



NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL

2018 – 2019 Annual Report



Silver Edition



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25 Years

The first meeting of the NCTTRAC Executive Committee (Committee) was held on December 15, 1993 in the boardroom of the Dallas-Fort Worth Hospital Council (DFWHC). Those in attendance included Dr. Erwin Thal, Chair, Dr. Gary Kesling, Vice Chair, David Redman, Treasurer and Michael Denis, Secretary. Meeting observers included Mark Sonneborn, Jodi Crump, Greg Bauer, Jorie Klein, and Laurie Fredick. It was during this meeting the Committee decided to incorporate NCTTRAC as a 501(c)3 non-profit organization.

January 25, 1994 the Committee decided a name change was needed to prevent confusion with other RACs. At the time, our official name was Regional Advisory Council (RAC). Vice Chair, Dr. Gary Kesling, made a motion to change the organizations name to N.T. React. The motion was seconded by Secretary, Michael Denis, contingent upon name availability with the Secretary of the State of Texas office. Otherwise, the name would be changed to the North Central Texas Trauma Regional Advisory Council (NCTTRAC). It was found that an organization of HAM radio operators were already using the name REACT. Therefore, the North Central Texas Trauma Regional Advisory Council became our official name.

The late Erwin R. Thal, MD incorporated NCTTRAC on April 7, 1994 as a 501 (C) 3 non-profit organization. Elections were held at the following meeting on April 14, 1994 to expand the Executive Committee from four (4) to twelve (12).

The new positions were as follows:

Trauma Surgeon: Greg Stanford, Parkland

Trauma Coordinator: Greg Bauer, Harris Methodist – Fort Worth

Pre-Hospital Provider: Doug Key, MedStar

Level I Emergency Room Representative: Kris Blackburn, John Peter Smith

Level II Emergency Room Representative: Vicki Patrick, Methodist of Dallas

Level III Emergency Room Representative: Cindi Hall, Harris Methodist - Stephenville

Level IV Emergency Room Representative: Steve Summers, Decatur Community Hospital

Community Representative: Judge John Hill, Tarrant County Courthouse Survivor

At the time, NCTTRAC only had four committees.

Quality Assurance Committee, Chaired by Jorie Klein

Education Committee, Chaired by Jodi Crump

Business & Finance, Chaired by Gary Kesling

Medical Advisory Committee, Chaired by Greg Stanford

By 2006, NCTTRAC obtained a permanent address at 600 Six Flags Drive, Arlington, TX 76011 and had two 1099 employees, Vicki Thedford and James “Jimmy” Dunn. The turning point, however, was when NCTTRAC was awarded the Hospital Preparedness Program (HPP) contract. Hendrik “Rick” Antonisse was the HPP Program Manager at the DFWHC. Rick joined NCTTRAC in 2006 as the first Executive Director and, with the guidance of the Board Directors, began building the organization to what it is today. As of April 7, 2019, NCTTRAC had grown to a 21 member Board, with 14 committees and 23 employees.

Although the mission statement has changed over the years, the mission focus has not. Through the participation and support of our Members, Board of Directors, Regional Partners, and Staff NCTTRAC continues its uncompromising vision to be recognized as a leader for promoting quality trauma and emergency healthcare and preparedness in North Central Texas!

In Review



2006 Mission:

- To create a system, which reduces the burden of injury in the community through an organization of prevention, acute care, and rehabilitation in a measurable way, which meets the public health needs of the community.
- To focus on prevention, access, acute care, and rehabilitation
- To develop extensive partnerships with the community's health, social, and Public safety organizations
- To be responsive to community public health needs.
- To be inclusive of all injury levels
- To be patient and community focused.
- To be a Verified/Designated Regional Trauma System.

2008

The mission of the NCTTRAC is to support and improve emergency healthcare through prevention, education, advocacy, preparedness and operational support.



2011

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



2015

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

2016 to Present

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

Memory



Dr. Erwin R. Thal
1993 - 1995



Sally Snow
1995 - 1997



Dr. Bob Simonson
2001 - 2003



Kristine Powell
2003 - 2005



Carrie Hecht
2008 - 2011



Jimmy Dunn
2011 - 2011

Lane...

Not
Pictured

Dr. Greg Stanford
1997 - 1999



Jorie Klein
1999 – 2001
2017 - 2019



Scott Mitchell
2005 - 2008



Leigh
Anne Bedrich
2008 - 2008



Dr. Rajesh
Gandhi
2011 - 2015



Ricky Reeves
2015 – 2017
2019 - Current

Financial Overview

Statement of Activities

	HPP (Combined) YR 17*	HPP TSA-C YR 17*	HPP TSA-D YR 17*	HPP TSA-E YR 17*	HPP EMTF-2 YR 17*	EMS/COUNTY ASSISTANCE	LPG	EMS/RAC	RSD	UNRESTRICTED/ DEVELOPMENT	TOTAL
Revenue											
State of TX - DSHS	\$3,082,501	\$22,732	\$19,913	\$393,679	\$21,224	\$386,951	\$53,296	\$304,664	\$292,584	\$0	\$4,577,543
Membership Dues	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$502,245	\$502,245
Professional Development Programs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,026	\$4,026
Gains on Investments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,090	\$18,090
Sponsorships	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$750	\$750
Golf Tournament	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenue	\$3,082,501	\$22,732	\$19,913	\$393,679	\$21,224	\$386,951	\$53,296	\$304,664	\$292,584	\$525,112	\$5,102,655
Expenditures											
Salaries	\$904,214	\$9,940	\$9,938	\$120,655	\$11,894	\$0	\$0	\$194,399	\$209,653	\$89,708	\$1,550,401
Fringe Benefits	\$249,113	\$3,990	\$3,007	\$28,895	\$2,642	\$0	\$0	\$50,296	\$44,467	\$20,298	\$402,708
Travel	\$36,757	\$444	\$589	\$2,817	\$0	\$0	\$0	\$0	\$0	\$17,095	\$57,702
Equipment	\$0	\$0	\$0	\$51,470	\$0	\$0	\$0	\$0	\$0	\$0	\$51,470
Supplies	\$182,948	\$0	\$0	\$534	\$0	\$0	\$0	\$0	\$0	\$0	\$183,482
Contractual	\$538,328	\$0	\$0	\$6,291	\$0	\$386,951	\$53,296	\$0	\$0	\$0	\$984,866
Other	\$741,395	\$2,975	\$1,849	\$96,504	\$1,900	\$0	\$0	\$54,540	\$29,479	\$110,611	\$1,039,253
Indirect	\$429,746	\$2,835	\$5,835	\$53,615	\$5,549	\$0	\$0	\$5,428	\$4,507	\$48,606	\$556,121
Unobligated	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,478	\$0	\$4,478
Total Expenditures	\$3,082,501	\$20,184	\$21,218	\$360,781	\$21,985	\$386,951	\$53,296	\$304,664	\$292,584	\$286,318	\$4,830,482
Revenues Over (Under) Expenditures	\$0	\$2,548	(\$1,305)	\$32,898	(\$761)	\$0	\$0	\$0	(\$0)	\$238,794	\$272,173
Beginning Unrestricted Net Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,012,314	\$1,012,314
Ending Temp Restricted Net Assets	\$0	\$2,548	(\$1,305)	\$32,898	(\$761)	\$0	\$0	\$0	(\$0)	\$0	\$33,379
Ending Unrestricted Net Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,251,107	\$1,251,107
Ending Net Assets	\$0	\$2,548	(\$1,305)	\$32,898	(\$761)	\$0	\$0	\$0	(\$0)	\$1,251,107	\$1,284,487

*HPP YR 17 began July 1, 2018 and runs through June 30, 2019

EMS/RAC

The purpose of these funds are to provide for the enhancement and delivery of patient care in the Grantee's TSA. Allowable expenses include supplies; operational expenses; education and training; equipment; and communication systems.

RAC Systems Development (formerly EMS Tobacco)

The purpose of these funds is to perform activities to develop, implement, and monitor a regional EMS and trauma system plan by facilitating trauma and emergency health care system networking within the Grantee's own TSA or among a group of TSAs throughout Texas.

They are also to be used to assist DSHS, as requested, in identifying critical evacuation issues for Texas hospitals and EMS providers as well as participate in state and regional post-incident review activities and to support the Perinatal Care Region (PCR) within the Grantee's TSA for descriptive and regional planning purposes and not to restrict patient referral.

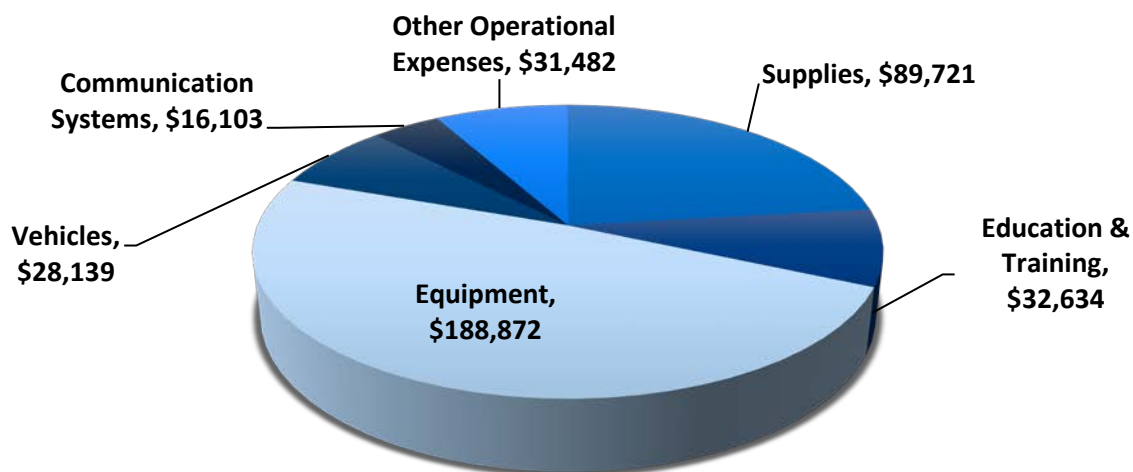
Hospital Preparedness Program

The Purpose of these funds are to enhance the ability of hospitals and healthcare systems to prepare for health and medical emergencies and disasters with a primary focus on HCC building, regional healthcare system preparedness, and EMTF component development. NCTTRAC serves as the HCC lead in the trauma service areas, TSA-C, TSA-D, and TSA-E. These regions combined comprise the EMTF-2 region.

EMS/County

The purpose of these funds is to assist in the enhancement and delivery of patient care in EMS and the trauma care system. Licensed EMS providers must fulfill the Department of State Health Services (DSHS) requirements for data submission, participation in system performance improvement activities as requested, and utilization of the RAC's regional trauma plan protocols. Additionally, Providers are required to meet local RAC "active participation" requirements to be considered eligible for reimbursement. NCTTRAC "active participation" requirements include membership application and submission, payment of membership dues, membership approval by the NCTTRAC Board of Directors, attend six NCTTRAC committee meetings over three quarters within the fiscal year, meet state data submission requirements, and submit affidavit that demonstrates utilization of RAC regional protocols regarding patient destination and transport.

NCTTRAC received \$386,951.00 in EMS County Assistance for distribution to 9-1-1 and emergency transport providers through a reimbursement process. NCTTRAC Emergency Healthcare Systems (EHS) Staff completed 100 percent reimbursement of all 54 agencies that were eligible to receive funding under the FY18 contract period. Funds were expended on the eligible expenditures as shown in the chart below. For the FY19 EMS County Assistance contract, TSA-E has been allotted \$373,432.00 for eligible licensed EMS providers. The EHS staff has submitted the distribution plan to DSHS for approval that includes 74 eligible agencies.



