



General Membership Meeting

18 March 2015

“Administrivia”

- Today's Agenda Highlights
 - Member Voting Items
 - Handouts: Financials & Annual Report
- Pager/cell phone/radio courtesies please
- Placement of microphones
- Reminder: meeting is being recorded
- WebEx for full or audio-only access
 - All Remote Attendees – Please Mute – DON'T put us on HOLD!
- Restrooms, Water & Emergency Exits

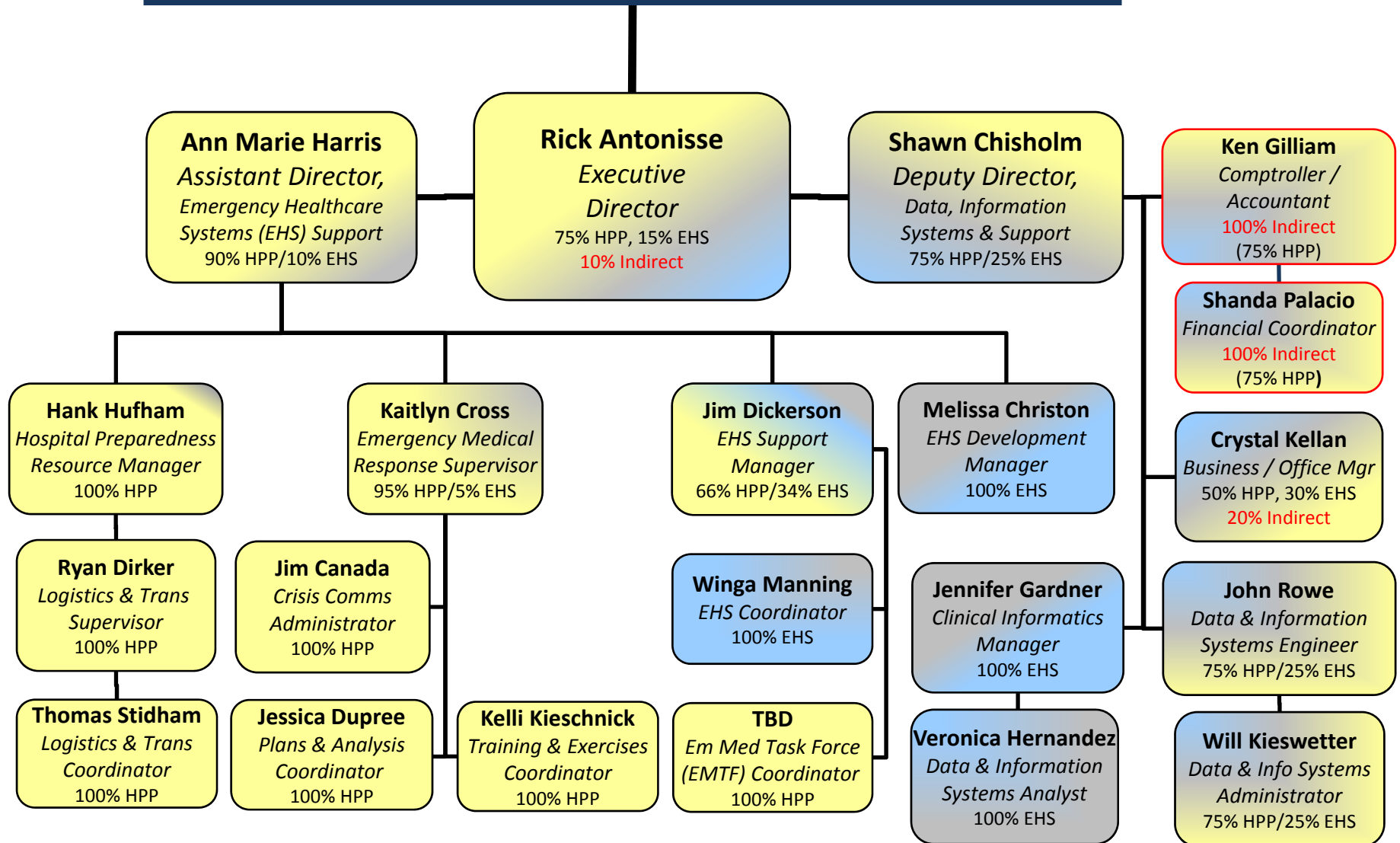
Chair's Report

Executive Director's Report

- Final Call for the Vote on:
 - By-Laws (changes to Mission & add Vision)
 - Regional Stroke Plan Update
 - Regional ACS Plan Update
 - EMS/Other Member Dues Increase
- Upcoming RAC Board Officer Elections
- Legislative Affairs & Advocacy
- RAC Staffing Updates

NCTTRAC BOARD OFFICERS & DIRECTORS

NCTTRAC
Staffing Plan
As of: 16 March 2015



FUNDING SOURCE

ASPR - DSHS HPP

EHS RAC/TOBACCO

EHS UNRESTRICTED

INDIRECT

Financial Reports

Treasurer's Report



NCTTTRAC

STATEMENT OF ACTIVITIES

as of January 31, 2015

Hard copy of
this information
provided as a
handout

	EMS/RAC	TOBACCO	ASPR/HPP YR 13**	EMS/COUNTY ASSISTANCE	UNRESTRICTED/D EVELOPMENT	TOTAL
Revenue						
State of TX - DSHS	242,529	150,269	1,388,758	304,749	0	2,086,305
Membership Dues	0	0	0	0	395,555	395,555
Interest on Investments	0	0		0	71	71
Service Line	0	0	0	0	0	0
Other	0	0	0	0	0	0
Sponsorships	0	0	0	0	1,200	1,200
Total Revenue	242,529	150,269	1,388,758	304,749	396,826	2,483,131
Expenditures						
Salaries	55,709	68,089	475,316	0	74,358	673,472
Fringe Benefits	17,480	14,785	120,623	0	13,827	166,715
Travel	0	0	14,407	0	3,937	18,344
Equipment	0	0	0	0	0	0
Supplies	0	0	27,312	0	0	27,312
Contractual	0	0	186,850	52,536	0	239,386
Other	26,824	26,017	420,921	0	53,444	527,205
Indirect	1,785	0	124,029	0	8,718	134,531
Unobligated	0	0	0		0	0
Total Expenditures	101,798	108,891	1,369,457	52,536	154,285	1,786,966
Revenues Over (Under) Expenditures	140,731	41,378	19,301	252,213	242,541	696,165
Beginning Unrestricted Net Assets	0	0	0	0	375,452	375,452
Ending Temp Restricted Net Assets	140,731	41,378	19,301	252,213	0	453,624
Ending Unrestricted Net Assets	0	0	0	0	617,993	617,993
Ending Net Assets	140,731	41,378	19,301	252,213	617,993	1,071,617

- HPP YR 13 began July 1, 2014 and runs through June 30, 2015

NCTTTRAC: Prepare. Support. Respond.



NCTTTRAC BALANCE SHEET as of January 31, 2015

Hard copy of
this information
provided as a
handout

	2015	2014
ASSETS		
Current Assets		
Chase/Regions Bank-Cash	\$907,630	\$831,260
Other Current Assets		
Accounts Receivable - DSHS	252,621	295,157
Accounts Receivable - Membership	66,636	9,406
Certificates of Deposit	116,248	116,248
Total Other Current Assets	435,505	420,811
Other Assets		
Security Deposits & Unapplied Cash	8,826	8,741
Prepaid Expense	1,513	24,430
Inventory Held for Distribution	3,250,300	3,250,300
Fixed Assets (net of depreciation)	1,997,953	1,990,751
TOTAL ASSETS	\$6,601,728	\$6,526,293
LIABILITIES & EQUITY		
LIABILITIES		
Current Liabilities		
Accounts Payable	\$88,023	\$13,994
Other Current Liabilities		
ASPR Interest Payable to State	602	387
Payroll Liabilities	94,834	55,020
Deferred Revenue - Dues	98,398	14,792
Total Other Current Liabilities	193,834	70,199
Total Liabilities	281,858	84,193
EQUITY		
Unrestricted Net Assets	617,993	496,808
Temporarily Restricted Net Assets	453,624	704,241
Temporarily Restricted Net Assets - Inventory	3,250,300	3,250,300
Temporarily Restricted - Fixed Assets	1,997,953	1,990,751
TOTAL LIABILITIES & EQUITY	\$6,601,728	\$6,526,293

NCTTTRAC: Prepare. Support. Respond.

