

NCT[®]IRAC

NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL

2015 - 2016 ANNUAL REPORT





EXECUTIVE SUMMARY

The Healthcare Coalition within TSA-E is one of the most dynamic and complex coalitions in the United States. While the Region continued yeoman's work in disaster response preparedness through the Hospital Preparedness Program and Emergency Medical Task Force 2, new initiatives were realized with the creation of committees supporting perinatal and emergency department initiatives.

Congratulations to Baylor University Medical Center and John Peter Smith for their designation as Comprehensive Stroke Facilities. TSA-E now has 33 designated Stroke Facilities. There are 37 designated Trauma Facilities, an increase of three hospitals over the past year, with another six in active pursuit of designation. TSA-E now has 42 accredited chest pain centers.

NCTTRAC received a new grant-based contract for Cardiovascular Disease data collection and analysis, which will lead to system-wide regional CVD improvement. NCTTRAC completed the first year of the Ebola Preparedness and Response Program, through which the Region developed full-scale processes for the transport of high consequence disease patients. Through the outstanding efforts of the EMS Committee, NCTTRAC was awarded over \$84,000 to procure carbon monoxide detectors, providing a highly needed patient and EMS personnel safety initiative.

The NCTTRAC Healthcare Coalition has undertaken three initiatives aimed at improving victim outcomes in traumatic events. These include the ***"Stop The Bleed Campaign"***, the ***"20 For Life"*** hands-only CPR training program, and the ***"Heart Safe Community"*** program.

Over the past year NCTTRAC experienced great changes in information technology applications, leading to a simplification of crisis applications with the elimination of E*TRACS and the regional trauma registry, REG*E. Support for data examination, committee initiatives, and process improvement efforts was enhanced with a full time employee dedicated to these initiatives.

NCTTRAC also emplaced online training for a wide variety of professional and disaster-related courses, using the LITMOS learning management system. This system allows the healthcare coalition to receive comprehensive skills training at any time, with training certificates provided.

TSA-E and the Emergency Medical Task Force Region 2 (ETMF-2) faced many challenges this year in addition to severe weather responses most commonly faced in North Central Texas. The healthcare coalition supported response to the tragic shooting deaths of five Dallas-area police officers in July 2016. Although NCTTRAC was proud to have offered support to the organizations and families of these victims, the coalition suffered greatly through the loss of these public service heroes.

Through deliberate planning and development, NCTTRAC continues to work toward the fulfillment of the mission to support and improve the ever-growing healthcare coalition, focusing on prevention, preparation, and response. The NCTTRAC Board of Directors and staff are proud of the work accomplished in 2015-2016 and remain dedicated to continue the organization's progress in 2017.



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OUR MISSION

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

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.

A MESSAGE FROM THE BOARD CHAIR

Dear Fellow NCTTRAC Members and Colleagues,

As we close another great year with our annual report, it has been a privilege to be your NCTTRAC Chair this past year. First of all, let me say thank you for being a member. I am very grateful to the membership and appreciative to the Executive Committee and to all the Committee Chairs for all the hard work and the continued support to see that our commitment to the members, colleagues, state contracts and the mission of NCTTRAC is achieved.



One of the biggest questions I receive from members is “*where do my dues go*”? Currently, over 90% of NCTTRAC’s budget consists of state and federal grants or contracts that are either passed directly to hospital and EMS organizations, regional emergency preparedness and response equipment, or support the Trauma Service Area – E Medical Coordination Center and staff. The other 10% of the budget, your members’ dues, is used to support continued development of the EMS, Air Medical, Cardiac, Stroke, Trauma, Emergency Department Ops, Perinatal, Pediatric, Regional Emergency Preparedness, Medical Directors, Injury Prevention, Professional Development, and SPI committees. NCTTRAC advocates for issues that affect any of its membership and works as a liaison with TETAF to make sure your voice, recommendations, and concerns are heard at the legislature level. Additionally, there are educational opportunities for our members at a reduced cost, emergency preparedness for local and regional partners, equipment and supplies for emergency preparedness such as protective and decontamination equipment, radios, internet-based emergency support programs (WebEOC, EMResource, etc.), coordination of regional resources for disaster response such as the Ambulance Strike Teams, Ambuses, Mobile Medical Unit, Nurse Strike Teams, and a show of confidence in the largest RAC in the state of Texas. These impact you thru a stronger regional healthcare coalition coming together as a whole, to develop ways to improve healthcare and outcomes for the citizens and visitors of our 19 counties. I hope this helps address some of your questions about dues, but should you have additional questions we have a breakdown of each member and where your dues go.

The Board of Directors received the final numbers on the FY17 Needs Assessment, which provided the opportunity for respondents to scale (Most Important to Least Important) current educational courses/training, crisis application capabilities and regional resources. Assessment results determined that the highest ranked service areas are Preparedness and Response Training, while Regional Emergency Healthcare Information Analysis & Research were ranked as the least important service areas.

The Board of Directors is looking to grow our Professional Development offerings by adding additional funding to the budget to expand the educational offerings to include seminar/conference style presentations for our members.

With growth comes new challenges, and the NCTTRAC website is one of those items that will be upgraded. Over the next several months you will notice an improvement to our website to make it more efficient, user friendly and informative.

NCTTRAC once again will host a booth at the 2017 EMS Conference to be held in November; the Emergency Medical Task Force will also be setup in the exhibit hall to show what we offer in the way of medical support in a disaster, so please come out and see what your RAC has to show.

As we near the holidays, remember our First Responders including our Law Enforcement community and keep them in your prayers. As Healthcare Workers we sometimes forget the most important people in our lives while trying to save the world, our families, so take a moment to spend time with your family and friends. I thank you for your support and commitment to this RAC.

Sincerely,

Ricky Reeves

Ricky Reeves

Chair, NCTTRAC Board of Directors



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 Trauma Service Area (TSA-E) for the NCTTRAC is comprised of the following 19 counties: Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise.

Our vision is to be recognized as a leader for promoting quality trauma and emergency healthcare and preparedness.

2016 NCTTRAC BOARD OF DIRECTORS

FY16 Board Position	Name	Organization
Chair	Ricky Reeves	Lewisville Fire Department
Vice Chair	Jorie Klein	Parkland Health & Hospital Systems
Secretary	Amy Atnip	Medical Center of Plano
Treasurer	Derrick Cuenca	Lake Granbury Medical Center
Air Medical Committee	Scotti Floyd Edgar	Children's Medical Transport
Cardiac Committee	Karen Yates	Methodist Mansfield Medical Center
Emergency Medical Services Committee	Kevin Cunningham	Cedar Hill Fire Department
Finance Committee	Chris Zeringue	Texoma Medical Center
Pediatric Committee	Melinda Weaver	Cook Children's Medical Center
Physician's Advisory Group Liaison	Dr. Bob Simonson	Physician Emergency Care Association
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
System Performance Improvement Committee	Dwayne Howerton	Emergency Physician's Advisory Board
Trauma Committee	Jeremy Taylor	Texas Health Dallas
Zones Representative	Martha Headrick	Air Evac Lifeteam

NCTTRAC OFFICE CONTACT INFORMATION

Contact	Phone Number
Executive Director	817-607-7001
Comptroller	817-607-7019
Staff Accountant	817-607-7012
Office Manager	817-607-7009
Director, Healthcare Coalition (HCC) Preparedness Programs	817-607-7002
Plans & Capabilities Supervisor	817-607-7003
Infectious Disease Coordinator	817-607-7024
Logistics & Trans Supervisor	817-607-7005
Logistics & Trans Coordinator	817-607-7013
Training & Exercise Coordinator	817-607-7018
Director, Emergency Healthcare Systems (EHS)	817-607-7017
EHS Development Manager	817-607-7022
EHS Support Supervisor	817-607-7011
EHS Clinical Data Analyst	817-607-7014
Emergency Medical Supervisor	817-607-7015
Crisis Communications Coordinator	817-607-7010
EMTF Coordinator	817-607-7008
Director, Data & Information Systems	817-607-7007
Data & Info Systems Administrator	817-607-7006
Data & Info Systems Administrator	817-607-7004
Technical Solutions Engineer	817-607-7016

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 600 Six Flags Drive, Suite 160
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 817-608-0390
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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 19 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 supported 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 and Ebola Preparedness and Response Programs (HPP/EPRP) – The purpose of these Hospital Preparedness Program 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. Ebola Preparedness and Response Program funds are intended to prepare for an outbreak of high consequence infectious disease, encompassing support and training for all levels of healthcare delivery, public health, and jurisdictional response.

Cardiovascular Disease – The purpose of these funds is to provide for development and implementation of heart attack and stroke improvement plans including provider and community education, transport plans, and data collection and management specifically for stroke and STEMI.