Local Project Grant

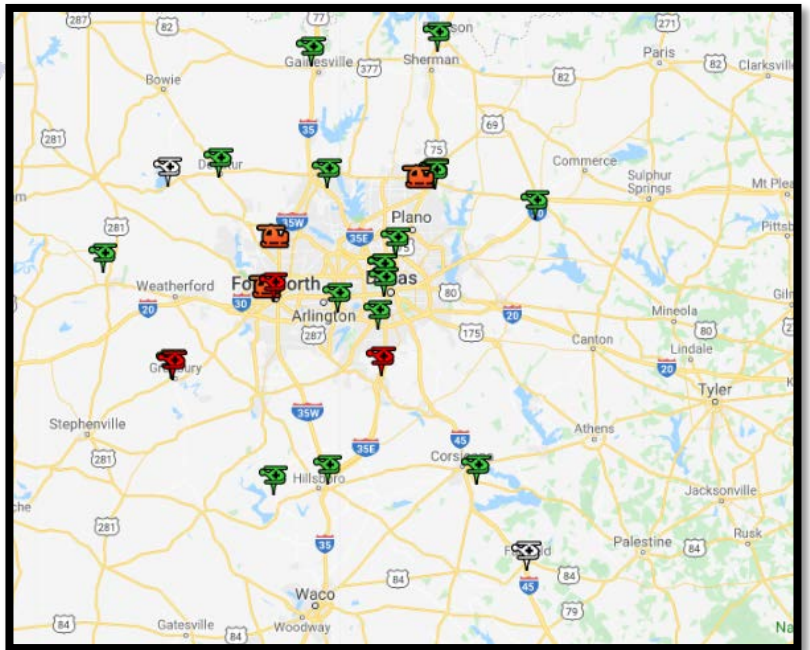
The Texas Department of State Health Services (DSHS) Local Project Grant (LPG) is a program that awards funds to support and improve the development of the Texas Emergency Health Care System and increase the availability and quality of emergency pre-hospital health care. NCTTRAC was allocated \$53,296 from the Permanent Fund for Emergency Medical Services and Trauma Care Account to provide support and enhancement of pre-hospital Emergency Medical Services (EMS) and trauma care systems in Texas. The EMS committee voted to purchase QCPR manikins with a feedback device to enhance CPR training, as well as, comply with the new adult AHA guidelines requiring feedback devices. NCTTRAC ordered 225 Little Anne QCPR Manikins with feedback devices totaling \$53,300.00. NCTTRAC staff is currently in the process of distributing one (1) QCPR manikin and one (1) SkillGuide feedback device to all of the EMS Agencies (Air and Ground) and First Responder Organizations in TSA-E.



Committee Updates

Air Medical Committee

The Air Medical Committee developed educational and System Performance Improvement (SPI) guidance to accompany its Aircraft Utilization Guidelines. The educational information was distributed to NCTTRAC Zones and posted on the Air Medical webpage as a resource for requesting Air Medical services. The SPI guidance provided information outlining Air Medical Committee service expectations and how to report concerns or issues using the NCTTRAC SPI process. The Air Medical committee collaborated with the EMResource Work Group to produce a training video for the newly created helipad tab in EMResource. A second training video was also developed in conjunction with the EMResource Work Group on how to find the closest appropriate Air Medical unit. The picture to the right shows a map view in EMResource of the Air medical units within the region and where they are located. At a glance, the colors represent the availability or unavailability of air medical resources – green (available), red (unavailable). The Air Medical Committee is now developing an Air Medical Capability Matrix initiated through the Governor's EMS and Trauma Advisory Committee (GETAC) by the Air Medical and Specialty Care Transport Committee. This matrix will help Air Medical requesting agencies match the right resource to the right patient in the right circumstances. The Air Medical Committee formed a Work Group and invited the ground Critical Care Provider agencies to assist in the development of this matrix to ensure a more useable and comprehensive product.



Cardiac Committee

The Cardiac Committee hosted a one-day cardiac seminar, *Improving Collaboration in Cardiac Care*, on February 7, 2019. The seminar provided an opportunity for hospitals to share recommendations received from the Joint Commission during chest pain accreditation surveys with the ultimate goal of assisting and preparing facilities for future surveys. Additionally the Cardiac Committee continues to support the Heart Safe Community Program and the Take 20 for Life Hands Only CPR Training Kits.



Heart Safe Community Program

A Heart Safe Community represents the efforts of community members to reduce the devastating effects of heart disease and sudden cardiac arrest by focusing on six distinct areas:



1. Access to Emergency Care;
2. Emergency Medical Dispatch;
3. Automated External Defibrillators (AEDs) Access & First Response
4. Advanced Life Support (ALS)
5. Community Awareness, Education and Activities designed for the Reduction of Cardiac Events
6. Data Collection and Review

A city that desires to be a Heart Safe Community must submit an application and is scored based upon its efforts in each of the aforementioned categories. Congratulations to the cities of Coppell, Fort Worth, Frisco, and Mesquite, endorsed by the NCTTRAC Board of Directors as Heart Safe Communities in FY19.

City of Coppell



City of Fort Worth



City of Frisco



City of Mesquite



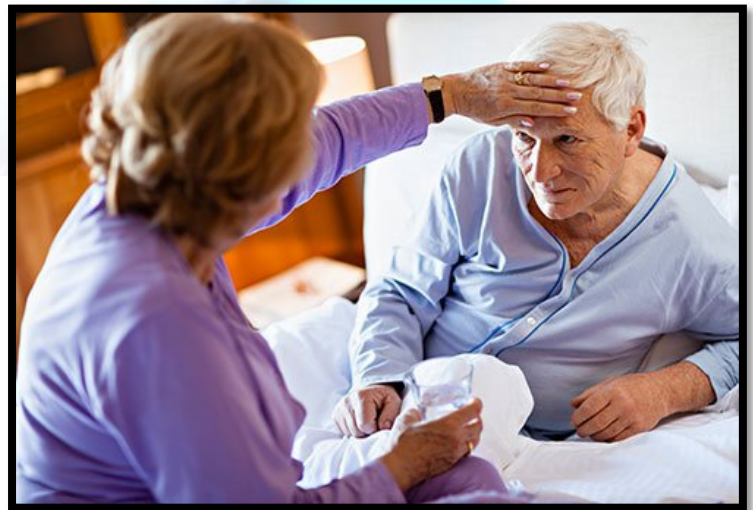
Emergency Department Operations (ED Ops) Committee

The ED Ops Committee looked into the ongoing issue of sepsis in patients introduced to the Emergency Department. Consequently, a Sepsis Taskforce was created which produced a survey for EMS agency input. The survey asked EMS agencies about sepsis protocols, screening tools and specifics regarding the prehospital treatment of sepsis patients. EMS agencies were also given an opportunity to communicate what type of feedback hospitals provided concerning sepsis patients.

Of the 43 agencies that responded, 98% indicated that they do have sepsis protocols in place. Additionally, the survey indicated that the top five indicators used to screen for sepsis included:

- Tachycardia
- Hypotension
- Risk factors for infection, i.e. infections, open wounds, etc.
- Tachypnea
- Acute altered mental status

Within the EMS Community, 98% of the agencies chose Fluid Bolus as their primary treatment of sepsis followed closely by calling an official sepsis alert to the destination hospital (e.g. "CODE SEPSIS", "SEPSIS ALERT"). When asked about feedback from hospitals, 69% of the EMS agencies said they did not receive any feedback on sepsis specific cases. While some agencies reported working with the hospital's Sepsis Coordinator to develop a reporting mechanism between the two agencies, others claimed that feedback was only given when specifically requested.



Emergency Medical Services (EMS) Committee



The EMS Committee participated in two region-wide surveys. As mentioned above, the first survey identified agencies utilizing prehospital protocols to treat sepsis and to further gauge the need for prehospital sepsis training within the region. The second survey requested EMS agencies to submit information on large vessel occlusion (LVO) screening tool being used in the prehospital setting - *this survey remains open and EMS agencies are encouraged to participate*. To better ensure physician involvement at the committee level, the EMS Committee established a Co-EMS Medical Director. Both EMS Medical Directors provided a number of educational presentations on contemporary prehospital issues including high performance CPR, whole blood product initiatives (see Frisco FD left), and back to school issues impacting EMS providers and agencies.

Medical Directors Committee

The Medical Directors Committee is responsible for recommending a minimum standard of practice for providers participating in the trauma, acute emergency healthcare, and disaster response system within Trauma Service Area E. This year the committee provided guidance and review of several regional and statewide initiatives, plans, and guidelines including:



- The ACS TQIP Best Practices Guidelines in Imaging
- Best practices for recognizing abuse in certain patient populations: Intimate Partner Violence, Geriatric Patients and Human Trafficking
- The First Responders Wellness Program due to increased numbers of PTSD, anxiety, and depression among providers
- The Regional Trauma System Plan
- The Regional Trauma Triage & Transport Guidelines

Dr. Matthew Carrick ascended to the Medical Directors Committee chair position as Dr. Sharon Malone completed her term. Dr. Carrick also currently serves as the Medical Director for the Trauma Committee.

Pediatric Committee



The pediatric committee focused on hosting educational presentations directly related to the care and treatment of the pediatric patient. Such presentations included - *Caring for the Transgender Patient*, *Child Abuse Recognition*; and *Know Before You Go* (drowning prevention). The committee is currently collaborating with the pediatric stroke physicians to create a Stroke Transfer Guideline for the pediatric stroke patient. Additionally, the Pediatric Committee is also working with the TSA-E Healthcare Coalition to host a Pediatric Surge Table Top Exercise on November 15, 2019.

Perinatal Committee

The Perinatal Committee continues to work towards the publication of an article covering the Newborn First Temperature Smart Goal. The addition of the Maternal Levels of Care Designation by the State, under the Perinatal Advisory Council, has hospitals in PCR-E looking at the requirements to qualify for this designation. Additionally, the Perinatal Committee is looking to introduce a new SMART goal geared specifically towards maternal protocols involving OB hypertension. A survey was recently created and sent out to the region to capture this data.

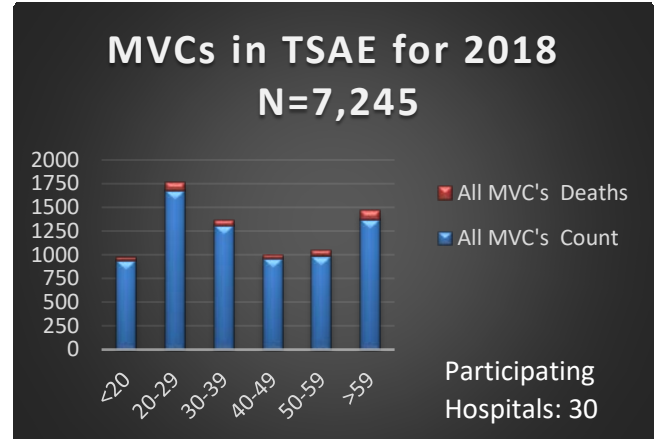
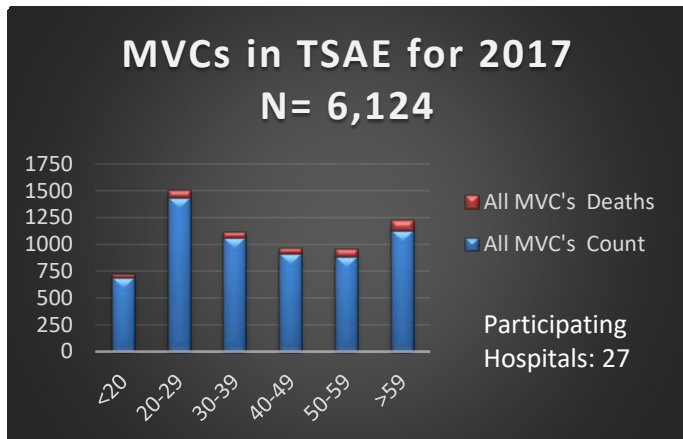
Professional Development Committee

The Chair of the Professional Development Committee, Cathy Glenn, worked diligently with all clinical committees to bring relevant and meaningful classes to NCTTRAC. These course included Emotional Trauma Life Support (ETLS), Tactical Emergency Casualty Care (TECC), Trauma Outcomes and Performance Improvement Course (TOPIC), Stay Active for Independent Living (SAIL), and Improving Collaboration in Cardiac Care conference. All courses were fully attended and well received by the members.

Public Education and Injury Prevention Committee

The Public Education and Injury Prevention (PEIP) Committee surveyed members on safe driving program initiatives available within the region. The survey identified that access to mature Driving Programs was much needed resulting in the PEIP Committee hosting a CarFit education class at NCTTRAC Offices (see CarFit attendees pictured right).

The PEIP Committee also collected data from NCTTRAC's third-party registry, Analytic Solutions Network (ASN), to compare Motor vehicle crash data from 2017 – 2018 and is currently working on an infographic to highlight this information.



The PEIP Committee combined efforts with the Stop the Bleed Work Group to track Stop the Bleed training in the region. With the passing of House Bill 496 (HB 496), requiring school districts to develop a traumatic injury response protocol and train students and staff on response activities and use of bleeding control stations, the PEIP Committee is committed to assisting school districts in meeting this mandate. PEIP Committee members are working with school district leadership to help ensure they have the appropriate tools, resources and information necessary to comply with HB 496.

