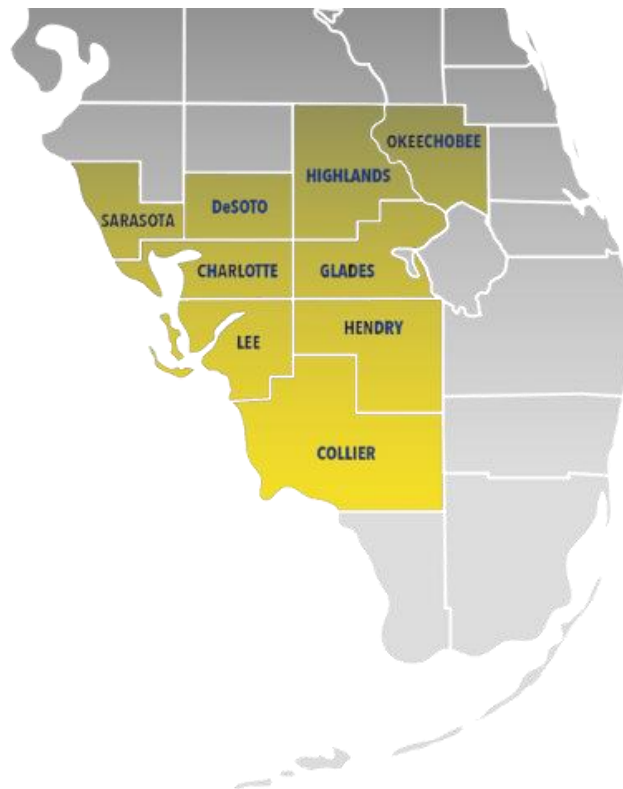




SOUTHWEST FLORIDA
**HEALTHCARE
COALITION**
HEALTH PLANNING COUNCIL
OF SOUTHWEST FL

Southwest Florida Healthcare Coalition Bylaws and Governance



Mission Statement

The mission of the Southwest Florida Healthcare Coalition (HCC) is to support regional healthcare emergency preparedness, response, and recovery capabilities through collaboration, training, and planning.

Purpose

- Identify and mitigate gaps in the healthcare community's ability to effectively respond to an incident.
- Receive and disperse funding for healthcare preparedness efforts.
- Improve overall readiness through coordination of region-wide training and exercises.
- Foster communication between local, regional, and state entities on community-wide emergency planning and response

Membership & Guidelines:

Membership in the Southwest Florida Healthcare Coalition shall be extended to the following Essential Partner agencies, institutions, and community-wide emergency response related disciplines located within and serving Charlotte, Collier, DeSoto, Glades, Hendry, Highlands, Lee, Okeechobee, and /or Sarasota counties.

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

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

Additional HCC members may include but are not limited to the following:

- Behavioral health services and organizations
- Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
- Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks
- Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers, Indian Health Service facilities, military treatment facilities)

- Home health agencies (including home and community-based services)
- Hospice
- Infrastructure companies (e.g., utility and communication companies)
- Jurisdictional partners, including cities, counties, and tribes.
- Local Coalitions of health care professional organizations (e.g., medical society, professional society, hospital association)
- Local public safety agencies (e.g., law enforcement and fire services)
- Medical and device manufacturers and distributors
- Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)
- Nursing Homes
- Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers (FQHCs), urgent care centers, freestanding emergency rooms, stand-alone surgery centers)
- Primary care providers, including pediatric and women's health care providers.
- Schools and universities, including academic medical centers.
- Skilled nursing, nursing, and long-term care facilities
- Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)
- Other (e.g., childcare services, dental clinics, social work services, faith-based organizations)

Membership Compensation

All Members are volunteers, and no Member shall be compensated for their appointment or participation as a Member. Members may be reimbursed for per diem and travel expenses incurred through the conduct of Coalition business, including participation in conferences. Authorization must be obtained from the Contracted Agency in advance of incurring expenses and expenses are compensated using State of Florida travel guidelines.

Roles and Responsibilities of the Members

To be considered active members, any agency must regularly participate in the activities of the Coalition. They will give input to the Coalition leadership on the gaps and needs for their local area and community. They will participate in communication tests and activities of the Coalition that are necessary to improve preparedness in the region. As active members, they will have access to benefits such as trainings, exercises, and funding opportunities.

