



Chairman David Persse, MD  
Vice Chairman Hospital Services Tom Flanagan  
Vice Chairman Pre-Hospital 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*

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### SETRAC BOARD OF DIRECTORS QUARTERLY MEETING

January 27, 2025 – 6:30pm

**LOCATION** – SETRAC Conference Center - 1111 N. Loop West, Suite 160, Houston, TX 77008

- |   |  |
|---|--|
| 1) CALL TO ORDER / ROLL CALL                                    | David Persse, M.D./<br>Walter Morrow, RN, CFRN, EMT-P                  |
| 2) WELCOME  | David Persse, M.D.   |
| 3) OFFICER REPORTS  |  |
| A. Chairman   | David Persse, MD   |
| B. Vice Chair Hospital Services                                 | Tom Flanagan, BSN, MA, LP  |
| a. Update on ad hoc dues committee                              |  |
| b. Update from hospitals on real time bed reporting pilot       |  |
| C. Vice Chair Pre-Hospital Services                             | James Campbell   |
| D. Secretary  | Walter Morrow, RN, CFRN, EMT-P   |
| E. Member At Large  | Brent Kaziny, MD   |
| a. Update stakeholder engagement/attendance                     |  |
| F. Treasurer  | Lon Squyres  |
| a. Financial reports  |  |
| 4) EXECUTIVE REPORT – Chief Executive Officer                   | Lori Upton, RN, BSN, MS  |
| a. Preparedness and Response report                             | Lisa Spivey/Troy Erbentraut  |
| b. Emergency Healthcare Systems (EHS) report                    | Suzanne Curran/Melanie Aluotto/<br>Clayton Ehrlich<br>Cathy Williamson |
| i. Cardiac Committee presentation                               |  |
| 5) REMAINING ACTION ITEMS/BOARD CONSIDERATION                   | David Persse, MD   |
| A. Approval of Prior Meeting Minutes                            |  |
| B. Approval of Reports (Financial, Executive)                   |  |
| C. Resolutions/Other Action Items                               |  |
| a. Confirmation of EHS Service Line Leadership Election Results |  |
| i. Committee leadership   |  |
| ii. EMS Committee Medical Director                              |  |
| iii. Perinatal Committee Maternal Medical Director              |  |
| 6) GENERAL/OPEN DISCUSSION/AUDIENCE Q&A                         | David Persse, MD   |
| 7) ADJOURNMENT  | David Persse, MD   |



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### Board Meeting Minutes

October 21, 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**

Dr. Persse welcomed the board members and the stakeholders in attendance. He expressed that our thoughts are with those affected by the two recent hurricanes. A comms and law enforcement task force from the region was deployed to assist in those areas.

Dr. Persse also mentioned the helicopter crash that occurred the night before not far from downtown Houston. Dr. Kevin Schulz was on scene to assist.

Board members were reminded that hurricane season is not yet over and to remain prepared.

#### 3. **NOMINATIONS COMMITTEE**

Tom Flanagan announced that Dr. Syed Raza submitted his resignation as the representative for CHI St. Luke's Health and Mr. Donnie McLaughlin has been appointed representative to fill the vacancy.

- **Bylaws Committee Update** – the bylaws have been reviewed and it was noted that the medical director position in the clinical committees was created with no term limits. In lieu of having a separate meeting to discuss initiating a term limit, the board approved of having a discussion and setting a term limit during this meeting. The board members felt a three-year term for medical directors would be appropriate in order to sustain continuity in the committee should other committee leaders roll-off. The role would be limited to two terms. The change will be effective immediately and the bylaws will be revised to reflect the new term limits.

#### 4. **OFFICER REPORTS**

##### A. **Chairman**

Dr. Persse reported that a letter was sent from SETRAC to hospital CEOs with the intent of a potential dues increase.

Dr. Persse reported that there is a presence of the Marburg virus in some densely populated urban areas in Africa. A large percentage of those infected are healthcare workers who contracted the illness from caring from infected patients.

A soccer meeting was held in preparation for the World Cup in 2026.

Dr. Persse stressed the importance of attending and interacting at meetings. The board discussed striking a balance of attending meetings in-person versus attending virtually for stakeholders who reside a long distance from SETRAC. The board discussed possibly having board meetings with a Zoom option for the general membership with guidelines, including having cameras on and a lack of distractions, and having a separate debriefing for the general membership. Dr. Brent Kaziny was appointed by Dr. Persse to chair a group to discuss how to get the general membership engaged in informing their organizations of topics addressed at SETRAC board meetings.

#### **B. Vice Chair Hospital Services**

Mr. Flanagan distributed copies of the letter sent to the hospital CEOs regarding the proposed dues increase. Positive feedback has been received as well as some concern raised from the hospital's perspective on the large increase. The board discussed the letter and how to show the value of SETRAC including developing a value proposition slide that can be shared at CEO council, sharing the SETRAC annual report with CEOs, approaching lobbyists regarding state funding structure, and improving the SETRAC branding. The communication should be more brief and better show what SETRAC is about and the value provided to hospitals. Consideration should also be given to consider agencies that have budget constraints and a suggestion to create a strategic plan.

Mr. Flanagan will be in touch within the next week with Wayne Voss, Todd Caliva, Dr. Brent Kaziny, Dr. Steven Brass, and Dudley Wait to form an ad hoc committee to help discuss this topic. Anyone else interested in being a part of this committee, including EMS, can notify Mr. Flanagan.

#### **C. Vice Chair Pre-Hospital Services**

James Campbell congratulated the SETRAC team on a job well done with Senate Bill 8 (SB 8). The program will soon be coming to an end.

Dr. Kevin Schulz shared changes to Texas Code Chapter 197 (medical direction of EMS and all the delegate practice pieces that go into that) will be opened for comment. Several physician practice delegation rules are being consolidated under one chapter (Chapter 169).

#### **D. Secretary**

Mr. Morrow reported that all the conflict of interest and attestation forms beginning new terms have been received as required in the SETRAC bylaws. Board members were reminded that 75% attendance at board meetings is required.

#### **E. Officer-at-Large Report**

Dr. Kaziny commended the SETRAC team in developing and facilitating exercises in the G7 areas.

#### **F. Treasurer Report**

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

- All grant accounts are being expensed out as expected. RAC/EMS funds had a positive variance due to the changes in staffing. The funds for that grant can be rolled over to the next fiscal year. All others have to be used in the year they are given. There was a slight variance in the HFD Base Station funds, over which SETRAC does not have control.
- Several investment accounts were liquidated and consolidated into one account through Amegy Bank. The FDIC requirements for protection are in place.
- The operating fund for the RAC has done well this year.
- Unrestricted asset growth shows a total fund balance of \$912,370.73.
- The decrease in funding discussed previously in the meeting will affect the RAC/EMS funding next year. Revenue for dues would go into the unrestricted funds and would be used to offset projected future RAC grants that are underfunded.

## 5. EXECUTIVE REPORT

Dr. Persse congratulated Ms. Upton and her team on the recent RHPC symposium in Galveston.

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

- The ESO trauma registry is expiring on December 31<sup>st</sup>. Trauma hospitals will need to decide which registry they will use in the future. The new agreement for SETRAC to access the new ESO trauma registry includes a fee schedule as follows:
  - Year 1 - \$47,300
  - Year 2 - \$47,400
  - Year 3 - \$47,400
  - Year 4 - \$48,600
  - Year 5 - \$50,000

The agreement allows for cancellation if SETRAC is not able to budget the amount due to a decrease in funding. Access to the trauma registry is necessary due to more timely access and need for non-aggregated numbers and additional information not available through the state's trauma data collection. The board discussed if other solutions were available, including other registries available, the service provided by ESO, and which registry the healthcare systems in the region were going to use.

