



**TETAF Board of Directors Meeting**  
**Tuesday, August 18, 2020**  
**Zoom Meeting**  
**4:00 p.m.**

<b>Present:</b>	Jeff Beeson, D.O.	<b>Absent:</b>	Eric Epley, CEM
	Scott Christopher, BBA, BSN, RN, LP		Nilda Garcia, M.D.
	Angela Gentry, RN, MSN, TCRN		Lisa Hutchins, RN-NIC
	Wanda Helgesen, RN, MSN		
	Kenneth Mattox, M.D.		
	Kathy Perkins, RN, MBA		
	Edward Racht, M.D.		
	Ricky Reeves, EMT-P		
	Craig Rhyne, M.D.		
	Kate Schaefer, RN, CEN, NREMT		
	Danny Updike, RN, CCRN, EMT-LP		
	Dudley Wait, EMT-P		
	Peyton Ware, BBA		
	David Weisoly, D.O.		

*TETAF Staff: Dinah Welsh, Brenda Putz, Carla Rider, Kathy Clayton, Erin Moore, and Kerri Reeves*  
*TETAF Contractors: Pete Allman, auditor; Debbie Holt and Doris Heinen, accountants; Kevin Reed, attorney, and Brian Yarbrough, Ashley Morgan, and Janiece Williams, contract lobbyists*

- 1) **Welcome and Introductions** – The meeting was called to order at 4:02 p.m. by Craig Rhyne, M.D., chair. Dr. Rhyne welcomed those joining the meeting via Zoom and Kathy Clayton read the names of stakeholders who checked in on the Zoom chat feature.
- 2) **Approval of May 19, 2020 TETAF Board Minutes** – Ricky Reeves, TETAF Board secretary requested for a motion to approve the minutes. Peyton Ware motioned to approve the minutes and Dr. David Weisoly seconded the motion. Dr. Rhyne asked if there was any objection or corrections. Minutes were approved unanimously.
- 3) **TETAF Financial Review** – Kathy Perkins, treasurer, stated that TETAF started the year-to-date revenue is under budget by \$162.5K due to COVID-19 with revenue in April being under budget by \$147.1K due to no surveys that month. Revenue in May was under budget by \$98.6K with two weeks of surveys scheduled. June revenue was better than budget by \$85.8K. Perkins complemented the TETAF survey staff for their efforts rescheduling surveys that were postponed. The year-to-date net income is \$86.6K

better than budget. Perkins explained that while revenue is down, operating expenses are also down. The year-to-date operating expenses are under budget by \$102.5K due to less travel and a position that had not been filled. Perkins said it's anticipated that the financial situation by the end of the year should be good. The Finance Report was approved in Executive Session. Kathy Perkins motioned to approve the report and Scott Christopher seconded the motion. The report was approved unanimously. Pete Allman, TETAF's auditor, provided an update on the annual audit. During this fiscal year, there was a new FASB (Financial Accounting Standards Board) accounting standard that was implemented for nonprofits. The biggest change was labeling of the net assets and it did not have a huge impact on TETAF. In the auditor's opinion, the financial statements are presented fairly in all material respects, which is referred to as a clean audit report. TETAF had \$1,030,000.00 in assets, of which just over \$1,000,000 was cash. For the year, TETAF had total revenues of \$1,060,000.00 versus expenses of \$1,476,000.00 with a net loss for the year of \$415,000. This was partially due to surveys that were scheduled and then delayed as a result of the COVID-19 pandemic. Accounting procedures were consistent with prior years. The organization is still exempt from federal income taxes being a 501c3 organization. After about \$76,000 for TQIP, there was about \$925,000 in general operating expenses. The subsequent events note was new this year and COVID-19 happened after August 2019, which is causing uncertainty and will have an impact on the organization. The auditor also recommends the process that has been used with the TETAF Board treasurer being heavily involved in the finances to continue due to the organization being small in size. Allman thanked the staff for the efforts made doing the audit remotely during the pandemic. The books and records were in good shape and only 2 or 3 adjustments were made. The audit report was approved during Executive Session. Dr. Ed Racht motioned to approve the report and Kathy Perkins seconded the motion. The report was approved unanimously.