Executive Council

The Executive Council shall administer the affairs of the Coalition in accordance with the mission statement, objectives and purpose outlined in these bylaws. The Executive Council is responsible for the business and affairs of the Coalition and is governed by these bylaws and State and Federal regulations as set forth by the Florida Department of Health and the U.S. Department of Health and Human Services, Administration for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements. If called upon to play a response role by any Coalition member, the Coalition will align itself with the appropriate incident management structure in place following National Incident Management System (NIMS) principles including, Hospital Incident Management System (HICS) and/or Nursing Home Incident Management System (NHICS).

The Executive Council of the Southwest Florida Healthcare Coalition will consist of five representatives from each of the four-chapter areas: Collier, Heartland (DeSoto, Glades, Hendry, Highlands, and Okeechobee) Lee, and Suncoast (Charlotte and Sarasota). The representatives from the chapter areas will be selected by members in that geographical region of that chapter. Additionally, representatives may be selected to represent specific discipline types. The Executive Council will determine which seats to add in any given year. The representatives for those seats will be selected by members of the same discipline. The Chair and the Vice-Chair will be selected by the members of the Executive Council. When possible, the Chair and Vice-Chair should represent different agency types and chapter areas, and the Executive Council should include representation from at least each of the four core membership types. Representatives must be affiliated with an eligible member agency. Any representative with a meaningful change to their position, agency, or geography must notify the Coalition within thirty days and /or prior to any votes, for an eligibility review by the Executive Council.

Each representative will serve a two-year term. If an elected representative is unable to serve the full term, a special election will be held to elect a new representative to complete the term. Two thirds of the Executive Council may vote to dismiss a representative and call for a special election for their replacement. Any representative with more than two unexcused absences during the fiscal year will have their participation reviewed by the Executive Council before they are allowed to vote on any upcoming matters. Additional subject-matter experts may be identified by the Executive Council as non- voting representatives. Examples may include, but are not limited to, the Regional Domestic Security Task Force, the Hospital Association, Medical Societies, etc.

Roles and Responsibilities of the Executive Council

The Executive Council is responsible for developing and approving an annual budget and work plan. The members of the Executive Council will also approve via vote the use and allocation of all Coalition funds.

The representatives for each chapter area will share information with the membership. The representatives will also share information from the membership with the Executive Council.

Executive Council will conduct at least four quarterly meetings. Additional meetings will be added as necessary. The representatives will determine funding allocations, priorities, and special projects for the Coalition. The Executive Council will provide input into the contractual deliverables and activities of the Coalition. The Executive Council will also be responsible for guidance and feedback to the direct service staff of the Coalition.

Chair

In April of even years, the Executive Council will elect a Chair to serve no more than two consecutive terms, special elections may be held as needed. At the time of election, the Chair must represent an agency that has been an active member for at least one year and the individual must have had a leadership role in the Coalition for at least six months prior to election to Chair.

Roles and Responsibilities of the Chair

The Chair or designee will have the authority to sign approval of documents, plans and deliverables that need member approval on behalf of membership. This approval should be based upon input from the membership and leadership. The Chair will work with the Contracted Agency to develop the agendas for and conduct the Executive Council meetings. The Chair or designee will have the authority to activate the SWFL Healthcare Coalition Response Plan and call emergency meetings.

The Vice Chair shall preside over meetings in the absence of the Chair; serve as the liaison to outside agencies at the direction of the Chair; and perform other duties assigned by the Chair. If the Chair is unable to complete their duties or resigns, the Vice Chair will become the Chair for the remainder of the term. A new Vice Chair would then be elected by the Executive Council.

Contracted Agency

The Contracted Agency is the contract signatory with the Florida Department of Health (FDOH) for the Healthcare Coalitions. The Contracted Agency is awarded the contract that provides the primary funding and authority for Coalitions through a process administered by FDOH.

Roles and Responsibilities of the Contracted Agency

The Contracted Agency provides policy, fiscal, administrative, and direct service support.

Policy

The Contracted Agency is the contract holder for the Coalition with the Florida Department of Health. As such, they are often the primary point of contact for the state-level FDOH. The Contracted Agency will regularly share information from the State with the Executive Council.

