



TEXAS

Health and Human  
Services

Texas Department of State  
Health Services

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# 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.

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# Severe Trauma Transfer Delay

Performance Improvement (PI) Data, Texas

January 1, 2022 – June 30, 2025

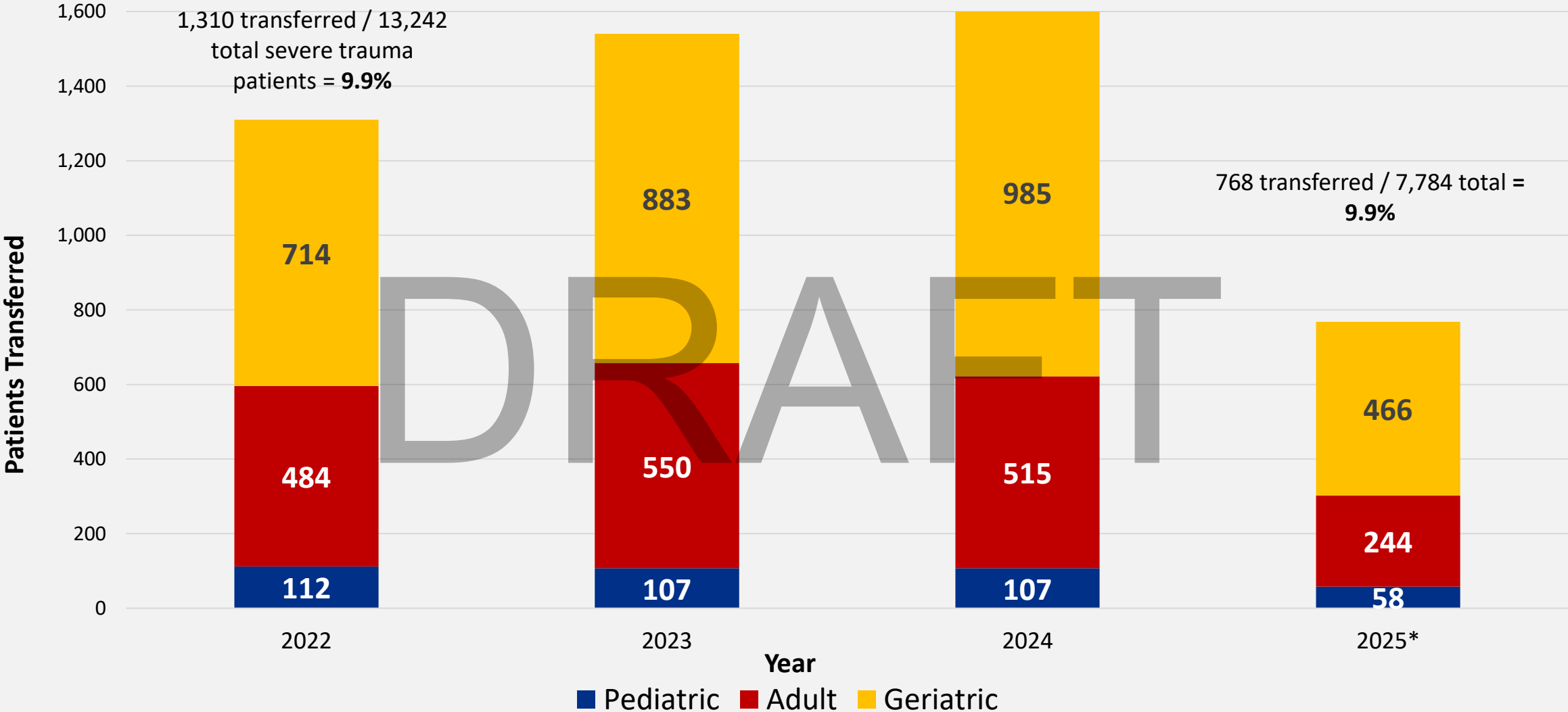


# Transfer Delay Definitions

- 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.

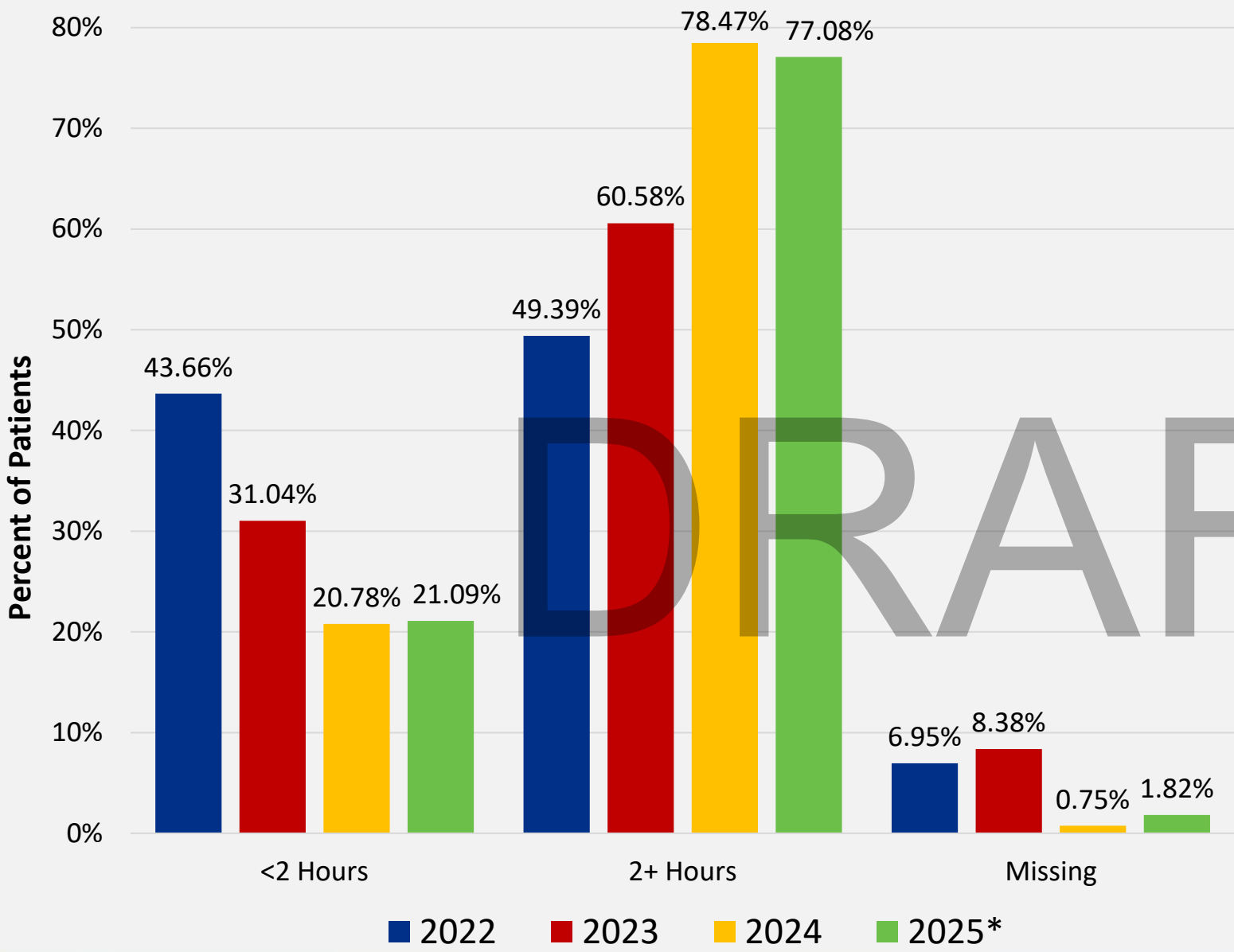
# Severe Trauma Patients, Total Number Transferred