Regional Emergency Preparedness Committee

The Regional Emergency Preparedness Committee (REPC) serves as the HCC governing body for TSA-E. This committee meets the first Tuesday of every month. This year also brought two asset request offerings, which helped to complete the budget items for HPP YR 17 and 18. The key regional projects for the year included a regional MCI Framework, EMTF Restroom Trailer, Handwashing Stations, and MERC Upgrades. Future projects include the NCTTRAC Patient Coordination Support project, Bleeding Control training mannequins, radios, and a decontamination shower. The committee also updated and approved the SOP/ Governance Structure, Multi-Year Training and Exercise Plan, and completed the first Response Strategy, which is now an annex to the Trauma System Plan. The Committee also approved the HCC Training Plan and Work Plan. Each of these projects are scheduled to be updated annually. The committee reviewed best practices and educational topics including Texas Division of Emergency Management Conference Review May 2019, The Joint Commission Preparedness Conference Review June 2019, June 9-10, 2019 Microburst Incident Review July 2019, Mass Casualty Trauma Triage Paradigms and Pitfalls Review August 2019, and the Regional MCI Framework Overview September 2019. The committee will continue to provide insight and recommendations to further preparedness and response capabilities within the region.



Stroke Committee

The Stroke Committee identified via an on-line survey tool the items to be reviewed as Quality Metrics from the Stroke Designated facilities. These items include the following data points:

- Median Door to Needle time
- Overall Median Door to Needle time including patient transfers
- Median Door-In to Door-Out times for transfers of Acute Ischemic Stroke patients that received intravenous Thrombolytic medication
- Median Door-In to Door-Out times for transfers of Acute Ischemic Stroke patients that did not receive intravenous Thrombolytic medication

With 70% of the surveyed participants being from Primary (Level II) Stroke Centers, the average door to needle time was reported at 46 minutes. The Door-In to Door-Out time for transfers receiving thrombolytic medication was reported to be on average 2 hours and 32 minutes, while those transfers not receiving thrombolytic medications averaged slightly shorter times at 2 hours and 12 minutes.

System Performance Improvement (SPI)

The System Performance Improvement Committee, volunteers and representatives from the trauma committee, along with NCTTRAC staff met to form the Regional Communication Center (RCC) Taskforce. This group was tasked to review the RCC's utilization over the past year and make recommendations accordingly. The Taskforce recommended the discontinuation of the RCC due to minimal use and demand. In its place, a new process for trauma patient transfer was developed and published allowing facilities to work directly with hospital transfer centers to make patient transfer arrangements – the *NCTTRAC Trauma Transfer Guideline* document outlines the transfer process, criteria and conditions for transfer, as well as lists the hospital transfer center phone numbers. The NCTTRAC Trauma Transfer Guideline is available at www.NCTTRAC.org.



Trauma Committee

NCTTRAC T&A-E Regional Trauma System Plans
Appendix D - Trauma Transfer Guidelines
Appendix D-2 Trauma Transfer Guidelines

For Trauma Transfers Only

TRAUMA TRANSFER GUIDELINE

As stated in the Trauma Service Area – E Regional Trauma System Plan, this poster should serve as a template for your facility to utilize in the decision making process regarding what injury patterns seen in trauma patients benefit from a higher level of care and hence an appropriate transfer.

CRITERIA FOR CONDITIONS OF TRANSFER

Neurosurgical: Open skull fractures Lateralizing signs Spinal Cord injuries	Comorbid Issues: ≥55 years old ≤5 years old Cardiac or respiratory disease Pregnancy
Thoracic: Major chest wall injury Signs suggesting mediastinal injury Continued blood loss from chest injury	Pelvic: Un-stable ring fracture Pelvic injuries with ongoing evidence of blood loss Open pelvic injury
Extremity Injuries: Fractures with evidence of vascular injury Open long bone fractures	Multi-System: Multiple long bone fractures Burns with other associated injuries Injury to two or more body systems

SUGGESTED PROCESS FOR TRANSFER

1) If you already have transfer agreements with a trauma center, contact them directly per your protocol.

2) If you have a victim of trauma that exceeds your capabilities for care (see above criteria) and you have no transfer agreements with a specific trauma center, or they cannot accept your patient, call the transfer center phone number (listed below) associated with the most appropriate destination hospital.

Baylor Scott & White	214.820.6444
Baylor University Medical Center (L1)	
Baylor Grapevine Medical Center (L2)	
Children's Medical Center Dallas (Pediatric, L1)	888.730.3627
Cook Children's Medical Center (Pediatric, L2)	800.543.4878
John Peter Smith Hospital (L1)	817.702.8417
Medical City (HCA)	877.422.9337
Medical City Plano (L1)	
Medical City Arlington (L2)	
Medical City Denton (L2)	
Methodist Dallas Medical Center (L1)	214.547.2003
Parkland Hospital (L1)	214.590.6699
Texas Health	888.782.8233
Texas Health Harris Methodist Hospital Fort Worth (L2)	
Texas Health Presbyterian Hospital Dallas (L2)	
Texas Health Presbyterian Hospital Plano (L2)	

3) EMResource (<http://www.emresource.org>), a web-based regional medical capabilities application, is available to assist you in determining current capabilities of hospitals near you. Please contact NCTTRAC staff at (817) 807-7976 or NCTTRAC_EMCC@NCTTRAC.org for assistance with access or credentials if needed. For additional information regarding NCTTRAC, please contact NCTTRAC at 817-808-0380 or visit www.NCTTRAC.org.

The availability of trauma data increased this past year after the Trauma Committee elected to require trauma designated facilities with capable registries to submit data to NCTTRAC's third-party vendor, Analytic Solutions Network (ASN). This jumped the number of trauma designated facilities submitting data in FY19 from 6 facilities to 32 facilities further increasing the overall patient record count from 49,377 to well over 105,000 submissions.

The Trauma System Plan was overhauled this past year. Several sections were revised to reflect the most current demographics and statistics for 2019. The Communications and Medical Oversight sections along with several other pertinent guidelines were updated to reflect the latest changes and updates. A copy of the *NCTTRAC 2019 Trauma System Plan* is available at www.NCTTRAC.org. Additionally an educational overview of the *NCTTRAC 2019 Trauma System Plan* may be accessed through the NCTTRAC on-line learning system (LMS) at <https://ncttrac.litmos.com/online-courses/>.

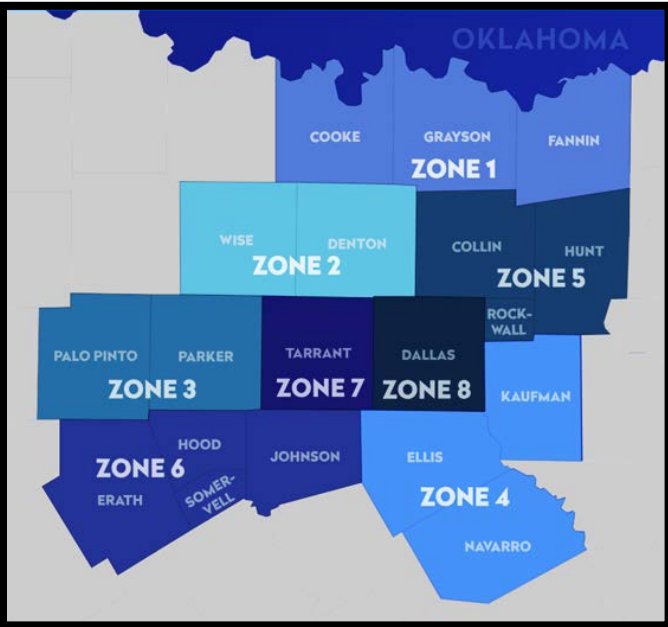
A review of the *NCTTRAC 2019 Trauma Triage and Transport Guidelines* were also conducted this past year resulting in the

development of separate Adult and Pediatric Algorithms. The guidelines included the addition of two new sections – Special Needs Population and Morbidly Obese. Other changes to the document included additional language and definitions in the Pediatric, Pregnancy and Geriatric sections. A copy of the *NCTTRAC 2019 Trauma Triage and Transport Guidelines* are available at www.NCTTRAC.org.

Zones Update

Zone Meetings

The Zone Representatives were tasked with providing Stop the Bleed training in their respective areas. Stop the Bleed supplies were provided for distribution and several Train-the-Trainer classes have been conducted to spread this initiative across the region. Additionally, NCTTRAC Zone meetings continue to provide a conduit for



education, training and exercises specific to the Zones' needs. Some of the education and training introduced at Zone meetings this past year included:

- Snake Bites & Anti-Venom
- Prehospital Blood Utilization
- Treatment of Patients with Autism Spectrum Disorders
- Reclaim 611 Human Trafficking
- Carson's Village, helping families after the loss of a loved one

The Zones continue to play an important and effective role in communications and collaboration with NCTTRAC members and their communities.

FY19 Zones Liaison to the Board of Directors Lisa Ponce

<i>Zone 1</i>	Emily Johnson	Texoma Medical Center
<i>Zone 2</i>	Lisa Ponce	Air Evac Lifeteam 68
	Jerry Kirby	Flower Mound FD
<i>Zone 3</i>	Hunter Harbold	LifeCare EMS
<i>Zone 4</i>	David Lewis	Ennis Regional Med Center
<i>Zone 5</i>	Paul Britt	Baylor S&W McKinney
<i>Zone 6</i>	Martha Headrick	Air Evac Lifeteam 69
<i>Zone 7</i>	Jeff Benezue	DFW Airport FD
<i>Zone 8</i>	Heather Joshua	Baylor University Med Center
	Justin Bailey	Acadian

Education & Training

Education and training events are in progress as each clinical service line committee collaborates with the Emergency Healthcare Systems Education and Training Lead to organize, manage, and host committee-specific courses and/or symposiums. Each of these committees has been allotted a budget by the NCTTRAC Board of Directors and are beginning to choose what courses they would prefer to host. The Cardiac Committee will host Bob Page as well as hold a conference; the Stroke Committee will have a Stroke Certified Registered Nurse



(SCRN) Review Course and a conference; the EMS Committee will host a Designated Infection Control Officer (DICO) course; ED Ops Committee will host a Certified Emergency Nurse (CEN) Review course; Trauma Committee is hosting Trauma Care After Resuscitation (TCAR) and the AAAM Abbreviated Injury Scale (AIS08) course; and the Perinatal Committee will host the S.T.A.B.L.E. Instructor course. NCTTRAC continues to expand our education program for our clinical providers.

Take 20 for Life Hands Only CPR Training Kits

NCTTRAC has partnered with the Fort Worth Emergency Services Collaborative to provide the Take 20 for Life Hands Only CPR program throughout the NCTTRAC 19-county region. This program provides education and training on hands-only CPR in order to increase chances of survival from sudden cardiac arrest. Take 20 for Life training kits have been made available to schools, businesses and community groups to learn hands only CPR, AED use, and alerting first responders. Distribution of the kits have been allocated to hospitals and fire departments throughout the eight NCTTRAC Zones. The Take 20 for Life kit contains instructional materials including a training DVD and foam pads to practice compressions. One kit can support training for up to twenty people at one time. According to the Fort Worth Emergency Services Collaborative, approximately 5,000 individuals have been trained within TSA-E as a result of this program.



