

1. Executive Summary of Committee 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) and/or establish an alternate funding opportunity

2. Sub-Committees and Work Groups

- 2.1. There are no sub-Committees nor Work Groups associated with this committee

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 EMS 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. 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 EMS 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 EMS 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 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.
- 4.2. The EMS Committee Medical Director / Co-Director provides current physician insight and involvement in support of the EMS 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:
 - 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 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.
- 4.4. The Committee Medical Director / Co-Director position will be voted on by the EMS Committee annually, with each Fiscal Year, or if otherwise vacated.
- 4.5. The Committee Medical Director / Co-Director is expected to participate in 50% of the EMS Committee Meetings.
- 4.6. The Committee Medical Director / Co-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.
- 4.7. The EMS Committee Medical Director / Co-Director will be a liaison to the NCTTRAC EMS Medical Directors Committee.
- 4.8. The EMS Committee will call for eligible nominees for EMS Committee Medical Director / Co-Director, followed by an election process or electronic poll to identify the person who will serve in that position.
- 4.9. 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 EMS 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 EMS services in TSA-E and maintain NCTTRAC Membership in good standing.
- 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 an EMS 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 EMS 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. 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:
 - 7.1.1. Each member hospital/agency must meet concurrent year State data submission requirements.
 - 7.1.2. 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.
- 7.2. There are no other committee specific or unique active participation requirements.

8. Committee Liaisons

- 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:

- 9.1. Annual review of all documents and/or products identified in *Appendix A: EMS 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
- 9.4. Annual review of Program Guidance and Regional Initiatives, see Appendix B

10. Projected Committee Goals, Objectives, Strategies, Projects

- 10.1. Collaborate with other NCTTRAC service line Committees to provide one EMS public education event per year.
- 10.2. Percent of OHCA in public locations where an AED was applied prior to EMS arrival
- 10.3. Percent of OHCA patients that received bystander CPR prior to EMS arrival.
- 10.4. Implement/market the Heart Safe Community program with a goal of obtaining recognition for two new and all renewing communities per year.
- 10.5. Reduction of RLS (Red Lights & Sirens) usage during EMS responses to 911 calls and transportation to definitive care.
- 10.6. Percent of EMS transports/transfers receiving a Texas EMS Wristband.
- 10.7. Achieve a regional Utstein survival rate that exceeds state and national rates utilizing CARES data for 3 out of 4 fiscal year quarters.
- 10.8. Establish a minimum of 5 prehospital transfusion provider sites.
- 10.9. NCTTRAC's "Accountability Scorecard" spreadsheet will be used to document commitments and progress with associated efforts.

11. System Performance Improvement (SPI)

- 11.1. The 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. The EMS Committee SPI subgroup 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 EMS Provider EMResource utilization.
- 11.4. The EMS Committee will make recommendations to the Executive Committee of the Board of Directors for appropriate optimization and utilization by EMS.
- 11.5. At minimum, the SPI Focus Group will review, evaluate, and report SPI indicators and referred events as afforded by the Texas Statute and Rule.
- 11.6. 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.
- 11.7. Closed EMS SPI functions support detailed reviews of Performance Improvement (PI) Indicators and referred PI events as afforded by Texas Statute and Rule.
 - 11.7.1. Representation:
 - 11.7.1.1. EMS Committee Chair
 - 11.7.1.2. EMS Committee Chair Elect
 - 11.7.1.3. EMS Committee Medical Director
 - 11.7.1.4. Two volunteer EMS Committee representatives, (as needed)
 - 11.7.2. Closed EMS SPI function participants will sign a confidentiality statement prior to the start of each closed meeting.

- 11.7.3. 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.

11.8. SPI Products

- 11.8.1. EMS SPI Indicators
- 11.8.2. EMS SPI Referral Form

11.9. SPI Indicators: *The following indicators will be monitored by the EMS agency's PI Plan:*

- 11.9.1. Prehospital "Sepsis Alert", "STEMI Alert", "Stroke Alert", "Trauma Activation" notifications to receiving facility prior to arrival
- 11.9.2. Scene times in excess of 20 minutes on any alert/activation calls
- 11.9.3. Last known well and glucose on all stroke patients

12. Data Initiatives

12.1. Cardiac Arrest Registry to Enhance Survival (CARES)

- 12.1.1. While CARES has many cardiac-related data elements, the EMS Committee is currently focused on the following:
 - 12.1.1.1. Ustein Survival Rates

13. Injury and Illness Prevention / Public Education

- 13.1. 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).
- 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 Trauma Service Area (TSA)-E.
- 13.4. Base decisions on current EMS 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 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 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).
- 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 potential committee requests within annual budgetary limits.

15. Unobligated Budget Requests

- 15.1. Recommendations from the EMS 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.

Appendices follow

Appendix A: EMS Committee Annual Review Product List

Additional Appendices follow (as appropriate)

1. Purpose

- 1.1. The EMS Committee Annual Review Product List serves as the list of all documents, guidelines, flowcharts, processes, or other products that the EMS 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 EMS Committee webpage on the NCTTRAC Website.

2. List of Products

- 2.1. 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
- 2.4. Regional Adult Sepsis Criteria
- 2.5. EMS Shortform Handoff Letter of Support
- 2.6. EMS Bariatric Transport Resource Guide
- 2.7. NCTTRAC EMS Time Out Form
- 2.8. LPG-NCTTRAC Texas EMS Wristband Project Implementation Guideline