

Directors, shall be made available to the General Membership by website or e-mail at least 2 weeks prior to the end of the two week voting period. Proposed revisions may be further amended during the course of any meeting, provided notice has gone out to the membership 7 days prior to the meeting that revisions are being considered.

Section 2: The bylaws shall be reviewed annually with recommended amendments forwarded to the General Membership for ratification.

ARTICLE XV

ALTERNATE DISPUTE RESOLUTION

- A. Any provider or individual representing a provider, service, or hospital that has a dispute in connection with another provider or the RAC itself may formally voice its disapproval in writing. The written document must be addressed to the RAC Chair.
- B. A formal protest must contain the following: a specific statement of the situation including a description of each issue and a proposed solution to resolve the matter.
- C. An odd-numbered neutral or impartial group, agreeable to both parties will be assembled to review the issue. The group may solicit written responses to the dispute from interested parties. If the dispute is not resolved by mutual agreement, the group will issue a written determination, within thirty calendar days of receipt of all pertinent information.
- D. Party or parties may appeal the determination by the group and ask the issue to be brought before the general membership of the RAC for final determination. The party or parties have no later than thirty calendar days after the determination to submit the request for secondary review. The request must be submitted to the RAC Chair.
- E. The secondary review will be limited to the original determination. The appeal must be delivered in a timely manner. In the event the appeal is not timely in delivery, it will not be considered, in which case the parties will be notified in writing.

Approved by General Membership

Attest:

Vikki Barton
Vikki Barton, RAC Board Secretary

Section 3: Special meetings of the Board or General Membership may be called by the Chair. Upon written or telephone notice to all members, the Chair shall call a meeting. Notice of special meetings shall be given to the members at least 72 hours in advance. Special meetings may be held via conference call or faxed correspondence or e-mail.

Section 4: Meetings of Standing Committees shall be held at least four times per year (with the exception of which shall be as called).

ARTICLE XIII

BUDGET:

Section 1: An annual budget shall be developed by the Finance Committee, approved by the Board and ratified by the General Membership.

Section 2: Revisions to the annual budget may be developed by the Finance Committee as required for RAC operations, and shall be approved by the Board and ratified by the General Membership.

Section 3: Annual budget and any revisions, after ratification, shall be submitted to Texas Department of State Health Services for approval.

Section 4: Effective September 1, 2007, the fiscal year for the Panhandle RAC shall be September 1 through August 31 each year.

ARTICLE XIV

AMENDMENTS:

Section 1: The bylaws may be adopted, amended, or revised by an affirmative vote of two-thirds of the members of the General Membership via online survey created for that purpose, with a two week comment period following presentation of proposed revisions. Proposed amendments and revisions must be submitted to the Board of Directors for consideration and approved by a two-thirds majority before a recommendation is presented to the General Membership. Copies of proposed amendments shall be given to the Board of Directors in writing at least two weeks prior to the meeting, unless revised by the Board of Directors during the course of a scheduled meeting. Amendments, when approved by the Board of

F. Public Awareness

1. Public Awareness and Injury Prevention activities will be addressed as a standing agenda item in the General Membership meetings to address the following topics.
 - a. Develop injury prevention materials as needed
 - b. Approve purchase of new injury prevention materials
 - c. Issue PSAs, handouts, etc., as need is identified
 - d. Monitor effectiveness of RAC injury prevention activities

Section 2: The membership of a standing committee shall consist of any interested members of the Regional Advisory Council, except for the Systems Performance Improvement Committee, which will be limited to persons chosen by the RAC Chair.

Section 3: A quorum for conducting the business of each standing committee shall be not less than 25% of the members. Meetings may be conducted by conference call. Minutes will be recorded and kept on file.

Section 4: There shall be a designated pediatric representative on each of the following Standing Committees:

- A. Hospital Care Committee
- B. Prehospital Care Committee
- C. Hospital Preparedness Program Planning Committee

ARTICLE XII

MEETINGS:

Section 1: Meetings of the Board shall be held every other month excluding the months of the General Membership meetings. Notice of such meetings shall be given to each member at least 72 hours before the meeting.

Section 2: Meetings of the General Membership shall be held at least quarterly following the regularly scheduled Executive Board meeting. Notice of such meetings shall be given to each member at least 72 hours before the meeting.

C. RAC System Performance Improvement Committee

1. Will consist of four EMS and four Hospital representatives selected by the RAC Chair.
2. Physicians and additional ad hoc members may be included based upon the issued being reviewed.

