1. Committee Purpose and Responsibilities

1.1. Responsible for jointly identifying and recommending plans and solutions that support improvements in TSA-E emergency/disaster preparedness and response between medical emergency preparedness stakeholders.
1.2. Serves as the steering committee that provides recommendations and support to the NCTTRAC Board and staff regarding the execution of the Texas Hospital Preparedness Program contract as administered by the Texas DSHS for EMTF-2, and TSAs C, D, and E.
1.3. Establish standing agenda items and corresponding responsibilities (e.g., by individual appointment, workgroup, or subcommittee) to address, and document in the Committee SOP, the following topics:
  1.3.1. Professional Development
  1.3.2. Injury / Illness Prevention and Public Education
  1.3.3. System Performance Improvement
  1.3.4. Data Initiatives
1.1. Provides guidance in the development and review of hospital and pre-hospital assessment tools, regional plans and treatment guidelines, and the Committee SOP.
1.2. Provide interface with other RAC committees, professional associations appropriate to the service line, and the Governor's EMS and Trauma Advisory Council (GETAC).

2. Subcommittees and Work Groups

2.1 EMTF-2 Subcommittee:
  2.1.1. The EMTF-2 is tasked with providing subject matter expertise in regional and state planning, mobilization, recruiting, training, operations, recovery, and fiscal responsibilities.
  2.1.2. EMTF Subcommittee Chair
    2.1.2.1. The Subcommittee Chair serves as the principal liaison between the subcommittee and the REPC with responsibilities that include, but are not limited, to:
    2.1.2.2. Scheduling meetings.
    2.1.2.3. Meeting agenda.
    2.1.2.4. Providing a subcommittee report to the REPC monthly.
    2.1.2.5. Annual review of REPC – Responsible Disaster Plans, Guidelines, committee SOP, and SPI indicators.
    2.1.2.6. 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.
    2.1.2.7. The Subcommittee Chair has the authority to call or postpone the EMTF Subcommittee meetings.
  2.1.3. EMTF Subcommittee Chair-Elect
    2.1.3.1. The Subcommittee Chair-Elect assists the Chair with committee functions and assumes the Chair's responsibilities for Subcommittee activity and meeting management in the temporary absence of the Chair.
    2.1.3.2. 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.

2.1.3.3. The Chair-Elect position will be voted on by the Regional Emergency Preparedness Committee annually or when the incumbent has vacated this position.

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 a committee report to the Board of Directors at least quarterly.
  - 3.1.1.5. Annual review of REPC – Responsible Disaster 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.
- 3.1.4. The Committee Chair may not simultaneously hold another elected position in NCTTRAC.
- 3.1.5. The Committee Chair only votes at the REPC meeting in the event of a tie.
- 3.1.6. The Committee Chair has the authority to call or postpone REPC meetings.

3.2. Chair-Elect
- 3.2.1. The Committee Chair-Elect assists the Chair with committee functions and assumes the Chair's responsibilities for committee activity and meeting management in the temporary absence of the Chair. The Chair Elect will serve in lieu of the REPC 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 Regional Emergency Preparedness Committee annually or when the incumbent has vacated this position.

4. Committee Medical Director / Co-Director

4.1. The Committee Medical Director / Co-Director is 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 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 Committee Medical Director / Co-Director provides current physician insight and involvement in support of the Regional Emergency Preparedness 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
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 Committee Medical Director / Co-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 Committee Medical Director / Co-Director position will be voted on by the REPC annually, with each Fiscal Year, or if otherwise vacated.
4.5. The Committee Medical Director / Co-Director will be prepared, with NCTTRAC staff assistance, to facilitate a peer group of Disaster Medical Directors (by email or meeting) in support of REPC efforts as appropriate.
4.6. The REPC Committee Medical Director / Co- Director will be a liaison to the NCTTRAC EMS Medical Directors Committee
4.7. The Disaster Medical Director / Co-Director Leads the REPC Disaster Clinical Advisory Group
4.7.1. The REPC Disaster Clinical Advisory Group comprises EMS and Hospital Medical Directors, or other licensed clinical leadership, in support of emergency preparedness programs.
4.7.2. The REPC Disaster Clinical Advisory Group function is embedded within the REPC, led by the REPC appointed medical director(s) who will engage other clinical leaders through the NCTTRAC Medical Directors Committee. They will provide acknowledgment and validation of medical surge plans and ensure realistic training and exercises.
4.7.3. The REPC Disaster Clinical Advisory Group will be recruited via a survey to a list of EMS Medical Directors and Hospital Emergency Preparedness Coordinators, and via the NCTTRAC membership application at minimum.

5. Committee Representation

5.1. In accordance with NCTTRAC Bylaws Article IX, there is a voting core group identified within the Regional Emergency Preparedness Committee.
5.2. Represented organizations/agencies provide emergency preparedness services in TSA-E and maintain NCTTRAC Membership in good standing where appropriate.
5.3. REPC Leadership Group
5.3.1. The REPC Leadership Group shall be composed of the Chair, Chair-Elect, Medical Director / Co-Director, Immediate Past Chair, Subcommittee Chairs, and Chairs Elect, and Task Force Leads.
5.3.2. The REPC Leadership Group may convene on an ad hoc basis to represent REPC in matters necessary to maintain contractual compliance, execute deliverables, and/or endorse emergency, off-cycle purchases for regional benefit. Actions taken will be reported at the next scheduled REPC meeting.

5.4. Represented organizations/agencies provide Regional Emergency Preparedness Committee services in TSA-E and maintain NCTTRAC Membership in good standing. These are known as the REPC's core group of voting representatives, of which there are 37. "Non-NCTTRAC Member" partner or stakeholder organizations, agencies, or a peer groups are identified as voting representatives at the committee level. The voting representatives will be reviewed annually.

5.4.1. The REPC voting representatives are from hospitals, emergency medical services (EMS), public health, emergency management, and other key partnering agencies. In accordance with the NCTTRAC Bylaws, committee-voting authority afforded to REPC voting representatives include those identified in this SOP except where noted.

