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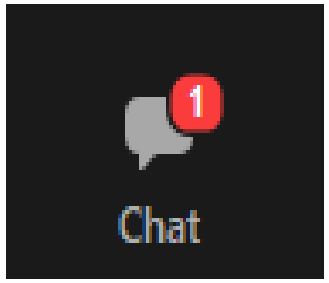
NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL

Meeting Tips

Whether you're in the room or online please speak up and out!



Click on this icon to send a message to a specific meeting attendee or to *ALL* meeting attendees

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TRAUMA REGIONAL ADVISORY COUNCIL

Welcome & Session Overview

- Review of Invitees & Purpose
- Abbreviated Board Meeting
- Quick Retrospective (for “new” folks)
- External Expectations (handouts distributed)
- Board of Directors Self-Assessment
- FY25 Needs Assessment Results
- Strategic Initiatives
- Nice Talk … Now What?

NORTH CENTRAL TEXAS
REGIONAL ADVISORY COUNCIL FOR
TRAUMA, ACUTE, & EMERGENCY HEALTHCARE

Abbreviated Board of Directors Meeting

9 April 2024

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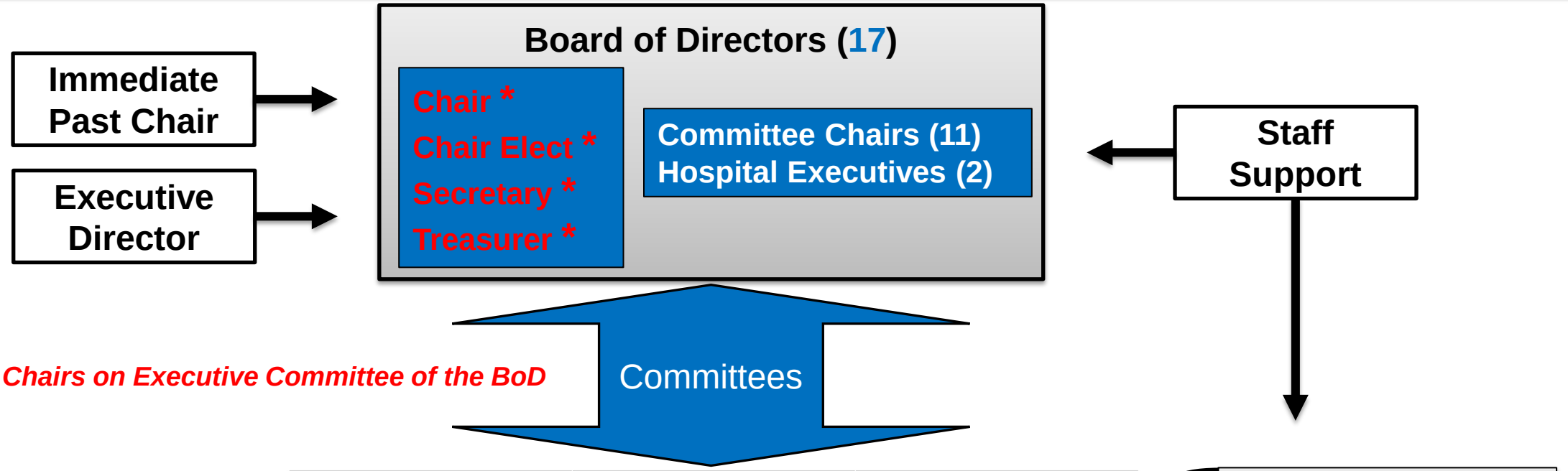
FY25 Governance Structure

NCTTRAC General Membership



** Officers & Chairs on Executive Committee of the BoD*

** Standing Committees with Medical Directors*

NCTTRAC: *Prepare. Support. Respond.*

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Abbreviated Board of Directors Meeting

- Chair's Comments
- Financial Reports
- Consent/Action Agenda Items
- Dallas Fort Worth Hospital Council Update
- Priority Program Updates

NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL

Board Secretary - Opening Actions

Attendance Review

Quorum?

*(minimum of **nine** required)*

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FY24 Board of Directors Attendance

NCTTRAC Officers			
OFFICE	**Primary Attendance %** (# Primary Attendance w/Excuses/ # Meetings Held)	**Primary In-person Attendance%** (#In-person Attendance/ # Meetings Held)	**Position Overall Attendance%** (# Position Attendance w/Excuses/ # Meetings Held)
Chair	100%	100%	100%
Chair Elect	100%	83%	100%
Secretary	100%	83%	100%
Treasurer	100%	67%	100%
Hospital Executive - East	83%	0%	83%
Hospital Executive - West	100%	0%	100%
Air Medical	83%	17%	100%
Cardiac	83%	0%	83%
Emergency Dept Operations	100%	83%	100%
Emergency Medical Services	100%	83%	100%
Finance	100%	17%	100%
EMS Medical Directors	67%	0%	67%
Pediatric	100%	17%	100%
Perinatal	100%	0%	100%
REPC	100%	50%	100%
Stroke	83%	0%	83%
Trauma	100%	100%	100%

Current as of 3/12/2024

If you are unable to attend, even with an excused absence, please ensure that your alternate (i.e. Chair Elect) is prepared to attend.

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Abbreviated Board of Directors Meeting

- ✓ *Chair's Comments*
- Financial Reports
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NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL

Treasurer's Report
Statement of Activities – February 29, 2024

	HPP HCC-C YR22/FY24	HPP HCC-D YR22/FY24	HPP HCC-E YR22/FY24	EMTF YR22/FY24	EMTF-2 GR FY24	TOTAL HPP
Revenue						
State of TX - DSHS	95,500	128,019	1,848,824	92,964	160,669	2,325,976
Membership Dues	0	0	0	0	0	0
Professional Development Programs	0	0	0	0	0	0
Gains on Investments	0	0	0	0	0	0
Sponsorships	0	0	0	0	0	0
Total Revenue	$ 95,500	$ 128,019	$ 1,848,824	$ 92,964	$ 160,669	$ 2,325,976
Expenditures						
Salaries	36,058	47,172	452,910	49,644	4,506	590,290
Fringe Benefits	12,686	15,801	146,267	14,564	1,080	190,398
Travel	376	2,945	11,657	0	7,908	22,885
Equipment	0	0	0	0	0	0
Supplies	205	2,196	45,249	2,386	700	50,737
Contractual	0	15,003	37,698	0	15,724	68,425
Other	13,097	11,876	464,292	2,573	116,929	608,767
Indirect	22,407	22,489	367,095	15,369	11,934	439,294
Total Expenditures	$ 84,829	$ 117,481	$ 1,525,168	$ 84,537	$ 158,781	$ 1,970,796
Revenues Over (Under) Expenditures	10,672	10,538	323,656	8,427	1,888	355,180
Beginning Unrestricted Net Assets	0	0	0	0	0	0
Ending Temp Restricted Net Assets	10,672	10,538	323,656	8,427	1,888	355,180
Ending Unrestricted Net Assets	0	0	0	0	0	0
Ending Net Assets	$ 10,672	$ 10,538	$ 323,656	$ 8,427	$ 1,888	$ 355,180

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NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL

Treasurer's Report
Statement of Activities – February 29, 2024

	STATE MISSION ASSIGNMENT	EMS/COUNTY ASSISTANCE	FY23 CARRYOVER EMS/COUNTY ASSISTANCE	EMS/RAC	RAC SYSTEMS DEVELOPMENT	SENATE BILL 8	UNRESTRICTED	UNRESTRICTED RESERVE	*TOTAL
Revenue									
State of TX - DSHS	12,233,768	514,656	15,021	485,609	278,971	712,150	0	0	16,551,130
Membership Dues	0	0	0	0	0	0	590,075	0	590,075
Professional Development Programs	0	0	0	0	0	0	0	0	0
Interest Income	0	0	0	0	0	0	0	28,785	28,785
Draw on Reserves	0	0	0	0	0	0	0	324,795	324,795
Total Revenue	$ 12,233,768	$ 514,656	$ 15,021	$ 485,609	$ 278,971	$ 712,150	$ 590,075	$ 353,580	$ 17,494,785
Expenditures									
Salaries	1,197,479	0	0	173,482	70,332	62,545	34,812	29,075	2,158,015
Fringe Benefits	150,403	0	0	51,640	19,168	13,139	10,256	7,838	442,842
Travel	10,356	0	0	0	4,932	0	0	0	38,173
Equipment	0	0	0	0	0	0	0	0	0
Supplies	11,060	0	0	4,060	1,675	2,703	0	0	70,235
Contractual	10,174,372	0	0	0	0	276,200	0	0	10,518,997
Other	706,513	0	0	27,082	26,090	30,821	54,755	37,431	1,491,459
Indirect	0	0	0	66,676	0	0	162,761	11,373	680,104
Total Expenditures	$ 12,250,182	$ -	$ -	$ 322,940	$ 122,197	$ 385,408	$ 262,584	$ 85,717	$ 15,399,824
Revenues Over (Under) Expenditures	(16,414)	514,656	15,021	162,669	156,774	326,742	327,491	267,863	2,094,961
Beginning Unrestricted Net Assets	0	0	0	0	0	0	2,806,318	0	2,806,318
Ending Temp Restricted Net Assets	(16,414)	514,656	15,021	162,669	156,774	326,742	0	0	1,499,607
Ending Unrestricted Net Assets	0	0	0	0	0	0	3,133,809	267,863	3,401,672
Ending Net Assets	$ (16,414)	$ 514,656	$ 15,021	$ 162,669	$ 156,774	$ 326,742	$ 3,133,809	$ 267,863	$ 7,707,596

***Total of all funding sources including HPP**

NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL

Treasurer's Report

Balance Sheet – February 29, 2024

ASSETS	2024	2023
Current Assets		
Operating Cash	468,517	359,398
Temporarily Restricted Cash	1,140,182	2,337,341
Frost Reserve Funds	1,080,152	1,591,552
Payroll Account	8,304	-
Raymond James Enhanced Savings Account	1,011,795	-
Total Cash	**$ 3,708,950**	**$ 4,288,292**
Other Current Assets		
Accounts Receivable	496,019	705,763
Investments	794,870	738,523
Certificates of Deposit	-	124,102
Total Other Current Assets	**$ 1,290,889**	**$ 1,568,389**
Other Assets		
Security Deposits	9,171	9,171
Prepaid Expense	(150)	(936)
Inventory Held for Distribution	1,002,035	870,589
Inventory Asset	653,271	568,005
Fixed Assets (net of depreciation)	410,303	833,028
Leasehold Improvements	1,659,022	-
TOTAL ASSETS	**$ 8,733,490**	**$ 8,136,537**
LIABILITIES & EQUITY		
Current Liabilities		
Accounts Payable	76,310	42,458
Other Current Liabilities		
Payroll Liabilities	204,041	192,634
Deferred Revenue - Dues	-	(552)
Accrued Liabilities	396	-
Current Portion of Lease Liability	$ 329,275	-
Total Other Current Liabilities	533,711	192,082
Lease Liability	1,424,445	-
Total Liabilities	**$ 2,034,467**	**$ 234,540**
EQUITY		
Temporarily Restricted Net Assets	$ 3,565,215	$ 4,516,237
Unrestricted Net Assets	3,133,809	3,385,760
TOTAL LIABILITIES & EQUITY	**$ 8,733,490**	**$ 8,136,537**

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TRAUMA REGIONAL ADVISORY COUNCIL

Abbreviated Board of Directors Meeting

- ✓ *Chair's Comments*
- ✓ *Financial Reports*
- ➢ Consent/Action Agenda Items
- ➢ Dallas Fort Worth Hospital Council Update
- ➢ Priority Program Updates

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Consent/Action Agenda Items

- March Board of Directors Meeting Minutes
- FY24 Memberships for Approval – April (1)
- February Finance Committee Minutes
- March REPC Meeting Minutes
- FY24 EMS Committee SOP V2 – Appendix C – NCTTRAC Bariatric EMS Resource
- Certified Specialist Trauma Registries (CSTR) Study Guide
- Other Action Items

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DFW Hospital Council Update

- **Hospital Executive – East** — **John Phillips**

- **Hospital Executive – West** — **Corey Wilson**

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Abbreviated Board of Directors Meeting

- ✓ *Chair's Comments*
- ✓ *Financial Reports*
- ✓ *Consent/Action Agenda Items*
- ✓ *Dallas Fort Worth Hospital Council Update*
- ➢ Priority Program Updates

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Priority Program Updates

- Emergency Healthcare Systems
- Hospital Preparedness Program

Break

5 minutes

NCTRAC

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REGIONAL ADVISORY COUNCIL FOR
TRAUMA, ACUTE, & EMERGENCY HEALTHCARE

FY25 Strategic / Business Planning Session

April 9th, 2024

Remember … There are no “stupid questions” or “bad ideas”

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Session Overview

- Quick Retrospective (for “new” folks)
- External Expectations (handouts distributed)
- Board of Directors Self-Assessment
- FY25 Needs Assessment Results
- Strategic Initiatives
- Nice Talk … Now What?

