

Amended By-Laws of Southwest Texas Regional Advisory Council – July 2016
Reviewed – July 2016

**SOUTHWEST TEXAS
REGIONAL ADVISORY COUNCIL
for
TRAUMA SERVICE AREA ‘P’**

**Regional Advisory Council By-Laws
2016**

Approved July 12, 2016



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**BYLAWS
Of the
SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL
FOR TRAUMA SERVICE AREA-P
July 12, 2016**

These Bylaws govern the operations of the Southwest Texas Regional Advisory Council (STRAC), which is a 501(c)3 non-profit organization functioning according to Department of State Health Services (DSHS) Rules 157.123 , and organized in accordance with the Texas Non-Profit Corporation Act. This Regional Advisory Council (RAC) is an organization of local citizens and member organizations representing all licensed health care entities within Trauma Service Area “P” (TSA-P).

ARTICLE 1

Mission

To reduce death/disability related to trauma, disaster and acute illness through implementation of a well-planned and coordinated regional emergency response system.

Vision

We will be the model regional trauma, disaster and emergency healthcare system in the United States that results in the lowest risk-adjusted mortality for emergency healthcare conditions.

ARTICLE 2

Definitions

- 2.1 Trauma Service Area – P: TSA-P includes the Texas counties of:
Atascosa, Bandera, Bexar, Comal, Dimmit, Edwards, Frio, Gillespie, Gonzales, Guadalupe, Karnes, Kendall, Kerr, Kinney, LaSalle, Maverick, Medina, Real, Uvalde, Val Verde, Wilson and Zavala.
- 2.2 Membership: Refer to Articles 4 and 5.
- 2.3 Other: All other definitions are in accordance with those set forth by DSHS Rules 157.2.
- 2.4 Executive Committee: The Board of Directors for the Southwest Texas Regional Advisory Council, a 501(c)3 Organization, incorporated in the State of Texas.
- 2.5 Fiscal Year: September 1 – August 31

ARTICLE 3

Functions

- 3.1 Develop and continually update a trauma system plan for TSA-P and submit to the Department of State Health Services as required by the most current Texas Trauma Rules.
- 3.2 Determine methods for, and requirements governing, efficient and expedient inter-facility transfers that are most appropriate for the patient's needs for trauma care and/or rehabilitative services. These methods shall include, but not be limited to, the definition and determination of criteria for triage and criteria for patient transfer.
- 3.3 Provide a forum for communication between parties of the trauma care system to enhance networking and coordination of patient care issues.
- 3.4 Provide the public with information regarding trauma care and injury prevention.
 - 3.4.1 Support 9-1-1 and public access to trauma care.
 - 3.4.2 Support programs designed to facilitate prevention of trauma and to educate the public as to its importance.
- 3.5 Develop and implement guidelines designed to enhance the quality of trauma care provided within TSA-P.
 - 3.5.1 Assist member organizations in attaining/maintaining trauma designation or EMS licensure at the level appropriate to their available resources.
 - 3.5.2 Specify and conduct performance improvement activities.
- 3.6 Provide a forum to resolve disputes, provide voluntary non-binding mediation, and enhance collaboration among STRAC members/participants.
- 3.7 Endorse programs and adopt measures that will improve funding of trauma care services.
- 3.8 Provide software solutions and services that improve and/or enhance Trauma, EMS, Disaster and other Acute Care Services
- 3.9 In concert with Members, conduct research related to Trauma, EMS, Disaster and other Acute Care Services
- 3.10 Develop and continually update a regional disaster plan for EMS and hospitals within TSA-P, as required by the most current Texas Trauma Rules and legislative mandates. Regional disaster planning and development is coordinated with appropriate state and local agencies.
- 3.11 Collaborate with local public health authorities to facilitate the integration of acute health care (clinical medicine) and public health initiatives.

