

**MORE Who's Who in the Texas Trauma Coordinator's Forum**



**Marvin Cloud**

106 3. Past President  
 107 a. Shall act as a resource to the current president.  
 108 b. Shall mentor in conjunction with the President, the President – elect  
 109 c. Shall assume the duties of the President in his/her absence.

**Brett Dodwell**

111 4. Secretary  
 112 a. Shall keep minutes of all general membership and Board of Directors  
 113 meetings.  
 114 b. Shall electronically post meeting notices to all members a minimum of  
 115 thirty (30) days prior to the next scheduled meeting.  
 116 c. Shall make copies of previous minutes available on TTCF webpage.  
 117 d. Shall maintain records and copies of pertinent documents as directed  
 118 by the President.  
 119 e. Shall provide copies of documents to webmaster for posting on the  
 120 TTCF website.



**Robin Garza**

133 6. Parliamentarian  
 134 a. Shall serve as a non voting member of the Executive Board and  
 will  
 135 not participate in the motion process, except to make sure the  
 correct  
 136 procedures are followed via the most current Roberts Rules of  
 Order.

b. Shall assist and support the President in maintaining 137 order and  
 138 adhering to time schedules as approved by the Board or membership.  
 139 c. Shall assist with the coordination of motions and resolutions.  
 140 d. Shall coordinate the election process of officers for the organization as  
 141 well as all other voting procedures.  
 142 e. Shall facilitate annual review and update of the organizational bylaws



**Lori Boyett- Director at Large 1**

162 8. At – large Representatives  
 163 a. Can serve as interim chair or co-chair of different committees.  
 164 b. Can represent the TTCF as a representative to different outside  
 165 organizations.  
 166 c. Can serve in the position of an officer, with exception of President, if  
 167 one is not available or becomes vacant.

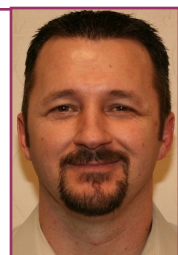
**Kathy Rodgers**

145 7. Historian  
 146 a. Shall record and preserve the record of  
 TTCF activities and  
 147 achievements and assist the President in  
 preparing the Annual Report.  
 148 b. Shall coordinate with the general mem-  
 bership in obtaining TTCF  
 149 historical material and other memorabilia  
 reflecting the organizations  
 150 history  
 151 c. Shall submit revisions and changes to the webmaster for the  
 History  
 152 page on the TTCF website  
 153 d. Shall include in the historical account of TTCF the following:  
 154 1. List of officers and committee chairs with titles and addresses  
 155 2. TTCF membership and meeting attendance numbers  
 156 3. Program and special activity topics  
 157 4. By-law changes  
 158 5. List of recipients of Lifetime Achievement Award and Trauma  
 159 Champion Award  
 160 6. President's annual report.



**Jacky Betts**

123 5. Treasurer  
 124 a. Shall collect all funds and shall have custody of  
 such.  
 125 b. Shall make distribution of said funds upon order  
 of the Board of  
 126 Directors.  
 127 c. Shall deposit all funds in an insured account in an  
 insured financial  
 128 institution.  
 129 d. Shall submit a current written financial statement to the Board of  
 130 Directors on a quarterly basis.  
 131 e. Shall negotiate contracts for meeting facilities.



**Sherry Jennings- Director at Large 2**



TTCF Board member responsibilities found on this page retrieved  
 from Bylaws at [http://www.ttcf.org/pdfs/  
 TTCF\\_bylaw\\_revisions\\_2013.pdf](http://www.ttcf.org/pdfs/TTCF_bylaw_revisions_2013.pdf) on July 15, 2014.