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Quick Strat Planning Retrospective

2008 – **Contractor-facilitated, two-day session** to arrive at mission(s) & guiding philosophies; Strengths, Weaknesses, Opportunities, & Threats; our distinctive capabilities; & how we sought to measure success.

> Plan elements were built around a conceptual model of **patient outcomes**; **organization and governance**; **communications**; **member participation**; **systems development**; & **program operations**.

2009/10/11 – **Annual** sessions were a deliberate **review of** initially drafted **Goals & Strategies** spreadsheets to update the original **66 plan elements**.

2012/13 – Sessions **limited to** summarize & showcase remaining **elements of interest** from Executive Director's perspective.

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Strategic Goals 2008 - 2014

Goal #1: NCTTRAC will improve patient outcomes in TSA-E.

Goal #2: The Board, committees and staff of NCTTRAC will be a cohesive, well-coordinated group that is organized to reach the desired results.

Goal #3: NCTTRAC will have a positive image through the region & state through improved internal & external communications.

Goal #4: NCTTRAC will have a wide level of participation in its activities from among its members & various stakeholders.

Goal #5: NCTTRAC will have a strong presence in development of the EMS/Trauma System.

Goal #6: NCTTRAC will have effective plans enabling optimal program operations.

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Quick Strat Planning Retrospective

2014/15/16 – **Reintroduced** broad-based **Needs Assessment Survey** feedback & the BoD **reduced original six Goals to one**, with expectations that **each committee develop & advance appropriate Goals & Strategies** within committee's peer-driven efforts.

Goal #1: NCTTRAC will improve patient outcomes in TSA-E.

2017 to date – Annual Needs Assessment Surveys evolve, BoD & **Committee-driven Goals/Strategies** captured & documented **in SOPs & meetings**, monitored monthly **via Accountability Scorecard** spreadsheet. Variability of state funding and contract deliverables prevent "traditional" multi-year strategic planning/goals.

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Foundational Expectations & Direction

- Rules & Traditional RAC Essential Criteria
  - Regional Plans & Guidelines
  - Data-driven System Performance Improvement
  - Injury/Illness Prevention & Public Education
  - Professional Development
- DSHS Contracts
  - RAC & System Development (State-sourced)
  - EMS County (State-sourced)
  - EMS Recruitment & Retention (State Senate Bill 8)
  - Hospital Preparedness & EMTF (Federally-sourced)
- Governors EMS & Trauma Advisory Council (GETAC)
- NCTTRAC Service Line Members' Interests

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RAC Strategic Functions

NCTTRAC's Mission:

To promote and coordinate a system of quality trauma, acute, and emergency healthcare and preparedness in North Central Texas

Serves as "Switzerland" for emergency healthcare agencies and facilities to discuss, develop, and share best practices…

❖RAC Key Functional Areas:

1. **Coalition & Partnership Building**
2. **Systems of Care Development**
3. **System Performance Improvement**
4. **Right patient, Right place, Right time …**
5. **Lower Morbidity & Mortality**
6. **Preparedness & Response**

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Discussion Topics - DSHS Leadership & Rules

- **DSHS Rules Review Update**
  - **Stroke:** Effective in Designation Surveys as of September 2022
  - **Maternal:** Effective in Designation Surveys as of June 2023
  - **Neonatal:** Effective in Designation Surveys as of January 2024
  - **Trauma:** Rules approved by the Trauma System Committee and submitted to (RCO)
    - Adoption: May 2024
    - Survey Designation Effective: January 2025
  - **RAC:** Submitted to RCO with Trauma Rules
    - RAC Contract Integration: FY25 - September 2024
  - **EMS:** Not Currently Open

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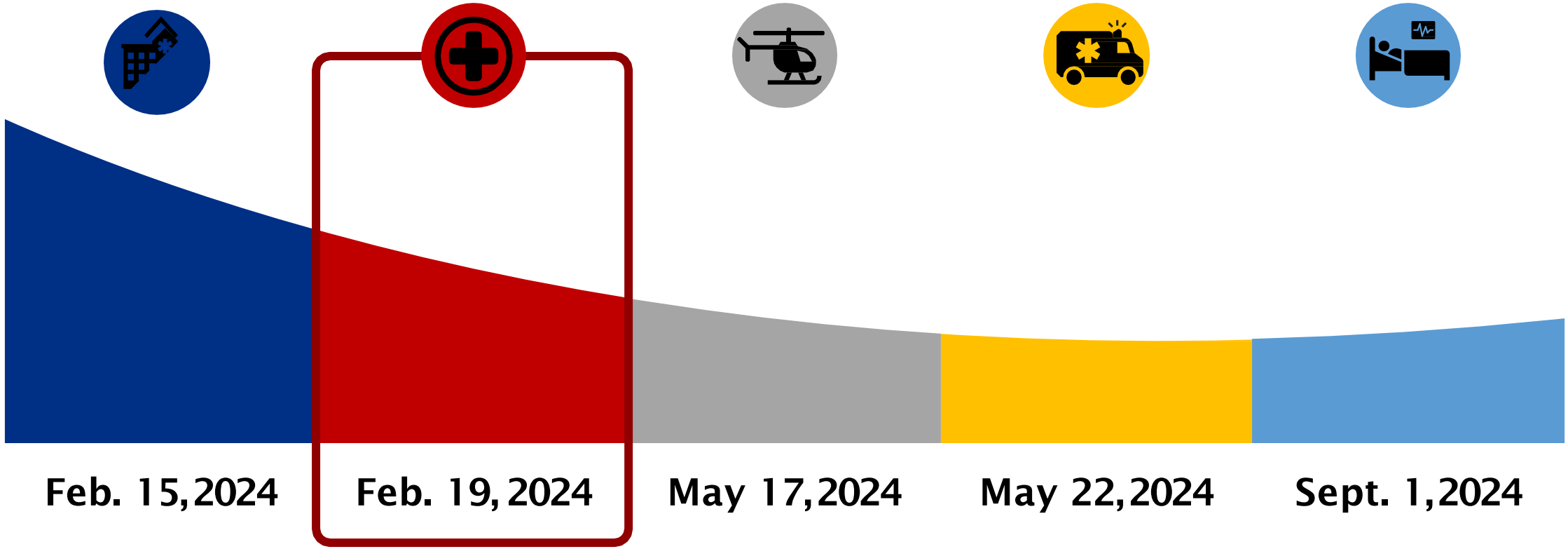
Trauma Rule Timeline



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RAC Essential Criteria

System Management and Planning

Bylaws	Plan Components	RAC Operations
Written Mission Statement	Access to Regional EMS/Trauma Systems	Distribute System Plan to all Member Entities
Trauma & EHS Goals	Communications	Meetings are Scheduled / Conducted According to RAC Bylaws
Defined Chain of Command & Decision-Making Process	Medical Oversight	Physical & Human Resources
Committee Structure Defined	Pre-hospital Triage Criteria / Facility Triage Criteria	RAC Communications
Roles, Responsibility, and Election Process of Officers	Diversion Policies	RAC Finances Conducted in Accordance with State Contracts and other Regulatory Requirements
Voting Process	Bypass Protocols / Regional Trauma Treatment Protocols	Education & Training is Conducted to Meet the Needs Identified in Annual Assessment
Member Participation Requirements	Regional Medical Control	Education & Training is Conducted to Meet the Needs Identified in PI Activities
Fees/Dues Approved by Membership	Inter-hospital Transfers	Identified Resources Available in TSA E for Emergency / Disaster Preparedness within Written Plan
Entities caring for trauma patients encouraged to attend Meetings	Performance Improvement (PI) Program	Regional Performance Improvement Program
Bylaws Approved by Membership	Regional Helicopter Activations Guidelines	Regional Injury Prevention Program

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New RAC Performance Criteria

Focus: System Development, Planning, Monitoring, & Performance Improvement

- Injury & Disease Epidemiology
- Regional Self-Assessment
- Regional Requirements
- Regional System Leadership
- Regional Coalition Building & Community Partnerships
- Human Resources within the RAC
- Regional Trauma & Emergency Healthcare System Plan
- Regional System Integration
- Business / Financial Planning
- Regional Prevention & Outreach
- EMS & Prehospital Services
- Definitive Care Facilities
- Regional System Coordination & Patient Flow
- Regional Rehabilitation
- Regional Disaster Preparedness
- System-wide Performance Improvement
- Data Management & Information Systems
- Regional Research

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State Contract Expectations

FY24 EMS/RAC

- **Purpose:**
  - For enhancement/delivery of patient care in Grantee's TSA
- **FY24 Funding Amount: $485,609** (One lump sum payment)
- **Allowable expenses include:**
  - Supplies
  - Operational Expenses
  - Education & Training
  - Equipment
  - Communication Systems

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State Contract Expectations

FY24 RAC Systems Development (formerly EMS Tobacco)

- **Purpose:**
  - Develop, implement & monitor a regional EMS & Trauma system plan
  - Assist DSHS in identifying critical evacuation issues for Texas hospitals & EMS providers
  - Participate in state & regional post-incident review activities as requested
  - Attend specified meetings with DSHS Program & CMS staff
  - Support Perinatal Care Region (PCR) within Grantee's TSA
- **FY24 Funding Amount: $278,971** (One lump sum payment)
- **Allowable expenses include:**
  - Supplies/equipment/personnel costs for EMS/injury prevention and/or education programs
  - Costs of personnel, supplies & equipment to conduct trauma-related courses
  - Updating & sharing the regional EMS/Trauma System Plan
  - Educating public or trauma care providers about regional EMS/Trauma System Plan
  - Expenditures or grants to entities related to delivery of trauma patient care
  - System PI meetings, newsletters, regional registry, regional communication systems
  - Travel & registration fees for RAC staff to attend EMS/Trauma Systems related meetings/conferences
  - No more than 20% may be utilized for administrative costs

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State Contract Expectations

- RAC Rule (TAC § 157.123) revisions: RAC Criteria, Self-Assessment & Scoring Tool
  - Anticipated to become contractual in September 2024
  - Provides standardized regional assessment tool for all 22 Texas RACs
  - DSHS Expectations:
    - Two years to complete; first year to complete assessment; second year to inform/revise consolidated regional emergency healthcare plan based on assessment results
    - Participation expected from multiple stakeholders across all 19 counties of TSA-E
    - Assessment includes 26 indicators, 0 - 5 scale:
    - Indicators to be completed by defined service line committee
    - **EMS & Trauma** to be assessed initially in FY25, with other service lines to follow in FY27

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State Contract Expectations

FY24 Emergency Medical Services/COUNTY (EMS/CO)

- **Purpose:**
  - Administer EMS provider reimbursements to ensure continuation of emergency medical services
- **Total contract FY24 $514,656** (One lump sum payment)
- **Allowable expenses include:**
  - EMS operational expenses used to maintain the viability of the organization
  - EMS supplies
  - EMS education and training
  - EMS equipment
  - EMS ambulances
  - EMS communication systems
- Utilize EMS/Regional Advisory Council (EMS/RAC) and/or RAC Systems Development funds to administer the EMS/CO deliverables

