

# ATTENDANCE REMINDER:

Electronically sign in for GA and your Committee meeting



## Virtual attendees:

- Place your name and organization in the chat
  - Electronically sign in for GA and your Committee meeting
- 

QR codes will be displayed at the conclusion of each meeting

# AGENDA

<b>0830-0900</b>	<b>Sign-in / Welcome / Introductions</b>
<b>0900-1030</b>	<b>Preparation for 2026 World Cup - Adam Lee and Brandy Ferguson, MD</b>
<b>1030-1115</b>	<b>ESO Data Repository- Robin Garza and Jenny Wilson with ESO</b>
<b>1115-1145</b>	<b>Lunch provided by ESO</b>
<b>1145-1155</b>	<b>Approve minutes from previous meeting</b>
<b>1155-1205</b>	<b>Finance Report</b>
<b>1205-1215</b>	<b>Executive Report</b>
<b>1215-1225</b>	<b>Corridor Reports</b>
<b>1225-1230</b>	<b>Final Comments / Adjourn General Assembly</b>
<b>1230-1400</b>	<b>Committee meetings</b>

*Meeting times are projected and may vary from the agenda.*

*The Executive Board reserves the right to modify the agenda pending speaker availability, or emergency situations.*



# Mass Casualty Incident Readiness: Preparing for the FIFA World Cup

By Adam Lee MBA, MS, CEM & Dr. Brandy Ferguson

MEMORIAL<sup>®</sup>  
HERMANN

# Presenters



**Brandy Ferguson MD, MS**  
**Medical Director**



**Adam Lee MBA, MS, CEM**  
**Director**

# Objective

# Objective

- › Understand the unique surge and mass casualty implications of hosting the FIFA World Cup in Texas.
- › Identify critical components of a coordinated surge and MCI preparedness strategy.
- › Apply lessons learned from past large-scale events, MCIs, and exercises to develop scalable MCI response frameworks.



# Overview

# Agenda

Introduction/Over  
view

The Why

A Review of Mass  
Causality  
Incidents

The 2026 FIFA  
World Cup

Preparing for the  
2026 FIFA World  
Cup

Closing

# Our Mission

We are a non-profit, values-driven, community-owned health system dedicated to improving health.



## Our Vision

To create healthier communities, now and for generations to come.



## Our Values

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Community

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Compassion

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Courage

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Credibility



## Our Service Commitment

We care for every member of our community by creating compassionate and personalized experiences.



## Our Service Standards

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Safe

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Caring

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Personalized

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Efficient

# About Memorial Hermann

## Charting a better future.

A future that's built upon the health of our community. This is the driving force for Memorial Hermann, redefining health care for the individuals and many diverse populations we serve.

Our more than 6,400 affiliated physicians and 34,000 employees practice the highest standards of safe, evidence-based, quality care to provide a personalized and exceptional experience across our more than 250 care delivery sites.



As one of the largest not-for-profit health systems in Texas, Memorial Hermann has 17\* hospitals and numerous specialty programs and services conveniently located throughout the Greater Houston area.



Memorial Hermann-Texas Medical Center is one of the nation's busiest Level I trauma centers and serves as the primary teaching hospital for McGovern Medical School at UTHealth Houston.



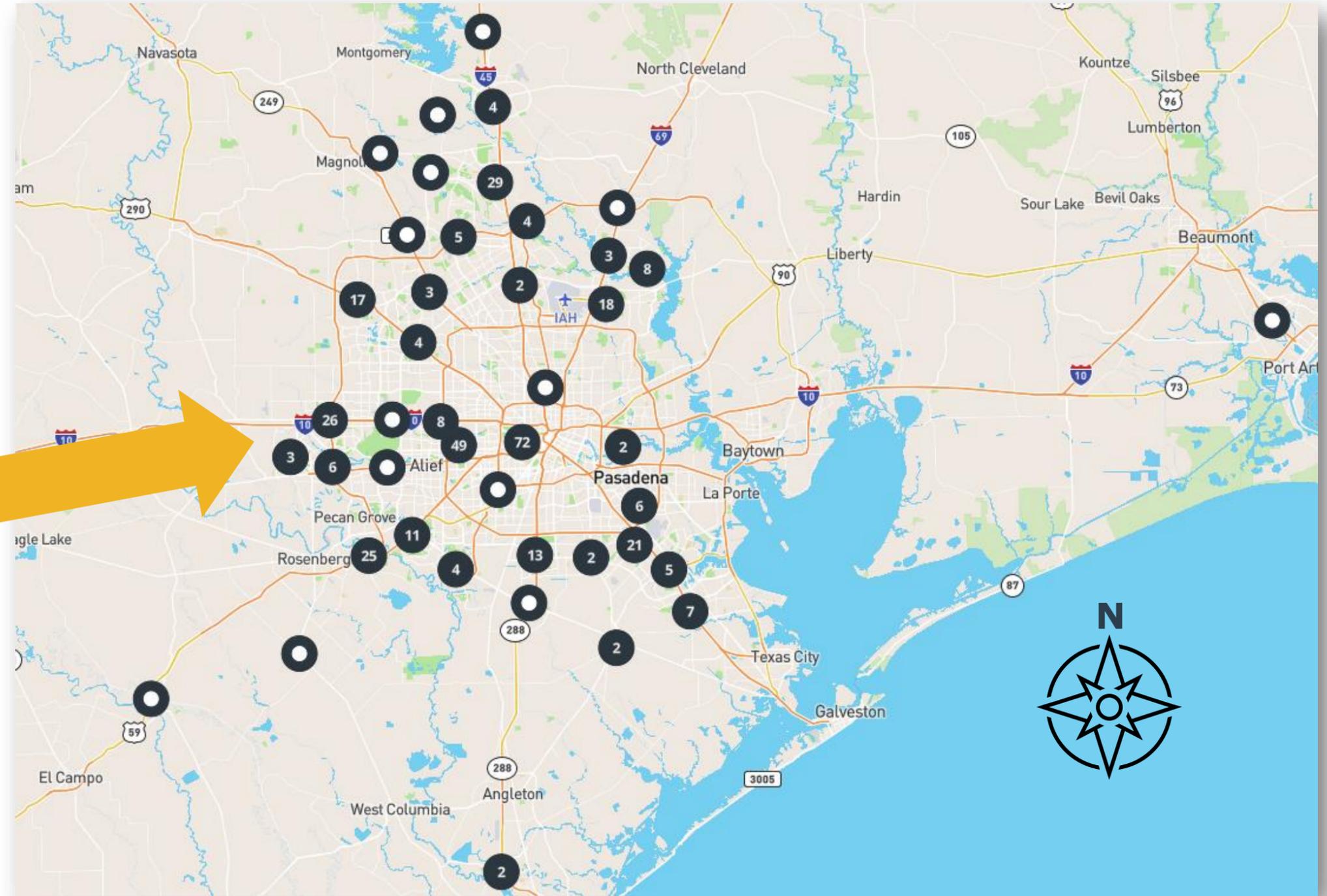
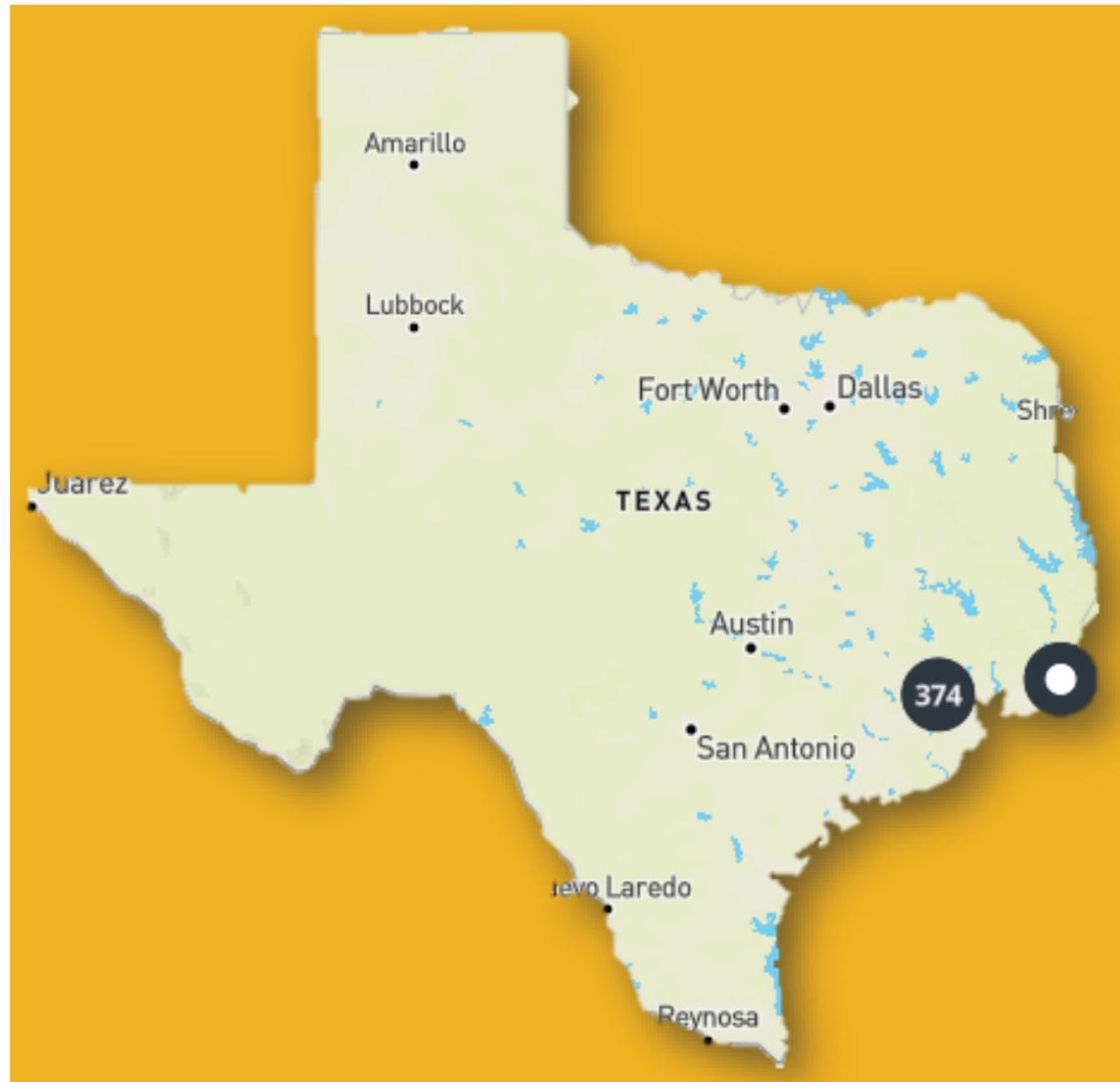
For more than 116 years, our focus has been the best interest of our community, contributing more than \$464 million annually through our community benefit programs.



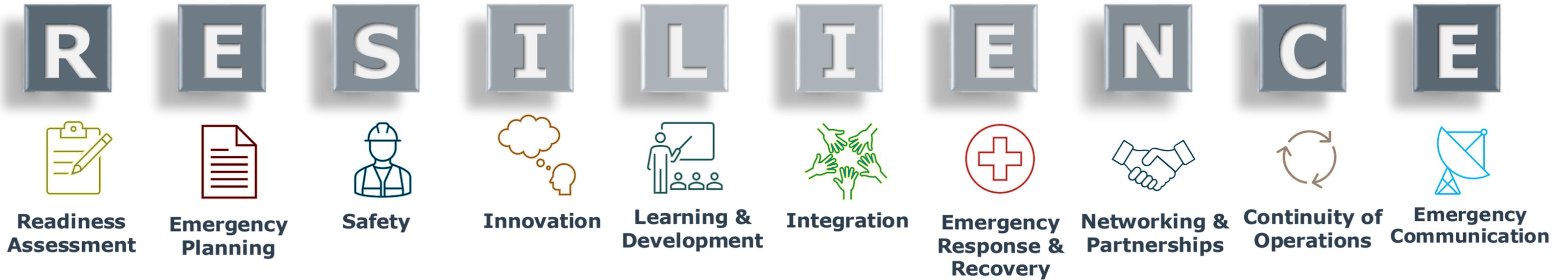
*\*Memorial Hermann Health System owns and operates 14 hospitals and has joint ventures with three other hospital facilities, including Memorial Hermann Surgical Hospital First Colony, Memorial Hermann Surgical Hospital Kingwood and Memorial Hermann Rehabilitation Hospital-Katy.*

*Last Updated February 2024*

# MHHS Footprint – Greater Houston Area



# Emergency Management & Organizational Resilience



## Our Purpose

Ensure operational continuity by equipping staff with the knowledge, skills, and competencies necessary to uphold our mission, vision, and values during crises. Recognizing that disasters do not occur in isolation; we adopt a system-based approach to foster organizational collaboration and resilience.

## Our Approach



# The Team



**Brandy Ferguson MD,  
MS Medical Director**



**Adam Lee MBA, MS, CEM  
Director**



**Katie Linn MS, CEM  
Manager**



**Vacant  
Planner**



**Vacant  
Planner**



**Michael Olivier EMT-P  
Emergency Management  
Coordinator – TMC/Childrens**



**Jonathan House EMT-P  
Emergency Management  
Coordinator – PL/SE**



**Michael Carrier  
Emergency Management  
Coordinator – SW/SL**

13



**~50 Other Duties as Assigned  
Emergency Preparedness Officers  
(EPOs) and Backup EPOs**

# FIFA World Cup 2026

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HERMANN

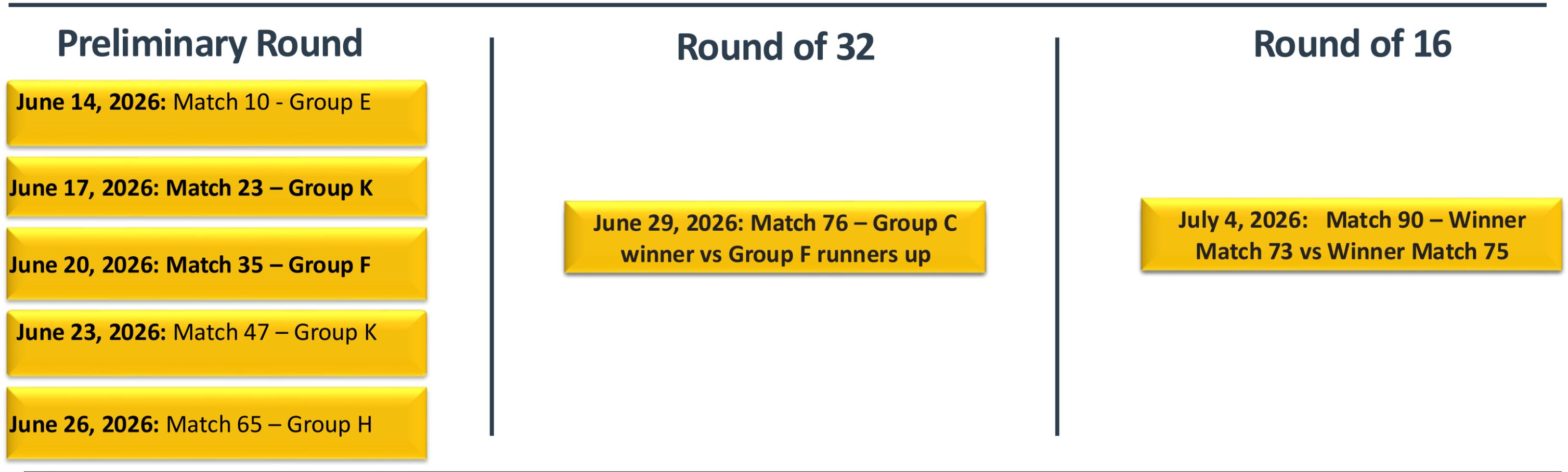
# **FIFA WORLD CUP 2026™ MATCH SCHEDULE**



# General Overview: FIFA World Cup - Houston

Houston will host 7 FIFA World Cup games Summer 2026

Starts: June 11, 2026 Ends: July 19, 2026



Many additional non-game events occur prior to the first game and following the last game.

# Group Stage

GERMANY		V		CURAÇAO
JUNE 14 - 12:00 PM CT				
PORTUGAL		V		COD/JAM/NCL
JUNE 17 - 12:00 PM CT				
NETHERLANDS		V		UKR/SWE/POL/ALB
JUNE 20 - 12:00 PM CT				
PORTUGAL		V		UZBEKISTAN
JUNE 23 - 12:00 PM CT				
CABO VERDE		V		SAUDI ARABIA
JUNE 26 - 7:00 PM CT				

# General Overview: FIFA World Cup - Dallas

Dallas will host 9 FIFA World Cup games Summer 2026  
Starts: June 11, 2026 Ends: July 19, 2026

## Preliminary Round

June 14, 2026: Match 11

June 17, 2026: Match 22

June 22, 2026: Match 43

June 25, 2026: Match 43

June 27, 2026: Match 70

## Round of 32

June 30, 2026: Match 78

July 3, 2026: Match 93

July 6, 2026: Match 101

## Round of 16

July 14, 2026: Match 101

Many additional non-game events occur prior to the first game and following the last game.



# FIFA WORLD CUP 2026<sup>™</sup> MATCH SCHEDULE

## GROUP STAGE

NETHERLANDS  **V**  JAPAN

JUNE 14 • 3:00 PM CT

ENGLAND  **V**  CROATIA

JUNE 17 • 3:00 PM CT

ARGENTINA  **V**  AUSTRIA

JUNE 22 • 12:00 PM CT

JAPAN  **V**  UKR/SWE/POL/ALB

JUNE 25 • 6:00 PM CT

JORDAN  **V**  ARGENTINA

JUNE 27 • 9:00 PM CT

## ROUND OF 32

2E  **V**  2I

JUNE 30 • 12:00 PM CT

2D  **V**  2G

JULY 3 • 1:00 PM CT

## ROUND OF 16

W83  **V**  W84

JULY 6 • 2:00 PM CT

## SEMIFINAL

W97  **V**  W98

JULY 14 • 2:00 PM CT

# Things to Know

Although we will not have final information on which teams will be playing in Texas, this is what we know so far...

