

ACUTE CARE COMMITTEE

PURPOSE

The Acute Care Committee collaborates with the RAC board for the oversight of the acute care system in Trauma Service Area R (East Texas Gulf Coast Regional Trauma Advisory Council RAC-R). This committee will meet as a collective to discuss strategies to reduce morbidity and mortality due to stroke, myocardial infarction, and sepsis. The committee will provide guidance in the development and review of hospital and pre-hospital guidelines and protocols, regional plans, and compilation of regional data for the population in RAC-R.

MISSION STATEMENT

The Acute Care Committee's mission is to provide the best care to patients suffering from stroke, myocardial infarction, and sepsis, and promote responsible behaviors within the community. The committee will promote safe and effective care practices through constant attention to quality assurance and performance improvement. The committee will foster collaborative relationships with healthcare stakeholders in our region to provide evidence-based education, training, and resources.

CONDUCTING BUSINESS

The quorum for conducting business in the committee shall be those persons present and voting. No organization shall have more than one vote in the committee. The RAC-R member's primary designated voting Representative may appoint a standing delegate to serve as a regular attendee to standing committees for purposes of both subject matter representation and voting.

COMMITTEE RESPONSIBILITIES

- a. Create and/or maintain collaborative relationships to facilitate optimal stroke, cardiac, and sepsis care.
- b. Create best practices through shared quality improvement data and processes.
- c. Collaborate with other acute care committees statewide.
- d. Develop and review system performance standards.
- e. Provide standardized data regarding stroke and cardiac performance in our region.
- f. Review, evaluate and report hospital-based data in a manner to protect patient privacy.

COMMITTEE CHAIR / CHAIR-ELECT RESPONSIBILITIES

As per RAC-R bylaws (9.1.5), the Chair of the Acute Care Committee is appointed by the RAC Chair with the duration of the term of one year. Recommendations from the Acute Care

STANDARD OPERATING PROCEDURE

Committee will be taken into consideration by the RAC Chair for appointments. The Chair of the Acute Care Committee will select a co-chair to help them facilitate the meetings.

A. Chair

- a. The committee chair serves as a liaison between the committee and the Board of Directors with responsibilities that include, but are not limited, to:
 - i. Knowledge of the committee structure and functions
 - ii. Scheduling meetings
 - iii. Meeting agenda and notes
 - iv. Providing committee report to the Board of Directors and General Assembly as requested.
 - v. The Chair must be an acute care representative of a RAC-R member hospital in good standing as defined by RAC-R bylaws.
 - vi. The Chair will participate in state-wide collaboratives, as requested.
 - vii. The Chair or Co-chair of the committee has the authority to call standing committee meetings.

B. Co-Chair

- a. The Co-Chair assists the Chair with committee functions and assumes the Chair responsibilities for committee activity and meeting management in the temporary absence of the Chair.
 - i. The Co-Chair must be a documented acute care representative of a RAC-R member hospital in good standing as defined by RAC-R bylaws.
 - ii. The Co-Chair has the authority to call or postpone Committee meetings in the absence of the Chair.
 - iii. The Co-Chair will fulfill the role of the chair during any absence of the chair.

PROCEDURE (MEETING, AGENDA AND NOTES)

- A. The date, time and location of all scheduled meetings will be posted at least ten (10) days in advance on the RAC-R website calendar.
- B. The committee will meet at least quarterly.
- C. All meetings are held as open meetings
- D. Agendas will be provided at each meeting.
- E. Each meeting will have minutes.
- F. Meeting minutes will be forwarded to the RAC-R office and administrative staff within 21 days after the meeting for posting. Attendance will be turned in at the conclusion of the meeting to the RAC Chair. Attendance sheets will track participation.
- G. Members may access copies of the meeting minutes on the RAC-R website.

COMMITTEE GOALS

- A. Goals for each year are established at the beginning of the fiscal year.
- B. Collaborate and provide mentorship with entities that provide acute care within the RAC and bordering regions.
- C. Provide initiatives to the community as needed per our RAC data.

- D. Statewide collaborative projects will be incorporated into the committee's goals as they arise.

MEMBERSHIP REQUIREMENTS

- A. Facilities in RAC-R who provide care to stroke, cardiac, and sepsis patients.
- B. Submit requested data for system development.

PARTICIPATION REQUIREMENTS

- A. Evidence of attendance of 75% of committee meetings by the representative or identified alternates.
- B. Each member will have 100% participation in quarterly data submission in compliance with committee deadlines.

Michelle Nyberg

Michelle Nyberg, RN, BSN, CCRN, ACM
Chair, Acute Care Committee

6/10/2025

Date