



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Trauma Transfer Delay and Cardiac Data

Emergency Medical Services and Trauma Registries
(EMSTR)

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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.
- All submitters must report all EMS responses and reportable trauma events to EMSTR under Texas Administration Code, Title 25, Chapter 103.
- Data must be submitted to EMSTR within 90 calendar days.

Severe Trauma Transfer Delay

Performance Improvement (PI) Data, Texas

January 1, 2022 – June 30, 2025

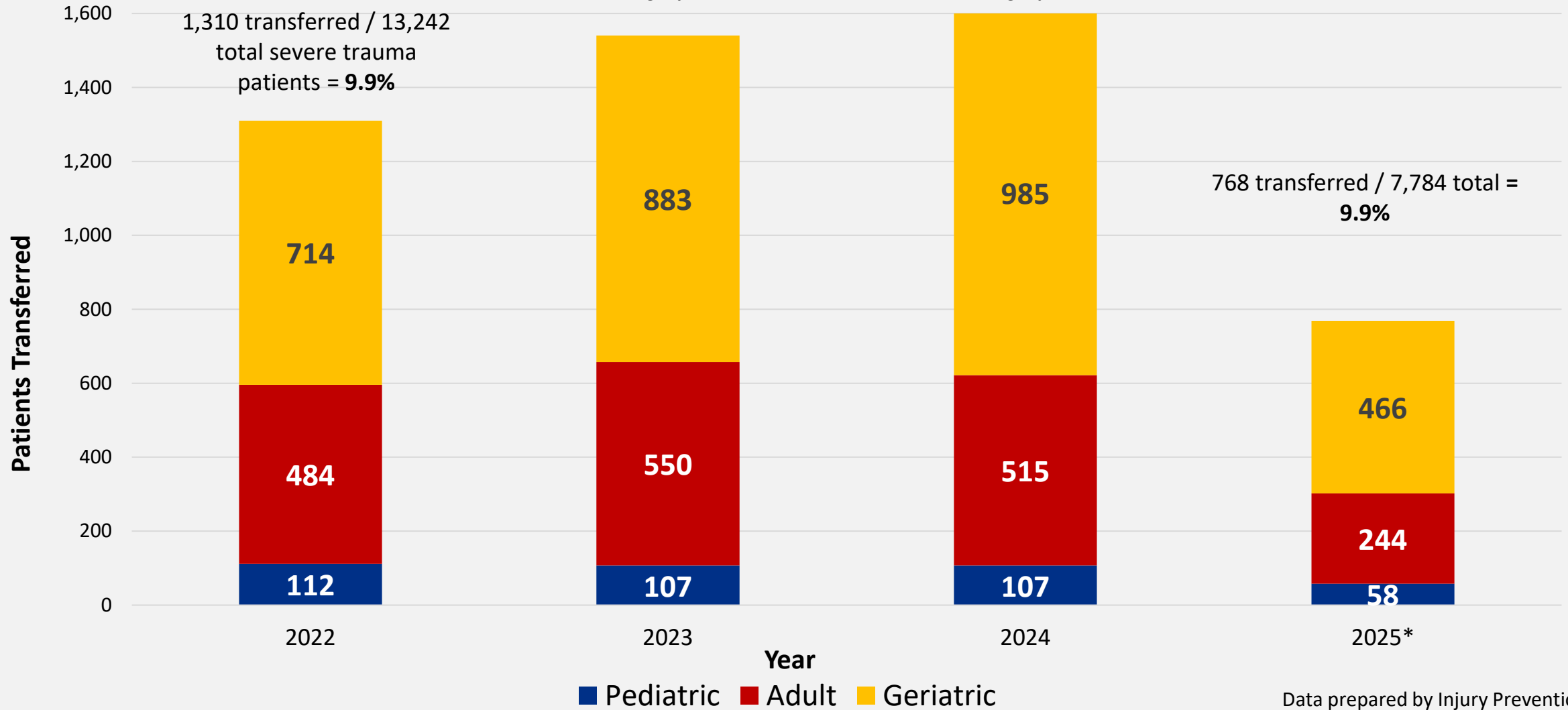


Transfer Delay Definitions

- Severe trauma patients are injured patients with:
 - ▶ Glasgow Coma Scale (GCS) <9 or Systolic Blood Pressure (SBP) <110 for geriatric (65+) patients.
 - ▶ GCS <9 or SBP <90 for adults aged 15-64.
 - ▶ GCS <9 or SBP <70 + 2 x (the child's age in years) for pediatric / children less than 15.
 - ▶ Note: SBP is the arrival SBP at the hospital.
- Transfer time = the time from arrival to departure from sending facility for transferred patients.
- Transfer delay = defined as two (2) or more hours from arrival to departure.

Severe Trauma Patients, Total Number Transferred

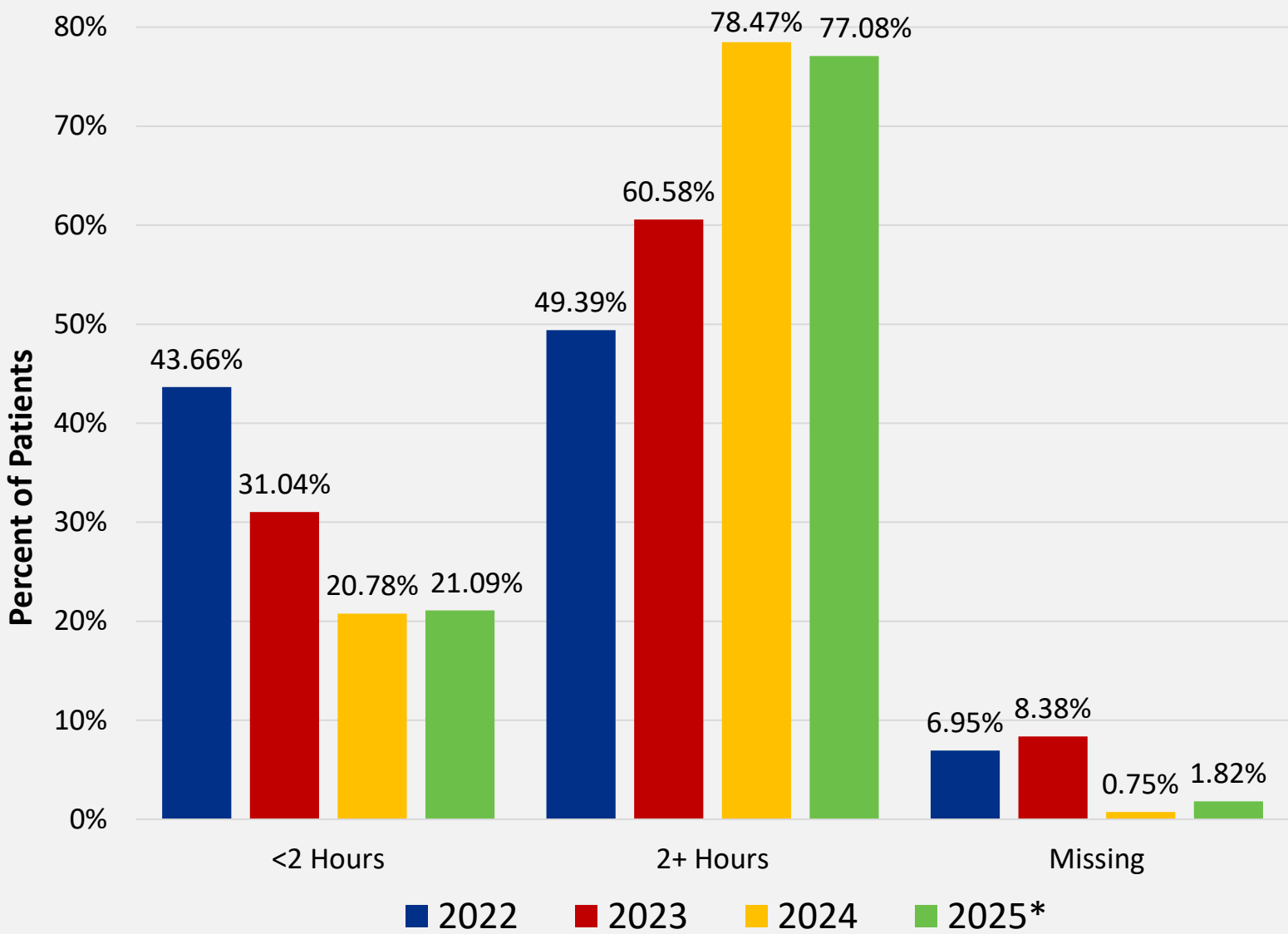
1,540 transferred / 14,769 total = 10.4% 1,607 transferred / 14,982 total = 10.7%