ARTICLE 4

Membership and Dues

- 4.1 Membership Qualifications and Definitions
 - 4.1.1 General or Individual Member: A person or organization that resides, or provides trauma or acute care in, TSA-P and meets at least one of the following criteria:
 - 4.1.1.1 An Emergency Medical Services provider or representative
 - 4.1.1.2 A health care professional involved in trauma or acute care
 - 4.1.1.3 An employee or representative of a trauma or acute care facility
 - 4.1.1.4 A local government or council of governments representative
 - 4.1.1.5 An individual or organization whose primary function or role is public safety and/or emergency management, injury prevention or rehabilitation.
 - 4.1.2 Member Organization: Any Texas licensed EMS provider or Texas licensed hospital deemed to meet Medicare conditions of participation in Trauma Service Area P.
 - 4.1.3 Member Organization Representative (MOR): An individual designated by the Member Organization to participate in STRAC activities. The Member Organization must submit the name of their representative in writing to the STRAC office. This submission will remain effective until STRAC is otherwise notified by the Member Organization. The MOR is authorized to vote on behalf of their Member Organization in any STRAC decisions.
 - 4.1.3.1 Hospital submissions for MOR must be signed by the hospital executive who has the ultimate authority for the trauma program (level of Vice-President or above).
 - 4.1.3.2 EMS submissions for MOR must be signed by the EMS Chief or Director.
 - 4.1.3.3 Freestanding Emergency Centers meeting the requirements above shall have one MOR per parent organization.
 - 4.1.4 Active Participant: A member organization that meets the requirements of “active participation,” as defined by the current trauma plan (Definitions of active participation are agreed upon by STRAC member organizations).
 - 4.1.5 Voting Member: A member organization that is considered an “active participant,” as determined by the most recent active participant report submitted to DSHS.
 - 4.1.6 STRAC administrative staff is accorded privileges and responsibilities of voting member organizations, but are not afforded voting rights, nor have dues requirements
- 4.2 The Executive Committee will certify active participation in the STRAC, as defined in the trauma system plan.
- 4.3 The Voting Membership may set and change the amount of any dues or fees payable to the STRAC by its members. Dues are payable on the first day of the Fiscal Year.

ARTICLE 5

Voting Membership

- 5.1 Voting Member: A member organization that is considered an “active participant,” as determined by the most recent active participant report submitted to DSHS.
- 5.2 Each member organization is allowed only one vote, regardless of number of individuals present from their organization. A list of voting member organizations is maintained by the STRAC office.
- 5.3 All other STRAC members are non-voting members.
- 5.4 Regular and routine business of the STRAC meetings is accomplished by voting members, in accordance with Robert’s Rules of Order. The Vice-Chair shall monitor parliamentary procedure.
- 5.5 For the purpose of conducting official business of the STRAC, a quorum is defined as any voting members present, and at least two Executive Committee members.

ARTICLE 6

Executive Committee

- 6.1 The Executive Committee shall consist of the:
 - Chair
 - Immediate Past-Chair
 - Chair Emeritus
 - Vice-Chair
 - Secretary
 - Treasurer
 - Executive Director
 - one trauma designated level 4 Rural Hospital
 - one trauma designated Hospital at large (Not already represented on executive committee)
 - one Suburban EMS
 - one Rural EMS
 - one EMS at large (Not already represented on executive committee)
 - one Air Medical Provider representative.

The following entities will have standing appointments to the Executive Committee:

- Baptist Health System
- San Antonio Military Medical Center
- Christus Santa Rosa Healthcare
- Methodist Healthcare
- University Hospital
- San Antonio EMS
- Bexar County EMS

- San Antonio EMS Medical Director

The Chair Emeritus and Executive Director positions are non-voting members of the Executive Committee. If a standing member is elected to an officer position on the Executive Committee, the standing hospital or agency may appoint another representative to participate in the executive committee, but that agency only has one vote. A quorum of the Executive Committee shall be defined as a simple majority of the voting executive committee members.

