

# Nonurban Missouri Healthcare Coalition Governance Document



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## OVERVIEW

### Mission

To improve all-hazard medical response for the nonurban regions 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 nonurban healthcare coalition

### Scope

The HCC is promoted as a method to prepare for and respond to incidents among diverse ESF-8 health and medical entities within a geographic area. Tiered, scalable and flexible coordination among varied agencies will facilitate more effective, efficient and timely situational awareness and coordination of resources, resulting in an overall improved health care emergency response. The role of HCC is to coordinate, collaborate and communicate; the HCC never replaces or interferes with official command and control structure authorized by state and local emergency management.

The formation of the HCC is based on multiple scholarly and federal resources but specifically aligns with and is directed by the following grant programs.

The Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) focuses on activities that establish or maintain ready health care systems through strong HCC and the individual organizations that engage in preparedness and response. These activities are outlined specifically in the current *Health Care Preparedness and Response Capabilities*.

### Administrative Support

This Nonurban MO HCC is supported by the Missouri Hospital Association (MHA) subcontracted by Missouri Department of Health & Senior Services (DHSS) in the fulfillment of Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP). Due to funding requirements, the nonurban healthcare coalition conducts business on a fiscal year basis, beginning July 1 through June 30.

MHA is the fiscal and administrative agent for the Nonurban MO HCC, and in this role, facilitates the following activities.

- Establish and execute annual workplan and budgets as directed by the HPP program.
- Coordinate HCC advancement through planning, training, exercises and evaluation.
- Maintain documentation, to include this document, ensuring semiannual review by HCC leadership at meetings and annual review and approval by the full membership.

