

Piney Woods Regional Advisory Council General Assembly Meeting Minutes

January 20, 2026

UT Health – North Campus, 11937 US-271, Tyler

Call to order 10:00 a.m.

Topic 1: Opening and Talking Points.....Chair Shawn Salter

Discussion:

1. Welcome.
 - a. Recognition of sponsor: MobileOp4 with onsite demo today.
2. Approval of the October 21, 2025 General Assembly meeting minutes
 - a. Motion to approve minutes by Roy Langford
 - b. Seconded motion by Jennifer Burwell
 - c. All were in favor with no further discussion.
3. Chair's Report
 - a. Recognition of Members
 - i. UT North – accreditation decision pending March 1st
 - ii. UT Main – Trauma designation site survey pending
 - iii. CHRISTUS Tyler –Trauma designation site survey pending
 - iv. Longview Regional –Trauma designation site survey pending
 - v. Recognized retiring member – Jim Speier, Marketing Manager of CHRISTUS Flight For Life, is retiring Jan. 31st. Thanks to Jim for his 43 years of EMS service to the community and for representing our RAC at GETAC. Jim says he will continue to participate in TAAMS and fundraising for the Hall of Honor/scholarships.
 - vi. Recognized Loretta Kuhn for her retirement as CEO of the RAC. She has worked for the RAC for 20 years. She has agreed to continue to bridge leadership until a new CEO is brought in.
 - b. GETAC Updates:
 - i. Structure of GETAC reviewed.
 - ii. New Trauma Rules have been rolled out. Shawn reviewed these.
 - iii. NEMSIS update: State looking at ways to accelerate reporting data
 - iv. Disaster Preparedness: proposal for push packs for whole blood at time of disaster.
 - v. EMS survey to define “violence” against EMS personnel
 - vi. EMS Medical Director’s committee Red lights and sirens should be a medical decision; still working on this.
 - vii. Peds committee – tools for battery button ingestion, other, mass transfusion
 - viii. Stroke committee – call coverage recommendations for NIL, stroke awareness for dispatchers.
 - ix. Trauma – PI for critically injured transfers to reduce times to <2 hrs.
 - c. HB3000 Rural Ambulance Service – One-hour webinar 1/21, must register. Grant provides funding through your County Judge’s office.
 - d. Board Initiatives for the RAC

- i. Whole Blood Committee Update
 - 1. Shawn and Dr. Desai explained they are still trying to discern the dollar amount for each RAC.
 - 2. For online information, enter www.texasrdc.org and go to documents to see the work that has been done to prepare for this project launch.
 - 3. Dr. Desai provided extensive explanation and rationale for whole blood availability in the region to improve outcomes. Blood rotation is a significant component of a plan to preserve and get maximum usage without waste; will need hospital cooperation for this. State will cover cost this year.
 - 4. Where this has been tried, one hospital has seen significant cost savings by partnering with EMS.
 - 5. New Blood Committee for our RAC: Feb. 18th as initial committee meeting. New PI Committee proposed to consume this initiative, but Shawn feels they need to be separate.
 - 6. Vote to keep the new proposed Blood and new proposed QA committees separate:
 - a. Motion: Michael Lawyer
 - b. Second: Roy Langford
 - c. All in favor.
 - 7. If you are interested or have a lab or Blood Bank representative who would like to participate, please reach out to Shawn or Loretta.
 - ii. RAC Multidisciplinary QA Committee: Express your interest in participating.
 - iii. RAC Succession discussion – Task Force Committee established. After actively interviewing, we have narrowed the field to 2 candidates for the CEO role.
 - iv. Bylaws under review/updates by Loretta – no updates. Members should send input to loretta@rac-g.org.
- e. Input from Members on Identified Needs
 - i. TETAF Survey Responses: Assessing & intervening transfer delays for critical patients. Thanks to those who have completed.
- f. Update on HPP/EMTF Grant for Region 4. It should be noted that we also manage RAC-F in this area.
 - i. HHS notified us that we (RAC-G) were not selected for the EMTF-4/HPP Grant this year. Confidentiality statements have restricted information; however, it has been discovered that SETRAC is being awarded the grant. We have taken steps to reverse the decision, including a meeting, a letter (and email) with 10 questions to be responded to in 10 business days. If no response, we will engage our elected officials and legal representation.
 - ii. Our posture is that SETRAC (in the Houston area) is not positioned to administer our grant to us. This would have a devastating impact on our RAC. Today we have 7.0 FTEs at our RAC, 4.0 of which are funded through the grant. Our warehouse with all disaster response equipment would be transferred ownership to SETRAC. The RAC offices are also funded largely through the grant. Much discussion re: worst case scenario and possible reasons for SETRAC's actions. January 30th is the end of 10-day response period for HHS. Loretta added that the grant is for 5 years.

