**Southeastern Healthcare Preparedness Region**

**BY-LAWS**

**ARTICLE I**

**ORGANIZATION**

**Section 1 – NAME:** The name of this organization shall be the Southeastern Healthcare Preparedness Region (SHPR).

**Section 2 – OFFICES:** The Southeastern Healthcare Preparedness Region (SHPR) office is located at 312 Raleigh Street, Suite 11, Wilmington, NC 28412.

**Section 3 - GEOGRAPHICAL AREA:** Southeastern Healthcare Preparedness Region is an inclusive body open to all organizations/entities that provide or support health services within the counties of Brunswick, New Hanover, Pender, Onslow, Columbus, Bladen and Duplin within the State of North Carolina.

**ARTICLE II**

**PURPOSE & MISSION STATEMENT**

**Section 1 – MISSION:**

The mission of the Southeastern Healthcare Preparedness Region is to facilitate coordination and cooperation throughout the Southeastern region of North Carolina to ensure partners have the capability and capacity to mitigate against, prepare for, respond to, and recover from emergent health and medical events.

**Section 2 – PURPOSE:**

1. Coordinate any healthcare emergency preparedness efforts of its members across the region to enhance the likelihood of an effective and efficient response in a disaster.
2. Coordinate medical and health response activities and services during a disaster.
3. Foster communication between local, regional, and state entities on a community wide emergency planning and response.
4. Ensure overall readiness through the coordination of community wide training and exercises related to medical and health issues.
5. Promote preparedness in the healthcare community through use of efficient and effective standardized practices and integration of medical and health capabilities elements with other partner resources.
6. Develop and manage the Assistant Secretary for Preparedness and Response (ASPR) Healthcare Preparedness Program (HPP) grant in a fiscally prudent manner in order to meet the APSR Healthcare Capabilities and other Department of Health and Human Services requirements germane to health and medical preparedness.
7. Maintain resources and assets of the SHPR HPP program and Southeastern State Medical Assistance Team (SMAT) II and integrate their use into local plans.
8. Identify gaps in the healthcare community’s ability to effectively respond to an incident.
9. Strengthen surge capacity and capabilities.

**ARTICLE III**

**COALITION STRUCTURE**

**Section 1 – COMPOSITION:**

The Healthcare Coalition is comprised of an Executive Committee, General Membership, Trusted Partners and the Healthcare Preparedness Manager and Coordinator (HPC). Standing advisory/sub-committees and ad hoc committees will be determined by the General Membership as needed. Membership in the Southeastern Healthcare Preparedness Region shall include representation from public health, emergency management, hospitals, emergency responders and other healthcare entities.

Representatives in the Coalition should have some level of expertise in healthcare system emergency management. The ideal representative is knowledgeable in emergency management principles and practices, the National Incident Management System including the Incident Command System and understands the organization that they are representing.

**Section 2 - COALITION MEMBERSHIP:**

General membership to the Southeastern Healthcare Preparedness Region includes, (but is not limited to) the following:

**General Membership**

* + - * 1. **Core Partners**
* Hospitals
* Emergency Medical Services Providers
* Local Public Health Departments
* Local Emergency Management Agencies
* Long Term Care / Skilled Nursing Facilities
* Mental / Behavioral Health Providers
* Primary Care Providers
* Other Healthcare Agencies to include but not limited to: Dialysis Centers, Hospice, Home Health Community Health Centers, Urgent Care Facilities (as participation warrants)
	+ - * 1. **Trusted Partners – Non-Voting Members**
* Hospital and Medical Associations
* Support Service Providers (including but not limited to: laboratories, blood banks, pharmacies)
* Other non-healthcare governmental agencies (including but not limited to: Social Services, Public Works, Transportation Services, Military Installations, etc.)
* Private entities associated with healthcare (including but not limited to: Red Cross, Educational Institutions, or any volunteer agencies)
* Healthcare and Emergency Management planning regions and associations that support healthcare preparedness. (including but not limited to: NC Domestic Preparedness Regions, Public Health Preparedness & Response, NC Association of EMS Administrators, NC Hospital Association, NC Emergency Management Association, NC Association - Long Term Care, NC Assisted Living Association, NC Law Enforcement Officers’ Association, etc.)
* Any State Agency (included but not limited to: NC Department of Public Safety – Emergency Management, NC Office of EMS, NC Public Health) who would assist in the planning or response may be included.
	+ - * 1. **Invited Guests**

Collaborating organizations and subject matter experts may be invited to attend Coalition meetings and activities. Such invited organizations may fully engage in Coalition discussions and other activities but have no vote.

