

WEST REGION EMERGENCY MEDICAL SERVICES AND TRAUMA CARE COUNCIL

BYLAWS

REVISED: 6-24-09

ARTICLE 1 - NAME

The name of the council shall be the West Region Emergency Medical Services and Trauma Care Council, Inc., hereafter referred to as the Council. The Council shall be composed of no less than three (3) and no more than five (5) counties.

ARTICLE 2 - PURPOSE

The Council:

- 2.1 Shall be an advisory and coordinating council for the planning and implementation of comprehensive, integrated regional emergency medical services and trauma care.
- 2.2 Shall be advisory to the State Department of Health in implementation of the State of Washington Emergency Medical Services & Trauma System Strategic Plan.
- 2.3 Shall identify specific activities necessary to meet statewide standards, identified in statute and WAC, and patient care outcomes in the region and develop a plan of implementation for regional compliance.
- 2.4 Shall assess and analyze regional emergency medical services and trauma care needs and identify personnel, agencies, facilities, equipment, training, and education to meet regional and local needs.
- 2.5 Shall recommend to the Department of Health on distribution of regional funds based on those needs and priorities identified in Article 2.4.
- 2.6 Shall establish and review agreements with regional providers necessary to meet state standards and establish agreements with providers outside the region to facilitate patient transfer.
- 2.7 Shall establish the number and level of facilities to be designated that are consistent with state standards and based upon availability of resources and the distribution of trauma within the region.
- 2.8 Shall review and evaluate the emergency medical services and trauma care system as it develops and review grievances within the system as they arise.
- 2.9 Shall identify the need for and recommend distribution and level of care of prehospital services to assure adequate availability and avoid inefficient duplication and lack of coordination of prehospital services within the region.
- 2.10 Shall adopt a budget subject to the availability of funds from the State Department of Health and any other sources.

- 2.11 The authority, duties and responsibilities of the Council are defined by:
WAC 246-976-960 Regional Emergency Medical Services and Trauma Care Councils.
- (1) In addition to meeting the requirements of chapter 70.168 RCW and elsewhere in this chapter, regional EMS/TC councils must:
 - (a) Identify and analyze system trends to evaluate the EMS/TC system and its component subsystems, using trauma registry data provided by the department;
 - (b) Develop and submit to the department regional EMS/TC plans to:
 - (i) Identify the need for and recommend distribution and level of care (basic, intermediate or advanced life support) for verified aid and ambulance services for each response area. The recommendations will be based on criteria established by the department relating to agency response times, geography, topography, and population density;
 - (ii) Identify EMS/TC services and resources currently available within the region;
 - (iii) Describe how the roles and responsibilities of the MPD are coordinated with those of the regional EMS/TC council and the regional plan;
 - (iv) Describe and recommend improvements in medical control communications and EMS/TC dispatch, with at least the elements of the state communication plan described in RCW 70.168.060 (1) (h);
 - (v) Include a schedule for implementation.
 - (2) In developing or modifying its plan, the regional council must seek and consider recommendations of:
 - (a) Local EMS/TC councils;
 - (b) EMS/TC systems established by ordinance, resolution, interlocal agreement or contract by counties, cities, or other governmental bodies.
 - (3) In developing or modifying its plan, the regional council must use regional and state analyses provided by the department based on trauma registry data and other appropriate sources;
 - (4) Approved regional plans may include standards, including response times for verified services, which exceed the requirements of this chapter.
 - (5) An EMS/TC provider who disagrees with the regional plan may bring its concerns to the steering committee before the department approves the plan.
 - (6) The regional council must adopt regional patient care procedures as part of the regional plans. In addition to meeting the requirements of RCW 18.73.030 (14) and 70.168.015 (23):
 - (a) For all emergency patients, regional patient care procedures must identify:
 - (i) Guidelines for rendezvous with agencies offering higher levels of service if appropriate and available, in accordance with the regional plan.
 - (ii) The type of facility to receive the patient, as described in regional plan destination and disposition guidelines.
 - (iii) Procedures to handle types and volumes of trauma that may exceed regional capabilities, taking into consideration resources available in other regions and adjacent states.
 - (b) For major trauma patients, regional patient care procedures must identify procedures to activate the trauma system.

- (7) Matching grants made under the provisions of chapter 70.168 RCW may include funding to:
- (a) Develop, implement, and evaluate prevention programs; or
 - (b) To accomplish other purposes as approved by the department.

ARTICLE 3 - COMPOSITION AND MEMBERSHIP

3.1 The Council shall be composed of a balance of hospital and prehospital trauma care and emergency medical services providers, local elected officials, consumers, local government agencies, local EMS and Trauma Care (EMS/TC) councils and military prehospital/hospital providers, all involved in the delivery of trauma care and emergency medical services as follows:

<u>Council Position</u>	<u>Total # of Positions</u>
Hospital: Grays Harbor (1), Lewis (1), Pierce (3), Thurston (1).....	6
Prehospital: Grays Harbor (1), Lewis (1), Pierce (2), Thurston (2).....	6
Private Ambulance	1
Emergency Physician	1
Surgeon.....	2*
Emergency Room Nurse	2*
Prevention Specialist	1
Trauma Coordinator	1
Local Elected Official: Fire Commissioner and At-Large	2*
Consumer.....	4**
Law Enforcement: At-Large	1
Local Government Agency (County Specific)	4**
Local EMS/TC Council.....	4**
Military Prehospital/Hospital	1
North Pacific County.....	1
Fire Chief.....	4**
EMS Educating Agency.....	2*
County Medical Program Director	4**
Rehabilitation Specialist.....	1
Pediatrician	1
Local County Public Health Official.	1
Emergency Management.....	1
Dispatch.....	1
Mason County (non-voting member).....	1
Total Number of Council Positions	53

