



Chairman	David Persse, MD
Vice Chair-Hospital Services	Tom Flanagan
Vice Chair-PreHospital Services	James Campbell
Secretary	Walter Morrow, RN, CFRN, EMT-P
Treasurer	Lon Squyres
Officer-at-Large	Brent Kaziny, MD, MA
Chief Executive Officer	Lori Upton

SouthEast Texas Regional Advisory Council (Trauma Service Area Q)

Austin, Colorado, Fort Bend, Harris, Matagorda, Montgomery, Walker, Waller and Wharton Counties

Board Meeting Minutes

August 27, 2024

1. CALL TO ORDER / ROLL CALL

Dr. David Persse, Chairman, called the meeting to order at 6:30pm. The meeting was held in-person at the SETRAC Conference Center. Walter Morrow, Secretary, called roll and a quorum was established.

2. WELCOME AND INTRODUCTION OF SPECIAL GUESTS

Dr. Persse welcomed the board members and the stakeholders in attendance. This meeting, which serves as the annual meeting, was rescheduled from the original July date due to the weather event.

3. OFFICER REPORTS

A. Chairman

Dr. Persse discussed how planning for disasters, such as the recent hurricane, makes a difference even when something occurs that is different from what is anticipated. Hurricane Beryl was a category 1 hurricane but had a huge impact on our overall community, particularly in terms of power outages. EMS strike teams were provided by the state to assist at hospitals so EMS agencies in the region could transfer care to the strike team unit and get their crews back on the street. Dr. Persse commended everyone on their service during the event. After action reports are being prepared to determine what items can be improved upon.

B. Vice Chair Hospital Services

James Campbell reported on behalf of Tom Flanagan, who had an excused absence for this meeting.

The following nominations were received for the expiring board member and officer terms:

Memorial Hermann Health System – Tom Flanagan

Harris Health System – Dr. Steven Brass

Fort Bend County – Dudley Wait

Montgomery County – James Campbell

Walker County – Rachel Parker

At-Large #1 – Mark Sloan

The officer terms expiring are as follows:

Vice Chairman of Hospital Services – Tom Flanagan

Secretary – Walter Morrow

No additional nominations were received prior to the meeting or presented during the meeting.

C. Vice Chair Pre-Hospital Services

Mr. Campbell shared that GETAC meetings took place the prior week. A report on pediatric readiness survey was given by Sam Vance at the GETAC meetings which showed that SETRAC performed well on the survey. The expansion of the whole blood program has a lot of momentum on the state level. Positive feedback was received on the wall times during the Hurricane Beryl event with the assistance of the EMS strike teams.

An invitation was sent by SETRAC to participate in the after-action report meeting for the hurricane.

The listserv that was created for EMS leaders is proving to be beneficial.

D. Secretary

Mr. Morrow had no items to report.

E. Officer-at-Large Report

Dr. Brent Kaziny was not able to attend the meeting. There were no items to report.

F. Treasurer Report

Lon Squyres reported on the SETRAC financials which was provided to the board. Highlights include:

- All grant accounts are being spent as expected, including 5 accounts which are in the final month of expenditures.
- Four Investment accounts were liquidated and consolidated into one account through Amegy Bank.
- Unrestricted asset growth shows a total fund balance of \$1,098,533.30.
- SETRAC is very strong financially.

4. EXECUTIVE REPORT

A written report was provided to the board and Ms. Upton provided the following highlights:

- Nhi Hoang has joined the SETRAC team. Ms. Hoang will assist in the finance department as SETRAC's accounting clerk.
- The deadline for open comment on the state's trauma rules is September 3rd. It is suggested that comments be submitted the Thursday or Friday the week before.
- A draft of the RAC assessment was completed. There are six areas that were determined to need a little strengthening to meet the criteria.
- An inquiry from the Fort Bend Auditor's Office brought to SETRAC's attention that some EMTF packets were not previously submitted. The documents have now been submitted and a process have been put in place to ensure that future packets are not missed.
- Money previously held in CDAR accounts that were consolidated into one account has yielded about \$15,000 for the first interest payment.
- Migration to the new payroll system (ADP) is expected to be completed by October 1st.
- SETRAC received \$200,000 in funding from another RAC for the SB8 initiative. The RAC no longer needed the funds for the program. Approximately 240 scholarships have been distributed to date. The final date for the scholarship award is December 31, 2024.

