The Texas EMS, Trauma & Acute Care Foundation (TETAF) has completed the two-year cycle which culminated in the 2019 Texas legislative session. Because of our work during 2018 to develop a strategic approach, build relationships and cultivate legislative champions, the trauma and emergency health care community had a very successful legislative session.

This report provides a review of TETAF’s efforts including highlights of our non-advocacy initiatives, as well as a report on our survey service lines, our new Texas Perinatal Services (TPS) division, and the Texas Quality Improvement Program collaborative. In 2018, TETAF continued to implement its updated governance model, and our leadership is strong.

With the conclusion of the Texas legislative session, the focus shifts to the regulatory arena where state agencies write the rules to implement the legislation passed by the Texas Legislature. Know that TETAF already is engaged in the meetings and discussions of how to implement the use of telemedicine in rural hospitals to meet Level IV trauma designation criteria, the changes to the maternal designation requirements, and the mandate for Stop the Bleed kits in all schools.

TETAF also is becoming a voice in several interim studies related to trauma and emergency health care and maternal/child care. Through Texas Perinatal Services, our advocates will work to influence the legislative reports on the neonatal and maternal designation processes required to be submitted to the Legislature by Dec. 31, 2019, and 2020, respectively.

Thank you for your ongoing support and involvement in TETAF/TPS.

Dinah Welsh
President and Chief Executive Officer

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**Advocating for the Best Health Care in Texas: Dinah Welsh**

TETAF President and Chief Executive Officer Dinah Welsh has been with the organization since its beginning. As a well-respected advocate, Welsh is known around the Texas Capitol for her many years of involvement in trauma and emergency health care issues. Her efforts have helped pass legislation that created and have maintained a steady funding stream for the trauma and emergency health care system.

Welsh secured the first state funding for the Texas Trauma System through the passage of Senate Bill 102 in 1997, which allocated excess 9-1-1 money to trauma. She also led a statewide initiative to secure funds for designated trauma facilities, EMS providers, and trauma Regional Advisory Councils to help offset the cost of uncompensated trauma care. Most recently, Welsh successfully led efforts to shift statewide trauma funding from the Driver Responsibility Program to several fines and fees that will allocate the same dollars appropriated to the Texas Trauma System. She continues to work to increase funding commensurate with the state’s growing population that will ensure funding for trauma and emergency care, maternal care, and neonatal care.
New TETAF Governance Model Implemented in 2018

At a General Assembly meeting on Dec. 14, 2017, TETAF completed the restructuring of its governance processes by adopting bylaws and electing a new board that was seated in January 2018. The 2018 Board of Directors included the following:

**TERMS EXPIRING DECEMBER 2018**
- Scott Christopher, B.B.A, B.S.N, RN, LP
- Nilda Garcia, M.D.
- Jorie Klein, B.S.N., RN
- Kathy Perkins, RN, M.B.A.
- Danny Updike, RN, CCRN, EMT-LP

**TERMS EXPIRING DECEMBER 2019**
- Jeff Beeson, RN, D.O.
- Wanda Helgesen, RN, M.S.N.
- Donald Jenkins, M.D.
- Kenneth Mattox, M.D.
- Darrell Pile, M.H.A.
- Lori Robb, B.S.N., RN, TCRN

**TERMS EXPIRING DECEMBER 2020**
- Eric Epley, LP, CEM
- Edward M. Racht, M.D.
- Ricky Reeves, EMT-P
- Craig Rhyne, M.D.
- Dudley Wait, EMT-P
- Peyton Ware, B.B.A.

Those priorities include:
- Development of a new mission/vision for the foundation;
- Development of new Articles of Purpose based on the evolution of the organization;
- Bylaws updates to support the new vision, mission, and Articles of Purpose;
- An advocacy agenda supported by the mission/vision of the foundation;
- Continued strengthening of the TETAF survey process; and
- Program development – growing TETAF and expanding services.

The board discussed the evolving ways in which TETAF serves Regional Advisory Councils (RACs), hospitals, and emergency services providers. TETAF is a strong voice for RACs, trauma, stroke, neonatal, and maternal systems of care. TETAF's expanded survey service line has grown beyond trauma and stroke care to include neonatal and maternal care designation. Additionally, TETAF continues to offer timely, relevant educational programs and resources for quality improvement.

