



October 2009

SETTRAC's first quarterly meeting of the fiscal year will be held at the United Way Community Resource Center Auditorium at 50 Waugh Dr, Houston, TX 77007 on October 19th at 7 p.m.

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SouthEast Texas Trauma Regional Advisory Council

SETTRAC Quarterly News

Information for You

By Allen Johnson, MPA, SETTRAC Chairman

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The Budget

The proposed FY 2010 SETTRAC budget contains a number of changes from previous years. These changes reflect feedback received through the strategic planning process and from the various committees. The budget includes funding for the following staff positions:

- Chief Executive Officer
- Trauma Systems Coordinator/Planner
- Stroke System Coordinator/Planner – half time, funded by UTHSC
- Cardiac System Coordinator/Planner – half time, to be funded at mid year
- Registry Coordinator

County Funds Eligibility

By David Rives, MS, Executive Director

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The distribution of the FY 09-10 county funds has been delayed due to the fact that a provider was unable to obtain the required documentation that would have allowed the distribution of FY 08-09 funds to that provider. As provided in the procedure adopted by the SETTRAC Board, and in compliance with the state contract, there are certain steps that must be taken for those funds to be reallocated. As soon as those funds are reallocated the process of the distribution of the FY 09-10 county

- Administrative Assistant Accountant – 50% funded by Preparedness monies, 50% by traditional RAC sources

The Preparedness positions were previously funded and remain in place.

Funding for these positions is contingent on several items. First, I am pleased to report that our Tobacco and RAC EMS grants will produce approximately \$60,000 more than in FY 2009. As we discussed at the Quarterly Meeting, we will be bringing a recommendation to increase annual dues for hospitals and EMS agencies. Tentatively, we discussed moving hospital dues from \$500 to \$2,500. Several hospital members, I have spoken with, sup-

port the change. We have received some pushback as well. I would prefer to take a more conservative approach until we can demonstrate good stewardship of the additional hospital funds and accomplish interim goals. For EMS agencies, we have discussed a graduated dues structure similar to the fees assessed by EMSsystem a few years ago. Based on size, EMS agencies would increase their contribution to \$250, \$500, or \$850.

EMS agencies should enjoy an increase in their County EMS grant next year of up to 50%. The grant program allows EMS agencies to return their County funds to the RAC in whole or part to provide funding for RAC programmatic initiatives. I spoke with the EMS community in September and asked them to consider

funds will begin.

Recently a message from DSHS was forwarded to the Prehospital Care and Transport listserver requesting that all providers go to the DSHS web site to verify their counties of eligibility. If you have not yet done so please go to: <http://www.dshs.state.tx.us/emstraumasystems/PotentiallyEligProvFY10EM-SAllotment.shtm> and check your county(ies) of eligibility. If you have any questions please contact Linda Reyes at Linda.Reyes@dshs.state.tx.us or

512-834-6684. This list has nothing to do with having met SETTRAC participation requirements.

Please check your participation requirements by going to the SETTRAC website, clicking on the "Dues/Participation" tab, click on "FY 2009 EMS Participation" and check your quarterly meeting attendance, submission of current affidavit, payment of dues and committee attendance. The current affidavit means one that has been signed by both EMS Director and Medical Director after the revised guidelines

contributing one half of their funding increase to help support RAC programs. For example, if a County received \$10,000 last year and receives \$14,000 this year, we would like them to consider assigning \$2,000 back to SETTRAC for RAC wide initiatives. This funding is not essential to fund the budget as it is currently proposed. However, it would allow us to move forward with confidence that we can meet our mutual objectives.

The budget also contains continued funding for education and the SETTRAC conference.

The Executive Committee is recommending the proposed budget. There will be ample opportunity for discussion at the quarterly meeting. These are big changes for the organization and we believe you should have an opportunity to express your support and/or concern.

Stroke Funding

I want to express my sincere appreciation to Dr. Grotta and his staff. Several months ago, I asked Dr. Grotta if he could help locate funding for a Stroke System Coordinator/Planner. He was able to secure philanthropic funding for a half time position dedicated to advancing the work of the stroke committee. In September, Logan Thornton joined the SETTRAC staff. She is a full time PhD student. She has an impressive resume that includes work for the National Institutes of Health and as a volunteer paramedic in Washington DC.

