NCTTRAC

NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL

2013 – 2014 ANNUAL REPORT

PREPARE. SUPPORT. RESPOND.

600 Six Flags Drive, Suite 160, Arlington, TX 76011 – 817.608.0390 – www.ncttrac.org


NORTH CENTRAL TEXAS TRAUMA
REGIONAL ADVISORY COUNCIL

Message from the Board Chair

Dear NCTTRAC Members,

As we approach the end of another year, and begin the last year of my tenure as the RAC Chair, I am pleased with the development of our RAC regionally. We have instituted a rate increase that will help us assure the RAC's continuing services in the years to come and we've attracted talent into the RAC employed ranks. Our registry is developing very well and we anticipate we will soon be providing contracted services through the data collection and information management systems we host to other entities and for purposes beyond our own regional registry. We have also increased our educational opportunities substantially for the region via our new nurse educator staff and developed our preparedness and disaster response capabilities and resources to reach new heights.

We have progressed strongly in our traditional Trauma and EMS systems development efforts, our emergency planning and prevention functions, as well as Cardiac, Stroke and Pediatric systems of care for the region. These committees have been very active with outstanding Chairpersons who have provided leadership and success in advancing these areas to the forefront. We expect to soon delve into neonatal and psychiatric systems of care as we continue to push for enhanced regional Performance Improvement measures in EMS, Trauma and all areas of RAC involvement.

With our age and accolades, we have started to capture a historical perspective of our RAC's development, starting with Jimmy Dunn's account of its origins and more recent accounts of our progress over the last ten years. As we organizationally develop from adolescence into young adulthood as a RAC we will need to look toward the American College of Surgeons and the new Orange Book, making it incumbent on us to commit to an even better regional trauma and emergency healthcare system. While Texas depends on its Governors EMS and Trauma Advisory Council (GETAC) as a major player in forming a stable statewide trauma system, regionally we are tasked to improve our trauma system via our RAC. We have developed new technologies in the pre-hospital arena such as ultrasound and have made further progress in our research in outcomes as a region. The future, I believe, will need to address our performance improvement and patient safety efforts in a more directed fashion. I am hoping to gather the Trauma Medical Directors together in the region and have a more robust performance improvement process regionally in order to account for these criteria as mentioned in the Orange Book by the American College of Surgeons Committee on Trauma.

As I will finish my last year as Chair I continue to be awed by all the work you all do and cannot quantify in words my admiration for the dedication that I see on a constant basis. I wish you all well in health and happiness, both for yourselves and your families, through the coming year.

Respectfully,

Raj

Rajesh R Gandhi, MD, PhD, FACS, SCCM

Chair, North Central Texas Trauma Regional Advisory Council

Message from the Executive director

In Memory of … a Giant

Dr. Erwin R. Thal

August 31, 1936 - December 13, 2014

He was NCTTRAC's first Chair. We met only once, but the energy and sincerity I felt in that brief introduction was profound. This was a man that I knew through his associated legacy and impact on RAC history, now twenty-plus years in the making, not through personal relationship. I had the privilege of attending his funeral service recently to hear from his friends and family and to feel more about him. He's the type, personally and professionally, we all wish we were. This edition of NCTTRAC's Annual Report is dedicated to Dr. Erwin R. Thal, for it is on his shoulders that we are built and it is on his vision that we continue.

Dr. Thal's work through the American College of Surgeons' (ACS) Committee on Trauma (COT) transformed the care of the injured patient. He and his colleagues developed and implemented the Trauma Center Verification Program. Under Dr. Thal's leadership and guidance as the Chair of the ACS Committee on Trauma, the Trauma Center Verification Program moved from an idea to a reality. His energetic leadership provided the driving force for this program. The principles developed by Dr. Thal and his colleagues have become the building blocks of the American College of Surgeons' approach to quality improvement and health care reform. As a result, his work has both improved and continues to improve care for literally millions of injured or ill patients worldwide. Dr. Thal served as Chair of the ACS, Committee on Trauma from 1986 to 1990. In 1992, Dr. Thal was honored as the Scudder Orator where he presented his address, Out of Apathy.

Looking back, he was an incredibly proud graduate of The Ohio State University, receiving his undergraduate degree in 1958 and his doctor of medicine degree in 1962. He completed his internship at Dallas' Parkland Memorial Hospital in 1963. He then spent two years in United States Air Force as a Captain, serving at Langley Air Force Base, in Virginia, where he received the Commendation Medal for Meritorious Service in 1966. Upon returning to Parkland and completing his general surgery residency, he then became a member of the UT Southwestern Department of Surgery faculty.

Since 1982, he had served as a Professor in the Department of Surgery at UT Southwestern Medical Center in Dallas. He was a beloved and inspirational leader at UT Southwestern and Parkland for fifty years. In this role, he led and developed the Dallas EMS system and continuously advocated for improvements in the Emergency Department at Parkland Hospital. In 1972, Dr. Thal was one of three surgeons who, with Chief Bill Roberts, developed and implemented the Dallas EMS System, which also included the development of the EMT training program. He was a champion for the EMS Act of 1973. In 1974, he and his colleagues expanded the program to include the paramedic training program. He then served as Chair of the EMS Advisory Committee from 1974 to1993.

Doctor Thal also advocated for the Parkland Emergency Department during these same years. He served as Chair of the Emergency Room Committee from 1971 to 1979. In 1973 he was a co-course director for the American College of Surgeons' course, "Treatment of Seriously Injured or Ill in the Emergency Department". He also served as chair of the local Committee on Trauma for Dallas from 1974 to 1995.

Throughout his time at UT Southwestern, Erwin was honored with many appointments and recognitions for his long list of accomplishments. Standouts among these include an Honorary Fire Chief appointment by the Dallas Fire Department in 1985, chairman of the American College of Surgeons committee on trauma from 1986-1990, an

Honorary Fellowship in the Royal Australasian College of Surgeons, a place on the Giants of Parkland Surgery wall, and an Alumni Achievement Award from the Ohio State University College of Medicine, the 2000 Minnie Stevens Piper Professor award, and numerous Excellence in Teaching Awards from Southwestern Medical School.

In Texas, Dr. Thal was one of a handful of key leaders responsible for establishing, developing and launching the Texas Trauma System. His leadership was essential to the creation of a robust Texas trauma system. Doctor Thal served as State Chair of the Committee on Trauma's North Texas Chapter from 1974 to 1982 and served on the Texas Trauma Technical Advisory Committee from 1990 to1995. Additionally, he was a member of the Emergency Health Care Advisory Committee, Trauma Sub-Committee from 1996 to 1998.

He was one of the key leaders, along with Dr. Ken Mattox, from Houston, to assist in drafting the first Texas trauma system rules. These rules called for the state to be divided into twenty-two trauma service areas for regional system planning, trauma facility designation standards, state trauma registry standards, injury prevention and outreach education. The resulting rules were implemented by the Texas Department of Health in 1992. He served us as the Chair of the North Central Texas Trauma Regional Advisory Council from 1993 to 1995.

Dr. Thal demonstrated extraordinary commitment to his community and served in multiple volunteer roles through his career. He served on the American Red Cross' Board of Directors from 1977 to present. He was a member of the Board of Trustees for the Dallas Cardiac Institute from 1981 to 1985. He was a member of the Greater Dallas Injury Prevention Center's Advisory Board from 1994 to 1996. He served on the committees for the Texas Medical Association, American Association for the Surgery of Trauma (Vice Chair 1996 to 1997), Southwestern Surgical Congress, Western Surgical Association and the International Society of Surgery. His commitment to education and the advancement of knowledge led him to author over one-hundred publications.

Doctor Thal's abundant enthusiasm and outgoing, inspirational personality will be profoundly missed. However, his legacy lives on in the efforts of the ACS Committee on Trauma, the Texas trauma system and the North Central Texas Trauma Regional Advisory Council. That legacy and spirit is clearly visible today in the efforts to continually improve and advance the care of injured patients in trauma centers across the world. He will be remembered as a loving husband, father, grandfather and friend to all that knew and loved him. He was generous, kindhearted, sharp-witted, and had a huge heart. Erwin Thal tenaciously rose above every adversity and challenge. He will be remembered for his practical jokes, sense of humor, unbridled energy and passion for teaching.

You are missed, Dr. Thal.

Special thanks to Dr. Ronnie Stewart and Jorie Klein for contributing much of what is shared through this dedication to Dr. Thal.

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. It remains that your awareness, your support, and your leadership, are essential to Trauma and Emergency Healthcare Systems development and improved patient outcomes. Thank you for your ongoing commitment to 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 – FY14

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

Board of Directors – FY15

FY 15 Board Position	Name	Organization
Chair	Dr. Rajesh Gandhi	JPS Health Network
Vice Chair	Ricky Reeves	Lewisville Fire Department
Secretary	Amy Atnip	Medical Center of Plano
Treasurer	David Orcutt	Weatherford Reg Med Center
Air Medical Committee	Mike Eastlee	Air Evac Lifeteam AE67
Cardiac Committee	Karen Yates	Methodist Mansfield Med Center
EMS Committee	Kevin Cunningham	Cedar Hill Fire Department
Finance Committee	Derrick Cuenca	Lake Granbury Medical Center
Pediatric Committee	Melinda Weaver	Cook Children's Med Center
Physician's Advisory Group Liaison	Dr. Bob Simonson	Emergency Medicine Conslutants
Professional Development Committee	Shawn White	Methodist Mansfield Med Center
Pub Ed/Injury Prevention Committee	Mary Ann Contreras	JPS Health Network
Regional Emergency Preparedness Committee	J.J. Jones	JPS Health Network
Stroke Committee	Sharon Eberlein	Plaza Med Center of Fort Worth
SPI Committee	Dwayne Howerton	Emergency Physician's Advisory Board
Trauma Committee	Lawan Smith / Jorie Klein (Interim)	TX Health Harris Methodist Hospital FW / Parkland Health & Hospital Syst
Zones Representative	Martha Headrick	Air Evac Lifeteam – North TX


NORTH CENTRAL TEXAS TRAUMA
REGIONAL ADVISORY COUNCIL

Executive Summary

We are pleased to provide a fourth consecutive NCTTRAC Annual Report, updating our members as well as Trauma and Emergency Healthcare coalition partners on "RAC" activity through the past program and fiscal years, between July 1st, 2013 through August 31st, 2014.

The North Central Texas Trauma Regional Advisory Council (NCTTRAC) celebrated its twentieth anniversary during 2014 as a Texas Non-Profit Corporation organized 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 supports one of the largest Trauma Service Areas in the state serving a growing population equal to 27% of the population of the State of Texas and approximately 2.3% of the population of the United States.

As NCTTRAC and our region continue to expand, major milestones have been reached this year, furthering our organizational effort for positive impact of the trauma care system in such a large and diverse region. Highlighted goals we've achieved together include:

- NCTTRAC's Board of Directors supported the hiring of a Clinical Informatics Manager to singularly pursue use of our regional registry data for analytics and informatics research. With the number of registry REG*E records now hitting over 3 million, the focus on extracting regional-specific benchmarking is a goal set to be achieved.

- NCTTRAC's Board of Directors also supported the hiring of an Emergency Healthcare Systems Nurse Educator to bring focus and opportunity for widespread clinical education across the region. A clearinghouse of educational offerings and clinical reference material has provided an immediate improvement and usefulness to NCTTRAC's website and course offerings available for the region.

- Emergency Healthcare Systems Support staff marked the highest level of activity, to date, for both the Emergency Medical Task Force and the Trauma Service Area – E Medical Operations Center. In addition to scheduled training and exercises, real-world events impacting the region this past year included "cobblestone" icing, severe winter weather, electrical grid down-time, and regional influenza surge. Responder mobilization and coordination also reached new levels with the largest deployment of the Emergency Medical Task Force – 2 in support of the annual South Padre Island Spring Break event marking a regional success story for coordination of a full team of physicians, nurses, paramedics, and support staff serving patients from across the state.

- Regional and statewide emphasis on consensus Trauma System Performance Improvement gained momentum while Stroke and STEMI plans expanded with earmarked, though minimal, funding and a highlighted focus on cardiovascular health data collection.

NCTTRAC continued to serve as the Hospital Preparedness Program (HPP) regional contractor in 2014 for the seventh consecutive year with NCTTRAC and its subrecipient hospitals and Emergency Medical Services agencies providing the core to an expanding Emergency Healthcare Coalition for the region.

Financial Overview

The Statement of Activities for the Fiscal Year Ended August 31, 2014 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, 2014 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 2014 were used to purchase over 900 backboards for EMS. During the 2013 program year, the EMS Committee created a distribution policy that addresses the challenges of how backboards are used and returned in the DFW area. The 2014 LPG grant was used to continue 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.

All contracts require that any funds remaining unobligated or unspent at the end of the contract period be returned to DSHS. 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, 2014

	EMS/RAC	TOBACCO	ASPR/HPP YR 12*	ASPR/HPP YR 13**	LPG	EMS/COUNTY ASSISTANCE	UNRESTRICTED	TOTAL
Revenue								
State of TX - DSHS	$ 247,816	$ 290,277	$ 4,772,191	$ 316,621	$ 84,996	$ 295,123	$ -	$ 6,007,024
Program Income	-	-	-	-	-	-	-	-
HPP Obligated not Requested	-	-	-	-	-	-	-	-
Membership Dues	-	-	-	-	-	-	236,234	236,234
Interest on Investments	-	-	-	-	-	-	169	169
Other	-	-	11,353	-	-	-	-	11,353
Sponsorships	-	-	-	-	-	-	1,000	1,000
Educational Registration	-	-	-	-	-	-	-	-
In-Kind Donations	-	-	-	-	-	-	-	-
Total Revenue	$ 247,816	$ 290,277	$ 4,783,543	$ 316,621	$ 84,996	$ 295,123	$ 237,403	$ 6,255,779
Expenditures								
Salaries	$ 146,720	$ 169,118	$ 725,966	$ 146,578	$ -	$ -	$ 62,157	$ 1,250,539
Fringe Benefits	36,478	35,879	172,817	34,630	-	-	3,890	283,694
Travel	-	-	24,382	6,892	-	-	19,873	51,147
Equipment	-	-	459,138	-	84,996	-	-	544,134
Supplies	-	-	325,123	3,861	-	-	339	329,323
Contractual	-	-	1,864,683	-	-	295,123	-	2,159,806
Other	59,765	82,280	817,711	79,965	-	-	37,352	1,077,073
Indirect	4,852	-	393,723	35,931	-	-	19,287	453,793
Unobligated	-	3,000		-	-	-	12,709	15,709
Total Expenditures	$ 247,816	$ 290,277	$ 4,783,543	$ 307,857	$ 84,996	$ 295,123	$ 155,607	$ 6,165,219
Revenues Over (Under) Expenditures	$ -	$ -	$ -	$ 8,764	$ -	$ -	$ 81,796	$ 90,560
Beginning Unrestricted Net Assets	-	-	-	-	-	-	293,656	293,656
Ending Temp Restricted Net Assets	-	-	-	8,764	-	-	-	8,764
Ending Unrestricted Net Assets	-	-	-	-	-	-	375,452	375,452
Ending Net Assets	$ -	$ -	$ -	$ 8,764	$ -	$ -	$ 375,452	$ 384,216

*** Hospital Preparedness Program YR 12 - Ended June 30, 2014**

**** Hospital Preparedness Program YR 13 - Two Months Ended August 31, 2014**

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 a regional cardiac awareness campaign "Don't be embarrassed to death". Items included mood cups and pencils, translucent water bottles and draw string bags, all imprinted with the NCTTRAC name and log along with the campaign motto.
- Supporting educational programs in the region and offering continuing education at the General Membership Meetings.
- 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."

