

Regional Advisory Council
(RAC)
Annual Report

An Annual Report is to be submitted to DSHS, Office of EMS/Trauma Systems no later than **October 15, 2025**. The annual report will cover the past fiscal year (September 1, 2024 thru August 31, 2025), as stipulated in the RAC Systems Development portion of your FY25 Contract. Additional information may also be entered or submitted as an attachment to this report.

RAC	North Central Texas Trauma Regional Advisory Council	
Report Period	FROM: 09/01/2024	TO: 8/31/2025

1. On Attachment A provide current information for RAC Officers and Executive Committee/Board as of September 1st.

[See attachment A](#)

2. Needs Assessments (*Provide a narrative paragraph describing how needs were identified. Give details outlining the decision-making strategy the RAC used to meet identified needs and identify patterns of regional resource distribution. For example, what kind of equipment was allocated to whom, and for what purpose? What were the number topics and attendees of education/training events? How were they evaluated? Using a table like the one shown below may assist in this process.*)

The North Central Texas Trauma Regional Advisory Council (NCTTRAC) utilizes a multifaceted method for evaluating the requirements of its membership. This year included completion of the RAC Self-Assessment for our Trauma and EMS Program. Member input is actively solicited through various channels, including committee and zone meetings, along with tailored surveys designed to extract specific information.

With the transition to the RAC Self-Assessment this year, we utilized the FY26 Membership & Expectations poll to collect education input. This allows us to furnish our members and stakeholders with educational resources, equipment, and supplies as requested. We remain steadfast in our commitment to delivering training initiatives and professional development prospects. Moreover, we diligently address any identified needs for supplementary support and the implementation of regional resources, guided by insights derived from both historical and current survey responses.

Example table:

Identified Need	Targeted Beneficiary (EMS/Hospital)	How Were These Needs Met?
Education/Training	EMS/Hospital	NCTTRAC General Membership Continuing Education: Hydrocephalus for EMS & EVD, NCTTRAC General Membership Continuing Education: Transfers of Adolescent Testicular Torsions, Cardiovascular Workshop:

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		<p>Nicole Kupchik, Cardiac Education Webinar: Cardiogenic Shock, EMS Education Webinar: Optimizing Peri-Intubation Care, EMS Basic Field Training Officer (BFTO) Course, EMS Field Training & Evaluation Program (FTEP) Course, Advanced Burn Life Support (ABLS) Provider Course, Pediatric Readiness Simulation Workshop, AAAM AIS 15 Course, Stroke Certified Registered Nurse (SCRN) Exam Review Course, CSTR and CAISS exam fee reimbursement, Prehospital Transfusion Program (PTP) Data Submission Walkthrough Video, EMS Accurate Wall Time Documentation: Help Us Help You! Education Presentation.</p> <p>Additionally, the Healthcare Coalition put on the following trainings: Licensed HAM Radio Operator's Class, Monthly patient tracking drills, Medical Response Surge Exercise (MRSE), MGT-467: Sport and Special Event Public Information and Emergency Notification, MGT - 412: Sport and Special Events Evacuation and Protective Action, MGT-475: Crowd Management for Sport and Special Events, MGT - 466: Sport and Special Event Enhanced Risk Management and Assessment</p> <p>Virtual Crisis Applications Training for EMResource, EMTF-2 Combined Mobile Medical Unit Orientation and Advanced Logistics Training, Emergency Medical Task Force – 2 Medical Incident Support Team (MIST) Refresher, Texas Health Presby Plano HERT Training, EMTF-2 Wildland Fire Full Scale Exercise, EMTF-2 MMU Inventory Day, Emergency Medical Task Force – 2 Infectious Disease Response Unit Training Medical City Plano, Texoma Medical Center HERT Training, Assisting Individuals in Crisis, Group Crisis Intervention, EMTF-2 Combined Mobile Medical Unit</p>
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		<p>Orientation and Advanced Logistics Training.</p> <p>RAC staff has also formed a regional 'Education Station' calendar utilized by member organizations to post any education or training open to all regional partners for participation. The NCTTRAC Learning Management System (LMS) continually adds content within the continuing education library provided by volunteers from within member organizations. All courses are virtual and on-demand with RN and/or EMS CE applied.</p>
Equipment	EMS/Hospital	<p>NCTTRAC has purchased: Three Junior Q CPR training manikins, three Junior manikin airway upgrades, three Resuscibaby Q CPR training manikins, five Autonomous Portable Refrigeration Units, five blood warmers, 19,500 MCI triage wristbands, and 120,000 Texas EMS wristbands.</p>
Other	EMS/Hospital	<p>NCTTRAC continues its collaborative efforts to support the regional trauma registry in partnership with the DFW Hospital Council Foundation. Currently, 32 of the 50 eligible designated trauma facilities with registry capability have uploaded data. A transition from the RAC Data Collaborative to the American Heart Association's GWTG (Get With The Guidelines) Registry has been completed to support performance improvement initiatives. NCTTRAC remains a statewide leader in enrollment in the Cardiac Arrest Registry to Enhance Survival (CARES). EMS County funds have been utilized by multiple providers to cover the enrollment fee. Additionally, multiple software platforms have been updated to improve efficiency and streamline committee-driven projects.</p>