Finance Committee & Work Group Reports

Finance Committee (2014)

Chair, Derrick Cuenca
CEO, Lake Granbury MC

Core Representation: Committee Chair, RAC Vice Chair & Treasurer,
Hospital & EMS System & Peer-Group Appointees

- NCTTRAC Vice Chair
- JPS Hospital District
- Parkland HHS
- Baylor HCS
- HCA
- Methodist HS
- Texas Health Resources
- At-Large Hospital
- NCTTRAC Treasurer
- Dallas Co. EMS
- Tarrant Co. EMS
- Collin Co. EMS
- Denton Co. EMS
- At-Large Urban EMS
- At-Large Rural EMS
- Air Medical EMS

Emergency Healthcare Systems (EHS) Reports

EHS Committee Reports

- Air Medical Committee
- Cardiac Committee
- EMS Committee
- Pediatric Committee
- Physician's Advisory Group
- Professional Development Committee

- Public Education / Injury Prevention Committee
- Regional Emergency Preparedness Committee (slides follow)
- Stroke Committee
- System Performance Improvement (SPI) Committee
- Trauma Committee

Regional Emergency Preparedness Committee

Committee Overview – JJ Jones

- Meeting frequency discussed, consideration of:
 - Workgroups affected, agenda packet to Core Members prior to meetings, member participation and attendance
- Review of the regional crisis applications (EMResource, E*TRACS, WebEOC) – assigned to CA/Comm Workgroup
- Review of Disaster Preparedness Plan, assigned to Strategic Advisory Group
- HPP amendment underway, staff working with Strategic Advisory Group
- Upcoming funding addressing Ebola discussed, additional information forthcoming

- ✓ Public Education / Injury Prevention Committee
- ✓ Regional Emergency Preparedness Committee
- Stroke Committee
- System Performance Improvement (SPI) Committee
- Trauma Committee

EHS Zone Reports

Board of Directors Zone Rep – Martha Headrick

Zone 1 Debra Thompson / Grayson CC

*Zone 2 Lisa Ponce / Air-Evac Lifeteam and
Chris Muscle / Argyle Fire District*

Zone 3 Kowa Crow / Possum Kingdom EMS

Zone 4 Thomas Pritchett / Kerens VFD

Zone 5 Vacant

Zone 6 Martha Headrick / Air-Evac Lifeteam

Zone 7 Bobby Sewell / Bedford FDs

*Zone 8 Curtis Poovey / Richardson FD and
Chris Weinzapfel / Rowlett FD/TLS*

- Texas EMS, Trauma and Acute Care Foundation (TETAF)
 - Workgroup Activities
 - Future Organizational Structure
 - Legislative Affairs

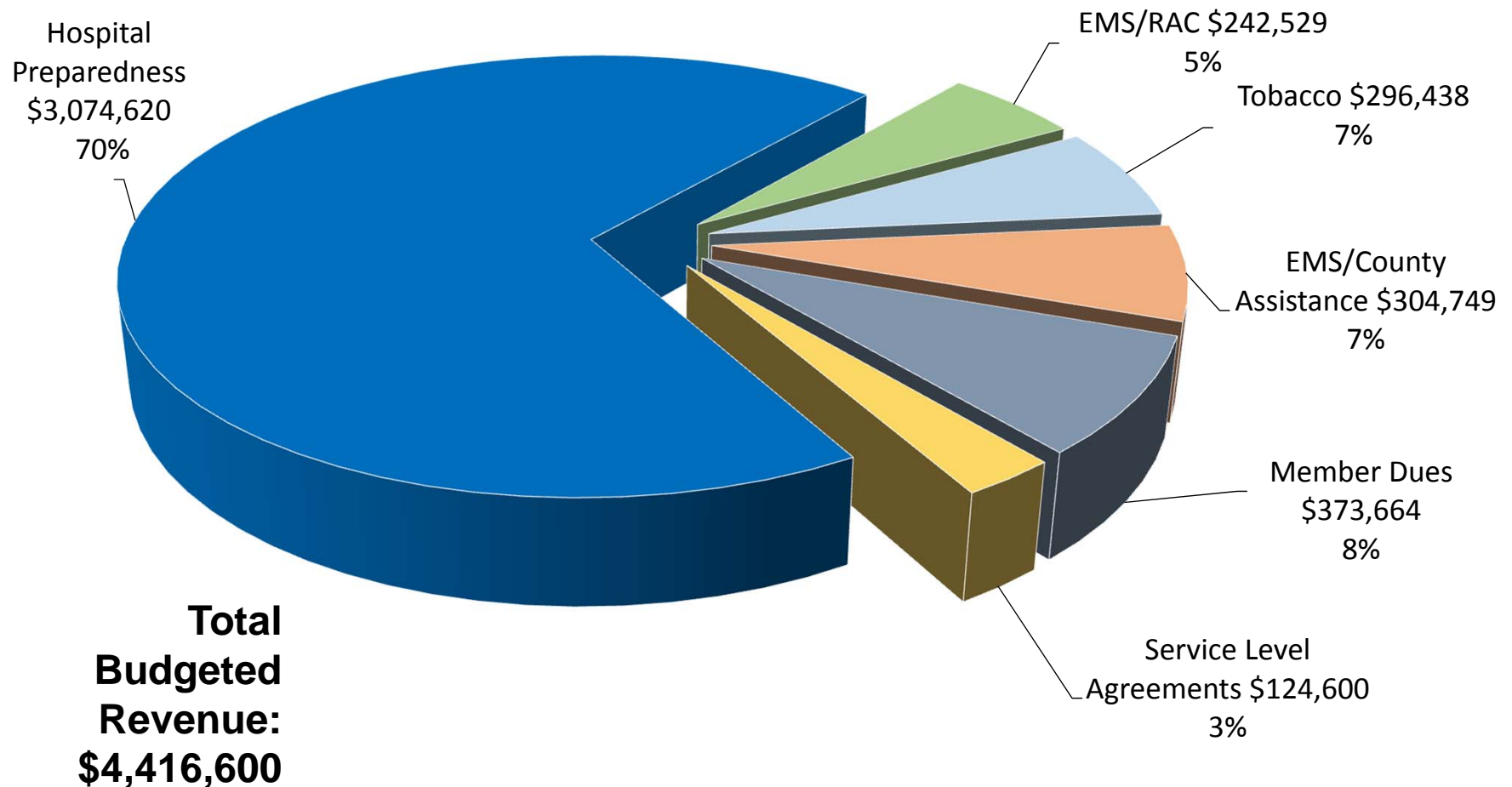
- Texas Disaster Medical System
 - Draft Statewide Altered Standards of Care
 - Draft RHMOC Overview Document
 - Workgroup Activities
 - Responder Safety & Health
 - Mass Fatality
 - Education
 - Resource Typing

Emergency Healthcare Systems & Hospital Preparedness Program Reports

DSHS Contract Updates

HPP Financial Report

NCTTRAC Budgeted Funding Sources FY2014-2015



HPP Financial Report

YEAR 13 HPP PROGRAMMATIC FUNDING (Combined Base and EMTF Contracts) For the 7 months Ending January 31, 2015

PROJECT	BUDGET	OBLIGATED	SPENT YTD	BALANCE	% SPENT/OBLIG	% REMAINING
Personnel	\$837,948		\$475,316	\$362,632	56.7%	43.3%
Fringe	\$319,258		\$120,623	\$198,635	37.8%	62.2%
Travel	\$28,245		\$14,407	\$13,838	51.0%	49.0%
Supplies	\$155,150		\$27,312	\$127,838	17.6%	82.4%
Equipment	\$0		\$0	\$0	0%	0%
Contractual	\$613,492		\$186,850	\$426,642	30.5%	69.5%
Other	\$881,360		\$420,921	\$460,440	47.8%	52.2%
Indirect	\$239,167		\$124,029	\$115,138	51.9%	48.1%
Total	\$3,074,620		\$1,369,457	\$1,705,163	44.5%	55.5%

HPP YR13 Sustainment

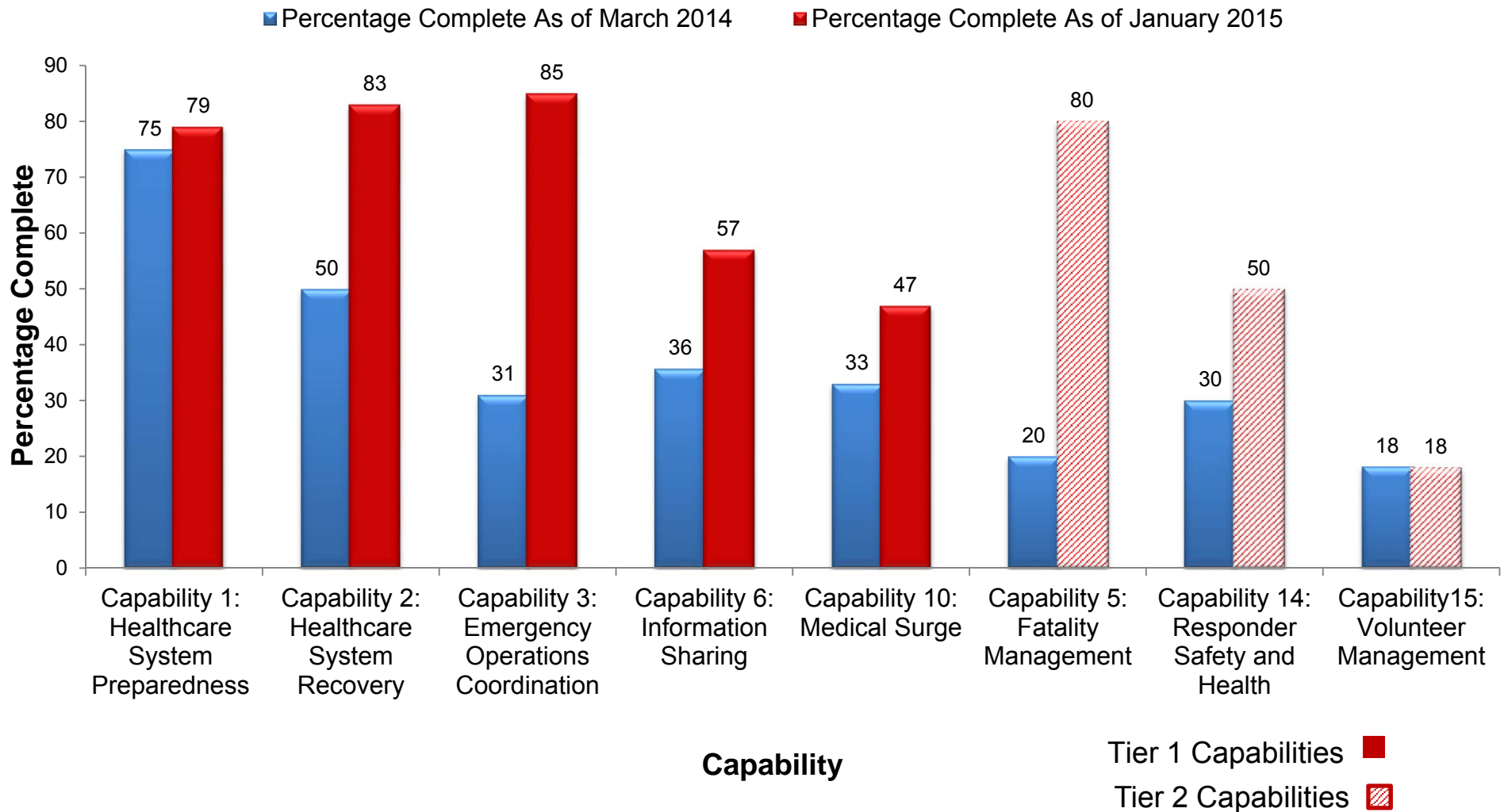
- Sustainment allocation \$400,000
 - \$21,000 Disaster Behavioral Health
 - \$79,000 EMS Ebola PPE Kits
 - \$300,000 HPP – participating hospitals
 - Support PPE / PPE training in current FY

