



**TETAF Board of Directors Meeting**  
**Thursday, December 16, 2021**  
**Courtyard by Marriott San Antonio Riverwalk and Zoom**  
**10:00 a.m. CST**

**Present:** Jeff Beeson, D.O.  
Scott Christopher, BBA, BSN, RN, LP  
Angela Gentry, RN, MSN, TCRN  
Wanda Helgesen, RN, MSN  
Kenneth Mattox, M.D.  
Kathy Perkins, RN, MBA  
Edward Racht, M.D.  
Christine Reeves  
Ricky Reeves, EMT-P  
Craig Rhyne, M.D.  
Kate Schaefer, RN, CEN, NREMT  
Danny Updike, RN, CCRN, EMT-LP  
Dudley Wait, EMT-P

**Via Zoom:** Diana Grimm-Mapp, RN, BSN, CEN, TCRN  
David Weisoly, D.O.  
Nilda Garcia, M.D.

*TETAF Staff: Dinah Welsh, Brenda Putz, and Erin Moore*

*TETAF Contractors: Kevin Reed, attorney; Brian Yarbrough, Ashley Morgan, and Janiece Williams, contract lobbyists; Doris Heinen, accountant (via Zoom)*

- 1) **Welcome and Introductions** – The meeting was called to order at 10:01 a.m. by Craig Rhyne, M.D., chair. The board members and staff provided introductions.
- 2) **TETAF Update** – Dinah Welsh recognized the Southwest Texas Regional Advisory Council (STRAC) for providing the AV services and the cost savings the services provided to TETAF. Welsh recognized how the AV service allowed TETAF Board of Directors members who were unable to travel to continue to participate in the meeting remotely. She thanked the board for its hard work during the challenging time of the pandemic and winter storm, and she added this is the first in-person meeting of the board in nearly two years due to the pandemic. Welsh mentioned she recently met with Governor Greg Abbott, and he salutes the work done by the board and stakeholders. Welsh recognized the growth, strength, and opportunities that has occurred in TETAF during the past two years. She also recognized the quality of individuals who want to be part of the organization and how it reflects the work TETAF does. Welsh introduced Jessica Phillips as the new perinatal program director who officially joins the team in

January. Welsh also thanked committee members for their work and added that TETAF plans to fortify committee efforts in the coming year. There will be appointments and reappointments to the committee. Welsh extended a special thanks to the Finance Committee and its chair, Kathy Perkins, for their incredible efforts during a challenging year financially. Welsh also thanked the Advocacy Committee for its work during an unusual legislative session that extended into three special sessions. Welsh also thanked the TETAF staff and stated that with the hiring of Jessica Philips, TETAF is now a staff of six. She also thanked Brenda Putz for her efforts managing many survey scheduling changes during the pandemic. Welsh emphasized we will have challenges ahead, but we have proven that we will get through them. Brenda Putz added that committee work will be extremely important in the upcoming year navigating challenging years ahead with survey verification and competitors. Dr. Kenneth Mattox added that TETAF and the RACs were an early voice in the distribution of PPC and further ahead than other states he visited. Dr. Craig Rhyne agreed and said there has been incredible resilience not just through the pandemic but other crises.

- 3) **Secretary's Report** – Ricky Reeves, secretary of the TETAF Board of Directors, motioned to approve the September 2021 meeting minutes and Christine Reeves seconded the motion. The minutes were unanimously approved by the board.
- 4) **Treasurer's Report** – Kathy Perkins, treasurer, provided reports on TETAF's financial status. Perkins provided an end of fiscal year 2020-2021 budget summary. TETAF's survey revenue ending in FY 20-21 was greater than budgeted by \$200,000. This is due to more surveys completed than projected. Perkins credited the team for their hard work to stay on top of scheduling surveys during the pandemic. The operating expenses were under budget by \$161,500 because of cost management measures, some virtual surveys, delayed hiring, and no in-person meetings. Perkins stated TETAF ended the fiscal year on a positive note that was better than budgeted. TETAF had a net change in cash negative of \$220,700 but Perkins explained this was due to some surveys that were already paid but had not occurred due to being rescheduled and therefore the cash was sitting there and not used. Perkins added there are anticipated cash issues for the upcoming year. Perkins motioned for the FY 20-21 report to be approved and Ricky Reeves seconded the motion. The board unanimously approved the FY 20-21 Financial Report. Perkins then presented the September financials. The survey revenue was less than budgeted by \$24,000. Dr. Kenneth Mattox inquired if TETAF was doing primarily virtual or in-person surveys and Brenda Putz added that most surveys are done in-person and virtual surveys are only on a case-by-case basis. Perkins motioned to approve the September financials and Ricky Reeves seconded the motion. Perkins added that the Finance Committee is working on a plan for cash management and seeking additional revenue.
- 5) **Advocacy Committee Report** – Wanda Helgesen, chair of the TETAF Advocacy Committee, thanked everyone for working with the Advocacy Committee through a long legislative session and to Erben and Yarbrough for their guidance. Helgesen added that an interim study has been discussed that would focus on perinatal data. The Regional Advisory Councils (RACs) are overburdened with underfunded mandates and there is not currently a system in place to collect the perinatal data. Brian Yarbrough from