D. Finance Committee

1. To be elected by the Board from Board membership
2. Chair to be the RAC Treasurer
3. To be composed of four members in good standing of the Board, as follows: Treasurer, one hospital representatives, one EMS representatives (not to be from the same quadrant of the Panhandle). RAC Chair to be an ex-officio, non-voting member. Quorum to be a majority of members present.
4. Terms to be concurrent with Board terms
5. Functions:
At the request of the Treasurer, the committee will meet to review financial activities or make recommendations. A financial report will be provided at Board Meetings for all board members.
6. Meetings may be held via conference call, fax, or e-mail.
- 7.

E. Regional Preparedness Committee

1. Membership to be composed of representatives as identified in the state HPP contract.
2. Meetings to be as called, but at least quarterly.
3. Chair to be elected from the membership of the committee
Functions will be:
 - a. Provide a forum for regional hospitals to participate in development of regional emergency response plans. Facilitate collaboration among hospitals, EMS, Emergency Management, law enforcement, and other local, regional, and state emergency response partners. Working with counties that do not have hospitals to develop mass casualty/all hazards response plans that coordinate with regional plan.
 - b. Make recommendations to the board regarding the annual HPP grant budget.

Section 3: The Secretary shall:

- A. Call the roll.
- B. Determine if a quorum is present.
- C. Send a general membership listing to each member.
- D. Receive written vote/proxy designations.

Section 4: The Treasurer shall:

- A. Review all financial business conducted by the RAC.
- B. Perform other duties as assigned by the Chair.
- C. Serve as Chair of the Finance Committee.

Section 5: The Executive Committee of the Board of Directors will participate in the annual evaluation of the RAC Executive Director.

ARTICLE XI

STANDING/PLANNING COMMITTEES:

Section 1: Standing Committees will be established by the Board to address the following topics:

A. Prehospital Care Committee:

- 1. Prehospital triage
- 2. Bypass protocol
- 3. Prehospital Performance Improvement. Annual review of prehospital areas of Emergency Health Care Plan
- 4. Annual Protocol reviews

B. Hospital Care and Management

- 1. Diversion Policies
- 2. Facility Triage
- 3. Interhospital Transfer
- 4. Hospital performance improvement

ARTICLE X

DUTIES OF OFFICERS:

Section 1: The Chair responsibilities include:

- a. Presides at all meetings of the General Membership and Board of the organization, and at any special meetings.
- b. Makes interim appointments as needed with the approval of the Board.
- c. The committees shall elect standing Committee Chairs with approval by the RAC Chair, the Board, and the general membership for a term of two years.
 1. Replacement chairs shall serve the remainder of the current term.
- d. Ad hoc committees shall be appointed by the RAC Chair, with the approval of the Board, as required. Term shall be consistent with the needs of the ad hoc committee.
- e. Signs all contracts after approval of the Board.
- f. Calls a special meeting when it is necessary.
- g. Attends all Office of EMS/Trauma Systems Coordination RAC Chair meetings as set by DSHS. If unable to attend, the Chair shall appoint a member of the Board of Directors to attend.

Section 2: The Chair Elect shall perform the duties of an absent Chair and perform such duties as are assigned by the Chair. The Chair Elect shall automatically become Chair at the conclusion of that individual's term of office, or resignation of the Chair. The Chair Elect may approve check requests as required.

ARTICLE IX

ELECTIONS:

Section 1: Nominations shall come from the floor of the General Membership (see Article V, Section 1.A.1-4). Nominations must be accepted by the nominee verbally if present at the meeting or in writing if not present.

Section 2: Election shall be by open ballot, or by online survey.

Section 3: Term of Office:

Officers shall be elected for a term of two years. At-large members of the Board of Directors shall be elected for a term of two years.

A. Officers filling unexpired terms shall be elected to complete the current term.

B. In the event that the term has less than one year to run, the term will consist of the remainder of the unexpired term, plus the two-year term.

Section 4: Transition of Administration:

Officers will be installed at the first regular Board meeting following the December General Membership meeting. Upon the introduction of new business, the gavel and files are turned over to the newly installed Chair, who then becomes the presiding officer.

Section 5: Any officer or board member resigning, removed, or becoming ineligible to serve shall be replaced by election of the General Membership at the next scheduled meeting.

