

Northeast Wisconsin – Healthcare Emergency Response Coalition
(NEW-HERC)
(Wisconsin Health Emergency **Region 3**)

Operational Bylaws



NEW – HERC Board Chair: (Name) _____
(Signature) _____
Approval Date: _____

ARTICLE I – VISION, MISSION AND PURPOSE

Section 1 – **The Vision** of the Healthcare Coalition is: “Regional Collaborative Medical and Healthcare Response”

Section 2 – **The Mission** of the HERC is: Ensure that the collaboration of healthcare organizations, and public and private sector partners coordinate their mitigation, preparedness, response and recovery activities related to health and medical emergency event operations.

Section 3 – **The Purpose** of the HERC is to: synchronize public health, tribal health and healthcare, healthcare organizations, first responder agencies and emergency management in their efforts to enact a uniform and unified response to mass casualty incidents or catastrophic health events; accomplishing this by implementing the medical surge aspect of Emergency Support Function – 8, “Health and Medical Services.” Response will be accomplished by implementing a tiered response methodology that will include the availability of a Medical Coordination Center.

ARTICLE II – PURPOSE OF THE OPERATIONAL BYLAWS

The purpose of the operational bylaws is to govern the manner in which the NEW-HERC will be organized, governed and how operational and business decisions will be made.

ARTICLE III – MEMBERSHIP

Section 1 – The Healthcare Emergency Response Coalition (HERC) membership will be made up of two categories of members; Medical Response and Medical Support.

- Medical Response is defined as any organization that can provide medical professional personnel, equipment and supplies that may be applied directly to patient care during a mass casualty incident.
- Medical Support is defined as any organization that can provide material, equipment, transportation, communication or any other logistical support capability to aid in the medical response to a mass casualty incident or catastrophic health event.

Section 2 – NEW-HERC members will be drawn from the eight Wisconsin counties established as Region 3 by the Wisconsin Department of Health Services letter to Wisconsin Emergency Response Healthcare Partners, dated January 27, 2014. See Attachment A, map of “Wisconsin Health Emergency Regions” dated April 29, 2014. They include the following counties:

- Brown; Door; Florence; Kewaunee; Manitowoc; Marinette; Menominee and Oconto
- When a hospital system, health networks or other member organizations interact with the Healthcare Coalitions (HCCs) of other regions; planning will include needed variations for across

region boarder response. Neighboring HCCs regions may be invited and included in planning to maintain effective and efficient response activities between NEW-HERC and its neighbor regions.

Section 3 – NEW-HERC sectors may be added to the coalition at the invitation or the HERC Board of Directors or by written request from prospective member. The scope of capabilities and capacities of each new HERC members will be evaluated by the Board of Directors and a determination will be made that the new member will be added to the HERC as a “Response” or “Support” members. (See Article VII – Decision Making.)

Section 4 – Response and Support members will be drawn from agencies and organization that provide service within “Health Emergency Region #3.” (see the Map, Attachment C.) A collaborative effort will be made to incorporate these organizations into response procedures, protocols and, where needed, memorandums of understanding.

Section 5 – As the NEW-HERC evolves, medical response and support working relationships may be developed between NEW-HERC and Michigan based medical response services.

Section 6 – For continuity of response the Board of Directors will maintain a working and information sharing relationship with Regional Healthcare Coalitions adjacent to NEW-HERC.

Section 7 – NEW-HERC members are listed, but not limited to, the organizations identified below. As the coalition evolves other organization may be added.

- Medical Response Sectors:
 - Hospital
 - Emergency Medical Services (EMS) Providers
 - Local Health Departments
 - Regional and Local Emergency Management
 - Tribal Clinics
 - Community Health Centers
 - Psychiatric Hospitals
 - Nursing Homes and Skilled Nursing Facilities

- Medical Support Members:
 - Northeast Wisconsin Regional Trauma Advisory Council (RTAC)
 - Local Fire Departments
 - Law Enforcement
 - 911 Dispatch Centers
 - Local Emergency Planning Committees
 - Local Public Agencies or Organizations
 - Local Private Organizations

ARTICLE IV – MEMORANDUM OF UNDERSTANDING (MOU)

Section 1 – Developing and maintaining MOUs is an essential element of a strong and effective regional emergency response plan. Memorandums of Understanding are not considered legally binding but they carry a degree of seriousness and mutual respect.

Section 2 – In emergency preparedness, a Memorandum of Understanding (MOU) is used to establish a mutual understanding of how and to what extent organizations will respond to and support each other during mass casualty incidents or catastrophic health events. These understandings should define the scope of services that can be provided, expectations of the party requesting support and a notification path by which the MOU can be implemented.

