TEXAS
Health and Human Services

Texas Department of State Health Services

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

March 11, 2026

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Newborn Screening and Injury Prevention Section 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, 2023 - June 30, 2025

Inclusion Criteria – All Suspected Strokes

- Primary symptom, other associated symptom, provider's primary impression or provider's secondary impression variables included a stroke.
- Protocols used were "Medical – Stroke/TIA".[1]
- Stroke Scale Result was "Positive".
- Destination Prearrival Activation is "Yes-Stroke".

[1] TIA = transient ischemic attack

Suspected Stroke Numbers, 2023-2025

	2023	2024	2025*
Total Suspected Stroke Patients	59,898	69,129	37,617

*2025 data is from January 1 – June 30, 2025.

Data prepared by Injury Prevention Unit Epidemiologists. Data from EMS and Trauma Registries (EMSTR), January 2026.

Suspected Stroke by Sex, 2023-2025

Sex	2023	2024	2025*
Male	28,582	33,757	17,977
Female	31,125	35,228	19,040
Missing / Not Recorded	191	144	600
Total	**59,898**	**69,129**	**37,617**

*2025 data is from January 1 – June 30, 2025.

Data prepared by Injury Prevention Unit Epidemiologists. Data from EMSTR, January 2026.

Stroke Scale Status for Suspected Stroke Patients, 2023-2025

Status	2023	2024	2025*
Stroke Scale Performed	33,858	44,807	25,415
Percentage	56.53%	64.82%	67.56%
Missing	26,040	24,322	12,202
Percentage	43.47%	35.18%	32.44%
Totals	**59,898**	**69,129**	**37,617**

*2025 data is from January 1 – June 30, 2025.

Data prepared by Injury Prevention Unit Epidemiologists. Data from EMSTR, January 2026.

Stroke Scale Performed by Sex for Suspected Stroke Patients, 2023-2025

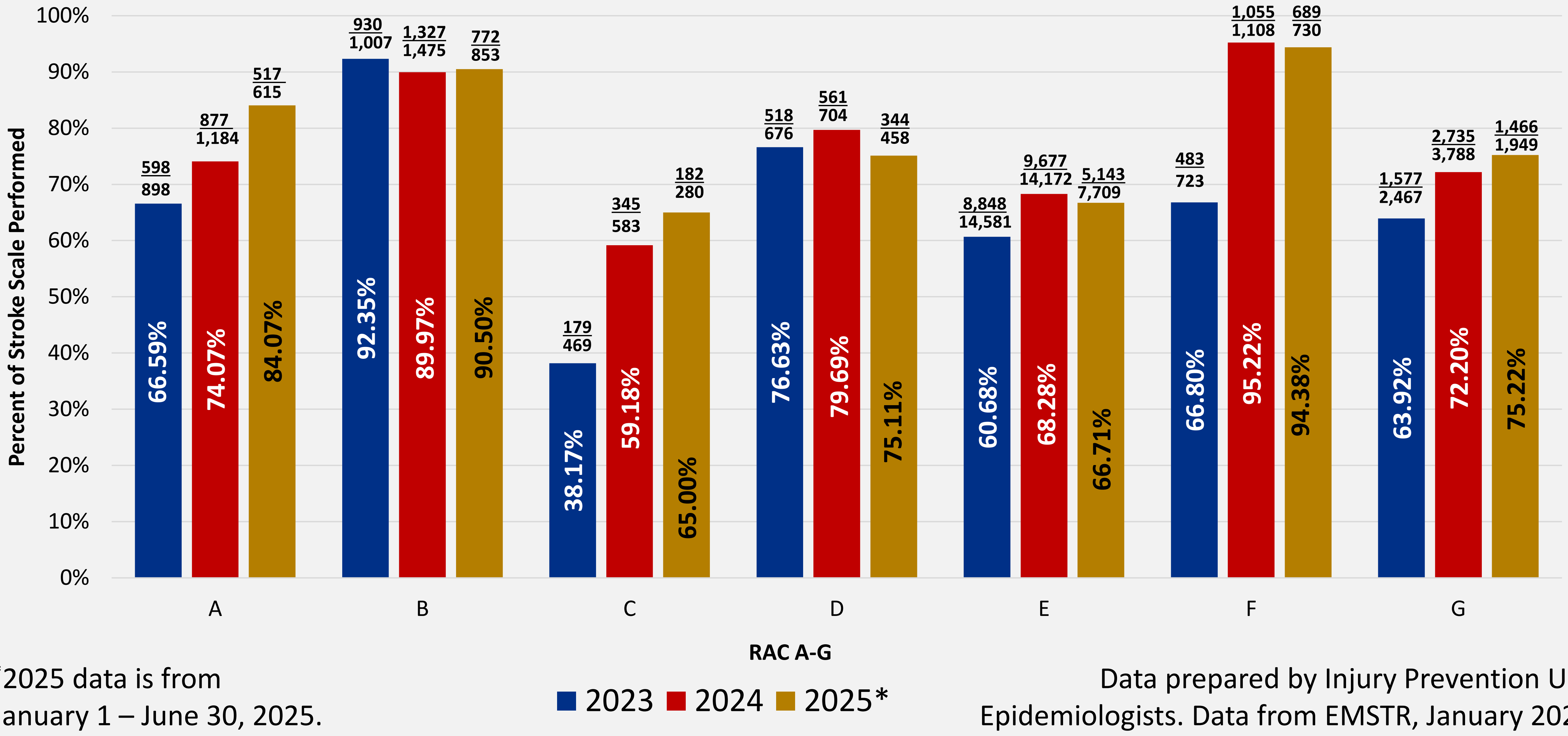
Sex	2023	2024	2025*
Male	16,186	21,709	12,283
Percentage	56.63%	64.31%	68.33%
Female	17,604	23,015	13,034
Percentage	56.56%	65.33%	68.46%

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

*2025 data is from January 1 – June 30, 2025.

Data prepared by Injury Prevention Unit Epidemiologists. Data from EMSTR, January 2026.

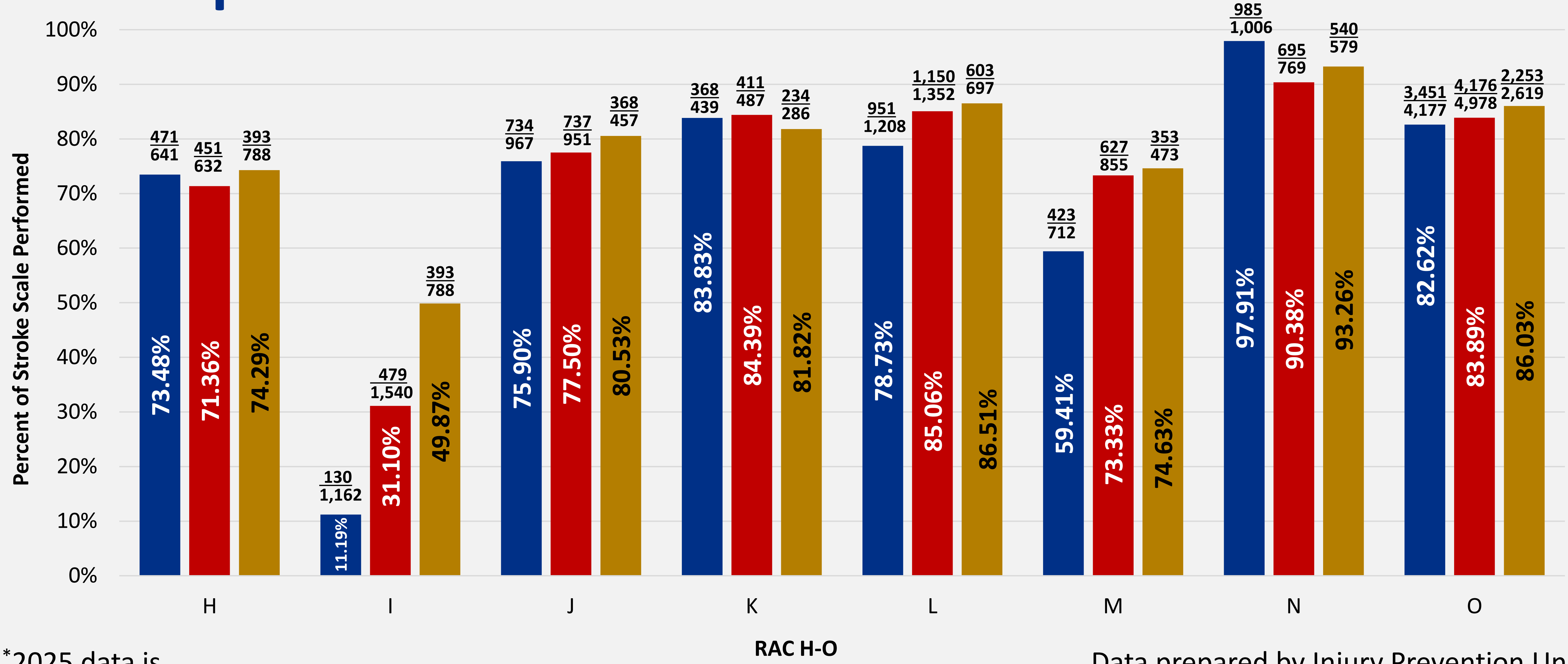
Stroke Scale Performed by Regional Advisory Council (RAC) A-G for Suspected Stroke Patients



*2025 data is from January 1 – June 30, 2025.

Data prepared by Injury Prevention Unit Epidemiologists. Data from EMSTR, January 2026.

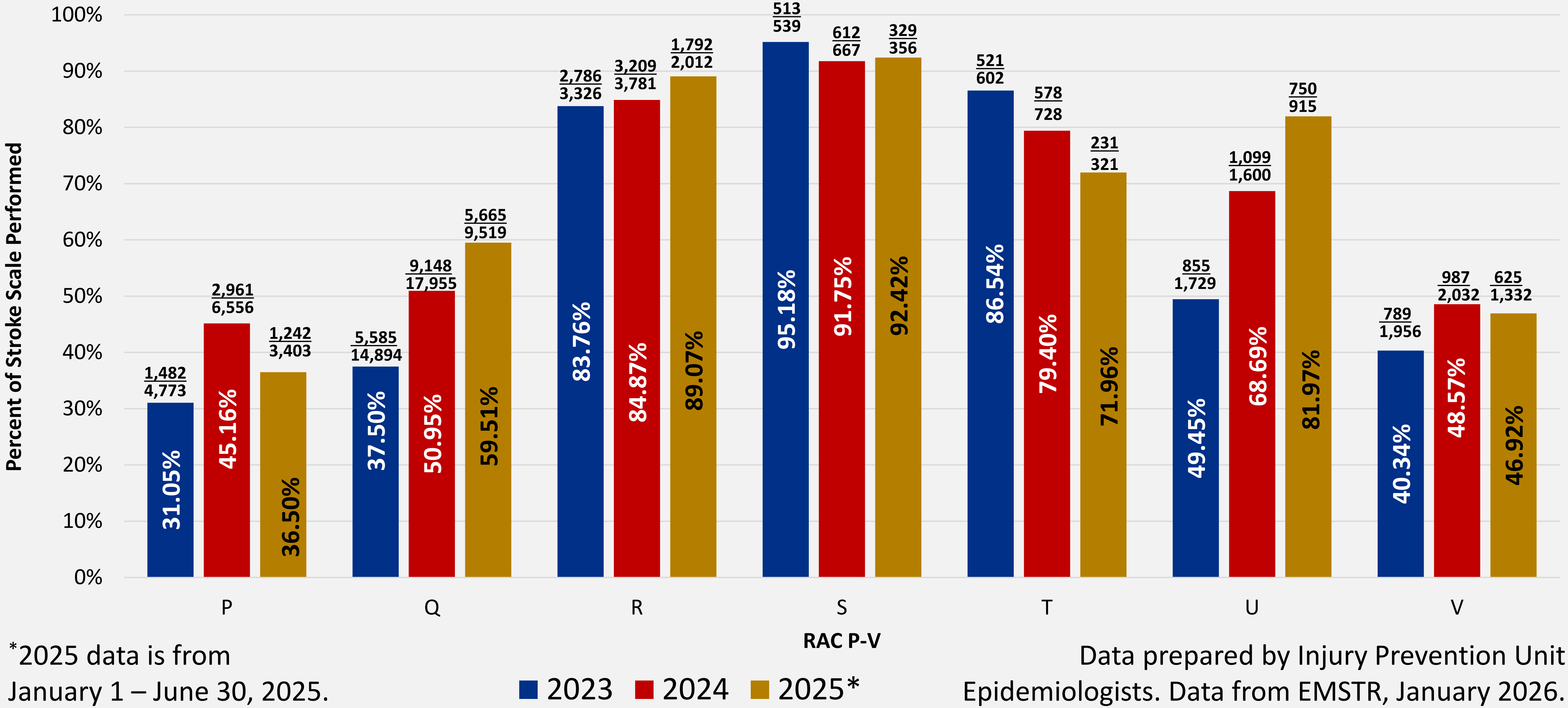
Stroke Scale Performed by RAC H-O for Suspected Stroke Patients



*2025 data is from January 1 – June 30,2025.

Data prepared by Injury Prevention Unit Epidemiologists. Data from EMSTR, January 2026.

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



*2025 data is from January 1 – June 30, 2025.

Data prepared by Injury Prevention Unit Epidemiologists. Data from EMSTR, January 2026.

Trauma Transfer Delay – Median Time to Transfer (Follow-up data)

2023-2024

Median Trauma Transfer Delay, 2023, Transfer Time

Age Group	Median Time	Number of People
Less than 15	1.90 hours	107
Age 15-64	2.13 hours	550
Age 65+	3.15 hours	883

Median Trauma Transfer Delay, 2024, Transfer Time

Age Group	Median Time	Number of People
Less than 15	2.45 hours	107
Age 15-64	2.65 hours	515
Age 65+	3.82 hours	985

Thank you!

EMSTR Stroke Performance Improvement Data

Injury.epi@dshs.texas.gov

STANDARD OPERATING PROCEDURES

GOVERNOR'S EMS AND TRAUMA ADVISORY COUNCIL (GETAC)

October 2025

TEXAS Health and Human Services | Texas Department of State Health Services

Table of Contents

1. COUNCIL NAME
Governor's EMS and Trauma Advisory Council (GETAC)

2. CONDUCT OF MEETINGS
All meetings will be conducted in accordance with the state "Open Meetings Act," Texas Government Code CHAPTER 551. Agendas will include the opportunity for general public comment as well as specific comments before any action is taken by the Council.

All documents associated with Council agenda items will be submitted to DSHS no later than ten calendar days in advance of the GETAC meeting, thus allowing electronic distribution of materials to Council members no later than five days in advance of the meeting.

A quorum is a simple majority of the appointed council members.

The Vision and Mission will be read at the beginning of each Council and committee meeting and will be included on each Council and committee agenda.

During public comments, there can be no dialogue between the council and the public about topics that are not on the agenda.

3. VISION
A unified, comprehensive, and effective Emergency Healthcare System.

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

5. VICE CHAIR
The Council appointees will elect the Vice Chair to a 3-year term during the Strategic Planning Session. The Vice Chair shall perform the duties of the presiding officer (Chair) in the absence or disability of the presiding officer. In case the position of Chair becomes vacant, the Vice Chair shall serve until a successor is appointed.

6. EXECUTIVE COMMITTEE
The Executive Committee consists of the Council Chair, Vice Chair, and a third Council appointee elected by the Council. The third Council appointee will be elected to a one-year rotating term during the Strategic Planning Session.

7. GETAC LIAISONS

The GETAC chair appoints Council Liaisons to the committees. There must be at least one GETAC liaison to each committee, and each member of the Council shall serve as a liaison to at least one committee. GETAC liaisons are encouraged to attend the various committee meetings and are expected to be knowledgeable about the issues being discussed.

8. COMMITTEES

The Council may appoint committees it considers necessary to perform its duties. Each committee should have a statement of purpose.

a. Current Committees

- Air Medical and Specialty Care Transport
- Cardiac Care
- Disaster Preparedness and Response
- Emergency Medical Services
- EMS Education
- EMS Medical Directors
- Injury Prevention and Public Education
- Pediatric
- Stroke
- Trauma Systems

b. Task Forces

Task Forces to address specific issues may be appointed at any time by the Council Chair. The Task Force will report to GETAC. At the time of the establishment of a Task Force, the Chair will appoint a leader and give the group its charge.

All Task Force meetings must comply with the Open Meetings Act. Agendas and public postings must follow the timeline indicated in the GETAC Committee Guidelines, and meetings must be scheduled through the EMS/Trauma Systems Section.

c. Committee Workgroups

Workgroups may be formed within a committee to address specific tasks outlined by the Committee Chair. If a workgroup session is open to the entire committee or if the appointed members equal a simple majority of committee members, the Open Meetings Act requirements apply. Agendas and public postings must follow the timeline indicated in the Timeline section of the *Committee Guidelines*. For committee workgroups that involve less than a quorum of committee members, the Open Meetings Act requirements do not apply. However, if an unexpected quorum is reached during a workgroup meeting, the meeting must be stopped and rescheduled following open meeting timelines.

There cannot be a quorum of GETAC members actively participating in a decision-making capacity at any committee, task force, or workgroup meeting.

All workgroups and task force meetings must be offered a state-approved platform, and EMS/Trauma Systems staff must be provided with an opportunity to attend.

9. COMMITTEE STRUCTURE

a. Appointments

The Council Chair will appoint Committee Chairs, Vice Chairs, and Members.

b. Vice Chair

The Committee Chair will propose a Vice Chair to the Executive Committee for approval during the annual committee member selection meeting. The process for choosing the committee Vice Chair is at the discretion of the committee chair.

c. Committee Members

The Executive Committee, Council Liaison(s), and the Committee Chair will jointly recommend committee members from a pool of applicants to serve on a specific committee. Committees shall consist of seven to seventeen members. It is the responsibility of the Council and Committee Chair to ensure that appointments reflect appropriate representation on committees and task forces (i.e., type of provider, geography, etc.). Additionally, the Council's Executive Committee will review the committee chair's performance, willingness to continue to serve, and any conflict changes annually and provide feedback on any identified improvement opportunities.

d. Application Process

The committee application process will be initiated annually with the announcement of the dates the application period will be open. DSHS must receive applications before the closing date; incomplete applications will not be considered. Official notification of new member selections will be announced at the fourth quarter committee meetings, with terms starting January 1 of the following year.

DSHS, GETAC, and possibly other individuals/entities will provide an orientation and educational session for new committee members. All new committee members are strongly encouraged to attend the session.

Committee members will have terms with expiration dates, with one-third of the Committee members' terms expiring each year. All appointments are for three-year terms. When a committee member's term expires, that individual may be re-appointed if a new application is submitted. However, new members should be strongly considered, especially after a second term.

e. Meeting Responsibilities

Committees generally meet in conjunction with the quarterly GETAC meetings and, as deemed necessary, between the quarterly meetings, to conduct the business of the committee. Committee members must attend at least 75% of the regularly scheduled meetings for the calendar year or be subject to removal from the committee. Committee members must attend 50% of the regularly scheduled meetings in person. If attending virtually, committee members' cameras must be on for the entirety of the meeting. Attendance will be evaluated annually.

All documents associated with Committee agenda items will be submitted to EMS/Trauma Systems. Committee Chairs will submit their respective committee agendas to DSHS by a specified deadline, ensure that minutes are kept, and present reports from their meetings at each Council meeting.

The GETAC Chair, in consultation with a Committee Chair, may assign one or more non-voting individuals as subject matter expert(s) as needed. These are not counted towards the committee membership.

