

Nonurban Missouri Healthcare Coalition Governance Document



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Name	Title	Date	Summary of Changes
Stacie Hollis	Manager of EP, MHA	6/19/2020	Updated number of hospitals from 82 to 81.
Stacie Hollis	Manager of EP, MHA	8/26/2020	Added number of schools to Demographics, as per DESE's School Directory Data.

INTRODUCTION

Purpose

The Nonurban Missouri Healthcare Coalition is a voluntary collaboration of healthcare organizations and providers, to include hospitals, public health departments, Emergency Medical Services, Emergency Management Agencies and community partners working together to care for the nonurban regions before, during and after an emergency or event.

Mission

To improve all-hazard medical response for the region through effective all-hazards planning, coordinated exercises, and collaboration between area health care organizations, providers and regional partners.

- Strengthening community medical resiliency, surge capacity and capabilities
- Building relationships and partnerships
- Developing emergency preparedness, mitigation, response and recovery capability guidelines
- Facilitating communication, information and resource sharing
- Maximizing utilization of existing resources
- Coordinating training, drills, and exercises
- Guiding and supporting the function of the Regional Healthcare Coordinating Center

BOARD OVERVIEW

Nonurban Demographics

- 92 counties
- 54,579 square mileage
- 2,476,639 population
- 81 hospitals
- 92 public health agencies
- EMS
- 110 Ground
- 7 Air Ambulance
- 500+ EMDs
- 3 Level-I trauma centers, 3 Level-II trauma centers, 4 Level-III trauma center
- 368 elementary and secondary schools

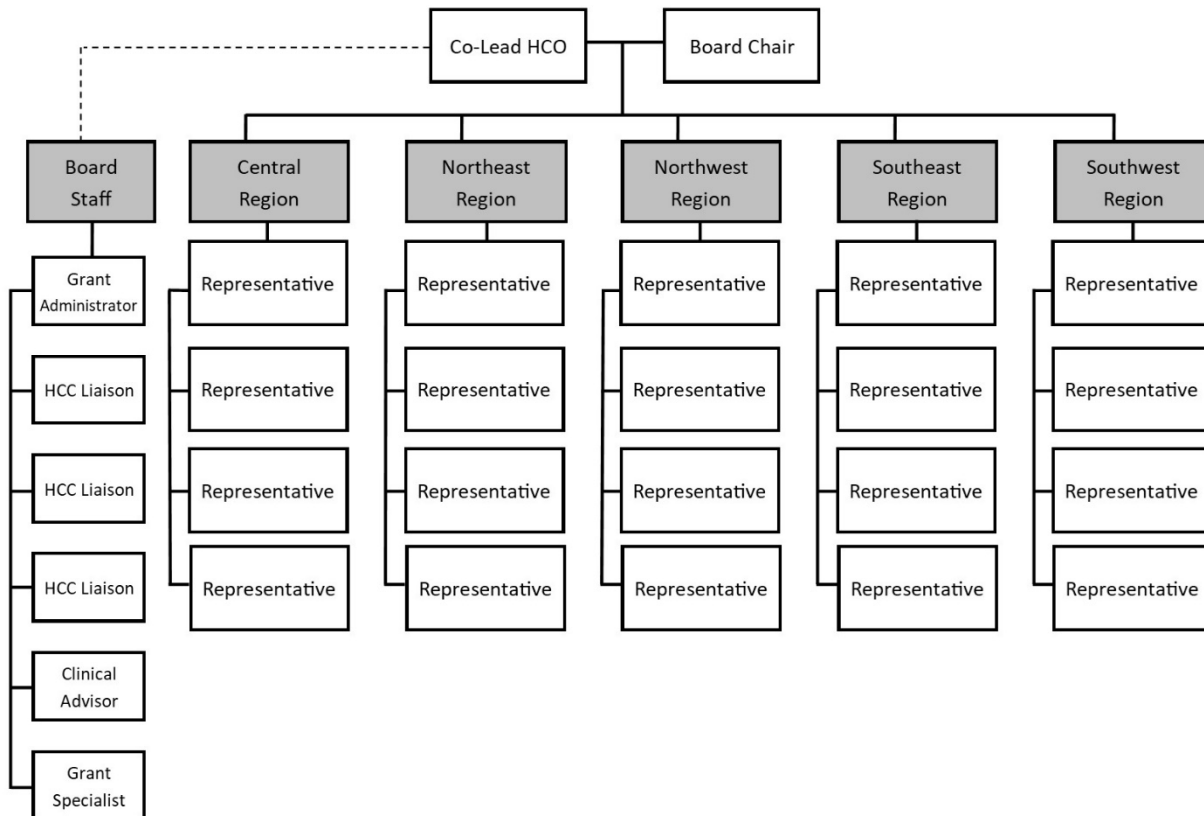
- multiple large university populations
- 2 significant tourist areas
- High-risk critical infrastructures