FY14, NCTTRAC received $287,277.

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 $297,265.00 in EMS County Assistance funds for distribution to fifty-seven 911 and/or emergency transport Providers through a reimbursement process. The purpose of these funds is 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 2012 through 2013 membership period.

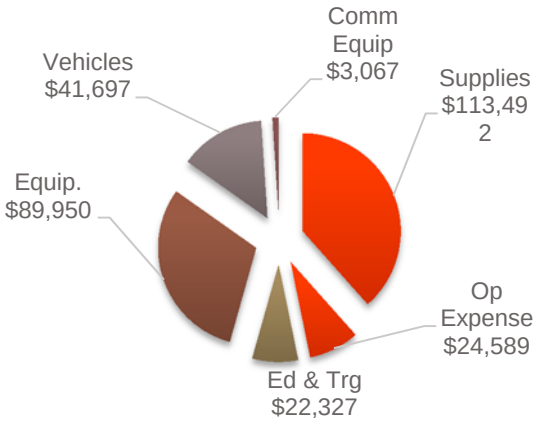
FY14 EMS Passthru funds were distributed to 56 of the 57 eligible agencies and were expended as following:

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

FY 2014 EMS PASSTHROUGH EXPENDITURES BY CATEGORY



EMS County Assistance "Pass-through" Funds

County	No. of Providers	Amt. per Provider	County	No. of Providers	Amt. per Provider
Collin	12	$2,242	Johnson	4	$2,379
Cooke	1	$8,865	Kaufman	2	$4,994
Dallas	22	$4917	Navarro	1	$10,977
Denton	16	$1,297	Palo Pinto	2	$4,268
Ellis	4	$3,125	Parker	1	$9,553
Grayson	4	$3,025	Rockwall	3	$828
Hood	1	$4,488	Tarrant	19	$2,243
Hunt	1	$11,010			
			TSA-E		**$297,265***

Acute Care Designations in NCTTRAC

Trauma Centers

Trauma Centers	Level
BAYLOR UNIVERSITY MED CENTER	I
CHILDREN'S MED CENTER OF DALLAS	I
JPS HEALTH NETWORK	I
METHODIST DALLAS MED CENTER	I (new)
PARKLAND HEALTH & HOSPITAL SYSTEM	I
COOK CHILDREN'S MED CENTER	II
MEDICAL CENTER OF PLANO	II
TEXAS HEALTH HARRIS METHODIST FW	II
BAYLOR ALL SAINTS MEDICAL CENTER FORT WORTH	III (new)
DENTON REGIONAL MED CENTER	III
MEDICAL CENTER OF ARLINGTON	III
TEXAS HEALTH HARRIS METHODIST HEB	III
TEXAS HEALTH PRESBY HOSPITAL PLANO	III
TEXAS HEALTH PRESBY WNJ	III (new)
TEXOMA MED CENTER	III
DALLAS REGIONAL MED CENTER	IV
ENNIS REGIONAL MED CENTER	IV
GLEN ROSE MEDICAL CENTER	IV
HUNT REGIONAL MEDICAL CENTER	IV
LAKE GRANBURY MED CENTER	IV
LAKE POINTE MED CENTER	IV
MEDICAL CENTER OF LEWISVILLE	IV (new)
MEDICAL CITY DALLAS HOSPITAL	IV (new)
MUENSTER MEMORIAL HOSPITAL	IV
NAVARRO REGIONAL HOSPITAL	IV
NORTH HILLS HOSPITAL	IV (new)
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

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.

There are four Trauma level designations (I – IV); all Trauma designated treat and provide the most efficient system of transfer to the most critical Trauma patients. 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.

There are 284 Texas trauma facilities designated by the Texas Department of State Health Services (DSHS):

Level I – Comprehensive Trauma Facility

Level II – Major Trauma Facility

Level III – Advanced Trauma Facility

Level IV – Basic Trauma Facility

The chart shows the trauma facilities in NCTTRAC. Additionally, the facilities below are "in active pursuit" of trauma designation according to DSHS:

Columbia Medical Center of McKinney
Las Colinas Medical Center
Plaza Medical Center of Fort Worth
Red River Regional Hospital
Texas Health Huguley Hospital
TH Presbyterian Hospital Dallas

Stroke Centers

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

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. Currently, there are 131 designated stroke facilities in Texas with 40 in this RAC's nineteen counties!

Stroke Facilities	Level
MEDICAL CENTER OF PLANO	I
MEDICAL CITY DALLAS HOSPITAL	I (new)
PLAZA MEDICAL CENTER OF FORT WORTH	I
UT SOUTHWEST UNIVERSITY HOSPITAL	I (new)
BAYLOR ALL SAINTS MEDICAL CENTER FW	II (new)
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
COLUMBIA MEDICAL CENTER OF MCKINNEY	II (new)
DALLAS REGIONAL MEDICAL CENTER	II
DENTON REGIONAL MEDICAL CENTER	II
DOCTORS HOSPITAL AT WHITE ROCK	II
JPS HEALTH NETWORK	II
LAKE POINT MEDICAL CENTER	II (new)
LAS COLINAS MEDICAL CENTER	II
MEDICAL CENTER OF ARLINGTON	II
MEDICAL CENTER OF LEWISVILLE	II
METHODIST CHARLTON MEDICAL CENTER	II
METHODIST DALLAS MEDICAL CENTER	II
METHODIST MANSFIELD MEDICAL CENTER	II (new)
METHODIST RICHARDSON MEDICAL CENTER	II
MIDLAND MEMORIAL HOSPITAL	II (new)
NORTH HILLS HOSPITAL	II
PARKLAND HEALTH & HOSPITAL SYSTEM	II
TEXAS HEALTH ARLINGTON MEMORIAL HOSPITAL	II
TEXAS HEALTH HARRIS METHOD HOSPITAL FW	II
TEXAS HEALTH HARRIS METHODIST HEB	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
WISE REGIONAL HEALTH SYSTEM	II
NORTH TEXAS MEDICAL CENTER	III
TEXAS HEALTH HARRIS METHODIST AZLE	III
TEXAS HEALTH PRESBY KAUFMAN	III

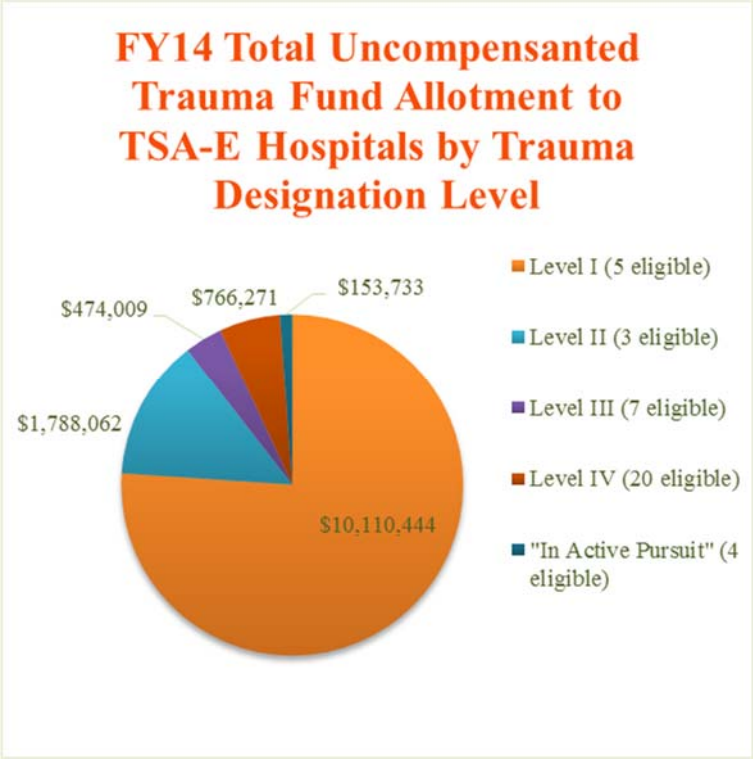
FY 2014 Uncompensated Trauma Care Fund Distribution for Hospitals

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 2014 for FY 2014.

$13,017,937 from the Designated Trauma Facility and Emergency Medical Services (DTF\EMS) Account (3588 Monies) was distributed to 39 TSA-E hospitals designated as trauma facilities or meeting "in active pursuit" requirements. This amount is 24% of the $54,515,062 distributed to 295 facilities around Texas.

$272,513 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 34 eligible TSA-E hospitals. This is 28% of the total distribution of $965,669 made to 279 Texas hospitals.

FY 2014 Uncompensated Trauma Care Disbursement



Disbursement Methodology

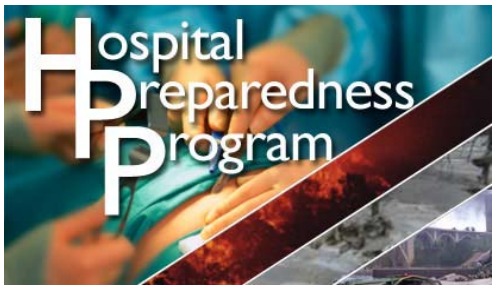
- Uncompensated trauma care charges from Calendar Year 2012, as reported by eligible hospitals on the Fiscal Year FY 2014 Uncompensated Trauma Care Fund Application (Hospital Allocation), were used in the funding formula for both allocations.
- Fifteen percent (15%) of the total amount of funds available 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 2014, there were 90 applicants across Texas awarded funds totaling $1.6 million dollars. Of these, thirteen recipients from Trauma Service Area-E (TSA-E), including NCTTRAC, received a total of $233,108.

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 $76,069 to purchase over 800 NCTTRAC regional backboards. 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."

Hospital Preparedness Program



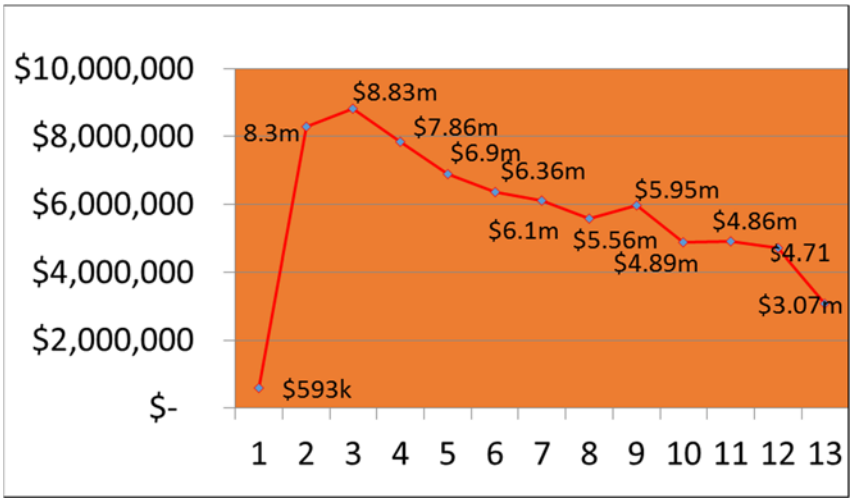
Challenges abounded with the advent of the thirteenth year of the Hospital Preparedness Program (HPP). Originally oriented to help hospitals achieve improved readiness levels in health and medical care giving, evidence and real-world events have illustrated that hospitals cannot be successful in response without robust community healthcare coalition preparedness - engaging critical partners. Adding to traditional pre-hospital and hospital partners, critical partners include emergency management, public health, and mental / behavioral health providers. Together these partners make up the Trauma Service Area E Healthcare Coalition. The HPP program strengthens and integrates the capabilities of the Healthcare Coalition, not just the individual hospital, building community-wide planning and healthcare resiliency.

"The Healthcare Coalition in North Central Texas is a National Best Practice!"

U.S. Health and Human Services HPP Project Officer, Region VI, August 2014

Working with federal and state partners, NCTTRAC recognized declining federal funding would cause severe budget cuts beginning in YR13, in July 2014. NCTTRAC refocused spending priorities in YR12, completing a wide range of procurement actions that would help further develop Healthcare Coalition capabilities. Integrating projects proposed by the whole of Healthcare Coalition, fifteen primary efforts totaling over $1.55 million supported Emergency Medical Services (EMS), Emergency Medical Task Forces (EMTF), Hospitals, and Air Medical members. Several projects supported the entire range of Healthcare Coalition partners, and for the first time, provided direct product support to regional EMS agencies.

HPP YR12 Regional Projects		
Project	**Cost**	**Impact Upon**
Disaster Behavioral Health	$77,000	Healthcare Coalition
Mobile MSAT Communications	$158,703	EMTF
Patient Tracking – Triage Tags	$225,422	EMS
MERC Satellite Comm Trailers	$298,000	EMTF
Evacuation Equipment Trailers	$14,000	EMS
Pedi-Mate Restraint System	$79,857	EMS
Communications Assessment	$60,000	Hospitals
Active Shooter Training	110,000	Healthcare Coalition
ESF-8 Disaster Symposium	$4,500	Healthcare Coalition
ADLS, BDLS, CISM Training	$44,000	Healthcare Coalition
Ambulance Bus Vests	$926	EMTF
Helicopter Landing Zone Kits	$4,000	EMS – Air Medical
Mobile Ready Phone App	$10,000	Healthcare Coalition
EMTF Specialized Equipment	$34.373	EMTF
NICU / Pediatric Evacuation Gear	$436,696	Hospitals



Federal funding cuts to the states resulted in a 36% cut in funding starting July 1, 2014 (YR13), a loss of over $1.62 million to TSA-E in HPP baseline funding from the prior year. The Emergency Medical Task Force program within the region suffered a 7% cut from YR12 funding levels. These cuts curtailed continued implementation of potential regional projects, and placed many aspects of Healthcare Coalition development into a sustainment mode.

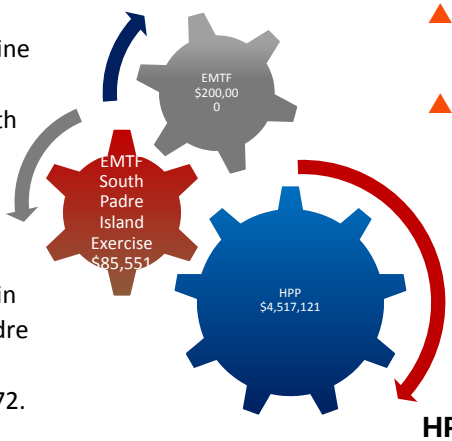
TSA-E HPP Funding By Fiscal Year, 2002 – 2014

NCTTRAC continued its healthcare coalition leadership role, sustaining essential and supporting partners to maintain one of the largest healthcare preparedness coalitions in the nation. As Program Year 12 ended, the TSA-E Healthcare Coalition had 473 supporting members, including 124 of TSA-E's 178 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 $4,517,121 in baseline HPP funding for Budget Period 2, from July 1, 2013 – June 30, 2014. Along with $200,000 awarded to develop EMTF-2, this represented 24.7% of the federal $19,024,666 award received by Texas. NCTTRAC also received supplemental funding from Budget Period 1 funding in support of EMTF activities at South Padre Island during Spring Break ($85,551), boosting program funding to $4,802,672.



