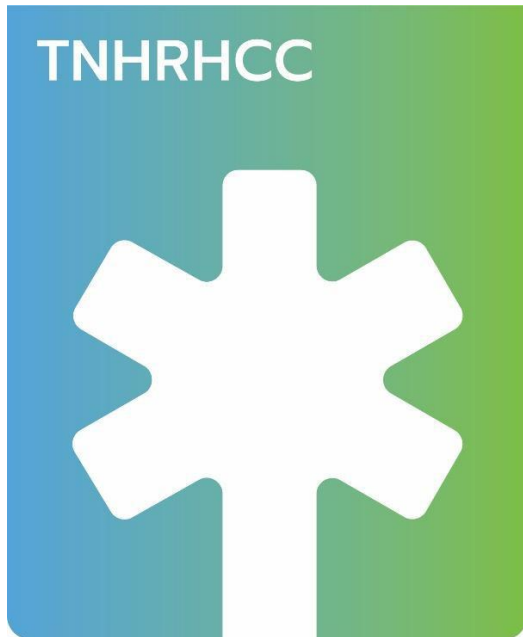

BYLAWS



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Date of Approval

Approval Type (initial, annual, as needed)	Date	Editor	Content Changed
Initial	4/6/21	Nikki Ringenberg, Consultant	Edited bylaws to meet 501c3 requirements
As needed	7/6/21	Tabitha Hobson, RHC Mac McCormick, RHC	Changes to fiscal year Edited executive officer and committee member requirements Changed to Executive Board voting, based on fiscal year
As needed	5/5/22	Mac McCormick, RHC	Additional responsibilities added for Chair and Vice Chair (Statewide Advisory Council) Signature section removed
Annual	10/11/22	Mac McCormick, RHC	Article 4, Section 2: added Mid-Cumberland EMS representative and Mid-Cumberland Hospital representative. Removed Acute Care Hospital. Added explicit rule facilities holding multiple board positions maintain only one vote per topic. Article 3, Section 6: added a list of ASPR-identified "Support Service Members." Removed language "non-members."
As needed	5/1/23	Mac McCormick, RHC	Article 2, Section 2: Added Vision Statement
Annual	6/20/24	Mac McCormick, RHC	Annual Review
As Needed	9/3/24	Mac McCormick, RHC	



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INITIAL APPROVAL

The By-Laws set forth herein are hereby approved and adopted following a majority vote by the Executive Board members of the Tennessee Highland Rim Health Care Coalition (TNHRHCC) on July 6, 2021. These Bylaws may be amended as outlined in [Article 10 – Reviewing and Amending the Bylaws](#) of this document.



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ARTICLE 1 - NAME AND GEOGRAPHICAL AREA

Section 1: Name

- A. The name of this organization shall be the Tennessee Highland Rim Health Care Coalition, hereafter referred to as the “TNHRHCC”

Section 2: Geographical Area (Region)

- A. The geographical areas in the TNHRHCC include Davidson, Cheatham, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson, and Wilson counties within the State of Tennessee
- B. Regional planning consideration will also be given for normal healthcare referral and resource sharing patterns to include other Tennessee Healthcare regions as well as state partners.
- C. The region is also referred to as Emergency Medical Service (EMS) Region 5, Homeland Security District 5 and 7, Mid-Cumberland Region (MCR), and the Nashville-Davidson County Region (NDR)

Section 3: Office

- A. The principal offices of the TNHRHCC shall be the addresses of the current Regional Healthcare Coordinators (RHC):
 - 1. Metro Public Health Department
2500 Charlotte Ave
Nashville TN 37209
 - 2. Mid-Cumberland Regional Office
710 Hart Lane
Nashville, TN 37216



ARTICLE 2 - MISSION STATEMENT & PURPOSE

Section 1: Mission Statement

- A. The TNHRHCC serves as a cooperative alliance of health, response, and governmental agencies for the communities of the region. The TNHRHCC will support preparedness activities for response and recovery efforts during any man-made, natural, or technological disaster, by promoting intra-regional cooperation and sharing of resources to deliver coordinated and effective care to the population

