

## **State Trauma Prevention and Control Advisory Committee Bylaws**

The State Trauma Prevention and Control Advisory Committee [Committee] was established in Title 5, section 12004-I, subsection 74-1, and appointed by the Maine EMS Board [Board] to advise the Board on all matters related to trauma care system development. The Committee's members must be broadly representative of trauma prevention and care providers as a whole and must be as geographically diverse as possible.

### **Article 1 – Composition and Appointment**

**Section 1. Composition.** The Committee shall consist of members who are appointed by the Chairperson of the Board for two-year terms. There are three types of positions on the Committee:

- A. Positions appointed by the group they represent: Maine EMS Board (1), Hospital Administrators (3), Maine Hospital representative (1);
- B. Positions appointed by job title: Maine EMS Director, Maine EMS Medical Director, Trauma Surgeons (4), Trauma Program Managers;
- C. Positions for which the Committee accepts applications from anyone who fits the category description. Anyone interested would apply following the established application process and would be selected by the Committee : EM Physicians (2), EM Nurse (1), CC Nurse (1), Trauma Rehab Specialist (1), Regional Council Representative (1), Air Ambulance Representative (1), Prehospital Care Provider (2), Trauma Care System User (1), At-Large Members (2).

The Committee will be comprised of the following positions:

- 1. Board Representative (1): A voting member of the Maine EMS Board.
- 2. Surgeons (4): One appointed from each ACS-verified Level 1 or 2 Trauma Center in the state. In the case where there are less than four ACS-verified Level 1 or 2 Trauma Centers in the state, additional applicants will apply to the Committee using the established procedure and must represent a non-ACS-verified Level 1 or 2 Trauma Center. Representatives of each ACS-verified Level 1 or 2 Trauma Center maintain their positions for as long as they are appointed by the Trauma Center. Surgeons not representing one of the Level 1 or 2 Trauma Centers will need to reapply every two years.
- 3. EM Physician (2): A physician actively practicing in an Emergency Department in Maine, with preference given to physicians who are not employed by an ACS-verified Level 1 or 2 Trauma Center.
- 4. The Director (1): The current Director of Maine EMS. This term does not expire.

5. The Medical Director (1): The current Medical Director of Maine EMS. This term does not expire.
6. Emergency Nurse (1): A nurse who actively practices in an emergency department in the state.
7. Critical Care Nurse (1): A nurse who actively practices critical care nursing outside of the emergency department (i.e. in an ICU or interfacility transport) in the state.
8. Trauma rehabilitation specialist (1): This role can be filled by a member of a rehabilitation team responsible for the post-hospitalization care of trauma patients in the state.
9. Representative of the regional councils (1): This role can be filled by an active member of a Regional Council as defined by Maine EMS. When this position is open, each established Regional Council will be asked to submit one name to the Committee for selection using the established application process.
10. Representative of Air Ambulance Services (1): A representative from a Maine-based air ambulance service.
11. Prehospital Care Provider (2): Actively practicing licensed EMS providers in Maine affiliated with a Maine EMS licensed service.
12. Hospital administrators (3): One from each (as recommended by the Maine Hospital Association):
  - a. Small hospital: Defined as 0-55 beds
  - b. Medium hospital: Defined as 56-110 beds
  - c. Large hospital: Define as 111 beds or greater
13. Maine Hospital Association Representative (1): A representative recommended by the Maine Hospital Association. This term does not expire.
14. Trauma care system user (1): A member of the public.
15. Trauma Program Managers : These positions will be filled by the existing Trauma Program Managers from each of the ACS-verified Level 1 or 2 Trauma Centers in Maine. These terms do not expire.
16. At-Large members (2) These positions are open to any member of the Maine healthcare or emergency response network.

The Committee's members must be broadly representative of trauma prevention and care providers as a whole and must be as geographically diverse as possible.

## **Section 2. Qualifications**

1. Applicant/member actively fills the role of the specific position they are applying for/serving within the Committee membership.
2. Applicant/member is in good standing with the group for which they fill the role of the position applying for/serving.
3. Applicant/member possesses current knowledge of the design and operation of the state trauma system.
4. Applicant/member possesses good interpersonal and consensus building skills and the ability to work as a member of a team.

## **Section 3. Appointment Process**

### **Subsection 1. Announcement**

Committee positions for which vacancies exist shall be announced publicly for a period of no less than 15 calendar days. Method of public announcement includes, but is not limited to the Maine EMS website, social media and email.

### **Subsection 2. Application**

Interested candidates must submit a cover letter/letter of interest and a current resume or curriculum vitae to the Committee via the Trauma Systems Manager or designee. All qualified applicants will be considered by an application subcommittee of the Committee.