HPP YEAR 12 OVERVIEW

▲ **CONTRACT PERIOD**
July 1, 2013 – June 30, 2014

▲ **HPP YEAR 11 AWARD**
Total funding: $4,802,672

- **HPP award: $4,517,121**
- **EMTF award: $200,000**
- **Exercise participation award: $85,551**

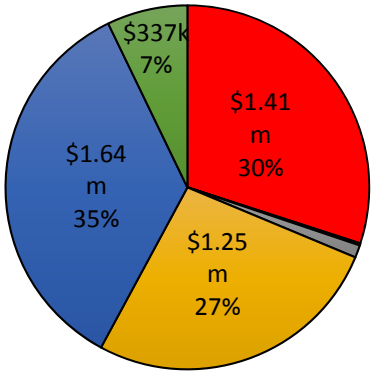
Funding Distribution

HPP expenditures promoted the growth of the healthcare coalition, emergency medical task forces, and hospital readiness in Year 12.

HPP YEAR 12 FUNDING COSTS by Program Activity

HPP Capability	Spent	Funding %
Healthcare System Preparedness	$1,408,933	30%
Healthcare System Recovery	$8,700	<1%
Emergency Operations Coordination	$52,145	1.1%
Fatality Management	$-- 0 --	0%
Information Sharing	$1,249,267	26%
Medical Surge	$1,642,224	35%
Responder Safety & Health	$336,726	7%
Volunteer Management	$--0--	0%
Total	$4,697,992	99.5%

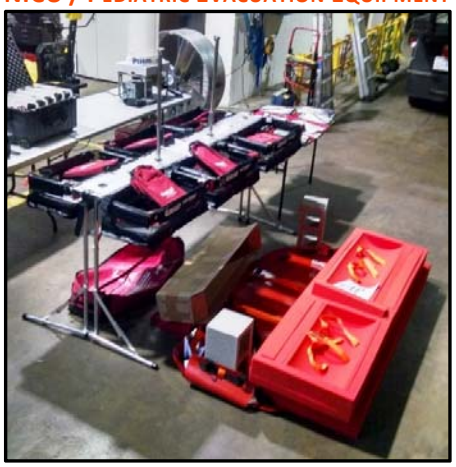
HPP Funding Distribution by Capability



- Healthcare System Preparedness
- Healthcare System Recovery (<1%)
- Emergency Ops Coordination (1%)
- Information Sharing
- Medical Surge
- Responder Safety and Health

Hospital Preparedness Program Year 12 Regional Projects

NICU / Pediatric Evacuation Equipment



Regional Triage Tag System

Helicopter Landing Zone Kit

Field Supervisor Triage Tag System

Pedi-Mate Restraint System

Ambulance Strike Team Radio Kits

Mobile Satellite Communications Kits

NCTTRAC Logistics and Transportation Division

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 provides NCTTRAC's procurement and inventory management functions, and supports the daily and long-term needs of EMTF-2 mobilization equipment, supplies, and maintenance. In HPP Program Year 12, Logistics facilitated procurement of regional projects exceeding $1.1 million, and $400,000 in hospital sub recipient projects.

The Logistics Division supports over 150 HPP sub recipient agencies, which hold over $24 million in HPP – funded inventory. NCTTRAC's inventory, also managed by Logistics, includes EMTF-2 response equipment, and exceeds $5.2 million.

Logistics continued operation of NCTTRAC's Emergency Medical Warehouse. Unique within Texas, the Warehouse is fully licensed by the State, meeting all standards for Medical Device Distribution under the Federal Food and Drug Act. Occupying 22,800 square feet with 1,800 square feet of climate-controlled space for storage of medical devices, the Warehouse holds all major deployable EMTF-2 assets and caches, and supports TSA-E as a training site, a mobilization assembly point for EMTF-2, and as an alternative command center for the region.

Finance Committee Meeting at NCTTRAC Warehouse

Mobile Emergency Response Communications Trailer and Evacuation Support Trailers at NCTTRAC Warehouse

Logistics and Transportation Division Keynotes

- Manages over $5.2 million in inventory
- Medical Evacuation equipment cache
- 11 medical device caches
- 21 trailers and generators, with 2 prime mover trucks
- 12 Mobile Satellite communications kits
- Licensed by Texas Department of State Health Services as a Non-pharmaceutical and Medical Device Distributor with medical gas license
- Radiological detection and identification cache
- Mass Fatality equipment Cache
- Over 250,000 N95 masks
- 39 ventilators, 45 suction units, 4 AEDs, 3 12-lead defibrillators
- HAM and public safety radios and antennas
- Personal Protective Equipment (PPE) and Decontamination equipment

Emergency Medical Task Force (EMTF-2):

Mission Ready!

EMTF-2's Mobile Medical Unit in Action at South Padre Island

Teamwork. Training. Experience. Dedication. These words describe what makes our regional Emergency Medical Task Force a success. It boils down to people working together, making EMTF-2 ***Mission Ready.*** EMTF-2 is ready to roll anywhere and anytime.

Capitalizing on the exceptional work initiated in 2012, in which EMTF component teams were recruited and trained, EMTF-2 demonstrated great success by building upon partnerships with many private agencies and jurisdictions and demonstrating the capability to support disaster health care delivery. Cedar Hill Fire Department, Frisco Fire Department, MedStar / Fort Worth Fire Department, and Sherman Fire Department operate four of the state's 13 ambulance buses (AmBuses). Ambulance Strike Teams (ASTs) are provided by 44 participating agencies, with over 100 MICU and ALS ambulances and crews ready for mission assignment. EMTF-2's Mobile Medical Unit (MMU ST) is staffed by Hospital Corporation of America (HCA) healthcare professionals, with two full strike teams available and experienced in deployment operations. EMTF-2 also rosters five Registered Nurse Strike Teams (RNSTs), with one team specializing in High Risk Maternal Transport. Under the guidance of the Texas Disaster Medical System, Medical Incident Support Teams (M-IST) were added this year to the EMTF concept, bring a vast pool of highly trained leaders to the forefront.

EMTF-2 In Action

Mobile Medical Unit and Nurse Strike Teams

March 12th, 2014 was the first deployment of our EMTF-2's Mobile Medical Unit Strike Team (MMU ST) team in support of the statewide South Padre Island Exercise 2014 being conducted during Spring Break. The strike group was supported by the region's Registered Nurse Strike Team members.

Our MMU ST supported the South Padre Island community and its associated medical surge for 48 hours, and saw over 125 patients in an advanced alternate care setting. Led by MMU Group Supervisors Jacob Johnson and Ronnie Ikeler, the Team was comprised of 33 personnel, and deployed with two physicians, two physician assistants, ten nurses, six paramedics, four technicians, two clerks, one operations manager, one group supervisors, one logistics manager, and three logistics specialists.

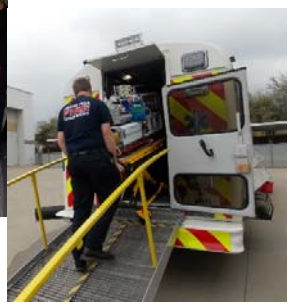
EMTF-2's MMU ST Deploys to South Padre Island

To support the MMU team down range as command staff, our EMTF-2 Medical Director, Dr Sharon Malone, and two of our three Task Force Leaders, Chief Ricky Reeves and Chief J.J. Jones, deployed as subject matter experts and to serve as leadership for this tremendous effort.

Ambulance Buses

FRISCO AND CEDAR HILL AMBUSES SUPPORTING DFW INTERNATIONAL AIRPORT LIFESAVER 2013 EXERCISE

AmBuses have become a staple at large venue events within TSA-E, routinely supporting concerts and college football games. Especially critical, AmBuses worked with regional hospitals to train staff in large scale patient movement, including specialized support of pediatric patients. Exercising with jurisdiction emergency management and fire departments, Ambuses have supported the Dallas Fort Worth International Airport Lifesaver 2013 exercise, Urban Shield 2013, Northeast Fire Department Association MCI exercise, Exercise Thunderbolt, and the Naval Air Station Joint Reserve Base, Fort Worth.



NICU / Pediatric Patient Movement by AmBus Training

EMTF-2's AmBuses provided support for operational, training, and exercise events. Building capacity with emphasis on mass casualty support, regional AmBuses provided force protections at national-interest events, with the opening of the President George W. Bush Library and the John F. Kennedy 50th Anniversary and Memorial ceremony.

CEDAR HILL AMBUS AT JFK 50TH ANNIVERSARY AND MEMORIAL

FRISCO TRAINING WITH MEDICAL CENTER OF MCKINNEY

EMTF Component Integration – Equipment and Supplies

EMTF-2 volunteers identified many equipment items during training, exercises, and actual deployment that could improve response capability among all EMTF components. Advances in capability include:

- Doubling MMU tent capacity to 32 beds
- Adding large generator capacity
- Adding 60 ambulance strike team radios for state-wide common communications
- Provision of 12 Ambulance Strike Team Leader satellite communications systems
- Development of ambulance staging management kits, Medical Incident Support Team kits, Patient Tracking kits, and additional radio go kits
- Procurement of two Mobile Emergency Response Communications trailers, with VSAT, MSAT, HAM and public safety radio, radio repeater systems, and Wi-Fi capabilities
- Ultrasound, patient monitors, and IV control systems

Team Development

Achieving mission readiness across the diversity of EMTF missions goes far beyond initial introductions – it takes training, practice, and dedication, all key to our readiness.

EMTF-2 continues to have one of the State's largest cadre of trained medical professionals representing over 100 Mobile Medical Unit and Nurse Strike Team members. Second to none is its cadre of Task Force Leaders, Ambulance Strike Team Leaders, MMU Group Supervisors, and Medical Directors. However, EMTF-2 must continually recruit, train, and exercise together to remain proficient. 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!

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. Leading RN Strike Teams is Lake Granbury Medical Center. Hospital Corporation of America – North Texas Division along with its TSA-E regional hospitals, provide EMTF-2 with Mobile Medical Unit Strike Team staff. Partnered with HCA is the Questcare physicians group, which complements the nurses, paramedics, technicians, pharmacists, and clerks that make up much of the mobile medical unit staff. Supplementing these partnerships is the logistics support team brought by Cannefax Associates. These volunteers represent one of the largest and most capable disaster response clinician teams in the state, and NCTTRAC is proud to partner with them!

The diversity of supporting agencies and volunteers dictates the need for strong, professional leadership. EMTF-2 has been fortunate to build upon three exceptional Task Force Leaders, Chief Ricky Reeves of Lewisville Fire Department, Chief Jeff Morris of Euless Fire Department, and Chief Jeff Jones of Sherman Fire Department.

Medical direction within EMTF-2, and representation at the Texas Disaster Medical System, is provided by Sharon Malone, M.D. Dr. Malone's leadership and guidance has been phenomenal in team development and response.

Finally, EMTF-2 represents response agencies from TSA-E (Arlington), TSA-C (Wichita Falls), and TSA-D (Abilene). Working together for the success of the EMTF program truly represents the "one team, one fight" concept of EMTF throughout the state.

HCA North Texas

LAKE GRANBURY MEDICAL CENTER

questcare

CANNEFAX

LEWISVILLE FIRE DEPARTMENT EST. 1925

EULESS RESCUE 9-1-1 FIRE DEPARTMENT

SHERMAN FIRE

NCTTRAC
NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL

Big Country Regional Advisory Council

NORTH TEXAS ON TRACK ON TRAUMA REGIONAL ADVISORY COUNCIL

Regional Medical Operations and Response

Training and Exercises: A Year in Review

As the North Central Texas Trauma Regional Advisory Council (NCTTRAC) closes out another HPP contract year, the Operations Division Training and Exercises initiative finishes strong. Over the past year, 469 participants have attended the 31 training opportunities NCTTRAC has hosted. All eight of the HPP capabilities (Preparedness, Recovery, Emergency Operations, Fatality Management, Information Sharing, Medical Surge, Responder Safety and Health, and Volunteer Management) were addressed throughout the year, in the 31 provided training opportunities.

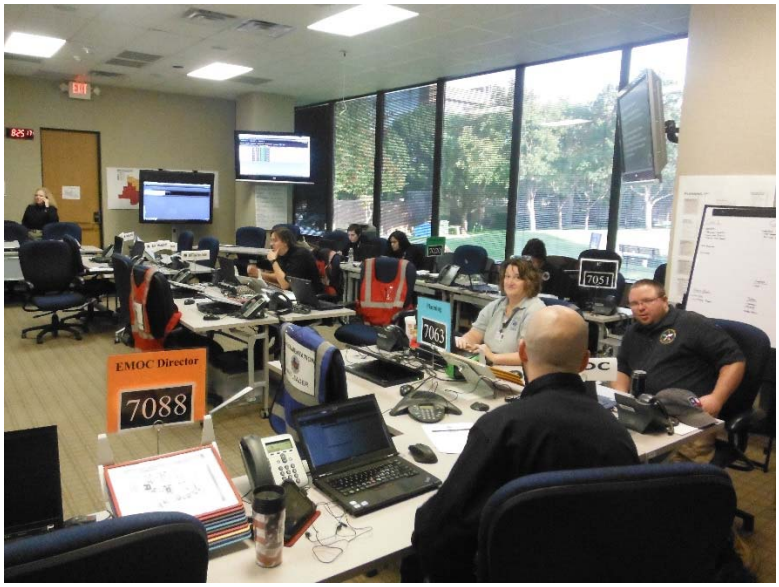
Additionally, NCTTRAC has hosted, facilitated, and participated in 10 regional drills, exercises, and regional emergency events. The largest exercise initiative was the Regional Functional Exercise (REGEX) Spring 2014, which was conducted across the region on April 10, 2014. Participation included over 1,000 individuals from 65 Healthcare Coalition partner agencies (hospitals, local emergency management, disaster district coordinators, fire/EMS, and air medical). The exercise focused on regional communications, use of the TSA-E crisis applications for information sharing and situational awareness, medical surge, and a disruption in supply chains, causing limited resources and resource requesting. The exercise was a success with participating partners having an opportunity to identify their strengths and areas for improvements.

DFW Airport Exercise: October 19th, 2013

During a plane crash scenario at the tri-annual DFW International Airport Department of Public Safety (DFW IA DPS) Lifesaver 2013 Exercise, NCTTRAC worked in conjunction with DFW IA DPS to incorporate a new electronic patient tracking tool that is being used throughout the TSA-E region; the Texas Emergency Tracking Network (TxETN) within WebEOC. This was the first time the region was able to operationally test and exercise the system. Field providers/first responders and hospitals were able to enter patients and move them through the entire system (simulating how operations would occur and a patient would be tracked in an actual event). NCTTRAC brought in seven emergency preparedness coordinators (EPCs) from three local hospitals to simulate receiving the electronic patients within the TxETN system in order to complete the transport process and exercise in the same manner participants would be responding.
NCTTRAC staff were stationed with DFW IA DPS Emergency Medical Systems Captains at the vehicle staging area and Med Ops (triage and transport) in order to observe operations and offer any assistance with the operations of the software. A NCTTRAC staff member was stationed with the Hospital EPCs in a training room on site to facilitate the hospitals receiving patients. A third DFW IA DPS EMS Captain was stationed in the DFW IA Emergency Operations Center (EOC) with command staff to observe the use of the TxETN boards and facilitate operations of the system.

Overall, more than 50 patients were inputted into the TxETN system from the scene, assigned to one of the 25+ participating EMS vehicles, and electronically transferred to the appropriate hospital. This proved highly successful for DFW EMS Captain Donnie Stone in the IA EOC, as he was able to show patient totals (by medical condition) allowing DFW IA EOC staff to virtually track patient movement during the entire event.

