



COLORADO
North Central Region
Healthcare Coalition

**North Central Region
Healthcare Coalition**

Governance Document

Version 3.0
September 2019

NORTH CENTRAL REGION HEALTHCARE COALITION GOVERNANCE DOCUMENT

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EXECUTIVE SUMMARY

The North Central Region Healthcare Coalition (NCR HCC) is a collaborative network of healthcare organizations and their respective public and private sector response partners. Together, they serve as a multi-agency coordination group to assist with preparedness, response, and recovery activities related to health and medical disaster operations. Healthcare coalitions improve **medical surge** capacity and capability, further enhancing a community's health system preparedness for disasters and public health emergencies. Healthcare coalitions also augment local operational readiness to meet the health and medical challenges posed by a catastrophic incident or event. This is achieved by engaging and empowering all parts of the healthcare community and by strengthening the existing relationships to understand and meet the actual health and medical needs of the whole community.

The NCR HCC was established to build a strong collaborative of healthcare responders, receivers, and providers who will be enabled to effectively respond, collaboratively, to a disaster or significant crisis having an impact on the health and medical needs throughout the Colorado North Central All Hazards Region. This ten-county region includes the following Colorado counties: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, and Jefferson.

The NCR HCC preserves pre-existing collaborative efforts while creating an umbrella organization that includes care and response organizations including, but not limited to: hospitals, emergency medical services, public health agencies, ancillary healthcare, emergency management organizations, and other community partners.

The NCR HCC shall strive to meet the objectives set forth by the Assistant Secretary Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) Guidelines, State of Colorado, and the Department of Homeland Security. The NCR HCC shall maintain free relations with other organizations, to do all in its power to strengthen and promote the emergency preparedness of the region, state, and federal government.

SECTION I: ADMINISTRATIVE PLAN/BYLAWS

The NCR HCC is a coordinating body for emergency preparedness and response activities among hospitals, public health departments, emergency medical services, healthcare delivery organizations, fire agencies, and emergency management partners.

1. Mission

Colorado's NCR HCC exists to promote, develop and enhance the region's cross-jurisdictional and cross-disciplinary 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.

2. Purpose

The purpose of the NCR HCC is to develop a coordinated and effective medical and public health system response to events that impact the health and medical system through:

- Effective information sharing and situational awareness
- Strategic identification of resources
- Identification and mitigation of key capability and capacity gaps
- Collaborative prevention, mitigation, preparedness, response and recovery activities

3. Governance/Leadership Structure

The NCR HCC Governance Board provides guidance and strategic direction to the NCR HCC and its chapters. 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 align with guidelines issued by the Assistant Secretary for Preparedness and Response, and the National Response Framework.

The NCR HCC Governance Board is comprised of elected primary and alternate representatives from each NCR HCC chapter's core membership, and from each of the community partner disciplines ([see Appendix A](#)).

The four core member organizations, as defined per ASPR guidance:

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

And

Community Partners:

- Behavioral Health
- Ancillary Healthcare
- Community Health Clinics

Primary Representatives

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

Alternate Representatives

The main role of the alternate representative is to participate in the Governance Board when the primary representative of their discipline and primary NCR HCC Chapter is unavailable. Although it is not required, alternate representatives are welcome to attend all Governance Board meetings. Alternate representatives are eligible to 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.

Officers

The NCR HCC Governance Board is led by a team of officers, which includes two (2) Co-Chairs – one of which must be a representative from a hospital, one (1) Secretary, and one (1) Treasurer, all elected from the Governance Board (can be a primary or an alternate Governance Board member). Officers serve two-year terms, and are permitted to serve additional terms if re-elected.

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 serve a two (2) year term. Major duties of the Co-Chairs include:

- Support the development of Governance Board Meeting agenda.
- Facilitate Governance Board meetings in the absence of the Executive Director.
- Provide direction for strategic planning and its implementation.
- Coordinate with NCR HCC support to facilitate meeting logistics.
- Serve 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 serves 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 NCR HCC cloud-based document management system.
- Maintain the NCR HCC Governance Board membership roster.
- Support maintenance of the NCR HCC 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 serves 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 NCR HCC budget.
- Direct the Fiscal Agent on NCR HCC funds distribution processes, per the fiscal processes approved by the NCR HCC Governance Board.
- Provide regular updates to the NCR HCC Governance Board on financial status of the NCR HCC.

