



Boston Healthcare Preparedness Coalition Charter

Revised: November 5, 2013

Boston Healthcare Preparedness Coalition (HPC)

The Boston Healthcare Preparedness Coalition (HPC) is a partnership consisting of public health, emergency medical services (EMS), hospitals, community health centers, long term care, home health, mental health, and specialty care organizations. These partners coordinate for a unified response to emergencies affecting public health and/or its infrastructure in any or all areas of the region.

The Boston HPC is the primary conduit for preparedness and response planning for the multiagency coordinating center (MACC) functions of the Stephen M. Lawlor Medical Intelligence Center (MIC) at Boston EMS. The Office of Public Health Preparedness (OPHP) coordinates Boston HPC and oversees MIC management to support EMS, public health, and healthcare response and recovery efforts. OPHP is an office of the Boston Public Health Commission closely affiliated with Boston Emergency Medical Services.

Mission/Purpose

The Boston HPC develops and promotes the emergency preparedness and response capabilities of the City of Boston and its surrounding jurisdictions by:

- Strengthening medical surge capacity and capabilities
- Building relationships and partnerships
- Facilitating communication, information and resource sharing
- Maximizing movement and utilization of existing resources
- Coordinating training, drills, and exercises

Coalition Membership

Membership: Membership in the coalition is open to all Region 4C organizations or entities that agree to work collaboratively on healthcare emergency preparedness and response activities. Membership includes but is not limited to Region 4C:

- Voting Members (in alphabetical Order)
 - Boston Public Health Commission/Boston EMS
 - Boston EMS
 - Office of Public Health Preparedness
 - Infectious Disease Bureau
 - Other Bureaus and Programs as Appropriate
 - Community Health Centers
 - Massachusetts League of Community Health Centers
 - Home Health
 - Visiting Nurse Association of Boston (VNAB)
 - Hospitals
 - Conference of Boston Teaching Hospitals (COBTH)
 - Longwood Medical Area (LMA) Emergency Preparedness Committee
 - Long Term Care
 - Senior Care Association

- Mental Health
- Private EMS Agencies
- Specialty service providers (e.g., dialysis, pediatrics, woman's health, university student health centers, stand-alone surgery, urgent care)
- Support service providers (e.g., laboratories, pharmacies, blood banks, poison control)
- Non Voting Members
 - Non-Region 4C Organizations
 - Massachusetts Department of Public Health
 - Medical Examiners/Coroners
 - Emergency Management Agencies
 - Fire Services
 - Law Enforcement
 - Pharmaceutical and Medical Device Suppliers

Member organizations will assign a representative who will represent and speak on behalf of the organization.

Member Resignation: If an individual representing an organization withdraws from participation, a new representative should be appointed within 90 days.

Membership responsibilities/expectations:

- Designate a representative and alternates to assure ongoing participation in the coalition.
- Attend regularly scheduled meetings.
- Educate and inform EMS, public health, and healthcare organizations on coalition activities.
- Participate in establishing priorities for the coalition.
- Participate in the development of surge capacity plans, agreements and emergency preparedness and response plans.
- Participate in coalition sponsored training exercises and drills.
- Follow Roberts Rules of Order, (most recent edition) to guide the conduct of any Boston HPC meeting.

Voting

Voting membership: Each voting member organization will have one vote. An organization may have more than one representative present; however, they will only have one vote per agency. A proxy may be selected for a voting member.

Proxy Vote: If a member is unable to attend a scheduled meeting, they may transfer their vote to a proxy.

Quorum: At all meetings of the Coalition, a simple majority of the members shall constitute a quorum.

Simple Majority: 51% of those present at the meeting.

Conducting Coalition Business

A quorum is necessary to conduct official Coalition business at a meeting. Actions in a meeting shall be determined by a simple majority vote of members.

The Coalition may hold special votes by email or conference call. When such votes are conducted, there shall be a reasonable opportunity of five (5) business days for all members to have input prior to the vote. Voting shall be determined by a simple majority of all eligible members.

Meetings

Coalition meetings will be scheduled bimonthly. Written notice and agendas for all meetings of the membership shall be sent to members in advance of the meetings by the Committee Facilitator.

Emergency meetings may be convened at the request of the Coalition Chair provided that written notice is given each member at least five (5) working days prior to the proposed meeting stipulating the time, place, and objective of the meeting. No business may be transacted at a special meeting except that specified in the notice.