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EMS County Initiative … Leading the Way

- **In the past**: EMS Providers could only receive funding through Traditional Reimbursement measures per contract
  - NCTTRAC proposed allowing EMS Provider to "pool funds" for regional projects in absence of Local Projects Grant … DSHS accepted
- **Today:** EMS Providers can choose how to use their funds
  - Opt-out: Traditional Reimbursement Program
  - Opt-in: EHS Committee regional project options
    - CARES
    - Daily Use Wristbands
    - Triage Capable Wristbands
    - Regional System Development "Bucket"

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Texas Wristband Project … Leading the Way

- Coordinating a statewide order for EMS Triage Wristbands at the request of other RACs' leadership:
  - Developed in TSA-E for placement on first response vehicles/apparatus and for use in MCIs
  - Interchangeable with the Texas EMS Wristband for daily use
  - Approved by GETAC Preparedness & Response Committee
  - Education & Training materials developed for prehospital, hospital & leadership personnel

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Senate Bill 8 Contract … Leading the Way

In the beginning (September 12, 2022): The Texas Legislature provided $21.7 million to distribute towards funding of EMS education and retention. **TSA - E received $2.25M**

- Purchased application to manage scholarships
- Developed SB 8 application based on DSHS criteria
- Developed Agreements, Affidavits, Pledges, Addendums, etc.
- Advertised to regional DSHS-licensed EMS Providers

Currently: Continuing to receive applications

- Thus far, provided 341 scholarships worth over $1.8 million
- Monitoring student progress via Student Accountability Reports (SAR)
- Attempting to collect repayment of funds from withdrawn students

Top 3 Goals:

- Increase personnel actively working on an ambulance
- Reduce the burden in rural and underserved areas
- Retain currently certified personnel

In the future: DSHS SB 8 contract ends on December 31, 2024

- Continue to provide scholarship funding if available until contract ends
- Continue to monitor student progress
- After 12/31/24, all student information will be provided to DSHS for continued progress monitoring

State Contract Expectations

HPP YR 22 Hospital Preparedness Program

Purpose:

Enhance ability of healthcare systems to prepare for health and medical emergencies & disasters with primary focus on Health Care Coalition building, regional healthcare system preparedness, & Emergency Medical Task Force component development.

HPP YR 22 Funding Amount: $3,328,111

Program Year 22 runs July 1, 2023 – June 30, 2024

Four Capabilities:

- Foundation for Health Care & Medical Readiness
- Health Care & Medical Response Coordination
- Continuity of Health Care Service Delivery
- Medical Surge

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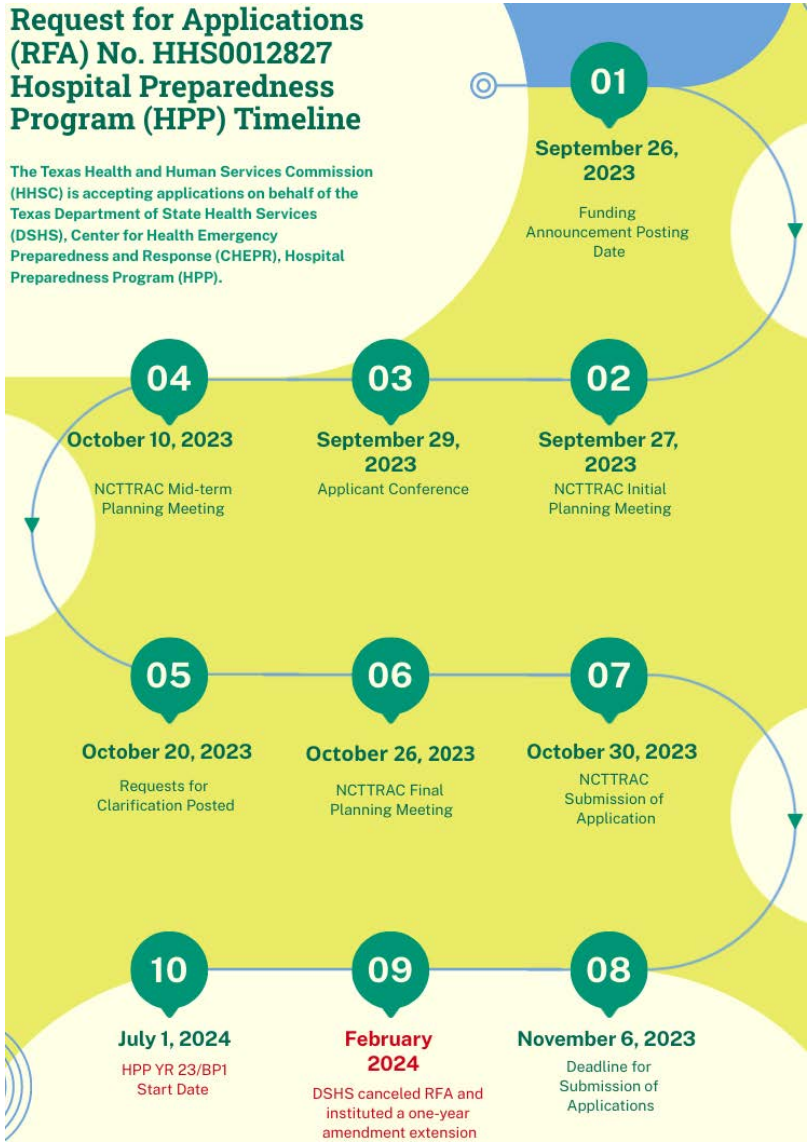
HPP Request for Applications



This is a one-year extension from July 2024 to July 2025

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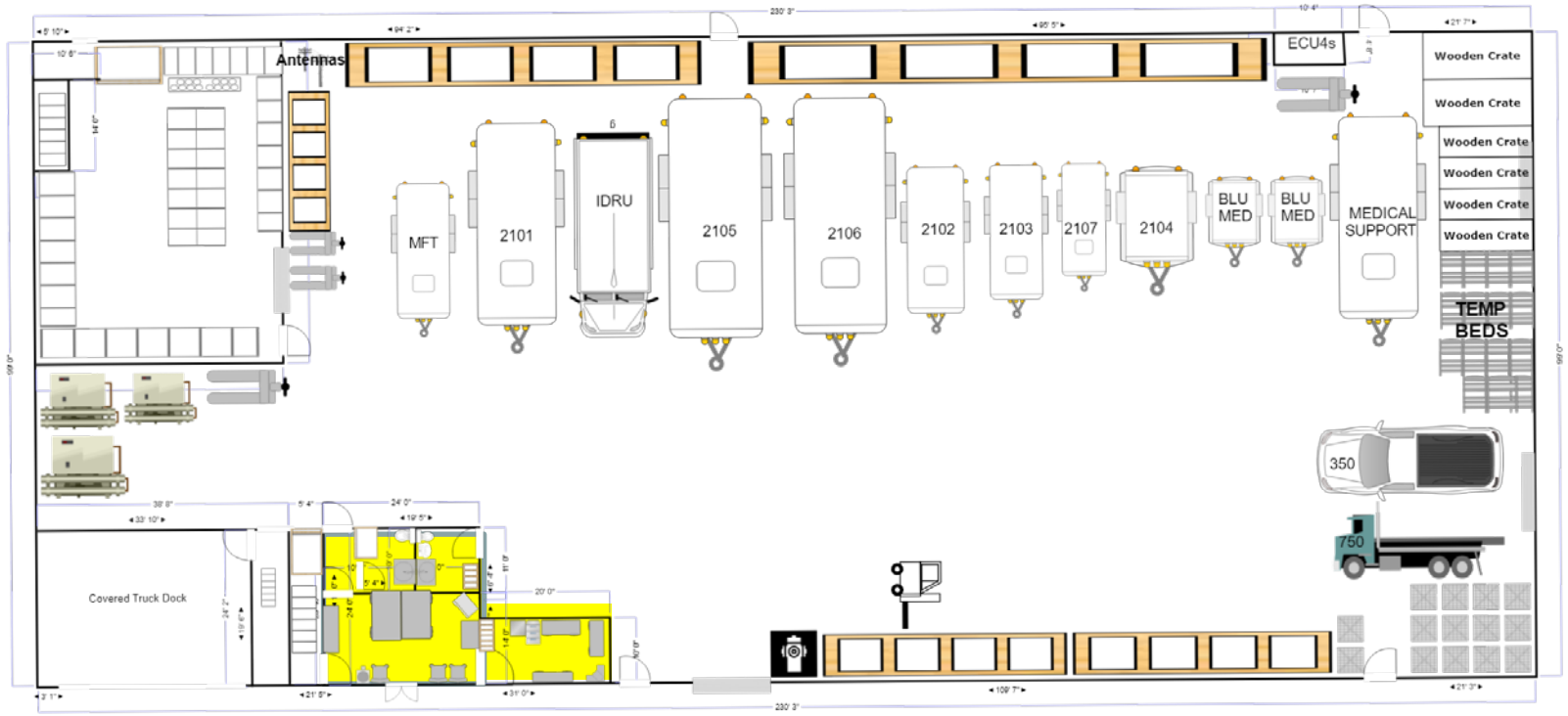
RAC Warehouse Lease Renewal

- New 3-Yr Lease w/ 3-Yr Option
- 22,800 sq ft near I-20 & Matlock
- 8 miles from NCTTRAC offices
- Office spaces being renovated
- TDEM initiative for 250,000 sq ft regional warehouse pending
- Future TDEM warehouse timing, location & partnership TBD