Action:

- None at this time.

Topic 2: RAC Office Updates.....Loretta Kuhn

Discussion:

1. FY26-27 Meeting schedule is on the website and today's handout. Sign-in now can include a single person signing in to represent multiple agencies. Indicate from the dropdown.
2. Education
 - a. Wrist bands mandatory as of September 1, 2026, for all EMS encounters. We have a few here today for pick up.
 - i. A new mandate, effective September 1, requires EMS agencies to issue a numbered wristband to all patients at every encounter for data collection.
 - ii. Hospitals should maintain at least one box of wristbands; each box contains 500 bands.
 - iii. Current warehouse inventory: 70,000 bands remaining from an initial 110,000.
 - iv. Funding for bands is diminishing due to other trauma program expenses; distribution will be first-come, first-served as we relook at our budgets.
 - v. Once current supply is depleted, facilities may need to purchase bands.
 - vi. Banding patients who are not transported supports tracking and data collection, similar to usage after the Kerrville flood to track individuals.
 - b. Trauma Rule for letters of participation
 - i. New rules require hospitals to prove that a physician from their facility participates in RAC (Regional Advisory Council) activities.
 - ii. Proposed solution (surveyor Terry Rowden): a physician formally appoints a representative in writing (email or letter).
 - iii. The appointed representative must check a designated box on sign-in sheets for committee and General Assembly meetings.
 - iv. The RAC office will follow up to collect the written proof of appointment from the representative.
 - v. Screenshots of a physician signed into a virtual meeting have not been acceptable proof.
 - vi. Physician designee must be participating; the physician can appoint someone to be their representative and should sign the letter for the designee. See language references below..
 - vii. Physician participation or representation is required for each individual member facility, not just the parent health system.
 - viii. If a physician works at multiple facilities, the appointment letter must list each facility they represent.
 - ix. Relevant rule sections cited: 157.126, 157.130, and 157.123, linking participation to funding eligibility.
 - c. Data uploads: no information at this time.
 - d. Committee sign-in. Please be sure you are listing which entity you are representing, e list each facility.
3. Thank you – Loretta expressed gratitude for member support over the past year and a half during personal and family health challenges. She has learned from everyone things that helped her understand medical situations she faced personally. Loretta acknowledged committee progress and thanked staff, the board, and members for patience and support.

Action:

- Please see the RAC meeting schedule online. The office will also send this out.

Topic 3: Financial Narrative Report.....Tammy Kuhn

Discussion: First Quarter Income & Expenses were presented to the membership. The Report is on file at the RAC office. Please see Tammy if you wish to receive a copy.

1. Report will be uploaded to the website; copies available via email upon request.

Action:

- None at this time.

