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## Article I – Name

Central Minnesota Health Care Preparedness Coalition

## Article II – Mission

The Central Healthcare Preparedness Coalition serves our communities in collaboration with other partners to coordinate emergency preparedness response and recovery activities.

## Article III - Purpose

1. Provide oversight and guidance for planning, implementation of strategies, guidance of financial resources and the execution of respective roles and responsibilities of the Central Minnesota Healthcare Preparedness Coalition. The Central regions geographic boundaries are outlined in [Appendix](#_Appendix_B_–) C.
2. During times of disaster that may have regional implications, determine a strategy for ongoing coordination of planning, response and recovery.
3. Monitor, review and implement improvements consistent with national and statewide capabilities, performance measures and regulations.
4. Promote strategies to strengthen and sustain the healthcare coalition including:
   * 1. Develop and maintain guidelines, participation rules and responsibilities of partner members within the Healthcare Preparedness Coalition.
     2. Plan for the sustainment of the Healthcare Preparedness Coalition.
5. Promote preparedness in the healthcare community through standardized practices and integration with other response partners.
6. Foster communication, information and resource sharing between local, regional, and state entities during emergency planning and response.
7. Coordinate healthcare assets needed and available during a response.
8. Recognize gaps in the healthcare coalition’s ability to effectively respond to an incident through exercises and training.
9. Provide tools, resources, and venues for coalition members to engage the organization they represent.

## Article IV – Membership/Participation

### Health Care Preparedness Coalition Membership

1. Primary coalition members shall consist of a representative, from each of the following entities:
   * 1. Hospitals
     2. Local Emergency Management (EM)
     3. Emergency Medical Services (EMS) Regional Coordinator
     4. Local Public Health
     5. Tribal Governments
2. Other Coalition members may consist of partners from:

(Note: \*\* Indicates current members from this area)

* + 1. Behavioral Health
    2. Central Minnesota Responds Medical Reserve Corp\*\*
    3. Clinics\*\*
    4. Community health centers
    5. Faith communities
    6. Homeland Security Emergency Management\*\*
    7. Laboratory services\*\*
    8. Long Term Care Facilities\*\*(Skilled Nursing Facilities, Homecare, Hospice)
    9. Medical Advisor
    10. Minnesota Department of Health – Epidemiologist\*\*
    11. Minnesota Department of Health – Public Health Preparedness Consultant\*\*
    12. Hospital associations
    13. Volunteer Organizations Active in Disasters (VOADS) and other volunteer organizations
    14. Specialty service providers such as dialysis units
    15. Stand-alone surgery and urgent care centers\*\*
    16. VA Medical Center\*\*
    17. MN Mobile Medical Team\*\*
    18. Other health and healthcare entities\*\*

1. Active membership in the coalition is evidenced by written documents such as a signed bylaw agreement and memorandums of understanding (MOU).

See [Attachment A](#_Appendix_A_–) for participating entities.

## Article V – Meetings and Structure

### Health Care Preparedness Coalition Membership

1. The Regional Healthcare Preparedness Coordinator (RHPC) will facilitate the Healthcare Preparedness Coalition.
2. Members of the Healthcare Preparedness Coalition will work towards implementing emergency preparedness activities recommended by the Hospital Preparedness Program grant and the Central Healthcare Preparedness Coalition.
3. Provide feedback to the Advisory Committee.
4. Participate in education, training and exercise opportunities.
5. Assist in identifying regional gaps by participating in annual HVA’s and providing feedback for exercises which informs the AAR’s and MYTEP.
6. Share emergency preparedness information with the regional healthcare community.
7. Respond to requests from regional staff. i.e. Surveys, MNTrac alerts, questions, etc.
8. Serve on committees, workgroups and other ad hoc groups.
9. Attend meetings.
10. Prepare for active participation in discussions and decision making by reviewing meeting materials.
11. Regional members will participate in annual review of regional plans to ensure that the plans reflect their current needs.
12. The facility will sign and retain a current copy of the Coalition Bylaws and Memorandum of Understanding.
13. Members will provide annual updated contacts and signatures for the Bylaws / MOU.
14. Members will provide documentation for reimbursements in a timely manner as outlined on the annual documents.

### Coalition Meeting Attendance and Frequency

The Health Care Preparedness Coalition will meet monthly. The coalition will meet face to face quarterly and via phone, Teams, or Webex when not in person.

### Health care Preparedness Coalition Advisory Committee

1. The mission of the Advisory Committee shall be to assist in making decisions regarding regional healthcare preparedness.
2. The Advisory Committee is composed of a member of each of the coalition hospitals and one member from each other coalition discipline. Members such as Public Health, EMS, EM, and others can select one person from each discipline to represent other similar entities in the coalition.
3. A chair will be nominated every year and will be a representative from a participating agency.
4. The Advisory Committee may provide regional disaster response and support regional multi-agency coordination when activated.
5. Will oversee that the grant duties are being accomplished in accordance to the timelines established for completion.
6. Provide recommendation on allocation of grant funds.
7. May vote when decisions are needed regarding asset management and distribution, programmatic processes, etc.

### Advisory Meeting Attendance and Frequency

The Advisory Committee will meet monthly. Meetings will be done via phone, Teams, Webex or face to face, prior to the coalition meetings.

Advisory Committee Members who miss two consecutive meetings or whose attendance falls below 50% in one year will be contacted by the Health Care Preparedness Coalition’s RHPC(s) to evaluate the members’ ability to fulfill their obligation to the coalition. Excused versus unexcused absences will be considered in this evaluation.