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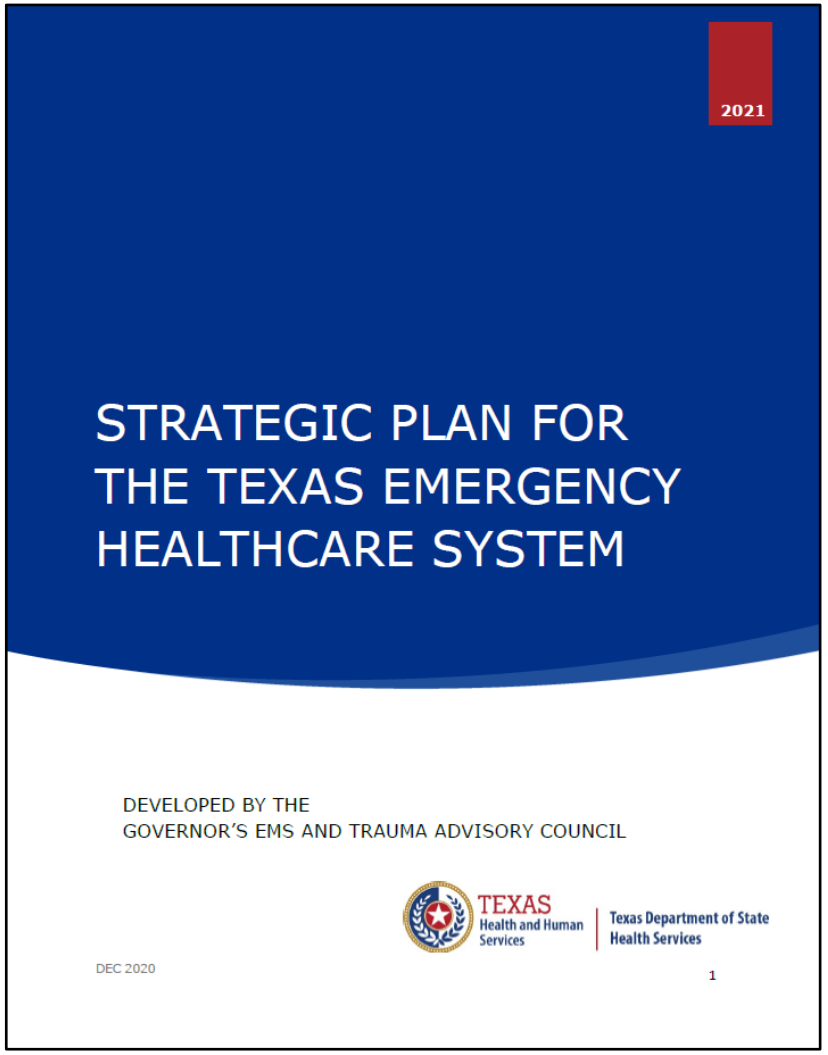
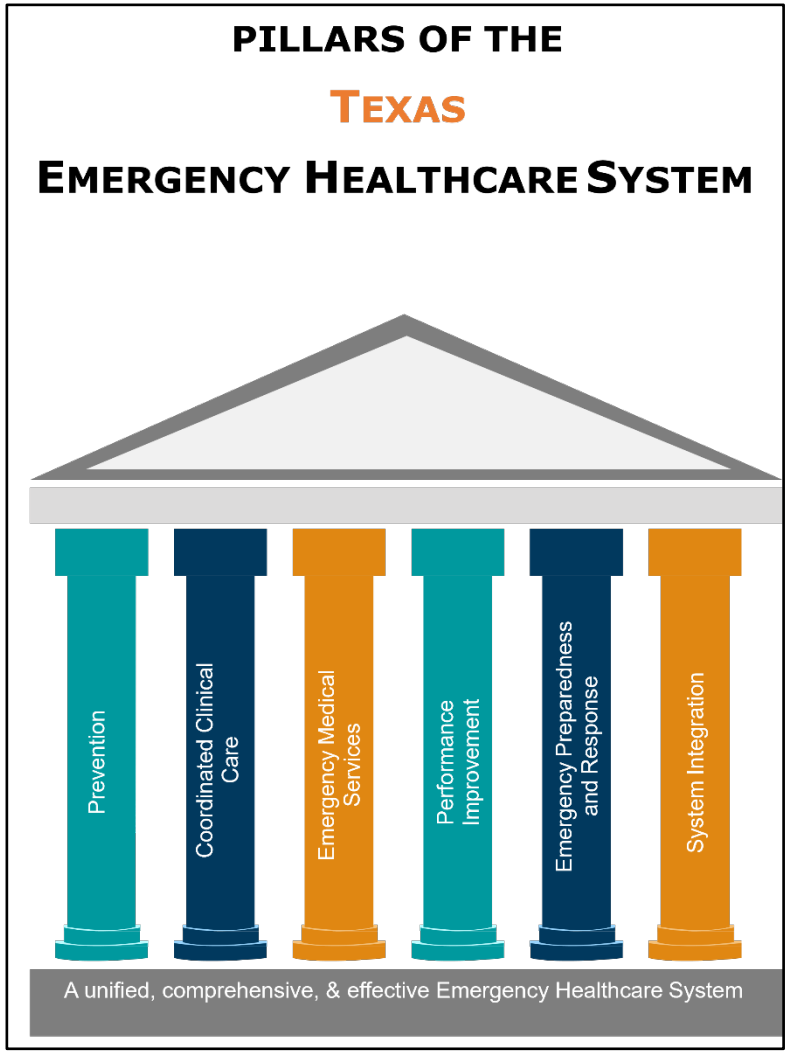
Governor's EMS and Trauma Advisory Council (GETAC) Expectations





NCTTRAC: ***Prepare. Support. Respond.***

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GETAC Strategic Plan

Vision

A unified, comprehensive, and effective Emergency Healthcare System.

Mission

To promote, develop, and advance an accountable, patient-centered trauma and emergency healthcare system.

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GETAC Strategic Plan

- **Clinical Elements**
  - Prevention
  - Coordinated Clinical Care
  - EMS Medical Direction
  - Performance improvement
  - Emergency Preparedness
  - System Integration
- **Infrastructure**
  - Communication Systems
  - Information Systems
- **System Support**
  - Public Education
  - System Legislation & Regulation
  - System Funding

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GETAC Governance

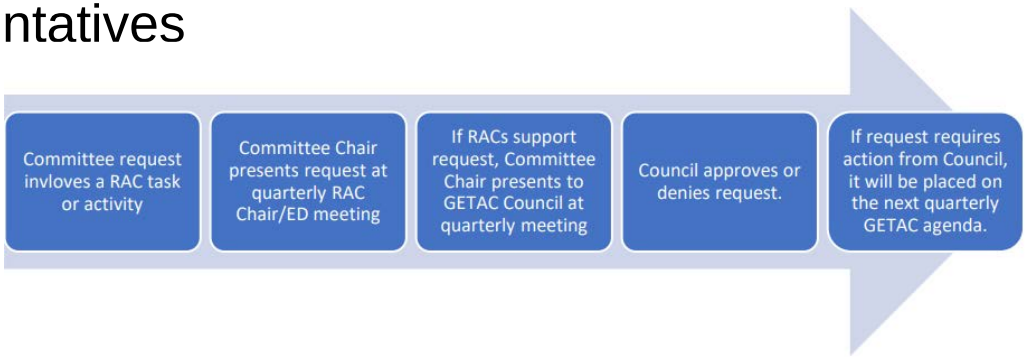
Governor's EMS and Trauma Advisory Council (GETAC)

Perinatal Advisory Council (PAC)

Regional Advisory Councils (RAC)

Also known as Perinatal Care Regions (PCR)
Total of 22 RACs

- Both GETAC and PAC expectations recognize RAC/PCRs as essential execution-level systems of care representatives
- Liaison, Communications, Action
  - GETAC committees
  - RAC Chairs & Execs meetings
  - Strong focus on Performance Improvement initiatives



- Perinatal Advisory Council & RACs .. parallel but different

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Members' Expectations

- First … "State of Our RAC" is Healthy and Strong
- Committed to Due Diligence and Quality
- "Return on Investment" Delivered by Staff Support
  - Facilitation of 30+ Committees/Subcommittees, Etc.
  - Training and Education ($85K, 593 attendees)
  - Awarded Scholarships ($1.8M, 300 recipients)
  - Response Reimbursements ($3,491,111.76)
  - Supplies/Equipment
    - HPP ($648,399.95)
    - EMTF-2 ($1,622,581.81)
    - HPP Transfer to recipients ($757,183.52)
  - Data Registries (3) and Dashboards (49)

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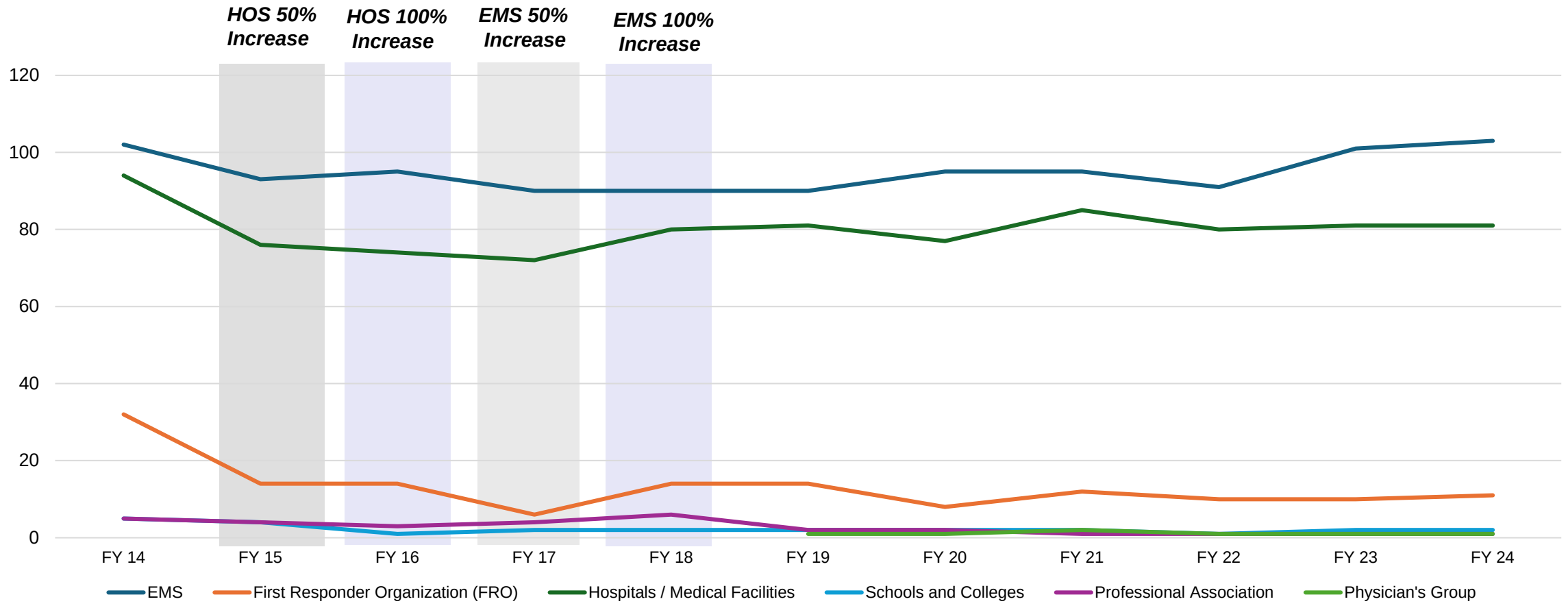
Annual Membership Trends By Category