During public comments, there can be no dialogue between the committee and the public about topics not on the agenda.

10. COMBINED COMMITTEE MEETINGS

Committees may meet in combination. The voting composition of such meetings will include, at a minimum, the Chair or designee and three other members appointed by the Chair of each Committee. Decisions made in combined committee meetings will be reported to GETAC.

11. SYSTEM COLLABORATION FOR OUTCOMES REVIEW

System Collaboration for Outcomes Review (SCOR) is a multidisciplinary, collaborative approach to a shared learning network using data to drive system-level improvements. The collaborative is derived from a representative from each standing committee, reaffirmed annually. GETAC will appoint the SCOR Chair and Vice Chair.

12. MEETING DAYS

Council meetings should be on Fridays whenever possible. Committees meet prior to the Council meeting. Current committee meeting times are as follows:

Day 1

- 9:00 AM – 10:30 AM Disaster Preparedness and Response Committee
- 10:30 AM – 12:00 PM Pediatric Committee
- 1:00 PM – 2:30 PM Injury Prevention and Public Education Committee
- 2:30 PM – 4:00 PM Stroke Committee

- 4:00 PM – 5:30 PM Air Medical and Specialty Care Transport Committee
- 5:30 PM – 7:00 PM System Collaboration for Outcomes Review

Day 2

- 9:00 AM – 10:30 AM EMS Education Committee
- 10:30 AM – 12:00 PM Emergency Medical Services Committee
- 1:00 PM – 2:30 PM EMS Medical Directors Committee
- 2:30 PM – 4:00 PM Trauma Systems Committee
- 4:00 PM – 5:30 PM Cardiac Care Committee

13. GETAC STRATEGIC PLANNING SESSION

The purpose of the GETAC Strategic Planning Session is to establish the priorities for the upcoming calendar year. Committee Chairs will present the committee priorities for the upcoming year to the Council for approval. Committee Chairs will also present the priority outcomes for the previous year.

GETAC will officially approve the committee and task force priorities for the council at the conclusion of the Session.

The Council will review the GETAC Strategic Plan in even years and make revisions as needed. The GETAC Standard Operating Procedures and GETAC Committee Guidelines will be reviewed by the Council in odd years and revised as needed.

14. CHAIR AUTHORITY TO REPRESENT GETAC'S POSITION

When critical requests for GETAC input (i.e., legislative, media) are received between meetings, the Chair shall seek input from the Executive Committee and DSHS prior to responding to the request.

When requests regarding issues upon which GETAC has already taken action are received between meetings, the Chair will respond with GETAC's position.

In all cases, the final response will be shared with all GETAC members.

Established April 2000

Revised October 2025

GETAC Committee Guidelines

GOVERNOR'S EMS AND TRAUMA ADVISORY COUNCIL (GETAC)

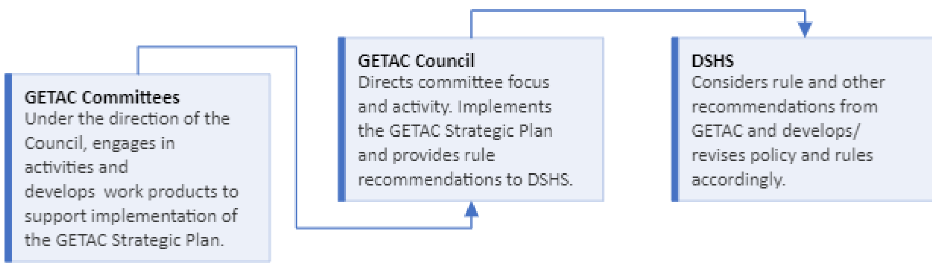
October 2025

TEXAS Health and Human Services | Texas Department of State Health Services

Contents

The purpose of this document is to guide the procedural operation of the committees.

The Texas Department of State Health Services (DSHS) and the Governor's EMS and Trauma Advisory Council (GETAC) Partnership



1. Committee Focus

The Governor's EMS and Trauma Advisory Council approves the priorities of the committee and directs the committee's activities.

a. Committee Priorities and Activities

The Committee Chair will define the committee's priorities based on the GETAC Strategic Plan and submit it to Council for approval. Activities should align with the committee priorities and support the GETAC vision and mission.

b. Committee Reports

The Committee Chair, ~~Vice-Chair~~Vice Chair, or appointee will report quarterly activities to Council and provide a progress status on the committee priorities and goals.

2. Committee Statement of Purpose

Each committee will have a statement of purpose. This statement will be posted on the GETAC committee page on the DSHS EMS/Trauma Systems webpage and placed on the agendas.

3. Flow of Activity for Committee Requests

To facilitate the effective movement of committee objectives and goals, the Committee Chair must follow the appropriate route and processes for requests and action items.

a. Action Items for Council

Committee action items must be placed on the GETAC Council agenda. The Council cannot take action on any item that has not had adequate public notice by being included on the posted agenda. When a Committee Chair requests that an item be placed on the Council agenda for future action, the Committee Chair must make the request at the GETAC council meeting in the quarter prior.

b. Requests for the Regional Advisory Councils (RACs)

~~c.~~ RACs meet after the last committee meeting of the week to provide a forum for the RACs to talk about things that have come up during GETAC and provide an opportunity for committee and task force chairs to ask the RAC executives if they'd be willing to take on a particular task or provide feedback in a particular area. For committee requests involving RAC support through the provision of data or any task-related activity, the Committee Chair will collaborate with and get support from the RAC Chairs and Executive Directors before presenting the request to the GETAC Council. The following process must be followed:

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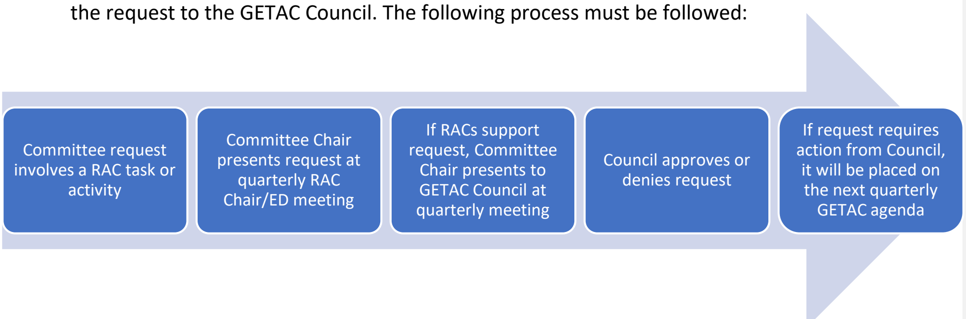
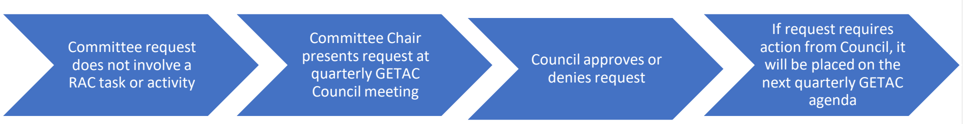


~~d.~~c. Requests for the GETAC Council

Requests may include ~~appoval~~ approval of committee work products and data reports from the EMS/Trauma Registry.

If the Committee request does not involve RAC support through the provision of data or any other task-related activity, then the Committee Chair will follow the process below.



4. Committee Documents

a. Conflict-of-Interest Forms

Every committee member must complete a conflict-of-interest form annually. DSHS must have a copy on file before a committee member can participate in meetings.

b. Open Meetings Act (OMA) and Public Information Act Training (PIA)

Each committee member must complete the OMA and PIA training once selected to serve on a GETAC committee. DSHS must have a copy of both the OMA and PIA certificates on file before a committee member can participate in any meetings. Training must be completed between January 1 and March 31 of the year their term begins.

All re-selected committee members must complete the OMA and PIA training with each reappointment (every three years).

c. Agendas

Committee Chairs are responsible for setting the agenda and scheduling all presenters.

Committees generally meet in conjunction with the quarterly GETAC meetings and, as deemed necessary, between the quarterly meetings to conduct the business of the committee. Each meeting, whether a quarterly Committee meeting, committee workgroup meeting, or joint GETAC committee meeting, requires an agenda for public notice. Open meetings timelines must be followed to have a legal meeting. *For committee workgroups that involve ~~less~~ fewer than a quorum of committee members, the Open Meetings Act requirements do not apply.*

The committee cannot take action on any item that has not had adequate public notice by being included on the posted agenda.

d. Presentations

Committee Chairs must provide copies of any presentations and/or documents to be discussed and/or disseminated in the upcoming meeting.

e. Meeting Minutes

The Committee ~~Vice-Chair~~Vice Chair will record minutes for each meeting and submit them on the template provided by the department.

f. Committee Action Item Request – Regional Advisory Councils (RACs)

The Committee Chair will complete the PowerPoint slide template provided by the department and submit it to the department to share during the RAC Chair/Executive Director quarterly meeting. The slides should include a single, clear, and concise statement for each of the following items:

- Define the specific request for the RACs.
- Explain the purpose of the request.
- Detail the expected benefit to the RACs resulting from the request.
- Provide the timeline or relevant deadlines for the request.

g. Committee Action Item Request – GETAC

The Committee Chair will complete the PowerPoint slide template provided by the department and submit it to the department to include in the Council presentation. The slides should include a single, clear, and concise statement for each of the following items:

- Define the specific request.
- Explain the purpose of the request.
- Detail the intended impact or expected benefit resulting from the request.
- Provide the timeline or relevant deadlines for the request.

h. Committee Chair Reports to Council

The Committee Chair or designee will complete the PowerPoint slide template provided by the department and submit it to the department to include in the Council presentation. The slides should provide the following information:

- Color-coded chart showing the status of committee priorities and goals.
- Committee items needing Council guidance.
- Stakeholder items needing Council guidance.
- Requests for future action by Council.

5. Timeline

The purpose of the timeline is to ensure that the department receives all documents in adequate time to move through a multi-layer approval process and that public notice is posted in compliance with the Open Meetings Act. The following meeting documents and presentations must be submitted by the deadlines below.

- ❑ Agenda: 21 calendar days before the meeting day
- ❑ Meeting handouts: 10 calendar days before the meeting day
- ❑ Committee and/or presenter presentations: 10 calendar days before the meeting day
- ❑ Committee Chair Report to Council: by 7 PM on the day of the quarterly committee meeting
- ❑ Meeting Minutes: 21 calendar days after the meeting

6. Committee Structure

a. Committee Liaison(s)

There must be at least one GETAC liaison to each committee. GETAC liaisons are encouraged to attend the various committee meetings and are expected to understand the issues being discussed.

b. Committee Chair

The Council Chair will appoint committee chairs. The Executive Committee will review the committee chair's performance, willingness to continue to serve, and any conflict changes annually and provide feedback on any identified improvement opportunities.

c. Committee ~~Vice-Chair~~Vice Chair

The Committee Chair will propose a ~~Vice-Chair~~Vice Chair to the Executive Committee for approval during the annual committee member selection meeting. The process for choosing the committee ~~vice-chair~~Vice Chair is at the discretion of the committee chair. The ~~Vice-Chair~~Vice Chair ~~will be appointed to serve a 3-year term and~~ shall perform the duties of the presiding officer (Chair) in the absence or disability of the presiding officer and record the minutes of each meeting. If the Chair position becomes vacant, the ~~Vice-Chair~~Vice Chair shall serve until a successor is appointed or for three years. At the next quarterly meeting following the appointment to a vacant Chair position, the Committee Chair will select an interim ~~Vice-Chair~~Vice Chair to serve until the next annual committee member selection meeting.

d. Appointment of Committee Members

The Council Chair will appoint Committee Chairs and committee members. The GETAC Executive Committee, Council Liaison(s), and the Committee Chair will jointly recommend committee members from a pool of applicants to serve on a specific committee.

Committees shall consist of seven to seventeen members. It is the responsibility of the Council and Committee Chair to ensure that appointments reflect appropriate representation on committees and task forces~~ (i.e., type of provider, geography, etc.)~~.

The committee application process will be initiated annually with the announcement of the dates the application period will be open. DSHS must receive applications before the closing date; incomplete applications will not be considered.

Committee members will have terms with expiration dates. All appointments are for three-year terms. When a committee member's term expires, that individual may be re-appointed if a new application is submitted. However, new members should be strongly considered, especially after a second term.

e. Meeting Responsibilities

Committees generally meet in conjunction with the quarterly GETAC meetings ~~and~~and, as deemed necessary, between the quarterly meetings, to conduct the business of the committee. Committee members must attend at least ~~50~~75% of the regularly scheduled meetings for the calendar year or be subject to removal from the committee. Committee members must attend 50% of the regularly scheduled meetings in person. If attending virtually, committee members' cameras must be on for the entirety of the meeting. Attendance will be evaluated annually.~~.~~

All documents associated with Committee agenda items will be submitted to EMS/Trauma Systems. Committee Chairs will submit their respective committee agendas to DSHS by a specified deadline, ensure that minutes are kept, and present reports from their meetings at each Council meeting.

The GETAC Chair, in consultation with a Committee Chair, may assign one or more non-voting individuals as subject matter expert(s) as needed. These are not counted towards the committee membership.

During public comments, there can be no dialogue between the committee and the public about topics ~~that are~~ not on the agenda.

7. Summary of Committee Chair and Vice Chair Responsibilities

The Committee chair is responsible for providing the Committee's proposed priorities, quarterly status, priority outcomes, and GETAC/RAC requests using the templates provided.

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Committee Chair and ~~Vice-Chair~~Vice Chair Responsibilities	
Committee Chair	Committee ~~Vice-Chair~~Vice Chair
• Define the committee priorities annually. • Prepare and submit committee meeting agendas 21 calendar days before the meeting. • Coordinate with meeting presenters. • Provide all meeting handouts, documents, and slide presentations to the department ten days before the meeting. • Report committee activities to the Council quarterly. • Provide a quarterly status update on committee priorities to the Council. • Recommend new members from the annual pool of applicants.	• Record committee meeting minutes. • Submit committee meeting minutes to the Office of EMS/Trauma Systems within ten days of the meeting. • Perform all chair duties in the absence of the chair.

8. Task Forces and Workgroups

a. Task Force

Task forces to address specific issues may be appointed at any time by the Council Chair. The task force will report to GETAC. At the time of the establishment of a task force, the Chair will appoint a leader and give the group its charge. All Task Force meetings must comply with the Open Meetings Act. Agendas and public postings must follow the timeline indicated in the GETAC Committee Guidelines, and meetings must be scheduled through the EMS/Trauma Systems Section.

b. Committee Workgroup

Workgroups may be formed within a committee to address specific tasks outlined by the Committee Chair. If a workgroup session is open to the entire committee or if the appointed members equal a simple majority of committee members, the Open Meetings Act requirements apply; therefore, agendas and public posting must follow the timeline indicated in the Timeline section of these guidelines. For committee workgroups that involve less than a quorum of committee members, the Open Meetings Act requirements do not apply. *However, if an unexpected quorum is reached during a workgroup meeting, the meeting must be stopped and rescheduled following open meeting timelines.*

There cannot be a quorum of GETAC members actively participating in a decision-making capacity at any committee, task force, or workgroup meeting.

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All workgroups and task force meetings must be offered on a state-approved platform, and EMS/Trauma Systems staff must be provided with an opportunity to attend.

Established: March 2024

Revised: ~~March~~ October 2025

Board Effect

Robert's Rules - Cheat Sheet

TYPES OF

1. **Main Motion:** Introduce a new item.
2. **Subsidiary Motion:** Change or affect how to handle a main motion (vote on this before main motion).
3. **Privileged Motion:** Urgent or important matter unrelated to pending business.
4. **Incidental Motion:** Questions procedure of other motions (must consider before the other motion).
5. **Motion to Table:** Kills a motion.
6. **Motion to Postpone:** Delays a vote (can reopen debate on the main motion).

EVERY MOTION HAS 6 STEPS:

1. **Motion:** A member rises or raises a hand to signal the chairperson.
2. **Second:** Another member seconds the motion.
3. **Restate motion:** The chairperson restates the motion.
4. **Debate:** The members debate the motion.
5. **Vote:** The chairperson restates the motion, and then first asks for affirmative votes, and then negative votes.
6. **Announce the vote:** The chairperson announces the result of the vote and any instructions.

TIP! If the board is in obvious agreement, the chairperson may save time by stating, "If there is no objection, we will adopt the motion to...," then wait for any objections. Then say, "Hearing no objections, (state the motion) is adopted." And then state any instructions. If a member objects, first ask for debate, then vote and then announce the vote.

REQUESTING POINTS OF

Certain situations need attention during the meeting, but they don't require a motion, second, debate or voting. It's permissible to state a point during a meeting where the chairperson needs to handle a situation right away. Board members can declare a Point of Order, Point of Information, Point of Inquiry or Point of Personal Privilege.

Point of Order: Draws attention to a breach of rules, improper procedure, breaching of established practices, etc.
Point of Information: A member may need to bring up an additional point or additional information (in the form of a non-debatable statement) so that the other members can make fully informed votes.
Point of Inquiry: A member may use point of inquiry to ask for clarification in a report to make better voting decisions.
Point of Personal Privilege: A member may use point of personal privilege to address the physical comfort of the setting such as temperature or noise. Members may also use it to address the accuracy of published reports or the accuracy of a member's conduct.

*A member may make a motion to reconsider something that was already disposed; however, the reconsidered motion may not be subsequently reconsidered. A motion to reconsider must be made during the same meeting and can extend to a meeting that lasts for more than one day.

Board Effect

Robert's Rules - Cheat Sheet

ACTION	WHATTO	CAN I INTERRUPT	NEED A SECOND?	CAN BE DEBATED?	CAN BE AMENDED?	VOTES NEEDED
Introduce main motion	"I move	No	Ye	Ye	Ye	Majority
Amend a motion	"I move to amend the motion by..." (Add or strike words or both)	No	Ye	Ye	Ye	Majority
Move item to	"I move that we refer the matter to committee."	No	Ye	Ye	No	Majority
Postpone	"I move to postpone the matter until..."	No	Ye	Ye	No	Majority
End	"I move the previous question."	No	Ye	Ye	No	Majority
Object to procedure	"Point of order."	Ye	No	No	No	Chair decision
Recess the meeting	"I move that we recess until..."	No	Ye	No	No	Majority
Adjourn the meeting	"I move to adjourn the meeting."	No	Ye	No	No	Majority
Request information	"Point of information."	Ye	No	No	No	No
Overrule the chair's ruling	"I move to overrule the chair's ruling."	Ye	Ye	Ye	No	Majority
Extend the allotted time	"I move to extend the tim by___minutes."	No	Ye	No	Ye	2/3
Enforce the rules or point out incorrect procedure	"Point of order."	Ye	No	No	No	No
Table a motion	"I move to table."	No	Ye	No	No	Majority

Trauma Registry Data Request Process

TEXAS EMS & TRAUMA REGISTRIES DATA REQUEST PROCESS

GETAC committees can use the following process to request data from the Trauma Registry.

GETAC Committee

Committee or member has a data request

- Committee reviews request for approval
- If approved, the committee completes a data request form
- Committee presents request to GETAC council for support

GETAC Council

GETAC Council receives request from committee

- Council receives committee request
- Council reviews and advises if the request is supported
- If supported, council forwards to DSHS EMS Trauma Systems

DSHS EMS Trauma Systems

DSHS receives request from GETAC Council

- DSHS receives council request
- EMS Trauma Systems reviews and meets with Trauma Registry
- DSHS determines if request can be fulfilled

DSHS EMS & Trauma Registries

Trauma Registry reviews data request

- If available, the data is compiled
- Data is then sent to committee for review

Once the data is received from the Trauma Registry by the committee and reviewed, the committee will provide a report to the GETAC Council.