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

# Severe Trauma Transfer Times, All Ages

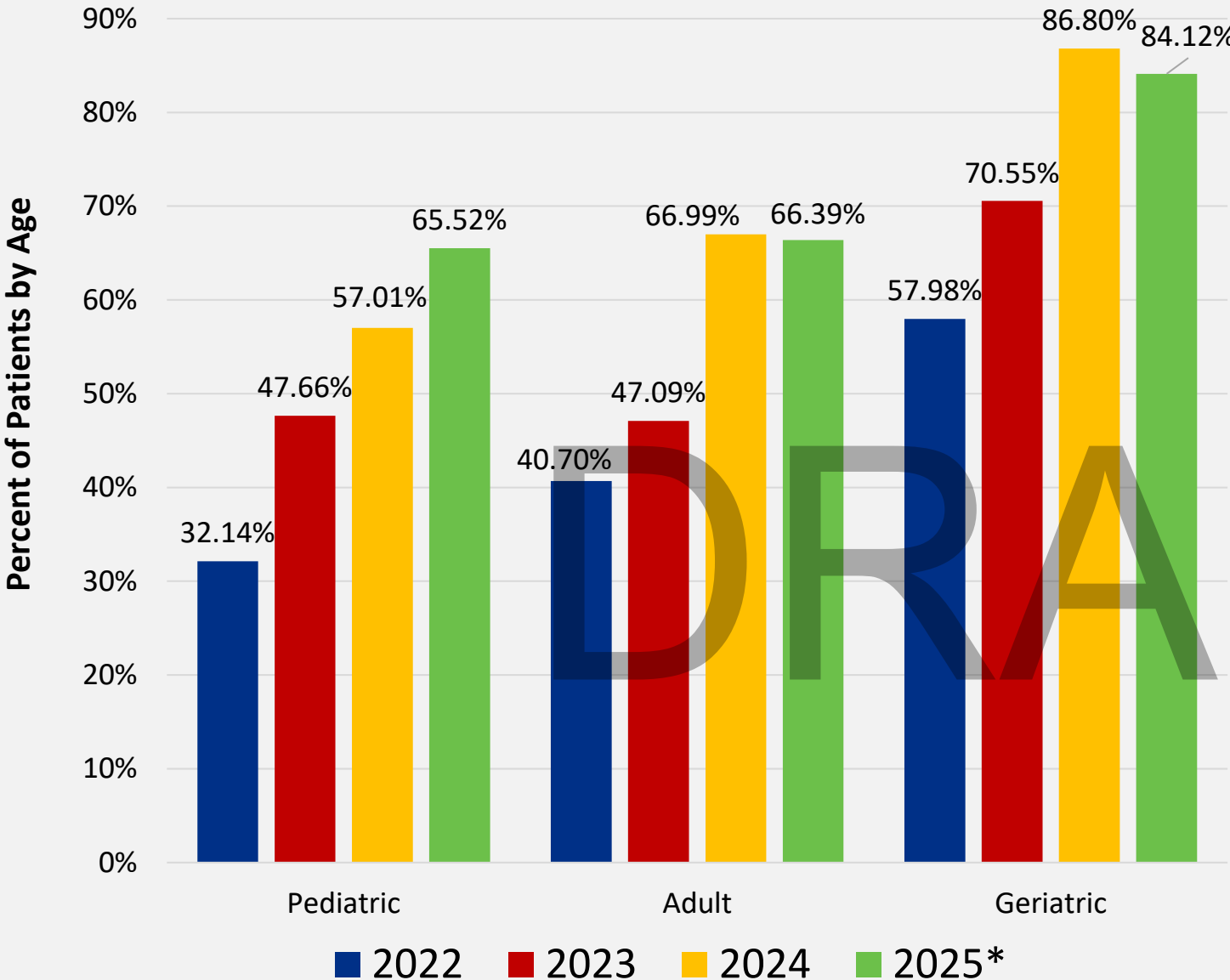


**Number of Severe Trauma Transfers**

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

# 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

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

# 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%)

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

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

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

# Severe Trauma Transfer Time by Race

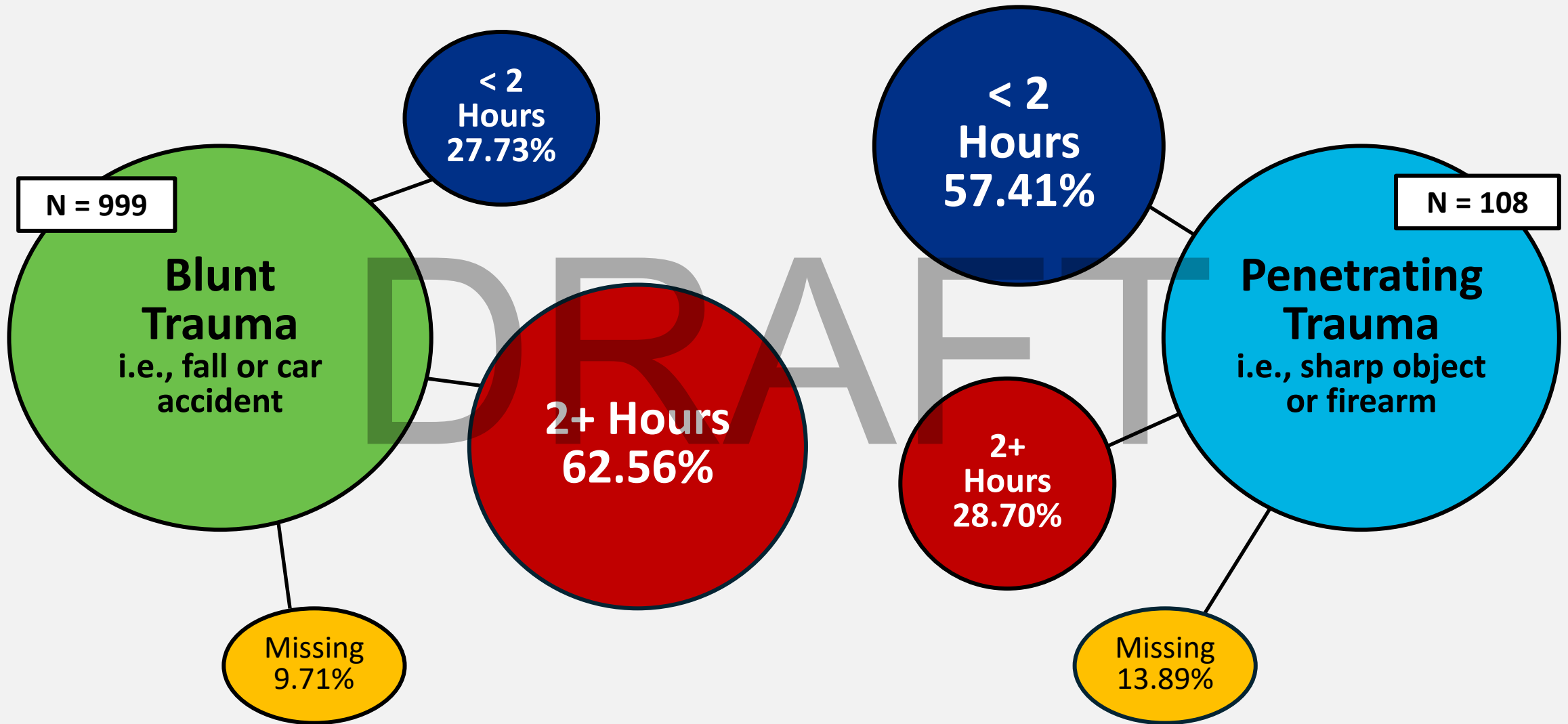
Race	Transfer Time	2022	2023	2024	2025*
White	Less than 2 hours	41.64%	28.26%	18.03%	87/431 (20.19%)
	2+ hours	50.74%	63.22%	81.04%	334/431 (77.49%)
Black	Less than 2 hours	44.53%	46.32%	23.60%	20/80 (25.00%)
	2+ hours	49.22%	46.32%	76.40%	60/80 (75.00%)

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

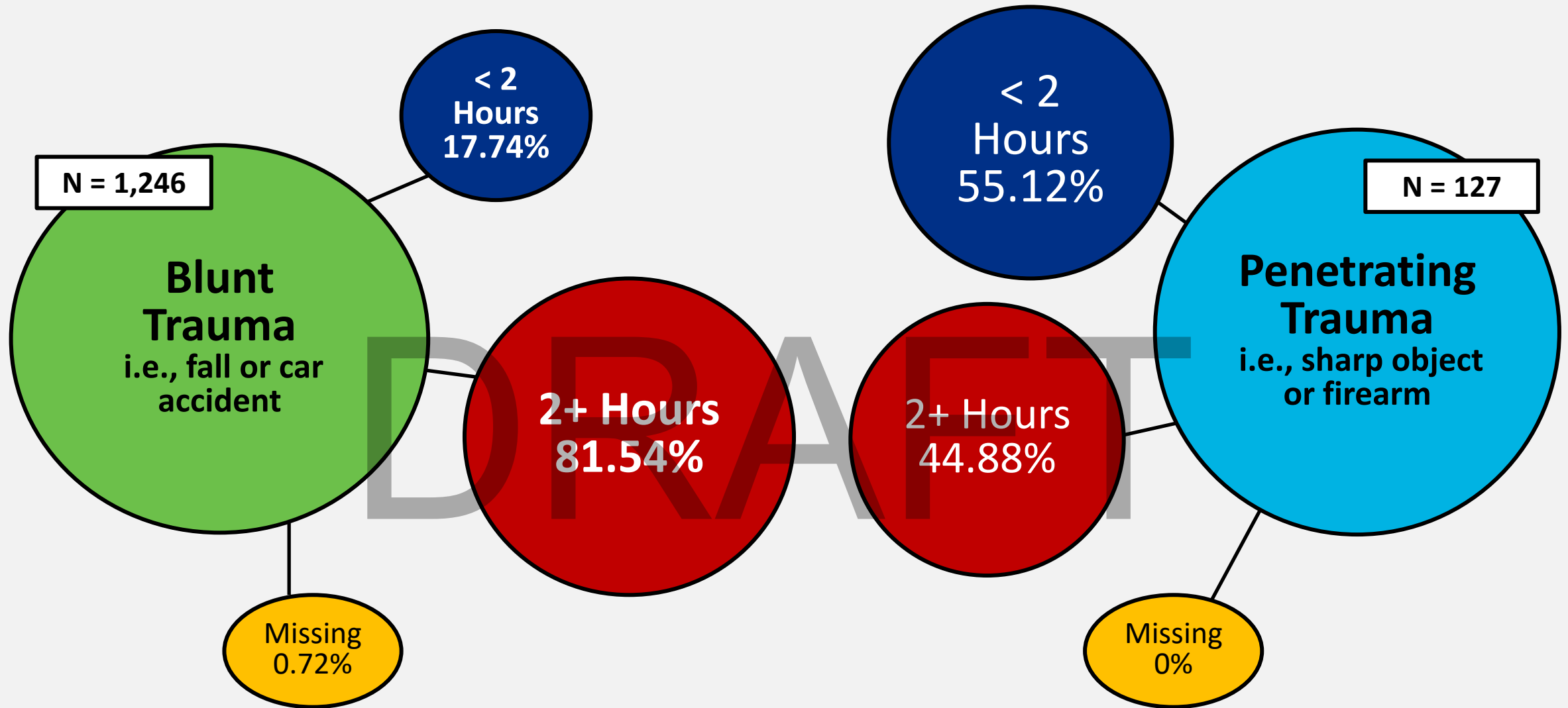
\*2025 data is from January 1-June 30, 2025