5.4.2. Representation: The REPC voting representatives will be composed of specified primary and alternate representatives of the following:

5.4.2.1. TSA-C Healthcare Coalition Partners (1 representative from each):

5.4.2.1.1. TSA-C Healthcare Coalition

5.4.2.1.2. TSA-C Emergency Medical Task Force (EMTF) partnering RAC - North Texas Regional Advisory Council

5.4.2.2. TSA-D Healthcare Coalition Partners (1 representative from each):

5.4.2.2.1. TSA-D Healthcare Coalition

5.4.2.2.2. TSA-D Emergency Medical Task Force (EMTF) partnering RAC - Big Country Texas Regional Advisory Council

5.4.2.3. TSA-E Healthcare Coalition Partners

5.4.2.3.1. REPC Chair

5.4.2.3.2. REPC Chair-Elect

5.4.2.3.3. Medical Director / Co-Director

5.4.3. The REPC voting representatives will be composed of a primary and alternate representative of the following:

5.4.3.1. Public County Hospitals (1 representative from each):

5.4.3.1.1. John Peter Smith Hospital

5.4.3.1.2. Parkland Health & Hospital System

5.4.3.2. Hospital Systems (1 representative from each):

5.4.3.2.1. Baylor Scott and White Health

5.4.3.2.2. Medical City Healthcare

5.4.3.2.3. Methodist Health

5.4.3.2.4. Texas Health Resources

5.4.3.3. Pediatric Hospitals (1 representative, selected from a peer group)

5.4.3.4. Hospitals Metropolitan At Large (1 representative, selected from a peer group)

5.4.3.5. Hospitals Non-metropolitan At Large (1 representative, selected from a peer group)

5.4.3.6. Stand-alone EDs (1 representative, selected from a peer group)

5.4.3.7. Medical Societies (1 representative, selected from a peer group)

5.4.3.8. CMS Providers (1 representative, selected from a peer group)

5.4.3.9. Air Medical EMS (1 representative, selected from a peer group)

5.4.3.10. EMS (1 representative from each):

5.4.3.10.1. Dallas County

5.4.3.10.2. Tarrant County
5.4.3.10.3. Collin County
5.4.3.10.4. Denton County
5.4.3.10.5. At Large Metropolitan Provider (non-fire from Collin, Dallas, Denton, or Tarrant Counties, or any provider from Ellis, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, or Wise Counties) *DSHS define counties with 50,000+ inhabitants as metropolitan.
5.4.3.10.6. At Large Non-metropolitan Providers (from Cook, Erath, Fannin, Navarro, Palo Pinto, or Somervell Counties)
5.4.3.11. Public Health (1 representative from each):
5.4.3.11.1. Texas DSHS Public Health Region 2/3 (Non-voting member)
5.4.3.11.2. County Public Health (A representative from Collin, Dallas, Denton, Grayson, Navarro, or Tarrant County Public Health)
5.4.3.12. Disaster Behavioral Health (1 representative, selected from a peer group)
5.4.3.13. Fatality Management (1 representative, selected from a peer group)
5.4.3.14. Councils of Government (1 representative from North Central Texas Council of Government and Texoma Council of Government):
5.4.3.15. Emergency Management (1 representative from each, Non-Metropolitan and Metropolitan that alternate as primary voting representee, selected from a peer group):
5.4.3.15.1. County Emergency Management Representative
5.4.3.15.2. City Emergency Management Representative
5.4.3.16. Texas Division of Emergency Management / Disaster District Committees (1 representative)

6. Committee Attendance

6.1. Attendance is a prerequisite to meaningful participation. The Regional Emergency Preparedness Committee voting representative attendance rosters will be maintained on a rolling calendar year. Online attendance counts towards the attendance monitoring.
6.2. Virtual attendees are highly encouraged to utilize video capabilities where available to facilitate meaningful discussion and participation in NCTTRAC meetings and events.

7. Healthcare Coalition Participation

7.1. Healthcare Coalition Participation is defined by facilities/agencies who have satisfied one or more of the following criteria:
7.1.1. Signed an HPP Letter of Agreement (LOA), HPP Letter of Agreement Amendment, & Memorandum of Sharing (MOS)
7.1.2. Signed a TX EMTF Memorandum of Agreement (MOA)
7.1.3. Retrieved a Certificate of Completion from the CMS Guidelines for Healthcare Agency Emergency Preparedness Course (CMS Partners)
7.1.4. Completed Transfer Agreement with NCTTRAC
7.1.5. “Other criteria” as recommended by REPC and approved by the Board of Directors

8. Voting

8.1. The Chair shall manage voting issues in accordance with the existing NCTTRAC Voting and Elections SOP. Either the REPC voting representative primary or designated alternate shall exercise the right to vote on REPC matters, as necessary. A simple majority vote of those voting representatives who are present at the call for a vote (in person only) or via electronic ballot submitted prior to the virtual meeting is required to take action. Minutes and voting activity will normally be documented by supporting staff. Each approved majority vote of the REPC voting representatives will be subject to the final approval or disapproval of the NCTTRAC Board of Directors. The decision of the NCTTRAC Board of Directors is final. Documented representatives of a NCTTRAC Member in good standing, as well as delegated representatives of identified and approved partner agencies or organizations are eligible to vote.

8.2. At a REPC Committee Meeting, electronic votes may be employed. A record of responses and results must be maintained in the Meeting Notes or Minutes.

8.2.1. Electronic Votes may be called via:

8.2.1.1. Polls
8.2.1.2. Surveys
8.2.1.3. Ballots
8.2.1.4. Other technologies

9. Procedures (Meetings, Agenda, and Minutes)

9.1. The Committee will generally meet monthly, but not less than every other month.
9.2. All related meetings will be held as open meetings.
9.3. The Committee will follow a NCTTRAC approved format for the meeting agenda and minutes.
9.4. The Committee will normally be provided with staff support to draft minutes and capture attendance information following each meeting as a record of committee activities.
9.5. See Article IX of the NCTTRAC Bylaws for further details on standing committees with representation.

