

## **ARTICLE VII**

### **Board of Directors**

7.1 The Board shall consist of:

7.1.1 Chair (only votes in the event of a tie)

7.1.2 Vice Chair

7.1.3 Secretary

7.1.4 Treasurer

7.1.5 Air Medical Committee Chair

7.1.6 Cardiac Committee Chair

7.1.7 **Emergency Department Operations Committee Chair**

7.1.8 EMS Committee Chair

7.1.9 Finance Committee Chair

7.1.10 Pediatric Committee Chair

7.1.11 Professional Development Committee Chair

7.1.12 Public Education / Injury Prevention Committee Chair

7.1.13 Regional Emergency Preparedness Committee Chair

7.1.14 Stroke Committee Chair

7.1.15 System Performance Improvement Committee Chair

7.1.16 Trauma Committee Chair

7.1.17 Zones Representative

7.1.18 Immediate Past Chair (ex officio, non-voting)

7.2 Election, Removal, and Vacancies of Directors

7.2.1 Each Director is confirmed as a member of the Board after election by their respective committee and ratification by the Board.

7.2.2 Any Director may be removed with or without cause at a Board Meeting by a majority vote of the Board after a Closed System Performance Improvement (SPI) Committee investigation and recommendation, provided that proper notice of the intention to act on the matter has been given in the notice calling the meeting.

7.2.3 Each elected Director will hold office until whichever of the following occurs: (a) a successor is elected, (b) resignation, (c) removal from office by the Board, (d) removal from office by their respective committee, after ratification by the Board, (e) death, or (f) disability.

9.1.6 Call for removal of or complaint against any Chair of a Standing Committee shall be delegated to the System Performance Improvement (SPI) Committee for investigation and recommendation. Recommendation shall be presented to the Board for action. Call for removal or complaint against the Chair of the SPI Committee shall be investigated by the Board, and action taken.

9.1.7 Purpose and responsibilities of Standing Committees:

9.1.7.1 Air Medical Committee

9.1.7.1.1 Responsible for the review of operational and clinical guidelines surrounding air medical transport services in TSA-E.

9.1.7.1.2 Provide guidance in the development of pre-hospital assessment tools, treatment guidelines, and the SOP governing active participation.

9.1.7.2 Cardiac Committee

9.1.7.2.1 Responsible for development of an acute cardiac care system for TSA-E. This includes the development of guidelines for rapid transport to appropriate facilities of patients suffering ST Elevation Myocardial Infarction (STEMI), and other acute cardiac conditions that may arise in the future.

9.1.7.2.2 Provide guidance in the development of pre-hospital assessment tools, treatment guidelines, and the SOP governing active participation.

9.1.7.3 Emergency Department Operations Committee

9.1.7.3.1 The Emergency Department (ED) Operations Committee is responsible for improving Emergency Department operations in TSA-E by engaging in and supporting the development and implementation of clinical guidelines and processes, enhancing communication, collaboration and alignment amongst the EDs, ED partners in care, and other NCTTRAC Committees in TSA-E.

9.1.7.3.2 Provide guidance in the development of pre-hospital assessment tools, treatment guidelines, and the SOP governing active participation.

9.1.7.4 Emergency Medical Services (EMS) Committee

9.1.7.4.1 Responsible for coordination and improvement for all levels of providers within TSA-E to include the quality of patient care provided by the pre-hospital provider.

9.1.7.4.2 Provide guidance in the development of pre-hospital assessment tools, treatment guidelines, and the SOP governing active participation.

9.1.7.11 System Performance Improvement Committee

9.1.7.11.1 Responsible for oversight of emergency healthcare system performance improvement activities of NCTTRAC.

9.1.7.11.2 The Open SPI Committee shall develop and review system performance standards; review, evaluate, and report EMResources utilization; and make recommendations for appropriate designation/accreditation of hospitals related to initial or changes to designation/accreditation as requested/required by the Department of State Health Services (DSHS).

9.1.7.11.3 The Closed SPI committee shall review and analyze reported patient care and process issues; maintain oversight for the Regional Communications Center; maintain oversight of the Regional Registry (REG\*E); and serve as the NCTTRAC **personnel** review and grievance committee as defined in the Alternative Dispute Resolution SOP.

9.1.7.11 Trauma Committee

9.1.7.12.1 Responsible for the oversight of the trauma system for TSA-E, including the TSA-E Regional Trauma System Plan (Plan). This Plan includes strategies to focus diverse resources in a collective strategy to reduce morbidity and mortality due to trauma.

9.1.7.12.2 Provide guidance in the development of pre-hospital assessment tools, treatment guidelines, and the SOP governing active participation.

9.2 NCTTRAC is divided into geographic areas referred to as Zones and is supportive of its members' efforts to organize and meet on specific issues affecting them.

9.2.1 The current Zones are:

- 9.2.1.1 Zone 1 – Cooke, Grayson and Fannin counties;
- 9.2.1.2 Zone 2 – Denton and Wise counties;
- 9.2.1.3 Zone 3 – Palo Pinto and Parker counties;
- 9.2.1.4 Zone 4 – Ellis, Kaufman and Navarro counties;
- 9.2.1.5 Zone 5 – Collin, Hunt and Rockwall counties;
- 9.2.1.6 Zone 6 – Erath, Hood, Johnson and Somervell counties;
- 9.2.1.7 Zone 7 – Tarrant County; and
- 9.2.1.8 Zone 8 – Dallas County.

9.2.2 Zone Meetings are open to any individual who wants to attend the meeting.

9.2.3 Zone Meetings shall occur at least quarterly.