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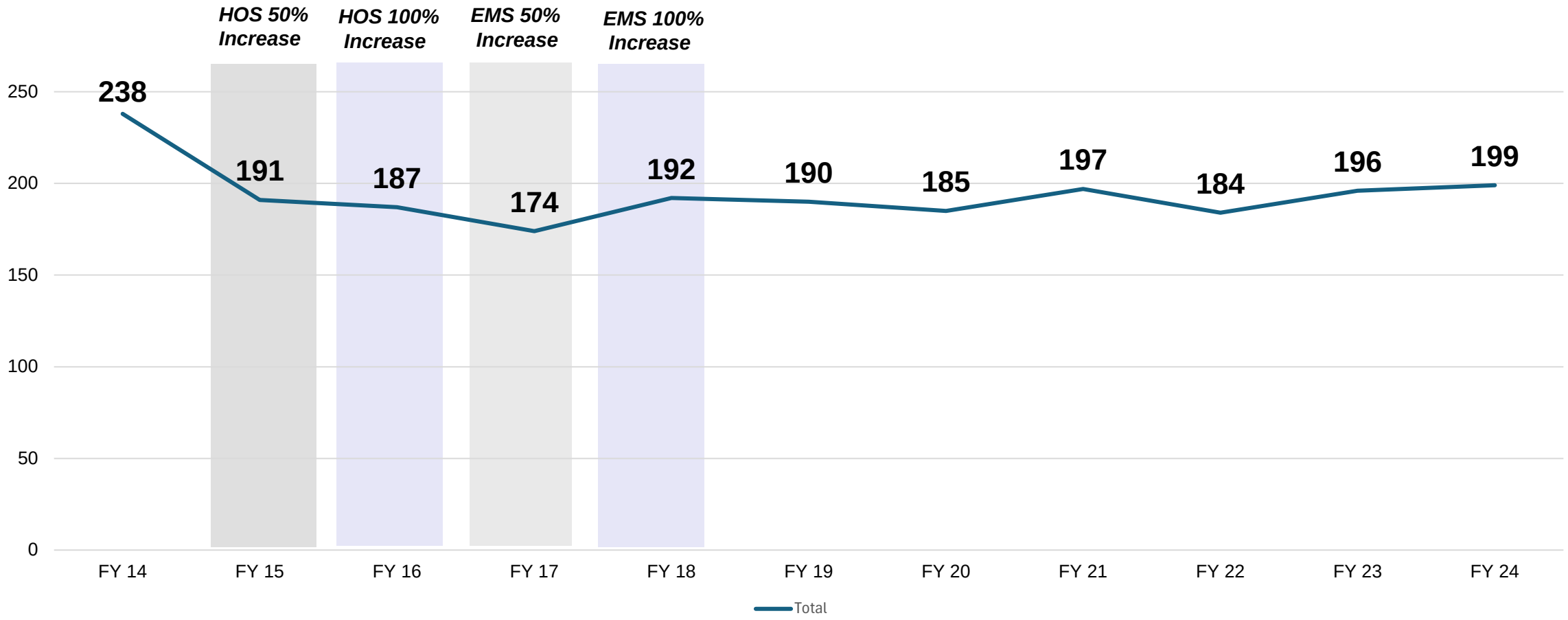
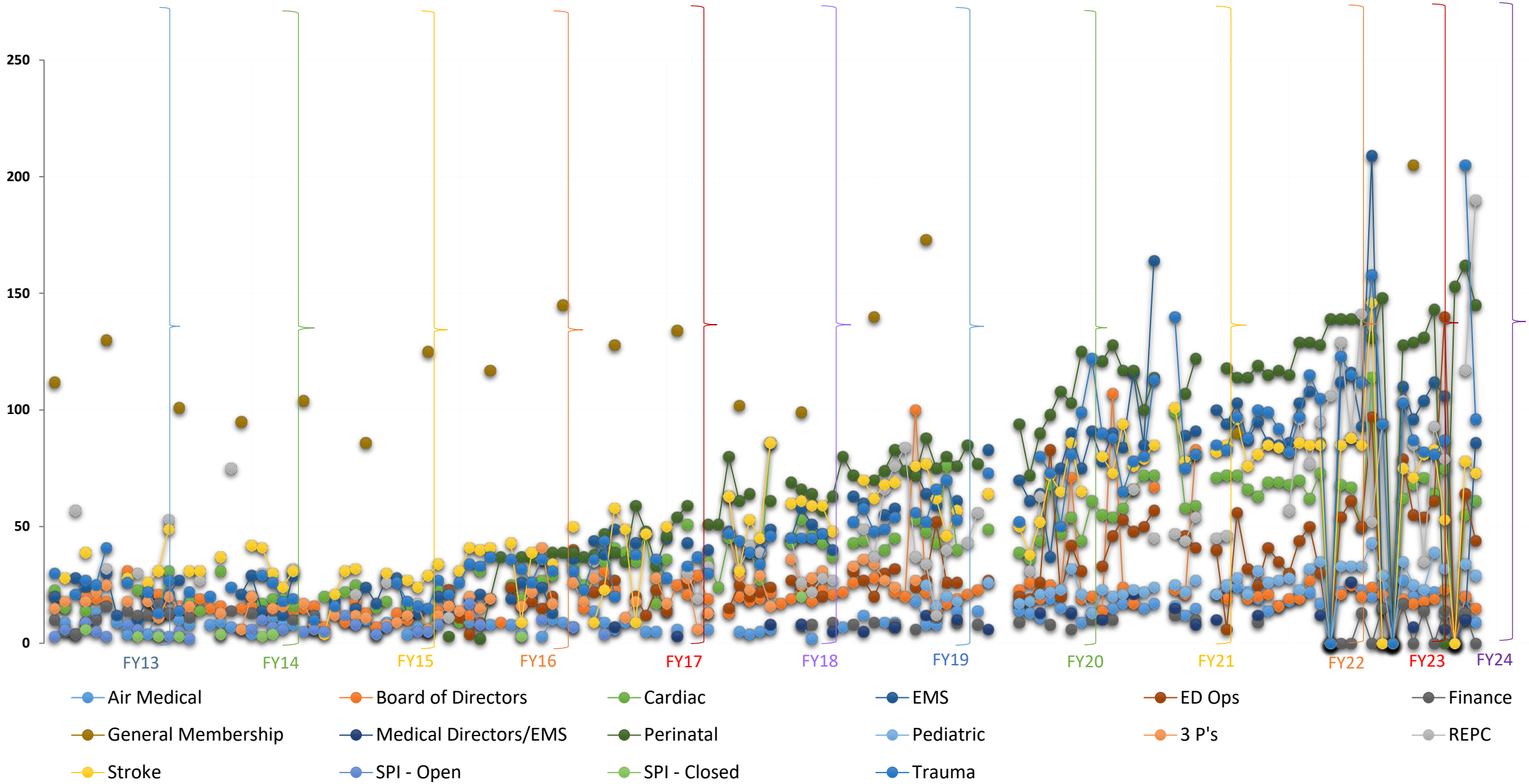
Annual Membership Trends
All Membership



Overall Meeting Participation
FY13-FY24



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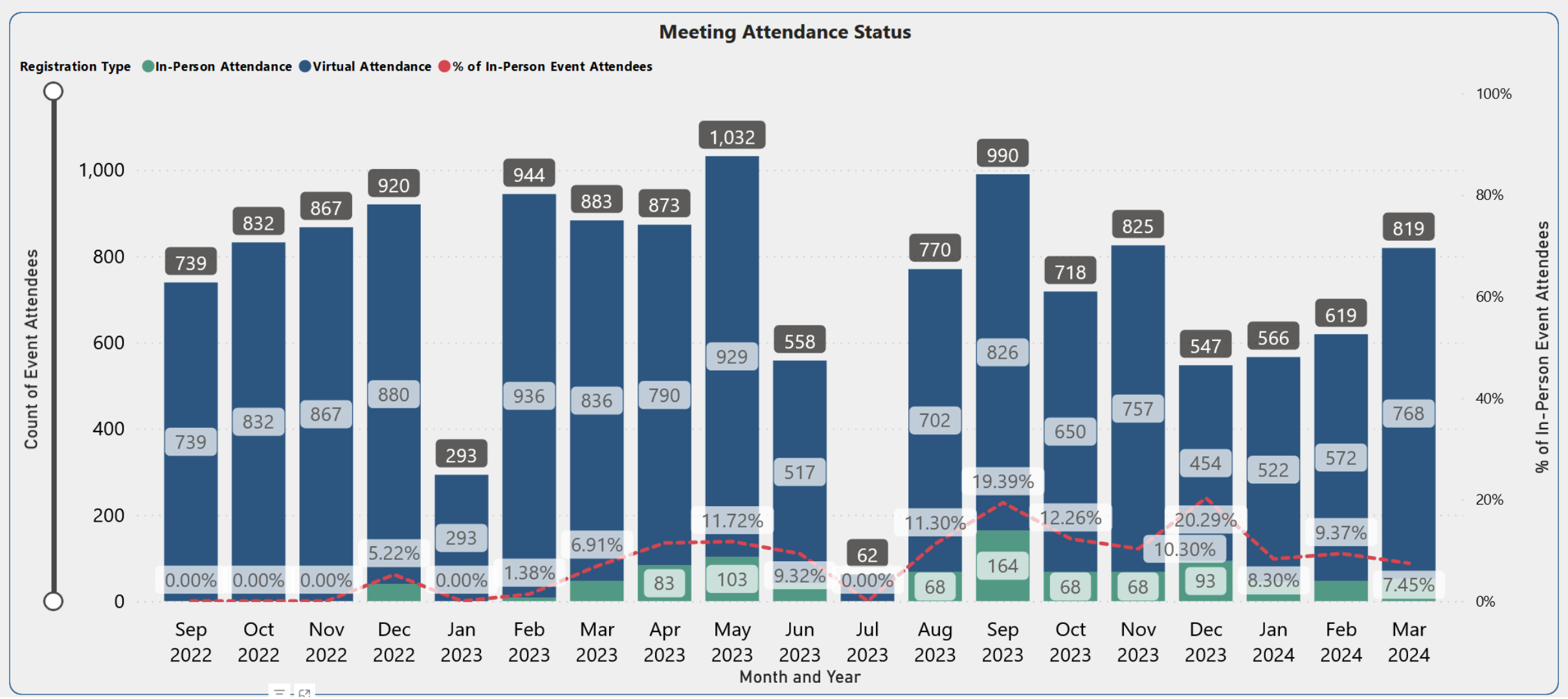
Overall Meeting Participation FY23-FY24



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Board of Directors Self-Assessment

- NCTTRAC Bylaws 7.3.7.2
  - *"The Board shall regularly evaluate its performance to recognize its achievements and determine areas that need to be improved."*
- Evaluating Board Compliance vs Effectiveness
  - Compliance is relatively simple
  - Effectiveness is more ambiguous, but overall *NCTTRAC* effectiveness is *Board* effectiveness

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What is the Board's Overarching Mission?

- "*The NCTTRAC Board shall act on behalf of the organization and has principal responsibility for the organization's mission & the legal accountability for its operations."* (Bylaws 7.3.1)
  - Determine mission & purpose (7.3.2)
  - Ensure effective organizational planning (7.3.3)
  - Ensure effective resource management (7.3.4)
  - Ensure programs are effective & consistent with mission (7.3.5)
  - Ensure legal and ethical integrity & maintain accountability (7.3.6)
  - Train new Officers/Directors/Chairs Elect & monitor performance (7.3.7)
  - Responsible for position statements regarding activism/advocacy
  - Perform duties in good faith & best interest of NCTTRAC (7.3.9)

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How Does the Board Execute Its Mission?

Board Duty	Annual Strategic Planning	Document Development & Approval	Budget Development & Approval	Committee Reports & Votes	Meeting Minutes & Fiscal Audits	Board Training & Orientation	Individual Requirements	Ad Hoc Action Items
Mission & Purpose	X					X	X	
Effective Planning	X	X						X
Resource Management			X		X			
Program Effectiveness & Consistency with Mission		X		X			X	
Integrity & Accountability		X			X	X	X	
BoD Training & Performance	X					X	X	
Activism/Advocacy								X
Good Faith & Best Interest	X	X	X	X	X	X	X	X

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Why Does Board Attendance Matter?

- Almost all Board Duties require attendance to execute
- Board Members perform duties by providing guidance & voting
- Committee Chairs have additional duties requiring attendance:
  - "*The Chair of each Standing Committee is responsible for presenting committee & subcommittee reports to the Board on a periodic basis as approved by the Board*." (9.1.6.3)
  - "*The Chair of each Standing Committee/Subcommittee is responsible for presenting the collective vote or consensus of the members or core group of the Standing Committee/Subcommittee*." (9.1.6.4)

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Board Attendance Requirements - Bylaws

7.8 All Officers and Directors are expected to attend all Board Meetings.

7.8.1 Attendance rosters will be maintained on a rolling two-year or individual fiscal year basis as appropriate to Officers/Directors terms of office.

7.8.2 Officers and Directors attending virtually are encouraged to utilize video capabilities where available to facilitate meaningful discussion and participation in NCTTRAC meetings and events.

7.8.3 Excused absence requests should be conveyed to NCTTRAC Administration for review by the Executive Committee prior to the missed meeting.

7.8.4 If an Officer or Director is absent for two consecutive regular Board Meetings, or failing to attend at least 50% of the meetings in person, without accepted excuse, the Officer or Director will be notified in writing of the applicable concerns.

7.8.4.1 If, after being notified, the Officer or Director misses the next regular Board Meeting, NCTTRAC Administration will bring the situation to the Executive Committee's attention for discussion and resolution.