10. Committee Liaisons

10.1. Groups

10.1.1. Governor's EMS and Trauma Advisory Council (GETAC) - Disaster/Emergency Preparedness Committee
10.1.2. Department of State Health Services (DSHS) - Center for Health Emergency Preparedness and Response (CHEPR)
10.1.3. Texas Disaster Medical System (TDMS)
10.1.4. Texas Division of Emergency Management (TDEM)

10.2. Reference Documents

10.2.1. GETAC Strategic Plan Reference Document
10.2.2. State of Texas Emergency Management Plan: Annex H: Public Health and Medical Reference Document

10.3. The NCTTRAC Duty Officer will serve as the primary point of contact to roster a liaison to the ESF-8 lead agency and EOCs during an emergency via the NCTTRAC Duty Phone 817-607-7020.

11. Standing Committee Obligations

11.1. Annual Update of Committee SOP
11.2. Annual Review of Regional Plans & Guidelines
  11.2.1. Regional Preparedness Strategy
  11.2.2. Regional Response Strategy
  11.2.3. Hospital Preparedness Program Required Response Strategy Annexes
  11.2.4. HCC Annual Work Plan
  11.2.5. HCC Annual Training Plan
11.3. Medical Response & Surge Exercise
11.4. Annual Hazard Vulnerability Analysis (HVA)
11.5. Any Ad Hoc requirements set forth from the HPP

12. Projected Committee Goals, Objectives, Strategies, Projects

12.1. Committee Goals:
  12.1.1. REPC:
    12.1.1.1. Approve and oversee subcommittee goals throughout the program year.
    12.1.1.2. Review and approve HCC Project Proposals throughout the program year.
    12.1.1.3. Establish Ad Hoc Task Forces, as necessary, to address specific projects.
  12.1.2. EMTF Subcommittee:
    12.1.2.1. By June 2024, develop a roster of at least five individuals who meet the requirements of the Air Medical MIST program.
    12.1.2.2. By June 30, 2024, increase the attendance rate of each EMTF MOA holder at EMTF Subcommittee meetings to at least 25%.
    12.1.2.3. By June 30, 2024, ensure 100% completion of the new EMTF MOA by each EMTF MOA holder.
12.2. NCTTRAC's "Accountability Scorecard" spreadsheet will be used to document commitments and progress with associated efforts.

13. System Performance Improvement (SPI)

13.1. The Committee will support REPC SPI responsibility by establishing a standing meeting agenda item and corresponding accountability (e.g., appoint individual facilitator, work group or sub-committee).
13.2. At a minimum, the Committee will review, evaluate, and report REPC 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).

13.3. REPC Closed SPI functions support detailed reviews of Performance Improvement (PI) Indicators and referred PI events as afforded by Texas Statute and Rule.
  13.3.1. Representation:
    13.3.1.1. REPC Committee Chair
    13.3.1.2. REPC Committee Chair-Elect
    13.3.1.3. REPC Committee Medical Director / Co-Director
    13.3.1.4. Two (2) elected REPC Committee representatives
  13.3.2. Closed SPI function participants will sign a confidentiality statement prior to the start of each closed meeting.
  13.3.3. Meeting notes, attendance rosters, and supporting documents of Closed SPI functions must be provided to NCTTRAC staff within 48 hours following each meeting to be secured as a confidential record of committee activities.

13.4. REPC SPI Indicators
  13.4.1. Individual Performance Standards
    13.4.1.1. Annual Hazard Vulnerability Analysis (HVA) Submission
    13.4.1.2. Annual Assessment Submission
    13.4.1.3. Annual Hospital Preparedness Program (HPP) Inventory Submission
    13.4.1.4. No Notice MCI Drill Participation: Measured Quarterly
    13.4.1.5. Communications Drill Participation: Measured Semi-Annually
    13.4.1.6. Patient Tracking Drill: Measured Quarterly
    13.4.1.7. HCC Exercise Participation
    13.4.1.8. Pulsara Registration
    13.4.1.9. Surge Estimator Tool
  13.4.2. REPC SPI Referral Form
  13.4.3. REPC SPI Referral Feedback Form

14. Injury/Illness Prevention / Public Education

14.1. The Committee will support REPC Injury/Illness Prevention and Public Education responsibility by establishing a standing meeting agenda item and corresponding accountability (e.g. appoint individual facilitator, work group or sub-committee).
14.2. Focus on injury prevention and education of public health needs.
14.3. 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.
14.4. Base decisions on current REPC trends and data, facts and assessment of programs and presented educational opportunities.
14.5. Organize; support and/or coordinate community evidenced based-education and injury/illness prevention programs (e.g. Stop the Bleed, KnoWhat2Do)
14.6. Recommend/support prevention priorities for TSA-E according to the injury/illness, geographic location, cost, and outcome.

14.7. Serve as a resource to identify prevention programs, events, and other prevention resources available in TSA-E to members and community members.
14.8. Establish Ad Hoc Task Forces, as necessary, to address specific issues.

15. Professional Development

15.1. The Committee will support REPC Professional Development responsibility for all levels of providers by establishing a standing meeting agenda item and corresponding accountability (e.g., appoint individual facilitator, work group or sub-committee).
15.2. At a minimum, the Committee will:
- 15.2.1. Participate in the development of the Annual NCTTRAC Needs Assessment.
- 15.2.2. Sponsor at least three classes annually based on needs assessment results.
- 15.2.3. Classes may include but are not limited to:
  - 15.2.3.1. Basic Disaster Life Support (BDLS)
  - 15.2.3.2. Advanced Disaster Life Support (ADLS)
  - 15.2.3.3. Critical Incident Stress Management (CISM)
  - 15.2.3.4. EMTF-2 Mobile Medical Unit (MMU)
  - 15.2.3.5. EMTF-2 Mobile Medical Unit (MMU) Advanced Logistics
  - 15.2.3.6. EMTF-2 Medical Incident Support Team (MIST)
  - 15.2.3.7. EMTF-2 Ambulance Strike Team Leader (ASTL)
  - 15.2.3.8. EMTF-2 Ambulance Staging Management Technician (ASMT)
- 15.2.4. Certifications may include, but are not limited to:
  - 15.2.4.1. Certified Emergency Manager (CEM)
  - 15.2.4.2. Certified Hospital Emergency Coordinator (CHEC)
  - 15.2.4.3. Certified Business Continuity Professional (CBCP)
  - 15.2.4.4. Certified Healthcare Emergency Professional (CHEP)
  - 15.2.4.5. Certified Healthcare Safety Professional (CHSP)

