

Health Care Coalition of Orange County



Charter and Bylaws

2019

Plan Authorization

HCC Executive Committee Members

Name/ Signature	Title/Affiliation	Representing	Signature	Date	Alternate
Calvin Fakkema	Hospital Emergency Management / CHOC Hospital	Hospitals		1/22/2019	Nicola Harwood
Joe Brothman	Hospital Emergency Management / UCI Medical Center	Hospitals		1/22/2019	Nicola Harwood
Rob Viera	Care Ambulance	EMS Transport		1/22/2019	TBD
Ruth Clark	Base Hospital Coordinator / OCGMC	EMS Non Transport		1/22/2019	TBD
Vicki Osborne	Assistant Emergency Manager / Orange County Sheriff's Department Emergency Management	Emergency Management		1/22/2019	Michelle Anderson
Nicole Garcia	Behavioral Health Disaster Reponses/ Orange County Health Care Agency	Public Health		1/22/2019	Rachael Ferraiolo
Rick Byrum	Administration/ The Covington Skilled Nursing Facility	Long Term Care Skilled Nursing		1/22/2019	Symon Calimbahin
Brian Froman	Administration/ Team Select Homecare	Hospice Home Health		1/22/2019	TBD
Danilo Concepcion	Administrator / St. Joseph Renal Service	Outpatient Dialysis		1/22/2019	Edward Cuelich
Don Hoa	Administrator Share Ourselves Clinic	Outpatient		1/22/2019	Diana Mata

SECTION I

INTRODUCTION

I. INTRODUCTION

The Health Care Coalition of Orange County (HCCOC) charter outlines the functions of the Health Care Coalition of Orange County while the Bylaws describe the rules that direct the operations of the HCCOC. This document is a product of collaborative planning to address immediate medical health response requirements of healthcare providers in the Orange County area in the event of a disaster.

During large emergencies or disasters, medical and health resources may be unavailable or inadequate to meet the demand. The California Medical/Health Mutual Aid System is designed to address these issues by identifying and facilitating the distribution of regional, state and/or federal resources to the area(s) in need.

While the California Mutual Aid System has been tested and considered reliable, healthcare providers in a community are encouraged to establish a Memorandum of Understanding (MOU) – beyond the agreement to the prepare, collaborate, and participate as outlined in this document – to share resources among themselves should an immediate need arise. The medical accrediting entities and the National Incident Management System encourage such agreements.

II. OBJECTIVE

The purpose of this charter is to aid healthcare providers in preparing for and responding to a disaster in a timely, comprehensive and coordinated manner. The success of this voluntary agreement is predicated on full participation of healthcare providers in Orange County.

An incident that exceeds the effective response capacity of the impacted healthcare providers will almost always involve the following entities: *the Emergency Management Division of the Orange County Sheriff's Department; the Orange County Emergency Medical Services Agency; the Medical Health Operational Area Coordinator; and the affected operational area response partners.* The disaster may be an "external" or "internal" event and assumes that each affected healthcare provider emergency management plans have been fully implemented.

III. PURPOSE OF COALITION

The purpose Health Care Coalition of Orange County (HCCOC) is to establish and develop a collaborative network of healthcare organizations and their respective public and private sector response partners within the Orange County Operational Area. The HCCOC exist to build a common operational framework that strengthens the ability of the local health and medical system to rapidly and effectively respond to emergencies. A common operational framework supports effective information flow between local and regional healthcare partners and supports efficient response when additional resources are needed during emergencies that exceed the response capabilities of local healthcare entities.

HCCOC serves as a voluntary, multidisciplinary, multi-agency group that assists in the coordination of medical and health preparedness, response, recovery and mitigation activities. Some of the activities of the HCCOC include:

- Interface with the appropriate level of emergency operations by sharing information among participating health care organizations and with jurisdictional authorities to promote common situational awareness.
- Support the needs of healthcare organizations through sharing Emergency Operation Plans.
- Meet the community needs by promoting the quality of disaster patient/victim care services and improving overall healthcare response capabilities.
- Develop and implement effective practices including continuity planning, education, training and evaluation as they relate to emergency preparedness.
- Serve as a means to strengthen and sustain the local health and medical emergency management system by properly analyzing gaps.
- Promote healthcare providers' capacity to anticipate the plan of care in the event of a medical surge.

IV. PLAN MAINTENANCE

Review

The Health Care Coalition of Orange County Charter and Bylaws will be reviewed annually by the Health Care Coalition Executive Committee. Revisions or changes will be distributed to participating entities.

Revisions

Changes should be made to the plan and the revision date will be identified in the document. Changes may be needed when:

- Hazard consequences or risk areas change;
- The concept of operations for emergencies changes;
- Communications systems are upgraded;
- A training exercise or an actual emergency reveals significant deficiencies in existing planning documents; or
- State or federal planning standards for documents are revised.

SECTION II

CHARTER

I. GENERAL INFORMATION

Mission

To support medical and healthcare entities to prepare for, respond to, mitigate and recover from disasters by promoting integration, information sharing, and resource support in the Orange County Operational Area and California Medical/Health Mutual Aid Region I.

