1. Committee Purpose and Responsibilities

1.1. The Trauma Committee is responsible for the oversight of the trauma system in Trauma Service Area (TSA) - E, including the Regional Trauma System Plan. This Plan includes strategies to focus diverse resources in a collective strategy to reduce morbidity and mortality due to trauma. The committee will provide guidance in the development and review of hospital and pre-hospital assessment tools, regional plans, treatment guidelines, and the committee SOP. Additionally, the committee will interface with other RAC 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 Trauma Committee.

1.3. Create broad stakeholder representation while working to provide an opportunity to share resources leading to the development, operation, and evaluation of trauma education and advocacy within the 19 counties served.

1.4. Provide guidance in the development of pre-hospital assessment tools and treatment guidelines related to trauma care to the EMS and Air Medical Committees.

1.5. Organize, support, and/or coordinate health care evidenced-based education identified through the NCTTRAC needs assessments.

1.6. Provide oversight to the Trauma Committee Workgroups and subcommittees.

1.7. Serve as a source to identify trauma expert resources available in TSA-E to members and community partners.

2. Subcommittees and Work Groups

2.1. Subcommittees must be approved in conjunction with a change to the NCTTRAC Bylaws. Work Groups 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. Professional Development Subcommittee
  - 2.1.1.1. Responsible for identifying and meeting professional development needs for all levels of providers within the Trauma Community.
- 2.1.2. Public Education/ Injury Prevention Subcommittee
  - 2.1.2.1. Responsible for promoting injury prevention and public awareness through advocacy and education.
- 2.1.3. SPI Subcommittee
  - 2.1.3.1. Responsible for oversight of trauma performance improvement activities of NCTTRAC.
  - 2.1.3.2. Assist committee with evaluating regional data, identifying data needs and/or requirements.
  - 2.1.3.3. Review, evaluate, and recommend to the Trauma Committee referrals and tools.
    - 2.1.3.3.1. SPI Referrals.
    - 2.1.3.3.2. Designation Review Tool
- 2.1.4. Trauma Registry Work Group
  - 2.1.4.1. Assist committee with evaluating regional data, identifying data needs and/or requirements.

2.1.4.2. Share education and information related to National Trauma Data Standard (NTDS), state registry, and Trauma Quality Improvement Program (TQIP).
2.1.4.3. Share registry best practices

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

4. Committee Medical Director

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

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

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

4.7. The Trauma Committee will establish a Co-Medical Director position, who meets the same criteria above, to assist as desired.

4.8. The Trauma Committee Medical Director/Co-Medical Director represents trauma care issues at Medical Directors Committee.

4.9. The Trauma Committee Medical Director may facilitate a trauma medical directors meeting as a focus group of the Medical Directors Committee.

5. Committee Representation

5.1. In accordance with NCTTRAC Bylaws Article IX, there is a voting core group identified within the Trauma Committee.

5.2. The Trauma Committee core group shall be comprised of delegated representatives from Trauma Designated and In Active Pursuit (IAP) Hospitals that are 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. In addition to attendance Trauma Committee identifies the following to be creditable for active participation at the committee level:

- 7.1.1. Meet Texas DSHS Data submission requirements, as applicable
- 7.1.2. For members with a capable registry, evidence of data submission to NCTTRAC’s outsourced data reporting service on a quarterly basis

8. Procedures (Meeting, Agenda and Notes)

8.1. The Trauma 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. A sign in sheet will be provided at each meeting.
- 8.1.6. Each meeting will have notes.
- 8.1.7. Agendas and meeting 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.
- 8.1.8. Copies of meeting agendas and notes will be available on the NCTTRAC website.

9. Committee Liaisons

- 9.1. Governor's EMS and Trauma Advisory Council (GETAC) Trauma Committee
- 9.2. Texas Trauma Coordinators Forum (TTCF)
- 9.3. Dallas Fort Worth Hospital Council Foundation
- 9.4. Texas EMS Trauma & Acute Care Foundation (TETAF)

10. Standing Committee Obligations

- 10.1. Annual Review of the Trauma Committee SOP
- 10.2. Annual Review of Regional Trauma System Plan & Guidelines (listed)
  - 10.2.1. Trauma Triage and Transport Guideline
  - 10.2.2. Trauma pre-hospital assessment tools/guidelines
- 10.3. DSHS "Essential Criteria", Rules and/or contractual deliverables, as applicable
- 10.4. GETAC Strategic Plan objectives and strategies, as applicable
- 10.5. Annual Review of Program Guidance and Regional Initiatives (STB, Falls, Etc.)