16. Data Initiatives

16.1. Regional Key Performance Indicators
- 16.1.1. HCC HVA Submissions
- 16.1.2. HCC Annual Assessment Responses
- 16.1.3. HCC Inventory Submission
- 16.1.4. Patient Tracking Drill Response Percentage
- 16.1.5. Patient Tracking Drill Average Response Time
- 16.1.6. Redundant Communications: HCC Crisis Application Participation
- 16.1.7. Redundant Communications: HCC Public Safety Radio Participation
- 16.1.8. Redundant Communications: HCC Amateur Radio Participation

16.2. Data Sources and Methodology
- 16.2.1. Customer Voice Survey Submissions

16.2.2. HPP GC-11 Form Submissions
16.2.3. Pulsara Patient Tracking Drills
16.2.4. Redundant Communication Drills

16.3. Reporting & Analysis
16.3.1. HPP Performance Measures Dashboard (PowerBi)
16.3.2. NCTTRAC Annual Report

17. Unobligated Budget Requests

17.1. Funding request 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 that fall out of HPP funding.

Appendix A: HCC Project Proposal and Review Process

1. Purpose

1.1. The purpose of this appendix is to outline the process for submitting and reviewing Healthcare Coalition (HCC) project proposals through the Regional Emergency Preparedness Committee (REPC) to ensure that proposals are handled appropriately and will not hinder the mission of the organization, while ensuring compliance with contract and funding requirements as defined by the Texas Department of State Health Services (DSHS) and other relevant regulatory agencies.

2. Review Process Elements

2.1. REPC Subcommittee/ Project Proposal

2.1.1. REPC Subcommittees and Work Groups may submit HCC Project Proposals at any time. HCC Project Proposal submitted by REPC Subcommittees or Work Groups will be submitted to the HPP agreement holders to garner project interest and collect distribution information. Upon completion of the assessment, the HCC Project Proposal(s) will be voted on for approval of immediate funding by the REPC voting representatives at the next REPC meeting. If the HCC Project Proposal is not approved for immediate funding, it will be considered with all other HCC Project Proposals during the next semi-annual HPP HCC Project Proposal Review meeting.

2.2. HCC Partner HCC Project Proposal / Review Process

2.2.1. Complete the HCC Project Proposal Form as follows: (See most current version of the document at www.ncttrac.org)

2.2.2. The Requester is to complete the shaded portions of the HCC Project Proposal Form – sections 1-9.

2.2.2.1. Requester: Provide Requester's Name, Agency, TSA, email, phone number, and the date the requested items are needed

2.2.2.2. Request Type:

2.2.2.2.1. Supplies: Consumable items with a unit cost < $5,000 to be used at facility. Ex: Emergency Response Guides

2.2.2.2.2. Supply / Equipment Cache: Items with a unit cost >$5,000 or a combination of items to be held at locations across the region to be used as a unit. Ex: PPE Cache

2.2.2.2.3. Deployable Assets: Items with a unit cost >$5,000 to be held at locations across the region to deployed in the event of a disaster. Ex. Mobile Medical Unit

2.2.2.2.4. Project: Nontangible solution to be used throughout the region. Ex. Patient Tracking System

2.2.2.3. Ordering information:

2.2.2.3.1. Item No.

2.2.2.3.2. Quantity

2.2.2.3.3. Unit of Issue

2.2.2.3.4. Description

2.2.2.3.5. Unit Price
2.2.2.3.6. Estimated Total Price
2.2.2.4. Justification: Provide justification to include regional benefit as required; additional information may be attached as needed.
2.2.2.5. Qualifications: If this proposal is for a deployable asset, outline the intended qualifications and maintenance plan for the project
2.2.2.6. Which of the HCC member types does this project benefit: Hospitals, EMS, Public Health, Emergency Management, Other?
2.2.2.7. List the jurisdictions that will benefit from this project.
2.2.2.8. Recommended Sources: Provide a minimum of three sources where asset is available for purchase.
2.2.2.9. HCC Project Proposal Status: Proposal is approved or denied based on the process outlined in the REPC SOP.
2.2.2.10. Requester's Name and Date: Name of individual submitting the request / date of request submission
2.2.2.11. Requester's Signature: Signature of individual submitting the request
2.2.2.12. HCC Chair Name and Date: Name of REPC Chair and date of signing
2.2.2.13. HCC Chair Signature: REPC Chair's signature
2.2.2.14. HCC Project Proposal Status (For official use only): Indicate whether proposal is Approved or Denied; with space for Comments
2.2.2.15. Does this project address hazards identified by the regional HVA? If so, specify which hazards this project will address.
2.2.2.16. Will this project help solve problems that were identified in After-Action Reports of previous events/exercises? Provide specific examples.
2.2.2.17. What is the expected longevity or shelf life of this project? If this project is funded, how long will the benefit remain in place?

2.3. Submit HCC Project Proposal Form to NCTTRAC Staff.
2.3.1. Staff will review the Proposal and ensure the following requirements are met prior to submission to REPC:
2.3.2. Application is complete
2.3.3. Appropriate justification provided identifying regional benefit
2.3.4. Proposal(s) meet program and contractual requirements (submit items for DSHS approval)
2.3.5. Funds are available from within the appropriate funding source and cross coordination with committees if needed
2.3.6. Give each proposal a unique project number and log in the HCC Project Proposal log

2.4. Staff Coordination / REPC
2.4.1. Upon the HCC Project Proposal submission deadline, the review will be complied and submitted to DSHS for approval.
2.4.2. The proposal will be added to the agenda of the next HCC Project Proposal Review meeting for consideration and endorsement. Although not required, it is recommended that the individual making the proposal attend the meeting to address REPC questions and concerns and to provide additional information.

