



**TETAF General Meeting  
Wyndham Garden Inn – Austin, Texas  
Wednesday, May 10, 2016, at 5:00 p.m. CDT  
Meeting Minutes**

**1. Welcome and Call to Order**

The meeting was called to order by Brian Eastridge. The meeting was not recorded.

**2. Board Member Roll Call – Brian Eastridge**

<b>Present:</b>	Brian Eastridge, MD	<b>Absent:</b>	Ricky Reeves
	Raj Gandhi, MD		Jorie Klein
	Scott Christopher		Lori Vinson
	Jim Parisi		
	Craig Rhyne, MD		
	Kathy Rodgers		
	Dudley Wait		
	Courtney Edwards		
	Robin Garza		
	Lisa Hutchison		
	Hillary Watt		
	Lisa Price		
	Robert Saunders		

A Quorum was established at the opening of the meeting.  
Dinah Welsh, Brenda Putz and Courtney DeBower were in attendance.  
Representatives from the Texas DSHS were not in attendance.

**3. RAC Participant / Round-the-Room Introductions – Dinah Welsh**

Around-the-room introductions were held. All trauma service areas were represented except TSA-D. Sign-in sheets are on file in TETAF office.

**4. Affiliate Organizations / Members**

Representation for the Texas Trauma Coordinator's Forum and the EMS-Children organizations were present.

**5. Recognition of Ms. Shae Watson**

A moment of silence was observed in memory of Ms. Watson. She was recognized for her contributions to TETAF and her role as the Chair of the TETAF RAC Division.

## 6. TETAF Update – Dinah Welsh

Ms. Welsh announced that Raj Gandhi will serve as Acting Vice Chair with the ascension of Brian Eastridge to Chair. Ms. Hillary Watt will serve as Acting RAC Division Chair because of the passing of Ms. Shae Watson.

### ▪ Board Restructuring Update / Discussion

The opening discussion was led by Drs. Brian Eastridge, Raj Gandhi, and Craig Rhyne. It was explained that because of the differing views regarding TETAF priorities and the restructuring process, it is recommended that outside consultants be employed. The consultants would be experienced reviewers from outside the State of Texas, familiar with trauma system organization, with the intent to optimize the structure of TETAF Board and its mission. All previous documents/minutes from the restructuring workgroup will be presented to the consultant group; including the TETAF Bylaws. The consultant anticipated cost was based off the DSHS anticipated cost of RAC system consultation of approximately \$20,000. The Board reviewed key initiatives/focuses regarding outcomes of the member survey.

#### Open to comments from the floor and requests for instructions to consultants:

- Who are the TETAF members? What is the mission of TETAF?
- Maintain open transparency. Appreciate the outside consultant process.
- Maintain focus on the patient.
- Dismayed regarding the comment of RAC members vs RAC Executive Directors (ED), saddened by discourse between RAC EDs and their entities
- TETAF should not decide RAC representative, but allow the RAC membership to decide.
- Determine what TETAF does best, this should be the focus, cannot do everything for everyone
- Recognize that this is a difficulty process.
- Difference of agenda/needs of members vs organizations – difficult to overcome.
- TETAF programmatic support most valued.

At the completion of the discussion, Dr. Eastridge summarized that the major points of discussion center on what is the focus of TETAF, who are the stakeholders, and to continue to maintain full transparency and communication. Any additional comments or concerns should be emailed to Dr. Eastridge, Ms. Welsh, or any TETAF Board member for review by the Board prior to sharing with the consultants. The deadline to submit additional comments was set for May 13, 2016.

### ▪ Stop the Bleed Update – Dinah Welsh

Ms. Welsh reported that a course was held yesterday at the capitol, and was well received. She commented that there are still a small numbers of courses being provided, but the number is growing. Ms. Welsh stated that Representative John Zerwas sponsored the course at the capitol. She noted that Representative Zerwas was a very good spokesperson for the course, but was not functioning as a champion for getting the course widely disseminated.

### ▪ Perinatal Update – Brenda Putz

Ms. Putz announced that the perinatal rules are posted and effective May 20, 2016. She stated that TETAF continues working though NICU service line project. Ms. Putz confirmed that there are still a lot of questions about RACs. A survey has been created and will be distributed in June. Ms. Putz stressed that there is still a lot of work to be done. She said that a draft document was sent out yesterday for comments. The Board was informed that this process actually deals with

three entities. It was commented that TETAF should focus on the survey process and let the PACs, RACs and perinatal groups work things out.

