

NCTTRAC

**NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL**

2012 - 2013 Annual Report



PREPARE. SUPPORT. RESPOND.



600 Six Flags Drive, Suite 160 – Arlington, Texas 76011 – (817) 608 0390 - www.NCTTRAC.org





The mission of NCTTRAC is to support and improve all emergency healthcare through prevention, education, advocacy, research, preparedness, and response.

**At the North Central Texas
Trauma Regional Advisory Council ...**

We ***prepare*** through research, education, prevention, and emergency management.

We ***support*** through protocol development, resources, communications, and advocacy.

We ***respond*** to the needs of the regional healthcare coalition and the State of Texas.

Learn more at www.NCTTRAC.org!

Message from the Board Chair



Dear RAC Members and Friends,

As we close another year with our annual report, it has been my privilege to be the RAC Chair this past year. We have accomplished a great deal in terms of pre-hospital coordination of care and emergency preparedness, and have had the opportunity to use our resources in real time to help in the West explosion and Granbury tornado responses as well as with our colleagues in other areas within and outside of Texas. All the work that has gone into the infrastructure and the daily workings of the RAC has not gone unnoticed. The RAC system has been availed by the state for trauma care, emergency preparedness care, stroke care, cardiac care and pediatric care. This system development pipeline created by RACs will continue to be the infrastructure for many other areas of care for Texans in years to come.

The RAC system in our area will have been around for twenty years next year. In that twenty years' time we have grown from a small outfit to a large group of individuals who not only have a say in what is done in the region but develop a level of cooperation within a large area unlike any other RAC's. I take great pride in the fact that all those around me have been a source of my inspiration; they have my admiration for all that has been done to pave the way for all that has been accomplished until now.

This year we have had a major change in the dues structure that has impacted many in the RAC system; however this will allow us to be able to continue on with the RAC system and to support every Texan with access to trauma care per the unfunded legislative mandate way back in the 90's. For example, this dues increase allows us to now have a full time educator for both pre-hospital as well as hospital providers in a wide variety of areas. This major step will be a boon for the entire RAC for years to come.

In addition we have enthusiastic new board members and involved prior board members who have continued to show amazing support and dedication to the RAC system. In the past year we have also engaged many financial people into the RAC system, a huge benefit for us not just over this past year but for the future. They will help us be good stewards of our resources.

As we continue our journey into the future we will look on the past to learn from our triumphs as well as our opportunities for improvement. I continue to be humbled by all the work that I see occurring on a daily basis and the dedication of all those around us whether it be pre-hospital, hospital or even post hospital providers. I continue to enjoy the direct relationship with everybody in the RAC system and I appreciate the phone calls and emails that keep me informed of issues I may not be aware of. Please continue to keep me informed and continue to communicate.

As we progress in the years to come, communication will be a large issue that will need to be tackled. Communication has always plagued the pre-hospital provider in the emergency and disaster preparedness arena. During 9/11, communication was nonexistent between the Port Authority, the New York Fire Department and the New York Police Department. We are starting to get an infrastructure of communication in place, but my charge to everyone is to continue to work to make it complete so our pre-hospital providers can speak with each other and our hospitals and be truly integrated. I do understand that the task can be very daunting but I know that we have the expertise, the manpower and the dedication to find an elegant solution for this issue.

I continue to be awe inspired by everything that you all do on a daily basis and I thank you for allowing me to be the RAC Chair.

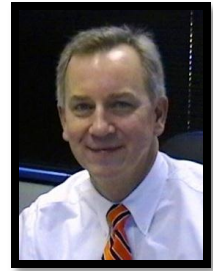
Most respectfully,

Raj

Rajesh R Gandhi, MD, PhD, FACS, SCCM

Chair, North Central Texas Trauma Regional Advisory Council

Message from the Executive Director



In this edition, our third illustrated Annual Report, the NCTTRAC staff has again put forward a highly professional effort and product. Squarely aimed at updating and addressing organizational value to our community, we've published an informative document that provides transparency and brings forward a historical perspective of ongoing programs managed by "the RAC." Included is content offering a specifically detailed focus on the past program years' highlights and regional accomplishments, as well as bridging insight to the projects of the new programmatic year that are by now well underway.

For my part, I want to reflect on the past year as a period of incredibly important significance to our membership and to our partners in the emergency healthcare coalition of Trauma Service Area – E. During that time we, as an independent Texas non-profit corporation, faced two major decision points and crossroads in our organizational development that, in their respective outcomes, hold the keys to both our short and long term futures.

The first was our committed decision to pursue retention and continuation of our contracted role with the Texas Department of State Health Services (DSHS) in the federally funded Hospital Preparedness Program (HPP). It is through the HPP that NCTTRAC has been afforded the depth of staffing to administer millions of dollars of resources that have been made individually available to our hospital and Emergency Medical Services (EMS) members and non-member coalition partners alike. And of equal if not greater importance is the fact that the HPP has been the sole funding source in establishing true regional communications, web-based situation awareness and disaster response capabilities. For our region, these critical capabilities don't come together in a jurisdictional platform, as they do with Texas' two other largest metropolitan areas, but in contrast they are hosted independently within NCTTRAC's TSA-E Medical Operations Center (EMOC) and its Lead RAC responsibility in the Emergency Medical Task Force component of the Texas Disaster Medical System (TDMS). In spite of unprecedented costs being shifted to the RAC as a prerequisite to future HPP contracts, our leadership's deliberate decision to continue has proven, and will continue to prove, to be critical in the coordination of emergency medical support in the fourth largest metropolitan area in the country.

The second key decision was endorsed by our leadership team and voted upon by our membership this past summer. That was the decision to expand the NCTTRAC Hospital Membership dues structure in a manner that would: 1) enable the continuation of the HPP contract, on the assumption it would again be awarded, and 2) provide sufficient funding to sustain desired services to members should the federal and/or state funds be significantly reduced or unavailable in the future. This action was the linchpin to committed sustainment and potential for NCTTRAC's continued growth as a service organization in support of its members and the communities that they in turn support. It is viewed as a demonstration of trust, evidenced by the acceptance of immediate and future capital investment by the membership. This was the single most significant decision rendered in that it became the RAC Members' commitment to themselves in finding a path to independent and sustainable operations as an organization. NCTTRAC is no longer a dependent of State resourcing alone. But make no mistake, in response; we have elevated our accountability and transparency to our membership and constituents in equal manner by expanding NCTTRAC financial decision-making processes to include hospital systems' Chief Financial Officer appointees and EMS Chief or Director-level representation.

As with each edition of our illustrated Annual Report, I ask you to contact me directly at 817.607.7001 or rantonisse@ncttrac.org with any questions, comments, criticisms or complements regarding any and all activities supported by NCTTRAC ... your RAC. Again, it is your awareness, your support, your leadership, and your dynamic followership ... witnessed in your active participation ... that are essential to system development and improved patient outcomes. Thank YOU for your continued and future commitment to the emergency healthcare systems of your community, Trauma Service Area - E, and the State of Texas!

Hendrik J. (Rick) Antonisse

Executive Director, North Central Texas Trauma Regional Advisory Council

Board of Directors

FY 13 Board Position	Name	Organization	FY 14 Board Position	Name	Organization
Chair	Dr. Rajesh Gandhi	JPS Health Network	Chair	Dr. Rajesh Gandhi	JPS Health Network
Vice Chair	Ricky Reeves	Lewisville Fire Department	Vice Chair	Ricky Reeves	Lewisville Fire Department
Secretary	Amy Atnip	Medical Center of Plano	Secretary	Amy Atnip	Medical Center of Plano
Treasurer	Wes Dunham	Methodist Health System	Treasurer	David Orcutt	Weatherford Reg Med Center
Air Medical Committee	Mike Eastlee	Air Evac LifeTeam AE67	Air Medical Committee	Mike Eastlee	Air Evac Lifeteam AE67
Cardiac Committee	Karen Yates	Methodist Mansfield Med Center	Cardiac Committee	Karen Yates	Methodist Mansfield Med Center
EMS Committee	Kevin Cunningham	Cedar Hill Fire Department	EMS Committee	Kevin Cunningham	Cedar Hill Fire Department
Finance Committee	David Orcutt	Lake Granbury Medical Center	Finance Committee	Derrick Cuenca	Lake Granbury Medical Center
Pediatric Committee	Lori Vinson	Children's Med Center Dallas	Pediatric Committee	Melinda Weaver	Cook Children's Med Center
Physician's Advisory Group Liaison	Dr. Bob Simonson	Physician Emergency Care Association	Physician's Advisory Group Liaison	Dr. Bob Simonson	Physician Emergency Care Association
Professional Development Committee	Courtney Edwards	Parkland Health & Hospital Syst	Professional Development Committee	Shawn White	Methodist Mansfield Med Center
Pub Ed/Injury Prevention Committee	Mary Ann Contreras	JPS Health Network	Pub Ed/Injury Prevention Committee	Mary Ann Contreras	JPS Health Network
Regional Emergency Preparedness Committee	Nick Sloan	Baylor University Medical Center	Regional Emergency Preparedness Committee	Nick Sloan	Baylor University Medical Center
Stroke Committee	Sharon Eberlein	Plaza Med Center of Fort Worth	Stroke Committee	Sharon Eberlein	Plaza Med Center of Fort Worth
SPI Committee	Dwayne Howerton	CareFlite	SPI Committee	Dwayne Howerton	Emergency Physician's Advisory Board
Trauma Committee	Jorie Klein	Parkland Health & Hospital Syst	Trauma Committee	Lawan Smith	TX Health Harris Methodist Hospital FW
Zones Representative	Scott Vetterick	Frisco FD	Zones Representative	Martha Headrick	Air Evac Lifeteam – North TX

Executive Summary

We are pleased to provide a third consecutive NCTTRAC Annual Report to our members and partners, as well as individuals and organizations in our community for awareness and decision making. The North Central Texas



Trauma Regional Advisory Council (NCTTRAC) will celebrate its twentieth anniversary during 2014 as an organization designed to facilitate the development, implementation, and operation of a comprehensive trauma care system based on accepted standards of care to decrease morbidity and mortality. The Trauma Service Area (TSA-E) for NCTTRAC is comprised of 19 counties of North Central Texas that include: Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall,

Somervell, Tarrant, and Wise. NCTTRAC is the largest Trauma Service Area in the state serving a population equal to 27% of the population of the State of Texas and approximately 2.5% of the population of the United States.

The General Membership provided support to the regional system by a substantial dues increase for hospitals, providing additional support for programs and to build reserves for this regional system. This increase takes place during the next reporting year, but the decision process was an integral part of the planning efforts of 2012-2013. Again NCTTRAC was notified of the largest Local Projects Grant of the year to support the regional RAC backboard program for our EMS agencies, and provided items such as bicycle helmets and life jackets to help support our member's public education efforts. Additionally, the regional emergency healthcare system showed growth in state designated trauma and stroke facilities, as well as more facilities pursuing excellence in cardiac care.

NCTTRAC continues to serve as the Hospital Preparedness Program (HPP) regional contractor in 2013 for the sixth consecutive year. The TSA-E Healthcare Coalition has 481 supporting members, including 127 of TSA-E's 163 hospitals and 281 EMS members. NCTTRAC and its subrecipient hospitals again represent the largest Texas regional healthcare coalition. The NCTTRAC warehouse was licensed this year by Texas Department of State Health Services as a non-pharmaceutical and Medical Device Distributor with medical gas license to support the millions of dollars' worth of assets managed in this resource, a great milestone in the efforts of our staff.