TEXAS Health and Human Services | Texas Department of State Health Services

dshs.texas.gov

Committee Request Workflow

GETAC COMMITTEE REQUEST WORKFLOW

GETAC committees can use the following process for submitting requests to the Council.

Requestor

Committee Member or Stakeholder Makes Request

Provide additional information as needed.

GETAC Committee

GETAC Committee Considers Request

Committee reviews request and refers to work group or requestor for more information, if needed.

Committee votes to support the request and if approved, Committee Chair refers to Council.

GETAC Council

GETAC Council Considers Request

Council reviews request and refers to work group or committee for more information, if needed.

Council votes to support the request and if approved, makes recommendation to DSHS.

DSHS EMS Trauma Systems

DSHS Considers Recommendation

If approved, there is a modification to process or policy.

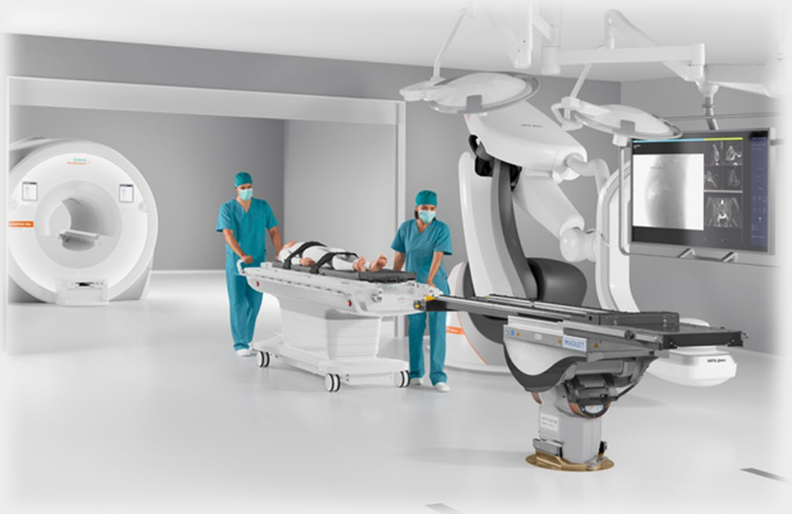
TEXAS Health and Human Services | Texas Department of State Health Services

dshs.texas.gov

July 2023

Optimizing DIDO

2026 Revision

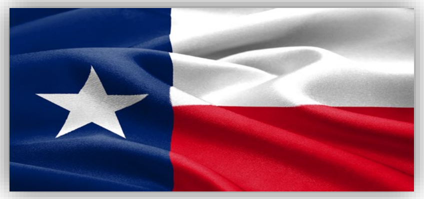


DIDO Performance Goals Approved

DIDO Metrics for patients with LVO in need of thrombectomy Goal $\leq$ 90 minutes	
Transferring facility **Door to Transfer Request** to receiving facility and ground or air medical transport	**Median 30 minutes or less** **(call as soon as possible)** *Consider early activation if auto-accept with receiving facility is not in place
Receiving Facility **Notification to Decision** (acceptance or denial)	**Median 15 minutes or less**
Transfer Request to Transport Arrival	**50% at goal: 30 minutes by air or ground urban/suburban and 45 minutes rural**
Transport Arrival to Door Out	**Median 15 minutes or less**

OPTIMIZING DIDO GWTG - New

AHASTR 367, 368, 381-391 Measure %; 369-377, 380 Distribution



- Door → Stroke Team (≤10 min)
- Door → ED Provider (≤10 min)
- Door → Brain Imaging Initiated (≤15 min)
- Door → Brain Imaging Reported (≤30 min)
- Door → Advanced Imaging Initiated (≤45 min)
- Door → Advanced Imaging Reported (≤60 min)
- Door → IVT (≤45 min)
- Door → Transfer & Transport Requested (≤75 min)
- Transfer Request → Accepted (≤10 min)
- Transfer Request → Transport Arrived (≤60 min)
- DIDO ≤90 min
- DIDO ≤120 min
- Distribution of DIDO times

American Heart Association.
Get With The Guidelines.
Stroke

Get With The Guidelines®-Stroke
DIDO for EVT Transfer Measure Descriptions
Updated February 2026

DIDO for EVT Transfer Measure Document Feb 2026.pdf

Proposed Revisions
Tiered Performance Framework

DIDO for EVT Evaluation ≤ 90 minutes AHASTR367	Goal 50%	AHASTR
Door to Transfer Requests	**30 minutes or less** **(call as soon as possible)** *Consider early activation if auto-accept with receiving facility is not in place	**376** **Group 6: 26-30 min**
Door to ground or air medical **Transport Requests**	**30 minutes or less** **(call as soon as possible)**	**377** **Group 6: 26-30 min**
Transfer Request to Accepted	**10 minutes or less**	**390**
Transfer Request to Transport Arrival	**30 minutes by air or ground urban/suburban and 45 minutes rural**	**380** **Group 6: 26-30 min** **Group 9: 41-45 min**
Transport Arrival to Door Out	**Median 15 minutes or less**	**173**

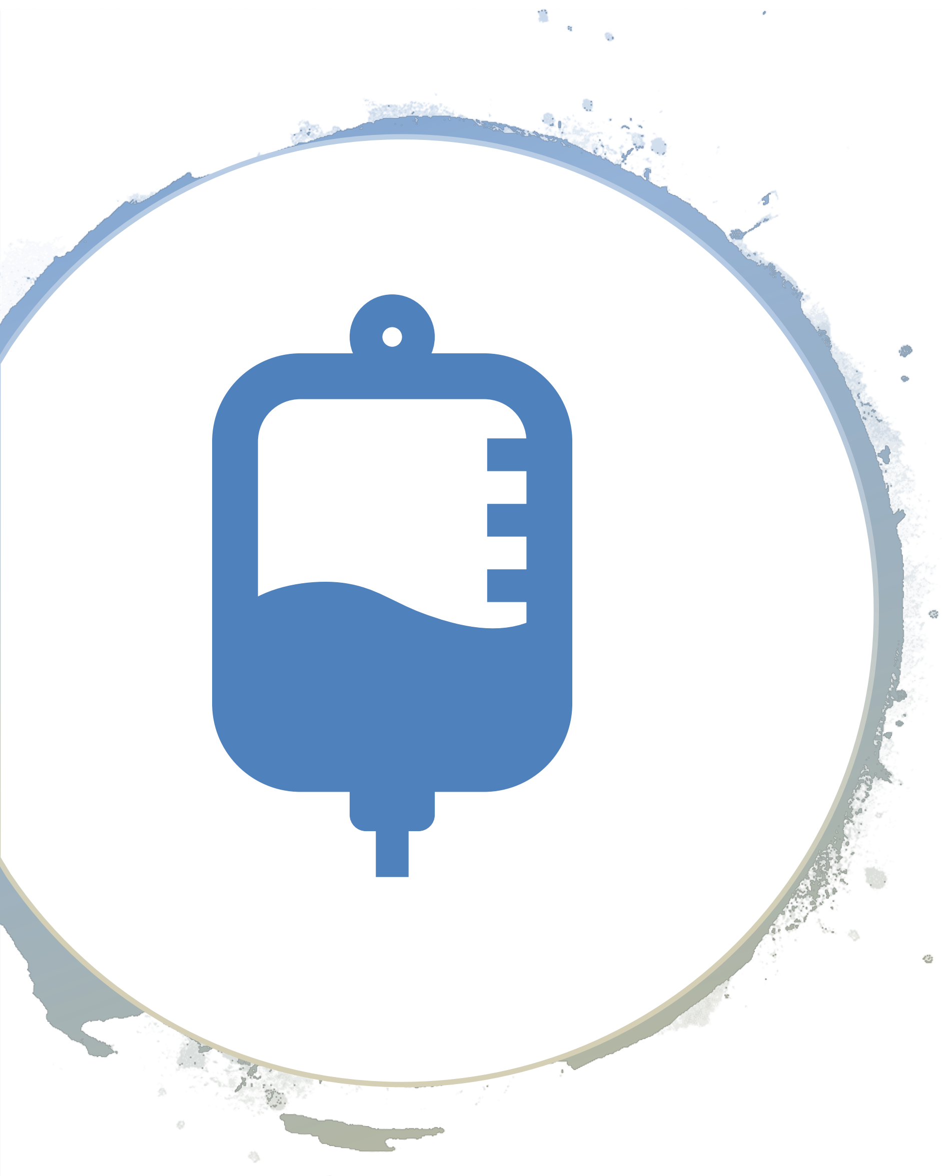
Proposed Revisions
Tiered Performance Framework

DIDO for EVT Evaluation ≤ 120 minutes AHASTR368 **Goal 80%**		AHASTR
Door to Transfer Requests	**75 minutes or less** **(call as soon as possible)** *Consider early activation if auto-accept with receiving facility is not in place	**388**
Door to ground or air medical **Transport Requests**	**75 minutes or less** **(call as soon as possible)**	**389**
Transfer Request to Accepted	**10 minutes or less**	**390**
Transfer Request to Transport Arrival	**60 minutes or less**	**391**
Transport Arrival to Door Out	**Median 15 minutes or less**	**173**

Saving Lives Starts **Before** the Hospital

Educating Texans on the Importance of the Prehospital Blood Program in Texas and the Role of Blood Donation

v2_11.21.2025



In trauma and medical emergencies, blood loss is a leading cause of preventable death.

Prehospital blood programs provide lifesaving transfusions before patients reach hospitals.

Texas is leading initiatives to make blood available in emergency medical services (EMS).

Why it Matters?

- Severe bleeding is the number one cause of death in people 1 – 45 years.
- If you are bleeding severely, every second counts.
- Early blood transfusions can improve your chance of surviving.

What is a Prehospital Blood Program?

- A program that equips ambulances and helicopters with blood products.
- Allows transfusions at the scene of an emergency or during transport.
- Bridges the gap between injury and hospital care, improving survival rates.

Who Benefits from a Prehospital Blood Program?

- Those who are bleeding due to …
  - Traumatic injuries sustained in car crashes, industrial or farming accidents, stabbings, gunshot wounds, etc
  - Medical conditions such as gastrointestinal bleeding or ruptured blood vessels.
  - Uncontrolled bleeding after giving birth

How Does a Prehospital Blood Program Work?

- Equipment and processes to keep temperature regulated blood available in ambulances and on helicopters
- EMS personnel training and Medical Director oversight
- Partnerships with hospitals and blood banks
- Partnerships with blood donors

Is a Prehospital Blood Program Safe?

- Blood is screened, stored, and administered according to strict national safety standards just like in hospitals
- Protocols exist to prevent transfusion reactions or errors while handling the blood
- Continuous quality monitoring and data collection
- Everything is overseen by licensed physicians and trauma experts

Frequently Asked Questions

- **Will this program make hospitals run out of blood**?

  No. Programs are carefully designed in collaboration with hospital blood banks and blood centers to balance supply and ensure patients in hospitals still have what they need.

- **What type of blood is carried on ambulances and helicopters?**

  Most EMS programs carry “Low-titer O-positive Whole Blood.” O-type blood can be given to anyone in an emergency. Low-titer means the donor’s blood has very low levels of certain antibodies that could cause reactions, making it safer to give across different blood types.

- **How long does donated blood last?**

  Blood remains in the ambulance or helicopter for about three weeks before it is returned to the hospital blood bank or blood center for use there. This is per the National AABB Guidelines

Frequently Asked Questions

- **Can giving O-positive blood cause problems for women who might have children in the future?**

  In rare cases, O-positive whole blood can create antibodies that could create a risk for future pregnancy. For this reason, EMS protocols are designed to minimize that risk – but in life-threatening bleeding emergencies, saving the patient’s life comes first. Hospitals will provide follow-up care as needed.

- **What if I don’t want to receive a blood transfusion because of my religious beliefs?**

  We respect every person’s wishes and religious beliefs. If someone has made it clear – through a medical alert bracelet, or by telling EMS staff – that they do not want blood, EMS providers will honor that choice and use other treatments to try to control bleeding. However, in emergencies where a person is unable to communicate, EMS providers act in the person’s best interest to save their life.

Success Stories in Texas

- Air medical services in Texas have already saved numerous lives with prehospital blood.
- EMS units and Trauma Centers that have adopted the program reported better patient outcomes.
- These efforts demonstrate the life-saving power of having blood on board.

The Role of Blood Donors

Every unit of blood donated can save up to three lives.

Prehospital programs rely on a constant supply of donated blood.

Texans can directly contribute to saving lives in their communities by becoming a donor

How You Can Help

1. Donate blood regularly at your local blood center.

2. Encourage friends, family, and coworkers to donate.

3. Support Texas blood banks and EMS initiatives.

4. Share awareness of prehospital blood programs.

Conclusion

Prehospital blood programs save lives by making blood available to patients faster.

Texas is building a stronger, safer system for responding to emergencies.

Blood donation is the foundation—every Texan can make a difference.

Together, we can ensure lifesaving blood is always available when it’s needed most.

Governor's EMS Trauma Advisory Council Prehospital Whole Blood Task Force

Recommendations for Prehospital Whole Blood Transfusion Criteria

Purpose: To provide guidance on the use of Low Titer Group O + Whole Blood in the resuscitation of traumatic and medical hemorrhagic shock patients.

Best Practice

- The following are examples of guidelines that are evidence-based in the hospital setting. The following examples are not meant to be exhaustive or required. They intend to provide a foundation for each EMS system and EMS Medical Director to determine the practice that applies to their agency. As the practice of prehospital transfusions is new, many of the guidelines/protocols have been borrowed from the hospital setting and applied, as best possible, to the prehospital setting.

- The critical take away from this document is that the EMS Medical Director and the EMS Agency must follow each prehospital transfusion patient closely. This includes internal tracking metrics to include patient outcomes and adherence to each agency's individual protocols and guidelines.

- Each agency's medical director always has the authority to implement transfusion guidelines/protocols to treat patients as outlined in Texas Statute 773, Texas Medical Board 169, and Department of State Health Services 157. This document is only intended to inform the EMS Medical Director's clinical practice. The document does not replace any privileges granted to the EMS Medical Director by the State of Texas.

- Following AABB prehospital standards is considered best practice, unless any AABB recommendations or practices contradict state statutes or local laws. National agencies such as NASEMSO, PHBTC, and AABB provide resources to help support agencies by providing additional guidance and references to help with transfusion programs.

Examples of Indications:

Clinical Indications:

Suspected *HEMORRHAGIC SHOCK* from trauma or medical cause:

Criteria to assist in recognition of hemorrhagic shock

- Altered mental status (not believed to be due to intoxication or head injury)

- Pale, cool, clammy skin; pale mucosa
- Delayed capillary refill (> 2 seconds)
- Tachypnea
- Obvious source or suspected blood loss

<u>Examples of parameters/triggers that may be used by the EMS medical director to determine if a patient meets criteria for blood are:</u>

<u>Adults:</u>

- Systolic blood pressure (SBP) less than 70 mmHg or weak or absent radial pulse,

  and/or

- Shock Index (HR/SBP) from 0.9 to 1.2
  - Examples include:
    - HR 110/SBP 90 = SI 1.22
    - HR 90/ SBP 100 = SI 0.9 and/or
- ETCO2 <25 mmHG and/or
- Ultrasound showing signs of intrabdominal/pelvic hemorrhage

<u>Pediatrics:</u>

- Tachycardia, with signs and symptoms of hypotension
  - **add age ranges**?
- Shock Index, Pediatric Adjusted (SIPA)
  - 4-6 years = 1.2
  - 6-12 years = 1 (7-12?)
  - > 12 years = 0.9 (>13?)
- Systolic BP less than 70 + (Age in years × 2) and/or
- Heart Rate:
  - 1 year: greater than 190
  - 2-10 years: greater than 140
- Tachypnea

<u>Contraindications:</u>

- Religious or any other objection to receiving blood products, as per federal/state law

Notes:

- The clinical parameters list is not exhaustive. For example, some agencies have prehospital capabilities to check hemoglobin and hematocrit. Any measured clinical parameter should be considered in the context of the patient presentation. The prehospital provider must suspect that the patient is in hemorrhagic shock.
- Special consideration may be given to those over the age of 65 years old.

- Pediatric patients should have a measurable way to determine transfusion volume.
- Select witnessed traumatic arrest patients have been shown to benefit from LTOWB transfusion.
- Prehospital LTOWB is one of the tools for EMS Medical Directors and EMS Agencies to implement for those in hemorrhagic shock. For trauma patients, a robust trauma guideline/protocol to treat patients, such as MARCH, is critical for overall patient survival.
- If the EMS provider/agency does not have access to LTOWB, alternative blood products such as plasma, red blood cells, and platelets can be substituted with the same or similar guidelines as used for LTOWB.

Definitions and Abbreviations

- AABB – Association for the Advancement of Blood and Biotherapies
- EMS – Emergency Medical Services
- LTOWB – Low Titer O + (positive) Whole Blood
- MARCH – Massive Hemorrhage Control, Airway, Respirations, Circulation, Hypothermia
- NASEMSO – National Association of State EMS Officials
- PHBTC – Prehospital Blood Transfusion Coalition
- SI – Shock Index

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Recommendations for Prehospital Whole Blood Transfusion in Pediatric Females of Future Childbearing Potential

Purpose: To provide guidance on the use of Low Titer Group O+ Whole Blood in the resuscitation of female children (females of future childbearing potential) from trauma or medical causes prior to admission to a treating facility.

LTOWB is indicated for the treatment of hemorrhagic shock from traumatic or medical causes and should not be delayed in reproductive-aged females, including pregnant patients

Definitions and Abbreviations:

- Female of future childbearing potential (FFCP): female child <12 years
- Low Titer O+ Whole Blood: LTOWB
- Rhesus Factor: Rh
- Rh immunoglobulin: RhIG

Practice Guideline:

- For pediatric FFCP with clinical parameters indicative of hemorrhagic shock from trauma or medical causes (i.e. gastrointestinal bleeding, bleeding related to inherited coagulopathy) who are unresponsive to prehospital resuscitative measures in the form of administration of LTOWB prior to hospital arrival is indicated.

- Use of LTOWB is indicated for use in pediatric FFCP and has been shown in small studies to decrease overall transfusion requirements, lead to faster resolution of shock, and decrease mortality in children.

- Despite risk of Rh mismatch, the potential life-saving benefit of LTOWB outweighs theoretical risks to future childbearing.

Special Considerations:

- Use of LTOWB may result in Rh mismatch where an Rh negative pediatric FFCP receives LTOWB.

- Risk of alloimmunization following Rh-mismatched transfusion in pediatric FFCP ranges from 0 to approximately 20% and is lower for younger children.

- When clinically feasible, informed consent should be obtained from a parent or legal guardian prior to the administration of LTOWB to a pediatric patient. In emergent, life-threatening situations, when immediate transfusion is required and consent cannot reasonably be obtained, treatment should proceed under the principle of implied consent.

- All Rh-negative pediatric FFCP and their parents or guardians MUST be counselled about risks for Rh alloimmunization and risk to future pregnancies following transfusion of LTOWB. Clinical staff should document these discussions and ensure appropriate post-transfusion follow-up with pediatric hematology or a women's health provider.

<u>Documentation requirements:</u>

- When administering LTOWB to a pediatric FFCP, prehospital teams must notify the receiving facility of this life-saving treatment.