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

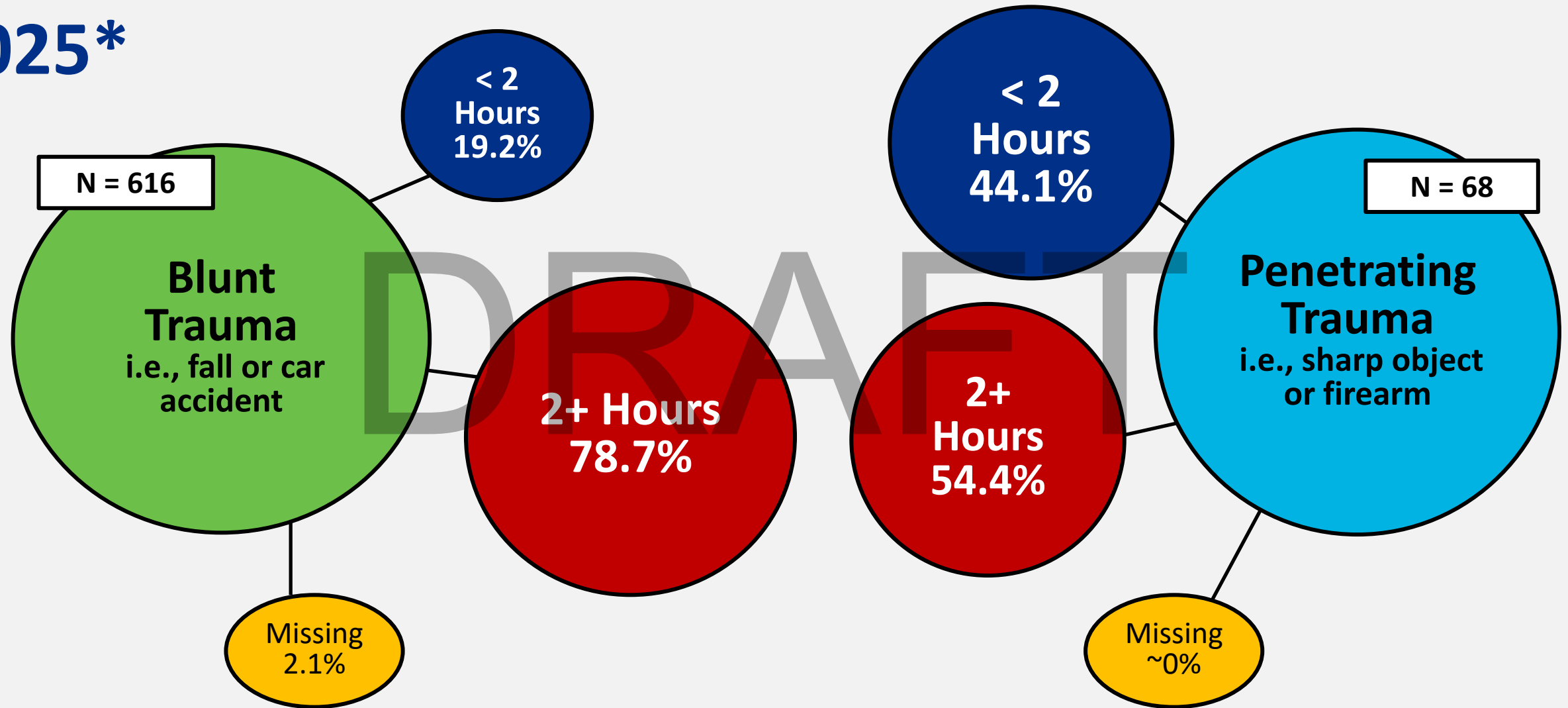
# Severe Trauma Transfer Time by Trauma Type, 2023



# 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

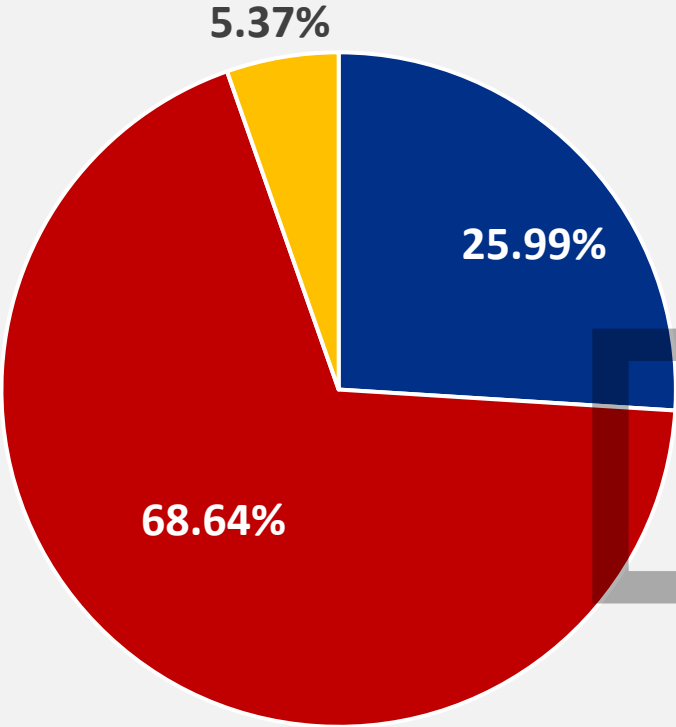
NOTE: This data includes designated facilities only and does not include not designated or missing.

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

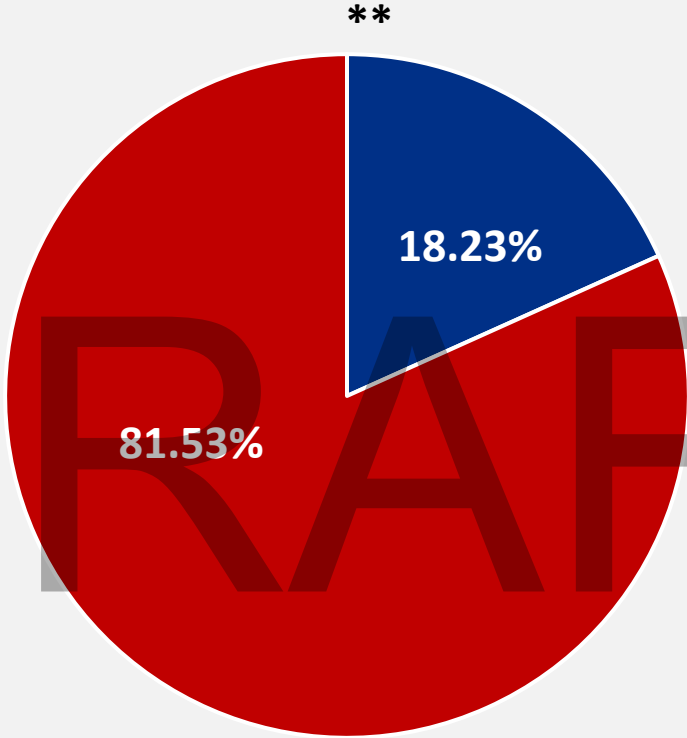
Data prepared by Injury Prevention Unit Epidemiologists using EMSTR data, April 2026.