Total Allocation:	\$300,000
Total Value Obligated Projects:	\$47,928
Total Value Reimbursed	\$152,835
Percentage Obligated / Reimbursed:	67%
Total HPP Hospitals	126
HPP Hospitals Participating	55
Percentage HPP Hospitals Participating:	44%

HPP Contract Update

- HPP Funding for EMTF
 - 8 EMTF Lead RACs awarded \$12,500 for training and exercise
 - EMTF SCO Statewide Exercise request of \$180,000 (not approved)
- HPP “One-Time” Discretionary Funding
 - DSHS discretionary funding of \$14,772 added to HPP budget
- HPP Amendment (in progress)
 - Under review with planning toward EOY spend-down (June 30, 2015)

BP 3 HPP Capabilities Mid-Year Progress Report



Response and Resources



Ebola Funding Big Picture



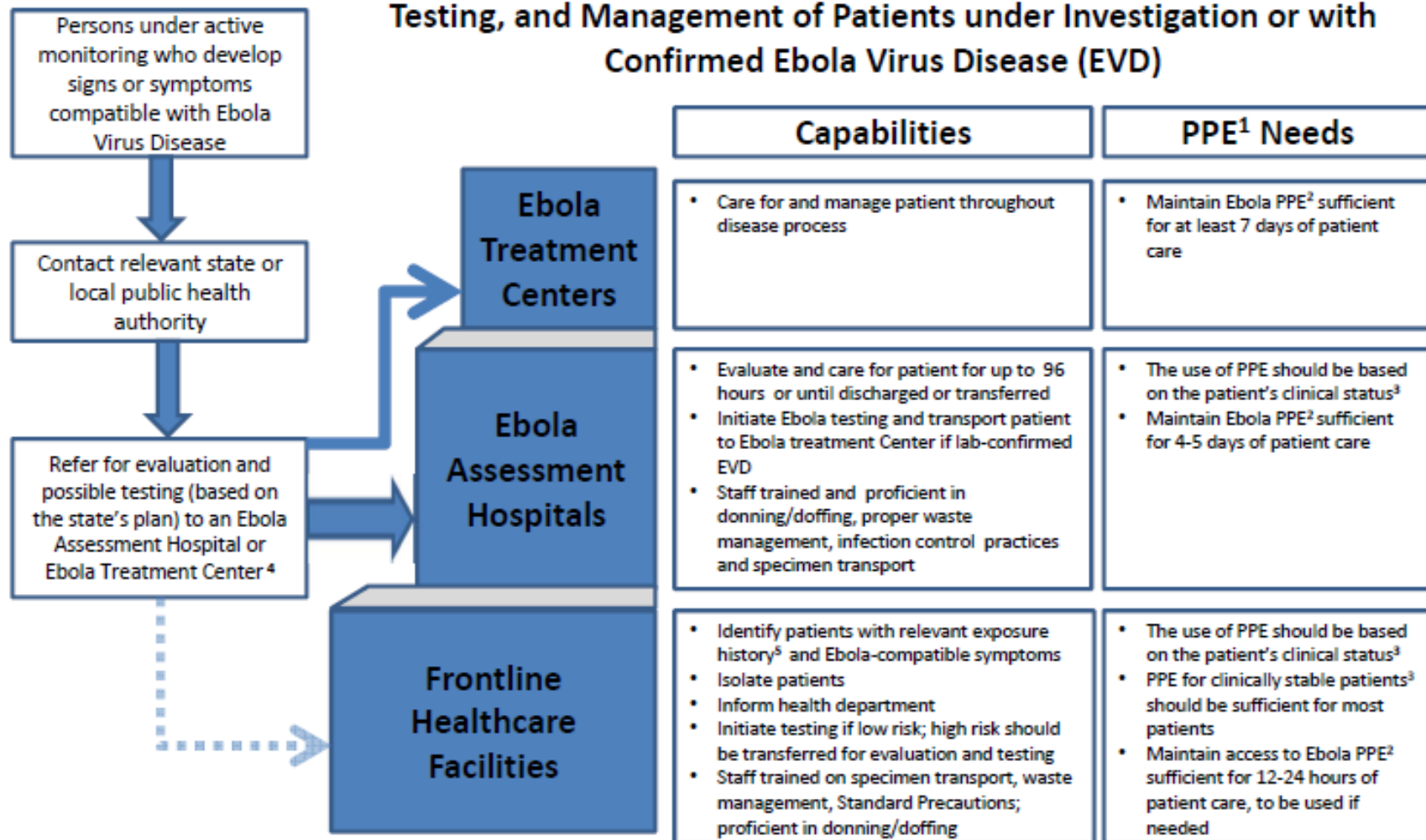
- **\$112 million** will be appropriated to DoD for Ebola response and preparedness.
- **\$25 million** will be appropriated for Ebola response and preparedness at FDA, including “increased medical countermeasure activities.”
- **\$2.742 billion** will be appropriated to HHS to respond to the Ebola epidemic in the United States and other countries threatened by the virus.
- **\$238 million** will be appropriated to the NIH for Ebola-related research.
- **\$2.5 billion** will be appropriated to DOS “to respond to the Ebola epidemic in West Africa



Potential Ebola Funding

UPDATED 01 06 2015

Interim Guidance for Hospital Preparedness for Evaluation, Testing, and Management of Patients under Investigation or with Confirmed Ebola Virus Disease (EVD)



HPP Ebola Preparedness and Response Activities FOA

- ASPR awarding two funding streams for Texas
 - Part A: \$7.8 million to support state Ebola Treatment Centers (ETCs), Assessment Hospitals, and Healthcare Coalitions
 - Part B: \$3.5 million for development of regional network for Ebola patient care (Federal HHS Region 6)
- Funding intent
 - Supports healthcare facilities serving as Ebola Treatment and Assessment Centers
 - Supports Healthcare Coalitions to prepare frontline hospitals and overall healthcare system
 - Awards hospitals designated as ETCs as of February 14, 2015 (includes Texas Children's and UTMB)

Regional Support: 2014 October Ebola Event

- NCTTRAC participation at the Dallas County EOC was requested by local and state officials
 - Provided direct support in a unified command setting under DSHS Preparedness and Response group
- NCTTRAC participation at the Garland Disaster District 4 EOC requested by TDEM
 - Served as DDC ESF-8 Health and **Medical** Liaison
- Rostered M-IST volunteers through state mission activation
 - Regional EMS experts
 - Developed Hospital, EMS, and PSAP practices

Regional Support: 2014 October Ebola Event

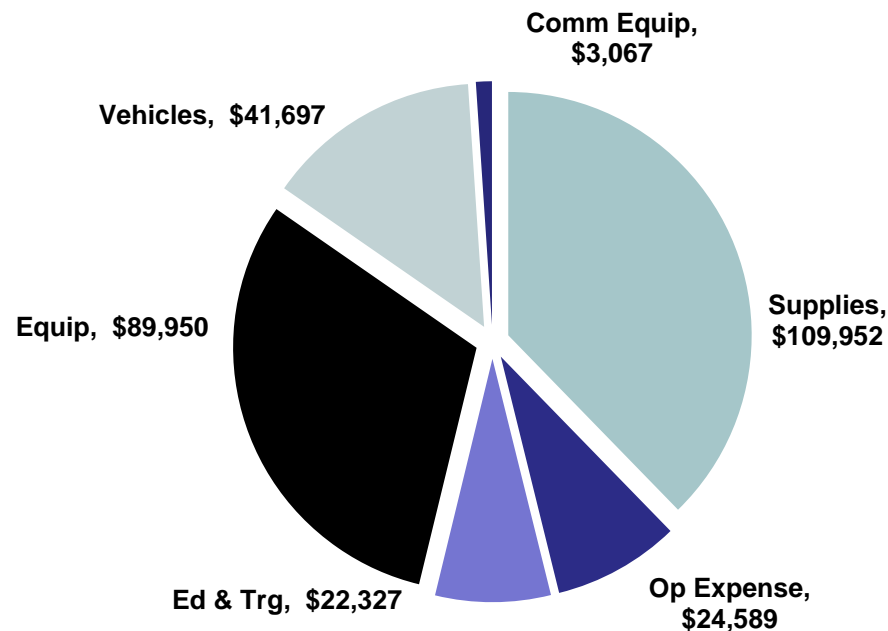
- ***Thank You to M-IST Liaisons!***
 - Jacob Johnson, HCA North Texas
 - Curtis Poovey, Richardson FD
 - Heidi Cardenas, Garland FD
 - Steven Deutsch, Irving FD
 - Michael Potts, MedStar Mobile Healthcare

