1. Committee Purpose and Responsibilities

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

1.2. Support safety as a priority and augment safety cultures for all air medical programs

1.3. Create and/or maintain collaborative relationships to facilitate optimal excellent clinical care, quality improvement, and safe patient transport

1.4. Establish and/or provide support in the development and implementation of standards, guidelines, protocols, and tools to improve air medical operations

1.5. Create best practices through shared quality improvement data and processes

1.6. Review the helipads/heliports within NCTTRAC TSA-E and recommend guidelines for safe operations and communication

1.7. Develop standards and procedures for the purpose and function of the Air Medical Committee

1.8. Develop evidence-based pre-hospital guidelines for TSA - E

1.9. Organize, support, and/or coordinate community-based education for pre-hospital providers

1.10. 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

2. Sub-Committees and Work Groups

2.1. Subcommittees must be approved in conjunction with a change to the NCTTRAC Bylaws. Workgroups may be established at the discretion of the Chair of the Board of Directors and will operate in due consideration of NCTTRAC Bylaws and this SOP. Current subcommittees and workgroups include:

2.1.1. Air Medical Capability Matrix Work Group is tasked with using the concept/model introduced at GETAC Air Medical Committee to meet the needs of TSA-E as approved by the NCTTRAC Air Medical Committee.

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.

3.1.1.5. Annual review of Air Medical Plans, Guidelines, committee SOP, and SPI indicators.

3.1.1.6. Provide or arrange for knowledge and dissemination of appropriate liaison group activities to committee members and the Board of Directors.

3.1.2. The Chair must be a documented representative of a NCTTRAC member in good standing as defined in the NCTTRAC Membership and Participation SOP.

3.1.3. The Chair will serve a one-year term of office, beginning at the start of the Fiscal year, and be succeeded by the Chair Elect at the end of the Fiscal Year.

3.1.4. The Chair may only vote in the event of a tie; however, the Chair's organization may assign an appropriately documented voting delegate to fill their committee core group position during the Chair's term.

3.2. Chair Elect

3.2.1. The Committee 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. The Chair Elect may serve in lieu of the Air Medical Chair for Board of Directors responsibilities.

3.2.2. The Chair Elect must be a documented representative of a NCTTRAC member in good standing as defined in the NCTTRAC Membership and Participation SOP.

3.2.3. The Chair Elect automatically ascends to the Chair position at the end of the current Chair's term or if the Chair position is otherwise vacated.

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

4. Committee Medical Director

4.1. The Committee Medical Director/Co-Medical Director is responsible for participating directly with their service line committee, establishing and maintaining a standing coordination method with their service line peers and availability for coordinating with other committees' Medical Directors to recommend a minimum standard of care for providers participating in the trauma, acute, emergency healthcare and disaster response systems of TSA-E

4.2. The Air Medical Committee Medical Director/Co-Medical Director provides current physician insight and involvement in support of the Air Medical Committee and its responsibilities, including:

4.2.1. Identifying and assessing regional performance improvement standards, formulating strategies, and making recommendations to the committee to ensure that the best possible standards of healthcare can be met within TSA-E.

4.2.2. Active partnership in the coordination and support of the following service line committee products (see attached Coordination Flowchart):

4.2.2.1. Service Line Regional Plans

4.2.2.2. Guidelines

4.2.2.3. Texas Department of State Health Services (DSHS) Rules Reviews

4.3. The Committee Medical Director and/or Co-Medical Director must be a currently employed or contracted physician providing medical direction for a regional air medical service provider.

4.4. The Committee Medical Director and/or Co-Medical Director must be a documented representative of a NCTTRAC member in good standing as defined in the NCTTRAC Membership and Participation SOP.

4.5. The Committee Medical Director/Co-Medical Director position will be voted on by the Air Medical Committee annually, with each Fiscal Year, or if otherwise vacated.

4.6. The Committee Medical Director/Co-Medical Director should be prepared, with NCTTRAC staff assistance, to facilitate a peer group of Air Medical Directors (by email or meeting) in

support of Air Medical Committee efforts as appropriate.

