

1. Committee Purpose and 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 C)

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 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.

4. Committee Medical Director

- 4.1. The elected Cardiac Committee Medical Director is responsible for
 - 4.1.1. Participating directly with their service line committee
 - 4.1.2. Establishing and maintaining a standing coordination method with their service line peers
 - 4.1.3. 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
- 4.2. The Cardiac Committee Medical Director provides current physician insight and involvement in support of the Cardiac 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 (see Appendix A for Coordination Flowchart):
 - 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 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.
- 4.4. The Cardiac Committee Medical Director position will be voted on by the Cardiac Committee as needed, or if otherwise vacated.
- 4.5. 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.
- 4.6. The Cardiac Committee Medical Director will be seated as a voting representative on the NCTTRAC 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 Cardiac Committee.
- 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

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.

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. Procedures (Meeting, Agenda and Notes)

- 8.1. The Cardiac Committee shall perform its responsibilities with an organized approach utilizing the following procedure:
- 8.2. The date, time and location of all scheduled meetings will be posted at least 10 days in advance on the NCTTRAC website calendar.
- 8.3. The committee will meet at least quarterly.
- 8.4. All meetings are held as open meetings.
- 8.5. Agendas will be prepared and submitted to NCTTRAC staff by the committee chair.
- 8.6. A sign in sheet will be provided at each meeting by NCTTRAC staff.
- 8.7. Each meeting will have minutes or notes.
- 8.8. 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.
- 8.9. Copies of meeting agendas and notes will be available on the NCTTRAC website. (www.ncttrac.org)

9. Committee Liaisons

- 9.1. Governor's EMS and Trauma Advisory Council (GETAC) Cardiac Committee
- 9.2. Texas EMS Association (TEMSA)
- 9.3. Texas Emergency Nurses Association (ENA)
- 9.4. Dallas Fort Worth Hospital Council Foundation (DFWHCF)

10. Standing Committee Obligations

- 10.1. Annual Review of Cardiac Committee SOP
- 10.2. Annual Review of Regional Plans & Guidelines
 - 10.2.1. Cardiac Triage and Transport Guideline
- 10.3. DSHS Rules and/or contractual deliverables, as applicable
- 10.4. GETAC Strategic Plan objectives and strategies, as applicable
- 10.5. Annual Review of Take 20 for Life Program Guidance, see Appendix B

11. Projected Committee Goals, Objectives, Strategies, Projects

- 11.1. Provide two cardiac specific professional development offerings per year.
- 11.2. Offer one cardiac public education event per year.
- 11.3. Implement/market the Heart Safe Community program with a goal of obtaining recognition for two new and all renewing communities per year.
- 11.4. Implement a reportable cardiac specific data set.
- 11.5. NCTTRAC's "Accountability Scorecard" spreadsheet will be used to document commitments and progress with associated efforts.

12. System Performance Improvement (SPI)

- 12.1. The Cardiac Committee will support Cardiac SPI responsibility by establishing a standing meeting agenda item and corresponding accountability.
- 12.2. 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).
- 12.3. Closed Cardiac SPI meetings support detailed reviews of Performance Improvement (PI) Indicators and referred PI events as afforded by Texas Statute and Rule.
 - 12.3.1. Representation:
 - 12.3.1.1. Cardiac Committee Chair
 - 12.3.1.2. Cardiac Committee Chair Elect
 - 12.3.1.3. Cardiac Committee Medical Director
 - 12.3.1.4. Two volunteer Cardiac Committee representatives, as needed
 - 12.3.2. Closed SPI meeting participants will sign a confidentiality statement prior to the start of each closed meeting.
 - 12.3.3. 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.
- 12.4. SPI Products
 - 12.4.1. Cardiac SPI Indicators
 - 12.4.2. Cardiac SPI Referral Form
- 12.5. SPI Indicators
 - 12.5.1. EMS/Receiving Facility
 - 12.5.2. Chest pain patients will be transported to the closest, most appropriate facility.
 - 12.5.3. EMS Providers and Hospitals will follow evidence based ACS protocols/guidelines.
- 12.6. Free Standing/Stand Alone EDs
 - 12.6.1. ACS patients should receive an EKG with physician interpretation within 10 minutes of arrival.
 - 12.6.2. Upon recognition of STEMI, a call should be placed to EMS for immediate transportation to the closest, most appropriate facility.
 - 12.6.3. If applicable, the receiving hospital will be notified.
 - 12.6.4. 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.
- 12.7. Inter-facility Transfers
 - 12.7.1. Patients with ACS symptoms should receive an EKG with physician interpretation within 10 minutes of arrival.
 - 12.7.2. Upon recognition of STEMI, a call should be placed to EMS for immediate transport to the closest, most appropriate facility.
 - 12.7.3. The receiving hospital will be notified.
 - 12.7.4. 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.

- 12.7.5. Receiving hospitals will provide transferring facilities and EMS written feedback within 30 days of the transfer.

13. Illness Prevention / Public Education

- 13.1. The Committee will support Cardiac Illness Prevention and Public Education responsibility by establishing a standing meeting agenda item and corresponding accountability.
- 13.2. Focus on illness 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 illness prevention efforts within TSA-E.
- 13.4. Base decisions on current Cardiac trends and data, facts and assessment of programs and presented educational opportunities.
- 13.5. Organize; support and/or coordinate community evidenced based education and illness prevention programs.
- 13.6. Recommend/support prevention priorities for TSA-E according to the 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 Cardiac Committee will support Cardiac Professional Development responsibility for all levels of providers by establishing a standing meeting agenda item and corresponding accountability.
- 14.2. At minimum, the Cardiac Committee will:
 - 14.2.1. Participate in the development of the Annual NCTTRAC Needs Assessment.
 - 14.2.2. Sponsor at least two classes annually based on needs assessment results.

15. Unobligated Budget Requests

- 15.1. 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.

Appendix A – Coordination Flowchart

Appendix B – Take 20 for Life Program Guidance

Appendix C – Heart Safe Community Guidelines