

**NORTHEAST WISCONSIN**

**REGIONAL TRAUMA ADVISORY COUNCIL**

**BYLAWS**

**ARTICLE I – PURPOSE**

The North East Wisconsin Regional Trauma Advisory Council (NEWRTAC) is empowered by the State Trauma Advisory Council (STAC) as an essential component of the infrastructure of the Wisconsin Statewide Trauma Care System responsible for protocol development, education, data analysis and performance improvement. The enabling legislation is WI 1997 Act 154 with the Wisconsin Department of Health and Family Services (DHFS) serving as the lead agency for plan development and implementation.

**ARTICLE II – MISSION**

The North East Wisconsin RTAC is dedicated to designing, implementing, and evaluating a regional trauma system that is data-based, confidential, and sensitive to the needs, limitations, and resources of this area. Our focus is on injury prevention, reducing the severity of injuries, and decreasing the number of deaths. Our objective is to optimize the quality of care and outcomes for all trauma patients. The patient is the focus of this organization. We also believe that education of trauma providers on all levels is essential.

**ARTICLE III – MEMBERSHIP**

NEWRTAC will be comprised of, but not limited to, stakeholders from pre-hospital medical care providers, ambulance services, emergency services agencies, hospitals, public health agencies, law enforcement agencies, search and rescue organizations, emergency dispatch services, fire services, health education institutions, emergency government, EMS and Emergency Department directors, emergency services nurses, medical first responders and concerned citizens. The members will generally be located in but not restricted to the following Wisconsin Counties: Brown, Door, Manitowoc, Kewaunee, Oconto, Marinette, Florence, and Menominee.

**ARTICLE IV - MEETINGS**

The NEW Regional Trauma Advisory Council (NEWRTAC) and Executive Council meetings shall be held at least quarterly. Committee meetings will usually be held on the same date as the council meetings, or more frequently on an as-needed basis. All meetings should be led by the respective Chairperson. Roberts Rules of Order will be used to conduct the meeting. Meetings

will be conducted for the purpose of providing direction to the NEWRTAC members regarding courses of action and projects to be completed. Each committee is required to provide a summary update to the Executive Council at each meeting.

An Executive Session can be called when a matter of confidential significance needs to be addressed. A motion is made and seconded. A determination is made by majority vote of the Executive Council members.

## **ARTICLE V – EXECUTIVE COUNCIL**

The Executive Council functions as the governing body of the NEW RTAC.

Section 1 – Membership: With the exception of the Chair and Vice Chair, membership terms shall be for two years and will be staggered. Elections will be held during the fourth quarter meeting. A special election can be held at any scheduled meeting for any open executive council position. If a special election for a position occurs the same year that position is scheduled for a regular election, the regular election for that position will be deferred until the following election cycle. Membership will be composed of not less than nine (9) or more than fourteen (14) officers distributed as below:

1. Trauma Coordinators from all Level II Trauma Centers (2)
2. Rural Representatives (2), one must be EMS
3. Urban Representatives (2), one must be EMS
4. Pediatric Representative (1)
5. Physician EMS Medical Director (1)
6. Level III or IV Trauma Center Representative (1)
7. Members at Large (5)
8. NEWRTAC Coordinator as non-voting member (1)

Section 2 – Officers: Each officer must either live or work in Wisconsin. No executive council officer may concurrently serve on a different Regional Trauma Executive Council. 50% attendance is the minimum standard of attendance for officers at the Executive Council meetings. If the attendance standard cannot be met, the officer shall receive correspondence indicating attendance status and given an opportunity to improve attendance for a 6 month period of time. If after 6 months attendance has not met the 50% standard, the officer shall be asked to resign and be replaced via a vote at the next regularly scheduled general membership meeting.

1. Chairperson:

An Executive Council Chairperson shall be elected by the Executive Council members and will serve a (1) one-year term. Chairperson is responsible for ensuring that directives are completed in an appropriate and timely manner.

2. Vice Chair:

An Executive Council Vice Chair shall be elected by the Executive Council members and will serve a (1) one-year term. In the absence of the Chair, the Vice Chair will preside at the meetings.

3. Treasurer:

A Treasurer shall be elected by the Executive Council members to facilitate operational and financial matters pertaining to the NEWRTAC. The treasurer will serve a two year term. The treasurer is a non-voting member (unless a member of the Executive Council).

4. Rural Representative:

“Rural” means outside a metropolitan statistical area specified under 42 CFR 412.62 (ii) (A) or in a city, village or town with a population of less than 14,000. Representative must live or work in a rural area.

