

Senate Committee on Transportation & Homeland Security
ESC Region 16, Panhandle Conference Center
Room ABCD
5800 Bell Street
Amarillo, Texas
June 8, 2010 at 10:00AM

Written Testimony and Oral Testimony Template

Charge 3: Recommend improvements to homeland security, including the state's infrastructure and housing recovery operations. Make recommendations for incorporating best practices and addressing any gaps in existing procedures, and disaster preparation and response, including volunteer involvement, evacuation and sheltering and trauma care, and communications interoperability.

b. Best Practices and Existing Procedural Gaps

Good morning Chairman Carona and members of the Senate Transportation and Homeland Security Committee. I appreciate the opportunity to appear before your committee.

My name is Douglas Havron, RN, BSN, MS, CEM and I am the Director of Preparedness for the SouthEast Texas Regional Advisory Council (SETRAC) and the Chairman of the Disaster Preparedness Division of the Texas EMS, Trauma & Acute Care Foundation (TETAF). SETRAC is one of 22 Regional Advisory Councils (RACs) across Texas, which serves as primary points of contact in the Trauma Service Areas (TSAs) for planning and quality improvement aspects for stroke, cardiac, trauma care and acute healthcare planning and response, including the federal hospital preparedness program.

The SouthEast Texas coast has been stricken by several large scale disasters in the last decade including Tropical Storm Allison, Hurricanes Rita, Dolly, Edouard, Gustav and Ike as well as been directly impacted by the reception of Hurricane Katrina's evacuees, as well as regular severe weather incidents. From the healthcare perspective, the common denominator to these disasters are loss of power, infrastructure collapses, and the impact of caring for special medical populations, no different than that which occurs in large scale wild fires or ice storms.

With the growing numbers of elderly, home bound medically fragile patients, and patients who are dependent on power sources for their life sustaining treatments we must find ways to more efficiently evacuate, track, and coordinate our healthcare response and recovery activities. The unknown impacts of healthcare reform also may change our ability to respond in the future. Agencies within Trauma Service Areas P (San Antonio region) and Q (Houston region) have been successful in these coordination activities through the development of multi-disciplinary Medical Operation Centers (MOCs). Successes of these medical operations centers (for example ambulance coordination, patient tracking, hospital and

nursing home evacuation) have been published in peer review journals and demonstrated to State and Federal response partners as best practices.

Your assistance is needed related to financial and legislative support to continue the development and implementation of these Medical Operations Center as well as address some primary lesson's learned during recent activations.

1. Patient and Evacuee Tracking

Electronic scanning or swiping is the fastest method to gather individual demographic during a mass casualty incident or evacuation. Section 521.126 of the Transportation Code; Section 1, entitled *Electronically Readable Information* specifically prohibits access to information on a driver's license in many instances. The subsection does list those individuals for which the prohibition does not apply; however, it does not allow for medical personnel to access patient or evacuee information via electronically readable formats. Your assistance is needed in the formalization of patient and evacuee tracking methods that are efficient, integrated, and accessible by the healthcare provider community.

2. Evacuation Assistance

Evacuation assistance, whether in the hurricane surge zone, or in other disaster declaration areas from wildfire or another emergency is a necessary part of emergency response. Currently, campaigns continue to support the registration of individuals on the Transportation Assistance Registry via 211. Registration of the vulnerable populations should be protected from discovery by individuals without such a need to know. Your assistance is needed in the review of GOVERNMENT CODE 552.148, SUBCHAPTER B. RIGHT OF ACCESS TO PUBLIC INFORMATION, EXCEPTION: RECORDS OF CITY, COUNTY, OR STATE EVACUATION REGISTRIES to include language to exempt these registries from open record discovery. We should protect the most vulnerable populations' information in the same manner as we protect health information, especially in crisis situations.

3. Trauma Funding

The regional advisory councils (RACs) and TETAF have on-going missions to improve healthcare system development including disaster response for all Texans. State sponsored funding sources are limited for these planning systems. Currently there are limited funds available for RACs, EMS and designated trauma facilities for their uncompensated trauma care but no direct state funding for disaster response to these crucial entities is provided. Your assistance is needed in the continued support of the mission critical organizations responsible for the on-going quality improvements to trauma, stroke, cardiac, and disaster related healthcare systems. While the State of Texas certainly faces significant challenges with regards to budgeting future dollars, disaster response is something that cannot be overlooked.

Thank you for the opportunity to provide my insights and recommendations to the committee. If I can answer any questions I would be happy to do so.