*2025 data is from January 1-June 30, 2025

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

Severe Trauma Transfer Times, All Ages



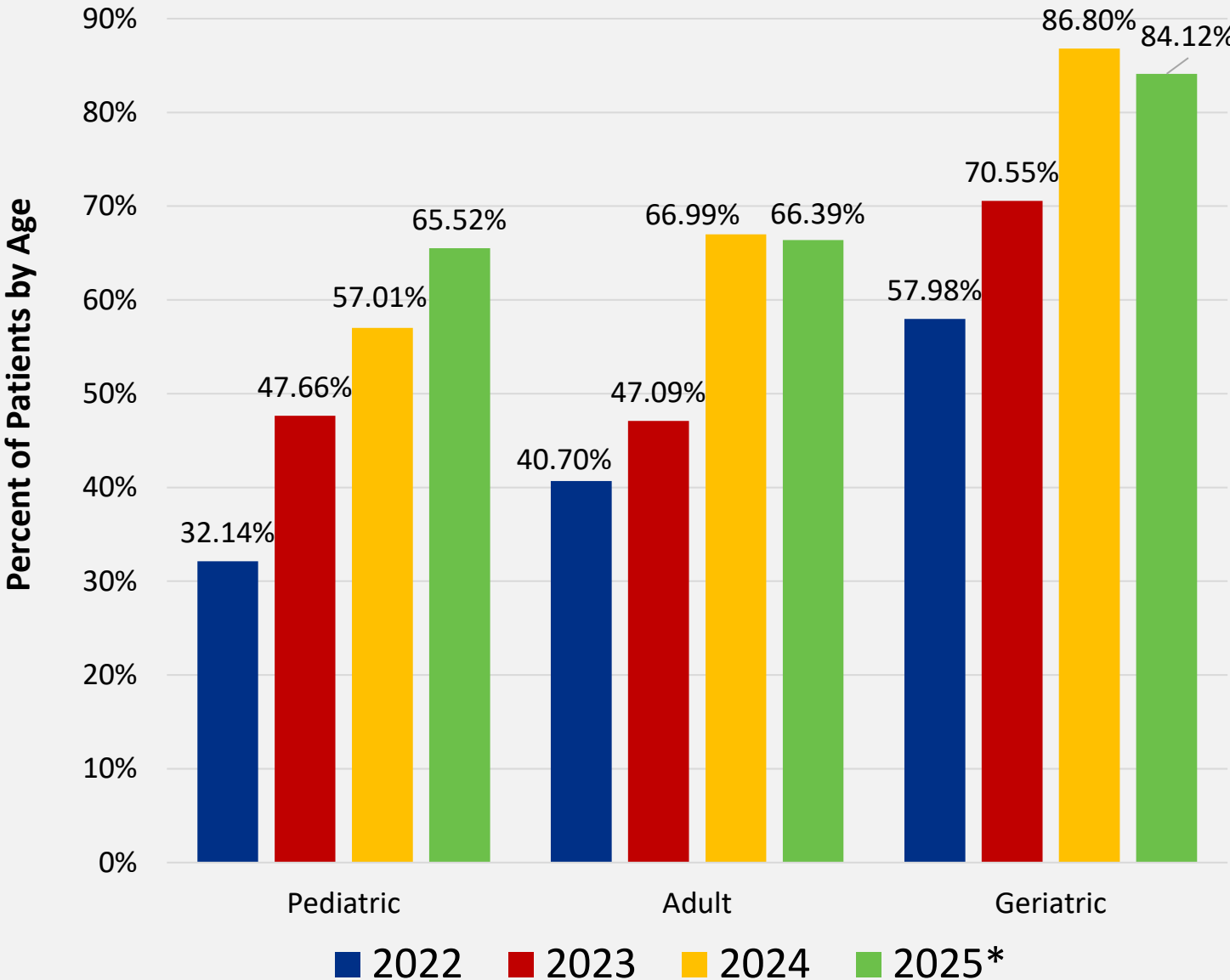
Number of Severe Trauma Transfers

	2022	2023	2024	2025*
<2 Hours	572	478	334	162
2+ Hours	647	933	1,261	592
Missing	91	129	12	14

*2025 data is from January 1-June 30, 2025

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Severe Trauma Transfer, 2+ Hours by Age Category



Number Transferred in 2+ Hours / Number Severe Trauma Transfers

	2022	2023	2024	2025*
Pediatric	36/ 112	51/ 107	61/ 107	38/ 58
Adult	197/ 484	259/ 550	345/ 515	162/ 244
Geriatric	414/ 714	623/ 883	855/ 985	392/ 466

*2025 data is from January 1-June 30, 2025

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Severe Trauma Transfer Time by Sex

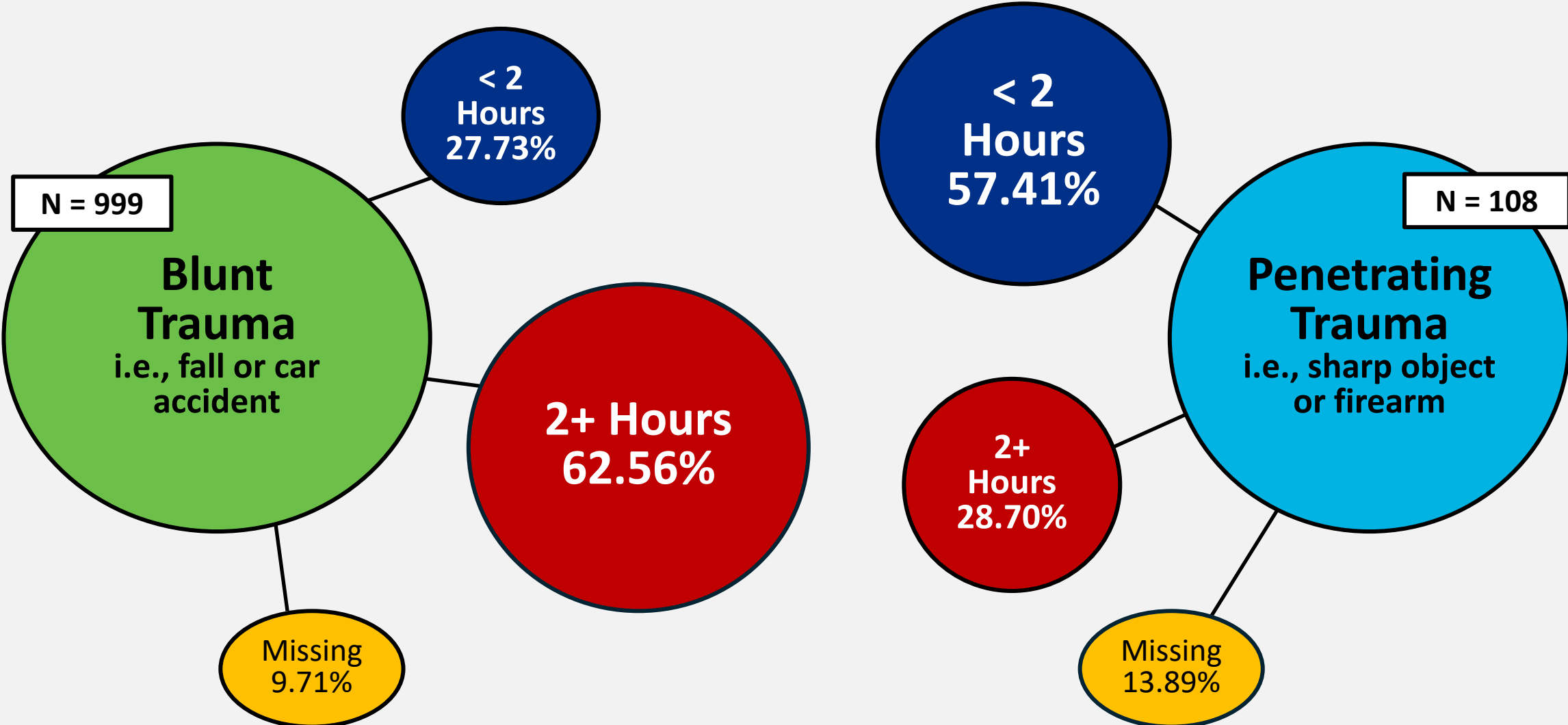
Sex	Transfer Time	2022	2023	2024	2025*
Male	Less than 2 hours	46.56%	33.95%	23.35%	98/402 (24.38%)
	2+ hours	47.67%	57.70%	76.14%	298/402 (74.13%)
Female	Less than 2 hours	38.91%	26.11%	16.98%	39/275 (14.18%)
	2+ hours	52.22%	65.35%	81.92%	230/275 (83.64%)

NOTE: Data excludes missing times, so totals will not equal 100%.

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Epidemiologists using EMSTR data, April 2026.

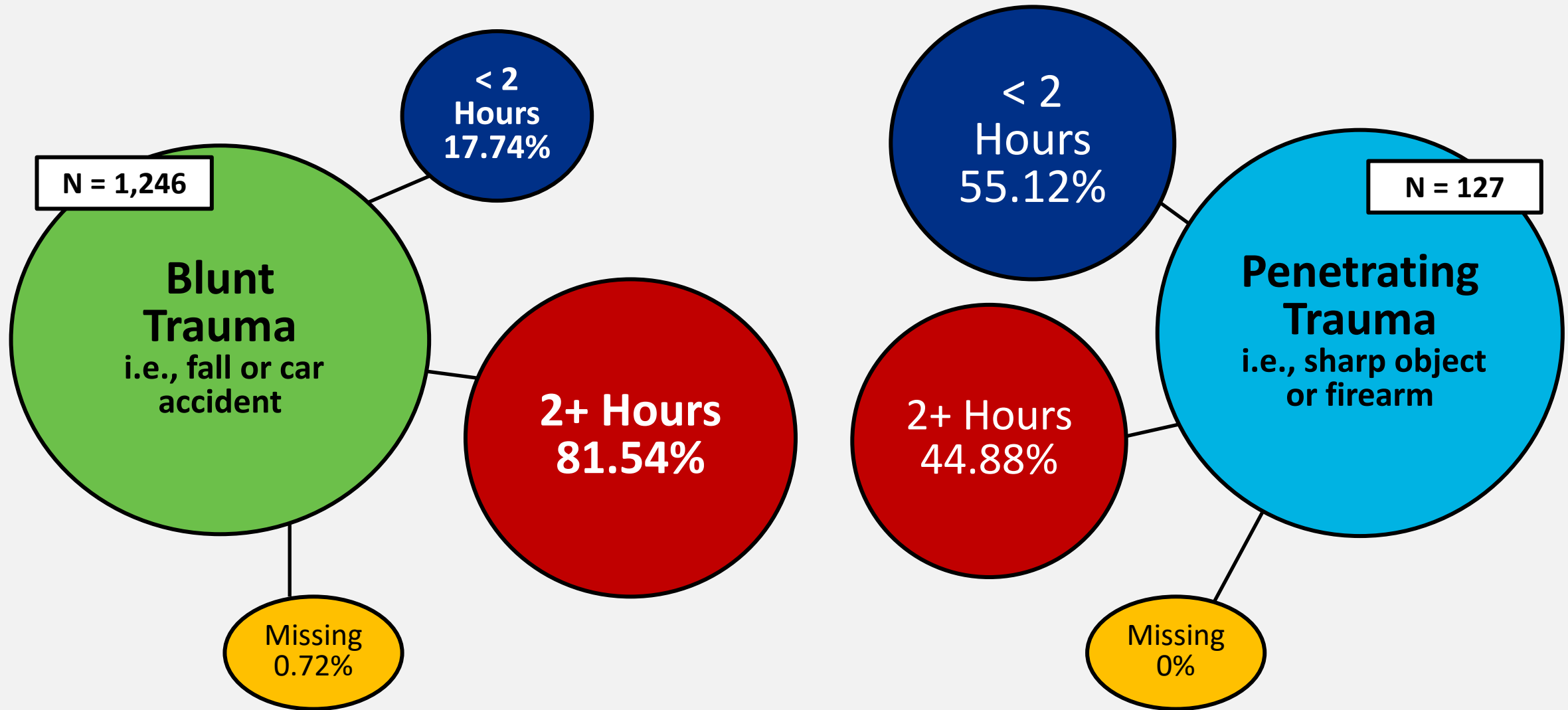
*2025 data is from January 1-June 30, 2025

