



04

CATALYST FOR CHANGE: REGIONAL ADVISORY COUNCILS LOOK CLOSE TO HOME FOR ANSWERS ON TRAUMA TRANSFER DELAYS

The 22 Regional Advisory Councils (RACs) collaborated with the Texas EMS Trauma & Acute Care Foundation (TETAF) to ask their area facilities for their thoughts on the unique issues affecting their specific regions.

"FOR ME, I AM DRIVEN BY TWO MAIN PHILOSOPHIES: KNOW MORE TODAY ABOUT THE WORLD THAN I KNEW YESTERDAY AND LESSEN THE SUFFERING OF OTHERS. YOU'D BE SURPRISED HOW FAR THAT GETS YOU."

- NEIL DEGRASSE TYSON



03

FIFA 2026: THE REAL-TIME REGISTRY CHALLENGE

This summer, Texas will host the FIFA World Cup June 14, 2026 – July 14, 2026. As the state expects a significant influx of visitors, EMSTR will be closely monitoring EMS responses. Learn more on effectively submitting real-time patient care submissions during this season.

09

2025 NREMT PASS RATES DASHBOARD RELEASE

The Texas Department of State Health Services (DSHS) recently released the 2025 National Registry (NREMT) pass rate data and Texas saw a record number of students taking the national registry exam (13,570 across levels).



FROM THIS SIDE



UPDATES



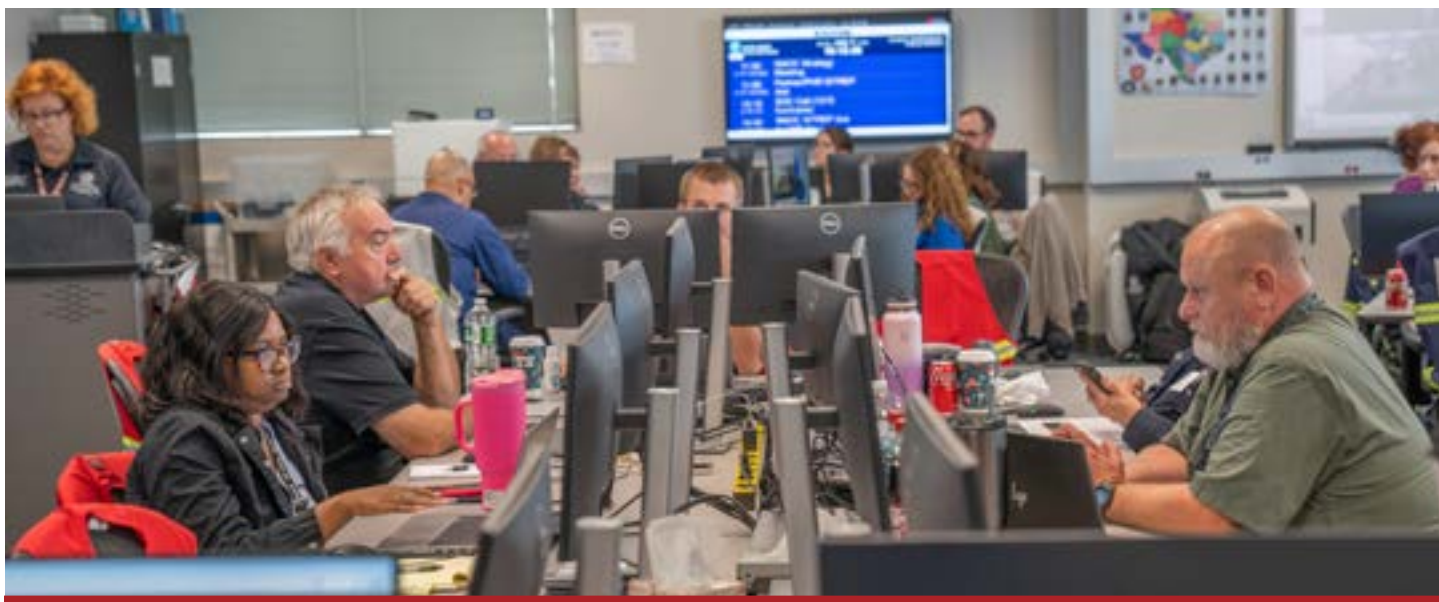
NEWS AND LINKS

FROM THIS SIDE



How DSHS is Preparing for the World Cup in Texas

The FIFA World Cup games will be in Texas in less than three months and the discussions around this event have been building up since last year. Texas will host 16 matches in two cities (Dallas and Houston), spanning over a full month, from June 14th to July 14th. Additionally, Austin has been selected as a Team Base Camp for Saudia Arabia.



As the lead state agency for Emergency Support Function 8 (ESF8), the Texas Department of State Health Services (DSHS) has ramped up its preparedness activities. DSHS has convened multiple workgroups at the federal, state, and regional levels to develop a common operating picture to assist in ensuring public health and medical activities are coordinated and aligned, as the World Cup gets closer. DSHS will support the Texas Division of Emergency Management (TDEM) by providing representatives to the State Operations Center (SOC) and to multiple Disaster District Emergency Operations Centers (EOCs) across the host city regions.

DSHS began its preparations for World Cup last year, by identifying multiple lines of effort that could possibly come into play should a disaster occur during World Cup. These lines of effort include patient care and movement, food safety and defense, health surveillance, and fatality management, just to name a few.

