FY26 Strategic Initiatives

FY26 Strategic Initiatives

➤ RAC Performance Criteria & Self-Assessment

➤ Prehospital Transfusion Program Development/Support

➤ Data Initiatives & System Performance Improvement

➤ Pulsara Daily Use & Adoption

➤ HPP Contract Retention

➤ Infrastructure Review – Warehouse/Offices

➤ World Cup 2026 Planning, Exercise, and Coordination

➤ RAC Funding & Support

RAC Performance Criteria & Self-Assessment

All 22 RACs are required to complete a biennial self-assessment, engaging committees and stakeholders to evaluate and improve EMS, trauma, and emergency health care systems. This inclusive process supports coordinated care statewide, integrating rural and remote providers to ensure all populations benefit from a collaborative, high-quality system. Click Here or scan the QR code to view the full assessment and scoring tool.

| Score	Scoring Criteria
0	**Not Known**
1	**Elements Not Documented**
2	**Elements Documented with Ongoing Needs** (Minimal requirements not met and need improvement.)
3	**Basic Regional System in Place** (Meets minimal requirements with opportunities for improvement and system advancement.)
4	**Advanced Regional System** (Meets and exceeds requirements with some opportunities for improvement and system advancement.)
5	**Best Practice Regional System** (Meets and exceeds requirements and serves as a model or best practice for others.)

- Deliverable completed **August 29, 2025**

- Scores of 0–2 will require an action plan

- The goal is to achieve a minimum score of 3 for each indicator

- Scores of 5 will be recognized as best practices and shared with other RACs through presentations

- All proposed scores are supported by relevant documentation

- The Air Medical, EMS, and Trauma Committees have reviewed and approved the scoring and accompanying documentation for each indicator

NCTTRAC: *Prepare. Support. Respond.*

RAC Performance Criteria & Self-Assessment

Indicator	Score
1. Epidemiology	3
2. Epidemiology - Surveillance	3
3. Regional Leadership	3
4. System Plan	3
5. System Plan	3
6. System Plan	4
7. System Plan	3
8. System Plan	4
9. System Integration	4
10. System Integration	3
11. Business/Finance	5
12. EMS/Prehospital	3
13. EMS/Prehospital	3

Indicator	Score
14. Definitive Care Facilities	4
15. System Coordination & Patient Flow	4
16. System Coordination & Patient Flow	4
17. Prevention and Outreach	4
18. Prevention and Outreach	5
19. Rehabilitation	3
20. Emergency Response	4
21. Emergency Response	4
22. Emergency Response	4
23. Regional System Performance Improvement	3
24. Regional System Performance Improvement	3
25. Data Management	3
26. Regional Research & Publications	3

NCTTRAC: *Prepare. Support. Respond.*

RAC Performance Criteria & Self-Assessment

- **FY25** - RAC Performance Criteria & Self Assessment completed and submitted to DSHS

- **FY26** - Trauma System Plan
  - Outcome data and opportunities for improvement will be included in the Trauma System Plan
  - Revising Cardiac, Perinatal, and Stroke Plans to meet Self-Assessment requirements

- **FY27** – Next RAC Performance Criteria & Self-Assessment will include all service lines
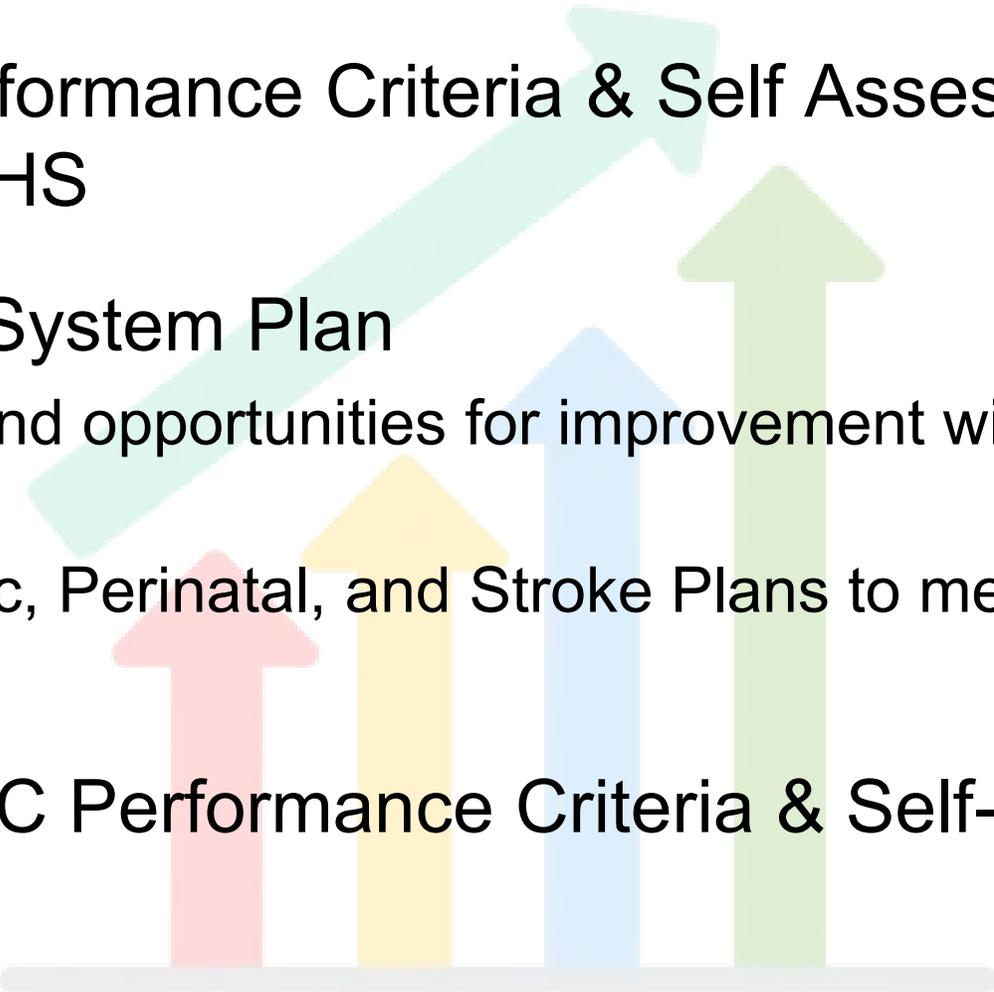
NCTTRAC
PREHOSPITAL TRANSFUSION PROGRAM

Blood Suppliers

EMS

Trauma Centers

Available Resources

- Prehospital Transfusion Education
- Data set for regional outcome analysis
- Sample Administration Criteria
- Letter of Support Templates
- Regional Prehospital Transfusion Form

Program Implementation

- Two agencies approved
- Three agencies in application process
- Additional Equipment purchased with EMS County Assistance Regional Projects Funding

Looking Forward

- Establishing Prehospital Transfusion capabilities for all 19 counties in TSA-E
- Prioritizing rural agencies that serve large populations and face extended transport times
- Collaborating with GETAC Prehospital Whole Blood Task Force to implement statewide pilot program

DSHS Prehospital Whole Blood Pilot Program

Texas legislation appropriates $10M to establish a Prehospital Whole Blood Pilot Program.

Purpose: Enable EMS Providers to administer whole blood in the field to stabilize patients with severe bleeding

Oversight: DSHS will manage the statewide program in consultation with the Regional Advisory Councils (RAC)

November 1, 2026: DSHS shall report to the Legislative Budget Board
- List of awarded entities
- Amount awarded to each entity
- Areas the funding served
- Identified challenges
- Reported outcomes

GETAC PHWB taskforce: Open meetings are being held <u>virtually</u> every Monday, 1:00 PM – 2:00 PM

