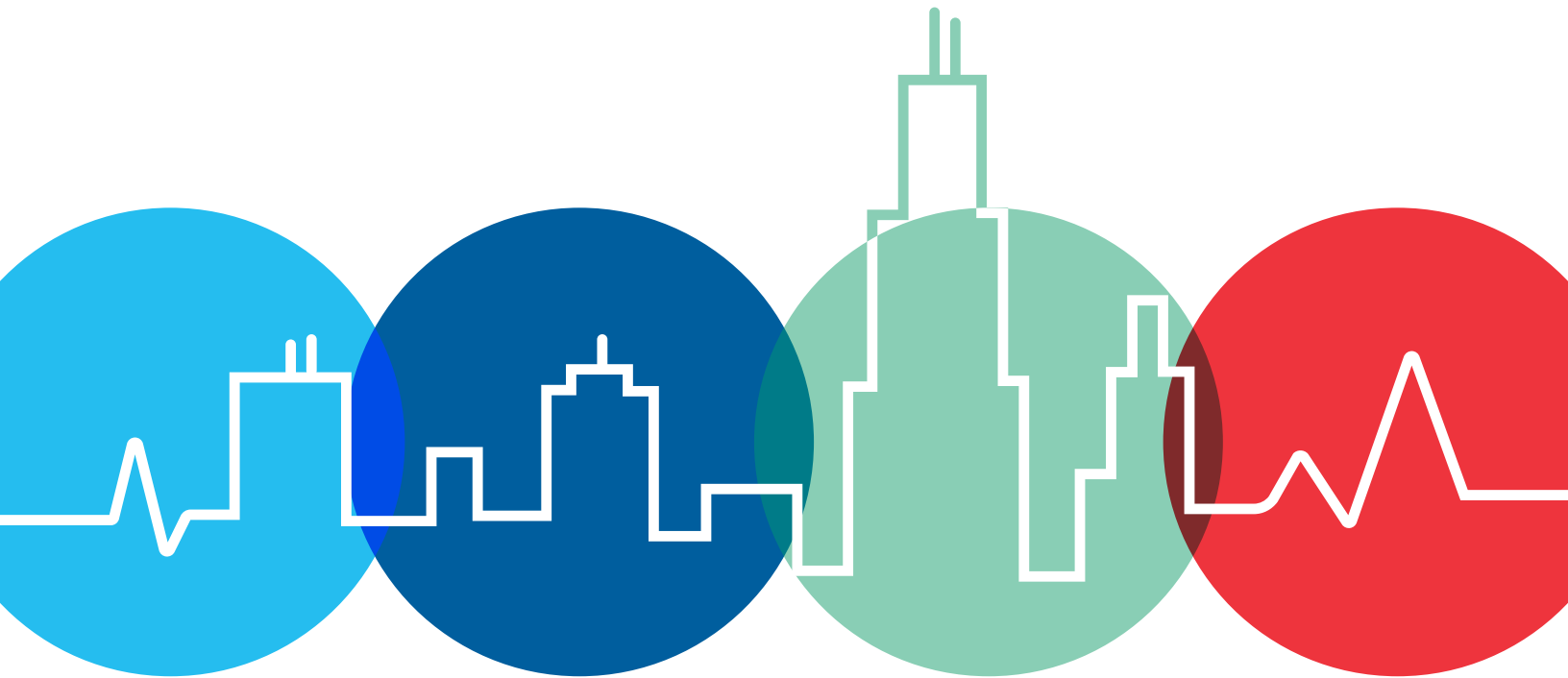




# Governance Charter



The Chicago Healthcare System Coalition for Preparedness and Response (CHSCPR) is a collaborative of healthcare organizations and providers, the public health department, and community partners working together to care for our community before, during, and after an emergency.

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## ARTICLE I

# Mission/Purpose

The Chicago Healthcare System Coalition for Preparedness and Response endeavors to promote and aid in developing emergency preparedness plans, mitigation strategies, and response and recovery capabilities for the healthcare system within the City of Chicago by:

- 1 Strengthening** community medical resiliency, surge capacity and capabilities
- 2 Building** relationships and partnerships
- 3 Developing** emergency preparedness, mitigation, response and recovery capability guidelines
- 4 Facilitating** communication, information and resource sharing
- 5 Maximizing** utilization of existing resources
- 6 Coordinating** training, drills, and exercises
- 7 Supporting the disaster and surge functions** of the Region 11 Regional Hospital Coordination Center (RHCC)
- 8 Supporting healthcare liaison functions** within the Chicago Department of Public Health Emergency Operations Center (PHEOC)
- 9 Supporting healthcare incident command functions** within the City of Chicago Office of Emergency Management & Communications (OEMC)
- 10 Supporting Illinois Department of Public Health (IDPH) Emergency Support Function 8 (ESF-8) Plan, Public Health and Medical Services and its annexes**



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## ARTICLE II

# Geographic Boundaries

The Coalition is an inclusive body open to all organizations/entities that provide or support healthcare services within the City of Chicago that wish to work collaboratively on emergency preparedness, mitigation, response, and recovery activities.

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ARTICLE III

## Organization/Structure



The Coalition has membership that includes Member Organizations (Members) and Supporting Member Organizations (Supporting Members). The Coalition is led by a Healthcare Chair, a Public Health Chair, a Healthcare Vice Chair, and an Executive Committee. Committees and workgroups, as requested and organized by the Executive Committee or membership, function temporarily or long term, depending on the needs of the Coalition.

The Coalition is an advisor to the Chicago Department of Public Health (CDPH) Bureau of Emergency Preparedness and Response in matters related to healthcare system emergency preparedness, response, and recovery. Emergency response is led by CDPH as the lead health agency and local authority having jurisdiction including actions on behalf of the Chicago healthcare system and the Coalition.

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ARTICLE IV

## Membership

### Section 4.01

#### Member Organizations

Member organizations include, but are not limited to, the following Chicago healthcare organizations: acute care; specialty; and long-term acute care hospitals; public health; emergency medical services; emergency management agency; long-term care facilities; dialysis centers; Federally Qualified Health Centers (FQHC); hospice organizations; ambulatory surgery centers; mental health centers; organ procurement organizations; and home health agencies. These member organizations have voting rights. Expectations are described below.

#### Expectations

1. Appoint a representative to attend All Partner Coalition meetings. The representative(s) should be granted full authority by their organization to speak on its behalf. If an individual representing an organization withdraws from participation, the member organization will appoint a new representative within 30 days.



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2. Facility level emergency operations plans are in place that adhere to the National Incident Management System.
  3. Implement emergency preparedness and response capability guidelines within the organization.
  4. Participate in collaborative Coalition preparedness planning including the development of response plans.
  5. Contribute to meeting Coalition priorities, goals, and contractual deliverables.
  6. Vote on questions placed before the Coalition membership.\*
  7. Participate in trainings, exercises, Coalition sponsored events, and activities.
  8. Respond to EMS Region 11 emergencies and disasters in collaboration with other members.
  9. Support the disaster and surge functions of Emergency Support Function (ESF) #8 and the EMS Region 11 RHCC.
  10. Participate in discussions to determine the annual activities of the Coalition including budgeting and the use of grant funds intended for use by the Coalition. Vote on approval of the annual Coalition work plan and budget (if applicable).
  11. Respond to data/information sharing requests to describe current status during emergencies or planned events.

*\* Chicago Fire Department (Emergency Medical Services Division) and Chicago Office of Emergency Management and Communications do not have voting rights as City of Chicago agencies. The voting rights are held with the Chicago Department of Public Health.*



## Section 4.02 Supporting Member Organizations

Supporting Member Organizations are non-voting members of the Coalition which include but are not limited to: EMS, blood banks, local law enforcement agencies, Cook County Medical Examiner's Office, Cook County Department of Emergency Management and Regional Security, American Red Cross, Illinois Health and Hospital Association, U.S. Department of Health and Human Services, U.S. Department of Homeland Security, Department of Defense, U.S. Department of Veterans Affairs.