# Severe Trauma Transfer Time by Trauma Designation Level III

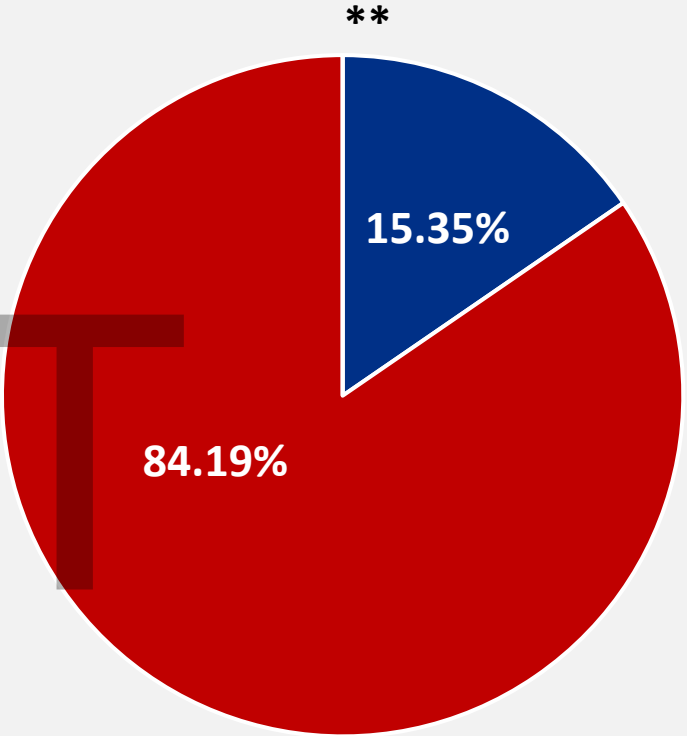
2023, N=354



2024, N=406



2025\*, N=215



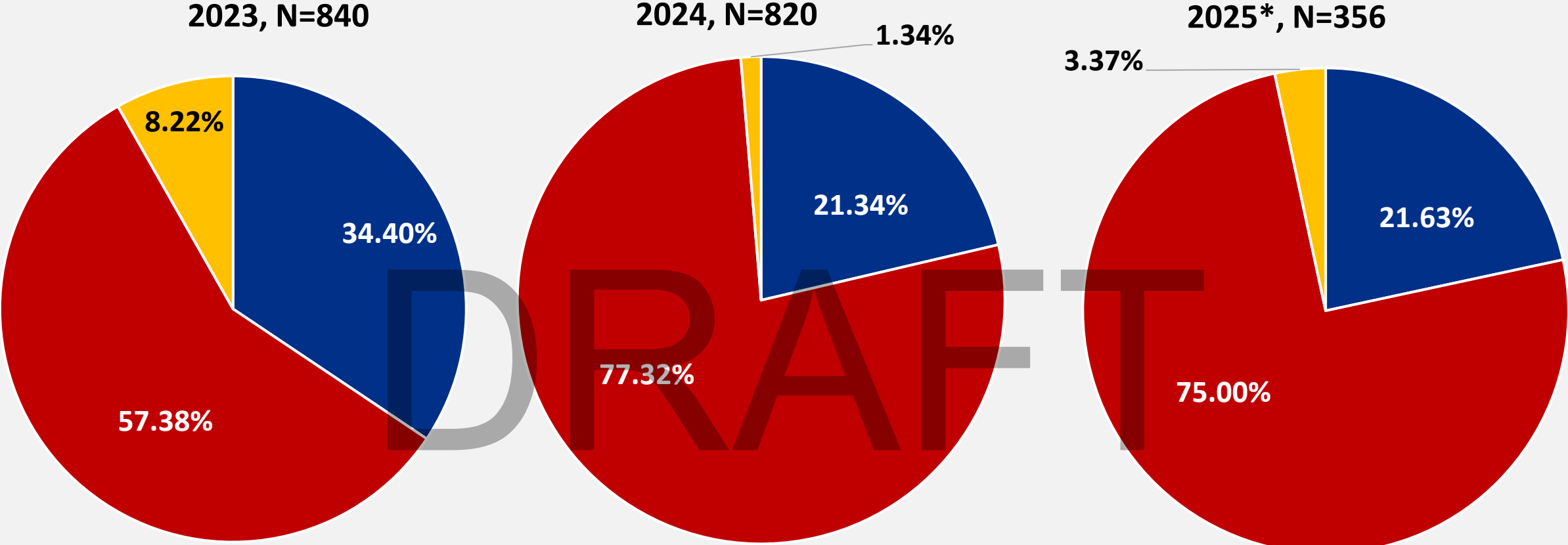
■ Under 2 hours ■ Over 2 hours ■ Missing time