After requesting input from stakeholders interested in serving on committees, Chairman Racht appointed the chairs and members of the five new committees in March 2018. Leaders named include the following:

- **Advocacy Committee**: Jeff Beeson (chair), Eric Epley, Wanda Helgesen, Stephanie Lebowitz, Darrell Pile, Elizabeth Scherer, Sally Snow, and Christin Timmons
- **Education Committee**: Scott Christopher (chair), Courtney Edwards, Garrett Hall, Dawn Koepp, Tonya Martin, Taylor Ratcliff, Ricky Reeves, and Danny Updike
- **Finance/Audit Committee**: Craig Rhyne (chair), Kathy Perkins, Dave Reimer, Jeff Thibodeaux, and Peyton Ware
- **Governance Committee**: Dudley Wait, (chair), Kenneth Mattox, Jim Parisi, Christine Reeves, and Gilbert Torres
- **Survey/Verification Committee**: Jorie Klein (chair), Jacky Betts, Nilda Garcia, Robin Garza, Lisa Hutchison, Donald Jenkins, Lori Robb, and Kathy Rodgers

The TETAF Board of Directors and five appointed committees held subsequent meetings to continue the TETAF governance update process and to address their specific assignments. Recommended actions were considered at the Dec. 13, 2018, General Assembly meeting in San Antonio.
December 2018 General Assembly Modifies Bylaws, Elects Board Members

During the Dec. 13, 2018, TETAF General Assembly meeting in San Antonio, five board members were elected, and bylaws changes were approved. Re-elected for three-year terms were:

Scott Christopher, B.B.A, B.S.N, RN, LP
Nilda Garcia, M.D.
Kathy Perkins, RN, M.B.A.
Danny Updike, RN, CCRN, EMT-LP

Each of the above previously had drawn one-year terms and opted to be re-nominated to serve a full three-year term. Long-time TETAF Board Member and former TETAF Board Chair Jorie Klein opted not to run for re-election. Elected to her first three-year term on the TETAF Board was Angela Gentry, RN, B.S.N, TCRN. She also joined the TETAF Governance Committee in 2019.

Members of TETAF’s General Assembly approved changes to the organization’s 2017 bylaws as proposed by the Governance Council. The main change was to rewrite the purposes of the organization. The original purposes adopted in 2006 became irrelevant as the organization matured. The new purposes address TETAF’s roles in supporting the development of regional health care delivery, promoting regional collaboration, advocating for sound public policy and adequate funding, raising awareness and educating various audiences about the value of regional health care delivery systems, and serving as a resource for consultation and verification surveys of organizations seeking specialty designation or recognition.

Language regarding at-large General Assembly members was clarified to ensure staggered terms, and to establish term limits consistent with TETAF Board member positions. Clarification was made requiring written voting proxies, use of an email voting process, and modification of requirements to elect directors based on top vote recipients rather than a majority. Throughout the document, references to a TETAF Council were replaced with TETAF “Committee.” The revised bylaws are available on the TETAF website.

Building the Foundation for TETAF – Jorie Klein, B.S.N., RN

An early leader of Texas Trauma System development, Jorie Klein was the catalyst that spurred the creation of TETAF, an organization that would support the further evolution of the Texas Trauma & Emergency Healthcare System. As a TETAF founder, Klein served as the first chair of the TETAF Board of Directors for several years.

Klein is also the senior director of the Trauma, Emergency and Urgent Care Emergency Center for Parkland Health and Hospital System of Dallas. She is an author, educator, and a sought-after international speaker on trauma, disaster, and system development, presenting in multiple countries around the world. Klein continues to provide expertise in an advisory role for TETAF.

December 2019 General Assembly Selects Leaders for 2020

Six members to serve on the 2020 TETAF Board of Directors were elected at the Dec. 12, 2019, General Assembly meeting in San Antonio. They include:

Jeff Beeson, RN, D.O.
Wanda Helgesen, RN, M.S.N.
Lisa Hutchins, RN-NIC
Kenneth Mattox, M.D.
Kate Schaefer, RN, CEN, NREMT
David Weisoly, D.O.

During the meeting, the TETAF General Assembly approved revisions to the TETAF Bylaws. These revisions include:

• In the election for the chair of the General Assembly, the candidate with the highest number of votes is elected to the office regardless of whether the candidate receives a majority of the votes. A runoff election shall be held only in the event of a tie with only the candidates involved in the tie being on the ballot in the runoff election.

• Members of the TETAF Board of Directors who have served one-year or two-year terms to begin staggered terms may serve an additional two full three-year terms and the shorter term is not to be considered in determining term limits.

• The TETAF Board of Directors will now elect officers every other year during the first meeting of the year, instead of the last meeting of the year.

• Any member of the TETAF Board of Directors who is elected as an officer, but not eligible to serve as a board member for the full officer term may serve out the full officer term and serve as a board member with vote until the end of the officer term. This person will be counted in any quorum but not counted as one of the 17 members to be elected by the General Assembly.

