

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. Sub-Committees and Work Groups

- 2.1. *Not Applicable*

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.
- 3.1.2. 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 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.

4. Committee Medical Director

- 4.1. The EMS Committee Medical Director/Co-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 EMS Committee Medical Director/Co-Medical 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 (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 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.
- 4.4. 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.
- 4.5. 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.
- 4.6. The EMS Committee Medical Director/Co-Medical Director will be seated as a voting representative on the NCTTRAC Medical Directors Committee.
- 4.7. The EMS Committee will establish a 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 a voting core group identified within the EMS Committee.
- 5.2. Represented organizations/agencies provide EMS services in TSA-E and maintain NCTTRAC Membership in good standing.
- 5.3. The EMS Committee core group shall be comprised of documented representatives from pre-hospital member providers or first responder organizations in good standing intending to have active participation from at least one such agency per zone.
- 5.4. In accordance with the NCTTRAC Bylaws, committee voting authority afforded to the EMS Committee core group representatives include only NCTTRAC member organizations in good standing.

6. Committee Attendance

- 6.1. While attendance is highly encouraged in support of meaningful participation, there are no specific attendance requirements at committee level.

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.
 - 7.2.1.

8. Procedures (Meeting, Agenda and Notes)

- 8.1. The EMS Committee shall perform its responsibilities in an organized approach utilizing the following procedures:
 - 8.1.1. The date, time and location of all scheduled meetings will be posted at least 10 days in advance on the NCTTRAC website calendar.
 - 8.1.2. Additions, deletions and or alterations to the scheduled meeting date, time or location will be sent electronically.
 - 8.1.3. The committee will meet at least quarterly
 - 8.1.4. All meetings are held as open meetings
 - 8.1.5. Agendas will be provided and be prepared by the Committee Chair.
 - 8.1.6. A sign in sheet will be provided at each meeting.
 - 8.1.7. Each meeting will have notes documented.
- 8.2. 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.
- 8.3. The committee may ask the NCTTRAC Chair for an Ad Hoc Work Group as necessary to address specific issues.
- 8.4. Copies of meeting agendas and notes will be available on the NCTTRAC website.

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

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

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

- 10.1. Annual Review of the Committee SOP
- 10.2. Annual Review of Regional Plans & Guidelines
 - 10.2.1. Cardiac Triage and Transport Guideline
 - 10.2.2. Stroke Triage and Transport Guideline
 - 10.2.3. Trauma 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 the LPG Program Guidance, see Appendix B

11. Projected Committee Goals, Objectives, Strategies, Projects

- 11.1. Review and update EMS Committee SOP
- 11.2. Collaborate with other NCTTRAC committees as requested to create and promote educational opportunities for prehospital providers and public education efforts
- 11.3. Collaborate with other NCTTRAC committees for development of patient care guidelines
- 11.4. Offer one EMS public education event per year
- 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 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).
- 12.2. 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.
- 12.3. Closed EMS 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. EMS Committee Chair
 - 12.3.1.2. EMS Committee Chair Elect
 - 12.3.1.3. EMS Committee Medical Director
 - 12.3.1.4. Two volunteer EMS Committee representatives, (as needed)
 - 12.3.2. Closed EMS 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. EMS SPI Indicators
 - 12.4.2. EMS SPI Referral Form
- 12.5. SPI Indicators

The following indicators will be monitored by the EMS agency's PI Plan:

 - 12.5.1. Prehospital "Sepsis Alert", "STEMI Alert", "Stroke Alert", "Trauma Activation" notifications to receiving facility prior to arrival
 - 12.5.2. Scene times in excess of 20 minutes on any alert/activation calls
 - 12.5.3. Waveform capnography use for intubated patients
 - 12.5.4. All pediatric seizure patients will require a glucose and temperature to be taken by the pre-hospital provider
 - 12.5.5. All pediatric patients will have a Glasgow Coma Score (GCS) recorded

12.5.6. Additional indicators as recommended by other NCTTRAC committees

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 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 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.

Appendices follow

Appendix A – Coordination Flowchart

Appendix B – FY20 LPG Little Anne QCPR Manikin Program Guidance

Appendix C – FY17 LPG Regional Carbon Monoxide (CO) Detector Program
Guidance