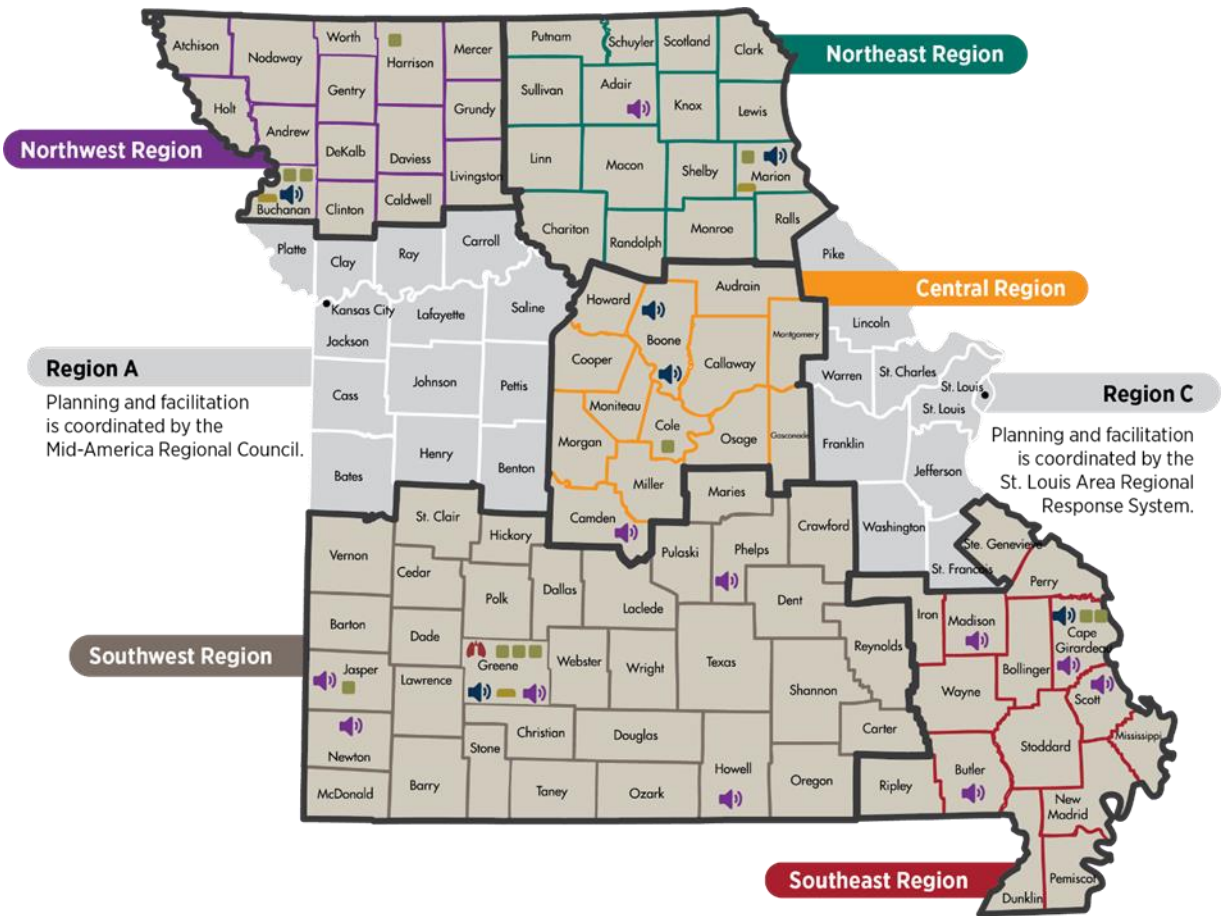
### Organization and Process

To ensure an established system of preparedness and response among HCC members and among the nonurban regions, the HCC follows the process outlined below.

- formally convene at regular intervals
- maintain current coalition membership attendance records in the EMResource® eICS library
- maintain current contact information, using and routinely testing the EMResource® applications for HCC monitoring, notification and document maintenance
- annually conduct regional Hazard Vulnerability Analysis (HVA), which is conducted in collaboration with regional partners, are consensus-based and conducted to identify overarching risks within the geographic region
- annually conduct a formal exercise as a coalition to ensure compliance with HPP exercise requirements

### Coalition Boundaries

The one nonurban Missouri healthcare coalition is divided into five regions. As the coalition matures, a few regions have modified their boundaries based on existing health care service catchment areas, regional EMS regions and established partnerships.



## Nonurban Demographics

As appropriate, the demographics are updated annually.

- 92 counties
- 54,579 square miles
- 2,476,639 population
- 83 hospitals
- 92 public health agencies

The nonurban also partners and prepares with approximately:

- 110 Ground EMS
- 7 Air Ambulance
- 500+ EMDs
- 3 Level-I trauma centers, 3 Level-II trauma centers, 4 Level-III trauma centers
- 368 elementary and secondary schools

- multiple large university populations
- 2 significant tourist areas
- High-risk critical infrastructures
- 17 other healthcare disciplines as outlined in the ASPR Health Care Preparedness Capabilities

## MEMBER ROLES, EXPECTATIONS AND PARTICIPATION

### Member Agreement

The Nonurban MO HCC provides a Member Roles, Expectations and Participation Agreement that is located in Appendix A of this document. It includes the purpose, definitions for Health Care Coalition, what is a Primary Agency, Support Agency, the regional coalition duty officer, assisting organizations, receiving facility, surge facility. It also outlines expectations for the primary agency and support agency participation, as well as the terms and termination of the agreement. Organizations are asked to select the type of participating agency and provided a primary and an alternate coalition representative. Signature of the agreement confirms select member agrees to the terms and the member is an active signatory or has not opted out of a discipline-specific mutual aid agreement. The signed agreement should be sent to the respective region MHA HCC Liaison.

## NONURBAN HCC BOARD

### Overview

The Nonurban Missouri Healthcare Coalition Board 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.