Although not finalized, potential goals for this position include:

- Create a chronological history/progress of SETTRAC Stroke Committee.
- With the Stroke Center Review (SCR) subcommittee, align SETTRAC Stroke Level 3 criteria definition with the State's criteria.
- Evaluate, with the SCR, Level 1 & Level 2 criteria definition in conjunction with the Joint Commission criteria; in an attempt to clarify and make the criteria definitions easy to use for facilities.
- Work with hospitals to prepare for DSHS credentialing
- Work with hospitals to obtain the data on # stroke patients treated etc, and transmission of that data to SETTRAC data core (Rick Sline)/SETTRAC Registry
- Coordinate with Stroke Directors & EMS Directors on how we can help them.
- Create meeting agendas & coordinate conference calls for all stroke and cardiac committee meetings.
- Arrange webinars as needed to assist in training
- Coordinate educational opportunities with local Stroke directors and ER directors
- Begin work on EMS education
- Discuss with CEOs and Stroke Directors their involvement with SETTRAC Stroke and Cardiac committees.

This is an incredible opportunity for SETTRAC. I know there has been some proprietary concern expressed in past months. This is new for us. Other communities are accustomed to having close ties between the academic/research community and the regional medical community. Although HFD and the medical schools have worked together in the past, it has not been commonplace.

We are witnessing the natural progression of academic-clinical research impacting clinical care in our community. I believe we will see much more of this as our cardiac program moves forward and we enhance our resources for the trauma system. Close ties between the clinical and research communities is necessary to steer evidenced based medicine. We have the resources to be at the forefront of this effort. We are fortunate to be able to work with world leaders such as Dr. Grotta.

EMS Purchasing Cooperative

As we look to increase the dues for EMS agencies, I hope that we can provide added value for their membership. We are working to establish the Southeast Texas Emergency Services Purchasing Cooperative. Several years ago, SETTRAC attempted to do a group purchasing bid for EMS medical supplies. The project got too complex as we tried to satisfy everyone's individual preferences.



Information for You

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We plan to start by selecting 100-150 common items and asking vendors for specific pricing. We would also ask for a percent off of list for any item not quoted. Any SETTRAC member could buy off the contract at our discounted prices which should be less than they could do on their own. We could allow other RAC's and other EMS agencies to buy into the contract for a small fee. The selected vendor would pay SETTRAC from 1-3% of all sales from the contract as an administration fee. The funds would help to support SETTRAC's operating budget, reducing the burden on its members.

This proposal is similar to the cooperative purchasing program offered through HGAC and Buyboard. The program would satisfy local statutory requirements for local government purchasing. As we discussed this with the EMS Committee, they immediately saw the potential benefit and began talking about future bid projects for fuel, heart monitors, and ambulances.

Beyond the original and periodic bidding as well as signing on members as they request, there would be no additional work for SETTRAC. The ordering, invoicing, delivering, etc would be between the vendor and the individual members.

The ball is rolling and we hope to have the first bids solicitations published by the end of the year.

Participation

DSHS requires that designated stroke centers be RAC participants. There is no definition from DSHS on what that means, nor have we addressed it as an organization. The Stroke Committee will be recommending a definition. We should consider applying a general requirement across all committees. In the past, we have required participation at the Quarterly meeting. Perhaps we should de-emphasize that requirement in favor of more rigorous requirements within the service line committees. Clearly we need the transparency that comes from the attendance at the quarterly board meetings, but the real work of the organization is done in the committees. Encouraging support for the committees and their planning education, and performance improvement activities seems wise.

Business Associate Agreement

As we look forward to SETTRAC receiving data from EMS and hospital partners, it is important that we establish safeguards on how that data is used. We are in the process of developing a Business Associate Agreement that will outline the acceptable practices to protect your data. Look for more on this in the near future.

Bylaws

At the Quarterly meeting, we will discuss and possibly act on proposed new bylaws for the organization. The proposal would restructure the Board to fulfill its primary role as a policy and fiduciary body. It would also establish service line committees that would provide the planning and performance improvement processes for trauma, cardiac, and stroke, as well as affirm the RHPC as the planning body for preparedness. This is a big step for the organization. I believe it will move us forward as an organization. The draft bylaws will be available on the SETTRAC website approximately one week before the meeting.

