

**BYLAWS
FOR THE
GOLDEN CRESCENT REGIONAL ADVISORY COUNCIL
TEXAS TRAUMA SERVICE AREA “S”**

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Mission Statement:

The mission of the Golden Crescent Regional Advisory Council is to facilitate the development, implementation, and operation of a comprehensive regional trauma, emergency, and acute care system based on accepted standards of care in a collaborative effort to decrease morbidity and mortality.

Article I. Name and Service Area

Section 1.01 NAME

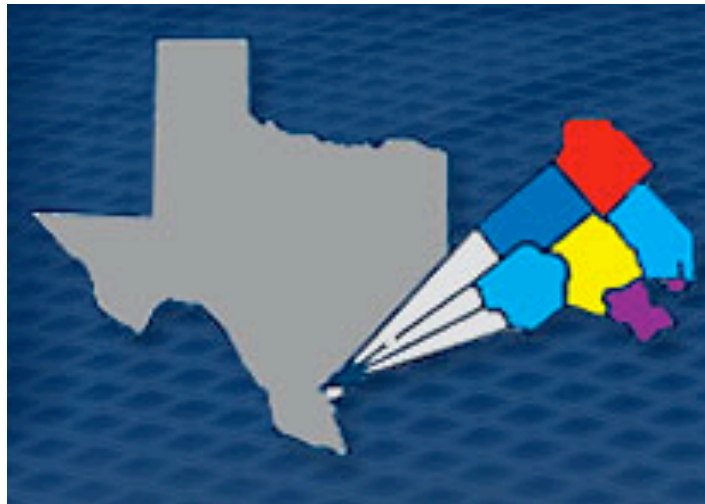
The Trauma Service area “S” shall be known as the Golden Crescent Regional Advisory Council [abbreviated “GCRAC”].

Section 1.02 SERVICE AREA

The Golden Crescent Regional Advisory Council includes:

Calhoun County
DeWitt County
Victoria County

Jackson County
Lavaca County
Goliad County



Article II. Purpose

Section 2.01 PURPOSE 1: DEVELOP TRAUMA, EMERGENCY, AND CRITICAL CARE SYSTEM PLAN

To develop a Trauma, Emergency, and Critical Care System Plan for the Trauma Service area "S", including other interested emergency care providers, as recognized by the GCRAC Executive Committee, in accordance with the Texas Department of State Health Services [abbreviated "DSHS"] guidelines for comprehensive system development. The plan will be submitted to the DSHS as required by applicable Trauma System rules.

Section 2.02 PURPOSE 2: DECREASE MORBIDITY AND MORTALITY

To decrease Morbidity and Mortality resulting from Trauma, Cardiac, Stroke, perinatal and maternal health related emergencies and care.

Section 2.03 PURPOSE 3: ASSIST MEMBER ORGANIZATIONS

To assist member organizations in attaining appropriate designations and/or certifications at the level appropriate to resources available within their organization.

Section 2.04 PURPOSE 4: PROMOTE COOPERATION AND COLLABORATION

To 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 2.05 PURPOSE 5: SEEK FUNDING OPPORTUNITIES

Seek ways to improve funding of trauma and emergency care providers within Trauma Service Area-S.

Section 2.06 PURPOSE 6: INCREASE PUBLIC AWARENESS

Increase public awareness of methods to access the trauma, emergency, and critical care system and trauma, emergency, and acute care prevention education.

Section 2.07 PURPOSE 7: ENHANCE REGIONAL COMMUNICATION

Enhance communication between pre-hospital healthcare providers and hospital to facilitate the transport of patients to appropriate trauma, emergency, and acute care healthcare facilities and promote the utilization of the most appropriate and efficient mode of transportation.

Section 2.08 PURPOSE 8: METHOD FOR EVALUATING CARE

Develop within the Trauma Service Area “S” a comprehensive and standardized method of evaluating care through:

- (a) Quality assessment and improvement activities; and
- (b) Education and certification programs.

