Bluegrass Healthcare Coalition

Bylaws



January 2021

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**Record of Review and Change**

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| **DATE** | **CHANGE** |
| **November 19, 2015** | **Bylaws initially adopted by coalition** |
| **October 18, 2017** | **Annual review** |
| **January 4, 2018** | **Edited Pg2 Good Standing, 1f to include ReadyOp and HAN** |
| **September 11, 2019** | **Annual review and update completed. Coalition name changed and added coalition logos. Coordinator position changes, process for coalition advisor and lead/co-lead healthcare designation per ASPR/HPP requirements. Committee name changes Steering Committee changed to Executive Committee, Spending Committee changed to Budget Committee. General committee changed to general membership. Removed reference to HAN. Article XII. Emergency Response and Recovery Deleted – See BGHCC Response Plan. Added Appendix A and B Committee Memberships Appendix C General Membership. Table of Contents updated.** |
| **November 1, 2019** | **Added Bylaws as appendix A to the BGHCC Preparedness Plan.** |
| **July 1, 2020** | **Update App A & B** |
| **Jan 13, 2021** | **Updated App A & B, removed Response plan in Table of Contents Article XII, Updated Signature page** |
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**APPROVAL AND IMPLEMENTATION OF CHANGES**

*The Bluegrass Healthcare Coalition Bylaws have been reviewed and updated with guidance from the core membership of the Executive Committee. Changes presented during General Membership Meeting on September 26, 2019.*

*Any amendments or changes will be documented on the Record of Change.*

**Signatures of the core membership - Executive Committee**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
| **Terri Schoebel**  **Coalition Chairperson** |  |  |
| **Dave Carney**  **Readiness and Response Coordinator** |  |  |
| **Tara Long**  **Hospital Representative** |  |  |
| **Freeman Bailey**  **Emergency Medical Services Representative** |  |  |
| **Michael Hennigan**  **Emergency Management Agency Representative** |  |  |
| **Bruce Crouch**  **Local Health Department Representative** |  |  |

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**Initial Letter of Promulgation**

Effective December 7, 2015

The bylaws set forth within are hereby adopted following a majority vote of the core HCEPC members. These bylaws are to be reviewed on an annual basis. Changes can only be adopted by a majority vote of the Coalition present at an HCEPC meeting. The changes will be recorded on a record of change sheet and the change will be communicated to the Coalition at meetings, through email, and the Newsletter. The changes discussed at HCEPC meetings will be included in the HCEPC minutes.

*Angela Kik* December 7, 2015

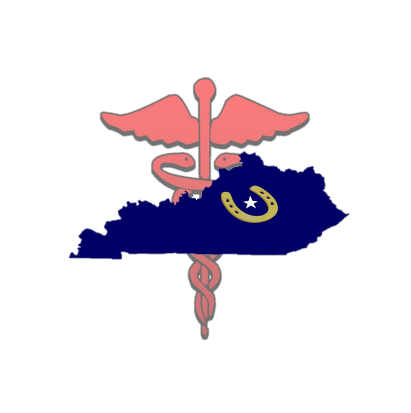
HCEPC Chairperson

*Dan Satterfield* December 7, 2015

HCEPC Co-Chairperson/HPP Coordinator

**Coalition Name and Official Logo**

By a majority vote during the general membership meeting of March 28, 2019, the Healthcare Coalition Emergency Planning Committee (HCEPC) of Kentucky Region 15 will now be known as the Bluegrass Healthcare Coalition (BGHCC) and has adopted the logos below.



**Mission Statement**

The mission of the Bluegrass Healthcare Coalition is to promote the development of cooperative partnerships in order to enhance disaster preparedness, response, and recovery of the region’s healthcare and emergency response systems. The mission will be accomplished through a preparedness strategy using education, training, public outreach, response, sharing of assets and expertise, and recovery activities.

**Scope**

The following counties are within the BGHCC region, created by the Kentucky Hospital Preparedness Program as Kentucky Region 5 effective July 1, 2019:

* Anderson
* Bourbon
* Boyle
* Clark
* Estill
* Fayette
* Franklin
* Garrard
* Harrison
* Jessamine
* Lincoln
* Madison
* Mercer
* Nicholas
* Powell
* Scott
* Woodford

**Administrative Support**

* The master copy of the BGHCC Bylaws will be on file with the BGHCC Readiness and Response Coordinator (RRC). The bylaws will be available to all BGHCC members via electronic access.
* The RRC will review the BGHCC Bylaws at least annually. Revisions to the bylaws will be accomplished with advice and guidance from the Executive Committee. All changes will be noted in the Record of Change.
* A formal review by the Executive Committee will be accomplished every two years.
* Any major revisions will be reviewed and document resigned by the Executive Committee core member representatives.
* All BGHCC member partners will be given the opportunity review and give advice on revisions of the bylaws. Suggested revisions will be reviewed with the Executive Committee.
* The BGHCC RRC and the Executive Committee may consult subject matter experts, State or Federal agencies and/or other BGHCC partners during the review or revision process.

