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Health and Human  
Services

**Texas Department of State  
Health Services**

# Governor's EMS and Trauma Advisory Council

**Friday, August 22, 2025**  
**8:00 AM (CDT)**

Alan Tyroch, MD, FACS, FCCM, Chair  
Ryan Matthews, LP, Vice Chair

# 1. Call to Order

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## **2025 Governor's EMS and Trauma Advisory Council Meeting 3rd Quarter**



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*This meeting is being conducted live and virtually through  
Microsoft Teams.*

Public participation is available at:

DoubleTree by Hilton Austin, Phoenix Central Ballroom  
6505 N Interstate 35  
Austin, TX 78752

# Virtual Rules of Participation



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# Rules of Participation

- The Chat section is for producers to provide technical assistance. Please do not use this feature for general discussion, questions, or comments, as this could result in a violation of the Texas Open Meetings Act.
- The use of artificial intelligence (AI) bots is prohibited in this meeting. In accordance with HHS policy, the use of Artificial Intelligence, also known as “AI” Notetakers, is expressly prohibited. Producers will not admit a ‘bot’ or other autonomous agent into the meeting. If a ‘bot’ should inadvertently gain entrance, it will be removed from the meeting by one of our producers.

# Rules of Participation

- **Council:** Please have your camera on during today's meeting. When speaking or making a motion, please state your name for the meeting record.
- **Committee members:** Please have your camera on and state your name when speaking.
- **All online participants:** Please sign into the chat with your name and entity you represent and *mute your microphone* unless speaking. Except for GETAC Council members, all participants should have cameras turned off and mics muted unless speaking.

## 2. Roll Call

**Council Members attending virtually:** Please have your camera on during today's meeting.

**Council Members in the room:** Please remember to speak directly into the microphone so that online participants can hear your comments.

**Please note that the meetings are live and recorded on TEAMS.**



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### 3. Governor's EMS and Trauma Advisory Council Vision and Mission

#### **Vision:**

*A unified, comprehensive, and effective Emergency Healthcare System.*

#### **Mission:**

*To promote, develop, and advance an accountable, patient-centered Trauma and Emergency Healthcare System.*



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# Moment of Silence

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*Let's take a moment of silence for  
those who have died or suffered  
since we last met.*

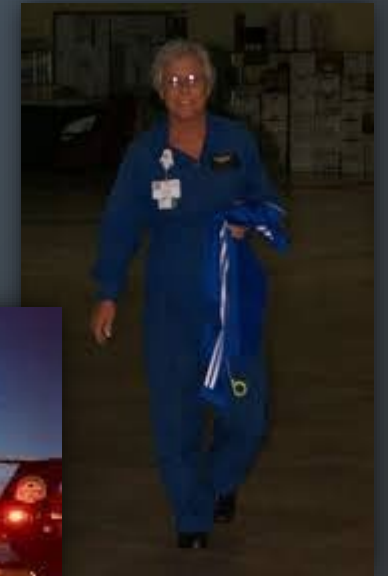


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# ***Shirley Scholz***

July 13, 1949 ~ June 25, 2025

*Past Chair of the GETAC Air Medical and Specialty Care  
Transport Committee*



# 4. Approval of Minutes

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## Review and Approval of Minutes

- June 6, 2025



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## 5. Chair Announcements

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- **Alan Tyroch, MD, GETAC Chair**



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# 15.a. Committee Application Information

- Open September 1-30, 2025
- Selections at October Retreat (October 29-30 is available)
- Information on the GETAC webpage
- Three-year terms



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# 6. State Reports

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- EMS/Trauma Systems Section (EMS/TS)
- EMS & Trauma Registries (EMSTR), Injury Prevention Unit



# 6.a. EMS Trauma Systems Update

Jorie Klein, MSN, MHA, BSN, RN, Director



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# EMS/Trauma

- Designation Unit's Focus
  - §157.126 Gap Analysis
  - §157.126 Survey Guidelines
  - §157.126 Designation Review Committee Application
  - §157.126 Trauma Designation Assessment Questionnaire
  - §157.126 Review of Designation Standards / Requirements – May

# ACS Standards

| ACS Visit Results                                                                           | Verification Outcomes          |
|---------------------------------------------------------------------------------------------|--------------------------------|
| Compliant with all standards                                                                | Verified, 3- year certificate  |
| Noncompliant with up to 3<br>Type IIs                                                       | Verified, 1 – year certificate |
| Noncompliant with any Type I<br>or<br>Noncompliant with more than<br>3 Type II<br>Standards | Not verified                   |

# Texas Trauma Designation Process

- All standards and requirements met – 3-year designation
- One to three requirements not met – Contingent Designation with CAP; Focus review or work with state
- Four or more requirements not met – Contingent Probationary Designation with CAP; Re-review or work with state
- Goal – all requirements are met a minimum of 80%

|         |                                                                                                                                                                                                                                                                                                                                                                                           |  |   |   |   |  |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---|---|---|--|
|         | allotments, and equipment needed for a trauma center to function.                                                                                                                                                                                                                                                                                                                         |  |   |   |   |  |
| (h)(19) | Level I, II, and III facilities must have an organized, effective trauma service recognized in the medical staff bylaws or rules and regulations and approved by the governing body. Medical staff credentialing must include a process for requesting and granting delineation of privileges for the trauma medical director (TMD) to oversee the providers participating in trauma call |  | x | x | x |  |

# Level I Trauma Verification / Designation

- BSW Temple
- Baylor University Medical Center
- Children's Medical Center
- Dell Children's
- Dell Seton Medical Center
- Harris Health Ben Taub
- John Peter Smith
- Medical City Plano
- Memorial Herman
- Texas Children's Hospital
- THR Methodist Fort Worth
- THR Presbyterian Dallas
- University Medical Center
- University of Texas Medical Branch
- UT Health East Texas Tyler

# Level II Trauma Facility Verification/Designation

- Ascension Seton Williamson
- BSW McLane Children's
- BSW Medical Center Grapevine
- BSW Medical Center McKinney
- Christus Mother Francis Hospital
- Corpus Christi Medical Center – Bay Area
- HCA Clear Lake
- HCA Conroe
- HCA Kingwood
- HCA Northwest
- Medical City Denton
- Memorial Herman Woodlands
- Round Rock Medical Center
- St. David South Austin
- THR Plano
- HOP East Campus

# ACS Standards

- 4.22 Ophthalmology Services – Type II
- 4.26 Medical Specialist – Type II
- 4.30 Advanced Practice Providers – Type II
- 4.31 Trauma Registry Staffing Requirements – Type II
- 4.32 CAISS Specialist – Type II
- 4.35 Performance Improvement Staffing requirements – Type II
- 5.3 Trauma Activation Guidelines – Type II
- 5.9 Anticoagulation Reversal Protocol – Type II
- 5.11 Emergency Airway Management – Type I
- 5.15 Trauma Diversion Protocol – Type II
- 5.16 Trauma Diversion Hours – Type II

# ACS Standards

- 5.17 – 5.19 Neurosurgeon Response – Type II
- 5.20 – 5.21 Orthopedics – Type II
- 5.23 Surgical Evaluation of ICU Patients – Type II
- 5.27/28 Rehab – Type II
- 5.30/31 Alcohol Misuse – Type II
- 6.1 Data Quality Plan – Type II
- 7.2 PIPS Plan – Type II
- 7.4 Participation in Risk –Adjusted Benchmarking Program – Type II
- 7.5 Physician Participation in Prehospital PI – Type II
- 7.8 Nonsurgical Trauma Admission Reviews – Type II
- 7.9 Trauma Diversion Review – Type II
- 7.10 Prehospital Care Feedback – Type II

# ACS Standards

- 8.2 Nursing Trauma Orientation and Education – Type II
- 8.3 Prehospital Provider Training – Type II
- Important to read and review the “Additional Information” and “Compliance” data

# New Initiative



PI: Ask The Experts



Don Jenkins, MD, FACS – Leader



Texas TOPIC Instructors



Open Dialogue

# Designation Review Committee

- §157.126(s)(1)(A)(iv) two individuals who each have a minimum of 10 years of trauma facility oversight as an administrator, medical director, program manager, or program liaison
- Designation appeals
- Designation waivers
- Application closes June 20<sup>th</sup>

# Level III Trauma Facilities - TQIP



Coordinated call with ACS



ACS TQIP Team



Discussed navigating the website and portal



Discussed Level III TQIP reports



Provided an example Level III TQIP report

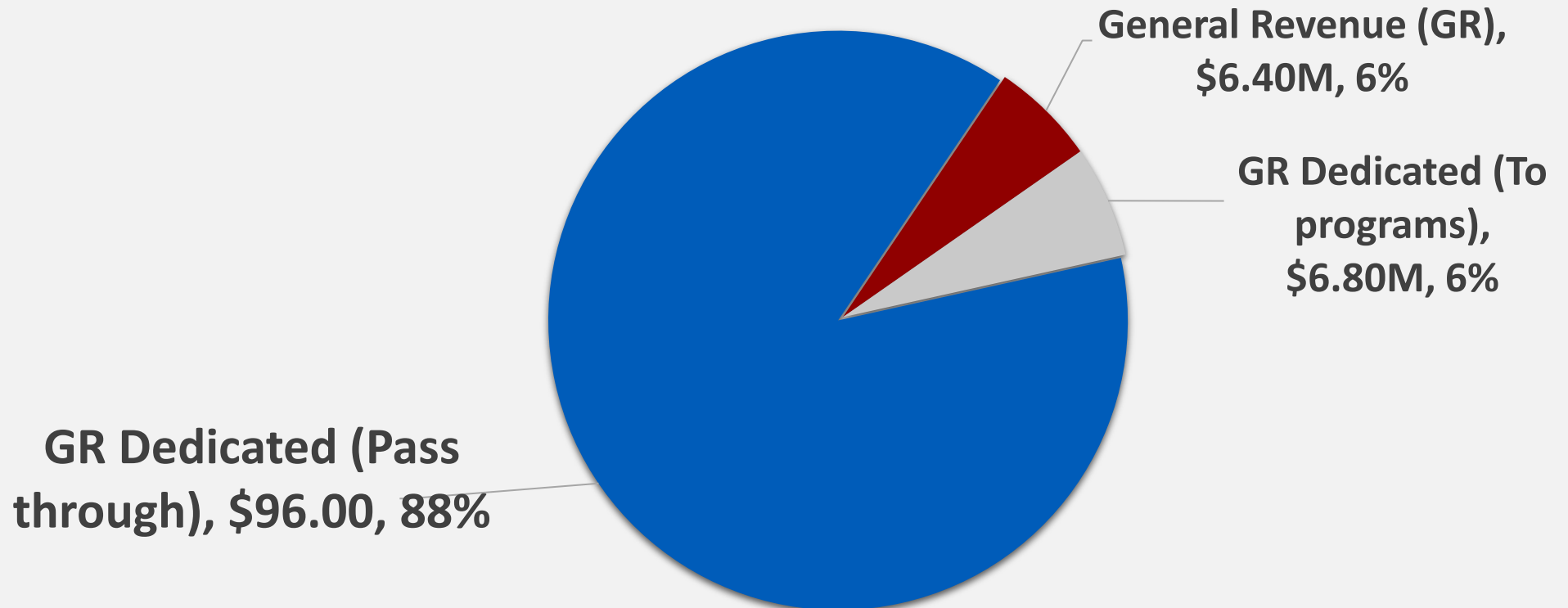


Reviewed the TQIP Level III Cohorts

# EMS Funding Overview

EMS and Trauma Care Systems, Strategy B.2.1

FY 25 Budgeted (\$112.3M - \$96M is for grants/pass through)  
amount in millions



# Types of Trauma Funding: Dedicated Funding Streams



## Fund 5007

9-1-1 Equalization  
Surcharge Funds

## Fund 5108

\$100 DUI/DWI  
Conviction  
Surcharge

## Fund 5111

**30% State  
Traffic Fines**

20% of Misc. Traffic  
Fines (DWI Traffic  
Funds)

60% of Automobile  
Burglary & Theft  
Prevention  
Authority (ABTPA)

# EMS Trauma Funds Support



## **DSHS Administrative Costs (\$1M)**

Oversight/integration of TX EMS Trauma Health Care Systems:

- Designation (4 programs)
- Funding/Allocation Distribution
- Emergency Medical Services (EMS)
- Regional Advisory Councils (RACs)
- Medical Advisory Board (MAB)
- 77 FTEs



## **Regional Advisory Councils (RACs) Allocation (\$7.6M) FY26**

Support EMS/Trauma Care System – Advancements

Reduce morbidity and mortality from injuries

Additional directives:

- Stroke
- Maternal
- Neonatal
- Centers of Excellence for Fetal Diagnosis
- Data collection



## **EMS Allotment Fund (\$4.9M) FY26**

Funds for EMS Providers of 9-1-1 services and/or emergency transports

Distributed to RACs on behalf of eligible recipients per county (pass-thru funds)

60% to Rural

40% to Urban



## **Extraordinary Emergency Funding Requests (EEFs) (\$1.0M)**

Support emergent, unexpected needs of:

- Licensed EMS Providers
- First Responder Orgs
- Licensed Hospitals



## **Hospital Uncompensated Care Allocation FY24 (\$82.1M) and FY25 (84.2M)**

IAC to HHSC for Standard Dollar Amount (SDA Add-On) Programs

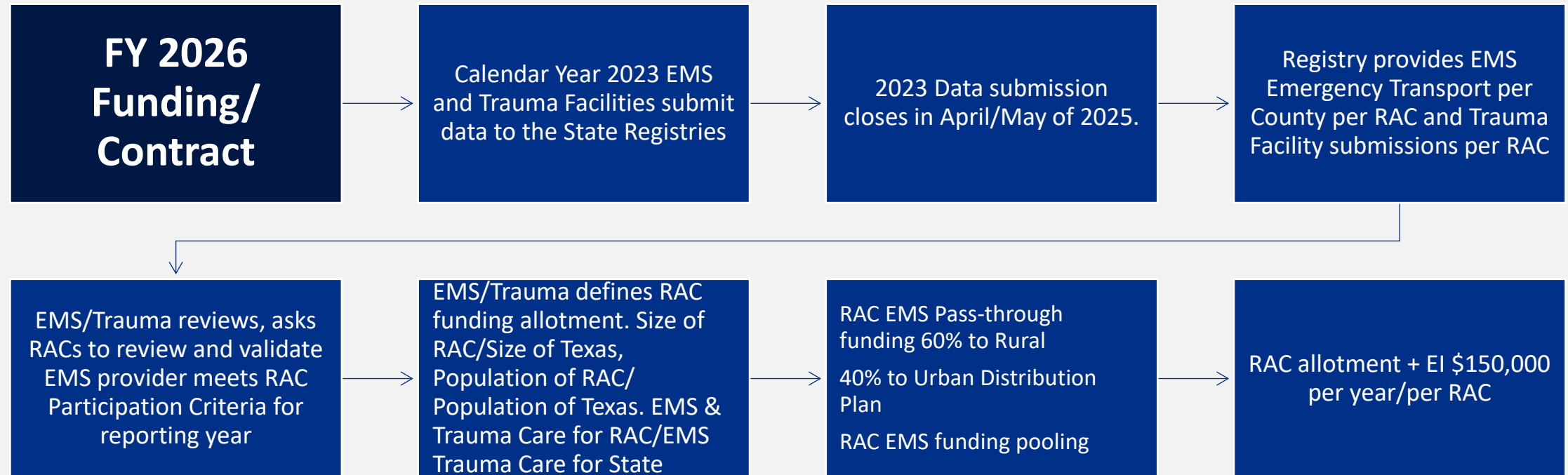


## **Emergency Care Attendant Training (ECAT) (\$25K)**

Facilitate initial training in rural/underserved areas

Communities lacking local EMS training resources

# RAC Funding Allotment



# Regional Advisory Council (RAC)

| <b>Regional<br/>Advisory<br/>Council (RAC)</b> | <b>FY 2023</b>     | <b>FY 2024</b>      | <b>FY 2025</b>      | <b>FY 2026</b>      | <b>FY 2027<br/>Projection</b> |
|------------------------------------------------|--------------------|---------------------|---------------------|---------------------|-------------------------------|
| EMS Pass-Through                               | \$4,795,847        | \$4,876,435         | \$4,941,600         | \$4,964,594         | \$4,967,295                   |
| RAC                                            | \$2,597,147        | \$2,650,510         | \$2,661,449         | \$2,676,779         | \$2,678,580                   |
| System Development                             | \$2,278,187        | \$2,278,187         | \$2,278,187         | \$2,278,187         | \$2,278,187                   |
| Exceptional Item                               |                    | \$3,300,000         | \$3,300,000         | \$3,300,000         | \$3,300,000                   |
| <b>TOTAL</b>                                   | <b>\$9,671,181</b> | <b>\$13,105,132</b> | <b>\$13,181,236</b> | <b>\$13,219,560</b> | <b>\$13,224,062</b>           |

# Extraordinary Emergency Funds (EEFs):

FY25: \$1M was made available on 9/1/2024

- 13 Applications received
- 9 Awarded, 4 Denied
- Total Expended: \$999,999.34
- Funds remaining: \$0.66

**8 grants were awarded to the RURAL counties.**

**1 grant was awarded to provider that serves both rural and urban counties.**

Approved items:

- 1 remount
- 1 ambulance repair
- 1 new transmission
- 1 CPR device
- 1 set of cots
- 1 ambulance
- 1 ambulance chassis
- Swift water rescue equipment
- Body armor

# Emergency Care Attendant Training (ECAT):



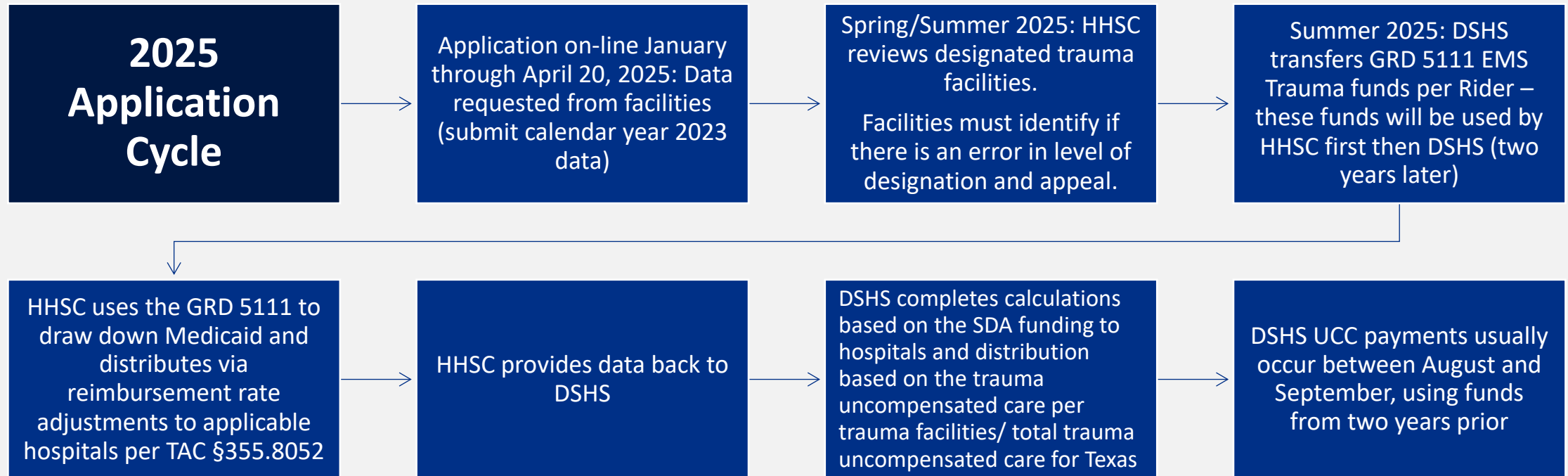
FY25: \$25,000 was made available on 9/1/2024

- 1 application received and awarded for 16 students.
- Total Expended: \$5,049.57
- Funds remaining: \$19,950.43

**1 grant was awarded to a RURAL county.**



# Trauma Funding Two-Step: UCC



# 2025 Uncompensated Charges

## **Applicants:**

- 287 Trauma-Designated Hospitals
- 3 of them are In Active Pursuit (IAP) Hospitals

## **Requested/Costs Documented:**

- Charges Requested: \$3,667,147,531.85
- Charges validated and met criteria
  - Uncompensated Costs: \$859,217,623.54

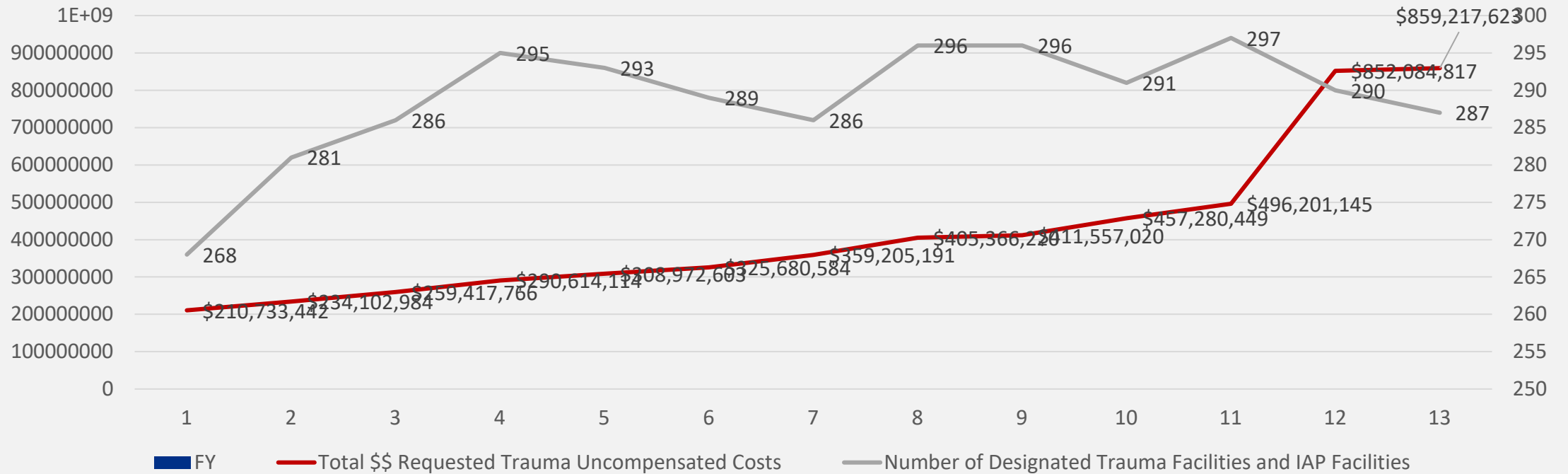
# 2025 Uncompensated Charges

## **Applications:**

- Opened on January 20, 2025.
- Trauma UCC data Calendar Year 2023
- Trauma Facility Readiness Cost FY24
- Submission closed on April 20, 2025.
- \$89,810,873 allocated for 94% Statute Hospitals.
- \$84.2M moved to HHSC for Trauma SDA Add-On
- Remaining Funds Distribution to
  - All Trauma Facilities
  - Percentage of UCC reimbursement requested compared to the total Trauma UCC funds availability.

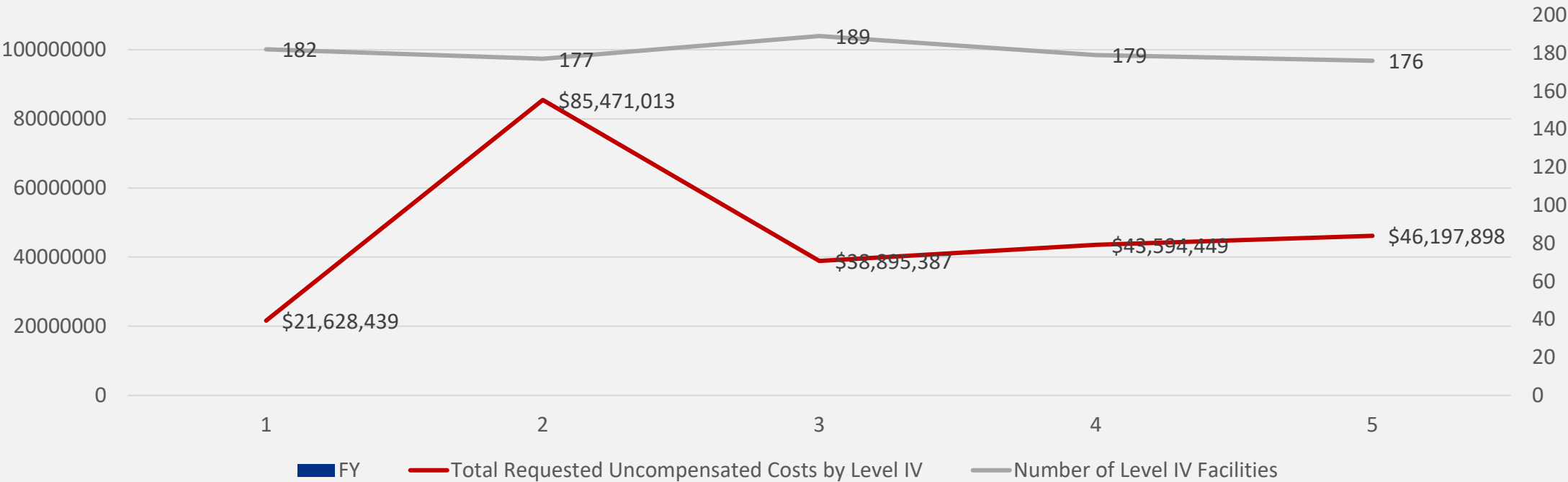
# Trauma UCC

Uncompensated Care Charges Cost Over Time  
Calendar Year 2011-2023 Patients Data  
Compared to the Number of Qualified Facilities



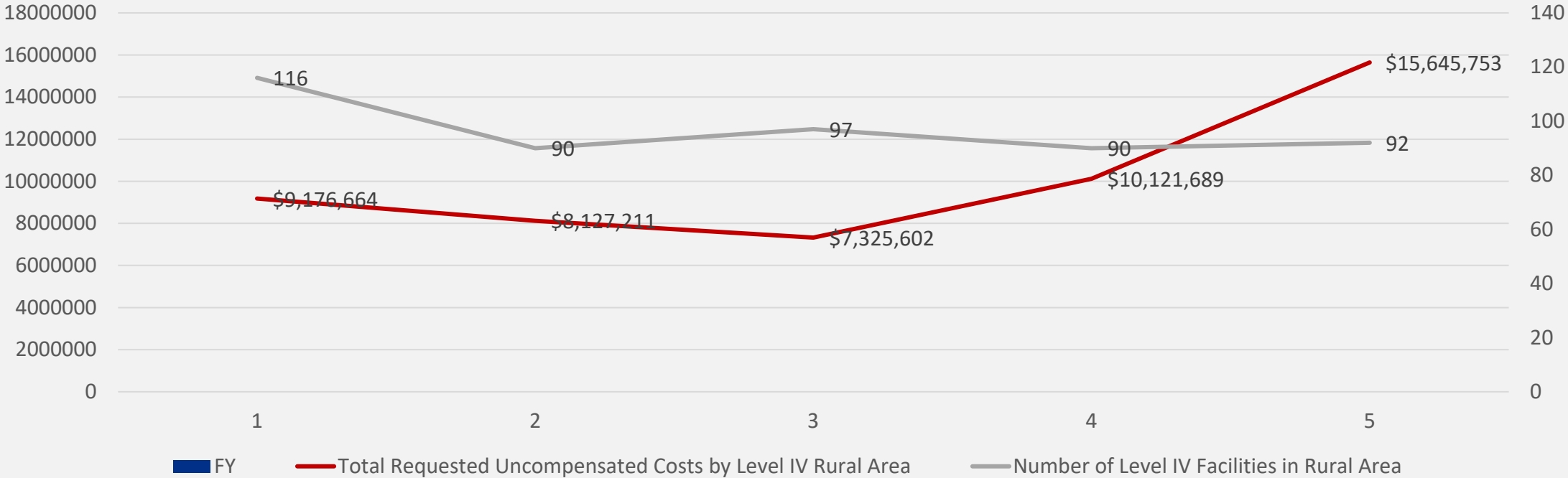
# Trauma UCC Level IV Facilities

Uncompensated Care Charges Cost Over Time  
Calendar Year 2019-2023 Patients Data  
Compared to Level IV Number of Qualified Facilities



# Trauma UCC Rural Level IV Facilities

Uncompensated Care Charges Cost Over Time  
Calendar Year 2019-2023 Patients Data  
Compared to Level IV Facilities in Rural Area only





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# Designation Update

Elizabeth Stevenson, BSN, RN  
Designation Programs Manager



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# EMS System Update

Joey Ancelet  
Regional Manager



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## Number of Workforce by Certification Level

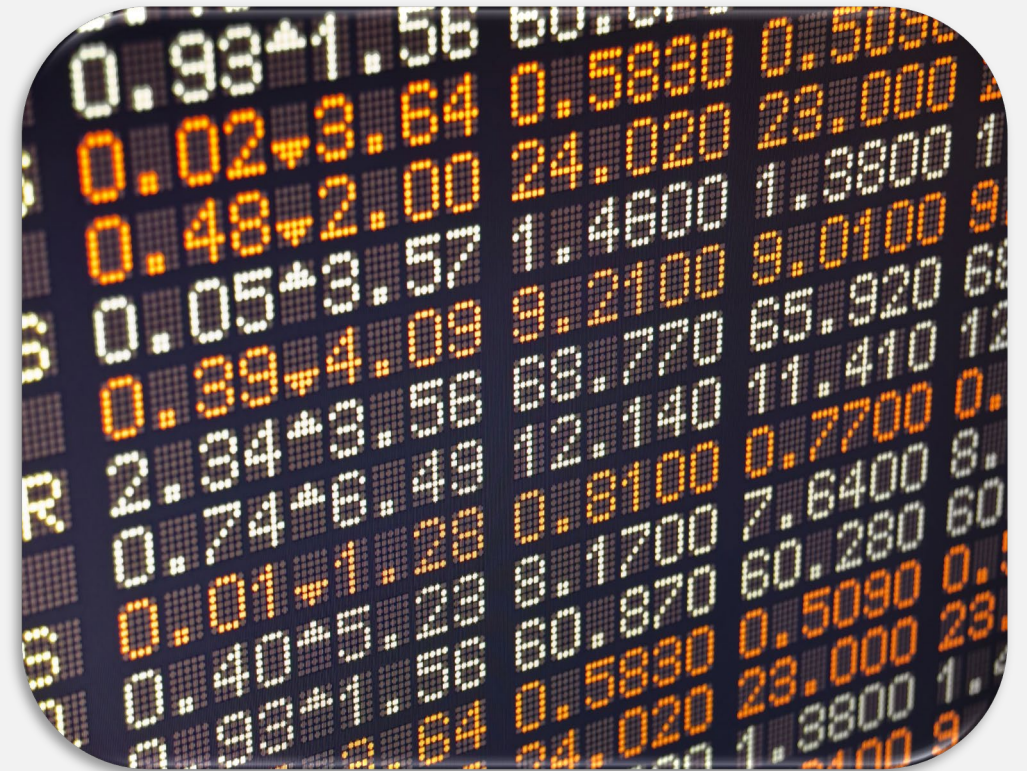
|           | 2019   | 2020   | 2021   | 2022   | 2023   | 8-1-2025 | Since 2022 |
|-----------|--------|--------|--------|--------|--------|----------|------------|
| ECA       | 2,245  | 2,233  | 2,431  | 2,023  | 1,936  | 1,964    | (-59)      |
| EMT       | 34,686 | 34,664 | 39,683 | 35,645 | 39,331 | 42,950   | 7,305      |
| A-EMT     | 3,370  | 3,409  | 3,539  | 3,209  | 3,403  | 3,473    | 264        |
| Paramedic | 27,309 | 27,601 | 30,080 | 27,597 | 30,555 | 32,898   | 5,301      |
| Total     | 67,610 | 67,907 | 75,733 | 68,474 | 75,225 | 81,285   | 12,811     |

**All working together!**

# NEMESIS: V5 Patch Continues to move Forward!

For more information on  
NEMESIS and national  
dashboards, visit  
<https://NEMESIS.org>.

