

MATRAC Healthcare Coalition By-Laws

ARTICLE I. Organization

Section A. The name of this organization shall be called MATRAC Healthcare Coalition

Section B. this committee shall not engage in any activities or practices not allowed or permitted to (a) an organization exempt from Federal Income Tax under Section 501(c)(3) or future United States Internal Revenue law or (b) an organization contributions code of 1954 or any other applicable provisions of any future United States Internal Revenue Law.

ARTICLE II. Objectives

Section A. This committee strives to improve medical care to all persons involved in disasters, manmade or natural, through cooperation of area hospitals and medical societies within the Western North Carolina area and beyond. The committee has prepared ESF-8 Regional Disaster Response Plans to assist the western seventeen counties and State of North Carolina Office of Emergency Medical Services. We strive to improve our response of advanced medical care by providing, support, equipment and medical care to persons involved in manmade or natural disaster.

ARTICLE III. Emblems

Section A. The emblem of the MATRAC Healthcare Coalition shall be as shown:



**MATRAC
Healthcare Coalition**

Section B. The emblem of MATRAC SMAT II shall be as shown:



ARTICLE IV. Membership

Section A. Membership of the MATRAC Healthcare Coalition is composed of the following multi-disciplinary groups as per recommendations of Assistant Secretary Preparedness and Response:

- Includes the hospitals and EMS agencies within the seventeen counties comprising the MATRAC region. (see section B)
- local and regional emergency management
- public health agencies
- volunteer agencies
- faith-based organizations
- educational organizations
- private ambulance services
- long-term care agencies/services
- law enforcement
- fire/rescue agencies
- other agencies with an interest in healthcare preparedness and response.

Section B. The following hospitals and EMS agencies are within the MATRAC region:

County	Hospital	EMS
Avery	Cannon	Avery County
Buncombe	Mission Hospital VA Medical Center	Buncombe County
Cherokee	Murphy Medical Center	Cherokee County
Clay	n/a	Clay County
Eastern Band of Cherokee Indians	Cherokee Indian Hospital	Tribal EMS
Graham	n/a	Graham County
Haywood	Haywood Regional Medical Center	Haywood EMS
Henderson	Pardee Hospital Park Ridge Health	Henderson County
Jackson	Harris Hospital	Westcare EMS
Macon	Angel Medical Center Highlands/Cashiers Hospital	Macon County
Madison	n/a	Madison County
McDowell	McDowell Hospital	McDowell County
Mitchell	Blue Ridge Regional Hospital	Mitchell County
Polk	St. Luke's	Polk County
Rutherford	Rutherford Regional Hospital	Rutherford County
Swain	Swain Hospital	Swain County
Transylvania	Transylvania Regional Hospital	Transylvania County
Yancey	n/a	Yancey County

Section C. Recruitment & Retention of Members

Whereas the MATRAC Healthcare Coalition has a responsibility of assuring preparedness within the 17 counties served, and whereas the MATRAC Healthcare Coalition is committed to this assurance, The MATRAC Healthcare Coalition will work to recruit and retain members. The MATRAC Healthcare Coalition will utilize the following methods for recruitment & retention:

- **Communication:** MATRAC will provide regular updates via electronic mail to its current members. MATRAC will strive to recruit new members via providing information including the coalition's importance to agencies who are essential to a functional healthcare preparedness plan but are not currently members of the MATRAC coalition.
- **Utilization of “Work Groups:”** To ensure that specialized services such as long term care, mental/behavioral health, faith-based organizations and others focus on specialty areas not directly related to emergency response, “Work Groups” may be established. By the establishment of “Work Groups”, the specialty areas can develop specific plans and actions related to their service and provide those resources to entire MATRAC Healthcare Coalition. “Work Groups” will ensure that each area has significant input/impact and should eliminate any concerns regarding the areas purpose within the coalition.
- **MATRAC will work to ensure that representation from the following areas is prioritized:** Hospitals, Long-Term Care Facilities, Emergency Management Agencies, Emergency Medical Service Agencies, Public Health Agencies, Mental/Behavioral Health Agencies, Community Agencies & Faith-Based Agencies.

Article V. Meetings

Section A. Meetings are held quarterly, each meeting is announced by e-mail - one month, then two weeks in advance of the meeting. MATRAC meetings will be held at a physical location for those able to attend. Every attempt to provide a method of virtual attendance for members who are not able to be physically present at the meeting location shall be made. The MATRAC Healthcare Coalition meets as needed, determined by the MATRAC Healthcare Preparedness Coordinator.

Standing regional subcommittees shall include:

- a. Regional ASPR Grant subcommittee
- b. Regional Hospital Preparedness subcommittee
- c. Regional Training & Exercise Planning subcommittee
- d. Regional SMAT II & III Leadership subcommittee
- e. Regional Ambulance Strike Team subcommittee
- f. Regional Disaster Communication subcommittee
- g. Strategic Planning & Sustainment subcommittee

Leadership of the standing committees shall be reviewed every two years by the committee membership and voted upon by the committee members.