**Purpose**

* Provide a forum for the healthcare and disaster preparedness community to interact with one another and other response agencies at local, regional, state and federal levels that promote emergency preparedness, response, and recovery.
* Coordinate and improve the delivery of healthcare emergency response services.
* Foster communication between local, regional, and state entities on community-wide all hazards emergency planning and response.
* Ensure overall readiness through coordination of community-wide training and exercises.
* Promote preparedness in the healthcare community through standardized practices and integration with other response partners.
* Plan for and coordinate grant funding to include appropriate distribution of funding in accordance with Hospital Preparedness Program (HPP) grant application guidelines.

**Structure**

The BGHCC general membership will be open to facilities, agencies, and community partners as outlined in Article I. Membership in the BGHCC is voluntary. In order to receive Hospital Preparedness Program (HPP) funding, the general membership must include representation from the following core organizations:

* Hospitals (minimum of two acute care hospitals)
* Emergency Medical Services (EMS)
* Emergency Management Agencies (EMA)
* Public Health Agencies

To alleviate administrative burdens and provide guidance, the BGHCC will include key personnel and committees as outlined in Article II. Membership in committees will be open to all BGHCC members in good standing.

Key personnel and committees will include:

* One Chairperson, appointed by the General Membership.
* One full-time paid Readiness and Response Coordinator (RRC).
* At least one Clinical Advisor.
* Regional Preparedness Coordinators (RPC) within the BGHCC region.
* Healthcare Preparedness Coordinators (HPC) who provides support to the BGHCC.
* An Executive Committee with members appointed from the General Committee.
* A Budget Committee for mission essential functions, such as the Spending and Exercise and Training Committees.
* A Long-Term Care Subcommittee
* Temporary (Ad Hoc) Workgroups as needed for special projects / tasks.

In accordance with the 2019-2023 Hospital Preparedness Program Cooperative Agreement, the BGHCC will designate a Lead and/or Co-Lead Hospital or Healthcare Organization. The designated organization(s) should be involved with acute medical surge such as a hospital or EMS agency. The purpose of these are to be champions for the coalition and they should advocate for and promote the BGHCC to others in the healthcare community.

Candidate organizations will be selected and voted for by the Executive Committee. Selection will be based on participation and support of the BGHCC. The BGHCC Chairperson or designated representative will approach the organization(s) selected and explain the purpose of the Lead and/or Co-Lead designation. If the organization agrees to the designation, a representative from the Lead and/or Co-Lead Organization will become a member of the Executive Committee.

**Staffing**

**Bluegrass Healthcare Coalition Chair**

The Chairperson will be a healthcare preparedness Subject Matter Expert (SME) selected from the voting members of the BGHCC. The Chairperson will provide expertise to the committees and assist in providing guidance and coordination of all BGHCC activities. The Chairperson will preside over all General Membership, Executive Committee and Budget Committee meetings. The BGHCC RRC with preside over meetings in the absence of the BGHCC Chair.

Electing the Chairperson

* Nominations for BHGCC Chair shall be made during a General Membership Meeting.
* Nominees must be members in good standing and past Chairpersons are eligible for nomination.
* The BGHCC RRC, KDPH RPCs and KDPH HPCs are not eligible for nomination.
* A nominee may decline or accept the nomination. When the nominee accepts they shall be a candidate for the BGHCC Chair position.
* If there is only one nomination and this person accepts, no further action is necessary and this person will become the new BGHCC Chair.
* If more than one candidate has accepted the nomination, a voting process will take place. Voting may be accomplished via a paper ballot or electronically.
* The two-year term may be extended by a vote of the General Membership on a year-to-year basis.

If the BGHCC Chair position becomes vacant or the Chair is unable to perform the required duties, refer to the BGHCC Response Plan Section 4.2 Appendix B - BGHCC Leadership Continuity of Operations Plan (COOP).

**Healthcare Coalition Readiness and Response Coordinator**

In accordance with the 2019-2023 Hospital Preparedness Program Cooperative Agreement, the BGHCC will fund one full-time Healthcare Coalition Readiness and Response Coordinator (RRC). This will be accomplished through contractual agreements executed by the Kentucky Department for Public Health (KDPH).

The principle duties of the RRC are outlined in the KDPH Position Description dated May 8, 2019 and include the following:

* General Preparedness
  + Serves as a consultant and point of contact between the HCCs and KDPH for coordinating HPP initiatives and activities. Analyzes and makes recommendations to help build, maintain and demonstrate HPP preparedness capabilities.
  + Collaborates with HCCs, KDPH HPP staff, and other agencies to develop and implement policies, agreements, planning, training, exercise, and evaluation activities related to HPP. This may include participation in intra/interstate workgroups and assessments of regional capabilities.
  + Coordinates the development, submission and monitoring of HCC budgets and annual work plan.
  + Maintains the inventory of HCC assets. Provides information concerning inventory and availability of HCC assets during exercises and real-world events. Ensures HCC assets are properly maintained and ready for deployment when requested.
  + Provides technical assistance to the healthcare coalition, its members and other healthcare agencies to implement and maintain interoperable communication systems and information sharing technology strategies.
  + Collaborates with emergency response partners in bordering states. Attend interstate meetings for cross-border preparedness, response, and recovery initiatives.
  + Builds coalition membership and engages partners on behalf of the coalition.
  + Plans and coordinates HCC meetings in collaboration with HCC Leadership
  + Attends quarterly HPP Leadership Meetings, and other meetings or conferences as determined by KDPH HPP Manager.
* Assessment/Planning
  + Collaborates with local, region, and state agencies to complete hazard vulnerability assessments and risk analyses and other required assessments related to the HCC.
  + Provides guidance for the development and maintenance of HCC-related strategic plans, Preparedness Plans, Response Plans, Multiyear Training and Exercise Plans, and other plans as outlined in federal or program guidance.
  + Ensures accomplishment of federal cooperative agreement requirements through project management activities, completion of contract deliverables, outreach and engagement, communication and coordination for the HCC.
  + Assists the HCC, its members, partners, and other healthcare agencies to integrate and implement HPP-related planning strategies.
  + Maintains contact lists for HCC membership and partners.
  + Develops and maintains asset deployment and demobilization plans, including plans for movement within the region or state.
  + Assist with reporting requirements for the HPP, contract scope of work, etc.
* Training and Exercising
  + Conducts assessments to determine training and exercise needs within the HCC.
  + Assists with developing a training and exercise schedule following the Homeland Security Exercise and Evaluation Program (HSEEP).
  + Acts as a controller, evaluator or player in local, regional, and statewide exercises.
  + Submits HCC training and exercise reports to KDPH.
  + Develops and implements exercises for the HCC, its members, and partners.
  + Coordinates training for the HCC, its members and partners.
  + Ensures compliance with federal training and exercise requirements, including timely reporting of all benchmarks and data through after action-reports and other required mechanisms.
* Response and Recovery
  + Provides assistance and expertise to HCC, its members, partners and other healthcare agencies to support response and recovery activities during exercises and real-world events.
  + Coordinates HCC-related response and recovery activities and resources by working in an incident command structure at the local, region, or state level.
  + Serves as a member of a strike team or other response team to support intrastate or interstate response and recovery activities.
  + Provides support for the development of an after-action report/improvement plan (AAR/IP) to document response and recovery activities.

If the position of the RRC position becomes vacant or the RRC is unable to perform the required duties, direct coordination of the program will become the responsibility of the KDPH HPP Program Manager and/or a designated representative appointed by the HPP Program Manager. Refer to the BGHCC Response Plan Section 4.2 Appendix B - BGHCC Leadership Continuity of Operations Plan (COOP).

**Bluegrass Healthcare Coalition Clinical Advisor**

In accordance with the 2019-2023 Hospital Preparedness Program Cooperative Agreement, the BGHCC will appoint a Clinical Advisor to the coalition. The Clinical Advisor should be a physician, advanced practice provider, or registered nurse. The Clinical Advisor should be from the lead or co-lead healthcare organization and be clinically active. Involvement in emergency services or disaster preparedness activities is preferred. The Clinical Advisor should be an SME in medical surge and/or emergency response capabilities.

The role of the BGHCC Clinical Advisor is to:

* Provide clinical leadership to the coalition.
* Review and provide input on coalition plans, exercises and education activities as needed to assure clinical accuracy and relevance.
* Act as an advocate and resource for other clinical staff to encourage their involvement and participation in coalition activities.

The BGHCC Clinical Advisor will be an in-kind contribution / volunteer position. Reimbursement for travel while conducting the duties in the role of the BGHCC Clinical Advisor is authorized. The reimbursement is subject to review and approval by the Budget Committee.

Candidate Clinical Advisors will be selected and voted for by the Executive Committee. Selection will be based on the above criteria and participation in the BGHCC activities. The BGHCC Chairperson or designated representative will approach the candidate selected and explain the purpose of the Clinical Advisor. If the candidate agrees to the designation, they will also become a member of the Executive Committee.

If the Clinical Advisor position becomes vacant or the Clinical Advisor is unable to perform the required duties, the Executive Committee will convene and select a new Clinical Advisor.

**Article I.**

**Membership**

The General Membership consist of voting members who represent individual disciplines and geographic interests on healthcare and community-wide emergency planning and response issues. These participating organizations seek to establish interdisciplinary consensus on response practices and procedures to be utilized by all BGHCC members.

Membership in the BGHCC shall be extended, but is not limited to the following:

* Medical Centers and Hospitals
* Emergency Medical Services (EMS)
* Emergency Management Agencies (EMA)
* Local Health Departments (LHD)
* Long Term Care Facilities (LTC)
* Outpatient Services Facilities
* Fire / Rescue Agencies
* Amateur Radio Operators
* Federal, State and Local Governmental Agencies
* Non-Governmental Agencies (NGO)
* Volunteer Organizations
* Professional Organizations
* Agencies that support any Emergency Support Function (ESF)

**Petition for Membership**

There are no formal petitions or applications for membership. Organizations or agencies that wish to become a member of the BGHCC need to contact the RRC so that primary and alternate representation contact information may be obtained.