Organizational Structure

- Twenty (20) person oversight board comprised of health care professional volunteers
- Board representatives are seated based on regional appointment
- Multi-jurisdictional and Multi-discipline representation is desirable
- Decision-making authority with majority votes of all representatives

NONURBAN MISSOURI HEALTH CARE COALITION BOARD

Organizational Chart

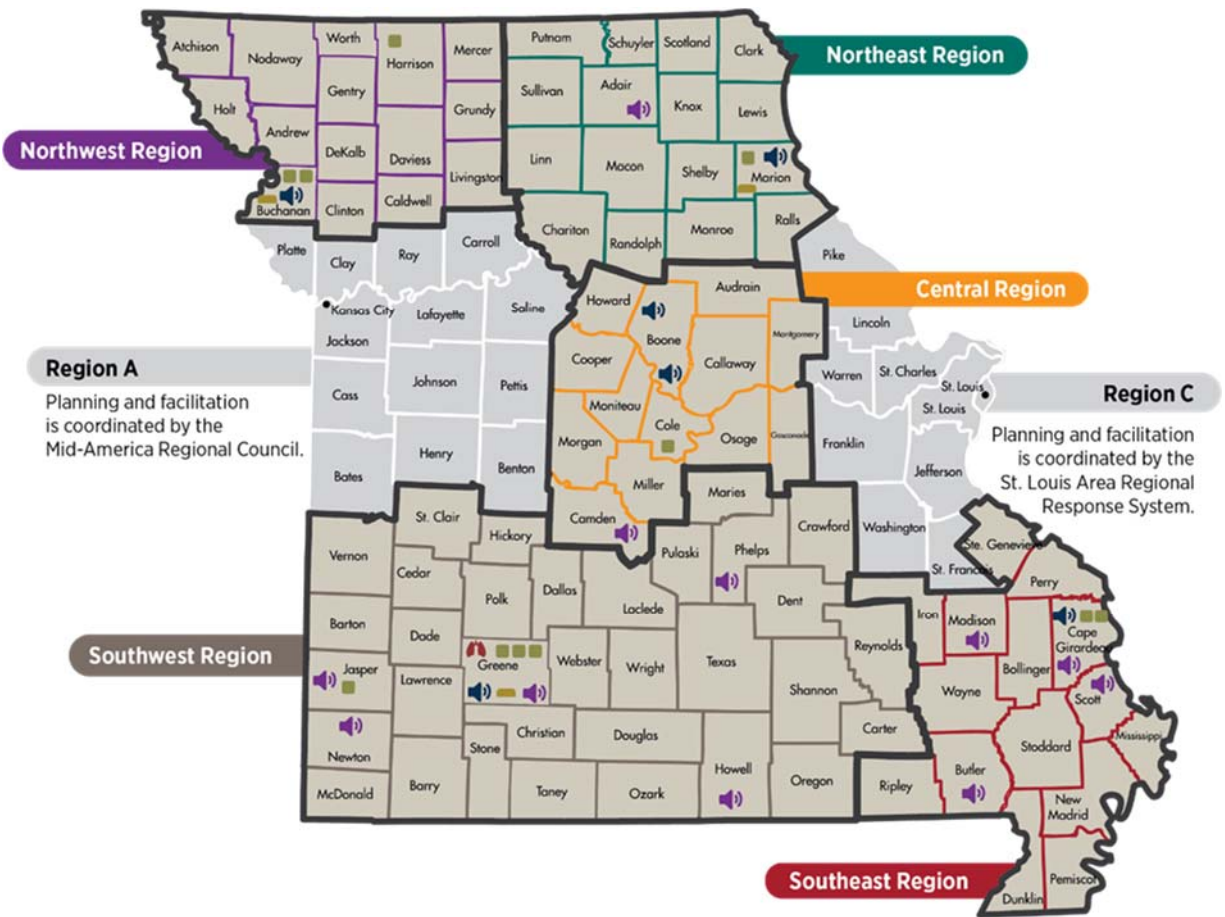


Business Structure

The coalition board meets face to face twice a year and convenes virtually twice a year, at a minimum. Meetings are convened and facilitated by the Board Chair, following consent agenda. Participation and progress is consistently documented by official minutes. The coalition may establish

subcommittees and workgroups to perform such tasks and duties as deemed appropriate by the coalition board.