Written notice will be provided to any NCR HCC officer if any member of the officer 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.

See “[4. Election of Officers](#)” for information on election process.

Healthcare Coalition Staff

The NCR HCC employs one full-time staff member, the NCR HCC Executive Director. A Clinical Advisor also supports the HCC (.20 FTE). The NCR HCC Governance Board oversees and provides guidance to the Executive Director and Clinical Advisor.

The Governance Board may choose to hire additional staff based on workload and coalition priorities. The Healthcare Coalition Executive Director will supervise additional staff persons.

a. Executive Director

The NCR HCC Executive Director is responsible for:

- Facilitating the planning, training, exercising, and operational readiness, of the NCR HCC.
- Serving as support to the NCR HCC and working with the Colorado Department of Public Health and Environment (CDPHE).
- Evaluating the ongoing development of the NCR HCC as well as to lead, participate in, or support the response activities of the coalition according to their plans.

- Leading and supporting the work required under the Statement of Work (SOW) administered by CDPHE, including all deliverables and associated activities.

b. Clinical Advisor

The NCR HCC is supported by a Clinical Advisor, who is responsible for providing clinical leadership to the coalition and serving as a liaison between the coalition and medical directors/medical leadership at health care facilities, supporting entities, and EMS agencies.

The Clinical Advisor:

- Should be a physician, advanced practice providers, or registered nurse and should be from a lead or co-lead hospital or healthcare organization.
- Be clinically active (i.e., works, shifts/sees patients), involved in emergency services or response activities, knowledge of medical surge issues.
- Be familiar with chemical, biological, radiological, nuclear, and explosives (CBRNE), trauma, burn, pediatric emergency response principles is required.

The Clinical Advisor Role is to:

- Provide clinical leadership to the HCC and serve as a liaison between the HCC and medical directors/medical leadership at health facilities, supporting entities (e.g., blood banks), and EMS agencies.
- Review and provide input on HCC plans, exercises, and educational activities to ensure accuracy and relevance.
- Act as an advocate and resource for other clinical staff to encourage their involvement and participation in HCC activities.
- Assure that the HCC mass casualty/surge plans provide for appropriate distribution (and re-distribution) of trauma patients to avoid overloading single centers whenever possible and work with healthcare facilities to understand their capabilities and capacity.
- Assure that subject matter experts are available and a process exists to support secondary transfer prioritization in specialty surge (e.g., burn, pediatric) mass casualty situations (i.e., identify with patients are a priority to transfer to specialty care centers when adequate transportation or inpatient resources are unavailable).

Workgroups

The NCR HCC 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. These groups 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.

4. Election of Officers

A. Terms

Officers serve two-year terms, and are permitted to serve additional terms if re-elected.

B. Vacancies

A special election will be held if an officer position is vacated early, or if a meeting of the Governance Board is not held during the month of August.

C. Removal

The officers or NCR HCC members shall have the right to remove an officer or NCR HCC member for good cause shown after notice and opportunity to respond in writing to NCR HCC Executive Director. An officer or NCR MCC member shall only be removed by two-thirds (2/3) majority of the NCR HCC Governance Board.

D. Election Term

Governance Board officer elections are held in August of odd-numbered years. Newly elected officers officially start their terms September 1; however, they will participate in Governance Board activities immediately following the elections to aid in the transition of officers.

5. Voting: Governance Board

A. Privilege to Vote and Eligibility

All Governance Board representatives are encouraged to attend Governance Board meetings, however; only one (1) representative from each position is permitted to vote. Primary representatives may delegate their voting power to their alternate representative if the primary representative is unable to participate in a vote.

Special votes, as identified by the Co-Chair(s) or Executive Director, may be open to primary as well as alternate representatives.

Members of the NCR HCC, who are not Governance Board representatives, may attend all open Governance Board meetings, but are not eligible to vote.