Section 2: Vision Statement

- A. *“Preparing for disasters. Training for emergencies. Supporting local responses.”*

Section 3: Purpose of the TNHRHCC

- A. Coordinate planning, organizing, equipping, training, exercise, and evaluation activities to assist healthcare personnel develop and maintain the necessary capabilities and skills for an effective response and recovery
- B. Facilitate information and resource sharing between local, regional, and state entities during the preparedness, response, and recovery phases
- C. Support healthcare agencies during the response and recovery phases of an emergency or disaster incident
- D. Promote and coordinate emergency preparedness efforts of the TNHRHCC’s member organizations based on the deliverables from the Administration for Strategic Preparedness and Response (ASPR), Centers for Disease Control (CDC), Centers for Medicare and Medicaid (CMS), and the Tennessee Department of Health (TDH)
- E. Serve as the vehicle to prioritize the use of federal grant funds and TNHRHCC purchases to improve member’s healthcare preparedness efforts

Section 4: Emergency Operations Coordination

- A. The TNHRHCC is entering the early phases of response coordination as directed by EMS and Emergency Management Agencies (EMA). In an emergency situation that impacts the healthcare community, the TNHRHCC Executive Director, the assigned Regional Healthcare Coordinators (2), and other key personnel within the TNHRHCC will provide Emergency Support Function 8 (ESF8) Public Health and Medical Services support to the TNHRHCC’s members
- B. Key incident management personnel may be in direct communication with ESF8 representatives at the county Emergency Operations Center (EOC), Regional Medical Communication Center (RMCC), Tennessee State Emergency Management Agency (TEMA) EOC, or Tennessee’s State Health Operations Center (SHOC) to maintain situational awareness and assist in emergency operations and resource coordination



ARTICLE 3 - TNHRHCC STRUCTURE

Section 1: Qualifications for TNHRHCC Membership

- A. Membership to the TNHRHCC is open to all healthcare organizations, response agencies, state partners, and other community partners, as approved by the TNHRHCC membership that exist in the TNHRHCC's geographical area (Article 1, Section 2) and that agree to work collaboratively on emergency preparedness, response, and recovery activities as it applies to healthcare
- B. Qualified TNHRHCC Members include the following CMS-17 facility types (e through t) and ASPR-named core members (a through d):
 - a. Hospital
 - b. Public Health
 - c. EMS
 - d. EMA
 - e. Religious Nonmedical Health Care Institutions (RNHCIs)
 - f. Ambulatory Surgical Centers (ASCs)
 - g. Hospices
 - h. Psychiatric Residential Treatment Facilities (PRTFs)
 - i. All-Inclusive Care for the Elderly (PACE)
 - j. Transplant Centers
 - k. Long-Term Care (LTC) Facilities
 - l. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID/DIDD)
 - m. Home Health Agencies (HHAs)
 - n. Comprehensive Outpatient Rehabilitation Facilities (CORFs)
 - o. Critical Access Hospitals (CAHs)
 - p. Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
 - q. Community Mental Health Centers (CMHCs)
 - r. Organ Procurement Organizations (OPOs)
 - s. Rural Health Clinics and Federally Qualified Health Centers (FQHCs)
 - t. End-Stage Renal Disease (ESRD) Facilities
- C. TNHRHCC Members must be employed by any of the agencies listed in (Article 3 Section 1B). Members may be asked for proof of employment/affiliation



Section 2: TNHRHCC Membership

- A. If there is uncertainty as to whether an organization qualifies as a member or whether the organization falls within the geographical area, a majority vote by the Executive Board will be used to determine membership
- B. Member organizations will assign at least one representative to attend TNHRHCC meetings.
- C. Individuals may represent more than one member organization, but must clearly be acting in the interests of each represented organization independently
- D. All facilities will submit a list of deployable resources annually indicating which resource was funded by the TNHRHCC and which items would require a Mutual Aid Agreement for deployment
- E. Organization representatives are eligible to fill elected TNHRHCC officer positions if an individual representing an organization withdraws from participation, the member organization will make every effort to appoint a new representative within 45 days
- F. It is the responsibility of the organization to provide representatives and/or members