TSA-E Medical Operations Center Regional Exercise: November 8, 2013



This regional functional exercise was held in conjunction with the North Central Texas Urban Shield Emergency Operations Center functional exercise on Friday, November 8, 2013. The exercise was designed to assess the region's ability to successfully respond to and manage multiple man-made disasters and other emergencies occurring simultaneously. The overarching goal of the NCT Urban Shield exercise is to provide a multi-layered training exercise to enhance the skills and abilities of participating regional first responders, as well as those responsible for coordinating and managing large-scale events. The exercise was designed to strengthen information sharing, test interoperable communications, and improve operations planning.

The TSA-E Medical Operations Center (MOC) participated in Urban Shield Emergency Operations Center exercise activities with 24 other EOCs across the region and with participating healthcare coalition partners. NCTTRAC also put out an invitation for Medical Incident Support Team (M-IST) members within our coalition to come to the TSA-E MOC to participate in the regional activities, and exercise how they would be used in an actual event. M-IST members participated in training, drills, and discussion on how they would act as TSA-E MOC representatives/liaisons both in the TSA-E MOC during activation or in other EOCs as a TSA-E MOC liaison.

In conjunction with the regional Urban Shield exercise, NCTTRAC and the TSA-E MOC participated in a regional conference call and webinar, regional information sharing within WebEOC with boards fused over multiple regional servers, two radio nets with corresponding roll-calls, and participation with the North Central Texas Public Information Officer (PIO) group and use of their PIER Virtual Joint Information Center (VJIC) to share regional information via press releases with PIOs and media outlets throughout the region. These events tested regional communication capabilities and the redundancies that are in place. Using these communication systems, the TSA-E MOC was able to communicate with 24 other city, county, hospital, regional and state operation centers.

EMTF Operational Readiness Exercise - South Padre Island: March 11-16, 2014

Emergency Medical Task Force (EMTF) - 2 rostered and deployed a Type I+ Mobile Medical Unit to participate in the state-wide full-scale operational exercise to evaluate statewide EMTF response capability, while at the same time providing emergency medical field services during spring break.

Upon arrival on scene after 12 hours on the road, the team was able to set up their lodging, and begin augmenting the current EMTF on site. EMTF-2 took over operations of the MMU at 0700 on 13 March 2014 and continued it for 48 hours before turning over operations to another EMTF team at 0700 on 15 March 2014. In that time, the team

saw 125 patients and transported 26 of those patients to local hospitals by ambulance, air medical, and AMBUS. Patient records were kept via the use of T-Sheets and the Texas Emergency Tracking Network (TxETN) in WebEOC on the Lone Star Server, which worked very well, but it was suggested that EMS logs and Air Medical logs needed to also be kept to track the comings and goings of transport vehicles.

EMTF-2's participation in this full-scale operational exercise was an overwhelming success. The team functioned seamlessly and was easily able to integrate with other EMTF teams and between the different shifts within our own team. Team leadership was well prepared for this deployment and instilled confidence in the rest of the team. With the smooth operations, the team was able to focus on the details of the operations and patient care and report back on how deployments can be fine-tuned in the future to make them even better.

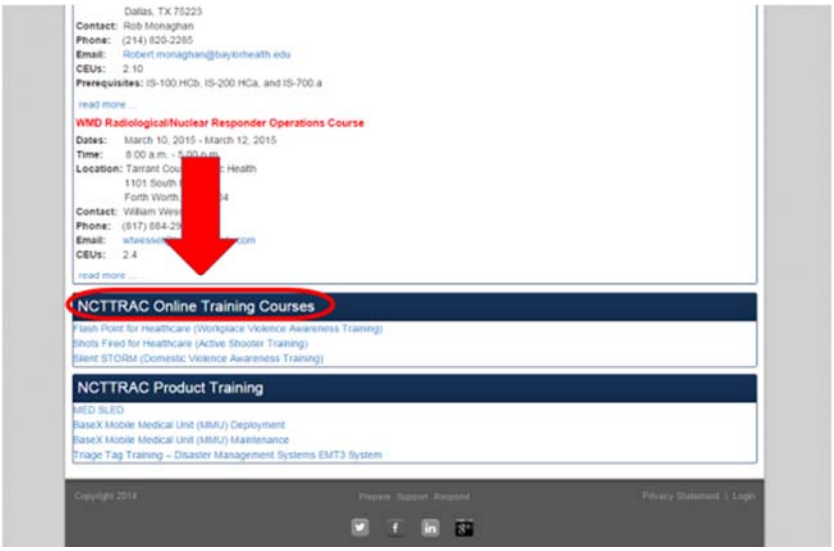
Regional Functional Exercise (REGEX): April 10, 2014

The North Central Texas Trauma Regional Advisory Council (NCTTRAC) conducted the Regional Functional Exercise (REGEX) Spring 2014 for the TSA-E region. This exercise was developed to address major topics that have been discussed during this past year within the TSA-E region. In December 2013, the North Central Texas Region was hit with an ice storm that brought the region to a stand-still for five days. In January 2014, the region experienced a high number of influenza-like-illnesses placing an increased demand on emergency departments and hospital admissions. Additionally, this created a regional demand for ventilators which was not able to be met by contracted suppliers. NCTTRAC facilitated facilities through the regional resource requesting process in order to release regional ventilator cache supplies to assist in the regional need. February 2014 realized a national shortage in normal saline supply. NCTTRAC once again facilitated in regional resource requesting procedures.

Along with these events, the region has placed a large focus on addressing regional interoperable and redundant communications, development of continuity of operations (COOP) plans, mass fatality planning, and resource requesting for regional training and development.

The goals and scenario development for REGEX Spring 2014 were based off of these actual events and objectives from regional training over the past year. By exercising these objectives, participants were able to evaluate what improvements have been incorporated successfully since going through these events and training and identify where improvements can still be made. REGEX Spring 2014 addressed the ASPR Hospital Preparedness Program capabilities of Healthcare System Preparedness, Healthcare Recovery, Emergency Operations Center Coordination, Fatality Management, Information Sharing, Medical Surge, and Volunteer Management over the four hour exercise. During the exercise, 65 healthcare coalition partners (hospitals, local emergency management, disaster district coordinators, fire/EMS, and aeromedical) in the TSA-E region participated in regional communications (via phone, radio, and crisis applications), situational awareness and status updates, regional resource requesting, and had the opportunity to sit down with command staff to review their emergency operations plans.

Brand New! Online Active Shooter Training



Through the use of HPP regional project funding, NCTTRAC has purchased and is making available to our regional Healthcare Coalition Partners a new training opportunity, ***Shooter and Workplace Violence Training for Healthcare Providers***. The purchased training from the Center for Personal Protection & Safety (CPPS) includes three modules: **Flash Point for Healthcare, Shots Fired for Healthcare,** and **Silent Storm**. These training modules have been uploaded to NCTTRAC's new training portal on our website. Healthcare coalition partners can access the training materials by logging in to the website, viewing the material, and completing the final knowledge assessment. Each course consists of an approximately 25 minute video, posttest, and downloadable student guides.

Course Information:

Flash Point for Healthcare:

Recognizing and Preventing Violence in the Healthcare Community

This course raises awareness and provide key insights surrounding the evolutionary nature of workplace violence. Looking through the lens of the healthcare environment, Flash Point for Healthcare helps viewers learn to identify the earliest signs of trouble and what they can do to help prevent violence from erupting in the first place.

Flashpoint for Healthcare is designed to make participants mindful, not fearful or suspicious. Participants will learn how to create an environment where everyone is a stakeholder in their safety and the security of their workplace.

Shots Fired for Healthcare:

Guidance for Surviving an Active Shooter Situation in the Healthcare Community

This course is designed to empower healthcare professionals with critical guidance on personally surviving, and protecting others, while inside an active shooter event. Distinct from many workplace settings, the healthcare community has a unique requirement to promote a "safe and secure environment of care" for their patients. *Shots Fired for Healthcare* addresses this head-on with decisive, proactive responses that can be used to increase the chances of survival for both caregiver and patient.
Shots Fired for Healthcare is designed to make participants mindful, not fearful or suspicious. Participants will learn how to create an environment where everyone is a stakeholder in their safety and the security of their workplace.

Silent Storm:

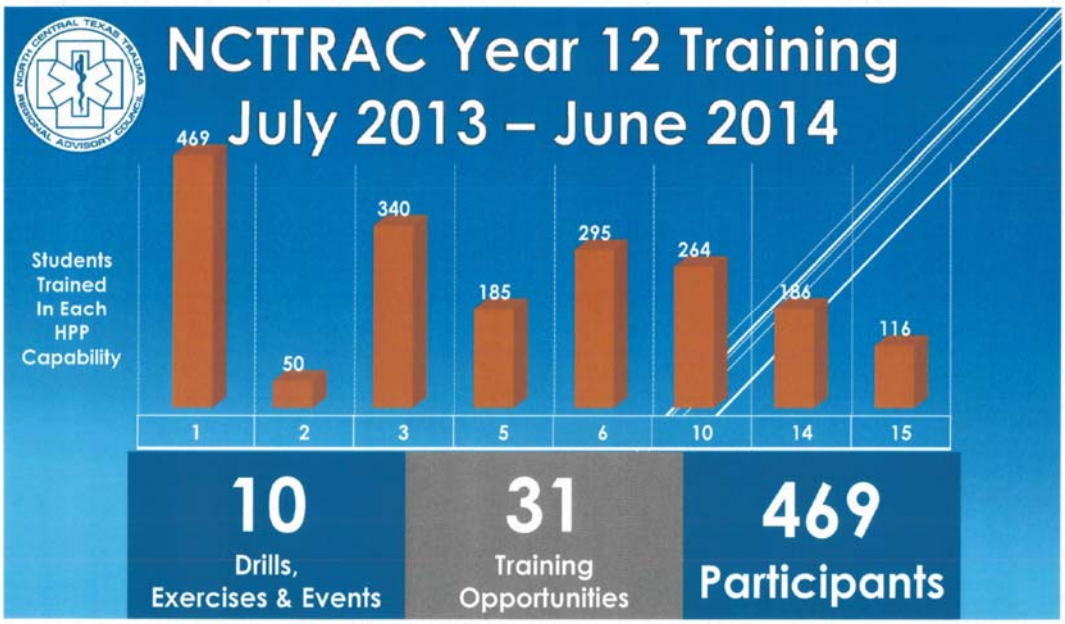
Intimate Partner Violence and Stalking, The Impact on the Workplace

Recent reports indicate that intimate partner violence has already entrenched itself in every mid- to moderate-sized company at a cost of over $4 billion per year in lost productivity, increased healthcare costs, and absenteeism. To help organizations manage this growing problem, *Silent Storm* provides an instructional

video trainings program designed to increase awareness of intimate partner violence and provide tools to increase safety in the workplace.

Silent Storm is designed to make participants aware that Intimate Partner Violence and its spillover effects are fast becoming a major issue of concern in our workplaces today. After defining intimate partner violence, the course will teach participants available actions to deal with ripple effect on the workplace.

Additional instructional materials are available for partners to hold live trainings at their facilities and host the courses on their system intranet and Learning Management Systems. For more information about these instructional materials, please contact NCTTRAC's Training and Exercises Coordinator at tepi@ncttrac.org.



Completed Training Opportunities Provided This Year…

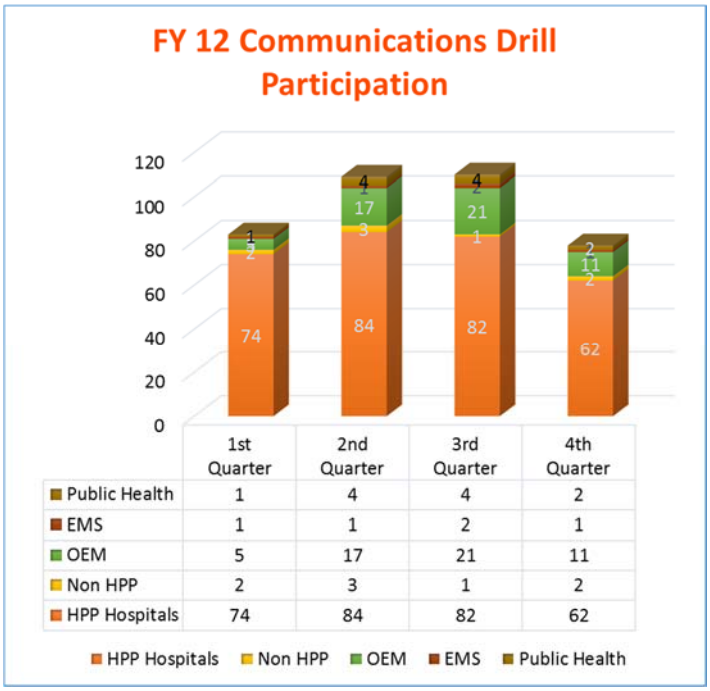
- EMTF-2 Mobile Medical Unit Strike Team
- EMTF-2 Mobile Medical Unit Advanced Logistics
- Ambulance Strike Team Leader Course
- Crisis Applications Training (E*TRACS, WebEOC, EMResource)
- E*TRACS Patient Tracking
- TxEmergency Tracking Network for EMS & Hospital
- Train-the-Trainer: RadPack Radiological Detection Cache
- Disaster Behavioral Health (DBH) Force Resilience
- Train-the-Trainer: DBH Force Resilience
- DBH: PsySTART Responder Application
- Continuity of Operations Planning (COOP)
- Critical Incident Stress Management
- Basic and Advanced Disaster Life Support

Communications and Information Sharing HPP FY 2013-2014

This year NCTTRAC continued with the plan to solidify redundant communication and information sharing between the region's hospitals and their local jurisdictions. Participation in the drills held by the RAC averaged 100 unique agencies connecting to NCTTRAC or their local jurisdiction every quarter. Communication drills are conducted with the DFW CONNCT jurisdictional radio system, DFW Wide commercial radio system, Satellite communication and Amateur Radio.

NCTTRAC bolstered the communications capabilities for the region through the acquisition of two MERC (Mobile Emergency Response Communications) Trailers and a cache of AST (Ambulance Strike Team) radios and MSAT systems. The MERC trailers are designed to be deployed in the event of an event, big or small, where supplemental communications are needed. The MERC system includes VSAT Satellite IP telephony and Wi-Fi internet access, MSAT Satellite communication, VHF and UHF Public Safety Interop repeaters and redundant Public Safety radios. The system also includes UHF/VHF/HF Amateur Radio capabilities, Cell phone boosters for the three major carriers, DirecTV news feed and a built in security system. The AST radios are designed to be a rapid deploy radio that can be quickly installed into an ambulance with a power-port plug and magnet mounted antenna are programmed with the VHF interop channels as designated by the State of Texas. The Mobile MSAT kits are also designed for rapid deployment with magnet mounted satellite and VHF antennas giving a strike team leader the ability to communicate through the MSAT via a VHF Handheld. NCTTRAC has also installed MSAT radios in our office and Warehouse as well as in the MERC trailers and the regions four AMBUS', unifying communication capabilities. The MSAT system is unique in that it allows for direct unit to unit and unit to talk group options as well as operating as a satellite telephone.

NCTTRAC is committed to redundant communications and information sharing and look forward to continually testing these and other commination systems to enhance the ability of the regions healthcare community to share information and reach out to one another when or if the need arises.