**Section 3 - MEMBERSHIP RESPONSIBILITIES:**

1. Members shall designate a primary and secondary representative and update this information annually with the SHPR Manager / Coordinator.
2. Provide representation at coalition meetings and activities and ensure attendance.
3. Participate in collaborative regional planning efforts, including the development of surge capacity plans, inter-organizational agreements, and collaborative emergency response plans.
4. Contribute to meeting coalition priorities, goals, and contractual deliverables.
5. Vote on questions placed before the membership.
6. Respond to regional events, incidents, and disasters in collaboration with other stakeholders, as requested.
7. Participate in regional information sharing to enhance situational awareness to entire membership.
8. Participate in sub-committees and workgroups as requested by members and organized under the umbrella of the coalition.

**Section 4 - MEMBERSHIP ROSTER:**

A contact list of member organizations will be maintained by SHPR staff and updated bi-annually or as needed. This contact list will be published with the agenda of every other coalition meeting. A meeting attendance roster of member organizations will also be maintained by SHPR staff and will be available to SHPR members upon request. All changes in member representation must be submitted in writing to the Coalition, endorsed by the representative’s organizational senior leadership.

The following agencies are identified as **Core Members** for the SHPR Region:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County** | **Hospital** | **EMS** | **Emergency Management** | **Public Health** | **Healthcare Agencies** |
| **Bladen** | Cape Fear Valley, Bladen Hospital | Bladen EMS | Bladen County EM | Bladen County Public Health | Various |
| **Brunswick** | J.A. Dosher Hospital | Brunswick EMS | Brunswick County EM | Brunswick County Public Health | Various |
|  | Novant Health Brunswick Medical Center |  |  |  |  |
| **Columbus** | Columbus Regional Healthcare System | Columbus EMS | Columbus County EM | Columbus County Public Health | Various |
| **Duplin** |  | Duplin EMS | Duplin County EM | Duplin County Public Health | Various |
| **New Hanover** | Novant Health New Hanover Regional Medical Center | New Hanover EMS | New Hanover County EM | New Hanover County Public Health | Various |
| **Onslow** |  | Onslow EMS | Onslow County EM | Onslow County Public Health | Various |
|  | Naval Medical Center, Camp Lejeune | Lejeune Fire & EMS | Camp Lejeune EM | Camp Lejeune Public Health  |  |
| **Pender** | Pender Memorial Hospital | Pender EMS & Fire | Pender County EM | Pender Public Health | Various |

**ARTICLE IV**

**MEETINGS**

**Section 1 - GENERAL MEETINGS:**

1. Will be held quarterly on the third Wednesday of the month at 9:30am beginning with February each year unless otherwise announced.
2. All members are invited to attend general meetings via email announcement quarterly. Electronic notice and agendas for all meetings shall be transmitted at least 5 working days in advance of the meetings.
3. Meetings will be held at locations convenient for members. Web conferencing and online meetings are allowed when required or conducive to conduct business.
4. Robert’s Rules of Order will guide the conduct of the quarterly meetings, and all other meetings of the Board and/or Members.

**Section 2 - SPECIAL MEETINGS:**

Emergency meetings may be convened at the request of the Coalition Chairperson or HCC Manager, provided that written notice is given each member at least 48 hours prior to the proposed meeting indicating the time, place, and objective of the meeting. No business may be transacted at a special meeting except that specified in the notice.

**Section 3 – SUB-COMMITTEE MEETINGS:**

SHPR sub-committees may meet as needed determined by the SHPR Regional Healthcare Preparedness Coordinator and/or SHPR Executive Committee.

**Section 4 - ATTENDANCE REQUIREMENTS:**

1. The ASPR Grant Application requires recipients of funding to send a representative to the quarterly meetings.
2. Attendance will be monitored at SHPR meetings and other HPC related meetings and voting members or designees shall maintain a minimum of a 50% attendance record at both the SHPR regional and subcommittee meetings to be eligible for ASPR funding per Executive Committee discretion.

**ARTICLE V**

**VOTING & CONDUCTING BUSINESS**

**Section 1 - VOTING PRIVILEGES**:

Although the SHPR encourages consensus, at times, votes will be required. For the purposes of voting, the following rules shall apply:

1. For general coalition business including ASPR HPP projects, and/or grant approval, all Core Members listed in Article III, Section 2-A, under General Membership will be vested with one vote. Only one vote per member/agency will count.
2. All other membership representatives will not have voting privileges, however, may serve as subject matter experts.
3. At times, there may be situation in which a member may represent multiple stakeholder agencies. In this situation, each agency would have one vote through that individual.

