

Knox/East Tennessee Healthcare Coalition Bylaws

**Article 1
Name and Geographical Area**

Section 1 Name

- A. The name of this organization shall be the Knox/East Tennessee Healthcare Coalition (KET HC) (also referred to “The Coalition” within this document).

Section 2 Geographical Area

- A. The Coalition’s geographical area encompasses the following counties:

Anderson	Knox
Blount	Loudon
Campbell	Monroe
Claiborne	Morgan
Cocke	Roane
Grainger	Scott
Hamblen	Sevier
Jefferson	Union

**Article 2
Mission Statement & Purpose**

Section 1 Mission Statement

- A. The mission of The Coalition is to support the development of cooperative partnerships in order to promote and enhance the well-being of the community’s healthcare system through coordinated disaster preparedness, education, public information, response/ recovery activities, and sharing of resources.

Section 2 Purpose

- A. To provide a forum for the healthcare community to interact with one another and with other response agencies at a county, region, and state level that promotes emergency preparedness.
- B. Foster communications between local, regional, and state entities on community-wide emergency planning and response.
- C. Based on the capabilities identified, by the Office of the Administration for Strategic Preparedness and Response (ASPR), and the Tennessee Department of Health, coordinate healthcare planning to ensure a strong and resilient healthcare system for response and recovery to incidents affecting healthcare services and/or medical surge.

- D. Coordinate training to assist healthcare responders/receivers to develop the necessary skills required for response to and recovery from activities.
- E. Improve healthcare response capabilities through coordinated exercise and evaluation.

Section 3 Emergency/Disaster Incident

A. ESF-8 activities are coordinated at the local level between Emergency Response Coordinators, Regional Healthcare Coordinators, Regional EMS Consultant and the Regional Medical Communication Centers. Each entity may be in direct communication with local and state emergency operations center ESF-8 representatives to assist in coordination of large-scale incidents.

**Article 3
Coalition Structure**

Section 1 General Membership

- a. Active Coalition Members (serves as the Governing Body)
- b. Inactive Coalition Members
- c. Advisory Board
- d. Invited Non-members or Subject Matter Experts/Consultants—as needed

**Article 4
Knox/East Tennessee Healthcare Coalition Membership**

Section 1 Eligibility of funding

Active Coalition Members (Article 4, Section 2 C) will be eligible for funded items/training opportunities procured through ASPR funding, as approved by the coalition. Additionally, Active Coalition members may choose to financially support projects for non-active members and/or partner organizations that serve to fill gaps and meet the Coalition’s mission. Inactive Members and Invited Non-members may, however, benefit from Coalition-funded training and exercise.

Section 2 Coalition Membership

- A. Membership to the coalition is open to all healthcare/responder organizations, jurisdictions and emergency management organizations that exist in the Coalition geographical area (Article 1, Section 2) and that agree to work collaboratively on emergency preparedness and response activities.
- B. If there is uncertainty as to whether an organization qualifies as a health care/responder organization or whether the organization’s jurisdiction falls within the geographical area, the Advisory Board will determine.
- C. Active Coalition Members are organizations whose assigned representative(s) have attended 8 of the last 12 months of Coalition meetings (excluding emergency meetings).
- D. Active Coalition Members serve as the overall Governing Body for the Coalition.
- E. In-active Coalition Members are organizations whose assigned representatives have failed to attend 8 of the last 12 months of Coalition meetings (excluding emergency meetings).

F. New coalition members must maintain attendance at 4 out of 6 meetings for two consecutive quarters to become an Active Coalition member and gain voting rights. They must maintain such attendance until they reach 12 months of membership, where they must then meet the standard 8 of the last 12 meeting attendance requirements for future years to stay active.

G. Member organizations will assign one to three representatives to attend Coalition meetings. The representative(s) should have the authority to represent and speak on behalf of the organization. A letter from the representative's organization should be provided to the healthcare coalition stating the representative(s) can make limited decisions on their behalf.

H. Individuals may represent more than one-member organization but must clearly be acting in the interests of each represented organization independently.

I. If an individual representing an organization withdraws from participation, the member organization must appoint a new representative within 90 days.

J. Organizational resignation must be submitted in writing to the Coalition.

Section 3 Membership Responsibilities

A. Provide representation at Coalition meetings and activities.

B. Participate in collaborative regional preparedness planning.

C. Participate in the development of surge capacity plans, annex surge plans, inter-organizational agreements, and collaborative emergency response plans.

D. Contribute to meeting coalition priorities, goals, and contractual deliverables.

E. Vote on action items placed before the membership.

F. Respond to regional emergencies and disasters in collaboration with other members and within your organizational structure.

G. Participate in sub-committees and workgroups as requested by members or individuals and organized under the umbrella of the Coalition. These sub-committees and workgroups may exist and function temporarily or long-term, as needed.

H. Maintain Coalition and/or organizational resources that have been assigned, shared, or borrowed. Assigned, shared, or borrowed resources MUST be made available for contract verification purposes per federal and state grant guidelines.

