



**NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL**

2014 - 2015 Annual Report



NCTTRAC

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Message from the Outgoing Board Chair

Dear NCTTRAC Members,

It has been my pleasure and honor to serve as the Chair for the RAC for the past three and a half years. As I leave the post to Ricky Reeves, I know that the future of the RAC is in good hands under the Chair of Ricky, as well as Rick Antonisse. Over the last three and a half years we have accomplished quite a bit.



1. We have been able to raise dues to allow for some security of our staff and the function of the RAC as we continue in these difficult economic times.
2. We have been able to get a registry and start using that registry to get data and the use of that data has proved to be very interesting.
3. We have expanded our HPP and our ability to get hospital participation, especially the C suite, and participation from numerous institutions.
4. We have made major inroads in TETAF as well as GETAC meetings and as a RAC, shown our leadership within the Texas Regional Advisory Council System.
5. We have increased our advocacy presence.

There are numerous other collective achievements that we have done as a group over the past three and a half years, however the above are just some of the highlights.

All these achievements would not have been possible without the cooperation of every member of the RAC. Each member is important for the functioning of the entire RAC. Just as a car needs all the parts and pieces to work in and of itself and work as a team in order for the motor to work, in order for the electronics to assist the motor and be part of the entire system, each of you are part of our functioning motor. The complexity of our system has increased over time as well and shall continue to increase due to the medical, legal, administrative and other systemic issues that we now encounter that we had not encountered previously. Even with all of the economic, medical, legal and other challenges I feel secure that the RAC will prevail and that the RAC system will ensure every Texan has access to trauma care as well as stroke, cardiac, pediatric and neonatal care. The RAC system has come a long way from beginning as a system for trauma to becoming a system for trauma and acute care and has expanded into many areas. As we progress we need to keep an open mind regarding innovation that will come about as well as perpetuating the system that we have created and built together.

I thank you all for your support these past years and appreciate that you will continue to support the next chair as he takes the mantle on for the next two years. It has been my sincere honor and pleasure to be the Chair of the RAC and I appreciate what each of you do every day for all of our patients.

Respectfully,

Raj Gandhi

2014-2015



Message from the Incoming Board Chair

As your new chair, I want to thank you for allowing me the privilege to lead NCTTRAC. I want to also thank Dr. Gandhi for his tenure as the past chair and wish him continued success. I want to welcome Jorie Klein, Vice Chair, Amy Atnip, Secretary, and Derrick Cuenca, Treasurer as your newly elected Executive Committee.



Over the past couple of years, I have had the pleasure of watching NCTTRAC truly grow as one of the lead RACs in the state. While the environment of our organization remains a very challenging one, I have seen our organization come together and show resilience, determination and a shared sense of purpose, working effectively as a unified voice. I hope to continue that energy in the future months.

For the first time in years, Texas has a new governor, lieutenant governor, and chairs of the House and Senate health committees. This legislative session proved to be a very challenging session, but I feel with the help of our members, we have educated our legislative body of the importance of the funding needed to sustain a trauma system in Texas. Because of your hard work and that of TETAF, House Speaker Joe Straus issued the House Interim Charge for an interim study, and it was issued to the House Appropriations Committee and House Public Health Committee. The charge is to: *Study the trauma system in the State of Texas, including financing, service delivery, planning, and coordination among Emergency Medical Services providers, Trauma Service Area Regional Advisory Councils, the Emergency Medical Task Force, and hospitals. Determine strengths and weaknesses including challenges for rural areas of the state. Make recommendations to reduce any duplicated services, improve the coordination of services, and advance the delivery of trauma services in Texas.* I believe your voice was heard loud and clear, but the challenge still exists to actually receive funding.

The 84th Legislature directed significant changes that reorganized the Health and Human Service (HHSC) system, including transferring some functions of DSHS to the HHSC. Several public hearings are scheduled across Texas to discuss the transformation of the HHSC system.

NCTTRAC was also awarded several new contracts, including the DSHS Health Promotion and Chronic Disease Prevention Section related to heart attack and stroke patients. It is still in its infancy stages and there will be more to come with this contract. The other contract awarded to NCTTRAC is the Ebola Preparedness and Response contract, which requires us to develop a regional transport plan for highly infectious disease incidents and to interface with public health and emergency response partners. These are in addition to the other contracts we have.

Our Committee Chairs are busy continuing to keep our membership apprised of changes within their respective committees. We have added the ED Operations workgroup to provide input on all aspects of the clinical and operational issues that impact Emergency Departments in our RAC. We welcome input from this new group.

We continue to build, practice, and educate to the community of our Emergency Medical Task Force and all of its components. This year we traveled to the Hotter N' Hell event in Wichita Falls and provided exceptional care to the needs of attendees and participants in the event.

As we near the holidays, please be safe and continue to keep our military family in your prayers. Your leadership, commitment, and support are essential to the continued development of our RAC system and improving patient outcomes. Thank you for allowing me to be a part of this journey.

Sincerely,

Ricky Reeves



Executive Summary

We are pleased to provide the fifth consecutive NCTTRAC Annual Report to our members, partners, and the regional Healthcare Coalition. This annual report reflects activities of the RAC and Coalition members over the period July 1, 2014 through August 31, 2015. NCTTRAC supports the development, implementation, and operation of a comprehensive trauma care system based on accepted standards of care to decrease morbidity and mortality within Trauma Service Area (TSA-E). The Trauma Service Area is comprised of 19 North Central Texas counties, including: Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise. NCTTRAC is the largest Trauma Service Area in the state serving 27% of the entire population of Texas and approximately 2.3% of the population of the United States.

The TSA-E Healthcare Coalition was challenged with a wide variety of public health and healthcare delivery events over the last year. In addition to drought, flash floods, and tornados, TSA-E was in the forefront of national and international scrutiny as it responded to the nation's first outbreak of Ebola Virus Disease.

In October 2014, a Coalition hospital received a patient with Ebola, the first incident of this disease in the United States. The region mobilized, as did the whole nation, resulting in critical reviews and improvements in pre-hospital and hospital environments. NCTTRAC's Emergency Medical Coordination Center (EMCC) played a vital role in supporting EMS, hospital, city, and county authorities, and provided staff members as liaison officers within both state and local government command centers.

Deemed a risk area for another high consequence disease outbreak, NCTTRAC received a special grant to prepare the region, should another case occur.

NCTTRAC hosted a regional Mobile Integrated Healthcare and Community Paramedicine Symposium, aimed at educating and supporting the Healthcare Coalition in improving individual patient outcome and reducing operational costs among Coalition members.



Dr. Rajesh Gandhi, outgoing Chairman of the Board of Directors, receives recognition from incoming Chair, Chief Ricky Reeves



Improvement in patient outcomes remained the focus of Coalition members participating in the Cardiac Committee, which culminated a yearlong project introducing the Heart Safe Community project to the Trauma Service Area. This program, through public education and involvement by many physicians and nurses, has had a positive influence in cardiac care within the region. Similarly, the Stroke Committee has seen great improvement in recognition of, and the provision of treatment of patients that have experienced a stroke. With emphasis on pre-hospital and hospital protocols, the Stroke Physicians Advisory Group leads the region in supporting stroke treatment protocols and designation of stroke centers.

Emergency Medical Task Force - 2 played a crucial role in disaster response. Ambulance Strike Teams and Ambulance Buses deployed to tornado-stricken communities, and Medical Incident Support Team (M-IST) personnel supported county and city officials in a local tornado incident. During the Ebola crisis, M-IST personnel provided critical support within state and county command centers.

Through continued Coalition development, NCTTRAC and its members fulfill the mission to improve emergency healthcare through prevention, education, advocacy, research, preparedness, and response.



