1. Committee Purpose and Responsibilities

1.1. 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.
1.2. Develop and maintain the Regional Acute Coronary Syndrome (ACS) Plan
1.3. Develop and maintain regional performance standards
1.4. Provide oversight of the Heart Safe Community program
1.5. Provide oversight of the Take 20 for Life Program

2. Sub-Committees and Workgroups

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's Bylaws and this SOP. Current subcommittees and workgroups include:
- 2.1.1. Heart Safe Community Workgroup
  - 2.1.1.1. Responsible for the development, maintenance, and facilitation of the Heart Safe Community recognition program (See *Appendix A*)
- 2.1.2. Cardiac Arrest Workgroup
  - 2.1.2.1. Responsible for data collection, analysis and dissemination of reports from the Cardiac Arrest Registry to Enhance Survival (CARES) registry to the region.
  - 2.1.2.2. Responsible for identification, development, and implementation of EMS/Hospital best practices in cardiac arrest management.

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 Cardiac Plans, Guidelines, and committee SOP.
  - 3.1.1.6. Provide or arrange for knowledge and dissemination of appropriate liaison group activities to committee members and the Board of Directors.
  - 3.1.1.7. Oversight of SPI referrals as needed.
- 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.

3.2. 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 Cardiac Committee 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. During the Chair Elect selection process, the committee may give additional consideration to qualified nominees attending 50 percent or greater Cardiac Committee meetings over the previous 12 months.
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 Cardiac Committee annually or when the incumbent has vacated this position.

4. Committee Medical Director

4.1. The elected Cardiac Committee Medical Director/Co-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 Cardiac Committee Medical Director/Co-Medical Director provides current physician insight and involvement in support of the Cardiac 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 Cardiac Committee Medical Director/Co-Medical Director must be a documented representative of a NCTTRAC member in good standing as defined in the NCTTRAC Membership and Participation SOP.
4.4. The Cardiac Committee Medical Director/Co-Medical Director position will be voted on by the Cardiac Committee as needed, or if otherwise vacated.
4.5. The Cardiac Committee Medical Director/Co-Medical Director should be prepared, with NCTTRAC staff assistance, to facilitate a peer group of Cardiac medical directors (by email or meeting) in support of Cardiac Committee efforts as appropriate.
4.6. The Cardiac Committee Medical Director/Co-Medical Director will be seated as a voting representative on the NCTTRAC Medical Directors Committee.

5. Committee Representation

5.1. In accordance with NCTTRAC Bylaws Article IX, there is not a voting core group identified within the Cardiac Committee.
5.2. Represented organizations/agencies provide Cardiac services in TSA-E and maintain NCTTRAC Membership in good standing.
5.3. There will only be one vote per facility/organization

6. Committee Attendance

6.1. Attendance is a prerequisite to meaningful participation and as such, the Cardiac Committee requires documented attendance of 75% of committee meetings by the primary or identified alternate organization/agency representative.

7. Committee Active Participation

7.1. In addition to attendance Cardiac Committee identifies the following to be creditable for active participation at the committee level:
7.1.1. Request for data (GETAC, RAC Data Collaborative, or Committee, etc.) will be completed by due date.

8. Procedures (Meeting, Agenda and Notes)

8.1. The Cardiac Committee shall perform its responsibilities with an organized approach utilizing the following procedure:
8.2. The date, time and location of all scheduled meetings will be posted at least 10 days in advance on the NCTTRAC website calendar.
8.3. The committee will meet at least quarterly.
8.4. All meetings are held as open meetings.
8.5. Agendas will be prepared and submitted to NCTTRAC staff by the committee chair.
8.6. A sign in sheet will be provided at each meeting by NCTTRAC staff.
8.7. Each meeting will have minutes or notes.
8.8. 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.
8.9. Copies of meeting agendas and notes will be available on the NCTTRAC website. (www.ncttrac.org)