Section 2.09 PURPOSE 9: EMERGENCY MANAGEMENT COALITION BUILDING FOR HEALTHCARE SYSTEM PREPAREDNESS

Develop, refine or sustain Healthcare Coalitions within the Trauma Service Area “S” by:

- (a) Coordinating healthcare planning to prepare the healthcare system for a disaster;
- (b) Identify and prioritize essential healthcare assets and services;
- (c) Determine gaps in the healthcare preparedness and identify resource for mitigation of those gaps;
- (d) Coordinate training to assist healthcare responders to develop the necessary skills in order to respond;
- (e) Improve healthcare response capabilities through coordinated exercise and evaluation; and
- (f) Coordinate with planning for at-risk individuals and those with special medical needs.

Section 2.10 PURPOSE 10: FACILITATE PUBLIC COMMUNICATION AND AWARENESS OF TRAUMA AND EMERGENCY HEALTHCARE SYSTEM

The Golden Crescent RAC will establish and maintain a website for public access to include, but not limited to:

- (a) GCRAC physical address and operating hours
- (b) Executive board member and staff contact information
- (c) General educational opportunities
- (d) GCRAC meetings and events
- (e) Regional system development activities

Article III. Membership

Section 3.01 GENERAL MEMBERSHIP QUALIFICATION

General membership “in good standing” requires that the member organization reside and/or operate in Trauma Service Area “S”, attend at least 75% of the meetings annually, be recognized by the GCRAC Executive committee as an emergency care provider interested in participating in membership activities, be current with GCRAC dues and be a:

- (a) Acute Care Hospital
- (b) Long-term acute care facility
- (c) EMS Service
- (d) Educational organization involved in trauma and/or emergency medical education
- (e) Registered First Responder Organization (FRO) providing pre-hospital care.
- (f) Approved Emergency Management Healthcare Coalition Members (non-hospital or EMS service based)
- (g) Approved Perinatal and Maternal Health organizations (non-hospital or EMS service based)
- (h) Freestanding emergency medical care facility

Section 3.01.a APPROVED EMERGENCY MANAGEMENT HEALTHCARE COALITION MEMBERSHIP

To become a member of GCRAC as an approved emergency management healthcare coalition member, the entity must:

- (a) Be identified by the GCRAC as an organization or entity that would help forward the GCRAC purpose of “EMERGENCY MANAGEMENT COALITION BUILDING FOR HEALTHCARE SYSTEM PREPAREDNESS”
- (b) Demonstrate active participation in designated emergency management meetings, planning activities, exercises and drills, actual responses and recovery efforts as appropriate.
- (c) Be compliant with all requested documentation, agreements, reporting, documents, and financial requirements.
- (d) Approved Emergency Management Healthcare Coalition Members will not have regular GCRAC voting privileges as described in Section 3.05 VOTING section (b).
- (e) Approved Emergency Management Healthcare Coalition Members will not have to meet the data submission or performance improvement requirements as described in Section 3.03 PARTICIPATION section (ii).

(f) Approved Emergency Management Healthcare Coalition Members will not be eligible for GCRAC funding other than that specifically designated to the Emergency Management Healthcare Coalition and/or OASPR/HPG funding sources that are dedicated to Healthcare emergency management.

(g) Approved Emergency Management Healthcare Coalition Members will not be held to the requirement of attending at least 75% of the GCRAC general membership meetings as described in section 3.01 General Membership Qualifications. However, they will be expected to regularly attend the Regional Emergency Management Coalition Committee meetings to be eligible for funding that are specifically designated to the Emergency Management Healthcare Coalition and/or OASPR/HPG funding sources that are dedicated to Healthcare emergency management.

Section 3.01.b APPROVED PERINATAL AND MATERNAL HEALTH ORGANIZATION MEMBERSHIP

To become a member of GCRAC as an approved perinatal and maternal health organization member, the entity must:

- (a) Be identified by the GCRAC as an organization or entity that would help forward the GCRAC purpose of developing a regional system plan for perinatal and maternal health care.
- (b) Demonstrate active participation in GCRAC emergency management meetings, planning activities, exercises and drills, actual responses and recovery efforts as appropriate.
- (c) Be compliant with all requested documentation, agreements, reporting, documents, and financial requirements.
- (d) Approved perinatal and maternal health organizations will not have regular GCRAC voting privileges as described in Section 3.05 VOTING section (b).
- (e) Approved perinatal and maternal health organizations will not have to meet the data submission or performance improvement requirements as described in Section 3.03 PARTICIPATION section (ii).
- (f) Approved perinatal and maternal health organizations will not be eligible for GCRAC funding other than that specifically designated to the Emergency Management Healthcare Coalition and/or OASPR/HPG funding sources that are dedicated to Healthcare emergency management.
- (g) Approved perinatal and maternal health organizations will not be held to the requirement of attending at least 75% of the GCRAC general membership meetings as described in section 3.01 General Membership Qualifications.