Section 6: There is no limit to the number of terms an officer may serve.

applicable statutes, laws, rules or regulations. A Director may not be indemnified in respect of a proceeding (i) in which the Director is found liable on the basis that personal benefit was improperly received by the Director, whether or not the benefit resulted from any action taken in their official capacity, or (ii) in which the Director is found liable to the Organization.

- C. Insurance: The Organization may purchase and maintain insurance on behalf of any person who is or was a Director, officer, employee or agent of the Organization or who is or was serving at the request of the Organization as a Director, officer, employee or agent against any liability asserted against the individual and incurred by the individual in such a capacity or arising out of their status as such a person whether or not the Organization would have the power to indemnify the individual against that liability under this section and applicable statutes, laws, rules or regulations and Section 8.

ARTICLE VIII

OFFICERS:

Section 1: There shall be the following officers elected from the General Membership:

- A. Chair
- B. Chair Elect
- C. Secretary
- D. Treasurer

Section 2: An officer must be a member in good standing. For officers representing member agencies/services, the agency/service must be in good standing.

Section 3: An officer who does not comply with assigned responsibilities may be relieved of office by a majority vote of the Board of Directors. Replacement shall be by election from the General Membership.

Section 6: Any Board member who does not meet requirements of the office, including attendance at a minimum of 50% of meetings per fiscal year, or who has two consecutive absences, will be reviewed for replacement. Member will have an opportunity to appeal to the Board prior to removal

Section 7: In the event of resignation or removal from office of a Board member, that member shall be replaced by an election to be held at the next scheduled General Membership meeting.

- A. In the event that the term has less than one year to run, the term will consist of the remainder of the unexpired term, plus the two-year term.

Section 8: The Executive Committee consists of the Board Officers, to include the Chair, Chair Elect, Secretary, and Treasurer. The Executive Committee will meet as called by the Chair or Chair Elect.

Section 9: Indemnification and Insurance:

- A. Director Liability: No elected or appointed Director of this organization shall be personally liable for monetary damages for an act or omission in the Director's capacity as Director, except that this Section does not eliminate or limit the liability of a Director to the extent the Director is found liable for: (i) a breach of the Director's duty of loyalty to the Organization; (ii) an act or omission not in good faith that constitutes a breach of duty of the Director to the Organization or an act or omission that involves intentional misconduct or a knowing violation of the law; (iii) a transaction for an action taken within the scope of the Director's office; or (iv) an act or omission of which the liability of a Director is expressly provided for by statute. In no event shall a Director be indemnified for any acts that are in violation of any provision of the Texas Non-Profit Corporation Act or any other applicable statute, laws, rule, or regulation.

- B. Indemnification: The Organization shall indemnify a person who was, is or is threatened to be made a named defendant or respondent in a proceeding because the person is or was a Director to the fullest extent and manner permissible under the Act or other

ARTICLE VII

BOARD of DIRECTORS:

Section 1: The Board of Directors shall consist of the following:

- A. Elected RAC officers.
- B. The Chairperson of each Standing Committee, as delineated below:
 - 1. Chair Prehospital Care Committee
 - 2. Hospital Care Committee
 - 3. Hospital Preparedness
- C. Six at-large members, to be elected from the General Membership, with three to represent hospitals/health care organizations and three to represent EMS services/First Responders
- D. Board of Director Members must be in good standing in the RAC. For Board Members that represent an agency/service, the agency/service must be in good standing in the RAC.

Each member of the Board of Directors shall have one vote, excluding the Chair, who will only vote in event of a tie. A Board member may vote by proxy, if designation is made in writing to the Executive Director prior to the meeting. If any individual holds multiple positions on the Board, that individual is entitled to only one vote. Issues between meetings may be voted by e-mail, fax mailed ballot or conference call after materials have been sent to all members for review and comment

Section 2: Each member of the Board of Directors shall serve for a term of two years.

Section 3: The regular business of the organization shall be handled during the meeting of the Board of Directors.

Section 4: Regular meetings of the Board of Directors shall be held at least once every other month excluding those months that the General Membership meets. Called meetings may be via phone, fax, or e-mail. Meetings will be open unless special closed sessions are called, at the discretion of the RAC Chair.

Section 5: Quorum:

A quorum for conducting the business of the Board of Directors shall be not less than 50% of the members.