The revised Bylaws can be found at www.tetaf.org.
2018 INTERIM

TETAF Secured Full RAC Funding for ’18, ’19 Despite Depletion of Tobacco Dollars

Appropriations Committee leaders indicated during the 2017 legislative session that the trauma Regional Advisory Councils (RACs) would receive level funding for fiscal years 2018 and 2019 state contracts. However, actual fiscal 2018 appropriations were significantly less, declining more than 25% or $650,000. Many rural areas were hit especially hard by these unexpected cuts, losing more than 40% of their funding. Even more concerning, the Texas Department of State Health Services (DSHS) indicated that no funding from the tobacco fund or general revenue might be available for fiscal year 2019 contracts.

Resolving this funding crisis was a priority for TETAF in 2018. On Jan. 30, 2018, the Senate Finance Committee took testimony on the funding of the state’s trauma system. During the hearing, TETAF stakeholders spoke about the cut and its dire consequences. TETAF staff and its contracted lobby team worked quickly to build on the momentum generated at the hearing and met regularly with lawmakers and state leaders to explore options to resolve the issue.

Ultimately, due to the persevering work of many TETAF supporters and urging by state lawmakers, DSHS announced in late February 2018 that it had successfully rearranged budget items within the department and would honor the full contract funding to the RACs, as intended by state lawmakers. Additional funding to make fiscal 2018 contracts whole was dispersed in March 2018. The 22 RACs received a total of $2.4 million per fiscal year for 2018 and 2019.

The RAC funding crisis began in 2011 when the $100 million corpus of the Permanent Tobacco Fund for EMS and Trauma Care was opened to provide funding for the Cancer Prevention and Research Institute of Texas (CPRIT). This special tobacco fund was intended to provide a permanent, stable funding source for the state’s trauma system, but since 2011, it has been completely depleted. This tobacco fund served as the primary source of state dollars for the 22 RACs.

The situation also motivated lawmakers to consider the important role of RACs in the state’s trauma system. TETAF and its stakeholders successfully educated lawmakers about the critical roles RACs play during natural and man-made disasters, along with the other valuable coordination of resources and care they provide. RACs received an increase in funding during the 2019 legislative session, as well as one-time dollars to restore resources depleted by Hurricane Harvey.

2018 Interim Study Focused on Trauma System Funding

During the 2018 interim, the Senate Finance Committee was charged with reviewing revenue sources that fund the state’s trauma system. The committee also was directed to study the impact of declining revenues and balances in General Revenue – Dedicated accounts. The committee charge also required an evaluation of the impact of statutory changes affecting trauma system funding, including efforts to eliminate the Driver Responsibility Program. Additionally, senators were asked to examine ways to ensure sustainability of the trauma system in Texas.

Dr. Persse and Epley both drew attention to the depleted Permanent Tobacco Fund for EMS and Trauma Care and the dire impact on RAC funding. Although level funding for fiscal years 2018 and 2019 was expected, actual DSHS distributions had declined dramatically. Previously, approximately $2.4 million was divided among 22 entities annually. However, for fiscal 2018, those distributions declined by more than 25%. Even more alarming, DSHS indicated that there could be no funding for the RACs from the tobacco fund or general revenue for fiscal 2019.

This testimony got the attention of key Senate Finance Committee leaders and other lawmakers who understand trauma issues. This hearing provided a springboard to communicate with other legislators and spurred action to resolve the 2018-19 funding crisis. The hearing also produced the foundation upon which TETAF built to successfully increase funding for RACs during the 2019 legislative session.
Publications Highlight Role of RACs in Disaster

To educate lawmakers and others about the important roles of RACs during disasters, TETAF produced two new flyers that were distributed at the Jan. 30, 2018, hearing.

Emergency Response: Will Texas Be Ready When the Next Disaster Strikes? highlights the role of the RACs in disaster response. The flyer explains how RACs lead regional disaster response activities, and it featured Hurricane Harvey and Sutherland Springs photos. RAC funding issues also were discussed.

The other advocacy document – Thank You for Taking Care of Texans When Disaster Strikes! – details the important roles of RACs and the eight Emergency Medical Task Forces in disaster preparedness and response. The handout features the four RACs involved in Hurricane Harvey rescues and response, including Coastal Bend RAC, East Texas Gulf Coast RAC, Southeast Texas RAC and Southwest Texas RAC. It also provided insight on STRAC’s response to the mass shootings in Sutherland Springs.

Following the hearing, both publications were shared with every member of the Texas Legislature, state leaders, and key news media representatives.