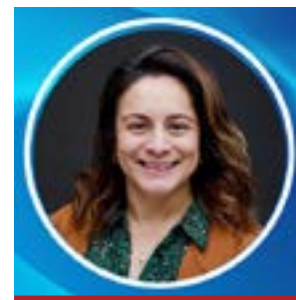
Based on the lines of effort, the workgroups have had facilitated discussions over the last few months to identify gaps and anticipated support requirements.

Now, as the games get closer, DSHS will transition these discussions to tabletop exercises with the workgroups to identify any additional gaps, possible threats, and potential responses. DSHS stands ready to support a disaster response during the World Cup games.

DSHS Preparedness Activities

- Participating in TDEM World Cup planning meetings
- Convening ESF8 workgroups
- Monitoring current Biowatch program status and anticipated operations during World Cup
- Conducting wastewater testing/surveillance
- Coordinating anticipated radiation detection support

- Ensuring Chempacks are fully stocked and available
- Identified Receiving, Staging, and Storage sites for possible SNS shipments
- Identified EMS resources for possible deployment
- Developed list of health conditions and incidents that have an increased potential to affect health around the World Cup



Michelle Petraitis, MPH
Director, Response and Recovery Unit
Center for Health Emergency
Preparedness and Response

FIFA 2026: The Real-Time Registry Challenge



The Texas EMS and Trauma Registries (EMSTR) thank you for a record number of EMS data submissions during calendar year (CY) 2025. To date, the Registries team has collected over **5.3 million** electronic Patient Care Records (ePCRs), marking an increase of nearly 500,000 records (and counting) compared to the previous year.

This summer, Texas will host the **FIFA World Cup June 14 – July 14, 2026**. As the state expects a significant influx of visitors, EMSTR will be closely monitoring EMS responses.



Your timely ePCR submissions are vital, allowing the Texas Department of State Health Services (DSHS), other state agencies, and federal partners to track changes in the health of Texans in real-time. EMSTR encourages all agencies to review their submission processes and ensure patient care records (PCR) are submitted to both the receiving hospital and state repository simultaneously and as soon as possible after patient handoff.

Please remember you can make updates to a PCR at a later point, and you can resubmit the record again. EMSTR and the National EMS Information System (NEMESIS) can update and overwrite the original ePCR.

Providers are encouraged to locate the “**Standby Purpose**” (eResponse.06) variable in their ePCR. If providing services for the FIFA World Cup or at a related event, you should select the option **Mass Gathering – Sporting Event** in the patient record.

Important World Cup Dates

Date	Event	Location
June 11	World Cup begins	Mexico
June 14	First matches in Texas	Dallas and Houston
July 4	250th Anniversary	Match in Houston
July 14	Last match in Texas	Dallas
July 19	Final/Championship match	New York



For any questions, please contact the EMSTR team at injury.web@dshs.texas.gov.

[Subscribe for updates](#) from the Injury Prevention Unit.

Gavin L. Sussman, EMT-B
Manager
DSHS EMS and Trauma Registries

Catalyst for Change: Regional Advisory Councils Look Close to Home for Answers on Trauma Transfer Delays

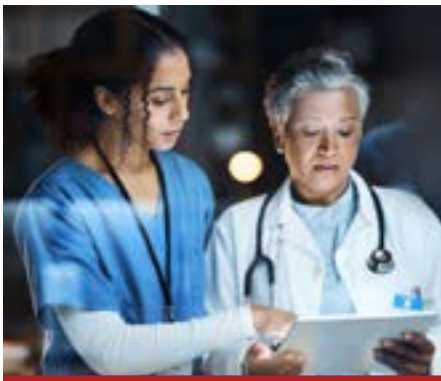
The Transfer Bottleneck

Texas trauma care covers a vast geographic area, and medical transfers can be caught in a series of systemic bottlenecks.

In rural Texas, patients can face longer wait times, with emergency medical services (EMS) response times averaging nearly 30 minutes longer than the national average for high-severity injuries. Transfer decision time (the interval between a patient's arrival at a lower-level facility, such as a Level III or IV trauma center) and the medical team's decision that a patient requires more advanced care at a Level I or II trauma center can create these delays, along with other factors.

Based on [data*](#) from the Department State Health Services (DSHS) in 2024, the EMS Trauma Registries (EMSTR) reported that 72.15% of severe trauma transfers took two or more hours, while 19.63% were under 2 hours - approximately 8.22% missing data.

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



While urban areas struggle with hospital overcrowding and inpatient

bed availability, rural facilities are frequently hampered by weather barriers and resource constraints, such as delayed imaging or specialist consults.

Listening to the Front Lines: The Facility Survey

To better understand the reasons for trauma delays at the regional level, leadership from the Texas EMS Trauma & Acute Care Foundation (TETAF) and the Regional Advisory Councils (RACs) collaborated on a survey specifically designed to ask facilities for their thoughts on the unique issues affecting their regions.

The survey was completed by 304 of the 337 hospitals surveyed (90% statewide response rate), with RAC Executive Directors acting as key partners in outreach and incentivizing regions with measurable, actionable insights.

By allowing hospitals to rank the most significant contributors to delays based on their own experience, the RACs identified that while some issues are universal-like transport delays—others vary significantly between urban and rural environments.

View the [survey results](#).