B. Quorum

Two-thirds (2/3) of the Governance Board constitutes a quorum. Voting shall take place at meetings only when a quorum is present.

C. Voting Mechanisms

Voting shall be conducted by a show of hands (in-person or via video conference), through verbal communication on audio conference, or through online voting mechanisms such as third party website or e-mail. All votes, regardless of mechanisms will be tallied and

documented in the meeting minutes and/or provided, in writing, to all NCR HCC Governance Board representatives, clearly showing the results of the vote.

D. Majority Rule

Majority shall determine all issues, unless the subject requires an amendment by these bylaws.

6. Governance Board Meetings

A. Robert's Rules of Order

NCR HCC Governance Board meetings shall be conducted in conformance of Roberts Rules of Order, which include:

- Meetings being called to order at the start of each meeting.
- Members desiring the floor must remain seated until recognized by the Co-Chair(s) or Executive Director.
- Any member recognized by the Co-Chair(s) or Executive Director must state his/her name before speaking.
- The Co-Chair(s) or Executive Director shall introduce guest speakers who are invited to address the meeting.
- The Secretary, who is responsible for taking official notes of the meeting, shall clearly repeat to the meeting all motions and amendments duly made and seconded before a vote is taken. This responsibility may be delegated, as needed.
- A motion shall not be open for discussion until the Co-Chair or Executive Director has duly accepted the motion.
- If a representative, while speaking, is called to order, he/she shall, at the request of the Co-Chair(s) or Executive Director, remain silent until the question is decided.
- A representative shall be allowed to have the floor not to exceed five (5) minutes for debate each time he/she is recognized to speak unless his/her time of speaking is extended by the consent of the majority of the Board.
- Any member recognized by the Co-Chair(s) or Executive Director to speak on any motion and who shall deviate from the subject of a motion and/or who should deal in personalities shall automatically be ruled out of order and told why.
- No representative shall be allowed to speak twice on any issue until all who are desirous of speaking have had a chance to speak.
- Whenever there is a majority and minority division, both the majority and minority shall be entitled to report to the Board.
- Thereafter, the Co-Chair(s) or Executive Director shall entertain debate on both reports at the same time. It shall require a majority vote of representatives to close the debate.
- Representatives must stay seated and maintain order.
- Voting shall be by voice or show of hands, but the Co-Chair(s) or Executive Director may call for a standing vote when in doubt. This provision shall not eliminate any secret ballot vote required by the NCR HCC Governance Board.

B. Scheduling

NCR HCC Governance Board meetings will be held monthly, on the fourth Tuesday of each month, beginning at 2:00pm. On occasion, there may be a need for Special Order(s) of Business, which will take place outside of the standard meeting time. The NCR HCC shall notify members of Special Order(s) of Business and additional times with reasonable advanced notice.

The scheduled time for each meeting shall be limited to two (2) hours. Any meeting may be extended beyond regular time by a majority vote.

Notice of all meetings will be made in advance, electronically, via e-mail.

C. Attendance

Governance Board meetings may be attended in person or by conference call. All NCR HCC Officers are required to attend (except when officially excused) two (2) out of three (3) consecutive NCR HCC Governance Board meetings.

D. Conducting Business

- A quorum is necessary to conduct official NCR HCC business at a Governance Board meeting.
- Not less than two-thirds (2/3) of the Governance Board shall constitute a quorum to transact business at regular or special NCR HCC Governance Board meetings.
- Actions in the meeting should be determined by a simple majority vote.
- If a quorum is not present at the meeting, business will take place under the condition that any motions that are put forth to a vote will be presented to absent Governance Board representatives via email in order to receive a quorum 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 quorum is not obtained, the motion fails.

7. NCR HCC Chapters and Membership

A. NCR HCC Chapters

The NCR HCC is comprised of three healthcare coalition chapters:

- Boulder Health and Medical Response Partnership Healthcare Coalition Chapter (HAMR): Boulder County.
- Metro Foothills Healthcare Coalition Chapter (MFHCC): Broomfield, Clear Creek, Denver, Gilpin, and Jefferson Counties.
- Tri-County Healthcare Coalition Chapter: Adams, Arapahoe, Douglas, and Elbert Counties.