TETAF Provided Input on DSHS Budget Proposal for 2020-21 Biennium

In preparation for the 2019 legislative session, the Texas Department of State Health Services (DSHS) provided an opportunity for stakeholders to comment on an important step in the budget process, the 2019 Legislative Appropriations Request (LAR). Each state agency submits its funding priorities for the upcoming budget cycle to state appropriators. These LARs serve as a starting point for the Legislature’s budget process.

On June 11, 2018, DSHS hosted a meeting in Austin and at 10 video conference sites around the state. Many trauma system stakeholders attended the video conferences, and TETAF provided a panel to discuss trauma system needs at the Austin meeting.

Dinah Welsh, TETAF president and CEO, was joined by speakers Darrell Pile, chief executive officer of SETRAC, and Wanda Helgesen, executive director of Border RAC in El Paso, both of whom spoke on behalf of the TETAF Board, as well as their RACs. Angie Burgin of RAC S, and Dr. Lillian Liao and Dr. Ian Mitchell spoke on the need for Stop the Bleed training and funding.

Some of the key messages TETAF and its representatives delivered were:

- The state should encourage appropriators to designate additional funds from Account 5111 to the RACs.
- The Texas population continues to grow rapidly. Current population estimates stand at 29.3 million, an almost 75% increase to the state’s population since the development of the statewide trauma system.
- Trauma resources have not kept pace with this growth.
- In addition to the everyday emergencies faced by Texans, the state trauma system is called upon to provide care during disasters, both natural and man-made.
- Texas should not take a step back from these accomplishments. Every aspect of the trauma system needs to be fully funded to properly coordinate for disaster response and everyday emergencies.
- TETAF asks that the department include in its legislative appropriations request increased funding for the trauma system and all of its components.
- Without proper funding, the system will reach a breaking point. Failure to provide necessary funding will have consequences.
- The department should prioritize emergency healthcare funding in the 2020-2021 appropriations request.
DSHS Continues Revisions To RAC/Trauma/Stroke Rules

Numerous stakeholder meetings were held around the state during 2018 and 2019 to solicit input on needed revisions to the Texas Department of State Health Services’ (DSHS) regulations for the designation of trauma and stroke centers. Although the intent of the meetings was to produce a resource document to guide the rule-revision process, with the implementation of the new neonatal and maternal legislative mandates, along with the 2019 legislative session, the meetings to discuss the revisions of the trauma and stroke rules stalled in 2018. TETAF staff and TETAF stroke surveyors attended the stroke rules meeting on Aug. 19, 2019, and the trauma rules meeting on Sept. 10, 2019, to provide further input for the rule revision process.

During the 2019 session, the Texas Legislature modified trauma center designation requirements to allow the use of telemedicine by Level IV facilities in counties with a population less than 30,000 to meet physician coverage requirements. Regulatory action must occur to enable implementation, and TETAF and its stakeholders are engaged with DSHS.

While TETAF and trauma and stroke system advocates were involved in the previous information-gathering meetings, they must remain engaged during the 2019-20 interim as DSHS continues the rule revision process.

In addition to changes in trauma and stroke regulations, DSHS also pursued revisions of the rules on Trauma Service Areas/Regional Advisory Councils (RACs). At an Aug. 22, 2018, stakeholder meeting, TETAF and individual RACs provided input on proposed RAC changes.

At the time of this publication, no new rule drafts have been published.

TETAF Helped RACs Prepare for State Contract Changes Discussion

TETAF hosted a RAC Development Workshop attended by 19 of the 22 Trauma Regional Advisory Councils on Dec. 13 and 14, 2018. During the workshop, RACs discussed concerns with potential state changes to RAC contracts that would mandate that RAC bylaws include state RAC contract language and other requirements.

In addition, RAC leaders shared ideas and best practices related to RAC board composition, including involvement of community members and representation of all stakeholders in the Trauma Service Area. Audit challenges also were discussed. Wanda Helgesen, executive director of Border RAC TSA I and TETAF board member, led the meeting.
TETAF Groups Recommend Legislative Priorities

Two TETAF stakeholder groups worked together to guide the preparations for the 2019 Texas legislative session and to recommend the legislative initiatives and priorities adopted by the TETAF Board of Directors.

TETAF’s Advocacy Committee recommended that TETAF’s priority for the 2019 session be preserving and increasing state funding for the trauma system. For several legislative sessions, funding has been stagnant or even declined in some cases despite record population growth and corresponding increases in demands for services. With the depletion of the dedicated tobacco fund for RACs and EMS and growing opposition to the Driver Responsibility Program (DRP), a more adequate, stable funding stream was needed to support Emergency Medical Services, RACs, designated trauma hospitals, and the Emergency Medical Task Forces.

