District 7 Healthcare Coalition (District 7 HCC)
Bylaws and Governance

Purpose
To incentivize diverse and often competitive health care organizations and other community partners with differing priorities and objectives and reach to community members to work together to prepare for, respond to, and recover from emergencies and other incidents that impart the public's health.

HCC Geographical Boundaries
All of District 7 counties and local municipalities within the following counties;
Sullivan, Greene, Owen, Putnam, Clay, Vigo, Vermillion, Parke

HCC Membership
District 7 Healthcare Coalition (herein referenced as HCC) consists of members that contribute to the planning, identification of gaps and mitigation strategies, operational planning and response, information sharing, and resource coordination and management. The HCC will collaborate with a variety of stakeholders to ensure the community has the necessary medical equipment and supplies, real-time information, communication systems, and trained educated health care personnel to respond to an emergency.

These stakeholders consist of Core HCC members and Additional HCC members as outlined below and herein. The District 7 HCC core membership is further identified by facility, organization and/or agency in Appendix A of HCC Governance Document.

HCC Core Membership
At minimum, the District 7 Healthcare Coalition will include the following Core 4 Membership:
- Hospitals (a minimum of three hospitals)
- EMS (including interfaculty and other non-EMS patient transport systems)
- Emergency management organization(s)
- Public health agency(s)

HCC Additional Membership
In cases where there are multiple entities of an HCC member type, there may be a sub-committee structure that establishes a lead entity to communicate common interests to the HCC.

These organizations include but not limited to:
- Behavioral health services and organizations
- Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
- Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks

- Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers, Indian Health Service facilities, military treatment facilities)
- Home health agencies (including home and community-based services)
- Infrastructure companies (e.g., utility and communication companies)
- Jurisdictional partners, including cities, counties, and tribes
- Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
- Local public safety agencies (e.g., law enforcement and fire services)
- Medical and device manufacturers and distributors
- Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)
- Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers (FQHCs), urgent care centers, freestanding emergency rooms, stand-alone surgery centers)
- Primary care providers, including pediatric and women's health care providers
- Schools and universities, including academic medical centers
- Skilled nursing, nursing, and long-term care facilities
- Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)
- Other (e.g., child care services, dental clinics, social work services, faith-based organizations)

Organizational Structure

All members of the Executive Committee, General. Sub, and Special Committee(s) shall be HCC Members in Good Standing per the HCC Member Guidelines for Participation and Engagement outlined herein, Section – HCC Member Guidelines for Participation and Engagement.

HCC EXECUTIVE COMMITTEE

The D7 HCC Executive Committee will consist of the following Seven (7) representatives:

- Three (3) Hospital Representatives
- One Public Health Representative
- One Emergency Management Representative
- One Emergency Medical Services (EMS) Representative
- One At Large Representative

These seven representatives shall be chosen from General or Sub-Committee representatives as appropriate (e.g. Hospital Representative is the Representative for the Hospital Committee).
The HCC Executive Committee will vote (one each) on all matters including but not limited to Healthcare Coalition Funding, Planning, Operations, Resource Allocations and Strategic Goals and Objectives.

HCC Officers

Of the Executive Committee Members, HCC Officer Positions shall consist of Chair, Vice-Chair and Secretary with the remaining representatives as general committee members. The Chair or Vice-Chair must be from a Hospital member.

HCC Officer Roles & Responsibilities

- HCC Chair – shall serve 2-year term with no consecutive term limit.
  - Establish the agenda for the D7 HCC and Executive Meetings
  - Preside at the HCC and Executive Committee Meetings
  - Call extra business
  - Call vote by committee outside of HCC governance document
  - Co-Sign authorizations for payment to the 501c3 Fiscal Agent
  - Perform the duties of Discipline Coordinator for HCC
  - Leads the annual performance review of the HCC Operations Manager in conjunction with Co-Chair, Secretary and Executive Committee members (if applicable)

- HCC Co-Chair – shall serve 2-year term with no consecutive term limit.
  - Perform the duties of the Chair in his/her absence.
  - Be responsible for the program and arrangements at the HCC meetings in the absence of the chair.
  - Ability to co-sign authorizations for payment to the 501c3 fiscal agent
  - The Co-Chair will ascend to the Chair position; therein the Co-Chair and Secretary will be elected.

