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OPTIMIZING EMERGENCY AND TRAUMA CARE ACROSS TEXAS: THE SYSTEM COLLABORATIVE FOR OUTCOMES REVIEW (SCOR)

The System Collaborative for Outcomes Review (SCOR), established in 2024, is the first GETAC Committee dedicated solely to using data to improve and optimize patient outcomes across all phases of emergency and trauma care.

"LISTENING TO PATIENTS
IS THE CORNERSTONE OF
PATIENT-CENTERED CARE.."

DON BERWICK

Former Administrator of the Centers
for Medicare and Medicaid Services



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REMEMBERING TWO TITANS OF TEXAS EMERGENCY MEDICAL CARE: DR. RAYMOND FOWLER AND DR. DAVID PERSSE

Texas lost two foundational pillars of emergency medicine, disaster preparedness, and prehospital emergency care. For decades, these two physicians shaped how emergency medical systems (EMS) respond to crises, training generations of paramedics, residents, and emergency physicians across North Texas and the Greater Houston region.

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STREAMLINING LICENSING: BEST PRACTICES TO AVOID PROCESSING DELAYS

Whether you are applying for a license for the first time or renewing for the fifth time, submitting a complete application with all required documentation can help reduce processing delays and prevent requests for additional information.



FROM THIS SIDE



UPDATES



NEWS AND LINKS



Tracking the Sunset Review: What to Expect



The Texas Department of State Health Services (DSHS), along with 15 other state agencies, is currently under Sunset review.

What the Sunset Commission Does

The [Texas Sunset Advisory Commission](#) is a legislative body that periodically evaluates whether state agencies are still needed and how efficiently they run. Under Texas law, an agency under review will automatically shut down unless the Legislature passes a bill to continue its operations.

The review involves two distinct groups. **Sunset Staff** is made up of nonpartisan professional analysts who review agency operations, evaluate public input, and publish independent findings and recommendations. The **Sunset Commission** is a 12-member panel of state lawmakers and public appointees who hold public hearings, take public testimony, and vote on which recommendations to submit to the full Legislature.

Every agency prepares a Self-Evaluation Report detailing its mission, programs, operational challenges, and opportunities for improvement.

You can read the self-evaluation reports for DSHS and the Texas Health and Human Services Commission (HHSC) directly on the [Sunset Advisory Commission website](#).

The Three Stages of Sunset Reports

For each agency under review, three sequential reports are issued:

- 1. Sunset Staff Report:** The initial evaluation containing independent staff findings and recommendations for legislative and operational changes.
- 2. Sunset Staff Report with Commission Decisions:** The second version, which adds the Commission members' official votes and approved recommendations for the Legislature.
- 3. Sunset Staff Report with Final Results:** The final report published after the legislative session ends, summarizing the actual statutory changes passed into law.

Attend Public Hearings

Once the Sunset Staff Report is released in November, the public and stakeholders can participate in the hearings scheduled for **December 2–3, 2026**:

- **Submit written comments:** Provide feedback before or during the hearings on staff recommendations or other agency-related issues not addressed in the report.

- **Testify in person:** Address the Commission members directly during public testimony.

Track the Legislative Session

For an agency under review to continue operating, the Legislature must pass a Sunset bill during the regular session. The public can participate just as they would with any other bill, including contacting lawmakers and testifying at legislative committee hearings.

You can monitor legislation during the 90th Texas Legislative Session through the state's official public portal, [Texas Legislature Online \(TLO\)](#). Creating a free "My TLO" account allows you to:

- Set up custom tracking lists and email alerts
- Save your bill, amendment, and text search criteria.
- Access RSS feeds for legislative content through your favorite newsreader software.

Key Dates for the 90th Legislature

- **November 9, 2026:**
Bill pre-filing opens for lawmakers.
- **January 12, 2027:**
First day of the 90th Regular Session.
- **March 12, 2027:**
60-day bill filing deadline (last day to file regular bills).
- **May 31, 2027:**
Sine Die (final day of the regular legislative session; 20-day veto period begins).



Jorie Klien
Director
DSHS EMS Trauma Systems Section



Optimizing Emergency and Trauma Care Across Texas: The System Collaborative for Outcomes Review (SCOR)

By Katherine Remick, M.D., FAAP, , GETAC Council Member, Chair, System Collaborative for Outcomes Review (SCOR)

The System Collaborative for Outcomes Review (SCOR), established in 2024, is the first GETAC Committee dedicated solely to using data to improve and optimize patient outcomes across all phases of emergency and trauma care. The SCOR, composed of representatives from each of the ten GETAC committees as well as key stakeholder entities including the Texas Collaborative for Healthy Mothers and Babies, the Perinatal Advisory Council and the Emergency Medical Services for Children Program, is working to ensure timely access to appropriate care with the overarching objective of minimizing preventable morbidity and mortality.