B. Core Membership

Core membership includes representatives of the following disciplines, as outlined by ASPR:

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

C. General Membership

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

- Ambulatory Surgery Center
- Assisted Living/Long Term Care/Skilled Nursing Facility
- Behavioral Health
- Coroner
- Dialysis
- Emergency Management
- Emergency Medical Services (EMS) Provider
- Freestanding Emergency Department
- Home Health
- Hospice
- Hospital – Acute Care
- Hospital – Non-acute Care
- Outpatient Medical Services (e.g., community health center, clinic, etc.)
- Public/Environmental Health
- Other HCC Partners:
 - Community Emergency Response Team
 - Medical Reserve Corps
 - Federal Facilities (e.g., U.S. Dept. of Veterans Affairs Medical Centers military treatment facilities, Dept. of Corrections, etc.)
 - Infrastructure companies (e.g., utilities, communications, etc.)
 - Jurisdictional partners, including cities and counties
 - Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
 - Medical and device manufacturers and distributors
 - Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disaster, amateur radio operators, etc.)
 - Public or private payers (e.g., Medicare and insurance companies, etc.)
 - Schools and universities
 - Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers, etc.)
 - Faith-based organizations
 - Law Enforcement
 - Fire Department

- Military Installations (non-medical)
- Urgent Care
- Other

D. Partner Organization Membership

Partner organizations are peripheral hospitals and medical facilities near the region but which are not within Region. Partner organizations shall be non-voting members. To be considered a partner organization, at least one (1) representative from that organization shall actively participate in NCR HCC meetings and activities. This shall include hospital systems.

E. Integration with Existing Emergency Management Systems

The role of the NCR HCC during a response is to represent member healthcare organizations by providing multi-agency coordination support to facilities and/or emergency 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 and Medical Branch: Public Health and Medical Services, and/or local and state emergency management.

F. Membership Roster

A roster of member organizations shall be maintained and updated each quarter and shared with CDPHE-OEPR. The roster is available to all NCR HCC Chapter Leads and Governance Board representatives at all times and NCR HCC members, upon request.

G. Membership Process

Potential NCR HCC members will work with either the NCR HCC Executive Director and/or NCR HCC Chapter Lead(s) to determine eligibility and chapter affiliation. Coalition registration occurs via a web-based database platform. Upon registration, new members are provided with additional information on coalition chapters, meetings, committee opportunities, and resources. [See Appendix B](#) for NCR HCC Membership Registration Form.

H. Membership Conduct

As part of the registration process, all NCR HCC members sign a commitment statement:

As a member of the North Central Region Healthcare Coalition, I commit to:

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

Member organizations shall not take any irresponsible action(s), which would jeopardize or destroy, or be detrimental to, the NCR HCC or its legal or contractual obligations as an affiliate of the State of Colorado Department of Public Health and Environment. Engaging in conduct damaging to the NCR HCC, including its reputation, is prohibited and shall be

considered conduct unbecoming of a NCR HCC member. The NCR HCC shall treat any irresponsible action seriously and make discretionary decisions based on each specific incident.

I. Membership Resignation

Resignation must be submitted in writing to the NCR HCC.

J. Membership Fees

At this time, there shall not be any dues or fees to apply or maintain membership with the NCR HCC.

8. Financial Management

The NCR HCC has a responsibility to develop a system for managing its financial structure, including the utilization of a fiduciary agent for the regional HPP Grant.

A. Fiscal Year

The fiscal year of the NCR HCC will align with the ASPR HPP fiscal year.

B. Fiduciary Agent

The NCR HCC has appointed Trailhead Institute as the fiduciary agency. The written agreement, which can be accessed via the NCR HCC Treasurer, outlines the duties of the fiscal agent. Duties will include, but are not limited to, the following:

- Oversee the management and reporting of all HCC finances.
- Be responsible for the coordination of the budgeted HCC activities and accurate accounting and procurement of all HCC projects and purchases.
- Serve as support to the HCC and reporting in tandem to the CDPHE-OEPR.
- Act as the reimbursement agency for the completion of activities as set forth by the HCC as they pertain to the Statement of Work (SOW).

