

Nebraska Plains Healthcare Coalition

Bylaws (Administrative Plan)



Developed by: NPHCC Coordinator, NPHCC Steering Committee

Approved by: NPHCC Steering Committee

Updates and Approvals		
Section	Date Last Updated	Date Approved
I – Mission and Guidance	7/7/15	8/27/15
II - Membership	7/14/15	8/27/15 (II.B)
III – Steering Committee	7/7/15	8/27/15
IV – Non-voting Members	7/7/15	8/27/15
V – Meeting Conduct	5/19/15	5/19/15
VI – Personnel and Duties	7/7/15	8/27/15
VII – Subcommittees	7/1/14	
VIII – Grant Funding and Expenditures	7/1/14	
IX – Requests for Funding and Reimbursement	7/1/14	
X – Conflict Resolution	4/23/15	4/23/15
Appendix 1 – HCC Partnerships	6/15/14	
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Appendix 3 – NPHCC Organization Chart	7/14/15	8/27/15
Colored font and highlighted text within this document are proposed changes yet to be approved.		

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I. Mission and Guidance

A. NPHCC Mission

The mission of the Nebraska Plains Healthcare Coalition (NPHCC) is to enhance the coalition’s core capabilities to support all-hazard incidents through planning, training, exercising, and approved equipment purchases.

B. NPHCC Guidance

The NPHCC is a support entity that will follow the guidance of the Healthcare Preparedness Capabilities—National Guidance for Healthcare System Preparedness developed by the Office of the Assistant Secretary for Preparedness and Response (ASPR). This document can be found at: <http://www.phe.gov/preparedness/planning/hpp/reports/documents/capabilities.pdf>

C. NPHCC Geographical Region

NPHCC serves the following 15 counties: Arthur, Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow, and Thomas.

II. Membership

A. Membership Eligibility

1. Membership on NPHCC committees shall be developed from essential partner memberships from the community’s healthcare organizations and response partners. (See Appendix 1 for a complete listing.)
2. Members must be located in or serving the Nebraska Plains Healthcare Coalition 15-county geographic area. (See Appendix 1)
3. Partners are divided into two categories (see Appendix 1):
 - a. Healthcare Coalition Essential Partner Memberships
 - b. Additional Healthcare Coalition Partnerships/Memberships
4. Potential members will complete the Membership Form held (see Policies and Procedures).
5. All memberships shall be granted upon a vote of the NPHCC Steering Committee.
6. Membership may be expanded to entities not listed in Appendix 1 with a majority vote of the NPHCC Steering Committee.

B. Active Membership

1. Active membership will be defined as attending no less than 50% of all meetings, trainings, and exercises of NPHCC within the prior 12 month time, in which NPHCC is the lead entity.

C. Voting Rights of Members

1. Only Steering Committee members have voting rights

D. Resignation and Termination

1. Any organization member may resign by filing a written resignation with the NPHCC Steering Committee.
2. Any organization or representative of that organization can have their membership terminated by a vote of the NPHCC Steering Committee.

E. Terms

1. There are no designated terms for NPHCC Steering Committee members.

III. Steering Committee

A. Steering Committee Members and Responsibilities

1. The Steering Committee's role is to lead and to monitor the general progress of NPHCC and the NPHCC Coordinator
2. Steering Committee membership shall be open to hospitals, district health departments, emergency management, volunteer organizations, EMS, long-term care facilities, and outpatient providers (see Appendix 3).
3. Determine priorities, resource and training needs of the healthcare coalition region
4. Approve the NPHCC budget and approve all expenses and reimbursements over \$1,000
5. Approve the NPHCC work plan prior to subgrant signing
6. Approve, deny, or modify recommendations of sub-committees
7. Ensure completion of contract activities
8. Approve the NPHCC Emergency Support Plan and Bylaws
9. Membership will be opened, reviewed, and agreements signed as needed
10. Steering Committee members will maintain Active Membership status (see Section II above)

B. Regular Meetings

1. Regular Steering Committee meetings of the members shall be held every-other month at a time and place designated by the Steering Committee.
2. The meetings may be attended in person, via audio conference call, or web-based program like GoToMeeting.
3. NPHCC Steering Committee meetings are open to all NPHCC partner organizations.

