

NCT IRAC

**NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL**

2016 – 2017 ANNUAL REPORT





North Central Texas Trauma Regional Advisory Council

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TABLE OF CONTENTS

MESSAGE FROM THE OUTGOING BOARD CHAIR.....	1
MESSAGE FROM THE INCOMING BOARD CHAIR.....	2
EXECUTIVE SUMMARY.....	3
FY17 / FY18 BOARD OF DIRECTORS.....	4
FINANCIAL OVERVIEW.....	5
EMERGENCY & ACUTE HEALTHCARE SYSTEMS.....	7
TOBACCO ENDOWMENT FUND.....	7
EMS COUNTY ASSISTANCE.....	7
LOCAL PROJECTS GRANT.....	9
2017 REGIONAL NEEDS ASSESSMENT.....	9
FY17 COMMITTEE HIGHLIGHTS.....	10
TEXAS RAC DATA COLLABORATIVE.....	12
TSA-E HOSPITAL DESIGNATIONS.....	12
NEONATAL SERVICES.....	12
TRAUMA.....	13
STROKE.....	14
PUBLIC EDUCATION / INJURY PREVENTION	15
HOSPITAL PREPAREDNESS PROGRAM.....	18
EBOLA PREPAREDNESS AND RESPONSE PROGRAM.....	20
EMERGENCY MEDICAL COORDINATION CENTER (EMCC)	21
EMERGENCY MEDICAL TASK FORCE 2.....	21
REGIONAL EXERCISES.....	25
REDUNDANT COMMUNICATIONS.....	25
CRISIS APPLICATIONS.....	27
TRAINING AND EXERCISES.....	29
TSA-E REGIONAL HAZARD VULNERABILITY ASSESSMENT.....	31
INFORMATION TECHNOLOGY.....	33
THE FUTURE OF NCTTRAC.....	35

MESSAGE FROM THE OUTGOING BOARD CHAIR



Dear Fellow NCTTRAC Members and Colleagues,

As we close another year here at NCTTRAC, it has been my honor and privilege to be your NCTTRAC Chair these past two years. I want to thank you and your organizations for the support that have been provided to me as the Chair and to NCTTRAC. 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 continued support to see that our commitment to the members, colleagues, state contracts and the mission of NCTTRAC is achieved.

After the 85th Texas Legislature session, many of the attempts to get funding for RACS and EMTF failed at the last minute.

HB 1148 (Rep. Sarah Davis, R-Houston), which would have re-organized the administrative functions of the RACs, was pulled from the Senate's non-controversial Local & Uncontested Calendar in the final moments. The bill passed out of the House early, however, it languished in the Senate before it was finally referred to a committee in the final weeks.

The driver responsibility program (DRP) overhaul died in the final days. HB 2068 (Rep. Larry Phillips, R-Sherman) served as the "vehicle" to create an overhaul of the driver responsibility program. After passing out of the House, HB 2068 witnessed a surge of interest in the final days, however, it was ultimately pulled from the Senate calendar in the final days.

HB 1407, the Texas EMS Assistance Program legislation submitted by TEMSA (Texas EMS Alliance) creates a distance learning paramedic training program for rural EMS agencies and protect local project grants (LPGs). HB 1407 was signed into law by Governor Greg Abbott and TEMSA will now work with policy makers to secure funding in the interim.

Governor Abbott signed the state-wide ban on texting while driving, HB 62 (Rep. Tom Craddick, R-Midland), into law.

These are just a couple of key bills that either failed or were signed into law. As with every legislative session your RAC and its members are strong advocates with the legislature to make our communities safer and support funding for the RACs and its members.

On, August 23, 2017, the State of Texas rallied up the EMTF assets from all the EMTF regions to deploy to the Hurricane Harvey event. In just 56 hours, Harvey grew from a regenerated tropical depression over the Gulf of Mexico into a Category 4 hurricane as it made landfall Texas Gulf Coast late on August 25th. The response from EMTF-2 was incredible and I appreciate all of those that either supported here at home or the ones that deployed.

As we near the holidays, remember our first responders including our Law Enforcement community and keep them in your prayers. We, as healthcare workers, 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
Immediate Past Chair, NCTTRAC

MESSAGE FROM THE INCOMING BOARD CHAIR

NCTTRAC Members and Colleagues,

I would like to recognize Chief Ricky Reeves, for his leadership and dedication to NCTTRAC as the previous board chair. I would also like to thank the members of NCTTRAC for allowing me the opportunity to serve as the board chair of NCTTRAC. Our region has continued to grow and develop as a comprehensive trauma and emergency health care system since the rules were passed in 1992. The original focus of the regional system targeted the development of a streamlined EMS/Trauma system. The expectations were to establish processes that aligned regional data systems, managed grants (specific to EMS and trauma centers), develop regional communication systems, and develop a regional trauma system plan. The region was expected to provide public education and develop regional injury prevention programs. A major responsibility of the NCTTRAC Board of Directors was the management of contracts, grants and state funding streams.

These facts remain true for the current regional system and the Board, but the responsibilities have greatly expanded. The 9/11 event added regional preparedness to the list of responsibilities. Today, our system addresses not only trauma and emergency preparedness, it is inclusive of stroke, cardiac, and neonatal care systems. The emerging challenges of behavioral health care and overcrowding in the emergency departments are also on the radar. These systems and processes will not be successful without the engagement, participation and commitment of the members of NCTTRAC. Each of you plays a vital role in our success and patient outcomes.

Your voices need to be heard, and your participation is needed. The committee chairs request your input and recommendations at each of the meetings. In many cases, such as the stroke committee and perinatal committee, the participants are highly engaged. In other committees, there is a reluctance to speak up. The committee chairs have been requested to align their priorities with the recommendations of the Governor's EMS/Trauma Advisory Council's Emergency Health Care System Strategic Plan. I encourage each of you to become familiar with this strategic plan, and to share your recommendations through the committees.

Please take time to review our new website, where you can learn more about each of the committees and their activities. We have been very successful over the past years with Rick Antonisse and Ricky's leadership. The NCTTRAC staff are highly competent and committed to assist you with your questions or needs.

Our region's response to Hurricane Harvey was impressive. This speaks volumes about our commitment and expertise, but we can continue to build on these strengths. As Chair, I would like to see NCTTRAC remain a leader in regional development and challenge us to reach the next level. We can do this.

Together we can make a difference.

Jorie Klein
Board Chair, NCTTRAC



EXECUTIVE SUMMARY



We are excited to provide the seventh consecutive NCTTRAC Annual Report to our members, partners, and the regional Healthcare Coalition. In this annual report, you will find information on the most significant NCTTRAC activities between July 1, 2016 and August 31, 2017, our most recent program and fiscal years.

Due to EMS and CMS Rule changes, as well as the development of the new Perinatal Care Region within TSA-E, the scope of NCTTRACs responsibilities increased drastically this year. Fiscal Year 2017 began with significant changes to the NCTTRAC Bylaws to meet these pressing requirements. Amendments to the Bylaws expanded the Board of

Directors from eighteen to twenty-one by establishing the Medical Directors Committee and adding two Hospital Executive positions to the Board.

The NCTTRAC Emergency & Acute Healthcare Systems (EAHS) Department continues to support Committee initiatives such as, **“Take 20 for Life”** Hands-Only CPR, **“EMS Timeout”**, **“Stop the Bleed”** campaign, and the **“Heart Safe Community”** program. The EMS Rules change implemented the requirement for all EMS Providers to designate an Infection Control Officer. NCTTRAC responded to this need by hosting several **“Basic Designated Infection Control Officer Training”** Courses to help our partner agencies comply with the new requirement. The NCTTRAC Cardiac and Stroke Committees hosted **“A Race Against Time”** Symposium and the **“Emergency Neurological Life Support Course”** as requested by NCTTRAC Members.

The 85th Texas Legislative Session proved to be a challenging one for EMS, RAC, and Emergency Healthcare Systems funding efforts. However, in part through the voluntary advocacy of NCTTRAC Member representatives, the Texas Legislature passed House Bill 62, creating a statewide ban on texting while driving. Additional Bills were passed allowing Volunteer Firefighters and First Responders with concealed carry licenses to bring handguns into restricted areas and preserved opportunities (though not yet funded) for Local Project Grants (LPG) such as those dedicated to the creation of distance-learning training programs for rural paramedics.

The Centers for Medicare & Medicaid Services (CMS) Preparedness Rule went into effect November of 2016. The CMS Rule change expanded preparedness expectations to seventeen categories of healthcare providers. NCTTRAC is using its Online Learning Management System (LMS) as the source for initial Health Care Coalition (HCC) registration by new HCC partner organizations. NCTTRAC Staff members are available to serve as Subject Matter Experts and are able to provide plan templates and basic support in developing plans and exercises. Regularly scheduled, NCTTRAC-hosted, HCC review meetings and training sessions for new HCC partners are also in the works!

NCTTRAC is keeping up with the times! The Information Technology (IT) Department upgraded audio and visual capabilities in NCTTRAC meeting space and developed a new website. The updated website has a primary focus on RAC Programs & Committees. Amongst the new features, the site contains an all-inclusive calendar model to provide up to date information regarding upcoming meetings and events. The URL remains www.NCTTRAC.org for both public and Member-only viewing, however; RAC Members will be required to establish a new login to gain full website access available to the NCTTRAC Membership and key partners.

As always, the Emergency Medical Task Force (EMTF) 2 was vigilant in its response to regional and statewide events this year. EMTF-2 played a significant role in the state’s response to Hurricane Harvey. A total of 324 individuals from 62 different organizations responded to Hurricane Harvey from EMTF-2. NCTTRAC extends a special thanks to each individual, agency, and facility that deployed personnel and equipment to support those affected by Hurricane Harvey. Not to be forgotten in recognition and heartfelt thanks are our local emergency healthcare facilities and providers who cared for evacuee patients and supported the medical capabilities established in general population shelters across the Metroplex. We hope you’ll find the full report interesting and informative. Regards, from your North Central Texas Trauma RAC !

