

I. Committee Purpose

The Cardiac Committee is responsible for the development of an acute cardiac care system for TSA-E. This includes the development of guidelines for rapid transport to appropriate facilities of patients suffering ST-Elevation Myocardial Infarction (STEMI), and other acute cardiac conditions. The Cardiac Committee will provide guidance in the development of pre-hospital assessment tools and treatment guidelines. Further details of committee responsibilities are defined under Article IX of the NCTTRAC Bylaws.

II. Committee Responsibilities

- A. Development and maintenance of the Regional Acute Coronary Syndrome (ACS) Plan
- B. Development and maintenance of regional performance standards
- C. Oversight of the Heart Safe Community program
- D. Oversight of the Take 20 for Life program

III. Committee Chair/Chair Elect Responsibilities

A Chair

The Committee Chair serves as the principal liaison between the committee and the Board of Directors with responsibilities that include, but are not limited, to:

- 1. Knowledge of the Bylaws.
- 2. Scheduling meetings.
- 3. Meeting agenda and minutes (notes are acceptable).
- 4. Providing committee report to the Board of Directors at least quarterly.
- 5. Annual review of ACS Guidelines, Cardiac Committee SOP and performance standards.
- 6. Knowledge and dissemination of GETAC activities to committee members and the Board of Directors.

B. Chair Elect

The Chair Elect assists the Chair with committee functions and assumes the Chair responsibilities for committee activity and meeting management in the temporary absence of the Chair.

- 1. The Chair Elect may serve in lieu of the Cardiac Committee Chair for Board of Directors responsibilities including voting.
- 2. The Chair Elect must be affiliated with a NCTTRAC member in good standing as defined in the NCTTRAC Bylaws.
- 3. The Chair Elect automatically ascends to the Chair position at the end of the current Chair's term.
- 4. The Chair Elect position will be voted on by the Cardiac Committee every two years or when this position has been vacated by the incumbent.

IV. Medical Director

- 1. Medical Director represents Cardiac care issues at Medical Directors Committee
- 2. Medical Director can facilitate Cardiology medical directors meetings as a subgroup of Medical Directors Committee.

V. Committee Products

- A. Regional ACS Plan,
- B. SOP, performance standards,
- C. Heart Safe Community program, and Take 20 for Life program

VI. Work Group

The Heart Safe Work Group is charged with the development, maintenance, and facilitation of the Heart Safe Community recognition program

VII. Task Force(s)

- A. Education
- B. Others as determined

VIII. Definitions

- A. STEMI-ST-Elevation Myocardial Infarction (“Heart Attack”)
- B. ACS – Acute Coronary Syndromes
- C. PCI – Percutaneous Coronary Intervention
- D. NSTEMI – Non ST-Elevation Myocardial Infarction (“Heart Attack”)

IX. Procedures (Meeting, Agenda and Minutes)

The Cardiac Committee shall perform its responsibilities with an organized approach utilizing the following procedure:

- A. The date, time and location of all scheduled meetings will be posted at least ten (10) days in advance on the NCTTRAC website calendar.
- B. The committee will meet at least quarterly.
- C. All meetings are held as open meetings.
- D. Agendas will be prepared and submitted to NCTTRAC staff by the committee chair.
- E. A sign in sheet will be provided at each meeting by NCTTRAC staff.
- F. Each meeting will have minutes or notes.
- G. Agendas and meeting minutes/notes will be forwarded to NCTTRAC office and administrative staff within 20 days after the meeting for posting. The attendance will be turned in at the end of the meeting.
- H. Members of the committee may access copies of meeting agendas and notes on the NCTTRAC website. (www.ncttrac.org)

X. Affiliated Liaison Groups

- A. Texas EMS and Trauma Acute Care Foundation (TETAF)
- B. Governor’s EMS and Trauma Advisory Council (GETAC)
- C. Texas Department of State Health Services (DSHS) Cardio Vascular Disease (CVD) Initiative
- D. American Heart Association (AHA)

XI. Performance Standards

- A. EMS/Receiving Facility
 - 1. Chest pain patients will be transported to the closest, most appropriate facility.

2. EMS Providers and Hospitals will follow evidence based ACS protocols/guidelines.
- B. Free Standing/Stand Alone EDs
 1. ACS patients should receive an EKG with physician interpretation within 10 minutes of arrival.
 2. Upon recognition of STEMI, a call should be placed to EMS for immediate transportation to the closest, most appropriate facility.
 3. If applicable, the receiving hospital will be notified.
 4. Evidence based/best practice recommends a transfer time (door in door out) of no more than 30 minutes upon ED arrival and recognition of STEMI.
- C. Inter-facility Transfers
 1. Patients with ACS symptoms should receive an EKG with physician interpretation within 10 minutes of arrival.
 2. Upon recognition of STEMI, a call should be placed to EMS for immediate transport to the closest, most appropriate facility.
 3. The receiving hospital will be notified.
 4. Evidence based/best practice recommends a transfer time (door in door out) of no more than 30 minutes upon ED arrival and recognition of STEMI
- D. Receiving hospitals will provide transferring facilities and EMS written feedback within 30 days of the transfer.

XII. Annual Committee Goals

- A. Provide two (2) cardiac specific professional development offerings per year.
- B. Offer one (1) cardiac public education event per year.
- C. Implement/market the Heart Safe Community program with a goal of obtaining recognition for two new or renewing communities per year.

XIII. Unobligated Budget Request

Recommend to the Board of Directors financial backing or support of Cardiac Committee related public education efforts across the 19 county region.

XIV. Core Group

- A. At this time, no unique core group, as outlined in Article IX of the bylaws, has been identified for this committee.
- B. In accordance with the NCTTRAC Bylaws, committee voting authority afforded to the Cardiac Committee representatives includes only NCTTRAC Members in good standing.

XV. Membership Requirements

Not applicable

XVI. Attendance Requirements

While committee attendance is highly encouraged for all RAC members, there are no specific attendance requirement for this committee.