C. Special Meetings

1. Special meetings may be called by the NPHCC Coordinator or a simple majority of the NPHCC Steering Committee.
2. In the case of a special meeting being called by the NPHCC Steering Committee, the Leadership Committee will be notified of such action by e-mail at least one week prior to the scheduled meeting taking place.

D. Notice of Meetings

1. Notice of each NPHCC Steering Committee meeting shall be given to each member by e-mail, no less than one week prior to the meeting.

IV. Non-voting Members

1. Agree to attend Steering Committee meetings to provide guidance and input.
2. Will attend sub-committee meetings as needed.
3. Are eligible for funding as outlined by the NPHCC Bylaws.

V. Meeting Conduct

A. Quorum

1. A quorum is established for business transactions to take place and motions to pass.
2. A quorum will consist of those present at scheduled steering committee meetings, whether in person or by conference call.
3. A quorum will consist of at least 5 voting members.

B. Voting

1. Voting will generally take place at regular meetings among those present in person or telephone.
2. Only Steering Committee members are eligible to vote.
3. Voting membership shall be open to each Steering Committee organization (see Appendix 2).
4. Each Steering Committee organization will be limited to one vote.
5. Each organization may have 3 representatives who are eligible to cast a vote for the organization in any committee or subcommittee in which the member organization is involved.
6. Voting will be conducted by voice vote (aye/nay) with roll call voting only used in votes too close to determine majority.
7. Decisions will be made with simple majority prevailing, ensuring quorum requirements have been met.
8. Results of the vote will be recorded in the minutes.
9. The NPHCC Coordinator will only cast a vote if there is a tie.
10. If necessary, the NPHCC Coordinator may call for a vote through email.
 - a. All email votes must be submitted within two business days.
 - b. The results (per agency) of any email vote will be recorded and added as an addendum to the most recent minutes or noted at the next meeting to be recorded in subsequent minutes.
 - c. If it is known that a member will not be able to attend the Steering Committee meeting and would like to vote on an issue, they can submit their vote *before* the Steering Committee meeting in writing (via email) to the NPHCC Coordinator and the Coordinator can submit their vote during the meeting to ensure it's recorded in the minutes.

VI. Personnel and Duties

A. Coordinator

1. Shall convene regularly scheduled NPHCC Steering Committee meetings
2. Shall arrange for subcommittees when needed
3. Is responsible for maintaining an updated Emergency Support Plan, Bylaws, and Policies and Procedures.
4. Is responsible for all contract requirements and deliverables

5. If the Coordinator, or designee, is unable to perform his/her duties, the local public health department's Emergency Response Coordinators (ERCs) will collaborate to ensure NPHCC operates according to plan.
6. Shall be responsible for keeping records of Steering Committee actions, including overseeing the taking of minutes at all Steering Committee meetings, sending out meeting announcements and documentation, and assuring that appropriate records are maintained.
7. In collaboration with the Fiscal Agent, will update the Steering Committee of the current budget, income, and expenses at each regular meeting.
8. May initiate NPHCC expenses less than or equal to \$1,000, following approved budget guidelines.

B. Fiscal Agent

1. NPHCC finances and budget will be managed by a Fiscal Agent (FA).
2. The FA will receive a 6% fee of the Hospital Preparedness Program (HPP) award amount.
3. The NPHCC Coordinator and FA will update the Memorandum of Understanding as necessary.

C. Coordinator Back-up

1. The ERCs, or designees, will assume responsibility in the absence of the Coordinator or designee, during an emergency
2. The ERCs in the NPHCC region will be familiar with NPHCC policies, procedures, and Coordinator job duties.

D. NPHCC Chairman

1. Shall assist the Coordinator when needed.
2. Will sign MOU's and other NPHCC documentation, when needed.
3. Responsible for leading annual Coordinator evaluations.
4. Shall not be from the agency acting as the NPHCC fiscal agent.
5. Will be nominated and voted on during a regular scheduled steering committee meeting
6. Shall serve for a 2-year term starting on July 1 of each even-numbered calendar year (e.g. 2016, 2018, 2020, etc).
7. Would be eligible to serve up to 2 terms consecutively.
8. The Chairman position will rotate among all active member organizations.