***Making great  
progress; please  
continue to work  
with our Registry  
Team!***



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# Rule Process

*The first priority for rule development will be **SB 1818**, and then the recently passed legislation.*



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# What is being updated?

- Update to: Occupations Code §55.004 §55.0041
- Military members, spouses, and veterans can receive a provisional license as application is being processed.

## REQUIREMENTS:

- Similar licensed in another jurisdiction
- In good standing with the other out-of-state license
- Licensed in Texas within the past 5 years
- Complete EMS requirement for fingerprinting in Texas and Jurisprudence Exam



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# 89R Session Legislation

SB 1818 Military EMS License

**Expedited Rule 1.81 and 1.91**

## Target Dates:

9/18 Executive Council

10/5 Public Comments  
in the Texas Register

11/30 Effective Date



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# TAC 157.33

Due  
additional review  
by legal, it was  
determined that  
there is no need  
to amend  
TAC 157.33.



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# What will be amended next due to legislation from 89R Session?

- HB 743 Human Trafficking – 157.32/33/34
- HB 33 Active Shooter Planning – 157.11
- HB 35 Peer Support for FRs – 157.36
- SB 1021 Stalking Conviction -- 157.37
- All rules will be updated to "plain language" standards
- Once these amendments are completed, we will move back to what the committees have been working on. (expected done by fall of 2026)
- Please do not stop working on updating current rules and building support!!



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# 2025 EMS Conference



- Dr. Ed Racht, keynote speaker
- Updated Advanced AOR class with six presentations from EMS leaders
- <https://texasemsconference.com>
- November 23 to 26, 2025
- Fort Worth, Texas



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Questions for  
EMS/Trauma Systems?

*Thank You*

# 6.b. Emergency Medical Services and Trauma Registries (EMSTR) Update

Jia Benno, MPH  
Injury Prevention Unit Director



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# **Emergency Medical Services and Trauma Registries (EMSTR) Program Updates and Texas Rural Trauma Deaths**

**Governor's EMS and Trauma Advisory Committee (GETAC)  
August 22, 2025**

**Jia Benno. MPH  
Injury Prevention Unit Director**

# About EMSTR and Presentation Data

- EMSTR collects reportable event data from EMS providers, hospitals, justices of the peace, medical examiners, Long Term Acute Care (LTAC) facilities, and rehabilitation facilities.
- All submitters must report all EMS responses and reportable trauma events to EMSTR under 25 Texas Administration Code, Chapter 103 within 90 days.
- Urban, rural, and frontier data was based on rural/urban criteria from the Texas Demographic Center Texas populations estimate:
  - Urban included large central metro, large fringe metro, medium metro, and small metro areas.
  - Rural included micropolitan (10,000-50,000 people) and noncore (<10,000 people) areas.
  - Frontier was defined as six or less people per square mile.
- For 2013, 2014, and 2017, the data were unavailable due to data standard changes and variable availability.

**NOTE:** An EMS response is a resulting action from a call for assistance where an EMS provider is dispatched to, responds to, provides care to, or transports a person.

# EMSTR – 2024 to Present



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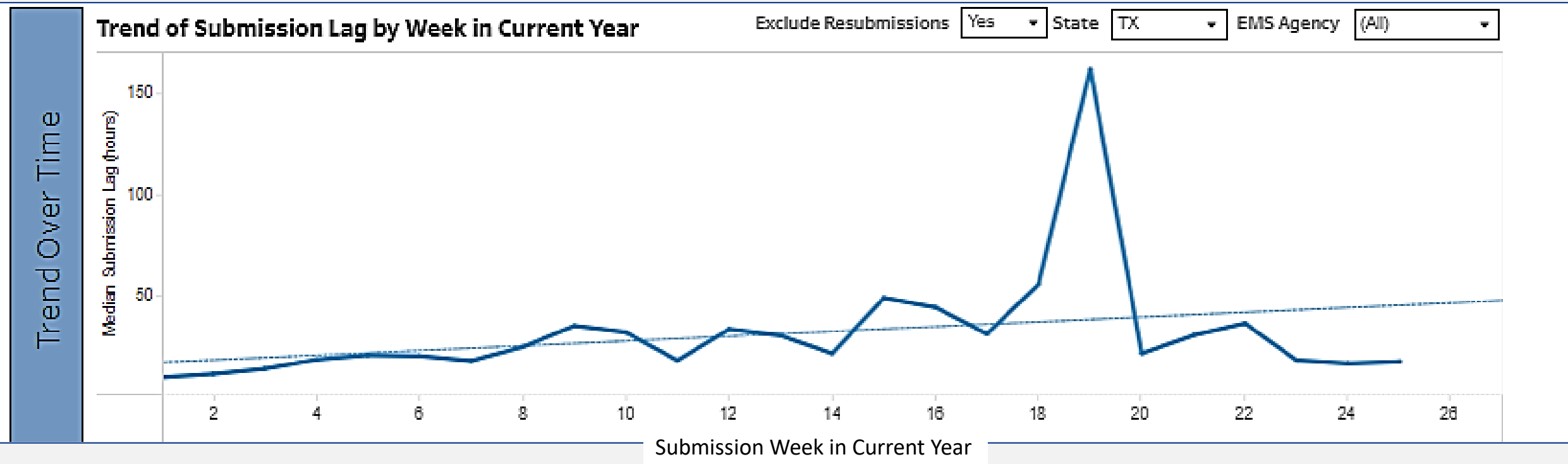
# EMSTR Updates\*

- 2024 EMS and trauma data closeout:
  - EMS – 4,801,876 records
  - Trauma – 183,759 records
- 2025 EMS and trauma progress:
  - EMS – 3,302,337 records
  - Trauma – 69,175 records

\*As of 08/04/2025



# Active Surveillance (1 of 2)



Major improvements in timeliness and **completeness**:

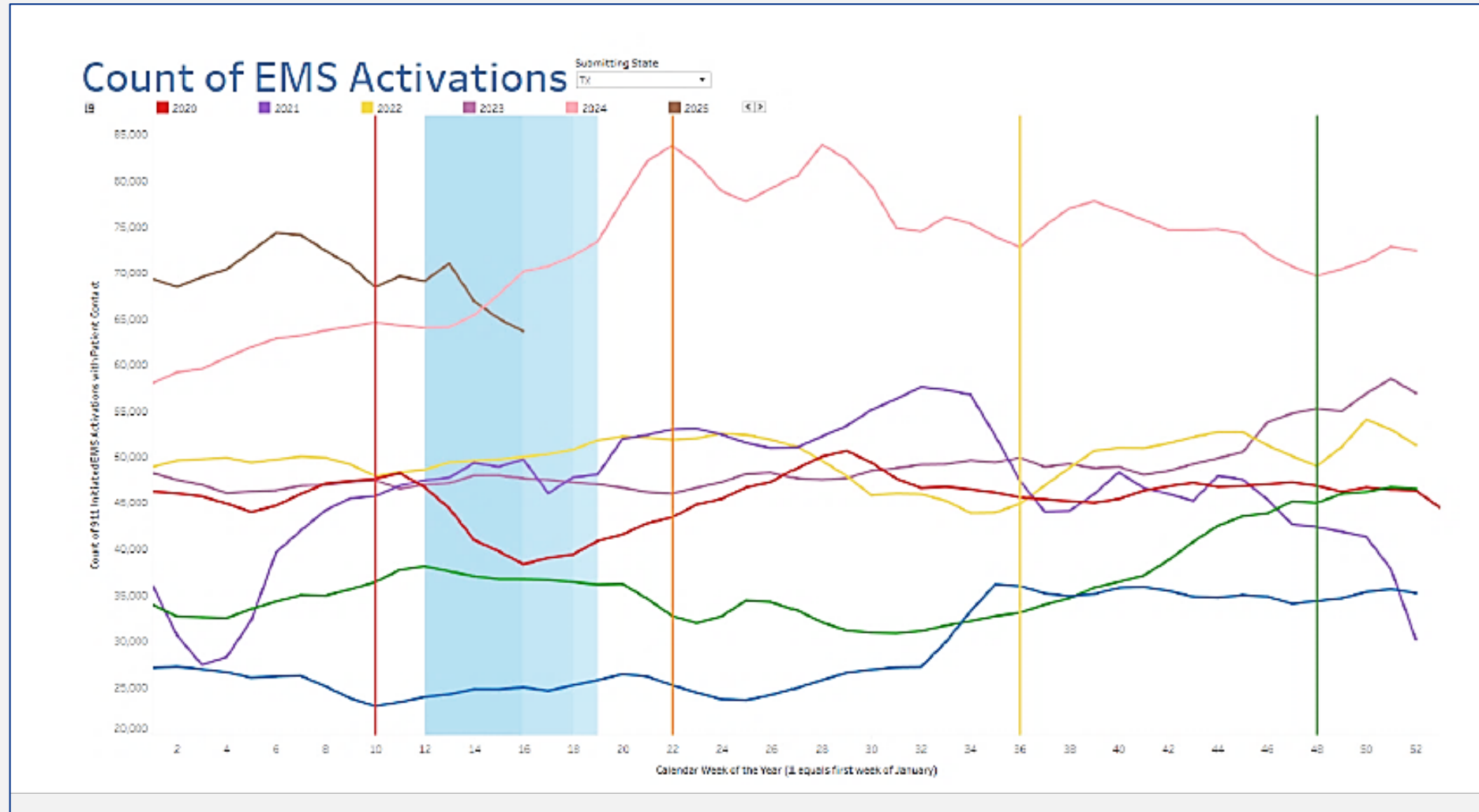
- Approximately 85 Texas EMS providers are sending data in real time.
- EMSTR recognized the top performers in the July/Summer EMS Newsletter.
- The state **submission lag** reduced from a 10-day turn-around time to 37 hours between Calendar Year (CY)2022 and CY2025 (year-to-date).

Data pulled July 2025 from the National EMS Information System (NEMSIS).

# Active Surveillance (2 of 2)

## EMS Activation Tracking Example

- Monthly Communications: From January through July, EMSTR contacted over 200 EMS providers and 50 trauma facilities with missing data.
- 85 EMS facilities and 30 trauma centers have regained full compliance.



Data pulled July 2025 from NEMSIS.

# Data Quality Webinar Series

Webinars are held every 6-8 weeks:

- EMSTR prepares trainings that focus on areas of performance improvement.
- Attendance varies between 100-150 facilities.

## Hospital

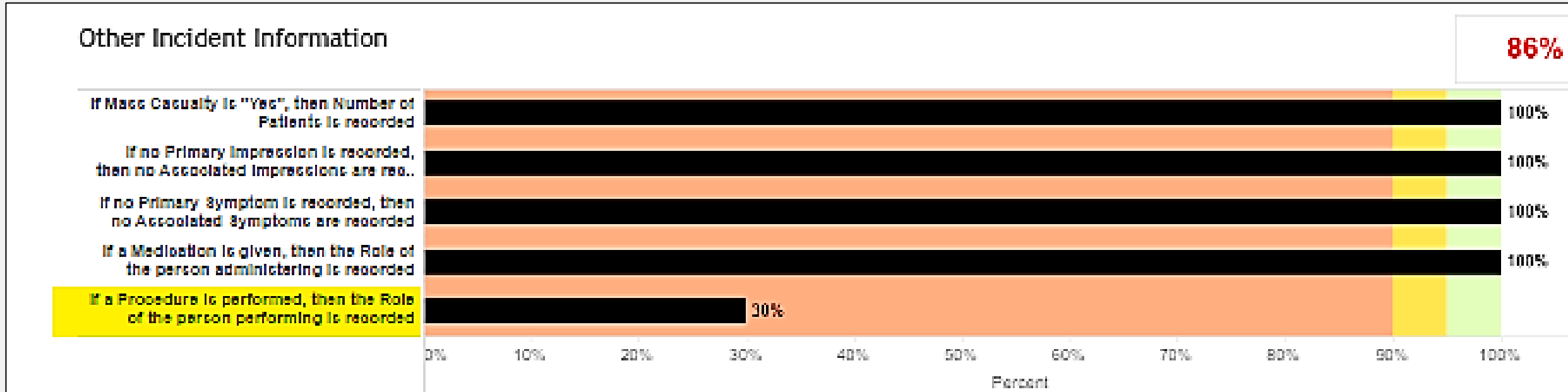
- Universal Unique Identifier (UUID), Texas Wristband, and prehospital information.
- Abbreviated Injury Score (AIS) and procedure coding improvements.

## EMS

- Stroke Severity Scoring and Pre-Arrival Alert documentation.
- Blood product documentation and improving clinical times reliability.

# Drilling Down on Quality Issues (1 of 4)

Example of How NEMSIS Can Help Identify Quality Issues



## EMSTR:

- Can provide individual agency consultation.
- Is collaborating with third-party vendors.
- Identified and counseled approximately 120 providers with quality issues in the areas shown.

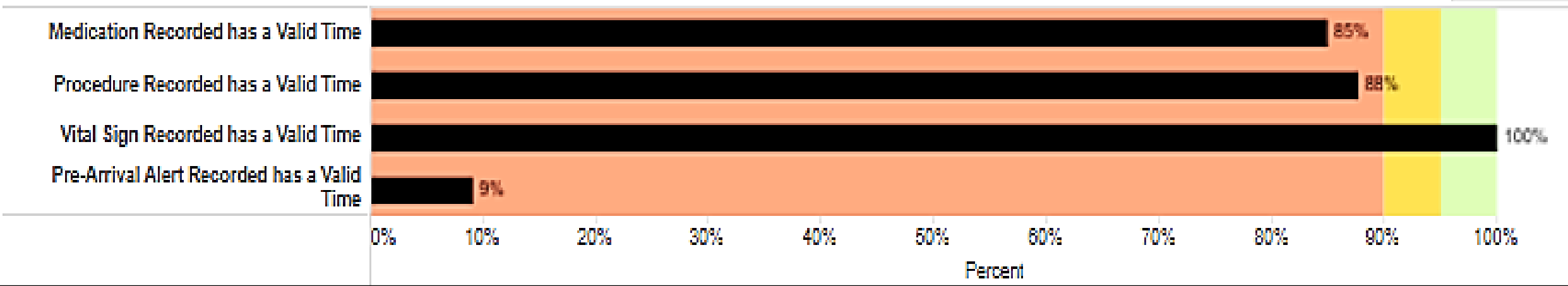
Data pulled July 2025 from NEMSIS.

# Drilling Down on Quality Issues (2 of 4)

Example of How NEMSIS Can Help Identify Quality Issues

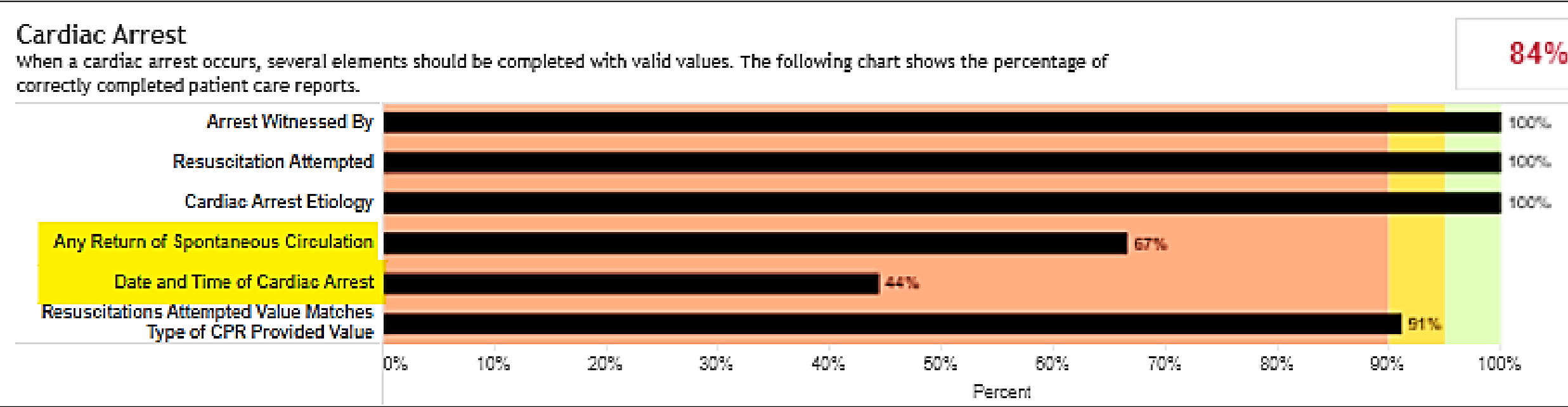
## Clinical Times Recorded

When EMS providers treat a patient, treatment times should be reported using valid values. The following chart shows the percentage of correctly completed patient care reports.



# Drilling Down on Quality Issues (3 of 4)

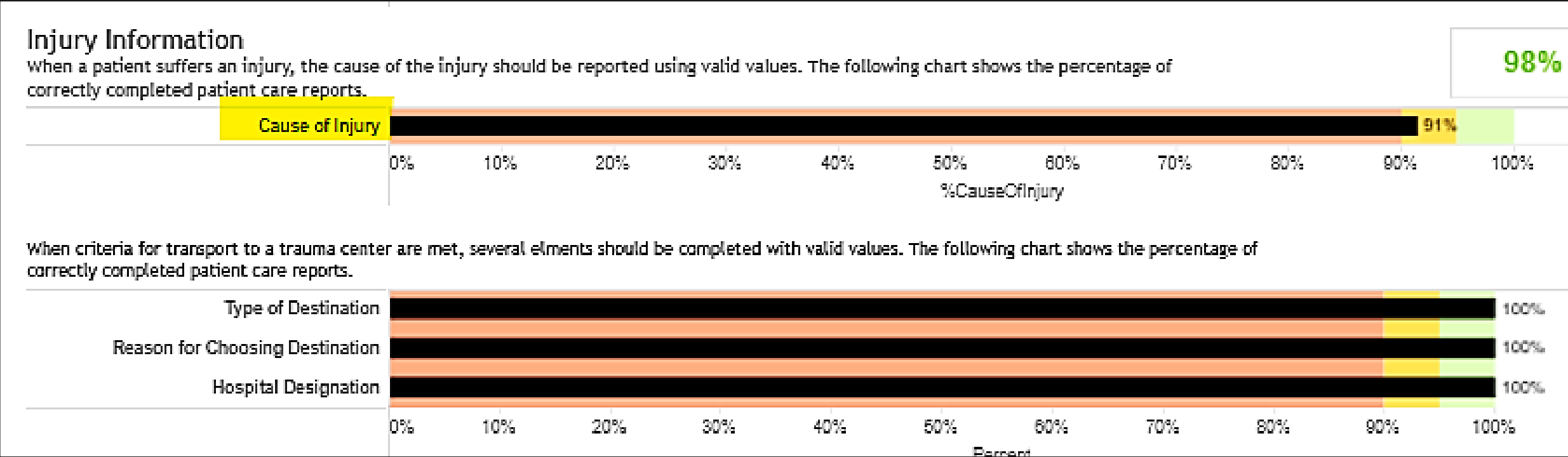
Example of How NEMSIS Can Help Identify Quality Issues



Data pulled July 2025 from NEMSIS.

# Drilling Down on Quality Issues (4 of 4)

## Example of How NEMSIS Can Help Identify Quality Issues



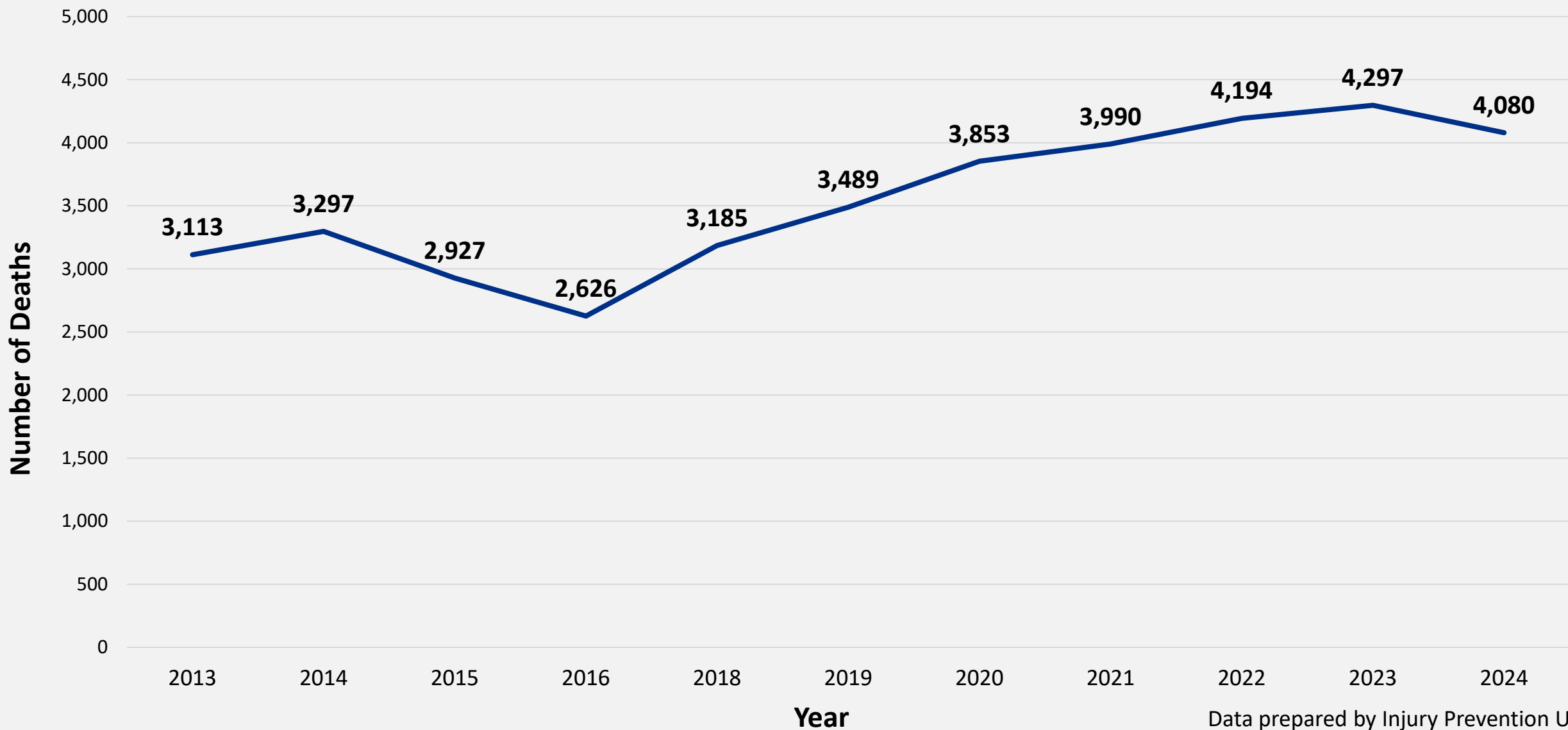
# Texas Transfer Deaths Over Time 2013-2024



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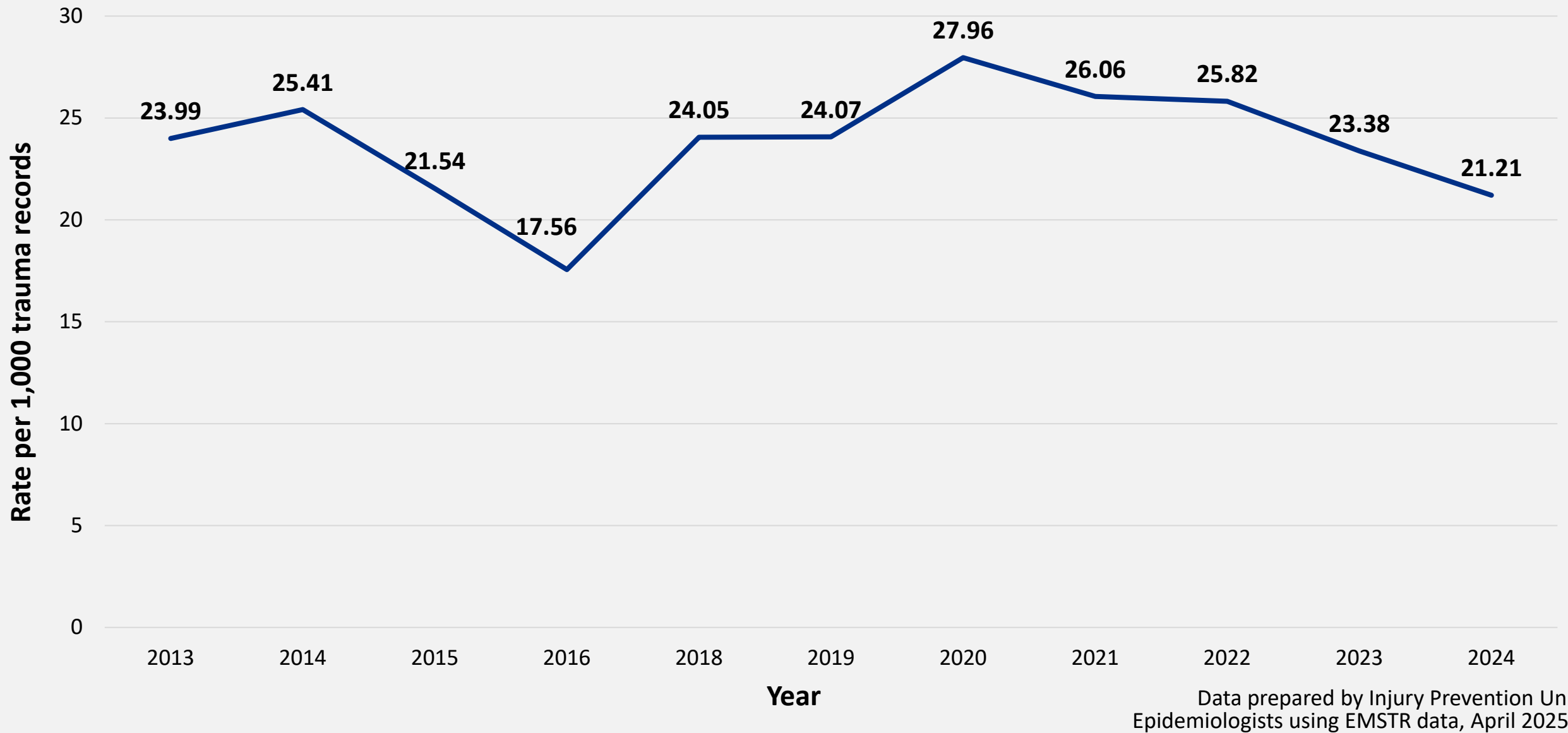
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# Total Trauma Deaths, Texas, 2013-2024

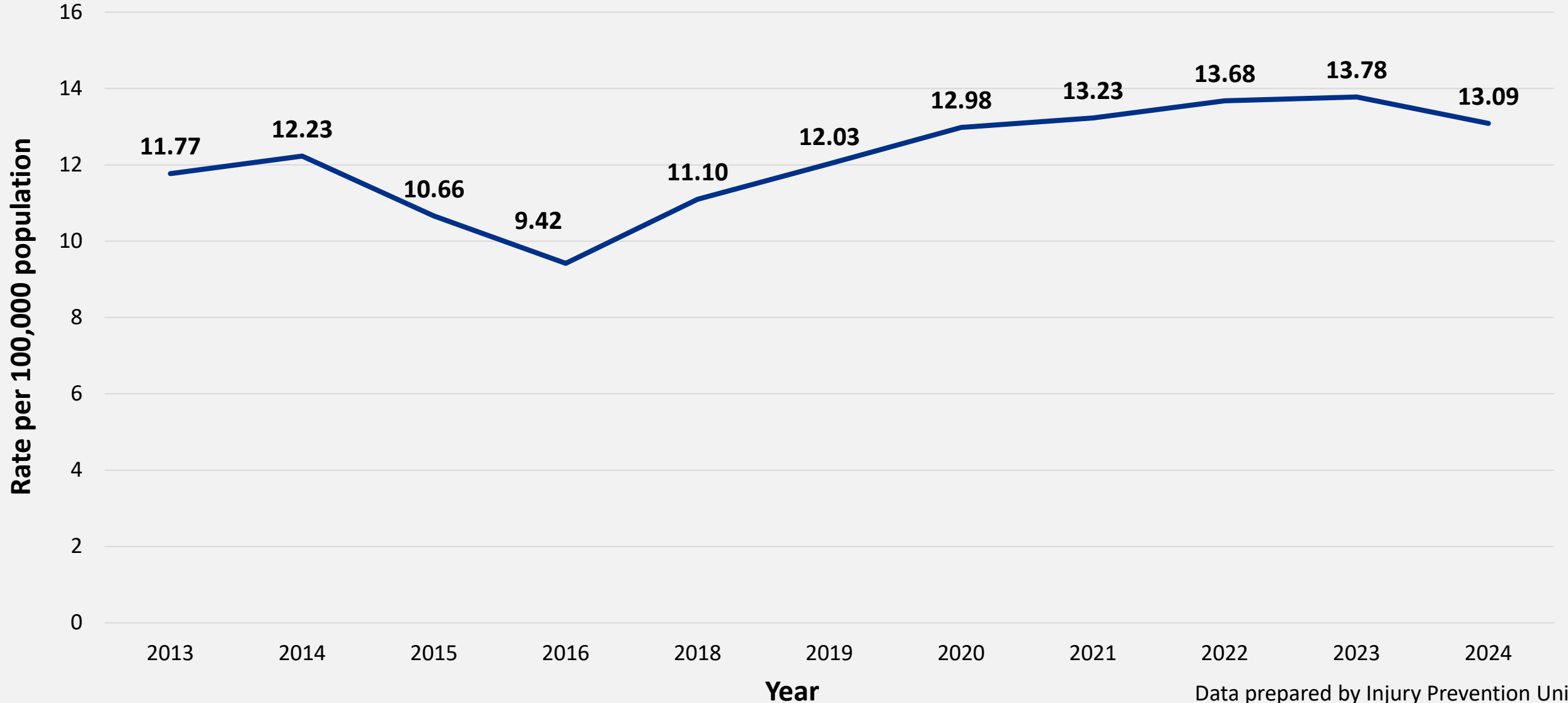


Data prepared by Injury Prevention Unit  
Epidemiologists using EMSTR data, April 2025.

# Trauma Death Rate by Records, Texas, 2013-2024



# Trauma Death Rate by Population, Texas, 2013-2024



Data prepared by Injury Prevention Unit  
Epidemiologists using EMSTR data, April 2025.

# Trauma Deaths By Area Characterization, Texas, 2013-2024

| Year | Total | Urban | Rural | Frontier |
|------|-------|-------|-------|----------|
| 2013 | 3,113 | 2,793 | 154   | 8        |
| 2014 | 3,297 | 2,926 | 205   | 20       |
| 2015 | 2,927 | 2,531 | 248   | 22       |
| 2016 | 2,626 | 2,293 | 189   | 25       |
| 2018 | 3,185 | 2,870 | 117   | 8        |
| 2019 | 3,489 | 3,111 | 177   | 20       |
| 2020 | 3,853 | 3,474 | 193   | 10       |
| 2021 | 3,990 | 3,536 | 222   | 7        |
| 2022 | 4,194 | 3,802 | 172   | 17       |
| 2023 | 4,297 | 3,954 | 186   | 13       |
| 2024 | 4,080 | 3,767 | 149   | 19       |

**Note:** The remaining deaths were missing area characterization.

Data prepared by Injury Prevention Unit  
Epidemiologists using EMSTR data, April 2025.

# Rural Trauma Deaths 2019-2024



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# Rural Trauma Deaths by Age Group

| Year | Age <15 | Age 15-64 | Age 65+ | Missing |
|------|---------|-----------|---------|---------|
| 2019 | 12      | 107       | 58      | 0       |
| 2020 | 15      | 113       | 65      | 0       |
| 2021 | 21      | 124       | 77      | 0       |
| 2022 | 13      | 102       | 57      | 0       |
| 2023 | 9       | 113       | 58      | 6       |
| 2024 | 11      | 67        | 51      | 20      |

Data prepared by Injury Prevention Unit  
Epidemiologists using EMSTR data, April 2025.

