



Coastal Bend Healthcare Preparedness Coalition Charter Trauma Service Area U

Effective Date: July 13, 2013
Reviewed/Revised: July 11, 2019

The Coastal Bend Regional Advisory Council's ("CBRAC") Board of Directors ("Board") recognizes the Coastal Bend Healthcare Preparedness Coalition ("Coalition") as the Preparedness Coalition for the geographic area encompassing TSA-U ("Trauma Service Area" U), and as a Standing Committee of the Board, with the authority, responsibilities and specific duties as described in this Charter.

Definition:

For the purposes of this instrument, *Charter* shall be defined as: "A written instrument given as evidence of agreement."

Composition:

The Coalition shall consist of the 12 Coalition Board Members and Official Members. To be considered an official member, organizations must sign the coalition memorandum of agreement (MOA) and submit all required documents or reports requested by the set deadlines.

Board Members consist of:

- 3 Hospital representatives - 1 from each: CHRISTUS Spohn System, CC Medical Center Group, Driscoll Children's Hospital
- 1 Long term acute care (LTAC) provider or rehabilitation hospital representative
- 2 City/County Public Health representatives.
- 2 EMS representatives (1 urban, 1 rural/frontier).
- 1 Education
- 1 At-Large
- 2 Emergency Management Organization representative

Official Members may be from these types of agencies:

Other Healthcare providers/facilities (not a hospital with ED), EMS Providers, Emergency Management/Public Safety, Long-term care/acute providers, Mental/behavioral health providers, Free Standing Emergency rooms, Birthing Centers, Home Health Care Agencies, Substance abuse and Narcotic Treatment Facilities. Private entities associated with healthcare (e.g., Hospital associations), Specialty service providers (e.g., dialysis, pediatrics, woman's health, stand-alone surgery, urgent care), Support service providers (e.g., laboratories, pharmacies, blood banks, poison control), Primary care providers, Community Health Centers, Industry Representatives (e.g. Petrochemical, Port), Law Enforcement and Federal entities.

The following shall be considered “Non-Voting” members of the Coalition:
Any and all other invited guests and any employees of CBRAC, including, but not limited to the CBRAC’s Executive Director.

Voting:

Decisions for the Coalition will be made by simple majority (>50%) of recognized “Board Members” present. In the case of a tie during a vote at which a quorum is present, the Chair will be deemed to have the authority to break the tie.

Mission and Scope:

The mission and scope of the Coalition is to encourage collaborative healthcare community planning and emergency preparedness for natural and man-made disasters affecting the Coastal Bend region. The Coalition will provide for a forum for persons, businesses, healthcare entities, and response agencies from within or surrounding the geographic boundaries of TSA-U to identify and address regional healthcare concerns.

Responsibilities, include, but are not limited to, the following:

1. Coordinate with local, regional and state officials/jurisdictions in planning efforts for the healthcare community.
2. Identify and determine gaps in planning, resources, education, or training and develop action plans to support educational and process refinement.
3. Facilitate integration with local, regional and state response partners.
4. Assist in development and execution of exercises and drills based on identified needs/issues, grant requirements, formulate corrective action plans, and perform follow-up measures to ensure best practices have been instituted.
5. Ensure coordination through support of the appropriate local, regional, or State Medical Operations Center.
6. Coordinate planning with response partners for unique needs of special medical populations/at-risk individuals.
7. Disseminate planning and response information as appropriate.

The Coalition may (and will be encouraged to) establish subcommittees and/or ad-hoc working groups as part of the Coalition committee structure designated to accomplish these responsibilities.

REPORTING STRUCTURE

The Coalition reports each meeting to the CBRAC Board Chairman via the CBRAC Executive Director or designee.

CHAIR

The Chair will be elected from the identified voting representatives (see Composition) of the Coalition and will serve a two year term. A Vice-Chair will be elected from the same body referenced above and will serve a two year term. The Vice-Chair will assume the position of Chair in the absence of the Chair.

TERM

Coalition Board members will be elected for a term of 2 years.

Voted on even years, the chair will be elected from one of these agencies:

- Rural/Frontier EMS
- City / County Public Health
- At Large
- Hospital
- Emergency Management representative
- University/College

Voted on odd years, the vice chair will be elected from one of these agencies:

- Urban EMS
- City / County Public Health
- Long term Acute Care
- Emergency Management representative
- Hospital
- Hospital

ROLE of Coalition Board CHAIR

The Chair of the Coalition Board is responsible for the following:

- Working with the CBRAC Executive Director or designee on setting the agenda and ensuring that agenda items are addressed.
- Facilitating achievement of committee priorities.
- Communicating the activities of the Coalition to the CBRAC Board of Directors via the CBRAC Executive Director or designee, and following up on issues identified.
- Identifying planning gaps within the purview of the Coalition and addressing those issues in an appropriate manner.
- Referring planning gaps or concerns outside the purview of the Coalition to the appropriate committees/departments.

ATTENDANCE

Board members of the Coalition are expected to attend and actively participate in all scheduled meetings. If a Coalition board member is unable to attend a scheduled meeting the board member must submit a letter to the CBRAC prior to the meeting indicating a designated proxy who assumes all the voting rights and responsibilities of the board member. Board member may send proxy no more than three times per fiscal year.

Board member is removed, when, within one fiscal year, he or she misses >25% of the scheduled meetings.