**Primary Representative Role and Responsibility**

A primary representative of a member organization will be the responsible party for attending BGHCC meetings, voting, receiving all official communications, participating in sub-committees, task forces, and workgroups. The primary representative will be responsible for notifying the RRC and/or Chair when the alternate representative assumes any of the listed responsibilities.

Agency executives are encouraged to attend. If they are unable to attend, the primary representative shall be responsible to ensure their agency’s executive leadership is involved in the planning and coordination of the coalition by communicating information to the agencies executives. To keep executives and clinical technicians informed, a newsletter will be published on at least a bi-monthly basis and distributed electronically. If published bi-monthly, publication will be the off month of the general membership meeting. It is the responsibility of the primary representative to ensure all executives and clinicians have access to all meeting minutes and pertinent documents to provide a continuity between executives of all participating agencies.

**Alternate Representative**

The alternate representative will assume the duties and responsibilities of the primary representative when the primary is unable to perform their duties either temporarily or permanently until the Appointing Authority assigns another primary representative.

**Term**

The Primary and Alternate Representatives term will not expire. A change in the representatives for a participating organization will require notification to the BGHCC RRC and/or Chair. The name and contact information of the new representative should be provided when there is a change of representation.

**Good Standing**

A participating organization will remain in good standing with voting privileges and eligibility to receive Healthcare Preparedness Program (HPP) grant funds, as well as other funding, if the primary representative, alternate representative, and/or organization, as applicable, meets the minimum requirements listed below:

* Participating in at least one Regional exercise annually
* \* Participate in at least four (4) of the six (6) General Committee and select Standing Committee(s). For smaller agencies or outlying agencies, attendance will be counted through teleconference or email correspondence upon notification to the BGHCC RRC.
* Timely participation in Bed Availability, Essential Elements of Information (EEI) and Redundant Communication Drills
* Reporting drills / exercises if applicable
* Adhering to National Incident Management System (NIMS) compliance requirements
* Participating in at least 3 of 4 communication system tests (if applicable) (Satellite Radio, Redundant Communication and/or ReadyOp)

Only agencies in good standing will have voting privileges and be eligible for the grant program.

\* Due to situations such as manpower, distance, time, and budgetary constraints that affect participation, the following will define participation. Participation does not mean that a member is required to “meet” at a specific location. Participation means that a member participates by providing input. There are many ways to participate including electronic communication (e.g., phone, email). However, there should be evidence of participation and input (e.g., minutes). An agency that is unable to meet at the meeting location, can be considered as participating by notifying the HPP coordinator and acknowledging they have reviewed the agenda and read the minutes. They can make any comments for the record. Certain, agencies can consider themselves participating by representation of standing or ad-hoc committees. For example, Long-term care facilities can be represented by a member of long-term care committee (LTC) provided proof of the agencies participation in the LTC Sub-Committee. However, every effort should be made to attend to build partnerships and enhance planning and preparedness.

**Article II.**

**Governance and Committees:**

**Chairperson**

The BGHCC general membership shall elect a chairperson. See Staffing section of this document for further guidance.

**Immediate Past Chairperson**

The immediate past elected chairperson shall provide transitional support to the newly elected Chairperson.

**Executive Committee**

The Executive Committee shall determine topics to address during scheduled meetings, make recommendations to membership on community-wide emergency related matters, coordinate the regional approach to community-wide emergency planning, training, and response, coordinate the fiscal matters for programs and periodically ensure that the effectiveness of the coalition is evaluated.

Any process change in the bylaws or coalition plans will be first reviewed by the Executive Committee. The committee will meet as needed to conduct coalition business. An Executive Committee meeting may be requested by any member of the Executive Committee.

The Executive Committee shall consist of:

* The BGHCC Chairperson
* The BGHCC RRC
* The BGHCC Clinical Advisor
* KDPH HPC for BGHCC region
* KDPH RPC for BGHCC region
* At least one Hospital Representative
* At least one EMS Representative
* At least one Emergency Management Agency Representative
* At least one Local Health Department Representative
* At least one Long Term Care Representative
* Any other agency/organization representative deemed vital by the Executive Committee

**Tenure**

Every two years, the general membership will vote on new members for the Executive Committee. Those on the committee can serve consecutive terms and be included on the ballot. Voting will be by ballot.

**Vacancies**

If there is a vacancy on the Executive Committee, a person shall be appointed from the disciplines listed above and approved at a general membership meeting. The approval will be a 50 percent plus 1 of those in attendance.

**Standing Committees**

Various committees will be established by the Executive Committee and/or general membership to implement a preparedness strategy and address capability development. All standing committees shall consist of a chairperson agreed upon by the standing committee members. Members of committees shall be solicited depending on areas of expertise to ensure Subject Matter Experts (SMEs) are included in the composition of the committee. A chairperson may only chair one standing committee. All standing committees will play a significant role in preparedness and operational planning of the BGHCC.

