

**Region 6
Regional Trauma Network
Bylaws**

NAME, COVERAGE AREA AND FIDUCIARY.

A. Name.

The name of the organization is "Region 6 Regional Trauma Network" (referred to herein as the "RTN"), and its address shall be located at such address in Michigan as the organization may from time to time determine.

B. Coverage Area.

Region 6 RTN coverage area comprises the counties of Clare, Ionia, Isabella, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa as designated by the State of Michigan.

C. RTN Fiduciary.

The RTN will appoint a fiduciary when funding becomes available.

PURPOSE.

The purposes of the Region 6 RTN are as follows:

- A.** To organize, coordinate and manage an all-inclusive network of hospitals, medical control authorities, EMS personnel, life support agencies, physicians, nurses, and consumers to plan and implement strategies to strengthen the provision of Trauma Care Services within the RTN as defined and prescribed in the Michigan Statewide Trauma System Rules.
- B.** To develop a regional trauma plan and to apply to the Michigan Department of Community Health (referred to herein as the Department) for approval and recognition as the Region 6 Regional Trauma Network. The plan will address each of the following trauma system components: leadership, public information & prevention, human resources, communications, medical direction, triage, transport, trauma care facilities, inter-facility transfers, rehabilitation, and evaluation of patient care within the system.
- C.** To establish the Regional Trauma Advisory Council (RTAC) for Region 6.
- D.** To appoint a trauma system regional professional standards review organization (RPSRO) as defined in R 325.127 (e).

ORGANIZATIONAL STRUCTURE.

1. REGIONAL TRAUMA NETWORK (RTN)

The RTN is comprised of 3 core components per the administrative rules and other committees as needed.

- A.** Regional Trauma Network (Region 6) RTN – serves as the governing board
- B.** Regional Trauma Advisory Council (Region 6) - RTAC
- C.** Regional Professional Standards Review Organization (Region 6)- RPSRO
- D.** Other committees

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RTN Membership.

Membership will consist of a designated representative from each participating Medical Control Authority (MCA). Participating MCA means those medical control authorities recognized by the Michigan Department of Community Health (MDCH) EMS & Trauma Section and who have submitted a signed letter of endorsement. (Appendix A).

Each participating MCA shall designate its' voting representative and alternate representatives and may change them at any time by notifying the Chair of the RTN in writing. A renewal endorsement letter will be required of each participating MCA every three years on the calendar year. The trauma medical director or designee from each Level 1 or II verified or designated Trauma Center will be a non-voting member of the RTN.

Removal.

Any officer may be removed by the action of the RTN, with or without cause, by a two-third vote of the entire voting RTN, whenever in the judgment of the RTN the best interests of the RTN will be served. The officer position must be replaced so each MCA is represented.

Any officer proposed to be removed shall be entitled to at least ten (10) days' notice in writing by mail, or electronic mail, of the meeting of the RTN at which such removal is to be voted upon and shall be entitled to appear and be heard by the RTN at such meeting.

Concerns regarding individual members should be referred to the representing organization by the RTN chair.

A. Officers.

The Chairperson, Vice-Chairperson and Secretary will be selected by the Regional Trauma Network. The RTN Fiduciary administrator will serve as the Treasurer (subject to funding becoming available).

Officers must attend (physically or electronically) a minimum of 75% of the regularly scheduled meetings of the RTN.

1. Election, Removal, Resignation and Vacancies.

All officers of the RTN other than the Treasurer will be elected by a majority vote of the Regional Trauma Network members.

The officers shall be elected by the RTN from among the representatives of its participating MCA's at the annual meeting of the RTN.

The term of office will be for three years and may be renewed at the discretion of the RTN one time.

Any officer may resign at any time by delivering written notice to the Chairperson.

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Vacancies occurring in any office at any time will be filled by the RTN membership by appointment of the Chairperson until the next election. If it is vacancy of the Chairperson, a special election will be held.

Elections will be held at the annual meeting which will be held in conjunction with the September meeting.

2 Chairperson.

The Chairperson will preside over all meetings of the RTN. In the event of a vacancy in the office of Chairperson, the Vice-Chairperson will automatically succeed to the office of Chairperson until a new Chairperson is elected by the RTN.