FY17 NCTTRAC BOARD OF DIRECTORS

FY17 Board Position	Name	Organization	Term End Date
Chair	Ricky Reeves	Lewisville Fire Department	10/2017
Chair Elect	Jorie Klein	Parkland Health & Hospital Systems	10/2017
Secretary	Amy Atnip	Medical City Plano	10/2017
Treasurer	Derrick Cuenca	Lake Granbury Medical Center	10/2017
Air Medical Committee	Scotti Floyd Edgar	Children's Medical Transport	10/2017
Cardiac Committee	Karen Yates	Methodist Mansfield Medical Center	10/2018
Emergency Department Operations (ED Ops) *	Kristine Powell	Tarrant County Emergency Nurses Association	10/2017
Emergency Medical Services Committee	Kevin Cunningham	Cedar Hill Fire Department	10/2017
Finance Committee	Verne Walker	Texas EMS	10/2017
Hospital Executive - East *	Charles Gressle	Medical City Plano	10/2018
Hospital Executive - West *	Deborah Paganelli	Texas Health Harris Methodist Hospital - HEB	10/2018
Medical Directors Committee *	Sharon Malone	Grand Prairie Fire Department	10/2018
Pediatric Committee	Melinda Weaver	Cook Children's Medical Center	10/2017
Perinatal Committee	Rashmin Savani	UT Southwestern Medical Center	10/2018
Professional Development Committee	Donald Tucker	Medical City Arlington	10/2017
Public Education / Injury Prevention Committee	Courtney Edwards	Parkland Health & Hospital Systems	10/2018
Regional Emergency Preparedness Committee	Wes Dunham	Methodist Dallas Medical Center	10/2018
Stroke Committee	Holli Hickox	Plaza Medical Center	10/2018
System Performance Improvement Committee	Dwayne Howerton	Emergency Physician's Advisory Board	10/2017
Trauma Committee	Jeremy Taylor	Texas Health Dallas	10/2017
Zones Representative	Bobby Sewell	Bedford Fire Department	10/2018
Immediate Past Chair	Rajesh Gandhi	JPS Health Network	10/2017

* New Position

FY18 NCTTRAC BOARD OF DIRECTORS

FY18 Board Position	Name	Organization	Term End Date
Chair	Jorie Klein	Parkland Health & Hospital Systems	10/2019
Chair Elect	Ricky Reeves	Lewisville Fire Department	10/2019
Secretary	Amy Atnip	Medical City Plano	10/2019
Treasurer	Derrick Cuenca	Lake Granbury Medical Center	10/2019
Air Medical Committee	Martha Headrick	Air Evac Lifeteam	10/2019
Cardiac Committee	Karen Yates	Methodist Mansfield Medical Center	10/2018
Emergency Department Operations (ED Ops)	Josh Constantino	Medical City Lewisville	10/2019
Emergency Medical Services Committee	Sheri Adams	Grand Prairie Fire Department	10/2019
Finance Committee	Shelly Miland	Texas Health Fort Worth Hospital	10/2019
Hospital Executive - East	Doug Lawson	Baylor University Medical Center	10/2018
Hospital Executive - West	Vacant		10/2018
Medical Directors Committee	Sharon Malone	Grand Prairie Fire Department	10/2018
Pediatric Committee	Vicky Thompson	Baylor Scott & White - Waxahachie	10/2019
Perinatal Committee	Rashmin Savani	UT Southwestern Medical Center	10/2018
Professional Development Committee	Cathy Glenn	Texas Health Resources - Dallas	10/2019
Public Education / Injury Prevention Committee	Courtney Edwards	Parkland Health & Hospital Systems	10/2018
Regional Emergency Preparedness Committee	Wes Dunham	Methodist Dallas Medical Center	10/2018
Stroke Committee	Robin Novakovic	UT Southwestern Medical Center	10/2018
System Performance Improvement Committee	Callie Crawford	JPS Health Network	10/2019
Trauma Committee	Nakia Rapier	Baylor University Medical Center	10/2019
Zones Representative	Vacant		10/2018
Immediate Past Chair	Ricky Reeves	Lewisville Fire Department	10/2019

FINANCIAL OVERVIEW

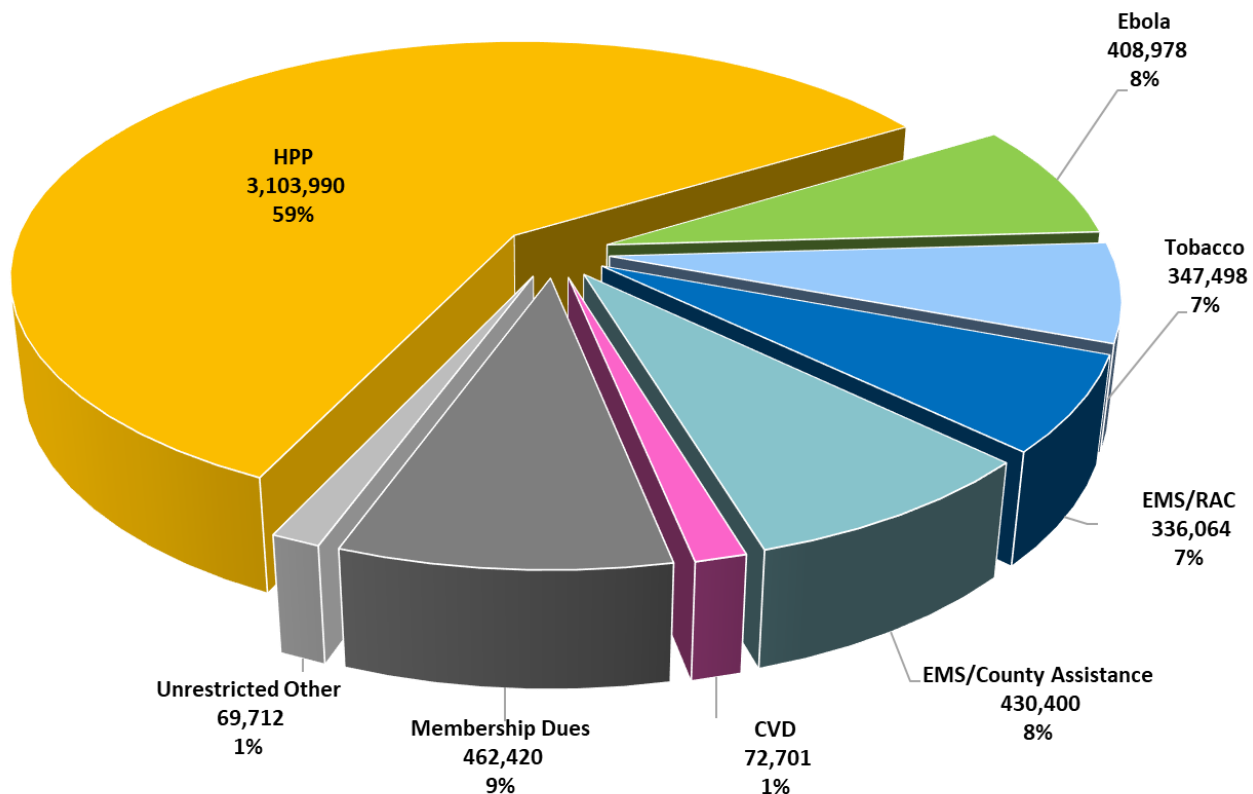
EMS/Regional Advisory Councils (EMS/RAC) – The purpose of these funds is to assist in the enhancement and delivery of patient care in the EMS and Trauma Service Care System. Administrative support functions are the principal activities supported by this contract with the intent to enhance and improve delivery of EMS and trauma patient care in TSA-E.

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 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, Ebola Preparedness & 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. The Ebola Preparedness and Response Program funding ended on July 14, 2017.

Cardiovascular Disease (CVD) – 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. The Cardiovascular Disease contract ended on August 31, 2017.



**NCTTRAC UNAUDITED STATEMENT OF ACTIVITIES
PROGRAMS ENDING FISCAL YEAR 17**

	HPP YR 15*	EBOLA YR 2**	EMERGENCY ASSISTANCE	EMS/RAC	TOBACCO	CVD	UNRESTRICTED / DEVELOPMENT	TOTAL
Revenue								
State of TX - DSHS	3,103,990	408,978	430,400	336,064	347,498	72,701	0	4,699,631
Membership Dues	0	0	0	0	0	0	462,420	462,420
Professional Development Programs	0	0	0	0	0	0	38,025	38,025
Interest on Investments	0	0	0	0	0	0	21,687	21,687
Sponsorships	0	0	0	0	0	0	400	400
Golf Tournament	0	0	0	0	0	0	9,600	9,600
Total Revenue	3,103,990	408,978	430,400	336,064	347,498	72,701	532,132	5,231,763
Expenditures								
Salaries	762,991	81,351	0	206,909	206,842	24,984	88,784	1,371,861
Fringe Benefits	179,034	16,154	0	52,566	44,638	5,977	19,053	317,422
Travel	32,154	4,158	0	0	0	574	21,699	58,585
Equipment	0	0	0	0	0	0	0	0
Supplies	140,624	58,980	0	0	0	0	0	199,604
Contractual	890,963	139,148	430,400	0	58,122	0	0	1,518,633
Other	750,010	65,928	0	70,799	28,941	78,092	190,796	1,184,566
Indirect	348,214	43,259	0	5,790	4,954	550	46,315	449,082
Unobligated	0	0	0	0	4,000	0	0	4,000
Total Expenditures	3,103,990	408,978	430,400	336,064	347,497	110,177	366,646	5,103,752
Revenues Over (Under) Expenditures	0	0	0	0	0	(37,476)	165,486	128,011
Beginning Unrestricted Net Assets	0	0	0	0	0	37,476	570,371	570,371
Ending Temp Restricted Net Assets	0	0	0	0	0	0	0	0
Ending Unrestricted Net Assets	0	0	0	0	0	0	735,857	735,857
Ending Net Assets	0	0	0	0	0	0	735,857	735,857

***HPP YR 15 – Ended June 30, 2017**

**** Ebola YR 2 – Ended July 14, 2017**

EMERGENCY & ACUTE HEALTHCARE SYSTEMS

TOBACCO ENDOWMENT FUND

The Emergency & Acute Healthcare Systems of Trauma Service Area-E (TSA-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:

- Consulting services fees for legal services as well as required independent audits.
- Maintaining the Regional Communication Center (Trauma Transfer Line) to assist with in-RAC trauma transfers.
- Supporting member and partner endeavors with donations and marketing items for events. Items include mood cups, mood pencils, flying discs, draw string bags, and other promotional items with the NCTTRAC name and logo.
- 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.

NOTE:

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 \$347,497 in FY17.

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

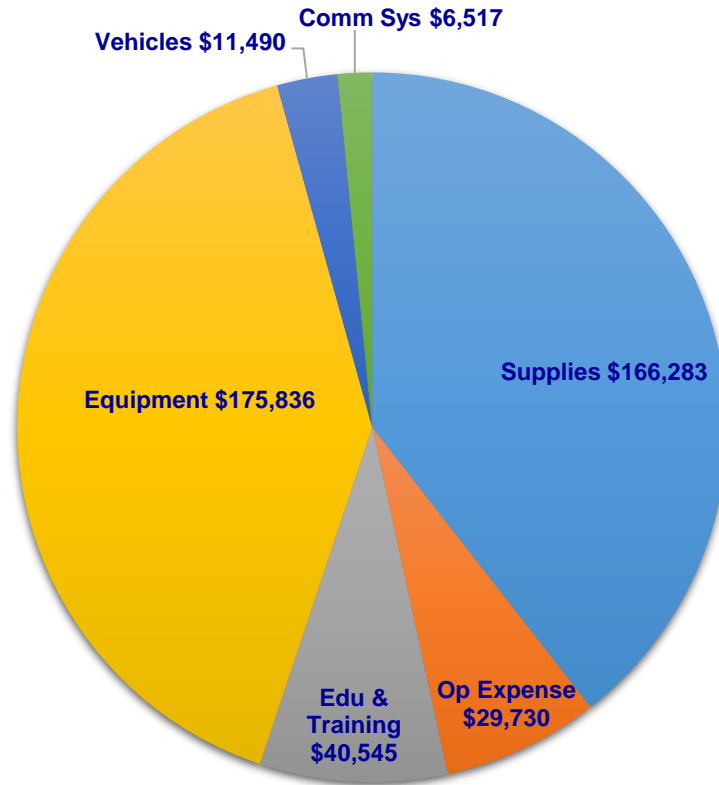
EMS COUNTY ASSISTANCE

NCTTRAC received \$430,400 in EMS County Assistance for distribution to seventy-seven 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.