The planning strategy for all standing committees will be as follows:

* Use the HVA to assess risk and determine gaps in readiness for operational planning.
* Assemble SMEs to provide input in to development of operational plans.
* Complete a resource management assessment to identify gaps in resources.
* Use assessment in preparing spend plans.
* Identify training deficiencies.
* Exercise and evaluate operational plans.
* Provide After Action Reports and Improvement Plans.
* Update plans as needed as a part of the Improvement Plan.

Standing Committees Chairs shall:

* Facilitate committee meetings.
* Determine funds needed to support their committee’s objectives and provide the information to the Budget Committee.
* Maintain attendance records.
* Provide regular reports back to the Executive Committee and general membership.
* Provide reports to the participating organizations that are represented in the general membership; when appropriate.

**Budget Committee**

The Budget Committee will be composed of SMEs and clinical leads from various healthcare and emergency management fields to include:

* The BGHCC Chairperson
* The BGHCC RRC
* KDPH HPC for BGHCC region
* KDPH RPC for BGHCC region
* At least one Hospital Representative
* At least one EMS Representative
* At least one Emergency Management Agency Representative
* At least one Local Health Department Representative
* Any other agency/organization representative deemed vital by the Executive Committee

The Budget Committee schedule for meetings will be determined by budget submission due dates and as needed for spending decisions. Priority spending will be determined by the current BGHCC Work Plan, hazard assessments, identified gaps and real-world events. The committee will agree on the priority of spending. Once the budget is approved, it will be made available at the general committee meeting. The Budget Committee has the approval authority for the BGHCC general membership.

**Long-Term Care (LTC) Sub-Committee**

The committee shall consist of various Subject Matter Experts in the Long-term care field and be responsible to coordinate LTC disaster preparedness activities by determining LTC preparedness needs, providing guidance to the LTC community and communicating LTC preparedness needs to the appropriate BGHCC committees or members. The goal of this committee is to keep LTC facilities informed of information related to disaster preparedness and to work with the planning and training committees in offering courses that would be helpful to the LTC community. The committee shall provide expertise to the training and exercise committee in developing exercises that involves LTC facilities.

**Ad Hoc Committees**

Ad Hoc Committees will be convened by the Executive Committee as the need arises utilizing subject matter experts. The matter under consideration will determine the longevity of the committee and the committee will be terminated when its purpose is concluded. Ad Hoc committee members will serve on the committee on a voluntary basis with the number of members determined by the Executive Committee.

**Planning Committee (Ad-Hoc)**

The committee will be composed of subject matter experts and clinical experts from various healthcare and emergency management fields. The committee is the structure by which the Coalition will develop and organize response plans to equip and prepare coalition members in response to an event. The committee has the following functions.

* The committee shall create regional plans that guide the General Committee’s
* operational needs.
* The committee shall play the lead role in operational planning.
* The committee shall properly maintain and review all plans annually and update as needed.
* The committee shall review current Hazard Vulnerability Assessment’s annually to determine areas where risk may have changed affecting future planning for readiness.

Every five years the HVA will be reassessed. An HVA is conducted on the Bluegrass Development District every five years and will be utilized to assess the vulnerabilities of Region 15 Healthcare capabilities. All major updates to the HVA will be communicated to the coalition through the RRC during general membership meetings and made available electronically. The HVA will be used to determine areas of emphasis for planning, training, equipping and exercising the HCC.

The Coalition will include the needs of at-risk populations in their plans, exercises, and trainings. Before, during, and after an incident, members of at-risk populations may have additional needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. In addition to those individuals specifically recognized as at-risk in the Pandemic and All-Hazards Preparedness Act (i.e., children, senior citizens, and pregnant women), individuals who may need additional response assistance include those who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, or have pharmacological dependencies.

**Training and Exercise Committee (ad Hoc)**

The committee shall consist of various Subject Matter Experts (SME) and clinical leaders of healthcare agencies and emergency management. The committee is responsible for training and exercising of all regional plans. A representative of the coalition shall attend the state Training and Exercise Program Workshop (TEPW). A Multi-year Training and Exercise Plan (MTEP) shall be generated on an annual basis and provided to KDPH by the committee. The Coalition shall schedule a local TEPW to be held prior to the Region’s MTEP submission to ensure coordination of training and exercise events throughout the coalition. The TEPW can be a part of the bi-monthly general membership meeting.

All plans will be exercised in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP). The committee shall coordinate with regional and state activities relative to community exercises and serve as the liaison for drills, tabletop exercises, and full-scale exercises. The committee shall coordinate the development, facilitation, observation, and evaluation of an exercise involving a BGHCC facility. The committee shall coordinate the development of an After-Action Report (AAR) and/or an Executive Summary of any actual incident or training exercise. After review of the AAR by the members of the coalition, the AAR will be made available on the BGHCC website (pending).

The committee shall coordinate with regional, state and local activities relative to training and education, research and present recommended training and education programs, and serve as a clearinghouse for requested education resources, and coordinate the scheduling or requested training.