EHS Support and Emergency Medical Task Force

FY 14 EMS County Assistance “Pass-through” Funds

DESCRIPTION	AGENCIES	%	\$
EMS Agencies Paid	56	98.25%	291,582.55
EMS Agencies w/ Payment Outstanding	1	1.75%	5,682.45
Total EMS Agencies Participating	57	100.00%	297,265.00

FY 2014 EMS PASSTHROUGH UTILIZATION BY EXPENDITURE TYPE

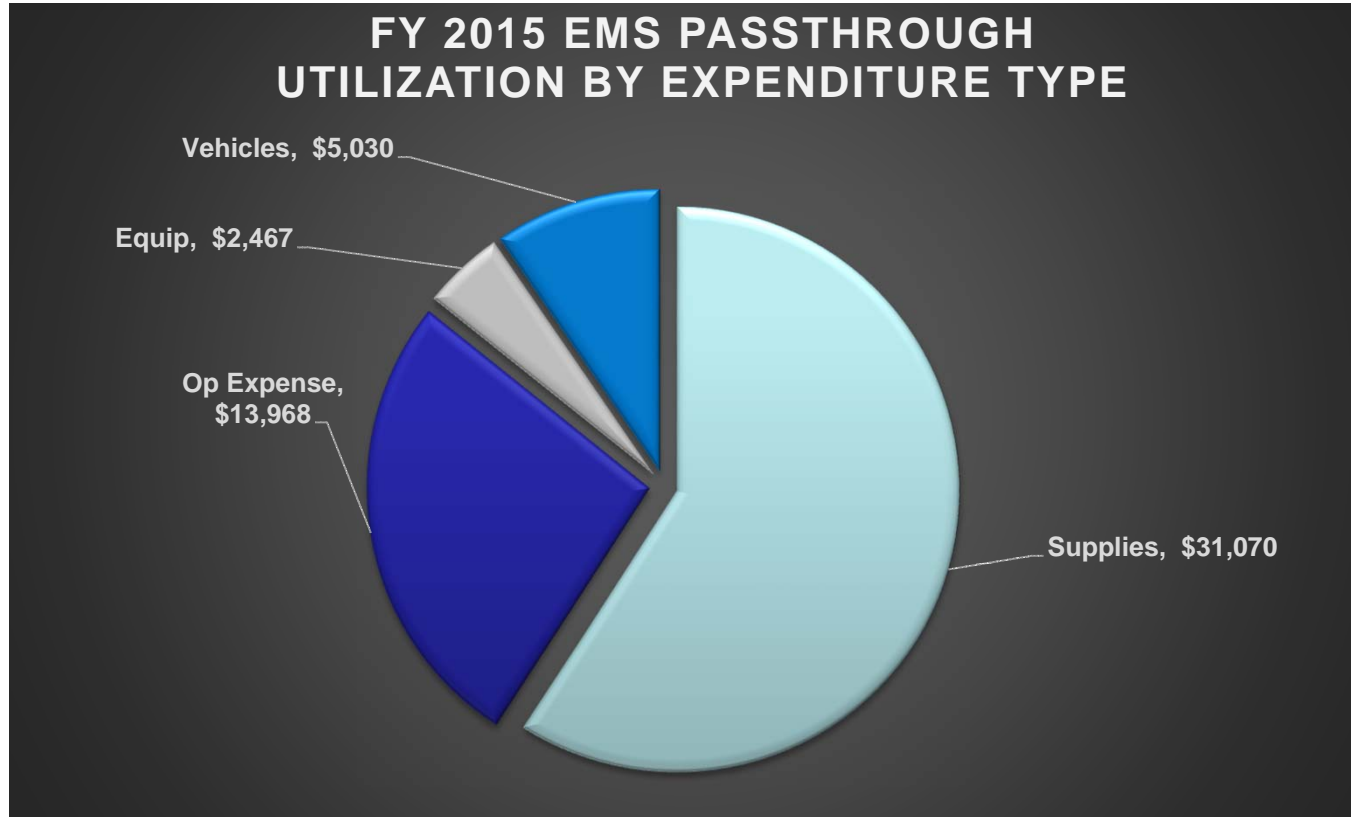


FY 15 EMS County Assistance “Pass-through” Funds

County	FY 14	Amount per	FY 15	Amount per	County	FY 14	Amount per	FY 15	Amount per
Collin	12	\$2,142.00	13	\$1,922.54	Johnson	4	\$2,378.75	4	\$2,557.25
Cooke	1	\$8,865.00	1	\$8,537.00	Kaufman	2	\$4,994.00	2	\$4,786.00
Dallas	22	\$4,916.77	22	\$4,539.23	Navarro	1	\$10,977.00	0	\$00.00
Denton	16	\$1,297.37	17	\$1,342.76	Palo Pinto	2	\$4,268.00	2	\$4,266.50
Ellis	4	\$3,125.50	4	\$2,986.50	Parker	1	\$9,553.00	2	\$4,780.00
Erath	0	\$0.00	1	\$10,013.00	Rockwall	3	\$828.00	3	\$841.67
Fannin	0	\$0.00	1	\$8,119.00	Somervell	0	\$0.00	1	\$1,810.00
Grayson	4	\$3,024.75	3	\$3,988.67	Tarrant	19	\$2,243.00	17	\$2,467.41
Hood	1	\$4,488.00	2	\$2,592.00	Wise	0	\$0.00	2	\$8,606.00
Hunt	1	\$11,010.00	1	\$8,522.00	TSA-E Total		\$297,265.00		\$304,749.00

- Total funding went **up 2.5%**.
- FY 15 Contract covers eligible expenses made from May 1, 2014 through April 30, 2015.

EMS – County Assistance Contract Update



Total Allotment: \$304,749
Total Number of Agencies: 56

YTD Reimbursement: \$52,536
YTD Number of Agencies: 13

EMS Dues Campaign

- EMS Dues Increase Campaign Update
 - ✓ Letter to membership from Dr. Gandhi – requesting support for increase
 - ✓ Videos posted to website – Finance and EMS Board members promoting increase
 - ✓ Key Points flyer
 - ✓ EMS Committee meeting (2/4/15)
 - ✓ Town Hall Meeting (2/10/15)
 - Final vote at General Membership meeting (3/18/15)



Gathering of Eagles XVII

- The Gathering of Eagles XVII:
 - February 20 & 21, 2015
Sheraton Hotel, Downtown Dallas
 - Conference Highlights:
 - Public Access Tourniquets
 - Narcan Administration by Law Enforcement/Public
 - End of Life Planning
 - Telemedicine
 - Backboard vs. No Backboard
 - Community Integrated Mobile Healthcare
 - <http://gatheringofeagles.us/2015/2015Presentations.htm>

Emergency Medical Task Force Workgroup

- EMTF Exercise Update:
 - South Padre Island **cancelled** by the State
 - MMU Basic – **March 19**, NCTTTRAC Warehouse
 - BATAAN Memorial Death March – **March 22**, White Sands Missile Range, NM
 - MMU Advanced – **April 8**, NCTTTRAC Warehouse
 - Hotter 'N Hell Hundred – **August 29**, Wichita Falls, TX



Emergency Medical Task Force Workgroup

- EMTF Courses:
 - ASM (initial) – April 1-2, College Station, TX
 - M-IST (initial) – April 29-30, Austin, TX
 - ASM (refresher)- May 26-27, Bastrop, TX
 - M-IST (refresher)- May 27-29, Bastrop, TX



EMTF - 2

2014 Texas EMS Conference

EMS Conference

- Deployed EMTF-2's MMU on Saturday, November 22
- Integrated with STRAC's 53ft command trailer
- Conference display through November 25
- Returned and reconstituted – Mission Ready
- Moving to Dallas next two years

Medical Ambulance Bus (MAB) National Conference

- Saturday, November 22 – Sunday November 23
- MAB / AMBUS partners from across the nation shared best practices

EMTF - 2

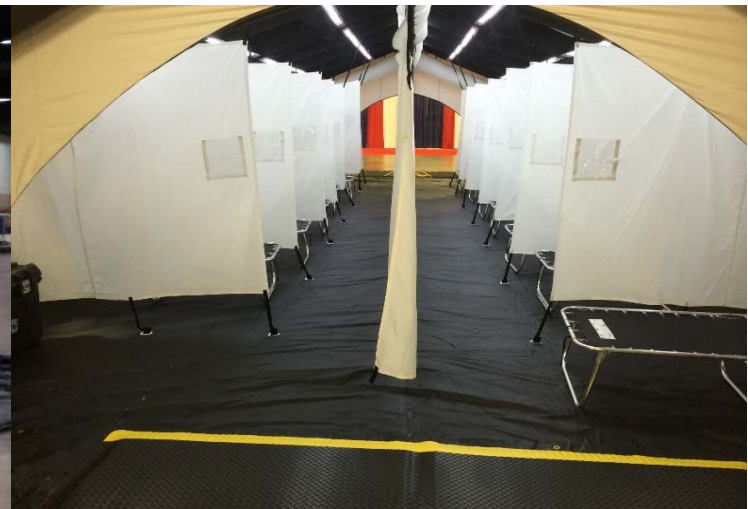
2014 Texas EMS Conference

EMS Conference

- ***Thanks to our Regional Partners!***
 - Team Cannefax
 - HCA North Texas Division
 - MedStar / Fort Worth Fire Department

EMTF - 2

2014 Texas EMS Conference



EMTF - 2

2014 Texas EMS Conference



Diversion Task Force

- Refresh the current Diversion Policy and provide training/education within the region
- Establish an on-going process to monitor, report and follow-up on diversion issues
- Develop and share “Best Practices” within the region



Professional Development Report

- **Trauma Outcomes and Performance Improvement Course (TOPIC)**

- Instructors:** Jorie Klein, RN; Lori Vinson, RN; Jo Ann Peters, RN
- Date:** Wednesday, April 22, 2015
- Location:** NCTTRAC, room 100
- Contact:** Jorie Klein, RN



- **Trauma Care After Resuscitation (TCAR) Course**

- Instructor:** TCAR Education Programs
- Dates:** April 25 & 26, 2015
- Location:** Grayson College
Denison, TX
- Contact:** Jackie Gondeck, RN



Professional Development

COMMUNITY INTEGRATED MOBILE HEALTHCARE SYMPOSIUM

IMPROVING PATIENT OUTCOMES AND REDUCING COSTS

April 24, 2015 | 7:00 a.m. - 4:30 p.m. | Historic Uptown Theater | 120 E. Main St., Grand Prairie, TX 75052

[Click Here to Register](#)

[Sponsorship Information](#)

[Symposium Brochure](#)

[Venue Parking Maps](#)

Website Registration
went live on
January 30th

Early Registration ended
on March 1, 2015

Expand Your Impact



Across the nation, EMS agencies of all sizes and types are partnering with hospitals, primary care physicians, nurses, and mental health and social services providers in leading-edge programs through Mobile Integrated Healthcare and Community Paramedicine (MIH-CP). Together we can improve patient outcomes, create healthcare system efficiencies, and lower costs by helping to reduce avoidable patient admissions and readmissions. These programs are expanding and transforming the care being provided in the community. Easing the strain on EMS and care organizations will produce a more sustainable healthcare system.

