Academic Healthcare Emergency Management Consortium (AHEM)

Bylaws and Governing Document

Version 2.0

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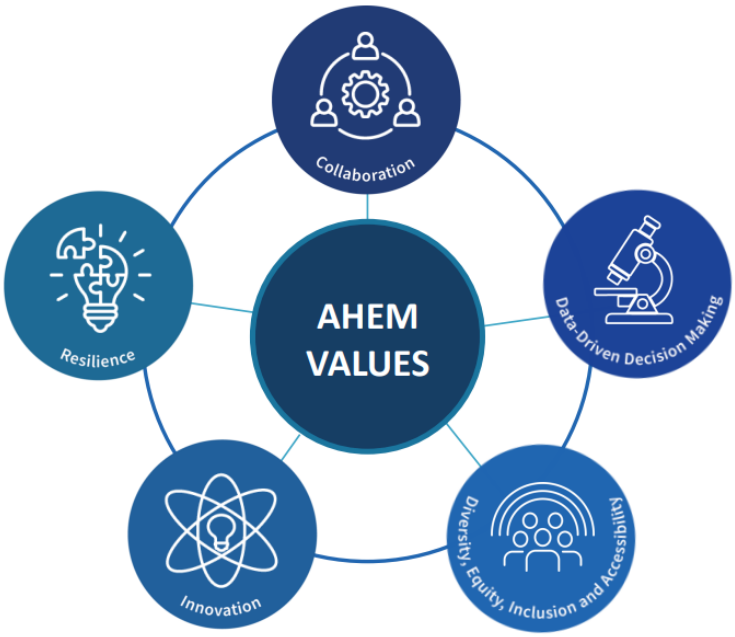
ARTICLE I: Overview

1.1 PURPOSE. Established in May 2016, the Academic Healthcare Emergency Management Consortium (AHEM or "the Consortium"), formerly known as the Top Academic Medical Center Emergency Management Consortium (TAMCEMC), is a national forum for leaders in academic healthcare emergency management who support collective resilience to prevent, prepare for, respond to, recover from, and mitigate major hazards, incidents, and catastrophic emergencies. The Consortium strives to improve national healthcare emergency preparedness and operations across the United States by developing and disseminating data-driven best practices, resources, and publications; sharing lessons learned from training, exercises, and real-world incidents; and leading advocacy efforts toward improved national preparedness within a complex and nuanced national healthcare system. Fostered upon these tenets, AHEM is building toward better, more equitable and inclusive emergency management frameworks that increase the collective preparedness of the healthcare sector.

1.2 GOALS. AHEM strives to leverage the network among well-resourced academic medical systems to advance the US healthcare system disaster and emergency preparedness, response, and recovery through collaborative leadership, advocacy, research, and innovation. The AHEM network facilitates a forum for information sharing and transferring knowledge, with the goal of building collaborative resources and best practices to fast-track resilience within the healthcare emergency management sector. Through these shared resources and publications, we strive to serve as a unified voice for the development and advocacy of data-driven best practices that foster legitimacy and standardization within the academic healthcare emergency management sector.

1.3 VALUES.



- **Collaboration**: We believe in the power of teamwork and partnership, working collaboratively across academic medical centers and systems to address shared challenges, develop resources, and achieve common goals in healthcare emergency management.
- **Data-Driven Decision Making**: We are committed to conducting research and developing professional standards with a focus on data-driven, evidence-based practices for emergency preparedness and response.
- **Diversity, Equity, Inclusion, and Accessibility**: We are committed to creating and promoting emergency management programs and frameworks that are fair, equitable, accessible, and inclusive for all healthcare institutions and their workers and reflective of the communities they serve.

- **Innovation**: We foster a culture of learning from innovation in (the field) training, exercises, and real-world incidents to continuously improve and enhance the field of healthcare emergency preparedness and response.
- **Resilience**: We prioritize building, maintaining, and advocating for robust systems that can withstand and quickly recover from disasters and emergencies.

1.4 CODE OF CONDUCT.

- We will demonstrate the highest standards of integrity; treat everyone with dignity and respect; adhere to high standards of professionalism, ethics, and personal responsibility; and commit to acting in good faith in all matters.
- We are committed to fostering an inclusive culture marked by recognition of individual contributions.
- We will not tolerate any form of exploitive or abusive behavior, harassment, or misconduct.
- We commit to managing the Consortium's resources wisely.

Article II: Membership

2.1 MEMBERSHIP OVERVIEW. As of the adoption of these bylaws, AHEM comprises member organizations that deliver exceptional treatment across multiple areas of patient care, teach the nation's next generation of medical providers, and conduct groundbreaking research to advance healthcare.

