

The Maine Stroke Alliance Bylaws

The Maine Stroke Alliance [Alliance] was established in 2017 by a group of stakeholders with the goal creating an integrated, multidisciplinary, regional system of stroke care that addresses the prevention, acute and subacute treatment, recovery and secondary prevention of cerebrovascular disease with an ultimate goal of ensuring that all patients in the State of Maine have access to comprehensive, high-quality, and cost-effective care at all levels of stroke acuity regardless of location.

Article 1 – Composition and Appointment

Section 1. Board Composition. The Alliance Board shall consist of members who are voted on by 2/3 majority of the Alliance Membership for two-year terms. The term for the Chair of the Board will be offset by those of the Board members by one year. The Board shall consist of the following voting positions:

1. Maine Hospital Administrator (1)
2. Maine EMS Director (1)
3. Neurologists (2)
4. Stroke Program Coordinators from a Joint Commission Certified program (2)
5. Emergency Medicine Physician (1)
6. Critical Care Provider (1)
7. Member of the Public (1)
8. Chairperson of each subcommittee (5)
 - a. Each Chairperson from the Chronic Stroke Care, Community Education and Primary Stroke Prevention, Acute Stroke Care, Subacute Stroke Care, and Stroke Data, Research, Technology & Innovation Committees shall serve on the Board as ex-officio members. If the Chairperson has an existing position on the Board based on another role, they shall not get an additional vote in the Board business, nor shall the Committee(s) appoint another individual to serve on the Board in their place unless they replace the Chairperson with some who does not currently sit on the Board.

Section 2. Membership Composition. The Alliance membership should broadly represent providers of stroke prevention and care and be as geographically diverse as possible. The membership shall be comprised of the following positions, set as a minimum:

1. The Director (1): The current Director of Maine EMS. This term does not expire.
2. The Medical Director (1): The current Medical Director of Maine EMS. This term does not expire.
3. Hospital administrators (3): One from each (as recommended by the Maine Hospital Association):
 - a. Small hospital: Defined as 0-55 beds
 - b. Medium hospital: Defined as 56-110 beds

- c. Large hospital: Define as 111 beds or greater
4. Maine Hospital Association Representative (1): A representative recommended by the Maine Hospital Association. This term does not expire.
 5. Emergency Medicine Physician (2): A physician actively practicing in an Emergency Department in Maine, one representative from either a Comprehensive or Primary Stroke Center and one representative from an Acute Stroke Ready Hospital or Critical Access Hospital.
 6. Neurologists (5): Who are actively involved with stroke care (from Comprehensive and Primary Stroke Centers in Maine)
 7. Emergency Nurse (1): A nurse who actively practices in an emergency department in the state.
 8. Hospitalist (1): Hospitalist involved in the care of stroke patients in the state
 9. Critical Care Provider (1): A healthcare provider working in a critical care unit that admits stroke patients
 10. Critical Access Hospital Representative (1): This role can be a healthcare provider who directly cares for or manages the care of stroke patients
 11. Stroke rehabilitation specialist (1): This role can be filled by a member of a rehabilitation team responsible for the post-hospitalization care of stroke patients in the state.
 12. Representative of Air Ambulance Services (1): A representative from a Maine-based air ambulance service.
 13. Prehospital Care Clinician (2): Actively practicing licensed EMS Clinicians in Maine affiliated with a Maine EMS licensed service, with preference that one of these clinicians be working in a rural community.
 14. Stroke care system user (1): A member of the public, preferred to be a stroke survivor or a family member of a stroke survivor.
 15. Stroke Coordinators (5): These positions will be filled by the existing Stroke Coordinators from each of the Comprehensive Stroke Centers and Primary Stroke Centers in Maine. These terms do not expire. This number may increase if the number of Joint Commission certified stroke centers increase in the State of Maine.
 16. Public Health Representative or educator (1)
 17. Chronic care representative (1)

Section 3. Qualifications

1. Applicant/member actively fills the role of the specific position they are applying for/serving within the Alliance membership.
2. Applicant/member is in good standing with the group for which they fill the role of the position applying for/serving.
3. Applicant/member possesses current knowledge of the design and operation of systems of care.
4. Applicant/member possesses good interpersonal and consensus building skills and the ability to work as a member of a team.

Section 4. Appointment Process

Subsection 1. Announcement

Alliance positions for which vacancies exist shall be announced publicly for a period of no less than 15 calendar days. Method of public announcement includes, but is not limited to the Maine Stroke Alliance website, social media and email.