- When a Rh mismatch of a Rh negative pediatric FFCP is identified, a notification of the facility's Transfusion Medicine Specialist/Pathologist, pediatric hematologist, or women's health provider is required by hospital pathologist. Follow-up antibody testing at 4-14 weeks is required to be established at time of discharge with either treating facility or usual health provider. Additional management strategies that may be considered are provided in Best Practices.

- Rh-negative pediatric FFCP who receive Rh-positive emergency-release blood will undergo routine, hospital-based quality review to ensure RhIG evaluation and follow-up were completed

- If an EMS patient meeting the criteria of this document, receives blood product but subsequently refuses transport to a hospital, patient should receive the information below (Important Information Regarding Rh-Positive Blood Transfusion and Pregnancy) from the EMS agency

<u>Best Practices for Pediatric FFCP:</u>

1. **Example letter for pediatric female patient of future childbearing potential and her parents(s) or guardian(s) following Rh mismatch during resuscitation:**

    [Date]
    [Patient and Parent/Guardian Name(s)]
    [Patient Address]

    Subject: Important Information Regarding Rh-Positive Blood Transfusion and Future Pregnancy

    Dear [Patient Name] and her parent/guardian(s), Your daughter recently received an emergency transfusion of whole blood or red blood cells (RBCs) to help save her life.

What is Rh(D)?
Rh(D) is a protein found on the surface of red blood cells. If your daughter's blood has this protein, she is considered Rh(D) positive. If her blood does not have the protein, she is Rh(D) negative. The "+" or "–" sign you might see after the blood type indicates whether she is Rh(D) positive or negative.

Why is this Important for You to Know?
Your daughter has a Rh(D) negative blood type, but the blood she received was Rh(D) positive. This means there is a small chance her body could produce antibodies against Rh(D), called anti-D antibodies. This process is known as alloimmunization. While these antibodies won't affect her health, it could pose a risk during future pregnancies. If she has anti-D antibodies, this could cause hemolytic disease of the fetus and newborn (HDFN), which may lead to low blood counts (anemia) in the baby during pregnancy. With early and proper prenatal care, HDFN can be managed and treated successfully.

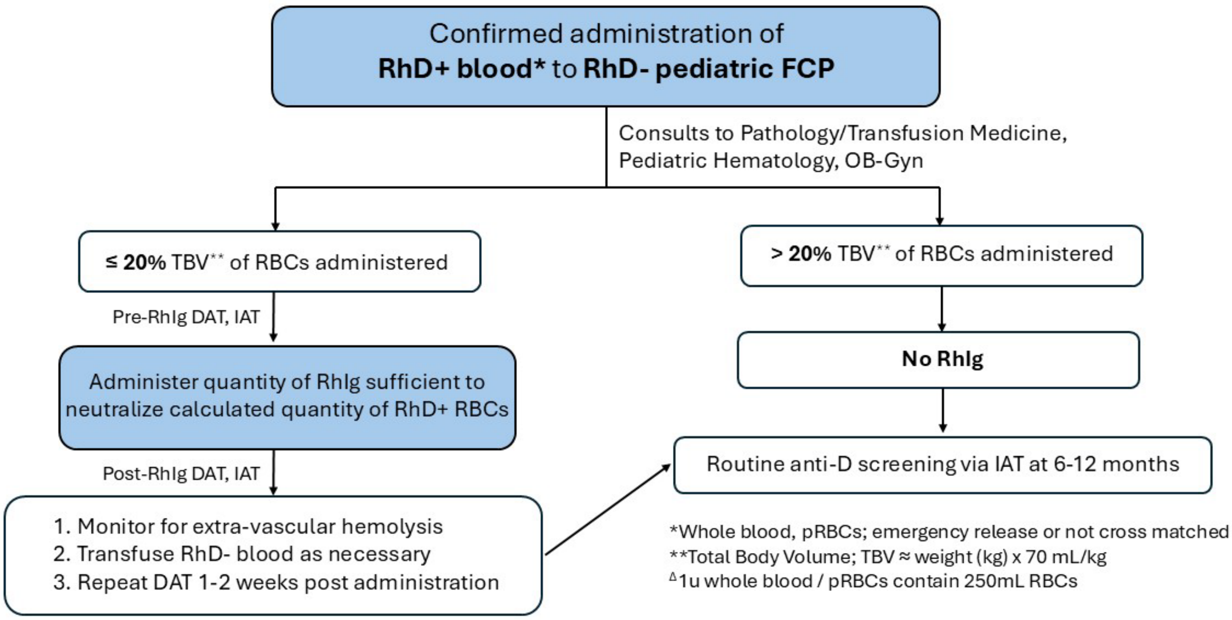
What Should You Do Next?
The first step to understand her risk is to check an antibody screen at least 4-14 weeks after the transfusion she received in the hospital. If this test is abnormal, she will be referred to the Pediatric Hematology or Maternal-Fetal Medicine clinic for counseling to understand her risks in future pregnancies.

In the meantime, we recommend learning about what to expect in pregnancies affected by anti-D antibodies. You can find helpful resources and information at The Allo Hope Foundation website: www.allohopefoundation.org.

For any immediate questions, please contact your healthcare provider (insert contact information).

Important Steps to Take: Complete antibody testing at least 4-14 weeks after exposure, either at [treating facility] or with her usual health care provider or pediatrician.

2. **Example treatment algorithm for Rh mismatch in reproductive-aged females and** pediatric **FFCPs for use of RhIG. Specific treatment recommendations can be found in references.**



Note: some organizations may use differing threshold of total blood volume transfused in Rh mismatch, including observation only.

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Recommendations for Prehospital Whole Blood Transfusion in Females of Childbearing Potential

Purpose: To provide guidance on the use of Low Titer Group O+ Whole Blood in the resuscitation of reproductive-aged females from trauma or medical causes, including pregnant patients, prior to admission to a treating facility.

LTOWB is indicated for the treatment of hemorrhagic shock from traumatic or medical causes and should not be delayed in reproductive-aged females, including pregnant patients

Definitions and Abbreviations:

- Reproductive age female: 12-55 years
- Low Titer O+ Whole Blood: LTO+WB
- Rhesus Factor: Rh
- Rh immunoglobulin: RhIG

Practice Guideline:

- For reproductive-aged females with clinical parameters indicative of hemorrhage shock from trauma or medical causes (e.g., ruptured ectopic pregnancy, pregnancy-related hemorrhage) who are unresponsive to initial resuscitative measures, administration of LTOWB prior to hospital arrival is indicated.

- Use of LTOWB is indicated for use in reproductive-aged females regardless of pregnancy status as the benefit of maternal life-saving measures outweighs potential risks to the pregnancy or future childbearing.

Special Considerations:

- Prehospital providers who are caring for pregnant individuals should maintain the same guidelines for initial evaluation and management as they would for a nonpregnant patient.

- In the pregnant patient beyond 20 weeks gestation (fundus at level of umbilicus), ensure displacement of uterus by placing maternal patient in left-lateral recumbent position to avoid hypotension caused by vena cava compression.

- Use of LTOWB may result in Rh mismatch where an Rh negative reproductive-aged female receives LTOWB.

- When clinically feasible, informed consent should be obtained from a reproductive-aged female prior to the administration of LTOWB. In emergent, life-threatening situations, when immediate transfusion is required and consent cannot reasonably be obtained, treatment should proceed under the principle of implied consent.

- Consultation of a women's health provider is required for pregnant individuals who have a Rh mismatch later identified following resuscitation.

- All Rh-negative women should be counseled about risks to their future pregnancies and followed by a women's health provider in cases of Rh alloimmunization.

<u>Documentation requirements:</u>

- When administering LTOWB to a reproductive-aged female, prehospital teams must notify the receiving facility of this life-saving treatment.

- When a Rh mismatch of a Rh negative reproductive-aged female is identified, a notification of the facility's Transfusion Medicine Specialist/Pathologist or women's health provider is required. Follow-up antibody testing at 4-14 weeks is required to be established at time of discharge with either treating facility or usual health provider. Additional management strategies that may be considered are provided in Best Practices.

- Rh-negative reproductive-aged females who receive Rh-positive emergency-release blood will undergo routine, hospital-based quality review to ensure RhIG evaluation and follow-up were completed

- If an EMS patient meeting the criteria of this document, receives blood product but subsequently refuses transport to a hospital, patient should receive the information below (Important Information Regarding Rh-Positive Blood Transfusion and Pregnancy) from the EMS agency

<u>Best Practices for Reproductive-Aged Females:</u>

1. **Example letter for reproductive-aged female patient following Rh mismatch during resuscitation:**

    [Date]
    [Patient Name]
    [Patient Address]

    Subject: Important Information Regarding Rh-Positive Blood Transfusion and Pregnancy

Dear [Patient Name],

You recently received an emergency transfusion of whole blood or red blood cells (RBCs) to help save your life.

What is Rh(D)?

Rh(D) is a protein found on the surface of red blood cells. If your blood has this protein, you are considered Rh(D) positive. If your blood does not have the protein, you are Rh(D) negative. The "+" or "–" sign you might see after your blood type indicates whether you are Rh(D) positive or negative.

Why is this Important for Me to Know?

You have an Rh(D) negative blood type, but the blood you received was Rh(D) positive. This means there is a small chance your body could produce antibodies against Rh(D), called anti-D antibodies. This process is known as alloimmunization.

While these antibodies won't affect your own health, they could pose a risk during future pregnancies. If you have anti-D antibodies, they could cause hemolytic disease of the fetus and newborn (HDFN), which may lead to low blood counts (anemia) in the baby during pregnancy. With early and proper prenatal care, HDFN can be managed and treated successfully.

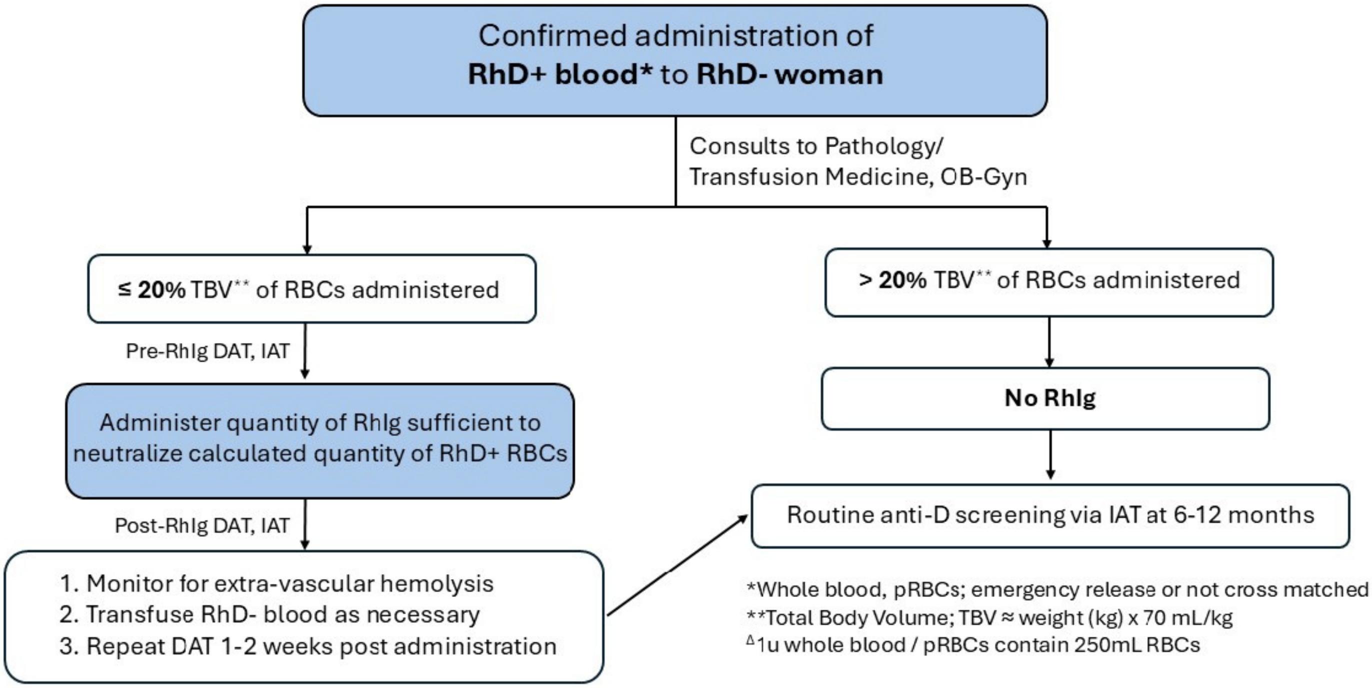
What Should I Do Next?

You should have a blood test called a Type and Screen to check whether you have developed anti-D antibodies. If you have, your healthcare team will give you more information on what steps to take in the future, especially if you are planning a pregnancy. In the meantime, we recommend learning about what to expect in pregnancies affected by anti-D antibodies. You can find helpful resources and information at The Allo Hope Foundation website: www.allohopefoundation.org.

For any immediate questions, please contact your healthcare provider. pregnancies.

Important Steps to Take: Complete antibody testing at least 4-14 weeks after exposure, either at [treating facility] or with your usual health care provider

2. Example treatment algorithm for Rh mismatch in reproductive-aged female for use of RhIG. Specific treatment recommendations can be found in references.



Note: some organizations may use differing threshold of total blood volume transfused in Rh mismatch, including observation only.

References:

1. Critical Care and Trauma. In: Cunningham F, Leveno KJ, Dashe JS, Hoffman BL, Spong CY, Casey BM. eds. Williams Obstetrics, 26e. McGraw Hill; 2022.
2. Critical care in pregnancy. ACOG Practice Bulletin No. 211. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;133:e303–19.
3. Prevention of Rh D alloimmunization. Practice Bulletin No. 181. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;130:e57–70.
4. Management of alloimmunization during pregnancy. ACOG Practice Bulletin No. 192. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;131:e82–90.
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Female Trauma Patients: A Literature Review, Qualitative Multidisciplinary Analysis of Risk/Benefit, and Guidelines for Its Use as a Universal Product in Hemorrhagic Shock. J Am Coll Surg. 2024 Mar 1;238(3):347-357.

7. Alkateb R, Mazzolini K, Prajapati VP, Harrison C, Ireland KE, Jenkins D, Daniels J, Greebon L. How I do it: An institutional protocol for the management of RhD negative women who receive RhD positive blood. Transfusion. 2025 May:65 Suppl 1:S320-S327.
8. Levy ML, Schaefer RM, Obyrne H, Krohmer JR, Bank EA, Holcomb JB. Prehospital blood transfusion coalition clinical practice guideline for civilian emergency medical services. Trauma Surg Acute Care Open. 2025 Jul 16;10(3):e001931.

Semiannual GETAC Stroke Quality Report

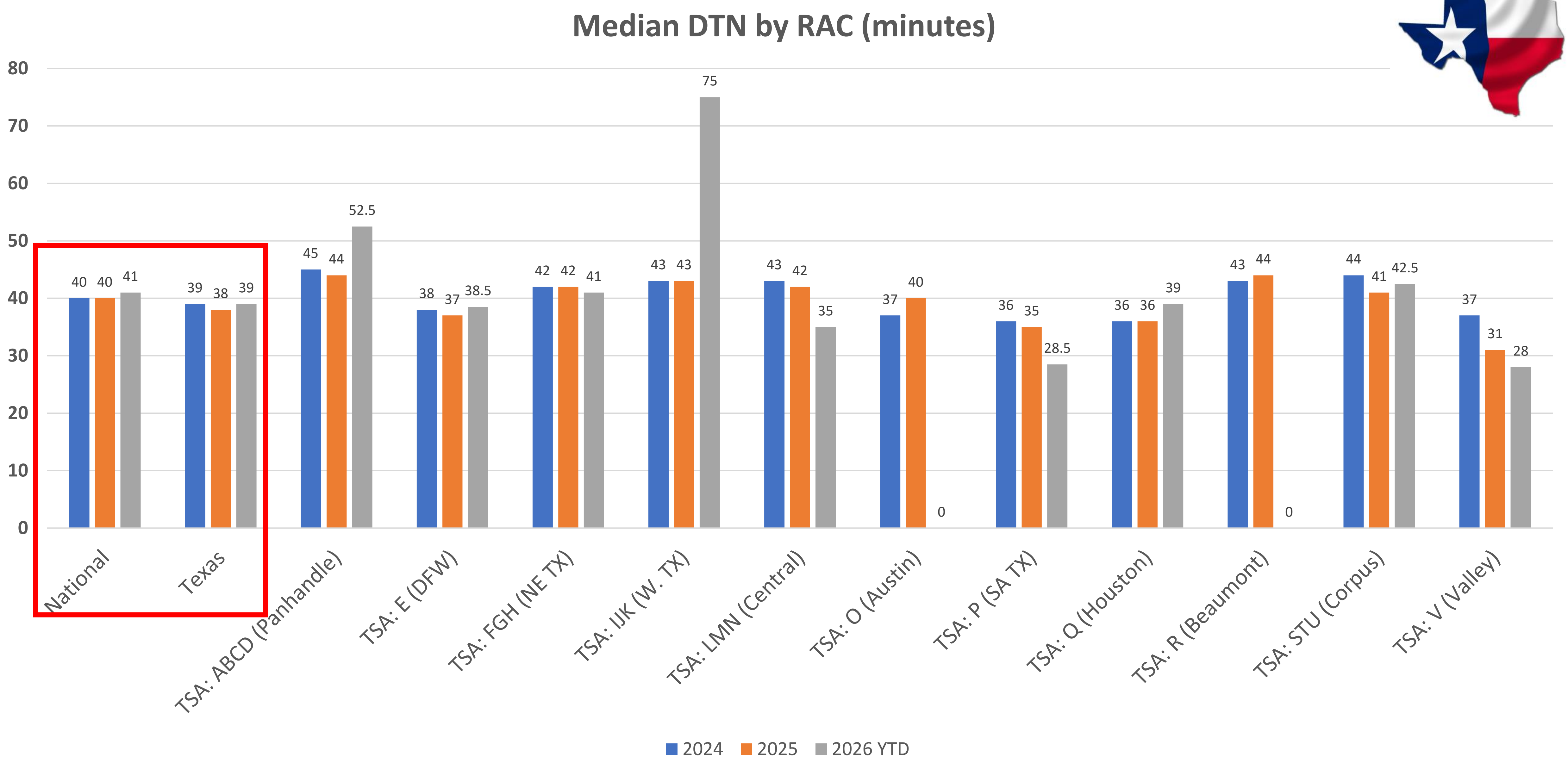
Data Sourced from Get With The Guidelines® - Stroke
on February 12th, 2026
Reports reflect CY 2023 – 2025 data