EMTF-2's Mobile Medical Unit
prepares to deploy to support the
annual Hotter N Hell event in
Wichita Falls



Board of Directors – FY15

FY15 Board Position	Name	Organization
Chair	Dr. Rajesh Gandhi	John Peter Smith Health Network
Vice Chair	Ricky Reeves	Lewisville Fire Department
Secretary	Amy Atnip	Medical Center of Plano
Treasurer	David Orcutt	Weatherford Regional Medical Center
Air Medical Committee	Mike Eastlee	Air Evac LifeTeam AE67
Cardiac Committee	Karen Yates	Methodist Mansfield Medical Center
EMS Committee	Kevin Cunningham	Cedar Hill Fire Department
Finance Committee	Derrick Cuenca	Lake Granbury Medical Center
Pediatric Committee	Melinda Weaver	Cook Children's Medical Center
Physician's Advisory Group Liaison	Dr. Bob Simonson	Physicians Emergency Care Associates
Professional Development Committee	Shawn White	CareFlite
Public Education / Injury Prevention Committee	Mary Ann Contreras	John Peter Smith Health Network
Regional Emergency Preparedness Committee	J.J. Jones	John Peter Smith Health Network
Stroke Committee	Sharon Eberlein	Plaza Medical Center of Fort Worth
SPI Committee	Dwayne Howerton	Emergency Physician's Advisory Board
Trauma Committee	Jorie Klein	Parkland Memorial Hospital
Zones Representative	Martha Headrick	Air Evac Lifeteam-North Texas

Financial Overview

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 and Trauma Service Care 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.

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 Service 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.

Hospital Preparedness Program and Ebola Preparedness and Response Program – 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 capabilities and benchmarks designated by the Office of the Assistant Secretary of Preparedness and Response and the Centers for Disease Control and Prevention.

	EMS/RAC	TOBACCO	HPP YR 13	EMS/COUNTY ASSISTANCE	EBOLA YR 1	UNRESTRICTED /DEVELOPMENT	TOTAL
Revenue							
State of TX - DSHS	\$ 242,529	\$ 296,438	\$ 3,125,508	\$ 304,749	\$ 38,587	\$ -	\$ 4,427,273
Program Income	-	-	-	-	-	-	-
Membership Dues	-	-	-	-	-	418,400	418,400
Interest on Investments	-	-	-	-	-	2,271	2,271
Other	-	-	-	-	-	-	-
Sponsorships	-	-	-	-	-	4,700	4,700
Educational Registration	-	-	-	-	-	21,340	21,340
In-Kind Donations	-	-	-	-	-	-	-
Total Revenue	\$ 242,529	\$ 296,438	\$ 3,125,508	\$ 304,749	\$ 38,587	\$ 446,711	\$ 4,873,983
Expenditures							
Salaries	134,602	193,105	805,579	-	10,426	165,930	1,460,285
Fringe Benefits	44,926	42,003	207,755	-	2,325	33,328	376,757
Travel	-	-	24,931	-	-	29,233	58,714
Equipment	-	-	-	-	-	-	-
Supplies	-	-	173,239	-	1,938	-	192,016
Contractual	-	-	950,898	304,749	-	-	1,261,798
Other	56,451	54,960	750,251	-	1,142	134,822	1,089,578
Indirect	6,550	-	212,855	-	2,924	23,042	284,383
Unobligated	-	6,370	-	-	-	-	6,370
Total Expenditures	\$ 242,529	\$ 296,438	\$ 3,125,508	\$ 304,749	\$ 18,756	\$ 386,354	\$ 4,729,900
Revenues Over (Under) Expenditures	\$ -	\$ -	\$ -	\$ -	\$ 19,832	\$ 60,356	\$ 144,083
Beginning Unrestricted Net Assets	-	-	-	-	-	375,452	375,452
Ending Temp Restricted Net Assets	-	-	-	-	19,832	-	83,727
Ending Unrestricted Net Assets	-	-	-	-	-	435,808	435,808
Ending Net Assets	\$ -	\$ -	\$ -	\$ -	\$ 19,832	\$ 435,808	\$ 519,535

HPP YR 13 began July 1, 2014 and runs through June 30, 2015

HPP YR 14 began July 1, 2015 and runs through June 30, 2016

EBOLA YR 1 began August 1, 2015 and runs through June 30, 2016

Emergency Healthcare System (EHS)

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.

Programs Supported with the Tobacco Endowment

- Maintaining support for training and operations for the **REG*E** project (the 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. Items included mood cups and pencils, flying discs and draw string bags, all imprinted with the NCTTRAC name and logo along with the campaign motto.
- Supporting educational programs in the region and offering continuing education at the General Membership Meetings.
- Continuing support of the 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.”

FY15, NCTTRAC received \$288,238

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

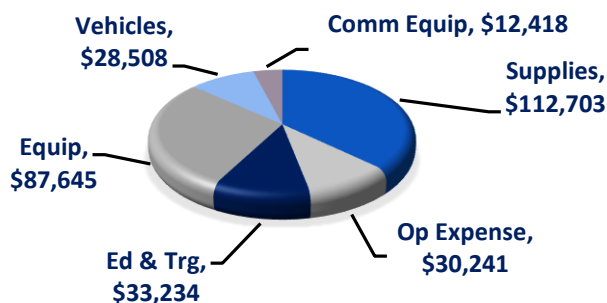
EMS County Assistance “Pass-through” Funds

NCTTRAC received \$304,749 in EMS County Assistance funds for distribution to fifty-six 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 fulfill DSHS requirements for data submission, participation in system performance improvement activities as requested, and utilization of the RAC’s regional trauma plan protocols. Beyond that, providers are required to meet local RAC participation requirements in order to submit eligible receipts for reimbursement. RAC participation includes a Board-approved application and dues, and a minimum data set submission to the regional registry, REG*E.

FY15 EMS Pass-through funds were distributed to all 56 eligible agencies and were expended as indicated below :

FY 15 EMS Pass-through Expenditures by Category



Fund Use Restrictions

DSHS guidance permits these funds to be used only for the following purposes:

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

EMS County Assistance “Pass-through” Funds

County	No. of Providers	Amt. per Provider
Collin	13	\$1,923
Cooke	1	\$8,537
Dallas	22	\$4,539
Denton	17	\$1,343
Ellis	4	\$2,986
Erath	1	\$10,013
Fannin	1	\$8,119
Grayson	3	\$3,989
Hood	2	\$2,592
Hunt	1	\$8,522
Johnson	4	\$2,557
Kaufman	2	\$4,786
Palo Pinto	2	\$4,267
Parker	2	\$4,780
Rockwall	3	\$842
Somervell	1	\$1,810
Tarrant	17	\$2,467
Wise	2	\$4,303
Total:		\$304,749

Acute Care Designations in TSA-E

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 RAC’s system of care in which they seek designation. NCTTRAC General Membership has set this standard to include requirements that these hospitals must be approved members of the RAC, 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; there is at least one designated or “in active pursuit” facility in each TSA-E county.

There are four Trauma level designations (I – IV); all Trauma-designated facilities treat and provide the most efficient system of treatment 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.

Stroke care facilities may be recognized by various agencies, including Joint Commission, Det Norske Veritas (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.

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 System Performance Improvement (SPI). Any changes are then presented to the NCTTRAC General Membership for adoption to provide guidance with the decision on the best facility to receive a pre-hospital patient with stroke signs and symptoms. As of September 30, 2015, there were 137 designated stroke facilities in Texas with 40 in this RAC’s nineteen counties.