Supporting Member Organizations are not eligible for an elected position.

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## Expectations

1. Appoint a representative to the Coalition. This individual should be granted full authority by their organization to speak on its behalf.
2. Information sharing.
3. Guidance and technical assistance, as appropriate.



### Section 4.03 Membership Roster

A current roster of member organizations, including designation as Member or Supporting Member and contact information will be maintained. A meeting attendance record will be maintained. A roster of Coalition members is available upon request.

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## ARTICLE V

# Meetings and Voting

### Section 5.01 Scheduling

All Partner Coalition and Executive Committee meetings will be scheduled at least quarterly. Electronic notice, agendas and other meeting materials for all meetings will be distributed in advance of the meetings.



### Section 5.02 Venue

Meetings will be held in the City of Chicago at locations convenient for members. Online meetings are allowed.

### Section 5.03 Attendance

Meetings may be attended in person, by conference call or by other electronic means.



### Section 5.04 Emergency/Situational Meetings

Emergency meetings may be convened at the request of the Healthcare Chair or the Public Health Chair, provided that electronic notice is given to each member 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. Situational awareness meetings may be conducted with no notice in the event of a real world emergency.

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## Section 5.05

### Quorum

Fifty percent plus one of Member organizations eligible to vote constitutes a quorum.

## Section 5.06

### Conducting Business and Voting

1. A quorum is necessary to conduct official Coalition business at a meeting except as noted in Section 5.06(e).
2. Actions in a meeting will be determined by a simple majority vote (except for governance document changes as noted in Article VII).
3. Each Member organization will have an opportunity to vote on matters related to the Coalition activities (i.e., work plans, financial matters, elections, and governance).
4. As defined in Section 5.03, attendance by a representative of the Member organizations at three (3) meetings in the last two budget periods is required to vote.
5. If a quorum is not present at a meeting, business will take place under the condition that any motions put forth to a vote will be presented prior to the meeting via meeting agendas and previous meeting minutes. All absent Member Organization Members will have an opportunity to vote via email or other electronic means in order to receive a quorum vote.



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## ARTICLE VI

# Leadership

## Section 6.01

### Elected Positions

1. Healthcare Chair
2. Vice Chair
3. At Large Members (3)
4. Clinical Advisor



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## Section 6.02

### Nominations & Elections

- 1.** All elected positions will be held for a term of two years and shall take effect at the beginning of the grant fiscal year starting, July 1. There is no limit to the number of successive terms an Executive Committee member may serve.
- 2.** Upon approval of this document, the Executive Committee will call for applications of open positions via email, electronic means, or on the agenda of the committee meeting. In subsequent years, the Executive Committee may place nominations for the vacant elected position(s) on the Executive agenda. The acting Vice Chair will be placed into nomination for the Chair prior to the end of the grant fiscal year.
- 3.** Nominations to the Executive Committee are made electronically using an approved format by the Executive Committee. Self-nominations are accepted.
- 4.** Nominations should be made in a way to maintain the multi-disciplinary composition of the Coalition.
- 5.** A nominee is eligible for an elected position if they meet the eligibility requirements:
  - A.** Member,
  - B.** Active engagement as demonstrated by attendance at 75% of the prior calendar year's All Partner Coalition meetings and/or committee meetings,
  - C.** Express a willingness to serve in the elected position,
  - D.** Receive organizational support for participation,
  - E.** Provide a resume/CV/bio for distribution to the membership and,
  - F.** Any additional eligibility requirements are detailed in Sections 6.03, 6.04, 6.05, and 6.06.
- 6.** The fiduciary agent will review all nominees to determine eligibility and provided to the Coalition Chairs for final review.
- 7.** The slate of nominees and their resumes/CV/bio will be distributed to the Members following approval of the slate by the Executive Committee.
- 8.** Elections will be held using a ballot approved by the Executive Committee. Each Member Organization will have one (1) vote for the open positions. Following the election, those elected to the positions will be informed and election results will be distributed to the Coalition membership.