3. Administrative/Operational & Clinical:

- a. How has the RAC identified all healthcare organizations in the region that might be involved in trauma, injury prevention, emergency healthcare, rehabilitation, and disaster

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management? What efforts did the RAC make to **maximize inclusion** of its constituents into the RAC to continue to develop an integrated trauma system?

NCTTRAC utilizes DSHS most current lists of licensed hospitals and EMS Providers in TSA-E to identify primary organizations for coalition development; however, this is augmented with participation in additional regional organizations such as Regional Emergency Managers, Dallas Fort Worth Hospital Council, and the regional Council of Governments' workgroups to provide visibility for NCTTRAC. To maximize inclusion of identified coalition partners, NCTTRAC hosts multiple in-person and virtual meeting opportunities monthly to include various service line committees, workgroups, and taskforces. NCTTRAC has updated the Chiefs and Executives Dashboard available to all members. The Trauma Committee has launched a Trauma Program Manager (TPM) Mentorship Program to serve as a resource for new TPMs across the region and encourage active participation. In addition, Committee Leadership hosts monthly virtual "Open Office Hours", offering members the opportunity to ask questions and engage in open discussion on trauma program topics in an informal, inclusive environment that fosters collaboration and resource sharing. The Trauma Public Education and Injury Prevention (PEIP) Subcommittee has implemented a Fall Prevention initiative that integrates trauma facility injury prevention staff, EMS agencies, and Assisted Living facilities to deliver tailored fall-prevention education to residents. This collaborative effort expands outreach to at-risk populations, builds stronger partnerships with non-traditional healthcare providers, and promotes the inclusion of diverse stakeholders in regional trauma system development.

- b. Summarize the need for and outcomes of specially called RAC meetings.

NCTTRAC convenes specially called meetings for unique purposes that may be necessary to address needs that arise outside of routine timelines or information requests. These may include sessions focused on System Performance Improvement (SPI), as well as Strategic Planning and Budgeting. Our Membership and Expectations Poll played a key role in informing the Strategic Planning and Budgeting process, helping to prioritize funding and resource allocation. The NCTTRAC Executive Committee meets monthly, prior to the Board of Directors meeting, to evaluate ad hoc requests related to member engagement, research support, publication development, survey distribution, trauma designation upgrades, and project funding. Focused Task Force groups are formed as needed to identify, develop, revise, or update projects, surveys, or guidelines aimed at improving patient care throughout the region. These ad hoc meetings ensure continued progress and support the timely completion of projects and deliverables. Quarterly meetings are scheduled to review applications from communities seeking NCTTRAC recognition in the Heart Safe Community Program.

- c. Report any projected realignments of counties in trauma service area

No realignments have been made.

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- d. Describe the RAC's role with facilities within the trauma service area prior to or during trauma center designations/re-designations that occurred within past twelve months. You may also describe the RAC's role with facilities outside the trauma service area, if applicable.

NCTTRAC's role is to promote and coordinate a system of quality trauma, acute, and emergency healthcare and preparedness in North Central Texas. In hosting various service line committee meetings (e.g., Trauma Committee and Subcommittees), NCTTRAC provides the opportunity to participate in coalition building, regional and state data submission, public education, as well as receive any state-level updates. Through active participation, trauma facilities receive letters of participation upon request for their designation/re-designation surveys. The Trauma SPI Subcommittee and the Executive Committee provide support in the form of the Trauma Designation Review Tool as requested by Trauma facilities seeking to increase their level of designation. The Trauma Program Manager Mentorship Task Force has developed a Trauma Program Manager Orientation Manual to utilize as a resource within TSA-E. The Trauma Registry Workgroup developed the Regional Coding Dictionary to support the standardization of data reporting in the regional registry.

