

1. Committee Purpose

The Air Medical Committee is responsible for affecting and supporting safe air medical operations and high-quality clinical care provided by air medical transport services in TSA-E. This committee provides guidance in the development and review of hospital and pre-hospital assessment tools, regional plans and treatment guidelines, and the committee SOP. This committee also provides interface with other NCTTRAC committees, the Texas Association of Air Medical Service (TAAMS), and the Governor's EMS and Trauma Advisory Council (GETAC).

Further details of committee responsibilities are defined under Article IX of the NCTTRAC Bylaws.

2. Committee Responsibilities

- 2.1 Support safety as a priority and augment safety cultures for all air medical programs
- 2.2 Create and/or maintain collaborative relationships to facilitate optimal excellent clinical care, quality improvement, and safe patient transport
- 2.3 Establish and/or provide support in the development and implementation of standards, guidelines, protocols, and tools to improve air medical operations
- 2.4 Create best practices through shared quality improvement data and processes
- 2.5 Review the helipads/heliports within NCTTRAC TSA-E and recommend guidelines for safe operations and communication
- 2.6 Develop standards and procedures for the purpose and function of the Air Medical Committee
- 2.7 Develop evidence-based pre-hospital guidelines for the North Central Texas Trauma Service Area
- 2.8 Organize, support, and/or coordinate community-based education for pre-hospital providers
- 2.9 Create a broad stakeholder representation working to provide an opportunity to share resources leading to the development, operation, and evaluation of safe air medical service efforts within the 19 counties served

3. Committee Chair/Chair Elect Responsibilities

3.1 Chair

3.1.1 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:

- 3.1.1.1 Knowledge of the Bylaws.
- 3.1.1.2 Scheduling meetings.
- 3.1.1.3 Meeting agenda and notes.
- 3.1.1.4 Providing committee report to the Board of Directors at least quarterly.
- 3.1.1.5 Annual review of Air Medical Guidelines, Air Medical Committee SOP, SPI indicators, quality indicators, and enhance safe operations and safety cultures .
- 3.1.1.6 Knowledge and dissemination of GETAC activities to committee members and the Board of Directors.

3.2 Chair Elect

3.2.1 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.

3.2.2 The Chair Elect may serve in lieu of the Air Medical Committee Chair for Board of Directors responsibilities, including voting.

3.2.3 The Chair Elect automatically ascends to the Chair position at the end of the current Chair's term.

3.2.4 The Chair Elect position will be voted on by the Air Medical Committee every odd year or when this position has been vacated by the incumbent.

4. Medical Director

4.1 The Medical Director represents Air Medical care issues in the Medical Directors Committee.

4.2 The Medical Director can facilitate communication via email groups among their service line physician peers, identified as a subgroup.

4.3 The Medical Director is elected by the committee. An annual review for continuation as Medical Director is based on availability and preferences of the committee.

5. Committee Products

5.1 Committee SOP

5.2 Committee system performance improvement metrics

5.3 Air Medical Guidelines

5.4 Aircraft Utilization and Systems Performance Review

6. Work Group

6.1 Not Applicable

7. Definitions

7.1 Air Medical member – a representative of TSA-E participating air medical services and participating agencies

7.2 Air Medical Core Group – Voting air medical representatives of the committee that operates aircraft within TSA-E

7.3 Air Medical Quality Standard – An outcome measure that defines quality in air medical operations and/or clinical care

7.4 Air Medical Quality Metric – A measure of quality identified and defined by the Air Medical Core Group members

8. Procedures (Meeting, Agenda and Notes)

8.1 The Air Medical Committee shall perform its responsibilities with an organized approach utilizing the following procedures:

8.1.1 The date, time and location of all scheduled meetings will be posted at least ten (10) days in advance on the NCTTRAC website calendar.

8.1.2 The committee will meet at least quarterly.

- 8.1.3 All meetings are held as open meetings.
- 8.1.4 Agendas will be provided and be prepared by the Committee Chair.
- 8.1.5 A sign in sheet will be provided at each meeting.
- 8.1.6 Each meeting will have notes.
- 8.1.7 Agendas and meeting 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.
- 8.1.8 Members of the committee may access copies of meeting agendas and notes on the NCTTRAC website.

9. Affiliated Liaison Groups

- 9.1 Texas EMS Trauma & Acute Care Foundation (TETAF)
- 9.2 Governor's EMS and Trauma Advisory Council (GETAC)
- 9.3 Texas Association of Air Medical Services (TAAMS)
- 9.4 Association of Air Medical Services (AAMS)

10. Performance Standards

- 10.1 Air Medical Services will provide a launch location of responding aircraft
- 10.2 Air Medical Providers participating in the NCTTRAC are operating on EMResource tracking map, updating and refreshing the aircraft current positions at least every 3 minutes.
- 10.3 ETE (flight time only) will not exceed 5 minutes past time given
- 10.4 ETA (includes lift time) will not exceed 5 minutes past time given
- 10.5 Air Medical Services scene times will not exceed 20 minutes
- 10.6 Air Medical Services inter-facility transfer times will not exceed 40 minutes (does not include specialty teams)
- 10.7 Provide air medical transport response for inter-facility trauma patients within 60 minutes of the time of the request

11. Annual Committee Goals

- 11.1 Complete annual review of SOP
- 11.2 Complete quarterly review of SPI
- 11.3 Complete annual review of Air Medical Guidelines
- 11.4 Complete annual review of State and Regional Air Medical Disaster Plans
- 11.5 Complete annual review of Aircraft Utilization and Systems Performance Review Guideline
- 11.6 Respond to EMS ground entities, Fire Chiefs, and other interested parties with finalized Aircraft Utilization and Systems Performance Review
- 11.7 Develop air medical data points and identify applicable quality metrics for process improvement
- 11.8 EMResource training

12. Unobligated Budget Request

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

13. Core Group

13.1 The Air Medical Committee core group shall be comprised of primary or delegated representatives from NCTTRAC Member air medical organizations.

13.2 In accordance with the NCTTRAC Bylaws, committee-voting authority afforded to Air Medical Committee core group representatives includes only representatives of NCTTRAC member organizations in good standing. A quorum will be required for voting as defined in Article VII § 7.5 of the NCTTRAC Bylaws.

14. Membership Requirements

14.1 Provide Air Medical Services in TSA E

15. Attendance Requirements

15.1 Core group evidence of attendance shall be 75% of committee meetings by primary member or identified alternate.