	EMS/RAC	TOBACCO	ASPR HPP YR 14	EMS/COUNTY ASSISTANCE	ASPR EBOLA YR 1	CVD	UNRESTRICTED /DEVELOPMENT	TOTAL
Revenue								
State of TX - DSHS	\$269,535	\$289,046	\$3,008,076	\$348,295	\$426,103	\$92,701	\$0	\$4,433,756
Membership Dues	\$0	\$0	\$0	\$0	\$0	\$0	\$444,915	\$444,915
Professional Development Programs	\$0	\$0	\$0	\$0	\$0	\$0	\$17,680	\$17,680
Interest on Investments	\$0	\$0	\$0	\$0	\$0	\$0	\$77	\$77
Sponsorships	\$0	\$0	\$0	\$0	\$0	\$0	\$200	\$200
Total Revenue	\$269,535	\$289,046	\$3,008,076	\$348,295	\$426,103	\$92,701	\$462,872	\$4,896,628
Expenditures								
Salaries	\$160,373	\$191,319	\$838,785	\$0	\$121,671	\$12,454	\$98,739	\$1,423,341
Fringe Benefits	\$42,085	\$47,348	\$220,836	\$0	\$32,074	\$3,745	\$13,342	\$359,431
Travel	\$0	\$0	\$21,366	\$0	\$0	\$379	\$23,540	\$45,285
Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$268,468	\$0	\$33,872	\$0	\$0	\$302,339
Contractual	\$0	\$0	\$499,817	\$348,295	\$165,220	\$0	\$0	\$1,013,331
Other	\$56,198	\$49,378	\$957,984	\$0	\$40,046	\$38,837	\$172,636	\$1,315,079
Indirect	\$10,879	\$0	\$200,820	\$0	\$33,220	\$189	\$20,053	\$265,161
Unobligated	\$0	\$1,000	\$0	\$0	\$0	\$0	\$0	\$1,000
Total Expenditures	\$269,535	\$289,046	\$3,008,076	\$348,295	\$426,103	\$55,604	\$328,310	\$4,724,967
Revenues Over (Under) Expenditures	\$0	\$0	\$0	\$0	\$0	\$37,097	\$134,563	\$171,661
Beginning Unrestricted Net Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$435,808	\$435,808
Ending Temp Restricted Net Assets	\$0	\$0	\$0	\$0	\$0	\$37,097	\$0	\$37,098
Ending Unrestricted Net Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$570,371	\$570,371
Ending Net Assets	\$0	\$0	\$0	\$0	\$0	\$37,097	\$570,371	\$607,469
- HPP YR 14 began July 1, 2015 and runs through June 30, 2016								
- EBOLA YR 1 began Aug 1, 2016 and runs through July 31, 2016								

EMERGENCY HEALTHCARE SYSTEMS

TOBACCO ENDOWMENT FUND

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 the state's tobacco settlement endowment, 9-1-1 surcharges, and various dangerous driving fines. This fund supports initiatives such as:

- Maintaining support for training and operations for the REG*E project (now discontinued 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 the website and social media.
- Meeting support for Board of Directors, Committees, 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."

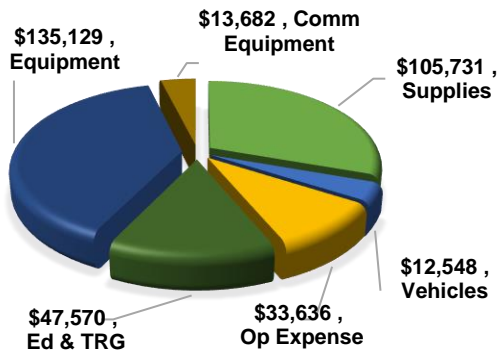
NCTTRAC received \$289,046 in FY16.

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 \$348,296 in EMS County Assistance funds for distribution to seventy-six 9-1-1 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 EMS and the trauma care system.

**FY 2016 EMS
PASS-THROUGH UTILIZATION
BY EXPENDITURE TYPE**



Fund Use Restrictions

DSHS guidance provides that EMS County Assistance Funds can only be used for the following:

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

Licensed EMS Providers must fill 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 to be able to submit eligible receipts for reimbursement. For much of

the year, Providers were required by the Board to submit registry information to the Region's trauma registry, REG-E, use of which was disestablished late in the year. FY16 EMS Pass-Through funds were distributed to 76 eligible agencies operating at 118 provider locations in the region, and were expended as following:

EMS County Assistance “Pass-Through” Funds

County	No. of Providers	Amt. per Provider	County Total	County	No. of Providers	Amt. per Provider	County Total
Collin	14	\$2,016	\$28,224	Hunt	1	\$10,350	\$10,350
Cooke	1	\$8,853	\$8,853	Johnson	5	\$1,731	\$8,655
Dallas	22	\$5,249	\$115,478	Kaufman	1	\$8,328	\$8,328
Denton	22	\$1,059	\$23,298	Navarro	1	\$11,246	\$11,246
Ellis	4	\$2,596	\$10,384	Palo Pinto	5	\$1,796	\$8,980
Erath	3	\$3,402	\$10,206	Parker	4	\$2,387	\$9,548
Fannin	1	\$8,103	\$8,103	Rockwall	2	\$1,296	\$2,592
Grayson	3	\$4,246	\$12,738	Somervell	1	\$1,853	\$1,853
Hood	2	\$2,798	\$5,596	Tarrant	23	\$2,355	\$54,165
				Wise	3	\$3,233	\$9,699
Total:							\$348,296

LOCAL PROJECTS GRANT

NCTTRAC applied for and received the 2015 Local Projects Grant (LPG). The EMS Committee conducted a survey of all EMS providers in the region to prioritize grant requested items and carbon monoxide detectors had the highest request. The detectors are to be used for early detection of carbon monoxide gas to prevent both short and long-term injury to patients and personnel. The grant application identified four specific objectives to be met in using the grant funds:

- Purchase carbon monoxide detectors and calibration kits for pre-hospital medical providers
- Provide training resources to 100% of personnel utilizing purchased equipment
- Ensure Standard Operating Guidelines (SOGs) are in place for purchased equipment
- Collect evaluation data regarding the utilization of carbon monoxide detectors



NCTTRAC has purchased one CO detector for each ambulance within TSA-E. Contact logistics@ncttrac.org for distribution information.

FY 2015 UNCOMPENSATED TRAUMA CARE DISTRIBUTION FOR HOSPITALS

The Texas Department of State Health Services (DSHS) Office of EMS & Trauma Systems Coordination completed Uncompensated Trauma Care Fund distributions in August 2016 for FY 2015.

\$25,679,819 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 28% of the \$90,930,513 distributed to 293 facilities across the state of Texas.

Disbursement Methodology

- Uncompensated trauma care charges from Calendar Year 2013, as reported by eligible hospitals in Fiscal Year 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.

2016 REGIONAL NEEDS ASSESSMENT

The annual Needs Assessment is designed to provide feedback both in areas required by Texas RAC governance and for strategic goals and objectives. Stakeholder input is critical for the budgeting of grants and discretionary funds such as dues, as well as planning efforts for the months and years ahead.

The 16-question survey was conducted over a two-week period in the summer of 2016. When asked to rank the different service areas that NCTTRAC offers in order of importance, respondents seemed to stay consistent with responses given in previous years and reported Preparedness and Response Training and Readiness, Professional Clinical Education, System Development and Advocacy as the most important responsibilities for NCTTRAC. Respondents also provided feedback on Committee programs and objectives, courses and available resources.

This feedback is vital in the management and advancement of NCTTRAC's mission "to promote and coordinate a system of quality trauma, acute, and emergency healthcare and preparedness in North Central Texas".

To see the complete results from the 2016 Regional Needs Assessment survey, please visit www.ncttrac.org.

ACUTE CARE COMMITTEES

PERINATAL COMMITTEE

House Bill 15 (83R) provides for the creation of neonatal and maternity regions that encourage collaboration and coordination in facilitating regional transfer agreements. Working with perinatal leaders in the region as well as members of the State Perinatal Advisory Council (PAC), NCTTRAC established a Perinatal Committee with the participation and input from most of the region's 54 facilities with perinatal services. The NCTTRAC Perinatal Committee will work to ensure access to optimal maternal and neonatal levels of care for each patient in the region by improving access to care, quality and outcomes of healthcare for pregnant women and newborns.



Dr. Rashmin Savani, Chief, Division of Neonatal-Perinatal Medicine – UTSW, has been elected as the Committee Chair with Dr. Jonathan Nedrelow, Associate Medical Director at Cook Children's Medical Center, Fort Worth, serving as Chair Elect. The committee voting Core Group is comprised of 22 positions that include representatives from each of the eight Zones in Trauma Service Area (TSA) E of various capabilities and hospitals systems.

EMERGENCY DEPARTMENT OPERATIONS COMMITTEE

The NCTTRAC membership approved the establishment of the Emergency Department Operations (ED Ops) Committee in April of 2016. The ED Ops Committee is responsible for improving emergency department operations in the region by engaging in and supporting the development and implementation of clinical guidelines and processes, enhancing communication, collaboration and alignment amongst the EDs and ED partners in care throughout TSA-E. This Committee has immersed itself into tackling weighty issues such as free-standing EDs, ED boarding and overcrowding, community paramedicine, Apprehension by a Police Officer Without a Warrant (APOWW) and other critical issues that face emergency departments region wide.

The ED Ops Committee is chaired by Kris Powell, Director of Emergency Services, Baylor Scott & White-North Texas and the Committee is Vice chaired by Dr. Raymond Fowler, Chief, Division of Emergency Medical Services Department of Emergency Medicine, UTSW.