11. Projected Committee Goals, Objectives, Strategies, Projects

- 11.1. Annual Committee Goals
  - 11.1.1. Traumatically injured patients requiring transfer will be transferred within 2 hours of arrival to emergency department (single system injuries with ISS less than 10 excluded) Goal: 75% by end of NCTTRAC FY22
  - 11.1.2. Designated and in active pursuit (IAP) Trauma centers with a capable trauma registry will submit data to NCTTRAC's outsourced data reporting service. Goal: 90% by end of NCTTRAC FY22
- 11.2. NCTTRAC's "Accountability Scorecard" spreadsheet will be used to document commitments and progress with associated efforts.

12. System Performance Improvement (SPI)

12.1. The Trauma Committee will support the SPI Subcommittee responsibilities by establishing a standing meeting agenda item and corresponding accountability.
12.2. At minimum, the SPI Subcommittee will review, evaluate, and report SPI indicators and referred events as afforded by the Texas Statute and Rule.
12.3. Closed SPI Subcommittee meetings will 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. Trauma Committee Chair
12.3.1.2. Trauma Committee Chair Elect
12.3.1.3. Trauma Committee Medical Director
12.3.1.4. Two elected Trauma Committee representatives (As needed)
12.3.2. Closed SPI Subcommittee 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 subcommittee 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. Trauma SPI Indicators
12.4.2. Trauma SPI Referral Form
12.4.3. Trauma Designation Letter of Support Review Forms
12.5. SPI Indicators
12.5.1. Hospitals will meet and maintain the appropriate trauma facility designation at all times. NCTTRAC will be immediately notified if designation is lost or in jeopardy.
12.5.2. Hospitals will communicate their open/closed/advisory status through EMResource.
12.5.3. Hospitals with a capable registry will submit data to NCTTRAC's outsourced data reporting service.
12.5.4. Trauma patients will only be transferred one time to the appropriate higher level of designated facility (single system injuries with ISS less than nine excluded). Receiving facility shall inform the SPI Subcommittee of a double transfer.
12.5.5. All trauma patient transfers will be managed within Trauma Service Area-E as the capacity of the tertiary care facilities allow and the patient's condition dictates. All patient transfers outside RAC-E shall be presented to the SPI Subcommittee.
12.5.6. Trauma patients will be transferred within two hours of arrival (single system injuries with ISS less than nine excluded) to their emergency department.

13. Injury Prevention / Public Education

13.1. The Trauma Committee will support the Trauma Injury Prevention and Public Education subcommittee responsibilities by establishing a standing meeting agenda item and corresponding accountability (e.g. appoint individual facilitator, workgroup or subcommittee).
13.2. Focus on injury prevention and education of the public health needs within TSA - E.
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 prevention efforts within TSA - E.
13.4. Base decisions on current Trauma 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 prevention programs.
13.6. Recommend/support prevention priorities for TSA-E according to the injury 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