Section 3 – All Members of the NEW-HERC are encouraged to sign a MOU defining the relationship between members.

Section 4 – The NEW-HERC will participate in MOUs with other regional HCCs in the State of Wisconsin to show unity and response support

Section 5 – All MOUs with the NEW-HERC will be reviewed, revised if needed, and re-signed every two years on the anniversary of the individual MOU. If however conditions surrounding a MOU change, any party may initiate a negotiation to re-establish or cancel the MOU under the new conditions.

ARTICLE V – MEETINGS

Section 1 – Meetings will be open to all members of all NEW-HERC members. Meeting frequency, time, duration and location will be determined by consensus of the Board of Directors.

Section 2 – If at all possible, meetings will be conducted in person, but the HERC may use telecommunication or other electronic on-line meeting tools available to the Board of Directors to facilitate remote attendance. Teleconference and on-line meeting tools may be used to supplement or conduct brief sole issue meetings of the Board of Directors.

Section 3 – Meeting Definitions:

- For decision making, a business meeting is required. A **business meeting** is defined as one during which a quorum of identified voting members is present.
- If a quorum is not present at any given meeting, it will be considered an **informational only meeting**.

Section 4 – The Healthcare Coalition Program Coordinator will be responsible for:

Establishing and coordinating a schedule of meetings looking ahead twelve months based on a calendar or fiscal year as determined by the Board of Directors. The Healthcare Coalition Program Coordinator will be responsible for distributing a copy of each new or revised schedule

to identified members of each partner organization for distribution to their respective membership.

Developing and distributing an agenda for each meeting at least one week prior to the scheduled meeting date. The agenda will be distributed to one representative from each partner organization for distribution to their respective membership. All members of the Board of Directors will individually receive the agenda.

Recording and maintaining the minutes for the HERC meeting. Meeting minutes will be kept in draft form until the following meeting at which time the Board of Directors will vote to approve as written or with identified corrections or modifications. Individual minutes will be maintained on file for seven years.

ARTICLE VI – BOARD OF DIRECTORS

Section 1 – The NEW-HERC Board of Directors shall consist of two identified voting members representing the following sector member groups with one vote for each member group:

Northeast Wisconsin Regional Trauma Advisory Council

Hospital Emergency Preparedness

Emergency Medical Services (EMS) Providers

Local Health Departments

Local Emergency Management

Tribal Clinics

Community Health Centers

Psychiatric Hospitals

Nursing Homes and Skilled Nursing Facilities

Section 2 – Each sector will provide names of a primary and alternate voting representative to the Healthcare Coalition Program Coordinator who will maintain the Board of Director Voting Member Roster (see Attachment A).

Section 3 – The Board of Directors will elect a Chair and Vice Chair. The first Chair and Vice Chair will be elected following approval (See Article VII, Decision Making) of the Operational Bylaws by the Board of Directors and hold the position for the remainder of the fiscal year July 1, 2014 through June 30, 2015 plus one full year after that. Then both the Chair and Vice Chair will be up for re-election annually, during the fourth quarter of each fiscal year. The resulting newly elected Chair and Vice Chair will take office at the start of the next fiscal year.

All other Board members will remain in their positions until changed by the sector organization they represent.

Section 4 – The Board of Directors will ensure qualified individuals are in place to fill the following HERC positions: Healthcare Coalition Program Coordinator, Healthcare Coalitions - Regional Trauma Advisory Council Coordinator and Medical Advisor. These positions will be contracted through the Wisconsin Department of Health Services or a designated NEW-HERC Fiscal Agent. Position job descriptions will be written and approved by the NEW-HERC Board of Directors.

Section 5 – The Board Positions and Responsibilities:

Chair / Vice Chair:

- Calling to order and adjourning all meetings
- Facilitate all consensus and/or voting decisions (See Article VII – Decision Making)
- Will abstain from voting at any given decision unless there is a voting tie; at such time a Chair vote will be the tie breaker.
- The Chair will assign Board members to Study Groups to support the operational and business bylaws as needed. (See Article VII – Study Groups)
- The Chair will attend any State level HERC meetings or identify an alternate to represent NEW-HERC interests at those meetings.

Recording Secretary:

- The Healthcare Coalition Program Coordinator will be the recording secretary for meeting minutes and related documentation.

Treasurer:

- For fiscal year July 1, 2014 through June 30, 2015 the Treasurer will be the Brown County Health Department, Health Officer. Brown County Health Department will be the fiscal agent for the NEW-HERC for this time period.
- A fiscal agent for the years beyond June 30, 2015 will be determined by the Board of Directors. The roles and responsibilities for the Treasurer and the fiscal agent will be defined in the Operational and Business Bylaws and approved by the Board.

