

# Governance of the North Central Region Healthcare Coalition

Adopted 08/31/2017

## **1. BACKGROUND AND GEOGRAPHICAL DEFINITION**

As pursuant to the requirements of the Hospital Preparedness Program (HPP), a division of the federal Office of the Assistant Secretary for Preparedness and Response (ASPR), the primary function of the North Central Region Healthcare Coalition (NCRHCC) is to coordinate and conduct healthcare emergency preparedness activities throughout the Colorado North Central All Hazards Region. The North Central Region (NCR) includes the following Colorado counties: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, and Jefferson.

Colorado defines an HCC as: a collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization operations.<sup>1</sup> The NCRHCC preserves pre-existing collaborative efforts while creating an umbrella organization which includes care and response organizations, such as hospitals, emergency medical services, public health agencies, care facilities, emergency management organizations, and other community partners.

## **2. PURPOSE**

Colorado's NCRHCC exists to promote, develop and enhance the region's cross jurisdictional coordination to the health and medical component of incident preparedness, response and recovery. This is achieved through communication, planning, training, and collaboration, with coalition partners.

## **3. COALITION MEMBERSHIP**

The NCRHCC is comprised of three healthcare coalition chapters: Boulder Health and Medical Response Partnership, Metro Foothills Healthcare Coalition, and Tri-County Healthcare Coalition. Membership rosters will be maintained by each HCC chapter. Visitors and liaisons from other organizations are welcome to attend and are considered general membership.

### **a. Core Membership**

Core members must, at a minimum, include representatives of the following disciplines:

- Emergency Management (EM)
- Emergency Medical Services (EMS)
- Hospitals
- Public Health (PH)

### **b. General Membership**

General membership may consist of, but is not limited to, representatives of the following disciplines:

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<sup>1</sup> CDPHE, Office of Emergency Preparedness and Response, *Nine Regional Healthcare Coalition Guidance Document*, 3/9/2017, p.1.

- Long term care and skilled nursing facilities
- Outpatient health care delivery centers (including surgery centers)
- Primary and specialty care providers
- Federally qualified health centers (FQHC's)
- Volunteer organizations
- Behavioral health
- Community partners
- Non-governmental organizations
- Law enforcement
- Fire
- Coroners
- Home health agencies
- Regional Emergency Trauma Advisory Councils (RETACs)
- Specialty patient referral centers
- Private organizations
- Educational institutions

**c. Policy on Member Responsibilities**

- Provide representation at coalition chapter meetings and activities.
- Participate in collaborative regional preparedness planning.
- Contribute to meeting coalition priorities, goals, and contractual deliverables.

**4. GOVERNANCE BOARD**

The NCRHCC Governance Board was established to provide guidance and strategic direction to the NCRHCC. It functions as an advisory board, ensuring that operational capabilities, scope of work requirements (as directed by CDPHE), and allocation of resources align with the strategic goals and objectives of the coalition. The Governance Board also works to ensure that plans, trainings, and exercise activities conform to guidelines issued by the Assistant Secretary for Preparedness and Response, and the National Response Framework.

The NCRHCC Governance Board was established by electing a primary and an alternate representative from each NCRHCC chapter's core membership, and from each of the community partners disciplines.

**a. Primary Representatives**

The main role of the primary representative is to participate in the Governance Board as a representative of their discipline and NCRHCC chapter. Primary representatives attend all Governance Board meetings, as able, and can hold elected officer positions. Primary representatives may delegate their voting power to their alternate representative if they are unable to participate in a vote.

**b. Alternate Representatives**

The main role of the alternate representative is to participate in the Governance Board when the primary representative of their discipline and NCRHCC chapter is unavailable. Although it is not required, alternate representatives are welcome to attend all Governance Board meetings. Alternate representatives can hold elected officer positions. Primary representatives may delegate their voting power to their alternate representative if the primary representative is unable to participate in a vote.

Governance Board representation is determined by each NCRHCC chapter identifying nominees for one primary and one alternate representative. Representation must, at a minimum, reflect each core functional group as defined by ASPR guidance (PH, EM, EMS, and Hospitals). NCRHCC chapters should hold Governance Board elections every two years.

The NCRHCC Governance Board is comprised of one primary representative and one alternate representative from each NCRHCC chapter, from the following disciplines:

The four core member organizations as defined per ASPR guidance:

- Emergency Management (EM)
- Emergency Medical Services (EMS)
- Hospitals
- Public Health (PH)

*and*

Community Partners

- Examples include Behavioral Health, Ambulatory Care, Community Health Clinics, and Long Term Care organizations.

A membership roster of the Governance Board will be maintained by the elected NCRHCC Secretary (see “Officers” – Section 5).

## **5. OFFICERS**

The NCRHCC Governance Board is led by a team of officers: two (2) Co-Chairs, one (1) Secretary, and one (1) Treasurer, all elected from the Governance Board. Working collaboratively, the officer team initiates coalition planning, organizing, and coordinating activities. They coordinate with the state-level Healthcare Coalition Council, depending on their structure and meeting schedule. Officers’ primary responsibilities include:

### **a. Co-Chairs**

The Co-Chairs are nominated by any Governance Board primary or alternate member, and are elected by a majority of voting members. (see “Voting” – Section 8). They should represent different disciplines and will serve a two (2) year term.