Key Insights

State Geographic Comparison of Delayed Trauma Transfer Drivers

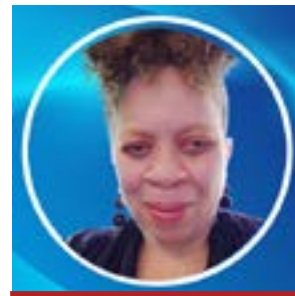
- The top two causes of delayed trauma transfers are consistent statewide: transport delays and delayed transfer decision time.
- Urban facilities rank time-sensitive identification issues



- higher than rural facilities
- Rural facilities rank imaging and weather-related barriers more highly.
- Strong agreement in top-tier barriers suggests system-level process constraints rather than geography-driven issues.

Frequency of Top 5 Delay Reasons (Statewide Comparison)

- Delayed transfer decision time appears to be the most universal pressure point in the transfer process.
- Delayed Transfer Decision Time is Ranked in the Top 5 by 82% of Hospitals Statewide.
- Delayed Image Reads show a notable Rural burden (57% vs 36% Urban).



Adrienne Kitchen
Public Information Specialist
DSHS EMS Trauma Systems Section

Catalyst for Change: Q&A with Jasmine Castaneda de Morales, Data Analyst, Capital Area Trauma Regional Advisory Council (CATRAC)

Q: What inspired you to develop the survey?

Jasmine: The survey was developed following discussions at the RAC Chairs Retreat, where leadership identified a need to better quantify delays in trauma patient transfers at both the regional and facility level. In the absence of a standardized reporting process that flows back to the RACs, they chose to leverage the delay reason categories from the statewide spreadsheet developed by the EMS Trauma Systems team and asked hospitals to rank the most significant contributors based on their data and expertise. This became a collaborative effort between TETAF and the Regional Advisory Councils. In my role with CATRAC, I supported the development, distribution, and analysis of the survey, contributing to a broader team effort to better understand and address transfer delays across the state.

Q: The number of hospitals participating in the survey was fantastic. How did you achieve this?

Jasmine: We achieved strong participation by leveraging the RAC Executive Directors as key partners in outreach and engagement, with support from TETAF in distributing the survey. We achieved strong participation by leveraging the RAC Executive Directors as key partners in outreach and engagement, further solidifying RAC's importance. In my role with CATRAC, I conducted direct follow-up with each RAC, utilizing relationships I've built to maintain consistent communication.

I provided regular updates on submission status, including lists of hospitals that had yet to respond, to support targeted follow-up. I also designed the workflow so that completed surveys were automatically shared with Executive Directors, increasing transparency and ownership. Additionally, I communicated that each RAC would receive a tailored analysis and their raw data in Excel format, which helped incentivize full participation across regions.

Q: What did you learn and share from the data analysis?

Jasmine: This analysis provided meaningful insights, particularly at the regional level, and offered validation for challenges that had previously been more anecdotal. Instead of relying on general perceptions, regions now have data to support and quantify the most prevalent causes of delay. Notably, delayed transfer decision time was ranked in the top five by 82% of hospitals statewide, and the top two causes of delayed trauma transfers--transport delays and delayed transfer decision time--were consistent across regions. The responses also highlighted important variation, including clear differences between rural and urban facilities, with urban hospitals more frequently identifying time-sensitive patient identification challenges as a contributing factor.

Q: Were there any surprises?

Jasmine: We were particularly struck by the regional variation across the state. The findings reinforced our

hypothesis that regions experience different primary drivers of delay, underscoring the importance of analyzing this data at the regional level. This approach enables more targeted, region-specific strategies and equips RACs with actionable data to drive change, leveraging their strong relationships with local stakeholders to effectively engage and implement trauma transfer performance improvement processes.

Q: How can the data drive change?

Jasmine: The data can drive change by shifting the conversation from anecdotal concerns to measurable, actionable insights. By identifying and quantifying the most significant drivers of delay, both statewide and at the regional level, RACs are equipped to prioritize interventions that are tailored to their specific challenges. RACs have strong relationships with local stakeholders, they are uniquely positioned to use this data to engage partners, align priorities, and implement targeted improvements in trauma transfer processes. When this work was presented at GETAC, it was very well received, reinforcing the value of this approach. As a result, there are plans for a future iteration of data collection to build on these findings and enable deeper, more detailed analysis to further inform system-level improvements.

Q: What message do you have for others who may have ideas or solutions regarding getting involved?

Jasmine: For those who have ideas or potential solutions, getting involved starts with engaging at the local and regional level. RACs provide a strong foundation for collaboration, bringing together stakeholders who are directly involved in patient care and system operations. Even small contributions can lead to meaningful improvements when combined with broader efforts. This project demonstrated that when ideas are supported by data and approached collaboratively, they can gain traction quickly and lead to real impact. Staying engaged, being willing to share perspectives, and partnering with GETAC, TETAF, and the RACs can help turn those ideas into actionable change.

Expert Perspectives

"I think this issue must be addressed at a regional level via the RACs as well as by the tertiary trauma centers working closely with the referring centers. In other words, the issues at one RAC may not be the same at other RACs."

— **Dr. Alan Tyroch, Chair, Governor's Emergency Medical Services (EMS) and Trauma Advisory Council (GETAC)**

"Having RAC specific information allows our committees to discuss in more detail what is causing a particular delay, determine regional factors and identify opportunities to limit these. Discussions also allow facilities to share best practices when addressing issues."