4.7. The Air Medical Committee Medical Director/Co-Medical Director will be seated as a voting representative on the NCTTRAC Medical Directors Committee.

4.8. The Air Medical Committee will establish a Co-Medical Director position, who meets the same criteria above, to assist as desired.

4.9. The Air Medical Committee has elected not to establish a Co-Medical Director position for the current fiscal year.

5. Committee Representation

5.1. In accordance with NCTTRAC Bylaws Article IX, there is a voting core group identified within the Air Medical Committee.

5.2. Represented organizations/agencies provide Air Medical services in TSA-E and maintain NCTTRAC Membership in good standing.

5.3. The core group of the Air Medical Committee shall be comprised of primary or delegated representatives from air medical NCTTRAC Member organizations in good standing.

5.3.1. The identified core group will be composed of the following Air Medical service providers in TSA-E:

5.3.1.1. Air Evac Lifeteam

5.3.1.2. CareFlite Air

5.3.1.3. Children's Medical Center Dallas Transport

5.3.1.4. Cook Children's Teddy Bear Transport

5.3.1.5. Medical City Dallas

5.3.1.6. Medical Air Rescue Company

5.3.1.7. PHI Air Medical

5.4. Quorum: A quorum is a simple majority (50% or more) of the documented and eligible Air Medical Committee representatives that are physically or virtually present and participating in a meeting.

5.5. Voting: The Chair shall manage voting issues in accordance with existing NCTTRAC bylaws and procedures. Appropriately eligible and documented Air Medical Committee representatives shall exercise the right to vote on Air Medical Committee matters, as necessary. While the Chair will generally facilitate routine activity by consensus, non-routine or electronic voting activity will normally be facilitated and documented by supporting staff.

6. Committee Attendance

6.1. While attendance is highly encouraged in support of meaningful participation, there are no specific attendance requirements at committee level.

7. Committee Active Participation

7.1. While there are no committee unique Active Participation requirements, the overarching attendance and data submission expectations identified in the NCTTRAC Membership & Participation SOP are key for both EMS Air and Ground Member organizations to recognize and adhere to, including, but not limited to:

7.1.1. Each member hospital/agency must meet concurrent year State data submission

requirements.
7.1.2. Each member hospital/agency must attend a minimum of six (6) NCTTRAC-sponsored meetings over the span of at least three (3) out of four (4) quarters within the NCTTRAC fiscal year.
7.2. There are no other committee specific or unique active participation requirements.

8. Procedures (Meeting, Agenda and Notes)

8.1. The EMS Committee shall perform its responsibilities in an organized approach utilizing the following procedures:
8.1.1. The date, time and location of all scheduled meetings will be posted at least 10 days in advance on the NCTTRAC website calendar.
8.1.2. Additions, deletions and or alterations to the scheduled meeting date, time or location will be sent electronically.
8.1.3. The committee will meet at least quarterly
8.1.4. All meetings are held as open meetings
8.1.5. Agendas will be provided and be prepared by the Committee Chair.
8.1.6. A sign in sheet will be provided at each meeting.
8.1.7. Each meeting will have notes documented.
8.2. Agendas and notes will be forwarded to NCTTRAC office and administrative staff within 20 days after the meeting. The attendance will be turned in at the end of the meeting.
8.3. Copies of meeting agendas and notes will be available on the NCTTRAC website.

9. Committee Liaisons

9.1. Governor's EMS and Trauma Advisory Council (GETAC) Air Medical Committee
9.2. Texas EMS Association (TEMSA)
9.3. Texas Emergency Nurses Association
9.4. Dallas Fort Worth Hospital Council Foundation (DFWHCF)
9.5. Texas EMS Trauma & Acute Care Foundation (TETAF)
9.6. Texas Association of Air Medical Services (TAAMS)

10. Standing Committee Obligations

10.1. Annual Update of Committee SOP
10.2. Annual Review of Regional Plans & Guidelines
10.2.1. ACS Triage and Transport Guidelines
10.2.2. Stroke Triage and Transport Guidelines
10.2.3. Trauma Triage and Transport Guidelines
10.3. DSHS Rules and/or contractual deliverables
10.4. GETAC Strategic Plan objectives and strategies, as applicable
10.5. Aircraft Utilization and Systems Performance Review
10.5.1. Aircraft Utilization and Systems Performance Review (See *Appendix A*)