▪ Pre-Survey Questionnaire Update – Brenda Putz

Ms. Putz informed the board that DSHS has abbreviated their questionnaire. She stated that TETAF has created an electronic document via Dropbox. She noted that there have been some changes in substance but not a lot, and that some of the questions have better clarified.

▪ Trauma Surveyor Application Process Opening – Brenda Putz

Ms. Putz announced that the surveyor education/credentialing process will be opening this summer for those interested in becoming a Trauma Surveyor. Dr. Eastridge questioned how many Trauma surveyors are needed. Ms. Putz replied that there is currently no nursing surveyor shortage now, but TETAF is needing surgeon surveyors. There currently three surgeons in process.

▪ Educational Events Update – Brenda Putz/Courtney Edwards

Ms. Putz stated that TETAF helped with a trauma conference in the panhandle last month. She stated this conference had 80 attendees. Ms. Putz announced that RAC-L will be holding a pre-hospital data management course this summer. She stated that there will also be a data management course offered in the Amarillo area. The Board was informed that there are many educational opportunities listed on TETAF web page.

▪ TETAF Burn Clinical Practice Guidelines – Brenda Putz/Lisa Price

The Board was informed that a PDF version of these guidelines has been reviewed and released. These guidelines are a good resource to utilize when building your facility's own guidelines. The document is available on the TETAF web site.

▪ WWW.TETAF.org – New Website Launch – Courtney DeBower

Ms. DeBower announced that the new TETAF website will be launched soon. She commented that the new site will be easily updated, and will have a very good calendar feature. She urged providers to submit their events for posting to the website.

## **7. Legislative Planning Session – Dinah Welsh**

The Board and audience members were provided a listing on the overhead projection of key lawmakers. Ms. Welsh stated that TETAF is working with all these legislators now. She stated that July 13, 2016 is the likely hearing date for Trauma & EMS interim study. It was noted that all of the legislative members are equally important. The wording for the interim study was also projected. Ms. Welsh stressed that TETAF and the stakeholders need to determine needs / asks. Some of the comments to follow were ...

- Stand ready costs vs. uncompensated costs
- The cost to become designated.
- Needs other than funding
- How to insure trauma care in all regions
- EMS dollar amount
- What is the true cost to operate a RAC?
- Existing RAC activities vs. expanding RAC activities
- What programs could be added with additional funding / what programs would leave without funding?
- Does EMTF need additional funding?

The Board was informed that the July 13<sup>th</sup> meeting will have approximately 40 of the 150 house members. Ms. Welsh commented that this will be a good audience. Ms. Welsh reviewed how the discussion will likely move. She stated that there will likely be limited number of people able to provide testimony. Ms. Welsh noted that we need to be sure that the 'ask' messages are clearly stated. It was noted that Texas 'is' oil dependent and 'is not' oil dependent. Ms. Welsh said that legislators are looking for 'efficiencies' to improve systems, not just asks for dollars. TETAF is looking for all opportunities to educate legislators. TETAF has a living document that is being constantly edited for important education points and questions.

Ms. Lisa Price stated that TETAF needs to identify the stand-ready cost. The uncompensated care cost information is available. Ms. Price commented that the Trauma providers need to define how to reduce costs and improve efficiencies.

Dr. Gandhi asks have we answered the main questions of the interim study? Ms. Welsh stated that TETAF is preparing a whitepaper to address the main questions. She noted that TETAF is also working with other associations to synergize efforts.

A comment was made that the argument needs to be to sustain current funding. The argument should be that threat of loss of funding is real. 3588 funds have been significantly lowered and there has been decreased funding from the Federal government for EMTF activities. It was also pointed out that Local Project Grant funding is going away. It was suggested that the average age of an ambulance in counties with less than 50,000 people be determined. It was suggested that relating EMS to the free-standing ERs may be beneficial.