And finally...

As each year wraps up, we have a surplus of grant funds to spend to avoid sending it back to the state. This year, we estimate the amount to be about \$30,000. We did fund the replacement of a couple of computers as well as a few other minor projects. All remaining funds were used to purchase children's booster seats to support inspection and injury prevention programs across the region. A number of programs received these seats. We are happy to have been able to assist in making a difference for children's safety.

County Funds Eligibility

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were adopted by the Board on December 1, 2008. The revised guidelines and a blank affidavit can be found on the SETTRAC web site, click on "Documents" and under the heading "Protocols/Guidelines/Forms". To check details of committee attendance click on the "Dues/Participation" tab and click on "FY 2009 EMS Committee Attendance". If you have any questions please contact Sherrie Johnson at Sherrie.Johnson@settrac.org or 281-822-4444.

H1N1 Information

By Doug Havron, RN, BSN, MS, CEN, CEM

As the H1N1 flu continues to be widespread in our communities, several questions have been asked about local, regional and State responses. At present, our preparedness team routinely forwards information received through our public health partners and is monitoring hospital volumes, bed availability, ventilator capacity, and hospital stressors regularly. Additionally, we encourage EMS and hospital to participate in the Texas State Operations Center call held weekly on Wednesday morning. For more information on access that call, please feel free to contact me.

Also, since guidance is continuously being re-evaluated as more data is gathered, we encourage everyone to visit www.texasflu.org for the latest information and recommendations. The Texas Department of State Health Services (DSHS) as released the following:

1. Stay Informed

TexasFlu.org is the DSHS site for flu information in Texas. Bookmark it. Sign up to receive Twitter and e-mail notices when information is posted.

2. Get a Seasonal Flu Shot Now

Don't wait. Get your seasonal flu vaccination now. It's one of the best ways to protect yourself and others from seasonal flu. Also, be prepared to get the 2009 H1N1 flu vaccine later.

It is expected to be available in mid-October.

3. Stop the Spread

Wash hands frequently. Cover coughs and sneezes. Stay home if you're sick. Have a plan to care for sick family members at home.



RHPC

Travel Reimbursement

By Joseph Beckman, BA

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I was always told in my writing, and speech classes that the best way to break tension is to add a little humor. So to start my article I would like to share a little bit of my humor. This is a joke that I found on an accounting web site that I frequently go to:

How many accountants does it take to change a light bulb?

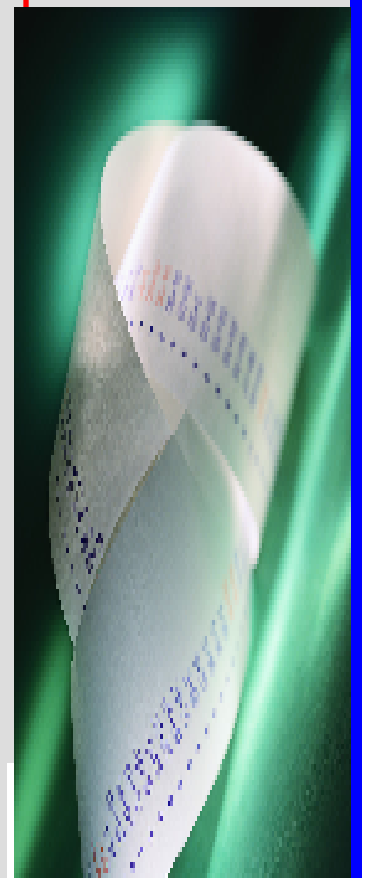
“What kind of answer did you have in mind?”

“Two, one to change the light bulb and one to check that it was done within the given budget.”