Acute Care Designations

Stroke Facilities	
Level I (Comprehensive) Stroke Facilities	
Medical Center Of Plano	
Medical City Dallas Hospital	
Plaza Medical Center of Fort Worth	
UT Southwestern University Hospital	
Level II (Primary) Stroke Facilities	
Baylor All Saints Medical Center at Fort Worth	
Baylor Medical Center at Garland	
Baylor Medical Center at Irving	
Baylor Regional Medical Center at Grapevine	
Baylor Regional Medical Center at Plano	
Baylor University Medical Center	
Centennial Medical Center	
Columbia Medical Center of McKinney	
Dallas Regional Medical Center	
Denton Regional Medical Center	
Doctors Hospital at White Rock Lake	
John Peter Smith Hospital	
Methodist Dallas Medical Center	
Las Colinas Medical Center	
Medical Center of Arlington	
Medical Center of Lewisville	
Methodist Charlton Medical Center	
Methodist Dallas Medical Center	
Methodist Mansfield Medical Center	
Methodist Richardson Medical Center	
North Hills Hospital	
Parkland Memorial Hospital	
Texas Health Arlington Memorial Hospital	
Texas Health Harris Methodist Hospital Fort Worth	
Texas Health Harris Methodist Hospital HEB	
Texas Health Presbyterian Hospital of Dallas	
Texas Health Presbyterian Hospital Denton	
Texas Health Presbyterian Hospital Plano	
Texoma Medical Center	
Wilson N. Jones Regional Medical Center	
Wise Regional Health System	
Level III (Support) Stroke Facilities	
North Texas Medical Center	
Texas Health Harris Methodist Hospital Azle	
Texas Health Presbyterian Hospital Of Kaufman	
TMC Bonham Hospital	

Trauma Centers	
Level I Trauma Centers	
Baylor University Medical Center	
Children's Medical Center Of Dallas	
John Peter Smith Hospital	
Methodist Dallas Medical Center	
Parkland Memorial Hospital	
Level II Trauma Centers	
Cook Children's Medical Center	
Medical Center Of Plano	
TH Harris Methodist Hospital Fort Worth	
Level III Trauma Centers	
Baylor All Saints Medical Center Fort Worth	
Denton Regional Medical Center	
Medical Center Of Arlington	
Texoma Medical Center	
TH Harris Methodist HEB	
Wilson N. Jones Regional Medical Center	
TH Presbyterian Hospital Plano	
Level IV Trauma Centers	
Ennis Regional Medical Center	
Glen Rose Medical Center	
Hunt Regional Medical Center	
Lake Granbury Medical Center	
Lake Pointe Medical Center	
Medical Center Of Lewisville	
Medical City Dallas Hospital	
Muenster Memorial Hospital	
Navarro Regional Hospital	
North Hills Hospital	
North Texas Medical Center	
Palo Pinto General Hospital	
TH Harris Methodist Hospital Azle	
TH Harris Methodist Cleburne	
TH Harris Methodist Hospital Stephenville	
TH Presbyterian Hospital Allen	
TH Presbyterian Hospital Kaufman	
TMC Bonham Hospital	
Weatherford Regional Medical Center	
Wise Regional Health System	



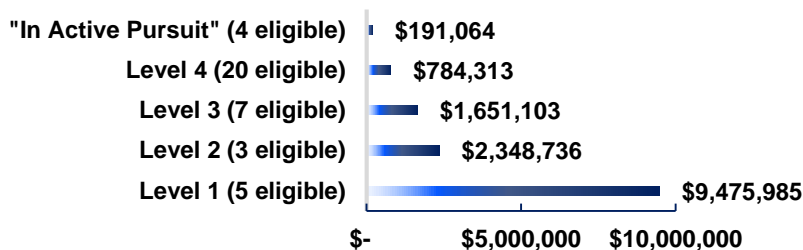
FY15 Hospital Uncompensated Trauma Care Fund Distribution

The Texas Department of State Health Services (DSHS) Office of EMS & Trauma Systems Coordination announced Uncompensated Trauma Care Fund distributions during the month of August 2015 for FY 2015.

A total of \$14,451,200 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 \$54,720,091 distributed to 293 facilities across Texas.

FY15 Uncompensated Trauma Care Disbursement

Uncompensated Trauma Fund Allotment Designation by Level



Disbursement Methodology

Uncompensated trauma care charges from Calendar Year 2013, as reported by eligible hospitals on the Fiscal Year FY 2015 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.

Systems of Care Committees

The NCTTRAC Trauma, Emergency Medical Services (EMS), Stroke, and Cardiac committees, along with supporting Physician Advisory Groups, continued to make advances and improvements in Emergency Health Care Systems within TSA-E. This year, the EMS committee updated the regional field triage and transport guidelines affecting all three acute care committees. On June 9, 2015, NCTTRAC's Board of Directors approved these revised Trauma Triage & Transport Guidelines. Beginning with the FY16 membership renewals, the Board of Directors requested an acknowledgment of the Provider's adherence to RAC regional protocols, plans, and guidelines regarding patient care and transportation by requesting signatures from Hospital member's Trauma, Stroke, and Cardiovascular medical directors. This acknowledgement has been a practice for EMS agencies.

EHS Professional Development

Trauma Registrar Specific ICD-10 Training Course



The International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) is a coding of diseases, signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).



Current health plan systems and health care providers are required by the Health Insurance Portability and Accountability Act (HIPAA) to use a standard code set to indicate diagnoses and procedures on transactions.

Unlike the usual annual updates of ICD-9 codes, the ICD-10 codes are markedly different from their predecessors. ICD-9 codes were used in almost every clinical and administrative process in a health care setting. Therefore, substantial system and procedural changes have been necessary to implement and correctly use the new codes. The updated code sets require significant changes in the way health plans reimburse services, and in the way coverage of services is determined.

As the new compliance effective date of October 1, 2015 (original was October 2014) was approaching, NCTTRAC hosted the Trauma Registrar Specific ICD-10 Training course provided by *Pomphrey Consulting*. Class was held on August 13-14, 2015 and was open to all Level I-IV Trauma Centers in TSA-E. NCTTRAC contributed 50% (\$200) of the course fee to all 22 attendees.

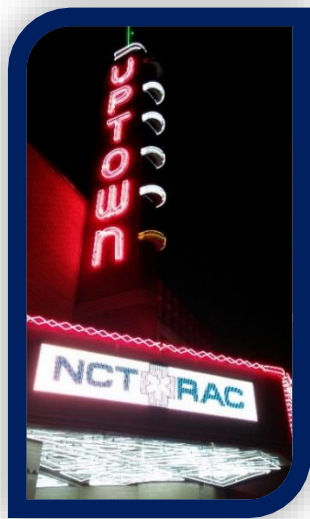
March 2015 General Membership Educational Session

Many questions and concerns have been circulating among EMS and hospital personnel regarding the use of cuffed versus uncuffed tracheal tubes for pediatric patients. NCTTRAC Pediatric Committee Chair, Melinda Weaver, RN, requested the expertise of Dr. Gavin Fine, MBBCh, Department of Anesthesiology at Cook Children's Medical Center. Dr. Fine presented "*To Cuff or Not to Cuff. That is the Question*", for NCTTRAC's March 2015 General Membership Educational Session.

Dr. Fine delivered an excellent presentation focusing on new developments and recommendations for cuffed and uncuffed tracheal tubes in the pediatric population. Discussion included: history of endotracheal tubes, traditional teaching, risks, complications, advantages, and future requirements in facilitating pediatric airway management. **Cook Children's Medical Center Department of Education** provided two hours of continuing education. Attendees found Dr. Fine's educational offering to be very informative and valuable for practical application in the health care setting.



Community Integrated Mobile Healthcare Symposium: Improving Patient Outcomes and Reducing Costs



Across the nation, EMS agencies of all sizes and types are partnering with hospitals, primary care physicians, nurses, and mental health and social services providers in leading-edge programs through Mobile Integrated Healthcare and Community Paramedicine (MIH-CP). These programs are expanding and transforming the care being provided in the community by improving patient outcomes, creating healthcare system efficiencies, lowering costs, and reducing avoidable patient admissions and readmissions.

MIH-CP is being discussed at every turn, and NCTTRAC wanted to be a part of that conversation. On Friday, April 24, 2015, NCTTRAC held the region's first "Community Integrated Mobile Healthcare Symposium: Improving Patient Outcomes and Reducing Costs" at the Uptown Theater in Grand Prairie, Texas.