**Population Increase = Millions**

**World Record in Dallas?**

**Increase in Human Trafficking / Sexual Assault**

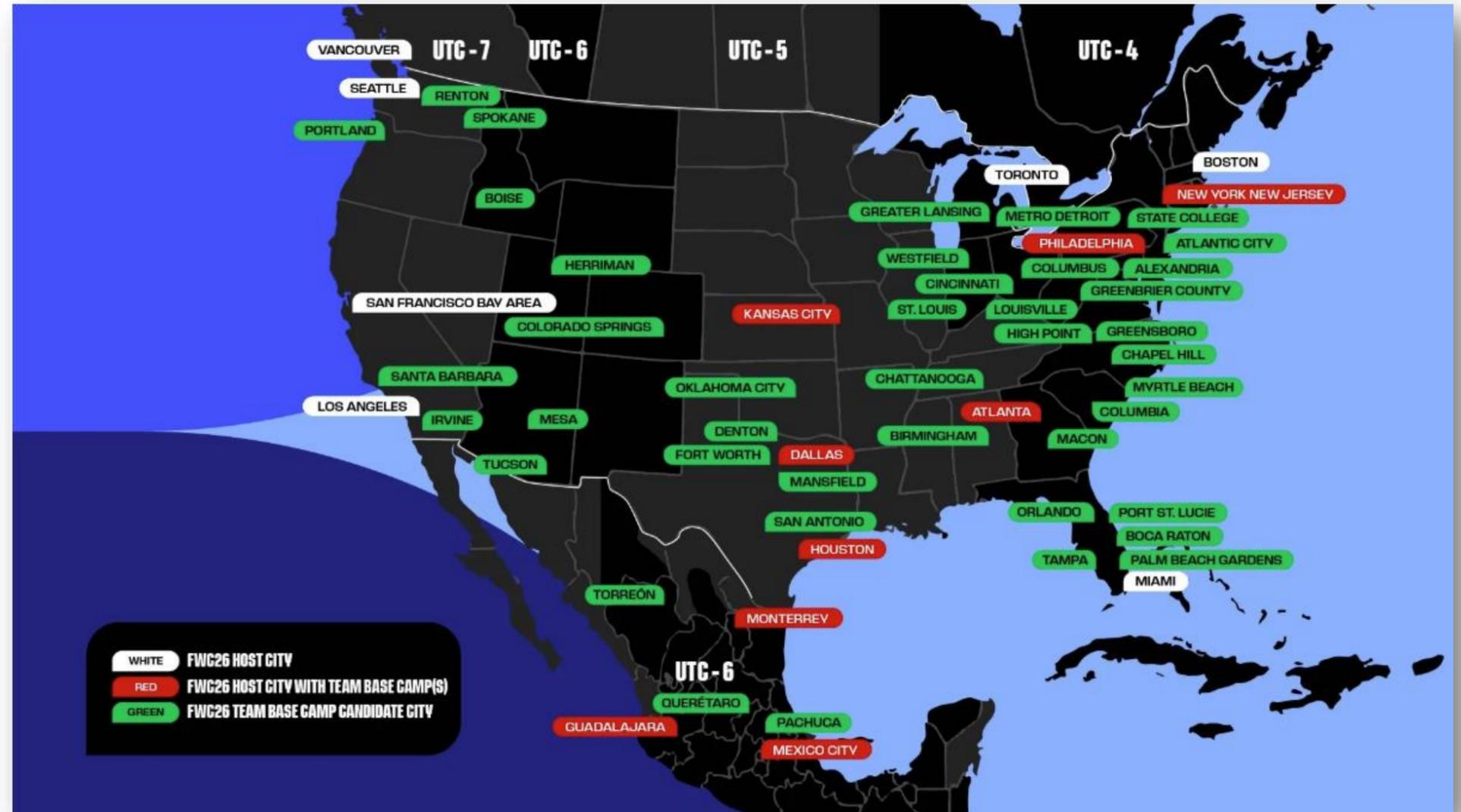
**Concurrent Events / Traffic**

**Base Camps / Fan Festival/ “Texas-Sized Viewings”**

**How We Sell Tickets**

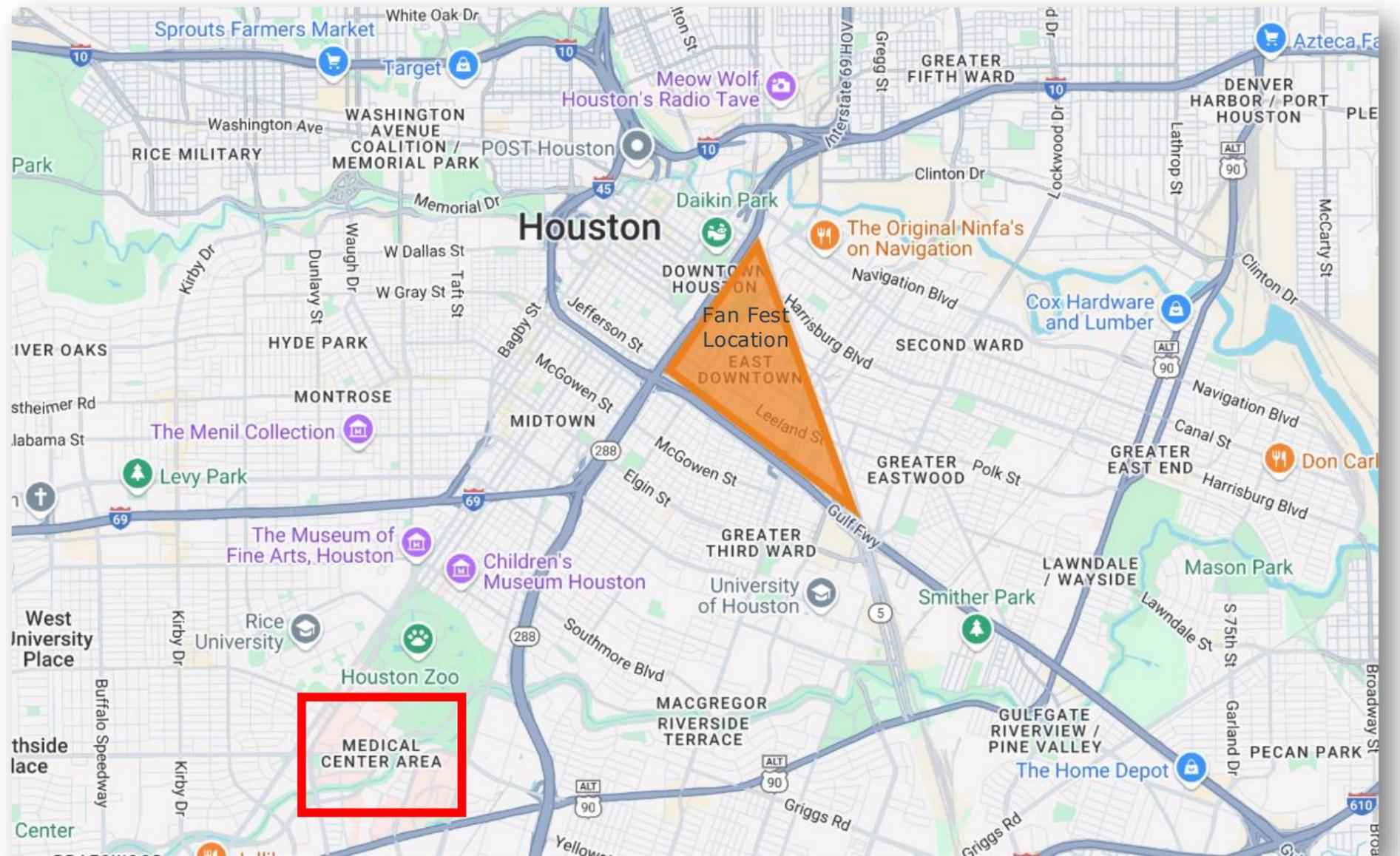
# Team Base Camp Locations

- › Houston - 1
  - › Sports Park in partnership with the Omni Houston Hotel
- › San Antonio – 1
  - › San Antonio Stadium
- › Dallas – 6
  - › DBU FC Dallas Stadium
  - › University of Dallas
  - › University of North Texas
  - › TCU
  - › Mansfield Multipurpose Stadium



# Fan Festival Location - Houston

- “Our fan fest, rather than be at Discovery Green or George R. Brown [Convention Center] like it normally is with these big events, we are looking to make it this cool, neighborhood block party feel”



\*\*Want to see what Fan Fest is? Watch: [Relive the FIFA Fan Festival at the FIFA World Cup Qatar 2022! - YouTube](#)

# General Information - Houston



**Operational Period: 6/11/26 – 7/19/26 (39 days)**

**Location: East Downtown (EaDo)**

**Max Capacity of Fan Fest = 5,000**

**Approximately 12,800 Visitors per day (500,000 total)**

**Onsite Medical (including “Ethan”)**

**Heat-mitigation-cooling towels, cooling stations, misters,  
free water**



“FIFA Fan Fest celebrates 2.5 million visitors milestone!”  
– Russia 2018



# Fan Festival Location –Fair Park, Dallas

- Home of the State Fair of Texas and the world's largest collection of art deco exhibit buildings, the 277-acre complex hosts more than 1,200 activities every year including the State Fair of Texas and Red River Showdown. From festivals and concerts to sporting and gardening activities, Fair Park has somethings for everyone. On nearby Exposition and Parry avenues, across from the light rail station, a cluster of bars and restaurants bring nights to life for a little post-park adventure.



# General Information Fan Fest - Dallas

**Approximately 35,000 Attendees per Day**

**Over 1 million visitors throughout the 39 day event**

**This Would Make it One of the Largest Free Public events in Dallas History.**

**Live Match Broadcast of all 104 World Cup Matches**

**Live Music and Culture Performance**

**Interactive Zones to Engage in Soccer Related Activities**



# General Planning Considerations

SANE Nursing / Psych Response

Increased Volume in the Hospital

Mass Casualty Incidents

VIP Visits Increase

Non-Game Events (Fan Fest, Parades,  
Meet & Greet)

Riots / Rivalries

Fans Storming the Stadium (Potential  
Crush Events)

Prolonged Event

Medication Needs of Visiting Fans

Foreign Pathogens and Outbreaks

Substance Abuse

Heat Concerns

Transit System/Parking/Traffic

Delayed Emergency Response Time  
EMS/Police

Telecommunication System Overload

Mile Marches

# Mile Marches



**Unknown Number Marching – Team Dependent**

**Occur on Game Days**

**No Identified Path Outlined Yet**

**Pop Up Marches Are Likely**

**At Least 2 separate simultaneous (or near) Marches into Stadium**

**Goal – To Have Medical Tents Along the Paths**



# Case Studies

# Case Studies: Mass Causality FIFA Events

These case studies collectively underscore the vital importance of proactive preparedness, crowd management, and planning for mass casualty incidents specifically for FIFA matches.

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**Montpellier Ligue 1 Match (2025)**

**Guinea Stadium Crush (2024)**

**Indonesia Stadium Stampede (2022)**

**Accra Sports Stadium Disaster (2001)**

**Estadio Doroteo Guamuch Flores Disaster (1996)**

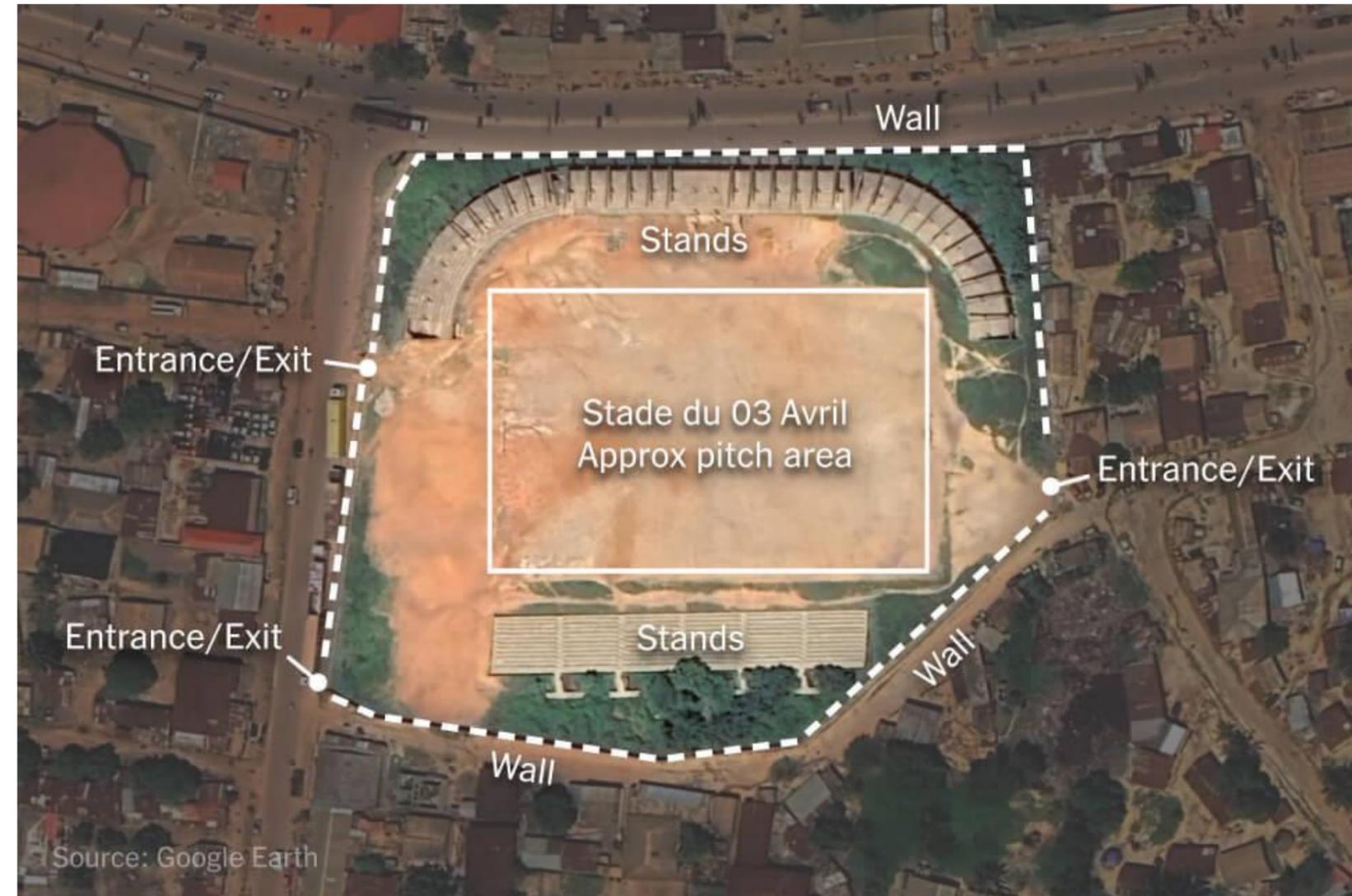
# Montpellier Ligue 1 Match (March, 2025)

- › Match between two popular French teams: Montpellier Herault and Saint-Etienne
- › With the scoreline and mounting frustrations among fans, several flares were thrown onto the pitch and into the stands.
  - › Sparked a small fire with black smoke
  - › Security evacuated fans from parts of the stands which also caused chaos to grow.
- › No injuries reported



# Guinea Stadium Crush (2024)

- › December 1, 2024 at Stade du 3 Avril
- › Match between two rival teams: Nzérékoré and Labé
- › Approx. 20,000-30,000 in attendance
- › Referee gave a red card to Labé player and penalty to Nzérékoré
- › Fans swarmed field and security released tear gas into crowd



# Guinea Stadium Crush (2024)

- Spectators attempted to escape through stadium's exits
  - Led to stampede and crowd crush
- Injured and dead victims brought to local hospital
  - Hospital was quickly overwhelmed
  - Some victims taken to private clinics
- Initially 56 reported dead
  - Final fatality count: 140
  - 11 missing



# Indonesia Stadium Stampede (2022)

- › October 1, 2022: Kanjuruhan Stadium in Malang Regency, East Java, Indonesia
- › Match between rivals, Arema and Persebaya Surabaya
- › Total attendance: 42,000 (estimated capacity of 38,000)
- › Approx. 3000 spectators entered the field after Arema loss
- › Police began using tear gas to disperse rioters





**KANJURUHAN STADIUM**

**8:00pm**

**Kick-off**  
Some 42,000 spectators attend the sold-out football match

**9:39pm**

**Final whistle**  
Persebaya defeat Arema 3-2 at the latter's home ground

**9:45pm**

Hundreds of spectators pour into the field and topple five police cars. Police officers beat them back with batons

**9:50pm**

Police fire tear gas and flash bangs, causing a stampede as hundreds of spectators scramble to escape



# Indonesia Stadium Stampede (2022)

- › All gates, except one, were locked
- › Stampede resulting in crowd crush, asphyxiation
- › Victims taken to local hospitals via ambulance and Indonesian Army trucks
- › 135 deaths, 583 injured
  - › Ages ranged from 3-45 years old
- › Cause of stampede: misuse of tear gas



# Accra Sports Stadium Disaster (2001)

- › May 9, 2001: Ohene Djan Stadium in Accra, Ghana
- › Match between Ghana's two most successful teams, Accra Hearts of Oak and Asante Kotoko
- › Stadium capacity: 40,000



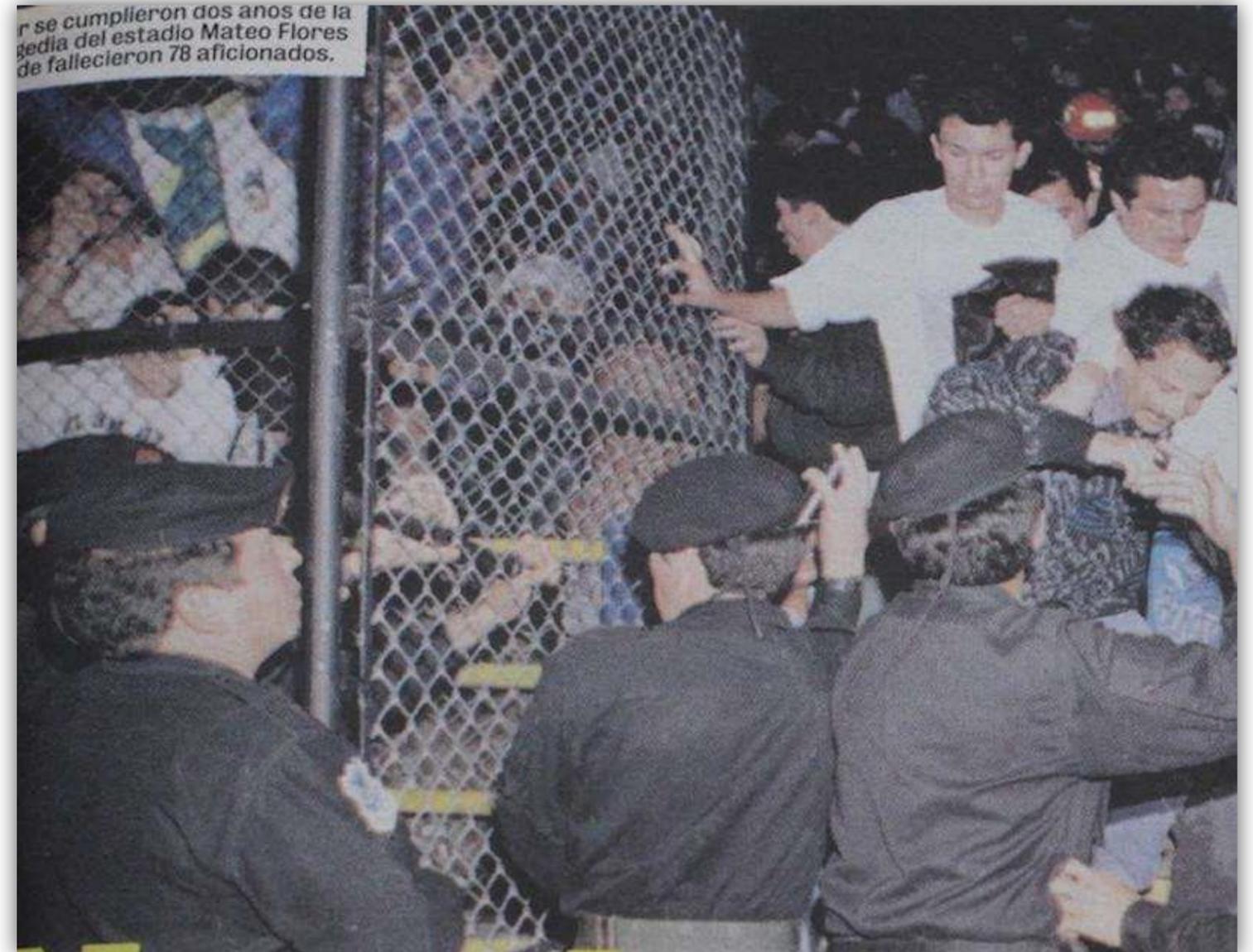
# Accra Sports Stadium Disaster (2001)

- After Accra win, Kotoko fans began throwing plastic seats and bottles onto pitch
- Police fired tear gas into crowd causing stampede
- Many exits were locked causing bottleneck
- Medical staff had left stadium near end of match
- 116 deaths from compressive asphyxia, 10 deaths from trauma
- Worst stadium disaster in Africa



# Estadio Doroteo Guamuch Flores Disaster (1996)

- › October 16, 1996 in Guatemala City, Guatemala
- › Match between Guatemala and Costa Rica
  - > 1998 World Cup Qualification Match
- › Stadium capacity: 37,500
- › Attendance: 50,000



# Estadio Doroteo Guamuch Flores Disaster (1996)

- › Massive surge of attendees through General Sur sector
- › Stadium lacked adequate escape routes and emergency protocols
- › Stampede resulting in crush injuries and suffocation
- › 83 died, over 140 injured



# Lessons Learned

- › High alert for rivalry matches
- › Security may be overwhelmed by attendees > riots, stampedes
- › Injuries may vary
  - › Blunt vs penetrating injuries
  - › Inhalational
  - › Chemical exposures
- › Rapid influx of patients to hospital
- › Transport methods may differ
  - › EMS, military vehicle, self-directed, ride share



# Preparing for the 2026 FIFA World Cup

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# How to Prepare for the FIFA World Cup?

- Review and test facility-specific Mass Casualty Incident Plan
- Ensure resources needed are available
  - > Staffing
  - > Equipment
- MCI education for staff
  - > Triage
  - > Decompression of Emergency Department
  - > Perioperative/OR planning
  - > Surge protocol process
  - > Documentation
  - > Patient tracking
  - > Communication
- Close communication with local stakeholders



# Continued...

- › Start the Conversations on the 2026 World Cup
- › Start your preparedness efforts now – Training, Drills, Exercise
- › Establish appropriate subcommittees/workgroups to address areas of concern.
- › Take A Regional Approach.
- › Disaster Triage Training
- › Incident Command Training



# General MCI Preparedness Items



Surge World

MCI Binders

HERT Teams

MCI Carts

ER Pre-planning

Pulsara Training



# Surge World (Gamification of Disaster Triage)

<https://surgeworld.lachildrenshospital.net/index.php>

\*\*Must use a healthcare email address to be granted access



Current Goal  
- (0) Correctly triaged in 5 minutes.

PATIENT  
NAME  
Lauren Chavez  
AGE  
1.5

Pick a Triage Flow Chart

START

JumpSTART

**JumpSTART**

Current Goal  
- (0) Correctly triaged in 5 minutes.

**PATIENT**  
NAME: Lauren Chavez  
AGE: 1.5

ERRORS: **XXX**

ABLE TO WALK?

RESPIRATIONS   
Rate: N/A  
Rescue Attempt: N/A

PERFUSION

MENTAL STATUS

ASSIGN TRIAGE:  
**EXPECTANT**  
**IMMEDIATE**  
**DELAYED**  
**MINOR**

Is he ABLE TO WALK? (Yes/No)

Is he BREATHING? (No)

# MCI Binders

## Current State

- › Printed instructions for Sending and Alert
- › Check list of " What to do during an MCI"
- › Phone Lists
- › Copy of MCI plan
- › Organization Structure

## What's Next

- › Create A Sharepoint App!



# Campus Hospital Emergency Responses Teams (HERT)

Multidisciplinary Clinical and nonclinical, group of Memorial Hermann professionals trained and organized to manage and respond to emergencies, disasters, or critical incidents within the hospital.