- 4) **State Legislative Update** – Dinah Welsh, president and CEO, introduced Brian Yarbrough, TETAF's contract lobbyist from Erben & Yarbrough. Yarbrough said the interim process of the Texas House and Senate have come to a rare halt due to the COVID-19 pandemic. The study of issues has come to a halt in the Senate. The House committees are conducting a request of information process on their study issues during the interim. There is still uncertainty on how the legislative session will be conducted in January. In conversations with legislators, there are mixed thoughts on the upcoming session with some wanting to meet as usual and some want to move more toward a virtual session. Yarbrough stated that no matter how session is conducted, they will cover less items than usual. The rules of the House require all meetings to be open to the public, but the Senate does not have the same rules and there is a debate on how to define open to the public during these times. Yarbrough said it will be important to highlight the important role that TETAF and the Regional Advisory Councils (RACs) have played during the pandemic response and to highlight the references to the RACs that have been made during press conferences. Yarbrough stated there will likely be significant budget cuts. Dinah Welsh added that maintaining the funds that were received during the past legislative session will be the primary issue. Welsh added that plans made for the session now will likely change a few more times before January due

to the uncertainty of the pandemic. Welsh said in discussions with Wanda Helgesen, who serves as chair of the TETAF Advocacy Committee, there are opportunities that have risen during the pandemic that highlight the RAC role and emergency healthcare response that give an opportunity to share ideas for improvement with legislators. Welsh added that with the elections coming up, there could potentially be a change in the majority in the Texas House. The House will also have to select a new leader for the second session in a row.

- 5) **TETAF Update** – Dinah Welsh, TETAF president and CEO, introduced Kerri Reeves as the new TETAF survey coordinator/executive assistant. Welsh also announced Kathy Clayton, TETAF survey coordinator, will be leaving the foundation in Fall 2020. Welsh stated that Clayton is training Reeves and will also train the person hired to replace Clayton. Brenda Putz, TETAF vice president of operations, provided an update on the survey service line for TETAF and Texas Perinatal Services. Eight neonatal surveys, 23 maternal surveys, and 18 trauma surveys were postponed due to the COVID-19 pandemic. Surveys were cancelled in April and then resumed in May. Putz stated the survey scheduling team worked hard to reschedule postponed surveys. Some of those surveys were rescheduled into FY 2020-21. There were 51 requests for surveys (RFS) for maternal care and 34 were completed in FY 2019-20. For FY 2020-21, the 55 RFS have been scheduled. Putz complemented Carla Rider, perinatal program director, for her efforts in the maternal care service line and also Rider's and Clayton's efforts to keep the TETAF name known in these service lines. Putz stated that we have captured about 65% of the maternal care survey market. Texas Perinatal Services had 31 RFS and 21 completed for the neonatal care survey service line. Some of those were from three-year designations. For FY 2020-21, Putz said there will be more neonatal care surveys as the first designation cycle ends for some hospitals. Stroke surveys are not a large service line, but the mission is still important. For FY 2019-20, there were 100 RFS for the trauma survey service line and 96 have been completed. Some Level IV hospitals have dropped their trauma programs, and several have moved into CHOWs (change of hospital ownership). Putz stated that the telemedicine legislation passed during the last session may help rural hospitals. When surveys were resumed in May, some hospitals were ready to move forward and some were not due to concerns with TETAF staff and surveyors entering the hospitals while visitor restrictions are in place. The survey team created a COVID-19 agenda and reduced participation in the opening conference, included conference calls, and isolated the navigators and surveyors to ensure the safety of hospital staff and surveyors. The process was well received with hospitals. The team recognized as the COVID-19 cases increased at the beginning of the summer there could be a potential for not being allowed inside the hospital. TETAF staff members, Erin Moore and Kathy Clayton, worked on a virtual survey process. Moore researched options and found the Zoom Health Care plan and worked with Clayton to incorporate this technology into the survey process to ensure it was HIPAA compliant. The entire team worked together on developing the process and beginning a beta testing process. On-site surveys are still the most ideal. TETAF respects the surveyors who are not able to travel during the pandemic and the survey scheduling team works to find replacements to continue the survey process and monitoring the quality of care. The

survey team has also developed a hybrid survey process with some surveyors on site and others are virtual. The team has not completed a full virtual survey and it is not ideal, but rather a last option. Putz did a presentation for the Texas Department of State Health Services (DSHS) to request approval to continue this process. TETAF was given two weeks to continue to beta test. Three beta tests have been completed with another one scheduled. The process is going well. Also, the team was on a conference call with other surveying entities to discuss how the process should be conducted moving forward and potentially using the virtual survey process. TETAF will continue offering virtual surveys as an option if needed to not jeopardize designation dates. DSHS is willing to extend some designation dates and it must be requested every three months, which could be challenging for hospitals and is why the virtual survey process is being recommended as an option. Dr. Rhyne commended Putz and the team for the work being done to continue surveys during the pandemic. Welsh echoed Dr. Rhyne's sentiments. Welsh also recognized the number of perinatal stakeholders joining the TETAF Board meeting and stated it was likely a result of the efforts by the team building the survey service lines.