- Secretary – shall serve 2-year term, with no consecutive term limits.
  - Keep and maintain agendas and minutes of all HCC meetings
  - Serve as the HCC communications officer and is responsible for recording/documenting all HCC communications drills

Executive Committee Proxy

In the event any of the seven Committee members are not available to attend, each member shall have a designated proxy to attend in place. In such occurrence, notification shall be made to the Readiness & Response Coordinator and/or Chairperson one-day (24 hours) in advance of meeting.

The proxy may vote on any voting action scheduled by the HCC Executive Committee, so long as the Executive Committee Member has recorded the vote in advance with the secretary and the designated proxy follows such vote. The Secretary will provide all committee members with such correspondence prior to meeting.

Remote Communication Meetings

Remote communication means any electronic communication including conference telephone, video conference, the internet, or any other method currently available or developed in the future, by which members not present in the same physical location, may simultaneously communicate with each other.

A meeting of the members may be held by any means of remote communication by which all persons authorized to vote or take other action at the meeting can hear each other during that meeting and each person has a reasonable opportunity to participate. This remote participation in a meeting will constitute presence in person at the meeting.

Executive Committee Quorum

A quorum for the executive committee consists of the following:
Four (4) Executive Committee Members, with at least one being an officer.
If a quorum is not achieved by Executive Committee, no voting shall occur and will defer to next scheduled HCC meeting and/or as scheduled by HCC.

GENERAL, SUB-COMMITTEES, AND SPECIAL COMMITTEES

All Committee representatives will be responsible for speaking on behalf of their constituents to the Executive Committee and HCC members including but not limited to planning, response, resource(s), policy formation, training and exercise, hazards & mitigation and all other items as it pertains to the HCC. No one person shall become a committee representative of more than one committee at any time.

General Committees

The following General Committees shall exist within the HCC:

- Hospital Committee
- EMS Committee
- Public Health Committee
- Emergency Management Committee

These four general committees reflect the core membership type of the HCC. Each of these committees will consist of members of their respective discipline to lead the committee. Each of these general committees shall at least annually select one (1) representative of this committee who shall sit on the Executive Committee as the appropriate representative. Selection of Committee rep, and thus Executive Committee member, shall be in place for one year – unless a majority vote is made by the committee to reselect a representative, which in turn will designate a new Executive Committee member.

Sub-Committees

The following Sub-Committees shall exist within the HCC as appropriate:

- Long Term Care Committee
- Home Health Committee
- Public Safety Committee
- Etc., Other Additional Member Types

The additional Sub-Committees shall be formed as appropriate to represent the HCC members representing “Additional Member Type”. Each committee shall select one representative to lead the committee. The representative(s), while not eligible for Executive Committee Membership representing the four General Committees, are eligible for any of the At Large Executive Committee positions.

Sub-Committees may form or dissolve as appropriate based upon the number of individual member types. For example, very small membership from one membership type may not constitute the existence of a Sub-Committee, where large numbers of membership may require one.

Special Committees

Other committees may be formed as appropriate to better achieve common goals. These special committees may consist of multiple organization types, aligned at achieving functions. Examples are not limited to but may include planning and Response Committee, Mitigation and Risk Assessment Committee, Resource Coordination and Information Sharing Committee, etc. As with other committees, each Special Committee formed shall annually select one representative to lead the committee and liaise with the Executive Committee.

Committee Term Limits

Note Executive Committee have a two (2) year term with no consecutive limits. Members of any committee shall serve a one (1) year term, with a maximum of four (4) year consecutive limit.

Election Process

All elections shall be made at first regularly scheduled HCC meeting of the July 1- Jun 30th Calendar year; no later than August 15th of current year.

The General Committee representatives for Hospital, EMS, EMA, and Public Health shall be appointed by their respective disciplines each grant budget year beginning on July 1 and ending on June 30 each calendar year. The Members at Large will be nominated by HCC at general membership voted by same to serve during same timeframe as outlined above. Voting may take place in person, or electronically for all.

The HCC Chair, Co-Chair and Secretary will be nominated and appointed by the Executive Committee and will serve the same timeframe as Executive Committee July 1 – June 30 of each calendar year. The nominations and elections for these roles will take place once the Executive Committee membership is in place. All Committee and Sub-Committee elections shall be done by vote or if requested by any member, secret ballot.

