

# North Idaho Healthcare Coalition Charter

The North Idaho Healthcare Coalition (NIHCC) is a collaboration of partners from healthcare organizations, public health, emergency medical services (EMS), local emergency management agencies, community partners, and other stakeholders in the community. All of these agencies work together to support the community and each other before, during, and after an emergency or disaster.

## Mission and Purpose

The NIHCC strives to develop and promote the emergency preparedness, mitigation, response, and recovery capabilities of local healthcare entities by:

- Strengthening community medical resiliency, surge capacity, and capabilities;
- Building relationships and partnerships;
- Supporting and integrating with ESF-8 activities (Public Health and Medical Services Support);
- Identifying gaps and providing preparedness, mitigation, response, and recovery capability guidelines;
- Facilitating communication, information, and resource sharing;
- Maximizing utilization of existing resources;
- Coordinating training, drills, and exercises to prepare for an operational response;
- Coordinating with healthcare partners in neighboring counties and states along the NIHCC region.

## Geographic Boundary

The term “North Idaho” in this document refers to the ten Idaho counties of Boundary, Bonner, Kootenai, Benewah, Shoshone, Clearwater, Idaho, Latah, Lewis, and Nez Perce, and also includes the Nez Perce, Kootenai, and Coeur d'Alene tribes.

## Organizational Structure

The Coalition serves as a multi-agency coordination group. The Coalition includes:

- Membership of healthcare organizations, partner stakeholders, and entities.
- Two Regional Readiness Response Coordinators (RRRCs) for day-to-day operations.
- A Chair and Vice Chair, whose duties are outlined in Article V of the bylaws.
- An Executive Committee to conduct coalition business.
- Two District Coalition Chapters that focus on the needs of the Panhandle Health District area and the Idaho North Central District area.
- Other subcommittees and workgroups, as requested and organized by the membership, that will function temporarily or long-term, as needed.

## Funding

The coalition receives funding for activities, operations, and staff support by way of pass-through funds awarded to Panhandle Health District for the support of the coalition. Panhandle Health District is a Subgrantee of the State of Idaho, Department of Health and Welfare. These funds originate through the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP). A coalition member's time during coalition planning and activities is compensated by their organization is by in-kind contribution.

# North Idaho Healthcare Coalition Bylaws

## Article I – Name

The coalition will be known as the North Idaho Healthcare Coalition (NIHCC).

## Article II – Membership

The core membership of the North Idaho Healthcare Coalition will include active representatives from public health, emergency management, hospitals, and EMS.

Membership is open to others, such as long-term care providers, outpatient service providers, mental/behavioral health providers, healthcare organizations, healthcare support services and vendors, local governments, charitable organizations, religious groups, business and corporate entities, advocates for people with access and functional needs, and other community partners.

A member is an entity within the NIHCC defined boundaries that actively contributes to the NIHCC strategic planning, identification of gaps, mitigation strategies, operational planning and response, information sharing, and resource coordination and management.

Guests and subject matter experts may be invited to attend coalition meetings and activities. These invited organizations may fully engage in coalition discussions and other activities but will have no vote.

## Article III – Organization

### A. North Idaho Healthcare Coalition

The coalition includes members within the ten Idaho counties of Boundary, Bonner, Kootenai, Benewah, Shoshone, Clearwater, Idaho, Latah, Lewis, and Nez Perce, and the Nez Perce, Kootenai, and Coeur D'Alene tribes.

The coalition will build acute care medical surge capacity by:

- Identify and plan for the risks and needs of the region;
- Determine resource needs and gaps;
- Prioritize strategies to address preparedness and response gaps;
- Identify individuals who may require additional assistance before, during, and after an emergency;
- Conduct training and exercises in support of the Coalition.

If concerns arise within coalition activities, plans, or procedures, the coalition members should contact their Public Health (ESF8) representatives or Regional Readiness Response Coordinators.

### B. Executive Committee

The coalition will establish an Executive Committee, which shall serve as the governing body to oversee the activities of the coalition. Members of the Executive Committee will be selected from the two district chapters within NIHCC annually. Each district chapter will provide one representative from each of the required core membership: acute care hospital, EMS, emergency management, and public health. One additional representative will be provided from a Tribal Nation partner. This will provide an Executive Committee membership of nine persons.

Duties of the Executive Committee include:

- Make decisions on behalf of the coalition,
- Establish priorities for strategic planning and approve procedures, plans, or other products of the coalition,

- Approve funding decisions for the HPP grant or other funds available to the coalition,
- Discuss capability gaps and guide the direction of training and exercises,
- Review and make proposed changes to the bylaws annually or as needed,
- Review and respond to federal, state, and local requirements that affect the coalition, and
- Provide guidance and support to sustain the two coalition district chapters.