- D. EMS Service must be in compliance with the Texas Health & Safety Code.
 - 1. Expiration, revocation or suspension of a Provider License would render the service ineligible for RAC membership as well as other funding sources managed by or passed through the RAC for that fiscal year.
- E. Electronic submission of EMS essential data set/trauma registry participation at least to the level of State requirements.
- F. Participation in RAC Performance Improvement activities as follows:
 - 1. Hospitals to submit quarterly data tool as defined by RAC Hospital Care Committee. Report must be received in the RAC office prior to the deadline, 6 weeks after the end of the reporting period,
 - 2. EMS Services to submit data as defined by RAC Prehospital Committee. Report must be received in the RAC office prior to the deadline, 6 weeks after the end of the reporting period
 - 3. First Responder Services to submit data as defined by RAC Prehospital Committee. Report must be received in the RAC office prior to the deadline, 6 weeks after the end of the reporting period
- G. Submission by specific date per contract of all required financial/expenditure reports to the RAC office.
- H. Participation in state/RAC annual needs/resource assessments to be defined by timely return of questionnaires.
- I. Payment of applicable RAC fees and dues in amounts proposed by the Board of Directors and approved by the general membership, prior to the invoice date. Dues will be addressed at the beginning of each fiscal year, with payment required prior to the end of the first quarter. Annual dues will be assessed as follows, hospitals \$ 1,000.00, EMS and Air-medical \$500.00, Free Standing ER's \$750.00.
- J. TETAF dues will be assessed equally among designated hospitals and those seeking designation on an annual basis. These dues will be determined annually by TETAF.
- K. Members will be notified by e-mail with return receipt or certified mail with return receipt of failure to submit required reports and given a two week period to correct deficiencies.

- B. Board of Directors members, unless the designated voting delegate or proxy for a member organization may not vote at the General Membership meeting.
- C. A quorum for conducting business in the general meetings shall be 30% of the voting delegates and/or designated proxies.

Appointed voting delegates of the General Membership shall vote on the following:

- 1. Election of Officers and at-large Executive Board members
 - 2. Bylaws Revisions
 - 3. Ratification of Executive Board Action
 - 4. Ratification of Budget
 - 5. Ratification of RAC Plan revisions
 - 6. Ratification of Recommended Regional Protocols/-Standards of Care
- D. Proxy shall be for voting purposes only and shall not count for participation credit.

ARTICLE VI

PARTICIPATION:

Participation in the RAC, for purposes of eligibility for State funding, shall include the following minimum annual requirements (reported by State fiscal year – September 1-August 31):

- A. Attendance at 50% of General Membership meetings. Participation credit will be granted to only one organization per individual attending - there will be no participation credit by proxy.
- B. Membership on minimum of one Standing Committee, with attendance/participation at 50% of meetings. (Meetings may be held via telephone, fax, or e-mail.) Committee Chair is responsible for reporting activities and participation to the RAC Office.
- C. Sponsorship or participation in two injury/illness prevention activities, region-wide or local community. Member organizations are responsible for reporting activities to the RAC Office.

agency for voting purposes)

- Public Health representatives
- Local/Regional Emergency Planning Groups
- Other interested individuals
- Out of State/Region Providers may participate without voting privileges or eligibility for funds.

B. The Board of Directors reserves the right to grant membership to individuals or organizations requesting said membership. The Board of Directors shall examine the reasons for request for membership of said entity in the TSA-A RAC. Membership can be granted by a majority vote of the Board of Directors. Membership may be revoked for non-participation (See Article VI).

C. Special qualifications for hospitals

1. Eligibility for trauma related funding and voting status for hospitals will be dependent on a commitment to trauma care as demonstrated by trauma facility designation or involvement in the designation process as described in 157.125 of the Trauma Rules.

Section 2: Resignation and Renewal of Membership:

A member who resigns in good standing may reapply for membership.

Section 3: Voting Status

A. Each member organization shall have one vote, through its designated representative, designation to be made to the Secretary by each member organization as noted on sign in sheet for each meeting. Any member unable to be present for a meeting may vote by proxy, if designation of proxy is made in writing to the Secretary prior to the meeting or on meeting sign in sheets. Voting shall be by ballot, by show of voting paddle, or by online survey of voting members. Issues will be presented for membership vote or ratification during general membership meetings, followed by a 2 week comment period and online survey, with voting completed at the end of the comment period. Due to deadlines related to grant budgets and contracts, the 2 week comment period may be waived at the discretion of at least 2 of the Board of Directors Officers. The approval vote will occur either at the general membership meeting or completion of online survey based on required submission dates.

hospitals, and other response entities to facilitate the transport of patients to appropriate trauma facilities and utilization of most efficient mode of transport.