Establishing Core System Measures

When the committee was first established, the first goal was to prioritize an initial set of five performance measures that would reflect the State of Texas EMS and Trauma System. Using National Quality Forum criteria, the SCOR launched a Delphi process to identify and adopt measures that would demonstrate adherence to evidence-based clinical practice, demonstrate system

efficiency, timeliness, and equity, highlight the impact of the system on time-sensitive conditions such as stroke, trauma, and heart attacks, and ultimately, lead to improved health outcomes for the citizens of Texas.

Beginning with 40 proposed measures, the SCOR defined, refined, scored, and ultimately ranked system performance measures. The first five measures identified by SCOR and approved by GETAC include:

- 1. Time from arrival to departure for unstable* injured transferred patients
- 2. Door-to-needle time for acute ischemic stroke
- 3. Bystander cardiopulmonary resuscitation rates in out-of-hospital cardiac arrest
- 4. Percent of 9-1-1 patients with a clinical impression of stroke who have a documented stroke screening scale
- 5. Median Pediatric Readiness score of designated trauma centers

"Since implementing these efforts, the SCOR has seen positive trends in performance now meeting or exceeding national benchmarks in all of the top five measures."

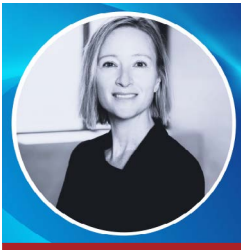
Driving Improvement and Evaluating Impact

Beginning in January 2025, the SCOR began working closely with the Texas Department of State Health Services, the Governor’s EMS and Trauma Advisory Council and associated committees, the 22 Regional Advisory Councils as well as key stakeholder groups across Texas to monitor performance, promote improvement efforts, and evaluate impact over time. Since implementing these efforts, the SCOR has seen positive trends in performance now meeting or exceeding national benchmarks in all of the top five measures. The SCOR, with approval from GETAC, has set specific, measurable aims for the next two years that will demonstrate, unequivocally, that the Texas EMS Trauma System is adhering to the highest standards of care.

The Road Ahead: 2027 and Beyond

In 2027, the SCOR will explore the adoption of additional measures with special attention to maternal and child health as well as injury prevention efforts. Future measures may also explore stability of the Texas Trauma and EMS System, impact dashboards, and advanced analytics. The Texas EMS and Trauma Registry has deeply expanded our state’s ability to use a data-driven approach to decrease morbidity and mortality due to acute illness and injury among patients across Texas.

The ultimate goal is to ensure all Texans, regardless of their geographic location, have ready access to high quality emergency and trauma care.



The Interstate Commission for EMS Personnel Practice Launches Redesigned Website

The EMS Compact gives you immediate practice privileges across member states. No extra applications. No additional fees. Just verified credentials and proper local affiliation.

The new official website for the EMS Compact is officially live at emscompact.gov. Rebuilt from the ground up to serve as the official public record of the Commission, the updated platform offers EMS clinicians, agency leaders, regulators, and policymakers faster, more intuitive access to critical cross-border practice information. In addition to a modern visual overhaul, the site is now fully compliant with all federal security standards governing .gov domains.

Key Features and Upgrades

- **Downloadable Proof of Privilege:** Clinicians can generate and download a time-and-date-stamped PDF verifying their active Compact Privilege to Practice.
- **Role-Based Navigation:** Custom landing pages deliver tailored resources for EMS clinicians, employers and agencies, medical directors, state officials, and Commissioners.
- **Interactive Member States Map:** An interactive map and accessible data table show enactment years, status updates, and dedicated profile pages for every participating state and its commissioner.
- **Comprehensive Clinician Guide:** Clear operational guidance outlines how Compact privileges apply across ground, air, wildland fire response, special events, and military deployment, alongside the Compact's Code of Conduct and complaint reporting processes.
- **Centralized Governance & Resource Library:** Easy public access to model legislation, administrative rules, bylaws, formal policies, legal opinions, position papers, and upcoming commission meeting notices.
- **Multilingual & Accessible Design:** Core pages are available in Spanish, and the site includes built-in accessibility tools such as text resizing, high-contrast modes, and enhanced search.

Guides

- [Employers & EMS Agencies](#)
- [EMS Clinicians](#)
- [Medical Directors](#)

Information and frequently Asked Questions can also be found on the [DSHS website](#).