### Resignation

Members will submit a resignation to the RHPC who will communicate the resignation to the Advisory Committee.

### Voting

1. Only signatories of the bylaws for the coalition will have voting privileges.
2. Advisory committee members shall have voting rights. One vote will be allowed to each member signatory of the coalition who is on the advisory committee.
3. ~~Voting membership:~~
   1. ~~Each of the 19 hospitals (19)~~
   2. ~~LPH (1)~~
   3. ~~Emergency Manager (1)~~
   4. ~~Emergency Medical Services (1)~~
   5. ~~Long Term Care (1)~~
   6. ~~Non Corporate Clinic (1)~~
4. ~~Members such as public health, EMS, EM, and others can select one person from each discipline to represent similar entities on the advisory committee and have voting rights~~.
5. Voting membership:
   1. Each of the 19 hospitals (19)
   2. LPH (1)
   3. Emergency Manager (1)
   4. Emergency Medical Services (1)
   5. Long Term Care (1)
   6. Non-Corporate Clinic (1)
6. Members such as public health, EMS, EM, and others can select one person from each discipline to represent similar entities on the advisory committee and have voting rights.
7. If the primary Advisory Committee member cannot be present to vote, their pre-determined alternate can vote.
8. Voting members shall abstain on any vote that presents a conflict of interest.
9. The RHPC will not vote, excluding a tiebreaker when the RHPC or his or her designee may cast a vote.
10. Voting procedures:
    * 1. A simple majority voting method will be used.
      2. The coalition/committee chair and one additional member will tally and report the vote results.
      3. All voting results will be included in meeting minutes distributed by the RHPC(s) or designee.
      4. Motions pertaining to the general business of the coalition including resolutions, statements of agreements and other business may be approved by quorum of the Advisory Committee.
      5. Voting may be conducted in “Face to Face” meetings or email.
      6. The presence of 51% of Advisory Committee members constitutes a quorum.

## Article VI – Leadership

### Regional Health Care Preparedness Coordinators (RHPC)

1. The RHPC(s) shall serve the coalition Advisory Committee and the coalition in the following capacities:
   * 1. Convene and facilitate meetings.
     2. Act as a Liaison between the coalition and the Minnesota Department of Health, Emergency Preparedness and Response.
     3. Coordinate and support work groups and sub committees as needed.
     4. Record or designate another to record minutes and distribute Advisory Committee and coalition meeting minutes.
     5. Serve as a representative to other regional emergency preparedness sub committees such as Public Health Emergency Preparedness (PHEP), Long Term Care (LTC), EMS, and Emergency Management (EM), and Cross border/cross regional collaboration meetings.
     6. Will serve as a resource for guidance related to emergency preparedness topics.
     7. Fulfill other duties as determined by the coalition.

### Public Health Preparedness Coordinators (PHPC)

1. The PHPC shall serve the coalition Advisory Committee in the following capacities:
   * 1. Act as a Liaison between the coalition and Local Public Health departments.
     2. Act as an additional Liaison between the coalition and the Minnesota Department of Health, Emergency Preparedness and Response.
     3. Share the PHEP grant deliverables and collaborate with the Advisory Committee on strategies to meet PHEP and Health Care Preparedness Program (HPP) grant deliverables when they intersect.

## Article VIIII – Approvals and Revisions

Date Approved:

Revision Date(s):

|  |  |
| --- | --- |
| **Purpose** | **Date** |
| Update bylaws to reflect mission statement and current organizational structure | December 2015 |
| Updated bylaws to include the mutual aid memorandum of understanding | June 2017 |
| Update bylaw signatory page by deleting the words “connected” and “connect” and replaced with “collaborate and associated.” | July 2017 |
| Update bylaw to remove the memorandum of understanding and to include verbiage about the voting entities. | Sept 2017 |
| Update Bylaws with clarifying verbiage | July 2019 |
| Update Bylaws with clarifying language and change in meeting structure | June 2021 |

# 

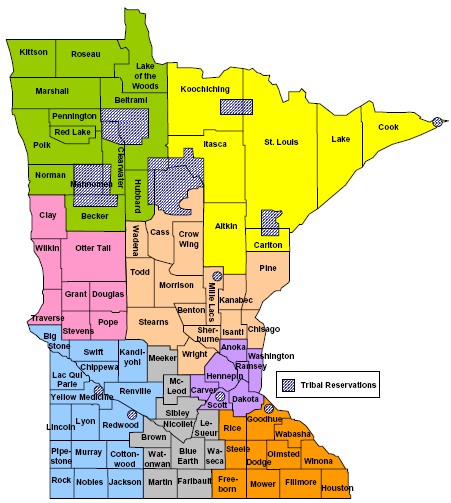
# Appendix A – Signed Organizational Members

# (See Coalition Website – Membership Contacts)

# <http://www.cwchealthcarecoalitions.org/cmhpc/central-mn-regional-contacts/>

Copies of signed documents are maintained by the RHPC and coalition staff

# Appendix B – Health Care Preparedness Coalition Boundaries



**Central Region**

**West Central**

**Region**

# Appendix C – Letter of Agreement

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing, this document it is agreed that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Facility/Agency/Organization), will participate in the Central Minnesota Health Care Preparedness Coalition as described in the coalitions Bylaws.

Additionally, it is also assumed that by signing, each facility will collaborate with, inform, and include facility / organizational leadership and other services associated with the entity such as any skilled nursing facilities/long-term care, hospice, home health, clinics, EMS, etc.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Name Printed)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(**Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)