**HEALTH PROFESSIONS AUTISM NETWORK**

**COMMUNITY CHARTER**

**Version 1.0**

**3/1/17**

VERSION HISTORY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Version #** | **Implemented****By** | **Revision****Date** | **Approved****By** | **Approval****Date** | **Reason** |
| 0.1 | 10/19/16 |  |  |  | Initial community charter draft |
| 0.2 | 12/14/16 |  |  |  | Defined “member” and how the charter may be adjusted in the future |
| 0.3 | 2/5/17 |  |  |  | Update to ground rules |
| 1.0 | 3/1/17 |  | See signatures | 3/1/17 | Community launched |

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# Introduction

## Purpose of Community Charter

The Health Professions Autism Network charter documents information required by decision makers to approve and support the activities necessary for a successful launch, cultivation, and sustainability of the Community of Practice. The community charter includes the needs, scope, justification, and resource commitments.

The intended audience of the Health Professions Autism Network charter is the community sponsor, senior leadership, and the community members.

# Community Overview

A Community of Practice (CoP) represents a group of professionals, informally bound to one another through exposure to a common class of problems and common pursuit of solutions. Communities of Practice are a way of developing social capital, nurturing new knowledge, stimulating innovation, and sharing knowledge. Communities of practice knit people together with peers and their outputs can include leading practices, guidelines, knowledge repositories, technical problem and solution discussions, working papers, and strategies.

In order to address health disparities within the autism community, and break down barriers to quality health care, the Health Professions Autism Network aims to:

* Provide a multidisciplinary community for health professionals to share knowledge on the care of individuals on the autism spectrum and families effected by autism
* Provide online resources for self-study and continuing education
* Provide face-to-face or web-based educational opportunities for health professions and students

# Justification

## Public Health Need

Health practitioners report a significant lack of training in caring for individuals on the autism spectrum; especially in adult health. At the same time, individuals on the spectrum report many barriers to adequate health care and research demonstrates significant health disparities within this community.

# Scope

## Mission

To reduce health disparities in the autism community by breaking down barriers to care among families effected by autism. The CoP will provide nurses, doctors, advanced practice registered nurse, dentists, paramedics/EMT’s, nursing/medical assistants, doulas and other allied health providers opportunities for:

* networking
* education
* advocacy

Goals

The goals of the Health Professions Autism Network are as follows:

* + Increase knowledge and self-confidence of a health providers in caring for individuals on the autism spectrum, and share that knowledge with the broader health community
	+ Work toward solutions to priority issues
	+ Seek collaboration points with health care partners outside of Health Professions Autism Network
	+ Develop and support Health Professions Autism Network best practices
	+ Identify unrecognized pockets of related projects across health care and share work openly with those projects
	+ Encourage standards adoption
	+ Evaluate the success of the CoP on a regular basis

## High-Level Requirements

The following table presents the requirements that the community’s product, service, or result must meet in order for the community objectives to be satisfied.

| **#** | **REQUIREMENT** |
| --- | --- |
| **1** | Develop Strategic Context and receive support / approval |
| **2** | Launch Community; invite participation  |
| **3** | Educate stakeholders  |
| **4** | Encourage participation and collaboration  |
| **5** | Evaluate community effectiveness |

## Major Deliverables

| **#** | **DELIVERABLE LIST** | **START** | **FINISH** |
| --- | --- | --- | --- |
| **1.1** | Community of Practice Charter | Sept 2016 | Version 1.0: March 1, 2017 |
| **1.2** | Online Collaboration Tool: Discussion groups, resources list | Jan 2017 | March 1, 2017 |
| **1.3** | Kick off event & possible future meetings  | Week of May 22nd |  |
| **1.4** | Evaluations of CoP effectiveness | After kick-off event | Mid-July 2017 |

# COMMUNITY PARTICIPATION

## Individual and organizational benefits

Through the sharing, creation and management of knowledge around Health Professions Autism Network issues, the community enables individuals to

* Continue learning and developing professionally
* Access expertise
* Improve communication with peers
* Increase productivity and quality of work
* Network to keep current in the field
* Develop a sense of professional identity
* Enhance professional reputation