9. Committee Liaisons

9.1. Governor's EMS and Trauma Advisory Council (GETAC) Cardiac Committee
9.2. Texas EMS Association (TEMSA)
9.3. Texas Emergency Nurses Association (ENA)
9.4. Dallas Fort Worth Hospital Council Foundation (DFWHCF)

10. Standing Committee Obligations

10.1. Annual Review of Cardiac Committee SOP
10.2. Annual Review of Regional Plans & Guidelines

10.2.1. Cardiac Triage and Transport Guideline
10.3. DSHS Rules and/or contractual deliverables, as applicable
10.4. GETAC Strategic Plan objectives and strategies, as applicable
10.5. Annual Review of Take 20 for Life Program Guidance (See *Appendix B*)

11. Projected Committee Goals, Objectives, Strategies, Projects

11.1. Provide two cardiac specific professional development offerings per year.
11.2. Offer one cardiac public education event per year.
11.3. Implement/market the Heart Safe Community program with a goal of obtaining recognition for two new and all renewing communities per year.
11.4. Implement a reportable cardiac specific data set.
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 Cardiac Committee will support Cardiac SPI responsibility by establishing a standing meeting agenda item and corresponding accountability.
12.2. At minimum, the Committee will review, evaluate, and report Cardiac 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. Closed Cardiac SPI meetings 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. Cardiac Committee Chair
12.3.1.2. Cardiac Committee Chair Elect
12.3.1.3. Cardiac Committee Medical Director
12.3.1.4. Two volunteer Cardiac Committee representatives, as needed
12.3.2. Closed SPI meeting 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 meetings 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. Cardiac SPI Indicators
12.4.2. Cardiac SPI Referral Form
12.5. SPI Indicators
12.5.1. EMS/Receiving Facility
12.5.2. Chest pain patients will be transported to the closest, most appropriate facility.
12.5.3. EMS Providers and Hospitals will follow evidence-based ACS protocols/guidelines.
12.6. Free Standing/Stand Alone EDs
12.6.1. ACS patients should receive an EKG with physician interpretation within 10 minutes of arrival.

12.6.2. Upon recognition of STEMI, a call should be placed to EMS for immediate transportation to the closest, most appropriate facility.
12.6.3. If applicable, the receiving hospital will be notified.
12.6.4. 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. If transfer time is greater than 30 minutes, consider consult with receiving cardiologist regarding administration of lytics.
12.6.5. Consider Air Medical Transport if ground transport time is greater than 30 minutes and if air medical does not prolong arrival to STEMI receiving facility.

12.7. Inter-facility Transfers
12.7.1. Patients with ACS symptoms should receive an EKG with physician interpretation within 10 minutes of arrival.
12.7.2. Upon recognition of STEMI, a call should be placed to EMS for immediate transport to the closest, most appropriate facility.
12.7.3. The receiving hospital will be notified.
12.7.4. 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. If transfer time is greater than 30 minutes, consider consult with receiving cardiologist regarding administration of lytics.
12.7.5. Consider Air Medical Transport if ground transport time is greater than 30 minutes and if air medical does not prolong arrival to STEMI receiving facility.
12.7.6. Receiving hospitals will provide transferring facilities and EMS written feedback.

13. Illness Prevention / Public Education

13.1. The Committee will support Cardiac Illness Prevention and Public Education responsibility by establishing a standing meeting agenda item and corresponding accountability.
13.2. Focus on illness 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 illness prevention efforts within TSA-E.
13.4. Base decisions on current Cardiac trends and data, facts and assessment of programs and presented educational opportunities.
13.5. Organize; support and/or coordinate community evidenced based education and illness prevention programs.
13.6. Recommend/support prevention priorities for TSA-E according to the 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 Cardiac Committee will support Cardiac Professional Development responsibility for all levels of providers by establishing a standing meeting agenda item and corresponding accountability.
14.2. At minimum, the Cardiac 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 Cardiac Committee, 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. Purpose

1.1 To establish procedures for the distribution and management of Take 20 for Life Program training kits distributed by NCTTRAC.