2.4.2.1. The proposed items will be sent out to the HPP Agreement holders to survey shipping locations, the quantities needed for supply items, gather interest on holding caches and deployable assets.
2.4.2.2. REPC Voting Representatives will evaluate and rank the projects and prepare an endorsement.
2.4.2.3. If the proposal is endorsed with funding, REPC will make a determination of whether the proposal should be funded.
2.4.2.4. If the proposal is endorsed without funding, the individual submitting the proposal will be notified by NCTTRAC Resources and the proposal will be placed on the list of unfunded proposals for consideration as funding becomes available.
2.4.2.5. If the proposal is denied, the individual submitting the proposal will be contacted by NCTTRAC Resources and provided the basis for denial. REPC will determine whether a proposal that has been denied may be resubmitted. Proposals are considered denied if their Final Ranking is a 1 or lower.
2.4.2.6. If the proposal is approved by DSHS, the REPC vote will hold precedent.
2.4.2.7. If the proposal is denied by DSHS, the DSHS vote will hold precedent and REPC will decide if an appeal is warranted.

2.5. Staff Coordination / Board of Directors
2.5.1. The endorsed proposal will be added to the agenda for the next Board of Directors Meeting for consideration and approval. Although not required, it is recommended that the individual making the proposal attend the meeting in order to address the Board of Directors' questions and concerns and to provide additional information.
2.5.1.1. If approved by the Board of Directors with funding, the individual submitting the proposal will be notified by NCTTRAC Resources
2.5.1.2. If denied by the Board of Directors, NCTTRAC Resources will notify the requestor of the results of the Board's evaluation. A proposal that has been denied by the Board of Directors may be resubmitted after REPC review and endorsement.
2.5.2. All purchases related to approved proposals will adhere to the NCTTRAC procurement policy.
2.5.2.1. Once approved with funding, a NCTTRAC Purchase Order will be issued to obligate proposal expenditures, if applicable.
2.5.2.2. Proposal purchases should be coordinated with NCTTRAC staff to ensure that supplies and services are purchased by NCTTRAC rather than individuals or other agencies.

2.6. Procurement Considerations:
2.6.1. Shipping costs shall be included in the total approved purchase cost
2.6.2. Only the requested quantity of items will be purchased; any leftover funds will remain available for other approved purchases.
2.6.3. Items exceeding the initial quote by more than 10% or $5,000 shall be subject to additional authorization prior to purchase.

2.6.4. Substitute items will be allowed if approved by the original requestor, and the substitute items are equal in cost and value
2.6.5. Unfunded items will not carry over to the next budget period unless approved by REPC
2.6.6. If a vendor is not able to complete the purchase in the corresponding program year the project will be added to the next program year's budget

3. Evaluation Methodology

3.1. The following criterion and methodology will be used by REPC in the initial evaluation, selection, and prioritization of HCC Project Proposals. Upon approval at Committee level, the evaluation, selection and / or prioritization criterion and /or methodology may be revised or changed.
3.2. Voting representatives will assign each project a score of 0-3. The scoring breakdown is as follows:
3.2.1. 0: This project should NOT be funded
3.2.2. 1: This project should only be funded if there is money left over after funding more critical projects
3.2.3. 2: This project is important to our coalition and should be funded as soon as possible,
3.2.4. 3: This project is critical to our coalition and should be funded immediately.
3.3. Each voter will assign a score to each project as it is being presented. REPC Voting representatives will score projects according to their own merit, not in comparison with one another. After all votes have been collected, NCTTRAC staff will compile the scores and each project will receive an average score (if Project X received votes of "1", "2", "3", and "3", it's average score would be 2.25). Projects will be ranked according to their final score, and this final ranking will determine the order in which projects are funded.
3.4. All projects with an average score of 1.0 or less will be removed from funding consideration.
3.5. HCC Project Proposals will be reviewed during the first Project Proposal Review Meeting of the program year (August). Only projects with a final score of 2.0 or above will be immediately funded. If the total funding of all projects scored 2.0 or above exceeds the available funding, the projects will be funding in order of their final ranking. All projects with a final score between 1.0 and 2.0 will be placed on the endorsed but unfunded list until the final HCC Project Proposal Review meeting of the program year (February).
3.6. All HCC Project Proposals on the endorsed but unfunded list will be re-ranked during the final HPP HCC Project Proposal Review meeting of the program year (February).
3.7. If additional funds become available in between the final HPP HCC Project Proposal Review meetings of the program year (February) and the end of the program year, HCC Project Proposals that remain on the endorsed but unfunded list will be funded in order of their final ranking.
3.8. The endorsed but unfunded list does not carry over between multiple program years. All HCC Project Proposals that remain on the endorsed but unfunded list at the end of the program year must be resubmitted for consideration in the following program year.
3.9. Any projects that have a tying final score will have their priority determined by an open discussion among REPC voting members in attendance at the HCC Project Proposal Prioritization Meeting.

3.10. Additional Notes:

3.11. Should project funding require movement between budget categories for procurement, the proposals will be submitted to the NCTTRAC Finance Committee for approval.

Appendix B: HPP Asset Disposition Process

1. Purpose

1.1. The purpose of this appendix is to ensure that consistent and proper procedures are followed in the recognition of assets purchased with HPP funds that are held and/or owned by subrecipients.

2. Overview

2.1. HPP subrecipients will maintain an inventory of all reportable property and equipment in accordance with Generally Accepted Accounting Principles (GAAP), Uniform Grant Management Standards (UGMS), Texas Department of State Health Services (DSHS) General Contract Provisions (Texas DSHS Provisions) and/or other contract guidance, and this policy.

2.2. Fixed asset records will be maintained in such a manner as to sufficiently serve to safeguard these items as public investments and to assure stewardship of all such assets held in public trust.

2.3. Hospital Preparedness Program (HPP) Assets – All HPP Equipment and Supplies as defined by Texas DSHS HPP contract General Provisions and/or contract guidance. Assets held and/or owned by subrecipients purchased wholly or in part with HPP funds will be classified in the following specific categories:

2.3.1. Consumable Assets – Assets with an acquisition cost under $5,000.00 which are not Capital or Controlled Equipment.

2.3.2. Capital Equipment – Non-expendable tangible personal property having a useful lifetime of more than one year and an acquisition cost of $5,000 or more.