The screenshot shows the homepage of the The United States EMS Compact website. The header features the organization's logo and name, followed by a navigation menu with links to Home, The Compact, The Commission, EMS Practice, Elected Officials, and Resources. A search bar and a 'Verify PTP Status' button are also present. The main content area is divided into two columns. The left column features a large heading 'One license, valid in multiple states.' followed by a paragraph explaining the compact's purpose and benefits. The right column contains a section titled 'THE COMPACT AT A GLANCE' with four key statistics: 28 States Passed the Law, 27 States Operational, 480K+ Clinicians in Participating States, and 2017 Commission Established States. A disclaimer at the bottom right states that there is no separate 'compact license' to apply for.

The United States EMS Compact
Interstate Commission for EMS Personnel Practice

Home The Compact The Commission EMS Practice Elected Officials Resources Search [Verify PTP Status](#)

THE UNITED STATES EMS COMPACT

**One license,
valid in multiple states.**

The EMS Compact, state law in 28 states and operational in 27, works like your Driver's License. If you are an EMT, AEMT, or Paramedic with a qualified license issued in any [participating state](#), your license is recognized (as a Privilege to Practice) across ALL participating states. **No Fee. No Reciprocity Paperwork.** The Compact is administered by the Interstate Commission for EMS Personnel Practice, the governmental body responsible for the interstate practice of EMS in the United States.

THE COMPACT AT A GLANCE

28 States Passed the Law	27 States Operational
480K+ Clinicians in Participating States	2017 Commission Established States

Participation data current as of this session.

There is no separate "compact license" to apply for. If your home state participates and your EMS license is current, you already have a Privilege to Practice. You just verify it.

Remembering Two Titans of Texas Emergency Medical Care: Dr. Raymond Fowler and Dr. David Persse

Texas lost two foundational pillars of emergency medicine, disaster preparedness, and prehospital emergency care. For decades, these two physicians shaped how emergency medical systems (EMS) respond to crises, training generations of paramedics, residents, and emergency physicians across Texas and nationwide.



Dr. Raymond L. Fowler, MD, FACEP, FAEMS

Pioneer of North Texas EMS and Prehospital Systems

Dr. Raymond Fowler was a transformative figure in emergency medicine and prehospital care whose career spanned more than four decades. Based in Dallas, he served as a professor in the Department of Emergency Medicine at UT Southwestern Medical Center and was the inaugural holder of the James M. Atkins, M.D., Professorship in EMS. For over two decades, he cared for patients as an attending physician in the Parkland Health Emergency Department.

Dr. Fowler fundamentally altered modern trauma response as one of the original co-authors of the Basic Trauma Life Support (BTLIS, now ITLS) curriculum, which standardized trauma resuscitation protocols across the globe. In North Texas, he served as Chief of the Division of Emergency Medical Education and Medical Director of the BioTel EMS System, guiding field medical protocols for dozens of fire departments and EMS agencies. In January 2024, Parkland Health formally named the Parkland BioTel Communications Center in his honor, commemorating his enduring impact on regional and international trauma and EMS care.

Dr. David E. Persse, MD, EMT-P, FACEP, FAEMS

Architect of Houston's Public Health and Disaster Response

Dr. David Persse was widely recognized as the medical guardian of Houston, dedicating nearly three decades to municipal public health and emergency response. A former paramedic who became an emergency physician, Dr. Persse joined the City of Houston in 1996 as EMS Physician Director before being appointed the city's first Chief Medical Officer in 2004—a position he held alongside his faculty appointment as associate professor of emergency medicine at UTHealth Houston's McGovern Medical School.



Dr. Persse served as a steady, trusted public voice through Houston's most defining crises, orchestrating medical responses during catastrophic hurricanes (including Katrina, Rita, and Harvey), the H1N1 influenza outbreak, Ebola preparedness protocols, and the COVID-19 pandemic. His innovative public health programs, such as ETHAN (Emergency TeleHealth and Navigation), connected non-emergency 911 callers to physicians remotely, creating a blueprint for municipal emergency diversion nationwide. Dr. Persse retired from the City of Houston in April 2026, leaving behind a legacy of selfless public service and system-level innovation.

Shared Legacy

While Dr. Fowler led EMS systems from Dallas and Dr. Persse from Houston, the two were close peers, frequent collaborators in national EMS leadership councils (including NAEMSP and the Metropolitan Municipalities EMS Medical Directors "Eagles" Consortium), and shared an identical philosophy: ***advanced clinical medicine must start in the field before the patient ever reaches the hospital doors.***

Their vision, mentorship, and lifesaving protocols remain the standard of care for millions across Texas.

