



**THE RELATIONSHIP AMONG THE
SUSQUEHANNA REGIONAL EMS COUNCIL (SREMSCO)
REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE (REMAC)
AND THE PROGRAM AGENCY (SREMS, INC.)
AS DEFINED BY ARTICLE 30 AND ARTICLE 30A
OF THE STATE OF NEW YORK PUBLIC HEALTH LAW
AND SREMSCO, INC. BYLAWS**

REGIONAL COUNCIL

The Susquehanna Regional EMS Council Inc, herein referred to SREMSC, is one of eighteen Regional Councils that have been established throughout New York State. SREMSC is a tax exempt organization pursuant to Internal Revenue Service Code 501(c) (3). SREMSC is a New York State incorporated not for profit Type B organization. The Susquehanna region served by SREMSC includes Broome, Chenango and Tioga Counties

SREMSC by laws Article II, Section 2.04 Board Composition

The Board of Directors shall be comprised as follows:

1. Each of the three (3) counties (Chenango, Tioga and Broome) shall have up to seven (7) residents of that county designated as “county” Directors.
2. In accordance with PHL §3003(2), each county EMS coordinator, established pursuant to Section 223-b of the New York State County Law, of any county within the Susquehanna Region shall serve as a voting *ex officio* member of the Council.
3. Up to five (5) Directors shall be designated as “at large” Directors with the intent to expand the directorship to include such areas of interest as business, finance, education, etc.
4. The chair of the REMAC shall sit as a voting *ex officio* member of the Council.
5. Not less than one-third (1/3) of the total number of Directors shall represent ambulance services.
6. The Directors not representing ambulances services shall consist of, but not be limited to, representatives from physicians, hospitals, health planning agencies, fire department emergency and rescue squads, public health officer, law enforcement agencies, and the general public.
7. No organization or entity shall be represented by more than four (4) Directors. Represented shall mean that within said organization or entity a SREMSC Director has greater than 5% ownership, management responsibility, or employment averaging over the previous 12 months more than 20 hours per week; this includes, but is not limited to, within said organization or entity: owners, partners, officers, directors, managers, supervisors, exempt employees, full-time employees, and part-time employees exceeding the hours stated.

SREMSC BYLAWS Article III, Section 3.03 Duties

The President, the Secretary, the Treasurer or any other proper officer of SREMSC, when and as authorized by the Board of Directors, may sign any deeds, mortgages, bonds, contracts or other instruments that the Board of Directors has authorized to be executed, except in cases where the signing and execution thereof shall be expressly delegated by the Board of Directors or by these

Bylaws or by statute to some other Officer or agency of the Corporation.

Council is also granted determination authority pertaining to Certificate of Need and permits the Council to grant exemptions to staffing standards. Finally, the Council will develop a regional training plan, approve REMAC nominees, approve State EMS Council designation of Program Agencies and determine regional needs to be met by Program Agencies.

REMAC

Article IV, Section 4.09 of SREMSC bylaws distinguish the REMAC as a standing committee of the council.

The Regional Emergency Medical Advisory Committee (REMAC) shall consist of at least five (5) physician members and not more than fifteen (15) physician members. Three (3) physician members of REMAC shall constitute a quorum. The chairs of the Education Committee and the Executive Committee shall sit as non-voting members on the REMAC. The Executive Director shall sit on the REMAC as a non-voting *ex officio* member. Additional non-voting members shall be provided as described below. The Regional Medical Director shall serve as the Chairperson of the REMAC.

The Regional Emergency Medical Advisory Committee (REMAC) shall meet at a minimum of six (6) times annually, but is empowered to meet more often if necessary. It is promulgated under the auspices of Section 3004-a of the New York State Public Health Law and is staffed pursuant to the provisions specified within this Section. It exists to develop policies; procedures; and protocols for triage, treatment and transportation which are consistent with the standards of the State Emergency Medical Advisory Committee (SEMAC) and which address specific local conditions. In addition, the REMAC, with the advice and approval of the Board of Directors, shall:

1. Approve physicians to provide on line medical control,
2. Coordinate the development of regional medical control systems within the region, and
3. Participate in quality improvement activities addressing system-wide concerns
4. Address issues regarding the care provided by an individual or an agency within the region.

The REMAC's charge is to provide physician leadership and medical expertise to the regional emergency medical services systems for optimal patient care and outcome within this region. It is the duty of the REMAC to gather and receive information pertaining to the region and subsequently develop policies and protocols within the specific areas described above and below.