Severe Trauma Transfer Time by Trauma Type, 2023

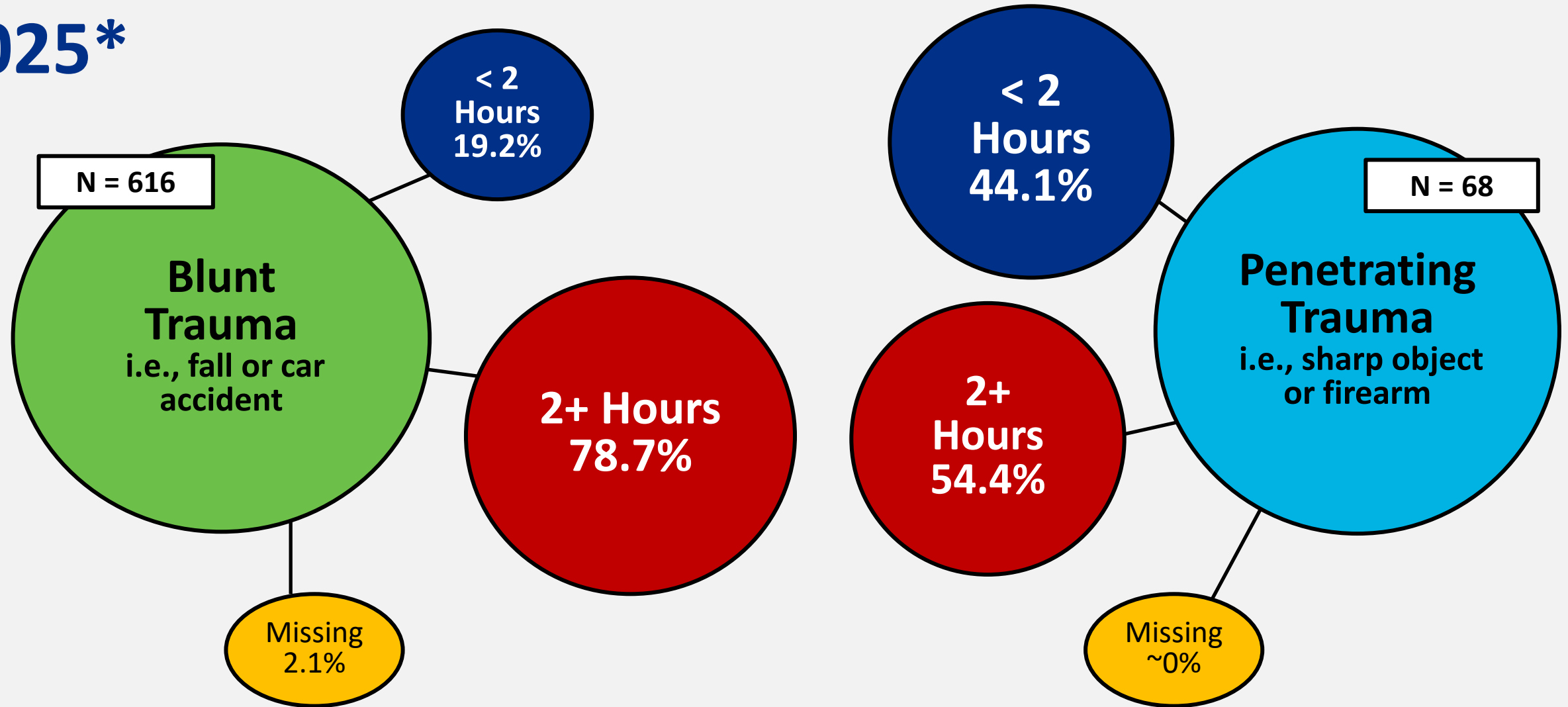


Data prepared by Injury Prevention Unit Epidemiologists using EMSTR data, April 2025.

Severe Trauma Transfer Time by Trauma Type, 2024



Severe Trauma Transfer Time by Trauma Type, 2025*



*2025 data is from January 1-June 30, 2025

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

Severe Trauma Transfer Numbers by Designation Level

Trauma Designation	2022	2023	2024	2025*
Level I	27	33	18	15
Level II	61	61	84	34
Level III	330	354	406	215
Level IV	714	840	820	356

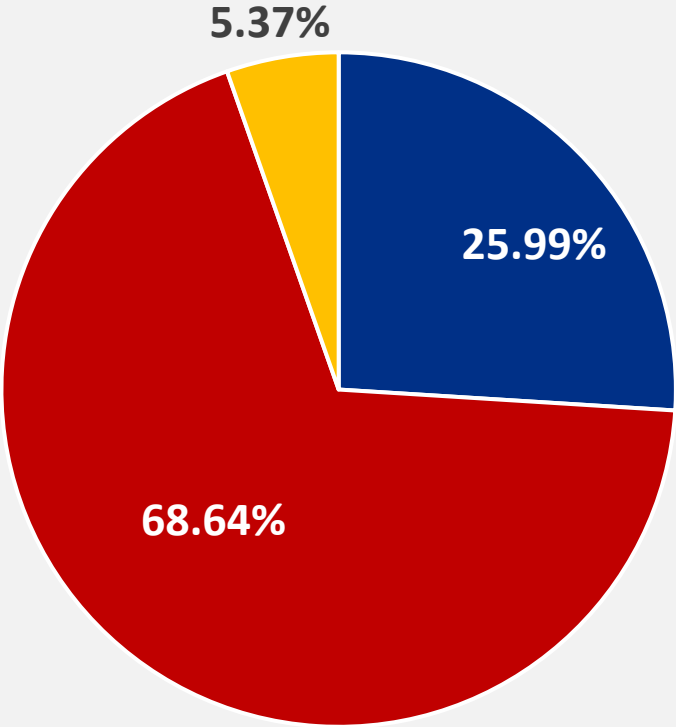
NOTE: This data includes designated facilities only and does not include not designated or missing.

*2025 data is from January 1-June 30, 2025

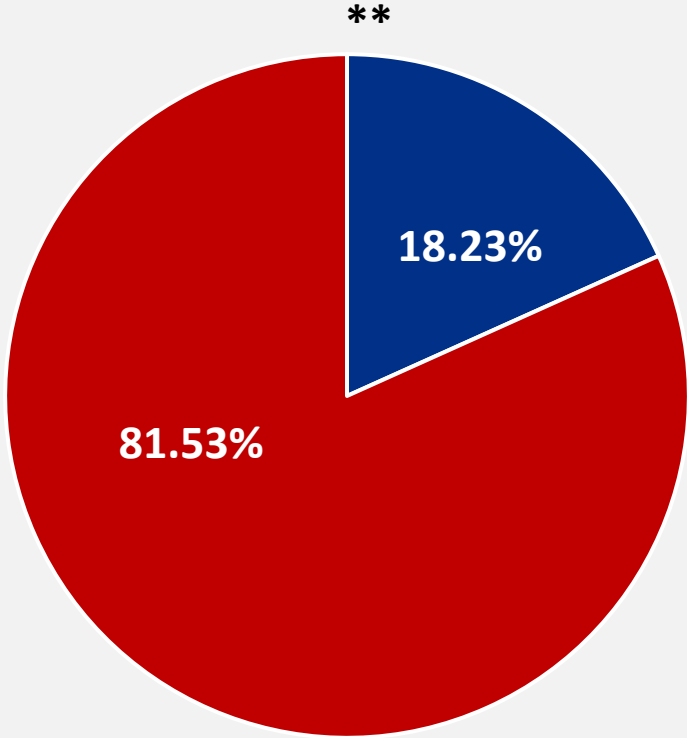
Data prepared by Injury Prevention Unit
Epidemiologists using EMSTR data, April 2026.