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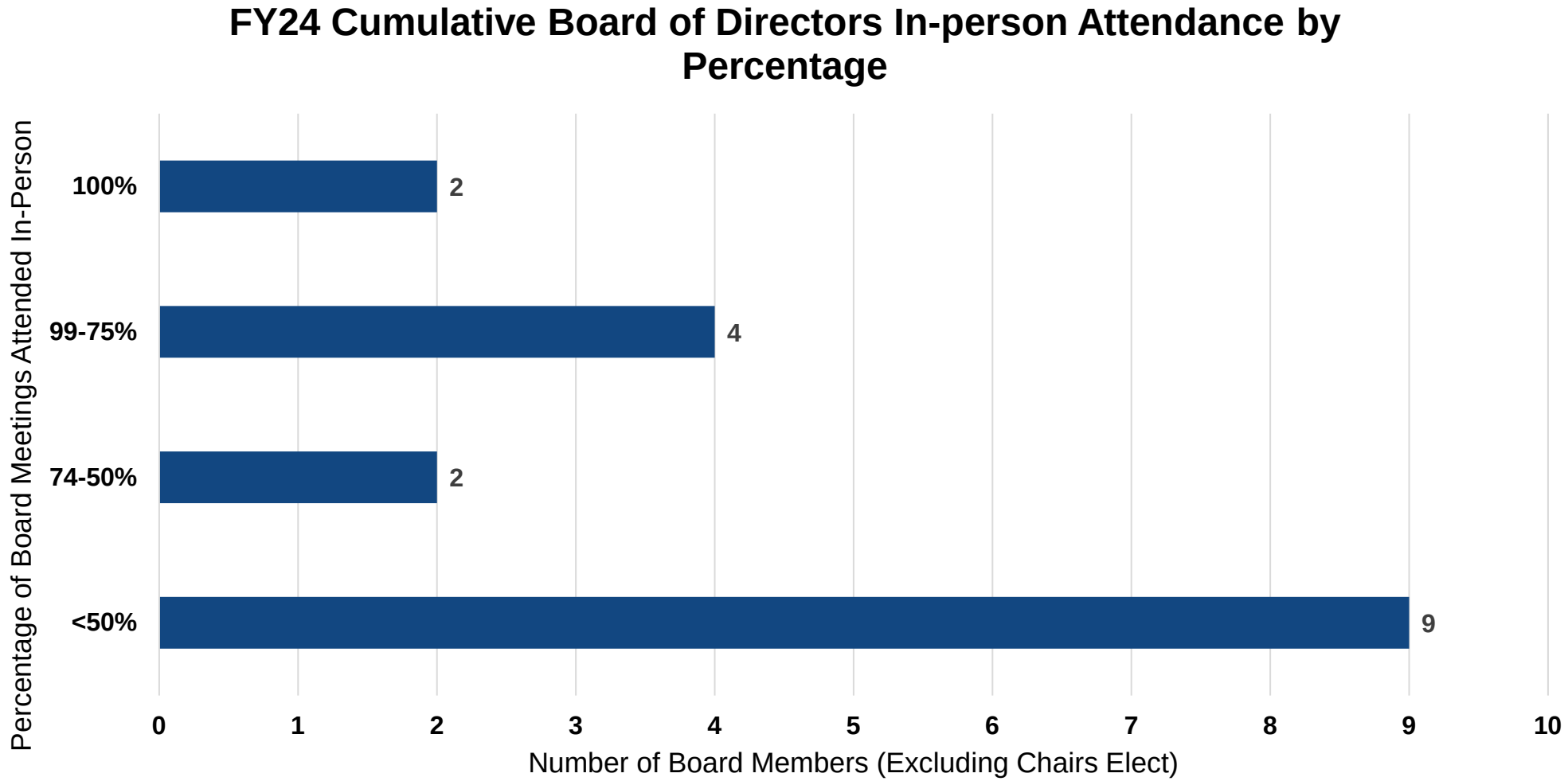
Board Meeting In-Person Attendance



September 2023 – March 2024
(6 Board Meetings)

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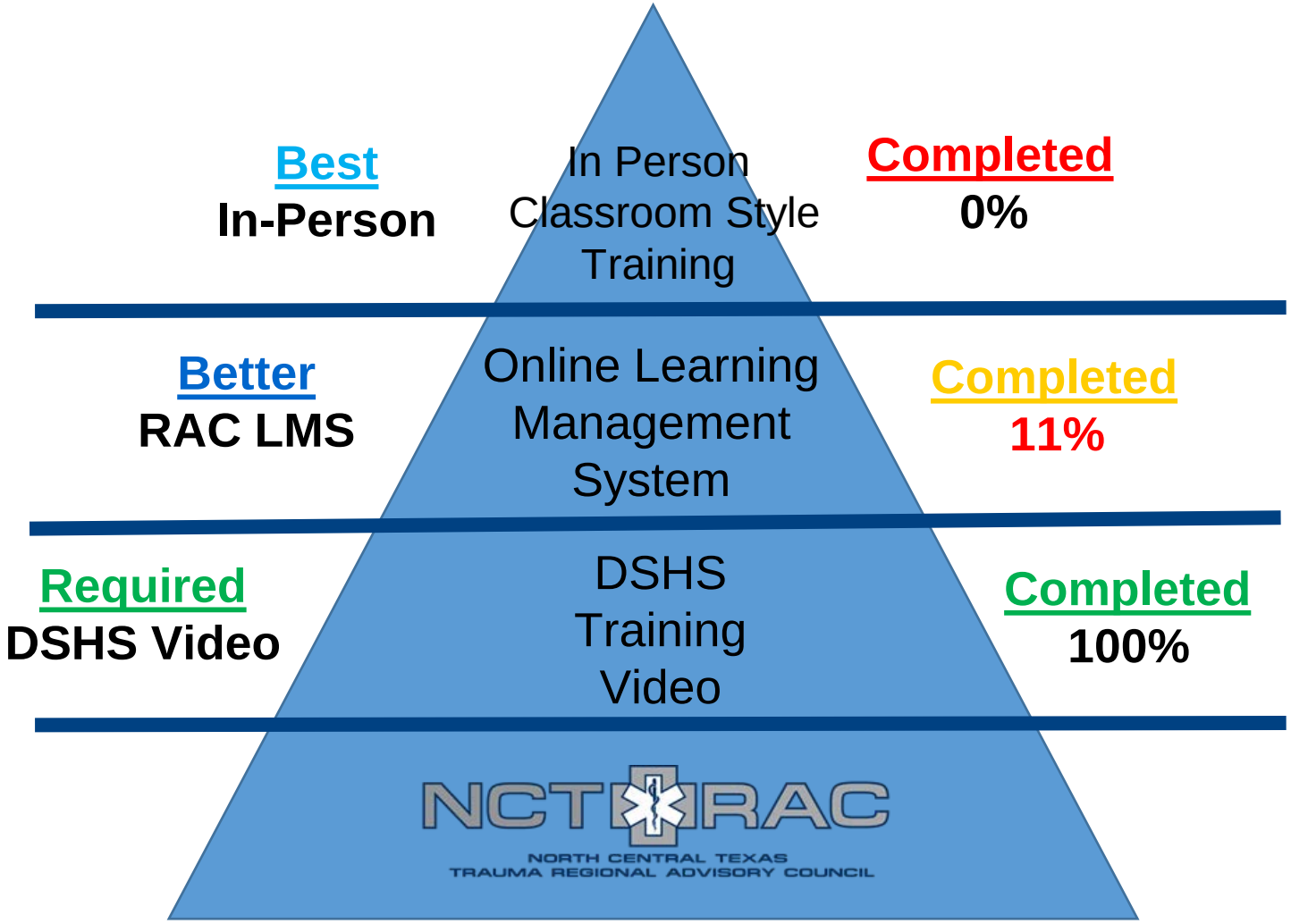
In-Person Attendance Discussion

- Central Question: Is it still important to require in-person attendance?
  - Consideration: very difficult to get in-person physicians
- If we continue requiring 50% in-person attendance:
  - Consider allowing Chairs Elect to count towards in-person requirements when Chair is Online or Absent
  - Clarification: in-person attendance at 50% of all Board Meetings, or at 50% of all Board Meetings that the position attends?
    - Example: There are 10 Board Meetings each FY. I have an excused absence for 2 of them.
    - Option 1: I must attend 5 Board Meetings in-person (50% of all Board Meetings)
    - Option 2: I must attend 4 Board Meetings in-person (50% of all Board Meetings that my position attends)

Board Training: Minimums & Optimum



- In-person training stopped during COVID-19 and has not returned due to lack of expressed interest
- Online orientation is available & advertised, but minimally used
- Staff Recommendation
  - Add In-person BoD training sessions to end of the first three Board meetings each FY
  - If new BoD members miss all three, push online orientation

As of March 13, 2023

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FY25 Strategic Planning Assessment

Disclaimer

Previous Needs Assessment Reports

The previous Needs Assessment process was used to annually obtain information to further NCTTRAC's strategic direction. The purpose of that survey was to identify strengths and challenges within NCTTRAC's member driven scope of services and activities. Data from those assessments were used to provide the basis for regional planning, prioritization, and distribution of regional resources.

The FY25 Strategic Planning Assessment Report

As NCTTRAC prepares to implement the Texas Department of State Health Services (DSHS) new RAC Self-Assessment, the FY25 Strategic Planning Assessment will serve as an interim measure to collect member feedback regarding regional project development, planning, and prioritization of budgeted and/or projected resources.

Demographics and Membership

Key Takeaways

Membership Recognition and Benefits

Improvement in the Membership Status recognition through education, engagement, and contact management.

Improve non board member satisfaction through education, engagement, and contact management updates to receive the above information.

Further distribute and showcase membership dues ROI through communication.*

Membership Renewal Process

Complete contacts and delegates updated campaign along with weekly reminders to ensure follow up and showcasing of membership status.

Implement a mail version to assist those with IT issues.

Other

Further develop and update AV equipment to ensure seamless commutation between in-person and virtual attitudes.

Outline SOP voting representatives practices by each committee as noted in the SOP templates.

Emergency Healthcare Systems

Key Takeaways

Air Medical

Continue to showcase use of Texas EMS Wristbands and fund through cost-sharing.

Cardiac

Further showcase community events in the professional development forums during committee meetings.

Explore hosting a Community Education Workgoroup to organize community events for the public.

ED Operations

Continue to provide community hands only CPR and widely advertise.

EMS

Reevaluate the regional EMS Triage system/process.

Reevaluate the regulations regarding wristbands.

Emergency Healthcare Systems

Key Takeaways

Pediatric

Continue to provide PCAR courses and widely advertise.

Perinatal

Continue to provide courses that focus on maternal severe hypertension and substancee abuse topics and widely advertise.

Stroke

Further showcase stroke awareness events in the professional development forums in committee meetings and widely advertise.

Trauma

EMS Arrival times for HLOC

Continue to provide awareness of and process to submit to the NCTTRAC trauma registry.

REPC

Key Takeaways

Education
Continue to provide courses that focus on communications capacity and capability in disasters and disaster behavioral health resources.
Continue to provide Crisis Application training and NIMS courses.
Professional Development
Incorporate courses with topics on decontamination and active shooters.
Continue to provide Pulsara training.
Exercises
Enhance MCI drills to include Pulsara for patient tracking and familyly reunification center management.
Enhance focus on rural facilities during exercises and events.
Real World Events
Incorporate staffing and supply resources in plans, training, and exercise opportunities.
Project Proposals
Provide key examples of the project proposal process.

Break

10 minutes

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Additional Strategic Initiatives

- Pre-Hospital Transfusion (Whole Blood)
- EMS Wall Times Work Group
- Community Health Collaboratives
- Pulsara … not just Patient Tracking
- World Cup 2026 Work Group
- Radiation Response Unit
- Data & Information Management Maturation
- RAC Budget Policy, Considerations & Direction
- Others we've missed?

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Pre-Hospital Transfusion (Whole Blood)

- Pre-hospital Transfusion Program (PTP)
  - NCTTRAC sponsored group attended STRAC WB Academy in 2022
  - Trauma Committee established a PTP WG to explore need & develop specific goals
  - $40K allocated to establish 5 PTP sites – UBR + EMS County funds (Fannin Co.)
  - Program application submission process launched – January 2024
  - Equipment list approved & purchased
- GETAC WB Task Force established - Vision, Mission, Purpose, Goals & Tasks
- What's in the future?
  - Additional PTP sites in TSA-E?
  - MCI WB Push Packs?
  - Donor program assistance support?
  - WB data registry development & support?

