



Southeast Texas Regional Advisory Council Emergency Services Committee Charter

The Southeast Texas Regional Advisory Council's (SETRAC) Board of Directors recognizes the Emergency Services Committee for the geographic area encompassing TSA-Q and as a Standing Committee to the SETRAC Board, with the authority, responsibilities and specific duties as described in this Charter.

DEFINITION

For the purposes of this instrument, *Charter* shall be defined as: "A written instrument given as evidence of agreement."

COMPOSITION

The Emergency Services Committee is open to all healthcare, emergency medical services providers, public health professionals, jurisdictional entities, business, and volunteer organizations within the pre-designated region. The Emergency Services Committee will establish a leadership structure which shall consist of select members of the TSA-Q region to include:

EMERGENCY SERVICES COMMITTEE

- 2 Healthcare Representatives from each member hospital in the SETRAC region (1 Physician, 1 Nurse) appointed by the CEO or CNO of the facility.
- 2 EMS representatives from each county.
- 1 Chair (Must be from the Committee membership)
- 1 Medical Director
- 2 Vice Chairs (Must be from the Committee membership)

Voting: All appointed representatives by entity CEO/ CNO
Non-Voting: Invited guests

PURPOSE AND SCOPE

The Emergency Service Committee of the Southeast Texas Regional Advisory Council (SETRAC) is dedicated to enhancing the quality, efficiency, and coordination of emergency care services within the region. The committee works collaboratively to identify challenges, implement evidence-based practices, and foster communication among healthcare providers to ensure timely, effective, and equitable care for all patients. Through education, resource allocation, and strategic planning, the committee aims to improve outcomes, reduce disparities, and support the preparedness and resilience of emergency departments in the Southeast Texas area.

RESPONSIBILITIES

1. Coordinate with local, regional, and state officials/jurisdictions in emergency care program development and education efforts for the healthcare community.
2. Identify and determine gaps in clinical outcomes, resources, education, or training and develop actionable plans to support educational and process refinement.
3. Facilitate integration with local, regional, and state Emergency Services partners.
4. Assist in development and execution of education based on identified needs/issues, formulate corrective action plans, and perform follow-up measures to ensure best practices have been instituted.
5. Disseminate education and emergency care initiatives.
6. Provide guidance and recommendations to the Board on planning initiatives, program development and grant expenditures.
7. Develop data-driven regional initiatives to improve patient outcomes.

SUBCOMMITTEES/WORKGROUPS

The Emergency Services committee may establish subcommittees and workgroups as part of the committee structure designated to accomplish these responsibilities.

REPORTING STRUCTURE

The Emergency Services committee leaders will report to the Emergency Services Chair, who in turn reports to the SETRAC Board of Directors. Reports are provided periodically, but on at least an annual basis.

CHAIR

The Chair and Co-Chairs will be elected by and from the Emergency Services committee. The Chair must be affiliated with a designated healthcare organization. The Co-Chair will assume the position of Chair in the absence of the Chair.

TERM

Terms of chairs, co-chairs, and Medical Directors are designated through SETRAC bylaws.

ROLE OF EMERGENCY SERVICES COMMITTEE CHAIR

The Chair of the Emergency Services committee is responsible for the following:

- Working with the Clinical Leadership on setting the agenda and ensuring that agenda items are addressed.
- Facilitating achievement of committee priorities.
- Communicating the activities of the Emergency Services committee to the SETRAC Board of Directors via the SETRAC Clinical Leadership and following up on issues identified.
- Identifying planning gaps within the purview of the Emergency Services committee and addressing those issues in an appropriate manner.
- Referring planning gaps or concerns outside the purview of the Emergency Services committee to the appropriate committees/departments
- Facilitating data-driven regional initiatives to improve patient outcomes.

PARTICIPATION REQUIREMENTS

The following are the requirements of participation:

- Membership dues
- Six (6) meeting credits annually with at least three (3) credits earned in Emergency Services committee, subcommittee, and/or workgroup meetings.
- The three (3) other credits can be earned by attending any SETRAC Board meeting, or any other SETRAC standing committee meeting in person or virtually.
- Submit completed and accurate Emergency Services data to SETRAC (last fiscal year + current).

ATTENDANCE

Members of the Emergency Services committee are expected to attend and actively participate in all meetings. If an appointed member is unable to attend and will send an alternate delegate, this should be communicated to the SETRAC clinical leadership in advance.

The Chair and Co-Chair is expected to attend and actively participate in all meetings and must be present (in-person) for 50% of all Emergency Services Committee meetings. Failure to meet these criteria will result in removal as Chair/Co-Chair and will initiate an election process to replace the vacant position(s). Committee leaders must remain in good standing with attendance and data submission requirements.

COMPLIANCE

- No member or leader of committees, subcommittees or workgroup may speak on behalf of SETRAC, provide interviews, or publish related work within these committees without express permission from SETRAC leadership.
- All data requests require completion of data usage form and should adhere to the usage requirements within.
- Any revision of the SETRAC bylaws that conflict with any item in this charter will supersede as the rules by which the committee is governed.

DRAFT