

Bylaws

Committee Chair: Jacky Betts, 6-21-2022

**NTRAC Bylaws
NORTH TEXAS REGIONAL ADVISORY COUNCIL
(TRAUMA SERVICE AREA-C) BYLAWS
Approved _August 2015**

Article I. Name

This organization shall be known as the North Texas Regional Advisory Council Trauma Service Area-C (herein referred to as "NTRAC"). NTRAC is a non-profit organization.

Article II. Mission Statement

The mission of this organization is to:

- A. Advance the state of health care within the counties of Trauma Service Area C. (TSA-C), as designated by the Texas Department of Health. TSA-C includes, but is not limited to, the following counties: Archer, Baylor, Clay, Foard, Hardeman, Jack, Montague, Wichita, Wilbarger, and Young.**
- B. Decrease morbidity and/or mortality.**
- C. Assist its member organizations to achieve the highest level of patient care they can provide within their immediate service area.**
- D. Encourage activities designed to promote cooperation between member organizations.**
- E. Improve and distribute funding of trauma care providers within the counties served by NTRAC.**
- F. Provide a forum to resolve conflicts among members regarding patient care.**
- G. Develop a Trauma System Plan for Trauma Service Area C, which is based on standard guidelines for comprehensive system development. This plan will be submitted to the Texas Department of State Health Services as required by the Texas Trauma Rules and legislative mandates.**
- H. Improve public awareness of the methods of accessing the health care delivery system**
- I. Improve public awareness of the methods of injury prevention.**

- J. No bypass plan shall be acceptable to this organization except those bypass protocols that have been approved by the Executive Board as mandated by State regulations and affirmed by the General Membership. Under no circumstances shall a facility be bypassed which would cause a patient to be denied prompt care. Under no circumstance will dumping of patients in any form be tolerated by this organization
- K. Comply with all State and Federal laws.

Article III. Membership

Section 1. General

- A. General membership requires, that the member represent a hospital, an educational agency involved in emergency medical training, an ambulance service; or be a physician or nurse who is actively involved in patient care; or a service, which provides care to victims of trauma within TSA-C. Each physician or nurse shall have a sponsoring hospital, educational agency, ambulance service or trauma service within TSA-C. Community partners interested in patient care without direct involvement in EMS may be non-voting members as approved by the General Membership.
- B. Members shall be classified into one of the following entity groups, for the purpose of election of representatives to the Executive Board from their group and as required election or appointment to the standing committees and ad hoc committees that may be authorized by bylaws or the Executive Board. Each dues-paying member shall have one vote in the general membership meetings. Each member may have an alternate voting representative, which will be so designated in writing and addressed to the NTRAC Executive Board Chair and delivered prior to roll call.
 - Hospital Providers
 - Ambulance Providers
 - Non-ambulance EMS responders
 - Educational Providers
 - Physician Providers
 - Nurse Providers
 - Neonatal Nurse Providers
 - Air Medical Provider
 - **Healthcare Coalition - Emergency Preparedness**
- C. Anyone wanting to become a member of NTRAC shall complete a membership application, which will be submitted to the Executive Board for approval. Membership will not become effective until the next General Membership meeting provided the Executive Board has approved the application.

- D. A representative from the Texas Department of State Health Services North Texas Region 3 or Trauma Service Area C may attend all meetings of the NTRAC in an advisory position.
- E. Governmental Representatives, 911 Commission Representatives, and other specialized representatives may attend meetings in an advisory position.
- F. Each voting member will be required to pay dues as established by the Executive Board and affirmed by the General Membership.
- G. Each licensed or certified entity must have a separate representative to ensure the vested interest of the different parties and respect the uniqueness of those parties.

Section 2. Qualifications for General Membership

- A. As described in Section 1. A.
- B. Special qualifications for hospitals: Membership 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 or active participation in NTRAC.
- C. Special qualifications for First Responders: Membership status for first responders will be 1. Holding the status of the Texas Department of State Health Services Registered First Responder or,
2. Presenting a copy of 501 (c) 3 status with evidence of members who hold TDSHS certification as ECA, EMT-B, EMT-I, or Paramedic.
- D. A Pre-Hospital Emergency Medical Service (PHEMS) provider must hold a valid state license to maintain membership.
- E. All PHEMS providers and hospitals shall hold a valid state license/certification to maintain membership.
- F. No person shall be denied membership based on race, sex, or religious preference.