9. Review and Amendment of NCR HCC Governance Document and Bylaws

A. Review

The document shall be reviewed annually, at a minimum. Additional reviews and revisions may occur more frequently, as needed or requested. See [Appendix C](#) for Record of Changes Log.

B. Proposal

Amendments to this document may be proposed by any NCR HCC Governance Board representative and shall be submitted to the Co-Chair(s) and Executive Director in writing at least one (1) month prior to the next meeting.

C. Dissemination

Amendments will be prepared and disseminated to the NCR HCC Governance Board for review at least two (2) weeks prior to a vote.

D. Adoption

Adoption of amendments shall be by a two-thirds (2/3) majority affirmative vote of all Governance Board representatives (primary and alternate) at the meeting or through electronic voting.

SECTION II: NCR HCC MARKETING AND ENGAGEMENT

Participating in a healthcare coalition provides members with a community of peers with experiences and best practices that could be similar or vastly different. Regardless, that shared knowledge can help an institution grow and develop. Additionally, coalitions have the opportunity to help support collaboration and sharing of resources during the preparedness and planning phases of emergency management (e.g., hospitals partnering to create an exercise that can then be used for their individual facilities and/or for the region, etc.).

Funding for shared activities has generally received a higher priority from DHS, HHS and other federal grant administrators because it allows them to create multiple awardees with one (1) allotment. This prevents hospitals from having to compete directly against each other to fund expensive teams and infrastructure for scenarios that will usually affect the entire region.

NCR HCC marketing includes:

- Promoting NCR HCC activities
- Membership development
- Community engagement

The following questions can support and facilitate engagement with potential partners:

- What is the coalition trying to do?
- Who can help the NCR HCC?
- What does the coalition need the person or organization to understand about the NCR HCC to obtain their support/involvement?
- What are the key characteristics of the groups the coalition wants to target?
- What is the coalition's message?
- How will the coalition know if their message has been received and accepted?
- What is the coalition's plan for follow-up?

SECTION III: SUSTAINABILITY OF THE NCR HCC

The NCR HCC recognizes the importance of building sustainable structures, processes, and capabilities. Because the coalition is solely supported, fiscally, through the Hospital Preparedness Program Grant (HPP), it is critical that coalition leadership continually examine sustainability opportunities. Currently, the NCR HCC is focused on collaboration and engagement strategies to facilitate regional and chapter-level sustainability. Additionally, the coalition relies heavily on in-kind donations of time, services and equipment/resources from a wide variety of partners.