*The Legislative/Public  
 Relations committee  
 would like to give  
 special thanks to all  
 contributors in this  
 issue who provided  
 timely and informa-  
 tive data for the bene-  
 fit of all of us with a  
 passion for trauma  
 improvement.*

**Would you or someone you know like to advertise in Trauma  
 Matters? Reach out to an average of 90+ Trauma Program  
 Representatives across the State of Texas by contacting TTCF  
 Treasurer Jacky Betts @ [jackybetts@UnitedRegional.org](mailto:jackybetts@UnitedRegional.org).**

**Newsletter Advertisement—\$250/year (4 issues/business card  
 size)**

**TTCF Website Advertisement—\$250/year**

**Booth in Lobby—\$500**

**Audience Presentation—\$1,500**

Printed Courtesy of:

**Clear Lake Regional  
 MEDICAL CENTER**

*An HCA Affiliated Hospital*

# TRAUMA MATTERS

*The Official Newsletter of the Texas Trauma Coordinator's Forum*

**Mission Statement**

Our mission is to promote and address educational needs of the various facilities and institutions that provide trauma care in our State. Membership is open to anyone interested in improving care for trauma patients. Meetings of the TTCF are held quarterly and provide an outstanding opportunity to network with Trauma Coordinators and Trauma Program Managers throughout Texas. The Forum shares information regarding trauma system development, hospital information regarding Medical issues as well as Trauma and Emergency updates on legislative issues, injury prevention programs, trauma registry requirements, and rule changes. TTCF Committees include: Level III, Level IV, Injury Prevention, Special Populations, Public Relations/Legislative, Fund Raising, Education, Trauma Registry, and Mentorship. Become a member at [ttcf.org](http://ttcf.org). Membership to the Texas Trauma Forum is open to all interested persons. Voting privileges are extended to all dues paying members. Membership dues in the amount of \$25.00 (U.S.) will be paid annually. Membership is current from the receipt of dues through February of the next calendar year. Dues are not pro-rated or transferable. Make checks payable to "Texas Trauma Coordinators Forum". Please return application and check to: Texas Trauma Forum PO Box 177, Wichita Falls, TX 76307



**Texas Trauma Coordinators Forum**

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*Did you remember to RSVP for the TTCF meeting? This count helps Jacky Betts account for meal and room provisions at each meeting. Please remember to courteously RSVP to Jacky Betts at 940-764-3631 or email [jbetts@unitedregional.org](mailto:jbetts@unitedregional.org)*

**Upcoming Events (2014)**

- Nov 21..... TTCF Board and General Meeting— Fort Worth
- Nov 22.....TOPIC— Fort Worth
- Nov 22.....TETAF
- Nov 22-24.....GETAC
- Dec 5 ..... NTDB 2015 Updates (Lunch N' Learn)
- Jan 9.....TTCF Strategic Planning Meeting—San Antonio
- Feb 17.....Trauma Day at The Capital





**President's Corner (2014-2015)**

**Repealing Alcohol Exclusion Laws:  
Using Advocacy and Collaboration to Strengthen Injury Prevention Initiatives**

Courtney R. Edwards MSN/MPH, RN, CCRN, CEN  
(Parkland Health & Hospital System—Dallas, TX)

Created in the 1940s, the National Association of Insurance Commissioners (NAIC) model Uniform Accident and Sickness Policy Provision Law, also known as alcohol exclusion laws, preclude insurance companies from liability for accident or loss when involving intoxication or substance abuse. An unintended consequence of alcohol exclusion laws are healthcare providers not screening patients for intoxication, alcohol dependence, or substance abuse because of the risk they might not be reimbursed for services. The Texas State Trauma Registry identified over 32,000 patient encounters during 2013 where the presence of alcohol was unknown. Therefore, patients who may have benefited from screenings, brief interventions, and referrals to treatment are not identified. Because of medical advances in understanding substance abuse and effective treatment methods, the NAIC reversed its recommendation in 2001, now recommending the abolishment of exclusion laws.

