Northeast Tennessee

Healthcare Preparedness Coalition

**ARTICLE 1: NAME AND SERVICE AREA**

***SECTION 1: NAME***

The name of this organization shall be the Northeast Tennessee Healthcare Preparedness Coalition (also referred to as “THE COALITION”.)

***SECTION 2: SERVICE AREA***

The Coalition’s geographical area encompasses the following counties: Carter, Greene, Hawkins, Hancock, Johnson, Sullivan, Washington, and Unicoi.

**ARTICLE 2: MISSION AND PURPOSE**

***SECTION 1: MISSION***

The mission of The Coalition is to support the development of cooperative partnerships in order to promote and enhance the well-being of the region’s healthcare system by providing support for coordinated disaster preparedness, education, public information, response/recovery activities, and sharing of resources.

***SECTION 2: PURPOSE***

A. To provide a forum for the healthcare community to interact with one another. This includes Public Health, Hospitals, Emergency Management, EMS agencies, Long-Term Healthcare Entities, Medical Providers, Emergency Responders, Communications Centers, and other healthcare-related entities and response agencies at any level (local, regional, state, and federal) that promote emergency preparedness.

B. Foster communications between local, regional, state, and federal entities on community-wide emergency planning and response.

C. Based on the capabilities identified by the Administration for Strategic Preparedness and

Response (ASPR), coordinates healthcare planning to ensure a strong and resilient healthcare system for response and recovery to an incident-driven medical surge.

D. Coordinate training and exercises to assist healthcare responders to develop the necessary skills

needed to respond.

E. Improve healthcare response capabilities through coordinated exercise and evaluation. F. Assist emergency management and Emergency Support Function (ESF) # 8 partners.

 ESF-8 activities are coordinated at the local level between Emergency Response

Coordinators, Regional Healthcare Coordinators, Emergency Medical Consultants, and the

Regional Medical Communication Centers. Each entity may be in direct communication with the state emergency operations center’s ESF-8 representatives to assist in the coordination of large-scale incidents.

**ARTICLE 3: ORGANIZATION AND STRUCTURE**

A. General Membership

 Active Voting Members

 Inactive Non-voting Members

 Advisory Committee

 Ad Hoc Non-voting Members or Subject Matter Experts (SME)

**ARTICLE 4: MEMBERSHIP**

***SECTION 1:***

 Only member organizations that are considered active voting members will be eligible to apply for and receive coalition funding. Others may benefit from the uses of the funds secured by voting members, but it first must make a direct impact on the organization applying for funding.

 If there is uncertainty as to whether an organization qualifies as a healthcare organization or

whether the organization’s jurisdiction falls within the geographical area, a majority vote by

Active Coalition Members will determine eligibility.

***SECTION 2: COALITION MEMBERSHIP***

A. **Active Voting Members** are to include the following stakeholders in the geographical region of

The Coalition:

** All hospitals (individually have one vote) (Core member)**

* **Public Health (One vote) (Core Member)**

** Emergency Management (EMA) (one vote) (Core Member)**

** Emergency Medical Services (EMS) (one vote) (Core Member)**

 **Regional Medical Communications Center (RMCC) (one vote)**

* Mental Health Disaster Subcommittee (one vote; chosen by committee)
* Forensics Center (one vote)
* Rehabilitation Centers (one vote)
* Licensed Healthcare Subcommittee (one vote; chosen by committee)

B. **Inactive Non-Voting Members** may consist of:

 Volunteer Organizations (VOAD type)

 Nonprofit organizations

 Community-based organizations

 Faith-based organizations

 Emergency service groups

C. **Advisory Members** will be:

* Selected core coalition members
* Regional Healthcare Coordinators
* Grant managers from the hospital

D. **Ad Hoc Members** will consist of:

* Subject matter experts
* Specialists in fields of knowledge
* Former Members
* Anyone the coalition deems appropriate to give advice

***SECTION 3: MEMBER RESPONSIBILITIES***

A. Member agencies are to provide a representative for every meeting.

B. Voting members will be the one person representing each voting entity.

C. Membership is by AGENCY, not identified person; therefore, if a representative is present for the agency, that person will be considered eligible to vote on its behalf.