Section 3.02 DUES

Dues will be assessed of each participating member on an annual basis and will be collected at the first GCRAC meeting of each calendar year. The dues shall be as follows:

- (a) \$300 per annum for Hospital providers
- (b) \$300 per annum for freestanding emergency care providers
- (c) \$300 per annum for long term acute care facility providers
- (d) \$100 per annum for Pre-Hospital providers
- (e) No dues for member organizations that do not charge for the services they provide or for those who are approved emergency management healthcare coalition members.

Neither dues, fees nor any other financial incentives determine the number of votes each member organization is granted.

Section 3.03 PARTICIPATION

(a) Participation Requirements

- (i) **Committee Participation:** Each GCRAC member organization shall have at least one representative serve on either the GCRAC Executive Committee, GCRAC standing committee, or a GCRAC ad-hoc Committee as a contingency for membership.
- (ii) **Participation in System Performance Improvement:** Annual participation in the GCRAC performance improvement initiatives as evidenced by the submission of at least 75% of the requested monthly data.

(b) Notification of Non-compliance with Participation Requirements

Member organizations will be notified annually of participation requirements. Funding is contingent upon the member entity meeting the participation requirements.

Section 3.04 RESIGNATION AND RENEWAL OF MEMBERSHIP

A member who resigns in good standing may reapply for membership. Approval for readmission to the GCRAC is contingent upon GCRAC Executive Committee approval.

Section 3.05 VOTING

(a) Method of Voting

A vote is taken by written ballot, verbal roll call with verbal yeas/nays, and/or utilization of electronic media (i.e. email or an online voting mechanism).

(b) Voting Representative

Each member organization shall have one (1) vote and one (1) designated person to vote [“voter”]. If the designated member organization voter is unable to vote, an alternate may be designated by the member organization.

A designated voter may represent more than one GCRAC member organization if he/she has been designated proxy voting privileges by the member organization.

(c) Voting Quorum: For voting to occur, a quorum must be present. A quorum is defined as 51% of the member organizations.

(d) Affirmative Vote Tabulation

A vote is considered affirmative by a simple majority rule.

(e) Resolving Tie-Votes

A tie vote will be resolved by the vote of the GCRAC chairman.

Section 3.06 ALTERNATIVE DISPUTE RESOLUTION (ADR)

- (a)** Any actual entity, be that provider or individual representing a provider, service or hospital that is aggrieved in connection with any of the RAC’s rules in accordance with its by-laws, trauma system plan, guidelines or protocols; actions or inactions, or any situation or circumstance causing dissention or aggravation, may formally protest to the Regional Advisory Council of Trauma Service Area “S”. A formal protest must be written, with date and signature(s) of protestor(s), addressed and delivered to the Regional Advisory Council chairperson or his/her designee.
- (b)** Copies of the protest will be mailed or delivered by the Regional Advisory Council chairperson upon receipt of a written protest for the purpose of establishing full disclosure of situation or circumstance, and for making preparations for a formal hearing to address such protest for resolution if deemed necessary. A formal protest must contain:
 - (i) A specific and objective identification or statement of the aggravating situation or circumstance that the protested action is alleged to have been or the violation that is alleged.
 - (ii) A specific and objective description of each act alleged to have violated or aggravated the protestor(s).
 - (iii) The aggrieved party’s argument(s) and authorities in support of the protest.
 - (iv) Description of the relief/decision requested to resolve the matter.
- (c)** The Regional Advisory Council chairperson or his/her representative as he/she so designates of Trauma Services Area “S” shall have the authority to settle and resolve the dispute to the Executive Board or Committee with ample and appropriate selection of all parties necessary to resolve the dispute.
- (d)** The Executive Board or Committee may solicit written responses to the protest from interested parties. If the protest/dispute is not resolved by

mutual agreement, the Committee will issue a written determination of the protest, within (30) days of receipt of all pertinent data (by definition of DSHS).

