

## **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).
- 1.2. Create broad stakeholder representation to provide an opportunity to discuss issues related to patient throughput, clinical care, and quality outcomes in ED care.
- 1.3. Establish and/or provide support in the development and implementation of standards, guidelines, protocols, and tools to improve ED operations and clinical care.
- 1.4. Review and share relevant literature and resources on best practices, research, and current issues and trends.
- 1.5. 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.
- 1.6. 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**

- 2.1. 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.
    - 2.1.1.2. Collaborate with prehospital agencies to track the impact on mortality with the introduction of antibiotics in the field

## **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 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.
    - 3.1.1.7. Attend Board of Directors meetings in accordance with the Bylaws.

- 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. 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 ED Ops 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.
  - 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 ED Ops Committee annually or when the incumbent has vacated this position.
  - 3.2.5. The Chair Elect is encouraged to attend Board of Directors meetings in accordance with the Bylaws.
  - 3.2.6. 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/Co-Director**

- 4.1. The Committee will establish a Co-Medical Director position, who meets the same criteria below, to assist as desired.
- 4.2. The ED Ops Committee Medical Director / Co-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 / Co-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 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. Service Line Regional Plans
    - 4.3.2.2. Guidelines
- 4.4. The ED Ops Committee Medical Director / Co-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 ED Ops Committee Medical Director / Co-Director position will be voted on by the ED Operations Committee annually, with each Fiscal Year, or if otherwise vacated.
- 4.6. The ED Ops Committee Medical Director / Co-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.

- 4.7. The ED Ops Committee Medical Directors / Co-Director will be a liaison to the NCTTRAC EMS 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 ED Operations Committee. (The absence of an identified core group opens voting rights at the committee level to all NCTTRAC Members in good standing.)
- 5.2. The committee is comprised of represented organizations that provide Emergency Department services in TSA-E and maintain NCTTRAC Membership in good standing.
  - 5.2.1. While attendance is highly encouraged in support of meaningful participation, there are no specific attendance requirements.
- 5.3. Virtual attendees are highly encouraged to utilize video capabilities where available to facilitate meaningful discussion and participation in NCTTRAC meetings and events.

## **6. Quorum & Voting**

- 6.1. Standing Committees/Subcommittees voting may be conducted by the following methods:
  - 6.1.1. In person or virtually during the meeting.
  - 6.1.2. Electronically (e.g., email, fax, website) for unscheduled votes between meetings.
  - 6.1.3. The outcome of each action item will be recorded in the meeting minutes or notes.
- 6.2. As an alternative to a consensus vote at a ED Ops Committee Meeting, electronic votes may be employed. A record of responses and results must be maintained in the Meeting Notes or Minutes.
  - 6.2.1. Electronic Votes may be called via:
    - 6.2.1.1. Polls
    - 6.2.1.2. Surveys
    - 6.2.1.3. Ballots
    - 6.2.1.4. Other technologies
- 6.3. The ED Ops Committee Leadership Group (Chair, Chair Elect, and Co-Medical Directors) may convene on an ad hoc basis to represent the committee in matters necessary to maintain contractual compliance, execute deliverables, develop regional SPI indicators, review Committee-relevant data products, and/or endorse emergency, off-cycle purchases for regional benefit. The actions taken will be reported at the next scheduled committee meeting.
- 6.4. The Chair shall manage voting issues in accordance with existing NCTTRAC Bylaws and procedures. 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.
- 6.5. The Chair may only vote in the event of a tie.

## **7. Committee Active Participation**

- 7.1. The ED Operations Committee has not identified elements to be creditable for active participation at the committee level

## **8. Committee Liaisons**

- 8.1. Governor's EMS and Trauma Advisory Council (GETAC)
- 8.2. Texas Emergency Nurses Association (ENA)
- 8.3. Texas EMS Trauma and Acute Care Foundation (TETAF)
- 8.4. Dallas Fort Worth Hospital Council Foundation (DFWHC)

## 9. Standing Committee Obligations

- 9.1. Annual review of all documents and/or products identified in Appendix A: *ED Ops Committee Annual Review Product List*
- 9.2. GETAC Strategic Plan objectives and strategies, as applicable
- 9.3. Annual review of Program Guidance and Regional Initiatives

