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

Jia Benno
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

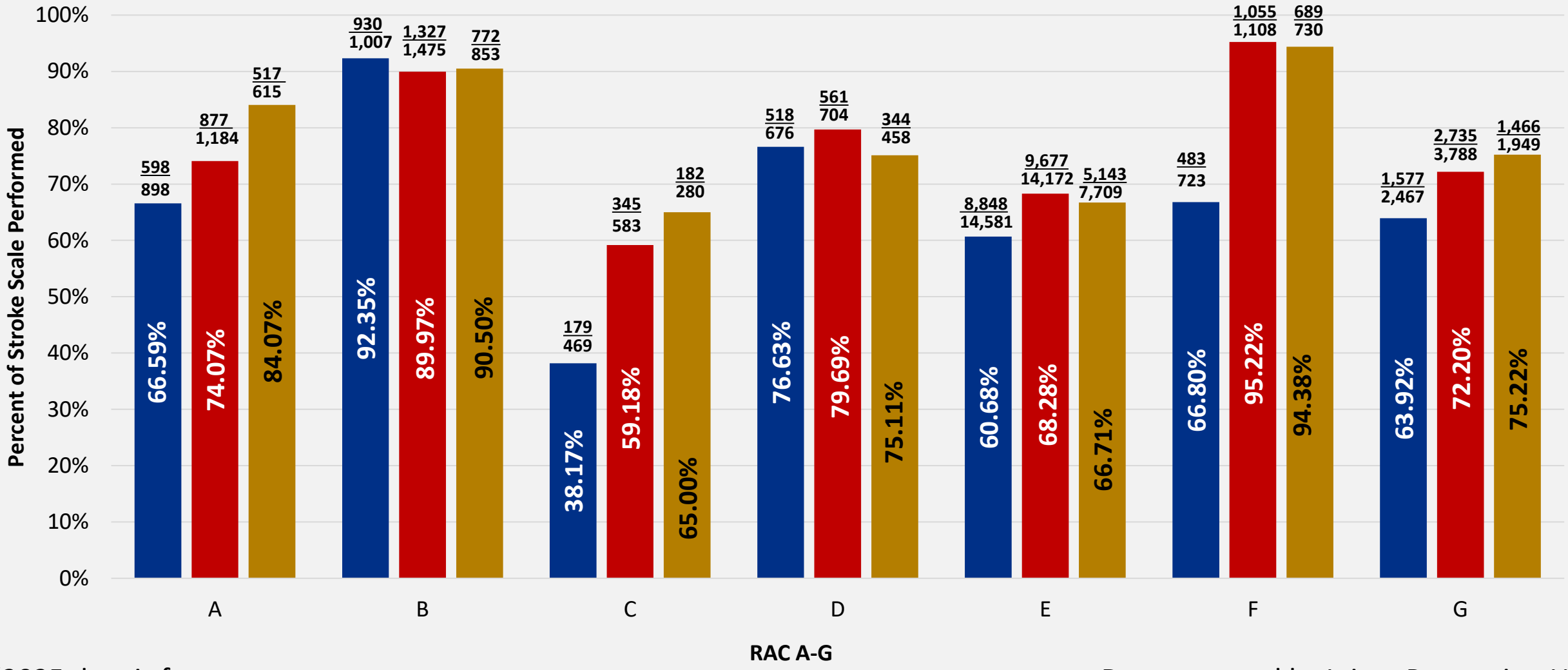
Sex	2023	2024	2025*
Male	16,186	21,709	12,283
Percentage	56.63%	64.31%	68.33%
Female	17,604	23,015	13,034
Percentage	56.56%	65.33%	68.46%

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.