The REMAC has no independent authority to set policy outside the authority granted to it by the Board of Directors of SREMSC and New York State law. All recommendations regarding matters specified within these Bylaws or by statute must be forwarded to the Board of Directors

of SREMSC for approval prior to promulgation and implementation as policy or protocol for the region.

(a) REMAC Duties

The REMAC, with the Board of Directors of SREMSC providing ratification of the decisions of same:

1. Shall develop, review and/or implement triage, treatment, and transportation protocols, specific to the needs of this region. Such protocols shall delineate care to be provided under standing orders and/or on-line medical control.
2. May develop protocols, including but not limited to the following:
 - a. Determining patient destination.
 - b. Procedures to be followed when no transport of a patient occurs.
 - c. Circumstances under which care may be transferred from one level of non-physician provider to another.
 - d. Utilization of aero-medical transportation resources.
3. May develop policies and procedures to optimized medical control of all pre-hospital patient care activities for all EMS services providing care within this region. Such policies and procedures shall include, but are not limited to:
 - a. Initial and continuing qualifications for physicians providing on-line medical control.
 - b. Minimum staffing, equipment and documentation requirements for medical control locations.
 - c. Qualifications and responsibilities for agency medical directors and EMS providers within the region.
 - d. Approval of EMS services, indicating they have met the requirements of the REMAC to provide a level or care, upon initial application and subsequent changes in the level of service offered.
 - e. Guidelines for inter-facility transport
 - f. Initial and continuing medical and educational qualifications of all prehospital care providers in the region.
 - g. Medical requirements for and approval of EMS systems and services.
 - h. Approval and use of inter- (in addition to intra-) regional protocols.
 - i. Operational aspects of the provision of EMS related to improving patient care or outcome.
4. May develop, implement and shall participate in a region wide quality improvement plan which addresses regional and system wide issues, and which facilitates the integration of emergency medical services with hospital quality improvement activities.
5. Shall review and make recommendations to the SREMSC for any demonstration projects developed pursuant to section 800.19 of New York State Public Health Law.
6. Shall designate a member to act as Regional Medical Director, who if appointed and approved by the Board of Directors of SREMSC shall have written duties, authorities and responsibilities defined by the REMAC.

7. May develop procedures for the review and approval of prehospital EMS research/evaluation activities.
8. Shall address, in consultation with the Board of Directors, all pertinent EMS issues brought before it by the Board or any EMS provider or agency.
9. The REMAC owns and controls DOH/Regional Prehospital Care Report (PCR) Data and will disseminate the data in a confidential manner.

(b) REMAC Physician Member Nomination

The SREMSC President shall solicit for REMAC physician membership nominees from Hospital CEO's within and near the region and that are frequent primary destinations for patients abiding within the region. This solicitation shall be sent no later than October 1st for appointment and approval by SREMSC Board of Directors at the Board's Annual Meeting.

The physicians who are nominated as hospital representatives and those physicians nominated by another entity shall be subject to SREMSC Board approval.

A physician approved for a seat on the REMAC is not required to be a Director of SREMSC; neither is a REMAC physician member prohibited from holding a seat on the Board.

Physicians applying to function as a physician member of the REMAC must complete an application and forward it as instructed. The physician must attach to the application the following:

1. Photocopy of license to practice medicine in the State of New York
2. Copy of current American Heart Association (AHA) *Advanced Cardiac Life Support* (ACLS) provider care or acceptable equivalent is desirable
3. Copy of American College of Surgeons (ACS) *Advanced Trauma Life Support* provider card or acceptable equivalent is desirable
4. Copy of current AHA *Pediatric Advanced Life Support* (PALS) provider card or acceptable equivalent is desirable
5. A copy of the physician's curriculum vitae
6. A letter of recommendation that documents the physician's commitment to EMS.

No single financial entity or organization shall have a majority representation on REMAC. The Board of Directors, upon recommendation of the REMAC chair, will ensure that participation of any entity remains below the majority level.

(c) REMAC Compensation

Participants on REMAC shall serve without financial compensation from SREMSC.

(d) REMAC Physician Member Terms

REMAC physician members shall serve four (4) year terms. Terms are renewable with approval of the Board of Directors. Membership on the REMAC is by mutual consent of the physician member and the Board of Directors.