Severe Trauma Transfer Time by Trauma Designation Level III

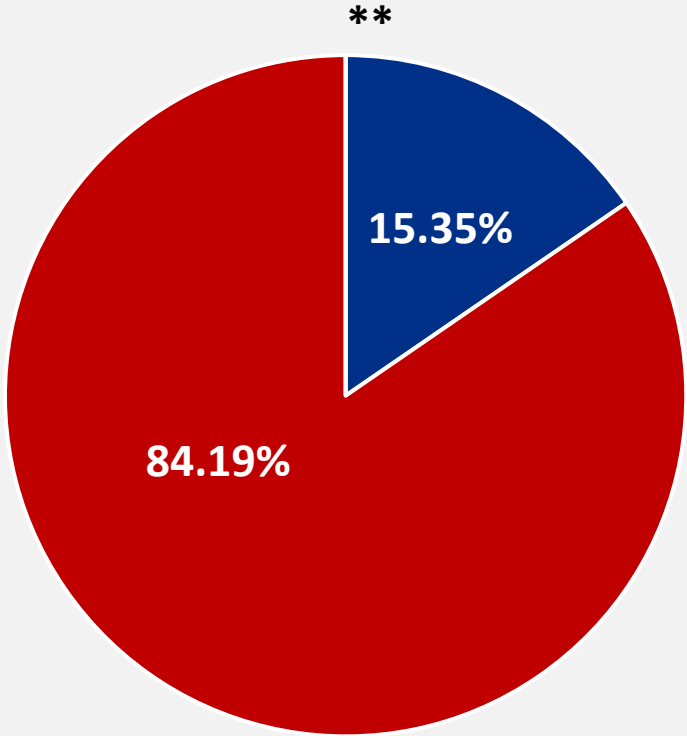
2023, N=354



2024, N=406



2025*, N=215



■ Under 2 hours ■ Over 2 hours ■ Missing time

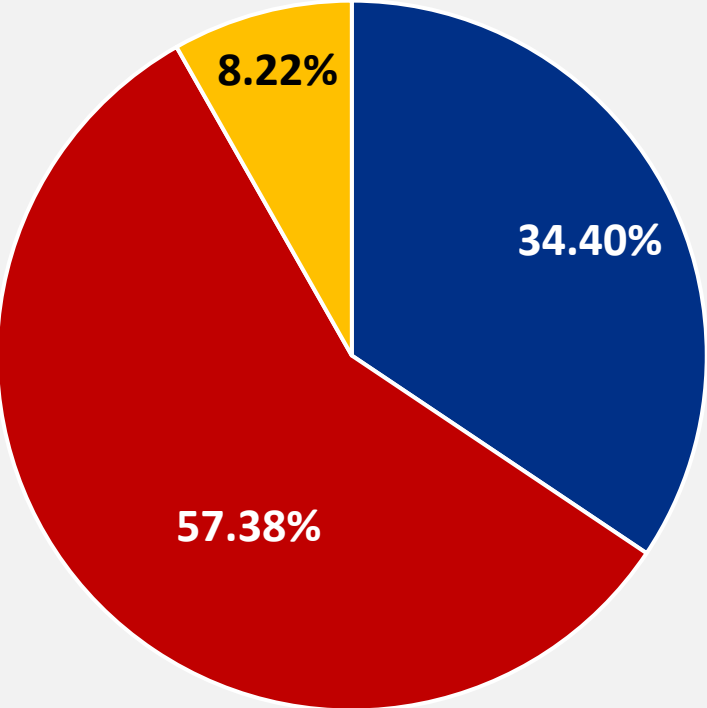
*2025 data is from January 1-June 30, 2025

**Number suppressed due to low count.

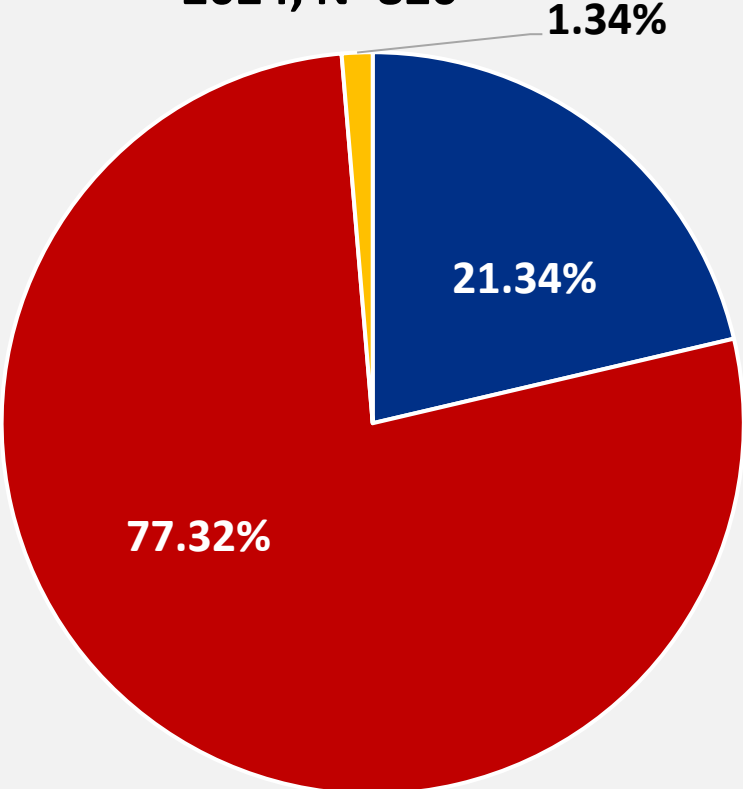
Data prepared by Injury Prevention Unit Epidemiologists using EMSTR data, April 2026.