- Each board meeting will have a chair from one of the SETRAC committees to share the priorities and initiatives with the board members. Elizabeth Eason, MD, was in attendance for this meeting to provide an update on behalf of the Perinatal Committee.
- Ms. Upton presented the board with information regarding the SETRAC budgets. The EMS County / RAC funding was highlighted, including how the amounts for RACs are calculated and how much is dispersed for each county/RAC. The amount of funds distributed to SETRAC for this year will be a decrease in funding of approximately \$170,000 from two years ago. The board discussed ways to educate EMS on the importance of submitting accurate run records as well as providing education to legislatures on how funding is distributed. A request was made to have the presentation to the board members electronically.
- Ms. Upton presented the board with the current dues that are charged to stakeholders as well as what other large RACs are charging. A proposal was made by Ms. Upton to change the dues to reflect a base rate of \$500 with an additional \$15 fee per licensed bed for hospitals and a fee of \$100 per licensed ambulance for EMS agencies. Hospitals and EMS agencies can also include an optional \$125 coalition fee. The recommended fees, if approved, would go into effect September 1, 2025. The new rates would result in an increase of approximately \$212,000 which would help offset the previously mentioned \$170,000 decrease in funding for the state and maintain the current staffing and ability to obtain data for the clinical service lines. The board discussed the differences between the current fees as potential increase as well as the additional cost of wrist bands to stakeholders beginning on September 1, 2025.
- Members of the SETRAC staff recently toured more potential locations for a future location for the SETRAC offices. The properties were presented to the board, of which the location on Brittmore Park Drive was highlighted due to its status as being move-in ready.

The board discussed the need for a new office/warehouse location in addition to the differences in monthly costs between the current rent and the potential ownership of a new location. A motion was made to have a group of interested board members visit the proposed location and to let the SETRAC Foundation begin working on a proposal. The motion was seconded and was approved by the board with no objections or abstentions.

- The published SETRAC annual report was distributed to the SETRAC board.
- The SETRAC board strategic retreat is scheduled for November 14th from 10am to 4pm at Amegy Bank on the 610 West Loop. Calendar invitations will be sent.
- **Preparedness and Response** – A written report was provided to the board prior to the meeting.
- **Emergency Healthcare Systems** – Suzanne Curran, Melanie Aluotto, Dr. Elizabeth Eason (Perinatal Committee Chair) and Troy Erbentraut (on behalf of Clayton Ehrlich) provided the following update:
 - The Trauma Committee did not meet due to Hurricane Beryl. The next meeting will take place on Thursday, September 5th.
 - Trauma rules are now open for public comment through September 3rd. A few items receiving concern from SETRAC are the stocking of two units of blood at Level IV facilities at all times, the removal of the need for trauma medical directors to participate in the RAC and attend meetings, and the removal of the nurse surveyor from Level IV surveys.
 - Matagorda Regional Medical Center received recognition at SETRAC and by GETAC on their recent handling of patients involved in an MCI.
 - Trauma facilities are awaiting updated information from the state regarding funding for uncompensated trauma funds.
 - Critical trauma patient transfer times is being reviewed by SETRAC as a project from the GETAC Council.
 - A trauma registry class on inter-rater reliability is scheduled for October.
 - The Trauma Committee is reviewing the care received for burn patients.