- A regional public health discussion was held earlier in the day. The Marburg virus has returned and has been very well contained; however, members were reminded to be ready to care for a patient with infectious diseases. SETRAC has PPE available if necessary for caring for these types of patients.
- Planning is taking place for the FIFA World Cup in 2026. Hospitals will need to have surge, decontamination, and other plans in place. For 45 to 60 days during this event, there could be 100,000 to 120,000 extra people in Houston, many who may not speak English or have the capability to receive emergency messages on their phones. It is not known yet which countries will be represented in the matches at this time; however, Houston will be the host city for several of the countries. The 4<sup>th</sup> of July (250<sup>th</sup> anniversary) will take place during the World Cup. SETRAC is participating in the planning, representing the regional healthcare system.
- SETRAC will need to resubmit an RFP for the Houston Fire Department Base Station on November 7th.
- A subsidiary of the Oregon Hospital Association is currently piloting a system in seven states that provides real-time bed reporting, the number of unassigned patients to physicians, and CMS required submissions. Federal funding for the program is requiring the inclusion of a hurricane zone be included in the pilot. Ms. Upton met with representatives from some of the hospital representatives currently using the system and received positive feedback. The pilot would be free for SETRAC for the first year, after which hospitals would need to pay for continued participation. Dr. Persse tasked Mr. Flanagan with discussing this pilot with the other hospital representatives when meeting regarding the dues increase. A motion will be made at the January board meeting after feedback is received from the hospitals. Should the organization need a response prior to the January board meeting, the board stated they would be good with the Executive Committee engaging with the organization on their behalf as stated in the SETRAC bylaws. The hospitals will be asked if they are ok with moving forward and having a demonstration or if they would like a demonstration prior to making the decision.
- **Preparedness and Response** – A written report was provided to the board prior to the meeting.
- **Emergency Healthcare Systems** – A written report was provided to the board prior to the meeting. Jason Gander, chair of the EMS Committee, provided the following update:
  - Committee member engagement and interest in initiatives has increased.
  - EMS committee members were thanked for their hard work and involvement in clinical service lines and disaster preparedness.
  - The EMS Committee will continue to work with the Blood Products Ad Hoc Committee.

- EMS wall times continue to be discussed at committee meetings, as it is an ongoing issue. A request has been made for SETRAC and its members to develop a regional process to address extended wall times.
- The EMS Committee is eager to work with the newly formed ED Committee to assist in any way possible.
- SETRAC provided wristbands to EMS agencies at the last meeting. Most agencies plan to use the wristbands daily and during disasters to help with patient tracking. More education has been requested for better collaboration with hospitals on capturing data.
- A few initiatives the committee is working on include:
  - Developing regional guidelines for EMS body cameras, ensuring best practices.
  - Providing guidance on the safe inter-facility transfer of balloon-pump patients.
  - Receiving thrombolytics (in collaboration with the SETRAC stroke and cardiac committees.)
  - Review current no-notice MCI plan (request received from the RHPC Board.)
  - GETAC Airmedical Inter-Operability Radio List to assist with communication between air medical and ground contacts during large scale events or disasters (request received from GETAC.)
- The next meeting will be at Cy-Fair on November 20<sup>th</sup>.

## 6. **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. *Acceptance of Dr. Syed Raza's resignation as the representative for CHI St. Luke's Health System*  
The board approved Dr. Raza's resignation with no objections or abstentions.
- b. *Approval of Donnie McLaughlin as the new representative for CHI St. Luke's Health System.*  
The board approved Mr. McLaughlin's nomination with no objections or abstentions.
- c. *Approval of use of funds for the new ESO trauma registry.*  
See discussion under the agenda item "Executive Report". The board approved moving forward with the ESO agreement with the amount presented for Year 1. There were no objections or abstentions.
- d. *Approval of submitting an RFP for the Houston Fire Department Base Station.*  
The board approved the submission of the RFP for the base station. There were no objections and Dr. Persse abstained from the vote due to a conflict of interest.

## 7. **GENERAL / OPEN DISCUSSION**

Mr. Sloan announced the drought index is currently at 722. At 725 the move will be made to Level II. Fires in the region will increase if rain is not received.

Mr. Sloan thanked SETRAC and CMOC. An article written for the Domestic Preparedness Journal recognizing SETRAC and its partnerships will be published in January. CMOC and other partners assisted during this year's derechos by contacting those registered in the Emergency Assistance Registry for wellness checks who were not initially reached by first responder contacts. Ms. Suzanne Curran, who was in the Harris County EOC at the time, was recognized at the meeting for her assistance, specifically with an individual with severely limited resources who was concerned about not being able to contact her daughter.

Mr. Wait thanked the board for agreeing to make the Whole Blood Work Group an ad hoc committee. Mr. Wait shared that an EMS agency (near the SETRAC region) wanting to do whole blood was notified by the regional blood supplier that they would need to use blood components. A notification that a blood drive was being held to support the first responders in that county, which was not well-received by the blood supplier. Ms. Upton added that a blood drive was held at the symposium. Fifty-seven units were received, which was more than their goal of fifty units. The blood drive will be held at the symposium again next year.

## 8. **ADJOURNMENT**

Dr. Persse adjourned the general board meeting at 8:53 pm. An executive session immediately followed the meeting.

*SETRAC Board - Secretary:* \_\_\_\_\_

## SETRAC - December 31, 2024 YTD Expenditure Report (FY24 & FY25)

(See Grant Summaries on Page 3 & 4 for Categorical breakdown of the grants)

Grant	YTD Expenditures	Approved Budget	Variance	% Remaining	Month of Fiscal Year
*1 ASPR 25 - TSA Q	\$ 1,019,284	\$ 2,183,913	\$ 1,164,629	53.3%	6/12
*2 ASPR 25 - TSA R	\$ 190,639	\$ 469,004	\$ 278,365	59.4%	6/12
*3 ASPR 25 - TSA H	\$ 76,437	\$ 164,669	\$ 88,232	53.6%	6/12
*4 ASPR 25 - EMTF 6	\$ 61,907	\$ 131,736	\$ 69,829	53.0%	6/12
*5 ASPR 25 - EMTF 6 (State funds)	\$ 80,148	\$ 236,111	\$ 155,963	66.1%	6/12
*6 RAC/EMS 2025	\$ 1,866	\$ 459,336	\$ 457,470	99.6%	4/12
*7 RAC Systems Development 2025	\$ 219,637	\$ 219,637	\$ -	0.0%	4/12
*8 RAC/EMS EI Funds	\$ 82,175	\$ 150,000	\$ 67,825	45.2%	4/12
*9 County Pass Thru 2025	\$ -	\$ 370,035	\$ 370,035	100.0%	4/12
*10 G7 Baylor Pediatric Disaster Care	\$ 52,245	\$ 279,211	\$ 226,966	81.3%	3/12
*11 HFD Base Station	\$ 330,390	\$ 2,260,581	\$ 1,930,191	85.4%	3/12
<b>Total</b>	<b>\$ 2,114,730</b>	<b>\$ 6,924,233</b>	<b>\$ 4,809,504</b>	<b>69.5%</b>	

\*1-4 ASPR Contracts for FY25 are expending in accordance with budget.

\*5 ASPR EMTF 6 (State funds) FY25 are expending in accordance with budget.

\*6 FY 24 RAC EMS funds are expending in accordance with budget.

\*7 FY24 RAC Development funds are expending in accordance with budget.

\*8 FY24 RAC EI funds are expending in accordance with budget.

\*9 FY 24 County Pass Thru funds for eligible EMS agencies has no allowable carryforward from FY23

\*11 Houston Fire Department Base Station - Reimbursement for actual payroll expenses incurred. Net Revenue is listed on Page 2.