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### Section 6.03

## Coalition Healthcare Chair

### Election

1. The Chair will assume office upon completion of a term as Vice Chair and approved by the Members and will serve a two (2) year term.
2. In the event of the unexpected departure, resignation, or removal of the Chair, the Vice Chair will assume the position of Chair for the remainder of the term, subject to ratification by the Members.
3. In the event that both the Chair and Vice Chair positions are vacated, the Executive Committee will select a replacement to complete the remainder of the term and submit the replacement for approval by the Members.



### Duties

1. Review and approve meeting agendas.
2. Work closely with the CDPH Hospital Preparedness Program Projects Administrator who serves as the Public Health Chair, on current issues concerning the Coalition.
3. Create an environment that encourages and rewards cooperation, collective problem solving, and participative decision making.
4. Available to the membership for information exchange concerning the Coalition.
5. Act in the general interests of the Coalition and its membership.
6. Assume additional duties from time to time and as appropriate to facilitate the function of the Coalition.
7. In the event of a voting tie, casts the deciding vote.

### Section 6.04

## Coalition Vice Chair

### Election

1. The Vice Chair will be elected for a two (2) year term by the Members.
2. In the event of the unexpected departure, resignation, or removal of the Vice Chair, the Executive Committee will select a replacement to complete the remainder of the term and submit the selection for ratification by the Members.



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## Duties

1. Same as Chair except the Vice Chair will not chair Coalition meetings unless the Chair is absent.
2. Act for the Chair in their absence.
3. Will succeed to the office of Chair upon completion of the Vice Chair term, subject to ratification by the Members.

## Section 6.05 At Large Members

### Election

1. Three (3) At Large Members will be elected to serve two (2) year terms on the Executive Committee.
2. At Large Members will meet the nominee requirements in Section 6.02.
3. At least one (1) At Large Member will be a representative of a non-hospital healthcare partner.
4. In the event that an At Large Member position is vacated, the Executive Committee will select a replacement to complete the remainder of the term and submit the replacement for approval by the Members.



### Duties

1. Attend Executive Committee and All Partner Coalition meetings.
2. Act in the general interest of the Coalition and its Members.
3. Assume additional duties as appropriate to advance the mission of the Coalition.

## Section 6.06 Clinical Advisor

### Election

1. The Clinical Advisor will be elected by the Members to serve a two (2) year term on the Executive Committee.
2. The Clinical Advisor is a Member who meets the nominee requirements in Section 6.02.
3. The Clinical Advisor must be a physician, advanced practice provider, or registered nurse and should be from a hospital organization and clinically active.

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## Duties

1. Attend Executive Committee and All Partner Coalition meetings.
2. Act in the medical and clinical interests of the Coalition and its Members.
3. Assume additional duties as appropriate to advance the mission of the Coalition.

## Section 6.07

### Standing Positions

#### Immediate Past Chair

1. The Immediate Past Chair will be the individual who most recently completed a term as Coalition Healthcare Chair.
2. Duties
  - A. Assist the Coalition Chair and Vice Chair with Coalition matters as needed.
  - B. Available to the membership for information exchange concerning the Coalition.
  - C. Act in the general interests of the Coalition and its Members.
  - D. Assume additional duties from time to time and as appropriate to facilitate the function of the Coalition.



