



**East Texas Gulf Coast
Regional Trauma Advisory Council**
P.O. Box 1015
6931 Masters
Manvel, TX 77578-1015
281-519-8780 Fax 281-489-0024
www.rac-r.com

**GENERAL MEMBERSHIP MEETING MINUTES
March 21, 2019**

Meeting called to order at 0905.

Introduction of attendees.

Approval of minutes: The minutes for December 11, 2018 were reviewed. Motion to approve made by Brian Singleton and seconded by Jeffery Coats. No further discussion. Motion carried.

Finance Report: Dave Ferguson provided an overview of the budget versus actual report year to date. Significant amount of funds remain in the County Grant. Dave reminded those EMS services that have not submitted receipts to do so quickly.

Chair Report:

- GETAC meeting in February. Registry still working on closing out 2018. Currently there are 3.2 million EMS records and 490,000 hospital records. Extra ordinary emergency funding with 1 million dollars set aside and needs to be presented and approved. LPG grant still has funds that need to be spent by the end of the fiscal year (8/31/19). These funds can be used for EMS equipment. During the Disaster meeting, Dr. Greenberg reminded providers to remember to take care of yourself and practice crew safety. EMTF is working on a Wildland fire support initiative with plans to be operational and integrated by March 2019. GETAC priorities for 2019 include Active shooter, Disaster Patient Tracking, Evacuation, Wildland Fire Team, Special and Vulnerable populations, and EMTF interoperability Communications with EMS. EMSC pushing for EMS provider of the year. Deadline for submission of nominees is 3/31/19. Stroke education workgroup is developing CE topics for pediatric stroke and first responder. Air medical has an opportunity to partner with Fire Service with their "Don't be a Clown, Tie it Down" campaign. RAC Chair meeting focused on fiscal monitoring and common findings during audits. As a reminder, the Tobacco grant is now RAC System Development grant. 24 facilities have relinquished their designation across the state due to MD, cost as reasons. Neonatal surveys continue and now a new appeals process for facilities if they felt they should have received designation. Seventeen different bills impacting Trauma funding have been introduced in the legislative session. TETAF looking for different avenues with different riders on bills. Contact your legislators.



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Update on Bylaws: Based on recommendations from the December 2018 RAC meeting, the bylaws were revised to reflect the concerns identified. The draft Bylaws were distributed to membership for review prior to this meeting. Nathan Jung provided an overview of the changes. He stated the goal was to attempt to match the RAC board to resemble the GETAC committees there by aligning RAC-R with GETAC which adds board member diversification. Changes to the By-Laws focused on Article VI and include the following:

- Increases board members from 9 to 12.
- Quorum will change from 5 to 7 members.
- Additional positions would represent Air Medical, Maternal and the Acute Care arena.
- The numbering system was also updated.

Election for new board positions will take place in June along with elections for existing board positions up for re-election/election. Motion made by Allen Sims and seconded by Brian Singleton. No further discussion. Motion carried. Nathan stated additional changes to the bylaws will be forth coming.

Presentation of nominees for Board of Directors: The Nomination Committee received multiple nominations. Nominees were vetted to ensure each met RAC-R participation requirements. The June ballot was presented as follows:

Hospital #3: Kathy Rodgers, Allen Sims, Melissa Hirn
Other #3: Tommy Leigh
EMS #3: Brian Singleton and Wendell Wiley
Acute Care: Dawn Hancock and Brenda Yanez
Air Medical: Alyson Nickum-Smith and Joshua Cools
Maternal: no nominations were received

Case Review (Trauma/Maternal Fetal/Neonatal): UTMB presented a case study involving trauma, OB and Neonatal. This patient was involved in an MVC at 34 weeks gestation and transported by EMS to a non-trauma center. Facility has Maternal Fetal Services and is a Level II nursery. Patient required transfer to higher level of care and within two hours underwent emergency C-section for placental abruption. Review of the care and outcome of the neonate was presented. The presentation also reviewed the opportunities for improvement previously identified by the hospital. The membership commented that the patient was provided recommendations by EMS to transport to a trauma center and despite their recommendations, the patient and her family elected to transport to a non-trauma center. Several members in the audience commented on ensuring the patient signs an AMA form acknowledging her decision to transport to a



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non-trauma center. Kelli reviewed the different levels of nurseries and their capabilities. Jeff commented that he is working with SETRAC to add this information to EM Resource. EMS providers requested distribution of the description of the levels of nurseries along with a list of hospitals in RAC-R with their nursery capabilities.

Diana announced the opening of UTMB Clear Lake Campus formerly Bay Area Regional Medical Center which will open March 30th at 0700. The facility will be able to provide services for Stroke, STEMI, Trauma and Maternal/Fetal. An EMS Meet and Greet is scheduled for Wednesday, March 27. Flyers were provided to the membership for meet and greet along with pamphlet listing services available at the facility. Maternal/Fetal services will no longer be offered at the League City Campus beginning March 30th at 0700.

Best Practices Stroke Guidelines Update: Nathan reviewed the revisions to the Stroke Guidelines, many of which related to format and updating statistics for the region. He stated all requirements to be a stroke center were removed as these requirements reside in the Texas Administrative Code and are available on DSHS website. A decision algorithm was built based on AHA guidelines. If needed, this algorithm could be used in a protocol for EMS. Jeff requested the Acute Care Committee review and provide any recommendations for changes to this document by the end of their committee meeting today. Comments should be submitted to Nathan Jung and Jeff Thibodeaux. Toni Mattox stated she remembered previous discussions as positive related to the recommended changes. She also agreed the plan should be a guideline that could be used by an EMS provider to develop their own protocols. Diana recommended adding RAC-R and RAC-Q maps with stroke centers identified on the map. RAC-Q plan should be reviewed and insure that both plans are similar given transport tendencies of EMS providers.

Guest Speaker First Net Communication: Nationwide broadband network dedicated to first responders. Provided overview of services and how they assist in emergencies.

Members moved to committee meetings at 1300.

Action Items:

- EMS services to submit documentation to collect funds from the county grant.
- Distribute to EMS providers the neonatal nursery capabilities by levels with list of leveled hospitals.
- Add RAC-R/RAC-Q maps to stroke plan with identified hospitals on the region border.



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- Compare RAC-R and RAC-Q plans to ensure similarities between the two plans.
- Acute Care Committee to provide comments related to changes to the stroke plan.
- Make final changes to Stroke Plan and bring back to June meeting for final approval.

General Assembly adjourned at 1445.

Respectively submitted,

**Diana Grimm-Mapp, RN, BSN, CEN, TCRN
Secretary, RAC-R**