TETAF's lobby team, Erben & Yarbrough, stated that the pandemic affected the legislative session that went into "triple overtime" with special sessions that lasted a total of 271 days. He stated that although the legislative session is over, there is more work to do during the interim. The primary elections are in March and 25 in the House have announced they will not return, and 5 Senators are seeking higher office or not returning. Yarbrough said that means there are 31 legislators who have not heard about TETAF or the Regional Advisory Councils (RACs) that must be educated. Ashley Morgan of Erben & Yarbrough added that the House has requested interim charges and the Senate has not requested interim charges yet. Morgan stated that the Advocacy Committee discussed requesting an interim charge from the Senate since one of the primary focuses is on perinatal data and that has been discussed in the Senate. The Advocacy Committee would like to discuss the perinatal data approach further with the TETAF Board. Morgan reminded that the request does not mean that it will automatically be an interim charge. Dinah Welsh reminded the board that they have been provided interim study language developed by the Advocacy Committee for the board's review. She referenced a statement by Dr. David Weisoly during an Advocacy Committee meeting that we have the perinatal levels of care in Texas, but we do not have the data to confirm that the levels of data are in fact improving the quality of care. Helgesen asked the board to approve the interim charge language. Dr. Kenneth Mattox inquired if there is an advocacy TETAF should do with other organizations, including national, regarding perinatal. Helgesen stated TETAF will need to be prepared with solid testimony for what it will take to have a quality perinatal database. Dr. Weisoly added that very few RACs are collecting data and submitting it as stated in the current Texas Administrative Code rule. Weisoly added that the RAC Data Collaborative may be the best place for the perinatal data to exist, but there is no funding to maintain it. Helgesen motioned to approve the Advocacy Committee report. Ricky Reeves seconded the motion. It was unanimously approved by the board.

- 6) **TETAF Governance Committee Report** – Dudley Wait, vice chair, stated that the Governance Committee has been meeting in advance of the TETAF General Assembly meeting to be held later today. The TETAF General Assembly is charged to elect the Board of Directors and to make any necessary changes to the TETAF Bylaws. The Governance Committee plans to work with the TETAF General Assembly on proposed revisions. One change is to the membership of TETAF and the TETAF General Assembly. The second item is regarding having an annual awards opportunity. The third item is an evaluation of the TETAF Board of Directors. These items will be discussed with the TETAF General Assembly during its meeting. Dinah Welsh added that it is always a good process to review the bylaws and she has asked TETAF staff to commit to helping committees meet. Kathy Perkins added she liked the idea of evaluating the board because there have been times she has wondered if something was her duty as a board member or should be a duty for TETAF staff. Welsh added that if the language was removed from the TETAF Bylaws to have an annual awards ceremony it does not mean that TETAF could not occasionally present an award as appropriate. Wait said the Governance Committee had a large slate of candidates for the board and the list was narrowed to a slate of 11, which includes all 5 of the current board members whose

terms are up. Dr. Craig Rhyne added that Lisa Hutchins has resigned and there is one year left on her term and the board will appoint an individual to serve for the remainder of that term. Dr. Jeff Beeson motioned to approve the Governance Committee report and Danny Updike seconded the motion. The report was unanimously approved by the board.