Per the Department of State Health Services (DSHS) guidance, the EMS County Assistance Funds may only be used for the following:

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

UTILIZATION BY EXPENDITURE TYPE



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. In addition, Providers are required to meet local RAC participation requirements to be able to submit eligible receipts for reimbursement. The FY17 EMS Pass-Through funds were distributed to 77 eligible agencies operating at 117 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	12	\$2,652	\$36,824	Hunt	1	13,448	13,448
Cooke	1	\$10,920	\$10,920	Johnson	6	\$2,234.50	\$13,407
Dallas	23	\$5,252.46	\$115,554	Kaufman	3	\$3,587.33	\$10,762
Denton	19	\$1,519.26	\$28,866	Navarro	1	\$13,811	\$13,811
Ellis	5	\$2,781.60	\$13,908	Palo Pinto	3	\$3,781.33	\$11,344
Erath	3	\$4,375	\$13,125	Parker	4	\$3,069.50	\$12,278
Fannin	2	\$5,549	\$11,098	Rockwall	2	\$1,634.50	\$3,269
Grayson	3	\$4,935	\$14,805	Somervell	1	\$2,295	\$2,295
Hood	3	\$2,227.33	\$6,682	Tarrant	23	\$3,957.78	\$91,029
				Wise	2	\$5,987.50	\$11,975

LOCAL PROJECTS GRANT (LPG)

The purpose of LPG funds is to support and improve the development of the Texas Emergency Health Care System and increase the availability and quality of emergency pre-hospital health care.

The North Central Texas Trauma Regional Advisory Council awarded ten (10) Local Projects Grants totaling \$56,672 aimed at providing support and enhancement of pre-hospital Emergency Medical Services (EMS) and trauma care systems in Texas.

Twenty-one (21) eligible grant applications were received for this fiscal year, with a funding rate of 48% (10/21). The grant recipients for fiscal year 2017:

• Aubrey Area Ambulance	\$3,900
• Bonham FD	\$6,581
• Corsicana FD	\$9,656
• Erath County EMS	\$2,140
• Garland FD	\$7,104
• Mansfield FD	\$6,900
• Mineral Wells FD	\$9,000
• Parker County EMS	\$8,250
• Preston Vol EMS	\$1,275
• Willow Park FD	\$1,867



Local Projects Funds are made available from the Permanent Fund for Emergency Medical Services and Trauma Care Account by the Texas Department of State Health Services (DSHS).

2017 REGIONAL NEEDS ASSESSMENT

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

The 18-question survey was conducted over a two-week period in the summer of 2017. When asked to rank the different service areas that NCTTRAC offers in order of importance, respondents chose Preparedness & Response Training, Preparedness & Response Exercises & Drills, which is consistent with FY16 albeit a few changes in importance in the service areas. The leadership ranked the service areas differently from the other respondents; System Development & Coordination, Preparedness & Response Training, and Protocols & Guidelines Development 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."

The 2017 Needs Assessment results are available on the NCTTRAC website

www.NCTTRAC.org

FY17 COMMITTEE HIGHLIGHTS

AIR MEDICAL COMMITTEE

The Air Medical Committee is establishing a data collection initiative related to regulations of trauma patients meeting adequate timeframes and tracking air medical response times within Trauma Service Area E.



CARDIAC COMMITTEE

The Cardiac Committee strongly encourages cities in Trauma Service Area (TSA)-E to pursue becoming a Heart Safe Community. To date, our region has 10 cities that have become Heart Safe Communities. For more information, please see the Heart Safe Community page at www.NCTTRAC.org.

EMERGENCY DEPARTMENT OPERATIONS (ED OPS) COMMITTEE

The ED Ops Committee's primary focus is the improvement of the NCTTRAC Crisis Application, EMResource. A workgroup was established to assist the committee in their efforts to enhance the regions support system.

EMERGENCY MEDICAL SERVICES (EMS) COMMITTEE

The EMS Committee is collaborating with the Stroke Committee to gather data regarding stroke scales most commonly used within TSA-E by pre-hospital providers.

MEDICAL DIRECTORS COMMITTEE

In October 2016, the General Membership approved the establishment of the newest NCTTRAC committee – Medical Directors Committee. This committee is responsible for recommending a minimum standard of practice for providers participating in the trauma, acute, emergency healthcare, and the disaster response system of TSA-E. The committee is comprised of the elected Medical Directors of the following committees: Air Medical, Cardiac, Emergency Department Operations, EMS, Pediatric, Perinatal, Regional Emergency Preparedness, Stroke, System Performance Improvement and Trauma. The group brings together subject matter experts as needed to address areas deserving of physician input such as best practice guidelines for patient care and referrals.

Medical Directors and the committees they represent:

Dr. Matt Carrick	Trauma Committee
Dr. Ray Fowler	Emergency Department Operations Committee
Dr. Mark Gamber	Emergency Medical Services (EMS) Committee
Dr. Daniel Guzman	Pediatric Committee
Dr. Sharon Malone	Regional Emergency Preparedness Committee
Dr. Rashmin Savani	Perinatal Committee
Dr. Farhann Siddiq	Stroke Committee
Dr. David Smith	System Performance Improvement Committee
Dr. Alan Taylor	Cardiac Committee
Dr. Scott Van Poppel	Air Medical Committee

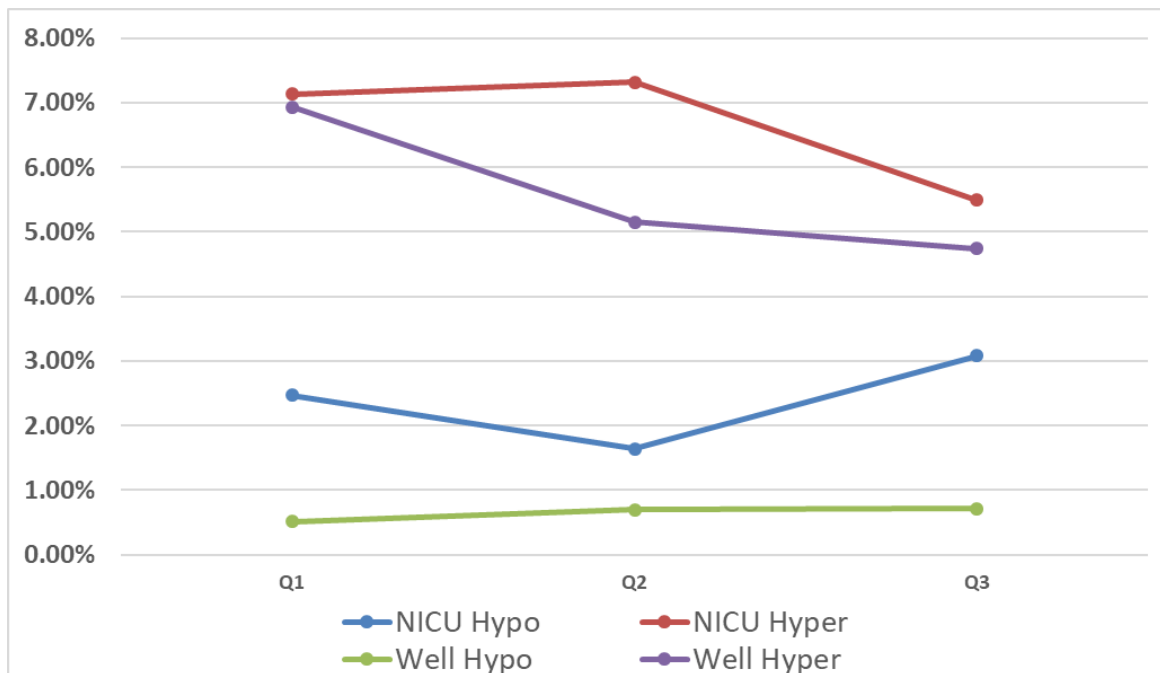


PEDIATRIC COMMITTEE

The Pediatric Committee examined mortality rates among four different age groups.

PERINATAL COMMITTEE

Dr. Rashmin Savani, Committee Chair, and Dr. Jonathon NedreLOW, Committee Chair Elect, have successfully initiated the committee's first smart goal. Through the use of Online Surveys, the committee has collected data for over 42,000 births in the Perinatal Care Region (PCR). The committee has over three quarters of data tracking newborn temperatures. The graph below shows the average percentage of Hypothermia and Hyperthermia over the data collection period.



The committee established temperature guidelines for Well-Baby and NICU for facilities to use as a baseline for their own policies. The committee is preparing to develop the Perinatal Regional Disaster Plan and begin implementing maternal rules as well as begin their second smart goal focused on breastfeeding. The NCTTRAC Perinatal committee will continue to 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.

PROFESSIONAL DEVELOPMENT COMMITTEE

The Professional Development Committee worked in conjunction with NCTTRAC staff implementing various educational events, such as the Stroke and Cardiac Symposium.

PUBLIC EDUCATION / INJURY PREVENTION COMMITTEE

The Public Education/Injury Prevention Committee established a Falls Prevention Coalition Workgroup that meets every other month targeting fall prevention and awareness.

STROKE COMMITTEE

The Stroke Committee established a workgroup to create a useful quality metric in Stroke Performance Improvement. Data gathered from regional surveys aimed at finding the most utilized stroke scale by EMS in our region, found that 56.41% of EMS agencies, who participated in the survey, use the Cincinnati Pre-Hospital Stroke Scale (CPSS) to evaluate patients.

SYSTEMS PERFORMANCE IMPROVEMENT (SPI) COMMITTEE

The System Performance Improvement Committee was restructured to provide an improved process within all service line committees. Each NCTTRAC committee has designated representatives to review specific Performance Improvement (PI) indicators within their SOP guidelines. Committees now hold more accountability for their PI standards. The SPI component of each committee will be comprised of the following:

1. SPI Committee Chair
2. SPI Committee Chair Elect
3. SPI Medical Director
4. Committee Chair
5. Committee Chair Elect
6. Committee Medical Director
7. Two (2) Elected Committee Voting Members

TRAUMA COMMITTEE

The Trauma Committee continues to support the Stop the Bleed campaign by participating in the distribution of training kits. The Trauma Committee is also in the process of completing an agreement with a Data Analytics Service company in an effort to receive quarterly reports regarding data from the TSA E Region.

TEXAS RAC DATA COLLABORATIVE (RDC)

The Texas RDC is a combined effort of participating RACs seeking to improve the quality of STEMI and stroke patients while improving data collection and analysis for the entire state of Texas. The registry is free for all RAC member facilities, however requires a completed Business Associate Agreement (BAA) per agency. To register, please contact NCTTRAC Emergency & Acute Healthcare Systems Department for more information on this initiative and/or how to participate at EHS@ncttrac.org.