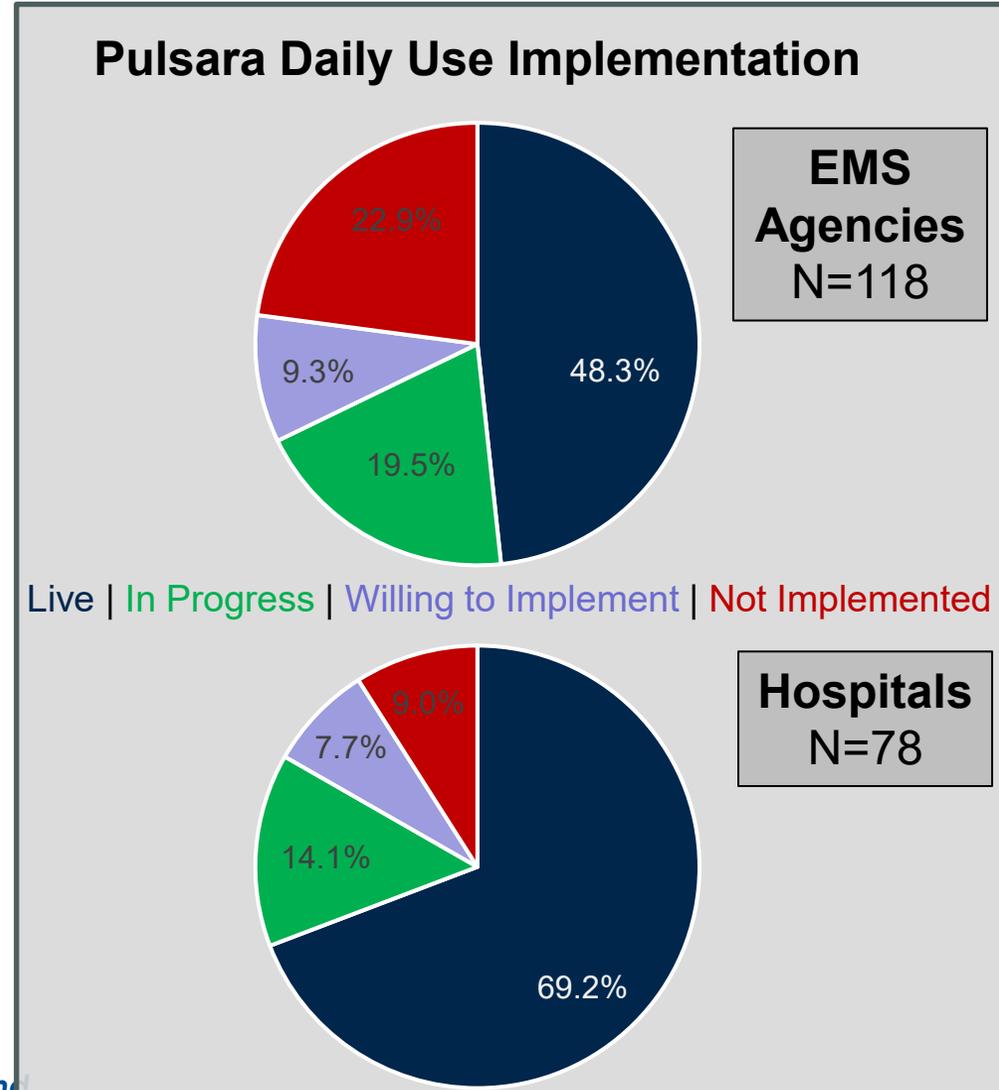# Data Initiatives & System Performance Improvement (SPI)

Initiative	Details	Key Indicators
NCTTRAC Regional Trauma Registry	Trauma patient-level data; TQIP & TX reporting standards. Trauma Committee Active Participation Requirement for eligible hospitals.	38 (76%) of Trauma Centers enrolled 34 (68%) of Trauma Centers submitting data N=50 Eligible Member Trauma Hospitals
Prehospital Transfusion Program	Prehospital blood transfusion data in the NCTTRAC RedCap server; includes ground providers with NCTTRAC-purchased equipment and air medical providers. Possible integration with the statewide Whole blood program.	# Agencies enrolled: 3 # Records submitted: 43
Ambulance Patient Turnaround Time	EMS data (including APOT) from agencies and ESO. Includes breakdown between EMS arrival to handoff and handoff to back to service. Moving toward recurring data submissions and SPI analysis.	39 (38.6%) Agencies Submitted Data (N=101 Member EMS Agencies) 347,698 Total Records Submitted
GWTG	Get With The Guidelines. Data from American Heart Association's GWTG, an in-hospital initiative, supports adherence to evidence-based guidelines and enables continuous improvement in patient care	35 (79.5%) Stroke Facilities Enrolled with AHA 17 (38.6%) Stroke Facilities in RAC Super User Enrollment process (N=44 Member Stroke Centers)
CARES	Cardiac Arrest Registry (CARES Reports, Resuscitation Academy, Best Practices, HeartSafe Communities)	39 (38.6%) Agencies Enrolled 8 (7.9%) Agencies In Progress (N=101 Member EMS Agencies)

NCTTRAC: *Prepare. Support. Respond.*

Data Initiatives & System Performance Improvement (SPI)

