

# Community of Practice Charter

## 1 INTRODUCTION

### 1.1 PURPOSE OF COMMUNITY CHARTER

The CodeX / mCODE Community of Practice community charter documents information required 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 Community of Practice community charter are CodeX senior leadership and the community members.

## 2 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.

Members of the mCODE CoP can expect to:

- \* Accelerate the understanding and implementation of mCODE and CodeX in health systems,
- \* Gain awareness of the latest developments for mCODE,
- \* Remain apprised of the various CodeX use cases and their status,
- \* Learn of opportunities to leverage investments made in implementing mCODE, and
- \* Gain access to a community of like-minded peers to share best practices with.

## 3 SCOPE

### 3.1 MISSION

The mCODE CoP exists to facilitate the entry of interested health systems and CodeX members into the CodeX community. It aims to lower the barrier of entry by providing information on the current status of the mCODE and CodeX communities as well as collecting the best practices and recommendations for implementing mCODE and CodeX. It does so by holding an informative monthly meeting and fostering spaces where community members can further discuss and share knowledge regarding mCODE and CodeX.

### 3.2 GOALS

The goals of the mCODE Community of Practice are as follows:

- o Work toward solutions to issues identified as priorities within the field
- o Evaluate the success of the CoP on a regular basis
- o Look for collaboration points outside of CodeX
- o Develop and support mCODE implementation best practices
- o Identify unrecognized pockets of related projects across healthcare and share work openly with those projects
- o Encourage standards adoption

### 3.3 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	Launch Community; invite participation
2	Educate stakeholders

3	Encourage participation and collaboration
4	Evaluate community effectiveness

### 3.4 MAJOR DELIVERABLES

#	Deliverable List	Start	Finish
1	Kickoff Message		
2	Community of Practice Charter	Dec 02 2019	
3	Online Collaboration Tool		
4	Joint Meetings		
5	Regular evaluations of CoP Effectiveness		

## 4 COMMUNITY PARTICIPATION

### 4.1 INDIVIDUAL AND ORGANIZATIONAL BENEFITS

Through the sharing, creation, and management of knowledge around mCODE and CodeX, 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

### 4.2 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

### 4.3 GROUND RULES FOR BEING A 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 distribute leadership responsibilities and collectively share in the management of the community
- \* Membership and topics reflect mCODE / CodeX implementation issues and organizations
- \* Members advance their personal and professional goals through participation in the community
- \* Members are practitioners, 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 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 agree to share their name and organizational affiliation on CoP public facing pages

## 4.4 RELATIONSHIP BETWEEN COP ATTENDANCE AND CODEX MEMBERSHIP

Organizations and individuals taking part in the CoP are not considered CodeX members by doing so. Membership in CodeX and any rights, privileges, or responsibilities attached to that membership are governed by the relevant policies and procedures of CodeX, available via the CodeX website.

# 5 ASSUMPTIONS, CONSTRAINTS, AND RISKS

## 5.1 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 systems and CodeX members 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.

## 5.2 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. The intellectual property of organizations must be maintained. Discussions in the CoP must not include intellectual property unless express consent is provided by the organization who holds the intellectual property.

## 5.3 RISKS

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

Risk	Mitigation
Community does not draw interest.	Support staff will continue to engage potential community members in group and individual forums.
Community leaders do not emerge.	Support staff will continue to act as temporary community leaders until the community nominates a lead or leads.

# 6 COMMUNITY ORGANIZATION

## 6.1 ROLES AND RESPONSIBILITIES

This section describes the key roles supporting the community.

Community Role	Responsibilities
Community Support Lead	Person or persons who perform 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.
Community Support	Person or persons who support the Community Support Lead. Community Support persons may be the designated points of contact for the community support team in specific domains, such as technical support or clinical support.
Community Leader	Person or persons responsible for steering the community. Community leaders shall set agendas, call for votes when necessary, and represent the community at relevant forums and meetings.

## 7 COMMUNITY CHARTER APPROVAL

The Community Charter shall be reviewed by the community via the online collaboration tool and at one or more joint meetings. The charter shall be considered adopted by the community by a unanimous affirmative vote of that community to be held at a joint meeting. By adopting this charter, the community will acknowledge review of the charter and agreement to launch the mCODE Community of Practice.

Changes to this community charter will be coordinated with and approved by the community in the same manner. The charter will be considered valid for a period of one (1) year with the option for the community to renew it.