5. Urban Representative: Representative must live or work in an urban area.

6. NEWRTAC Coordinator:

The NEWRTAC Coordinator works for the Executive Council. The Coordinator’s responsibilities include meeting coordination, establishment of the agenda, activities, and documenting meeting minutes. Additionally, the Coordinator is responsible to ensure that the RTAC meets the DHFS objectives and deliverables, and facilitates education within the region for hospitals and EMS services. The Coordinator is a non-voting member.

Section 3 – Responsibilities: The Executive Council shall function as the governing body, with representation reflecting the expertise, leadership, and diversity of the region.

1. Develop governing bylaws and operational plans.
2. Ensure that the Regional Trauma Plan is current.
3. Ensure the provision of training and continuing education for the trauma system.
4. Determine and provide overall direction and guidance for the establishment and completion of NEWRTAC goals.
5. Review and approve annual NEWRTAC budget.
6. Oversee NEWRTAC financial management, including Fiscal Agent responsibilities.
7. Discuss and resolve matters relating to trauma care coming from national, state, and regional levels.
8. Review and approve annual committee action plans.
9. Perform other NEWRTAC functions as determined to be appropriate and prudent to NEWRTAC’s mission.

#### **ARTICLE VI – VOTING PROCESS**

Voting privileges are extended to active members of the NEWRTAC. Active membership responsibilities include:

1. Participation in a NEWRTAC committee.
2. Attendance at a minimum of 50% of NEWRTAC meetings.

With the exception of the Chair and Vice Chair positions, election of Executive Council members is by the active members present at the fourth quarter meeting.

Section 1 – Voting Process at Regularly Scheduled Executive Council Meetings: Voting shall be restricted to members of the Executive Council. The general membership shall convey their viewpoints on issues to the Executive Council. Executive Council members must be present (in person or via phone) to vote. A simple majority of the quorum will be needed for passage. A quorum is greater than fifty (50%) of the active positions of the Executive Council.

Section 2 – Voting Process for Business Conducted between Regularly Scheduled Executive Council Meetings: Voting shall be restricted to members of the Executive Council. The general membership shall convey their viewpoints on issues to the Executive Council. Voting is permitted via e-mail. Issues forwarded via e-mail will allow for one business week of discussion, followed by a 72 hour business week response time for voting. A majority of the Executive Council members will be required for passage. If a majority is not received, the issue will not pass and will be forwarded to the following regularly scheduled Executive Council meetings.

A tie vote will result in failure to pass the item, and will require a review of the item at the next Executive Council meeting.

## **ARTICLE VII – RTAC COMMITTEES**

Section 1 – Membership: Committee membership shall be comprised of individuals who express interest in participating on the committee. Standing committees include:

1. Education/Injury Prevention: Membership shall include Trauma Coordinators, Hospital Educators, EMS personnel and other interested persons.
2. Medical Oversight: Membership shall include Trauma Directors, EMS personnel, Emergency Department personnel, Trauma Coordinators and other interested persons.
3. Performance Improvement: Membership shall include Trauma Coordinators, Trauma Registrars, Trauma Directors, Emergency Department personnel, Public Health constituents, EMS personnel, and other interested persons.

Additional committees can be formed based on regional needs.

Section 2 – Officers: A Committee Chairperson will be nominated by the active members of the committee and appointed by the Executive Council. Each committee chair is responsible

for committee activities, record keeping, and meeting coordination. The Committee Chairperson will be held accountable to ensure that a summary of the committee meeting is presented to the Executive Council at each meeting.

Section 3 – Purpose: The purpose of each Committee is to:

1. Develop an annual action plan as representative of its specialized area and submit it to the Executive Council for approval.
2. Implement the action plan based on feedback from the Executive Council.
3. Develop, execute, and reinforce policies and procedures consistent with NEWRTAC Bylaws.

Section 4 – Responsibilities: General responsibilities for each individual committee shall include but are not limited to the following:

1. Education/Injury Prevention: Conduct a regional needs assessment; determine educational priorities for public and professional constituents; develop a systems approach to prevention; serve as a clearing house for collection and dissemination of information.
2. Medical Oversight: Review and promote regional care guidelines (which may include bypass/diversion protocols, triage, and patient flow); develop and implement standards for improvement.
3. Performance Improvement: Develop a data collection system; collect and analyze trauma registry data; identify opportunities for improvement based on data.

#### **ARTICLE VIII – AMENDMENTS TO BYLAWS**

These Bylaws may be amended at any regular meeting of the NEWRTAC. It shall require a two-thirds vote of the Executive Council membership.

Approved by the Executive Council: \_\_\_\_\_ Date: \_\_\_\_\_

Revised January 2015