Regional Homeland Security Coordinating Committee
Hospital Committee
Bylaws

MISSION

The mission of Regional Homeland Security Coordinating Committee (RHSCC) Hospital Committee is to support internal and region wide hospital emergency preparedness response and recovery capabilities through

- Building relationships amongst hospitals and other affiliated planning partners
- Information sharing amongst hospitals and other valued partners
- Coordinated planning and ongoing needs assessment
- Resource allocation, mobilization and management
- Training, exercise and implementing lessons learned from real incidents
- Stewardship of resources
- Assisting emergency management and Emergency Support Function 8 (ESF8) partners.

Resulting in a tiered, scalable and flexible regional health care system

PURPOSE

- To advise members on healthcare systems preparedness affecting healthcare facilities.
- Assist in providing helpful information in the development of healthcare systems regional response plans
- Strive to achieve healthcare preparedness capabilities, performance measures, and to maintain minimum levels of readiness.
- Provide a unified regional planning voice for hospitals by participating in;
  - Regional Homeland Security Coordinating Committee (RHSCC)
  - Development of the Threat and Hazard Identification and Risk Assessment (THIRA)
  - Annual Training and Exercise Planning Workshop (TEPW)
  - Other Committees or RHSCC subcommittees as appropriate to support hospitals needs and capabilities.
- Monitor progress and identify planning, resources, education, or training gaps for each of the eight (8) Assistant Secretary for Preparedness and Response (ASPR) capabilities.
- Coordinate and facilitate synchronization with local, regional and state
• Develop, execute, evaluate exercises based on identified needs/issues, formulate corrective action plans, and review follow-up measures for implementation of best practices.
• Sustain medical coordination through use of the Regional Coordination Guide.
• Coordinate ESF8 planning with response partners for unique needs of special medical populations/at-risk individuals.

SCOPE AND AFFILIATE COMMITTEES

• The geographic boundaries of the RHSCC Hospital Committee include the counties of Jackson, Cass, Platte and Clay in Missouri and Leavenworth, Wyandotte, Johnson and Miami in Kansas.
• Two additional Districts are affiliated with the RHSCC Hospital Committee and are comprised of Hospitals, EMS Agencies, Emergency Management, Fire Departments and Law Enforcement.
  o Northern District boundaries include the counties of Ray, Carroll, Lafayette and Saline.
  o Southern District boundaries include the counties of Johnson, Henry, Benton, Pettis and Bates
• The RHSCC Health Care Committees (Hospital, Mid-America Regional Council Emergency Rescue (MARCER) and Public Health) and the Northern and Southern District in Missouri together comprise the Missouri Region A Healthcare Coalition (HCC).
• Kansas Metro Healthcare Coalition is comprised of core hospitals, long term care facilities, EMS, public health, emergency management, coroners, medical examiners and funeral homes in the counties of Johnson, Wyandotte and Leavenworth counties in Kansas.
• Kansas Metro Hospital Committee is comprised of hospitals and representative from emergency management and public health in Johnson, Wyandotte and Leavenworth counties.

MEMBERSHIP

Membership: Membership in RHSCC Hospital Committee is open to all organizations interested in working collaboratively on healthcare preparedness and emergency response activities.

Core Membership (Voting Members) may include:
• All Hospitals in the Kansas City Metropolitan Region are eligible.
  o Belton Regional Medical Center
  o Cass Regional Medical Center
  o Centerpoint Medical Center
The Children’s Mercy Hospital
The Children’s Mercy Hospital Kansas
Excelsior Springs Hospital
Lee’s Summit Medical Center
Liberty Hospital
Menorah Medical Center
North Kansas City Hospital
Olathe Medical Center
Overland Park Regional Medical Center
Providence Medical Center
Research Medical Center
Shawnee Mission Health
Saint John Hospital
Saint Joseph Medical Center
Saint Mary’s Medical Center
Saint Luke’s Hospital of Kansas City
Saint Luke’s North Hospital (Barry Road & Smithville Campus)
Saint Luke’s South Hospital
Saint Luke’s East Hospital
Saint Luke’s Cushing Hospital
The University of Kansas Hospital
Truman Medical Center Hospital Hill
Truman Medical Center Lakewood
VA Hospital – Kansas City
VA Hospital - Leavenworth

Affiliate Membership (Non-Voting Members) Includes:

- Any organization in the community desiring to participate in healthcare preparedness (with approval of the Core Membership) including but not limited to: long-term care/acute providers, hospitals, rehabilitation hospitals, mental/behavior healthcare facilities, private entities associated with healthcare (e.g., hospital associations), specialty service providers (e.g., dialysis, pediatrics, woman’s health, stand-alone surgery, urgent care), support service providers (e.g., laboratories, pharmacies, blood banks, poison control).