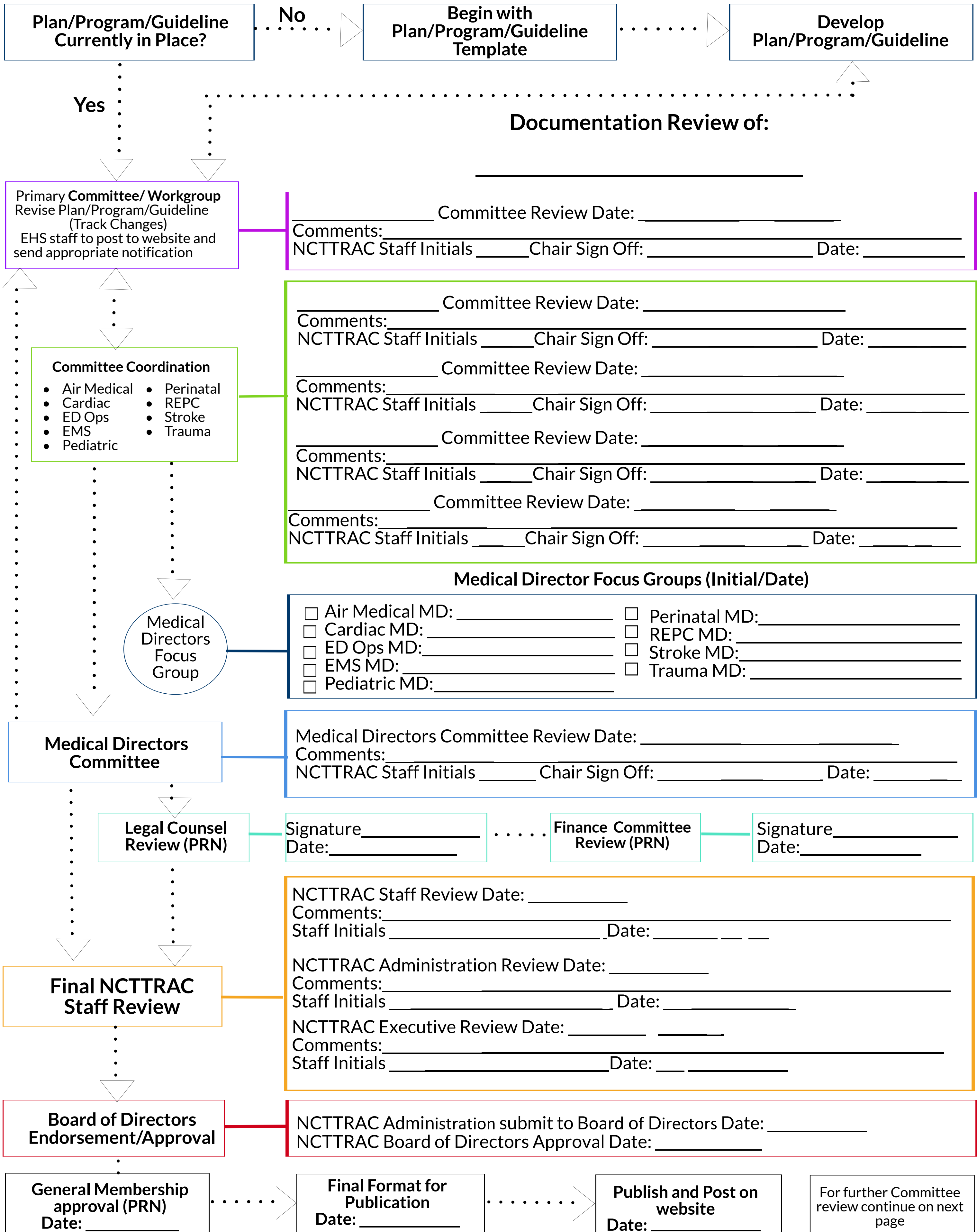
14.1. The Trauma Committee will support the Professional Development Subcommittee responsibilities for all levels of providers by establishing a standing meeting agenda item and corresponding accountability (e.g. appoint individual facilitator, workgroup or subcommittee).
14.2. At minimum, the subcommittee 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 Trauma 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.

Coordination Flowchart

NCTTRAC NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL



600 Six Flags Drive, Suite 160, Arlington, TX 76011-817.608.0390- www.ncttrac.org

Committees Continued

_________________ Committee Review Date: ________________________
Comments:____
NCTTRAC Staff Initials ______Chair Sign Off: ____________________ Date: ____________

_________________ Committee Review Date: ________________________
Comments:____
NCTTRAC Staff Initials ______Chair Sign Off: ____________________ Date: ____________

_________________ Committee Review Date: ________________________
Comments:____
NCTTRAC Staff Initials ______Chair Sign Off: ____________________ Date: ____________

_________________ Committee Review Date: ________________________
Comments:____
NCTTRAC Staff Initials ______Chair Sign Off: ____________________ Date: ____________