PRE-HOSPITAL STROKE FIELD TRIAGE & TRANSPORT GUIDELINES

The NCTTRAC Acute care committees along with the Physician Advisory Groups made significant advances and improvements in Emergency Healthcare Systems within TSA-E. In this year, the Emergency Medical Service (EMS) and Stroke Committees along with the Physician Advisory Group completed the revision of the regional field triage and transport guidelines for Stroke patients. **The guideline highly recommends that EMS agencies utilize the Los Angeles Motor Scale (LAMS) score to detect Large Vessel Occlusions (LVOs).** The guidelines were approved by the Board of Directors for the North Central Texas Trauma Regional Advisory Council (NCTTRAC) on April 6, 2016. You can find the guidelines at www.ncttrac.org.

TEXAS HEART ATTACK AND STROKE DATA COLLECTION INITIATIVE

Status of Eligible Participating Hospitals in Trauma Service Area E

Hospital Type	# of Eligible Hospitals	# of FY 2015 Participants	# of FY 2016 Participants	% of FY 2015 Participants	% of FY 2016 Participants	Change
Rural Hospitals	6	0	0	0%	0%	0%
Urban Hospitals	77	20	49	26%	64%	↑ 38%
Overall	83	20	49%	24%	59%	↑ 35%

Approximately half of the ACTION Registry – GWTG and GWTG-S registry users are currently participating by submitting data directly to DSHS and about a quarter of the regional hospitals are participating through the RAC Survey tool. For more information on this initiative and/or how to participate, please contact NCTTRAC administration at (817) 608-0390 or by email at admin@ncttrac.org

NCTTRAC HOSPITAL DESIGNATIONS

The Texas Department of State Health Services (DSHS) designations in Perinatal, Stroke and Trauma 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, must participate in any performance improvement initiative requested, and must submit data as requested for various committee and regional assessments.

NEONATAL SERVICES

Neonatal services are designated into four levels of care (I – IV), with IV being the highest level of care. DSHS has assigned two agencies to be the surveyors for neonatal centers according to standards determined by the Texas Department of State Health Services, the American Academy of Pediatrics (AAP) and the Texas EMS Trauma and Acute Care Foundation (TETAF). There are 54 Neonatal facilities in Trauma Service Area-E.

TRAUMA

There are four Trauma level designations (I – IV); all trauma designated facilities 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. NCTTRAC has all levels of Trauma Designation throughout the nineteen counties; TSA-E has at least one designated or “in active pursuit” facility in each of county.

There are 288 Texas trauma facilities designated by the Texas Department of State Health Services (DSHS). The adjacent chart shows the trauma facilities in NCTTRAC as of September 30, 2016 including the facilities “in active pursuit” of trauma designation according to DSHS.

STROKE

Stroke care facilities may be recognized by various agencies, including The 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 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, 2016, there were 145 designated stroke facilities in Texas with 41 in this RAC’s 19 counties.

Trauma Designations

Level I Comprehensive Trauma Facility

- Baylor University Medical Center
- Children's Medical Center of Dallas
- John Peter Smith Hospital
- Methodist Dallas Medical Center
- Parkland Memorial Hospital

Level II Major Trauma Facility

- Cook Children's Medical Center
- Medical Center of Plano
- Texas Health Harris Methodist Hospital- Fort Worth
- Baylor Scott & White Medical Center- Grapevine

Level III Advanced Trauma Facility

- Baylor Scott & White All Saints Medical Center at Fort Worth
- Columbia Medical Center of McKinney
- Denton Regional Medical Center
- Medical Center of Arlington
- Medical Center of Lewisville

Level IV Basic Trauma Facility

- Ennis Regional Medical Center
- Glen Rose Medical Center
- Hunt Regional Medical Center
- Lake Granbury Medical Center
- Lake Pointe Medical Center
- Medical City Dallas Hospital
- Muenster Memorial Hospital
- Navarro Regional Hospital
- North Hills Hospital
- North Texas Medical Center
- Palo Pinto General Hospital
- Texas Health Harris Methodist Azle
- Texas Health Harris Methodist Cleburne
- Texas Health Harris Methodist Stephenville
- Texas Health Harris Methodist HEB
- Texas Health Huguley Hospital
- Texas Health Presbyterian Allen
- Texas Health Presbyterian Kaufman
- Texas Health Presbyterian Plano
- Texoma Medical Center
- TMC Bonham Hospital
- Weatherford Regional Medical Center
- Wise Regional Health System
- Wilson N. Jones Regional Medical Center

In Active Pursuit

- Baylor Scott & White Medical Center - Grapevine
- Baylor Scott & White Medical Center - McKinney
- Texas Health Arlington Memorial
- Texas Health Presbyterian Hospital Dallas
- Children's Medical Center Plano
- Dallas Regional Medical Center

Stroke Designations

Level I Comprehensive Stroke Facility

- Baylor University Medical Center
- Medical Center of Plano
- Medical City Dallas Hospital
- Plaza Medical Center of Fort Worth
- UT Southwestern Zale Lipshy University Hospital

Level II Primary Stroke Facility

- Baylor Medical Center at Irving
- BaylorScott & White Medical Center - Grapevine
- Baylor Regional Medical Center at Plano
- Baylor Scott & White All Saints Medical Center Ft Worth
- Baylor Scott & White Medical Center - Centennial
- Baylor Scott & White Medical Center - Garland
- Baylor Scott & White Medical Center - Lake Pointe
- Baylor Scott & White Medical Center - McKinney
- Columbia Medical Center of McKinney
- Dallas Regional Medical Center
- Denton Regional Medical Center
- John Peter Smith Hospital
- 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
- Texas Health Harris Methodist Fort Worth
- Texas Health Harris Methodist HEB
- Texas Health Harris Methodist Southwest Fort Worth
- Texas Health
- Texas Health Presbyterian Hospital of Dallas
- Texas Health Presbyterian Hospital Denton
- Texas Health Presbyterian Hospital Plano
- Texas Health Presbyterian Hospital Rockwall
- Texoma Medical Center
- Wilson N. Jones Regional Medical Center
- Wise Regional Health System

Level III Support Stroke Facility

- North Texas Medical Center
- Texas Health Harris Methodist Hospital Azle
- Texas Health Presbyterian Hospital of Kaufman
- TMC Bonham Hospital

PROFESSIONAL DEVELOPMENT- NCTTRAC PROGRAMS

STOP THE BLEED



The National Stop the Bleed campaign was initiated by the principles set forth in the Hartford Consensus III, created to enhance survivability from intentional mass-casualty and active shooter events. The campaign's overarching goal is to empower bystanders to act as First Responders, using life-saving hemorrhage control techniques such as direct pressure, wound packing and tourniquet application.

The **Bleeding Control for the Injured (B-Con)** course was developed by the National Association of Emergency Medical Technicians' (NAEMT) Prehospital Trauma Life Support (PHTLS) Committee, in response to the Hartford Consensus III where participants learn basic life-saving medical interventions including hemorrhage control. The North Central Texas Trauma Regional Advisory Council (NCTTRAC) encourages Registered Nurses, Physicians, and Paramedics to support the Stop the Bleed campaign by teaching B-Con courses to other healthcare professionals and the community.

Who can teach the B-Con course?

- All NAEMT PHTLS or Tactical Combat Casualty Care (TCCC) instructors
- All other NAEMT instructors who have successfully completed the B-Con course
- All military approved TCCC instructors
- An EMR, EMT, or Paramedic who has successfully completed the B-Con course
- An ATLS, ATCN, TNCC or ATC instructor or provider who has successfully completed the B-Con course

If you plan to teach/host an open course, please contact EHS Development Manager, so that your information is posted on the NCTTRAC Education Calendar. Please send a copy of your sign in sheets.

NCTTRAC has provided Stop the Bleed **training kits** to TSA-E Trauma Centers in support of this initiative. NCTTRAC is now planning to offer the kits to EMS agencies as well. Each kit includes four (4) CAT tourniquets, one (1) SWAT-T tourniquet, hemostatic (trainer) gauze, packing gauze, gloves and a thumb drive downloaded with the B-Con course. These are *training kits only* and not to be used in an actual, emergent hemorrhagic event.



HEART SAFE COMMUNITY



What is a HEART Safe Community? A HEART Safe Community represents the efforts of members in your community to reduce the devastating effects of heart disease and sudden cardiac arrest. Who are these members? They are your local healthcare facilities, hospitals, fire departments, police departments, emergency medical services (EMS), schools and many others. Each member has a vested interest in protecting the welfare of their community and is committed as a team to reduce heart disease and sudden cardiac arrest. The goal is to improve the outcomes of those that may experience heart disease or sudden cardiac arrest.

This program requires a multi-disciplinary team approach to successfully complete the recognition process, allowing your community to display the NCTTRAC HEART Safe Community street sign. Most importantly, your community will have the opportunity to be one of the first recognized as a HEART Safe Community in Texas, and impact the saving of lives. Congratulations to the beta cities of **Arlington, Bedford, Highland Village, and Mansfield** on their success in becoming the first HEART Safe Communities in Texas! They were awarded this recognition at our General Membership meeting on October 11, 2016.