NCTTRAC's emergency response and operations capability has grown both in terms of its Trauma Service Area-E Medical Operations Center and the Emergency Medical Task Force-2. EMTF 2 reached a milestone of 100 mobile medical unit and RN strike team members training, including 24 physicians and advanced practice professionals. Joining the robust AMBUS and ambulance strike team programs, components of EMTF 2 has responded and exercised in all areas of the region and the state with partners from all components of response.

The Data and Information Systems Division of NCTTRAC has also grown substantially with a migration of regionally used crisis applications all being moved to new server hardware to improve infrastructure to the 2500 plus users of these systems., who are supported with our regional patient data collection registry (**REG*E**). The first year of data regional data submission requirements for all EMS and designated hospital "active participants" has resulted in more robust data than ever before. This data will be used in by several committees in support of performance improvement and public educational initiatives.

Through continued coalition development, NCTTRAC leadership continues to work toward the fulfillment of our mission to support and improve all emergency healthcare through prevention, education, advocacy, research, preparedness, and response. The NCTTRAC Board of Directors and staff are proud of the work accomplished in 2012-2013 and dedicated to continue the progression forward as an organization supportive to each of our member's individual missions for the community in which we live.

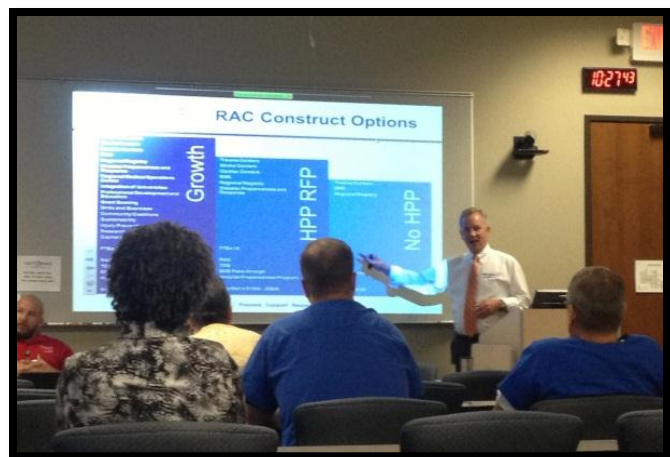
Financial Overview

The *Statement of Activities for the Fiscal Year Ended August 31, 2013* reflects NCTTRAC's unaudited financial activity for the last fiscal year. NCTTRAC receives funding through contracts and grants from DSHS as well as revenue from unrestricted organizational activities, such as member dues and sponsorships. Contract and grant funding sources for the Fiscal Year ended August 31, 2013 include the following:

- **EMS/Regional Advisory Councils (EMS/RAC)** – The purpose of these funds is to assist in the enhancement and delivery of patient care in the EMS and Trauma Service Care System. Administrative support functions are the principal activities supported by this contract with the intent to enhance and improve delivery of EMS and trauma patient care in the nineteen county region served by NCTTRAC.
- **Tobacco/RAC** – The purpose of these funds is to assist in maintaining and improving the Texas EMS/Trauma System to reduce morbidity and mortality due to injuries. These funds support programmatic functions related to the NCTTRAC Regional Patient Registry (**REG*E**) as well as provide educational programs and public education materials for members.
- **Local Projects Grant (LPG)** – The purpose of these funds is to conduct pre-hospital program activities to develop, upgrade, or expand emergency medical services systems. The funds received during 2013 were used to purchase almost 1000 backboards for EMS. The EMS Committee created a distribution policy that addresses the challenges of how backboards are used and returned in the DFW area. This program will show significant improvement in that process.
- **EMS/County Assistance** – The purpose of these funds is similar to the EMS/RAC funds, to assist in the enhancement and delivery of patient care in the EMS and Trauma care system. The most significant difference is that these funds are paid directly to qualifying EMS Providers to support supplies, education and training, communications equipment, and vehicles.
- **ASPR/HPP** – The purpose of these funds is to enhance the ability of participating hospitals and healthcare facilities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. This is achieved at the local and regional level through designated capabilities and benchmarks designated by the Office of the Assistant Secretary of Preparedness and Response.

Unrestricted funds are organizational and are not related to the contracts described above. Sources of these funds include membership dues, donations and sponsorships, and interest on investments. The Board of Directors is responsible for oversight and direction of all NCTTRAC's funding, contract and unrestricted funds inclusive. According to Board directed policy, all contractual programs contained in the annual operating budget are required to balance. As such, total anticipated contract revenue must equal budgeted expenditures for each contract. Unrestricted funds are not used to offset expenditures related to DSHS contracts.

All contracts require that any funds remaining unobligated or unspent at the end of the contract period be returned to DSHS. For the fourth consecutive year, NCTTRAC has utilized 100% of the funding available from DSHS contracts resulting in \$0 being returned to DSHS at the end of the fiscal year.



While it is expected that future funding through DSHS contracts and grants will be affected by current economic conditions, the Board of Directors and staff continue managing all NCTTRAC financial resources to meet our mission for the support and improvement of the emergency healthcare system within TSA-E through prevention, education, advocacy, research, preparedness, and response.

NCTTRAC
UNAUDITED STATEMENT OF ACTIVITIES
FOR THE PROGRAM YEARS ENDED AUGUST 31, 2013

	<u>EMS/RAC</u>	<u>TOBACCO</u>	<u>ASPR/HPP YR 11*</u>	<u>LPG</u>	<u>EMS/COUNTY ASSISTANCE</u>	<u>UNRESTRICTED</u>	<u>TOTAL</u>
Revenue							
State of TX - DSHS	\$ 240,196	\$ 286,588	\$ 4,894,439	\$ 84,961	\$ 310,983	\$ -	\$ 5,817,167
Membership Dues	-	-	-	-	-	43,458	43,458
Interest on Investments	-	-	-	-	-	436	436
Other	-	-	-	-	-	2,853	2,853
Sponsorships	-	-	-	-	-	1,500	1,500
Total Revenue	<u>\$ 240,196</u>	<u>\$ 286,588</u>	<u>\$ 4,894,439</u>	<u>\$ 84,961</u>	<u>\$ 310,983</u>	<u>\$ 48,247</u>	<u>\$ 5,865,414</u>
Expenditures							
Salaries	\$ 125,170	\$ 159,108	\$ 896,941	\$ -	\$ -	\$ 5,583	\$ 1,186,802
Fringe Benefits	29,967	29,046	191,935	-	-	-	250,948
Travel	14,591	16,014	36,338	-	-	300	67,243
Equipment	-	-	284,862	-	-	-	284,862
Supplies	4,447	1,030	962,736	-	-	95	968,308
Contractual	-	9,904	1,630,609	84,961	310,983	-	2,036,457
Other	66,021	71,486	891,018	-	-	37,627	1,066,152
Indirect	-	-	-	-	-	5,502	5,502
Total Expenditures	<u>240,196</u>	<u>286,588</u>	<u>4,894,439</u>	<u>84,961</u>	<u>310,983</u>	<u>49,107</u>	<u>5,866,274</u>
Revenues Over (Under)							
Expenditures	-	-	-	-	-	(860)	(860)
Beginning Unrestricted Net Assets	-	-	-	-	-	294,516	294,516
Ending Temp Restricted Net Assets	-	-	-	-	-	-	-
Ending Unrestricted Net Assets	-	-	-	-	-	293,656	293,656
Ending Net Assets	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 293,656</u>	<u>\$ 293,656</u>

* ASPR/HPP YR 11 - Twelve Months Ended June 30, 2013

Emergency Healthcare System Funds

The Emergency Healthcare System of Trauma Service Area-E receives financial support from the Texas Department of State Health Services (DSHS) through several funding streams. These include “Red Light” camera enforcement, the state’s tobacco settlement endowment, 911 surcharges, and various dangerous driving fines.



Champions of the Texas EMS and Trauma System meet with Governor Rick Perry (center).

Programs Supported with the Tobacco Endowment

- Maintaining support for training and operations for the **REG*E** project (our regional patient registry).
- Consulting services fees for legal services as well as required independent audits.
- Maintaining the Regional Communication Center Trauma Hotline to assist with in-RAC trauma transfers.
- Supporting member and partner endeavors with donations and marketing items for events such as “Shattered Dreams” and safety fairs. Items included bike helmets, safety drawstring sport packs, life jackets, and items with prevention messages.
- Supporting educational programs such as hosting an EMS legal seminar and for continuing education offerings at the General Membership Meetings. Also produced a public education video for cardiac and stroke emergency awareness designed by these two NCTTRAC committees.
- Continuing support of our quarterly NCTTRAC Newsletter development and other means of communication with membership such as our website and social media.
- Meeting support for Board of Director, Committee, and General Membership RAC meetings.
- Support of travel to regional and state meetings for appropriate staff and Committee Chairs.
- Portions of the costs related to personnel, lease space, office expenses and equipment, training directly related to conducting RAC business, and internet support.

Tobacco Funding Notes

The Tobacco Endowment Fund was established in the Texas Government Code §403.106 to provide the means for the Department of State Health Services to assist RACs in “maintaining and improving the Texas Emergency Medical Services (EMS)/Trauma System to reduce morbidity and mortality due to injuries.”

Total state funding for RACs from the tobacco endowment fund for FY 2013 was \$2.4M. NCTTRAC received \$286,588 under this contract.

Disbursements are based on a formula which includes a calculation of the trauma related death rate in the Trauma Service Area (TSA).

EMS County Assistance “Pass-through” Funds

Funding Details

NCTTRAC received \$310,983.00 in EMS County Assistance funds for distribution to 59 “911” EMS Providers through a reimbursement process. The purpose of these funds, originating from the same base sources as the Tobacco Allocation funds, are to assist in the enhancement and delivery of patient care in the EMS and trauma care system.

Licensed EMS Providers must fill DSHS requirements for data submission and local RAC participation requirements to be able to submit eligible receipts for reimbursement. RAC participation includes a Board approved application and dues, a minimum number of attended meetings points, and participation in system performance improvement activities as requested. EMS Providers were verified to have “active participation” status for their September 2011 through August 2012 membership period.



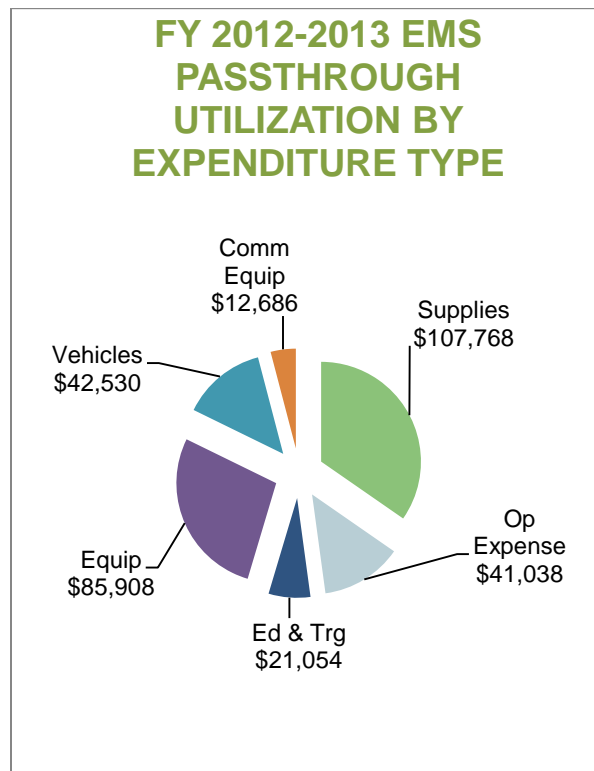
Fund Use Restrictions

According to DSHS guidance, the funds in this program can only be used for the following:

- ▲ Supplies
- ▲ Operational Expenses
- ▲ Education and Training
- ▲ Equipment
- ▲ Vehicles
- ▲ Communication Systems

Two of the region’s four AMBUSES participating in a DFWIA Exercise.