Section 3. Requirements to remain a member in good standing.

- A. Attendance at 4 of the last 6 General Membership meeting prior to requested confirmation of standing.
- B. **Member of one committee with 60% attendance rate.**
- C. All documentation required by NTRAC and the State of Texas must be submitted on or before stated deadlines.

- D. Active participation in the Continuous Quality Improvement process, when applicable.**
- E. No distribution of NTRAC handled funding shall be made to a group entity if that entity does not comply with attendance and dues requirements. In such cases, that entity shall forfeit and transfer all rights to such funds to NTRAC for redistribution of funds to appropriate eligible group entities.**

Article IV. The Executive Board
Section 1. Representatives

- A. All Executive Board representatives shall be nominated by their entity groups and submitted to the RAC Chair prior to the June General Membership meeting each year. These nominations will be submitted to the General Membership for majority vote of designated voting members present at the June General Membership Meeting. In the event an entity group does not submit a nominee, a representative, to the extent available, will be selected by the General Membership at the June meeting.**
- B. Each board member shall have one vote only and shall not serve as an alternate for any other board member. Each voting entity may have an alternate voting representative if the first voting Representative is unable to attend a meeting. Designation of alternate voting Representatives will be in writing, addressed to the Chairman.**
- 1. Hospital Providers Group**
 - **Administrative Representative from Lead Hospital**
 - **Administrative Representative from a Trauma Designated Hospital other than the Lead Hospital**
 - 2. Ambulance Providers**
 - **Representative (non-volunteer)**
 - **Representative (volunteer)**
 - 3. Non-Ambulance EMS First Responders**
 - **Representative (non-volunteer)**
 - **Representative (volunteer)**
 - 4. Educational Providers**
 - **Hospital Educational Representative**
 - **PHEMS Educational Representative**
 - 5. Nurse Providers**
 - **Representative from the Lead Hospital**
 - **Representative from a Trauma Designated Hospital other than the Lead Hospital**
 - 6. Physician Providers (Board Certification Required for Level 3 and above)**
 - **Surgeon or ED Physician from Lead Hospital**

- Physician from rural area
7. General Membership
 - Physician Medical Executive Officer (MEO)
 8. Community Partner (with a vote)
 - 1 representative appointed by the Executive Board
 9. Air Medical Provider
 10. Rehabilitation Representative
 11. Pediatric Representative
 12. Acute Care Representative
 13. Neonatal Nurse Provider
 14. Healthcare Coalition - Emergency Preparedness Representative

Section 2. Business

- A. The regular business decisions of the organization shall be handled during meetings of the Executive Board.
- B. Annual dues and budget shall be approved by the Executive Board and ratified by the General Membership.

1. Membership Dues Structure as follows:

Entity	Dues
Hospital	\$200
Administrator	\$200
Trauma Coordinator	\$200
Physician	\$200
Education	\$200
EMS Provider	\$200
Acute Care Representative	\$200
Pediatric Representative	\$200
Neonatal Representative	\$200
Paid First Responder Org,	\$200
Healthcare Coalition – Emergency Preparedness	\$200
First Responder Organization	\$50

- C. For business purposes, the fiscal year of NTRAC shall be September 1 through August 31.
- D. NTRAC Executive Operations shall exist for the purpose of facilitating the daily operations of NTRAC in accordance with the direction of the Executive Board. Executive Board has the authority to contract with individual(s) to assist in functional operations of NTRAC.
- E. Each Board Member shall disclose any potential conflicts of interest at the earliest possible time.
- F. Ad-hoc committees shall be appointed by the Executive Board.