TSA-E HOSPITAL DESIGNATIONS

The Texas Department of State Health Services (DSHS) designation in Perinatal, Stroke, and Trauma require that hospital applicants are “active participants” in their local RAC within the region they seek designation. The NCTTRAC General Membership approves NCTTRAC Active Participation requirements.

NEONATAL

Neonatal levels of care designation is a newly established designation rule. All Neonatal designated facilities are required to develop initial rules to meet the neonatal/maternal level of care designation by March 1, 2018. Neonatal level of care will be an eligibility requirement for Medicaid reimbursements beginning September 1, 2018. Currently there are four levels of care (I-IV), IV being the highest. DSHS assigned **The American Academy of Pediatrics (AAP)** and **The Texas EMS Trauma and Acute Care Foundation (TETAF)** as the surveyors for neonatal centers. There are 54 neonatal facilities in TSA-E; three have received Neonatal Designation as of December 2017.

Level IV	<ul style="list-style-type: none">• Children's Medical Center of Dallas• Cook Children's Medical Center
Level III	<ul style="list-style-type: none">• None
Level II	<ul style="list-style-type: none">• None
Level I	<ul style="list-style-type: none">• Baylor Scott & White Medical Center Waxahachie

TRAUMA

Trauma Designations consist of four levels of care (IV-I), I being the highest. Trauma-Designated facilities treat and provide the most efficient system of transfer to the most critical trauma patients. Nationally recognized teams survey level I and II Trauma Centers. The **Texas EMS Trauma and Acute Care Foundation (TETAF)** survey level III and IV centers. There are 47 Trauma Designated Facilities, including In Active Pursuit, in TSA-E as of December 2017.



STROKE

Stroke Designations consist of three levels of care, Comprehensive (Level I), Primary (Level II), and Support (Level III). Stroke Designated Facilities are recognized by various agencies, including **The Joint Commission (TJC)**, **Det Norske Veritas Global Healthcare (DNV-GL)**, **The Center for Improvement in Healthcare Quality (CIHQ)**, **Healthcare Facilities Accreditation Program (HFAP)**, and the **Texas EMS Trauma and Acute Care Foundation (TETAF)**. There are 43 Stroke Designated Hospitals in TSA-E as of December 2017.

Comprehensive

- Baylor University Medical Center
- John Peter Smith Hospital
- Medical City Dallas Hospital
- Medical City Fort Worth
- Medical City Plano
- Parkland Memorial Hospital
- Texas Health Harris Methodist - Fort Worth
- Texas Health Presbyterian - Hospital Dallas
- UT Southwestern Zale Lipshy

Primary

- 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 – Grapevine
- Baylor Scott & White Medical Center – Irving
- Baylor Scott & White Medical Center – Lake Pointe
- Baylor Scott & White Medical Center – McKinney
- Baylor Scott & White Medical Center – Plano
- Baylor Scott & White Medical Center – Waxahachie
- Baylor Scott & White Medical Center – White Rock
- Dallas Regional Medical Center
- Medical Center of Arlington
- Medical City Las Colinas
- Medical Center of Lewisville
- Medical City Denton
- Medical City Las Colinas
- Medical City McKinney
- Medical City North Hills
- Medical City Weatherford
- Methodist Charlton Medical Center
- Methodist Dallas Medical Center
- Methodist Mansfield Medical Center
- Methodist Richardson Medical Center
- Texas Health Arlington Memorial Hospital
- Texas Health Harris Methodist Hospital – Hurst – Euless - Bedford
- Texas Health Huguley Hospital
- Texas Health Presbyterian Hospital Denton
- Texas Health Presbyterian Hospital Plano
- Texoma Medical Center
- Wilson N. Jones Regional Medical Center
- Wise Regional Health System

Support

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



Stop the Bleed is a national awareness campaign with the purpose of enabling bystanders to act as First Responders, using life-saving hemorrhage control techniques such as direct pressure, wound packing and tourniquet application. NCTTRAC purchased a total of \$30,550 of Stop the Bleed equipment and supplies. Using Hospital Preparedness Program (HPP) funding NCTTRAC was able to assemble over 200 training kits for regional hospitals and EMS agencies to initiate Stop the Bleed classes in their communities.



NCTTRAC black kits contain:

- 5 CAT Tourniquets
- 2 SWAT-T Tourniquets
- 1 Gauze Roll
- 1 Pair Gloves
- 1 *Quik Clot* Combat Z-folded Trainer Gauze



NCTTRAC blue kits contain:

- 4 CAT Tourniquets
- 1 SWAT-T Tourniquet
- 1 Gauze Roll
- 1 Pair Gloves
- 1 *Quik Clot* Combat Z-folded Trainer Gauze



Gunshot Wound in a Box is a wound packing trainer kit that can be connected to a bleeding system for realistic Stop the Bleed training.

NCTTRAC purchased three Gunshot Wound in a Box kits which are available to our regional partners for training purposes. For more information about available Stop the Bleed training kits contact the NCTTRAC Emergency & Acute Healthcare Systems Department at EAHS@NCTTRAC.org.

“Gunshot Wound in a Box”
Wound Packing Trainers

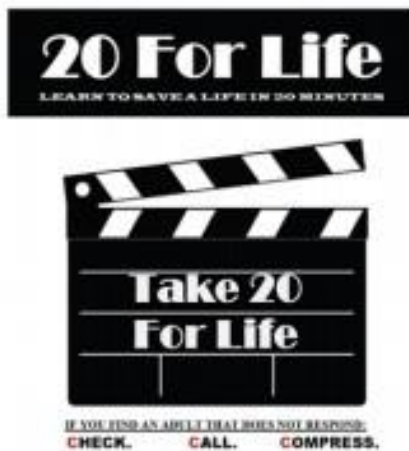
HEART SAFE COMMUNITY PROGRAM



The NCTTRAC Cardiac Committee continues to support the Heart Safe Community program. 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 stake in protecting the welfare of their community and are 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. NCTTRAC would like to congratulate the following cities recognized at General Membership as a Heart Safe Community this year:

- City of Grand Prairie
- City of Cedar Hill
- City of Granbury
- City of Hutchins
- City of Weatherford

Thank you for making your community heart healthy!



The NCTTRAC Cardiac Committee continues to support the "Take 20 for Life" Hands Only CPR Training program. The Fort Worth Emergency Services Collaborative and MedStar have been very generous in sharing their program with NCTTRAC. "Take 20 for Life" provides quick and easy training of hands-only CPR and use of an Automated External Defibrillator (AED). Training kits have been distributed to hospitals and EMS agencies throughout our Trauma Service Area for healthcare professionals to teach their communities. Kits can also be "checked out" to train fellow community members and returned to the designated host. The kits are very lightweight and contain an instructional DVD video, 20 foam pads for compression practice, and a resource booklet. All in all, 20 minutes to train 20 people!

PROFESSIONAL DEVELOPMENT

Clinical Professional Development FY16-17		
Event	Audience	Month/Year
Stop the Bleed Train the Trainer Course	RN/Paramedic/MD	Sep-16
NCTTRAC General Membership Education: Disturbing Trends in Alcohol and Drug Abuse	Healthcare Professionals	Oct-16
NCTTRAC General Membership Education: "D2B or Not to Be" 12 Lead EDG Dilemmas	RN/Paramedic/MD	Oct-16
AAAM Abbreviated Injury Scale (AIS) Course	RN/Trauma Registrar/MD	Dec-16
Stop the Bleed Train the Trainer Course	RN/Paramedic/MD	Dec-16
Basic Designated Infection Control Officer Training Course	RN/Paramedic	Jan-17
Stop the Bleed Train the Trainer Course	RN/Paramedic/MD	Jan-17
Emergency Neurological Life Support (ENLS)	RN/MD	Feb-17
NCTTRAC General Membership Education: Pediatric Stroke	Healthcare Professionals	Mar-17
NCTTRAC CVD Education Scholarship: SETRAC Emergency Healthcare Conference	Healthcare Professionals	Apr-17
Basic Designated Infection Control Officer Training Course	RN/Paramedic	Apr-17
Trauma Nursing Core Course (TNCC) INSTRUCTOR Course	RN	Jul-17
NCTTRAC Cardiac & Stroke Symposium: A Race Against Time	Healthcare Professionals	Jul-17
Stroke Certified RN (SCRN) Review Course	RN	Aug-17
Basic Designated Infection Control Officer Training Course	RN/Paramedic	Aug-17

NCTTRAC EMS TIME OUT INITIATIVE

The EMS and ED Ops Committees teamed up to create the **NCTTRAC EMS Time Out** Regional Initiative. The EMS Time Out Report was designed to provide clear, concise and consistent verbal communication in a timely manner during the critical phase of patient delivery and hand off. This initiative will help standardize the process across TSA-E, while ensuring critical patient information is shared uniformly between EMS and ED Personnel and in a manner that provides optimal continuity of care.

The EMS and ED Ops Committees recommend and encourage all EMS Agencies and Emergency Departments within TSA-E to adopt and implement the NCTTRAC EMS Time Out Report as a "Best Practice" and regional patient care initiative. Visit www.NCTTRAC.org for more information!

CLEAR, CONCISE, CONSISTENT, COMMUNICATION

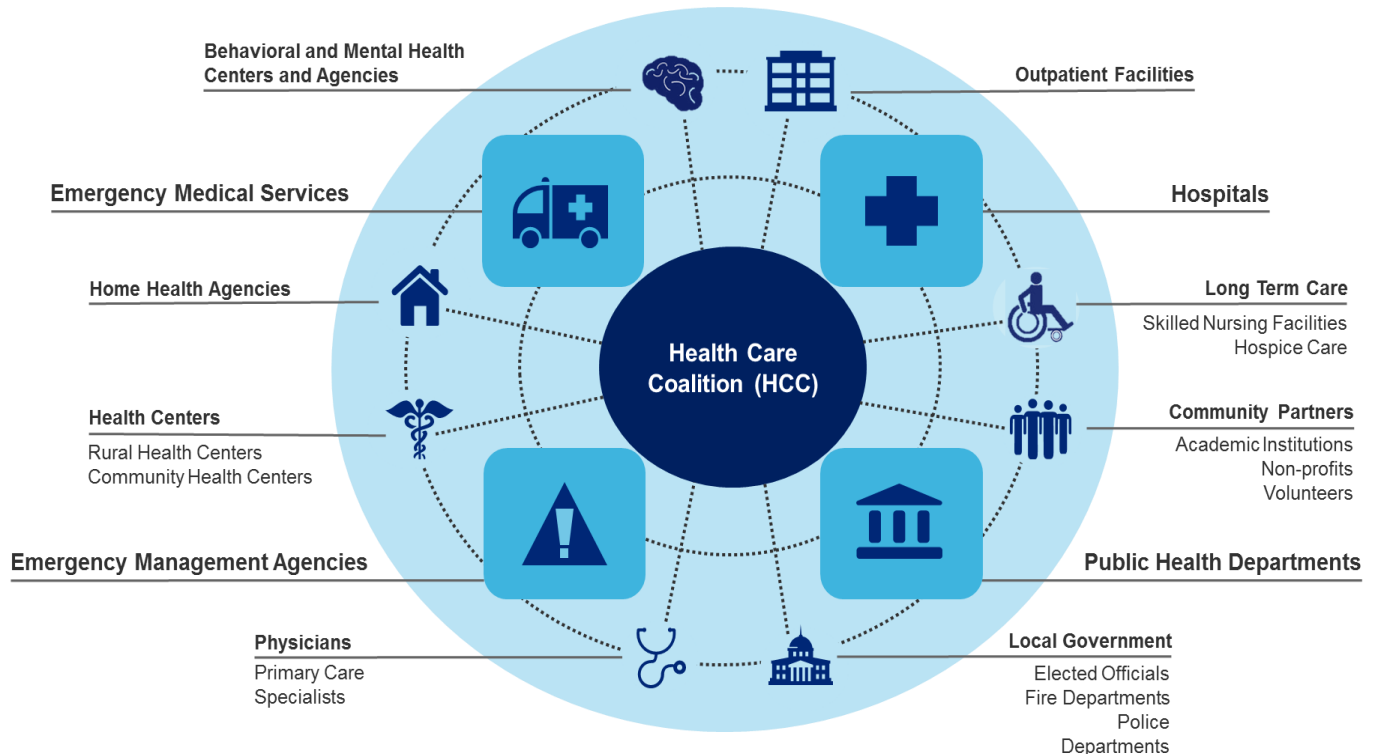
... WHEN IT COUNTS!

