1. Committee Purpose and Responsibilities

1.1. The Perinatal Committee is responsible for the development of a Perinatal Region of Care (PCR) in Trauma Service Area (TSA)-E including the Regional Perinatal System Plan. This plan will identify all resources available in the PCRs for perinatal care including resources for emergency and disaster preparedness. The committee will 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 the other NCTTRAC committees, professional associations appropriate to the service line, and the Governor's EMS and Trauma Advisory Council (GETAC).
1.2. Create and/or maintain collaborative relationships to facilitate optimal maternal and neonatal care.
1.3. Establish standardized reporting tools for data acquisition.
1.4. Develop and review system performance standards.
1.5. Review, evaluate and report hospital-based maternal and neonatal data in a de-identified manner.
1.6. Create best practices through shared quality improvement data and processes
1.7. Collaborate with other Perinatal Committees statewide.

2. Subcommittees 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 Perinatal 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 Perinatal 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 Perinatal Committee annually or when the incumbent has vacated this position.

3.3 Immediate Past Chair

3.3.1 The Immediate Past Chair assists the Chair with committee functions and assumes the Chair responsibilities for committee activity and meeting management in the temporary absence of the Chair and Chair Elect.

3.3.2 The Immediate Past Chair may not serve on the NCTTRAC Board of Directors in lieu of the Committee Chair / Chair Elect.

3.3.3 The Immediate Past Chair must be a Perinatal representative of a NCTTRAC member in good standing as defined in the NCTTRAC Bylaws.

4. Committee Medical Director

4.1. The elected Perinatal Committee Maternal and Neonatal Co-Medical Directors are 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 Perinatal Committee Maternal and Neonatal Co-Medical Directors provides current physician insight and involvement in support of the Perinatal 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 attached Coordination Flow Chart):

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 Perinatal Committee Maternal and Neonatal Co-Medical Directors must be documented representatives of a NCTTRAC member in good standing as defined in the NCTTRAC Membership and Participation SOP.

4.4. The Perinatal Committee Maternal and Neonatal Co-Medical Director positions will be voted on by the Perinatal Committee annually, with each Fiscal Year, or if otherwise vacated.

4.5. The Perinatal Committee Maternal and Neonatal Co-Medical Directors should be prepared, with NCTTRAC staff assistance, to facilitate a peer group of perinatal medical directors (by email or meeting) in support of Perinatal Committee efforts as appropriate.

4.6. The Perinatal Committee Maternal and Neonatal Co-Medical Directors will be seated as voting representatives on the NCTTRAC Medical Directors Committee.

4.7. The Perinatal Committee Maternal and Neonatal Co-Medical Directors represent perinatal care issues in the Medical Directors Committee.

4.8. The Perinatal Committee Maternal and Neonatal Co-Medical Directors can facilitate communication via email groups among their service line physician peers, identified as a focus group.

4.9. The Perinatal Committee Maternal and Neonatal Co-Medical Directors are elected by the committee. An annual review for continuation as Medical Director is based on availability

and preferences of the committee.

5. Committee Representation

5.1. In accordance with NCTTRAC Bylaws Article IX, there is a voting core group identified within the Perinatal Committee. Hospital representatives of perinatal designated organizations, that provide perinatal services in PCR-E and maintains NCTTRAC Membership in good standing make up the voting core group.

5.2. The representatives identified as voting core group members and those with special online voting privilege in attendance of the Perinatal Committee Meeting shall be allowed to exercise their vote.

5.3. Those NCTTRAC members in good standing, may request to be considered for special online voting privilege. The voting core group must be agreed upon by the committee on a case-by-case bases prior to a meeting that a vote would be held.

5.4. Voting: The Chair shall manage voting issues in accordance with existing NCTTRAC bylaws and procedures. Appropriately eligible and documented Perinatal Committee representatives shall exercise the right to vote on Perinatal Committee matters, as necessary. 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. Committee Attendance

6.1. Attendance is a prerequisite to meaningful participation and as such, the Perinatal 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, the Perinatal Committee identifies the following to be creditable for active participation at the committee level:

7.1.1. Each member will have 100% participation in at least one of the NCTTRAC SMART goals.

8. Procedures (Meeting, Agenda and Notes)

8.1. The Perinatal Committee shall perform its responsibilities with 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. The committee will meet at least quarterly

8.1.3. All meetings are held as open meetings

8.1.4. Agendas will be provided and be prepared by the committee chair

8.1.5. An attendance sheet will be provided at each meeting

8.1.6. Each meeting will have notes

8.1.7. Agenda and meeting notes will be forwarded to NCTTRAC offices and administrative staff within 20 days after the meeting for posting. The attendance will be turned in at the end of the meeting. Attendance sheets track participation, including those in virtual attendance.