Don't Miss Out: Key Highlights for the 2026 Texas EMS Conference

The **2026 Texas EMS Conference** in Fort Worth is right around the corner! Whether you are looking to earn continuing education hours, hear from leading national voices, or connect with peers across the state, this year's lineup delivers from opening day to the closing gavel.

Mark your conference planner for these marquee sessions in the Fort Worth Convention Center:



Opening Keynote Session

- **Speaker:**
Jon Krohmer, MD, FACEP, FAEMS
- **Date & Time:**
Monday, November 23
8:00 AM – 9:15 AM
- **Location:**
Ballroom ABC

What Direction Forward for EMS?

Kick off the conference with an inspiring and forward-looking address from Dr. Jon Krohmer.

As the prehospital landscape experiences rapid clinical advances, operational shifts, and workforce challenges, Dr. Krohmer will explore where EMS is headed next—and how leaders and frontline clinicians alike can navigate the road ahead.



Special 2-Hour Session

- **Speaker:**
Joseph Schmider
- **Date & Time:**
Tuesday, November 24
8:00 AM – 10:15 AM
- **Location:**
Meeting Room 203AB

Ask Joe: Q&A With the State EMS Director

Bring your questions, feedback, and ideas directly to Texas State EMS Director Joe Schmider. This extended two-hour open forum provides a direct line to state leadership.

Attendees will hear crucial state regulatory updates, system initiatives, and strategic priorities, with plenty of time dedicated to open audience Q&A.



Closing Session

- **Speaker:**
Matt Zavadsky, MS-HSA, NREMT
- **Date & Time:**
Wednesday, November 25
11:00 AM – 12:00 PM
- **Location:**
Ballroom ABC

2050 Called. It Wants Its EMS System Back!

Wrap up your conference experience with dynamic industry strategist Matt Zavadsky. This high-energy session synthesizes the week's lessons into concrete, actionable takeaways.

You'll leave Fort Worth with practical steps you can implement immediately to prepare your agency and community for the future of emergency medical care.



Toss for a Cause: TAAMS Hall of Honor Cornhole Tournament

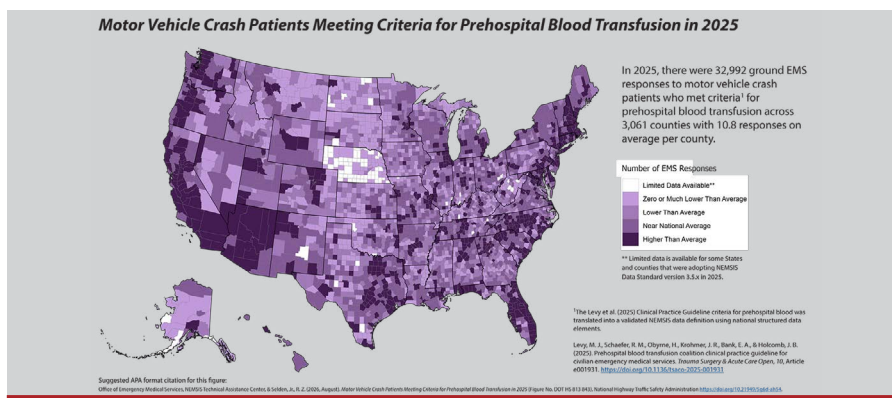
- **Hosted by:** Texas Association of Air Medical Services (TAAMS)
- **Date & Time:** Sunday, November 22 | Check-in at 6:30 PM | Bags Fly at 7:00
- **Location:** Omni Fort Worth Hotel (1300 Houston St)
- **Register to Play or Attend:** [TAAMS Hall of Honor Fundraiser Registration](#)
(Note: Pre-registration is required for tournament players and closes Sunday, Nov. 22 at 5:00 PM).

Proceeds directly benefit the **Texas EMS Hall of Honor**, which assists the families of EMS personnel who have made the ultimate sacrifice in the line of duty—ensuring their travel and attendance costs are covered during the annual memorial induction, providing children's scholarships, and supporting the Texas Line of Duty Death (LODD) Task Force.



The Nationwide Push for Prehospital Whole Blood: Expanding Life-Saving Care

Prehospital blood transfusion is rapidly emerging as a critical intervention in post-crash care, but widespread adoption remains essential to improving outcomes for severe trauma patients. To bridge this gap, federal agencies are calling on EMS and 911 professionals nationwide to share their insights, while offering new data and educational resources to support program implementation.