### Business Structure

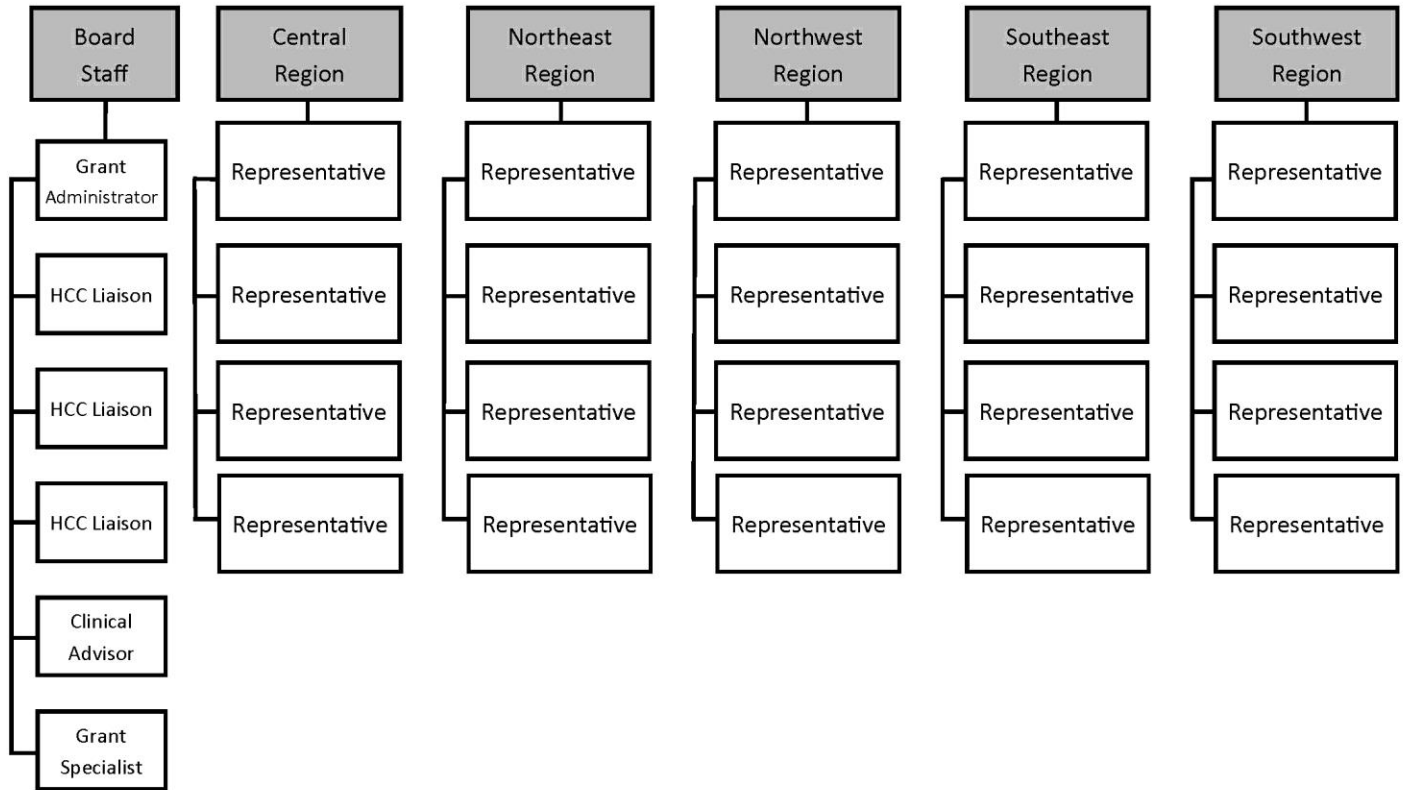
The coalition board meets face to face twice a year and convenes virtually twice a year, at a minimum. Meetings are convened and facilitated by a Board Staff HCC Liaison, following consent agenda. Participation and progress are consistently documented by official minutes. The coalition may establish subcommittees and workgroups to perform such tasks and duties as deemed appropriate by the coalition board.

### Organizational Structure

- Twenty (20) person oversight board comprised of health care coalition members
- 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 present

## NONURBAN MISSOURI HEALTH CARE COALITION BOARD

### Organizational Chart



### 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

### 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.

## Board Membership

### Nomination of Representatives

- Annually, each region reviews the representative list and makes nominations and appointments accordingly.
- 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 no term limits for the members. As long as the representative remains active in the coalition and contributing, the representative can maintain their position.

### 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 awareness
- General understanding of ESF 8 – Public Health and Medical as it relates to the nonurban HCC

### Additional Recommended Competencies

- NIMS 300 and 400
- Terrorism Liaison Officer

## STATE LEVEL ENGAGEMENT

### Statewide Leadership Partnership

The Missouri Healthcare Coalition Leadership Partnership is a forum of the state’s healthcare coalition leaders (MARC, MHA, STARRS) to:

- guide Missouri’s work relative to the state’s healthcare coalitions’ enhancement and collaboration during both preparedness and response
- provide a platform for expertise in the development and refinement of state-wide healthcare resources
- provide input into Missouri’s planning relative to health system emergency preparedness, planning, response and recovery efforts
- remain apprised of developments and best practices with Missouri’s healthcare coalitions

### Nonurban HCC Representatives

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

- Central Region: Chris White, Joe Bayer
- Northwest Region: Blair Shock, John Barclay
- Northeast Region: Mike Chambers, Amy Michael
- Southeast Region: Jerie Fluchel, Robbie Myers
- Southwest Region: Jason Henry, Wendy Squires

## HVA

Each region of the Nonurban Healthcare Coalition conducts a Hazard Vulnerability Assessment each year to inform planning, training, and exercises.

## REVIEW AND AMMENDMENTS

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.