— **Wanda Helgesen, Executive Director, Border RAC**

From the Field to the Floor: Celebrating Our Everyday Heroes in May

May is devoted to our medical professionals who work hard to promote the health and well-being of their community. As we honor our Texas EMS and nursing professionals for their unwavering dedication to meeting the needs of those entrusted to their care, please join us in expressing our gratitude.



National Nurses Week May 6-12, 2026

The Power of Nurses

Nurses embody the power of compassion, providing essential care to reduce distress while educating the community. Their dedication to high-quality patient care has a profound and lasting impact on the health and well-being of our society.



National EMS Week May 17-23, 2026

Improving Outcomes, Together

EMS Week honors the professionals delivering vital community care. This year's focus highlights how advanced prehospital interventions—such as early stroke detection and whole blood transfusions—are critical to saving lives and improving long-term hospital outcomes.



Trauma Awareness Month May 1-31, 2026

Stay Focused. Stay Safe

National Trauma Awareness Month serves as a vital reminder that distractions can be dangerous. By staying alert while walking, biking, driving, or swimming, we can prevent life-altering injuries and keep our communities safe.

STOP THE BLEED® Month



Uncontrolled bleeding is responsible for approximately 40% of deaths from traumatic injury.

It only takes 3-5 minutes for a seriously injured person to bleed out. Since a patient can bleed out in a matter of minutes, "Minutes Matter" The STOP THE BLEED® Texas Coalition, through the 2026 theme "Minutes Matter," aims to educate Texans on the gravity of traumatic bleeding and provide them with the tools and training they need to "stand in the gap" until emergency medical assistance comes. Join us on May 21st, National STOP THE BLEED® Day, in raising awareness of the significance of having the knowledge and skills to stop the bleeding when traumatic injury occurs, because minutes truly do matter.

Click on the event logos to stay up to date on this year's celebrations, awareness toolkits, and events.

From Protocols to Practice: Highlights from the 7th Annual Texas EMS Medical Director Conference



The 7th Annual Texas EMS Medical Director Conference, hosted by the National Association of EMS Physicians Texas Chapter, brought together EMS leaders, physicians, and system stakeholders from across the state for three days of high-impact education, collaboration, and forward-thinking discussion. Held at the Texas A&M Hotel and Conference Center, this year's conference delivered both strategic insight and practical tools directly applicable to EMS systems across Texas.

A standout early discussion featured Texas' State EMS Director Joseph Schmider (pictured left), offering candid insight into current priorities, challenges, and opportunities within the Texas Department of State Health Services EMS and Trauma Systems program. Attendees gained valuable perspective on the direction of statewide initiatives, particularly in rule development, system oversight, and ongoing clinical innovation.

Several sessions focused on regulatory and operational updates that directly impact EMS agencies across Texas. The anticipated Texas Administrative Code Chapter 157 rewrite drew significant attention, outlining proposed changes and their implications for EMS operations,

compliance, and medical oversight. Updates on delegated practice highlighted continued evolution in physician oversight, while the statewide whole blood program demonstrated Texas' ongoing leadership in advancing prehospital care through data-driven implementation.

Discussions on mechanical CPR devices challenged conventional assumptions about guideline-based care, while sessions on neurologic emergencies and pediatric readiness reinforced the importance of early recognition and system preparedness. Additionally, rural critical care transport was a key focus, addressing the growing gap between traditional ALS capabilities and the increasing need for higher-acuity care in resource-limited settings.

Emerging topics such as artificial intelligence and mass gathering medicine highlighted the future direction of EMS system design. Sessions explored how technology, predictive analytics, and coordinated planning, particularly in preparation for large-scale events like FIFA, are becoming essential components of modern EMS operations.

Overall, the conference reinforced several key themes: the importance of staying ahead of regulatory changes, the need to balance innovation with evidence-based practice, and the growing complexity of EMS system design. Perhaps most importantly, it highlighted the strength of collaboration across Texas EMS systems.

As attendees return to their respective agencies and regions, the focus shifts from discussion to implementation. The insights gained at this conference offer a clear opportunity to enhance patient care, strengthen systems, and continue advancing EMS across Texas.



Attendees of the 7th Annual Texas EMS Medical Director Conference. Photos courtesy of Sladek Conference Services.

EMS Workforce Education Grant Program from Texas Workforce Commission

The Texas Workforce Commission (TWC) is now accepting applications for the [Emergency Medical Response Service Staffing Program](#). The program addresses emergency medical response staffing needs across Texas and provides grants to Texas Department of State Health Services (DSHS) licensed EMS providers to fund scholarships for individuals pursuing careers as Emergency Medical Technicians (EMTs) at the Basic, Advanced, and Paramedic levels. TWC will process applications for two months, then pause for one month. During this break, they will review and approve applications, balance the budget, catch up on paperwork, and review how the program is working.

This cycle will continue until TWC notifies otherwise.

Eligibility

- Applications are open to all DSHS-licensed EMS providers located in Texas.
- Funding priority will be given to EMS providers that serve rural and underserved areas within Texas.
- Scholarships are provided for EMT, A-EMT, and Paramedic education.
- EMS providers must select courses approved by DSHS. An up-to-date list of approved programs can be found on the [DSHS website](#).