# Rural Trauma Deaths – Signs of Life

| Year | Dead on Arrival | Arrived with Signs of Life | Signs of Life Missing |
|------|-----------------|----------------------------|-----------------------|
| 2019 | 142 (80.2%)     | 34 (19.2%)                 | *                     |
| 2020 | 149 (77.2%)     | 44 (22.8%)                 | 0                     |
| 2021 | 182 (82.0%)     | 39 (17.6%)                 | *                     |
| 2022 | 134 (77.9%)     | 38 (22.1%)                 | 0                     |
| 2023 | 156 (83.9%)     | 30 (16.1%)                 | 0                     |
| 2024 | 124 (83.2%)     | 25 (16.8%)                 | 0                     |

\*Number suppressed <5.

Data prepared by Injury Prevention Unit  
Epidemiologists using EMSTR data, April 2025.

# Patient Arrived with Signs of Life by Age

| Year | Age <15 | Age 15-64 | Age 65+    |
|------|---------|-----------|------------|
| 2019 | *       | 8 (7.5%)  | 25 (43.1%) |
| 2020 | 0 (0%)  | 8 (7.1%)  | 36 (55.4%) |
| 2021 | 0 (0%)  | *         | 36 (46.8%) |
| 2022 | 0 (0%)  | 6 (5.9%)  | 32 (5.6%)  |
| 2023 | 0 (0%)  | *         | 26 (44.8%) |
| 2024 | 0 (0%)  | *         | 19 (37.3%) |

\*Number suppressed <5.

Data prepared by Injury Prevention Unit  
Epidemiologists using EMSTR data, April 2025.

# Injury Severity Score

The Injury Severity Score (ISS) is an anatomical scoring system providing an overall score for patients with multiple injuries. The ISS scoring categories are:

- ISS 1-8 = mild;
- ISS 9-15 = moderate;
- ISS 16-24 = severe; or
- ISS  $\geq 25$  = profound.



# ISS - Limited to Signs of Life and 65+

|              | 2019      | 2020      | 2021      | 2022      | 2023      | 2024      |
|--------------|-----------|-----------|-----------|-----------|-----------|-----------|
| ISS 0        | 0         | *         | 5         | 5         | *         | *         |
| ISS 1-8      | 5         | 6         | 9         | 8         | 7         | *         |
| ISS 9-15     | 10        | 13        | 16        | 16        | 13        | 11        |
| ISS 16-24    | *         | *         | *         | *         | *         | *         |
| ISS 25+      | *         | 6         | 5         | *         | *         | *         |
| Missing      | 6         | 7         | 0         | 0         | 0         | 0         |
| <b>Total</b> | <b>24</b> | <b>36</b> | <b>36</b> | <b>32</b> | <b>26</b> | <b>19</b> |

\*Number suppressed <5.

Data prepared by Injury Prevention Unit  
Epidemiologists using EMSTR data, April 2025.

# Thank you!

EMSTR Program Updates and Texas Rural Trauma Deaths

[Injury.web@dshs.texas.gov](mailto:Injury.web@dshs.texas.gov)



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**7. Discuss and evaluate: Recommendations regarding the use of health information exchanges (HIEs) for radiological image sharing for patient transfers to enhance patient care by enabling secure, efficient, and real-time access to diagnostic imaging, reducing duplication of studies, and facilitating advanced care planning at receiving facilities.**



# 8. GETAC Committee Action Items



# 8.g. GETAC Injury Prevention & Public Education Committee Update to Council

Chair: Mary Ann Contreras, RN

Vice-Chair: Courtney Edwards, DNP



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# IPPE Committee 8/2025 Priorities Update

Priority Not Implemented  
Priority Activities Recorded  
Priority Completed and Monitored

| Committee Priorities                                                                                                                                                                                                                                                                                                            | Current Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Status |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| <p>1. <b>Clinical Elements</b> : Identify evidence-based prevention strategies that to increase capacity for a safe and healthy lifestyle. (Objective 4 of Clinical Elements/Injury)</p> <p>1. Promote coordinated capacity expansion of Child Passenger Seat Technicians in the State of Texas</p>                             | <p>Workgroup identification of strategic plan to increase CPST availability from technician population ration from 1:1279 to 1:1000 by December 2028.</p> <p>Working alongside national Safe Kids Worldwide, National Safety Council to restructure instructor training content that streamlines training and mentoring processes in order to better optimize successful experiences resulting in a sustainable workforce to increase CPS technicians.</p>                                                                                                                                                                         |        |
| <p>2. <b>System Support</b>: Explore innovations for providing interactive, collaborative, and targeted public education. (Objective 2 of System Support/Public Education)</p> <p>1. Develop innovative and applicable knowledge content in drowning prevention strategies for public consumption across the State of Texas</p> | <p>Workgroup identification of means to collaborate with existing aligning with the national plan to promote drowning prevention strategies for public consumption across the State of Texas.</p> <ul style="list-style-type: none"><li>• Assess current rates of drowning in specific types of bodies of water in the State of Texas</li><li>- Explore best practice strategies</li><li>- Create a plan of implementation of public education and bystander intervention for drowning prevention</li><li>- Collaborate with the Coast Guard to identify a reporting mechanism of life jacket/floatation devices failure</li></ul> |        |

# IPPE Committee 8/2025 Priorities Update

Priority Not Implemented  
Priority Activities Recorded  
Priority Completed and Monitored

| Committee Priorities                                                                                                                                                                                                                                                                                                                                      | Current Activities                                                                                                                                                                                                                                                                                      | Status |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| <p><b>3. System Support:</b> Explore innovations for providing interactive, collaborative, and targeted public education. (Objective 2 of System Support/Public Education)</p> <p>1. Develop public education encompassing whole blood usage in the pre-hospital setting to be branded and utilized/disseminated by regional trauma advisory councils</p> | <p>Partner with Disaster Committee, RAC chairs and Whole Blood Task force to develop consumable messaging for RACs to deliver information for public education.</p> <p>Identify resources for statewide processes and policy including public autonomy to accept and refuse whole blood transfusion</p> |        |
|                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                         |        |

# IPPE Committee 8/2025 Priorities Update

Priority Not Implemented  
Priority Activities Recorded  
Priority Completed and Monitored

| Committee Priorities                                                                                                                                                                                                                                                                                                                                                                          | Current Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Status |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| <p><b>4. <u>Clinical Elements</u> :</b><br/>Involve stakeholders in strategic discussions.<br/>(Objective 2 under Clinical Elements/System Integration)</p> <p>1. Create a workplace violence position statement paper in which various stakeholders cooperate and build upon shared ideologies and values to enhance clinical performance and reduce injury of healthcare professionals.</p> | <p>Workplace Violence Position Paper completed: included the following-</p> <ul style="list-style-type: none"><li>• Review literature of current state of workplace violence in the healthcare system, including successful measures to mitigate harm</li><li>• Develop recommendations for uniform standards of practice to reduce workplace violence that can be integrated into healthcare systems</li><li>• Focus areas include worker wellness fostering reduction of occupational stress</li></ul> |        |

## Action Item Request and Purpose

### Approval for the Workplace Violence Position Paper:

*Workplace violence position statement paper includes various stakeholders' input with shared ideologies and values to enhance clinical performance and patient outcomes while reducing injury and harm to healthcare professionals.*

# 8.a.A. GETAC Injury Prevention & Public Education Committee

## Action Item: Workplace Violence Position Statement

Workplace violence in healthcare is a systemic issue that demands a systemic response. By building on the foundational efforts of respected healthcare organizations, we commit to a comprehensive, prevention-oriented approach that centers on safety, accountability, and support. We call on healthcare institutions, professionals, legislators, and the public to work collaboratively toward a culture of zero tolerance for violence in healthcare settings.

# 8.a. GETAC Air Medical & Specialty Care Transport Committee Update to Council

Chair: Lynn K. Lail, BSN, RN, CFRN, LP

Vice-Chair: Cherish Brodbeck, RN, LP



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# AMSCT Committee

## 2024 Committee Priorities Update

Priority Not Implemented  
Priority Activities Recorded  
Priority Completed and Monitored

| Committee Priorities                                                                           | Current Activities                                                                                                                                                                                                                                                                                                                                                                               | Status                                       |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>Coordinated Clinical Care:</b><br><i>Texas Department of Public Safety – State Troopers</i> | <ul style="list-style-type: none"><li>• Presentation creation – <b>Complete</b></li><li>• TCOLE credit for course is in process with DPS</li><li>• Air Medical Provider phone list for DPS dispatchers is being created by Juvare/EMResources (this is a DPS request)</li><li>• AMSCT Committee approval received 8/20/2025</li><li>• <b>Seeking Council approval today, 8/22/2025</b></li></ul> |                                              |
| <b>Prevention:</b><br><i>HEMS Specific Mental Health Awareness</i>                             | <ul style="list-style-type: none"><li>• Resource document complete</li><li>• Committee approval received 6/4/2025</li><li>• <b>Council approval received 6/6/2025</b></li></ul>                                                                                                                                                                                                                  | Actively distributing via numerous platforms |

# AMSCT Committee

## 2025 Committee Priorities Update

Priority Not Implemented

Priority Activities Recorded

Priority Completed and Monitored

| Committee Priorities                                                                                                                                                                | Current Activities                                                                                                                                                                                                                                                                                                                                   | Status                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>Prevention &amp; Injury:</b><br><i>Proper security of pediatric patients during air &amp; ground transport</i>                                                                   | <ul style="list-style-type: none"><li>Survey - <b>Complete</b></li><li>Workgroup with representatives from AMSCT, Pediatric, EMS, &amp; EMS Medical Directors Committee<ul style="list-style-type: none"><li>- 157.11 language <b>submitted</b></li><li>- Weight/age-based device</li><li>- Policy regarding use of device</li></ul></li></ul>       | Will continue to collaborate with 157.11 workgroup |
| <b>Performance Improvement &amp; Patient Safety:</b><br><i>Fatigue Risk Management Programs for Air Medical &amp; Specialty Care Transport Providers</i>                            | <ul style="list-style-type: none"><li>Supporting research &amp; data collection - <b>Complete</b></li><li>Development of a White Paper supporting the implementation &amp; utilization of a FRMP continues</li><li><b>Request to be placed on Council agenda for Q4 meeting</b></li></ul>                                                            |                                                    |
| <b>Coordinated Clinical Care:</b><br><i>Develop and disseminate education on how the No Surprises Act (NSA) is protecting patients from exorbitant air medical transport bills.</i> | <ul style="list-style-type: none"><li>Air Medical resource utilization guidelines emphasis has been included</li><li>Resource document - <b>Complete</b></li><li>AMSCT Committee approval received on 6/4/2025</li><li>Medical Directors' Committee approval received on 6/5/2025</li><li><b>Seeking Council approval today, 8/22/2025</b></li></ul> |                                                    |

# AMSCT Committee

## 2025 Committee Assignments

Priority Not Implemented

Priority Activities Recorded

Priority Completed and Monitored

| Committee Assignments                                                                                                                                     | Current Activities                                                                                                                                                                                                                                                                     | Status                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Trauma Facility Helipad Safety & Landing Zone Training Presentation                                                                                       | <ul style="list-style-type: none"> <li>Presentation creation - <b>Complete</b></li> <li>AMSCT Committee approval received 6/4/2025</li> <li><b>Council approval received 6/6/2025</b></li> </ul>                                                                                       | Dissemination in progress:<br>TETAF<br>TTCF<br>ENA<br>AMSCT GETAC<br>RAC Chairs |
| Pulsara Implementation Guidelines for the Air Medical Provider<br><br><i>*this was a directive given to the AMSCT Committee by the Disaster Committee</i> | <ul style="list-style-type: none"> <li>Guideline creation – <b>Complete</b></li> <li>Disaster Committee approval received 6/4/2025</li> <li>AMSCT Committee approval received 6/4/2025</li> <li><b>Seeking Council approval today, 8/22/2025</b></li> </ul>                            |                                                                                 |
| Create education for state staff on the OLOS dispatching system                                                                                           | <ul style="list-style-type: none"> <li>Workgroup formed               <ul style="list-style-type: none"> <li>- members from AMSCT &amp; EMS Committees</li> <li>- 3 meetings have been held</li> </ul> </li> <li>Presentation by OLOS V.P. scheduled for Q4 AMSCT Committee</li> </ul> |                                                                                 |

# GETAC Committee/Stakeholder Action Item Request for Council August 2025

Chair: Lynn K. Lail BSN, RN, CFRN, LP, CMTE

Air Medical & Specialty Care Transport Committee



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# Action Item Request and Purpose

- The AMSCT Committee requests to be placed on the Council agenda for the Quarter 4 meeting.
- The purpose of the request is to seek Council approval of a White Paper addressing the need for, and value of, *“Fatigue Risk Management Programs for Air Medical & Specialty Care Transport Providers”*.

# Benefit and Timeline

- **Benefit**

- ***S (Specific):** Address the need for a Fatigue Risk Management Program (FRMP) and its value in supporting our teammates (Clinicians, AMTs, Pilots, and Comm Specs) who work in varying environments.*
- ***M (Measurable):** Implementing the FRMP and determining its impact since implementation.*
- ***A (Achievable):** Provide standards for the FRMP that provide clarity and guidance and are not attached to management KPIs.*
- ***R (Relevant):** Empowers our teammates and company leadership to be aligned and reduce fatigue/risk within our teammates.*
- ***T (Time-bound):** Promotion and recommendation of an FRMP for Air Medical and Specialty Team by end of the year.*

- **Timeline**

- *White Paper to be completed during mid-quarter workgroups*
- *Will seek AMSCT Committee approval during Q4 meeting*
- *Request to be placed on Council agenda for Q4 meeting – Completed 8/22/2025*

# GETAC Committee/Stakeholder RAC Support Request August 2025

Chair: Lynn K. Lail BSN, RN, CFRN, LP, CMTE

Air Medical & Specialty Care Transport Committee



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# Action Item Request and Purpose

- **Request**

*The AMSCT Committee is requesting that the RAC Chairs help to distribute information about how to access the “Trauma Facility Helicopter Safety & Landing Zone Training”. The presentation will be located:*

- ✓ *TETAF Website*
- ✓ *TTCF Website*
- ✓ *ENA Website*
- ✓ *DSHS GETAC – AMSCT page under “Committee Resources”*
- ✓ *Locations will be advertised in the GETAC Quarterly Newsletter*

- **Purpose of Request**

*The purpose of the request is to provide ease of accessibility to the training which fulfills requirement (h)(6) of the TAC Chapter 157, Rule 157.126 Trauma Facility Designation Requirements which will be effective September 1, 2025.*

*“Facilities must have landing zone capabilities or system processes to establish a landing zone (when rotor-wing capabilities are available) with appropriate staff safety training.”*

# Benefit and Timeline

- **Benefit**

*The “Trauma Facility Helicopter Safety and Landing Zone Training” was created as the result of a directive given by the Director of EMS/Trauma Systems and will facilitate Trauma Facility Designation Requirements compliance with requirement (h)(6) of the TAC Chapter 157, Rule 157.126*

- **Deadlines**

*The new Trauma Facility Designation Requirements will be effective September 1, 2025.*

# 8.b. GETAC Cardiac Care Committee Update to Council

Chair: Dr. Jamie McCarthy

Vice-chair: Dr. Craig Cooley



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# Cardiac Committee

## 2025Committee Priorities Update

Priority Not Implemented  
Priority Activities Recorded  
Priority Completed and Monitored

| Committee Priorities                                                                                                                                            | Current Activities                                                                                                                                                                                                                                                                                                                                            | Status             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Promote timely transfer of cardiac emergencies to higher level of care when required.                                                                        | Discussed proposed DSHS form for transfer data collection and will provide feedback to DSHS as well as work to connect current EMS NEMESIS data with new data sets.<br>Plan to start with STEMI that is currently tracked through other accreditation programs to further explore data elements to look for opportunities for improvement in timely transfers | In progress        |
| 2. Evaluate penetration of CPR instructions prior to EMS arrival Evaluate PSAP centers to determine if pre-arrival, life-saving instructions are being provided | Chair to provide previous survey to RAC chairs for consideration to conduct statewide survey.                                                                                                                                                                                                                                                                 | In progress        |
| 3. Educate policymakers on the Texas Emergency Healthcare System.                                                                                               | Support use of RAC Data Collaborative across the state<br>Collaborate with other relevant cardiac organizations<br>Educate state leaders and legislature on importance of data sharing and state designation                                                                                                                                                  | Initial discussion |

# Cardiac Committee

## 2025 Committee Priorities Update

Priority Not Implemented  
Priority Activities Recorded  
Priority Completed and Monitored

| Committee Priorities                                                                             | Current Activities                                                                   | Status      |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------|
| 4. Out of Hospital Cardiac Arrest – AED access/bystander CPR - assessment. (continued from 2024) | <i>Plan to provide data request to DSHS and CARES for report during next meeting</i> | In Progress |
|                                                                                                  |                                                                                      |             |
|                                                                                                  |                                                                                      |             |

# 8.c. GETAC Disaster Preparedness and Response Committee Update to Council

Chair: Eric Epley, CEM, NREMT-P

Vice-chair: Wanda Helgesen, RN



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# August 2025 Meeting Summary

- EMTF Program Updates
  - Kerrville response emphasized new areas of focus
    - Peer Support
    - Communications interoperability
- Pulsara and wristband update
  - Emphasis on value-add proposition for EMS
  - CAMTS Guidelines on Mobile Devices in Air Medical Environment
- National Disaster Medical System (NDMS) 2.0 Pilot Project

# 8.c.A. GETAC Pre-Hospital Whole Blood Task Force Update to Council

Chair: Eric Epley, NREMT-P, CEM

Vice-chair(s): Donald Jenkins, MD, FACS; C.J. Winckler, MD



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# August 2025 Meeting Summary

- Formalizing recommendations moving forward
  - Need for Whole Blood Committees in every region managing rotation and the commitment to mitigate waste
  - Utilization of the wristband and a whole blood App
  - Blood providers are an integral part of prehospital whole blood programs
  - PI Review must include counseling and testing for Women of Childbearing Age who receive prehospital LTOWB
- Deployment highlights the need for Whole Blood Coordinator (role) at the regional level

# 8.d. GETAC EMS Committee Update to Council

Chair: Chief Kevin Deramus, LP

Vice-chair: Chief James Campbell, LP

Stand in: Chief Dudley Wait, LP



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# EMS Committee

## 2025 Committee Priority Outcomes

Priority Not Implemented

Priority Activities Recorded

Priority Completed and Monitored

| Committee Priorities                       | Outcomes                                                                                                                                                                                                                                                                                                                                                                          | Status  |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Rule Revision 157.11 and 157.14            | <i>Dwayne Howerton is chairing our workgroup on rule revision to provide a framework for recommendations to DSHS / GETAC Council for revision recommendations. Work continues on this with monthly public meetings where the rule is being gone through step by step.</i>                                                                                                         | Ongoing |
| Workplace Violence on EMS Personnel        | Chief Hayes is leading the newly created committee workgroup to discuss the ever-increasing concern and problem of workplace violence involving EMS personnel. Workgroup continues to meet and evaluate concerns. Discussion ensued in meeting on mechanisms to track all issues and not just those that rise to the level of “reporting”. Workgroup to continue this discussion. | Ongoing |
| Reduction of Red, Lights and Sirens usage. | This workgroup has begun to evaluate the earlier position statement on L&S usage. Other committees are reviewing that position statement as well and will deliver feedback to the workgroup. The workgroup will now collaborate the Medical Director’s Committee to coordinate on a position statement on RLS use from the Medical Directors.                                     | Ongoing |
| Stroke Workgroup                           | Donald Janes – Chair our workgroup that is corresponding and working directly with the Stroke Committee provided updates and continues to work to approve stroke recommendations                                                                                                                                                                                                  |         |

# EMS Committee

## 2025 Committee Priority Outcomes

Priority Not Implemented  
Priority Activities Recorded  
Priority Completed and Monitored

| Committee Priorities        | Outcomes                                                                                                                                                                                                                                                                                                                                                                                        | Status   |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Stroke Workgroup            | <p>Donald Janes – Chair our workgroup that is corresponding and working directly with the Stroke Committee provided updates and continues to work to approve stroke recommendations</p> <p><i>Stroke Committee recommendations approved by committee vote.</i></p> <p><i>EMS Committee is in support of the Stroke TEAM EMS-ED Study. Will name a couple of committee members to assist</i></p> | Complete |
| Pediatric Committee Support | <p>Committee voted to approve the Pediatric Consideration for Consultation and Transfer documents as presented by the Pediatric Committee</p> <p>Committee is also naming participants to assist Pediatric Committee with two initiatives: Pediatric Pain Management and Pediatric Criteria for Blood Transfusions</p>                                                                          | Complete |

# EMS Committee

Priority Not Implemented  
Priority Activities Recorded  
Priority Completed and Monitored

## 2025 Recommended Performance Improvement Initiatives

| 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. | <i>Reduce the use of RLS by 50% for nonpriority 1 responses. Using existing EMD priority determinants to identify universal priority response.</i><br><br><i>Reduce the transport of patients while using RLS by 80% for nonpriority 1 patients. Forming workgroup to lead this charge.</i> |          |
| Reduction of EMS Wall Times in Texas and analyze the impact of the associated white papers on the issue.                          | This workgroup will form and hold its initial meeting in the coming weeks. Calls for all participants is open.                                                                                                                                                                              |          |

# GETAC Committee/Stakeholder Action Item Request for Council August 2025

Kevin Deramus, LP  
EMS Committee



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# Action Item Request and Purpose

- Please provide a **single**, clear and concise statement defining your action item request:

**The workgroup is request access to Texas NEMSIS data related to EMS response categories, transport disposition, use of lights and sirens on response and transport, and any related data that the RLS Workgroup deems appropriate for our research and potential recommendations**

- In **one** clear and concise statement, please explain the purpose for this request:

**To allow the committee to continue research on reducing high risk low acuity responses for 911 EMS related calls for service**

# Benefit and Timeline

- What is the intended impact or benefit resulting from this request?  
Please provide a clear and concise response in a single statement.

**Access to Texas NEMESIS data will show data related to the use of RLS and allow for research to take place on where safe use and reduction of RLS may occur.**

- Please provide the timeline or relevant deadlines for this request.

**A timeline that is reasonable for the request.**

# 8.e. GETAC EMS Education Committee

Chair: Macara Trusty, LP

Vice-Chair: Christopher Nations, LP

*No action items for  
Council this quarter.*



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# 8.f. GETAC EMS Medical Directors Committee Update to Council

Christopher Winckler MD, LP Chair

Elizabeth Fagan MD, Vice Chair



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# GETAC EMS Medical Directors

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and being  
Monitored

| Committee Priorities                                                      | Current Activities                                                                                                                                                                                                              | Status |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Prehospital Stroke Recommendations                                        | EMS Acute Stroke Routing Resource Documents for Pediatric Stroke. Mission Lifeline Algorithm Revisions. Voted on and Approved. EMS Acute Stroke Routing Resource Documents for Pediatric Stroke. Voted on and Approved.         |        |
| Pediatric Consideration for Consultation and Transfer Documents to Review | Will review and make recommendations on the following resource documents:<br>a) Child Physical Abuse Toolkit<br>b) American Burn Association Transfer Guideline<br>c) Pediatric Interfacility Transfer Quality Improvement Plan |        |
| Emergency Transport Task Force Discussion                                 | Will assist with staffing of task force to develop and recommend interfacility transfer terminology.                                                                                                                            |        |

# GETAC EMS Medical Directors

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and being  
Monitored

| Committee Priorities                                                               | Current Activities                                                                                                                                                                                                                 | Status |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Update on Wall Times in NCTTRAC                                                    | North Central Texas Trauma Registry Regional Advisory Council presented wall time performance/times for EMS/hospitals.                                                                                                             |        |
| Discussion on Safe Transport of Pediatrics in Ambulance                            | GETAC EMS MD Committee discussed specific language regarding safe transport devices without endorsement of specific device name/brand.                                                                                             |        |
| Discussion on Practice of EMS Medical Direction under Texas Medical Board Rule 169 | Develop a list of duties and expectation of Texas EMS Medical Directors, previously found in TMB Chapter 197. It would be best to place these duties and expectation in 157.11. This may also be an advisory or resource document. |        |

# GETAC EMS Medical Directors

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and being  
Monitored

| Committee Priorities                                                                                     | Current Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Status |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Discussion on Acceptable EMS Medical Direction courses for ongoing EMS Medical Director CME requirements | <p>This rule was previously in TMB Chapter 197. A Texas Medical Director must within two years of becoming an off-line medical director: have 12 hours of formal CE; be EMS Board certified or complete a DSHS approved medical director course, and completed one hour of formal EMS CME every two years.</p> <p>Recommend to Council (to recommend to DSHS/TMB) the DSHS approved medical director course be NAEMSP Medical Director Course with additional Texas specific content and increased ongoing CME requirements . Ongoing discussions regarding specific educational course details to be shared November meetings.</p> |        |
| Red Lights and Sirens (RLS) Position Statement                                                           | Discussed feedback from EMS committee and inclusion of transport in addition to response language. Workgroup with EMS committee to finalize statement in GETAC specific position statement format                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |

# GETAC EMS Medical Directors

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and being  
Monitored

| Committee Priorities                                         | Current Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| GETAC Prehospital Whole Blood Transfusion Taskforce (PHWBTF) | Review/Discussion of Cost Survey data, development of pilot model, blood provider role, rotating sites PAR levels, and eligibility criteria for funding including required participation in regional whole blood committee.                                                                                                                                                                                                                                                                                                                                                                                                                  |        |
| Develop a list of prehospital best practices                 | Develop resource documents for the State of Texas regarding prehospital care. Topics under consideration include but are not limited to treatment for heat mass-casualty incident (MCI), Prehospital sepsis treatment, Prehospital hemorrhagic shock treatment, prehospital clinical ultrasound program, Texas wristbands, Prehospital pediatric transport. Strong consideration will be given to evidence-based prehospital practice. These would be resource documents and would not replace or appropriate any EMS Medical Director's practice of medicine within their EMS agency as prescribed by Texas Administrative Code 169 or 157. |        |

# 8.h. GETAC Pediatric Committee Update to Council

Chair: Christi Thornhill, DNP

Vice-chair: Belinda Waters, RN



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# Pediatric Committee

## 2025 Committee Priority Outcomes

Priority Not Implemented  
Priority Activities Recorded  
Priority Completed and Monitored

| Committee Priorities                                                                             | Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Status |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Develop a pediatric imaging guideline for transferring facilities following the ALARA principles | <ol style="list-style-type: none"><li>1. Research and develop best practice guideline for imaging in pediatric patients following the ALARA principles for the pediatric patient.</li><li>2. Provide education for transferring and receiving facilities regarding over imaging of children and delay of transfer due to unnecessary imaging at referring facility.</li><li>3. Utilize Regional PRISM's, Hospital PECC's and RAC's to disseminate guideline and education.</li></ol> |        |
| Develop a pediatric transfusion/massive transfusion guideline for transferring facilities        | <ol style="list-style-type: none"><li>1. Research and develop best practice guideline for pediatric transfusion/massive transfusion guideline.</li><li>2. Provide education for transferring facilities regarding pediatric transfusion/massive transfusion guideline.</li><li>3. Utilize Regional PRISM's, Hospital PECC's and RAC's to disseminate guideline and education.</li></ol>                                                                                              |        |

# Pediatric Committee

## 2025 Committee Priority Outcomes

Priority Not Implemented  
Priority Activities Recorded  
Priority Completed and Monitored

| Committee Priorities                                                                                                                                                                      | Outcomes                                                                                                                                                                                                                                                                                                                                                                             | Status |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Develop a pediatric guideline for transferring facilities for pediatric pain assessment and appropriate pain management                                                                   | <ol style="list-style-type: none"><li>1. Research and develop best practice guideline for pediatric specific pain assessment and pain management.</li><li>2. Provide education for transferring facilities regarding pediatric pain assessment and pain management.</li><li>3. Utilize Regional PRISM's, Hospital PECC's and RAC's to disseminate guideline and education.</li></ol> |        |
| <i>Request and review data from the state registry and National Pediatric Readiness Improvement Project regarding vital signs and weight in kilograms obtained on pediatric patients.</i> | <ol style="list-style-type: none"><li>1. <i>Utilize Regional PRISM's, Hospital PECC's and RAC's to disseminate best practices regarding complete set of vital signs and weight in kilograms for pediatric patients.</i></li><li>2. <i>Increase compliance.</i></li></ol>                                                                                                             |        |
| Complete 2024 priority of developing a toolkit regarding pediatric magnet/button battery ingestion.                                                                                       | <ol style="list-style-type: none"><li>1. Complete toolkit</li><li>2. Present to GETAC for approval</li><li>3. Utilize Regional PRISM's, Hospital PECC's and RAC's to disseminate information.</li></ol>                                                                                                                                                                              |        |

# Pediatric Committee

## 2025 Committee Priority Outcomes

Priority Not Implemented  
Priority Activities Recorded  
Priority Completed and Monitored

| Committee Priorities                                                                                 | Outcomes                                                                                                                                                                                                                                                                | Status |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Complete 2024 priority of developing a toolkit regarding Sudden Cardiac Arrests/Deaths in Pediatrics | <ol style="list-style-type: none"><li>1. Complete toolkit</li><li>2. Present to GETAC for approval</li><li>3. Utilize Regional PRISM's, Hospital PECC's and RAC's to disseminate information.</li></ol>                                                                 |        |
| <i>Pediatric Simulations</i>                                                                         | <ol style="list-style-type: none"><li>1. <i>Monitor utilization of 13 pediatric simulations by regional PRISM's.</i></li><li>2. <i>Request data from state regarding trauma center compliance with bi-annual simulations after rule 157.126 is in effect.</i></li></ol> |        |
|                                                                                                      |                                                                                                                                                                                                                                                                         |        |

# GETAC Committee/Stakeholder Action Item Request for Council March 225

Christi Thornhill, DNP, ARPN, ENP, ACNP-BC, CPNP-AC, CP-SANE  
Pediatric Committee



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services

# Action Item Request and Purpose

- Public resource for the Pediatric Imaging Guideline
  - Requesting approval by the GETAC council today
  - To be able to post the approved toolkit to the Pediatric Committee website
- Public resource for the Consideration for Pediatric Consultation and Transfer Guideline
  - Requesting approval at the November 2025 GETAC Council meeting
  - To be able to post the approved toolkit to the Pediatric Committee website
- Public resource for the Magnet/Button Battery Ingestion Toolkit
  - Requesting approval at the November 2025 GETAC Council meeting
  - To be able to post the approved toolkit to the Pediatric Committee website
- Public resource for the Sudden Cardiac Arrest/Death Toolkit
  - Requesting approval at the November 2025 GETAC Council
  - To be able to post the approved toolkit to the Pediatric Committee website

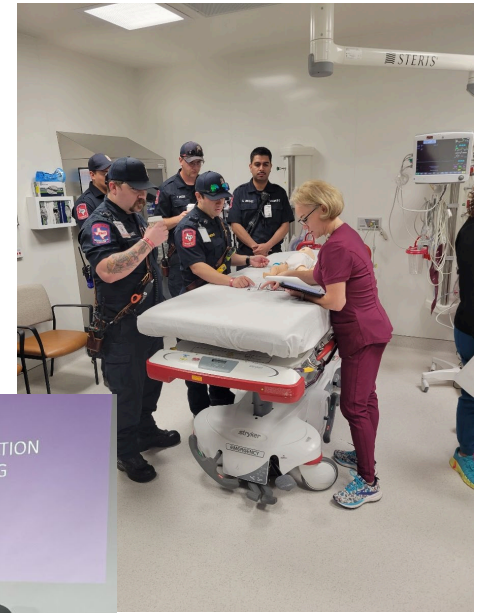
# 8.h.B. Update: TX Pediatric Readiness Improvement Project

Dr. Kate Remick



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services



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Texas Pediatric Readiness Improvement Project Update, Phase 1 Summary  
GETAC August 2025

# Texas Pediatric Readiness Improvement Project (TPRIP)

## Project Arms:

- TPRIP Virtual Education Series - Season 2
- 13 Standardized Pediatric trauma simulation scenarios
- 14 Pediatric Readiness Improvement & Simulation Mentors
- Pediatric QI performance and dashboards to drive Pediatric QI efforts