- (i) If the Committee determines that no violation of rule(s) in accordance with its by-laws, trauma system plan, guidelines or protocol; actions(s) or in-actions(s), or any situation or circumstance causing dissention or aggravation has occurred, it shall so inform the protesting party or parties by letter, which sets forth the reasons for the determination.
- (ii) If the Committee determines that a violation of rule(s) in accordance with its by-laws, trauma system plan, guidelines or protocols; action(s) or in-action(s), or any situation or circumstance causing dissention or aggravation has occurred, it shall so inform the protesting party or parties by letter, which sets forth the reasons for the determination and the appropriate remedial actions.
- (e) An aggravated party or parties may appeal the determination by the Committee. An appeal must be submitted to the Department of State Health Services Health Care Quality Section no later than 30 working days after the Committee's determination, at the following address:

Department of State Health Services
Health Care Quality Section
1100 W. 49th Street
Austin, TX 78756-3199

The appeal shall be limited to review of the Committee's determination. The appeal must be mailed or delivered by the appealing party or parties to DSHS, Health Care Quality Section, and must contain an affidavit that copies of the appeal have been mailed or delivered by the appealing party or parties to the Chair Person or designated representative(s). 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, shall review the Committee's determination and the appeal in order to provide assistance and resolution to the aggravation. The Health Care Quality Section shall issue a written decision on the protest, which is final and not able to be appealed.

Section 3.07 FINANCIAL POLICY

- (a) The Golden Crescent RAC has an established method for disbursement of available funds:
 - (i) On an annual basis, The RAC Finance Committee and the RAC Treasurer shall review the development of this process.
 - (ii) Needs Assessments and budget recommendations from the various RAC committees shall be used to develop a budget and determine fund disbursement.
 - (iii) The General Membership shall approve the final budget and disbursement plan.

- (b)** Goals and Objectives are set and RAC members may select equipment or supplies specific to their own needs.
 - (i) Group purchases are made when possible to facilitate conformance of equipment and to facilitate cost savings.
 - (ii) All required financial reports are filed with the Department of State Health Services (DSHS) within specified time limits and input is requested from DSHS staff to ensure that all purchases are within the guidelines of authorized spending requirements.
 - (iii) Financial audits will be performed on an as needed basis.
 - (iv) Copies of the financial audits are given to all RAC members.
- (c)** One RAC Committee, the Regional Emergency Management Committee meets on a monthly basis to discuss issues related to region-wide disaster response. During these meetings expenditure plans are developed to ensure that all funds are spent on authorized expenditures. These plans are based on regional and local Hazard Vulnerability Analysis' (HVA) that have been developed by member Hospitals.
- (d)** Financial procedures are performed by the RAC Bookkeeper and overseen by the RAC Chair.
 - (i) All RAC checks must be signed by one of three authorized signatories (RAC Chair, RAC Secretary, or RAC Treasurer).
 - (ii) The RAC Executive board and RAC membership review all purchases.
 - (iii) Funds are held in secure bank accounts until being dispersed to RAC members.
 - (iv) All records of RAC funds received and expended are maintained in computer databases and accounting ledgers.
 - (v) All financial records are filed by the date of entry so tracing of transactions can be easily accomplished.
 - (vi) Only one staff member, the RAC Bookkeeper, is permitted to enter financial data into the computer database or general ledger.
 - (vii) The Chair of the Golden Crescent RAC maintains control of all financial transactions.
 - (viii) Financial information is disseminated to RAC members at regularly scheduled General Membership RAC meetings.

Section 3.08 GENERAL MEMBERSHIP MEETINGS AND NOTICE

- (a) Meeting Frequency:** Meetings of the general GCRAC membership shall occur at least quarterly. They may be more frequent as determined by the executive committee based upon the needs of the organization.
- (b) Meeting Announcements:** General Membership meetings will be announced via electronic notification (e-mail), meeting notification on the organization's website, phone call, or mail-out at least seven (7) days in advance of the meeting.