2. Goals

2.1 The goal of Take 20 for Life program is to provide education and training on hands-only CPR within TSA-E in order to increase chances of survival from sudden cardiac arrest. Take 20 for Life kits will be made available to schools, businesses and community groups to learn hands-only CPR, AED use, and alerting first responders.

3. Description of Asset

3.1 The Take 20 for Life kit contains instructional materials including a training DVD and foam pads to practice compressions. One kit can support the training for up to twenty people.

4. Management of Asset

4.1 Distribution of the hands only CPR kits will be allocated to hospitals throughout the eight NCTTRAC zones. The locations and point of contacts for acquiring 20 for Life kits will be placed on the NCTTRAC website.
4.2 Individuals or organizations that wish to check out a kit, may reach out to the point of contact nearest them. If additional kits are needed for large scale education and training, individuals may contact NCTTRAC for additional kits.
4.3 The point of contact will check out the kit to a requesting person / organization, keep track of the location of each kit, and inventory the kit contents prior to check out and upon return.
4.4 Once training is completed, participants are requested to fill out the attendance roster included with the kit and send it to the location identified on the roster, as well as, the Emergency Healthcare Systems (EHS) Staff at NCTTRAC at EHS2@ncttrac.org. The kits should be promptly returned to the location / point of contact after training is completed.
4.5 Damaged kits, or missing contents should be reported to NCTTRAC.

5. Limitations to Possession of Asset

5.1 NCTTRAC is not certifying community members in CPR. Individuals or organizations who seek CPR certification must go through a recognized certifying agency.

The process for completing the HEART Safe Community Application will take a little time and requires the tracking and providing of documentation from the community/organization applying for recognition. Please submit a **letter of intent** at least 30 days prior to the applicate deadline. The documentation must be from the two (2) years prior to the application. All of the information should be collected and submitted at one time. Incomplete applications will be returned for completion. All of the information submitted should be copies. None of the information submitted will be returned to the requesting agency.

A minimum of three (3) HEART Safe Community Workgroup members and one (1) NCTTRAC staff member must be present for review. **The committee requires the main contact person(s) to be present during the application review to clarify any information or to provide additional data.**

Applications will be reviewed four times per year. Please see the below table regarding deadlines.

Letter of Intent due to NCTTRAC HEART Safe Community Workgroup	**Application deadline**	**Application review Month**
November 30th	December 31st	January
February 28th	March 31st	April
May 31st	June 30th	July
August 30th	September 30th	October

Applications must be mailed or delivered in person to:

North Central Texas Trauma Regional Advisory Council
600 Six Flags Drive, Suite 160
Arlington, TX 76011

The application must be submitted using the following criteria. **Failure to do so will result in the application being returned without review.**

REQUIRED:

1. Documentation that the Community has designated one person to be the Community's Champion or contact person. This person will serve as the agency's liaison to the HEART Safe Community Workgroup. This can be in the form of a letter from the community.
2. Cardiac Committee Involvement at NCTTRAC.
    a. Show documentation of Cardiac Committee participation in the form of sign in sheets (in person, via phone or webinar).
    b. In the 12 months prior to the application submission, a hospital representative and/or an EMS representative of the community are required to attend at least 50% of the NCTTRAC Cardiac Committee meetings. *If no hospital exists within your community (city), then an EMS/Fire representative must attend the Cardiac Committee meetings.*
3. All supporting documentation should be in one (1) binder.
4. Each section must be separated by a tab with correlating number to the application.
5. Each piece of paper in the packet should be identified with the corresponding section and letter (i.e., Section 4, F). This letter and number should be written on the top right of each page.
6. Paper documentation (which can include photos) can only be submitted to document programs, giveaways, menus, etc.
7. The first page of the book, inside the front cover, please self-score your application using the scoring rubric.

8. All patient identifiers must be removed prior to submission.
9. Questions or clarification can be submitted by emailing - heartsafe@ncttrac.org

NCTTRAC does not represent or imply that participation in the program will result in improved survival rates within the community. However, increased community-level efforts to strengthen the chain of survival has been successful in many participating communities throughout the country.