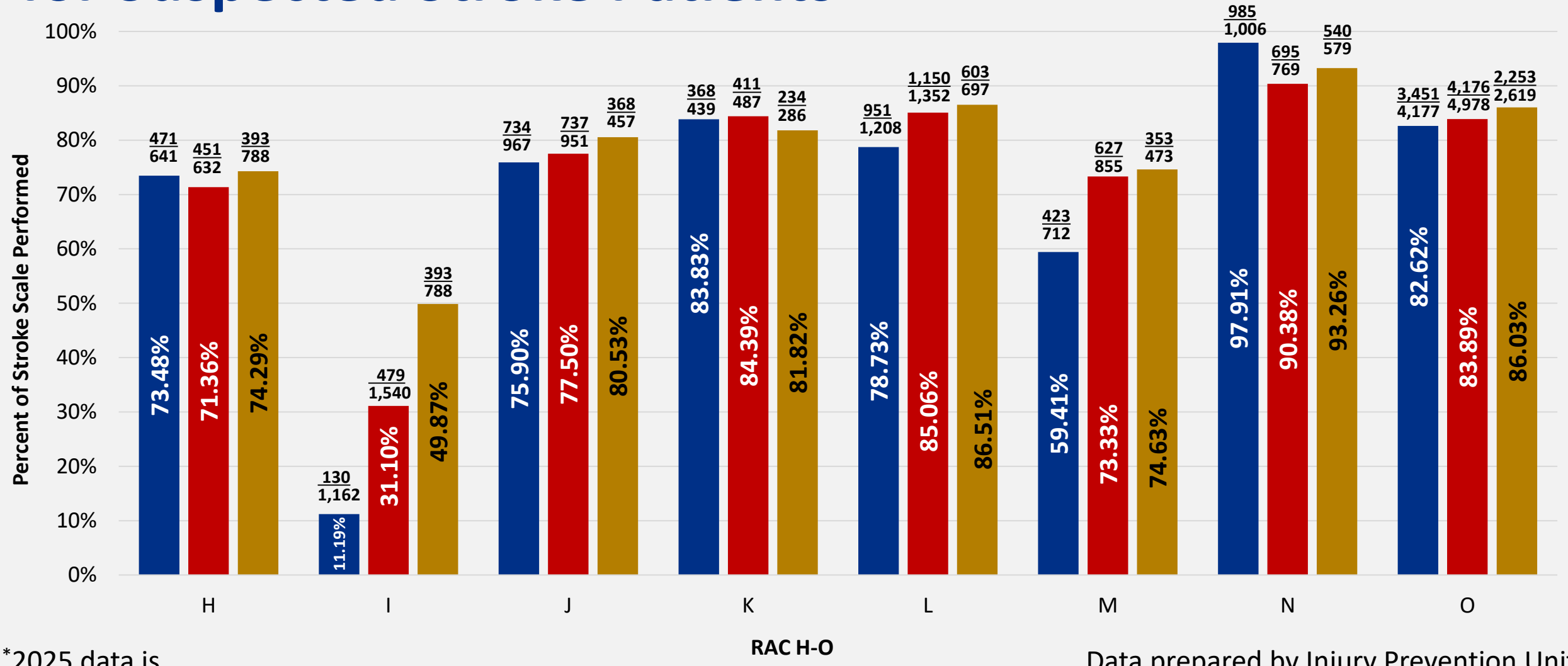
Stroke Scale Performed by Regional Advisory Council (RAC) A-G for Suspected Stroke Patients



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

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

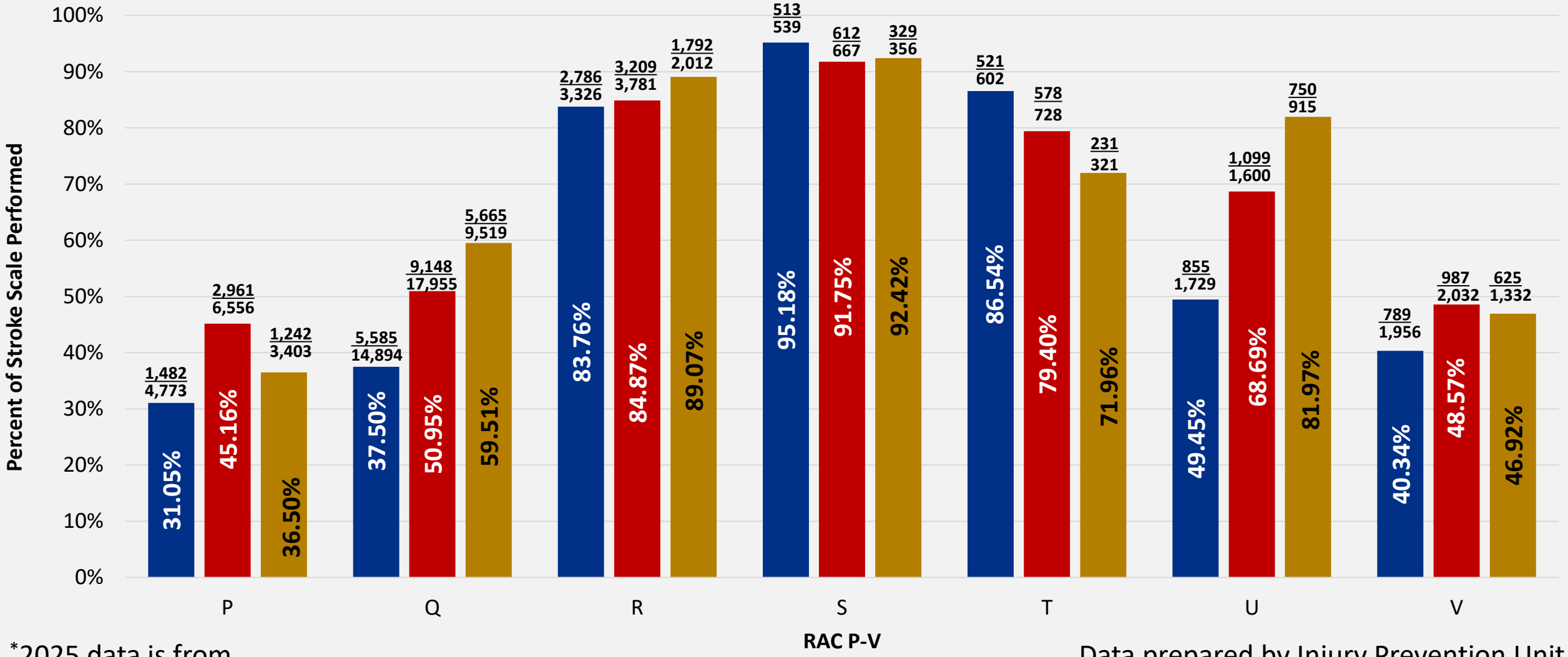
Stroke Scale Performed by RAC H-O for Suspected Stroke Patients



*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