#### Chicago Department of Public Health Hospital Preparedness Program Projects Administrator, HPP/ASPR

1. Appointed by the Commissioner of the Chicago Department of Public Health.
2. Duties:
  - A. Act as the Public Health Chair of the Coalition.
  - B. Attend Executive Committee and All Partner Coalition meetings. In collaboration with the Coalition Chair, schedules Executive Committee and All Partner Coalition meeting dates, locations, and prepares agendas.
  - C. Act as liaison between the Coalition and the Chicago Department of Public Health and City of Chicago departments on matters related to healthcare system preparedness and response, as described in the *City of Chicago EOP Public Health and Medical Services Annex*.
  - D. Oversee all aspects of Administration for Strategic Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) grants awarded to Chicago related to the Coalition.
  - E. Coordinate annual Coalition Hazard Vulnerability Assessment or Threat and Hazard Identification and Risk Assessment.
  - F. Develop and submit recommendations for Coalition annual activities and grant budget based on the results of the assessment and if applicable, ASPR HPP grant requirements.



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- G.** Provide a status report covering the annual work plan and budget to the Executive Committee at each scheduled meeting.
  - H.** Act in the general interest of the Coalition and its Members.
  - I.** Assume additional duties as appropriate to advance the mission of the Coalition as requested or approved by the Executive Committee.

### **Region 11 RHCC Manager**

- 1.** Individual who serves as the Region 11 RHCC Manager.
- 2.** Duties:
  - A.** Chair the Medical Surge Committee meeting and attend Executive Committee and All Partner Coalition meetings.
  - B.** Available to the membership for information exchange concerning the Coalition.
  - C.** Act in the general interest of the Coalition and its Members.

### **Section 6.08**

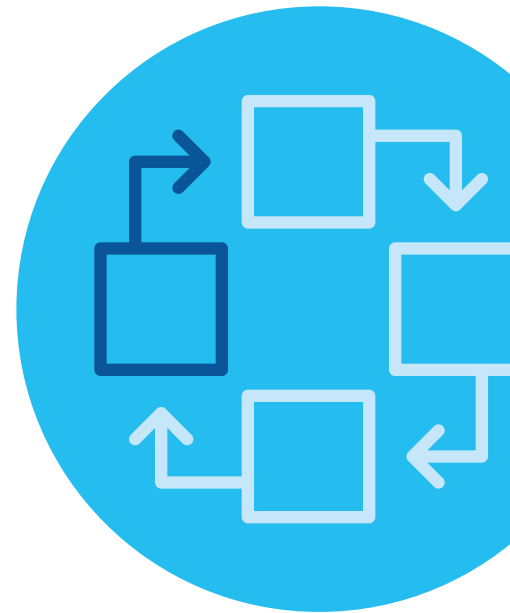
#### **Executive Committee**

- 1.** The Executive Committee is comprised of the Public Health Chair, Healthcare Chair, Vice Chair, Past Chair, Region 11 RHCC Manager, three (3) At Large Members, Clinical Advisor, representative of the Emergency Medical Services Division of the Chicago Fire Department and OEMC.
- 2.** Duties of Executive Committee
  - A.** Provide guidance over the development and evolution of the CHSCPR.
  - B.** Establish a mission and strategic direction.
  - C.** Determine the Coalition’s organizational structure.
  - D.** Determine the scope of services that the Coalition provides.
  - E.** Oversee the work of the Coalition’s working/standing committees and recommend policy that determines the long-term direction of the Coalition.
  - F.** Assure that each of the committees, strike teams, and workgroups support development, maintenance and Coalition sustainment, multiagency coordination, healthcare system exercises and evaluation programs, education and training, NIMS compliance and tracking, information sharing/interoperable communications, Illinois bed reporting compliance, and preparedness activities.