3. Vice-Chairperson.

The Vice-Chairperson will report to the Chairperson as instructed by the Chairperson, and will perform such duties and have such powers as may from time to time be assigned by the Chairperson. In the absence or disability of the Chairperson the Vice-Chairperson will perform the duties and exercise the powers of the Chairperson.

4. Secretary.

The Secretary shall have charge of such electronic records, documents, and papers as the RTN may determine. The secretary shall attend and keep the minutes of all the meetings of the RTN and RTAC. The Secretary will record the minutes of the meetings and provide notice of the meetings.

- 5. Treasurer.** Fiduciary administrator will serve as the Treasurer (subject to funding becoming available). The Treasurer will be a non-voting ex-officio member of the Regional Trauma Network and participate in all meetings of the Regional Trauma Network.

6. Contract Parties.

The RTN will establish the duties, responsibilities and compensation of other RTN contract parties. These duties, responsibilities and compensation will be established by a written contract approved by the RTN and RTN Fiduciary (subject to funding becoming available). The RTN will select or approve the appointment or hiring of contractors, consultants and others necessary to carry out the purposes and authority of the RTN with RTN Fiduciary approval (subject to funding becoming available). The RTN will provide supervision and management of any appointed personnel.

7. Duties.

a. General Responsibility.

The RTN will see that the trauma administrative rules of the state are carried into effect and will have the general powers of supervision and management of the RTN.

b. Establish the Regional Trauma Advisory Council.

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The RTN will establish a Regional Trauma Advisory Council (RTAC) according to the administrative rules, and reserves the right to determine the size, member eligibility, authority and other matters relating to the composition and activities of the RTAC. The recommended makeup of the RTAC is outlined in the section relating to the RTAC as directed by Trauma Administrative Rules 325.127 rule 3h.

c. Delegation of Duties.

The RTN may delegate duties to the RTAC and/or committees as needed.

9. Meetings and Rules.

a. Meeting Schedule.

The RTN shall establish a regular schedule for meetings. Quarterly meetings will be scheduled each year. The Chairperson may call for a special or emergency meeting of the RTN when deemed necessary or when requested by a majority of the participating MCA's. The annual meeting will be held in conjunction with the 4th quarter meeting.

b. Quorum Requirement.

At any meeting of the RTN, a minimum of fifty percent (50%) of the total participating MCA's must be in attendance, in person or electronically, to constitute a quorum for the transaction of business. Motions will require a majority vote of those present.

c. Voting.

Each participating MCA shall have one (1) vote. Officers, with the exception of the Treasurer, of the RTN are allowed to vote.

d. Procedures.

The agenda and procedure of all meetings of the RTN shall be governed by Roberts Rules of Order, revised (latest edition).

e. Electronic Meetings.

Meetings may be conducted by means of conference, telephone or other means of remote communication by which all persons participating in the meeting have an opportunity to read or hear the proceedings concurrently.

10. Consent Resolution.

Action may be taken by the RTN, without a meeting, by a written consent (as requested either by mail, fax or e mail) signed by a simple majority of all the members of the RTN.

2. REGIONAL TRAUMA ADVISORY COUNCIL.

A. Purpose.

The purpose of the RTAC is to provide leadership, expertise and direction in matters related to trauma system development under the directives of the RTN.

B. Membership.

1. Member/Alternate Designation.

At least one voting member of the RTN executive committee will serve on the RTAC.

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Members of the Regional Trauma Advisory Council shall be designated in writing by the appointing MCA, hospital, or other organization. Alternate members may be designated. Each appointing body may remove and replace its appointed representative(s) and/or its alternate representative(s), and may fill any vacancy created by the resignation of an appointed representative(s) or alternate representative(s), at any time, at its discretion.

Each appointing organization may remove and replace its appointed representative(s) and/or its alternate representative(s), and may fill any vacancy created by the resignation of an appointed representative(s) or alternate representative(s), at any time, at its discretion by notifying the RTAC chair in writing.

Any officer of the RTAC or RTAC committees may be removed by the action of the RTAC, with or without cause, by a two-third vote of the entire voting RTAC, whenever in the judgment of the RTAC the best interests of the RTAC will be served. The officer position must be replaced so each entity described in administrative rules is represented.