- The Spectrum of Prevention was developed by the Prevention Institute to serve as a framework for injury prevention initiatives, expanding prevention efforts by promoting a multifaceted range of activities for effective prevention. Comprised of six levels of increasing scope, (Influencing Policy & Legislation, Changing Organizational Practices, Fostering Coalitions & Networks, Educating Providers, Promoting Community Education, and Strengthening Individual Knowledge & Skills) the Spectrum creates a complementary and synergist approach to injury prevention. The overall capacity and effectiveness of hospital-based injury prevention programs can be bolstered through such a framework.

Introduced on March 7, 2013 by Texas State Representative Geanie Morrison and Representative Stefani Carter to the 83rd session of the Texas Legislature, House Bill (HB) 3105 strikes the provision in Texas Insurance code, sec 1201.227 allowing insurance companies to refuse a claim of loss or injury due to the insured being intoxicated or under the influence of a controlled substance. Previously, during the 82nd Texas Legislative session, Representative Eiland introduced HB 758, a similar bill related to limitation in health benefit plans and health insurance policies. HB 758 was referred to the Insurance committee where it was left pending.

Collaborating organizations supporting HB 3105 included the Association of Substance Abuse Programs, Mothers Against Drunk Driving, Mental Health American of Texas, National Association of Social Workers Texas Chapter, Texas Association of Addiction Professionals, Texas Hospital Association, and the Texas Medical Association. Collaboration offered greater manpower, additional expertise and broader knowledge base, access to greater customer base, access to additional sources of data, input from local groups for identification of risk areas and populations, and additional supporters for changes in laws and regulations.

HB 3105 was passed by the House of Representatives on May 3, 2013 and subsequently passed by the Senate on May 21, 2013. HB 3105 was signed into law by Governor Rick Perry on June 14, 2013, effective September 1, 2013. The change required by HB 3105 applies to individual accident and health insurance policies delivered, issued for delivery, or renewed on or after January 1, 2014.

HB 3105 aligns Texas law with model national insurance law standards in an effort to encourage screening, brief intervention, and referral to treatment of individuals who present to hospital emergency rooms showing indications of alcohol or drug use. Insurance companies now negotiate with consumers as to whether insurance policies will cover injuries resulting from intoxication or substance abuse. Through advocacy, collaboration, and education, injury prevention initiatives were strengthened by repealing alcohol exclusion laws. Therefore, are you appropriately assessing your traumatically injured patients for contributing factors to their trauma so they can get the medical treatment they need?

*research. As fellows, we have the opportunity to follow our patients from point of injury to recovery or rehabilitation; which allows us to evaluate all points of care. We are excited to have this opportunity to work with many passionate, knowledgeable leaders in trauma. To be at the forefront of patient outcome improvement, change..to carry on the legacy of those that paved a better future for our trauma patients in both military and civilian worlds is not just an honor, but a privilege."*

For More Information about the UHS Trauma Nursing Fellowship Program please contact:

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San Antonio, Texas 78229  
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RoseMarie.Bolenbaucher@uhs-sa.com



Melissa— Vent Lab



Fellows



Fellows with Dr. Stewart



## UNIVERSITY HEALTH SYSTEM

### Trauma Nurse Fellowship Program

Luisa Cochran RN, Trauma Nursing Fellow  
 Mark Brister RN, Trauma Nursing Fellow  
 Tracy Cotner-Pouncy RN, Director of Trauma Services  
 Rose Marie Bolenbaucher RN, Trauma Educator

According to the Centers for Disease Control and Prevention (2011), trauma remains the major cause of disability and death for people ages 1 to 44 years. In response, University Health System Trauma Services has acknowledged the need for improving injury prevention and accepted the challenge to invest, foster and advance its nurses to a more complex and inclusive approach to trauma nursing care by establishing the Trauma Nursing Fellowship Program (TNFP) in August 2014.