Section 1. Accessing Emergency Care

The access to emergency care is a key tenet to survivability. This section is grading the accessibility and type of accessibility each community has to emergency care.

Requirement for section elements:

A. Enhanced 911
B. VolP/Cellular (Phase II)
C. NexGen 911

- A letter from the community is required on official jurisdictional letterhead that has oversight of the Public Safety Answering Point (PSAP) as to the type of the 911 system that serves the community. In this category, only the highest service level is awarded points.

Section 2. Emergency Medical Dispatch (EMD)

The provision of pre-arrival instructions to 911 callers has shown to improve the outcome of patients, especially those suffering from sudden cardiac death. This section gives credit for those communities that provide initial care via pre-arrival instructions. In this category, only the highest service level is awarded points.

Requirements for section elements:

A. Instructions on Hands-Only CPR

- Provide a letter on official letterhead from the supervisor or director of the PSAP site. There should be mention of whether Emergency Medical Dispatch (EMD) is being utilized, attempted or provided on appropriate incidents and the type of EMD program being used. This can be the same letter used in Section 1.

B. Full Pre-Arrival Instructions

- Provide a copy of EMD cardiac instructional card(s) or SOP for pre-arrival cardiac instructions

Section 3. Automated External Defibrillator (AED) Access & First Response

Since the AED has been made available to first responders and the public, there have been countless lives saved by the deployment of these devices. This section recognizes the efforts of communities to make as many AEDs available in the public and attempts to get them to the scene where they are needed.

Requirements for section elements:

A. Public Access Defibrillator (PAD) Program

- A letter on official letterhead must come from each entity within the community that have AEDs available which describes their AED program. The goal is to provide AEDs that are easily available to the public (placed in a public area) and not in a badge or key-accessible area such as a locked office.

B. PAD Program with Posted and/or Identified Sites

- Provide a document with the approximate number of AEDs deployed and describe where they are located. This can be depicted in spreadsheet, table format, or geographic

information system (GIS) map

C. Law Enforcement Agency with AEDs in Vehicles
- Provide a list of law enforcement vehicles within your jurisdiction with AEDs.

D. Fire First Responders with AEDs in Vehicles
- Provide a list of fire first responder vehicles within your jurisdiction with AEDs.

E. Fire First Responders with ALS Capabilities
- Provide a roster of Fire First Responders with ALS certification

F. Police and/or Fire Dispatched to Appropriate Medical Emergencies
- Include *one* of the following documents that demonstrate not only the level of care provided after dispatch, but also the units that respond to medical calls:
  - copy of medical protocols,
  - letter from the Medical Director,
  - Standard Operating Procedures/Standard Operating Guidelines, or
  - a recent dispatch call log

G. Public Schools with Accessible AEDs **and** CPR Trained Faculty
- Provide current (within 2 years) rosters with faculty training on both AED and CPR.
- Provide documentation of AED locations. The goal is that AEDs are easily available to the public and not in a badge or key-accessible area such as a locked office.

Section 4. Advanced Life Support

This section recognizes the efforts of communities that have implemented advanced care in their emergency responders by advocating for Advanced Life Support (ALS) equipment, procedures and personnel.

Requirements for section elements:

A. ALS Pre-Hospital Care
- Submit copies of Advanced Life Support cardiac protocols

B. Post Arrest Protocols/Care for ROSC
- Submit a copy of Post Arrest Protocol/Care for ROSC

C. Established STEMI Protocol
- Submit a copy of STEMI protocol

D. Identified Cardiac Transport Facilities
- Submit documentation of identified hospitals OR RAC Regional ACS Plan
- Can be included in STEMI protocol

E. ACLS Certification Among 50% of EMS Responders
- Submit rosters such as class rosters, copy of provider cards, or training records
- May also submit a letter from the EMS Medical Director or EMS Educator documenting agency requirements