Dr. Raj Gandhi, JPS Health Network and NCTTRAC Chairman of the Board, served as Master of Ceremonies. The keynote speakers included Matt Zavatsky, MedStar Mobile Healthcare; Kristin Jenkins, DFW Hospital Council; and Dr. Sharon Malone, EMS Medical Director for Grand Prairie, Sherman, and Denison Fire Departments. Jack Ayres of Ayres Law Office, P.C. provided legal information and also created a "Legal Guide to MIH-CP for Texas EMS Providers". Chief Norman Seals, Dallas Fire-Rescue (DFR) and Dr. Marshal Isaacs, Medical Director Dallas Fire-Rescue, presented on Dallas' MIH-CP program. Dr. Liz Fagan, Community Health Paramedicine Director, McKinney Fire Department, delivered her presentation on McKinney's outstanding MIH-CP program. Daniel Frey, co-creator of the McKinney program was also a presenter. Josh Clouse, Community Paramedicine Coordinator of Plano Fire-Rescue; Chris Weinzapfel, Director of Emergency Medical Services for Rowlett Fire Department; and Dawn Zieger, Executive Director of Access and Integration, JPS Health Network, each spoke to their agencies' critical roles and programs that are improving healthcare in their communities. Joseph Schmider, Texas EMS Director, attended the symposium and graciously made an appearance on stage and addressed the audience with regard to the Department of State Health Services (DSHS) support for EMS and the MIH-CP programs.

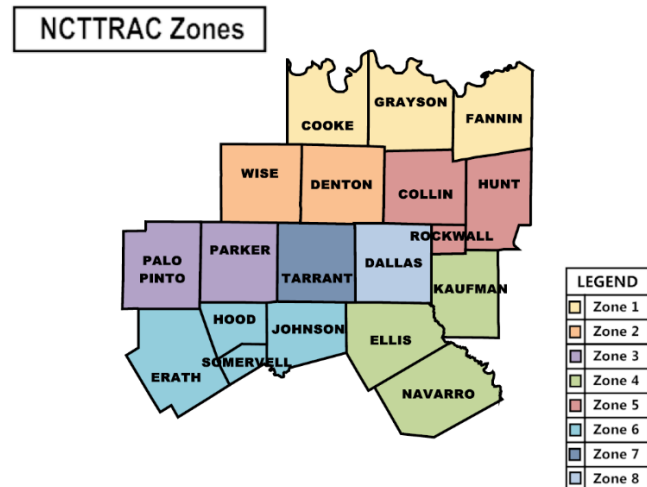
The symposium sponsors included: ImageTrend, BEST EMS, Abbott Point of Care, Emergicon, Grainger, Hanger Clinic, Infor, and Physio-Control. Mobile Integrated Healthcare and Community Paramedicine (MIH-CP) programs represent a new direction in pre-hospital care and will continue to emerge as progressive EMS systems look to improve patient outcomes and reduce healthcare cost.



Hospital Preparedness Program

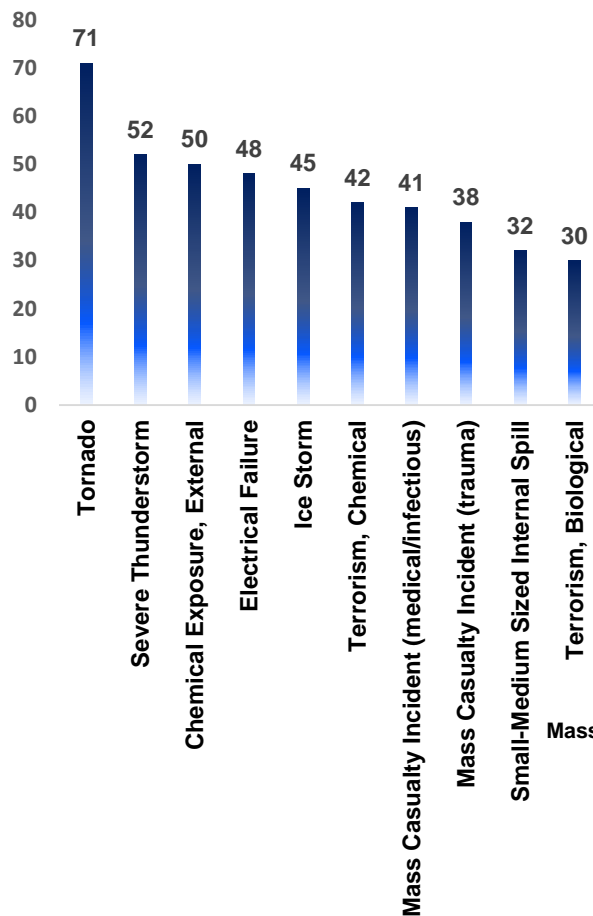
2014 Hazard Vulnerability Analysis

The Regional Hazard Vulnerability Analysis Report was a product created in Year 13 of the Hospital Preparedness Program and is a vital tool for the advancement of the Healthcare Coalition. This report details the cumulative hazard results provided by hospital coalition members and yields quantitative analysis of the hazards that are a threat to the region. These findings define training, exercise, and planning initiatives for disaster preparedness in TSA-E.