Hospital Preparedness Program YR 12 End of Year Assessment Report

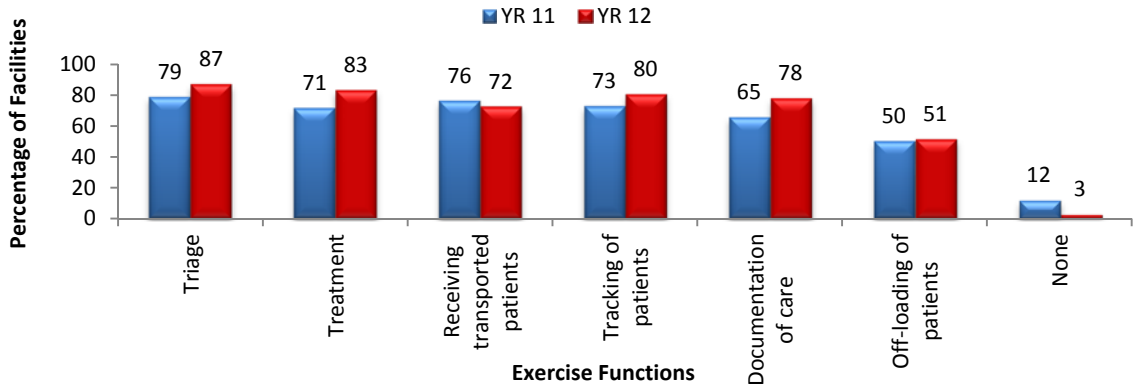
Please find the results of the HPP YR 12 EOY Assessment. This report is being shared in an effort to provide more consistent feedback of information based on the reporting efforts of our Coalition partners. 76 facilities completed this survey in E*TRACS, TSA-E's System for Tracking Resources, Alerting, and Capabilities, The facilities were given two weeks to complete this assessment in order to provide the most accurate representation of their performance from July 1, 2013- June 30, 2014. Please note this information only provides a high light of the results presented in the sections below.

Percentage of Capabilities Addressed By Exercises or Real Life Events

The graph below provided a visual representation of the percentage of facilities who have implemented any of the given capabilities into an exercise or real life event over the last year, June, 2013- July, 2014.

HPP YR 11 and YR 12 Functions Demonstrated in an Exercise

YR11 N=84
YR12 N=76



The graph above displays the trend of functions between YR 11 and 12. When comparing year 11 to year 12, there is an increase of 5 out of 6 exercise functions demonstrated throughout this past year.

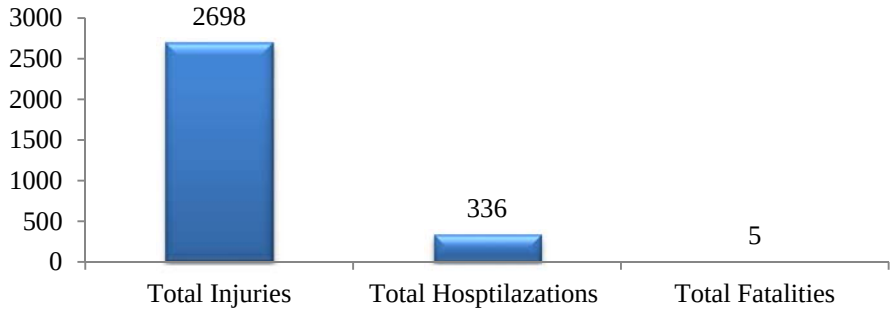
2013 Winter Weather Medical Need Results

On December 18, 2013 hospitals in DDC 4 (Hurst/ Garland) and DDC 22 (Sherman) were distributed a survey to capture their winter weather patient statistics. The survey requested the facilities to provide

the number of injuries, hospitalizations, and fatalities they serviced during the December 4-12, 2013 Winter

Winter Weather Medical Need Report Totals

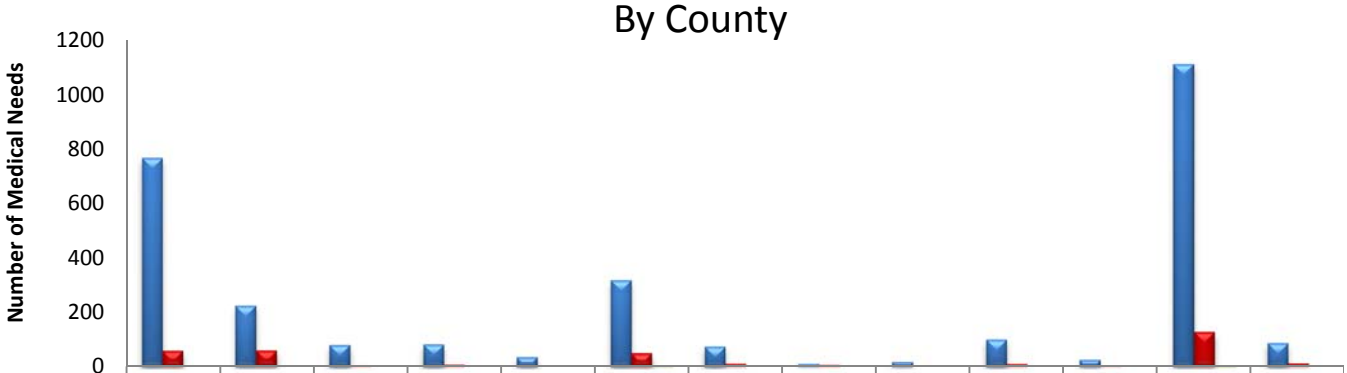
N=3039



The graph on the left provides the total number of total injuries, hospitalizations, and facilities reported during the December 4-12, 2013 Winter Weather Event.

Weather Event. These results are represented with overall and county totals.

Winter Weather Medical Need Report Totals By County



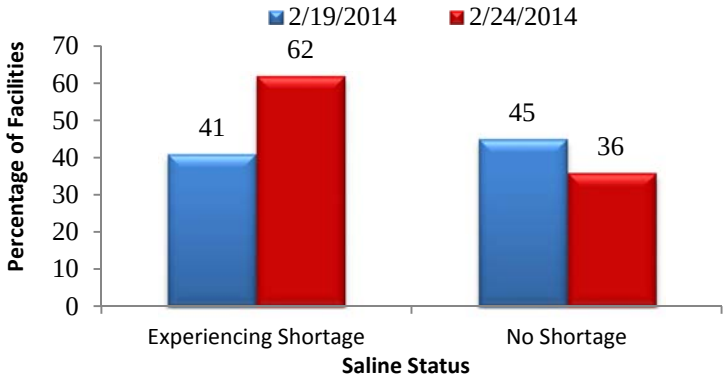
	Collin	Dallas	Denton	Ellis	Fannin	Grayson	Hood	Hunt	Kaufman	Palo Pinto	Rockwall	Tarrant	Wise
Injuries	769	226	81	83	36	320	75	11	18	101	26	1115	88
Hospitalizations	59	60	2	7	0	50	11	5	0	10	1	128	12
Fatalities	0	0	0	0	0	2	0	0	0	0	0	3	0

DSHS Saline Shortage Survey Results: February 26, 2014

Please find the results of the February 19 and 24, 2014 DSHS Saline Shortage Survey. These results were derived from those respondents who completed the surveys in E*TRACS. The February 19, 2014 survey was comprised of two questions, which asked the facility's current saline shortage status and the facility's saline surplus status. The February 24, 2014 survey served as a follow up to investigate saline conservation efforts. A total of 86 and 89 hospitals completed the short notice DSHS survey on February 19 and 24, 2014 respectively. This report is being provided to illustrate a snapshot overview of the region's saline status.

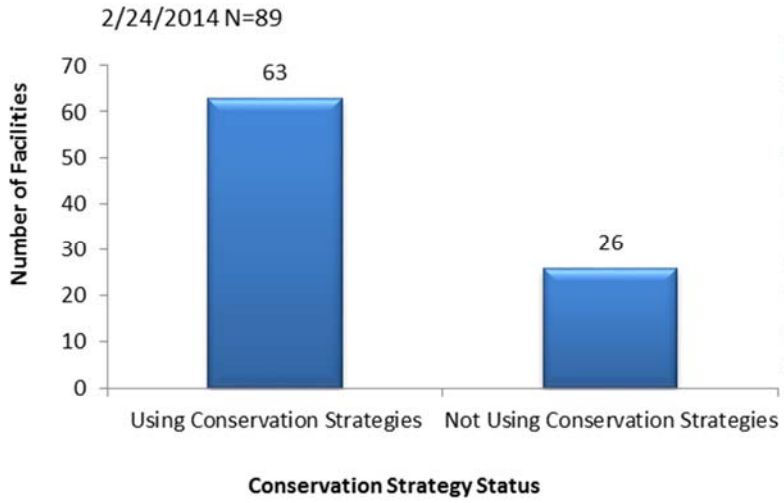
Total Shortage Status

2/19/ 2014 N=86
2/24/2014 N=89



The graph to the left provides an overview of the saline shortage status. The bar labeled "Shortage" represents those facilities that are experiencing a shortage in saline. The bar labeled "No Shortage" represents those facilities that are not currently experiencing a saline shortage. This graph indicates a rise in the number of facilities in the region experiencing a shortage in saline.

Number of Facilities Implementing Conservation Strategies



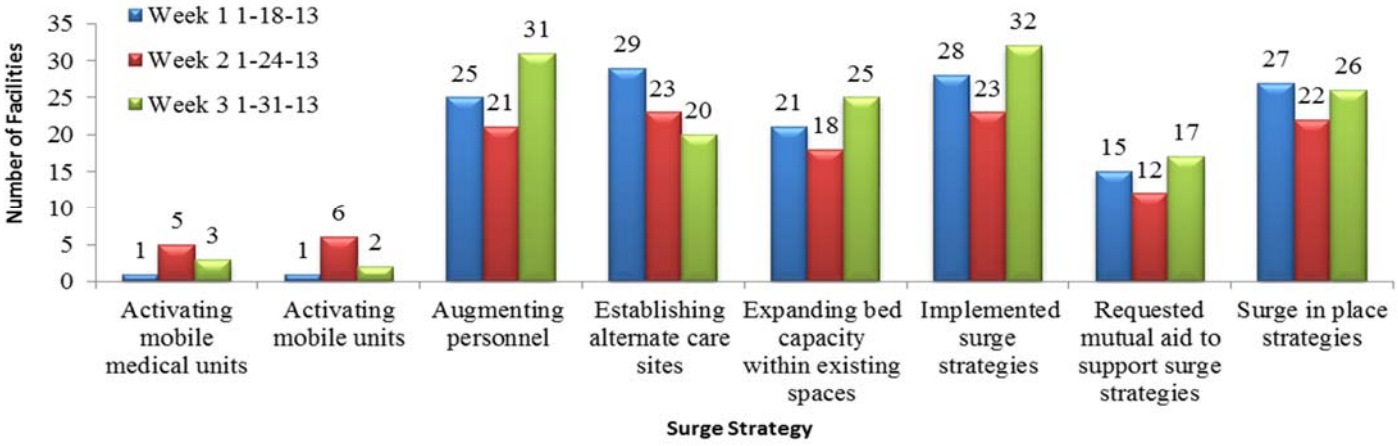
The graph to the left provides an overview of the saline shortage status. The bar labeled "Shortage" represents those facilities that are experiencing a shortage in saline. The bar labeled "No Shortage" represents those facilities that are not currently experiencing a saline shortage. This graph indicates a rise in the number of facilities in the region experiencing a shortage in saline.

The Influenza Trend Report:

Please find the report outlining major factors related to the Influenza preparedness effort. This report includes an overview of the January 2013 influenza surge strategies, a trend analysis of past year available bed and ventilator totals, and a ventilator inventory summary.

2013 Influenza Surge Strategies

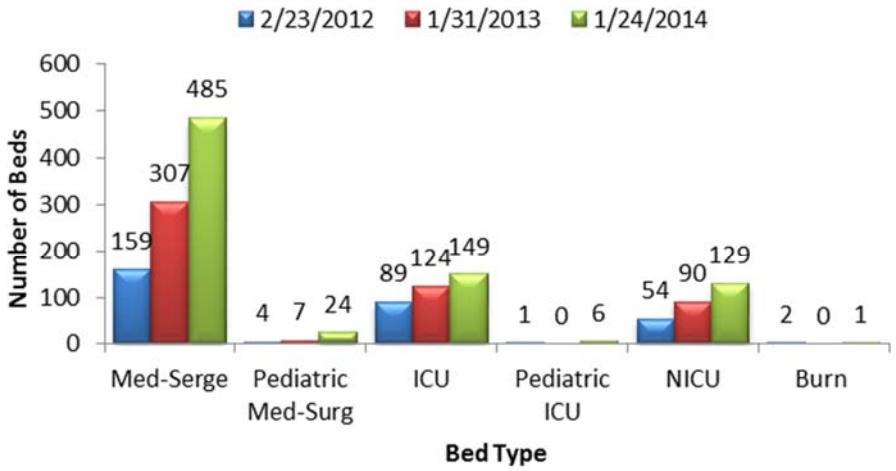
The graph below summarizes the results of the January 2013 influenza surge strategies.



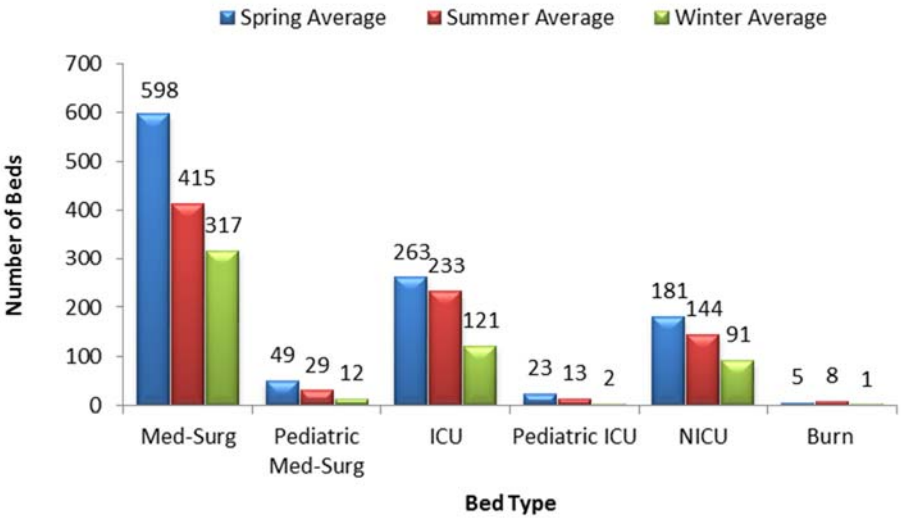
Each week the facilities were responsible for providing the preparedness efforts for a possible influenza surge. The facilities answered yes or no to the eight survey questions listed in E*TRACS. The survey responses were collected on January 18th (blue), 24th (red), and 31st (green), 2013. Each bar represents the number of facilities that answered yes to the corresponding surge strategy. For week 1, January 18th, there were a total of 72 respondents, on January 24th there were 79 respondents, and 81 respondents on January 31, 2013.

Winter Bed Availability Trend Report

To the right you will find the bed availability trend graph, which provides a graphical representation of the bed availability during the winter months.