6.2 Executive Committee responsibilities:

- 6.2.1 The Executive Committee, as elected representatives of the membership, is responsible for all business and activities of the organization.
- 6.2.2 Oversees all committees.
- 6.2.3 Ensures that all RAC funds are obligated in accordance with state and federal regulations.
- 6.2.4 Appoints replacement officers as needed.
- 6.2.5 Authorizes, through the chair or designee, , all agreements and contracts. Reviews all open contracts at Executive Committee meetings.
- 6.2.6 Assigns and delegates responsibilities to officers, committees, and staff to accomplish functions/obligations of the RAC.
- 6.2.7 Monitors and reviews financial status of the organization.
- 6.2.8 Plans strategic fiscal management
- 6.2.9 Authorizes proper staffing plan of RAC Office
- 6.2.10 Oversight of adherence to bylaws and the trauma system plan

6.3 Executive Committee Member requirements

- 6.3.1 An Executive Committee Member is required to attend at least 75% of all executive committee meetings.
- 6.3.2 An Executive Committee Member who does not meet the attendance requirements may be removed from the committee at the discretion of the committee.
- 6.3.3 Absences resulting from military or other institutionally assigned deployments are exempt from 6.3.1 requirements.
- 6.3.4 Executive Committee Members must be currently employed/contracted by (or actively volunteer with) a voting Member Organization

6.4 The Executive Committee will meet a minimum of 4 times per year.

6.5 At least one Director At-Large must be from an EMS agency; at least one Director At-Large must be from a hospital. The third Director At-Large can be from either an EMS agency or hospital.

6.6 Director At-Large Terms of Office

- 6.6.1 Director At-Large, EMS - two year term, elected in even years.
- 6.6.2 Director At-Large, Hospital - two year term, elected in odd years.
- 6.6.3 Director At-Large, EMS/Hospital - two year term, elected in odd years.

ARTICLE 7

Officers and Elected Executive Committee Members

- 7.1 Officers and elected executive committee members are elected by a simple majority of the voting membership, with terms to commence immediately following the Annual membership meeting.
 - 7.1.1 Officers: Chair, Vice Chair, Secretary, and Treasurer
 - 7.1.2 Elected Executive Committee Members: Trauma Designated Level 4 Rural Hospital; Trauma Designated at Large Hospital, Suburban EMS, Rural EMS, EMS at Large, Air Medical Provider
- 7.2 Officers Terms of Office
 - 7.2.1 Chair – two-year term, elected in even years.
 - 7.2.2 Vice Chair – two-year term, elected in odd years.
 - 7.2.3 Secretary – two-year term, elected in even years.
 - 7.2.4 Treasurer – two-year term, elected in odd years.

ARTICLE 8

Election of Officers

- 8.1 The Chair shall appoint a Nominating Committee, to consist of at least three members of the voting membership. The Nominating Committee shall ensure the availability of the officer candidates and propose a slate of nominations for consideration by voting members. The list of nominees must be submitted to the STRAC office at least sixty (60) days prior to the annual meeting.
 - 8.1.1 Nominations shall also be accepted from any STRAC members, if submitted to the STRAC office at least sixty (60) days prior to annual meeting.
 - 8.1.2 Candidates must be employed by (or actively volunteer with) a voting member organization.
 - 8.1.3 Candidates must express a desire to serve.
- 8.2 Election of officers shall occur prior to the annual meeting. Ballots are distributed to all voting member organization representatives. Election of officers is determined by simple majority of ballots returned.
- 8.3 Officers assume their respective positions immediately following their installation as officers by the Chair, Vice-Chair, or Executive Director, which occurs at the annual meeting.
- 8.4 The Chair and Secretary are responsible for the election process.
- 8.6 An officer who does not comply with assigned responsibilities may be removed by a two-thirds (2/3) vote of the voting members present at a STRAC meeting; the Chair cannot vote. A replacement officer is appointed by the Executive Committee.
- 8.7 In the event an office is vacated by resignation or other cause, a replacement officer is appointed by the Executive Committee.