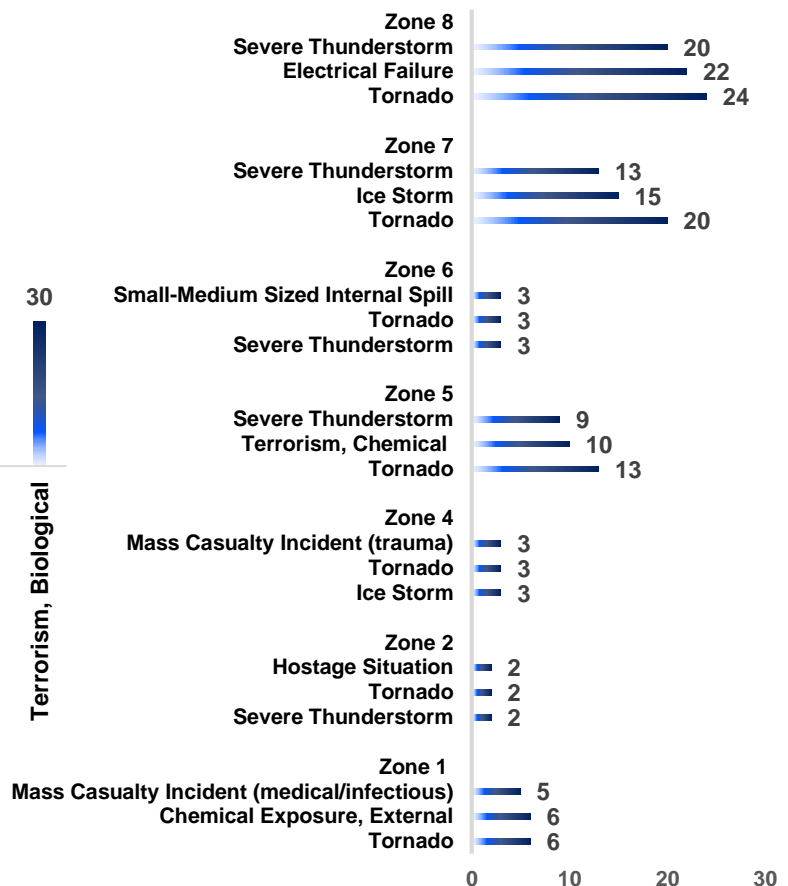
Top Ten HVA Results

N= 875 Total Entries



Top Three HVA Results by Zone

N= 875 Total Entries

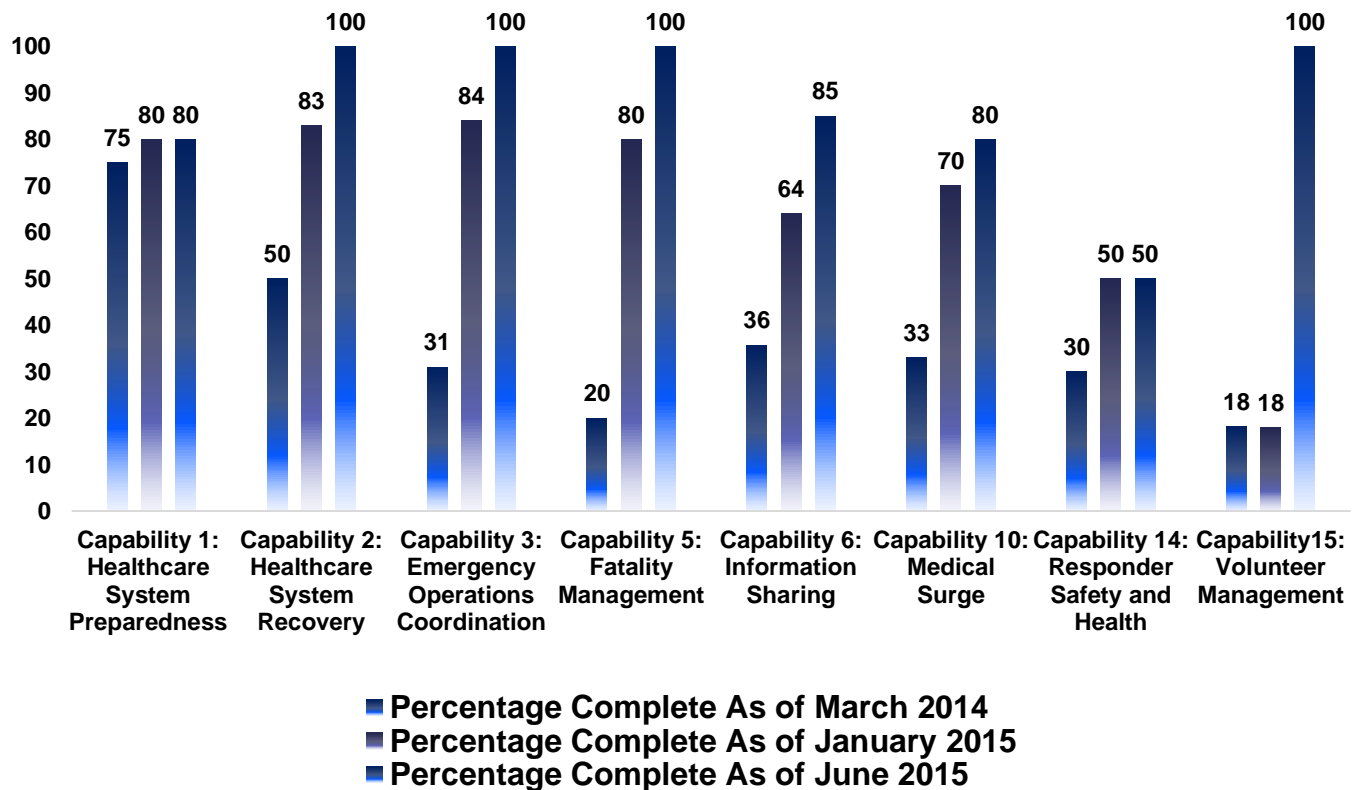


2014-2015

HPP Capability Measures Percentage Completion Status

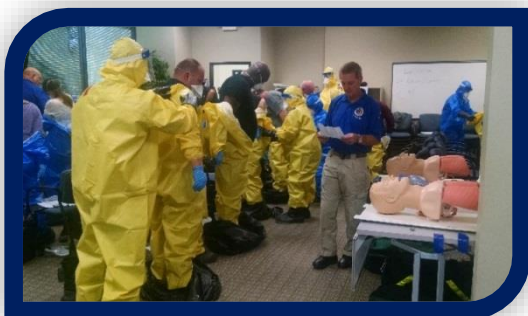
The Hospital Preparedness Program (HPP) has completed budget period three (BP3) and initiating work in budget period four (BP4) of the five year contract period. The contract and program are scheduled to continue through June 2017. The HPP requires work in eight federally – defined capabilities, each capability delineates several functions and resource elements. The Healthcare Coalition has focused on completing objectives related to all eight capabilities. Below you will find the current status of each of the program's eight capabilities.

HPP Capability Measures Percentage Completion Status as of September 2015



HPP Training and Exercise

During Hospital Preparedness Program (HPP) Year 13, NCTTRAC worked to provide training that strengthen HPP core capabilities and organizational operations. Training needs and gaps were identified in the 2014 – 2015 multi-year training and exercise plan (MYTEP) and HPP YR 13 EOY Assessment. Some of the recognized needs included training and experience in mass fatality, decontamination, and appropriate use of personal protective equipment. NCTTRAC hosted the Centers for Disease Control and Prevention (CDC) as they facilitated the *Personal Protective Equipment for Biological Events* course, and successfully trained 116 students. Students were also trained in *Critical Incident Stress Management* and *Psychological Simple Triage and Rapid Treatment (PsySTART)* in order to increase responder health and safety with the Healthcare Coalition. Other courses provided include *Basic Disaster Life Support*, *Advanced Disaster Life Support*, and *Medical Management of Chemical Biological Radiological Events*, facilitated by the Texas A&M Engineering Extension Services.



NCTTRAC Training and Exercise finished the year with 11 total trainings, of which 352 students were trained in an assortment of core focused training opportunities.



Communications and Information Sharing

NCTTRAC's continuing commitment to regional preparedness presented the RAC with the opportunity to move some of the cache of communications equipment out into the hands of the EMTF - 2 first responders. NCTTRAC has strategically placed five Mobile Satellite (MSAT) communications kits and five ambulance strike team VHF radio communications kits out into the region in the hands of the strike team leaders. This process decreases deployment time by eliminating the need for the teams or team leaders to have to travel to south Arlington to obtain equipment.

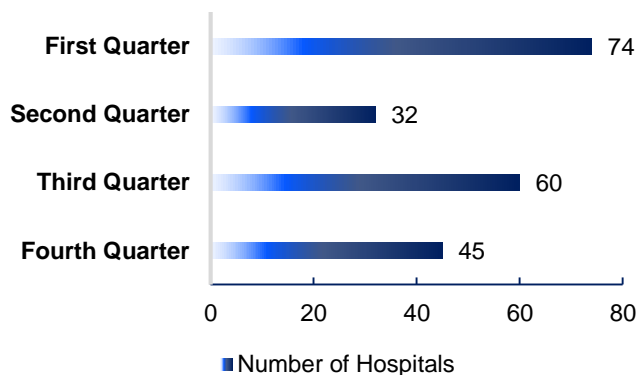


NCTTRAC also created 5 portable HAM Radio kits to increase the capabilities of the deployable communications equipment in the radio cache.

This year NCTTRAC has created more than 250 new crisis application users in WebEOC, EMResouce, and E*TRACS as training in these crisis applications has been moved into high gear. NCTTRAC is now training small groups through WebEx online meetings. By offering training via WebEx we have eliminated the need for members to travel to the NCTTRAC office to be trained in the crisis applications. Classes are also being adjusted to meet the needs of the audience and not just a one size fits all curriculum. We are tailoring the classes to meet the needs of the Emergency Room RN, the EMS professional and continue to train users in the training center at least once a quarter.

We are committed to making drills available to the healthcare region to test redundant communications systems including satellite phone, commercial radio and amateur radio on a continuing basis. Staff looks forward to increasing participation in the monthly drills and will be glad to help troubleshoot systems as the needs arise to ensure preparedness.