Section 6 – Healthcare Coalition (HCC) Advisory Board Support

The NEW-HERC Board of Directors will support the multi-regional HCC Advisory Board to the best of its ability in keeping with the guidance provided by the Wisconsin Department of Health Services letter dated on or about February 15, 2015. (see Attachment B)

ARTICLE VII – DECISION MAKING

Section 1 – Decisions made by the NEW-HERC Board of Directors will be facilitated by the Board Chair. All meetings will be open to all members of all Response and Supporting agency and organization partners. The Chair will ensure that any Response or Support agency or organization member will have opportunity to speak to the Board at each meeting. The Chair will control the time provided to each speaker to give all wishing to speak a portion of time but stay within the limits of the meeting duration and the need to complete agenda business.

Section 2 – A combination of consensus and voting will be employed based on the nature on the subject matter and wishes of board members. In either case decisions will be documented in the meeting minutes and identified as a consensus or voted decision. Only organization (as defined in these Operational Bylaws) board members may vote with one vote per organization.

Consensus is the general agreement of the board members. Although a decision may not be in total agreement among members, all board members will support the decision made by consensus.

Voting will be conducted in the following manner:

- A vote may be held with a quorum of pre-identified board members. A quorum is defined as 50% of the voting Board members plus one. To changes to the NEW-HERC Operational or Business Bylaws; least two-thirds of the voting board members must be present.
- The Chair will abstain from all votes unless there is a tie; at which time the Chair will vote as a tie breaker.
- All decisions put up for vote will be completed in the following manner:
 - A motion will be made by a board member who will enact a given decision.
 - The Chair will facilitate a discussion with all board members present until a final motion statement has been agreed upon by consensus and noted. The Chair has the latitude to accept input from non-board members present at the meeting.
 - If the terms of a motion cannot be agreed upon by consensus of the board members the Chair may defer the vote to a study group (See Article IX, Study Groups) and bring the matter back to the next meeting to continue the voting process.
 - If the terms of the motion are reached by consensus, the Chair will ask for a “Second” from a board member for the motion and that the motion will be brought to a vote.
 - If a “Second” is obtained and recorded, a vote will be held by simple show of hands.
 - The Chair will verify the count and direct the recording secretary to document the motion/decision made; the vote count (in favor and opposed) and a positive statement that the motion was passed or not passed.

ARTICLE VIII – INFORMATION SHARING

The Healthcare Coalition Program Coordinator will establish and maintain an email list of all partners and their identified representatives. This will allow transparency and timely feedback. As appropriate the Healthcare Coalition Program Coordinator at the direction of the Board of Directors may also establish additional means of information sharing such as an HERC website or other appropriate media methods as appropriate.

ARTICLE IX – STUDY GROUPS

When needed the Chair may direct a study group to be formed from the NEW HERC membership to research and develop procedure, protocol, operational and business aspects, that may also include grant writing projects. Study groups may also be needed to gather information prior to taking a vote on individual motions made by a board member.

The Chair will facilitate the following:

- Define the nature and scope of the study group topic.
- Define the deliverables expected from the study group.
- Ask for volunteers to make up the study group and, if none, appoint board members to the study group.
- Ask for a volunteer to lead the study group and, if none, appoint a leader.
- Set a date with the concurrence of the study group on which deliverables will be completed.
- Direct the recording secretary to document in the meeting minutes:
 - Nature and scope of the study group
 - Deliverables
 - Group leader and members
 - Agreed deliverables completion date

ARTICLE X – GRANT WRITING AND APPROVAL

Section 1 – The Healthcare Coalition Program Coordinator in conjunction with the Healthcare Coalitions - Regional Trauma Advisory Council Coordinator will be responsible for drafting any funding grant opportunities in keeping with the grant guidance and expectations provided. As needed, a study group will be formed to support the grant writing process.

Section 2 – The Healthcare Coalition Program Coordinator will verify with the fiscal agent that all grant applications are within the scope and authority of the NEW-HERC Business Bylaws.

Section 3 – The Healthcare Coalition Program Coordinator will present all draft grant requests or applications to the NEW-HERC Board of Directors for approval before the grant submission date and with time to make adjustments as deemed necessary by the Board of Directors.

ARTICLE XI – PROCEDURES

Section 1 – The Healthcare Coalition Program Coordinator in conjunction with the Healthcare Coalitions - Regional Trauma Advisory Council Coordinator and Medical Advisor will facilitate study groups to develop regional protocols or procedures that describe concepts of operation for a medical response to a mass casualty incident or catastrophic health event.