## 10. Projected Committee Goals, Objectives, Strategies, Projects

- 10.1. Collaborate with other NCTTRAC service line committees to provide one public education event per year.
- 10.2. Achieve Texas EMS Wristband compliance of 50% or greater documented in the EHR for patient tracking and reunification.
- 10.3. Maintain the overdue status within EMResource to less than 10% rolling three months.
- 10.4. Establish a recommended regional Ambulance Patient Off-Load Time (APOT) and monitor for compliance.
- 10.5. Percent of DSHS designated facilities utilizing Pulsara for incoming patient notifications by EMS.
- 10.6. NCTTRAC's "Accountability Scorecard" will be used to document commitments and progress with associated efforts.

## 11. System Performance Improvement (SPI)

- 11.1. The 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).
- 11.2. The ED Ops Committee SPI workgroup/sub-committee may meet on an ad hoc or regular basis for the purpose of investigating event-specific SPI issues and/or developing Committee-specific regional SPI indicators and reviewing relevant data products.
- 11.3. At a minimum, the committee will review, evaluate, and report ED Ops EMResource utilization.
- 11.4. 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.
- 11.5. Closed ED Ops SPI functions support detailed reviews of Performance Improvement (PI) Indicators and referred PI events as afforded by Texas Statute and Rule.
  - 11.5.1. Representation:
    - 11.5.1.1. ED Ops Committee Chair
    - 11.5.1.2. ED Ops Committee Chair Elect
    - 11.5.1.3. ED Ops Committee Co-Medical Directors
    - 11.5.1.4. Two (2) elected ED Ops Committee representatives
  - 11.5.2. Closed ED Ops SPI function participants will sign a confidentiality statement prior to the start of each closed meeting.
  - 11.5.3. 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.
- 11.6. SPI Products
  - 11.6.1. ED Ops SPI Indicators
  - 11.6.2. ED Ops SPI Referral Form
- 11.7. SPI Indicators

11.7.1. Advisory/Closures

11.7.2. 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

## **12. Data Initiatives**

12.1. The Committee will identify data submission requirements/goals/projects and include the following:

12.1.1. Intended Regional Performance Improvement utilizing EMResource

12.1.2. The Committee has defined performance indicators (measurable verification of success) that will be blinded as outlined below:

12.1.2.1. EMResource Hospital update compliance

12.1.2.2. Advisory Closures

## **13. Injury/Illness Prevention / Public Education**

13.1. 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).

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 Emergency Department 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

13.8. prevention resources available in TSA-E to members and community members.

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

## **14. Professional Development**

14.1. 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).

14.2. At minimum, the Committee will:

14.2.1. Participate in the Annual NCTTRAC Self-Assessment.

14.2.2. Sponsor educational events based on needs assessment results and potential committee requests.

## **15. Unobligated Budget Requests**

15.1. 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: ED Operations Committee Annual Review Product List**

Additional Appendices follow (as appropriate)

### **1. Purpose**

- 1.1. The ED Operations Committee Annual Review Product List serves as the list of all documents, guidelines, flowcharts, processes, or other products that the ED Operations Committee will review each fiscal year.
- 1.2. Each product identified in Section 2 will be distributed to the Committee via email upon its approval and can be found on the ED Operations Committee webpage on the NCTTRAC Website.

### **2. List of Products**

- 2.1. ED Operations Standard Operating Procedures (SOP)
- 2.2. Regional Service Line System Plans
  - 2.2.1. Trauma
  - 2.2.2. Stroke
  - 2.2.3. Cardiac
  - 2.2.4. Perinatal
  - 2.2.5. Disaster (Regional Emergency Preparedness)
- 2.3. Annual Review of Regional Plans & Guidelines
  - 2.3.1. Acute Coronary Syndrome (ACS) Triage and Transport Guidelines
  - 2.3.2. Perinatal Triage and Transport Guidelines
  - 2.3.3. Stroke Interfacility Transfer Guidelines
  - 2.3.4. Trauma Triage and Transport Guidelines
  - 2.3.5. Aircraft Utilization Guidelines
  - 2.3.6. Stroke Interfacility Transfer EMS Documentation Guidelines
  - 2.3.7. Stroke Interfacility Transport Guidelines
- 2.4. Regional Adult Sepsis Criteria
- 2.5. EMS Shortform Handoff Letter of Support