



SOUTHEASTERN HEALTHCARE  
PREPAREDNESS REGION

*Southeastern Healthcare Preparedness Region*  
**BY-LAWS**

**ORGANIZATION**

The name of this organization shall be the Southeastern Healthcare Preparedness Region (SHPR). SHPR serves the counties of Brunswick, New Hanover, Pender, Onslow, Columbus, Bladen and Duplin.

**MISSION**

The mission of the Southeastern Healthcare Preparedness Region is to facilitate coordination and cooperation throughout the Southeastern region of North Carolina to ensure partners have the capability and capacity to mitigate against, prepare for, respond to, and recover from emergent health and medical events.

**PURPOSE**

- Coordinate the emergency preparedness efforts of its members across the region to enhance the likelihood of an effective and efficient response in a disaster.
- Coordinate medical and health response activities and services during a disaster.
- Foster communication between local, regional, and state entities on a community wide emergency planning and response.
- Ensure overall readiness through the coordination of community wide training and exercises related to medical and health issues.
- Promote preparedness in the healthcare community through use of efficient and effective standardized practices and integration of medical and health capabilities elements with other partner resources.
- Develop and manage the Assistant Secretary for Preparedness and Response (ASPR) Healthcare Preparedness Program (HPP) grant in a fiscally prudent manner in order to meet the APSR Healthcare Capabilities and other Department of Health and Human Services requirements germane to health and medical preparedness.
- Maintain resources and assets of the SHPR HPP program and Southeastern State Medical Assistance Team (SMAT) II and integrate their use into local plans.
- Identify gaps in the healthcare community's ability to effectively respond to an incident.
- Strengthen surge capacity and capabilities.

## **REVIEW AND REVISIONS**

The Southeastern Healthcare Preparedness Coalition by-laws will be reviewed and revised annually. Once reviewed and revisions are made the SHPC Executive Committee Chair and Co-Chair will approve and sign the updated by-laws.

## **MEMBERSHIP**

**Section A:** Stakeholders to the Southeastern Healthcare Preparedness Region (SHPR) includes, (but is not limited to) the following:

### Essential Stakeholders

- Hospitals, Healthcare Agencies, EMS Systems, Local Public Health, Emergency Management Agencies, and the SHPR Manager/Coordinator based in the Southeastern region as outlined in the organizational description;

### Associate Stakeholders

- Law Enforcement, Fire Departments, Social Services, Public Works, Transportation Services, Military Installations, etc;
- Mental and Behavioral Health Services, Long Term Care facilities, Primary Care Providers, specialty service providers, support service providers, private entities associated with healthcare, Red Cross, Educational Institutions, or any volunteer agencies;
- Regional agencies and non-governmental organizations that would assist in healthcare response to an event, incident, or disaster;
- Healthcare and Emergency Management planning regions and associations that support healthcare preparedness. (i.e. NCEM Domestic Preparedness Regions (DPR), Public Health Preparedness & Response Regional Representatives, NC Association of EMS Administrators, NC Hospital Association, NC Emergency Management Association, NC Association - Long Term Care, NC Assisted Living Association, NC Law Enforcement Officers' Association, etc.).
- Any State Agency (i.e. NC Department of Public Safety – Emergency Management, NC Office of EMS, NC Hospital Association, NC Public Health) who would assist in the planning or response may be included as non-voting members.

The following Hospitals, EMS Systems, and Public Health are listed as Essential Stakeholders for SHPR Region:

<u>County</u>	<u>Hospital</u>	<u>EMS</u>	<u>Emergency Management</u>	<u>Public Health</u>
<b>Bladen</b>	Cape Fear Valley, Bladen Hospital	Bladen EMS	Bladen County EM	Bladen County Public Health
<b>Brunswick</b>	J.A. Doshier Hospital	Brunswick EMS	Brunswick County EM	Brunswick County Public Health
	Brunswick – Novant Medical Center			
<b>Columbus</b>	Columbus Regional Medical Center	Columbus EMS	Columbus County EM	Columbus County Public Health
<b>Duplin</b>		Duplin EMS	Duplin County EM	Duplin County Public Health
<b>New Hanover</b>	New Hanover Regional Medical Center	NHRMC EMS	New Hanover County EM	New Hanover County Public Health
<b>Onslow</b>		Onslow EMS	Onslow County EM	Onslow County Public Health
	Naval Hospital Camp Lejeune	Camp Lejeune Fire and EMS	Camp Lejeune EM	Camp Lejeune Public Health
<b>Pender</b>	Pender Memorial Hospital	Pender EMS and Fire	Pender County EM	Pender Public Health

### **Section B: Contact List**

A contact list of member organizations will be maintained by SHPR staff and updated bi-annually or as needed. This contact list will be published with the agenda of the coalition meeting and will be housed on the secure pages of the SHPR website (<http://www.SoutheasternHPR.org>).

