stephens Stidham, MPA, Chair
Shelia Faske, Council Liaison

Call to Order/Roll Call Shelli Stephens Stidham, MPA, Chair
Shelli Stephens Stidham, Mary Ann Contreras, Courtney Edwards, Julia Perez, Tony
Marquart, Jennifer Northway, Stewart Williams, Kevin Rix, Debra Curti,

Reading of the GETAC Vision and Mission Statements Shelli Stephens Stidham,

Chair **GETAC Vision:**
A unified, comprehensive, and effective Emergency Healthcare System

GETAC Mission:
***To promote, develop, and advance an accountable, patient-centered Trauma and
Emergency Healthcare System.***

Review and approval of May 2019 minutes Committee Members
Courtney motioned, Tony Marquart second
GETAC Chair comments Robert Greenberg, MD, GETAC Chair

Discussion and possible action on the following items: Committee Members

1. Update about injury and violence prevention legislative activities for 2019 session
..... Committee Members
2. Update about survey regarding submersion report form Marisa Abbe, PhD
3. Presentation about Austin Public Health/CDC e-scooters study David Zane

- Injury Epi with Austin Public Health (Public Health Dept) Recent data collection of dockless scooters defined as Electric powered, stand up devices. They are rented and travel up to speeds of 15MPH.
- After deployment of these scooters in Austin, increase in transports to the local hospitals.
- Partnered with CDC for a study of identifying injuries occurring from September to November 2018.
 - Utilized EMS data and ED data with validated e-scooter patients
- Collected demographics, clinical information, reviewed medical records
- Conducted personal interviews of patients.
- 300 people identified with 192 patients meeting inclusion criteria
- Interviewed 125.
- 55% male ages 9-79 years (half 18-29)
- 1/3 were visitors in Austin, 1/3 were downtown.
- 1/3 injured the first the first time they rode.
- 42% had serious injury- including 7% TBI, most limbs and head injuries.
- 78 people had at least one bone fracture.
- One rider was wearing a helmet.
- About 2 injuries per day-higher injury rates after 9pm
- 29% consumed ETOH within 12 hours of injury
- 50% believed surface conditions contributed to crash
- 936,110 e scooter riders during the same time period (from Austin Transportation Department who provided fleet data)
- 20 persons injured per 10,000 trips.
- Kevin: Under-reported- only reported if the word "scooter" was in the medical record.
- Recommendations: helmet use, only one rider per scooter
- Stewart: Collaboration included: Austin Transportation Department in the city of Austin EMS, 9 hospitals
- Jen: was it all hospitals?
- David- 9 area hospitals that participate in the syndromic surveillance system
- Kevin- that is all the hospitals, most in Level 1-2
- Jen- bulk of patients in which center
- Kevin- nearly all patients at the level 1 center
- Lindsey Polleck- Any conversation regarding collecting data from privately owned scooters?
 - Jen- which % were drivers or passengers
 - Dave- less than 10 were passengers
- Shelli- committee has been looking at scooter injuries and utilization of consistent coding. Kevin and Courtney working on defining codes, which codes hospitals should use to define this MOI. Ultimate goal is to make a recommendation regarding which code to use. Also looking at pre-hospital codes, what they are using to capture the data/MOI

4. Update about e-scooter survey to RACs (See attached)Kevin Rix

- 53% hospital responded, 46% was pre-hospital.
- Most hospital responses were from Trauma Centers
- Program managers were highest respondents
- 70% adult and pedi, 25% adult only
- 85% of prehospital were EMS
- 51% were from rural areas- most scooters are not in rural areas- the rest suburban and urban
- About 70% of respondents actually had scooters in their areas/ about 60% have treated patients with injuries- average
- Facilities and ICD 10: 78% did not know what ICD 10 code they were using
- V00.18 code- most specific for e-scooters
- 90% of hospitals want a universal code
- EMS: 58.2% want a universal code
- There are drafts/proposals for new ICD 10 codes with lots of revisions- national effort.
- What do we do in the meantime to capture data until it is mandatory- pick one code to use so not to lose what is happening now
- Shelli- does anyone have an objection to V00.18- "accident on other *rolling type*" concerning the driver of the scooter
- Jen: RAC P has proposed using V00.89: pedestrians struck by scooters using the e-scooters
- Courtney- pedestrian injured by scooter (V00.89) does not take into account the scooter if they aren't injured, only the person the scooter struck
- U, and O and E, L, and M are using V00.18
- AAAM is making this recommendation V00.18
- Jen: make the recommendation of using V00.18- with support of AAAM
- Tony: EMS- actually include the actual sentence from the code. It could be utilized in EMS
- Robert- e- code information needs to be added to the committee report for September meeting
- Stewart- Motion: committee to make a formalize/draft recommendation for code V00.18, Mark second
- Vote: unanimous
- Jennifer- do we need to use standard language across the with e-scooters to allow for consistent coding. HOMEWORK: look at Vision Zero Report, CDC recommendations