#### Alternate Members:

Executive Committee members may choose an alternate representative to act on their behalf in their absence. The alternate member may act in the absence of a voting member upon notification to the Chair or Vice-Chair before the beginning of a meeting. The alternate representative may participate in all matters except the election of officers and adoption or amendment of bylaw.

#### Replacement Members:

When an Executive Committee member leaves their post, a representative from that same discipline and district will be identified as their replacement to the Executive Committee, which is consistent with the membership criteria in Article III.

### C. District Chapters

The coalition will encourage and support two district HCC chapters, one encompassing the Panhandle Health District area and one encompassing the Idaho North Central District area.

1. District Chapter Boundaries:
  - District 1: Boundary, Bonner, Kootenai, Benewah, Shoshone counties, and the Kootenai and Coeur d'Alene tribes.
  - District 2: Clearwater, Idaho, Latah, Lewis, Nez Perce counties, and the Nez Perce tribe.
2. The District Chapters will:
  - Focus on the needs of their district,
  - Establish leadership and direction that align with the direction of the NIHCC,
  - Hold Chapter meetings and activities as appropriate,
  - Provide a membership roster to the NIHCC,
  - Participate in collaborative regional preparedness planning,
  - Participate in the development of surge capacity plans, inter-organizational agreements, and collaborative emergency response plans,
  - Contribute to meeting regional coalition priorities, goals, and deliverables,
  - Respond to regional emergencies and disasters in collaboration with other members as requested,
  - Support the activities and operations of NIHCC, and
  - Work to implement emergency preparedness and response capability guidelines within the district's activities.

### D. Regional Readiness Response Coordinators

The Regional Readiness Response Coordinators (RRRCs) are employees of Kootenai Health and Panhandle Health District and are each funded through the HPP grants. The responsibilities of the RRRCs include:

- Support and participate in the coalition activities,

- Facilitate the planning, training, exercising, operational readiness, financial sustainability and evaluation and ongoing development of the coalition,
- Monitor, support, and submit subgrant deliverables,
- Lead, participate in, and support the response activities of the coalition according to the coalition plans,
- Maintains records and minutes of coalition meetings and activities,
- Corresponds with all member organizations,
- Retains no rights for voting or representation on the Executive Committee, and
- Other additional duties as assigned.

#### E. Clinical Advisor

The Clinical Advisor is an employee of Kootenai Health and is partially funded through the HPP grants. The responsibilities of the Clinical Advisor include:

- Provide clinical leadership to the coalition and serve as a liaison between the coalition and medical directors/medical leadership at health care facilities, supporting entities (e.g., blood banks), and EMS agencies,
- Review and provide input on coalition plans, exercises, and educational activities to assure clinical accuracy and relevance,
- Act as an advocate and resource for other clinical staff to encourage their involvement and participation in coalition activities,
- Assure the coalition mass casualty/surge plans provide for appropriate distribution (and re-distribution) of trauma patients to avoid overloading single centers whenever possible and work with health care facilities to understand their capabilities and capacity,
- Assure subject matter experts are available and a process exists to support secondary transfer prioritization in specialty surge (e.g., burn, pediatric) mass casualty situations (i.e., identify which patients are a priority to transfer to specialty care centers when adequate transportation or inpatient resources are unavailable),
- Retains no rights for voting or representation on the Executive Committee, and
- Other additional duties as assigned.

#### F. Workgroups and Subcommittees

The coalition may establish standing committees or ad hoc committees as necessary, to carry out the activities of the coalition. Examples include:

- Hospital Preparedness
- EMS Preparedness
- Training and Exercise
- Planning

#### Article IV – Meetings

- Scheduling: Electronic notice and agendas for all meetings shall be transmitted at least five working days in advance of all meetings.

- Venue: Meetings will be held at locations convenient for members with virtual and phone call options as an alternative to in-person attendance.
- Attendance: Meetings may be attended in-person, by conference call, or virtually.

### North Idaho Healthcare Coalition

The NIHCC Coalition shall meet at least once per quarter per year. These meeting will include at a minimum core members. The meeting shall produce minutes, which will be submitted to the Executive Committee. The North Idaho Healthcare Coalition may hold an education and training conference for all regional and local chapter members annually. These meeting will count toward federal, state, and local requirements.

### Executive Committee

The Executive Committee will meet up to four times a year, or as needed. Emergency meetings may be convened at the request of the Coalition Chair, provided that electronic notice is given to each member at least 48 hours prior to the proposed meeting. This notice will include the time, place, and objective(s) of the meeting. No business may be discussed at an emergency meeting except the objectives given in the notice.

The meetings will count toward federal, state, and local requirements.