11. Projected Committee Goals, Objectives, Strategies, Projects

11.1. Complete quarterly review of SPI
11.2. Complete annual review of Air Medical Guidelines
11.3. Complete annual review of State and Regional Air Medical Disaster Plans

11.4. Review Air Medical Capability Matrix effectiveness and assess educational needs

11.5. NCTTRAC's "Accountability Scorecard" spreadsheet will be used to document commitments and progress with associated efforts.

12. System Performance Improvement (SPI)

12.1. The Committee will support Air Medical SPI responsibility by establishing a standing meeting agenda item and corresponding accountability (e.g. appoint individual facilitator or workgroup).

12.2. At minimum, the Committee will review, evaluate, and report Air Medical EMResource utilization and make recommendations to the Executive Committee of the Board of Directors for appropriate designation/accreditation of hospitals related to initial or changes to designation/accreditation as requested/required by the Department of State Health Services (DSHS).

12.3. Air Medical Closed SPI functions support detailed reviews of Performance Improvement (PI) Indicators and referred PI events as afforded by Texas Statute and Rule.

    12.3.1. Representation:

        12.3.1.1. Air Medical Committee Chair

        12.3.1.2. Air Medical Committee Chair Elect

        12.3.1.3. Air Medical Committee Medical Director

        12.3.1.4. Two volunteer Air Medical Committee representatives, (as needed)

    12.3.2. Closed SPI function participants will sign a confidentiality statement prior to the start of each closed meeting.

    12.3.3. Meeting notes, attendance rosters, and supporting documents of Closed SPI functions must be provided to NCTTRAC staff within 48 hours following each meeting to be secured as a confidential record of committee activities.

12.4. SPI Products

    12.4.1. Air Medical SPI Indicators

    12.4.2. Air Medical SPI Cover Letter (See *Appendix B* attached)

12.5. SPI Indicators

    12.5.1. Air Medical Services will provide a **launch location of the responding aircraft**

    12.5.2. 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.

    12.5.3. **ETE** (flight time only) will not exceed **5 minutes past time given**

    12.5.4. **ETA** (clock time arrival given to include lift time) will not exceed **5 minutes past time given**

    12.5.5. Air Medical Services **scene times should not exceed 20 minutes** (does not include specialty teams)

    12.5.6. Air Medical Services **inter-facility transfer times exceeding 40 minutes** (does not include specialty teams) are subject to possible review by the Air Medical Committee SPI group

    12.5.7. First attempt tracheal tube (TT) success should be reported using Ground and Air Medical Quality Transport *Ground and Air Medical qUality Transport* (GAMUT) data and definitions

    12.5.8. Blood Glucose check for AMS should be reported using GAMUT data and definitions

12.5.9. Provide air medical transport response for inter-facility trauma patients within 60 minutes of the time of the request

12.5.10. Provide air medical transport response for inter-facility transfers for level 1 stroke patients within 30 minutes and 60 minutes for level 2 stroke patients from time of the request

13. Injury and Illness Prevention / Public Education

13.1. The Committee will support Air Medical Injury/Illness Prevention and Public Education responsibility by establishing a standing meeting agenda item and corresponding accountability (e.g. appoint individual facilitator, workgroup or sub-committee).

13.2. Focus on injury prevention and education of the public health needs.

13.3. Create a broad stakeholder representation working to provide an opportunity to share resources leading to the development, operation, and evaluation of public education and injury/illness prevention efforts within TSA-E.

13.4. Base decisions on current Air Medical trends and data, facts and assessment of programs and presented educational opportunities.

13.5. Organize; support and/or coordinate community evidenced based education and injury/ illness prevention programs.

13.6. Recommend/support prevention priorities for TSA-E according to the injury/illness, geographic location, cost, and outcome.

13.7. Serve as a resource to identify prevention programs, events and other prevention resources available in TSA-E to members and community members.

