**Minnesota Healthcare Coalition**

**Collaborative (MNHCC)**

Charter

# Mission

To collaborate on projects and develop a unified presence making a significant impact on our healthcare coalition partners.

# Purpose

1. Promote collaboration between the regional healthcare coalitions.
2. Foster communication, information, and resource sharing between the regional coalitions.
3. Establish workgroups or subcommittees.
4. Provide the opportunity for the coalitions to present a unified response to requests from outside agencies/partners.
5. Establish a coordinated, statewide response structure capable of supporting healthcare coalition partners and interfacing with the State EOC or MDH response.

# Outcome

To be known as a reputable, knowledgeable, value added collaboration.

# Membership

## Members

Membership consists of the Regional Healthcare Preparedness Coordinators from each of the eight (8) healthcare coalitions in the State of Minnesota.

* Central MN Healthcare Preparedness Coalition
* Metro Health & Medical Preparedness Coalition
* Northeast Healthcare Preparedness Coalition
* Northwest Health Services Coalition
* South Central Healthcare Coalition
* Southeast Minnesota Disaster Health Coalition
* Southwest Healthcare Preparedness Coalition
* West Central MN Healthcare Preparedness Coalition

## Roles/Responsibilities

* Each coalition will have at least one representative on the Minnesota Healthcare Coalition Collaborative (MNHCC)
* Each coalition will have representation on any work groups that are focused on funding or establishment of grant deliverables/workplans.
* Work is to be divided as fairly and equitably as possible, with each coalition actively participating in areas of interest, noting not all workgroups will require representation from all 8 coalitions.
* Each coalition will listen and communicate in good faith and consider all ideas, concerns, and requests as valid.

# Organizational Structure

## Meetings

### Scheduling

* Meeting cadence will fluctuate based upon the needs of the MNHCC and decided based upon consensus of the MNHCC group.
* Facilitation and notes of routine meetings will be rotated amongst the coalitions.
* When the Minnesota Department of Health – Emergency Preparedness & Response meetings are held face to face – the MNHCC will meet face to face the day prior at a location to be determined by the group.

### Ad Hoc Meetings

* A request to convene the MNHCC group for an unscheduled meeting can be made by any coalition RHPC/workgroup facilitator.
* The request to meet will be emailed to all coalition RHPC’s.
* The requesting RHPC/work group facilitator will schedule and coordinate the emergency meeting.

### Meeting facilitation

 See attached Facilitator Roles and Responsibilities

### Venue

* The location of the venue for face-to-face meetings will be determined by the MNHCC. One RHPC will be asked to coordinate the scheduling with the venue.
* If there are venue related expenses, every effort will be made to keep costs to a minimum. The MNHCC will work together to determine how expenses will be covered.

# Work Groups and Sub-committees

The MNHCC will develop work groups and sub-committees:

* When there is a project that would be beneficial for all to work on together.
* When an "ask" is made of Coalitions that we want to provide a unified reply.
* When there is an "idea" that the Coalitions want to promote to MDH or other groups/organizations.
* When there is a need for cross-regional collaboration, that may not include all eight coalitions, either due to geography, subject matter, or regional needs.

Recommendations for work groups and sub-committees:

* At the establishment of a work group or sub-committee – the group will identify a facilitator who will be responsible for:
	+ Establishing and scheduling meetings
	+ Identifying someone to take notes
	+ Coordination of tasks
	+ Communication to the whole MNHCC group.
* Each work group or sub-committee will identify their goals and project timeline.

Work groups and sub-committees will be identified in annexes to the charter.

# Decision Making

* All attempts will be to have all decisions agreed upon by consensus.
* All participants will be provided the opportunity to express their options/opinions.
* Consensus – means all agree to the proposal.
	+ When a proposal is made:
		- The facilitator will poll the coalitions to see if there is consensus to the proposal. If the consensus fails:
			* Each coalition will be provided 5 minutes to further discuss their issue/concern/recommended changes with the proposal.
			* After all coalitions have completed their discussion then the facilitator will query the group, again, to see if there is a consensus.
		- If it is not possible to achieve consensus the options are to put it to a vote or table, the proposal for a later time.
			* The facilitator will poll the coalitions to either vote or table to later time.
* See Annex 1.B Voting Process

# Conflict Resolution

* Ignoring conflict prolongs the problem. Everyone is expected to address conflict immediately and with respect.
* Inappropriate action such as aggressive behavior or behaving like a victim will not be tolerated or encouraged.
* Everyone is expected to maintain a level of honesty, integrity, and trust.
* All members should be safe in expressing opinions and are encouraged to do so.
* Any conflict needing resolution will be taken to a neutral third party.

# Amending the Charter

* Any amendments will be agreed upon by the group.
* Storage of documents:
	+ MNTrac Document Library in a folder titled: MNHCC
	+ Access to the folder is by invitation only

**Charter amendments/agreements:**

Recognizing that the Charter is a fluid document and that there may be frequent changes the following table will reflect any changes to the Charter.

|  |  |  |
| --- | --- | --- |
| **Change/Update** | **Date of Change/update** | **Approval/Vote** |
| Original Creation of Charter | 19 July 2021 | All approved /unanimous |
| Establishment of Name | 23 July 2021 | All approved/unanimous |
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# Annexes and Supporting Documents

**Annex 1. A Organization Chart**

**Annex 1.B Voting Process**

**Workgroups:**

MNTrac Workgroup

 Budget/Finance Workgroup

 Response Arm/SHCC Workgroup

 Infectious Disease Plan Development Workgroup