Other committees may be formed as needed, based on grant directives from NC Office of EMS and regional need or recommendation.

Section B. ASPR Grant Directives require individual hospitals and EMS agencies to send a representative to the quarterly meetings, as well as participate with the State Medical Assistance Team.

Article VI. Meeting Procedure

Section A. The recommended order of business for regular membership meetings shall be as follows:

- a. Call to Order – MATRAC Regional Healthcare Preparedness Coordinator
- b. Guest Speaker
- c. Roll Call and acceptance of the minutes – Secretary
- d. Report from State Office of EMS
- e. Report from Regional EM – Regional EM Director
- f. Report from Regional Public Health Preparedness and Response
- g. Other reports from the region
- h. Reports from Sub-committees
- i. Unfinished business
- j. New Business
- k. Announcements
- l. Adjournment

Section B. Voting eligibility and requirements

- Voting rights shall be open to all regional entities as listed in Article IV Section A and B.
- Each agency present during the business meeting shall have one vote per agency or facility.
- Majority rule shall apply to items being voted upon, requiring an agreement of more than 50 percent of the members present in order to pass.

Article VII. MATRAC-HCC Steering Committee

Section A. Organization: The name of this committee shall be called the MATRAC-HCC Steering Committee.

Section B. Objectives: Mission of the MATRAC-HCC Steering Committee is to assist the Regional Preparedness Program of Mountain Area Trauma Regional Advisory Committee in the planning efforts and maintaining compliance with the funding guidelines

Section C. Membership: The voting membership of the MATRAC-HCC Steering Committee shall be composed of a representative chosen by the Multi Agency Coordination Group from, but not limited to, the following list of disciplines:

- Rural Hospital
- Trauma Center
- Rural EMS
- Urban EMS
- VA Hospital (*recognized as tie-breaking entity)
- Community Health Care/Rural Health Care/Home Health/Hospice
- Private Practice Physician or SMAT Medical Director
- Tribal Representative
- Local County Emergency Manager
- 911 Call Center
- Public Health
- Long Term Care
- SMAT III
- SMAT II
- Medical Reserve Corps
- Ambulance Strike Team

Ad Hoc Non-Voting Representation is extended, but not limited to:

- MATRAC Staff
- NCOEMS Western Regional Office
- Western Regional Branch Office of Emergency Management
- Mission Healthcare Foundation Representative
- Director of Trauma Services Mission Hospital
- Other Services: including law enforcement agencies, dialysis centers, fire departments, public works, transportation services, additional volunteer agencies such as the American Red Cross, and other preparedness and response stakeholders.

Duties of the Steering Committee:

Membership shall exercise ordinary business judgment in managing the affairs of the organization. In acting in their official capacity as Steering Committee Members of this organization they shall act in good faith and take actions they reasonably believe to be in the best interest of the organization and that are not unlawful. In all other instances, the Committee Members shall not take any action that they should reasonably believe would be opposed to the organization's best interests or would be unlawful.

Responsibilities of the Steering Committee Members include but are not limited to:

- a. Develop and maintain a strategic plan for the Health Care Coalition, subject to approval by Healthcare Coalition.
- b. Specify the composition of and direct the activities of sub-committees based on information received from the Healthcare Preparedness Planner and/or the North Carolina Office of Emergency Medical Services (NCOEMS).
- c. Consider for approval recommendations from sub-committees and/or designated work groups
- d. Define and approve regional projects based on grant guidance received from NCOEMS.
- e. Define and recommend to the Multi-Agency Coordination Committee processes and/or standard operating guidelines of the Health Care Coalition to include, but not limited to reviews of MATRAC Regional Response and Recovery Plans
- f. Assist the Healthcare Preparedness Planner with decisions regarding resource allocation, when requested.

Actions of the Committee: Voting eligibility and requirements is determined by the following: Voting rights shall be open to the Steering Committee agencies/organizations listed in Section C Membership.

- a. Each discipline present during the business meeting shall have one vote.
- b. Majority rule shall apply to items being voted upon, requiring an agreement of more than 50 percent of the committee members present in order to pass.

Term: The term of a Committee Member is 2 years.

The following disciplines will elect representation on odd numbered years:

- Rural Hospital
- Urban EMS
- VA Hospital
- Private Practice or SMAT Medical Director
- Local County Emergency Management
- Public Health
- SMAT III
- Medical Reserve Corps
- Private EMS Service

The following disciplines will elect representation on even number years:

- Trauma Center
- Rural EMS
- Community Health Care/Rural Health Care/Home Health/Hospice
- Tribal Representative
- 911 Call Center
- Long Term Care
- SMAT II
- Ambulance Strike Team

Meetings: Meetings of the Steering Committee Members shall be held at such times and places as determined by the Committee Chairperson and/or as needed by the Healthcare Preparedness Coordinator. The Steering Committee shall meet quarterly. Meetings will be held in September, December, March & June. The exact date, time, and physical location of the meeting will be determined by the committee members. In the event that items needing addressed prior to the stated meeting present, a special meeting will be called. Meetings will be held at a physical location with an option of virtual attendance for members that are unable to attend in person.