Article IV. Executive Committee

Section 4.01 EXECUTIVE COMMITTEE MEMBERSHIP STRUCTURE

The Executive Committee shall consist of the following membership:

- (a) The elected Officers of the Council {See Article V. Officers}
- (b) The Chair of each standing GCRAC committee:
 - (i) Education Committee Chairman
 - (ii) Finance Committee Chairman
 - (iii) Bylaws and System Plan Committee Chairman
 - (iv) Performance Improvement Committee Chairman
 - (v) Airmedical Committee Chairman
 - (vi) Stroke Committee Chairman
 - (vii) Special Populations Committee Chairman
 - (viii) Regional Emergency Management Committee
 - (ix) Injury Prevention and Public Outreach Committee
 - (x) Cardiac Care Committee
 - (xi) Prehospital Care and Transport
 - (xii) Perinatal and Maternal Health

Section 4.02 EXECUTIVE COMMITTEE VOTING

Each designated member of the executive committee shall have one (1) vote. An individual may hold more than one position on the Executive Committee; however, they may only have one (1) vote.

(a) Method of Voting

A vote is taken by written ballot, verbal roll call with verbal yeas/nays and/or utilization of electronic media (i.e. email or an online voting mechanism).

(b) Affirmative Vote Tabulation

A vote is considered affirmative by a simple majority rule.

(c) Resolving Tie-Votes

A tie vote will be resolved by the vote of the GCRAC chairman.

Section 4.03 EXECUTIVE COMMITTEE MEETINGS AND NOTICE

- (a) **Meeting Frequency:** Meetings of the GCRAC Executive Committee shall occur at least semi-annually. They may be more frequent as determined by the chairman and/or the executive committee based upon the needs of the organization.
- (b) **Meeting Announcements:** Executive Committee meetings will be announced via electronic notification (e-mail), meeting notification on the organization's website, phone call, or mail-out at least seven (7) days in advance of the meeting.

Section 4.04 EXECUTIVE COMMITTEE QUORUM

A quorum for conducting the business of the Executive Committee shall be not less than one-half (1/2) of the members.

Article V. GCRAC Officers

Section 5.01 GCRAC ELECTED OFFICERS

The following shall be elected officers from the membership:

- (a) Chairman
- (b) Vice Chairman
- (c) Secretary
- (d) Treasurer

Section 5.02 RESIGNATION OR REMOVAL FROM OFFICE

- (a) **Resignation:** An officer may resign from office by submitting a letter of resignation to the Executive Committee, via the Chairman.
- (b) **Removal from Office:** An officer failing to comply with assigned responsibilities may be relieved of office by a majority vote of the Executive Committee. This could include not meeting the DSHS meeting requirements. Appointment of a replacement shall be made by the Chairman with the approval of the Executive Committee until the next regular election.
- (c) **Removal Appeal Process:** Should an officer be removed from office by the Executive Committee per this section, he/she may appeal the action during the next meeting of the General Membership. A ballot vote by the General membership will determine the status of the appeal.

Section 5.03 BOARD OF DIRECTOR LIABILITY

No elected or appointed Board member of the Golden Crescent Regional Advisory Council (GCRAC) shall be personally liable for monetary damages for an act or omission in the Board member's capacity as a Board member, except that this Section (5.03) does not eliminate or limit the liability of the Board member to the extent the Board member is found liable for: (1) a breach of the Board member's duty to the RAC; (2) an act or omission not in good faith that constitutes a breach of duty of the Board member to the GCRAC or an act or omission that involves intentional misconduct or a knowing violation of the law; or (3) an act or omission of which the liability of a Board member is expressly provided for by statute. In no event shall a Board member be indemnified for any acts that are in violation of applicable statute, laws, rules, or regulations.

Section 5.04 INDEMNIFICATION

The Golden Crescent Regional Advisory Council (GCRAC) 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 Board member to the fullest extent and manner permissible under applicable statutes, laws, rules, or regulations. A Board member may not be indemnified in respect of a proceeding (1) in which the Board member is found liable on the basis that personal benefit was improperly received

by the Board member, whether or not the benefit resulted from an action taken in their official capacity, or (2) in which the Board member is found liable to the GCRAC.

Section 5.05 INSURANCE

The Golden Crescent Regional Advisory Council (GCRAC) may purchase and maintain insurance on behalf of any person who is or was a Board member, officer, employee, or agent of the GCRAC or who is serving at the request of the GCRAC, 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 GCRAC would have the power to indemnify the individual against that liability under the applicable statutes, laws, rules, or regulations.