Section 2 – The Healthcare Coalition Program Coordinator in conjunction with the Healthcare Coalitions - Regional Trauma Advisory Council Coordinator and Medical Advisor will facilitate study groups to develop procedures governing the actions and responsibilities of the Medical Coordination Center.

Section 3 – All protocols and procedures developed under Sections 1 & 2 above will be approved by the Board of Directors.

ARTICLE XII – TRAINING AND EXERCISES

Section 1 – The Healthcare Coalition Program Coordinator in conjunction with the Regional Healthcare Coalitions - Regional Trauma Advisory Council Coordinator and Medical Advisor will develop a training and exercise plan. This plan will be approved by the Board of Directors. The plan should include but not limited to:

Training:

Provide training materials in standard training formats to all Response and Support partners that explain the concepts of operation of medical response to a mass casualty incident or catastrophic health event.

Provide training materials in standard training formats to all members of the Medical Coordination Center (MCC) and partners that are expected to communicate or interact with the MCC during a mass casualty incident or catastrophic health event.

Exercises:

All exercises will be developed following the Homeland Security Exercise & Evaluation Program (HSEEP).

The scheduling of exercises will be coordinated with regional and state partners to maximize participation among partners.

Section 2 – The Board of Directors will provide for a procedure that describes a method by which program documents, emergent issues, training materials and HERC drills and exercises are evaluated for gaps or areas for improvement. This procedure will also include the method by which gaps or areas for improvement will be resolved, corrected and tested.

ARTICLE XIII – MEDICAL COORDINATION CENTER

The NEW-HERC Board of Directors understands that there is an expectation for each Wisconsin Healthcare Coalition to establish and implement an operational Medical Coordination Center (MCC). This expectation will be accomplished over time. With the availability of guidance and informational templates, NEW-HERC Board of Directors will initiate development of an MCC and identify a timetable for implementation. When preparations are complete the Board of Directors will initiate a stand-alone MCC plan and operating procedures. Key elements of which will include but not limited to:

- A structure for medical coordination during an emergency response that includes: a) an identified MCC within the tiered response concept and b) protocols and procedures that activate and guide the MCC response.
- A description of how the MCC will coordinate with regional and neighboring Emergency Operation Center jurisdictions when activated.

ARTICLE XIV – BUSINESS BYLAWS

The NEW-HERC Board of Directors will initiate fact finding and discussion on selecting a business model for the HERC that will support and maintain the HERC on into the future. The business model selection will be made by June 30, 2015. Implementation will be based on legal and Internal Revenue Service steps needed to implement the chosen model. When completed, a set of Business Bylaws will be developed and approved by the Board of Directors that defines fiscal accountability for the NEW-HERC.

ARTICLE XV – OPERATIONAL BYLAWS REVISION & APPROVAL

The initial Operational Bylaws and any subsequent amendments to the Operational Bylaws governing the Region 3 Healthcare Coalition will be approved in accordance with Article VII, Section 2 of these bylaws. The HERC Board of Directors Chair signs that a vote was conducted in accordance with the Operational Bylaws.

ARTICLE XVI – PROGRAM ACCOUNTABILITY

Section 1 – The NEW-HERC Board of Directors will ensure ASPR program measures are met through self-evaluation and reporting at a frequency identified by ASPR. Reporting will be accomplished as requested through the Wisconsin Department of Health Services. The NEW-HERC Board of Directors will ensure that state level HERC Advisory Board guidance, addressing unity between regional HERCs and statewide response and recovery activities are achieved.

Section 2 – A multi-year work plan will be maintained and updated on a periodic basis to ensure all ASPR program measures and HCC Advisory Board guidance is achieved within the capability of the region's resources.

Attachment A

Board of Director Voting Member Roster

by Member Sector

(NOTE: The names on this list may be changed by consensus of the Board as changes are identified by member sectors without a change to the Operational Bylaws as a whole.)

Attachment A Updated: 05-29-2015

Northeast Wisconsin Regional Trauma Advisory Council		
	Name:	Member Organization:
Primary		
Alternate		

Hospital Emergency Preparedness		
	Name:	Member Organization:
Primary		
Alternate		

Northeast Wisconsin EMS Association		
	Name:	Member Organization:
Primary		
Alternate		