Any officer proposed to be removed shall be entitled to at least ten (10) days' notice in writing by mail, or electronic mail, of the meeting of the RTAC at which such removal is to be voted upon and shall be entitled to appear and be heard by the RTAC at such meeting. Concerns regarding individual members should be referred to the representing organization by the RTN chair.

Members.

The Regional Trauma Advisory Council will be comprised of the following eligible membership with the goal of maximizing inclusion of Region 6's constituents:

- a) Medical Director or designee of each MCA.
- b) Trauma Director or designee from each verified trauma facility, each provisionally approved trauma facility and each facility actively seeking verification.
- c) Trauma Program Manager from each verified trauma facility, each provisionally approved trauma facility and each facility actively seeking verification.
- d) Trauma Registrar from each verified trauma facility, each provisionally approved trauma facility and each facility actively seeking verification.
- e) Trauma Nurse Representative from each verified trauma facility, each provisionally approved trauma facility and each facility actively seeking verification.
- f) Trauma Outreach and Prevention Coordinator from each verified trauma facility, each provisionally approved trauma facility and each facility actively seeking verification.

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- g) Emergency Department Physician Representative from licensed hospitals.
 - h) Emergency Department Nurse Representative from licensed hospitals.
 - i) Life Support Agency, EMS Personnel and Consumer representatives as appointed by each MCA, to include as an example:
 - Protocol Committee/Advisory Committee Chairperson.
 - EMS Personnel Representative.
 - Life Support Agency Representative.
 - EMS Communication/EMD representative
 - j). Consumer representative not affiliated with the EMS or Hospital systems.
2. **Chairperson**-The RTAC Chairperson will be elected by the RTAC and approved by the RTN.
3. **Members.**
The RTAC membership will be comprised of eligible membership with the goal of maximizing inclusion.
4. **Member Appointment and Removal.**
Each appointment and removal of a representative or alternate representative must be presented to the RTN or designee in writing or electronically, on the appointing organization's letterhead signed by the administrative head of the appointing organization.
5. **Resignation.**
A resigning member of the RTAC will have no further obligation.
6. **Membership Review.**
The RTAC will review, every three years, the appointments of its representatives and any alternate representatives. Reappointment can be for an unlimited number of terms.
7. **Regional Trauma Advisory Council Participation.**
Any MCA, hospital, or other organization entitled to appoint a representative(s) to the RTAC who fails to appoint a representative will be deemed to have elected not to participate.
8. **Duties.**
The duties of the RTAC include, but are not limited to:
- a) Develop and make recommendations to the RTN regarding the RTN's Trauma System Plan.
 - b) Make funding allocation recommendations (subject to funding becoming available).
 - c) Develop performance improvement plan that is based on standards that are incorporated by the rules, R 325.129 (2) (1) and R 325.135.

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- d) Monitor the performance of the trauma agencies and healthcare facilities within the region, including, but not limited to, the review of trauma deaths and preventable complications.
- e) Report progress, challenges, and recommendations to the RTN.
- 9. Recommendation Approval.** Recommendations of the RTAC to the RTN must be approved by a majority of the RTAC members present at a meeting of the RTAC, subject to quorum requirements being met.

10. Committees.

a. Establishing Committees.

The RTAC may establish committees as required and as it deems appropriate, unless otherwise restricted by the RTN. The RTAC Chair will appoint each committee chair.

b. Committee Chairperson(s) Attendance at RTAC Meetings.

Each committee chairperson(s) will attend the RTAC meetings and make a committee report. If unable to attend, other arrangements for committee reporting must be made by the committee chair.

11. Meetings and Rules.

a. Meeting Schedule.

The RTAC shall establish a regular schedule for meetings. Quarterly meetings will be scheduled each year. The Chairperson may call for a special or emergency meeting of the RTAC when deemed necessary.

b. Quorum Requirement.

At any meeting of the RTAC, a minimum of fifty percent (50%) of the total participating entities (at least one voting member from each entity) must be in attendance, in person or electronically, to constitute a quorum for the transaction of business.

c. Voting.