2.3.3. Controlled Equipment – Includes firearms regardless of the acquisition cost, and the following non-expendable tangible personal property having a useful lifetime of more than one year and an acquisition cost of $500 or more: desktop and laptop computers, non-portable printers, and copiers, emergency management equipment to increase hospital surge capacity. Some examples of this type of hospital surge equipment include; intensive care ventilators, temp-beds, patient evacuation equipment, decontamination equipment, and personal protective equipment, etc.

3. Methods of Disposition

3.1. HPP assets may be disposed of by only four methods:

3.1.1. Transfer to Other Subrecipient – Asset transferred to another HPP subrecipient or returned to NCTTRAC for redistribution within the HPP program following Property Transfer protocols.

3.1.2. Dispose by Salvage – Property that is discarded as waste, when worn, damaged, obsolete, or beyond estimated useful life so that it has no value for the purpose for which it was originally intended.

3.1.3. Dispose by Surplus – Property that is not salvage property or property transferred to another subrecipient, that is not needed currently or in the

foreseeable future by the owner, and which possess some usefulness for the purpose for which it was intended. Surplus property is routinely sold for some value. Any such sales require DSHS pre-approval and all proceeds must be returned to the State of Texas.

3.1.4. Trade In for Replacement Property – Selected items may be traded in when replacement items are procured, thus reducing the acquisition cost of the replacement item. NCTTRAC and/or DSHS pre-approval is required.

4. Inventory Special Considerations

4.1. Estimated Useful Life of HPP Assets – All HPP assets have an estimated useful life. Estimated lifespan must be taken from the following publications / sources in this order of priority:

4.1.1. The American Hospital Association's (AHA's) Estimated Useful Lives of Depreciable Hospital Assets, latest edition

4.1.2. State of Texas State Property Accounting Users Guide, Appendix (A), available on the NCTTRAC website.

4.1.3. Manufacturer's recommendation

4.1.3.1. Acquisition cost – Acquisition cost is the net invoice unit price of an item including the cost of necessary modifications, attachments, set up fees, shipping and handling costs, or auxiliary items needed to make the asset usable for the purpose it was acquired.

4.1.3.2. Valuation – All assets will be valued at acquisition cost, or if acquisition cost is not practically determinable, at estimated cost. Donated or dedicated fixed assets will be valued at their fair market value at the time the asset is received by subrecipients.

4.2. Asset Control Measures – A control system must be developed to ensure adequate safeguards to prevent loss, damage, or theft of HPP assets. Any loss, damage, or theft shall be investigated, fully documented, and promptly reported to NCTTRAC.

4.2.1. The subrecipient is responsible for any loss and must maintain insurance or other means of replacing property purchased with HPP funds.

4.2.2. The subrecipient bears responsibility for ensuring that HPP assets are kept in good condition.

5. Inventory Management Requirements

5.1 Hospital Preparedness Program (HPP) Assets must be recorded on a NCTTRAC – provided GC-11 Annual Equipment and Supplies Inventory Report. Inventories are conducted annually as of August 31, and as required by special audit. Inventories must be delivered to NCTTRAC by subrecipients for further delivery to DSHS Austin as part of the closeout of the HPP contract year. (See most current version of the document at www.ncttrac.org)

5.1.2. Inventory fields on the GC-11 that must be completed are:

5.1.2.1. Capital Assets and Controlled Equipment:

5.1.2.1.1. Item Description

5.1.2.1.2. Quantity

5.1.2.1.3. Serial Number

5.1.2.1.4. Unit Cost
5.1.2.1.5. Date
5.1.2.1.6. Acquisition Cost Funded by HPP
5.1.2.1.7. Estimated Useful Life
5.1.2.1.8. Program Attachment Number
5.1.2.1.9. DSHS Program
5.1.2.1.10. Location of Item
5.1.2.1.11. Disposition Date
5.1.2.1.12. Sale Price (if Sold)

5.2. Property Transfer Requirements – Property which is no longer required by the subrecipient may be transferred to another subrecipient or returned to NCTTRAC for redistribution within the Program. Arrangements may be made between the parties, or the subrecipient may request assistance from NCTTRAC to find a suitable subrecipient. Hospitals that do not meet program standards may be closed out by NCTTRAC and will have property transferred to other subrecipients.

5.2.1. Property Transfer Procedure:

5.2.1.1. When a transfer is desired, requested or directed, subrecipient shall contact NCTTRAC for assistance in coordinating the transfer of the property.

5.2.1.2. For each item being transferred, transferring subrecipient shall annotate their GC-11 Inventory Form in the Disposition column with the transfer date and indicate the receiving subrecipient agency in the Location column. Do not delete the item from the GC-11.

5.2.1.3. Receiving subrecipient agency shall sign for transferred property on the Property Transfer Form.

5.2.1.4. Both transferring and receiving agencies should keep a copy of the Property Transfer Form on file with equipment inventory records.

5.2.1.5. Receiving subrecipient shall forward the original copy of the signed Property Transfer Form to NCTTRAC Finance and Resources by mail, email attachment, or fax.

5.2.1.6. Receiving subrecipient shall annotate their GC-11 Inventory Form to indicate receipt of property. Indicate in the Location of Item column that the property was received from the transferring subrecipient and include the Transfer Form Log Number.

5.2.1.7. NCTTRAC Resources will file signed Property Transfer Forms in equipment records for both the transferring and receiving subrecipient.

6. Disposition of HPP Assets

6.1. Subrecipients may not dispose of HPP assets by salvage, surplus, or trade in before obtaining disposition approval and instructions from NCTTRAC. Disposition of all HPP assets relies on validation of the asset, aggregate value of the assets, estimated useful life of asset, asset condition, and whether or not the asset continues to be useful to the HPP program.