The question was asked "what is the TETAF priority ... Drivers' Responsibility Program (DRP) vs. preservation of the Tobacco funds? Dr. Gandhi commented that the TETAF Board need the audience to tell them the main talking point and everyone should then be educated and able speak on those subject. It was commented that the Tobacco money is essentially gone, as there will be less than 20 million dollars available at the end of the biennium. It was asked if there was a way to strengthen the Medicare dollars for pre-hospital providers? Bonus payments to rural / super rural organizations was considered an idea. Mr. Christopher commented that we need to look at the gap for Disproportionate Share funding compared to DRP finding. He noted that the Disproportionate Share gap is much larger than DRP. Dr. Eastridge pointed out that the DRP numbers still needs to be defined. Mr. Darryl Pile said we need to demonstrate the gap and let the legislators determine how to fix. Mr. Eric Epley stated we need to identify what is the cost of voluntary personnel doing RAC roles. He noted that this is low hanging fruit.

Dr. Gandhi commented that hospitals and EMS agencies are closing due to poor funding. Dr. Rhyne added that the Federal government estimates that 5-10% hospitals will shut down. It was appreciated that there is great difficulty finding paramedics, and that the provider supply is not keeping up with demand. It was noted that there is a misconception that everyone has insurance now, and that uncompensated care has actually risen. Mr. Jim Parisi stated that balances after insurance are significant.

Dr. Rhyne stated that TETAF's focus should be what TETAF was created to do, which is improve the Texas Trauma / EMS system. Mr. Epley commented that all of the providers in the Trauma System have to have funding to succeed. RAC need to be sure that their funding sources continue. Hospitals and EMS providers have many sources of funding. RACs have only one source of funding and that needs to be focused on the RAC need.

Ms. Wanda Helgesen suggested the need to get trauma survivors to testify at the legislative hearing to stir emotions. Mr. Pile stressed that stakeholders do not need to wait until the July hearing, but rather the need to educate the legislators is now. The question was asked “Who is most likely to submit a bill?” Representatives Davis, Price, & Zerwas are considered the three big hitters in the interim study.

Ms. Welsh reported that TETAF will have a final draft ready by June 17<sup>th</sup>. Meeting this date will allow 1 week for additional stakeholder input. She stated that the Legislative workgroup calls will continue in the meantime.

#### **8. Texas TQIP Collaborative Update – Terry Valentino**

Mr. Valentino stated that the collaborative members will be meeting with a Michigan TQIP team this week for further clarification of open questions and issues. He stated that the collaborative will have approximately 50 centers participating. Mr. Valentino said that the collaborative members will be discussing participation rules and requirements in greater detail at their meeting this week. He closed by noting that the collaborative meeting has a big agenda planned for this week’s meeting.

#### **9. Treasurer’s Report – Jim Parisi**

Mr. Jim Parisi reviewed the February and March financial reports with the Board members. February 2016 Net income is reported as a \$17,119 loss, and the March 2016 net income was \$16,813 loss. The year-to-date net income for the March financial report is a \$35,060 loss.

Mr. Parisi informed the Board that TETAF is planning an audit for FY14/15. Mr. Parisi stated that he has TETAF’s 2013 and 2014 income tax documents for review.

Ms. Courtney Edwards made a motion to pass the Treasurer’s Report as presented. Ms. Kathy Rodgers provided a second to this motion. There was no opposition to the motion.

#### **10. Secretary’s Report - Scott Christopher**

##### Approval of April 6, 2016 Meeting Minutes

Mr. Christopher announced the draft minutes for the April 6 conference call meeting have been posted to the TETAF web site and shared with the Board members for review. There were no recommended changes for the draft document. Ms. Lisa Price made a motion to approve the minutes as presented. The motion was seconded by Ms. Kathy Rodgers. There was no opposition to the motion.

#### **11. Open Discussion**

- The Board was informed that the Texas Cardiovascular Disease and Stroke Council met on this past Saturday. Ms. Welsh stated the Council did not have a quorum present and received reports only. The Council is putting a legislative committee together to formulate what their ‘ask’ is going to be at the next legislative session. The Council heard a report from the Lone Star Stroke group on how well they are doing. Ms. Price states the Council is focusing on public health and hypertension.

#### **12. May Action Items**

There were no additional items/topics requiring any form of additional action.

**13. Next Meetings–** Dinah Welsh

No discussions.

**14. Adjournment**

With no further discussion or business, the meeting was adjourned by Dr. Eastridge at 7:58 p.m.

***Recorded by:  
Scott Christopher, Secretary***