

# BYLAWS



## **Service Area 2 Healthcare Coalition**

Butler | Chickasaw | Cerro Gordo | Floyd | Franklin | Hancock | Hardin | Kossuth | Mitchell | Worth | Winnebago | Wright

## **Service Area 2 All Hazard Emergency Preparedness and Response System Development Grant**

Last Reviewed: 10/10/2022

## **ARTICLE 1 – NAME AND GEOGRAPHIC DEFINITION**

### **Section 1.01**

The name of the organization shall be the Service Area 2 Public Health Emergency Preparedness (PHEP) and EMS System Development (5881BT02) and Hospital Preparedness (HPP) and Response System Development (5881BHP12) Grant Coalition. Named as Service Area 2 Healthcare Coalition going forward.

## **ARTICLE 2 – GEOGRAPHIC DEFINITION**

### **Section 2.01**

The geographic area that comprises Service Area 2 includes the following counties: Butler, Chickasaw, Cerro Gordo, Floyd, Franklin, Hancock, Hardin, Kossuth, Mitchell, Winnebago, Worth, and Wright. These twelve counties were identified by the State of Iowa Department of Health & Human Services through review of time critical condition transfer patterns within Iowa’s healthcare system.

## **ARTICLE 3 – FISCAL YEAR FOR GRANT**

### **Section 3.01**

The Service Area 2 Healthcare Coalition grant fiscal year shall start July 1<sup>st</sup> and end on June 30<sup>th</sup> of each year.

## **ARTICLE 4 – MISSION AND PURPOSE**

### **Section 4.01**

#### **MISSION**

“Service Area 2 Healthcare Coalition exists to enhance Northern Iowa’s preparedness efforts by collaborating with local partners to prevent, prepare for, respond to, and recover from short-term and long-term incidents that impact public health and medical services within our counties.”

### **Section 4.02**

#### **PURPOSE**

- To provide a forum for the healthcare community to interact with one another and with other response agencies at a county, region, and state level that promote emergency preparedness.
- Foster communications and partnerships between local, regional, and state entities on community-wide emergency planning and response while maximizing the utilization of existing resources.
- Coordinate training, drills, and exercises to assist healthcare responders to develop the necessary skills in order to respond.

- Support Emergency Support Function (ESF) 8 – Public Health and Medical Services through coordination with local Emergency Management Administrators (EMA).

## **ARTICLE 5 – SERVICE AREA 2 STRUCTURE AND MEMBERSHIP**

### **Section 5.01**

#### **STRUCTURE OF SERVICE AREA 2 MEMBERSHIP**

1. General Membership (Non-voting Service Area 2 Members)
  - a. Core Healthcare Coalition (HCC) Members
  - b. Non-Core Healthcare Coalition (HCC) Members
2. Service Area 2 Leadership Team (Voting Members)
  - a. Must be a Core Healthcare Coalition Member
  - b. Comprised - Chair, Service Area 2 Healthcare Coalition Coordinators (Secretary), Fiscal Officer (Treasurer) and one Discipline Representative from Public Health, Hospitals, Emergency Management, and EMS. A member of the Leadership Team may hold a dual role (i.e., the HPP representative may also be the Chair).
  - c. The Chairperson will represent the entire Service Area 2 Healthcare Coalition, and not just their discipline.
4. Sub-committees
  - a. Training/Exercise/Planning Sub-Committee
  - b. Resource Management Sub-Committee
  - c. Special At-Risk Population Sub-Committee
5. Service Area 2 Healthcare Coalition Coordinators
  - a. HPP Coordinator
  - b. PHEP/EMS Coordinator
6. Fiscal Agent
  - a. Fiscal Officer
  - b. Fiscal Assistant