6.2. Instructions on Disposal of Consumable Assets

6.2.1. Notices
6.2.1.1. Consumable assets may not be disposed of if estimated useful life has not been exceeded or if the asset presents value to the Hospital Preparedness Program. In this case, subrecipient may either:
6.2.1.1.1. Request property transfer support from NCTTRAC, or
6.2.1.1.2. Request disposition instructions from NCTTRAC
6.2.1.2. Consumable assets may be disposed of by the subrecipient using the Salvage method if:
6.2.1.2.1. The consumable asset is beyond estimated useful life
6.2.1.2.2. Has been consumed in use for a real event or an exercise event
6.2.1.2.3. Has no value to the Hospital Preparedness Program
6.2.2. Procedure
6.2.2.1. A Disposition Log is recommended to be maintained by the HPP agreement holder.
6.2.2.2. Annotate on the Location of Item column of the GC-11 Inventory form to show the disposition and reason.
6.2.2.3. Do not delete assets from the GC-11; all dispositions should remain on your document.
6.2.2.4. If you dispose of a partial line item, a new line should be inserted, and the remaining partial assets should be transferred to the new line with revised quantities reflecting any non-disposed assets.
6.2.2.5. A new tab can be added to the GC-11, and lines of disposed assets may be moved to this new tab.

6.3. Instructions on Disposal of Capital and Controlled Equipment
6.3.1. Capital and Controlled Equipment may only be disposed of with approval and instructions from NCTTRAC.
6.3.1.1. Subrecipients should request disposition authority by submitting a completed Program Property Disposition Request to NCTTRAC Resources. Program Property Disposition Requests may be mailed with supporting GC-11 inventories to NCTTRAC at:
North Central Texas Trauma Regional Advisory Council
Attn: NCTTRAC Resources
600 Six Flags Drive, Ste. 160
Arlington, TX 76011
6.3.1.2. Signed electronic copies in Adobe PDF format, with supporting GC-11 inventories may be emailed to NCTTRAC Resources staff members if pre-arranged at logistics@ncttrac.org, or faxed to NCTTRAC Resources at (817) 608-0399
6.3.1.3. Special Disposition Considerations
6.3.1.3.1. Disposition by Salvage generally means discarding as waste. Subrecipient agencies are responsible for proper salvage disposal following local, state, and federal regulations.

6.3.1.3.2. Disposition by Donation to Civic or Charitable Organization in lieu of salvage by discarding as waste may be allowable in certain situations. Health and medical supplies, antibiotics, antivirals, and other items that may be used for patient treatment may not be disposed of by donation after expiration of the property's useful life. Because program property must be retained until there is no remaining value to the Program, disposition by donation may occur only with disposition approval and instructions from NCTTRAC

6.4. NCTTRAC Actions to be taken Property Disposition Requests

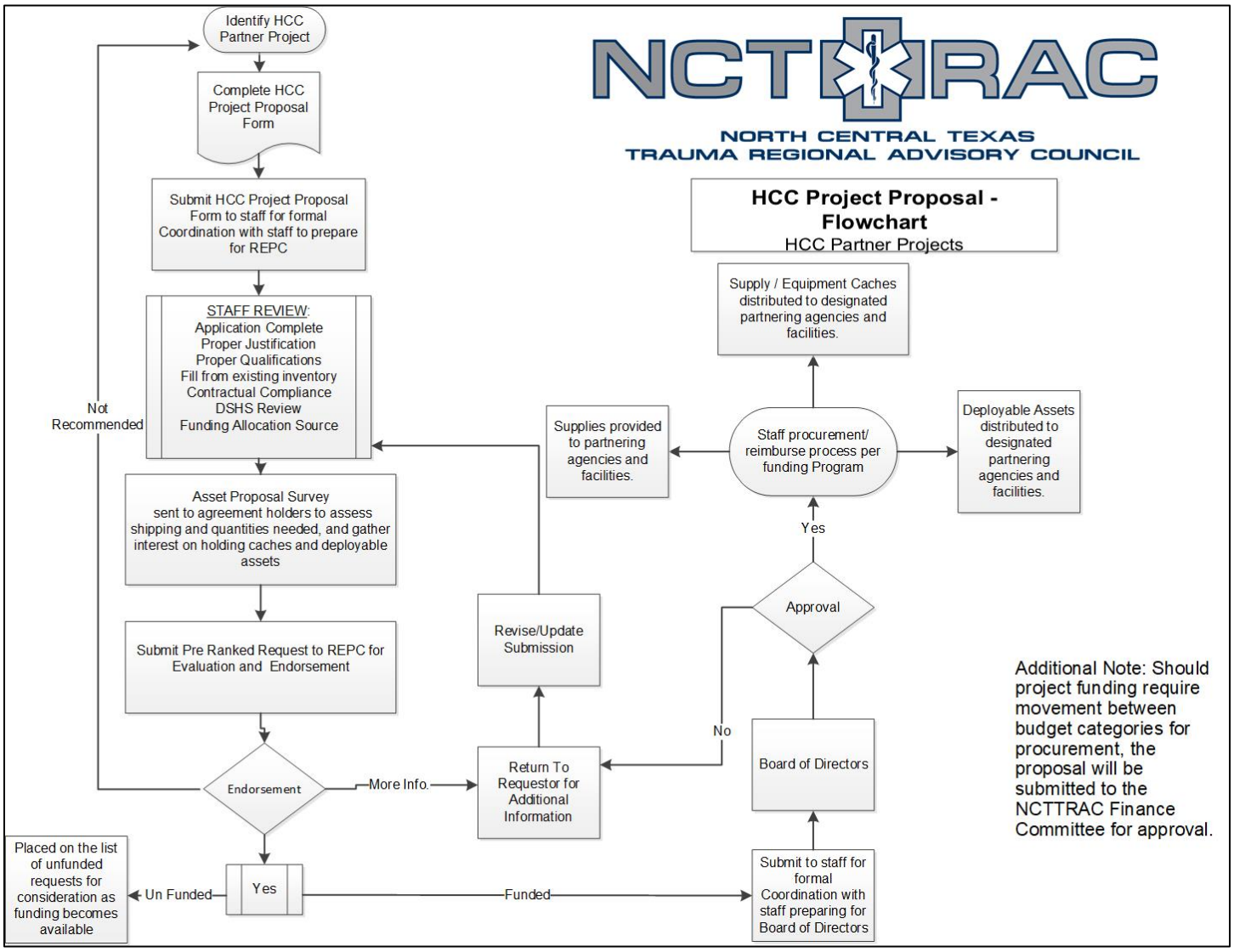
6.4.1. NCTTRAC may authorize the disposition of capital, controlled, and consumable HPP assets if