Section 5.06 CONFLICT OF INTEREST

Any conflicts of interest by executive board members, officers, or staff that impact or effect the Golden Crescent Regional Advisory Council (GCRAC) shall be disclosed verbally or in writing to the general GCRAC membership.

Article VI. Elections

Section 6.01 NOMINATIONS

Nominations for officers shall come from the General Membership during the General membership meeting prior to the electoral meeting.

Section 6.02 METHOD FOR CONDUCTING ELECTIONS

Elections shall be conducted by ballot of the general membership present during the electoral meeting. As defined in Article 3, Section 3.05, each member organization has one (1) vote.

Section 6.03 TERMS

Officers shall be elected for a term of two (2) years.

Section 6.04 SUCCESSION OF ELECTED OFFICERS

To facilitate transition of administration, officers will be installed at the next general membership committee meeting following the election.

Article VII. Duties of Officers

Section 7.01 DUTIES OF GCRAC CHAIRMAN

The Chairman shall:

- (a) Preside at all meetings of the GCRAC general membership and executive committee of the organization and at any special meetings.
- (b) Make interim executive committee appointments, with the approval of the executive committee.
- (c) Sign all contracts along with the Treasurer after approval of the general membership.
- (d) Call special meetings when necessary.

- (e) When a new chairman is elected, the immediate past chairman will provide technical support and advisement to the newly elected chairman for a period of one year.

Section 7.02 DUTIES OF VICE CHAIRMAN

The Vice-Chairman shall:

- (a) Perform the duties of the Chairman when the Chairman is absent from a meeting.
- (b) Have oversight responsibility for all GCRAC committee's to ensure that each committee is functioning in the capacity described in the by-laws and is serving the needs of the organization.
- (c) Provides technical assistance and advisement to the chairman of the GCRAC Committee's.

Section 7.03 DUTIES OF SECRETARY

The Secretary shall:

- (a) Maintain records of meeting attendance
- (b) Determine if a quorum is present (51% of the member organizations)
- (c) Record and maintain the minutes of the Executive Committee and General Membership meetings.
- (d) Sign contracts and fund disbursements for the organization along with the chairman if the Treasurer is unavailable.
- (e) Ensure the following tasks are completed:
 - (i) Ensure all members receive complete correspondence from the organization.
 - (ii) Ensure each member receives a general membership listing.
 - (iii) Ensures the minutes are available to each member via the organization's website and/or via mailing.
 - (iv) Manages ballots of written voting procedures.

Section 7.04 DUTIES OF TREASURER

The Treasurer shall:

- (a) Maintain accountability for all fiscal matters.
- (b) Sign contracts and fund disbursements for the organization along with the chairman.
- (c) Develop and implement a budget development/expenditure approval process in cooperation with the finance committee of the GCRAC.
- (d) Develop and implement a regional needs assessment process in cooperation with the finance committee of the GCRAC.
- (e) Affect, in a timely basis, the annual filing of any and all tax returns with Federal and State authorities. This should be planned for and attended to well in advance of any deadlines. Ideally, these matters should be completed as soon as practical. It is the intention of the GCRAC Board that the Treasurer attempt to complete the Federal filing six to eight (6 to 8) weeks prior to the expiration of the deadline.

Section 7.05 DUTIES OF COMMITTEE CHAIRMAN

The Committee Chairman shall:

- (a) Ensure that the specific GCRAC committee he/she is chairing is functioning in the capacity described in the by-laws and is serving the needs of the organization.
- (b) Maintain written records of committee activities that may be submitted to the Executive Committee.
- (c) Develops an annual budget with the specific committee to submit to the finance committee and treasurer for consideration in the annual GCRAC operating budget.
- (d) Provides a verbal and/or written report of activities upon request by the executive committee and at each general membership meeting as appropriate.