Examples of academic medical centers (AMCs) and/or health systems with formal academic affiliations include:

- Mass General Brigham (MGB): a health system with a Harvard Medical School affiliate and two AMCs
- NYU Langone Health (NYULH): formally affiliated with the Grossman School of Medicine and the Grossman Long Island School of Medicine
- Mayo Clinic: formally affiliated with the Mayo Clinic College of Medicine & Science

Membership in AHEM is open to academic healthcare organizations and systems that demonstrate commitment to enhancing their emergency management programs, fostering collaboration, and advancing the Consortium's mission. Members should embody the following qualities:

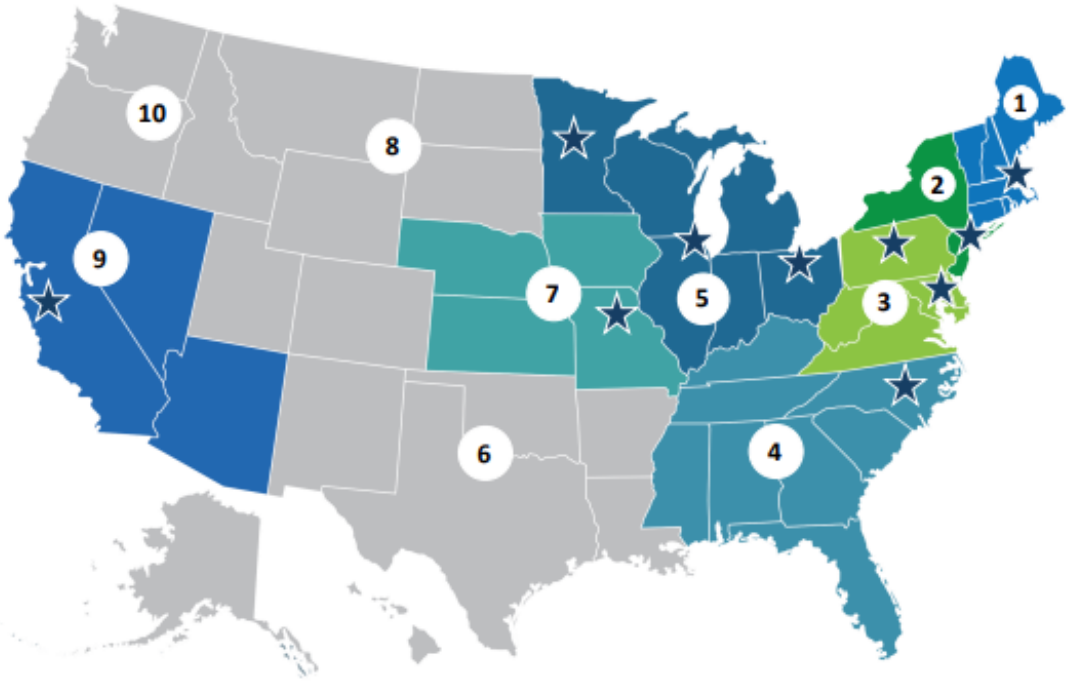
- Commitment to emergency management best practices within the healthcare setting
- Engagement in leadership, advocacy, and research related to emergency preparedness and response
- Willingness to actively participate in Consortium activities, including meetings, initiatives, and collaborative projects

AHEM offers three distinct membership types to accommodate the varying needs and involvement levels of its members: Active Members, Associate Members and Non-voting Partnerships

2.2 MEMBERSHIP ELIGIBILITY AND BASIC PREREQUISITES. To be eligible for membership in AHEM, a health system must be in the United States and committed to working collaboratively with peer members to address shared challenges, develop collaborative resources, and achieve common goals in healthcare emergency management. The main prerequisites identified for membership are as follows:

- The health system must contain one or more AMCs with at least one formal affiliation to a medical school or academic institution.
- The AMC must encompass three major operational categories: clinical care, research, and education.
- The AMC must meet a minimum size threshold, loosely defined as ~900+ licensed beds.
- Demonstrate "high reliability" and "high impact" organizations.
- Demonstrate diversity of services provided.

AHEM Membership by FEMA Region



REGION 1
- Mass General Brigham | Boston, MA

REGION 2
- Mount Sinai | New York, NY
- NYU Langone Health | New York, NY
- New York – Presbyterian | New York, NY

REGION 3
- Johns Hopkins Medicine | Baltimore, MD
- Penn Medicine | Philadelphia, PA
- UPMC | Pittsburgh, PA

REGION 4
- Duke Health | Durham, NC

REGION 5
- Cleveland Clinic | Cleveland, OH
- Mayo Clinic | Rochester, MN
- Northwestern Medicine | Chicago, IL

REGION 7
- BJC Healthcare | St. Louis, MO

REGION 9
- Stanford Healthcare | Stanford, CA
- UCLA Health | Los Angeles, CA
- UCSF Health | San Francisco, CA

Exceptions can be made at the discretion of the Steering Committee on a case-by-case basis. Non-voting partnerships will be allowable at the discretion of the Steering Committee. A more detailed criteria matrix on membership prerequisites and partnerships will be developed in accordance with the AHEM Strategic Plan.

2.3 **BECOMING A MEMBER.** Any interested organization can nominate themselves to become a member of AHEM or be sponsored by an existing member of the Steering Committee. Applying organizations should be prepared to bring reasoning as to why the organization should be considered and ensure they have support from their appropriate executive sponsor or C-suite level leaders. In the interim, a letter outlining the reason for the request should be written and presented to the Steering Committee by the requesting facility or the sponsoring organization. If sponsored, the sponsoring organization may also present reasoning to the Steering Committee as to why the AMC or health system should be admitted into the Consortium.

