1. Committee Purpose and Responsibilities

1.1. The Emergency Medical Services (EMS) committee is responsible for coordinating and improving the clinical care provided by all levels of pre-hospital providers within Trauma Service Area (TSA)-E. The EMS committee will provide guidance in the development and review of pre-hospital assessment tools, regional plans and treatment guidelines, and the committee SOP. Additionally, the committee will interface with other NCTTRAC committees, professional associations, and the Governor's EMS and Trauma Advisory Council (GETAC) and keep members informed on latest developments in prehospital transportation and care.
1.2. Develop evidence-based pre-hospital guidelines for TSA-E
1.3. Develop standards and procedures for the purpose and function of the EMS Committee
1.4. Organize, support, and/or coordinate community-based education for pre-hospital providers
1.5. Create a broad stakeholder representation working to provide an opportunity to share resources leading to the development, operation, and evaluation of Emergency Medical Service (EMS) efforts within the 19 counties served
1.6. Responsible for overseeing the Local Projects Grant (LPG) Fund, pending availability

2. Committee Chair/Chair Elect Responsibilities

2.1. Chair
2.1.1. 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:
2.1.1.1. Knowledge of the Bylaws.
2.1.1.2. Scheduling meetings.
2.1.1.3. Meeting agenda and notes.
2.1.1.4. Providing committee report to the Board of Directors.
2.1.1.5. Annual review of EMS Plans, Guidelines, committee SOP, and SPI indicators.
2.1.1.6. Provide or arrange for knowledge and dissemination of appropriate liaison group activities to committee members and the Board of Directors.
2.1.2. The Chair must be a documented representative of a NCTTRAC member in good standing as defined in the NCTTRAC Membership and Participation SOP.
2.1.3. 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.
2.1.4. 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.

2.2. Chair Elect
2.2.1. 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 EMS Committee Chair for Board of Directors responsibilities.
2.2.2. The Chair Elect must be a documented representative of a NCTTRAC member in good standing as defined in the NCTTRAC Membership and Participation SOP.
2.2.3. 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.
2.2.4. The Chair Elect position will be voted on by the EMS Committee annually or when the incumbent has vacated this position.

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3. Committee Medical Director

3.1. The EMS Committee Medical Director/Co-Medical Director is responsible for:
- 3.1.1. Participating directly with their service line committee
- 3.1.2. Establishing and maintaining a standing coordination method with their service line peers
- 3.1.3. 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

3.2. The EMS Committee Medical Director/Co-Medical Director provides current physician insight and involvement in support of the EMS Committee and its responsibilities, including:
- 3.2.1. 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.
- 3.2.2. Active partnership in the coordination and support of the following service line committee products:
  - 3.2.2.1. Service Line Regional Plans
  - 3.2.2.2. Guidelines
  - 3.2.2.3. Texas Department of State Health Services (DSHS) Rules Reviews

3.3. The EMS 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.

3.4. The EMS Committee Medical Director/Co-Medical Director position will be voted on by the EMS Committee annually, with each Fiscal Year, or if otherwise vacated.

3.5. The EMS Committee Medical Director/Co-Medical Director should be prepared, with NCTTRAC staff assistance, to facilitate a peer group of EMS medical directors (by email or meeting) in support of EMS Committee efforts as appropriate.

3.6. The EMS Committee Medical Director/Co-Medical Director will be seated as a voting representative on the NCTTRAC Medical Directors Committee.

3.7. The EMS Committee will establish a Co-Medical Director position, who meets the same criteria above, to assist as desired.

4. Committee Representation

4.1. In accordance with NCTTRAC Bylaws Article IX, there is not a voting core group identified within the EMS Committee. (The absence of an identified core group opens voting rights at the committee level to all NCTTRAC Members in good standing.)

4.2. The EMS 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.

5. Committee Attendance

5.1. While attendance is highly encouraged in support of meaningful participation, there are no

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specific attendance requirements at committee level.

6. Committee Active Participation

6.1. 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:

6.1.1. Each member hospital/agency must meet concurrent year State data submission requirements.

6.1.2. 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.

6.2. There are no other committee specific or unique active participation requirements.

7. Procedures (Meeting, Agenda and Notes)

7.1. The EMS Committee shall perform its responsibilities in an organized approach utilizing the following procedures:

7.1.1. The date, time and location of all scheduled meetings will be posted at least 10 days in advance on the NCTTRAC website calendar.

7.1.2. Additions, deletions and or alterations to the scheduled meeting date, time or location will be sent electronically.

7.1.3. The committee will meet at least quarterly

7.1.4. All meetings are held as open meetings

7.1.5. Agendas will be provided and be prepared by the Committee Chair.

7.1.6. A sign in sheet will be provided at each meeting.

7.1.7. Each meeting will have notes documented.

7.2. 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.