Vacancies: In the event that a Committee Member seat is vacant, the Committee will nominate a replacement to the Multi Agency Coordination Group for approval from the effected discipline.

Proxies: A Committee Member wishing to attend a meeting or vote by Proxy must prepare a statement in writing and submit it to the Steering Committee Secretary no fewer than 24 hours before a scheduled meeting stating their authorization of a specifically named alternate from their discipline to attend the meeting and/or cast a vote on their behalf. A proxy shall only be valid at the meeting for which it is executed.

Conflict Resolution: It is essential that all Committee Members maintain a high standard of discernment, discretion, and good judgment in relationships with MATRAC members. All matters should be discussed with mutual respect and a desire to benefit the Coalition. Conflicts within the Coalition or with Steering Committee Members shall involve a meeting of the Steering Committee and relevant members. Ample time will be allowed for presentation of concern and discussion of differing viewpoints. Concerns will be weighed according to reasonableness and fairness.

The desired outcome is a consensual resolution. If after a reasonable amount of time, a resolution cannot be found, the final decision will be made by the Steering Committee with a 75% consensus of present members. The decisions will be binding.

Section D. Steering Committee Officers:

Officers of the Committee: The following officers shall be elected from the Committee Membership:

- a. Chair or Co-Chairs
- b. Vice-Chair
- c. Secretary

Restriction on number of offices held:

- a. The same person shall hold no more than one office on the Committee
- b. Officers of the Committee may hold subcommittee officer positions

The term for officers: The term of officers shall be for one full year beginning in December.

Nominations: Nominations of candidates for office shall occur at least one month prior to the election.

- a. The candidates shall be Steering Committee Members.
- b. The candidates shall express a willingness to serve.

Additional Officers: The Committee Members may create additional officer positions, define the authority and duties of each such position, and elect persons to fill the position.

Vacancies: A vacancy in any office may be filled by the Committee for the unexpired portion of the officer's term.

Section E. Duties of the Officers:

The Chair or Co-Chairs shall:

- a. Set the agenda based on the grant directives and/or other coalition developmental information received from the NCOEMS and/or Healthcare Preparedness Planner and preside at all meetings of the MATRAC-HCC Steering Committee;
- b. Recommend all sub-committee chairs to the Steering Committee membership;
- c. Call special meetings when necessary;
- d. Ensure that the Steering Committee is represented and a report of committee activities are reported at the MATRAC Healthcare Coalition meetings;
- e. Ensure that the Steering Committee membership is informed of all appropriate state and legislative activities;
- f. Perform other duties, within reason, as directed by the Steering Committee

The Vice-Chair: shall perform the duties of the Chair in the absence of the Chair and perform such duties as assigned by the Chair or the Committee. The Vice-Chair shall also request and receive status reports from the sub-committee chairs and distribute to the officers and Steering Committee, as needed.

The Secretary shall:

- a. Ensure dissemination of all notices required by the by-laws.
- b. Assure a meeting attendance roster is maintained.
- c. Assure a register of the name and mailing address of each member organization is maintained. Ensure minutes are kept of all proceedings of the Committee and are posted at www.MATRAC.com. Manage the correspondence of the MATRAC Steering Committee.

Section F. Meetings:

Meeting Announcement and Agenda: Each regular meeting shall be announced by email at least one month prior to the meeting. An agenda of the matters to be considered shall be supplied to the membership in advance of the meeting.

Encouragement of Attendance: Members of the Healthcare Coalition are encouraged to attend these meetings to provide input on topics under consideration by the Committee. The Steering

Committee may adopt whatever rules it deems appropriate to ensure an orderly, but fair process for communication.

Special Committees: The Steering Committee may create special, ad hoc, or task force committees as needed, based on grant directives, and regional need or recommendation by the Healthcare Preparedness Coordinator and/or Steering Committee members.

- a. Members of these committees are not required to be members of the Steering Committee, but should be a member in good standing of the MATRAC Healthcare Coalition
- b. The Steering Committee shall appoint members of these committees.
- c. These committees will have no power to act other than as specifically authorized by the Steering Committee.
- d. The tenure of these committees will be decided by the Steering Committee based upon the specific need for the committee.
- e. Committee Resignations, Removal and Vacancies: Any person on a special committee may resign from the special committee at any time by giving written notice to the chair or co-chairs of the Steering Committee, chair of the special committee or to the secretary of the Steering Committee. The Steering Committee may remove members from their positions for excessive absences or conduct unbecoming.
- f. The Chair of each special committee shall prepare complete and accurate minutes of each meeting including a list of meeting attendees and promptly forward duplicate originals thereof to the Secretary of the Steering Committee. In turn the secretary of the MATRAC Steering Committee will forward meeting minutes to the MATRAC Healthcare Preparedness Planner as well as post same to www.MATRAC.com
- g. Recommendations by special committees are to be taken back to the Steering Committee for action.