Items range from EMS supplies such as medication, bandages, and airway equipment to items such as training, travel, radios and service agreements for capital equipment. *Supplies* passed *Equipment* this year as the majority category at 35%.



EMS County Assistance “Pass-through” Funds

County	No. of Providers	Amt. per Provider	County	No. of Providers	Amt. per Provider
Collin	11	\$2,297.09	Hunt	1	\$10,384.00
Cooke	1	\$8,408.00	Johnson	4	\$2,666.25
Dallas	23	\$4,059.87	Kaufman	2	\$5,219.50
Denton	15	\$1,437.72	Navarro	1	\$11,031.00
Ellis	4	\$3,208.75	Palo Pinto	3	\$2,857.00
Erath	3	\$3,388.00	Parker	1	\$9,558.00
Fannin	2	\$4,052.00	Rockwall	3	\$812.00
Grayson	4	\$3,011.00	Tarrant	16	\$2,643.75
Hood	1	\$4,478.00	Wise	1	\$9,363.00
TSA-E				\$310,983.00	

FY 2013 Uncompensated Trauma Care Fund Distribution for Hospitals

The Texas Department of State Health Services (DSHS) Office of EMS & Trauma Systems Coordination announced Uncompensated Trauma Care Fund distributions during the months of July and September 2013 for FY 2013.

\$13,362,759.98 from the Designated Trauma Facility and Emergency Medical Services (DTF\EMS) Account (3588 Monies) was distributed to 36 TSA-E hospitals designated as trauma facilities or meeting “in active pursuit” requirements. This amount is 24.4% of the \$54,720,776 distributed to 286 facilities around Texas.

\$301,558.04 from the Emergency Medical Services, Trauma Facilities, and Trauma Care Systems Account (1131 Monies) and the Emergency Medical Services and Trauma Care Systems Account (911 Monies) was distributed to 29 eligible TSA-E hospitals. This is 24.1% of the total distribution of \$1,246,830.68 made to 264 Texas hospitals.

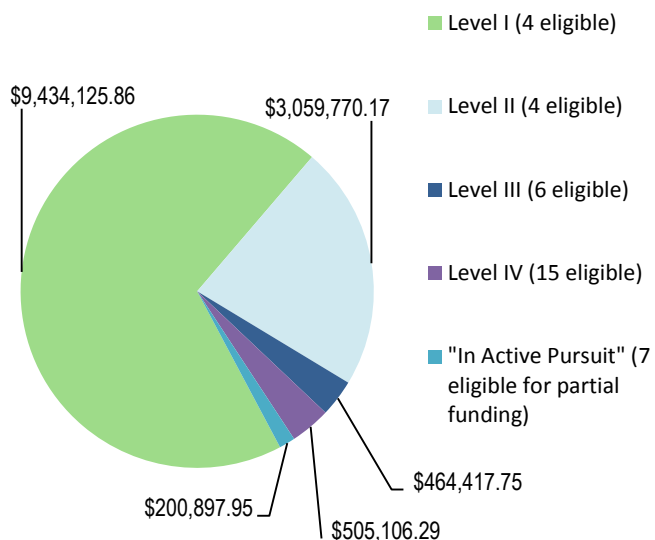
Background Information

DSHS is directed by the Texas Health and Safety Code §780.004 to use 96% of funds in the DTF/EMS Account (3588 Monies) to fund a portion of uncompensated trauma care provided at hospitals designated as state trauma facilities or a hospital meeting “in active pursuit” requirements. Additionally DSHS is allowed to distribute 27% of funds in the Emergency Medical Services, Trauma Facilities, and Trauma Care Systems Account (1131 Monies) and 27% of funds in the Emergency Medical Services and Trauma Care Systems Account (911 Monies) to fund a portion of uncompensated trauma care provided at hospitals designated as state trauma facilities.

During FY 2012, Senate Bill 7 from the 82nd Texas Special Legislative Session S(1) amended the Texas Health and Safety Code §780.004 to transfer \$26 million from the Designated Trauma Facility and EMS Account to Health and Human Services Commission (HHSC) to maximize the amount of federal funds that HHSC receives in medical assistance program (MAP) funds. Rules were written so that all hospitals would be held harmless in this transaction. While many facilities received more than previous years, if they would be determined from the calculations defined in the Tex. H. & S. Code to receive less, they would receive a “trauma add on amount” before the end of FY 2013. The amounts below reflect that total.

FY 2013 Uncompensated Trauma Care Disbursement

FY 2013 Uncompensated Trauma Fund Distribution Across 36 TSA-E Hospitals by Trauma Designation Level



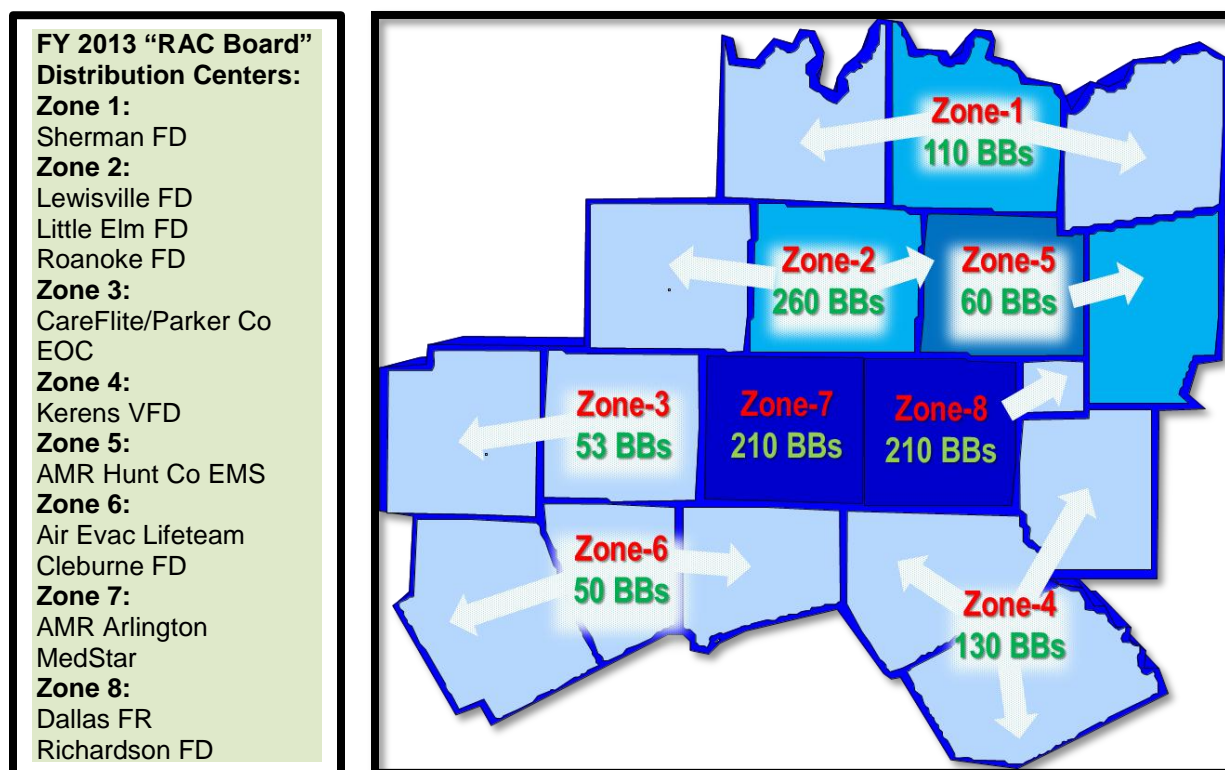
Disbursement Methodology

- Uncompensated trauma care charges from Calendar Year 2011, as reported by eligible hospitals on the Fiscal Year FY 2013 Uncompensated Trauma Care Fund Application (Hospital Allocation), were used in the funding formula for both allocations. The amount for CY 2011 as documented on the applications from TSA-E trauma facilities was over \$66.4 million.
- Fifteen percent (15%) of the total amount of funds available was divided equally among all eligible applicants.
- The remaining eighty-five percent (85%) was distributed to eligible applicants based on the percentage of uncompensated trauma care a hospital provided in relation to the total uncompensated trauma care provided by all eligible applying hospitals.

LOCAL PROJECTS GRANTS

The Department of State Health Services Office of Emergency Medical Services Trauma Systems Coordination offers Local Project Grants (LPG) awards to eligible agencies for the funding of projects in support of EMS initiatives. For FY 2013, there were 82 applicants across Texas awarded funds totaling \$1.24 million dollars. Of these, thirteen recipients from Trauma Service Area-E (TSA-E), including NCTTRAC, received a total of \$229,976.69, an increase from FY 2012 of over 195%!

This was the fifth consecutive year that NCTTRAC was awarded a grant from this program. Based on a successful pilot project in Zone 2 which included ten boards each for the four AMBUSes, NCTTRAC requested and received \$84,960.69 to purchase almost 1000 NCTTRAC regional backboards. This was the highest amount awarded to any one LPG recipient. These “RAC Boards” are for use by *any* EMS provider or first responder in the 19 counties of TSA-E. Providers in each zone helped to distribute the 1083 “RAC Boards.”



Additionally, NCTTRAC is pleased to announce that we have been notified of a FY 2014 LPG award totaling \$76,068.50 to purchase more RAC Boards at the request of the regional EMS Committee. This brings NCTTRAC’s five year total funding through DSHS LPGs to \$260,544.19 – over a quarter of a million dollars!

FY 2013 LPG Recipients from TSA-E

Agency	Award	Member Status	Agency	Award	Member Status
BONHAM FD	\$35,000.00	*	MANSFIELD FR	\$4,407.00	Active Participant
CAREFLITE	\$13,837.00	Active Participant	NAVARRO COLLEGE	\$8,754.00	Member
ENNIS FD	\$8,375.00	Member	POSSUM KINGDOM WESTLAKE VEMS	\$30,000.00	Member
KENNEDALE FD	\$15,735.00	Member	RICHLAND HILLS FR	\$536.00	Active Participant
KRUM FD	\$5,100.00	Active Participant	SANGER FD	\$10,500.00	*
LOWRY CROSSING VFD	\$3,900.00	*	WISE CO EMS	\$8,872.00	Member

*Membership is not required to receive LPG but qualifies the agency for additional points when applications are scored.

Acute Care Designations in NCTTRAC

Both Texas Department of State Health Services (DSHS) designations in Trauma and Stroke require that the hospital applicant show they are “active participants” in the local RAC’s system of care in which they seek designation. The NCTTRAC General Membership has set this standard to include requirements that these hospitals must be approved members of the RAC, meet minimum amounts of meaningful participation by attending various RAC sponsored meetings, must participate in any performance improvement initiative requested, and submit their relevant patient data to the emergency patient healthcare regional registry, **REG*E**. NCTTRAC has all levels of Trauma Designation throughout the nineteen counties; we have at least one designated or “in active pursuit” facility in each of them. Additionally, NCTTRAC has its first Comprehensive Stroke Facilities designed this year also.

Trauma Level IIIs grow by 50%!

State Web Reference -

<http://www.dshs.state.tx.us/emstraumasystems/etrauma.shtm>

There are 267 Texas trauma facilities designated by the Texas Department of State Health Services (DSHS) at four different levels:

Level I – Comprehensive Trauma Facility

Level II – Major Trauma Facility

Level III – Advanced Trauma Facility

Level IV – Basic Trauma Facility

Level I and II facilities are the anchors for the trauma system; however all four levels are critical to its function. Level III and IV hospitals not only treat but also have efficient pathways to transfer the most critical patients to a Level I or II Trauma Center. The NCTTRAC *Regional Trauma System Plan* and regional guidelines, all adopted by NCTTRAC’s General Membership, provide guidance for transport decisions in the best interest of patient care. Level I and II Trauma Centers are surveyed according to American College of Surgeons Committee on Trauma criteria by nationally recognized teams. Level III and IV centers are surveyed by the Texas EMS Trauma and Acute Care Foundation (TETAF) according to DSHS standards.