Section 3: Membership Responsibilities

- A. Provide representation at TNHRHCC meetings and activities
- B. Attend 75% of official TNHRHCC meetings. This can be accomplished by attending either HCC-Wide Meetings and/or Subcommittee Meetings. 3 out of 4 quarterly HCC-wide meetings, or 3 out of 4 subcommittee meetings, or 6 out of 9 for the Executive Board meetings.
- C. Act in a professional and ethical manner at all times
- D. Participate in regional activities with TNHRHCC members and Subject Matter Experts (SME).
- E. Participate in the development, review, and revision of the TNHRHCC strategic plan, preparedness strategy, emergency support plans, bylaws, and inter-organizational agreements
- F. Contribute to meeting the TNHRHCC priorities, goals, and contractual deliverables
- G. Provide feedback to the TNHRHCC via meetings, surveys, or other avenues to change any administration or preparedness functions of the TNHRHCC to improve processes and functions
- H. Participate in the resource development process with TNHRHCC members and SMEs to assess resource needs, identify gaps in equipment, supplies, trainings, exercises, or other activities related to the TNHRHCC's preparedness plan and prioritize use of federal grant funds for authorized expenditures;
- I. Vote in election of Executive Board Officers
- J. Provide TNHRHCC-related information (e.g., minutes, After Action Reports, and newsletters) to respective healthcare system executives and clinical leaders and ensure they are included in any decisions related to the organization and the TNHRHCC
- K. Maintain the TNHRHCC resources (e.g., equipment, communications, and supplies) ensuring these resources are accounted for and are in a functioning/deployable status at all times.
- L. Maintain an updated account and contact information in Healthcare Resource Tracking System (HRTS) and ReadyOp
- M. Provide support to the TNHRHCC, healthcare agencies, and responding agencies within the TNHRHCC's region during emergencies and disasters, and in collaboration with other members



Section 4: Minimum TNHRHCC Member Activity Standards

- A. TNHRHCC Member must participate in a reasonable amount of TNHRHCC activities
- B. TNHRHCC Activities include:
 - a. Meetings (75% attendance required as explained above)
 - b. Participate in at least one subcommittee
 - c. Attend TNHRHCC sponsored trainings, as available and applicable
 - d. Hazards and Vulnerability Analysis (HVA) submission
 - e. Submit inventory and maintenance logs annually

Section 5: Membership Roster

- A. A roster of member organizations will be maintained and updated each quarter.
- B. The roster will include the representative's name, organization, and contact information

Section 6: Invited Support Service Members

- A. The TNHRHCC collaborating organizations and Subject Matter Experts (SME), which are deemed not eligible to apply directly for funding without a CMS-17 primary member partner, may nevertheless be invited to attend the TNHRHCC's meetings
- B. Such invited organizations and SMEs may fully engage in TNHRHCC discussions and other activities, but shall have no vote
- C. Support Service Members include, but are not limited to, the following:
 - a. Law Enforcement Organizations
 - b. Fire Service
 - c. Local Public Safety Agencies
 - d. Blood Banks
 - e. Non-profit Organizations
 - f. Specialty Patient Referral Centers
 - g. Schools and Universities (including Academic Medical Centers)
 - h. Community Emergency Response Team (CERT)
 - i. Medical Reserve Corps (MRC)
 - j. Infrastructure Companies
 - k. Jurisdictional Partners (including cities, counties, and tribes)
 - l. Local Chapters of Healthcare Professional Organizations
 - m. Medical Device Manufacturers and Distributors
 - n. Public or Private Payers
 - o. Other Support Service Organizations



