



Coastal Bend Regional Advisory Council On Trauma Service Area – U, Inc.

BYLAWS

As Amended and Restated on January 22, 2025

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ARTICLE I – ORGANIZATION NAME

The name of the organization shall be Coastal Bend Regional Advisory Council on Trauma Service Area – U, Inc.

These Bylaws govern the affairs of the Coastal Bend Regional Advisory Council (CBRAC), Trauma Service Area "U" (TSA-U) a 501 (c) (3) non-profit organization functioning according to the Texas 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 licensed healthcare entities within TSA-U.

ARTICLE II – MISSION, DEFINITION

MISSION

TO REDUCE DEATH/DISABILITY RELATED TO TRAUMA, DISASTER AND ACUTE ILLNESS, THROUGH IMPLEMENTATION OF APPROPRIATE EDUCATION AND A WELL-PLANNED, COORDINATED DISASTER AND EMERGENCY RESPONSE SYSTEM.

DEFINITION

Regional Advisory Council. The Organization is a recognized Regional Advisory Council (RAC) for the area described by DSHS as TSA-U (defined below) and organized under the Texas Trauma Rules. All other definitions are in accordance with those set forth by DSHS Rules 157.2.

A RAC is a formal organization originally chartered by DSHS to develop and implement a regional emergency medical services/trauma system plan and to oversee trauma system networking, contracts, and to perform other management services, including, but not limited to, emergency preparedness or other services. The RAC has the authority to expand its purpose for other regional healthcare system coordination.

TSA-U is defined as the Trauma Service Area so designated by DSHS.

Currently TSA-U includes the Texas counties of:

Aransas, Bee, Brooks, Duval, Kenedy, Kleberg, Live Oak, Jim Wells, McMullen, Nueces, Refugio, San Patricio.

Therefore, the Organization covers these counties. If any counties designated are moved into or from TSA-U by DSHS, then the Organization shall cover those counties as later identified by DSHS.

The Organization may enter contracts for service outside the member counties at the discretion of the Board of Directors (Board).

ARTICLE III – PURPOSE

The purpose of the Organization shall be to facilitate a coordinated and comprehensive regional trauma, disaster, and emergency health care system.

Functions include but are not limited to the following:

- A. Maintain a regional trauma and emergency healthcare system plan for TSA-U and submit to DSHS as required by the most current Texas Trauma Rules.
- B. Develop and implement guidelines designed to enhance the quality of trauma and emergency health care provided.
- C. Determine methods for efficient and expedient inter-facility transfers that are most appropriate for the patient's needs for trauma and emergency care and/or rehabilitative services. These methods shall include, but are not limited to, the definition and determination of criteria for triage and criteria for patient transfer.

- D . Provide a forum for communication between parties of the trauma and emergency health care system to enhance networking and coordination of patient care issues.
- E . Conduct data management and analysis, to include Trauma, Stroke, Cardiac and Perinatal.
- F . Specify and conduct ongoing Performance Improvement activities.
- G . Assist member organizations in attaining/maintaining trauma, stroke, maternal and neonatal designation or Emergency Medical Service (EMS) licensure at the level appropriate to their available resources.
- H . Maintain a regional disaster plan for EMS and hospitals within TSA-U. Regional disaster planning and development is coordinated with appropriate state and local agencies.
- I . Provide the public with information regarding trauma care and injury prevention. Support 9-1-1 and public access to trauma care. Support programs are designed to facilitate prevention of trauma and to educate the public as to its importance.
- J . Collaborate with local public health authorities to facilitate the integration of acute health care (clinical medicine) and public health initiatives.
- K . Assistance with respect to developing and reporting on hospital preparedness programs.

ARTICLE IV – MEMBERSHIP

SECTION 1:

General Membership Qualifications require members of the CBRAC to reside in TSA-U or represent a participating entity within TSA-U.

SECTION 2: Voting Membership Qualifications:

- A. The voting members shall be at least 18 years of age, in good standing and consist of the following:
 - 1. A participating representative from each hospital campus located in TSA-U.
 - 2. A participating representative from each licensed EMS agency providing services with an operating base/station located within TSA-U.
 - 3. A participating representative from non-hospital based free standing emergency departments.
 - 4. Any physician participating in the CBRAC who meets membership requirements.
 - 5. A representative from each participating entity located in TSA-U.
- B. Each member organization will identify a designated voting individual in writing to the

CBRAC Executive Director, their designee and Board Secretary. The voting individual must be employed at the hospital campus or for the agency they represent.

- C. If the designated voting member is absent from an election meeting, they may provide a written proxy to the CBRAC Executive Director, their designee and Board Secretary prior to the meeting being called to order. Proxy will be from the same facility or agency.
- D. Each voting member in good standing shall be allowed one vote, by proxy or in person.

The members of CBRAC are listed in Addendum B of CBRAC Membership Standard Operating Procedure (SOP).

Future changes in the composition of the members shall be noted in CBRAC records maintained by the Secretary.

ARTICLE V – DISSOLUTION CLAUSE

Upon the dissolution of the Organization, the Board will, after paying or making provision for the payment of all of the liabilities of the Organization, dispose of all of the assets of the Organization by distributing such assets to the State of Texas to be used for exclusively public purposes, or to one or more charitable or medical educational organizations exempt from taxes under Internal Revenue Code section 501 (c) (3).

ARTICLE VI– AMENDMENT OF THE BYLAWS

The Bylaws may be adopted, amended, repealed or revised by a majority vote of the members present at the General Membership Meeting or present at a meeting designed for that purpose. Proposed amendments and revisions must be submitted to the Board for consideration and recommendation to the General Membership.

These Bylaws were approved and adopted by the General Membership of the Coastal Bend Regional Advisory Council as follows

Attest:

08/22/92	First Bylaws Adopted
06/23/93	Revised & Approved, Version 2
01/16/95	Revised & Approved, Version 3
09/30/97	Revised & Approved, Version 4
07/14/98	Revised & Approved, Version 5
04/13/00	Discussion Draft
09/10/03	Revised & Approved, Version 6
09/19/03	Discussion Draft to Board
01/08/04	Revised & Approved, Version 7

07/08/04 Revised & Approved, Version 8
06/03/05 Revised & Approved, Version 9
07/14/05 Revised & Approved, Version 10
01/12/06 Review
04/13/06 Review
07/13/06 Revised & Approved, Version 11
04/09/09 Revised & Approved, Version 12
07/08/10 Revised & Approved, Version 13
10/15/11 Revised & Approved, Version 14
07/12/12 Revised & Approved, Version 15
04/14/15 Revised & Approved, Version 16
04/27/16 Revised & Approved, Version 17
10/28/16 Revised & Approved, Version 18
07/26/17 Revised & Approved, Version 19
01/23/19 Revised & Approved, Version 20
01/22/20 Revised & Approved, Version 21
09/23/20 Revised & Approved, Version 22
09/25/24 Revised & Approved, Version 23
01/22/25 Revised & Approved, Version 24 Instated Standard Operating Procedure's (SOP's)