## Supported by:

GETAC

Texas EMS for Children

Texas ENA

Texas Trauma Coordinators  
Forum

TETAF

NPRQI

# TX Pediatric Readiness Improvement Virtual Education Series - Season 2 Coming Soon

- 1-hour virtual sessions held 3<sup>rd</sup> Thursday every month @10am
- Pediatric-specific topics
- Highlight evidence-based practices and resources for adoption
- Emphasis on evaluating ED performance using NPRQI platform

## **2025 save the date**

|                |             |
|----------------|-------------|
| March 20, 2025 | <b>10am</b> |
| April 17, 2025 | <b>10am</b> |
| May 15, 2025   | <b>10am</b> |
| June 19, 2025  | <b>10am</b> |
| July 17, 2025  | <b>10am</b> |
| Aug. 21, 2025  | <b>10am</b> |
| Sept. 18, 2025 | <b>10am</b> |
| Oct. 16, 2025  | <b>10am</b> |
| Nov. 20, 2025  | <b>10am</b> |
| Dec. 18, 2025  | <b>10am</b> |

[https://dellmed-utexas.zoom.us/webinar/register/WN\\_agwVXDgYT0aD49FENhCgOw#/registration](https://dellmed-utexas.zoom.us/webinar/register/WN_agwVXDgYT0aD49FENhCgOw#/registration)

# TX PRIP Education Series Attendance

## **March 2025 - Abdominal Surgical Emergencies**

Registered - 596

Unique Users - 250

## **April 2025 - Improving Pediatric Acute Care Through Simulation**

Registered - 681

Unique Viewers - 225

## **May 2025 - Improving Pediatric Emergency Care Nationwide: The National Pediatric Readiness Quality Initiative**

Registered - 741

Unique Viewers - 210

# TX PRIP Education Series Attendance

## **June: Safe Sleep & Sudden Unexpected Infant Death**

Registered - 769

Unique Viewers - 184

## **July: Pediatric Mental and Behavioral Health Emergencies**

Registered - 795

Unique Viewers - 204

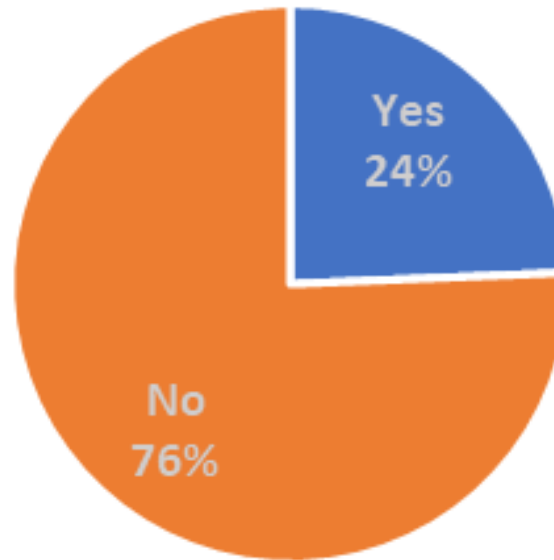
## **August 21: Glow in the Dark or Miss an Injury: Indications for Cross-Sectional Imaging in Pediatric Trauma (Dr. Aaron Jensen)**

# Continuing Professional Development: Summary

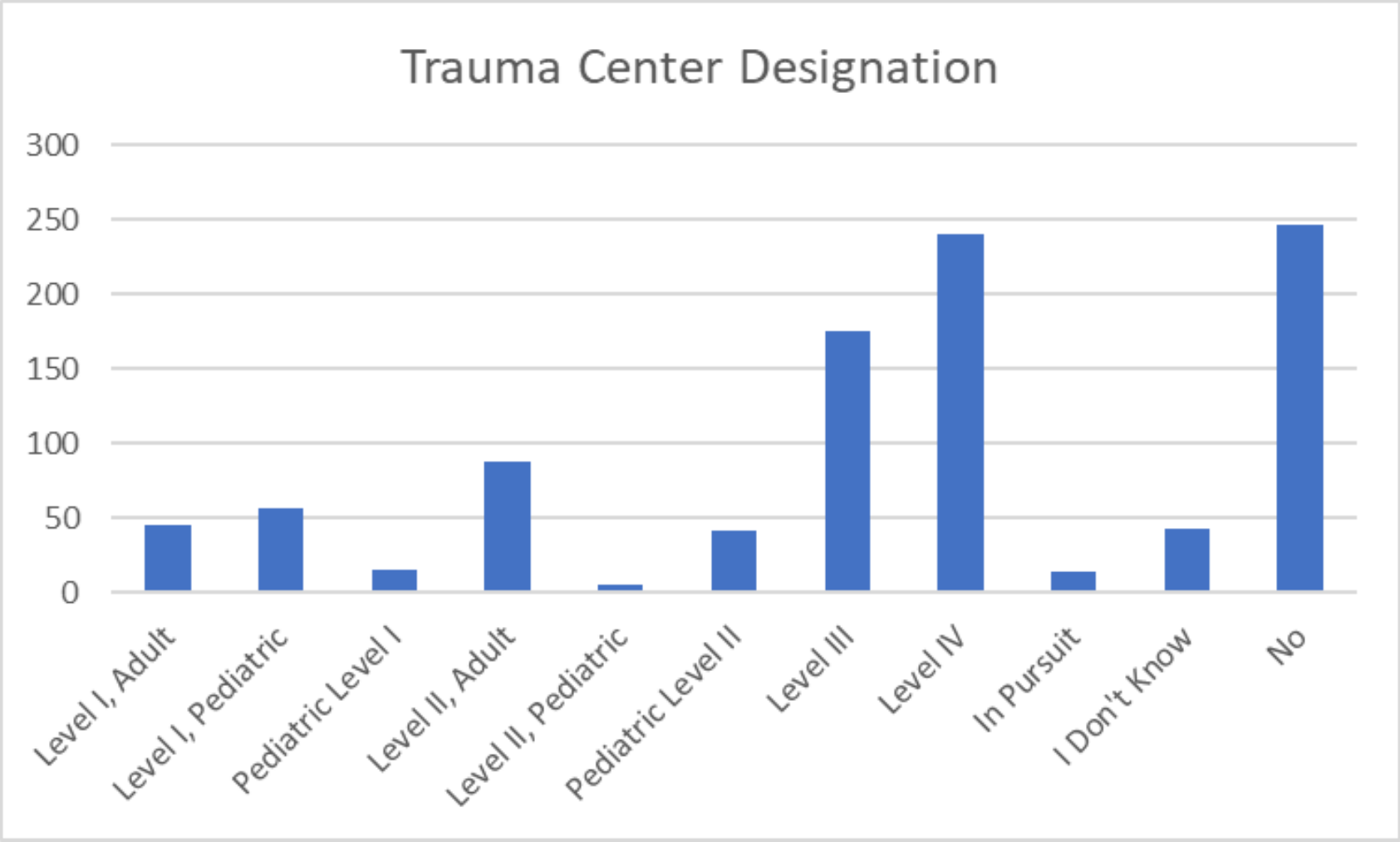
|                                                         | Topic                                                 | Unique Viewers | NCPD Attendance | Average Evaluation Score |
|---------------------------------------------------------|-------------------------------------------------------|----------------|-----------------|--------------------------|
| Session 1                                               | Upper Airway Obstruction; Anaphylaxis                 |                | 139             | 4.69                     |
| Session 2                                               | Pediatric DKA                                         |                | 160             | 4.90                     |
| Session 3                                               | Abdominal Surgical Emergencies                        | 250            | 200             | 4.83                     |
| Session 4                                               | Improving Pediatric Acute Care Through Simulation     | 225            | 168             | 4.77                     |
| Session 5                                               | Improving Emergency Pediatric Care Nationwide (NPRQI) | 210            | 154             | 4.75                     |
| Session 6                                               | Safe Sleep and Sudden Unexpected Infant Death         | 184            | 150             | 4.85                     |
| Session 7                                               | Mental and Behavioral Health Emergencies              | 204            | 163             | 4.87                     |
| Total Continuing Professional Development Hours Awarded |                                                       |                | 1134            | 4.81                     |

# Continuing Professional Development: Summary

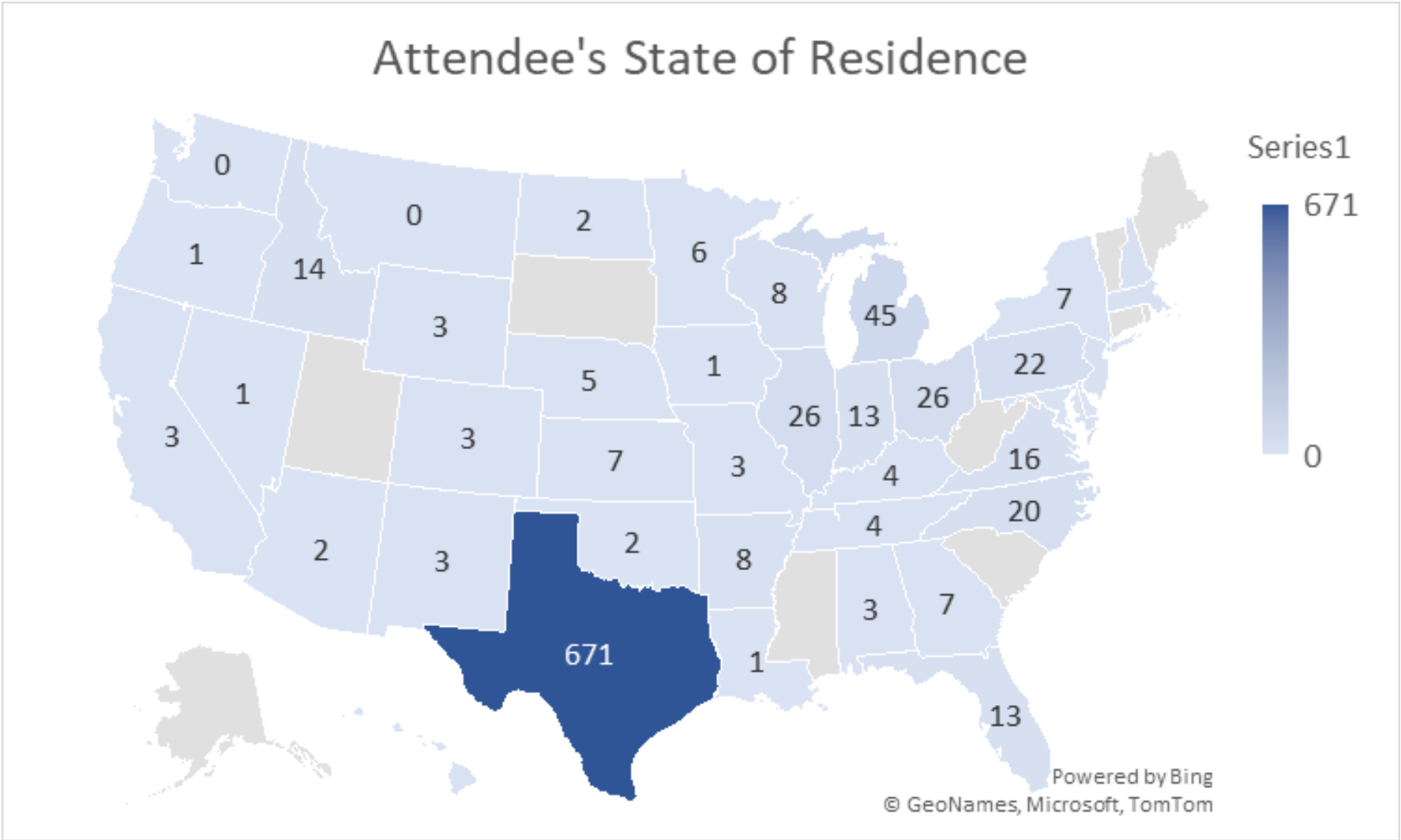
Do you serve as your organization's Pediatric  
Emergency Care Coordinator (PECC)?



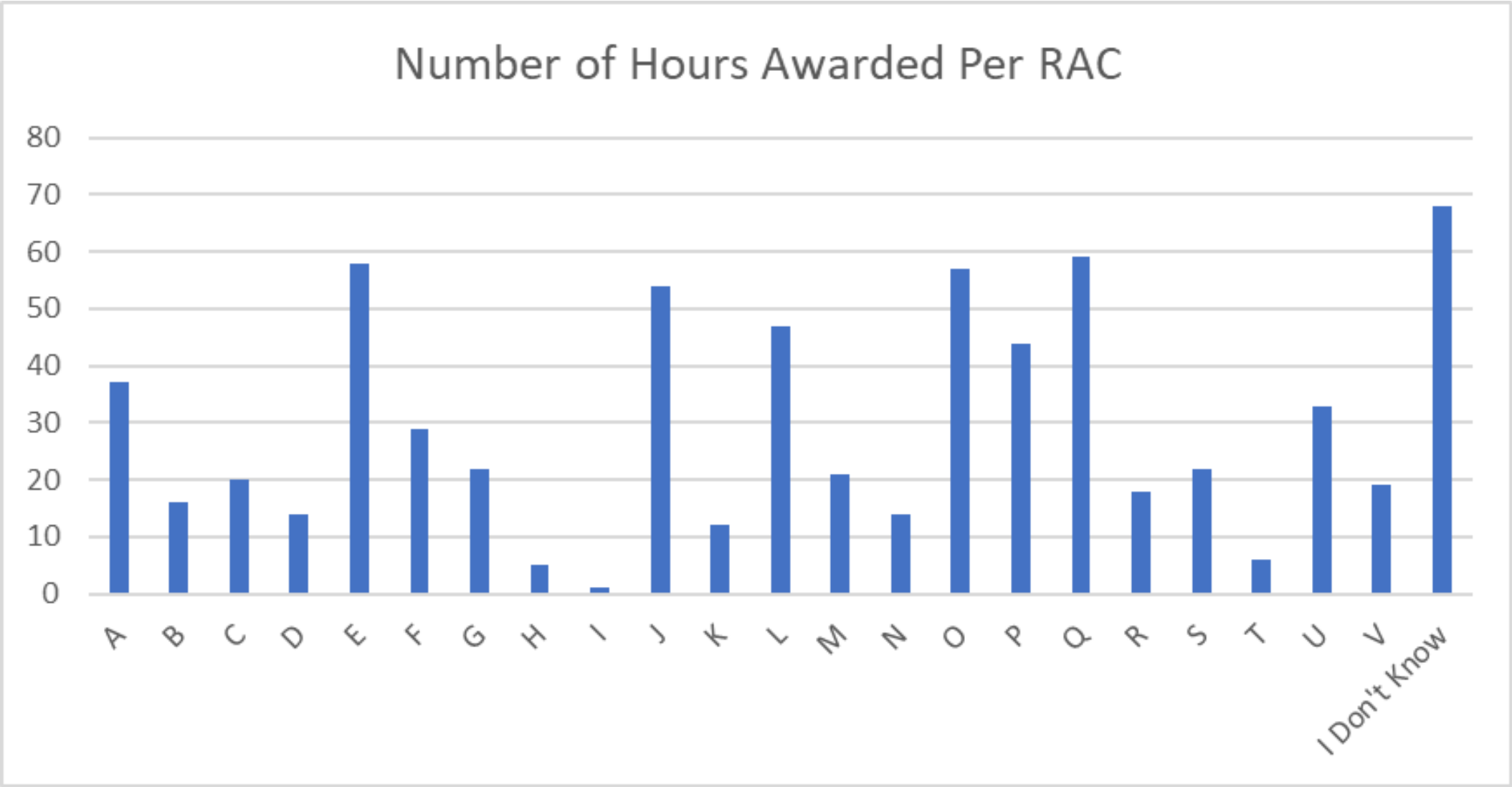
# Continuing Professional Development: Summary



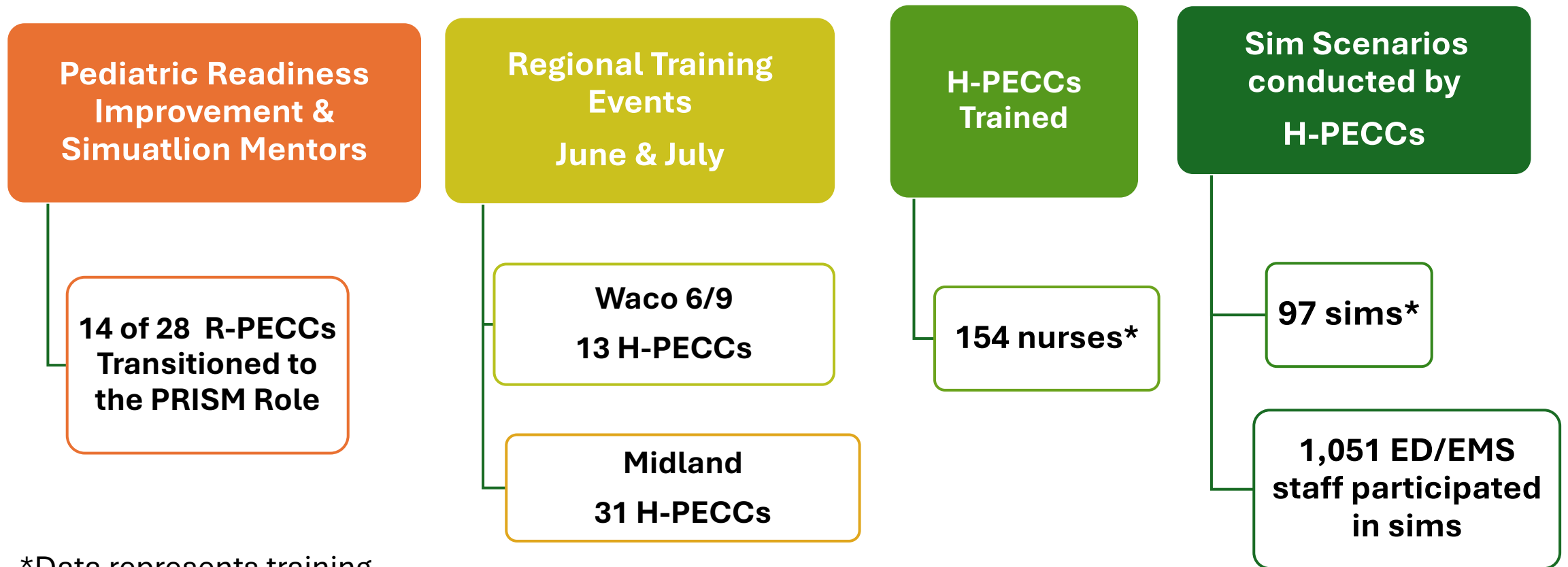
# Continuing Professional Development: Summary



# Continuing Professional Development: Summary



# Phase 2 work by PRISMs with Hospital PECCs



\*Data represents training done in Feb.-July 2025

# Simulation Videos Status

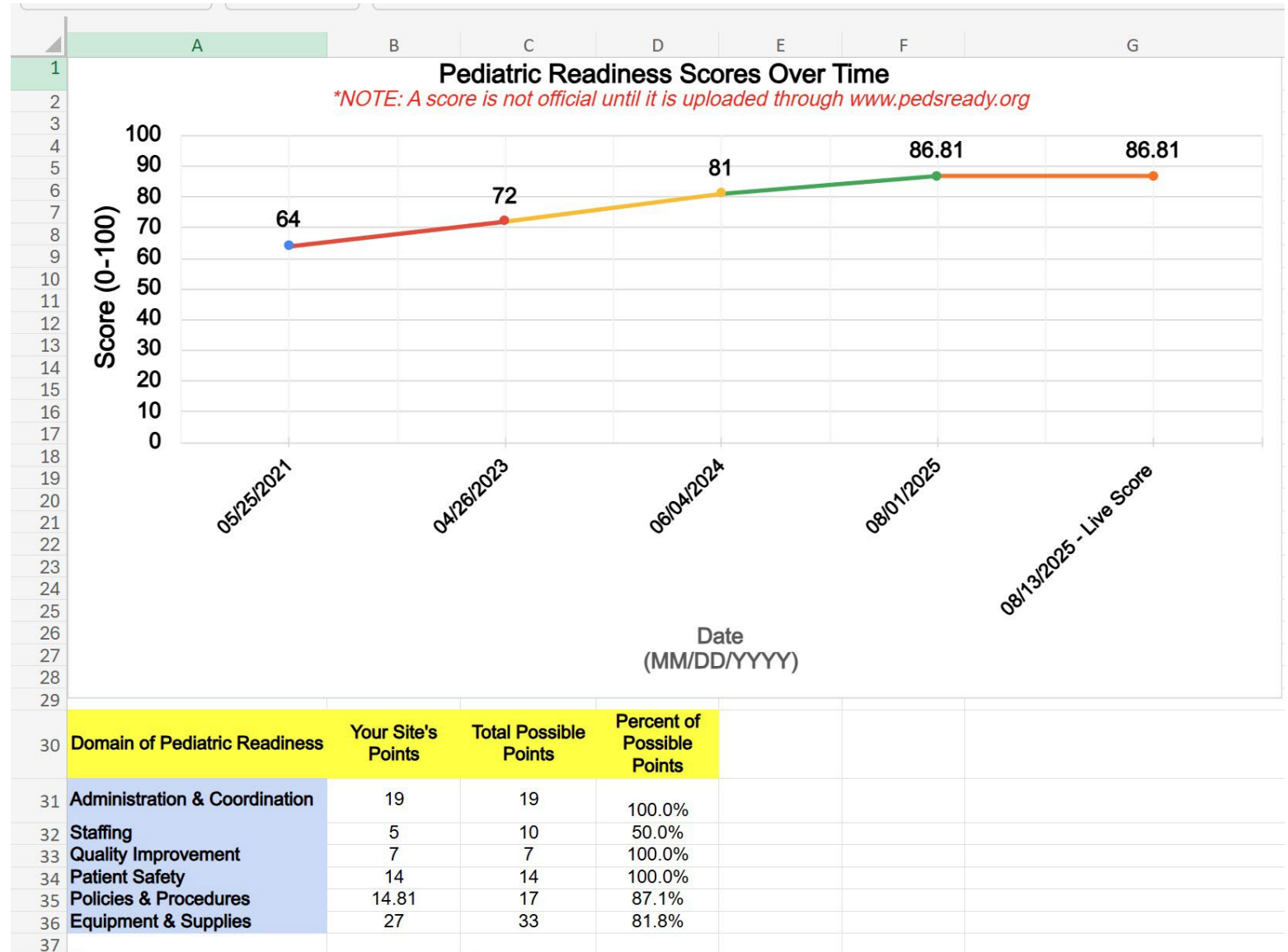
## **Complete and Available:**

- TBI
- Pediatric Burn
- Non-Accidental Trauma (vomiting baby)
- Abdominal Trauma
- Newborn Resuscitation
- Respiratory Distress-Bronchiolitis

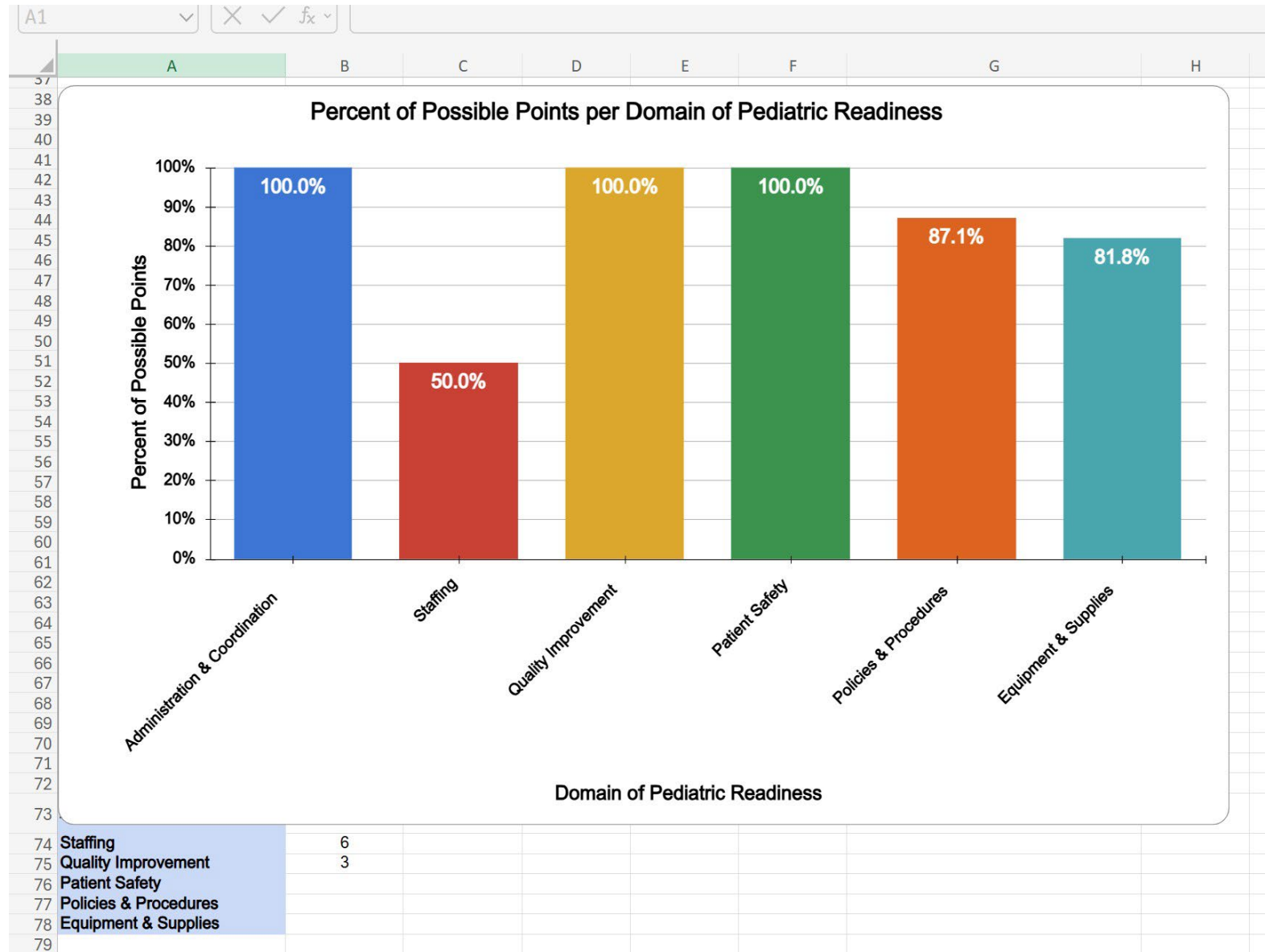
## **Still in Production:**

- C-Spine inj.
- Hanging-suicide attempt
- Long-bone fracture
- Penetrating trauma
- Pediatric (child) sepsis
- DKA

# Hospital PECC Dashboard



# Hospital PECC Dashboard



# Hospital PECC Dashboard

|    | A                                                                                                                                                                                                                                                                                                                                                                         | B                                              | C                                                               | D                                        | E                                                                                                                                        | F                                                      | G                                                                                 |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1  | Pediatric Readiness Improvement Project<br>Pediatric Emergency Care Coordinator Activity Log                                                                                                                                                                                                                                                                              |                                                | PECC Name: Sally Snow<br>Hospital Name: XYZ hospital            | Total PECC<br>Hours = 16                 | ADD ACTIVITY                                                                                                                             |                                                        |                                                                                   |
| 2  | <b>DIRECTIONS:</b> Add your activity to the fields in row 4 and click the green "ADD ACTIVITY" button at the top.<br><b>Notes:</b> <ul style="list-style-type: none"> <li>- Please enter dates as MM/DD/YYYY.</li> <li>- If a sim was completed, F4 must be a numeric value</li> <li>- If you make a mistake, please delete that row and re-enter in column 4.</li> </ul> |                                                |                                                                 |                                          |                                                                                                                                          |                                                        |                                                                                   |
| 3  | Date<br>(MM/DD/YYYY)                                                                                                                                                                                                                                                                                                                                                      | Activity (5-10 word note)<br>(Free Text in B4) | Category<br>(Use Drop Down Menu in C4)                          | # of Hours<br>(Use Drop Down Menu in D4) | Which simulation was it?<br>*IF MORE THAN ONE CASE WAS<br>CONDUCTED, PLEASE SEPARATE ONTO<br>THE NEXT LINE<br>(Use Drop Down Menu in E4) | Simulation<br>Participants<br>(Numeric<br>Value in F4) | Facilitator & Participant Feedb<br>Forms Submitted?<br>(Use Drop Down Menu in F4) |
| 4  |                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                                                 |                                          |                                                                                                                                          |                                                        |                                                                                   |
| 5  |                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                                                 |                                          |                                                                                                                                          |                                                        |                                                                                   |
| 6  | Activities Supporting Pediatric Readiness                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                 |                                          |                                                                                                                                          |                                                        |                                                                                   |
| 7  | Date                                                                                                                                                                                                                                                                                                                                                                      | Activity                                       | Category                                                        | Hours                                    | Simulations                                                                                                                              | Participants                                           | Feedback Forms                                                                    |
| 8  | 05/03/2025                                                                                                                                                                                                                                                                                                                                                                | sim                                            | Simulation Facilitation                                         | 2                                        | Newborn Resuscitation                                                                                                                    | 12                                                     | BOTH Facilitator & Participant                                                    |
| 9  | 04/25/2025                                                                                                                                                                                                                                                                                                                                                                | skills week                                    | Staffing competency evaluations                                 | 6                                        |                                                                                                                                          |                                                        |                                                                                   |
| 10 | 04/14/2025                                                                                                                                                                                                                                                                                                                                                                | NPRQI                                          | Facilitating and participating in ED pediatric QI/PI activities | 1                                        |                                                                                                                                          |                                                        |                                                                                   |
| 11 | 03/14/2025                                                                                                                                                                                                                                                                                                                                                                | NPRQI                                          | Facilitating and participating in ED pediatric QI/PI activities | 2                                        |                                                                                                                                          |                                                        |                                                                                   |
| 12 | 02/22/2025                                                                                                                                                                                                                                                                                                                                                                | sim                                            | Simulation Facilitation                                         | 2                                        | Vomiting Infant                                                                                                                          | 15                                                     | BOTH Facilitator & Participant                                                    |
| 13 | 02/21/2025                                                                                                                                                                                                                                                                                                                                                                | sim                                            | Simulation Case Preparations                                    | 1                                        | Vomiting Infant                                                                                                                          |                                                        |                                                                                   |
| 14 | 01/05/2025                                                                                                                                                                                                                                                                                                                                                                | sim                                            | Simulation Facilitation                                         | 2                                        | Bronchiolitis/Respiratory Distress                                                                                                       | 5                                                      | BOTH Facilitator & Participant                                                    |

# Hospital PECC Dashboard

|    | A                                                           | B                                                                                                                                                                                                                                                | C                            |
|----|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1  | <b>PECC Milestones</b>                                      |                                                                                                                                                                                                                                                  | St. Elsewhere MC-Utopia, USA |
| 48 | <input type="checkbox"/>                                    | Repeat <a href="#">Sim!</a>                                                                                                                                                                                                                      |                              |
| 49 |                                                             |                                                                                                                                                                                                                                                  |                              |
| 50 | <b>Physician and Nurse Staffing and Training Milestones</b> |                                                                                                                                                                                                                                                  |                              |
| 51 | <input type="checkbox"/>                                    | Review <a href="#">Simulation/Education Guide</a>                                                                                                                                                                                                | X                            |
| 52 | <input type="checkbox"/>                                    | Choose date(s) and time for in situ simulation in ED with PECC                                                                                                                                                                                   | X                            |
| 53 | <input type="checkbox"/>                                    | Complete in situ SimBox in the ED with PECC co facilitating                                                                                                                                                                                      | X                            |
| 54 | <input type="checkbox"/>                                    | Complete associated Facilitator checklist with that scenario                                                                                                                                                                                     | X                            |
| 55 | <input type="checkbox"/>                                    | Schedule quarterly sims (PRISM can co-facilitate virtually if needed)                                                                                                                                                                            | X                            |
|    |                                                             | Review Sim Report with PRISM and choose at least 1 action item identified in simulation to work on over the next quarter                                                                                                                         |                              |
|    |                                                             | <b>Domains:</b>                                                                                                                                                                                                                                  |                              |
|    | <input type="checkbox"/>                                    | <ul style="list-style-type: none"> <li>• Administration &amp; Coordination</li> <li>• Equipment &amp; Supplies</li> <li>• Provider Competency</li> <li>• Safety</li> <li>• Policy &amp; Procedure</li> <li>• Quality Improvement (QI)</li> </ul> |                              |
| 56 |                                                             |                                                                                                                                                                                                                                                  | X                            |
| 57 | <input type="checkbox"/>                                    | Once an action item is completed return to Milestone 2 and repeat!                                                                                                                                                                               | X                            |
| 58 |                                                             |                                                                                                                                                                                                                                                  |                              |
| 59 | <b>Policies, Procedures, and Protocols</b>                  |                                                                                                                                                                                                                                                  |                              |
| 60 | <input type="checkbox"/>                                    | ED policy templates can be found here: <a href="#">Templates</a>                                                                                                                                                                                 | X                            |
|    |                                                             | Follow your institutions process for implementing new policy, some things include:                                                                                                                                                               |                              |
|    | <input type="checkbox"/>                                    | <ul style="list-style-type: none"> <li>• Medical direction support</li> <li>• ED leadership support</li> <li>• Policy Committee</li> </ul>                                                                                                       |                              |
| 61 |                                                             | • IT support through charting system or electronic policy system                                                                                                                                                                                 | X                            |
| 62 | <input type="checkbox"/>                                    | Repeat <a href="#">sim!</a>                                                                                                                                                                                                                      | X                            |