ARTICLE 4 – LEADERSHIP AND GOVERNANCE STRUCTURE

Section 1: TNHRHCC Leadership

- A. TNHRHCC leadership is defined as the Chair, Vice Chair, the Executive Board and Subcommittee members;
- B. Officers are defined as the Chair, Vice Chair, Treasurer, and Secretary

Section 2: Executive Board

- A. Voting: An interdisciplinary Executive Board comprised of TNHRHCC member types will be formed from the following TNHRHCC membership:
 - 1. Level One Trauma Center
 - 2. Comprehensive Regional Pediatric Center
 - 3. Mid-Cumberland Hospital
 - 4. Children's Emergency Care Alliance
 - 5. Mid-Cumberland County Emergency Medical Services
 - 6. Metro Emergency Medical Services
 - 7. Mid-Cumberland County Emergency Management Agency
 - 8. Metro Emergency Management Agency
 - 9. Veteran Affairs Hospital
 - 10. National Disaster Medical System
 - 11. Mental Health/ Behavioral Health
 - 12. Non-Hospital Healthcare Facility
 - 13. Regional Medical Coordination Center (RMCC)
 - 14. TNHRHCC Subcommittee Chairs, not to exceed one representative per subcommittee
- B. Both Executive Officers and Executive Committee Members will be selected from the TNHRHCC membership
- C. If a facility has more than one representative member within the Executive Board, that facility will only submit one vote per topic
- D. The minimum number of Executive Board members is thirteen with a maximum number of eighteen, excluding Executive Officers. Ex-Officio and State Representatives are permanent members and therefore do not count towards minimum and maximum
- E. Public Health and State representatives will serve as Ex-Officio members with non-voting rights to financial matters and are considered permanent members of TNHRHCC leadership
 - 1. Metro-Nashville Regional Healthcare Coordinator
 - 2. Mid-Cumberland Regional Healthcare Coordinator
 - 3. State Emergency Medical Services Consultant
 - 4. State TACN (TN Advanced Communications Network) Director
 - 5. Tennessee Emergency Management Agency
 - 6. Metro-Nashville Emergency Response Coordinator
 - 7. Mid-Cumberland Emergency Response Coordinator
 - 8. TNHRHCC Executive Director



Section 3: Office Terms

- A. Election of officers shall take place in November. Nominations for officers shall be submitted by TNHRHCC Membership body at the HCC-Wide Meeting in September of each year
- B. Executive Board is responsible for making sure candidates meet the minimum qualifications for the officer position
- C. Officers will start their new term in following the calendar year in January. Officers shall receive no compensation from TNHRHCC for their services
- D. Officers shall serve for a term of two years. However, there is no limit to the number of successive terms an Officer may serve. To ensure continuity of leadership, the Chair and Secretary will assume the appointment in even numbered years and the Vice Chair and Treasurer in odd numbered years
- E. Executive Board members will be nominated by the Chair, in consultation with the permanent members of the Executive Board and presented to the Executive Board and membership body for confirmation vote

Section 4: Vacancies

- A. A vacancy in any office, because of death, resignation, removal, disqualification, or otherwise, may be filled by qualified Active Member for the unexpired portion of the term by the Executive Officers

Section 5: Removal of an Elected, Appointed Officer and/or TNHRHCC Member

- A. Officers elected, appointed and/or TNHRHCC Member may be removed by the Executive Board based on the best interests of the TNHRHCC
- B. Elected, Appointed and/or TNHRHCC Member may be removed for the following:
 - a. No longer employed by the Healthcare organization
 - b. Failure to meet the minimum participation standards in TNHRHCC activities (Article 3, Section 4)
 - c. Reassigned outside the TNHRHCC geographical area identified (Article 1, Section 2)