## What We Do

Regular Meetings

Drill/Train

Create Muscle Memory

Promote Safety & High Reliability



## Preparing For

Decontamination

Mass Casualty/Evacuations

Incident Command

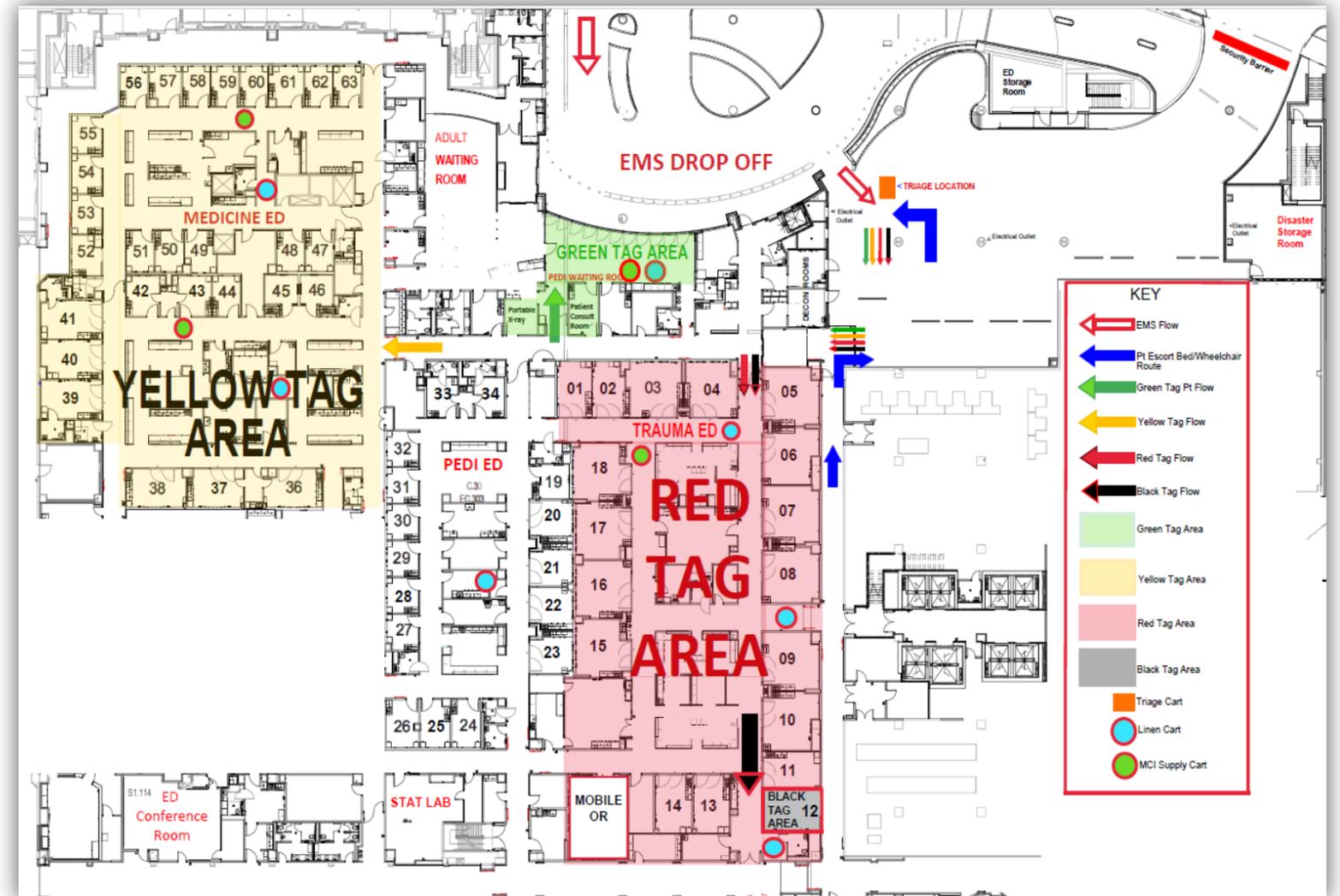
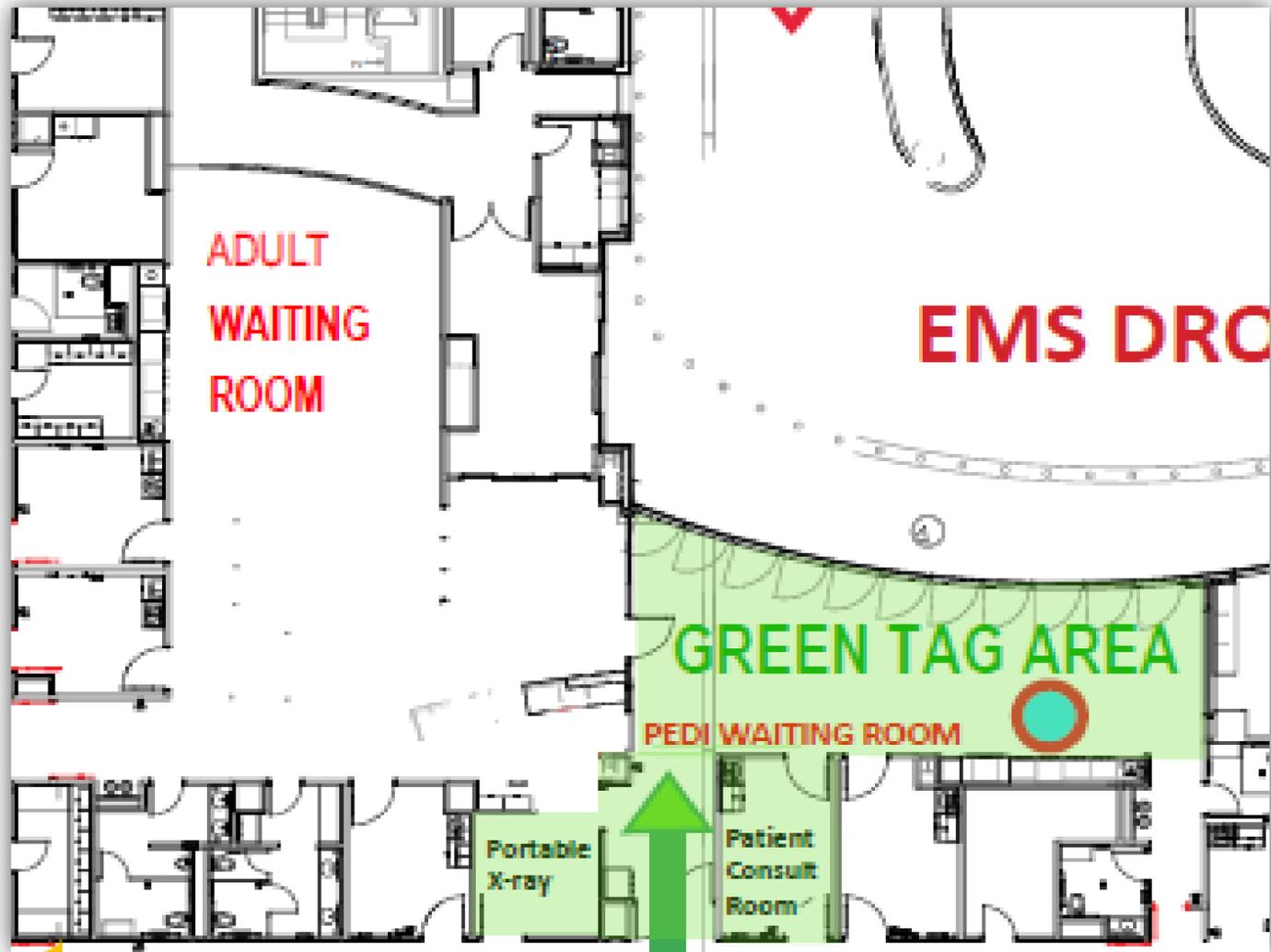
Highly Infectious Patient(s)

# MCI Carts

- › Supply Chain maintains and cycles inventory into use, so expiration is never exceeded.
- › Inventory kept is approved by the CMO/Trauma Surgeons
- › Pre-identified locations
- › Inventory List is Currently being Reviewed/Revised



# ER Pre-Planning



# Closing

# Summary – The Goal of Today

- Understand the unique surge and mass casualty implications of hosting the FIFA World Cup in Texas.
- Identify critical components of a coordinated surge and MCI preparedness strategy.
- Apply lessons learned from past large-scale events, MCIs, and exercises to develop scalable MCI response frameworks.

# Questions



# Contact Information – Scan the QR Code

Adam Lee, MBA, MS, CEM

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Organizational Resilience



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Medical Director, Emergency  
Management & Organizational Resilience

Email: [brandy.Ferguson@memorialhermann.org](mailto:brandy.Ferguson@memorialhermann.org)

O: 713-984-7856

M: 770-597-0497

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**RAC – R East Gulf Coast  
Regional Trauma & EMS Repository Services**

**December 9, 2025**

# Plan for Discussion Today with RAC-R

## Agenda (1030 – 1115 am CT)

- Introductions
- Trauma Repository Overview – 15 minutes
- EMS Repository Overview – 15 minutes
- Insights Reporting Suite Overview – 5 minutes
- Q&A – 10 minutes (*Lunch to Arrive by 1100 am*)

**Post Meeting – ESO will share this deck with RAC leadership to distribute**

Section One

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# Trauma Repository

# Data Interoperability Through The Patient Journey

Incident

Pre-Hospital

Emergency Department

Critical Response

Operating Room

Inpatient

Post Acute Care/Rehab



**ESO HEALTH DATA EXCHANGE**

**ARRIVAL**



EHR Integration



Outcomes



EMS Record Access



**ESO PATIENT REGISTRY**

**OUTCOMES**



EHR and EMS Integration



Maintain Designation/ Verification



Patient-Centric Care



Operational Excellence



Clinical Performance



**ESO INSIGHTS**

**DATA**



Data and Information



Surveillance

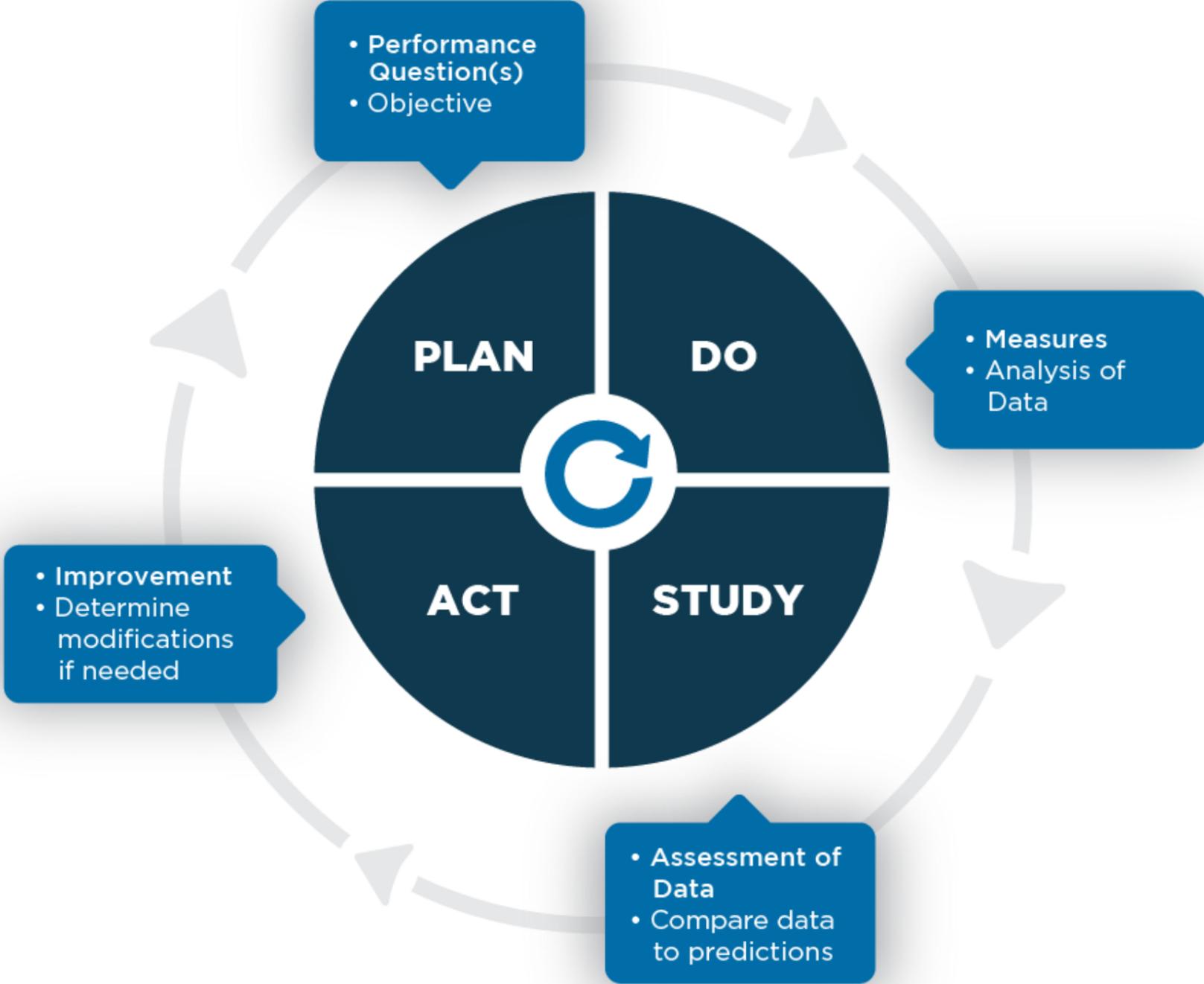


Near time dashboards

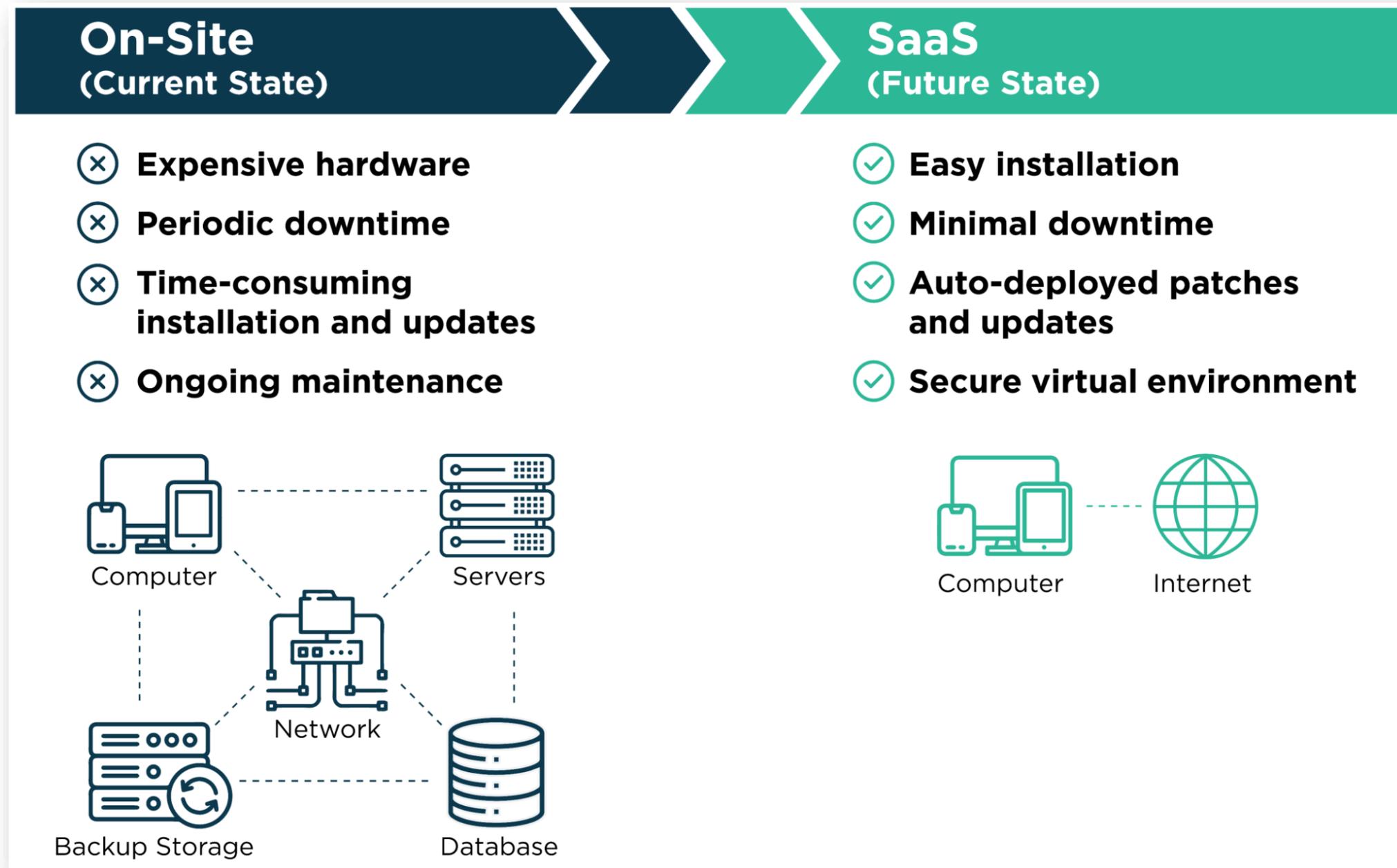


Outcome Monitoring

# Designed for PI Process



# Why SaaS for Repository Services?



# Trauma Repository Value

Receives data from submitting facilities in region

View reports as individual facilities or collate data for overall RAC view of activity

Allows for data to be analyzed and localized

Provides opportunity for action based decisions on concurrent data and regional activities

Live: State of HI, CATRAC, CENTEX, SETRAC, TRAC-V in TX

Onboarding: MA, MT, NM, OH, VA, WV

The screenshot displays the ESO (Emergency Severity Index) interface for a patient record. The main form is titled "PATIENT, DEMO 1." and shows various fields for patient information. The "Demographics" section is active, showing fields for Name (First Name: DEMO, Middle Name: 1, Last Name: PATIENT), Identification (Social Security Number: 111-11-1111, Driver's License Number: TX1234567890, Driver's License State: Texas), and ID Number (N/A). A "Validate Encounter" panel is open on the right, showing submission organizations (CALTRAC, HOSPITAL, NTDB) and issues to be resolved (Medical Record Number, Highest GCS Motor, Example Issue Title).

Organization	Completion %	Required	Warning
CALTRAC	55%	50/100	60/100
HOSPITAL	75%	50/100	100/100
NTDB	80%	50/50	60/100

# Repository Insights Reports

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## Operational Reports

- Trauma Submissions
- Trauma Submissions by Organization
- Trauma Submissions – Record Level
- Trauma Submissions – Validation Counts

## PI/Activity Reports

- Comorbidities
- Complications
- Mechanism of Injury
- Mechanism of Injury with Mortality
- Injury Severity Score with Mortality
- Injury Severity Score with Transport Mode
- Summary by Month/Level
- Transfer by Level
- Transfer by Outcome

# Trauma Repository | Complications

## Total records by Complications by Year

Please use the ⓘ button for a summary of what fields were employed to create each widget.

Total # of Records

Analyze It ⓘ ⌵

# of Records: 9,920

### Summary by Complication | Bar Chart

ⓘ ⌵



### Summary by Complication

ⓘ ⌵

Years in ED/Hospital Arrival Datetime without Time Zone	Hospital Complication	COUNT([...])	Contribution to (DUPCOUNT([Patient ID]))
2025	Acute Kidney Injury (AKI)	6	0.16%
2025	Acute Respiratory Distress Syndrome (ARDS)	4	0.11%
2025	Alcohol Withdrawal Syndrome	10	0.27%
2025	Cardiac Arrest With CPR	15	0.41%
2025	Deep Surgical Site Infection	3	0.08%
2025	Deep Vein Thrombosis (DVT)	17	0.46%
2025	Delirium	28	0.76%
2025	Extremity Compartment Syndrome	1	0.03%
2025	Myocardial Infarction (MI)	2	0.05%
2025	Not Applicable (NA)	1,391	37.82%
2025	Not Known/Not Recorded (NK/NR)	1,798	48.89%
2025	Other	389	10.58%
2025	Pressure Ulcer	12	0.33%
2025	Pulmonary Embolism (PE)	8	0.22%
2025	Severe Sepsis	3	0.08%
2025	Stroke/CVA	10	0.27%
2025	Superficial Incisional Surgical Site Infection	1	0.03%
2025	Unplanned Admission to ICU	57	1.55%
2025	Unplanned Intubation	33	0.90%
2025	Unplanned Visit to the Operating Room	57	1.55%
2025	Ventilator-Associated Pneumonia (VAP)	9	0.24%
<b>Grand Total</b>		<b>3,678</b>	<b>100.00%</b>

### Summary by Complication & by Month

ⓘ ⌵

Hospital Complication	# of Records					Grand Total
	04/2025	05/2025	06/2025	07/2025	08/2025	
Acute Kidney Injury (AKI)			6			6
Acute Respiratory Distress Syndrome (ARDS)			1	3		4
Alcohol Withdrawal Syndrome			2	7	1	10
Cardiac Arrest With CPR			5	9	1	15
Deep Surgical Site Infection			1	2		3
Deep Vein Thrombosis (DVT)			5	12		17
Delirium		1	1	26		28
Extremity Compartment Syndrome			1			1
Myocardial Infarction (MI)				2		2
Not Applicable (NA)	158	162	1,071			1,391
Not Known/Not Recorded (NK/NR)	13	747	787	245	6	1,798
Other	65	45	279			389
Pressure Ulcer	1	3	8			12

ED/Hospital Arrival ⓘ  
 This & Last Year ⓘ  
 Facility Name ⓘ  
 Include all  
 Hospital Complication ⓘ  
 Include all

Update on Every Change

# Trauma Repository | Injury Severity Score (ISS) with Mortality

Count of total records, percentage of total, number of deaths, and % of mortality by ISS for each designation level.  
Please use the ⓘ button for a summary of what fields were employed to create each widget.