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- 3. Duties of Executive Committee members**
    - A.** Attend and actively participate in meetings.
    - B.** Review materials that are prepared for meetings.
    - C.** Consider the needs of the entire Chicago healthcare system in Committee deliberations.
    - D.** Obtain input from other Members from represented healthcare sector partners on planning and response priorities.
    - E.** Provide feedback on Coalition operations and planning.
  - 4. Staff to the Executive Committee includes:**
    - A.** CDPH Hospital Preparedness Program or other CDPH staff as determined by the Public Health Chair.
    - B.** HCC Readiness Response Coordinator to assist with planning, training, exercise, operational readiness, and evaluation of HCC. In addition, support Region 11 RHCC Emergency Planning and readiness.
    - C.** Staff of Delegate Agency contracted by CDPH to assist with matters related to the Federal ASPR Hospital Preparedness Program grant.
    - D. Duties**
      - i. Provide assistance and oversight of Coalition Committee Chairs, workgroups, and projects.
      - ii. Coordinate meeting and training logistics: dates, times, announcements, meeting minutes, and materials.
      - iii. Provide status reports covering the work plan and budget to the Executive Committee.
      - iv. Act in the general interest of the Coalition and its Members.
      - v. Assume additional duties as appropriate to advance the mission of the Coalition as requested or approved by the Executive Committee.
  - 5. Executive Committee Meeting Agenda**

The agenda of the Executive Committee meeting will include reports on situational awareness, status of work plans, budget/finances, and committee activities.



### Section 6.09 Removal

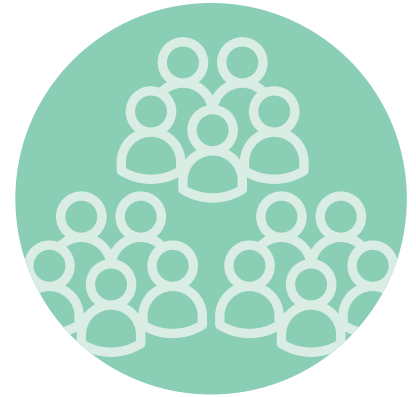
Any member of the Executive Committee or other Committees may be removed by the persons entitled to elect or appoint such member whenever, in their judgment, the best interests of the Coalition would be served by such removal.

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## Section 6.10

### Additional Committees and Workgroups

- 1.** The Coalition may establish committees and work groups to perform such tasks and duties as deemed appropriate by the Members and the Executive Committee. Each committee and workgroup will have a charter to define duties and responsibilities, and its Chair will provide progress reports at Executive Committee and/or All Partner Coalition meetings. Committee Chairs are Members appointed by the Executive Committee, subject to approval by the Members.
- 2.** To be considered for a Committee Chair position, a Member submits an application to the Executive Committee Chairs. The Executive Committee will review all applicants and select an individual for approval by the Members.
- 3.** Committee Chairs serve at the pleasure of the Executive Committee.
- 4.** Any Member may serve on a committee, strike team, or work group.
- 5.** The following standing Committees have been established to ensure the operations and activities of the Coalition are maintained:
  - A.** Health Care Partners – de facto At Large (non-hospital healthcare partner) member
  - B.** Information Sharing
  - C.** Medical Surge – de facto RHCC
  - D.** Responder Safety and Health
  - E.** Training and Exercise



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## ARTICLE VII

### Amending the Governance Charter

Amendments to this Governance Charter may be proposed at any Coalition meeting by a two-thirds (2/3) majority vote of member organizations eligible to vote. Proposed amendments shall be acted upon at the following meeting, provided that copies of the proposed amendment(s) are distributed in advance and attached to the electronic notice for that meeting.

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If two-thirds (2/3) of member organizations eligible to vote are not present at the meeting where action is initiated, voting may be conducted electronically within three (3) business days. Approval of an amended Governance Charter requires a two-thirds (2/3) majority vote of all member organizations eligible to vote.

**ARTICLE VIII**

## **Parliamentary Procedure**

Except as described herein, the current edition of Roberts Rules of Order will be used to guide the conduct of any Coalition meeting.



**ARTICLE IX**

## **Approval of Governance Charter**

The Governance Charter is adopted by a two thirds (2/3) vote of the members of the Chicago Healthcare System Coalition for Preparedness and Response.