To obtain a HEART Safe Community Program **application**, please visit our website www.ncttrac.org or if you have questions, please contact us at heartsafe@ncttrac.org.

"20 FOR LIFE"

NCTTRAC is supporting the "20 For Life" compression only CPR training program. Our Cardiac Committee assumed responsibility for approximately 70 training bins from the Fort Worth Emergency Services Collaborative.. Each bin includes 20 foam blocks, instructor's tool kit (reference documents) and instructional DVD. The program teaches participants how to deliver high quality hands-only CPR and use of an AED, in the event that a teen or adult suddenly collapses from cardiac arrest. The Cardiac Committee is currently developing guidelines to distribute and make kits available across the region..

The entire training session is designed to teach 20 people compression only CPR and use of an AED in only 20 minutes.

20 For Life
LEARN TO SAVE A LIFE IN 20 MINUTES



PROFESSIONAL CLINICAL DEVELOPMENT YTD 2015-2016

NCTTRAC Professional Clinical Development YTD 2015-2016			
Name of Event	Type of Event	Audience	Month/Year
International Classification of Diseases (ICD-10) Course	Coding course	RNs, Trauma Registrars	Jun-2015
Street Level Airway Management (SLAM) Workshop	Pediatric & Adult Airway Management course	RNs, Paramedics, RTs, NPs, Physicians, CRNAs	Oct-2015
Truama Nurse Core Course (TNCC)	Trauma course	RNs	Nov-2015
Multi-Lead Medics 12 Lead ECG Workshop	12-lead/Cardiology course	RNs, EMS/Paramedics	Jan-2016
"Slap the Cap" Capnography	Capnography course	RNs, EMS/Paramedics	Jan-2016
Trauma Outcomes and Performance Improvement Course (TOPIC)	Trauma Performance Improvement course	RNs	Feb-2016 Jul-2016 Oct-2016
Management of Complex Orthopaedic Trauma	General Membership education	RNs, EMS/Paramedics	Mar-2016
Prehospital Trauma Life Support (PHTLS)	Prehospital emergency trauma care	RNs, EMS/Paramedics	Mar-2016
Pediatric Advanced Life Support (PALS)	Management of the critically ill infant/child	RNs, Paramedics	Apr-16
Advanced Burn Life Support (ABLS)	Management of the critically burned patient	RNs, Paramedics	May-16
Bob Page 2 Day Seminar	Cardiology, Neuro, Trauma, and patient assessment courses	RNs, Paramedics, RTs, NPs,	Jun-16
Advanced Stroke Life Support (ASLS)	Management of the stroke patient	RNs, EMS/Paramedics	Jul-16
Bleeding Control for the Injured (B-CON)	Hemorrhagic control techniques and equipment to save lives	RNs, Paramedics, Physicians	Jul-16
Level IV TOPIC Workshop	Trauma performance improvement course for Level IVs	RNs	Oct-16
"D2B or Not to Be" 12 Lead EKG Dilemmas	General Membership education	RNs, EMS/Paramedics	Oct-16
Disturbing Trends in Alcohol & Drug Abuse	General Membership education	RNs, EMS/Paramedics	Oct-16

Don't forget to visit the NCTTRAC Education Calendar at www.ncttrac.org for regional events and upcoming education courses.



HOSPITAL PREPAREDNESS PROGRAM

EMERGENCY MEDICAL COORDINATION CENTER (EMCC)

The NCTTRAC Emergency Medical Coordination Center (EMCC) provides focused support to its coalition partners by identifying and assessing specific support needs.



The EMCC works in a multi-agency coordination style to facilitate TSA-E initiatives and promote hospital preparedness and operational readiness. The NCTTRAC EMCC drives constituent participation in various NCTTRAC activities among the most critical are Bed reporting, crisis application training, communication drills, REPC participation, and specific queries of hospital census. The EMCC also focused on building and cultivating relationships through participation and support in regional

meetings, exercises, real world events,, agency disaster plan development, and testing on a regular basis.

This year the EMCC introduced a new notification system for alerting our EMTF-2 Partners, NCTTRAC Staff and NCTTRAC Board of Directors. Everbridge is a global provider of SaaS-based unified critical communications solutions. Since the integration of this product the EMCC observed a significant rise in the acknowledgement of issued alerts and will continue to monitor the effectiveness of this notification tool.



Please direct EMCC correspondence to EMCC@ncttrac.org.

EMERGENCY MEDICAL TASK FORCE (EMTF) - 2



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. The focus for this year was operational development of the program and was highlighted with deployments to Rowlett and Waco in response to severe weather outbreaks in the North Texas region. EMTF-2 proudly welcomed the following partners: American Medical Response (AMR), Baylor Scott & White Health, Parkland Health and Hospital System Desoto Fire

Rescue, and Trans-Care Medical Transport. Thank you for your dedication to our region's preparedness and response efforts.



REGIONAL EXERCISE

On April 28, 2016 EMTF-2 conducted a large full scale exercise in which each of the seven EMTF components were exercised and worked in an integrated fashion to simulate a regional medical response. The scenario included a severe weather system impacting the entire region. In terms of ground EMS, there were two five-unit ambulance strike teams in play along with three of the regional AMBUSES, each providing transportation services to different hospital Emergency Departments. The exercise also included three air transports in Ennis and in Ft Worth. The exercise marked the initial functional testing of the RN Strike Team concept. There were very constructive takeaways regarding the entire exercise, which reinforced confidence in the region's ability to respond to a mass casualty incident. A special thanks to all of the individuals and agencies that came together to make this exercise possible.



PARTNERING AGENCIES

AirEvac	Arlington Fire Department	CareFlite
Cedar Hill Fire Department	Coppell Fire Department	Denton Fire Department
Eulesse Fire Department	Flower Mound Fire Department	Highland Village Fire Department
Hurst Fire Department	Little Elm Fire Department	Krum Fire Department
Medstar	PHI	Richardson Fire Department
Baylor University Medical Center	Baylor Scott & White - Garland	Baylor Scott & White – Irving
Cook Children's Hospital	Cooks Children's – Northeast Hospital	Ennis Regional Medical Center
HCA Healthcare	John Peter Smith Hospital	Lake Granbury Hospital
Parkland Hospital	Stephens Memorial Hospital	Texas Health Dallas
Texas Health Rockwall	TMC Bonham Hospital	

BATAAN MEMORIAL DEATH MARCH 2016

EMTF - 2 participated in this year's Bataan Memorial Death March. 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. Of the 6,500 persons who participated in this year's march, approximately 460 received medical treatment in the EMTF Mobile Medical Unit. NCTTRAC and EMTF-2 provided a 12-person team of providers, nurses, paramedics and logistical staff. These individuals served in multiple support roles throughout the event including patient triage and treatment, command coordination and support, and incident demobilization.



TORNADO RESPONSE: DECEMBER 26, 2015

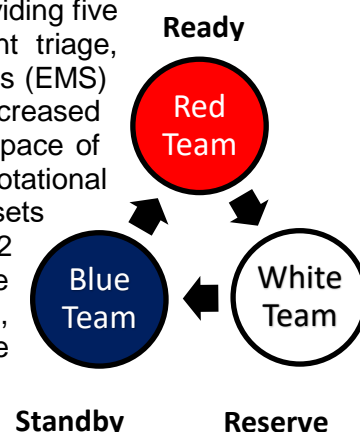
On the evening of December 26, 2015 at least nine tornadoes impacted the Dallas area. The strongest of which struck Garland, TX and was rated an EF-4. Northern Ellis County and Southern Dallas County were also impacted by a significant tornado. The incident resulted in 12 deaths, dozens of injuries and approximately \$1.2 billion in insured damages. Overall the impact of the storms is high on property damages and fortunately the medical support needs remained low to moderate during the incident. EMTF-2 coordinated MIST Teams and AMBUS Responses at the request of a regional EOC and DDC Partners..

SEVERE WEATHER RESPONSE: APRIL 26, 2016

On April 26, 2016 the Texas EMTF Coordination Office began to mobilize EMTF resources at the request of Texas Department of Emergency Management. This was in preparation for potential severe and damaging weather to impact the Northeastern part of Texas. The area of impact predicted by NOAA was focused along the I-35 corridor. At the direction of the State Coordinator's Officer, EMTF 2 alerted and mobilized two M-IST resources and one Type II Mobile Medical Unit with requested logistical support and personnel. These assets were subsequently deployed and staged in Waco, TX for the severe weather event and overnight. Early on the morning of April 27, 2016 all assets were demobilized and stood down as directed by the State. The weather incident passed with no significant damage to property or life however, this was a significant event for the program. This event included assets and personnel across multiple EMTF Regions and also demonstrated dependability in that the State Medical Operations Center (SMOC) would confidently release this type of State Mission Assignment to our program.