AND/OR Formula applied [🔗](#)

ED/Hospital Arrival Datetime [⋮](#)

This & Last Year [🗑️](#)

Facility Name [⋮](#)

Include all [🗑️](#)

ED Discharge Disposition [⋮](#)

Deceased/expired [🗑️](#)

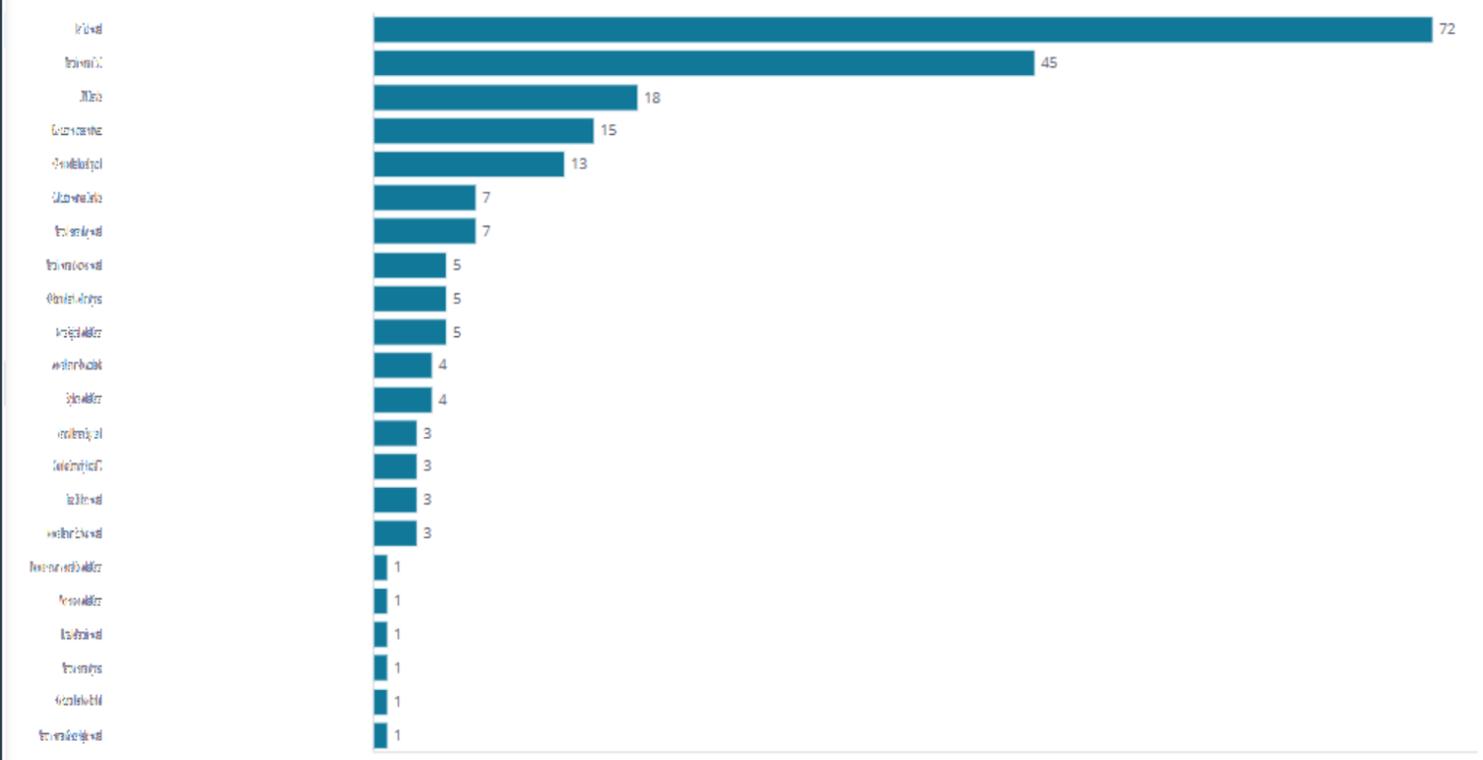
Hospital Discharge Disposition [⋮](#)

Deceased/Expired [🗑️](#)

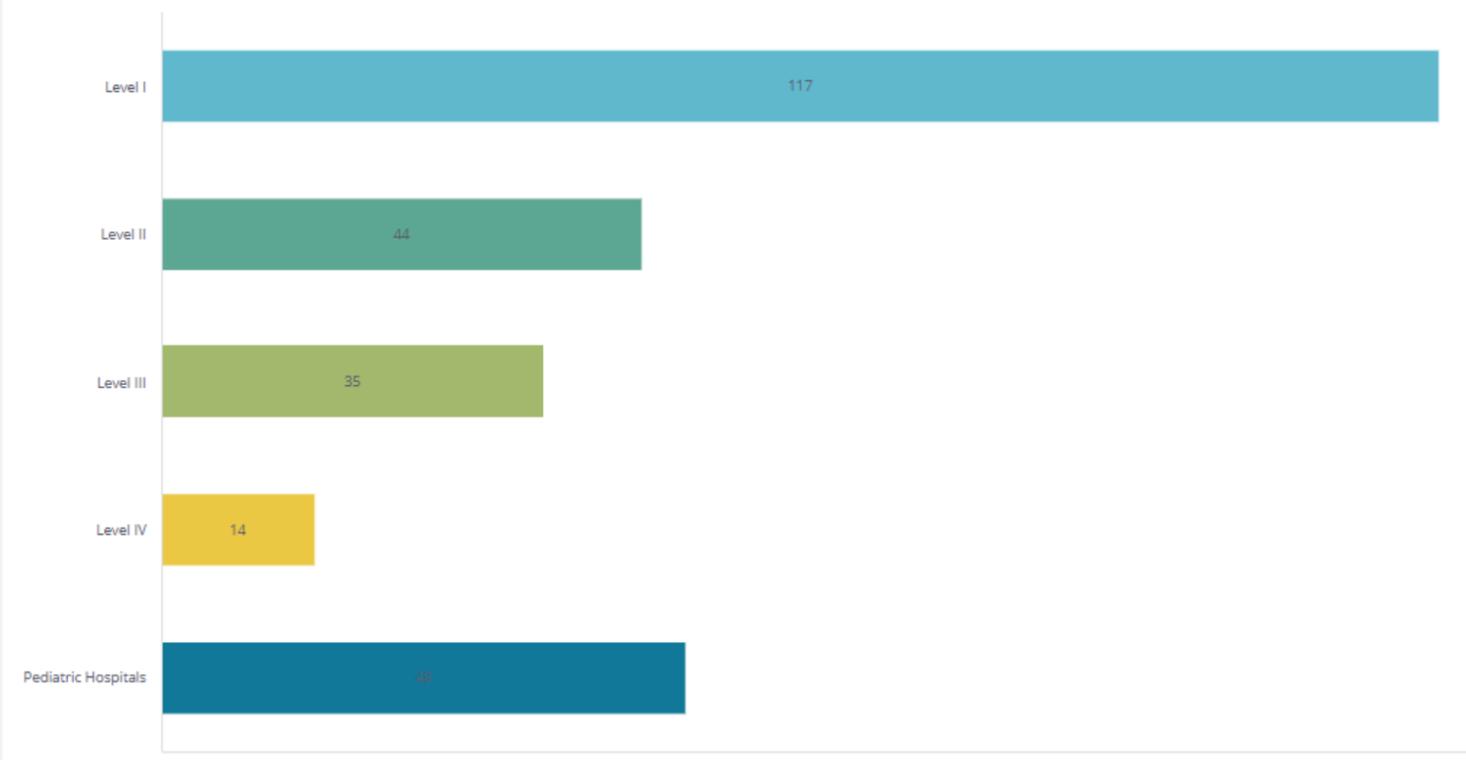
Total # of Records Analyze It ⓘ ⋮

# of Records: 218

Summary by Facility Name | Bar Chart ⓘ ⋮



Summary by Level | Bar Chart ⓘ ⋮



ISS by mortality | Level I ⓘ ⋮

Submitting Organization Name	ISS 0-9	ISS 10-15	ISS 16-24	ISS >=25
	2	4	8	23
	3	3	1	12
<b>Grand Total</b>	<b>5</b>	<b>7</b>	<b>9</b>	<b>35</b>

ISS by mortality | Level II ⓘ ⋮

Submitting Organization Name	ISS 0-9	ISS 10-15	ISS 16-24	ISS >=25
			1	4
	3	1	1	2
	2	3	1	7
	8	2	1	4
<b>Grand Total</b>	<b>13</b>	<b>6</b>	<b>4</b>	<b>17</b>

ISS by mortality | Level III ⓘ ⋮

Submitting Organization Name	ISS 0-9	ISS 10-15	ISS 16-24	ISS >=25
	1	1		2
	1			
	4			
<b>Grand Total</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>2</b>

ISS by mortality | Level IV ⓘ ⋮

Submitting Organization Name	ISS 0-9	ISS 10-15	ISS 16-24	ISS >=25
	1			
<b>Grand Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

ISS by mortality | Pediatric Hospitals ⓘ ⋮

Submitting Organization Name	ISS 0-9	ISS 10-15	ISS 16-24	ISS >=25
	3	3	1	12
<b>Grand Total</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>12</b>

Summary by Month & Facility Name ⓘ ⋮

Facility Name	# of Records

Update on Every Change

# Trauma Repository | Transfers by Level

List of patients with transfer status, ISS, and vitals etc.  
Please use the ⓘ button for a summary of what fields were employed to create each widget.

Years in ED/Hospital Arrival Datetime without Time Zone

This & Last Year

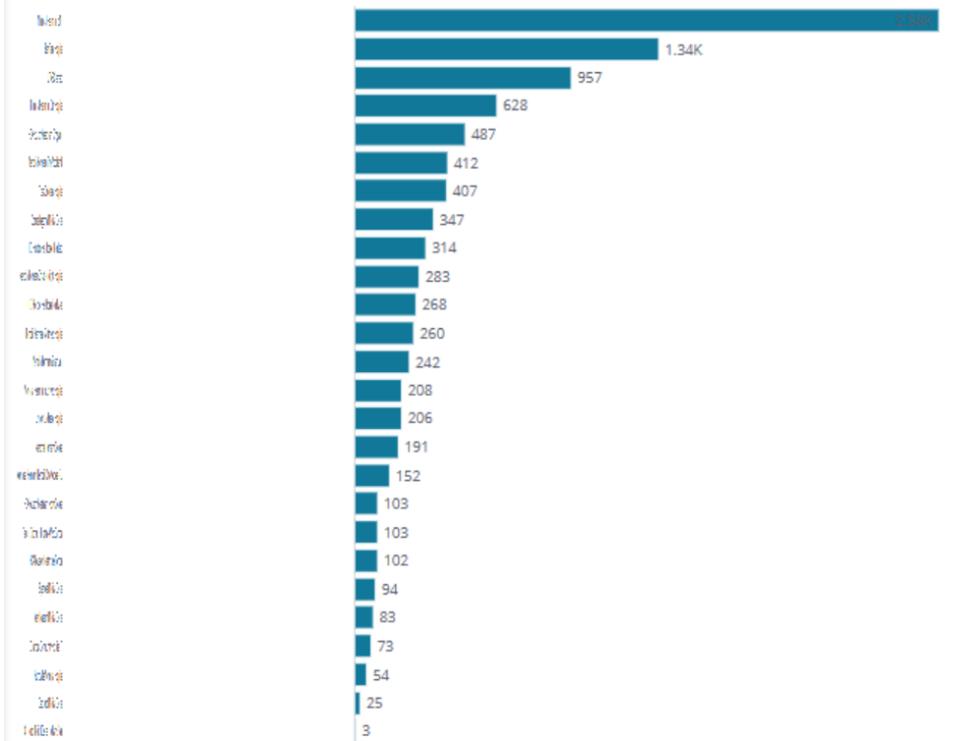
Transport Mode

Include all

Total # of Records Analyze It ⓘ ⌵

# of Records: 9,920

Summary by Facility Name | Bar Chart

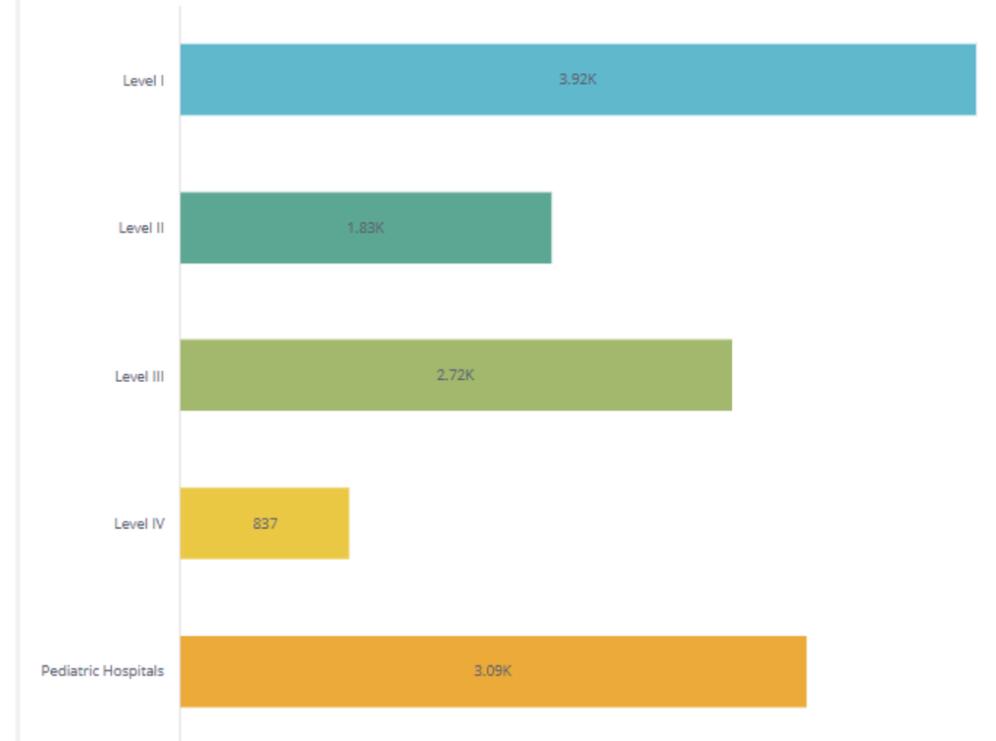


Summary by Submitting Organization

Facility Name	# of Records
Facility 1	94
Facility 2	1,343
Facility 3	73
Facility 4	347
Facility 5	314
Facility 6	487
Facility 7	103
Facility 8	268
Facility 9	102
Facility 10	54
Facility 11	206
Facility 12	191
Facility 13	283
Facility 14	628
Facility 15	152
Facility 16	260
Facility 17	208
Facility 18	242
Facility 19	2,575
Facility 20	412
Facility 21	3
Facility 22	25
Facility 23	103

1-25 of 26 Results Rows per page 25

Summary by Level | Bar Chart



Detailed Data

Facility Name	_TRAU...	Patient ID	Field GCS - Tot...	Initial ED/Hospital Systolic Blood Pressure	Time in ED/Hospital Arrival Datetime without Time Zone	Time in ED Discharge Datetime without Time Zone	ED Discharge Disposition	Transport Mode	Transferring Hospital EMS ID	Inter-Facility Transf...	ISS Calculated	Hospital Discharge Disposition	Highest Activation	Age	Transfer Time
Facility 1			15	133	06/05/2025 19:11	06/05/2025 22:08	Floor bed (general admission, non-specialty unit bed)	Ground Ambulance	Not Applicable	No	13	Discharged to home or self-care (routine discharge)	No	68	02h:57m:00s
Facility 2			N/A	116	05/20/2025 11:03	05/20/2025 13:40	Transferred to another hospital	Private/Public Vehicle/Walk-in	Not Applicable	No	9	Not Applicable	No	15	02h:37m:00s
Facility 3			N/A	181	06/06/2025 14:20	06/06/2025 17:45	Floor bed (general admission, non-specialty unit bed)	Ground Ambulance	Not Applicable	No	10	Discharged to home or self-care (routine discharge)	Not Known/Not Recorded	79	03h:25m:00s
Facility 4			15	125	06/06/2025 14:44	06/06/2025 20:17	Floor bed (general admission, non-specialty unit bed)	Ground Ambulance	Not Applicable	No	10	Discharged/Transferr... to inpatient rehab or designated unit	No	80	05h:33m:00s
Facility 5			14	146	05/23/2025 16:28	05/23/2025 18:17	Intensive Care Unit (ICU)	Ground Ambulance	Not Applicable	No	5	Discharged/Transferr... to home under care of organized home health service	No	91	01h:49m:00s
Facility 6			N/A	141	05/21/2025 18:58	05/21/2025 19:41	Transferred to another hospital	Private/Public Vehicle/Walk-in	Not Applicable	No	4	Not Applicable	No	14	00h:43m:00s

Update on Every Change

# Trauma Repository | Transfers Out Outcome

Count of patients transferred from ED by designation level to another Facility.  
Please use the ⓘ button for a summary of what fields were employed to create each widget.

ED/Hospital Arrival Datetime

This & Last Year

Facility Name

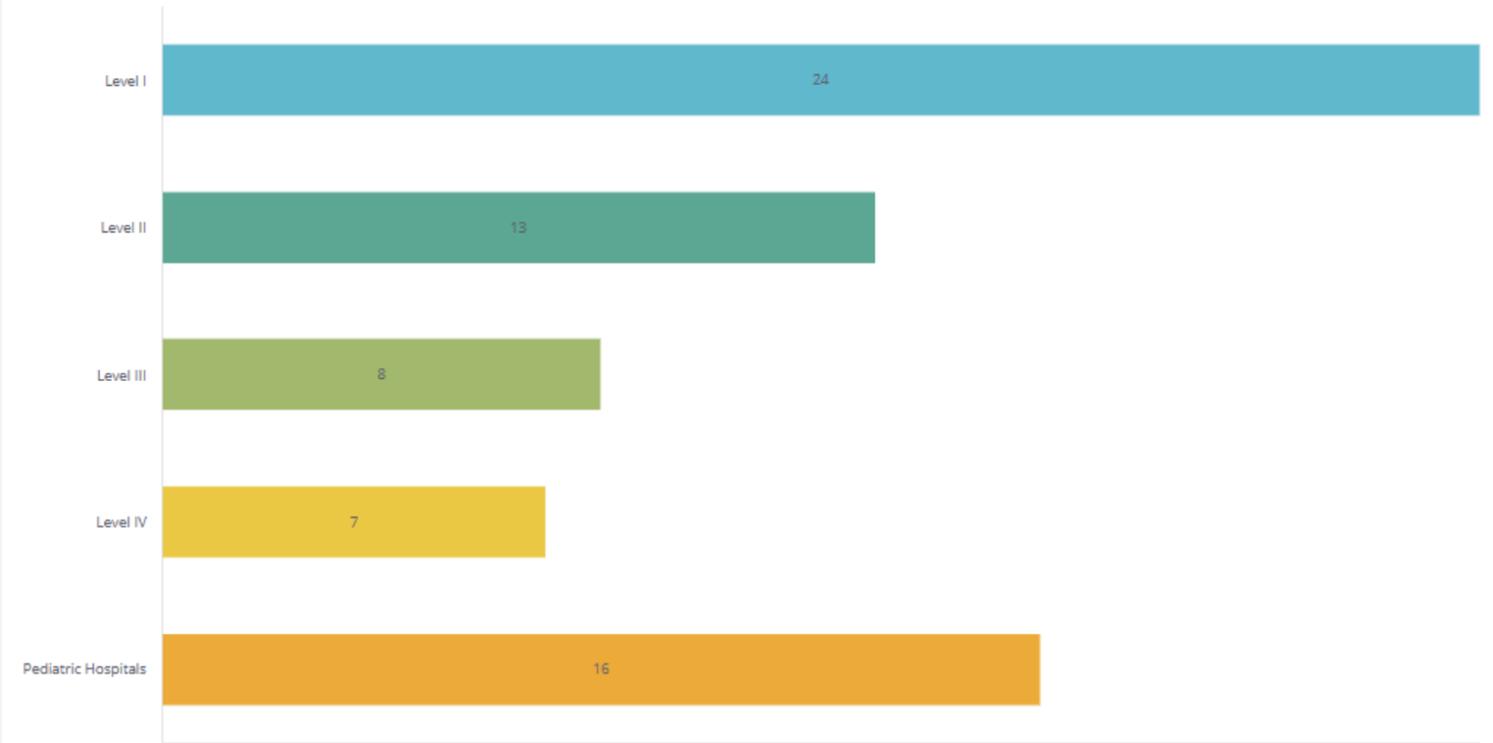
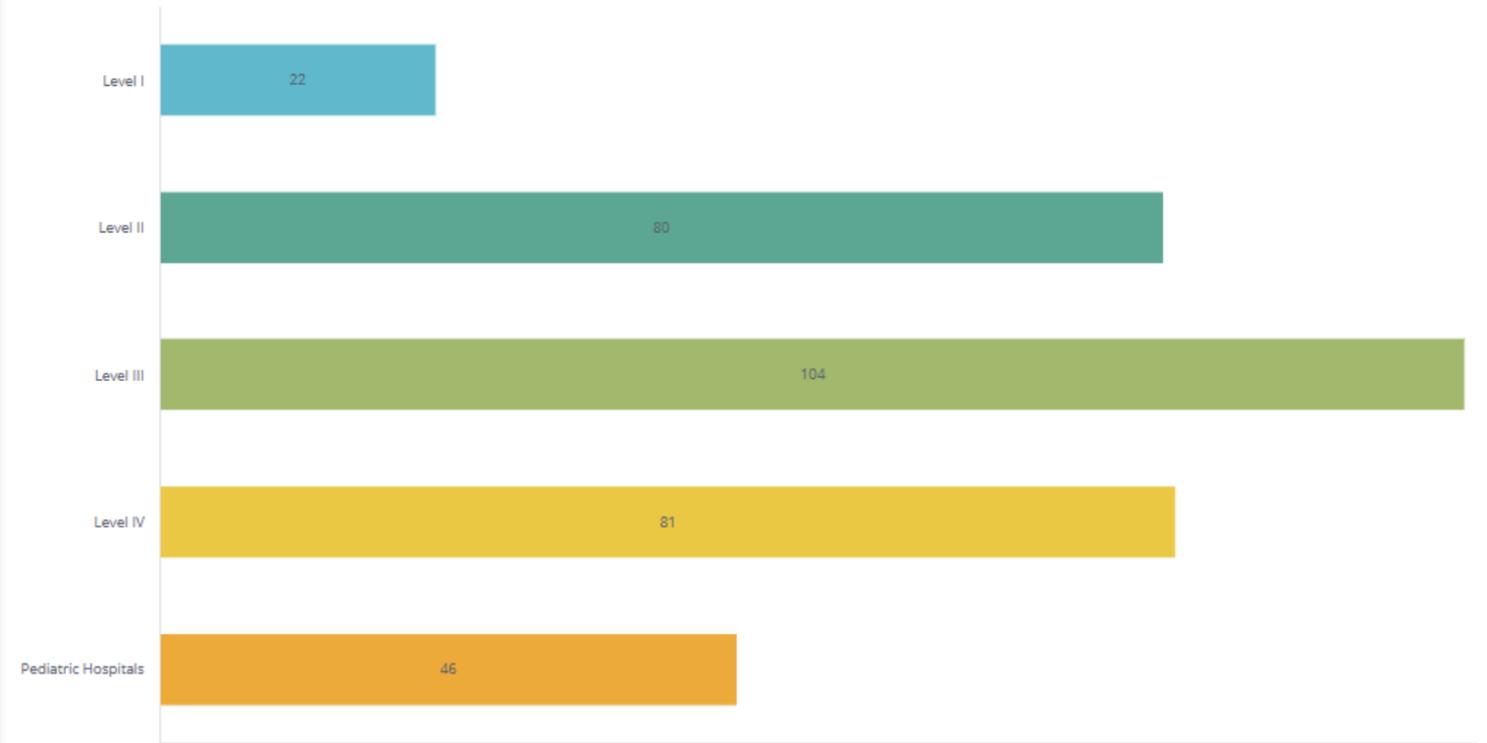
Include all

Total # of Records (Transfers Out From ED) ⓘ # of Records: 350

Total # of Records (Transfers Out After Being Admitted as an Inpatient) ⓘ # of Records: 56

Summary by Facility Name | Bar Chart (Transfers Out From ED) ⓘ

Summary by Facility Name | Bar Chart (Transfers Out After Being Admitted as an Inpatient) ⓘ



Summary by Month (Transfers Out From ED) | Level I ⓘ

Summary by Month (Transfers Out After Being Admitted as an Inpatient) | Level I ⓘ

Facility Name	Level I						Grand Total
	01/2025	02/2025	03/2025	04/2025	05/2025	06/2025	
	4	2	6	4	2	4	22
Grand Total	4	2	6	4	2	4	22

Facility Name	Level I						Grand Total
	01/2025	02/2025	03/2025	04/2025	05/2025	06/2025	
	6	3	9	4	11	6	39
Grand Total	6	3	9	15	26	25	84

Summary by Month (Transfers Out From ED) | Level II ⓘ

Summary by Month (Transfers Out After Being Admitted as an Inpatient) | Level II ⓘ

Facility Name	Level II			Grand Total
	05/2025	06/2025	07/2025	
	4	4	2	10
	8	8		16
	14	29	2	45
	4	5		9
Grand Total	30	46	4	80

Facility Name	Level II				Grand Total
	04/2025	05/2025	06/2025	07/2025	
			4	1	5
			2	3	5
			4	3	7
			3	2	6
			3	1	4
Grand Total	3	10	12	2	27

# Trauma Repository | Injury Mechanism with Mortality

Total records by Injury Mechanism with Mortality by Year  
Please use the ⓘ button for a summary of what fields were employed to create each widget.