\*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

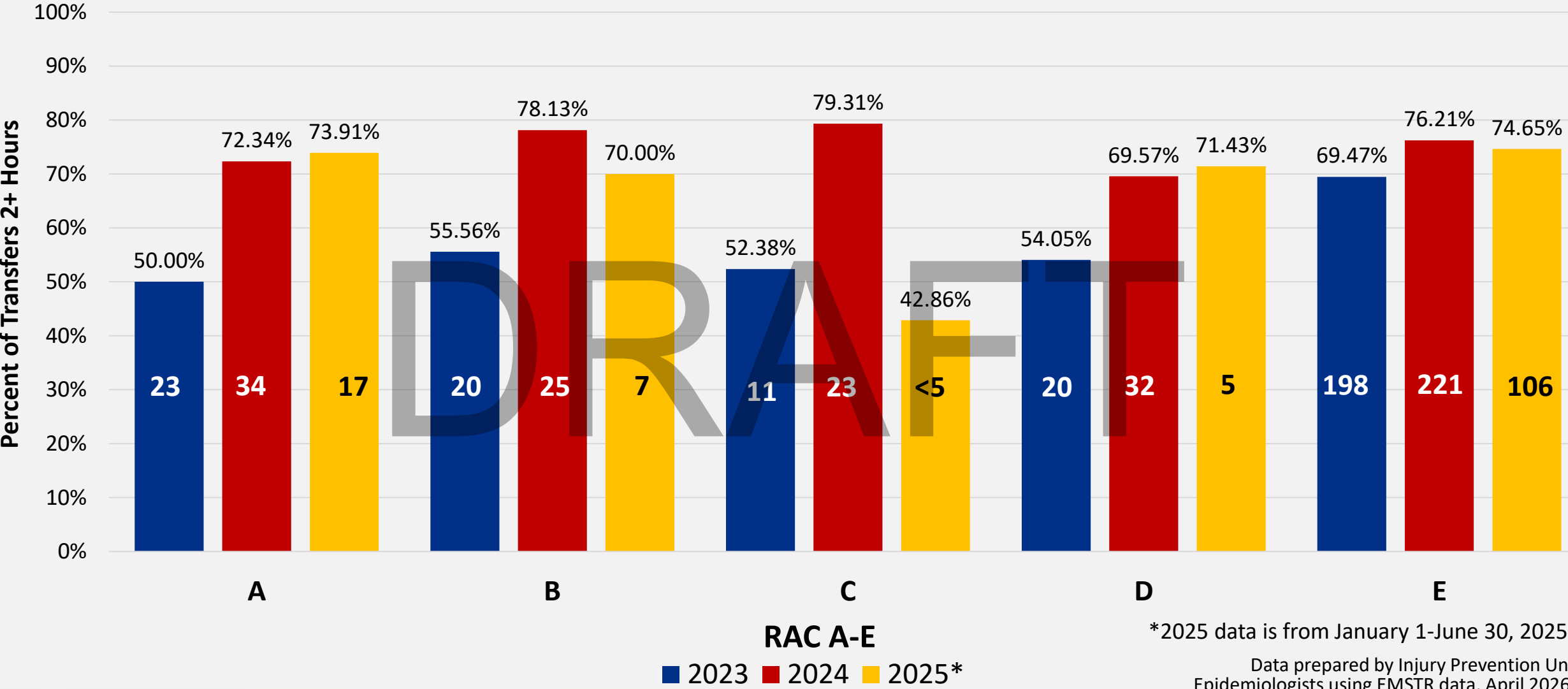


■ Under 2 hours ■ Over 2 hours ■ Missing time

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

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

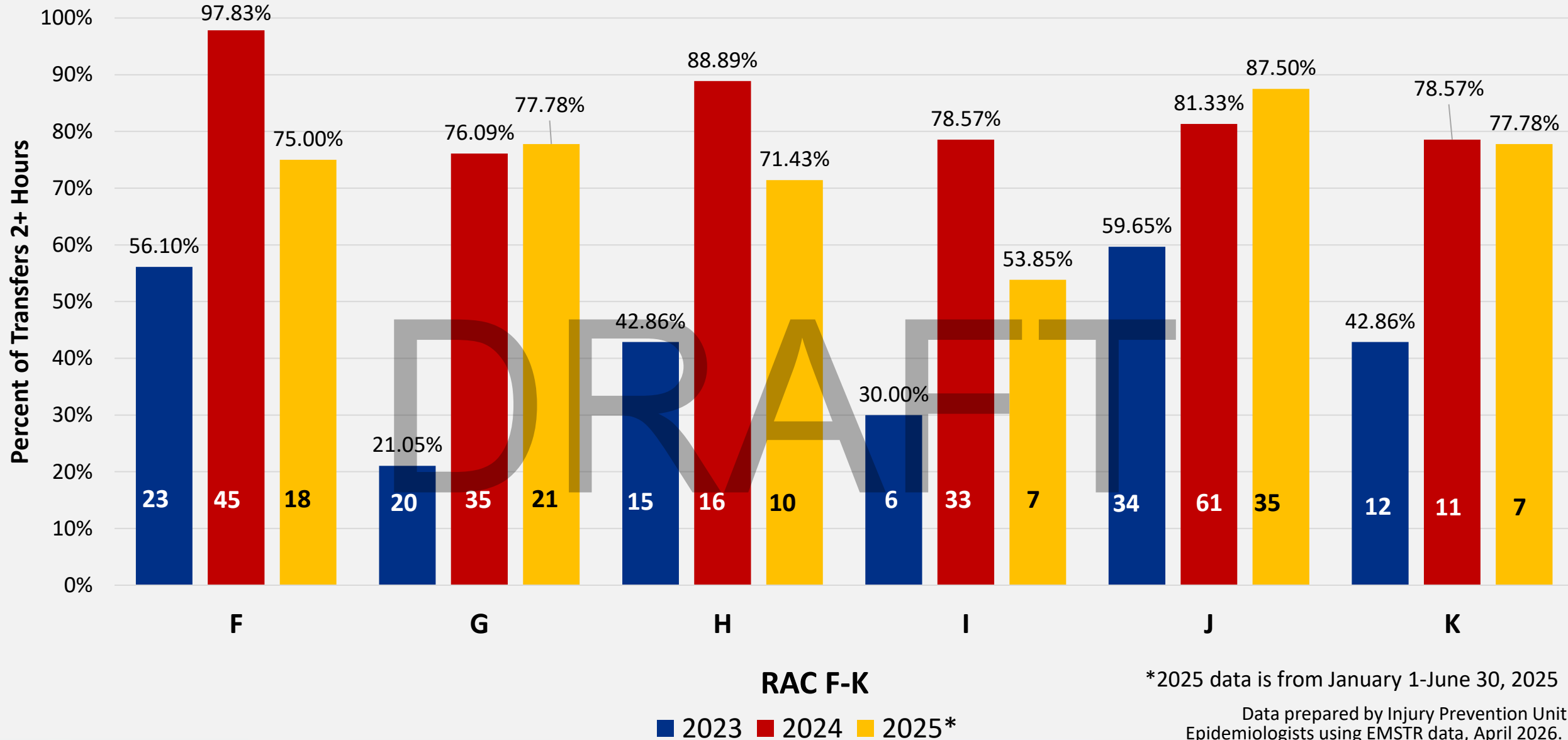
# Severe Trauma Transfer Delay 2+ Hours by Regional Advisory Council (RAC) A-E



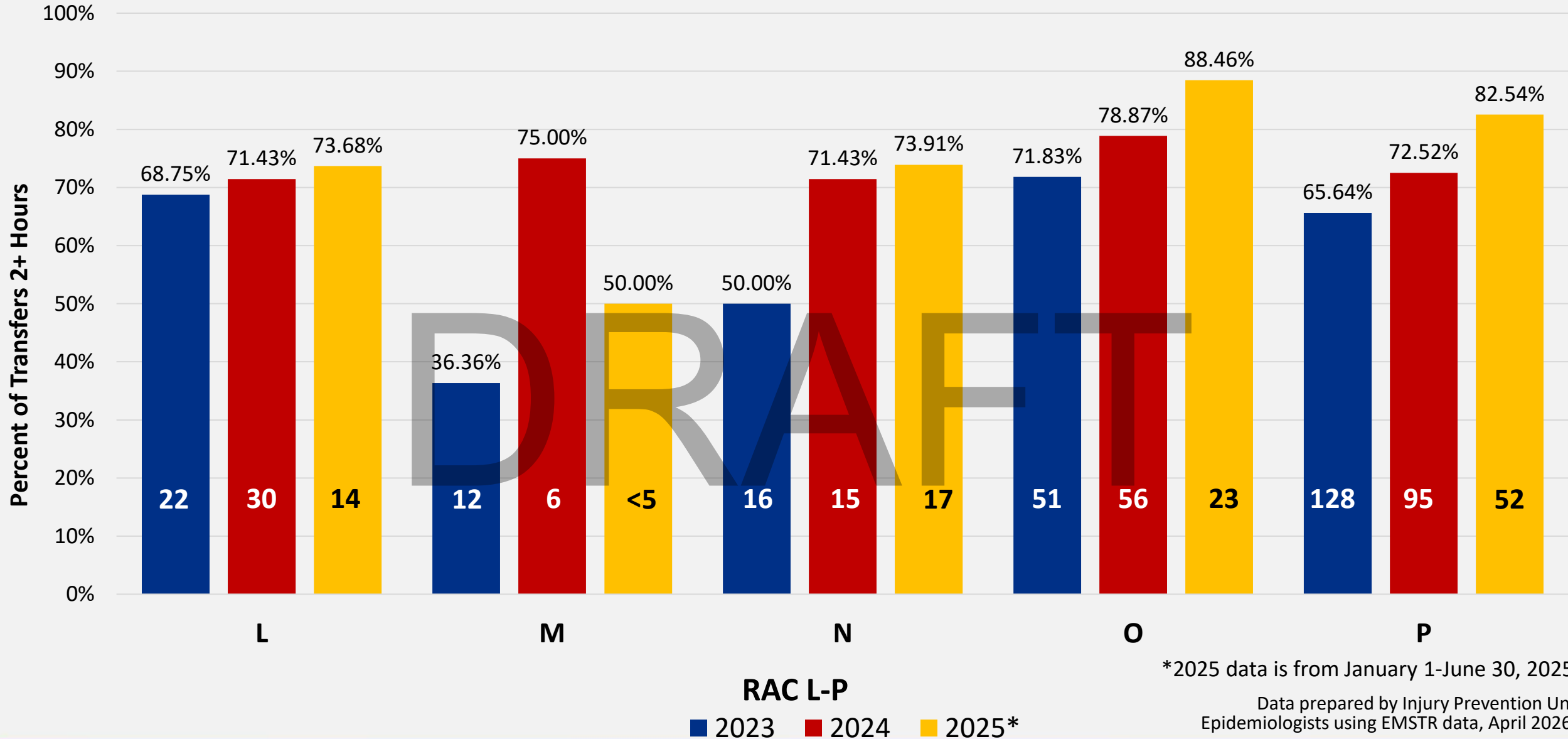
\*2025 data is from January 1-June 30, 2025

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

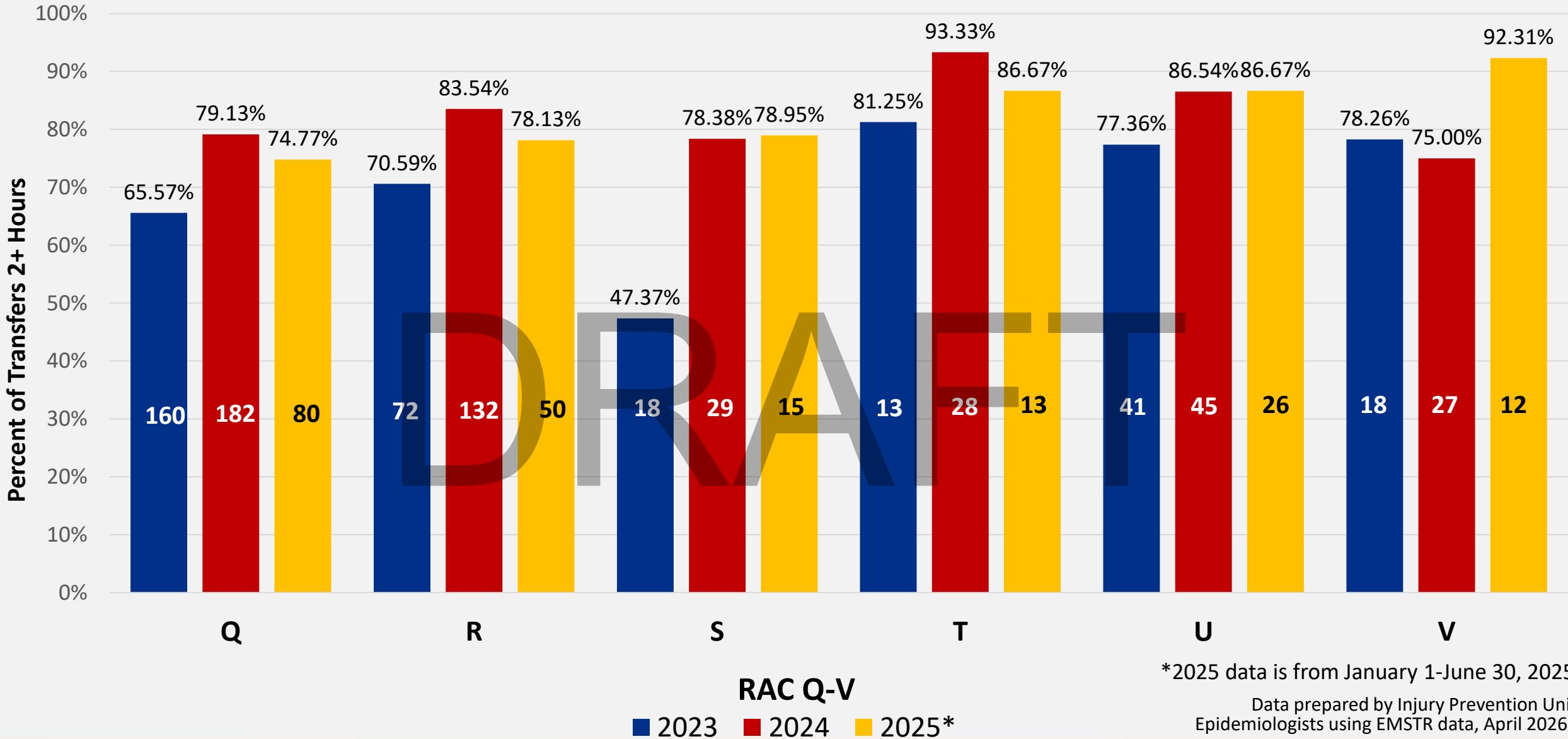
# Severe Trauma Transfer Delay 2+ Hours by RAC F-K



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



# 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	58
Age 15-64	2.7	244
Age 65+	4.0	466

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

# Cardiac Arrest Data

CPR and AED provided prior to EMS arrival

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# 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.