Major duties of the Co-Chairs include:

- Develop Governance Board Meeting agenda contents
- Facilitate Governance Board meetings
- Provide direction for strategic planning and its implementation
- Coordinate with NCRHCC support to facilitate meeting logistics
- Review Governance Board meeting minutes prior to distribution
- Serves as points of contact for the Fiscal Agent
- Ensure that deliverables are uploaded to CO-SHARE

### **b. Secretary**

The Secretary is nominated by any Governance Board primary or alternate member, and is elected by a majority of voting members. (see “Voting” – Section 8). The

Secretary will serve for a two (2) year term. Major duties of the Secretary include:

- Ensure that coalition membership receives notice of all meetings
- Assist with preparation of Governance Board meetings
- Ensure that minutes are compiled, reviewed, and disseminated
- Coordinate access to, and manage, the NCRHCC cloud-based document management system
- Maintain the NCRHCC Governance Board membership roster
- Maintain the NCRHCC website

**c. Treasurer**

The Treasurer is nominated by any Governance Board primary or alternate member, and is elected by a majority of voting members. (see “Voting” – Section 8). The Treasurer will serve for a two (2) year term. Major duties of the Treasurer include:

- Review coalition financial documents, in conjunction with the Fiscal Agent
- Monitor status of financial accounts, in conjunction with the Fiscal Agent
- Coordinate with the Fiscal Agent on development and management of the NCRHCC budget
- Direct the Fiscal Agent on NCRHCC funds distribution processes, per the fiscal processes approved by the NCRHCC Governance Board
- Provide regular updates to the NCRHCC Governance Board on financial status of the NCRHCC

Elections for NCRHCC leadership positions shall occur every other year at the August Governance Board meeting. A special election will be held if a leadership position is vacated early, or if a meeting of the Governance Board is not held during the month of August.

Written notice will be provided to any NCRHCC officer if any member of the leadership team is unable to continue with the duties required. Any elected officer of this coalition may be removed for cause by a majority of the voting membership, provided that at least two weeks’ written notice (can be email) of a special meeting is provided to the voting members.

## **6. WORKGROUPS**

The NCRHCC may establish workgroups to perform such tasks and duties as deemed appropriate. Workgroups may be established as needed to address a specific area and/or produce a specific product of interest to the coalition. They are expected to provide status reports at chapter coalition meetings as necessary, as well as Governance Board meetings, as appropriate. Workgroup members may be part of either core or general membership.

## **7. MEETINGS**

Visitors and liaisons from other organizations are welcome to attend healthcare coalition meetings, and are considered general membership.

**a. Governance Board**

Governance Board meetings will be held in-person with a call in option, at least quarterly, in February, May, August, and November. Meeting locations may vary around the NCR, and will be determined and disseminated at least two weeks prior to the meeting. Meeting notices will be disseminated prior to each regularly scheduled or

special meeting. Meetings will be lead by the elected Co-Chairs, and run according to Roberts Rules of Order.

All coalition members may attend any Governance Board meeting, but only primary representatives may vote.

**b. Healthcare Coalition Chapters**

Each NCRHCC chapter conducts meetings of their respective core and general membership, and determines its meeting frequency and location. Meeting notices will be disseminated prior to each regularly scheduled or special meeting.

**8. VOTING**

Only primary representatives of the NCRHCC Governance Board are eligible to vote in coalition matters. Primary representatives may delegate their voting power to their alternate representative if they are unable to participate in a vote.

All votes will pass by a quorum established by a simple majority of the voting representatives present, either in person, electronically, or by phone. Proxy voting is allowed if a primary representative cannot attend a meeting, with instructions sent to the Governance Board Co-Chairs in writing prior to the meeting. Voting is conducted according to simple majority for the following:

- Elections
- Budgeting, allocation and appropriating of coalition funds
- Ratifying plans and other documents
- Approving motions that impact the coalition and its governance, such as amending this document
- Approval of meeting minutes

**9. INTEGRATION WITH INCIDENT MANAGEMENT**

The role of the NCRHCC in response should be to represent member healthcare organizations by providing multi-agency coordination support to incident management through information and resource coordination for healthcare organizations. This is performed in collaboration with, and in support of, local Emergency Support Function #8--Health, Medical, and Mortuary, or equivalent local response structure.

**10. AMENDING THE GOVERNANCE DOCUMENT**

This document shall be reviewed at a minimum every other year by the Governance Board. It may be amended at any scheduled or special meeting. Any proposed change(s) to this document will be provided to the Governance Board Secretary at least two weeks in advance of a vote of approval.

This document is intended, through joint cooperation, to best serve the community of the Colorado North Central Region, in preparing for, responding to, and recovering from emergencies. This document is a statement of cooperation among coalition members.