Requirements

- When approved, TWC will send 80% of the grant allotment to the EMS provider. The provider must then give the funds provided by TWC to the state-certified EMS education program. TWC will release the final 20% once the student completes the education program.
- TWC will set limits on how much it will pay for each level of training.
- Students must agree to work for a state-licensed transporting EMS agency for at least two years.

Applications

- [Application website](#).
- EMS providers must apply for the grant for their employees or student candidate. The grant agreement is between TWC and the EMS provider, not the student.

Application schedule

Open for Applications	Closed for Selection
Mar 1–Apr 30, 2026	May 1–May 31, 2026
Jun 1–Jul 31, 2026	Aug 1–Aug 31, 2026
Sep 1–Oct 31, 2026	Nov 1–Nov 30, 2026
Dec 1, 2026–Jan 31, 2027	Feb 1–Feb 28, 2027

Podcast Alert: From Science to the Scene

The National Registry of Emergency Medical Technicians (NREMT) has officially launched "From Science to the Scene," a new short-form podcast designed to bridge the gap between clinical research and field practice.

Produced by the National Registry's Research Team, each **10-minute episode** breaks down emerging evidence-based practices into actionable knowledge for busy EMS professionals, educators, medical directors, and other leaders using content pulled from the Prehospital Guidelines Consortium reading list, the American Heart Association (AHA), emergency medicine journals, and other leading sources.



How to Tune In

You can find the podcast on the [National Registry website](#), social media channels, or your favorite podcast platform. New episodes drop every other Friday, alternating with the National Registry's *Research Friday* series.

2025 NREMT Pass Rates Dashboard Release

The Texas Department of State Health Services (DSHS) recently released the **2025 National Registry (NREMT)** pass rate data. The dashboard is available on the EMS Trauma Systems [website](#).

Performance Summary

Texas saw a record number of students taking the National Registry exam (13,570 across levels). The Emergency Medical Technician (EMT) **3rd attempt** cumulative pass rate climbed to 81%. This is a 5% increase from the 2024 average of 76%. While the national average also rose to 84%, Texas continues to close the gap, demonstrating the effectiveness of recent educational initiatives and program adjustments across the state.

Key Data Comparison (Texas State Averages) 2025 Pass Percentages By Certification Level

ECA	
National	75%
Texas	68%
EMT	
National	84%
Texas	81%
AEMT	
National	76%
Texas	74%
Paramedic	
National	87%
Texas	85%

[Link to National Registry website.](#)

Paramedic	
San Jacinto Community College District-North Campus	100%
Houston City College Northeast Campus	98.39%
Austin Community College	98.25%
Tarrant County College District Northeast Campus	96.62%
Central Texas College	96.12%

Looking Ahead

These results reflect the dedication of Texas EMS educators and students. Moving into the 2026 cycle, DSHS remains focused on supporting programs that fall below the 80% benchmark to ensure a robust and qualified EMS workforce for the state.

Top Performing Programs

The 2025 data featured several high-achieving institutions maintaining rates above 90% over the 3-year average. They include:

ECA	
Victoria College	100%
EMS Online Training Plus	95%
Dependable Resuscitation Training, LLC	93.33%
Archangel EMD, LLC DBA Archangel	92.86%
LifeStart Training & Consulting, LLC	92.86%

EMT	
Rice University EMS	100%
City of Laredo Fire Department	100%
Arlington Fire Department	100%
San Angelo Fire Department Education Program	100%
Brazoswood EMT Academy	100%

AEMT	
Arlington Fire Department	100%
Montgomery County Hospital District	100%
Austin Community College	100%
Tarrant County College	100%
Rice University EMS	100%



Get In Touch

Our team is available to help you find ways to enhance education programs for emergency medical personnel in Texas.

Email [EMS Education Programs](#).

Big Bend Regional EMS Symposium: Strengthening Rural Emergency Medical Services (EMS) Through Collaboration and Education



Bryce Martin of NWCT EMS Resources followed with an engaging and practical discussion on Narcan administration. Drawing from his experience in both urban and rural systems, he emphasized adaptability and preparedness, particularly in regions where extended transport times and limited resources can significantly impact patient outcomes.

I had the privilege of presenting on drug diversion and the DSHS pathway forward for EMS providers. This topic continues to be a critical focus area across the state, and the discussion allowed for open dialogue about challenges agencies face in prevention, reporting, and compliance. Providers in attendance demonstrated a strong commitment to accountability and patient safety, asking thoughtful questions and sharing real-world perspectives that will help inform ongoing efforts at the state level.

One of the highlights of the symposium was the hands-on airway training led by Cody Jenkins and Amanda Snodgrass of Shannon AirMed. Their session provided attendees with the opportunity to practice advanced airway management techniques in a supportive, skills-based environment. Training like this is especially valuable in rural regions, where high-acuity skills may be needed infrequently but must be executed with precision when the time comes.

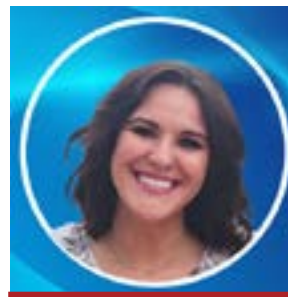
Over the course of the two days, a consistent theme emerged: *collaboration is essential to overcoming the unique challenges of rural EMS*. From long transport distances to workforce shortages, providers in the Big Bend region operate under conditions that require innovation, resilience, and strong partnerships. The symposium created a space where those challenges could be discussed openly, and where solutions could be shared across agencies and disciplines.