With this over-arching objective, TETAF determined to focus on the following initiatives:

• **Support efforts to find replacement funds for the DRP** – The majority of state funding for the trauma and emergency healthcare system had been generated through the DRP. Attempts to repeal the program were underway, and TETAF worked on alternative sources of adequate, stable, sustainable funding, should these efforts be successful in 2019.

• **Strengthen RAC language in statute and provide sufficient funding** – RACs’ roles have expanded greatly to include regional emergency preparedness, cardiac, stroke, perinatal, and injury prevention work. At the same time, state funding has decreased and the main revenue source, the Permanent Tobacco Fund for EMS and Trauma Care (Fund 5046) was depleted. Restoring the depleted corpus and updating the role of RACs in statute to accurately reflect the responsibilities expected of them by the state are needed.

• **Revitalize the emergency response system post-Hurricane Harvey** – Through the RACs, the Emergency Medical Task Forces (EMTF) provide a well-coordinated response during large scale incidents, like hurricanes, by offering rapid professional medical assistance to emergency operation systems. When appropriating Hurricane Harvey funds, the state must replenish depleted resources and ensure that aging infrastructure is replaced so Texas will continue to stand ready for the next emergency.

• **Fund RAC training for bystanders in bleeding control** – Funding is needed to continue the 22 RACs’ regional efforts to train bystanders in bleeding control through the Stop the Bleed initiative and to place Stop the Bleed kits in publicly accessible locations along with Automated External Defibrillator machines.

In the 2019 legislative session, TETAF had success in each of these areas, and the *TETAF Legislative Update* provides details on funding obtained and legislation passed.

TETAF’s Legislative Workgroup provided a conference call forum to learn about pre-session action on key issues and to discuss legislative processes and ways for individuals and RACs to be involved. TETAF’s lobby team shared information from committee and one-on-one meetings, hearings, and interim reports. From monthly calls in the summer of 2018, the frequency increased to weekly calls during the 2019 legislative session.

Feb. 26: Trauma/Emergency Health Care Day at the Capitol

TETAF hosted its biennial Trauma and Emergency Health Care Day at the Capitol on Feb. 26, 2019, with more than 100 trauma and emergency healthcare leaders traveling to Austin to participate. Additionally, TETAF collaborated with the Texas Trauma Coordinators Forum to bring more than 100 trauma program managers and nurses to the Capitol. Attendees were recognized on the floor of the Texas House of Representatives by Rep. John Zerwas, M.D., (R-Sugarland), chair of the House Appropriations Committee. In the Texas Senate, Sen. Joan Huffman (R-Houston) recognized TETAF stakeholders seated in the gallery.

Attendees delivered TETAF’s key messages on priority legislation to their respective members. Specifically, advocates discussed:

• Alternative revenue streams to support the trauma system should the Driver Responsibility Program be repealed, and

• The need for adequate funding for Trauma Regional Advisory Councils.

TETAF appreciated the support of all stakeholders who made the trip to Austin to meet with their elected officials.
Maternal Care Survey Service Line Added in 2018

TETAF created the Texas Perinatal Services (TPS) program in 2015 and has been providing neonatal verification surveys since 2016. With successful completion of 80% of Texas neonatal unit surveys in the first neonatal designation cycle, TPS expanded its service offerings to include the Maternal Care Survey service line. TETAF’s credentialed, experienced maternal care physicians and nurses actively practicing in Texas began providing verification survey services for all levels of maternal care designation in conjunction with the state’s official adoption of the maternal care designation rules in March 2018.

During the 2019 legislative session, Texas lawmakers extended the deadline until Sept. 1, 2021, for hospitals to achieve designation of maternal care programs as a condition of receiving Medicaid reimbursement. TETAF advocates worked closely with Sen. Lois Kolkhorst (R-Brenham) and her staff on the legislation which also modified neonatal facility requirements intended to improve perinatal care in the state. TETAF staff members are actively involved in discussions with the Texas Perinatal Advisory Council (PAC) regarding implementation of the changes. In November 2019, TETAF/TPS sent a letter to the PAC Chair with recommended revisions to rule language regarding neonatal levels of care designation requirements. The public letter can be viewed on the Texas Perinatal Services Resource webpage.