All Executive Committee Officer Elections shall be done by vote at the beginning of a new two (2) year term. Voting must be done in person and if requested by any Executive Committee Member, secret ballot. The Vice Chair moves to the Chair position at the end of the 2-year term, thus only requiring votes for Vice Chair and Secretary once an initial Chair is voted. At any time, majority vote of the Executive Committee can call for re-election of any position – except for the Chair, which may only be voted for the Vice Chair to ascend early as the Chair, followed by a new Vice Chair election.

All General Committee and Sub-Committee's reserve the right at any time, to call for re-election of representative. Re-election shall commence if majority vote indicates re-election. In cases where a re-election occurs for a person who serves as an Executive Officer, the Executive Committee shall re-vote for that position within 60 days if that position leaves a vacant Vice Chair or Secretary. Current Vice-Chairs fill Chair vacancies.

HCC Administrative Rule & Operational Functions

The HCC General Membership by and thru its Executive Committee Representative(s) specific responsibilities include but are not limited to the following:

1. Advise HCC members directly on matters regarding their respective organization, agency and/or facility pertaining to healthcare preparedness.
2. Develop Healthcare Preparedness and Response Plans
3. Work to achieve Healthcare Preparedness Capabilities, performance measures and to maintain minimum levels of readiness.
4. Participate in planning, exercise, trainings, and workshops.
5. Monitor progress for each capability as described by ASPR and Indiana State Dept. of Health (ISDH) Division of Emergency Preparedness.
6. Develop, sustain and/or improve District Preparedness & Response projects related to ASPR and ISDH Division of Emergency Preparedness Healthcare Preparedness Program.
7. Coordinate with local, regional and state officials/jurisdictions in planning efforts for the healthcare community.
8. Identify and determine gaps in planning, resources, education and training.
9. Develop action plans to support educational and process refinement.
10. Facilitate integration with local, regional and state response partners.
11. Assist in development and execution of exercises and drills based on identified needs/issues, formulate corrective action plans and perform follow-up measures to ensure best practices have been identified and instituted.
12. Disseminate planning and response initiatives to District partners.
13. Provide and receive guidance and recommendations to/from General and Sub-Committees, including ad-hoc committees on planning initiatives, program development and grant expenditures.

Member Participation and Engagement

All core and additional member types must meet the following minimum requirements to be considered an HCC Member in Good Standing.

HCC Executive Committee Meetings

HCC Executive meetings shall be conducted by the Executive Committee on a regular basis as scheduled by the Secretary but shall occur at least every two months. HCC Executive meetings require the presence of the following:

- HCC Executive Committee
- HCC Operations Manager (if applicable)
- Sub-Committee Representatives
- Special Committee Representatives

General membership is welcome to attend HCC Executive meetings but is not required.

HCC Committee Meetings

HCC General, Sub, and Special Committee Meetings shall occur at least quarterly and be open to the respective committee members. Committee Meetings shall also occur as requested by the Executive. These meetings may occur as part of other regularly scheduled meetings so long as the membership is consistent with the committee membership (e.g. Hospital Committee Meeting conducting as part of a Hospital Corporation Meeting where all hospital members are able to attend)

Member Participation and Representation Concurrence

All HCC Core Members must submit a signed Letter of Participation and General Committee Representative Concurrence on file with the HCC Secretary. All other Sub and Special Committee representatives must also have signed Letter of Participation and the respective Committee Representative Concurrence on file with the HCC Secretary. All Additional members must have a signed Letter of Participation on file with the HCC Secretary.

ISDH Requests for Funding and Reimbursement

An annual budget (July 1 – June 30) will be created and approved by HCC Executive Committee and presented to HCC (). The ASPR/CDC HPP-PHEP HCC Budget will be submitted to the ISDH DEP for approval prior to HCC encumbering any funds.

All dollars must be associated with HPP activity or multiple activities and all HCC activities must be included in the HCC Work Plan.

All requesting agency(s) will be active members of the District 7 HCC. All requests for funding will be submitted to the Executive Committee for review and approval. A financial report will be provided at each HCC Executive meeting and quarterly financial reports to the full HCC membership.