The February meeting will always have designated time for elections and other strategic, project, and goal-oriented discussions.

Boston HPC Officers and Committee Roles

Executive Committee: This committee will act as the Boston HPC executive council and will provide strategic leadership to the Coalition. The Executive Committee membership will have eight (8) standing members nominated or appointed by their respective discipline. The Executive Committee will lead the development and implementation of long-term strategic planning to provide the framework for Boston HPC activities.

Standing committee members represent disciplines with a single member acting on behalf of multiple parties:

Discipline	Member Name
Community Health Centers	Tina Wright
EMS	Deputy Superintendent Steve McHugh
Home Care	Lisa Gurgone
Hospitals	Maureen McMahon/Ali Sullivan
Long Term Care	Ann Marie Antolini/Helen Magliozzi
Mental Health	Andrea Hall
Public Health	Atyia Martin
University Student Health Center	TBD

Chair: The Chair shall coordinate with the Executive Committee to provide direction and leadership for HPC projects and initiatives. He/She shall act as chair over all Coalition meetings and develop direction for the Coalition meeting agendas while ensuring they are representative of the Officers and Committee members. The Chair or designee shall also serve as the official representative and spokesperson of the Coalition. The Chair will also provide direction for the Co-Chair and Committee Facilitator to track all Boston HPC projects and action items, their alignment with the strategic plan and goals, and their timeline/progress/status to review with the Executive Committee.

Co-Chair: The Co-Chair shall perform the duties of the Chairperson in their absence. The Co-Chair may also serve as the liaison to outside agencies and perform other duties as needed in coordination with the chair.

Committee Facilitator: This is a standing position filled by a member of OPHP:

- Serve as Committee liaison
- Coordinate communication for committee across jurisdictions
- Serve as the initial point of contact for committee, addressing and directing inquiries and concerns
- Provide logistical and administrative support for committee meetings, including:
 - Meeting documents/materials
 - Meeting notes

Process: At the end of the calendar year (during the December meeting), the Committee will accept nominations for new Executive Committee Members not specifically designated and recognize any changes in the standing members. Additionally, nominations for the co-chair will be accepted. The current chair may be nominated for re-election as co-chair if the members vote accordingly. Additionally, current Executive Committee Members may be re-elected. Elections will be held in February of every calendar year to take effect at the beginning of the fiscal year July 1st. The current co-chair will transition to the chair on July 1st with the newly elected co-chair taking their place as co-chair. During the interim period, the current officers/committee and officers/committee elects will work together for a smooth transition of duties.

Coordination: The Executive Committee, Chair, Co-Chair, and Committee Facilitator will meet once a month to develop and/or coordinate Boston HPC strategic planning, direction, and working group/project initiatives for the Coalition. The executive body as a whole will ensure Coalition projects and initiatives are aligned and on target with the Boston HPC strategic plan goals and timelines.

Voting: Each Executive Committee member will have one vote as the representative for their respective discipline. The Chair, Co-chair and Facilitator do not have voting privileges on Executive Committee business. If a member of the Executive Committee is unable to attend a scheduled meeting, they may transfer their vote to a proxy who must attend the meeting. Voting matters shall be decided by a simple majority vote for all business except the following, which require a two-thirds vote (5 out of 7 members):

- Amendments to the Boston HPC Charter
- Adoption/Amendments to the Boston HPC Strategic Plan

Subcommittees and Working Groups: The Coalition will establish standing and/or temporary subcommittees and workgroups to carry out its activities identified in the strategic plan. All subcommittees and working groups will establish timelines and milestones for projects and provide written progress and status updates to the Chair, Co-chair and Facilitator one month prior to the scheduled Boston HPC meetings. A representative from the Executive Committee will sit on each Boston HPC Subcommittee and Working Group.

By signing this charter, the signatory confirms:

- Membership to the Boston Healthcare Preparedness Coalition;
- Agreement to the terms of the charter; and
- A copy of this charter with the completed signature page will be provided to the appropriate authorities of the represented organization.

SIGNING PARTY

First Name

Last Name

Organization

Title

Discipline (Circle One):

- | | | |
|------------------------|-------------------|-------------------------------|
| • Emergency Management | • Home Health | • Public Health |
| • EMS | • Hospitals | • Specialty service providers |
| • Community Health | • Law Enforcement | • Support service providers |
| • Fire Services | • Long Term Care | |
| | • Mental Health | |
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Signature

AGENCY REPRESENTATIVE

Name

Title

Email

Address