- e. Describe how the RAC administratively and operationally contributed to and participated in Injury Prevention initiatives within past twelve months. ***(Please provide a brief summary of all injury prevention activities describing the RAC's level of involvement.)***

NCTTRAC holds a Public Education/Injury Prevention (PEIP) Subcommittee meeting monthly to discuss regional initiatives and provide support for events. In the past year, the subcommittee participated in the Stop the Bleed (STB) Texas Coalition and fulfilled multiple training requests through the identified TSA-E instructor pool. The subcommittee has also continued to support STB Training Kits for members to check out to provide training resources that can assist in future classes and events. Furthermore, the subcommittee has implemented a Fall Prevention initiative that integrates trauma facility injury prevention staff, EMS agencies, and Assisted Living facilities to deliver tailored fall-prevention education to residents. Initiative success and opportunities for improvement will be identified through data collected regionally. Information on external resources for injury prevention, for example W.H.A.L.E. Child Identification Kits, is shared in meetings and via email. The Stroke Education Workgroup developed educational materials in English and Spanish (e.g., pamphlets, flyers, and brochures) to provide community outreach for Stroke awareness and prevention. The Perinatal Committee collaborated with the Perinatal Psychiatry Access Network (Peri-PAN) to promote mental healthcare accessibility to resources for both communities and outpatient providers within PCR-E, as well as working directly with the North Texas SafeKids program to provide support to the increase of Child Passenger Safety Technicians (CPSTs) within PCR-E. Promotional items remain available in support of health fairs and public education events.

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- f. Describe the most significant findings of the RAC's SQI/Performance Improvement Committee within past twelve months. **What changed as a result of that/those findings?**

The System Performance Improvement (SPI) focus group is designed to enhance processes across all service line committees, each of which manages its own Performance Improvement efforts. The SPI focus group is comprised of the committee Medical Director(s), Chair, Chair-Elect, and two (2) designated representatives to review specific PI indicators established within the committee SOP guidelines. The Perinatal Committee, in alignment with the Maternal Severe Hypertension Project, established a regional maternal goal and distributed a Maternal SPI Letter of Review to all Maternal Designated Facilities, benchmarking their performance against peers within their level of care. After distribution of the SPI letters, current standings across the region show that 16 out of 50 maternal designated facilities are meeting the goal. The Trauma SPI subcommittee meets monthly to review data regarding delayed trauma transfers and any other SPI Indicators outlined in the Trauma Committee SOP. Enrollment in the Regional Trauma Registry has increased to 68% of trauma facilities submitting data. The subcommittee has begun collecting additional data on identified transfer delays that will identify the top barriers to timely transfers in TSA-E. The ED Ops Committee launched an SPI initiative to address the excessive use of the "Overdue" status within EMResource. Through targeted education and outreach efforts, facilities significantly reduced their reliance on this status. Additionally, to support the EMS Wall Time initiative, the ED Ops Committee adopted an SPI goal of reducing ambulance patient offload time (APOT) to a recommended 15 minutes, while the EMS Committee set a complementary goal of limiting overall ambulance turnaround time to a maximum of 25 minutes; both of which will be monitored throughout the next fiscal year.

- g. To what degree were physicians in the trauma service area involved in the resolution of adverse patient care findings identified by the RAC's SQI/Performance Improvement Committee.

The SPI focus groups, and subcommittee are comprised of the respective committee's Medical Director(s), Chair, Chair Elect, and two (2) committee representatives. Medical Directors are involved in the review and resolution of SPI events submitted via the NCTTRAC secured ticket system. Referrals are "closed" when the respective Medical Director(s) and SPI members have reviewed and approved the course of action. In FY25 the Trauma Medical Directors assisted in the development of a new SPI process for collecting data regarding delays in transferring severely injured trauma patients.

- h. Describe activities the RAC was involved in that assisted or encouraged EMS and FRO participation in the RAC within past fiscal year (e.g. teleconferencing, video/conference calls, etc.).

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In addition to the monthly EMS and Air Medical Committee meetings, the joint Critical Care Transport Task Force was formed to develop regional guidelines establishing minimum standards for the safe, high-quality, and consistent care of critical care transport patients. EMS County Assistance reimbursement funding continues to incentivize EMS agency participation throughout the fiscal year, supporting their ongoing eligibility. To assist with compliance, a Chiefs and Executive Dashboard was developed, allowing members to monitor their progress toward meeting all RAC criteria. The EMS and ED Ops Committees led the Pulsara Utilization Workgroup, successfully promoting EMS and hospital adoption of the platform. As a result, Pulsara was approved as an active participation criterion beginning in FY27. The EMS Wall Time Workgroup, comprised of prehospital and hospital providers, leveraged GETAC's white paper to set regional goals and standardize data reporting. This effort included the development of an educational presentation to help prehospital providers improve wall times. Efforts to promote the Senate Bill 8 Scholarship Program among rural and underserved EMS agencies included outreach via phone, email, web resources, and committee-level education which resulted in a total of 333 scholarships being awarded. The Prehospital Transfusion Program (PTP) Work Group continues to meet with representatives from EMS and Trauma along with Air Medical, Perinatal, Pediatric and ED Ops, to identify and support prehospital transfusion sites. To date, two EMS agencies have been approved for participation. Targeted education and training for FRO and EMS personnel were delivered through in-person and virtual courses, workshops, webinars, and LMS modules, covering a range of service-line topics.