Motions of the RTAC require a simple majority of the members of the RTAC present at the meeting in which an action is being considered, subject to quorum requirements being met.

d. Rules.

Roberts Rules of Order will govern all meetings of the RTAC except where such rules are inconsistent with this document.

e. Consent Resolution.

Action may be taken by the RTAC, without a meeting, by a written consent (as requested either by mail, fax or e-mail) signed by a majority of the members of the RTAC if responses/votes are consistent with quorum requirements.

f. Actions Requiring RTAC Approval.

The following actions and activities will require the approval of the RTAC:

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- 1) The RTAC will have the authority to approve or return for reconsideration to a committee, committee recommendations for allocation of funding (subject to funding becoming available).
- 2) The RTAC will have the authority to approve or return for reconsideration to a committee, committee recommendations for RTN plans.
- 3) The RTAC may delegate responsibility to the committee(s) as needed.
- 4) The RTAC may determine the powers, authority, duties and responsibilities of any committee created by the RTAC, including membership qualification and eligibility, committee size, committee chairperson, and other actions deemed appropriate by the RTAC.

3. Regional Trauma Professional Standards Review Organization (RPSRO)

A. Purpose

The RPSRO shall be established for the purpose of improving the quality of trauma care within the region as provided in MCL 331.531 to 331.533 and will report findings to the RTAC and the RTN.

B. Open Meetings Act and Confidentiality of Information

RPSRO meetings are not subject to the open meetings act. All information, records, data, and knowledge collected by or for individuals or bodies assigned professional practice review functions shall be confidential, shall be used only for carrying out of such functions, shall not be public records and shall be entitled to such non-availability for court subpoena and other benefits as may be afforded under the provisions of Act 368 of the Public Acts of 1978, Act 270 of the Public Acts of 1967 (including Section 20919(1)(g), and Administrative Rule 325.22213, as amended.

C. Membership.

The RPSRO shall be established by the RTN and representatives shall be from the following categories from MCA's within the region. The definition of rural and urban as determined by STAC will be the federal definition. See Appendix B.

- Chair- Trauma Surgeon
- Vice Chair-Trauma Surgeon
- Physician EMS director, rural
- Physician EMS director, urban
- EMS administrator
- Trauma surgeon
- Trauma program manager-Level I or II
- Trauma program manager-Level III or IV
- EMS Performance Improvement manager/coordinator
- Additional ad hoc members may be appointed by the RTN chair as needed.

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- Regional Trauma Coordinator

C. Officers.

1. The chair and vice-chair of RPSRO will be appointed by the chair of the RTN. Members will be appointed by the RTN membership with annual review. Renewal appointments will occur every three years at the annual meeting.
2. The RPSRO Chairperson will preside over all meetings of the RPSRO. In the event of a vacancy in the office of Chairperson, the Vice-Chairperson will automatically succeed to the office of Chairperson until a new Chairperson is appointed by the chair of the RTN.

D. Meeting Frequency

1. The RPSRO shall establish a regular schedule for meetings.

E. Quorum, Voting and Majority Vote.

1. At any meeting of the RPSRO, the members present shall constitute a quorum. An affirmative vote of a majority of RPSRO shall be, and constitute the act of the RPSRO.

F. Removal

1. Any officer may be removed by the action of the RTN, with or without cause, by a two-third vote of the entire voting RTN, whenever in the judgment of the RTN the best interests of the RTN will be served. The officer position must be replaced to meet representation as described in bylaws.

Any officer proposed to be removed shall be entitled to at least ten (10) days' notice in writing by mail, or electronic mail, of the meeting of the RTN at which such removal is to be voted upon and shall be entitled to appear and be heard by the RTN at such meeting. Concerns regarding individual members should be referred to the representing organization by the RTN chair.