New NEMSIS Data Underscores Urgent Need

A [new mapping tool](#) utilizing National Emergency Medical Services Information System (NEMSIS) data reveals that in 2025 alone, **32,992 motor vehicle crash patients** met the criteria for prehospital blood transfusion. Distributed across 3,061 counties—averaging 10.8 responses per county—these figures are based on the Levy et al. (2025) Clinical Practice Guideline translated into a validated NEMSIS data definition.

The findings emphasize a core priority for the U.S. Department of Transportation (DOT) and the National Highway Traffic Safety Administration (NHTSA): rapidly expanding prehospital blood capabilities to save lives on the nation's roadways. The full NEMSIS map is accessible through the DOT Repository and Open Science Access Portal (ROSAP).

FICEMS Issues Request for Information (RFI)

While approximately 450 to 500 EMS agencies currently operate active prehospital blood programs, federal leaders have set an ambitious target to reach **2,028 agencies by 2028**.



On behalf of the **Federal Interagency Committee on Emergency Medical Services (FICEMS)**, NHTSA has issued a formal Request for Information (RFI) under **Docket No. NHTSA-2026-2113**.

The RFI seeks public comments on current barriers and practical solutions for scaling these programs nationwide. Key topics open for feedback include:

- Advanced Automatic Crash Notification (AACN) and 911 call-taking protocols
- Prehospital pediatric emergency care coordinators
- Data integration and patient outcome tracking
- Military-civilian EMS integration, education, and training

Submit your comments

Feedback from EMS practitioners, dispatch professionals, and healthcare leaders must be submitted via the [Federal Register](#) by **November 5, 2026**.

Continued on next page

Practical Implementation: EMS Focus Webinar Series

To assist agencies looking to establish or refine their transfusion capabilities, the Office of EMS (OEMS) is hosting a dedicated EMS Focus webinar series: ***"Prehospital Blood Transfusion in Practice: Building Your Own Program."***

The series convenes nationally recognized researchers, clinicians, and operational EMS leaders to provide evidence-based guidance, real-world case studies, and practical implementation strategies. Whether your agency is in the initial exploratory stages or actively preparing to deploy a blood program, visit ems.gov to access upcoming sessions and past webinar recordings.



EMS Focus

PREHOSPITAL BLOOD TRANSFUSION IN PRACTICE

Recent Webinar

Working with a Blood Supplier in Your Prehospital Blood Program | Video Sep 22, 2026

During the discussion, speakers examined what EMS agencies need to understand about how blood banks and blood centers function, the basics of blood handling requirements and the different blood supply models. The conversation also explored specific guidance on how to build relationships with a blood supplier for a prehospital blood transfusion program.

Additional information and resources can be found on their [Prehospital Blood Transfusion page](#).

Register to Donate at the Texas EMS Conference Blood Drive

Join us in making a life-saving impact!

Carter BloodCare, in partnership with Bound Tree Medical, will be hosting a blood drive during the Conference.

Fort Worth Convention Center, 12th Street Lobby

Donating blood is a simple act that can save lives—your contribution matters.

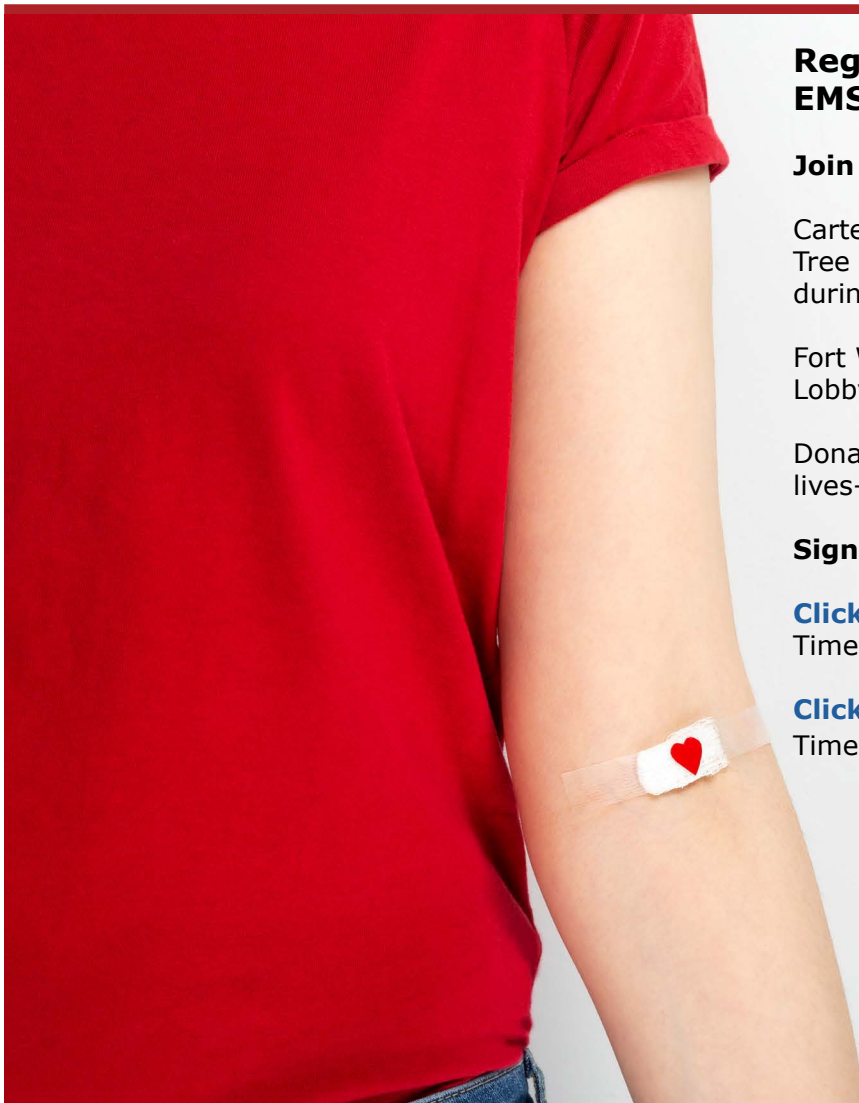
Sign up using the links below.

