



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Emergency Medical Services and Trauma Registries (EMSTR) Program Updates and Texas Trauma-Related EMS Deaths

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About 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.
- Submitters must electronically report all EMS responses and reportable trauma events to EMSTR under Texas Administration Code, Title 25, Chapter 103.
- Records are due to EMSTR a maximum of **90** calendar days after the date of the EMS dispatch. Real-time submissions are strongly encouraged.
- For any months where no EMS activations occurred, providers are required to submit an electronic *No Reportable Data* attestation.

About Presentation Data

- Trauma-related EMS deaths:
 - When the patient disposition is dead at scene, destination is a morgue, resuscitation was not attempted by EMS, or patient is deceased. This does not account for hospital outcome data.
 - Limited to instances where the complaint reported to dispatch was a trauma including traffic, falls, gunshot wound, etc.
- Urban, rural, and frontier data: Based on criteria from the Texas Demographic Center Texas populations estimate:
 - Urban – Large central metro, large fringe metro, medium metro, and small metro areas.
 - Rural – Micropolitan (10,000-50,000 people) and noncore (<10,000 people) areas.
 - Frontier – Six or less people per square mile.

EMSTR Updates

- 2025 EMS and trauma datasets*:
 - **EMS – 5,205,262 total unique records.**
 - **Trauma – 185,971 total records.****
- Implementation of NEMESIS 3.5.0 (critical patch 6)
NOTE: Effective 10/21/2025, biological sex is **required**.
- Quarterly data requests and data sharing.
- 2025 dataset closure dates:
 - NEMESIS: 02/14/2026
 - Texas: 05/01/2026 (projected)

*As of 02/19/2026.

**Total unique trauma records are subject to change when final dataset is available.



EMSTR Partner Updates (1 of 2)

Data Manager's Council Guidance from National Association of State Emergency Medical Services Officials (NASEMSO):

- [Blood Product Administration Documentation Guidance \(v2\)](#)
- [Artificial Intelligence \(AI\) Use In EMS](#) (electronic Patient Care Report / ePCR documentation)
- [Requesting EMS Data Across States](#)

EMSTR Partner Updates (2 of 2)

- Aggregate Data Use:

Examples: *The Washington Post* (EMS request times), *Tarrant County Public Health* (ISS scores in trauma activations), *Medical Civil Rights Initiative* (evaluating aggregate carceral transport use), and *Texas Transportation Institute and University of Texas at San Antonio* (evaluating blood administration efficacy for Motor Vehicle Crash (MVC) patients).

- American Heart Association (AHA) Partnership:

Example: Using National EMS Quality Alliance (NEMSQA) performance measures to assess statewide cardiac and stroke response performance.

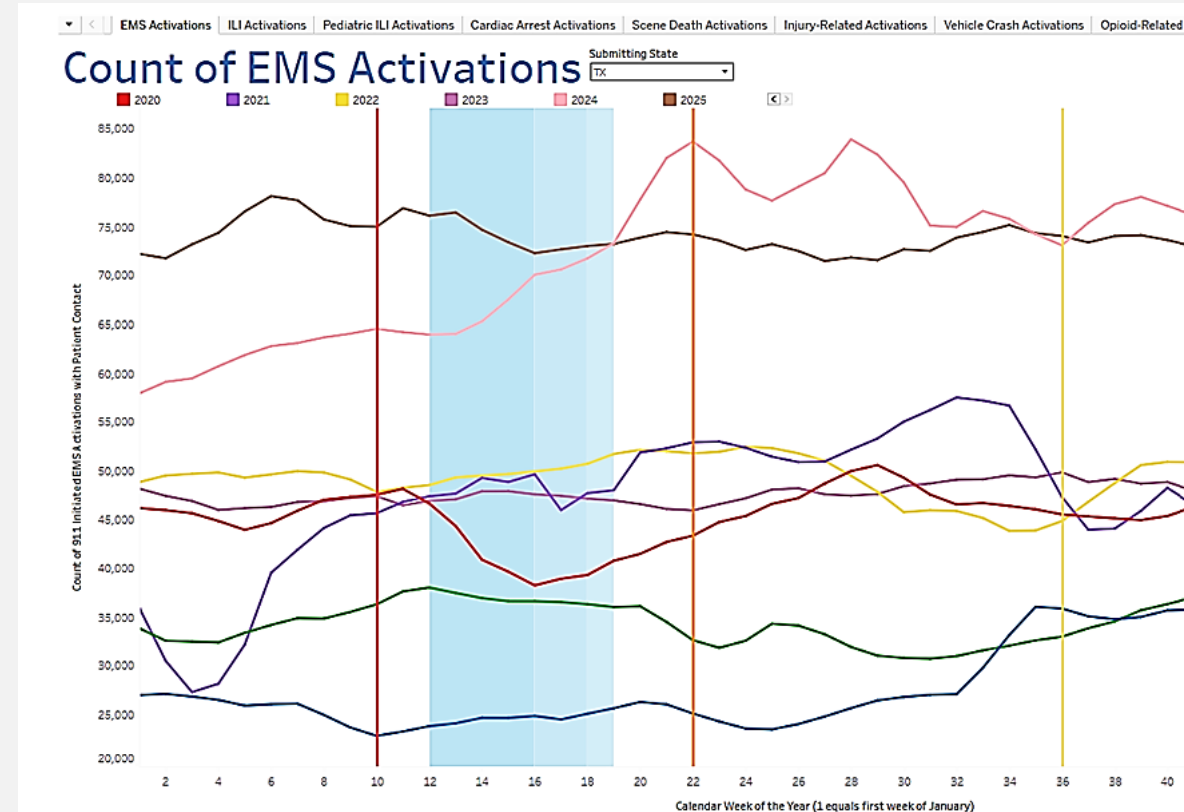
- Sharing results at the State EMS Conference and November Governor's EMS and Trauma Advisory Council (GETAC) meetings.