**Section 2 – QUORUM:**

At least 51% of core members present, either present in person or via use of telephone or web-based communication, at any properly announced meeting shall be requisite to and shall constitute a quorum. All issues to be voted upon will be decided by a simple majority of those present at the meeting or by electronic voting unless otherwise specified in the bylaws.

**Section 3 – VOTING:**

1. When a quorum is present, a majority vote, that is a majority of the votes cast (verbal, non-verbal, ballot or show of hands) is sufficient for the adoption of any motion or decision that is presented.
2. SHPR voting may be conducted in an electronic format. Only one vote from each agency or organization will be counted toward the results. The electronic voting will remain open for a minimum of three (3) business days.
3. If a quorum is not present at a meeting, business will take place under the condition that any motions that are put forth to a vote will be presented to absent Active Coalition members via email for a vote. A reasonable amount of time will be allowed for receipt of absentee votes, not to exceed five (5) business days from the date of the meeting. If a majority is not obtained, the motion fails.
4. Any member having a conflict of interest on a matter shall disclose such interest and abstain from voting as appropriate.

**Section 4 – PROXIES:**

A committee member wishing to vote by proxy must prepare a statement in writing and submit it to the Healthcare Preparedness Manager or Coordinator stating their authorization of a specifically named alternate from their discipline to attend the meeting and/ or cast a vote in his/ her absence. A proxy shall only be valid at the meeting for which it is executed.

**ARTICLE VI**

**EXECUTIVE COMMITTEE**

**Section 1 – PURPOSE:**

1. Develop and maintain the strategic plan for the Southeastern Healthcare Preparedness Region, subject to approval by HCC.
2. Coordinate regional approach to community wide emergency planning, training and response.
3. Specify the composition and direct the activities of sub-committees based upon information received from the Southeastern Healthcare Preparedness Coordinator or consensus of the SHPR membership.
4. Consider for approval recommendations made by sub-committees and work groups.
5. Work with membership to develop and approve regional projects for the ASPR HPP grant submissions.
6. Define and recommend processes and/or standard operating guidelines of the SHPR to include, but not limited to, review of the SHPR Regional Response and Recovery Plan.
7. Assist the Southeastern Healthcare Preparedness Manager and Coordinator with decisions regarding resource allocation, when requested.

**Section 2 – MEETINGS**

1. Executive Committee meetings shall be held whenever called by the direction of a majority of the committee or by the Healthcare Preparedness Manager or Coordinator.
2. A majority of the Executive Committee members shall be necessary and sufficient at all meetings to constitute a quorum for the transactions of business that requires a vote by the Executive Committee.
3. Any action taken by a majority of the Executive Committee members without a meeting shall constitute Executive Committee action if written consent to the action in question is signed either by physical or electronic signature by all committee members and filed with the minutes of the meeting, weather done before or after the action is taken.

**Section 3 – COMPOSITION:**

SHPR will have a multidisciplinary Executive Committee that is comprised of the Chair, Vice-Chair (selected from elected committee members), the Healthcare Preparedness Manager and Coordinator (as non-voting members) as well as at least one representative from each of the following disciplines:

1. Emergency Medical Service
2. Local Emergency Management Agency
3. Community Hospital
4. Trauma Center
5. Local Public Health
6. Other Healthcare Agencies to include but not limited to: Dialysis, Hospice, Long Term Care, Skilled Nursing, Home Health, Community Health Centers, Urgent Care Centers (as participation warrants)

**Section 4 - ELECTION OF MEMBERS:**

1. Nominations and elections for membership from the floor for Executive Committee positions may be made by any active coalition members during the last meeting of the calendar year, which will go into effect January 1 of the upcoming year.
2. To be eligible to stand for election to the Executive Committee, an individual must be an active and participating coalition member having attended two (2) of the last four (4) coalition meetings.
3. Executive Committee members will serve for two years. However, there is no limit to the number of successive terms an Executive Committee member may serve.
4. The following positions will elect representation on **EVEN** numbered years:
	* 1. Trauma Hospital
		2. Local Public Health
		3. Local Emergency Management
5. The following positions will elect representation on **ODD** numbered years:
	* 1. Emergency Medical Service
		2. Community Hospital
		3. Other Healthcare Agencies (as described in Article VI, Section 2-F – As participation warrants).

**Section 5 - COALITION CHAIR:**

1. The Coalition Chair will be elected each fiscal year from the membership of the Executive Committee by the Executive Committee.
2. Shall serve as the executive officer of the Coalition.
3. He/She shall appoint all committees not otherwise provided for in these bylaws and be an ex-officio member of all committees.
4. Acts in the general interests of the Coalition and its membership.
5. Available to the membership for information exchange concerning the Coalition.
6. Works closely with the Regional Healthcare Preparedness Manager/Coordinator on current issues concerning the Coalition.
7. In the event of the unexpected departure, resignation, or removal from office, the Vice Chair replaces the Chair, subject to a ratification of the remaining Executive Committee members at the next meeting.