Section 6: Executive Board TNHRHCC Chair

- A. Elected for a two-year term based upon calendar years from the TNHRHCC membership
- B. Presides at all Executive Board and TNHRHCC Member meetings
- C. Serves as the official representative and spokesperson of the TNHRHCC
- D. Serves as the official TNHRHCC voting representative on the *TN Statewide Advisory Council*; can be elected to serve in an executive leadership role for the *TN Statewide Advisory Council*
- E. Works closely with the Vice Chair, Regional Healthcare Coordinators, TNHRHCC Executive Director, and Executive Board on current issues concerning the TNHRHCC
- F. Available to the membership for information exchange concerning the TNHRHCC
- G. Acts in the general interest of the TNHRHCC and its membership
- H. Establishes interim committees as needed for the execution of duties and responsibilities of the TNHRHCC
- I. Serves as a non-voting member "except" in the event of a tie
- J. Establishes budget for the Executive Board review
- K. Approves all agendas
- L. Determines items for voting



Section 7: TNHRHCC Vice Chair

- A. Elected for a two-year term based upon calendar years from the TNHRHCC membership
- B. In the event the Chair is elected to serve in a non-voting, leadership role on the *TN Statewide Advisory Council*, the Vice Chair will represent TNHRHCC in a voting capacity
- C. Works closely with the Chair, Regional Healthcare Coordinators, TNHRHCC Executive Director, and Executive Board on current issues concerning the TNHRHCC
- D. Acts for the Chair in their absence

Section 8: Treasurer

- A. Elected for a two- year term based upon calendar years from TNHRHCC membership
- B. Works closely with the Chair, Vice Chair, Regional Healthcare Coordinators, TNHRHCC Executive Director, and Executive Board on current issues concerning the TNHRHCC
- C. Coordinates with the fiduciary agency and TNHRHCC Executive Director and communicates all financial reports on a regular basis

Section 9: Secretary

- A. Elected for a two-year term based upon calendar years from TNHRHCC membership
- B. Works closely with the Chair, Vice Chair, Regional Healthcare Coordinators, TNHRHCC Executive Director, and Executive Board on current issues concerning the TNHRHCC
- C. Provides project management and communication to TNHRHCC members
- D. Responsible for tasking and accountability of deliverable items in coordination with RHCs and TNHRHCC Executive Director
- E. Serves as the recorder of the organization's formal actions and transactions

Section 9: Executive Board Duties

- A. Accepts nominations and facilitates voting process for TNHRHCC Chair and Vice Chair from current TNHRHCC Membership at designated meetings
- B. Makes decisions by consensus
- C. Monitors TNHRHCC projects
- D. Develops and implements the Multi-Year Training and Exercise Plan
- E. Approve plans
- F. Prioritizes funding and budget allocations
- G. Solicits feedback from members to improve TNHRHCC operations and activities
- H. Reviews and approves budget
- I. Hire, set compensation for, evaluate, and, as needed, fire the Executive Director of the TNHRHCC.



Section 10: Executive Director

- A. Maintains a record of the TNHRHCC membership, activities, and financial records
- B. Keeps the minutes of all TNHRHCC meetings
- C. Sends notices of all meetings, training opportunities, and other relevant information to the membership
- D. Sends correspondence and TNHRHCC-related to internal and external agencies
- E. Identifies the Active Members who are eligible to vote in elections and receive grant funding
- F. Ensures grant funding meets the scope of the State and Federal guidelines
- G. Serves on the Executive Board as a non-voting party
- H. Implements the Strategic Plan
- I. Hires, supervises, and evaluates any staff or contractors needed to accomplish the work of TNHRHCC, in alignment with the approved budget

Section 11: Executive Board Meetings

- A. TNHRHCC Executive Board meetings will be scheduled monthly (with scheduled breaks), with a minimum of six meetings held annually.
- B. Subcommittees will meet as needed to complete assigned project(s).
- C. Written notice and agendas for all meetings of the Executive Board shall be transmitted via email at least three (3) working days in advance of the meetings.
- D. A quorum of one-third of the Executive Board plus one must be met to conduct business.
- E. Voting measures will be approved with a simple majority, of both in-person and virtual attendees.