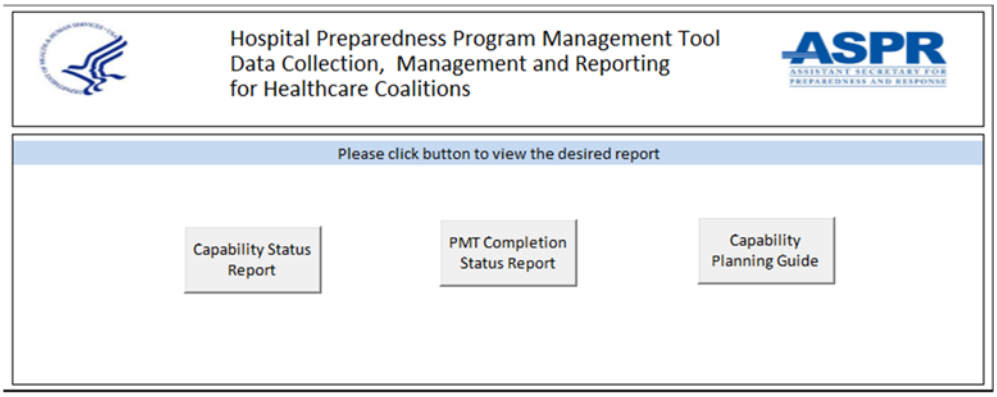
Average Total Beds Reported By Season



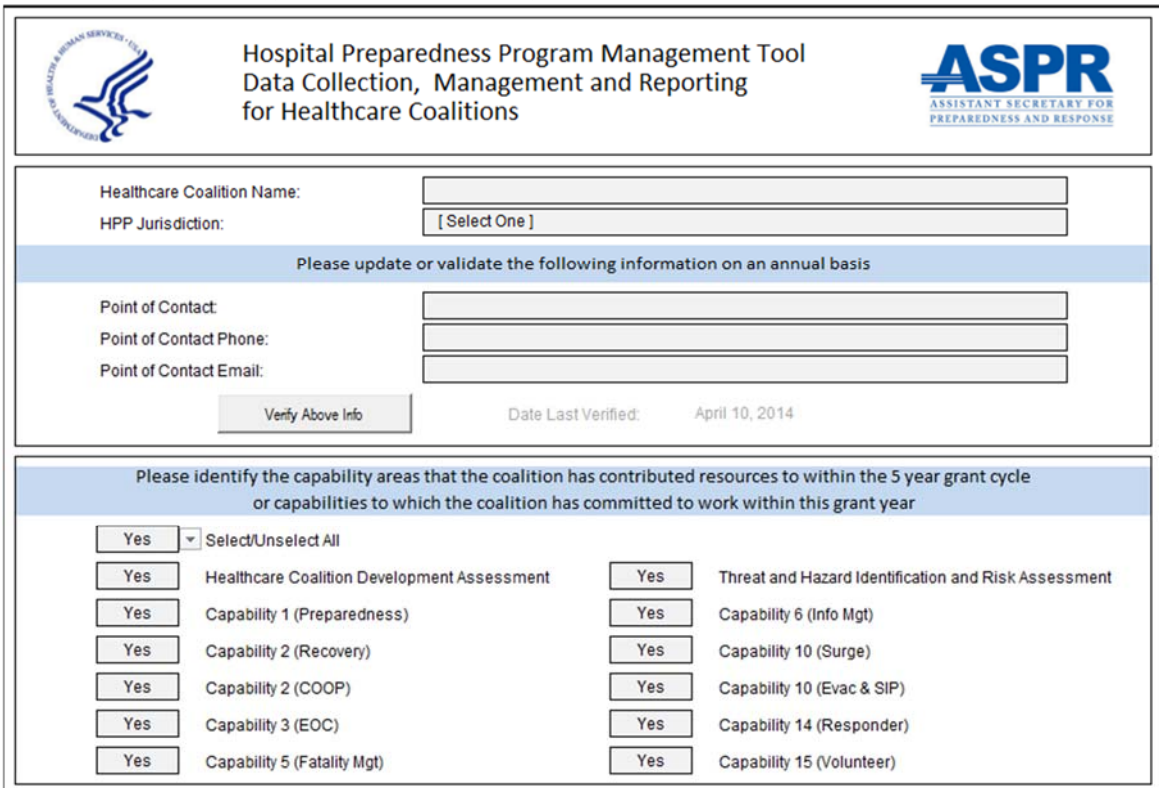
To the left you will find a graph depicting the seasonal trend of bed availability. The general trend suggests a higher number of available beds in the spring and the lowest amount of available beds in the winter season.

National Healthcare Preparedness Program: Program Management Tool Pilot

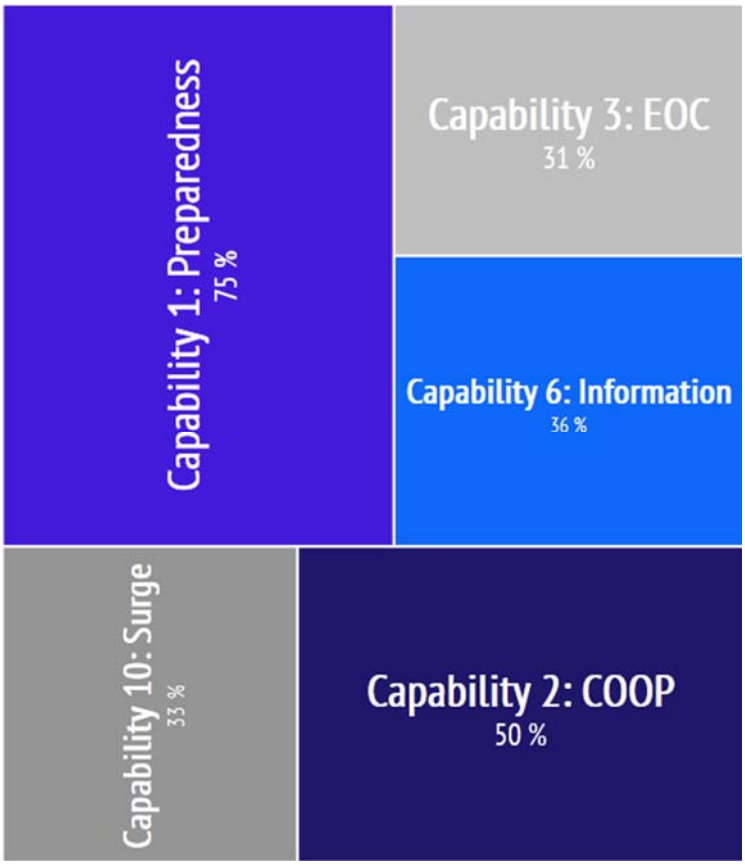
On April 15, 2014, members of the Assistant Secretary for Preparedness and Response (ASPR) collaborated with NCTTRAC staff to pilot test the NHPP program management tool. NCTTRAC was selected as one of 10 Healthcare Coalitions in the nation to help in the piloting program management tool. The session included an overview of the tool's Healthcare Coalition Module, Reporting Module, Verification Module, and Program Management Tool training implications. In addition, the attendees walked through a few of the tool's management tabs including, Threat and Hazard Identification and Risk Assessment, Healthcare Coalition Development, and concluded with testing the tool's functionality using a few HPP capability modules as examples.



The visit achieved three main goals set forth by ASPR. First, determine if the NHPP Program management tool solutions meets the HPP assessment and evaluation grant requirements for Awardees and Healthcare Coalitions. Second, determine if the NHPP program management tool solution improves the collaborative working environments for the FPO and the Awardee. And finally, acquire feedback and viable information for wide spread distribution and use of the tool. After working through the tool functionality, and thorough collaboration, both parties left with a greater understanding of the HPP Program Management Tool and its future implications.



TSA-E Hospital Preparedness Program Progress



The Hospital Preparedness Program (HPP) has completed budget period 2 (BP2) and taking the first steps toward budget period 3 (BP3) of the five year contract period. The contract and program are scheduled to continue through 2017. The HPP is currently comprised of 8 capabilities and each capability is further defined among several functions. For the past two budget periods, the Healthcare Coalition has focused on completing objectives related to all eight capabilities. With a Department of State Health Services (DSHS) State 36% budget reduction, a prioritized strategic & tiered healthcare preparedness capability approach has been established. The priority strategic approach will include emphasis on building/enhancing Tier 1 capabilities and sustainment/enhancement efforts for Tier 2 capabilities and will be dependent on available HPP funds and resources.

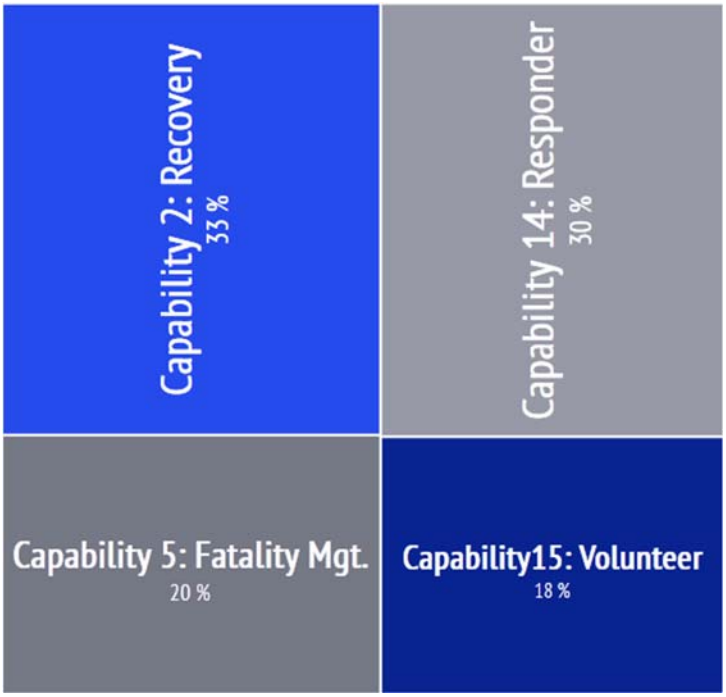
The visual informatics shown provide relative percentage completion to date for each HPP Capability.

Tier 1 capabilities include:

- Capability 1: Healthcare System Preparedness
- Capability 2: Healthcare System Recovery
    - Function 2 : Continuity of Operations (COOP)
- Capability 3: Emergency Operations Coordination (EOC)
- Capability 6: Information Sharing
- Capability 10: Medical Surge

Tier 2 capabilities include:

- Capability 2: Healthcare System Recovery
    - Function 1: Healthcare System Recovery
- Capability 5: Fatality Management
- Capability 14: Responder Safety and Health
- Capability15: Volunteer Management



Heartache to Healing: Preparing our Community Workshop June 4, 2014

On the evening of September 15, 1999, a gunman entered Wedgwood Baptist Church during a youth prayer rally and fired over 100 shots. Seven young persons were killed, and seven others were wounded before the gunman ended his own life. In the aftermath, the victims, their families and the community were left to struggle with their grief and recovery from the terrifying experience.

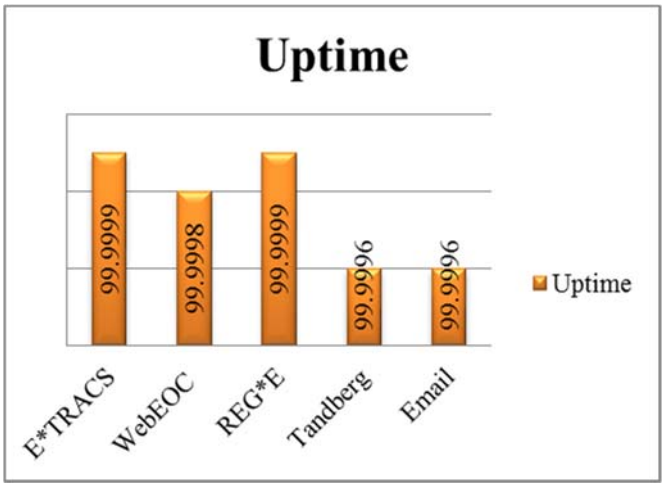
The workshop was sponsored by The Texas Department of State Health Services Health Service Region 2/3 and supported by NCTTRAC along with other key regional partners. Heartache to Healing examined the Wedgwood tragedy and the growth of the behavioral health community since that event and highlights the importance of their integration into community response plans. Discussion included how to move from heartache to healing, and how we can prepare our community to prevent future tragedies. In addition, participants shared and discussed opportunities to further integrate disaster behavioral health into disaster planning, response, and recovery activities in the region. Participants left with an improved understanding of the functional relationship between public health, emergency management, and disaster behavioral health partners during a disaster response, to include roles and responsibilities of each partner.

The Heartache to Healing Workshop brought together emergency management, the mental health community, public health, and many other community partners that may be called to respond to a disaster that threatens the health of our community.

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.

The 2013-2014 year allowed for solidification of the systems that the North Central Texas Trauma Regional Advisory Council Data and Information Systems Division supports. We took a comprehensive look and the gaps that we had supporting the membership and the internal staff in prior years, which revealed several gaps. We realized that we needed to change the internal systems to provide for the expanded need of staff. Additionally, we needed to address the limitations of a self-hosted infrastructure its effect on the growth of the organization as we look to provide more programmatic support in the future. The result was the addition of a few new items and a comprehensive plan to move the server and network infrastructure into a hosted environment providing superior server and redundancy capability. Internally, we changed phones systems and performed a significant upgrade to the email servers and host. The focus of many of the projects was a strategic movement toward a self-reliant system for the RAC. The positive effects of those endeavors are being realized as we close our year.



Uptime Report

NCTTRAC experienced a consistent amount of downtime this year using prior years as a benchmark. This is because of the server migrations for the email and communication systems. The crisis applications were available more than last year, which is one of our key performance goals. The amount of time unavailable equals about 3 minutes for all of the systems across the infrastructure. This is a large reason for moving into a hosted or virtual environment. We expect a significant improvement as we report end of the year uptime next December.

Strategic Approach to Member Applications

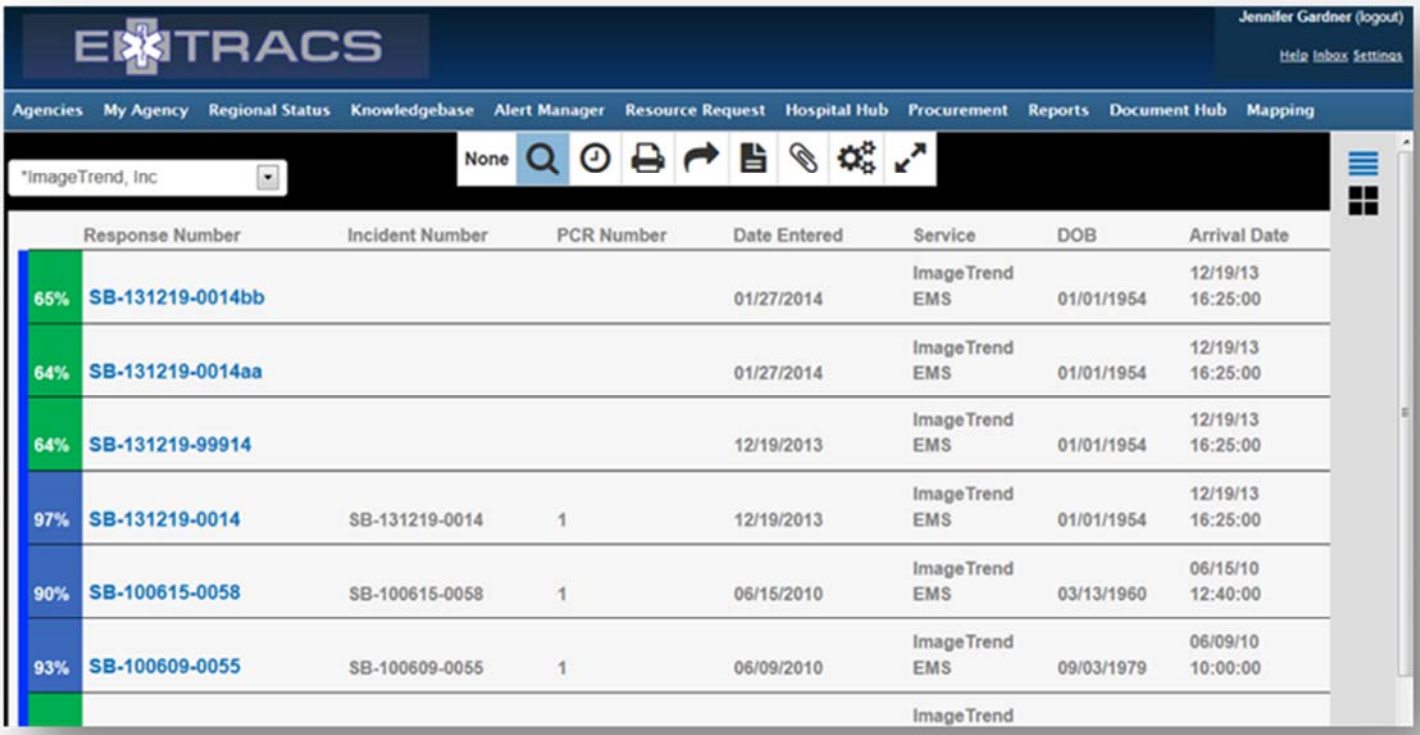
This year was focused on provide a comprehensive approach to emergency healthcare delivery. ETRACS, REGE, WebEOC and EMResource are updated on a regular basis to address or fix problems that have been identified. This is not a new approach other than we have been providing feedback during these times for the members to prepare and address the changes. Several years ago, the DIS team committed to our membership that we would provide a platform that would be agnostic in sharing information to the appropriate partners. We started that endeavor with the integration of bed counts between ETRACS and WebEOC. We continue the focus on regional EMS / Hospital Coordination. As we expand the infrastructure, we will continue to evaluate new ways we can move forward in providing what will work for our members. The above box is a checklist of technical solutions we have been striving to meet this past year. We have achieved this list, but will continue to work with the Operations and Emergency Healthcare Systems teams to ensure that we are operationally capable to perform in each of these area.