ASPR/CDC HPP-PHEP funding shall not be approved for items outlined in the 2017-2022 HPP-PHEP Cooperative Agreement Restricted Items https://www.cdc.gov/phpr/readiness/00_docs/PHEP-Funding-CDC-RFA-TP17-1701.pdf and included herein, Appendix B.

Funding reimbursement shall follow accounting procedures established by the fiscal agent and as outlined in the FA-HCC MOU.

Requests for Training must be specific to emergency preparedness and linked to an HPP-PHP Capability. The training must not be available free of charge (i.e. online, CDP, State Dept. of Health, Dept. of Homeland Security, etc.) and/or benefit to one specific agency, organization or facility.

ISDH Division of Emergency Preparedness Requirements

All HCC Members will provide necessary documentation; input, participation and information to their respective Executive Committee Member(s) to assist in completion of grant required reports, requests for information and annual requirements.

Policies and Procedures

Governance Change

All proposed changes to the HCC Governance shall be presented during the HCC Executive Meetings. Changes discussed, shall be presented to the membership through General and Sub-Committees for review and comment to representatives. Voting on proposed changes shall occur at the next HCC Executive Meeting.

Orders of Succession

In the event of succession, the following shall be used:
Chair -> Vice Chair -> Secretary -> Executive Board Members -> Readiness & Response Manager-> Another Committee Representative
Each General, Sub, and Special Committee shall designate one (1) backup person for continuity in the event of an emergency

Delegations of Authority

Selection of representation for each General and Sub-Committee provides authority of that representative to make decisions representing the organization type.

Local Integration

The HCC is responsible for ensuring coordination and collaboration within each public health jurisdiction, as the ESF-8 lead for emergency management. This may include multiple ESFs as the HCC jurisdiction contains multiple public health jurisdictions. While Emergency Management itself is integrated into the Healthcare Coalition, the appropriate NIMS shall be followed during response whereas the HCC serves as a resource to each ESF-8. The HCC shall additionally follow all resource requests through the appropriate local jurisdictional channels, particularly with the local ESF-8 for healthcare related requests. In some instances, this may require working with multiple ESF-8 representatives simultaneously.

Readiness & Response Manager

The HCC Readiness & Response Manager is employed by the HCC Executive Committee with assignment as the HCC Readiness & Response Manager. The Readiness & Response Manager is responsible for coordinating the training, exercises, operational readiness, financial sustainability, evaluation, and ongoing development of the HCC as well as to lead, participate in, or support the response activities of the collation. The person is responsible for timely submission of all deliverables.

Fiscal Agent

The HCC shall select a Fiscal Agent(s) to serve at the discretion of the HCC. Fiscal Agent shall be responsible for compliance with all funding restrictions as appropriate. As approved by the HCC Executive Committee, the FA shall receive administrative funding from the HCC to perform duties of the FA as requested and approved by the HCC Executive Committee. The Readiness & Response Manger may be elected to serve as the Fiscal Agent.

The HCC and Fiscal Agent(s) shall have a Memorandum of Understanding (MOU). The MOU will be reviewed, and updated if applicable, annually by both parties.

Attachment A – Grant Info CFDA 93.889 should be referenced by the Fiscal Agent to assure all expense are appropriate.

Clinical Advisor

The HCC shall select a Clinical Advisor. The Clinical Advisor must meet the guidelines in Attachment A Grant info CFDA 93.889. The Clinical Advisor shall provide clinical leadership to the Coalition, health care facilities, supporting entities and EMS agencies. In addition, the Clinical Advisor will review and provide input on coalition plans, exercises, and educational activities. Serve as an advocate and resource in coalition activities. Assure that the coalition mass casualty/surge plans provide for appropriate distribution of trauma patients. Assure that subject matter experts are available, and a process exists to support secondary transfer.

Logistics Manager

The HCC shall select a Logistics Manager. The Logistics Manager must meet the guidelines in Attachment B. The Logistics Manager will report directly to the Readiness and Response Coordinator. The Logistics Manager will be responsible for maintaining all HCC acquired inventories and resources, provide electronic data management, and physical equipment maintenance.

Contract Services

The HCC shall select a consulting service to assist with the ASPR deliverables. A timeline and Scope of Work will be provided by the Consulting Service. The contract will be evaluated after a one (1) year trial period.

Revised:
Revised and approved by HCC Executive Committee: September 4, 2019
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