## Financial Status

31-Dec-24		
Frost Bank Checking	\$ 251,770.98	-This account an operational account.
PNC Bank Checking	\$ 446,170.69	-This account is our primary depository account for grant funds.
Amegy 8781 - Operating Account	\$ 3,583,720.87	-This account is the main operational account.
Amegy 8815 - General Fund Account	\$ 691,956.26	-This account is General Fund account
Amegy 8807 - Payroll Account	\$ -	-This account is payroll account
Amegy 7211 - EMS/RAC Restricted Funds Acc	\$ -	-This account supports SB8 and EMS RAC business
Chase 3936 - EMS/RAC	\$ 125,936.78	-This account supports SB8 and EMS RAC business
Chase 1676 - Revenue	\$ 312,909.18	-This account supports general fund business
Amegy 8831 - Foundation Checking	\$ 1,390,364.08	-This account supports Foundation business
Maestro Svcs. Checking Acct.	\$ 92,708.01	-This account supports Maestro Svcs operations

### SETRAC Operating Fund FY25 YTD

Revenue (non-grant)	FY25	Revenue (non-traditional)	FY 25
General Revenue	\$ 58,154	General Revenue	\$ -
FY 2024 Dues	\$ 6,000		
FY 2025 Dues	\$ 375		
RHPC Symposium Revenue	\$ 146,780		
STB Kits	\$ 12,709		
TEEX Income	\$ 30,600		
HFD Base Station	<u>\$ 65,347</u>		
 Total Revenue	 \$ 319,965		
 Expenses (non-grant)			
Contract Services	\$ 310		
Business Expenses	\$ 120		
RHPC Symposium Expenses	\$ 132,541		
Operational Supplies	\$ 1,025		
Other	\$ 50,747		
Personnel	\$ 4,004		
Base Station Expenses	\$ 15,237		
Travel	\$ 2,779		
Indirect Expenses	<u>\$ (5,342)</u>		
 Total Expenses	 \$ 201,421		
 Net Revenue	 \$ 118,544		



## Financial Summary - Categorical Budget Detail

	YTD	Budget	Variance
ASPR 25 - TSA Q			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ 5,808	\$ 23,300	\$ 17,492
Other	\$ 260,058	\$ 651,540	\$ 391,482
Personnel	\$ 600,982	\$ 1,231,702	\$ 630,720
Travel	\$ 22,052	\$ 58,980	\$ 36,928
Indirect Costs	\$ 130,384	\$ 218,391	\$ 88,007
<b>Total</b>	<b>\$ 1,019,284</b>	<b>\$ 2,183,913</b>	<b>\$ 1,164,629</b>

ASPR 25 - TSA R			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ 20,934	\$ 37,025	\$ 16,091
Other	\$ 29,300	\$ 108,889	\$ 79,589
Personnel	\$ 129,775	\$ 257,780	\$ 128,005
Travel	\$ 3,690	\$ 18,410	\$ 14,720
Indirect Costs	\$ 6,941	\$ 46,900	\$ 39,959
<b>Total</b>	<b>\$ 190,639</b>	<b>\$ 469,004</b>	<b>\$ 278,365</b>

ASPR 25 - TSA H			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ 518	\$ 700	\$ 182
Other	\$ 8,627	\$ 29,607	\$ 20,980
Personnel	\$ 66,334	\$ 130,777	\$ 64,443
Travel	\$ 958	\$ 3,585	\$ 2,627
Indirect Costs	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 76,437</b>	<b>\$ 164,669</b>	<b>\$ 88,232</b>

ASPR 25 - EMTF 6			
Contract Services	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Operational Supplies	\$ 427	\$ 450	\$ 23
Other	\$ 579	\$ 608	\$ 29
Personnel	\$ 59,186	\$ 112,004	\$ 52,818
Travel	\$ 206	\$ 5,500	\$ 5,294
Indirect Costs	\$ 1,509	\$ 13,174	\$ 11,665
<b>Total</b>	<b>\$ 61,907</b>	<b>\$ 131,736</b>	<b>\$ 69,829</b>

ASPR 25 - EMTF 6 (State General Revenue)			
Travel	\$ 1,049	\$ 11,958	\$ 10,909
Operational Supplies	\$ -	\$ 178	\$ 178
Contract Services	\$ -	\$ -	\$ -
Other	\$ 79,099	\$ 223,975	\$ 144,876
<b>Total</b>	<b>\$ 80,148</b>	<b>\$ 236,111</b>	<b>\$ 155,963</b>

## Financial Summary - Categorical Budget Detail

	YTD	Budget	Variance
RAC/EMS FY 25			
Operational Supplies	\$ -	\$ 4,097	\$ 4,097
Other	\$ -	\$ 116,390	\$ 116,390
Personnel	\$ 1,866	\$ 117,170	\$ 115,304
Indirect Costs*	\$ -	\$ 186,346	\$ 186,346
Travel	\$ -	\$ 35,334	\$ 35,334
<b>Total</b>	<b>\$ 1,866</b>	<b>\$ 459,336</b>	<b>\$ 457,470</b>
<i>*Budget amount includes \$43,000.00 carry forward funds</i>			
RAC Development Funds FY25			
Operational Supplies	\$ 1,903	\$ 1,903	\$ -
Other	\$ 23,857	\$ 23,857	\$ -
Personnel	\$ 163,271	\$ 163,271	\$ -
Indirect Costs*	\$ 26,654	\$ 26,654	\$ -
Travel	\$ 3,951	\$ 3,951	\$ -
<b>Total</b>	<b>\$ 219,637</b>	<b>\$ 219,637</b>	<b>\$ -</b>
County Funds FY25			
Contract Services	\$ -	\$ 370,035	\$ 370,035
EI Funds FY25			
Other	\$ 82,175	\$ 150,000	\$ 67,825.0
HFD Base Station			
Personnel and Other	\$ 330,390	\$ 2,260,581	\$ 1,930,191

## Unrestricted Assets Growth

	GenFY15	Gen FY16	Gen FY17	Gen FY18	Gen FY19	Gen FY20	Gen FY 21	Gen FY 22	Gen FY 23	Gen FY 24	Gen FY 25	TOTAL
Revenue (Unrestricted)	114,868.11	122,415.57	112,130.48	458,767.59	357,970.13	828,743.55	495,286.00	787,368.00	115,462.00	604,940.02	319,964.62	4,675,875.49
Expense (Grant Offsets)	110,196.24	88,944.99	190,844.81	334,373.01	469,327.17	569,818.67	176,453.00	806,477.00	83,154.00	424,460.59	201,420.77	3,697,513.76
Unrestricted Net Asset	4,671.87	33,470.58	(78,714.33)	124,394.58	(111,357.04)	258,924.88	318,833.00	(19,109.00)	32,308.00	180,479.43	118,543.85	978,361.73
Total Fund Balance												978,361.73

Notes:



# Preparedness and Response

### **Lisa Spivey – Director of Preparedness**

TSA Q-West Corridor – Kat Samuel

TSA H-Gary Litton

TSA R- Jeremy Way

Training & Exercise – James Meaux & Timothy Chapman

Special Populations - Fidel Calvillo

### **Overview:**

The SETRAC Preparedness team had a great 2024. They turned challenges into chances to show what they could do. They helped partners by giving support, training, and resources exactly when needed. Their work proved that good preparation comes down to skilled, dedicated people putting plans into action.