Currently Participating

Texas Stroke GWTG Sample

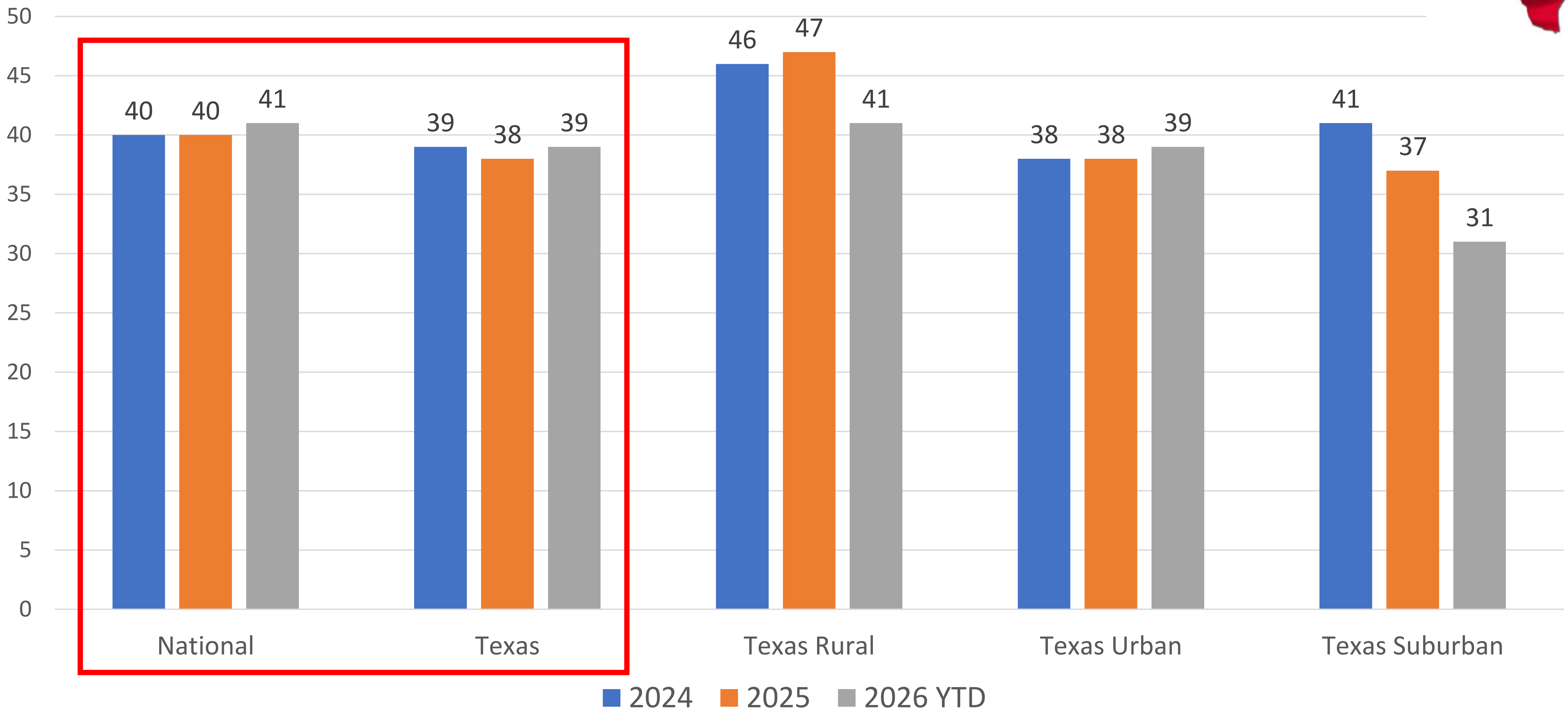
- 236 (+5) TX Hospitals participating in GWTG
  - 60 (+1) participating hospitals classified as "**Rural,**" using the Rural Urban Commuting Area (RUCA) codes 4-10 and 99
    - 43 (+5) of these joined as part of the **Rural Healthcare Outcomes Accelerator** program
  - 95 (+2) participating in RDC = 40% (No Change) of TX GWTG Hospitals
  - As of February 2026, 177 of the 194 (91%) (+1%) designated facilities in Texas are currently using GWTG Stroke

Disclaimer: Report generated on 02/04/2026

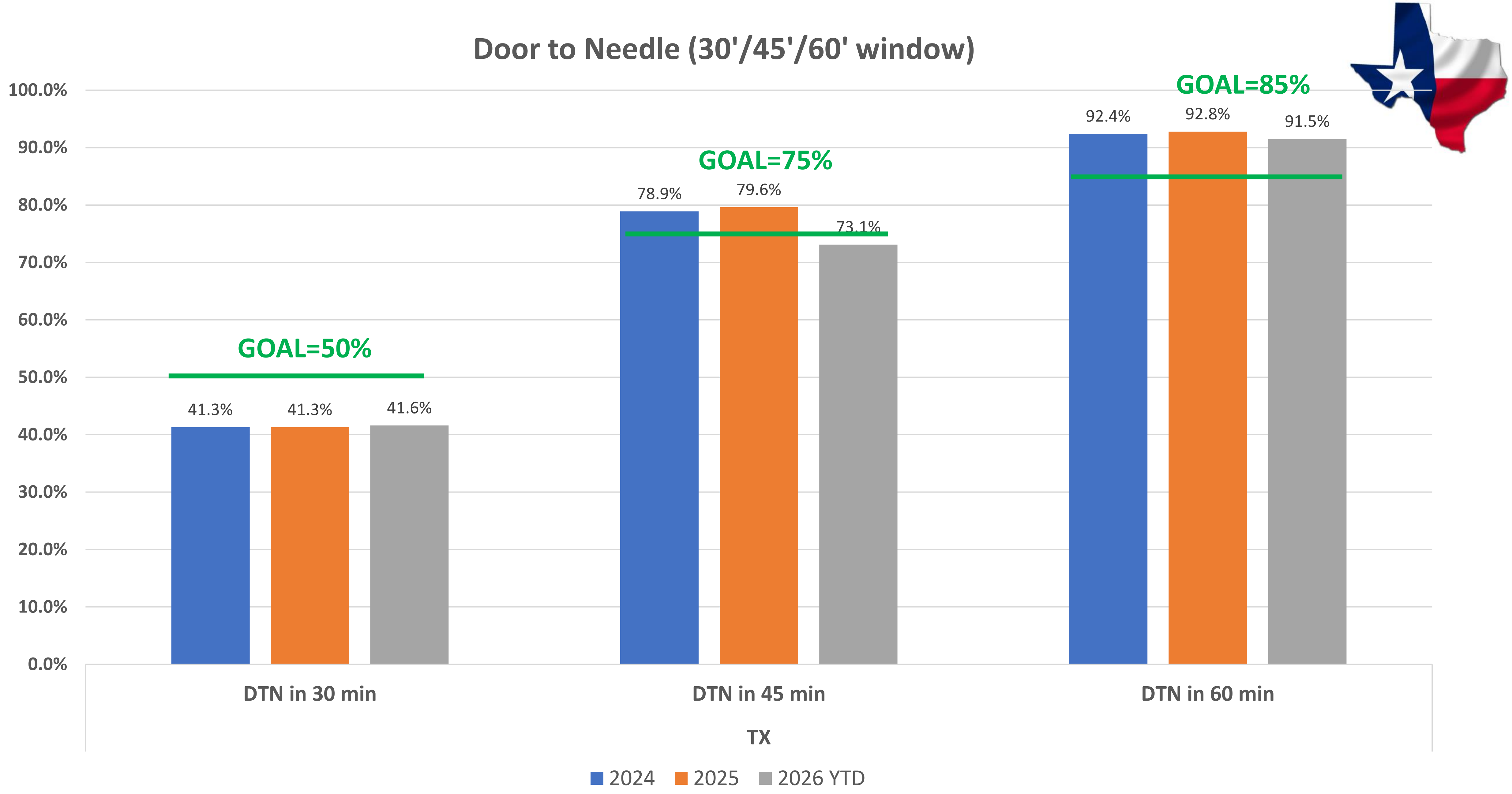


Disclaimer: Get with The Guideline reports are generated from a live registry. All data is subject to change. Report generated on 02/12/26.

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 02/12/26.



Disclaimer: Get with The Guideline reports are generated from a live registry. All data is subject to change. Report generated on 02/12/26.

TEXAS
Health and Human
Services

Texas Department of State
Health Services

Emergency Medical Services and Trauma Registries (EMSTR) Program Updates and Texas Trauma-Related EMS Deaths

March 11, 2026

Jia Benno, MPH
Newborn Screening and Injury Prevention Section Director
Gavin Sussman, EMT-B, OEC-T, B.S.
EMS and Trauma Registries Manager

About EMSTR

- EMSTR collects reportable event data from EMS providers, hospitals, justices of the peace, medical examiners, Long Term Acute Care (LTAC) facilities, and rehabilitation facilities.
- Submitters must electronically report all EMS responses and reportable trauma events to EMSTR under Texas Administration Code, Title 25, Chapter 103.
- Records are due to EMSTR a maximum of **90** calendar days after the date of the EMS dispatch. Real-time submissions are strongly encouraged.
- For any months where no EMS activations occurred, providers are required to submit an electronic *No Reportable Data* attestation.

About Presentation Data

- Trauma-related EMS deaths:
  - When the patient disposition is dead at scene, destination is a morgue, resuscitation was not attempted by EMS, or patient is deceased. This does not account for hospital outcome data.
  - Limited to instances where the complaint reported to dispatch was a trauma including traffic, falls, gunshot wound, etc.
- Urban, rural, and frontier data: Based on criteria from the Texas Demographic Center Texas populations estimate:
  - Urban – Large central metro, large fringe metro, medium metro, and small metro areas.
  - Rural – Micropolitan (10,000-50,000 people) and noncore (<10,000 people) areas.
  - Frontier – Six or less people per square mile.

EMSTR Updates

- 2025 EMS and trauma datasets*:
  - **EMS – 5,205,262 total unique records.**
  - **Trauma – 185,971 total records.****
- Implementation of NEMSIS 3.5.0 (critical patch 6)

  NOTE: Effective 10/21/2025, biological sex is **required.**
- Quarterly data requests and data sharing.
- 2025 dataset closure dates:
  - NEMSIS: 02/14/2026
  - Texas: 05/01/2026 (projected)

*As of 02/19/2026.

**Total unique trauma records are subject to change when final dataset is available.

EMSTR Partner Updates (1 of 2)

Data Manager's Council Guidance from National Association of State Emergency Medical Services Officials (NASEMSO):

- Blood Product Administration Documentation Guidance (v2)
- Artificial Intelligence (AI) Use In EMS (electronic Patient Care Report / ePCR documentation)
- Requesting EMS Data Across States

EMSTR Partner Updates (2 of 2)

- Aggregate Data Use:

  Examples: *The Washington Post* (EMS request times), *Tarrant County Public Health* (ISS scores in trauma activations), *Medical Civil Rights Initiative* (evaluating aggregate carceral transport use), and *Texas Transportation Institute and University of Texas at San Antonio* (evaluating blood administration efficacy for Motor Vehicle Crash (MVC) patients).

- American Heart Association (AHA) Partnership:

  Example: Using National EMS Quality Alliance (NEMSQA) performance measures to assess statewide cardiac and stroke response performance.

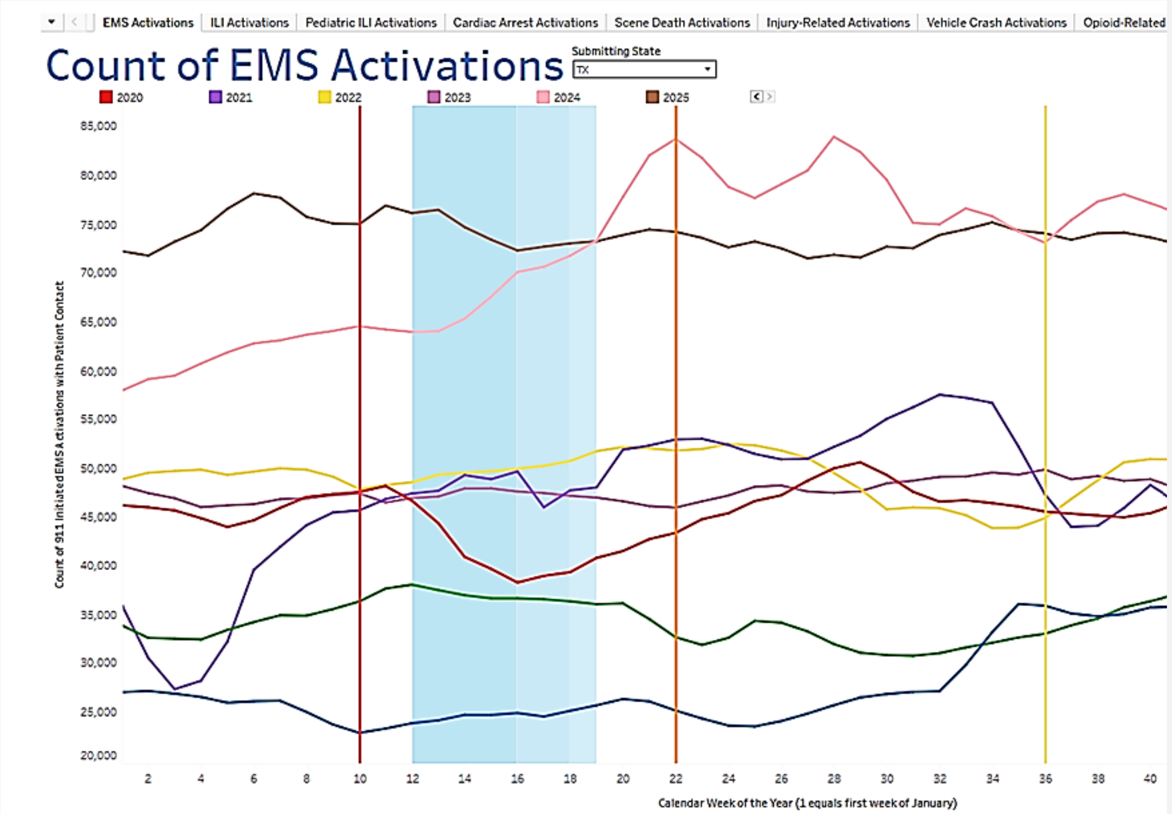
- Sharing results at the State EMS Conference and November Governor's EMS and Trauma Advisory Council (GETAC) meetings.

EMSTR Surveillance Updates

Surveillance Work:

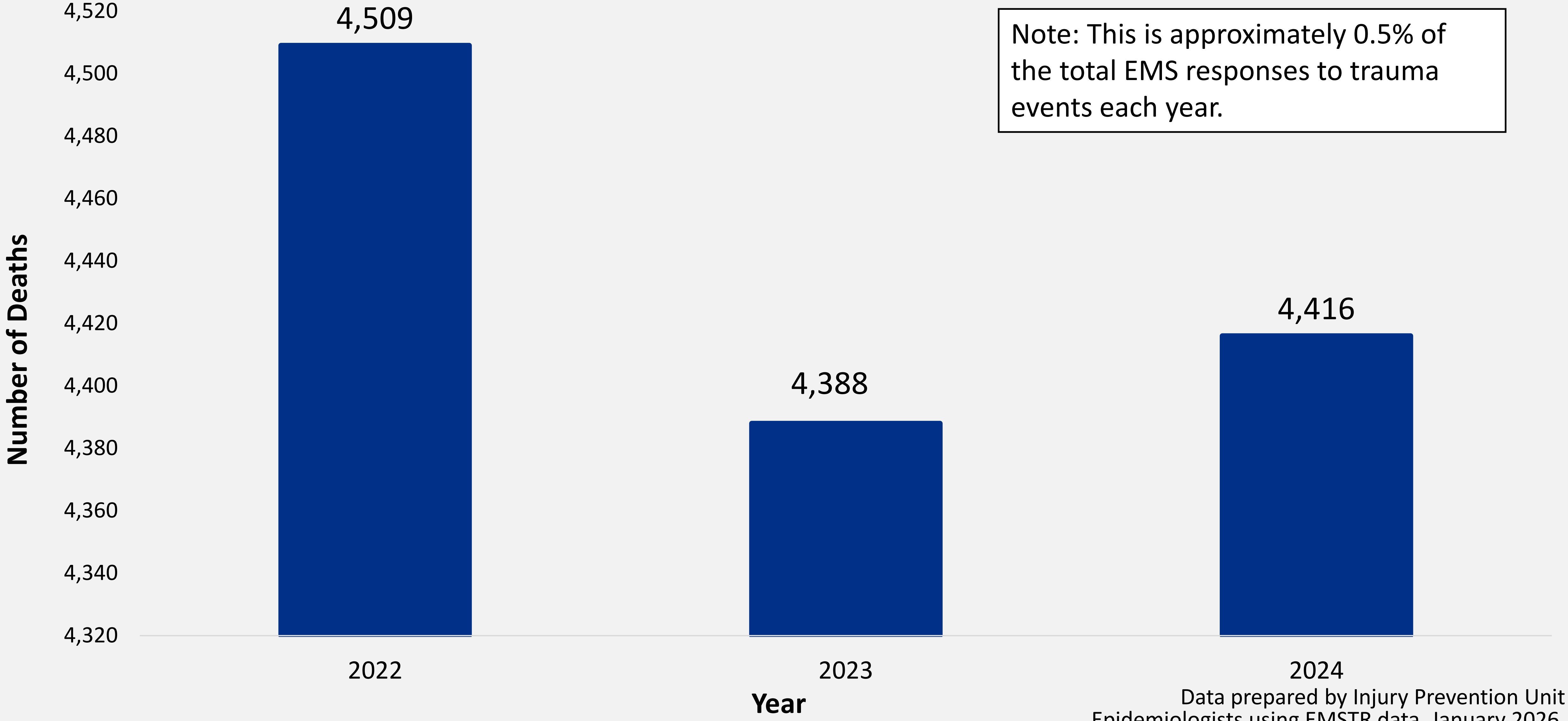
- Staff reviewed all 2025 ePCR submissions for approximately 770 agency accounts.
- Staff incorporated a new delinquency communication process, and proactively included Regional Advisory Councils (RACs) and the Office of the State EMS Director:
  - 219 providers fully regained compliance.
  - 55 agencies actively working with their vendor to submit missing 2025 data.
- With approximately 2 months remaining in state collection, EMSTR received **over 357,000** additional records because of this initiative.