Actions in all meetings will be determined by a simple majority vote. For a vote to be conducted, a quorum must be present. Each Executive Committee member will have one vote. Proxy voting will not be allowed. Fifty-five percent (55%) of Executive Committee members comprises a quorum. If a quorum is not present at a meeting, business may take place under the condition that no motions are put forth to a vote.

### District Chapters

Each District Chapter may conduct their own meetings. Each meeting shall produce minutes that will be submitted to RRRCs and Executive Committee for regional documentation. Meetings will be documented for NIHCC activities as directed and count as member activities.

## Article V – Leadership

### Executive Committee

The Executive Committee shall elect a Chair and Vice Chair from within its select membership. One elected representative is required from each district. One must be an acute care hospital representative.

#### 1. Elections

- The Chair and Vice Chair will be elected for a one-year term for each state fiscal year (July 1 to June 30) by the Executive Committee members. Ideally, with fluctuation from one district to another annually.
- To be eligible for election, the individual must be a representative of the Executive Committee and have attended a minimum 50% of that year's Executive Committee meetings.
- Nominations should be made in a fashion that will maintain the multi-disciplinary, multi-regional composition of the Coalition. For each position:
  - A motion from the floor for candidate nominations will be brought up for a vote before the Executive Committee.
  - With a passed motion to call for additional nominations, the floor will be opened for additional nominations.
  - Only individuals accepting a nomination will be considered for election.

- iv. A motion to close nominations must be made and passed to officially identify the individuals nominated for Chair.
- d. In the event of the Chair's unexpected departure, resignation, or removal from position, the Vice Chair shall assume the office of Chair for the remainder of the term, subject to a ratification of the Executive Committee membership at the next meeting.
- e. In the event of the Vice Chair's unexpected departure, resignation, or removal from position, the Chair will appoint a replacement Vice Chair for the remainder of the term, subject to a ratification of the Executive Committee membership at the next meeting.

## 2. Duties

- a. The Chair shall:
  - i. Lead the Executive Committee meetings.
  - ii. Review and approve meeting agendas.
  - iii. Work closely with the Regional Readiness Response Coordinators on current issues concerning the coalition.
  - iv. Create an environment that encourages and rewards cooperation, collective problem solving, and collaborative decision-making.
  - v. Be available to the membership for information exchange concerning the coalition.
  - vi. Act in the general interests of the coalition and its membership.
  - vii. Assume additional duties from time to time, as appropriate to facilitate the function of the coalition.
- b. The Vice Chair shall perform the duties of the Chair in the Chair's absence, and shall assume additional duties from time to time, as appropriate to facilitate the function of the coalition.

## Article VI – Amending the Bylaws

Amendment of these bylaws may be proposed at any meeting of the coalition. The amendment shall be acted and voted on at the following meeting provided a copy of the proposed amendment(s) are distributed at least thirty days in prior to the meeting and attached to the electronic notification for that meeting. A two-thirds majority vote is required for the amendment to carry.

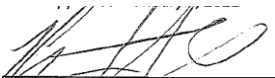
## Article VII – Parliamentary Procedure

Except as described herein, the current edition of Roberts Rules of Order will be used to guide the conduct of any coalition meeting.

*This Charter and Bylaws shall not supersede any existing mutual aid agreements.*

*APPROVAL OF CHARTER and BYLAWS: The Charter and Bylaws are adopted by a vote of the North Idaho Healthcare Coalition Executive Committee.*

*Date Approved: January 4, 2021*



Chair - Signature

Name: Ken Mitchell

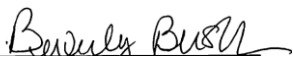
Agency: Kootenai Health

*/s/ Bill Spencer*

Vice-Chair -Signature

Name: Bill Spencer

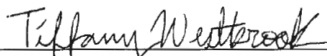
Agency: Syringa Hospital & Ambulance



Signature

**Name:** Beverly Bush

**Agency:** St. Joseph Regional Medical Center



Signature

**Name:** Tiffany Westbrook

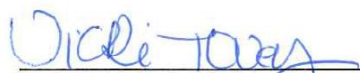
**Agency:** Kootenai Co. Office of Emergency Management



Signature

**Name:** Dean Neufeld

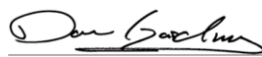
**Agency:** North Central Health District



Signature

**Name:** Vicki Tovey

**Agency:** Coeur d'Alene Tribe



Signature

**Name:** Don Gardner

**Agency:** Clearwater Co. Office of Emergency Management



Signature

**Name:** Bill Keeley

**Agency:** Kootenai Co. EMS System



Signature

**Name:** Nick Mechikoff

**Agency:** Panhandle Health District