AMBULANCE STRIKE TEAM READINESS ROTATION PLAN

Ambulance Strike Teams (AST) assist an affected region by providing five ambulances and one strike team leader to facilitate patient triage, treatment, and transport when local Emergency Medical Services (EMS) are overwhelmed or lack additional resources to handle increased requests. Due to the large amount of providers and the high pace of Emergency Medical Task Force (EMTF) Region 2, a readiness rotational team guide was developed. This guide will divide our region's assets into three teams - RED, WHITE and BLUE, based on EMTF-2 zone mapping. These three teams rotate consistently within three readiness categories identified as "Ready" – first to be contacted, "Standby" – second to be contacted, and "Reserve" – last to be contacted. The team guide allows for both the EMTF and local partner agencies to plan, prepare, and support mission requests. It distributes tasking and allows all partners of the EMTF 2 region to actively participate. The team rotation will be utilized in planned and no-notice events.



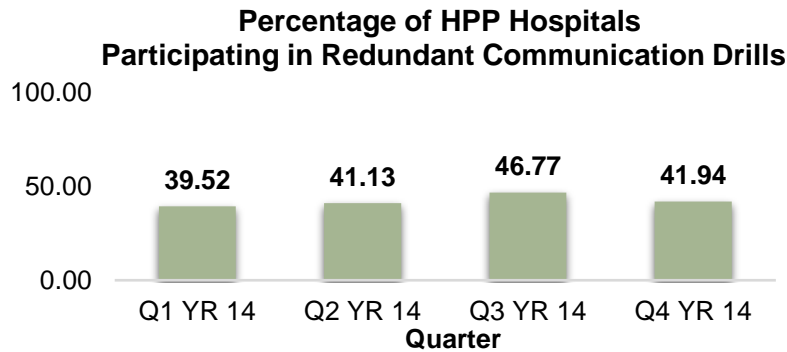
COMMUNICATIONS AND INFORMATION SHARING

Communication remains a key element in regional emergency preparedness and disaster response, and NCTTRAC continues to do its part to ensure that regional partners can communicate effectively during an emergency. In that spirit, NCTTRAC purchased two Mobile Emergency Response Communications (MERC) Trailers for use throughout the region. These trailers come equipped with capabilities for VHF, UHF, and 700/800 public safety radio; HF, VHF, and UHF HAM radio, and satellite phone transceivers, so that emergency response personnel in the field can communicate with one another and with Emergency Operations Centers. The MERC Trailers also contain live satellite television and Wi-Fi for situational awareness. NCTTRAC partners at the Grand Prairie Office of Emergency Management and HCA North Texas host the MERC Trailers and they will soon be available for regional response.



As part of the Hospital Preparedness Program, partners are expected to participate in one Redundant Communications Drill per quarter. NCTTRAC holds these drills once a month, so partners have three opportunities every quarter. The purpose of these drills is to ensure that hospitals throughout the region have the ability to communicate with other stakeholders during a disaster where standard communication methods may be unavailable. Partners may check into the Redundant Communications Drill via amateur radio, public safety - commercial radio, satellite phone, and via WebEOC. Partner participation in the Redundant Communications Drill varied throughout FY16. As a continuous improvement effort, NCTTRAC will be reaching out to our partners to identify the potential issues or causes affecting participation. Common causes include equipment problems, lack

of training/trained personnel, and awareness of the quarterly requirement. NCTTRAC is working to solve these problems by providing new amateur and commercial radios to hospitals, programming existing radios to fit with the Texas State Interoperability Channel Plan, and working with amateur radio volunteers to provide troubleshooting support and amateur radio operator training.

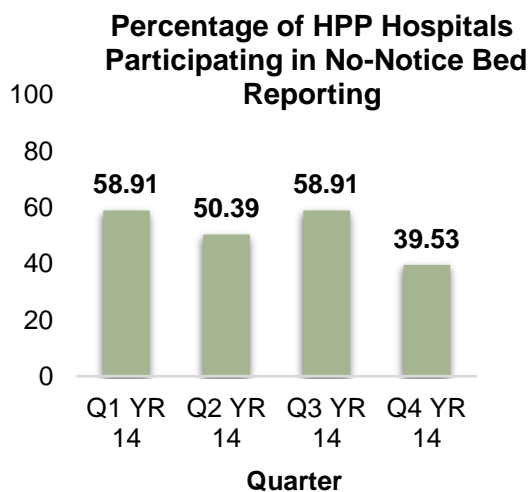


CRISIS APPLICATIONS USER INTEGRATION

As part of its service to regional partners, NCTTRAC hosts and administers various crisis applications to help with regional preparedness and response to major incidents.

EMRESOURCE

EMResource is primarily used for information and resource management, and one of the more important features is the ability for hospitals to report their bed availability. DSHS tasks NCTTRAC with performing regular no-notice bed reporting drills. Partner participation for each quarter is shown in the graph below. In June of 2016, NCTTRAC notified hospitals of the switch to EMResource for no-notice bed reporting, via email and EMResource notification. Partner participation in the quarterly no-notice bed reporting drill varied throughout FY16. Possible causes for the variation may have included lack of user familiarity with the process, or in some cases, the drill notifications not reaching the appropriate hospital personnel. NCTTRAC has developed and published a training resource on the Litmos Learning Management System titled “*EMResource Daily Bed Availability*



Report Guide”, which has since been completed by over 50 new EMResource users. When a new user receives an EMResource account, they also receive an EMResource User Guide as well as a Bed Availability Report Guide. In addition, NCTTRAC is working with partners to ensure the user contacts for each hospital are up to date so the proper employees are receiving the notifications about no-notice bed reporting drills.

WEBEOC


WebEOC remains the region's primary incident management application. In addition to allowing users to track resources and personnel throughout an incident, WebEOC also provides a common platform for users across all disciplines to share information regarding an incident or emergency.

This year, NCTTRAC rolled out the revised *MCI Patient Tracking Toolkit*. This tool allows medical personnel to track victims of a Mass Casualty Incident from ambulance transport to hospital release. NCTTRAC has created a training course for utilizing the toolkit titled "*WebEOC Patient Tracking Training*". This course is available in the NCTTRAC Online Training Center and can be found by going to www.ncttrac.org, clicking on the Litmos icon at the top right of the homepage, and then selecting the course from the menu.

WebEOC also served as a situational awareness and information sharing hub during major incidents and exercises throughout the year, including:

<i>December Tornado 2015</i>	<i>Severe Weather March – May 2016</i>
<i>Spring 2016 EMTF-2 Exercise</i>	<i>Hotter n' Hell 2016</i>
<i>Severe Weather August 2016</i>	<i>Dallas Police Shootings</i>
<i>Summer 2016 HPP Functional Exercise</i>	<i>Triage Tag Exercise Bravo</i>
<i>Bataan Memorial March 2016</i>	<i>BS&W Waxahachie Gunman</i>
<i>Bonham Fertilizer Plant Explosion</i>	<i>Children's Hospital Incident</i>
<i>Big X Exercise</i>	<i>Donald Trump Rally Dallas</i>
<i>POTUS Dallas Visit</i>	<i>Medical Center of Plano Power Outage</i>

To request a new WebEOC account or EMResource account, go to support.ncttrac.org, and submit a ticket for "Crisis Applications – New Account Request". Similarly, if you have any questions about crisis applications and communications within your facility, please contact support.ncttrac.org or call 817.607.7055.

		
TSA-E - MCI Toolkit		
Board	Description	Instructions
MCI ED Capacities	Hospitals enter MCI ED Capacities for receiving Red / Yellow / Green patients.	
MCI Transport	Entered by EMS, shows units and patients enroute to hospitals.	MCI Toolkit Overview
MCI Patient Log	Hospitals can verify arrival of patients, enter demographic patient information and select patients to transfer.	Hospital Quick Guide
MCI Patient Transfers	Transfer of patients are tracked from this board.	EMS Quick Guide
MCI Patient Locator	The MCI Patient Locator shows the location of patients with hospital contact information while showing no medical information.	

TRAINING AND EXERCISE

NCTTRAC Training and Exercise hosted Hospital Shared Solutions (HSS) as they provided a series of Business Continuity Planning Workshops during the months of March and April of 2016. These workshops are designed to help build or enhance plans for hospital



operational continuity during emergency and disasters. Topics included: the principles and basic essentials of business continuity, tools for engaging hospital leadership, gathering data for plans, and developing a Healthcare Business Continuity Plan. Hospitals from across the region participated in the workshops, representing various roles within the healthcare organizations. Reviews for this training were optimal, and affirmed that it met desired training needs for business continuity. NCTTRAC is scheduling three additional offerings of this training during the new Hospital Preparedness Program fiscal year July 1, 2016 - June 30, 2017. On June 24, 2016 fourteen regional hospitals participated in the 2016 HPP Functional Exercise addressing hospital patient evacuation procedures. This exercise tested medical surge capabilities, and the coordination of situational awareness and essential elements of information via WebEOC and EMResource.

ARGYLE FULL SCALE EXERCISE

NCTTRAC also provided funding and participated in the development and conduct of the Argyle, TX active shooter full scale exercise, *Operation Crossfire*, which tested response to a school shooting. Over 35 surrounding agencies were a part of this exercise which included hospitals, EMS agencies, and local jurisdictions and their affiliated departments.