One of the joys of being an accountant is that we poke fun at ourselves almost as much as the rest of the world does. Recently we received the ‘Contractors Financial Procedures Manual’ and I have been going over it with a fine toothed highlighter. They were quite a few changes to it from the previous year, but the one that I want to share with you is this. They have made the travel policy and the way that we need to report our mileage on it, easier. It used to be that we need to do point to point mileage, which included odometer readings, but with this new grant year, and constructive criticism from some people that we know, they have decided to change it. The policy now reads this way:

“Reimbursement at a mileage rate must be supported by a detail record of point-to-point mileage with odometer readings or copies of mapping web site mileage (i.e., Bling). Maps from a mapping website must also display point-to-point miles, with a separate map between each destination. If an organization uses an online mapping web site to determine mileage; the name of the mapping web site should be designated in the organizations travel policy.”

This should make it that much easier for all of us when filing out a mileage travel expense form, to be reimbursed for mileage. If you have any questions please feel free to contact me.



Travel Reimbursement

Joseph Beckman, BA

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I would also like to let everyone know that the financial procedures have been written up and should be available for everyone to see in the near future. They are currently in review by a few to look for grammatical errors, and to make sure all necessary items are covered.

EMTrack Mobile Deployment in Full Swing

By Curtis McDonald, LP

The reprogramming and deployment of the mobile component of the regional patient tracking system is nearing completion! All nine SETTRAC counties have received their kits and ours, the Urban Area Security Imitative and Fort Bend County Health and Human Services kits have been updated. We have begun an on-going schedule training end users on all of the new features.

If you would like to see the new system in action, or would like training for your facility or agency, please feel free to contact me at curtis.mcdonald@settrac.org! We will have a complete EMTrack demonstration and training opportunity at the Regional Education and Asset Day on October 23rd. More information on this day may be found at www.rhpc.us. I look forward to the opportunity to showcase this leap in regional response

The Hazard and Vulnerability Assessment: A Benefit to EMS?

By Ryan Mach, LP

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These past few weeks I've been partnering with the region's hospitals in the collection and correlation of what's known as a "Hazard and Vulnerability Assessment", or "HVA". This tool, available in several formats, is a standard self assessment tool used to rank an institution's vulnerability to specific hazards, including natural, technologic, human-caused or hazardous material. Additionally the data, when aggregated, allows for a regional view of preparedness and risk. The score is a composite of negative factors: Likelihood, Human Impact (death, dismemberment, etc...), Property Impact, and Business Impact. These negative forces are mitigated by three factors: Preparedness, Internal Response, and External Response. So why is this of any interest to EMS?

Simple fact: EMS is the external response.

A core principle of disaster management is that incidents begin and end locally. Many of the disasters our partners in the hospital setting are preparing for will not move beyond a local response. As EMS providers we should be intimately involved in the planning and mitigation efforts, recognizing that when the time comes, our EMS agencies will be getting the call to respond. By opening the dialogue with *all* the healthcare institutions in our districts, acute care centers, non-acute care centers, specialty hospitals, and nursing homes we can reinforce our commitment to keeping all constituents in our response areas safe. Fortunately, a forum for this dialogue already exists.

Our region's hospitals have aligned themselves along a common geography into four "corridors". These corridors, the North, Southwest, Southeast and Downtown, extend across multiple EMS jurisdictions, counties and city lines. The members of each corridor have come together for the purpose of all hazard disaster response. In speaking with corridor leaders, and members, the call has gone out to invite EMS agencies to send representatives to their affiliated corridor. I strongly encourage all EMS agencies, particularly those involved in first response, to attend.

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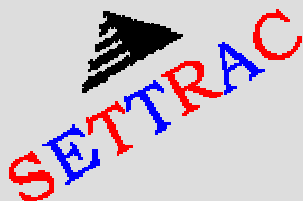
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The Hazard and Vulnerability Assessment: A Benefit to EMS?

By Ryan Mach, LP

Continued from page 5

Many EMS agencies have a representative involved in disaster response; this person would be a perfect candidate to begin to attend corridor meetings. Agenda topics often relate to preparedness funding allocations, initiatives, drills, situational awareness, interoperable communication training, ICS and incident management training and after action review of both actual and drill events. When EMS professionals engage with preparedness personnel an unprecedented opportunity to create coordinated, co-operative plans is realized. As goals align and relationships grow every aspect of the healthcare infrastructure in TSA-Q will benefit.