Texas Perinatal Services Provides Forum and Learning Resources

Hospitals faced many challenges during the launching of the neonatal verification process in 2016. The implementation of rules establishing standardized neonatal levels of care was challenging for hospitals accustomed to self-designation. Texas Perinatal Services (TPS) identified an opportunity to avoid similar pitfalls with the implementation of the maternal verification process. TETAF staff traveled to 18 of the 22 RACs presenting to the Regional Perinatal Committees and hospital systems to provide a better understanding of the rules, the survey verification process, and to educate on program development. Additionally, to support its new maternal survey program, TPS launched a new website in April 2018, along with its first bimonthly online newsletter.

TPS recognizes that education is essential to creating successful maternal/child health programs. A series of rapid-fire presentations was compiled to create a Virtual Training Manual provided to hospitals at no cost as a benefit of selecting TPS as its verification survey provider. This manual provides education on program components, quality assurance process improvement programs, leadership and steering committee development, medical credentialing, and additional topics to support hospitals in a successful verification survey.

Additionally, TPS created an opportunity to share best practices and a question and answer forum for TPS surveyed hospitals. The TPS Monthly Perinatal Forum, also an exclusive benefit for TPS customers, was launched in January 2018. The live videoconference calls bring TPS participating hospitals’ maternal program managers and TPS experts together to share policies, best practices, challenges, and innovative solutions to ensure compliance with the new Texas maternal rules.

Continuing the focus on education, TPS sponsored and provided the Continuing Nursing Education Unit credits at the three-day Texas Association of Women’s Health, Obstetric and Neonatal Nurses conference in Texas in May 2019.

TPS partnered with the Institute for Perinatal Quality Improvement to bring the institute’s renowned quality improvement conference to Texas. The “Implementing Perinatal Quality Improvement Conference” was held Oct. 11, 2019, at Texas Health Dallas. Institute founder and President Debra Bingham presented on developing quality assurance processes to some 175 Texas perinatal nurses. TETAF’s Carla Rider led a breakout session.

In 2019, TPS produced a Meet TPS Surveyors series, in which five maternal surveyors were introduced. They shared insights into their work and tips for preparing for the survey process. Additionally, TPS spotlighted innovative programs underway at Texas hospitals to share best practices and improve maternal morbidity and mortality. This series is available on the TPS website. Also this year, TPS launched the Maternal Level I Tool Kit that features informational videos on the TPS website designed to help hospitals achieve a successful Level I Maternal Care designation.
TETAF continues to provide trauma and stroke surveys for Texas hospitals. With experienced Texas trauma surveyors, all currently practicing in Texas Level I or Level II American College of Surgeons (ACS) verified trauma centers, and stroke coordinators from Comprehensive Level Stroke Centers, TETAF continues to ensure a consistent, objective approach to reviews while promoting a coach-to-success culture. Driven by the understanding that hospitals function within their level of resources, surveyors provide expert consultations to support and encourage the continued evolution of each hospital’s capabilities.

In addition, TETAF partners with Texas Department of State Health Services, and meets on a monthly basis to maintain a continuous quality improvement process ensuring that TETAF surveyors and their assessments meet all state-required criteria, providing hospitals with valid, helpful feedback that ultimately benefits patients.

With a 98% overall satisfaction rate, Texas hospitals appreciate the services TETAF provides and recognizes TETAF as a partner in assuring optimal outcomes for their patients.

TETAF maintains a Continuing Education Provider in good standing status through the Texas Nurses Association (TNA) and an EMS continuing education provider status approved by the Texas Department of State Health Services (DSHS).

TETAF continued to provide education for trauma stakeholders and RACs throughout the state. Events supported in 2018-2019 include:

- **TETAF’s Hospital Data Management course** – TETAF’s two-day Hospital Data Management course for all levels of trauma hospitals in Texas continues to be offered annually. In October 2018, the course was offered in Belton with RAC L. The course was offered in July 2018 on South Padre Island with RAC U, and again in February 2019 in Corpus Christi, also with RAC U.

- **Texas Trauma Coordinator’s Forum (TTCF)** – TETAF provided continuing nursing education credits for eight quarterly education events in conjunction with the quarterly TTCF meetings, as well as the full day TTCF Texas Trauma Designation Education Course. Brenda Putz, B.S.N., RN, TETAF’s vice president of operations, has been faculty and presenter for this course since 2002.