EMSTR Surveillance Updates

Surveillance Work:

- Staff reviewed all 2025 ePCR submissions for approximately 770 agency accounts.
- Staff incorporated a new delinquency communication process, and proactively included Regional Advisory Councils (RACs) and the Office of the State EMS Director:
 - 219 providers fully regained compliance.
 - 55 agencies actively working with their vendor to submit missing 2025 data.
- With approximately 2 months remaining in state collection, EMSTR received **over 357,000** additional records because of this initiative.

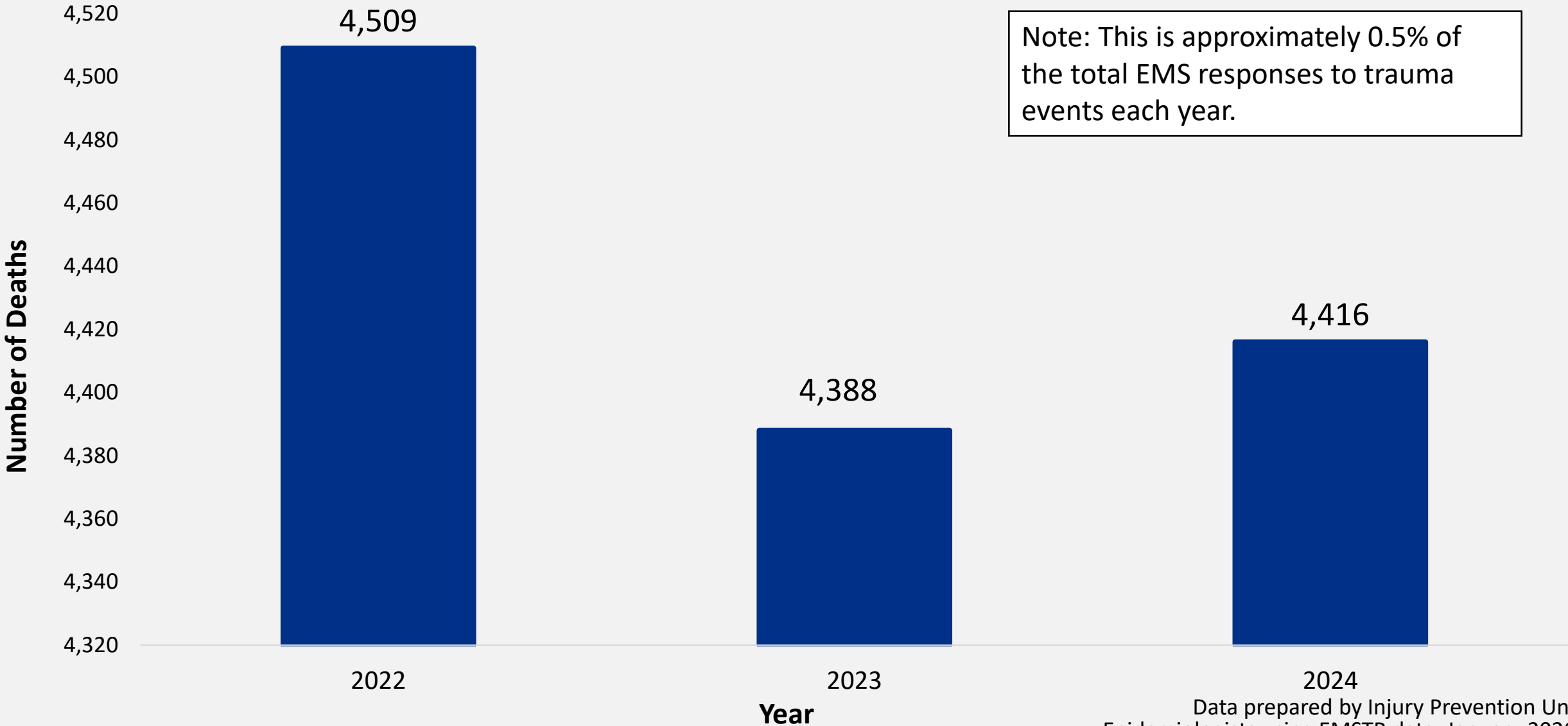
Example of National EMS Information System (NEMESIS) Report