Severe Trauma Transfer Time by Trauma Designation Level IV

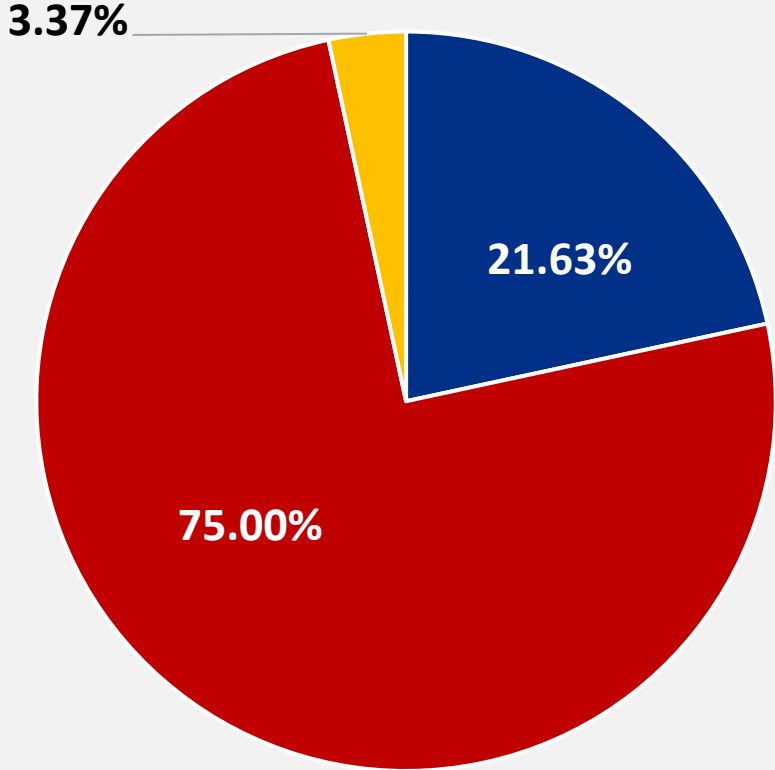
2023, N=840



2024, N=820



2025*, N=356

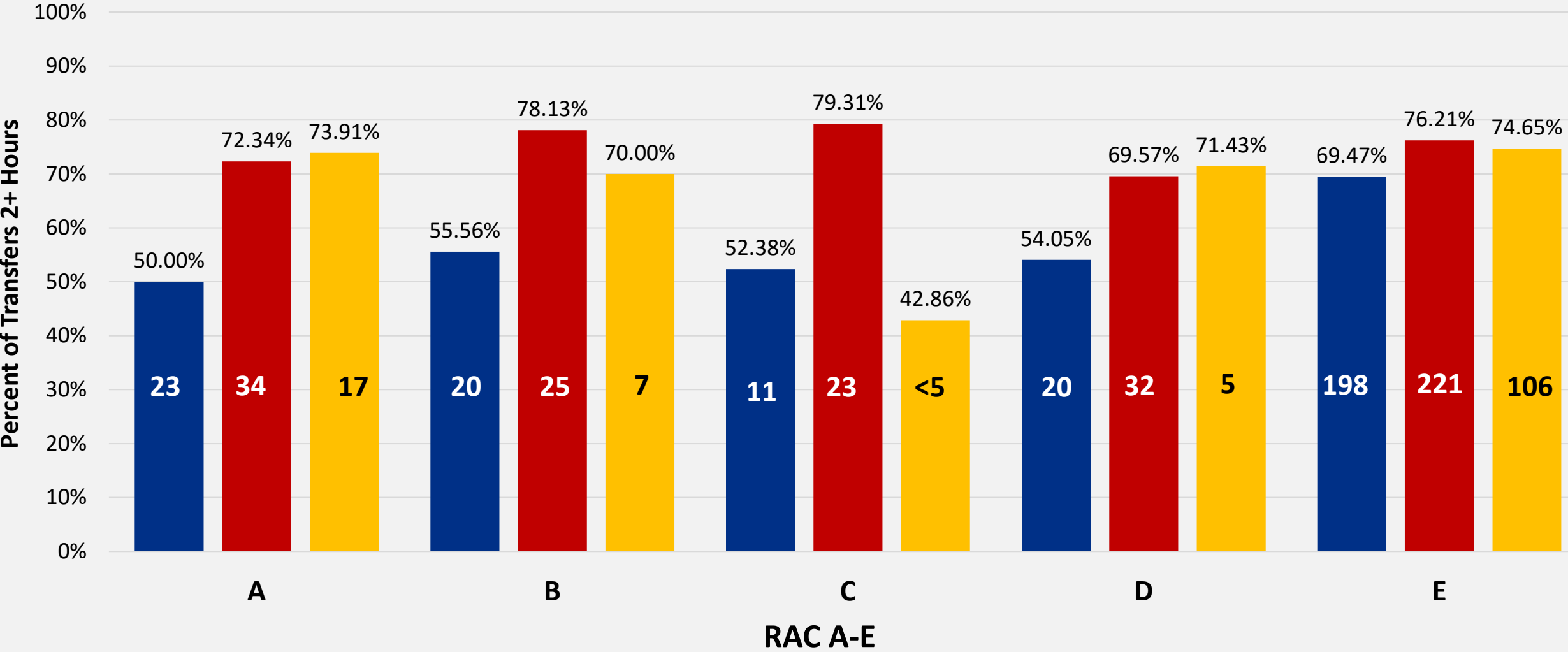


■ Under 2 hours ■ Over 2 hours ■ Missing time

*2025 data is from January 1-June 30, 2025

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

Severe Trauma Transfer Delay 2+ Hours by Regional Advisory Council (RAC) A-E

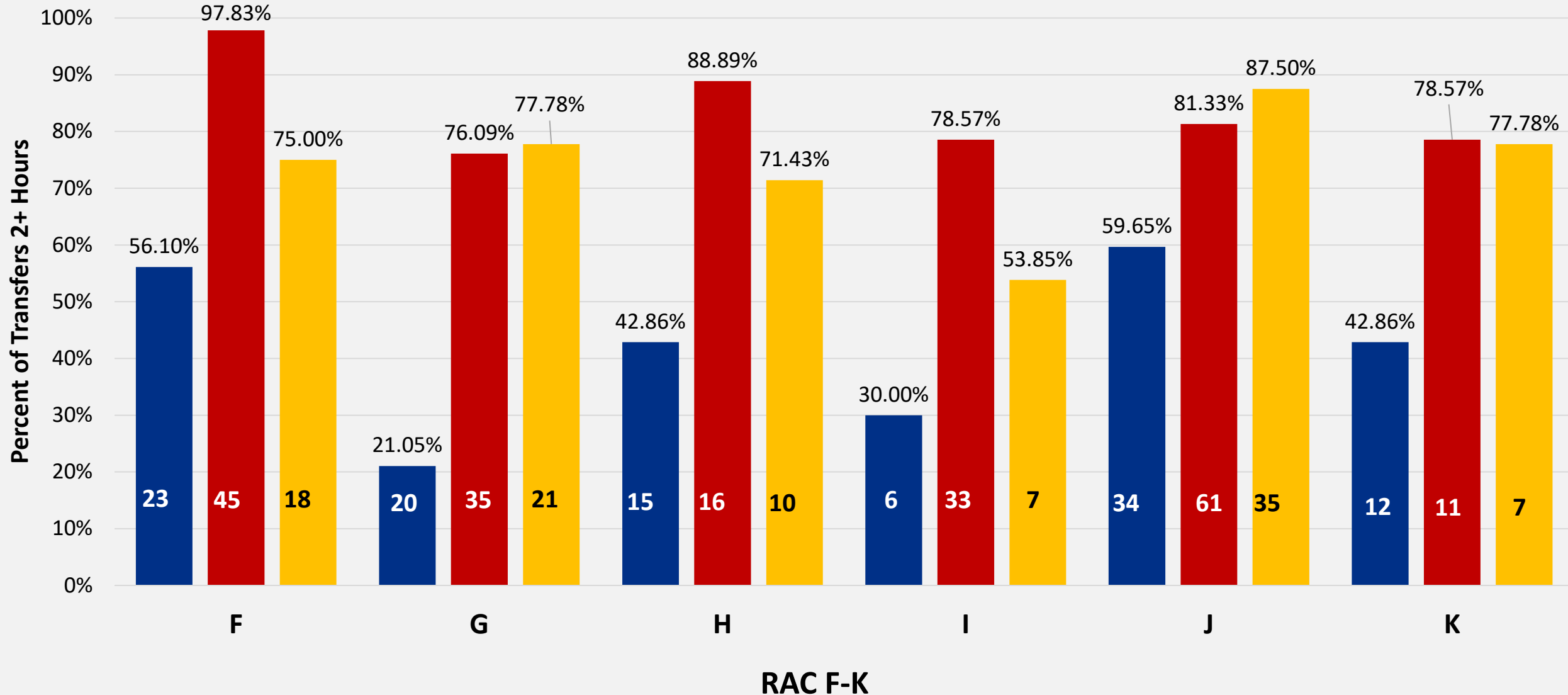


*2025 data is from January 1-June 30, 2025

■ 2023 ■ 2024 ■ 2025*

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

Severe Trauma Transfer Delay 2+ Hours by RAC F-K

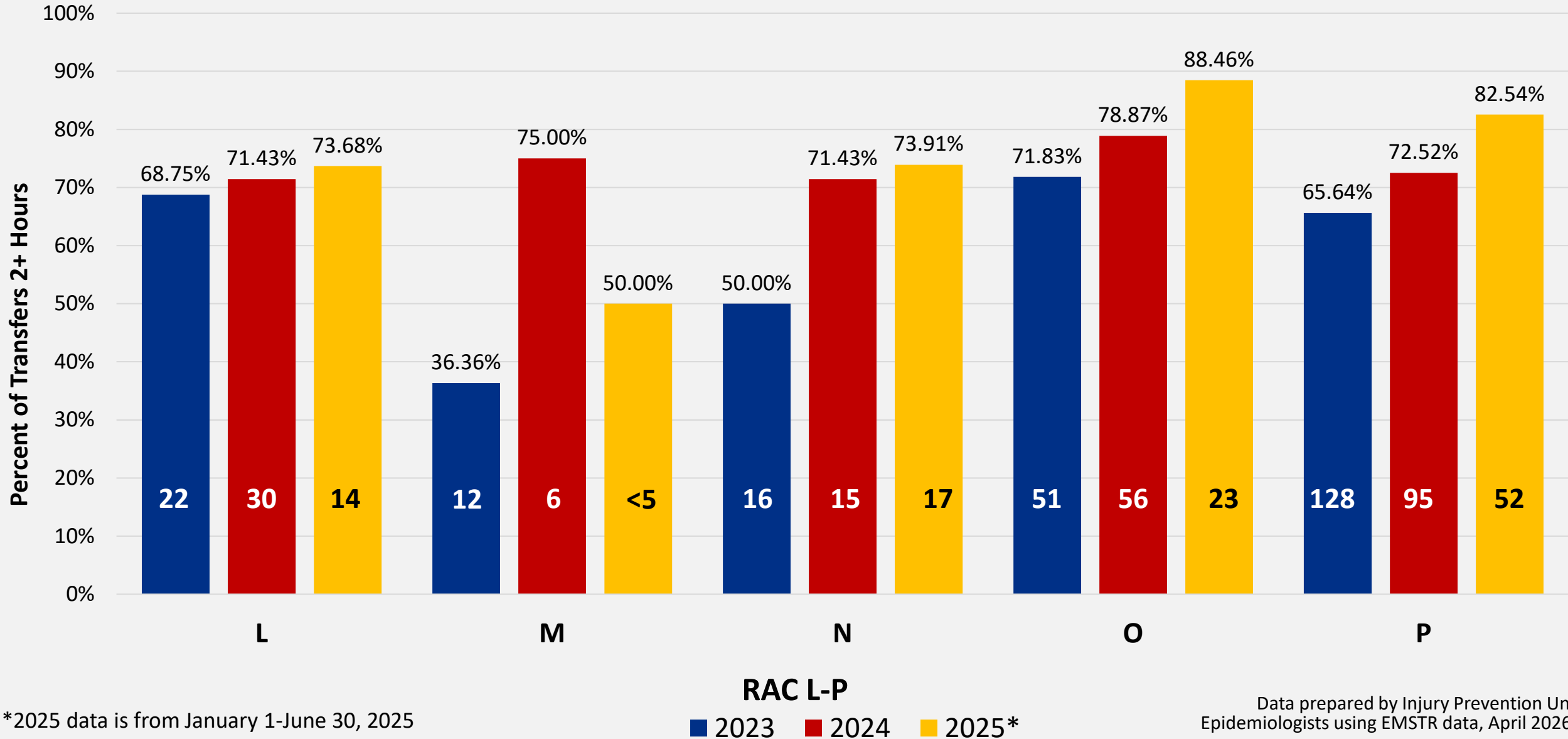


*2025 data is from January 1-June 30, 2025

■ 2023 ■ 2024 ■ 2025*

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

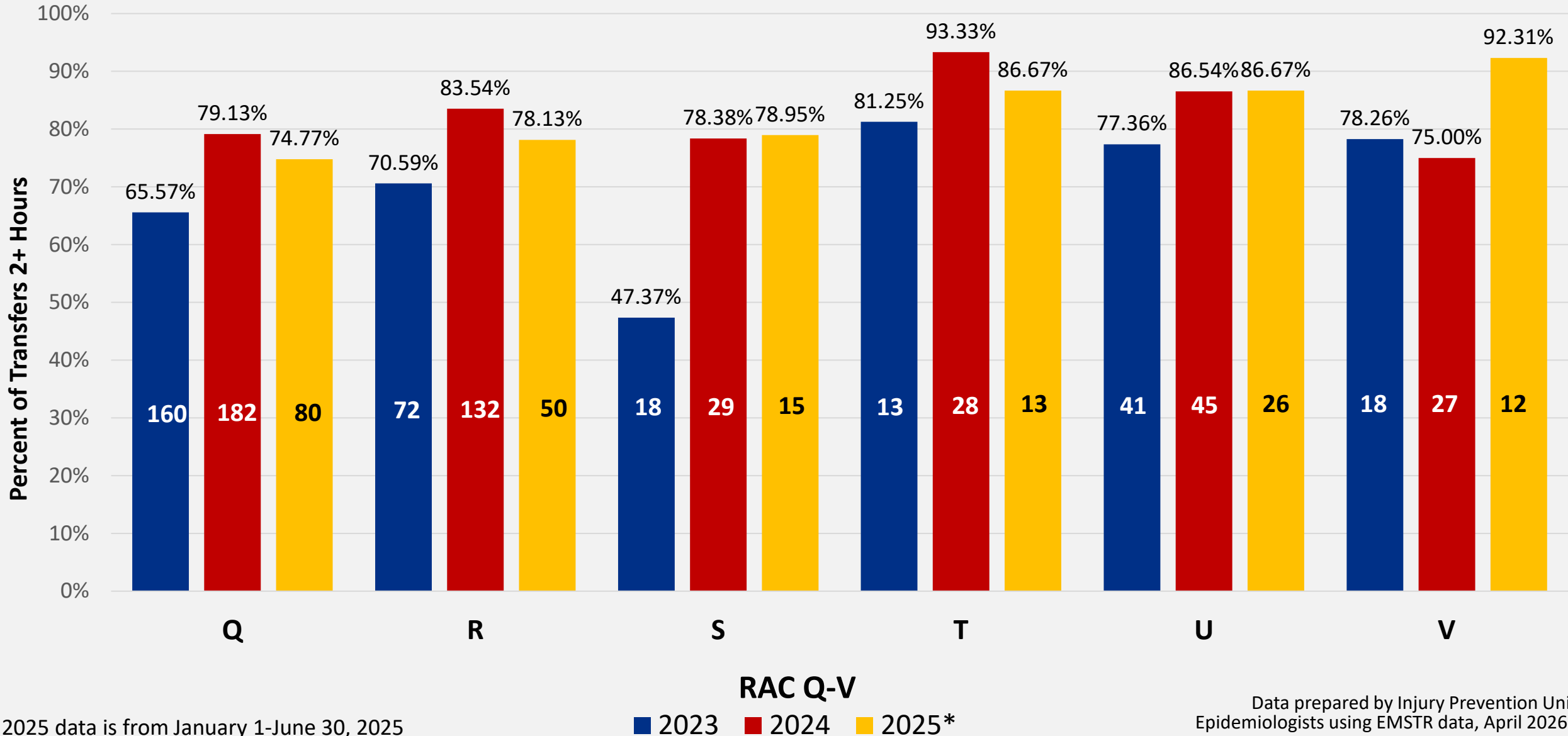
Severe Trauma Transfer Delay 2+ Hours by RAC L-P



