1. Executive Summary of Committee 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 at least quarterly.
  - 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.

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 Cardiac Committee will establish a Co-Medical Director position, who meets the same criteria below, to assist as desired.

4.2. The Cardiac Committee Medical Director is responsible for:

4.2.1. Participating directly with their service line committee

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

4.2.3. 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

4.3. The Cardiac Committee Medical Director provides current physician insight and involvement in support of the Cardiac Committee and its responsibilities, including:

4.3.1. 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.

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

4.3.2.1. Service Line Regional Plans

4.3.2.2. Guidelines

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

4.4. The Cardiac 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 Cardiac Committee Medical Director position will be voted on by the Cardiac Committee as needed, or if otherwise vacated.

4.6. The Cardiac Committee Medical Director is expected to participate in 50% or greater of the Cardiac Committee meetings.

4.7. The Cardiac Committee 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.

4.8. The Cardiac 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 not a voting core group identified within the Cardiac Committee. (The absence of an identified core group opens voting rights at the committee level to all NCTTRAC Members in good standing.)
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.
5.4. The Cardiac Leadership group (Chair, Chair Elect, and Medical Directors) may convene on an ad hoc basis to represent Cardiac 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 Cardiac meeting.

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.
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. 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. Quorum & Voting

8.1. Standing Committees/Subcommittees voting may be conducted by the following methods, unless otherwise addressed in the committee/subcommittee SOP:
8.1.1. In person or virtually during the meeting.
8.1.2. Electronically (e.g., email, fax, website) for unscheduled votes between meetings.
8.1.3. Votes may be cast by proxy in accordance with NCTTRAC Bylaws Article XIV.
8.1.4. The outcome of each action item will be recorded in the meeting minutes or notes.
8.2. As an alternative to a consensus vote at a Cardiac Committee Meeting, electronic votes may be employed. A record of responses and results must be maintained in the Meeting Notes or Minutes.
8.2.1. Electronical votes may be called via:
8.2.1.1. Polls

8.2.1.2. Surveys
8.2.1.3. Ballots
8.2.1.4. Other technologies

9. Procedures (Meeting, Agenda and Notes)

9.1. The Cardiac Committee shall perform its responsibilities with an organized approach utilizing the following procedure:
9.2. The date, time and location of all scheduled meetings will be posted at least 10 days in advance on the NCTTRAC website calendar.
9.3. The committee will meet at least quarterly.
9.4. All meetings are held as open meetings.
9.5. Agendas will be prepared and submitted to NCTTRAC staff by the committee chair.
9.6. A sign in sheet will be provided at each meeting by NCTTRAC staff.
9.7. Each meeting will have minutes or notes.
9.8. 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.
9.9. Copies of meeting agendas and notes will be available on the NCTTRAC website. (www.ncttrac.org)

10. Committee Liaisons

10.1. Governor's EMS and Trauma Advisory Council (GETAC) Cardiac Committee
10.2. Texas EMS Association (TEMSA)
10.3. Texas Emergency Nurses Association (ENA)
10.4. Dallas Fort Worth Hospital Council Foundation (DFWHCF)

11. Standing Committee Obligations

11.1. Annual Review of Cardiac Committee SOP
11.2. Annual Review of Regional Plans & Guidelines
11.2.1. Cardiac Triage and Transport Guideline
11.3. DSHS "Essential Criteria", Rules and/or contractual deliverables, as applicable
11.4. GETAC Strategic Plan objectives and strategies, as applicable
11.5. Annual Review of the Heart Safe Community Program
11.6. Annual Review of Take 20 for Life Program Guidance (See *Appendix B*)
11.7. Ongoing review of the need for established work groups

12. Projected Committee Goals, Objectives, Strategies, Projects

12.1. Provide two cardiac specific professional development offerings per year.
12.2. Offer one cardiac public education event per year.
12.3. Implement/market the Heart Safe Community program with a goal of obtaining recognition for two new and all renewing communities per year.
12.4. Actively review and report out the reportable cardiac specific data set (i.e., CARES & DFWHC Foundation).
12.5. Achieve a regional Utstein cardiac arrest survival rate that exceeds state and national rates

utilizing CARES data for 3 out of 4 fiscal year quarters.

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

13. System Performance Improvement (SPI)

13.1. The Cardiac Committee will support Cardiac SPI responsibility by establishing a standing meeting agenda item and corresponding accountability.

13.2. 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).

13.3. 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.

13.4. Cardiac Closed Cardiac SPI meetings support detailed reviews of Performance Improvement (PI) Indicators and referred PI events as afforded by Texas Statute and Rule.

13.4.1. Representation:

13.4.1.1. Cardiac Committee Chair

13.4.1.2. Cardiac Committee Chair Elect

13.4.1.3. Cardiac Committee Medical Director/Co-Medical Director

13.4.1.4. Two (2) elected Cardiac Committee representatives, as needed

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

13.4.3. 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.

13.5. SPI Products

13.5.1. Cardiac SPI Indicators

13.5.2. Cardiac SPI Referral Form

13.6. SPI Indicators

13.6.1. EMS

13.6.1.1. Chest pain patients will be transported to the closest, most appropriate facility.

13.6.1.2. EMS Providers will follow evidence-based ACS protocols/guidelines.

13.6.2. STEMI Receiving Facilities

13.6.2.1. Facilities to provide feedback including EMS first medical contact (at patient) to device, STEMI activation time by EMS called and facility activated (if done separately), door to device, and interventions performed within 3 business days of the completed EMS Report.

13.6.3. STEMI Transferring Facility including, but not limited to Free Standing/Stand Alone EDs

13.6.3.1. ACS patients should receive an EKG with physician interpretation within 10 minutes of arrival.
13.6.3.2. Within 5 minutes of recognition of STEMI, a call should be placed to EMS for immediate transportation to the closest, most appropriate facility.
13.6.3.3. Within 5 minutes of recognition of STEMI, the receiving hospital will be notified prior to transport.
13.6.3.4. 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 fibrinolytics or thrombolytics.
13.6.3.5. Consider Air Medical Transport if ground transport time is greater than 30 minutes and if air medical transport does not prolong arrival to STEMI receiving facility.

14. Illness Prevention / Public Education

14.1. The Committee will support Cardiac Illness Prevention and Public Education responsibility by establishing a standing meeting agenda item and corresponding accountability.
14.2. Focus on illness prevention and education of the public health needs.
14.3. 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.
14.4. Base decisions on current Cardiac trends and data, facts and assessment of programs and presented educational opportunities.
14.5. Organize; support and/or coordinate community evidenced based education and illness prevention programs.
14.6. Recommend/support prevention priorities for TSA-E according to the illness, geographic location, cost, and outcome.
14.7. Serve as a resource to identify prevention programs, events, and other prevention resources available in TSA-E to members and community members.
14.8. Establish Ad Hoc Task Forces, as necessary, to address specific issues.

15. Professional Development

15.1. The Cardiac Committee will support Cardiac Professional Development responsibility for all levels of providers by establishing a standing meeting agenda item and corresponding accountability.
15.2. At minimum, the Cardiac Committee will:
15.2.1.1. Participate in the development of the Annual NCTTRAC Needs Assessment.
15.2.1.2. Sponsor educational events based on needs assessment results and committee request within the budget.

16. Unobligated Budget Requests

16.1.1. 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.