1. Committee Purpose and Responsibilities

1.1. The Pediatric Committee is responsible for promoting pediatric expertise through advocacy and education. The Pediatric Committee will serve as the resource for information regarding pediatric emergency preparedness, and identify needs or trends in the management of injured and acutely ill children. The Pediatric Committee will also provide 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 provide interface with other NCTTRAC committees, professional associations appropriate to the service line, and the Governor's EMS and Trauma Advisory Council (GETAC).

1.2. Establish standards and procedures for the Pediatric Committee

1.3. Focus on pediatric education and advocacy for health care providers and community partners

1.4. Create broad stakeholder representation while working to provide an opportunity to share resources leading to the development, operation and evaluation of pediatric education and advocacy and within TSA - E

1.5. Guide decisions based on current trauma trends, data, assessment of programs, and educational and advocacy opportunities

1.6. Organize, support and coordinate health care evidenced based education identified through NCTTRAC regional data and/or needs assessments

1.7. Provide and support its members with pediatric expertise and identify pediatric education and advocacy opportunities as requested

1.8. Solicit members to include stakeholders such as urban/suburban and rural EMS providers, nurses, trauma coordinators, educators, businesses, and community groups

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 Pediatric 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 Pediatric 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 Pediatric Committee annually or when the incumbent has vacated this position.

4. Committee Medical Director

4.1. The Pediatric 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 Pediatric Committee Medical Director/Co-Medical Director provides current physician insight and involvement in support of the Pediatric 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 Pediatric 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 Pediatric Committee Medical Director/Co-Medical Director position will be voted on by the Pediatric Committee annually, with each Fiscal Year, or if otherwise vacated.

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

4.6. The Pediatric Committee Medical Director/CO-Medical Director will be seated as a voting representative on the NCTTRAC Medical Directors Committee.

4.7. The Pediatric 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 not a voting core group identified within the Pediatric Committee.

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. Procedures (Meeting, Agenda and Notes)

7.1. The Pediatric 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.
- 7.1.8. 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.

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

7.3. 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) Pediatric Committee
8.2. Texas Trauma Coordinators Forum (TTCF)
8.3. Texas EMS Association (TEMSA)
8.4. Texas Emergency Nurses Association
8.5. Dallas Fort Worth Hospital Council Foundation (DFWHC)

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
9.3. DSHS "Essential Criteria", Rules and/or contractual deliverables, as applicable
9.4. GETAC Strategic Plan objectives and strategies, as applicable

10. Projected Committee Goals, Objectives, Strategies, Projects

10.1. Promote collaboration and commitment among all health care providers (EMS, hospital, NCTTRAC members) who care for pediatric patients
10.2. Promote one public education opportunity per year that is focused on enhancing care provided to pediatric population
10.3. Serve as a resource for pediatric best care practice dissemination and collaboration in TSA-E
10.4. Utilize DFW Hospital Council Foundation and third party (ASN) statistical data to facilitate quality, performance and injury prevention initiatives to create an SPI dashboard

10.5. NCTTRAC's "Accountability Scorecard" spreadsheet will be used to document commitments and progress with associated efforts.
10.6. Create and distribute a survey to facilitate best practices and/or research for pediatric patients

11. System Performance Improvement (SPI)

11.1. The Pediatric Committee will support Pediatric SPI responsibility by establishing a standing meeting agenda item and corresponding accountability (e.g. appoint individual facilitator, workgroup or sub-committee).
11.2. At minimum, the Committee will review, evaluate, and report Pediatric 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).
11.3. Closed Pediatric SPI meetings support detailed reviews of Performance Improvement (PI) Indicators and referred PI events as afforded by Texas Statute and Rule.
  11.3.1. Representation:
    11.3.1.1. Pediatric Committee Chair
    11.3.1.2. Pediatric Committee Chair Elect
    11.3.1.3. Pediatric Committee Medical Director
    11.3.1.4. Two volunteer Pediatric Committee representatives, (as needed)
  11.3.2. Closed Pediatric SPI meeting participants will sign a confidentiality statement prior to the start of each closed meeting.
  11.3.3. 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.
11.4. SPI Products
  11.4.1. Pediatric SPI Indicators
  11.4.2. Pediatric SPI Referral Form
11.5. SPI Indicators
  11.5.1. Pediatric hospitals will accept the pediatric trauma transfer patient within 15 minutes of request when they have the resources and capacity to do so.
  11.5.2. All hospitals will maintain pediatric specific trauma indicators. Hospitals may choose to adopt these indicators to meet this criterion, including review of all pediatric trauma deaths.
  11.5.3. All hospitals will transfer pediatric trauma patients within two hours of arrival OR within two hours of identifying an injury that requires transfer to a higher level of care. Pediatric trauma patients will only be transferred one time to the most appropriate facility.
  11.5.4. In-patient pediatric trauma transfers will be reviewed upon request through the NCTTRAC Systems Performance Improvement process.

11.5.5. Pediatric trauma patients in need of ICU care will be transferred to a tertiary care center with pediatric ICU capability within one hour of identifying the need for transfer.
11.5.6. Pediatric trained transport teams should be available within 30 minutes of request when possible.
11.5.7. Receiving hospitals will provide transferring facilities with feedback within 30 days of the pediatric transfer.
11.5.8. When a receiving hospital's feedback letter requests follow up on a care or timeliness issue, the transferring hospital should respond within 30 days of receiving the letter.
11.5.9. Hospital providers will have appropriate pediatric specific training and access to pediatric specific education. The NCTTRAC Pediatric Committee should be considered a resource for this training and education.
11.5.10. All pediatric transfers occurring within TSA-E will be initiated and remain in TSA-E as the capacity of the tertiary care facilities allow and the patient's condition dictates.
11.5.11. Pediatric hospitals will submit statistical data and trauma registry data within 45 days.

12. Injury and Illness Prevention / Public Education

12.1. The Pediatric Committee will support Pediatric 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 Pediatric 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 Pediatric Committee will support Pediatric 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 Pediatric 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 Pediatric 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