HPP YR 13 Redundant Communications Drill Participation



Emergency Medical Task Force – 2

Texas EMTF - 2

The Texas Emergency Medical Task Force (TXEMTF) is funded a part of the Hospital Preparedness Program and is administered through eight lead participating RAC's with the mission of creating State-deployable medical teams, regionalized for rapid mobilization and readiness. The EMTF program provides a well-coordinated response, rapid professional medical assistance to emergency operation systems during large scale incidents and immediately available resources such as Ambulance Bus (AMBUS), Mobile Medical Units, Ambulance Strike Teams, RN Strike Teams, Medical Incident Support Teams and Staging Managers.

Teamwork. Training. Experience. Dedication. These words describe what makes the regional Emergency Medical Task Force a success. EMTF-2 demonstrated great success this year by building upon partnerships with many private agencies and jurisdictions, and demonstrating the capability to support disaster health care delivery. A special **Thank You** to all of the individuals that come together to make this program possible.

Partnering Agencies			
Acadian Travis County	East Texas Medical Center EMS	Irving FD	Prosper FD
Acadian North Texas Division	Eules FD	Krum FD	Questcare DFW
Air Evac Life Team	Farmers Branch FD	Lake Granbury Medical Center	Richardson FD
Allegiance Ambulance	Ferris FD	Lewisville FD	Rowlett FR
Argyle Fire District	Flower Mound FD	Life Med	Sacred Cross
Cannefax Consulting	Frisco FD	Little Elm FD	Sherman FD
Careflight	Garland FD	Lonestar Ambulance Inc.	South Taylor EMS
Cedar Hill FD	Giatros Holdings	Mansfield Fire Rescue	Stephenville FD
Celina FD	Graham/Young County EMS	Mckinney FD	Texas Vital Care EMS
City of Ft Worth	Grapevine FD	Murphy Fire Rescue	Van Alstyne FD
Cook Children's Medical Center	Hardeman County EMS	North Richland Hills FD	Vernon Fire/EMS
Cooke County EMS	HCA North Texas Division	Possum Kingdom Lake Vol EMS	Wise County EMS
Coppell FD	Highland Village FD	Pottsboro FD	Wylie FD
Denton FD			

Bataan Memorial Death March

On March 22, 2015 EMTF - 2 participated in this year's Bataan Memorial Death March, an annual event sponsored by the U.S. Army at White Sands Missile Range, New Mexico. The event is a challenging 26.2 mile march through the high desert terrain of White Sands Missile Range, conducted in honor of service members who defended the Philippine Islands during World War II.

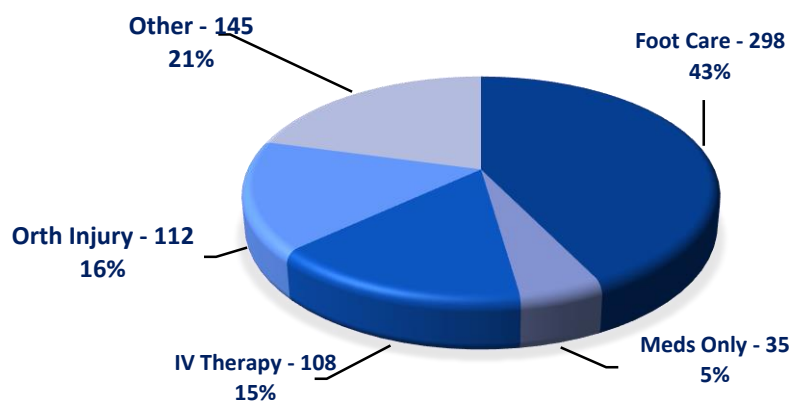
EMTF Regions One and Nine mobilized their Mobile Medical Unit (MMU) assets to establish a minor and advanced care treatment center. The MMU consisted of a total of five Zumro 860s, three Zumro Quads, and one awning on a 53' trailer – it was the largest MMU footprint for this event to date.

Of the 5,500 persons who participated in this year's march, approximately 555 of those participants received medical treatment in the MMU. The care provided ranged from minor foot care due to blister formation to more advanced therapy resulting from dehydration and heat exhaustion.

This year all eight EMTF regions across the state were represented at this event. Participating and representing NCTTRAC and EMTF Region 2 were Dr. Sharon Malone; Jacob Johnson and Jeremy Rountree with HCA North Texas; and Jim Dickerson, *Emergency Healthcare Systems Director from NCTTRAC*. These individuals served in multiple support roles throughout the event including initial deployment and set up, patient triage and treatment, command coordination and support, and incident demobilization.



**Bataan Memorial Death March
Patients Treated**



Tornado Response: Van & Bridgeport Operational Deployments

During the severe weather events in early May 2015, EMTF-2 was issued two State Mission Assignments. The assignment for each was to roster and deploy an Ambulance Strike Team and two Medical Incident Support Team (M-IST) personnel. This was done successfully and no needs were unmet. A formal AAR was created and important experience was developed. On Sunday, May 10, the State of Texas activated a small EMTF footprint to assist with response to the tornado that touched down in Van, Texas. The Palestine AMBUS (EMTF – 4) was sent on mutual aid early on, and the EMTF SCO kept very close conversation with the SMOC staff. It was decided that a second AMBUS and one Ambulance Strike Team would be activated to join the 10-20 local resources already on the ground. Initial reports of "flattened homes", a second tornado, and the fact that it was still dark were concerns leading to this decision. The closest region was EMTF-2, since EMTF-4 was in the path of the weather system producing the tornadoes. EMTF-2 resources were activated including the Cedar Hill AMBUS and one ambulance strike team. As EMTF resources were getting close to Van, the I/C and local Public Health authority made the decision to cancel those resources. However, due to multiple tornadoes in the area, watches in the forecast, and the uncertainty of the darkness, the Disaster District Committee (DDC), State Medical Operations Center (SMOC) and State Operations Center (SOC) made the decision to stage those resources in Canton until first light. Victor Wells and Brent Smith (EMTF-4) were also activated as M-IST to provide support to the DDC and serve as staging personnel for state resources. As of 0200, Van had no unmet needs. All EMTF resources were requested to meet up with Victor and stage until morning, pending any new mission assignments.



On Tuesday, May 19, just before midnight, the SMOC and the SOC requested activation of one (1) Ambulance Strike Team, one (1) AMBUS and two (2) Medical Incident Support Team (M-IST) personnel to respond to Decatur to stage in support of response operations following multiple tornadoes that touched down in the area. Initial reports included damaged homes, trapped individuals and several injuries. High water, heavy rain, and hail hampered response efforts and darkness and power outages made size-up difficult. As a result, EMTF-2 activated the resources requested by the SOC. MedStar/Ft. Worth provided both the AMBUS and Ambulance Strike Team. M-IST personnel from EMTF-2 included Jacob Johnson (HCA NTX) and Curtis Poovey (Richardson FD). The SOC/DPS Captain initially requested an ambulance strike team and AMBUS in anticipation of more casualties as storms entered Denton, Wise, and Parker counties. Local assets managed to handle the event without further need for state activated resources and EMTF-2 assets were demobilized accordingly.