The chart shows the trauma facilities in NCTTRAC as of December 1, 2013. Additionally, the facilities below are “in active pursuit” of trauma designation according to DSHS:

- Baylor All Saints Medical Center at Fort Worth
- Glen Rose Medical Center
- Medical Center of Lewisville
- Medical City Dallas Hospital
- North Hills Hospital
- Red River Regional Hospital
- TH Presbyterian Hospital – WNJ
- TH Presbyterian Hospital Dallas

Trauma Centers	Level
BAYLOR UNIVERSITY MED CENTER	I
CHILDREN’S MED CENTER OF DALLAS	I
JPS HEALTH NETWORK	I
PARKLAND HEALTH & HOSPITAL SYSTEM	I
COOK CHILDREN’S MED CENTER	II
MEDICAL CENTER OF PLANO	II
METHODIST DALLAS MED CENTER	II
TEXAS HEALTH HARRIS METHODIST FW	II
DENTON REGIONAL MED CENTER	III
HUNT REGIONAL MED CENTER GREENVILLE	III
MEDICAL CENTER OF ARLINGTON	III (new)
TEXAS HEALTH HARRIS METHODIST HEB	III (new)
TEXAS HEALTH PRESBY HOSPITAL PLANO	III
TEXOMA MED CENTER	III
DALLAS REGIONAL MED CENTER	IV
ENNIS REGIONAL MED CENTER	IV
LAKE GRANBURY MED CENTER	IV
LAKE POINTE MED CENTER	IV
MUENSTER MEMORIAL HOSPITAL	IV
NAVARRO REGIONAL HOSPITAL	IV
NORTH TEXAS COMMUNITY HOSPITAL	IV
NORTH TEXAS MED CENTER	IV
PALO PINTO GENERAL HOSPITAL	IV
TEXAS HEALTH HARRIS METHODIST AZLE	IV
TEXAS HEALTH HARRIS METHODIST CLEBURNE	IV
TEXAS HEALTH HARRIS METHD STEPHENVILLE	IV
TEXAS HEALTH PRESBY HOSPITAL ALLEN	IV
TEXAS HEALTH PRESBY HOSPITAL KAUFMAN	IV
WEATHERFORD REGIONAL MED CENTER	IV
WISE REGIONAL HEALTH SYSTEM	IV

Stroke Facilities grow by 37%!

State WebReference -

<http://www.dshs.state.tx.us/emstraumasystems/stroke.shtm>

Stroke care facilities may be recognized by various agencies, including The Joint Commission, DNV Healthcare, the Healthcare Facility Accreditation Program (HFAP), and the Texas EMS, Trauma, and Acute Care Foundation (TETAF). Facilities complete a designation application to the Texas Department of State Health Services (DSHS), which uses the information from these approved agencies to determine a facility's designation level. There are three DSHS designation levels for a stroke facility:

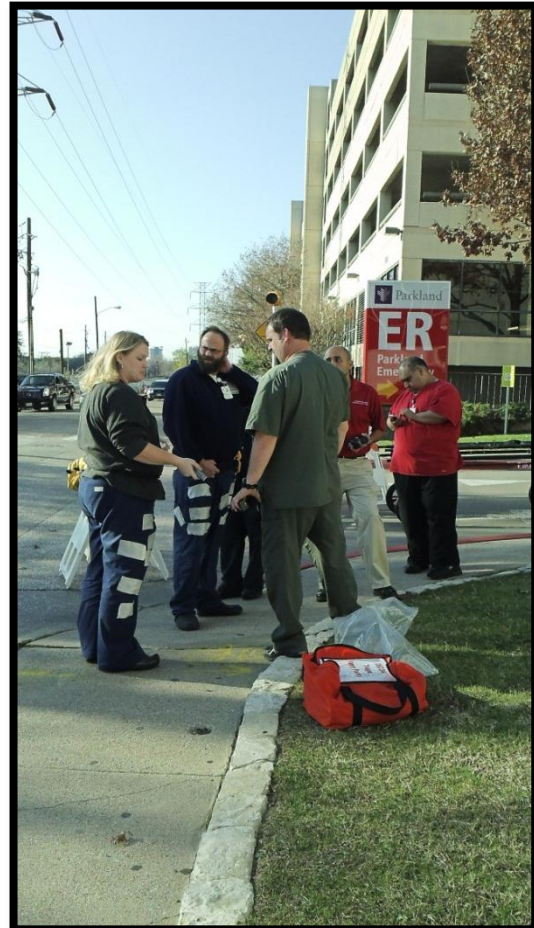
Level I – Comprehensive Stroke Facility

Level II – Primary Stroke Facility

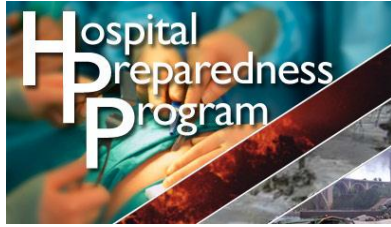
Level III – Support Stroke Facility

Stroke Facilities	Level
MEDICAL CENTER OF PLANO	I
PLAZA MEDICAL CENTER OF FORT WORTH	I
BAYLOR MEDICAL CENTER AT GARLAND	II
BAYLOR MEDICAL CENTER AT IRVING	II
BAYLOR REGIONAL MED CENTER AT GRAPEVINE	II
BAYLOR REGIONAL MED CENTER AT PLANO	II
BAYLOR UNIVERSITY MEDICAL CENTER	II
CENNTENNIAL MEDICAL CENTER	II
DALLAS REGIONAL MEDICAL CENTER	II
DENTON REGIONAL MEDICAL CENTER	II
DOCTORS HOSPITAL AT WHITE ROCK	II
JPS HEALTH NETWORK	II
LAS COLINAS MEDICAL CENTER	II
MEDICAL CENTER OF ARLINGTON	II
MEDICAL CENTER OF LEWISVILLE	II
MEDICAL CENTER OF MCKINNEY	II
MEDICAL CENTER OF PLANO	II
MEDICAL CITY DALLAS HOSPITAL	II
METHODIST CHARLTON MEDICAL CENTER	II
METHODIST DALLAS MEDICAL CENTER	II
METHODIST RICHARDSON MEDICAL CENTER	II
NORTH HILLS HOSPITAL	II
PARKLAND HEALTH & HOSPITAL SYSTEM	II
TEXAS HEALTH ARLINGTON MEMORIAL HOSPITAL	II
TEXAS HEALTH HARRIS METHODIST HEB	II
TEXAS HEALTH HARRIS METHOD HOSPITAL FW	II
TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS	II
TEXAS HEALTH PRESBYTERIAN HOSPITAL DENTON	II
TEXAS HEALTH PRESBYTERIAN HOSPITAL PLANO	II
TEXAS HEALTH PRESBYTERIAN HOSPITAL WNJ	II
TEXOMA MEDICAL CENTER	II
UT SOUTHWESTERN UNIVERSITY HOSPITAL	II
WISE REGIONAL HEALTH SYSTEM	II
NORTH TEXAS MEDICAL CENTER	III
TEXAS HEALTH HARRIS METHODIST HOSPITAL AZLE	III
TEXAS HEALTH PRESBYTERIAN HOSPITAL KAUFMAN	III

These designation levels are considered in the NCTTRAC *Regional Stroke System Plan*, as reviewed annually by the NCTTRAC Stroke Committee with the input of other clinically oriented committees such as EMS and SPI. Any changes are then presented to the NCTTRAC General Membership for adoption to provide guidance with the decision on the best facility to receive a pre-hospital patient with stroke signs and symptoms. As of December 1, 2013, there were 121 designated stroke facilities in Texas with 37 (30%) in this RAC's nineteen counties!



Hospital Preparedness Program



The Hospital Preparedness Program nationwide experienced a sea change in philosophy and focus as it transitioned into a third five-year program phase. Beginning in Program Year 11 (July 2012 – June 2013), the federal program was realigned under the management of the Centers for Disease Control and Prevention, which unified preparedness activities for both the Public Health Emergency Preparedness Program and the Hospital Preparedness Program. This transition presented fifteen new “capability” goals and objectives

intended to build a healthcare coalition that can respond to, and recover from disasters affecting the provision of public health services and the delivery of medical care.

The end of Program Year 11 witnessed the conclusion of all HPP contracts and letters of agreement throughout Texas, and NCTTRAC’s contract with the Department of State Health Services was no exception. Beginning in the fall of 2012, DSHS began discussions on future expectations on managing the new fifteen capabilities. These efforts resulted in the State issuing a request for proposal that required prospective contractors to develop a detailed four-year plan that would achieve all the program capability requirements through June 2017. After an arduous five-month application effort, DSHS selected NCTTRAC to continue as the HPP contractor for Trauma Service Area E.

NCTTRAC entered into Program Year 12 in July 2013 by refocusing on the continued development of the regional Healthcare Coalition, comprised mostly of hospitals and EMS agencies. Concentrating on *regional* approaches to disaster health care delivery, hospitals and EMS agencies perform core missions with the support of public health, behavioral health, and local and state jurisdiction emergency management agencies. NCTTRAC enhanced its development of the TSA-E Medical Operations Center, supporting regional healthcare delivery and further integrating NCTTRAC’s multiagency coordination center with state command centers.

DSHS also selected NCTTRAC to continue as the Lead Contractor for Emergency Medical Task Force 2, representing TSA-C (Wichita Falls), TSA-D (Abilene), and NCTTRAC’s TSA-E. EMTF-2 has grown into one of the most capable, vibrant response organizations of its type in Texas.



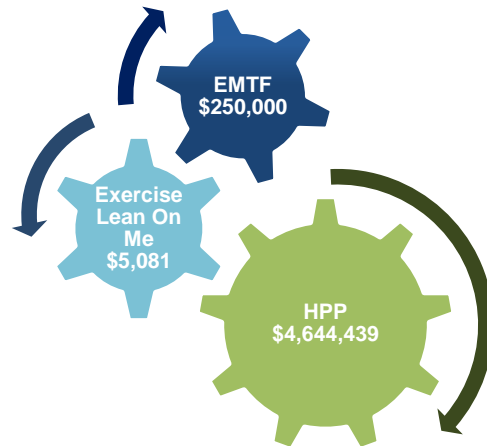
Health and medical disaster response and EMTF activities have been enhanced by operation of NCTTRAC’s emergency medical warehouse, which has garnered statewide praise for its organization, support capability, and responsiveness. NCTTRAC Logistics staff maintain over \$4.5 million dollars in medical devices, non-pharmaceuticals, and deployable equipment. Significantly, NCTTRAC is licensed by the State of Texas to hold these items, as well as medical oxygen supplies, and has received a flawless report from DSHS regulators.

NCTTRAC continued its healthcare coalition leadership role, expanding essential and supporting partners to form one of the largest healthcare preparedness coalitions in the nation. As Program Year 12 started, the TSA-E Healthcare Coalition had 481 supporting members, including 127 of TSA-E’s 163 hospitals. Of these hospitals, all 34 designated trauma centers, and another six acute care hospitals that are pursuing designation are participating. Within the 19 county trauma service area, another six academic agencies, 44 emergency management departments, 276 EMS agencies, 5 non-governmental agencies, six public health departments, and 12 public safety departments help form the coalition. Of these, over 190 hospitals, EMS agencies, fire departments, public health departments, and jurisdictional emergency management offices are considered essential to the Coalition’s provision of disaster health care services.