- The top five mechanisms of injury reports are being used by the Injury Prevention Committee to determine education.
- SETRAC will take part in the Katy Area Safety Fest on September 28th to provide education on bleeding control, hands-only CPR, and more.
- Robin Hazlett from Texas Children's Hospital is the regional pediatric emergency care coordinator. Ms. Hazlett will work with hospital ERs to ensure they are prepared to work with pediatric patients.
- An EMS pediatric stroke protocol was approved by the GETAC Council and will be introduced to the SETRAC Trauma Committee.
- SETRAC staff has been traveling to lead table-top exercises in hospitals outside of Texas as part of the G7 grant funding.
- The regional stroke plan and charter was approved by the Stroke Committee and was presented to the board for approval.
- The Stroke Committee is reviewing regional data on extended window strokes and rehab utilization in the region for possible performance improvement projects.
- A toolkit is being compiled on how to care for stroke patients during a disaster.
- Two abstracts were submitted on behalf of the Stroke Committee. The first abstract, "Evolution of Stroke Care" was presenting at the International Stroke Conference in February 2024 and the second, "Racial Disparities in Time to Thrombolytics in Southeast Texas" was accepted for presentation at the Neurocritical Care Science (NCS) and will be presented in October 2024.
- CE education on posterior strokes is available on the SETRAC learning management site.
- The regional cardiac plan and charter was approved by the Cardiac Committee and was presented to the board for approval.
- Two events (239 and 21 participants respectively trained in hands-only CPR) have been held as part of the Heart of the Matter program with two additional events planned.
- The American College of Cardiologist's NCDR Chest Pain MI Registry agreement has been signed for quarterly downloads of patient level data and access to the dashboard for national metrics. This will assist with cardiac performance improvement initiatives.
- The regional perinatal plan and charter was approved by the Perinatal Committee and was presented to the board for approval.
- Eight hospitals from the SETRAC region have been participating with the Texas Collaborative for Healthy Mothers and Babies on initiatives pertaining to postpartum preeclampsia. Seven-six percent of the SETRAC hospitals are participating in a project on newborn admission temperatures (the largest project in the state involving neonates.)
- The new maternal rules and HB 1164 for placenta accreta spectrum disorder are in effect. An educational video on placenta accreta spectrum disorder was developed by Dr. Eugene Toy for hospitals and is on the SETRAC website. The video, which provides continuing education credit, has been viewed by more than 700 people.
- The Infant Morbidity and Mortality workgroup is developing a list of QAPI triggers that is being developed for leveling across the state. Current practices are being reviewed with a focus on syphilis and how to affect it.
- The neonatal resuscitation program (NRP) continues to take place throughout the region with a goal of reducing infant mortality through education and skills in the prehospital setting. Twelve classes have been taught with 133 EMS personnel trained.
- The Perinatal Planning workgroup will focus on best practices in disaster preparedness for the NICU and maternal populations.

- The regional goal for NICU babies receiving breastmilk at discharge is 75%. The region is currently at 68%. The regional goal for very low birthweight babies receiving breastmilk at discharge is 55% and is currently at 52%. An abstract was submitted at the Pediatric Academic Societies (PAS) conference titled "Improving Delivery of Breastmilk to VLBW Infants at Time of NICU Discharge Through Collaborative Quality Improvement in a Large Perinatal Care Region in Texas."
- The regional goal for NICU receiving antibiotics more than one hour after birth was initially $\leq 31\%$. Currently the region is at 26.8%. An abstract was submitted at the Pediatric Academic Societies (PAS) conference titled "Improving Neonatal Antibiotic Administration Timeliness in a Large Regional Quality Improvement Collaborative."
- The Neonatal and Maternal Program Manager Subcommittee work to keep up with new rules and share tools and lessons learned for leveling. A regional maternal/neonatal disaster plan is being reviewed for hospitals to use as a template.
- The Maternal Subcommittee was recently created and will be focusing on reducing primary C-sections as their first performance improvement project.
- The patient wristbands will be distributed to EMS agencies at the next EMS Committee meeting on September 18th.
- Another RAC will be providing SETRAC with \$200,000 for the Senate Bill 8 scholarship program.
- The EMS Committee is requesting the Blood Products Subcommittee become its own committee due to the interest and need for inclusion of stakeholders other than EMS (hospital champions, surgeons, OB/GYNs, blood banks, etc.)