Membership responsibilities/expectations:

- Voting members or their delegates are expected to attend a majority of the meetings and to advise staff if they are unable to attend.
- It is a responsibility of the executive committee to ensure that appropriate representation serve as liaison to other committee including but not limited to RHSCC, MARCER, LEPC, Training and Exercise, Public Health.
- RHSCC Hospital Committee Core Membership Representatives should:
  - Be appointed by the constituent organization
RHSCC Hospital Subcommittee bylaws approved December 11, 2015

- Be individuals with decision-making authority for voting purposes.
- Attend regularly scheduled meetings.
- Participate in establishing priorities for the RHSCC Hospital Committee.
- Educate and inform member organizations on RHSCC Hospital Committee activities.
- Participate in Committee sponsored training, exercises and drills.
- Sharing lessons learned and best practices.
- Assist in identifying and promoting affiliate membership.

RHSCC HOSPITAL COMMITTEE LEADERSHIP ROLES AND TERMS

Co-Chairs:
- The Core Members shall elect the Co-Chairs of the RHSCC Hospital Committee.
- The term of office for the Co-Chairs shall be two years.
- The Co-Chairs will represent the Hospital Committee on other local and state-wide committees.

Duties of Co-Chairs
- Participate in the Regional Homeland Security Coordinating Committee (RHSCC) representing the Hospitals. (RHSCC which meets six (6) times a year.) If unable to attend the meeting coordinate with the other co-chair to ensure appropriate representation.
- Ensure that the RHSCC Hospital Committee has appropriate representation at other committee meetings to further the goals of the committee.
- The Co-Chairs shall represent the RHSCC Hospital Committee and shall collaborate with the HCC’s Coordinator in conducting the business of the Committee.
- The Co-Chairs shall work with the committee members to promote collaboration.
- Work with MARC staff on setting the agenda and ensuring that agenda items are addressed.
- Help facilitate achievement of committee priorities
- Assist in identifying planning gaps within the purview of the RHSCC Hospital Committee and addressing those issues in an appropriate manner
- Refer planning gaps or concerns that are identified outside the purview of the RHSCC Hospital Committee to the appropriate committees/departments.

Eligibility to Hold Office: Any person designated, or their designated alternate in good standing as determined by the Executive Committee, as a representative of a core Hospital is eligible to hold office; other than a current HCC Program Manager.

Executive Committee:
- The Executive Committee shall consist of the following positions
  - Immediate past Co-Chair
  - New Senior Co-Chair
• Newly elected Co-Chair
• Leadership of Hospital Task Force or subcommittees,
• Regional Healthcare Coalition Coordinators
  o Kansas Metro Healthcare Coalition
  o MARC Healthcare Coalition

Election of Officers:
• Elections will be held annually or as necessary to fill a vacancy.
• Annual election of one (1) Co-Chair position will stagger in-coming and out-going officer positions.
• The Co-Chair positions will be filled with one (1) representative from a Kansas Hospital and one (1) representative from a Missouri Hospital.
• The Hospital Executive Committee will serve as the nominating committee. The nominating committee will present the slate of candidates for the chairperson position at the November meeting. Additional nominations may be taken from the floor at that time. Elections shall be held during the December meeting and shall take effect at the next scheduled meeting.

Taskforces: The Core Membership may create subcommittees/taskforces, as it deems necessary to conduct the business of the RHSCC Hospital Committee.
• Standing Taskforces
  o Training
  o Exercise
  o Resources
  o Standards/Regulations

HCC Coordinators (Regional Healthcare Coalition Coordinator): The HCCs Coordinator is responsible for planning, implementing and evaluating HCC activities. Tasks of the HCC Coordinator include:
• Providing general oversight for RHSCC Hospital Committee activities and associated projects
• Management of grants, including the preparation and submission of grant documents such as work plan deliverables, and state and national reporting
• The MARC HCC Coordinator serves as the point of contact to the Missouri Department of Health and Senior Services (DHSS).
• The Kansas Metro HCC Coordinator serves as the point of contact to the Kansas Department of Health and Environment (KDHE) and the Kansas Hospital Education and Research Foundation (KHERF).
• Provide technical assistance to community hospitals and discipline representatives in promoting healthcare preparedness within the region, such as extending invitations to community partners to attend RHSCC Hospital Committee meetings
• Act in a Hospital Liaison role during events as outlined in ESF8 and Regional Coordination Guide.
• The HCC Coordinators shall collaborate with the elected leadership of the RHSCC Hospital Committee to achieve its goals and objectives.