LITMOS ONLINE LEARNING MANAGEMENT SYSTEM

NCTTRAC training programs continue to develop and make available online training opportunities using the LITMOS online learning management tool. These computer-based trainings include topics that support EMTF-2, professional clinical development, and disaster preparedness and response. Current courses include:

- Centers for Disease Control and Prevention Donning and Doffing Procedures for Personal Protective Equipment
- Disaster Management Systems (DMS) Triage Tag Training
- EMResource Overview & Daily Bed Availability Report Guide
- NIMS Compliance Courses
- Workplace Violence for Healthcare Organization

HAZARD VULNERABILITY ASSESSMENT RESULTS – AUGUST 2016

TSA-E is exposed to many hazards, all of which have the potential to impact the community, causing casualties and damaging or destroying public / private property. With this in mind, it is critical that the Healthcare Coalition be aware of the potential impact. The figures displayed below have been generated from survey results provided by healthcare delivery partners in the region.

Each program year hospital representatives are encouraged to remain cognizant of their top individual hazard and vulnerability levels. Critical to developing a business continuity plan, responsible hospital staff members prioritize and assign their hazards and ultimately calculate risk, in collaboration with surrounding healthcare organizations and community partners. Pre-hospital partners were surveyed for the first time; results from their answers were incorporated with results from the region's Threat and Hazard Identification Risk Assessment (THIRA). All HVA results are consolidated into separate charts (also provided below) to show overall regional hazards, and to reflect highest rated hazards by Zone.

Top Ten Regional Hazards
1) Tornado
2) Severe Thunderstorm
3) Mass Casualty Incident, Trauma
4) Mass Casualty Incident, Medical / Infectious
5) Electrical Failure
6) Ice Storm
7) Chemical Exposure, External
8) Terrorism Biological
9) Information Systems Failure
10) Small Casualty Hazmat Incident

The Regional Hazard Vulnerability Analysis results are a vital tool for the advancement of the Healthcare Coalition. This report details the cumulative hazard results surveyed from hospital members as well as the qualitative analysis of the hazards that are a threat to the region. These findings will be used to drive future training, exercise, and planning initiatives in TSA-E.



TSA-E Hazard Vulnerability Analysis

Top Three Hazards by Zone

Zone 1
 Mass Casualty Incident, Trauma
 Severe Thunderstorm
 Chemical Exposure External

Zone 5
 Tornado
 Severe Thunderstorm
 Chemical Exposure External

Zone 2
 Tornado
 Small Casualty Hazmat Incident
 Mass Casualty Incident, Trauma

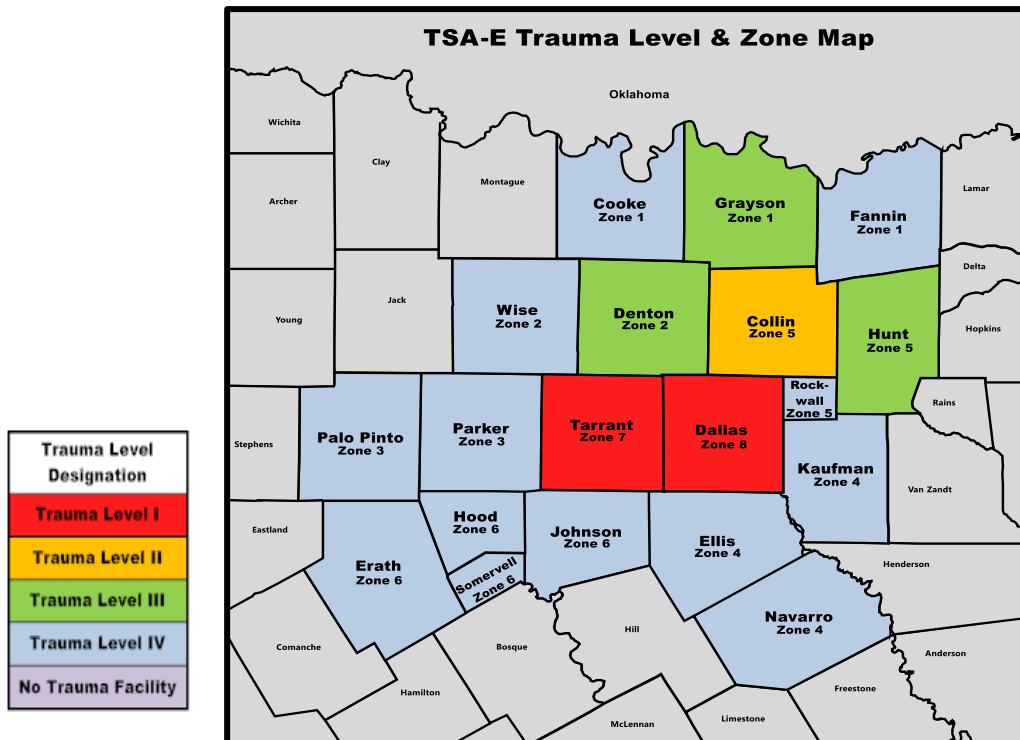
Zone 6
 Tornado
 Mass Casualty Incident, Trauma
 Electrical Failure

Zone 3
 Tornado
 Electrical Failure
 Terrorism, Biological

Zone 7
 Tornado
 Electrical Failure
 Mass Casualty Incident, Infectious

Zone 4
 Mass Casualty Incident, Trauma
 Tornado
 Small – Medium Sized Internal
 Spill

Zone 8
 Tornado
 Mass Casualty Incident, Trauma
 Electrical Failure



EBOLA PREPAREDNESS AND RESPONSE PROGRAM

The Ebola Preparedness and Response Program (EPRP) culminated a full year of regional development with completion of the TSA-E 2016 Full Scale Ebola Exercise, August 30-31, 2016. The 2-day event tested local healthcare coalition and jurisdictional plans on the safe and timely movement of a family through the frontline hospital, assessment hospital, EMS, and airport systems. Special thanks to participants Medical Center of Lewisville, UTSW William P. Clements Hospital, Dallas Love Field Airport, Lewisville Fire and EMS, AMR, Acadian, and CareFlite. Public Health was represented by Dallas County, Denton County, and Health Service Region 2/3.



Beginning in August, 2015, the Ebola Preparedness and Response Program met with local and regional Public Health Partners to discuss the Regional Ebola Response Concept of Operations draft. Representatives from Collin, Dallas, Denton, Grayson, and Tarrant Counties and Health Service Region 2/3 were in attendance. The group discussed public health's role as it was written into the draft plan and what changes were

needed. County and state public health officials discussed their current protocols when supporting monitored travelers from Ebola-affected areas and other low, some, or high risk individuals who may present themselves in a particular county. By establishing a forum for healthcare coalition members to come together, EPRP ensured the integration of these public health plans into response guidelines for EMS, 9-1-1 system operators, frontline hospitals, and assessment hospitals.

EPRP developed a regional concept of operations under which four area ambulance agencies, as requested by public health, will provide transport of potentially highly contagious patients. This concept, called Regional Ebola Transfer Ambulance (RETA), was outfitted with personal protective equipment and secure voice radios. Since inception of the RETA program, three drills have been held at the NCTTRAC Warehouse. The drills are designed to observe RETA crewmembers as they prepare for a live patient movement, and to address gaps in operational readiness in the transfer of Ebola and other highly infectious disease patients. Drills

average between 2-3 hours, with the majority of this time being spent on wrapping the ambulance properly and ensuring crew readiness to don and doff personal protective equipment safely.





NCTTRAC hosted two TSA-E High Consequence Infectious Disease / Ebola table top exercises. Starting in November, 2015, healthcare coalition partners from across the region joined to discuss current processes and procedures for providing care to a patient with a positive travel history that has entered the healthcare system via a 9-1-1 call for assistance, and concluded with the activation of an Ebola Assessment Hospital for higher level of care. This exercise tested the initial RETA concept of operations and provided valuable insight to regional processes. Partnering entities that were represented include: regional and county public health officials, city and county emergency management, 9-1-1 dispatch centers, and hospitals. A second table top exercise followed in March, 2016, testing corrective measures learned from the first table top exercise.

Following up on exercise lessons learned, the EPRP sponsored a Saf-T-Pak training for hospitals. Although hospital infectious control staff routinely submit samples to laboratories for analysis, EPRP recognized a gap in operational readiness for frontline hospitals to package and

deliver highly contagious specimens to the Laboratory Response Network (LRN), at Dallas County Health and Human Services. The course concentrated on classifying, identifying, marking, labeling, packing and documentation for the shipment of Class 6.2 Hazardous Goods, and provided training in:

- Category A Infectious Substances
- Category B Infectious Substances
- Exempt Human and Animal Specimens
- Genetically Modified (Micro)Organisms
- Dry Ice
- Excepted and Limited Quantities