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# 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:

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

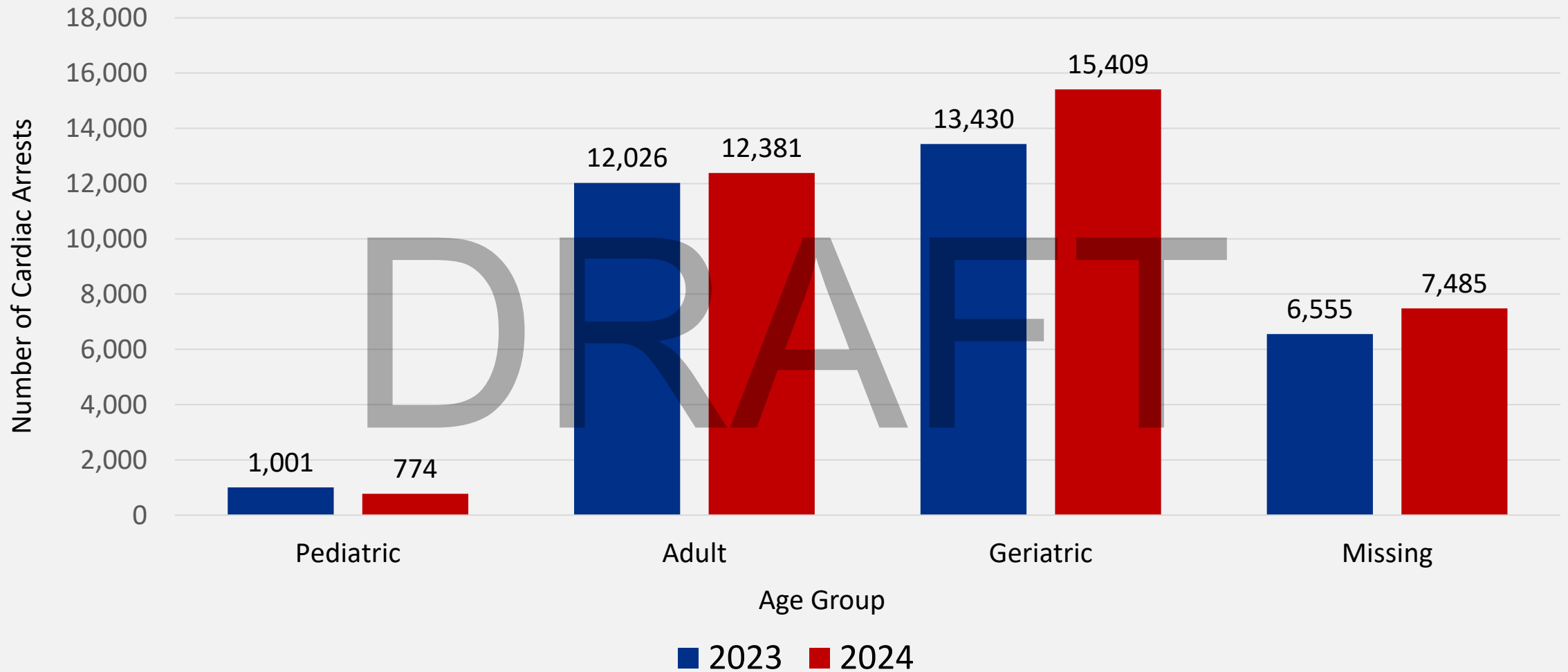
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# Cardiac Arrest Prior to EMS Arrival

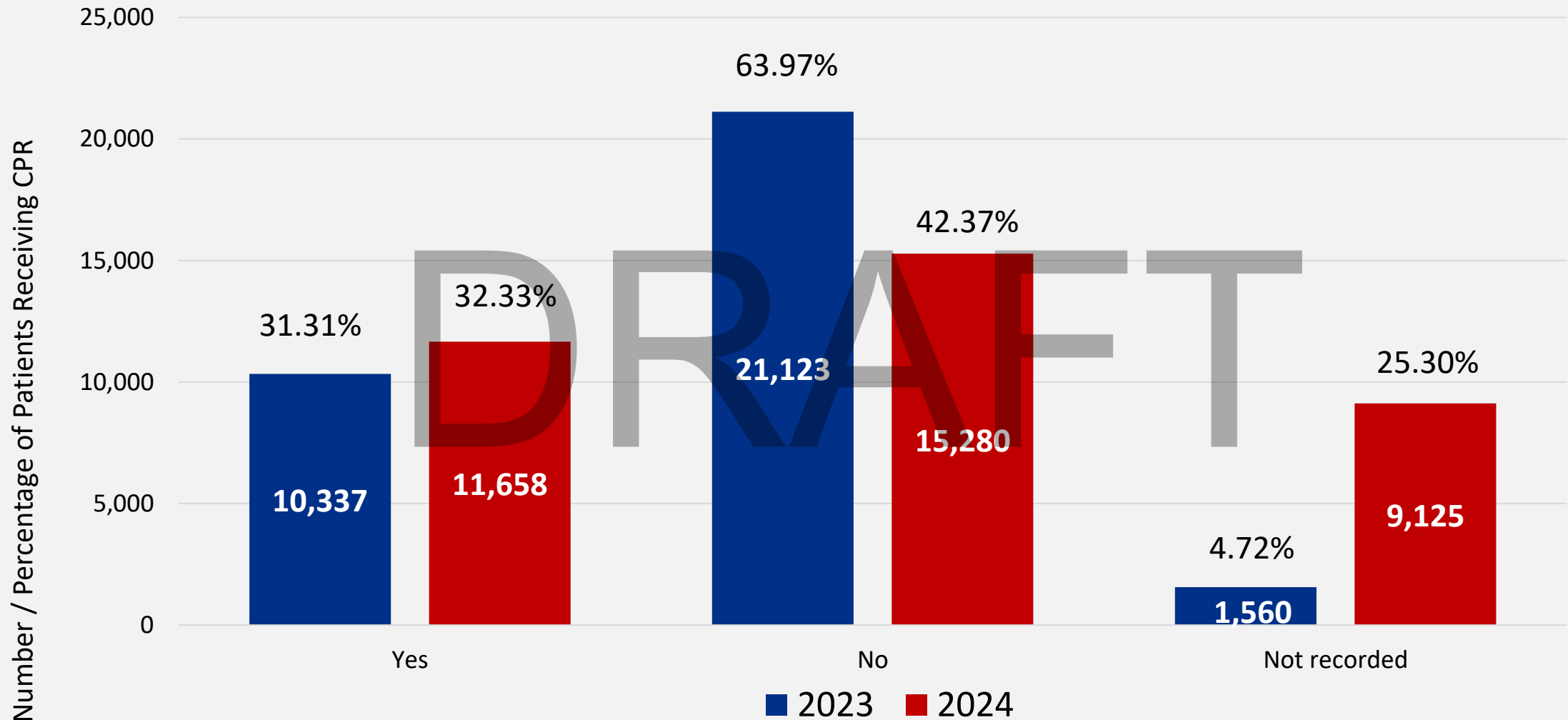
Year	Yes, Prior to EMS Arrival
2023	34,954
2024	36,063

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# Cardiac Arrest by Age Group