The Steering Committee then votes on the organization's membership status. If the application is accepted by the Steering Committee, a written letter of acceptance will be sent to the new member organization. If rejected, the organization will be allowed to reapply no earlier than six months from the date of the application submission.

NOTE: Future iterations of this process will involve an application matrix as determined by the outreach workgroup. Certain scoring thresholds will need to be met by the organization under review according to the matrix. More details will be developed throughout the next year.

2.4 MEMBERSHIP STRUCTURE. An academic medical organization admitted to the Consortium according to defined criteria is considered a "member organization." Each member organization receives one vote (i.e., multiple individuals representing the same member organization do not vote as individuals; representatives must internally agree on one vote). In the event that multiple hospitals from a single system apply for membership, the system will vote as a single entity but may have a mixture of system and hospital level leaders that serve as their AHEM representatives.

2.5 MEMBERSHIP TYPES. There are three working membership types within the AHEM Consortium:

- **Active Members:** Active Members are academic healthcare organizations that fully participate in the Consortium's activities and governance. Active Members have established voting rights on all matters requiring member input and meet the requirement of active membership.
- **Associate Members**: Associate Members are organizations that wish to engage with the Consortium but do not seek voting rights or leadership positions. Existing Active Members that are unable to maintain active membership status will be given the option to remain in the Consortium as an Associate Member.
- **Non-Voting Partnerships**: Throughout the next year (2024–2025), AHEM will explore developing non-voting partnerships. Non-voting partners are external organizations that are subject matter experts, such as governmental agencies, nonprofit organizations, healthcare organizations that otherwise do not meet criteria, or private sector partners that will collaborate with AHEM on specific initiatives but are not formal members. More details regarding eligibility and membership structure will be developed.

MEMBERSHIP BENEFIT	ACTIVE	ASSOCIATE
Collaborate with other Consortium members on projects, participate in networking events, and engage with the broader community to advance their goals.	✓	✓
May attend and participate in general meetings of the Consortium	✓	✓
Have voting rights on matters brought before membership	✓	
Eligibility to be nominated for and serve in leadership positions, including Chair and Vice Chair or the Steering Committee.	✓	
Access to exclusive Consortium resources such as specialized meetings, data repositories, and other resources developed specifically for active members.	✓	✓
Priority registration for Consortium-sponsored events, conferences, workshops, and webinars.	✓	
Access to the Consortium member directory for networking and collaboration purposes.		*At Steering Committee discretion*
DUES	$	$

NOTE: Both Active Members and Associate Members will be required to pay dues that equitably reflect membership level. Dues are to be decided by the financial workgroup and will be reflected in future iterations of Bylaws.

2.6 MAINTAINING ACTIVE MEMBER STATUS. To maintain Active Member status, the following criteria must be met:

- **Representative Appointment**: Member organizations must appoint at least two individuals to represent their organization. If an individual representing an organization must withdraw from the Consortium, the member organization shall appoint a new representative within 60 days.
- **Authority of Representative**: Representatives appointed by member organizations should be granted full authority by their organization to speak and vote on its behalf.
- **Meeting Attendance**: Any representative from each member organization must also attend at least three of the four quarterly meetings.
- **Hosting Meetings**: Active members are responsible for hosting a meeting (in person or virtual) at least once every three to four years on a rotating basis. The calendar of meeting hosts shall be scheduled in advance, and members can switch meeting host days with agreement by both parties.
- **Participation**: Active members must demonstrate regular attendance, provide input on Consortium business and initiatives, and participate in Consortium activities, such as sponsored events, providing feedback on preparedness planning plans/best practices and contributing to meet Consortium priorities. Participation includes supporting the work and deliverables to attain AHEM goals, including joining workgroups, supporting note taking, providing development support of AHEM materials, etc.
- **Voting**: Active members are also responsible for voting on approval of the annual Consortium work plan, budget, and inquiries placed before the Consortium membership. Within this role, they are permitted to vote on Consortium matters, participate in planned events and information-sharing sessions, have access to Consortium resources, and call upon the Consortium network for questions or during emergencies.
- **Relegation:** Any Active Member can be relegated, with cause, to Associate Member status at the behest of the Steering Committee.

2.7 RIGHTS OF ACTIVE MEMBERS. Active members will have the right to:

- Vote on all matters requiring a membership vote, including but not limited to the election of AHEM leadership, approval of amendments to the bylaws, and key initiatives related to the direction of the Consortium.
- Be nominated for and serve in leadership positions, including the roles of Chair and Vice Chair or the Steering Committee.
- Access exclusive Consortium resources such as specialized meetings, data repositories, and any other resources developed specifically for active members.
- Priority registration for Consortium-sponsored events, conferences, workshops, and webinars.
- Priority in participation of collaborative projects, research endeavors, workgroups, and innovative initiatives sponsored by the Consortium.
- Access to the Consortium member directory for networking and collaboration purposes.

2.8 RIGHTS OF ASSOCIATE MEMBERS. Associate Members will have the right to:

- Participate in all Consortium activities, including meetings, conferences, workshops, and webinars, unless otherwise restricted by the event's organizers.
- Access selected Consortium resources, including general research publications, materials, newsletters, and other reports, but may not access exclusive resources reserved for Active Members.