- i. Identify problems or areas of concern identified in past twelve months adversely impacting RAC operations.

While virtual meeting options have helped increase overall attendance, we've seen a significant decline in networking and collaborative engagement. In addition, many of our member organizations continue to face internal barriers that hinder their ability to fully participate in and submit data through NCTTRAC's outsourced third-party registry solutions. Feedback from our stakeholders indicates:

- Limited access to current registries
- Concerns about data entry duplication
- Ongoing competition between facilities and agencies, all of which underscore the importance of implementing direct upload capabilities wherever possible.

These challenges are compounded by lack of access to centralized cardiac, stroke, and perinatal databases at the state level, requiring the need to either develop or purchase third-party registry platforms. This has created significant and ongoing budgetary pressure. We continue to explore solutions to reduce administrative burden, increase engagement, and improve data sharing, but these systemic issues have limited our progress in several areas.

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4. Is the information identified on Texas Secretary of State/Comptroller of Public Accounts (<https://mycpa.cpa.state.tx.us/coa/search.do>) website current? If not, what actions have been taken to ensure Certification of Franchise Tax Account Status (Registered Agent/Office) is current with the Texas Secretary of State/Comptroller of Public Accounts?

The site currently lists our former Executive Director as the registered agent. A request to update this information has been submitted to the Texas Comptroller's Office.

5. Summarize any issues/concerns that occurred in past twelve months that required technical assistance from the Office of EMS/Trauma System Coordination Group.

NCTTRAC staff sought additional clarification on the deliverables associated with the RAC Self-Assessment. The Office of EMS/Trauma System provided invaluable support in addressing queries concerning the new self-assessment requirement. Aggregate data received from the EMSTR was not applicable for the purpose of performance improvement initiatives. With the transition to a new registry platform for EMS & Trauma, there were some barriers encountered with getting RAC staff access, and we needed assistance from the DSHS Registry department. The Registry team was very responsive and helpful in getting all issues resolved in a timely manner.

6. What method will the RAC utilize to ensure member organizations receive a copy of this Annual Report?

This report is provided exclusively to the RAC Board of Directors and leadership as a targeted response to a specific contractual requirement. However, much of the content is also shared more broadly each year through a comprehensive, custom-designed Annual Report. This multi-page report is electronically distributed to all RAC members, stakeholders, and partners. A digital version lives on the NCTTRAC website year-round.

RAC Chair

Date Signed

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Complete and include with the Annual Report the following:

Attachment A – Officers/Board Members

Attachment B – Annual Bylaws Affidavit

Attachment C – Annual Regional Trauma System Plan Affidavit

Annual Participation Report

Attachment D – Designated Hospitals

Attachment E – Hospitals Seeking Designation

Attachment F – EMS Providers

Attachment G - First Responder Organizations

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ATTACHMENT A
OFFICERS / EXECUTIVE BOARD MEMBERS

Name	Office/Board Position	Term	Affiliation	Telephone	Email
Danielle Sherar	Board of Directors Chair	2 Years	JPS Health Network	817-607-8131	dsherar@jpshealth.org
Bill Bonny	Board of Directors Chair Elect	2 Years	Prosper Fire Department	972-347-2424	bbonny@prospertx.gov
Philip Angelo	Secretary	2 Years	Baylor Scott & White Medical Center - Grapevine	817-329-2561	philip.angelo@bswhealth.org
Nicholas Geer	Treasurer	2 Years	Texas Health Presbyterian Hospital Plano	972-981-8118	nicholasgeer@texashealth.org
Jeff Donson	Air Medical Committee Chair	1 Year	Careflite Air	817-308-4258	jdonson@careflite.org
Chassadie Reynolds	Cardiac Committee Chair	1 Year	Medical City Arlington	682-509-2920	chassadie.reynolds@medicalcityhealth.com
Jessica Lucio	ED Operations Committee Chair	1 Year	Texas Health Hospital Mansfield	817-791-5287	jessica.lucio@adventhealth.com
Matthew Baker	EMS Committee Chair	1 Year	Cedar Hill Fire Department	972-291-1011	matthew.baker@cedarhilltx.com
Dr. Andrew Hogan	EMS Medical Directors Committee Chair	1 Year	UT Southwestern University Hospital - William P Clements University Hospital	615-512-0696	andrew.hogan@utsouthwestern.edu
John Phillips	Hospital Executive – East	Indefinite	Methodist Dallas Medical Center	214-947-2523	johnphillips@mhd.com
Amy Tucker	Pediatric Committee Chair	1 Year	Parkland Memorial Hospital	469-419-5823	amy.tucker@phhs.org
Dr. Christina Chan	Perinatal Committee Chair	1 Year	Texas Health Presbyterian Hospital Dallas	214-345-8921	christina.chan@utsouthwestern.edu
Brian Lugo	Regional Emergency Preparedness Committee Chair	1 Year	Baylor Scott & White All Saints Medical Center - Fort Worth	(760) 486-6009	brian.lugo@bswhealth.org
Dr. Bappaditya Ray	Stroke Committee Chair	1 Year	Texas Health Presbyterian Hospital Dallas	(214) 648-8513	Bappaditya.ray@utsouthwestern.edu
Ann Quinlan	Trauma Committee Chair	1 Year	Texas Health Harris Methodist Hospital Fort Worth	(817) 250-7832	annquinlan@texashealth.org
Bill Bonny	Immediate Past Chair	2 Years	Prosper Fire Department	972-347-2424	bbonny@prospertx.gov

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ATTACHMENT B
ANNUAL BYLAWS AFFIDAVIT

The RAC shall document an annual review of its bylaws. (§ Rule 157.123: Essential Criteria Defined. A.12)

RAC NAME: North Central Texas Trauma Regional Advisory Council (NCTTRAC) has completed an annual review and/or revision of the RAC's Bylaws with a documented date of and ratified by member organizations on April 8, 2025.

Is a current copy of the RAC's bylaws available for review on the RAC's web site?

YES NO

If NO, is a copy is attached to this report?

YES NO

A page summarizing revisions/additions made to the bylaws this contract reporting year is attached to this report.

YES NO

RAC Chair

Date Signed

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ATTACHMENT C
ANNUAL REGIONAL TRAUMA SYSTEM PLAN AFFIDAVIT

The RAC shall document an annual review of regional EMS/trauma system plan. (§ Rule 157.123: Essential Criteria Defined. A.12)

RAC NAME: North Central Texas Trauma Regional Advisory Council (NCTTRAC) has completed an annual review and/or revision of the RAC's regional trauma system plan with a documented date of and ratified by approval from member organizations on June 6, 2025.

Each essential component of the Plan has a revision date of:

COMPONENT	DATE
Access to the System	6/6/2025
Communication	2/2/2025
Medical Oversight	12/5/2024
Pre-hospital Triage Criteria	12/5/2024
Diversion Policies	2/2/2025
Bypass Protocols	2/2/2025
Regional Medical Control	12/5/2024
Facility Triage Criteria	12/5/2024
Inter-hospital Transfers	12/5/2024
Designation of Trauma Facilities, Planning for	6/6/2025
Performance Improvement	2/2/2025
Regional Trauma Treatment Protocols	12/5/2024
Regional Helicopter Activation Protocols	12/5/2024
Injury Prevention	2/2/2025

Is a current copy of the RAC's regional trauma system plan available for review on the RAC's web site?
 YES NO

If NO, has one has been attached with this report?
 YES NO

A page summarizing revisions/additions made to the regional trauma system plan this contract reporting year is attached to this report.
 YES NO

RAC Chair

Date Signed

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ATTACHMENT D
ANNUAL PARTICIPATION REPORT

DESIGNATED HOSPITALS

LEVEL I – Trauma Designations
Baylor University Medical Center
Children's Medical Center of Dallas
John Peter Smith Hospital
Medical City Plano
Methodist Dallas Medical Center
Parkland Memorial Hospital
Texas Health Presbyterian Hospital Dallas
Texas Health Harris Methodist Hospital Fort Worth
LEVEL II – Trauma Designations
Baylor Scott & White Medical Center – Grapevine
Baylor Scott & White Medical Center – McKinney
Cook Children's Medical Center
Medical City Arlington
Medical City Denton
Medical City McKinney
Texas Health Presbyterian Hospital Plano
LEVEL III – Trauma Designations
Baylor Scott & White All Saints Medical Center - Fort Worth
Baylor Scott & White Medical Center – Centennial
Baylor Scott & White Medical Center – Lake Pointe
Children's Medical Center - Plano
Hunt Regional Medical Center - Greenville
Medical City Alliance
Medical City Dallas
Medical Center Frisco
Medical City Las Colinas
Medical City Lewisville
Medical City North Hills
Medical City Weatherford
Methodist Charlton Medical Center
Methodist Mansfield Medical Center
Methodist Richardson Medical Center
Texas Health Arlington Memorial Hospital