TSA-E Neonatal Facilities

Level IV - Advanced Intensive Care Unit

Children's Medical Center Dallas
Cook Children's Medical center

Medical City Dallas Hospital
Texas Health Presbyterian Hospital Plano

Level III - Intensive Care Unit

Baylor Scott & White All Saints Medical Center - Fort Worth
Baylor Scott & White Medical Center - Grapevine
Baylor Scott & White Medical Center - McKinney
Baylor University Medical Center
Hunt Regional Medical Center Greenville
John Peter Smith Hospital
Medical Center of Alliance
Medical Center of Lewisville
Medical City Arlington

Medical City Plano
Methodist Dallas Medical Center
Methodist Richardson Medical Center
Parkland Memorial Hospital
Texas Health Arlington Memorial Hospital
Texas Health Harris Methodist Hospital Fort Worth
Texas Health Presbyterian Hospital Dallas
University of Texas Southwestern Medical Center (University Hospital)

Level II – Special Care Nursery

Baylor Scott & White Medical Center - Centennial
Baylor Scott & White Medical Center - Frisco
Baylor Scott & White Medical Center - Irving
Baylor Scott & White Medical Center - Lake Pointe
City Hospital at White Rock
Medical City Las Colinas
Medical City McKinney
Methodist Charlton Medical Center
Methodist Mansfield Medical Center
Texas Health Harris Methodist Hospital Alliance

Texas Health Harris Methodist Hospital Hurst-Euless-Bedford (HEB)
Texas Health Harris Methodist Hospital Southwest Fort Worth
Texas Health Huguley Hospital
Texas Health Presbyterian Hospital Allen
Texas Health Presbyterian Hospital Denton
Texas Health Presbyterian Hospital Flower Mound
Texoma Medical Center
Wise Regional Health System

Level I – Well Nursery

Baylor Scott & White Medical Center at Waxahachie
Dallas Regional Medical Center
Lake Granbury Medical Center
Medical City Frisco
Medical City Weatherford
Navarro Regional Hospital

North Texas Medical Center
Palo Pinto General Hospital
Texas Health Harris Methodist Hospital Cleburne
Texas Health Harris Methodist Hospital Stephenville
Texas Health Presbyterian Hospital Rockwall
Wilson N Jones Regional Medical Center

As of August 31, 2019

Source: Department of State Health Services website: <https://www.dshs.texas.gov/emstraumasystems/neonatal.aspx>

TSA-E Stroke Facilities

Level I – Comprehensive

Baylor Scott & White Medical Center - Plano
Baylor University Medical Center
John Peter Smith Hospital
Medical City Dallas Hospital
Medical City Fort Worth
Medical City Plano

Methodist Dallas Medical Center
Parkland Memorial Hospital
Texas Health Harris Methodist Hospital Fort Worth
Texas Health Presbyterian Hospital Dallas
University of Texas Southwestern Medical Center
(University Hospital)

Level II – Primary

Baylor Scott & White All Saints Medical Center -
Fort Worth
Baylor Scott & White Medical Center - Centennial
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 at
Waxahachie
City Hospital at White Rock
Dallas Regional Medical Center
Medical Center of Lewisville
Medical City Arlington
Medical City Denton
Medical City Las Colinas
Medical City McKinney

Medical City North Hills
Medical City Weatherford
Methodist Charlton Medical Center
Methodist Mansfield Medical Center
Methodist Richardson Medical Center
Texas Health Arlington Memorial Hospital
Texas Health Harris Methodist Hospital Hurst-
Euleless-Bedford (HEB)
Texas Health Harris Methodist Hospital Southwest
Fort Worth
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

Level III – Support

North Texas Medical Center
Texas Health Harris Methodist Hospital Azle
Texas Health Harris Methodist Hospital
Stephenville

Texas Health Presbyterian Hospital Rockwall
TMC Bonham Hospital

As of August 31, 2019

Source: Department of State Health Services website:
<https://dshs.texas.gov/emstraumasystems/stroke.shtm>



TSA-E Trauma Facilities

Level I – Comprehensive

Baylor University Medical Center
Children's Medical Center Dallas
John Peter Smith Hospital

Medical City Plano
Methodist Dallas Medical Center
Parkland Memorial Hospital

Level II – Major

Baylor Scott & White Medical Center - Grapevine
Cook Children's Medical center
Medical City Arlington
Medical City Denton

Texas Health Harris Methodist Hospital Fort Worth
Texas Health Presbyterian Hospital Dallas
Texas Health Presbyterian Hospital Plano

Level III – Advanced

Baylor Scott & White All Saints Medical Center -
Fort Worth
Baylor Scott & White Medical Center - Lake Pointe
Baylor Scott & White Medical Center - McKinney
Medical Center of Lewisville
Medical City McKinney
Medical City North Hills

Methodist Charlton Medical Center
Methodist Mansfield Medical Center
Texas Health Harris Methodist Hospital Hurst-
Euleless-Bedford (HEB)
Texoma Medical Center
Wilson N Jones Regional Medical Center
Baylor Scott & White Medical Center - Centennial

Level IV – Basic

Baylor Scott & White Medical Center at
Waxahachie
Children's Medical Center Plano
Dallas Medical Center
Dallas Regional Medical Center
Ennis Regional Medical Center
Hunt Regional Medical Center Greenville
Lake Granbury Medical Center
Medical City Dallas Hospital
Medical City Weatherford
Muenster Memorial Hospital
Navarro Regional Hospital

North Texas Medical Center
Palo Pinto General Hospital
Texas Health Arlington Memorial Hospital
Texas Health Harris Methodist Hospital Alliance
Texas Health Harris Methodist Hospital Azle
Texas Health Harris Methodist Hospital Cleburne
Texas Health Harris Methodist Hospital
Stephenville
Texas Health Huguley Hospital
TMC Bonham Hospital
Wise Regional Health System

In Active Pursuit (IAP)

Medical Center of Alliance
Medical City Las Colinas
Medical City Frisco

Texas Health Harris Methodist Hospital Southwest
Fort Worth

As of August 31, 2019

Source: Department of State Health Services website: <https://dshs.texas.gov/emstraumasystems/etrauma.shtm>

NCTTRAC Work Groups

EMResource Work Group

The EMResource Work Group was established by the Board of Directors Chair, Jorie Klein, to review current EMResource usage and policies and recommend updates. The EMResource Work Group met 4 times in FY19 to finalize a recommended EMResource Overhaul. This process involved a regional survey, a review of nationwide best practices, the development of a brand new EMResource Policies and Procedures document, coordination with multiple NCTTRAC committees, and regional outreach and education efforts. The EMResource Work Group finalized their overhaul recommendation in March of 2019, with NCTTRAC General Membership approval and Board of Directors approval following shortly thereafter. On August 1st, the EMResource Overhaul went live. For detailed information on the changes involved in the EMResource Overhaul, see the EMResource section on page 36.

Clinical Capabilities ▾	Status ▾
Psych: Adolescent	Not Provided
Psych: Adolescent Chem. Dep.	Not Provided
Psych: Adult	Unavailable
Psych: Adult Chem. Dep.	Available
Psych: Pediatric	Not Provided
Status: 24/7 STEMI	Available
Status: Anti-Venom	Available
Status: Bariatric CT/MRI	Available
Status: Burn	Not Provided
Status: ECMO	Available - All Ages
Status: ENT	Available
Status: Hand	Not Provided
Status: Hyperbaric Chamber	Available
Status: ICU	Available
Status: NICU	Available
Status: OB/L&D	Available
Status: Ophtho	Unavailable
Status: OR	Available
Status: Oral/Maxillofacial	Not Provided
Status: Ortho	Available
Status: PICU	Available
Status: Plastics	Available
Status: Replant	Not Provided
Status: SAFE-Ready	Available

Mental Health Work Group

The Mental Health Work Group started off the fiscal year looking at Order of Protective Custody (OPC) issues and to determine ways to standardize OPC implementation across county lines. This proved to be an ambitious project that quickly exceeded the Mental Health Work Group's scope and capability. Additionally, it was determined that the DFWHC Foundation Mental Health Coalition was working on a similar project so the work group decided to forego further pursuit to avoid redundancy in effort and resources. The Mental Health Work Group hosted speakers introducing a variety of topics addressing mental health issues at the local and regional level. This included speakers from other Trauma Service Areas to gather and share best practices on how agencies are collaborating across multiple disciplines to ensure mental health patients receive the right care at the right place the first time. The Work Group hosted Parkland's Behavioral Health team to speak about the Right CARE team and how it has positively impacted the community in the south Dallas area. The Mental Health Work Group also invited a representative from the Southwest Texas Crisis Collaborative to discuss their use of a central call center (MEDCOM) to assist law enforcement officials in navigating mental health patients to an appropriate destination, thus preventing unnecessary emergency department intakes and admissions.



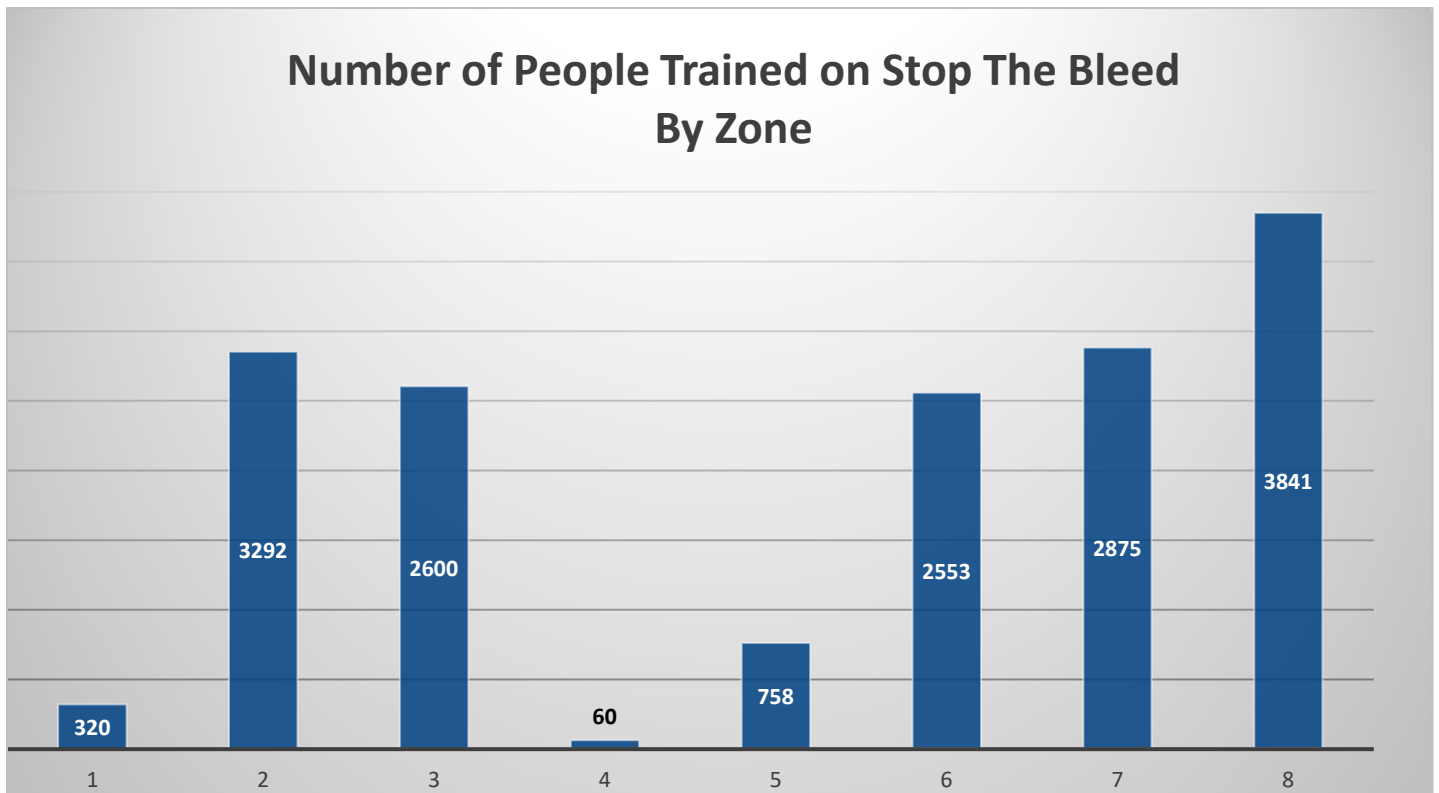
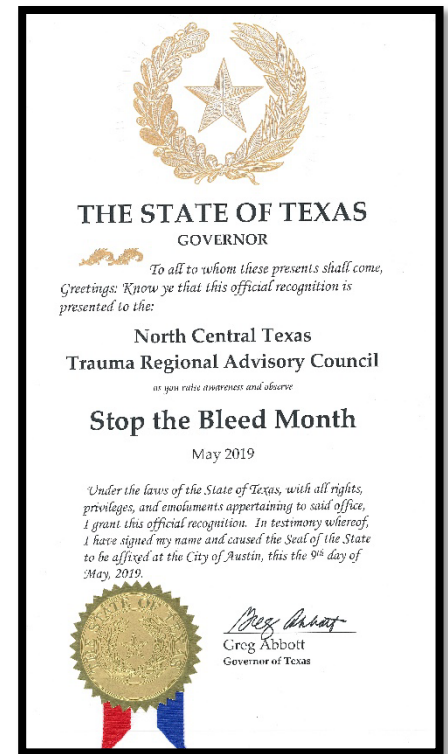
Stop the Bleed Work Group

The Stop the Bleed Work Group has been working diligently to capture the school districts that have been trained using the STB curriculum. With the passing of HB 496 to include that all school districts have STB training by January of 2020, the STB Work Group is working with the NCTTRAC Zones to provide training for instructors and students in order to meet this new state mandate.