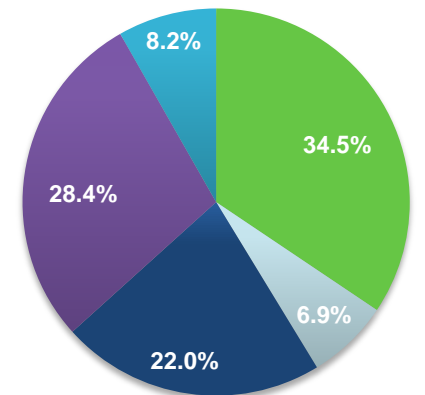
HPP Funding

Contract Award

NCTTRAC received \$4,644,439 in baseline HPP funding for the period July 1, 2012 – June 30, 2013. This represented 19.1% of the federal \$21,864,933 award received by Texas. Supplemental funding for development of emergency medical task forces (\$250,000), and a minor award for the support of *Exercise Lean on Me* (\$5,081), boosted program funding to \$4,889,520.



HPP Funding Distribution by Capability



- Healthcare System Preparedness
- Emergency Operations Coordination
- Information Sharing
- Medical Surge
- Responder Safety & Health

Funding Distribution

HPP expenditures promoted the growth of the healthcare coalition, emergency medical task forces, and hospital readiness in Year 11.

HPP YEAR 11 FUNDING COSTS by Program Activity

HPP Capability	Spent	Funding %
Healthcare System Preparedness	\$1,682,795	34.5%
Healthcare System Recovery	\$ -- 0 --	0%
Emergency Operations Coordination	\$335,668	6.9%
Fatality Management	\$-- 0 --	0%
Information Sharing	\$1,077,315	22.0%
Medical Surge	\$1,390,273	28.4%
Responder Safety & Health	\$403,307	8.2%
Volunteer Management	\$--0--	0%
Total	\$4,889,358	



EMTF-2 team members participated with teams from around Texas in Exercise Lean On Me held in Bastrop, TX. EMTF-2 was led by Task Force Leader Ricky Reeves from the Lewisville FD and Vice Chair of NCTTRAC.

Logistics and Transportation

The Logistics and Transportation Division acts as an integral part of the NCTTRAC's regional response plan, providing contract management, procurement, asset management, and distribution services to Healthcare Coalition members and Emergency Medical Task Forces.

A customer service-oriented division of NCTTRAC, Logistics manages the NCTTRAC emergency medical Warehouse and supports the daily and long-term needs of Emergency Medical Task Force 2 mobilization equipment, supplies, and maintenance. In HPP Program Year 11, Logistics facilitated procurement of regional projects exceeding \$2.045 million, and \$400,000 in hospital subrecipient projects.

The Logistics Division supports HPP subrecipient agencies, which hold over \$24 million in HPP inventory, including the ventilators and defibrillators shown at right. NCTTRAC's inventory, also managed by Logistics, includes EMTF-2 response equipment, and exceeds \$4.5 million.

Operation of the NCTTRAC Emergency Medical Warehouse is unique within Texas. Fully licensed by the State, the Warehouse occupies 22,800 square feet, with 1,800 square feet of climate-controlled space for storage of medical devices, and office area that supports an alternative TSA-E Medical Operations Center. It holds all major deployable EMTF-2 assets and caches.



Logistics and Transportation Division Keynotes

- Licensed by Texas Department of State Health Services as a Non-pharmaceutical and Medical Device Distributor with medical gas license
- Manages over \$4.5 million in inventory
- More than 5,700 line items
- 11 trailers and 2 prime mover trucks
- 11 medical device caches
- Medical Evacuation equipment cache
- Mass Fatality equipment Cache
- Radiological detection and identification cache
- Personal Protective Equipment (PPE) and Decontamination equipment
- 250,000 N95 masks
- 39 ventilators, 45 suction units, 4 AEDs, 3 12-lead defibrillators
- HAM and commercial band radios and antennas



Regional Medical Operations and Response

Trauma Service Area – E Medical Operations Center

The development of response capabilities and the Emergency Medical Task Force throughout our region has driven NCTTRAC's Operations Division and the TSA-E Medical Operations Center's (E-MOC) growth and expansion significantly this past year. In previous years, training, exercise, and Hospital Preparedness Program performance elements have been the benchmark of operational success by our organization with support from our regional partners that together form our Healthcare Coalition.

This past year, real emergencies set the stage for actual response coordination and collaboration with state, regional and local partners. Interface with the state's role through the Department of State Health Services and Texas Division of Emergency Management was strengthened. Regional partnerships between DSHS regional Health Service Region 2/3 and the Disaster District Committees were fostered. Local relationships that have long existed between NCTTRAC and hospitals, EMS, public health, and emergency management continued to be built.

Please join us as you read through these next few pages to understand and see, firsthand through pictures, how our partnerships have made our community stronger.



West, Texas Explosion

The role of NCTTRAC's regional coordination of emergency healthcare services expanded exponentially this past year as efforts to serve the community as part of the Healthcare Coalition increased. With the devastating explosion in West, Texas, a call to action was sent out for the deployment of assets from across the state. Our region's emergency responders stepped into immediate action to assist our neighboring community. Regional Air Medical assets were called upon to transport the initial wave of injured patients and area hospitals were on the receiving end of many of these transports. The Department of State Health Services made immediate requests



for deployment of our regionally-held AMBUSes, two of which deployed from Cedar Hill and Frisco Fire Departments.

With the initial estimation of size and scope of the disaster, NCTTRAC's Regional Emergency Medical Operation Center (E-MOC) activated in response to the coordination needs of regional Emergency Medical Task Force elements, deployment support for the AMBUS crews, and patient transport and tracking awareness. The West, Texas explosion was one of the first statewide emergencies which drew upon the Emergency Medical Task Force capabilities in terms of a



Mobile Medical Unit deployment with equipment, medical supplies, and medical personnel along with AMBUSes and their fully staffed crews, and Ambulance Strike Teams. Response assets and personnel were sent as part of an official Statewide Mission Activation of the Task Force to assist with emergency efforts. Five Ambulance Strike Teams were put on alert with over 25 ambulances available to deploy immediately should our assets have been called upon.

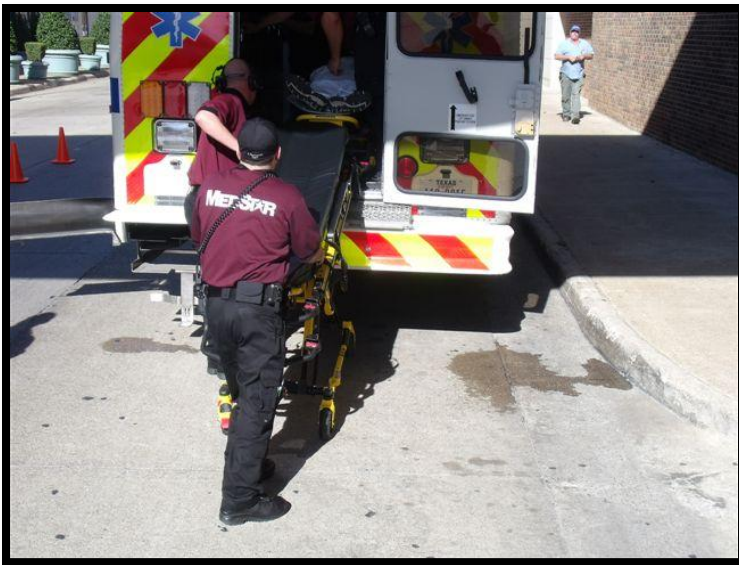
Spring Tornado Season 2013

On the heels of the West, Texas emergency came a vicious spring storm season that brought devastating tornadoes, high winds and flooding. In the course of just a couple of months, our region responded in rapid succession to a host of emergencies impacting not only our area directly but communities both to the north and the south of our Trauma Service Area. Within our region, communities to south and west of the metroplex were heavily impacted including Granbury, Cleburne, and widespread impact in Ellis County. The regional Medical Operations Center was again activated to assist with an immediate call for help in the transport of multiple patients utilizing another of our regional Emergency Medical Task Force



AMBUSes (jointly operated by MedStar/Fort Worth FD). The AMBUS along with additional response assets from countless EMS and hospital partners came from across the region. Lake Granbury Medical Center, a NCTTRAC

member hospital, has been commended for its efforts when impacted with a medical surge of patients from this dangerous weather event. For our own region and beyond, calls went out twice again for the state of Texas to help support tornado-stricken areas in Oklahoma. The North Central Texas region, home to a host of emergency response assets and willing responders, were willingly placed on alert status and stood ready to deploy at a moment's notice if the state of Oklahoma had called for help. Our partnership with HCA North Texas and Lake Granbury Medical Center hospitals helped ensure that we had a cadre of physicians, nurses, and support staff ready to deploy as the clinical component of the EMTF-2 Mobile Medical Unit Strike Team.



A special thanks to Dr. Sharon Malone, MD, who has tirelessly supported the development of EMTF-2 with countless hours of commitment. The TSA-E regional MOC continues to support the efforts of our EMS and emergency healthcare partners across our area in direct assistance with coordination and deployment of regional assets. The unprecedented number of response activities NCTTRAC has supported has included the use of NCTTRAC's regional Crisis Application platforms for the Irving bus crash occurring April 11th and medical AMBUS support from Cedar Hill FD for the George W. Bush Presidential Center Dedication. Additionally, Chief Jeff Jones and his crew, who host Sherman FD's AMBUS, have long served the northern part of our region, even into Oklahoma, with proactive support of hospital drills, community displays, and emergency response.

Emergency Medical Task Force (EMTF-2): Training, Exercise, and Capability



With this current year's training and exercise efforts, our regional Emergency Medical Task Force became a reality. With the Department of State Health Services' cancellation of statewide response asset Memorandums of Agreement, it paved the way for Task Force elements to be recruited directly through the Trauma Service Area's lead Regional Advisory Council. Announcements were sent out in late Fall and early Winter that a new MOA relationship would be necessary between response agencies and NCTTRAC serving as the EMTF Lead RAC to prepare for any potential state mission activations issued by the State. For our region, our EMS partners stepped forward to sign their agreements and plan toward potential call-ups.

Mobile Medical Unit and Nurse Strike Teams Train!



This past year's training efforts continued to highlight regional needs as expressed by our Healthcare Coalition. With the evolution of the Emergency Medical Task Force, development of the Mobile Medical Unit Strike Team was at the forefront for regional development and growing concept and capability into reality. As the spring season unfolded, concerted efforts to provide training and exercise opportunities for our volunteers were underway. Training was conducted initially as a two-day session but streamlined to one for new team members and included EMTF statewide history and background along with discussion of the expectations for a Mobile Medical Unit Strike Team when it deploys in response to an emergency or disaster. Team members were provided a warehouse orientation session along with a "hands-on" opportunity to erect a partial Mobile Medical Unit tent configuration. The Mobile Medical Unit associated Emergency Room and Alternate Care Site caches were part of the orientation along with site-configuration training to allow clinical members a first-time learning environment to assess what equipment is available and how they will best utilize assets during an emergency. Our first Strike Team training marks an important milestone for joining static, warehouse emergency response assets with clinical personnel who have demonstrated the willingness and expertise to provide medical assistance to the state of Texas during an emergency. The Mobile Medical and Nurse Strike Teams are an essential part of the Emergency Medical Task Force and are made up of physicians, advanced practice professionals, nurses, paramedics, and administrative and logistical support personnel that comprise a dynamic team of experts ready to respond during an emergency. Growth of the team continues its momentum so, if you have an interest in joining this effort, please

come be part of a growing opportunity to provide emergency medical care and assistance as part of the Emergency Medical Task Force Team!