### **Section C: Stakeholder Responsibilities**

- Essential Stakeholders shall designate a primary and secondary representative and update this information annually with the SHPR Coordinator.
- Associate Stakeholders may designate a non-voting primary and secondary representative.
- Provide representation at coalition meetings and activities.
- Participate in collaborative regional planning efforts, including the development of surge capacity plans, inter-organizational agreements, and collaborative emergency response plans.
- Contribute to meeting coalition priorities, goals, and contractual deliverables.
- Vote on questions placed before the membership.
- Respond to regional events, incidents, and disasters in collaboration with other stakeholders, as requested.

- Participate in regional information sharing to enhance situational awareness to entire membership.
- Participate in sub-committees and workgroups as requested by members and organized under the umbrella of the coalition.

#### **Section D: Voting Privileges**

Although the SHPR encourages consensus, at times, votes will be required. For the purposes of voting, the following rules shall apply:

- For general coalition business including ASPR HPP projects, and/or grant approval, all Essential Stakeholders listed in Section A, paragraph 1 under Membership will be vested with one vote. Only one vote per member/agency will count.
- All other membership representatives will not have voting privileges, however may serve as subject matter experts.
- At times, there may be situation in which a member may represent multiple stakeholder agencies. For example, Brunswick, and New Hanover Counties are all represented by the same public health preparedness coordinator. In this situation each public health agency would have one vote through that individual.

#### **Section E: Voting**

- When a quorum is present, a majority vote, that is a majority of the votes cast (verbal, non-verbal, ballot or show of hands) is sufficient for the adoption of any motion that is in order.
- Electronic Voting - SHPR voting may be conducted in an electronic format. Only one vote from each agency or organization will be counted toward the results. The electronic voting will remain open for a minimum of three (3) business days.

#### **Section F: Conflict of Interest**

- Good faith - Stakeholders shall exercise good faith in all transactions touching upon their duties to the SHPR. In their dealings with and on behalf of the SHPR, they are each held to a rule of honesty and fair dealings between themselves and the SHPR. They shall not use their positions as members, or knowledge gained there from, to their personal benefit and to the detriment of the SHPR.
- Exclusion from voting - Any member having a conflict of interest on a matter shall disclose such interest and abstain from voting as appropriate.

#### **Section H: Dues**

There are no stakeholder dues based on current funding sources.

#### **Section I. Terms of memberships**

- There are no limits on membership terms.

- Any member may resign by giving notice to the Chair or the SHPR Coordinator, to be effective upon receipt or any later date specified in the notice.
- Members who breach conflict of interest/confidentiality may be removed by a majority vote of members present. The issue would be brought before the Executive Committee for consideration by the full membership.

## **OFFICERS**

### **Section A: Officers**

The following officers shall be elected from the SHPR Committee Membership

- Chair or Co-Chairs – Elected in EVEN years
- Vice-Chair – Elected in ODD years

### **Section B: Terms**

Officers shall be elected by the voting membership at the last quarterly meeting of the calendar year, Nominations will be taken from the floor at the third meeting of the calendar year. The term of officers shall be for one year or shall remain in office until a successor is elected.

### **Section C: Removal and Resignation**

Any officer may resign by giving written notice to the Executive Committee Chair to be effective upon receipt or any later date specified in the notice. An officer who has more than 50% unexcused absences within a year will be deemed voluntarily resigned.

### **Section D: Vacancies**

Any vacancy caused by death, resignation, removal or otherwise of any officer shall be filled by a member of the Executive Committee for the unexpired portion of the officer's term.

### **Section E: Duties**

The officers shall perform the duties usually performed by such officers and any other duties defined in these by-laws.

#### **CHAIR:**

The chair shall serve as the executive officer of the coalition. He/She shall appoint all committees not otherwise provided for in these bylaws and be an ex-officio member of all committees. He/She shall exercise general supervision over all affairs of the coalition, and see to it that all orders, resolutions, and policies of the SHPR are implemented. He/She shall have the usual powers and duties customarily vested in the office of chair and shall perform such duties as may be assigned to him/her by the coalition.

## VICE-CHAIR:

The vice chair shall preside at the meetings of the SHPR and the Executive Committee in the absence of the chair, complete the vacant term, and remain in office for the term to which he/she was elected.

## **SUB-COMMITTEES**

### **Section A:**

The following standing sub-committees have been established.

1. Executive Committee
  2. Exercise/Education Committee
  3. Other sub-committees as needed
- Each committee shall be tasked with assignments based on the needs of the region and directives outlined in the “Scope of Work” for the regional Healthcare Coalition Committee.
  - The regional Healthcare Preparedness Coordinator and/or the Executive Committee shall appoint sub-committees to address the needs of the region.

