

WESTERN REGIONAL
EMERGENCY MEDICAL ADVISORY COMMITTEE

RULES OF OPERATION AND GOVERNANCE

ARTICLE I. NAME

The name of this organization is the Western Regional Emergency Medical Advisory Committee (WREMAC).

ARTICLE II. PURPOSE

The Western Regional Emergency Medical Advisory Committee serves the Big Lakes, Wyoming-Erie, and Southwestern Regional Emergency Medical Services Council (REMSCO) areas. The purpose of this Regional Emergency Medical Advisory Committee shall be to develop policies, procedures, and triage, treatment, and transportation protocols, which are consistent with the standards of the State Emergency Medical Advisory Committee, and which establish standards for physicians to operate as pre-hospital Medical Directors, and to address specific local conditions; to approve physicians who provide on-line Medical Control; to coordinate the development of a Regional Medical Control System; and to provide oversight in Quality Improvement activities addressing system-wide concerns.

ARTICLE III. RELATIONSHIPS

Section 1: The WREMAC is an advisory committee serving the three Regional EMS Councils of Big Lakes, Southwestern, and Erie/Wyoming. The WREMAC shall work independently of the REMSCOs in matters of medicine and shall work collaboratively with said REMSCOs in discharging all other duties of said REMSCOs.

Section 2: Whereas the WREMAC has no dedicated funding, any financial requirements necessary to carry out the responsibilities and functions of the WREMAC, shall be the responsibility of the REMSCOs and Program Agencies.

Section 3: The Chair or designee from the WREMAC, Regional Councils, and Program Agencies shall meet each February and develop a working budget for the upcoming budget year.

Section 4: All business of the WREMAC shall be brought forward by WREMAC representative to the REMSCOs for their information.

ARTICLE IV. MEMBERSHIP

Section 1: Voting members

1. One Emergency Medicine Physician (EMP) from each acute care hospital in the region, as defined by Article 28.

- a. Members in this category are designated by the hospitals they represent and subject to approval by the Regional Council in which the hospital operates.
 - b. An alternate physician for each hospital may be designated and subject to approval by the Regional Council in which the hospital operates. The alternate physician member is welcome to attend all WREMAC meetings, but may only vote if the primary physician for said hospital is absent.
2. Each Regional Council shall nominate one (1) current council member to sit on the WREMAC. This nomination does not have to be a physician. No alternate shall be submitted. If, at any time, the council representative no longer holds a seat on the represented council, the said council shall submit another member in good standing to sit on the WREMAC.
3. Each Regional Council may nominate two (2) at-large physicians, who do not represent specific hospitals, to serve on the WREMAC. These physicians should practice primarily in the region from which they were nominated. Nominations should have an interest in and be actively involved in EMS.

Section 2: Each physician voting member of the WREMAC must be licensed to practice in New York State and meet the Service Medical Director criteria as described in DOH95-01 and WREMAC policy.

Section 3: The term of office for all voting members shall be three (3) years. Members may be approved by the WREMAC and Regional Councils to succeed themselves. Members may recommend other physicians to voting membership who meets eligibility criteria. Any recommended physician by the WREMAC must be nominated for membership by the appropriate Regional Council.

Section 4: All nominations brought forward by the Regional Councils must be approved by the WREMAC by a 2/3 majority vote of members present at the meeting in which the nominations are presented.

Section 5: A physician may represent more than one (1) voting seat, but he/she will have only one (1) vote for any WREMAC proceeding. If a member's alternate is present and the member represents more than one (1) voting seat, the member may choose to declare his/her representation at that meeting for the voting seat that the alternate present does not represent. If this declaration occurs, the alternate is allowed to vote on any proceedings at that meeting.

Section 6: Removal from membership: Any voting members who have been absent without cause or not represented by his/her alternate from half of the regular meetings will have his/her membership reviewed and acted upon by the WREMAC.

ARTICLE V. OFFICERS

Section 1: The officers of the WREMAC shall consist of the Chair and Chair-Elect. It is recommended that the Chair and Chair-Elect represent different REMSCOs.

Section 2: Elections shall be held during the last scheduled meeting of the year in even years. Only members available telephonically or in person are available to vote.

Section 3: Each term shall be two (2) years. At the end of two (2) years, the Chair-Elect will become the Chair and elections will be held for the position of Chair-Elect. The Chair may run for Chair-Elect if he/she so chooses. The Chair-Elect shall perform the duties of the Chair in the latter's absence. If a vacancy occurs for position of Chair, the Chair-Elect will assume the role of Chair and serve out the remainder of the Chair's term. Elections for the Chair-Elect will then be held.

Section 4: If less than one (1) year remains in the term of the Chair when a vacancy occurs, the Chair-Elect will remain in the position of Chair through both the affected term and the term the Chair-Elect would have been Chair. If more than one (1) year remains in term of the Chair when a vacancy occurs, elections for both Chair and Chair-Elect will be held at the end of the affected term. The Chair-Elect may run for either position if he/she so chooses.

Section 5: The Chair is the official spokes person for the WREMAC. He/she is empowered by the WREMAC to oversee the day to day operation of the Regional Medical Control System and suspend the authorization to provide advance care of the pre-hospital care provider or service or the medical control authority of the medical control physician or hospital, subject to subsequent WREMAC review.

ARTICLE VI. MEETINGS

Section 1: The WREMAC shall meet six (6) times per year on the third Wednesday of the chosen months. The meetings shall be held at a location convenient to the membership whenever possible. Members are encouraged to attend meetings in person, but business may be conducted via teleconference and/or video conference if the membership so chooses. The membership shall be given, electronically, at least ten (10) working days notice of any meeting.