Over the course of a year's training, we now have one of the State's largest cadre of trained medical professionals representing 100 Mobile Medical Unit and Nurse Strike Team members. To the right is a graphic representation of number of personnel trained in terms of command staff, physicians, nurses, advanced practice professionals, paramedics,

technicians, clerks, and logistics support. This circular metric represents the collective team effort in terms of expertise, volunteers, coordination, and collaboration through a successful Healthcare Coalition structure!



Thanks to our volunteers!

The very nature of the Emergency Medical Task Force is dependent upon regional volunteers who step forward to be a part of the response team. NCTTRAC would like to recognize our partnerships with Lake Granbury Medical Center. Their medical volunteers were the very first to step forward to sign a MOA and provide a team of nurses to serve in a quick deployment – type 5 mission. Also, a special thank you to Dr Sharon Malone who has volunteered her service as medical advisor for the EMTF both statewide and regionally. She has been instrumental in helping get our regional program off the ground and brings unbridled enthusiasm and expertise to our area. We are fortunate to have her as a local resource and mentor!



One of the most important aspects associated with the deployment of a Mobile Medical Unit is the sheer size and scope of equipment and moving pieces and parts. This past year we had a tremendous team of logistics support who helped us through a full scale exercise and the Governor's Display in



Austin. Dinah Cannefax and her team members partnered with NCTTRAC through a MOA for logistics and equipment support. It took a village to set up, secure, maintain, and demobilize all of the associated assets that allow a Mobile Medical Unit to function as a triage and stabilization unit. Her team was instrumental in helping support and safely maintain regional equipment during mobilization activities, a full scale exercise, and static display - even spending a long night in the tent during a ferocious spring storm to ensure safety and integrity of the equipment!

Mobile Medical Unit Partnership with HCA North Texas and Questcare Physician Group!

NCTTRAC hosts a tremendous state and regional asset in terms of trained personnel able to deploy downrange during an emergency event with 100 members trained. In terms of numbers and capability, this translates to three full

HCA North Texas

Type 1 teams, each including 32 specialized positions able to fulfil 24 hour continuous mobile medical response during disaster events. A new partnership was established this past year with HCA North Texas Division and its hospitals to bring this Type 1 capability, three-fold over, to the state and our region. Through the tireless recruitment efforts of Jacob Johnson and Ronnie Ikeler, the Department of State Health Services Emergency



Medical Task Force Response MOA was reviewed and fully vetted by the HCA North Texas division at a regional level, a national corporate level, and ultimately paved the way for our own individual, regional hospitals to align medical and specialized personnel to complete these teams. With the addition of Questcare physician's group, this system-wide approach by HCA hospitals and partnership with Questcare physicians has been a successful model in terms of medical

control by physicians with a full complement of Type 1 medical team comprised of nurses, paramedics, technicians, clerks, and logistics. This partnership represents one of the largest of its kind in the state, and NCTTRAC is proud to partner with both to bring emergency response volunteers and equipment asset capability to our region and the state!

Command and Control Task Force Leadership



With the growth of the Emergency Medical Task Force and its deployment capability, special recognition should be extended to the Task Force Leaders who have helped build its current capability. Chief Ricky Reeves, with the Lewisville Fire Department, has long served NCTTRAC through countless volunteer hours and currently holds the Vice Chair position on the Board of Directors. He also has led the way across the state and regionally to develop the EMTF program across the state and is widely respected for his expertise and leadership.

Chief Reeves was EMTF-2's first Task Force Leader and has been involved in all of the full scale exercises, static displays, and deployment requests as an EMTF and Medical Incident Support Team Leader. Chief Jeff Morris, with the Euless Fire Department, also served as our secondary Task Force Leader



and brought his expertise to EMTF through our full scale exercise and the spring tornado season. Chief Cameron Kraemer, with Frisco Fire Department served as our tertiary Task Force Leader and has committed much of his time in support of the EMTF as well as hosting one of our four regional AMBUSes through Frisco Fire Department's support.

Having the support of these recognized and respected regional leaders has made the Emergency Medical Task Force what it is today.

EMTF-2 at TDEM's Governor's "Showcase"

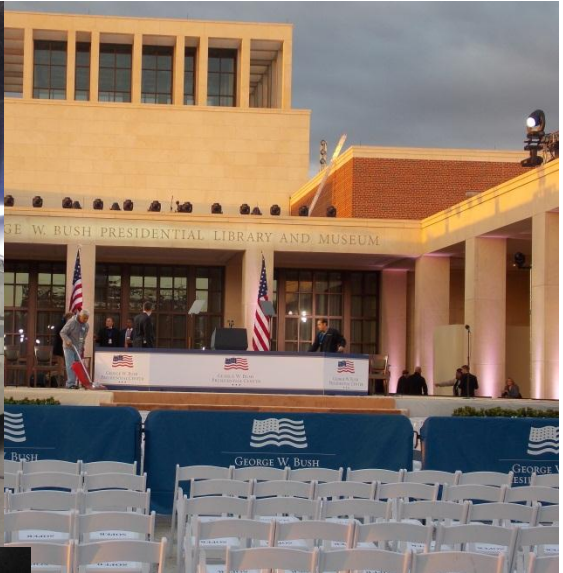


On Friday, May 31st, the Texas Department of Public Safety Division of Emergency Management (TDEM) hosted a hurricane emergency response exercise and resource showcase at the Austin-Bergstrom International Airport (ABIA). TDEM conducted a tour of state equipment and resources and held a press conference with various state officials and emergency responders to discuss the 2013 Hurricane Season. The Texas Emergency Medical Task Force (EMTF) had a significant footprint for the exercise and showcase while also providing force protection for everyone on site. Five of the eight EMTF regions were represented on site with three AMBUSs, an Ambulance Strike Team, and a Mobile Medical Unit that included four interconnected tents and two command trailers from multiple regions. This was a true showcase of multi-region coordination of Texas EMTF Task Force assets.

EMTF-2 deployed our Mobile Medical Unit (MMU), to include our Zumro Tent System, ER Medical Cache, and MMU Strike Team personnel. Many of our MMU Strike Team partners (shown below) from across our region deployed, including: HCA, Lake Granbury Medical Center, MedStar, Cannefax Consulting, and Dr. Sharon Malone. Region 2 Medical – Incident Support Team (M-IST) members were also on site, supporting the set-up and staging of the MMU assets. The past quarter has seen some major development of the MMU Strike Team and this was a wonderful opportunity that allowed some of our new MMU clinical and logistics partners a chance to deploy with our assets for the first time. We continue to grow and develop the EMTF-2 team; if you are interested in more information or joining the EMTF team, please feel free to contact Sara Jensen at 817-607-7018 or sjensen@ncttrac.org. You can also check out our website at: <http://www.ncttrac.org>.

Regional AMBUSes on the Move – A Year in Pictures!

A Special Note of Recognition and Thanks for Our Regional AMBUS Partners: Frisco Fire Department, Sherman Fire Department, Cedar Hill Fire Department, and MedStar/City of Fort Worth Fire Department.





NCTTRAC Operations – Regional Exercise Development

Regional Functional-Level Exercise - Vantage Point

Each year, NCTTRAC is committed to the development and execution of a regional functional-level exercise opportunity for Healthcare Coalition partners to participate in. This past year, NCTTRAC facilitated its latest regional exercise, REGEX VANTAGE POINT and is the latest in a series of functional level, HSEEP-compliant exercises that NCTTRAC continues to provide for the Trauma Service Area-E healthcare partners. Vantage Point was built upon previous lessons learned and provided a platform for Healthcare Coalition partners to test their organizational capabilities and Emergency Support Function (ESF) - 8 coordination in response to an act of biological terrorism related to food safety and



medical surge. NCTTRAC worked jointly with public health and emergency healthcare partners during the development of the exercise to foster a ‘Whole of Community’ regional approach. As a test of the Trauma Service Area – E Medical Operations Center (E-MOC), NCTTRAC hosted an additional tier of activity at a functional level to promote healthcare system preparedness via crisis applications and redundant communications. This functional

portion of the exercise involved nearly 150 users, representing over 100 agencies, performing tasks within WebEOC, E*TRACS, and EMResource. Additional exercise activity also targeted functional roles for regional TSA – E MOC liaisons by hosting exercise-driven discussion among regional partner representatives. In support of a regional focus, the TSA- E MOC simulated a full activation and was staffed by 14 partner liaisons serving as representatives for the region’s EMS, emergency management, public health, and hospital partnership for an unprecedented level of exercise activity and coordination. The scenario included intentional contamination of widely



distributed food products as part of a terroristic threat. Scenario action drove regional healthcare response testing the integration of public health with hospital, local medical operations centers , EMS and emergency management agencies. Thank you to our partners who participated across the region and for serving locally or virtually through our TSA-E Medical Operations Center!

REGEX Vantage Point was designed to:

- Evaluate capability of hospital to implement the Hospital Incident Command System (HICS) in response to biological terrorism and patient surge.

- Evaluate interoperable communications to include two-way radio communication and redundancy.
- Evaluate regional ESF-8 integration and communication modalities for resource requests.
- Evaluate ability to assess critical medication and resources inventory and track patient surveillance data for regional ESF-8 preparedness purposes.
- Evaluate awareness and use of regional ESF-8 Crisis Application tools (E*TRACS, WebEOC, and EMResource) for hospital status (to include bed availability) and reporting measures due to an influx of patients caused by a regional public health emergency.

Regional Full-Scale Exercise – Black Rain



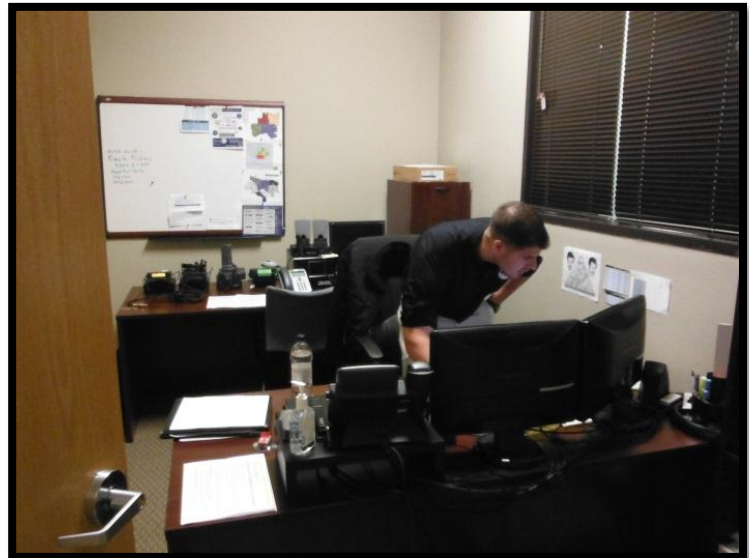
On April 17th and 18th, NCTTRAC initiated the second annual full-scale exercise designed to test the capability of the Emergency Medical Task Force, better known as EMTF, for Region-2. With an excited yet cautious step forward this year, the EMTF exercise took place on the North Hills Hospital campus in North Richland Hills. The previous year, May 23rd, 2012, marked the first full-scale exercise for EMTF known as “REGEX Trinity.” REGEX Trinity served as the initial testing of the EMTF equipment and assets available then to deploy, at a time when the entire mission package had not been received. REGEX Black Rain was the first full-scale exercise NCTTRAC has conducted on a hospital campus. Although tempered by the West, Texas explosion which occurred the night of the 17th, REGEX Black Rain was a beneficial set-up exercise in combining both the EMTF Zumro tent assets with Base-X tents that have been provided to jurisdictions and represent the region’s initial efforts to establish mobile medical and sheltering capability. The goal of these exercises is to stress and evaluate the regional disaster medical response potential that continues to develop within the North Central Texas region. Elements of the EMTF concept (Command Personnel, Ambulance Strike Team, AMBUS or Multi-patient Vehicle, Mobile Medical Unit Strike Team) were present to interact as a simulated hospital evacuation escalated to a regional response level. A special “thank you!” to Kathy Humphrey with North Hills Hospital and Chief Chris Jungst with North Richland Hills Fire Department for your coordinating efforts. We are also thankful for the leadership and direction of Chief Ricky Reeves (Lewisville FD), Chief Jeff Morris (Euless FD), Chief Cameron Kraemer (Frisco FD), and Chief Todd Jamison (Little Elm FD), and Chief David Stapp with the City of Arlington Fire Department in preparation for this exercise.