Total # of Records

Analyze It ⓘ ⌵

# of Records: 218

Summary by Injury Mechanism | Bar Chart ⓘ ⌵



Summary by Injury Mechanism ⓘ ⌵

Injury Mechanism	# of Records	% Contribution
Firearm	1	0.5%
NVA	217	99.5%
Grand Total	218	100.0%

Summary by Injury Mechanism and Month ⓘ ⌵

Injury Mechanism	# of Records						
	01/2025	02/2025	03/2025	04/2025	05/2025	06/2025	07/2025
Firearm				1			
NVA	13					64	9
NVA		14					
NVA			19				
NVA					62		
NVA				36			
Grand Total	13	14	19	37	62	64	9

Summary by Injury Mechanism and ICD-10 Primary External Cause ⓘ ⌵

Injury Mechanism	ICD-10 Primary External Cause	# of Records...	% Contribu...

AND/OR Formula applied ⓘ

ED/Hospital Arrival ⓘ

This & Last Year ⓘ

Facility Name ⓘ

Include all ⓘ

Injury Mechanism ⓘ

Include all ⓘ

Injury Mechanism Code ⓘ

Include all ⓘ

ED Discharge Disposition ⓘ

Deceased/expired ⓘ

Hospital Discharge Disposition ⓘ

Deceased/Expired ⓘ

ICD-10 Primary External Cause ⓘ

Include all ⓘ

ICD-10 Primary External Cause Code ⓘ

Include all ⓘ

Include all ⓘ

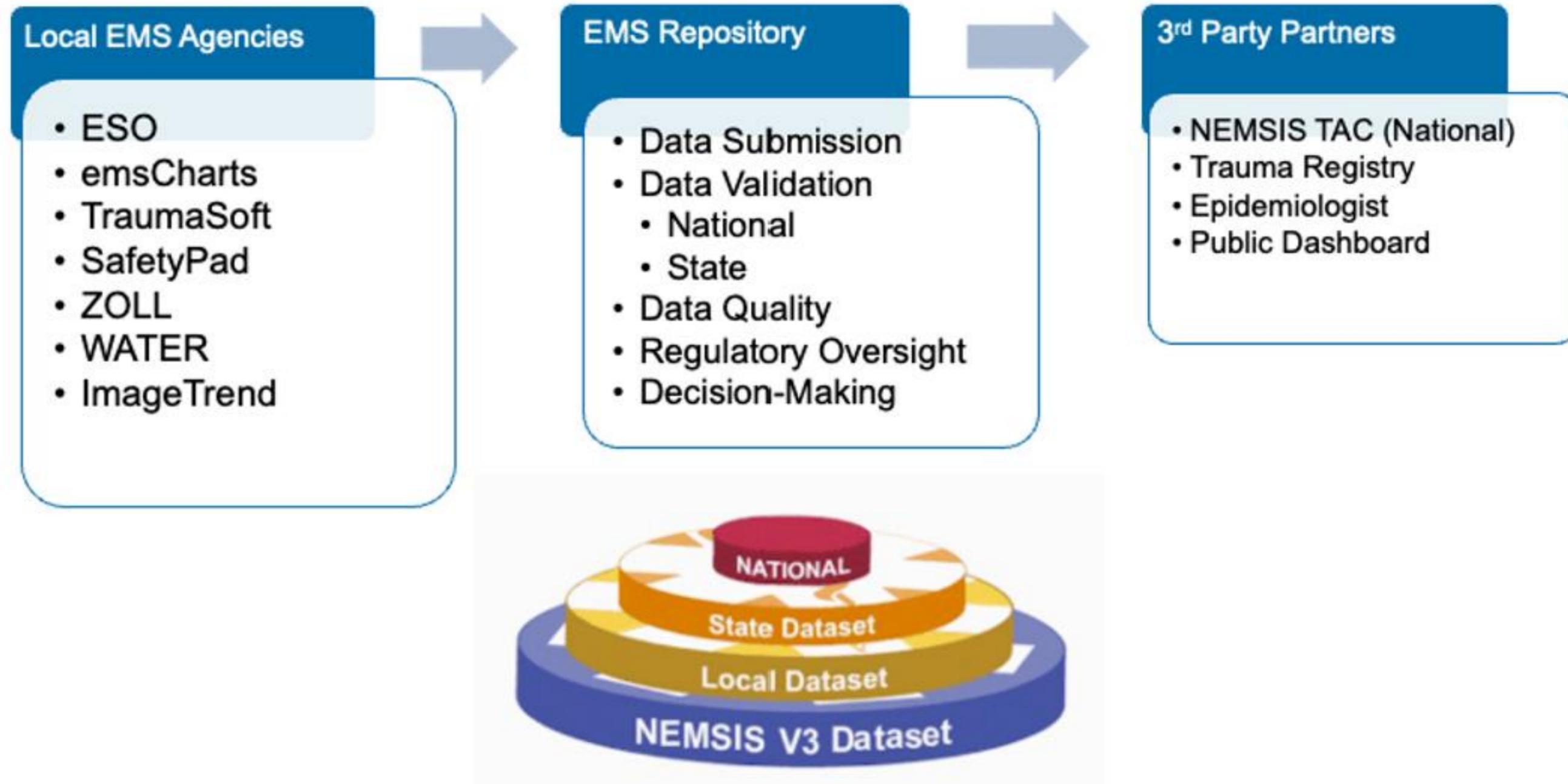
Update on Every Change ⓘ

Section Two

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**EMS Repository**

# EMS Data Submission Flow



# EMS Repository Value

Vendor agnostic repository (any ePCR solution)

Standardizes data in the NEMSIS format for both overall RAC or agency level analysis (*simplified comparative analysis*)

Visualization of EMS activity at regional & agency level: ePCR, transports, destinations (in-region / out of region), APOT, and patient outcomes (QA / QI / PI) via *Patient Tracker (apples to apples)*

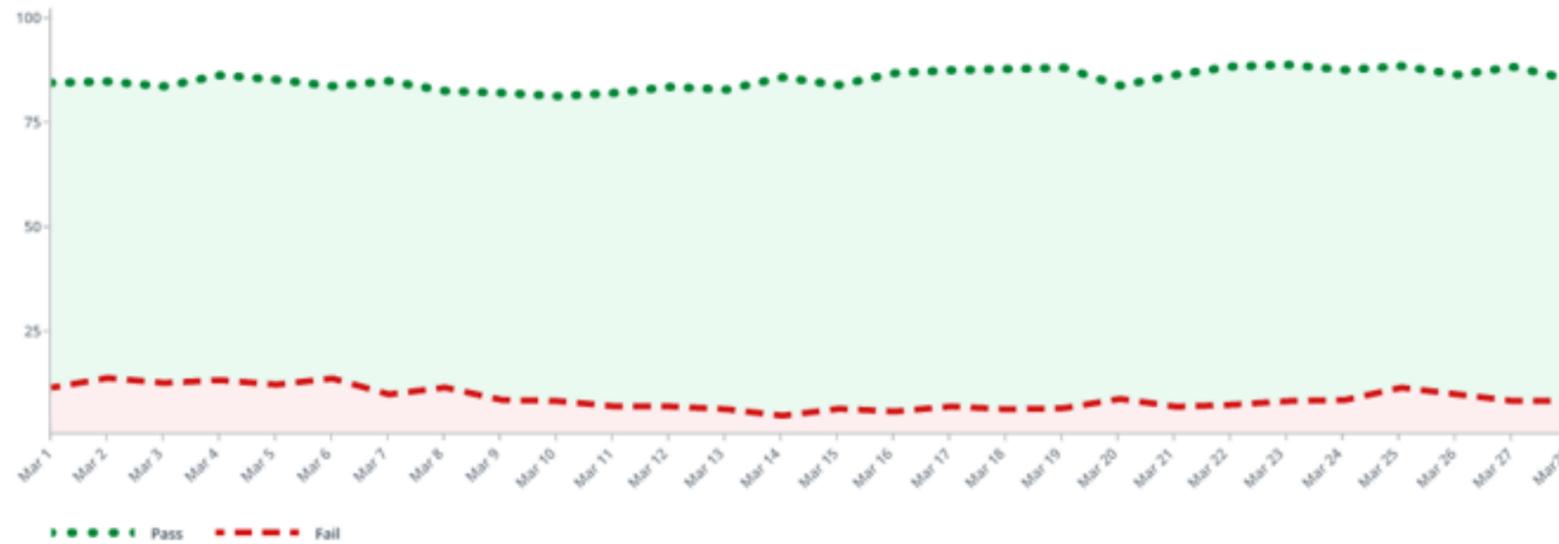
Available to all EMS agencies at no additional cost

Improves data submission and quality through greater visibility into submission failures and validation errors and warnings

Patient Tracker access to each facility / agency in RAC for full access to applicable EMS records and attachments (*reduce manual emails / faxing / calling around aspects for all stakeholders*) available to all facilities at no additional cost

# EMS Repository & Dashboard

## PCR submissions



Total submissions

371

Total passed submissions

267

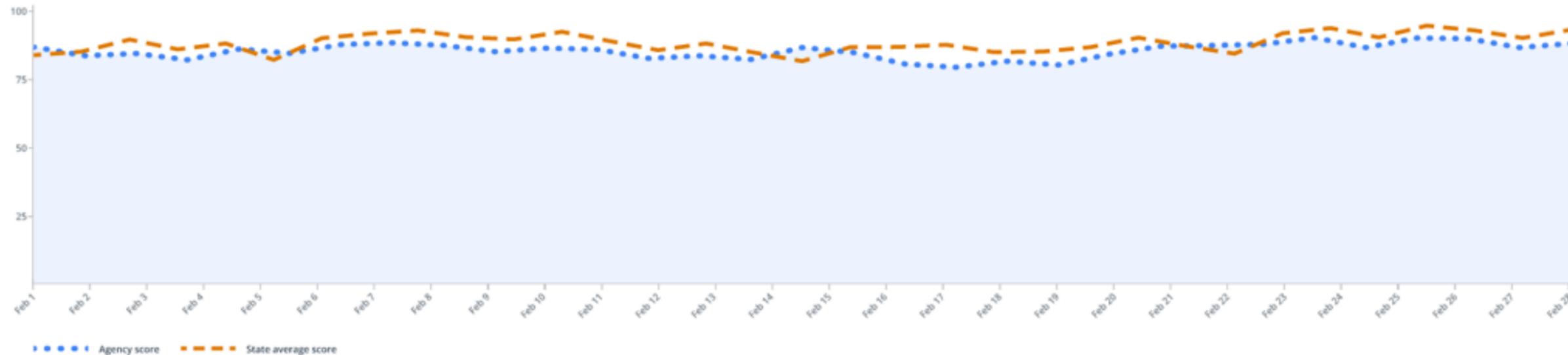
Total failed submissions

104 ↑

[View failed PCRs >](#)

## Average data quality score

Total average 92.64



# EMS Repository & Dashboard

## Top Validation Messages

Show Errors & Warnings 

Last Updated: Sep 18, 2025, 9:13:31 AM

Rule Id	Type	Message	Quantity
NC.eSituation.18	WARNING	Date/Time Last Known Well (eSituation.18) should be documented when there is patient contact.	71501
NC.eSituation.01	WARNING	Date/Time of Symptom Onset (eSituation.01) should be documented when there is patient contact.	60059
NC.eSituation.13	WARNING	Initial Patient Acuity (eSituation.13) should be documented when there is patient contact.	34899
NC.eOther.05	WARNING	Suspected EMS Work Related Exposure, Injury, or Death (eOther.05) must be recorded.	34725
NC.eResponse.11	WARNING	Type of Transport Delay (eResponse.11) should be documented when there is patient contact.	28955
NC.eResponse.08	WARNING	Type of Dispatch Delay (eResponse.08) should be documented.	24345
NC.eSituation.05	WARNING	Duration of Complaint (eSituation.05) should be documented when a complaint has been documented (eSituation.04).	23650
NC.eSituation.06	WARNING	Time Units of Duration of Complaint (eSituation.06) should be documented when a complaint has been documented (eSituation.04).	23519
NC.eScene.01	WARNING	First EMS Unit on Scene (eScene.01) should be documented when the unit arrived at an incident scene (eDispositon.27).	22187
NC.eResponse.12	WARNING	Type of Turn-Around Delay (eResponse.12) should be documented when there is patient contact.	18510



# EMS Repository PCR / DEM Search

Search for PCRs & DEM files on a variety of fields such as agency name, submission status, and data quality score.

**eso**

- [EMS Repository](#)
- [State Data Set](#)
- [Validation Rules](#)
- [PCR Files](#)
- [Demographic Files](#)
- [Reports](#)
- [System Configuration](#)
- [Messages](#)
- [Manage Notifications](#)

## PCR Files

Show/Hide columns 5 items selected v

[Download](#)

Submitted date/time ↓	Agency number ↓	Agency name ↓	Incident number ↓	Submission status ↓	
<input style="width: 80px; border: none;" type="text" value="Search"/>	All <span style="font-size: 0.7em;">v</span>				
2/15/2023, 12:08	1234567890	Wake County EMS	2022-02145	PASS	<a href="#">View &gt;</a>
2/15/2023, 09:27	1234567890	Wake County EMS	2022-02144	PASS	<a href="#">View &gt;</a>
2/15/2023, 08:09	1234567890	Wake County EMS	2022-02143	PASS	<a href="#">View &gt;</a>
2/14/2023, 14:45	1234567890	Wake County EMS	2022-02142	FAIL	<a href="#">View &gt;</a>
2/14/2023, 13:56	1234567890	Wake County EMS	2022-02141	PASS	<a href="#">View &gt;</a>
2/13/2023, 12:49	1234567890	Wake County EMS	2022-02140	PASS	<a href="#">View &gt;</a>
2/13/2023, 11:31	1234567890	Wake County EMS	2022-02139	FAIL	<a href="#">View &gt;</a>
2/13/2023, 11:03	1234567890	Wake County EMS	2022-02138	PASS	<a href="#">View &gt;</a>

# EMS Repository PCR / DEM Search

Ability to view details of a PCR / DEM file including NEMSIS / State / Regional validation errors/warnings

View attachments and raw XML file

📄 Incident Number: 2025-7419

Agency	State	Unit notified by Dispatch	Submitted to State	NEMSIS version	PCR Number
Bladen EMS- 911		Sep 17, 2025, 12:48:00 PM	Sep 18, 2025, 10:26:11 AM	3.5.0	100308489

← Back to all PCR Files

- Validation results
- Submission Log 2
- Attachments 1

### Validation Results

Validation Status: **Pass** State Quality Score: **64/100**

Action needed → None this PCR has been successfully submitted

#### Quality Review Summary

State Errors	State Warnings	National Errors	National Warnings
0	10	0	0

- State data warning - Rule Id: NC.eResponse.08  
Type of Dispatch Delay (eResponse.08) should be documented.
- State data warning - Rule Id: NC.eResponse.09  
Type of Response Delay (eResponse.09) should be documented.
- State data warning - Rule Id: NC.eCrew.03a  
Crew Member Response Role (eCrew.03) should be documented (without a Not Value) for each Crew Member ID (eCrew.01).
- State data warning - Rule Id: NC.eCrew.03c  
When the Unit Transport and Equipment Capability (eResponse.07) is transport then the Crew Member Response Role (eCrew.03) should identify a Primary Patient Caregiver.
- State data warning - Rule Id: NC.eScene.15  
Incident Street Address (eScene.15) is mandatory.
- State data warning - Rule Id: NC.eScene.17  
Incident City (eScene.17) is mandatory.

# EMS Repository State Data Set

The screenshot shows the 'Protocols Permitted by the State' page in the EMS Repository. The left sidebar contains navigation options: EMS Repository, State Data Set (selected), PCR Search, Demographic Search, Settings, and ESO Apps. The main content area has a header with 'Puerto Rico EMS Repository' and 'State Data Set'. Below the header is a blue '+ Add Protocol' button. A table lists protocols with columns for Nemsis Code, Custom Code, Description, and Permitted by your State? (with a checkbox and a red X icon). There are also toggle switches for 'Not Applicable' and 'Not Recorded'.

Nemsis Code	Custom Code	Description	Permitted by your State?
9914001	4041	CreateNewTest	<input checked="" type="checkbox"/> <span style="color: red;">✗</span>
9914001		Airway	<input checked="" type="checkbox"/>
9914003		Airway-Failed	<input checked="" type="checkbox"/>
9914005		Airway-Obstruction/Foreign Body	<input checked="" type="checkbox"/>
9914007		Airway-Rapid Sequence Induction (RSI-Paralytic)	<input checked="" type="checkbox"/>
9914009		Airway-Sedation Assisted (Non-Paralytic)	<input checked="" type="checkbox"/>
9914011		Cardiac Arrest Asystole	<input checked="" type="checkbox"/>

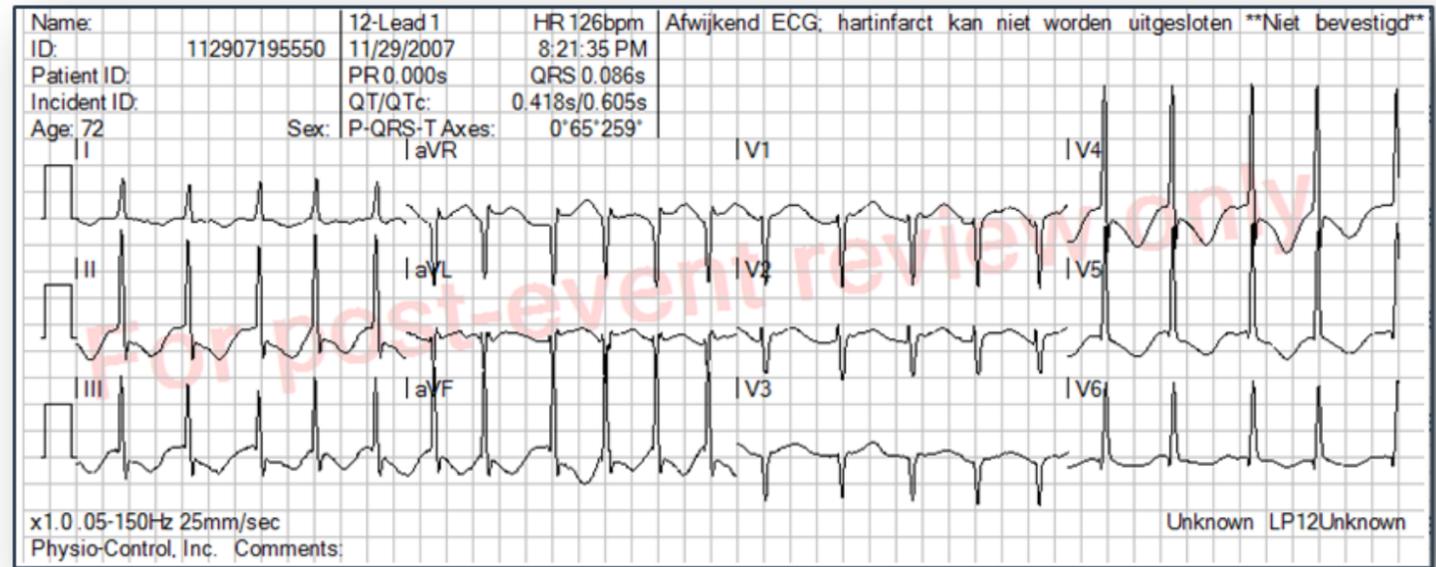
Build, update and submit to NEMSIS the State Data Set from directly within the repository application

Read-only view available to EMS agencies for reference

# Patient Tracker

## Included with EMS Repository (no cost)

- Provided to each facility in region
- Vendor Agnostic



↑ eso PATIENT TRACKER

Selected View  
All Records Last 7 Days

Patient Name	Date/Time	Medic/Unit	Outcome	Chart #
BOBCAT, LILAH Jan 01, 1957 - Injury	Sep 09, 2020 11:01 200909-BITE-ESOSALES	Medic 3 - ESO Sales FRENCH, CHRIS	Never A Wait ER OUTCOME	Chart # 200000001
ANTELOPE, JESSICA Female - Jan 01, 1992 - Pregnancy related conditions	Sep 09, 2020 03:32 200909-BURN-ESOSALES	Medic 3 - ESO Sales COTRELL, BRAD	Never A Wait ER OUTCOME	Chart # 200000004
ROCKSTAR, SCOTT Male - Mar 08, 1974 - Chest Pain, Other (Non-Cardiac)	Sep 08, 2020 06:01 DRAFT Wausau Fire 2020	Medic 1 - ESO Sales BECKER, SCOTT	Never A Wait ER --	
ELEPHANT, MELINA Female - Jan 01, 1990 - Generalized Weakness	Sep 06, 2020 20:23 200909-MI-ESOSALES	Medic 1 - ESO Sales CROWE, REMLE	Never A Wait ER OUTCOME	Chart # 100000003
FISH, ESTELLE Female - Jan 01, 1930 - COVID-19 - Suspected - no known exposure	Sep 02, 2020 08:31 200902-COVID-ESOSALES	Medic 3 - ESO Sales BARTON, DUSTIN	Never A Wait ER OUTCOME	Chart # 180000005
SHAFFER, JARRED Male - Feb 17, 1983	Sep 02, 2020 01:30 DRAFT SALES-CASE-2	Medic 1 - ESO Fire & EMS BARTON, DUSTIN	Seton Main --	
HANKS, TOM Male - Jul 09, 1956	Sep 02, 2020 00:00 DRAFT NFIRS-2	Medic 2 - ESO Sales BARTON, DUSTIN	Never A Wait ER --	
Trooper, Storm Jan 13, 1945	Sep 01, 2020 20:41 DRAFT 200901-2036-SALES	ESO Fire and EMS --	Never A Wait ER --	
Smith, Luke Feb 02, 1950	Sep 01, 2020 18:18 DRAFT 200901-1813-SALES	ESO Fire and EMS --	Never A Wait ER --	
French, Chris Aug 28, 1947	Sep 01, 2020 16:23 DRAFT 200901-1618-SALES	ESO Fire and EMS --	Never A Wait ER --	
BOBBY, RICKY Male - Jan 01, 1965 - COVID-19 - Suspected - no known exposure	Sep 01, 2020 12:11 DRAFT 200901-0952-SALES	Engine 1 - ESO Fire and EMS BARTON, DUSTIN	Never A Wait ER Chart # 8v7v69876v9v69	
ARKINS, AARON Male - Jul 04, 1976 - Abdominal Pain	Sep 01, 2020 12:07 200901-1205-ESO	Bob21 - ESO HELGE, SAMANTHA	Austin Brackenridge - Red River --	
TIGER, JOHN Male - Jan 01, 1962 - Stroke	Sep 01, 2020 07:17 200901-STROKE-ESOSALES	Medic 3 - ESO Sales BARTON, DUSTIN	Never A Wait ER OUTCOME	Chart # 180000006
BOBBY, RICKY	Aug 31, 2020 12:36	Medic 1 - ESO Fire and EMS	Seton Main	