6.4.2. Asset estimated useful life is exceeded per the appropriate guide, **and**

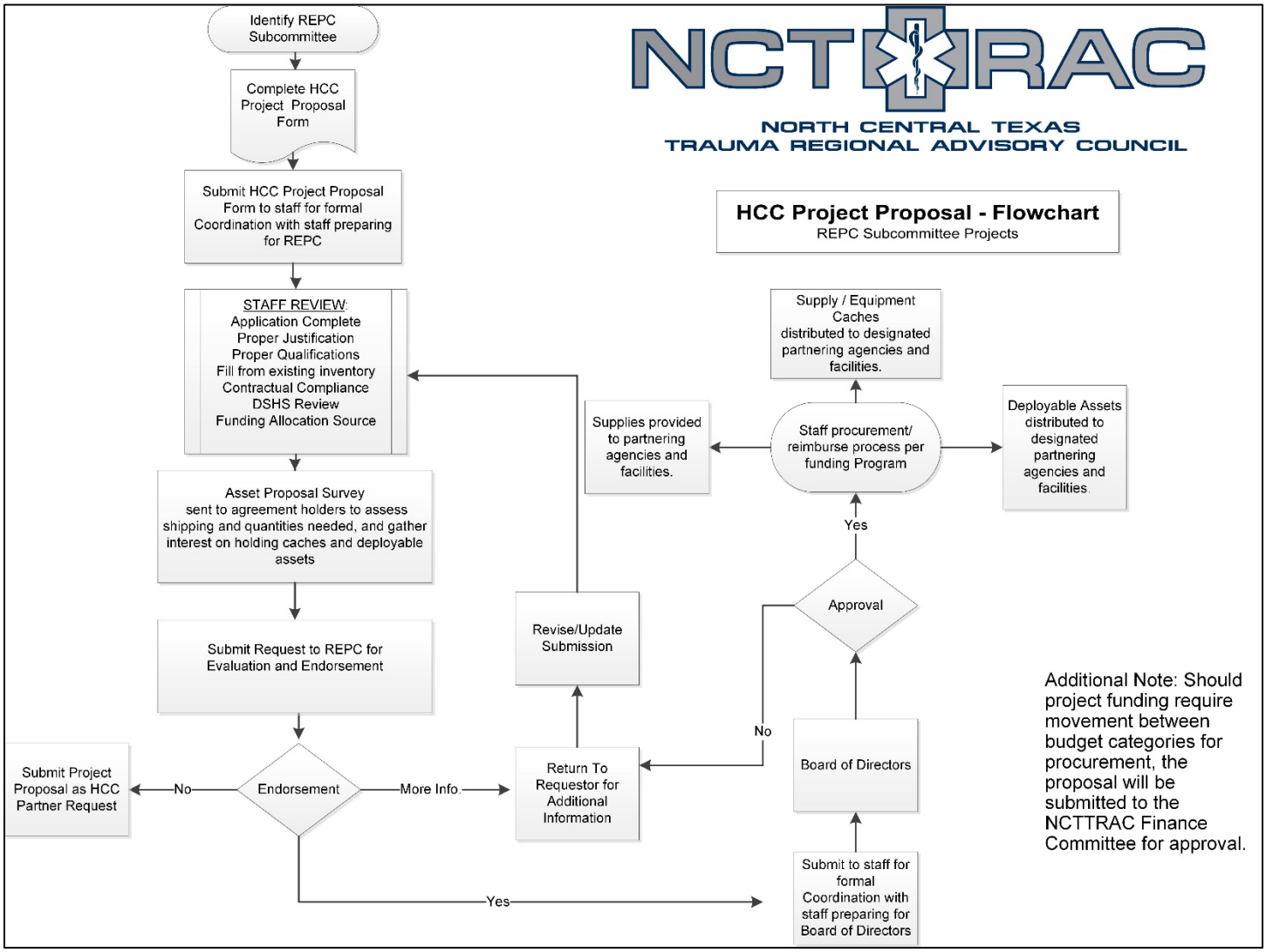
6.4.3. Asset has no value remaining to the program

6.4.4. NCTTRAC may direct the transfer of property that has remaining estimated life and program value per Property Transfer Requirements above. NCTTRAC will request disposition instructions from DSHS Contract Management Unit for all capital, controlled, and consumable assets which either have remaining useful life or value to the program.

Attachment 1 – HCC Project Proposal Coordination Flowchart (HCC Partners)



Attachment 2 – HCC Project Proposal Coordination Flowchart (REPC Subcommittee)



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:

2024 REPC SOP

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

REPC Committee Review Date: 4/4/2023
Comments: REPC SOP Review Meeting 4/12/2023 - REPC Vote May 30, 2023-June 5, 2023
NCTTRAC Staff Initials J.D. Chair Sign Off: _____ Date: 4/4/2023

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 Directors Focus Group

Medical Director Focus Groups (Initial/Date)

- ☐ Air Medical MD: _____
- ☐ Cardiac MD: _____
- ☐ ED Ops MD: _____
- ☐ EMS MD: _____
- ☐ Pediatric MD: _____
- ☐ Perinatal MD: _____
- ☑ REPC MD: 5-25-2023 S.M.
- ☐ 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: 5/18/2023
Comments: _____
Staff Initials J.D. Date: _____

NCTTRAC Administration Review Date: 5/18/2023
Comments: Reformatted, reviewed
Staff Initials SB Date: 5/22/2023

NCTTRAC Executive Review Date: 6/1/2023
Comments: REcommend approval
Staff Initials HJA Date: 6/1/2023

Board of Directors Endorsement/Approval

NCTTRAC Administration submit to Board of Directors Date: 6/6/2023
NCTTRAC Board of Directors Approval Date: 6/13/2023

General Membership approval (PRN) Date: _____

Final Format for Publication Date: 6/23/2023

Publish and Post on website Date: 6/23/2023

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: _____
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