As in other established and recognized Trauma Fellowship programs across the country (i.e., Parkland, Cook County), University Health System Trauma Services' goal is to educate and mentor our trauma nurses to adapt and deliver nursing care throughout the continuum of care for the trauma patient. Experiencing the day to day activities of these patients breaks down the interdisciplinary boundaries, allowing for opportunities to develop and execute clinical/system processes to achieve optimal patient care, an initiative that includes the ultimate goal of expanding this opportunity to nurses outside of our trauma system.

The TNFP 12-month program is designed with 3 weeks of didactics, integrated with simulation skills labs and clinical performance rotations, and overseen by expert trauma/critical care preceptors. Incorporating exposure to organizations such as the Southwest Texas Regional Advisory Council (STRAC) illuminates the regional trauma and emergency healthcare system for 22 counties in South Texas and the Texas Trauma Coordinators Forum (TTCF), promoting and addressing educational needs of trauma professionals within the state of Texas. Successful and well-known orientation and preceptor models for specific specialty areas (i.e., EC, SICU) have been designed and implemented across the country through the vision of trauma surgeons at University Hospital, thus enabling the nurses to cross all the intradepartmental and interdisciplinary boundaries, as do all trauma patients.

Collaboration between and understanding of the various disciplines involved in the care of the trauma patient allows for a panoramic view and deeper understanding on the rationale of nursing interventions and how the nursing role affects patient outcomes. As a trauma nurse fellow, rotations are completed in five clinical areas: Pre-hospital/AirLIFE (ground and air transport), Trauma Resuscitation, Trauma ICU, Pediatric ICU, Trauma Program Administration/Rehabilitation. The exposure in these vital clinical areas will strengthen the trauma nurse's clinical performance and ultimately provide a diversity of settings in which the Trauma Nurse Fellow (TNF) will be able to practice. Subsequently, this will lead to an increase in nurse satisfaction and result in decreased nursing burn-out.

Direct comments from the Trauma Nursing Fellows:

*"We are in the second month of our fellowship. Thus far, we've been exposed to several educational opportunities via lectures, bedside practice side-by-side with clinical leaders, and conferences. Many of the lectures were given by amazing people that were an integral part of developing trauma practices as we know them today. We have been introduced to and have had the chance to network among many current and future trauma leaders and clinicians. We have had the chance to identify opportunities for improvement and partake in Trauma Outcomes Performance Improvement Course (TOPIC) and trauma*

## Committees/Groups

### Registry

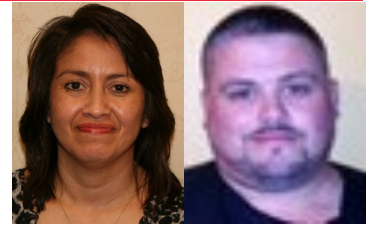
Chair: Irene Lopez (University Medical Center Brackenridge—Austin, TX)  
 Co-Chair: Garrett Hall (Parkland Health & Hospital System—Dallas, TX)



August 19th, 2014

Trauma Registry Committee Meeting

Discussions:



- \* Digital Innovations has an RDL Report that can be uploaded to RW software to run the state report. This formatting is accepted by DSHS.
- \* Sherry Brown, Trauma PI coordinator and I will be following the work of DSHS on the Trauma Registry Manual to ensure that it meets the need of the end user's.
- \* Pre-Hospital Fields- Have asked DSHS to take the request back to the vendors to correct/ and or improve the fields for the end user's.
- \* Canned Reports- Analysts/ Engineers are still working on developing the reports for the Tx Trauma Registry system.
- \* Users are still having difficulty requesting and obtaining the Raw data out of the Tx TRS. A request to improve this process.
- \* Clarification on the use of the Face Sheet. This document is never to be used for total abstraction process. This is solely for billing and does not serve any purpose with the abstraction of charts. It will never have a complete listing of all injuries. You may use it to confirm that nothing was missed and you may also confirm that injuries were coded by HIM as Traumatic injuries. Traumatic injuries bill at a higher rate, so if these errors are caught- it helps your hospital improve financial reimbursement.
- \* Uncompensated care – encourage that all patients that meet the uncompensated care criteria are entered into your Trauma Registry
- \* The new NTDS Dictionary are on the NTDB.org website but has also been loaded onto our Texas Trauma Registry website. Review the change log, for what will be different. A new field will be in place followed by further tweaks to other standing definition fields. You will also find the new DSHS fields on the website as well. <http://www.txtraumaregistrar.com/data-dictionaries.html>