7.3. The committee may ask the NCTTRAC Chair for an Ad Hoc Work Group as necessary to address specific issues.

7.4. Copies of meeting agendas and notes will be available on the NCTTRAC website.

8. Committee Liaisons (identify active state and local service line and coalition relations, examples below)

8.1. Governor's EMS and Trauma Advisory Council (GETAC) EMS Committee

8.2. Texas EMS Association (TEMSA)

8.3. Texas Emergency Nurses Association

8.4. Dallas Fort Worth Hospital Council Foundation (DFWHCF)

9. Standing Committee Obligations Committee oversight relationships (listing specifics):

9.1. Annual Review of the Committee SOP

9.2. Annual Review of Regional Plans & Guidelines

9.2.1. Cardiac Triage and Transport Guideline

9.2.2. Perinatal Triage and Transport Guidelines

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9.2.3. Stroke Triage and Transport Guideline
9.2.4. Trauma Triage and Transport Guideline
9.3. Aircraft Utilization Guidelines
9.4. DSHS Rules and/or contractual deliverables, as applicable
9.5. GETAC Strategic Plan objectives and strategies, as applicable
9.6. Annual Review of the LPG Program Guidance, see Appendix A and Appendix B

10. Projected Committee Goals, Objectives, Strategies, Projects

10.1. Review and update EMS Committee SOP.
10.2. Collaborate with other NCTTRAC committees by encouraging EMS Committee representation to provide coalition building between committees.
10.3. Offer one EMS public education event per year.
10.4. NCTTRAC's "Accountability Scorecard" spreadsheet will be used to document commitments and progress with associated efforts.

11. System Performance Improvement (SPI)

11.1. The EMS Committee will support EMS SPI responsibility by establishing a standing meeting agenda item and corresponding accountability (e.g., appoint individual facilitator, workgroup or sub-committee).
11.2. At a minimum, the committee will encourage participation to evaluate, and report EMS EMResource utilization and make recommendations to the Executive Committee of the Board of Directors for appropriate optimization and utilization by EMS.
11.3. 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.
11.4. Closed EMS SPI meetings support detailed reviews of Performance Improvement (PI) Indicators and referred PI events as afforded by Texas Statute and Rule.
11.4.1. Representation:
11.4.1.1. EMS Committee Chair
11.4.1.2. EMS Committee Chair Elect
11.4.1.3. EMS Committee Medical Director
11.4.1.4. Two volunteer EMS Committee representatives, (as needed)
11.4.2. Closed EMS SPI meeting participants will sign a confidentiality statement prior to the start of each closed meeting.
11.4.3. 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.
11.5. SPI Products
11.5.1. EMS SPI Indicators
11.5.2. EMS SPI Referral Form

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11.6. SPI Indicators: *The following indicators will be monitored by the EMS agency's PI Plan:*
  11.6.1. Prehospital "Sepsis Alert", "STEMI Alert", "Stroke Alert", "Trauma Activation" notifications to receiving facility prior to arrival
  11.6.2. Scene times in excess of 20 minutes on any alert/activation calls
  11.6.3. Waveform capnography use for intubated patients
  11.6.4. All pediatric seizure patients will require a glucose and temperature to be taken by the pre-hospital provider
  11.6.5. All pediatric patients will have a Glasgow Coma Score (GCS) recorded
  11.6.6. Additional indicators as recommended by other NCTTRAC committees

12. Injury and Illness Prevention / Public Education

12.1. The EMS Committee will support EMS 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).
12.2. Focus on injury prevention and education of the public health needs.
12.3. 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 Trauma Service Area (TSA)-E.
12.4. Base decisions on current EMS trends and data, facts and assessment of programs and presented educational opportunities.
12.5. Organize, support and/or coordinate community evidenced based education and injury/illness prevention programs.
12.6. Recommend/support prevention priorities for TSA-E according to the injury/illness, geographic location, cost, and outcome.
12.7. Serve as a resource to identify prevention programs, events, and other prevention resources available in TSA-E to members and community members.
12.8. Establish Ad Hoc Task Forces, as necessary, to address specific issues.

13. Professional Development

13.1. The EMS Committee will support EMS 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 sub-committee).
13.2. At minimum, the Committee will:
  13.2.1. Participate in the development of the Annual NCTTRAC Needs Assessment.
  13.2.2. Sponsor at least two classes annually based on needs assessment results.