- Collaborate with other Consortium members on projects, participate in networking events, and engage with the broader community to advance their goals.
- Access the Consortium's member directory for networking purposes, at the discretion of the Steering Committee.
- Attend and participate in general meetings of the Consortium but shall not have voting rights on matters brought before the membership.
- Request an upgrade to active membership if they wish to take on a more significant role within the Consortium. Associate members interested in upgrading to active membership must submit a formal request to the Steering Committee. The request should include a statement of intent detailing the organization's commitment to the responsibilities of active membership and its willingness to pay the required dues.

2.9 MEMBERSHIP DUES. *Membership dues will be based on projected overhead costs and shared among members. Active Members and Associate Members will be expected to pay dues. Amounts, processes, and other details will be outlined in the Financing Section in future iterations of the Bylaws.*

2.10 MEMBERSHIP ROSTER. A current roster of member organizations (Active and Inactive) and contact information will be maintained by the Vice Chair of the Steering Committee and the meeting attendance record of Consortium member organizations.

2.11 MEMBERSHIP RENEWAL/REMOVAL. Member organizations will stay member organizations if they meet the membership requirements and adhere to Consortium rules, Bylaws, and Code of Conduct. Organizations that cannot maintain a collegial rapport and professional decorum with all Consortium members and/or follow Consortium rules may be subject to a 2/3 majority vote from the Steering Committee for removal.

Article III: Governance Structure

3.1 GENERAL MEMBERSHIP. The General Membership, which represents Active and Associate Members, is the foundation of AHEM and serves as the main voting body. The General Membership provides input, participates in activities, and supports the Consortium's mission. Governance roles and responsibilities of the General Membership include:

- **Voting Rights (Active Members only)**: Active Members have the right to vote on matters requiring membership input. General Membership (Active Members only) will provide the final vote on matters including financial decisions, strategic planning and goals, and outreach planning.
- **Election of Steering Committee Members**: Active members elect representatives to serve on the Steering Committee.
- **Participation in Consortium Initiative**s: Both Active and Associate Members may participate in committees and contribute to initiatives, though only Active Members may hold leadership roles. The primary responsibilities of the General Membership shall include providing final vote on matters, including but not limited to financial decisions, strategic planning and goals, and outreach planning. Additionally, they shall assist in the identification and cultivation of potential partners, donors, or supporters.

3.2 VOTING LOGISTICS. A quorum shall consist of no less than a 60 percent supermajority of all member organizations and is required to vote on Consortium business. Each Active Member has one vote in voting matters. Multiple representatives within each organization should come to an agreement on the organization's vote. The account of each vote from every organization is determined by a majority rule.

3.3 REPRESENTATIVE TYPES. Each AHEM member organization is to appoint a senior leader within emergency management, or the equivalent at the organization, to represent their organization and participate in AHEM. An internally high-ranking representative is preferred as the main contact per organization. If none are available to serve as a representative, the minimum standard for a representative should be someone who can speak on behalf of that organization and be a meaningful voting party. Each organization is required to provide at least two main contacts per member organization to serve as core representatives of the organization to ensure continuity of AHEM membership representatives. If a core representative leaves the member organization, a new core representative contact must be provided to AHEM leadership within 60 days.

There are two types of representatives:

- Senior Representatives serve on the Steering Committee. They will have a two-year term, at which point they can keep their positions, pending active membership votes.
- Collaborator Representatives are a part of the Active Member group but serve outside of the Steering Committee.

3.4 STEERING COMMITTEE. Steering Committee members are industry leaders willing to commit to building out the Consortium and maintaining its operations and growth. With a lateral governance structure, each member has equal say in decision making and responsibilities. This encompasses delegating and maintaining finances, logistical tracking, and other organizational duties.

3.5 STEERING COMMITTEE ORGANIZATION. The Steering Committee will be made up of at least seven Active Member organizations, with an optimal nine Active Member organizations with at least two representatives (primary and secondary) per organization. There should always be an odd number of member organizations, along with an appointed Chair and Vice Chair, who will provide oversight on Consortium operations and initiatives as described in greater detail below.

Chair and Vice Chair organizations count as members of the Steering Committee; therefore, five to seven other member organizations must make up the remainder of the Steering Committee, restricting duplicate organizations. If the Steering Committee membership falls below seven Active Member organizations, the remaining members shall initiate an emergency vote to fill the vacant positions to maintain operational capacity. In the event the Consortium grows past 25 organizations, the Steering Committee can vote to add additional organizations so that it is representative (at least 40 percent) of the entire Consortium population.

3.6 APPOINTMENTS AND VOTING. Steering Committee representatives will be appointed every two years, while the Active Members will vote on member organizations appointed to the Steering Committee. Nominations for Steering Committee appointments will be collected via survey and will be distributed to Active Member organizations, which will vote on up to nine organizations to be/stay on the Steering Committee for their two-year term (excluding Chair and Vice Chair, who are voted upon separately). The Chair and Vice Chair shall be appointed by members of the newly appointed Steering Committee (Steering Committee members will vote on a Chair and Vice Chair among themselves). All Steering Committee representatives listed as the primary representative for the member organization will be eligible for Chair and Vice Chair and will be automatically considered unless they explicitly opt out of running for these positions.

