

Clinical Diabetes Workgroup Charter

Central Oregon Health Council:
Diabetes Clinical Regional Health Improvement Plan (RHIP) Workgroup

1. PURPOSE

The Diabetes Clinical RHIP Workgroup will serve to provide expert advice and action that will support the goals of the Central Oregon Health Council using Lean Practices. The Workgroup is designed to improve each of the Health Indicator Metrics (HIMs) outlined in the RHIP for the Diabetes Clinical area of focus. All of these efforts are to be done with the True North Metrics as the guiding principles.

Duties to be considered:

- *Collaboration with community partners and other RHIP workgroups.*
- *Writing proposals or creating Requests for Proposals (RFPs) to supplement the needs of the community as they directly relate to the HIMs.*
- *Attend monthly meetings, and subgroup meetings as applicable.*
- *Reporting annually to the Operations Council to ensure alignment, movement, and support.*

2. PURVIEW

The purview of the Diabetes Clinical Workgroup includes accountability for the positive movement of the HIMs, generating ideas and identifying areas that require the use of key tactics (funding, aligned strategies, policy, etc.), encouraging partnerships, and community outreach. The Workgroup is not required to create or apply these initiatives itself, but merely works to ensure that the gaps are filled and that barriers to HIMs improvement are removed.

3. AUTHORITY

The COHC Board of Directors vests authority to the Diabetes Clinical Workgroup. In partnership with the Operations Council, the Workgroup has the decision-making authority to fiscally support any funded initiatives that affect the HIMs assigned to them. The Workgroup has the individual authority to make a declaration of support for any initiative.

4. COMPOSITION /GOVERNANCE

Community partner representatives and local experts will comprise the Diabetes Clinical Workgroup. Every effort will be made to have member representatives from all impacted parties.

The COHC staff member who acts as the organizer of that Workgroup must approve new members of the Diabetes Clinical Workgroup. Workgroup members will be educated and be expected to fully understand the scope and authority of the Workgroup. Regular attendance at meetings is expected to direct the responsibilities of the Workgroup.

The Workgroup may form ad-hoc subgroups or request ad hoc member representation as required to achieve specific tasks. The Workgroup will include a member(s) on any subgroups in order to maintain strategic alignment and communication of improvement ideas.

The Workgroup may choose to appoint a leader, but is not required to do so. The COHC staff will organize all meetings and serve as the spokesperson and liaison for the group. A COHC staff member will fulfill the duties of the leader in his/her absence. Support for meetings will occur through the COHC staff team.

5. RESPONSIBILITIES/DUTIES

a. Scope

Workgroup members are expected to actively engage in discussions centered on HIMs improvement. The Workgroup is responsible for identifying and declaring their support for the initiatives they believe will have the greatest possible impact on the HIMs.

b. Objectives

The Workgroup shall conduct an A3 on at least one of their assigned HIMs. The Workgroup will be charged with this function in order to identify the gaps and brainstorm strategies for improving the HIMs.

If the Workgroup determines that funding is required to fill a gap, they must present their idea to the Operations Council. Given approval, the Workgroup will draft an RFP, and will review applications once every 6 months with the RFP Review Sub-Committee of the Operations Council.

c. Communication

Meetings will be scheduled on a monthly basis. Special meetings may be called if an issue arises that requires immediate attention. Meeting agendas will be updated and sent to Workgroup members prior to meetings.

d. Charter Approval and Revision

This charter must be approved by the Diabetes Clinical Workgroup to become active. The Workgroup will approve revisions to the charter and additions such as charts, etc.

6. CONFIDENTIALITY

Confidentiality must always be maintained during Diabetes Clinical Workgroup review and deliberations.