This rigorous course encompasses didactics, skills labs, and homework, and awards continuing education credit provided by TETAF. Participants across Texas can meet the training and education requirements for their position. TETAF is exploring the option of providing this course online in 2020 to reduce costs to Texas trauma hospitals.
TETAF on Forefront of Change in Rural Trauma Care

A transformation in the trauma center landscape has been evident to TETAF. In the last few years, Level IV Trauma Centers in rural and frontier areas have struggled to remain open or to maintain the essential requirements for trauma center designation. The Texas Legislature recognized the dilemma of dwindling resources in these rural hospitals and created legislation that would ensure access to care for thousands of rural Texans. TETAF supported House Bill 871 authored by Rep. Four Price (R-Amarillo) to allow physician extenders and telemedicine to meet the requirements of 24-hour physician coverage. Culberson Hospital in Van Horn was the first Level IV trauma center to utilize this opportunity through a waiver process. TETAF’s trauma surveyor, Jorie Klein, completed the very first trauma survey in Texas allowing physician extenders with telemedicine support.

Texas TQIP Improves Care in Three Areas, Shares Results

For much of 2018 and early 2019, members of the Texas Trauma Quality Improvement Program (Texas TQIP) focused their attention on ways to improve treatment and outcomes for patients whose return to the operating room was unplanned due to complications, and outcomes for patients dying from penetrating wounds, such as those caused by gunshots or stabblings.

Through their quarterly meetings, trauma surgeons and trauma program directors from 35 Level I and II Texas trauma centers had reviewed Texas hospital-specific data and identified these two areas as outliers in which to improve care. Collectively, they decided on new strategies and interventions to enhance care and outcomes.

Education to promote the best practices developed for various outlier conditions is provided for nurses and physicians in all Level I and II facilities. The spring 2019 Texas TQIP Collaborative Report showed results. Texas Level I and II trauma centers fell out of the high decile range for unplanned return to the OR for complications and dropped to the 1st decile for the penetrating mortality cohort. This shows significant improvement around the two primary areas the group focused on over the last year.

As one of the first joint efforts for hospitals participating in Texas TQIP, the group is now focusing on improving care and outcomes associated with deep vein thrombosis (DVT). The group developed and endorsed a statewide DVT guideline that was shared for use with Level III and Level IV trauma centers across Texas. This guideline is the first of many best practice guidelines the group envisions developing based on statewide trauma data.

TETAF continues to sponsor the Texas TQIP and provide logistics for the group’s quarterly meetings, to pay the $20,000 annual American College of Surgeons’ fee, and to provide staff support for the elected clinical leadership.

TETAF also contributes to quality improvement for all hospitals by distributing the best practices developed by Texas TQIP to Level III and IV designated trauma hospitals. Sharing these evidence-based guidelines statewide improves care for all patients.

Stop the Bleed Kits and Training Now Mandatory in Public Schools

“Stop the Bleed” has been a focus for the state’s 22 Trauma Regional Advisory Councils (RACs) for the past 18 months, with a particular emphasis on training school systems. Texas Stop the Bleed instructors have trained more than 125,000 students, the largest number trained in the U.S.

Because of increased local awareness about the importance of access to “Stop the Bleed” kits and training, the Texas Legislature took action on a bill that will put kits in every Texas school, and require appropriate training for their use. House Bill 496 by Rep. Barbara Gervin-Hawkins (D-San Antonio) will require the development of bleed control stations in all public and charter schools, and these areas must include kits that contain specific supplies to stop traumatic bleeding. In addition, staff must be appropriately trained in use of the bleeding control station and its equipment. Immunity from liability for schools and their employees who use the bleed control station is provided as long as they are acting in “good faith.”

Since 2016, the East Texas Gulf Coast Trauma Regional Advisory Council (RAC-R) has been using grant funds to purchase “Stop the Bleed” kits to place with every Automated External Defibrillator throughout the schools in their region, but schools were reluctant to take advantage of the free bleeding control training and kits.

However, a few months after the mass shooting at Santa Fe High School on May 18, 2018, the Santa Fe School District decided to provide mandatory bleeding control training to all employees. During the tragedy, a school police officer was shot in the arm and was rapidly losing blood. The quick action by his partner, who rapidly applied a tourniquet, saved the life of the officer.

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continued
Staff at The University of Texas Medical Branch provided training in October 2018, and a conscientious effort was made to ensure that all necessary information was presented in a manner sensitive to the recent shootings. In all, almost 700 district employees received this vital training.