**No two being from the same county.*

***One from each county. Grays Harbor and N. Pacific are counted as one county.*

- 3.2 Representatives will be recommended by each local EMS/TC council for appointment by the Department of Health. The term of membership shall not be limited, except by local EMS/TC councils or the Department of Health.
- 3.3 For each membership position, local EMS/TC councils may recommend one

alternate for appointment by the Department of Health. The alternate shall have all the rights, privileges, and protections of the member during his/her absence (whether excused or unexcused). Votes cast by an alternate in the member's absence shall have the same import as if cast by the primary member. If the member is present, the alternate abstains from voting.

- 3.4 An absence is excused when a member/alternate notifies the Council chair, or designee, in advance of his/her inability to attend such meeting stating such reason for non-attendance. An alternate member is automatically excused when the member is in attendance.
- 3.5 If a member/alternate misses three consecutive regularly scheduled Council meetings, where the designated position has not been represented, and the member/alternate has not been excused by the Council for these absences, the Council may recommend to the local EMS/TC council to terminate that individual's membership, with documentation to support the request. Upon a member's termination by the Department, the alternate may take the member's place and a new alternate shall be appointed, if necessary. The Council shall call for recommendations for a replacement from the local EMS/TC council and/or other organization appropriate to the position. The replacement shall be for the unexpired term of the original alternate.

ARTICLE 4 - OFFICERS

- 4.1 The officers shall be chair, vice-chair, and secretary/treasurer, elected by a majority of the Council for a two-year term, with no two officers being from the same county.
- 4.2 Nominations for elections of officers shall be in May with elections in June. Newly elected officers shall begin duties in July. The nominating committee shall be composed of the non-officer positions on the Executive Board, chaired by the member that represents the same county as the Council chair.
- 4.3 The chair shall preside at all regular and special meetings of the Council.
- 4.4 In the absence of the chair, the vice-chair, then the secretary/treasurer shall perform the duties of the chair.
- 4.5 The secretary/treasurer shall maintain accurate records of all Council meetings and be responsible for general correspondence of the Council. The secretary/treasurer shall keep charge of funds of the Council and shall report at regular meetings on the status of the funds.
- 4.6 Any vacancies in the above officers shall be filled by appointment by the chair, subject to Council approval. A vacancy in the chair's office shall be filled by a majority vote of the Council for the unexpired term of the office.

ARTICLE 5 - EXECUTIVE BOARD

- 5.1 The Executive Board shall consist of eight (8) members. The three officers shall serve on the Executive Board as representatives of their respective counties. The remaining five positions shall represent each of the four counties with the fifth position being from the county without an officer on the Executive Board. These representatives-at-large shall be selected by each county's delegation on the Council.
- 5.2 Meetings of the Executive Board shall be called by the chair or at the request of a majority of the voting membership as needed, to conduct routine or Council directed business between meetings or to develop recommendations to the full Council. Any action by the Executive Board shall be subject to review and ratification by the full Council at the next meeting.
- 5.3 A quorum must be present at an Executive Board meeting in order to conduct business. A quorum of the Executive Board shall consist of five Executive Board members.

ARTICLE 6 - MEETINGS

- 6.1 Regular meetings of the full Council are held quarterly. Location shall be included in meeting announcement at least thirty (30) days prior to meeting date.
- 6.2 Regular Executive Board meetings are held quarterly. An Executive Board meeting may be held before Council meetings, if called by the Council chair. Location shall be included in meeting announcement at least thirty (30) days prior to meeting date.
- 6.3 Standing committee meetings will be held at least quarterly and as scheduled by the committee chair. An annual calendar of meeting dates will be published by July 1 for the committees described in 7.1.
- 6.4 The year for terms of officers shall be the fiscal year from July 1 - June 30.
- 6.5 A quorum of the council shall consist of no less than one-third of the members currently appointed by the Department of Health.
- 6.6 Meetings shall be called by the chair or at the request of a majority of the voting membership with at least ten (10) days advance notice.
- 6.7 Meetings shall be open to the public and held in accordance with Chapter 42.30 RCW, the Open Public Meetings Act.

ARTICLE 7 - COMMITTEES

- 7.1 Three standing committees shall be established as follows: Prevention, Education, Joint Standards & Planning.
- 7.2 Additional committees may be appointed by the chair as needed, with the approval of Council members. The chair shall be an *ex-officio* member of all committees.

7.3 Committee chairs may be elected by committee members or appointed by the Council chair. Chair or designee shall, at a minimum, give oral reports to the full Council.

7.4 Independent committees may receive administrative support, with the approval of Council members. At least one (1) Council member must be a member of the independent committee and shall, at the minimum, give written quarterly reports on committee activities, which may be supplemented with oral reports to the full Council. Independent committee includes:

- West Region Quality Improvement Forum

7.5 The officers may appoint such agents or assistants as they find necessary with the advice and consent of the full Council.

ARTICLE 8 - AMENDMENTS

8.1 These by-laws may be repealed or amended upon recommendation of a majority of the appointed members of the Council in a formal vote.

8.2 Council members shall be notified in writing at least ten (10) days prior to the meeting at which the vote is to be taken.

ARTICLE 9 - RULES OF PROCEDURE

Robert's Rules of Order (latest revision) shall be the rules of procedure of the Council except as amended herein.