



CENTRAC By-Laws

I. Purpose

The Central Region Trauma Advisory Committee (CENTRAC) is formed to guide trauma care to critically injured patients in Central Minnesota. The CENTRAC will advise, consult with and make recommendations to the STAC based on regional needs.

II. Mission

Central Region Trauma Advisory Committee (CENTRAC) will establish and promote a regional system of trauma care services within central Minnesota. This system provides timely and appropriate delivery of optimal trauma medical treatment for people with acute traumatic injury, and recognizes the change in methods and environment for providing optimal trauma care throughout the region.

III. Responsibilities of CENTRAC

- Adopt regional patient care guidelines.
- Address types of facilities to receive the trauma patients as described in regional patient destination and disposition guidelines.
- Develop procedures to handle types and volumes of trauma patients that may exceed regional capabilities, taking into consideration resources available in other regions and adjacent states.
- Assist trauma hospital applicants.
- Guide EMS transport and triage guidelines.
- Guide inter-facility transfers.
- Participate in performance/quality improvement efforts.
- Collaborate with partners towards injury prevention.
- Coordinate educational opportunities.
- Collaborate with Health System Preparedness Program.

IV. Membership

The appointed membership is limited to 15 positions.

Position	Number of Members
Level II Trauma Hospital	2 Members
Level III Trauma Hospital	2 Members
Level IV Trauma Hospital	3 Members
EMS Region	1 Member
BLS Service	1 Member
Pediatrics	1 Member
Public Service/Emergency Preparedness	1 Member
Injury Prevention	1 Member
Aeromedical	1 Member

Additional members are considered based on regional needs.

V. Terms of Membership

Appointed members serve two year terms; half of the initial membership will remain for 3 years.

CENTRAC membership opportunities will be publicly announced. Position-specific members may serve another term if no other applications are received.

Positions that are vacated prior to the completed term will be replaced at discretion of CENTRAC.

VI. Responsibilities and Expectations of Members

- Attend all meetings; telecommunication attendance is acceptable.
- CENTRAC members who miss two consecutive meetings or whose attendance falls below 50% in a one year period will be contacted by the chair
- Serve on committees, work groups, and other ad hoc groups as requested.
- Prepare for active participation in discussion and decision making by reviewing meeting materials.
- Abstain from voting where a conflict of interest may exist.
- Refrain from writing letters or engaging in other kinds of communication in the name of CENTRAC.

VII. Nominations, Elections and Recommendations

Nominations, elections and recommendations for voting membership will come from the CENTRAC as a whole, with a majority vote required. Recommendations will be forwarded to the STAC. The Commissioner of Health, in consultation with the Emergency Medical Services Regulatory Board, is the appointing authority.

CENTRAC officers will consist of chair, vice chair and secretary/treasurer.

VIII. Meetings

Frequency: The CENTRAC shall meet no fewer than four times in a calendar year, but may meet more frequently at the call of the chair, a majority of the committee members, or the Commissioner.

Every effort will be made to annually schedule no fewer than four meetings for the coming year. Members may attend via telecommunication.

Quorum: The presence of eight members constitutes a quorum at CENTRAC meetings.

IX. Voting

At any regular or special meeting where voting is necessary, it shall be by voice ballot unless paper ballots are requested by a majority of those present.

X. Subcommittees and Work Groups

The CENTRAC may develop subcommittees and ad hoc committees. The subcommittees and ad hoc committees may consist of members and non-voting stakeholders.