Vision

To develop a unified medical and health emergency management community to prepare, respond and recover from emergency and disasters

Values

- Respect
- Integrity
- Service
- Team Work

Membership

In accordance with the Health Care Coalition of Orange County (HCCOC) Bylaws, membership consists of representatives authorized by participating healthcare partners. The HCCOC consist of General Membership and Executive Membership.

Meetings

HCCOC meetings will be held quarterly or as needed by rule of the Executive Committee. General Members should attend HCCOC quarterly meetings and participate in HCCOC activities. General members should designate an alternate representative to attend meetings in their absence. Executive Committee Members shall be expected to fulfill the meeting requirement as defined in the Bylaws.

Training and Education

HCCOC will coordinate training and education opportunities. Members will be queried pertaining to their interest in such trainings and education. A minimum attendance will be set for each training

Drills and Exercises

Drills and exercises will be held based on operational area needs.

II. GOVERNANCE PRICIPLES

Committees

The committee structure shall be inclusive of the HCC Executive Committee, HCC Advisory Committees and the General Membership HCC Committee. Governance of the HCCOC shall be in accordance with the Bylaws.

1. *Executive Committee*

The HCC executive committee shall consist of the HCC Core Membership and shall be responsible for conducting the business and operations of the HCCOC.

2. *Advisory Committees*

Advisory committees shall advise the HCC Executive Committee on the performance measures and progress for their specific committee. There shall be established the following standing Advisory Committees of the HCCOC to focus on the goals, objectives and performance measures of the specific healthcare entities. The standing Advisory Committee members of which shall be appointed by the Chairperson include:

- a) Hospital HCC Advisory Committee
- b) Long Term Care/Skilled Nursing Facility Advisory Committee
- c) Home Health/Hospice HCC Advisory Committee
- d) Outpatient (Clinics, Dialysis, Surgical Centers, Urgent Care) HCC Advisory Committee
- e) Emergency Medical Services HCC Advisory Committee

Special subcommittees may be appointed by the Chairperson of the Executive Committee or Advisory Committees when deemed necessary to carry on the work of the HCCOC.

3. *General Membership HCC Committee*

The General Member HCC Committee meeting is an open meeting for the purpose of information sharing, collaboration, networking, education and providing updates on the progress, efforts, objectives and performance measures of the HCCOC.

III. PROTOCOLS AND FORMALITIES

Agenda Development and Distribution

It is the policy of the HCCOC to assure that meeting agendas are developed, posted, and distributed in a way that allows for timely and open access to the process. The following is an outline of the required process in support of agenda development and distribution:

1. *Agenda Development*

Items of business may be suggested by any HCCOC member. The inclusion of agenda items will be at the discretion of the Executive Committee Chair, HPP Grant Manager and HCC Coordinator. The agenda must contain a brief general description of each item of business, and indicate the time and place of the meeting. Each agenda item will identify the speaker/presenter. Agenda items will be submitted to the HCC Coordinator twenty-one (21) calendar days prior to the HCCOC regular meetings. Items submitted less than the 21 calendar days prior to a scheduled meeting date may be postponed to a later meeting date in order to allow sufficient time for consideration and preparation of the issue. Any urgent or time sensitive items that occur outside the normal meeting

cycle will be brought to the Executive Committee Members and a determination will be made if a Special Meeting session needs to be called.

2. *Agenda Distribution*

The agenda, together with any supporting materials will be posted electronically at least three (3) calendar days prior to the regular meeting date. Limited copies of the agenda package will be available in hard copy at the HCCOC meetings.

IV. FINANCE

The HCCOC has no direct fiscal authority nor operates and/or maintains an annual budget. The members of HCCOC shall serve without compensation. If tasks require financial funding for implementation, they must equitably support all stakeholder initiatives.

V. HCCOC PLANS, POLICIES & PROCEDURES

The HCCOC Executive Committee Membership will be responsible for the approval of HCCOC plans, policy and procedures that guide HCCOC preparedness, mitigation, response and recovery functions of the HCCOC.

SECTION III

BYLAWS

I. INTRODUCTION TO BYLAWS

Name

The name of this organization shall be the Health Care Coalition of Orange County (HCCOC)

Preamble

The Health Care Coalition of Orange County serves the citizens of Orange County, California.

II. PURPOSE

The Health Care Coalition of Orange County (HCCOC) is a collaborative network of healthcare organizations and their respective public and private sector response partners within the Operational Area of Orange County. HCCOC serves as a voluntary, multidisciplinary, multi-agency group that assists in the coordination of health and medical emergency management preparedness, response, recovery and mitigation activities.

III. FUNCTIONS

The functions of the HCCOC include:

1. Interface with the appropriate level of emergency operations by sharing information among participating health care organizations and with jurisdictional authorities to promote common situational awareness.
2. Support the needs of healthcare organizations through collaboration of coalition partners' various Emergency Operation Plans.
3. Meet the community needs by promoting the quality of disaster patient/victim care services and improving overall healthcare response capabilities.
4. Develop and implement effective practices including continuity planning, education, training and evaluation as they relate to emergency preparedness.
5. Serve as a means to strengthen and sustain the Public Health and medical emergency management system by properly analyzing gaps.
6. Promote healthcare providers' capacity to anticipate the plan of care in the event of a medical surge.

