



Northeast Colorado RETAC

*Jackson, Larimer, Logan, Morgan, Phillips,
Sedgwick, Washington, Weld & Yuma*

NORTHEAST
PHYSICIANS ADVISORY
BOARD BYLAWS

Approved August 2023

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ARTICLE I: Name

The official name of the organization shall be the Northeast Physician Advisory Board (NEPAB).

ARTICLE II: Affiliation

The NEPAB shall be a sub-committee of the Northeast Colorado Regional Emergency Medical and Trauma Advisory Council (NCRETAC) under the authority of State Emergency Medical Trauma Advisory Council (SEMTAC) as nonprofit corporations organized under the Colorado Non-Profit Corporation Act. These Bylaws are subject to the provisions of the Articles of Incorporation.

ARTICLE III: Accountability

The NEPAB shall be accountable to State Emergency Medical Advisory Council (SEMTAC), Northeast Colorado Regional EMS/Trauma Advisory Council, (NCRETAC), Emergency Medical Practice Advisory Council (EMPAC), and to the citizens of our region.

ARTICLE IV: Purpose and Objectives

The purpose of the NEPAB shall be to reduce morbidity and mortality and improve patient outcomes through the delivery of quality Emergency Medical and Trauma Services in our region. In order to attain this objective, the NEPAB shall strive to provide and/or promote:

- Making decisions based on doing “what is best for the patient”.
- System wide collaboration, cooperation and problem solving.
- A collective voice for EMS, Trauma Medical Directors & Emergency Department Medical Directors
- Regional standards for MCI training and protocol development.
- Decisions that are made on evidence-based medicine.
- Development of quality improvement programs for agencies.
- An environment that promotes trust, respect, equity and fairness.

ARTICLE V: Membership and Offices

The members of the NEPAB shall be all Medical Directors for EMS agencies, Trauma Medical Directors & Emergency Department Medical Directors (Hereinafter described as “Medical Directors”) within our state designated regional area. The offices for NEPAB shall be the Chair and other offices such as treasurer and sub-committee chairs may be established as needed. The secretary will be the NCRETAC Coordinator and will record and post the minutes. The Chair and other committee members will be elected or appointed positions but must pass majority vote.

ARTICLE VI: Meetings

Meetings shall be held as often as necessary to accomplish the goals set forth, but at a minimum, the NEPAB shall meet annually. Meetings shall be open to all EMS and hospital affiliated personnel as well as the general public. NEPAB promotes and highly encourages EMS

agency operation managers as well as trauma and EMS hospital coordinators to attend. NEPAB reserves the right to meet in executive session when discussing quality improvement issues.

ARTICLE VII: Conflict of Interest

Members are disallowed from using this committee for the purpose of promoting private, agency or institutional gain or interest. In other words, decisions will be based on “what is best for the patient” and on evidence-based medicine. Participants and members of the committee will not be allowed to vote on matters where there is conflict of interest and may only participate in discussion on these matters when requested to do so by the Chair. Conflict of interest is defined as pertaining to any member who has, or within 12 months preceding the vote had, a substantial ownership, employment, medical staff, fiduciary, contractual or consultative relationship in regards to the matter being discussed or voted on. Conflict of interest shall be disclosed prior to the discussion and/or vote and any questions regarding this shall be resolved by majority vote as set forth in ARTICLE IX: Parliamentary Procedure.

ARTICLE VIII: Problem Solving and Resolution

The NEPAB shall have a method for problem solving and conflict resolution. Members shall understand that problems and conflict are resolved through the democratic process and consensus building. Every effort shall be made to make decisions based on evidence and data as opposed to emotion and bias. Parliamentary procedure will be used as outlined below. In the event that an impasse is reached then the motion will be passed onto the NCRETAC for a decision.

ARTICLE IX: Parliamentary Procedure

Only Medical Directors Proxy votes will be allowed and must be designated by the Medical Director. One vote per agency and hospital is allowed. A quorum shall be defined as and to consist of 5 Medical Directors or their designated proxies.

Issues shall be discussed with a motion drafted. There will be further discussion and then the motion may be voted on or tabled until the next meeting. Tabling a motion allows for further data to be gathered and parties to study the impact. Tabled motions shall require a written or e-mailed proxy vote. Motions will pass with a 51% majority vote. In the event of a tie or impasse, then the motion will be tabled for further discussion and/or revision and voted on again or passed along to the NCRETAC for their decision. All tabled motions as well as the minutes will be available on the NCRETAC web site at www.ncretac.org under the Physician Advisory Board Link

ARTICLE X: Amendments and Removals

These bylaws may be amended by a two-thirds majority vote and amendments shall remain consistent with the Council Articles of Incorporation. The Chair and other officers may be removed from office by a two-thirds majority vote.

ARTICLE XI: Quality Improvement

The NEPAB recognizes the value in all agencies establishing thorough Quality Improvement (QI) Programs and these must be in compliance with Rule 500 of the Colorado State Board of Medical Examiners. Agency's QI Programs shall be designed appropriately to meet the needs of your service and customers. They shall be educational and nonpunitive with a "for the educational benefit of all" type philosophy. Audit filters should include, but are not limited to: timeliness of transport, appropriateness of care and interventions (both procedural and pharmacologic), thorough investigation of adverse/unexpected outcomes, interpersonal problems both within your own agency and others and the tracking of clinical competency and outcome data. Extreme sensitivity and confidentiality should always be maintained when dealing with QI issues and for this reason e-mail should be avoided. When dealing with inter-agency QI issues, program managers should call, write or FAX other program managers with their concerns.