

SETTRAC NEWS

TSA Q: AUSTIN, COLORADO, FORT BEND, HARRIS, MATAGORDA, MONTGOMERY, WALKER, WALLER, & WHARTON

UTMB CLOSURE: EFFECT ON TSA Q

by Allen Johnson, SETTRAC Chairman

Damage from Hurricane Ike has caused the temporary closure of the University of Texas Medical Branch, including John Sealy Hospital and its Level I Trauma Center. This has caused a major shift in direct admissions and referral patterns of medical and trauma patients from the upper Texas Gulf Coast away from UTMB to facilities in the Greater Houston area. The Southeast Texas Trauma Regional Advisory Council (SETTRAC) Board of Directors met on December 1, 2008 to discuss the impact on our region and formulate recommendations to

better manage the increased trauma volume. Memorial Hermann Hospital (TMC) reported record trauma volume in October along with record trauma related diversion. Volume from Brazoria, Galveston and Chambers Counties was significantly higher in September through November 2008 versus the same time in 2007. This data, when considered with previous research on diversion and mortality, caused representatives of Memorial Hermann to warn about a pending public health disaster if this experience continues. They reported sharp increases in Code 2 and 3

trauma patients arriving by ground and air. Ben Taub representatives reported steady volume, but acknowledged they have been more selective in accepting transfers in order to preserve resources for the sickest of the sick. HCA reported a 30% volume increase at their Mainland Hospital facility and similar experience at Clearlake Regional Medical Center. Information from UMTB indicates that the Level I Trauma Center will remain closed indefinitely. It is possible that UTMB will re-designate as a Level III Trauma Center.

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NEWSLETTER EDITOR
MARNIE KRAUSE

QUARTERLY MEETING REMINDER

**Monday
January 26th
7:00pm**

Memorial Hermann TMC
Conference Center
Hermann Pavilion

*Elections will be held for
the Vice-Chair Position*

Committee Meetings

5:00pm PI&E

6:00pm HCM/SQI

SETTRAC/RHPC: THE FUTURE



by Allen Johnson, SETTRAC Chairman

At the October meeting, we introduced the possibility of SETTRAC and the Regional Hospital Preparedness Council consolidating into one organization. Both organizations authorized the formation of a joint task force to explore the possibility and bring back a recommendation.

A work group consisting of representatives from the RHPC and SETTRAC Board has met on two occasions. The meetings have been very fruitful. The group has crafted preliminary recommendations for the organizational structure, purpose, and Board design. Thus far, the

recommendations are a refinement of our current structure, incorporating the hospital preparedness activities into the core organization. The draft organizational chart provides structure for the positions that were included in the FY 2009 budget, including in house accounting and quality management resources.

The work of the task force has been enhanced by preliminary information from our strategic planners. Immediately prior to the first meeting, we received summary information and comments from the SETTRAC strategic planning survey. The task force reviewed the information and used it for

planning.

The interim strategic planning information will be presented at the quarterly meeting in January. The strategic planning efforts are occurring concurrently and providing decision support for our consolidation discussions.

I want to thank everyone that has and will contribute to the planning process. It is an exciting time for SETTRAC and the RHPC. The consolidation talks, our work in response to Ike and the UTMB closure, and our strategic planning process have created an energy and engagement level that will benefit the community we serve.

CONTINUED FROM PAGE 1 - UTMB CLOSURE

Based on our current experience during what is commonly a lower volume time of the year for trauma, the Board made recommendations in two classifications:

First, the Board endorses the following action to sustain and enhance the current trauma system. The Board believes it is critical that we optimize our current resources while seeking external support for system enhancement.

◦ The Board endorsed refined utilization of our Level III Trauma Centers as a transport destination for appropriate trauma patients. SETTRAC has documented over-triage of trauma patients by ground and air ambulance to Level I centers. We are asking Level III's to commit to receive appropriate patients by ground and air. The Level I centers are committed to accepting transfers when necessary. This solution is designed to preserve Level I resources.