F. PALS/PEPP Certification Among 50% of EMS Responders
- Submit rosters such as class rosters, copy of provider cards, or training records
- May also submit a letter from the EMS Medical Director or EMS Educator documenting agency requirements

G. Transmission of Pre-Hospital EKGs
- Submit an electrocardiogram (EKG) transmission sample from a hospital as evidence of the ability to receive transmissions
- If a sample of a patient chart is used, ***all patient identifiers MUST be deleted or blacked out***

Section 5. Community Awareness, Education & Activities

This section reviews a community's efforts to provide and promote heart-healthy practices, programs and activities. Many communities have unique characteristics and programs. This is the section to showcase their importance toward becoming a HEART Safe Community.

Requirements for section elements:

A. Public CPR Training[1] (see table below)
- Provide rosters, CPR provider cards, or course completions (within the previous 2 years) showing the dates and number of students

B. First Responder CPR Training (volunteer/paid firefighter, police, EMS)
- Provide rosters or CPR provider cards (within the previous 2 years) for first responders and the agency they represent (Fire, Emergency Medical Services, Police, Sheriff, etc.)

C. Smoking Cessation Programs Offered to the Public
- Provide documents showing programs offered at a hospital, city, or other community group

D. No Smoking Ordinance
- Provide documentation of the city ordinance

E. No Smoking Campuses/Tobacco Free Campuses
- Provide documentation for No Smoking campuses
- Examples can include hospitals, schools, businesses, government buildings, etc. in your community

F. Fitness Facilities, Parks, Trail Systems, Running or Walking Clubs[2] (see table below)
- Provide maps or lists with parks, trails, fitness facilities located in your community.
- May provide documents supporting running/walking/cycling/exercise groups such as online schedules, etc.

G. Lifesaving Recognition Program (CPR and/or AED use)
- Provide documentation of a program/event
- May include flyers, webpages, advertisements, news stories, certificates given and/or photos

H. Collaboration Between Medical Facilities and/or Healthcare Professionals (EMS, nursing, physicians) and the Community to Provide Public Cardiac Awareness and/or Screenings
- Provide documentation of the event in the form of a flyer or webpage that includes event information and participating providers

Population	**Required minimum number of CPR classes offered[1]**	**Required combination of parks, fitness facilities, trail system, running/walking/cycling/exercise clubs[2]**
Up to 1,000	1	1
1,001 to 5,000	2	2
5,001 to 25,000	3	3
25,001 to 50,000	5	5
50,001 to 100,000	7	7
100,001 and up	10	10

Section 6. Data Collection and Review

The HEART Safe Community is about bringing all of the members together that strive to improve cardiac health. Hospitals and EMS are integral members of this effort and must be a part of the community's team seeking recognition. A clinical coordinator or liaison can provide the data necessary that shows the community's efforts in capturing STEMI information and door-to-balloon times. ***This data must be scrubbed so as not to violate HIPAA or contain patient identifiers.***

Requirements for section elements:

A. STEMI Data Collection
- Provide documentation of STEMI data collection. Examples include:
  - proof of spreadsheet
  - document with metrics
  - registry report

B. Door to Balloon Times Less Than or Equal to 90 minutes 80% of the Time for Non-Transferred Patients
- Provide documentation showing the cumulative average of all the STEMI receiving facilities in the community

C. Hospital Critical Review Committee (may also be called STEMI, Chest Pain, or MI Committee**):** a hospital committee that reviews cardiac specific care and cases.
- Provide documentation of sign in sheets, agenda, or meeting invite

D. Feedback Loops to EMS
- Provide an example of a STEMI feedback letter, poster, email, or other similar method

E. Participates with State and/or National Cardiac Registries to Enhance Outcomes for EMS and Hospital Teams
- Examples could include one of the following:
  - American Heart Association – Mission: Lifeline,
  - American College of Cardiology – National Cardiovascular Data Registries,
  - RAC Data Collaborative
- Provide documentation of participation such as a current data executive summary or a letter showing current participation