Marinette EMS Association		
	Name:	Member Organization:
Primary		
Alternate		

Local Health Departments		
	Name:	Member Organization:
Primary		
Alternate		

Local Emergency Management		
	Name:	Member Organization:
Primary		
Alternate		

Psychiatric Hospitals		
	Name:	Member Organization:
Primary		
Alternate		

Tribal Clinics		
	Name:	Member Organization:
Primary		
Alternate		

Community Health Centers		
	Name:	Member Organization:
Primary		
Alternate		

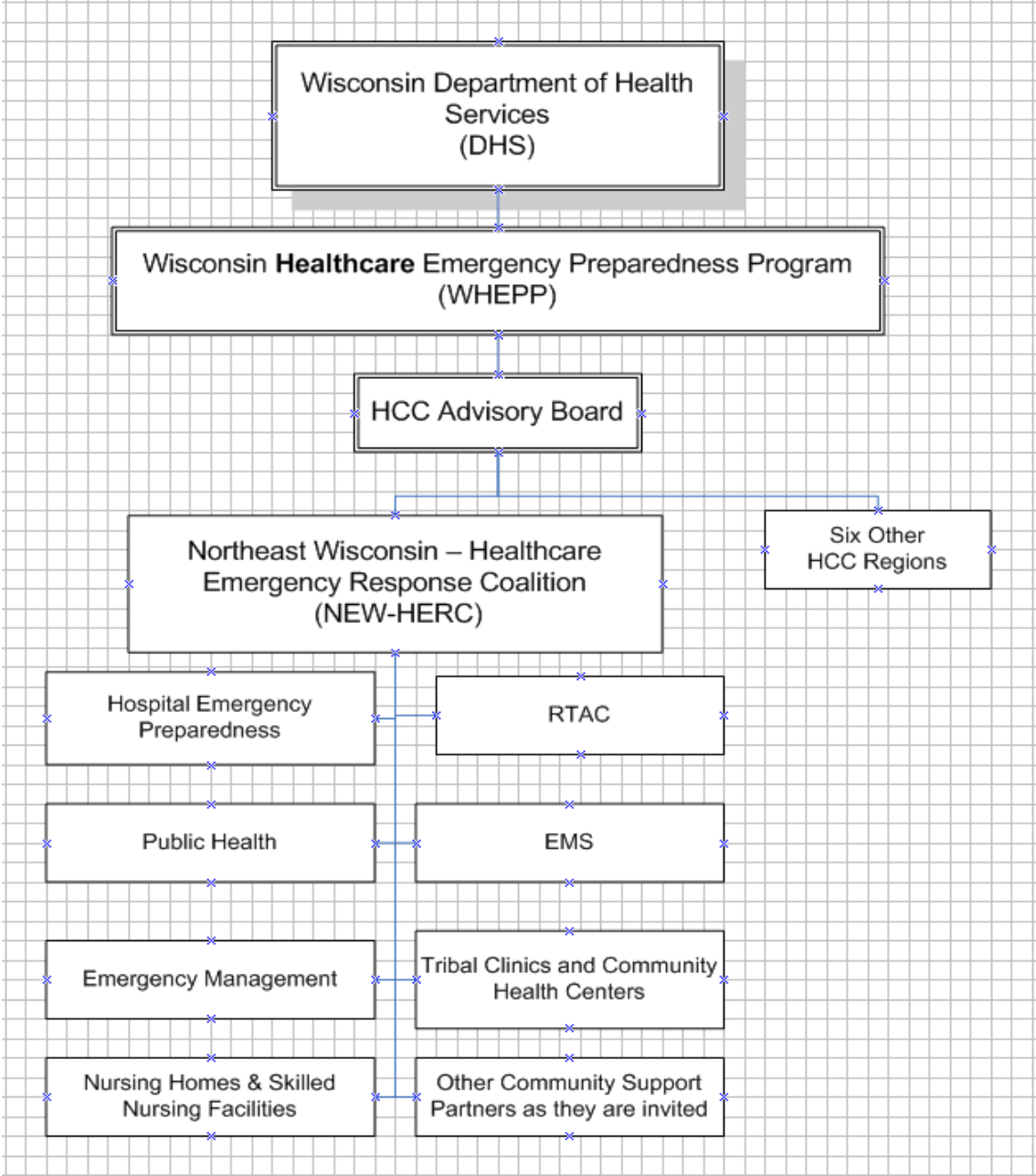
Nursing Home & Skilled Nursing Facilities		
	Name:	Member Organization:
Primary		
Alternate		

Attachment B

General Organization Structure

(NOTE: The names on this list may be changed by consensus of the Board as changes are identified by member sectors without a change to the Operational Bylaws as a whole.)

Attachment B Updated: 05-29-2015



Attachment C

Wisconsin Health Emergency Region Map

Rev. April 29, 2014

(NOTE: The names on this list may be changed by consensus of the Board as changes are identified by member sectors without a change to the Operational Bylaws as a whole.)

Attachment B Updated: 05-29-2015