### **Subsection 3. Interview**

Candidates will be given a date and time to attend an interview. Candidates will be given an opportunity to introduce themselves and discuss their qualifications, interests and answer the interview questions as directed by the application subcommittee. If there are multiple candidates, each candidate will be given the same interview questions. The interviews will be held in executive session within the subcommittee.

### **Subsection 4. Selection and Approval**

Following applicant interviews, the application subcommittee will make recommendations to the Committee. The Committee will then select a candidate for each vacancy via a ballot vote. The names of the candidates selected for each vacancy will then be submitted to the EMS Board Chair for approval. Members that the Chair does not wish to approve will be brought forward to the full EMS Board for review. Once approved by the Board Chair, the selectee will be notified by phone or email by the Committee Chairperson or the Trauma Systems Manager.

### **Subsection 5. Selection of Committee Chair**

The Chairperson shall be elected by the Committee for a two-year term and shall have been a member of the Committee for a minimum of two years. On or about, the fourth Tuesday of January of each biennium the Committee shall create a slate of nominations for the replacement of the Chair to be elected by the Committee the fourth Tuesday of April for the two-year period in order to begin their term on the fourth Tuesday of July.

## **Section 4. Terms**

All positions, unless otherwise noted, will be appointed for a period of two years beginning on July 1 of each year. In the case that someone resigns their position prior to the end of their term, their replacement will serve the remainder of the existing term and will need to re-apply if they wish to continue in the position.

## **Article 2. Responsibilities and Accountability**

### **Section 1. Responsibilities**

1. To serve as a resource and subject matter expert regarding trauma systems of care.
2. To represent and advocate for others in your role.
3. To participate in the creation, development, implementation, dissemination and maintenance of the State Trauma Care System Plan.
4. To act as a liaison between The Trauma Prevention and Control Advisory Committee, as well as the Board of EMS, and those you represent.
5. To attend Committee meetings, with standing meetings occurring quarterly on the Fourth Thursday of January, April, July, and October and supplemental meetings as needed; either in person or by teleconference. Furthermore, members are expected to be prepared for these meetings and to participate in discussion.
6. To utilize various methods of communication with similarly licensed or authorized members of the emergency response community, to perform outreach when necessary.
7. It is expected that these positions will require an estimated five hours per quarter, between meetings and preparation work. There may be instances in which more time is required.

### **Section 2. Attendance Requirement**

Regular attendance at meetings is expected of all members of the Committee. As participation in the Committee and its activities is voluntary, it is foreseeable that members may have other obligations which may preclude attendance at the meeting. When attendance is not possible, it is the professional expectation that members will notify the Committee Chair or the Trauma Systems Manager of the inability to attend a given meeting in advance, whenever possible. Committee members are expected to attend 75% of the scheduled meetings.

### **Section 3. Roll**

Attendance will be recorded and maintained by the Trauma Systems Manager or their designee.

### **Section 5. Absences**

Absences will be tracked by the Trauma Systems Manager or designee. Due consideration will be given for extenuating circumstances. However, excessive absences (missing three consecutive meetings or missing three meetings in a 12-month period), is criteria for removal from the Committee. It is also the expectation of the Committee that the member will not fall behind in Committee work being performed directly by the individual. In cases of extenuating circumstances that have the potential to cause excessive absences, it is the expectation that the individual will notify the Committee Chair, Trauma System Manager or Maine EMS staff member for guidance.

### **Section 6. Removal from Committee**

A Committee member may be removed by the Maine EMS Board, or by the Committee, with Maine EMS Board Chair approval, for cause. Termination of Committee membership may be so

voted after written notice to the Committee member as consequence of the member's failure to attend three consecutive meetings or misses three meetings in a 12-month period. Extenuating circumstances will be considered on a case-by-case basis.

### **Article 3 -- Committee Meetings**

**Section 1.** The Committee shall meet upon a five-day written notice with a copy of the agenda at the call of its Chair at least quarterly.

Special meetings may be called by the Chair or at the request of the members of the Committee.

**Section 2.** A majority of the Committee members appointed and currently serving shall constitute a quorum and a majority vote of those present and voting shall be required for Committee action.

To keep the order of meetings running smoothly and to avoid complex parliamentary procedures, the Committee shall follow the guidelines produced by the Maine Municipal Association for Town Moderators. (See attached table.)

**Section 3.** The Committee may take any action authorized by telephone conference or other means as authorized by a rule of the Board or by state law. All meetings must be in compliance with the requirements of the Freedom of Access Act, including public notice, public proceedings, and minute-taking.