13.8. Establish Ad Hoc Task Forces, as necessary, to address specific issues.

14. Professional Development

14.1. The Committee will support Air Medical Professional Development responsibility for all levels of providers by establishing a standing meeting agenda item and corresponding accountability (e.g. appoint individual facilitator or workgroup).

14.2. At minimum, the Committee will:
   14.2.1. Participate in the development of the Annual NCTTRAC Needs Assessment.
   14.2.2. Sponsor at least two classes annually based on needs assessment results.

15. Unobligated Budget Requests

15.1. Recommendations from the Air Medical Committees, coordinated through the Finance Committee, seeking approval from the Board of Directors for financial backing and execution authority in support of related initiatives, projects, and/or education efforts within TSA-E.

1. Background

1.1 The North Central Texas Trauma Regional Advisory Council (NCTTRAC) is an organization designed to facilitate the development, implementation, and operation of a comprehensive trauma care system based on accepted standards of care to decrease morbidity and mortality. The Air Medical Committee for the North Central Texas Trauma Regional Advisory Council is a standing committee that provides recommendations and guidance for air medical operations in the Trauma Service Area - E (TSA-E). It is the mission of the Air Medical Committee to promote safe, ethical, and high-quality patient care during air medical transport for the citizens of Texas.

1.2 The purpose of a Regional Advisory Council (RAC) is to develop, implement, and monitor a regional emergency medical service trauma system plan within a TSA. A RAC is an organized group of healthcare entities and other concerned citizens who have an interest in improving and organizing trauma care within a specified Trauma Service Area. RAC membership may include hospitals, physicians, nurses, EMS providers, rehabilitation facilities, dispatchers, as well as other community groups. Regional Advisory Council objectives are to reduce the incidence of trauma through education, data collection and analysis and performance improvement. This is accomplished by providing educational programs and conducting performance improvement efforts that provide every provider guidance and motive to reduce the incidence of trauma as well as improve the outcome of trauma patients.

2. Purpose

2.1 The purpose of this document is to:

2.1.1 Define the system established by the TSA-E Air Medical programs to assist EMS ground providers and facilitate requesting the closest appropriate aircraft for the patient in need

2.1.2 Describe the review request process and specific indicators for systems performance improvement

2.1.3 Improve patient care, collaboration, and foster a community partnership for all stakeholders within the RAC

3. Desired Outcomes

3.1 The desired outcome is to request the closest appropriate aircraft and integrate air medical providers into the RAC System Performance Improvement (SPI) process. This provides a platform for concerns regarding air medical services to be identified, addressed, and provided a mechanism for loop closure within the Regional Advisory Council. This should occur when they are unsuccessful in being addressed among corporate entities. The intent is not to replace interworking collaboration among Air Medical and EMS services or care facilities.

3.1.1 Concerns regarding the air medical service(s) may include: safety, patient care, dispatching, or membership services.

3.1.2 The Air Medical Committee recommends that the evaluation of appropriate use of a helicopter rests with the requesting organization.

3.1.3 Performance improvement may include, educational initiatives, process improvement plans and/or recommendations from the NCTTRAC and/or GETAC Air Medical Committees.

4. Process to Locate, Request, Communicate, And Improve Air Medical Services

4.1   EMResource is a software system that will publish all aircraft in TSA-E, their location, and availability. You can view this in a list or map view.

4.2   Obtain a facility or personal login by creating a support ticket with NCTTRAC
   4.2.1   Go to https://www.ncttrac.org/
   4.2.2   On the bottom right select Create A Helpdesk Ticket
   4.2.3   Start a Ticket
   4.2.4   Choose "Support – Other"
   4.2.5   Then fill in the needed fields and state that your agency needs a log in for EMResource

4.3   Once Log In is attained, go to https://emresource.emsystem.com/login.htm

4.4   You will see a list of area helicopters, hospitals, EMS and their status (set up a preferred view and notifications so the system is what you need).

4.5   Find the **table view** and list of helicopters (pictured below on the left). It will state in GREEN "Available at" if available for a call and the location (usually "at base") or RED "Unavailable" if on a flight or out of service for a Maintenance Event.