RAC staff and many agencies volunteered their time to assist with the training, including Angleton EMS, Lake Jackson EMS, UTMB League City Campus and UTMB Galveston Campus.
FINANCIALS

Fiscal Year 2017-18

Total Operating/Direct Expense Budget $2,110,770

Salary and Benefits $816,594
Survey Direct Expenses $704,431
Program Related $124,128
Admin & Professional $233,679
General Operating Expenses $146,510

Actual $2,025,342

Fiscal Year 2018-19

Total Operating/Direct Expense Budget $2,142,791

Salary and Benefits $708,529
Survey Direct Expenses $365,567
Program Related $76,190
Admin & Professional $229,596
General Operating Expenses $146,510

Actual $1,474,877

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2019 TETAF BOARD OF DIRECTORS

Jeff Beeson, D.O. (Fort Worth) – Executive Medical Director and Assistant Professor – Medical Education, Chief Medical Officer at UNT Health Sciences Center

Scott Christopher, B.B.A., B.S.N., RN, LP (San Augustine) – RN and Paramedic at PHI Air Medical Group

Eric Epley, CEM (San Antonio) – Executive Director at Southwest Texas Regional Advisory Council (STRAC)

Nilda Garcia, M.D. (Austin) – Surgeon-in-Chief at Dell Children’s Medical Center

Angela Gentry, B.S.N., RN, TCRN (Temple) – Director of Trauma and Forensics at Baylor Scott & White Medical Center Temple

Wanda Helgesen, RN, M.S.N. (El Paso) – Executive Director at Border Regional Advisory Council (Border RAC)

Donald Jenkins, M.D. (San Antonio) – General Surgeon at University Health System and Faculty Member at Mayo Clinic

Kenneth Mattox, M.D. (Houston) – Chief of Staff and Surgeon-in-Chief at Ben Taub Hospital and Distinguished Service Professor at Baylor College of Medicine

Kathy Perkins, RN, M.B.A. (Round Rock) – (Retired) Assistant Commissioner for Regulatory Services at Texas Department of State Health Services (DSHS)

Darrell Pile, M.H.A. (Houston) – Chief Executive Officer at Southeast Texas Regional Advisory Council (SETRAC)

Edward M. Racht, M.D. (Austin) – Chief Medical Officer at Global Medical Response

Ricky Reeves, EMT-P (Lewisville) – Executive Director at Texas EMS

Craig Rhyne, M.D. (Lubbock) – Regional Chief Medical Officer at Covenant Health System

Lori Robb, B.S.N, RN, TCRN (Waco) – Regional Director of Trauma at Baylor Scott & White Hillcrest

Danny Updike, RN, CCRN, EMT-LP (San Angelo) – Executive Director at Concho Valley Regional Advisory Council (CVRAC)

Dudley Wait, EMT-P (Schertz) – MEDCOM Division Director for Southwest Texas Regional Advisory Council (STRAC)

Peyton Ware, B.B.A. (Lufkin) – Financial Coordinator at Deep East Texas Regional Advisory Council (DETRAC)
Dinah Welsh, President and CEO
Dinah Welsh has been with TETAF since it was established. She has more than two decades of experience advocating for health care issues in Texas in areas such as trauma and emergency health care, maternal care, and neonatal care. Her efforts have secured a steady funding stream for the trauma and emergency health care system.

Brenda Putz, B.S.N, R.N., Vice President of Operations
Brenda Putz joined TETAF in 2009 after spending more than 20 years in the trauma and emergency health care community as a trauma program manager, trauma surveyor, and educator. She is responsible for the successful development and oversight of the neonatal and maternal care survey processes, as well as the processes for trauma and stroke designations.

Carla Rider, D.N.P., M.S.N., MBA, RNC-LRN, Perinatal Program Director
Carla Rider joined TETAF and Texas Perinatal Services in 2017 and oversees the maternal and neonatal verification survey programs. She has more than 25 years of experience in women's and children's nursing and has developed several protocols and initiatives during her career that have resulted in improved patient outcomes and enhanced staff development.

Kathy Clayton, Survey Coordinator
Kathy Clayton joined the TETAF team in 2014. She serves as the primary contact for hospitals scheduling trauma and neonatal surveys and provides support for the hospitals throughout the survey process. She came to TETAF from the Texas Department of State Health Services (DSHS) and continues to help coordinate the Texas EMS Conference.

Erin Moore, Communications Director
Erin Moore joined TETAF in 2019 and has more than 20 years of communications experience that includes journalism, public and media relations, and marketing. She previously worked in health care communications for Central Texas Medical Center and the Texas Department of Assistive and Rehabilitative Services, a former agency under Texas Health and Human Services.
Texas EMS, Trauma & Acute Care Foundation

Established in 2008, Texas EMS, Trauma & Acute Care Foundation (TETAF) is a 501(c)(3) nonprofit organization based in Austin. TETAF supports development of the state healthcare system by providing verification surveys for trauma, stroke, maternal, and neonatal facilities, in addition to providing legislative advocacy and educational opportunities.

Mission

The Texas EMS, Trauma & Acute Care Foundation’s mission is to strengthen regional healthcare delivery systems through collaboration, advocacy, and education.