



TETAF Board of Directors Meeting
Tuesday, February 8, 2022, 3:00 p.m. CST
Zoom

Present: Diana Grimm-Mapp, RN, BSN, CEN, TCRN
Wanda Helgesen, RN, MSN
Rhonda Manor-Coombes, BSN, RN, TCRN
Kenneth Mattox, M.D.
Kathy Perkins, RN, MBA
Joseph Petty, M.D., FACOG
Christine Reeves
Ricky Reeves, EMT-P
Craig Rhyne, M.D.
Kate Schaefer, RN, CEN, NREMT

Absent: Jeff Beeson, D.O.
Scott Christopher, BBA, BSN, RN, LP
Dan Little, M.D.
Edward Racht, M.D.
Danny Updike, RN, CCRN, EMT-LP
Dudley Wait, EMT-P
David Weisoly, D.O.

TETAF Staff: Dinah Welsh, Brenda Putz, Jessica Phillips, and Erin Moore

TETAF Contractors: Kevin Reed, attorney; Ashley Morgan, contract lobbyist; Doris Heinen, accountant

Texas TQIP: Laura Garlow, Texas TQIP coordinator

- 1) **Welcome and Introductions** – The meeting was called to order at 3:01 p.m. by Craig Rhyne, M.D., chair. Dinah Welsh, president and CEO, introduced new board members, Dr. Joseph Petty and Rhonda Manor-Coombes. Welsh mentioned Dr. Dan Little as a new board member.
- 2) **TETAF Update** – Dinah Welsh shared that requests for interest in serving on a TETAF committee are being accepted. The role of chair for each committee is filled by a board member and the chairs are in the process of being selected, then committee members will be named. Welsh explained the duties of each committee (Advocacy, Finance/Audit, Survey Verification, Education, and Governance)
- 3) **Secretary's Report** – Ricky Reeves, secretary of the TETAF Board of Directors, motioned to approve the December 2021 meeting minutes and Wanda Helgesen seconded the motion. The minutes were unanimously approved by the board.
- 4) **Treasurer's Report** – Kathy Perkins, treasurer, provided an update on the financials. Perkins stated that TETAF is not doing as well as hoped with survey revenue being \$182,000 under budget. Perkins stated that too many surveys were shown budgeted in September and is unsure how that happened. Perkins stated that it is believed that TETAF will reach the number of budget surveys for the year. One of the challenges

TETAF is facing is that the Texas Department of State Health Services (DSHS) continues to approve delays in surveys with the most recent spike in COVID cases. Operating expenses are down due to not completing as many surveys. The gross margin is down, and the net income is down. Perkins motioned to approve the finance report and Ricky Reeves seconded the motion. The finance report was unanimously approved. Perkins shared that the Finance Committee has discussed concerns over the cash balance and asked about discussion for diversification opportunities or grant opportunities. She also shared that the Finance Committee is small and asked for anyone interested to apply for serving on the committee. Wanda Helgesen shared that the board should not lose sight and have an ongoing discussion with a specific item on each agenda to discuss the financial concerns. Dr. Rhyne shared he is working with Dinah Welsh on potential opportunities for benevolence and other types of support. Dr. Rhyne stated it is fundamentally important that TETAF exists to support trauma and other service lines in Texas. Dr. Kenneth Mattox mentioned the need to verify there is not prohibitive language that we will not violate any regulation if we pursue support. Dr. Rhyne stated the board will consult with Kevin Reed, TETAF attorney, to verify. Dr. David Weisoly asked in the Zoom chat if there should be a fundraising committee or campaign. Welsh added there is a real opportunity and TETAF will work on a pitch to further explore the potential. She added that TETAF has been cautious of conflicts of interest with hospitals. Christine Reeves mentioned that TETAF should also be mindful of any donors who may not support the Regional Advisory Councils (RACs) but would support TETAF.

- 5) **Advocacy Committee Report** – Wanda Helgesen, chair of the TETAF Advocacy Committee, shared that the committee sent a letter to Senator Lois Kolkhorst (R-Brenham) regarding an opportunity for an interim charge to, “examine the state’s perinatal data needs and to ensure the state, health care providers, and other entities have access to timely and accurate data to improve perinatal care and reduce health care costs.” Helgesen said the committee is working to provide the Regional Advisory Council documents to share with their representatives and senators in their areas. Dinah Welsh added that they have received favorable feedback on this recommendation, but there are no guarantees it will be considered an interim charge, and that decision is up to the lieutenant governor. Welsh added that the Advocacy team has visited with other associations on this issue, including the Texas Hospital Association. Interim charges from the Texas Senate may not be released until after the primary election. Ashley Morgan, contract lobbyist for TETAF, shared that she has reached out to the House Committee to make them aware of the recommendation for the interim charge to the senate. Morgan added that the Texas House will lose up to 40 incumbents, which makes reaching out important after elections to inform them about TETAF. May is an excellent opportunity to reach out because of Trauma Awareness Month. Welsh shared the draft TETAF Advocacy Initiatives for the upcoming legislative session. Some are issues added to the list after polling board members. Morgan added that Senator Jane Nelson (R- Flower Mound), who has been the chairwoman of the Senate Finance Committee has stepped out of that position because she is not running again and the lieutenant governor appointed Senator Joan Huffman (R- Houston), who was the sponsor of the Driver Responsibility Program (DRP) bill during the 86th Legislative Session.