8.1.8. Members may access copies of meeting agendas, minutes, and/or notes on the NCTTRAC website

9. Committee Liaisons

9.1. Governor's EMS and Trauma Advisory Council (GETAC)
9.2. Texas EMS Trauma and Acute Care Foundation (TETAF)
9.3. Perinatal Advisory Council (PAC)
9.4. Texas Collaborative for Healthy Mothers and Babies (TCHMB)

10. Standing Committee Obligations

10.1. Annual Update of Committee SOP
10.2. Annual Review of Regional Plans & Guidelines
  10.2.1. Regional Perinatal System Plan
10.3. DSHS "Essential Criteria", Rules and/or contractual deliverables, as applicable
10.4. GETAC Strategic Plan objectives and strategies, as applicable

11. Projected Committee Goals, Objectives, Strategies, Projects

11.1. Improve the access to care and quality and outcomes for pregnant women and newborns in the State through participation with NCTTRAC and state designations
11.2. One or more SMART goals will be adopted annually as established by the Perinatal Committee
11.3. NCTTRAC's "Accountability Scorecard" spreadsheet will be used to document commitments and progress with associated efforts

12. System Performance Improvement (SPI)

12.1. The Perinatal Committee will support Perinatal SPI responsibility by establishing a standing meeting agenda item and corresponding accountability (e.g. appoint individual facilitator, workgroup or subcommittee).
12.2. At minimum, the Committee will review, evaluate, and report Perinatal 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 Perinatal 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. Perinatal Committee Chair
    12.3.1.2. Perinatal Committee Chair Elect
    12.3.1.3. Perinatal Committee Medical Director
    12.3.1.4. Two elected Perinatal Committee representatives
  12.3.2. Closed Perinatal 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 Perinatal 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. Perinatal SPI Indicators

12.4.2. Perinatal SPI Referral Form
12.4.3. Perinatal SPI Referral Feedback Form
12.4.4. Perinatal Designation Letter of Support Review Forms

12.5. SPI Indicators - *Not Applicable*

13. Injury/Illness Prevention / Public Education

13.1. The Perinatal Committee will support Perinatal 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 Perinatal Care Region (PCR)-E.
13.4. Base decisions on current perinatal 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 PCR-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 PCR-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 Committee will support Perinatal 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 Perinatal 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 PCR-E.

NCTTRAC
NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL

Coordination Flowchart

Plan/Program/Guideline Currently in Place? — No → **Begin with Plan/Program/Guideline Template** → **Develop Plan/Program/Guideline**

Yes

Documentation Review of:

FY22 Perinatal Committee SOP

Primary Committee/ Workgroup
Revise Plan/Program/Guideline (Track Changes)
EHS staff to post to website and send appropriate notification

Perinatal Committee Review Date: 08/12/2021
Comments: Review and Approved
NCTTRAC Staff Initials CG Chair Sign Off: Pam Gessling Date: 08/12/2021

Committee Coordination

- Air Medical
- Cardiac
- ED Ops
- EMS
- Pediatric
- Perinatal
- REPC
- Stroke
- Trauma

Select Committee Review Date: _____
Comments: _____
NCTTRAC Staff Initials _____ Chair Sign Off: _____ Date: _____

Select Committee Review Date: _____
Comments: _____
NCTTRAC Staff Initials _____ Chair Sign Off: _____ Date: _____

Select Committee Review Date: _____
Comments: _____
NCTTRAC Staff Initials _____ Chair Sign Off: _____ Date: _____

Select Committee Review Date: _____
Comments: _____
NCTTRAC Staff Initials _____ Chair Sign Off: _____ Date: _____

Medical Director Focus Groups (Initial/Date)

Medical Directors Focus Group

- ☐ Air Medical MD: _____
- ☐ Cardiac MD: _____
- ☐ ED Ops MD: _____
- ☐ EMS MD: _____
- ☐ Pediatric MD: _____
- ☐ Perinatal MD: _____
- ☐ REPC MD: _____
- ☐ Stroke MD: _____
- ☐ Trauma MD: _____

Medical Directors Committee

Medical Directors Committee Review Date: _____
Comments: _____
NCTTRAC Staff Initials _____ Chair Sign Off: _____ Date: _____

Legal Counsel Review (PRN)

Signature _____
Date: _____

Finance Committee Review (PRN)

Signature _____
Date: _____

Final NCTTRAC Staff Review

NCTTRAC Staff Review Date: 08/16/2021
Comments: Reviewed and Approved
Staff Initials JD Date: 08/16/2021

NCTTRAC Administration Review Date: 08/16/2021
Comments: reformatted
Staff Initials SB Date: 08/16/2021

NCTTRAC Executive Review Date: _____
Comments: recommend approval
Staff Initials HJA Date: 08/17/2021

Board of Directors Endorsement/Approval

NCTTRAC Administration submit to Board of Directors Date: 09/08/2021
NCTTRAC Board of Directors Approval Date: 09/15/2021

General Membership approval (PRN)
Date: _____

Final Format for Publication
Date: 09/17/2021

Publish and Post on website
Date: _____

For further Committee review continue on next page

Committees Continued

_ Select _ Committee Review Date: _____
Comments:_____
NCTTRAC Staff Initials _____Chair Sign Off: _____ Date: _____

Select _ Committee Review Date: _____
Comments:_____
NCTTRAC Staff Initials _____Chair Sign Off: _____ Date: _____

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NCTTRAC Staff Initials _____Chair Sign Off: _____ Date: _____