Additional Stop the Bleed kits were distributed to each of the eight NCTTRAC Zones to meet community needs, this included 90 Stop the Bleed kits and over 160 tourniquets.

The NCTTRAC Zones reported that approximately 16,299 individuals have been trained in Stop the Bleed as of September 1, 2018 the (see chart below).

The American College of Surgeons (ACS) has been requested to include training for chest seals in the STB curriculum as HB 496 mandates that chest seals now be included in STB kits. The STB Work Group is developing a vetted resource list outlining the specifications and contents of an STB kit. This resource list will help ensure that schools and other interested parties purchase a properly vetted STB kit that not only meets HB 496 requirements, but more importantly, serves its intended purpose if needed.



Hospital Preparedness Program

Hospital Preparedness Program (HPP) Activities

To close out HPP YR 17, NCTTRAC staff attended the HPP Quarterly Contractors Meeting on April 22-23, 2019 in Austin, Texas. There, staff reviewed the Funding Opportunity Announcement Changes, Healthcare Coalition Training Plan, Work Plan, and Budget Templates. Discussions included a State-Wide Patient Tracking Tool, Cybersecurity Threats, and Wireless Information System for Emergency Responders (WISER) application.

July 1, 2019, commenced YR 18 of the Hospital Preparedness Program, which runs through June 30, 2020. The first activity of the year included attending the HPP Quarterly Contractors Meeting held on July 30, 2019, in Austin, Texas. There the contractors review next steps for the Essential Elements of Information, Coalition Surge Estimator Tool, and Vulnerable Populations Report deliverables. From that meeting, it was decided to continue with regular reviews of the HPP deliverables via online meetings. September 2019 began the first Bi-monthly Assistant Secretary for Preparedness and Response Field Project Officer Conference Call to Discuss Upcoming HPP YR 18 Deliverables. Through these measures, we hope to continue to provide our HCC with up to date changes in the Hospital Preparedness Program.

Healthcare Coalition Preparedness Goals

- Develop the Pediatric Annex to the Healthcare Coalition Response Strategy and distribute to regional partners
- Develop and support a robust training and exercise program throughout the region to include a Coalition Surge Test, All Healthcare Response to Pediatric Surge Table Top, and Full-Scale exercises
- Share leading practices and lessons learned via conferences, exercises, and events at monthly Regional Emergency Preparedness Committee meetings
- Educate the Healthcare Coalition on the Regional Disaster Medical System via online and in person training opportunities
- Establish a baseline for region key performance indicators, which include deliverable submissions, no notice bed report responses, and redundant communication drill participation mechanisms
- Establish the NCTTRAC Patient Coordination Support project to augment the TSA-E Emergency Medical Coordination Center (EMCC) during non-business and holiday hours



Hospital Preparedness Program Year 17 Review



Seven agencies represented NCTTRAC at the Healthcare Coalition (HCC) Leadership Course. The course was held at the Center for Domestic Preparedness in Anniston, Alabama December 10-14, 2018. The course provided instruction and practical experience in best practice procedures for preparing and responding as a health care coalition to community and regional public health and medical emergencies.

Attending Agencies:

- Acadian Ambulance
- Department of State Health Services Region 2/3
- Grand Prairie Fire Department
- Medical City Las Colinas
- Medical City Plano & Frisco
- Parker County Office of Emergency Management
- Texas Health Presbyterian Hospital Plano



Healthcare Coalition (HCC) C



HCC - C is located in the Wichita Falls area and meets the first Thursday of every even month. Meeting all its programmatic responsibilities the Coalition included the development and collaboration of a core working group of emergency management, local public health, and other key partners to discuss and develop planning and exercises for at-risk/vulnerable populations. Informed by the Vulnerable Populations Work Group, Coalition's prior year surge test TTX Improvement Plan, Regional Hazard Vulnerability Assessment and the Training and Exercise Planning Workshop (TEPW) the Coalition developed a strategy for this budget period that was education, training, and exercise centric. They achieved this objective through several exercises and workshops throughout the year which included conducting a Hazard

Vulnerability Workshop, Training and Exercise Planning Workshop, Vulnerable Populations Evacuation/Shelter In Place TTX, and the annual Coalition Surge Test TTX and Functional Exercise. The exercises and workshops were supported by the provision of the regions first Regional Response Plan, and several course offerings that included the following: August of 2018 the Combined G-289-G290-G291 Public Information Officer course; December of 2018 the Emotional Trauma Life Support (ETLS) course, G-300 Intermediate Incident Command System for Expanding Incidents course, and the G-400 Advanced Incident Command System, Command and General Staff course; and at the end of the budget period in June of 2019 the CDC POD Essentials Course.

Healthcare Coalition (HCC) D

HCC - D is located in the Abilene area and meets the second Thursday of every month. HCC members collaborate to ensure each partner has what it needs to respond to emergencies and planned events, including medical equipment and supplies, real-time information, communication systems, and educated and trained health care personnel. Throughout the July 1, 2018 – June 30, 2019 program year, members completed multiple membership requirements to include a Hazard Vulnerability Assessment, Multi-Year Training and Exercise Plan, Preparedness Strategy, Supply Chain Integrity Assessment, Response Plan, Vulnerable Populations Working Group, Coalition Surge Test, Redundant Communications Drills and Bed Availability Reporting. The HCC sponsored regional purchases of Emergency Light Sticks and Emergency Repose Guides. The HCC also sponsored the RRS Decontamination Training February 4-8, 2019, across four agencies. Additionally, the HCC served as a key partner to conduct the first West Central Texas Emergency Preparedness Conference on February 20, 2019. The partners continue to develop and implement a cost-effective, sustainable and response-oriented Healthcare Coalition activities.



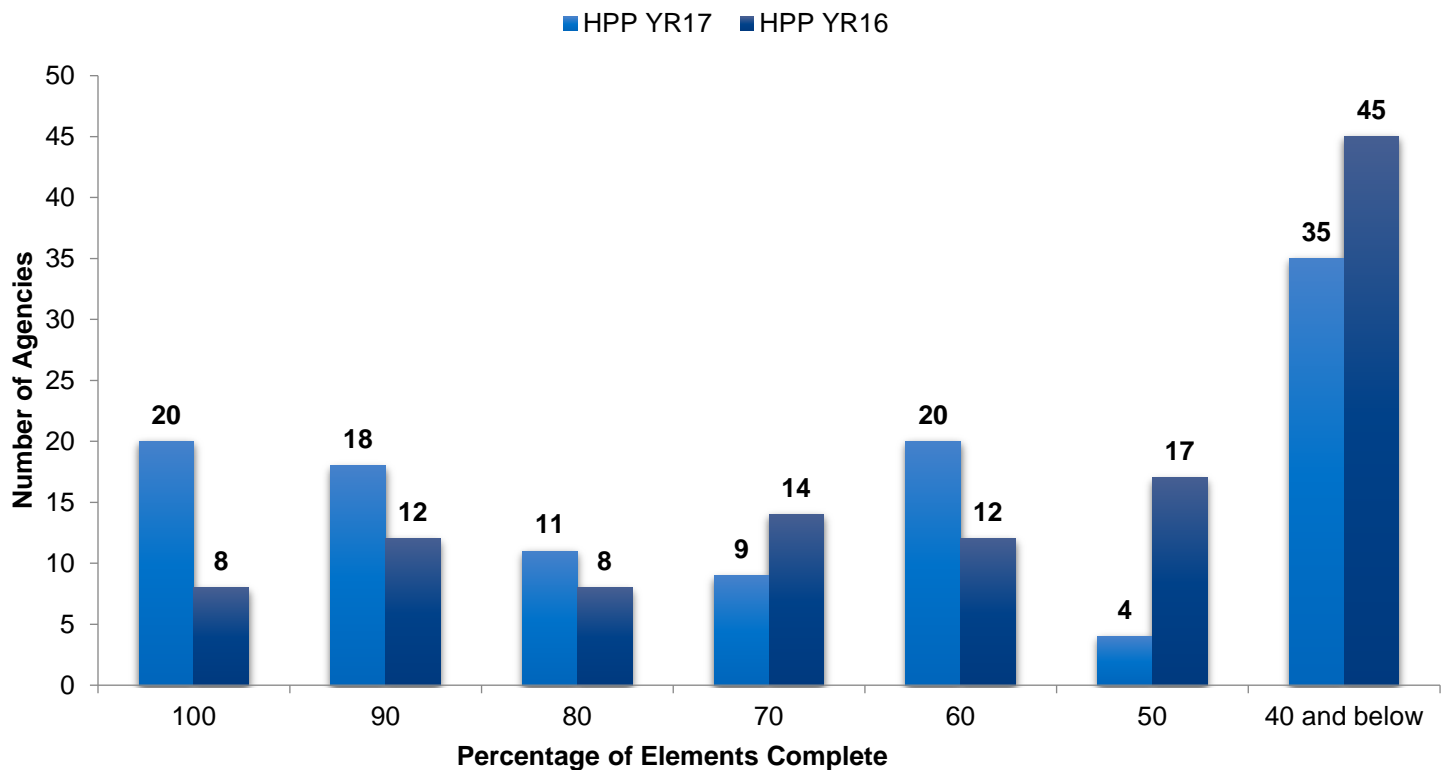
Healthcare Coalition (HCC) E

Hospital Preparedness Program (HPP) Year 17 was completed with a host of HPP facility visits and performance recognition. During the year, NCTTRAC provided quarterly HPP performance measure reports to Hospital Emergency Preparedness Coordinators via email and on the NCTTRAC website. In December of 2018, those agencies who completed less than 50% of the performance measures were sent letters to inquire about their intention to participate in the program and instructed to complete a facility visit with NCTTRAC staff. Staff completed 15 facility visits, which helped to improve communication, participation, and overall regional performance.

This year hospitals were expected to complete 11 performance measures throughout the July 1, 2018 - June 30, 2019 program year. These performance measures included Quarterly Communications Drill Participation, Quarterly Participation in No Notice Bed Reporting, Hazard Vulnerability Assessment Submission, HPP Inventory Submission, and Supply Chain Integrity Assessment Submission. There were 20 facilities that met all 11 of the performance measures and completed 100% of the performance measures. These agencies were recognized at the September 19, 2019, general membership meeting.

The chart below provides a visual of the number of agencies that have completed the corresponding number of performance elements. There were 35 facilities that fell below the 50% achievement mark and are being provided with technical assistance to achieve a higher standard of preparedness. The performance measures are emailed quarterly to HCC members as a method to track progress throughout the program year.

N=116 Hospital Participants



TSA-E Regional Hazard Vulnerability Assessment – Survey Results

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.