# Hospital PECC Dashboard

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|------------|---------------|------------|-----|------------|----------------------------|---|
| K134 | ✕                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ✓ | fx       |            |               |            |     |            |                            |   |
|      | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | B | C        | D          | E             | F          | G   | H          | I                          | J |
| 1    | <b>Pediatric Emergency Care Coordinator (PECC)<br/>Activity Log Guide</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |          |            |               |            |     |            |                            |   |
| 2    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 3    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 4    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 5    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 6    | Date: 05/29/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |          |            |               |            |     |            |                            |   |
| 7    | Version 1.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |          |            |               |            |     |            |                            |   |
| 8    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 9    | <b>Overview</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 10   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 11   | <i>This spreadsheet is designed to streamline and simplify tracking your activities, hospital contacts, PECC milestones, and Pediatric Readiness Score progression. While each component of this spreadsheet is intended to simplify aspects of the PECC role, <b>focus only on the components that are useful to you!</b> Our goal is to help you, not overwhelm you! If you have any recommendations on how we can improve the PECC Activity Log, please reach out to Ben Michaels (<a href="mailto:BenjaminLMichaels@gmail.com">BenjaminLMichaels@gmail.com</a>) or Cage Cochran (<a href="mailto:cage.cochran@yale.edu">cage.cochran@yale.edu</a>).</i> |   |          |            |               |            |     |            |                            |   |
| 12   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 13   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 14   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 15   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 16   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 17   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 18   | <b>Snapshot:</b> Sheet that provides a quick view of key metrics with charts and graphs based on data you've input from the tabs in the worksheet. This sheet cannot be edited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 19   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 20   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 21   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 22   | <b>Activity Log:</b> Sheet to enter PECC related activities. This sheet is a great way to track PECC activities and showcase to ED leadership what you have been doing for improved pediatric care.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |          |            |               |            |     |            |                            |   |
| 23   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 24   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 25   | <b>Hospital Info:</b> Sheet to assist in keeping track of contacts and Pediatric Readiness scores. Please enter your contact information on line 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |          |            |               |            |     |            |                            |   |
| 26   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 27   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 28   | <b>Milestones:</b> Sheet to help guide your work as a PECC. Contains links to helpful resources.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |          |            |               |            |     |            |                            |   |
| 29   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 30   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
| 31   | <b>PRS:</b> Sheet to assist in filling out the Pediatric Readiness Assessment and tracking progress through the assessment for institutional memory. <b>Scores recorded using this sheet are not official.</b> All scores must be                                                                                                                                                                                                                                                                                                                                                                                                                           |   |          |            |               |            |     |            |                            |   |
| 32   | uploaded through <a href="http://pedready.org">pedready.org</a> to be official.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |          |            |               |            |     |            |                            |   |
|      | <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | > | Snapshot | Activities | Hospital Info | Milestones | PRS | PRS Export | <u>Instructional Guide</u> | + |

# Simulation Videos Status

## **Complete and Available:**

- TBI
- Pediatric Burn
- Non-Accidental Trauma (vomiting baby)
- Abdominal Trauma
- Newborn Resuscitation
- Respiratory Distress-Bronchiolitis

## **Still in Production:**

- C-Spine inj.
- Hanging-suicide attempt
- Long-bone fracture
- Penetrating trauma
- Pediatric (child) sepsis
- DKA

NPRQI Reporting Dashboard  
129 Sites / 26,581 Records

Make your selections from the green filter bar, and Click "GO" to return your report

**Year**  
Select all that apply  
All

**Quarter**  
Limit the # of Quarters by selecting Year(s) first  
All

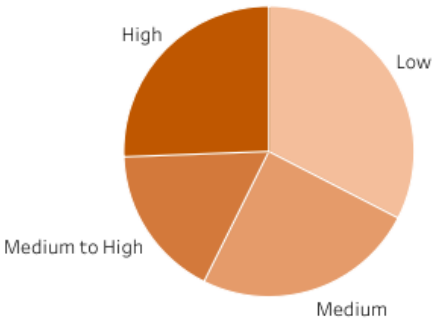
**Site**  
Multiple values

**Results View**  
Table

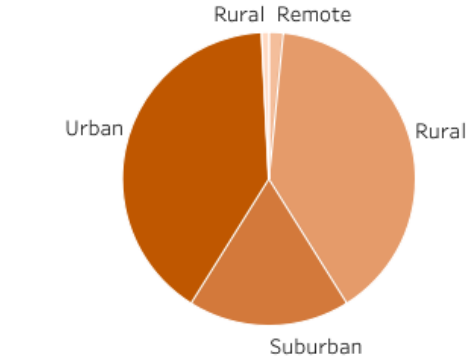
**Patient Clinical Group**  
All Patients (Core Measures)



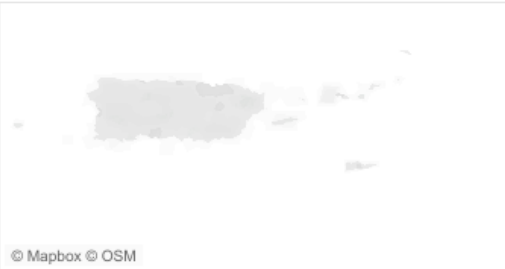
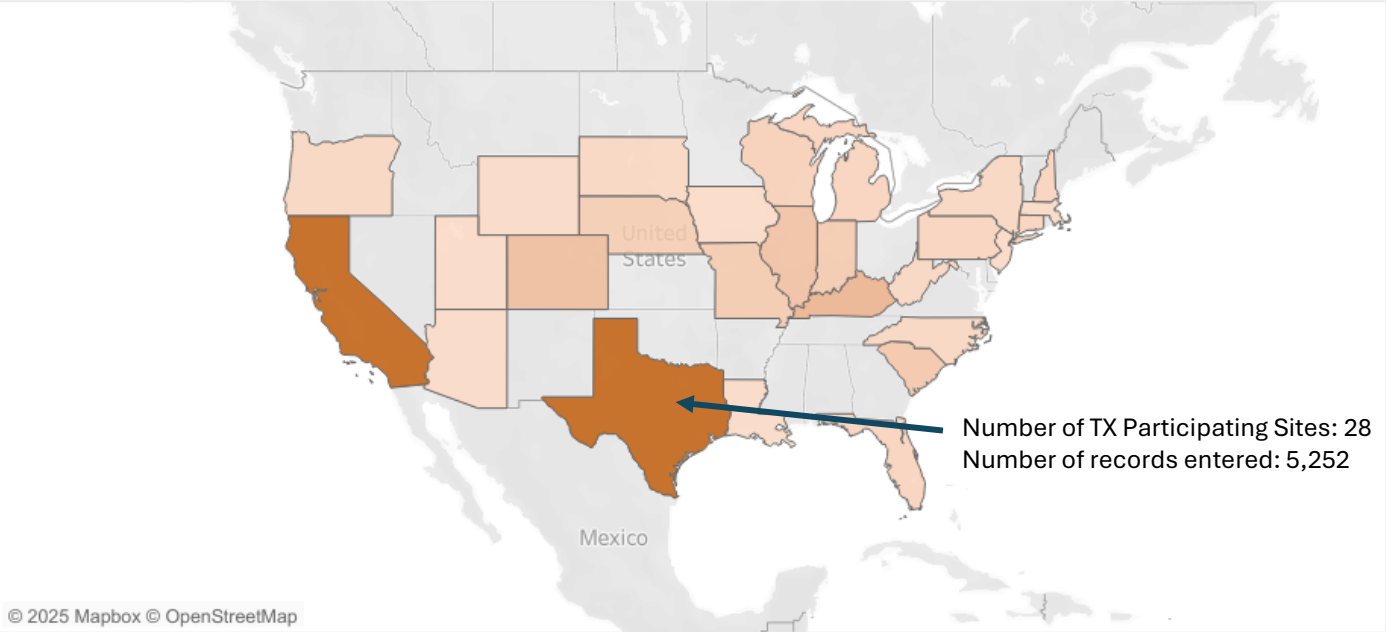
Number of Sites by Patient Volume Category



Number of Sites by Geographic Category



Participation in the National Pediatric Readiness Quality Initiative



## NPRQI: Texas Participating Sites

|                               |                |
|-------------------------------|----------------|
| <b>Texas Registered Sites</b> | <b>70</b>      |
| Texas Sites with Executed POA | 40             |
| Texas Sites Entering Data     | 28             |
| Texas Registered RACs         | 5 (E,I, J,K,O) |

# Texas Participating Sites By Regional Advisory Council (RAC) With Executed Agreement

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div><div>A- Panhandle</div><div>Golden Plains Com. Hospital *</div></div>                                                                                                                                                                                                                                            | <div><div>F-Northeast Texas</div><div>Titus Regional Medical Center *</div></div>                                                                                                                             | <div><div>J- Texas</div><div>Medical Center Health System *</div><div>Permian Regional Medical Center *</div><div>Ward Memorial Hospital *</div><div>Winkler County Memorial Hospital *</div><div>Big Bend Regional Medical Center *</div></div> |
| <div><div>B-B</div><div>University Medical Center *</div></div>                                                                                                                                                                                                                                                       | <div><div>G-Piney Woods</div><div>Christus Mother Frances Hospital – Jacksonville *</div><div>Christus Mother Frances Hospital - Winnsboro *</div><div>Christus Mother Frances Hospital – Tyler *</div></div> |                                                                                                                                                                                                                                                  |
| <div><div>C-North Texas</div><div>Graham Hospital District *</div></div>                                                                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                  |
| <div><div>E-North Central Texas</div><div>Baylor All Saints Medical Center at Fort Worth *</div><div>Methodist Southlake Hospital *</div><div>Texas Health Hospital Mansfield *</div><div>Methodist Richardson Medical Center *</div><div>Palo Pinto General Hospital *</div><div>Medical City ER Saginaw</div></div> | <div><div>I-Border</div><div>El Paso Children's Hospital *</div><div>University Medical Center of El Paso *</div></div>                                                                                       |                                                                                                                                                                                                                                                  |

 Denotes sites entering data

Minimum of 5 sites needed to see RAC dashboard

# Texas Participating Sites By Regional Advisory Council (RAC) With Executed Agreement

| K-ConchoValley                     |
|------------------------------------|
| Schleicher County Medical Center * |
| Lillian M. Hudspeth MH *           |
| Reagan Hospital District           |

| L-Central Texas              |
|------------------------------|
| Adventhealth Rollins Brook * |
| Coryell Memorial Hospital *  |

| M- Heart of Texas      |
|------------------------|
| Hill Regional Hospital |

| N- Brazos Valley                                        |
|---------------------------------------------------------|
| Baylor Scott and White Medical Center - College Station |
| CHI St Joseph Health Burleson Hospital                  |
| CHI St Joseph Health - College Station Hospital *       |
| CHI St Joseph Health Grimes Hospital                    |
| CHI St Joseph Health Madison Hospital                   |
| St Joseph Regional Health Center                        |

| O-Capital Area                                       |
|------------------------------------------------------|
| Baylor Scott and White Medical Center - Marble Falls |

| P- Southwest Texas    |
|-----------------------|
| Christus Children's * |

| R- East Texas Gulf Coast        |
|---------------------------------|
| HCA Houston Healthcare Mainland |
| Liberty - Dayton RMC *          |

| S- Golden Crescent        |
|---------------------------|
| Detar Hospital Navarro    |
| Detar Hospital North      |
| Lavaca Medical Center *   |
| Cuero Regional Hospital * |

 Denotes sites entering data

Minimum of 5 sites needed to see RAC dashboard

# Texas Sites By Regional Advisory Council (RAC) – Registration Started

## A-Panhandle

Parkview Hospital - Wheeler

## B-B

W.J. Mangold Memorial Hospital

## C- North Texas

Faith Community Hospital

## E- NorthCentral Texas

Texas Health Arlington Memorial Hospital

Methodist Mansfield Medical Center

Ennis Regional Medical Center

Lake Granbury Medical Center

Hunt Regional Medical Center

## F- NorthEast Texas

Christus Mother Frances Hospital - Sulphur Springs

## G- Pineywoods

Longview Regional Medical Center

UT Health East Texas Pittsburg Hospital

## I-Border

William Beaumont Army Medical Center

## J- Texas

Iraan General Hospital

Reeves County Hospital

## K-ConchoValley

Ballinger Memorial Hospital District

## O- Capital Area

Ascension Seton Bastrop Hospital

Ascension Seton Edgar B Davis

Ascension Seton Medical Center Austin

St. David's South Austin Medical Center

## P- Southwest Texas

Guadalupe Regional Medical Center

## Q-SoutheastTexas

Houston Methodist West Hospital

Memorial Hermann Memorial City Medical Center

## S- Golden Cresent

Memorial Medical Center

Yoakum Community Hospital

## T- Seven Flags

Laredo Medical Center

## R- East Texas Gulf Coast

Baptist Hospitals of Southeast Texas

Christus Southeast Texas - St Elizabeth and St Mary

Memorial Hermann Pearland Hospital

UT Medical Branch

# NPRQI: Texas Head Trauma Measures

Performance Report: Texas

Year(s): All, Quarter(s): All | Clinical Measures Group: Patients with Head Trauma (Bundle only)

Measures with fewer than 10 records will not be displayed

State Performance (As Filtered) represents the average of site performances in Texas and responds to site and patient level filters (displayed with minimum of 5 sites)

\*State-Wide Performance represents the average of site performances for ALL hospitals in Texas (displayed with minimum of 5 sites)

\*\*National performance represents the average of site performances across all participating sites (displayed with a minimum of 5 sites)

Back to Landing

Last Dataset Refresh:

8/13/2025 6:28:06 PM

Last Patient Included:

8/12/2025

Site Demographics

Site Demographics filters are not applied to the State-Wide or National Metrics.

Specialty Center Status

All

Patient Volume

All

Geographic Category

All

Patient Demographics

Patient level filters are not applied to the State-Wide or National Metrics.

Age Category

All

Triage Level

All

| Bundle      | # of Records | Quality Measure                                                                                                                                                    | State-Wide Performance* | National Performance ** |   |
|-------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|---|
| HEAD TRAUMA | 558          | % of pediatric patients with a full set of vital signs obtained (i.e. temperature, heart rate, respiratory rate, oxygen saturation, blood pressure, mental status) | 71.0 %                  | 62.7 %                  | i |
|             |              | % of pediatric patients with GCS re-assessment                                                                                                                     | 57.4 %                  | 31.8 %                  | i |
|             |              | % of pediatric patients who received hypotonic saline                                                                                                              | 0.0 %                   | 0.1 %                   | i |
|             | 141          | % of pediatric patients with a head CT that met one or more PECARN criteria                                                                                        | 72.1 %                  | 63.8 %                  | i |

# NPRQI: Texas Head Trauma Measures

| Records | Measure                                                                     | Statewide Performance | National Performance |
|---------|-----------------------------------------------------------------------------|-----------------------|----------------------|
| 558     | % of pediatric patients with a full set of vital signs obtained             | 71.0%                 | 62.7%                |
| 558     | % of pediatric patients with a GSC reassessment                             | 57.4%                 | 31.8%                |
| 558     | % of pediatric patients that received hypotonic saline                      | 0.0%                  | 0.1%                 |
| 141     | % of pediatric patients with a head CT that met one or more PECARN criteria | 72.1%                 | 63.8%                |

# NPRQI: Texas Suicide Measures

## Performance Report: Texas

Year(s): All, Quarter(s): All | Clinical Measures Group: Patients with Suicidality (Bundle only)

Measures with fewer than 10 records will not be displayed

State Performance (As Filtered) represents the average of site performances in Texas and responds to site and patient level filters (displayed with minimum of 5 sites)

\*State-Wide Performance represents the average of site performances for ALL hospitals in Texas (displayed with minimum of 5 sites)

\*\*National performance represents the average of site performances across all participating sites (displayed with a minimum of 5 sites)

Back to Landing

Last Dataset Refresh:  
8/13/2025 6:28:06 PM  
Last Patient Included:  
8/12/2025

### Site Demographics

Site Demographics filters are not applied to the State-Wide or National Metrics.

Specialty Center Status  
All

Patient Volume  
All

Geographic Category  
All

### Patient Demographics

Patient level filters are not applied to the State-Wide or National Metrics.

Age Category  
All

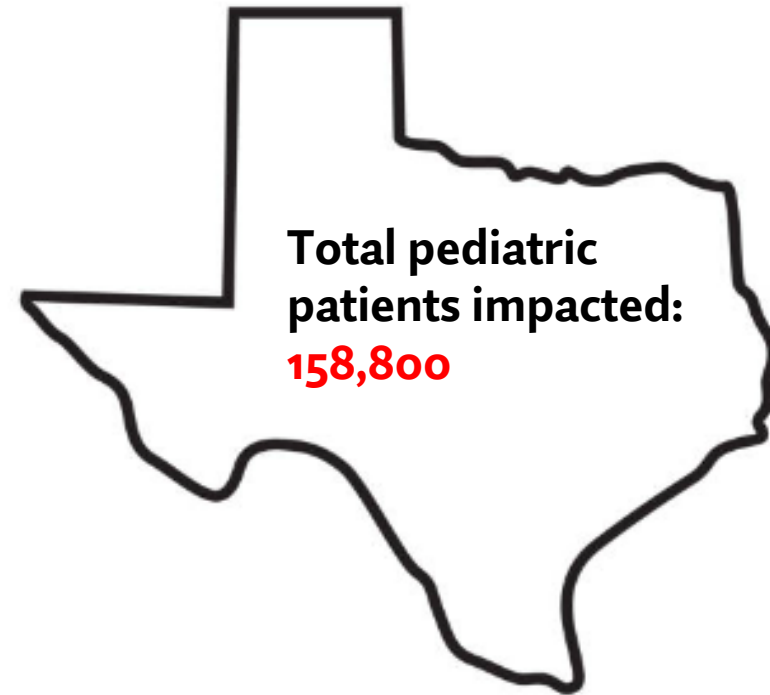
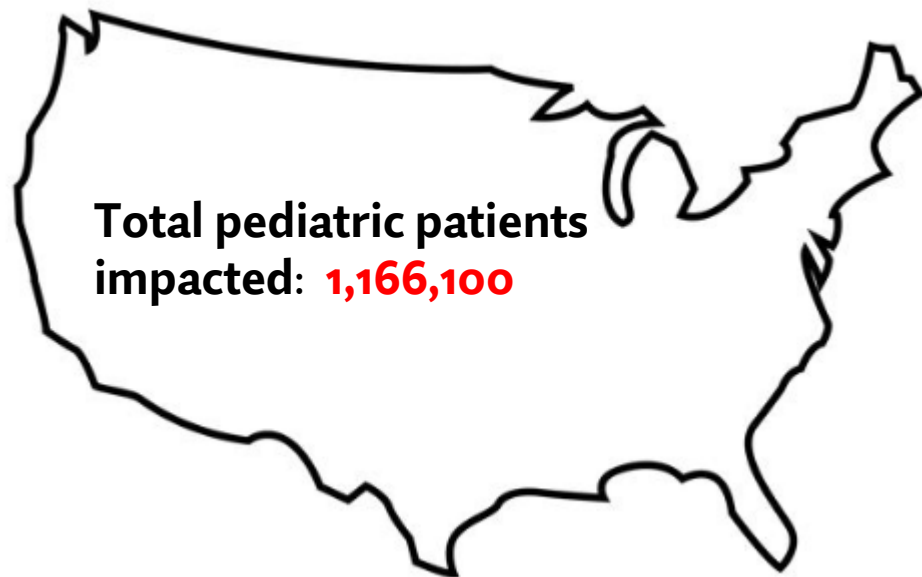
Triage Level  
All

| Bundle      | # of Records | Quality Measure                                                                                                             | State-Wide Performance* | National Performance** |  |
|-------------|--------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|--|
| SUICIDALITY | 1,288        | % of adolescents who were assessed with a suicide screening tool                                                            | 51.6 %                  | 65.3 %                 |  |
|             | 19           | % of pediatric patients with a positive suicide screen who had a structured suicide assessment                              | --                      | 97.1 %                 |  |
|             |              | % of pediatric patients with a positive suicide screen who received consultation with a licensed mental health professional | --                      | 91.8 %                 |  |

# NPRQI: Texas Suicide Measures

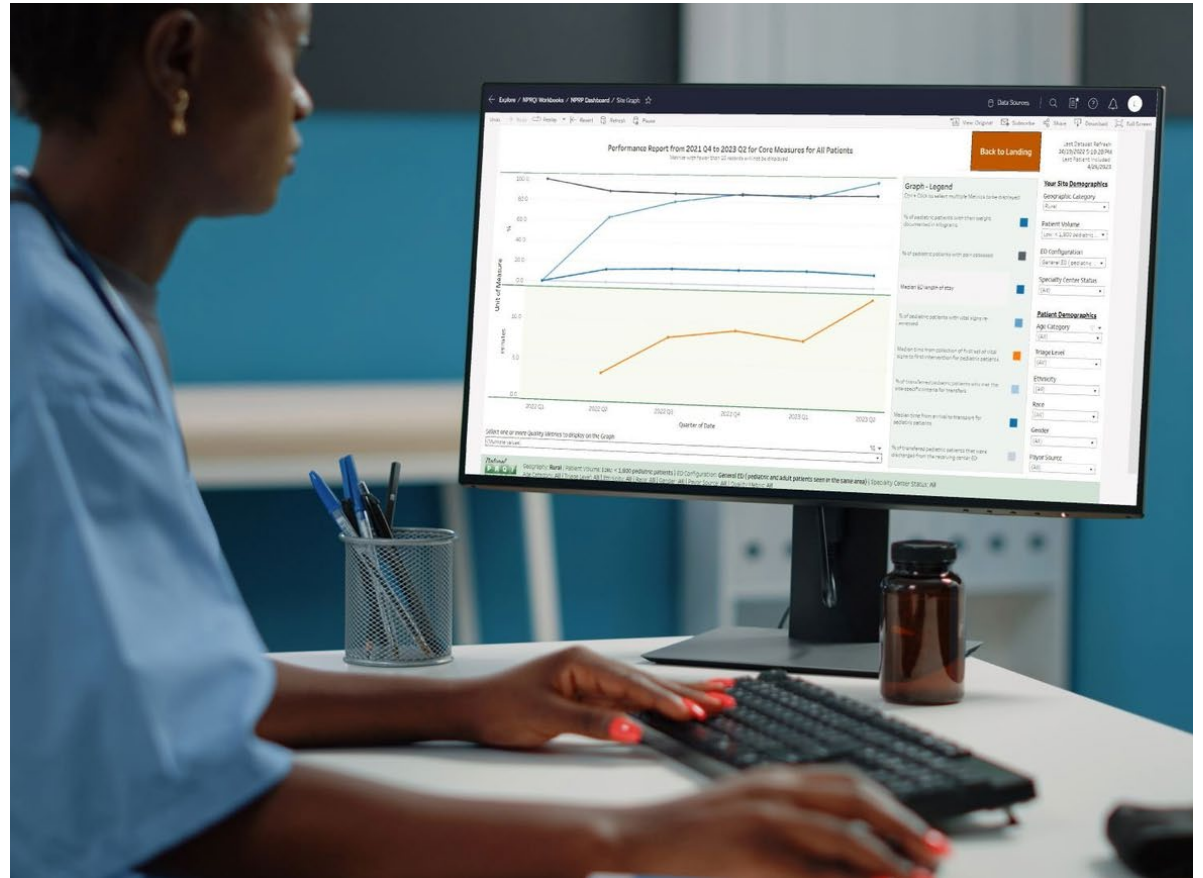
| Records | Measure                                                                                                             | Statewide Performance | National Performance |
|---------|---------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| 1,288   | % of adolescent who were assessed with a suicide screening tool                                                     | 51.6%                 | 65.3%                |
| 19      | % of patients with a positive suicide screen who had a structured suicide assessment                                | --                    | 97.1%                |
|         | % of patients with a positive suicide screen who received a consultation with a licensed mental health professional | --                    | 91.8%                |

# NPRQI: Patients Impacted



# Future Plans

- Sustained funding through 2027
- System Upgrades underway
- Electronic Data Entry Exploration
- Upcoming Texas-centric Collaborative
  - Launch January 2026
- Obstetrical Emergency Care Measures



# 8.i. GETAC Stroke Committee Update to Council

Chair: Robin Novakovic, MD

Vice-chair: Sean Savitz, MD



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services

# Stroke Committee

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and  
being Monitored

| Committee Priorities                    | Current Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Status |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Texas Stroke Quality Performance Report | <ul style="list-style-type: none"><li>Review and disseminate Texas Stroke Quality report.</li><li>Share with TCCVDS.</li><li>Use the quality report to identify barriers to stroke care and opportunities for improvement.</li><li>Stroke Committee endorses data elements that are highly recommended for completion in GWTG:</li><li>Presented semiannual quality report from GWTG and EMSTR</li><li>Discussion – no statute to support a state GWTG Super User Account. Some RACs are getting Super User Accounts</li></ul> |        |
| RDC report                              | <ul style="list-style-type: none"><li>Update from RDC at Stroke Committee meeting.</li><li>Previously discussed more rural hospitals participating than higher levels I and II.</li><li>RDC will not be the ultimate source for the performance report. Need to continue with GWTG</li></ul>                                                                                                                                                                                                                                   |        |
| Stroke Committee 2026 Priorities        | <ul style="list-style-type: none"><li>SSOC work group will start to review and make recommendations to the stroke committee for revisions 11/2025</li><li>Stroke Committee outlining liaisons to the GETAC Committees</li></ul>                                                                                                                                                                                                                                                                                                |        |



# Semiannual GETAC Stroke Quality Report

Data Sourced from Get With The Guidelines® - Stroke  
June 27 – July 1, 2025



# Currently Participating

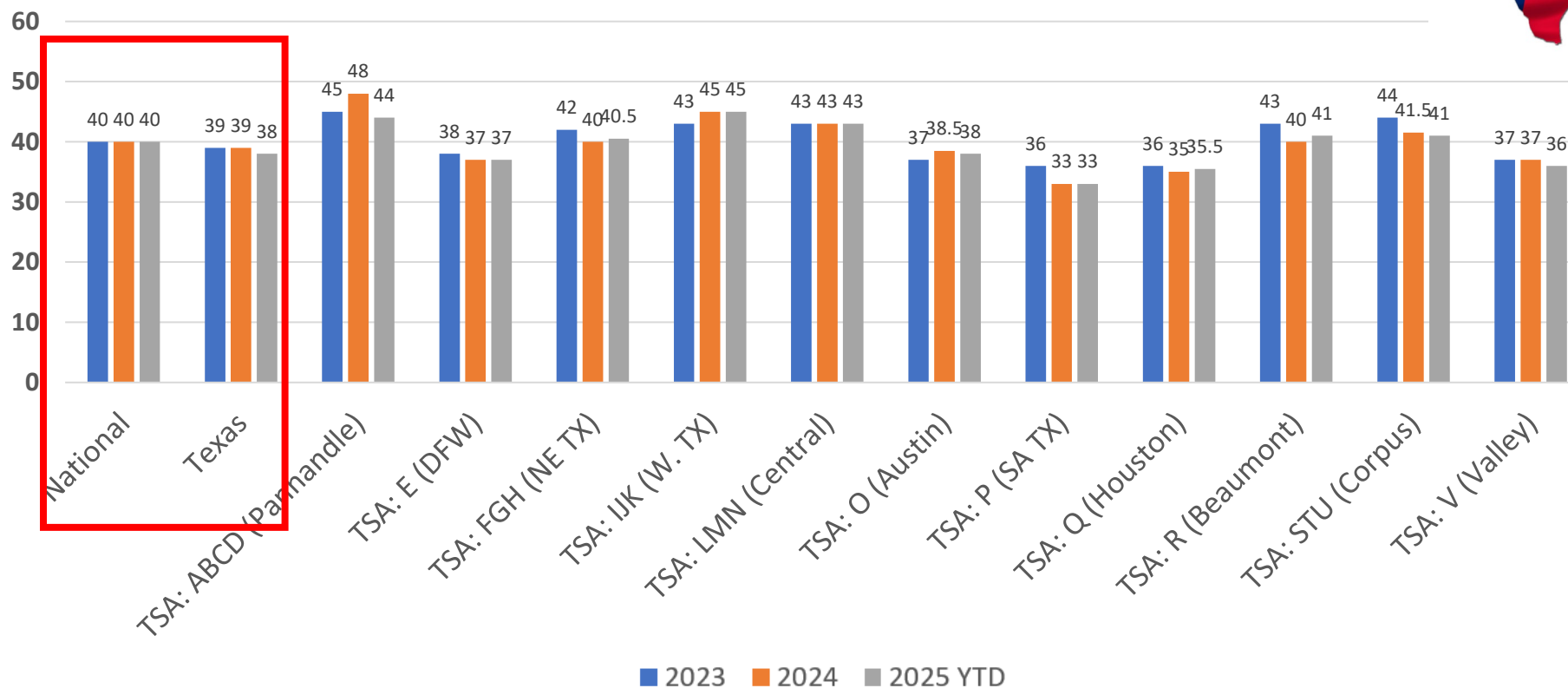


## Texas Stroke GWTG Sample

- **216** TX Hospitals participating in GWTG
  - **53** participating hospitals classified as **"Rural,"** using the Rural Urban Commuting Area (RUCA) codes 4-10 and 99
    - **32** of these joined as part of the **Rural Healthcare Outcomes Accelerator** program
  - **84** participating in RDC = **39%** of TX GWTG Hospitals