Initiative	Details	Key Indicators
NPRQI (Future)	National Pediatric Readiness Quality Initiative. NPRQI provides hospitals with insights to advance clinical care and help improve overall Pediatric Readiness. Achieve 70% regional participation in the National Pediatric Readiness Quality Initiative for facilities and EMS agencies.	6 (6.3%) Hospitals Enrolled (N=95 Member Hospitals)
Daily Pulsara Utilization (Future)	Will start receiving quarterly reports from Pulsara on EMS and Hospital daily use. Will be used to determine FY27 Active Participation.	EMS: % of patient transports w/patient channel created Hospitals: % of patient channels acknowledged
Maternal Severe Hypertension (MSH)	Achieve a regional percentage (for all designations) of 80% of all birthing patients, per admission, presenting with hypertension to be treated within 1 hour.	# Maternal Designated Facilities enrolled: 50 # Neonatal Designated Facilities enrolled: 50
Delayed Trauma Transfers (Future)	Goal is to improve transfer times for critically/severely injured trauma patients. Will start pulling transfer data from NCTTRAC Regional Trauma Registry once 70% of trauma hospitals are enrolled and submitting data.	SPI Goal: 80% of severely injured trauma pts transferred within two hours of ED arrival

NCTTRAC: *Prepare. Support. Respond.*

Pulsara Daily Use & Adoption

- Regional Pulsara Workgroup created by the NCTTRAC Board of Directors
  - **Purpose**: Improve regional utilization of Pulsara as an everyday tool
- Short-Term Value: improve pre-hospital to hospital communications, improve regional MCI patient tracking
- Long-Term Value: get all hospitals and EMS on a common system that is used every single day
- Ties in with statewide initiatives in both disaster and daily use (EMTF deployments, mass patient movement, TX EMS Wristband, etc)

Pulsara Daily Use Implementation

EMS Agencies
N=118

22.9%
9.3%
19.5%
48.3%

Live | In Progress | Willing to Implement | Not Implemented

Hospitals
N=78

9.0%
7.7%
14.1%
69.2%

- **Effective September 1, 2026, Pulsara Daily Use is a NCTTRAC Active Participation Requirement**
  - Direct vote by NCTTRAC Member organizations
  - Only applies to 911 patients transported by EMS to a hospital (does not apply to interfacility transfers or walk-in patients)
- EMS & hospitals have a year for implementation & troubleshooting
- Failing to meet Active Participation requirements affects:
  - NCTTRAC Voting Privileges
  - EMS County Assistance Funds (EMS Agencies Only)
  - Designation Support Letters (Hospitals Only)

Pulsara Daily Use & Adoption

- "Each EMS Agency must create a Pulsara patient channel and share it with the receiving hospital on at least 50% of their patient transports"
  - Total # of Patient Channels created & sent to hospitals (Pulsara) / Total # of EMS Transports (DSHS EMSTR)
  - "Total # of EMS Transports" to be determined by averaging the last 2 years worth of data from the DSHS EMSTR

- "Each hospital must acknowledge in Pulsara at least 50% of the total number of patient channels sent to the facility by an EMS agency"
  - Total # of EMS patient channels acknowledged (Pulsara) / Total # of EMS patient channels sent to hospital (Pulsara)

- Go-live date is 9/1/2026; required percentage will increase by 10% to a max of 80% each Fiscal Year

- Requirement is annual, but NCTTRAC will show status quarterly

- Utilization data to be pulled from Pulsara by NCTTRAC, but if data isn't available by implementation date then agencies/hospitals will submit quarterly aggregate reports to NCTTRAC

Pulsara Daily Use & Adoption

"Texas Two-Step"

TX EMS Wristbands and **Pulsara** work hand-in-hand to improve patient handoff and tracking in both day-to-day and disaster settings.

For 911 EMS transports, it's simple.

Every patient gets a wristband.
Every patient goes into Pulsara.