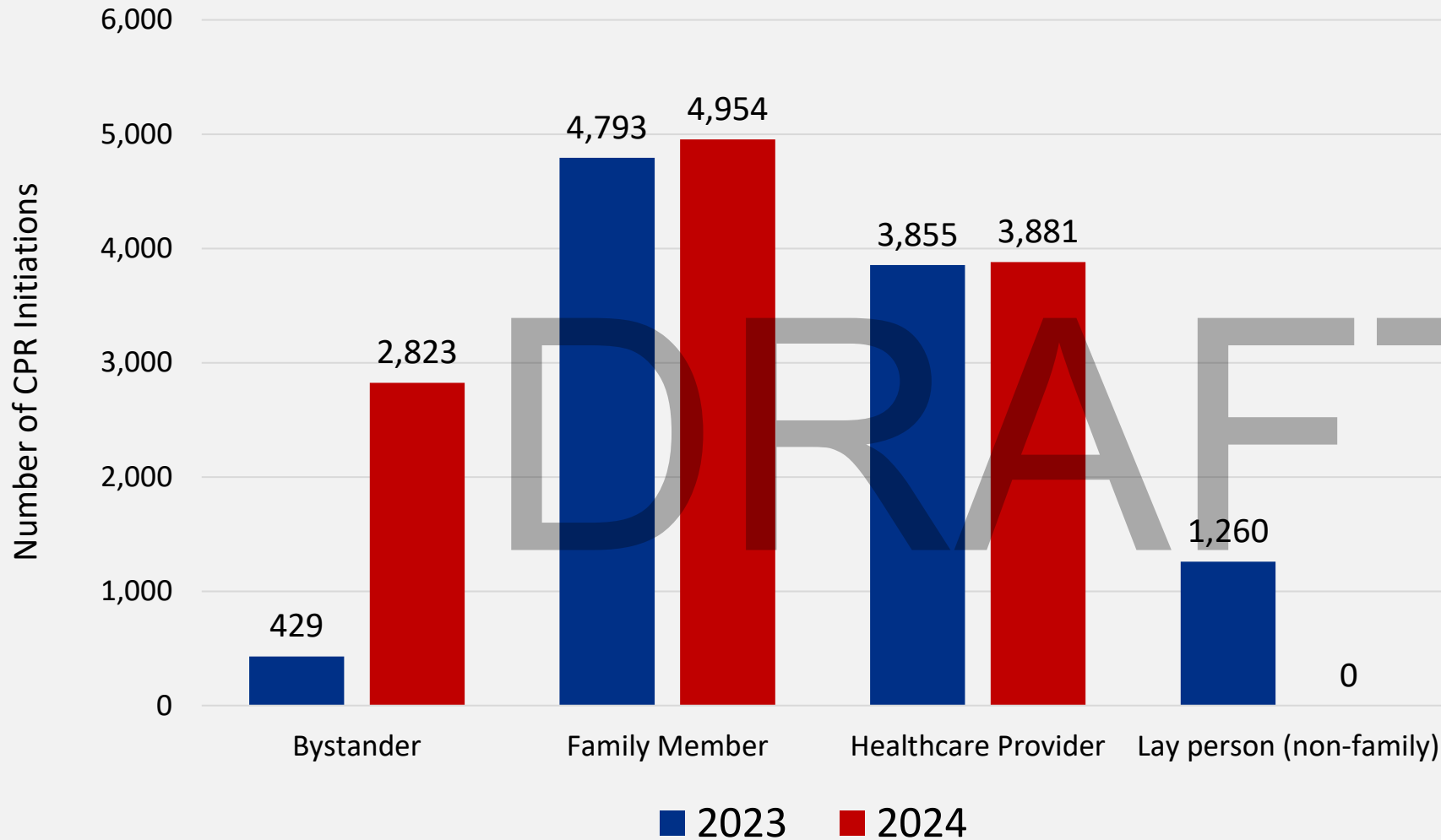
# CPR Provided Prior to EMS Arrival



# 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

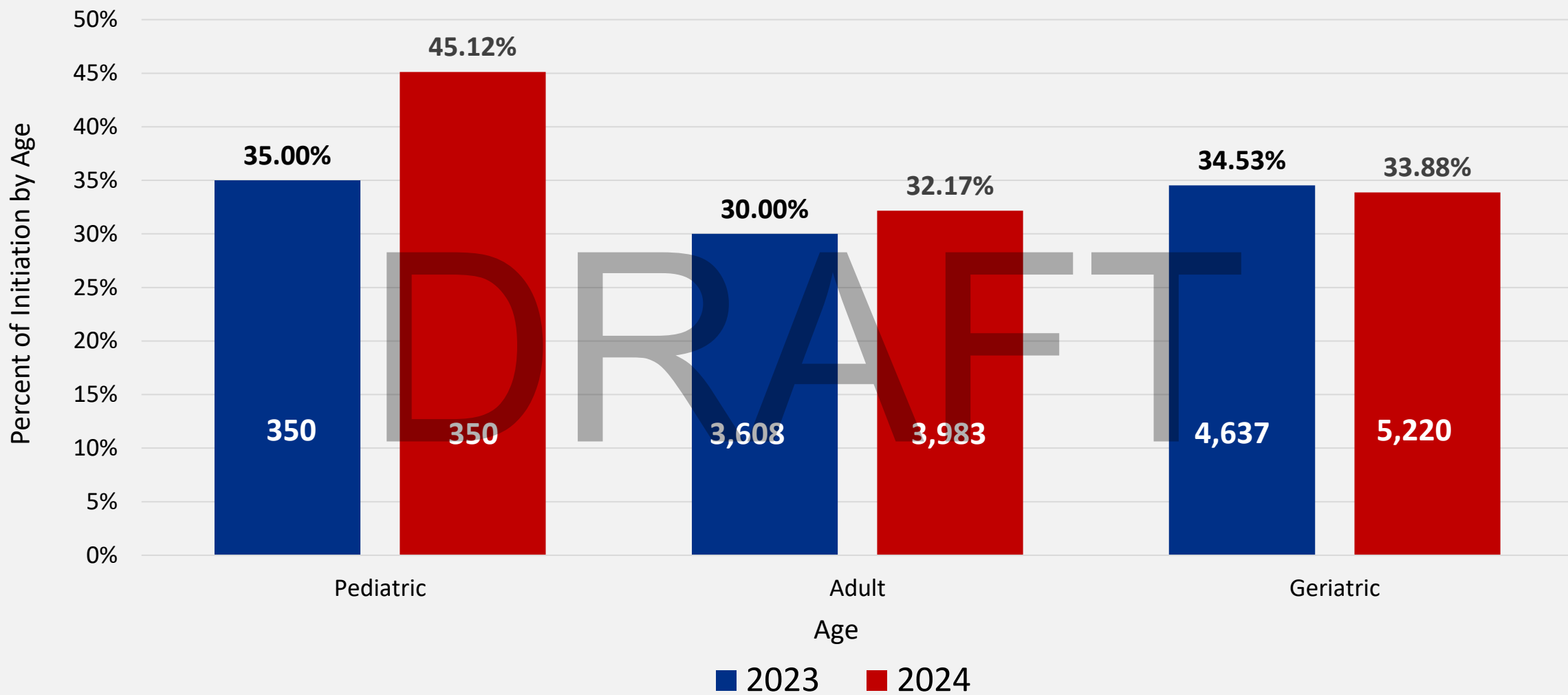
# Who First Initiated CPR



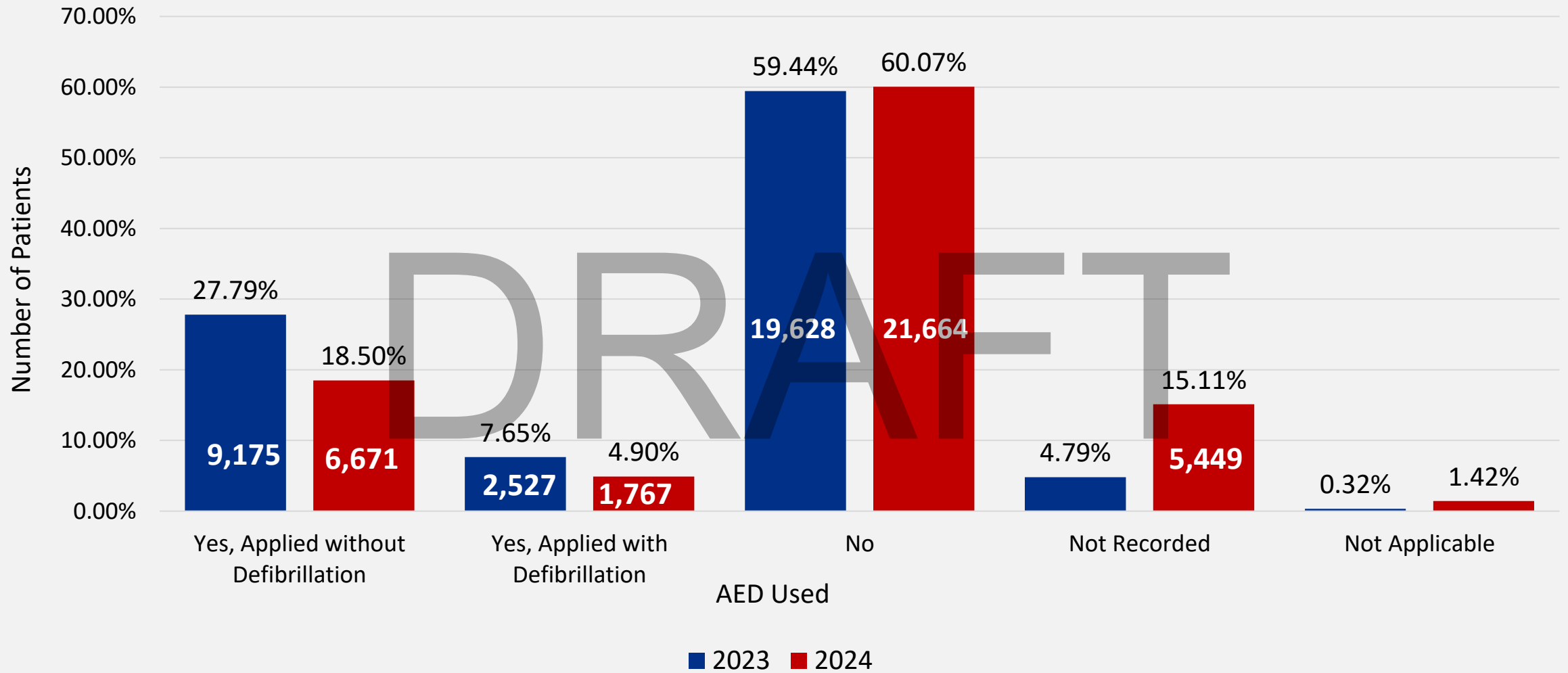
**2023** – 33,020 total cardiac events  
**2024** – 36,063 total cardiac events