3.7 RESPONSIBILITIES OF STEERING COMMITTEE MEMBERS. Steering Committee members will be primarily responsible for, but not limited to, the following:

- **Leadership and Decision-Making:** Oversee Consortium decision-making matters and maintain responsibility for developing plans and best practices.
- **Project Coordination:** Oversee the planning, execution, and monitoring of projects undertaken by the Consortium, ensuring they align with the overall mission and goals.
- **Administration**: Help the Chair organize and maintain schedules. Members of the Steering Committee who are meeting facilitators will assign notetakers on a rotating basis.
- **Networking and Event Planning**: Organize Consortium-sponsored events and activities that foster interconnectivity within the Consortium, networking, and information sharing.
- **Representation:** Represent the Consortium when requested by the Chair at national, regional, or local events.
- **Outreach**: Build and maintain an outreach strategy for continuing the future growth of the Consortium. Execute the outreach plan and liaise with future membership.
- **Funding and Resource Mobilization**: Develop the Consortium's work plan and budget.
- **Evaluation and Reporting**: Monitor the Consortium's progress and evaluate its impact, which may include preparing and presenting reports to stakeholders and the wider community.

- **Shared Accountability for Workload Distribution**: Share collective responsibility for the effective functioning of the Consortium, including the equitable distribution of workload and accountability for key tasks and responsibilities. Steering Committee members are expected to proactively offer assistance with tasks aligned with their expertise or interest areas. Steering Committee members should take ownership of assigned or voluntary tasks and confirm successful execution by communicating progress, challenges, and results to the Steering Committee.

All proposals made by the Steering Committee, specifically any action that is financial, impacts the General Membership, or reflects the image of the Consortium, is subject to a vote and approval by the General Membership.

3.8 COMMITMENTS EXPECTED OF THE STEERING COMMITTEE MEMBERS. Steering Committee members are responsible for the following upon appointment:

- Maintain Active Member status (see section 2.6 for detailed information) via attending at least three of four quarterly Steering Committee meetings.
- Participate and contribute to planning, document development, and AHEM logistics.
- Host meetings (as defined by active membership) and summits on a rotating basis, as well as support any other tasks needed, such as strategy, documentation, outreach, and/or other facilitation, is expected.
- If a Steering Committee member does not meet the above criteria, they will receive a formal written warning from the Chair. This communication will outline the specific areas of noncompliance and set expectations for improvement within a defined time frame. If a member does not address the issues outlined in the formal warning, they may be placed on probationary status for up to six months. During this period, the member will retain their seat on the Steering Committee but will be required to demonstrate significant improvement in meeting the expected commitments.
- Steering Committee members who fail to attend the required number of meetings or contribute meaningfully to the Consortium activities after receiving a warning or being placed on probation may have their responsibilities suspected. This may include suspension from participating in meetings, voting on Steering Committee decisions, or representing the Consortium in any capacity until the member meets the required commitments.

Continued failure to meet the commitments expected of the Steering Committee members may result in removal from the Steering Committee. The decision to remove a member will require a majority vote by the remaining Steering Committee members. Members removed from the Steering Committee due to failure to meet commitments may reapply for future Steering Committee involvement after one year. Steering Committee members who have been placed on probation, suspended, or removed may submit an appeal to the Steering Committee in writing within 30 days of the decision. The Steering Committee will review the case, and a final determination will be made by majority vote.