## Single landing page

- Access to full EMS record
- Access to hospital outcome

## Data for service line leaders

- Robust filtering

## Time stamped EKG view

- Sent with completed run record (PDF)
- Used for data abstraction
- Includes photos from scene

# EMS Transport Summary

eso

Add Dashboard

Duplicate Dashboard

Delete Dashboard

[Hospital] - EMS Transports

+ Widget



## EMS Transport Summary

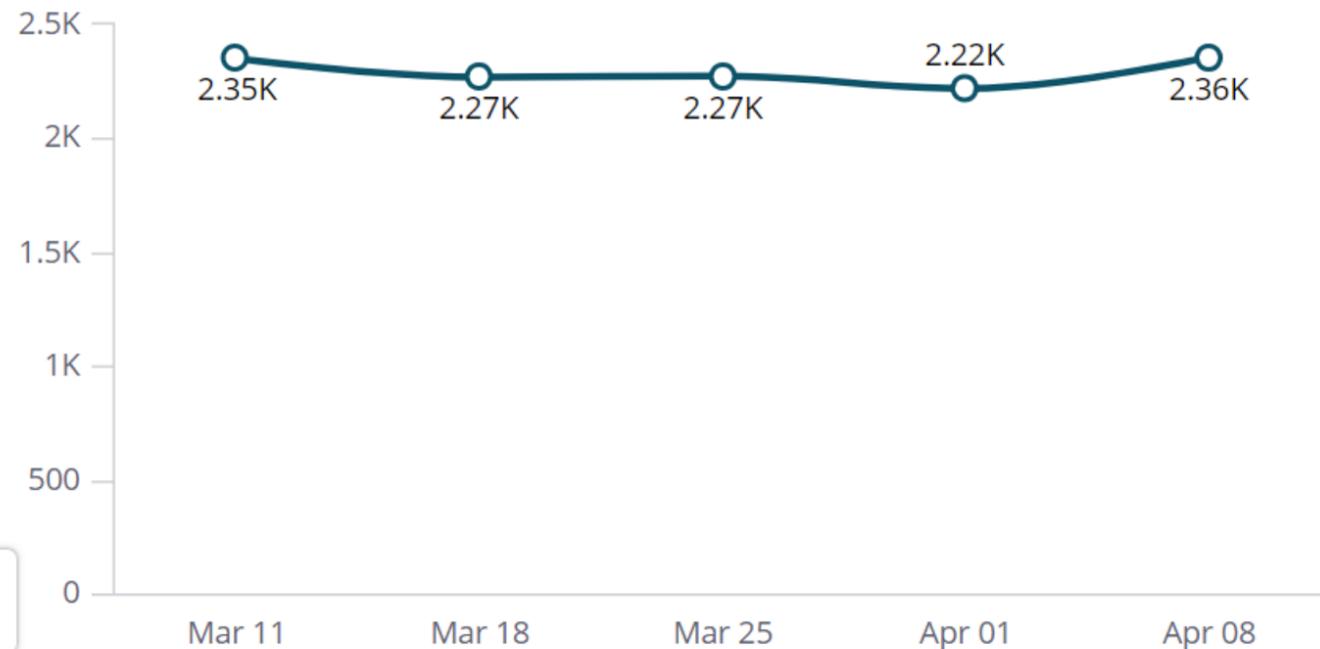
Total Incidents Transported by EMS



Transports: **11,473**

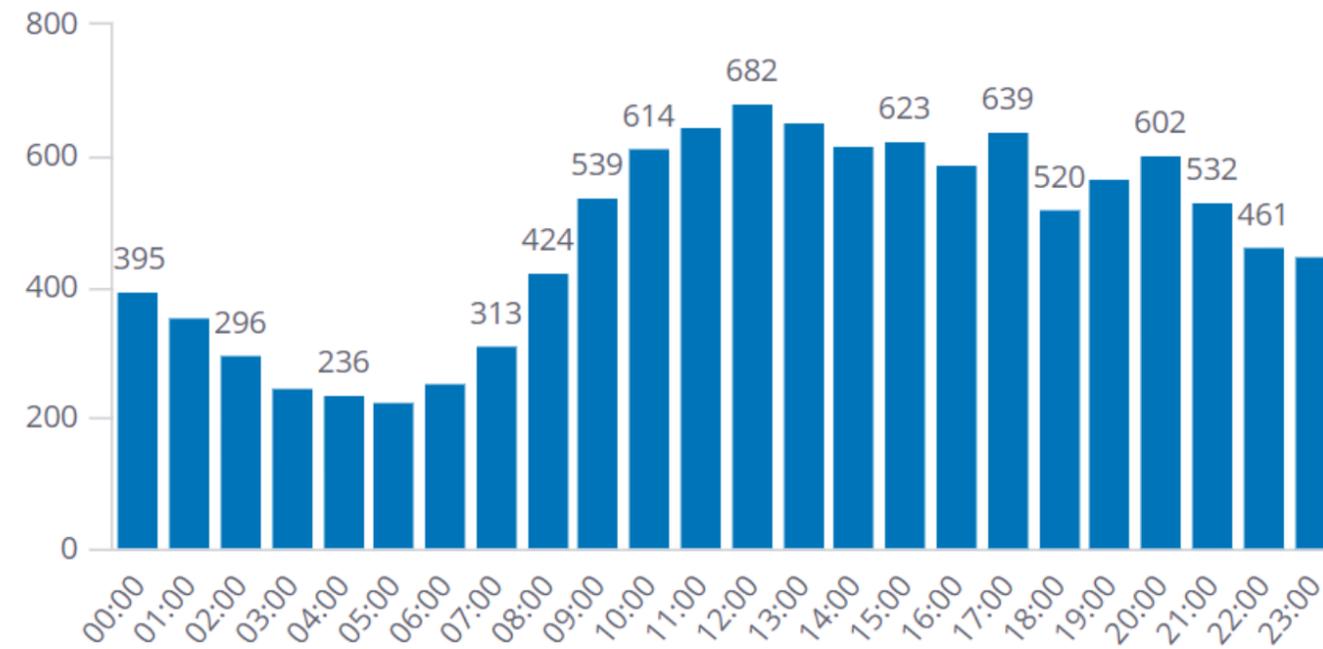
EMS Transports Over Time

Analyze It



EMS Transports by Time of Day

Analyze It



# APOT by Facility

eso

APOT NEMESIS 3\_5 | NEMESIS\_3\_5

Add Dashboard Duplicate Dashboard Delete Dashboard

+ Widget

## Ambulance Patient Offload Time (APOT)

Total Hospital Transports **10,584**

90th Percentile and Median APOT

90th Percentile APOT **00h:24m:43s**  
Median APOT **00h:13m:01s**

APOT <=20 Min	APOT 20:01 - 60:00	APOT 60:01 - 120:00	APOT 120:01 - 180:00	APOT >180:00
<b>56.1%</b> # of Transports <b>5,962</b>	<b>13.7%</b> # of Transports <b>1,459</b>	<b>0.2%</b> # of Transports <b>21</b>	<b>0.0%</b> # of Transports <b>1</b>	<b>0.0%</b> # of Transports <b>2</b>

# APOT by Facility

eso



Add Dashboard

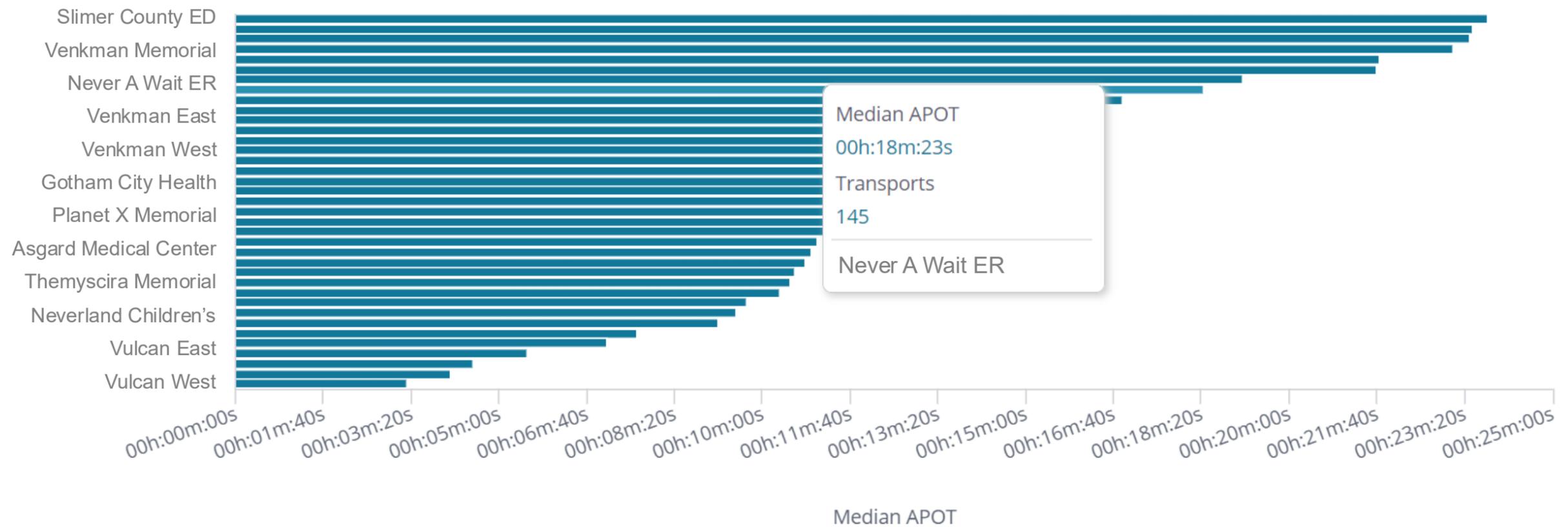
Duplicate Dashboard

Delete Dashboard

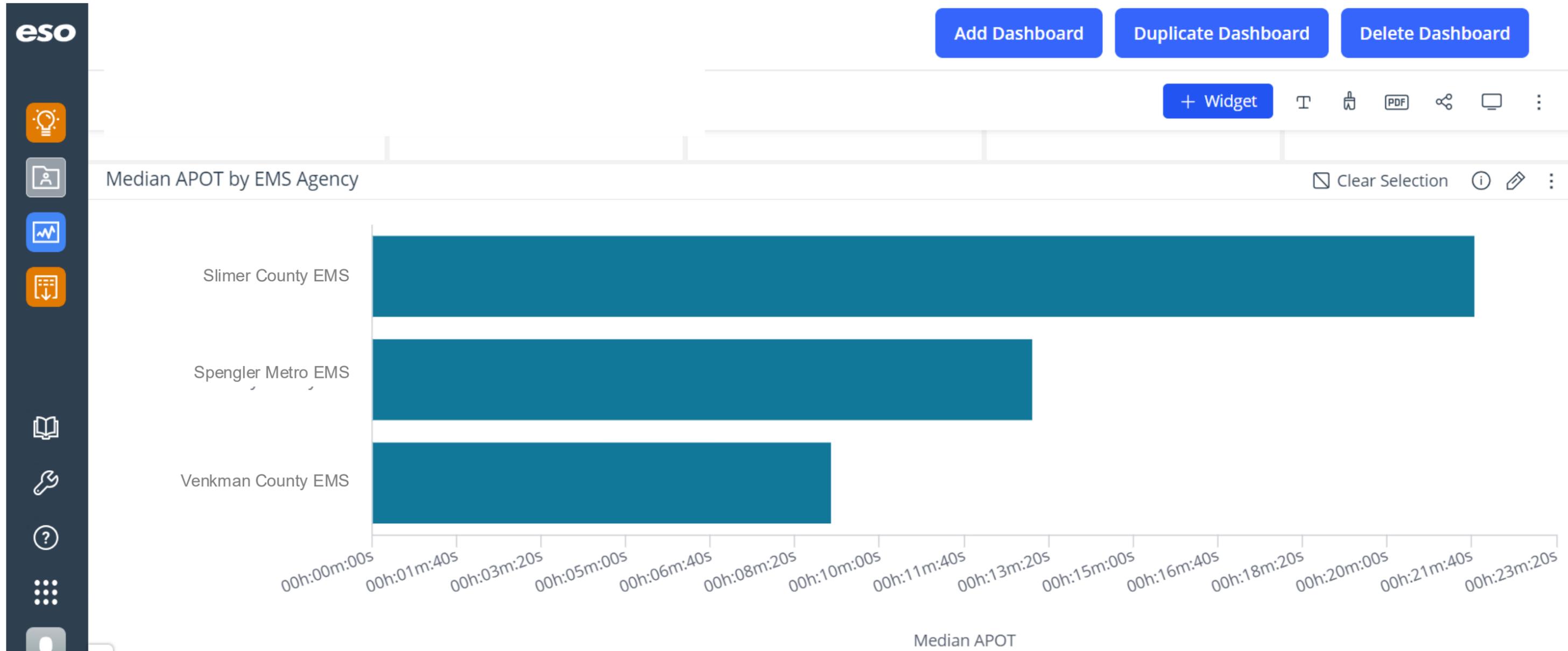
+ Widget



Median APOT by Destination



# APOT by EMS Agency

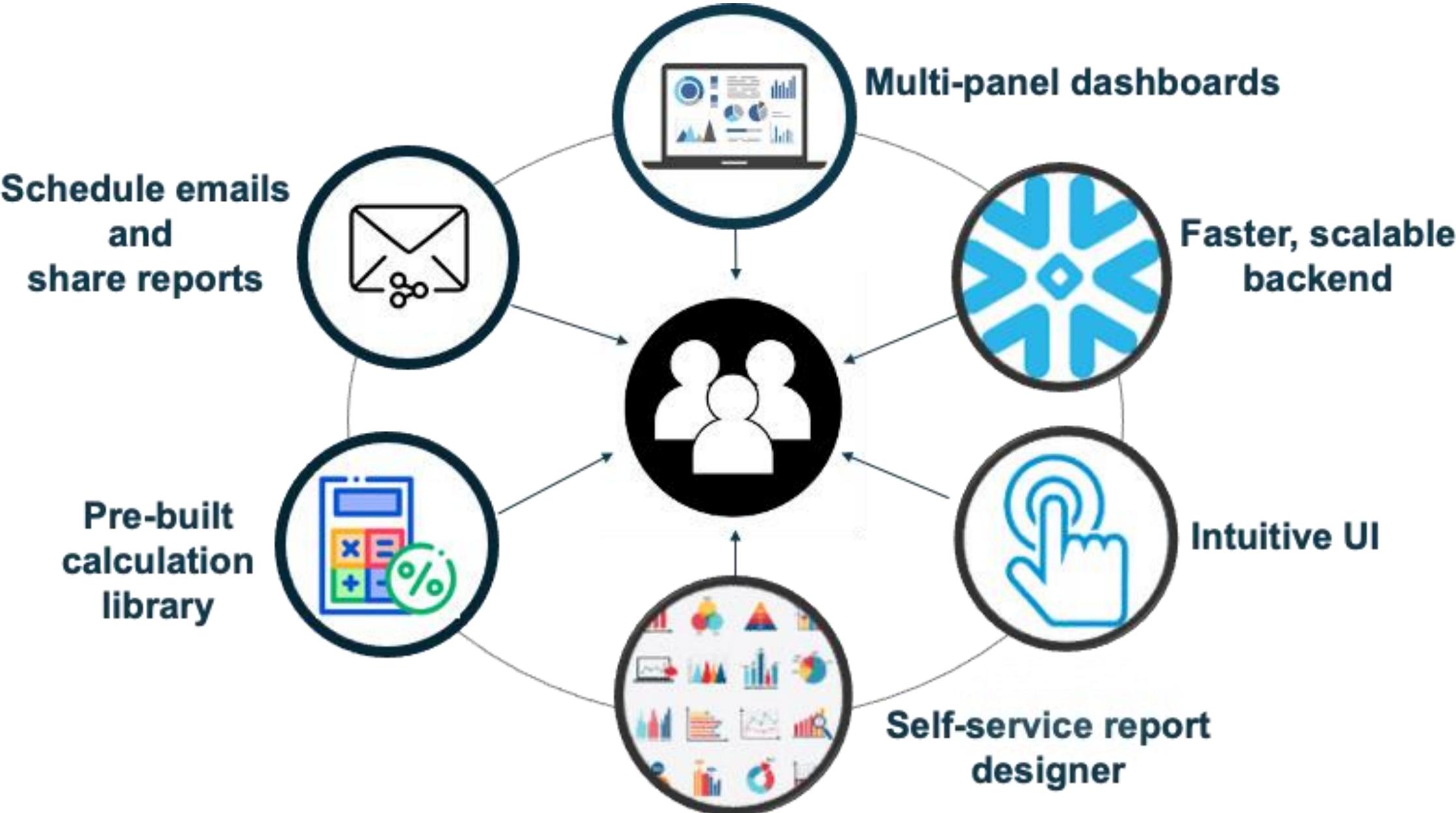


Section Three

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# Insights – Data Exporter – Snowflake Reader