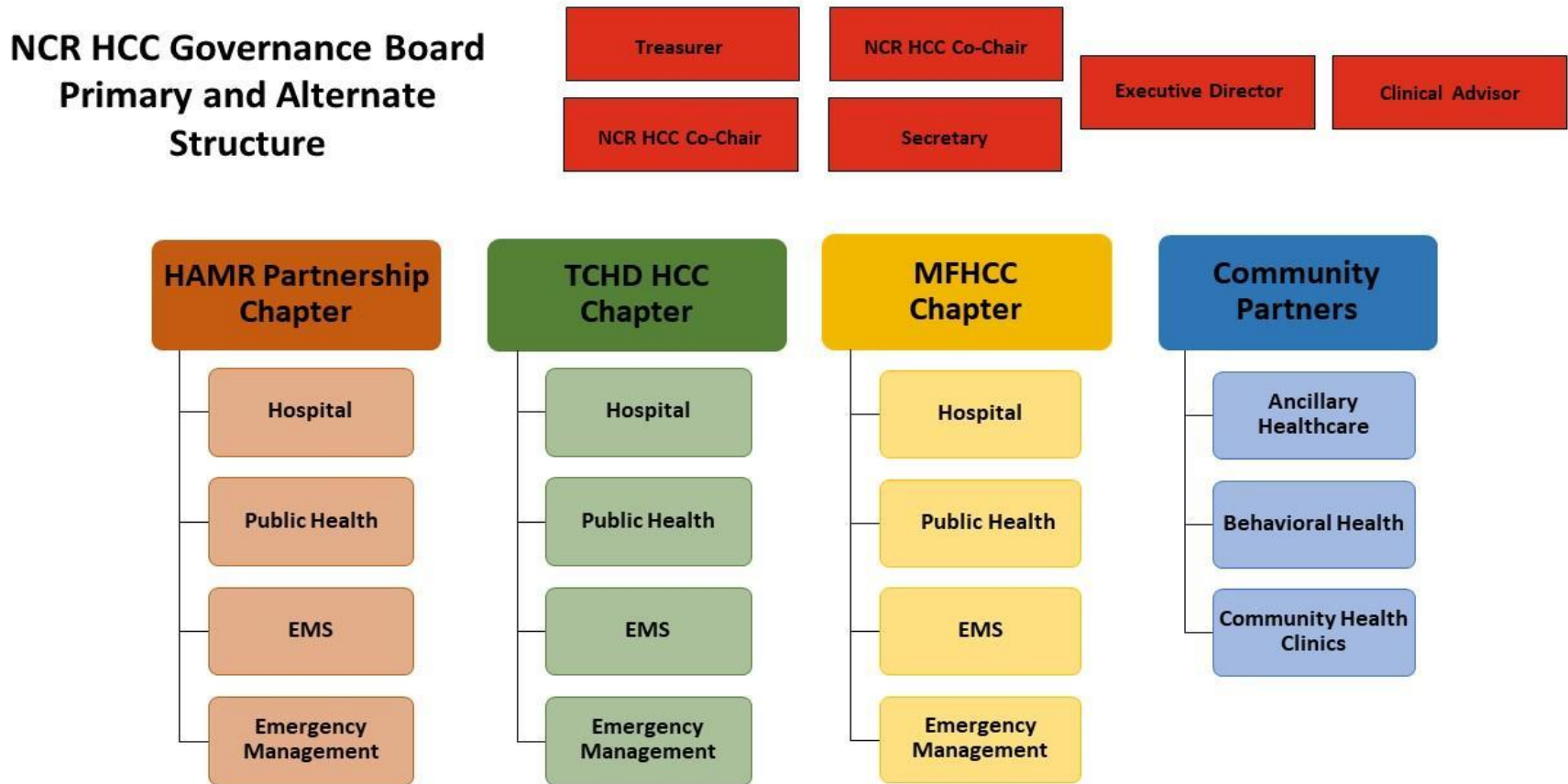
Additional sustainability initiatives may include:

- Incorporating the activities of the NCR HCC with another organization with a similar mission (e.g., Colorado Hospital Association, Colorado Healthcare Association, etc.).
- Examining additional grant funding opportunities.
- Evaluation of opportunities for third-party funding support from an educational institution or research foundation.
- Consideration of the development of a fee-for-service structure.
- Explore public funding from the state legislature, city council, or other similar governing body.
- Consider establishing membership fees and dues.

All proposed sustainability activities will be presented to the NCR HCC Governance Board and will be thoroughly examined to identify potential benefits, negative impacts, implementation details, and management plan(s)/needs.

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APPENDIX A: NORTH CENTRAL REGION HEALTHCARE COALITION GOVERNANCE BOARD STRUCTURE



5.7.2019

APPENDIX B: MEMBERSHIP REGISTRATION FORM

NCR HCC Membership Registration

Welcome to the North Central Region (NCR) Healthcare Coalition (HCC) registration form. Please contact Michelle Deland, NCR HCC Executive Director, at mdeland@ncrhcc.org, with any questions or for additional information.

If there are multiple people from your organization that are members (“Organization Representatives”), please have each representative complete this form.

By completing this form, you are agreeing to allow relevant contact information to be shared with NCR HCC members, as needed, in an effort to facilitate preparedness, response, recovery, and mitigation activities.

