

PREHOSPITAL COMMITTEE

PURPOSE

The purpose of this SOP is to establish guidelines, roles, and responsibilities for the Prehospital Committee within the East Texas Gulf Coast Regional Advisory Council to ensure coordination, communication, and collaboration between prehospital providers, hospitals, and other stakeholders. This committee serves to improve patient outcomes, enhance EMS system performance, and support the mission of the Texas Trauma and Emergency Healthcare System.

MISSION STATEMENT

The mission of the Pre-hospital Committee is to provide an open environment conducive to collaboration and coordination between providers and stakeholders of issues, concerns, and ideas for improvement in the transport and care of the injured and ill patients.

CONDUCTING BUSINESS

The quorum for conducting business in the committee shall be those persons present and voting. No organization shall have more than one vote in the committee. The RAC-R member's primary designated voting Representative may appoint a standing delegate to serve as a regular attendee to standing committees for purposes of both subject matter representation and voting.

COMMITTEE RESPONSIBILITIES

- A. The Pre-Hospital/Air Medical Committee is responsible for overseeing Pre-Hospital care and transport.
- B. Each year, the committee will review regional protocols and any other tasks assigned by the Chair.
- C. The committee will establish, collect, and report on Performance Improvement (PI) metrics relevant to Pre-Hospital
- D. PI reports will be submitted to the Committee following established guidelines and timelines.

COMMITTEE CHAIR / CHAIR-ELECT RESPONSIBILITIES

As per RAC-R bylaws (9.1.5), the Chair of the Prehospital Committee is appointed by the RAC Chair with the duration of the term of one year. Recommendations from the Prehospital Committee will be taken into consideration by the RAC Chair for appointments. The Chair of the Prehospital Committee will select a co-chair to help them facilitate the meetings.

- A. Chair

STANDARD OPERATING PROCEDURE

- a. The committee chair is responsible for the development of and adherence to the SOP related to committee functions and membership. The chair serves as a liaison between the committee and the Board of Directors with responsibilities that include, but are not limited, to:
 - i. Knowledge of the committee structure and functions
 - ii. Scheduling meetings
 - iii. Meeting agenda and notes
 - iv. Providing committee report to the Board of Directors and General Assembly as requested.
 - v. The Chair must be a trauma representative of a RAC-R member hospital in good standing as defined by RAC-R bylaws.
 - vi. The Chair will participate in state-wide collaboratives, as requested.
 - vii. The Chair or Co-chair of the committee has the authority to call standing committee meetings.

B. Co-Chair

- a. The Co-Chair assists the Chair with committee functions and assumes the Chair responsibilities for committee activity and meeting management in the temporary absence of the Chair.
 - i. The Co-Chair must be a documented trauma representative of a RAC-R member hospital in good standing as defined by RAC-R bylaws.
 - ii. The Co-Chair has the authority to call or postpone Committee meetings in the absence of the Chair.
 - iii. The Co-Chair will fulfill the role of the chair during any absence of the chair.

PROCEDURE (MEETING, AGENDA AND NOTES)

- A. The date, time and location of all scheduled meetings will be posted at least ten (10) days in advance on the RAC-R website calendar.
- B. The committee will meet at least quarterly.
- C. All meetings are held as open meetings
- D. Agendas will be provided at each meeting.
- E. Each meeting will have minutes.
- F. Meeting minutes will be forwarded to the RAC-R office and administrative staff within 21 days after the meeting for posting. Attendance will be turned in at the conclusion of the meeting to the RAC Chair. Attendance sheets will track participation.
- G. Members may access copies of the meeting minutes on the RAC-R website.

COMMITTEE GOALS

- A. Emphasize performance improvement in prehospital response, treatment, and transport, in alignment with DSHS RAC Assessment Criteria.
- B. Oversee and advance regional systems for patient care and transport across pre-hospital providers, including both ground and air medical services.
- C. Strengthen collaboration with regional healthcare partners to ensure seamless continuity of care for patients.

STANDARD OPERATING PROCEDURE

- D. Establish standardized communication protocols, including patient reporting and handoff procedures.
- E. Annually develop and review regional guidelines for pre-hospital care.
- F. Create plans for implementing pre-hospital care involving the use of Whole Blood.

MEMBERSHIP REQUIREMENTS

- A. EMS agencies and Air Medical Services in RAC-R who provide healthcare in the region.
- B. Per the Texas Department of State Health Services (DSHS) EMS & Trauma Systems Rules (25 TAC §157), submit run data to the state.
- C. Submit data to the committee as requested.

PARTICIPATION REQUIREMENTS

- A. Evidence of attendance of 75% of committee meetings by the representative or identified alternates.
- B. Each member will have 100% participation in data submission to DSHS.

Alyson Nickum-Smith

Alyson Nickum-Smith
Chair, Prehospital Committee

12/9/25

Date

STANDARD OPERATING PROCEDURE