Article VIII. Development of Budget Process

Section 8.01 DISBURSEMENT OF FUNDS

- (a) On an annual basis, the GCRAC Finance Committee and the GCRAC treasurer shall develop a method of disbursement of available funds. This process will take place as funds become available.
- (b) Needs assessments and budget recommendations shall be obtained from the various GCRAC committees' via the Committee chairman and given to the finance committee. These shall be used to develop the budget and determine fund disbursement.
- (c) Individual member organizations may also submit needs assessments and budget recommendations to the finance committee for consideration during the budget development.
- (d) The Regional Emergency Management Committee will be responsible for developing the OASPR/HRSA budget and submitting it to the Department of State Health Services for approval. The budget and disbursement plan will be reported to the general GCRAC membership.
- (e) The final budget and disbursement plan shall be approved by the general GCRAC membership.

Article IX. Standing and/or Ad-Hoc Committees

Section 9.01 GCRAC STANDING COMMITTEES

The following Standing GCRAC Committees shall be maintained:

- (a) **Education Committee:**
 - (i) Facilitate professional education to meet the needs of the GCRAC member organizations
 - (ii) Facilitate access to continuing education opportunities of nationally recognized and established courses.

(b) Finance Committee:

- (i) Considering the needs assessments and budgetary requests submitted by the committees and the member organizations, and in cooperation with the Treasurer, develops a proposed budget and method of disbursement to present to the General Membership for approval.
- (ii) Facilitates distribution of funds and resources.

(c) Bylaws and System Plan Committee:

- (i) Reviews GCRAC Bylaws annually and prepares proposed changes to present to the General Membership for approval.
- (ii) Reviews GCRAC System Plan annually and prepares proposed changes to present to the General Membership for approval.
- (iii) Facilitates distribution of information regarding the GCRAC bylaws and/or System plan to the general membership.
- (iv) Assists new member organizations with GCRAC orientation.
- (v) Assists member organizations with information related to Department of State Health Services criteria and mandates.

(d) Performance Improvement (PI) Committee:

- (i) Composed of a closed membership that must sign a non-disclosure agreement at each meeting.
- (ii) Identify and review issues that affect the implementation of the GCRAC System Plan and/or patient care in the region.
- (iii) Performance Improvement data is collected from all GCRAC member organizations monthly and is based upon a calendar year.
- (iv) PI Committee makes recommendations for professional educational offerings and injury prevention/public outreach projects based on performance improvement data review and analysis.

(e) Airmedical Committee:

- (i) Reviews and develops regional Airmedical usage (transfer and transport) protocols.
- (ii) Continually reviews regional airmedical usage to determine improvement needs based upon current Airmedical industry safety standards.

(f) Stroke Committee:

- (i) Reviews Stroke care standards and treatment protocols.
- (ii) Makes recommendations for Stroke care based upon national, State-wide and local standards and capabilities.
- (iii) Assists with the development of regional Stroke professional and public education.

(g) Special Populations Committee:

- (i) Reviews care standards and treatment protocols for special populations served in TSA-S. These populations could include, but are not limited to: pediatrics, geriatrics, psychiatric, and bariatric.
- (ii) Makes recommendations for special needs care based upon national, State-wide and local standards and capabilities.
- (iii) Assists with the development of regional special needs professional and public education.

(h) Regional Emergency Management Coalition Committee:

- (i) Composed of a coalition of hospital members of GCRAC and critical stakeholders involved in emergency and disaster preparedness.
- (ii) Assists in the development of provider and disaster management professional education.
- (iii) Develops and implements system-wide disaster plan.
- (iv) Develops and administers the OASPR/HPG budget and submits the budget to DSHS for approval.
- (i) Injury Prevention and Public Outreach Committee:**
 - (i) Uses regional, State-wide and national data to determine injury prevention and injury prevention needs.
 - (ii) Makes recommendations, plans, organizes and conducts injury prevention and/or public outreach projects based on data and identified needs.
- (j) Cardiac Care Committee:**
 - (i) Reviews Cardiac care standards and treatment protocols.
 - (ii) Makes recommendations for Cardiac care based upon national, State-wide and local standards and capabilities.
 - (iii) Assists with the development of regional Cardiac professional and public education.
- (k) Prehospital Care and Transport**
 - (i) Composed of members of the GCRAC pre-hospital member organizations and critical stakeholders.
 - (ii) Reviews pre-hospital care standards and treatment protocols, to include inter-facility transfers, and makes recommendations for care based upon national, State-wide and local standards and capabilities.
- (l) Perinatal and Maternal Health**
 - (i) Reviews regional Perinatal and Maternal Health standards and treatment protocols.
 - (ii) Makes recommendations for Perinatal and Maternal Health systems of care based on national, state-wide, and local standards and capabilities.
 - (iii) Assists with the development of regional professional and public education.