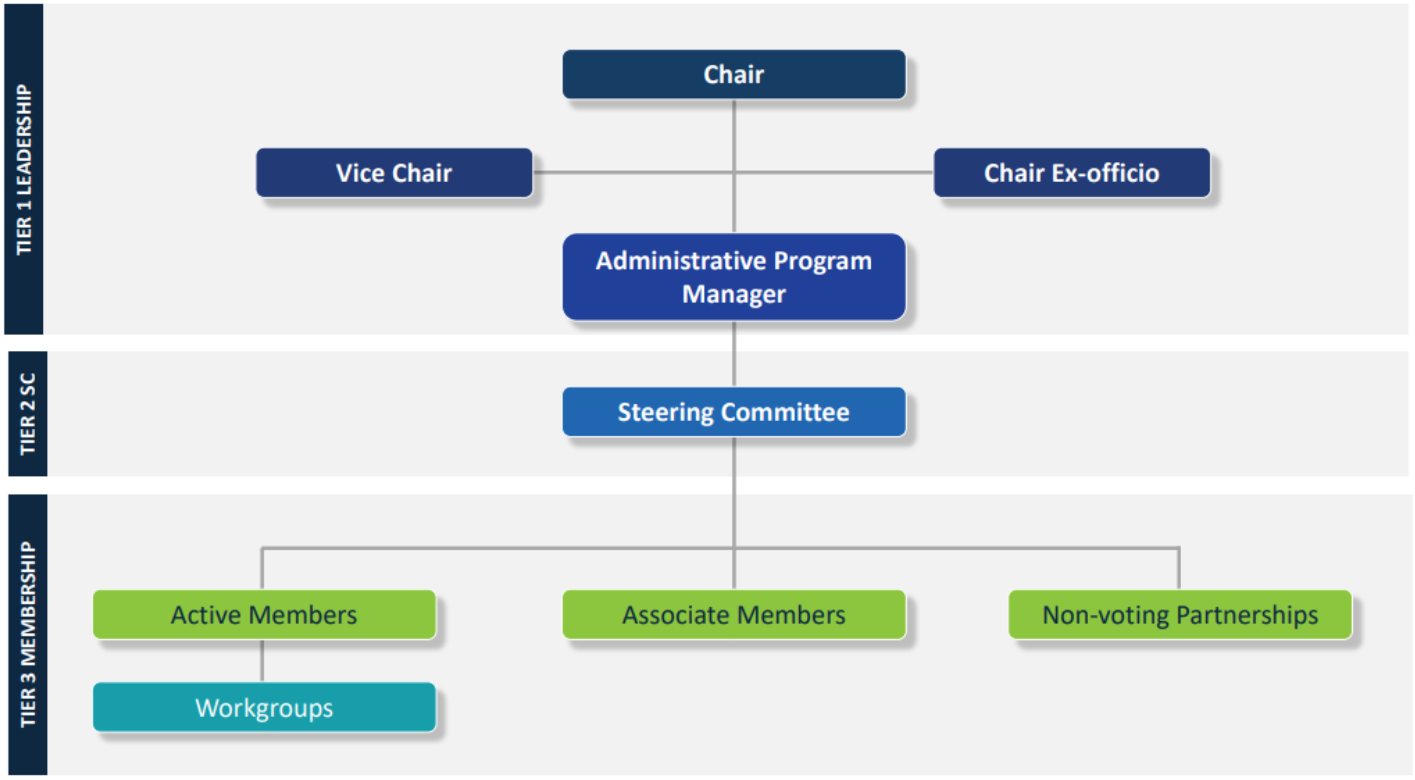
3.9 LEADERSHIP OVERVIEW – CHAIR, VICE CHAIR, AND SUPPORT ROLES. The AHEM Leadership Team, made up of the Chair, Vice Chair, Chair Ex Officio (if applicable), and Administrative Program Manager, provides oversight and decision-making on Consortium operations and initiatives. Both the Chair and Vice Chair may call on and delegate work to the Steering Committee as appropriate.

- Rotations of the Leadership Team: Chair and Vice Chair terms are one-year rotations, where Vice Chair moves into Chair position and a new Vice Chair is appointed from the Steering Committee.

- Once rotated out, the previous Chair stays on the Leadership team as Chair Ex Officio, an advisory and transitionary role, for one year (see 3.0X for support functions of Chair Ex Officio).

NOTE: For the 2024 Bylaws review, the Steering Committee has agreed to allow the current Chair and Vice Chair to remain on the Leadership Team for another year to continue solidifying the sustainability of the Consortium. This will be re-reviewed in the next iteration of the Bylaws.

Reporting Structure and Organization of AHEM



3.10 ROLES AND RESPONSIBILITIES OF CHAIR:

- **Administration:** The Chair will organize and maintain schedules and assign host organizations to lead meetings.
- **Leadership and Decision-Making**: The Chair provides overall leadership to the Consortium, guiding its strategic direction and guiding the group to achieve objectives.
- **Facilitation and Communication**: The Chair facilitates communication among Consortium members, ensuring that information flows effectively and fostering collaboration and cooperation among members.
- **Strategic Planning:** Alongside the Steering Committee, the Chair helps to develop and implement a strategic plan to achieve the Consortium's goals and objectives. This involves setting priorities, allocating resources, and monitoring progress.

- **Governance Oversight:** The Chair will oversee the Consortium's governance structure, ensuring that policies, procedures, and guidelines are in place for effective decision-making and accountability.
- **Conflict Resolution:** The Chair mediates conflicts or disagreements that may arise within the Consortium.
- **Networking and Partnerships:** The Chair builds and maintains relationships with other organizations, institutions, and consortia to foster collaboration and share knowledge.
- **Promotion and Visibility:** The Chair promotes the Consortium's achievements, initiatives, and impact through various channels, including media, online platforms, and public presentations.
- **Ethical Standards**: The Chair upholds high ethical standards within the Consortium's activities and ensures compliance with relevant laws and regulations.

3.11 ROLES AND RESPONSIBILITIES OF VICE CHAIR: The Vice Chair supports the Chair in all duties, particularly in administration and communication with Consortium membership. Furthermore, the Vice Chair helps to delegate work and responsibilities to the Steering Committee and observes the Chair responsibilities to ensure smooth transition/rotation of leadership.