The community benefits the organization by

* Reducing time/cost to retrieve information
* Reducing learning curves
* Improving knowledge sharing and distribution
* Enhancing coordination, standardization, and synergies across organizational units
* Reducing rework and reinvention
* Enabling innovation
* Benchmarking against influencing industry standards
* Building alliances

## Community norms

* + Operate around the following governance principles: participation, transparency, responsiveness, consensus orientation, equity and inclusiveness, effectiveness and efficiency, accountability, and rules of engagement
	+ Be open to all with an interest and who abide by community norms
	+ Encourage the ongoing education of members and the deepening of expertise among members

## Ground Rules for Being a Member

* Anyone who has registered on the website is hereafter referred to as “member”
* Members are willing to share challenges, and lessons learned as well as successes
* Members strive to create an environment of trust and to foster insightful, non-threatening discussion of ideas and experiences
* Members maintain HIPAA and FERPA compliance at all times
* Members advocate for the common interest while avoiding endorsing or opposing any political party in the community. Candidates may be discussed based on their stand or experience with the issue at hand
* Members distribute leadership responsibilities and collectively share in the management of the community
* Membership and topics reflect common interests
* Members advance their personal and professional goals through participation in the community
* Members are health providers of all backgrounds, contributing to the community through their experiences, skills, and time
* Members agree to be respectful and use appropriate language in group discussions and to listen and respond to each other with open and constructive minds
* Members will not be afraid to respectfully challenge one another by asking questions, but refrain from personal attacks -- focus on ideas
* Members will participate to their level of comfort, but are encouraged to participate the fullest extent possible -- community growth depends on the inclusion of every individual voice
* Members commit to search for opportunities for consensus or compromise and for creative solutions
* Members will contribute to an atmosphere of problem solving rather than stating positions
* Members agree to speak from their own experiences instead of generalizing ("I" instead of "they," "we," and "you")
* Members will attempt to build on each member's strengths, and help each other improve areas in need of further development
* Members work to promote an environment of respect and inclusion so that we may provide quality health care for all our clients.

\*NOTE: There is wide disagreement about whether "person with autism" or "autistic person" is the more preferred or respectful way to refer to someone on the autism spectrum. The Community Leader believes that with neurodiversity comes diversity of thought, and every autistic individual has the right to determine how s/he prefers to be called. Please respect this right and try to match the patient/family language whenever possible. Community leaders will use their own preferences, or the less controversial “person on the spectrum” language whenever possible.

# Assumptions, Constraints, And Risks

## Assumptions

The following assumptions were taken into consideration in the development of this community. If any of these assumptions prove to be invalid then the community could face a possible risk.

1. There is an interest among health providers in forming informal and formal connections.
2. There will be CoP members who take increasing responsibility for stewarding the success of the community.
3. Sponsors will support the time investment for their staff to participate in the community.

## Constraints

The following constraints were taken into consideration in the development of this community.

1. The availability of members to participate collectively at a single unique time may limit the number of participants.
2. Constraints of distance and time warrant the use of virtual methods of networking.

## Risks

The table below lists the risks for this community, along with a proposed mitigation strategy.

| **Risk** | **Mitigation** |
| --- | --- |
| 1. Community does not draw interest
 | Work towards a core community; seek healthcare providers already in the autism community |
| 1. Community leaders do not emerge
 | Work to break down barriers to leadership; Seek healthcare providers already in the autism community |
| 1. Community does not receive sponsorship
 | Verbal agreement received 10/11/16. |

# Community Organization

## Roles and Responsibilities

This section describes the key roles supporting the community.

| **Name & Organization** | **Community Role** | **Community Responsibilities** |
| --- | --- | --- |
| Chet Tschetter, Autism Society of Minnesota | Community Sponsor | Person responsible for acting as the community’s champion and providing direction and support to the team.  |
| Carrie Dickson, MS, APRN, CNM, CNE | Community Leader | Person who performs the day-to-day management of the community and has specific accountability for managing the community within the approved constraints of scope, quality, time, and cost, to deliver the specified requirements, deliverables and customer satisfaction. |