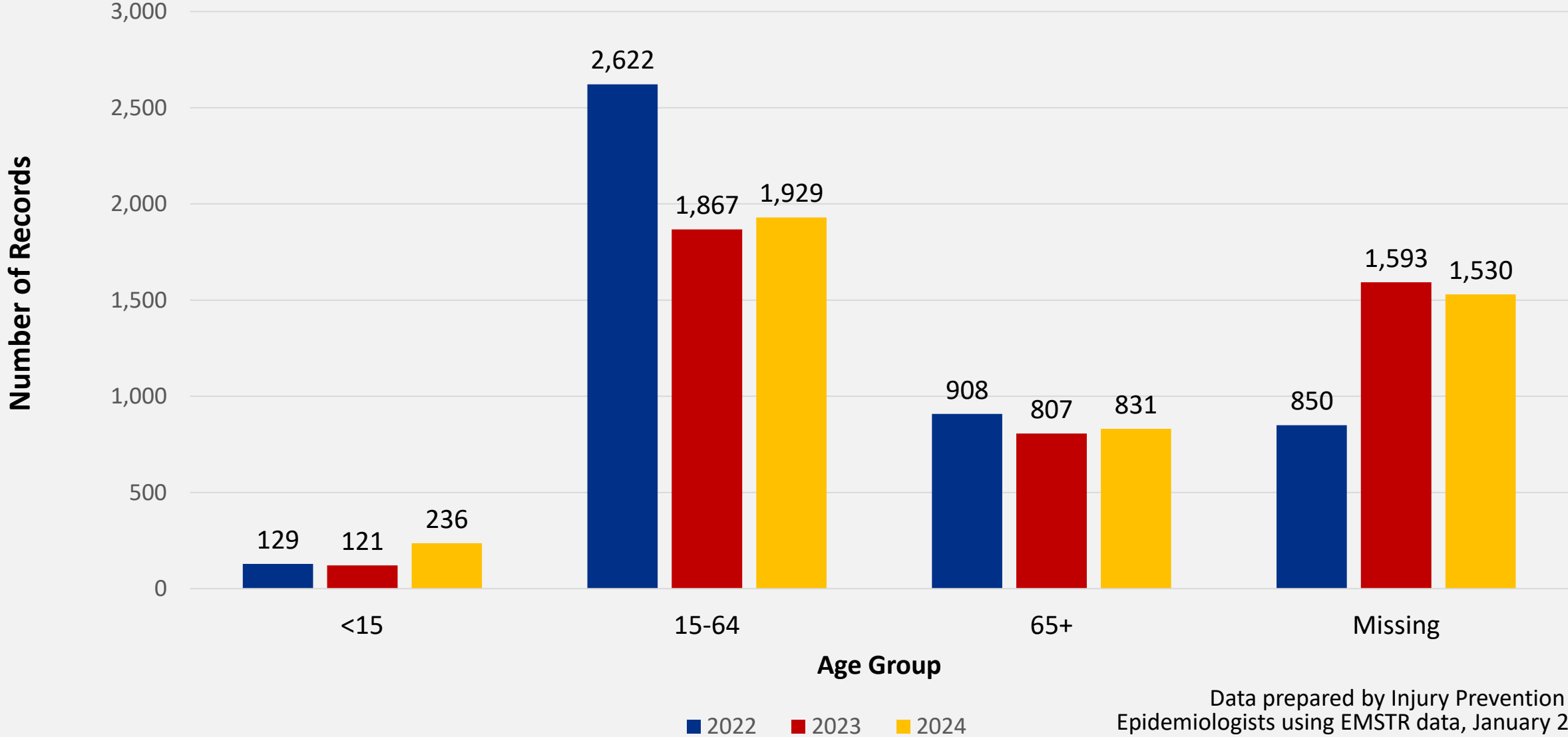
Trauma-Related EMS Deaths 2022-2024



Trauma-Related EMS Deaths, Texas, 2022-2024

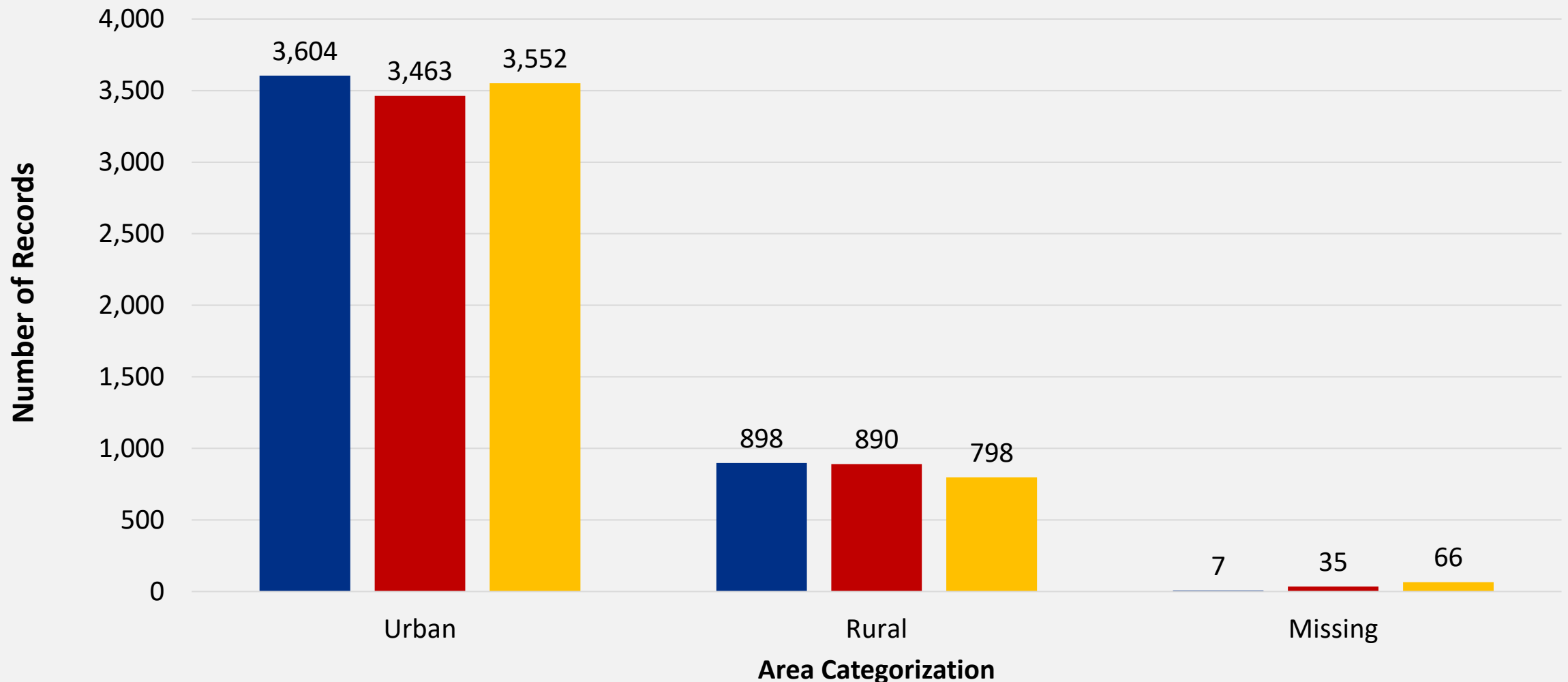


Trauma-Related EMS Deaths By Age Group, Texas, 2022-2024



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

Trauma-Related EMS Deaths By Area Categorization, Texas, 2022-2024



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

■ 2022 ■ 2023 ■ 2024

Trauma-Related EMS Deaths by Complaint Reported to Dispatch, Texas, 2022-2024

Call to Dispatch	2022	2023	2024
Traffic/Transportation	2,113	1,911	1,931
Stab/Gunshot Wound	1,156	981	904
Falls	596	753	786
Traumatic Injury	289	325	349
Drowning/Diving/Scuba	138	147	148
Hemorrhage	74	108	101
Assault	49	74	71
Fire	25	27	41

Note: Table only includes the leading eight (8) complaints reported to dispatch.

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

Trauma-Related EMS Deaths by Complaint Reported to Dispatch – Urban, Texas, 2022-2024

Call to Dispatch	2022	2023	2024
Traffic/Transportation	1,623	1,401	1,465
Stab/Gunshot Wound	988	836	765
Falls	497	630	675
Traumatic Injury	211	240	268
Drowning/Diving/Scuba	113	128	133
Hemorrhage	62	94	85
Assault	44	67	64
Fire	19	22	37

Note: Table only includes the leading eight (8) complaints reported to dispatch.