HPP CONTRACT QUALITY ASSURANCE VISIT

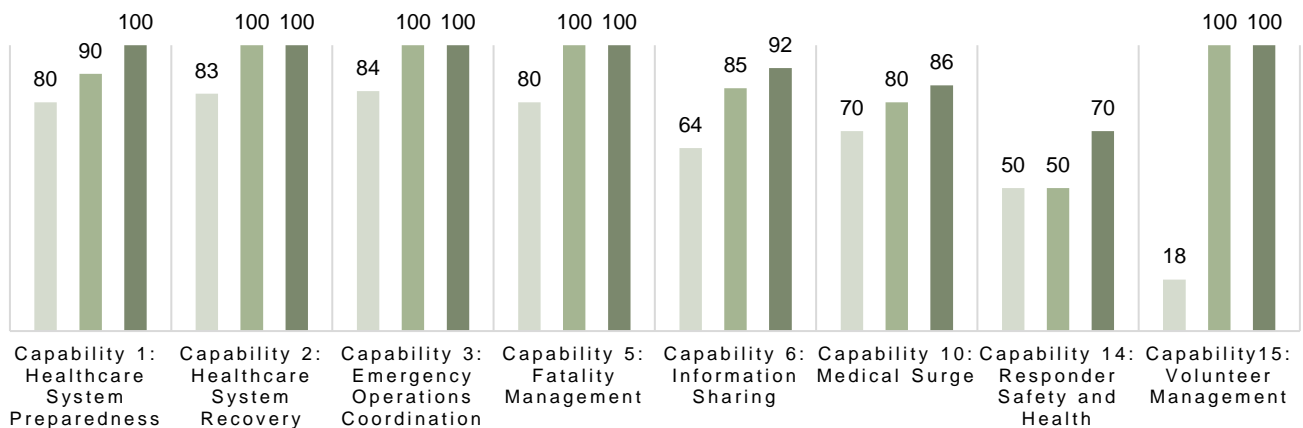


In December 2015 personnel from the Department of State Health Services (DSHS) came to the region to perform a Quality Assurance (QA) visit. On December 2nd, 2015 the team, accompanied by NCTTRAC staff, visited three HPP hospitals: UTSW William P. Clements Hospital, Parkland Memorial Hospital, and Baylor Scott & White Waxahachie. On December 3rd and 4th, 2015, the team reviewed HPP documentation for accuracy. The DSHS team reported no findings from the QA visit, and welcomed all staff improvement recommendations. The team was pleased with the regions progress and will review the program again on a three year cycle.

HPP CAPABILITY MEASURES COMPLETION STATUS

The Hospital Preparedness Program (HPP) has completed budget period four (BP4) and is addressing remaining assignments in the fifth year 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 September 2016



- Percentage Complete As of January 2015
- Percentage Complete As of September 2015
- Percentage Complete As of September 2016

DATA & INFORMATION SYSTEMS

The NCTTRAC Data and Information Systems team had a busy year of refurbishment of not only technology, but of change and updating of compliance documentation. This year members of the DIS Team moved on to new endeavors, but this was an opportunity to bring in a variety of faces and new skills. DIS saw the updating and enhancement of WebEOC and EMResource, as well as the sunset of the REG*E and E*TRACS product lines. This year DIS spent considerable time and resources on improving the audio, video quality and stability of the three primary meeting rooms. During these projects, additional efficiencies were found to improve supportability of the systems.

AUDIO / VIDEO ENHANCEMENTS

Much of the past year was spent replacing aging, failing, or difficult to maintain equipment in the NCTTRAC conference rooms. DIS spent nearly six months working with a variety of vendors to not only improve the in room experience, but the external dial in capabilities as well. Cisco Tandberg equipment was replaced with a variety of AMX controllers. This not only reduces annual support costs, but significantly reduces the support complexity of the system. This also meant completely removing the Tandberg systems and their expensive maintenance needs... Tandberg equipment was originally a peer-to-peer closed video conferencing system. More modern techniques and operations have caused Tandberg use to be no longer in vogue and no longer necessary.

Panasonic digital projectors were installed in two of the conference rooms. This greatly improves the image clarity, as well as visual availability to any of

the visitors in the room. By using LCD equipment, DIS greatly reduced maintenance windows and improved uptime and availability for the rooms.



Additional audio technology and microphones were installed to further enhance the overall capabilities and clarity of the system. It is recommended that users call into meetings using land based lines for the best overall experience.

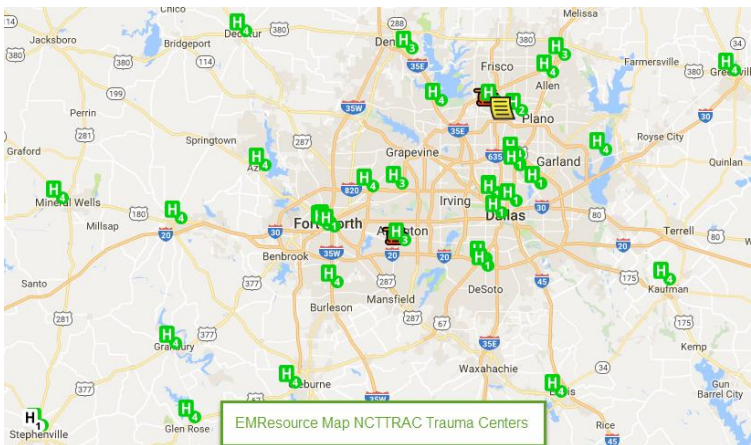
REG*E AND E*TRACS

Over the past year, the NCTTRAC software product landscape has changed significantly. NCTTRAC senior leadership, along with the Board of Directors, carefully examined the viability and supportability of the entire product line. DIS carefully reviewed the current issues with the data quality and operational capabilities of both REG*E and E*TRACS. Shortcomings in the support costs, data quality, legal exposure, and capacity and capabilities of these products were carefully examined and discussed with the Board of Directors. These issues led to the decision to shut down and cease support of these two applications. It was an exceptionally difficult decision to come to, but one that best reflected the communities' utilization and level of financial commitment.

Moving forward NCTTRAC will dedicate its resources to supporting other community programs including the statewide data initiatives.

While working on regional crisis applications, NCTTRAC took the opportunity to review and update its compliance documentation and policies. With the help of the coalition, NCTTRAC was able to re-engage partners and stakeholders with over 160 new Business Associates Agreements (BAAs) and Regional Programs Participation Agreements (RPPAs). This tremendous amount of work was only possible due to the incredible participation and efforts of the NCTTRAC community and members.

The new BAAs and RPPAs are necessary for NCTTRAC's continued data sharing initiatives, as well as to cover any future potential uses and needs. These agreements set forth the federal and state mandated data handling rules and guidelines, which continue to evolve almost annually. Work on these BAAs and RPPAs was a huge effort that took most of the past year. DIS thanks all those that were involved in this process for all of their efforts, time and commitment.



WEBEOC & EMRESOURCE DEVELOPMENT

Over the last year, NCTTRAC focused on solidifying and improving the coalition's core crisis application needs, and to improve the quality of the products that meet those needs. This led not only to disestablishing REG*E and E*TRACS, but also to the enhancing and embracing of WEBEOC and EMResource.

EMResource is NCTTRAC's go-to-place for information on hospital bed availability, MCI capacity, Emergency Room status, and maps of regional facility locations. Implementing new bed reporting guidelines from the Department of State Health Services, EMResource has been updated to accommodate timely reporting of bed availability numbers and mass casualty reporting.

As requested by the REPC committee, NCTTRAC has tested a daily bed reporting program in EMResource similar to those used in other RACs throughout Texas. In the first eight months of calendar year 2016 hospital personnel have updated their status in EMResource over 66, 000 times, giving the EMS community and the rest of North Central Texas critical information to make informed decisions on transport issues.

There are currently 1,750 active users on the EMResource application who along with NCTTRAC staff, have used the system to create almost 100 events alerting the region to dangers and important events, drills, exercises, and real disasters.

EMResource continues to be a valued tool in Texas for hospital status updates, hospital access routes via air and land, and location maps of the region's hospitals, trauma centers, and long term care facilities.



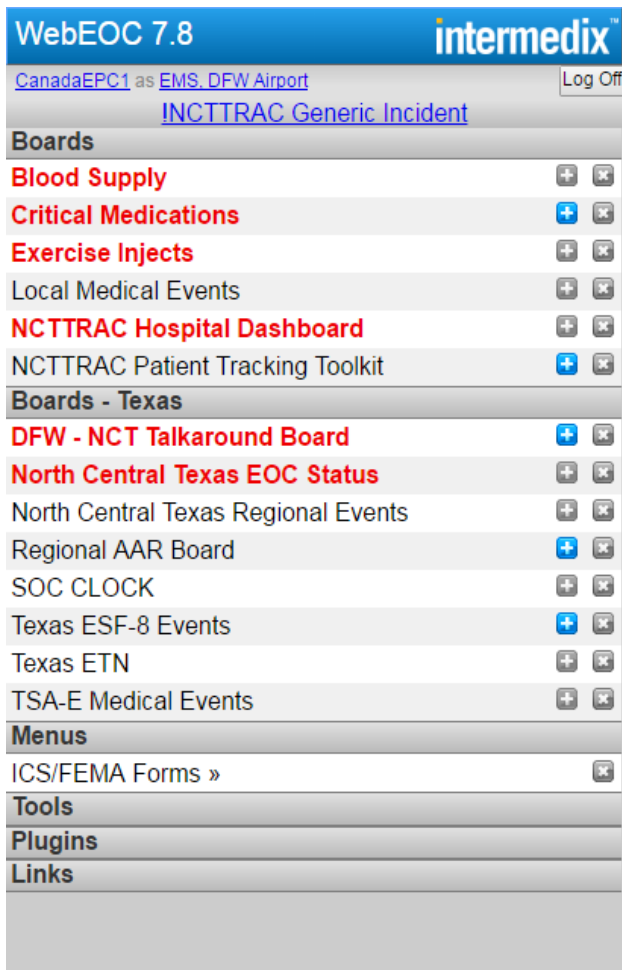
WebEOC is a statewide communication platform that the NCTTRAC, EMS, EMTF, clinical and emergency management personnel rely on for communication and information sharing. WebEOC, combined with EMResource, enable the emergency medical and trauma systems in the TSA-E region to communicate in real time, reducing morbidity and mortality in North Central Texas.