[Click for Sunday schedule](#)

Times available between 12:00-6:00 PM

[Click for Monday schedule](#)

Times available between 9:00 AM-4:00 PM



Streamlining Licensing: Best Practices to Avoid Processing Delays

Whether you are applying for a license for the first time or renewing for the fifth time, submitting a complete application with all required documentation can help reduce processing delays and prevent requests for additional information.

Common Deficiencies That Delay License Approval

Initial Applications

- EMS Personnel: Missing fingerprint background check submission.
- EMS Educators: Missing instructor course completion certificate.
- EMS Providers: Incomplete or incorrect documentation.
- First Responder Organizations (FROs): Missing equipment or supplies.

Renewal Applications

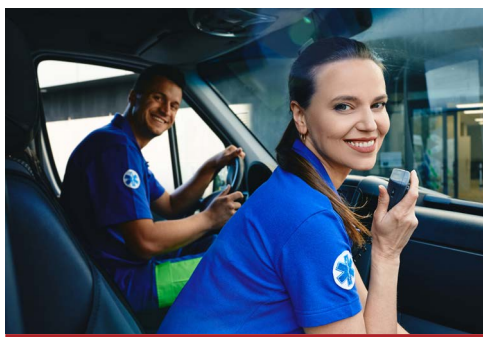
- EMS Personnel and Educators: Missing renewal option, required volunteer form or fee.
- EMS Providers and FROs: Missing or incomplete supporting documentation.
- All License Types: Unable to access online account.

Tips for a Smoother Application Process

Monitor your email. Check your inbox and spam or junk folder regularly for correspondence from our licensing team. If additional information or corrections are needed, respond promptly to help keep your application moving.

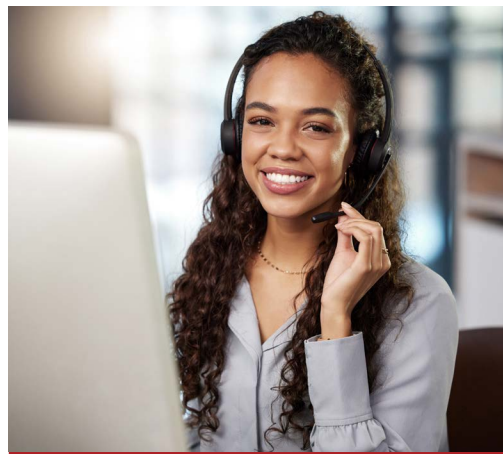
EMS Professionals

- Complete your fingerprint background check promptly. Schedule and complete your fingerprint-based criminal history background check within a few days of submitting your application.
- Provide current contact information. Include your email address and phone number so our team can contact you if questions or issues arise.
- Save your login information. Bookmark the online sign-in page and keep your account details accessible.



EMS Instructors and Coordinators

- Upload completion certificates. Include copies of the required course completion certificates with your application.
- Use your EMS personnel account. Make sure you are logged into your EMS personnel account so your instructor/coordinator licenses can be properly linked to your EMS certification



EMS Providers and First Responder Organizations (FROs)

- Review all documentation before submitting. Check for incomplete sections, missing information, and required signatures.
- Include required supporting documents. Initial Provider applications must include the applicable Letter of Credit and Letter of Governmental Approval. Missing required documents may result in the application being returned

Reminders for EMS Professionals

- Keep your address current! Remember to update your address within 30 days of moving.
- Plan ahead! Avoid waiting until the last day to access your account or submit your renewal. Contact our office early if you need login assistance. Waiting until the last day may result in delays, especially during periods of high call volume.