14. Unobligated Budget Requests

14.1. Recommendations from the EMS 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.

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Appendices follow

Appendix A – NCTTRAC Texas EMS Wristband Project Implementation Guideline – FY21 Local Projects Grant (LPG)

Appendix B – NCTTRAC Regional Carbon Monoxide Detector Program – FY21 Local Projects Grant (LPG)

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NCTTRAC
NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL

IMPLEMENTATION GUIDELINE

Texas EMS Wristband Project
Local Projects Grant FY21 – EMS Committee

I. Purpose

The purpose of this Implementation Guideline is to establish procedures for the asset distribution, management, disposition, and responsibilities of regionally purchased Texas EMS Wristbands.

II. Goals

A. Purchase and distribute Texas EMS wristbands to pre-hospital providers.

B. Provide a unique identifier that will be used to link records or patient data delivered from EMS during MCI, evacuations, disasters and throughout the continuum of care.

III. Description / Distribution of Asset

A. Each box contains 500 aqua blue colored plastic wristbands with individual patient identification numbers and barcodes that are capable of being secured to the patient via plastic clasp.

B. Wristbands will be distributed to DSHS licensed EMS agencies in TSA-E.

C. Each EMS Agency will receive wristbands equal to the amount of one half of the recorded EMS runs to DSHS from the previous year on a first come, first served basis.

D. EMS agencies may request initial or replacement wristbands by sending point of contact information to NCTTRAC_EHS@ncttrac.org (organization/agency, DSHS license number, requestor name, email, phone)

E. Each receiving agency shall complete and sign a NCTTRAC Property Transfer Form prior to receipt.

F. NCTTRAC logistics staff will contact the agency to schedule a pickup time.

G. Should a hospital facility need wristbands, contact your local EMS agency enrolled in the wristband project.

H. Training materials are available at https://ncttrac.sharefile.com/d-s781e5503357943c9800f982e0939eb22

IV. EMS Responsibilities

A. Place a wristband on every patient transported to a hospital-based emergency department

B. Manually enter or scan the wristband's unique identifier into a pre-identified NEMSIS compliant, query-able field within the electronic patient care report (ePCR)

V. Hospital Responsibilities

A. Leave the wristband on the patient until discharged home – do not cut or remove

B. Manually enter or scan the wristband's unique identifier into a pre-identified query-able field within the electronic medical record (EMR)

C. If the wristband is inadvertently removed:

1. Place a new wristband on the patient,
2. Cover or cross out the new barcode and identification number, and
3. Write the previous identification number on the new wristband with a permanent marker

VI. Limitations to Possession of Asset

NCTTRAC EMS Wristbands are primarily intended for use by EMS provider agencies in TSA-E. Nothing in this guideline guarantees continued availability of assets; however, it is the intent of NCTTRAC to continue to support this project contingent upon funding availability.

VII. Asset Disposition

If wristbands are no longer needed, the receiving agency shall request asset disposition approval and instructions in writing from NCTTRAC.

NCTTRAC
NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL

IMPLEMENTATION GUIDELINE

NCTTRAC Regional Carbon Monoxide Detector Program
Local Projects Grant FY21 – EMS Committee

I. Purpose

The purpose of this Implementation Guideline is to establish procedures for the asset distribution, management, and disposition of regionally purchased Carbon Monoxide Detectors.

II. Goals

A. Purchase and distribute carbon monoxide detectors to pre-hospital providers as a regional patient/personnel safety initiative.

B. Provide training resources to EMS personnel utilizing the purchased equipment.

C. Gather evaluation data regarding the utilization of the purchased carbon monoxide detectors.

III. Description of Asset

A NCTTRAC carbon monoxide (CO) detector is one purchased by NCTTRAC for the use by TSA-E emergency response agencies (EMS Providers). The Honeywell BW Clip Gas Detector CO 35 - 200 is a professional grade, portable instrument that alerts to the presence of carbon monoxide and hydrogen sulfide gas. The device runs continuously once activated and does not require battery replacement or sensor replacement during use. No calibration is needed for maintenance; however, calibration can still be performed if agency policy requires. Agencies using a NCTTRAC CO detector are responsible for the proper care and use of the device in compliance with manufacturer guidelines.

IV. Distribution of Asset

A. The intent of this program is for EMS agencies to carry a NCTTRAC CO detector into medical scenes – i.e., attached to an airway kit/bag or person.

B. The distribution of NCTTRAC CO detectors will be to all EMS agencies with a DSHS approved ambulance licensed to operate in TSA – E.

C. Each EMS agency will receive one (1) CO detector per DSHS approved ambulance licensed to operate in TSA-E. The number of CO detectors provided to each agency will be determined utilizing current DSHS information.