4.6   Change and set the helicopter **map view** as your preference (yellow arrow indicates where to change the view, the map view is pictured below on the right). It is a very quick view with the helicopters mapped in their locations (hovering over or clicking on the icon will identify the aircraft). They are colored for their availability:

   GREEN=Available
   RED=Unavailable for a patient flight
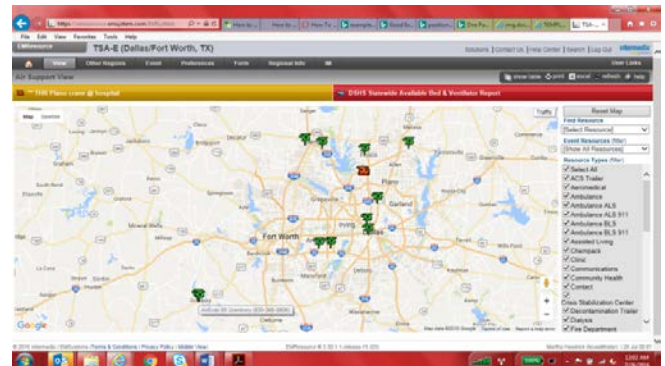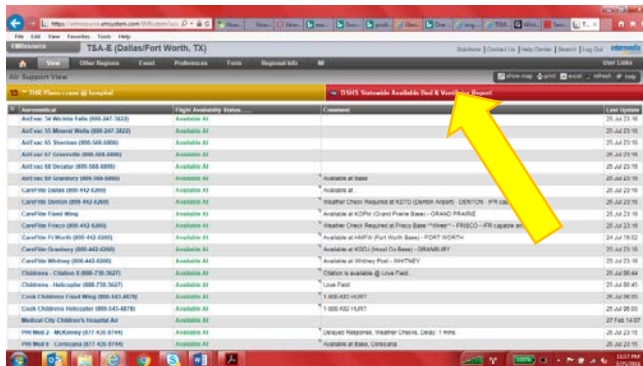
4.7   All aircraft in your area can be viewed and you will be able to identify the closest available aircraft to your location and call the appropriate provider.

4.8   Radio **communication for Ground to Air**, will occur utilizing the preferred contact method and channel as designated by the requesting ground agency, either at the time of the activation or through prearranged channel designation with the Air Provider. In the event of a disaster or MCI situation, the Texas Statewide Interoperability Channel Plan should be implemented. This plan states that radio communication from Ground to air, authorized by the Texas Government Code and regulated by the FCC, is to be performed on radio channel VMED 28. (see below)

Label	Receive	Transmit	Station Class	CTCSS RX /TX	Use
VMED28	155.3400	155.3400	FBT / MO	CSQ / 156.7	Tactical Channel (and for Air-to-Ground use)

5. **Air Medical Indicators** to be referred to SPI Committee **if not met**:

   5.1 Air Medical Services will provide a launch location of the aircraft responding
   5.2 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.
   5.3 ETE (flight time only) will not exceed 5 minutes past time given
   5.4 ETA (includes lift time) will not exceed 5 minutes past time given
   5.5 Air Medical Services scene times will not exceed 20 minutes (does not include specialty teams)
   5.6 Air Medical Services inter-facility transfer times will not exceed 40 minutes (does not include specialty teams)
   5.7 Provide air medical transport response for inter-facility trauma patients within 60 minutes of the time of the request
   5.8 If an indicator falls outside of the above parameters, the event may be submitted to the NCTTRAC SPI Committee for review and it may be referred from SPI to the appropriate Committee and Individual Provider for action.

6. **Process for requesting reviews and/or reporting concerns to the SPI Committee:**

   6.1 Go to https://www.ncttrac.org/
   6.2 On the bottom right select Create A Helpdesk Ticket
   6.3 Start a Ticket
   6.4 Choose "Member – SPI Referral Form Request"
   6.5 Then fill in the necessary fields. Be as specific as possible to allow for a sufficient review.