M	Age/Sex, Mechanism or Medical Complaint
I	Injuries or Inspections
S	Vital Signs
T	Treatment and Transfer of Care Signature

HOSPITAL PREPAREDNESS PROGRAM (HPP) CONTINUATION

The end of Program Year 15 witnessed the conclusion of all Hospital Preparedness Program (HPP), Ebola Preparedness and Response contracts, along with the letters of agreement throughout Texas, and NCTTRAC's contract with the Department of State Health Services was no exception. In the fall of 2015, NCTTRAC was notified of the announcement for the June 2017 – July 2022 Hospital Preparedness Program contract. The two caveats of this program included expanding grantee duties to two additional healthcare coalitions (HCCs), including TSA-D (Abilene) with 16 counties and TSA-C (Wichita Falls) with ten counties, to cover a total of 45 counties including TSA-E. Additionally, the eight HPP capabilities were reduced to four, Capability 1: Foundation for Health Care and Medical Readiness, Capability 2: Health Care and Medical Response Coordination, Capability 3: Continuity of Health Care Service Delivery, and Capability 4: Medical Surge. These efforts resulted in the State issuing a request for applicants that required prospective contractors to develop a detailed four-year plan that would achieve all the program capability requirements through June 2022 for all three HCCs along with the EMTF deliverables. After an arduous two-month application effort, the materials were hand delivered to Austin in January of 2017. In June of 2017, NCTTRAC was officially selected as the HPP contractor for Trauma Service Areas C, D, and E along with EMTF-2.

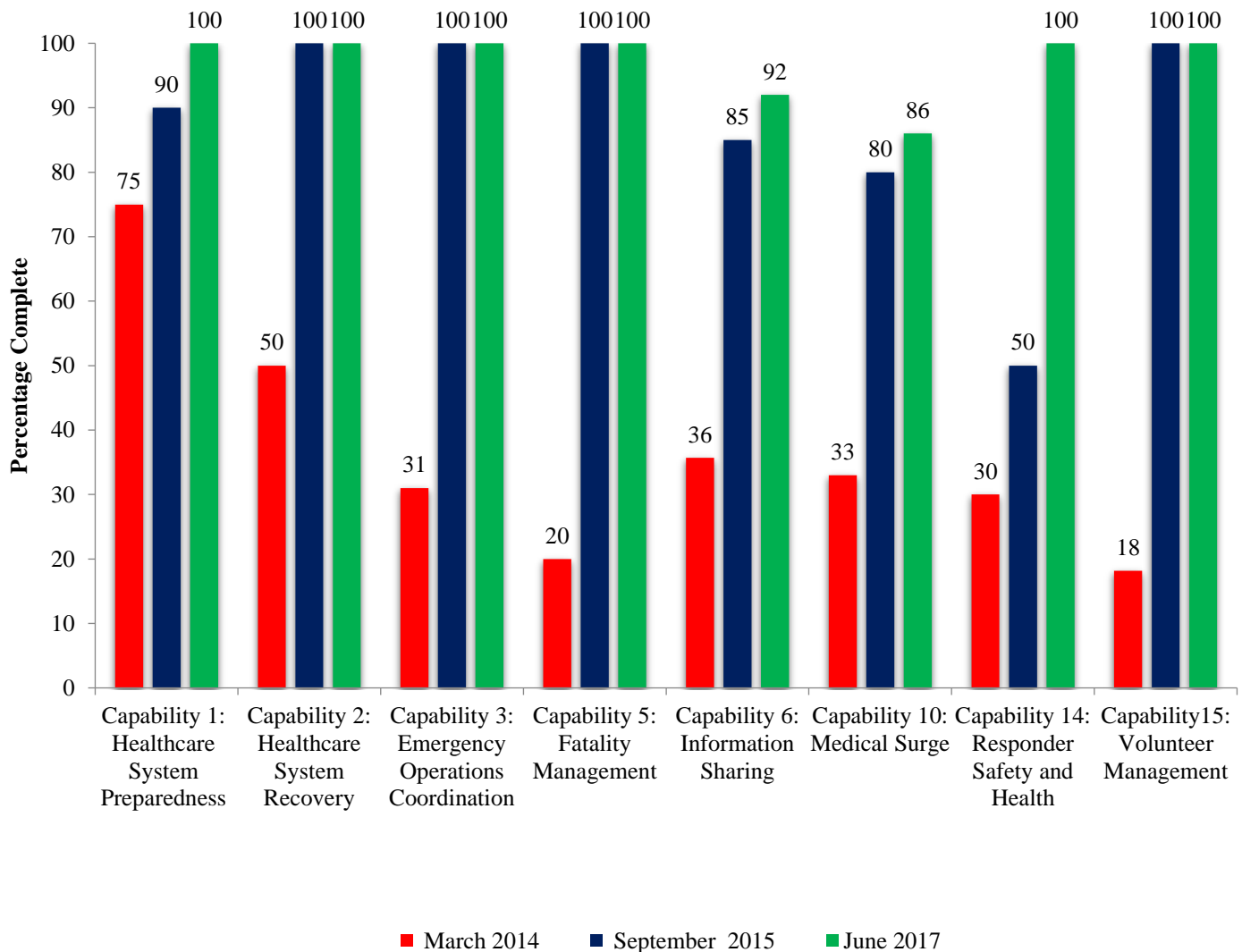
Upon receiving the official award notification, the process began to expand the HCC successfully. Over 200 letters of agreement were mailed to hospital executives across the three areas, and more than 140 agreements were returned, signifying participation in the new five-year program. As mandated by the contract, two new staff members were added to the NCTTRAC team as the Healthcare Coalition Coordinators for TSA-C, and TSA-D. These coordinators serve as the liaisons to the grantee and ensure the completion of contract deliverables, along with training and exercise events, and coalition building activities.



HOSPITAL PREPAREDNESS PROGRAM SUCCESS

The five-year program ended with over 121 HPP participating agencies. Year 5 of the contract yielded 30 agencies who achieved 80% performance for the July 1, 2016 – June 30, 2017, program year. These measures included quarterly bed reporting, quarterly redundant communication drills, HVA submission, HPP end of year survey completion, and exercise participation. Additionally, 24 facilities participated in the HPP funded exercises throughout the program year. Communication drills, crisis application use, and the networking opportunities proved to be best practices from the annual HPP end of year assessment for the June 2016- July 2017 program year. More than 125 agencies participated in HPP funded exercise over the course of the 5-year program period. At the contractor level, 108 of the 113 resource elements from the 2012- 2017 HPP program measures were completed. Patient record tracking and crisis standards of care resource elements could not be met due to HIPAA restrictions and state level decision needs. We look forward to exceeding this level of progress in the next five-year program.

HPP Capability Completion Status June 2017



HOSPITAL PREPAREDNESS PROGRAM FUTURE OUTLOOK

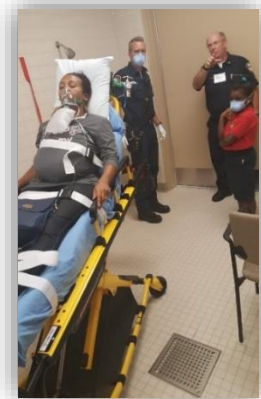
The next five years look promising. An expanded HCC brings the opportunity to streamline emergency preparedness coordination and planning efforts across North, North Central, and West Texas. The Coalition Surge test will provide partners with the ability to increase collaboration, cooperation, and communication using a low notice medical surge scenario. The Coalition Assessment Tool (CAT) will provide a single location to assess and track HCC progress toward achieving the 2017–2022 Health Care Preparedness and Response Capabilities, meeting the requirements of the 2017-2022 HPP Cooperative Agreement and completing the 2017–2022 HPP Performance Measures. The CAT is a nationwide tool that also provides a more effective avenue for HCCs to request targeted technical assistance. The 2018 NCTTRAC Quality Assurance Review from DSHS will provide NCTTRAC the opportunity to showcase some best practices in HCC development and expansion. This review will also provide the chance to seek improvement effort to better service the HCCs. With the advent of the CMS Emergency Preparedness regulation



implementation, NCTTRAC will continue to provide tools and resources to help HCC members achieve the CMS standards. Proposed opportunities include an expanded CMS overview and list of available resources through NCTTRAC's website and learning management system (LMS), in-person learning events along with basic Staff support as needed. In summary, the new tools and outlook of the program provide a great foundation for the next level of preparedness and response.



EBOLA PREPAREDNESS AND RESPONSE PROGRAM



During the past year, the Ebola Preparedness and Response Program (EPRP) conducted a full-scale exercise with the healthcare coalition in TSA-E. The full-scale included participation from more than 20 coalition partners who played a role in the movement of a family from a Frontline Hospital through the Assessment Center and ended at the DFW International airport. There were many lessons learned during this exercise and many relationships built and strengthened. The TSA-E Patient Transfer CONOPS was updated with regional input during the after action review. The Ebola Preparedness and Response Program (EPRP) has worked diligently to keep the healthcare coalition engaged through meetings,



workshops, drills, table top and full scale exercises. The funding for the EPRP program ended on June 30, 2017, but critical functions will continue under the HPP activities. In addition, most of the components of the EPRP program now align with the state's Infectious Disease Response Unit (IDRU) Program, which is an Emergency Medical Task Force (EMTF) function. One of those major functions is the Regional Ebola Transfer Ambulance (RETA). The RETA program is comprised of four patient transport agencies, Acadian, AMR, CareFlite, and MedStar, who all have trained teams to be able to move a High Consequence Infectious Disease (HCID) patients to an appropriate care facility.

EMERGENCY MEDICAL COORDINATION CENTER (EMCC)



The NCTTRAC Emergency Medical Coordination Center (EMCC) provides support to its coalition partners by being a coordinating entity to assist with resource requests, sharing of information and outreach to coalition partners during times of emergency and/or disaster. The EMCC's mission is to facilitate TSA-E initiatives and promote hospital preparedness. The NCTTRAC EMCC drives stakeholder participation with various activities among the most critical are Bed Reporting, Crisis Application training, Communication Drills, REPC participation, and specific queries regarding hospital census. The EMCC also focuses on building and cultivating relationships through participation in regional meetings, exercises and real world events. The

EMCC staff continues to offer and provide tabletop exercises, disaster plan development, and testing on a regular basis. This program year began July 1, 2016 and over the course of the summer; experienced a series of coordination support requests for events occurring in and around downtown Dallas. These events included a presidential candidate rally, an active shooter incident, presidential visits, and several protests. Each of these events had the potential to escalate and NCTTRAC EMCC support efforts were requested from local jurisdictions, EMS and Hospital agencies. Over the course of the year, the NCTTRAC EMCC supported over a dozen incidents ranging from technical support up to and including hospital evacuation support. The largest incident to scale, of course, was Hurricane Harvey. The State Medical Operations Center requested activation of the NCTTRAC EMCC to coordinate health and medical response operations including assistance with patient arrivals and destinations, monitor hospital capacity and coordinate needs, support local sheltering activities, monitor dialysis capacity and needs, coordinate medical transport, and coordinate patient tracking in support of the Hurricane Harvey Response. TSA-E was not directly impacted from the damage caused by Hurricane Harvey but was indirectly affected by the movement of patients along the coastal area. The EMCC fully activated for 14 days and remained partially activated well into the month of September. During this time, the EMCC requested, on behalf of the Texas Department of State Health Services (DSHS), that hospitals within TSA-E to report bed capacities. The hospitals within TSA-E did so in an extremely timely and consistent manner. NCTTRAC would like to thank all of the hospitals and EMS agencies for their responsiveness to these requests.



EMERGENCY MEDICAL TASK FORCE 2



EMTF-2 is a regional medical response capability that covers a 45 county area across North Central Texas. This year the task force continued to build upon partnerships with EMS and hospital agencies, welcomed new members and ultimately demonstrated its ability to support disaster health care delivery. EMTF-2 participated various trainings and developed several exercises that strengthened each component of the program. These exercise and training events proved to be valuable evolutions as EMTF-2 activated to provide emergency medical response assets to affected jurisdictions along the Texas Gulf Coast in the wake of Hurricane Harvey. The response from our region was significant and marked the largest response from a single region in the history of the Texas Emergency Medical Task Force Program.

HURRICANE HARVEY RESPONSE: AUGUST 22, 2017



August 22, 2017 at 11:52 a.m., as Harvey began to enter the warm waters of the Gulf of Mexico, EMTF-2 issued its first notification to place Medical Incident Support Team (MIST) Members on standby for what could potentially become a significant rain event. The event would become the costliest tropical cyclone in history and prompt the largest activation of the TX EMTF Program to date. August 24, 2017, EMTF-2 activated 72 personnel to respond to Hurricane Harvey. These personnel were members of the Ambulance Staging, Ambulance Strike Teams (AST), AMBUS, and MIST components of the EMTF program. In the immediate days that followed Mobile Medical Unit (MMU) personnel, a Task Force Leader and the

remainder of the region's AMBUSs activated to assist with medical response operations including dozens of hospital evacuations, 900 medical missions and over 3000 transports and transfers. EMTF-2 deployed personnel each day from August 24, 2017 to September 7, 2017 and had assets inside the theater of operations until September 15, 2017. All totaled, there were 324 medical professionals deployed from the EMTF-2 region. They represented 62 agencies from across North Central Texas; 38 jurisdictional based EMS, 15 hospitals and 9 private services agencies including physician groups, private EMS and emergency management consultants.



Some of the high value assets deployed during Hurricane Harvey included four Mass Fatality trailers from four different agencies; coordination of these assets involved extensive communication with various agencies in the DFW area as well as agencies deployed in South Texas. NCTTRAC logistics provided 24 hour support for incoming and transitioning personnel to and from forward deployed/disaster areas. Also noteworthy is that in addition to the response to Hurricane Harvey, the NCTTRAC Logistics team was simultaneously preparing and coordinating the deployment of EMTF-2 personnel and assets in medical support of the Hotter than Hell event in Wichita Falls, Texas which included three MMU trailers, 125K generator and numerous support vehicles.

As the general population (non-medical) evacuees arrived in Dallas and Fort Worth area shelters, our regional healthcare facilities and providers saw a surge of evacuee patients. NCTTRAC received requests from local shelters for equipment and supplies, such as laptops, cots, bariatric cots and wheelchairs. Doctors, Nurses, and First Responders across the Metroplex supported the medical needs of general population shelters.

The tremendous response and selfless service displayed by local hospitals and EMS that supported evacuee shelters and the members of the EMTF program has been recognized at the state and federal levels. The program has received special recognition from the DSHS Director of Health Emergency Preparedness and Response, Jeff Hoogheem and the Chief of the Texas Division of Emergency Management, Chief Nim Kidd.

Thank you to all EMTF-2 Partners and the Regional Healthcare Facilities and Providers for your dedication to our region's preparedness and response efforts!



**NCTTRAC Would like to thank all of the agencies that
participated in the Hurricane Harvey Activation**



Harvey Deployment

- Acadian
- Addison FD
- AirEvac
- Argyle FD
- BSW Irving
- BSW Plano
- BUMC
- Cannefax Consulting
- CareFlite
- Cedar Hill FD
- Celina FD
- Citizens EMS
- City of Van Alstyne
- Cook Childrens Medical Center
- Cooke Co. EMS
- Coppell FD
- DeSoto FD
- Farmers Branch FD
- Flower Mound FD
- Frisco FD
- Garland FD
- Giatros
- Grapevine FD
- Hardeman County EMS
- Hurst FD
- Irving FD
- Krum FD
- Lancaster FD
- Lewisville FD
- Little Elm FD
- Mansfield FR



Harvey Deployment

- McKinney FD
- Medical City Alliance
- Medical City Arlington
- Medical City Dallas
- Medical City Denton
- Medical City Healthcare
- Medical City Las Colinas
- Medical City Lewisville
- Medical City McKinney
- Medical City North Hills
- Medical City Plano
- MedStar
- Mitchell County EMS
- Parkland
- PCHD Lifecare EMS
- Pottsboro FD
- Questcare
- Richardson FD
- Rowlett FR
- Sachse FD
- Sacred Cross EMS
- Sherman FD
- Stephenville FD
- Stonewall Memorial Hospital /
Stonewall Co. EMS
- Sweetwater EMS
- Taylor County EMS
- Texas Vital Care EMS
- Texoma Medical Center
- Trans Care Medical Transport
- Wise County EMS
- Wylie FR

REGIONAL EXERCISES

EMTF-2 developed several exercises over the course of this year. The program year began with the Hotter N' Hell 100 Mobile Medical Unit Exercise. The team deployed a Type-II MMU to Wichita Falls to support the medical operations for the 100-mile ride during the grueling summer heat. The team treated heat related and trauma injuries along the course in Burkburnett, TX about 17 miles north of the starting line. The Ambulance Strike Team component participated in the Big X during the fall of 2016 by transporting simulated patients from the scene of the exercise to Parkland Memorial Hospital and Baylor University Medical Center. EMTF-2 exercised the Registered Nurse Strike Team (RNST) component of the program during February of 2017. The RNST deployed to multiple rural hospitals and conducted a tabletop exercise with those facilities to learn more about the capability of the RNST and the ways in which this group of nurses can augment an impacted emergency department. EMTF-2 also conducted a full-scale exercise in support of the Children's Red Balloon Race & Ride. The resource package included a Medical Incident Support Team, two AMBUS, and an AST. This was a great opportunity to conduct activation processes and provided EMTF-2 personnel an event to collaborate on operational activities and become more familiar with one other. Additionally, EMTF-2 participated in the Hurricane Charlie exercise in early June. This was a large full-scale exercise facilitated by the Texas Department of Emergency Management (TDEM). EMTF-2 simulated the activation of four AMBUSs to support the transfer of patients from coastal areas impacted by a hurricane. A special thanks to all of the individuals and agencies that came together to make all of these exercises possible!

BATAAN MEMORIAL DEATH MARCH 2017



EMTF-2 supported the medical event staff at Bataan Memorial Death March and participated, along with every other EMTF region across the state of Texas in the creation of a Type-I Mobile Medical Unit that served the event participants medical needs. 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. This was a record year in terms of climate and participation. Over 7,000 individuals participated in this year's march and nearly 700 of those participants received medical treatment in the EMTF Mobile Medical Unit. NCTTRAC and EMTF-2 provided an 18-person team of providers, nurses, paramedics and logistical staff. These individuals served in multiple roles throughout the

event including patient triage and treatment, leadership, coordination, and incident demobilization.

REDUNDANT COMMUNICATIONS

NCTTRAC continued to support regional redundant communications efforts and programs throughout HPP Program Year 15. Throughout the program year, NCTTRAC distributed radios and other communications equipment to partners throughout the region, including THR Dallas, Wise Health System, Muenster Memorial Hospital, Medical City – Alliance, HealthSouth Rehab, Kindred – Dallas, JPS, Dallas Regional Medical Center, Accel Rehabilitation Hospital, and CareFlite.