Crisis Applications and Communication Drills and Training

As the year progressed, NCTTRAC increased and enhanced the number and quality of communication drill opportunities available for regional Healthcare Coalition partners to test their proficiency in the use of WebEOC, E*TRACS, and EMResource as well as redundant communication methods. The monthly radio net hosted by NCTTRAC has become a regional platform for hospitals and emergency management partners to test communication capability. Through this emphasis, NCTTRAC’s own TSA-E Medical Operations Center has expanded its capacity to communicate throughout the entire 19 county region by use of amateur radio, DFW-Wide, and the DFW CONNCT overlay to increase existing capability.

With the necessary specialization and emphasis on regional communication, NCTTRAC's Communication and Operations Support Coordinator, Cory Sockwell, recently completed COML training as part of the focus on communications capability and assessment for this region. The All-Hazards Communications Unit Leader (COML) course trains emergency responders to serve as radio communications unit leaders during all-hazards emergency operations. COMLs are responsible for building and providing Incident Radio Communication Plans, distributing communication equipment, providing communication support, and managing communication assets and personnel during an incident. The position is



an essential component of EMOC operations when activated as well as communications drills and exercises. During the three day training course, (courtesy of the North Central Texas Council of Governments) attendees were assigned to teams of five for group exercises and training. Exercises consisted of analyzing incidents and building a communications plan addressing the communication needs of the event. Within the plan, groups simulated development of resource request forms and filling out ICS 205 Incident Radio Communications Plan Forms. This form is the primary source document for communications and information during an incident. Classroom information also included didactic learning of specific communications information for the COML. The class learned about different types of radio frequencies and capabilities, personnel safety and security, and planning for deployment communications setups in areas where communication has been degraded. Exercises built teamwork and gave each member a chance to add valuable knowledge and ideas. Additionally, experienced instructors provided participants with practical knowledge.



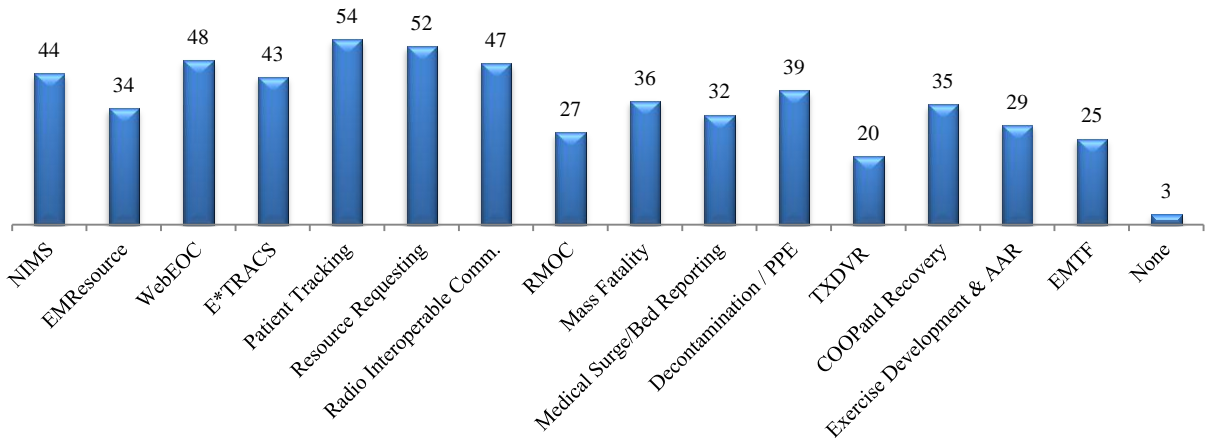
NCTTRAC would also like to recognize a regional volunteer who is helping NCTTRAC and its regions hospitals expand its radio communication capabilities. Mr. Dave Walker has volunteered his time and effort over countless hours in support of NCTTRAC's monthly communication drills, hospital installation of radio equipment, the NCTTRAC warehouse installation of radio equipment – to name a few! We all know when Mr Walker shows up in the early morning on a Friday, it's time for our region's radio net. Thanks, Dave, for all your support and guidance this past year!

HPP Year 11 Survey/Baseline Assessment

Surveys, Reports, and Metrics Support RAC Operations Capability Focus

NCTTRAC Operations is proud to continue providing staff expertise for data and analysis. So far we have been able to distribute metrics that display the findings of the YR 11 HPP End of Year Survey and Baseline Assessment, No Notice DSHS Bed Report, and YR 11 Performance Measures Report. From the YR 11 HPP End of Year Survey and Baseline Assessment, we were able to discover facility affirmed training gaps. The top three training gaps include Patient Tracking, Resource Requesting, and Crisis Applications- WebEOC. We were able to use these findings to outline the Multi Year Training and Exercise Plan for the 2013-2017 periods. Initial crisis applications training will be offered quarterly to meet the region’s demands for refresher and new user training in EMResource, E*TRACS, and WebEOC. Additional topic-specific user training (e.g. “How to send an E*TRACS alert” or “How to update your Available Beds and Ventilators”) for each of the applications will be developed and available through our website.

If there is additional training emphasis that you would like to see, please contact our Training and Exercises Coordinator, Craig Brein, at NCTTRAC_TEPI@ncttrac.org to ensure that your training needs are met. Be sure to visit our Training and Exercises site often for the latest in educational opportunities at www.ncttrac.org/training.



Next year’s activities!



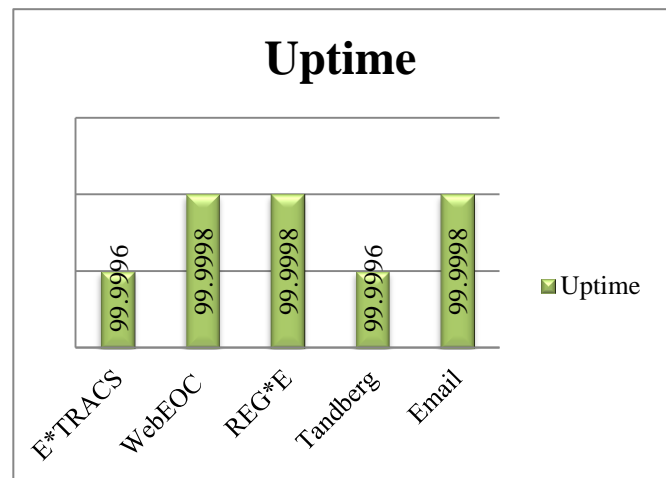
Data and Information Systems Division

The mission of the Data and Information Systems Division is to provide superior crisis application systems and customer service to support the mission of NCTTRAC and its partners.

This past year brought many changes to the Data and Information Systems Division (DIS). In 2011, we expanded the support to our membership and partners and experienced some infrastructure challenges in that phase. The last half of the calendar year of 2012 was a time to focus on the internal infrastructure of the organization to prepare for the next cycle of growth. As planned, the division completed a total migration of WebEOC, REG*E and E*TRACS to new server hardware. This change was badly needed as we had seen a growth to over 2500 users using those systems. With that addition, we also worked with our vendors to provide more user-friendly products. The positive effects of those endeavors are being realized as we close our year.

Uptime Report

NCTTRAC experienced more downtime this year than in the prior two years. As noted, we performed significant server migrations for the crisis applications servers causing the majority of the outages. In reality, the outages were equal to about 4 minutes of total downtime over the past year. We consider this an opportunity for improvement. The evaluations of different IT disaster recovery solutions were explored in 2012 to reduce this number further. We ended the year in putting the first of several pieces of virtual equipment in place to move towards improvement.



WebEOC and E*TRACS Applications

WebEOC was refined this past year. We worked hard to improve the functionality of the existing boards and provide a simple approach to usage of the software. There were a few boards tested in 2012 and determined to be of little value or too complicated for the quick and efficient sharing of information. The testing or piloting of boards provides assurances that we are working to improve the flow of information. This approach was augmented by the close alignment of the Crisis Applications Administrator with the Operations Division. That alignment assisted both divisions with a deeper understanding of the needs of the community and increased functionality of the software.

One example of increased functionality was the rewriting of the WebEOC boards to work in the iPad or Tablet platform. The buttons and tables were formatted to be easily navigated on those devices. The new formatting provided an opportunity to update some of the nomenclature, clearing up some areas of confusion. The newer formatting became the example at a state level of board functionality and ease of use.

The backend of WebEOC was also managed to provide a stronger infrastructure presence. We continued the effort to participate in the North Central Texas WebEOC Administration Group. This participation allows us to more effectively tie the regional emergency management groups into the healthcare sector.

WebEOC is continually being evaluated for effectiveness and support to our members. In the coming years, we will continue to consolidate some of the functionality and provide a broader view of the region for our partners.

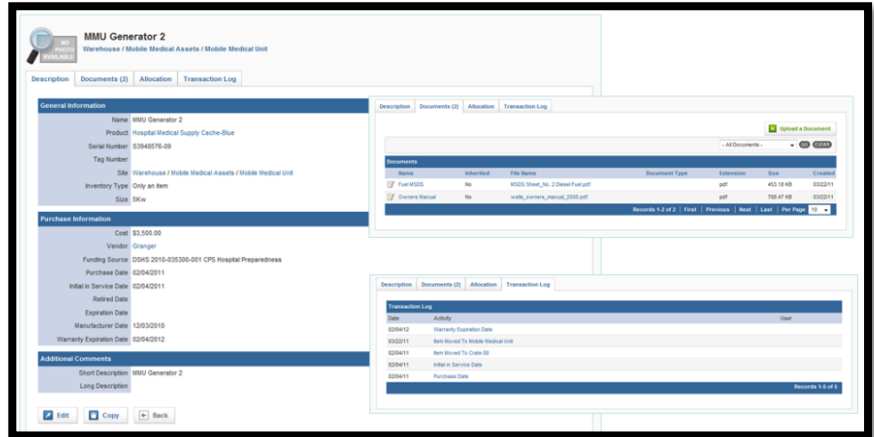


E*TRACS saw its share of improvements and functionality increases this past year. The procurement module completed a second year of the ASPR HPP grant cycle. Many things were learned in the previous year that became the background for the improvement of the inventory and procurement modules. The import and reporting functionality were both points of focus; allowing inventories from 2009 to present be loaded for many HPP participants.

HPP participants were not the only group that benefited from the Procurement module updates. EMS County Assistance recipients information was captured in E*TRACS. Because of the vast differences in the program requirements, there are improvements being planned for the coming year. Despite the challenges, this was a move forward for the overall system.

Bed Reporting continued to be a strong point our response to state incidents. We used the system to determine availability in several real events, as well as, exercises. The ability to rapidly report that information continues to be instrumental in our overall response.

The integration of Everbridge was a goal for the past year and great strides were made in that direction. The backend of the system is was put into place during the first phase of the project. In the coming year, we will roll out the user interface allow each user to set up their own notification preferences. Simultaneously, the reporting fields will be enabled creating reports that are more granular. This improvement grants us the ability to directly monitor the effectiveness of our alerts and extends that ability into the agencies.