COME LEARN HOW TO IMPLEMENT THIS IN
YOUR COMMUNITY!



The North Central Texas Trauma Regional Advisory Council (NCTTRAC) is an organization designed to facilitate the development, implementation, and operation of a comprehensive trauma care system based on accepted standards of care to decrease morbidity and mortality. The Trauma Service Area (TSA-E) for NCTTRAC is comprised of 19 counties of North Central Texas that include: Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise. NCTTRAC is the largest Trauma Service Area in the state, serving a population equal to 27% of the State of Texas and approximately 2.5% of the population of the United States.

North Central Texas Trauma Regional Advisory Council
600 Six Flags Drive, Suite 160
Arlington, TX 76011
(817) 608-0390
www.ncttrac.org

COMMUNITY INTEGRATED MOBILE HEALTHCARE SYMPOSIUM

IMPROVING PATIENT
OUTCOMES
AND
REDUCING COSTS



APRIL 24, 2015
7:00 a.m. - 4:30 p.m.

Historic Uptown Theater
120 East Main Street
Grand Prairie, TX 75050
(972) 237-8786

NCTTRAC: *Prepare. Support. Respond.*

Symposium Sponsorship



IMAGETREND INC.

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\$5000



Bronze Sponsor

\$1000



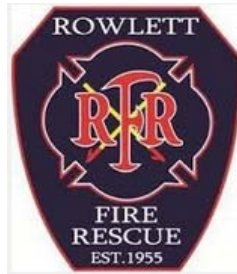
Bronze Sponsor

\$1000





Symposium Partners



NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL



THANK YOU!

NCTIRAC: *Prepare. Support. Respond.*

Information Management Reports

Information Technology and Systems Report

Infrastructure Move

- Two Goals – one project
 - Goal 1 – Move the email and website servers into a virtual environment to isolate cost.
 - Provides a platform for advocacy without restrictions of State Dollars
 - Goal 2 – Move the data infrastructure into an HIPAA compliant environment for sustainability and growth
 - HIPAA, HiTech, SSAE 16 and SAS 70 requirements are increasing in difficulty
 - Multi-state redundancy with a reclamation of office space and contractual dollars to support the physical hardware and internet connections

Cloud-Based Data Project

Create Virtual IT Environment

Migrate Listserv and Website

*Migrate Email Server

Migrate Crisis Applications

Create Advocacy Page

*VoterVoice Setup

Populate Distribution List

Branding Integration

Create Advocacy Info

Email Templates

Legislative Proposals

Send "Calls for Action" with BoD



Mission & History

Our Mission

We strive to be the premier provider of online advocacy technologies by profitably delivering affordable internet-based software that empowers our customers to participate more fully in the legislative process. We do this by:

- Improving organizational communications;
- Increasing supporter participation;
- Adding to overall legislative effectiveness each grassroots campaign.

We are proud to deliver technology tools that are re-shaping political communications. Our development goal is simple: enable government relations professionals to transparently share and leverage their intimate knowledge of the legislative process to their grassroots advocates at the lowest possible price.


NCTTRAC: Prepare. Support. Respond.

Actions

There are no actions to take at this time.

Find Officials


Look up and contact your officials.

ZIP Code 

Quick Sign Up





Use the form below to sign up for alerts.

Enter Email

ZIP Code 

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Directory

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- ☐ [Vice President Joe Biden](#)
- ☐ [Senator John Cornyn](#)
- ☐ [Senator Ted Cruz](#)
- ☐ [Representative Michael Burgess M. D.](#)

Your State Officials

- ☐ [Governor Greg Abbott](#)
- ☐ [Lt. Governor Dan Patrick](#)
- ☐ [Secretary of State Carlos Cascos](#)
- ☐ [Attorney General Ken Paxton](#)
- ☐ [Senator Kelly Hancock](#)
- ☐ [Representative Giovanni Capriglione](#)

[Compose Message](#)



Senator Kelly Hancock
Republican-TX-009

Contact Information

Capitol Address	P.O. Box 12068 Austin, TX 78711
Capitol Phone	(512) 463-0109
Capitol Fax	(512) 463-0346
District Address	9121 Belshire Dr Ste B North Richland Hills, TX 76182
District Phone	(817) 514-3804
District Fax	(817) 514-3806

Personal Information

Home	N. Richland Hills
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Background Information

Education	Baylor University
Occupation	Small Business Owner

Political Information

Assumed Office	1/8/2013
Committees	Administration (Senate) Finance (Senate) Transportation (Senate)

Close

Compose Your Message

Recipients

- Senator Kelly Hancock

Message

Subject

Body

Remaining: 10000

Customize Your Signature (optional)

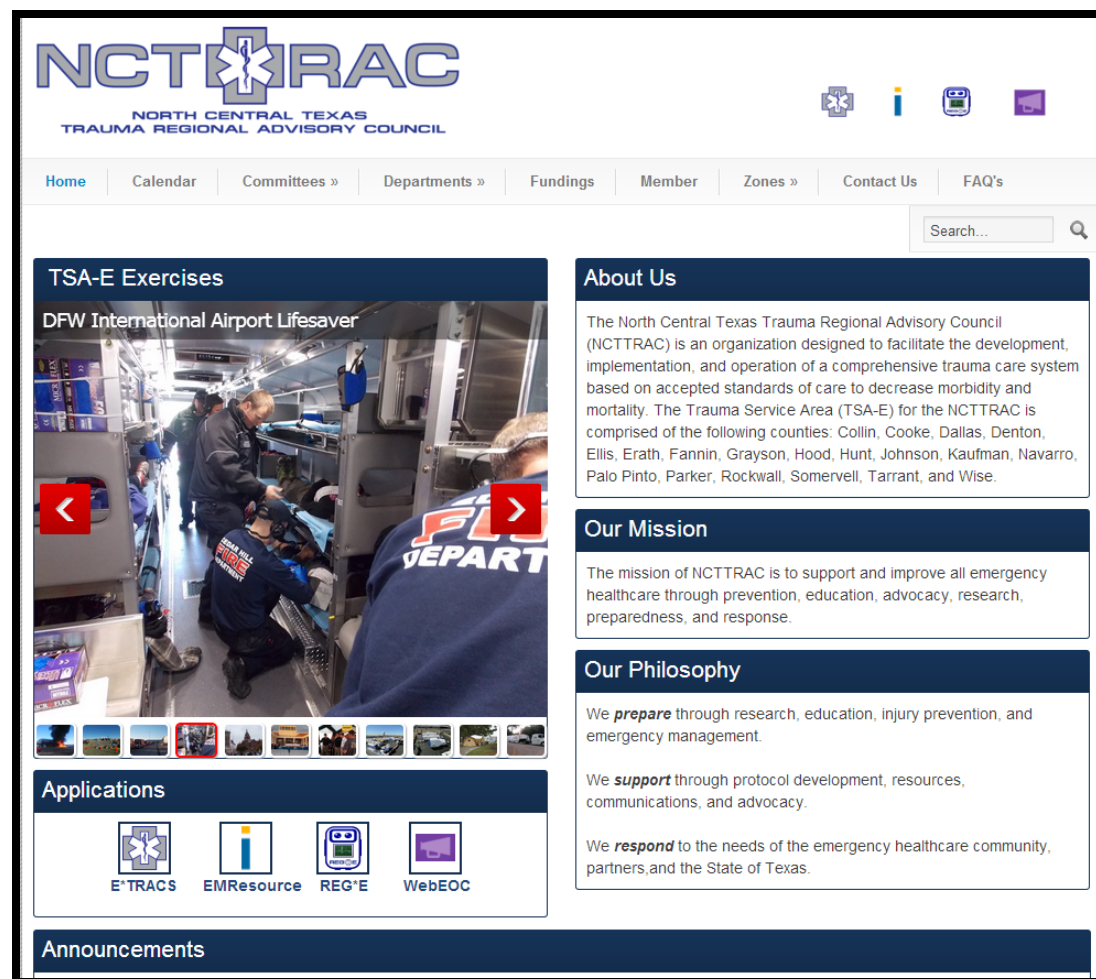
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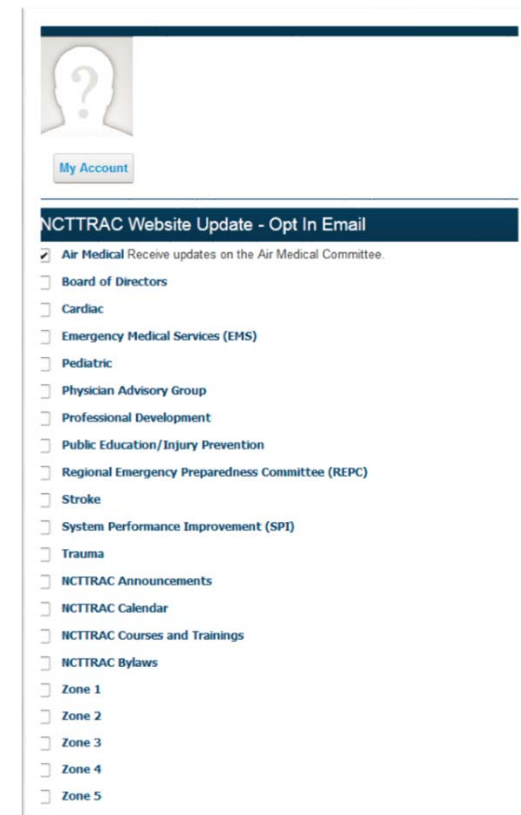
- User Profile Management
- Posting permissions by our end users
- Improved functionality
 - Registration for events
 - Registration for website updates
 - On-Line Learning
- Newsletters
- Regional Listserv Lists