Section 3. Meetings

- D. Regular meetings of the Executive Board shall be held bi-monthly in conjunction with the General Membership meeting unless otherwise specified by the Chair. General Membership meetings will be held the first (1st) Thursday ~~6-PM~~ on even months, **as published in agenda.**
- E. All meetings will be conducted in accordance with Robert's Rules of Order. Called meetings may be via phone, ~~fax~~, **in-person, virtual**, or e-mail. Meetings will meet all State and Federal requirements for open meetings and open records.

Section 4. Quorum

- A. A quorum for conducting business of the Executive Board and for General Membership meetings shall be not less than 1/3 of the members.

Section 5. Attendance

- A. To remain an Executive Board member in good standing, Executive Board members must attend a minimum of ~~50%~~ **60%** of the Executive Board meetings and participate in a RAC committee **with at least 60% participation**. Executive Board members not in good standing will be removed from office.
- B. In the event of resignation or removal from office of an Executive Board member, that member shall be replaced according to the established process for Executive Board appointment (Article V, section 3A). Term of replacement member shall run to the conclusion of the current term of the member being replaced.

Article V. Officers

Section 1. NTRAC Executive Board Officers

1. Chair
2. Vice-Chair
3. Secretary
4. Treasurer

Section 2. Election / Succession

- A. The members of the Executive Board shall elect the Executive Board Officers every year. Nominations for the Executive Board occur in June each year and will be presented to the General Membership for election by their entity group. Elections for Executive Board officers will occur at the August meeting of the Executive Board and be ratified by the General Membership at the August meeting. The new officers will assume office September 1st and will conduct the first Executive Board meeting of the fiscal year.
- B. The Vice-Chair ascends to the position of Chair the second year of service. If the Vice-Chair is replaced by the entity group they represent or quits the Executive Board, the new Chair shall be elected from the incoming Executive Board in the September meeting.

Section 3. Removal from office

- A. An officer who does not comply with assigned responsibilities may be relieved of office by a majority vote of the Executive Board. The Chair with the approval of the Executive Board shall make appointment of a replacement.

Section 4. Bonding

- A. Officers shall be bonded by an anti-theft bond at the expense of NTRAC.

Article VI. Duties of Officers

Section 1. The Chair

- A. Preside at all meetings of the Executive Board of the organization and any special Executive Board meetings.**
- B. Make interim appointments as needed with the approval of the Executive Board**
- C. Sign all contracts with the Executive Director after approval of the Executive Board.**
- D. Call a special meeting when it is necessary.**
- E. Attend all pertinent State and Regional meetings as recommended or required.**
- F. Shall be empowered to appoint, from among voting member's designees, subject to the approval of the Executive Committee, officers to fill vacancies for officers who resign, retire, are removed from office, or who otherwise fail to complete their term.**

Section 2. The Vice-Chair

- A. The Vice-Chair shall perform the duties of an absent Chair and perform such duties as are assigned by the Chair.**
- B. Attend all pertinent State and Regional meetings as recommended or required.**

Section 3. The Secretary

- A. Record the roll**
- B. Determine if a quorum is present**
- C. Record the minutes of all proceedings of the Executive Board meetings.**
- D. Receive written vote designations.**

Section 4. The Treasurer

- A. Establish and maintain all banking account(s) for NTRAC.**
- B. Submit bi-monthly financial reports in coordination with the Executive Operations of finances to the Executive Board and General Membership meetings.**

C. Serve as the Chair of the Finance Committee.

Section 5. Executive Director

- A. Provide day-to-day oversight of the NTRAC. A formal process for advertising, interviewing, and hiring of such person will be coordinated by the Executive Board.**
- B. A yearly evaluation will be done by the Executive Board. A job description will be provided for the Executive Director outlining job roles and responsibilities in the representation of the NTRAC and the day-to-day operations.**
- C. Provide duties of secretary for General Membership meetings**
 - 1. Record the roll**
 - 2. Determine if a quorum is present**
 - 3. Record the minutes of all proceedings of the General Membership meetings**
 - 4. Receive written vote designations.**
- D. Handle the correspondence of the organization in coordination of executive operations.**
- E. Send a General Membership listing to each member, upon request.**
- F. Distribute the minutes to each Executive Board member and to General Members upon request.**
- G. Track all State fund expenditures and maintain an inventory and distribution list of equipment and funds for TDSHS audits.**