- 7) **TETAF Survey Service Line Report** – Brenda Putz, TETAF vice president of operations, stated there has been leadership changes at the Texas Department of State Health Services (DSHS) and in the reviews, there were contingency hospitals that were overturned and removed. Putz added that while this affects TETAF's revenue, the hospitals deserve to be recognized for the level of care they are providing. Acute Stroke Ready is not required and the only hospitals surveying are the ones who want to provide that level of care. The new stroke rule changes the name to Acute Stroke Ready. Maternal surveys have slowed, but there has been interest in consultation surveys for maternal. The neonatal surveys have picked up again. Putz reminded the board that there is a delay in the neonatal cycle due to legislation that created a 4–5-year cycle for hospitals and hospitals have been offered the opportunity to survey early. Putz shared that one survey scheduling staff member resigned for another job and Aaron Rogers continues the survey scheduling duties. Putz added that TETAF conducted a Trauma Activation Billing Course that was successful and a trauma surveyor training. The surveyor interns are working with experienced surveys after completing the training. There has been a lot of interest to be a maternal or neonatal surveyor, which Putz stated is a compliment to TETAF/Texas Perinatal Services that people want to be a surveyor with our organization. Training for maternal and neonatal surveyors may take place in Spring 2022. Putz added that TETAF participates in the Perinatal Advisory Council (PAC). The PAC is establishing a subcommittee to look into the surveying entities providing an overview of how we survey, our process, and how we train surveyors. Putz stated it is concerning for TETAF to provide extensive information to the PAC when an American College of Obstetricians and Gynecologists (ACOG) representative is a council member for the PAC. Putz stated TETAF will not share proprietary information. Texas Perinatal Services surveyed 80% of the perinatal hospitals in Texas and the survey services have been well-received. The additional competitor is Joint Commission, and it is conducting maternal surveys, but has not applied to the state to be an approved provider of surveys, but Joint Commission partnered with ACOG to create Joint Commission criteria. Joint Commission employees do the surveys that started on November 2. Hospitals should recognize that a Joint Commission certification is not designation by the state and hospitals must be designated by the state. Christine Reeves stated she sent an email to DSHS and the PAC chair that the information they are requesting is proprietary, but a presentation would be fine. Dr. Kenneth Mattox stated he mentioned about two years ago whether TETAF should consider surveys for COVID. Dr. Mattox said there are long-haulers, and this could be an opportunity to take a stand and produce a quality product for surveys. Dr. Edward Racht mentioned emergency care has changed considerably and it would benefit if TETAF became the smartest kid on the block in the standards since we have the history and figure out how to do things differently. Kathy Perkins asked if there are calls for changes to the trauma

rules and other rules related to survey standards. Putz stated that DSHS and Jorie Klein have been reviewing all the rules. Putz added that the rule revisions as they are drafted now would improve the standards. It will align TETAF more with the American College of Surgeons (ACS) standards. Mattox added that ACS has relaxed its rule on diversion. Wanda Helgesen added she is seeing diversion issues due to staffing. Putz added we need legislation to address STEMI and stroke patients and evaluation of programs. Dr. Rhyme stated he has done both virtual and in-person surveys and agrees in-person surveys are optimal. Dr. Rhyme believes EMS does not have the same visibility with stroke as it does with trauma. Kate Schaefer responded that there is a lack of understanding with underserved areas. Dr. Rhyme added that we need to push stroke visibility. Helgesen added that the Advocacy Committee will be using recognition months to raise visibility. Schaefer added that access is an issue and it's an issue in rural facilities. She stated that if some are overwhelmed patients are diverted to a facility six to eight hours away. Perkins motioned that the board provide the EMTF with its endorsement of making the system to operate in need, particularly in rural areas. Dr. Rhyme reiterated Perkins motion that the board provide the Texas Division of Emergency Management (TDEM) and endorsement of a statewide ERMOC in extraordinary times. Dr. Mattox seconded the motion. Christine Reeves stated we need to be clear about this request. Dr. Rhyme added an amendment that in addition to what was recommended, we need to create a clear and progressive communication channel for critical transfers. The board unanimously approved this motion. Putz added that TETAF has provided a lot of education and there has been high volume of attendance for the offerings.

- 8) **Texas Trauma Quality Improvement Program Collaborative (Texas TQIP) Report** – Dinah Welsh provided the report in the absence of Lori Robb. Welsh stated that COVID has put a long pause on Texas TQIP and the sharing has been minimal, but she has spoken with Robb and there are plans for 2022 to share and collaborate on data more. Dr. Kenneth Mattox added that TQIP is an extremely powerful tool. Helgesen asked that since Texas TQIP is a project of TETAF if the board could get an overview of the work they are doing, the hospitals that are participating, and how we are progressing trauma care. Putz stated that Texas TQIP has been strong, and Welsh added that she will ask Texas TQIP to do a presentation as Garrett Hall, the past Texas TQIP coordinator, has done in the past. Christine Reeves asked about the part-time position to fill Hall's position and Welsh stated Texas TQIP should have the person hired in early 2022.
- 9) **Scheduled TETAF Meetings** – Dr. Craig Rhyme stated that the next TETAF Board of Directors Quarterly meeting would be the week of the Governor's EMS and Trauma Advisory Council (GETAC) meetings during February 18. Welsh stated the meeting may likely be February 15 and that GETAC is planning for an in-person meeting. Dr. Rhyme added that the board needs to determine a date for its strategic planning meeting. Welsh stated the meeting would be in-person and a poll would be conducted after the board elections to decide a date. Dr. Kenneth Mattox reminded the board to be mindful of the spike in COVID cases.
- 10) **Open Discussion** – Dinah thanked Shawn, Ryan, and Ernest from the Southwest Texas Regional Advisory Council (STRAC) for making the AV and streaming possible for the meeting. The board applauded their efforts.

11) **Adjournment** – Dr. Craig Rhyne adjourned the meeting at 12:16 p.m.