Section 2: The operating year of the WREMAC will be from January 1 to December 31. Meeting schedule for each upcoming year shall distributed and posted electronically after decided on during the last meeting of the year.

Section 3: Five (5) voting physician members, representing at least two (2) regions, present at any meeting will constitute a quorum. If a REMSCO is not represented by a physician, motions made specific to that REMSCO must be tabled until representation is present.

Section 4: Minutes shall be maintained of all WREMAC meetings, which will be distributed, electronically, to all WREMAC members, REMSCO Chairpersons, and Program Agency representatives.

Section 5: Special Members Meetings: Special meetings of the WREMAC may be called by a request of one-third (1/3) of the voting membership present or Chairperson. The membership of the WREMAC must be given, electronically, at least 72 hours notice of any special meeting. Only topics in which the meeting was called shall be discussed at special meetings.

Section 6: Meetings shall be conducted using the principles listed in the latest edition of Robert's Rules of Orders unless in direct conflict with these Rules of Operation, Article 30, and/or other appropriate laws and regulations of New York State.

ARTICLE VII. SUBCOMMITTEES

Section 1: Subcommittees as needed for the effective discharge of the WREMACs responsibilities may be recommended by the Chair or any voting member and approved by majority vote of the WREMAC. Members of such subcommittees are not required to be members of the WREMAC. Once the voting members approve a subcommittee, the Chair may appoint members to a sub-committee.

Section 2: Ad-hoc subcommittees may be formed at any time at the discretion of the chair. No vote is required by membership. Once the specific task is accomplished, the subcommittee will be dissolved.

Section 3: Any Advisory committees may be formed at any time at the discretion of the chair. No vote is required by membership. The Chair of any Advisory committee shall be considered a non-voting member of WREMAC.

ARTICLE VIII. CODE OF ETHICS

Members of the Western Regional Medical Advisory Committee (WREMAC) shall comply with the State of New York Public Officer's Law and shall comply with the following:

No member of the WREMAC shall have any interest, financial or otherwise, direct or indirect, or engage in any business or transaction or professional activity or incur any obligation of any nature, which is in substantial conflict with the proper discharge of his or her duties as a WREMAC member. Members should exercise their duties and responsibilities as WREMAC members in the public interest for residents of the New York State, regardless of their affiliation with or relationship to any emergency medical service program, facility, agency or provider or interest group. The principles, which shall guide the conduct of WREMAC members include but are not limited to the following:

Section 1: A WREMAC member shall endeavor to pursue a course of conduct which will not raise suspicion among the public that he/she is likely to be engaged in acts that are in violation of his/her trust as a WREMAC member.

Section 2: No WREMAC member shall permit his/her employment to impair his/her independence of judgment in the exercise of his/her duties as a WREMAC member.

Section 3: No WREMAC member shall disclose confidential information acquired by him/her in the course of his/her duties as a WREMAC member or by reason of his/her position as a WREMAC member, to further his/her personal interests.

Section 4: No WREMAC member shall use, or attempt to use, his/her position as a WREMAC member to secure unwarranted privileges or exemptions for himself/herself or others.

Section 5: No WREMAC member shall engage in any transactions as a representative or agent of a local government body with any business entity in which he/she has a direct or indirect financial interest that might reasonably tend to conflict with the proper discharge of his/her duties as a WREMAC member.

Section 6: A WREMAC member shall refrain from making personal investments in enterprises which he/she has reason to believe may be directly involved in decisions to be made by him/her as a WREMAC member, or which will otherwise create substantial conflict between his/her duty as a WREMAC member to act in the public interest and his/her private interest.

ARTICLE IX. CONFLICTS OF INTEREST

Section 1: Absolute Disqualifications. When a member of his/her family has an interest, financial or otherwise, whether as an owner, officer, director, fiduciary employee, consultant or supplier of goods or services regarding emergency medical services whose application under Article 30 of the Public Health Law is before the WREMAC or a subcommittee of the WREMAC for consideration or determination, that member shall: (i). identify such interest to the WREMAC or its subcommittee at any meeting when the application is to be considered, (ii). absent himself/herself from any portion of any meeting when such application is considered, and (iii). not participate in any vote of the WREMAC or its subcommittee on that application. For purposes of the Article, "family" shall include a spouse, children under 21 years of age, and any other relative living in the member's household.

ARTICLE X. CHANGES IN RULES OF OPERATION AND GOVERNANCE

Section 1: In order to change or amend these Rules of Operation and Governance, the proposed rule will be submitted to the membership of the WREMAC and then tabled. The proposed Rule change will then be mailed electronically or otherwise to all members, which will then be voted upon at the next regularly scheduled meeting. No proposed rule changes will be in direct conflict with Article 30 of the Public Health Law. All approved rule changes will be disseminated electronically to the membership.

Section 2: In order to approve these Rules and changes, they shall be presented to the membership at any regular meeting of the WREMAC. The proposed rules shall be adopted or rejected by a majority vote of the full voting membership of the WREMAC. Members may vote in person, via teleconference, or by electronic absentee ballot. Absentee ballots must be received electronically by the WREMAC Secretary no later than two (2) days before the scheduled meeting in which the vote will be held. The results of these ballots shall remain secret to all members until the final vote is cast. The REMSCOS must be advised of any changes in these rules.

ARTICLE XI. RULE REVIEW

These rules shall be reviewed by the WREMAC every two (2) years during years opposite of elections to ascertain that a compatible relationship is maintained between these rules, Article 30, and other appropriate laws and regulations of New York State. The Chair shall form an Ad-hoc committee, in which members will be tasked with reviewing these rules and reporting any changes needed before the final scheduled meeting of the year.

DATE: January 2010