

1. Executive Summary of Committee Responsibilities

- 1.1. The EMS Medical Directors Committee is responsible for recommending a minimum standard of practice for providers participating in the trauma, acute, emergency healthcare and disaster response system of Trauma Service Area (TSA)-E. The EMS 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. The committee will be comprised of EMS physicians providing medical direction and oversight to prehospital providers within TSA-E.
- 1.3. Provide guidance in the development and review of prehospital assessment tools, regional plans and treatment guidelines, and Committee SOP based on evidence, quality, and safety.
- 1.4. Provide interface with other RAC committees, professional associations appropriate to the provision, direction, and oversight of prehospital emergency medical services, and the Governor's EMS and Trauma Advisory Council (GETAC).

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 reports to the Board of Directors at least quarterly.

3.1.1.5. Annual review of associated 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.

3.1.1.7. Attend Board of Directors meetings in accordance with the Bylaws.

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.

3.1.4. In the event the Chair is unable to fulfill the term, the Chair Elect shall ascend to Chair. The term of new Chair shall be the remainder of the unfulfilled term of previous Chair.

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 Medical Director 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 is encouraged to attend Board of Directors meetings in accordance with the Bylaws.
- 3.2.5. The Chair Elect will retain his/her position as an appointed/elected representative to their core group position until ascending to the Committee Chair position, at which time he/she may be replaced on the roster of position primary or alternate representatives.
- 3.2.6. Nominees for the Chair Elect position will originate from the eligible EMS Medical Directors Committee primary and alternate representatives and will be voted on by the EMS Medical Directors Committee annually or when the incumbent has vacated this position.
- 3.2.7. In the event the Chair is unable to fulfill the term, the Chair Elect shall ascend to Chair in accordance with the NCTTRAC Bylaws.

4. Committee Representation

- 4.1. In accordance with NCTTRAC Bylaws Article IX, there is a core group of voting representatives identified that comprises the EMS Medical Directors.
- 4.2. The EMS Medical Directors core group of voting representatives shall be comprised of primary or alternate representatives from NCTTRAC Member EMS Agencies or organizations in good standing providing oversight to prehospital providers as follows:

Position	Appointed/Elected by	Notes (all must be from a member organization in good standing)	Representation Category
Committee Chair	Committee Representatives	Ascends from Chair Elect	Committee
Committee Chair-Elect	Committee Representatives	Sourced from active EMS Medical Directors Committee primary/alternate representatives and retains core position until ascension to Committee Chair	Committee
Office of the Medical Director	MedStar Medical Control Appointee	System EMS Medical Director Level	Medical Control
BEST EMS	BEST EMS Medical Control Appointee	System EMS Medical Director Level	Multi-provider medical control
BioTel	BioTel Medical Control Appointee	System EMS Medical Director Level	Multi-provider medical control
Envision	Envision Medical Control Appointee	System EMS Medical Director Level	Multi-provider medical control
Air Provider	Selected by NCTTRAC Air Medical Committee	Agency/System EMS Medical Director Level	Air Medical & Specialty Transport
At Large Inter-facility Transfer EMS	Selected from a peer group of private EMS or IFT agencies	Agency/System EMS Medical Director Level	Private provider
Three At Large Metro Providers – (Collin, Dallas,	Selected from a peer group of EMS physicians in urban	Agency/System EMS Medical Director Level	Non-aligned metro provider that is not represented in any of

Position	Appointed/Elected by	Notes (all must be from a member organization in good standing)	Representation Category
Denton, or Tarrant or any provider from Ellis, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, or Wise)	counties		the above organizations
One At Large Non-metro Provider (from Cooke, Erath, Fannin, Palo Pinto, or Somervell Counties)	Selected from a peer group of EMS physicians in rural counties	Agency/System EMS Medical Director Level	Non-aligned non-metro provider that is not represented in any of the above organizations
Disaster Preparedness Representative	Selected by the NCTTRAC Regional Emergency Preparedness Committee	Agency/System EMS Medical Director Level	Disaster Preparedness Provider

- 4.3. While attendance is highly encouraged in support of meaningful participation, there is a 75% meeting attendance requirement for the core group of voting representatives to retain their voting rights.
- 4.4. Virtual attendees are highly encouraged to utilize video capabilities where available to facilitate meaningful discussion and participation in NCTTRAC meetings and events.

5. Quorum & Voting

- 5.1. A quorum is a simple majority 50% of the documented and eligible EMS Medical Directors Committee core group of voting representatives that are physically or virtually present and participating in a meeting.
 - 5.1.1. A simple majority vote of the quorum is required to act.
- 5.2. Standing Committees/Subcommittees voting may be conducted by the following methods:
 - 5.2.1. In person or virtually during the meeting.
 - 5.2.2. Electronically (e.g., email, website) for unscheduled votes between meetings.
 - 5.2.3. The outcome of each action item will be recorded in the meeting minutes or notes.
- 5.3. As an alternative to a consensus vote at an EMS Medical Directors Committee Meeting, electronic votes may be employed. A record of responses and results must be maintained in the Meeting Notes or Minutes.
 - 5.3.1. Electronic Votes may be called via:
 - 5.3.1.1. Polls
 - 5.3.1.2. Surveys
 - 5.3.1.3. Ballots
 - 5.3.1.4. Other technologies
- 5.4. The EMS Medical Directors Committee Leadership Group (Chair & Chair Elect) may convene on an ad hoc basis to represent the committee in matters necessary to maintain contractual compliance, execute deliverables, develop regional SPI indicators, review Committee-

relevant data products, and/or endorse emergency, off-cycle purchases for regional benefit. The actions taken will be reported at the next scheduled committee meeting.

