7.d. GETAC Emergency Medical Services (EMS) Committee

Chair: Kevin Deramus, LP

Vice-Chair: James Campbell



EMS Committee2024 Committee Priorities

Strategic Plan Pillar & Objective	Corresponding Strategic Plan Pillar Strategy
 Coordinated Clinical Care (Objective 5 & 8.0) Effects of EMS Wall Times on system performance and patient throughputs. 	3. Define data elements necessary to evaluate emergency healthcare system effectiveness.4. Promote prevention education and timely access to definitive care and rehabilitation services
2. Coordinate Clinical Care (Obj #6) Discuss and provide guidance on the effects SB8 funding on EMS Vacancies in Texas. Specifically paramedic vacancies.	3. Define data elements necessary to evaluate necessary to evaluate healthcare system effectiveness
3. Pillar -Performance Improvement Obj- 1.0 Focus on reducing the use of Red Lights and Sirens (RLS) statewide. Using the approved Committee white paper as a guiding document.	2. Utilize evidence-based best practices to improve outcomes for patients, as well as healthcare providers, and promote the Culture of Safety across all entities of the system.

EMS Committee2023 Committee Priority Outcomes

Priority Not Implemented
Priority Activities Recorded
Priority Completed and Monitored

Committee Priorities	Outcomes	Status
Hall time / Wall time white paper	COMPLETED	
Safety / Security EMS Personnel	Work in Progress: Discussion on personal safety on volatile scenes. Previously, the Committee's White Paper on the use of RLS	
Discussion and preparation for the next active shooter / MCI	Presentation regarding recent Texas incidents and provided a "lessons learned" opportunity. Working with private for-profit technology vendors to improve system response (Pulsara) demonstrations and implementation.	

EMS Committee

2024 Recommended Performance Improvement Initiatives

Priority Not Implemented
Priority Activities Recorded
Priority Completed and Monitored

Committee PI Initiatives	Recommended Performance Measure	Accepted
Reduction of RLS (Red Lights & Sirens) usage during EMS responses to 911 calls and transportation of patients to definitive care.	Reduce the use of RLS by 50% for nonpriority 1 responses. Using existing EMD priority determinants to identify universal priority response. Reduce the transport of patients while using RLS by 80% for nonpriority 1 patients.	
Reduction of EMS Wall Times in Texas and analyze the impact of the associated white papers on the issue.	Reduce the EMS quantity of "Wall time incidents" by measuring acceptable defined "Patient hand off times" by 80%.	