5. ACTION ITEMS

A. Prior Meeting Minutes

There being no further discussion or objections, the board approved the minutes as presented.

B. Reports (Officer, Finance, and Executive)

There being no further discussion or objections, the board approved the reports as presented.

C. Resolutions and/or Other Action Items

a. *Election for expiring board of director positions.*

The names of the nominations for the expiring board of director positions were presented to the board. No additional nominations were received. There being no objections or abstentions, the board voted to approve the slate of nominees. The new terms go into effect at the end of this meeting.

b. *Election for expiring board officer positions.*

The names of the nominations for the expiring board of director positions were presented to the board. No additional nominations were received. There being no objections or abstentions, the board voted to approve the slate of nominees. The new terms go into effect at the end of this meeting.

c. *Approval of the SETRAC Regional Perinatal Plan.*

The plan was presented to the board for approval. There being no objections or abstentions, the board voted to approve the plan as presented.

d. *Approval of the Perinatal Committee Charter.*

The charter was presented to the board for approval. There being no objections or abstentions, the board voted to approve the plan as presented.

e. *Approval of the SETRAC Regional Stroke Plan.*

The plan was presented to the board for approval. There being no objections or abstentions, the board voted to approve the plan as presented.

f. *Approval of the Stroke Committee Charter.*

The charter was presented to the board for approval. There being no objections or abstentions, the board voted to approve the plan as presented.

g. *Approval of the SETRAC Regional Cardiac Plan.*

The plan was presented to the board for approval. There being no objections or abstentions, the board voted to approve the plan as presented.

h. *Approval of the Cardiac Committee Charter.*

The charter was presented to the board for approval. There being no objections or abstentions, the board voted to approve the plan as presented.

i. *Approval of proposed changes to SETRAC dues.*

Voting on this item was tabled. The board would like to implement a change management plan, including a letter from Lori Upton and Dr. David Persse to CEOs to communicate the need for increase in dues, the service SETRAC provides, and the need for a new SETRAC location.

j. *Purchase of property for SETRAC offices/warehouse.*

The need for a new location for SETRAC as well as potential properties was shared by Ms. Upton with the board. A motion was made by Todd Caliva to have a group of interested board members visit the proposed location (11435 Brittmoore Park Drive) and to let the SETRAC Foundation begin working on a proposal. The motion was seconded by Justin Reed and was approved by the board with no objections or abstentions.

k. *Transition of Blood Products Subcommittee to a committee.*

The Blood Products Subcommittee is currently a subcommittee of the EMS Committee. The committee has requested of the board to transition the Blood Products Subcommittee to a stand-alone SETRAC committee. Dudley Wait made a motion to transition the Blood Products Subcommittee of the EMS committee to an ad hoc committee of SETRAC to include blood supplier, hospital blood banks, and blood champions in our hospitals along with EMS. The motion was seconded by Mr. Morrow. The board approved transitioning the subcommittee to an ad hoc committee with no objections or abstentions with the potential to become a standing committee in the future.

6. GENERAL / OPEN DISCUSSION

Mr. Wait commented on the success of the EMS strike teams during Hurricane Beryl and raised the concern of wall times during normal operations and not currently being addressed. Ms. Aluotto informed the board that the ED Committee is being reinstated. One of the focuses will be ED wall times but will require the collaborative effort of emergency departments and EMS agencies. Hospital CEOs have been asked to provide a representative for their EDs to attend these committee meetings. Ms. Upton shared that EMResource now has a program that will be free to SETRAC that should be able to show the units at each hospital and the length of time the unit is at the hospital.

7. ADJOURNMENT

Dr. Persse adjourned the general board meeting at 8:48 pm.

SETRAC Board - Secretary: _____ 