Regional EMS / Hospital Coordination

☑Notification & Alerting System
☑Hospital/EMS Resource & Capability Status
☑Emergency Department Saturation Status
☑Hospital Preparedness Program Procurement/Inventory
☑EMS / ED “Field-to-Facility” Visibility
☑Real Time Patient / Fatality / Vehicle Tracking
☑Integration with Patient Registry (Continuum of Care)
☑Situational Awareness and Status (Command Center)

Connecting Data

Another area of strategic focus has been on the regional registry and integration with other databases hosting patient care information. Initially, we evaluated providing EMS data to hospitals in an electronic format at the time of the episode of care and drop off. This direction was easy to overcome using technology, but it does not provide for the whole picture. The first solution was to provide the close to real time EMS patient information to the facility.



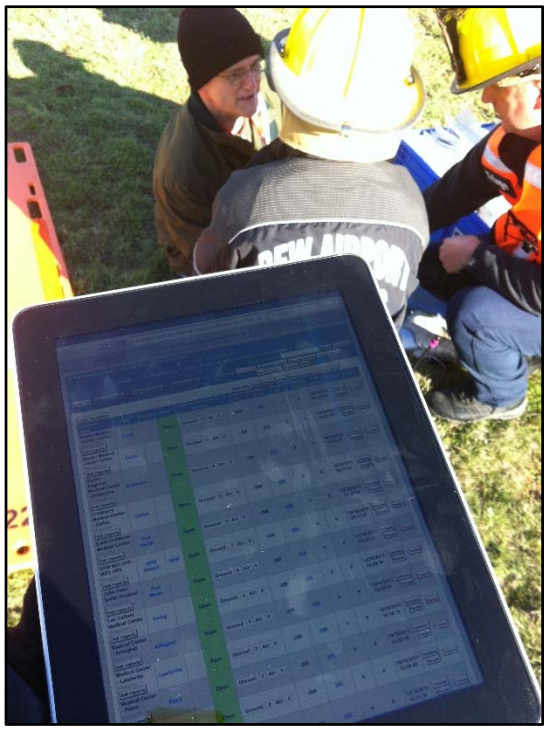
This was accomplished through Hospital Hub in E*TRACS. We tested the viability of this solution with the Grapevine Fire Department and Baylor Regional Medical Center at Grapevine. The challenge was that it required that all the providers operate off of an ImageTrend Platform. We celebrated success in Grapevine and used the information to move forward providing the same solution to Richardson and Sherman.

As indicated, this solution does not provide a complete patient information picture. During the testing and pilot of Hospital Hub, we began having conversations with other EMS agencies and began to understand the concept of Mobile Integrated Healthcare. The discussion became less about putting the patient information into the ED at time of patient drop off and more about putting the information in the hands of the EMS providers in the field. At this time, we are working to provide a seamless data portal for EMS providers to have patient information from last hospital stays or primary physician visits at the time of the patient pickup. The information will be available through the electronic patient care report being used by the EMS provider. Additionally, the EMS data will port to the hospital patient records system through application program interfaces and be available for the registration personnel in pre-admit screens. The result will be a more complete patient record with less time spent doing paper work and more time focusing on the patient care.

Regional Crisis Applications Report

The regional Crisis Applications saw many successes and enhancements in year 12. Statistically there was over 100 people trained, 800+ accounts created, 15 exercises supported, and 3 major real life events managed entirely online. There were new modules tested and implemented, virtual solutions created for impending regional challenges, and the redundant communication between coalition partners was the strongest in RAC history!

WebEOC



WebEOC started the year off strong with the introduction of the Texas Emergency Tracking Network. This is a series of boards that were developed by the Texas Division of Emergency Management (TDEM) for hurricane evacuee tracking. This system quickly caught the eye of the Medical Operations Center Integration Workgroup as they had made a deliberate line item in their agenda dedicated to finding a solution for patient tracking and family reunification. The system was piloted and proven quite successful during the DFW International Airport 2013 Lifesaver Exercise, the Zone 7 Triage Tag Exercise, and the HCA North Texas Division Exercise.

The regional WebEOC administrators in Plano, Fort Worth, Dallas, McKinney, Tyler and at NCTTRAC expanded their collaboration efforts and projects during quarterly meetings to ensure accurate gap-free information sharing during the most crucial of times. On March 20th, the Critical Information Systems Coordinator for the Texas Division of Emergency Management and lead WebEOC administrator for the state, Jeff Newbold, joined the group to further this interaction. There was specific discussion dedicated to strengthening the medical community's involvement as well as adding application program interfaces (APIs) to allow for multiple applications to be tied into WebEOC. This project will further the goal to have one application that can be used daily, or in the event of an emergency, and still allow for cross sharing of information between all entities and tiers of government.

EMResource

Medical Center - Plano	Open	87 - Busy	Open Level II	Open Comp/Level I	Yes w/PCI	Yes	Yes	Yes
Methodist - Dallas Medical Center	Open	202 - Disaster	Open Level I	Open Prim/Level II	N/A	Yes	Yes	Yes
Parkland Memorial Hospital	Open	261 - Disaster	Open Level I	Open Prim/Level II	N/A	Yes	Yes	Yes

East Region	Open Closed Advisory	NEDOCS	DSHS Trauma	DSHS Stroke	SCPC Cardiac	Ophtho	ENT	NeuroSu
Baylor Medical Center - Carrollton	Open	0 - Normal	N/A	N/A	–	Yes	Yes	Yes
Baylor Medical Center - Garland	Open	240 - Disaster	N/A	Open Prim/Level II	Yes w/PCI	No	No	No
Baylor Medical Center - Irving	Open	104 - Overcrowded	N/A	Open Prim/Level II	Yes w/PCI	No	Yes	Yes
Dallas Medical Center	Open	8 - Normal	N/A	N/A	N/A	No	No	No
Dallas Regional Medical Center	Open	9 - Normal	Open Level IV	Open Prim/Level II	Yes w/PCI	No	No	No

EMResource saw a great amount of activity this year and remained a solid form of regional mass notification throughout the region. During the severe case of winter weather that impacted North Central Texas in early December 2013, EMResource became the situational awareness hub for the National Emergency Department Overcrowding Scores (NEDOCS). Hospitals were prompted to update this status as often as possible, which led to emergency managers and core hospital officials having the ability to gage ED saturation for both their facility and surrounding hospitals. The air medical community also used the system during this icy month to ask hospitals to make sure their helipad was clear of precipitation. This method proved effective and ensured a safe landing for inbound air traffic.

Mandatory Department of State Health Services bed reports were communicated as usual using the EMResource alert management tool which allows users to reach all points of contacts for every facility inside the system with just a few clicks of a button. Because this notification sends to both phone and email, there was higher confidence in receipt of message and the participation rate was overall more successful.

With the ease and clarity of presented information and the direct communication between prehospital and hospital, EMResource has been a strong tool in the toolbox for this region. Be sure to watch out for several new updates that are projected this year!

E*TRACS

While E*TRACS, or the Trauma Service Area E Tracking of Resources, Alerts, and Capabilities System, is the youngest of the three applications, it has by far seen the most growth and engagement this year. With almost 3000 users and 600 agencies, this application has the ability to stretch well into other parts of the state and has the potential of one stop shopping for many functionalities during virtual emergency healthcare management.

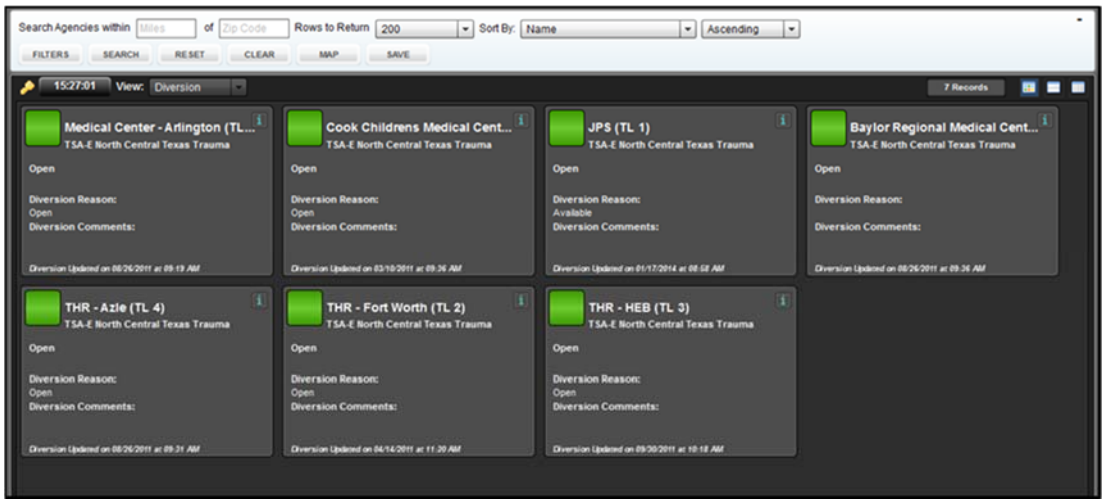
The mass notification and alerting system came full circle this year and was used heavily during the winter weather storms, the saline shortage, the influenza season, mandatory DSHS bed reports, and to roster and notify all components of the Emergency Medical Task Force upon deployment. There was an application program interface (API) built between E*TRACS and Everbridge Mass Notification that allowed for the system to target the individual instead of the device. When an alert is sent, the message can bounce from cell phone, pager, desk phone, home phone, email, or event banner ensuring that the individual receives the emergency message. This form of communication has proven to be essential when alerting the region of various updates and important information that will help with the emergency they may be experiencing.

Just like WebEOC, E*TRACS patient tracking also introduced itself with a high satisfaction rate this year from those who tested and trained on it. This tool allows for virtual patient management from multiple outlets throughout the triage, transport, admit, and discharge process. The system tracks patients throughout their treatment, collects discernible information efficiently, manages emergency incidents effectively, and locates and reunites families. The constantly updated overview of patient care and status, and available hospitals, and number of patients received are invaluable tools allowing users to easily manage and prepare for major incidents. This system raved praise from both the North East Fire Department Association and Hunt Count Office of Emergency Management during their respective exercises held this year. It was evident that several people could be trained quite easily, in as little as 30 minutes, and then could sufficiently operate the system and allow for seamless patient management throughout the entire event. This system is working its way throughout the region helping support the North Texas area to be stronger and better prepared for uncontrollable events that may result in mass casualty incidents.

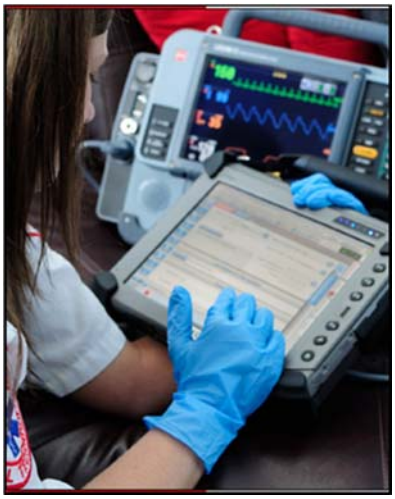
Resource Requesting was implemented and proved to be a useful format for the sharing of resources between healthcare coalition partners. This capability allowed users to search available HPP inventory to ensure regional assets had been exhausted before formally requesting assistance from the state. NCTTRAC was able to use this process to fulfill 3 regional resource requests for 9 ventilators in response to the early year influenza surge.

Requests for Resources								
Region Name	Requested By	Date Requested	Resource	Total	Action Taken	Fulfillment	Active	
Hospital	Dallas Regional Medical Center	01/20/2014 13:22	Ventilators - Portable	2		2 of 2 fulfilled		View Details
Hospital	Baylor Regional.. Center - Plano	01/13/2014 15:55	Ventilators - Portable	3		3 of 3 fulfilled		View Details
Hospital	Texoma Medical Center	01/11/2014 11:11	Ventilators - Portable	4		4 of 4 fulfilled		View Details

The Regional Status screen also endured a facelift making it easier to read and obtain more information. The National Emergency Department Overcrowding Score (NEDOCS) was built into this screen to pull the same information that lives inside EMResource in the near future. This screen can be filtered to show diversion status, trauma level, bed availability, and specialty services availability. It can also be scaled down to show only certain counties, zones, health services regions, and council of governments. It is truly customizable to your needs and can be a perfect asset to any emergency operations center for at a glance situational awareness.



The reporting and survey modules expanded capability and allowed for vital analysis to be made during the major events experienced this year. Hospitals and EMS agencies can be surveyed upon login allowing for NCTTRAC staff to report out results in much more seamless way.



Finally, one of the most important updates that was made to the system this year was the introduction of Hospital Hub. This module allows for field EMS to fill out electronic patient care reports (ePCR) as they transport the patient, and then automatically drop them in one location where hospitals can then easily access the report in a PDF format. Hospitals can display this module in their ED and see what patients are being transported, what their current condition is, and who is bringing them prior to the ambulance ever reaching the ED. This module furthers the goal of bridging the gap between prehospital and hospital and allows for better patient care, especially in cases where multiple patients are being transported at once.

E*TRACS has come a long way over the years and still has a long way to go. There are several big updates that will occur in the coming year including the introduction of Command Center, which will serve as a virtual emergency operations center chat room. There are also several initiatives in place to map all applications to this database and continue flowing information in multiple places allowing for visibility to all users regardless of what account they hold. All of the plans of course lead up to better supporting the region's needs and mitigating challenges of lessons learned, and to provide the coalition with better opportunity to manage the emergencies that we know un-doubtfully occur at some point in time.