Date

Recipient Name
Title
Company
Address
City, ST ZIP Code

Dear Sir or Madam:

This package is being provided in response to a formal concern, raised with the NCTTRAC Air Medical Committee, regarding the inconsistent process for requesting and receiving the closest, most appropriate, available aircraft to various scene locations and/or hospitals in the region. The Air Medical Committee reviewed the processes currently in place and is providing the following information and tools to facilitate the appropriate dispatching of the closest, most appropriate available aircraft. Please find attached copies of:

1) The Aircraft Utilization Tool
2) The Aircraft Utilization SPI Submission Process
3) Detailed instructions on the use of EMResource Air Medical Map

The Air Medical Committee is dedicated to the patients and organizations we serve, and appreciate the opportunity for improvement. Thank you for taking your time to review the documents and forwarding them to the responsible parties that request aircraft(s) for your agency or facility. If you have any further questions or concerns, please contact the Air Medical Committee Chair.
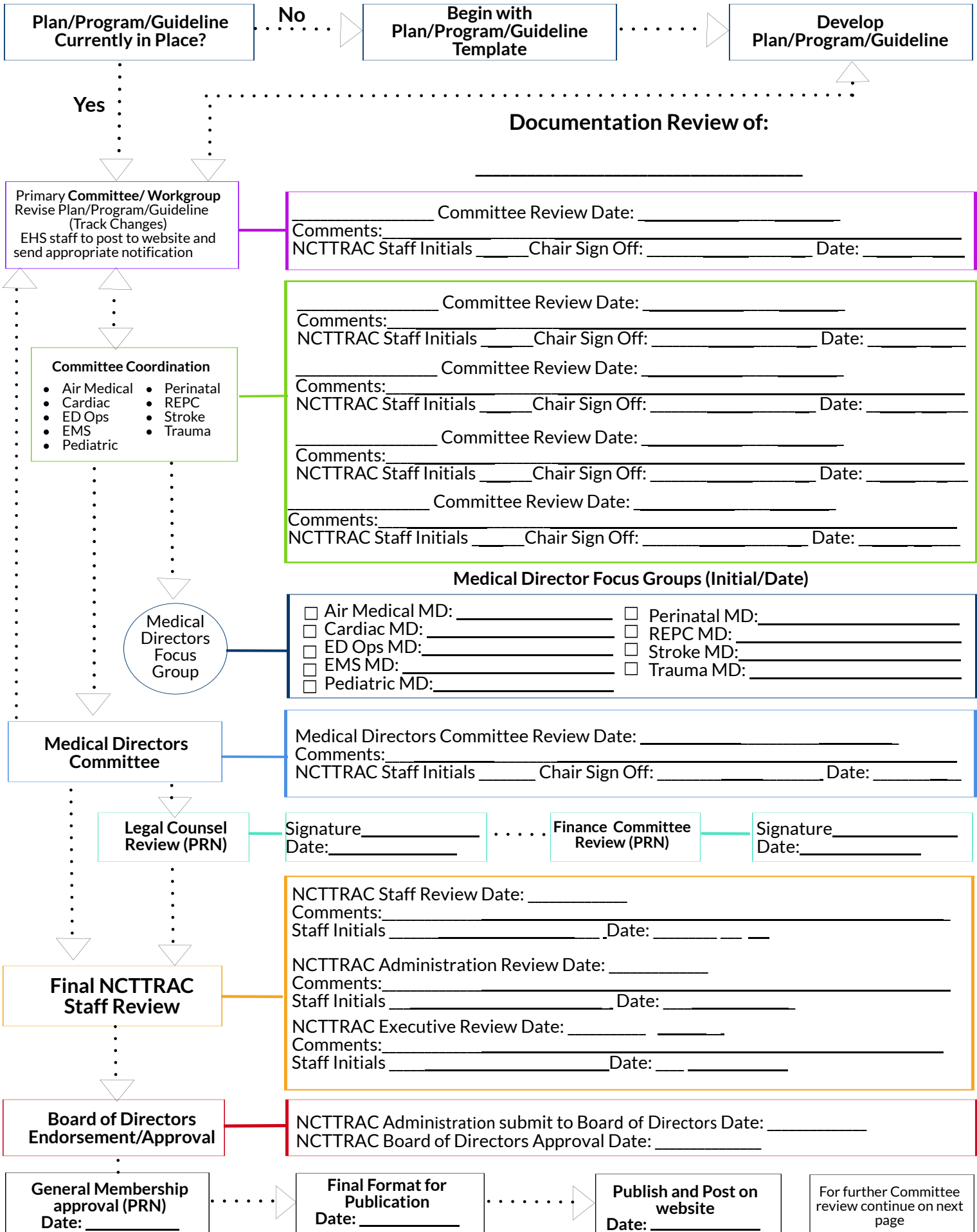
Respectfully,