The Big Bend Regional EMS Symposium, held March 25–26, 2026, brought together EMS professionals from across West Texas for two days of education, hands-on training, and meaningful discussion. As both an attendee and presenter, I had the opportunity to not only share information from the Texas Department of State Health Services (DSHS), but also to listen, learn, and engage with providers working in one of the most unique and challenging regions in the state.

The symposium opened with a strong focus on addressing the ongoing overdose crisis. John De La Garza with San Antonio Fire Department shared insights from the Overdose Prevention Crisis Response Program, highlighting the importance of bridging emergency response with long-term recovery support. His presentation underscored a key theme that was carried throughout the event: *EMS is often the first point of contact, but it can also be a gateway to sustained care and recovery*.



I am grateful for the opportunity to participate in the Big Bend Regional EMS Symposium and to represent DSHS. The dedication and professionalism of the providers in attendance were evident throughout the event, and I left encouraged by the continued progress and innovation taking place across the region.



Sabrina Lee Richardson
EMS Education Coordinator
DSHS EMS Trauma Systems Section



Tiny Patients and Tough Calls: Caring for Them – and You.

High-quality patient care starts with a strong and supported provider. The following no-cost continuing education (CE) options are designed to enhance your pediatric assessment and treatment skills and promote provider mental wellness and resilience.

Big Skills for Little Lives

The EMS for Children (EMSC)-Texas State Partnership, in collaboration with the DSHS EMS Trauma Systems Section, is promoting the Texas Prehospital Pediatric Readiness Education Series. This initiative, endorsed by the Governor's EMS and Trauma Advisory Council (GETAC), aims to equip prehospital providers with the critical skills needed to deliver effective care to children and reduce morbidity and mortality associated with pediatric emergencies.

Each month, EMSC arranges a live presentation from one of Texas's very own pediatric emergency

medicine practitioners. To learn more, check out the Education Opportunities section of the [DSHS GETAC webpage](#), where you can access CE offerings through multiple options. If you are unable to attend the live version, many of the presentations are available via recording on the [Baylor College of Medicine – EMSC Education webpage](#). Both live and recorded options provide the opportunity for an hour of CE credit. The best part is that they are FREE.

Topics presented thus far include pediatric readiness in EMS, diabetic ketoacidosis, pediatric resuscitation, recognizing signs of a trafficked pediatric patient, pediatric multi-



system trauma, pediatric disaster medicine, pediatric poisoning, and pediatric triage tools for EMS.

Next Session:

Outside Delivery/OB Emergencies

Date: May 6, 2026

Time: 9 AM (CDT)

Fortifying Your Foundation

In partnership with the Texas Department of State Health Services (DSHS), the [Peer Support, Assistance, Training, and Counseling Helpline \(PATCH\)](#) is providing free one-credit-hour CE opportunities for first responders. These training modules provide practical tools to help you stay focused during an EMS call and remain resilient long after it ends.

PATCH has sixteen self-paced courses on provider wellbeing and substance use – here are a few of the modules offered:

- [Substance Use Disorder in the First Responder Workforce](#) “provides first responders with the tools and information necessary to recognize and address symptoms of substance use and mental health disorders in themselves or others.” It is self-paced and online to fit with first responder schedules.
- [Alcohol Use Disorder and Its Treatment](#) introduces learners to the concepts of alcohol use disorder and its development, diagnosis, experience, and treatment.

- [Understanding and Coping with Anxiety](#) focuses on helping the first responder recognize and cope with acute or chronic stress, anxiety, and PTSD using evidence-based strategies. The [PATCH Helpline](#) (1-833-EMS-IN-TX) is available 24/7 for first responders.
- [First Responders' Guide to Understanding Suicide](#) aims to provide insight into suicide and suicide prevention within the first responder and healthcare community. In addition to understanding the unique risks to first responders, learners will be equipped with valuable resources to help themselves or their colleagues in times of need.

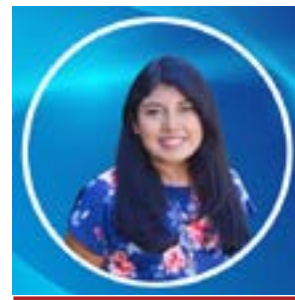
Caring for pediatric patients requires clinical excellence, emotional awareness, and resilience under pressure. By integrating evidence-based pediatric practices with strategies to support provider well-being, you are better prepared to deliver high-quality care to your patients – *while also taking care of yourself.*

UPDATES



Welcoming Our New EMS Licensure Manager

We are thrilled to announce a well-deserved promotion within the DSHS Consumer Protection Division. Please join us in congratulating Lorena Rangel on her new role as our EMS Licensure Manager! Lorena is a familiar face to many, having stepped up as the interim lead following Brett Hart's retirement. Her transition into this permanent leadership role is a natural progression of her dedication and expertise within the department.



A Proven Track Record

Lorena joined the DSHS team in September 2018 as a License and Permit Specialist 3. Since then, she has consistently demonstrated her commitment to the mission. Her leadership journey reached a key milestone in December 2023, when she was appointed as the Team Lead for the section.