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EMS Wall Times Work Group

- EMS Wall Time Work Group
  - Guidelines developed by the EMS, EMS Education & EMS Medical Directors Committees at GETAC to address EMS wall times in Texas
  - NCTTRAC BoD appointed WG
    - Participants include:
      - DFW Hospital Council Foundation
      - ED Operations Committee
      - EMS Committee
      - Trauma Committee
      - Pediatric Committee
      - EMS Medical Directors Committee
  - Currently: Establishing goals & tasks to be accomplished at the local & regional level
  - What's in the future?
    - Foster collaborative, solution driven relationships between pre-hospital & hospital providers
    - Develop standardized expectations & education to address EMS wall time issues
    - Explore available and emerging technologies & other options that provides "real time" visibility & awareness of ambulance offload times

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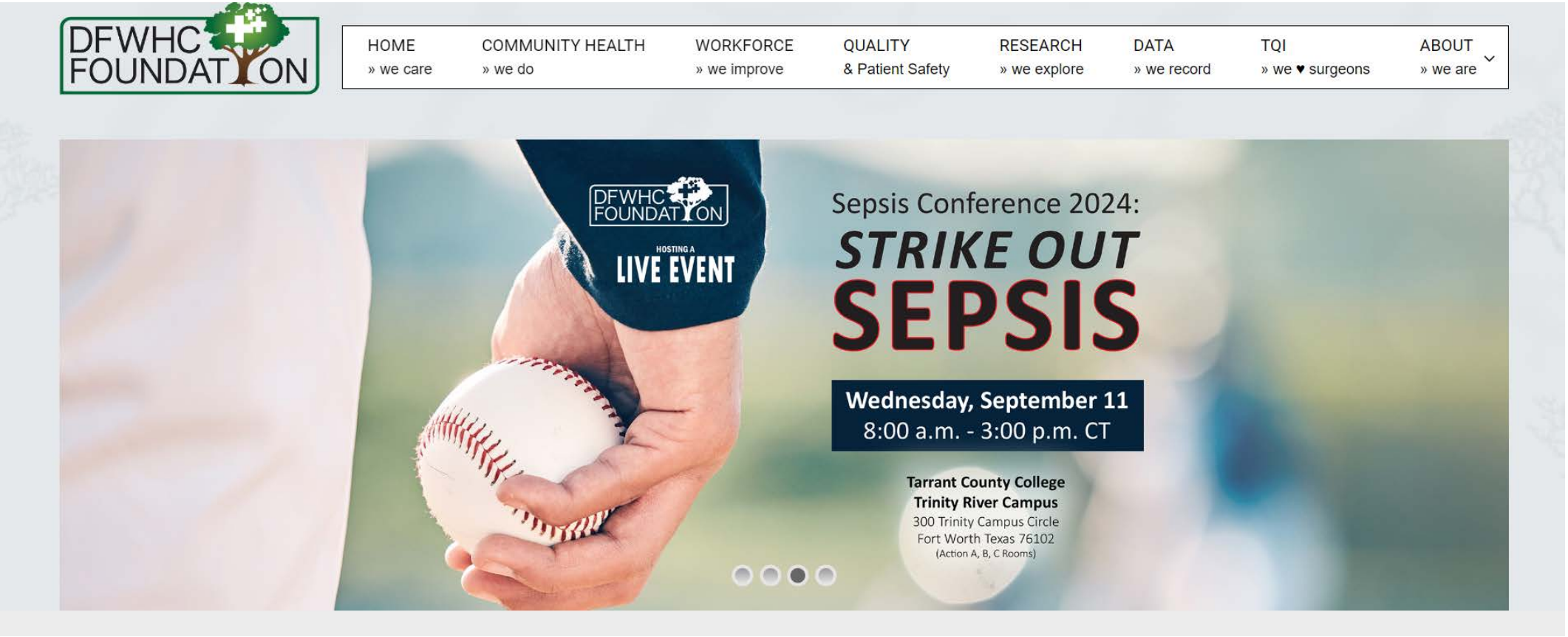
Community Health Collaboratives

- Dallas Fort Worth Hospital Council Foundation
  - Engage Community Health Collaboratives – Mental Health, Sepsis …



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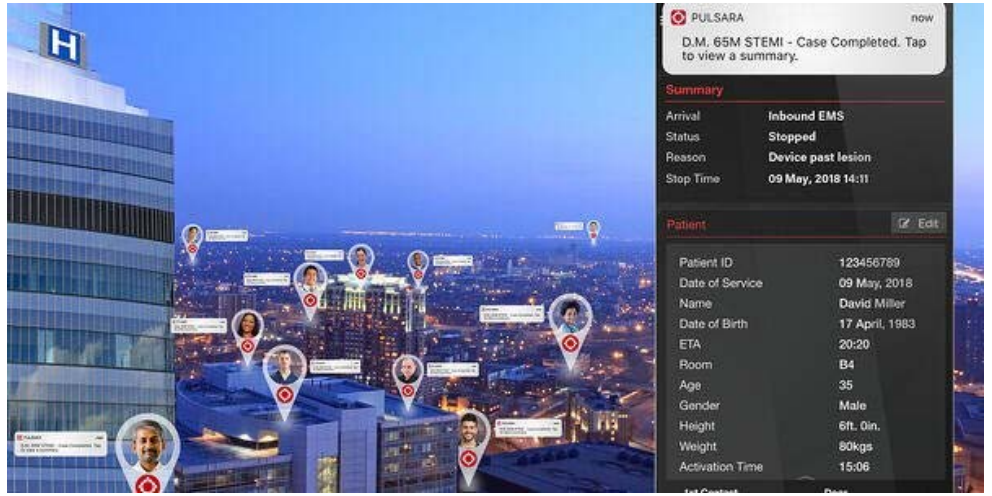
Pulsara … Not Just Patient Tracking

- TSA-E Patient Tracking Tool
  - Endorsed by EMS MCI Taskforce
  - Monthly Exercises & Drills
  - EMTF uses for all deployments
  - Adopted as an EMS Short-form option in TSA-E
  - Integrates with Texas EMS Wristband project
- Contracted
  - 93 EMS Agencies
  - 105 Hospitals
- Not Contracted
  - 52 EMS Agencies
  - 68 Hospitals
- How do we further drive regional participation & utilization?
  - Include in “Active Participation” requirements?
  - Provide additional funding opportunities?



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World Cup 2026 Work Group

- World Cup Workgroup established by REPC
  - Chair – NCTTRAC Staff
  - Vice-Chair – DFW Hospital Council
- (12) Expert Planning Teams (EPTs)
  - 24 months from WC26 – EPT meets quarterly
  - 12 months from WC26 – EPT meets monthly
  - 6 months from WC26 – EPT meets weekly
- World Cup ‘26
  - June 7 – July 19, 2026
- AT&T Stadium will host 8 matches including a semi-final match

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Radiation Response Unit

- Emergency Medical Task Force Capability
  - 13th Component scaled to fit incident needs
  - Advisory Team being assembled
    - Regional & State SMEs
  - Caches to be placed in all 8 EMTF Regions
    - Radiation Portals
    - RadEye Radiation Survey Meters
- Highly Trained Clinicians and Technicians
  - Utilizing physicians, nurses, paramedics & hazmat specialists

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Major Patient-Level Data Sources

Source	Details	FY25/26 Projected Cost	Enrollment
DFWHC Foundation IQSC	Hospital inpatient and outpatient data; enrollment controlled by DFWHCF (not NCTTRAC)	$40,000 Annual Program Fees	95 hospitals
NCTTRAC Regional Trauma Registry	Trauma patient-level data; TQIP & TX reporting standards		5 (8.8%) TCs Enrolled 12 (21%) TCs In Progress (N=57 Trauma Centers)
RDC	RAC Data Collaborative (Currently Stroke; Cardiac/other areas planned)	$25,000 Annual Participation Fee	0 (0%) SCs Enrolled 17 (36.2%) SCs In Progress (N=47 Stroke Centers)
CARES	Cardiac Arrest Registry (CARES Reports, Resuscitation Academy, Best Practices, HeartSafe Communities)	$0	11 (10.7%) Agencies Enrolled 29 (28.2%) Agencies In Progress (N=103 Member EMS Agencies)
EMSTR	State EMS & Trauma Registry (historic difficulty getting useful data)	$0	N/A
TCHMB	Texas Coalition of Healthy Mothers & Babies; Project-specific data-sets (most recently Newborn Temps)	$0	96% (49 of 51 Maternal Centers)

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Data Management Infrastructure

- Internal Process Sophistication & Business Continuity
  - ClicData Implementation (Annual Cost: $22,000)
  - Internal “data warehouse” buildout (no $$ cost, but significant labor hours)
    - Live Data Source -> Data Warehouse -> Dashboard/Report

- Upcoming Member-Facing Tools and Products
  - Restructure NCTTRAC website user permissions (Initial Build ~ $50,000)
    - Allows for access to dashboards/reports to be restricted to participants only
  - RedCap implementation & server hosting (Annual Cost ~ $5,000)
    - Allows for non-registry patient-level data projects
  - Chiefs & Executives Dashboard (no $$$ cost, but significant labor hours)
    - Currently live on website, but additional features/elements coming FY25

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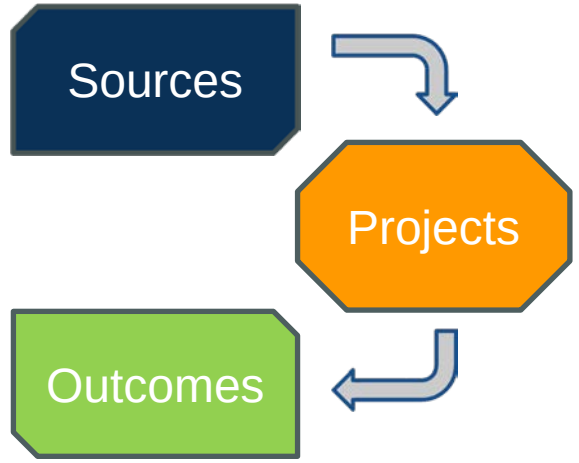
FY25 & 26 – Sources vs. Projects

- FY23 & 24 have largely focused on developing data sources
  - DFWHCF, EMSTR, NCTTRAC Regional Trauma Registry, RDC, CARES, etc.



- FY25 & 26 focus will shift to developing data projects
  - Example: Perinatal Newborn Temperatures
  - Meanwhile, continue strengthening existing data sources
- We have access to a bunch of data…now what do we do with it?
  - Routine SPI (set regional targets, investigate/educate outliers)
  - Targeted PI Projects (choose indicator, execute action plan, evaluate impact)
  - Must be led by **members** and **committees** and **physicians**

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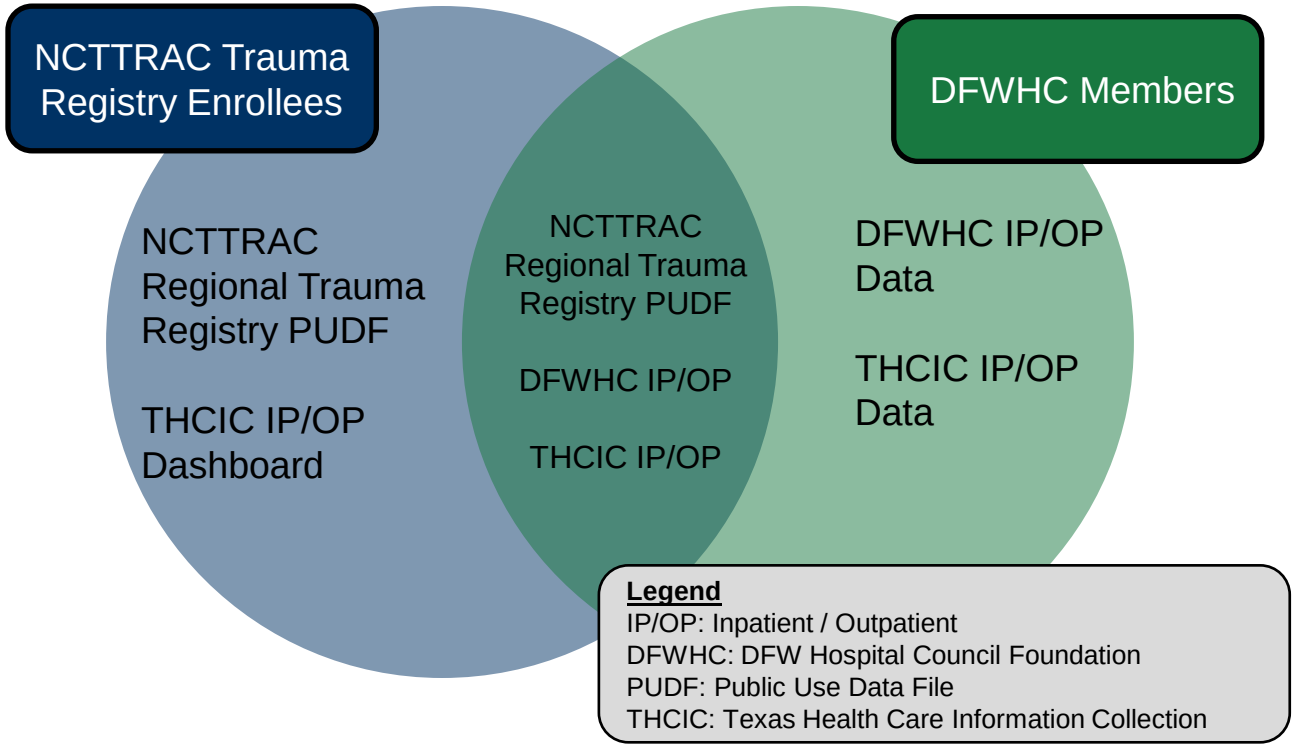
Optimizing Data Collaboration with DFWHC Foundation

- Initial success in Regional Trauma Registry + Access to DFWHC Data set
- Prospective Future Projects
  - Adding EMS Wristband Number to DFWHC Data Set
  - Adding Mode of Arrival to DFWHC Data Set
  - Integration of EMS data?