- **Administration:** The Vice Chair will help organize and maintain schedules and assign host organizations to lead meetings. The Vice Chair is responsible for maintaining the membership roster.
- **Leadership and Decision-Making**: The Vice Chair provides additional leadership to the Consortium and decision-making support to the Chair, guiding its strategic direction and guiding the group to achieve objectives.
- **Facilitation and Communication**: The Vice Chair helps facilitate communication among Consortium members, ensuring that information flows effectively and fostering collaboration and cooperation among the membership.
- **Strategic Planning:** The Vice Chair helps the Chair develop and implement a strategic plan to achieve the Consortium's goals and objectives. This involves setting priorities, allocating resources, and monitoring progress.
- **Governance Oversight:** The Vice Chair will help maintain the Consortium's governance structure, ensuring that appropriate policies, procedures, and guidelines are in place for effective decision-making and accountability.
- **Conflict Resolution:** The Vice Chair helps mediate conflicts or disagreements that may arise within the Consortium.
- **Networking and Partnerships:** The Vice Chair helps build and maintain relationships with other organizations, institutions, and consortia to foster collaboration and share knowledge.
- **Promotion and Visibility:** The Vice Chair helps promote the Consortium's achievements, initiatives, and impact through various channels, including media, online platforms, and public presentations.
- **Ethical Standards**: The Vice Chair upholds high ethical standards within the Consortium's activities and ensures compliance with relevant laws and regulations.

3.12 ROLES AND RESPONSIBILITIES OF LEADERSHIP SUPPORT. To maintain continuity and administrative efficiency, AHEM can elect to appoint support personnel to assist the Steering Committee and the Chair in fulfilling obligations. Support roles are included but not limited to the **Immediate Past Chair** and **Administrative Program Manager**, who the Chair may select.

The **Chair Ex Officio** will support in an advisory role, drawing on experience and knowledge from their previous term to guide the current Chair. Their roles include:

- **Advise**: Provide counsel and guidance to the Steering Committee and Chair on strategic initiatives, governance, and long-term planning.
- **Transition Support**: Support a smooth transition, offering continuity between outgoing and incoming Chairs.
- **Non-voting Role**: The Immediate Past Chair may attend Steering Committee meetings and provide input but does not hold voting rights unless also serving as an active Steering Committee member.

The **Administrative Program Manager** will serve as operational and logistics support for the Chair and Steering Committee. The Chair may either designate an individual for this role, or if no additional local resource exists, the responsibilities will be split with the Vice Chair. Their roles include:

- **Meeting Coordination**: Organize and manage logistics for Steering Committee meetings, including scheduling, preparing meeting agendas, distributing materials, and ensuring meeting minutes are recorded and shared with members.
- **Membership Management**: Oversee the administration of membership records, including tracking member engagement and voting, and maintaining the member directory.
- **Communication**: Support drafting and disseminating official communications from the Steering Committee.
- **Event Planning**: Coordinate logistics for Consortium events.
- **Documentation and Record Keeping**: Maintain up-to-date records of Consortium activities and confirm all documentation and reports are accurate and easily accessible.

ARTICLE IV: Meetings

4.1 MEETING LOGISTICS. General Membership meetings will be convened quarterly and hosted by different member organizations on a rotating basis. Host assignments (which member organization will lead which meeting) should be decided at least six months prior to the meeting date. Steering Committee members will be responsible for reaching out and organizing meeting hosts. Agendas will be provided for each meeting at least a week in advance, while ad hoc meetings may be convened as needed for major/national incidents.

The 2025 Consortium Quarterly meeting schedule is as follows:

- Q1: Virtual Meeting (February/March)
- Q2: In-Person Summit (June/July)
- Q3: Virtual Meeting (September/October)
- Q4: In-Person at International Association of Emergency Managers (IAEM) (November)

Based on Consortium feedback, the schedule will be amended into 2026 as follows:

- Q1: In-Person Meeting at Association of Healthcare Emergency Preparedness Professionals (AHEPP) (February)
- Q2: Virtual Meeting (June/July)
- Q3: In-Person Summit (September/October)
- Q4: Virtual Meeting (November)

A quorum (see voting logistics) shall be met to vote on Consortium business.

Expectations from Membership: Attend four quarterly meetings. If one representative cannot attend, the expectation is to find a replacement. If no alternate can attend, valid reasoning should be communicated to the meeting host, and the absence will count toward one allowable absence.

ARTICLE V: Committees and Workgroups

5.1 DEFINING COMMITTEES AND WORKGROUPS.

- **Committees** are defined as long-term groups that lead long-term objectives, strategies, or projects.
- **Workgroups** are defined as mission-driven or project-driven groups and are often short-term groups that help build out a piece of a longer-term vision.

5.2 FORMING COMMITTEES AND WORKGROUPS. Active Members will have opportunities to participate in committees and working groups relevant to specific topics or initiatives. Each committee must have at least three Active Members in charge of decision-making.

5.3 REQUIREMENTS FOR WORKGROUP AND COMMITTEE APPROVAL. Any active member organization can propose to form a committee or workgroup subject to the following requirements and commitments:

- **Submitting a formal proposal**: The purpose of the committee or workgroup should further a directive or goal of the Consortium. Committees or workgroups should have clearly defined purposes and goals, and members should be committed to completing work to achieve these goals over a time-limited period.
- **Steering Committee approval**: The committee or workgroup will submit and present their proposal to the Steering Committee. The Steering Committee then votes to approve the committee or workgroup.
- **Minimum number of member representatives**: Each committee or workgroup will be composed of at least one member from the Consortium's Steering Committee and at least two other Consortium members (e.g., three active member organizations).
- **Regular meeting cadence**: Committees or workgroups will host meetings regularly to maintain timely progress toward the goals identified below.
- **Leadership appointment and Steering Committee report out**: One person will be appointed as the leader of the workgroup or committee. If that leader is not a member of the Steering Committee, one of the committee's or workgroup's Steering Committee members is expected to prepare and deliver a verbal report of workgroup progress at Steering Committee meetings.