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Texas Health Frisco
Texas Health Harris Methodist Hospital Alliance
Texas Health Huguley Hospital
Texas Health Harris Methodist Hospital Hurst - Euless - Bedford
Texas Health Harris Methodist Hospital Southwest Fort Worth
Texoma Medical Center
LEVEL IV – Trauma Designations
Baylor Scott & White Medical Center – Waxahachie
Dallas Medical Center
Dallas Regional Medical Center
Ennis Regional Medical Center
Lake Granbury Medical Center
Methodist Midlothian Medical Center
Muenster Memorial Hospital
Navarro Regional Hospital
North Texas Medical Center
Palo Pinto General Hospital
Texas Health Harris Methodist Hospital Azle
Texas Health Harris Methodist Hospital Cleburne
Texas Health Harris Methodist Hospital Stephenville
Texas Health Hospital Mansfield
Texoma Medical Center Bonham
White Rock Medical Center
UT Southwestern Medical Center – William P. Clements Jr. University
LEVEL I – Comprehensive Stroke Designations
Baylor Scott & White Medical Center – Grapevine
Baylor Scott & White Medical Center – Plano
Baylor University Medical Center
John Peter Smith Hospital
Medical City Arlington
Medical City Dallas
Medical City Fort Worth
Medical City Plano
Methodist Dallas Medical Center
Methodist Richardson Medical Center
Parkland Memorial Hospital
Texas Health Harris Methodist Hospital Fort Worth
Texas Health Presbyterian Hospital Dallas
Texas Health Presbyterian Hospital Plano
UT Southwestern Medical Center – William P. Clements Jr. University

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LEVEL II – Thrombectomy Capable Stroke Designations
None
LEVEL III – Primary Stroke Designations
Baylor Scott & White All Saints Medical Center – Fort Worth
Baylor Scott & White Medical Center - Centennial
Baylor Scott & White Medical Center – Irving
Baylor Scott & White Medical Center – Lake Pointe
Baylor Scott & White Medical Center – McKinney
Baylor Scott & White Medical Center – Waxahachie
Carrollton Regional Medical Center
Dallas Regional Medical Center
Hunt Regional Medical Center - Greenville
Medical City Alliance
Medical City Decatur
Medical City Denton
Medical City Las Colinas
Medical City - Lewisville
Medical City McKinney
Medical City North Hills
Medical City Weatherford
Methodist Charlton Medical Center
Methodist Mansfield Medical Center
Texas Health Arlington Memorial Hospital
Texas Health Harris Methodist Hospital Alliance
Texas Health Harris Methodist Hospital Hurst - Euless – Bedford
Texas Health Harris Methodist Southwest Fort Worth
Texas Health Huguley Hospital
Texas Health Presbyterian Hospital Allen
Texas Health Presbyterian Hospital Denton
Texoma Medical Center
LEVEL IV – Acute Stroke Ready Designations
North Texas Medical Center
Texas Health Harris Methodist Hospital Azle
Texas Health Hospital - Rockwall
Texas Health Harris Methodist Hospital - Stephenville
Baylor Scott & White Medical Center – Grapevine
Baylor Scott & White Medical Center – Plano
Baylor University Medical Center
John Peter Smith Hospital