ARTICLE 9

Duties of Officers

- 9.1 The Chair is the executive officer of the STRAC. Responsibilities of the Chair:
 - 9.1.1 Sets the agenda and presides at all meetings of STRAC.
 - 9.1.2 Appoints all committee chairs.
 - 9.1.3 Makes interim appointments as necessary, with approval of the Executive Committee.
 - 9.1.4 Signs agreements and contracts
 - 9.1.5 Calls special meetings when necessary.
 - 9.1.6 Ensures that the STRAC is represented at all appropriate state and regional meetings.
 - 9.1.7 Ensures that voting member organizations are informed of all appropriate state and legislative activities.
 - 9.1.8 Performs other tasks as deemed necessary by the Executive Committee.

- 9.2 Responsibilities of the Vice-Chair:
 - 9.2.1 Performs the duties of Chair in the absence of the Chair.
 - 9.2.2 Performs duties assigned by the Chair, the Executive Committee, or voting member organizations.

- 9.3 Responsibilities of the Secretary:
 - 9.3.1 Ensures dissemination of all notices required by the Bylaws.
 - 9.3.2 Ensures a meeting attendance roster for member organizations.
 - 9.3.3 Ensures a database of current names and mailing addresses for all member organizations.
 - 9.3.4 Responsible for minutes of all proceedings of the Executive Committee and for STRAC membership meetings.
 - 9.3.5 Manages the correspondence of the organization.

- 9.4 Responsibilities of the Treasurer:
 - 9.4.1 Oversees all funds and assets of the STRAC, as provided in the Bylaws, or as directed by the Executive Committee.
 - 9.4.2 Monitors monies due and payable to the STRAC.
 - 9.4.3 Supervises the preparation of the annual budget with assistance from STRAC staff, and presents to Executive Committee for approval.
 - 9.4.3.1 After Executive Committee approval, presents draft budget to voting membership for final approval.
 - 9.4.3.2 Provides membership with a variance report that compares budgeted income and expenses with actual income and expenses.
 - 9.4.4 Monitors the financial records of the STRAC and arranges for an independent annual audit, as directed by the Executive Committee.
 - 9.4.5 Chairs the Finance Committee.

ARTICLE 10

Meetings

- 10.1 The Annual General Meeting occurs each fall, and is open to all members. A meeting notice is mailed and electronically distributed to all member organizations at least thirty (30) calendar days prior to the meeting.
- 10.2 Regular membership meetings, to include the Annual General Meeting, are held six times a year. Voting member organizations are notified of these meetings in writing, at least thirty (30) calendar days before the meeting. In case of Disaster or Emergency, meetings may be cancelled or rescheduled to another date.
 - 10.2.1 All regular membership meetings are held within TSA-P.
 - 10.2.2 The final agenda item of the Annual Meeting shall set the meeting times and locations for the coming fiscal year.
- 10.3 Special Meetings of the General Membership meetings may be called by the Chair, or at the request of any five (5) representatives of voting Member Organizations. Written notice is provided to Member Organizations and Executive Committee members at least seven (7) calendar days in advance, and shall state the date, time, location and purpose of the meeting. At least one-third (1/3) of the Executive Committee will be present at special meetings.
- 10.4 Emergency meetings of the Executive Committee may be called by the Chair, and actions are addressed at the next meeting of the general membership. Executive Committee members are notified of the date, time, location and purpose of the emergency meetings. A simple majority of the Executive Committee members is required at emergency meetings.
- 10.5 For the purpose of conducting official business of the STRAC, a quorum is defined as any voting members present, and at least two Executive Committee members. If the Chair and Vice Chair are absent during a Main STRAC meeting, it is up to the Executive Committee to appoint the Executive Director of STRAC or an executive committee member to conduct the meeting.