- Actively involving all partners to boost participation in corridor meetings and conducting regular radio checks.
- Sustaining successful collaborations with hospitals, EMS, Fire, Police, Public Health, and City/County EMCs to cultivate robust partnerships.
- Meeting with County Judges to provide program updates.
- Strengthening relationship with CenterPoint
- Led coordination efforts between regional stakeholders for a site visit to San Antonio MedCom, facilitating an assessment of their mental health communications infrastructure and best practices.
- Conducted 5 presentations providing an overview of SETRAC to all regions of CIMA and at their general membership meeting.
- SETRAC was voted in as a member of CIMA.
- Our TSA-R Coordinator was named First Responder of the Game at the Texans Game in September, 2024.
- Presented at the Region 4 stakeholder meeting (ISD EMC's stakeholder group)
- Since January 2024 –
  - a. Trained 607 in Stop The Bleed
  - b. Trained 250 in DECON
  - c. Trained 465 in Situational Awareness
- T&E team are working on 2025 Spring Exercise
- T&E team conducted and completed the regional Readiness Assessment with stakeholders from across the region.
- T&E team conducted ICS 400 Courses



## Preparedness and Response

- Continuing to work with Pulsara to identify issues and find solutions, will start MCI drills in late January.
- Our Special Populations Coordinator continues to engage long term, home health, rehab, and FSEDs into the coalition.
  - a. Attends monthly meetings with Disabilities and Access Functional Needs workgroup, Regional Mass Care Coalition and ESRD Network 14.
  - b. Holding training sessions with this population to gain better understanding of EMResource.
  - c. Met with HHSC and DSHS to discuss ways to streamline processes to contact nursing homes during disasters.
  - d. Met with City of Houston Emergency Management to discuss assisting with STEAR medical support during disasters.
  - e. Conducted a Preparedness Boot Camps were held for Special Populations stakeholders.
  - f. Currently developing a Boot Camp for elected officials with City of Houston Mayor's office to educate differences between assisted living facilities and senior living apartments.

### Community Events/Exercises:

- RCV-Q was utilized for the November Safety Fair at Woodland Heights Medical Center in Lufkin.
- Technology training EMResource/WebEOC classes has been conducted across the region.
- Our Special Populations Coordinator presented at the National Healthcare Coalition Preparedness and being requested to conduct a webinar based on his presentation for HHS Region 7 which covers Missouri, Kansas, Nebraska and Iowa.
- Special Populations Coordinator presented at the HCA Gulf Coast Region auxiliary services.
- Planning MCI exercise in collaboration with Jefferson County, and Christus SE Texas
- Presented at City of Pearland Emergency Education Workshop.
- Participated in the Coast Guards Offshore SAR Symposium
- Participated in Texas A&M's SETX Hurricane Evacuation Study
- Attended planning meetings for the Brazoria County "West of the Brazos" MCI FSX

### Real World Events:

- LaPorte/Baytown Pipeline Explosion, September 2024
- Pemex H2S release, October 2024
- Responded to the December 28<sup>th</sup> tornados that struck across the region, Liaison reported to the EOC for Liverpool and sent a billeting trailer to Montgomery County Fire Station that received structural damage from the tornado.



## Preparedness and Response

### Troy Erbentraut – Director of Response

EMTF 6 Coordinator – Grant Kelley

Regional Logistics and Inventory Coordinator – Philip Cutler

Mobile Assets Coordinator – Jarad Moreno

### Overview:

As 2024 ends, the ongoing work at the warehouse continues to progress, with the team focused on optimizing logistics and inventory management to support our regional response efforts. Additionally, we have made strides in building strong collaborative relationships with EMTF partners, ensuring effective communication and coordination in disaster response planning and execution. These efforts are enhancing regional preparedness and response capabilities for future emergencies.

### Logistics and Mobile Assets:

- Built racks for oxygen bottles – some bottles belong to SETRAC and some are stored for regional partners
- Developed and built out deployable MIST boxes. These boxes have a projector, printer, portable charger, iPad, flashlight and equipment need to start managing the incident
- Received and inventoried final shipment of EMS wristbands. Working with EMS on finalization of distribution (estimate # 1,440,000)
- Repairs to assets – MCC-602 junction box, PST-2 trailer wiring repairs along with check engine light, Billeting trailer had 3 AC units services and wiring to thermostats replaced, RCVQ repair of air leak and spring cab bushing
- Prepped SMU for possible deployment to NC – repaired water leak and wheelchair lift
- Prepped MMU for possible deployment to NC – restock, repack and assure items are ready to travel

### EMTF:

- Exercise “call-down” for potential EMAC to NC
- Exercise “call-down” for potential EMAC to Florida
- Hosted prehospital training for IDRU in October, with 3 regional partners
- Regional MMU workgroup day at the warehouse to inventory and restock MMU cache
- Attended state EMTF workgroup meetings held in Fort Worth
- Attend the Texas State EMS conference in Fort Worth
- EMTF-6 will receive a cache of radiation equipment and work has begun to create a RRU component
- Regional AmBus workgroup scheduled in January



## Preparedness and Response

### Real World Incidents:

EVENT	LOCATION	TYPE	DATE	ASSIGNED RESOURCES
EMAC standby for NC	state	Major weather event	10/03/2024	SWX package
EMAC standby for Florida	State	Major weather event	10/10/2024	MMU staff, RN strike team, SWX package
Pemex H2S leak	Regional	Real-world	10/10/2024	2 AmBus and 25 EMS units
Wildland prepositioning – Hudson	Regional	Stand-by	10/11/2024	WPU
Wildland prepositioning - Pittsburg	Regional	Stand-by	10/21/2024	WPU, tech specialist, AST
Prairie View A&M Homecoming	Local	Event	10/23/2024	Quad
CIMA exercise	Regional	Training	10/31/2024	AmBus, SETRAC staff
Kamala Harris Rally	State	Stand-by	10/25/2024	AmBus
Houston ½ marathon	Local	Event	10/26/2024	Zumro 860
MCHD EMS station renovations	Local	Event	11/01/2024	Billeting trailer
Super Safety Saturday	Local	Event	11/02/2024	Tents, tables, chairs
LODD w/ HFD	Local	Event	11/09/2024	40+ EMS units, overhead to HEC
LBJ celebration	Local	Event	11/09/2024	Radio cache
Severe Weather	State	Stand-by	11/18/2024	SWX package, TFL, MIST, AmBus, 5 AST
HFD / UT Health MCI exercise	Regional	Training	11/22/2024	Beds, wheelchairs, IV poles, backboards
LBJ	Local	Event	12/13/2024	Radio cache
Severe Weather	state	Stand-by	12/26/2024	SWX package



# Information Technology

**Jeremiah Williamson – Director**

System Analyst – Jason Nolin

### Overview:

- **Lower Activity Period:** This quarter includes a period of lower activity in the office, allowing the IT department to focus on clearing task backlogs and improving overall efficiency.
- **Apple for Business Onboarding:** We have initiated the planning phase for integrating Apple for Business into our IT ecosystem, aiming to enhance productivity and user experience.
- **Infrastructure Upgrade Planning:** Detailed planning for upgrading our servers and network hardware is underway to ensure our infrastructure remains robust and scalable.

### Infrastructure Development:

- Conducted a comprehensive needs assessment to identify the specific requirements for Apple device integration.
- Developed a phased rollout plan to ensure a smooth transition with minimal disruption to daily operations.
- Coordinated with Apple representatives to secure necessary resources and support.

### Service Continuity:

- **Infrastructure Upgrades:**
  - Completed a review of current server and network hardware to identify areas needing improvement and replace end-of-life hardware.
  - Researched vendors to learn the latest hardware and software solutions, ensuring compatibility and future-proofing our infrastructure.
- **Website Performance Improvement:** Successfully migrated our web server to Azure, leveraging Microsoft's non-profit donation program. This migration has resulted in significantly improved website performance, including faster load times and enhanced reliability, providing a better user experience for our stakeholders.