Example of National EMS Information System (NEMSIS) Report



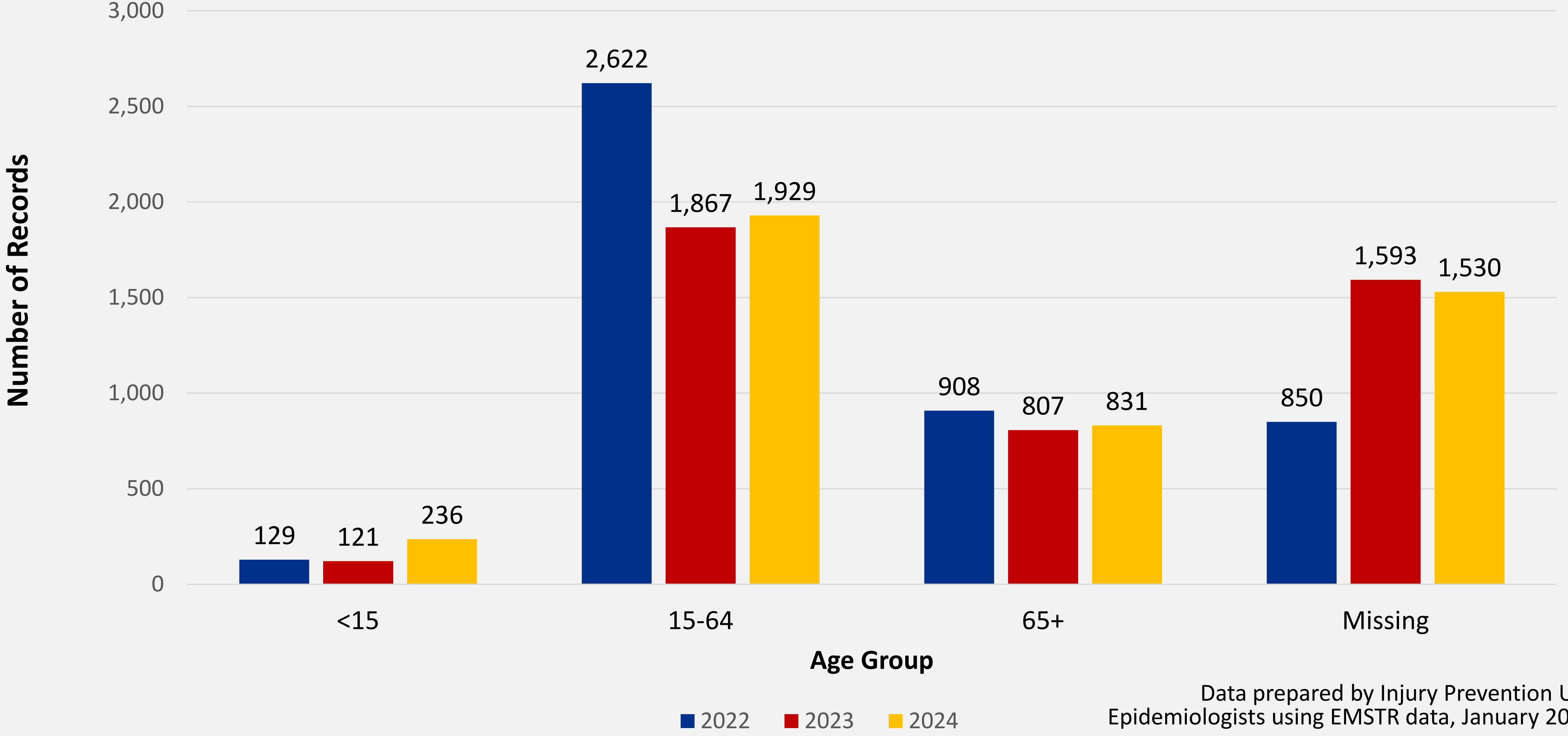
Trauma-Related EMS Deaths 2022-2024

Trauma-Related EMS Deaths, Texas, 2022-2024



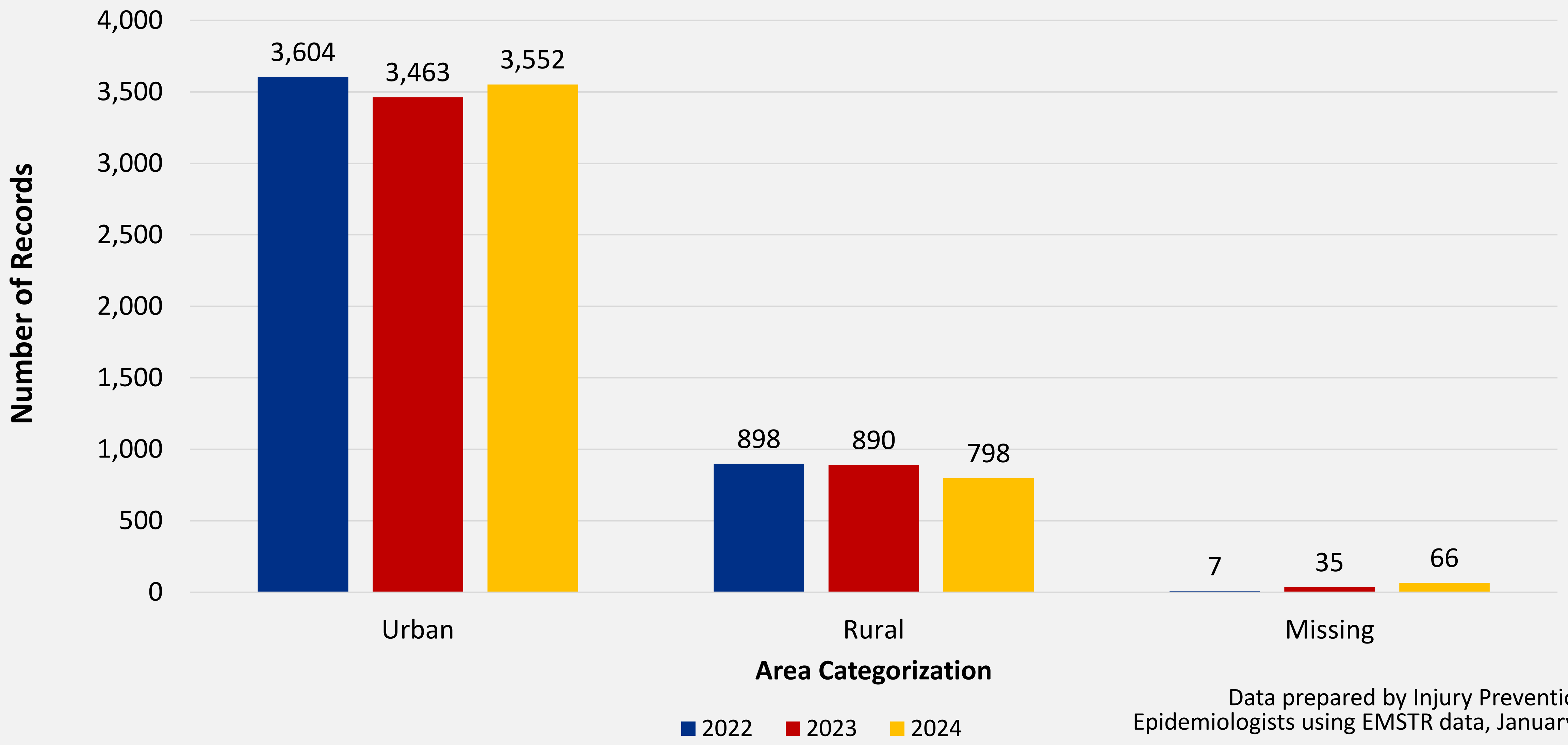
Data prepared by Injury Prevention Unit Epidemiologists using EMSTR data, January 2026.

Trauma-Related EMS Deaths By Age Group, Texas, 2022-2024



Data prepared by Injury Prevention Unit Epidemiologists using EMSTR data, January 2026.

Trauma-Related EMS Deaths By Area Categorization, Texas, 2022-2024



Data prepared by Injury Prevention Unit Epidemiologists using EMSTR data, January 2026.

Trauma-Related EMS Deaths by Complaint Reported to Dispatch, Texas, 2022-2024

Call to Dispatch	2022	2023	2024
Traffic/Transportation	2,113	1,911	1,931
Stab/Gunshot Wound	1,156	981	904
Falls	596	753	786
Traumatic Injury	289	325	349
Drowning/Diving/Scuba	138	147	148
Hemorrhage	74	108	101
Assault	49	74	71
Fire	25	27	41

Note: Table only includes the leading eight (8) complaints reported to dispatch.

Data prepared by Injury Prevention Unit Epidemiologists using EMSTR data, January 2026.

Trauma-Related EMS Deaths by Complaint Reported to Dispatch – Urban, Texas, 2022-2024

Call to Dispatch	2022	2023	2024
Traffic/Transportation	1,623	1,401	1,465
Stab/Gunshot Wound	988	836	765
Falls	497	630	675
Traumatic Injury	211	240	268
Drowning/Diving/Scuba	113	128	133
Hemorrhage	62	94	85
Assault	44	67	64
Fire	19	22	37

Note: Table only includes the leading eight (8) complaints reported to dispatch.

Data prepared by Injury Prevention Unit Epidemiologists using EMSTR data, January 2026.

Trauma-Related EMS Deaths by Complaint Reported to Dispatch – Rural, Texas, 2022-2024

Call to Dispatch	2022	2023	2024
Traffic/Transportation	488	493	437
Stab/Gunshot Wound	165	137	124
Falls	97	119	101
Traumatic Injury	78	82	74
Drowning/Diving/Scuba	25	17	13
Hemorrhage	12	13	15
Fire	6	5	*
Assault	5	6	7

Note: Table only includes the leading eight (8) complaint reported to dispatch.

Data prepared by Injury Prevention Unit Epidemiologists using EMSTR data, January 2026.

Trauma-Related EMS Deaths by Complaint Reported to Dispatch – Age <15, Texas, 2022-2024

Call to Dispatch	2022	2023	2024
Traffic/Transportation	52	39	41
Drowning/Diving/Scuba	37	40	38
Stab/ Gunshot Wound	23	18	19
Traumatic Injury	11	6	14
Falls	*	10	6

Note: Table only includes the leading five (5) complaint reported to dispatch.
* = Data suppressed to protect confidentiality.

Data prepared by Injury Prevention Unit Epidemiologists using EMSTR data, January 2026.

Trauma-Related EMS Deaths by Complaint Reported to Dispatch Ages 15-64, Texas, 2022-2024

Call to Dispatch	2022	2023	2024
Traffic/Transportation	1,293	836	872
Stab/Gunshot Wound	803	554	494
Traumatic Injury	190	134	159
Falls	170	183	211
Drowning/Diving/Scuba	47	44	47
Hemorrhage	42	43	48
Assault	31	40	41
Electrocution/Lightning	16	5	12

Note: Table only includes the leading eight (8) complaints reported to dispatch.

Data prepared by Injury Prevention Unit Epidemiologists using EMSTR data, January 2026.

Trauma-Related EMS Deaths by Complaint Reported to Dispatch Ages 65+, Texas, 2022-2024

Call to Dispatch	2022	2023	2024
Falls	395	372	397
Traffic/Transportation	226	183	220
Stab/Gunshot Wound	145	106	78
Traumatic Injury	41	59	57
Drowning/Diving/Scuba	36	26	18
Hemorrhage	25	38	28
Assault	11	5	8
Fire	10	6	7

Note: Table only includes the leading eight (8) complaints reported to dispatch.

Data prepared by Injury Prevention Unit Epidemiologists using EMSTR data, January 2026.

Summary

- From 2022-2024, approximately 4,500 patients died in trauma-related EMS deaths.
- Most trauma-related EMS deaths occurred in urban areas (approximately 80%) and to youth and adults between the ages of 15 and 64 (approximately 44%).
- In both rural and urban areas, MVCs were the leading call to dispatch in trauma-related EMS deaths.
- For the <15 and 15-64 age groups, MVCs were the leading complaint reported by dispatch in trauma-related EMS deaths. In ages 65+, falls were the leading complaint reported by dispatch.

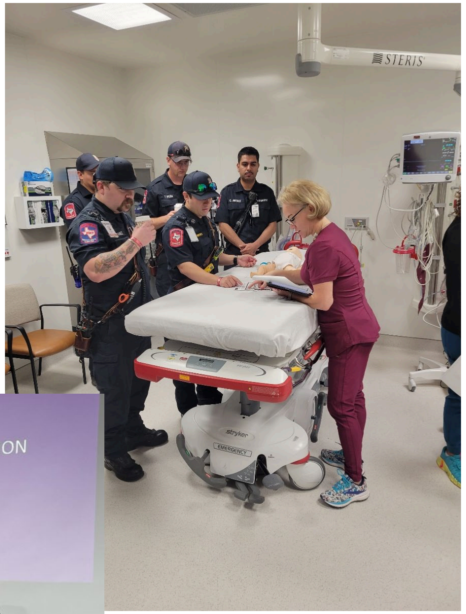
Thank you!

EMSTR Program Updates and Texas Trauma-Related EMS Deaths

Injury.epi@dshs.texas.gov

Pediatric Readiness Improvement Project

TEXAS



Texas Pediatric Readiness Improvement Project Update

GETAC March 2026

Texas Pediatric Readiness Improvement Project (TPRIP)

Project Arms:

- TPRIP Virtual Education Series - Season 2
- 13 Standardized Pediatric trauma simulation scenarios
- 16 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

Everyday Pediatric Readiness

For EDs

Est. 2012

- High Pediatric Readiness associated with up to 76% lower mortality risk

For EMS

Est. 2019

- Inaugural national assessment results published last month (7K agencies)

National PRP Pediatric Readiness Project
Ensuring Emergency Care for All Children

Map View:
- (•) Response Rate
- ( ) Number of Responses

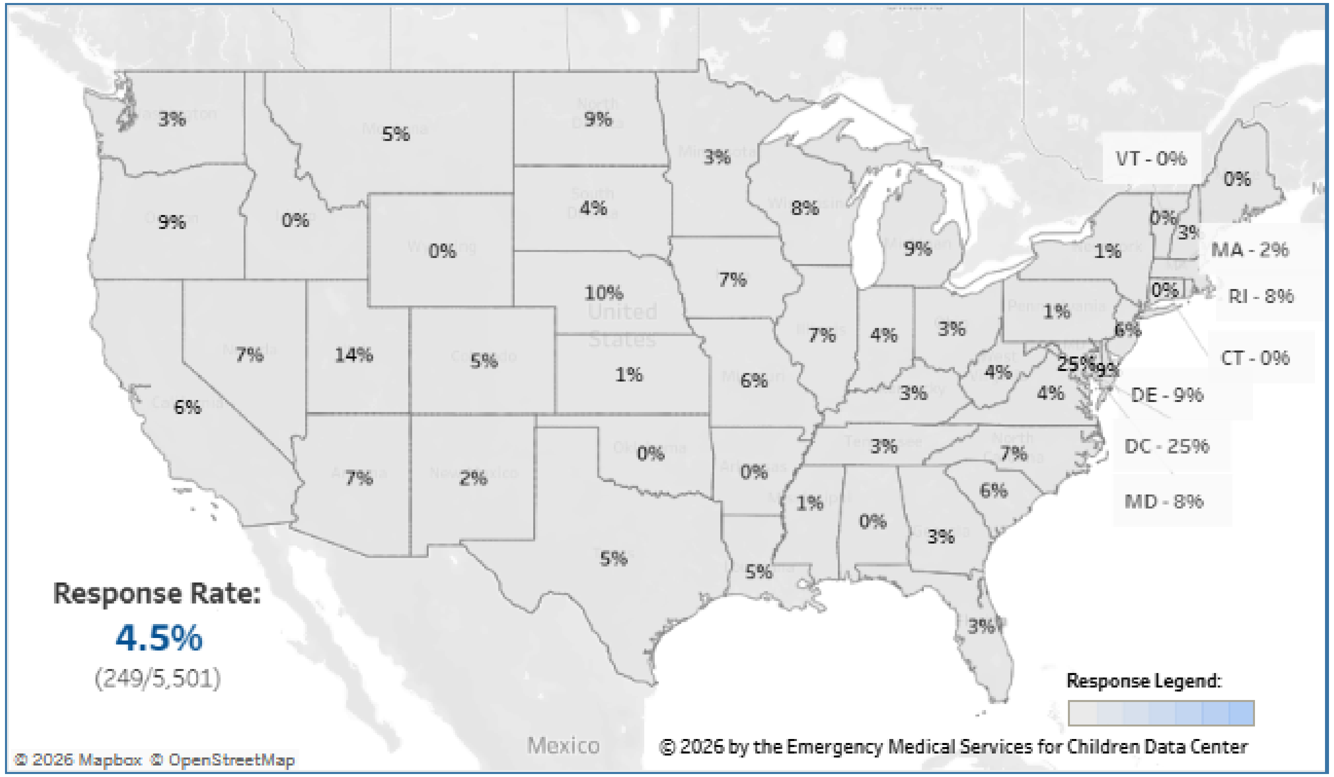
Responses to the NPRP assessment vary by state/territory due to factors such as size, resource availability, and regulatory structure. You may view the map and color shading by response rate or number of responses by selecting the "Map View" on the left.

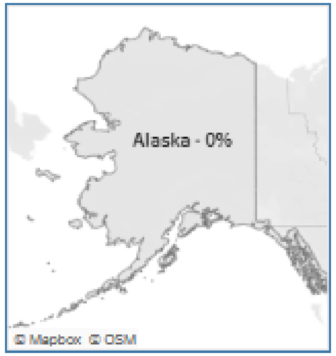
EMSC Emergency Medical Services for Children

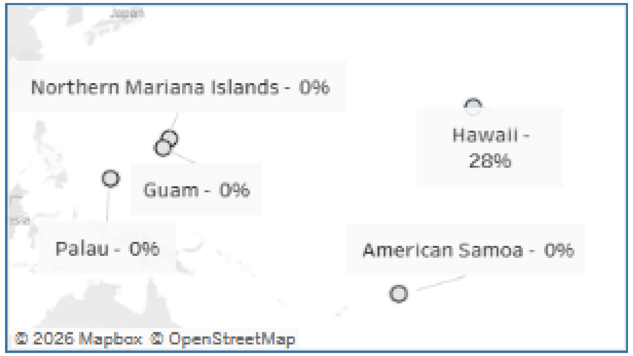
NPRP is funded by the Health Resources and Services Administration EMSC Program

2026 National Pediatric Readiness Project (NPRP) Response Rate by State/Territory
Last Updated: 3/6/2026 2:55:13 PM

State Name	Numerator	Denominator	Response Rate
New York	3	[illegible]	1%
North Carolina	10	134	7%
North Dakota	4	44	9%
Northern Mariana I..	0	1	0%
Ohio	7	222	3%
Oklahoma	0	116	0%
Oregon	5	58	9%
Palau	0	1	0%
Pennsylvania	2	170	1%
Puerto Rico	3	50	6%
Rhode Island	1	12	8%
South Carolina	5	80	6%
South Dakota	2	55	4%
Tennessee	3	120	3%
Texas	29	581	5%
Utah	8	58	14%
Vermont	0	14	0%
Virgin Islands	0	3	0%
Virginia	4	112	4%
Washington	3	92	3%
West Virginia	2	47	4%
Wisconsin	11	137	8%
Wyoming	0	29	0%
Grand Total	249	5,501	5%







The Route to Pediatric Readiness in Emergency Departments

Every child deserves the best care — and YOUR ED can make that happen!

High levels of Pediatric Readiness are associated with up to 76% reduced mortality risk and the potential for 2,100 lives saved nationwide each year.[1] The National Pediatric Readiness Project (NPRP) offers free, evidence-based assessments, resources, and more to help emergency departments (EDs) improve outcomes for acutely ill and injured children.

1 PREPARE

- Review the **joint policy statement**, **NPRP Checklist** or **PDF of the NPRP Assessment** to get a sense of what Pediatric Readiness entails.
- Talk to ED and hospital leadership about the importance of Pediatric Readiness. **These materials** may help you kickstart conversations.
- Contact your **EMSC state program manager** or **the NPRP** team to learn about additional resources and support. State offerings may vary.

2 APPOINT PECCS

- Talk with ED leadership about appointing both a physician and nurse pediatric emergency care coordinator (PECC) to oversee Pediatric Readiness. PECCs are essential to improving readiness.
- Explore **a PECC learning series** to get started.

3 ASSESS & REVIEW

- Identify the best person (typically the ED nurse manager or a PECC) to coordinate completion of the NPRP Assessment (the next nationwide period is March–May 2026).
- **Complete the assessment**, which typically takes 30-45 minutes, to recieve your score, benchmarking information and a gap report.
- Review the results with your leadership and team.

4 PLAN & IMPROVE

- Use the gap report to set goals and create a plan for improvement.
- Address gaps using the **NPRP Toolkit** and **Checklist**.
- Join a **quality improvement collaborative** to learn from and share ideas with peers and experts or submit data to a **pediatric quality dashboard** to see how your efforts are impacting clinical practice.

5 GET RECOGNIZED

- Improving readiness can help your ED meet criteria for **state recognition programs**, ED accreditation programs, or trauma center verification.
- Contact your state EMSC program or professional organizations to learn more.

6 KEEP IT UP!

- Repeat steps 3 and 4, taking the assessment once every 1-3 years, to stay on the path to our shared destination: high-quality emergency care for ALL children!

National PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children

1. https://media.emscimprovement.center/documents/Pediatric_Readiness_Impact_Statistics.pdf

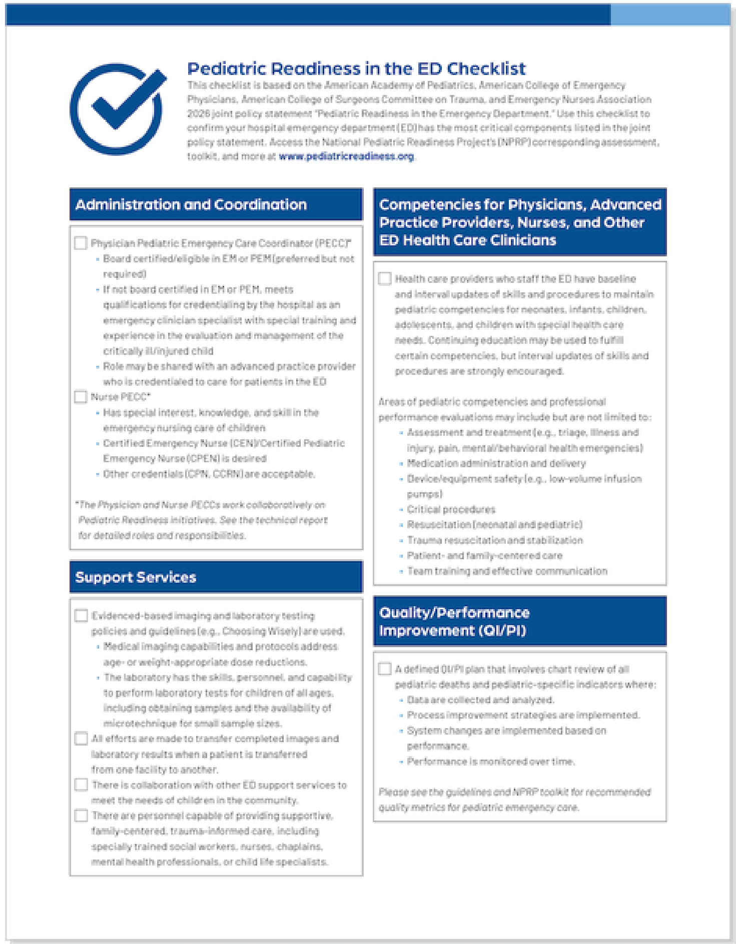
This EMSC Innovation and Improvement Center resource is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award (U07MC37471) totaling $2.5M with 0 percent financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov. 251201 | Updated 1/5/2026

Checklist

Use this informal tool to quickly check if your ED is ready to care for children as outlined in the 2026 joint policy statement.

The checklist can be especially useful to help you prepare for the NPRP Assessment and understand what will be asked. Then, use the corresponding NPRP Toolkit to address gaps identified by the checklist.

Download checklist



Pediatric Readiness in the ED Checklist

This checklist is based on the American Academy of Pediatrics, American College of Emergency Physicians, American College of Surgeons Committee on Trauma, and Emergency Nurses Association 2026 joint policy statement "Pediatric Readiness in the Emergency Department." Use this checklist to confirm your hospital emergency department (ED) has the most critical components listed in the joint policy statement. Access the National Pediatric Readiness Project's (NPRP) corresponding assessment, toolkit, and more at **www.pediatricreadiness.org**.

Administration and Coordination

- [ ] Physician Pediatric Emergency Care Coordinator (PECC)*
  - Board certified/eligible in EM or PEM (preferred but not required)
  - If not board certified in EM or PEM, meets qualifications for credentialing by the hospital as an emergency clinician specialist with special training and experience in the evaluation and management of the critically ill/injured child
  - Role may be shared with an advanced practice provider who is credentialed to care for patients in the ED
- [ ] Nurse PECC*
  - Has special interest, knowledge, and skill in the emergency nursing care of children
  - Certified Emergency Nurse (CEN)/Certified Pediatric Emergency Nurse (CPEN) is desired
  - Other credentials (CPN, CCRN) are acceptable.

**The Physician and Nurse PECCs work collaboratively on Pediatric Readiness initiatives. See the technical report for detailed roles and responsibilities.*

Support Services

- [ ] Evidenced-based imaging and laboratory testing policies and guidelines (e.g., Choosing Wisely) are used.
  - Medical imaging capabilities and protocols address age- or weight-appropriate dose reductions.
  - The laboratory has the skills, personnel, and capability to perform laboratory tests for children of all ages, including obtaining samples and the availability of microtechnique for small sample sizes.
- [ ] All efforts are made to transfer completed images and laboratory results when a patient is transferred from one facility to another.
- [ ] There is collaboration with other ED support services to meet the needs of children in the community.
- [ ] There are personnel capable of providing supportive, family-centered, trauma-informed care, including specially trained social workers, nurses, chaplains, mental health professionals, or child life specialists.

Competencies for Physicians, Advanced Practice Providers, Nurses, and Other ED Health Care Clinicians

- [ ] Health care providers who staff the ED have baseline and interval updates of skills and procedures to maintain pediatric competencies for neonates, infants, children, adolescents, and children with special health care needs. Continuing education may be used to fulfill certain competencies, but interval updates of skills and procedures are strongly encouraged.

Areas of pediatric competencies and professional performance evaluations may include but are not limited to:

- Assessment and treatment (e.g., triage, illness and injury, pain, mental/behavioral health emergencies)
- Medication administration and delivery
- Device/equipment safety (e.g., low-volume infusion pumps)
- Critical procedures
- Resuscitation (neonatal and pediatric)
- Trauma resuscitation and stabilization
- Patient- and family-centered care
- Team training and effective communication

Quality/Performance Improvement (QI/PI)

- [ ] A defined QI/PI plan that involves chart review of all pediatric deaths and pediatric-specific indicators where:
  - Data are collected and analyzed.
  - Process improvement strategies are implemented.
  - System changes are implemented based on performance.
  - Performance is monitored over time.

Please see the guidelines and NPRP toolkit for recommended quality metrics for pediatric emergency care.

Toolkit

- National Pediatric Readiness Project
- About
- Assessment
- Checklist
- Toolkit
  - **Prepare**
  - **Appoint PECCs**
  - **Assess and Review**
  - **Improve**
- Publications
- Spread the Word
- FAQs
- Contact

Questions or Feedback on the NPRP Toolkit?

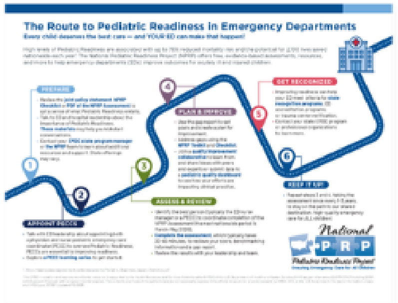
Contact us

Sign Up for Updates

The NPRP Toolkit has been redesigned to align with the NPRP Roadmap, making it easier to navigate resources in a structured, step-by-step way. If you have trouble finding something, please contact us.

The National Pediatric Readiness Project (NPRP) Toolkit is a comprehensive, evidence-based resource designed to help emergency departments (EDs) strengthen and sustain their ability to care for children. Grounded in a joint policy statement by the leading organizations in pediatric emergency care, “Pediatric Readiness in the Emergency Department,” the toolkit provides practical guidance and resources to help EDs improve Pediatric Readiness.

Maintained by the EMSC Innovation and Improvement Center, the toolkit serves nurse and physician pediatric emergency care coordinators (PECCs), ED clinicians and staff, as well as hospital leadership and other partners advancing pediatric emergency care. This toolkit is organized into sections that align with the suggested steps in the Pediatric Readiness roadmap, guiding EDs from assessment to planning through implementation and sustainability.



To submit content or feedback for this toolkit, use this form. Questions about the toolkit? Contact us.

To submit content or feedback for this toolkit, use this form. Questions about the toolkit? Contact us.

Section 1: Prepare

Build Awareness and Get Leadership Buy-In

Section 2: Appoint PECCs

Establish and Develop Nurse and Physician Coordinator Roles

Section 3: Assess and Review

Measure Your ED's Readiness and Understand Your Results

Section 4: Plan and Improve

Implement Changes to Advance Pediatric Readiness

Section 5: Get Recognized - COMING SOON!

Validate and Celebrate Your Progress

Section 6: Keep It Up - COMING SOON!

Sustain Your Progress through Continuous Improvement

Section 7: More to Explore - COMING SOON!

Expand Your Impact and Pediatric Readiness Beyond

Texas Pediatric Readiness Education Series

Attendance Information

Years	Months	Topics	Registrants	Webinar Attendees
2024	January	Introduction to Pediatric Readiness	404	227
2024	February	Pediatric Assessment & Triage	993	351
2024	March	Respiratory Distress	1238	312
2024	April	Traumatic Brain Injury	1341	312
2024	May	Child Maltreatment	1404	259
2024	June	Long Bone Fractures & Pain Management	1468	270
2024	July	Overdoses & Poisoning	1488	236
2024	August	Shock Recognition & Management	1528	240
2024	September	Newborn Resuscitation	1567	219
2024	October	Pediatric Resources (Sim & Data Platforms)	1590	141
2024	November	Abdominal Trauma	1619	191
2024	December	Seizures	1644	185
2025	January	Upper Abdominal Obstruction & Anaphylaxis	1661	221
2025	February	Diabetic Ketoacidosis	1709	202
Launched 2nd Iteration of Education Series				
2025	March	Abdominal Surgical Emergencies	596	250
2025	April	Pediatric Acute Care Through Simulation	681	225
2025	May	National Pediatric Readiness Quality Initiative	741	210
2025	June	Safe Sleep & Sudden Unexpected Infant Death	769	184
2025	July	Mental & Behavioral Health Emergencies	795	204
2025	August	Cross-Sectional Imaging in Pediatric Traumas	839	206
2025	September			
2025	October	QI Collaboratives	1035	264
2025	November	Burns	1073	231
2025	December	Pre-Hospital Management of Pediatric Strokes	1123	224

Learner and Organizational Representation

The most common titles included:

- Registered Nurses
- Trauma Program Managers
- Trauma Coordinators
- Paramedics

- Hospital / Health System: 51.9%
- Government / Public Health / RAC: 6.6%
- EMS / Fire: 6.2%
- Academic Institutions: 3.1%
- Associations / Nonprofits: 1.6%
- Other / Unknown: 30.6% (primarily blank or non-standard entries)

Pediatric Readiness Education Series

February 2026 - Pediatric Head Trauma

- Registrants 1460
- Webinar Attendees 598

Pediatric Readiness
Education Series

March 19, 10-11 am CT

Recurring on the third Thursday of each month at 10 am CT

EIIC EMSC Innovation and Improvement Center | TEXAS Pediatric Readiness Education Series

The Pediatric Readiness Education Series is a free, national webinar series delivered as a collaboration between the EIIC and the Texas Pediatric Readiness Education Series. Building on the success of the Texas-led series, this co-effort expands the reach of Pediatric Readiness education while aligning content with national Pediatric Readiness priorities.

The monthly sessions will focus on common clinical conditions and experiences in the emergency department (ED) setting and are designed for ED clinicians and staff across disciplines, including nurses, physicians, advanced practice providers, administrators, and Pediatric Emergency Care Coordinators (PECCs). EMS clinicians are also welcome to attend.

All webinars are free. The series is not affiliated with the Texas EMSC State Partnership Program. **Participation is currently limited to the first 1,000 attendees.** If you are unable to attend, the event will be recorded.

Date	Topic	Speaker
February 19	Head Trauma	Aaron Jensen
March 19	Mental Health	Heather Theaux
April 16	Neonatal Fever	Julia Magana
May 21	Drowning	Sarah Walter

Prehospital Pediatric Readiness National Assessment Results

In 2024, the National Prehospital Pediatric Readiness Project – led by the federal Emergency Medical Services for Children (EMSC) Program in collaboration with leading organizations in prehospital, emergency, and pediatric care – assessed how prepared emergency medical services (EMS) agencies are to care for children according to **national recommendations**. The results of this inaugural assessment were published in the ***Annals of Emergency Medicine***.

About Responding EMS and Fire-Rescue Agencies

6,989 out of 15,293 agencies (46%) responded

74% see eight or fewer children per month

70% provide advanced life support (ALS) services

60% are located in urban areas

58% are fire-based agencies

Key Findings

MEDIAN SCORE: 66 OUT OF 100

38% of EMS agencies report having a pediatric emergency care coordinator (PECC)

52% do skills testing with pediatric equipment at least twice per year

60% collect pediatric elements as part of their patient care data

74% have a performance improvement plan that includes review of pediatric encounters

83% have all recommended pediatric equipment

Trends and Takeaways

- **PECC Impact:** Fewer than half of agencies report having a pediatric emergency care coordinator (PECC)—someone responsible for overseeing pediatric training and care processes—yet the presence of a PECC is associated with consistently higher scores across every category measured, even in low-resourced, low-volume settings.
- **Call Volume:** Agencies that care for more children annually tend to have higher readiness scores, yet the majority of agencies see less than 8 children per month, underscoring the need for repeat practice and advanced preparation.
- **Progress Achieved:** Most agencies reported having the nationally recommended pediatric equipment and supplies, reflecting years of efforts driven by EMS and emergency care leaders and the EMSC Program.

National PRP
Prehospital Pediatric Readiness Project
Ensuring Emergency Care for All Children

Improve Your Agency's Readiness Today

To find out more about Pediatric Readiness, the national assessment, or to access resources, visit:

pediatricreadiness.org

Data based on the paper "The National Pediatric Prehospital Readiness Project: First Comprehensive Assessment of United States Emergency Medical Services Agencies," published in February 2026 in the *Annals of Emergency Medicine*.

The Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS) provided financial support for this Prehospital Pediatric Readiness Project. The EMSC Innovation and Improvement Center award provided 12% of total costs and totaled $2.5M; and the EMSC Data Center award provided 20% of the total cost and totaled $3.2M. The contents are those of the author. They may not reflect the policies of HRSA, HHS, or the U.S. Government. 260120 | Updated 2/23/2026.

PRISMs with Hospital PECCs

Pediatric Readiness Improvement & Simuatlion Mentors

14 PRISMs

Regional Training Events

June - October

Methodist Health System, 2/18/26

22 H-PECCs

Sim Scenarios conducted by H-PECCs

187 simulations in 2025

*Data represents training done Jan-Mar 2026

PRISMS by RAC

John and Glenda Sappington RAC A
Vicente Martinenz RAC B
Belinda Waters RAC B
Heather Casebeer RAC B (in training)

Barry Hudson RAC E
Amy Tucker RAC E

Brittany Ray RAC G

Verline Steptoe RAC I

Robin Hazlett RAC Q
Eric Parmley RAC Q
Ronnie Hamilton RAC R
Santana Olvera RAC R

Jules Boatright RAC U
Samantha Martinez RAC V

Simulation Videos Status

Complete and Available:

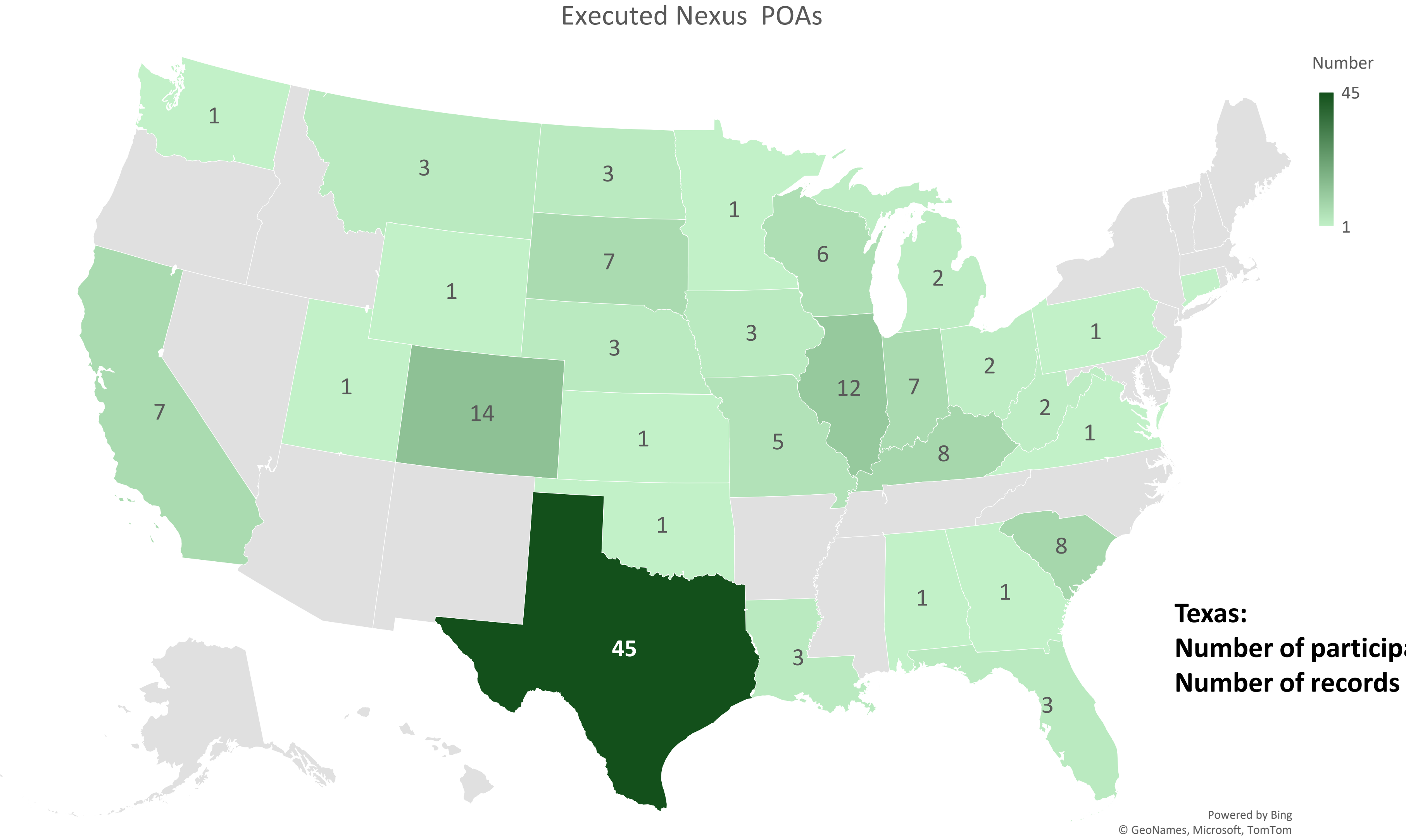
- TBI
- Pediatric Burn
- Non-Accidental Trauma (vomiting baby)
- Abdominal Trauma
- Newborn Resuscitation
- Respiratory Distress-Bronchiolitis
- Pediatric Diabetic Ketoacidosis

Still in Production:

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

www.emergencysimbox.com

NPRQI: Participating Sites



Texas:
Number of participating sites: 45
Number of records entered: 7,980

NPRQI: Texas Participating Sites

Texas Registered Sites	80
Texas Sites with Executed POA	45
Texas Sites Entering Data	40
Texas Registered RACs (TSA: E, J, I, K, O, R)	6

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

A-Panhandle
Golden Plains Community Hospital
Hansford County Hospital*
Pampa Regional Medical Center
Parkview Hospital - Wheeler

B-B
Cochran Memorial
Cogdell Memorial Hospital
Covenant Children's Hospital
Lamb Healthcare Center
Memorial Hospital Seminole
University Medical Center

C-NorthTexas
Graham Regional Medical Center

D-BigCountry
Stephens Memorial Hospital

E-NorthCentralTexas
Baylor Scott and White All Saints Medical Center- Fort Worth
Cook Children's Medical Center Prosper
Methodist Charlton Medical Center*
Methodist Southlake Hospital
Palo Pinto General Hospital
Texas Health Harris Methodist Hospital Hurst-Euless-Bedford

F-NortheastTexas
Titus Regional Medical Center*

G-PineyWoods
Christus Mother Frances Hospital - Jacksonville

I-Border
El Paso Children's Hospital
University Medical Center of El Paso

J-TexasJ
Big Bend Regional Medical Center
Medical Center Health System
Midland Memorial Hospital
Odessa Regional Medical Center
Permian Regional Medical Center
Ward Memorial Hospital
Winkler County Memorial Hospital

* Indicates POA has been submitted for review.