Section 7: Establish methods for expedient inter-facility transfer from lower levels to higher levels of designated trauma care and/or rehabilitative services.

Section 8: Develop within the Trauma Service Area a comprehensive, standardized method of evaluating care through:

A. Performance Improvement Activities

B. Education and Certification Programs

Section 9: Develop, within the region, comprehensive, coordinated trauma prevention, public awareness plan.

Section 10: Bypass plans shall be acceptable only after they have been developed by the Standing Committees and approved by the Board of Directors.

Section 11: Serve as an acute medical services liaison for local, regional, and state preparedness and response activities.

ARTICLE V

MEMBERSHIP:

Section 1: General Membership Qualifications

A. General Membership may include, but not be limited to, health care entities in the TSA-A area, as follows:

1. A designated hospital representative for each participating hospital.
2. A designated EMS/First Responder service representative for each participating service
3. A designated physician involved with trauma care for each participating community
4. Any other individual interested in trauma care, for example:
 - Consumers
 - Law enforcement representatives (maximum of one designated representative per agency for voting purposes)
 - Rehabilitation representatives
 - Family support personnel (pastoral care, social services, etc.)
 - Fire personnel (maximum of one designated representative per

ARTICLE III

PHILOSOPHY:

Provide a comprehensive continuum of quality healthcare for all victims of trauma and consumers of emergency health care in TSA-A. Provide trauma prevention activities and education to professionals and to the public within TSA-A. Work to prevent injuries/illness through public awareness and education. Provide coordination of disaster preparedness and response activities among regional hospitals and EMS services.

Mission: To get the right patient to the right care in the right time.

Vision:

- Provide a comprehensive continuum of quality healthcare for all citizens in TSA-A. Assist state, regional, and local agencies to provide coordination of disaster preparedness and response activities among regional hospitals and EMS services.
- Support healthcare professional education within TSA-A.
- Work to prevent injuries through public awareness and education.

ARTICLE IV

PURPOSE:

Section 1: Develop and maintain a Trauma, Emergency, and Disaster Response Healthcare System Plan for TSA-A which is based on standard guidelines for comprehensive system development and all applicable DSHS guidelines. Approved plan to be reviewed by the Board of Directors annually and updated as necessary. Plan revisions to be reviewed and made available to membership.

Section 2: Assist member organizations in attaining trauma designation at the level appropriate to resources available within their immediate service area.

Section 3: Provide a forum to resolve conflicts among members regarding trauma and emergency care and encourage activities designed to promote cooperation and collaboration between member organizations.

Section 4: Improve funding for trauma care providers within the counties served by this council.

Section 5: Increase public awareness of the methods to access the trauma care and emergency care system and trauma prevention.

Section 6: Enhance communication between prehospital healthcare providers,

**PANHANDLE REGIONAL ADVISORY COUNCIL
TRAUMA SERVICE AREA 'A'
BYLAWS**

ARTICLE I

DEFINITION:

A Regional Advisory Council (RAC) is an organization of local citizens representing all health care entities within a specified Trauma Service Area. Additionally, the RAC represents consumers and works with other entities involved with emergency/trauma/disaster care systems such as fire, law enforcement, rehabilitation, etc. These health care entities include designated trauma facilities, physicians, nurses, EMS providers, first responders and other individuals interested in trauma care. A RAC is a formal organization chartered by the Bureau of Emergency Management to develop and implement a regional emergency medical services/trauma/disaster system plan and to oversee system networking.

Trauma Service Area "A" (TSA-A) includes, but is not limited to, the following counties as designated by the state:

Armstrong	Hall	Parmer
Briscoe	Hansford	Potter
Carson	Hartley	Randall
Childress	Hemphill	Roberts
Collingsworth	Hutchinson	Sherman
Dallam	Lipscomb	Swisher
Deaf Smith	Moore	Wheeler
Donley	Ochiltree	
Gray	Oldham	

ARTICLE II

NAME:

This organization shall be known as the Panhandle Regional Advisory Council - Trauma Service Area "A".

BYLAWS

**PANHANDLE REGIONAL
ADVISORY COUNCIL,
TRAUMA SERVICE AREA A**

WRITTEN SEPTEMBER 30, 1993

REVISED 09/19/2013