◦ The Board approved a revision to our regional bypass guidelines, removing "High Index of Suspicion by Pre-hospital Providers" as a destination determinant (*High Index remains under Mechanism of Injury*). This action removes paramedic "intuition" from the transport decision process, and emphasizes physiologic and anatomic indicators that are evidenced based decision criteria. It is expected that this change will reduce the amount of over-triage of trauma patients to Level I facilities. Specific mechanisms of injury remain part of the protocol. EMS agencies are asked to commit to revision local protocols to incorporate this change.

The Board approved the following funding recommendations to support the healthcare system.

◦ SETTRAC endorses increased funding for uncompensated care related to Hurricane Ike. Houston area hospitals are absorbing unbudgeted, additional un-

compensated care from citizens displaced by Ike and those forced to seek care in Houston as a result of UTMB's closure.

◦ SETTRAC supports funding for enhanced trauma infrastructure within the region. Such funding should be used to develop at least two additional Level I or Level II Trauma Centers in the Houston area. We also support a Level II Trauma Center in the Beaumont/Port Arthur area. Based on population criteria, the Greater Houston area should have four Level I or II facilities. The loss of UTMB and the projected growth in the Houston-Galveston area makes this a necessary project to meet the region's trauma and homeland security response needs. We would advocate that Ike Recovery Funds, State Trauma Funds, or other sources be used for this critical purpose.

Although not officially acted on by the Board, the Houston Fire Department

The Board approved a revision to our **Regional Bypass Guidelines**, removing "High Index of Suspicion by Pre-hospital Providers" as a destination determinant.

committed to shifting a greater portion of their ground volume to Ben Taub in an effort to load balance Level I patients between Hermann-TMC and Ben Taub.

SETTRAC should and will play a major role addressing the issues brought about by the closure of UTMB. We are working closely with our partners in RAC R. We are the organization officially charged with the coordination trauma care in our region. I am very pleased at the level of engagement from our member institutions and agencies. I look forward to us continuing our effort in 2009.

SYSTEM PI - DATA NEEDED

by Mary Frost, SQI Chair

The closure of the UTMB trauma facility has placed additional stress on the Trauma Centers in the SETTRAC region. As demonstrated in previous disasters, the hospitals in our area are stepping up and absorbing the added influx of patients. In order to document the changes in patient flow, we are asking **all designated trauma centers** in the region to provide data which

will be made available at the SETTRAC meeting in January.

Please complete the spreadsheet which can be found on the SETTRAC website (www.SETTRAC.org) with the following information:

Date Range for this data is Oct 06, Oct 07, Oct 08

1. Enter your information so we can contact you with any questions and update our database.

2. Export the requested data points from your registry and place them on the appropriate page.

****Please include your total number of trauma patients seen in your facility during the specified time period, at the top of the page.***

3. All data presented will have the registry identifiers removed. Information for your institution will be labeled for your use.

4. Please have this data turned into us by January 16th.

5. For Level I Facilities - these are transfers received.

6. For Level III Facilities - these are transfers out.

We appreciate your assistance. Please contact Mary (mhfrost@texaschildrens.org) with any questions.

SETTRAC PRE-HOSPITAL TRIAGE & BYPASS GUIDELINES CHANGES

by David Rives, Executive Director

Most, if not all, 9-1-1 EMS providers in the SETTRAC region have been notified of a couple of revisions to the SETTRAC Pre-Hospital Patient Triage & Facility Bypass Guidelines. In brief, the revised guidelines removed “High index of suspicion by the pre-hospital provider” as the last bullet point from “Physiologic parameters and/or unstable vital signs” and “Anatomical Injury”. It remains as the last bullet point of “Mechanism of injury”. The impetus of this revision came from a special meeting of the SETTRAC Board of

Directors (December 1st) that was called to discuss the impact of the loss of UTMB as a Level I Trauma Center on hospitals in the SETTRAC region. Special concerns were noted for the remaining Level I Trauma Facilities, Ben Taub General Hospital and Memorial Hermann Hospital TMC. The goal of this revision to the guidelines is to lessen the load of patients going to those two Level I Trauma Centers and direct more patients to the Level III trauma centers throughout the region. The American College of Surgeons policies on trauma

care indicate that a Level III trauma center should be able to provide the same level of trauma care as a Level I trauma center except for acute neuro trauma. The overuse of the Level I trauma centers has resulted in inefficient use of the resources in the SETTRAC region. It has been recognized that this is a stop-gap measure until the entire guidelines can be reviewed. There will be multidisciplinary meetings in the coming months to review the guidelines and determine whether or not further revisions are needed.