WebEOC is the online portal used for patient tracking, exercise training, statewide EMTF rostering, and evacuation tracking. The NCTTRAC server is linked to all servers in Texas allowing the sharing of incidents and communication boards for real time data sharing and asset command and control.

Communication and asset tracking is managed through several boards, or views, that can be opened and rearranged on your screen. Boards are often selected for presentation on large screens in a command center to keep an operations or command center well informed.

NCTTRAC WebEOC server currently has almost 2000 registered users and averages over 50 unique users every month. The NCTTRAC WebEOC server is currently operating on version 7.8 and is scheduled for upgrade to the new 8.2 version in the near future. Along with the upgrade DIS plans to move from SQL Standard to SQL Enterprise.

The upcoming months will be spent on solidifying the IT and application infrastructure here at NCTTRAC. Another of last year's goals was to improve quality as well as service. To expand coverage and put DIS on a track to reduce response times, NCTTRAC outsourced some IT functions to a local IT service firm. Technology and Beyond is located in Arlington, near the NCTTRAC home office. They will augment DIS staff with an additional knowledge base as well as bring additional staff to help cover the many systems and components that make up the NCTTRAC infrastructure. Technology and Beyond will help better provide 24/7 service and monitoring of systems without a significant overhead change.



In addition, they will provide additional tools that will allow NCTTRAC IT staff to work more efficiently, and in turn allow for quicker response time to tickets and being proactive on issue prevention. It will take several months to fully integrate the staff and tools. DIS is targeting completion by the end of the year.



An exciting project is underway to modernize the existing NCTTRAC website. DIS brought in a local firm, Amplus Agency,

to professionally overhaul the look and functionality of the website. When completed, the website will be a comprehensive tool and compass for the NCTTRAC community to receive updates and information on issues, trends, initiatives, and NCTTRAC operations.

The upcoming year will again be a legislative year. NCTTRAC will closely monitor the Texas 85th legislative session for any to changes to privacy and compliance. The last few legislative sessions were quite busy, and in return compelled a great number of changes to DIS compliance documentation such as the BAA and RPPA.



2016 EMS CONFERENCE HIGHLIGHTS

2016 EMS Administrator Award

Division Chief Ricky Reeves, Lewisville Fire Department

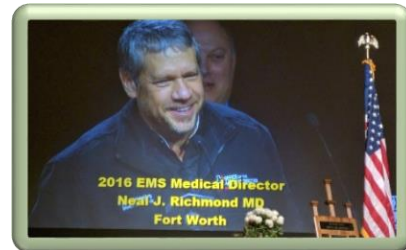


The EMS Administrator Award honors an administrator, researcher or manager at the local, city, county, regional or state level who has made a positive contribution to EMS and is committed to building a strong team able to respond effectively.

2016 EMS Medical Director Award

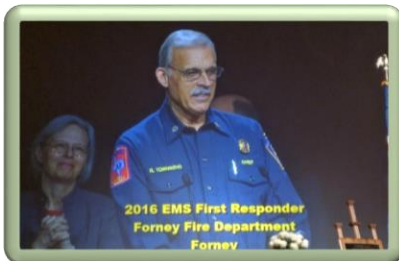
Neal J. Richmond MD, Fort Worth Fire Department

The EMS Medical Director Award honors a physician who has served as a medical director, on-line or off-line, for an EMS organization, and continually demonstrates a commitment to excellent patient care.



2016 First Responder Award

Forney Fire Department, Forney, TX

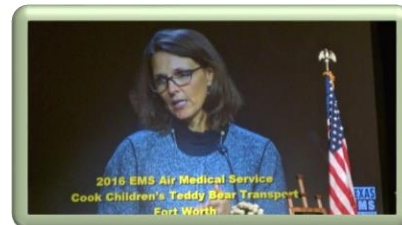


The First Responder Award honors a first responder organization that demonstrated leadership in EMS in patient care, public access, medical control, disaster preparedness, public education or training.

2016 Air Medical Service Award

Cook Children's Teddy Bear Transport, Fort Worth, TX

The Air Medical Service Award honors a public or private air medical service in Texas that has demonstrated the highest standards in providing patient care, leading the way in innovation and commitment to patient care.



2016 EMS Provider Award

Somervell County Fire & EMS, Glen Rose, TX



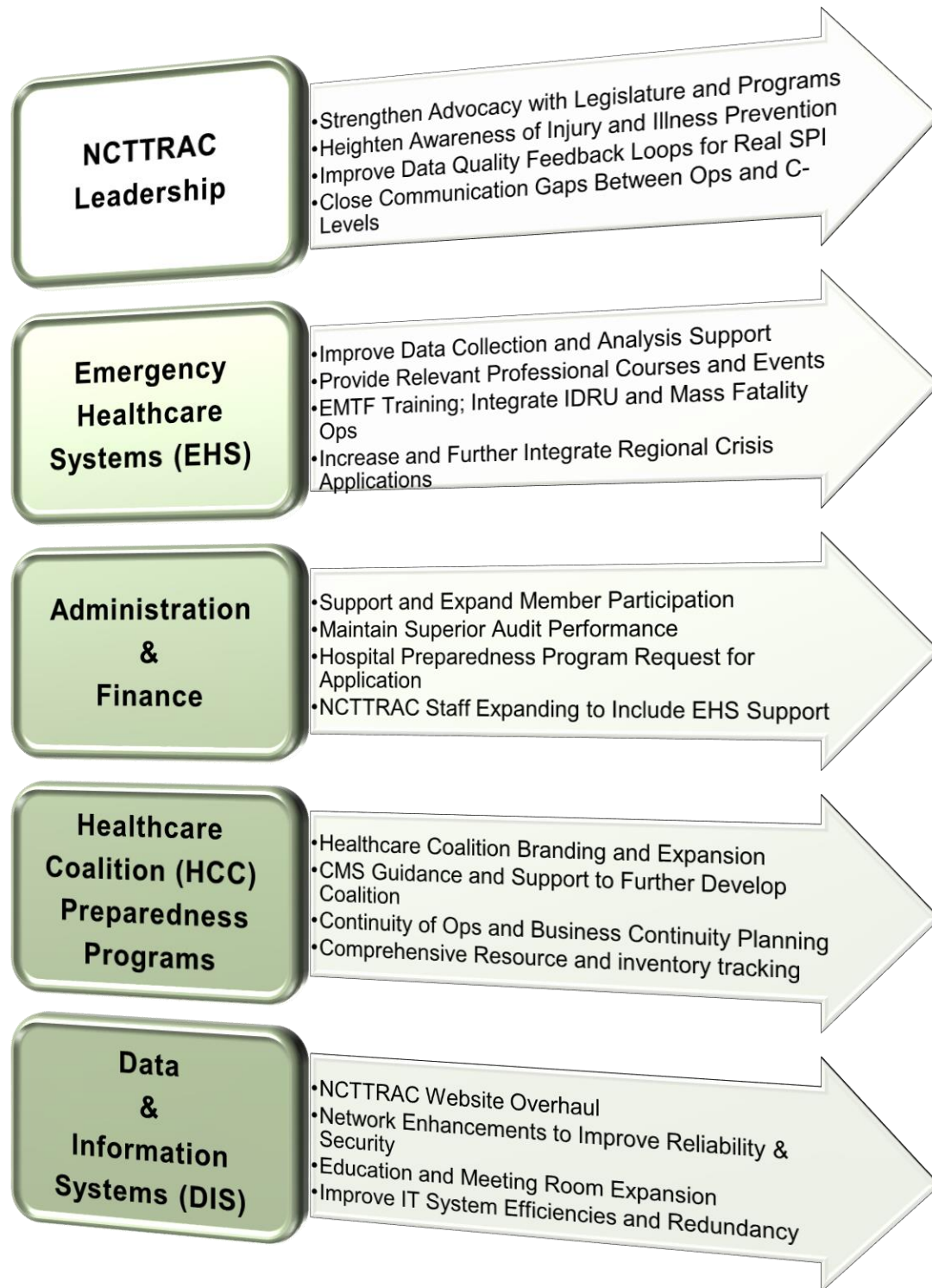
The EMS Provider Award honors an EMS organization that demonstrated leadership in EMS in patient care, public access, medical control, disaster preparedness, public education or training.

NCTTRAC Exhibitor Booth



NCTTRAC supported the 2016 EMS Conference by hosting an exhibitor booth at the Kay Bailey Hutchinson Convention Center

THE FUTURE OF NCTTRAC



“Through deliberate planning and development, NCTTRAC continues to work toward the fulfillment of our mission to support and improve the ever growing healthcare coalition, focusing on prevention, preparation, and response.”