Questions for EMS Licensing?

Email

EMS Professional and Educators
emscert@dshs.texas.gov.

EMS Providers and First Responders
emproviderfro@dshs.texas.gov.

Account Assistance by phone:

Dial 512-834-6700, Option 1, and then 1: Account Help

Thank you for helping us make the licensing process more efficient!



Spotlight on Wellness: Texas Statewide Peer Support Network

First responders face intense daily challenges on the front lines, and access to trusted, relatable support is critical to long-term health and operational readiness. The **Texas Statewide Peer Support Network**, administered by the Texas Division of Emergency Management (TDEM), provides every Texas first responder with confidential behavioral health resources and peer-to-peer connection whenever it is needed.

Authorized by Texas House Bill 35 during the 89th Texas Legislative Session, the Network is designed to serve all volunteer, paid, active, and retired first responders across the state.

What the Network Provides

Built on the foundation of **Confidential, Voluntary, Peer-to-Peer Support**, the program pairs responders with trained current and retired peers who understand the unique demands of emergency services.

How to Access Support

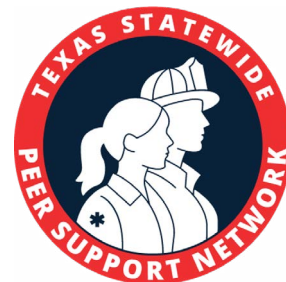
Connecting with a peer supporter is direct, discreet, and available through multiple channels.

Call or Text: 979-820-PEER (7337)

Note: Peer support is designed for wellness, debriefing, and guidance, and does not replace emergency response services or licensed clinical mental health care.

Key services include:

- **Emotional First Aid:** Immediate support following critical incidents, traumatic calls, or acute occupational stress.
- **Shared-Experience Understanding:** Confidential conversations with peers who have walked in your boots, establishing immediate trust without judgment.
- **Resilience & Wellness Education:** Proactive tools and strategies to manage cumulative stress and foster long-term mental wellness.
- **Resource Navigation:** Direct, warm handoffs and connections to specialized professional behavioral health providers when higher levels of care are needed.



[DOWNLOAD THE APP IN THE APPLE STORE](#)

[DOWNLOAD THE APP IN THE PLAY STORE](#)

[ACCESS THE APP ONLINE](#)

UPDATES



Upcoming Reporting Update: Texas DSHS Shifts Sharps Injury Reporting Online Effective January 1, 2027

Starting January 1, 2027

The Texas Department of State Health Services (DSHS) Healthcare Safety Unit will transition all Contaminated Sharps Injury reporting to a new online submission portal. Historically submitted via fax, email, and USPS mail, sharps injury data will now be routed digitally to streamline workflows, reduce reporting delays, and enhance data accuracy across the state.

Facilities are encouraged to review internal reporting protocols ahead of January 1, 2027, effective date to ensure a smooth transition.

Information and Contaminated Sharps Injury Reporting Instructions can be found on the DSHS website:

[Reporting](#) | [Contaminated Sharps Injuries](#)

Questions? Contact the [DSHS Healthcare Safety Unit](#).



EMS Trauma Systems Team Updates & Welcomes

Elizabeth Stevenson Retires

After 15 years with the Consumer Protection Division's EMS Trauma Systems Section, Designation Program Manager Elizabeth Stevenson retired on August 31. During her tenure, she helped establish the regulatory frameworks for Texas's stroke, maternal, and neonatal designation programs and led the implementation of the 2025 trauma rules. Her dedication and collaboration with healthcare facilities and stakeholders statewide have built a safer, more resilient system of care.

Interim Designation Coverage

While recruitment continues for two Trauma/Stroke Coordinators and a new Designation Manager, unit leads are coordinating coverage to ensure uninterrupted operations:

- Perinatal Designations: [Debra Lightfoot](#)
- Stroke Designations: [Audrey Green](#)
- Trauma Designations: [Jorie Klein](#)

New Faces

Valorie Schmidt – Information Specialist III (EMS Unit): Joining after 27 years as an English Language Arts instructor, Valorie works closely with State EMS Director Joseph Schmitter. She tracks legislative bills, conducts research on EMS rules and laws, and designs clear communications for complex regulatory material.