Conflict of Interest

• The committee will operate under MARC’s conflict of interest policy.
• HCC Coordinator and MARC Staff may not hold an officer position or vote while in the role of HCC Coordinator, but could vote as an appointed hospital primary or secondary representative.

CONDUCTING COMMITTEE BUSINESS

Voting membership

• Each participating core hospital will be given an opportunity to designate a representative with voting privilege or in their absence a designated alternate to vote on their behalf. Member must be present to vote.
• If a health care system chooses to have a single designated representative (and in their absence a designated alternate to vote), they will be allowed to cast one vote on the behalf of the hospital system rather than multiple votes for each individual hospital being represented by the single designated representative.
• In the event a need for discussion and or action (including voting) is to be conducted via email and/or conference call or other electronic methodology because of the time sensitivity of the topic or other mitigating factor; business conducted electronically shall be done so upon a specific determination of need (e.g. State/Federal deadlines before the next meeting). The Executive Committee shall be responsible for ensuring all electronic votes are counted correctly and a record of such discussions and votes is included in the meeting minutes of the next scheduled meeting of the RHSCC Hospital Committee.
• Periodically there are requests from participating agencies to use grant funds to support attendance at conferences and other activities. These requests will be considered by the Executive Committee and brought forward to the Hospital Committee for approval. Following committee approval, approval will be sought from the grantor agency and MARC Board as required

RHSCC HOSPITAL COMMITTEE DECISION MAKING PROCESS:

• The RHSCC Hospital Committee strives to operate on gaining a consensus on all decisions, but if and when necessary, will determine if a majority of RHSCC members supports a particular issue using a “aye” or “nay” vote.
• Decisions are documented in meeting summaries that are posted on the MARC website, emailed to committee distribution lists and handed out at the next meeting.
• Passage of issues voted on by the RHSCC Hospital Committee requires a simple majority of voting members either physically or electronically present.
• In the case of a tie during a vote in which both Co-Chairs are present the Co-Chair
currently in their first year of office will be deemed to have the authority to break the tie

Changes to Bylaws: Passage of changes to these bylaws or any other organizational document requires a vote of two-thirds (2/3) of all voting members.

MEETINGS

- The Executive Committee will meet in advance of a regular scheduled meeting.
- RHSCC Hospital Committee shall normally meet monthly. Special meetings may be convened at the request of the Executive Committee and can include business conducted electronically as defined above.
- RHSCC Hospital Committee with normally meet at 1:00 PM, the fourth (4th) Wednesday of each month at the MARC Offices
- A summary of the RHSCC Hospital Committee will be drafted by a MARC staff member and archived on the MARC network within the RHSCC Hospital Committee folder for meeting materials
- A meeting reminder will be sent out to committee membership with a copy of the minutes and an agenda prior to the next scheduled meeting.

ADDITIONAL PROVISIONS

- These bylaws shall not supersede any existing mutual aid agreement or agreements.

- These bylaws shall not be interpreted or construed to create a legal relationship, association, joint venture, separate legal entity or partnership among the member bodies, nor to impose any partnership obligation or liability upon any member. Further, no member shall have any authority to act on behalf of or as or be an agent or representative of, or to otherwise bind, any other member body without express written consent under the terms of emergency and disaster response plans.

APPROVAL OF BYLAWS:

- Participation in the activities as core members shall constitute assent to the terms of these bylaws.

FUNDING

- Annually local hospitals along with other agencies and governments in the area are asked to contribute to a cooperative funding strategy to assist the region in sustaining important homeland security and emergency services capabilities focused on planning, training, exercise, information systems and critical equipment.
- Hospitals contribution levels are based on bed counts.

AMENDMENTS

RHSCC Hospital Subcommittee bylaws approved December 11, 2015
• These Bylaws may be amended only after proposed amendment has aged between, at a minimum, two (2) consecutive RHSCC Hospital Committee meetings and then by a two-thirds vote of the seated, voting members of the RHSCC Hospital Committee.