

1. Committee Purpose and Responsibilities

- 1.1. The Medical Directors Committee is responsible for recommending a minimum of standard of practice for providers participating in the trauma, acute, emergency healthcare and disaster response system of Trauma Service Area (TSA)-E. The Medical Directors committee will provide qualified, expert medical oversight, and physician involvement in the development, maintenance and advancement of the regional trauma, emergency, and acute, healthcare and preparedness systems in North Central Texas.
- 1.2. In support of NCTTRAC's clinically oriented committees, their respective Medical Directors are responsible for participating directly with their service line committee, establishing, and maintaining a standing coordination method with their service line peers and availability for coordinating with other committees' Medical Directors for the recommend a minimum standard of care for providers participating in the trauma, acute, emergency healthcare and disaster response systems of TSA-E.

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 Medical Directors 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 Medical Director 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 Medical Directors Committee annually or when the incumbent has vacated this position.

4. Committee Medical Directors

- 4.1. Each primary member of the Medical Directors Committee serves as the principal liaison between the Medical Directors Committee and their respective service line committees.
- 4.2. Each primary member of the Medical Directors Committee shall also serve as a liaison to their respective service line physician focus groups for sending and receiving feedback and/or input on NCTTRAC regional plans, programs and guidelines.

5. Committee Representation

- 5.1. In accordance with NCTTRAC Bylaws Article IX, there is a voting core group identified within the Medical Directors Committee.
- 5.2. Represented organizations/agencies maintain NCTTRAC Membership in good standing.

5.3. Core Group

- 5.3.1. The Medical Directors Committee core group shall be comprised of Medical Directors elected by the following committees:
 - 5.3.1.1. Air Medical
 - 5.3.1.2. Cardiac
 - 5.3.1.3. Emergency Medical Services
 - 5.3.1.4. Emergency Department Operations
 - 5.3.1.5. Pediatrics
 - 5.3.1.6. Perinatal
 - 5.3.1.7. Disaster (Regional Emergency Preparedness)
 - 5.3.1.8. Stroke
 - 5.3.1.9. Trauma
- 5.3.2. Physician Focus Group: Each service line within the core group contains a Physician Focus Group. Focus groups may be established at the discretion of the Medical Directors Committee Chair and will operate in due consideration of NCTTRAC Bylaws and this SOP. The current focus groups meet on an alternating quarterly schedule. Physician Focus Group Responsibilities include, but are not limited to:
 - 5.3.2.1. Directly participate and support their respective service line committee
 - 5.3.2.2. Communicate and coordinate with their respective service line physician peers:
 - 5.3.2.2.1. Individual service lines will meet quarterly as referenced by the Physician Focus Group schedule on the Medical Directors Committee webpage
 - 5.3.2.2.2. Physician Focus Groups can utilize the NCTTRAC listserv, conference call, and online (webinar) options as sources of communication
 - 5.3.2.2.3. Maintain direct communication with other service line Medical Directors/committees
 - 5.3.2.2.4. Review committee products (section IV) annually, updating as necessary

6. Committee Attendance

- 6.1. Attend three out of four scheduled quarterly meetings annually

7. Committee Active Participation

- 7.1. Not Applicable

8. Procedures (Meeting, Agenda and Notes)

- 8.1. The Medical Directors 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 prepared and submitted to NCTTRAC staff by the Committee Chair
 - 8.1.5. An attendance sheet will be provided at each meeting by NCTTRAC staff
 - 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. Those in virtual attendance will be documented when they register online.
 - 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. DSHS Texas Heart Disease and Stroke Program
- 9.3. Collin-Fannin, Dallas, Denton, Ellis, Parker and Tarrant County Medical Societies
- 9.4. Dallas Fort Worth Hospital Council Foundation

10. Standing Committee Obligations

- 10.1. Annual Update of Committee SOP
- 10.2. GETAC Strategic Plan objectives and strategies, as applicable
- 10.3. Performance Standards
- 10.4. Identify and assess regional performance improvement standards, formulate strategies and make recommendations to committees to ensure that the best possible standards of healthcare can be met within TSA-E. The Medical Director Committee is responsible for the coordination and support of the following service line committee products (see attached Coordination Flowchart).
 - 10.4.1. Service Line Regional Plan
 - 10.4.1.1. Trauma
 - 10.4.1.2. Stroke
 - 10.4.1.3. Cardiac
 - 10.4.1.4. Perinatal
 - 10.4.1.5. Disaster (Regional Emergency Preparedness)
 - 10.4.2. Guidelines
 - 10.4.2.1. Acute Coronary Syndrome (ACS) Triage & Transport Guidelines
 - 10.4.2.2. Stroke Triage & Transport Guidelines
 - 10.4.2.3. Trauma Triage & Transport Guidelines

- 10.4.2.4. Aircraft Utilization and Systems Performance Review
- 10.4.3. Texas Department of State Health Services (DSHS) Rules Reviews
 - 10.4.3.1. Maternal
 - 10.4.3.2. Neonatal
 - 10.4.3.3. EMS
 - 10.4.3.4. Trauma
 - 10.4.3.5. Stroke

11. Projected Committee Goals, Objectives, Strategies, Projects

- 11.1. Document commitment to goals, objectives, strategies, or projects in consideration of GETAC/statewide and/or regional priorities established through committee or NCTTRAC strategic planning efforts.
- 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. Each primary member of the Medical Directors Committee will participate within their respective service line committees SPI process.