Section 6. Physician Medical Executive Officer (MEO)

- A. A Medical Executive Officer (MEO) shall be elected annually from the General Membership.**
- B. The MEO shall be a voting member of the Executive Board. The MEO shall have a significant understanding of EMS and Trauma care based upon local, county, regional, Texas and National objectives. The MEO may participate in any local EMS or PHEMS physician councils that exist or may attempt to organize such organizations that would benefit NTRAC objectives.**
- C. The MEO may provide Medical Director service to providers. The MEO may provide Medical Director services to those First Responders and other volunteer PHEMS responders provided their organizations will accept**

standardized protocols, CQI, report forms, and meetings and provided their organizations charge no fee for their service.

Article VII. Committees

Section 1. Committee Functions

A. Finance Committee

- 1. Perform annual review of budget and financial operations and other duties assigned by the Executive Board.**
- 2. Recommend methods of funding and obtaining facilities for housing and performance of NTRAC operations. Considers aspects of distribution on any State or other funds obtained by NTRAC and recommends steps required of NTRAC to handle those funds.**
- 3. Make recommendations concerning development of plans for funding of NTRAC related activities.**

B. Trauma Coordinator Committee

- 1. Make recommendations for standardization of facility triage criteria and protocols.**
- 2. Make recommendations for nurse education requirements of trauma care and steps required to maintain trauma facility certification.**

C. PHEMS Committee

- 1. Report on PHEMS provider group activities.**
- 2. Make recommendations for standardization and coordination of PHEMS responsibilities and protocols.**
- 3. Work with PHEMS providers and First Responders to develop MCI plans and interagency assistance plans.**
- 4. Make recommendations regarding communications, dispatch, and educational needs of PHEMS.**
- 5. Help with activities designed for preventive education of the public.**

D. Public Information and Education Committee

- 1. Make recommendations regarding education and maintenance of education of the pre-hospital and hospital care providers including continuing education such as ATLS, ACLS, PALS, and TNCC.**
- 2. Make recommendations for public education and awareness activities and injury prevention activities.**
- 3. Consider all aspects of communications for the provision and standardization of patient care as well as means of information transmittal forms to facilitate NTRAC communications and activities.**
- 4. Make recommendations for the funding of communications.**
- 5. Coordinate fund raising events and activities as needed for NTRAC functions.**
- 6. The Injury Prevention Coalition of North Texas shall serve as a subcommittee of the Public Information and Education Committee.**

7. Conduct an annual assessment of education, equipment and personnel needs at the start of each fiscal year.
- E. Bylaws Committee
 1. Review and/or recommend revision of the bylaws of the organization on an annual basis or more frequently if requested by the Executive Board.
 - F. CQI, Protocols & Standardization Committee
 1. Develop and reviews medical control/pre-hospital care from a system viewpoint to ensure standards are being followed and quality care given.
 2. Identify and review select trauma cases that meet audit criteria.
 3. Consider all inter-hospital transfers, bypass & diversion agreements.
 - G. Pediatric/**Neonatal** Committee
 1. Make recommendations for pediatric/**neonatal** care to include, but not limited to, equipment and educational needs.
 - H. Air Medical Committee
 1. Assist with regional education.
 2. Participate in Air Medical safety education.
 3. Assist with bypass & diversion agreements.
 - I. Acute Care Committee
 1. Make recommendations for system improvement to include, but not limited to equipment and educational needs.
 - J. Healthcare Coalition – Emergency Preparedness**
 1. **Make recommendations for system improvement to include, but not limited to equipment, educational needs, and planning.**

Section 2. Committee Responsibilities

- A. Each committee should consist of a minimum of ~~six~~ **five** members.
- B. Each committee Chair shall submit committee minutes to the Executive Director within 1 week of the meeting that include members attending, committee activities and their recommendations to the Executive Board for consideration of action needed.
- C. Each committee shall submit an annual budget request to the Finance Committee Chair at the June General Membership meeting. The Finance Committee will review and prepare an annual budget recommendation for the Executive Board.
- D. Each committee shall have a Chair approved by the Executive Board. A secretary shall be elected from within the committee and record committee activities. The Chair of the Standing Committee or their representative shall report to the Executive Board and to General Membership during bi-monthly meetings.