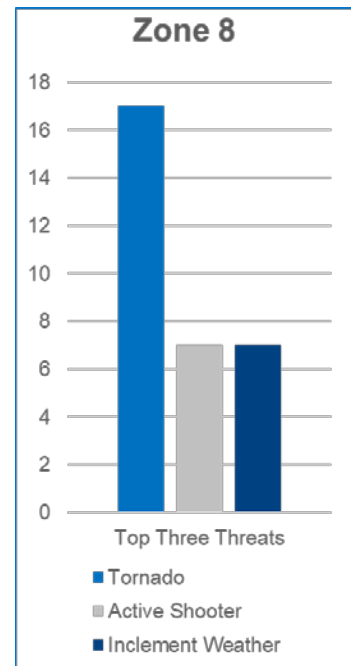
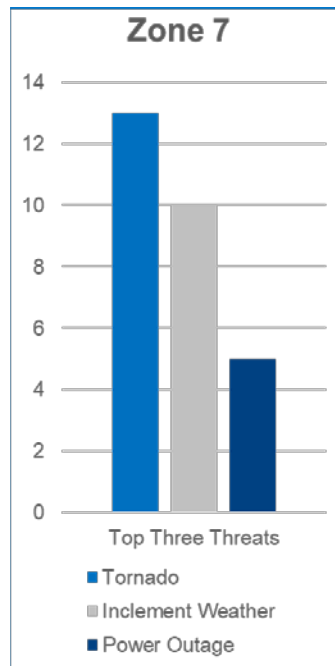
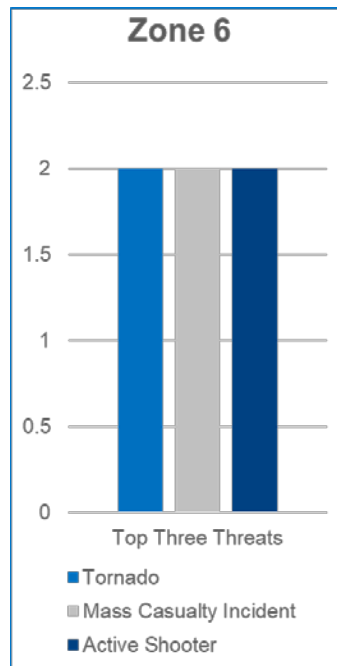
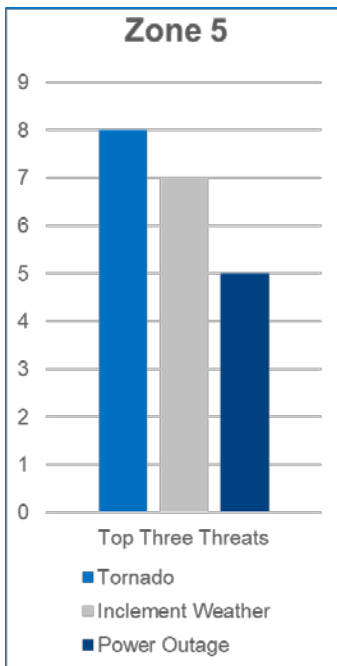
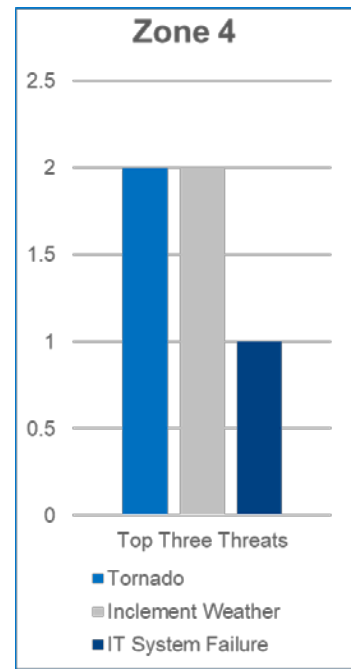
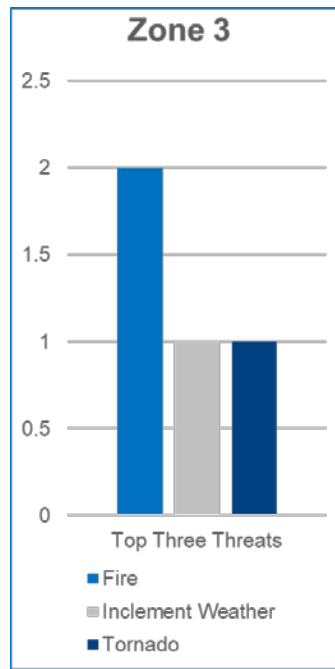
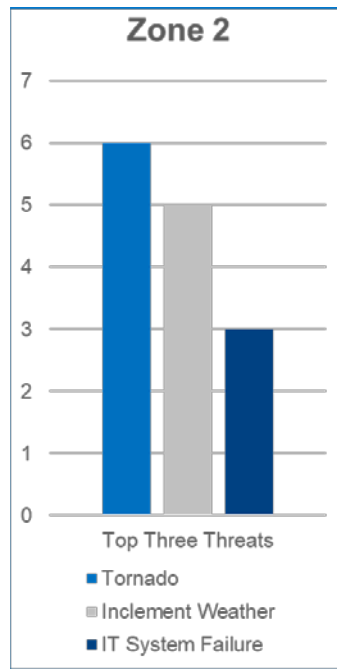
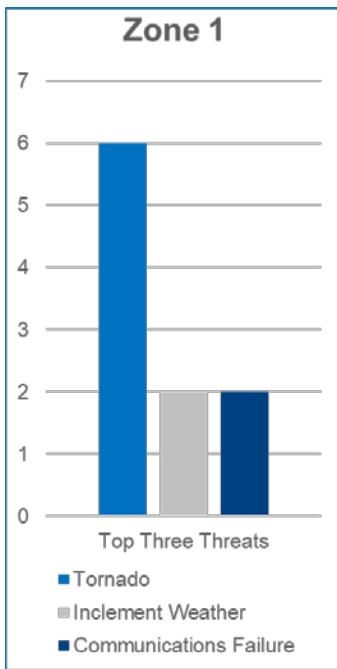
Throughout each program year, hospital representatives are encouraged to consider and remain aware of their top individual hazard and vulnerability levels. The responsible hospital staff members rank and assign their hazards and ultimately calculate risk, in collaboration with surrounding community partners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

The Regional Hazard Vulnerability Analysis Report is a product created in Year 18 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

1	Tornado
2	Inclement Weather
3	IT System Outage
4	Power Outage
5	Active Shooter
6	Communications / Telephony Failure
7	HVAC System Failure
8	Generator Failure
9	Mass Casualty Incident
10	Epidemic / Fire

Top Three Hazard Vulnerability Analysis Results by Zone



Trauma Service Area E Medical Coordination Center (EMCC)

The Trauma Service Area - E Medical Coordination Center (EMCC) engages with coalition partners and provides medical operations support during times of emergency and/or disaster.



The EMCC maintains six core competencies:

- Crisis Application Facilitation and Support
- Preparations for Patient Reception/Distribution
- Medical Shelter Resource Support
- DDC/EOC Liaison Support
- 24/7 Duty Phone Monitoring
- Texas Emergency Medical Task Force

The EMCC also focuses on regional plan development and implementation. This year's projects included the TSA-E Health Care Coalition Response Strategy and the North Central Texas Mass Casualty Framework. The Response Strategy is intended to provide an overview of medical response coordination efforts to natural and manmade events that threaten the emergency healthcare system with TSA-E. The purpose of the Framework is to ensure an effective utilization of the various human and material resources from various communities involved in a regional mutual aid EMS response to a disaster or MCI. These texts were created with the input of dozens of stakeholder entities including hospital representation, EMS, Public Health and Emergency Management. Plans and publications can be found on the NCTTRAC Website.

This was an active year for the EMCC with 15 events supported ranging from hospital power outages, temporary bed requests to a partial hospital evacuation. The EMCC also published 11 severe weather advisories and had 47 engagements over the NCTTRAC Duty Phone. Looking forward the EMCC is engaged in a project to establish continuous, actively monitored and response ready operational support which can extend the Trauma Service Area – E Medical Coordination Center's (EMCC) capabilities beyond routine business hours and provide assistance in a timely fashion during the immediate moments following a Mass Casualty Incident (MCI).

Emergency Medical Task Force

The Texas Emergency Medical Task Force (TXEMTF) is a State and Federally (TXDSHS, ASPR) funded program administered through the state's Lead RAC's with the mission of creating State-deployable medical teams, regionalized for rapid mobilization and readiness. The goal of the EMTF program is to provide a well-coordinated response, offering rapid professional medical assistance to emergency operation systems during large scale incidents. Immediately available resources include Ambulance Bus (AMBUS), Mobile Medical Units, Ambulance Strike Teams, RN Strike Teams, Medical Incident Support Teams and Staging Managers.

This year, the EMTF resource map increased its scope to include the development of Wildland Fire support. Starting in October of 2018, EMTF, Texas Forestry Services (TFS), and the Texas Intrastate Fire Mutual Aid System (TIFMAS) had several meeting with key stakeholders from each entity to develop this resource.

The ultimate goal of this resource was to have a medical component embedded with firefighters to provide immediate medical care. Regional EMTF meetings were also held with local/regional MOA'd partners to develop out these resources even farther. In June, a special MIST leadership course was held to develop Medical Unit Leaders (MEDL). MEDLs would oversee to following:

Wildland Paramedic Units (WPU)

2 Paramedics, Mobile (4x4 SUV/ATV); Located behind the Fire-Line, in close proximity to working fire crews, with emphasis on the ability to provide ALS-level care within minutes of acute illness or injury

Rapid Extraction Module (REM)

4 Paramedics in teams of (2), Mobile (4x4 SUV/ATV); Covering Multiple Wildland Paramedic Units; Located near Fire-Line, w/ emphasis on rapid access to and evacuation of injured responders

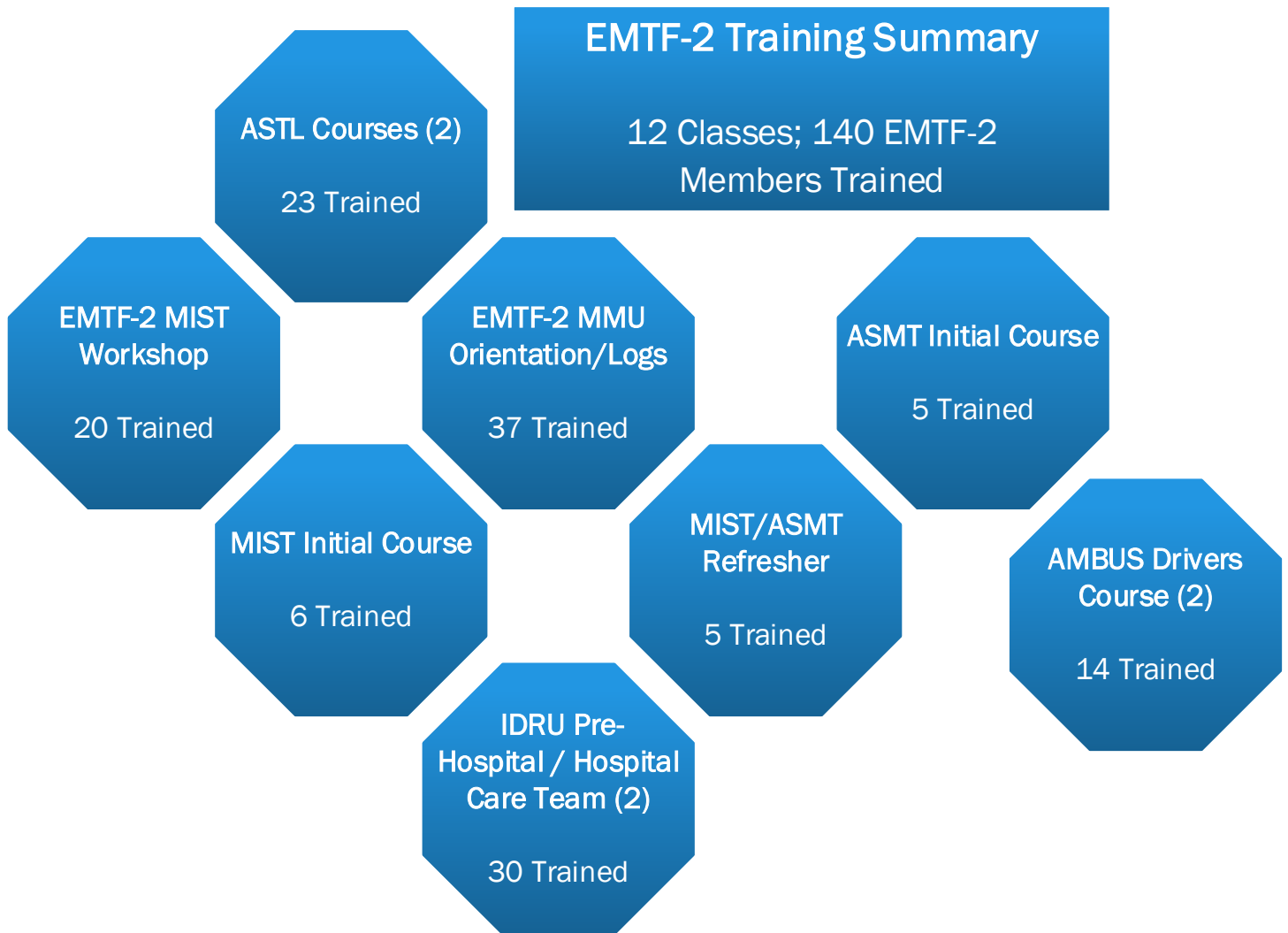
Asset	EMTF Region	Sponsoring Agency
MIST/MEDL	EMTF 2	Argyle FD
MIST/MEDL	EMTF 2	Flower Mound FD
MIST/MEDL	EMTF 1	UMC EMS
AST	EMTF 2	MedStar
AST	EMTF 2	Taylor County EMS
WPU	EMTF 2	Argyle FD
WPU	EMTF 2	Frisco FD
WPU	EMTF 2	Little Elm FD
WPU	EMTF 2	McKinney FD
WPU	EMTF 2	Plano FR
REM	EMTF 2	Fort Worth FD
REM	EMTF 2	Lewisville FD

On Saturday, August 18, 2019, the Emergency Medical Task Force-2 was activated in support of the Copper Breaks Fire and was deployed to a second fire just 30 miles south, the Vivian Fire on the morning of Thursday, August 22nd, 2019. As the fires grew the scoped expanded into a USFS Type I IMT incident. This activation doubled our deployed asset packages and added a Rapid Extraction Module [REM], which was the first deployment of this team for Texas. Many thanks to our TIFMAS and TFS partners, who led the development of this new component and the coordinated efforts of the EMTF and TIFMAS Coordinators building out this new asset.