ARTICLE 11

Standing Committees

- 11.1 Structure, Composition and Areas of Emphasis
 - 11.1.1 Standing committees are broadly representative of the general membership, specific to the focus of the committee. Standing committee membership is limited to representatives of voting member organizations. Committee meeting attendance is limited to standing committee members, voting Member Organization representatives, and guests invited at the discretion of the standing committee chair.
 - 11.1.2 The Chair or Executive Committee may assign additional focus areas to standing committees as necessary.
 - 11.1.3 Standing committee charges, focus areas, and structure are defined in the Trauma System Plan.
 - 11.1.4 Standing committee chairs are appointed annually by the STRAC Chair.

- 11.1.5 Standing committee chairs may be removed at the discretion of the Executive Committee. A replacement chair is appointed by the Executive Committee
- 11.1.6 Standing Committee chairs must be currently employed by (or actively volunteer with) a voting member organization
- 11.2 STRAC Standing Committees:
 - 11.2.1 Injury Prevention Committee
 - 11.2.2 Pre-Hospital Care Committee
 - 11.2.3 Performance Improvement Committee
 - 11.2.3.1 Performance improvement process follows the guidelines detailed in Section 161.031 – 161.032 and Section 773.092(e) of the Texas Health and Safety Code, which detail the confidentiality afforded activities of this type.
 - 11.2.4 EMS/Hospital Disaster Group (EHDG)
 - 11.2.5 Trauma Coordinator’s Committee
 - 11.2.6 Regional Registry Committee
 - 11.2.7 Field Data Collection Steering Committee
 - 11.2.8 Education Committee
 - 11.2.9 Air Medical Provider Advisory Group (AMPAG)
 - 11.2.10 Regional Stroke Systems Committee
 - 11.2.11 Regional Cardiac Systems Committee
 - 11.2.12 Regional ED Operations Committee
 - 11.2.13 Regional EMS Medical Directors
 - 11.2.14 Finance Committee
 - 11.2.15 Research Committee
 - 11.2.16 MEDCOM Advisory Group
 - 11.2.17 The San Antonio Federated Identity management governance group
 - 11.2.18 CEO Advisory Board
 - 11.2.19 Regional Injury Prevention Consortium
 - 11.2.20 Emergency Medical Task Force 8
 - 11.2.21 Alamo Regional Healthcare Coalition

ARTICLE 12

Transactions of the STRAC

- 12.1 Contracts: The Executive Committee may authorize any agent of the STRAC to enter into a contract, or to execute and deliver any instrument in the name of, and on behalf of, the STRAC. The Executive committee periodically will review all open contracts at Executive committee meetings.
- 12.2 Banking: All funds of the STRAC are deposited to the credit of the STRAC in banks, trust companies, or other depositories selected by the Executive Committee.
- 12.3 Gifts: The Executive Committee may accept on behalf of the STRAC, or may make contributions to charitable organizations, gifts that are not prohibited by any laws, articles, or regulations in the State of Texas.

- 12.4 Conflicts of Interest: The STRAC shall not make any loan to any member or officer of the STRAC, and shall not transact personal business with any Executive Committee member or officer.
- 12.5 Officers and Members shall conduct themselves and represent STRAC professionally and in accordance with the STRAC Bylaws , and shall NOT:
- 12.5.1 Act with the intention of harming the STRAC or its operations.
 - 12.5.2 Act in any manner that would make it impossible or unnecessarily difficult to carry on the intended or ordinary business of the STRAC.
 - 12.5.3 Receive an improper personal benefit from operation of, or participation, in STRAC.
 - 12.5.4 Use the assets of the STRAC, directly or indirectly, for any purpose other than carrying on the business of the STRAC.
 - 12.5.5 Wrongfully transfer or dispose of STRAC property
 - 12.5.6 Use the name of the STRAC or any trademark or trade name adopted by the STRAC, except on behalf of the STRAC in the ordinary course of the STRAC business.
 - 12.5.7 Disclose any of the STRAC business practices, trade secrets, or any other information (not generally known to the community) to any person not authorized to receive it.