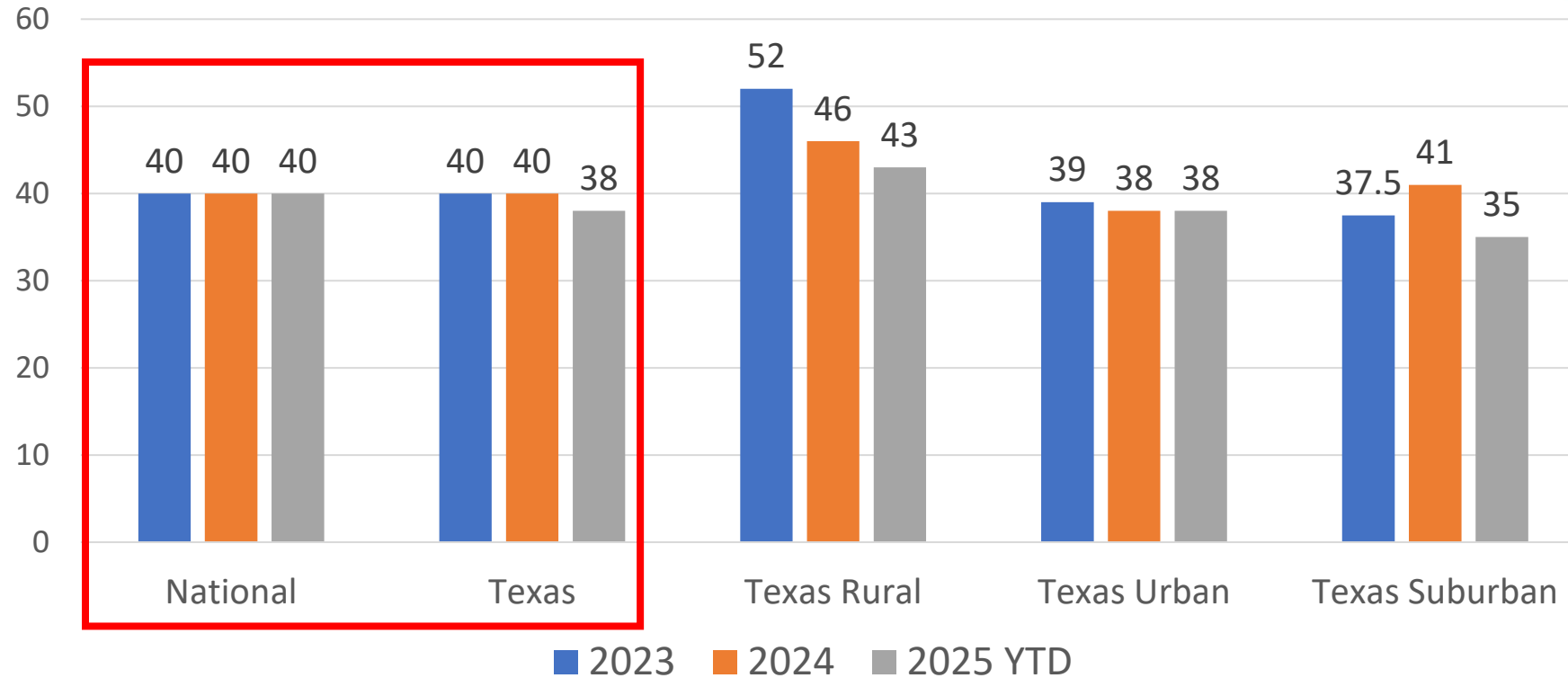


## Median DTN by RAC (minutes)



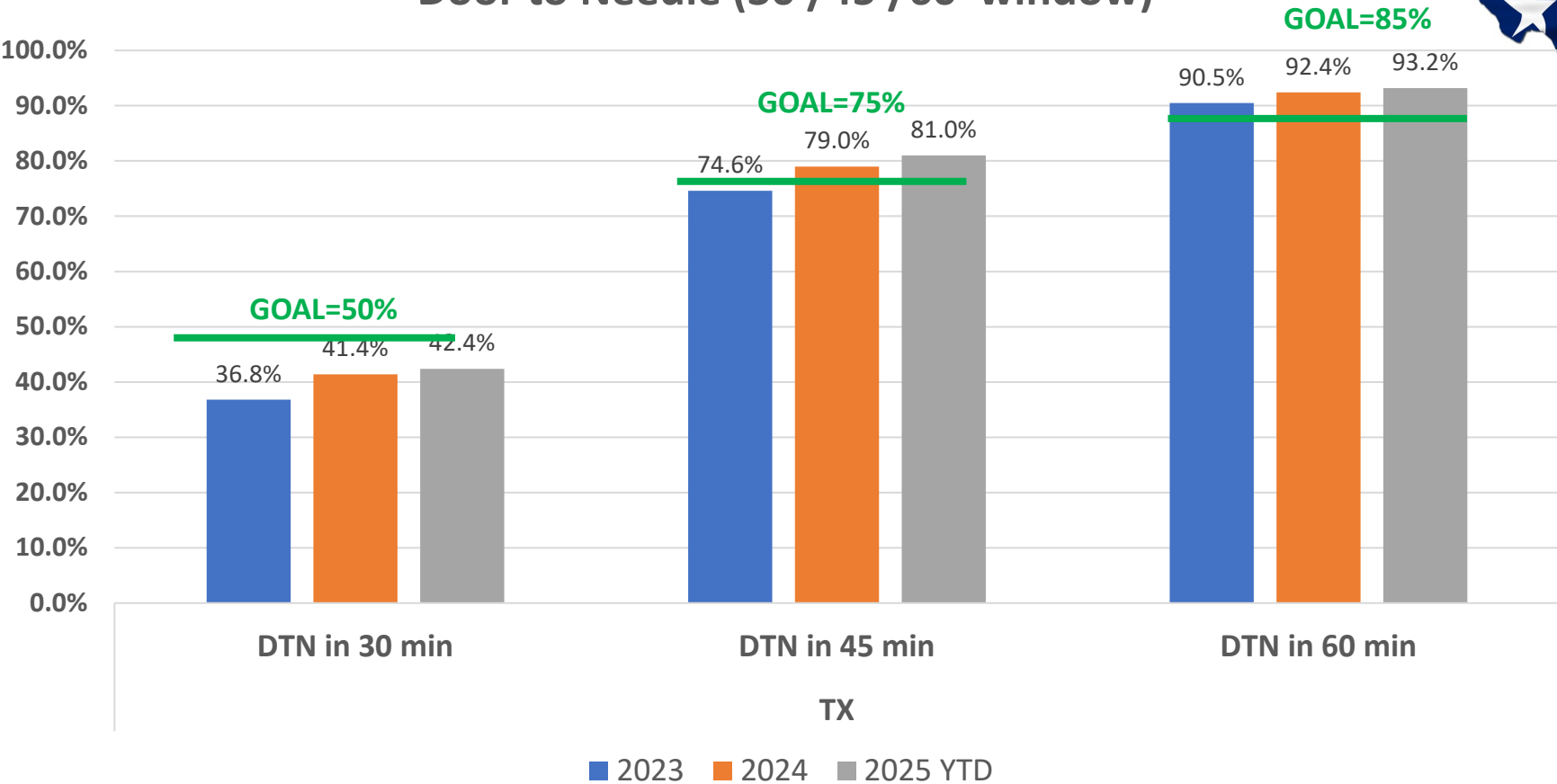
Disclaimer: Get with The Guideline reports are generated from a live registry. All data is subject to change. Report generated on 7/1/25.

# Median DTN by Geographic Size



Disclaimer: Get with The Guideline reports are generated from a live registry. All data is subject to change. Report generated on 7/1/25.

# Door to Needle (30'/45'/60' window)



Disclaimer: Get with The Guideline reports are generated from a live registry. All data is subject to change. Report generated on 7/1/25.

# Stroke Committee

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and  
being Monitored

| Committee Priorities                                   | Current Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Status |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Patient safety and quality concern – Neuro IR coverage | <ul style="list-style-type: none"><li>Letter citing patient safety concern regarding Neuro IR call coverage discussed.</li><li>Multiple TX providers gave first-hand experience supporting statements in the letter 11/2024.</li><li>Stroke Committee and GETAC Council approved as a quality and patient safety concern.</li><li>Barriers to finding objective measures to demonstrate delays, patients inappropriately denied MT and misuse of resources.</li><li>DSHS is working with DNV and TJC to review transfers out from hospitals</li><li>Stroke Committee and SSOC WG recommendation for internal performance measures to follow.</li><li><b>SSOC work group and Stroke Committee with review NCTTRAC newly approved recommendation for Neuro IR coverage best practice.</b></li></ul> |        |

# NCTTRAC Proposed Recommendation



## *Regional Stroke System Plan* Stroke Recommendation for Neuro IR Coverage Stroke Committee

### **I. Recommendation**

This recommendation serves to provide acceptable neurointerventional coverage (primary and backup call coverage) at Level I-Comprehensive and Level II-Thrombectomy Capable Stroke Centers in the NCTTRAC region and has been endorsed by the NCTTRAC Stroke Committee, the Board of Directors, the Stroke Medical Directors, and the majority of the C-Suites of the Level I and II Stroke-designated facilities in TSA-E.

- A. Comprehensive and Thrombectomy Capable Stroke Centers that perform mechanical thrombectomy should have adequate coverage to meet the emergent needs of multiple strokes.
- B. Each facility should have a written call schedule readily available within the hospital system, identifying the on-call and backup on-call interventional provider privileged to perform mechanical thrombectomy (neurointerventionalist) 24 hours a day, seven days a week, 365 days a year.
- C. The neurointerventionalist taking calls should be available by phone within 20 minutes and available on-site within 30 minutes from notification.
  - i. When concurrent facilities are covered by either the primary or backup on-call provider, the following should be in place:
    - 1. If one neurointerventionalist is primary on-call concurrently at two (2) facilities there should be one dedicated backup on-call provider for each facility (e.g., two hospitals with shared coverage, one primary and three tier backup on-call coverage).
    - 2. The dedicated primary neurointerventionalist on-call at one facility may serve as backup call for no more than one hospital at any given time (e.g. primary call at one facility and backup at one additional facility).
    - 3. The facilities with cross coverage should be in close proximity, allowing the neurointerventionalist either serving as primary or backup on-call to be available on site within 30 minutes.
  - ii. Comprehensive and Thrombectomy Capable Stroke Centers that utilize a system of care to deliver stroke care, treatment, and services may utilize the same interventionists provided the following requirements are met:
    - 1. Written call schedules are readily available within the hospital system to demonstrate how stroke care, treatment, and services are provided at all hospitals in the system 24 hours a day, 7 days a week, 365 days a year.
    - 2. If one physician is covering more than one facility or another service in the organization, there is a written plan for backup coverage.
    - 3. Protocols and processes are developed and implemented to detail the system and organizations' plans to meet the emergent needs of multiple complex stroke patients.
    - 4. Protocols and processes are developed in response to situations when organizations would not be able to provide mechanical thrombectomy services and subsequently transfer patients or notify Advisory-Capability with a comment in EMResource.
  - iii. Comprehensive and Thrombectomy Capable Stroke Centers that perform mechanical thrombectomy and utilize an independent contracted provider or group for neurointerventional coverage to deliver stroke care, treatment, and services should have the following requirements met by the contracted provider or group:
    - 1. Written call schedules are readily available outlining all of the hospitals that the primary and backup on-call providers are covering for the shift.
    - 2. A written plan to meet the emergent needs of multiple stroke patients for each of the facilities if one contracted physician is covering more than one facility.
    - 3. Protocols and processes are developed in response to situations when the primary and backup on-call providers would not be able to provide mechanical thrombectomy services and subsequently transfer patients or notify of Advisory-Capability with a comment in EMResource.

# Stroke Committee

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and  
being Monitored

| Committee Priorities              | Current Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Status |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Adult Prehospital Stroke Resource | <ul style="list-style-type: none"><li>Final routing algorithm approved through GETAC Council 03/2025</li><li>Resource document for adult algorithm revisions approved by required committees and Council 06/2025.</li></ul>                                                                                                                                                                                                                                                                                                                                                                 |        |
| Pediatric Stroke Task Force       | <ul style="list-style-type: none"><li><b>Pediatric Stroke Tip Sheet is still under review by the Pediatric Stroke Task Force. Goal something to review by 11/2025</b></li><li>Next steps, minimum capability recommendations for pediatric hospitals to be destinations for pediatric stroke.</li><li>Algorithm approved by required committees, pediatric stroke task force and Council 06/2025.</li><li><b>Revisions approved by Pediatric and Stroke Committee 08/2025</b></li><li><b>APPROVAL ITEM:</b> Pediatric Routing resource document and guidance on the end tidal CO2</li></ul> |        |

# APPROVAL ITEM: Resource Document

## PREHOSPITAL PEDIATRIC STROKE TRIAGE AND MANAGEMENT

### 1. Goals:

To increase EMS awareness and identification of strokes in the pediatric population (infants and children less than 18 years of age) and to facilitate rapid triage and transport to the nearest appropriate facility.

### 2. Purpose:

Pediatric Stroke is a rare disease that is, nevertheless, included among the top ten causes of death in pediatrics.<sup>1</sup> However, rapid recognition and appropriate treatment of pediatric stroke can profoundly improve outcomes for these children, sparing them from decades of disability.<sup>2,3</sup> Thrombectomy has been shown to improve outcomes in pediatric large artery occlusion stroke.<sup>4</sup> This guidance document is designed to help EMS providers recognize and triage pediatric stroke patients quickly, facilitating improved outcomes throughout the state.

The **GETAC Prehospital Pediatric Stroke Triage Algorithm** was developed in consultation with EMS, EMS leaders, and local, regional, and state medical authorities. The GETAC pediatric stroke algorithm was developed in consultation with the GETAC Stroke, EMS, Pediatric, EMS Medical Directors Committees, and the Council. Available guideline statements and guidance from the GETAC Pediatric Stroke Task Force (a consensus of expert opinion based on clinical experience in the fields of Vascular Neurologists, Neuroendovascular Surgeons, and Pediatricians) were integral in the development of this resource document and algorithm.<sup>5-13</sup> The recommendations were developed to ensure that all pediatric patients with a known or suspected stroke are rapidly identified, assessed, and triaged as outlined below. Standardizing care to rapidly diagnose and provide appropriate treatment will improve outcomes.<sup>9-12</sup> The prehospital pediatric stroke triage and transport recommendations serve to direct the regional triage of pediatric patients with acute stroke to the most appropriate facility. See **Annex A: GETAC Pediatric Prehospital Stroke Triage Algorithm**.

Last Update – 06.03.2025

There are no formal national or statewide guidelines, certifications, or recognition systems for Pediatric Stroke Destinations. EMS Medical Directors should determine which nearby facilities they will direct pediatric patients with suspected or confirmed stroke. A pediatric stroke destination should have personnel available to care for pediatric stroke patients and a pediatric intensive care unit. Pediatric stroke destinations should have a multidisciplinary team to care for pediatric stroke patients, the capability to administer antiplatelet drugs, anticoagulants, thrombectomy, and thrombolytic therapies, and the ability to treat complications. Pediatric stroke destinations should have the technical capabilities (including imaging capability, MRI if possible), policies, and procedures to facilitate optimal care of a pediatric stroke patient.<sup>9-12</sup> Pediatric hospitals that do not meet the above capabilities should be able to identify, stabilize, consult, and transfer patients to a center that can provide the appropriate care and rehabilitative resources.<sup>9-12</sup>

### 3. Prehospital Triage of Stroke in Pediatric Patients

Pediatric stroke can present with focal neurologic signs, as well as nonspecific signs like seizure or altered mental status.<sup>9,14-16</sup>

#### Sudden onset of any of the following suggests the possibility of acute stroke:

- Numbness or weakness of the face, arm, and/or leg (especially on one side of the body)
- Confusion
- Trouble speaking or understanding language.
- Double vision, trouble seeing in one or both eyes.
- Altered Mental Status
- Trouble walking
- Dizziness
- Loss of balance or coordination
- Severe headache with no known cause (suggests hemorrhagic stroke), especially with altered mental status.
- ❖ For patients with any of the above neurological signs, especially with the listed conditions below, consider triaging as an acute stroke.

#### Patients with any of the following are at higher risk for acute stroke:

- Heart disease
- History of blood vessel problems in the brain
- History of stroke
- Sickle cell disease
- Cancer
- History of blood clots

#### Common pediatric stroke mimics:

- Alcoholic intoxication
- Cerebral infections

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# APPROVAL ITEM: Resource Document

- Drug overdose
- Hypoglycemia
- Hyperglycemia
- Genetic/metabolic disorders
- Atypical migraines
- Neuropathies (e.g., Bell's palsy)
- Seizure
- Post-ictal state
- Tumors

## Basic Level

In suspected pediatric stroke cases, assess and treat ABCDEs per universal pediatric recommendations:

- **A (Airway):** Airway support and ventilation assistance are recommended for patients with acute stroke who have decreased consciousness or who have a compromised airway. Suctioning and oropharyngeal or nasopharyngeal airway as needed to ensure airway patency.
- **B (Breathing):** Supplemental oxygen should be provided to maintain oxygen saturation > 94% (continuous monitoring). **Consider adding end tidal CO<sub>2</sub>.**
- **NOTE:** Some patients with congenital heart disease have a different goal saturation level (80-90% in some cases). If unsure, confirm the normal level with parents or caretakers.
- **C (Circulation):** Evaluate and treat signs/symptoms of shock according to the Shock Clinical Practice Guidelines
- **D (Disability):** Assess and document GCS, pupillary size, and reactivity.
- **E (Exposure/Environmental):** Assess for evidence of traumatic injury, especially head injury.

## Stabilization and Initial Management:

- If there is evidence of shock, treat according to the Shock clinical practice guidelines.
- If there is hypoglycemia (POC glucose < 70 mg/dL),<sup>17</sup> treat according to the diabetic emergencies clinical practice guidelines.
- If seizures occur, treat according to the seizure clinical practice guidelines.
- Place the patient in a supine position, head of the bed elevated 30 degrees.
- Cardiac monitoring during transport is recommended.

## Cardiovascular Examination:

- Record blood pressure, rate, rhythm, respiratory rate, and oxygen saturation.
- Obtain an EKG if it will not delay transport.

## Neurological Assessment for Pediatric Stroke:

- Weakness of the face, arm, and/or leg (especially on one side of the body)
- Numbness on one side of the face or body
- Confusion
- Trouble speaking or understanding language.

- Double vision, trouble seeing in one or both eyes.
- Altered Mental Status
- Trouble walking
- Dizziness
- Loss of balance or coordination
- Severe headache with no known cause (suggests hemorrhagic stroke), especially with altered mental status.
- Seizure with post-ictal focal deficit (like weakness) that does not resolve quickly (~15 minutes).

## History:

Interview the patient, family members, and other witnesses to determine symptoms, the time of symptom discovery, and the last known well (LKW) or the last time the patient was without symptoms. Ask about seizure at onset, head trauma, history of recent surgeries, history of bleeding problems/diagnosed bleeding disorders, and signs of possible brain hemorrhage (severe headache of sudden onset, nausea/vomiting with headache or loss of consciousness). Obtain a mobile number for the next of kin and witnesses.

- ❖ **NOTE:** For "wake-up strokes," the last known well time is the last time the patient was witnessed to be at baseline, which may have been the night before. The time they are found is not the time of the last known well.

## Additional History:

- Obtain past medical history and history of past and recent surgeries.
- Allergies (e.g., iodinated contrast)
- Pre-existing substantial disability (e.g., unable to walk independently)
- Device and implant history (e.g., left ventricular assist device, pacemaker, valve replacement, VP shunt)

## Medications:

- Obtain a list of all medications including antiplatelet agents (e.g., aspirin, clopidogrel [Plavix]) and blood thinners (direct thrombin inhibitors [dabigatran/Pradaxa], factor Xa inhibitors [fondaparinux/Arixtra, rivaroxaban/Xarelto, apixaban/Eliquis, **edoxaban/Savaysa**]), low molecular weight heparin [enoxaparin/ **Lovenox**], unfractionated heparin, bivalirudin, argatroban, warfarin [Coumadin].
- If possible, record when the last dose was taken.

## Management:

EMS personnel should address ABCDEs per universal pediatric guidelines. Additional initial management steps include:

- Prevent aspiration, HOB > 30. Ensure airway patency with suctioning and OPA or NPA as needed.
- Provide supplemental oxygen if needed to keep oxygen saturation > 94%.
  - (Adjust if the patient has known congenital heart disease with a different goal oxygen saturation)
- Treat hypotension per regional pediatric protocols.

# APPROVAL ITEM: Resource Document

- Maintain blood pressure below 20% above the 95<sup>th</sup> percentile for age.<sup>12</sup> Call online medical control if the systolic blood pressure is consistently above this percentile. The table below is an example of the upper limit of systolic blood pressure by age.

| Age         | Goal Systolic Blood Pressure |
|-------------|------------------------------|
| 1-4 years   | <130mmHg                     |
| 5-10 years  | <145mmHg                     |
| 11-17 years | <160mmHg                     |

- Hypoglycemia (blood glucose < 70 mg/dL) should be treated in patients suspected of acute ischemic stroke.<sup>17</sup> Evidence indicates that persistent in-hospital hyperglycemia during the first 24 hours after stroke is associated with worse outcomes and increased risk of hemorrhagic conversion in adults than normoglycemia. You should treat hyperglycemia with a blood glucose range of 140-180 being preferred.
- To facilitate expedited stroke workup in the ED, place two peripheral IVs, so long as it does not delay transport time.

#### System Triage:

- The goal on-scene time is 10-15 minutes or less. If the family is not transported with the patient, encourage them to go directly to the ED.
- See [Annex A: GETAC Pediatric Prehospital Stroke Triage Algorithm](#) for the pediatric prehospital stroke triage algorithm.

#### Destination Decision-Making for Suspected Pediatric Stroke in Rural, Urban, and Suburban Areas

**Age Criteria and Appropriateness for ADULT Stroke Facility:** Please note that different adult stroke facilities will have different capabilities and willingness to evaluate and treat stroke patients under 18. EMS Medical Directors and stroke facility leadership should outline the age appropriateness for adult stroke facility admission based on regional facility resources and hospital policies.

#### Triage Recommendation:

1. Pediatric patient suspected of having a stroke who is medically stable and last known well **≤ 24 hours**; triage patient based on the following criteria:

##### Age appropriateness for adult stroke facility:

- Pediatric patient with suspected stroke, **age < appropriate**:
  - Transport suspected stroke patient to the nearest **Pediatric Stroke Destination**.
    - **Pediatric Stroke Destination** – EMS Medical Director will recommend local pediatric stroke destinations. Typically, these are pediatric hospitals with the capability to care for pediatric patients

Last Update – 06.03.2025

- with stroke. Please note, there are **NO** formal national or statewide guidelines, certifications, accreditations, or recognition systems for 'Pediatric Stroke Destinations'.
  - If no Pediatric Stroke Destination is within 60 minutes by air or ground total transport time, or the patient is unstable, transport to the nearest Pediatric Facility.
  - Suspected pediatric stroke, **age ≥ appropriate**:
    - Perform Validated Stroke Severity Screening Tool to assess for potential large vessel occlusion (LVO), such as RACE score.<sup>18</sup>
    - **If LVO Screening Tool Positive:**
      - Transport suspected stroke patients to the nearest adult Comprehensive Stroke Center (CSC/ Level 1) if within ≤ 30 minutes from the nearest Pediatric Stroke Destination and no more than 60 minutes total transport time by air or ground.
      - If no CSC is available within 30 minutes, transport to the nearest thrombectomy capable stroke center (TSC/ Level 2) if within < 30 minutes from the nearest Pediatric Stroke Destination and no more than 60 minutes total transport time by air or ground.
      - If neither a CSC nor TSC is available within ≤ 30 minutes, transport to the nearest Pediatric Stroke Destination.
      - If no Pediatric Stroke Destination is available within ≤ 60 minutes or the patient is unstable, transport to the nearest Pediatric Facility.
    - **If LVO Screening Tool Negative:**
      - Transport suspected stroke patients to the nearest Pediatric Stroke Destination.
      - If no Pediatric Stroke Destination is within 60 minutes by air or ground total transport time, or the patient is unstable, transport to the nearest Pediatric Facility **or most appropriate facility**.
2. Pediatric patient suspected of having a stroke and last known well **> 24 hours**, triage based on the following criteria:
    - Suspected pediatric stroke, **for all ages**:
      - Transport suspected stroke patients to the nearest Pediatric Stroke Destination.
      - If no Pediatric Stroke Destination is within a 60-minute total transport time or the patient is unstable, transport to the nearest Pediatric Facility.
    - ❖ **For all ages:** consider air medical if transport time is prolonged > 60 minutes.
    - ❖ **Stroke Prenotification:** alert the receiving facility that a suspected pediatric stroke patient is en route prior to arrival. A stroke alert prior to arrival will mobilize appropriate resources before patient arrival.
      - Prenotification should include: Age, last known well, time of symptom discovery, current vital signs, stroke screening tool score (if performed), and symptoms (weakness on one side, altered mental status, etc.).
    - ❖ **Hand-off Goal:** 120 seconds for EMS to ED triage nurse hand-off.

(Note – Plan is adapted from the 2022 North Central Texas Trauma Regional Advisory Council Regional Stroke Plan)

Last Update – 06.03.2025

# APPROVAL ITEM: Resource Document

## References:

1. CDC. 10 Leading Causes of Death, US. [https://wisqars.cdc.gov/pdfs/leading-causes-of-death-by-age-group\\_2021\\_508.pdf](https://wisqars.cdc.gov/pdfs/leading-causes-of-death-by-age-group_2021_508.pdf). Accessed April 20, 2025.
2. Bhatia KD, Briest R, Goetti R, Webster R, Troedson C, Dale RC, Muthusami P, Miteff C, Miteff F, Worthington J, et al. Incidence and Natural History of Pediatric Large Vessel Occlusion Stroke: A Population Study. *JAMA Neurol.* 2022;79:488-497. doi: 10.1001/jamaneurol.2022.0323
3. Lauzier DC, Galardi MM, Williams KP, Goyal MS, Amie-Lefond C, Hallam DK, Kansagra AP. Pediatric Thrombectomy: Design and Workflow Lessons From Two Experienced Centers. *Stroke.* 2021;52:1511-1519. doi: 10.1161/STROKEAHA.120.032268
4. Sporns PB, Bhatia K, Abruzzo T, Pabst L, Fraser S, Chung MG, Lo W, Othman A, Steinmetz S, Jensen-Kondering U, et al. Endovascular thrombectomy for childhood stroke (Save ChildS Pro): an international, multicentre, prospective registry study. *Lancet Child Adolesc Health.* 2024;8:882-890. doi: 10.1016/S2352-4642(24)00233-5
5. Adeoye O, Nystrom KV, Yavagal DR, Luciano J, Nogueira RG, Zorowitz RD, Khalessi AA, Bushnell C, Barsan WG, Panagos P, et al. Recommendations for the Establishment of Stroke Systems of Care: A 2019 Update. *Stroke.* 2019;50:e187-e210. doi: 10.1161/STR.0000000000000173
6. Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, Biller J, Brown M, Demaerschalk BM, Hoh B, et al. Guidelines for the Early Management of Patients With Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. *Stroke.* 2019;50:e344-e418. doi: 10.1161/STR.0000000000000211
7. Jauch EC, Schwamm LH, Panagos PD, Barbazzeni J, Dickson R, Dunne R, Foley J, Fraser JF, Lassers G, Martin-Gill C, et al. Recommendations for Regional Stroke Destination Plans in Rural, Suburban, and Urban Communities From the Prehospital Stroke System of Care Consensus Conference: A Consensus Statement From the American Academy of Neurology, American Heart Association/American Stroke Association, American Society of Neuroradiology, National Association of EMS Physicians, National Association of State EMS Officials, Society of NeuroInterventional Surgery, and Society of Vascular and Interventional Neurology: Endorsed by the Neurocritical Care Society. *Stroke.* 2021;52:e133-e152. doi: 10.1161/STROKEAHA.120.033228
8. Association AH. American Heart Association Mission Lifeline: Stroke Severity-based Stroke Triage Algorithm for EMS [online]. Accessed April 18, 2025.
9. Harrar DB, Benedetti GM, Jayakar A, Carpenter JL, Mangum TK, Chung M, Appavu B, International Pediatric Stroke Study G, Pediatric Neurocritical Care Research G. Pediatric Acute Stroke Protocols in the United States and Canada. *J Pediatr.* 2022;242:220-227 e227. doi: 10.1016/j.jpeds.2021.10.048
10. Rafay MF. Moving Forward in Organizing Acute Pediatric Stroke Care. *Can J Neurol Sci.* 2021;48:750-751. doi: 10.1017/cjn.2021.47
11. Roach ES, Bernard T, deVeber G. Defining a Pediatric Stroke Center. *Pediatr Neurol.* 2020;112:11-13. doi: 10.1016/j.pediatrneurol.2020.08.008
12. Rivkin MJ, Bernard TJ, Dowling MM, Amie-Lefond C. Guidelines for Urgent Management of Stroke in Children. *Pediatr Neurol.* 2016;56:8-17. doi: 10.1016/j.pediatrneurol.2016.01.016
13. Ferriero DM, Fullerton HJ, Bernard TJ, Billingham L, Daniels SR, DeBaun MR, deVeber G, Ichord RN, Jordan LC, Massicotte P, et al. Management of Stroke in Neonates and

Last Update – 06.03.2025

- Children: A Scientific Statement From the American Heart Association/American Stroke Association. *Stroke.* 2019;50:e51-e96. doi: 10.1161/STR.0000000000000183
14. Elbers J, Wainwright MS, Amie-Lefond C. The Pediatric Stroke Code: Early Management of the Child with Stroke. *J Pediatr.* 2015;167:19-24 e11-14. doi: 10.1016/j.jpeds.2015.03.051
  15. Phelps K, Silos C, De La Torre S, Moreno A, Lapus R, Sanghani N, Koenig M, Savitz S, Green C, Fraser S. Establishing a pediatric acute stroke protocol: experience of a new pediatric stroke program and predictors of acute stroke. *Front Neurol.* 2023;14:1194990. doi: 10.3389/fneur.2023.1194990
  16. Wharton JD, Barry MM, Lee CA, Massey K, Ladner TR, Jordan LC. Pediatric Acute Stroke Protocol Implementation and Utilization Over 7 Years. *J Pediatr.* 2020;220:214-220 e211. doi: 10.1016/j.jpeds.2020.01.067
  17. GETAC. Pediatric Stroke Task Force Expert Opinion 2025. Accessed April 20, 2025.
  18. Turon-Vinas E, Boronat S, Gich I, Gonzalez Alvarez V, Garcia-Puig M, Camos Carreras M, Rodriguez-Palmero A, Felipe-Rucian A, Aznar-Lain G, Jimenez-Fabrega X, et al. Design and Interrater Reliability of the Pediatric Version of the Race Scale: PedRACE. *Stroke.* 2024;55:2240-2246. doi: 10.1161/STROKEAHA.124.046846

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# Stroke Committee

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and being  
Monitored

| Committee Priorities             | Current Activities                                                                                                                                                                                                                                                                                                                                                                                     | Status |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Interfacility Stroke Terminology | <ul style="list-style-type: none"><li>Drs. Fagan and Winckler provided input on terminology, approved by the Stroke, EMS, Air Medical, and EMS Medical Director Committees in 11/2024.</li><li>Presented to the GETAC Council but not approved 11/2024.</li><li><b>Participating with the EMS Time Sensitive Deconfliction Task Force.</b></li></ul>                                                   |        |
| DIDO performance recommendations | <ul style="list-style-type: none"><li>Approved by Committees and the GETAC Council 11/2024.</li><li><b>Will email recommendations to participate in GWTG DIDO layer and performance goals to RAC chairs and continue to share with stroke programs.</b></li><li>Long-term goal, collect the data to outline barriers for interfacility transfers and opportunities to facilitate faster DIDO</li></ul> |        |
| TEAM EMS-Ed Study                | <ul style="list-style-type: none"><li>Study endorsed by Stroke, EMS and EMS Medical Directors Committees and council 06/2025.</li><li><b>Meeting with companies to identify LMS platforms, submitting for funding opportunities.</b></li><li><b>Informed EMS Education Committee and seeking members for writing group.</b></li></ul>                                                                  |        |

# TE<sub>x</sub>As Emergency Medical Services Standardized STROKE Education (TEAM STROKE-ED) Study

**Hypothesis:** EMS stroke knowledge would improve if standardized stroke education was provided.

- Perform an **+intervention with** standardized stroke education and another that uses current practices (**-intervention**).

## Outcomes:

- **Primary Outcome:**
  - Stroke Knowledge:
    - Pre- and post-intervention skill and knowledge assessment
    - Retention assessment testing at 3- and 6-months post-intervention.
      - Assess EMS providers' understanding of stroke symptoms, appropriate interventions, and time-critical actions.
- **Secondary Outcomes:**
  - Regional Performance in Key Stroke Performance Measures:
    - Evaluate EMS providers' ability to recognize stroke symptoms accurately and initiate appropriate care by reviewing GWTG or NEMSIS performance regionally for:
      - Stroke screening tool utilization and documentation
      - Stroke severity tool utilization and documentation
      - Prenotification of suspect stroke patient arrival
      - Percentage of on-scene time  $\leq 15$  minutes.
  - Regional Time to Treatment:
    - Track regional performance measures for:
      - Door to Needle (thrombolysis intervention)
      - Door to Provider
  - Regional Patient Outcomes:
    - Track regional patient outcomes from GWTG, such as mortality, disability, and functional recovery, to assess the downstream impact of improved EMS performance.