*2025 data is from January 1-June 30, 2025

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

Severe Trauma Transfer Delay 2+ Hours by RAC Q-V



*2025 data is from January 1-June 30, 2025

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

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

Median Trauma Transfer Delay, 2025*, Transfer Time

Age Group	Median Time	Number of People
Less than 15	2.5 hours	58
Age 15-64	2.7 hours	244
Age 65+	4.0 hours	466

*2025 data is from January 1-June 30, 2025

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Epidemiologists using EMSTR data, April 2026.

Median Trauma Transfer Delay Comparison

Age Group	2023	2024	2025*
Less than 15	1.90 hours	2.45 hours	2.5 hours
Age 15-64	2.13 hours	2.65 hours	2.7 hours
Age 65+	3.15 hours	3.82 hours	4.0 hours

*2025 data is from January 1-June 30, 2025

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Epidemiologists using EMSTR data, April 2026.

Cardiac Arrest Data

CPR and AED provided prior to EMS arrival



Cardiac Data Overview

- Evaluation of when cardiopulmonary resuscitation (CPR) was provided prior to EMS arrival and who provided CPR.
- Evaluation of when automated external defibrillator (AED) was provided prior to EMS arrival and who first applied AED. For this measure, we limited the dataset to incident scene location or not as a residential home.

Cardiac Definitions

Age Categories: Pediatric = Less than age 15; Adult = Between ages 15 and 64;
Geriatric = 65+

Who First Initiated CPR = National EMS Information System (NEMISIS)-defined variable. Options are:

- ▶ Bystander
- ▶ Family member
- ▶ Health care provider (non-911 responder)
- ▶ First Responder (EMS)
- ▶ First Responder (Fire)
- ▶ EMS Responder (transport-EMS)

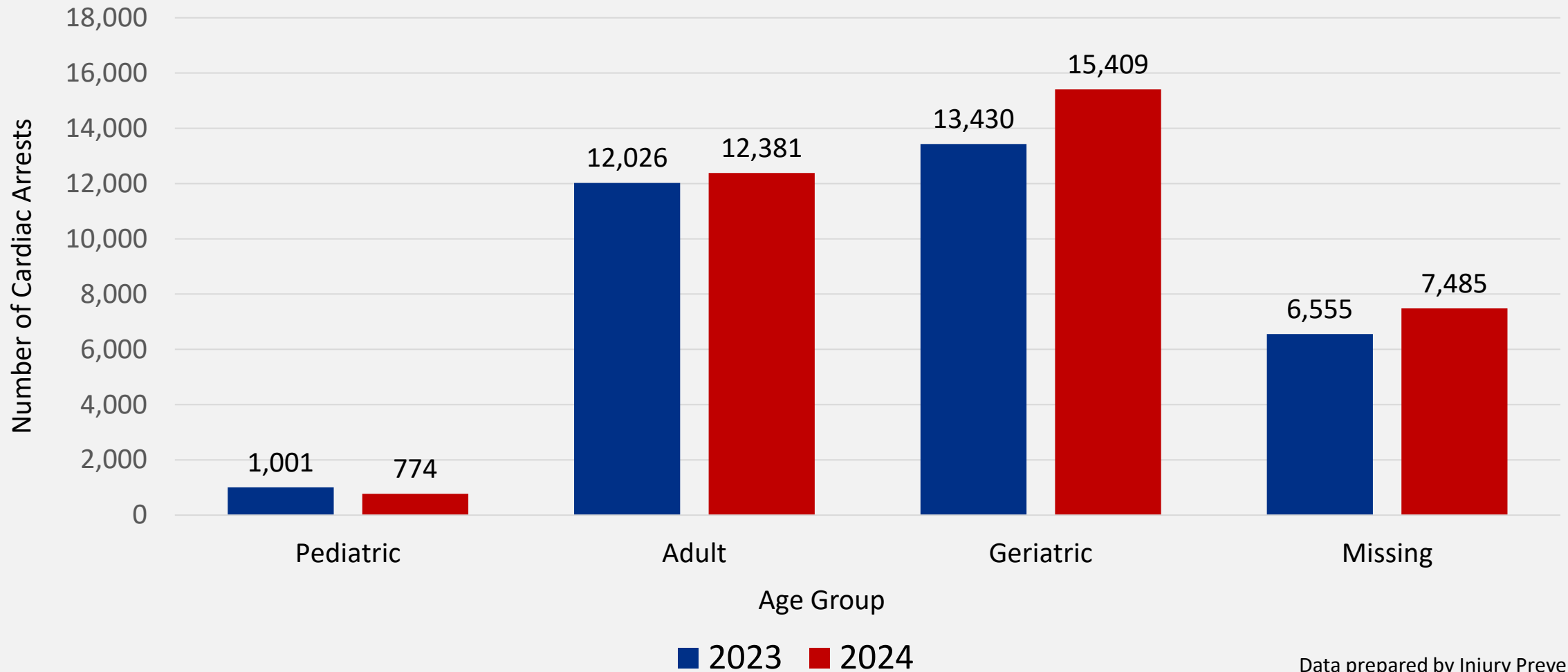
EMSTR defined "Yes, CPR" if CPR was initiated by:

- ▶ Bystander
- ▶ Family member
- ▶ Health care provider (non-911 responder)

Cardiac Arrest Prior to EMS Arrival

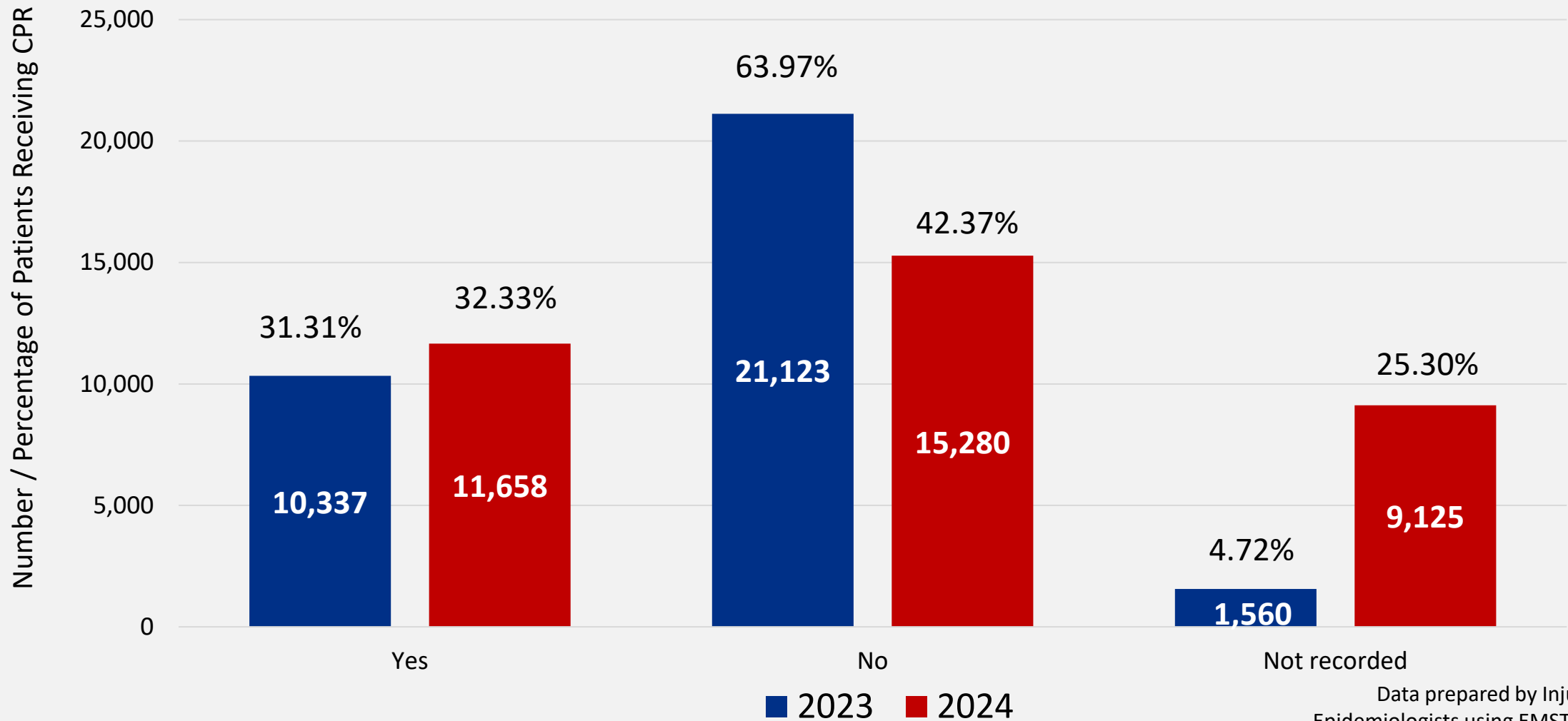
Year	Yes, Prior to EMS Arrival
2023	33,020
2024	36,063

