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.

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 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.

3.1.5. In the event the Chair is unable to fulfill the term, the Chair Elect shall ascend to Chair. The term of the new Chair shall be the remainder of the unfulfilled term of the previous Chair.

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.

3.2.5. In the event the Chair is unable to fulfill the term, the Chair Elect shall ascend to Chair in accordance with the NCTTRAC Bylaws.

4. Committee Medical Director

4.1. The Air Medical Committee Medical Director is responsible for:

4.1.1. Participating directly with their service line committee

4.1.2. Establishing and maintaining a standing coordination method with their service line peers

4.1.3. Maintaining 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 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 Appendix A for 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 must be a currently employed or contracted physician providing medical direction for a regional air medical service provider.

4.4. The Committee 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 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 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 will be a liaison to the NCTTRAC EMS Medical Directors Committee.
4.8. Committees with Medical Directors may consider establishing an Alternate or Co-Medical Director position, who meets the same criteria above, to assist as desired.

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 Transport
5.3.1.6. PHI Air Medical
5.4. The Air Medical Committee Leadership Group may convene on an ad hoc basis to represent the committee in matters necessary to maintain contractual compliance, execute deliverables, and/or endorse emergency, off-cycle purchases for regional benefit. Actions taken will be reported at the next scheduled committee meeting.

6. Committee Attendance

6.1. While attendance is highly encouraged in support of meaningful participation, there are no specific attendance requirements at committee level.
6.2. Virtual attendees are highly encouraged to utilize video capabilities where available to facilitate meaningful discussion and participation in NCTTRAC meetings and events.

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. Quorum & Voting

9.1. Quorum: A quorum is defined as at least 50% of the identified committee members who are present at the call for a vote.

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

9.3. As an alternative to a consensus vote at an EMS Medical Directors Committee Meeting, electronic votes may be employed. A record of responses and results must be maintained in the Meeting Notes or Minutes.
- 9.3.1. Electronic Votes may be called via:
  - 9.3.1.1. Polls
  - 9.3.1.2. Surveys
  - 9.3.1.3. Ballots
  - 9.3.1.4. Other technologies
  - 9.3.1.5. Votes may be cast by proxy in accordance with NCTTRAC Bylaws Article XIV.
  - 9.3.1.6. A simple majority vote of the quorum is required to act and will be recorded in the meeting minutes or notes.

10. Procedures (Meeting, Agenda and Notes)

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

10.2. The date, time and location of all scheduled meetings will be posted at least 10 days in advance on the NCTTRAC website calendar.
10.3. The committee will meet at least quarterly.
10.4. All meetings are held as open meetings.
10.5. Agendas will be prepared and submitted to NCTTRAC staff by the committee chair.
10.6. A sign in sheet will be provided at each meeting by NCTTRAC staff.
10.7. Each meeting will have minutes or notes.
10.8. 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.
10.9. Copies of meeting agendas and notes will be available on the NCTTRAC website. (www.ncttrac.org)

11. Committee Liaisons

11.1. Governor's EMS and Trauma Advisory Council (GETAC) Air Medical Committee
11.2. Texas EMS Association (TEMSA)
11.3. Texas Emergency Nurses Association
11.4. Dallas Fort Worth Hospital Council Foundation (DFWHCF)
11.5. Texas EMS Trauma & Acute Care Foundation (TETAF)
11.6. Texas Association of Air Medical Services (TAAMS)

12. Standing Committee Obligations

12.1. Annual Update of Committee SOP
12.2. Annual Review of Regional Plans & Guidelines
  12.2.1. ACS Triage and Transport Guidelines
  12.2.2. Stroke Triage and Transport Guidelines
  12.2.3. Trauma Triage and Transport Guidelines
12.3. DSHS Rules and/or contractual deliverables
12.4. GETAC Strategic Plan objectives and strategies, as applicable
12.5. Aircraft Utilization and Systems Performance Review
  12.5.1. Aircraft Utilization Guidelines (See Appendix B attached)
  12.5.2. Air Medical Critical Care Transport Capability Matrix Data Dictionary (See Appendix C attached)

13. Projected Committee Goals, Objectives, Strategies, Projects

13.1. Complete quarterly review of SPI
13.2. Complete annual review of Air Medical Guidelines
13.3. Complete annual review of State and Regional Air Medical Disaster Plans
13.4. Establish a reportable prehospital transfusion data set
13.5. Identify a minimum of 5 prehospital transfusion provider sites as funding allows
13.6. Achieve Texas EMS Wristband compliance of 70% or greater for all Air Medical transports/transfers in TSA-E.
13.7. Review Air Medical Capability Matrix effectiveness and assess educational needs

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

14. System Performance Improvement (SPI)

14.1. 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).

14.2. 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).

14.3. Prior to submitting an SPI event, the referring/requesting agency is expected to first contact the involved agencies/facilities in an attempt to satisfactorily resolve the issue or concern. Only after appropriate attempts have been made to satisfactorily resolve an SPI event should the referring/requesting agency formally submit an SPI event notification/request via the NCTTRAC secured ticket system.

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

- 14.4.1. Representation:
  - 14.4.1.1. Air Medical Committee Chair
  - 14.4.1.2. Air Medical Committee Chair Elect
  - 14.4.1.3. Air Medical Committee Medical Director
  - 14.4.1.4. Two (2) elected Air Medical Committee representatives
- 14.4.2. Closed SPI function participants will sign a confidentiality statement prior to the start of each closed meeting.
- 14.4.3. 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.

14.5. SPI Products

- 14.5.1. Air Medical SPI Indicators
- 14.5.2. Air Medical SPI Cover Letter (See Appendix D attached)

14.6. SPI Indicators

- 14.6.1. Air Medical Services will provide a **launch location of the aircraft responding**
- 14.6.2. Air Medical Providers participating in the NCTTRAC are operating **on EMResource tracking map**, **updating, and refreshing the aircraft current positions** at least every 3minutes.
- 14.6.3. **ETE** (flight time only) will not exceed **5 minutes past time given**
- 14.6.4. **ETA** (clock time arrival given to include lift time) will not exceed **5 minutes past time given**
- 14.6.5. Air Medical Services **scene times should not exceed 20 minutes** (does not include specialty teams)
- 14.6.6. Air Medical Services **inter-facility transfer times should not exceed 40 minutes** (does not include specialty teams)

14.6.7. Airway modality of choice successful on first attempt without associated hypoxia or hypotension or diversion to an alternative airway device.

15. Injury and Illness Prevention / Public Education

15.1. 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).
15.2. Focus on injury prevention and education of the public health needs.
15.3. 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.
15.4. Base decisions on current Air Medical trends and data, facts and assessment of programs and presented educational opportunities.
15.5. Organize; support and/or coordinate community evidenced based education and injury/ illness prevention programs.
15.6. Recommend/support prevention priorities for TSA-E according to the injury/illness, geographic location, cost, and outcome.
15.7. Serve as a resource to identify prevention programs, events, and other prevention resources available in TSA-E to members and community members.
15.8. Establish Ad Hoc Task Forces, as necessary, to address specific issues.

16. Professional Development

16.1. 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).
16.2. At minimum, the Committee will:
16.2.1. Participate in the development of the Annual NCTTRAC Needs Assessment.
16.2.2. Sponsor at least two classes annually based on needs assessment results.

17. Unobligated Budget Requests

17.1. 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.

Appendices follow:

Appendix A – Coordination Flowchart

Appendix B – Aircraft Utilization Guidelines

Appendix C – Air Medical Critical Care Transport Capability Matrix Data Dictionary

Appendix D – Aircraft Utilization and Systems Performance Review SPI Request Cover Letter