I. Healthcare facilities or organizations within the coalition having been assigned, issued, or granted access to equipment, resources, or systems must meet the following requirements to maintain membership eligibility:

- Current region wide communication capabilities within the Healthcare Resource Tracking System (HRTS) and Tennessee Health Alert Network (TNHAN) systems.
- Operational radio communication systems including TACN Radio and a HAM radio system.
- Other regional situation awareness or communication systems such as state or local patient tracking systems and syndromic surveillance.
- Actively participate in region wide exercises

Section 4 Membership Roster

A. A roster of member organizations will be maintained by the advisory board. Individual organizations/facilities representatives will be responsible for notifying the advisory board members of updates needed to their organization/facility.

Section 5 Invited Non-Members

Knox/East Tennessee Healthcare Coalition collaborating organizations which are deemed not eligible for membership may nevertheless be invited to attend coalition meetings and activities. Such invited organizations may fully engage in coalition discussions and other activities but shall have no vote.

Article 5 Advisory Body

Section 1 Composition

- A. Coalition’s Regional Healthcare Coordinators and the Vulnerable Populations Coordinator serve as the advisory board, this position includes,
- Plan and facilitate Coalition meetings
 - Provide consultative and informed input into key decisions and ensure integrated planning similar to that of a multi-agency coordinating group.
 - Serve as workgroup facilitators during Coalition planning sessions and activities.
 - Assemble, finalize and submit all administrative documentation as required to appropriate agencies per funding requirements.
 - Assist in the coordination of exercise and evaluation training at the local, regional, and divisional level.

**Article 6
Voting and Conducting Business**

Section 1 Voting Eligibility

- A. Voting is limited to Active Coalition Members (Article 4 Section 2 C).

Section 2 Votes

- A. Each member organization shall have one vote. Region 2 EMS Directors Association who are assigned to represent a metro 911 EMS service provider, a rural 911 EMS service provider, and a non-911 EMS service provider – shall each receive an independent vote. Each of the three Region 2 EMS Director’s Association members must individually meet voting eligibility requirements. Ancillary (CMS17) group member facilities will get one vote for each sub-group (Long-term care/Assisted living, Dialysis, Home health/hospice, Outpatient care). The CMS17 group leads, or their proxies may place the vote for each sub-group.
- B. Proxy voting is allowed. All proxies must be submitted to a member of the Advisory Board in writing (email communications are allowed).
- C. Voting shall be determined by a simple majority.

D. Multi-organizational support will be required before final approval or veto of a vote. No one member or joint membership through a common corporation will be allowed to represent the entire majority vote in ruling outcome.

Section 3 Special Votes

The Coalition may hold special votes that occur outside of the regular Coalition meetings by email or conference call. When such votes are conducted, there shall be a reasonable opportunity (five business days) for all members to have input prior to the vote.

Section 4 Conducting Business

- A. A quorum of 33% of active members must be met to conduct business.
- B. Actions in a meeting shall be determined by a simple majority vote (except bylaw changes, see Article 8).
- C. If a vote is to take place, the item(s) must be included on the meeting agenda and the agenda must be provided at least one week in advance of the meeting date. Members not able to attend the meeting shall send a proxy or provide a vote, in writing, within 5 business days of the meeting to the Advisory Board. If a majority is not obtained, the motion fails.

Article 7 Meetings

Section 1 Scheduling

- A. Coalition meetings will be scheduled at least quarterly.
- B. Advisory Board will meet as needed.
- C. Written notice and agendas for all meetings of the membership shall be transmitted at least 5 working days in advance of the meetings.

Section 2 Venue

Meetings will be held at locations convenient for members. Virtual meetings are allowed if available.

Section 3 Attendance

Meetings may be attended in person, virtually, by conference call or by other means if available. Members (or their designee) must attend one meeting every six months in person.

Section 4 Emergency Meetings

Emergency meetings may be convened at the request of the Coalition Advisory Board provided that written notice is given to each member at least 5 working days prior to the proposed meeting

stipulating the time, place, and objective of the meeting. No business may be transacted at an emergency meeting except that specified in the notice.

Article 8 Amending the Bylaws

Amendment of these bylaws may take place during a coalition meeting by a two-thirds majority vote of the Coalition's active membership. However, no proposed amendment change may be acted upon unless it has been distributed in writing to all active members at least fourteen (14) days prior to the meeting date.

Article 9 Parliamentary Procedure

Roberts Rules of Order, (11th Edition) will be used to guide the conduct of any Coalition meeting. Additionally, Coalition related issues or concerns shall be addressed according with procedures outlined in the Knox/East TN Healthcare Coalition's Administration and Continuity Plan. If an issue cannot be resolved by the Advisory Body, it will be brought to the Coalition's Active membership for a solution.

Article 10 Indemnification and Limits of Liability

These Bylaws shall not supersede any existing mutual aid agreement or agreements. The 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 Health Jurisdiction. 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.

Any member shall not be required under the 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 Coalition officers, employees, or agents acting in bad faith or performing activities beyond the scope of their duties. 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 the Bylaws, the member agrees to indemnify, hold harmless, and defend, to the fullest extent of the law, each signatory to the 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 the Bylaws.

APPROVAL OF BYLAWS

**The Bylaws are approved and adapted by a vote Knox/East Tennessee Healthcare Coalition
Approval/Adapted Date: 17September 2024**