# ESO Insights



# Insights

Real-Time Reporting

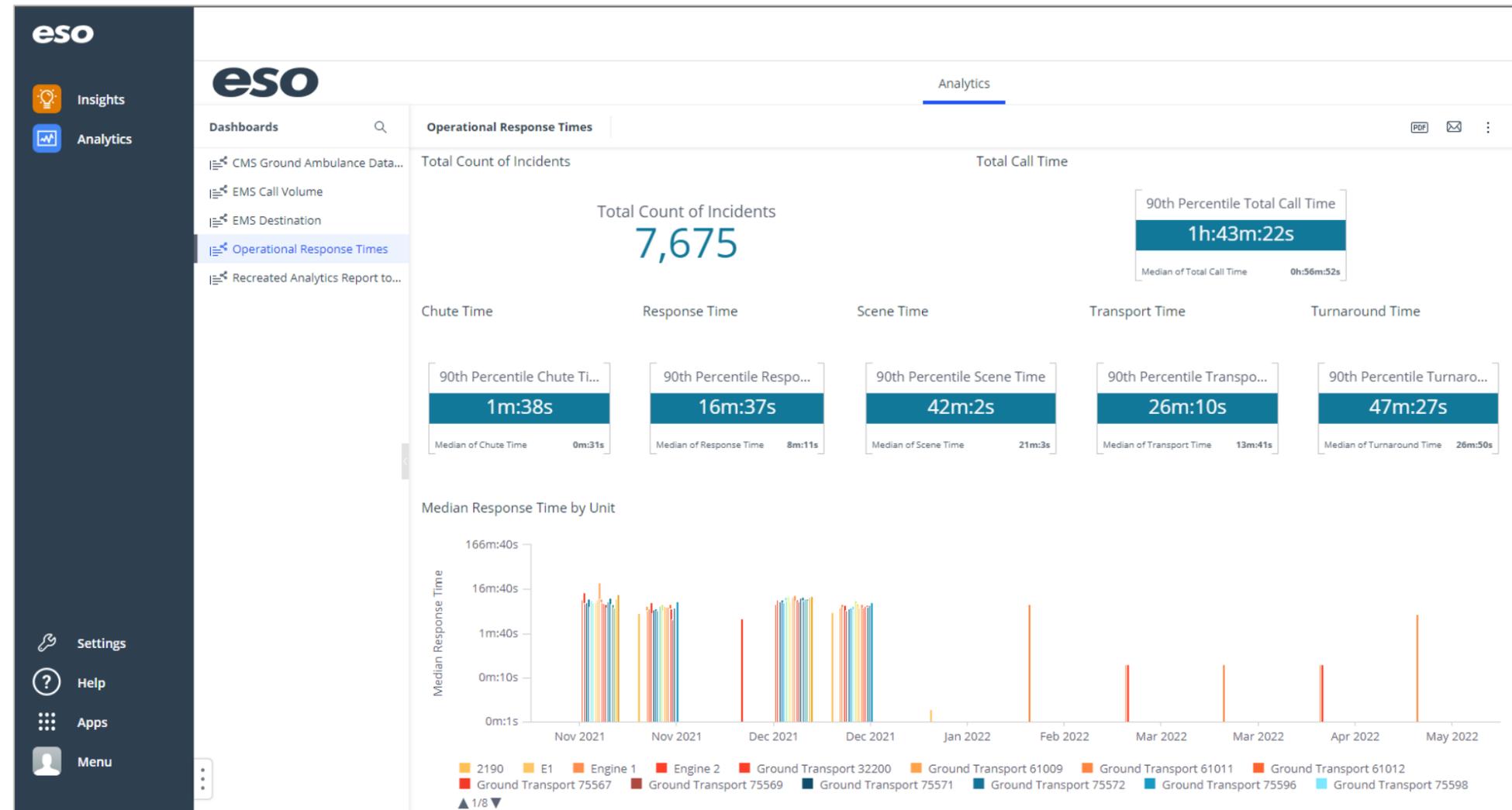
Design Reports and Dashboards

Calculate Custom Metrics

Establish Threshold Alerts

Compare Performance

Risk-Adjusted Benchmarking

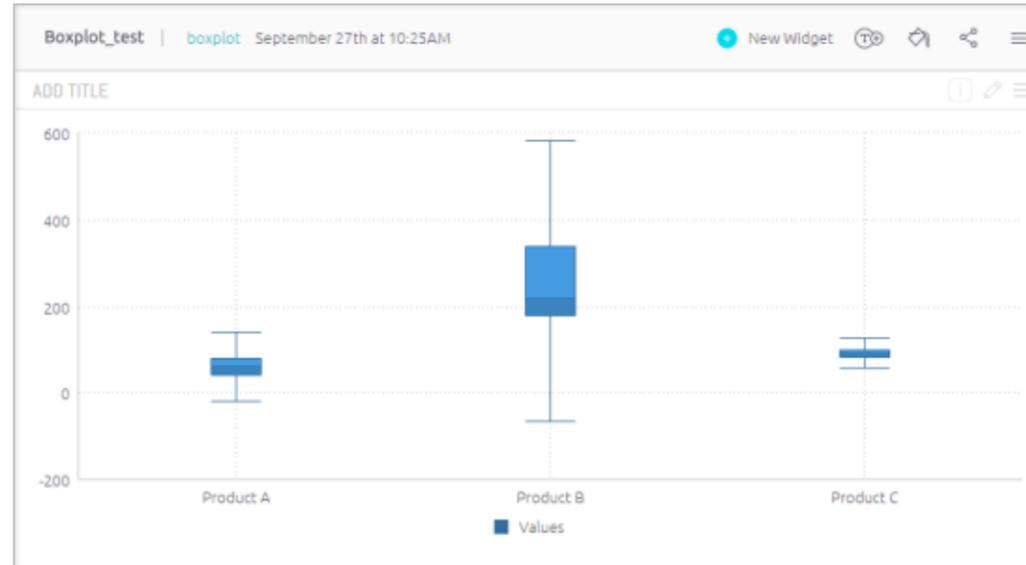


# Insights Visual Library

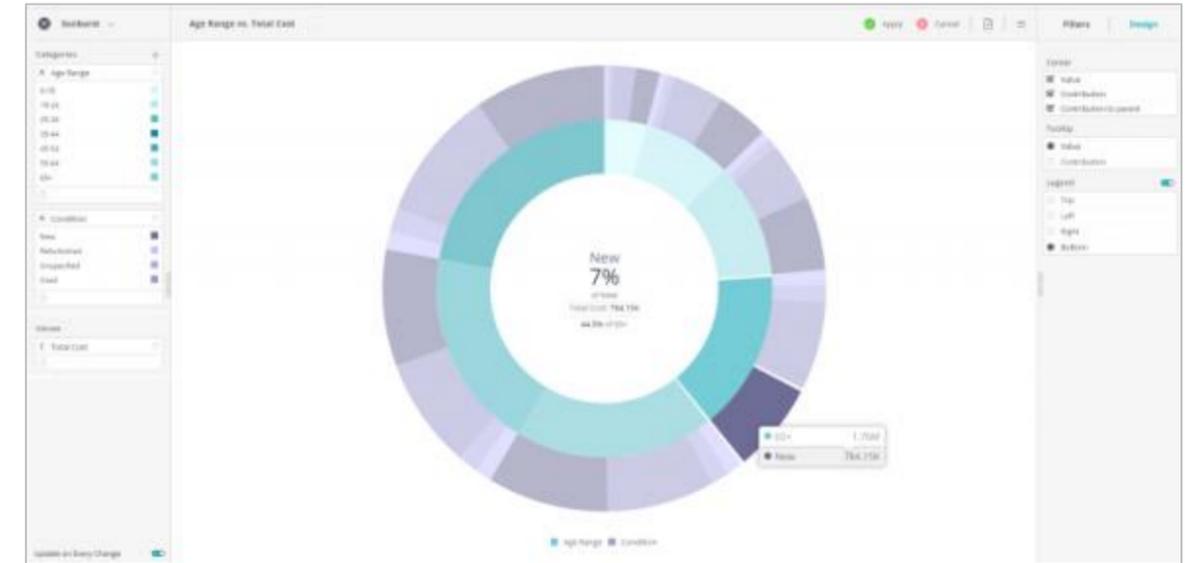
## Chart Type

- Line & Area chart
- Area Map
- Bar Chart (Stacked)
- Box & Whisker Plot
- Calendar Heatmap
- Funnel Chart
- KPIs
- Pie Chart
- Pivot table
- Polar Chart
- Scatter Chart
- Scatter Map
- Sunburst
- Tree map

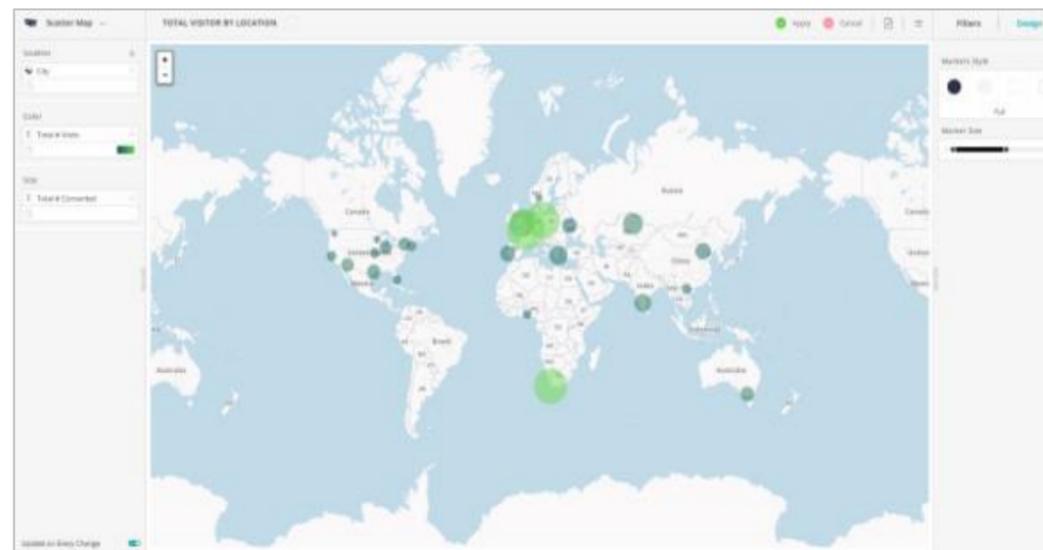
## Box & Whisker Plot



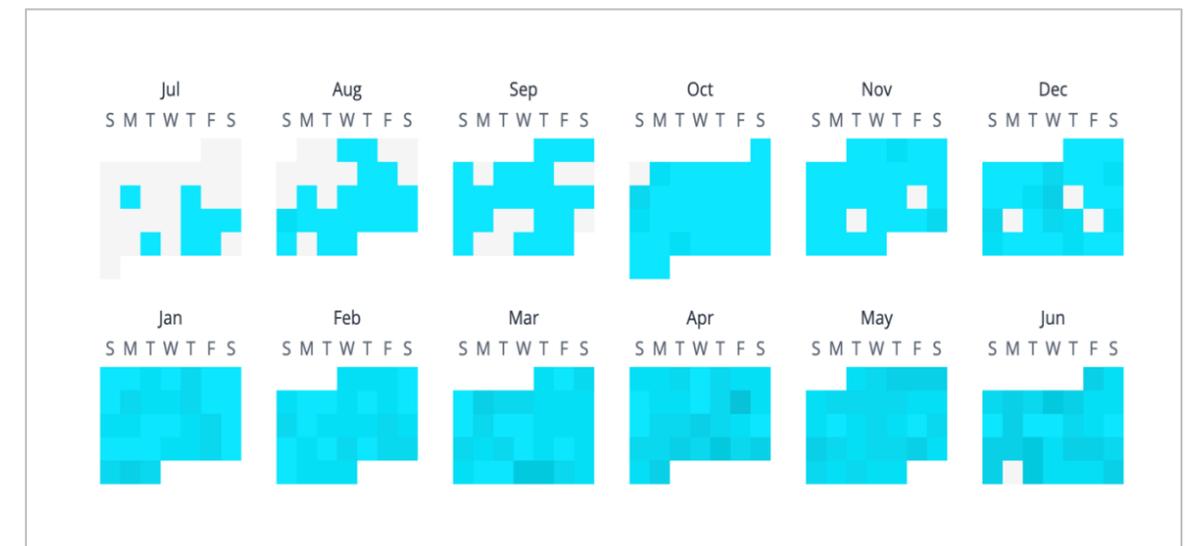
## Sunburst



## Scatter Map



## Calendar Heatmap

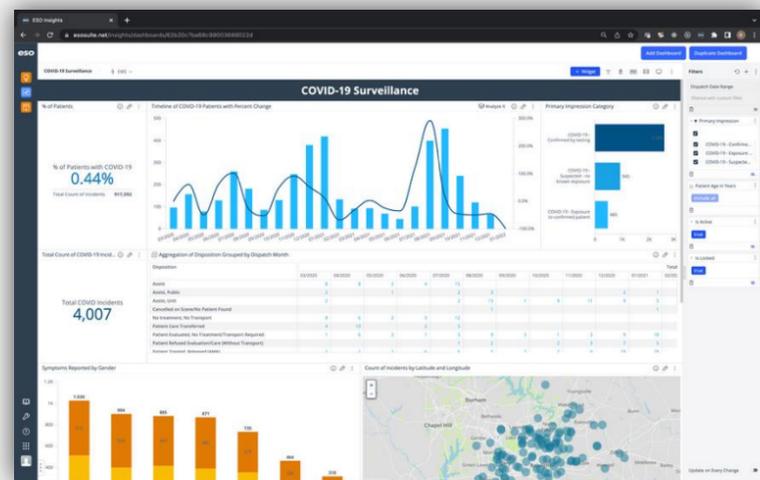


# One Platform – Multiple Solutions

## Visualize

### Insights

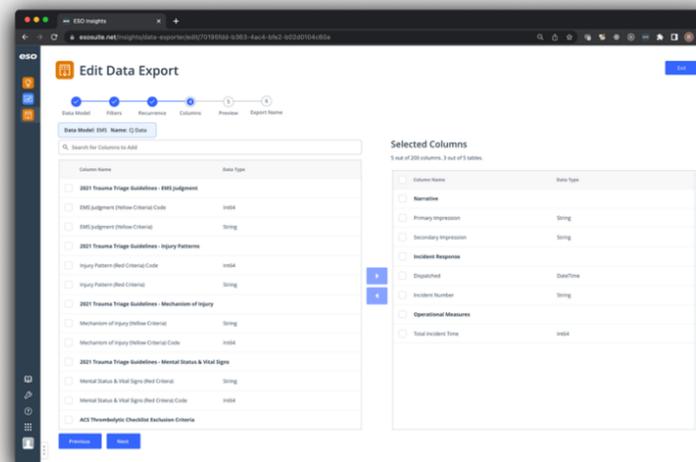
✓ Comes with core product



## Export

### Data Exporter Tool

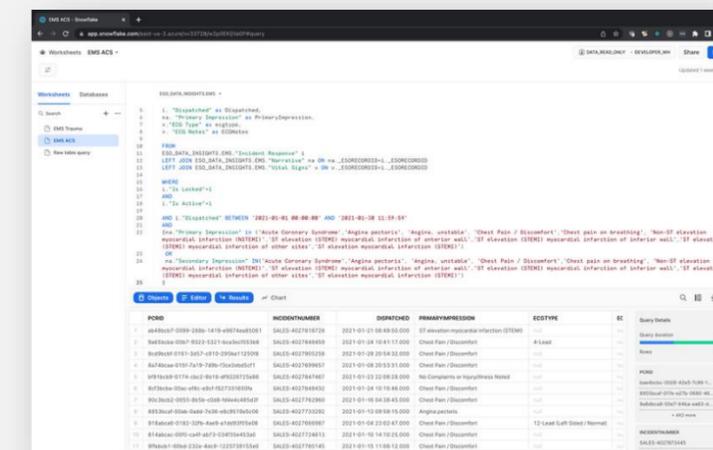
✓ 3M rows of data



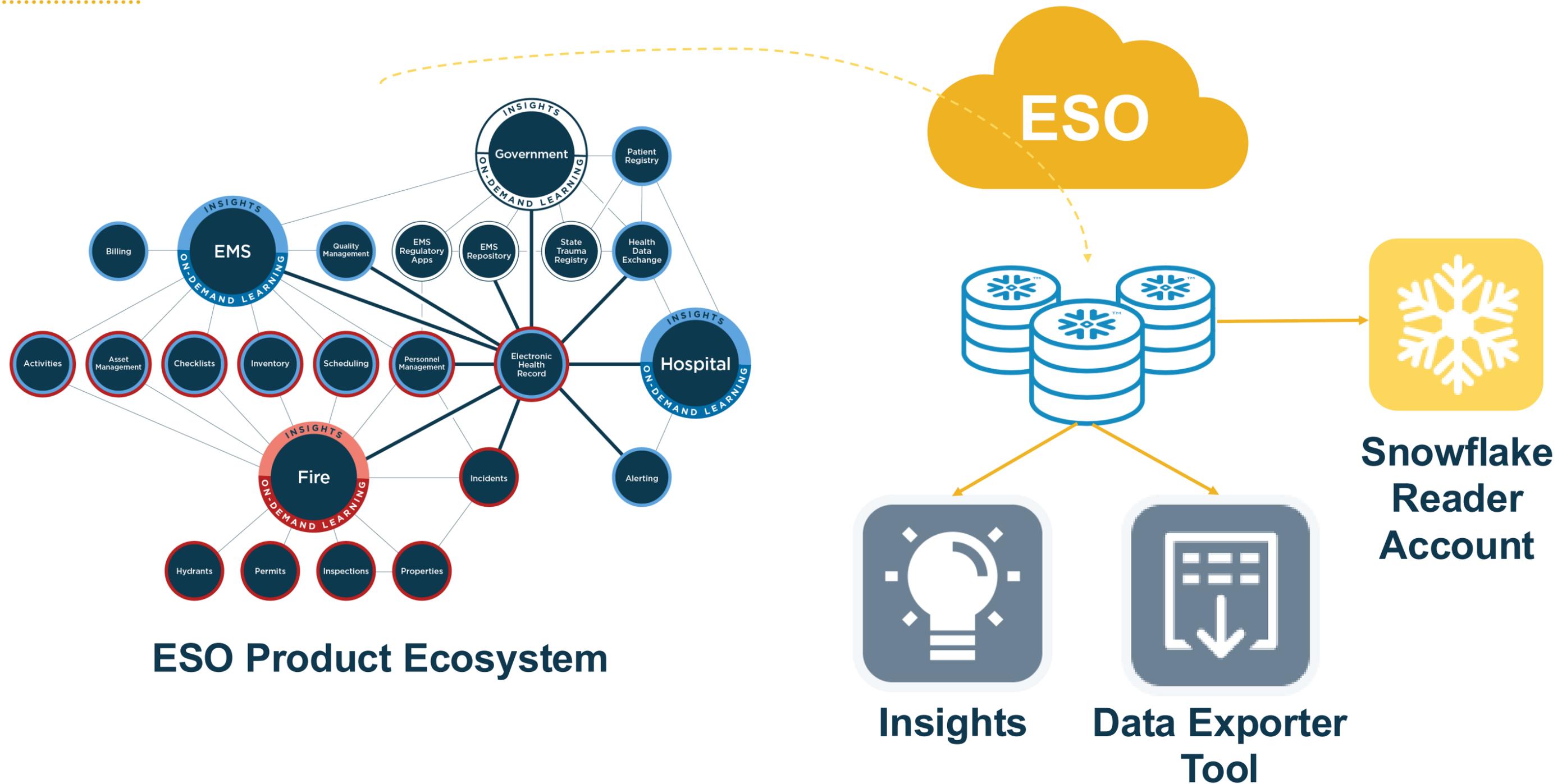
## Integrate

### Snowflake Reader Account

✓ Connect to your BI tool



# The ESO Insights Platform



# Plays Well with Everyone

## Snowflake Reader Account



### Talend

→  
ODBC, JDBC Connector

### PowerBI, Tableau

→  
BI tool

### Snowsight UI

→  
Direct SQL

Section Three

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**Summary – Q&A**

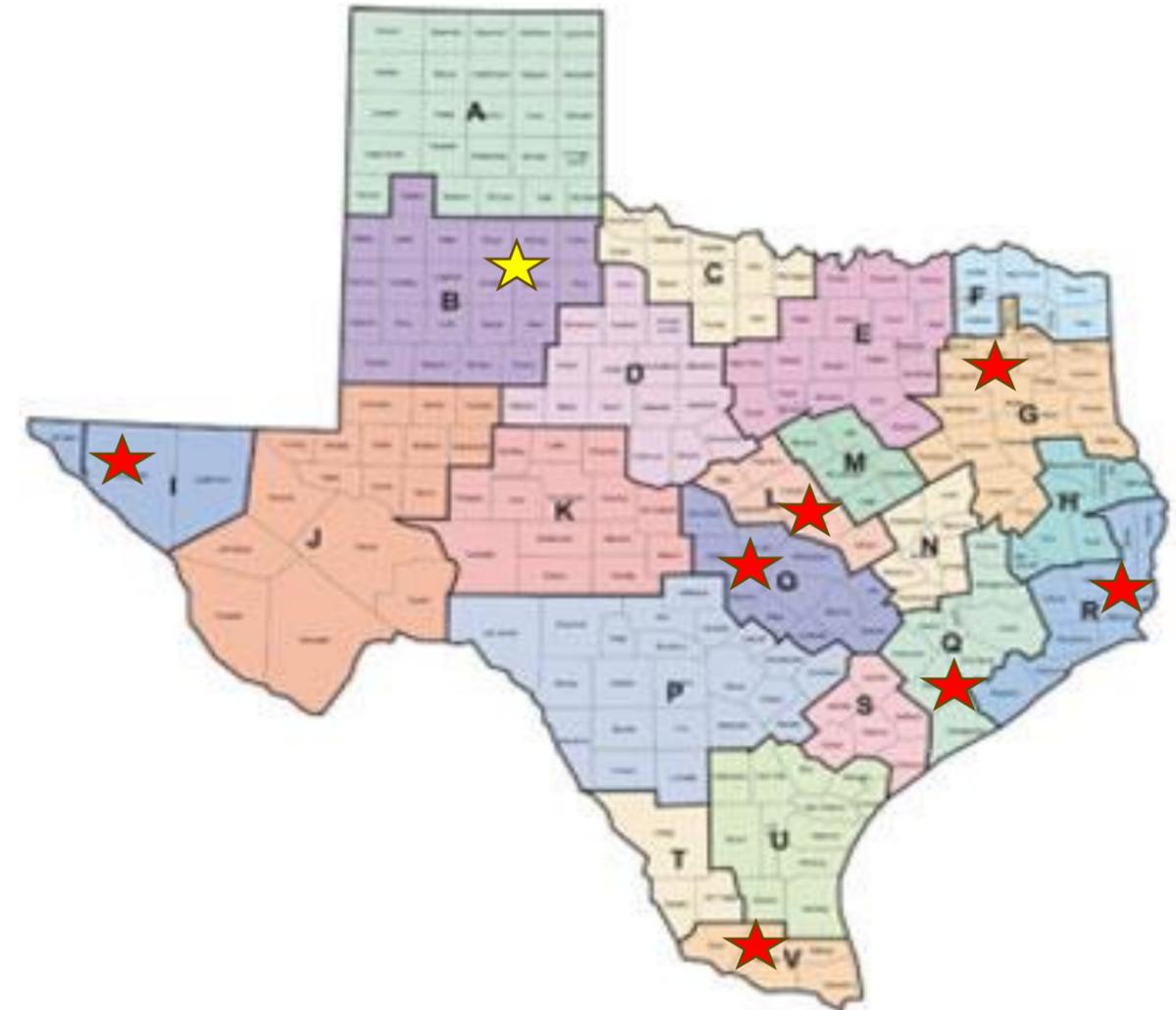
# Partnerships in Texas

## RAC Partnerships – Best Practice Sharing

- CATRAC
- CENTEX
- SETRAC
- BorderRAC
- RAC-G Piney Woods
- RAC-R East Gulf Coast
- TRAC-V (joint EMS + Trauma Repo)

Verbal & Board level award in Q4 2025:

- B-RAC



# Summary – Q&A – Next Steps

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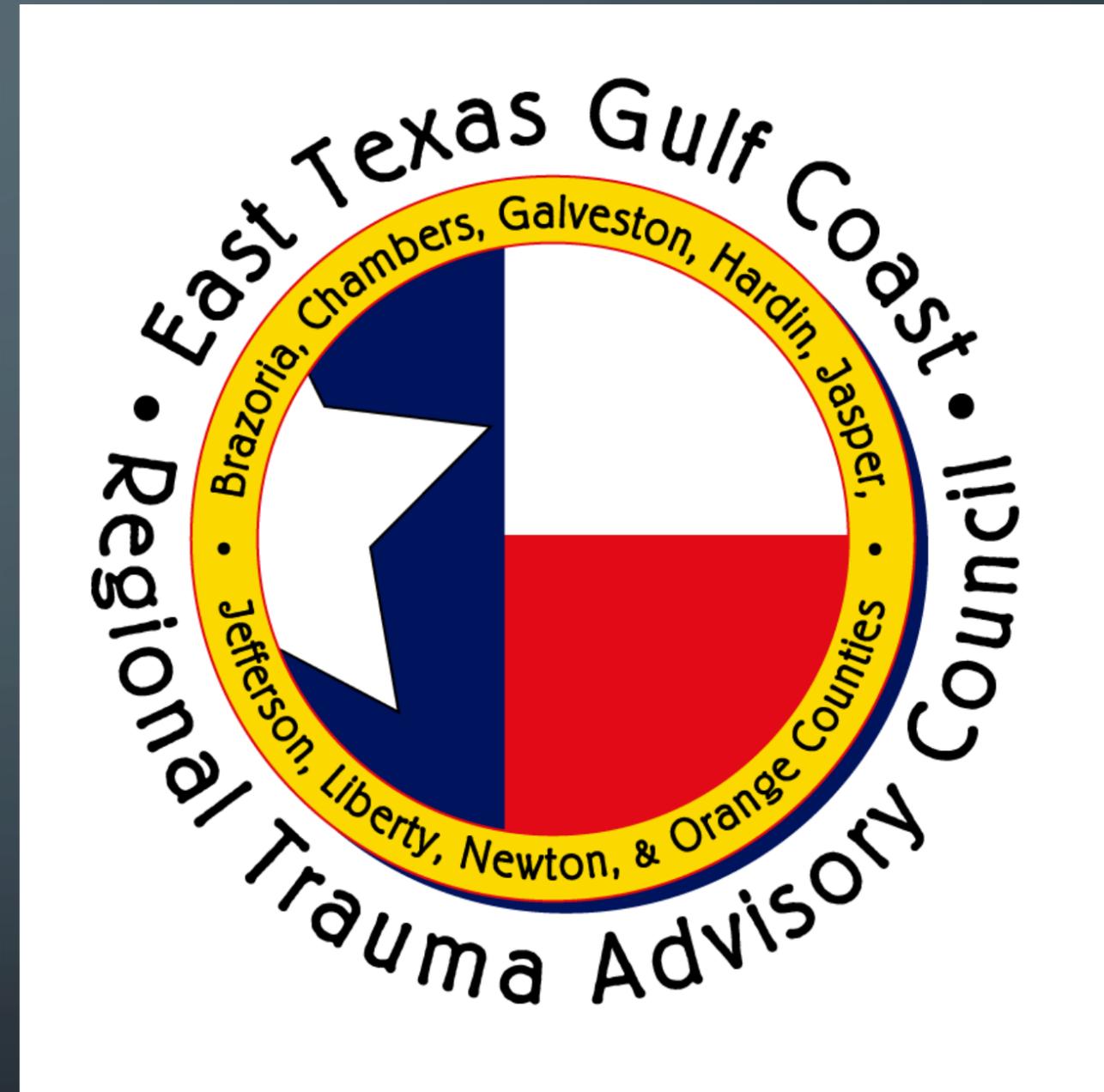
## Partnership Alignment