Section 12: Venue

- A. Meetings will be held at locations convenient for members.
- B. Electronic ("Virtual") meetings are allowed when available.

Section 13: Attendance

- A. Meetings may be attended in person, by conference call, or by other electronic means when available.
- B. Entities are allowed proxy representation to assist in meeting attendance requirements. In matters where a vote must occur, the proxy must deliver a written statement of vote on behalf of the appointed representative.

Section 14: Minutes

- A. Meeting minutes will be kept and distributed to the Executive Board.
- B. Each subcommittee should take meeting minutes as well for presentation to the Executive Board.
- C. Minutes should be kept on file as required by local, state, or federal directives.



ARTICLE 5 SUBCOMMITTEES

Section 1: Subcommittees

- D. TNHRHCC Sponsored Subcommittees:
 - a. Executive Board
 - b. Training and Exercise
 - c. Communications and Marketing
 - d. Non-Hospital Facilities
 - e. Trauma Preparedness & Response

Section 2: Subcommittee Structure

- A. The Subcommittees listed in Article 5 will be established to implement a preparedness strategy and address capability development.
- B. All subcommittees shall consist of a Chair and Vice-Chair as agreed upon by the subcommittee members. A Chair and/or Vice-Chair may only chair (1) subcommittee at a time.
- C. The Chair and Vice-Chair of any given subcommittee shall not both be employed by the same healthcare entity, system, etc.
- D. Subcommittee Chairs will also serve on the Executive Board with Vice-Chairs serving as automatic proxy should the Chair be unavailable.
- E. Members of committees shall be solicited depending on their areas of expertise to ensure SMEs are included in the composition of the committee. General committee members shall actively participate in no more than two subcommittees.
- F. A minimum of seven individuals are required for each subcommittee.
- G. All subcommittees will submit a project update to the Executive Director for Executive Board review annually.
- H. Each subcommittee should submit an annual operational budget to the Executive Board, when solicited.
- I. Relevant updates will be addressed during TNHRHCC meetings.

Subsection 3: Executive Board

- A. Coordinates the review of resource needs for the TNHRHCC through collaboration with the TNHRHCC membership and makes recommendations for expenditures related to equipment, supplies, training, exercises, and other allowable purchases.
- B. Coordinates resource development to identify resource gaps based upon assessments, planning, training, exercises, or real-world events.
- C. Develops spending plans each fiscal year and reviews with the TNHRHCC's membership for consensus



Subsection 4: Training and Exercise Subcommittee

- A. Assists in conducting assessments and in developing plans and procedures for the TNHRHCC and member organizations.
- B. Uses current Hazard Vulnerability Assessments (HVA) to assess risks and determine gaps in readiness for operations planning.
- C. Coordinates training, exercise, and evaluation activities for the TNHRHCC as required by member organizations, and local, state, and federal guidance.
- D. Develops the TNHRHCC's Multi-Year Training and Exercise Plan (MYTEP).
- E. Make recommendations on engaging SME (Subject Matter Experts) for any activity related to the training, exercise, and evaluation activities.
- F. Ensures exercises and real-world events are documented through written After Action Reports/Improvement Plans (AAR/IP).
- G. Tracks and implements corrective actions identified during trainings, exercises, and real-world events.

Subsection 5: Communications and Marketing Subcommittee

- A. Promotes TNHRHCC awareness for its members, government officials, community partners, healthcare community, first responders, and others, as applicable.
- B. Develops and distributes promotional materials, e.g., brochures and newsletters, to enhance community awareness and increase the TNHRHCC's membership.
- C. Obtains and reviews member feedback through various mechanisms as identified by the Executive Board, e.g., surveys, open discussion, etc.
- D. Assist Executive Director with Membership rosters
- E. Coordinates all website material and ensure the website is kept timely and relevant.
- F. Assists Executive Director in creating social media sites for the TNHRHCC to enhance exercise and training.
- G. Assist in monitoring social media sites.
- H. Acts as SMEs, or solicits SMEs outside the coalition membership, to procure and maintain communications devices and platforms to be operated by TNHRHCC and its members

Subsection 6: Non-Hospital Facilities Subcommittee

- A. Ensure the needs are met of all CMS 17 facility types.
- B. Assist the Membership committee in recruiting non-hospital agencies. The Executive Director or RHCs will provide both committees with a list of facilities located within the Highland Rim Region who are not yet active members.
- C. Collaborate with Executive Director in developing training opportunities specifically reaching the non-hospital members.