- 6) **TETAF Survey Service Line Report** – Brenda Putz, TETAF vice president of operations, shared data on the number of surveys for the fiscal year. She stated the team is working through some challenges of postponed surveys and extended expiration dates. The survey team is working to get those surveys back on the calendar. Putz stated she is confident TETAF will complete the number of projected surveys and potentially some additional consultation surveys. Putz provided an updated on the Perinatal Advisory Council (PAC) meeting and that the Texas Department of State Health Services (DSHS) provided an update on the maternal and neonatal designation program and explained why some hospitals did not receive the level of designation requested and what was happening in the appeals process. The maternal and neonatal rules have quite a few revisions. One of the revisions TPS is Level IV maternal and neonatal hospitals could be surveyed by out-of-state surveyors. TETAF/TPS does have some neonatal surveyors from Arkansas that are doing well, but TETAF/TPS wants to ensure that the experts within Texas continue to survey and provide expertise in Level IV hospitals. The TETAF/Texas Perinatal Services (TPS) team is working through those providing recommendations. Putz also shared there were many comments made during the PAC meeting that they could not evaluate whether the designation programs had improved care because of the lack of data. The stroke rule has moved forward and will be effective September 1, 2022. TETAF is working to rebuild its stroke service line in accordance with the new rules. The trauma rules will be effective September 1, 2023, and the maternal and neonatal rules will be effective at that same time. Wanda Helgesen asked where the out-of-state surveyor recommendation initiated. Putz stated she asked that question and was told it was the only way to ensure there was no conflict of interest. Putz also shared that TETAF has a rigorous screening process before a surveyor is assigned to a hospital to ensure there is not a conflict of interest, but she is not sure if other surveying entities do the same. The language in the rules may change from “shall” to “should” and if so, would not require out-of-state surveyors but would recommend it. Dinah Welsh agreed that TETAF’s screening process for surveyors is rigorous and ensures there will not be a conflict of interest. Helgesen added her concern that the rules give preference to national surveying organizations considering there are PAC members from those organizations. Putz added that in a conversation with Aaron Rogers, TETAF survey operations manager, the conflicts are not limited to Level IVs. Dr. David Weisoly stated there is a number of AAP and ACOG representatives in leadership positions, including the PAC and it is an issue when there is not data to back any beliefs on the rule revisions. Dr. Weisoly asked if the rule revision was still open for discussion and Putz stated it is open for discussion. Dr. Joseph Petty thanked TETAF for its support on data needs. Christine Reeves stated that Jorie Klein wanted the rules this way to match the ACS (American College of Surgeons) and would take concerns into advisement. The survey subcommittee will have a meeting in March to discuss this further. Dr. Kenneth Mattox said this is the same situation that trauma experienced, and it took time to ensure feedback and data were considered.
- 7) **Texas Trauma Quality Improvement Program Collaborative (Texas TQIP) Report** – Dinah Welsh introduced Laura Garlow as the new Texas TQIP coordinator. Garlow shared that the last meeting of the Texas TQIP was in May 2021 and the last few

meetings have been cancelled due to change in personnel. Garlow has met with others in Texas TQIP to begin the process of Texas TQIP moving forward again. The team reviewed the Fall 2021 Benchmark report and noted there have been improvements in many areas with no high outliers. They identified five key areas for success as research, performance improvement, registry/data, best practices, and sustainable funding. One of the ideas the Texas TQIP team has is to research the effects of COVID on VAP rates. Texas TQIP also wants to look further into elderly blunt multisystem cohort for OFI. Texas TQIP may discontinue the AKI, Unplanned Return to OR, and Isolated Hip Fracture workgroups because there has been improvement in those areas. Texas TQIP believes data has improved because of coding processes. Texas TQIP is considering asking low outliers centers to present best practices to the Texas TQIP Collaborative so other centers can immitate. Dr. Justin Regner is the point person for sustainable funding.

- 8) **Scheduled TETAF Meetings** – Dr. Craig Rhyne stated the next board meeting is scheduled for May 23 with the location to be determined. Dinah Welsh stated that TETAF has reached out to the Texas Trauma Coordinators Forum and may potentially use the same location for the May meeting. She added that the Governor’s EMS and Trauma Advisory Council (GETAC) meeting model has changed. The May meeting is planned for an in-person meeting and more information will be forthcoming.
- 9) **Open Discussion** – Dr. Kenneth Mattox shared that in the last two weeks he has had the opportunity to interact with the developing Chronic COVID Centers in Texas. The organizations are recruiting patients for research and economy. This includes pulmonary, cardiac, critical care, psychiatry, pediatrics and adolescents. Dr. Mattox stated this is five different organizations with potential for designation, similar to emergency care in the 1960s. He suggested TETAF should have discussions regarding surveys for strategic planning. Dr. Craig Rhyne pointed out someone would need to develop rules and designation levels for the various centers to support this. Dr. Mattox agreed that this needs to be taken to a higher level. Kate Schaefer added that it should be considered not just how many trauma patients have had COVID, but how many COVID patients have trauma. She added that some fall patients had COVID and it needs to be looked into further if COVID caused that fall and is a reason to push for more funding to research effects from COVID.
- 10) **Adjournment** – Dr. Craig Rhyne adjourned the meeting at 4:15 p.m.