Section 9.02 DEVELOPMENT OF AD-HOC GCRAC COMMITTEES

The GCRAC Executive Committee shall name Ad-Hoc committees or sub-committees based upon an identified need of the organization that requires rapid intervention in a time-limited manner.

Section 9.03 COMMITTEE MEMBERSHIP

- (a) Committee Composition:** Each committee shall have one (1) hospital representative or one (1) EMS representative.
- (b) Committee Chairman:** The chairman of each committee shall be chosen by the committee membership. The chairman will represent the interests of the committee on the GCRAC Executive Committee.

Section 9.04 COMMITTEE MEETINGS AND QUORUM

- (a) **Committee Meetings:** Each committee shall have at least one meeting annually and more frequently as determined by the needs of the committee and the organization. Minutes of the meetings shall be submitted to the GCRAC chairman within ten (10) business days of the meeting. Meetings may be conducted utilizing electronic resources. These include, but are not limited to conference call and web-based media.
- (b) **Quorum:** A committee quorum for conducting business shall be not less than one-third (1/3) of the members.

Article X. Amendments

Section 10.01 BYLAW AMENDMENTS

- (a) **Bylaw Review and Revisions:** The GCRAC Bylaws shall be reviewed at least annually by the Bylaw and System Plan committee. Any suggestions for amendments or revisions shall be made to the Executive Committee for review and then to the General Membership for adoption.
- (b) **Bylaw Adoption by General Membership:** The Bylaws may be adopted, amended, or revised by an affirmative vote of a simple majority of the members of the General Membership present at a meeting where the Bylaw Amendments have been announced on the agenda and the GCRAC membership has had at least seven (7) days to review the proposed amendments.
- (c) **Proposed Changes and Amendments Review by Executive Committee:** Proposed amendments and revisions must be submitted to the Executive Committee for consideration and approval by two-thirds (2/3) majority before a recommendation is presented to the General Membership. Copies of proposed amendments shall be given to the Executive Committee in writing at least fourteen (14) days prior to the meeting.

Article XI. Golden Crescent RAC Staff

Section 11.01 Any staff member, whether contracted or employed by the GCRAC, must have a job description and an annual evaluation using pre-determined performance standards related to the responsibilities of the job.

Article XII. Bylaw Adoption

Section 12.01 The Bylaws shall be signed by the Chairman and Secretary upon adoption by the General Membership.

The Golden Crescent Regional Advisory Council Bylaws effective: _____ have been adopted at the regular meeting of the Golden Crescent Regional Advisory County this _____ day of _____, 2016.

Chairman

Secretary

RAC Member
HOSPITALS
Citizens Medical Center
Cuero Community Hospital
DeTar Healthcare System: DeTar Navarro, DeTar North
Jackson HealthCare Center
Lavaca Medical Center
Memorial Medical Center
Post Acute Medical
Yoakum Community Hospital
AIRMEDICAL AGENCIES:
Eagle Med
PHI Airmedical
San Antonio Airlife
PARTNER ENTITIES:
ALCOA
BP Chemical
DuPont Chemical
Formosa
Union Carbide / DOW
Refugio County Memorial Hospital
Refugio EMS
Warm Springs Victoria
Texas Department of Health
Texas Department of Trans.
Victoria College EMS Program
Golden Crescent Emergency Management Coalition
Invista
Ineos

RAC Member
EMS SERVICES
Calhoun County EMS
Cuero EMS
Edna EMS
Fordtran EMS
Ganado EMS
Goliad Co EMS
Jackson Co EMS
Lavaca County Rescue
Lolita EMS
Magnolia Beach VFD
Point Comfort First Responder
Port Alto/Olivia VFD
Port O'Connor EMS
Refugio EMS
Seadrift EMS
Telferner VFD
Vanderbilt EMS
Victoria County 1st Responders
Victoria Fire Department
Yoakum Fire/EMS
Yorktown EMS
PRIVATE EMS SERVICES:
Sacred Heart EMS