5.4 OUTREACH AND BRANDING WORKGROUP.

Workgroup Established: 2024**;** **Number of Members**: 5

Mission Statement: The Outreach and Branding Workgroup of AHEM will aim to ensure nationwide representation from our General Members, enhance our outward presence through strategic branding, and expand our membership and partnerships. Our goals include fostering diversity of membership within AHEM to ensure the Consortium has access to numerous specialized and nuanced resources and to develop strategies that highlight the unique value AHEM offers to executives within member organizations. Through proactive outreach and targeted branding efforts, the workgroup will aim to solidify AHEM's position as a premier resource in healthcare emergency management, enriching our community with diverse perspectives, abundant resources, and collaborative opportunities.

Short-Term Goals

- Evaluate current membership and how they fall into Federal Emergency Management Agency (FEMA) regions to assess geographic gaps and develop targeted outreach.
- Collect and compare information about current membership to understand the baseline range of institutional footprints and details about who makes up AHEM.
- Use tools and information gathered from the deliverables above to develop a strategy and protocol for outreach that aims to make the board whole and increases diversity of membership.
- Develop branding and build an online presence (information sharing repository, LinkedIn profile, web page).
- Develop targeted outreach materials for AHEM leadership to use both internally and externally, highlighting the value of AHEM and the benefits of membership.

Long-Term Goals

- Further define the Associate Member role and determine how other types of organizations can participate in AHEM.
- Publish a white paper on TAMCEMC and COVID-19 response.
- Investigate vendor relationships for financial benefit to members using those services.

5.5 BEST PRACTICES WORKGROUP.

Workgroup Established: 2024; **Number of Members**: 5

Mission Statement: The Best Practices Workgroup of AHEM will aim to establish a process by which to review, test, consolidate, and share resources and best practices by and for academic healthcare emergency managers. Our goals include establishing guidelines by which AHEM members query and share information internally as well as developing strategies to review standard practices and requirements, share innovation with Consortium members, and strive to enhance the academic healthcare emergency management field.

Short-Term Goals

- Define the terminology that AHEM members will use to describe key concepts, such as best practices, and commonly/frequently used minimum standards, etc.
- Identify the top three topics by which to investigate and strive toward consensus/best practice/minimum standards (e.g., staffing ratios, HVA, etc.).
- Establish a repository where AHEM members may share and have access to templates, resources, query results, etc.
- Establish guidelines for how AHEM-generated information can be shared (e.g., internal queries vs. external).
- Establish processes to synthesize and collate AHEM member queries to build accessible resources for all members.

Long-Term Goals

- Establish a forum by which AHEM-developed best practices or recommendations can be shared with non-members.
- Develop core metrics that AHEM considers essential to academic healthcare emergency preparedness.
- Explore opportunities for advocacy and publishing of AHEM metrics for a wider national audience.

ARTICLE VI: Finances

6.1 FUTURE FINANCIAL WORKING GROUPS. *Financial Commitments, including but not limited to dues, management of funds, fund allocations, and overhead costs, will be outlined in this section per the Financial Working Group in future iterations of these Bylaw*

ARTICLE VII: Amendments

7.1 FORMALIZING AMENDMENTS. These Bylaws may be adopted, amended, or repealed by a 60 percent supermajority vote by the General Membership at any time for the betterment of the Consortium. Bylaws are subject to annual review for changes or amendments as deemed necessary, especially as the organization grows. For the first two years of Consortium formalization (2024 and 2025), Bylaws shall be reviewed and re-approved at the end of each calendar year to ensure Bylaws remain reflective of Consortium mission, goals, and processes.

ARTICLE VIII: Dissolution

8.1 INITIATION OF DISSOLUTION. The decision to dissolve the organization may be initiated by a resolution passed by a vote of the General Membership using existing voting majority guidelines.

8.2 NOTICE TO MEMBERS. Following the initiation of dissolution, all members of the organization shall be provided with written notice of the impending dissolution. The notice shall include the proposed dissolution date and the reasons for dissolution.

8.3 VOTE FOR DISSOLUTION. A vote of dissolution shall be conducted among the organization's members. The dissolution shall be approved if it receives a vote of 60 percent of the members present at a meeting where the quorum is met.

8.4 RETENTION OF RECORDS. Following dissolution, the organization shall maintain its records and financial documents for at least seven years.

8.5 EFFECTIVE DATE. This Article on dissolution shall become effective on the date of the approval.

ARTICLE IX: Approval of Bylaws

These Bylaws have been adopted by a majority vote of the General Membership of the AHEM.

Date Approved:

Chair: Caitlin Flynn

Vice Chair: _____