

1. Executive Summary of Committee Responsibilities

- 1.1. The Emergency Department Operations (ED Ops) Committee is responsible for improving Emergency Department operations in TSA-E by engaging in and supporting the development and implementation of clinical guidelines and processes and enhancing communication, collaboration, and alignment amongst the EDs, ED partners in care, and other NCTTRAC Committees in TSA-E. The ED Ops Committee provides guidance in the development and review of hospital and pre-hospital assessment tools, regional plans and treatment guidelines, and the Committee SOP. Additionally, the committee will interface with other RAC committees, professional associations appropriate to the services, and the Governor's EMS and Trauma Advisory Council (GETAC).
12. Create broad stakeholder representation to provide an opportunity to discuss issues related to patient throughput, clinical care, and quality outcomes in ED care.
13. Establish and/or provide support in the development and implementation of standards, guidelines, protocols, and tools to improve ED operations and clinical care.
14. Review and share relevant literature and resources on best practices, research, and current issues and trends.
15. Review, discuss and make recommendations on process and quality improvement initiatives based on data reports from EMResource and other local, regional, and state data repositories.
16. Serve as a resource to ED nursing and physician leaders in operational issues, professional issues, and NCTTRAC policy and procedure.

2. Subcommittees and Work Groups

21. Subcommittees must be approved in conjunction with a change to the NCTTRAC Bylaws. Work Groups 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. Sepsis Work Group
 - 2.1.1.1. Responsible for identification, development, and implementation of EMS/Hospital best practices in sepsis management.

3. Committee Chair/Chair Elect Responsibilities

31. 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 ED Ops 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 ED Ops Committee Chair for Board of Directors responsibilities.
 - 3.1.5. The Chair Elect must be a documented representative of a NCTTRAC member in good standing as defined in the NCTTRAC Membership and Participation SOP.
 - 3.1.6. 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.
 - 3.1.7. The Chair Elect position will be voted on by the ED Ops Committee annually or when the incumbent has vacated this position.
 - 3.1.8. 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

- 41. The ED Ops Committee will establish a Co-Medical Director position, who meets the same criteria below, to assist as desired.
- 42. The ED Ops 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 linepeers
 - 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
- 43. The ED Ops Committee Medical Director provides current physician insight and involvement in support of the ED Operations 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. Guidelines

44. The ED Ops Committee Medical Director must be a documented representative of a NCTTRAC member in good standing as defined in the NCTTRAC Membership and Participation SOP.
45. The ED Ops Committee Medical Director position will be voted on by the ED Operations Committee annually, with each Fiscal Year, or if otherwise vacated.
46. The ED Ops Committee Medical Director should be prepared, with NCTTRAC staff assistance, to facilitate a peer group of Emergency Department medical directors (by email or meeting) in support of ED Ops Committee efforts as appropriate.

5. Committee Representation

51. In accordance with NCTTRAC Bylaws Article IX, there is not a voting core group identified within the ED Operations Committee. (The absence of an identified core group opens voting rights at the committee level to all NCTTRAC Members in good standing.)
52. Represented organizations that provide Emergency Department services in TSA-E and maintain NCTTRAC Membership in good standing.
53. The ED Ops 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 the committee level for the ED Operations Committee.

7. Committee Liaisons

- 7.1. Governor's EMS and Trauma Advisory Council (GETAC)
- 7.2. Texas Emergency Nurses Association (ENA)
- 7.3. Texas EMS Trauma and Acute Care Foundation (TETAF)
- 7.4. Dallas Fort Worth Hospital Council Foundation (DFWHC)

8. Standing Committee Obligations

- 8.1. Annual Review of the ED Ops Committee SOP and Appendices
 - 8.1.1. NCTTRAC Regional Adult Sepsis Alert Criteria

9. Projected Committee Goals, Objectives, Strategies, Projects

- 9.1. Define and develop metrics and indicators for tracking and trending issues affecting ED operations at a regional level.
- 9.2. Collaborate with other NCTTRAC service line committees to provide one public education event per year.
- 9.3. Achieve Texas EMS Wristband compliance of 50% or greater documented in the EHR for patient tracking and reunification
- 9.4. Supporting the timely utilization of CARES.
- 9.5. The Committee in conjunction with the Sepsis Workgroup will collaborate with prehospital agencies to track the impact on mortality with the introduction of antibiotics in the field
- 9.6. Maintain the overdue status within EMResource to less than 10% monthly in TSA-E
- 9.7. NCTTRAC's "Accountability Scorecard" spreadsheet will be used to document commitments and progress with associated efforts.