### **Section 5.02**

#### **GENERAL RESPONSIBILITIES FOR SERVICE AREA 2 CORE MEMBERSHIP:**

- Provide representation at coalition meetings and activities
- Attend Service Area 2 monthly business meetings as much as possible
- Notify the Grant Coordinator of any updates to the agency that may require an update to EMResource, and/or service area contact information
- Only bill for salaries and/or purchases that are in line with supplementing guidelines
- Develop partnerships with other essential community members and organizations to strengthen coordinated response during an incident
- Participate in Service Area 2 exercises and drills as much as possible
- Submit reimbursement requests for expenses to the Fiscal Agent no later than the 15th day of the following month that the invoice was dated
- Participate in collaborative service area preparedness planning
- Participate in surge capacity plans, inter-organizational agreements, and collaborative emergency response plans
- Contribute to meeting coalition priorities, goals, and contractual deliverables

- Participate in workgroups as requested by members under the umbrella of the coalition
- Hospitals and Public Health agencies within the coalition must also maintain the following:
  - Current statewide 700MHz radio or equivalent system
  - Iowa Health Alert Network (HAN) system
  - Other situational awareness or resource systems such as state patient tracking systems, resource systems and syndromic surveillance tracking systems
  - Complete the NIMS training record, provide certificates, and the complete NIMSCAST document annually

### **Section 5.03**

#### **GENERAL MEMBERSHIP**

A Healthcare Coalition (HCC) member is defined as an entity within the HCC's defined boundaries that actively contributes to HCC strategic planning, identification of gaps and mitigation strategies, operational planning and response, information sharing, and resource coordination and management.

HCC membership does not begin or end with attending meetings. The HCC should include a diverse membership to ensure a successful whole community response. If segments of the community are unprepared or not engaged, there is greater risk that the health care delivery system will be overwhelmed. As such, the HCC should liaise with the broader response community on a regular basis.

**Core HCC members** should include, at a minimum, the following:

- Hospitals
- EMS (including inter-facility and other non-EMS patient transport systems)
- Emergency management organizations
- Public health agencies

**Non-Core HCC members** may include but are not limited to the following:

- Behavioral health services and organizations
- Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
- 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., childcare services, dental clinics, social work services, faith-based organizations)

Specialty patient referral centers (e.g., pediatric, burn, trauma, and psychiatric centers) should ideally be HCC members within their geographic boundaries. They may also serve as referral centers to other HCCs where that specialty care does not exist. In such cases, referral centers' support of HCC planning, exercises, and response activities can be mutually beneficial.

The State of Iowa Department of Health & Human Services does observe and provide feedback for the Service Area 2 Healthcare Coalition drills and exercises. They also provide periodic updates at the Service Area 2 monthly meetings.

#### **Section 5.04**

##### **SUBCOMMITTEES**

The sub-committees are crucial to ensure success of the activities geared towards coordinated trainings and exercises, general planning, resource management, addressing other specific topics, and caring for those with special needs. The sub-committees will not have any voting rights. The members of the sub-committees will be selected off of members volunteering to be a member.

#### **Section 5.05**

##### **SERVICE AREA 2 LEADERSHIP TEAM**

The Service Area 2 Leadership Team will serve as the voting members for Service Area 2.

##### Service Area 2 Leadership Team Responsibilities:

- a. General Membership will provide feedback on policies, bylaws, and amendments and the Service Area 2 Leadership Team shall provide final approval on all policies developed directly affecting Service Area 2.
- b. The Service Area 2 Leadership Team will serve as advisors to the Service Area 2 Healthcare Coalition Coordinators.
- c. The Service Area 2 Leadership Team will review each quarterly financial assessment to evaluate how grant funds are being utilized in comparison to each agency's work plan. This will help ensure each agency has their activities on track to accomplish activities within the work plan in a timely manner.
- d. The Service Area 2 Leadership Team will meet once a quarter following Service Area 2 monthly meetings as needed or meet on additional date(s) selected by the Service Area 2 Leadership Team members.

##### Removal from Service Area 2 Leadership Team Member:

Any Service Area 2 Leadership Team member may be removed, with cause, by two-thirds (2/3) vote cast by the Service Area 2 Leadership Team, at any regular or special meeting.