### **Section B: Executive Committee**

#### Purpose

- Develop and maintain the strategic plan for the Southeastern Healthcare Preparedness Region, subject to approval by HCC.
- Coordinate regional approach to community wide emergency planning, training and response.
- Specify the composition and direct the activities of sub-committees based upon information received from the Southeastern Healthcare Preparedness Coordinator or consensus of the SHPR membership.
- Consider for approval recommendations made by sub-committees and work groups.
- Develop and approve regional projects for the ASPR HPP grant submissions.
- Define and recommend processes and/or standard operating guidelines of the SHPR to include, but not limited to, review of the SHPR Regional Response and Recovery Plan.
- Assist the Southeastern Healthcare Preparedness Coordinator with decisions regarding resource allocation, when requested

## Membership

- Membership to the SHPR – Executive committee is chosen by the members of the Coalition. It includes the following disciplines as well as the Healthcare Preparedness Coordinator (non-voting) and the Coalition Chair (Ex officio vote for a tie):
  - a. Trauma Center
  - b. Hospital
  - c. EMS
  - d. Community Health Center/ Home Health/ Hospice
  - e. Local Public Health
  - f. Local Emergency Management

## Term

- Committee members will serve a term of 2 calendar years and may be re-elected.

The following disciplines will elect representation on ODD numbered years

- Rural Hospital
- EMS

The following disciplines will elect representation on EVEN numbered years.

- Trauma Hospital
- Local Public Health
- Local Emergency Management

- Candidates for the Executive Committee may be nominated by any member of the Coalition committee or the regional healthcare preparedness coordinator (HPC). A person must receive a majority of the votes of those present for the meeting.
- If a member finds it necessary to resign from the committee, they are encouraged to remain until a replacement can be selected and to provide as much notice as possible. A replacement will be nominated and elected by the above standards. If a member resigns in the middle of the term, the new committee member will serve as an interim for the rest of the term.

## Proxies

- A committee member wishing to vote by proxy must prepare a statement in writing and submit it to the HPC stating their authorization of a specifically named alternate from their discipline to attend the meeting and/ or cast a vote in his/ her absence. A proxy shall only be valid at the meeting for which it is executed.

## **MEETINGS**

### **Section A:**

#### General Meetings

- Will be held quarterly on the third Wednesday of the month beginning with February each year unless otherwise announced.
- All Stakeholders are invited to attend General Meetings via email announcement quarterly, then a follow up reminder two weeks in advance of the meeting.

#### Special Meetings

- In the case of a special meeting, such notice will state the purpose of the meeting and will be sent five (5) business days in advance.

#### Committee Meetings

- SHPR sub-committees may meet as needed determined by the SHPR Regional Healthcare Preparedness Coordinator and/or SHPR Executive Committee.

### **Section B:**

- The ASPR Grant Application requires recipients of funding to send a representative to the quarterly meetings. Attendance will be monitored at SHPR meetings and other HPC related meetings and voting members or designees shall maintain a minimum of a 50% attendance record at both the SHPR and subcommittee meetings to be eligible for ASPR funding per Executive Committee discretion.
- At least 51% of members will need to be present or participating via other means to meet the Quorum.
- In the event of severe weather or an emergency, the coalition meeting maybe canceled by the Chair, Vice-Chair and/or the Healthcare Preparedness Coordinator. The HPC will be responsible for securing a location and time for rescheduling the meeting.

## **PARLIAMENTARY PROCEDURE**

### **Section A: Quorum**

- The members present, physically or via use of telephone or web-based communication, at any properly announced meeting will be considered a quorum. All issues to be voted upon will be decided by a simple majority of those present at the meeting or by electronic voting unless otherwise specified in the bylaws.
- At least 51% of members will need to be present or participating via other means to meet the Quorum.



**Section B: Conflict Resolution**

- It is essential that all members maintain a high standard of discernment, discretion, and good judgment in relationships with SHPR stakeholders. All matters should be discussed with mutual respect and a desire to benefit the Coalition.
- Conflicts within the Coalition or with Steering Committee Members shall involve a meeting of the Executive Committee and relevant stakeholders. Ample time will be allowed for presentation of concern and discussion of differing viewpoints. Concerns will be weighed according to reasonableness and fairness.
- The desired outcome is a consensual resolution. If after a reasonable amount of time, a resolution cannot be found, the final decision will be made by the Executive Committee with a 75% consensus of Executive Committee members. These decisions will be binding.

**BUDGETING AUTHORITY**

- The executive committee shall have the final approval of the regional HPP budget and workplan. It is the intent that the budget and workplan provide for the greatest benefit of the region.
- In the event that a budget revision is needed, the HPC can with the written approval of the Chair, request budget revisions to the budget from OEMS.

**CONFIDENTIALITY**

Unless otherwise authorized by state or federal law, confidential information of the participating facilities shall remain confidential.

**AMENDMENTS**

**Section A.** These By-Laws may be amended at any properly announced meeting by two-thirds (2/3) vote of those present and voting or by electronic voting as specified in the bylaws.

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Executive Committee Chair \_\_\_\_\_ Date

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Executive Committee Vice-Chair \_\_\_\_\_ Date

Date Adopted: February 17, 2016  
Revised: May 17, 2017, May 16, 2018

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