Martha Headrick
NCTTRAC
Air Medical Committee Chair
martha.headrick@air-evac.com

Coordination Flowchart

NCTTRAC
NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL

Plan/Program/Guideline Currently in Place?	· · No · · ▷	Begin with Plan/Program/Guideline Template	· · · · ▷	Develop Plan/Program/Guideline

Yes

Documentation Review of:

_____

Primary Committee/ Workgroup
Revise Plan/Program/Guideline (Track Changes)
EHS staff to post to website and send appropriate notification

_____ Committee Review Date: _____
Comments:_____
NCTTRAC Staff Initials _____ Chair Sign Off: _____ Date: _____

Committee Coordination
- Air Medical
- Cardiac
- ED Ops
- EMS
- Pediatric
- Perinatal
- REPC
- Stroke
- Trauma

_____ Committee Review Date: _____
Comments:_____
NCTTRAC Staff Initials _____ Chair Sign Off: _____ Date: _____

_____ Committee Review Date: _____
Comments:_____
NCTTRAC Staff Initials _____ Chair Sign Off: _____ Date: _____

_____ Committee Review Date: _____
Comments:_____
NCTTRAC Staff Initials _____ Chair Sign Off: _____ Date: _____

_____ Committee Review Date: _____
Comments:_____
NCTTRAC Staff Initials _____ Chair Sign Off: _____ Date: _____

Medical Director Focus Groups (Initial/Date)

Medical Directors Focus Group

☐ Air Medical MD: _____   ☐ Perinatal MD:_____
☐ Cardiac MD: _____   ☐ REPC MD: _____
☐ ED Ops MD:_____   ☐ Stroke MD:_____
☐ EMS MD: _____   ☐ Trauma MD: _____
☐ Pediatric MD:_____

Medical Directors Committee

Medical Directors Committee Review Date: _____
Comments:_____
NCTTRAC Staff Initials _____ Chair Sign Off: _____ Date: _____

Legal Counsel Review (PRN)	Signature_____ Date:_____	· · · · ·	**Finance Committee Review (PRN)**	Signature_____ Date:_____

Final NCTTRAC Staff Review

NCTTRAC Staff Review Date: _____
Comments:_____
Staff Initials _____ Date: _____ __ __

NCTTRAC Administration Review Date: _____
Comments:_____
Staff Initials _____ Date: _____

NCTTRAC Executive Review Date: _____ _____
Comments:_____
Staff Initials _____ Date: ___ _____

Board of Directors Endorsement/Approval

NCTTRAC Administration submit to Board of Directors Date: _____
NCTTRAC Board of Directors Approval Date: _____

General Membership approval (PRN) Date: _____	· · · · ▷	**Final Format for Publication** Date: _____	· · · · ▷	**Publish and Post on website** Date: _____	For further Committee review continue on next page

600 Six Flags Drive, Suite 160, Arlington, TX 76011-817.608.0390- www.ncttrac.org

Committees Continued

_____ Committee Review Date: _____

Comments:_____

NCTTRAC Staff Initials _____Chair Sign Off: _____ Date: _____

_____ Committee Review Date: _____

Comments:_____

NCTTRAC Staff Initials _____Chair Sign Off: _____ Date: _____

_____ Committee Review Date: _____

Comments:_____

NCTTRAC Staff Initials _____Chair Sign Off: _____ Date: _____

_____ Committee Review Date: _____

Comments:_____

NCTTRAC Staff Initials _____Chair Sign Off: _____ Date: _____