ARTICLE 13

Books and Records

- 13.1 The STRAC shall keep correct and complete books and records of account. These documents may be inspected and/or copied for any designated representative of a voting member organization. Such requests to review, inspect, or receive copies of the books and records of the STRAC must be made in writing to the Executive Committee, with reasonable notice, and during normal business hours.
- 13.2 The Executive Committee may establish reasonable fees for copying STRAC books and records.
- 13.3 STRAC will assess the needs of its membership through the standing committees, work groups and other evaluation assessment tools.

ARTICLE 14

Proxies

- 14.1 A designated person wishing to vote by proxy for a voting member organization must present a written statement to the STRAC office (or to a STRAC staff member) on the organization's letterhead. The statement must be signed by the member organization representative (or higher authority within the organization), and must confirm the individual's authorization to cast a vote on behalf of the member organization. Rule 14.1 does not apply to elected positions on the executive committee.

ARTICLE 15

Additional Responsibilities

- 15.1 STRAC is prepared to support additional non-trauma related missions mandated or requested by State or Federal Authorities including, but not limited to, the Department of the State Health Services, Emergency Support Function-8, or other Department of Homeland Security functions. This support may include coordination or supplying of services and/or administrative support/oversight for these endeavors, at the direction of the Executive Committee. These missions may include, but are not limited to, terrorism preparedness and response initiatives, stroke/cardiac system designation or other emergency healthcare system-related initiatives.

ARTICLE 16

Bylaws

- 16.1 The Bylaws may be altered, amended, or repealed and new bylaws adopted by a two-thirds (2/3) majority of voting members present after a first reading at a prior STRAC general membership meeting.
- 16.2 The Bylaws are construed in accordance with the laws of the State of Texas.
- 16.3 If any bylaw is held to be invalid, illegal, or unenforceable in any respect, the invalidity, illegality, or enforceability shall not affect any other provision, and the Bylaws are construed as if the invalid, illegal, or unenforceable provision had not been included in the bylaw.
- 16.4 The Bylaws are binding upon the Executive Committee and the general membership.
- 16.5 An annual review of the Bylaws is conducted by an Ad Hoc Bylaws committee to address changes within STRAC, and to maintain compliance with DSHS legislation. Suggested amendments may be presented during any general membership meeting. A two-third (2/3) majority of voting members present is required for approval

CERTIFICATION OF SECRETARY

I certify that I am the duly elected and acting Secretary of the Southwest Texas Trauma Regional Advisory Council and that the foregoing Bylaws constitute the Bylaws of the STRAC. These Bylaws were duly adopted at a meeting of the general members of the STRAC.

DATED THIS 12th DAY of July, 2016

(Signature)

(Printed Name) Secretary of the STRAC

List of Current Officers

Chair	Ronald Stewart, MD Chairman, Department of Surgery University of Texas Health Science Center at San Antonio Term ends: September 2017
Emeritus Chair:	Charles Bauer, MD Department of Surgery University of Texas Health Science Center at San Antonio Term ends: Indefinite
Vice Chair:	Brian Eastridge, MD Director of Trauma Surgery University of Texas Health Science Center at San Antonio Term ends: September 2018
Secretary:	Melissa Low Trauma Director, Level III Methodist Healthcare System Term ends: September 2017
Treasurer:	Dudley Wait Executive Director City of Schertz Term ends: September 2018
Trauma Designated At Large (Hospital)	Cassandra Onofre Director, Emergency Department and Intensive Care Unit Nix Healthcare System Term ends: September 2018
Trauma Designated At Large (Rural Level IV)	Amy Anderson Trauma Coordinator Guadalupe Regional Medical Center Term ends: September 2017
At Large – EMS	Mechelle Salmon Director of EMS Services Bulverde-Spring Branch EMS Term ends: September 2017
Rural EMS	David Jung Assistant Chief, Director of EMS City of Fredericksburg Fire and EMS Term ends: September 2018