To view the revised guidelines and a detailed rationale for the changes please refer to the SETTRAC web site (www.SETTRAC.org). There you will find a link to each as well as a copy of the affidavit that must be executed and submitted to the SETTRAC office as a result of the guideline revision.



NEW OFFICES - STARTING JANUARY 5TH

SETTRAC will be moving out of Memorial Hermann and into our new offices on **Monday, January 5th**.

During this transition, we are asking for patience since it may be difficult to contact us. Our new offices are located at 1111 North Loop West, Ste 160, Houston, TX 77008.

Please note our new phone number **281-822-4444**, hopefully this number will be working **starting January 5th**. The best means of communication during the first week of January will be email. Please continue to use 281-884-6076 as our fax number since this number will be unaffected by the move.



HOSPITAL DESIGNATION PROCESS

by Marjorie Lygas, HCM Chair

SETTRAC is fortunate to have TETAF credentialed surveyors, who are willing to assist any SETTRAC facility

For all facilities in SETTRAC that are aspiring to attain Level III or Level IV Trauma Center Designation (by the Department of State Health Services - DSHS), we

would like to remind you that the SETTRAC Hospital Care & Management (HC&M) Committee is willing to help your hospital with this process.

The Hospital Care & Management Committee has been providing this help (free of charge) for many years. Our objective is to coach you to success. SETTRAC is fortunate to have TETAF (Texas EMS Trauma & Acute Care Foundation) credentialed surveyors, who are willing to assist any SETTRAC facility with sup-

port, whether you are upgrading from Level IV to Level III, or starting the process for the first time. The surveyors have successfully completed the process themselves and have reviewed trauma facilities within the state.

Trauma Performance Improvement is the key element and primary component of your entire program. Documentation of your process and evidence of “Loop Closure” is very important to your success. If you are in

need of help, please contact me and I will pair you up with a mentor who has successfully attained designation and is currently a surveyor.

Additionally, if DSHS has determined that your facility is under-designated (i.e. Level IV facility that has Level III capabilities), there is a process posted on the SETTRAC web site (www.SETTRAC.org) to (1) Upgrade from a Level IV to Level III or (2) Request support to remain at your current level.

Marjorie Lygas
Marjorie.Lygas@sjmctx.com

REGIONAL PREPAREDNESS

by Doug Havron, Administrative Director

As the Hospital Preparedness Program moves into the 7th year, the Regional Hospital Preparedness Council (RHPC) continues to work on many new initiatives as well as the sustainment of previous programs. Sustainment projects include the hospital based antibiotic caches, decontamination training and drills, increased development of the forward coordinating element concept, radio system rollout, medical special needs armbands, regional EMS triage tags, field hospital pharmaceutical caches and supplies, patient/evacuee tracking system enhancement, Advanced Disaster Life Support courses, Ambulance Strike Team courses and other regional training mechanisms. In addition to this year's distribution of hospital-based funding, other regional efforts will include at risk populations packets and education, completion and delivery of two (2) AM-Bus units, as well as the addition of several staff to better assist participating institutions and agencies with inte-

grated planning, preparedness, response and recovery.

In addition to all of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) initiatives, the RHPC is working to process nearly \$1.5 million of reimbursements and response expenses to individuals and agencies providing staff or services for the Catastrophic Medical Operations Center (CMOC) during this past years' activations. The state contracted activations for Dolly, Edouard, Gustav and Ike have provided many lessons learned and continues to validate the CMOC as a best practice. The Texas Department of State Health Services and regional After Action Reviews will be shared very soon for all to review these lessons learned and correct action implementation strategies.

Lastly, here are a few deadlines for processing this coming year's HPP funds. Please complete all proposed expenditure plans using the Expenditure Plan template

and return via e-mail to doug.havron@settrac.org. **All proposed expenditure plans must be received by January 15, 2009.** After this step, facilities may exercise one (1) of the options below.