Date Approved: **February 17, 2026**

*Kimberly McCarthy, Healthcare Chair*

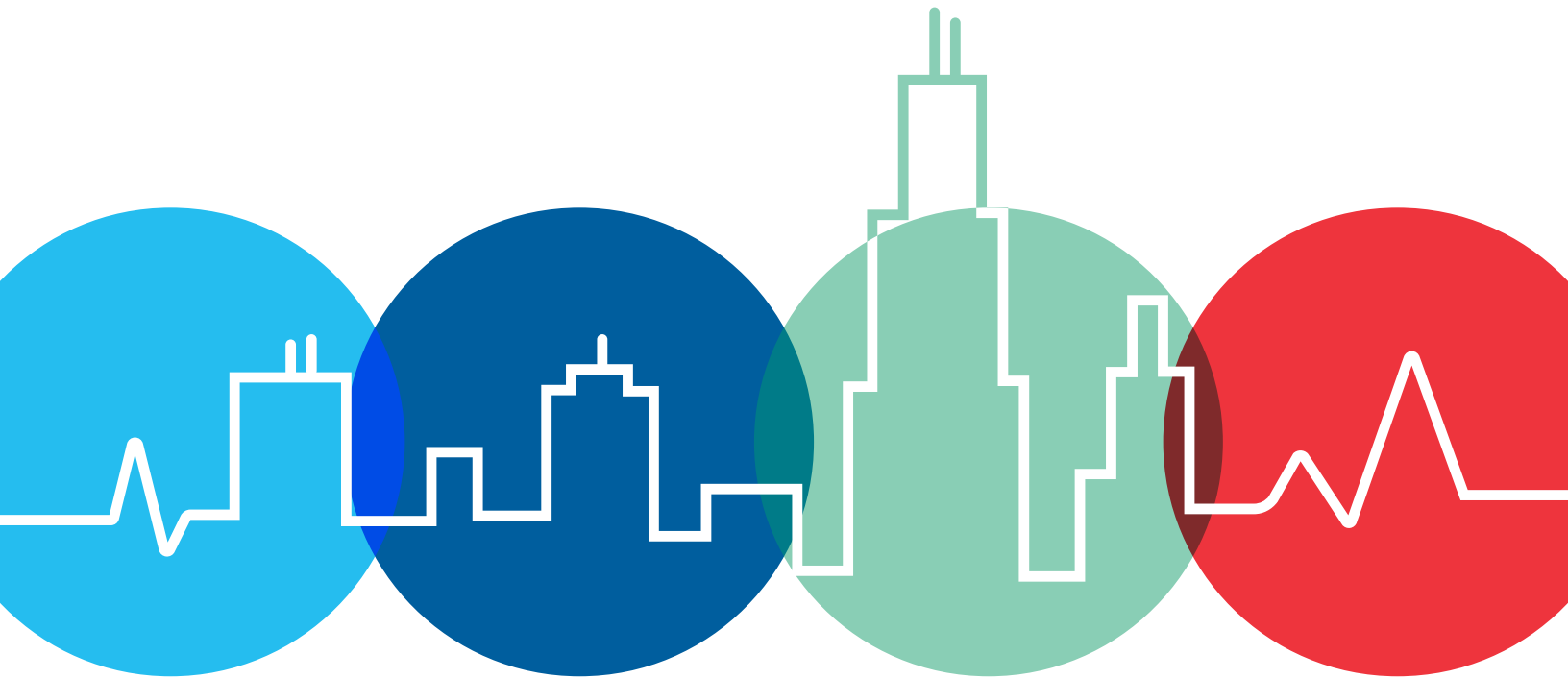
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**Healthcare Chair:** Endeavor Health Swedish Hospital, Kimberly McCarthy

*Molly Gabaldo, Public Health Chair*

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**Public Health Chair:** Chicago Department of Public Health, Molly Gabaldo



**Chicago Healthcare System Coalition  
for Preparedness and Response**

The Chicago Healthcare System Coalition for Preparedness and Response, including the development of this document, is funded by the Health and Human Services ASPR Hospital Preparedness Program, awarded to the Chicago Department of Public Health.

[chscpr.org](http://chscpr.org)