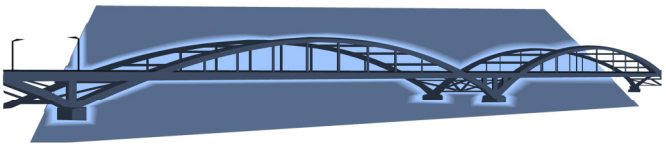

Building a Bridge to Better Health Coalition

Community Coalition Charter

Article I - Name

The name of this Coalition shall be the Building a Bridge to Better Health Coalition (BBBHC).

Article II - Mission

To improve the safety and quality of care provided to the communities of East Tennessee through the development of sustainable person-centered care transitions and strengthening of relationships between community organizations and healthcare providers. Improvement efforts will be dedicated to reducing avoidable admissions and 30-day hospital readmissions.

The Building a Bridge to Better Health Coalition includes the following counties: Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier and Union.

Article III - Vision

Enriching Community Transitions and Healthcare through Communication, Collaboration and Coordination

Article IV - Background

Nationally, approximately one in five Medicare beneficiaries is re-hospitalized within 30 days post-acute discharge. Of Medicare beneficiaries who are readmitted within 30 days, 64% receive no post-acute care between discharge and readmission. The process by which patients move from hospitals to other care settings is increasingly problematic, as hospitals shorten lengths of stay and as care becomes more fragmented. Medicare patients report greater dissatisfaction in discharge-related care than in any other aspect of care that CMS measures. Poor communication during care transitions results in medication errors, lack of follow-up, misinterpretation of post discharge instructions, lack of self-care, and ultimately patient harm.

The situation can be changed. Rates of re-hospitalization and health care utilization in general vary substantially among geographic locations, suggesting opportunities for improvement in areas with higher observed rates. Since local areas vary substantially in health care utilization, the most effective interventions may depend on changes in the processes of care at a community level that engage more than one provider (including hospitals, home health agencies, hospice organizations, dialysis facilities, nursing homes, pharmacies, primary care providers and local/state/regional stakeholders). The target for this BBBHC initiative is the Coalition's defined community.

Article V - Purpose

1. To build and sustain a community coalition with a focus on improving transitions of care for Medicare beneficiaries
2. To be an advocate for patients and their caregivers
3. To encourage person-centered and person-directed models for care
4. To collaborate and encourage efforts of organizations with shared visions
5. Promote consumer/family engagement in advanced care planning and care transitions processes
6. To advance public policies that further the vision
7. To redesign healthcare transitions to promote better outcomes

Article VI – Goals

1. Reduce 30-day readmission rates in the defined community
2. Reduce adverse drug reactions and medication adherence among our participants
3. Improve patient and family engagement in their own health and wellness
4. Implement community level process improvement awareness through root cause analysis and transparency of readmission and intervention data
5. Facilitate the adoption of evidence-based care transition processes among health care providers through the dissemination of information, best practices, and research
6. Increase community tenure for Medicare beneficiaries, as evidenced by the increased number of nights spent at home

Article VII – Framework

The Coalition shall adopt the IHI Model for Improvement as a framework for organizing and carrying out quality improvement work.

Article VIII – Affiliates

The Building a Bridge to Better Health Coalition may include affiliate community coalitions, as may be identified, within the 16-county area to expand the reach and scope of the goals of the BBBHC.

Article IX - Membership

Participation in the Building a Bridge to Better Health Coalition is open to organizations and individuals interested in fostering the mission by actively engaging in the planning and work of the Coalition.

Charter members should join in a commitment to:

1. Actively engage in Coalition meetings, conference calls, educational events and other Coalition activities. Organizational members will designate one organizational representative and an alternate to participate in the Coalition
2. Mentor partners and providers
3. Share aggregate data, best practices and lessons learned as appropriate in support of the Coalition's mission and goals

4. Promote implementation of evidence-based interventions
5. Participate in root cause analysis and quality improvement activities

Members may include:

1. Healthcare Providers (hospitals, skilled nursing facilities, physician practices, home health agencies, pharmacies, dialysis facilities, hospice organizations, palliative care organizations, etc.)
2. Government Organizations (Health Dept., Area Agency on Aging and Disability, etc.)
3. Senior Service Organizations
4. Quality Improvement Organizations
5. Educational Organizations
6. Funding Organizations
7. Provider Associations
8. Consumer Advocacy Organizations
9. Insurance Companies/payers
10. Professionals
11. Consumers and Families
12. Others as identified by the Coalition

Article X - Committees

The activities of the Coalition shall take place within its committees and all active members are encouraged to select the committee or committees on which they wish to serve during any given year.

Committees shall have a chair and co-chair, led by active members and chosen by the Coalition by majority vote.

Article XI - Meetings

Regular Meetings of the Coalition shall be held at times and locations determined by the Coalition members. Meetings may take place in person or remotely.

An Annual Meeting of the Coalition shall occur, at which time the Coalition will review membership, committee reports, assess progress, establish goals, and other business.

Members will be notified of meetings via email no later than one week prior to the meeting date.

Article XII - Procedural Policies

Conflicts of Interest - No one may profit financially from membership in the Coalition by sales or solicitation at meetings or other Coalition events.

Decision Making – In the spirit of the Building a Bridge to Better Health Coalition's mission, all Coalition business shall be conducted based on the philosophy of mutual respect. Simple majority rules will apply. Coalition members are entitled to one vote per member.

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.

Article XIII – Amending the Charter

The Charter may be amended at any regular meeting of the Coalition by a majority vote of the members present.

This Coalition Charter is adopted by the members on this 28th day of May, 2015.