5. Review and discuss external cause codes for e-scooters Committee Members

6. Presentation about EMS electronic patient care software Randy Chhabra

- Tony: how to get data out of private and non-private EMS agencies: including non-transport patients with scooter injuries/MOI.
- Randy Chhabra with Austin Travis Co EMS- leads IP in his organization
- Pre hospital data allows a different perspective versus hospital trauma only EMS org in Austin. Transports throughout the area
- Utilizes Visnet: dispatch system logging MOI data with geolocation. Includes patient care report with narrative information and check boxes
- Other agencies also have secondary software program with data separate for IP initiatives
- Open records request can be used to obtain data. Partnerships with organizations provides another venue for data analysis. Recent collaboration with several partners- public health, hospitals, etc.
- Looking at EMS data regarding submersion and specific causes of drowning.
- CAT-RAC also provided data, combined EMS, CAT-RAC and hospital data to get a better picture
- They use spikes in specific MOI to communicate with media, and send reports for potential IP efforts
- Shelli- is it possible to capture this data? How feasible to collect data from more rural EMS providers?
- With agencies using electronic medical reporting data can be captured
- Tony- need to look at those agencies that are not using electronic format
- EMS must report to the Texas state registry
- Debra- Do Scooters have to be registered? Concerned for rural areas, reporting
- Courtney- no requirement for registration
- Tony- discussion on Nemsis a national data base for EMS
- Randy- requests committee to make recommendations for EMS data reporting
- Kevin- What are scooters "called"/ how are they coded and are EMS agencies trained on specific MOI definitions
- Randy- No specific MOI definitions
- Tony- an adaptable software program can gather data in a consistent way
- Christine Reeves- Central TX RAC (heart of TX RAC) When the educate their hospitals on specific codes/hospitals become compliant. For EMS that doesn't have EMR, they submit paper. The RAC enters the data from the EMS paper reports. They work on processes to accurately track data.
- Courtney- variable scooter e-codes are being entered into the hospitals coding system: These codes were created before the scooters were actually invented. important to have a consistent code to gather accurate data. More to come- as there are e-bikes
- Shelli- to continue to discuss looking to make recommendations
- Karen Mynar- Use a code to track scooter MOI, and update code when the recommended one is confirmed.

- 7. Discuss hospital-based violence intervention programs ..Committee Members
- 8. Review and discussion about upcoming educational opportunities . Committee Members
- 9. Discussion, review, and recommendations for initiatives that instill a culture of safety for responders and the public..... Committee Members
- 10. Review of recently passed legislation, its requirements, and the impact on injury prevention and public education activities Stewart Williams

- HB 448 rear facing child passenger safety seat: struck down
- HB 498 hemorrhage control kits in schools, and training for responders at those facilities passed
- HB 1163 struck down red light camera as enforcement

11. Review the GETAC Strategic Plan for the Texas Emergency Healthcare System and determine if any additions, deletions, or corrections are in order Committee Members

12. Initiatives, programs, and potential research that might improve injury prevention and public education efforts in Texas Shelli Stephens Stidham, Chair

General Public Comment
(Comment time may be limited at Chair’s discretion)

Summary of action items for GETAC meeting report Committee Members

Announcements Shelli Stephens Stidham, Chair

- TX IP Leadership Collaborative Annual Meeting August 23- limited registration, Hilton Garden Inn Arboretum in Austin
- Jennifer Northway- car seat technician/instructor; need to have ability to share information each other via social network sites. RAC P will host this site. Please connect with Jennifer.

Review and list agenda items for next meeting Shelli Stephens Stidham, Chair

Future meeting dates Shelli Stephens Stidham, Chair

All workday meetings are from 9:00 a.m. until noon.

All quarterly meetings are from 1:00-2:30 p.m.

- a. July 26, 2019 (workday meeting) – Brownsville- Postponed until 2020
- b. September 25, 2019 (regular quarterly meeting) – Austin
- c. October 25, 2019 (workday meeting) – Lubbock- Zoom conference call will be available. Information to follow
- d. Jennifer requests an August workday meeting to discuss common language.

Adjournment Shelli Stephens Stidham, Chair

This meeting is open to the public. No reservations are required, and there is no cost to attend this meeting.

Persons with disabilities who plan to attend the meeting and require auxiliary aids or services are asked to contact Anne Mosher, Department of State Health Services, 1100 West 49th Street, Austin, Texas at 512-776-2780 or anne.mosher@dshs.texas.gov, at least 72 hours before the meeting so that appropriate arrangements may be made.

Texas Penal Code Section 46.035(c) states: "A license holder commits an offense if the license holder intentionally, knowingly, or recklessly carries a handgun under the authority of Subchapter H, Chapter 411, Texas Government Code, regardless of whether the handgun is concealed or carried in a shoulder or belt holster, in the room or rooms where

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a meeting of a governmental entity is held and if the meeting is an open meeting subject to Chapter 551, Texas Government Code, and the entity provided notice as required by that chapter."

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