REG*E

REG*E is the regional emergency healthcare patient data collection registry serving Trauma Service Area – E (TSA-E). REG*E has matured a great deal in the last 12 months. We have moved forward with many different areas across the EMS and Hospital environments.

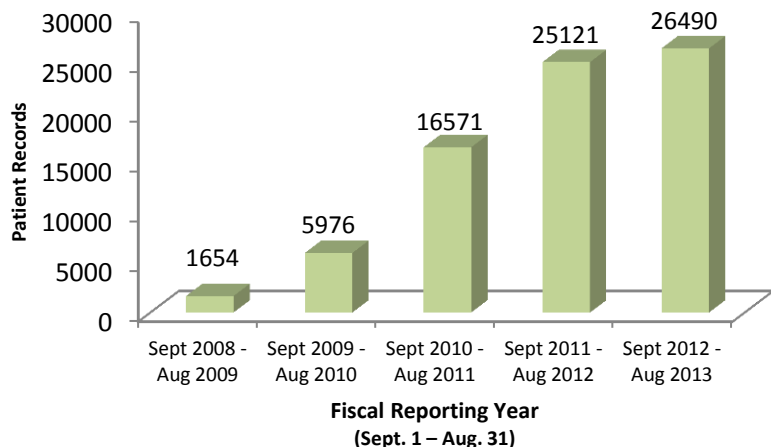


REG*E EMS and Trauma Centers Data Success

NCTTRAC continues to measure success with the amount of data that is being submitted to the registry. This is important because the volume of data allows us to provide a larger scope of reporting and contributes to the ease of blinding information. The maturity of the system can be seen in the flattening of the number of reports in the system.

While this chart shows a small increase,

REG*E Hospital Records Growth

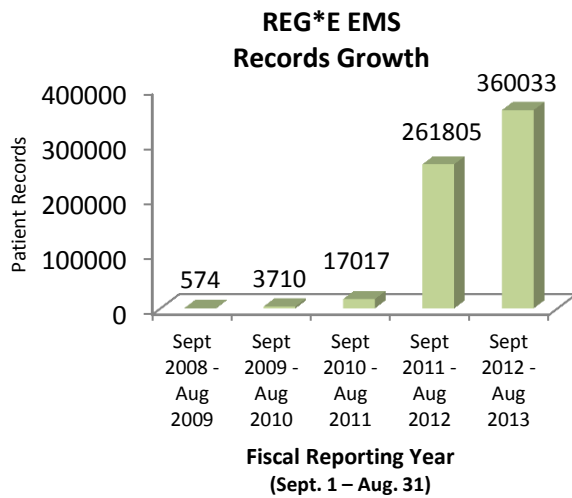


from 2011-2012 year, it should be noted that amount is actually an increase of nearly 10,000 records as reported from the prior year. There are several factors allow us to report the increase. All the records of 2012 are now in the system. This was a challenge in the 2011 year because of software compatibilities and reporting cycles. In 2012, the reporting cycle was further standardized and incompatibilities were resolved.

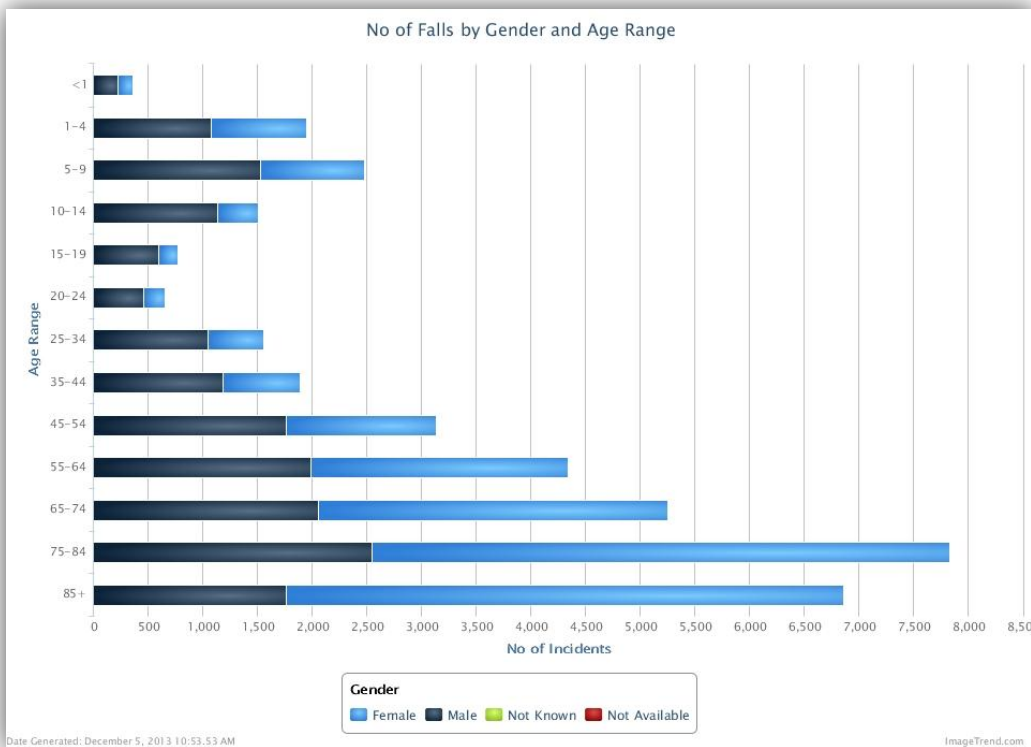
Similar incompatibilities were noted in the EMS reporting also. The subsequent fix is more dramatic. In this instance, EMS records imported into the system grew by 98,000 records. As with the hospital improvements, the growth in records will allows the Systems Performance Committee and the NCTTRAC staff to provide better reporting. One reporting feature the data provides is a way to benchmark EMS agencies with each other. This is something that has not been available to date.

New Reporting Tools

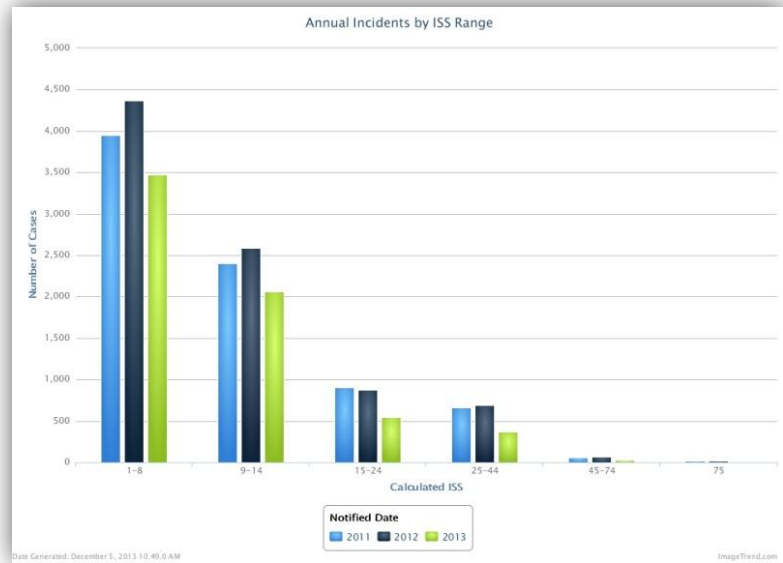
New reporting tools have made access to the data easier than it has been. The software vendor has been working on greatly improving the user management of information. That improvement is found in the reporting module updates.



As an example, knowledge about falls have been difficult to obtain because of the different data elements that can be selected for fall injuries. The report below is a screen shot of a simple report of falls by gender and age range.



A large focus of the staff at NCTTRAC this past year was on validation and completion of the data in REG*E. The task is difficult as the State of Texas has been moving forward with their adjustments to the state registry. There have been several changes to the required data fields creating additional teaching opportunities. A success of the teaching opportunities was found when a report was generated showing the Annual Incidents by ISS Range by year. This chart shows begins to describe the severity of trauma incidents by number of cases seen in a year. While this information only leads to a more comprehensive review, we are excited to see enough data in the system to show this type of information.



Several different aspects of NCTTRAC contributed to the successful increase of data and participation of the registry in 2012; however, committees provided the greatest motivation. The Trauma, Stroke, Cardiac, EMS and SPI committees all took time to review the data provided and contributed plans and best practices to improve the quality of the data received. In this past year, the request for reports because so focused, the Data and Informations Systems division created a way to electronically request a REG*E report. This system allows us to track the request and communicate with the requestor to ensure that all elements are being captured.

In 2014, we will see another change to the data elements and a more comprehensive reporting cycle. These changes will improve the validity of the information and assist in better reporting.

E*TRACS and REG*E Integration

One of the larger goals of the Data and Information Systems Division was to begin the groundwork for significant shift in how the region addresses the transition from day-to-day healthcare to a disaster or contingent treatment of multi-patient events.

The transition relies on the integration of E*TRACS and REG*E. To begin facilitating that transition, in July, the Clinical Informatics Supervisor was moved to the DIS division. Initially, this serves as a way to align the different interest of the emergency management versus the clinical applications. Ultimately, the different interest will be cohesively one system.

The two software sets, REG*E and E*TRACS have been upgraded to support seamless connectivity between the data sets. This phase prepares the software to provide a decision support mechanism by sharing numbers of patients with emergency management groups for decisions.



NCTTRAC's Future!

Upcoming Year's Highlights



Emergency Healthcare Systems

- DSHS / American College of Surgeons RAC Trauma System Survey
- 900 plus more backboards for TSA-E EMS agencies
- Expanded use of EMResource for air medical awareness and all hospital designations
- Pedimate Distribution through HPP for all NCTTRAC EMS Providers



Emergency Medical Operations

- Full Scale Statewide Exercise at Padre Island Spring Break
- Emergency Medical Task Force advanced level training
- Monthly NCTTRAC radio net with DDC and emergency management
- Regional communications assessment and plan



Data & Information Systems

- E*TRACS and REG*E integration
- Stepped-up server and site redundancies
- Expanded functionality for our Crisis Applications
- Increased mobile communications



Administration & Finance

- Member participation requirements review
- New funding opportunities through external grants
- NCTTRAC staff expanding to include a professional education manager
- Membership consideration for Freestanding Emergency Departments



Logistics & Transportation

- Supporting new regional projects for EMS response and hospital support
- Continued updates to communication equipment
- Medical cache development and specialization
- Additional equipment purchases in support of EMTF response

NCTTRAC

NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL

CHAIR

Rajesh Gandhi, MD
Trauma Medical Director
JPS Health Network
P.O. Box 33937
Fort Worth, TX 76162

Phone: (817) 702-5557
Fax: (817) 370-1373
Email: rgandhi@jpshealth.org

VICE CHAIR

Ricky Reeves
EMS Division Chief
Lewisville Fire Department
P.O. Box 299002
Lewisville, TX 75067

Phone: (972) 219-3580
Fax: (972) 219-3704
Email: rreeves@cityoflewisville.com

TREASURER

David Orcutt
CEO
Weatherford Regional Medical Center
713 East Anderson Street
Weatherford, TX 76086

Phone: (817) 341-2273
Email: david_orcutt@chs.net

SECRETARY

Amy Atnip
Director of Trauma Services & EMS
Medical Center of Plano
3901 W. 15th St.
Plano, TX 75075

Phone: (972) 519-1574
Fax: (469) 484-0606
Email: amy.atnip@hcahealthcare.com

EXECUTIVE DIRECTOR

Hendrik J. "Rick" Antonisse
Executive Director
North Central Texas Trauma Regional Advisory Council
600 Six Flags Dr., Suite 160
Arlington, TX 76011

Phone: (817) 608-0390
Fax: (817) 608-0399
Email: rantonisse@ncttrac.org