Option 1

Plans will be reviewed for compliance with the grant initiatives. Once approved, all purchases must be completed with proof of payment and documentation of delivery submitted by May 15, 2009.

After these documents are received, a reimbursement check will be issued to your facility. Please note: failure to provide accurate and timely documentation by the deadline may result in loss of funding.

Hospital will compile an updated inventory and submit to SETTRAC before July 1, 2009.

Option 2

Plans will be reviewed for compliance with the grant initiatives. Once approved, all purchases will be executed by SETTRAC.

Items will be drop shipped to the facility. Delivery confirmation shall be submitted to SETTRAC. Invoices will be paid by SETTRAC directly.

Facility will be forwarded an inventory listing in spreadsheet format.

Thank you for your continued support of the regional preparedness program and please feel free to contact us for questions or technical assistance.

Doug Havron
Administrative Director
Preparedness Program
Doug.Havron@settrac.org

Lori Upton
RHPC Chairman
Texas Children's Hospital
laupton@texaschildrenshospital.org

Vacant
RHPC Southeast Corridor

Karen To'oTo'o
RHPC Downtown Corridor

Renee Griffith
RHPC Southwest Corridor

Vickie Maywald
RHPC North Corridor

PROGRAM IMPLEMENTATION SPECIALIST

by Doug Havron, Administrative Director

As many of our regional partners have heard, Micky Moore will be leaving us on January 9, 2009. She has been presented a wonderful opportunity in a newly created position for a managed care corporation under contract of the Department of Defense (DoD), which provides services for veterans and their families. The position will allow her to return to the quality background she enjoys so much, as well as provide new opportunities for research and development in this position. She will be responsible for a region including several states and Mexico. **We wish you well!**

For assistance with all activities that Micky has been working on, please contact Douglas Havron via e-mail to doug.havron@settrac.org.

REGIONAL HOSPITAL PREPAREDNESS COUNCIL	
Board of Director's Meetings	
<u>Time:</u> 1:30pm – 4:00pm	
<u>Dates</u>	
January 13, 2009	July 14, 2009
February 10, 2009	August 11, 2009
March 10, 2009	September 8, 2009
April 14, 2009	October 13, 2009
May 12, 2009	November 10, 2009
June 9, 2009	December 8, 2009
<u>Location:</u> 1115 S. Braeswood (City of Houston Lab Conference Room)	

EMS / HOSPITAL DUES INVOICES

SETTRAC has received payment from the following organizations - **Thank You for your support!**
 As we receive additional payments, we will update the Dues/Participation page on the SETTRAC web-site (www.SETTRAC.org). If you have any questions about dues or need another copy of your invoice, please contact the SETTRAC office.

EMS AGENCIES

AMR Houston
 Atascocita
 Austin Co
 Baytown
 Bellaire
 Brookshire
 Channelview
 Colorado Co
 Community
 Cy-Fair
 Deer Park
 Fort Bend Co
 Friendswood
 Gateway
 Harris ESD #1
 Harris ESD#5
 Humble
 Jersey Village
 Katy
 League City
 Manvel
 Matagorda VFD
 MCHD
 Nassau Bay
 North Channel
 Northstar
 NW Rural
 Village
 Waller
 West Harris Co

Hospitals

Apex Hospital-Katy
 Ben Taub General
 CHRISTUS St. John
 Colorado-Fayette
 Columbus Community
 Doctors Hospital
 Gulf Coast Med Center
 HCA - Bayshore
 HCA - Clear Lake
 HCA - East Houston
 HCA - Kingwood
 HCA - Texas Orthoped
 Oak Bend Med Center
 Houston Northwest
 IntraCare - Med Center
 IntraCare - North
 Matagorda General
 MH - Katy
 MH - Sugar Land
 MH - Woodlands
 Methodist Sugarland
 Nexus Specialty
 Park Plaza Hospital
 Plaza Speciality
 The Methodist Hospital
 Tomball Regional
 Triumph - North Houst
 Triumph - Northwest
 Triumph - Clear Lake
 Triumph - Tomball