### Mentorship/Membership

Chair: Tracy Cotner-Pouncy (University Health System—San Antonio)  
 Co-Chair: Scott Christopher (Nacodoches Memorial)



This committee is where you get your foothold in the TTCF. Each new member participates in this group to get acquainted with the TTCF mission, people, and assets. Don't be shy and ask lots of questions!

Please see Tracy's special contribution on page 10-11 of this quarter's newsletter.

*"I attribute my SUCCESS to this—I never gave or took any excuse."  
 --Florence Nightingale*



## Committees/Groups

### Legislative/Public Relations

**Chair: Susan Hyles (Falls Community Hospital—Marlin Texas)**  
**Co-Chair: Penny Sellers**

We are continually pursuing new and revised pertinent information and legislation to the trauma world. We will post this data in the quarterly TTCF newsletter from highly qualified representatives from our president, TTCF members, TETAF, and DSHS, as available.

Our newsletter, *TRAUMA MATTERS*, is growing! The first quarter of 2014 required only four pages for publication. We are now fully utilizing twelve full-color pages! We have been *blessed* with a robust increase in unique submissions by fervent TTCF members and associates.

The Legislative/Public Relations group is proud to produce *TRAUMA MATTERS* from many years of combined experience from a great many of Texas' best and brightest Trauma champions. Keep it up and we'll do our best to get the word out!

Have suggestions for our newsletter, *Trauma Matters*? We welcome your input!



### Special Populations

**Chair: Jenny Oliver (University Health System—San Antonio, Texas)**  
**Co-Chair: Sandie Williams**



Come join our committee as we decide on our next topic regarding our "special populations". We look forward to hearing everyone's ideas and suggestions!!

### Education

**Chair: Christi Reeves (Clear Lake Regional Medical Center-Webster, TX)**  
**Co-Chair: Rosie Bolenbacher (University Health System—San Antonio, TX)**

The Education Committee will be providing education on the Legislative Session in the November meeting. The speaker for this topic will be Dinah Welsh from TETAF with CNE. This education was provided based on feedback from the TTCF members and the upcoming legislative sessions for the Day at Capital in February 2015. The Education Committee request input from all TTCF members on proposed topics or speakers for the upcoming 2015 year. Providing education to the Trauma Coordinators around the state is a top priority of TTCF.

Please do not hesitate to contact either of us with questions or comments.

Please see Rosie's special contribution on page 10-11 of this quarter's newsletter.



### Mobile Medical Unit (MMU) cont..

The most intricate component of an EMTF is the Mobile Medical Unit. Essentially a 16 bed deployable Emergency Department, the MMU team is comprised of ER physicians, ER nurses, Paramedics and techs with the appropriate tentage and life-saving equipment to provide emergency care and stabilization capability in austere environments for multiple operational periods. Designed to be rapidly deployable and configurable to incident specific needs, the EMTF MMU is an incredible resource for any impacted jurisdiction.



**For more information, please go to [www.tdms.org](http://www.tdms.org).**

### Secretary's Corner

Oct 21, 2014 Secretary's Corner

Happy Fall to All! The Holiday Season is upon us again and I wish tidings of comfort and joy to everyone. Although we each will be busy in the next few months, it's important to remember that "Capitol Day" during the February 17, 2015 TTCF meeting is just around the corner.

