



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

**Emergency Medical Services and
Trauma Registries (EMSTR)
Stroke Committee
Rural Stroke Data Follow-up**

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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 in which an EMS provider is dispatched to, responds to, provides care to, or transports a person.

Rural Stroke Response and Total Pre-Hospital Time

2022 - 2024



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Stroke Subcommittee Data Request

Texas Rural Counties Stroke Data:

1. Median pre-hospital run times for suspected stroke; call-to-hospital arrival times.
2. Median call to transferring hospital arrival for emergent stroke transfers; non-hospital to hospital.
3. Median call to transferring hospital arrival for emergent stroke transfers; hospital to hospital.

Inclusion Criteria – All Suspected Strokes

- Primary symptom, other associated symptom, provider's primary impression, or provider's secondary impression variables were 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

Location Definitions (1 of 3)

	Median Pre-Hospital Run Times for Suspected Stroke
Type of Service Requested	“911 Response (Scene)” or “Emergency Response (Primary Response Area)” and
Incident Location Type	Not a hospital, nursing home, or ambulatory health services establishment.

Location Definitions (2 of 3)

	Median Call to Transferring Hospital Arrival for Non-Hospital to Hospital
Type of Service Requested	“911 Response (Scene)” or “Emergency Response (Primary Response Area)” and
Incident Location Type	A nursing home or ambulatory health services establishment and
Destination Type	“Hospital-Emergency Department” or “Hospital-Non-Emergency Department Bed.”

Location Definitions (3 of 3)

	Median Transfer Times for Emergent Stroke Transfers
Type of Service Requested	“911 Response (Scene)” or “Emergency Response (Primary Response Area)” and
Incident Location Type	A hospital as the place of occurrence and
Destination Type	“Hospital-Emergency Department” or “Hospital-Non-Emergency Department Bed.”

Suspected Stroke Rural EMS Responses 2022-2024

	2022	2023	2024
Stroke patients in the field (non-hospital)	5,252	5,695	6,378
Non-hospital stroke transfers	637	686	861
Hospital-to-hospital stroke transfers	233	398	425

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

Suspected Stroke Urban EMS Responses 2022-2024

	2022	2023	2024
Stroke patients in the field (non-hospital)	30,720	31,598	35,879
Non-hospital stroke transfers	4,470	4,800	5,680
Hospital-to-hospital stroke transfers	1,349	1,163	1,559

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

Median Response Times (in Minutes) 2022-2024

Transfer Type	Urban/ Rural	2022	2023	2024
Non-Transfer	Rural	10.0	10.0	10.0
	Urban	7.0	7.0	7.2
Non-Hospital-to-Hospital Transfer	Rural	5.0	6.0	5.6
	Urban	6.0	6.0	6.0
Hospital-to-Hospital Transfer	Rural	14.0	14.0	13.9
	Urban	9.0	9.0	10.0

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

Median Pre-hospital Times (in Minutes) 2022-2024

Transfer Type	Urban/ Rural	2022	2023	2024
Non-Transfer	Rural	49.0	50.0	50.4
	Urban	38.0	38.0	38.4
Non-Hospital-to-Hospital Transfer	Rural	33.0	35.0	35.7
	Urban	33.0	33.0	34.0
Hospital-to-Hospital Transfer	Rural	84.0	89.0	87.4
	Urban	49.0	43.3	49.8

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

Thank you!

EMSTR Stroke Subcommittee – Rural Stroke Data

Injury.Prevention@dshs.texas.gov