Last Updated: 12/22/08



QUARTERLY MEETING TENTATIVE AGENDA

- I. CALL TO ORDER Allen Johnson
- II. ROLL CALL Renee Griffith
- III. READING & APPROVAL OF MINUTES Renee Griffith
- IV. PUBLIC COMMENT Allen Johnson
- V. EXECUTIVE REPORTS
 - A. Chairman's Report Allen Johnson
 - o General Remarks
 - o Executive Committee Vice Chair
 - B. Vice Chairman's Report Michael Morris
 - o Membership Issues
 - C. Vice Chairman's Report
 - o GETAC/RAC Chairs Meetings Update
 - D. Secretary's Report Renee Griffith
 - E. Treasurer's Report Lon Squyres
 - o Quarterly Financial Report
 - o Budget Amendments
 - F. Officer at Large Report Kenneth Mattox, MD
- VI. COMMITTEE REPORTS
 - A. Trauma Care & Management Daniel Kosler
 - B. Public Information & Education Sarah Abbott
 - C. Grants Review Madelyn Jurek
 - D. Stroke Committee James Grotta, MD
 - E. Medical Director's Committee David Persse, MD
 - F. RHPC Lori Upton
- VII. Director's Report David Rives
- VIII. OASPR Administrative Director's Report Doug Havron
- IX. UNFINISHED BUSINESS
 - o Strategic Planning Allen Johnson
 - o License Plates RCV-Q David Rives
 - o RAC R Working Group Allen Johnson
 - o Strike Team Leader Class Lon Squyres
 - o Contracts David Rives
- X. NEW BUSINESS
 - o Executive Session Allen Johnson
- XI. ANNOUNCEMENTS Allen Johnson
 - o Next Meeting April 20, 2009

PARTICIPATION REQUIREMENTS-EMS/HOSPITALS/BOARD MEMBERS

All organizations must (i) attend at least two (2) SETTRAC Quarterly Meetings and (ii) pay annual dues each fiscal year in order to meet the participation requirements. In addition, EMS Agencies must (iii) attend at least 50% of at least one committee's meetings and (iv) attend at least 50% of the EMS SQI committee meetings.

Please verify your organization's attendance by visiting the Dues/Participation page on the SETTRAC web-site (www.SETTRAC.org).

SETTRAC Board Members cannot miss more than two (2) meetings each Fiscal Year. Since there was a special called board meeting in December, **all board members must attend 3 meetings this fiscal year** in order to be in good standing.

Board member attendance can also be found on the Dues/Participation page on the SETTRAC web-site (www.SETTRAC.org). Please contact the SETTRAC office with any questions.

Remaining Quarterly Meetings:
 January 26th - April 20th - July 20th

www.SETTRAC.org

**SOUTHEAST TEXAS TRAUMA
REGIONAL ADVISORY COUNCIL**

**2260 W Holcombe, #221
Houston, TX 77030**

Phone: 713.704.6814
Fax: 281.884.6076

***** AFTER January 5th**

**1111 North Loop West, STE 160
Houston, TX 77008**

Phone: 281.822.4444
Fax: 281.884.6076

SETTRAC Staff

Executive Director	David Rives, MS David.Rives@settrac.org
Administrative Director Hospital Preparedness	Doug Havron, RN, BSN, MS, CEN, CEM Doug.Havron@settrac.org
Program Manager (Part-Time)	Marnie Krause, RN, BS Marnie.Krause@settrac.org
Administrative Assistant	Lisa Spivey Lisa.Spivey@settrac.org

Executive Committee

Chairman	Allen Johnson, MPA
Chair Emeritus	James H Duke, MD
Vice Chair Business	Michael Morris
Vice Chair Systems	Vacant
Secretary	Renee Griffith, RN
Treasurer	Lon Squyres
Officer at Large	Kenneth Mattox, MD

SETTRAC EMPLOYMENT OPPORTUNITIES

SETTRAC is currently seeking applicants for two full-time positions. To see detailed information about these jobs and instructions on how to apply, please go to the Home-Page on the SETTRAC website (www.SETTRAC.org).