## Stakeholders (Internal and External)

A stakeholder is a person or organization – such as sponsors and the public – that is actively involved in the community, and/or that could positively or negatively impact the achievement of the community’s objectives, and/or whose interests may be positively or negatively affected by the execution or completion of the community. The table below shows the individuals who have agreed to be charter members of the organization, representing various stakeholders.

| **REPRESENTATIVE(s)** | **STAKEHOLDER** |
| --- | --- |
| Gretchen Moen, APRN, MS, CPNP-PC (DNP candidate) | Primary care provider (NP) |
| OPEN | Specialty provider (MD, NP or PA) |
| Patty Longard, CNM | Certified Nurse Midwife |
| Fred LeBlanc, RN  | Hospital nurse (SICU) |
| Elizabeth Miller, RN | Non-hospital nurse (LTC/AL) |
| OPEN | Non-hospital nurse |
| OPEN | Pre-hospital provider |
| OPEN | Allied Health provider (Doula or other) |
| Dr. Mary Seieroe, DDS | Dentist/hygienist |
| Laurel LeBlanc, RPh | Pharmacist |
| Katherine Todd, DNP, RNC, PHN | Healthcare administration |
| Amy Prawalsky, APRN, CPNP, PMHS | Developmental Pediatrics |
| Jennifer Zimmerman | Cofounder of: Solace for Mothers: Healing After Traumatic Childbirth; and Autistic and Pregnant, Parenting, or Planning Facebook page/ Adult female on the autism spectrum |
| Zander Danielson Sellie | Young adult on the autism spectrum |
| Lee Zientara | Parent of child on the autism spectrum |
| Asli Ashkir, MPH, PHN | Senior RN Consultant, MDH, Children & Youth with Special Health Needs (joined 1/19/17) |

# Community Charter approval

The undersigned acknowledge they have reviewed the community charter and agree to launch the Health Professions Autism Network.

Any changes to this community charter will be put to the full membership for an online vote, with a 14-day timeframe for voting. 50% + 1 of the charter members must participate in the vote for a quorum to be reached. There is no quorum required of the general membership. All votes will be counted equally and the charter changed if 50% + 1 of the votes are a “yes”.

|  |  |  |
| --- | --- | --- |
| Signature: | Electronic signature | 2/26/17 |
| Name and Title: | Dr. Mary Seieroe, DDS |  |
| Role: | Charter member |

|  |  |  |
| --- | --- | --- |
| Signature: | Electronic signature | 2/26/17 |
| Name and Title: | Laurel LeBlanc, RPh |  |
| Role: | Charter member |

|  |  |  |
| --- | --- | --- |
| Signature: | Electronic signature | 2/26/17 |
| Name and Title: | Patricia Longard, CNM |  |
| Role: | Charter member |

|  |  |  |
| --- | --- | --- |
| Signature: | Electronic signature | 2/26/17 |
| Name and Title: | Gretchen Moen, APRN, MS, CPNP-PC (DNP candidate) |  |
| Role: | Charter member |

|  |  |  |
| --- | --- | --- |
| Signature: | Electronic signature | 2/27/17 |
| Name and Title: | Jennifer Zimmerman |  |
| Role: | Charter member |

|  |  |  |
| --- | --- | --- |
| Signature: | Electronic signature | 2/28/17 |
| Name and Title: | Fred J. LeBlanc, RN |  |
| Role: | Charter member |

|  |  |  |
| --- | --- | --- |
| Signature: | Electronic signature | 2/28/17 |
| Name and Title: | Katherine Todd, DNP, RNC, PHN |  |
| Role: | Charter member |

|  |  |  |
| --- | --- | --- |
| Signature: | Electronic signature | 3/7/17 |
| Name and Title: | Amy Prawalsky, APRN, CPNP, PMHS |  |
| Role: | Charter member |

|  |  |  |
| --- | --- | --- |
| Signature: | Electronic signature |  |
| Name and Title: |  |  |
| Role: | Charter member |