- 5.5. The Chair shall manage voting issues in accordance with existing NCTTRAC Bylaws and procedures. Appropriately eligible and documented EMS Medical Directors Committee voting core group representatives shall exercise the right to vote on EMS Medical Directors 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.
- 5.6. The Chair may only vote in the event of a tie; however, the Chair's organization may assign an appropriately documented voting delegate to fill their committee core group position during the Chair's term.

6. Committee Active Participation

- 6.1. The EMS Medical Directors Committee representation participation will be reviewed annually for renewal or replacement opportunities.

7. Committee Liaisons

- 7.1. Governor's EMS and Trauma Advisory Council (GETAC) EMS Medical Directors Committee
- 7.2. Collin-Fannin, Dallas, Denton, Ellis, Parker, and Tarrant County Medical Societies
- 7.3. EMS Committee

8. Standing Committee Obligations

- 8.1. Annual review of all documents and/or products identified in Appendix A: EMS Medical Directors Committee Annual Review Product List
- 8.2. DSHS Rules (e.g. Essential Criteria) and/or contractual deliverables
- 8.3. GETAC Strategic Plan objectives and strategies, as applicable

9. Projected Committee Goals, Objectives, Strategies, Projects

- 9.1. Percent of OHCA in public locations where an AED was applied prior to EMS arrival
- 9.2. Percent of OHCA patients that received bystander CPR prior to EMS arrival.
- 9.3. Reduction of RLS (Red Lights & Sirens) usage during EMS responses to 911 calls and transportation to definitive care.
- 9.4. Percent of EMS transports/transfers receiving a Texas EMS Wristband.
- 9.5. Percent of DSHS designated facilities utilizing Pulsara daily for incoming patient notifications by EMS.
- 9.6. Establish a minimum of 5 prehospital transfusion provider sites.
- 9.7. Achieve a regional Utstein cardiac arrest survival rate that exceeds state and national rates utilizing CARES data for 3 out of 4 fiscal year quarters.
- 9.8. NCTTRAC's "Accountability Scorecard" will be used to document commitments and progress with associated efforts.

10. System Performance Improvement (SPI)

- 10.1 Serve as consultants to NCTTRAC service line committees to assist in any SPI issues that are referred.

11. Data Initiatives

- 11.1. Support EMS and Air Medical Committee Data Initiatives

12. Injury and/or Illness Prevention / Public Education

- 12.1. Support EMS and Air Medical Committee Injury/Illness Prevention / Public Education initiatives

13. Professional Development

- 13.1. The EMS Medical Directors Committee has indicated there is no current need for NCTTRAC-sponsored continued education or training.

14. Unobligated Budget Requests

- 14.1. Recommendations from the EMS 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.

Appendix A: EMS Medical Directors Committee Annual Review Product List

Additional Appendices follow (as appropriate)

1. Purpose

- 1.1. The EMS Medical Directors Committee Annual Review Product List serves as the list of all documents, guidelines, flowcharts, processes, or other products that the EMS Medical Directors Committee will review each fiscal year.
- 1.2. Each product identified in Section 2 will be distributed to the Committee via email upon its approval and can be found on the NCTTRAC Website.

2. List of Products

- 2.1. EMS Medical Directors Committee Standard Operating Procedures (SOP)
- 2.2. Regional Service Line System Plans
 - 2.2.1. Trauma
 - 2.2.2. Stroke
 - 2.2.3. Cardiac
 - 2.2.4. Perinatal
 - 2.2.5. Disaster (Regional Emergency Preparedness)
- 2.3. Guidelines
 - 2.3.1. Acute Coronary Syndrome (ACS) Triage & Transport Guidelines
 - 2.3.2. Stroke Interfacility Transfer Guidelines
 - 2.3.3. Stroke Interfacility Transfer EMS Documentation
 - 2.3.4. Trauma Triage & Transport Guidelines
 - 2.3.5. Perinatal Triage & Transport Guidelines
 - 2.3.6. Aircraft Utilization and Systems Performance Review
- 2.4. Texas Department of State Health Services (DSHS) Rules Reviews
 - 2.4.1. Maternal
 - 2.4.2. Neonatal
 - 2.4.3. EMS
 - 2.4.4. Trauma
 - 2.4.5. Stroke
- 2.5. HB 624 Guidance Document and Algorithm
- 2.6. Regional Adult Sepsis Criteria