1. Band Every Patient
    See a patient without a wristband? Add one.
2. Scan the Wristband with Pulsara
    Newly added band = Creates new patient channel
    Existing band = Opens the existing patient channel

1. TX EMS Wristband

Daily Use

MCI/Triage

2. Pulsara

HPP Contract Retention

- HPP Contract Extension with DSHS for July 1, 2025 - June 30, 2026
  - DSHS received Notice of Award (NOA) for 8 months/66% of projected funding
  - DSHS 'anticipates' full federal funding to come by February 2026
  - No contract amendment requested; NCTTRAC operating with 33% 'contingency' funds in each budget category until full funding is confirmed
- HPP Request for Application (RFA) 2026 – 2030 submitted in July
  - Five-year block grant
  - $61M total funding for the state
  - Coordinating with DSHS on next steps
- EMTF-GR increase $1.5M annual/$3M biennium; distribution TBD
  - TXEMTF is funded out of GR at $10M biennium
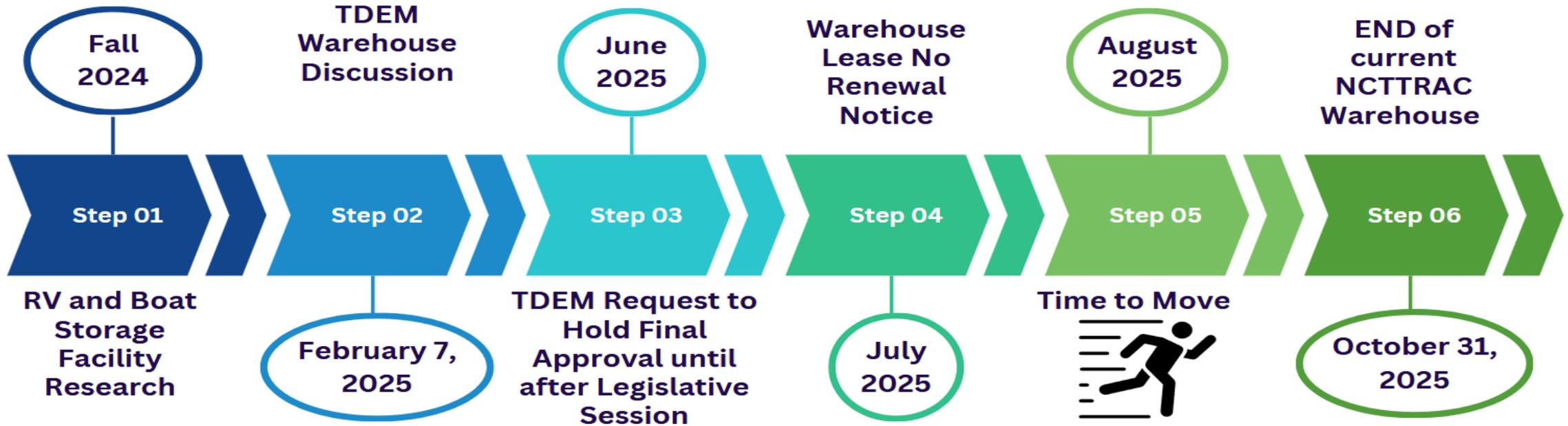
- Potential Long-Term Options
  - TDEM Warehouse
    - 116,000 sq ft Warehouse (90,000 sq ft Climate Controlled)
  - GMR Warehouse
    - 100,000 sq ft Warehouse
- RAC Leadership is in continued contract talks with both entities
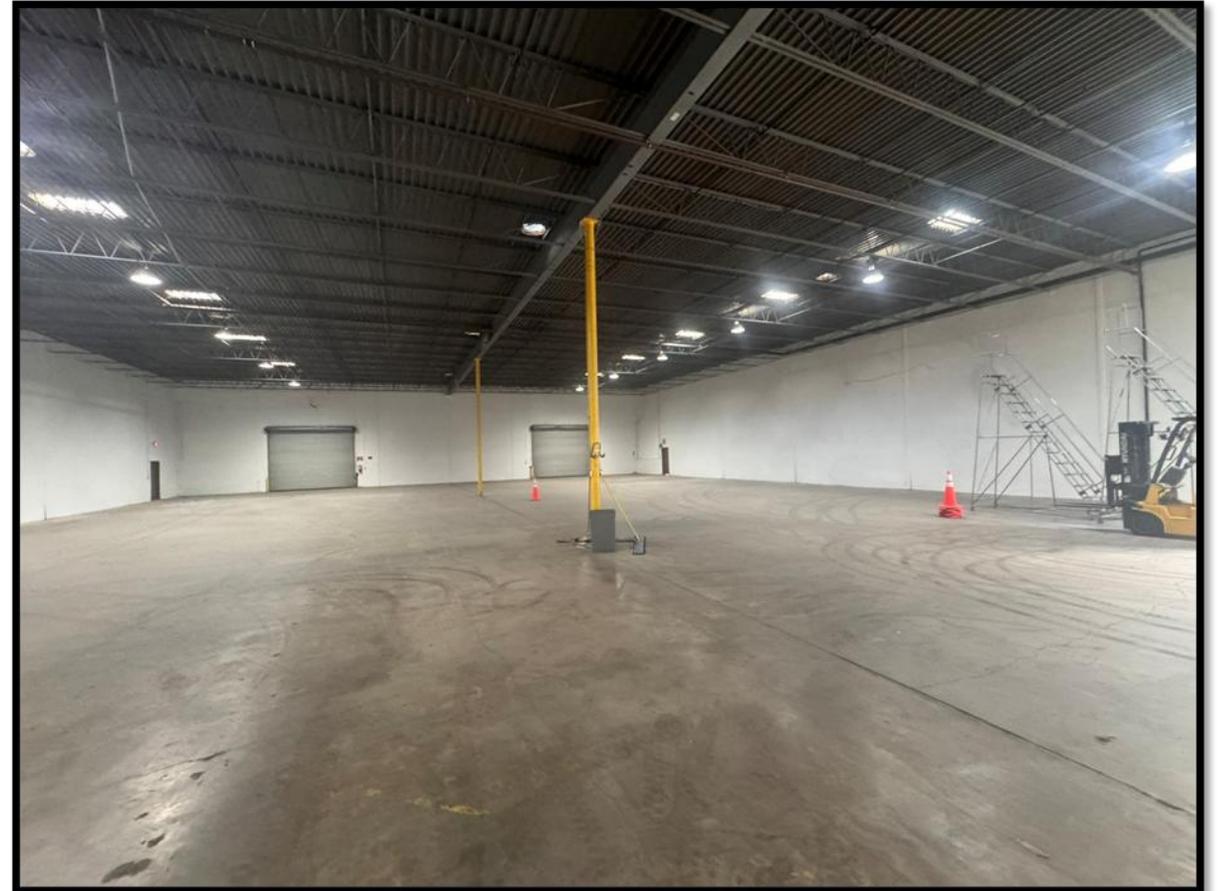
Palletized Supplies are located in (6) 10 ft. x 25 ft. Storage Units