Cardiac Arrest by Age Group



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

CPR Provided Prior to EMS Arrival

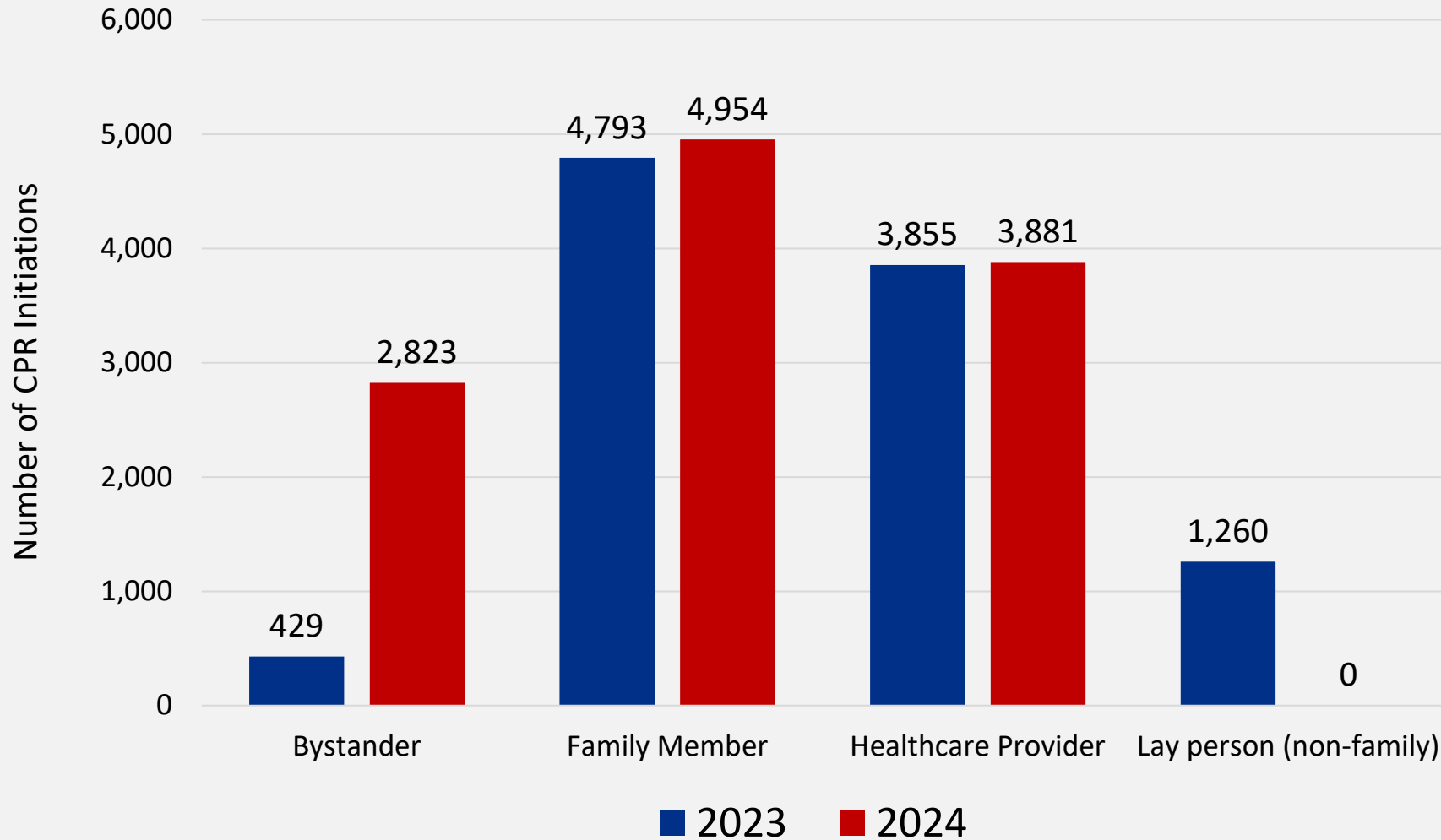


Data prepared by Injury Prevention Unit
Epidemiologists using EMSTR data, April 2026.

Response Time Based on CPR Provided

CPR Provided	2023	2024
Yes	6.0 minutes	6.4 minutes
No	7.0 minutes	6.6 minutes
Unknown	6.2 minutes	6.0 minutes

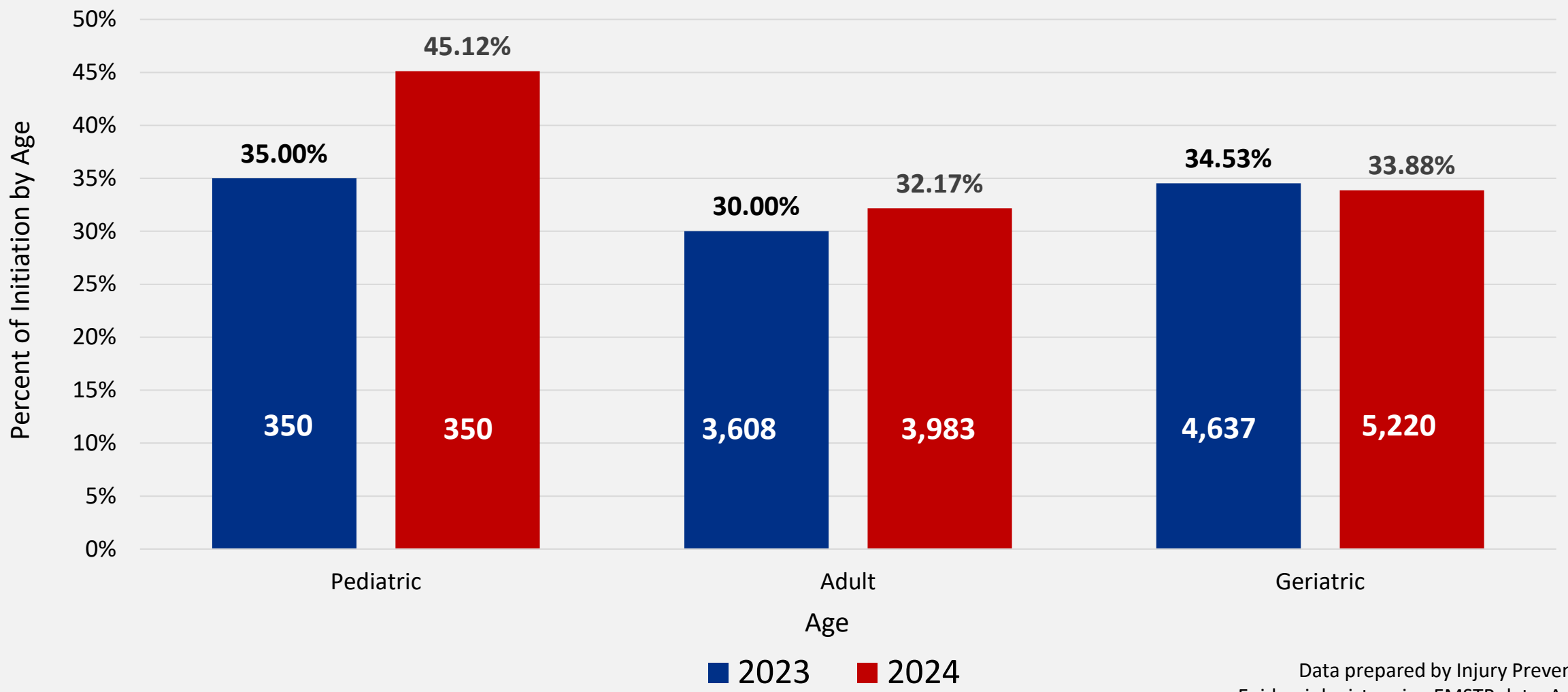
Who First Initiated CPR



2023 – 33,020 total cardiac events
2024 – 36,063 total cardiac events

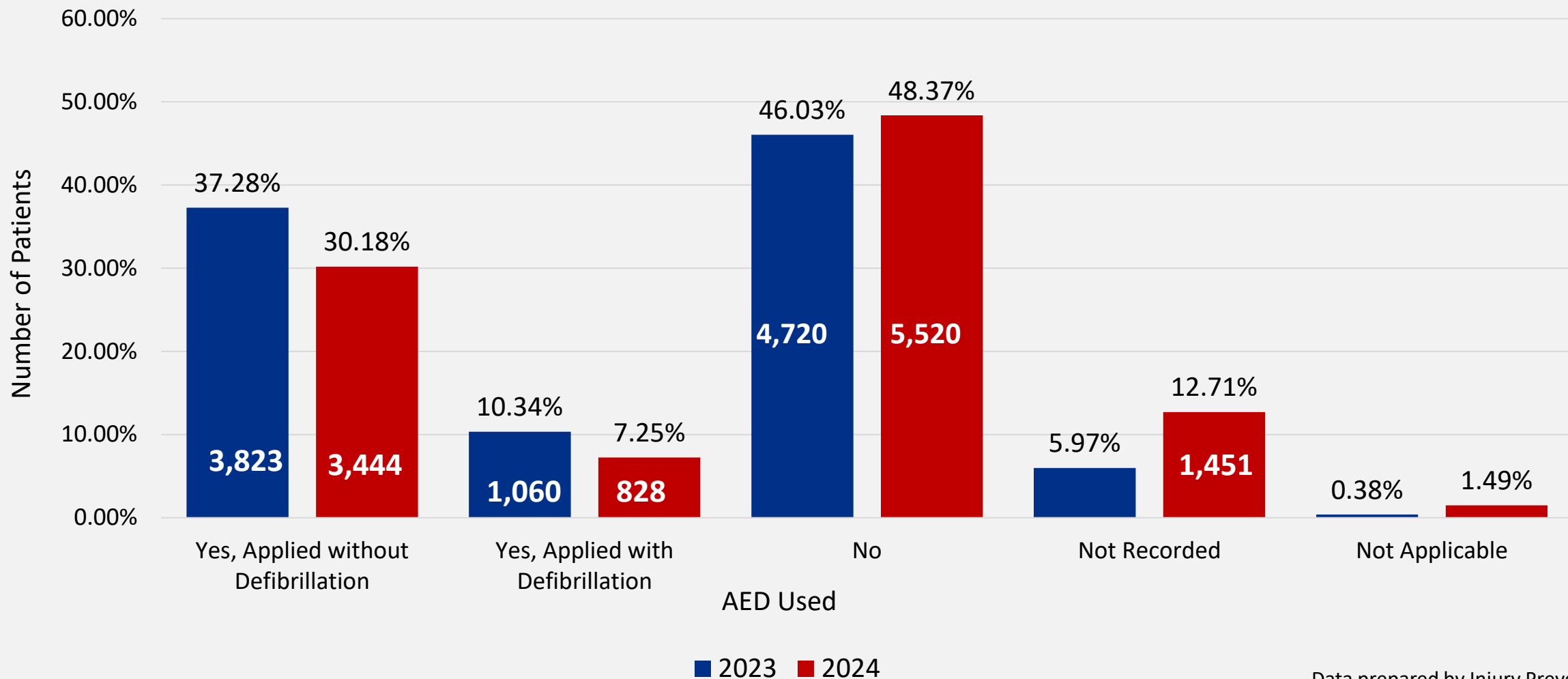
Note: Lay person was no longer listed as an option in NEMESIS 3.5 (2024 data dictionary). EMSTR believes responses from lay person are included in bystander.