D. No attending person may represent more than one entity at the meeting.

E. Provide a representative to attend coalition meetings and activities to assure ongoing participation in The Coalition

F. Attend and actively participate in at least two of four regularly scheduled coalition meetings yearly

G. Educate and inform their respective organizations on coalition activities

H. Participate in establishing priorities for The Coalition and contribute to meeting the Healthcare Preparedness Capabilities as set forth by the US Department of Health and Human Services, Administration for Strategic Preparedness and Response

I. Actively participate in workgroups of The Coalition when requested

J. Participate in coalition-sponsored training, exercises, and drills

K. Participate in the development of inter-organizational agreements and collaborative emergency response plans

L. Assist in meeting any funding and reporting requirements

**ARTICLE 5: ADVISORY MEMBERS**

***SECTION 1: REGIONAL HEALTHCARE COORDINATOR***

The Regional Healthcare Coordinator(s) is responsible for coordinating and facilitating coalition activities. The RHC shall not have any voting rights. Duties of the RHC include:

A. Providing general oversight and technical assistance for coalition activities and associated projects.

B. Management of Healthcare Preparedness Program grant, including the preparation and submission of documents, such as work plan deliverables and state and national reports.

C. Serving as the point of contact to the Tennessee Department of Health (TDH), Sullivan County

Regional Health Department, and the Tennessee Hospital Association (THA).

D. May act under the authority of these bylaws as the designated representative and spokesperson of the coalition.

E. In an incident response, will serve as the liaison between the Coalition and ESF 8, Public Health, Medical Services, Emergency Services Coordinators, Regional Health Operations Center, and State

Health Operations Center.

F. Serve as the liaison between local, regional, state, and federal response partners.

***SECTION 2: NON RHC ADVISORY MEMBERS***

A. Provide consultative and informed input into key decisions and ensure integrated planning similar to that of a multi-agency coordinating group.

B. Assemble, finalize, and submit all administrative documentation as required to appropriate agencies per funding requirements.

C. Receive grant funding requests from coalition members and submit all coalition approved

expenditures for payment.

**ARTICLE 6: SUBCOMMITTEES**

***SECTION 1: Mental Health Disaster Subcommittee***

The Mental Health Disaster Committee will be a subcommittee of the Healthcare Preparedness Coalition. The subcommittee will follow the format of the healthcare coalition to conduct business. Meetings will be held quarterly or as needed. The purpose of the committee will be:

1. Providing subject matter expertise for mental health coalition activities and associated projects.
2. Providing a forum for mental health healthcare members and other healthcare agencies to interact and focus on mental health issues in the community
3. Improve mental health preparedness and response in the community

***SECTION 2: Licensed Healthcare Subcommittee***

The Other Licensed Healthcare Agencies committee will be comprised of long-term care, home health, Rehabilitation hospitals, medical equipment vendors, ambulatory surgical centers, hospices, community health centers, and others interested in preparing their healthcare facility for emergencies. The subcommittee will follow the format of the healthcare coalition to conduct business. Meetings will be held quarterly or as needed. The purpose of the committee will be:

1. Provide a forum for interaction and focus on emergency preparedness for the agencies above.
2. Improve preparedness and response.
3. Provide subject matter expertise on the Coalition for matters concerning the agencies listed above.

**ARTICLE 7: CONDUCTING BUSINESS**

***SECTION 1: QUORUM***

A quorum will consist of all the attending members of The Coalition present at a regularly scheduled meeting. This will consist of all physically present. If electronic attendance is integrated, it will also consist of those attending via telephone or video conference. A minimum of 50% of active voting members are required to be present in order to conduct business during Advisory Committee meetings, as well as, coalition meetings.

***SECTION 2: MEETINGS***

A. Coalition meetings will be scheduled at least quarterly. B. Advisory Committee meetings will be scheduled quarterly or as needed.

C. Written notice for all meetings of the membership shall be transmitted in advance of the meetings.

***SECTION 3: SPECIAL MEETINGS FOR VOTING***

Items that may require action before a regularly scheduled meeting occurs, may be addressed and voted on by electronic means. A teleconference, video conference, or email blast may be used. A notice before the ad-hoc meeting must be provided. Quarterly meetings may be conducted in person or via virtual conference.