NCTTRAC Logistics and Transportation Division

NCTTRAC Emergency Medical Warehouse

4408 Barnett Blvd
Arlington, TX 76017
Open Wednesday's and
By Appointment Only

Warehouse Facts

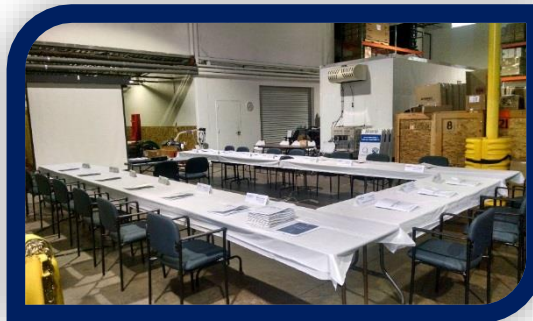
- Manages over \$5.2 million in inventory
- Radiological detection and identification cache
- Medical Evacuation equipment cache
- Mass Fatality equipment cache
- Over 150,000 N95 masks
- 21 trailers and generators, with 2 prime mover trucks, 39 ventilators, 45 suction units, & 4 AEDs
- 12 Mobile Satellite communications kits
- HAM and public safety radios and antennas
- Licensed by Texas Department of State Health Services as a Non-pharmaceutical and Medical Device Distributor with medical gas license
- Personal Protective Equipment (PPE) and Decontamination Equipment



Data and Information Systems Division

Remote Worksite Redundancy

This year signified the completion of the remote worksite functionality at the NCTTRAC emergency medical warehouse. NCTTRAC staff can remotely work as if they are sitting at their desk from the Warehouse location in South Arlington. We can operate from laptops and manipulate network data, send files to network printers, scan documents to email, and access email while being connected to a network port or the integrated wireless network. Staff also has the ability to reach regional crisis applications while outside of the main office. We were also able to implement remote viewing multi camera video security system with recording to make sure the warehouse inventory is accounted for and safe. This gives NCTTRAC staff the opportunity to operate from the emergency medical warehouse in the event that regional assets are needed to be stage or deployed and know that this process is seamless.



Taking the Region to the Cloud

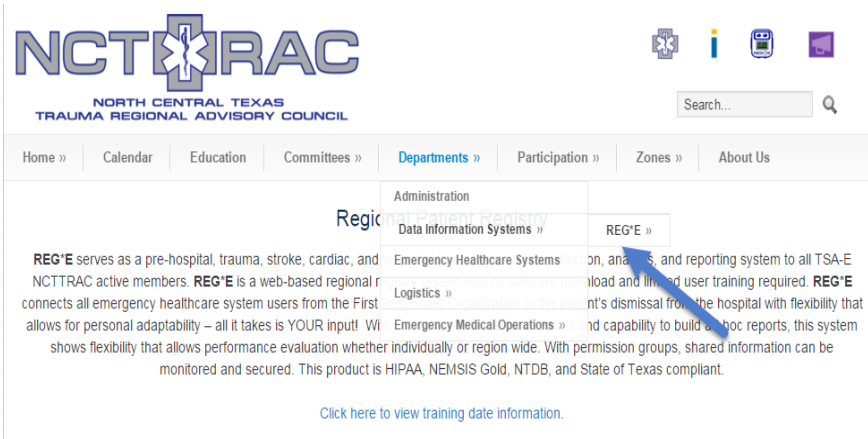
This year was focused on migrating NCTTRAC's current regional IT infrastructure into the newly designed virtual cloud datacenter. The implementation goals were to increase efficiency, reliability, and redundancy within the regional crisis applications and member support functionality for Trauma Service Area E. We were able to successfully migrate E*TRACS, REG*E, NCTTRAC website/support site, and member list servs. These applications being in the cloud datacenter gives us the flexibility to address the region's demands in a moment's notice. We have the ability to add new server infrastructure, increase application performance, and address growth requirements on the fly, which is very important during region wide events that would put more demand on the infrastructure and its usability. The cloud datacenter also signifies the redundancy needed during such an event due



to the level of multiple internet providers, backup power and cooling, and redundant generators. We even have the ability to virtually migrate of infrastructure to a datacenter on the East Coast if we were to have a region wide infrastructure outage. This coming year we will plan to move the Regional WebEOC instance as well as a few other internal applications for site redundancy and performance.

REG*E

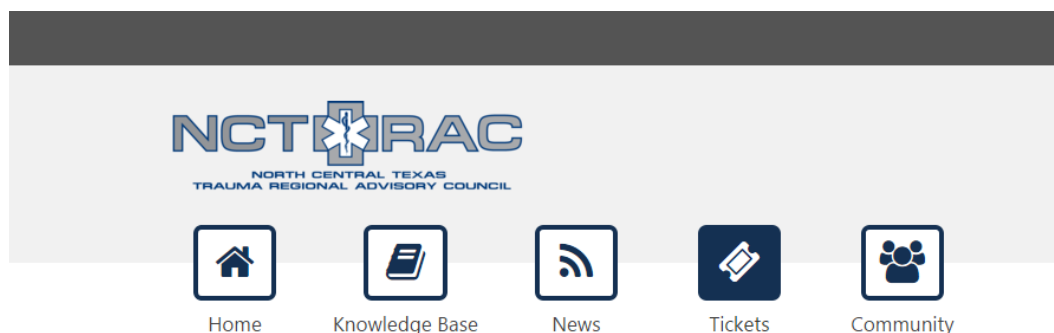
Over the past year, several additional hospitals and EMS agencies began participating and contributing data on a quarterly basis to REG*E. We are excited to see a dedication in data contributions.



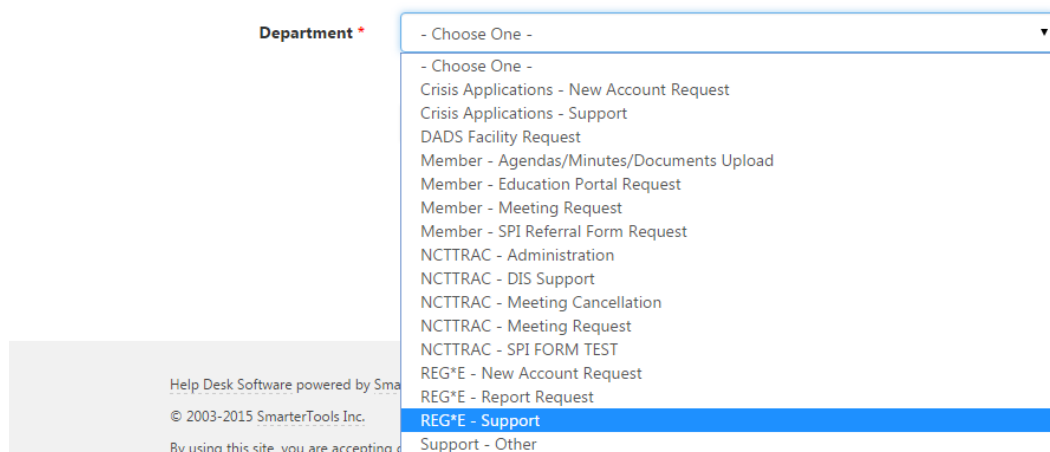
Several exciting changes have occurred. We are proud to announce that REG*E has its own webpage! On the REG*E webpage, a variety of materials can be found including: quarterly data submissions, annual benchmark reports, MAVEN annual reports, the data submission schedule, guides, presentations, and important links. The REG*E webpage can be found at ncttrac.org/Departments/DataInformationSystems/REG*E

In addition, REG*E now has the capability of importing and exporting Stroke and Trauma ICD-10 codes.

As always, for any REG*E questions or assistance, please create a REG*E helpdesk ticket in the NCTTRAC Support Site at support.ncttrac.org.



New Ticket



Crisis Applications

EMResource

This year EMResource proved to be one of the region's most beneficial communication resources. Several new advancements were made to the regional default screen making the tool easier to navigate and view real-time information.

During the early winter seasons, the pediatric community experienced extreme saturation and PICU/NICU beds quickly became a scarcity. External transfers became a harsh reality to some of the larger pediatric facilities in Trauma Service Area - E, prompting the need for state wide visibility on available bed information. Supporting a request from local partners, NCTTRAC partnered with SETRAC (Houston) and HOTRAC (Waco) to initiate an EMResource NICU/PICU query to help aid some pediatric transfer decisions. The tool allowed for hospital users in all three RACs to update their available bed counts on one page every few hours. This tool became so valuable that it is now configured as a permanent feature and can be activated whenever the need arises.