Subsection 7: Trauma Preparedness and Response Subcommittee

- A. This subcommittee is intended for, but not limited to, trauma medical directors, trauma program directors, hospital emergency department and hospital emergency management personnel, EMS medical directors, EMS directors, EMS leadership, RMCC manager and supervisors, burn center medical directors, burn center directors, burn center personnel, and other response agency personnel.
- B. Integrates mass casualty plans and exercises with trauma centers, burn centers, and the regional response community.
- C. Develops regional communications protocols for coordinated response and resource allocation across facilities to be shared with the Communications and Marketing Subcommittee.
- D. In conjunction with the Training and Exercise Subcommittee, assesses and defines the medical aspects of exercise scenarios, including injury types, patient numbers, and resource needs for both first responders and receiving facilities. Their expertise ensures the exercise realistically tests TNHRHCC's ability to manage information sharing and resource allocation during a large-scale medical surge event.
- E. Identifies needs of trauma centers, first receivers, and response organizations within the TNHRHCC region.
- F. Develops an assets and capabilities list/document to ensure response requirements are met during training, exercise, and real-world events.
- G. Assists in conducting assessments and in developing plans and procedures for the TNHRHCC and member organizations.
- H. Assists in completion of After-Action Reports (AAR).
- I. Assess risks and determine gaps in response capabilities for TNHRHCC region.



ARTICLE 6 - VOTING AND CONDUCTING BUSINESS

Section 1: Voting Eligibility for TNHRHCC Members

- A. Voting is restricted to Active TNHRHCC members

Section 2: Voting

- A. Voting will be conducted through email or other electronic means only

Section 3: Conducting Business

- A. TNHRHCC Member Voting will be for the following:
 - a. Election of Executive Board Officers
 - b. Grant Funding Request 50% or greater
- B. If a simple majority is not obtained; the motion fails.

ARTICLE 7- MEETINGS

Section 1: Scheduling

- A. TNHRHCC meetings will be scheduled quarterly, with a minimum of six meetings held annually. .
- B. Subcommittees will meet as needed to complete assigned project(s).
- C. Written notice and agendas for all meetings of the TNHRHCC membership shall be transmitted via email at least five (5) working days in advance of the meetings.

Section 2: Venue

- A. Meetings will be held at locations convenient for members.
- B. Electronic ("Virtual") meetings are allowed if available.

Section 3: Attendance

- A. Meetings may be attended in person, by conference call, or by other electronic means when available.

Section 4: Minutes

- A. Meeting minutes will be kept and distributed to TNHRHCC members, appropriate healthcare system executives and clinical leaders, and others as determined by the Executive Board.
- B. Each subcommittee should take meeting minutes as well for presentation to the Executive Board.
- C. If a minute taker is not available, a recording of the meeting will suffice as public record.
- D. Minutes should be kept on file as required by local, state, or federal directives.



ARTICLE 8 – GRANT FUNDING ELIGIBILITY

Section 1: Funding Eligibility

- A. Only those member organizations that are considered Active TNHRHCC Members will be eligible to apply for and receive grant funding through the TNHRHCC based upon the requirements as set forth by the ASPR and Tennessee Department of Health;
- B. In order to receive Hospital Preparedness Program funds, TNHRHCC members are required to participate in scheduled exercises, attend a reasonable amount of TNHRHCC meetings, trainings and meet the National Incident Management System (NIMS) compliance requirements, as appropriate to the organization; (Article 3, Section 4)

Section 2: Fiscal Year

- A. The TNHRHCC's Fiscal Year is January 1st to December 31st of each year.

