Charter
Northeast Kansas Preparedness Healthcare Coalition

Purpose of this Charter

This Charter is a statement of the scope, objectives and participants in the Northeast Kansas Preparedness Healthcare Coalition (HCC). It outlines the mission of the HCC, identifies the stakeholders, provides a preliminary delineation of roles and responsibilities, and defines the authority of the HCC manager. It serves as a reference of authority for the future of the HCC.

The region served by the Northeast Kansas Preparedness Healthcare Coalition includes all the following Kansas county jurisdictions: Anderson, Atchison, Brown, Chase, Coffey, Doniphan, Douglas, Franklin, Geary, Jackson, Jefferson, Linn, Lyon, Marshall, Miami, Morris, Nemaha, Osage, Pottawatomie, Riley, Shawnee, Wabaunsee, and Washington.

The purpose of the Northeast Kansas HCC is to bring together a multiagency and multidisciplinary group of entities and individuals working together to promote, consolidate and collaborate in a unified response to emergencies affecting the region.

The HCC will enhance the region’s ability to achieve emergency preparedness capabilities recommended by the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention. Achieving the emergency preparedness capabilities will give Kansas health and medical partners the opportunity to continue developing and implementing a statewide strategic vision for health sector preparedness.

Purpose of the Coalition:
The purpose of the HCC is to promote and to enhance the emergency preparedness and
response capabilities of healthcare entities through:

- Building relationships and partnerships.
- Facilitating communication, information and resource sharing.
- Promoting situation awareness among HCC members.
- Coordinating training, drills and exercises.
- Strengthening medical surge capacity and capabilities.
- Assisting emergency management and Emergency Support Function (ESF) #8 partners.
- Maximizing movement and utilization of existing resources.

Refer to Appendix B for the complete listing of NE HCC Mission, Goals, and Tenets.

**HCC Membership**

**Membership:** Membership in the HCC is open to all entities or individuals that agree to work collaboratively on healthcare preparedness and emergency response activities.

Essential Membership – all significant players in emergency preparedness are urged to participate as essential members of the HCC, refer to Appendix A for the listing of members.

The HCC will become effective upon the ratification of this charter by the following entities within the region:

- All hospitals in the region.*
- At least one long term care facility.*
- At least one EMS agency.*
- At least one community health center or a Federally Qualified Health Center.*
- At least one public health representative from each of the 6 NE Regions*, all local health departments are encouraged to participate.
- At least one emergency management representative.*
- A representative from the mental health community.

*(Note: * Identifies the required essential membership according to HPP grant guidance. Individual HCCs may add other essential members as deemed appropriate.)*

General Membership – General Membership in the HCC is opened to any entity or individual in the community desiring to participate in healthcare preparedness.

**Membership responsibilities/expectations:** Members of the HCC will designate a representative and an alternate to ensure ongoing participation in the HCC. Representatives should:

- Be individuals with decision-making authority.
- Attend regularly scheduled meetings.
- Participate in establishing priorities for the HCC.
• Educate and inform member organizations on HCC activities.
• Participate in HCC-sponsored training exercises and drills.

Conducting HCC Business

Voting membership: Each Essential Member shall have one vote.

Quorum: A quorum necessary to conduct the business of the HCC shall consist of those Essential Members participating in a meeting. A quorum must be achieved by at least 15 essential members to include no less than 3 public health representatives, being physically present at a site or joined electronically.

Votes on Issues: Passage of issues voted on by the HCC Essential Members requires a vote of \( \frac{2}{3} \) of the quorum.

Changes to Charter: Passage of changes to this Charter or any other organizational document requires a vote of Two-Thirds (2/3) of all Essential Members.

Meetings

The HCC shall hold quarterly meetings. Special meetings may be convened at the request of the HCC Coordinator or the Chair.

Notice for regular quarterly meetings shall be provided to all members at least ten working days prior to the meeting. Notice for special meeting shall be provided at least five working days prior to the meeting. Notices shall include the time, place and objective of the meeting, and the means available to join the meeting electronically. No business at a special meeting may be transacted except as specified in the notice.

The meeting agenda for regular meetings will be developed. Minutes of all meetings shall be prepared and distributed to the membership.

HCC Leadership Roles

HCC Coordinator (Regional Hospital Coordinator): The HCC Coordinator is responsible for planning, implementing and evaluating HCC activities. Tasks of the HCC Coordinator include:
• Providing general oversight for HCC activities and associated projects;
• Management of HPP grants, including the preparation and submission grant documents such as work plan deliverables, and state and national reporting;
• Serving as the point of contact to the Kansas Department of Health and Environment (KDHE) and the Kansas Hospital Education and Research Foundation (KHERF);
• Providing technical assistance to community hospitals and discipline representatives; promoting healthcare preparedness within the region, such as extending invitations to community partners to attend HCC meetings.
The HCC Coordinator shall collaborate with the elected leadership of the HCC to achieve its goals and objectives.