Topic 4: Preparedness & Response Division Report.....Eric Bailey

Discussion:

1. HPP Committee renamed "Preparedness and Response Committee"; elections/appointments pending at the March 3 meeting.
2. Division will continue deliverables despite the option to delay; focus on the medical surge exercise with Longview planned for the 30th (details intentionally limited).
3. Upcoming supply chain integrity assessment seeking 100% participation from hospitals and EMS.
4. Second regional newsletter sent; feedback and suggestions welcomed; may expand.
5. Continue program work without slacking; prepare for the supply chain assessment; engage with the newsletter.
6. Hopkins County EMS remains in Kerrville County with two ambulances; WPU/UTVM update:
 - a. Brent returned from TFL rotation; operations ongoing.
7. As of Oct 26: over 17,000 man-hours deployed from the region; estimated \$1.3 million pass-through funds for reimbursement and rebuilding.
8. Texas EMTF MIST initial training": March 4–5; three registered; one opening plus a waitlist.
9. AMS (Amnesty) Management training team: April 15–16.
10. Rebel Peak wildland fire exercise (Burnham, Texas): Feb 24–28; Hopkins County and Paris EMS attending.
11. Coordinator work groups next week in San Antonio.
12. Disaster Day (College Station): Feb 27; office may participate.
13. Bataan Memorial Death March: March 21 event; depart Mar 18; 3–4 signed up; proceeding regardless of other changes.
14. Training and deployments are proceeding on schedule; participation encouraged.

Action:

- Please be ready for the April Exercise.

Topic 6: Committee Chair Reports

1. Air Medical.....Chad Solomon
 - a. Upcoming committee meeting Thursday at 11:00; closing GETAC items from November/Texas EMS.
 - b. FAA representation discussed safety planning related to the DC incident; ongoing larger meeting to involve air operators.
 - c. Review local safety issues.
2. Pre-HospitalBrian Wilkinson
 - a. Meeting Thursday in conjunction with Air Medical.
 - b. Continuing whole blood implementation discussion with support from partners.
 - c. GETAC highlights: "Senate Delay" yielded 3,200 scholarships; approximately 12,000 individuals entered the field.
 - d. House Bill 33 (active shooter planning): increased school drill requests anticipated.
 - e. Efforts to involve Ashley delayed due to scheduling; plan to include her later.
3. CardiacJamie Moore
 - a. ACC regional cardiac data platform proposal: \$12,500/year vs. RDC for blinded data across the region.
 - b. Funding dependent on the overall budget; planning a May fundraiser (tentatively May 1, Friday before graduation).
 - c. Women with Heart Scholarship: high school seniors submit a two-minute video on women's heart health; scholarships of \$5,000, \$2,500, \$1,500 via CRISTA's website; deadline end of this month
4. Clinical Education.....Dr. Desai
 - a. No report.
5. Finance.....Roy Langford
 - a. No report.
6. Hospital Preparedness – HCC Governance.....Karen Adams
 - a. No report.
7. Injury Prevention.....Brittany Ray
 - a. Next meeting: tomorrow at 10:00 a.m.; mailing list updated; contact if you missed the recent email.
 - b. Focus on 5-year data trends to set priorities; November and December meetings were canceled; committee resumed.
 - c. Planning for a 2026 event; seeking parking lot venues with safe pull-through for car seat and CarFit events.
 - d. Seeking groups for fall prevention classes; prefer existing groups of older adults; agencies with strong marketing encouraged to host.
 - e. Pediatric Readiness: national assessment opens March 3, closes May 31; all EDs must complete; new questions posted.
 - f. National assessment guideline webinar: Feb 12 at 1:00 p.m. (EMSC website); disaster readiness webinars for pediatric readiness in EMS/hospitals starting March (1–4 p.m.).
8. PediatricGreg Lamay/Dr. Catherine Goetz
 - a. Next meeting targeted for the third week in February; scheduling poll sent; awaiting majority.
 - b. Agenda likely includes pediatric strokes and other items.
9. Perinatal.....Hillary Hill
 - a. Chair Hillary is transitioning out; committee seeking a chair and co-chair.