A special thanks to the teams above for their commitment to EMTF-2 and supporting this deployment. The teams provided medical support to over 240 firefighting responders working these fires, and transported 1 firefighter. Per TFS, the Copper Breaks Fire burned 7,206 acres and the Vivian Fire burned 12,021 acres.



EMTF Training and Exercises



Mobile Medical Unit Exercise Deployments

BATAAN Memorial March

This year, EMTF-2 deployed 23 team member to assist other EMTF regions in support of the 30th annual BATAAN Memorial Death March this year. The Bataan Memorial Death March is an annual event sponsored by the U.S. Army at White Sands Missile Range, New Mexico. The event is a challenging 26.2 mile march through the high desert terrain of White Sands Missile Range, conducted in honor of service members who defended the Philippine Islands during World War II. More than 8,500 marchers participated in the event this year and EMTF treated 474 of them for medical needs ranging from minor foot care to dehydration.



South Padre Island



This year EMTF-2 also sent a team of 15 to South Padre Island (SPI) exercise. This spring break exercise allowed teams from all over the state to work together on the new cart system being developed in EMTF MMU Work Group. Due to horrible weather, only 17 patients were seen over the 4-day exercise.

Hotter N' Hell Hundred

August 24-25, 2019 EMTF-2 deployed a Type III MMU Team to support the Hotter 'N' Hell Hundred in Wichita Falls. This was the fifth year that EMTF-2 has supported the race.



Infectious Disease Response Unit (IDRU)

The Infectious Disease Response Unit (IDRU) was developed to augment & support the needs of the regional health-care system with the care, transport, & or transfer of patients with a high consequence infectious disease [HCID]. This year, EMTF-2 completed trainings developed by National Ebola Training and Education Center (NETEC), Center for Disease Control and Prevention (CDC), and TXEMTF for both pre-hospital and hospital care teams.

The pre-hospital IDRU team is comprised to the same agencies that provide coverage in our regional plan. The Regional Ebola Transfer Agency (RETA) and IDRU agencies, are one in the same. The training has been streamlined and the PPE has been upgraded to provide protection if they are requested to move a patient more than 200 ground miles. The IDRU Hospital Care Team wrapped up training in June. This specialized team underwent an intense two-day training. Both teams will train multiple times per year.



Training & Exercises

NCTTRAC 2019 Coalition Surge Test

The NCTTRAC 2019 Healthcare Coalition Surge Test took place on March 22, 2019. The exercise culminated with a 90-minute Evacuation and Transportation Drill followed by a Facilitated Discussion. The target audience for this exercise included hospital personnel, EMS partners, emergency management, public health, and other CMS provider types. A formal After-Action Review took place on Tuesday, April 2, 2019, at 11:10 A.M. during the NCTTRAC Training and Exercise Work Group meeting and the AAR was submitted and accepted by DSHS on May 22, 2019. Over 60 agencies and over 100 participants played in this exercise. We look forward to the next exercise scheduled for March of 2020.



HCC-E Surge Test

March 22, 2019

Lux Hotel Arlington, Texas

Phase 1: 90 Minute Notional Evacuation of 3 Healthcare Organizations

Evacuating Facilities

- Baylor University Medical Center
- Medical City North Hills
- Baylor Lake Pointe

• 60+ Attendees

Participation



673

Patients
Transferred



3

Evacuating
Facilities



41

Receiving
Facilities



60

Transportation
Mechanisms

Performance Measures

- 30 minutes for evacuating facilities in the HCC to report the total number of evacuating patients.
- 70 minutes for receiving facilities in the HCC to report the total number of beds available to receive patients.
- 90 minutes for the HCCs to identify an appropriate mode of transport for the last evacuating patient.
- Percent of evacuating patients with an appropriate bed identified at a receiving health care facility in 90 minutes. **80.01 %**
- Percent of evacuating patients with acceptance for transfer to another facility that have an appropriate mode of transport identified in 90 minutes. **80.01%**

Lessons Learned



- Crisis Applications Use and Knowledge

- Situational Awareness



- Greater HCC Partner Participation



- Executive Leadership Use and Knowledge of Command and Control

Online Learning Management System

The NCTTRAC Training Program continues to develop and make available online training opportunities using an 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:

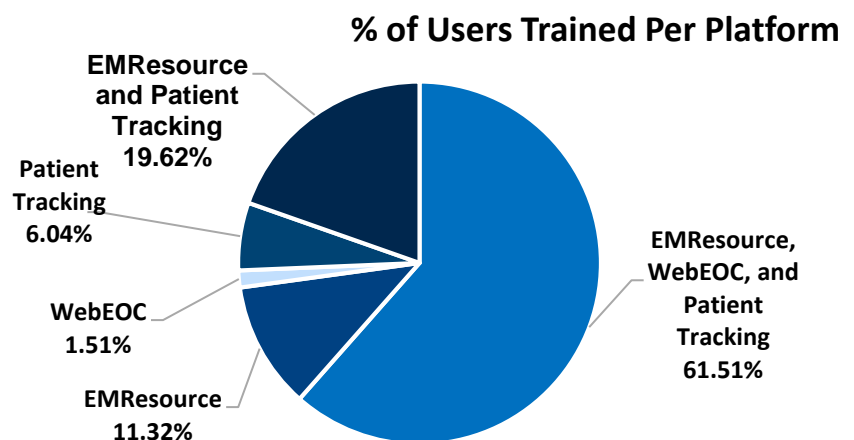
- NCTTRAC Orientation for EMS Providers
- 2019 Trauma System Plan - Overview
- CMS Guidelines for Healthcare Agency Emergency Preparedness
- Comet 37ft Air Tower Operation
- DMS Triage Tag Training
- Doffing PPE – N95 Respirator With Gown
- Donning PPE – N95 Respirator With Gown
- EMResource Overhaul Training
- EMResource Overview
- Flashpoint for Healthcare
- NCTTRAC Bed Availability Report Training for EMResource
- NCTTRAC Regional Carbon Monoxide Detector Program – Local Projects Grant
- Shots Fired for Healthcare
- WebEOC Patient Tracking Training

Critical Incident Stress Management (CISM) Courses

In addition to the hazards exposed to the region, critical incidents can also psychologically impact the health and well-being of first responders and others involved with incident response. To help those affected by these responses, NCTTRAC has hosted seven CISM courses to help over 200 individuals cope with incident stress in both an individual and group setting.

Crisis Applications Training

In FY19, NCTTRAC continued to provide training on EMResource, WebEOC, and Patient Tracking throughout the region. FY19 saw NCTTRAC provide 31 training sessions (a **40.91%** increase over FY18's 22 sessions) that trained 265 individual users (a **79.05%** increase over FY18's 148 users). Classes covering all three topics are held at the NCTTRAC offices on a monthly basis – to see upcoming training dates, go to the Crisis Applications page on www.NCTTRAC.org. Additionally, NCTTRAC staff travels to hospitals and EMS agencies throughout the region to deliver customized crisis applications training on-site. If you would like for NCTTRAC to deliver a training at your facility or agency directly, please contact our Crisis Communications Coordinator at emcc@ncttrac.org or call 817-607-7026.



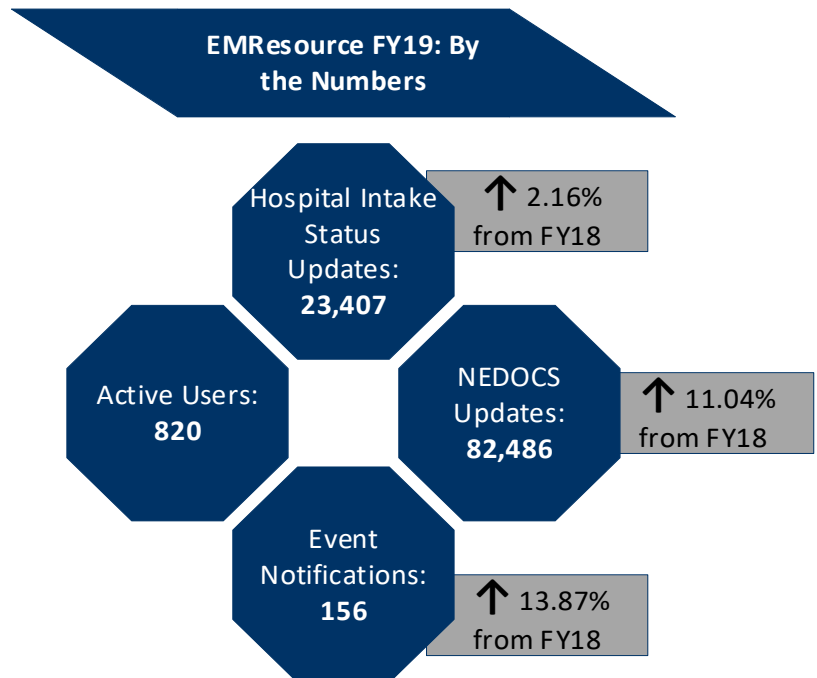
Crisis Applications & Communications

The NCTTRAC Crisis Applications suite consists of three web-based software platforms that allow for regional communication and information sharing during both day-to-day operations and emergency situations. EMResource, WebEOC, and Everbridge are the central components of the NCTTRAC Crisis Applications Suite.

EMResource

EMResource is a web-based resource management software that allows users from different healthcare entities to report and view information about the emergency healthcare system in TSA-E. FY19 saw an increase in regional utilization of EMResource as compared to FY18 in both daily and emergency operations – see the graphic on the right for specific numbers. A variety of factors influenced the improved performance, namely:

- Increased NCTTRAC efforts to provide on-site training for regional partners
- Regional champions from hospitals and EMS agencies advocating for EMResource among their peers
- Regular EMResource performance reports issued to NCTTRAC committees and zones
- Implementation of the EMResource Overhaul by NCTTRAC Staff and the EMResource Work Group



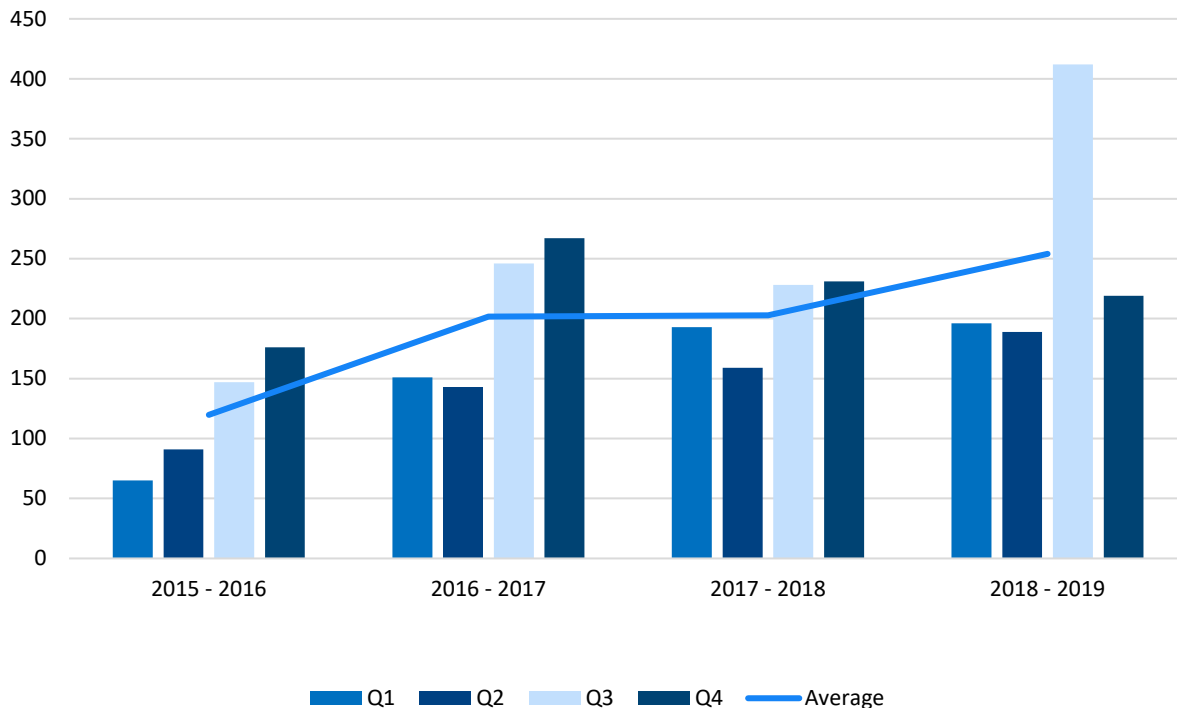
EMResource Overhaul

Throughout FY19, the EMResource Work Group worked diligently to develop a plan for a full overhaul of EMResource with the following goals: to improve patient outcomes by strengthening EMS and Hospital decision support, to provide enhanced visibility of regional capabilities for broadened disaster support in regional patient destination and transportation management, and to ensure timely status information updates. After a wide partner outreach and education campaign involving Work Group meetings, Committee presentations, training webinars, user guides, and an online Learning Management System course, the EMResource Overhaul went live on August 1st. The overhaul included new statuses for both hospitals and EMS agencies, new policies regarding status update frequency, new discipline-specific views, and a streamlined reorganization that groups resources based on county lines. For more information about the EMResource Overhaul, please visit <https://ncttrac.org/committees/emresource-work-group/> and check out the documents. You can also take a 20 minute online Learning Management System course covering the major changes by going to <https://ncttrac.litmos.com/online-courses/> and selecting “EMResource Overhaul Training”.