Academic & Professional Excellence

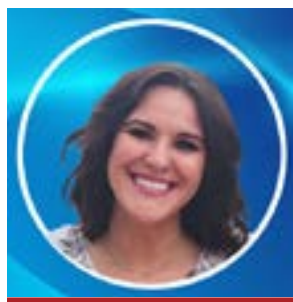
Beyond her institutional knowledge, Lorena brings a strong technical and clinical background to the manager position.

Education: Bachelor of Science in Chemistry from the University of Texas.

Clinical Expertise: Certified EMT in the state of Texas.

Lorena's blend of regulatory experience and frontline medical knowledge makes her an invaluable asset as she takes the helm of the EMS Licensure team. We are excited to see the continued growth of the EMS Licensure section under Lorena's guidance.

Sabrina Lee Richardson Named New EMS Education Coordinator



Please join us in congratulating Sabrina Lee Richardson, who has accepted the position as our new EMS Education Coordinator, effective May 1, 2026.

Sabrina is already a deeply valued member of our unit, having served as a Public Health Specialist and Information Specialist with DSHS since September 2020.

Her transition into this specialized education role is a fantastic win for our department. Sabrina brings a powerhouse of frontline and administrative expertise to this new role with over 10 years of experience in EMS, serving as both an Emergency Medical Technician and a Paramedic.

A Wealth of Experience

Since joining DSHS in 2020, she has been instrumental in managing health and information initiatives. Her background includes significant experience in EMS operations, program planning, and development across various sectors.

Commitment to Growth

In addition to her decade-plus of field experience, Sabrina is currently completing a degree program to further sharpen her skills. Her unique blend of hands-on paramedicine and strategic program development makes her the perfect fit to lead our education initiatives.

We are thrilled to see Sabrina take this next step in her career with us. Her dedication to EMS and public health continues to be an inspiration.

UPDATES



EMS Trauma Systems Funding and Project Updates – Spring 2026

This report provides essential updates regarding the allocation and distribution of funds for the Trauma Uncompensated Care program, Regional Advisory Council (RAC) allotments, and the ongoing Prehospital Whole Blood (PHWB) initiative. As we progress through the 2026–2027 fiscal cycle, these updates reflect our commitment to supporting hospital infrastructure and enhancing emergency medical response across the state.

Trauma Uncompensated Care Funding

The 2026 Trauma Uncompensated Care application period closed on March 6, 2026. A total of 294 hospitals submitted applications for reimbursement consideration. Applications are currently under review to determine patient eligibility. Upon completion of the review process, reimbursement calculations will begin.

\$89,810,873 was allocated for FY26 Uncompensated Care Funding.

Of that funding \$82,189,313 was transferred to the Texas Health and Human Services Commission (HHSC) for trauma facilities meeting Standard Dollar Amount (SDA) trauma add-on criteria. This increased the SDA funding to \$212,058,081.

\$8,245,879 (the remaining \$7,621,560 plus \$618,319 from an addition account) will be distributed to facilities not meeting the SDA requirements for trauma uncompensated care by DSHS in FY26.



Prehospital Whole Blood (PHWB)

Twenty one Regional Advisory Councils (RACs) are participating in the Prehospital Whole Blood (PHWB) project. The contracts are fully executed. The Contract to Data Grantor has been finalized and fully executed. Bi-weekly discussions to review the project progress are in place.

A total of **\$10 million** was allocated for the FY26–27 biennium to support this project.

RAC Allotment

The FY27 RAC allotment distribution to 22 RACs has been finalized. All contracts have been fully executed, and invoices are currently being processed. Funds are scheduled for distribution in September.

A total of **\$13,224,062** will be distributed among the 22 RACs.

Texas EMS Trauma Awards Nominations Open May 1

Excellence in trauma care and emergency medical services isn't just a standard- it's a commitment to every Texan. On May 1st, we officially open nominations for the annual Texas EMS Trauma Awards.

Help us celebrate the best of the Lone Star State!

Get your nomination ready.



UPDATES



Designation Program Momentum: Tracking Applications, Training, and Site Survey Trends

The following summary outlines the most frequent areas of deficiencies identified during recent facility surveys. Addressing these deficiencies is essential for maintaining designation, ensuring patient safety, and fostering a culture of continuous performance enhancement. The most common deficiencies identified are categorized below:

Trauma

The primary focus of trauma-related findings centers on the Performance Improvement (PI) cycle.

- **Nursing documentation:**
Inconsistent charting of real-time interventions
- **PI Lifecycle:**
Identifying all variances, inadequate evidence of corrective actions, and loop closure
- **Operational Integration:**
Gaps in disaster management participation, lacks in transfer process and trauma management guidelines

Neonatal

In the neonatal facilities, deficiencies are predominantly rooted in QAPI structures and timely policy maintenance.

- **Quality Assessment Performance Improvement (QAPI):**
Issues with summary reporting and administrative support for QAPI programs
- **Radiology Workflow:**
Delays in policy revisions for urgent imaging turnaround times (order to report)
- **Clinical Records:**
Missing or incomplete preliminary reading documentation

Maternal

Maternal service deficiencies often involve the integration of multidisciplinary support and the consistent enforcement of existing safety protocols.