## RHPC Board

**Dr. Kevin Schulz – RHPC Board Chair**

**Toni Carnie – RHPC Co-Chair**

### New Business

- **Generac**

Evan Voss with Generac updated the coalition members on the most current information regarding the new state generator initiative. Generac is able to assist the facilities with their applications (if needed) and there is no contract needed. At this time, they are expecting the grant funds to be distributed in the fourth quarter of 2025.

- **Poison Control Presentation**

Brian Wilson and Chiemela Ubani with the Poison Control Center informed the coalition members on how the call center and education groups work. The center does not just manage pediatric calls as they manage all ages and issues related to radiation, poisons, venom (any species), etc. (*presentation filed with RHPC Board minutes binder*).

### Healthcare Preparedness Capabilities

#### Long Term Care Update (C102)

Lisa Spivey reported on the following Special Populations issues:

1. Special Populations end of the year call held on December 18<sup>th</sup>. Updates provided and upcoming initiatives reviewed.
2. SETRAC will be working with local jurisdictions to provide education to local officials on Special Population types and emergency planning requirements.
3. Collaborating with Texas HHSC Leadership to improve on communications and collaboration to improve response activities.
4. Continue to finalize agreements.
5. SETRAC presented at the National Healthcare Preparedness Coalition Conference.

#### Training and Exercise Update (C104)

Timothy Chapman reviewed the Training and Exercise Schedule distributed to the coalition members highlighting the following items (*filed with RHPC Board minutes binder*):

- World Cup Tabletop Exercises - These will be held at the March/April corridor meetings and the regional exercise is scheduled for May 8, 2025.
- CMOE 101 Trainings – These are scheduled to begin again starting January 10<sup>th</sup> and then two per month after that at the Houston Emergency Center (registration needed for training).
- Decon Training Revamp – These will be offered two per facility (awareness/operations levels). Compliance with meetings attendance and involvement is necessary to receive trainings.
- Technology Trainings - These will move to every other month due to low participation. If your facility has multiple people that need training, please reach out to [exercise@setrac.org](mailto:exercise@setrac.org). Drills are every month with “easy drill to complete” instructions provided on EMResource.

#### EMTF Update (C104)

Grant Kelley reported EMTF has been busy since the last meeting (see below):



## RHPC Board

### Activity:

- EMTF Prehospital IDRU course was held on Oct 2<sup>nd</sup> and 3<sup>rd</sup>. Plans to hold a second Prehospital course in Q1 of 2025.
- EMTF prepositioned WLFS Wild Land Fire Support teams to multiple various locations in our region they activated 2-Task force leaders, 1-technical specialist, 1-Mist, 3-Wildland Paramedic Units, and 2-Ambulances to support the Wildland Firefighters. The total length of deployment was from 10.04 to 11.07.
- EMTF hosted an EMTF day at the SETRAC warehouse and went over EMTF101 and EMTF Deployment Basics. These courses are a part of the new curriculum and a prerequisite for attending the MIST course, among others.
- During the Texas EMS Conference the newest response element of the EMTF was announced and on display. The RRU (Radiological Response Unit), and a full-time employee has been hired on to develop the Mission, SOG, and training regimen for the RRU. EMTF Region 6 will be receiving a large cache of equipment to compliment the prehospital and hospital RRU teams. Training will begin in 2025 and become operational early 2026.

Upcoming meetings AMBUS workgroup on January 9<sup>th</sup> hosted at SETRAC.

Sign in Roster if you would like to be added to EMTF 6 List Serve or Mass Notification system (please provide method of providing updated contact information).

### EMS Update (C104)

Ms. Spivey reported the Prehospital Committee is scheduled to meet next week. The committee will be reviewing the No Notice plan and SETRAC will be reviewing the remaining plans. Anyone interested in assisting with the SETRAC plans review can reach out to Ms. Spivey at [lisa.spivey@setrac.org](mailto:lisa.spivey@setrac.org).

### Inventory Update (C104)

Troy Erbenraut reported the remaining PPE from COVID that was expired has been disposed of. SETRAC is now using StarLink for internet on all assets as well as "StarLink Go Boxes" have been setup and are available to the region. SETRAC has purchased wristbands for the region and the EMS Committee is in the process of distributing them.

### World Cup Update

Ms. Spivey stated SETRAC is working on a PowerPoint with detailed information to share. Mark Sloan mentioned the event in New Orleans has heightened the nation's security protocols around venues; therefore, they are reviewing those protocols and will be looking at grant opportunities to enhance stadium security surrounding vehicle borne individuals trying to harm the public, especially those World Cup camp venues that will not be as secure as the stadiums.

## **Sub-Committee Updates**

### RHPC Award of Excellence Committee (C101)

Ms. Carnie reported most of the awards' information is almost updated and should be posted soon. She encouraged the coalition members to begin gathering their information in preparation for the 2025 award application submissions.

### Symposium Planning (C101)

Ms. Spivey advised SETRAC will begin symposium planning soon with the first meeting scheduled for the end of January/first of February.

### Clinical Advisory Committee (C101)

Ms. Spivey will be bringing in the committee members soon to assist in reviewing the CMOC plan first, the RITA plan, No Notice, and then the remaining plans.



## RHPC Board

### Corridor Updates (C101)

#### Downtown Corridor

Ashlee Thurman reported the Downtown Corridor met on December 6<sup>th</sup> with discussion regarding Pulsara, preparation planning for the World Cup, and MCI threshold. The next meeting is scheduled for Friday (February 7<sup>th</sup>) at the SETRAC.

#### South Corridor

Christy Gonzales reported the South Corridor will meet on March 21<sup>st</sup> where they will be discussing meeting participation and becoming more active in radio checks.

#### East Corridor

Lydia Worthen reported the last East Corridor meeting was on December 6<sup>th</sup> with discussion regarding Pulsara, training, World Cup, and working to bring more outside presentations to the meetings. They will be participating in the Jack Brooks Airport full-scale exercise scheduled for April 22<sup>nd</sup>. There will be training opportunities leading up to the exercise with a full-day MCI Workshop. "Maintaining Vigilance" has been added to the agenda to remain vigilant and update on recent and ongoing threats.

#### West Corridor

Andrew Fisk reported the last West Corridor meeting was held on December 20<sup>th</sup> at Huntsville Memorial Hospital where Michael Carrier with Memorial Hermann Southwest gave a presentation on "Building a HERT Foundation" (presented at the 2024 Preparedness Coalition Symposium). The next meeting is scheduled for Friday (February 28<sup>th</sup>) at Memorial Hermann Memorial City where another presentation will be given by Memorial Hermann on their "Emergency Preparedness Week" (also presented at the 2024 Preparedness Coalition Symposium).

#### North Corridor

Janay Yancey reported the North Corridor met on November with their next meeting scheduled for January 8<sup>th</sup> at CHI St. Luke's Health Memorial Lufkin where Evan Voss with Generac will update the corridor members on the new state generator initiative.

### Partner Updates (C101)

#### Public Health

- **Harris County Public Health** – The Marburg virus in Rwanda was declared over on December 20<sup>th</sup> by Rwanda Health Authorities. They are monitoring H1N1 and the CDC recently advised cases of Norovirus are at an elevated level. Internally they are working on their own World Cup preparations and are looking for any opportunities to be a part other planning meetings.
- **Brazoria County Public Health** – Matthew Grout reminded the coalition members of generator safety with the approaching winter weather. Brazoria County has seen a few cases of Typhus due to people going out petting and encountering stray cats in a few areas where there were a significant number of stray cats inhabiting abandoned homes. To spread awareness, he asked everyone to remind the public not to pet strays due to the fleas they can carry as Typhus can be very serious.

