Policy #: 002

TRAC V

TRAUMA REGIONAL ADVISORY COUNCIL-V

CAMERON HIDALGO STARR WILLACY

TRAC-V PULSARA UTILIZATION POLICY

March 2026

PURPOSE

The purpose of this policy is to establish standardized, region wide utilization of Pulsara as the primary platform for patient notification, communication, and coordination across the Trauma Service Area V (TSA-V) region.

This policy ensures timely, accurate, and consistent information exchange between pre-hospital providers, hospitals, and system partners.

BACKGROUND

Effective regional coordination of patient care for trauma, time-sensitive conditions, interfacility transfers, and surge events, requires real-time, standardized communication across all system participants.

National guidance from the American College of Surgeons (ACS) and ASPR TRACIE emphasizes the importance of shared situational awareness platforms to support patient movement, load balancing, and coordinated response.

At the state level, the Texas Department of State Health Services (DSHS), Texas Division of Emergency Management (TDEM), and the Governor's EMS and Trauma Advisory Council (GETAC) Disaster Preparedness Committee have formally endorsed Pulsara as a standardized platform for tracking patent movement, coordinating care, and supporting operational decision-making during disaster response and statewide missions.

Within TSA-V, Pulsara has been identified and adopted by TRAC-V as the primary platform for real-time patient tracking and communication, enabling the RMOCC to function as an effective coordination hub.

Consistent use of Pulsara across all agencies is essential to:

- Reduce communication delays
- Improve transfer efficiency
- Enhance patient safety
- Enable system-wide visibility

AUTHORITY

This policy operates under the authority and oversight of the TRAC-V Board of Directors and is consistent with applicable rules and regulations outlined in the Texas Administrative Code, Title 25, Part 1, Chapter 157, and guidance from DSHS which recognizes and supports the role of Regional Advisory Councils (RACs) in coordinating trauma and emergency healthcare systems. This policy further aligns with the TRAC-V Bylaws and may be amended and/or repealed at any time by a majority vote of the Directors.

SCOPE

This policy applies to:

- All EMS providers (911 and non-911 transport agencies)
- All hospitals within TSA-V including:
  - Acute care hospitals
  - Trauma centers
  - Freestanding Emergency Departments (FEDs)
  - Freestanding Emergency Medical Care facilities (FEMCs)
- Any participating agencies request TRAC-V RMOCC support
- EMS agencies interacting with the TRAC-V RMOCC
- Regional partners engaged in patient movement or emergency response operations

PRE-HOSPITAL REQUIREMENTS

All 911 EMS providers shall utilize Pulsara for:

Emergency Department Alert and Notification:

- Initiation of patient alerts prior to arrival
- Pulsara patient channel shall include:
  - Primary patient report
  - Mechanism of injury
  - Vital signs
  - Clinical status
  - Estimated time of arrival

Patient Tracking During Transport:

- Continuous updates as appropriate via chat, voice call, video call, etc.
- Patient status changes (deterioration in condition, pre-hospital interventions, etc)

MCI / Surge / Mass Gathering Events:

- Creation and/or participation in Pulsara incidents
- Real-time patient triage and destination tracking
- Coordination with TRAC-V RMOCC

All Non-911 EMS and Interfacility transport providers shall utilize Pulsara for:

Emergency Department Alert and Notification:

- Utilize Pulsara when transporting patients from:

  - FED/FEMC to Hospital, or
  - Hospital A to Hospital B
- Document patient movement

MCI / Surge / Mass Gathering Events:

- Creation and/or participation in Pulsara incidents
- Real-time patient triage and destination tracking
- Coordination with TRAC-V RMOCC

HOSPITAL REQUIREMENTS

All hospitals, including FEDs and FEMCs, shall utilize Pulsara for:

Receiving Facility Coordination:

- Acceptance and acknowledgement of incoming patients via EMS
- Participation in communication via chat, voice call, video call, etc.
- Manually setting EMS ED arrival time to mark patient at destination – if applicable

Interfacility Transfer Requests:

- Entry of patient information into Pulsara channel prior to or concurrent with transfer requests
- Updating patient status during coordination

RMOCC Request and Activation:

- Submission of patient information when consulting TRAC-V RMOCC for transfers

MCI / Surge / Mass Gathering Events:

- Participation in Pulsara incidents
- Coordination with TRAC-V RMOCC

PULSARA INTEGRATION IN TRAC-V RMOCC

Pulsara shall serve as the official system of record for:

- TRAC-V RMOCC Coordinated transfers
- Patient tracking during MCI / Surge / and Mass Gathering Events

TRAC-V RMOCC staff will rely on Pulsara data to:

- Make patient transport and/or transfer destination decisions
- Alert receiving facilities on patient transports and transfers

- Maintain incident situational awareness

COMPLIANCE AND ACCOUNTABILITY

To remain in good standing with membership requirements set forth by TRAC-V:

- EMS providers and hospitals must demonstrate consistent and appropriate use of Pulsara
- TRAC-V may monitor:
  - Utilization rates and number of patient channels created
  - Data completeness
  - Participation and fluency of Pulsara incident management
- TRAC-V has established an 80% utilization and participation threshold for Pulsara-related requirements under this policy. Agencies and facilities falling below 80% compliance may be considered noncompliant and subject to review and corrective action by the TRAC-V Board of Directors.

Noncompliance of membership requirements and/or lack of adherence to this policy may result in:

- Notification to organization leadership and corrective action requests
- Review by the TRAC-V Board of Directors
- Possible limitation of voting privileges and/or eligibility for TRAC-V initiatives and funding

IMPLEMENTATION

Policy Adoption: March 27, 2026

Policy Effective Date: September 1, 2026

TRAC-V BOARD APPROVAL

This policy shall be reviewed periodically and updated as needed to reflect changes in regional needs, technology, and regulatory requirements.

Approved by the TRAC-V Board of Directors on March 27, 2026.

TRAC-V Board Chair Signature: 

TRAC-V Executive Director: