



TSA F RAC COMMITTEE HANDBOOK

NORTHEAST TEXAS REGIONAL ADVISORY
COUNCIL

NETRAC

In accordance with the bylaws of TSA F RAC, **four committees** have been formed to oversee specific areas of trauma system management. These committees are:

1. EMS-Aeromedical
2. Education / Injury Prevention / Pediatric
3. Registry / Quality Improvement / Hospital
4. Acute Care

According to the bylaws, each committee shall elect a Chair and a Secretary. The Secretary shall record committee activity and report to the General Assembly. In the absence of committee secretary the committee chair is to be responsible for preparing and disseminating committee report.

Any qualified member of the General Assembly is eligible to serve on a committee, and the RAC encourages broad participation and representation- everyone has something unique to bring to our organization.

Attached are outlines of specific committee responsibilities, as well as general principles of committee work. I hope you will find this information useful in getting your committee off the ground.

A list of committee Chairs and Secretaries will be made available to assist in networking, as aspects of the Regional Trauma and Emergency Health Care plan will be addressed in more than one committee.

GENERAL COMMITTEE GUIDELINES

1. Look at your committee membership. It may be necessary to “draft” members in order to have representation from all participating counties, and both hospital and prehospital providers. Include anyone who demonstrates interest in your committee. A NETRAC / committee letter of participation can be requested from the Executive Director.
2. Contact all members of your committee. Confirm that they are willing to participate, and verify contact information. Create and maintain email list for meeting notification.
3. Set a date for your committee meeting. There is a great deal of work to be done. If possible, set a date and time that is conducive to the greatest attendance. Notify the members trying to give two weeks prior notice in order to facilitate attendance.
4. At your first meeting:
 - A. Select a Chair and Secretary.
 - B. Plan a meeting schedule for the year. Plan your schedule for maximum participation. Decide on a meeting site. If meeting is to be held in conjunction with Executive or General Assembly and you wish to request meeting space, make the request through the NETRAC office.
 - C. Review the purpose of your committee. Set goals and target dates for achieving those goals. Assign responsibilities.
5. Correspond with all committee members a calendar of the times, dates, and locations for the year’s meetings, as well as a committee roster. You may prepare an email with all the pertinent information (meeting times, dates, locations, etc..) send to the Executive Director with a request to forward to committee members. By sending out these notices in this manner, the information comes directly from the committee chair, but also keeps the Executive Director informed about committee activities.

COMMITTEE CHAIR:

1. Encourage your members to attend all committee meetings as well as the RAC meetings.
2. Encourage participation! You can not do everything by yourself, nor can you be the expert on everything. Use the diverse backgrounds and strengths of your committee members to accomplish the goals and objectives of your committee.
3. Keep your members informed.

4. Be enthusiastic. You are the committee “cheerleader.”
5. Maintain your committee as a neutral zone – competing agencies or organizations must leave competition at the door in order to accomplish the objectives of the RAC. Do not allow bickering.
6. Keep the committee on track. Review goals and objectives; it may be necessary to redefine them as work progresses. Be flexible.
7. You are not alone. DSHS and other RACs have a wealth of information and ideas they will share.

SECRETARY:

1. Keep a sign in sheet and minutes for each of your committee meetings.
2. Prepare meeting notification and send to NETRAC office to request notification to be forwarded to committee. Send out request 2 weeks prior to the meetings.
3. Maintain an accurate roster of committee members with current phone numbers, email addresses and addresses.
4. Forward all sign in sheets and meeting minutes to the RAC Executive Director. Minutes shall include name of person recording the minutes. This information is needed to provide documentation of participation in RAC activities (essential for disproportionate share hospital) and to prepare our RAC annual report which is submitted to DSHS.

EMS -AEROMEDICAL COMMITTEE RESPONSIBILITIES

Primary Goals and Responsibilities:

1. Identify all prehospital providers, including first responder and volunteer groups. Educate and involve them in trauma systems planning.
2. Establish region-wide trauma triage criteria.
3. Identify prehospital, aeromedical, and hospital resources in our region and develop standardized transport patterns that facilitate rapid transport of the severely injured to the nearest and most appropriate facility.
4. Standardize prehospital and aeromedical protocols, assuring all prehospital providers meet at least DSHS and DOT minimum criteria. Recognize excellence.

5. Examine system access.
 - A. Does everyone within our region have 911 access? If not, how are they accessing emergency care? How can this be improved?
 - B. We are predominately rural; are there problems with locating incidents / accidents / patients?
 - C. How do persons without a phone access emergency care?
 - D. Public education.
6. Coordinate with regional disaster plan.
7. Develop a tool for monitoring trauma triage effectiveness.
8. In conjunction with the Hospital/Registry/QI, and Acute Care Committee, develop bypass guidelines and protocols. These must take into careful consideration the capabilities of all regional prehospital and hospital providers and be acceptable to all providers and facilities participating.
9. Identify all Aeromedical Services. Educate and involve them in trauma systems planning.

ACUTE CARE COMMITTEE RESPONSIBILITIES

Primary Goals and Responsibilities:

1. Identify the capabilities of all hospitals in our region, taking into account equipment and personnel needs for appropriate trauma and acute care.
2. Identify lead stroke facility (ies) and lead cardiac facility (ies).
3. Develop written diversion policies. Diversion policies will be based on the identified trauma care resources of each facility and prehospital provider. Diversion policies must address the following:
 - A. What situations would activate a diversion policy?
 - B. How is diversion activated? Who makes the decision that a facility will divert, who is notified and in what order? Post diversion status on EMResource.
 - C. Who decides a facility will come off diversion status?
 - D. Who is responsible for the notification that a facility is on or off diversion status?

4. Develop written inter-facility transfer agreements that facilitate rapid transfer of trauma patients to the most appropriate level of care.
5. A. Written transfer agreements are required for all trauma designated facilities.
B. Transfer agreements will be based on identified trauma, stroke, and cardiac care resources of each facility in the region and the recognized equipment and personnel needs of the trauma and acute care patient.
C. The transfer agreements developed by the committee will be presented to each participating facility for review and implementation.
6. Assist facilities with designated activities. Those that have been through the designation process are a tremendous resource. Explore the possibility of setting up mentor program.
7. Participate with the EMS-Aeromedical Committee, Hospital/Registry/ QI, Education/Injury Prevention/Pediatric, and Acute Care Committee in the development of the regional disaster plan and standardized trauma triage protocols.

EDUCATION / INJURY PREVENTION / PEDIATRIC COMMITTEE RESPONSIBILITIES

Primary Goals and Responsibilities:

1. Assess hospital and prehospital resources and needs, and develop educational programs on trauma care and related issues.
2. Identify regional injury patterns and risk groups. Develop injury prevention programs.
3. Promote public awareness of trauma systems planning.

REGISTRY / HOSPITAL / QUALITY IMPROVEMENT COMMITTEE RESPONSIBILITIES

Primary Goals and Responsibilities:

1. Identify hospitals in the region; identify regional hospital resources.
2. All facilities must participate in Trauma Registry.
3. Establish and maintain a Regional Trauma Registry.
4. Establish regional reports based on Trauma Registry data downloaded to the Regional Registry.
5. Identify and work for resolution of patient care quality management issues.
6. Identify trauma facility and prehospital quality indicators.
7. Develop a data collection tool. Use the data collection tool to identify areas that need improvement and develop recommendations for improvement.
8. Utilize tool for reporting quality issues to the Board and the RAC.
9. House Bill 1407 guaranteed confidentiality of RAC QI (protected and not discoverable). Remember to be scrupulous in keeping attendance and minutes, and observe the standards of confidentiality.