#### **Section 5.06**

##### **ELECTED OFFICERS AND DISCIPLINE REPRESENTATIVES**

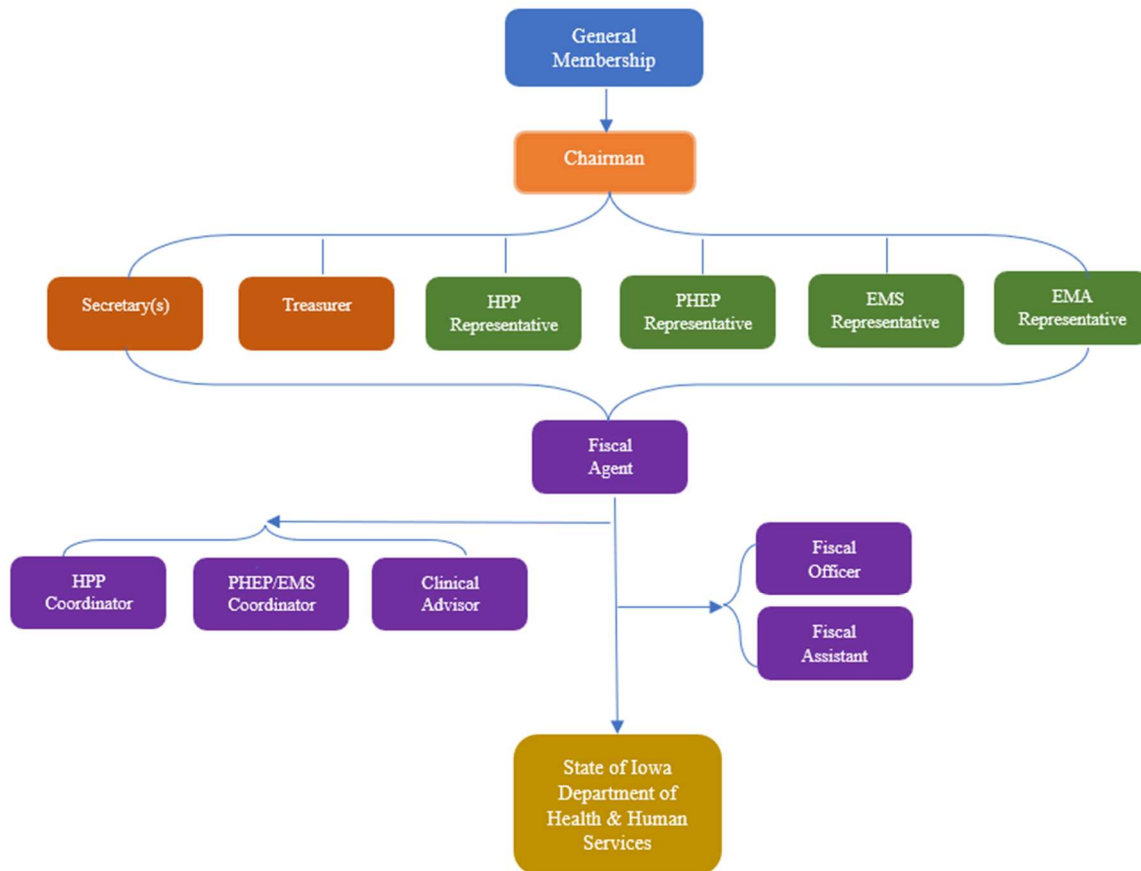
The Election of Officers will be done by members' completing a survey conducted by the Service Area 2 Healthcare Coalition Coordinators. The Chair and three discipline representatives shall be elected from received nominations by majority vote of the General Membership.

### Terms of Office:

The Chair and Discipline representatives will serve two-year terms and be voted on in August every year. The Service Area 2 members will vote for the representatives via survey link which will be emailed to the members. The term is based on the grant fiscal year (July 1<sup>st</sup>). The end of term will occur during odd numbered years (i.e., 2021, 2023, etc.) unless the position is otherwise vacated sooner.