Chair: The Essential Members shall elect a Chair of the HCC. The Chair shall represent the HCC and shall collaborate with the HCC Coordinator in conducting the business of the HCC. The Chair shall work with HCC members to promote collaboration. The Chair shall represent the HCC on state committees. The term of office for the Chair shall be two years.

Vice-Chair: The Vice-Chair shall perform the duties of the Chairperson in their absence. The Vice-Chair shall assume the position of the Chair at the conclusion of the Chair’s term.

Secretary: The Secretary shall take minutes at each meeting and submit minutes to the NE HCC Coordinator and NE HCC Chair. The term of office for the Secretary shall be two years.

Eligibility to Hold Office: Any person representing an Essential Member is eligible to hold office.

Election of Officers: Election of officers shall take place every two years, or as necessary to fill a vacancy, the Essential Members shall elect a new Vice-Chair.

Elections shall be held in January. Officer terms shall take effect at the beginning of the fiscal year, July 1st.

Other Officers and Committees: The Essential Membership may create such other officers and such committees as it deems necessary to conduct the business of the HCC.

Additional Regional Resources

The healthcare HCC has access to other formal documents and protocols such as MOUs, MOAs, contracts, and regional plans. The following documents are available to members of the HCC:

- Kansas Hospital Association Inter–Hospital Master Mutual Aid Agreement
- Hospital Mutual Aid Agreement between member hospitals of the Southeast Nebraska Medical Response System and border hospitals.

Additional Provisions:

This Charter shall not supersede any existing mutual aid agreement or agreements.

This Charter 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.

Update by KDHE-BCHS 1-29-2013
Updated by NE HCC 12-10-14
No member of the HCC shall be required under this Charter to indemnify, hold harmless and defend any other member from any claim, loss, harm, liability, damage, cost or expense caused by or resulting from the activities of any HCC officer, employee or agent.

(Note: There are two methods for approval of the charter: 1. Affirmative Assent by the Members and Implied Approval by Members through participation in the activities of the HCC. While Affirmative Assent of a charter may be more difficult to obtain from some Member entities, it is the preferred method of approving the charter.)

Affirmative Assent:

APPROVAL OF CHARTER: This Charter is adopted by those assenting to its terms and affixing their signatures below, either in the capacity as a duly authorized representative or as an individual. This Charter may be signed in counterparts.

Signatories of Essential Members to the Northeast Preparedness Healthcare Coalition Charter:

By:

________________________________
Name

________________________________
Title

Signatories of General Members to the Northeast Preparedness Healthcare Coalition Charter:

By:

________________________________
Name

________________________________
Title

Implied Approval:
**APPROVAL OF CHARTER:** Participation in the activities of Northeast HCC constitutes assent to the terms of this charter.