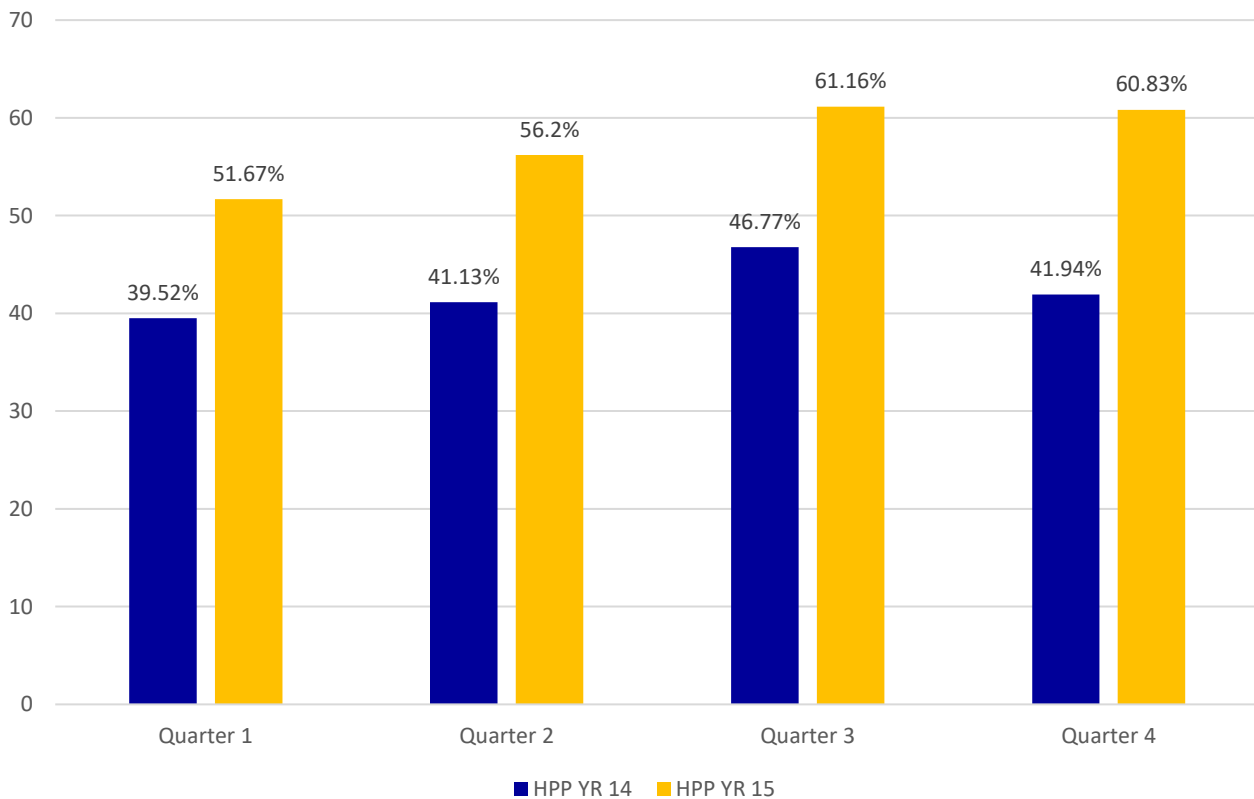
In addition to providing equipment, NCTTRAC also hosted radio training courses throughout the year. Ham Radio Technician Courses educate partners about the foundation and theory behind amateur radio so that they can earn their Technician-level license from the FCC. Licensed Ham Radio Operator Training Courses target partners who already hold a license, but would like to further training on the real-world application of amateur radio usage.

NCTTRAC Radio Training Courses HPP YR15			
Date	Technician/Operator	Registered	Attended
9/29/2016	Operator	9	7
12/13/2016	Technician	35	18
3/3/2017	Operator	10	5
3/8/2017	Technician	18	9
6/26/2017	Operator	10	10

NCTTRAC's support did not stop at training – NCTTRAC amateur radio volunteer Dave Walker visited over 10 different partner facilities to assist with radio installation and troubleshoot radio problems.

This year, NCTTRAC's efforts to increase communications capability among its partners was clearly demonstrated in the monthly redundant communications drills. As the graph shows below, Quarter 1 of HPP Year 15 had the lowest participation rate of the year at 51.67%, which beat out the highest participation rate of HPP Year 14 (Quarter 3, 46.77%) by 4.9%. Altogether, 74.55% of HPP hospitals participated in a Redundant Communications Drill during HPP Year 15.

Percentage of HPP Hospitals Participating in Redundant
Communication Drills, HPP YR 14 - 15



CRISIS APPLICATIONS

Crisis applications are web-based applications that support emergency management functions. NCTTRAC hosts two regional applications: EMResource and WebEOC. EMResource is a day-to-day application that allows hospitals to communicate important information to regional partners in real-time, with a focus on hospital emergency department information and available bed counts. WebEOC is a flexible, incident-specific application that provides a common operating platform for regional partners to share information and track resources, with a focus on emergency management issues. Based on feedback from regional partners and experience among NCTTRAC staff, NCTTRAC embarked on a major project to create a data port to send emergency department and bed availability information from EMResource to WebEOC. This Application Program Interface (API) allows emergency management personnel to see critical information in WebEOC, reducing the need to login, manage and unnecessarily toggle between multiple applications simultaneously. Currently, the information transferring includes hospital emergency department advisory status, NEDOCS, MCI bed availability, and WholeBed availability. However, there is capacity within the API that would allow additional information to transfer between applications in the future.

NCTTRAC Crisis Application Training Courses HPP YR15		
Date	Registered	Attended
12/14/2016	16	12
3/22/2017	14	8
6/20/2017	17	14

- HOSPITALS				MCI Beds					
Hospital Name	City	County	Zone	Green		Yellow		Red	
				Reported	Available	Reported	Available	Reported	Available
Lake Granbury Medical Center	Granbury	Hood County	Zone 6	20		10		10	
Baylor Scott & White Med Center - Irving	Irving	Dallas County	Zone 8	18		5		5	
Baylor The Heart Hospital - Denton (NTX)	Denton	Denton County	Zone 2	10		5		5	
Medical City Arlington	Arlington	Tarrant County	Zone 7	40		20		5	

In addition to crisis applications hosting and development, NCTTRAC also offers free crisis applications training. This in-person training goes over both EMResource and WebEOC in detail, allowing users the chance to see all available features and practice those that are most important. While NCTTRAC typically hosts these training courses in the NCTTRAC office, NCTTRAC staff is available to deliver crisis applications training to individual facilities and agencies upon request. In addition to the regularly scheduled training courses held at the NCTTRAC offices during HPP Year 15, training classes were also delivered to the following facilities/agencies at their on-site location: Muenster Memorial Hospital, Lake Granbury Medical Center, THR Corporate, and Tarrant County Public Health.

EMRESOURCE

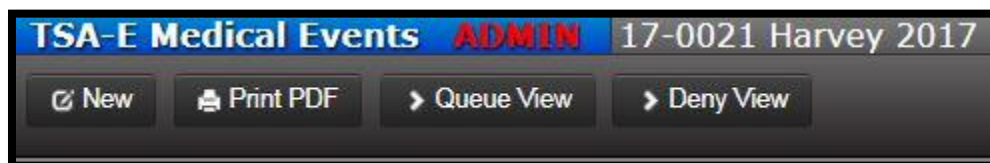
EMResource remains a critical piece of the NCTTRAC crisis applications suite. In addition to its day-to-day use reporting emergency department statuses and available beds, EMResource was heavily utilized in a variety of real-world events. Throughout HPP Year 15, NCTTRAC requested bed reports via EMResource in support of various partners, including Parkland, Baylor Scott & White – All Saints, and DMOC. NCTTRAC partners also used EMResource to issue emergency notifications to the region during a wide range of events, such as a Medical City – Plano power outage in November of 2016, an internal server error at THR HEB in February of 2017, and a phone line outage at Children’s – Dallas in April of 2017. Event notifications were also frequently used to inform TSA-E about incoming severe weather, hospital construction affecting EMS traffic, and construction cranes affecting Air Medical transports.

Open Closed Advisory	NEDOCS
Open	91 - Busy
Open	--
Open	51 - Busy
Open	129 - Overcrowded
Open	340 - Disaster

EMResource was most useful during Hurricane Harvey. Throughout the duration of Hurricane Harvey, NCTTRAC used EMResource to notify partners of important events affecting our region, including potential patient transfers into TSA-E. NCTTRAC also used EMResource to gather bed availability data to report to DSHS to help prepare for potential mass patient movement from the coast. Regional shelters used EMResource to monitor hospital activity and help make decisions regarding shelter evacuee medical transport.

WEBEOC

WebEOC serves as the incident management piece of the NCTTRAC crisis applications suite. In addition to a variety of exercises, WebEOC was used in real-world events throughout TSA-E. In April of 2017, Baylor Scott & White – Centennial Hospital evacuated 28 patients due to a water main break. Using the Patient Tracking Toolkit in WebEOC, Baylor Scott & White – Centennial and the Frisco Fire Department were able to track all 28 patients as they were distributed to 7 different facilities.



Hurricane Harvey also sparked extensive WebEOC use. NCTTRAC posted daily situation reports in the TSA-E Medical Events board, and healthcare facilities throughout TSA-E were able to see updates regarding regional sheltering efforts and statewide response efforts through subscription boards. TxETN was used within WebEOC to help track evacuees as they moved from shelters to hospitals and back again. NCTTRAC responded to STAR requests made within WebEOC to provide medical supplies to the Dallas Mega-Shelter. WebEOC was also used to track EMTF-2 resources who deployed to help in coastal areas.

TRAINING AND EXERCISES

2017 NORTH CENTRAL TEXAS TORNADO FULL SCALE EXERCISE

On April 20, 2017 45 regional HCC facilities participated in The North Central Texas Tornado Full Scale Exercise. This exercise provided participants with an opportunity to evaluate current response concepts, plans, and capabilities for the effects of a severe weather event which result in a tornado impacting two acute care healthcare facilities within the region. The exercise focused on the response actions needed to integrate community resources to facilitate a swift, effective, efficient response to the disaster as needed to save lives and protect public health and safety. Exercise participants conducted the full scale exercise in their own facilities while NCTTRAC activated the EMCC.

Accomplishments:

- Many of the healthcare facilities in the region utilized WebEOC appropriately.
- Regional healthcare facilities utilized internal Hospital Incident Command Systems (HICS) tools to respond to the event.
- Leadership at the hospitals followed appropriate protocols to activate their Hospital Incident Command Teams (HIMTs)



ONLINE LEARNING MANAGEMENT SYSTEM (LMS)

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

- CMS Guidelines for Healthcare Agency Emergency Preparedness
- Hospital Incident Command System (HICS)
- Disaster Management Systems (DMS) Triage Tag Training
- EMResource Overview
- EMResource Daily Bed Availability Report Guide
- Workplace Violence for Healthcare Organization

To access the NCTTRAC Online Learning Management System, visit www.NCTTRAC.org and click on the LMS link from the home page.



Next, click the round NCTTRAC logo on the top left corner to view your personal dashboard.



Login and take advantage of all the courses available to you!