As the contract holder, the Contracted Agency has the responsibility to ensure that all federal and state laws, contract terms and local Coalition bylaws and policies as voted upon by the members, are followed. Whenever possible, the Contracted Agency will consult with other members of the Florida Healthcare Coalition Taskforce on areas of uncertainty. However, the Contracted Agency will not have a vote on Coalition priorities or any content-related decisions.

Fiscal

The Contracted Agency will manage all Coalition funds received through the FDOH contract. The Contracted Agency may also manage additional funds upon request of the Executive Council. The Contracted Agency will process all approved Coalition-related funding requests, invoices and reimbursements in a timely manner as directed by the Executive Council. The Contracted Agency will provide the Executive Council and Chapter Coalition Leadership Committees with budget and expenditure reports monthly. The Contracted Agency will meet all state and federal auditing and reporting requirements.

Administrative

The Contracted Agency will provide administrative support to the Southwest Florida Healthcare Coalition including:

- meeting coordination and facilitation
- maintenance of the Coalition website

- maintenance of contact and distribution lists for the members
- sharing of information through e-mails and other methods as requested by any of the aforementioned parties.
- creation and retention of agendas, minutes, and other meeting materials
- general administrative support

Direct Service

The Contracted Agency will ensure the completion of the deliverables. The Direct Service Staff of the Contracted Agency will be responsible to undertake the projects and activities necessary to meet the deliverables of the contract in a timely manner, including state meetings and calls, as well as additional activities to fulfill the mission of the Coalition as guided by the Executive Council. The activities of the Direct Service Staff will be driven by the contract and state and federal requirements and regulations and will be guided by the direction and evaluation of the Executive Council. The direct service staff will work to ensure that the voice of the members is included in all activities, processes, and documents.

When activated, the direct service staff will support the member organizations and the healthcare delivery system with communication and coordination as outlined in the SWFL Healthcare Coalition Response Plan. All response activities are conducted in collaboration with the members, healthcare agencies, response agencies and ESF-8; the coalition activities do not supplant any existing state, local, and member-specific incident management structures, and roles.

Regular Meetings

To ensure clear communication between all and provide adequate time for discussion, planning and information sharing, membership meetings will be held at least quarterly. At least one meeting for each chapter area should be held each fiscal year.

All meetings are open to the public.

Each meeting shall follow a predetermined agenda, which shall be made available to the Membership prior to the meetings. Whenever possible, the meeting schedule with location information will be posted on the Coalition website for at least the next two quarters. All agendas will include an open forum period. Minutes of the meetings shall be taken by the contracted agency and retained for a period of not less than six years.

Minutes will be posted on the Coalition website within 30 days after the meeting.

Work Groups

Working groups dedicated to specific topics, deliverables, or agency types may be established by the Executive Council at any time. Work group membership and meetings will be determined based upon the needs and the function of the group. The Executive Council will review the functionality and purpose of the work groups and adjust as needed. The Executive Council shall encourage the use of Subject Matter Experts (SME's) in committees, work groups and decisions whenever possible.

Special Meetings

Special meetings may be held upon call of the representatives or the contracted agency as necessary to complete the mission of the Coalition. Written notice will be given to each representative prior to the proposed meeting stipulating the time, place, and objective of the meeting. Additional meetings will be held via teleconference or other technology to reduce time and travel required.

Proxies

Each Executive Council representative may choose one proxy who must be pre-approved by the Executive Council. The proxy is encouraged to attend meetings to have an awareness of activities within the Council. The proxy is allowed to count towards quorum and vote in place of the designated Council representative at one Executive Council meeting each fiscal year.

Quorum

The quorum for any meeting that includes a vote will be a majority of voting representatives.

If quorum has not been met, any votes must take place electronically, following the meeting.

Voting

Voting by the Executive Council is restricted to the elected representatives with the exception of the use of proxies as designated above. Each representative will receive one vote. Voting may occur in person, by conference call or by electronic means, as long as a quorum is established. All votes excepting bylaw revisions will require a simple majority of the representatives.

Conflict of Interest

A member who has a direct agency or personal interest in any matter before the Coalition shall disclose his/her interest prior to any discussion of that matter by the Coalition.

Amending the Bylaws

Amendment of these bylaws may take place at any time. Amendment will require the approval of 75% of the representatives. Bylaw amendment votes will be conducted electronically with a minimum of 14 days allotted for responses.