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

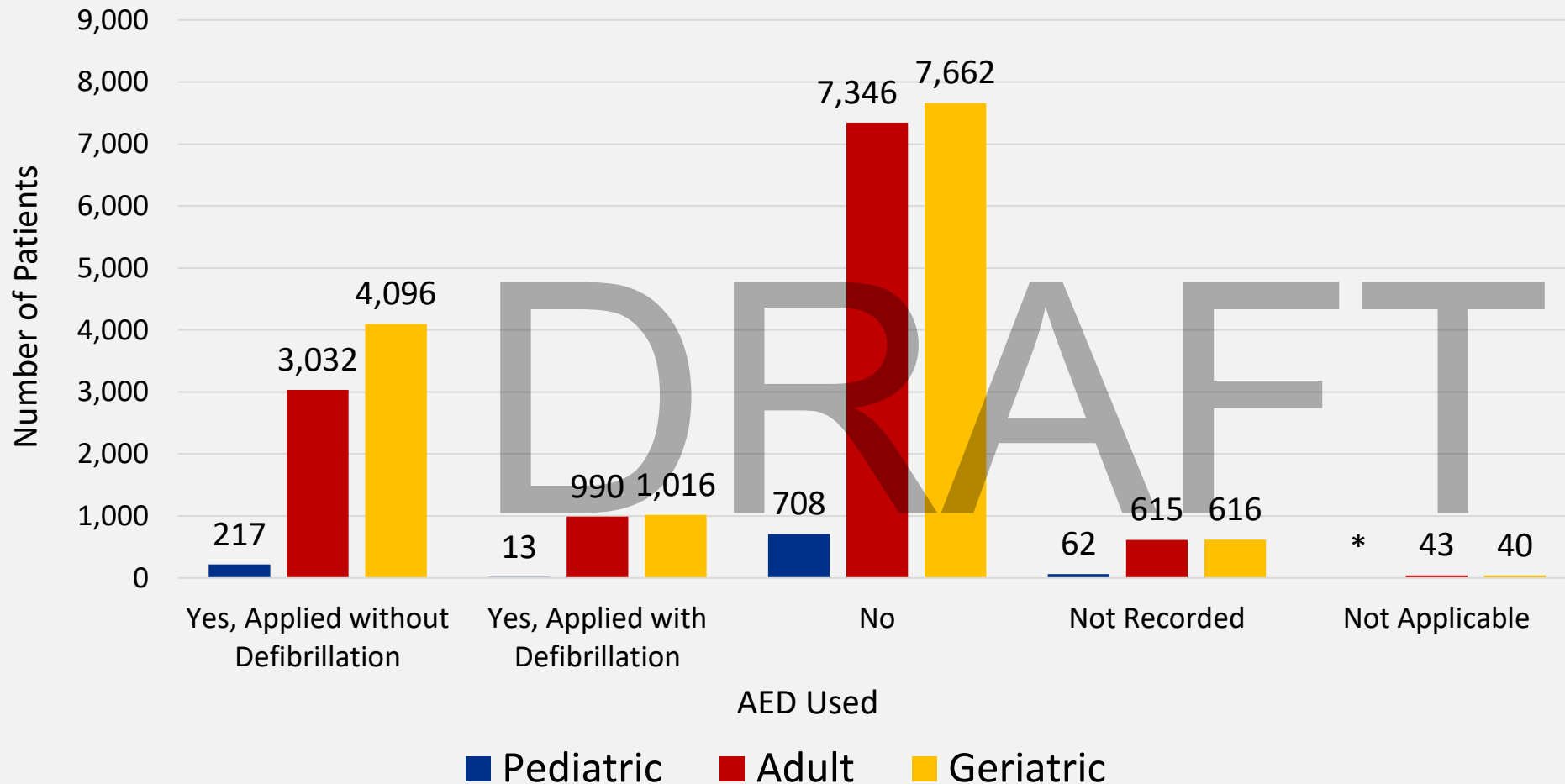
# CPR Initiated Prior to EMS Arrival by Patient Age



# AED Used Prior to EMS Arrival



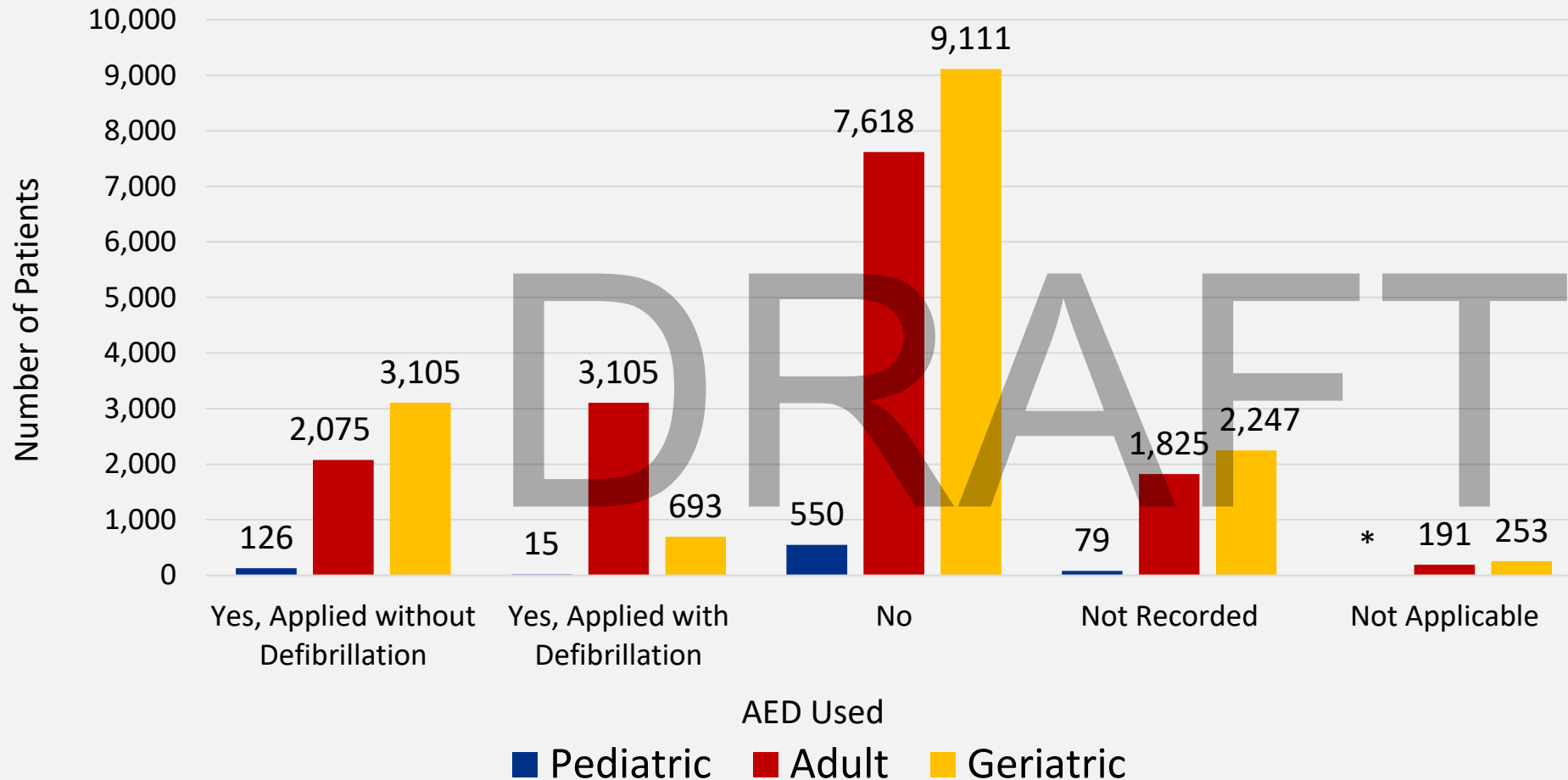
# AED Used Prior to EMS Arrival by Age, 2023



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

- 22.98% of pediatrics;
- 33.44% of adults; and
- 38.06% of geriatric patients had an AED used with or without defibrillation.

# AED Used Prior to EMS Arrival by Age, 2024



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

- 18.22% of pediatrics;
- 22.19% of adults; and
- 22.65% of geriatric patients had an AED used with or without defibrillation.

# Thank you!

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

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