13. Injury/Illness Prevention / Public Education

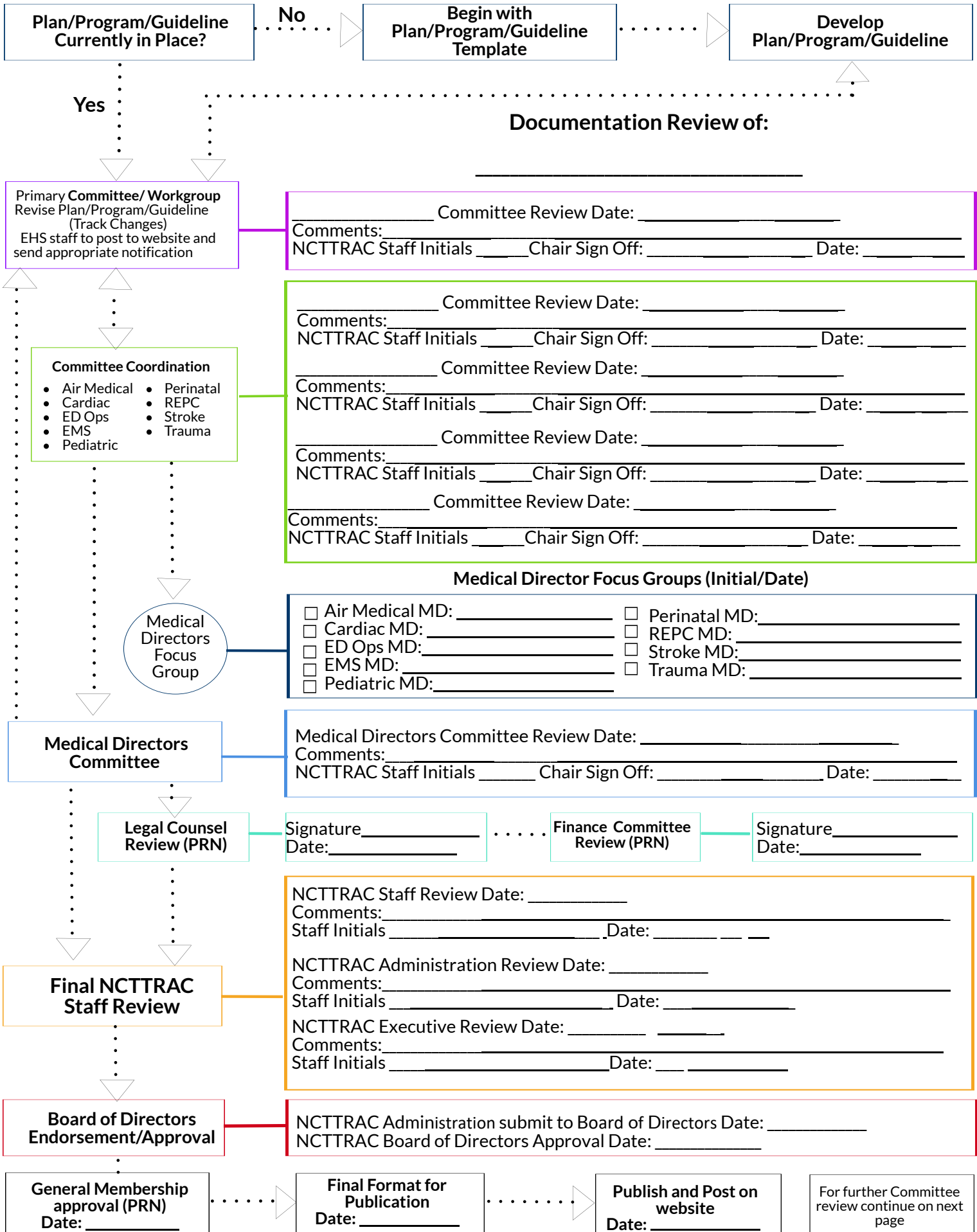
- 13.1. Each primary member of the Medical Directors Committee will support the responsibilities of the Injury/Illness Prevention / Public Education program within their respective service line committees.

14. Professional Development

- 14.1. The Medical Directors Committee has indicated there is no current need for NCTTRAC sponsored continued education or training. Each primary member of the Medical Directors Committee will support the Professional Development program(s) as applicable within each clinical service line committee.

15. Unobligated Budget Requests

- 15.1. Recommendations from the Medical Directors 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.



Committees Continued

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