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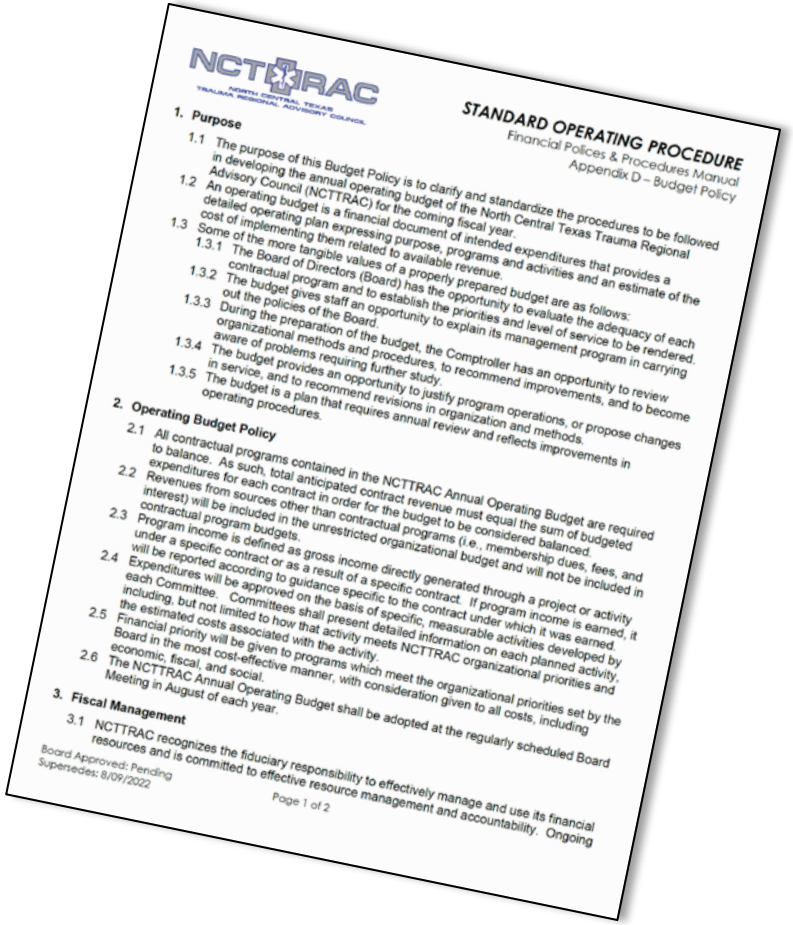
RAC Budget Policy, Considerations & Direction

- FY25 = Recognized Transition Year
  - DSHS EMS/Trauma: New Rule & Contract Implementation
  - DSHS HPP: New Contract Request for Applications
  - Funding Sources' Risks & Probabilities Vary
- Re-align Strategic & Ops Budgeting Parameters
  - Update Strategic Reserve Funds to "Fence Off" Enough to Support a One-Year Staff & Infrastructure Drawdown Plan
  - Remaining Reserve Funds Available to Operational Budget
    - Considered Non-Baseline, "Temporary", Discretionary Projects & Costs
    - Recently Budgeted Draw on Reserves is Unsustainable w/o ↑ Funding
- Reduce Costs & "Right Size" for Future
  - Maintain Program Effectiveness & Gain Support Efficiencies
  - FY25 Staff Succession Plan = Promote From Within
  - Optimize Full/Part-Time Staffing & Outsourcing Mix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STANDARD OPERATING PROCEDURE
Financial Polices & Procedures Manual
Appendix D – Budget Policy

1. Purpose

1.1 The purpose of this Budget Policy is to clarify and standardize the procedures to be followed in developing the annual operating budget of the North Central Texas Trauma Regional Advisory Council (NCTTRAC) for the coming fiscal year.

1.2 An operating budget is a financial document of intended expenditures that provides a detailed operating plan expressing purpose, programs and activities and an estimate of the cost of implementing them related to available revenue.

1.3 Some of the more tangible values of a properly prepared budget are as follows:

1.3.1 The Board of Directors (Board) has the opportunity to evaluate the adequacy of each contractual program and to establish the priorities and level of service to be rendered.

1.3.2 The budget gives staff an opportunity to explain its management program in carrying out the policies of the Board.

1.3.3 During the preparation of the budget, the Comptroller has an opportunity to review organizational methods and procedures, to recommend improvements, and to become aware of problems requiring further study.

1.3.4 The budget provides an opportunity to justify program operations, or propose changes in service, and to recommend revisions in organization and methods.

1.3.5 The budget is a plan that requires annual review and reflects improvements in operating procedures.

2. Operating Budget Policy

2.1 All contractual programs contained in the NCTTRAC Annual Operating Budget are required to balance. As such, total anticipated contract revenue must equal the sum of budgeted expenditures for each contract in order for the budget to be considered balanced.

2.2 Revenues from sources other than contractual programs (i.e., membership dues, fees, and interest) will be included in the unrestricted organizational budget and will not be included in contractual program budgets.

2.3 Program income is defined as gross income directly generated through a project or activity under a specific contract or as a result of a specific contract. If program income is earned, it will be reported according to guidance specific to the contract under which it was earned.

2.4 Expenditures will be approved on the basis of specific, measurable activities developed by each Committee. Committees shall present detailed information on each planned activity, including, but not limited to how that activity meets NCTTRAC organizational priorities and the estimated costs associated with the activity.

2.5 Financial priority will be given to programs which meet the organizational priorities set by the Board in the most cost-effective manner, with consideration given to all costs, including economic, fiscal, and social.

2.6 The NCTTRAC Annual Operating Budget shall be adopted at the regularly scheduled Board Meeting in August of each year.

3. Fiscal Management

3.1 NCTTRAC recognizes the fiduciary responsibility to effectively manage and use its financial resources and is committed to effective resource management and accountability. Ongoing

Board Approved: Pending
Supersedes: 8/09/2022

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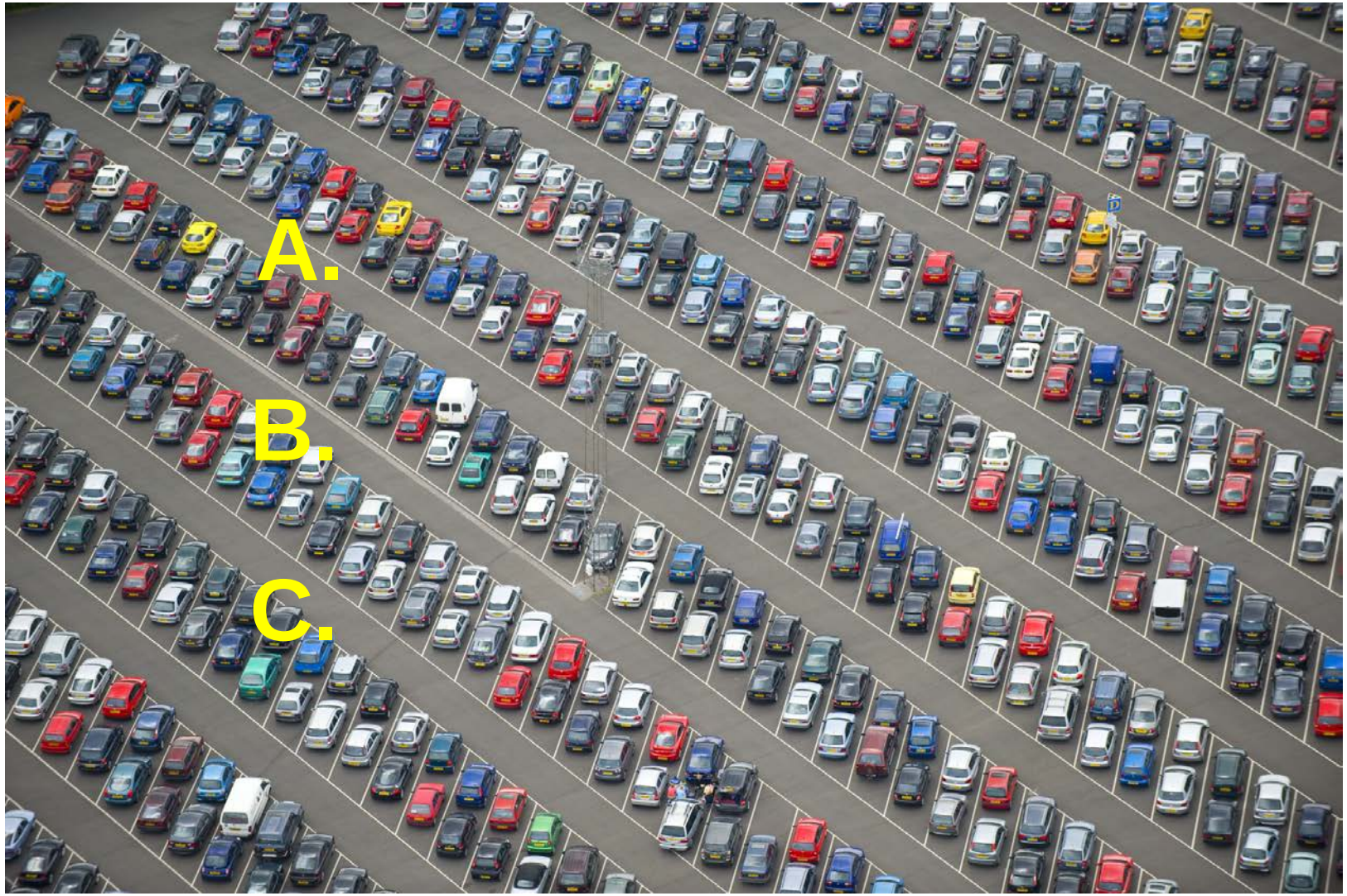
Parking Lot Items?



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OK .. Nice Talk … NOW WHAT ??

- **April 2024**
  - Document session highlights from today's meeting
  - Harvest consensus & model fiscal impact on FY25 (& FY26) Budget
  - Share session highlights with committees
- **May 2024**
  - Draft actions for BoD & Committee FY25 "game-planning" & SOP updates
  - Refine program, personnel & infrastructure costs-to-revenue projections to inform & present FY25 "transition year" Budget recommendations
- **June 2024**
  - Finance Committee & BoD review & provide direction on FY25 Budget Draft
- **August 2024**
  - Board final approval of FY25 Budget, effective September 1, 2024

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And Finally …