Community Coalition Charter





The name of this Coalition shall be:	

Vision

To make healthcare better.

Mission

The mission of this coalition is to actively engage in the a national effort to utilize a collaborative approach among community members to enhance the overall quality of care, outcomes and transitions for Medicare beneficiaries across the continuum of care and to share those best practices.

Prior to 2024, we will

- 1. Conduct a Root Cause Analysis (RCA) to identify the root causes of the problem identified
- 2. Utilize Plan-Do-Study-Act methodology to address the impact of the intervention(s) chosen to address the RCA
- 3. Share and report data related to improvement efforts

Goals

☐ Build and sustain a community coalition with a focus on:

- Improving Behavioral Health Outcomes, focusing on decreased opioid misuse
- Increasing Patient Safety
- Chronic Disease Self-Management (cardiac and vascular health, diabetes, slowing and preventing End Stage Renal Disease (ESRD)
- Increasing Quality Care Transitions
- Improving nursing home quality

	Includ	de re	present	tation	from	beneficiaries	and	famil	lies
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- ☐ Encourage person-centered and person-directed models of care
- ☐ Collaborate and encourage efforts of organizations with shared visions
- ☐ Spread successful improvement strategies and share best practices

Participation

Participation in the Coalition is open to organizations and individuals, including beneficiaries and their families, interested in fostering the vision by actively engaging in the planning and work of the Coalition.

Coalition members should join in a commitment to:

- Share promising strategies and best practices
- Mentor partners and providers
- Share data and support analyses
- Promote and implement evidence-based interventions to improve healthcare

Meeting Attendance

Members must recognize that the coalition is stronger if members are working collectively. This means members must be willing to attend and actively participate in scheduled meetings or designate a proxy.

This material was prepared by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Medicare Quality Innovation Network - Quality Improvement Organization for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy, Publication No.12SOW-AHSQIN-QIO-TO1CC-19-04

Procedural Policies

Conflicts

No one may profit financially from membership in the Coalition by sales or solicitation at meetings or workshops. Participants will disclose any actual or potential conflicts of interest to Alliant Quality and its partners.

Decision Making

In the spirit of the Community Coalition Charter vision, all Coalition business shall be conducted based on the philosophy of mutual respect. Simple majority rules will apply.

Voting

Voting on the business of the Coalition may be conducted by those in attendance at the meeting either in person or by teleconference. Proxy voting via email is permissible.

Charter Signed (mm/dd/yyyy)					
Please Print Below:					
Organization Name	Representative Name	Representative's Title			





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Organization Name	Representative Name	Representative's Title			