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LEVEL I – Neonatal Designations
Baylor Scott & White Medical Center – Frisco at PGA Parkway
Children’s Medical Center - Plano
Dallas Regional Medical Center
Lake Granbury Medical Center
Medical City Weatherford
Medical City Decatur
Methodist Midlothian Medical Center
Navarro Regional Hospital
North Texas Medical Center
Palo Pinto General Hospital
Texas Health Hospital Mansfield
Texas Health Harris Methodist Hospital - Stephenville
Texas Health Presbyterian Hospital - Rockwall
LEVEL II – Neonatal Designations
Baylor Scott & White Medical Center - Centennial
Baylor Scott & White Medical Center - Frisco
Baylor Scott & White Medical Center – Irving
Baylor Scott & White Medical Center - Waxahachie
Medical City Las Colinas
Methodist Charlton Medical Center
Texas Health Huguley Hospital
Texas Health Presbyterian Hospital Allen
Texas Health Presbyterian Hospital Flower Mound
Texas Health Hospital Frisco
LEVEL III – Neonatal Designations
Baylor Scott & White All Saints Medical Center - Fort Worth
Baylor Scott & White Medical Center - Grapevine
Baylor Scott & White Medical Center – Lake Pointe
Baylor Scott & White Medical Center – McKinney
Hunt Regional Medical Center Greenville
John Peter Smith Hospital
Medical City Alliance
Medical City Arlington
Medical City Frisco
Medical City Lewisville
Medical City McKinney
Methodist Dallas Medical Center
Methodist Mansfield Medical Center
Methodist Richardson Medical Center
Parkland Memorial Hospital

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Texoma Medical Center
Texas Health Harris Methodist Hospital Alliance
Texas Health Harris Methodist Hurst-Euless-Bedford
Texas Health Arlington Memorial Hospital
Texas Health Harris Methodist Hospital Fort Worth
Texas Health Presbyterian Hospital Denton
Texas Health Presbyterian Hospital Dallas
Texas Health Harris Methodist Hospital Southwest Fort Worth
UT Southwestern Medical Center – William P. Clements Jr. University
LEVEL IV – Neonatal Designations
Baylor University Medical Center
Children's Medical Center of Dallas
Cook Children's Medical Center
Medical City Dallas Hospital
Medical City Plano Hospital
Texas Health Presbyterian Hospital Plano
LEVEL I – Maternal Designations
Baylor Scott & White Medical Center – Frisco at PGA Parkway
Medical City Weatherford
Medical City Decatur
Methodist Midlothian Medical Center
North Texas Medical Center
Palo Pinto General Hospital
Texas Health Harris Methodist Hospital - Stephenville
Texas Health Presbyterian Hospital - Rockwall
Texas Health Mansfield Hospital
LEVEL II – Maternal Designations
Baylor Scott & White Medical Center - Frisco
Baylor Scott & White Medical Center – Irving
Baylor Scott & White Medical Center – Waxahachie
Dallas Regional Medical Center
Hunt Regional Medical Center Greenville
Lake Granbury Medical Center
Medical City Alliance
Medical City Las Colinas
Navarro Regional Hospital
Texas Health Huguley Hospital
Texas Health Presbyterian Hospital Allen
Texas Health Presbyterian Hospital Flower Mound

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Texas Health Hospital Frisco
Texoma Medical Center
LEVEL III – Maternal Designations
Baylor Scott & White Medical Center – Centennial
Baylor Scott & White Medical Center – Grapevine
Baylor Scott & White Medical Center – Lake Pointe
Baylor Scott & White Medical Center – McKinney
Medical City Arlington
Medical City Frisco
Medical City McKinney
Medical City Lewisville
Methodist Charlton Medical Center
Methodist Dallas Medical Center
Methodist Mansfield Medical Center
Methodist Richardson Medical Center
Texas Health Harris Methodist Hospital Alliance
Texas Health Arlington Memorial Hospital
Texas Health Harris Methodist Hurst-Euless-Bedford
Texas Health Presbyterian Hospital Denton
Texas Health Harris Methodist Hospital Southwest Fort Worth
LEVEL IV – Maternal Designations
Baylor Scott & White All Saints Medical Center - Fort Worth
Baylor University Medical Center
John Peter Smith Hospital
Medical City Dallas Hospital
Medical City Plano
Parkland Memorial Hospital
Texas Health Presbyterian Hospital Dallas
Texas Health Harris Methodist Hospital Fort Worth
Texas Health Presbyterian Hospital Plano
UT Southwestern Medical Center – William P. Clements Jr. University

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ATTACHMENT F
ANNUAL PARTICIPATION REPORT

EMS PROVIDERS

Acadian Ambulance Service of Texas
Addison Fire Department
Air Evac Lifeteam
Allegiance Mobile Healthcare
American Medical Response Ambulance - Arlington
American Medical Response Ambulance - Hunt
Anna Fire Department
Area Metropolitan Ambulance Authority - dba Medstar
Aubrey Fire Department
Azle Fire Department
Bedford Fire Department
Bonham Fire Department
Burleson Fire/EMS
Careflite - Air
Careflite - Ground
Carrollton Fire Department
Cedar Hill Fire Department
Celina Fire Department
Children's Medical Center of Dallas Transport
City Ambulance Service
Cleburne Fire Department
Colleyville Fire Department
Cook Children's Teddy Bear Transport
Cooke County EMS
Coppell Fire Department
Corsicana Fire Department
Crowley Fire Department
Dallas Fire-Rescue Department
Dallas LifeCare EMS
Denison Fire Department
Denton County ESD No 1
Denton Fire Department
Desoto Fire Rescue
DFW Airport DPS
Duncanville Fire Department
Eagle Mountain Volunteer Fire Department
Erath County Emergency Medical Services
Eules Fire Department
Everman EMS
Falck Southwest