Seeking members for the stroke  
standardized education writing group



[https://urldefense.com/v3/\\_https://forms.office.com/r/NdQ6QxSuGC?origina=lprLink\\_!!MznTZTSvDXGV0Co!C1QK3XMmjus3UFh8LCg-5submcx0gSQrVbUDxXK8SYASpdnHgsOCq8c2XxM9GUNHzqlTyxbnk8ruPqposn4MlWehe7VoFXDz500zPH-KDqk1lg\\$](https://urldefense.com/v3/_https://forms.office.com/r/NdQ6QxSuGC?origina=lprLink_!!MznTZTSvDXGV0Co!C1QK3XMmjus3UFh8LCg-5submcx0gSQrVbUDxXK8SYASpdnHgsOCq8c2XxM9GUNHzqlTyxbnk8ruPqposn4MlWehe7VoFXDz500zPH-KDqk1lg$)

# Stroke Committee

Priority Not Implemented  
 Priority Activities Recorded  
 Priorities Completed and  
 being Monitored

| Committee Priorities                                                                  | Current Activities                                                                                                                                                                                                                                                                                                                                                                                                                                  | Status |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Post Acute Stroke Care Work Group                                                     | <ul style="list-style-type: none"> <li>Approved by Stroke Committee 11/2024</li> <li>Dr. Sean Savitz will lead the work group</li> <li><b>Call for members, planned first meeting 09/2025</b></li> </ul>                                                                                                                                                                                                                                            |        |
| Stroke Managers Mentorship Program and Texas Stroke Coordinators Collaborative Survey | <ul style="list-style-type: none"> <li>Education Work Group discussing the platform and feasibility of the mentorship program.</li> <li>Working on the stroke managers' survey.</li> <li>Will incorporate some questions from the prior survey.</li> </ul>                                                                                                                                                                                          |        |
| STRAC Stroke Program Manager Manual                                                   | <ul style="list-style-type: none"> <li>Collect and share resources related to stroke program management, stroke coordinator &amp; manager roles, and process improvement.</li> <li>Presented 11/2024, approved by stroke committee as a good resource.</li> </ul>                                                                                                                                                                                   |        |
| Mission: Lifeline EMS Recognitions                                                    | <ul style="list-style-type: none"> <li><b>Bridge gap in data EMS collects from hospitals to monitor field metrics, seek approval as content and look for opportunities to disseminate the resource</b></li> <li><b>Stroke Committee approved endorsement as best practice 08/2025</b></li> <li><b><u>APPROVAL ITEM:</u> Approval to distribute the Mission: Lifeline EMS Recognition to committees, RACs and at DSHS stroke meetings</b></li> </ul> |        |

# Education Workgroup - Mission: Lifeline EMS Recognition



American Heart Association.  
**Mission:Lifeline<sup>®</sup>**  
EMS

**2025**

**EMS RECOGNITION CRITERIA**

*(based on 2024 data)*

**Mission: Lifeline EMS Award**

|         |                                                                     |
|---------|---------------------------------------------------------------------|
| AHAEMS1 | Pre-arrival notification for suspected stroke                       |
| AHAEMS2 | Documentation of last known well for patients with suspected stroke |
| AHAEMS3 | Evaluation of blood glucose for patients with suspected stroke      |
| AHAEMS4 | Stroke Screen Performed and Documented                              |
| AHAEMS5 | 12-lead ECG performed within 10 minutes for suspected heart attack  |
| AHAEMS6 | Aspirin administration for STEMI-positive ECG                       |
| AHAEMS7 | Pre-arrival notification ≤ 10 minutes for STEMI positive ECG        |

**Volume Criteria:** At least 4 patients for the calendar year (>1 STEMI patient and >1 Stroke Patient)

**Mission: Lifeline System of Care Target: Heart Attack Distinction**

AHAEMS8  
EMS First Medical Contact (FMC) to PCI ≤ 90 minutes for Patients with STEMI

or

AHAEMS9  
EMS First Medical Contact to Thrombolytic Administration < 60 minutes for Patients with STEMI

**Volume Criteria:** At least 4 STEMI patients for the calendar year

**Mission: Lifeline System of Care Target: Stroke Distinction**

AHAEMS10  
EMS First Medical Contact to Thrombolytic Administration < 90 minutes for Patients with stroke

**Volume Criteria:** At least 4 stroke patients for the calendar year

**MISSION: LIFELINE EMS**



Aggregated annual compliance of ≥75% for all required measures

Aggregated annual compliance of ≥50% for all required measures

| GOLD                                                                                            | SILVER                                                         | BRONZE                                                                     |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------|
| Aggregated annual compliance of ≥75% for each required measure and Silver or Gold award in 2024 | Aggregated annual compliance of ≥75% for each required measure | At least one calendar quarter of compliance ≥75% for all required measures |

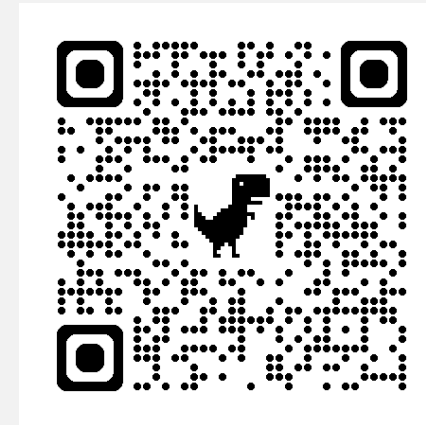
**TARGET: HEART ATTACK**

**TARGET: STROKE**

For additional Mission: Lifeline EMS Recognition information, please visit [www.heart.org/missionlifeline](http://www.heart.org/missionlifeline) or email [MissionLifeline@heart.org](mailto:MissionLifeline@heart.org).

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<https://www.heart.org/en/professional/quality-improvement/mission-lifeline>



Measure Narratives:

[https://www.heart.org/en/-/media/Files/Professional/Quality-Improvement/Mission-Lifeline/2025-EMS-ML-Measure-Narratives-Final.pdf?sc\\_lang=en](https://www.heart.org/en/-/media/Files/Professional/Quality-Improvement/Mission-Lifeline/2025-EMS-ML-Measure-Narratives-Final.pdf?sc_lang=en)

# Stroke Committee

Priority Not Implemented  
Priority Activities Recorded  
Priorities Completed and  
being Monitored

| Committee Priorities    | Current Activities                                                                                                                                                                                                                                                                                                                                                                                                        | Status |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Rural Stroke Work Group | <ul style="list-style-type: none"><li>Met once after the prior session, plan to meet monthly.</li><li>Approved rural and resource-challenged regions and hospitals to be included in the scope of work group.</li><li>Latest heat map 60 min by air</li><li>Needs assessment survey approved by work group and Stroke Committee 08/2025</li><li>APPROVAL ITEM: Survey</li><li>APPROVAL ITEM: EMSTR data request</li></ul> |        |

# Rural Stroke Assessment Survey

**Rural Stroke Care Barriers Survey**  
*Estimated completion time: 5–7 minutes.*

## Section 1: Organization Information

1. Name of your organization (optional): \_\_\_\_\_
2. Type of organization:
  - ☐ Hospital
  - ☐ EMS Agency
  - ☐ Other (please specify): \_\_\_\_\_
3. (Branching logic based on answer) Question on position at facility:
  - ☐ Hospitals will outline: Stroke Coordinator, Stroke Manager, Medical Director of Stroke Program, ED provider, ED RN, and other.
  - ☐ EMS Agency will outline: EMT, AEMT, Paramedic, Advanced Practice Provider, RN, and other.
4. Location (RAC):    drop down list
5. Location County: using the defined county list provided by DSHS.
6. Approximate population your facility serves:
  - ☐ < 5,000
  - ☐ 5,000 – 10,000
  - ☐ 10,000 – 25,000
  - ☐ > 25,000

## Section 2: Stroke Care Capabilities

5. Does your facility/agency have stroke protocols in place?

- ☐ Yes
- ☐ No
- ☐ In development

6. Is your facility designated as a stroke center?

- ☐ Yes
- ☐ No

7. What DSHS Level stroke facility?

- ☐ Level 1 (CSC)
- ☐ Level 2 (Thrombectomy Capable Stroke Center)
- ☐ Level 3 (PSC)
- ☐ Level 4 (ASRH)
- ☐ Not designated

8. Does your EMS staff receive regular stroke-specific training?

- ☐ Yes – at least annually

- ☐ Yes – less than annually
  - ☐ No
9. (Branching logic if answers No) What are the main challenges your hospital faces in obtaining stroke center designation? (*Check all that apply*)
- ☐ Lack of neurology coverage
  - ☐ Limited access to telestroke networks or tele-neurology services.
  - ☐ Difficulty recruiting and retaining specialized staff in rural areas.
  - ☐ Limited availability of 24/7 stroke teams, including nurses and technologists trained in stroke care.
  - ☐ High costs associated with meeting accreditation/designation standards.
  - ☐ Inability to invest in necessary infrastructure (e.g., CT/MRI scanners, telemedicine technology).
  - ☐ Limited reimbursement for stroke care in small, rural populations, making it financially unsustainable.
  - ☐ Lack of advanced imaging capabilities (CT perfusion, MRI).
  - ☐ A small catchment area may not provide enough stroke cases to justify a designation.
  - ☐ Concerns about maintaining staff competency with low case exposure.
  - ☐ Inadequate IT systems for rapid data sharing and stroke registry participation.
  - ☐ Leadership may prioritize other accreditation efforts (e.g., trauma center designation) or have other priorities.
  - ☐ Other (please specify): \_\_\_\_\_
10. Do you have access to telestroke, remote neurology services, or ambulance-based telemedicine?
- ☐ Yes
  - ☐ No
  - ☐ In progress

## Section 3: Identifying Barriers

9. What are the main challenges you face in timely stroke identification and care? (*Check all that apply*)

- ☐ Lack of staff training
- ☐ Inclement weather
- ☐ Limited access to neurologists
- ☐ Long transport times
- ☐ Poor interfacility communication
- ☐ Access to ground transport
- ☐ Access to air transport

- ☐ Lack of advanced imaging
- ☐ Limited EMS personnel
- ☐ Financial/resource constraints
- ☐ Other (please specify): \_\_\_\_\_

10. What are the most significant barriers to transferring stroke patients to higher-level care facilities?

- ☐ Distance/transport time
- ☐ Lack of transfer agreements
- ☐ Limited bed availability
- ☐ Communication delays
- ☐ Insurance or cost-related issues
- ☐ Physician availability at the receiving hospital (e.g., neurosurgery and neurointerventional (Neuro IR))
- ☐ Other (please specify): \_\_\_\_\_

## Section 4: Improvements & Needs

11. What would most improve your organization's ability to deliver timely stroke care? (*Check up to three*)

- ☐ More EMS or hospital staff
- ☐ Additional training/education
- ☐ Access to telestroke services
- ☐ Improved imaging capabilities
- ☐ Faster transport options
- ☐ Stronger regional coordination
- ☐ Funding for equipment/resources
- ☐ Other (please specify): \_\_\_\_\_

12. Any additional comments or suggestions?

Here are my responses to the questions you had from GETAC:

- The GREEN hospitals are in the Rural Hospitals Benchmark group
- The RED hospitals are not in GWTG
- The YELLOW Hospital is in the Suburban Hospitals Group based on the RUCA code

|                                                     |       |                         |           |            |                                        |                |    |       |            |
|-----------------------------------------------------|-------|-------------------------|-----------|------------|----------------------------------------|----------------|----|-------|------------|
| BAYLOR SCOTT & WHITE MEDICAL CENTER - BRENHAM       | Rural | IV - Acute Stroke<br>IV | Region 7  | TSA -<br>N | 700 MEDICAL PKWY                       | BRENHAM        | TX | 77833 | WASHINGTON |
| BAYLOR SCOTT & WHITE MEDICAL CENTER - MARBLE FALLS  | Rural | IIIA - Primary (III)    | Region 7  | TSA -<br>O | 810 W HIGHWAY 71                       | MARBLE FALLS   | TX | 78654 | BURNET     |
| CHI ST JOSEPH HEALTH BURLESON HOSPITAL              | Rural | IV - Acute Stroke<br>IV | Region 7  | TSA -<br>N | 1101 WOODSON DRIVE                     | CALDWELL       | TX | 77836 | BURLESON   |
| CHI ST JOSEPH HEALTH GRIMES HOSPITAL                | Rural | IV - Acute Stroke<br>IV | Region 7  | TSA -<br>N | 210 SOUTH JUDSON                       | NAVASOTA       | TX | 77868 | GRIMES     |
| CHI ST JOSEPH HEALTH MADISON HOSPITAL               | Rural | IV - Acute Stroke<br>IV | Region 7  | TSA -<br>N | 100 WEST CROSS STREET                  | MADISONVILLE   | TX | 77864 | MADISON    |
| CHRISTUS SPOHN HOSPITAL ALICE                       | Rural | IV - Acute Stroke<br>IV | Region 11 | TSA -<br>U | 2500 EAST MAIN STREET                  | ALICE          | TX | 78332 | JIM WELLS  |
| CHRISTUS SPOHN HOSPITAL BEEVILLE                    | Rural | IV - Acute Stroke<br>IV | Region 11 | TSA -<br>U | 1500 EAST HOUSTON HIGHWAY              | BEEVILLE       | TX | 78102 | BEE        |
| CHRISTUS SPOHN HOSPITAL KLEBERG                     | Rural | IV - Acute Stroke<br>IV | Region 11 | TSA -<br>U | 1311 EAST GENERAL CAVAZOS<br>BOULEVARD | KINGSVILLE     | TX | 78363 | KLEBERG    |
| CHRISTUS ST MICHAEL HOSPITAL - ATLANTA              | Rural | IV - Acute Stroke<br>IV | Region 4  | TSA -<br>F | 1007 SOUTH WILLIAM STREET              | ATLANTA        | TX | 75551 | CASS       |
| COLEMAN COUNTY MEDICAL CENTER COMPANY               | Rural | IV - Acute Stroke<br>IV | Region 2  | TSA -<br>D | 310 SOUTH PECOS STREET                 | COLEMAN        | TX | 76834 | COLEMAN    |
| CONNALLY MEMORIAL MEDICAL CENTER                    | Rural | IV - Acute Stroke<br>IV | Region 8  | TSA -<br>P | 499 10TH STREET                        | FLORESVILLE    | TX | 78114 | WILSON     |
| CUERO REGIONAL HOSPITAL                             | Rural | IV - Acute Stroke<br>IV | Region 8  | TSA -<br>S | 2550 NORTH ESPLANADE                   | CUERO          | TX | 77954 | DE WITT    |
| NORTH TEXAS MEDICAL CENTER                          | Rural | IV - Acute Stroke<br>IV | Region 3  | TSA -<br>E | 1900 HOSPITAL BOULEVARD                | GAINESVILLE    | TX | 76240 | COOKE      |
| TEXAS HEALTH HARRIS METHODIST HOSPITAL STEPHENVILLE | Rural | IV - Acute Stroke<br>IV | Region 3  | TSA -<br>E | 411 N BELKNAP ST                       | STEPHENVILLE   | TX | 76401 | ERATH      |
| TITUS REGIONAL MEDICAL CENTER                       | Rural | IIIA - Primary (III)    | Region 4  | TSA -<br>F | 2001 N JEFFERSON AVE                   | MOUNT PLEASANT | TX | 75455 | TITUS      |
| UT HEALTH EAST TEXAS PITTSBURG HOSPITAL             | Rural | IV - Acute Stroke<br>IV | Region 4  | TSA -<br>G | 2701 US HIGHWAY 271 NORTH              | PITTSBURG      | TX | 75686 | CAMP       |
| UT HEALTH EAST TEXAS QUITMAN HOSPITAL               | Rural | IV - Acute Stroke<br>IV | Region 4  | TSA -<br>G | 117 N WINNSBORO STREET                 | QUITMAN        | TX | 75783 | WOOD       |
| YOAKUM COMMUNITY HOSPITAL                           | Rural | IV - Acute Stroke<br>IV | Region 8  | TSA -<br>S | 1200 CARL RAMERT DRIVE                 | YOAKUM         | TX | 77995 | LAVACA     |

**Rural Counties in Texas**

**§157.2 Definition:**

(119) Rural county--A county with a population of less than 50,000 based on the latest estimated federal census population figures.

|                      |                   |                      |
|----------------------|-------------------|----------------------|
| Andrews County       | Hansford County   | Runnels County       |
| Aransas County       | Hardeman County   | Sabine County        |
| Archer County        | Hartley County    | San Augustine County |
| Armstrong County     | Haskell County    | San Jacinto County   |
| Austin County        | Hemphill County   | San Saba County      |
| Bailey County        | Hill County       | Schleicher County    |
| Bandera County       | Hockley County    | Scurry County        |
| Baylor County        | Hopkins County    | Shackelford County   |
| Bee County           | Houston County    | Shelby County        |
| Blanco County        | Howard County     | Sherman County       |
| Borden County        | Hudspeth County   | Somervell County     |
| Bosque County        | Hutchinson County | Stephens County      |
| Brewster County      | Irion County      | Sterling County      |
| Briscoe County       | Jack County       | Stonewall County     |
| Brooks County        | Jackson County    | Sutton County        |
| Brown County         | Jasper County     | Swisher County       |
| Burleson County      | Jeff Davis County | Terrell County       |
| Caldwell County      | Jim Hogg County   | Terry County         |
| Calhoun County       | Jim Wells County  | Throckmorton County  |
| Callahan County      | Jones County      | Titus County         |
| Camp County          | Karnes County     | Mitchell County      |
| Carson County        | Kenedy County     | Trinity County       |
| Cass County          | Kent County       | Tyler County         |
| Castro County        | Kimble County     | Washington County    |
| Childress County     | King County       | Wheeler County       |
| Clay County          | Kinney County     | Wilbarger County     |
| Cochran County       | Kleberg County    | Willacy County       |
| Coke County          | Knox County       | Winkler County       |
| Coleman County       | La Salle County   | Yoakum County        |
| Collingsworth County | Lamb County       | Young County         |
| Colorado County      | Lampasas County   | Zapata County        |
| Comanche County      | Lavaca County     | Zavala County        |

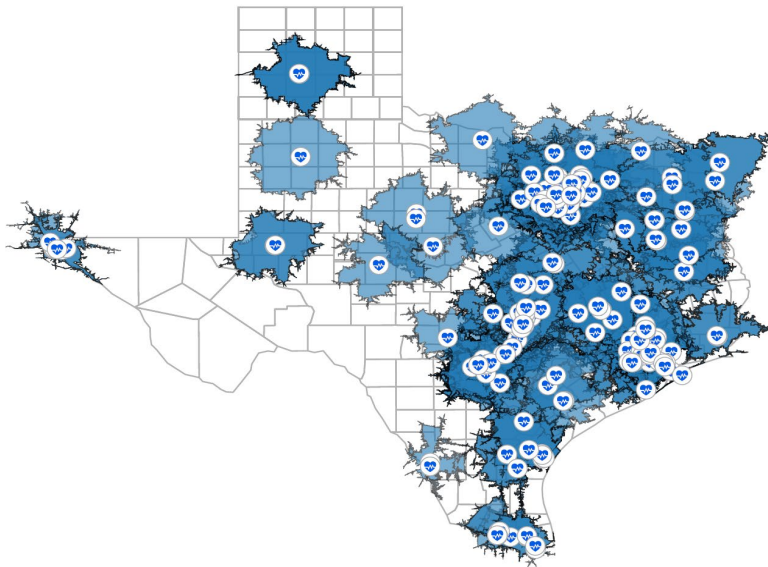
|                   |                   |                  |
|-------------------|-------------------|------------------|
| Concho County     | Lee County        | Upshur County    |
| Cooke County      | Leon County       | Upton County     |
| Cottle County     | Limestone County  | Uvalde County    |
| Crane County      | Lipscomb County   | Val Verde County |
| Crockett County   | Live Oak County   | Ward County      |
| Crosby County     | Llano County      | Wharton County   |
| Culberson County  | Loving County     |                  |
| Dallam County     | Lynn County       |                  |
| Dawson County     | Madison County    |                  |
| DeWitt County     | Marion County     |                  |
| Deaf Smith County | Martin County     |                  |
| Delta County      | Mason County      |                  |
| Dickens County    | Matagorda County  |                  |
| Dimmit County     | McCulloch County  |                  |
| Donley County     | McMullen County   |                  |
| Duval County      | Menard County     |                  |
| Eastland County   | Milam County      |                  |
| Edwards County    | Mills County      |                  |
| Erath County      | Montague County   |                  |
| Falls County      | Moore County      |                  |
| Fannin County     | Morris County     |                  |
| Fayette County    | Motley County     |                  |
| Fisher County     | Newton County     |                  |
| Floyd County      | Nolan County      |                  |
| Foard County      | Ochiltree County  |                  |
| Franklin County   | Oldham County     |                  |
| Freestone County  | Palo Pinto County |                  |
| Frio County       | Panola County     |                  |
| Gaines County     | Parmer County     |                  |
| Garza County      | Pecos County      |                  |
| Gillespie County  | Presidio County   |                  |
| Glasscock County  | Rains County      |                  |
| Goliad County     | Reagan County     |                  |
| Gonzales County   | Real County       |                  |
| Gray County       | Red River County  |                  |
| Grimes County     | Reeves County     |                  |
| Hale County       | Refugio County    |                  |
| Hall County       | Roberts County    |                  |
| Hamilton County   | Robertson County  |                  |

# Update: Rural Stroke Work Group

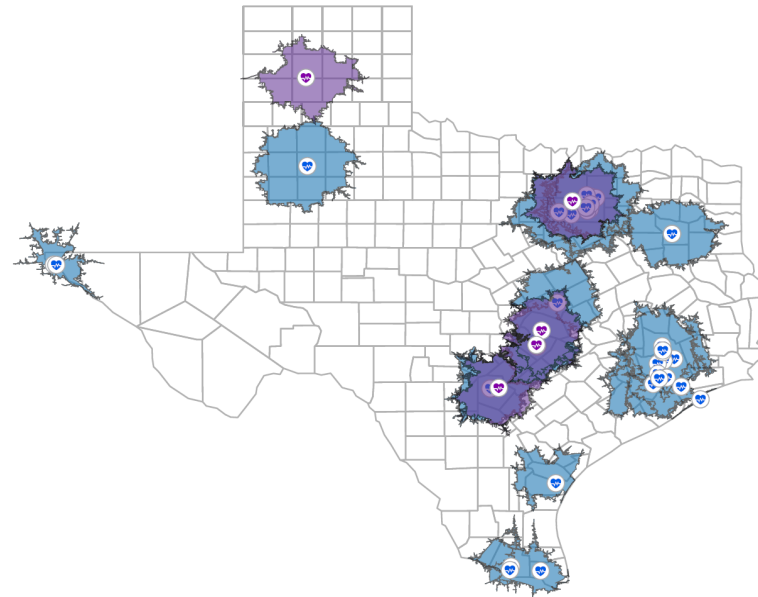
- **Last meeting 07/17/2025, next meeting 08/28/2025.**
- Martee Tebow, Sarah Hancock, Jennine Fox, Dr. Mandy Jagolino-Cole, and Janine Mazabob – working on a recommendation for public awareness and education on stroke to target rural areas (English and Spanish ideal) – the goal is to present by early September.
- GWTG- compare arrival mode by private vehicle versus EMS at rural stroke facilities regarding LKW to arrival, DTN, and LKW to thrombolytic (needle) for 2023, 2024, and 2025 YTD.
- **Data request:** EMSTR data for DSHS-recognized rural counties: median prehospital run times (call-to-hospital arrival), median call for transport to hospital arrival (for emergent stroke transfers), median interfacility transfer times for emergent stroke transfers, and call stroke types in rural regions?

# Texas Stroke Heat Maps

**Texas Stroke Designated Hospitals  
60 Minute Drive Time**

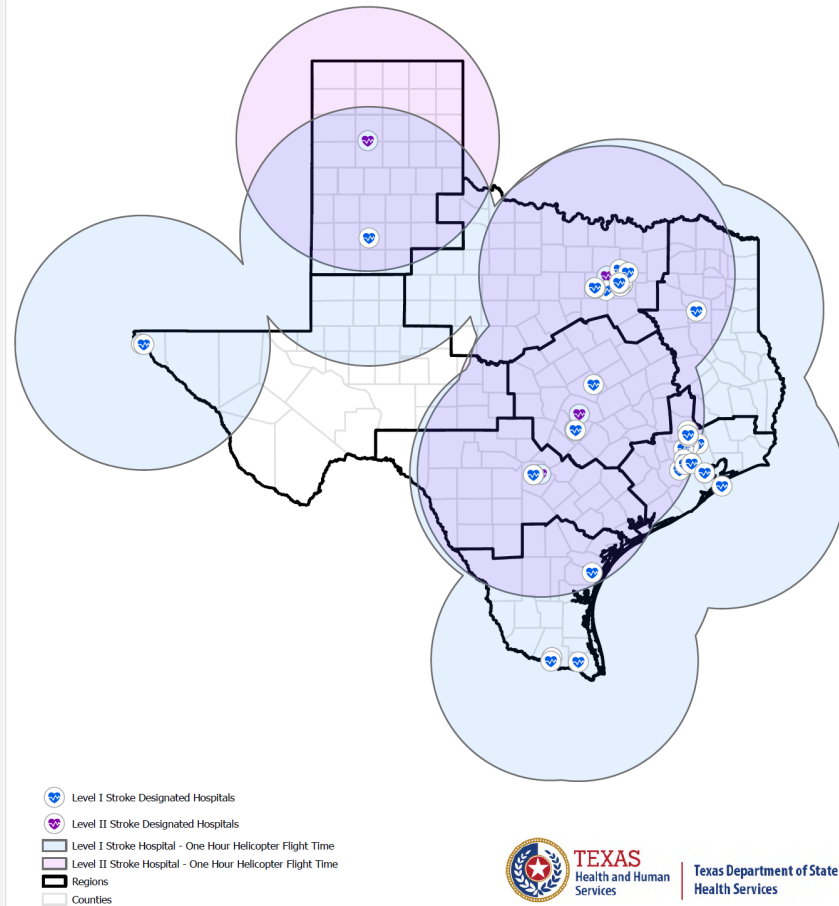


**Texas Stroke Designated Hospitals  
60 Minute Drive Time  
Level I and Level II**



# Texas Stroke Heat Map

## Texas EMS Level I and Level II Stroke Designated Hospitals One Hour Helicopter Flight Time



Sources: Texas Department of State Health Services, EMS/Trauma Systems  
Map Produced By: TXDSHS, Consumer Protection Division, acy, July 2025

# Stroke Committee

Priority Not Implemented  
 Priority Activities Recorded  
 Priorities Completed and  
 being Monitored

| Committee Priorities                                                      | Current Activities                                                                                                                                                                                                                                                                                                                                                                       | Status |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Texas EMS Stroke Survey                                                   | <ul style="list-style-type: none"> <li>Results shared</li> <li>Abstract submitted to ISC, working on second</li> <li>Plan for paper</li> </ul>                                                                                                                                                                                                                                           |        |
| The Stroke Committee endorsed stroke education and certification courses. | <ul style="list-style-type: none"> <li>Ongoing effort identifying stroke educational opportunities for providers</li> </ul>                                                                                                                                                                                                                                                              |        |
| Stroke Education Resources for stroke facilities                          | <ul style="list-style-type: none"> <li>Seeking opportunities to make documents readily available to RACs.</li> <li>EMS Education Liaison – Dr. Jagolino-Cole</li> <li>Met with RAC chairs 08/2025 to seek guidance, recommended email RAC chairs via Deidra</li> <li><u>APPROVAL ITEM:</u> Can endorsed stroke resources be available from the GETAC Stroke Committee website</li> </ul> |        |
| Work with DSHS to outline recommendations for stroke rules for ASRH       | <ul style="list-style-type: none"> <li>Pending further direction</li> </ul>                                                                                                                                                                                                                                                                                                              |        |

| ITEM                                                                                                                                        | ISSUE                                                                                                                                                                                                                                                                                                                                                                                                         | ASK                                                                                                                                                                                                                                                                                                                                                                                                                     | INTENDED OUTCOME                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Prehospital stroke triage algorithm</b>                                                                                                  | No standard or guidance on best practice for patients with suspected stroke for timely transport to the right stroke facility level.                                                                                                                                                                                                                                                                          | Collaborate with GETAC Stroke Committee to outline best practice recommendation for prehospital triage of suspected stroke patients.                                                                                                                                                                                                                                                                                    | GETAC endorsed best practice recommendation for prehospital stroke triage in rural, urban and suburban areas                                                                                                                                                                                                                                                         |
| <b>Door-In-Door-Out (DIDO)</b><br>time of patient arrival to departure from the transferring facility in route to the higher-level facility | <p>Some stroke patients will require emergent or urgent transfer to a higher-level stroke facility in order to receive a lifesaving treatment.</p> <p>The current recommendation is DIDO for emergent transfers to a higher level of care should take 90 minutes or less for thrombectomy eligible patients.</p> <p>2024 t median DIDO for Texas <b>143</b> minutes and nationally 134 minutes. (01/2025)</p> | <ol style="list-style-type: none"> <li>1. Collaborate with GETAC Stroke Committee to outline <b>best stroke terminology</b> to improve rapid transfer of patients in need of life saving treatment.</li> <li>2. Collaborate with GETAC Stroke Committee to outline best practices and <b>aspirational performance measures</b> during inter-facility transfers of patients in need of life saving treatment.</li> </ol> | GETAC endorsed best practice recommendation for state of Texas                                                                                                                                                                                                                                                                                                       |
| <b>EMS Pediatric Stroke Recommendation</b>                                                                                                  | No standard practice or guidance on prehospital management and triage for pediatric patients with suspected stroke. Request made to the Stroke Committee to help outline.                                                                                                                                                                                                                                     | Collaborate with GETAC Stroke Committee to outline best practice for prehospital triage and management of pediatric patients with suspected stroke.                                                                                                                                                                                                                                                                     | GETAC endorsed best practice recommendation for state of Texas                                                                                                                                                                                                                                                                                                       |
| <b>GETAC Stroke Screening Survey</b>                                                                                                        | <p>EMS providers in the US reported inadequate LVO training and demonstrated gaps in knowledge of LVO, Stroke severity scales and stroke center level in recent US survey.</p> <p><a href="https://www.ahajournals.org/doi/epub/10.1161/SVIN.123.001038">https://www.ahajournals.org/doi/epub/10.1161/SVIN.123.001038</a></p>                                                                                 | Collaborate with GETAC Stroke Committee to outline a Texas EMS stroke screen survey to understand the current gaps in knowledge and training for stroke in the state of Texas.                                                                                                                                                                                                                                          | <p>Understanding the gaps in education and current practice can help the GETAC Stroke Committee to make recommendations on education and best practices.</p> <p>Long-term goal would be to execute a research trial using standardized stroke education for EMS providers to see if it can improve knowledge and performance on key prehospital stroke measures.</p> |

# GETAC Stroke Committee

- **Committee items needing council approval:**
  - Data request EMSTR for rural stroke approved by the stroke committee
  - Pediatric resource document with recommendation to add edit for end tidal CO2
  - Rural stroke survey
  - Council approval for endorsed stroke resources to be on GETAC Stroke Committee website
  - Approval to distribute the Mission: Lifeline EMS Recognition to committees, RACs and at DSHS stroke meetings.
- **Action items for the next session:**
  1. Pediatric stroke tip sheet and supplement
  2. Neuro IR coverage recommendation best practice
  3. Rural Stroke Work Group recommendation on best practice 2026

# Stroke Committee

- **Committee items needing council guidance**
  1. None at this time
- **Stakeholder items needing council guidance**
  1. None at this time
- **Items referred to GETAC for future action**
  1. None at this time

# Items Approved

| Item                                       | Approved/Denied | Date    | Tasks                                                              |
|--------------------------------------------|-----------------|---------|--------------------------------------------------------------------|
| Prehospital Adult Stroke Routing           | Approved        | 03/2025 | Provided to Jorie 06/2025                                          |
| Prehospital Adult Stroke Resource Document | Approved        | 06/2025 | Provided to Jorie 06/2025                                          |
| Prehospital Pediatric Stroke Routing       | Approved        | 06/2025 | Provided to Jorie 06/2025                                          |
| TEAM-Stroke Ed study                       | Endorsed        | 06/2025 | Present to EMS Ed Committee and RACs<br>Create Educational content |
| DIDO performance measure recommendation    | Approved        |         | Provided to Jorie 06/2025                                          |
| Stroke Terminology                         | Denied          | 11/2025 | Working with task force                                            |
| Texas EMS Stroke Survey                    | Completed       |         | Results submitted to committees and the council 06/2025            |

# 8.j. GETAC Trauma System Committee Update to Council

Chair: Stephen Flaherty, MD, FACS

Vice-chair: Raul Barreda, MD, FACS



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UNCLASSIFIED

# The Southern Border MIL-CIV Integration

Stephen Flaherty, MD, FACS  
Chair, Trauma System Committee  
GETAC



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# Trauma Systems Committee

## 2025 Committee Priorities Update

Priority Not Implemented  
Priority Activities Recorded  
Priority Completed and Monitored

| Committee Priorities                                                                | Current Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Status |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| SCOR Project<br><br>Transfer delays for patients with severe hypotension or GCS < 9 | <ul style="list-style-type: none"><li>• Next data infusion in November</li><li>• Mid-year data reviewed again at our committee meeting</li><li>• Contributed to discussion at RAC Chairs with Dr. Tyroch and Dr. Remick.</li><li>• This committee recommends only limited requirement for new data fields, but supports encouraging facilities to include a robust data set that characterizes this problem.</li><li>• Recommended to RAC Chairs that this PI concern, along with a concern about duplicated pediatric radiology studies, would be appropriate RAC PI projects</li><li>• RACs offered opportunity to report their RAC PI project at the Trauma Systems Committee meetings.</li></ul> |        |

# Trauma Systems Committee

## 2025 Committee Priorities Update

Priority Not Implemented  
Priority Activities Recorded  
Priority Completed and Monitored

| Committee Priorities                                                                                       | Current Activities                                                                                                                                                                                                                      | Status |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1. Designation Pillar: Assess for barriers to designation.                                                 | Monitoring implementation of new rules for potential impact on Designation                                                                                                                                                              |        |
| 2. Improve communication with RAC Chairs to facilitate early awareness of challenges in the trauma system. | No new activity                                                                                                                                                                                                                         |        |
| 3. Inclusive trauma system pillar (to include military-civilian integration)                               | <i>Millitary – Civilian Partnership concept expanded to military-civilian integration which now includes DoD facilities participating in local trauma systems (BAMC, CRDAMC, WBAMC) Important expansion of homeland defense concept</i> |        |

# Trauma Systems Committee

## 2025 Committee Priorities Update

Priority Not Implemented

Priority Activities Recorded

Priority Completed and Monitored

| Committee Priorities       | Current Activities                                                                                                                        | Status |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 4 Financial health pillar  | Monitoring news, social media and other platforms to identify financial developments that may impact trauma centers or the trauma system. |        |
| 5. Pediatric injury pillar | Duplication of radiographs concern<br>Dr. Pryor is developing a data collection tool<br>RAC Chair informed of concern                     |        |
| 6. Burn Injury Pillar      | Monitoring the Burn Care Task Force                                                                                                       |        |

# 9. System Collaborative for Outcome Review (SCOR) Update to Council

Chair: Kate Remick, MD

Vice-chair: Shawn Salter, RN



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# **Emergency Medical Services and Trauma Registries (EMSTR) Stroke Performance Improvement Data**

August 22, 2025

Jia Benno  
Injury Prevention Unit Director

# About EMSTR

- EMSTR collects reportable event data from EMS providers, hospitals, justices of the peace, medical examiners, and rehabilitation facilities.
- All submitters must report all EMS responses and reportable trauma events to EMSTR under Texas Administrative Code, Title 25, Chapter 103.