D. NCTTRAC logistics staff will contact the agency to schedule a pickup time.

E. Receiving agencies shall work directly through the manufacturer for replacement or repair of damaged or malfunctioning detectors:

1829 Clement Ave., Suite 210
Alameda, CA 94501
Office: (510) 337-8880
Email: RMA@pksafety.com
www.pksafety.com

V. Limitations to Possession of Asset

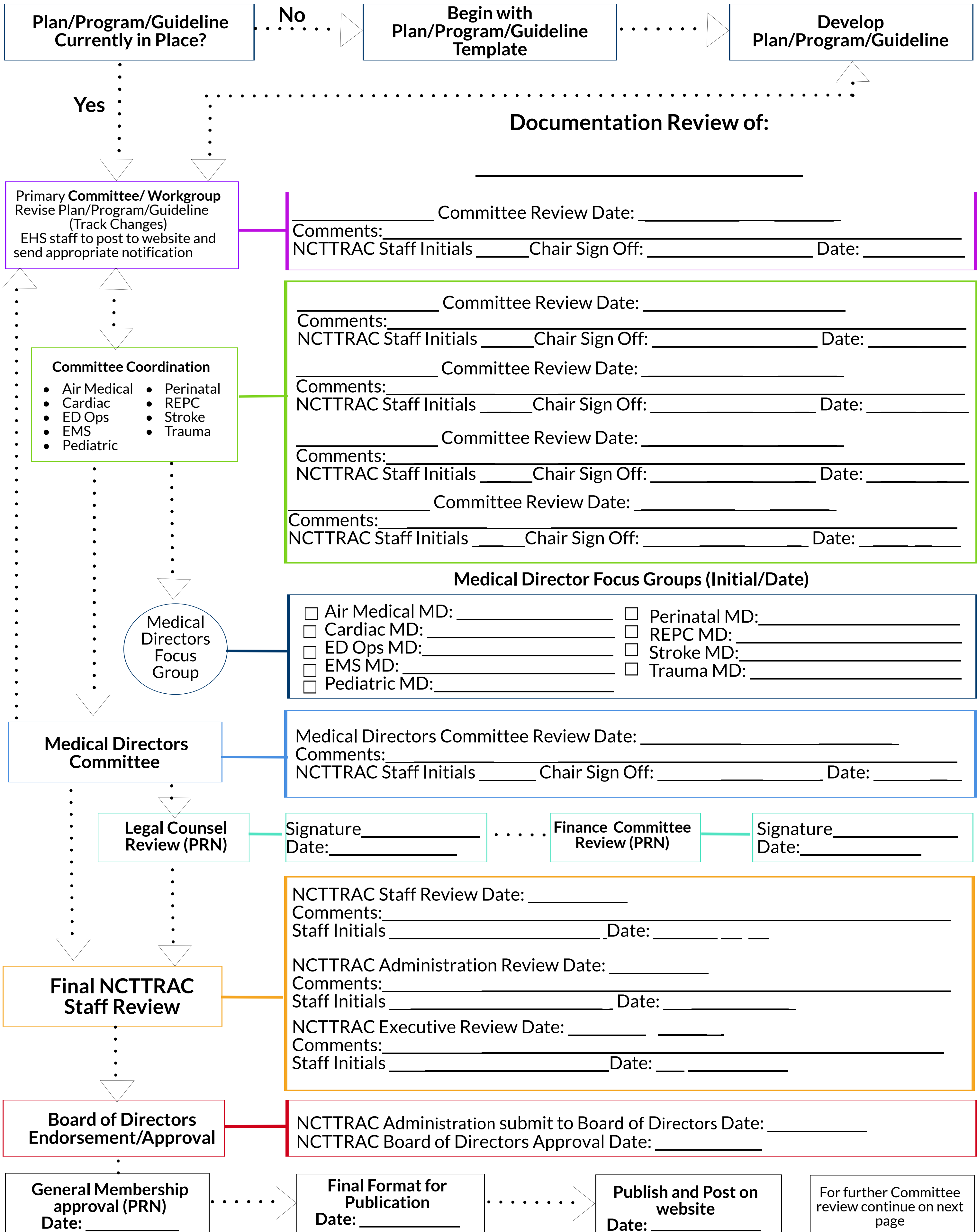
NCTTRAC CO detectors are primarily intended for use by EMS provider agencies in TSA-E. Nothing in this program guarantees continued availability of assets; however, it is the intent of NCTTRAC to support this program as approved and endorsed by the NCTTRAC Board of Directors.

VI. Asset Disposition

If prior to the end of the useful life (two years from date of receipt), the NCTTRAC CO detector is no longer needed or becomes inoperable, the receiving agency shall request asset disposition approval and instructions in writing from NCTTRAC.

NCTTRAC
NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL

Coordination Flowchart



600 Six Flags Drive, Suite 160, Arlington, TX 76011-817.608.0390- www.ncttrac.org

Committees Continued

_________________ Committee Review Date: ________________________
Comments:____
NCTTRAC Staff Initials ______Chair Sign Off: ____________________ Date: ____________

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