Suburban EMS Mark Eliot
Captain, EMS Director
New Braunfels Fire Department
Term ends: September 2017

Air Medical Provider Shawn Salter
Regional Vice President
Air Methods Corporation
Term ends: September 2018

Standing Appointments: Baptist Health System
San Antonio Military Medical Center
Christus Santa Rosa Health System
Methodist Healthcare System
University Health System
San Antonio Fire/EMS
Bexar County EMS
EMS Medical Director

Elections are held annually before the October Annual Executive Meeting, between the August and October Membership meetings. See By-Laws for further details.

List of Committees

(All standing committee chair appointments expire at the STRAC Annual Meeting in October)

Education	Sherrilee Demmer, RN BSN (Chair) <i>San Antonio Military Medical Center</i>
Field Data Collection	Preston Love, RN BSN MS (Chair) <i>Southwest Texas Regional Advisory Council</i>
Pre-Hospital Care	Dudley Wait, LP (Chair) <i>City of Schertz</i>
MEDCOM Advisory Group	Ronald Stewart, MD (Chair) <i>University of Texas Health Science Center at San Antonio</i>
Trauma System Performance Improvement	Brian Eastridge, MD (Co-Chair) <i>University of Texas Health Science Center at San Antonio</i> Chillon Montgomery, RN BSN (Co-Chair) <i>Methodist Healthcare System</i>
EMS/Hospital Disaster Group	Eric Epley, EMT-P (Chair) <i>Southwest Texas Regional Advisory Council</i>
Trauma Coordinators Forum	Gina Pickard, RN BSN (Co-Chair) <i>San Antonio Military Medical Center</i> Chillon Montgomery, RN BSN (Co-Chair) <i>Methodist Healthcare System</i>
Regional Registry	Preston Love, RN BSN MS (Chair) <i>Southwest Texas Regional Advisory Council</i>
Injury Prevention	Brandy Martinez, RN BSN (Co-Chair) <i>San Antonio Military Medical Center</i> Chillon Montgomery, RN BSN (Co-Chair) <i>Methodist Healthcare System</i>
CEO Advisory Board	Ronald Stewart, MD (Chair) <i>University of Texas Health Science Center at San Antonio</i>
Regional Stroke Systems	Dicky Huey, MD (Chair) <i>Baptist Health System</i> Eric Epley, EMT-P (Co-Chair) <i>Southwest Texas Regional Advisory Council</i>
Regional Cardiac Systems	Dudley Wait, LP (Chair) <i>City of Schertz</i>

EMS Medical Directors	David Miramontes, MD (Chair) <i>UTHSCSA – Office of the Medical Director (SAFD)</i>
Perinatal Committee	Elly Xenakis, MD (Chair) <i>University of Texas Health Science Center at San Antonio</i> Michael Battista, MD (Co-Chair) <i>MEDNAX Pediatric Providers Group</i>
Air Medical Providers Advisory Group	Eric Epley, EMT-P (Chair) <i>Southwest Texas Regional Advisory Council</i>
Regional Emergency Department Operations	Wright Hartsell, MD (Chair) <i>Methodist Healthcare System</i>
Finance Committee	Ronald Stewart, MD (Chair) <i>University of Texas Health Science Center at San Antonio</i> Bill Waechter, EMT-P <i>Baptist Health System</i> Dudley Wait, LP <i>City of Schertz</i>
Research Committee	Brian Eastridge, MD (Chair) <i>University of Texas Health Science Center at San Antonio</i> Ronald Stewart, MD (Co-Chair) <i>University of Texas Health Science Center at San Antonio</i>
Regional Injury Prevention Consortium	Eric Epley, EMT-P (Chair) <i>Southwest Texas Regional Advisory Council</i>
San Antonio Federated Identity Management Governance Group	Eric Epley, EMT-P (Chair) <i>Southwest Texas Regional Advisory Council</i>
Alamo Regional Healthcare Coalition	Eric Epley, EMT-P (Chair) <i>Southwest Texas Regional Advisory Council</i> Mark Montgomery, RN LP (Co-Chair) <i>Southwest Texas Regional Advisory Council</i>
Regional Emergency Medical Task Force (8)	Mark Montgomery, RN LP (Chair) <i>Southwest Texas Regional Advisory Council</i>