G. Reporting

1. The RPSRO will report its findings to the RTAC and RTN on a semiannual basis.

H. Appeals

1. All appeals must be submitted in writing to the chair of the RPSRO.
2. Appeals that are system related must be made by organizations (hospitals, trauma programs, or EMS agencies) through a written letter to the chair of the RPSRO. If further appeal is requested by the organization, the chair of the RPSRO will send the issue for external review by another RTN within Michigan.
3. If individual performance issues are identified within the process they will be referred to the individual's employing organization, hospital or to the MCA for follow-up.
4. No individual appeals will be handled through the RPSRO

4. CONFLICT OF INTEREST.

Any MCA, hospital or other organization participating in the RTN, RTAC or RTAC Committees with an interest in any matter or other conflict of interest, shall disclose the interest prior to any discussion of that matter at a RTN, RTAC or RTAC Committee

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meeting. The representative of such MCA, hospital or other organization shall refrain from participation in any action relating to such matter or conflict of interest. The disclosure shall become a part of the minutes of that meeting.

5. ADMINISTRATION AND APPROVAL PROCESS

A. Books and Records.

The officers, appointees, employees and agents of the RTN shall maintain detailed and accurate books, records, and accounts of the activities as determined by the RTN and shall be in accordance with applicable state and federal law and regulations, including the regulations established by the Department.

B. Annual Audit.

This section left intentionally blank (subject to funding becoming available).

C. Financial Accounts.

This section left intentionally blank (subject to funding becoming available).

D. Contract Approval.

This section left intentionally blank (subject to funding becoming available).

E. Plan Approval Process.

1. Plans and actions of the RTAC must be reviewed by the RTN. Final approval of all plans and actions is by the RTN.
2. If approval is received from the RTN, the protocols/policies/plans will be submitted to the Department for review and implementation approval. Once approved by the Department the protocols/policies/plans will be implemented.

F. Open Meeting and Confidentiality.

The Regional Trauma Network as created under the Public Health Code, MCL 333-20910(I) and subsequent departmental rules R325.125 *et seq*, is a public body charged with the supervision of the Regional Trauma Plan within Region 6 and is therefore subject to the Open Meetings Act (OMA), MCL 15.261 *et seq*. Meetings may be closed under circumstances outlined within MCL 15.267 and 15.268. However, all documents prepared in support of the RPSRO are considered exempt from disclosure there under pursuant to MCL §15.243(y).

6. AMENDMENTS

This document may be amended or repealed by the RTN with the input from the RTAC and RTN Fiduciary (subject to funding becoming available). A notice of any amendment will be sent to each participant in the RTN.

7. INDEMNIFICATION

This section left intentionally blank.

8. REVIEW.

The by-laws shall be reviewed every three (3) years.

6. AMENDMENTS

This document may be amended or repealed by the RTN with the input from the RTAC and RTN Fiduciary (subject to funding becoming available). A notice of any amendment will be sent to each participant in the RTN.

7. INDEMNIFICATION

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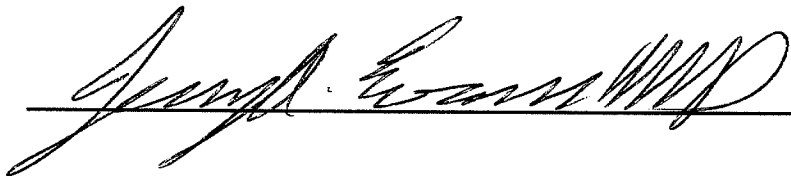
8. REVIEW.

The by-laws shall be reviewed every three (3) years.

Approved by the Region 6 Regional Trauma Network

Date April 9, 2014

RTN Chair Jerry Evans (Attached signature page)



A handwritten signature in cursive script, appearing to read "Jerry Evans", is written over a horizontal line.

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Appendix B: Federal Definition of Rural and Urban from:

Part IX Office of Management and Budget Standards for Defining Metropolitan and Micropolitan Statistical Areas; Notice

Federal Register / Vol. 65, No. 249 / Wednesday, December 27, 2000 / Notices

Metropolitan Statistical Area.—A Core Based Statistical Area associated with at least one urbanized area that has a population of at least 50,000. The Metropolitan Statistical Area comprises the Central County or counties containing the core, plus adjacent outlying counties having a high degree of social and economic integration with the central county as measured through commuting.

Micropolitan Statistical Area.—A Core Based Statistical Area associated with at least one urban cluster that has a population of at least 10,000, but less than 50,000. The Micropolitan Statistical Area comprises the Central County or counties containing the core, plus adjacent outlying counties having a high degree of social and economic integration with the central county as measured through commuting.