Corridor meetings are held on a regular basis at locations distributed evenly through the regions they serve. I encourage all EMS stakeholders interested in participating in this important resource to email me at Ryan.Mach@settrac.org. We will determine which corridor your agency responds in, when the next meeting is, and ensure we recognize your effort and participation towards ensuring the hospitals of your response area are prepared across all levels of hazard mitigation. I look forward to hearing from you.

Stay Safe.

Decon Training

By Lisa Aulbert, RN

Every year, the RHPC Board of Directors, creates a unique budget for our region utilizing the ASPR grant funding. Portions of the grant money are used to support on-going projects such as the antibiotic cache program, the upkeep and maintenance of the mobile assets (RCV-Q, Sat 1, MPV-1, etc), education and training, and finally, the individual hospital cash allocations. This year, the council has once again budgeted to provide decontamination training for all of our regional hospitals. Providing this training to our hospitals serves several purposes and provides multiple benefits.

First, in accordance with the ASPR grant participation, as well as other regulatory bodies that govern hospitals, hospitals are expected to provide decontamination services including supplies, equipment, and personnel. In order to support these initiatives, the RHPC funds the equipment (or caches) of decon tents and apparatus that each hospital is expected to have. Additionally, the RHPC has contracted with DLR & Associates for the past several years to provide the annual training for the decon personnel, at no charge to the hospitals. Annual training is vital to renew the readiness of experienced team members, as well as expand the decon team to provide a multi-disciplinary approach.

As an additional service, DLR & Associates will also inspect the integrity of your decon cache supplies, the operational readiness of your decon plan, as well as train new team members to be proficient at the set up of the tents and equipment. At the completion of your training and site visit, DLR will provide you (and the RHPC) with a report on the status of each facility. The intent is not to audit or punish, but to see how we can continually improve our individual and regional efforts with regards to hazardous material events, given the fact our region is a world leader in the chemical industry. The hospital liaisons will have access to these reports and can follow up to assist facilities in creating an optimal decontamination site. If you have questions as to how to create a more robust decon team, plan, or overall operation, please do not hesitate to contact one of your hospital liaisons.

The DLR training calendar request spreadsheet has been sent out to each corridor. Please enter your first, second, and third preference for your hospital's mandatory decon training date. All training dates must occur before May 15th, 2010. Let's get a head start this grant year! I hope to see you all in the upcoming months.

*New EP program*By: *Vickie Maywald, RN*

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Thank you for the opportunity to help coordinate and continue your Emergency Preparedness efforts. The following are some guidelines to begin a successful program. There is not a hard and fast (right or wrong) way to approach emergency planning, but the following are some recommendations based on years of experience, education, and research. Recommendations are to meet HPP, JC, NIMS, OSHA, and State requirements that are currently in effect.

It is important that organizations have an understanding of their capabilities in meeting the critical functions during varying conditions when their facility's infrastructure, the community's infrastructure, or both are compromised. Each of these critical areas supports an "all hazards" approach that is not new but reorganized.

This concept is best tackled by a team of individuals who will work together to form the Emergency Preparedness subcommittee that reports to your EOC. Six roles are broken down below with corresponding JC standards listed for comparison. By dividing the tasks, your overall readiness will be improved in layers, and no one will be overtaken by the otherwise overwhelming job of the bulk.

All six of the roles below could be expected to attend a monthly subcommittee meeting.

Policy – The Emergency Management plan is unlike any other policy in our facilities. It is a living document. If managed appropriately, changes, improvements, and updates are made to it almost every week. Keeping the policy accurate, up to date, and communicated to all who need to know should be this individual's primary focus.

- * Standard EM.01.01.01 The organization plans for managing the consequences of emergencies.
- * Standard EM.02.01.01 The organization has an Emergency Operations Plan.

Communications – Phone lists, radio maintenance, distribution group accuracy. This individual will serve as point person to make sure that all realms of communication are kept up to date. I recommend a communication system that has at least 4 layers of redundancy.

- * Standard EM.02.02.01 As part of its Emergency Operations Plan, the organization prepares for how it will communicate during emergencies.

Standards – NIMS/JCAHO/OSHA/OASPR or other grants. Yearly grant spending and documentation would rest with this individual. Detailed inventory of any grant purchased items will be important. This individual would also be responsible for staying current on any new or changing standards and making sure compliance with each is a priority.