**Communications Committee (Ad Hoc)**

The committee shall consist of Subject Matter Experts (SME) and clinical leaders. The committee shall coordinate functional community-wide communications systems, which will focus on the communications systems, technology, and schema to be utilized during emergent situations and disaster events.

**Article III.**

**Meetings**

**Parliamentary Procedure**

Robert’s Rules of Order will be used as a guide to conduct any meeting of BGHCC; however, specifications in these Bylaws and past practice will supersede Robert’s Rules of Order.

**Meetings Minutes and Reports**

Minutes of any BGHCC sponsored meeting and reports shall be taken and retained for a period of not less than five (5) years. The minutes shall be available to the general membership within ten (10) business days following the meeting.

**Regular Meetings**

Through oversight of the Executive Committee, the RRC will draft the general membership meeting schedule for the entire calendar year no later than the forth Thursday in January each year and promulgated to the members prior to the first meeting of the calendar year. At the first meeting of the calendar year the general membership will accept or modify the year’s scheduled meetings and the results be recorded in the minutes.

The primary location for the general membership meetings will be either the Veterans Administration Medical Center – Sousley Campus Conference Center or the Lexington-Fayette County Health Department 3rd Floor Conference Area. Other locations will be considered as needed. Other means of participation will be considered by the Executive Committee during their meetings (ex. conference call participation, webinar).

Rural agencies traveling over 40 miles to meetings or other BGHCC sponsored events will be entitled to travel reimbursements. The travel reimbursement request form will be emailed on request by the RRC.

All members and non-members are encouraged to provide feedback during the meetings in a constructive respectful way. Open discussion will build cohesion in the group. The mitigation of gaps and incorporation of feedback completes the loop from response to preparedness and assists the BGHCC with revising and maturing developmental processes. This is an important concept for the Coalition to incorporate into their overall administrative and operational strategies.

Positive feedback is just as important as negative feedback. Positive feedback can be shared with other coalitions as best practices improving not only our region but also the Commonwealth of Kentucky as a whole.

All discussions will be documented in the minutes. Any questions that cannot be adequately addressed at the meeting will be placed in the “parking lot” and answered at a later date. The RRC will be responsible to follow-up for a prompt reply.

**Special Meetings**

Special Meetings may be convened at the request of either the Chairperson, RRC or at least two Executive Committee members. Minutes of all special meetings will be recorded and approved by the general membership and provided to all members. In the case of a special meeting, such notice shall state the purpose of the meeting. Special meeting notices shall not be less than 24 hours.

**Open Meetings**

Meetings are for Coalition members and supporting agencies. Although the meeting is open to the public, guests such as media or vendors attending will be communicated to the Executive Committee before a meeting. Guest will be invited when topics warranting their attendance will be discussed, and an invitation has been extended to attend. Invitations will be approved by vote, in advance, by the Executive Committee that the invitees will be attending and recorded in the appropriate minutes.

**Article IV.**

**Meeting Business**

**Quorum**

A majority, 50% plus 1, of members in good standing shall constitute a quorum for starting a meeting and allowing the transaction of Coalition’s business.

**Voting**

* At any meeting, with an opening quorum, action may be taken by a simple majority of those present. The motion will be put forward to a vote with acceptance or veto of motion at 50% plus 1.
* Voting privileges shall be limited to members or alternates in good standing.
* Voting may be by ballot, show of hands or verbal agreement / denial, and also by email polling. If voting is done by email, the General Committee chairperson or the responsible chairperson for their committee is responsible for maintaining the records and providing them as a report to be maintained for a minimum of five (5) years.

**Elections**

* If more than one person is nominated for a vacancy, an election shall be requested by the Steering Committee and presented at a general membership meeting or elections can be conducted electronically.
* Nominees must be members in good standing.
* A quorum is required to conduct an election.
* Ballots should be written by members present and shall be tabulated. In case of a tie, the chairperson will cast the deciding vote. Ballot results will be recorded in that meeting’s minutes.
* If only one member volunteers for a vacant position, the member shall be appointed to that position after communications is sent to the General Committee. Any agency that opposes should bring their concerns to the Chairperson prior to the next General Committee meeting when the person will appointed to the position.

**Article V.**

**Disasters**

In the event of a national disaster or other emergency situation that prevents the BGHCC from fulfilling nominating, electing, confirming, or performing other time-sensitive activities, the Chairperson shall make arrangements for fulfilling the affected activity at a special meeting or via a conference call, USPS mail, or electronic means.

**Article VI.**

**Grant Funding**

The purpose of the Hospital Preparedness Program (HPP) grant is to increase medical surge capabilities and capacities in the healthcare system through overarching requirements. Based on the region’s Hazard Vulnerability Assessment (HVA), the region will develop a plan to address its deficiencies in order to increase healthcare preparedness for the region.

All properly submitted BGHCC healthcare grant fund requests that meet HPP grant guidance requirements from members in good standing will be compiled in a list to be reviewed and approved by the Budget Committee each grant cycle. Requests will be prioritized based upon the regional needs “to increase healthcare [emergency] preparedness” and regional emergency preparedness gaps in order to determine the best allocation of the available funding. The list generated by the Budget Committee will be communicated to the general membership.