**NOTE:** An EMS response is a resulting action from a call for assistance where an EMS provider is dispatched to, responds to, provides care to, or transports a person.

# Stroke Performance Improvement (PI) Data

January 1, 2022-December 31, 2024



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# Inclusion Criteria – All Suspected Strokes

- Primary symptom, other associated symptom, provider's primary impression or provider's secondary impression variables included International Classification of Diseases Tenth Revision (ICD-10) codes:
  - G45 – Transient cerebral ischemic attacks and related syndromes
  - G46 – Vascular syndromes of brain in cerebrovascular diseases
  - I60 – Nontraumatic subarachnoid hemorrhage
  - I61 – Nontraumatic intracerebral hemorrhage
  - I63 – Cerebral infarction
- Protocols used were “Medical – Stroke/TIA”.<sup>1</sup>
- Stroke Scale Result was “Positive”.
- Destination Prearrival Activation is “Yes-Stroke”

<sup>1</sup> TIA = transient ischemic attack

# Suspected Stroke Numbers, 2022-2024

|                                 | 2022   | 2023   | 2024   |
|---------------------------------|--------|--------|--------|
| Total Suspected Stroke Patients | 59,752 | 59,898 | 69,129 |

Data prepared by Injury Prevention Unit Epidemiologists. Data from EMS and Trauma Registries (EMSTR), June 2025.

# Suspected Stroke by Sex, 2022-2024

| Sex                    | 2022   | 2023   | 2024   |
|------------------------|--------|--------|--------|
| Male                   | 28,521 | 28,582 | 33,757 |
| Female                 | 30,894 | 31,125 | 35,228 |
| Missing / Not Recorded | 337    | 191    | 144    |
| Total                  | 59,752 | 59,898 | 69,129 |

Data prepared by Injury Prevention Unit  
Epidemiologists. Data from EMSTR, June 2025.

# Stroke Scale Status for Suspected Stroke Patients, 2022-2024

| Status                 | 2022   | 2023   | 2024   |
|------------------------|--------|--------|--------|
| Stroke Scale Performed | 28,192 | 33,858 | 44,807 |
| Percentage             | 47.18% | 56.53% | 64.82% |
| Not Applicable         | 11,326 | 0      | 0      |
| Percentage             | 18.96% | 0.00%  | 0.00%  |
| Not Recorded           | 20,234 | 26,040 | 24,322 |
| Percentage             | 33.86% | 43.47% | 35.18% |
| Totals                 | 59,752 | 59,898 | 69,129 |

Data prepared by Injury Prevention Unit  
Epidemiologists. Data from EMSTR, June 2025.

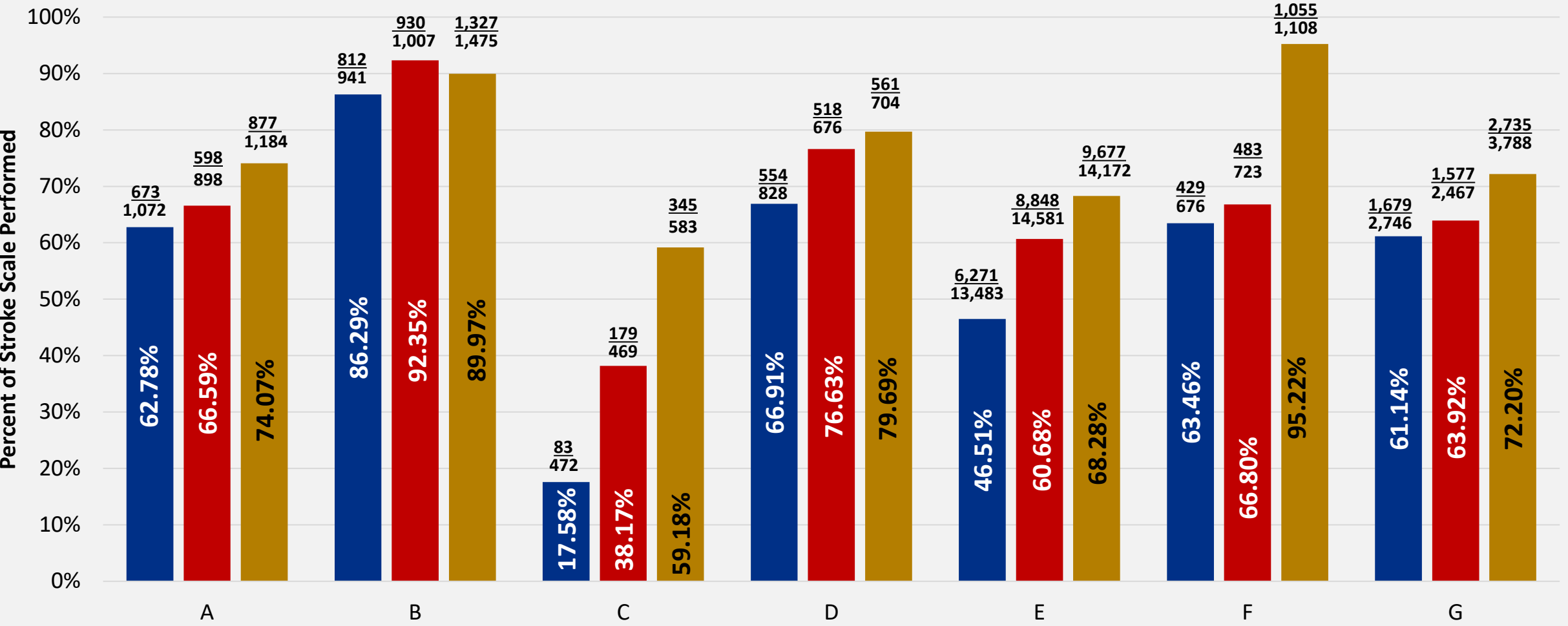
# Stroke Scale Performed by Sex for Suspected Stroke Patients, 2022-2024

| Sex        | 2022   | 2023   | 2024   |
|------------|--------|--------|--------|
| Male       | 13,346 | 16,186 | 21,709 |
| Percentage | 46.79% | 56.63% | 64.31% |
| Female     | 14,772 | 17,604 | 23,015 |
| Percentage | 47.82% | 56.56% | 65.33% |

**Note:** Data does not include stroke scales performed when sex was missing or unknown.

Data prepared by Injury Prevention Unit  
Epidemiologists. Data from EMSTR, June 2025.

# Stroke Scale Performed by Regional Advisory Council (RAC) A-G for Suspected Stroke Patients

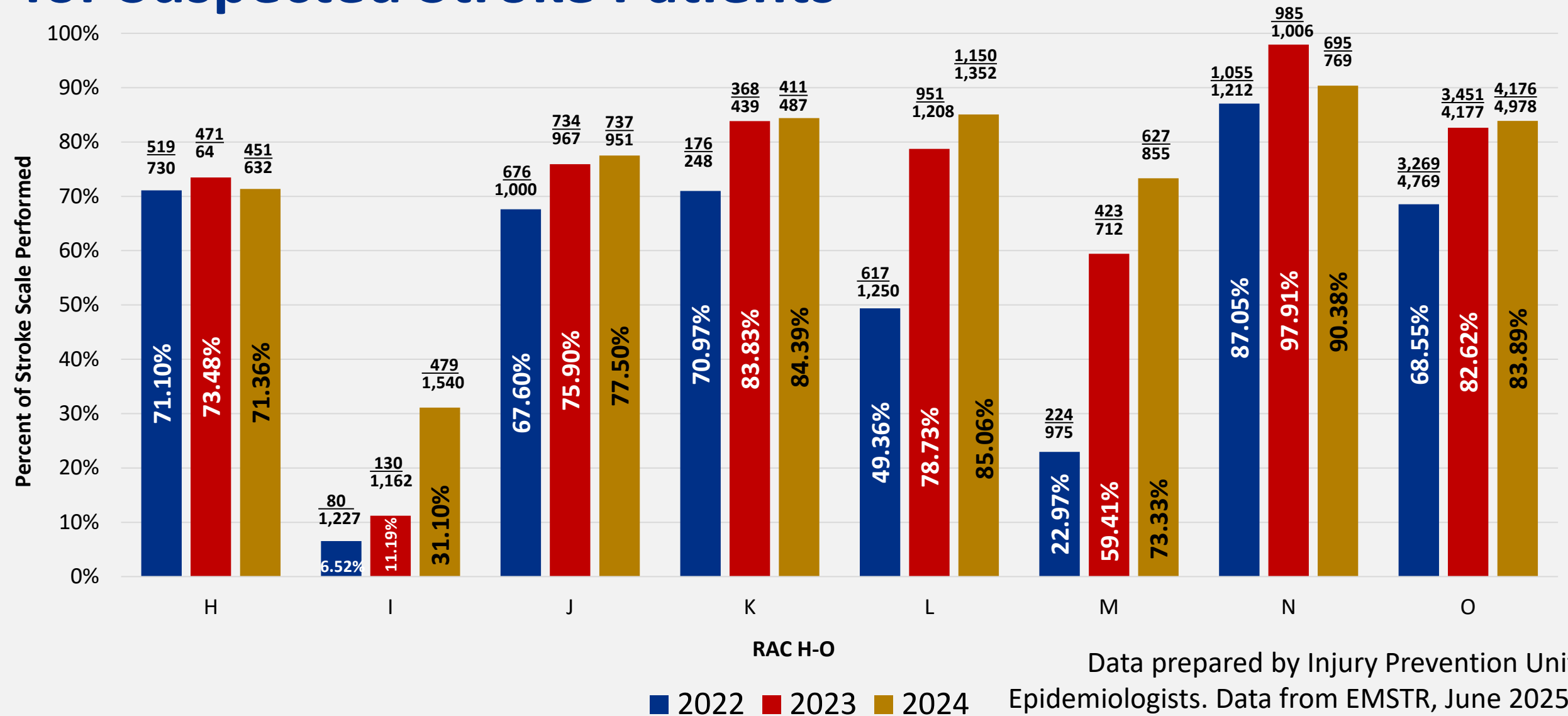


RAC A-G

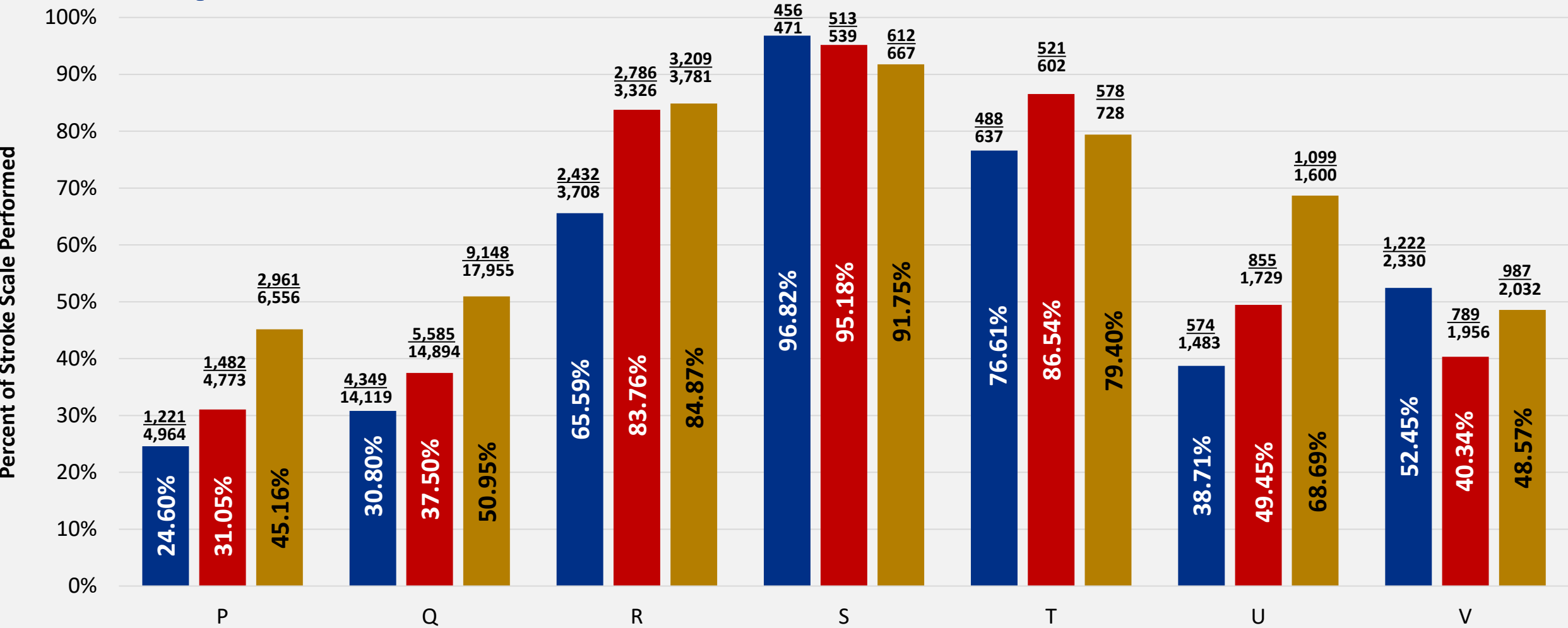
■ 2022 ■ 2023 ■ 2024

Data prepared by Injury Prevention Unit  
Epidemiologists. Data from EMSTR, June 2025.

# Stroke Scale Performed by RAC H-O for Suspected Stroke Patients



# Stroke Scale Performed by RAC P-V for Suspected Stroke Patients



# Thank you!

EMSTR Stroke PI data

[Injury.Prevention@dshs.texas.gov](mailto:Injury.Prevention@dshs.texas.gov)

# Semiannual GETAC Stroke Quality Report

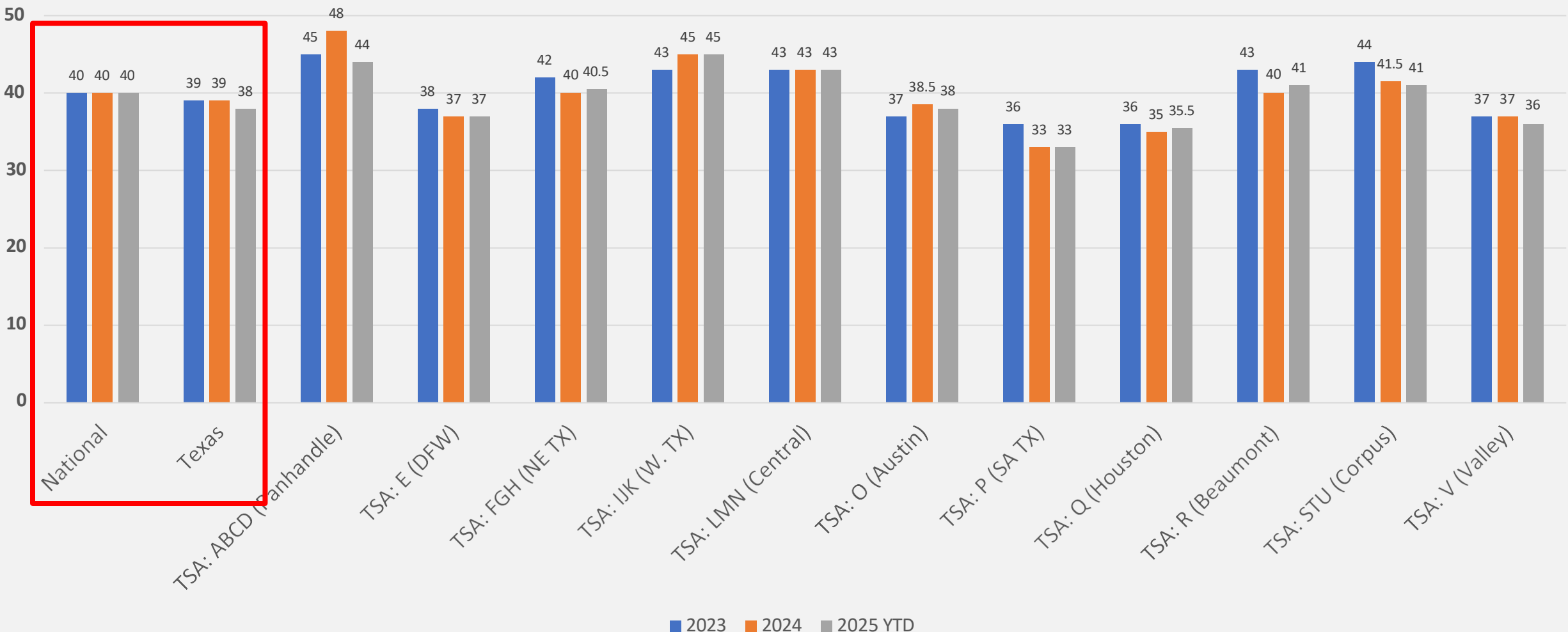
Data Sourced from Get With The Guidelines® - Stroke  
June 27 – July 1, 2025  
Reports reflect 2023 – 2025 YTD data

# Currently Participating

- Texas Stroke GWTG Sample
- 216 TX Hospitals participating in GWTG
  - 53 participating hospitals classified as “Rural,” using the Rural Urban Commuting Area (RUCA) codes 4-10 and 99
    - 32 of these joined as part of the Rural Healthcare Outcomes Accelerator program
  - 84 participating in RDC = 39% of TX GWTG Hospitals
  - As of May 2025, 168 of the 191 (88%) designated facilities in Texas are currently using GWTG Stroke

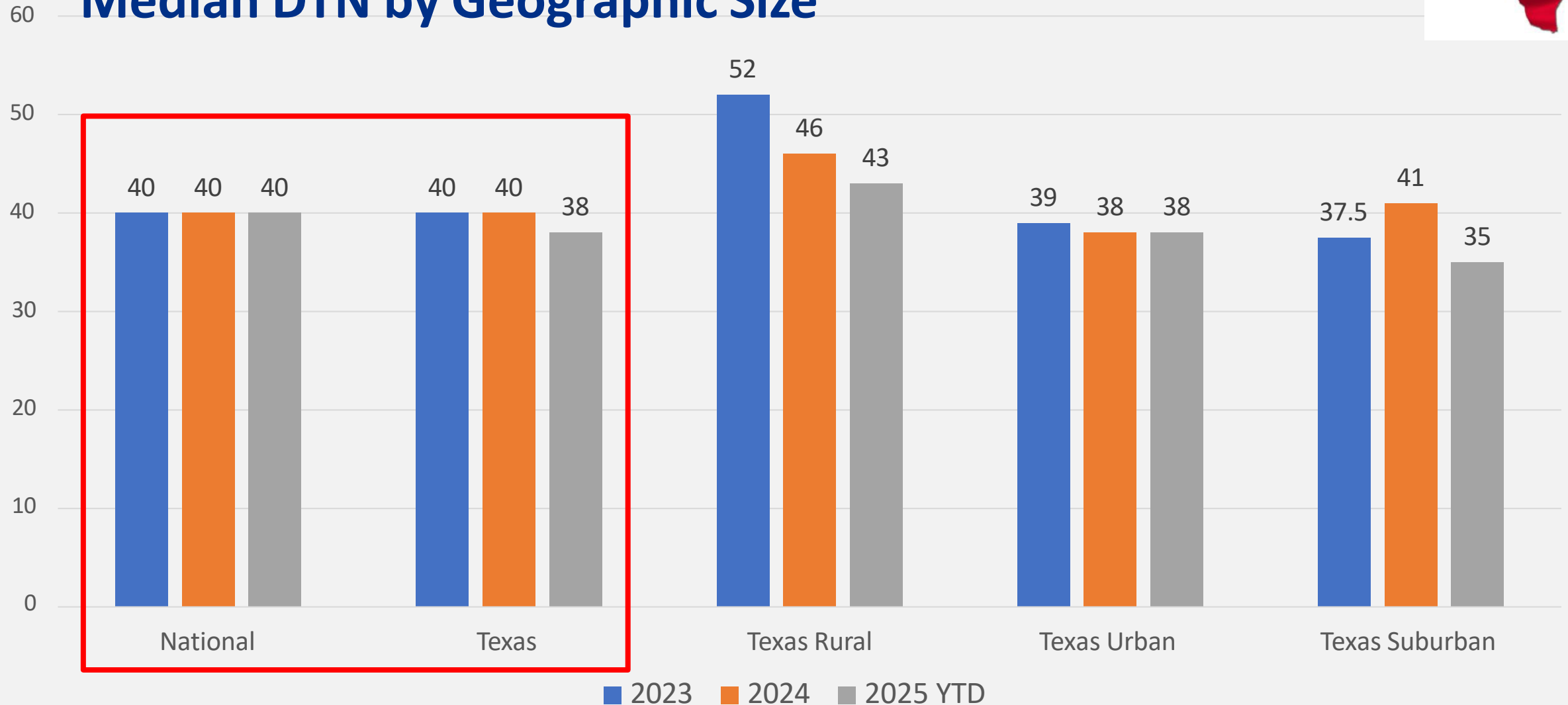


# Median DTN by RAC (minutes)



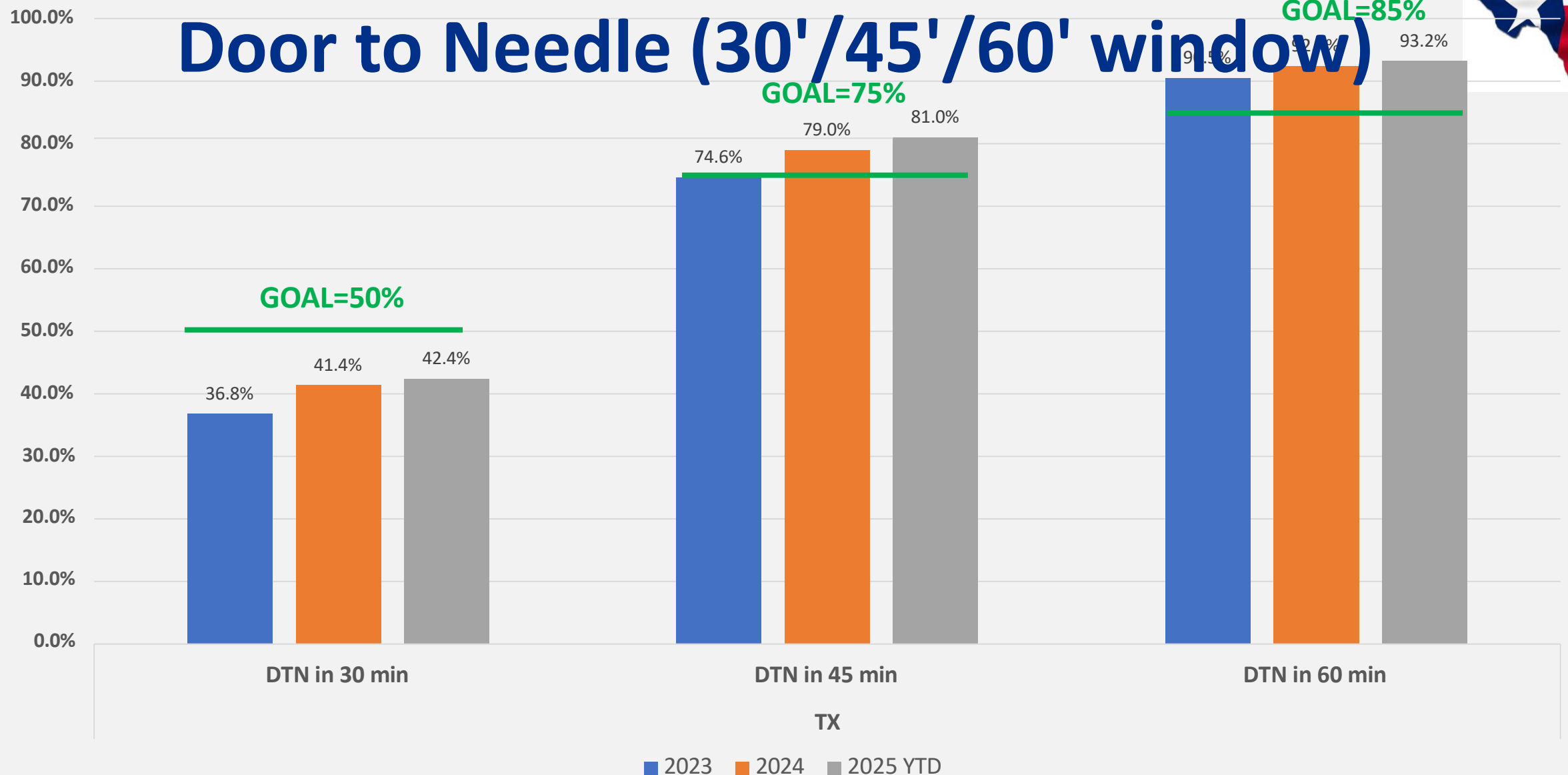


## Median DTN by Geographic Size





# Door to Needle (30'/45'/60' window)



Disclaimer: Get with The Guideline reports are generated from a live registry. All data is subject to change. Report generated on 7/1/25.

# 10. Task Force Updates and Action Items



# 10.a. Burn Care Task Force

Taylor Ratcliff, MD, and Amber Tucker, RN, Co-chairs

# 10.b. EMS Wall-times Task Force

Chair: Chief Dudley Wait, LP

Reduction of EMS Wall Times in Texas and analyze the impact of the associated white papers on the issue.

This group will form and hold its initial meeting in the coming weeks. The call for all participants is open.

# 10.c. Time-sensitive Transfer Deconfliction Workgroup

Ryan Matthews

# 11. Executive Committee Activities Summary

## Executive Committee:

Alan Tyroch, MD, GETAC Chair

Ryan Matthews, LP, GETAC Vice-Chair

Sharon Malone, MD, GETAC Council Member

*No activities identified for  
this quarter.*



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# 12. Texas EMS, Trauma & Acute Care Foundation (TETAF)

Dinah Welsh, TETAF President/CEO



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# TEXAS EMS, TRAUMA AND ACUTE CARE FOUNDATION UPDATE

Dinah Welsh  
TETAF President/CEO  
August 22, 2025



# TETAF ADVOCACY

- The 89<sup>th</sup> Texas Legislature convened for a special session on July 21.
  - During the special session, TETAF closely monitored the Select Committee on Disaster Preparedness and Flooding as it relates to the Regional Advisory Councils (RACs).
  - TETAF will continue to monitor these items and be ready during the 89(2) Legislative Session that began on Friday, August 15.
- TETAF is also looking further into allocation of funds from the One Big Beautiful Bill Act as it relates to concerns of HPP funding cuts

# SURVEYS – TRAUMA, STROKE, MATERNAL, & NEONATAL

- **TETAF and Texas Perinatal Services Surveys** – The current volume of surveys in order are trauma, maternal, neonatal, and stroke.
- **Trauma Rules** – TETAF is working with surveyors, hospital partners, and DSHS to ensure rules are understood and followed. TETAF is recruiting additional trauma surgeon surveyors to meet increased survey participation requirement.

# TETAF EDUCATION

- TETAF continues to offer continuing education through its virtual Texas Quality Care Forum. The next forum is on Monday, August 25 at 10:00 a.m. CDT. The topic is, “From Findings to Fixes: Closing the Quality Loop in Mother and Infant Units”



Register for the  
Texas Quality Care  
Forum (TQCF)

# TETAF COLLABORATION

- TETAF continues to provide support to the Texas TQIP Collaborative.
  - Texas TQIP held its third quarterly meeting this week and submitted trauma data earlier this year.
  - Texas TQIP has met with interested trauma facilities to establish a pediatric collaborative.
  - Questions about Texas TQIP? Email [texastqip@tetaf.org](mailto:texastqip@tetaf.org).
- TETAF welcomes the opportunity to be a resource, support, and/or participate in any meetings to further build the trauma and emergency care network.

# 13. 2026 Meeting Dates



## **Quarterly Meetings:**

**2026**

**Q1: March 10-13**

**Q2: June 2-5**

**Q3: August 25-28**

**Retreat & Committee Selection: October 14-15**



# 14. Final Public Comment

Three minutes is the allocated allotment of time for public comment.

Please state the following when making comments:

- Your name
- Organization you represent
- Agenda item you would like to address.



03:00



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# 15. Announcements



# 16. Next Council Meeting Dates



## Quarterly Meetings:

- a. **October Retreat & Committee Selection:** October 29-30 is available
- b. **Q4** – November 21-25, 2025, in conjunction with the Texas EMS Conference in Fort Worth.

# 17. Adjournment

**Alan Tyroch, MD, GETAC Chair**



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*Thank you for all you do to support the GETAC mission to promote, develop, and advance an accountable, patient-centered Trauma and Emergency Healthcare System!*

*Safe travels home.*