- Secure, scalable and sustainable solutions
- National / TX experience and cohesive approach to optimize regionalized strategy
- Empower regional leaders to enhance of continuum of care

## Questions?

# GENERAL ASSEMBLY MEETING BAYTOWN, TX

DECEMBER 9, 2025



# AGENDA

<b>0830-0900</b>	<b>Sign-in / Welcome / Introductions</b>
<b>0900-1030</b>	<b>Preparation for 2026 World Cup - Adam Lee and Brandy Ferguson, MD</b>
<b>1030-1115</b>	<b>ESO Data Repository- Robin Garza and Jenny Wilson with ESO</b>
<b>1115-1145</b>	<b>Lunch provided by ESO</b>
<b>1145-1155</b>	<b>Approve minutes from previous meeting</b>
<b>1155-1205</b>	<b>Finance Report</b>
<b>1205-1215</b>	<b>Executive Report</b>
<b>1215-1225</b>	<b>Corridor Reports</b>
<b>1225-1230</b>	<b>Final Comments / Adjourn General Assembly</b>
<b>1230-1400</b>	<b>Committee meetings</b>

*Meeting times are projected and may vary from the agenda.*

*The Executive Board reserves the right to modify the agenda pending speaker availability, or emergency situations.*



# FINANCE REPORT- MAX NGUYEN

# East Texas Gulf Coast Regional Trauma Advisory Council

## Budget vs. Actuals: Budget\_FY26\_P&L\_1 - FY26 P&L

September 2025 - August 2026

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
<b>Revenue</b>				
FY 25 Membership Dues	150.00		150.00	
FY 26 Membership Dues	12,550.00	23,000.00	-10,450.00	54.57 %
General Fund	32.75		32.75	
Grant Revenues	0.01		0.01	
<b>EMS-County GRANT</b>				
County Grant 2026	162,800.00	162,800.00	0.00	100.00 %
<b>Total EMS-County GRANT</b>	<b>162,800.00</b>	<b>162,800.00</b>	<b>0.00</b>	<b>100.00 %</b>
<b>EMS/RAC GRANT</b>				
RAC 2026	247,024.00	247,024.00	0.00	100.00 %
<b>Total EMS/RAC GRANT</b>	<b>247,024.00</b>	<b>247,024.00</b>	<b>0.00</b>	<b>100.00 %</b>
SB 8 EMS Scholarship		0.00	0.00	
<b>Systems Development Grant</b>				
Systems Development 2026	84,476.00	84,476.00	0.00	100.00 %
<b>Total Systems Development Grant</b>	<b>84,476.00</b>	<b>84,476.00</b>	<b>0.00</b>	<b>100.00 %</b>
<b>Total Grant Revenues</b>	<b>494,300.01</b>	<b>494,300.00</b>	<b>0.01</b>	<b>100.00 %</b>
LPG 2020		0.00	0.00	
LPG 2021		0.00	0.00	
Markup		0.00	0.00	
<b>Total Revenue</b>	<b>\$507,032.76</b>	<b>\$517,300.00</b>	<b>\$ -10,267.24</b>	<b>98.02 %</b>

FY 26 BUDGET VS  
ACTUAL YTD  
THROUGH  
NOVEMBER 2025:  
  
REVENUE

	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Office Expenses	718.21		718.21	
Phone/Internet/Cable	392.68	3,200.00	-2,807.32	12.27 %
Postage, shipping		350.00	-350.00	
Printing		0.00	0.00	
Refreshments for Meetings	68.36		68.36	
Survey Monkey		0.00	0.00	
TeleFlex		0.00	0.00	
Travel Expense for RAC CHair -		1,000.00	-1,000.00	

## FY 26 BUDGET VS ACTUAL

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
<b>Total C</b>				
Payrol				
Taxes				
Wage				
<b>Total F</b>				
SB-8 C				
Suppli				
Comp				
Comp				
Office				
<b>Total S</b>				
Travel				
Confe				
Meal				
<b>Total</b>				
<b>Total T</b>				
Utilitie				
Electr				
Electr				
Intern				
Pluml				
<b>Total U</b>				
<b>Total G</b>				
<b>Other Revenue</b>				
Interest Earned	163.51	1,000.00	-836.49	16.35 %
<b>Total Other Revenue</b>	<b>\$163.51</b>	<b>\$1,000.00</b>	<b>\$ -836.49</b>	<b>16.35 %</b>
<b>Other Expenditures</b>				
Other Miscellaneous Expenditure	500.00	1,674.00	-1,174.00	29.87 %
<b>Total Other Expenditures</b>	<b>\$500.00</b>	<b>\$1,674.00</b>	<b>\$ -1,174.00</b>	<b>29.87 %</b>
<b>NET OTHER REVENUE</b>	<b>\$ -336.49</b>	<b>\$ -674.00</b>	<b>\$337.51</b>	<b>49.92 %</b>
<b>NET REVENUE</b>	<b>\$422,411.30</b>	<b>\$23,000.00</b>	<b>\$399,411.30</b>	<b>1,836.57 %</b>

NUMBER

GRANT EXPENSES-UNRESTRICTED	65.50		65.50	
Personnel				
Fringe Benefits				
Medicare-Company Paid		0.00	0.00	
Social Security Company Paid		0.00	0.00	
<b>Total Fringe Benefits</b>		<b>0.00</b>	<b>0.00</b>	
<b>Total Personnel</b>		<b>0.00</b>	<b>0.00</b>	
<b>Total Expenditures</b>	<b>\$84,284.97</b>	<b>\$493,626.00</b>	<b>\$ -409,341.03</b>	<b>17.07 %</b>
<b>NET OPERATING REVENUE</b>	<b>\$422,747.79</b>	<b>\$23,674.00</b>	<b>\$399,073.79</b>	<b>1,785.70 %</b>



# EXECUTIVE REPORT

- GETAC Update
- RAC Update
- Injury Prevention
- Upcoming Educational Opportunities

# GETAC UPDATE

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RAC Chairs

---

EMS

---

Trauma

---

Acute Care

---

Disaster

---

Injury Prevention

---

Perinatal

---

Other

---



## RAC UPDATE

FY 25 RAC Annual Report - on website

Prehospital Whole Blood Program- Kelly Sears

Regional Wristbands

Reminder- you must sign in for General Assembly and Committee meetings for attendance credit.

# REVISED PROFESSIONAL DEVELOPMENT FORM AND EXPECTATIONS

Institution / Agency:			Date of submission:	
Contact name:			Phone:	
Contact email:			Cost per person:	
Course date / dates:		Course location:		
Course	Number CE available	Number of CE hours you will attend	Attendee name	Attendee email

The Board of Directors has instituted expectations for individuals when accepting grant funds for education. The expectations are as follows:

- Attend educational sessions each day.
- Sign in and out during each session as required by the conference organizers to verify session attendance.
- You will be a good steward of these grant funds and maximize your professional growth through education, networking, and sharing the knowledge you attained with other members of your organization.

# ATTENDEES FROM RECENTLY COMPLETED APPROVED COURSES

- As a reminder, if you were approved to attend the following courses, please submit your CE certificate for reimbursement.
  - Geriatric EMS Course
  - Texas EMS Conference and pre-conference courses

# PROGRESS TOWARD RAC SELF ASSESSMENT OFI'S

- RAC Self Assessment identified areas for improvement:
  - Need to further develop and update the RAC PI Plan
    - Create the Regional PI Committee (11/30/25) **Completed 11/13/25- 6 members identified with 1 alternate**
    - Update the Regional PI Plan (2/28/26) **Draft PI Plan and case review forms in progress with final revisions to be sent to RPI committee members**
    - Education of membership (6/30/26)
    - Implementation of Regional PI Plan (8/31/26)
  - Improve collection, measurement and analysis of outcome data in the region.
    - Board to review/approve final bid (9/9/25) **Approved 9/9/25**
    - Sign contract with ESO (9/30/25) **Signed 10/22/25**
    - Begin Implementation/training for RAC staff (12/1/25) **Pending ESO**
    - Rollout to stakeholders to begin submission of data (3/31/26)
    - Review of regional data during quarterly GA meetings (6/9/26)

# INJURY PREVENTION

Stop the Bleed Courses taught  
September 1, 2025 through August  
31, 2026



- Stop the Bleed
  - Only enter courses that have been completed.
  - FY26 to date:
    - 11 courses logged
    - 153 individuals trained
- Future SAIL Instructor Course?



# UPCOMING EDUCATIONAL OPPORTUNITIES



# EDUCATIONAL OFFERINGS

UNDER THE EDUCATION TAB OF THE WEBSITE, WEEKLY TRAUMA ARTICLES.

Categories



## Trauma Articles

Please find below, various links to Trauma Articles. Just click on the button to read related articles to the button topic.

Abdominal Trauma

Anticoagulant

Critical Care

Pediatric Trauma

Prehospital

Spinal Cord

TBI

## Prehospital

Dried Plasma for Trauma Resuscitation



Prehospital Trauma Compendium Prehospital Management of Spinal Cord Injuries: A NAEMSP Compendium



Tranexamic Acid in Trauma



Whole Blood Program Implementation in a Rural Trauma Center



x-ABC vs. ABC Shifting Paradigms in Early Trauma Resuscitation



Articles within categories



# COMMITTEE REPORTS



EMS Committee



Trauma Committee



Stroke and Acute Care Committee



Perinatal Committee



Corridor Reports



SETRAC Report

# GENERAL ASSEMBLY Sign In

12/9/25





DID YOU SIGN IN?





# FINAL COMMENTS / ANNOUNCEMENTS

## MOVE TO COMMITTEES

NEXT MEETING: MARCH 10, 2026



# PREHOSPITAL COMMITTEE MEETING BAYTOWN, TX

DECEMBER 9, 2025



# AGENDA

**Prehospital Committee SOP**

**Wristband SOP**

**Review and update Prehospital Triage Guidelines**

**Review and update Air Medical Guidelines- needs to be added to RAC System Plan**

**Review Prehospital Gap Analysis to develop committee goals FY26**

**Review proposed Prehospital PI initiatives**

# PREHOSPITAL COMMITTEE SOP-1<sup>ST</sup> SECTION

## **PURPOSE**

The purpose of this SOP is to establish guidelines, roles, and responsibilities for the Prehospital Committee within the East Texas Gulf Coast Regional Advisory Council to ensure coordination, communication, and collaboration between prehospital providers, hospitals, and other stakeholders. This committee serves to improve patient outcomes, enhance EMS system performance, and support the mission of the Texas Trauma and Emergency Healthcare System.

## **MISSION STATEMENT**

The mission of the Pre-hospital Committee is to provide an open environment conducive to collaboration and coordination between providers and stakeholders of issues, concerns, and ideas for improvement in the transport and care of the injured and ill patients.

## **CONDUCTING BUSINESS**

The quorum for conducting business in the committee shall be those persons present and voting. No organization shall have more than one vote in the committee. The RAC-R member's primary designated voting Representative may appoint a standing delegate to serve as a regular attendee to standing committees for purposes of both subject matter representation and voting.

## **COMMITTEE RESPONSIBILITIES**

- A. The Pre-Hospital/Air Medical Committee is responsible for overseeing Pre-Hospital care and transport.
- B. Each year, the committee will review regional protocols and any other tasks assigned by the Chair.
- C. The committee will establish, collect, and report on Performance Improvement (PI) metrics relevant to Pre-Hospital
- D. PI reports will be submitted to the Committee following established guidelines and timelines.

## COMMITTEE GOALS

- A. Emphasize performance improvement in prehospital response, treatment, and transport, in alignment with DSHS RAC Assessment Criteria.
- B. Oversee and advance regional systems for patient care and transport across pre-hospital providers, including both ground and air medical services.
- C. Strengthen collaboration with regional healthcare partners to ensure seamless continuity of care for patients.
- D. Establish standardized communication protocols, including patient reporting and handoff procedures.
- E. Annually develop and review regional guidelines for pre-hospital care.
- F. Create plans for implementing pre-hospital care involving the use of Whole Blood.

## PREHOSPITAL COMMITTEE SOP- 2<sup>ND</sup> SECTION

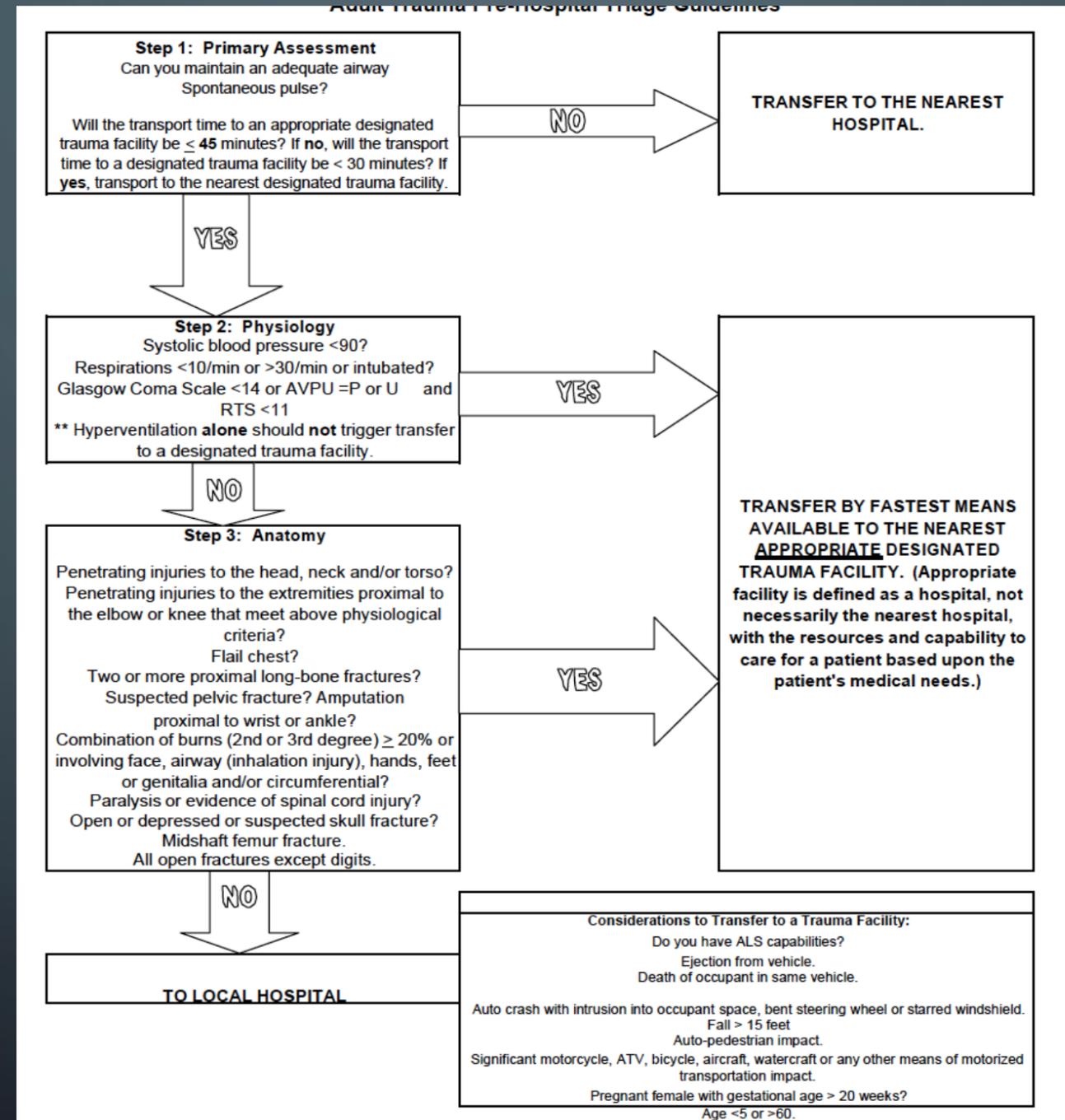
The following sections are directly from the Bylaws:

- Committee Chair/Chair Elect Responsibilities
- Procedure
- Membership and Participation Requirements

# WRISTBAND SOP

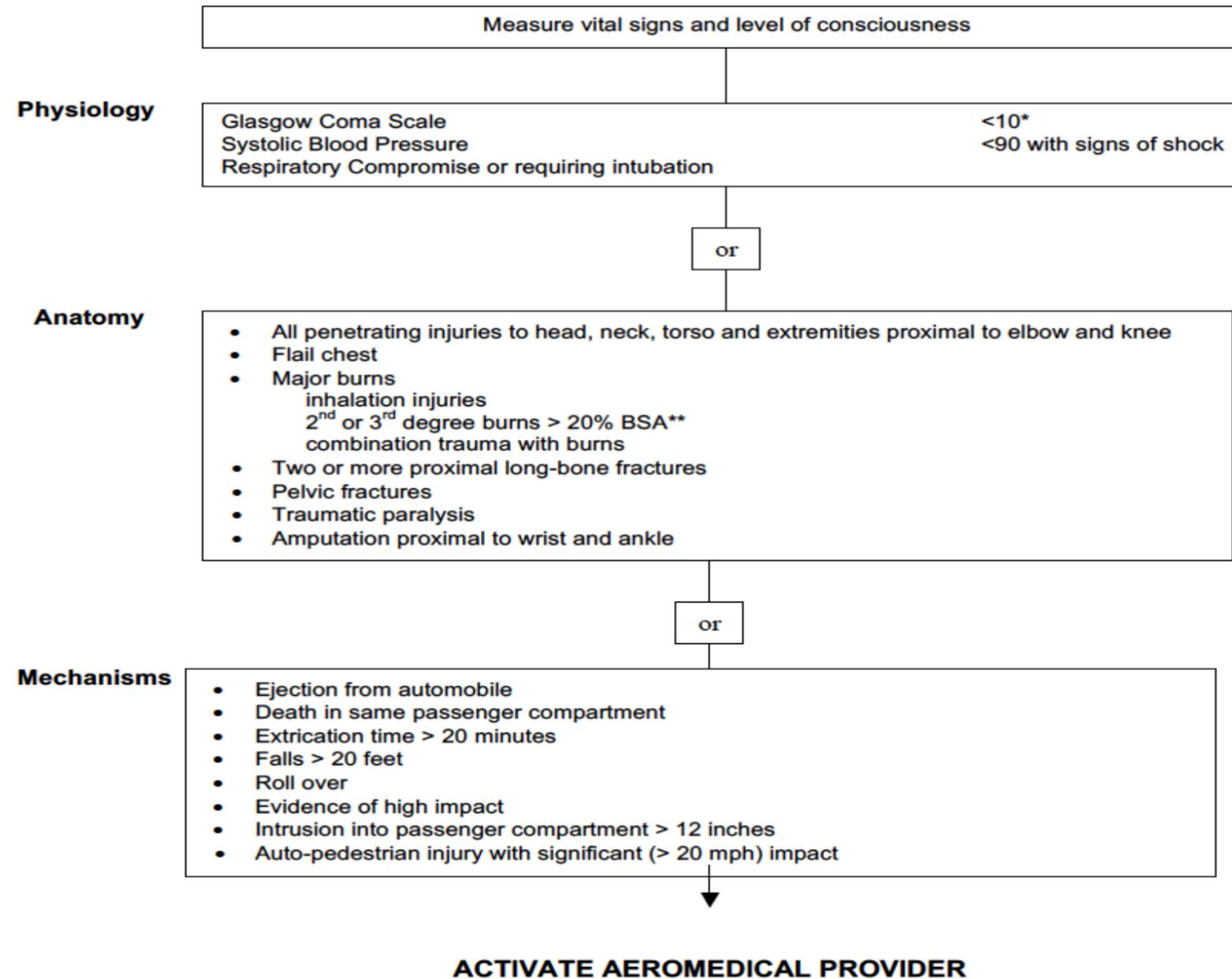
- Will the RAC continue to supply EMS with wristbands?
- Are they to be placed on EVERY patient?

# REVIEW AND UPDATE PREHOSPITAL TRIAGE GUIDELINES



# REVIEW AND UPDATE AIR MEDICAL GUIDELINES

## Activation and Pre-hospital Trauma Triage Air Medical Decision Scheme



\* Note to non-medical personnel: Normal GCS = 15. A patient with GCS of 10 or less will likely be confused & not be able to respond to verbal command. BP and respirations will also be abnormal.

\*\* Burns that are 2<sup>nd</sup> degree will be painful and have blisters. 3<sup>rd</sup> degree burns will be pale yellow, brown or carbon black and leathery. Burns involving the airway or that encircle an entire extremity require urgent treatment. % body surface area (BSA) is calculated by the "rule of 9's". The arm represents 9% of BSA.

# REVIEW PREHOSPITAL GAP ANALYSIS- COMMON THEMES

- PI / Data:
  - Expert in data collection and PI
  - Cross agency QA / QI collaboration models
  - Centralized feedback for Stroke, Stemi and Trauma- develop a pathway
- Education
  - Less focus on field-level lectures
  - Regional based training- high acuity/low frequency situations
  - Education in administration, leadership, growth and opportunities
  - Recruitment/retention
  - EMTF and RAC involvement
  - Biohazard patients
  - Rural EMS
  - Hospital Capabilities

# REVIEW PREHOSPITAL GAP ANALYSIS- COMMON THEMES CONTINUED

- Best Practices
  - PHWB
  - Pedi Prehospital Care
- Other
  - MCI tabletop scenarios and lessons learned from real events

# PROPOSED PREHOSPITAL PI INITIATIVES

- Prehospital temperatures
- Use of warming measures
- Placement of wristbands
- Use of Whole Blood (DSHS developing PI filters)

# EMS Committee Sign in 12/9/25





DID YOU SIGN IN?





# FINAL COMMENTS / ANNOUNCEMENTS

NEXT MEETING: MARCH 10, 2025