***SECTION 4: VOTING***

A. Every member entity has one vote

(1) Members may vote on issues even if referring to their own facility or entity

B. A simple majority is required for positive action on a matter

C. Zero (0) or ties will be decided by a majority decision of the Advisory (Non-RHC) Committee members.

D. The Advisory Committee must approve purchases before going to the coalition members. The Advisory Committee may approve purchases under $1,000 without full coalition approval.

E. Two members will be selected by the RHCs or Advisory Committee to represent the Coalition to serve on the Statewide HCC Advisory Committee as voting members.

**ARTICLE 8: FUNDING**

***SECTION 1: Allocation of Funds***

Federal or state grant funds may be allocated according to the contract received by Northeast Tennessee Healthcare Preparedness Coalition through a contracting entity from the Tennessee Department of Health. Any organization eligible according to Federal or State guidance must be classified as an active participant as stated in Article 4 in order to receive any funding or resources. As classified in the Coalition guidance, all proposals will be used to support regional preparedness and response.

***SECTION 2: Distribution of Funds***

Grant funds received by the coalition shall be distributed to only those member organizations that are members in good standing as stated in Article 4 unless otherwise approved by the Advisory Committee. ***SECTION 3: Documentation***

Any member organization receiving funds through and/or from the coalition must provide required reports, support documents, etc. as stated at the time the funds are received by the member organization. Failure to comply shall result in ineligibility of funding through and or from the coalition.

***SECTION 4: Compliance***

Failure to comply with Article 4 may cause a member organization to become ineligible for funding through the coalition and at the discretion of the Advisory Committee.

***SECTION 5: Classification of Funds***

All grant funds shall be considered “restricted,” and must be utilized as provided in the contract, grant application and/or award notice.

***SECTION 6: Funding Proposals***

Funding proposals will be provided to the Advisory Committee prior to the quarterly Advisory Committee meeting in order to distribute and allow the membership time for review. The Advisory Committee will make recommendations for the proposals that are submitted to the Coalition on whether they meet all grant requirements, are tied to priority capabilities/gaps identified by the Coalition, and if they meet all rules/policies regarding the Coalition included in these bylaws. The Coalition shall vote after proposals are presented and a question/answer session is concluded (unless it is an emergency/electronic vote). RHCs will notify the coalition members of the results.

**ARTICLE 9: CONFLICT RESOLUTION**

Any coalition member (organization or individual) having a dispute with the coalition (e.g. bylaws, plans, etc.) may voice such dispute orally or in writing. The dispute shall be addressed by the Advisory Committee if necessary.

* If deemed by the Board to be necessary, a neutral or impartial group consisting of three members appointed by the Advisory Committee shall review and render a decision. Unless otherwise resolved, the group shall issue a written determination, within thirty (30) days of receipt of the dispute.
* A written appeal may be made to the Advisory Committee.

ARTICLE 10: AMENDING THE BYLAWS

Amendment of these bylaws may take place during a business meeting or via an electronic vote by a majority vote of The Coalition’s active membership. This means of all active voting member entities; a majority must vote in favor the of change.

Article 11: PARLIAMENTARY PROCEDURE

Roberts Rules of Order, (11th Edition) will be used to guide the conduct of any Coalition meeting.

**ARTICLE 12: ADDITIONAL PROVISIONS**

This charter shall not supersede any existing mutual aid agreement or other agreements.

This charter shall not be interpreted or construed to create a legal relationship, association, joint venture, separate legal entity, or partnership among the participating bodies, nor to impose any partnership obligation or liability upon any member. Further, no member shall have any authority to act on behalf of or as or be an agent or representative of, or to otherwise bind, any other member body.

No partner of the Coalition shall be required under this charter to indemnify, hold harmless and defend any other partner from any claim, loss, harm, liability, damage, cost, or expense caused by or resulting from the activities of any coalition officer, employee, or agent.

**APPROVAL OF BYLAWS**

**The Bylaws are approved and adapted by a vote of the Northeast Tennessee Healthcare Preparedness Coalition:**

**Approval/Adapted Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**