- **Support Services:**
Lack of clear guidelines for social work and nutrition/dietary counseling
- **Compliance Culture:**
Inconsistent enforcement of established maternal policies
- **Professional Development:**
Gaps in documented team-based education and interdisciplinary training

Application Type	Trauma	Stroke	Maternal	Neonatal
Complete Applications Received	14	31	9	12
Designations Awarded	12	35	6	14
Initial Designations	1	3	2	2
UPGRADE TO HIGHER LEVEL	1	0	2	2
DESIGNATED AT LOWER LEVEL THAN REQUESTED	0	0	0	1
NEW FACILITY	0	3	0	0
Re-Designation	11	32	4	12
Contingent Designation	6	0	1	2
Probationary Designation	3	0	1	2

Meeting	Attendees
Perinatal Designation Meeting: Level I	70
Stroke Designation Meeting	82
Trauma Designation Meeting: Rural Level IV	179
Trauma Designation Meeting: Level I & II	150
Perinatal Levels II-IV	264
Trauma Designation Meeting: Level III & Non-Rural Level IV	161

Facility Information & Training Opportunities

Designation program staff are invited to meet with the department and peers throughout the state to attend department training, expert insights, and to share ideas and best practices aimed at improving patient outcomes for Texans.

Register today.

[Trauma](#) | [Stroke](#) | [Maternal](#) | [Neonatal](#)

UPDATES



Governor Abbott, HHSC Announce \$99 Million In Federal Funding For Rural Hospitals To Recruit Workers

April 29, 2026 | Austin, Texas | [HHSC Press Release](#)

Governor Greg Abbott today announced the Texas Health and Human Services Commission (HHSC) is making \$99 million in federal funding available to rural hospitals. As part of the [Rural Texas Strong](#) plan, the grant opportunity will help health care providers recruit and retain workers.

“Accessible care for all Texans is vital for the sustained success of our state,” said Governor Abbott. “This grant will provide rural hospitals with the tools they need to retain and recruit the next generation of health care workers. I thank HHSC for helping to provide every Texan the care they need to live healthy lives.”

The “Next Generation of the Small Town Doctor and Team” initiative includes \$99 million to provide programs and incentives for current and future clinicians to practice in rural communities. The funds may be used to:

- Develop scholarships and programs for local high school students to pursue health care careers.
- Offer relocation or signing bonuses for providers.
- Create new residency training programs, including partnering with academic institutions.

“Strong rural health care systems are essential to the well-being of families and communities across Texas,” HHS Executive Commissioner Stephanie Muth said. “This investment supports the doctors, nurses and care teams who serve rural Texans every day.”

Licensed rural health providers will be eligible to apply for funding through a competitive process. Applications must be submitted by May 27.

The \$99 million announced today represents a portion of the \$281,319,360.67 first-year award HHSC received from the Centers for Medicare & Medicaid Services (CMS) Rural Health Transformation Program. Rural Texas Strong, the CMS-approved state plan, is 100% federally funded and features six initiatives that deliver funding to rural communities.

Texas estimates receiving approximately \$1.4 billion in federal funding over five years through the program to support rural health care.

Federal funding is contingent upon meeting all applicable program requirements. For more information, visit the [HHS Rural Health Transformation webpage](#).

Public notices and procurement opportunities for Rural Texas Strong will be announced through [GovDelivery email notifications](#) and posted on the [Electronic State Business Daily website](#).

For stakeholders interested in learning more about the Rural Texas Strong program, please view the following resources.

- [How to Prepare for HHSC Grants \(.pdf\)](#)
- [Rural Texas Strong – Fact Sheet \(.pdf\)](#)
- [Rural Texas Strong – Frequently Asked Questions \(.pdf\)](#)



NEWS AND LINKS



NHTSA's EMS Update

Learn more about current projects and efforts in EMS from NHTSA and its Federal partners.

[Learn more](#)

CDC Newsroom

View the latest CDC public health news and press releases.

[Learn more](#)

The Bulletin

The *Bulletin of the American College of Surgeons*.

[Learn more](#)

Washington Update

Bi-monthly newsletter of the National Association of State EMS Officials.

[Learn more](#)

EMSC Pulse

A digest of information about the pediatric emergency medical care community.

[Learn more](#)

Integrated Healthcare

Focuses on improving the patient experience of care through inter-professional collaborations.

[Learn more](#)

EMS/Trauma Systems Links

GETAC

Visit the Governor's EMS and Trauma Advisory Council web page to view council, committee, and meeting information.

Rules

Links to the Texas Administrative Code rules.

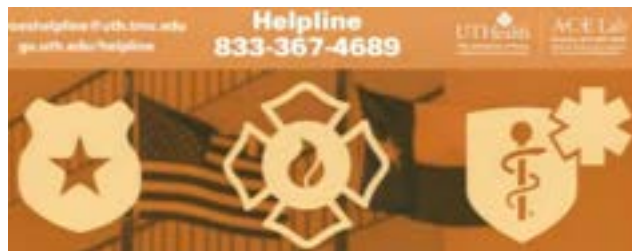
Disciplinary actions

Public notice of disciplinary action by the Department of State Health Services and the Consumer Protection Division.

Staff contact

Contact information for the EMS Trauma Systems staff and programs.

Questions, comments, or suggestions about *Texas EMS Trauma News*? Contact us at EMSTraumaNews@dshs.texas.gov.



External links to other sites are intended to be informational and do not have the endorsement of the Texas Department of State Health Services.