**APPENDIX A:**
Essential Members of NE HCC

<table>
<thead>
<tr>
<th>AGENCY TYPE</th>
<th>Agency</th>
<th>Contact</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>All hospitals in the region</td>
<td>Anderson County Hospital</td>
<td>Robert Robbins</td>
<td><a href="mailto:rrobbins@saint-lukes.org">rrobbins@saint-lukes.org</a></td>
</tr>
<tr>
<td></td>
<td>Atchison Hospital</td>
<td>Anna Fowler</td>
<td><a href="mailto:afowler@atchhosp.org">afowler@atchhosp.org</a></td>
</tr>
<tr>
<td></td>
<td>St. Marys Health Center</td>
<td>Michael Bomberger</td>
<td><a href="mailto:michaelbomberger@chsks.org">michaelbomberger@chsks.org</a></td>
</tr>
<tr>
<td></td>
<td>Coffey County Hospital</td>
<td>James Higgins</td>
<td><a href="mailto:jhiggins@coffeyhealth.org">jhiggins@coffeyhealth.org</a></td>
</tr>
<tr>
<td></td>
<td>Community Hospital Onaga</td>
<td>Michael Bomberger</td>
<td><a href="mailto:m.bomberger@chs-ks.org">m.bomberger@chs-ks.org</a></td>
</tr>
<tr>
<td></td>
<td>Community Mem. Healthcare</td>
<td>Darren Schmitz</td>
<td><a href="mailto:djscmitz@cmhcare.org">djscmitz@cmhcare.org</a></td>
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<tr>
<td></td>
<td>Geary Community Hospital</td>
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<td></td>
<td>Hiawatha Community Hospital</td>
<td>Paulo Bruxellas</td>
<td><a href="mailto:pbruxellas@hch-ks.org">pbruxellas@hch-ks.org</a></td>
</tr>
<tr>
<td></td>
<td>Holton Community Hospital</td>
<td>Loretta Fitzgerald</td>
<td><a href="mailto:lfitzgerald@rhrjc.org">lfitzgerald@rhrjc.org</a></td>
</tr>
<tr>
<td></td>
<td>Jefferson Co Memorial Hospital</td>
<td>Douglas Norman</td>
<td><a href="mailto:dnorman@jcmhospital.org">dnorman@jcmhospital.org</a></td>
</tr>
<tr>
<td></td>
<td>LMH</td>
<td>Tom Damewood</td>
<td><a href="mailto:Tom.Damewood@LMH.org">Tom.Damewood@LMH.org</a></td>
</tr>
<tr>
<td></td>
<td>Mercy Regional Health Center</td>
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<tr>
<td></td>
<td>Miami County Medical Center</td>
<td>Jason Green</td>
<td><a href="mailto:jason.green@olathehealth.org">jason.green@olathehealth.org</a></td>
</tr>
<tr>
<td></td>
<td>Morris County Hospital</td>
<td>Jeremy Thibodeaux</td>
<td><a href="mailto:jthibodeaux@mrcohosp.com">jthibodeaux@mrcohosp.com</a></td>
</tr>
<tr>
<td></td>
<td>Nemaha Valley Community Hospital</td>
<td>Mike Stallbaumer</td>
<td><a href="mailto:mstallbaumer@nemvch.org">mstallbaumer@nemvch.org</a></td>
</tr>
<tr>
<td></td>
<td>Newman Regional Health</td>
<td>Harold Blits</td>
<td><a href="mailto:hblits@newmanrh.org">hblits@newmanrh.org</a></td>
</tr>
<tr>
<td></td>
<td>Horton Community Hospital</td>
<td>Jeremy Forkenbrock</td>
<td><a href="mailto:forkenbi@hhf-ks.org">forkenbi@hhf-ks.org</a></td>
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<tr>
<td></td>
<td>Ransom Memorial Hospital</td>
<td>Paul Rayson</td>
<td><a href="mailto:supervisors@ransom.org">supervisors@ransom.org</a></td>
</tr>
<tr>
<td></td>
<td>Sabetha Community Hospital</td>
<td>Linnae Coker</td>
<td><a href="mailto:lcoker@sabethahospital.com">lcoker@sabethahospital.com</a></td>
</tr>
<tr>
<td></td>
<td>St. Francis Health Center</td>
<td>Julie Schmidt</td>
<td><a href="mailto:Julie.schmidt@sftks.net">Julie.schmidt@sftks.net</a></td>
</tr>
<tr>
<td></td>
<td>Stormont-Vail HealthCare</td>
<td>Tom Caby</td>
<td><a href="mailto:scaby@stormontvail.org">scaby@stormontvail.org</a></td>
</tr>
<tr>
<td></td>
<td>Wamego City Hospital</td>
<td>Brian Smith</td>
<td><a href="mailto:brian.smith@whcks.org">brian.smith@whcks.org</a></td>
</tr>
<tr>
<td></td>
<td>Washington County Hospital</td>
<td>Kelly Otott</td>
<td><a href="mailto:kotott@bluevalley.net">kotott@bluevalley.net</a></td>
</tr>
<tr>
<td></td>
<td>VA Eastern KS Health Care System -Topeka</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At least one local public health representative

|                                | Northeast Corner Regional Initiative (NCRI) | Jennifer Zeller | Jennifer.Zeller@snco.us |
|                                | North Central Kansas Public Health Initiative | Sherry Angell  | Angell.sherry@gmail.com |
|                                | Wildcat Region                             | Jason Orr        | jorr@rileycountyks.gov  |
|                                | KC Coalition Group                          | Gay Hall         | Ghall@wycockc.org       |
|                                | SEK Multi-County                            | Samantha Mason   | Samantha@sekmchd.com    |