#### OEM

**Harris County OEM** – Mark Sloan reported HCOEM is monitoring the weather advising there is a front coming through on Sunday bringing in cold air. He advised keeping an eye on the storms, as we saw with the last storms to the north/northeast, they caused tornados in our area with a massive impact to Brazoria, Chambers, Fort Bend, Galveston, and Montgomery counties. Monday-Wednesday will be freezing conditions with temperatures below freezing for more than four hours. He suggested the coalition members ensure their facilities are prepared. They are not anticipating ice accumulation; however, snow flurries are possible depending on when the low-pressure system moves up from the South and merges with the cold air. Daytime temperatures will be



## RHPC Board

above freezing and returning to freezing temperatures in the evenings. Rain is expected Thursday and Friday with the possibility of wintry weather precipitation in the north.

Mr. Sloan gave an update on the port strike advising the ILA has agreed to go back to the table and will work with the crane automation if it does not decrease jobs. He stated this needs to be monitored for any closures impacting imports and the economy. President Trump is involved and stated he will support the union.

### EMS

No updates given.

### Other Partners

No other partner updates were presented.

- **UTMB** - Mike Mastrangelo announced a hydrogen fluoride exercise is scheduled in January and Valero has expressed interest in participating. He also gave an update on the HHS national exercise.
- **FBI** - John Large reported they are amid open investigations regarding recent events in New Orleans and Las Vegas. He is limited to what he can report, but he stated public safety is their priority therefore should there be a threat to any facility it will be communicated. He reminded the coalition members to be vigilant and "if you see something, say something." He announced he has taken another position at FBI Headquarters but should be in the area for the next three months. Should anyone have any concerns, please feel free to reach out to him or his partner, William Briscoe.

### Open Discussion/Other

#### **Winter Weather Calls**

SETRAC will be participating in coordination calls with the city and county and that information will be sent out as received along with warming center information/criteria. These will just be warming centers not medical shelters.

#### **MCI Drills**

The MCI drills will begin this month and will be a huge learning curve as well as a learning opportunity for all.

#### **RHPC Board Position**

Ms. Spivey announced the EMS and OEM board positions are open and nominations will be sent out soon. There are two At Large board positions open as well.



## Trauma Committee

**Medical Director: Dr Michelle McNutt**

**Chair: Dr Chad Wilson**

**Vice Chair: LeAnne Young and Adam Fitzhenry**

During the November Trauma Committee meeting, we voted for the new leadership positions. Dr Shiree Berry, Adam Fitzhenry and Rebecca Crocker have been selected.

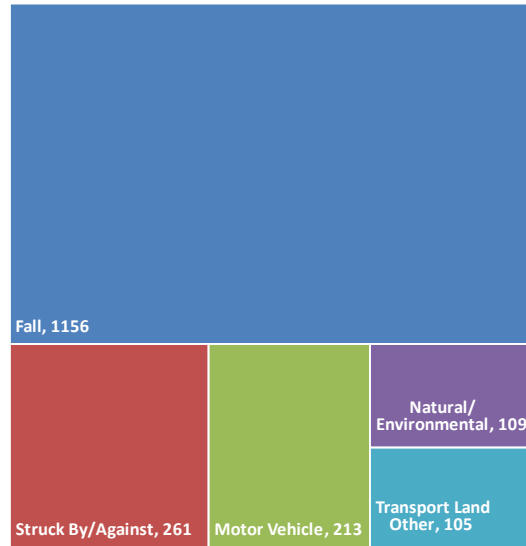
The focus of the committee includes:

- Trauma Rules
  - The new rules have been adopted.
  - We are working on a PI project on RAC transfers. The hope is to develop criteria that can be used across our region when transferring our most severe trauma patients.
  - There are currently 300 Trauma Designated Facilities in Texas, with 35 of them being in TSA Q.
  - The current, common areas of concern during survey, especially for Level III and IV facilities are:
    1. TPM 0.8FTE
    2. TMD participation in PI
    3. Nursing orientation and annual competencies
    4. Nursing documentation
    5. PI - M&M Review
    6. PI - Actions taken
    7. PI - Identified all variances
    8. PI – Special audits for deaths/complications
    9. PI – Loop closure.
- Trauma Registry
  - We continue to work on the State transfer project, mentioned above.
  - We have a Trauma Registry Workshop scheduled for February 21<sup>st</sup>, 2025. This will be held at the Transtar Conference Room. Several trauma registry experts from within our region will once again teach the class.
- Trauma Data
  - For our Pediatric population, the top five mechanisms of injury remain unchanged.

### Top Five Mechanisms of Injury - Pedi



Primary Mechanism	Total	Percent
<b>FALL</b>	1162	49.7%
<b>STRUCK BY / AGAINST</b> (Assaults, Unintentional, Intentional)	261	11.2%
<b>MOTOR VEHICLE</b> Occupant – 200 – 8.5% Motorcyclist – 1 – < 0.1% Unspecified – 13 – 0.5%	214	10.3%
<b>NATURAL / ENVIRONMENTAL</b>	109	4.7%
<b>TRANSPORT LAND / OTHER</b>	104	4.4%



\*Missing = 122 patients, 5.2% (#4)

We are also starting to look at the mechanism of injury and mortality. For our Pediatric population we found the following.

### Mechanisms of Mortality



Primary Mechanism	Total	Percent	%Mort	Deaths
Pedestrian (Other)	12	0.5%	8.3%	1
Firearm	50	2.1%	6.0%	3
Motor Vehicle (Pedestrian)	40	1.7%	5.0%	2
Missing	122	5.2%	3.3%	4
Motor Vehicle (Occupant)	200	8.5%	2.5%	5
Transport Land Other	104	4.5%	1.0%	1
Struck By / Against	261	11.2%	0.4%	1
Fall	1161	49.7%	0.1%	1

Our top complications for the pediatric population over the past several years are as follows

Emergency Healthcare Systems- Trauma, Pediatrics, Injury Prevention Division

Top Complications by Year



Complications	2016	2017	2018	2019	2020	2021	2022	2023	Total	Percent
Not Applicable No Complications	3886	5700	4316	4468	4720	4594	4487	4246	36417	95.8%
No NTDS listed medical complication occurred	317	99	36	49	102	94	62	239	998	2.6%
Not Documented	11	24	13	28	16	12	14	9	127	0.3%
Cardiac arrest with CPR	8	2	12	13	10	15	12	11	83	0.2%
Unplanned return to ICU	4	7	10	14	8	11	9	14	77	0.2%
Unplanned Visit to the OR - NEW 2020	0	0	0	0	8	11	23	24	66	0.2%
Deep vein thrombosis (DVT) or thrombophlebitis	5	3	6	3	5	8	4	5	39	0.1%
Pressure Ulcer - NEW 2017	0	2	3	6	6	6	5	8	36	0.1%
Unplanned intubation	2	3	5	2	3	8	5	2	30	0.1%
Unplanned return to OR	5	7	3	12	0	0	0	0	27	0.1%
Ventilator-associated pneumonia (VAP) - NEW 2016	4	2	5	5	2	4	1	0	23	0.1%

Top comorbidities by year for pediatrics

Top Comorbidities by Year



Comorbids	2016	2017	2018	2019	2020	2021	2022	2023	Total	Percent
No known Comorbid Conditions	3193	4843	3919	4092	4352	4201	4197	4113	32910	85.7%
Other	630	391	129	67	94	131	28	47	1517	3.9%
Attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD)	122	150	112	116	137	131	101	128	997	2.6%
Congenital anomalies	77	88	109	133	126	105	100	81	819	2.1%
Prematurity	108	130	36	113	21	3	41	121	573	1.5%
Not Documented/Unknown	57	193	53	46	72	20	17	27	485	1.3%
MISSING	84	21	8	3	31	143	100	0	390	1.0%
Other Mental/Personality Disorders	0	39	37	32	41	42	34	4	229	0.6%
Functionally dependent health status	7	15	34	20	14	24	22	29	165	0.4%
Diabetes mellitus	4	10	10	5	6	5	11	13	64	0.2%

## Injury Prevention Committee

**Medical Director: Dr. Shiree Berry, MD; FACS**

**Chair: Kristen Beckworth, MPH, CHES, CPST-1 Texas Children's Hospital**

**Vice Chair: Blake Milnes HCESD 5**

During the November meeting, the committee members voted for the 2025-2027 leadership roles. Our new leaders are Dr Mary Lytwyn, Blake Milnes and Alyssa Badillo.