(e)REMAC Physician Composition

Each of the hospitals that provide on-line (direct) medical command that have been approved to do so by the SREMSC Board and REMAC will have a physician member (PM) standing seat on the REMAC as follows:

Designation	Hospital
PM-1	Our Lady of Lourdes Memorial Hospital
PM-2	Wilson Memorial Regional Medical Center
PM-3	Chenango Memorial Hospital
PM-4	Binghamton General Hospital
PM-5	Robert Packer Hospital

In addition, each participant county in the region will have a physician member standing seat on the REMAC as follows:

Designation	County
PM-6	Broome
PM-7	Chenango
PM-8	Tioga

The remaining voting physician member standing seats on the REMAC will be comprised as follows:

Designation	Hospital
PM-9	EMS agency medical director
PM-10	EMS agency medical director
PM-11	EMS course medical director
PM-12	At large
PM-13	At large
PM-14	At large
PM -15	At large

(f)REMAC Non-Physician Members:

Non-physician REMAC non-voting members will submit a letter of interest and *curriculum vitae* to the REMAC Chairperson. As appropriate, REMAC's recommendation for appointment shall be brought to the Board for approval.

A person with one or more of the following qualifications may submit an application for consideration for appointment to the REMAC as a non-physician non-voting member:

- Active hospital ED staff (RN, PA, RN manager).
- Active fire department or fire service representative
- Active E-911 center dispatcher or supervisor
- Active law enforcement department or law enforcement service representative
- Active CFR or EMT-B
- Active AEMT-(I or CC or P)
- Active EMT CLI or CIC or RF

- Hospital EMS administrative representative appointed by Hospital CEO from each approved medical command facility within the region (limited to one).
- County EMS Coordinator or other emergency service coordinator from the region.

(g) REMAC Non-physician Member Terms

Non-physician members shall serve for term of four (4) years or until vacated. Terms may be renewed by recommendation of REMAC and subsequent approval of Council. Membership on the REMAC is by mutual consent of the non-physician member and both the REMAC and the Board of Directors.

(h) REMAC Member Removal and Vacancies

Those REMAC participants who are not Directors on the Board of SREMSC serve at the pleasure of the Board and can be removed at any time with cause subject to a two-thirds (2/3) majority vote of the eligible voting members of the Board at a regular meeting or a Special Meeting called for that purpose. In addition, a physician member nominated by a hospital (PM-1 through PM-5) for that hospital's specific standing seat may be requested or required to resign from the REMAC by the nominating hospital; subsequently that hospital may nominate another physician for appointment to the REMAC.

Any REMAC participant who sits concurrently on the Board of Directors shall be removed from REMAC with cause by action of the Board of Directors at a Regular Meeting, or a Special meeting called for that purpose.

The Program Agency may staff and support the activities of the REMAC as approved by the Regional EMS Council. This relationship is further supported by the REMAC - Program Agency agreement called for in the Department of Health deliverable contract.

PROGRAM AGENCY

Article III, Section 3.04 of SREMSC by laws in conjunction with Section 3003-A of the State of New York Public Health Law establishes EMS Program Agencies.

The Board of Directors may employ a person, who is not a Board member, as an Executive Director (chief administrative officer). Subject to the overall control and direction of the Board, the Executive Director shall have general charge, oversight, and direction of the business and affairs of the Program Agency, and sole responsibility for the employment and discharge of Program Agency staff in accordance with Board established policies.

The Executive Director shall be the principal administrative officer of SREMSC, charged with the duties of effectuating the purposes of SREMSC, carrying out the directives of the Board of Directors in performing any and all functions necessary and proper to ensure that the policies, objectives and aims of SREMSC are carried out.

The [SREMSC] Executive Committee shall maintain surveillance of the business and affairs of the Corporation and shall be empowered to transact only such business as may be necessary between meetings of the Board of Directors, unless authorized otherwise by the Board of Directors. The Committee shall be responsible for overseeing the personnel affairs of the

Corporation, including, but not limited to developing and reviewing personnel policies and evaluating, at least annually, the Corporation's Executive Director. The Executive Committee cannot, without specific authorization by the Board of Directors, purchase real property, borrow money, amend the bylaws, or hire or terminate the Executive Director.

The Executive Committee shall oversee the Program Agency, including but not limited to:

1. Monitor community EMS needs and developments as well as the implementation of ongoing programs and evaluation activities. With this background information, make recommendations to the Board regarding new program initiatives.
2. Provide oversight and make recommendations to the Program Agency staff with respect to Board directed advocacy, activities, and positions
3. Provide quality assurance and improvement recommendations to the Program Agency staff with regards to program products, efficiency, implementation, etc.
4. Provide human resources oversight to matters concerning the Program Agency staff, and work cooperatively with the Executive Director in this regard.
5. Provide resources to REMAC.