Related Committees

Governor’s EMS and Trauma Advisory Council (GETAC)
Regional Emergency Medical Preparedness Steering Committee (REMSPC)
AACOG Regional Emergency Preparedness Advisory Committee (REPAC)
Texas EMS, Trauma and Acute Care Foundation (TETAF)

STRAC Member Participation Requirements and Dues Structure

STRAC's membership consists of all aspects of the trauma patient care continuum. However, EMS and Hospital members have regulatory requirements to fulfill by maintaining "active participation" within the Regional Advisory Council. All members are encouraged to be active participants, but the STRAC reports the active participation of EMS providers, hospitals and first responder organizations to the Texas Department of State Health Services (DSHS) annually for funding eligibility and other regulatory functions. STRAC's fiscal year and operational year used for calculation of participation begins on September 1st and ends on August 31st. The first membership meeting occurs each October.

EMS Agency Active Participation Requirements

1. Attend at least 50% of STRAC General Membership meetings (3 of 6) annually.
2. Participate, at a minimum, in at least 50% of EMS Committee meetings annually.
(Air Medical Providers shall participate in at least 50% of Air Medical Providers Advisory Group)
3. Pay annual dues of \$150 per licensed ambulance* (Dues may be waived by written request.
(EMS agencies receive a \$50/ambulance discount on dues for participating in the data project)
4. Must comply with applicable memoranda of understanding or letters of attestation and STRAC clinical guidelines, triage criteria and participate in the appropriate data collection processes.

Hospital Active Participation Requirements

1. Attend at least 50% of STRAC General Membership meetings (3 of 6) annually.
2. Participate at a minimum in at least 50% of appropriate committees annually.
 - a. EMS/Hospital Disaster Group (All Hospitals)
 - b. Regional Trauma Systems Committee (Designated Trauma Centers)
 - c. Regional Cardiac Systems Committee (Designated PCI Centers)
 - d. Regional Stroke Systems Committee (Designated Stroke Centers)
3. Pay annual dues of \$15/licensed bed
(Hospitals receive a \$3/bed discount for participation in the data project)
4. Designated Trauma, Stroke and PCI Centers must comply with applicable memoranda of understanding, letters of attestation, clinical guidelines, triage criteria and participate in the appropriate data collection process for the service lines.

Fire Department, First Responder & Other Organization Active Participation Requirements

1. Attend at least 33% of STRAC General Membership meetings (2 of 6) annually.
2. Pay annual dues of \$50. (Dues may be waived upon written request)
3. Must comply with applicable memoranda of understanding, letters of attestation, clinical guidelines and triage criteria.

Non Compliance with Requirements

Agencies that do not meet STRAC Active Participation Requirements will not be listed on the Active Participation Report submitted to DSHS each year and are not allowed to vote in STRAC proceedings. Further, members who are not active participants may not be eligible to participate in various regional projects, such as the STRAC ID Badge Program.

Dues Structure

Prior to the beginning of each fiscal year, the STRAC Executive Committee will consider dues increases based upon the most recent 12-month consumer price index to a maximum of 3%. In consideration of any unforeseen circumstances, the STRAC Executive Committee may request a meeting to discuss the potential need for any increase above the annual CPI-based adjustment. All Dues changes require a full Executive Committee vote, followed by a vote of the full membership.