CPR Initiated Prior to EMS Arrival by Patient Age

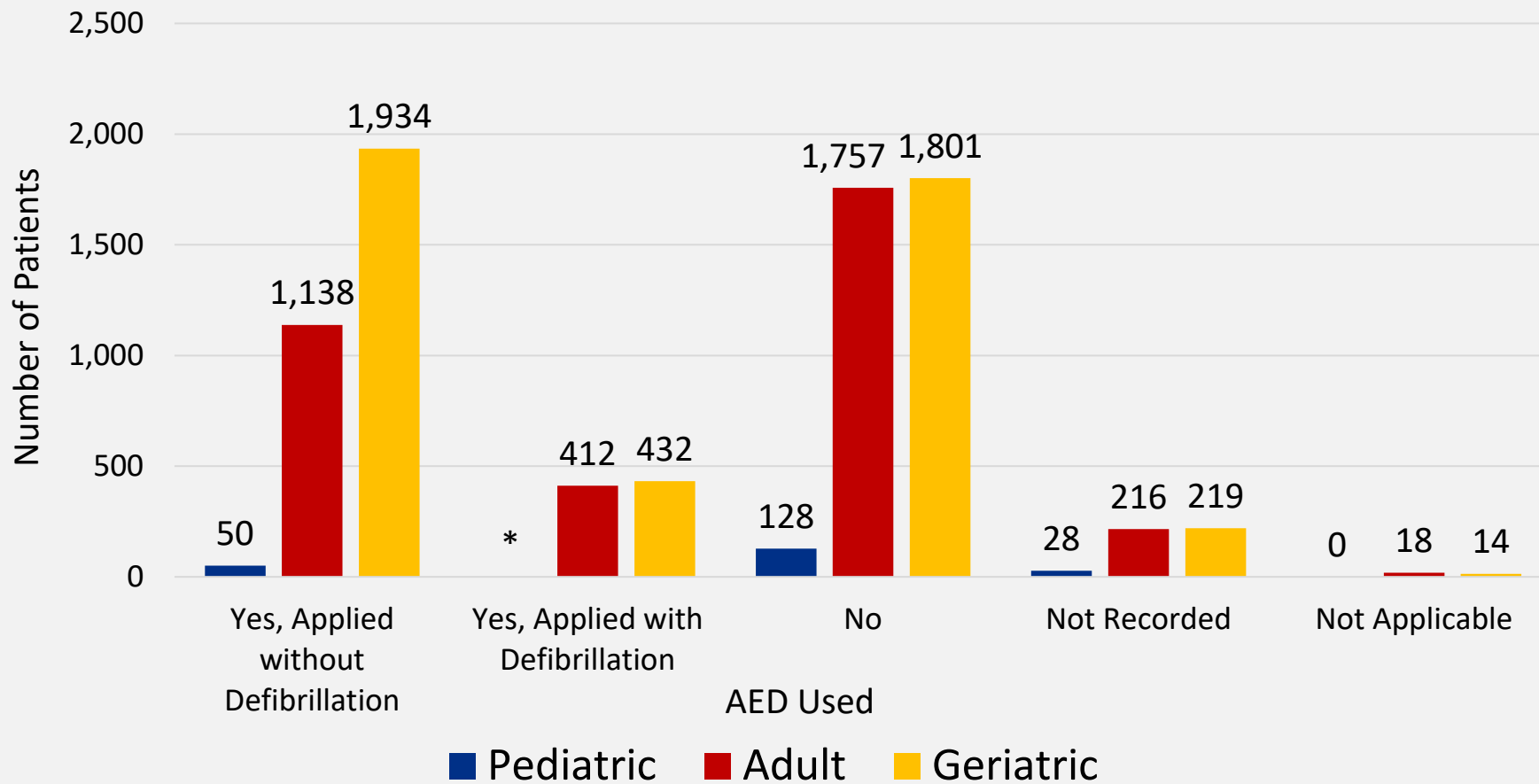


Data prepared by Injury Prevention Unit Epidemiologists using EMSTR data, April 2026.

AED Used Prior to EMS Arrival



AED Used Prior to EMS Arrival by Age, 2023

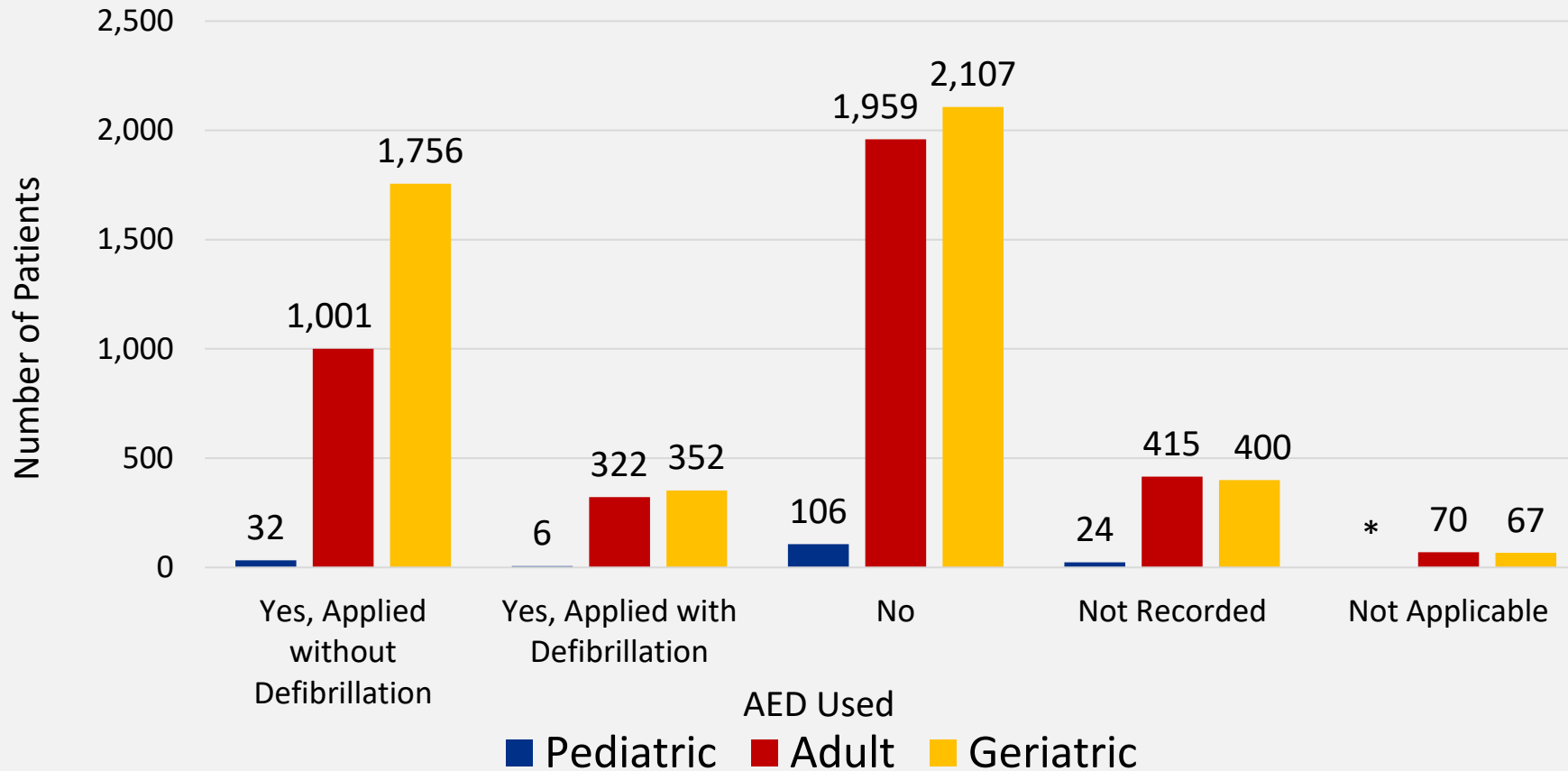


In reviewing 2023 data for AED used prior to EMS arrival:

- 25.00% of pediatrics;
- 43.77% of adults; and
- 53.77% of geriatric patients had an AED used with or without defibrillation.

*counts less than 5 are suppressed to protect patient confidentiality.

AED Used Prior to EMS Arrival by Age, 2024



In reviewing 2024 data for AED used prior to EMS arrival:

- 22.49% of pediatrics;
- 35.12% of adults; and
- 45.02% of geriatric patients had an AED used with or without defibrillation.

Thank you!

Injury.prevention@dshs.texas.gov

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