Section 3: Purchase Requests/Reimbursements

- A. Requests/reimbursements for purchases of eligible preparedness-related assets, trainings, or meeting expenses must meet deadlines and guidelines established by the grant administrator
- B. Requests for assets received late or with an incomplete justification may be returned to the requestor but may be considered in the next fiscal year or special funding cycle.
- C. All Grant Request are reviewed by the Executive Board for approval.
- D. Requests over \$50,000.00 will be reviewed by the State Healthcare Preparedness Coordinator for final approval.
- E. Three (3) quotes are required for all purchases.
- F. Interviews will be conducted in person or via conference call for all projects \$5,000.00 or over.
- G. Property Tag Numbers are required for all purchase over \$5,000.00.
- H. "Sponsored By:" tags shall be placed on all equipment purchased under the grant to reflect to TNHRHCC support.
- I. Large item purchases are required to have the TNHRHCC logo placed on the equipment; the cost shall be included in the Request for purchase (RFP).
- J. All projects are due within six (6) months of approval. If an extended time period is necessary, this must be approved by the Executive Board.
- K. All deployable items purchased under the grant shall be added to an inventory for tracking and potential use within the TNHRHCC.
- L. "Shared use agreement" will be instituted for all deployable items.

Section 4: Schedule

- A. The Grant Request Period shall be set by the Executive Board
- B. All events/activities that reflect the TNHRHCC shall be approved by the Executive Board



ARTICLE 9 – CONFLICT RESOLUTION

- A. If a conflict or disagreement occurs among members concerning the TNHRHCC’s business, the issue will first be brought to the Executive Board for viability.
- B. If no satisfaction is obtained, the decision can be appealed to TDH. The decision, if resolved or appealed, and status of resolution will be escalated to the Statewide Advisory Board.
- C. If the issue is brought forth by a member of the Executive Board, then the TNHRHCC’s Leadership will address or seek resolution to the issue;
- D. A general description of the conflict and resolution will be recorded in meeting minutes for transparency.
- E. The Tennessee Healthcare Coalition Advisor Council shall provide input to resolutions.

ARTICLE 10 – REVIEWING AND AMENDING THE BYLAWS

Section 1: Timeframe

- A. Bylaws shall be reviewed at least annually by Executive Board.

Section 2: Amendments

- A. These bylaws shall be reviewed annually by the Executive Board and changes will be instituted on the first day of the fiscal year.
- B. Any needed changes outside the review period shall be given a (30) day grace period before implementation with approval by the Executive Board.

ARTICLE 11 - PARLIAMENTARY PROCEDURE

- A. Roberts Rules of Order, (11th Edition) will be used to guide the conduct of any TNHRHCC meeting.

ARTICLE 12 - INDEMNIFICATION AND LIMITS OF LIABILITY

- A. These Bylaws shall not supersede any existing mutual aid agreement or agreements.
- B. These Bylaws shall not be interpreted or construed to create an association, joint venture, separate legal entity, or partnership among the member bodies or to impose any partnership obligation or liability upon any party. Further, no member shall have any undertaking for or on behalf of, or to act as or be an agent or representative of, or to otherwise bind any other member body.
- C. Any member shall not be required under these Bylaws to indemnify, hold harmless and defend any other member from any claim, loss, harm, liability, damage, cost, or expense caused by or resulting from activities of any of the HCC officers, employees, or agents acting in bad faith or performing activities beyond the scope of their duties;
- D. In the event of any liability, claim, demand, action, or proceeding, of whatever kind or nature arising out of rendering of Emergency Assistance defined through these Bylaws, the member agrees to indemnify, hold harmless, and defend, to the fullest extent of the law, each signatory to these Bylaws, whose only involvement in the transaction or occurrence which is the subject of such claim, action, demand, or other proceeding, is the execution and approval of these Bylaws.



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