The focus of the committee includes:

- Community Education
  - In 2024, SETRAC staff along with our hospital and EMS partners taught Stop the Bleed to over 1600 community members.
  - We have a Stop the Bleed Train the Trainer class scheduled for February 28<sup>th</sup>, 2025.
- We continue to assist our partners as requested with their Injury Prevention Outreach Programs.
- The Committee is encouraging the hospital-based Injury Prevention Teams to support the WHALE project ( We Have A Little Emergency ) A packet will be given to parents of young children. There is a whale sticker that goes on the car window to alert EMS and a tag that parents can complete and attach to a car seat. This is useful in the event of the adult in the vehicle having an emergency and the young passenger not being able to give information to EMS. We will also be rolling out this information to our EMS partners.
- We are currently in the early planning stages for a Spring Community event.

## Pediatric Committee

**The Medical Director: Dr. Brent Kaziny**

**Committee Chair: Dr. Nichole Davis**

**Vice Chairs: Andre Ruby and Eric Parmley**

During the November meeting, the committee members voted for the 2025-2027 leadership roles. Our new leaders are Dr. Nichole Davis, Rebecca Williamson and Jessica Yell.

The focus of the committee includes:

- Continued collaboration with injury prevention for firearm safety in the pediatric population
- Our Regional Pediatric Emergency Care Coordinator (PECC) continues to help our local emergency rooms to prepare for the next pediatric emergency that will come through the door. The following link provides more information on the Pediatric Readiness Project along with a few of the pediatric simulations. [TXENA Texas Pediatric Readiness Improvement Project - TXENA](#)
- With the 2024 G7 Operation Freefall complete and all AAR'S submitted, we will be starting to plan for the 2025 exercises. More to come on these as they are developed and released to the different facilities during the next few months.





## Stroke Committee

**Stroke Committee – Medical Director: Dr. Sean Savitz**

**Chair: Dr. Haris Kamal**

**Vice Chair: Tonia Shelton, Stephen Autrey**

The committee requests confirmation of the elected chair/ co-chairs.

The focus of the committee includes:

- Extended Window Strokes
  - The committee has identified a trend of 70% of patients arriving to a designated stroke facility outside of the 4.5-hour window. Parameters for Extended Window Strokes have been identified as Last Known Well from 4.5 hours – 24 hours. A heatmap was developed to focus regional efforts in areas of high stroke incidence. Committee is analyzing data for the development of a PI project.
- Rehab Utilization
  - The committee aims to identify socio-economic indicators, to include rural vs urban, insured vs uninsured, ethnicity, etc. regarding rehab utilization. A Dashboard is published for the subcommittee to use in analyzing the data for a PI project.
- Research
  - Abstracts will be developed on Rehab and Extended Window Strokes based on PI projects.
- Education
  - Posterior stroke CE developed by stroke committee, offers 0.5 contact hours, and is hosted on SETRAC's LMS, targeting recognition upon presentation. 57 participants have completed education.
  - Stroke Education is being developed for CEs for 2025.



## Cardiac Committee

**Medical Director: Dr. Kevin Schulz**

**Chair: Dr. Waleed Kayani**

**Vice Chairs: Cathy Williamson / Jake Varner**

The committee requests confirmation of the elected chair/ co-chairs and Medical Director.

- **Committee Goal: Develop community education, including a regional hands-only CPR event.**
  - “Heart of the Matter” community education program in development in collaboration with the stroke and perinatal committees.
  - Program offers hands-only CPR, Stroke, cardiac and maternal education related to blood pressure management, and BE-FAST.
  - High risk zip codes identified through data will be target audience.
  - HEB has donated 100 blood pressure cuffs.
  - To date, 408 community members have been trained.
  - Next training scheduled January 11<sup>th</sup> at the American Legion in collaboration with HFD.
- **NCDR Chest Pain-MI Registry: Pending revised agreements.**
  - Patient level data, not to include PHI, will be available once access is obtained.
  - Data will be used to meet the data requirements of the RAC self-assessment tool, as well as assist in formulating data driven goals and PI projects.
- **Research**
  - Development of PI project will occur when NCDR Data is obtained.

## Perinatal Committee

**Neonatal Medical Director: Dr. David Weisoly**

**Maternal Medical Director: Dr. Leslie Rafanan**

**Committee Chair: Dr. Elizabeth Eason**

**Vice Chairs: Kate Drone / Zach Ward**

The committee requests confirmation of the elected chair/ co-chairs and Maternal Medical Director.

- The Texas Collaborative for Healthy Mothers and Babies (TCHMB)
  - This group is focusing on recognition and response to postpartum preeclampsia in the Emergency Department (PPED). Eight hospitals from our region have enrolled in the project. The goal is to obtain baseline data and increase the treatment of patients by 50%
  - This group also focuses on improving newborn admission temperatures. RAC Q has strong participation in this project with 76% of our hospitals enrolled.
- Maternal Morbidity & Mortality Workgroup Focus:
  - Dr. Toy developed an educational video on Placenta Accreta Spectrum to assist hospitals to comply with HB 1164, maternal designation, and preparation for PASD. The video is hosted on the SETRAC Learning Management System and has nearly 800 learners. The education offers nursing and paramedic continuing education credits.
  - The workgroup developed a maternal program best practice education that offers free CEs via the SETRAC LMS. To date, 27 people have taken the course.
  - This group is encouraging all hospitals and clinics to look at the overall treatment of patients to see if we are identifying and diagnosing the conditions as early as possible. This can aid in positively changing the racial and ethnic disparities that lead to increased mortality rate.
- Infant Morbidity & Mortality Workgroup Focus:
  - A list of QAPI triggers is being developed that all hospitals will be encouraged to follow as a way of quality improvement and tracking. Current practices are being reviewed to ensure regional best practices are utilized.
- Perinatal Planning Workgroup Focus:
  - Neonatal Resuscitation Program (NRP): Training for EMS
    - NRP instructors throughout the region have volunteered their time to teach our EMS partners. Nine classes have been held with 162 participants. Classes for 2025 are in planning. The goal is to reduce infant mortality through education and skills in the prehospital setting.
  - This group will begin focusing on creating templates for best practices in NICU and Maternal disaster plans.
- Breastmilk at Discharge Workgroup:
  - Project Aim: By January 1, 2025, 75% of all NICU babies will discharge on mother's own milk. According to the Q1-Q3 2024 data, the region is currently at 70.0%.
  - Project Aim: By January 1, 2025, 55% of all VLBW babies will discharge on mother's own milk. According to the Q1-Q3 2024 data, the region is currently at 45.6%.
  - Neonatal designated facilities share their best practices at each meeting.