F. EMS First Medical Contact (FMC) to Balloon Time less than or equal to 90 minutes 80**%** of the time, unless transport time is greater than 45 minutes, then FMC to balloon time may be extended to 120 minutes.
- Provide documentation showing the cumulative average of all the STEMI facilities utilized by the community

Section 7. BONUS Heartbeats Section

This section rewards communities for going above and beyond and is intended to start conversations about advancing cardiac care in other areas based on current state and national trends. *Bonuses can only be achieved after minimum requirements are met in each category: 1,3,4,5, and 6.*

Requirements for section elements:

A. Pediatric Pads Available with Public Access AEDs in Schools
- Provide a list of AEDs with pediatric pads or photo evidence
- 10 heartbeats per AED with pediatric pads
- Max heartbeats available: 100

B. Stop the Bleed Kits with the Publicly Available AEDs (excluding public schools)
- Provide a city list or photo evidence

C. High Risk Businesses/Events with Medical Personnel

- A high-risk business/events includes the following:
  - large scale sporting venues
  - theme parks
  - public events such as parades
  - high hazard businesses such as chemical and industrial plants
  - special events that are staffed with medical personnel
- Provide documentation for each high-risk business within a community that has an on-site medical team, with a minimum of Basic Life Support (BLS) trained personnel, and a brief description of the high-risk business

D. Community Website Outlines AED Locations via List or Map OR Community Uses App-Based Alerts for Bystander CPR
- Provide map, list or documentation of app-based alerts

E. Restaurants with Heart Healthy/Low Calorie Choices
- Provide copies of menus or online caloric information
- 10 heartbeats per menu
- Max heartbeats: 50

F. Critical Review Committee or Performance Improvement Committee at the Hospitals that include EMS
- Provide sign in sheets or meeting invites

G. Public education for Palliative Care, Medical Power of Attorney, Advanced Directives, Texas Medical Orders for Scope of Treatment (MOST)
- Provide flyers or sign in sheets if the community is offering this education

H. Participation in the CARES Cardiac Arrest Registry (Cardiac Arrest Registry to Enhance Survival)

NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL

Coordination Flowchart

Plan/Program/Guideline Currently in Place? — No → **Begin with Plan/Program/Guideline Template** → **Develop Plan/Program/Guideline**

Yes

Documentation Review of:

FY22 Cardiac Committee SOP

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

Cardiac Committee Review Date: 07/07/2021
Comments: Reviewed and approved
NCTTRAC Staff Initials CC Chair Sign Off: Krista Knowels Date: 07/07/2021

Committee Coordination

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

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

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

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

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

Medical Director Focus Groups (Initial/Date)

Medical Directors Focus Group

- ☐ Air Medical MD: _____
- ☐ Cardiac MD: _____
- ☐ ED Ops MD: _____
- ☐ EMS MD: _____
- ☐ Pediatric MD: _____
- ☐ Perinatal MD: _____
- ☐ REPC MD: _____
- ☐ Stroke MD: _____
- ☐ Trauma 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: 07/07/2021
Comments: Reviewed and approved
Staff Initials JD Date: 07/07/2021

NCTTRAC Administration Review Date: 07/07/2021
Comments: _____
Staff Initials SB Date: 07/07/2021

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

Board of Directors Endorsement/Approval

NCTTRAC Administration submit to Board of Directors Date: 07/09/2021
NCTTRAC Board of Directors Approval Date: 07/13/2021

General Membership approval (PRN)
Date: _____

Final Format for Publication
Date: 07/13/2021

Publish and Post on website
Date: _____

For further Committee review continue on next page

Committees Continued

_ Select _ Committee Review Date: _____
Comments:_____
NCTTRAC Staff Initials _____Chair Sign Off: _____ Date: _____

Select _ Committee Review Date: _____
Comments:_____
NCTTRAC Staff Initials _____Chair Sign Off: _____ Date: _____

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NCTTRAC Staff Initials _____Chair Sign Off: _____ Date: _____