We will visit the Capitol during operations of the 84th Texas State Legislative Session, which is projected to have enormous impact on the trauma community and may decide the viability of many trauma designated facilities. It is imperative that your input be heard in the legislative process, if not as a trauma program manager, then as a citizen of Texas. As the legislature is only in session once every two years, organizing our visit is central to a successful Capitol Day. Now is the time to use the hyperlink on the TTCF homepage to contact your state representatives and schedule a short visit for Feb 17th.

There is also a tool to keep apprised of actual legislation and information as it progresses through the legislative process. Please take a moment to empower yourself... <http://www.lrl.state.tx.us/legis/isaf/lrlhome.cfm>

Lastly here are some key dates for the 84th Legislative Calendar...

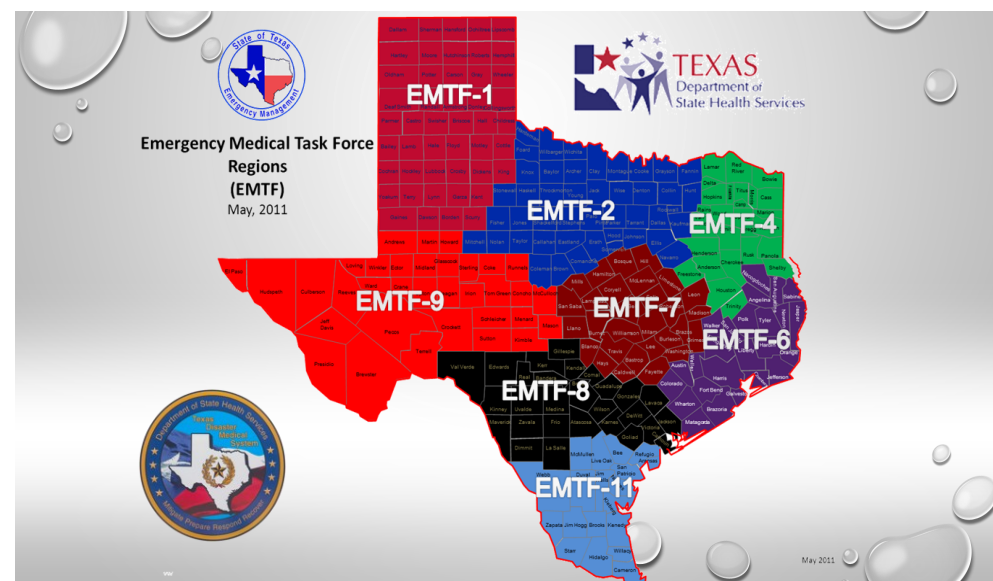
Session Begins Tuesday, January 13, 2015 (1st day) - 84th Legislature convenes at noon

Brett Dodwell (*Memorial Hermann—The Woodlands, TX*)



# Emergency Medical Task Force (EMTF)

## Be a part!!!



The creation of regional Emergency Medical Task Force (EMTF) teams is a ground-breaking journey for the State of Texas and each Region. Each Region's level of success depends on the support and collaborative planning efforts with EMS and hospital administrators, their professional staff, Public Health, and other emergency response professionals.

The goal of the Texas EMTF program is to provide a well coordinated response, offering rapid professional medical assistance to emergency operation systems during large-scale incidents. Developing the plan to respond on a state level also provides the capability to respond on a regional level, when needed, in your local area.

Utilizing the well understood NIMS Strike Team concept, eight Emergency Medical Task Forces are rostered across Texas.

Each EMTF will consist of four basic components:

- Ambulance Strike Teams (AST) and AMBUS Strike Teams (ABST)
- Registered Nurse Strike Teams (RNST) and Mobile Medical Units (MMU)

EMTF components will only be tasked outside of their jurisdiction when their local area is unaffected.