- * Standard EM.02.02.03 As part of its Emergency Operations Plan, the organization prepares for how it will manage resources and assets during emergencies

Communications – Phone lists, radio maintenance, distribution group accuracy. This individual will serve as point person to make sure that all realms of communication are kept up to date. I recommend a communication system that has at least 4 layers of redundancy.

- * Standard EM.02.02.01 As part of its Emergency Operations Plan, the organization prepares for how it will communicate during emergencies.

Standards – NIMS/JCAHO/OSHA/OASPR or other grants. Yearly grant spending and documentation would rest with this individual. Detailed inventory of any grant purchased items will be important. This individual would also be responsible for staying current on any new or changing standards and making sure compliance with each is a priority.

- * Standard EM.02.02.03 As part of its Emergency Operations Plan, the organization prepares for how it will manage resources and assets during emergencies

Safety/Hazmat/Decon – This individual keeps the safety of our staff and patients at the forefront of each piece of the plan. Hazmat team leadership and coordination is a large part of this person's role.

- * Standard EM.02.02.05 As part of its Emergency Operations Plan, the organization prepares for how it will manage security and safety during an emergency.
- * Standard EM.02.02.09 As part of its Emergency Operations Plan, the organization prepares for how it will manage utilities during an emergency.

S.E.T.T.R.A.C. NEWS

New EP Program

By: *Vickie Maywald, RN*

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Education – keeping staff informed and educated on their expected roles during a disaster is this person's key role.

- * Standard EM.02.02.07 As part of its Emergency Operations Plan, the organization prepares for how it will manage staff during an emergency.
- * Standard EM.02.02.11 As part of its Emergency Operations Plan, the organization prepares for how it will manage patients during emergencies.
- * Standard EM.02.02.13 During disasters, the organization may grant disaster privileges to volunteer licensed independent practitioners
- * Standard EM.02.02.15 During disasters, the organization may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners

Drills – Planning quarterly drills and coordinating improvement efforts after those drills is the key responsibility of this individual.

- * Standard EM.03.01.01 The organization evaluates the effectiveness of its emergency management planning activities.
- * Standard EM.03.01.03 The organization evaluates the effectiveness of its Emergency Operations Plan.

In addition, they might need to alternate or split attendance at the monthly leadership or EOC meetings in your facility as well as the monthly Corridor (RHPC) meeting, and your County subgroup meetings.

Minimum requirements for these roles might include:

- * Commitment to the role for at least one year.
- * NIMS training – IC 100.HC, 200.HC, 700, and 800.B
- * BDLS (Basic Disaster Life Support) and ADLS (Advanced Disaster Life Support) within 90 days of appointment.

Your RHPC staffs are here to support you and will be glad to attend subcommittee meetings upon invitation.

Thanks for taking the time to “get prepared”.

Pediatric EMS Airway Training

November 3, 2009

Children's Memorial Hermann Hospital-TMC

6411 Fannin • Ground Floor Hermann Pavilion Conference Center

(CEUs provided)

- 7:30 – 8 a.m. **Registration and Continental Breakfast**
- 8:00 – 8:05 a.m. **Welcome and Introductions**
- 8:05 – 8:45 a.m. **Respiratory Failure Management**
- 8:45 – 9:30 a.m. **Literature Review Summary Recommendations Regarding
Pediatric Intubations vs. BVM Ventilation**
- 9:30 – 10:15 a.m. **Pharmacology of RSI drugs**
- 10:15 – 10:30 a.m. **Break**
- 10:30 – 11:15 a.m. **Difficult Airway Algorithm
LMA and the Difficult Airway**
- 11:15 – 11:45 **Tour**
- 12:00 – 12:30 **Lunch**
- 12:30 – 4:00 p.m. **Skill Stations:**
Intubation Lab
RSI Skill Station
Difficult Airway Lab
Basic Skill Station

Registration:

Name: _____ Phone: _____

E-mail address: _____

Employer: _____

There is no charge for this training; however space is limited.

Fax this registration form to Madelyn Jurek at 713.704.5659

For more information please contact Madelyn Jurek at 713.704.6160