Update by KDHE-BCHS 1-29-2013
Updated by NE HCC 12-10-14
<table>
<thead>
<tr>
<th>At least one community health center or a FQHC</th>
<th>Shawnee County Health Agency</th>
<th>Alice Weingartner</th>
<th><a href="mailto:Alice.weingartner@snco.us">Alice.weingartner@snco.us</a></th>
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</thead>
<tbody>
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<td></td>
<td>Flint Hills Health</td>
<td>Phillip Davis</td>
<td><a href="mailto:p.davis@flinthillshealth.org">p.davis@flinthillshealth.org</a></td>
</tr>
<tr>
<td>At least one long term care facility</td>
<td>Joleen Klausman</td>
<td>Kansas Healthcare Agency</td>
<td><a href="mailto:joleenk@khca.org">joleenk@khca.org</a></td>
</tr>
<tr>
<td>At least one EMS agency</td>
<td>Brandon Beck</td>
<td>Region V EMS</td>
<td><a href="mailto:Brandon.beck@emporia-kansas.gov">Brandon.beck@emporia-kansas.gov</a></td>
</tr>
<tr>
<td>At least one emergency management representative</td>
<td>Jacquelyn Miller</td>
<td>NE Regional Coordinator</td>
<td><a href="mailto:Jacquelyn.s.miller.nfg@mail.mil">Jacquelyn.s.miller.nfg@mail.mil</a></td>
</tr>
<tr>
<td>A representative from the mental health community</td>
<td>Steve Christenberry</td>
<td>Family Service and Guidance Center</td>
<td><a href="mailto:s.christenberry@fsgctopeka.com">s.christenberry@fsgctopeka.com</a></td>
</tr>
<tr>
<td></td>
<td>Christine Wills</td>
<td>Valeo</td>
<td><a href="mailto:chrisw@valeotopeka.org">chrisw@valeotopeka.org</a></td>
</tr>
</tbody>
</table>
APPENDIX B

North East Kansas Preparedness Healthcare Coalition Mission, Goals, and Tenets

Our mission is to progressively build a strong framework for a coordinated emergency response throughout Northeast Kansas.

Our goal is to build and enhance partnerships that allow our healthcare community to make strategic unified decisions effectively.

Objective: Whether responding to an immediate surge of patients or a contagion, or mitigating the impacts of winter weather, we will, over time, have the relationships, systems and plans needed to ensure a coordinated regional response to any crisis.

The Coalition does this by adhering to certain core tenets.

ONE COMMUNITY: We are committed to the belief that, although we live in many cities and counties in our Northeast Kansas region, we are one community.

SERVICE: The power we have as an organization derives from the effectiveness with which we serve those by whom we are called upon to lead. By consistently and loyally servicing our members and our community, we will become powerful in our ability to respond to crisis.

ADVOCACY: We have a fundamental obligation to identify and advocate for issues that are consistent with our mission and in the best interests of our members and the community. We will take a clear and visible stand on these issues, even when doing so may be unpopular.

COLLABORATION: We believe that greater wisdom, commitment, and determination are achieved through cooperative interaction and deliberation. We will consistently look for opportunities to reason together in decisions and fulfilling our mission.

LEADERSHIP: We believe we have an obligation to our members and our communities to question the present state, to envision a future as it can and should be, to create and communicate plans to achieve that future, to inspire our members and our communities to pursue those plans, and to empower our members and communities to take those actions necessary to achieve the desired results.

Update by KDHE-BCHS 1-29-2013
Updated by NE HCC 12-10-14
INTEGRITY: What we do will be a consistent and accurate reflection of the things we say. We will keep our commitments. We will be up-front with our agendas. We will deal in a forthright manner in all relationships, whether we agree or disagree with the issues under consideration.

INCLUSIVENESS: We are committed to the varied interests of our members and the community in which we live. We will be strengthened as an organization by the extent to which we welcome and effectively represent the depth, breadth, and fullness of their ideas.

PARTNERING: In relationships with members, the community, governing bodies, and other business and civic organizations, we will conduct our affairs in the fullest expression of openness, trust, and a genuine commitment to mutual satisfaction and success.

Our work includes:

Planning – Working with regional healthcare organizations to make the best use of available resources by providing a shared planning, communications and incident management infrastructure.

Training & Exercises – Coordinating emergency preparedness training and exercises to create consistency in response across the region and to ensure the continuity of operations.

Resource & Information Sharing – Developing strategies for regional information exchange, resource sharing, and critical infrastructure planning. This includes EMResource and Kansas’ state Healthcare Incident Management System.

Response – The Coalition works with healthcare organizations to establish coordinated systems to share information and resources.

We at the Northeast Kansas Preparedness Healthcare Coalition choose to be open and clear about our organizational values. We want our current and prospective members, the communities in which we live and serve, and the governing officials with whom we interact to know of these values and to judge our merit as an organization by the strength and consistency with which our deeds match our words.