VII. Sub-Committees

The Steering Committee may create subcommittees, task forces, advisory councils and ad-hoc groups as needed. Sub-committee chairs shall be nominated by sub-committee members and approved by the NPHCC Steering Committee

Sub-committees meetings will be held at the time determined by the members.

A. Leadership Committee

1. The Leadership Committee is an ad hoc committee and will be formed only if an issue arises that requires the attention of the Steering Committee to expedite the process.

2. There shall be at least five members of the NPHCC Steering Committee to form the Leadership Committee, consisting of the Coordinator, leadership from the local public health departments, the chairman, and an emergency manager.
3. If changes need to be made to the Leadership Committee structure, the Steering Committee will make those decisions at the time.
4. The Coordinator will arrange Leadership Committee meetings and give the proper notice
5. If the issue is regarding the Coordinator, the NPHCC Chairman will take of the duties of the Coordinator by arranging, recording, and facilitating all Leadership Committee meetings.
6. The Leadership Committee shall convene to discuss the issue and either develop a plan of resolution or submit to the Steering Committee their proposal to deal with the issue.

VIII. Grant Funding and Expenditures

A. Funding Source and Contract

1. The Nebraska Department of Health and Human Services (NDHHS), Division of Public Health (DPH) provides funding for the NPHCC through the Hospital Preparedness Program (HPP) grant.
2. The contract for this funding is an agreement between the NDHHS, DPH and Southwest Nebraska Public Health Dept. (SWNPHD) which serves as the fiscal agent for NPHCC.
3. The contract delineates specific deliverables as set by the NDHHS.
4. WCDHD shall be responsible for working with the State in establishment of this annual contract and subsequent acceptance of funding.

B. Expenditures

1. The contract, and additional documentation provided by the NDHHS, delineates specific allowable expenditures.
2. NPHCC shall follow all rules regarding allowable expenditures.
3. Guidelines are available to all NPHCC members by contacting the NPHCC Coordinator or fiscal agent.
4. Often expenditures require clarification from the NDHHS or the original grantor at the federal level. When in doubt, NPHCC will contact the NDHHS for guidance.
5. ~~The NDHHS requires three bids for any individual item purchases of \$5,000.00 or more.~~

C. Alternate Funding Sources

1. NPHCC may also participate in other grant opportunities, as deemed appropriate.

IX. Requests for Funding and Reimbursement

A. Requirements for Funding and Reimbursements

1. When applicable, the requesting entity must be NIMS consistent with all established guidelines or show proof of working toward NIMS consistency, as is required by grant guidelines.
2. The entity must be up-to-date on all state required data collection (e.g. must have submitted the most recent required Sentinel Indicator survey).
3. The requesting agency will be an active member (see Section II above) of NPHCC.

4. The requesting agency will have all internal documentation and requirements up-to-date (e.g. MOUs signed, cache inventory conducted, etc.).

B. Purchase of Equipment or Supplies

1. Equipment or supplies purchased by NPHCC must be approved by the Department of Health and Human Services as an allowable expense to be considered by the Steering Committee.
2. Approval by Steering Committee will follow voting guidelines as outlined in these bylaws.
3. Funding reimbursement shall follow accounting procedures established by the fiscal agent and as outlined in the policies and procedures.

C. Requests for Travel Reimbursement

1. Active NPHCC members are eligible to receive mileage reimbursement for attending any NPHCC committee or subcommittee if traveling in personal vehicle.
2. Prior approval is unnecessary for active members. Non-active members or individuals must have prior Steering Committee approval.

D. Requests for Training Reimbursement

1. Reimbursement for training specific to emergency preparedness may be available to active Steering Committee members.
2. The training must be related to the Healthcare Preparedness Capabilities (see link in Section I – Mission and Guidance above)
3. No vote will be necessary for each facility to spend their allotted stipend (see Policies and Procedures for details on training stipend).
4. Documentation required for reimbursement:
 - a. Training Reimbursement form
 - b. A certificate of attendance or completion
 - c. All related receipts

X. Conflict Resolution

1. The Steering Committee understands how important collaboration and cohesiveness is to the progress and functioning of this Coalition.
2. Conflicts will be handled at regular Steering Committee meetings by adding the discussion to the agenda.
3. The Coordinator will be notified of conflicts that are of a more serious nature or special circumstances or that cannot or would not be appropriate to discuss at regular meetings.
4. If the Coordinator determines there is a conflict of special circumstances, the Coordinator will convene the Leadership Committee and the issue will be dealt with as outlined in the Leadership Committee section of this document.
5. If the conflict directly involves the Coordinator, the Chairman will convene and lead the Leadership Committee and the issue will be dealt with as outlined in the Leadership Committee section of this document.