Please enter your username & password to access your online learning

Username

Password

Remember me on this computer

Login

[I've forgotten my username/password](#)

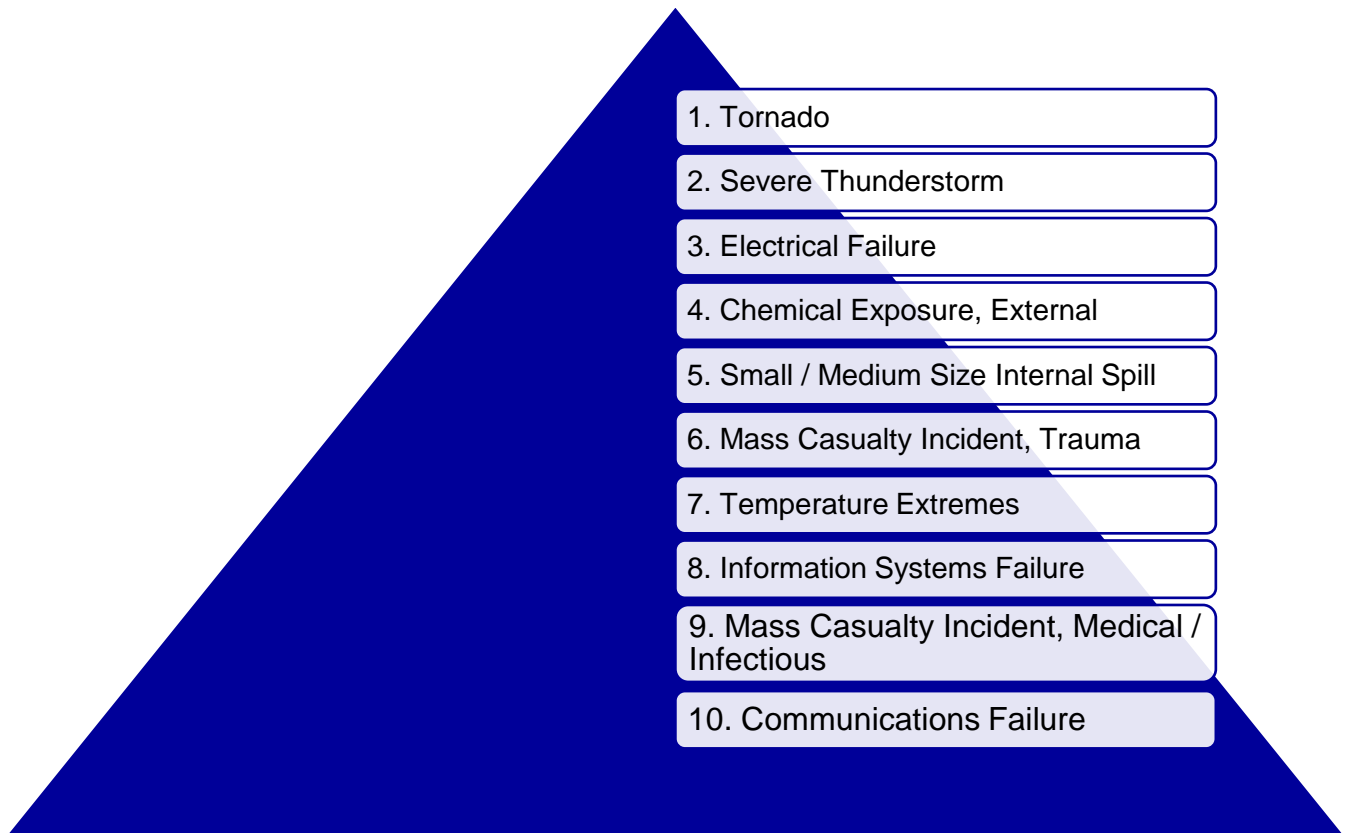
TSA-E REGIONAL HAZARD VULNERABILITY ASSESSMENT

Our region 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 of the specific hazards and risks that threaten their facilities and community.

Throughout each program year, hospital representatives are encouraged to consider and remain aware of their top individual hazard and vulnerability levels. The responsible hospital staff members rank and assign their hazards and ultimately calculate risk, in collaboration with surrounding community partners as needed. All Hazard Vulnerability Analysis (HVA) results are consolidated into separate charts (provided below) to show areas of concern based on the overall highest rated hazards, hazard vulnerabilities based on location within the region, and separated by hazard classification.

The Regional Hazard Vulnerability Analysis Report is a product created in Year 15 of the Hospital Preparedness Program and is 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. The information below was generated from survey results provided by healthcare delivery partners in the region.

TOP TEN REGIONAL HAZARD VULNERABILITY ANALYSIS RESULTS



TOP THREE HAZARD VULNERABILITY ANALYSIS RESULTS BY ZONE

Zone 1

Mass Casualty Incident, Trauma
Severe Thunderstorm
Chemical Exposure External

Zone 2

Tornado
Severe Thunderstorm
Hostage Situation

Zone 3

Tornado
Chemical Exposure, External
Generator Failure

Zone 4

Tornado
Generator Failure
Mass Casualty Incident, Trauma

Zone 5

Tornado
Electrical Failure
Chemical Exposure External

Zone 6

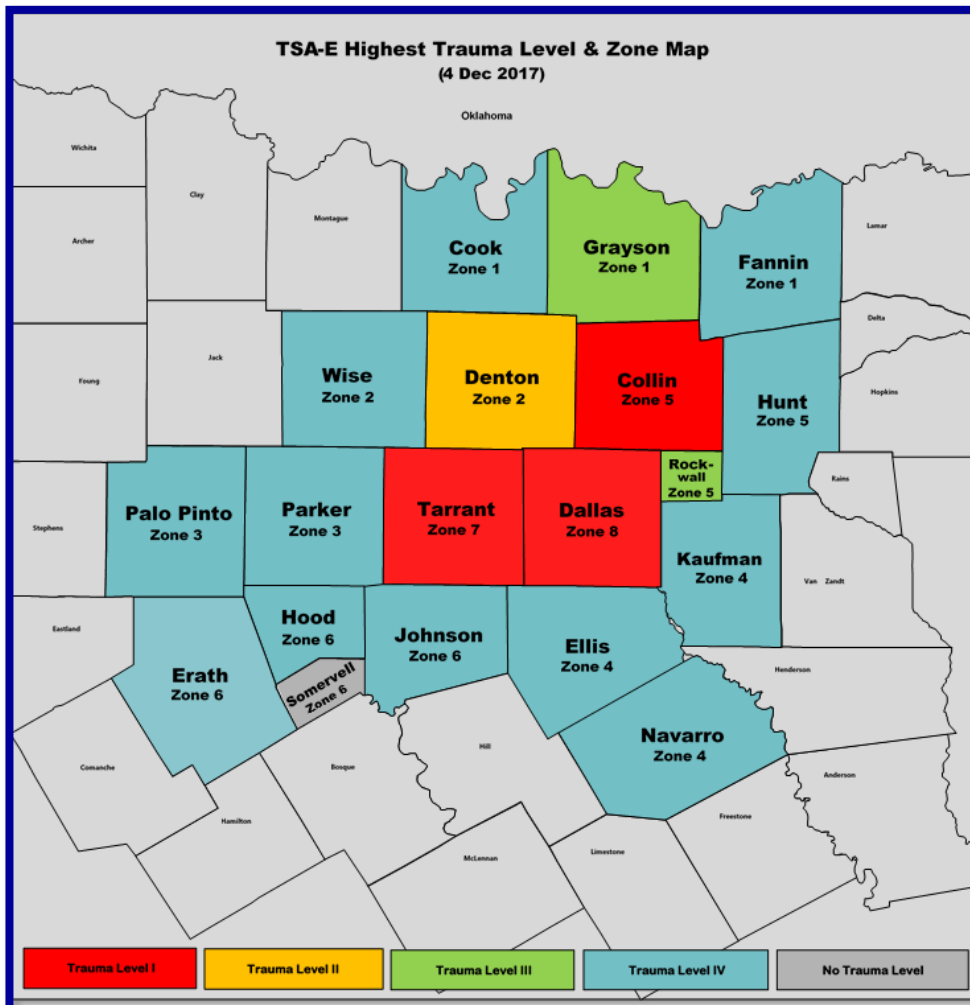
Tornado
Flood Internal
Mass Casualty Incident, Trauma

Zone 7

Tornado
Chemical Exposure, External
Mass Casualty Incident, Medical/Infectious

Zone 8

Tornado
Mass Casualty Incident, Trauma
Small Medium Sized Internal Spill



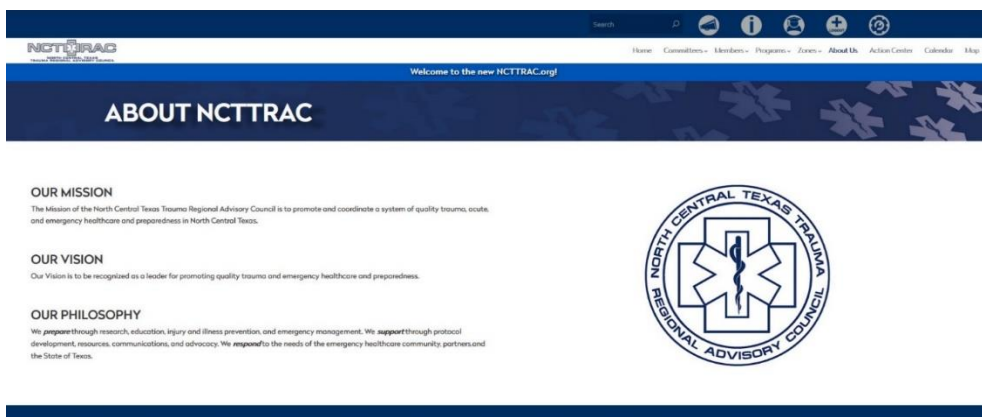
INFORMATION TECHNOLOGY SYSTEMS



The NCTTRAC Information Technology (IT) Department had a busy year upgrading infrastructure, consolidating services, and improving communication platforms. IT accomplished a major upgrade to WebEOC, a migration of our email to the cloud, a great new website, and added RAC-C and RAC-D to our enterprise. Other significant projects included new inventory tracking software and a move to a new internet provider. In addition, some team members moved on to new endeavors, which created opportunities to bring in fresh faces and expanded skills.

New NCTTRAC.ORG

One of the major 2017 projects accomplished by the IT team was the creation of our new website. The contemporary NCTTRAC.org went live mid-year and was the culmination of extensive efforts of staff and our partners with Amplus Agency. We are grateful for their expertise and guidance in this very in-depth endeavor.



AUDIO / VISUAL ENHANCEMENTS

Through a variety of refinements, the software that runs the NCTTRAC conference rooms has been revised and upgraded. Further refinements are ahead with the rebuilding of the EMCC in the next few months. The capabilities of the EMCC will be state of the art and usefulness expanded as the room doubles as a premier meeting room.



Additional audio technology and microphones will be installed as well as video systems to further enhance the overall capabilities and clarity of the system. It is recommended users call into meetings using land based lines for the best overall experience.



FUTURE AND BEYOND

The upcoming months will be spent redefining the Information Technology and application infrastructure at NCTTRAC. We are embarking on an office remodeling project that will re-align the office space and groups within the organization emphasizing inter-departmental interaction within the redesigned space. The Information Technology department will be taking advantage of the construction process to upgrade our systems and infrastructure to better handle future support for staff and members. Projects such as software to better track meeting attendance and further enhancements to our emergency activation procedures will better prepare us for the upcoming year.





NCTTRAC Leadership

- Strengthen Advocacy with Legislature and Programs
- Heighten Awareness of Injury and Illness Prevention
- Improve Data Quality Feedback Loops for Real SPI
- Close Communication Gaps Between Ops and C-Levels



Healthcare Coalition

- Support the Healthcare Coalitions in TSA C, D, and E
- Provide CMS Preparedness Guidance and support
- Develop a Regional HCC Preparedness Strategy
- Provide HCC Needs-based Training and Exercise Opportunities



Information Technology

- Infrastructure Redesign and Hardware Replacement
- Resource Enhancement within NCTTRAC Office Construction
- New Meeting Attendance Tracking Processes and Software
- Expand Communication Opportunities



Emergency & Acute Healthcare Systems

- Support all Committees to Utilize the Usage & Interpretation of Data within our region
- Expand the Number of TSA-E Hospitals Participating in the Texas RAC Data Collaborative (RDC)
- Promote & Support Regional, State, and Federal Initiatives and Training Programs



Administration & Finance

- Support and Expand Member Participation
- Maintain Superior Audit Performance
- Expand Committee Meeting Support
- Implement Meeting Participation Tracking System



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