WebEOC

WebEOC is a web-based information sharing platform that allows users from the emergency healthcare community and the emergency management community to share and source information relating to emergency or disaster incidents. FY19 featured continuous improvements to WebEOC – major accomplishments include updating to version 8.6, the addition of a missing persons tracker to the NCTTRAC Regional Patient Tracking Toolkit, quality of life improvements to all boards, and increased regional partner utilization of the platform. The number of unique log-ins continues to improve – FY19 saw 1,016 unique log-ins, a 25.28% increase from FY18 and the highest number in NCTTRAC history. Tracking unique log-ins allows NCTTRAC to measure user engagement in the system – the more unique log-ins, the more often users are utilizing the platform. The number of WebEOC incidents created decreased by 18.03% from FY18 – NCTTRAC staff made a deliberate effort to reuse training/exercise incidents in an attempt to make the system easier to navigate for regional partners.

WebEOC Unique Log-Ins



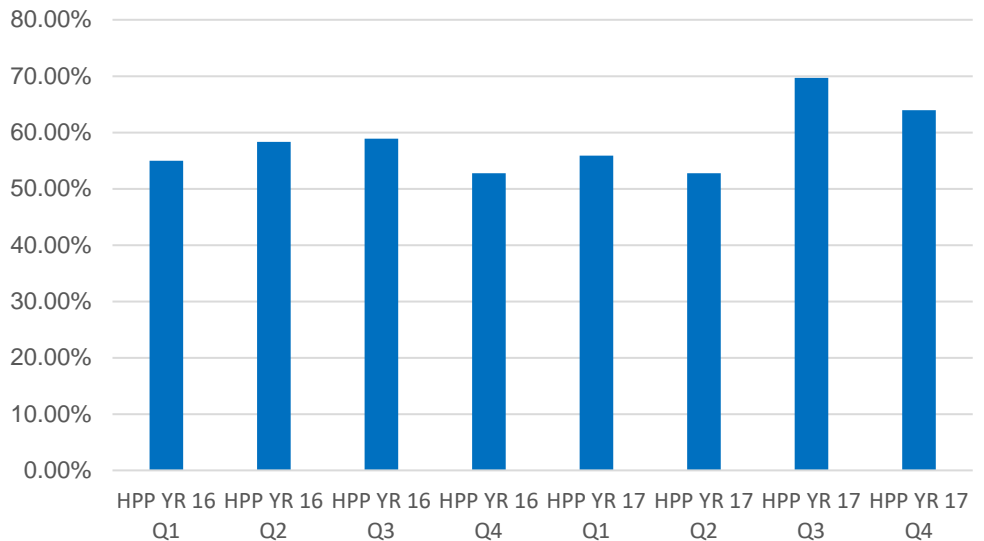
Crisis Communications

The NCTTRAC Crisis Communications program focuses on ensuring that members of the Healthcare Coalition have the ability to communicate with one another in the event of a phone or internet failure. FY19 saw the TSA-E HCC Communications and Information Sharing Concept of Operations receive a major update as part of the TSA-E HCC Regional Medical Response Strategy. NCTTRAC advocates that all healthcare entities maintain at least 3 levels of communication capability beyond normal cell phones, business phones, and email: Crisis Applications (WebEOC/EMResource), Public Safety Radio, and Amateur Radio. The Redundant Communications program uses HPP funding to help provide communications training and equipment to members of the HCC with signed HPP Letters of Agreement.

Crisis Communications Drills

NCTTRAC conducts monthly regional communications drills as a multi-tiered effort to bolster communications interoperability throughout the region and identify areas for improvement. Multiple communications methods are utilized to provide participants with a structured and versatile performance platform to ensure that “lesser used skills” are addressed. Participation is tracked on a quarterly basis – facilities and agencies with a signed HPP Letter of Agreement are required to participate in at least one drill per quarter. After a brief dip in participation in quarters 1 and 2, participation skyrocketed to 69.67% in quarter 3. Overall, redundant communications drill participation has been trending up over the last few years. For FY20, NCTTRAC will begin tracking the percentage of organizations who test at least 3 methods of redundant communication capability as well as overall participation in the drills.

Quarterly Participation - HPP YR 16-17



Mobile Emergency Response Communications (MERC) Trailers

NCTTRAC's HPP assets and the teams that support them are an integral part of emergency preparedness and disaster response. The MERC (Mobile Emergency Response Communications) trailers supported by the Parker County Hospital District MERC Team and Medical City North Division have set the standard in communications resiliency and command support.



Resources & Procurement

NCTTRAC's logistics Department was official re-named "Regional Resources and Procurement" effective May 1, 2019. This change accommodated restructuring of NCTTRAC organizational structure. The change reflects the separation of the logistics department into procurement functions and warehouse related functions. These changes are only in name, the mission is still the same as in previous years.

Some of the most significant activities this past year for the Resources/Procurement sections include:

- Procurement and delivery of restroom trailer unit for the City of Grand Prairie
- Reconfigured Infectious Disease Response Unit; able to store inside the warehouse
- Completed a total overhaul and disposal of old/expired supplies and equipment inside the warehouse and clearing over \$1M worth of inventory. Warehouse is now capable of receiving new equipment and or supplies aimed at new initiatives in the region or in the event of unforeseen contingency.
- Re-purposed and distributed former Collin County Mobile Medical Unit trailers (3), generators (3), and HVAC Units (4) to regions' partners; this ensured continued use of resources and eliminating the need for the receiving agencies to spend their limited funds on assets that are still functional. The total estimated cost for all the equipment exceeded **\$180K**.
- Supported 2 regional medical centers urgent needs with delivery of temp beds during patient surges that exceeded their bedding capabilities.
- Transferred over **\$714,250** in supplies and equipment through the region. Some of the equipment and supplies include HAM Radios, 3M Powered Air Purifier Respirators (PAPRS), Pink Vests (over 6500),
- Procured and Transferred to region's eight zones **540** Stop the Bleed Kits & **910** CAT-Tourniquets
- Researched, negotiated and purchased equipment, supplies, and services for partners in the region exceeding **\$1.4M in costs**
- Coordinated transportation of Mobile Medical Unit equipment (trailers, generators) and personnel in support of Hotter than Hell event held at Wichita Falls.
- Coordinated possible deployment (assets & resources placed on standby) of Mobile Medical equipment for over 15 alert notification during springtime

NCTTRAC Resources maintain their web page updated, including forms and equipment/supplies available during contingencies, and status of upcoming equipment distribution.



Information Technology

The NCTTRAC IT department has been busy this year upgrading infrastructure and technology used both internally and in support of our members and partners. Throughout winter and into the spring, the team worked through a replacement of virtually the entire network infrastructure as well as the associated operating systems. We saw the updating and enhancement of both EmResource and WEBEOC, the supporting servers, as well as the servers powering our infrastructure. During these projects, additional efficiencies were found to improve supportability of the systems as well as update the technology for better communication and overall experience.

Meeting Enhancements

One of the many successful projects in 2019 included moving to a new teleconferencing system. All committee, Work Group, and other NCTTRAC hosted meetings are now shared via GoToWebinar. The change from Webex provided greater functionality, an improved user experience, as well as cost savings.

NCTTRAC Website and Co-Location

The NCTTRAC website is a living entity and undergoes continual refreshes, updates and changes to maintain current and relevant content. Our goal is to provide information related to current internal and regional projects and assist the various committees and Work Groups with an avenue to communicate with our members as well as the public. The website is significantly changed from this time last year, has approximately 900 registered users, and will be further changed as projects and member driven content demands.

Preparation for an off site Co-Location housing WebEOC and other mission critical systems has been underway and is nearing completion. This will ensure emergency operations can proceed uninterrupted in the event the NCTTRAC offices are no longer available.

As a portion of our reach for complete location independence, we have recently migrated to a cloud based PBX system. This move allows the staff to better operate within normal daily functions and will greatly enhance capabilities in the event of emergencies or activations.



NCTTRAC STAFF CONTACTS

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817-607-7001

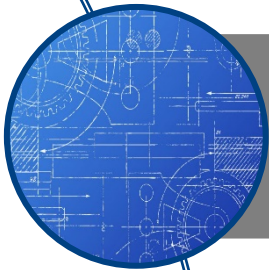
Administration	
Communications & Information Manager	817-607-7009
Administrative Coordinator	817-607-7012
Emergency Healthcare Systems (EHS)	
EHS Program Manager	817-607-7017
Professional Development Lead	817-607-7022
EHS Program Administrator	817-607-7011
EHS Program Administrator	817-607-7014
TSA-E Medical Coordination Center (EMCC)	
EMCC Manager	817-607-7015
EMTF Coordinator	817-607-7024
Training & Exercises Coordinator	817-607-7018
Finance & Procurement	
Comptroller & Resource Manager	817-607-7019
Accounting Coordinator	817-607-7025
Procurement Administrator	817-607-7005
Resources Administrator	817-607-7013
Healthcare Coalition (HCC)	
HCC Program Manager	817-607-7003
HCC Program Administrator (TSA-C)	817-607-7028
HCC Program Administrator (TSA-D)	817-607-7029
Systems Performance Manager	817-607-7010
Crisis Communications Coordinator	817-607-7026
Information Technologies (IT)	
IT Manager	817-607-7006
IT Administrator	817-607-7016
IT Administrator	817-607-7007
IT Engineer	817-607-7004

FY20 - A LOOK AHEAD



Leadership

- Draw on effectively integrated participation of Members' leadership to drive NCTTRAC's future
- Respond positively to Member feedback that drives increased satisfaction with NCTTRAC services
- Innovate to overcome challenges of stretched Member resources in voluntary support to NCTTRAC
- Champion SB 500 projects that sustain Legislators' view of RACs' value and Return on Investment



Healthcare Coalition

- Develop and distribute the Pediatric Annex
- Develop and support a robust training and exercise program
- Share leading practices and lessons learned at REPC meetings
- Educate the HCC on the Regional Disaster Medical System



Systems Performance

- Quarterly distribution of Chiefs/Executives Performance Dashboard
- Increase EMResource utilization by hospitals and EMS
- Improve NCTTRAC LMS offerings and increase member utilization of LMS
- Improve HPP performance as identified by REPC SOP Performance Measures



Emergency Healthcare Systems

- Become a Continuing Education Provider for nursing and EMS
- Expand committee educational growth and development
- Support Regional, State and Federal initiatives
- Identify and utilize data sources to drive system performance improvement



Information Technologies

- Completion of the Co-Location project for Redundancy purposes
- Enhance website navigation tools
- Execution of dual location security upgrades
- Website expansion and minor redesign



Administration & Finance

- Enhance and improve existing means of communication with NCTTRAC Members
- Deliver innovative *all-in-one* membership engagement management program
- Ensure cost/benefit on goods and services adhere to improved purchasing processes
- Implement FY21 Indexed Renewals that are sensitive to the variety of Members' Budget Cycles



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