- 6) **TETAF Committee Update** – Dr. Rhyne asked board members for updates on the TETAF Committees. Welsh stated the legislative update would serve for the Advocacy Committee update and that legislative priorities would be shared with the TETAF Board in September. Scott Christopher, chair of the TETAF Education Committee, stated they are monitoring the rule changes with stroke and trauma. TETAF is continuing to provide education to maternal and neonatal service lines. Everything is virtual and Christopher stated a decision would need to be made once the pandemic is over if virtual is a better option. Virtual may be better, especially for rural areas and/or where travel is more costly. TETAF has been looking at changing its nursing continuing education provider because the Texas Nursing Association has been absorbed by the Louisiana Nursing Association. TETAF, in conjunction with the Texas Trauma Coordinators Forum, has been doing a Texas Trauma Designation Education Course for about 15 years and with TETAF's guidance, this course was offered virtually for the first time and provided CMEs. Christopher thanked Rose Bolenbaucher, who works with TETAF on education, for her efforts on this virtual process. Christopher added there are plans to do the data management course again this fall, but in a virtual format and more information will be provided soon. Dudley Wait, chair of the TETAF Governance Committee, stated that the committee has not met during the pandemic, but the goal is to meet between now and November to analyze the by-laws and determine any changes that need to be made. The committee is working on evaluation of the TETAF Board and also an evaluation tool for the CEO and will have a report in the fall. Kathy Perkins, chair of the Finance/Audit Committee, stated that an initial review of the first draft of the budget for the next fiscal year is ready and the committee will be meeting next week to prepare a recommended budget soon. The survey line report that was provided earlier in the meeting serves as the update for the Survey/Verification Committee.
- 7) **Texas TQIP Update** – Garrett Hall, Texas TQIP coordinator, stated that the first virtual Collaborative Stakeholder meeting was held in May and 77% of the Collaborative Trauma Centers were in attendance. The focus points for the 2020 Report are AKI,

DOA/DIED, and isolated hip fractures. The only expense for the year is the TQIP collaborative expense and there has been no travel. If funding is not found, the Texas TQIP could run out of money due to the nearly \$18,000 collaborative fee to the American College of Surgeons. In the 2020 Report, there were 25,121 patients which make up 8.7% of total TQIP inclusion. Hall stated we are in the 1<sup>st</sup> decile of all TQIP Collaboratives for catheter associated UTI and in the 2<sup>nd</sup> decile for pulmonary embolisms. Texas TQIP has identified three opportunities to dig further into the data, with the first one being acute kidney injury (AKI). The unplanned return to the OR continues to be an issue and we're in the 8<sup>th</sup> decile. The other area of focus will be isolated hip fractures which we are also in the 8<sup>th</sup> decile. Surveys will focus on AKI, DOA & DIED and isolated hip fractures. A Collaborative Complication Score Card for Texas TQIP centers is being established. There is also an ongoing review of a potential partnership with Texas universities to support Texas TQIP and provide statistical review of clinical data. Dr. Rhyné asked Dr. Kenneth Mattox for more thoughts on focusing on the unplanned return to the OR. Dr. Mattox stated his team did significant research on this and found some planned returns to the OR for open abdomens were coded as unplanned. Dr. Mattox stated the diagnosis should be tighter. He added that his team does damage control because teams at non-Level-1 trauma centers are quickly getting patients out of the operating room when another 30 minutes should be spent looking harder. Dr. Mattox stated there is also room for improvement for trauma surgeons on repair of a bladder and repair of some vessels. Dr. Mattox stated the surgeon should be more of a utilitarian doctor like in the mid-80s and not be so specialized that it forces patients back to the operating room. As for pulmonary embolism, Dr. Mattox states the ICD-10 code for large central venous thromboembolic pulmonary embolism is identical to the peripheral distant pulmonary emboli that are secondary to low flow. If someone is reviewing the chart and discharge information, you can't tell a difference unless you look at the CT report or image. Dr. Mattox said he and his team have lobbied to have the coding separated for these two diagnoses. Dr. Rhyné added that what is in the surgeon's mind is not necessarily what is documented on the chart and there is a coding and documentation issue that needs to be addressed.

- 8) **Closing Matters and Next Meeting Agenda** – Dinah Welsh stated that the last quarterly meeting is held in December in conjunction with the General Assembly meeting and the RAC development workshop. Welsh stated it is still uncertain if we can meet in person and it's likely these meetings will be virtual and the RAC development workshop will be up to the RACs and TETAF will support them. There will be a TETAF Board meeting in September to finalize the budget for FY 2020-21 and legislative priorities to be approved. More details will be announced on these meetings soon. A Doodle poll will be sent to determine the September meeting date.
- 9) **Adjournment** – Dr. Kenneth Mattox motioned for the meeting to be adjourned and Kathy Perkins seconded the motion. The meeting was adjourned at 5:10 p.m.