Boundaries



HVA Key Priority Findings

Each region of the Nonurban Health Care Coalition conducts a Hazard Vulnerability Assessment each year. The nonurban board reviews the results to determine the top 5 to 7 priorities for the coalition.

Top 5-7 Regional Priorities:

- Severe Winter/Ice Storm Pandemic/Epidemic Severe Storms/Tornado
- External Violence/Civil Disobedience
- HazMat Incident
- Patient Surge/Mass Casualty
- Technological Hazards (IT, Electronic, Communications)

Funding

This board is funded through a grant from the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP), CFDA 93.889. Due to funding requirements, the nonurban healthcare coalition conducts business on a fiscal year basis, beginning July 1 through June 30.

BOARD RESPONSIBILITIES

Primary Role

- Direct programming to sustain regional response capability throughout the nonurban healthcare coalition
- Facilitate consistent application of the board strategy in each of the five regions
- Guide the regional footprint of assets to support response
- Provide oversight of exercises that supports the nonurban HCC members
- Complete all administrative documentation and submissions to ASPR to ensure continued funding

Decision Making

- A 75% quorum (15) of board representatives is necessary to approve actions
- Actions in a meeting will be determined by a simple majority vote of the representatives present
- In the event of a tie vote of the board, a motion shall be made to hold further discussions. At the end of this additional discussion, a motion shall be made to take a final vote. If the second vote also results in a tie, the vote does not carry.
- Proxy voting is not permitted.
- If a quorum is not present at a meeting, no motions will be put forth to a vote.

Duties of Board Chair

- Facilitate the nonurban board meetings.
- Work in conjunction with Board Staff to draft, review and approve agendas.
- Same duties as board representatives defined below.

Duties of Board Representatives

- Maintain knowledge of Coalition business and activities, by maintaining at least a 75% attendance of all nonurban board meetings.

- Works closely with the Coalition Administrative Liaisons on current issues and grant funding requirements for the Coalition.
- Creates an environment that encourages and rewards cooperation, collective problem-solving and participative decision-making.
- Act as liaison between the nonurban board and respective region to provide bi-directional information sharing.
- Review agendas and documents sent before meeting and come prepared to engage in discussions.
- Acts in the general interests of the Coalition and its membership.

Statewide Leadership Partnership Representatives

The following board members also serve as representatives on the Missouri Department of Health and Senior Services Statewide HCC Leadership Partnership committee.

- Central Region: Chris White, Pat Van Hunnik
- Northwest Region: Leslie Schulte, Wally Patrick
- Northeast Region: Darya Kohls, Mike Chambers
- Southeast Region: Jerie Fluchel, John Eastwood
- Southwest Region: Jason Henry, Russ Conroy

Review and Amendments

The board will conduct an annual review of the governance document. Amendment of this governance document may be proposed and voted on at any meeting of the Coalition board.

BOARD MEMBERSHIP

Election of Board Chair

- The Board Chair will be elected for a one year term by a majority vote of the board.
- To be eligible to stand for election, the individual must be an active board member and have attended 75% of the previous fiscal year's board meetings.
- Nominations for chair will be solicited in advance of the meeting held in the second quarter of each year.
- Incoming board chair will be seated on July 1.

- In the event of an unexpected departure, resignation, or removal from office, the co-lead will assume board chair responsibilities and facilitate an election for a new board chair within three months.

Nomination of Representatives

- Nomination occurs at the regional level with a review every two years by the regional leadership. Refer to the regional governance documents for details.
- Maintain 75% attendance at regional meetings.
- Nominations shall be made in a fashion to maintain the multi-disciplinary composition of the coalition.

Membership Terms

There are not term limits for the members. Each region will conduct reviews and provide nominations to the board. The board will review membership every two years.

Resignation of Board Representative

In the event of an unexpected departure, resignation, or removal from office of a board member, the respective region will appoint the new representative.

BOARD TRAINING EXPECTATIONS

Minimum Training Competencies

- NIMS 100, 200, 700, 800
- EMResource/eICS basic user
- WebEOC operator
- Missouri Ebola Virus Disease Response Plan
- General understanding of ESF 8 – Public Health and Medical as it relates to the nonurban HCC (as course becomes available)

Additional Recommended Competencies

- NIMS 300 and 400
- Intelligence Liaison Officer