- E. A quorum for conducting business of the standing committees shall not be less than 1/2 of the members of the committee unless that committee is governed by preexisting bylaws. Meetings may be held via conference call, in person, ~~fax~~, or email.
- F. Any General Membership member in good standing shall be eligible to serve on a standing committee.

Article VIII. Meetings

Section 1. Notification

- A. Notice of meetings with a written agenda shall be made available to each member at least 7 days before the meeting.
- B. The agenda will designate action items and only action items will be voted upon at the meeting.
- C. Emergency action items may be considered during a meeting. Emergency action items will be defined as items that would immediately impact the daily operations of NTRAC.

Section 2. Special meetings

- A. Special meetings of the Executive Board, or General Membership, may be called by the Chair or upon receipt of a written request of 10 voting members. Notice of special meetings shall be given to the members at least 7 days in advance.

Article IX. Administration of Finances

Section 1. Banking

- A. Bank must be FDIC secured and located within the Trauma Service Area C
- B. The ~~Treasurer and~~ Executive director will have access to account statements.

Section 2. Signatures

- A. Two signatures are required on each check; the first signature should be the Treasurer **but may be any Executive Board Officer**; the second may be any other Executive Board Officer **or Executive Director**.

Section 3. Expenses

- A. Expenses must be approved by an Executive Board majority.
- B. The Final Budget shall be approved by the Executive Board and ratified by the General Membership

Article X. Grievance Protocol

Section 1. Dispute Resolution

- A. The Executive Board will provide a forum to resolve conflicts among members regarding all grievances concerning NTRAC. A formal protest must be written, with date and signature(s) of protestor(s), addressed and delivered to the NTRAC Chair or his/her designee.
- 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. The Executive Board may solicit written responses to the dispute from interested parties. If the dispute is not resolved by mutual agreement, the Board will issue a written determination within thirty calendar days of receipt of all pertinent information including the reasons for the determination and the appropriate remedial actions.
- D. An aggravated party or parties may appeal the determination by the Executive Board.
- E. An appeal must be submitted to the Department of State Health Services Health Care Quality Section no later than 30 working days after the Board's determination. In the event the appeal is not timely in delivery to the office of Health Care Quality, the appeal will not be considered, and the appealing party or parties will be so notified in writing. The DSHS, Health Care Quality Section, will provide assistance and resolution with the aggravation. The

Health Care Quality Section shall issue a written decision on the protest, which is final and not able to be appealed.

**Article XII. Voting Protocols
Section 1. Identification**

- A. Voting shall be by a show of membership identification mechanism unless a secret ballot is requested by any member.**
- B. All action items of the Executive Board will be brought to the General Membership for discussion and review.**

**Article XIII. Amendments
Section 1. Bylaws**

- A. The Bylaws may be adopted, amended, or revised by an affirmative vote of 2/3 of the members of the General Membership present at meeting. The bylaws shall be reviewed with recommendations as needed for amendments annually.**
- B. Proposed amendments and revisions must be submitted to the Bylaws Committee for consideration and recommendations to the Executive Board. Copies of proposed amendments shall be given to the Executive Board in writing at least two weeks prior to the next regular scheduled meeting and to the General Membership one week prior to that meeting.**
- C. Changes to the bylaws or other substantive revisions to policy will be sent to DSHS within thirty (30) days of effective date.**

Revised: 11/4/04, 7/7/05, 2/7/06, 2/1/07, 10/16/08, 12/3/09, 2/4/10, 2/17/11, 11/8/11, 8/8/12, 10/03/14, 10/01/15, 10/01/2016, 08/03/2017, 06/21/2022

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Approved: 10/03/2019 by NTRAC General Membership

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