Website – Opt In Email

- After login to NCTTRAC Website, hover over the **Home** tab and click on **My Profile**.
- Select all the lists that you would like to receive an email when the corresponding page gets updated or file gets uploaded.
- Click on the **Subscribe Me** button.

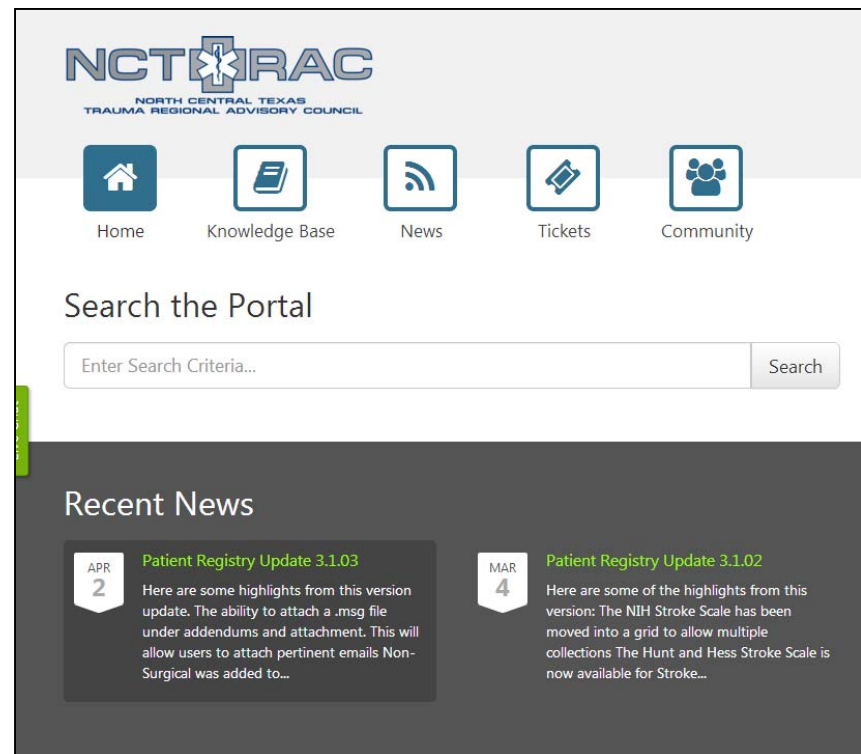


Email Address ⓘ



Support Website

- Start Tickets for Crisis Applications, REG*E, and website support
- Upload agendas, meeting notes, bulletins, and SPI referral information
- Request support for meetings at the RAC offices
- Get News about software updates and outages
- Find quick guides and users manuals on software applications in Knowledge Base
- <http://support.ncttrac.org>

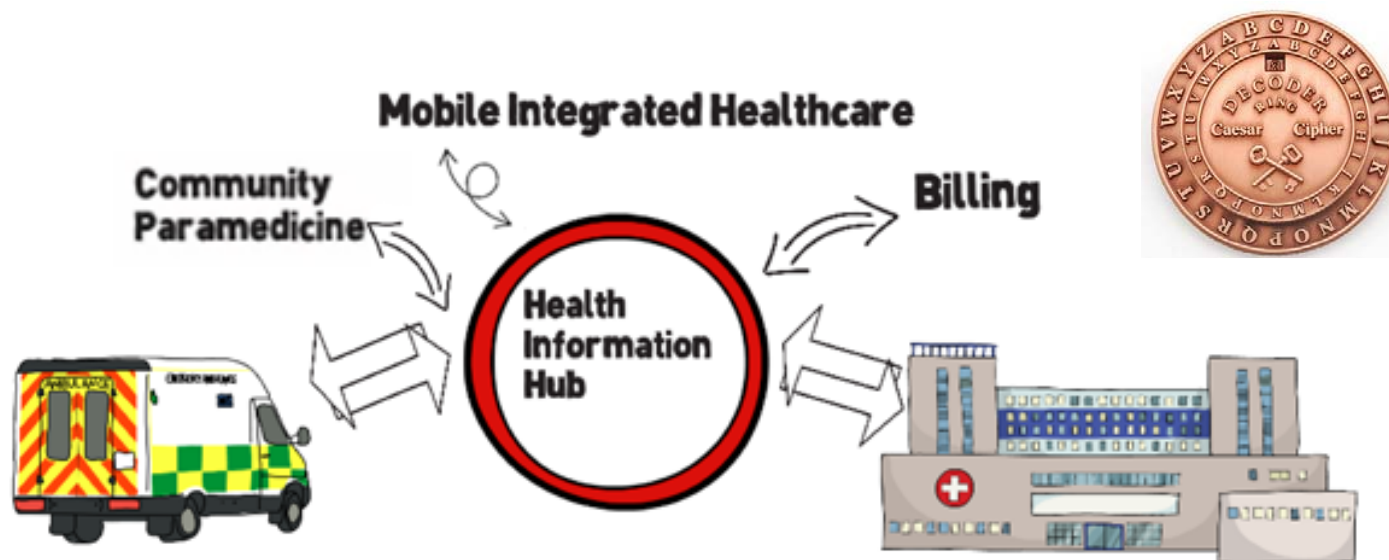


Regional EMS / Hospital Coordination

- E*TRACS
 - ☒ Notification & Alerting System
 - ☐ Integrated Trauma Transfer Hotline
 - ☒ Hospital/EMS Resource & Capability Status
 - ☒ Emergency Dept Saturation Status
 - ☐ Medical Control & Patient Distribution
 - ☒ Hospital Preparedness Program Procurement/Inventory
 - ☒ EMS / ED “Field-to-Facility” Visibility
 - ☒ Real Time Patient / Fatality / Vehicle Tracking
 - ☒ Integration with Patient Registry (Continuum of Care)

Continuum of Care

- ImageTrend Healthcare Information Hub and Infor Cloverleaf



Regional Registry / Informatics Reports

- ✓ **Annual Benchmarking Reports HOSPITAL**
- ✓ **DSHS CVD/RAC Bi-Annual Report Out**
- ✓ **PDCA: Regional Standard ePCR Handoff (*HIMSS15*)**
- ✓ **Lean Informatics Workgroup January 2015 (*In Progress*)**
- ✓ **Closed Feedback Loop w/outcome PI data for EMS**
- ✓ **Annual Benchmarking Reports EMS/FIRE (*In Progress*)**
- ❑ **GWTG Cardiac and GWTG Stroke Imports (*In Progress*)**
- ❑ **HOSPITAL Interface: DSHS MAVEN and REG*E (*In Progress*)**
- ❑ **EMS/FIRE Interface: DSHS MAVEN and REG*E (*In Progress*)**

GETAC AUG 2014 → GETAC NOV 2014
→ GETAC FEB 2015



AGENDA

Emergency Medical Services Committee Meeting Governor's EMS and Trauma Advisory Council (GETAC)

Department of State Health Services (DSHS)

Crowne Plaza Hotel

6121 North I-35, Austin, TX 78752

Thursday, February 19, 2015

10:30 A.M.

5. Review of EMS rule at 25 TAC 157.11(m)(9) to address the various requirements for an EMS provider's delivery of its patient care reports to medical facilities at the time and location of its patient drop off at the medical facility and how to improve the sharing of the medical facility's outcome data of that patient with the EMS provider.

TETAF sponsors webcasts of quarterly GETAC meetings.

NCTTRAC: Prepare. Support. Respond.

Plan-Do-Check-Act (PDCA) Regional ePCR Project

Over the last 6 months, more than 44 regional PDCA project participant volunteers accomplished the following....

- ✓ **Achieved DSHS 'Blessing' for electronic ePCR handoff**
- ✓ **Proposed enhancement to DSHS Custom Questions**
- ✓ **Standardized Regional ePCR Handoff in EMS Plan**
- ✓ **Surveyed TSA-E region and produced PDCA Infographic**
- ✓ **Established regional Hospital Hub ePCR clearinghouse**
- ✓ **Selected for HIMSS15 Nursing Informatics Symposium**

DSHS 'Blessing' EMS Rule §157.11



It's all about the P-A-T-I-E-N-T!

So why do I have to leave a report when I drop off a patient?