10. System Performance Improvement (SPI)

101. The ED Ops Committee will support ED Ops SPI responsibility by establishing a standing meeting agenda item and corresponding accountability (e.g., appoint individual facilitator, workgroup, or subcommittee).
102. At minimum, the committee will review, evaluate, and report ED Ops 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).
103. 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.
104. Closed ED Ops SPI meetings support detailed reviews of Performance Improvement (PI) Indicators and referred PI events as afforded by Texas Statute and Rule.
 - 10.4.1. Representation:
 - 10.4.1.1. ED Ops Committee Chair
 - 10.4.1.2. ED Ops Committee Chair Elect
 - 10.4.1.3. ED Ops Committee Medical Director/Co-Medical Director
 - 10.4.1.4. Two elected ED Ops Committee representatives
 - 10.4.2. Closed ED Ops SPI meeting participants will sign a confidentiality statement prior to the start of each closed meeting.
 - 10.4.3. Meeting notes, attendance rosters, and supporting documents of Closed ED Ops SPI meetings must be provided to NCTTRAC staff within 48 hours following each meeting to be secured as a confidential record of committee activities.
105. SPI Products
 - 10.5.1. ED Ops SPI Indicators
 - 10.5.2. ED Ops SPI Referral Form
106. SPI Indicators
 - 10.6.1. Advisory/Closures
 - 10.6.2. EMResource Hospital update compliance. Failure to maintain overdue status at less than 10% (other than open status) for more than 3 months in a row, will result in an SPI referral

11. Injury/Illness Prevention / Public Education

111. The ED Ops Committee will support ED Ops 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).
112. Focus on injury prevention and education of the public health needs.
113. 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.
114. Base decisions on current Emergency Department trends and data, facts and assessment of programs and presented educational opportunities.
115. Organize; support and/or coordinate community evidenced based education and injury/illness prevention programs.

116. Recommend/support prevention priorities for TSA-E according to the injury/illness, geographic location, cost, and outcome.
117. Serve as a resource to identify prevention programs, events, and other prevention resources available in TSA-E to members and community members.
118. Establish Ad Hoc Task Forces, as necessary, to address specific issues.

12 Professional Development

121. The Committee will support ED Ops Professional Development responsibility for all levels of providers by establishing a standing meeting agenda item and corresponding accountability (e.g., appoint individual facilitator, workgroup, or subcommittee).
 - 12.1.1. At minimum, the Committee will:
 - 12.1.1.1. Participate in the development of the Annual NCTTRAC Needs Assessment.
 - 12.1.1.2. Sponsor at least two classes annually based on needs assessment results.

13 Unobligated Budget Requests

131. Recommendations from the ED Ops 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

Appendix A –
Regional Adult Sepsis Alert Criteria

The NCTTRAC Regional Adult Sepsis Alert Criteria was developed by the NCTTRAC Emergency Operations Committee to provide pre-hospital providers with a regional sepsis activation template for the purpose of expediting the care and treatment of sepsis patients. This criterion should be implemented only with the support and approval of an agency's EMS Medical Director.

NCTTRAC Regional Adult Sepsis Alert Criteria

STEP 1 - BOTH OF THESE:

- Age ≥ 16
- An identified or suspected source of infection:
 - Cough and/or Dyspnea
 - UTI symptoms
 - NVD
 - Fatigue and/or Malaise
 - Wound Infection (with or without drainage)
 - Hx of Immunosuppressive condition (e.g., cancer, leukemia, chemo, HIV, post-transplant)
 - Fever and/or chills
 - Resident of a Skilled Nursing Facility

STEP 2 - AND AT LEAST ONE OF THESE:

- SBP < 100 and/or MAP < 65
- ETCO₂ < 25 mmHg
- Two or more of the following criteria:
 - Temp $> 100.4^{\circ}$ F (38° C) or $< 96.8^{\circ}$ F (36° C)
 - HR > 90
 - RR > 20
 - AMS from baseline
 - New onset oxygen dependence to maintain SpO₂ $\geq 90\%$

If a check is present in BOTH BOXES of STEP 1 *and* AT LEAST ONE BOX of STEP 2 (Age at least 16 yr., identified or suspected infection, and one or more physiologic criteria are met) activate a **SEPSIS ALERT** at the receiving facility.