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Farmers Branch Fire Department
Flower Mound Fire Department
Frisco Fire Department
Garland Fire Department
Glenn Heights Fire Department
Granbury Hood County EMS DBA Texas EMS
Grand Prairie Fire Department
Grapevine Fire Department
Highland Park DPS
Highland Village Fire Department
Hurst Fire Department
Hutchins Fire Rescue
Irving Fire Department
Justin Volunteer Fire Department
Keene Fire Rescue
Keller Fire Rescue
Kennedale Fire Rescue
Krum Fire Department
Lake Cities Fire Department
Lancaster Fire Department
Lewisville Fire Department
Little Elm Fire Department
Lucas Fire Rescue
Mansfield Fire Department
McKinney Fire Department
Medic Rescue Inc DBA (Rockwall EMS)
Mesquite Fire Dept
MetaCare EMS
Midlothian Fire Department
Mineral Wells Fire EMS
North Richland Hills Fire Department
Ovilla Fire Department
Pantego Fire Department
Paramedics Plus
Parker County Hospital District DBA Lifecare EMS
Pecan Plantation EMS
PHI Air Medical Services DBA STAT Air DBA Sky Med
Pilot Point Fire Department
Plano Fire Department
Preston Volunteer Emergency Services
Prosper Fire Department
Rendon Fire Department
Richardson Fire Department
Richland Hills Fire Rescue
Roanoke Fire Department
Rowlett Fire Department

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Sachse Fire-Rescue
Santo Fire & EMS
Sherman Fire Department
Somervell County DBA Somervell County Fire Department
Southern Paramedic Service
Southlake DPS
Speedway EMS
Stephenville Fire Department
Sunnyvale Fire Rescue
The Colony Fire Department
Trans-Care Medical Transport
University Park Fire Department
Van Alstyne Fire-Rescue
Watauga Fire Department
Westlake Fire Department
Whitesboro Fire/EMS
Wilmer Fire Department
Wise County EMS
Wylie Fire Rescue

RAC Chair

Date Signed

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ATTACHMENT G
ANNUAL PARTICIPATION REPORT

RECOGNIZED FIRST RESPONDER ORGANIZATIONS

Arlington Fire Department
Briar Reno Fire Department
Bridgeport Fire Department
Edgecliff Village Fire Department
Ennis Fire Department
Forney Fire Department
Johnson County ESD 1
Joshua Fire Department
Lavon Fire Department
Melissa Fire Department
Oak Point DPS
Ponder Fire Department
University Emergency Medical Response

RAC Chair

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ATTACHMENT H
ANNUAL PARTICIPATION REPORT

Stakeholders that would include at a minimum participation on regional/local committees for the development/maturation of the regional systems.

American Heart Association (AHA)
BEST EMS
BioTel
Carter Blood Care
Collin County Community College
Dallas Fort Worth Hospital Council
Dallas County Health and Human Services
Dallas County Medical Society
EMS for Children (EMSC)
FBI Dallas Field Office
North Central Texas Council of Governments
PCR/RAC Alliance
Pulsara
Stop the Bleed Texas Coalition
Tarrant County ENA
Tarrant County Public Health
Texas Collaborative for Healthy Mothers and Babies (TCHMB)
Texas EMS Trauma & Acute Care Foundation (TETAF)
Texas Perinatal Services
University of North Texas Health Science Center at Fort Worth (UNT HSC)
UT Southwestern Medical School
Signature Care Emergency Center - Lewisville
Baylor Scott & White Emergency Hospitals – Aubrey, Colleyville, Keller, Murphy, Rockwall
Baylor Scott & White Emergency Hospitals – Burleson, Grand Prairie, Mansfield
Baylor Scott & White Surgical Hospital at Las Colinas
Encompass Health Rehabilitation Hospital of City View
Encompass Health Rehabilitation Hospital of Mid-Cities
Encompass Health Rehabilitation Hospital of Plano
Texas Scottish Rite Hospital for Children
USMD Hospital at Arlington

RAC Chair

Date Signed