The American College of Emergency Physicians (ACEP), Emergency Nurses Association (ENA), National Association of EMS Physicians (NAEMSP), National Association of Emergency Medical Technicians (NAEMT), and National Association of State EMS Officials (NASEMSO) believe that clearly defined processes for the face-to-face communication of key information from emergency medical services (EMS) providers to health care providers in an emergency department (ED) are critical to **improving patient safety**, reducing legal risk, and integrating EMS with the health care system. It is critical that patient information is exchanged verbally during the transfer of care, but verbal information alone may lead to inaccurate and incomplete documentation of information and inadequate availability of information to subsequent treating providers (in both the ED and inpatient units) who are not present at the time of verbal communication.

In addition to a verbal report from EMS providers, the minimum key information required for patient care must be provided in written or electronic form at the time of transfer of patient care. This provides physicians and other health care providers who deliver subsequent care for the patient to receive this information more accurately and avoid potential errors inherent with second-hand information. The minimum key information reported at the time of hand-off must include information that is required for optimal care of the patient.

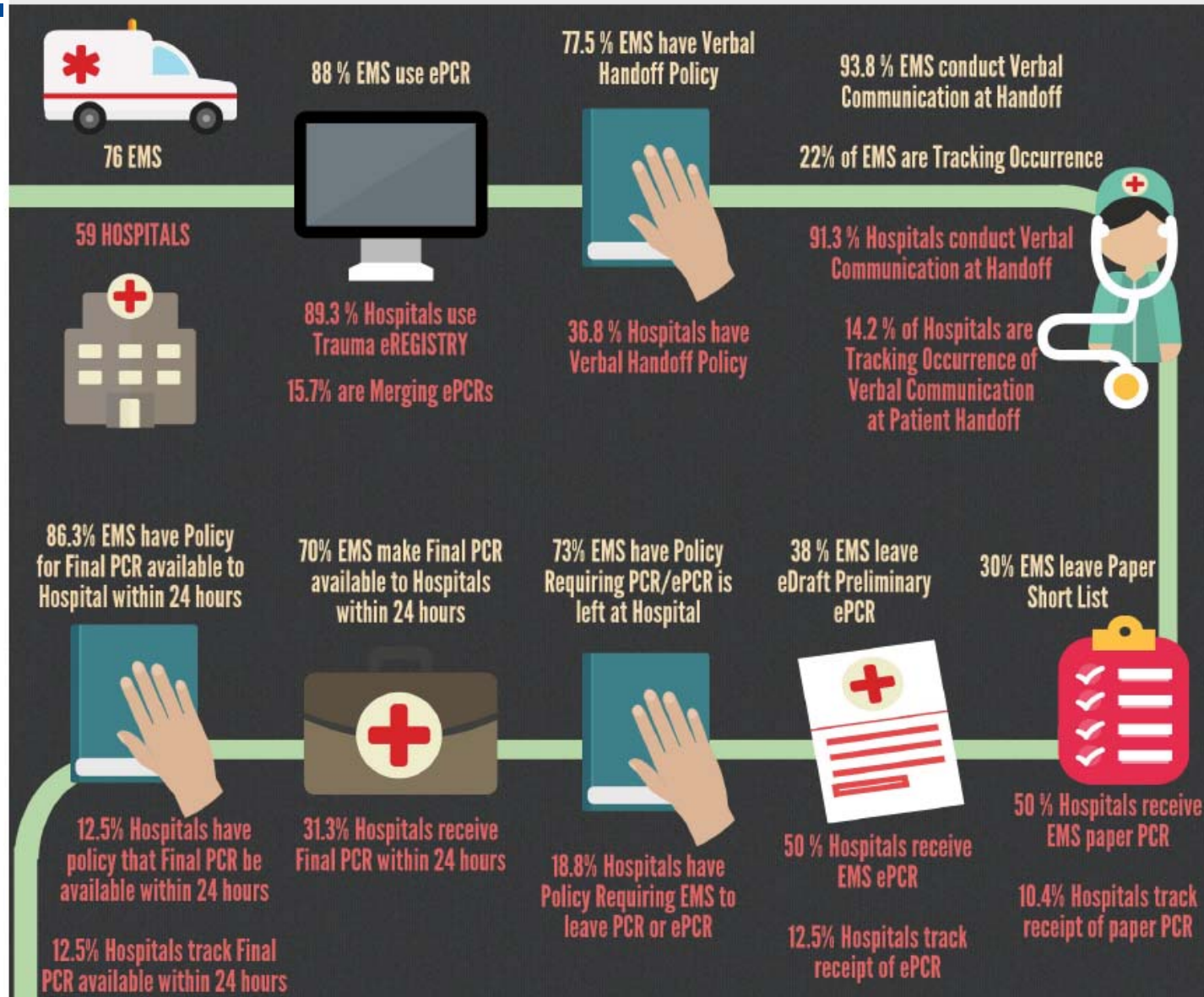
Texas Administrative Code 157.11 (9) assuring that patient care reports are provided to emergency facilities receiving the patients:

- (A) the report shall be accurate, complete and clearly written or computer generated;
- (B) the report shall document, at a minimum, the patient's name, condition upon arrival at the scene; the pre-hospital care provided; the patient's status during transport, including signs, symptoms, and responses during the transport; the call initiation time; dispatch time; scene arrival time; scene departure time; hospital arrival time; and, the identification of the EMS staff;
- (C) whenever operationally feasible, the report shall be provided to the receiving facility at the time the patient is delivered; and/or
- (D) if in a response-pending status, an abbreviated written report shall be provided at the time the patient is delivered and a full written or computer generated report shall be delivered to the facility within one business day of the delivery of the patient.

All members of the health care team, including EMS providers, nurses, and physicians, must communicate with mutual respect for each other and respect the verbal and written communication from EMS as an important part of the patient's history. During the transfer of patient care, the receiving health care providers should have an opportunity to ask questions to clarify information that is exchanged. By following this simple process, together we can ensure a safe transfer of the patients from EMS to hospital staff.

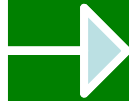
TSA-E PCR & ePCR Handoff Workflow

Regional PDCA Survey As of Feb 2015



5K
4K
4K
8K

32
NCTTRAC
HOSPITALS



- ✓ Grapevine FD
- ✓ Cooke County EMS
- ✓ Sherman FD
- ✓ Richardson FD

ImageTrend 2 – 5 min
ImageTrend 2 – 5 min
ImageTrend 2 – 5 min
ImageTrend 2 – 5 min

0.5K	✓ Possum Kingdom Lake	ImageTrend 2 – 5 min
43K	✓ Careflite –Ground	iPCR 60 min
6K	✓ Lewisville FD	Zoll 60 min
5K	✓ Cedar Hill FD	60 min
0.7K	✓ Careflite – Air	Zoll 60 min
10K	✓ Mesquite FD	Zoll 60 min
80K	✓ 23+ ESO agencies	ESO Solutions 360 min

*ImageTrend, Incorporated							
Reset Search Incoming Print Related Logs Attachments Outcome Settings							
Service	Primary Impression	PI Icon	Age	Gender	Incident Number	PCR Number	Ds
89% ImageTrend Fire Department (DO NOT CHANGE)	Chest Pain/Discomfort	♥	36	Male	343343	1	10
100% ImageTrend Fire Department (DO NOT CHANGE)	Not Known	🏠	44	Male	8856	14CG1400002	11
97% ImageTrend Fire Department (DO NOT CHANGE)	Chest Pain/Discomfort	♥	31	Male	987898	1	08
63% ImageTrend Fire Department (DO NOT CHANGE)	Chest Pain/Discomfort	♥	29	Male	AR	reno14-00026	08
84% ImageTrend Air	Altered Level of Consciousness	🧠	36	Male	98989	1	07
97% ImageTrend Air	Altered Level of Consciousness	🧠	37		876567		07
7% ImageTrend Air	Altered Level of Consciousness	🧠	35	Male	887876234		07

2015 GOAL

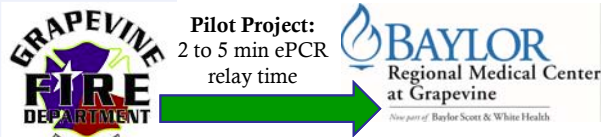
30%

NCTTRAC
EMS

Currently 3/116 = 2.5% EMS
agencies live on HH

REGIONAL PLAN-DO-CHECK-ACT (PDCA) ePCR HAND-OFF PROJECT

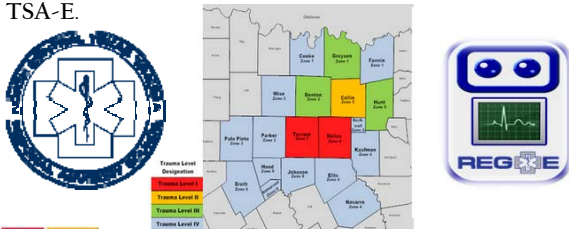
Jennifer Gardner, RN, MSAHI, MSIMT



Pilot Project:
2 to 5 min ePCR
relay time

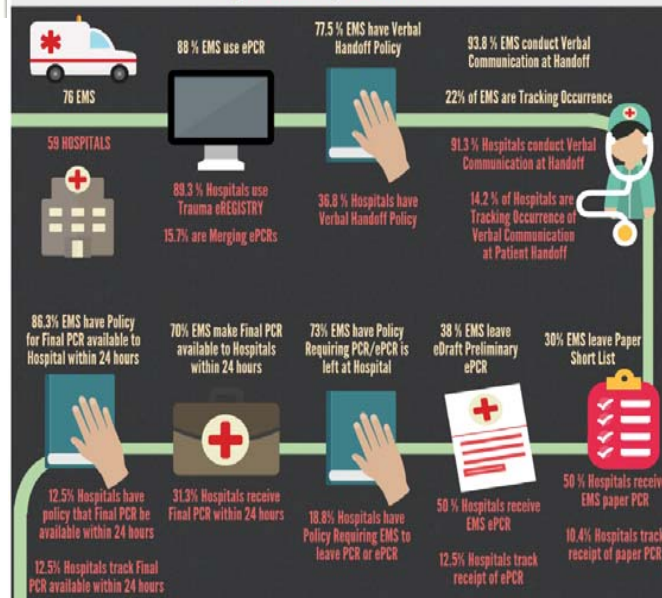
ABSTRACT

In January of 2014, the North Central Texas Trauma Regional Advisory Council (NCTTRAC) started a pilot project with Grapevine EMS/Fire and Baylor Grapevine. Goal was to enable real-time electronic Patient Care Report (ePCR) access for hospital. In August of 2014, NCTTRAC called for a region-wide Plan-Do-Check-Act (PDCA) performance improvement project focused on lean workflow analysis of current regional PCR and ePCR run sheet hand-off processes. Project received 44 volunteers from 178 hospital facilities and 200 EMS/Fire agencies across 19-counties in the region of Texas named TSA-E.