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

K-ConchoValley
Lillian M. Hudspeth Memorial Hospital
Schleicher County Medical Center

L-CentralTexas
Coryell Memorial Hospital

N-BrazosValley
St Joseph Health - Grimes Hospital*

O-CapitalArea
Ascension Seton Edgar B Davis

P-SouthwestTexas
Christus Santa Rosa Hospital - Westover Hills
Guadalupe Regional Medical Center

Q-SoutheastTexas
Memorial Hermann Cypress Hospital
Memorial Hermann Katy Hospital

R-EastTexasGulfCoast
Liberty - Dayton Regional Medical Center

S-GoldenCrescent
Citizens Medical Center*
Cuero Regional Hospital
DeTar Hospital Navarro
DeTar Hospital North
Lavaca Medical Center
Yoakum Community Hospital

V-LowerRGV
South Texas Health System Mcallen*

* Indicates POA has been submitted for review.

Texas **Registered Sites** By Regional Advisory Council (RAC) - No POA

E-NorthCentralTexas
Lake Granbury Medical Center
Medical City ER Saginaw
Methodist Richardson Medical Center
Texas Health Hospital Mansfield
TMC Bonham Hospital

G-PineyWoods
Christus Mother Frances Hospital - Tyler
Christus Mother Frances Hospital - Winnsboro
UT Health East Texas Pittsburg Hospital

K-ConchoValley
North Runnels Hospital District
Reagan Hospital District

L-CentralTexas
Adventhealth Rollins Brook

M-HeartofTexas
Hill Regional Hospital

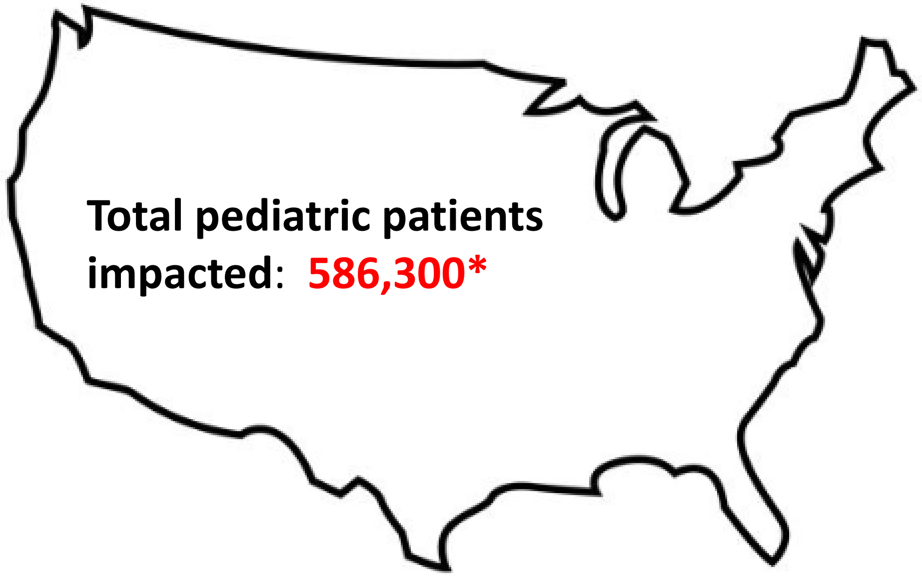
N-BrazosValley
Baylor Scott and White Medical Center - College Station
St Joseph Health - Burleson Hospital
St Joseph Health - College Station Hospital
St Joseph Health - Madison Hospital
St. Joseph Health Regional Hospital

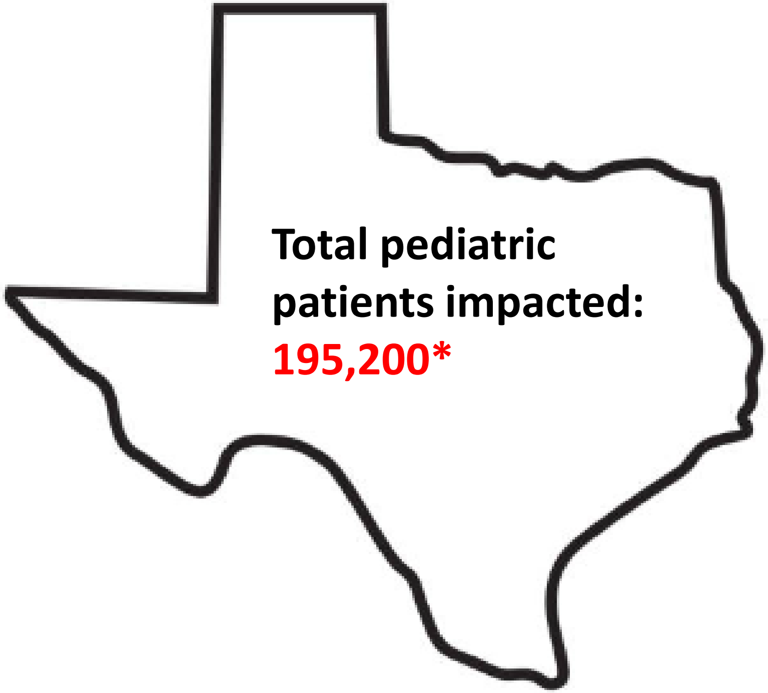
O-CapitalArea
Ascension Seton Southwest
Baylor Scott and White Medical Center - Marble Falls

P-SouthwestTexas
Christus Children's Hospital

R-EastTexasGulfCoast
Baptist Hospitals of Southeast Texas
HCA Houston Healthcare Mainland

NPRQI: Patients Impacted

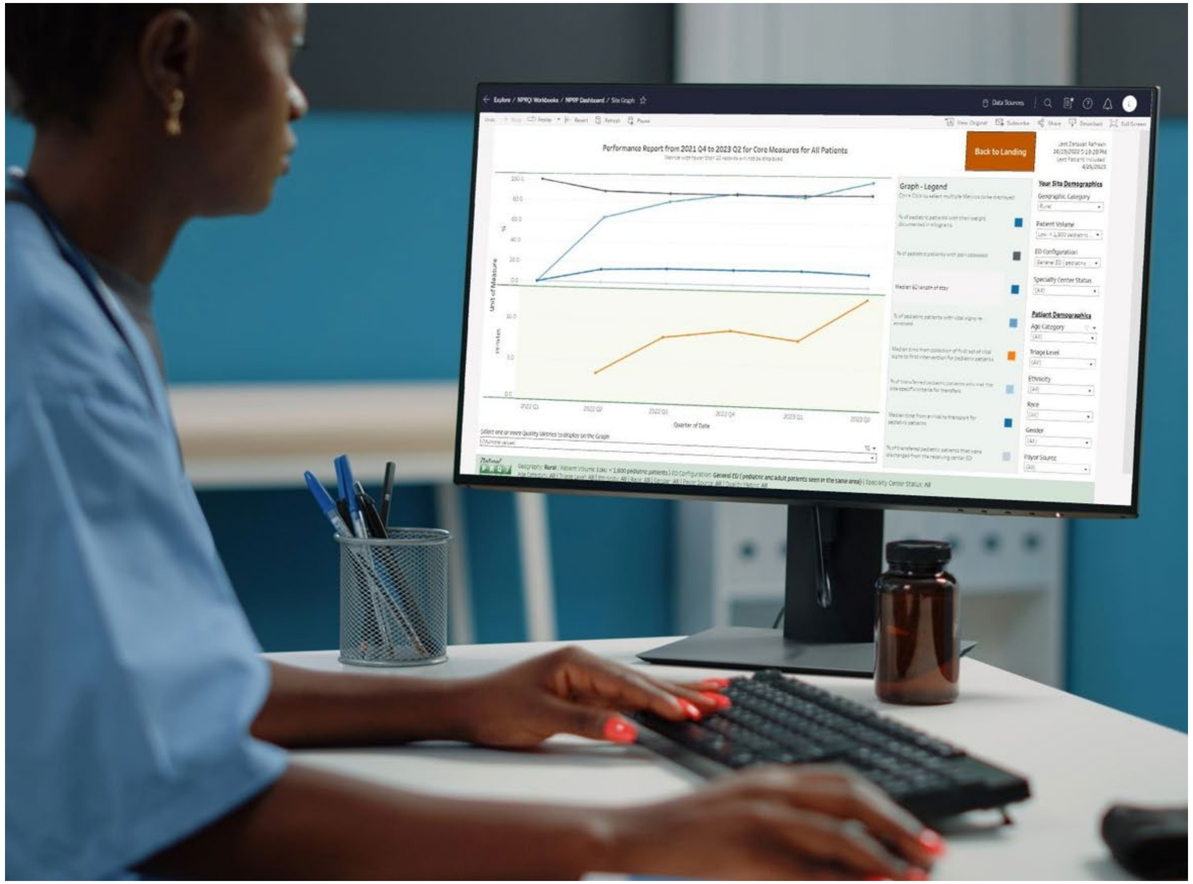




*This impact metric only reports on sites that have executed a new POA with the upgraded platform that launched in 2026.
Previous reporting accounted for all participants on the initial NPRQI platform.

Enhanced Engagement

- Texas-centric Collaborative
  - Launched January 2026
  - 178 EDs participating/38 TX EDs
- Interactive performance dashboards
  - QI tracking capabilities



Texas **Participating Sites** By Regional Advisory Council (RAC) **Registration Started**

A - Panhandle

- Parkview Hospital - Wheeler

B-BRAC

- Lamb Healthcare Center
- W.J. Mangold Memorial Hospital

C- North Texas

- Faith Community Hospital

E- North Central Texas

- Texas Health Arlington Memorial Hospital
- Methodist Mansfield Medical Center
- Ennis Regional Medical Center
- Lake Granbury Medical Center
- Hunt Regional Medical Center
- TMC Bonham Hospital

F- North East Texas

- Christus Mother Frances Hospital - Sulphur Springs

G –Piney Woods

- Longview Regional Medical Center
- UT Health East Texas Pittsburg Hospital

Registration Started – No POA

Texas **Participating Sites** By Regional Advisory Council (RAC) **Registration Started**

H-Deep East Texas	I-Border	J-TexasJ	K-Concho Valley	O-Capital Area
• Sabine County Hospital	• William Beaumont Army Medical Center	• Iraan General Hospital • Odessa Regional Medical Center • Reeves County Hospital	• Ballinger Memorial Hospital District	• Ascension Seton Bastrop Hospital • Ascension Seton Edgar B Davis • Ascension Seton Medical Center Austin • St. David's South Austin Medical Center

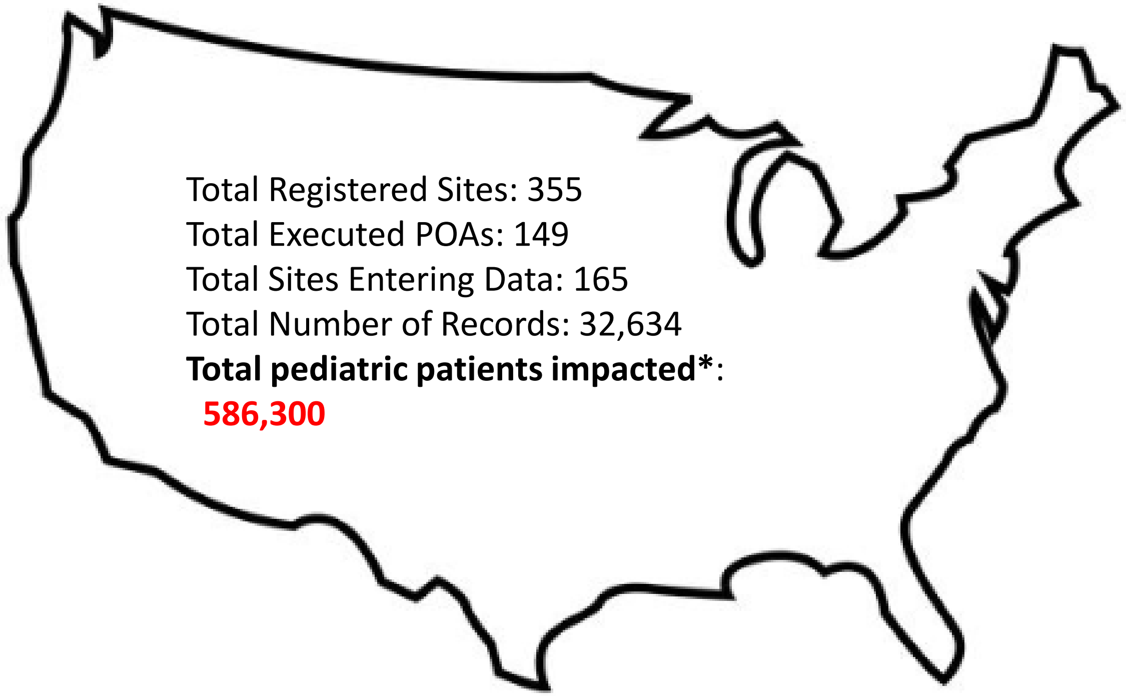
Registration Started – No POA

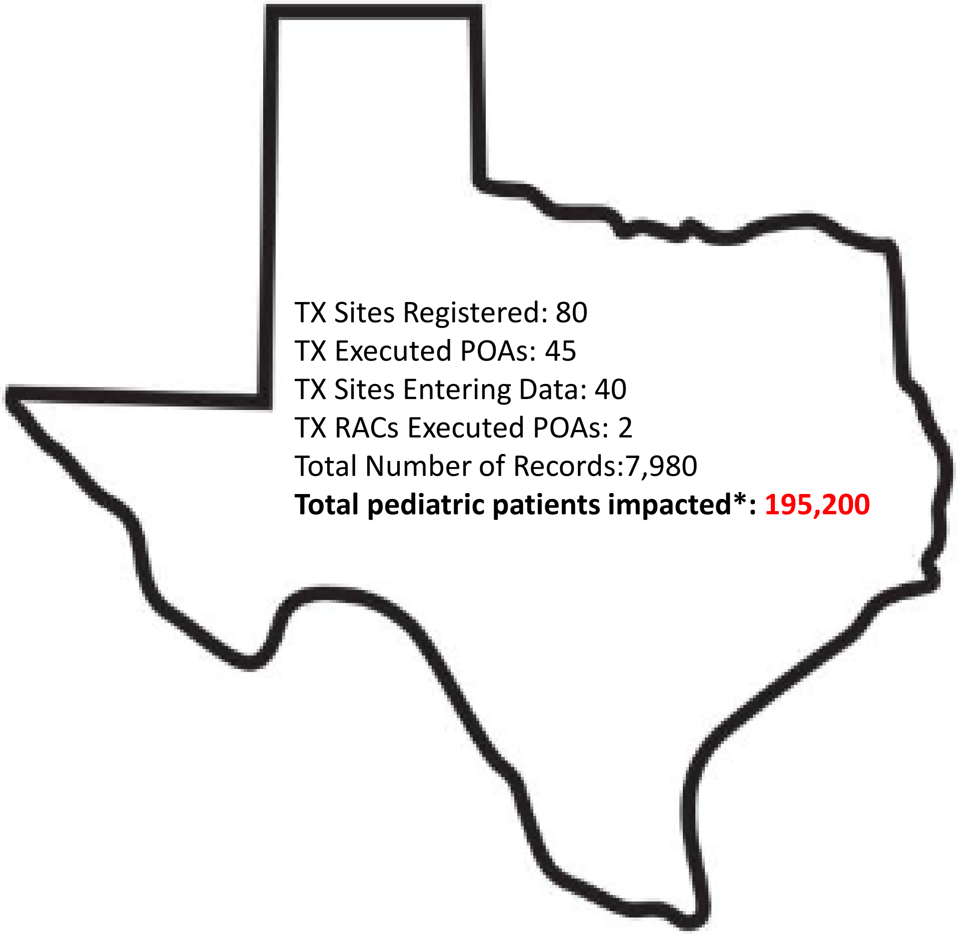
Texas **Participating Sites** By Regional Advisory Council (RAC) **Registration Started**

P-SouthWest Texas	Q-South East Texas	R-East Texas/Gulf Coast	S-Golden Cresent	T-Seven Flags
• Guadalupe Regional Medical Center	• HCA Houston Northwest ED • Houston Methodist West Hospital • Memorial Hermann Memorial City Medical Center	• Baptist Hospitals of Southeast Texas • Christus Southeast Texas - St Elizabeth and St Mary • Memorial Hermann Pearland Hospital • UT Medical Branch	• Memorial Medical Center • Yoakum Community Hospital	• Laredo Medical Center

Registration Started – No POA

NPRQI Impact to Date





**This impact metric only reports on sites that have executed a new POA with the upgraded platform that launched in 2026. Previous reporting accounted for all participants on the initial NPRQI platform.*

TEXAS EMS, TRAUMA AND ACUTE CARE FOUNDATION UPDATE

Dinah Welsh
TETAF President & CEO
March 13, 2026

TETAF
TEXAS EMS TRAUMA & ACUTE CARE FOUNDATION

Texas Perinatal Services

Elected to the TETAF Board of Directors

- **Kelly Galloway** – ED Director and Trauma Program Manager at Moore County Hospital, RAC A
- **John Baker** – Paramedic at Idalou EMS, RAC B
- **Dr. Christina Chan** – Associate Div. Chief of Perinatal Medicine at UT Southwestern, RAC E
- **Dr. Jessica Ehrig*** – Maternal Medical Director at Baylor Scott & White – Temple, RAC L
- **Dr. Terri Major-Kincade** – Perinatal Palliative Care Director at UT McGovern School of Medicine, RAC Q
- **Jennifer Carr** – Trauma Program Director at CHRISTUS Spohn Shoreline, RAC U

* Denotes incumbent board member

TETAF Advocacy

- The 90th Texas Legislative Session begins January 12, 2027.
  - Interim charges expected soon
  - The TETAF Advocacy Committee is meeting monthly to prepare and draft the TETAF Legislative Priorities.
  - TETAF is developing materials for the RACs to use as they meet with their legislators during the interim.

SURVEYS – Trauma, Stroke, Maternal, and Neonatal

- **TETAF and Texas Perinatal Services Surveys** – Volumes are steady and on pace with three-year cycles.
- **Surveyors** – TETAF/Texas Perinatal Services welcomes the opportunity to visit with interested surveyors to determine if they meet requirements.

TETAF Education

- TETAF continues to offer continuing education through its virtual Texas Quality Care Forum. The next forum is on Tuesday, March 31 at 11:00 a.m. and the topic is "Wired for Damage: Understanding Electrical Burn Injuries"
- TETAF is launching The Roundtable, an opportunity to come to the table to discuss and ask important questions on important topics affecting trauma, stroke, maternal, and neonatal care, as well as other potential topics, such as advocacy.
- The TETAF Hospital Data Management Course (HDMC) was held virtually in February with a full cohort of learners.

Register for the Texas Quality Care Forum (TQCF)

THE ROUNDTABLE

TETAF Collaboration

- TETAF continues to provide support to the Texas TQIP Collaborative.
  - Texas TQIP is establishing a pediatric collaborative.
  - Questions about Texas TQIP? Email 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.

TETAF Rural Trauma System Development Fund