**Fields marked with an asterisk (*) are required*

Organization Information

*Organization Name:	
*Organization Address (please enter the address location, no a PO Box):	
*City:	
*Zip Code:	
*Type of Organization/Discipline:	<input type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> Assisted Living/Long Term Care/Skilled Nursing Facility <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Coroner <input type="checkbox"/> Dialysis <input type="checkbox"/> Emergency Management <input type="checkbox"/> Emergency Medical Services (EMS) Provider <input type="checkbox"/> Freestanding Emergency Department <input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital – Acute Care <input type="checkbox"/> Hospital – Non-acute Care <input type="checkbox"/> Outpatient Medical Services (e.g., community health center, clinic, etc.) <input type="checkbox"/> Public/Environmental Health <input type="checkbox"/> Other HCC Partner:
If ‘Other HCC Partner’ was selected above, please select your organization type here:	<input type="checkbox"/> Community Emergency Response Team <input type="checkbox"/> Medical Reserve Corps <input type="checkbox"/> Federal Facilities (e.g., U.S. Dept. of Veterans Affairs Medical Centers, military treatment facilities, Dept. of Corrections, etc.) <input type="checkbox"/> Infrastructure companies (e.g., utilities, communications, etc.) <input type="checkbox"/> Jurisdictional partners, including cities and counties

	<input type="checkbox"/> Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association) <input type="checkbox"/> Medical and device manufacturers and distributors <input type="checkbox"/> Non-governmental organizations (e.g., American Red Cross, voluntary Organizations active in disaster, amateur radio operators, etc.) <input type="checkbox"/> Public or private payers (e.g., Medicare and insurance companies, etc.) <input type="checkbox"/> Schools and universities <input type="checkbox"/> Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers, etc.) <input type="checkbox"/> Faith-based organizations <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Military Installations (non-medical) <input type="checkbox"/> Urgent Care <input type="checkbox"/> Other type not listed above, please describe below.
If your organization type was not listed above, please describe your organization:	
Number of employees:	
*The NCR HCC is made up of three chapters, based on the counties they serve. Please indicate which chapter(s) you belong to and/or would like to join:	<input type="checkbox"/> Boulder Health and Medical Response (HAMR) Chapter: serves Boulder County <input type="checkbox"/> Metro Foothills Healthcare Coalition (MFHCC) Chapter: serves Broomfield, Clear Creek, Denver, Gilpin, and Jefferson Counties <input type="checkbox"/> Tri-County Healthcare Coalition (TCHCC) Chapter: serves Adams, Arapahoe, Douglas, and Elbert Counties
*Jurisdiction: Please select the county or counties where your organization's work site is located (check all that apply):	<input type="checkbox"/> Adams <input type="checkbox"/> Arapahoe <input type="checkbox"/> Boulder <input type="checkbox"/> Broomfield <input type="checkbox"/> Clear Creek <input type="checkbox"/> Denver <input type="checkbox"/> Douglas <input type="checkbox"/> Elbert <input type="checkbox"/> Gilpin <input type="checkbox"/> Jefferson
Other Jurisdiction:	

Health Alert Network (HAN)

*Does your organization want to receive Health Alert Network (HAN) messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already receive HAN messages
If YES, please enter fax number for HAN messages:	
If YES, please enter email address for HAN messages:	

Organization Representative Information

*Organization Representative:	
*Title:	
*Email Address:	
Office Phone:	
Cell Phone:	
Fax Number:	

Emergency 24/7 Contact Information

Emergency 24/7 Contact Name:	
24/7 Contact Title:	
24/7 Email:	
24/7 Primary Phone:	
24/7 Secondary Phone:	

Emergency Resources

*Do you have access to an 800 MHz Radio?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
*Do you have access to WebEOC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
*Do you have access to EMResource?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Public Information Officer Contact Name:	
Public Information Officer Phone:	
Public Information Officer Email:	

Commitment to Participate:

*As a member of the North Central Region Healthcare Coalition, I commit to:

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

X _____

Please provide your signature on the above line

**You can print and sign, or simply type your name on the line as an e-signature*

APPENDIX C: NORTH CENTRAL REGION HEALTHCARE COALITION GOVERNANCE DOCUMENT RECORD OF CHANGES

Date of Revision	Changes Made	Revision Number	Initials
5.2019	<ul style="list-style-type: none"> • Updates were made to the “Voting” section of the document. • The “NCR HCC Staff” section was added. 	2.0	MD
9.23.19	<ul style="list-style-type: none"> • Document reformatted and updated to align with HPP requirements. 	3.0	MD