**Article VII.**

**Conduct**

Thanks to the dedicated professionals of the BGHCC, the coalition enjoys excellent cooperation with its members. However, to ensure continued cooperation through use of Bylaws, there is a needed process to navigate through a possible conduct complaint. The Executive Committee shall review complaints alleging conduct unbecoming of a BGHCC member that is determined to be:

* A material violation of the By-Laws.
* Other conduct that it prejudicial to the good order of the BGHCC.
* Complaints may be filed in writing by any BGHCC member(s) in good standing to the Coalition’s Chairperson.

The Chairperson shall convene an Executive Committee meeting and shall institute proceedings if it determines, after a preliminary investigation, that there is a reasonable basis for further inquiry / action. If the complaint is determined to be proven; the Executive Committee shall contact the Facility/Agency Head to discuss the allegation.

If the discussion with the agency, does not remedy the situation, the Executive Committee may ask for a new representative. The Executive Committee shall base this decision only on statements and other proof presented to steering committee where the member(s) bringing forth the complaint will be present. The charged member or the charged member’s authorized representative shall have an opportunity to make a statement and present proof in their defense of the complaint.

A finding by the Executive Committee that the charged member(s) conduct constitutes cause, shall require an affirmative vote of two-thirds (2/3 or 66%) of the Executive Committee present at the meeting. If the vote is affirmative, the agency will be asked to replace the representative.

Notification of any censure, suspension, or expulsion shall be provided in writing to the charged member and the member’s participating organization appointing authority. Any such notification must include a description and the process used to determine the action. If an organization refuses to remove the representative, they will lose all associated privileges with the BGHCC to include voting privileges and access to ASPR grants.

All information on the complaint and the outcome of the complaint will be communicated to the general membership as deemed appropriate by the Executive Committee.

**Article VIII.**

**Resource Management:**

A resource assessment shall be completed twice a year on BGHCC resources with the inventory provided electronically to the coalition. A gap analysis by the Budget Committee shall be developed to determine resource needs. The analysis will be used to develop the spend plan to fill gaps in needed resources.

BGHCC response equipment is kept at various strategic places throughout the coalition for rapid response. An equipment transfer/accountability sheet shall be used to track all BGHCC equipment with the following statement:

This equipment was purchased with funding from the Healthcare Preparedness Program (HPP) or Public Health Emergency Preparedness (PHEP) cooperative agreements with the Office of Preparedness and Emergency Operations, U.S. Department of Health and Human Services. This equipment remains the property of the Kentucky Department for Public Health (KDPH) and is eligible for use by other agencies through Mutual Aid or Emergency Management Assistance Compact (EMAC).

The receiving facility agrees to properly maintain the equipment, including calibration, and to safeguard it from damage, abuse or theft. The receiving facility must notify KDPH prior to disposal or surplus of equipment.

(For a copy of the MOA/accountability sheet, see the Region 15 website)

A hardcopy of all MOA/Accountability sheets are kept in the office of the RRC and electronically on the KDPH server.

Preventative maintenance shall be completed on all equipment on an annual basis. This will include inventory and deploying equipment to ensure serviceability.

All preventative maintenance cost shall be included in the BGHCC annual budget.

Resource management during events: For non-emergent events, request for BGHCC resources will be through the RRC. The RRC will notify the Chairperson of the request. During disaster responses where time is of the essence, the request for BGHCC resources will be through the RRC via WebEOC or any other means to expedite the request. The BGHCC Coordinator will notify KDPH of resource request and deployments by WebEOC. A secondary means shall always be employed (email, text, phone etc.) to ensure continuity.

Refer to the resource request in the BGHCC Response Plan.

During disasters, the Chairperson will be briefed on deployments at the first opportune time.

Hospitals and other agencies EOP’s contain sustainability information to meet Joint Commission’s Standards. Hospitals are encouraged to conduct a resource assessment to identify gaps in sustainability during an emergency event. A joint work group from the coalition will be appointed to identify gaps as a region from the assessment. The Region 15 EOP contains a list of resources.

**Article IX.**

**Sustainability**

The mission of BGHCC is to promote the development of cooperative partnerships in order to enhance disaster preparedness of the region’s healthcare and emergency response systems. The mission will be accomplished through education, training, public outreach, response and recovery activities.

With budget constraints, it is the responsibility of coalition leaders and members to continue to build relationships even with minimal direct support from state and federal government agencies to ensure the region is prepared for a catastrophic event. In regards to funding, currently the Coalition meets at the VA Medical Center or the Lexington-Fayette County Health Department, They do not charge the Coalition.

It is the desire of ASPR that the coalition will remain intact and continue to serve and protect the health of the community. In the event the BGHCC Coordinator’s position is not funded, the co-chair position will be elected. It will be the responsibility of KDPH preparedness branch to provide administrative support.