TSA-E PCR & ePCR Handoff Workflow

Regional PDCA Survey As of Feb 2015



The American College of Emergency Physicians (ACEP), Emergency Nurses Association (ENA), National Association of EMS Physicians (NAEMSP), National Association of Emergency Medical technicians (NAEMT), and the National Association of EMS Officials (NASEMSO) believe that clearly defined processes for verbal face-to-face communication of key information from EMS providers to health care providers in ED are critical to improving patient safety, reducing legal risk, and integrating EMS with the health care system. But verbal information alone may lead to inaccurate and incomplete documentation of information and inadequate availability of information to subsequent treating providers who are not present at time of verbal communication hand-off. Therefore, in addition to a verbal report from EMS providers, the minimum key information required for patient care must be provided in written or electronic form at the time of transfer of patient care. Minimum key information reported at time of hand-off must include information that is required for optimal care of the patient.

CONCLUSION

Hospital Hub EMS and Hospital benefits include:

- Decreased EMS manual data submissions to REG*E;
- Outcome feedback to both EMS and transfer hospital;
- Access of all vendor ePCRs via one user account;
- Exchange of ePCRs more real-time and inbound; and
- Enhanced bi-directional communication for improved multi-disciplinary collaboration to improve outcomes.

METHODS

PDCA volunteers continually invest in the quality of emergency healthcare system delivery across the NCTTRAC region that serves 7.3+ million people. The Deming Plan-Do-Check (PDCA) performance improvement framework ensured effective results well received by the people who actually live inside the current PCR or ePCR run sheet hand-off process. Project Goal: Develop a regional standard to improve PCR or ePCR run sheet receipt percentages for improved patient care, in compliance with the State of Texas DSHS EMS RULE §157.11.

RESULTS

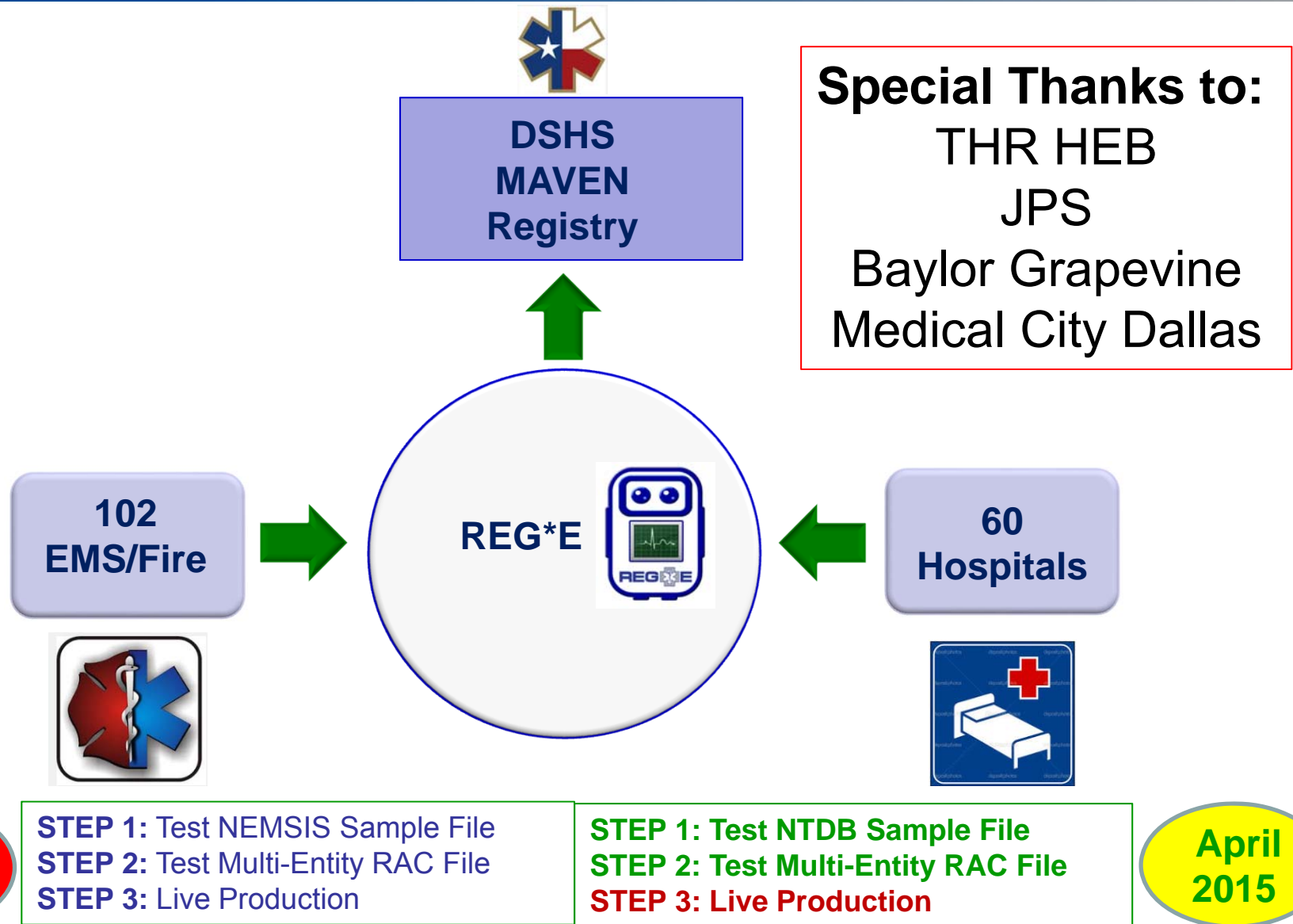
Project identified need for modern updates to State of Texas DSHS EMS RULE §157.11 and custom questions to allow for abbreviated computer generated ePCRs. Project also identified need for an ePCR clearinghouse for destination hospitals.

Agency	PCR Type	Time	Notes
5K	✓	ImageTrend 2 – 5 min	
4K	✓	ImageTrend 2 – 5 min	
4K	✓	ImageTrend 2 – 5 min	
8K	✓	ImageTrend 2 – 5 min	
0.8K	✓	ImageTrend 2 – 5 min	
43K	✓	IPCR 60 min	
6K	✓	Zoli 60 min	
5K	✓	60 min	
0.7K	✓	Zoli 60 min	
10K	✓	Zoli 60 min	
80K	✓	ESO Solutions 360 min	

32 NCTTRAC HOSPITALS	✓ Grapevine FD	ImageTrend 2 – 5 min
	✓ Cooke County EMS	ImageTrend 2 – 5 min
	✓ Sherman FD	ImageTrend 2 – 5 min
	✓ Richardson FD	ImageTrend 2 – 5 min
	✓ Possum Kingdom Lake	ImageTrend 2 – 5 min
	✓ Careflite – Ground	IPCR 60 min
	✓ Lewisville FD	Zoli 60 min
	✓ Cedar Hill FD	60 min
	✓ Careflite – Air	Zoli 60 min
	✓ Mesquite FD	Zoli 60 min
	✓ 23+ ESO agencies	ESO Solutions 360 min

2015 GOAL	30%
NCTTRAC EMS	
Currently 3/116 = 2.6% EMS agencies live on HH	

DSHS State of Texas Interface: REG*E and MAVEN



Lean Informatics Workgroup

- ❖ Every 4th Thursday from 10:00 AM to 11:00 AM
- ❖ NCTTRAC Room 100 or via WebEx

For both pre-hospital EMS/FIRE (NEMSIS) and HOSPITAL (NTDB, GWTG) to drive sophistication in regional analytics.

2015 Lean Informatics Discussion Topics



FEBRUARY: Level I Trauma Workflow & Hospital Hub (HH)

MARCH: Stroke/STEMI Documentation (EMS & Hospital)

APRIL: Texas Health Information Exchanges (HIEs) GUEST SPEAKER: TBA

MAY: 'Dirty Data' Validation Management GUEST SPEAKER: TBA

JUNE: Optimizing Enterprise Data

JULY: Clinical Documentation Improvement (CDI)

AUGUST: Mobile Telehealth

SEPTEMBER: Clinical Decision Intelligence (CDI)

OCTOBER: Value Process Mapping (VPM)

NOVEMBER: HIPAA & Metadata GUEST SPEAKER: TBA

DECEMBER: Monetizing the Business Case

RETURN: Prepare, Support, Respond.

General Public Comment

- Next **Board of Directors** Meeting – 10:30 AM, Tuesday, **April 14th, 2015** at the NCTTTRAC Offices, 600 Six Flags Drive, Arlington
- Next **General Membership** Meeting – 1:30 PM, Tuesday, **September 8th, 2015** at the North Central Texas Council of Governments (NCTCOG), Transportation Council Room, 616 Six Flags Drive, Arlington
- Call to Adjourn