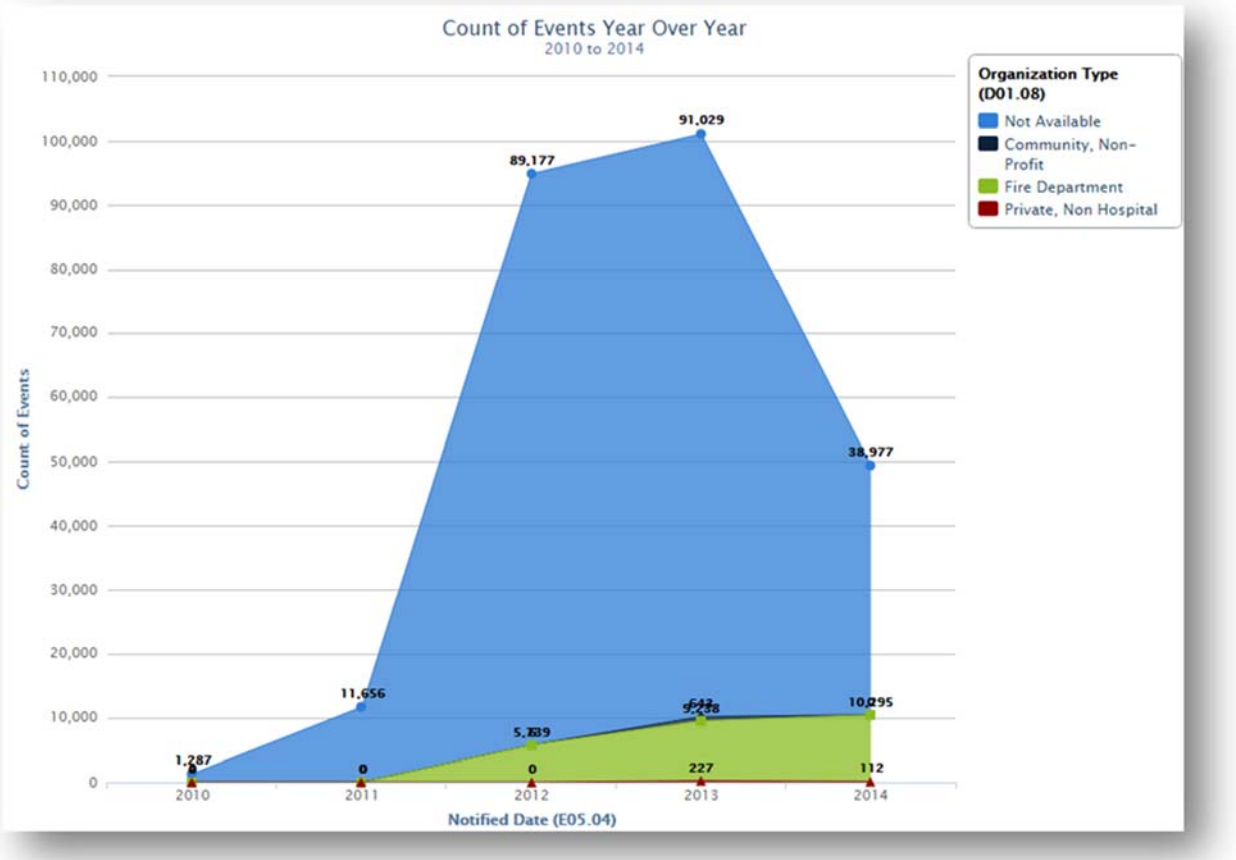
REG*E

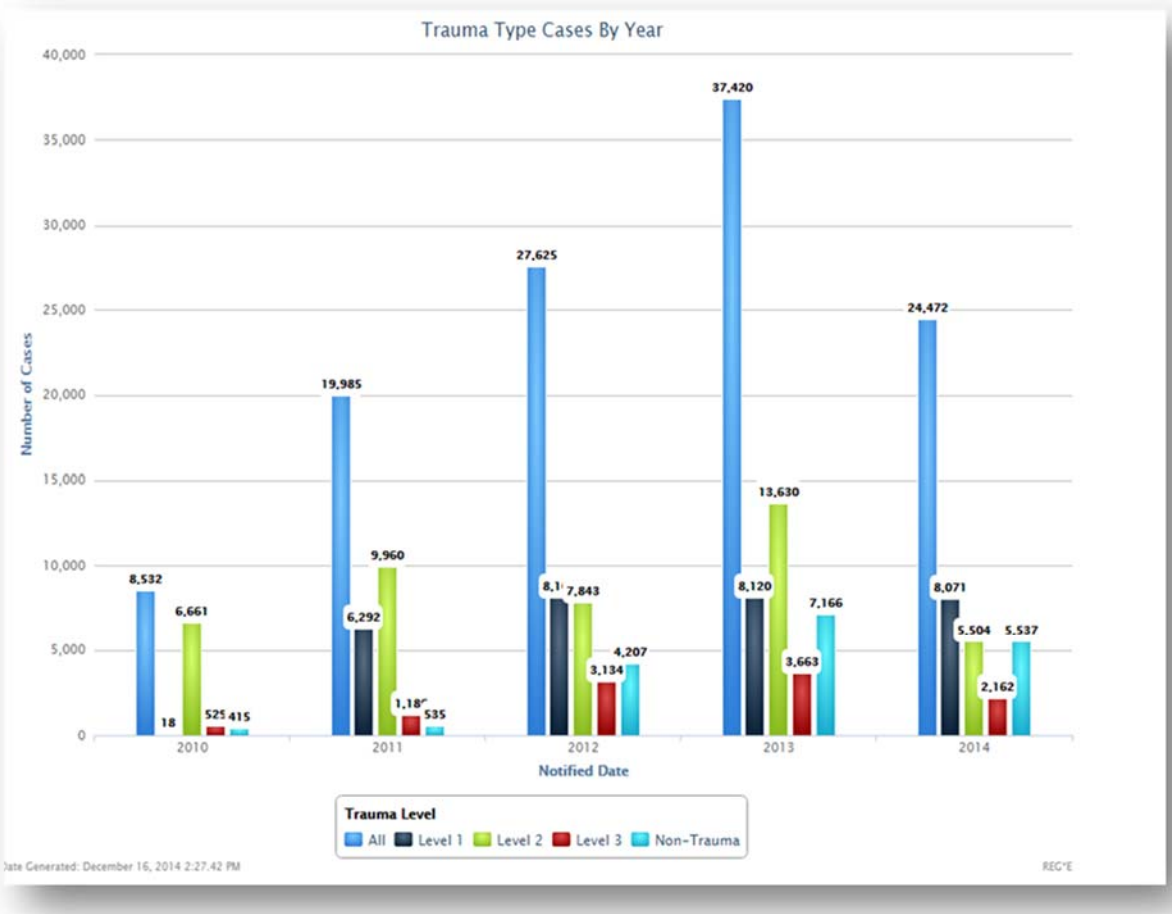
REG*E is the regional emergency healthcare patient data collection registry serving Trauma Service Area – E (TSA-E). REG*E has matured a great deal in the last 12 months. NCTTRAC has moved forward to achieve the release of 2013 EMS/Fire and Hospital Annual Regional Benchmarking Reports. NCTTRAC staff currently measures success by data analytics occurring post-submission to REG*E. Data analytics is pivotal for NCTTRAC member performance improvement.

REG*E report requests is now available via an electronic request at support.ncttrac.org.

REG*E EMS and Trauma Centers Data Success

The maturity of the REG*E system can be seen in the progress of the number of records in the system. In 2013, EMS/Fire imported 91,029 events into REG*E, as shown in chart here labeled 'Count of Events Year Over Year'. In 2013, Hospitals both imported and manually entered 69,999 incident records into REG*E, as shown in chart here labeled 'Trauma Type Cases By Year'.

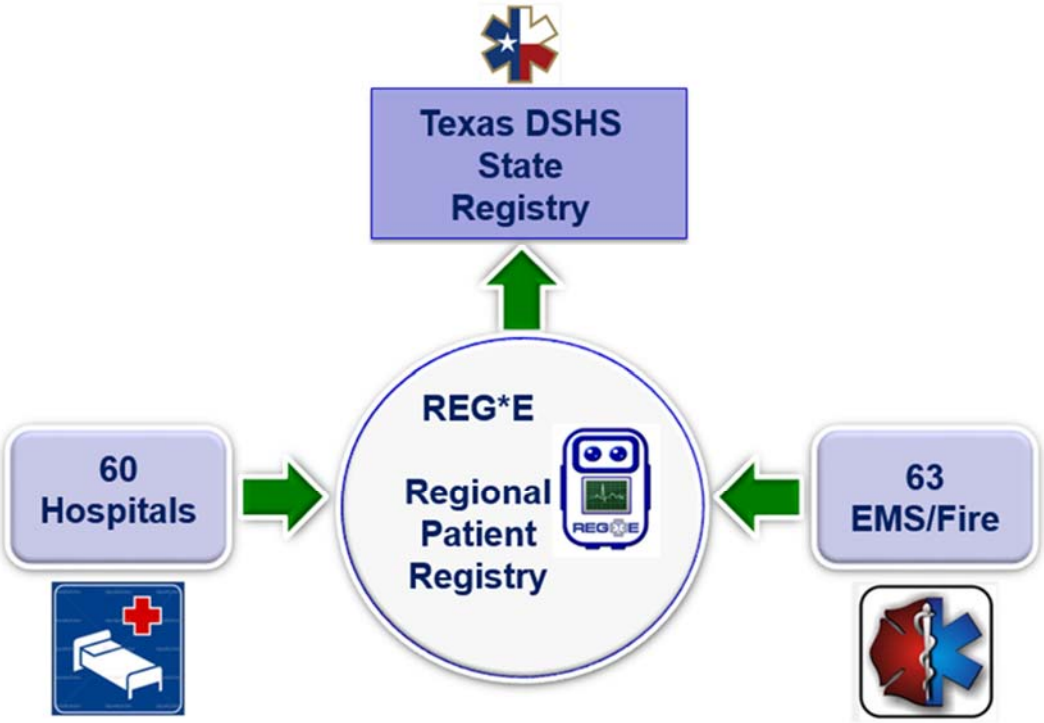




The growth in patient record submission to REG*E enables the Systems Performance (SPI) Committee and the NCTTRAC staff to provide better regional reporting and analytics. NCTTRAC Trauma, Stroke, Cardiac, EMS, Injury Prevention, Pediatric, Professional Development, Physician's Advisory Group (PAG), and SPI committees contributed to the successful increase of data and participation in the registry. To enhance timeliness and transparency of REG*E data submissions, a quarterly 'Call for Data' and 'Report Out' of data is delivered to all regional stakeholders and members. REG*E training is delivered virtually via WebEx to both pre-hospital and hospital end users. As Cardiac and Stroke build into defining national data standards, NCTTRAC committees are standardizing data submissions in accordance with Get With The Guidelines (GWTG) ACTION and Stroke data elements. Both GWTG ACTION and Stroke forms and imports are now available in Patient Registry REG*E. NCTTRAC committees respectively took time to evaluate data provided and contributed best practices approaches to improve the quality of the data reviewed.

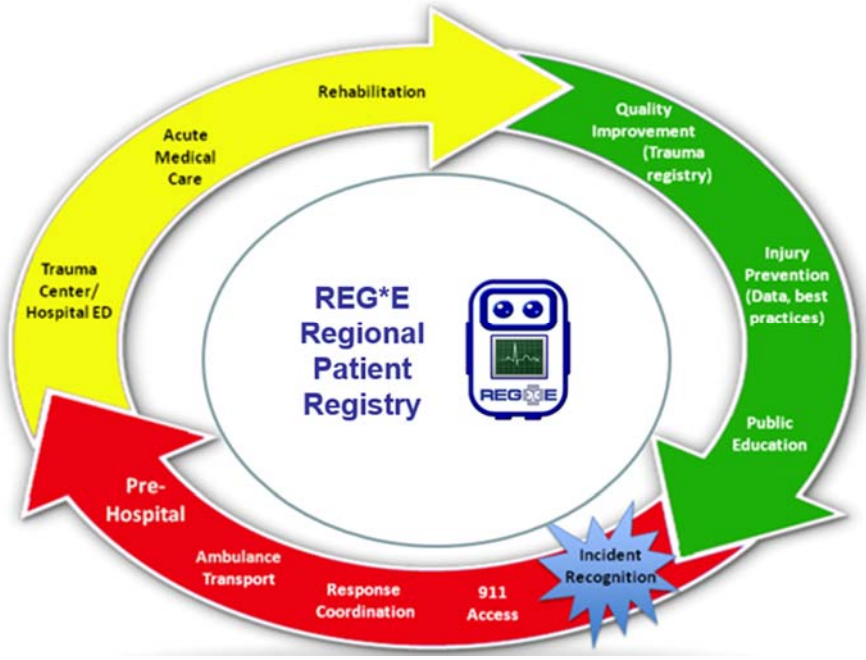
NCTTRAC's REG*E Forms Alliance with DSHS State of Texas Registry MAVEN

In 2014, NCTTRAC staff formed an alliance with the State of Texas Registry MAVEN system to create an interface and a move to national data standards for both pre-hospital and hospital data aggregation. Utilizing national data standards will increase validation and reduce schema importing errors for REG*E users. Overall, the alliance between REG*E and MAVEN will make 'comparing apples to apples' a reality for regional NCTTRAC members. In preparation for pending changes to national data elements, NCTTRAC made available Data Dictionaries for Trauma, Stroke, Cardiac and EMS/Fire to help develop a common thread of understanding of current and available data elements. As REG*E and MAVEN move to national standardization, both state and regional level analytics will be more comprehensive and well aligned.



REG*E Road Map

In 2014, NCTTRAC staff constructed a REG*E Business Plan for sustainability and continual improvement. As shown in pictograph below, REG*E allows a regional vantage of pre-hospital decision points from Incident Recognition to Trama Center/Hospital ED. Also, REG*E is prepared to provide a regional analysis from arrival at destination facility to Acute Medical Care to Rehabilitation. REG*E is positioned for Quality Improvement with trauma registry data analysis for use in regional Injury Prevention and Public Education. The changes seen in 2014 is positioning REG*E to deliver more comprehensive analytics to assist members in driving changes in organizations region-wide.



NCTTRAC's Future

Emergency Healthcare Systems

Upcoming First Annual NCTTRAC Symposium - ***Community Mobile Integrated Healthcare and Community Paramedicine (MIH-CP)***

"Lean" Informatics Workgroup to support regional registry benchmarking through REG*E

Focus on Emergency Healthcare Systems Clinical Education opportunities for the region

Stroke, STEMI, and regional Trauma System emphasis for improved patient care

Emergency Medical Operations

Continued Emergency Medical Task Force training and development

Focus on healthcare coalition building with healthcare partners

Expanded communication capability, training, and exercise opportunity

Enhanced regional Crisis Applications training and exercise delivery

Data & Information Systems

Focus providing a seamless data solution for regional events

Expanded focus on integration of internal and external infrastructures

Gain user acceptance through increased functionality

Reduce member workload through autmoation of patient information

Administration & Finance

Support effective and efficient use of unrestricted budgets

Maintain superiour audit performance

Expand support for members with consolidation of usable information

Facilitate information sharing among members and partners

Logistics & Transportation

Support PPE cache development for EMS and hospital Ebola operations

Maintain and sustain Emergency Medical Warehouse equipment and supplies

Facilitate HPP inventory standardization and system improvements

Distribute evacuation and patient tracking materials to Healthcare Coalition members

NCTTRAC

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