### Vacancies in Office:

Vacancies of elected positions shall be filled by vote of the core membership at the next general or special meetings of Service Area 2 following the vacancy of the elected position. Vacating an office requires written notice to the Leadership team.



**Duties of Officers:**

At a minimum, the following duties will be completed by the listed officers:

Chair: The Chair of Service Area 2 will provide direction and leadership to the coalition. The Chair will help facilitate Service Area 2 Monthly Meetings; and provide guidance to the Service Area 2 Healthcare Coalition Coordinators.

Secretary: The Service Area 2 Healthcare Coalition Coordinators will share the duties as Secretary. Some of the Secretary's duties include developing meeting agendas and minutes, submitting the agendas and minutes to the Chair for approval, ensuring minutes/notes of each meeting of Service Area 2 are being recorded, maintaining a current roster and contact information of Service Area 2 membership, forwarding information for the Service Area as requested, and perform other duties as Service Area 2 sees fit.

Treasurer: The Fiscal Officer will serve as Treasurer. The Fiscal Officer will receive all funding due to Service Area 2, will be responsible for payment of expenses on behalf of Service Area 2, will maintain and provide Service Area 2 financial reports (at a minimum quarterly), will be the custodian of Service Area 2 records, and perform other duties as needed.

Discipline Representatives (4): The Discipline Representative for EMA, EMS, Public Health, and Hospitals will represent the interest of their discipline and bring forth to the Leadership Team Meetings proposed projects and requests from their discipline for consideration. Discipline Representatives may also facilitate work group meetings, attend technical assistance meetings and collect necessary information for their discipline group decisions.

## **ARTICLE 6 – FUNDING, MEETINGS, VOTING, AND CONDUCTING BUSINESS**

**Section 6.01****FUNDING**

Funding Sources: Funding sources accessible to Service Area 2 Healthcare Coalition (HCC) include, but are not limited to, the State of Iowa Department of Health & Human Services grants. Service Area HCC may accept, disburse, apply for assistance, contract with and solicit funds from available sources including federal, state or local governmental entities, private corporations, or philanthropic organizations.

Funding Eligibility: Voting member agencies in relation to Public Health, Hospital, and EMS are eligible to receive grant funding as approved by the Fiscal Officer utilizing funds from the current contract from State of Iowa Department of Health & Human Services. Please see Service Area 2 Fiscal Process for more details on funding availability, fiscal procedures, and other funding topics.

## Section 6.02

### MEETINGS

#### Meeting Cadence / Scheduling:

- Service Area 2 will have monthly meetings on the second Wednesday of each month. Those meetings will be in-person with a webinar option.
  - Agenda for Monthly Meeting: Will be available at least 24 hours prior to meeting. Suggestions for Discussion Items will be submitted to the Service Area 2 Healthcare Coalition Coordinators a week before.
- Service Area 2 Leadership Team will meet once a quarter before or after monthly meetings.
- Sub-Committees will meet as necessary.

#### Special/Urgent Meetings:

Special meetings of the Service Area 2 Leadership Team and the Service Area 2 Core Membership may be called at any time by the Chair or Healthcare Coalition Coordinators.

#### Attendance:

Meetings may be attended in person or by other electronic means if available.

#### Venue:

Meetings will be held at a location convenient for members. Virtual meetings are allowed as available. In person attendance is encouraged to foster networking between disciplines, and collaboration in activities.

#### Minutes:

Minutes of the meeting will be taken and distributed via email within 48 hours following the meeting. Sign in Sheets and Minutes of the meeting can be retained on the Region 2 Healthcare Coalition website - <https://www.iaregion2hcc.org/>.