More advancements in this application included, strengthening the region's ability to receive and provide emergent information, and expanding the Hospital Preparedness Program's coalition audience. The Texas Department of State Health Services partnered with the Texas Department of Aging and Disability Services to create a "Long Term Care" view inside EMResource. This list included assisted living facilities, nursing homes, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF / IID). The region alone has over 1000 DADS facilities, bringing the coalition to the largest it has ever been. Having the ability to communicate with and receive real time information from these facilities further strengthens the regional response capability and helps improve overall emergency healthcare connectivity.

Assisted Living Facility	Status	Licensed Beds	Female (semi)	Male (semi)	Private	SNF Female (semi)	SNF Male (semi)	SNF Private	Secured Female (semi)
24 HOURS HOME CARE INC-101771	--	--	--	--	--	--	--	--	--
3 ANGELS CAREGIVERS-102051	--	--	--	--	--	--	--	--	--
402 DUNCAN PERRY-000860	--	--	--	--	--	--	--	--	--
A CARING HOME WITH FRIENDS-105835	--	--	--	--	--	--	--	--	--
A HOUSE OF HOPE-103200	--	--	--	--	--	--	--	--	--
A JOYFUL JOURNEY ASSISTED LVG LLC-103403	--	--	--	--	--	--	--	--	--
A-VICTORIAN'S PLACE-104033	--	--	--	--	--	--	--	--	--
ABBA CARE ASSISTED LVG-A-101493	--	--	--	--	--	--	--	--	--

E*TRACS

E*TRACS saw another year of advancement in YR 13 and remained the sleekest and most flexible of the crisis applications. Between major exercise usage, training opportunities, new module additions, and real-event support, E*TRACS saw over 420 logins and gained 630 new users.

The Patient Tracking module that was added in 2013, continued to build traction this year lending support to 15 exercises around the region and four real life events. This tool was purchased to provide better accountability for patient movement during Mass Casualty Incidents. Because of ease and intuitive navigation, over 100 coalition members were trained on this process inching the region that much closer to being fully prepared to respond to multi-victim incidents and/or hurricane coastal evacuations.

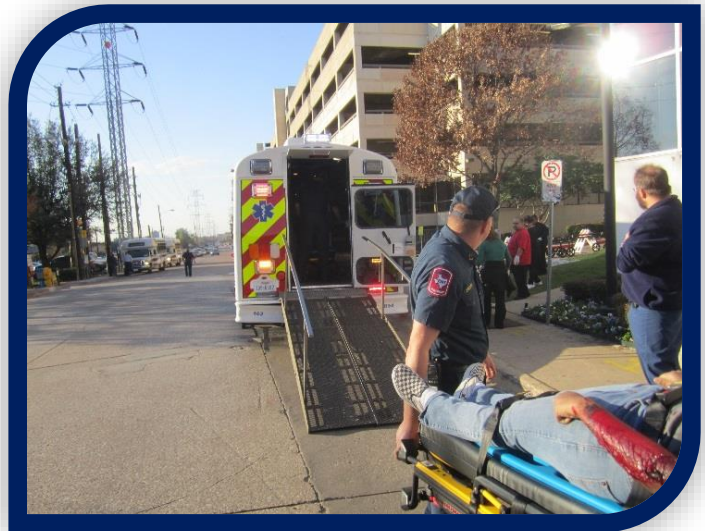
E*TRACS was also utilized to meet the DSHS no-notice bed requests that occur monthly in the HPP environment. Hospitals can now login, select the drop down boxes for every HAvBED category, and upload timely bed availability information that can be communicated all the way to the federal level. This proved to be a timely and valuable resource during the October 2014 Ebola event. State Health Commissioner, Dr. David Lakey, requested daily bed reporting to assist with the impact of the Ebola crisis. With help and participation from surrounding hospitals, NCTTRAC was able put the needed information into the hands of Dr. Lakey while he was serving in the Dallas County EOC, allowing for clear regional perspectives and better response decision making. The newest module launched this year is an incident management tool dubbed Command Center. This module provides a scalable chat room for incident management, document sharing, bulletin information updates, event tracking, and single or group conversation. Hospital users now have the flexibility to start a chat room with everyone in their department, everyone in their facility, everyone in their hospital system, or even everyone in the region with just a few easy clicks. This process was built to be in line with incidents that start local and gradually grow larger as the needs begin to outweigh the resources.

Current Bed Availability		
Bed Type	Licensed	Available Staffed
Adult ICU Monitored	1	4
Contact: Canada, Jim Last Updated: 11/03/15 10:20 AM		
Adult ICU Non-Monitored	3	1
Contact: Canada, Jim Last Updated: 11/03/15 10:20 AM		
Adult Vents	2	4
Contact: Canada, Jim Last Updated: 11/03/15 10:20 AM		
Burn Monitored	1	1
Contact: Canada, Jim Last Updated: 11/03/15 10:20 AM		
Burn NegPress	0	8
Contact: Canada, Jim Last Updated: 11/03/15 10:20 AM		
Burn Non-Monitored	0	4
Contact: Canada, Jim Last Updated: 11/03/15 10:20 AM		



WebEOC

WebEOC was the go-to resource this year during the Ebola event, which used a regionally - fused incident between all regional servers (McKinney, Fort Worth, NCTTRAC, Dallas County, and Plano) and was tied to the state operations center. NCTTRAC worked with the regional administrators to agree upon the use of one WebEOC board, Texas ESF-8 Events, to share all incident related information. Regional and state representatives from the Department of State Health Services, Texas Division of Emergency Management, and Dallas County Health and Human Services all posted situational reports throughout the duration of the event making this information available to everyone with a WebEOC login.



WebEOC was also utilized during the May 2015 EMTF deployments to Van and Decatur. The entire EMTF program from around the state had access to all incidents details and were able to track personnel and resources to and from the events.

Responders at the scene were also able to

capture needed incident information by logging in from the Incident Command post to follow along with progress and potential response orders. The NCTTRAC Emergency Medical Coordination Center (EMCC) was able to provide incident coordination updates to state representatives, broad communication to coalition members, as well as situational awareness and geographical information to those on scene.





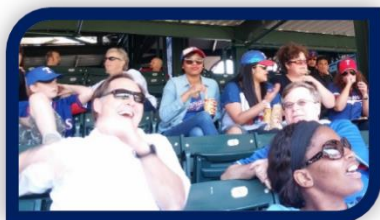
NCT TRAC

**NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL**



NCTTRAC Staff Contact Information

Contact	Phone Number
Executive Director	817-607-7001
Director, Healthcare Coalition (HCC) Preparedness Programs	817-607-7002
Plans & Capabilities Supervisor	817-607-7003
Infectious Disease Coordinator	817-607-7024
Logistics & Transportation Supervisor	817-607-7005
Logistics & Transportation Coordinator	817-607-7013
Training & Exercise Coordinator	817-607-7018
Director, Emergency Healthcare Systems (EHS)	817-607-7017
EHS Support Supervisor	817-607-7011
EHS Development Manager	817-607-7022
(EMTF) Coordinator	817-607-7015
Emergency Medical Response Coordinator	817-607-7010
Crisis Communications Administrator	817-607-7016
Director, Data & Information Systems	817-607-7007
Product Solutions Engineer	817-607-7014
Data & Information Systems Manager	817-607-7006
Data & Information Systems Administrator	817-607-7004
Comptroller	817-607-7019
Staff Accountant	817-607-7012
Office Manager	817-607-7009





The North Central Texas Trauma Regional Advisory Council (NCTTRAC) is an organization designed to facilitate the development, implementation, and operation of a comprehensive trauma care system based on accepted standards of care to decrease morbidity and mortality.

The Mission of the North Central Texas Trauma Regional Advisory Council is to promote and coordinate a system of quality trauma and emergency healthcare and preparedness in North Central Texas

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

We *PREPARE:*

- Through research, education, injury and illness prevention, and emergency management

We *SUPPORT:*

- Through protocol development, resources, communications, and advocacy

We *RESPOND:*

- To the needs of the emergency healthcare community, partners, and the State of Texas

Connect with us at www.ncttrac.org