**Article X.**

**Funding and in kind contributions:**

Funding support for the BGHCC is provided through the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) grant. The process for obtaining funds will be in accordance with the Hospital Preparedness Program Guide for Kentucky Regional Healthcare Coalition for the specific Fiscal/Budget year. The BGHCC will assess the regional healthcare needs through a Hazard Vulnerability Assessment (HVA) and a Resource Assessment. Based on the information, the BGHCC will develop plans to address the gaps and increase healthcare preparedness for the coalition. All purchases will be determined by this method and priority of purchases will be determined by the Budget Committee. As with any purchases, care should be given to ensure other funding streams are not funding the same purchases to ensure we are utilizing HPP funding in a frugal manner.

The budget will be disseminated to the general membership electronically and communicated through general membership meetings.

BGHCC member organizations should track their non-reimbursable costs that support HPP-related activities (i.e., personnel time, mileage, meeting spaces, and storage spaces used for trailers, preparedness supplies, and equipment) through documentation of HPP Grant "In-Kind" contributions. These costs can be documented on the Kentucky HPP In-Kind Contribution Excel Form Template that is available in the HPP Library on the CHFS SharePoint site.

Note: This information may be useful for organizations to calculate Community Benefit for the Internal Revenue Service (IRS).

**Article XI.**

**Conflict resolution**

In the event of a conflict or disagreement in the business of the BGHCC, the issue will first be brought to the Chairperson for viability. The Chairperson will decide which committee the issue should be brought too (example, Budget Committee for spending priority issues) for resolution. If there is no satisfaction, the decision can be appealed to the Executive Committee. The decision, by the committee if resolved or appealed, will be discussed at the next general membership meeting. All conflicts will be recorded in meeting minutes for transparency.

**Article XII.**

**Emergency Response and Recovery**

Deleted – See BGHCC Response Plan.

**Appendix A**

**Bluegrass Healthcare Coalition Executive Committee**

**Updated 1July20**

**Position Name Agency**

|  |  |  |  |
| --- | --- | --- | --- |
| **BGHCC Chair** | **Terri Schoebel** VA  Terri.Montgomery@va.gov |  |  |
| **BGHCC Vice-Chair** | **Tara Long Baptist Health - tara.long@bhsi.com** | Richmond |  |
| **BGHCC Readiness and Response Coordinator** | **Dave Carney** BGHCC  DavidN.Carney@ky.gov |  |  |
| **Hospital Representative** | **Tara Long** Baptist  Tara.Long@bhsi.com |  |  |
| **EMS Representative** | **Freeman Bailey** Woodford Cofbailey@woodfordcountyky.gov | EMS |  |
| **Health Department Representative** | **Bruce Crouch** Jessamine Co HD  BruceLCrouch@ky.gov |  |  |
| **Emergency Mgmt Representative** | **Michael Hennigan** Scott Co. EMA m.hennigan@scottema.com |  |  |
| **Long-Term Care Representative**  **LTC Subcommittee Chair** | VACANT |  |  |
| **BGHCC Clinical Advisor** | **Darcy Maupin** St. Joseph Berea  DarcyMaupin@catholichealth.net |  |  |
|  |  |  |  |
| **Regional Preparedness Coord.** | **Rebecca Hardin** KDPH  rebeccal.hardin@ky.gov |  |  |
| **Regional Preparedness Coord.** | **Kim Yazell** KDPH  KimD.Yazell@ky.gov |  |  |
| **Regional Preparedness Coord.** | **Vicki Sanderson** KDPH vicki.sanderson@ky.gov |  |  |
|  |  |  |  |

**Appendix B**

**Bluegrass Healthcare Coalition Budget Committee**

**Updated 1July20**

**Position Name Agency**

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Committee Chair** | **Ashley Powell** Lincoln Co. EMS  Stanford152@hotmail.com |  |  |
| **BGHCC Chair** | **Terri Schoebel** VA  Terri.Montgomery@va.gov |  |  |
| **BGHCC Readiness and Response Coordinator** | **Dave Carney** BGHCC  DavidN.Carney@ky.gov |  |  |
| **Hospital Representative** | **Vacant** |  |  |
| **EMS Representative** | **Eddie Crews Lexington Fire** |  |  |
| **Emergency Management Rep.** | **Vacant** |  |  |
| **Health Department Representative** | **Laura Collins** LFCHD  LauraL.Collins@ky.gov |  |  |
| **Regional Preparedness Coord.** | **Rebecca Hardin** KDPH  rebeccal.hardin@ky.gov |  |  |
| **Regional Preparedness Coord.** | **Kim Yazell** KDPH  KimD.Yazell@ky.gov |  |  |
| **Regional Preparedness Coord.** | **Vicki Sanderson KDPH** |  |  |
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**Appendix C**

FY2019-20 BGHCC Members and Lead/Co-Lead Healthcare Designation



**Appendix C Continued**



**Designated Lead Healthcare Agency for FY2019-20:**

Lexington Veterans Affairs Medical Center

**Designated Co-Lead Healthcare Agency FY2019-20:**

St. Joseph Hospital – Berea

**Designated Lead Healthcare Agency FY2020-21:**

St. Joseph Hospital – Berea