Mobile Assets are located in (16) 70 ft. boat & RV Slips

- ## Warehouse Costs Breakdown
  - Period: July 2024 – August 2025
  - Base Rent: $266,590
  - Utilities: $56,784
    - Common are maintenance, pest control, AC repairs, taxes, security, cleaning, etc.
  - **Total $323,374**

- ## Alternative Annual Costs
  - Public Storage: $19,488
  - A-Affordable (RV/Boat Slips): $23,100
  - **Total $42,588**

Potential Savings of $280,786

- World Cup Workgroup established by REPC
  - Co-Chairs
    - NCTTRAC Staff
    - DFW Hospital Council
    - Dallas Fire-Rescue Medical Director
  - 12 Expert Planning Teams (EPTs)
  - Health & Medical EPT
    - Public Health
    - Healthcare
    - EMS
  - World Cup '26 is June 7 – July 19, 2026
    - AT&T Stadium will host 9 matches
      - including a semi-final match

NCTTRAC: *Prepare. Support. Respond.*

- **Sports and Special Events**
  - 5 courses scheduled and hosted at NCTTRAC
- **Metro X**
  - October 27-29, 2025
  - Complex Coordinated Terrorist Attack (CCTA) impacting multiple jurisdictions and sites within the region.
- **MRSE**
  - April 8-10, 2026

- **Family Reunification**
  - Working with Pulsara to develop advanced training for MIST/OEMs/Public Health
- **Are you World Cup Ready?**
  - Does your organization use Pulsara Day-to-Day?
  - Does your organization use wristbands? On every patient?

RAC Funding & Support

- RACs play "Monopoly" annually – Pass Go, collect contract $$$
- Contracts have flattened & becoming uncertain
- Expenses continue to outpace our revenue
- Raising membership dues may help short term, but not a sustainable option
- Expectations are for RACs to find sustaining funds outside of the provided contracts
- RACs need cash-flow-producing **Assets** & **Services**:
  - Use existing assets
  - Purchase additional assets (w/ROI)
  - Consider fees for existing services & programs
  - Establish fees for additional services & programs
- A feasibility focus needed for FY26 & beyond … more to follow