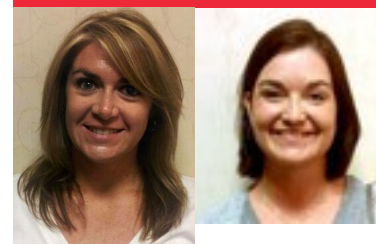
### RN Strike Teams (RNST)

Groups of specialized nurses may be deployed during State-tasked assignments to assist an over-taxed medical facility.

A prime example of this would be a hospital receiving a surge of patients following a catastrophic event such as a hurricane or a food borne illness in addition to the higher than normal number of individuals seeking hospital care who may

### Injury Prevention

Chair: Jessica LaPlant (*Christus Spohn Hospital—Alice, Beeville, & Kingsville, TX*)  
 Co-Chair: Amy Schopperth (*Baptist Health System, TX*)



We have ordered Magnetic Bumper Stickers, thumb and wrist bands for the "Just Drive" campaign. They will be available at the Nov meeting. I will not be able to attend TTCF in Fort Worth but my Co-Chair, Amy Schopperth, RN, will be there with the give-aways and to lead the committee. Our action item for next year is to develop an injury prevention reference book for everyone. We encourage everyone to bring their brochures, resources, and ideas to

our TTCF injury prevention committee.

Injury Prevention resources are posted on the TTCF website.

### Fund Raising

Chair: Robin Gage (*Titus Regional—Mt. Pleasant, TX*)  
 Co-Chair: Delores Londerholm

We are working with a company to get some new and different items for sale at our TTCF meetings. Based on a poll we took at a TTCF meeting earlier this year, some of the items we are looking at are:

1. Metro Enviro shopper bags
2. Mobile device with cleaner
3. Ergo stylus/ballpoint pen
4. Flash drives at least 4 to 6 gb

If there are enough funds I will see about some new polo shirts or fleece jackets. We welcome any suggestions.



### Level I/II

Chair: Terry Valentino (*Baylor Scott & White Health—Central Texas*)  
 Co-Chair: Jo-ell Lohrman (*The Medical Center of Plano*)



At the November 1 & 2 committee meeting, we'll be discussing the official release of the 2014 ACS resource manual (Orange Book) version 1.1. There have been some additional changes identified, which warrants discussion by committee members. We'll also spend a few moments talking about EBOLA preparation efforts committee members may be involved in through their RAC and facility involvement.

ADDENDUM PER TTCF President Courtney Edwards: The Orange Book is a good resource for Level IV– Level I Trauma centers. Levels III and IV should be aware that implications from the national experts could change Texas rule...more specifics to follow.

Resources for Optimal Care of the Injured Patient, (The Orange Book), by the American College of Surgeons, has finally arrived and is available for your download. For more information, visit the American College of Surgeons website, where you may



## Committees/Groups

### Level III

Chair: Heidi Lavka (AHSS)

No update available at time of publication.

NO PHOTO

AVAILABLE

### Level IV

Chair: Janice Markwardt (Hill Regional—Hillsboro, TX)

Co-Chair: DeeDee Abbott (Baylor Scott & White Health—Taylor, TX)

#### “Survey Is Over – What Is Required of You?”

Results of the survey from August 19, 2014 TTCF Level IV Committee Meeting.

55 people were present for the committee meeting.  
37 completed the survey

Questions:

1. Has your administration added additional duties/jobs to your position since your trauma survey?

Yes – 24 (66%) No – 12 (33%) NA -1  
(no survey)

2. After your survey, do you have 32 hrs/week dedicated to the TNC/TPM position ?

Yes – 9 (28%) No – 27 (75%) NA-1  
(no survey)

If the answer was No to the above question, how many hrs. a week are dedicated to the “trauma” position.....

Answers ranged from **4 hrs.** to **20 hrs** per week.

These results are a real concern.....

There will be an open discussion at our first meeting in 2015.

Hope you will join the Level IV Committee Team... We can make a difference.....