6. The Leadership Committee will determine at the time if they need to convene in executive session without the Coordinator, providing the Coordinator has had an opportunity to issue his/her own statement or defend any actions.
7. In any situation of conflict resolution the complainant will address the committee(s) in person or submit their complaint in writing.
8. Minutes will be kept at each meeting regarding the conflict. Minutes of the Leadership Committee, when the conflict involves the Coordinator, will be kept by the Chairman and will not be submitted or circulated among all Steering Committee members.

Appendix 1 – POTENTIAL PARTNERSHIPS

Source: Healthcare Preparedness Capabilities – Jan 2012

The Healthcare Coalition member organizations encourage the development of essential partner memberships from the community’s healthcare organizations and response partners.	
Healthcare Coalition Essential Partner Memberships	
Hospitals and other healthcare providers	Specialty service providers (dialysis, pediatrics, women’s health, stand-alone surgery, urgent care)
EMS providers	Support service providers (laboratories, pharmacies, blood banks, poison control)
Emergency Management/Public Safety	Primary care providers
Long-term care providers	Community Health Centers
Mental/behavioral health providers	Public Health
Private entities associated with healthcare (hospital associations)	Federal entities (NDMS, VA hospitals, HIS facilities, DoD)
The Healthcare Coalition member organizations network with subject matter experts for improved coordination of preparedness, response, and recovery activities.	
Additional Healthcare Coalition Partnerships/Memberships	
Local and state law enforcement and fire services	Volunteer Organizations Active in Disaster (VOAD)
Public Works	Faith-based Organizations (FBOs)
Private organizations	Community-based Organizations (CBOs)
Non-governmental organizations	Volunteer medical organizations (e.g. American Red Cross)
Non-profit organizations	Other partnerships as relevant

Counties Served by the Nebraska Plains Healthcare Coalition			
Arthur	Chase	Dundy	
Frontier	Furnas	Hayes	Hitchcock
Hooker	Keith	Lincoln	Logan
McPherson	Perkins	Red Willow	Thomas

Appendix 2 – NPHCC MEMBERS

Steering Committee Members			
Discipline	Agency	Location	Members Name
Health Departments	West Central District Health Department (WCDHD)	North Platte	Sally Brecks Angie Brown Shannon Vanderheiden
	Southwest Nebraska Public Health Department	McCook	Myra Stoney Heidi Wheeler
Hospitals	Chase County Community Hospital	Imperial	Barry Marshall
	Community Hospital	McCook	Dari Olson Sharon Conroy Misti Soderlund
	Dundy County Hospital	Benkelman	Wendy Elkins
	Great Plains Health	North Platte	Pam Johnson Wanda Cooper Pam Sweeney
	Ogallala Community Hospital	Ogallala	Chris Patin
	Perkins County Health Services	Grant	Laurie Walrod Jim LeBrun Derick Lorentz
	Tri Valley Health System	Cambridge	Judy Hayes
Emergency Management	Lincoln County EMA	North Platte	Brandon Myers Joanna LeMoine
	Region 15 EMA	Holdrege	Pat Gerdes
EMS	Dundy County EMS	Benkelman	Vince Turpin
Volunteers	Medical Reserve Corp	North Platte	Joanna LeMoine
LTCF/AL	Imperial Manor	Imperial	Billie Hayes Nolan Gurnsey
NPHCC Non-Voting Members			
LTCF	Cambridge Manor	Cambridge	Joyce Deaver Barb Helberg Charity Gonzales
LTCF	Hillcrest Nursing Home	McCook	Natalie Alred Colinda Nappa Becky Tate

Appendix 3 - Organization Chart