IV. AUTHORITY

1. The authority of the HCCOC lies with those entities that entrust the HCCOC to provide recommendations.
2. Such an advisory role does not obligate the HCCOC as an entity to perform any specific administrative, fiscal or disciplinary function.

V. MEMBERSHIP

1. The membership consists of the representatives authorized by the participating entities, which are those entities that have an interest in contributing to the purpose of the HCCOC.
2. HCCOC consist of Executive Membership and General Membership.
3. Executive Committee Membership meets core membership requirements and consist of:
 - i. Hospital Representatives (2)
 - ii. EMS Representatives (1 Transport Provider 1 Non Transport Provider)

- iii. Public Health Representative (1)
 - iv. Emergency Management Representative (1)
 - v. Long Term Care/Skilled Nursing Facility Representative (1)
 - vi. Home Health/Hospice Representative (1)
 - vii. Outpatient Representative (1 Dialysis 1 Other)
4. General Membership should include hospitals, community health centers, integrated healthcare systems, private physician offices, outpatient clinics, dialysis and other specialty treatment centers, and long-term care facilities (nursing homes, other skilled nursing facilities), and home care/hospice. General Membership should also include, but is explicitly not limited to, public and private medical or health services, emergency preparedness agencies, educational organizations, faith based organizations, nonprofit organizations, community organizations, emergency services and governmental bodies with an interest in the provision of healthcare in Orange County during disasters or other states of emergency.

VI. HCC GOVERNANCE

HCC Executive Committee

The officers of the HCCOC shall be a Chairperson, a Vice Chairperson, and a Secretary.

The Chairperson and Vice Chairperson of the HCCOC Executive Committee shall not be an employee of the County of Orange and shall be elected by the HCCOC Executive Committee Members. The Secretary position shall be filled by Orange County Health Care Agency Staff.

Duties of Officers:

- a) Chairperson: The Chairperson shall, when present, preside at all meetings of the HCCOC. The Chair of the Executive Committee will conduct the official vote amongst committee members. The Chair will not cast a vote unless the majority is unable to come to a consensus on the motion presented. The Chairperson shall have further powers and duties as may be assigned by the HCCOC Executive Committee Members.
- b) Vice Chairperson: In the absence of the Chairperson, the Vice Chairperson shall preside at meetings and shall exercise the powers and duties of the Chairperson. The Vice Chairperson shall have other duties and powers as may be assigned by the HCCOC Executive Committee Members.
- c) Secretary: The Secretary shall cause to be kept all minutes of all meetings of the HCCOC.

HCC Advisory Committee

The HCC Advisory Committee chair will be a representative of a medical and health entity with a definitive affiliation to the established Advisory Committee. The Advisory Committee chair may be recommended by a representative of a medical and health entity and approved by the HCCOC Executive Committee Members.

Advisory Committee Chairs who fail to attend three consecutive meetings, or who fails to attend one-half of the annual meetings, unless excused by the HCC Executive Committee Membership, shall automatically vacate the position.

Orange County Emergency Medical Services Health Emergency Management Staff:

The HCCOC Executive Committee and Advisory Committees shall be staffed by the OCEMS Health Emergency Management Healthcare Coalition Coordinator or designee who will prepare an agenda.

OCEMS Health Emergency Management Staff shall be responsible for advising the Executive Committee and Advisory Committee members of administrative, operational or other locally identified needs.

VII. MEETINGS

HCC Executive Meetings

Meetings will be held at least quarterly in January, April, July and October on the fourth Thursday of the month. The HPP manager and/or the HCC Coordinator will set the agenda for the meetings. The first meeting of each year shall be in person face-to-face meeting. Subsequent meetings will be virtual meetings unless otherwise determined by executive committee.

The HCCOC Chairperson will maintain order during the HCC Executive Committee meetings according to Roberts Rules of Order.

Minutes will be taken at all HCCOC Executive Committee meetings. The minutes will have copies of all documents for which the HCCOC has provided an opinion, approval or action.

HCC General Membership Meetings

The HCCOC Chairperson will lead maintain order at the HCCOC General Membership Meeting.

Minutes will be taken at all HCCOC General Membership meetings. The minutes will have copies of all documents for which the HCCOC has provided an opinion, approval or action.

HCC Advisory Committee Meetings

The HCCOC Advisory Committee Chairperson will lead and maintain order at the advisory committee meeting.

Minutes will be taken at all HCCOC Advisory Committee meetings. The minutes will have copies of all documents for which the HCCOC has provided an opinion, approval or action

VIII. BYLAWS, ADOPTION AND AMMENDMENTS

These Bylaws, and any future amendments to these bylaws, must be approved by one over half vote by the HCCOC Executive Committee Members. The Bylaws/Amendments become effective immediately, upon approval.

The most recent date of approval will be displayed in the footer of the Bylaws.

SECTION IV

APPENDIX

Health Care Coalition of Orange County (HCCOC) Organizational Chart