## Section 6.03

### VOTING

- Voting is restricted to the Voting Service Area 2 core members listed in (Article 5 - Section 5.01)
- Majority vote is defined as a number of core member votes greater than 50 percent of the total voting members.
- Outcome of each vote will be announced and recorded as either affirming or defeating the motion.
- The SA2 Fiscal Assistant will be the tie breaker if necessary.
- A majority (4 of the 6 Leadership Team members) will be necessary and sufficient at all meetings to constitute a quorum for the transaction of business with the exception of removal from board, which requires at least 5 of the 6 member vote.

#### Votes (Applies to All Voting Entities):

- Each Voting Service Area 2 Core Member shall have one vote total.
- Voting by ballot is allowed if a Service Area 2 member requests secrecy.
  - The survey ballot will have a box where the question can be answered ‘yes or no.’
  - Voting members will submit their ballots to the Service Area 2 Healthcare Coalition Coordinators via a survey link.
  - The Service Area 2 Healthcare Coalition Coordinators will record the number of voting members that submitted a ballot.



- After the vote, all ballots will be stored by the Service Area 2 Coordinators and Fiscal Officer.
- If Voting by Ballot is not requested, the vote will be conducted by a ‘show of hands’.
- Proxy voting is allowed for Leadership Team only. All proxies must be submitted to the Service Area 2 Healthcare Coalition Coordinators or the Fiscal Officer before the vote takes place (email communications are allowed). Please submit votes at least 24 hours prior to scheduled vote.
  - *Proxy Voting: A vote cast by a one person as a representative of another.*

#### Special Votes:

Service Area 2 may hold special votes that occur outside of the regular monthly meetings. When such votes are conducted, there shall be a reasonable opportunity (at least five business days) for all members to have input prior to the vote.

#### **Section 6.04**

##### **CONDUCTING BUSINESS**

Service Area 2 business will be voted on by the SA2 Leadership Team and/or the SA2 Core Membership majority vote.

## **ARTICLE 7 – CONFLICT OF INTEREST BYLAW ADOPTION AND AMENDMENTS**

#### **Section 7.01**

##### **CONFLICT OF INTEREST**

Each Service Area 2 Leadership Team member of Service Area 2 Healthcare Coalition shall sign a Conflict of Interest statement. The content of the statement is as follows:

Each Service Area 2 Leadership Team member has the duty to place the interest of the healthcare coalition foremost in any affairs with the organization. No Service Area 2 Leadership Team member shall use his or her position within the Service Area 2 Healthcare Coalition, or the knowledge gained there from, in such a manner that conflict between the interest of the healthcare coalition and his or her personal or professional interests arises. Each Service Area 2 Leadership Team member has a continuing responsibility to comply with the requirements of this policy.

If a member of the Service Area 2 Leadership Team who may derive any intentional personal benefit, profit, or gain directly or indirectly, by reason of membership on the Leadership Team or for services contracted from the Leadership Team, shall disclose such interest to the Leadership Team and make a matter of record. The member’s abstention from the vote and the reason for it will be recorded in the meeting minutes.

#### **Section 7.02**

##### **AMENDMENTS**

Proposed amendments or additions to the Service Area 2 bylaws will be submitted to the Service Area 2 Core Membership for their review and feedback. This will be done in either printed or electronic format at least 30 (thirty) days prior to the scheduled Leadership vote. Voting by the

Service Area 2 HCC | Bylaws

Adopted 09/2017

Reviewed 10/2022

Service Area 2 Team on bylaw amendments or additions can occur either during a general or special meeting. Proposed amendments or additions to the bylaws will be adopted immediately upon an affirmative vote of simple majority vote by Service Area 2 Leadership Team members. Bylaws will be reviewed annually.

**Section 7.03**

**ADOPTION**

Bylaws adoption will be determined by approval vote of the Service Area 2 Leadership Team.

*The Service Area 2 Bylaws are approved and officially adopted by Service Area 2 Leadership Team Members.*

Revision Date	Initials of Coordinator(s)
10/10/2022	SCL