## Emergency Healthcare Systems- Stroke/Cardiac/Perinatal Division

- Antibiotic Timeliness Workgroup:
  - Project Aim: By January 1, 2025,  $\leq 25\%$  of babies receiving antibiotics were administered more than one hour after order or birth. According to the Q1-Q3 2024 data, the region is currently at 29.7%.
  - The “Beat the Clock” initiative was adopted to decrease the percent of NICU infants receiving antibiotics in the first week of life more than 1 hour after order/birth.
- Neonatal and Maternal Program Manager Subcommittee:
  - This group ensures regional neonatal and maternal program managers and medical directors are abreast of the Texas Administrative Code and support through designation surveys. Goals for 2025 include developing an education request process so that facilities can meet designation requirements and support needs of programs throughout the region.
- Maternal Subcommittee:
  - Focus of this subcommittee is to address disparities in health and improve morbidity and mortality for the maternal population. The subcommittee is working on primary C-section reduction and discussing data needs to address this regional issue.
- Syphilis Taskforce:
  - Working with the various health departments to strengthen communication of resources and process. Taskforce to determine PI project for region. Well attended by the health department. Goal is to educate providers in the region and include the ED setting.



## Emergency Services Committee

**Committee Chair: TBD**

**Vice Chairs: TBD**

The committee requests confirmation of the elected chair/ co-chairs.

The committee held its first meeting November 21, 2024. Next meeting will be held January 16<sup>th</sup>, 2025.

Topics the committee will be working on are:

- EMS Wall Times
- Behavioral Health LOS in EDs
- Data development needs for PI
- Nursing- EMS relationships
- MCI management

Dudley Wait presented EMS Wall time reduction education at the November meeting. The committee is currently working on 2025 goals and developing their charter.





## PRE-HOSPITAL / EMS COMMITTEE REPORT

Additionally, hospital partners will also receive an allotment of wristbands from SETRAC.

- **EMS Workforce Development Initiative (Senate Bill 8):**

The SETRAC SB8 EMS Scholarship grant has officially ended. SETRAC funded 250 students to obtain EMS certification. The breakdown of those numbers by level are, EMT Basic: 67, Advanced EMT: 16, and paramedic: 167. At the last GETAC meetings in November, the state EMS Program Director reported that this scholarship program has been a huge success statewide and reported the following numbers:

- Over 3,469 scholarships have been processed or in process.
- \$18,570,800 in scholarships processed.
- 9,983 new certified EMS personnel since 10/1/2022.
- 2019 – 68,461 certified personnel; today – 78,457.

SETRAC will continue to work with DSHS on this programmatic closure.

- **SETRAC Blood Products Committee:**

The EMS Blood Products Committee Continues to work towards a regional whole blood rotation process. The committee has been met with challenges when attempting to implement this into the SETRAC region. The SETRAC Blood Products Committee continues to work with the GETAC Whole Blood Task Force, the Pre-Hospital Blood Transfusion Initiative Coalition, and other interested parties on these challenges. Currently the committee is seeking to meet with different interested parties to determine the best possible route to get a rotational whole blood program in our region as well as creating a supply of this commodity. The leadership nominations of this committee were sent out and will be voted on at our next meeting.

- **EMS Body Cameras Workgroup:**

The EMS Committee has created a workgroup under the EMS Committee that will be having it's first meeting in February. This workgroup is aimed at creating a regional body camera guideline that includes hospital and EMS input to regionalize the use of body cameras for agencies who use them. The workgroup consists of EMS members who have been utilizing these cameras at their agencies, hospitals, and we encourage any interested parties to join. The committee looks forward to producing a regional document soon.

- **Regional Quality of Care:**

The EMS committee has encouraged members to attend other SETRAC committee meetings and have encouraged members of other clinical committees to attend the pre-hospital meetings (stroke, trauma, inj. prev., cardiac, etc.).



Chairman David Persse, MD  
Vice Chairman Hospital Services Tom Flanagan  
Vice Chairman Pre-Hospital 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

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### **Resolutions / Other Action Items**

#### **Item #1:** Approval of elected leaders for Emergency Healthcare Systems (EHS) Committees.

In accordance with Section 5.2.1 of the SETRAC bylaws, committee leaders are elected every two years by their respective committees. The SETRAC Board of Directors will need to vote to confirm the following election results.

#### **Cardiac Committee**

*EMS Representative:* Jake Varner, Sugar Land Fire-EMS  
*\*Hospital Representative:* Cathy Williamson, Houston Methodist Hospital  
*Physician Representative:* Dr. Waleed Kayani, Ben Taub Hospital

#### **Emergency Services Committee**

*EMS Representative:* Lisa Martinez, HCA Gulf Coast Division  
*Hospital Representative:* Candace Aguilera-Mitchell, HCA Houston Healthcare Tomball  
*Physician Representative:* Dr. Michael Gonzalez, Memorial Hermann Memorial City Medical Center / Houston Fire Department

#### **Injury Prevention Committee**

*EMS Representative:* Blake Milnes, Harris County ESD 5  
*Hospital Representative:* Alyssa Badillo, Ben Taub Hospital  
*\*Physician Representative:* Dr. Mary Lytwyn, CHI St. Luke's Health The Vintage

#### **Pediatric Committee**

*EMS Representative:* Rebecca Williams, City Ambulance  
*Hospital Representative:* Jessica Yell, Memorial Hermann TMC  
*\*Physician Representative:* Dr. Nichole Davis, Texas Children's Hospital

#### **Perinatal Committee**

*EMS Representative:* Zach Ward, Memorial Hermann Health System / Pearland Fire Department  
*Hospital Representative:* Kate Drone, Memorial Hermann Health System  
*\*Physician Representative:* Dr. Elizabeth Eason, Memorial Hermann Southwest Hospital



**Item #1:** Approval of elected leaders for Emergency Healthcare Systems (EHS) Committees. (Continued)

**Prehospital Committee**

*EMS Representative:* Joshua Taylor, Community Volunteer Fire Department  
*Hospital Representative:* Jason Gander, Memorial Hermann Hospital System  
*Physician Representative:* Dr. Joseph Gil, Fort Bend County EMS

**Stroke Committee**

*EMS Representative:* Stephen Autrey, Sugar Land Fire-EMS  
*Hospital Representative:* Tonia Shelton, Houston Methodist West Hospital  
*\*Physician Representative:* Dr. Haris Kamal, Memorial Hermann Northeast Hospital

**Trauma Committee**

*EMS Representative:* Adam Fitzhenry, Memorial Hermann TMC  
*Hospital Representative:* Rebecca Crocker, Memorial Hermann TMC  
*\*Physician Representative:* Dr. Shiree Berry, HCA Houston Healthcare Northwest

\* Committee Chair

At the time of the preparation of this document, the chairs for the EMS and Emergency Services committees had not been selected.

**Item #2:** Approval of elected medical director for Prehospital/EMS Committee.

In accordance with Section 5.1.5 of the SETRAC bylaws, medical directors are elected every three years by their respective committees.

Dr. Lars Thestrup (Bellaire Fire Department, Hatzalah EMS, Fort Bend County EMS) was elected by the EMS Committee to complete the 3-year term previously held by Dr. Shane Jenks and Dr. Lesley Osborn. If confirmed by the board, Dr. Thestrup's term would end in January 2026, at which time he would be eligible to serve his first full-term if re-elected by the EMS Committee.

**Item #3:** Approval of elected maternal medical director for the Perinatal Committee.

In accordance with Section 5.1.5 of the SETRAC bylaws, medical directors are elected every three years by their respective committees.

Dr. Leslie Rafanan (Memorial Hermann Sugar Land) was elected by the Perinatal Committee to serve as its first maternal medical director. If confirmed by the board, Dr. Rafanan's term would end in January 2026 and would be concurrent with the terms for medical directors of the other clinical service lines. In January 2026, Dr. Rafanan would be eligible to serve her first full-term if reelected by the Perinatal Committee.