Subsection 2. Application

Interested candidates must submit a cover letter/letter of interest and a current resume or curriculum vitae to the Alliance via the Stroke Systems Manager or designee. All qualified applicants will be considered by an application subcommittee of the Alliance.

Subsection 3. Interview

Candidates will be given a date and time to attend an interview. Candidates will be given an opportunity to introduce themselves and discuss their qualifications, interests and answer the interview questions as directed by the application subcommittee. If there are multiple candidates, each candidate will be given the same interview questions. The interviews will be held in executive session within the subcommittee.

Subsection 4. Selection and Approval

Following applicant interviews, the application subcommittee will make recommendations to the Board. The Board will then select a candidate for each vacancy via a ballot vote. The selectee will be notified by phone or email by the Alliance Board Chairperson or the Stroke Systems Manager.

Subsection 5. Selection of Alliance Chair

The Chairperson shall be elected by the Alliance for a two-year term and shall have been a member of the Alliance for a minimum of two years. On or about, the fourth Tuesday of January of each biennium the Alliance shall create a slate of nominations for the replacement of the Chair to be elected by the Alliance the fourth Tuesday of April for the two-year period in order to begin their term on the fourth Tuesday of July.

Section 5. Terms

All positions, unless otherwise noted, will be appointed for a period of two years beginning on July 1 of each year. In the case that someone resigns their position prior to the end of their term, their replacement will serve the remainder of the existing term and will need to re-apply if they wish to continue in the position. The other Board Chair will be off-cycle by 1 year to remainder of the Board Members.

Article 2. Responsibilities and Accountability

Section 1. Responsibilities

1. To serve as a resource and subject matter expert regarding stroke systems of care.
2. To represent and advocate for others in your role.

3. To participate in the creation, development, implementation, dissemination and maintenance of the State Stroke Care System Plan and to act as a resource to your local community and a liaison to others in your field for advancing stroke care.
4. To attend Alliance meetings, with standing meetings occurring quarterly on the fourth Tuesday of January, April, July, and October and supplemental & subcommittee meetings as needed; either in person or by teleconference. Furthermore, members are expected to be prepared for these meetings and to participate in discussion.
5. To utilize various methods of communication with the public, healthcare providers and health care facilities and to perform outreach when necessary.
6. It is expected that these positions will require an estimated five hours per quarter, between meetings and preparation work. There may be instances in which more time is required.

Section 2. Attendance Requirement

Regular attendance at meetings is expected of all members of the Alliance. As participation in the Alliance and its activities is voluntary, it is foreseeable that members may have other obligations which may preclude attendance at the meeting. When attendance is not possible, it is the professional expectation that members will notify the Alliance Chair or the Stroke Systems Manager of the inability to attend a given meeting in advance, whenever possible. Alliance members are expected to attend 75% of the scheduled meetings. Those not in attendance are required to review meeting minutes prior to the next scheduled meeting.

Section 3. Roll

Attendance will be recorded and maintained by the Stroke Systems Manager or their designee.

Section 4. Absences

Absences will be tracked by the Stroke Systems Manager or designee. Due consideration will be given for extenuating circumstances. However, excessive absences (missing three consecutive meetings or missing three meetings in a 12-month period), is criteria for removal from the Alliance. It is also the expectation of the Alliance that the member will not fall behind in Alliance work being performed directly by the individual. In cases of extenuating circumstances that have the potential to cause excessive absences, it is the expectation that the individual will notify the Alliance Chair or Stroke System Manager.

Section 5. Removal from Alliance

An Alliance member may be removed by the Alliance Board, for cause. Termination of Alliance membership may be so voted after written notice to the Alliance member as consequence of the member's failure to attend three consecutive meetings or misses three meetings in a 12-month period. Extenuating circumstances will be considered on a case-by-case basis.

Article 3. Alliance Meetings

Section 1. The Alliance shall meet upon a five-day written notice with a copy of the agenda at the call of its Chair at least quarterly.

Special meetings may be called by the Chair or at the request of the members of the Alliance.

Section 2. A majority of the Alliance members appointed to the Board and currently serving shall constitute a quorum and a majority vote of those present and voting shall be required for Alliance action.

To keep the order of meetings running smoothly and to avoid complex parliamentary procedures, the Alliance and its subdivisions shall follow Robert's Rules of Order for parliamentary procedure when conducting official business.