- b. Group to meet and nominate new leadership.
- 10. Stroke..... Jennifer Reeves
 - a. Working on pediatric code stroke triage; to route through EMS and Pediatric committees.
 - b. RDC data challenges; obtained aggregate data from Get With The Guidelines at the RAC level for comparison.
 - c. Will set 2026 goals.
 - d. CHRISTUS Neuroscience Symposium: April 17; agenda and registration forthcoming (to be posted).
 - e. 2026 goals in progress.
- 11. Trauma.....Ashley Hanson
 - a. Met before General Assembly this morning; set 2026 goals:
 - b. Implement a “registry moment” within the committee (operational, recognition, or data-focused).
 - c. Integrate pediatric readiness into committee work.
 - d. Plan to collaborate with Prehospital/Air Medical on transfer times; will analyze more concurrent 2025 data to validate trends.
 - e. Voted on a co-chair; will seek board approval; candidate may attend related committees pending schedule.
 - f. Goals established; cross-committee data collaboration planned; leadership action pending board approval.

Topic 7: Open Discussion.....Chair Shawn Salter

- 1. Anticipated Impact of FIFA 2026 World Cup in Arlington
 - a. Arlington hosts playoff games June 14–July 14; other US sites: Los Angeles, Miami, New Jersey; final in New Jersey July 19.
 - b. Expectation: over 1 million additional people in the Dallas area; potential strain on Dallas hospitals and transfers.
 - c. Regional preparedness advised for increased patient flow and system saturation.
- 2. Pediatric Emergency Care Coordinator (PECC) Designee at Each Hospital
 - a. Proposal to ask each hospital in the RAC to designate a Pediatric Emergency Care representative (PECC).
 - b. Motion to maintain a list of Pediatric E-emergency reps from each agency.
 - i. Motion: Brittany Ray
 - ii. Second: Stacy Shipp
 - iii. All in favor. Motion passed.
 - c. Communication to institutions will be prepared.
 - d. RAC will request PECC designees from each hospital.
- 3. Regional Plan for Limb Replantation Transfers
 - a. Concern: ACS wording suggests a regional/state plan; state says ACS did not intend state/regional plans, but book wording implies need.
 - b. Proposal: stable patients with complete limb severance identified prehospital should be transported directly to Dallas centers rather than first to Tyler/UT then transferred.
 - c. Current availability: uncertainty whether UT/CTM perform replants; likely diversions to Dallas already occur.
 - d. Trauma plan language suggested to state replantation unavailable within the region; intent to transfer to capable centers.

- e. Trauma committee asked to draft language; RAC may issue letters to entities undergoing trauma surveys noting active plan inclusion.
4. Board Elections and Bylaws Updates
 - a. Re-elections due per bylaws: Chair and Secretary positions; also Community Elected Official seat (currently George Roberts).
 - b. Nomination timeline: nominate in April; candidate presentations July; vote in September.
 - c. Bylaws are posted online; submit improvement suggestions;
 - d. Thanks extended to the sponsor MobileOp4 for support, technology and sponsorship.
 - e. Election process confirmed; members to prepare nominations and bylaws feedback.
5. Thanks extended to the sponsor MobileOp4 for support, technology and sponsorship.

ACTION:

1. Trauma committee will draft plan for the Replantation Process in RAC-G; RAC to support with letters for survey-bound entities.
2. Election process to be included in April's agenda.
3. RAC to request the designation of a PECC representative at each facility.

Upcoming Meetings/Conferences/Symposiums

1. Next General Assembly: Tuesday, April 21, 2026, @ the UT Health North Campus in the amphitheater in the building next door.
2. CHRISTUS Neuroscience Symposium: April 17; agenda and registration forthcoming (to be posted).

Adjourn: 1:10 p.m.

Minutes submitted by: Dawn Johnston – Jan. 20, 2026

Thank you to our sponsor, MobileOp4, for its support, technology, and sponsorship.