(Level IV Committee will not meet in Nov 2014)

Janice Markwardt,RN and Dee Abbott,RN



**TRAUMA- a: an injury (as a wound) to living tissue caused by an extrinsic agent;**  
**b: a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury; c: an emotional upset (Retrieved July 28, 2014 from**  
**<http://www.merriam-webster.com/dictionary/trauma>)**

## Texas EMS Trauma & Acute Care Foundation Update



### Legislative/Regulatory Activities

TETAF is preparing for the 2015 Texas legislative session. In addition to testifying at public hearings regarding the Driver Responsibility Program which provides the major source of funding for uncompensated trauma care, TETAF is working with its Legislative Committee to take a proactive role in requesting a direct appropriation to the state’s RACs. Dinah Welsh, chief executive officer, has been meeting with legislative leaders to educate them about what RACs do and why specific funding for the infrastructure they provide is needed.

TETAF also has been active in monitoring the work for the Texas Sunset Commission which is reviewing the Texas Health and Human Services Commission and the Texas Department of State Health Services. TETAF has met with legislators who serve on the commission as well as staff to provide input/feedback about trauma and emergency health care services in Texas.

In addition, TETAF has been working with the Perinatal Advisory Council and providing input on draft rules to implement legislation that requires a level of care designation for neonatal services to be eligible for Medicaid reimbursement for neonatal care. Neonatal intensive care programs must be designated by Sept. 1, 2017, and maternal/child units by Sept. 1, 2019, and reimbursement will be tied to designation status. TETAF has recommended that the existing RAC infrastructure be used as the required perinatal regions, rather than create a new entity in Public Health Regions. RACs have more than 20 years of experience of convening stakeholders to discuss issues, build consensus and move the system forward. RAC bring both emergency medical service providers and hospitals to the table, and both play a role in maternal/child/neonatal care. While trauma and neonatal care are very different, RACs currently address not only trauma but also cardiac, stroke and disaster readiness/response. RACs have the expertise to bring clinical experts together and facilitate discussion to resolve patient care issues.

### Media Training

TETAF is providing an all-day media training session for representatives from each Regional Advisory Council to help individuals prepare to the talk to the news media – as well as legislators and their staff members – about public policy issues. The training will be Thursday, Nov. 13, in Austin. TETAF has invited RACs to send representatives and local participation is being coordinated through each RAC.

Richard “Dick” Brundage is an internationally recognized crisis communications expert, a former television news anchor/producer/director and an author. His seminar, “Risk Communications and Media Response Training for Today’s Leaders,” will teach participants easy-to-implement techniques for delivering key messages in any situation.

Contact **TETAF** for more information and your RAC if you have interest in being a spokesperson for your area.

### ‘Just Drive’ Pledge Campaign

TETAF has extended its “Just Drive” pledge campaign initiative through Nov. 15. In September, TETAF encouraged RAC trauma and emergency health care providers to schedule a local “Just Drive” pledge campaign, and many communities embraced the effort. The goal was to raise awareness of distracted driving and get as many Texans as possible to pledge to “Just Drive.” It’s not too late to participate. Go to the TETAF website to download the **Step-by-Step Planning Guide**, **Idea Sheet** and **Suggested Timeline**. On the timeline, adjust the dates according to your pledge campaign event dates. Sample letters, news releases, articles, and social media messages as well as pledge forms are posted for download on the **Just Drive** page. These tools will help you implement a pledge drive in your community.

TETAF also invites you to **use your personal Facebook and Twitter accounts** to raise awareness of the “Just Drive” campaign. Like us on Facebook ([www.facebook.com/justdrivetetaf](http://www.facebook.com/justdrivetetaf)) and follow us on Twitter ([@JustDrive\\_TETAF](https://twitter.com/JustDrive_TETAF)). Encourage your friends and family to visit the “Just Drive” website for the general public, [www.justdrivetexas.org](http://www.justdrivetexas.org). This website for consumers provides information and resources to inform drivers about the dangers of driving distracted, even for just a few seconds. Social media platforms are updated weekly.