Enjie (Angela) Lau – Program Specialist (Designation Unit): A Penn State graduate with a background in education, cross-cultural community development, and non-profit IT, Angela brings strong problem-solving skills and a service-driven focus to the designation team.

Catherine O'Neil – Coordinator (Perinatal Designation): Bringing 10 years of acute care experience, Catherine spent eight years in obstetrics, including Labor & Delivery, Antepartum, and Obstetrics Emergency Department (OBED), and previously served as a Maternal Program Manager for Level II and Level III facilities.

UPDATES



Navigating New ACS Standards DAQ Timelines

The Designation Unit has been working diligently with facilities statewide to support the transition to updated American College of Surgeons (ACS) standards and requirements.

ACS July 2026 Revised Level IV Standards (Effective July 2027)

In July 2026, the ACS published updated [Level IV Standards](#). Mandatory implementation begins in July 2027, giving facilities a one-year transition period for operational review.

To support preparation:

- **Gap-Analysis Tool:** DSHS developed a tool tailored for Level IV facilities managing 101 or more annual admissions.
- **Designation Assessment Questionnaire (DAQ):** The corresponding Level IV DAQ is currently being updated to align with these standards.

ACS October 2026 Revised Standards (Effective October 2027)

On October 12, 2026, the ACS released [revised standards](#) that take effect **October 2027**. Copies were distributed via email to all Trauma Program Managers (TPMs) and Trauma Medical Directors (TMDs).

DSHS is currently integrating these revisions into the gap-analysis and self-assessment tools for Level I, II, and III trauma centers.

Designation Assessment Questionnaire (DAQ) Process & Deadlines (Effective January 1, 2027)

Ongoing DAQ training will continue during monthly facility calls. Facilities are encouraged to forward meeting invitations to Trauma Medical Directors, registry staff, and hospital leadership to ensure interdisciplinary alignment.

Register for facility calls.

[Trauma](#) | [Stroke](#) | [Maternal](#) | [Neonatal](#)

Key Submission Deadlines:

- **ACS-Reviewed Facilities:** Must complete both the Texas-specific DAQ and self-assessment, uploading both documents to the designated shared folder **at least 45 days prior to the site review**.
- **In-State Reviewed Facilities:** Must complete the level-specific DAQ and self-assessment, uploading both to the shared folder **at least 45 days prior to the survey**.

Fiscal Year (FY) 2026 Facility Designation Breakdown



In Fiscal Year (FY) 2026, a total of **326 facility designations were awarded**. Stroke facilities represented the largest share with 129 designations (**39.6%**), followed by Trauma with 105 (**32.2%**). In perinatal care, Neonatal services received 49 designations (**15.0%**), and Maternal services accounted for 43 designations (**13.2%**).

Total number of Designated Facilities as of October 12, 2026

Trauma	289	Stroke	199	Maternal	214	Neonatal	222
Level I	22	Level I	49	Level I	56	Level I	77
Level II	30	Level II	5	Level II	82	Level II	46
Level III	63	Level III	120	Level III	44	Level III	74
Level IV	174	Level IV	25	Level IV	32	Level IV	25

NEWS AND LINKS



NHTSA's EMS Update

Learn more about current projects and efforts in EMS from NHTSA and its Federal partners.

[Learn more](#)

CDC Newsroom

View the latest CDC public health news and press releases.

[Learn more](#)

The Bulletin

The Bulletin of the American College of Surgeons.

[Learn more](#)

ACEP Now

Offers real-time clinical news from the American College of Emergency Physicians

[Learn more](#)

EMSC Pulse

A digest of information about the pediatric emergency medical care community.

[Learn more](#)

Integrated Healthcare

Focuses on improving the patient experience of care through inter-professional collaborations.

[Learn more](#)

EMS/Trauma Systems Links

GETAC

Visit the Governor's EMS and Trauma Advisory Council web page to view council, committee, and meeting information.

Rules

Links to the Texas Administrative Code rules.

Disciplinary actions

Public notice of disciplinary action by the Department of State Health Services and the Consumer Protection Division.

Staff contact

Contact information for the EMS Trauma Systems staff and programs.

Questions, comments, or suggestions about *Texas EMS Trauma News*? Contact us at EMSTraumaNews@dshs.texas.gov.





For more information on all National Registry initiatives, scan this QR code or go to <https://direct.nremt.com/updates> for the latest updates!

National Registry Key Initiatives

- ALS Redesign Update
- AEMT Student Minimum Competencies
- Table of Authorities / EBGs
- Scaled Scores
- NCCP Update and EBGs
- EMS ID

External links to other sites are intended to be informational and do not have the endorsement of the Texas Department of State Health Services.