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

Trauma-Related EMS Deaths by Complaint Reported to Dispatch – Rural, Texas, 2022-2024

Call to Dispatch	2022	2023	2024
Traffic/Transportation	488	493	437
Stab/Gunshot Wound	165	137	124
Falls	97	119	101
Traumatic Injury	78	82	74
Drowning/Diving/Scuba	25	17	13
Hemorrhage	12	13	15
Fire	6	5	*
Assault	5	6	7

Note: Table only includes the leading eight (8) complaint reported to dispatch.

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

Trauma-Related EMS Deaths by Complaint Reported to Dispatch – Age <15, Texas, 2022-2024

Call to Dispatch	2022	2023	2024
Traffic/Transportation	52	39	41
Drowning/Diving/Scuba	37	40	38
Stab/ Gunshot Wound	23	18	19
Traumatic Injury	11	6	14
Falls	*	10	6

Note: Table only includes the leading five (5) complaint reported to dispatch.

* = Data suppressed to protect confidentiality.

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

Trauma-Related EMS Deaths by Complaint

Reported to Dispatch Ages 15-64, Texas, 2022-2024

Call to Dispatch	2022	2023	2024
Traffic/Transportation	1,293	836	872
Stab/Gunshot Wound	803	554	494
Traumatic Injury	190	134	159
Falls	170	183	211
Drowning/Diving/Scuba	47	44	47
Hemorrhage	42	43	48
Assault	31	40	41
Electrocution/Lightning	16	5	12

Note: Table only includes the leading eight (8) complaints reported to dispatch.

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

Trauma-Related EMS Deaths by Complaint Reported to Dispatch Ages 65+, Texas, 2022-2024

Call to Dispatch	2022	2023	2024
Falls	395	372	397
Traffic/Transportation	226	183	220
Stab/Gunshot Wound	145	106	78
Traumatic Injury	41	59	57
Drowning/Diving/Scuba	36	26	18
Hemorrhage	25	38	28
Assault	11	5	8
Fire	10	6	7

Note: Table only includes the leading eight (8) complaints reported to dispatch.

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

Summary

- From 2022-2024, approximately 4,500 patients died in trauma-related EMS deaths.
- Most trauma-related EMS deaths occurred in urban areas (approximately 80%) and to youth and adults between the ages of 15 and 64 (approximately 44%).
- In both rural and urban areas, MVCs were the leading call to dispatch in trauma-related EMS deaths.
- For the <15 and 15-64 age groups, MVCs were the leading complaint reported by dispatch in trauma-related EMS deaths. In ages 65+, falls were the leading complaint reported by dispatch.

Thank you!

EMSTR Program Updates and Texas Trauma-Related EMS Deaths

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