**Section 6 - COALITION VICE CHAIR:**

1. The Coalition Vice Chair will be elected each fiscal year from the membership of the Executive Committee by the Executive Committee
2. Shall preside at the quarterly Coalition meetings and the Executive Committee in the absence of the chair.

**Section 7 – REGIONAL HEALTHCARE PREPAREDNESS MANAGER:**

1. Responsible for the management, day to day operations, and administrative support of the Coalition.
2. Supervise the Regional Healthcare Preparedness Coordinator, LTC Coordinator and other Coalition staff.
3. Shall remain as non-voting member unless if it becomes necessary to break a tie vote, then the Healthcare Preparedness Manager will be given one vote.

 **Section 8 – VACANCIES:**

1. If a member finds it necessary to resign from the committee, they are encouraged to remain until a replacement can be selected and to provide as much notice as possible.
2. Any Executive Committee member may resign by giving written notice to the Executive Committee Chair or Vice-Chair to be effective upon receipt or any later date specified in the notice.
3. Any Executive Committee member who has more than 50% unexcused absences within a year will be deemed voluntarily resigned.
4. Any vacancy of the Chair or Vice Chair caused by death, resignation, removal or otherwise of any officer shall be filled by a member of the Executive Committee for the unexpired portion of the vacating member’s term.
5. The remaining Executive Committee members may place nomination(s) for vacant position(s) on the agenda of the next meeting for action by the membership.

**Section 9 - BUDGETING AUTHORITY:**

1. The Executive Committee shall have the final approval of the regional HPP budget and work plan. It is the intent that the budget and work plan provide for the greatest benefit of the region.
2. In the event that a budget revision is needed, the HPC can with the written approval of the Chair, request budget revisions to the budget from OEMS.

**ARTICLE VII**

**SUBCOMMITTEES & OTHER GROUPS**

**Section 1 -SUBCOMMITTEES**

1. The Coalition may establish subcommittees and workgroups to perform such tasks and duties as deemed appropriate by the Coalition. Each subcommittee and workgroup will have defined duties and responsibilities.
2. The Chair of the subcommittee will provide progress reports at Coalition meetings. Members are appointed to subcommittees and workgroups as approved by the Coalition Chair and subject to approval of the membership.

**ARTICLE VIII**

**PARLIAMENTARY PROCEDURE**

**Section 1 - CONFLICT RESOLUTION:**

1. It is essential that all members maintain a high standard of discernment, discretion, and good judgment in relationships with SHPR stakeholders. All matters should be discussed with mutual respect and a desire to benefit the Coalition.
2. Conflicts within the Coalition or with Steering Committee Members shall involve a meeting of the Executive Committee and relevant stakeholders. Ample time will be allowed for presentation of concern and discussion of differing viewpoints. Concerns will be weighed according to reasonableness and fairness.
3. The desired outcome is a consensual resolution. If after a reasonable amount of time, a resolution cannot be found, the final decision will be made by the Executive Committee with a 51% consensus of Executive Committee members. These decisions will be binding.

**Section 2 - CONFLICT OF INTEREST**:

Stakeholders shall exercise good faith in all transactions touching upon their duties to the SHPR. In their dealings with and on behalf of the SHPR, they are each held to a rule of honesty and fair dealings between themselves and the SHPR. They shall not use their positions as members, or knowledge gained there from, to their personal benefit and to the detriment of the SHPR.

**ARTICLE IX**

**AMENDING THE BY-LAWS**

**Section 1 – REVISIONS & AMENDMENTS:**

1. The Southeastern Healthcare Preparedness Coalition by-laws will be reviewed and updated annually. Annual revisions to these By-Laws must first be approved by the SHPR general membership and signed by the SHPR Executive Committee Chair.
2. Amendment of these bylaws that affects how business is conducted may take place at any meeting of the Coalition by a majority vote of all Active Coalition Members, provided a copy of such proposed amendment(s) are distributed at least fifteen (15) days in advance of such meeting, and attached to the notice for that meeting.
3. If at least 51% of all active Coalition Members are not present at the Coalition meeting where such action is initiated, then the polling may be completed by email within 30 days.

**APPROVAL OF BYLAWS:**

Executive Committee Chair, SHPR

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date Adopted: February 17, 2016*

*Revised: May 17, 2017, May 16, 2018, Feb 20, 2019*, *Feb 19, 2020,* *Feb 17, 2021, Feb* 16, 2022